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County Borough of West Ham

Cont



# ANNUAL REPORT

ON THE

## HEALTH SERVICE

FOR THE YEAR

1948

BY

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

Medical Officer of Health and School Medical Officer







Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit my Annual Report on the Health Services of the Borough for the year 1948.

The population showed a further small increase, from 171,870, estimated by the Registrar General for mid-1947, to 173,700 in mid-1948.

The birth rate dropped from 26.6 to 21.0, as was to be expected after the temporary post-war increase. Infant mortality fell to 30, thus continuing the general downward trend which was interrupted in 1947. The death rate also remained low, at 9.9 per thousand of the population.

The principle event of the year in relation to infectious disease was an epidemic of measles for the fourth year in succession. Hitherto, such epidemics have tended to appear in alternate years, but many areas experienced a disturbance of this rhythm during the war years and the epidemic cycle does not yet seem to have resumed its previous characteristics. It remains to be seen whether this will prove to be a permanent change or a purely temporary phenomenon possibly due to abnormal movements of the population. The epidemic was accompanied by a much smaller one of whooping cough: in each case the mortality was low. There were small increases of scarlet fever, diphtheria and tuberculosis and a substantial decrease in notifications of and deaths from pneumonia. Poliomyelitis, with six cases, was rather more prominent than usual, as was to be expected immediately after the epidemic of the previous year.

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

The personal health services underwent a number of modifications directly or indirectly caused by the operation of the National Health Service Act; they are recorded in the appropriate sections of the report. Other long term developments remain to be worked out in succeeding years. The greatest change was undoubtedly the passing of the Council's hospitals under the management of the Regional Hospital Board. Fortunately, local interest was retained in the membership of the individual Hospital Management Committees and it is probable that most of the hospitals will continue to admit West Ham patients; though it is anticipated that in the case of some specialised institutions such as tuberculosis sanatoria and mental hospitals or colonies admission is likely to be on a quota basis, shared with patients from areas previously less well provided.

The section dealing with the School Health Service gives an account of the first full year's working of the paediatric clinic, and of the continued success of the ear, nose and throat clinic which was described in more detail last year.

Difficulties were still experienced in staffing the dental services while the shortage of health visitors became still more acute. A beginning was, however, made with the student health visitors' training scheme and it is hoped to be able to record improvements in the situation in future reports.

Before concluding I would like to express my deepest thanks to the Chairman and members of the Committees concerned for their kindly help and support during the year of change; and to pay tribute to the devotion of all members of the staff in ensuring that the services continued to work smoothly in the face of all the difficult problems of reorganisation which presented themselves.

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.



# STATISTICAL SUMMARY

1948

Area of Borough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4,689 acres
Population (R.G.'s) mid-year estimate	...	...	...	...	...	...	...	...	...	...	...	...	...	...	173,700
Live births	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3,661
Birth rate (per 1,000 population)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	21.0
Stillbirths	...	...	...	...	...	...	...	...	...	...	...	...	...	...	76
Stillbirth rate (per 1,000 total births)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	20
Deaths	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1,719
Death rate (per 1,000 population)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9.9
Deaths of infants under one year	...	...	...	...	...	...	...	...	...	...	...	...	...	...	111
Infant mortality rate (deaths per 1,000 live births)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	30
Maternal deaths	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Maternal mortality rate	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0.8

## VARIOUS DISEASES:- Cases and Deaths.

	<u>Cases</u>	<u>Case rate</u> per 1,000 popn.	<u>Deaths</u>	<u>Death rate</u> per 1,000 popn.
Smallpox	...	-	-	-
Scarlet Fever	...	2.78	-	-
Diphtheria	...	0.24	2	0.01
Typhoid Fever	...	0.02	1	0.005
Para-typhoid	...	-	-	-
Measles	...	9.86	-	-
Whooping Cough	...	3.75	6	0.03
Cerebro-spinal fever	...	0.01	2	0.01
Acute Poliomyelitis	...	0.03	-	-
Diarrhoea and Enteritis under 2 years ( <sup>x</sup> rate per 1,000 live births)	...	-	11	<sup>x</sup> 3.00
Pneumonia:				
Acute primary and Influenzal	...	1.23	63	0.36
All Forms	...	-	133	0.77
Bronchitis	...	-	-	-
Tuberculosis:				
Pulmonary	...	1.10	95	0.55
Other forms	...	0.21	11	0.06
Cancer	...	-	293	1.73



## SECTION I

### STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

**SITE AND AREA.** The County Borough of West Ham lies in the County of Essex within an area about 4 miles from north to south and about 2 miles from east to west (4,689 acres). It is bounded on the north by the Boroughs of Leyton, Hackney and Wanstead and Woodford and by East Ham on the east, on the south by the River Thames and on the west by the Metropolitan Boroughs of Poplar and Hackney. The area is flat and low lying varying from 5 to 45 feet above sea level.

**POPULATION.** The estimated civilian population in 1948 was 173,700: an increase of 1,830 on the previous year.

After reaching a peak of 318,500 in 1925 the population declined gradually to 250,000 in 1939, and in 1942, owing to evacuation, fell to 117,300. Thereafter the population grew rapidly with the return of evacuees. Although the increase in population due to migration is now much slower, it should be noted that under the Greater London plan West Ham is to be planned for a population of 165,000.

**BIRTH RATE.** Live Births. The number of live births during the year was 3,661. This gives a rate of 21.0 per 1,000 total population. The rate for 1947 was 26.6. Illegitimate births accounted for 154 or 4.2 per cent. of all live births. The rate for 1947 was 4.6.

Stillbirths. There were 76 stillbirths giving a rate of 20 (per 1,000 total births). This is a slight improvement on the previous year when the rate was 22.

As is well known the birth rate for the country as a whole rose soon after the war began and this trend continued more sharply in the immediate post-war years. Nineteen forty eight is the first year to show a decline. The same phenomenon was experienced after the 1914-18 war and like it the present high rate is not likely to be long maintained.

**DEATHS.** During the year 1,719 West Ham residents died, giving a crude death rate of 9.9 (per 1,000 population) as compared with 11.9 for the year 1947. The figure for the country as a whole was 11.0. It is not easy to tell the true significance of these figures, for a community of old people even in excellent surroundings will show more deaths than one of young people living under poor conditions. So long after the last census it is not possible to divide the local population into age groups and by calculation make allowance for differing age structures in divers areas. It is not likely that the age structure of the West Ham population has changed much between 1947 and 1948, so the comparison between the two years is probably accurate and the fall in the death rate represents a real, though not necessarily permanent, improvement.

The causes of death at different periods of life and distinguishing between male and female are given in appendix No.1 page 37.

Deaths from diseases of the heart and circulatory system (715) and from cancer (293) form the biggest single groups. These are characteristically diseases of old age, and it is difficult to comment on the figures without knowing the numbers of old people at risk.

**INFANT MORTALITY.** The deaths of children under 1 year of age are a guide to the healthiness of an area, and so are a matter of considerable interest. In 1947 there were 190 such deaths giving a rate of 41 per 1,000 live births; the rate for England and Wales as a whole was 41.



In 1948 the infantile deaths dropped to 111: a mortality rate of 30. This new rate represents a substantial improvement and is welcomed. It must be remembered that we are dealing here with comparatively small numbers statistically, which means that we must expect fluctuations, both up and down, from year to year. To give a clear and useful idea of what has been happening over the past 20 years a diagram has been included opposite this page showing the infantile deaths and the stillbirths for each year because when these are added together it gives a better idea of the total wastage of infant life than either figure alone.

When you look at these figures you will be impressed that while there has been a general, though uneven, decline in infant deaths for some years the stillbirth rate showed no tendency to lessen until 1943: since that time the rate has fairly steadily improved. This improvement may be related to better nutrition resulting from the National Milk and Vitamins schemes for expectant mothers.

The chief causes of infantile deaths are given in Appendix No.10 page 46, but there are some points requiring textual comment. Of these 111 deaths, no fewer than 31 are ascribed to prematurity; but this is not the whole picture, for the death of a premature baby who dies from some infection may be allocated to that infection rather than to prematurity. In fact, 49 premature infants died. The question of prematurity is discussed later in this report.

Deaths due to a group of causes including congenital malformations and birth injury number 37. The causes of congenital malformations are largely unknown to us and it is not therefore possible to control their incidence. The number of deaths due to birth injury is partly a matter of obstetric skill.

The respiratory diseases, pneumonia (14); bronchitis (5) and influenza (2); whooping cough (4); tuberculosis (1) and other respiratory diseases (1); together accounted for 27 deaths. The infant is particularly vulnerable to such infections. This is a group of diseases in which overcrowding is likely to be an important factor.

Gastro-enteritis was the cause of death in 11 children under one year of age. This disease, at one time responsible for an appalling decimation of babies, has greatly declined in the past 25 years. Its prevention is a matter of hygiene, its solution a matter of education.

**MATERNAL MORTALITY.** During the year 3 deaths (1 due to puerperal sepsis) occurred as a result of childbirth. This gives a rate of 0.80 per 1,000 live and still births as against a rate of 2.14 for the previous year. The rate for England and Wales as a whole in 1948 was 1.02.

Owing to the comparatively small numbers involved we must expect some up and down fluctuation from year to year, but the reduction in these very tragic deaths is most welcome.

#### INFECTIOUS DISEASES.

**TUBERCULOSIS.** During the year 228 new cases of tuberculosis were notified. This represents a slight rise over the numbers for the last few years (inset) but it is not possible to say whether this represents any change in the trend of morbidity. Deaths numbered 106 in

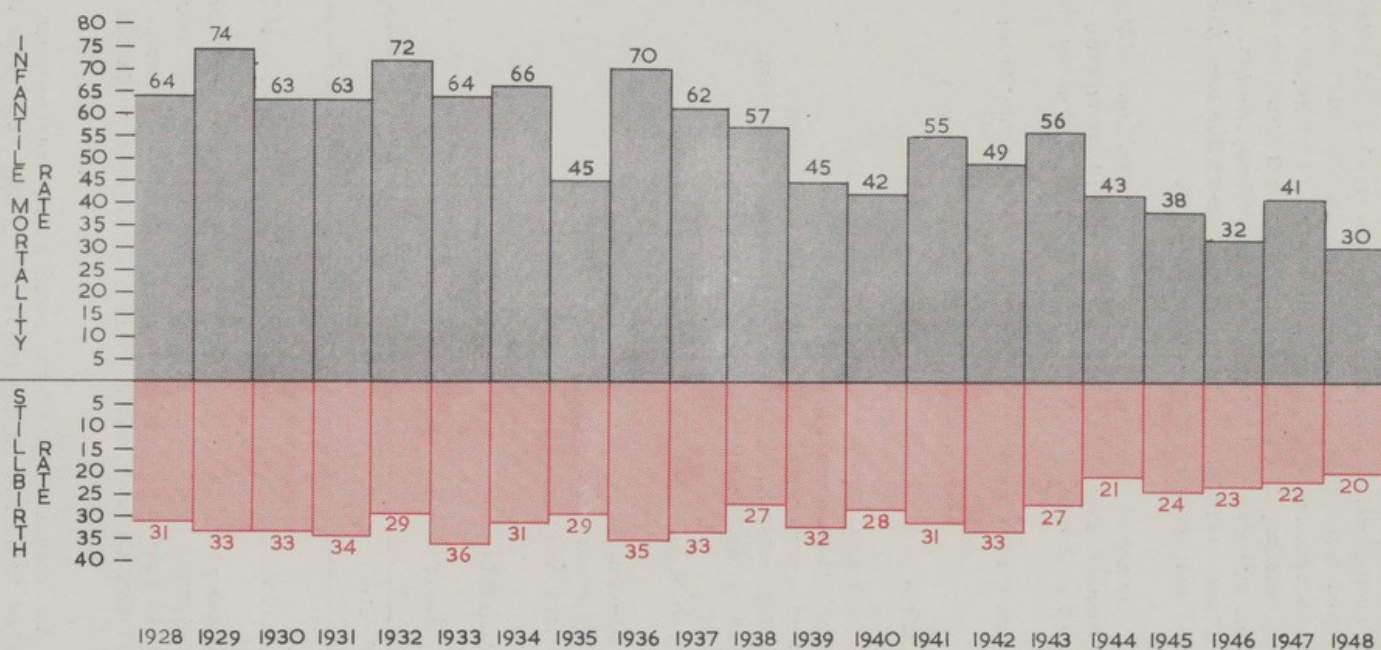
	Number of Cases of Tuberculosis (Notified)	
	Pulmonary	Non-Pulmonary
1942	220	40
1943	227	38
1944	195	33
1945	178	34
1946	178	23
1947	167	24
1948	192	36

1948, compared with 122 in the previous year. The death rate per 1,000 of the population for all forms of tuberculosis was 0.61 - (pulmonary 0.55 and other forms 0.06). The rates for all forms of this disease for England and Wales, and 126 County Borough and Great Towns were respectively 0.51 and 0.59. The rather higher rate in West Ham may be related to the age and sex structure of the local population and, as I have said earlier, this is not known.

Appendix No. 3 page 39 sets out certain figures relating to the work of the Chest Clinic during the year, which have been supplied by Dr.P.A.Galpin, M.D., D.P.H., Chief Clinical



# SHOWS TOTAL INFANT LIFE WASTAGE — 1928 — 1948





Tuberculosis Officer.

SMALLPOX. No case of smallpox was notified during the year.

VACCINATION. On the introduction of the Health Service on July 5th compulsory vaccination against smallpox ended but protection was offered in the Child Welfare Clinics on the same voluntary basis as immunisation against diphtheria. Arrangements were also made for general practitioners, wishing to do so, to carry out this function on behalf of the Local Authority. The response to the end of the year was disappointing. The fact is the public no longer fear smallpox - except on its occasional introduction from abroad - and it is difficult to persuade them of the value of vaccination.

The 'multiple pressure' method of vaccination used by your medical officers is painless and sore arms are less frequent than with the older 'scratch' technique. These facts may in time make for a greater popularity and it is intended later to review the position.

The following tables give particulars of vaccination carried out during the periods before and after 5th July:-

1st January/4th July, 1948.

Number of cases in birth lists	2284
Number of certificates of vaccination received	1009
Number of certificates of postponement owing to: Health of child	132
Number of certificates under Section 2 of the Vaccination Act, 1898, and number of statutory declarations under Section 1 of the Vaccination Act, 1907	884
Number of certificates of insusceptibility or of having had smallpox	1
Number of cases:	
Parents removed out of district	318
Otherwise not found	140
Number of entries in lists sent to public vaccinators	1055

5th July/31st December, 1948.

Number of persons vaccinated (or re-vaccinated)

Age at 31.12.48 i.e. born in years:-	Under 1 1948	1-4 1944/47	5-14 1934/1943	15 or over before 1934	Total
Number vaccinated	79	5	5	6	95
Number re-vaccinated	-	2	1	18	21

SCARLET FEVER. During the year 483 cases of scarlet fever were notified: this gives a case rate of 2.78 per 1,000 total population; the figure for 1947 being 2.51. While the case rate continues to show considerable annual variation the death rate has in recent years considerably declined all over the country. There were no deaths from scarlet fever in West Ham in 1948.

Until we know more of the epidemiology of the haemolytic streptococcus, which causes the disease, firm control of the incidence is not possible; though the detection of dangerous carriers may be very helpful in individual outbreaks.

DIPHTHERIA. It is disappointing to continue to have to record cases and deaths from this essentially preventable disease. There were 41 cases of diphtheria during the year giving a case rate of 0.24 per 1,000 total population, compared with a rate of 0.19 for the previous year. The national rate for 1948 was 0.08 and it is significant that this rate has dropped each year over the past decade.

Only a quarter of these cases were of children under 5, almost half came from the age group 5-9 years, while there were 9 cases in adults.

There were two deaths from this disease, one in an unimmunised girl of 4 years, the other in an adult.

IMMUNISATION. Out of an estimated population of 17,140 of children under 5 years 8,256 or 48 per cent. had completed a course of immunisation by the end of the year; of children between 5 and 15 years (estimated population 24,224) 16,822 or 69 per cent. had been immunised against diphtheria. These immunisation figures refer to children protected at any time before the end of the year; only a proportion of them were immunised during the year.

Arrangements for immunisation were unchanged under the new Act and consisted essentially of regular weekly sessions in each of the Council's Maternity and Child Welfare Clinics, and periodical visits to the schools to immunise those children who had been missed in pre-school age, and to give refresher doses to those who had been previously immunised.

The following figures show the number of children immunised during the year under these arrangements:-

<u>Completed Full Course</u>		<u>Refresher Doses</u>
(a) under 5 years	3,058 )	4,415
(b) 5 to 14 years	1,589 )	
Total	4,647	

MEASLES. The number of cases of measles notified during the year was 1,712 - 873 in males and 839 in females. This compared with 1,510 cases notified during the previous year. The case rate (per 1,000 population) was 9.86.

