

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

Contributors

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County Borough of West Ham



ANNUAL REPORT

ON THE

HEALTH SERVICE

FOR THE YEAR

1949

BY

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

Medical Officer of Health and School Medical Officer



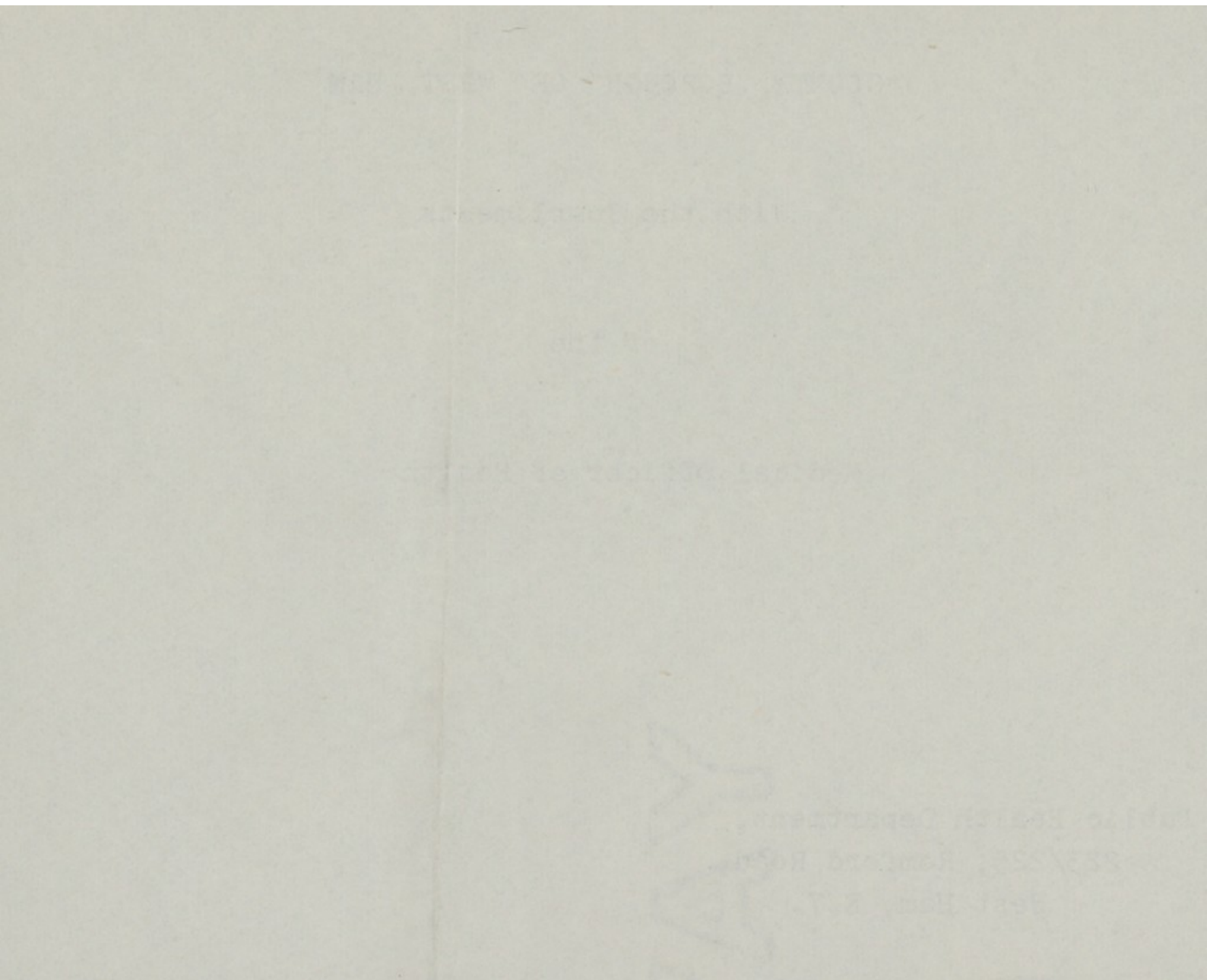
COUNTY BOROUGH OF WEST HAM

With the Compliments

of the

Medical Officer of Health

Public Health Department,
223/225, Romford Road,
West Ham, E.7.



Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit my Annual Report on the Health Services of the Borough for the year 1949.

The population remained steady during the year, at 173,700. The rapid increase during the immediate post-war period had already shown clear signs of slackening before the end of 1947, and while there is still need for caution in venturing an opinion, it does appear that the population may be stabilising about a level a few thousands above the optimum approved by the Council and incorporated in the Abercrombie Greater London Plan (165,000) but well below the pre-war figure of 290,000.

The birth rate showed a further drop from 21.0 to 18.7. This is still rather higher than the pre-war levels and a further fall may yet be in prospect. The infant mortality fell to 23 and the still birth rate to 19. Both are new low records and represent a gratifying saving of infant lives. The death rate, at 11.1 was rather higher than last year (9.9) but remained within the range of recent years.

Measles was once more epidemic - for the fifth year in succession - and again a high prevalence of whooping cough accompanied it. Mortality remained low. Poliomyelitis also gave rise to an epidemic, on rather larger scale than the one in 1947, with 37 cases, plus two cases and one death from polio-encephalitis. Diphtheria, on the other hand, showed a remarkable decline to a total of four cases (unfortunately with one death) for the whole year. That figure would have been scarcely credible a few years ago, and, as part of a national trend, reflects the favourable results of a sustained campaign of immunisation. Other common infectious diseases and causes of death showed small variations from the previous year, probably of no great significance, though deaths from respiratory diseases were rather high.

I would like to draw attention to the outbreak of Food Poisoning recorded on page 14. The lessons to be learnt from the account there given are the wide extent of the damage which can be done by a single infected person handling food on a commercial scale, and the fact that ordinary standards of cleanliness, acceptable or even creditable in most walks of life, are not sufficient to prevent the spread of infection under such circumstances. The most meticulous routine of personal cleanliness, intelligently applied, and having at its disposal the proper facilities to enable it to be constantly observed, is required for the public protection wherever food is handled. This episode emphasises the need for a clean food campaign of an educational nature such as the Health Committee had under consideration towards the end of the year.

Despite these unsatisfactory features which marred the record, the statistics indicate that on the whole the health of the population was well maintained.

In the section dealing with the personal health services, it is pleasing to be able to report the first fruits of the Council's scheme for the training of student health visitors. By the end of the year four sponsored students had obtained their Certificates and joined the staff as qualified health visitors. Others were already in training, giving promise of a fairly rapid build-up of the health visiting service. The demands on the Home Help Service continued to increase steadily throughout the year and towards the close it was becoming apparent that the administrative staff would soon need reinforcement to cope with it: it was not proving as difficult as might have been feared, to obtain the home helps themselves.

The Home Nursing Service remained in a very precarious state throughout the year and gave rise to much anxiety concerning its ability to meet future commitments. Its improvement is one of the most urgent, and at the same time one of the most difficult, of the problems facing the Council at the present time.

Demands on the ambulance service continued to increase, and had not shown signs of reaching any steady level by the end of the year. Fortunately they remained within the capacity of the service to handle without undue strain.

The transfer should be noted of the Osborne Road Day Nursery to the Education Department for use as a Nursery School.

The main developments within the school health service were the bringing into operation of a system of regular hygiene inspections of school premises at the completion of each periodic medical inspection and the adoption (and adaptation) of the new Ministry of Education Form 10b M for recording the results of nutritional surveys in new entrants. For the most part the service continued to work smoothly. Negotiations proceeded during the year regarding the acceptance by the Regional Hospital Board of financial responsibility for the Specialist Clinics: it was felt to be of great importance to retain them within the framework of the school health service if they were to continue to serve the best interests of the children for whom they were originally provided.

Finally, it gives me pleasure to record my gratitude for the sustained interest and support of the Committees during a year which was not without its measure of difficulties. The staff of all departments also deserve a tribute for the loyal and ungrudging manner in which they bore their share of the burden and contributed so much to the success of the services.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

F. ROY DENNISON,
Medical Officer of Health and
School Medical Officer.

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

STATISTICAL SUMMARY

1949

Area of Borough	4,689 acres
Population (R.G.'s mid-year estimate)	173,700
Live births	3,263
Birth rate (per 1,000 population)	18.7
Stillbirths	66
Stillbirth rate (per 1,000 total births)	19
Deaths	1,942
Death rate (per 1,000 population)	11.1
Deaths of infants under 1 year	78
Infant mortality rate (deaths per 1,000 live births)	23
Maternal deaths	1
Maternal mortality rate (per 1,000 live and stillbirths)	0.3

VARIOUS DISEASES: Cases and Deaths

	<u>Cases</u>	<u>Case rate</u> <u>per 1,000</u> <u>population</u>	<u>Deaths</u>	<u>Death rate</u> <u>per 1,000</u> <u>population</u>
Smallpox	-	-	-	-
Scarlet Fever	437	2.51	-	-
Diphtheria	4	0.02	1	0.006
Typhoid Fever	-	-	-	-
Para-typhoid	-	-	-	-
Measles	1,964	11.31	2	0.01
Acute Poliomyelitis	37	0.21	-	-
Acute Polio-Encephalitis	2	0.02	1	0.006
Whooping Cough	540	3.17	4	0.02
Cerebro-spinal Fever	3	0.02	1	0.006
Diarrhoea and Enteritis under 2 years of age (*rate per 1,000 live births)	-	-	3	* 0.9
Pneumonia:				
Acute, primary and influenzal	195	1.12)		
All forms	-	-)	95	0.55
Bronchitis	-	-	178	1.02
Tuberculosis:				
Pulmonary	173	0.99	85	0.49
Other forms	36	0.21	10	0.06
Cancer	-	-	327	1.88

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 Borough of Leyton and the County Borough of East Ham and by East Ham on the East, on the south by the River Thames, and to 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 1949 was 173,700 - this being the same figure as for 1948.

BIRTH RATE. Live Births. The number of live births during the year was 3,263 (males 1,693 and females 1,570). This gives a rate of 18.7 per 1,000 total population; the rate for 1948 was 21.0. Illegitimate births accounted for 148, or 4.5 per cent of all live births - the rate for 1948 was 4.2.

Stillbirths. There were 66 stillbirths (41 males and 25 females) giving a rate of 19 per 1,000 total births. This is a slight reduction on the figure of 20 for 1948.

DEATHS. During the year 1,942 (males 1,069 and females 873) West Ham residents died, giving a crude death rate of 11.1 per 1,000 population. The death rate for England and Wales was 11.7 and for the 126 County Borough and Great Towns (including London) 12.5. The causes of death at different periods of life and distinguishing male and female are given in Appendix 1, page 64.

INFANT MORTALITY. The deaths of children under 1 year of age numbered 78 (males 46 and females 32) giving an infantile mortality rate of 23 per 1,000 live births as against 30 for 1948. It is very gratifying to be able to report that this rate is the lowest on record. The rate for England and Wales was 32 and for the 126 County Borough and Great Towns (including London) 37. The list of causes of death can be found in Appendix 3, page 66 of this report. The diagram opposite this page shows the infantile deaths and stillbirths over the past twenty-two years.

MATERNAL MORTALITY. During the year there were no deaths from puerperal sepsis, and only 1 from other maternal causes. The maternal mortality rate was 0.30 per 1,000 live and stillbirths as against a rate of 0.80 for 1948. This rate is the lowest on record. The rate for England and Wales was 0.98.

INFECTIOUS DISEASES.

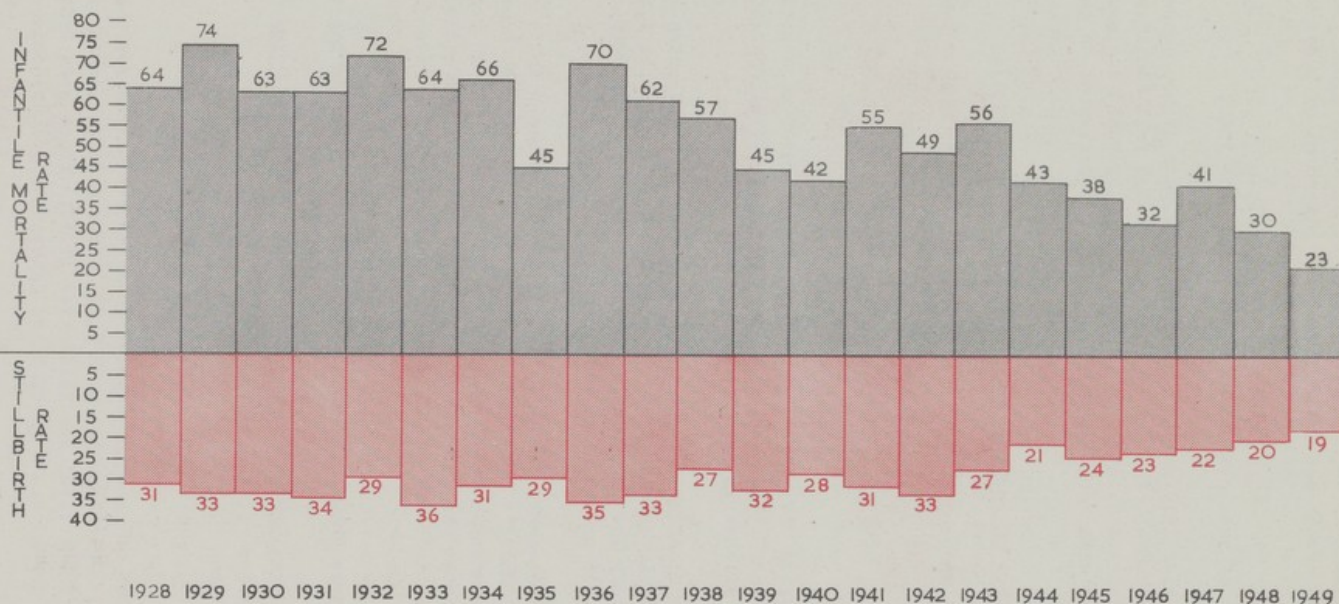
TUBERCULOSIS. During the year 209 new cases of tuberculosis were notified. This represents a decrease of 19 cases as compared with 228 for 1948. The table below shows the incidence of this disease for last few years:-

Number of Cases of Tuberculosis.

(Notified)

<u>Year</u>	<u>Pulmonary</u>	<u>Non-Pulmonary</u>
1942	220	40
1943	227	38
1944	195	33
1945	178	34
1946	178	23
1947	167	24
1948	192	36
1949	173	36

SHOWS TOTAL INFANT LIFE WASTAGE — 1928 — 1949



The number of deaths from all forms was 95, giving a rate per 1,000 of the population of 0.55 - pulmonary (85 deaths) 0.49, and other forms (10 deaths) 0.06. The rates for England and Wales, and 126 County Borough and Great Towns, for all forms of tuberculosis were respectively 0.45 and 0.52.

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

Vaccination. The year 1949 was the first complete year of non-compulsory vaccination. As was to be expected the number of young children vaccinated fell considerably. Protection is offered in the Child Welfare Clinics on the same voluntary basis as immunisation against diphtheria. The response, although disappointing, was an improvement on the last six months of 1948.

Number of persons vaccinated (or re-vaccinated).

Age at 31.12.49 year of birth	Under 1 1949	1 - 4 1945/48	5 - 14 1935/44	15 or over before 1935	Total
Number vaccinated	205	214	7	20	446
Number re-vaccinated	-	4	7	39	50

SCARLET FEVER. During the year 437 cases of scarlet fever were notified, this being a decrease on the previous year (483). The case rate per 1,000 total population was 2.51. There were no deaths from this disease in West Ham.

