

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

Contributors

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ANNUAL REPORT

ON THE

HEALTH SERVICE

FOR THE YEAR

1950

BY

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

Medical Officer of Health and School Medical Officer



Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit my Annual Report on the Health Services of the Borough for the year 1950.

The population as estimated by the Registrar-General showed a small decrease from 173,700 in mid-1949 to 172,800 in mid-1950. It is, of course, too early to say whether this is the beginning of a recession from the post-war peak of 1948/1949, or how far it is likely to go, but it is an interesting trend in view of the optimum population figure of 165,000 which was accepted by the Council for planning purposes a few years ago.

The birth rate showed a further fall from 18.7 to 16.6 per thousand. This is still above the lowest pre-war level and although it has declined so far from the highest point of the post-war rise (26.8) it is not yet possible to feel confident that it is becoming stabilised. The infant mortality at 27.7 and the stillbirth rate at 22 are both higher than the record rates of the previous year, but as it is explained on page 35 there is reason to believe that these increases are probably no more than the anticipated fluctuations in the general downward trend. The death rate again remained low at 10.7 per thousand. A recorded increase in the maternal mortality to 1.7 was a little misleading since some of the cases on which it was computed were not related to childbirth, but were embraced within the Registrar-General's classification because pregnancy was a factor in the cause of the death: further details are given on page 35.

The experience of infectious diseases did not give rise to undue anxiety. West Ham shared the national prevalence of poliomyelitis, but of the 30 proved cases exactly half were non-paralytic and there was one death: adequate arrangements for the treatment of paralysis were made by the hospital services. Towards the end of the year it became clear that an epidemic of measles and whooping cough was beginning, but it had not fully developed and any further comment properly belongs to a later report. Beyond the observation that the diphtheria incidence remained at the same low level as in the previous year there was nothing else remarkable in this field of our service.

The Chief Sanitary Inspector has this year written a very full account of the work of the Sanitary Section. A personal commentary by the executive officer in charge can often show more clearly than any formal presentation, the kind of problems which are encountered by his particular branch of the service and how it makes its characteristic contribution to the public health. I am sure this one will be read with interest.

An important development arising from the Council's responsibilities as a Food and Drugs Authority was the formation of the Clean Food Advisory Association. Food infections have become much more prevalent in recent years and prevention lies largely in the adoption of clean methods, based on an understanding of the causes, at all stages of food handling from farm or factory to the table. It was felt that the co-operation of the food trade, and later the housewife, could best be secured by working out together some reasonable and effective standards of practice which could be authoritatively recommended. It was also hoped that the trade representatives might take an active part in a sustained educational Clean Food Campaign. The account on pages 14 and 15 tells of the very promising start which this venture has made.

In the reports of the personal health services a number of points deserve special notice. A new departure was the appointment of an Almoner under the Council's care arrangements to work principally in the Chest Clinic. His purpose is to help in the solution of those social difficulties which so often impede the recovery of tuberculous patients from their very long and tedious illness. A Psychiatric Social Worker was also appointed for

the first time for care and after-care work in the Mental Health Services. Their respective reports of their first few months' work will be found on pages 40-42 and 46-49. At this point I would like to interpolate a few words of appreciation of the invaluable services which were given by Mrs. E. Kelly who was temporarily seconded from the National Association of Mental Health while the department was without a Psychiatric Social Worker. From May, 1949, to September, 1950, she carried the burden both of the Child Guidance Clinic, which was also finding difficulty in filling a similar vacancy in its own establishment, and of the general Mental Health Service. We have good reason to be grateful for the able and devoted work which Mrs. Kelly did in laying the foundations of a new service on which she knew others would gain the satisfaction of building after she had gone.

Another new appointment was that of Audiometrician, whose function is to undertake the systematic testing of children's hearing while they are in their classes at school, and also to help with more specialised hearing tests at the Ear, Nose and Throat Clinic. An account of her work will be found on page 57.

This year also saw the opening of the Occupation Centre. Starting in a limited way it has gradually worked up to its capacity of 25 children, overcoming difficulties of organisation and material on the way. On the showing of these first few months it would seem to have a very promising future.

A development of a different kind very quickly proved its worth. Advantage was taken of the Health Visitor's unique position as health adviser to the families in her area to bridge the gap between the hospital and domiciliary services in the way which is described on page 37. It is becoming increasingly recognised that one of the urgent needs of the hour is to bring the three main branches of the Health Services closer together, and this particular step towards that end has met with the universal approval of all concerned.

Finally, I would draw attention to the account on page 42 of the highly successful course arranged for West Ham by the Central Council for Health Education. Health education in its best and broadest sense is likely to become one of the most valuable activities of Health Departments in their endeavours to raise still further the standards of public health, and this course provided a most stimulating introduction of the staff of the department to the difficult technique of conveying information in an acceptable manner.

It will thus be seen that 1950 was a year of progress. The preparations previously made, at the inception of the National Health Service Act and since, were beginning to bear rich fruit, and the widening compass of the services which can now be given to the citizens of the borough is a cause of deep satisfaction, not least to the staff of the Health and School Health Departments. None of this would have been possible without the sustained support of the Committees concerned, and the devoted efforts of my colleagues of all grades in all sections of the service. To them all I express my warmest thanks.

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

1950

Area of Borough	...	...	...	...	...	...	...	...	...	...	...	...	...	4,689 acres
Population (R.G.'s mid-year estimate)	...	...	...	...	...	...	...	...	...	...	...	...	...	172,800
Live Births	...	...	...	...	...	...	...	...	...	...	...	...	...	2,882
Birth rate (per 1,000 population)	...	...	...	...	...	...	...	...	...	...	...	...	...	16.6
Stillbirths	...	...	...	...	...	...	...	...	...	...	...	...	...	65
Stillbirth rate (per 1,000 total births)	...	...	...	...	...	...	...	...	...	...	...	...	...	22
Deaths	...	...	...	...	...	...	...	...	...	...	...	...	...	1,851
Death rate (per 1,000 population)	...	...	...	...	...	...	...	...	...	...	...	...	...	10.7
Deaths of infants under 1 year	...	...	...	...	...	...	...	...	...	...	...	...	...	80
Infant mortality rate (deaths per 1,000 live births)	...	...	...	...	...	...	...	...	...	...	...	...	...	27.7
Maternal deaths	...	...	...	...	...	...	...	...	...	...	...	...	...	5
Maternal mortality rate (per 1,000 live & stillbirths)	...	...	...	...	...	...	...	...	...	...	...	...	...	1.7

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	370	2.14	-	-
Diphtheria	4	0.02	1	0.006
Typhoid Fever	3	0.02	-	-
Para-typhoid	1	0.006	-	-
Measles	697	4.03	-	-
Acute Poliomyelitis (paralytic)	15	0.09	1	0.006
do. (non-paralytic)	15	0.09	-	-
Whooping Cough	817	4.73	-	-
Meningococcal Infections	9	0.05	5	0.03
Pneumonia:				
Acute, primary and influenzal	103	0.6)		
All forms	-	-)	96	0.55
Bronchitis	-	-	131	0.76
Tuberculosis:				
Respiratory..	158	0.91	68	0.39
Other forms	20	0.12	6	0.03
Cancer	-	-	325	1.87

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

SITE AND AREA. The County Borough of West Ham lies in the County of Essex within an area about 4 miles from north to south, and about 2 miles from east to west (4,689 acres). It is bounded on the north by the Boroughs of Leyton and Wanstead and Woodford, by the County Borough of 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 1950 was 172,800 - a decrease of 900 as compared with 1949.

BIRTH RATE. Live Births. The number of live births during the year was 2,882 (males 1,485 and females 1,397). This gives a rate of 16.6 per 1,000 total population; the rate for 1949 was 18.7. Illegitimate births accounted for 139, or 4.8 per cent. of all live births - the rate for 1949 was 4.5.

Stillbirths. There were 65 stillbirths (34 males and 31 females) giving a rate of 22 per 1,000 total births. This is a slight increase on the figure of 19 for 1949.

DEATHS. During the year 1,851 (males 968 and females 883) West Ham residents died, giving a crude death rate of 10.7 per 1,000 population. The death rate for England and Wales was 11.6 and for the 126 County Borough and Great Towns (including London) 12.3. The causes of death at different periods of life and distinguishing male and female are given in Appendix 1, page 79.

INFANT MORTALITY. The deaths of children under 1 year of age numbered 80 (males 51 and females 29) giving an infant mortality rate of 27.7 per 1,000 live births as against 23 for 1949. The rate for England and Wales was 29.8 and for the 126 County Borough and Great Towns (including London) 33.8. The list of causes of death can be found in Appendix 1, page 79 of this report.

MATERNAL MORTALITY. During the year there were 5 deaths from maternal causes giving a maternal mortality rate of 1.7 per 1,000 live and stillbirths as against a rate of 0.80 for 1948. The rate for England and Wales was 0.86.

INFECTIOUS DISEASES

TUBERCULOSIS. During the year 178 new cases of tuberculosis were notified. This represents a decrease of 31 cases as compared with 209 for 1949. The table below shows the incidence of this disease for last few years:-

<u>Year</u>	<u>Number of Cases of Tuberculosis</u>	
	<u>(Notified)</u>	
	<u>Respiratory</u>	<u>Non-Respiratory</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
1950	158	20

The number of deaths from all forms was 74, giving a rate per 1,000 of the population of 0.42 - respiratory (68 deaths) 0.39, and other forms (6 deaths) 0.03. The rates for England and Wales, and 126 County Borough and Great Towns, for all forms of tuberculosis were respectively 0.36 and 0.42.

TYPHOID AND PARA TYPHOID FEVERS. There were 3 cases of typhoid fever and 1 case of para-typhoid fever during the year. In only one of these was it possible to establish the source of infection and in this case the disease had been contracted outside the Borough. None of the patients died.

ERYSIPELAS. The number of cases of this disease notified during the year was 22 - (8 males and 14 females) giving a case rate of 0.13 per 1,000 of the population.

DYSENTERY. There were 16 cases of this disease notified during the year (8 males and 8 females), giving a case rate of 0.09 per 1,000 of the population.

GASTRO ENTERITIS AND DIARRHOEA. During the year the number of deaths from this disease was 10, of which only 2 occurred in children under one year of age.

PNEUMONIA. There were 103 cases (62 males and 41 females) of pneumonia - primary and influenzal - during the year giving a case rate of 0.60 per 1,000 of the population. The number of deaths from all forms of pneumonia was 96, giving a death rate of 0.55 per 1,000 of the population.

PUERPERAL PYREXIA. The number of cases occurring during the year was 35.

OPHTHALMIA NEONATORUM. There were no cases of this disease during the year.

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

Vaccination. Protection is offered in the Child Welfare Clinics on the same voluntary basis as immunisation against diphtheria. The response, however, is still disappointing, although there was an improvement on the figures for 1949.

Age at date of vaccination.	Number of persons vaccinated (or re-vaccinated)				
	Under 1	1 - 4	5 - 14	15 or over	Total
Number vaccinated	446	25	20	69	560
Number re-vaccinated	-	2	13	129	144

MENINGOCOCCAL INFECTION. There were 9 cases of meningococcal infections notified during the year, of which 5 patients died.