There were no deaths.

FOOD POISONING. No individual cases of food poisoning nor any outbreak was reported during the year.

The fact is that in the absence of an outbreak it is not easy to distinguish a case of food poisoning from gastro-enteritis from other sources.

It would almost certainly be quite wrong to assume that no cases of food poisoning did occur within the borough during the year.

WHOOPING COUGH. During 1948 there were reported 652 cases of this disease. As is the rule it was somewhat more frequent in female (306 males, 346 females). The case rate was 3.75 per 1,000 population.



Deaths numbered 6 from whooping cough and 4 of these were under one year of age. This disease now kills many more children than diphtheria owing to the rapid decline in deaths from the latter disease.

The Council continued to offer Whooping Cough immunisation, but the arrangements were modified towards the end of 1947, so as to complete a controlled trial in collaboration with the Medical Research Council.

Such a trial was felt to be needed, for although there was a general belief that Whooping Cough immunisation does convey some useful degree of protection to the children receiving it, there is no reliable evidence to substantiate this belief. It was with a view to setting Whooping Cough immunisation on a firm scientific basis that the Council agreed to take part in these trials.

Statistically controlled trials of this kind should be regarded as a whole, and any attempt to give separate annual figures is apt to be misleading, but the trial had not finished by the end of the year and it is not yet possible to give any indication of the results.

CEREBRO-SPINAL FEVER. Two cases of cerebro-spinal fever occurred during the year, and both died.

ACUTE POLIOMYELITIS. Six cases of poliomyelitis occurred during the year as compared with 15 in 1947. Three of these cases were males (aged 1, 3 and 5 years) and 3 were females (aged 2, 3 and 5 years). Two of the cases showed no paralysis (abortive); the remaining 4 showed a slight or moderate degree of paralysis, but none was severe.

ERYSIPELAS. The number of cases of erysipelas notified during the year was 46 (18 males, 28 females); giving a case rate of 0.23 per 1,000 population.

DYSENTERY. There were 20 cases of dysentery notified during the year (7 males, 13 females). By convention this disease is listed separately from cases of food poisoning although the infection arises in the same way in both diseases.

DIARRHOEA AND ENTERITIS. During the year the number of deaths from this disease was 11: all in children under one year of age. It is probable that the majority of these deaths can be ascribed to food infections and with education the incidence can be lessened. The shortage of health visitors commented on elsewhere in this report has made it impossible to carry out as much educational work among mothers of young children as could be wished.

TYPHOID FEVER. Two cases of typhoid fever occurred during the year. Case 1. Mrs. D. became ill on 30th July, with sore throat, vomiting but no diarrhoea. The sore throat persisted and she was admitted to hospital on 9th August. A rash - rather too profuse to be typical of typhoid - appeared on 12th August. The Widal test was positive and *Salmonellatyphi* were cultured from the stool.

The patient made an uneventful recovery.

The husband, mother and the patient's two children aged 3 and 1 year were all close contacts.

The home conditions were good.

The family had been away at a holiday camp from 10th - 17th July.

In spite of the most exhaustive enquiries the source of the infection was not traced.

Stool culture were repeatedly negative for all contacts although the husband and mother gave Vi agglutination tests which were 1:40 and 1:50 respectively.

Case 2. M. aged 5 years was taken ill on 30th May and removed to hospital two days later. She became very ill but eventually recovered. Salmonella typhi (phage type F.1.) was recovered from the stool.

A woman living in the same house was a known "carrier" of typhoid and it is highly probable that the infection passed from her to the child. Stool cultures from the "carrier" were negative and it was ascertained that the culture was not phage typed when she was under observation in hospital.

It is difficult to understand why phage typing is not carried out in all cases when this organism is cultured in hospital since it has proved so useful a means of tracing a chain of infection.

PARATYPHOID FEVER. There was one case of this disease during the year.

PNEUMONIA. There were 215 notifications of pneumonia - primary and influenzal - during the year as compared with 316 in 1947. Of these cases 115 were in males and 100 were in females. The case rate was 1.23 per 1,000 population.

The number of deaths from all forms was 63.

PUERPERAL PYREXIA. The number of cases during the year was 47 as compared with 54 in 1947.

OPHTHALMIA NEONATORUM. There were only 4 cases notified during the year; all were mild.



## CONTROL OF VENEREAL DISEASES.

(Report by Dr.F.G.Macdonald, Director of the  
Special Treatment Centre, Queen Mary's Hospital, West Ham)

New Patients	507
Total Attendances	6148

The diagnosis of new patients was as follows:-

Gonorrhoea	74
Syphilis in primary or secondary stage	13
Syphilis in early latent stage	14
Syphilis in later (non-infective) stages	13
Congenital Syphilis	7
Soft Sore	0
Patients previously treated elsewhere	29
Return Cases	30
Non-Venereal Conditions	327

The total number of patients who attended was 677. These include 170 who were already under treatment or observation on January 1st, 1948. During the year, 403 patients were discharged, cured or were found not to be in need of treatment.

The attendances by Area were as follows:-

West Ham	3803
East Ham	434
Essex	1748
L.C.C.	148
Other Areas	15

It is significant that of the 14 cases of Syphilis in the early latent stage, 8 of them were in pregnant women, whose condition was first revealed by routine testing of the blood Wassermann Reaction or other tests for Syphilis.

In each case, the history was thoroughly investigated, the blood test repeated, and, in some cases, a specimen of blood sent for confirmation to the Medical Research Council's V.D. Reference Laboratory, before treatment was begun. Any other children were investigated, and in all but 2 cases it was possible to persuade the husband to attend. It is interesting that the husband and children in all but one case were found to show no signs of infection. It is possible that, in spite of denials, the husbands had had previously treated Syphilis, or the signs may have been suppressed by penicillin treatment given elsewhere for some other condition. Again, it is possible that some of the women had latent Congenital Syphilis. It is satisfactory to be able to record that, following treatment, all these women have produced healthy babies. Whatever the origin of the infection in these cases may have been, the mere fact that they were discovered is a reminder that Congenital Syphilis is a preventable disease, and of the supreme importance of routine tests being performed on every pregnant woman to exclude Syphilis.

The year showed a further decline in the number of venereal disease cases, and the impression is that this decline was general throughout the country.

Should this fall continue, it would be interesting if one could arrive at a conclusion as to why this should be so. Such factors, as less infection being brought into the country by demobilized service people and incoming allies, together with the quick control of infectivity



by modern methods of treatment, come to mind. However, it may be too sanguine to hope that the improvement, suggested by these figures, will continue. There is still enough immigration into this country, and the waywardness of human nature, to maintain a considerable reservoir of infection. The various forms of propaganda, such as posters, films, lectures, and so forth, are unlikely to exert much restraint on those bent on illicit intercourse, especially as they have so often been made entirely reckless by previous indulgence in alcohol. It may be remarked here that the vast majority of patients, who have taken a risk, admit to have been under the influence of alcohol at the time. On the other hand, there is evidence that such persons, having taken such a risk, are consciously or subconsciously influenced by propaganda to attend a clinic as soon as they feel that something may be wrong.

It is a matter for regret that little can be achieved by urging continence. Moral and religious considerations have little appeal to those whose upbringing has been largely devoid of such aids to good behaviour. It is felt that the most suitable angle of approach is to make the public aware of the physical signs which may indicate venereal disease, to point out the dangers of neglect, and to advertise freely the centres at which the best advice is available. This step has already been carried out on a nation wide scale, but it is mentioned in this report as an appreciation of what has been done.

With regard to the reliability of personal disinfection, there is evidence that adequate cleansing immediately after a risk has been taken (not longer than an hour should elapse) is effective, but it should be realised that success cannot be guaranteed.

One's impression is that the written word is more effective than the spoken word. Lectures and informal talks do not appear to draw those for whom they are intended. They seem more to attract the prurient and the hypochondriac. The most responsive person is probably the patient him-or herself. This may appear rather like "locking the stable after the horse has bolted", but many patients are prepared to co-operate, and much may be achieved in rendering them quickly non-contagious, and by advising them on the possibilities of lessening the risk of future infections in the case of those obviously unwilling or unable to lead continent lives.

The treatment of venereal diseases is one of the services which passed to the Regional Hospital Board under the National Health Service Act, 1946.

#### SAMPLING OF FOOD AND DRUGS MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1936 to 1948.

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	Results of examination					
	Number sampled	Number		Reason for failure		
		satis- factory	unsatis- factory	Failed Methylene Blue test	Contained Coliform bacillus	Failed Methylene Blue test and contained Coliform bacillus
*Tuberculin Tested (Certified)*	68	58	10	3	2	5
*Accredited*	24	20	4	1	2	1
TOTALS:	92	78	14	4	4	6

In all cases of samples failing to comply with the Regulations, letters of caution were sent and further samples taken proved satisfactory.



"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	Number unsatisfactory	Reason for failure		
				Failed Methylene Blue test	Failed Phosphatase test.	Failed Methylene Blue test and Phosphatase test
"Pasteurised"	75	70	5	2	1	2
"Pasteurised" (from schools)	42	42	-	-	-	-
"Tuberculin Tested (Pasteurised)"	73	73	-	-	-	-
"Heat-Treated"	141	137	4	4	-	-
"Sterilised"	120	120	-	-	-	-
TOTALS:	451	442	9	6	1	2

In all cases of samples failing to comply with the Regulations, letters of caution were sent and further samples taken proved satisfactory.

EXAMINATION OF MILK FOR TUBERCLE  
(GUINEA PIG TEST).

During the year 47 samples of milk were taken from various sources, as shown below, and were examined for the presence of tubercle bacillus. All samples proved negative.

Biological Tests.

Type of Milk	Number Examined	Result	
		Positive	Negative
"Tuberculin Tested (Certified)" (from purveyors)	22	-	22
"Accredited" (from producer)	3	-	3
"Pasteurised"	2	-	2
"Pasteurised" (from school)	1	-	1
Raw Milk (taken on delivery from producers prior to treatment)	18	-	18
Raw Milk (from producer)	1	-	1
TOTALS:	47	-	47

THE PUBLIC HEALTH (CONDENSED MILK) REGULATIONS, 1923-1943. During the year 14 samples of condensed milk were submitted for examination. Of this number, 9 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. Eight Samples. Of these, 5 were also tested for the equivalent.

CONDENSED MACHINE-SKIMMED MILK, SWEETENED. Five Samples. Of these, 4 were also tested for the equivalent.

HOMOGENISED EVAPORATED MILK. One Sample.

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

REPORT OF THE PUBLIC ANALYST.  
(by Albert E. Parkes, F.I.C., F.C.S.)

During the year 1948, one thousand and thirty two samples were examined under the Food and Drugs Act, six hundred and eighteen formal and four hundred and fourteen informal.

All samples were submitted by the Inspector.

No samples were submitted by the Public, under the Act.

Fifteen samples were found to be adulterated, twelve formal and three informal. This is at the rate of 1.5 per cent.

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

<u>YEAR</u>	<u>NO. OF SAMPLES EXAMINED.</u>	<u>% OF ADULTERATION</u>
1948	1032	1.5
1947	1055	0.9
1946	1058	0.6
1945	1056	1.5
1944	1054	0.6
1943	1055	1.7
1942	1065	1.5
1941	1125	2.3
1940	1176	1.8
1939	1177	1.5
AVERAGE	<u>1085</u>	<u>1.4</u>

One hundred and ninety one samples of milk were examined, one hundred and fifty nine formal and thirty two informal.

Three formal samples were found to be adulterated.

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

<u>YEAR</u>	<u>NO. OF SAMPLES EXAMINED</u>	<u>% OF ADULTERATION</u>
1948	191	1.6
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	<u>375</u>	<u>2.1</u>
AVERAGE	<u>266</u>	<u>1.2</u>

Fourteen samples of Condensed Milk were examined.



FULL-CREAM. Three formal and five informal.

MACHINE-SKIMMED. One formal and four informal.

EVAPORATED MILK. One informal sample.

These all complied with the Condensed Milk Regulations.

DRUGS. One hundred and thirty two samples of drugs were examined, eighteen formal and one hundred and fourteen informal.

Two formal samples and three informal samples were adulterated.

PRESERVATIVES. There was no contravention of the Preservatives Regulations.

Other samples examined during the year were:-

UNDER THE FERTILISERS & FEEDING STUFFS ACT. Twenty samples of Fertilisers, five of which were unsatisfactory.

Eighteen samples of Feeding Stuffs, eleven of which were unsatisfactory.

UNDER THE PHARMACY & POISONS ACT. Three samples, all of which were satisfactory.

FOR THE PUBLIC HEALTH DEPARTMENT. Plastic Table Ware. One sample of Oats. One sample of Lemonade Powder.

FOR THE BOROUGH ENGINEER'S DEPARTMENT. Four effluents.

PHARMACY AND POISONS ACT, 1933.  
and the  
PHARMACY AND MEDICINES ACT, 1941.

The number of persons entitled to sell Part II poisons entered in the local authority's list at the end of the year was 193. Three samples were examined during the year and proved satisfactory.

Action taken on adulterated samples.

Malt Vinegar. (Official). Entirely non-brewed vinegar - absence of malt.

Retailer (A) was summoned (Section 3), who summoned his supplier (B) (Section 83) who brought in his supplier (C), who in turn brought in his supplier (D).  
(C) was fined £5.0.0. plus £5.5.0. costs to the Corporation, and ordered to pay -  
(A) who was acquitted - £5.5.0. costs.

(B) do. Thirty guineas costs.

(D) do. do.

An appeal by (C) was dismissed with the following costs:-

Twenty five guineas to the Corporation.

Four guineas to (A)

Twenty five guineas to (B)

do. (D)

(Olive Oil. (Unofficial). Contained at least 25% of other vegetable oil of the nature of  
( do. (Official) arachis oil.  
( do. (Official) Contained at least 25% of arachis oil or oil of a similar nature.  
Letter of caution sent.

Baking Powder. (Official) Deficient in available carbon dioxide 62%.  
Letter of caution sent.

Milk (Official). Deficient in fat 3.3%. Letter of caution sent.

Butter (Official). Contained 0.3% excess water. Letter of caution sent.

Milk (Official). Deficient in fat 10%. Letter of caution sent.

-do- -do- 5%. -do-

Butter (Official). Contained 0.3% excess water. -do-

Shredded Suet (Official). Deficient in fat 4.8%. -do-

Camphorated Oil (Unofficial). Contained 33.7% of mineral oil: subsequent samples proved satisfactory.

( -do- (Unofficial) Contained 18% of mineral oil.

( -do- (Official) Contained 25% of mineral oil. Fined £10.0.0. plus £2.2.0. costs.

Gin (Official) 39.5° under proof (4.5° excess of legal limit). Fined £10.0.0. plus £1.1.0. costs.

Rum (Official) 37° under proof (2° excess of legal limit). Fined £5.0.0. and £1.1.0. costs.

#### FERTILISERS AND FEEDING STUFFS ACT, 1926.

Particulars are given below of 18 official and 20 unofficial samples which were taken during the year.

Type of Sample	Number of samples taken	Analysis agreed	Analysis disagreed
Fertilisers			
(a) official	9	8	1
(b) unofficial	11	7	4
Feeding Stuffs			
(a) official	9	4	5
(b) unofficial	9	3	6
TOTALS:	38	22	16

After allowance being made for the limit of variation in the various constituents permitted by the Act, three samples of fertilisers contained excesses and two samples showed a deficiency. Nine samples of feeding stuffs contained excesses, and one sample showed a deficiency.

#### SANITARY CIRCUMSTANCES

**WATER.** There has been no change in the water supply to the Borough; the Metropolitan Water Board still maintaining a satisfactory supply both in quantity and quality. One sample of domestic water supply was taken, but was found to be satisfactory.

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

Of a total of 40,625 dwelling houses, including 2,433 shops and dwellings, housing a population of 173,700, 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 mains direct to the houses.



Particulars are given hereunder of 12 samples of water which were taken during the period January to June and submitted for examination.

SOURCE OF SAMPLING	Number of samples	
	Bacteriological	Chemical
Council's Wells	5	1
Taps of ward kitchens and other points at institutions.	6	-
TOTALS:	11	1

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.

FLOODING. Due to heavy rainfall during the month of June, several areas of the Borough were severely affected by flooding. An emergency office was opened in the Silvertown district, and in conjunction with the Food Executive Officer, emergency food cards and soap coupons were issued to tenants of houses affected; food cards only being issued where the foodstuffs had been condemned by the Sanitary Inspector.

Following this incident, a comprehensive Flood Relief Scheme was planned and is held in readiness for any future emergency of this nature.

#### FOOD & DRUGS ACT, 1938.

##### 1. Dairies. (excluding milk shops)

During the year there were 150 visits made to dairies, and all were found to be in a satisfactory condition.