DIPHTHERIA. It is pleasing to report that there were only 4 cases of this disease during the year as compared with 41 cases in 1948; the case rate was 0.02 per 1,000 of the total population. This remarkably low figure (the lowest on record) was, however, marred by the fact that one of the patients, an un-immunised child aged 3 years, died,

Immunisation. Arrangements for immunisation consisted essentially of regular weekly sessions in each of the Council's Maternity and Child Welfare Clinics, together with 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. In addition, arrangements are in force with general practitioners in the area to carry out this work on behalf of the Local Authority.

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

<u>Completed Full Course</u>			<u>Refresher Doses</u>
(a) Under 5 years	...	2,061	2,212
(b) 5 - 14 years	...	853	
Total		<u>2,914</u>	

MEASLES. The number of cases of measles notified during the year was 1,964 - 1,010 in males and 954 in females. This compares with 1,712 cases notified during the previous year. The case rate per 1,000 of the total population was 11.31. There were 2 deaths. This is the fifth year in succession in which the Borough has experienced an epidemic of measles.

WHOOPIING COUGH. During 1949 there were 540 cases of this disease - males 252 and females 288. The case rate was 3.17 per 1,000 of the population. There were 4 deaths from this disease, all of which were of children under 1 year of age.

The controlled trial of whooping cough immunisation in collaboration with the Medical Research Council continued throughout the year. Active inoculation of volunteers proceeded until May, by which time some 1,500 children had received the treatment. The follow-up of these children, to see how they fared in relation to whooping cough, is expected to last several months at least and the final results of the trial will not be available until some time after that is completed. In the meanwhile the Council decided to offer combined immunisation against whooping cough and diphtheria to take its place, pending a reconsideration of policy in the light of the eventual results of the trial. A scheme was being worked out to implement this decision at the end of the year.

CEREBRO-SPINAL FEVER. There were 3 cases of cerebro-spinal fever notified during the year, of which 1 patient died.

ACUTE POLIOMYELITIS. Thirty-seven cases occurred during the year compared with 6 in 1948 - males 24 and females 13. The case rate was 0.21 per 1,000 of the population. Nine of the cases showed no paralysis (abortive); fourteen showed a slight or very slight degree of paralysis; seven showed a moderate degree of paralysis, and seven cases were severe.

The epidemic started in mid-July, reached its peak in September (12 cases) and thereafter subsided very slowly, the last two cases occurring as late as January, 1950. Thirty-seven cases of poliomyelitis, and the two cases of polio-encephalitis were confirmed within the epidemic. By comparison with the 1947 epidemic it started earlier, maintained a higher level and lasted longer. Cases were widely distributed throughout the Borough with no tendency to concentrate in any particular area. It was not confined to young children. The combined age distribution of poliomyelitis and polio-encephalitis was as follows:-

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>
0 -	2	1	9 -	-	1
1 -	7	3	10 -	1	1
2 -	5	4	15 -	2	-
3 -	3	-	20 -	-	-
4 -	1	1	25 -	1	1
5 -	2	-	30 -	-	1
6 -	2	-			

ACUTE POLIO-ENCEPHALITIS. There were two cases of this disease during the year, giving a case rate of 0.02 per 1,000 of the population. One of these, a child of 2 years, died.

TYPHOID AND PARA-TYPHOID FEVERS. There were no cases during the year.

ACUTE ENCEPHALITIS LETHARGICA. There was one case of this disease - a girl of 16 years, who died during the year.

ERYSIPELAS. The number of cases of this disease notified during the year was 31 - (12 males and 19 females) giving a case rate of 0.18 per 1,000 of the population.

DYSENTERY. There were 25 cases of this disease notified during the year (9 males and 16 females), giving a case rate of 0.14 per 1,000 of the population.

DIARRHOEA AND ENTERITIS. During the year the number of deaths from this disease was 3 (all in children under one year of age). The death rate was 0.9 per 1,000 live births.

PNEUMONIA. There were 195 cases (110 males and 85 females) of pneumonia - primary and influenzal, during the year giving a case rate of 1.12 per 1,000 of the population. There number of deaths from all forms of pneumonia was 95, giving a death rate of 0.55 per 1,000 of the population.

PUERPERAL PYREXIA. The number of cases occurring during the year was 48.

OPHTHALMIA NEONATORUM. There were 11 cases of this disease during the year.

FOOD POISONING - see under "FOOD" - page 14.

CONTROL OF VENEREAL DISEASES.
NOTES ON THE WORK AT THE SPECIAL TREATMENT CENTRE OF
QUEEN MARY'S HOSPITAL DURING THE YEAR.

This Centre is now the responsibility of the Hospital Management Committee, but in view of the importance to the public health of the diseases treated there, the following notes have kindly been supplied by the Director Dr.F.G.Macdonald.

To facilitate comparison certain 1948 figures are put in brackets.

New Patients	483 (507)
Total Attendances	6278(6148)

The diagnosis of New Cases was as follows:-

Syphilis in primary or secondary stage	18 (13)
Syphilis in early latent stage	24 (14)
Syphilis in later (non-infective) stages	8 (13)
Congenital Syphilis	8 (7)
Gonorrhoea	46 (74)
Soft Sore	0 (0)
Cases previously treated elsewhere	27 (30)
Return Cases	41 (30)
Non-Venereal Conditions	303(327)

The total number of patients who attended was 669. This figure includes 186 who were already under treatment or observation on January 1st, 1949.

It will be noticed that there has been a rise in the number of early latent syphilis cases seen for the first time. The total of 24 includes 18 women, 17 of whom were found to be infected after routine serological tests had been carried out during pregnancy. It is satisfactory to be able to record again that all these patients have been attending regularly for treatment, and that all who have so far been delivered have given birth to healthy infants showing no clinical or serological evidence of syphilis.

It may again be stressed that, as the result of routine serological tests for syphilis during pregnancy, not only is the health of many women and their unborn children being saved, but also that of their husband and other children. In addition, some of these women have, as the result of investigation of the siblings and parents been found to be cases of congenital infection in a latent form. It will be realised that each of these cases raises a domestic issue which has to be handled with delicacy and care. In regard to this angle of the subject I cannot speak too highly of the nursing staff at the clinic to whom these patients find it so easy to "open their hearts", resulting in an atmosphere which materially assists me in my task of explaining to the patient as much as is advisable, and in inducing them to persuade other members of the family to attend for investigation. I should like, also, to pay tribute to the courage and commonsense which I have almost invariably found in these patients.

Any occasional remissness in attending for treatment is usually removed by a friendly call at home by my social worker.

The marked fall in the number of Gonorrhoea cases may be due to more of such cases being treated by the general practitioner. Without presuming to express any opinion as to

the advisability of Gonorrhoea being treated under conditions where facilities for adequate surveillance and tests of cure may not be available, I have an impression that the facilities provided at Queen Mary's Hospital are not known as widely as they should be.

Most of the patients attending this clinic come from the following area, Stratford, West Ham, East Ham, Ilford, Leyton, and Leytonstone. The majority attend through the advice of doctors, or friends and acquaintances. Comparatively few appear to attend as the result of seeing a public advertisement.

FOOD

SAMPLING OF FOOD AND DRUGS

MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1936 to 1948.

Particulars are given below of samples of raw designated milk which were taken during the year and submitted to the appropriate tests. The Milk (Special Designation) (Raw Milk) Regulations, 1949, which came into operation on the 1st October, 1949, abolished the test for coliform bacillus and where tuberculin tested milk is bottled at the place of production, the word "certified" is replaced by the term, "farm bottled".

Type of Milk	Results of examination				
	Number sampled	Number satis- factory	Number unsatis- factory	Reasons for failure	
				Contained coliform bacillus	Failed Methylene Blue test and contained coli- form bacillus.
"Tuberculin Tested (Certified)".	48	40	8	2	6
"Tuberculin Tested (Farm bottled)".	18	18	-	-	-
"Accredited".	23	21	2	1	1
Totals	89	79	* 10	3	7

* Letters of caution sent.

HEAT TREATED MILK.

Particulars are given below regarding the various types of heat treated milk which were sampled during the year and submitted to the appropriate tests. The milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, which came into operation on the 1st October, 1949, authorises the use of two designations only for milk treated by heat, viz: "Pasteurised" and "Sterilised". The term "heat-treated" is now abolished. The Regulations also provide for a turbidity test for sterilised milk which now receives legal recognition.

Type of Milk	Number Sampled	Results of examination			
		Reasons for failure			
		Number satisfactory	Number unsatisfactory	Failed Methylene Blue Test	Failed Phosphatase Test
Pasteurised	101	98	3	3	-
Pasteurised (from Schools)	31	31	-	-	-
Tuberculin Tested (Pasteurised)	68	68	-	-	-
Heat-Treated	99	91	8	7	1
Sterilised	113	113	-	-	-
Totals	412	401	11	10	1

11 Letters of caution sent.

EXAMINATION OF MILK FOR TUBERCULE GUINEA PIG TEST.

During the year 41 samples of milk were taken from various sources, as shown below, and were examined for the presence of tubercle bacilli.

All samples proved negative.

The term "Tuberculin Tested (Certified)" formerly used for tuberculin tested milk bottled at the place of production, is replaced by "Tuberculin Tested (Farm bottled)" by The Milk (Special Designation) (Raw Milk) Regulations, 1949, which came into operation on October 1st, 1949.

BIOLOGICAL TESTS.

Type of Milk	Number examined	Result	
		Positive	Negative
"Tuberculin Tested (Certified)" (from retailers)	19	-	19
"Tuberculin Tested (Farm bottled)" (from retailers)	4	-	4
"Accredited" (from producer)	3	-	3
"Pasteurised" (from retailers)	3	-	3
Raw Milk (taken on delivery at retailers premises, from producers prior to treatment).	12	-	12
Totals	41	-	41

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

CONDENSED MACHINE-SKIMMED MILK SWEETENED. Ten Samples. These were also tested for the equivalent. 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 1949, one thousand and thirty four samples were examined under the Food and Drugs Act; five hundred and forty two formal and four hundred and ninety two informal.

All samples were submitted by the Inspector.

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

Seven samples were found to be adulterated, five formal and two informal.

The rate of adulteration for the past year was 0.68 per cent.

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

<u>YEAR</u>	<u>NO. OF SAMPLES</u> <u>EXAMINED</u>	<u>% OF ADULTERATION</u>
1949	1034	0.7
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
AVERAGE	1071	1.3

One hundred and eighty six samples of milk were examined, one hundred and sixty one formal and twenty five informal.

Three formal samples were adulterated.

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

<u>YEAR</u>	<u>NO. OF SAMPLES</u> <u>EXAMINED</u>	<u>% OF ADULTERATION</u>
1949	186	1.6
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
AVERAGE	247	1.2

CHANNEL ISLANDS MILK. Twenty-one informal samples of Channel Islands Milk were examined. One sample contained less than the minimum limit of 4 per cent fat.

CONDENSED MILKS. Seventeen samples of Sweetened Condensed Milk were examined.

Full Cream. Four formal and three informal.

Machine Separated. Ten informal.

The composition of all these samples complied with the Regulations.

DRUGS. One hundred and nineteen samples of Drugs were examined, eleven formal and one hundred and eight informal.

There was no adulteration.

PRESERVATIVES. There was no contravention of the Preservatives Regulations.

Other samples examined during the year were:-

Fertilisers & Feeding Stuffs Act. Eighteen samples of Feeding Stuffs, ten of which failed to comply with the guaranteed composition.

Twenty four samples of Fertilisers, ten of which failed to comply with the guaranteed composition.

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

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

For the Public Health Department.

One cheese.

Two well waters.

Two flours.

One chalk.

For the Borough Engineer's Department.

Two sewage effluents.

For the Town Clerk's Department.

Three explosives.

ACTION TAKEN ON ADULTERATED SAMPLES.

OFFICIAL.

Margarine. 0.3% excessive water, subsequent samples proved satisfactory.

Milk. 0.2% deficient in non-fatty solids, equivalent to the addition of 2.3% of water. Letter of caution sent; subsequent samples proved satisfactory.

" (0.2% deficient in non-fatty solids.
(0.2% " " " " "
(equivalent to the addition of 2.3% of water.

The retailer requested that samples be taken at his premises in course of delivery from his wholesaler. The request was complied with and the samples so taken proved satisfactory. Sixteen further samples were taken from the retailer during the year and all proved to be satisfactory.

Non-brewed Vinegar. 12.5% deficient in acetic acid.
Prosecution. Dismissed under the Probation of Offenders Act on payment of £3.3s.0d. costs.

UNOFFICIAL.

Butter. 0.5% excessive water. Subsequent official sample proved satisfactory.

Salad Cream. Contained 0.5% of insoluble siliceous matter. Investigated and no further sample possible.

MEAT INSPECTION IN SLAUGHTERHOUSES.

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

(Carcases inspected and rejected (condemnation by a justice of the peace was not necessary).

	Horses	Goats
Number killed	13,718	3423
Number inspected	13,718	3423

All diseases except tuberculosis.

Whole carcasses rejected	6	44
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Tuberculosis only.

Whole carcasses rejected	Nil	Nil
Carcases of which some part or organ was rejected	Nil	Nil

N.B. No attempt has been made to give the actual percentage or figures 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 disease 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.

Horses. 13,718 horses were examined in which no case of tuberculosis was found. Six carcasses were totally rejected, for extensive bruising (2), oedema (3) abnormal odour (1). Partial rejections were comparable with those of the previous year.

Goats. 3,423 goats were examined, in general there was an improvement in the quality of the goats as compared with those received in the previous year. Forty-four carcasses were totally rejected, for fascioliasis (40) oedema (3), septic pericarditis and septicaemia associated with mastitis (1). Six hundred and nine livers were rejected on account of fascioliasis, other parasitic conditions and abscesses. English goats are rarely if ever affected with fascioliasis but the condition is very common in goats received from Eire.

FOOD POISONING OUTBREAKS.

Corrected notifications - Quarterly.

<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>3rd Quarter</u>	<u>4th Quarter</u>	<u>Total</u>
0	2	19	27	48

OUTBREAKS. There was one outbreak of food poisoning.

The first case to occur was that of a child who was taken ill on the 1st December, but the majority of cases occurred from the 12th to 15th of the month. In all, 21 cases came to our notice, but conversation with residents in the area makes it clear that many more - probably over 100 people - actually suffered from diarrhoea and vomiting. There were no fatal cases.

The usual story was that after an interval of 24 hours from eating meat bought from a particular shop, the patient started to suffer from diarrhoea, vomiting and abdominal pain which usually lasted for 48 hours, but which persisted in other cases for a week or more, and investigation showed that the pork brawn had been prepared by an assistant in the butcher's shop who also handled other meat.

This assistant had herself suffered from no symptoms, but she proved to be a carrier of the organism *Salmonella Enteritidis* which was the cause of the outbreak. This assistant was suspended from food handling duties and she, together with other members of the staff, were carefully instructed in the hygiene of food handling. She quickly responded to treatment and soon became bacteriologically clear.

The washing arrangements at the butchers were not considered satisfactory and additional facilities are being provided. The shop was otherwise well run and clean, and the staff appeared to be clean in their persons. It is pleasing to be able to report that the trader and his staff gave their fullest co-operation in the measures needed to bring the outbreak to an end, and to improve the hygienic conditions of the premises.