SCARLET FEVER. During the year 370 cases of scarlet fever were notified, this being a decrease of 67 on the previous year. The case rate per 1,000 total population was 2.14. There were no deaths from this disease in West Ham.

MEASLES. The number of cases of measles notified during the year was 697 - 353 in males and 344 in females. This compares with 1,964 cases notified during the previous year. The case rate per 1,000 of the total population was 4.03. There were no deaths. Since 1944 the annual notifications of measles have fallen below 1,500 on only one previous occasion, in 1946 when 850 cases of this disease were reported.

ACUTE POLIOMYELITIS. In accordance with regulations made by the Minister of Health, this heading now includes patients previously notified as suffering from acute polio encephalitis. Since January 1st, 1950, all cases of infection by the virus of poliomyelitis have been notified and recorded under the main heading of Acute Poliomyelitis. Each case is subsequently classified as paralytic or non-paralytic as determined by the progress of the disease.

Thirty cases occurred during the year as compared with 39 (acute poliomyelitis and polio encephalitis) in 1949. The case rate was 0.17 per 1,000 of the population. There were 3 severe paralytic cases and one of these died, eight cases showed a moderate degree of paralysis and in a further 4 this symptom was slight. Fifteen cases, half of those diagnosed, showed no paralysis.

The apparent increase in abortive cases, compared with 1949 when less than one third of the cases notified showed no paralysis, may indicate a lowered virulence of the infecting organism, but a more likely explanation is that increasing familiarity with the disease is leading doctors to diagnose and notify the condition in the early febrile pre-paralytic stage. It is in this stage that most can be done by prompt treatment and good nursing, to prevent the onset of paralysis or to minimise its severity.

Two cases occurred early in the year and should be properly considered as belonging to the 1949 epidemic.

The 1950 epidemic started in June when three cases occurred, and reached its peak in July (10 cases). There were 8 cases in August, 4 in September, and 2 in October. A further solitary case occurred in December. Although the epidemic started earlier this year than in 1949, it followed a similar pattern, showing a rapid rise to its peak followed by a slow subsidence over a period of several months. Since no particular area of the Borough showed any concentration of cases, it was not possible to establish the route by which infection was spread. When the disease is prevalent, however, there are many cases in which the patient has only trivial symptoms comparable with those of a common cold. Such patients often do not cease work or seek medical advice and may, therefore, be responsible for infecting others who develop the more serious form of the disease. Unfortunately there is at present no practicable method of detecting these mild cases or healthy members of the public who may carry the organisms in the nose, throat or bowel without themselves suffering any inconvenience.

The age distribution of cases was as follows:-

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>
0 -	1	1	9 -	1	1
1 -	1	-	10 -	5	2
2 -	-	-	15 -	1	-
3 -	1	1	20 -	2	-
4 -	-	3	25 -	1	1
5 -	2	-	30 -	2	1
6 -	2	-	40 -	-	1

DIPHTHERIA. It is pleasing to report that there were only 4 cases of this disease during the year. The case rate was 0.02 per 1,000 of the total population. This remarkably low figure was, however, marred by the fact that one of the patients, a child aged 1 year, died.

WHOOPING COUGH. During 1950 there were 817 cases of this disease - males 362 and females 455. The case rate was 4.73 per 1,000 of the population.

IMMUNISATION AGAINST DIPHTHERIA AND WHOOPING COUGH. The arrangements for immunisation continued to be by means of regular sessions at each of the Council's Maternity and Child Welfare Clinics, together with periodical visits to the schools to immunise those children missed in the pre-school age, and to give refresher doses to those who had been previously immunised. General Practitioners are also authorised to carry out this work on behalf of the Council.

The decision of the Council to offer combined immunisation against diphtheria and whooping cough was implemented in March. This entailed certain changes in procedure. Only two injections separated by an interval of one month had been required for immunisation against diphtheria alone, the new vaccine required the administration of three doses at monthly intervals. Since almost all parents have accepted combined immunisation this has considerably increased the work of the doctors and clerical staff concerned. A further change was consequent upon the fact that the vast majority of fatal cases of whooping cough occur in the first two years of life and especially in the first twelve months. In order to ensure the maximum protection during this vulnerable period, children are now offered combined immunisation at three months of age instead of at eight months as was the case when diphtheria prophylactic alone was given.

It was recognised, when the decision was taken to vary the normal age for immunisation, that this was a departure from accepted practice. Careful enquiries were, therefore, made and expert advice was obtained from the Medical Research Council to ensure that reasonable scientific basis existed to justify the change. The main risk to be feared was that at such an early age the all important diphtheria immunisation might not be fully effective. It appeared, however, that, with the methods proposed, there was a good prospect that it would prove successful though it would probably require the administration of "refresher" dose at a rather earlier age than is usual, and it was, therefore, decided to proceed on a trial basis. As a check on the efficacy of the method it is proposed to offer Schick tests to the first thousand or so of the babies who are immunised in this way about the time they reach their first birthday. These methods will then be reviewed in the light of the findings.

In July with the occurrence of cases of poliomyelitis it was decided to suspend all immunisation, since available evidence suggested that injections given to children during the incubation period of this disease might be a factor in precipitating the onset of paralysis. It was not until November that it was felt to be safe to restart this work. Every effort is now being made to overtake the arrears which have accumulated in consequence of this suspension, especially in respect of young children.

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

Age	Completed Full Course		Refresher Doses (Diph. only)
	Diphtheria only	Combined Whooping Cough and Diphtheria	
Under 5 years	509	937	-
5 - 14 years	43	1	85

REPORT ON THE WORK OF THE SPECIAL TREATMENT CENTRE

AT

QUEEN MARY'S HOSPITAL FOR THE EAST END

DURING THE YEAR.

This Centre is now under the administration of the Hospital Management Committee. I am indebted to the courtesy of Dr.F.G.Macdonald, the Medical Director for the following notes on the work during the year. This service has, of course, a close bearing on one aspect of the public health.

The figures in brackets are the corresponding ones for 1949:-

New Patients	...	...	...	...	398 (483)
Total Attendances	...	...	...	...	4804 (6278)

The total number of patients who attended was 575 (669). This figure includes 177 who were already under treatment or observation at the beginning of the year.

The diagnosis of New Cases was as follows:-

Syphilis in primary or secondary stage	5 (18)
Syphilis in the early Latent stage	5 (24)
Syphilis in the later (non-infective) stage	20 (8)
Congenital Syphilis	6 (8)
Gonorrhoea	26 (46)
Top Sore	2 (-)
Cases previously treated elsewhere	16 (27)
Return Cases	40 (41)
Non-Venereal Conditions	278 (303)

The marked decline in the cases of early infective Syphilis and Gonorrhoea is noticeable, and is apparently not peculiar to this clinic. That it is the result of increase chaste and continent endeavour is unlikely, and there is no evidence that a larger proportion of those who risk these infections take any prophylactic steps at the time. A sufficiently long period has not yet elapsed to form an opinion as to the possibility of early syphilis being suppressed by the indiscriminate use of antibiotics given for other conditions. If this is happening, the incidence of the later forms of syphilis will increase during the next few years. To a lesser extent the same possibilities apply to gonorrhoea, but there is no question that the main reason for the fewer cases of gonorrhoea seen in this and other clinics is the simplicity of its treatment by penicillin and other antibiotics. Many cases are in consequence treated by general practitioners.

Under the heading Non-Venereal conditions is included a number of cases of Urethritis. The incidence of this condition has increased during the last few years, and its importance has now been recognised by the Ministry of Health in that future returns of figures will be listed in a separate category. Urethritis is now generally regarded as a venereal infection. The organism or virus responsible has not yet been definitely identified, and the condition, though not usually of a serious nature, does not always respond quickly to treatment, and is very prone to relapse.

Of the five cases of early Latent Syphilis, three were discovered as the result of routine blood tests taken during pregnancy. In each case healthy children were born. In one case it was found that the husband had had treatment elsewhere. In another case investigation of the husband revealed the presence of untreated syphilis.

The Nursing Staff of the Clinic still consist of Miss C.S.Ford, Sister, Miss M.Morris, State Registered Assistant Nurse, and Mr.C.E.Rogers, State Registered Assistant Nurse.

FOOD
SAMPLING OF FOOD AND DRUGS

THE MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATION, 1949.

Particulars are given below of samples of raw designated milk which were taken during the year and submitted to the appropriate test (Methylene Blue).

Type of Milk	Number sampled	Results of Examination		
		Number satisfactory	Number unsatisfactory	Reasons for failure
"Tuberculin Tested" (Farm bottled)	72	70	2	1 decolourised in 3 hours. 1 decolourised in 3½ hours.
* "Accredited"	11	11	-	
TOTALS:	83	81	✓ 2	

* Producer gave up business in June.

✓ Letters of caution sent.

HEAT TREATED MILK

THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.

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

Type of Milk	Number Sampled	Results of Examination					
		Phosphatase Test		Methylene Blue Test		Turbidity Test	
		Satis- factory	Unsatis- factory	Satis- factory	Test Void	Satis- factory	Failed Test
"Pasteurised"	163	163	-	130	*33	-	-
"Pasteurised" (from schools)	39	39	-	31	* 8	-	-
"Tuberculin Tested (Pasteurised)"	72	72	-	57	*15	-	-
"Sterilised"	119	-	-	-	-	117	2
TOTALS:	393	274	-	218	56	117	✓2

✓ Letters of caution sent.

* Owing to the atmospheric shade temperature at the laboratory exceeding 65°F. (Part III(1) Third Schedule), the methylene blue test became void.

EXAMINATION OF MILK FOR TUBERCLE BACILLI (GUINEA PIG TEST).

During the year 34 samples of milk were taken from various sources, as shown below, and were examined for the presence of tubercle bacilli.

All samples proved negative.

BIOLOGICAL TESTS

Type of Milk	Number examined	Result	
		Positive	Negative
"Tuberculin Tested" (Farm bottled) (from purveyors)	31	-	31
"Accredited" (from Producer)	1	-	1
"Pasteurised" (from purveyors)	2	-	2
TOTALS:	34	-	34

THE PUBLIC HEALTH (CONDENSED MILK) REGULATIONS, 1923-1943.

During the year twenty-four samples of condensed milk were submitted for examination. Of this number twenty 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.

Nine Samples. Of these, seven were also tested for the equivalent.

Condensed Machine-Skimmed Milk, Sweetened.

Fifteen samples. Of these, thirteen 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 1950, one thousand and thirty nine samples were examined under the Food and Drugs Act, five hundred and ninety five formal and four hundred and forty four informal.

All samples were submitted by the Inspector.

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

Thirteen samples were found to be adulterated, eight formal and five informal.

The adulteration was at the rate of 1.25 per cent.

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

<u>YEAR</u>	<u>NO. OF SAMPLES EXAMINED</u>	<u>% OF ADULTERATION</u>
1950	1039	1.2
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
AVERAGE	1057	1.2

One hundred and eighty eight samples of milk were examined. One hundred and sixty formal and twenty eight informal including twenty two samples of Channel Islands Grade, three formal and nineteen informal.

One formal sample of ordinary milk and three informal samples of Channel Islands Milk were adulterated.