##### 2. Cafes, Restaurant kitchens, etc.

A total of 82 notices were served under Section 13 of the Food & Drugs Act, 1938, 55 of which were served upon the occupiers, the remainder upon the owners. In many instances it merely necessitated verbal warning to remedy any contravention of this Act.

Three outstanding cases which resulted in prosecutions were as follows:-

A cafe proprietor was summonsed on two accounts under Section 13: one for allowing a store room for food to be used for sleeping purposes, and secondly, for the store room and kitchen not being kept in a clean condition. He was fined £5 on each summons with £5.5s. costs.

In another instance, the owner and occupier were both fined for contravention of Section 13. The owner for not keeping the cafe in a proper state of repair, and the occupier for not cleansing the premises.

The third case was under Section 9 of the Act. A shop keeper had in his possession for the purpose of sale or for preparation for sale, ice cream powder, which was intended for, but was unfit for, human consumption. Two dead mice were discovered in the bin of ice cream powder, and this resulted in a fine of £25 with five guineas costs.

UNSOOUND 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 case of the ice cream powder mentioned above.

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 and insufficient ventilation in case of factories coming to the notice of H.M. Inspector of Factories are referred by him to the Health Department. During the year 1,159 visits were made resulting in the service of 28 written notices. With one exception, all of these were remedied without having to institute legal proceedings; in this case, a summons was applied for, but as the work was completed before the date of hearing the summons was withdrawn upon payment of costs. The following table overleaf shows the work carried out during the year, under this Act.



Premises (1)	M/c Line No. (2)	Number on Register (3)	Number of			M/c Line No. (7)
			Inspections (4)	Written notices (5)	Occupiers prosecuted (6)	
(1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	772	1159	28	One	1
TOTAL		772	1159	28	One	

Particulars (1)	M/c Line No. (2)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted. (7)	M/c Line No. (8)
		Found (3)	Remedied (4)	To H.M. Inspector (5)	Referred By H.M. Inspector (6)		
Want of cleanliness (S.1.)	4	12	12	2	17		4
Inadequate ventilation (S.4.)	7	7			2		7
Ineffective drainage of floors (S.6.)	8	2					8
Sanitary Conveniences (S.7.)							
(a) insufficient	9	3			11	One	9
(b) Unsuitable or defective	10	11	8		16		10
(c) Not separate for sexes	11	2			15		11
TOTAL	60	37	20	2	61	One	60

Nature of Work (1)	M/c Line No. (2)	Section 110			Section 111			M/c Line No. (9)
		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 prosecutions for failure to supply lists (5)	No. of instances of work in unwholesome premises (6)	Notices served (7)	Prosecutions (8)	
Wearing (Making, apparel (etc.	13	74						13
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	34	36						34
Stuffed toys	39	1						39
Cosaques, Christmas crackers, Christmas stockings, etc.	42	10						42
Lampshades	44	7						44
TOTAL	70	128						70



ICE CREAM HEAT TREATMENT REGULATIONS, 1947. Manufacturers and retailers of ice cream were kept under strict surveillance and a total of 558 visits were made. One retailer was summoned under Section 67 of the West Ham Corporation Act, 1937, and fined £2 for using unregistered premises for the sale of ice cream.

A total of 79 samples of ice cream were taken, a number of which were found to be unsatisfactory according to the Ministry of Health provisional standards. These standards have no statutory authority, and the techniques on which they are based must be regarded as still in the trial stage. The precise proportion of samples which were found to be unsatisfactory cannot yet be accepted therefore as necessarily reflecting the true picture of the hygiene of ice cream factories. In respect of the unsatisfactory samples however the premises were visited in each case and the plant and process of manufacture kept under surveillance until an improvement was effected.

RODENT CONTROL. The "Block Control" system as instituted in 1947 was proceeded with, in addition to the individual complaints. During the latter part of the year, owing to the reduction of the Rodent Control Staff, the work on the "Block Control" system was reduced, but nevertheless, this work still remained effective.

All drainage defects discovered, were reported to the District Sanitary Inspector for the area, for his examination. Abatement Notices were then served for the defects to be remedied, a great part of this repair work being done by the Borough Engineer in default, in conjunction with this Section.

RENT AND MORTGAGE INTEREST RESTRICTION ACTS. There were 175 certificates issued under this Act during the year.

PUBLIC HEALTH ACT, 1936. Under this Act four Orders prohibiting the use of dwelling houses for human habitation were granted by the Magistrate, and particulars of the families were sent to the Housing Officer with a view to offering alternative accommodation.

HOUSING ACT, 1936 AND TOWN & COUNTRY PLANNING ACT, 1947. Eighty nine houses were reported to the Housing Committee as unfit, with a recommendation for action under Section 11 of the Housing Act, 1936; and twenty six houses were reported and included in an Unfitness Order under the Town & Country Planning Act, 1947.

PROSECUTIONS. The number of summonses issued during the year amounted to 458 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.

The year 1948 saw a greater increase of work; a total of 48,872 visits being made by the District Inspectors as compared with 36,402 during the previous year, and it may be assumed that as war damage repairs come to an end, a greater demand will be made on this Department as a whole as a result of the persons in control of private dwelling houses assuming responsibility for such repairs.

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



Investigations of cases of Notifiable Infectious Disease	...	...	...	...	...	...	...	...	925
Houses Inspected following Infectious Disease	...	...	...	...	...	...	...	...	-
Visits to Factories (Mechanically Operated)	...	...	...	...	...	...	...	...	980
" Factories (Without Mechanical Power)	...	...	...	...	...	...	...	...	99
" Workshops	...	...	...	...	...	...	...	...	3
" Workplaces	...	...	...	...	...	...	...	...	77
" Bakehouses	...	...	...	...	...	...	...	...	150
" Dairies	...	...	...	...	...	...	...	...	51
" Offices (as workplaces), P.H.A., 1936	...	...	...	...	...	...	...	...	1
" Outworkers	...	...	...	...	...	...	...	...	1
" Common Lodging Houses	...	...	...	...	...	...	...	...	-
" Houses Let in Lodgings	...	...	...	...	...	...	...	...	-
" Cellar Dwellings, Underground Rooms, etc.	...	...	...	...	...	...	...	...	15
" Slaughter Houses	...	...	...	...	...	...	...	...	106
" Scheduled Offensive Trades	...	...	...	...	...	...	...	...	182
" Fish Fryers	...	...	...	...	...	...	...	...	250
" Other Noxious Trades	...	...	...	...	...	...	...	...	69
" Knackers' Yards	...	...	...	...	...	...	...	...	...
" Registered Hairdressers and Barbers, W.H.C.A., Sec.49	...	...	...	...	...	...	...	...	41
" " Premises wherein Food is manufactured, W.H.C.A., Sec.67	...	...	...	...	...	...	...	...	420
" " occupied by Vendors of Food, W.H.C.A., Sec.66	...	...	...	...	...	...	...	...	960
" Cafe and Restaurant Kitchens, etc., P.H.A., 1925	...	...	...	...	...	...	...	...	56
" Ice Cream Makers or Dealers, W.H.C.A., Sec.66, and P.H.A.	...	...	...	...	...	...	...	...	558
" Other Food Purveyors	...	...	...	...	...	...	...	...	1422
Burial Act, 1857, Sec.25, Exhumation of Human Remains	...	...	...	...	...	...	...	...	6
Visits to Shops (Shops Act, 1934)	...	...	...	...	...	...	...	...	46
" Canal Boats	...	...	...	...	...	...	...	...	-
Visits re Overcrowding Provisions of Housing Acts	...	...	...	...	...	...	...	...	556
Drainage Inspections	...	...	...	...	...	...	...	...	2626
House to House Inspections under Public Health or Housing Acts	...	...	...	...	...	...	...	...	1143
Visits under Rats and Mice Destruction Act	...	...	...	...	...	...	...	...	436
" " Increase of Rent Restriction, etc., Acts	...	...	...	...	...	...	...	...	166
" " Bye-laws - Tents, Vans, Sheds	...	...	...	...	...	...	...	...	15
Visits to Private Houses to Investigate Complaints	...	...	...	...	...	...	...	...	8364
Houses Inspected under the Housing Act, 1936, re Closing and Demolition Orders or Reconstructions or re Schedules of Evidence	...	...	...	...	...	...	...	...	93
Smoke Observations	...	...	...	...	...	...	...	...	56
Visits to Factories re Smoke	...	...	...	...	...	...	...	...	48
" " re Steam Whistles Act, 1872	...	...	...	...	...	...	...	...	...
" Places of Public Amusement, Theatres, Music Halls, Cinemas, etc., (Ministry of Health Circular 120 of 1920)	...	...	...	...	...	...	...	...	31
Visits to Licensed Premises	...	...	...	...	...	...	...	...	119
Other Visits...	...	...	...	...	...	...	...	...	2197
Re-inspections	...	...	...	...	...	...	...	...	26604
Total Visits	...	...	...	...	...	...	...	...	48872
Samples taken under Rag Flock Act	...	...	...	...	...	...	...	...	1
Samples of Domestic Water Supplies taken for Analysis or Bacteriological Examination	...	...	...	...	...	...	...	...	1
No. of Notices Served	...	...	...	...	...	...	...	...	8007
Warning Letters sent re matters not dealt with by Notice	...	...	...	...	...	...	...	...	34
Defective Houses dealt with	...	...	...	...	...	...	...	...	-
Other Defective or Insanitary Conditions dealt with	...	...	...	...	...	...	...	...	13
Drain Tests carried out	...	...	...	...	...	...	...	...	189
Certificates granted under Rent Restriction, etc., Acts	...	...	...	...	...	...	...	...	175



No. of Notices complied with - (1) By Owner	...	...	...	...	...	...	...	...	7191
" " " " " - (2) By Occupier	...	...	...	...	...	...	...	...	50
Summonses issued	...	...	...	...	...	...	...	...	458

SLAUGHTER HOUSES. During the year 106 inspections were made of the three slaughter-houses in the Borough engaged in the slaughter of horses. Two of the slaughter-houses caused little trouble; the third required closer supervision, although no contraventions of the Bye-laws were observed, which, in the opinion of the department, were sufficient to obtain a conviction in Court.

#### MEAT INSPECTION IN SLAUGHTERHOUSES.

(By Mr.H.E.Bywater, M.R.C.V.S., Veterinary Officer)

There is no Municipal Abattoir or private slaughterhouse in West Ham which is being utilised by the Ministry of Food for the slaughter of animals, the flesh of which is intended for rationed meat. A large number of private slaughterhouses have been out of operation in consequence of the monopoly in slaughtering of such animals given to the Ministry of Food early in 1940 when the Livestock (Restriction of Slaughtering) Orders came into force.

Three private slaughterhouses are engaged in the slaughtering of horses and goats for the provision of unrationed meat for human consumption. West Ham apparently deals with a larger number of horses, killed for human food, than any other centre in the country. During the year ending 31st December, 1948, 17,001 horses and 1182 goats were slaughtered. An endeavour is made to examine all animals both ante and post-mortem and although all the animals enumerated above were examined post-mortem, a few owing to late arrival at the slaughterhouses were slaughtered before ante-mortem examination could be carried out. Unlike cattle, sheep, goats and swine, horses do not come within the scope of the Public Health (Meat) Regulations and in consequence it is not obligatory for the notification of intended slaughter of these animals to be given to the local authority.

Horses brought into West Ham are mainly young well nourished horses producing prime carcasses and it is rare that total rejection is required. Tuberculosis in the well nourished horse is very rare, during 1948 only one animal was found to be affected and the whole carcase and all offal was rejected on account of wide-spread tuberculosis defined, within the meaning of Memo 62 Foods, as "generalised".

Seven other carcasses were totally rejected for extensive bruising (1), oedema (5) and fevered flesh (1). Portions of a large number of horses were rejected for localised bruising and oedema. The organs were in general found to be free from diseased conditions, except the livers which are very commonly affected with parasitic conditions necessitating total or partial rejection.

Practically all the goats were imported from Eire and as many arrived in poor condition representations were made to the Ministry of Agriculture, under the Transit of Animals Order, early in the year and thereafter there was a marked improvement in the quality of the goats received in the Borough.

Fifty-seven of the 1182 goat carcasses were rejected totally for malnutrition and oedema, mainly associated with fascioliasis, whilst three hundred and two livers were rejected for fascioliasis.



Carcases inspected and rejected (condemnation by a Justice of the Peace was not necessary)

	Horses	<u>1948</u>	Goats
Number killed	17,001		1,182
Number inspected	17,001		1,182

All diseases except tuberculosis.

Whole carcasses rejected	7	57
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Tuberculosis only.

Whole carcasses rejected	1	Nil
Carcasses of which some part of organ was rejected	Nil	Nil

N.B. No attempt has been made to give the actual percentage of animals in which rejection of small portions of the carcass or total or partial rejection of organs was necessary since this would give a totally incorrect picture of the quality of the horse flesh which was almost invariably of very good quality and free from serious diseased conditions. Many livers were rejected on account of parasitic invasion - indeed it is more commonly met with than otherwise and in many cases small areas of localised peritoneal adhesions or calcified dead parasites are found and after excision of the affected parts (in a fair proportion of cases) were passed as fit.

SHOPS ACTS, 1912-1936. The total number of visits made during the year in respect of the Shops Acts, 1912-1936 was 3,360 and 553 infringements were detected. The majority of these were of a technical nature in respect of which 516 verbal cautions were given regarding the exhibition of forms, and the keeping of required records of assistant's times of employment etc. In cases of a more persistent nature 37 written warnings were issued.

Owing to the restrictions on lighting being still in force during the year, and the limited amount of goods on sale in the 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.

The provisions of the Acts have been carried out by two inspectors until the death of Mr. Ferrier in March 1948. For the latter nine months of the year only one inspector has been available for the whole of the Borough.

MATERNITY AND CHILD WELFARE.

STAFF. Dr. Helen Campbell resigned her appointment as Senior Assistant Medical Officer and left us in January. She had served in the Department for many years, and it was with genuine regret that we saw her go. She was succeeded by Dr. Miriam Florentin whom we welcome in her stead.

Miss Dorothy Fraquet, who returns to us after an absence of years, was appointed to the new post of Superintendent Nursing Officer and took up her duties in September.

HEALTH VISITING. The efficiency and continuity of the health visiting service is the keystone of the work of the Maternity and Child Welfare Department and unless it is satisfactory, both in volume and quality, efforts to develop the service are unlikely to meet with success. Unfortunately during 1948 the number of Health Visitors was reduced to 5 and there were a number of changes in the personnel of the Public Health Nursing staff.



The Council's policy is to secure as soon as possible the full complement of 22 Health Visitors as set out in the proposals under the National Health Service Act. The method by which it is hoped to obtain this object is to appoint student health visitors who, in return for a salary received during their training, undertake to remain in the Council's service for two years after qualification. In the meantime, candidates appointed as temporary Public Health Nurses in order to keep the service going are chosen with a view to their eligibility for future training, and their willingness to train as health visitors when a vacancy at a training school can be secured for them. At the end of the year four such places had been secured for the Course commencing in January 1949, one being at the Royal College of Nursing and three at Battersea Polytechnic, and four students had been appointed to fill these places. One of these students is already working in the department as a Public Health Nurse. Three more places have been secured for the Course beginning in April 1949 so that it is hoped that by the end of 1949 there will be seven new Health Visitors in the department.

The Superintendent Nursing Officer includes the supervision of Health Visitors among her duties and although this takes up a considerable part of her time, it is justified by the increased effectiveness of the service made possible by better co-ordination of the work of the individual members of the staff.

HOME VISITS. The Home Visits paid by the Health Visitors and Public Health Nurses are set out below:-

	<u>First Visits</u>		<u>Total Visits</u>	
	<u>1948</u>	<u>1947</u>	<u>1948</u>	<u>1947</u>
To Expectant mothers	1,643	2,741	2,693	6,576
To Children under 1 year	4,282	6,019	8,600	12,200
To Children 1 - 5 years	1,962	3,183	10,734	12,825

This means that each child under one year of age received on the average about two visits during the first year, and that children 1-5 years received less than one visit per year. A much greater number of home visits than this must be made if the health visitors are to get to know the mothers and children on their districts really well; moreover, rapidly developing young children present many problems to the mothers for which skilled advice is so helpful. Frequent visits by someone with the status of a friend of the family are necessary if the best results are to be obtained. Unfortunately, during the year the shortage of health visitors continued to be acute and frequent visitation was therefore not possible.

In the meantime the few remaining Health Visitors and Public Health Nurses are doing much good work under difficult conditions. They may take heart from the fact that it is they who have prevented the breakdown of a service which it is hoped soon to restore to its former excellence.

CARE OF MOTHERS AND YOUNG CHILDREN. Clinics have been held regularly throughout the year at the five Municipal Centres and also at Plaistow Maternity Hospital (in relation to the Domiciliary Midwifery Service) and at Avenons Road, E.13. under the auspices of the South West Ham Child Welfare Society. Altogether 9 Ante-natal and 12 Infant Welfare sessions were held weekly.