Doctors in the area were immediately warned of the outbreak and were kept informed as the investigation proceeded; they were asked to report any suspicious symptoms. No cases occurred later than 48 hours subsequent to this Department being informed of the occurrence of the outbreak.

Of the 27 single cases which came to the notice of the Department, the agents were identified in 4 cases, and the cause remained unknown in the other 23. As so often happens, in many cases information was received too late for effective action to be taken.

PHARMACY AND POISONS ACT, 1933

AND THE

PHARMACY AND MEDICINES ACT, 1941

The number of persons entitled to sell Part 11 poisons entered in the local authority's list at the end of the year was 190. Two samples were submitted for analysis during the year and proved satisfactory.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

Particulars are given below of 18 official and 24 unofficial samples which were taken during the year:-

Type of Sample	Number of samples taken	Analysis agreed	Analysis disagreed
Fertilisers			
(a) Official	11	6	5
(b) Unofficial	13	8	5
Feeding Stuffs			
(a) Official	7	5	2
(b) Unofficial	11	3	8
Totals	42	22	20

Samples are taken at the premises of manufacturers, also at retail shops, for the purpose of testing warranties which the Act imposes upon sellers to give to purchasers. The warranty takes the form of a statement by the manufacturer of the composition of his product as determined by his own analysis.

After allowance being made for the limit of variation in the various constituents permitted by the Act, ten samples of Fertilisers, and ten samples of Feeding Stuffs failed to agree with the declared analysis, due to slight excesses and deficiencies in the various constituents. Each case was thoroughly investigated, further samples were taken, and with the exception of three, proved satisfactory; appropriate action was taken with regard to those failing to agree with the declared analysis.

SANITARY CIRCUMSTANCES.

STAFF. Mr.H.G.Clinch who was seconded to the post of Housing Officer, returned to his duties as Chief Sanitary Inspector on the 1st August.

WATER. There has been no change in the water supply to the Borough; the Metropolitan Water Board are still maintaining a satisfactory supply both in quantity and quality. Two samples of domestic water were taken and were found to be satisfactory.

The water supply is not liable to have plumbo-solvent action and therefore no precautions have been necessary in this connection.

The total number of dwelling houses in the Borough is 40,891 including 2,411 shops and dwellings, housing a population of 173,700 and approximately 30 only are supplied by means of a standpipe, chiefly in the northern portion of the Borough. The remainder of the premises are supplied from mains direct to the houses.

SLAUGHTER HOUSES. During the year 188 inspections were made of the three slaughter-houses in the Borough engaged in the slaughter of horses. Since the hearing of the appeals, early in the year, against the Councils decision to refuse to re-licence the slaughter-houses, the proprietors have kept the premises in a clean condition and no contraventions of the Bye-laws, sufficient to warrant a prosecution have been observed.

ICE CREAM HEAT TREATMENT REGULATIONS 1947. Manufacturers and retailers of ice-cream were kept under strict surveillance and a total of 735 visits were made. One retailer was summoned for using unregistered premises for the sale of ice-cream. The Summons was dismissed under the Probation of Offenders Act.

A total of 84 samples were taken and a number were found to be unsatisfactory according to Ministry of Health provisional standards. In respect of the unsatisfactory samples the premises were visited in each case and the plant and process of manufacture kept under surveillance until an improvement was effected.

The results of the samples taken showed a distinct improvement over the results of samples taken during 1948.

FOOD & DRUGS ACT 1938.

1. **Dairies and Milk Shops.** During the year there were 316 visits made to dairies and milk shops and all were found to be in a satisfactory condition.

During the year new regulations came into force with regard to dairies and milk shops and to the use of special designations concerning milk. A new register was necessary, the compilation of which necessitated a considerable amount of work in inspection and administration.

2. **Cafes, Restaurants, Kitchens.** A total of 67 warning notices were served under Section 13 of the Act, 44 of which were served upon the occupiers and the remainder upon the owners. Two summonses were issued against owners for non-compliance, but as the necessary works were completed, before the hearings the summonses were withdrawn on payment of costs.

During the year the Council adopted bye-laws for securing the observance of sanitary and cleanly conditions and practices in connection with the handling, wrapping and delivery of food, sold or intended for sale for human consumption. Close attention has been paid to all premises to which the bye-laws apply.

UNSOUND FOOD. During the year unsound food stuffs 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.

FACTORIES ACT 1937. The supervision of factories is partly in the hands of the Factory Inspectors of the Ministry of Labour and National Service and partly in the hands of the Local Authorities. The provisions of the Act relating to sanitary conveniences, cleanliness, overcrowding, temperature, ventilation and drainage of floors and any regulation made thereunder are enforced by the district Council. Contraventions with respect to these

matters coming to the notice of H.M. Factory Inspector are referred by him to the Department. During the year 2030 visits were made resulting in the service of 35 written notices. In only one case was it necessary for the issue of a summons and at the Hearing the Stipendiary Magistrate made an Order for the requirements of the statutory notice to be carried out by the owner within a period of 14 days and pay £1 costs.

The following table shows the work carried out during the year under this Act.

Premises (1)	M/C Line No. (2)	Number on Register (3)	Number of			
			Inspections (4)	Written notices (5)	Occupiers prosecuted (6)	M/C Line No. (7)
(1) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	1	798	2030	35	NIL	1
TOTAL		798	2030	35	NIL	1

Particulars	M/C Line No.	Number of cases in which defects were found				Number of cases in which prosecutions were instit- uted.	M/C Line No.
		Found	Remedied	Referred			
				To H M. Inspector	By H.M. Inspector		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Want of cleanliness (S.1)	4	7	7		6		4
Overcrowding (S.2)	5			1			5
Unreasonable temperature (S.3.)	6	2	2		2		6
Inadequate ventilation (S.4)	7	16	16		4		7
Ineffective drainage of floors(S.6)	8	1	1				8
Sanitary Conveniences (S.7)							
(a) insufficient	9	6	4			1	9
(b) Unsuitable or defective	10	18	18		1		10
(c) Not separate for sexes	11	5	5		3		11
Other offences against the Act (not including offences re- lating to Outwork)	12	22	20		17		12
TOTAL		77	73	1	33	1	

(Sections 110 and 111)

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 prose- cutions for failure to supply lists (5)	No. of in- stances of work in un- wholesome premises (6)	Notices served (7)	Prosecutions (8)	
Wearing (Making, etc. apparel (Cleaning and (washing	13	179						13
	14	19						14
Lace, lace curtains & nets	16	4						16
Furniture and upholstery	18	2						18
Artificial flowers	28	6						28
Paper bags	33	3						33
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	34	60						34
Brush making	35	1						35
Feather sorting	37	1						37
Carding, etc., of buttons, etc.	38	1						38
Stuffed toys	39	1						39
Cosaques, Christmas crackers, Christmas stockings, etc.	42	92						42
Textile weaving	43	1						43
Lampshades	44	7						44
Hand Shoe Lacing		77						
TOTAL	70	450						70

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

Houses inspected following Infectious Disease	972
Visits to Factories (Mechanically Operated)	1,758
" Factories (Without Mechanical Power)	150
" Unfit Houses re closing orders under Public Health Act 1936	28
" Workplaces	122
" Bakehouses	258
" Dairies	316
" Offices (as workplaces).P.H.A., 1936	-
" Outworkers	-
" Squatter Camps	48
" Cellar Dwellings, Underground Rooms, Etc	-
" Slaughter Houses	188
" Scheduled Offensive Trades	216
" Fish Fryers	399
" Other Noxious Trades	100
" Registered Hairdressers and Barbers, W.H.C.A., Sec. 49	86
" " Premises wherein Food is manufactured, W.H.C.A. Sec. 67	623
" " occupied by Vendors of Food, W.H.C.A., Sec.66	1,088
" Cafe and Restaurant Kitchens, etc., Food and Drugs Act, 1938	421
" Ice Cream Makers or Dealers, W.H.C.A., Sec. 66, and P.H.A. 1936	735
" Ice Cream sampling for bacteriological examination	84
" Other Food Purveyors	2,863
" Investigations re food poisoning	36
Burial Act. 1857, Sec. 25, Exhumation of Human Remains	3
Visits to Shops (Shops Act, 1934)	42
Advisory visits under Town & Country Planning	383
Visits re Overcrowding Provisions of Housing Acts	755
Drainage Inspections	3,565
House to House Inspections under Public Health or Housing Acts	428
Visits under Rats and Mice Destruction Act	376
" " Increase of Rent Restriction, etc., Acts	63
" " Bye-laws - Tents, Vans, Sheds	28
Visits to Private Houses to Investigate Complaints	9,902
Houses Inspected under the Housing Act, 1936, re Closing and Demolition Orders or Reconstructions or re Schedules of Evidence	238
Smoke Observations	205
Visits to Factories re Smoke	89
" re Mosquito Control - wells, streams etc.	254
" to Places of Public Amusement, Theatres, Music Halls, Cinemas, etc., (Ministry of Health Circular 120 of 1920)	26
Visits to Licensed Premises	136
Other Visits, specifying them	611
Re-Inspections	29,501
Total Visits	57,096
Food Samples Taken (Winkles)	1
Samples taken under Rag Flock Act	2
Samples taken of Domestic Water Supplies taken for Analysis or Bacteriological Examination	2
No. of Notices Served	7,496
Warning Letters sent re matters not dealt with by Notice	-
Defective Houses dealt with	-
Other Defective or Insanitary Conditions dealt with	-
Drain Tests carried out	415
Certificates granted under Rent Restriction, etc	86
No. of Notices complied with - (1) By Owner	6,497
" " " " - (2) By Occupier	40
Summonses issued	378

RENT AND MORTGAGE INTEREST RESTRICTION ACTS

There were 86 certificates issued under this Act during the year 1949.

PUBLIC HEALTH ACT 1936

During the year 36 Magistrate's Orders prohibiting the use of dwellings for human habitation were granted by the Court and particulars of the families occupying the houses were sent to the Housing Department with a view to alternative accommodation being offered.

The number of summonses issued during the year for non-compliance with statutory notices was 378. The majority of these were withdrawn on payment of costs, the necessary work being completed before the hearing in Court. In the case of the remainder Orders were granted by the Court and fines imposed.

HOUSING ACT 1936

A total of 84 houses and parts of houses were reported to the Housing Committee as unfit for human habitation with a recommendation for action under Sections 11 and 12 of the Act as the case may be.

SHOPS ACTS 1912 - 1936

The total number of visits made during the year in respect of the above Acts was 2,840 and 295 infringements were detected. The majority of these were of a technical nature in respect of which 272 verbal cautions were given regarding the exhibition of forms, and the keeping of required records of assistants' times of employment etc. In cases of a more persistent nature 23 written warnings were issued.

The actual closing hours of shops, however, have been regulated more by general shortage of things to sell with the result that no administrative difficulties relating to closing generally have been experienced. The earlier closing has also been reflected in the hours of employment of shop assistants. The period under review has seen more young persons employed about the business of shops, and the administrative work by the inspector has, in the main, been concerned with the service conditions of these young persons.

RODENT CONTROL

Throughout the year the principal activity of this Section was devoted to complaints from private dwelling houses and special attention was paid to defects in drains and sewers from which it was suspected that rodents were emerging.

Factories and other business premises were visited systematically and on complaint and when found infested dealt with by contract on a time and material basis. Owners and managers of these establishments proved most helpful and co-operative.

The following table shows work carried out under rodent control during the year:-

<u>Type of Premises</u>	<u>Premises Visited</u>	<u>Total Visits (i.e. repeat visits, pre-baiting, post-baiting, daily complaints)</u>
Private Houses	4,054	11,303
Shop Premises	116	432
Miscellaneous	270	1,132
	<u>4,440</u>	<u>12,867</u>

Disinfestation of Vermin

Houses	1,031	1,237
Hospitals	3	5
Shops	6	6
Schools	5	5
Static Water Tanks	5	7
Factories	2	4
Cafes	1	1
Clinics	3	3
	<u>1,056</u>	<u>1,268</u>

Disinfections

Houses	476	552
School (Slippers)	2,557 pairs	

MATERNITY AND CHILD WELFARE.

STAFF. Mr. Harry Humberston was appointed Clerk in Charge of the section and took up his duties on December 1st, 1949.

HEALTH VISITING. On the 31st December, 1949 the staff engaged in health visiting duties or training to become Health Visitors under the Council's sponsored scheme consisted of the following:-

- 7 Health Visitors
- 8 Student Health Visitors
- 8 Public Health Nurses, of whom 5 are to take the Health Visitors' training during the coming year.

It is thus evident that good progress has been made towards securing the full complement of 22 trained Health Visitors. It must, however, be borne in mind that in addition to vacancies caused by the retirement of senior Health Visitors, there are likely to be other vacancies during the coming years due to the resignation of some of the younger Health Visitors. There is still a general shortage of Health Visitors throughout the country and it must be expected that at the end of their two years' agreed term of service with the Council, some will leave West Ham to work in other areas or will resign for other reasons. In order to anticipate this and to avoid a serious depletion of the health visiting staff, which would jeopardise the efficiency of the service, the Council has agreed to the appointment of 6 Student Health Visitors in addition to the 22 certificated Health Visitors, and the full establishment of School Nurses and T.B. Health Visitors.

It is pleasing to record that the most cordial relations exist between the Council's health visiting staff and the Health Visitors employed by the South West Ham Health Society and Plaistow Maternity Hospital, who have joined with them in many educational and social activities.

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>1949</u>	<u>1949</u>
To Expectant Mothers	849	1,345
To Children under 1 year	4279	12,539
To Children 1-5 years	1433	18,979

This means that each child under 1 year of age received approximately 3 visits during the first year, and that children 1-5 years received approximately 1 visit per year.

This is an improvement on the service given last year. It is hoped that in future years, when a larger health visiting staff should be available, to increase the number of visits sufficiently to enable each Health Visitor to feel satisfied that she can exercise friendly supervision over the development of each child under 5 in her district, and can give as much attention as she feels necessary to the families who need more frequent help and advice.

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 Health Society. As in the previous year, 9 ante-natal and 12 infant welfare sessions have been held each week at the municipal centres.

ANTE-NATAL AND POST-NATAL CLINICS. 4076 expectant mothers attended the ante-natal clinics during the year and made a total of 13,681 attendances. 216 mothers attended during the post-natal period and made a total of 221 attendances. Only a small proportion of these 216 mothers attended the municipal centres. So far no organised attempt has been made to ensure that every mother attends for post-natal examination. Of the mothers who attend the municipal ante-natal clinics a number will be delivered in hospital, and others will book a doctor for maternity medical services. These two groups of patients will be able to make arrangements for post-natal examination, either at hospital or by their own doctor. Those mothers who are delivered in their own homes by domiciliary midwives and are not under the care of their own doctor, should be encouraged to attend the municipal clinic about 6 weeks after confinement. It is hoped that during the coming year a much larger number will avail themselves of the facilities offered at the municipal centres. It is not proposed to hold separate post-natal sessions, but appointments will be given at a time suitable for a mother who has a young baby. When the mother is unable to make other arrangements for the care of her baby and young children, she may bring them to the clinic with her.

A full medical examination six to eight weeks after confinement is of vital importance to the mother's health and may indirectly affect the welfare of the whole family. Failure to return to her normal health and vitality, if detected at this stage, can usually be remedied and much suffering and strain avoided. A large number of gynaecological troubles, which in later years come to require surgical treatment, could be remedied by simple measures, if dealt with in the post-natal period.