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

<u>YEAR</u>	<u>NO. OF SAMPLES EXAMINED</u>	<u>% OF ADULTERATION</u>
1950	188	2.1
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
AVERAGE	226	1.0

CONDENSED MILK. Nine samples of Full Cream Condensed Milk, two formal and seven informal, and fifteen samples of Machine Skimmed Condensed Milk, two formal and thirteen informal were examined.

All samples complied with the standards of the Condensed Milk Regulations.

DRUGS. Ninety six samples of drugs were examined, eight formal and eighty eight informal.

There was no adulteration.

PRESERVATIVES. There was one contravention of the Preservation Regulations, Cut Peel containing an excess of sulphur dioxide preservative.

Other samples examined during the year were as follows:-

FERTILISERS & FEEDING STUFFS ACT. Twenty three samples of Fertilisers were examined, ten of which were unsatisfactory.

Nineteen samples of Feeding Stuffs were examined, ten of which were unsatisfactory.

PHARMACY & POISONS ACT. Five samples were examined, all of which were satisfactory.

RAG FLOCK ACT. Five samples were examined, one of which was unsatisfactory.

FOR THE PUBLIC HEALTH DEPARTMENT.

French Chalk Substitute
Cake Extender
Dusmo
Cakes
1 Milk
2 Flours
1 Chalk
4 Soapless Detergents

FOR THE BOROUGH ENGINEER'S DEPARTMENT.

3 Sewer Solids
2 Paints

ACTION TAKEN ON ADULTERATED SAMPLES.

OFFICIAL

Milk. 3.3% deficient in fat. Letter of caution sent; subsequent samples proved satisfactory.

Mixed Cut Peel. Contained 200 parts excess of sulphur dioxide. Prosecution followed.

This Authority being reasonably satisfied that the offence was due to the act or default of the previous seller, the retailer was passed over, and proceedings instituted against the supplier, who summoned her supplier, who in turn summoned their suppliers.

The third defendant was fined £5, plus £39. 18s. Od. costs allocated as follows:-

First defendant	£10. 10s. Od.
Second defendant	21. 0s. Od.
Retailer	2. 2s. Od.
Local Authority	6. 6s. Od.
	<u>£39. 18s. Od.</u>

Shredded Suet. 2.5% of Fat below the permitted limit.
Letter of caution sent.

Butter. 0.3% excessive water. Letter of caution sent.
" 0.2% excessive water. Letter of caution sent.
" 0.5% excessive water. Letter of caution sent.
Subsequent sample proved satisfactory.

Margarine	0.3% excessive water. Letter of caution sent. Subsequent sample proved satisfactory.
Dried Herbs.	Contained 2.5% excess of mineral matter. Letter of caution sent.

UNOFFICIAL

Milk (Channel Island)	2.5% deficient in fat. Five unofficial and one official samples taken subsequently proved satisfactory.
" "	5% deficient in fat. One official and one unofficial sample taken subsequently proved satisfactory.
" "	2.5% deficient in fat. One official and nine unofficial samples taken subsequently proved satisfactory.
Butter	0.2% excessive water.
"	0.4% excessive water.

MEAT INSPECTION IN SLAUGHTERHOUSES

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

Carcases inspected and rejected.

	<u>Horses</u>	<u>Goats</u>	<u>Sheep</u>	<u>Calves</u>
Number killed	13,272	253	2	24
" inspected	13,272	253	2	24

All diseases except tuberculosis.

Whole carcasses rejected	6	9	-	3
--------------------------	---	---	---	---

Tuberculosis only.

Whole carcasses rejected	1	-	-	-
Carcases of which some part or organ was rejected on account of tuberculosis	-	-	-	1

In addition to one calves pluck which was rejected for tuberculosis two other calves plucks were rejected for pneumonia and pleurisy.

N.B. No attempt has been made to give actual figures or percentages of horses 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 impression of quality of the horse flesh which was almost invariably of very good quality and free from any serious disease conditions. The organ most commonly rejected was the liver, either totally or partially: almost invariably this was due to parasitic invasion, most of the parasites being dead and calcified.

The sheep and calves inspected were slaughtered in emergency as casualties and those passed were subsequently taken over by the Ministry of Food.

It is of interest to record, that only four cases of tuberculosis have been noted in over 100,000 horses slaughtered within the Borough during the last few years.

FOOD POISONING.

Corrected notifications - Quarterly.

<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>3rd Quarter</u>	<u>4th Quarter</u>	<u>Total</u>
7	1	5	2	15

OUTBREAKS. There were no outbreaks of food poisoning; all the above cases occurred singly. In no case was it possible to identify the food responsible with any degree of certainty. This is the common experience, since, unless there are related cases who have partaken of some common dish, it is almost impossible to select the one which is responsible from among the numerous foodstuffs eaten within the variable limits of the incubation period of the disease.

The control of this disease depends upon scrupulous personal cleanliness and the education of all concerned in the handling of food with regard to the dangers of food poisoning and the methods best calculated to prevent it. During 1950 the Council took two important steps to this end. The first was the introduction of free washing facilities at suitable public conveniences in the Borough, and the second was their action in sponsoring the formation of the West Ham Clean Food Advisory Association.

WEST HAM CLEAN FOOD ADVISORY ASSOCIATION.

In the Spring of 1950 the Council convened two conferences under the chairmanship of the Mayor. These conferences were attended by the Chairman and certain members of the Health Committee, representatives of various food trade associations and other interested parties.

As a result of these meetings a Clean Food Advisory Association was formed to operate within the County Borough of West Ham. The aims of this Association are:-

- (a) the promotion of improvement in the hygienic preparation, handling and distribution of foodstuffs (both food and drink) in the Borough of West Ham.
- (b) the encouragement of the observance of all statutory standards of hygiene.
- (c) the application of Codes of Practice drawn up and agreed by the Executive Committee of the Association.

The Executive Committee as originally constituted consisted of eight representatives of local food traders together with the Chairman of the Health Committee and the Mayor of West Ham as an ex officio member. The Committee were, however, given wide powers to co-opt further members whose services might be considered to be of value. These powers are limited only by the proviso that at least half of the members shall always be representatives of local food traders.

The secretarial work of this Committee is being undertaken by your Medical Officer of Health, and the Chief Sanitary Inspector attends as Technical Officer. Inspection of the premises of proposed members of the Association will be carried out by the Council's Sanitary Inspectors whose reports will form the basis of recommendations to the Committee with regard to their suitability for acceptance.

During the latter half of 1950 the Executive Committee has met frequently to discuss rules for membership of the Association, codes of practice to be applied in the various food trades, and the design and form of an emblem and a badge to be issued to members. They have

also made plans for a publicity campaign to secure members for the Association, and to draw the attention of the general public to the dangers of food poisoning and the importance of clean food handling in the prevention of this disease. The campaign is to open in the Spring of 1951 with a Clean Food Exhibition designed to appeal equally to the housewife and the food trader.

PHARMACY AND POISONS ACT, 1933.

AND THE

PHARMACY AND MEDICINES ACT, 1941.

The number of persons entitled to sell Part II poisons entered in the local authority's list at the end of the year was 186. Five samples were submitted for analysis during the year and proved satisfactory.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

Particulars are given below of 17 official and 25 unofficial samples which were taken during the year.

Type of Sample	Number of samples taken	Analysis agreed	Analysis disagreed
<u>Fertilisers</u>			
(a) Official	9	5	4
(b) Unofficial	14	8	6
<u>Feeding Stuffs</u>			
(a) Official	8	4	4
(b) Unofficial	11	5	6
TOTALS:	42	22	20

Samples were 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 appropriate action was taken with regard to those failing.

SANITARY CIRCUMSTANCES.

The Report of the Chief Sanitary Inspector
by H.G.Clinch, M.B.E., F.R.S.I.

Mr.Mayor, Ladies and Gentlemen,

I have pleasure in submitting the Annual Report on the work of the Sanitary Inspectors during the year ended 31st December, 1950.

Opportunity is taken to express my appreciation of the hearty co-operation and valuable service rendered by the Inspectors and the Administrative and Clerical Staff, and in particular by my deputy, Mr.Ault, without whose skill and knowledge the results could not have been achieved.

WATER SUPPLY. The water supply of West Ham is provided by the Metropolitan Water Board. It has been satisfactory in quantity and quality; one sample of water was taken in order to decide whether contamination was occurring in the supply tank, but without result.

There is no evidence of plumbo solvency.

Of a total of 40,897 dwelling houses, housing a population of 172,800, only some 26 are supplied by means of a stand-pipe, chiefly in the northern portion of the Borough. The remainder of the premises are supplied from public mains direct to the houses.

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 in respect of non-power factories and sanitary accommodation in respect of mechanically operated factories. 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 1231 visits were made resulting in the service of 38 written notices.

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

Premises (1)	(2)	Number on Register (3)	Inspections (4)	Number of		(7)
				Written notices (5)	Occupiers prosecuted (6)	
(1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Author- ities.		59	181	15	Nil	
(11) Factories not included in (1) in which Section 7 is enforced by the Local Authority		798	1,050	23	Nil	
TOTAL		857	1,231	38	Nil	

Particulars (1)	(2)	Found (3)	Remedied (4)	Number of cases in which defects were found		Number of cases in which prose- cutions were instituted. (7)
				Referred To H.M. Inspector (5)	By H.M. Inspector (6)	
Want of cleanliness (S.1)		15	15		3	
Overcrowding (S.2)						
Unreasonable temperature (S.3)		1	1		1	
Inadequate ventilation (S.4)		18	18		8	
Ineffective drainage of floors (S.6)						
Sanitary Convenience (S.7)						
(a) insufficient		3	3		2	
(b) Unsuitable or defective		23	23		20	
(c) Not separate for sexes		1	1		1	
Other offences against the Act (not including offences relating to Outwork)		2	2		-	
TOTAL		63	63		35	

(Sections 110 and 111)

Nature of Work	S e c t i o n 110.			S e c t i o n 111.			
	No.of out- workers in August list required by Sect.110.	No.of cases of default in sending lists to the Council.	No. of prose- cutions for failure to supply lists.	No. of in- stances of work in un- wholesome premises.	Notices served.	Prose- cutions	
	(1) (c)						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
(Making, etc.		155					
Wearing (Cleaning and apparel (washing							
Furniture and upholstery		2					
Plastic wear		5					
Belt fasteners		3					
Brass and brass articles							
Shoe lacing		55					
Locks, latches and keys		1					
Umbrellas, etc.		2					
Artificial flowers		6					
Paper bags		44					
The making of boxes or other receptacles or parts thereof made wholly or partially of paper		18					
Brush making		2					
Cosaques, Christmas crackers Christmas stockings etc.		23					
Lampshades		5					
TOTAL		321					

HOUSING

It is in the nature of things that West Ham is a particularly difficult district so far as housing is concerned, because a great deal of the standing property has reached or is now reaching the end of its economic life.

The process usually begins by a complaint from a tenant to the effect that defective conditions have been reported to the landlord and nothing has been done. At this point an inspection of the house is made by the Sanitary Inspector, the various defective conditions are noted and a specification for repairs is prepared (a) in order to form part of a notice to repair or (b) to form part of a report to the Committee with a view to demolition order procedure under the Housing Act or (c) with a view to the inclusion of the house in an area to be dealt with as a clearance area.