ANTE-NATAL CLINICS. 6,239 mothers attended the Ante-Natal Clinics and total attendances reached 28,352. The Municipal Clinics are staffed by Medical Officers from Forest Gate Hospital (working under the direction of Dr.H.R.England, the Medical Superintendent of that hospital) and by Health Visitors or Public Health Nurses with considerable experience in midwifery.

The Municipal Midwives attend the clinic sessions when possible, in order to discuss their patients with the Medical Officer. Since July 5th 1948 these Medical Officers have become employees of the North East Metropolitan Regional Hospital Board. When the Board can provide additional medical officers it is hoped to staff the ante-natal clinics at Avenons Road on similar lines and



to hold regular Post-Natal sessions both at this centre and at the Municipal Centres.

#### INFANT WELFARE CLINICS.

	<u>Number of</u> <u>Individual children</u>	<u>Number of</u> <u>Attendances</u>
Children under 1 year	5,300	31,107
Children 1 - 5 years	2,625	10,419

ULTRA VIOLET LIGHT. Arrangements for children to receive this treatment at Balaam Street Hospital were continued throughout the year and 133 children were referred from the Maternity and Child Welfare Clinics. The children selected derive much benefit from this treatment.

CONVALESCENCE. The Invalid Children's Aid Association have continued to make excellent arrangements for convalescence for children under 5 years recommended or approved by the Council's Medical Officers. This enables the children to benefit from the great variety of homes available to the Association as well as from the experience and skill of the Association's staff. Up to the 5th July, 1948, the Invalid and Crippled Children's Society also continued their excellent arrangements, but since that date, for the sake of simplicity and efficiency of administration all applications are referred in the first place to the Invalid Children's Aid Association, though some are still placed in the Convalescent Home at Shoeburyness, which originally belonged to the Invalid and Crippled Children's Society.

Arrangements for the convalescence of mothers and babies have not continued as satisfactorily as formerly because the homes available for use by the Council in pre-war days are not again at our disposal for a variety of reasons. It has become very difficult to place this type of case since a ward at Harold Wood Hospital which was previously set aside for our mothers and babies has been taken over for other purposes. Since July 5th, 1948, the Local Authority has been responsible for the convalescence of mothers and children requiring only the "Holiday" type of Home, while the Regional Hospital Board is responsible for cases requiring medical or nursing care.

#### NUMBER OF CASES SENT AWAY DURING 1948.

##### Children under 5 years.

Invalid Children's Aid Association	87
Invalid and Crippled Children's Society	<u>20</u>
Total	<u>107</u>

##### Mother and Babies.

Harold Wood (before August 1948)	39
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SPECIALISTS CLINICS. The following Specialist's Clinics are available to Children under 5 years.

##### Ultra Violet Light.

Children's Hospital	Monday )
Balaam Street	Wednesday ) 9 - 12 and 2 - 4 p.m.
(Hospital Board)	Friday )



Through (Eye Clinic School (	84, West Ham Lane	Wednesday	10 a.m. & 2.30 p.m.
Health (Ears, Nose and Service (Throat ( ( (	84, West Ham Lane	Monday	9.30
		Tuesday	9.30
	Rosetta Road School	Friday	9.30
By (Paediatric Appoint-(Clinics ment (	84, West Ham Lane	Wednesday	2 - 4
	Rosetta Road School	Thursday	2 - 4
(Child (Guidance	Credon Road School	Every day except Thursday	

As from July 5th arrangements were made with neighbouring Boroughs whereby mothers and young children were enabled, if they so desired, to attend the Ante-Natal, Post-Natal, and Child Welfare or Dental Clinics nearest their homes irrespective of the area in which they resided.

The arrangements for the supervision of children placed for adoption continued during 1948 to be part of the Health Visitors' duties, though exercised during the latter part of the year on behalf of the Children's Committee. During the year 40 cases were referred to the Children's Officer for Legal adoption after the probationary period of approximately 3 months.

CARE OF THE UNMARRIED MOTHER AND HER CHILD. During the year there were 154 illegitimate births accounting for 4.2 per cent of all live births. Where the mother was found to require special care this was provided through the agency of the Chelmsford Diocesan Moral Welfare Association, or other appropriate Moral Welfare Workers. St. Agatha's Moral Welfare Hostel, which is under the auspices of the above Association, is situated in the Borough at 73, Carnarvon Road, E.15. The Superintendent of this Home works in close co-operation with the Council's Superintendent Nursing Officer. When necessary the expectant mother is admitted to the Hostel and transferred to one of the Maternity Hospitals for her confinement. At the end of the lying-in period she may be re-admitted to the Hostel with her baby and allowed to remain until other suitable arrangements have been made. When the mother is able to provide a home for herself and her baby, arrangements are made for the admission of the baby to a Day Nursery and the mother enabled to become self supporting.

During the year 14 West Ham mothers were admitted to St. Agatha's, of these 10 were admitted before the birth of baby and 4 after.

A Grant of £100 was made to St. Agatha's towards maintenance of destitute girls for the period up to July 5th 1948.

PREMATURE INFANTS. 258 premature births (of babies weighing 5½ lbs or under) were notified during 1948, of these 84 were born at home and 174 in hospital. Of those born at home 7 were transferred to hospital.

PREMATURE INFANTS  
PLACE OF BIRTH AND DEATHS UNDER 1 MONTH

WHERE BORN	Number of Infants	Number died within 24 hours	Number died within 28 days	Number Survived 28 days
Home	77	5	2	70
Hospital	174	27	12	135
Born at home and transferred to hospital	7	1	2	4
	258	33	16	209



It would be wrong to infer, as might seem from this table, that a premature baby is more likely to survive at home for it is the type of case in which difficulty and danger is anticipated which is taken into hospital for the confinement. The high proportion of deaths which occur within the first 24 hours is ample evidence of this.

Of these deaths of West Ham infants only 31 appear in the Registrar General's Return as deaths due to prematurity but it will be noticed that in fact 49 out of a total of 111 Infant deaths occurred in premature infants who died within the first month of life.

Premature babies are cared for in the Maternity hospitals in which they are born and both the mother and baby are often retained in hospital for several weeks.

Those born at home are usually cared for by the Midwives who show much resourcefulness in the improvisation of clothing and equipment and much devoted attention in carrying out, as far as their time permits, the frequent visiting which is required. In addition facilities are available at Plaistow Maternity Hospital for the admission of premature babies whose transfer to hospital is considered advisable.

**DAY NURSERIES.** The five day nurseries continued to function throughout the year. During the latter part of the year attendances were reduced partly on account of the occurrence of a number of cases of the common infectious diseases and partly on account of delay in investigating the circumstances of children on the waiting list caused by shortage of staff. There were fortunately few changes amongst the senior members of the staff. Mrs. Corri, Matron of Liverpool Road Day Nursery, left the service in January 1948 and Miss Appleton took her place in February. Miss Harlen, Miss Oakes and Miss L. Smith were appointed Wardens at Plaistow Road, Liverpool Road, and Station Street nurseries respectively on November 1st. They were not newcomers to the service but members of the nursery staff who had attended a Wardens' Course at South East Essex Technical College on 26th April - 16th June, 1948 (under arrangements made for them by the Borough Council) and subsequently obtained their Warden's Certificate.

The Public Health Department has been responsible for the "Health" section of the Nursery Nurses Course at the West Ham Municipal College. A two hour session is devoted each week to each of the first and second year group of Students. Medical Officers and the Superintendent Nursing Officer have contributed to the training but the bulk of the work has been carried out by the Day Nursery Matrons.

The Nurseries and Child Minders Regulation Act 1948 came into operation on 30th July 1948. No application for registration as a "Child Minder" has been received and no person eligible for registration has been brought to the notice of the department. One application was received for the registration of a day nursery at Cumberland Road, under the auspices of the Canning Town Women's Settlement.

Nursery	Number of Approved Places	Average daily attendance		
		Under 2	Over 2	Total
Litchfield Avenue	52	13	30	43
Plaistow Road	52	18	24	42
Station Street	52	15	23	38
Osborne Road	50	10	27	37
Liverpool Road	52	11	28	39

**MATERNITY SERVICE.** The Midwives attending domiciliary confinements in West Ham were supplied from the same four sources throughout the year. (The number at the end of the year was Municipal Midwives 4, Plaistow Maternity Hospital 12, Beachcroft - equivalent of 2, Silvertown and North Woolwich District Nursing Association, 2 part-time). From 5th July 1948 the midwives employed by Plaistow Maternity Hospital became employees of the Regional Hospital Board who do part of the West Ham domiciliary midwifery as agents for the Council, and the Beachcroft Training School was taken



over by the Essex County Council.

The midwifery service has continued to function smoothly and harmoniously thanks to the goodwill of all concerned, and doctors and midwives have co-operated well to ensure that the patient should not suffer from any ambiguities or lack of definition inherent in the new situation which arose on July 5th.

Of the 3737 West Ham births 1246 were delivered in their homes within the Borough, the distribution being as follows:-

MIDWIVES ATTENDING DOMICILIARY CASES

Source	Number (or equivalent number of midwives on 31.12.48)	Number of Cases
Municipal	4	258
Plaistow Maternity Hospital	12	820
Beachcroft Training Home	2	125
Silvertown & North Woolwich D.N.A.	2 (part-time)	35
Private Midwives	-	8
	18 ( + 2 part-time)	1,246

In 37 of these cases the midwife acted as Maternity Nurse. Medical Aid was summoned in 480 cases. In 366 cases help was required for the mother and 114 on account of the baby.

NUMBER OF CONFINEMENTS IN MATERNITY UNITS IN THE BOROUGH

Hospital	West Ham Residents	Total Births
Forest Gate	909	1,266
Plaistow Maternity	1,022	1,155
Queen Mary's	405	790
Total	2,336	3,211

ANALGESIA. The number of midwives working in West Ham at the end of the year and qualified to administer analgesics was as follows:-

Domiciliary Midwives	9
Hospital Midwives	<u>32</u>
Total	<u>41</u>

Arrangements had been made for the four Municipal Midwives to receive instruction in the administration of Analgesia early in 1949.

SUPERVISION OF MIDWIVES. The Senior Assistant Medical Officer for Maternity and Child Welfare is the Supervisor of Midwives and there is no non-medical Supervisor. Though every effort is made to keep in touch with the midwives who supplement official notification by 'phone calls and frequent calls at the office, it is difficult to maintain as much personal contact as one could wish.

HOME NURSING. From 5th July under the National Health Service Act the Home Nursing Service became the responsibility of the Local Health Authority. Prior to this date the North of the Borough had been partly covered by the Beachcroft District Nursing Association, and partly by the Plaistow Maternity Hospital District Nurses. It was decided to request the Essex County Council, to whom the Beachcroft District Nursing Association was similarly



transferred, to cover the whole of the Borough north of the district railway on an agency basis;

This left the area south of the district railway as far as the Docks to be worked by the staff taken over by the Council from Plaistow Maternity Hospital and remaining housed there for the time being. This staff consisted of:-

1 S.R.N. (Sister)	)	
1 S.E.A.N.	)	Employed full time.
1 N.A.	)	
2 S.R.N.	)	
1 S.E.A.N.	)	Employed part-time.
1 N.A.	)	

This staff was augmented by variable numbers of C.M.B. trainees from the Plaistow Maternity Hospital while waiting between their examinations.

It was quite apparent that the staff was entirely inadequate to cope with the needs of the area, and that the students, of which the staff had been largely composed previously would no longer be available to the Local Health Authority. This placed the Council in a very difficult position as they had to assume the responsibility of the District Nursing service practically without any adequate staff to take over and employ. Recruitment of additional staff was commenced and by the end of the year the position was that there were:

5 S.R.N.	)	Employed full time.
2 N.A.	)	
3 S.R.N.	)	
1 N.A.	)	Employed part time.

With the shortage of Nurses willing to do Home Nursing remaining acute, and the demand still rising, it is obvious that it will take some considerable time to build up an adequate and stable Home Nursing service in the Borough.

A summary of the work carried out by these nurses from the 5th July is as follows:-

Total Cases Attended	Total Number of Visits paid	Average No. of Visits per case
843	15,627	18.5

The very small area in Silvertown is still worked as prior to July 5th by the Tate Nurses on an agency basis on behalf of the Council.

The National Health Service Act, although impinging in various ways on the department, has not had a very great effect on its day to day activities - (apart from the taking over of the Home Nursing Service on the 5th July by the Local Health Authority). It is hoped that it will eventually lead to a better integration of all the services charged with the care of the health of mothers and children.

# DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

(By Mr. J. H. Glen, L.D.S., Senior Dental Officer)

Until the end of July 1948 the service was conducted as in previous years by Mrs. Rogers. At that time she resigned to start her own private practice. From August to December of that year, an attempt was made to carry on the service using two members of the School Dental Staff. Whenever possible a dentist was present in the clinic during the times of attendance of the medical officer engaged in examining expectant mothers, and all new cases seeking medical advice were automatically referred to the dental officer for his inspection. The mother was advised of the work required to be done, and it remained her choice whether the treatment was proceeded with at the clinic or by her own private dentist.

For those accepting treatment at the clinic, a full service including X-rays and cast metal work (such as inlays and small dentures) was provided. No difference was made in the provision of treatment for nursing or expectant mothers. As no additional staff became available, it was found impossible to implement the requirements of the National Health Service Act relating to children under five years of age, and generally, only those children whose mothers were attending welfare clinics were treated.

It was not thought necessary for record purposes, to keep separate the treatment done for nursing and expectant mothers. In consequence the two classes of patient are treated as one in the following statistical table.

No matter how desirable clinical research and dental health education may be, it is obvious that under the present "make do and mend" existence of this supposedly priority service, that such research as was in progress on July 5th 1948, has had to be abandoned.

## Mothers

Total attendances	2,171
Attended for extraction	557
No. of teeth extracted	2,111
Attendances for fillings	191
No. of teeth filled	236
New cases seen	558
No. on waiting list	106
No. of attendances for dentures	677
No. of dentures supplied	206
No. of patients supplied with dentures	154
No. of attendances for scaling	218
No. of attendances for inspection	609

## Children

Total attendances	1,430
Attended for extraction	389
No. of teeth extracted	993
Attendances for fillings	359
No. of teeth filled	414
New cases seen	358
No. on waiting list	13
No. of attendances for dentures	-
No. of dentures supplied	-
No. of patients supplied with dentures	-
No. of attendances for scaling	19
No. of attendances for inspection	690



## NATIONAL HEALTH SERVICE ACT, 1946

Section 22 - Care of Mothers and Young Children.

Section 23 - Midwifery.

Section 24 - Health Visiting.

Section 25 - Home Nursing.

Particulars of the work carried out under the above-mentioned sections is included in the Maternity and Child Welfare Section, see pages to ..

Section 26 - Vaccination and Immunisation. - see pages 6, 7 and 8.

Section 27 - Ambulance. - From the commencement of the year to 4th July 1948, the bulk of the Council's accident and emergency ambulance service was carried out by a private contractor.

On the introduction of the National Health Service on the 5th July, the responsibility for ensuring that ambulance transport was available, without charge, for all persons for whom the need arose within the Borough, became the duty of the Council. This meant the inauguration of a completely new scheme to include the work previously carried out by hospital ambulances.

The service is at present run entirely by the Council, and is administered by the Health Department. The organisation, broadly, is in two sections - (1) the ambulances deployed at fire stations and the transport depot, under the operational control of the Chief Officer of the Fire Brigade; and (2) the sitting-case cars provided by the Borough Engineer, from the Council's passenger fleet, and operationally directed by the Ambulance Officer from the Health Department.

The vehicles used comprise ten ambulances, and twelve cars which are also used for other purposes, but obtained when required. All maintenance and servicing is carried out by the Borough Engineer's Department.

Reciprocal arrangements have been agreed upon with neighbouring authorities, namely East Ham County Borough, Essex County Council and London County Council. In addition, an agency arrangement is in operation with the London County Council for the provision of ambulance service in that part of Woolwich which is north of the Thames. (This arrangement ensures the speedy removal of patients from an area not readily accessible to the London County Council's ambulances).

Special arrangements have also been made with the London County Council for the removal of patients suffering from small-pox or typhus fever.

As was to be expected, there was a decided increase in the demand for ambulance transport. During the period 5th July - 31st December 1948, the number of patients carried by ambulances was 8,475, and by sitting-case cars 2,137.

Section 28 - Prevention of Illness, Care and After-Care.

(1) Tuberculosis. Responsibility for providing treatment for tuberculous patients passed to the Regional Hospital Board as from 5th July.

The Council's services for the prevention of tuberculosis, and the care and after-care of persons suffering from this disease were continued.

The visiting staff at the Chest Clinic before the 5th July consisted of three T.B. Health Visitors; of this staff two were retained by the Council. It was proposed to employ four Social Workers in connection with T.B. after-care work, but unfortunately it was not possible to obtain the services of suitably qualified persons.