Throughout the year municipal ante-natal clinics have been staffed by medical officers from Forest Gate Hospital (under the direction of Dr.H.R.England, the Consultant Obstetrician at that hospital) and by Health Visitors and Public Health Nurses with considerable experience in midwifery. The municipal midwives attend the appropriate clinic sessions as often as their other duties permit

INFANT WELFARE CENTRES.

	<u>Number of</u> <u>Individual children</u>	<u>Number of</u> <u>Attendances</u>
Children under 1 year	2305	25874
Children 1 - 5 years	3919	10691

It is satisfactory to record an appreciable increase in the number of children aged 1-5 years who have attended the clinics.

The availability of free medical attention for the young child under the National Health Service Act, though providing a much needed curative service, does not diminish the need for a full and efficient preventive and educational health service.

Between the age of 2-5 years the child is passing through a phase of great emotional and physical development. On the physical side minor deviations from the normal - easily remedied in the early days - can only be detected by an unhurried and thorough examination, while on the emotional side much parental anxiety can be relieved and the strain on the child lightened by a quiet and friendly talk with the mother.

As soon as the necessary medical, nursing and clerical staff are available, it is intended to implement the Council's proposals and to start regular Toddlers' sessions to which parents will be invited to bring their children, by appointment, on a day as near as possible to their 2nd, 3rd or 4th birthday.

ULTRA VIOLET LIGHT. The arrangements for children to receive treatment at the Children's Hospital, Balaam Street, Plaistow, were continued throughout the year and are much appreciated. 107 children were referred from the Maternity and Child Welfare Clinics.

CONVALESCENCE. Number of cases sent away during 1949:-

Children under 5 years:-

to "Transferred Homes"	30
to other Homes	<u>36</u>
	<u>66</u>
Mothers with babies	5

When children are admitted to "Transferred Homes" there is no charge to the local authority or to the parents. Such Homes cater mainly for children who require medical or nursing care during their convalescence and there are few places for children who need a stay in a Holiday Home.

When children under 5 are admitted to a "Holiday Home" the cost is borne by the Council, but the parents may be required to contribute according to a scale adopted by the Council. The number of children sent for convalescence during 1949 was smaller than during the previous year, but this is not an indication that there is any decrease in the need for convalescence. After the "Appointed Day" there was a certain reluctance amongst parents to avail themselves of a service to which they were required to contribute. Towards the end of the year the Council had under consideration a more generous assessment scale. There is no doubt of the need for this type of convalescence among delicate and ill-nourished children who are living in an unsatisfactory environment, nor of the enormous benefit they derive from a few weeks' stay in a Home especially planned to meet their needs. It is fortunate that West Ham children are still able to enjoy the advantages of the Home at Shoenbury and Letchworth, and this Department is grateful to all who work in these Homes and are concerned with their administration.

It has only been possible to send away 5 mothers with babies during the whole of the year. The demand is much greater than this figure implies, but it has not yet been found possible to make satisfactory arrangements for the convalescence of a mother who has one or more children under 5 years.

The Invalid Children's Aid Association, through its local branch, has continued to deal with the administrative work relating to convalescence and all applications are referred to the Secretary. The efficiency of the service given by this Association and the helpful approach made by the staff is of very great assistance, both to the officers of this department and to the children and their parents.

SPECIALIST CLINICS. As in the previous year the following Specialist Clinics have been available to children under 5 years by appointment through the School Health Service.

<u>Eye Clinic</u>	84, West Ham Lane.
<u>Ears, Nose and Throat</u>	84, West Ham Lane.
<u>Paediatric Clinics</u>	84, West Ham Lane.
	Rosetta Road School.
<u>Child Guidance</u>	Credon Road School.

In addition, children requiring ultra violet light treatment have been referred from the Council's clinics to the Children's Hospital, Balaam Street, Plaistow, E.13.

RECIPROCAL ARRANGEMENTS WITH NEIGHBOURING BOROUGHs. Mothers and children are enabled, if they so desire, to attend clinics nearest their homes, and these arrangements have continued throughout the year.

CHILD LIFE PROTECTION. This is now the responsibility of the Children's Committee. It was agreed that from September 5th, 1949 all duties connected with Child Life Protection should be undertaken by the Children's Officer.

CARE OF THE UNMARRIED MOTHER AND HER BABY. During the year there were 148 illegitimate births accounting for 4.5% of all live births. Whenever possible, unmarried mothers are encouraged to make use of the services provided for all mothers and babies, but every endeavour is made to put them in touch with the appropriate organisation when special help is required. In this respect much devoted service has been given by the Moral Welfare Worker provided through the agency of the Chelmsford Diocesan Moral Welfare Association. This Welfare Worker's friendly advice and practical assistance are available, not only to those unmarried mothers who are admitted to a hostel, but to all those who care to seek her help. The Council is fortunate in having within its area St. Agatha's Moral Welfare Hostel which is under the auspices of the above Association, and very cordial co-operation exists between the Council's officers and the Moral Welfare Worker who resides at the hostel.

During the year 11 West Ham mothers were admitted to St. Agatha's. Of these, 6 were admitted before the birth of the baby and 5 after.

A grant of £100 from the Sunday Entertainment Fund was made to St. Agatha's Hostel.

Persons concerned with the welfare of the unmarried mother are conscious of a gap in the existing services. There is need for the provision of hostels to which the mother could be admitted on discharge from the Maternity Unit, and where she and her baby could remain for a considerable and somewhat indefinite period. While in the hostel the mother would be given simple training in Child Care and Household Management, and would be subject to friendly supervision, though not to rigid discipline. After the lapse of time required for recuperation the mother would go out to work knowing that her baby would be looked after during her absence. This arrangement would tide the mother over that very difficult period during which she has no adequate means of support yet does not wish to surrender her baby nor her independence. It would give her more time to come to a considered decision regarding the future of herself and her baby. In the absence of such provision, the mother is often compelled by circumstances to offer her baby for adoption against her own feelings and wishes, and sometimes to her bitter regret.

PREMATURE INFANTS. 209 premature babies (babies weighing $5\frac{1}{2}$ lbs. or under) were notified during 1949 and of these 56 were born at home and 143 in hospital. Of those born at home 9 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	47	2	2	43
Hospital	153	12	14	127
Born at home and transferred to hospital	9	2	2	5
Totals	209	16	18	175

Of these deaths of West Ham infants only 21 appear in the Registrar General's return as deaths due to prematurity, but in fact 34 out of a total of 78 infant deaths occurred in premature infants who died within the first month.

The babies born in hospital present the greater problem because they are inevitably the larger group and the most delicate babies.

During the coming year it is hoped to assist the midwives by the provision of special equipment which will be available, on loan, for use in the care of the babies in their own homes. The Council has approved the provision of this equipment which was advised by the Ministry in Circular 20/44 and which includes such things as:- draught proof cots with detachable linings, warm and suitable clothing, hot water bottles, special feeding bottles, thermometers, etc.

The provision of a special Premature Baby Unit at a hospital within the area would be of great value. It might well form part of a co-operative scheme between hospital and public health services for the care of the premature infant, the hospital unit taking the most delicate of the premature babies born in any of the maternity units or in their own homes within the Borough. Other premature babies could be nursed at home (either from birth or on discharge from the maternity unit) with the aid of a specialised service provided by the Council. It is to be hoped that some such arrangement may come under early consideration.

The large proportion of infant deaths attributable to prematurity is a feature of the national as well as of the local statistics and any reduction in this figure would probably be accompanied by a reduction in the still births. Such a reduction might be achieved in two ways:-

- (1) by increasing the number of premature babies who survive.
- (2) by reducing the number of babies born prematurely.

The ways in which we hope to attain the first objective have already been indicated. The incompleteness of our knowledge of the causes of prematurity makes it difficult to attempt the second with any certainty of success.

The evidence which is gradually accumulating points to three main factors which influence the incidence of prematurity:

- (1) the provision of early and regular ante-natal care.
- (2) the standard of the mother's nutrition.
- (3) the age of the mother and spacing of the family.

It would seem, therefore, that the most hopeful method of approach would be through patient and continued education of the mothers, so that they will take full advantage of all the facilities already available.

DAY NURSERIES. The five Day Nurseries continued to function until the 12th August, 1949, when Osborne Road Nursery was transferred to the Education Department and re-opened as a Nursery School. The other four Nurseries were still operating at the end of the year.

The Council is fortunate in having senior and experienced Matrons and Deputy Matrons, most of whom have been in the Council's service for a considerable number of years.

The Day Nursery service is of great assistance to those mothers in the Borough who, being unmarried, widowed, divorced or separated from their husbands have no other means of support. It is also of value to those families whose finances have become depleted through sickness or other causes, and who would find it extremely difficult to maintain reasonable living conditions without such temporary help. Temporary help of this kind is also greatly needed where the mother is not able to care for her family owing to illness, or the birth of a baby. In these cases there is considerable advantage in giving help in a way which does not involve the complete removal of the child from his home environment. There are also a number of children whose health and emotional development is so impeded by their home conditions that admission to a Day Nursery is of very great help in enabling these children to maintain reasonable standards of health and stability in the face of adverse circumstances.

NURSERY	Number of Approved Places	Average Daily Attendance		
		Under 2	Over 2	Total
Litchfield Avenue	52	8	32	40
Plaistow Road	52	11	21	32
Station Street	52	11	19	30
Liverpool Road	52	9	31	40
Osborne Road	50	10	25	35
(closed 12.8.49)				

The numbers on the Nursery Registers are kept above the total available places. There is considerable irregularity of attendance caused by illness and family circumstances. The low average attendance was aggravated by places being kept open for children to be transferred from Osborne Road Nursery.

NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948.

The Nursery at Cumberland Road, which is under the auspices of the Canning Town Women's Settlement and which was registered under the above Act on the 18th January, 1949 has continued to function throughout the year. This nursery, which has 15 children on the register, is visited regularly by one of the Council's Health Visitors, and from time to time by a medical officer. All the Council's requirements have been complied with and the arrangements have been found very satisfactory. There is happy and close co-operation between the Settlement and Nursery Staff on the one hand and the Council staff on the other. No other application for registration under the Act has been received during 1949, and no person eligible for registration as a Child Minder has been brought to the notice of the department.

MATERNITY SERVICES. Total births registered as West Ham births during the year...3246
 Delivered in their own homes within the Borough..... 960
 Delivered in Maternity Units within the Borough.....2156
 Delivered outside the Borough..... 130 3246

NUMBER OF CONFINEMENTS IN MATERNITY UNITS IN THE BOROUGH

Hospital	West Ham Residents	Total Births
Forest Gate	899	1320
Plaistow Maternity	889	1101
Queen Mary's	368	832
Total	2156	3253

The midwives attending domiciliary confinements in West Ham continued to come from the same 4 sources as in 1948 and are shown in the following table:-

MIDWIVES ATTENDING DOMICILIARY CASES.

Source.	Number (or equivalent number) of midwives on 31.12.49.	Number of Cases
Municipal	4	187
Plaistow Maternity Hospital	9*	647
E.C.N.H.	2*	109
Silvertown N.W.D.N.A.	2 (part-time)	16
Private Midwives	-	

* These midwives had the assistance of pupils.

The table also shows that: of the 3246 West Ham births, 960 were delivered in their own homes within the Borough. In 30 of these cases the midwife acted as maternity nurse. Medical aid was summoned in 352 cases. In 239 of these help was required for the mother and in the remaining 113 it was summoned on account of the baby. Once again the midwifery service has continued to function smoothly and harmoniously because of the goodwill and common-sense of all concerned. Doctors and midwives alike have made the well being of the patient their first objective.

ANALGESIA.

The total number of midwives working in West Ham at the end of the year was:-

Domiciliary Midwives	-	19
Hospital Midwives	-	<u>34</u>
Total		<u>53</u>

All are qualified to administer gas and air analgesia.

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. Although the co-operation received from all the midwives concerned and from those in charge of the agencies supplying the domiciliary midwives is much appreciated, yet it remains difficult to maintain as much personal contact as one would wish between the individual midwives and the officers of the local health authority who are responsible for the service.

VITAL STATISTICS.

The stillbirth rate which is 19 stillbirths per 1,000 total births, the infantile mortality rate of 23 deaths of infants under 1 year per 1,000 live births and the maternal mortality rate of 0.30 per 1,000 live and stillbirths, are the lowest on record for West Ham.

While this cannot fail to give satisfaction to all those persons within the Borough who are concerned with the care of mothers and young children, it should be remembered that because the numbers involved are small, there may be considerable fluctuation in these rates from year to year.

The comparable figures for England and Wales for 1949 are as follows:- stillbirth rate 23 stillbirths per 1,000 total births, infantile mortality rate 32 deaths of infants under 1 year per 1,000 live births, and maternal mortality rate 0.69 per 1,000 live and stillbirths.

It is interesting to note that these stillbirth and infantile mortality rates are the lowest on record for England and Wales.

HOME NURSING.

The year has been a difficult one for the Home Nursing Service. The demand for home nursing has increased, partly because the chronic sick are now being sent home after a short stay in hospital, and partly because of the needs of the aged. Many old people who live in unfavourable conditions become ill and helpless because they are unable to care for themselves. They may come to require nursing for long periods, but nursing alone cannot complete their rehabilitation nor prevent relapse. The staff available to meet the increased need has not always been sufficient. The area north of the District Railway and the small area in Silvertown are well served, on an agency basis, by the Essex County Council (through the nurses based on the County Nurses' Training Home, Beachcroft Road, Leytonstone, E.11.) and the Tate nurses, respectively. The area between the District Railway and the Docks has to be covered by nurses employed directly by the Borough Council.

Throughout the country recruitment of home nurses is proving very difficult under present circumstances. Locally the lack of suitable living accommodation for the nurses has aggravated the situation. Though the service is still based on Plaistow Maternity Hospital, where the office is situated, no nurses are now available from the staff of the hospital, and the service has suffered a grievous loss through the resignation of Sister Chappel. Miss Chappel has given many years of devoted service as Sister in Charge of the District Nurses, and it will not be easy to replace her.

The home nurses themselves, and the Matron and staff of Plaistow Maternity Hospital (including the telephone operator) have given unfailing help in times of difficulty, often at considerable personal inconvenience. The General Practitioners have shown great consideration in keeping their requests within the available resources of the service.

It is hoped that the present situation will be eased by the provision of suitable accommodation for the staff, by an improvement in the conditions of service of nurses employed in home nursing, and by the introduction of a scheme for the sponsored training of home nurses.

Home Nursing Staff on the 31st December, 1949.

x 6 State Registered Nurses)	
1 State Enrolled Assistant Nurse	)	Employed full time.
1 Nursing Orderly)	
3 State Registered Nurses)	
1 State Enrolled Assistant Nurse	)	Employed part time.
x Of these, 4 have resigned as from 1.1.1950 and it has not been found possible to fill the vacancies.		

Summary of the work carried out by the Home Nurses.

Total Cases Attended	Total Number of Visits paid	Average No. of Visits per case
906	32,538	35.9

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN.

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

Until June 30th 1949, it was possible with the help of Mr. Hendry who worked for four day-time sessions at Maybury Road Clinic, together with the eight evening sessions worked at West Ham Lane, to provide as extensive a service as had been obtained prior to July, 1948. Unfortunately, ill-health and a rapidly expanding private practice, caused the resignation of Mr. Hendry after a very brief term of office.

Later in the year, Mr. McNamara resigned to go into a private practice. In consequence, from July until the end of the year, the number of sessions available for the treatment of nursing and expectant mothers was reduced to four evening sessions held at West Ham Lane, together with one session worked by Mrs. Rogers at the Forest Street Clinic, on Thursday mornings. Because of the obvious disadvantage of evening sessions for children under five years of age, the two assistant school dental officers agreed to treat these children during their normal school time sessions.