(a) Notice to Repair. It is becoming increasingly difficult year by year to deal with defective houses by notices to repair. If these are not complied with they are followed by the issue of summonses and proceedings in court. These usually take the form of a complaint for an order, the complaint being that the notice served by order of the Committee has not been complied with and a request for an Order by the Court in the matter together with the imposition of such penalty as the court may deem fit. In many cases it has been found necessary to lay informations for the issue of further summonses for the offence of disobeying the Magistrate's Order. The Department is frequently met by the plea that rents are restricted to not exceeding 40% increase on the 1914 standard, whilst building repairs now cost 2½ times what they did even in 1939 and a good 3½ to 4 times what they did in 1914.

In some cases owners, or their professional advisers, have been prepared to submit evidence that far greater sums have been expended on properties than is produced in the form of rent and, in one case in particular, the owner persisted and proved to the satisfaction of the court that he was, in fact, subsidising housing in West Ham.

Whilst it may be said that it is no defence in law in proceedings under the Public Health Act to say that a house cannot be repaired at a reasonable cost, litigation within recent years has shown that if any case is fought to a finish, that point will probably be accepted by the courts as being consistent with the principles of British justice. Owners remark with bitterness that whilst the local authority may and does increase the rents of comparatively new houses owing to increased costs for maintenance, they themselves are still restricted although theirs are older properties and must inevitably cost more to maintain.

During the year approximately 8,400 notices were served requiring the repair of dwelling houses and about 470 summonses were issued in respect of non-compliance.

The position in regard to the licensing of building works in connection with repairs enforced by statutory notices is dealt with by the Chief Sanitary Inspector, who is also, the Chief Licensing Officer, affording priority not only to these notices but to dangerous structure notices issued by the Borough Engineer. Another form of pressure which is exerted by tenants on reluctant landlords is the machinery provided by the Rent Restriction Acts 1920 to 1939 whereby a certificate granted by the local authority in respect of a house to which the Acts apply, enables the tenant to deduct the permitted increase in rent from his payment until the landlord has himself obtained a certificate of repair from the local authority as provided by the Act. 66 of these certificates were issued during the year.

(b) Demolition Order Procedure. In six cases, properties were found to be in such a state of disrepair, owing to old age and general deterioration, that they could not possibly be repaired at a reasonable cost. In these cases, reports were made to the Housing Committee and, in due course, notices were served upon the owners informing them of the time and place at which the making of a Demolition Order would be considered by the Committee when they were afforded opportunity for a hearing and for the submission of offers if they so desired. Offers to make fit were received in only two cases which, in itself, is an indication of the hopelessness of the position. It has even been found that owners have offered their properties to the Council free of cost in order to relieve themselves of the liability for upkeep. This aspect of the economics of the post-war world is having a serious effect on the housing situation because it must and does lead to a gradual deterioration of properties which, at the present time, it is important to retain in existence.

(c) Slum Clearance. Slum clearance in the form in which it was being achieved under the Housing Acts prior to the war has ceased. It is now being continued in another form, that is, when the planning authority arrange to deal with an area as one in which comprehensive redevelopment should take place. A survey is made and an outline is provided for the planning department giving details of properties which come within the definition "unfit and incapable of being made fit at reasonable expense".

The planning authority then deal with the area as a whole but the properties which come within that definition are dealt with by Unfitness Orders made under the provisions of the Town and Country Planning and Housing Acts and from that point the procedure differs little from that of pre-war years. It usually leads to a public enquiry on behalf of the Minister concerned at which the Department and the owners give evidence as to the state of the properties, the Inspector acting for the Minister later views the area and makes his report and, in due course, the Minister makes his decision. Now that the areas which were cleared entirely under war damage have been built upon, other areas containing obsolete properties will be dealt with in increasing numbers and this aspect will place a very heavy load on the Department for some years to come.

An important factor from the progress point of view is that, before the war, new houses built by the Council were devoted entirely to the rehousing of families displaced from slum clearance areas demolished; whereas now the Council are given a quota, that for the year under review being 350 houses, about 1/10th of which were devoted to licences to private builders leaving 315 houses for the local authority to erect. These cover all applicants and include families displaced by demolition orders or other forms of slum clearance work. Progress in these circumstances must necessarily be very slow.

OVERCROWDING

Statistics relating to overcrowding should be viewed with caution. In 1939, the number of persons per house or flat in West Ham was 4.9. Last year, 1949, it was 4.3. What then, it may be asked, is the reason for the increasing clamour for accommodation by families in the Borough. The answer, I am convinced, lies in the fact that the number of families per thousand population is steadily increasing whilst the number of persons per family is just as steadily decreasing. The net result of all this is that we need more and more houses in which to house more and more families containing less and less people.

The census to be taken during 1951 will no doubt bear out this theory. It is a fact at the present time that the number of persons per room in West Ham is only .94, as compared with 1.14 in 1931, yet the population are under the impression that overcrowding is more serious now than ever it was.

During the period under review, some 580 visits of investigation have been made but little purpose has been served because, although urgent cases are referred to the Housing Department, lack of new accommodation makes it impossible to do more than touch the bare fringe of the demand. The need of the future is obviously more smaller dwellings so that families can enjoy privacy and peace. If houses are to be provided which are too large, sub-letting will inevitably result with all the evils of the shared house.

DRAINAGE

In cases where the disinfection branch have reason to suspect that defective drainage is the source of rat infestation, they are directed to report to the Sanitary Inspector and, in this connection, it may be noted that drainage inspections during the year amounted to 5,415. Many of these were instituted following reports of rat infestation, then followed testing, the service of notices to repair, the supervision of works carried out etc., but there was, of course, a certain proportion in connection with blockages and other aspects.

The Public Health Act of 1936 unfortunately defined what were previously combined drains as "public sewers" and, invariably, when owners are approached and read the words "Public Sewer" on a notice, they assume that they are being asked to incur expense in connection with what is, or should be, the Council's responsibility. This, of course, is not so and it is unfortunate that a combined drain serving private houses in combination and laid in private ground except for its short run eventually to the Corporation's sewer in the street, should be termed a public sewer.

This factor alone causes a considerable loss of time because protesting owners must be convinced of the propriety of the Department's action.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

This Act, which replaced the Rats and Mice (Destruction) Act, 1919, came into operation on 31st March and provides somewhat altered powers and duties whereby, not only rats and mice, but infestations of insects may be dealt with. The Council have a section specially formed and manned for the purpose of dealing with infestations and this section made a total of 6,400 treatments in respect of rats and 3,500 in respect of mice.

Experience has shown that, in West Ham, contrary to experience in northern towns, rats live in the sewers and are mostly found, so far as private houses are concerned, as a result of defects in sewers or drainage. The large factories, food premises and dock warehouses of course, come within a different category and call for different methods of treatment.

TOWN AND COUNTRY PLANNING

It is worthy of note that full advantage was taken of the damage by enemy action to leave derelict large areas of the Borough concentrating all available labour and materials on more worth-while properties, a process which, in due course, of time, left available for reconstruction large tracts of land with an almost entire absence of properties standing thereon which would, in the normal course, have ranked for compensation.

Your Chief Inspector, who was responsible for the war damage repair scheme from the outset, took the fullest advantage of this factor in co-operation with the technical officers of the Ministry of Health and the Council have derived considerable benefit thereby.

Later on, town planning, so far as the Department is concerned, became more a matter of comprehensive development but the Council's Town Planning Department have been assisted at all times with technical advice when dealing with applications for interim developments and proposals to change the user of various premises within the district. 150 visits of inspection were made for this purpose during 1950.

SMOKE ABATEMENT

Some years ago one's efforts were directed to teaching efficient combustion and fuel economy in industrial furnaces as the one sure road to a cleaner sky, and after first learning the art of boiler management, one taught the stokers in one's district how to get the maximum from the coal, and so achieve a clean chimney top. Unfortunately the Ministry of Fuel and Power is apt to apply the principle that "You are doing nicely here, we must downgrade your coal". So the men's reward for a clean chimney top is to be supplied with a lower grade coal. There can be no encouragement to do more than one's strict statutory duty until this procedure is abandoned.

During the year 140 observations were taken of factory chimneys, and action was taken according to circumstances where offences were disclosed. No prosecutions were necessary.

After a lifetime of striving for clean air, the present signs of a general awakening of the public conscience are most gratifying. As Licensing Officer I can now, in effect, impose a condition as part of a licence authorising the erection of a new house, that efficient and officially approved stoves and grates shall be installed, capable not only of burning smokeless fuel, but of burning coal efficiently and with little smoke. Some 35 million tons of fuel are used annually on domestic grates in this country, but only 6 million tons consist of smokeless fuel; that is all that is available. What a pity it is that certain speakers urge so forcibly, but with so little knowledge, that all householders should be compelled to use only smokeless fuel; it just cannot be done!

Some local authorities have been so misled as to declare smokeless zones. Sooner or later we shall see these pranks confined to the new towns where they will serve a useful purpose. Myself, I would dearly like to be present when a tearful housewife from a smokeless zoned corner of a large town demands permission from the Inspector to break the law by using raw coal because smokeless fuel is not available.

FOOD FACTORIES, CAFES AND RESTAURANTS AND FOOD SHOPS

During the year, constant pressure was maintained upon all classes of premises in which food is manufactured or sold and it should be noted that 522 inspections of manufacturing premises were made, 1138 of retailers and 911 of cafe and restaurant kitchens whilst other classes of food purveyors accounted for 3,643 inspections. These inspections cover a dual purpose: they are, firstly, to ensure that the food being prepared or sold is fit for human consumption, and secondly, they are to ensure that the conditions under which food is prepared or sold, comply with the Food and Drugs Act, 1938, the West Ham Corporation Act, 1937 and other relevant legislation. It could not be said that, during the year, the influence of the newly formed Clean Food Association had made any appreciable difference although there were signs of an awakening of interest not only by the traders but by the general public.

There is in existence a working arrangement whereby any trader may communicate with the Sanitary Inspector in respect of any article of food of which he has some doubt as to its fitness for human consumption. The Sanitary Inspector, when requested in this manner, will inspect the food and will give a decision on it there and then, that which is unfit being surrendered for destruction by the local authority and a certificate being given accordingly. This arrangement works exceedingly well and, under it, no trader need have food on his premises which is unfit or in respect of which there is any doubt. It may also be said that there is no excuse in these circumstances for a trader who is found to have food in his possession which is unfit and he must expect to be treated accordingly if he fails to co-operate with the Department.

It has been found necessary to have surrendered or to seize a huge amount of food-stuffs but an examination of the list shows that, for the most part, these consisted of food which was unsound. There has been remarkably little diseased meat or other foods. On the whole it would appear that defective canning or over-lengthy storage was responsible for the bulk; nevertheless, some of these foods were in a dangerous condition and the time and energy expended in this direction has been well worth while. It is a silent but none the less efficient service, little realised by the public who, even today, do not normally connect sanitary inspection with food inspection.