(2) Mental illness or defectiveness. The visitation of patients after discharge from mental hospitals was continued by the Psychiatric Social Worker at Goodmayes Mental Hospital. Unfortunately the Council's efforts to obtain the services of a Psychiatric Social Worker were unsuccessful owing to the great shortage of suitably qualified persons. Further information on the care of mental patients will be found in the Mental Health Section - pages 31 to 35.

Section 29 - Domestic Help. Prior to the 5th July, the Council had in operation a scheme for the provision of home helps for maternity and sickness cases. From the aforementioned date the service was expanded to meet the considerable increased demand which was made upon it.

At the end of 1948, the staff engaged on this work was - one Home Help Organiser with one assistant; 103 home helps (11 permanent and 92 part time).

The home helps attended 402 cases during the year, 202 of these being maternity and the remainder sickness cases. At the end of the year 19 cases had been receiving help for a period exceeding one year. Some slight difficulty was experienced in obtaining home help for maternity cases.

During the year, the following work was carried out by the Home Help Organiser and her assistant:-

377	visits	were	made	to	maternity	applicants
343	"	"	"	"	maternity	home helps
770	"	"	"	"	general	sickness applicants
255	"	"	"	"	general	sickness home helps
4335	office	consultations.				

Section 51 - Mental Health. A Mental Health Sub-Committee consisting, apart from ex-officio members, of eight members of the Council, was appointed by the Health Committee. This Sub-Committee was responsible for drawing up proposals under the Act; but routine business under the Mental Health Services is conducted by the full Health Committee.

#### STAFF

(a) Medical Ascertainment and medical examination of mental defectives is carried out by the Deputy Medical Officer of Health and the Chief Assistant School Medical Officer, both of whom have had considerable experience in this work. Arrangements have also been made with the Regional Hospital Board for the Physician Superintendent of Goodmayes Mental Hospital and his staff to be available for consultation when required under the Lunacy Acts and the Mental Treatment Act. In addition, two local general practitioners who are approved by the Minister of Health for the purpose of making recommendations under Section 5 of the Mental Treatment Act, 1930, are available when required.

(b) Lay A senior duly authorised officer (supervisory); three male and one female duly authorised officers; the latter was Supervisor of mental defectives until the 5th July when she was designated a duly authorised officer to act, if required, in an emergency. This lady left the Council's service in October, 1948. Clerical assistance is provided as and when required from Health Department staff. The duly authorised officers, who are experienced in mental welfare, carry out various duties under the Mental Deficiency, Lunacy and Mental Treatment Acts.

#### LUNACY AND MENTAL TREATMENT ACTS

A twenty-four-hour rota system is operated by the three male duly authorised officers, calls for their services after normal office hours being made through the Council's Ambulance Control.



During the period 5th July to 31st December 1948, the Officers were called upon on 136 occasions with the following results:-

	M	F	Total
Admitted to mental hospital as voluntary patients	28	18	46
Admitted to mental hospital on Urgency Orders	11	22	33
Admitted to mental hospital on Temporary Orders	-	2	2
Admitted to mental hospital as Certified Cases	1	1	2
No statutory action taken	20	33	53
	<u>60</u>	<u>76</u>	<u>136</u>

In many of the cases where no statutory action was taken, and in other cases coming to their knowledge, the officers were able to arrange for patients to attend the Psychiatric Clinic for treatment etc., thus probably being the means of avoiding the need for admission to a mental hospital. They were also able to give helpful advice in many other ways.

Patients are conveyed to hospital by the Council's sitting-case cars, or by ambulance if necessary.

AFTER CARE. After 5th July the main after-care work was continued by the Psychiatric Social Worker of Goodmayes Mental Hospital.

The Psychiatric Social Club, operated from premises in the borough, was taken over by the Health Committee on the "appointed day"; the staff of the Mental Hospital, however, continued to carry out the valuable work of conducting the club. This club, which is held weekly, and is attended by patients referred from the Psychiatric Clinic, or from mental hospitals on discharge, etc., provides in practical form the means by which patients, guided by a psychiatrist and a social worker, can secure social re-adjustment and regain sufficient confidence to become useful members of the community.

MENTAL DEFICIENCY. On the 31st December, 1948 the number of mental defectives on the register (excluding those in institutions under Order) was 300. Of this number 256 were ascertained to be "subject to be dealt with".

The manner in which these defectives had been dealt with is shown in the following table:-

A. Mental defectives ascertained to be "subject to be dealt with"

	M	F	Total
Under Guardianship	2	5	7
Under Statutory Supervision	111	119	230
Action not yet taken under the above headings	10	9	19

B. Mental defectives not at present "subject to be dealt with" but for whom the local health authority may subsequently become liable

	31	13	44
Total	<u>154</u>	<u>146</u>	<u>300</u>

Ascertainment. The number of mental defectives ascertained during the year was 31 (15 males and 16 females). Included in this number are 15 cases (9 males and 6 females) who were reported by the local education authority. Of the new cases 15 were recommended for institutional care; 7 of these (2 males and 5 females) were admitted to institutions, and 8 cases were await-



ing admission to institutions at the end of the year. The remaining 16 cases were placed under statutory supervision.

In addition to the foregoing, 16 cases were investigated of which 11 were placed under friendly supervision, 1 was not considered to be certifiable as a mental defective, 2 failed to attend for examination and 2 were not dealt with under the Mental Deficiency Acts.

Supervision. At the end of the year there were 230(111 males and 119 females) under statutory supervision, and 36 cases (23 males and 13 females) under friendly supervision. In addition there were 20 patients (14 males and 6 females) on licence from institutions who were supervised by the Council's officers.

All these cases are visited at varying intervals, according to the circumstances of the individual case, by the duly authorised officers. The parents or guardians are advised as to the best methods of training and caring for the defective.

Guardianship. Seven defectives (2 males and 5 females) were under Guardianship at the end of the year. Of these, 3 were in the care of relatives.

In placing defectives under guardianship, the local health authority continued to use the services of the National Association for Mental Health.

Conveyance to Institutions, etc. Patients are conveyed to institutions by the Council's sitting-case cars, or by ambulance if necessary.

#### REPORT ON THE ACTIVITIES OF THE WEST HAM NERVE CLINIC.

(By Dr. George Somerville, M.D., D.P.M.,  
Physician Supt., Goodmayes Mental Hospital)

During the early months of 1948, this Clinic had, by steady growth, reached such a state of activity as to demand an additional psychiatric session. Accordingly, a third out-patient session was initiated on 12th April 1948, from 2 p.m. to 5 p.m., with Dr. Somerville as Consultant Psychiatrist. From that date until the end of the year, Dr. Somerville and Dr. Glancy held weekly sessions, both on Mondays, from 2 p.m. to 5 p.m., and Dr. Riordan held an afternoon session, weekly, on Wednesdays.

The number of new cases seen in the course of the year was 247 - more than twice as many as had been seen in the previous year. The number of patient-attendances amounted to 889 compared with last year's figure of 472. Twenty-five patients continued treatment from previous years.

The Psychiatric Social Worker, Miss E. Batkin, was in attendance at all sessions up to 1st December, 1948, and made an indispensable contribution to the smooth running and general effectiveness of the Clinic.

Despite the ever increasing volume of work called for by the West Ham Nerve Clinic, the general character and quality of treatment given was not permitted to deviate from the standard which has been established by precept and practise at West Ham Nerve Clinic. Emphasis was on active treatment, either by psychotherapeutic measures, physical measures or by both combined. In many cases, sustained efforts were made to encourage healthy social adjustment through the help of the Psychiatric Social Worker and the Social Therapy Club. Electroplexis was given to Out-patients at Goodmayes Hospital, and one out-patient was given Electroplexis under anaesthesia with Pentothal and Tubo-Curare.

In the following tables, the sources of referral, the clinical varieties and the treatment and disposal of the patients who attended the Clinic during the year 1948, are set out.



SOURCES OF REFERRAL.

	<u>Number of Patients</u>
Goodmayes Hospital	107
General Practitioners	104
Other Hospitals	16
Probation Officers	5
Psychiatric Social Worker	5
Social Services	2
National Association for Mental Health	1
D.R.O.	1
Medical Officer of Health	6
TOTAL (Fresh Cases)	<u>247</u>

CLINICAL VARIETIES.

	<u>Male</u>	<u>Female</u>
<u>Psychoneuroses</u>		
Anxiety State - Acute	6	9
"      "      Chronic	15	22
Psychosomatic	1	-
Hysteria	10	19
Obsessive - Compulsive State	-	6
<u>Behaviour Disorder</u>	10	2
<u>Psychopathic Personality</u>	3	-
<u>Social Problem</u>	1	1
<u>Congenital Mental Defect</u>	5	8
<u>Psychoses</u>		
Melancholia - Recent	12	17
Recurrent	2	14
Chronic	4	1
Involuntional	1	26
Schizophrenia - Simple	6	1
Paranoid	15	8
Catatonic	2	1
Hebephrenic	4	2
Paraphrenia	-	6
<u>Organic Reaction Types</u>		
Puerperal Psychosis	-	4
Senile Psychosis	2	5
Cerebral Arteriopathy	-	3
Vitamin Deficiency	-	1
Dementia Paralytica	1	-
Confusional Insanity	1	6
Tuberculous Meningitis	-	1
<u>Mental Disorder with Epilepsy</u>	5	3
	<u>106</u>	<u>166</u>



### DISPOSAL.

Diagnosis only	6
To Whipps Cross Hospital	6
To Child Guidance Clinic	6
Admission to Goodmayes Hospital	12
Re-admission to Goodmayes Hospital	26
Treated at the Clinic	191
Still under treatment at Clinic	25
	<u>272</u>

The West Ham Nerve Clinic was one of the Clinics transferred to the Regional Hospital Board under the National Health Service Act, 1946.

### HOSPITALS

The hospitals under the jurisdiction of the Council were transferred to the Regional Hospital Board as from 5th July. From that time until the end of the year, they were so deeply engaged with questions of re-organisation, that it has not been practicable to obtain detailed reports of their work. Statistical material relating to these hospitals is however grouped together, as appendices, at the end of the report.

NATIONAL ASSISTANCE ACT, 1948, Section 47. No circumstances arose in which it was deemed necessary to take action under this Section.

A P P E N D I C E S      1 - 1 0



APPENDIX 1  
CAUSES OF DEATH IN AGE GROUPS - 1948 (as supplied by Registrar-General)

Cause of Death	Deaths at different periods of life of residents (civilians), whether occurring within or without the district													
	All Ages		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 ... ..	1	-	-	-	-	-	-	-	1	-	-	-	-	-
2. Cerebro-spinal fever ... ..	1	1	-	1	1	-	-	-	-	-	-	-	-	-
3. Scarlet fever ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Whooping Cough ... ..	3	3	2	2	1	1	-	-	-	-	-	-	-	-
5. Diphtheria ... ..	-	2	-	-	-	1	-	-	-	1	-	-	-	-
6. Tuberculosis of respiratory system ... ..	57	38	1	-	-	-	-	-	24	31	30	5	2	2
7. Other forms of tuberculosis ... ..	7	4	-	-	1	1	-	-	5	2	1	-	-	1
8. Syphilitic diseases ... ..	9	3	-	-	-	-	-	-	-	5	2	4	1	-
9. Influenza ... ..	5	3	1	1	-	-	-	-	-	1	4	-	-	1
10. Measles ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. Acute poliomyelitis and poli-encephalitis ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. Acute infective encephalitis ... ..	1	-	-	-	-	-	-	-	1	-	-	-	-	-
13. Cancer of buccal cavity & oesophagus (M) uterus (F)...	6	16	-	-	-	-	-	-	2	3	5	3	9	-
14. Cancer of stomach and duodenum ... ..	32	19	-	-	-	-	-	-	3	14	4	15	14	-
15. Cancer of breast... ..	-	34	-	-	-	-	-	-	7	-	13	-	14	-
16. Cancer of all other sites ... ..	111	74	-	-	-	-	-	-	8	7	56	27	47	40
17. Diabetes ... ..	3	13	-	-	-	-	-	-	-	2	4	1	9	-
18. Intracranial vascular lesions ... ..	69	93	-	-	-	1	-	2	1	14	18	53	73	-
19. Heart disease ... ..	232	243	-	-	-	-	1	1	5	7	61	34	165	201
20. Other diseases of circulatory system... ..	57	41	-	-	-	-	-	-	2	1	10	9	25	31
21. Bronchitis ... ..	92	41	3	2	-	-	1	-	2	1	26	7	60	31
22. Pneumonia ... ..	30	33	4	10	2	1	-	-	1	2	9	7	14	13
23. Other respiratory diseases... ..	17	11	-	1	-	-	-	-	3	2	7	4	7	4
24. Ulcer of stomach and duodenum ... ..	16	5	-	-	-	-	-	-	6	-	6	-	4	5
25. Diarrhoea under two years ... ..	5	6	5	6	-	-	-	-	-	-	-	-	-	-
26. Appendicitis ... ..	2	3	-	-	1	1	-	-	8	1	1	-	-	-
27. Other digestive diseases ... ..	16	20	-	-	1	-	2	-	1	-	5	5	7	15
28. Nephritis ... ..	17	11	-	-	1	-	1	1	3	3	6	3	6	4
29. Puerperal and post abortive sepsis ... ..	-	1	-	-	-	-	-	-	-	1	-	-	-	-
30. Other maternal causes ... ..	-	2	-	-	-	-	-	-	2	-	-	-	-	-
31. Premature birth ... ..	19	12	19	12	-	-	-	-	-	-	-	-	-	-
32. Congenital malformations, birth injury, infant diseases	23	23	17	20	-	-	-	-	3	3	-	-	3	-
33. Suicide ... ..	9	2	-	-	-	-	-	-	4	1	4	1	1	1
34. Road Traffic accidents ... ..	7	2	-	-	-	1	2	-	2	-	1	-	2	1
35. Other violent causes ... ..	19	12	1	1	3	2	-	-	9	1	4	-	2	8
36. All other causes ... ..	64	38	2	-	1	-	2	1	9	5	13	8	37	24
TOTAL ... ..	910	809	55	56	12	9	9	3	94	82	282	157	458	502

APPENDIX 2

BODIES RECEIVED INTO STRATFORD MORTUARY DURING 1948

MONTH	BODIES REMAINING IN QUEEN MARY'S HOSPITAL ON WHICH INQUESTS WERE HELD.	NUMBER RECEIVED	TOTAL	MALES	FEMALES	UNDER 5 YEARS	OVER 5 YEARS	SENT IN BY CORONER	SENT IN BY POLICE	SENT IN ON SANITARY GROUNDS	NUMBER OF POST- MORTEM EXAMINATIONS	NUMBER OF INQUESTS
JANUARY	1	14	15	9	6	13	2	9	6	-	14	5
FEBRUARY	1	12	13	9	4	11	2	10	3	-	12	2
MARCH	1	10	11	7	4	10	1	8	3	-	10	2
APRIL	1	12	13	7	6	13	-	7	6	-	12	6
MAY	-	11	11	8	3	9	2	9	2	-	11	3
JUNE	-	16	16	11	5	12	4	12	4	-	16	5
JULY	-	16	16	15	1	14	2	11	4	1	15	4
AUGUST	1	16	17	8	9	16	1	15	2	-	16	6
SEPTEMBER	1	17	18	9	9	16	2	14	4	-	17	5
OCTOBER	-	17	17	10	7	15	2	15	2	-	17	5
NOVEMBER	-	19	19	13	6	13	6	16	3	-	19	4
DECEMBER	-	28	28	17	11	25	3	22	6	-	28	8
TOTAL	6	188	194	123	71	167	27	148	45	1	187	55



APPENDIX 3

WORK OF CHEST CLINIC

Number of sputum examinations	1132
Number of X-ray examinations	1489
Number of patients attending for A.P. refills	40
Number of A.P. refills	365
Number of contacts examined	354
Number receiving Home nourishments on 31.12.48	10

#### APPENDIX 4.

SOUTH OCKENDON INSTITUTION, SOUTH OCKENDON, ESSEX.

#### STATISTICS FOR THE YEAR, 1948.

On the 1st January, 1948, there were 470 patients subject to the provisions of the Mental Deficiency Acts, on the register, viz:- 223 men, 187 women, 37 boys, 23 girls. During the year, 69 patients were admitted (7 men, 44 women, 10 boys, 8 girls) while 5 (4 men, 1 woman) died and 16 (9 men, 7 women) were discharged, leaving a total of 518 (221 men, 224 women, 43 boys, 30 girls) remaining on 31st December, 1948.

In addition to these patients there were, on 1st January 1948, 85 Uncertified patients (3 men, 6 boys, 67 women, 9 girls) being cared for in the Institution, and 3 patients (2 males, 1 female) detained under Section 15. During the year no uncertified patient was admitted, while 4 (1 man, 3 women) died, and 41 (2 men, 31 women, 3 boys, 5 girls) were discharged, leaving a total of 43 (33 women, 5 boys, 5 girls) remaining on 31st December, 1949.