The demand made by the mothers on these four evening sessions, became so great that an approach was made to the General Service Dentists through the Local Dental Committee, for their support in the treatment of those mothers who required a number of fillings and prophylactic treatment. Their agreement to the arrangements suggested, meant that those cases which would take up the longest operating time were thereby referred, and the denture cases, the work for whom required substantially less surgery time per visit were retained. In this way the greatest number of patients could be treated in the very limited number of sessions available, and the principle of dentally examining each of the new cases attending the ante-natal clinics was maintained.

(a) Numbers provided with dental care.

	Examined	Needing treatment	Treated	Made dentally fit.
Expectant and nursing mothers	547	535	527	520
Children under five.	459	439	439	433.

(b) Details of dental treatment provided.

	Extractions,	Anaesthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Dressings	Radio- graphs	Dentures provided	
		Local	General						complete	partial.
Expectant and nursing mothers	1,637	46	353	306	195	-	156	55	198	66
Children under five	837	9	390	401	1	230	-	2	-	-

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 are included in the Maternity and Child Welfare Section, see pages 20 - 29.

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

Section 27 - Ambulance Service.

The service is run entirely by the Council and is administered by the Health Department. The scheme, broadly is as follows - (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 controlled by the Ambulance Officer from the Health Department.

The complement of vehicles in operation is ten ambulances and twelve sitting case cars; the latter which are used chiefly for this service, are however available for other purposes when required. All maintenance and servicing is carried out by the Borough Engineer's Department.

The deployment of operational vehicles is as follows:-

Ambulances

Stratford Fire Station	1
Plaistow Fire Station	4
Silvertown Fire Station	1
Transport Depot	4

Sitting Case Cars

Transport Depot	12
-----------------	----

Four new ambulances were put into commission during the year.

This being the first full year in which the Council was responsible for running the service under the National Health Service Act, it is not possible to give comparative figures. As was to be expected however the demands on the service greatly increased, and it is doubtful whether a 'peak' figure has yet been reached in the service provided by sitting case cars. The calls upon the ambulances increased considerably with the introduction of the National Health Service Act, but from the beginning of 1949, this part of the service showed some signs of stabilisation there being only a slight tendency to any increase during the year.

With the sitting case car service however there was no evidence of stabilisation. During the latter part of 1948 there had been a rapid increase in the demand, which was sustained during the year under review. In fact the number of patients conveyed during December, 1949, was approximately double the number dealt with in the first month of the year.

The following table shows the work carried out by the service during the year 1949:-

1 Vehicles used	2 Total number of journeys	3 Total number of patients carried	4 Total number of accidents and other emergency journeys (included in Col.2)	5 Total Mileage
Ambulances	15,395	18,558	2,390	135,998
Sitting Case Cars	x 8,857	x 8,754	-	103,725
TOTALS	24,252	27,312	2,390	239,723

x The excess number of journeys over patients carried is explained by the fact that many out-patients are taken to hospital for treatment, and collected later in the day, to avoid unnecessary waiting of the conveyance.

By far the largest proportion of calls, both on the ambulances and cars emanate from hospitals. The demand from private practitioners is comparatively small. Calls made by the public and relatives relate mainly to maternity cases and home accidents.

The greatest demand upon the service as a whole, consists of the conveyance of patients to and from hospital out-patient clinics. This position is no doubt brought about by the tendency of hospital authorities to discharge in-patients earlier, thus giving a more expeditious 'turn round' of beds.

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).

The removal of patients suffering from smallpox or typhus fever is carried out under a special arrangement with the London County Council.

The present service appears to meet the needs of the area.

SECTION 28: PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

(1) Tuberculosis.

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

During the year the two Tuberculosis Health Visitors employed by the Council made 2,316 domiciliary visits, and attended 510 sessions at the Chest Clinic. The value of the work of this staff, who carry out their duties from the Chest Clinic, cannot be too strongly emphasised. They report on all aspects of the health and social conditions of the family; patients are advised on hygiene, etc., and in necessitous cases financial circumstances are investigated with a view to assisting in the matter of extra nourishments. Another very important aspect of their work is to encourage contacts of the patient to attend the Chest Clinic for examination, thereby ensuring early diagnosis and treatment in many cases.

Sanitary defects are noted by the visiting staff and forwarded to the Health Department for investigation.

Proposals to employ Social Workers in this after-care work unfortunately could not be implemented as it was not possible to obtain the services of suitably qualified persons.

(2) Convalescence.

Proposals for the provision of convalescence for adults at holiday homes was approved by the Ministry of Health, and came into operation in July, 1949.

From the inception of the scheme to the end of the year, 24 applications were received - 14 from hospitals and 10 from general medical practitioners. Twenty-two applications were approved, and the remaining 2 were passed to the Regional Hospital Board. Owing to varying circumstances, however, 9 of the applications were cancelled. There is little doubt that as the scheme becomes more widely known, a decided increase in the number of applications will be forthcoming.

All the patients who were sent away were visited on their return, and without exception they expressed their satisfaction of the arrangements made and treatment received; all appeared to have derived some benefit from their convalescence.

(3) Mental Illness or Defectiveness.

Information on the care of mental patients will be found in the Mental Health Section, pages 33 - 36.

Section 29 - Domestic Help.

The volume of work undertaken during the year has increased and has, at times, placed considerable strain on the administrative staff. The establishment consisted of Home Help Organiser, Assistant Home Help Organiser and the equivalent of 60 full time Home Helps.

Maternity Cases.

177 applications were sent in, and 112 applicants received home help. The remaining 65 were withdrawn because the applicants did not wish to pay the fee, or had made other arrangements.

General Sickness.

422 applications were sent in, and 363 applicants received home help. In the remaining 59 cases help was not granted, or the applications were withdrawn.

The average number of hours service given per week throughout the year was 2679.

The average number of hours service given per week to each household throughout the year was 9.75. On 31.12.49 there were 12 full-time Home Helps and 74 part-time Home Helps. The full-time Home Helps work 47 hours per week. The average number of hours worked per week by the part-time Home Helps throughout the year was 24.5.

A male Home Help was appointed in October, the appointment was temporary, but his services were found to be of such value that the appointment was confirmed on a full-time and permanent basis.

453 families received home help during 1949. Number of families on books at 1.1.49 = 100. Number of families on books at 31.12.49 = 206 (excluding maternity cases).

Among the cases now running there is a large number, mostly old people, who suffer from a permanent disability, and may require domestic help for a considerable time.

Applications received from tuberculous persons present a special problem, as it is not always easy to find women who are both willing and suitable to work in these households. 14 such persons made application during the year and 12 received domestic help. In 10 the service was given by a Council Home Help, while in the remaining 2 the applicants' mother, (in each case a widow who had been going out to work) gave up her employment in order to undertake the duties of home help.

SECTION 51 - MENTAL HEALTH.

The Mental Health Service has been administered by the Health Committee of the local authority.

STAFF.

(a) Medical. The medical supervision, direction and administration is the responsibility of the Medical Officer of Health, through his Deputy.

Ascertainment and medical examination of mental defectives is carried out by the Deputy Medical Officer of Health, and by the Chief Assistant School Medical Officer, both of whom have had considerable experience in this work. In addition two local general practitioners, who are approved by the Ministry 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) and three male Duly Authorised Officers, all of whom are experienced in mental welfare, carry out various duties under the Mental Deficiency, Lunacy and Mental Treatment Acts.

The establishment of this service provides for a Psychiatric Social Worker, but owing to the great shortage of suitably qualified persons, the Council's efforts to fill this post were unsuccessful, until May, 1949. From this date an arrangement was entered into with the National Association for Mental Health, for the loan of one of their Officers, part-time.

The services of this officer have proved very valuable especially in after-care work.

Clerical assistance for this service is provided, as and when required, from the Health Department staff.

CO-ORDINATION AND JOINT USE OF OFFICERS.

Arrangements have been made with the Regional Hospital Board for the Physician Superintendent of Goodmayes Mental Hospital, and his staff, to be available for consultation and advice, when required, under the Lunacy Acts, and the Mental Treatment Act.

The Duly Authorised Officers visit and report on the home circumstances of Mental defectives recommended for licence, and in cases where licence is granted they carry out the supervision.

The Psychiatric Social Workers employed by the Council and at Goodmayes Mental Hospital work in close co-operation.

VOLUNTARY ASSOCIATIONS.

The Council does not delegate any duties to voluntary associations, with the exception of using the services of the National Association for Mental Health in the supervision of a very small number of mental defectives under guardianship outside the area of West Ham.

TRAINING OF MENTAL HEALTH WORKERS.

Although the Duly Authorised Officers are experienced in mental health work, arrangements have been made for them to attend at Goodmayes Mental Hospital and other institutions, for talks and discussions on the various aspects of their work.

PREVENTION, CARE AND AFTER-CARE.

The patients after discharge from mental hospitals are visited, where necessary, by the Psychiatric Social Worker from Goodmayes Mental Hospital, or the part-time Psychiatric Social Worker in the Health Department.

Patients and relatives are advised on how to avoid circumstances which might precipitate another breakdown; and also on personal problems.

Discussions with the Disablement, Rehabilitation Officer on the problems of employment for the more permanently handicapped patient, usually result in finding them work of a suitable nature.

The Psychiatric Social Club, operated from premises in the Borough, continued to provide, in practical form, valuable after-care work. The Club which is held weekly, is attended by patients referred from the Psychiatric Clinic, and from mental hospitals on discharge etc., and they greatly appreciate the help and guidance afforded them in securing social re-adjustment.

Great credit must be given to the medical staff and social worker of Goodmayes Mental Hospital, and to the Council's Psychiatric Social Worker, for their untiring efforts in conducting the club.

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 year the Officers were called upon on 294 occasions, with the following results:-

Disposal of Cases	M.	F.	Total
Admitted to mental hospital as voluntary patients	36	62	98
Admitted to mental hospital on Urgency Orders	17	25	42
Admitted to mental hospital on Temporary Orders	7	10	17
Admitted to mental hospital as Certified Cases	1	4	5
Observation	-	1	1
No statutory action taken	52	79	131
	113	181	294

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 and advice, thus probably being the means of avoiding the need for admission to a mental hospital. A number of these cases are really problems of old age, i.e. eccentric, early senile dementia etc., who are not certifiable, but are obviously in need of some care and attention. Owing to lack of suitable accommodation however they remain a difficult problem for the officers.

MENTAL DEFICIENCY.

On the 31st December, 1949, the number of mental defectives on the register was 749. Of this number 695 were ascertained to be "subject to be dealt with". The manner in which defectives have been dealt with is shown in the following table:-

	<u>Males</u>	<u>Females</u>	<u>Total</u>
A. Mental defectives ascertained to be "subject to be dealt with":-			
Number in institutions under order	209	210	419
Number under Guardianship	1	3	4
Number under Statutory Supervision	131	120	251
Number in which action not yet taken under any of the above headings	11	10	21
B. Mental defectives not at present "subject to be dealt with", but over whom some form of voluntary supervision is maintained.	32	22	54
Total number of defectives on register	384	365	749

ASCERTAINMENT.

The number of mental defectives ascertained during the year was 36 - (23 males and 13 females). This number includes 24 cases (16 males and 8 females) which were reported by the Local Education Authority. Of the new cases 9 were admitted to institutions, 23 were placed under statutory supervision, and 4 no action had been taken at the end of the year.

In addition to the foregoing, 8 cases were examined and placed under voluntary supervision.

SUPERVISION.

At the end of the year there were 251 (131 males and 120 females) under statutory supervision, and 54 cases (32 males and 22 females) under friendly supervision. In addition there were 17 patients on licence from institutions who were supervised by the Council's officers.

All these cases are visited at varying intervals by the Duly Authorised Officers according to the circumstances of the individual case. Special cases are referred to the Psychiatric Social Worker.

Parents are advised as to the best method of caring for the defectives, and endeavours are made to assist the patient in every possible way. It is remarkable how well many cases respond to the assistance given. This work would be greatly enhanced if there was an Occupation Centre at which selected patients could attend for training. It is hoped that this need will be met in the early part of next year.

GUARDIANSHIP.

At the end of the year there were four defectives (1 male and 3 females), under guardianship. Of this number only one was in the care of relatives; 2 were supervised by the National Association for Mental Health and the other was supervised by the local authority in which she resided.

NATIONAL ASSISTANCE ACT, 1948, SECTION 47.

No circumstances arose in which it was deemed necessary to take action under this Section.

SCHOOL HEALTH SERVICE

School Population. There was a further increase in the school population during the year. On 31st December, 1949 there were 27,027 children on the school rolls, as compared with 26,507 on the corresponding day of 1948.

The increase since 1945 is slightly less than 7,000.

Medical Inspection. A table setting out the work done under this heading will be found in appendix No.5 on pages 68-70. The volume of work carried out was much the same as in the year before.

At the beginning of 1947 the Ministry of Education introduced a new form of record for school medical inspections. The record combined detailed findings of inspection with full notes on medical history, social and educational circumstances, follow-up card and recommendations regarding employment, all in one document of convenient size, which can accompany the child throughout his school career. Among other things, it replaced the previous nutritional assessment by a wider one covering the child's general condition. The reason for this is because so many other factors inevitably entered into the Medical Officers' judgment that it had long been recognised that the assessment could not be regarded as a measure of pure nutrition, and in that respect it was misleading. The new classification of general condition was divided into three categories, as against the previous four. The percentages allotted to the various categories during the year of trial were somewhat tentative and have now been modified in the light of experience.

Classification of the General Condition of Children Inspected during the Years 1948 and 1949

Year 1948

	No. of children inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	%	No.	%	No.	%
Entrants	3,236	1,275	39.40	1,708	52.78	253	7.82
2nd age group	2,370	911	38.44	1,269	53.54	190	8.02
3rd age group	1,746	519	29.73	1,095	62.71	132	7.56
Other periodic.	2,988	983	32.90	1,766	59.10	239	8.0
Total	10,340	3,688	35.67	5,838	56.46	814	7.87

Year 1949

Entrants	3,522	1,026	29.13	2,053	58.29	443	12.58
2nd age group	2,635	844	32.03	1,549	58.79	242	9.18
3rd age group	2,572	1,052	40.90	1,320	51.32	200	7.78
Other periodic	2,854	1,139	39.91	1,583	55.47	132	4.62
Total	11,583	4,061	35.06	6,505	56.16	1,017	8.78

HYGIENE OF SCHOOL PREMISES.

During the year a system of Inspection of School Premises by the Assistant School Medical Officers was initiated. At the end of each medical inspection which takes place annually, the school doctor makes a full report on the general hygiene of the school premises. The form used is a detailed one and includes headings such as -

Playground - condition of surface, adequacy as to size, number and efficiency of drinking fountains.

Cloakrooms - adequacy of space, lighting, ventilation, drying etc.

Washing accommodation - including the supply of soap and towels, number of troughs or bowls etc.

Showers or spray baths - water supply - hot and cold.

Sanitary offices - comments on lighting, ventilation, number of W.C.'s and other relevant matters.

Classrooms - Lighting, heating, ventilation, general cleanliness.

Kitchen - lighting, ventilation, equipment, cleanliness and special reference to the staff washing and other facilities, and a general report on the food stores.

Dining Hall - with special reference to the number of sittings, and a report on the menu provided on the day of inspection.

General remarks on the hygiene of the school.