It is within the knowledge of the Department, that there is a tendency in certain sections of the trade and, dare one say it, of the Ministry of Food, to regard meat or bacon which is not quite up to standard or has an unpleasant appearance, as being fit for manufacturing: in fact I believe it is quite common for it to be said in respect of certain goods "This will not do for a shop but it will do for chopping". The result of this is that the meat or bacon which needs particular care finds its way into sausages, meat pies, minced goods, meat loaf and brawns etc., where the risk is much greater than it would be if such meats were merely roasted and consumed. In these circumstances, particular care has been devoted to food factories of this type during the year.

Reports were received on three occasions of illness caused to persons who had eaten sausages alleged to have been made at a factory in West Ham and, as the sausages concerned in each case were certified by the bacteriologist to have suffered bacterial contamination, it became obvious that something untoward was happening. Some considerable time was devoted to the factory concerned and eventually it was noticed that some calves which had been slaughtered in this country but which were very young, were contaminated in parts by stomach and bowel contents. As such a thing should never happen with the skilled slaughterman, supplies were stopped immediately and investigations made at the slaughterhouse of origin which was some two hundred miles away.

It was suggested that such events could only result from attempts to speed beyond the normal capacity and, in the process, introduce a little carelessness.

This theory was found to be correct. Immediate representations were made to the Ministry of Food and no further trouble was experienced from this source. It is interesting to note that the veal from these calves which found its way into the sausages, remained capable of causing illness despite cooking.

The food condemned during the year included the following:-

Baby Food	...	...	...	...	...	433	tins
Bacon	...	...	...	...	...	124	lbs.
Beans	...	...	...	...	...	2016	tins
Bovril	...	...	...	...	...	1	bottle
Butter & Peanut Butter	...	...	...	...	...	2	tins
Cabbage	...	...	...	...	...	1	sack
Cakes (Fruit)	...	...	...	...	...	5	cases
						60	lbs.
Cake Mixture	...	...	...	...	...	7	tins
Cheese	...	...	...	...	...	243 $\frac{1}{4}$	lbs.
Cheese Waste	...	...	...	...	...	135	lbs.
Chicken	...	...	...	...	...	119 $\frac{1}{2}$	lbs.
						2	tins
Chicken (Cooked)	...	...	...	...	...	8	
Chocolate	...	...	...	...	...	12	bars
						93 doz.	bars
Chocolate Spread	...	...	...	...	...	1	tin
						1	lb.
Chocolate Waste	...	...	...	...	...	3 $\frac{1}{2}$	tons
Cockles	...	...	...	...	...	1	bag
						38	lbs.
Cocoa, Bournvita etc.	...	...	...	...	...	2	tins
Coffee Powder	...	...	...	...	...	6	tins
Cooking Fat	...	...	...	...	...	1 $\frac{3}{4}$	cwts.
Corned Beef	...	...	...	...	...	328	tins
Dates	...	...	...	...	...	12	lbs.
Eggs	...	...	...	...	...	346 $\frac{1}{2}$	doz.
Fish (Wet)	...	...	...	...	...	26 $\frac{1}{2}$	cwts.
Fish (Tinned)	...	...	...	...	...	2102	tins
Fish Paste	...	...	...	...	...	110	tins
Flour	...	...	...	...	...	156	lbs.
Flour Waste	...	...	...	...	...	1	ton
Fowl	...	...	...	...	...	150	lbs.
Fruit (Fresh)	...	...	...	...	...	6105	lbs.
Fruit (Tinned)	...	...	...	...	...	2433	tins
Fruit Juice	...	...	...	...	...	36	tins
Fruit Pulp	...	...	...	...	...	414	lbs.
Grape Nut Waste	...	...	...	...	...	9 $\frac{1}{2}$	cwts.
Hams	...	...	...	...	...	3	
Jam	...	...	...	...	...	626	tins
Jelly	...	...	...	...	...	10	
Meat	...	...	...	...	...	1683	lbs.
Meat (Tinned)	...	...	...	...	...	3332	tins
Milk (Tinned)	...	...	...	...	...	10407	tins
Milk (Malted)	...	...	...	...	...	88	tins
Mincemeat	...	...	...	...	...	4	jars
Mustard	...	...	...	...	...	28 doz.	tins
Onions	...	...	...	...	...	50	
Pastry (Mixed)	...	...	...	...	...	6	cases

Peas (Dried)	...	...	...	...	...	32	lbs.
Peas (Tinned)	...	...	...	...	...	419	tins
Periwinkles	...	...	...	...	...	2 $\frac{1}{2}$	cwts
Pigs ...	...	...	...	...	...	2	
Pigs Hearts	...	...	...	...	...	2	
Pork ...	...	...	...	...	...	4	lbs.
Potatoes	...	...	...	...	...	10	sacks
Prunes	...	...	...	...	...	105	lbs.
						1	box
Puddings (Tinned)	...	...	...	...	...	13	tins
						450	doz. tins
Rabbits	...	...	...	...	...	99	
						299	lbs.
						136	tins
Rice ...	...	...	...	...	...	44	lbs.
Salad Cream	...	...	...	...	...	450	bottles
Sauce & Pickles	...	...	...	...	...	71	bottles
Sheeps Head	...	...	...	...	...	164	
Soups ...	...	...	...	...	...	411	bottles
						789	doz. bottles
Spaghett1	...	...	...	...	...	69	lbs.
Starch Waste	...	...	...	...	...	6	tons 3 cwts.
Sweets	...	...	...	...	...	28	lbs.
Syrup ...	...	...	...	...	...	4	tins
Tea ...	...	...	...	...	...	3	lbs.
Tomatoes	...	...	...	...	...	815	tins
Turkey	...	...	...	...	...	17 $\frac{1}{2}$	lbs.
Vegetables	...	...	...	...	...	5636	tins
Vinegar	...	...	...	...	...	6	bottles
Walnuts (Pickled)	...	...	...	...	...	1	jar

ICE CREAM

Considerable pressure has been exerted in order to improve the purity of ice cream. It is evident that fortunes have been made by certain manufacturers, mostly foreign gentlemen, of a product which has been sold under the courtesy title of ice cream, but which was, in fact, little more than an emulsion of a greasy substance with sweetening and flavouring, the ice cream, as sold, being nothing more than a pleasant looking mass of minute bubbles of air, similar to a shaving lather, and composed of much the same ingredients.

There are indications that the Ministry of Food will soon prescribe a minimum standard for ice cream.

Samples are taken regularly and submitted to the bacteriologist for examination.

Generally speaking, now that the manufacture of ice cream is usually on a large scale, and by firms who are jealous of their reputation, the product is very good indeed. The small retailer now usually sells his cream in the closed and unopened packages in which he receives it, and it is better so. No further cases of the barrow boy who keeps his unsold cream under his bed for the next day's sale have been discovered, and the clause which the department succeeded in having inserted in the West Ham Corporation Act, 1937 has been most effective.

Samples taken for bacteriological examination	Numbers graded			
	Grade 1	Grade 2	Grade 3	Grade 4
94	25	41	19	9

In all cases of unsatisfactory samples the makers premises and plant were inspected and firms were advised of any weak links in the chain.

ADMINISTRATION OF THE RAG FLOCK ACTS, 1911/28
AND REGULATIONS MADE THEREUNDER

During the inter-war period, attention was drawn year by year, to the inadequacy of legislation governing the manufacture of certain bed and furniture filling materials most of which came within the definition of rag flock. The only standard of cleanliness, even today, is provided by the Rag Flock Regulations, 1912 which require flock manufactured from rags to conform to the standard of cleanliness provided by the Regulations, that is when the amount of soluble chlorine in the form of chlorides removed by thorough washing with distilled water at a temperature not exceeding 25 degrees centigrade from not less than 40 grams of a well-mixed sample of flock, does not exceed 30 parts of chlorine in 100,000 parts of the flock.

During the fifteenth century the bed became more important than the woodwork because it provided a home for insect life. In 1494 a law was passed declaring that "upholsterers might use only dry clean feathers and no corrupt stuffs such as horse hair, fen down, neats hair, deer's hair, and goats hair which is corrupt in lime fats, and by the heat of man's body the flavour and taste is so abominable and contagious that many of the King's subjects thereby have been destroyed". Some mattresses had before then been filled with the tails of cats. What progress have we made since then ?

I have said, in season and out of season, that old carpets derived from dustbins, rags collected from the tip, and the dirtiest parts of articles of personal clothing after the best parts have been removed and sold for shoddy, may nearly all be brought within this standard of cleanliness merely by steeping in cold water and receiving no real cleansing whatsoever.

It is cheering to learn that a new Fillings Bill is to be introduced by Parliament at an early date and it is earnestly hoped that the legislature will, at long last, provide machinery by which the manufacture of rag flock and its use can be more adequately controlled by local authorities and that a far more efficient standard of cleanliness may be devised and operated for this purpose.

The British Standards Institution, by their Standard 1425 of 1948, provided a standard for the cleanliness of fillings and stuffings for bed, upholstery, perambulators, cushions, teacosies, dolls and other domestic articles and these standards covered washed-flock, jute wadding and jute flock and cotton millpuffs, cotton felt, kapok, hair, fibre, feathers and down and fillings other than those mentioned and, whilst these appear to be perfectly satisfactory, they have no legal force and, beyond the advertisement value, manufacturing firms have no incentive to manufacture or use fillings complying with these specifications except in the case of the Utility Scheme.

It is understood that the Board of Trade have decreed that all utility mattresses, upholstery etc., shall contain fillings in accordance with the British Standards Institution specification which is a decided step in the right direction. Nevertheless, legislation covering the whole ground is urgently needed particularly when it is considered that a man of sixty has spent about 20 years of his life in bed.

SHOPS ACT, 1950.

The Shops Act, 1950, which received the Royal Assent on the 28th July came into operation on the 1st October, 1950.

This is purely a consolidating Act and makes no change in the existing law. Its enactment, however, helps to prepare the way for the introduction in due course of amending legislation in the light of the report of the Gowers Committee on Closing Hours of Shops.

The Act repeals and replaces the Shops Act, 1912-1936, the Retail Meat Dealers' Shops (Sunday Closing) Act, 1936 and a few related provisions, including Sections 8, 11, 12 and 13 of the Young Persons (Employment) Act, 1938. Section 2 of the Act (inter-alia) re-enacts the provisions of Defence Regulation 60 AB regarding the hours of closing of shops during the winter months, which commence on the first Sunday in November in any year and finish on the day before the first Sunday in March in the succeeding year.

Section 76 (2) of the Act saves any existing instrument made or other thing whatsoever done under any of the repealed enactments. This includes any notice given under any of the repealed Acts or Regulations or Orders made under them.

The total number of visits made during the year was 2,650 and 301 infringements were detected. The majority of these were of a technical nature in respect of which 276 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, 25 written warnings were issued.

The actual closing hours of shops, however, have been regulated more by the restrictions on lighting, and the limited amount of goods for sale. The infringements were of a minor character, and it was not found necessary to take legal proceedings in any case.

One full time Inspector is employed in connection with the provisions of the Act relating to hours of closing, hours of employment, etc., whilst those parts of Section 38 which provide for ventilation, lighting, temperature and sanitary conveniences are enforced by the Sanitary Inspectors.