There were a total of 561 patients (221 men, 257 women, 48 boys, 35 girls) remaining on the Colony register on 31st December, 1948.

DEATHS. There were nine deaths during the year - five were cases under Order and 4 were uncertified patients. Causes of death are set out below:-

<u>Male</u>	<u>Female</u>
1 Status Epilepticus	1 Carcinomatosis
1 Heart Failure	1 Pulmonary Pneumonia
2 Broncho-Pneumonia	1 Aricular Fibrillation
1 Gangrene of Lung	1 Broncho-Pneumonia

LICENCE. On 1st January, 1948, 36 patients (21 male, 15 female) were on leave of absence on Licence.

During the year 9 (6 male, 3 female) proceeded on licence - of whom 2 (1 male, 1 female) returned, 10 (5 male, 5 female) formerly on licence were discharged, 4 (3 male, 1 female) returned, chiefly because of unsatisfactory conduct, 2 (1 male, 1 female) absconded on licence, leaving a total of 27 (17 male, 10 female) on licence on 31st December, 1948.

EMPLOYMENT. Table showing the occupations and the number so employed throughout the year is set out below:-

	<u>M.</u>	<u>F.</u>	<u>Total</u>
Number on school register ... ..	20	40	60
Farm and Garden ... ..	30	-	30
Laundry ... ..	3	19	22
Kitchen ... ..	2	12	14
Stores and Lodge ... ..	2	-	2
Sewing room ... ..	-	39	39
Shoemakers ... ..	10	-	10
Carpenters & Woodworkers ... ..	7	-	7
Occupation Centre or classes ... ..	35	62	97
Engineers ... ..	8	-	8
Wardwork only ... ..	58	28	86
Working in staff quarters ... ..	4	-	4
Domestic work (nurses' Home, Administration block) ...	1	14	15
Boot & Cutlery cleaning (very low grade) ... ..	26	-	26
Porters' Help ... ..	3	-	3
Helping with children ... ..	-	6	6
	<u>209</u>	<u>220</u>	<u>429</u>



APPENDIX 5.

WHIPPS CROSS HOSPITAL, LEYTONSTONE, E.11.

STATISTICS, 1948.

1. Total Admissions		8,660
2. Total Discharges		7,726
3. Number of Out-Patient attendances		43,349
4. Total Deaths		1,067
5. Number of operations performed		4,751
6. Number of X-Ray examinations		9,811
7. Number of Post-Mortem examinations		
By Coroner's Pathologist	381	
By own Medical Officers	<u>120</u>	501
8. Number of specimens dealt with in Pathological Laboratory		19,743
9. Average number of In-Patient days		30
10. Average number of patients in hospital daily		781
11. Total number of patients in hospital on 31st December, 1948		723

APPENDIX 6.

DAGENHAM SANATORIUM

Statistics for the period 1st January - 4th July, 1948.

At the end of 1947 the number of patients remaining under treatment was:-

Males	...	53		
Females	...	31	-	84.

Number of admission from 1st January - 4th July, 1948 were:-

Males	...	46		
Females	...	46	-	92.

Number of deaths from 1st January - 4th July, 1948 were:-

Males	...	9		
Females	...	4	-	13.

Discharges from 1st January - 4th July, 1948 were:-

Males	...	18		
Females	...	34	-	52.

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

	<u>Males</u>				<u>Total</u>
	<u>A.</u>	<u>B.1.</u>	<u>B.11.</u>	<u>B.111.</u>	
Quiescent	1	2	4	-	7
Improved	2	1	4	1	8
No mat.improv.	-	-	-	2	2
1 case in residence for less than four weeks and not classified				-	18

	<u>Females</u>					<u>Total</u>
	<u>A.1.</u>	<u>A.11.</u>	<u>B.1.</u>	<u>B.11.</u>	<u>B.111.</u>	
Quiescent	-	-	3	5	-	8
Improved	2	1	3	10	4	20
No mat.improv.	-	-	-	-	1	1
3 transferred to another Institution for surgical treatment.						Total - 34.

X-ray Department. 350 films were taken, in addition to many screenings.

Artificial Pneumothoraces induced:- 10 Males, 4 Females.

Refills given:- 300 Males, 89 Females.

LANGDON HILL SANATORIUM

There were 7 admissions up to 4th July: 4 girls and 3 boys.

17 discharges - 11 girls and 6 boys.



APPENDIX 7.

FOREST GATE HOSPITAL

STATISTICS (MATERNITY UNIT) 1948.

1. Total number of admissions (including infants born in the hospital) = 2,649.
2. Number of women confined in the hospital = 1,266.
3. Number of live births = 1,261.
4. Number of stillbirths = 30.
5. Number of deaths of babies under four weeks born in the hospital = 19.
6. Number of deaths of women confined in the hospital = 2.
7. Average number of days residence of women confined in the hospital = 11.71 days.
8. Number of Premature Births = 109.
9. Number of Puerperal Pyrexia cases = 15.
10. Number of cases of Ophthalmia Neonatorum = Nil.
11. There were 24 cases of twin birth and one of triplets.
12. Of the 1,266 confinements: 542 were Primigravidae; 724 Multigravidae.
13. 

<u>Presentation:</u>	<u>No. of cases.</u>
Vertex ... ..	1220
Breech ... ..	42
Face ... ..	3
Shoulder ... ..	1
14. 

<u>Abnormal Labour:</u>	<u>No. of cases.</u>
Forceps Deliveries ...	41
Post-Partum Haemorrhage	38
Ante-Partum Haemorrhage	34
Manual Removal of Placenta	20
Caesarean Section ... ..	11
Prolapse of Cord ... ..	9
15. Ante-Natal admissions.  
314 patients were admitted to the Ante-natal beds during the year for treatment or 22.62% of the total number of maternity cases admitted.
16. Ante-natal and Post-natal Clinics.  
There were 10,090 attendances made at the post-natal and ante-natal Clinics at Forest Gate Hospital during the year.

APPENDIX 8.

PLAISTOW HOSPITAL

RETURN OF ADMISSIONS & DISCHARGES FOR 1948.

Disease	In Hospital 31.12.47.	Admitted	Discharged	Died	In Hospital 31.12.48.
Scarlet Fever	38	349	365	-	22
Diphtheria	14	51	50	3	12
Pneumonia	3	39	36	1	5
Measles	-	70	67	-	3
Gastro Enteritis	9	80	76	10	3
Mumps	1	17	18	-	-
Chicken Pox	3	9	12	-	-
Laryngitis	1	9	10	-	-
Tonsillitis	4	85	85	-	4
Whooping Cough	-	67	54	9	4
Meningitis	-	15	8	4	3
Rubella	-	7	7	-	-
Typhoid	-	3	2	-	1
Erysipelas	-	12	12	-	-
No Disease	1	14	15	-	-
Dysentery	-	13	13	-	-
Paratyphoid	-	1	1	-	-
Bronchitis	-	13	12	-	1
Puerperal Pyrexia	1	3	4	-	-
Tinea Capitis	1	2	3	-	-
Vincent's Angina	1	7	7	-	1
Nephritis	1	-	1	-	-
Pyelitis	1	2	3	-	-
Epilepsy	1	1	2	-	-
Atelectasis	-	1	1	-	-
Toxic Hepatitis	-	2	2	-	-
Cellulitis	-	11	11	-	-
Pharyngitis	-	1	1	-	-
Coryza	-	4	4	-	-
Otitis Media	-	5	5	-	-
Rheumatism	-	1	1	-	-
Cervical Adenitis	-	4	4	-	-
Meningism	-	3	3	-	-
Quinsy	-	5	5	-	-
Scabies	-	2	2	-	-
Specific Infection	-	1	1	-	-
Cholecystitis	-	1	1	-	-
Septicaemia after abortion	-	1	-	1	-
Erythema	-	3	3	-	-
Abortive Poliomyelitis	-	1	1	-	-
Stomatitis	-	4	4	-	-
Toxic Rash	-	8	8	-	-
Furunculosis	-	1	1	-	-
Impetigo	-	2	2	-	-
Papular Urticaria	-	1	1	-	-
T. B. Peritonitis	-	1	-	1	-
Purpura	-	1	1	-	-
Asthma	-	1	1	-	-
Dermatitis	-	2	2	-	-
Poliomyelitis	-	4	3	-	1
Pemphigus	-	2	2	-	-
Eczema	-	2	2	-	-
Urticaria	-	2	2	-	-
Cerebral Haemorrhage	-	2	1	1	-
Pleurisy	-	1	1	-	-
Pulmonary T. B.	-	5	3	1	1
Sprained Hip Joint	-	1	1	-	-
Peritonitis	-	1	1	-	-
<b>TOTALS</b>	<b>80</b>	<b>956</b>	<b>944</b>	<b>31</b>	<b>61</b>

No. of cases seen at gate ... 773  
 No. of cases admitted from gate ... 82

BACTERIOLOGICAL WORK

No. of swabs taken ... 1745  
 No. proved positive ... 79



APPENDIX 9.

CENTRAL HOME  
(now LANGTHORNE HOSPITAL)

Statistics - 1.1.48 - 4.7.48. (West Ham patients only)

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Admissions	83	67	150
Discharges	29	19	48
Deaths	53	49	102

HAROLD WOOD HOSPITAL

Statistics - 1.1.48 - 4.7.48.

Municipal Hospital

Admissions	244
Discharges	234
Deaths	22
Number of patient days	39068

E.M.S. Hospital

Admissions	710
Discharges	648
Deaths	20
Number of patient days	20532

APPENDIX 10.

Table shows Infantile Deaths (Under 1 year of age)

Cause	Number of Deaths
Cerebro-spinal fever	1
Whooping Cough	4
Respiratory tuberculosis	1
Influenza	2
Bronchitis	5
Pneumonia	14
Other Resp. diseases	1
Diarrhoea	11
Prematurity	31
Congenital malformations )	
Birth injury, infant diseases )	37
Other violent causes	2
All other causes	2
Total (all causes)	111



## SCHOOL HEALTH SERVICE

School Population. There was a further increase in the school population during the year. On 31st December, 1948 there were 26,507 children on the school rolls, as compared with 25,673 on the corresponding day of 1947.

The increase since 1945 is rather more than 6,000.

Medical Inspection. A table setting out the work done under this heading will be found on page 68. The volume of work carried out was much the same as the year before.

It is at school inspections and in the Minor Ailments Clinics that most of the physical defects are found in the children; early treatment or prompt advice to parents combined with efficient follow up procedure permits rectification before the conditions found have progressed too far to be easily remedied.

Since the middle of the year when the National Health Service Act came into operation there has been a falling off in attendance at the Minor Ailments Clinics, doubtless because the children may now be treated by their private doctors without cost to themselves. The decline has not been severe and it is as yet too early to judge the effect of the new Act on the School Health Service. However it may influence the volume of minor ailments coming to the school clinics, it in no way relieves the Local Education Authority of the duty of providing for the medical inspection of school children and for making arrangements for their medical treatment.

### THE WORK OF THE SCHOOL NURSES

NUTRITION. Nutritional surveys continued to be carried out by the school nurses throughout the year. The nurse weighs and measures the child and compares the result with the last assessment; at the same time she notes the child's general condition. If the child's progress is not considered satisfactory the case is referred to the area school doctor for investigation. Owing to the pressure of work in other directions it was not found possible to cover the whole of the school population during the year, though it is aimed to carry this out more frequently as soon as conditions permit.

#### NUTRITION SURVEYS

Number of inspections	...	...	...	...	...	...	18,424
Referred to school doctors (malnutrition)	...						5
Referred to school doctors (other conditions)							
Scabies	...	...	...	...	...	...	4
Eye conditions	...	...	...	...	...	...	4
Skin diseases	...	...	...	...	...	...	20
Ear defects	...	...	...	...	...	...	2
Nose and Throat defects	...	...	...	...	...	...	5
Hygiene	...	...	...	...	...	...	7
Other conditions	...	...	...	...	...	...	36
Total							78

CLEANLINESS. At the same time as she inspects for nutrition the nurse examines the child for cleanliness. Apart from these survey examinations infestation is detected at periodic or special medical inspections.

During the year 38,793 inspections were made and 1,519 instances of infestation found. This gives a figure of 3.92 cases of infestation per 100 cases examined. This compares well with the figures for the post war years when the percentage never fell below 6.

Many of these inspections were for recurrent infestation in a small group of children so that the true incidence of infestation with the head louse is probably lower than 3.92.

The duty of cleansing the child lies with the parent. The nurse's function is to advise as to how cleansing can best be carried out and to make sure the child is clear before re-admission to school. In practice it is necessary to cleanse a number of cases in the school clinics.

FOLLOW-UP. It is the school nurse's duty to visit the homes of all children who fail to keep appointments for consultation or treatment, or who lapse during treatment, and if possible secure that the child gets the necessary care and treatment. A second important aspect of follow-up work is the visiting of children after treatment or discharge from hospital to ensure that progress is maintained.

This work is of the greatest value in that it makes the best use of the work of the school doctors and specialists as well as being of real educational value.

During the year the school nurses made 6,772 home visits in follow-up work.

#### TREATMENT

RINGWORM. The number of cases of ringworm of the scalp treated during the year was 7. Six of them were referred for X-ray treatment.

The figures for previous years are given for comparison:-

	<u>Total Number Treated</u>	<u>Received X-ray Treatment</u>
1945	27	22
1946	24	16
1947	15	9

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 8,626. Following is an analysis of this figure:-

External Eye Diseases	613
Minor Ear Defects	567
Skin Diseases	1225
Miscellaneous Defects	6221

The number of new cases seen at the three individual clinics was as follows:-

<u>Clinic</u>	<u>New Cases</u>
Stratford	3011
Balaam Street	2723
Rosetta Road	2620



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:-

<u>Clinic</u>	<u>Number of Attendances</u>
Stratford	11414
Balaam Street	15080
Rosetta Road	9671
Total	<u>36165</u>

The trial arrangement whereby one of the school nurses attended the Silvertown Maternity and Child Welfare Clinic for an hour on two mornings per week to treat minor ailments was discontinued in May, since numbers treated were insufficient to justify it. These averaged 0.36 per session.

#### 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.

During the year work was continued in the Eye Clinic the same as the previous year except that the commencement of the National Health Service caused alteration in regulations regarding prescriptions for glasses. The parents now had a free choice of optician and could take the prescriptions anywhere they wished to have the glasses made up. Glasses could then also be repaired free, but special forms were necessary and completing these increased the number of attendances at the Clinic.

The number of prescriptions given during the year was 1,198, but the number of attendances at the Clinic was very much greater as many of the children made more than one attendance for the examination. Also some were re-inspected with their new glasses in the Eye Clinic, and in the second half of the year others attended regarding repair of broken glasses.

Treatment of cases of strabismus forms quite a large and important section of the Ophthalmic Clinic work. Among the children refracted during the year 438 had squints, but in addition 476 school children with this condition were re-inspected and made 1,387 attendances for observation and advice. Treatments by exercises were carried out by the Orthoptist but all her cases had to be re-inspected by me periodically.

The Orthoptic Clinic was unfortunately subject to several changes as Miss Goodland resigned from her full-time post early in the year, but continued on a part-time basis for a few months. She was followed by Miss Lewis, whose stay was of short duration, then Miss Martin who commenced part-time duty in July, 1948 and full time at the beginning of October. In spite of these changes 2,792 attendances were made in the Orthoptic Clinic during the year.

Operations for strabismus were carried out at Whipps Cross Hospital. Sixty-seven children were operated on for this condition, but as a few children either had the operation done in two stages, or had such a large angle of squint to begin with that two operations were necessary, 77 operations were performed. This figure included 2 children and 3 operations on children from the Maternity and Child Welfare Department.

In addition to squint operations one child was admitted to Whipps Cross Hospital for a discission operation for a congenital cataract.



Most myopic children are seen at intervals of less than a year so this also helps to increase the number of attendances at the Clinic. The number of myopic children seen during the year was 462, and of these 382 were refracted and 369 received a prescription for glasses. The total attendances of myopes was 560.

Treatments for external eye diseases were also carried out, 375 cases being seen and making 900 attendances.

The above figures, with the exception of the 2 children included in the number operated on for strabismus, apply only to school children, but children under school age, referred mainly from the Maternity and Child Welfare Department, are also examined and treated in this eye clinic. The number of children seen was 409 making 554 attendances, and 87 received prescriptions for glasses. Some of these children also attended the Orthoptic Department, 21 new cases being seen during the year and these, along with the old cases, made 142 attendances.