In connection with the washing accommodation and the sanitary offices the school doctor is provided with the latest standards extracted from the Building Regulations.

When the form is completed, copies are sent to the Education Officer, who in turn send them to the Organiser of School Meals and the Borough Engineer and their attention is drawn to any points of special importance.

It should be mentioned that many of the schools are old and in consequence some defects reported cannot easily be remedied.

Every effort is made to see that the cooking staff in the school kitchens have their own wash bowl and W.C.

It is noteworthy that on subsequent visits to schools where recommendations have been made, a number of defects have been remedied. The school staffs including caretakers, have been most helpful to the doctors when carrying out their inspections.

THE WORK OF THE SCHOOL NURSES

NUTRITION. Nutritional surveys were carried out on the same basis as in previous years, and occupied a substantial proportion of the school nurses' time. Towards the end of the year a new Form (10b M - Subsidiary School Medical Record) was used for all new pupils.

On one side of the form the child's height (inches) and weight (lbs.) is recorded both in figures and graphically. The graphic records are made by recording the difference in height and weight of the individual child from the mean (i.e. average) of all children of that age. On the other side of the form entries of any important defects are copied from the Main Medical Record Card, so that the nurse carrying out the nutrition survey can satisfy herself that the child is getting adequate care and attention.

The ideal is a terminal inspection, although a six-monthly inspection would be considered very satisfactory. At the moment the inspections are carried out approximately once a year for most of the pupils. The general findings at these inspections are so good that a temporary increase in the interval between inspections can be made without undue alarm.

All children whose weight or height appears to be at a standstill, or whose general condition seems to require investigation, are referred to the area school doctor.

NUTRITION SURVEYS

Number of inspections	....	...	...	...	...	14,374
Referred to school doctors (malnutrition)	...	...	...	...	...	19
Referred to school doctors (other conditions):-						
Scabies	.....	.....	.....	.....	...	2
Eye conditions	...	...	...	...	...	1
Skin diseases...	...	...	...	...	...	10
Ear defects	....	...	...	...	...	5
Nose and Throat defects	...	...	...	...	...	1
Other conditions	...	...	...	...	...	15
Total						34

CLEANLINESS. Routine cleanliness surveys are sometimes conducted at the same time as the nutritional surveys. Occasionally a school is visited for the purpose of carrying out a special cleanliness survey. The numbers found to be infested at these surveys are augmented by others at periodic or special medical inspections. While the onus of cleansing is upon the parents - and children found to be infested are followed up until the school nurse is satisfied that they are clean - a certain number are treated at the school clinics with a D.D.T. preparation.

During the year, 33,925 inspections were made at these cleanliness surveys, and 1,304 instances of infestation found, a percentage of 3.84. This number refers to individual children, as, however many times a child is found dirty in the year, it is only recorded as one dirty child. There are many instances of recurrent infestations in the same children, and these persistent offenders provide the School Health Service with one of its most pressing problems.

Obvious dirtiness of the skin is dealt with largely by the teachers, as well as by the nurses at their inspections. Shower baths are available at a number of the schools and these are most helpful in maintaining the standard of bodily cleanliness.

FOLLOW-UP. This is a very important duty of the school nurses, without which a good deal of the value of inspection and treatment would be lost. Besides visiting the schools for many and varied purposes the school nurses visit the homes for the purpose of:-

- (1) Following-up cases requiring treatment or ceasing prematurely to attend the clinics.
- (2) Interviewing parents concerning unsatisfactory conditions found at the school cleanliness surveys.
- (3) Visiting children to ensure that satisfactory progress is maintained after treatment.
- (4) Miscellaneous visits.

During the year the school nurses paid 5,742 home visits for the above purposes.

TREATMENT

RINGWORM. The number of cases of ringworm of the scalp treated during the year was 2. One of them was 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
1948	7	6

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 8,027. Following is an analysis of this figure:-

External Eye Diseases	673
Minor Ear Defects	574
Skin Diseases	1,152
Miscellaneous Defects	5,628

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

<u>Clinic</u>	<u>New Cases</u>
Stratford	3,165
Balaam Street	2,640
Rosetta Road	2,129

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	11,873
Balaam Street	13,158
Rosetta Road	8,190
Total	<u>33,221</u>

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 1949 the usual routine work was carried out in the Ophthalmic Clinic.

Refractions constitute a large part of the work and 1,521 such examinations were made and 1,265 prescriptions for glasses given during the year. Some of the children examined were already wearing suitable glasses, others had only a small error not causing trouble so glasses were not advised, and 165 children examined were found to have no refractive error.

Many short-sighted children are seen twice during the year and those with a high degree of myopia are advised to attend even more frequently. Among the children refracted 406 were found to be myopic and only 5 of such slight degree as not to require glasses when first seen. The number of myopes re-inspected during the year was 226.

The group of children who make the most frequent attendances at the Eye Clinic are those with squint, including those whose eyes are straight with glasses or after a course of orthoptic treatment and/or operation. Among the cases refracted 400 were classed in this group, but 629 such cases attended for re-inspection, making 1,568 attendances.

The orthoptic examinations were carried out by Miss Martin who was full time orthoptist until the end of November and thereafter part time, doing 6 sessions per week. Cases seen by her included those for orthoptic examination and report only, as well as children having occlusion treatment or full orthoptic training. She saw 401 school children who made 3,429 attendances during the year.

The number of children admitted to Whipps Cross Hospital for operation for strabismus during the year was 70, but this figure included 6 children under school age. In several cases, owing to large angle of squint, two operations were found to be necessary, so 76 squint operations were performed on the children from the West Ham Ophthalmic Clinic.

Children also attended the Eye Clinic for treatment of external eye diseases, and 513 such cases were seen, making 1,113 attendances.

A few children examined had special conditions, not belonging to any of the above groups, twenty one such cases were found and included 6 cases of congenital cataracts and several with lesions of the fundi.

Many additional attendances of children at the Eye Clinic are due to the Health Service regulations requiring forms for repair of broken glasses, and very rarely a day passes without one or more attending because they have broken their glasses.

Apart from the 6 operations of children under school age the above figures apply to school children only, but children referred from the Child Welfare Department were also seen and treated in the Eye Clinic. There were 106 new cases seen during the year which, along with others, numbered 183 and made 706 attendances, and 83 prescriptions were given for glasses. Some of the children from the Welfare Department were suitable for orthoptic treatment and 65 children were seen by the Orthoptist and made 242 attendances.

DEFECTIVE COLOUR VISION. The Ishihara Test for the detection of this defect has only been carried out in the case of children attending grammar and other higher schools, for boys who have entered for Sea Training Scholarships, and for those children who propose entering services where correct colour discrimination is necessary. Defective colour vision is of fairly frequent occurrence in males - about one in every 20 being affected, but is much less common among girls. It is such a severe handicap in certain occupations that it is clearly in the child's interests that it should be discovered before his career is decided. At the examinations held at the Grammar and Technical Schools and in connection with the examination of boys for Sea Scholarships, the following results were obtained:-

	<u>Number</u> <u>Examined</u>	<u>Number</u> <u>Defective</u>	<u>Percentage</u> <u>Defective</u>
Boys	1,666	91	5.46
Girls	700	None	-

The Royal College of Surgeons continued their special 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. The results of this survey have taken some time to work out and are not yet available. It is hoped that some interesting information will be included in my report for 1950.

EAR, NOSE AND THROAT DEFECTS: DEFECTIVE HEARING. The specialist Ear, Nose and Throat clinics established in 1947 have proved a marked success and have kept the surgeon in charge very fully occupied.

The total number of tonsil and adenoid operations known to have been performed during the year was 146 (as against 418 last year). In addition, 145 children (as against 123 last year) were treated non-operatively. As pointed out by Mr. Scott in his report it has not been possible to obtain reliable figures of tonsil and adenoid operations this year and doubtless other children have been treated without coming to our notice. These statistics do however undoubtedly indicate a real reduction in the number of operations performed, doubtless, owing to the long period of suspension of treatment during the prevalence of poliomyelitis. The problem of obtaining accurate figures under the new regime introduced by the National Health Service still remains to be solved. Five hundred and seventy four children (567 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 55.

REPORT ON THE WORK OF THE EAR, NOSE AND THROAT CLINICS, 1949

by Mr. C. J. SCOTT, M.B., Ch.B., D.L.O.

The Ear, Nose and Throat Clinics in the Borough of West Ham were continued on similar lines to previous years and the sources of supply of patients were similar.

There were no outstanding problems during the year and the attendances on the whole were satisfactory.

The accompanying chart shows an analysis of the cases seen. While it is not possible rigidly to separate the cases into exact groups, the chart is concerned with the particular affection in each case.

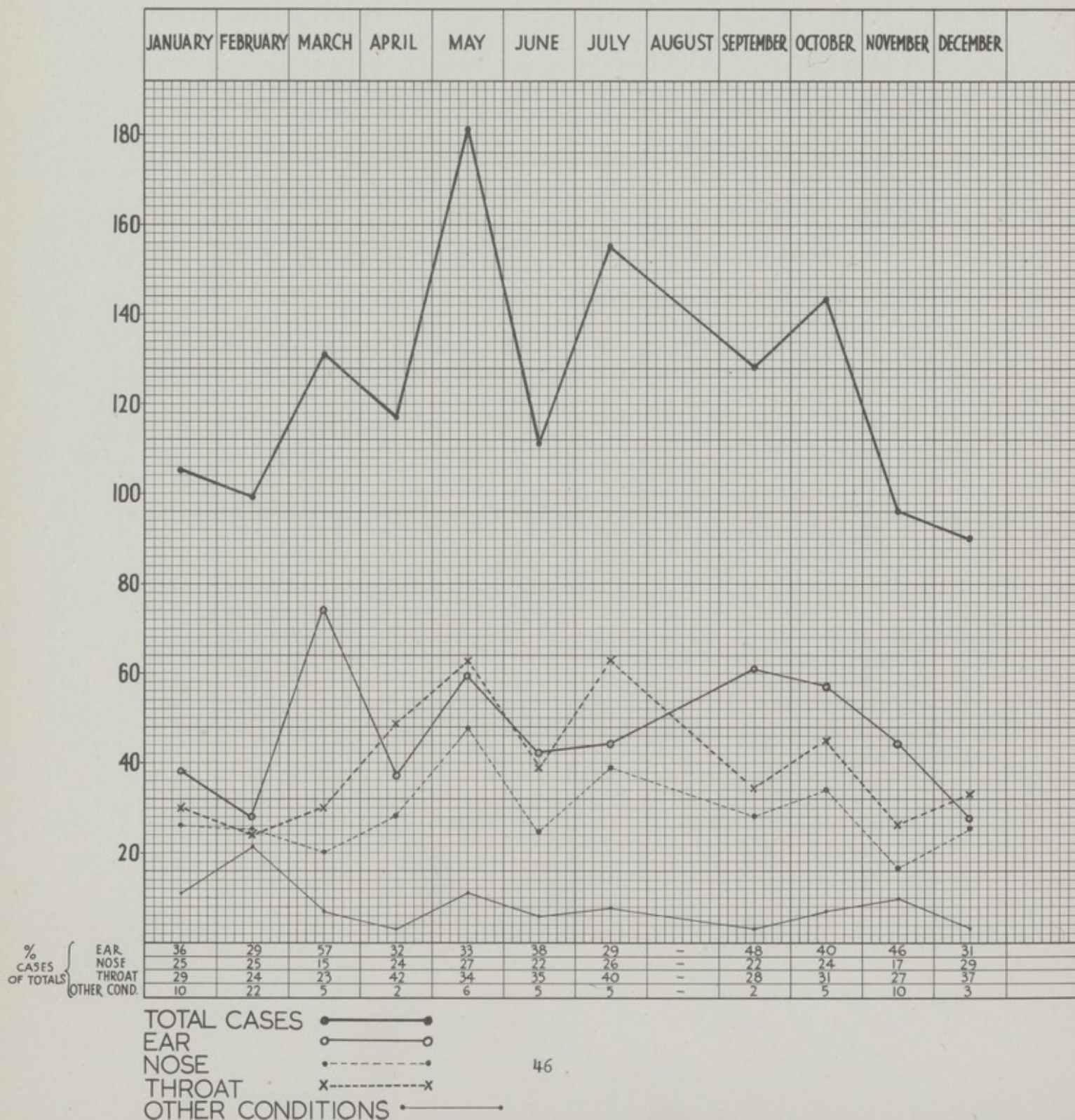
There was a marked rise in the number of ear cases examined in the month of March. As quite a large number of these are cases of secretory otitis media, the possibility of an allergic factor operating is significant, and a comparable investigation in 1950 will be worth while.

It was not possible to determine the number of West Ham school children who had operations for tonsils and adenoids in the hospital owing to a change in the recording system.

COUNTY BOROUGH OF WEST HAM

EAR, NOSE & THROAT CLINICS

YEAR 1949



Statistical Analysis.

Total new cases examined during the year:	555
School Children	478
Maternity & Child Welfare	77
Number of attendances:	1,987
School Children	1,813
Maternity & Child Welfare	174
Referred for Ts. and As. operations:	210
School Children	182
Maternity & Child Welfare	28
Referred for other Operations (School Children):	6
Number Discharged:	584
School Children	511
Maternity & Child Welfare	73

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 1949 the number of children treated as out-patients was 304 with a total attendance of 3,038 and, in addition, 14 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. Under the Ministry's classification all conditions of the heart and circulation are grouped together under one heading. The bulk of these conditions consist of cases of anaemia. The total recommended for treatment numbered 172 and for observation 85. The following analysis separates the true organic heart defects from the less serious defects -

	<u>Requiring Treatment</u>	<u>Requiring Observation</u>
Organic heart cases	44	52
Functional conditions	20	19
Anaemia	108	14

Among the school children referred to the paediatrician for opinion for the first time during the year, 35 had a heart murmur which was considered of no significance and could be ignored; 29 had a cardiac defect, and the majority of these had been previously recorded by the school doctors.

The 44 cases of true organic heart disease were dealt with as follows:-

Recommended for admission to Heart Hospital Schools	4
Recommended for admission to Day Special Schools	2
Under observation at School clinics by area doctors	37
Out of school	1

During the year 1949 the number of children treated as inpatients in special heart schools was 12.

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	5
Number of discharges during the year	9
Number of cases ascertained during the year	3
Highest number under treatment during any one time (January)	9
Number of cases in Heart Hospital Schools at end of the year	3

REPORT ON THE WORK OF THE PAEDIATRIC CLINIC.

by Dr. E. Hinden, M.D., M.R.C.P.

The work of the Consultative Clinics has continued at the West Ham Centre and at the Rosetta Clinic. As previously, the bulk of the children are referred by the School Medical Officers, but many babies are sent from the Infant Welfare Centres for a second opinion, and others come at the request of other of the Council's specialists, such as the E.N.T. surgeon and the Eye doctor. Occasionally it is the child's family doctor who asks for the child to be seen - and this procedure has shown a welcome tendency to increase, during the course of the year.

Pathological investigations are carried out at Whipps Cross Hospital, and X-ray examinations at St. Mary's Hospital, Plaistow. These diagnostic procedures are of the greatest importance in assessing the health of the children seen at the Clinics, and I am indeed grateful to the hospitals concerned for their valued help. In addition, many children have been admitted from the Clinics to the wards at Whipps Cross Hospital, and this ready transfer of patients for hospital investigation is of the utmost assistance in curing disease. It is also invaluable in estimating whether disease is present or not. This question is continually posed in suspected rheumatic fever. It is often quite impossible to be sure, after an ordinary clinical examination, whether a child suffering from limb-pains, has active rheumatism or not: but a few days in hospital, using all ancillary diagnostic procedures, will usually supply the answer.