Statistical Table.

For the period from 1st January to 31st December, 1950.

Houses Inspected following Infectious Disease	...	...	...	...	...	...	...	923
Visits to Factories (Mechanically Operated)	...	...	...	...	...	...	...	1050
" Factories (Without Mechanical Power)	...	...	...	...	...	...	...	181
" Squatter Camps	...	...	...	...	...	...	...	162
" Workplaces	...	...	...	...	...	...	...	309
" Bakehouses	...	...	...	...	...	...	...	291
" Dairies	...	...	...	...	...	...	...	160
" Offices (as workplaces), P.H.A., 1936	...	...	...	...	...	...	...	31
" Outworkers	...	...	...	...	...	...	...	900
" Investigations re food poisoning	...	...	...	...	...	...	...	12
" Ice cream sampling for bacteriological examination	...	...	...	...	...	...	...	127
" Cellar Dwellings, Underground Rooms, etc.	...	...	...	...	...	...	...	7
" Slaughter Houses	...	...	...	...	...	...	...	120
" Scheduled Offensive Trades	...	...	...	...	...	...	...	194
" Fish Fryers	...	...	...	...	...	...	...	388
" Other Noxious Trades	...	...	...	...	...	...	...	104
" Mosquito control - Streams, Wells, Ditches, etc.	...	...	...	...	...	...	...	168
" Registered Hairdressers and Barbers, W.H.C.A., Sec.49	...	...	...	...	...	...	...	245
" " Premises wherein Food is manufactured, W.H.C.A., Sec.67	...	...	...	...	...	...	...	522
" " " occupied by Vendors of Food, W.H.C.A., Sec.66	...	...	...	...	...	...	...	1138
" Cafe and Restaurant Kitchens, Food & Drugs Acts, 1938	...	...	...	...	...	...	...	911
" Ice Cream Makers or Dealers, W.H.C.A., Sec.66, and P.H.A.	...	...	...	...	...	...	...	741
" Other Food Purveyors	...	...	...	...	...	...	...	3643
" Shops (Shops Act, 1934)	...	...	...	...	...	...	...	1465
Advisory visits under Town & Country Planning	...	...	...	...	...	...	...	150
Visits re Overcrowding Provisions of Housing Acts	...	...	...	...	...	...	...	580
Drainage Inspections	...	...	...	...	...	...	...	5415
House to House Inspections under Public Health or Housing Acts	...	...	...	...	...	...	...	154
Visits under Prevention of damage by pest Act	...	...	...	...	...	...	...	468
" " Increase of Rent Restriction, etc., Acts	...	...	...	...	...	...	...	56
" " Bye-laws - Tents, Vans, Sheds, Caravans	...	...	...	...	...	...	...	45
" to Private Houses to Investigate Complaints	...	...	...	...	...	...	...	8394
Houses Inspected under the Housing Act, 1936, re Closing and Demolition Orders or Reconstructions or re Schedules of Evidence	...	...	...	...	...	...	...	104
Smoke Observations	...	...	...	...	...	...	...	140
Visits to Factories re Smoke	...	...	...	...	...	...	...	56
" " re Steam Whistles Act, 1872	...	...	...	...	...	...	...	...
" Places of Public Amusement, Theatres, Music Halls, Cinemas, etc., (Ministry of Health Circular 120 of 1920)	...	...	...	...	...	...	...	12
" Licensed Premises	...	...	...	...	...	...	...	141
Other Visits	...	...	...	...	...	...	...	508
Re-inspections	...	...	...	...	...	...	...	28395
Total Visits	...	...	...	...	...	...	...	58420
Samples taken of Food	...	...	...	...	...	...	...	3
Ice Cream	...	...	...	...	...	...	...	127
Samples taken under Rag Flock Act	...	...	...	...	...	...	...	5
Samples of Domestic Water Supplies taken for Analysis or Bacteriological Examination	...	...	...	...	...	...	...	1
No. of Notices Served	...	...	...	...	...	...	...	8461
Warning Letters sent re matters not dealt with by Notice	...	...	...	...	...	...	...	14
Defective Houses dealt with	...	...	...	...	...	...	...	8137
Other Defective or Insanitary Conditions dealt with	...	...	...	...	...	...	...	131
Drain Tests carried out	...	...	...	...	...	...	...	2650
Certificates granted under Rent Restrictions, etc., Acts	...	...	...	...	...	...	...	66
No. of Notices complied with - (1) By Owner	...	...	...	...	...	...	...	5887
" " " " - (2) By Occupier	...	...	...	...	...	...	...	127
Summonses issued	...	...	...	...	...	...	...	473

NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 22: CARE OF MOTHERS AND YOUNG CHILDREN.

ANTE-NATAL AND POST-NATAL CLINICS. Nine ante-natal sessions were held each week at the municipal centres during the year: there were no separate sessions for post-natal clinics but mothers for post-natal examination were given appointments at one or other of the ante-natal sessions. In addition, ante-natal clinics were held at the Avenons Road Voluntary Centre.

At these various clinics 2,268 expectant mothers were registered and between them made a total of 12,302 attendances. Three hundred and fifty three mothers attended during the post-natal period making a total of 381 attendances. Although this figure is still rather small it is pleasing to note that this is an increase of 137 over the previous year.

At the end of January staffing difficulties in the hospital service compelled abandonment of the arrangement whereby municipal ante-natal clinics were staffed by medical officers from Forest Gate Hospital. A temporary appointment was made to cover the gap and this arrangement operated with gratifying success during the remainder of the year.

INFANT WELFARE CENTRES. The needs of the service were met by 13 infant welfare sessions each week. In October separate Toddlers' Clinics were started in addition, to which children were invited at, or about, their second, third and fourth birthdays. One of these sessions was held each week at each of the five municipal clinics, but that at Silvertown was merged with the infant welfare clinic on account of the small numbers. In addition, one Toddlers' session per month was held at the South West Ham Health Society Clinic at Avenons Road. These clinics enable a searching review of the young child's health to take place once a year, along rather similar lines to that which is given to school children at rather longer intervals. At this age many minor troubles are found which if not corrected will obtain a stronger hold and present a more difficult problem of treatment when the child starts school. The opportunity to discuss the child's health and progress in an unhurried interview with the mother, and to take measures to rectify any departure from normal before they have had time to develop, is invaluable; and this measure of regular supervision at a time of life when the child rather tends to be lost sight of constitutes a preventive service of the first importance.

The statistics of attendances at the normal infant welfare sessions are set out below:-

	<u>Number of</u> <u>Individual children</u>	<u>Number of</u> <u>Attendances</u>
Children under 1 year	2,282	24,611
Children 1 - 5 years	4,521	12,655

These figures show a slight decline as compared with the previous year in the number of attendances of children under one, but no more than would be expected from the decline in the number of births. The attendances of children between one and five have shown a distinct increase. This is a gratifying step towards improving the supervision of the children at this age, which is so often allowed to become something of an interlude between the more favoured periods of infancy and school life.

ULTRA VIOLET LIGHT. The arrangements for children to receive treatment at the Children's Hospital, Balaam Street, Plaistow, were continued as in previous years. Sixty-two children were referred from the municipal Child Welfare Clinics.

CONVALESCENCE. Number of cases sent away during 1950:-

Children under 5 years:-

to "Transferred" Homes	19
to other Homes	80
	<hr/>
TOTAL:	99
	<hr/>

Mothers with babies 6

In "Transferred" Homes no charge is made to the parents or to the Council. These Homes are controlled by the Regional Hospital Boards and are mainly for children who require medical and nursing care during their convalescence.

The cost of maintenance at the other Homes is borne by the Council but, under the revised scale of assessment which came into force during the earlier part of the year a charge is made to the parent, according to means, up to a maximum of 10/6d. per week for a mother with a baby under one year of age. A further charge with a maximum of 10/6d. weekly may be made in respect of each additional child over one year of age who may accompany a mother and baby.

The number of mothers and babies who were sent away during the year was smaller than had been hoped. After many enquiries a Home was eventually found which catered for this type of convalescence and arrangements were duly made for West Ham mothers to be received with their babies; but unfortunately a number of unexpected difficulties arose after the arrangements had only been in operation for a short while and this service had to be suspended for some months. It is pleasing to be able to report, however, that the management of the home was alive to the difficulties and was most cordially sympathetic towards the suggestions made for overcoming them, and at the end of the year there seemed every prospect that these facilities would soon become available again for cases recommended by West Ham.

The administration of the convalescent arrangements continued in the very capable hands of the Invalid Children's Aid Association who, at the Council's suggestion, willingly extended their scope to include the "mother and baby" service. The skilled help which is given by this Association is a very material factor in the success of the convalescent schemes and cannot be too highly praised.

SPECIALIST CLINICS. The same service as in previous years was available to children under five at the specialist clinics administered by the School Health Service. The clinics available were Ophthalmic, Ear Nose and Throat, Paediatric, Child Guidance and Speech Therapy.

RECIPROCAL ARRANGEMENTS WITH NEIGHBOURING BOROUGHES. By agreement with the neighbouring local authorities mothers and children are able to attend the clinic most convenient to their home, whether this is situated in their own borough or in a neighbouring area. During the year 33 children and one expectant mother resident within the areas of neighbouring authorities attended West Ham Clinics. It is also known that some West Ham residents attended clinics in other areas, but precise figures are not available.

CARE OF THE UNMARRIED MOTHER AND HER BABY. The cordial working arrangements between the Health Department and St. Agatha's Moral Welfare Hostel maintained by the Chelmsford Diocesan Moral Welfare Association continued on the same lines as in the previous year. Once again it is a pleasure to pay a tribute to the invaluable help which the Association's Moral Welfare Worker has given to all unmarried mothers who have sought her aid.

During the year 12 West Ham mothers were admitted to St. Agatha's. Of these, 7 were admitted before the birth of the baby and 5 after the birth.

As in the previous year a grant of £100 was made from the Sunday Entertainments Fund to this hostel.

PREMATURE INFANTS. One-hundred-and-ninety-seven premature babies (babies weighing 5½ lbs. or under) were notified during 1950, and of these 49 were born at home and 148 born in hospital. Of those born at home, 6 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	43	1	1	41
Hospital	148	22	15	111
Born at home and transferred to hospital	6	-	1	5
TOTALS:	197	23	17	157

Out of the total of 80 infant deaths which occurred in West Ham during the year, it will be seen from the above table that 40 of them occurred in premature infants who died within the first month.

The greater proportion of deaths occurring in hospital is due to the fact that the more extreme degrees of prematurity tend to occur in abnormal confinements, which mostly take place in hospital. It is, of course, one of the principal functions of a hospital maternity unit to care for difficult cases which require specialised facilities that are not available in the home; and the fact that so many are detected and admitted beforehand can be regarded as a tribute to the efficiency of the ante-natal services.

DAY NURSERIES. Four Day Nurseries continued to function until 30th August, 1950, when Station Street Nursery was transferred to the Education Department and re-opened as a Nursery School.