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:-

	<u>Number</u> <u>Examined</u>	<u>Number</u> <u>Defective</u>	<u>Percentage</u> <u>Defective</u>
Boys	1064	61	5.7
Girls	1452	1	0.07

At the request of the Royal College of Surgeons the Council decided to co-operate in a survey of school children in their last year of attendance with a view to discovering the incidence of visual defects other than the simple acuity of vision which is tested for at school medical inspection. These comprise for instance Colour Blindness, Night Blindness, Muscle Imbalance and Faulty Stereoscopic Vision. Some of these may be of considerable importance in relation to the selection of a child's future occupation and require special apparatus, skilled personnel and a dark room for their detection. Hitherto, no information has been available about the proportion of the population who carry such defects and it was with the object of endeavouring to ascertain whether they were so widely distributed as to require special consideration in vocational guidance that the survey was undertaken. For the purpose of the survey accommodation at the Canning Town Public Hall was temporarily converted into a dark room. The arrangements worked smoothly and some preliminary results are expected during the coming year.

EAR, NOSE AND THROAT DEFECTS: DEFECTIVE HEARING. The specialist Ear, Nose and Throat clinics established during the previous year have proved a marked success and have kept the surgeon in charge very fully occupied.

The total number of tonsil and adenoid operations performed during the year was 418 (as against 273 last year). In addition, 123 children (as against 105 last year) were treated non-operatively. Five hundred and sixty-seven children (599 last year) were treated



for various conditions affecting the ears (some of these treatments were given at minor ailments clinics). Details of the ascertainment of deaf children are given on page 60.

A report by Mr.C.J.Scott, MB., Ch.B., D.L.O. the Ear, Nose and Throat Surgeon, follows:-

The Ear, Nose and Throat Clinics continued as in 1947 and I am pleased to report that the attendances continued to be satisfactory.

No radical changes were found to be necessary. An additional small clinic is held at Plaistow Fever Hospital in addition to the Ward rounds there as a follow-up for cases seen there, and urgent cases referred by general practitioners in the area.

The suggested additions and improvements have not been implemented, but it is hoped that it will be economically possible to bring some of these into operation in the near future.

#### Statistical Analysis.

Total new cases examined during the year:	1031
---	------

School Children	843
Maternity & Child Welfare	188

Number of Attendances:	2001
------------------------	------

School Children	1731
Maternity & Child Welfare	270

Referred for Ts. and As. operations:	288
--------------------------------------	-----

School Children	237
Maternity & Child Welfare	51

Referred for other Operations (School Children):	8
--	---

Number Discharged:	670
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School Children	540
Maternity & Child Welfare	130

ORTHOPAEDIC AND POSTURAL DEFECTS. The Authority's arrangement with the Children's Hospital, Balaam Street, Plaistow, for the treatment of children suffering from orthopaedic defects was continued during the year and remained unaltered by the operation of the National Health Service. In 1948 the number of children treated as out-patients was 179 with a total attendance of 2470; and, in addition, 35 children were treated as in-patients. In addition, 13 children were under maintenance at orthopaedic hospital schools approved by the Ministry of Education.

The provision of surgical appliances became the responsibility of the Hospital Service after the "appointed day".



HEART DISEASE AND RHEUMATISM. During the year 110 cases were referred for treatment under code number 10 on Form 10M - "Heart and Circulation". Of this number only 24 were considered as cases of organic disease of the heart. The remaining cases requiring treatment or observation consisted chiefly of anaemia and functional conditions. In 1946 the number of true cases of organic heart disease numbered 22: last year, no separation was made within the Ministry's classification which grouped together all conditions of the heart and circulation under one heading, and thus no comparable figure is available.

A number of cases, chiefly rheumatism, mostly early and slight, were sent to the Paediatrician by the Assistant Medical Officers. The number so referred was 60 and of these 29 were found to have a cardiac lesion - mostly very slight. These were in addition to the 24 cases mentioned earlier. The Paediatrician also saw 13 cases at Whipps Cross Hospital. An analysis of these cases showed that 10 had a cardiac lesion - mostly slight. There were 23 cases of severe heart conditions in the Grange Road Special School (P.H.) during the year.

The 110 cases were dealt with as follows:-

Recommended for admission to Heart Hospital Schools	10
Recommended for admission to Day Special Schools	7
Under observation at School Clinics by area doctors	92
Died	1

During the year 1948 the number of children treated as in-patients in special heart schools was 17.

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	6
Number of discharges during the year	10
Number of cases ascertained during the year	6
Highest number under treatment during any one time (December)	6
Number of cases in Heart Hospital Schools at end of the year	6

PAEDIATRIC CLINIC. Towards the end of 1947 Paediatric Clinics were established under the charge of Dr.E.Hinden, M.D., M.R.C.P., the whole-time paediatrician at the Council's Whipps Cross Hospital. The object of the clinics was to combine three functions, none of which would be needed by a sufficient number of children in an area the size of West Ham to justify separate provision. They were a rheumatism supervisory clinic, a nutritional clinic and a general consultative clinic. Cases under each of these heads were recorded separately. One session weekly was held at each of the two clinics, West Ham Lane and Rosetta Road, to cover the north and the south of the Borough. Their success may be judged from Dr.Hinden's report which is set out below:-

"The clinics only started in November 1947 and they did not really get going till 1948. The clinics are purely consultative; that is, children are seen only when referred by another doctor. The great majority are referred by the Assistant School Medical Officers and by the Maternity and Child Welfare Service. Some are sent up for a medical opinion by other specialists attached to the School Health Service - the Eye and E.N.T. departments, and one or two by the Child Guidance Service. Occasionally a local family doctor has sent



me one of his patients for a second opinion. This is using the School Clinic as if it were a hospital Out-Patient department and I think this should be encouraged. In fact, the clinic is a hospital out-patient clinic, held, for the convenience of its users, at a centre near their homes. Were this clinic not in being, many of the children would have to be sent several miles to the nearest out-patient clinic. This, indeed, happens with the small neighbouring boroughs, where such a consultative clinic is not held. Their rheumatic and infant-welfare cases (I pick out two examples) are sent to my out-patient department at Whipps Cross Hospital.

Being held under the auspices of the School Health Service has great advantages, both to the children and to the Assistant School Medical Officers. From the children's point of view, (or rather, their parents), they haven't far to go and the ground is familiar to them. They can be seen regularly and the follow-up machinery, which is an integral part of the School Service, works very well. From the point of view of the school doctors, they don't lose sight of the child. He is still their responsibility, they are informed of what is suggested about him, they can see him when they like. Further, as they feel that the consultant is 'their' consultant and that they can refer cases without fuss or bother, they are much readier to refer cases; they don't feel that they are sending the child to an 'alien' institution. This makes for much greater readiness in sending children for a second opinion; and this readiness is greatly increased by the knowledge that the paediatrician is working in the next room and is always willing to talk about the children. Because it is all part of the same service, I have got to know the Assistant School Medical Officers personally and this greatly improves the quality and value of the service.

A very pleasing feature of the work of the year has been the way in which parents have responded to the suggestion that they should take the child to see the school medical specialist. The 'Did Not Attend' is a comparatively rare event; the parents turn up for the first interview, and for subsequent ones, with heartening regularity. This is all the more surprising in that almost no treatment is supplied by the consultative clinic; but apparently parents appreciate a sympathetic hearing and will in return listen to advice on their problems.

One great disadvantage of the clinic is that there is no provision for pathological or radiological services. This has been solved: the laboratory work is done at Whipps Cross Hospital and the X-ray examinations by the kind co-operation of St. Mary's Hospital, Plaistow. This involves the child and its mother in quite long journeys; but the arrangement has worked quite smoothly now for over a year and I consider it satisfactory.

The greatest difficulty has arisen in the relation between the Clinics and the local general practitioners. Some of these have complained that the clinics are doing their work; they say that the child is their responsibility and that now that everybody, irrespective of his financial state, can have a family doctor, there is no need for the clinics (or for the whole of the School Medical Service, for that matter). I do not intend to enter deeply into this polemic, but I have to state that it was because of such statements made by the general practitioners, that I agreed that the clinic should not offer any medicinal treatment. This involves extra work; if I think a child needs iron for anaemia or phenobarbitone for epilepsy, I now write to the family practitioner pointing this out and it is left to him to order the drugs - or to decline, as he thinks fit. The method is cumbersome and time-consuming but at the moment I see no alternative to it.

I should like to say that the whole work depends upon the goodwill of the Assistant School Medical Officers; without their willing co-operation, the clinics would close down at once. I am deeply aware of the honour they do me by inviting my opinion on their charges."



Statistics relating to the work of the clinic follow:

	<u>Rheumatic</u>	<u>Nutritional</u>	<u>General Consultative</u>
Number cases seen	54	13	182
Total attendances	101	21	347
Number admitted to hospital	18	3	14
Number recommended for Open Air School or other special educational treatment	5	2	19
Number referred to other special clinics	3	1	30
Number discharged during year	27	5	111
Number under observation at end of year	29	9	73

TUBERCULOSIS IN CHILDHOOD. Manifest tuberculosis is less common in children than in adults. It usually takes a different form and if recognised early enough, is more amenable to treatment. Close co-operation is maintained between the School Health Service and the Chest Clinic in these cases. 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 ... ..	43
Number of school children referred by General Medical Practitioners ... ..	39
Number of school children examined as contacts ... ..	105
Number of school children found to be suffering from tuberculosis ... ..	16

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

Pulmonary:

Pleurisy	1	
Lung primary	<u>9</u>	
	10	(7 were admitted to institutions)

Non-Pulmonary:

Ankle	1	
Shoulder	1	
Spine	1	
Neck Gland	<u>3</u>	
	6	(3 were admitted to institutions)

SCABIES. The decline in the number of cases of this disease continued during the year, but the fall was less marked than in the preceding year. Pre-war figures have now been reached, and it will be interesting to observe whether the future produces any more improvement or whether there is a rock-bottom reservoir of infection which still prevails under normal conditions. It remains to be seen whether 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:-

<u>Year</u>	<u>Number of school children treated</u>
1937	254
1938	359
1939	305
1942	2,750
1943	1,900
1944	1,215
1945	1,033
1946	766
1947	372
1948	303



Owing to war-time disturbances, figures for 1940 and 1941 are not available.

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 86, but, of these, 8 failed to achieve the regular attendances which are so essential for success.

SCHOOL DENTAL SERVICE. It is regretted that owing to lack of personnel it was not possible to avail ourselves of the accommodation provided for two dental clinics at Credon Road School.

During the early part of the year, until his resignation in May, Mr. Dick continued to act as Senior Dental Officer. Mr. Glen, who succeeded Mr. Aitchison as Senior Dental Officer in July, has submitted the following remarks on the Dental Service:

"The event of my taking up the appointment of Senior Dental Officer on July 1st 1948, had been preceded by the unfortunate resignation of Mr. J.S. Dick who left for West Sussex, after 25 years invaluable service with the County Borough of West Ham; some 2 years of which he had had control of an enthusiastic and expanding scheme. I found that the allocation of schools to each Dental Officer had already been re-arranged, and in consequence time could be found to work off the Orthodontic waiting list during the process of 'settling-in'.

A further settled proceeding towards an efficient scheme, became impossible when in November Mrs. Kubicka resigned after 5 years service to join her husband in Poland. In spite of every effort made by the Council, no replacements of staff were obtained, and arrangements were made to provide a 'Casualty' service in part-time clinics throughout the Borough. This arrangement was successful as far as it went, but could in no way fulfil the wishes of the Council in the provision of an adequate scheme. This must now remain in abeyance until the problem of the staffing of the school clinics, which has become a national one, has been tackled energetically by the controlling authorities."

A tabular summary of the work of this service appears in the appendix, pages 69 and 70.

SPEECH DEFECTS. In the latter part of 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. Following on this practice 27 visits were made during the year. Several cases were referred to the Aural Specialist regarding the possibility of partial deafness, also certain nose and throat conditions. Some children attending the Speech Clinic were found to be educationally sub-normal and special educational treatment, either at the special schools or ordinary schools, was arranged. It was necessary to send some children to the Fyfield Open-Air School and to Convalescent Homes. On several occasions the students of speech therapy who attend this clinic were observed at work by the Chief Assistant School Medical Officer. In May, the Speech Therapist commenced working one session a week (Monday morning) at the Grange Road Child Welfare Clinic. This arrangement was made on account of the poor attendance of children at the Credon Road Clinic from schools in the Grange Road area - Gainsborough Road, Grange Road and Star Lane.



## REPORT ON THE WORK OF THE SPEECH CLINIC

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

The year 1948 has seen some changes at the Speech Clinic. In January permission was obtained for speech therapy students from the West End Hospital for Nervous Diseases, to attend the clinic as part of their practical training. Four students attend weekly. This has enabled more cases to be dealt with at a time, and the waiting list has been reduced to a minimum.

Once again there have been attendance difficulties. This was noticed particularly in the Manor Road area, from where there is no direct bus route to the clinic. It was therefore arranged for a session to be held, one afternoon a week, at the Maternity and Child Welfare Clinic in Grange Road.

This started in May and now serves six schools in the area, but only for those children whose parents are unable to make the journey to Credon Road.

### Statistics:

Children attending the clinic ... ..	142
Regular attendants ... ..	110
Stammerers ... ..	62
Dyslalia ... ..	62
Cleft palate ... ..	7
Sigmatism ... ..	4
Hyperrhinolalia... ..	4
Mild deafness ... ..	2
Spastic ... ..	1
Discharged improved ... ..	58

Out of 142 cases 110 were boys. Five children received treatment at Grange Road Special School. Several children were referred to the Aural Specialist and one child received treatment at the Child Guidance Clinic.

I am grateful to all those who have co-operated with the work, as the assistance of parents and teachers is essential for the success of the treatment.

CHILD GUIDANCE. Unfortunately Miss Roubicek, the Psychiatric Social Worker, tendered her resignation at the end of the year and despite every effort the part-time services of a Psychiatric Social Worker were not obtained until the following May.

Although Dr.Somerville was Medical Director during 1948 the following report has been submitted by Dr.Riordan who succeeded Dr.Somerville in 1949.

## REPORT ON THE WORK OF THE WEST HAM CHILD GUIDANCE CLINIC

by T.P.RIORDAN, M.B., B.Ch., D.P.M.

GENERAL. During the year 1948 the general trend of growth of activities evident during the preceding years was maintained. The appointment by the Education Authority in June 1948 of a Psychologist - Miss Frankford, who divides her time between school work and clinic work was most welcome. Already by her activities a closer integration of schools and clinic has been achieved and child guidance facilities are being used with greater discrimination by the school authorities.



The inception of the National Health Service in July 1948 did not disturb the routine of clinic activities but as the year progressed it became more and more evident that some re-organisation and increase of psychiatric sessions was necessary if the waiting list was to be reduced.

The nature of the work at the child guidance clinic and the direction in which it hoped to progress have been fully dealt with in the report for the previous year. Statistics for the year 1948 amply illustrate the subsequent development.

#### STAFF:

Psychiatrists:	Dr. Somerville	
	Dr. Matheson	
	Dr. Riordan	
	Dr. Glancy	
	Dr. Easton	
Psychologists:	Miss Stephen	(left March 1948)
	Mrs. Laws	(January 1948- July 1948)
	Miss Frankford	(since June 1948)
Psychiatric Social Worker:	Miss Roubicek.	

#### STATISTICS

Interviews at Clinic -	
Psychiatric	528
Psychologist's	385
Psychiatric Social Worker's	556
Interviews outside the Clinic -	
School visits by Psychologist	20
School visits by Psychiatric Social Worker	25
Home visits by Psychiatric Social Worker	60
Cases carried over from previous years	94
Cases newly referred	144
Disposal:	
Never attended	33
Attended for testing only	3
Diagnosis & Advice only	37
Tested awaiting Diagnosis	2
Under treatment	27
Diagnosed awaiting treatment	4
Awaiting diagnosis	75
Closed adjusted or improved	27
Closed before end of treatment	30
Special Recommendations -	
Notification to M.D. Authority	2
Educationally Subnormal School	5
Hostel or Boarding School for maladjusted children	4
Hospital observation and treatment	3
Reports to Juvenile Court	6

# Sources of Referral of New Cases -

School Health Service and Schools	85
Maternity and Child Welfare	9
Probation Officer	9
Education Department	9
Parents and other relatives	8
Hospitals	8
Tuberculosis Officer	7
Psychologist	3
Children's Department	2
Private Doctors	2
Others	2

## Sex:

Boys	87
Girls	57

## Ages:

4 years & under	9	11 years & under	9
5 " " "	9	12 "	9
6 " " "	16	13 "	17
7 " " "	12	14 "	11
8 " " "	12	15 "	3
9 " " "	13	16 "	4
10 " " "	20		

## Intelligence of all children tested -

Below average (I.Q. under 90)	37
Average (I.Q. between 90-110)	26
Above average (I.Q. above 110)	11

## Reason for referral:

### I. Nervous Disorders:

Fears	4
Seclusiveness	1
Depression	4
Excitability	2
Apathy	1
Obsessions	1

### II. Habit Disorders and Physical Symptoms:

Speech Disorders	2
Sleep	9
Movement	2
Feeding	2
Excretory	21
Nervous Pains	1
Fits	1
Physical Disorders	4



### III. Behaviour Disorders:

Unmanageable	9
Tempers	12
Aggressiveness	5
Jealous Behaviour	1
Demanding attention	2
Stealing	21
Lying	6
Truancy	10
Sex difficulty	8

### IV. Psychotic Behaviour:

-

### V. Educational Difficulties:

Backwardness	17
Inability to concentrate	3

It would here be appropriate to express appreciation to Dr. Somerville for the services he has rendered to the Child Guidance Clinic from the date of its inception in April, 1944. The success of this Clinic owes much to his guidance and experience. At the same time I would offer my thanks to Dr. Riordan for taking over the responsibility.