The "Triple Form" for referring patients to the Clinics has been used during the past year. This form, elaborated by the Medical Officer of Health and adopted by the Borough, after consulting the General Practitioners, is a method whereby both the school doctor referring the child, and the patient's family doctor, are informed of the interview and of the specialist's recommendations. Since the introduction of this form, no treatment is given at the Consultative Clinics: but the child's family doctor is informed of any recommendations made, and the decision is then his whether he orders it or not.

Opportunity was taken to visit the Council's special schools, including the Open-Air School at Fyfield.

Statistics relating to the work of the clinic follow:

	<u>Rheumatic.</u>	<u>Nutritional</u>	<u>General Consultative</u>
Number of new cases seen	79	15	128
Total attendances	221	35	325
Number admitted to Hospital	21	-	17
Number recommended for Open Air School or other special educational treatment.	1	3	16
Number referred to other special clinics	6	3	26
Number discharged during year.	47	6	105
Number under observation at end of year	61	18	96

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	20
Number of school children referred by General Medical Practitioners	59
Number of school children examined as contacts	115
Number of school children found to be suffering from tuberculosis... ..	9

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

Pulmonary:

Effusion	1	
Lung primary	2	
Hilum Glands	1	
	<hr/> 4	(2 were admitted to institutions)

Non-Pulmonary:

Ankle	1	
Hip	1	
Glands	3	
	<hr/> 5	(2 were admitted to institutions)

SCABIES. There was a further substantial decline in the number of cases of this disease during the year. Even allowing for differences in population, it now appears to have fallen below the average pre-war incidence. It is too early yet to say whether this is likely to be a permanent improvement in the situation, or just part of the variations to which this infection has been notoriously prone in the past. 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
1949	125

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 44.

REPORT ON THE WORK OF THE SCHOOL DENTAL SERVICE

By Mr. J.H. Glen, L.D.S.

The combining of the two services, the Maternity and Child Welfare Service with the Education Service in July 1948, made it possible with the permission of the committees concerned, to transfer the use of buildings and equipment to the benefit of both services. With the small staff available, it was decided in the beginning of 1949 that as the Maternity and Child Welfare Clinics at Maybury Road, Forest Street and Grange Road were convenient for surrounding groups of schools, that they should be used for the treatment of school children. For this reason the dental rooms at the Balaam Street Clinic were vacated and handed back to the School Medical Service, and the work previously done there transferred to Grange Road Clinic. At the same time, part-time attendance was made by the Dental Officers for four sessions a week at each of the remainder of the Council's Clinics.

The arrangement worked well, and proved to be a considerable advantage to the parents in the provision of "a nearest to their home" treatment centre; until the resignation of Mr. McNamara in June. There was then no alternative but to close all of the clinics in the Borough except the three surgeries provided in West Ham Lane, to which the three remaining Dental Surgeons retreated.

No school inspections are now possible and only restricted service can be provided in accordance with the recommendation of the Minister of Education, that those children who attend the clinic in need, or with a request for treatment, should be given as complete service as the facilities provided in the area will allow. It was in this manner that the provision of dental treatment for school children was carried out until the end of the year.

A tabular summary of the work of this service appears in appendix No.5, pages 68-70.

SPEECH DEFECTS. The Chief Assistant School Medical Officer continued to make periodic visits to the speech clinic in order to assist the speech therapist in any difficulties which might arise in her work. During the year 21 visits were made to the Credon Road Clinic, and 6 visits to the Grange Road Clinic, which is held only one session a week. A number of cases were referred to the Aural Specialist for nose and throat conditions and for the possibility of partial deafness existing. A few cases were recommended for a stay at the Pyfield Open-Air School, and often marked improvement occurred. Occasionally a child is seen at the speech clinic who is attending the Child Guidance Clinic also, and in such a case it is advisable for the speech therapist to attend the case conference. There is complete co-operation between the speech clinic and the various specialist officers. The Chief Assistant School Medical Officer acts as the liaison officer between the speech therapist and these various specialist officers.

One girl was admitted to the special residential school for Speech Defects at Moor House Special School, Hurst Green, Oxted, Surrey, and the Authority accepted responsibility for the maintenance of one boy at the same school.

REPORT ON THE WORK OF THE SPEECH CLINIC

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

There have been no great changes at the Speech Clinic during 1949. Clinics have been held as usual at Credon Road and once a week at Grange Road Maternity and Child Welfare Clinic. Children at the Elizabeth Fry Special School who require speech therapy, receive treatment once a week at the school.

Statistics:

Children who attended the clinic	138
Regular attendants	106
Stammer	50
Dyslalia	63
Cleft palate	3
Sigmatism	10
Hyperrhinolalia	5
Mild deafness	5
Spastic	2
Discharged improved	58

Several children have been referred to Mr. Scott, the Aural Surgeon, for examination. Five children received treatment at the Child Guidance Clinic.

During the year two children, both girls, have been accepted for Moor House Residential School for Children with Speech Defects. It is hoped there will be vacancies for them early in 1950. One of the children has a cleft palate, the other is a severe case of dyslalia. It was felt that, owing to their home conditions, and the severity of their defects, they would not make satisfactory progress at the Speech Clinic.

CHILD GUIDANCE. Child guidance work, compared with other branches of school health work, is a comparatively recent development. It has as its aim the investigation and treatment of children with the following types of problems.

1. Nervous disorders, comprising such conditions as fears, shyness, daydreaming, depressions and emotional instability.
2. Habit disorders, comprising such conditions as speech difficulties, food disorders, enuresis and restlessness.
3. Behaviour difficulties, comprising such conditions as irritability, temper tantrums, aggression and unmanageability.
4. Delinquency, comprising pilfering and truancy.
5. Educational difficulties, other than those arising from mental deficiency, which is not a proper subject for child guidance; they comprise such conditions as educational retardation, special disabilities, and children needing educational guidance.

The work is closely woven with many other sections of the Authority's medical and educational service and there is close co-operation with the Probation Officer. This introduction has again been included as the work of the Clinic is still not sufficiently well known. The following report has been obtained from Dr. T.P. Riordan, the Medical Director of the Child Guidance Clinic.

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

by Dr. T.P. Riordan, M.D., B.Ch., D.P.M.

As the table of statistics amply illustrates the nature and extent of the activities of the Child Guidance Clinic during the year 1949, it remains but to draw attention to those special features of the year's experience which appeared of importance in determining the effectiveness of the Clinic as an instrument for the prevention and treatment of child problems.

At the beginning of the year the Clinic was burdened by a large waiting list. This was discouraging to all concerned and the inevitable delay of months between the development of the behaviour problem and its investigation and treatment had many undesirable consequences. Sometimes interest in procuring Child Guidance waned because a child made transient improvement during the protracted waiting period. Often the delay seemed of critical importance in determining the difficulties encountered during subsequent treatment. The early reduction of the waiting list was, therefore, a matter of some urgency. At first, by careful screening of cases with regard both to their urgency and need of full Child Guidance Service and by increasing the number of psychiatric sessions, its harmful effects were minimised. Later when the Child Guidance team was completed by the appointment in May, 1949 of a part-time Psychiatric Social Worker (Mrs. Kelly) it was reduced substantially. A waiting list of 75 on 1st January 1949 became 23 on the 31st December 1949.

A considerable wastage of treatment time was occasioned by failure of children to keep psychiatric appointments. Some 26% of appointments made, failed. This figure seems far in excess of the normal expectation of failures and may be partly related to the high percentage of mothers in this area who go out to work. It may be possible to reduce it by increasing the amount of time which the Psychiatric Social Worker may allot for home visiting.

With regard to treatment, a larger number of cases was dealt with during the past year than in previous years. This was in some measure due to the policy of treating every case in which even minor degrees of improvement seemed possible. Many children whose intellectual level was so low as to limit the effectiveness of psychotherapy came within the treatment group. In fact the majority of the children whose intelligence was assessed by the Educational Psychologist were below average in their intelligence rating. In consequence any appraisal of the results of treatment had to take into consideration, the limiting factor of native endowment, and also the presence of irremediable environmental stresses in each case. Only time and careful follow up studies can confirm the clinical impressions gathered during the year. In general it appeared that young children responded more rapidly and favourably to treatment measures. Also the parents of young children appeared to be able to co-operate more fully and understandingly in carrying out the advice of the Clinic. On the other hand treatment of the 8 to 12 age group was often protracted and unproductive. Usually there were more setbacks, and the parents of this group, despite their determination to be helpful, often appeared to have great difficulty in appreciating and fulfilling the emotional needs of their children. Group therapy was found to be of great value for certain children, and was used at some stages in the treatment of many. A number of play groups, covering different age groups, and ministering to known personality needs, were organised by Miss Frankford during the year. They provided an invaluable treatment measure.

As the effectiveness of the Child Guidance service depends largely on the early detection, and early treatment of child difficulties, measures to ensure the achievement of these aims should be considered an essential feature of the future policy of the West Ham Child Guidance Clinic. If the waiting list is to be maintained at a negligible figure, the Educational Psychologist should be available for clinic work for a greater number of sessions than is at present possible, and a full-time Psychiatric Social Worker should be appointed. Use of the services of the Child Guidance Team on a wider scale for the dissemination of the principles of mental hygiene amongst the parents, teachers and doctors of the area, would be of great prophylactic value and would help towards the early detection of behaviour disorders in children.

<u>STAFF</u>	Psychiatrists :	Dr. Riordan. Medical Director (appointed Spring 1949)
		Dr. Somerville.
		Dr. Matheson (Until June 1949)
		Dr. Glancy.
		Dr. Easton.
	Psychologist:	Miss Frankford.
	Psychiatric Social	
	Worker:	Mrs. Kelly. On loan from National Association for Mental Health since 16th May, 1949. Services divided between Child Guidance Clinic and Mental Health Services, under National Health Service Act..

STATISTICS.

Interviews at clinic -	
Psychiatric Interviews	614
Appointments made with Psychiatrists	849
Psychologist's Interviews	495
Psychiatric Social Worker's	253
Interviews outside the Clinic -	
School visits by Psychologist	84
Home Visits by Psychiatric Social Worker.	44
Other Visits by Psychiatric Social Worker.	4
* Cases newly referred	123
* Cases carried over from 1948 waiting list -	75
Total No. Children seen in 1949. viz.	
1949 cases	140
1948 Treatment cases	14

* Disposal:	
Never attended	35
Attended for testing only	20
Diagnosis & Advice only	13
Tested, awaiting Diagnosis	6
Under Treatment	50
Diagnosed awaiting treatment	5
Closed, adjusted or improved	15
Closed before end of treatment	31
Waiting List	23

Special Recommendations -

Educationally Subnormal School	7
Hostel or Boarding School for maladjusted children	1
Hostel for Educationally Subnormal Boys	1
Reports to Juvenile Court	4
Residential Speech Therapy School	1
Residence in Children's Home	1
Residential Open Air School	1
Special Class in ordinary School	1
Residential Special Educationally Subnormal School	1

Sources of Referral -

Educational Psychologist	2
School Medical Officer	54
Maternity & Child Welfare	8
Hospitals	7
Private Doctors	7
Teachers	20
Children's Dept. for Juvenile Court.	2
Probation Officer for Juvenile Court.	1
Probation Officer.	7
Chest Clinic.	5
Parents.	3
Education Department	2
Others	5

Sex of Children Referred in 1949:

Boys	83
Girls	40

Ages -

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

Intelligence of all children tested -

Below average	51 (including Educationally subnormal)
Average	41
Above average.	8

Reason for Referral:

1. Nervous Disorders:

Fears	6
Seclusiveness	3
Depression	4
Excitability	1
Apathy	1
Obsessions	-

II. Habit Disorders and physical symptoms:

Speech	1.
Sleep	2.
Movement	-
Feeding	-
Nervous pains	-
Excretory	18
Fits	2
Physical disorders	1

III. Behaviour Disorders:

Unmanageable	20
Tempers	4
Aggressiveness	8
Jealous	-
Demanding attention	1
Stealing	16
Lying	-
Truancy	1
Sex difficulties	3

IV. Educational Difficulties:

Backwardness	9
Intelligence Quotient	16
For opinion concerning placement	2

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	Nil
Number in Residential Special Schools at end of year.	6

PARTIALLY SIGHTED

Number known to the Authority	50
Number ascertained during the year	3
Disposal of ascertained cases:	
Admitted to Day Special School	1
Admitted to Residential Special School	1
Out of School (awaiting admission to Residential Special School)	1
Position at the end of the year:	
In day special schools	12
In residential special schools	5
In ordinary schools	32
Out of school	1

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.

Number ascertained during the year:	
deaf	2
partially deaf	8
Disposal of ascertained cases:	
Admitted to Day Special School(deaf)	2
Admitted to Day Special School (partially deaf)	2
In ordinary schools (partially deaf)	6
Number known to the Authority at the end of the year:	
In residential special schools (deaf)	2
In day special schools (deaf)	21
In day special schools (partially deaf)	7
In ordinary schools (partially deaf)	27

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	73
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Disposal of ascertained cases:

In ordinary schools	44
Recommended day special schools	22
In residential special schools	4
Awaiting admission to Residential Special Schools	1
Left District	2

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

In ordinary schools	86
In day special schools	* 156
In residential special schools	* 25

- * Includes 18 who are resident in the Romford Road Children's Home and attend Day Special Schools.

Fresh admissions to special schools during the year:

In day special schools	* 38
In residential schools	* 7

- * Includes 5 children resident in Romford Road Children's Home and attending Day Special Schools.

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 School Health Service, with its unrivalled opportunities, should have, if ascertainment were thorough, an answer to the question of the incidence of epilepsy in school children. It is generally agreed that about 1 to 2 per 1,000 children under the age of 16 years suffer from epilepsy in some degree. The majority of these will be found in the ordinary schools with only a few, if any, restrictions on their activities. They should receive regular treatment from their own doctor or from a clinic or hospital out-patient department. With regard to the remainder about 0.3 per 1,000 will require education in boarding special schools for epileptics. A few are to be found in day special schools for educationally subnormal children. The number of non-ascertained cases of epilepsy known to the Authority is 23. The work relating to ascertained cases of epilepsy during the year may be summarised as follows:-

Number of ascertained cases known to the Authority	13
Number of cases in residential special schools	11
Number out of school	2
Number of fresh ascertainments during the year	3
Disposal of these cases:	
Admitted to Residential Special School	1
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. The treatment of tuberculosis in hospital schools is now the responsibility of the Hospital Boards and complete information relating to West Ham children could not be obtained. The following figures set out the position regarding physically handicapped children in the Borough in the year 1949:-

Total number known to the Authority:

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

Heart Cases	32
Cripples	38
Miscellaneous	24

Physically Handicapped Children in Residential Special Schools and Hospital Schools:

Heart Cases	12
Cripples	12
Miscellaneous	2

Physically Handicapped Children in Day Special Schools:

Heart Cases	19
Cripples (non-tubercular conditions)	26
Miscellaneous	20

Out of school cases:

Heart Cases	1
Miscellaneous	2

Fresh Ascertainments during the year:

Heart Cases	7
Cripples	5
Miscellaneous	13

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 pages 61 and 62.

The number of children ascertained as delicate during the year was 211, and their disposal was as follows:-

Admitted to Fyfield	154
Admitted to other Residential Special Schools	23
Refused to go away	17
On waiting list at end of year.	17

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 21, of whom 3 were in Residential Special Schools.