NURSERY	Number of Approved Places	Average Daily Attendance		
		Under 2	Over 2	Total
Litchfield Avenue	52	10	33	43
Plaistow Road	52	16	23	39
Liverpool Road	52	12	25	37
Station Street (closed 30.8.50.)	52	14	19	33

The average attendance was slightly higher than in the previous year but still remained at a rather disappointing level. While the reasons for the individual absences usually appear adequate the over-all result is not satisfactory. The position was under review at the end of the year with the object of producing a more searching analysis of the causes of these absences, which it is hoped will lead to constructive suggestions for improvement.

REPORT ON THE DENTAL SERVICE.
MATERNITY AND CHILD WELFARE SECTION
 (By Mr.J.H.Glen, L.D.S., Senior Dental Officer).

The continued shortage of staff again restricted the work of this section of the service to four sessions a week, and in order that the mothers would be assured of dental treatment during their pregnancy, the Local Dental Committee of the Executive Council were approached for assistance. The need was at once understood and the Committee agreed to advise all the Dental Practitioners in the area, to arrange for such cases as may be referred to them from the Maternity and Child Welfare Dental Clinic, should be given immediate treatment, such cases to be confined to those mothers requiring several fillings and/or prophylactic treatment. Each mother was first examined at the clinic and was advised to go to any Dental Practitioner of her choice when she must show her clinic card as a token of authority for priority treatment.

This scheme has been of great benefit to the mothers, and a measure of its success is reflected in the small number of fillings done at the clinic.

It is unfortunate that comparative figures between 1949-1950 cannot be computed under the new Annual Return Headings which were only made available in May of this year by the Ministry of Health for the first time since the inception of the scheme. The use of these new headings required the alteration of the daily records to such an extent that comparison of the figures would be most misleading.

Statistics

	Expectant and Nursing Mothers	Children under 5 years of age
Number of new cases seen	348	431
Total Attendances	1,863	1,330
Number of patients examined	348	431
Number needing treatment	335	431
Number treated	335	431
Number made dentally fit	271	427
Number of extractions	1,106	1,043
Number of anaesthetics (local)	76	7
Number of Anaesthetics (general)	223	450
Number of Fillings	44	654
Number of scalings or scaling and gum treatment	51	-
Silver Nitrate treatment	-	98
Dressings	24	197
Radiographs	63	2
Dentures provided (complete)	164	-
Dentures provided (partial)	63	-

NURSERY AND CHILD MINDERS' REGULATION ACT, 1948. The Nursery at Cumberland Road, which is under the auspices of the Canning Town Women's Settlement, and is registered under the above Act, has continued to function throughout the year. There are 15 children on the Register. Visits were paid by members of the Health Department staff at weekly intervals throughout the year.

SECTION 23: MIDWIFERY.

MATERNITY SERVICES. Total births registered as West Ham births during the year was 2,882.

Delivered in their own homes within the Borough	811
Delivered in maternity units within the Borough	1,860
Delivered outside the Borough	211
TOTAL:	2,882

NUMBER OF CONFINEMENTS IN MATERNITY UNITS IN THE BOROUGH.

Hospital	West Ham Residents	Total Births
Forest Gate	632	1,028
Plaistow Maternity	805	1,057
Queen Mary's	423	892
TOTALS:	1,860	2,977

The number of confinements in Forest Gate Hospital was considerably smaller than in previous years. This hospital suffered a run of misfortune during the earlier part of the year by way of loss both of medical and nursing staff. The effect of the former has been noted in relation to the ante-natal clinics; the latter compelled the restriction of admissions for a time and the monthly allocation of bookings to the West Ham municipal clinics was temporarily reduced from 70 to 50. Following an introduction by the hospital authorities, however, an arrangement was reached with Mile End Hospital to meet the deficiency and up to 20 bookings a month were available at that hospital from March, 1950, to the end of the year. These bookings were allotted principally to West Ham Lane Clinic which serves that part of the borough which is most easily accessible to this hospital.

MIDWIVES ATTENDING DOMICILIARY CONFINEMENTS.

Source	Number (or equivalent number) of midwives on 31.12.50.	Number of Cases
Municipal	4	151
Plaistow Maternity Hospital	7 ^x	560
Essex County Nurses Training Home	2 ^x	84
Silvertown & N.W.D.N.A.	2 (part-time)	16
TOTALS:	15	811

* These midwives had the assistance of pupils.

In 9 of the 811 cases delivered in their own homes the midwife acted as Maternity Nurse.

Medical Aid was summoned in 330 cases. In 245 of these help was required for the mother and in the remaining 85 it was summoned on account of the baby.

The domiciliary midwifery arrangements seem perhaps unnecessarily complicated for a compact area such as West Ham and indeed they are not without difficulties arising from this cause; but goodwill and good sense on the part of all concerned succeeded in achieving another year of smooth and harmonious working.

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

Domiciliary Midwives	-	15
Hospital Midwives	-	35

All the domiciliary midwives and 31 of the 35 hospital midwives were qualified to administer Gas and Air Analgesia.

Arrangements were made during the year for the storage, maintenance and delivery of gas and air analgesia equipment by the Ambulance Service under the operational control of the Chief Officer of the Fire Brigade. These arrangements worked extremely well and were a great boon to both patients and midwives alike. Our thanks are due to the Fire Chief for his helpful co-operation in this direction.

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. It is recognised that this is not the best possible arrangement. The midwife of today practises a skilled and exacting art. She is entitled to easy access to, and the personal guidance of her statutory supervisor. This close contact can hardly be maintained by an officer who has the cares and responsibilities of a busy section of the Public Health Department.

The Council's statutory duty covers the supervision of all domiciliary midwives, including those employed by agencies as well as the municipal midwives. It would also seem desirable that the pupil midwives who when qualified will work under a local authority supervisor, should have some practical acquaintance during their training with the methods and standards of local authority supervision.

With four-fifths of the domiciliary midwifery in agency hands, however, adequate supervision by modern standards will tend to duplicate the work of the agencies own supervisory staffs. The problem which confronts the Health Service, therefore, is to ensure that the supervision of midwives is both wide enough and searching enough to fulfil the Council's statutory responsibilities without unnecessary duplication or encroachment on the work of others.

The solution will not be easy and will require understanding and co-operation of the agencies concerned. A tentative exploration of the ground was started during the year but had not progressed to the point of definite proposals.

VITAL STATISTICS. The stillbirth rate which was 22 stillbirths per 1,000 total births, the infantile mortality rate of 27.7 deaths of infants under 1 year per 1,000 live births and the maternal mortality rate of 1.7 per 1,000 live and stillbirths, were a little higher than last year's record figures.

The comparable figures for England and Wales for 1950 were as follows:- stillbirth rate 22.6 stillbirths per 1,000 total births, infantile mortality rate 29.8 deaths of infants under 1 year per 1,000 live births, and maternal mortality rate 0.86 per 1,000 live and stillbirths.

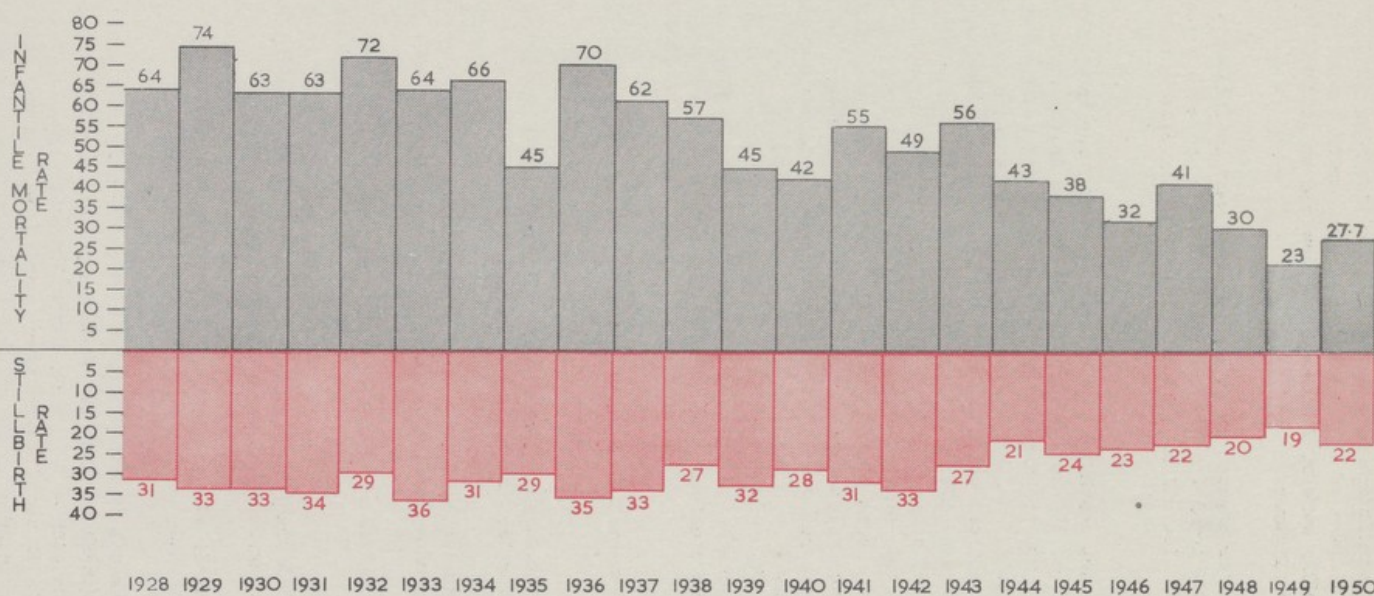
The total number of infant deaths and stillbirths combined remain nearly the same as in the previous year (145 against 144 in 1949) but the reduction in the number of births has caused the rate to be higher. The proportions in which the various causes contributed to these infant deaths showed little change from last year and the increase can, therefore, be regarded as one of those fluctuations which occur from time to time in the course of a general downward trend of the rate. It should be borne in mind, however, that the rate is now so low that it must be approaching a level which, in the present state of medical knowledge, would be an irreducible minimum. While it may be hoped, therefore, that the downward trend will continue for some years to come, the pace at which the fall is taking place is likely to become slower as time goes by and no further improvement of a dramatic nature can be expected. The diagram overleaf shows the infantile deaths and stillbirths over the past twenty-three years.

The number of maternal deaths were materially increased this year and an analysis of their causes will repay some consideration. There were six in all and details are listed below:-

- | | |
|---------------------------------|--|
| 1. Died 9.3.50
in hospital. | Internal haemorrhage due to ruptured ectopic pregnancy. |
| 2. Died 23.3.50
in hospital. | Toxaemia following acute peritonitis and caesarian section for difficult labour. |
| 3. Died 3.4.50
in hospital. | Amniotic Embolism due to spontaneous rupture of uterus in childbirth. |
| 4. Died 18.6.50
in hospital. | Septicaemia due to septic abortion. |
| 5. Died 7.12.50
at home. | Pulmonary Embolism due to pelvic and femoral phlebo thrombosis following childbirth. |
| 6. Died 22.12.50
at home. | Shock and haemorrhage from instrumental abortion induced by herself. |

It will be seen that cases 1, 4 and 6 died at a stage of pregnancy long before the time of childbirth and are regarded as maternal deaths only because their causes are included in this category for the purpose of the Registrar General's statistical returns. In only one of them, indeed, is it certain that death arose from a direct risk of pregnancy. Thus, there remain three cases in which death was due to maternity as ordinarily understood.