## HANDICAPPED CHILDREN

ASCERTAINMENT. The arrangements for ascertainment remained unchanged during the year.

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
Disposal of ascertained cases:	
Admitted to Residential Special Schools	1
Number in Residential Special Schools at end of year	9

### PARTIALLY SIGHTED

Number known to the Authority	48
Number ascertained during the year	6
Disposal of ascertained cases:	
To remain in ordinary schools, with suitable modification of the normal educational regime	4
Out of school (awaiting admission to Special Schools)	2

Position at the end of the year:

In day special schools	8
In residential special schools	4
In ordinary schools	33
Left school	3

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 number of ascertainments returned correspond more nearly to the figures of previous years, suggesting that the steep increase observed in 1947 was due to the overtaking of arrears following the opening of the Ear, Nose and Throat Clinic.

	1948	1947	1946
Number ascertained during the year			
(deaf)	2	9	2
Number ascertained during the year			
(partially deaf)	9	24	3
Disposal of ascertained cases:			
In ordinary schools (partially deaf)	8		
Awaiting admission to Deaf Centre (			
(deaf)	2		
(partially deaf)	1		
Number known to the Authority at the end of the year:			
In residential special schools (deaf)	3		
In day special schools (deaf)	20		
In day special schools (partially			
deaf)	4		
In ordinary schools (partially deaf)	28		

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	48
Disposal of ascertained cases:	
In ordinary schools	18
Recommended day special schools	28
In residential special schools	1
Awaiting admission to Residential	
Special Schools	1
Number of cases known to the Authority at end of year:	
In ordinary schools	53
In day special schools	140
In residential special schools	23
Fresh admissions to special schools during the year:	
In day special schools	40
In residential schools	8



**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	10
Number of cases in residential special schools	7
Number in day special schools	1
Number out of school	2
Number of fresh ascertainties during the year	2
Disposal of these cases:	
Out of school (awaiting admission to special school)	2

**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 Sanatorium at Langdon Hills. The following figures set out the position regarding physically handicapped children in the Borough in the year 1948:-

Total number known to the Authority:

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

Heart cases	39
Cripples	56
Pulmonary Tuberculosis (various forms)	87
Non-pulmonary Tuberculosis	25
Miscellaneous	14

**Physically Handicapped Children in Residential Special Schools and Hospital Schools:**

Heart cases	17
Cripples	13
Miscellaneous	7

**Physically Handicapped Children in Day Special Schools:**

Heart cases	21
Cripples (non-tubercular conditions)	41
Miscellaneous	4



Out of School cases:

Heart cases	1
Cripples	2
Miscellaneous	3

Fresh Ascertainments during the year:

Heart cases	13
Cripples	11
Pulmonary Tuberculosis (various forms)	10
Non-pulmonary Tuberculosis	6
Miscellaneous	6

Accurate figures are not obtainable for tuberculous children in special and hospital schools.

**DELICATE CHILDREN.** These are children who, by reason of impaired physical condition, cannot, without risk to their health, be educated under the normal regime of an ordinary school. A few are suffering from some well-defined condition such as asthma, but the majority present a general debility arising from various causes and requiring good food and careful management to restore them to normal health. 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 page 66.

The number of children ascertained as delicate during the year was 478, and their disposal was as follows:

Admitted to Fyfield	169
Admitted to Convalescent Homes <sup>x</sup>	250
Refused to go away	19
Removed from district	1
On waiting list for Fyfield or convalescence at end of year	39

<sup>x</sup> These include children too young, or otherwise unsuitable, for Fyfield, and children whose parents withhold consent for admission to Fyfield.

**MALADJUSTED CHILDREN.** These are children who show evidence of emotional instability or psychological disturbance, and require special educational treatment in order to effect their personal, social or educational 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 51.

**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 were 3 such children known to the School Health Service in 1948. All were in the London County Council Diabetic Unit at Hutton. No new cases were ascertained during the year.

One child previously ascertained as a diabetic pupil was no longer in need of residential care and remained under observation in his own home.



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 79, and 58 were considered as no longer belonging to this category. The number on the records at the end of the year was 138. An account of the work of the Speech Clinic appears on pages 55 and 56.

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 1948 the number of cases known to the Authority was 10.

The particulars are as follows:

- 1 boy, aged 14 years, and 1 girl aged 12 years, totally deaf and educationally sub-normal, in Rayners School, Penn, Bucks.
- 1 girl, aged 15 years, partially deaf and partially sighted, in Rayners School, Penn, Bucks.
- 1 boy, physically handicapped and educationally sub-normal, and 1 boy 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.
- 1 girl educationally sub-normal and epileptic in Knox Road Special School.

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

Of these 10 children, 3 were fresh ascertainties during the year.

#### SPECIAL SCHOOLS

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

<u>Name of School</u>	<u>Purpose for which used</u>
Knox Road	Educationally sub-normal.
Grange Road	Educationally sub-normal and Physically Handicapped.
Tunmarsh Lane Deaf	Deaf and Partially-Deaf.
Fyfield Residential Open-Air School	Delicate children.

#### GRANGE ROAD AND 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	200
Physically handicapped	80



The maximum numbers on the roll during the year were 200 and 78 respectively, including 47 and 13 extra-district children.

#### Educationally Sub-normal Children

During the year 39 West Ham children and 19 extra-district children were admitted to the two schools by reason of educational retardation, and 28 West Ham children and 8 extra-district children left. The West Ham leavers were dealt with as follows:

Two left at 16 years. No action.

Eighteen were notified to the Local Mental Deficiency Authority, 15 under Section 57(5) and 3 under Section 57(3) of the Education Act, 1944.

Two were admitted to residential special schools.

Four removed from the district.

One was discharged unfit for any school.

One was allowed to return to an ordinary school.

Of the 8 extra-district children, 3 left school on attaining the age of 16 years, and 3 were found unsuitable for further education. One removed from the area and one was recommended to return to an ordinary school.

The intelligence quotient (I.Q.), is obtained after a very careful and thorough examination, and when interpreted with discretion, gives a reasonably accurate measure of intelligence. 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. In general only those educationally sub-normal children whose retardation is felt to be mainly due to low intelligence should be sent to special schools. The dividing line between special educational treatment in the ordinary school and special school is an arbitrary one and lies between I.Q. 70 and 75. A few of the West Ham children at the school have an I.Q. higher than 70-75 which is usually taken as the upper limit normally considered suitable for such a school. These children have usually attended school irregularly, come from homes which discouraged their efforts and are generally nervous and unstable. Occasionally these children with the higher I.Q. are admitted to the school at the special request of psychiatrists and psychologists. In all cases very careful consideration is given in coming to a decision as to whether the child should have special educational treatment in the ordinary school or be sent to a special school.

#### Physically Handicapped Children

During the year 23 children were admitted to Grange Road Special School on account of a physical handicap, including 3 extra-district children; 16 West Ham and 2 extra-district children left the school.

The West Ham leavers were disposed of as follows:

Returned to ordinary school	8
Admitted to Residential Special Schools	3
Left school at 16 years and reported to the Juvenile Employment Officer as Disabled Juveniles	3
Left district	1
Unfit for any school	1



An analysis of the causation of defect in 75 West Ham cases and 16 extra-district cases which were in the Grange Road Special School during the year 1948 is set out below:

<u>Defect</u>	<u>West Ham</u>	<u>Extra-District</u>
Heart conditions	21	5
Paralysis	8	3
Quiescent T.B. bone and joint defects	14	2
Spastic conditions	10	3
Amputations	4	-
Haemophilia	2	-
Spina bifida	1	1
Miscellaneous conditions	<u>15</u>	<u>2</u>
	<u>75</u>	<u>16</u>

The miscellaneous conditions include such cases as myositis ossificans, severe congenital dorsal scoliosis, coxa plana, Perthe's disease, Hand-Schuller-Christian disease, Achondroplasia and other defects.

#### ROMFORD ROAD CHILDREN'S HOME

This Hostel, which is situated adjacent to Knox Road Special School, has accommodation for 18 educationally sub-normal boys with behaviour difficulties or other circumstances rendering it advisable for them to leave their homes. In some cases the children improve considerably and, where in addition the home conditions improve, the children are allowed to leave the Hostel and return home. Before this is allowed however, the children are examined and satisfactory reports must be received from the Superintendent of the Hostel and the Head Teacher of the Special School. From the beginning, periodic visits 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 much time and energy to the welfare of the children, and achieve a considerable measure of success in their endeavours to provide a real family atmosphere, in which each boy is encouraged to develop his own individual interests. There can be no doubt that the boys have already derived much benefit from their residence there. During the year 11 visits of inspection were made by the Chief Assistant School Medical Officer. Consultations are at times arranged between the Medical Officer, the Superintendent and the Head Teacher of the Special School.

#### 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 31 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, 24 West Ham cases and 23 extra-district cases were regarded as deaf and 4 West Ham cases and 8 extra-district cases as partially deaf and suited for instruction with hearing aids. The discharges from the school are set out below, there being no admissions during the year.

	<u>Leavers</u>	
	<u>West Ham</u>	<u>Extra-District</u>
Totally deaf	2	1 Essex
Admitted to Residential Special Schools	1	1 East Ham
Partially deaf (returned to ordinary school)	1	-



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 99 West Ham boys and 112 West Ham girls were admitted, and 116 West Ham boys and 113 West Ham girls were discharged. Thirty-five extra-district boys and 31 extra-district girls were admitted and 15 boys and 14 girls discharged. The West Ham children are re-inspected a few months after they leave Fyfield to ascertain if their improvement has been maintained. Of the 211 who attended for examination, 184 showed continued improvement, but 27 children had not maintained their condition and were given the opportunity of having a further stay at the school. During the year the Chief Assistant School Medical Officer made monthly visits, with the exception of August. The number of re-inspections carried out at these visits during the year under review was 1444, being 765 boys and 679 girls.

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. Quarterly routine medical inspections are carried out at these schools. 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 routine medical inspection on the same basis as at the nursery schools. Children attend the nursery schools between the ages of 2 and 5 and the nursery classes between the ages of 3 and 5. It is during these years that defects commonly make their appearance, and when most can be done to prevent them. For this reason medical inspections are carried out more frequently than at any other type of school. The school nurse also visits more often - weekly or fortnightly, preferably weekly. The chief defects fall into two main groups - catarrhal conditions of the upper respiratory passages and bronchitis, and enlarged tonsils and adenoids.

The following particulars relate to the findings at the inspections:

	<u>Nursery Schools</u>	<u>Nursery Classes</u>
Number examined	497	449
Number defective	49	73
Percentage defective	9.8	16.3

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 one children were sent to convalescent homes during the year. The average period of stay was 6 weeks.

IMMUNISATION. Immunisation in the schools was continued during the year 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

1,589

#### Refresher doses

4,415



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

Completed course of  
primary immunisation

94

Refresher doses

130

These cases are all included in the figures quoted on page 66.

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 the number of children medically examined for fitness for employment was 92; all were found fit to undertake employment. During the same period, 28 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 13 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, 9 reports were submitted on Form E.D.211(D.P.).

STATISTICS  
COMPARISON OF CERTAIN TYPES OF WORK CARRIED  
OUT IN THE YEARS 1946, 1947 & 1948

School population - 1946: 24,655; 1947: 25,673; 1948: 26,507.

TYPE OF WORK	Number of cases dealt with		
	1946	1947	1948 <sup>x</sup>
Periodic Medical Inspections ... ..	6,763	6,834	10,340 <sup>x</sup>
Special Inspections and Re-inspections ... ..	13,441	14,295	16,847
Inspections at Nursery Schools and Classes ... ..	1,063	959	946
Nutrition Surveys by School Nurses ... ..	27,889	22,369	18,424
Uncleanliness Inspections by School Nurses ... ..	36,161	32,728	38,793
Minor Ailments treated at the School Clinics ... ..	7,753	7,936	8,626
Attendances at Minor Ailments Clinics ... ..	41,746	38,443	36,165
Tonsil and Adenoid Operations performed ... ..	356	273	418
Orthopaedic Defects treated at Orthopaedic Clinic ... ..	154	154	179
Cases treated at the Light Clinic ... ..	121	123	86
Admissions to Fyfield Open-Air School ... ..	253	201	277
Re-inspections at Fyfield... ..	1,285	1,091	1,444
Re-inspections of children on return from Fyfield ... ..	249	163	211
Children examined for Employment ... ..	180	127	92
Children examined for Entertainments ... ..	10	16	28
Children admitted to Convalescent Homes ... ..	231	310	301
Children ascertained for Speech Defects ... ..	212	96	79
Children referred for Child Guidance treatment ... ..	82	127	144
DENTAL WORK			
Children treated ... ..	5,086	5,043	5,001
Number of fillings:			
Permanent teeth ... ..	5,314	5,744	5,463
Temporary teeth ... ..	3,807	3,839	2,759
Number of extractions:			
Permanent teeth ... ..	782	895	1,364
Temporary teeth ... ..	8,445	8,698	9,202
Administrations of general anaesthetics ... ..	1,509	1,750	2,066
Other Operations:			
Permanent teeth ... ..	741	1,117	1,465
Temporary teeth ... ..	273	221	176
Number of Orthodontic cases treated ... ..	149	153	258

x The figures for 1948 include Inspections carried out at Grammar Schools.

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 ... ..	3,236
Second age group ... ..	2,370
Third age group ... ..	1,746
Total	7,352
Other periodic inspections	2,988
Grand Total	10,340

B. Other inspections:

Number of special inspections and re-inspections ... ..	16,847
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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.	%
7,352	2,705	36.79	4,072	55.39	575	7.82

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	...	...	...	...	...	...	...	...	...	8,626
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##### Group 2. Defective Vision and Squint (excluding minor eye defects):

Errors of refraction (including squint)	...	...	...	...	...	...	...	...	...	1,650
Other defect or disease of the eyes (excluding minor eye defects)	...	...	...	...	...	...	...	...	...	-
Total										1,650

##### Number of children for whom spectacles were:

(a) Prescribed	...	...	...	...	...	...	...	...	...	1,198
(b) Obtained	...	...	...	...	...	...	...	...	...	1,109

##### Group 3. Treatment of defects of Nose and Throat:

Received Operative Treatment	...	...	...	...	...	...	...	...	...	422
Received Other Forms of Treatment	...	...	...	...	...	...	...	...	...	123
Total Number Treated										545

TABLE IV.

#### Dental Inspection and Treatment

##### (1) Number of children inspected by the Dentists:

(a) Periodic Age Group	...	...	...	...	...	...	...	...	...	5,563
(b) Specials	...	...	...	...	...	...	...	...	...	3,206
(c) Total (Periodic and Specials)	...	...	...	...	...	...	...	...	...	8,769
(2) Number found to require treatment	...	...	...	...	...	...	...	...	...	6,030
(3) Number actually treated	...	...	...	...	...	...	...	...	...	5,001
(4) Attendances made by children for treatment	...	...	...	...	...	...	...	...	...	10,707
(5) Half-days devoted to:										
Inspection	...	...	...	...	...	...	...	...	...	43
Treatment	...	...	...	...	...	...	...	...	...	1,779
Total half-days										1,822

\* In addition, 319 sessions were devoted to Orthodontic treatment.

(6) Fillings:									
Permanent teeth	...	...	...	...	...	...	...	...	5,463
Temporary teeth	...	...	...	...	...	...	...	...	<u>2,759</u>
Total fillings									<u>8,222</u>
(7) Extractions:									
Permanent teeth	...	...	...	...	...	...	...	...	1,364
Temporary teeth	...	...	...	...	...	...	...	...	<u>9,202</u>
Total extractions									<u>10,566</u>
(8) Administrations of general anaesthetics for extractions ...									
									2,066
(9) Other operations:									
Permanent teeth	...	...	...	...	...	...	...	...	1,465
Temporary teeth	...	...	...	...	...	...	...	...	<u>176</u>
Total of "other operations"									<u>1,641</u>

TABLE V.  
Verminous Conditions

(1) Total number of examinations of children in the schools by the									
school nurses	...	...	...	...	...	...	...	...	38,793
(2) Number of individual children found unclean									
...	...	...	...	...	...	...	...	...	1,519



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