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. Four such children were known to the School Health Service in 1949. All were in the London County Council Diabetic Unit at Hutton. Three were discharged during the year and one ascertained and admitted.

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 63 and 58 were considered as no longer belonging to this category. The number on the records at the end of the year was 132. Two children were in Residential Special Schools. An account of the work of the Speech Clinic appears on pages 49 and 50.

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 1949 the number of cases known to the Authority was 2.

The particulars are as follows:

1 boy, aged 15 years and 1 girl aged 12 years, both totally deaf and educationally sub-normal, in Rayner School, Penn. Bucks.

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

SPECIAL SCHOOLS.

The special schools for which the Authority is responsible are shown here-under:

<u>Name of School</u>	<u>Purpose for which used.</u>
Gurney	Educationally sub-normal
Elizabeth Fry	Educationally sub-normal & Physically Handicapped.
West Ham School for the Deaf.	Deaf and Partially Deaf.
Fyfield Residential Open-Air School..	Delicate Children.

ELIZABETH FRY AND GURNEY SPECIAL SCHOOLS.

These two Schools are considered together because the separation of function which is proposed under the Development Plan whereby Elizabeth Fry becomes a school solely for physically defective children, and Gurney 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 49 and 20 extra-district children.

EDUCATIONALLY SUB-NORMAL CHILDREN. During the year 38 West Ham children and 2 extra-district children were admitted to the two schools by reason of educational retardation, and 29 West Ham children and 5 extra-district children left. The West Ham leavers were dealt with as follows:-

Five left at 16 years. No action.

Nineteen were notified to the Local Mental Deficiency Authority, 7 under Section 57(3) and 2 under Section 57(4) and 10 under Section 57(5) of the Education Act 1944.

One was admitted to a residential special school.

Two removed from the district.

Two were allowed to return to ordinary schools.

Of the 5 extra-district children, 3 left school on attaining the age of 16 years, and 2 were found unsuitable for further education.

Physically Handicapped Children.

During the year 21 children were admitted to the Elizabeth Fry Special School on account of a physical handicap, including 4 extra-district children; 12 West Ham and 3 extra-district children left the school.

The West Ham leavers were disposed of as follows:

Returned to ordinary school 7

Left school at 16 years and reported to the Youth

Employment Officer as Disabled Juveniles. 5

An analysis of the causation of defect in 77 West Ham cases and 16 extra-district cases which were in the Elizabeth Fry Special School during the year 1949 is set out below:

<u>Defect</u>	<u>West Ham</u>	<u>Extra-District</u>
Heart conditions	19	5
Paralysis	13	3
Quiescent T.B. bone & joint defects	12	2
Spastic conditions	7	3
Amputations	3	-
Haemophilia	3	-
Spina bifida	-	1
Miscellaneous conditions.	20	2
	<u>77</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 the Gurney Special School, has accommodation for 18 educationally sub-normal boys with behaviour difficulties or other circumstances rendering it advisable for them to leave their own homes. Periodic visits of inspection are made by the Chief Assistant School Medical Officer, who reports most favourably both on the general cleanliness of the Home and the well-kept condition of the children. During the year 16 such visits of inspection were made. The Home is in charge of a married couple, who act as Superintendent and Matron respectively. They are both most interested in the work and devote considerable time and energy to the welfare of the children, and achieve much success in their endeavours to provide a real family atmosphere. A number of old boys visit the Home to renew acquaintance with the Superintendent and the Matron. There can be little doubt that the boys have received much benefit from their residence there.

West Ham School for the Deaf.

The capacity of this school, which also takes children from East Ham and contiguous areas of Essex, is 70, and the maximum number of children on the roll during the year was 71 including 41 extra district cases. It is anticipated that the accommodation will be increased under the Development Plan. Of the 71 children in attendance during the year, 24 West Ham cases and 31 extra-district cases were regarded as deaf and 6 West Ham cases and 10 extra-district cases as partially deaf and suited for instruction with hearing aids. The admissions to and discharges from the school are set out below:-

Admissions.

	<u>West Ham</u>	<u>Extra-District.</u>
Totally deaf	5	2 East Ham 1 Ilford 8 Essex 1 L.C.C.
Partially deaf	3	1 East Ham 2 Essex 1 Barking

Leavers.

Totally deaf	2	2
Partially deaf	-	2

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 120 West Ham boys and 73 West Ham girls were admitted, and 102 West Ham boys and 80 West Ham girls were discharged. Twenty three extra-district boys and 18 extra-district girls were admitted and 30 boys and 23 girls were 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 172 who attended for examination, 148 showed continued improvement, but 24 children had not maintained their condition and were given the opportunity of having a further stay at the school. During the year the Chief Assistant School Medical Officer made monthly visits, with the exception of August. The number of re-inspections carried out at these visits during the year under review was 1,464 being 773 boys and 691 girls.

NURSERY SCHOOLS AND CLASSES. The Authority has had two nursery schools - the Rebecca Cheetham Nursery School in the north of the Borough and the Edith Kerrison Nursery School in the south, for many years. In October of this year, the Osborne Road Day Nursery was transferred to the Education Committee and became a Nursery School under supervision by the School Health Service. The children at nursery schools are examined quarterly, and those at Osborne Road Nursery School were examined in October and December. The following particulars relate to the examination of nursery school children:-

<u>Number examined</u>	<u>Individual children found defective</u>	<u>Percentage defective</u>
646	89	13.8

Using the Ministry of Education classification of general condition, the figures for the three nursery schools are as follows:-

<u>Number examined</u>	<u>Good</u>	<u>Percentage</u>	<u>Fair</u>	<u>Percentage</u>	<u>Poor</u>	<u>Percentage.</u>
646	332	51.4	293	45.2	21	3.2

Children attend these schools between the ages of 2 and 5 years, a period during which defects commonly make their appearance, and when, consequently, most can be done to prevent them. It is for this reason that medical inspections are carried out much more frequently than at other schools. The School Nurse also visits the schools frequently, so far as practicable, once a week. The defects which are most frequently found at these inspections are bronchitis and catarrhal conditions of the upper respiratory passages, and enlarged tonsils and adenoids. In addition to the three nursery schools, there are five nursery classes held at the following schools - Carpenters, Gainsborough, New City, Grove County Primary (Salway Place) and Tollgate. Every endeavour is made to carry out medical inspections on the same basis as at the nursery schools. The following figures relate to the medical inspections at these classes:-

<u>Number examined</u>	<u>Individual children found Defective</u>	<u>Percentage defective</u>
557	116	20.8

<u>General Condition.</u>						
<u>Number examined</u>	<u>Good</u>	<u>Percentage.</u>	<u>Fair</u>	<u>Percentage.</u>	<u>Poor</u>	<u>Percentage.</u>
557	220	39.5	296	53.1	41	7.4

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. One hundred and fifty-one children were sent to convalescent homes during the year.

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:-

<u>Completed course of primary immunisation</u>	<u>Refresher doses.</u>
797	2,064

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

<u>Completed course of primary immunisation</u>	<u>Refresher doses.</u>
56	76

These cases are all included in the figures quoted on page 6.

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 229. All were found fit to undertake employment. During the same period, 49 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 Youth employment Office when the child leaves school. This scheme has now been in operation for 14 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 13 reports were submitted on Form E.D.211 (D.P).

A P P E N D I C E S

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APPENDIX 1.
CAUSES OF DEATH IN AGE GROUPS - 1949. (as supplied by Registrar-General)

Cause of Death	All Ages		Deaths at different periods of life of residents (civilians). whether occurring within or without the district											
			Under 1 year		1-5 Years		5-15 Years		15-45 Years		45-65 Years		65 and Upwards	
			M	F	M	F	M	F	M	F	M	F	M	F
1. Typhoid & para-typhoid fevers
2. Cerebro-spinal fever
3. Scarlet fever
4. Whooping Cough
5. Diphtheria
6. Tuberculosis of respiratory system
7. Other forms of tuberculosis
8. Syphilitic diseases
9. Influenza
10. Measles
11. Acute Polio-myelitis and polio-encephalitis
12. Acute infective encephalitis
13. Cancer of buccal cavity & oesophagus (M) uterus (F)
14. Cancer of stomach and duodenum
15. Cancer of Breast
16. Cancer of all other sites
17. Diabetes
18. Intracranial vascular lesions
19. Heart disease
20. Other diseases of circulatory system
21. Bronchitis
22. Pneumonia
23. Other respiratory diseases
24. Ulcer of stomach and duodenum
25. Diarrhoea under two years
26. Appendicitis
27. Other digestive diseases
28. Nephritis
29. Puerperal and post abortive sepsis
30. Other maternal causes
31. Premature birth
32. Congenital Malformations, birth injury, infant diseases
33. Suicide
34. Road Traffic Accidents
35. Other violent causes
36. All other causes
TOTAL

PARTICULARS OF BODIES RECEIVED INTO STRATFORD MORTUARY
DURING 1949

Month.	Number Received	Males	Females	Over 5 years	Under 5 years	Sent in by Coroner	Sent in by Police	Sent in on Sanitary Grounds	No. of post- mortem examina- tions	Number of Inquests.
January	25	14	11	24	1	19	6	--	25	4
February	19	13	6	18	1	13	6	--	19	8
March	25	18	7	23	2	16	9	--	25	6
April	17	11	6	16	1	13	4	--	17	2
May	22	17	5	19	3	14	8	--	22	5
June	16	11	5	16	-	11	4	1	15	3
July	18	13	5	18	-	13	5	--	18	4
August	14	10	4	13	1	9	5	--	14	5
September	17	14	3	14	3	13	4	--	17	4
October	22	15	7	18	4	16	6	--	22	8
November	29	19	10	24	5	21	8	--	29	6
December	23	16	7	21	2	21	2	--	23	--
TOTAL;	247	171	76	224	23	179	67	1	246	55

APPENDIX .3

Table shows Infantile Deaths (Under 1 year of age.)

Cause.	Number of deaths.
Whooping Cough	4
Measles	1
Bronchitis	2
Pneumonia	10
Diarrhoea	3
Other digestive diseases	1
Prematurity	21
Congenital malformations, birth injury, infant diseases	31
Other violent causes	4
All other causes	1
Total (all causes)	78

APPENDIX .4

STATISTICS RELATING TO SCHOOL HEALTH SERVICE

COMPARISON OF CERTAIN TYPES OF WORK

CARRIED OUT IN THE YEARS 1947, 1948 & 1949.

School population - 1947: 25,673; 1948: 26,507; 1949: 27,027

TYPE OF WORK	Number of cases dealt with.		
	1947	1948	1949
Periodic Medical Inspections...	6,834	10,340	11,583
Special Inspections and Re-inspections ...	14,295	16,847	15,029
Inspections at Nursery Schools and Classes ...	959	946	1,203
Nutrition Surveys by School Nurses...	22,369	18,424	14,374
Uncleanliness Inspections by School Nurses ...	32,728	38,793	33,925
Minor Ailments treated at the School Clinics ...	7,936	8,626	8,027
Attendances at Minor Ailments Clinics ...	38,443	36,165	33,221
Tonsil and Adenoid Operations performed ...	273	418	146
Orthopaedic Defects treated at Orthopaedic Clinic ...	154	179	304
Cases treated at the Light Clinic ...	123	86	44
Admissions to Fyfield Open Air School ...	201	277	234
Re-inspections at Fyfield ...	1,091	1,444	1,464
Re-inspections of children on return from Fyfield ...	163	211	172
Children examined for Employment ...	127	92	229
Children examined for Entertainments. ...	16	28	49
Children admitted to Convalescent Homes ...	310	301	151
Children ascertained for Speech Defects ...	96	79	138
Children referred for Child Guidance treatment...	127	144	154
DENTAL WORK			
Children treated ...	5,043	5,001	4,986
Number of fillings:			
Permanent teeth ...	5,744	5,463	1,725
Temporary teeth ...	3,839	2,759	2,108
Number of extractions:			
Permanent teeth ...	895	1,364	1,523
Temporary teeth ...	8,698	9,202	7,095
Administrations of general anaesthetics ...	1,750	2,066	2,181
Other operations:			
Permanent teeth ...	1,117	1,465	2,691
Temporary teeth ...	221	176	2,313
Number of Orthodontic cases treated..	153	258	224

The figures for 1948 and 1949 include Grammar Schools.

SCHOOL HEALTH SERVICE

STATISTICS RELATING TO INSPECTION AND TREATMENT OF
PRIMARY AND SECONDARY SCHOOL PUPILS, 1949

TABLE I.

Return of Medical Inspection.

A. Periodic medical inspection:

Code Group	No. examined.
Entrants	3,522
Second age group	2,635
Third age group... ..	2,572
Total	<u>8,729</u>
Other periodic inspections	<u>2,854</u>
Grand Total	<u>11,583</u>

B. Other inspections:

Number of special inspections and re-inspections	15,029
--	--------

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.	%
8,729	2,922	33.48	4,922	56.38	885	10.14

TABLE III.

Defects Treated under the Authority's Scheme.

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

Total number of defects treated, or under treatment during the year under the Authority's Scheme	8,027
--	-------

Group 2.	Defective Vision and Squint (excluding minor eye defects):							
	Errors of refraction (including squint) ...	...	...	...	...	...	...	1,359
	Other defect or disease of the eyes (excluding minor eye defects) ...	...	...	...	...	...	...	<u>27</u>
	Total							<u>1,386</u>

	Number of children for whom spectacles were:							
	(a) Prescribed ...	...	...	...	...	...	...	1,265
	(b) Obtained ...	...	...	...	...	...	...	<u>1,020</u>

Group 3.	Treatment of defects of Nose and Throat:							
	Received Operative Treatment...	...	...	...	...	...	...	146
	Received other forms of Treatment ...	...	...	...	...	...	...	<u>145</u>
	Total number treated							<u>291</u>

TABLE IV.

Dental Inspection and Treatment

(1)	Number of children inspected by the Dentists:							
	(a) Periodic Age Group. ...	...	...	...	...	...	...	1,303
	(b) Specials ...	...	...	...	...	...	...	4,879
	(c) Total (Periodic and Specials)..	...	...	...	...	...	...	6,182
(2)	Number found to require treatment...	...	...	...	...	...	...	5,666
(3)	Number actually treated. ...	...	...	...	...	...	...	4,986
(4)	Attendances made by children for treatment	...	...	...	...	...	...	10,821
(5)	Half-days devoted to:							
	Inspection ...	...	...	...	...	...	...	9
	Treatment.. ...	...	...	...	...	...	...	<u>1,586</u>
	Total half-days							<u>1,595</u>
(6)	Fillings:							
	Permanent teeth..	...	...	...	...	...	...	1,725
	Temporary teeth..	...	...	...	...	...	...	<u>2,108</u>
	Total fillings							<u>3,833</u>
(7)	Extractions:							
	Permanent teeth..	...	...	...	...	...	...	1,523
	Temporary teeth..	...	...	...	...	...	...	<u>7,095</u>
	Total extractions							<u>8,618</u>
(8)	Administrations of general anaesthetics for extractions ...							2,181

(9)	Other operations:						
	Permanent teeth...	...	...	...	...	...	2,691
	Temporary teeth...	...	...	...	...	...	2,313
							<hr/>
	Total of "other operations"						<hr/> 5,004

TABLE V

Verminous Conditions.

(1)	Total number of examinations of children in the schools by the school nurses..	33,925
(2)	Number of individual children found unclean	1,304

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