SHOWS TOTAL INFANT LIFE WASTAGE — 1928 — 1950



SECTION 24: HEALTH VISITING.

Further progress was made during the year in building up the Health Visiting staff through the Council's Student Training Scheme. At the 31st December, 1950, the following staff were employed:-

20 Health Visitors plus 1 Health Visitor at Avenons Road Clinic
(South West Ham Health Society).

4 Student Health Visitors.

In August, Miss Hazelden, the first holder of the newly created post of Deputy Superintendent Health Visitor, took up her duties; she formed a most welcome addition to the staff.

HOME VISITS. The home visits paid by the Health Visitors are set out below:-

	<u>First Visits</u>	<u>Total Visits</u>
	<u>1950.</u>	<u>1950.</u>
To Expectant Mothers	1,012	1,810
To Children under 1 year	3,799	12,846
To Children 1 - 5 years	1,419	26,222
Special Visits	-	2,166

This means that each child under 1 year of age received approximately 4 visits during the first year, and that children aged 1 - 5 years received between 1 and 2 visits per year. As would be expected from the substantial increase in staff this was a very material improvement on the service which was the best that could be provided last year. At that time the children under one received only 3 visits per year and those between 1 - 5 years of age had no more than a single visit.

In June, 1950, a scheme was introduced for maintaining closer liaison between the health visiting service and the hospitals to which West Ham children are admitted. This took the form of regular visits of two of the Health Visitors, one from the north of the borough and one from the south, to certain of the Paediatrician's ward rounds at Whipps Cross and Plaistow Hospitals. They were able to convey to the Paediatrician at first hand, in a way which could never have been done by the cold formality of a letter, a great deal of information regarding the children's home circumstances which was of great value as a guide to treatment. They also visited after the children had returned home, to help the parents in carrying out the Paediatrician's instructions for after-care, eventually handing the case over with full information to their colleague who was normally responsible for the particular area in which the child resided. An unexpected and pleasing feature of this scheme was the eager way in which the parents received the Health Visitors while their children were still in hospital: they clearly welcomed the news of their children's progress while gladly giving the information sought by the Paediatrician in return.

SECTION 25: HOME NURSING.

The arrangement whereby the Essex County Council provided a service from the Beachcroft Nurses' Training Home for that part of the borough lying to the north of the District Railway Line was continued during the year. It is fortunate that this "key" training home of the South West Essex area is situated near the borough boundary and that the County Authorities were willing to extend its services so far into the borough on the "appointed day"; for the difficulties in the Council's own service, which were reported last year,

continued unabated. In the absence of a Nurses' Home or of any kind of living accommodation which can be offered to prospective applicants, recruitment has been practically limited to part-time staff. Many of these are married women with home ties and all the uncertainties which follow from them; and some are not fully qualified as nurses. All give loyal and creditable service, and the table below shows how much they accomplish, but a service built on such foundations is obviously dangerously insecure. Recognising this the Council took a far reaching and constructive step to overcome the difficulties by including a proposal to build a District Nurses' Home and headquarters in their programme of capital works for 1951. It is hoped that this project will succeed in attracting permanent whole-time nurses with appropriate qualifications to come and work in the borough. It may well be the only way of securing a stable and adequate service.

Home Nursing Staff on 31st December, 1950.

1 C.M.B.		employed full-time
4 S.R.N.)	
4 S.E.A.N.	)	employed part-time.
1 Nursing Orderly)	

Summary of the Work carried out by the Home Nurses.

Total cases attended.	Total number of visits paid.	Average number of visits per case.
2,414	60,499	25.06.

SECTION 26. VACCINATION AND IMMUNISATION.

See pages 5 and 8.

SECTION 27 - AMBULANCE SERVICE.

The service continues to function as in the previous year. Ambulances under the operational control of the Chief Officer of the Fire Brigade are based at fire stations and the transport depot. Sitting case cars are provided by the Borough Engineer from the Council's fleet of passenger cars and are under the operational control of the Ambulance Officer at the Health Department.

The deployment of operational vehicles is as follows:-

Ambulances.

Stratford Fire Station	1
Plaistow Fire Station	4
Silvertown Fire Station	1
Transport Depot	5

Sitting Case Cars.

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

The demands on the Ambulance Service in 1950 were higher than during 1949 but as the year progressed it could be seen that the calls for both ambulances and sitting case cars were shewing a tendency to become fairly steady. This was especially so in the case of ambulances which were also shewing some signs of seasonal fluctuations.

The following comparative table shews the work carried out by the service during the years 1949 and 1950:-

Vehicles used 1.	Number of journeys. 2.		Number of patients carried. 3.		Number of accidents and other emergency journeys (included in Column 2). 4.		Mileage. 5.	
	1949	1950	1949	1950	1949	1950	1949	1950
Ambulances	15,393	16,912	18,558	21,774	2,390	2,529	135,998	153,438
Sitting Case Cars	8,857	12,101	8,754	12,456	-	-	103,725	130,083
Totals:	24,252	29,013	27,312	34,230	2,390	2,529	239,723	283,521

The greatest demand upon the service is still that of conveying patients to and from hospital out-patient clinics. This work is now running much more smoothly following consultations between officers of hospitals and of the Health Department.

During the year the Council accepted the responsibility for the inter-hospital transfer of patients from Queen Mary's Hospital, Stratford, to Hillingdon House, Harlow, Essex. The transfer of these patients had previously been carried out by the ambulance retained and run by the West Ham Group Hospital Management Committee.

This new commitment necessitated an increase of the ambulance strength from ten to eleven ambulances, but it was found possible, by making some adjustments in the availability of certain ambulances, to operate the additional ambulance without increasing the manpower strength of the service.

Reciprocal arrangements with neighbouring authorities, i.e. East Ham County Borough, Essex County Council and London County Council, continue to work satisfactorily.

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

1. TUBERCULOSIS.

The Council's tuberculosis services received an accession of strength early in the year from the appointment of Mr.N.Forward as a Social Worker. Though the greater part of his time is devoted to the interests of tuberculous patients, he is also available for care and after-care work in any field. Mr.Forward has the distinction which it is rather rare to find in a man, of possessing the full qualification of the Institute of Almoners: his report, which is printed below, shows clearly that he knows how to make every bit as good a use of it as do his feminine colleagues.

(a) Work of the Tuberculosis Health Visitors. During the year the Tuberculosis Health Visitors employed by the Council made 3,427 domiciliary visits and attended 321 sessions at the Chest Clinic. The volume of work has increased considerably - over 1,100 additional domiciliary visits being made in 1950 as compared with 1949.

The work of this staff, who carry out their duties from the Chest Clinic, has proved most valuable. Patients are advised on the hygienic measures necessary for their own health and for the protection of others; the health and social conditions of the patient's family are tactfully investigated in order that assistance may be given when possible, and contacts are encouraged to attend the Chest Clinic for examination.

(b) Work of the Social Worker.

Report by Mr. N. E. Forward.

The appointment of a Social Worker to the Public Health Department became operative on January 9th, 1950. Obviously the intention was to appoint an officer for social work in a medical setting and the popular and most commonly used designation for such an officer is "Almoner". Though this name is to some degree still associated in the public mind with the hospital officer who assesses patient's payments to the hospital, it is now much more commonly accepted that the Almoner is the officer who "helps" the patients. Accordingly, while the designation of the post remains the same, the appointed officer has now become generally known as the "Almoner", a name which appears to have given satisfaction to all concerned.

An Almoner's function is to help the doctor in the treatment of the patient, the doctor relieving physically and mentally, and the Almoner, where required, environmentally and mentally insofar as improved social conditions affect the patient's outlook. Broadly, the duties fall into three main categories:-

- (1) Medical social work directly concerned with the doctor's investigation and treatment of the illness.
- (2) Liaison with other agencies concerned with the social aspect of medicine and association with the planning of the National Health Service. The latter is mainly met by co-operation with the Public Health Department.
- (3) Other work, such as teaching, research, or planning facilities for patients in which the knowledge and skill of a trained social worker are needed. Medical social work itself likewise can be classified under three headings:-

(a) Social investigation, being a study of the patient's environment and consultation with the doctor on those factors which may be relative to the case.

(b) Social treatment, being sometimes a simple consultation, sometimes provision of small material help to overcome a temporary difficulty, sometimes more extensive and difficult rehabilitation or on occasion some personal and private problem needing adjustment, without which medical treatment may be less valuable. This also covers prevention by co-operation with the doctor in securing the segregation of contacts and arrangement of convalescence to increase resistance to infection.

(c) After care, a general contact with resolved cases and contacts to ensure that the value of treatment given is not lost and which sometimes of itself is sufficient to give encouragement or an assurance that there are interested agencies should misfortune be repeated.

Thus the Doctor and the Almoner jointly help the patient through an illness and its implications in such a way that eventually the patient is restored to independence and security.

At the start of a newly created post much energy and time needs to be given to finding ones way about, to planning work and records, to making contacts and to making experiments in the most satisfactory ways of giving help and guidance to persons in need. Suitable office accommodation and equipment has to be found.

Though it may be desirable, it is not possible at present to interview all patients attending the Chest Clinic and it has, therefore, been necessary to confine the work to that referred either by the Chest Physician or by the Tuberculosis Health Visitors as far as the tuberculous patients are concerned.

Altogether 326 tuberculosis patients have been seen. Some have been advised, others referred to other agencies for the requisite service, e.g. Home Help, Occupational resettlement (Employment Exchange Disablement Resettlement Officer). There has been a very close liaison with the Disablement Resettlement Officer at Canning Town but not quite so much progress has been made at Stratford.

A substantial number of cases of clothing needs have been referred either to the Women's Voluntary Services when clothing has been supplied or an application has been made to the Personal Service League on behalf of the patient.

Cases of financial difficulty are referred first to the National Assistance Board, failing which the patients are referred to one of the recognised voluntary agencies when the Almoner has supported an application for help in approved cases. Help given in this way is generally for fares to visit a relative in sanatoria, help with clearing off heavy hire purchase debts, and sometimes with provision of bed and bedding.

A statistical summary of work done during the year is attached. The miscellaneous services include admission to hospital and sanatoria reference to Toc. H. for friendly supervision, advice or enquiries concerning pension, insurance and other statutory problems, reference to the Psychiatric Social Worker, to the Citizen's Advice Bureau, to the School Meals Service for free meals, to the Probation Officer, general advice on a variety of matters, one case of repatriation and one of emigration.

A very happy service at Christmas time was the distribution of toys to over 200 children, either themselves suffering from tuberculosis or dependent on parents whose income was reduced by illness from tuberculosis. The main source of supply was the Evening News "Toy for a Sick Child" scheme and smaller but very valuable supplies were given by the Upton Manor Rover Scouts Group and by the Sunday School children of Stratford Congregational Church through a Toy Service.

The names of a 100 elderly people with very low incomes who are also cases of tuberculosis was supplied to the Mayor to share in the distribution of Christmas food parcels.

In addition to tuberculosis cases 20 other cases were dealt with during the year, referred to the officer by the Public Health Department or by other hospitals, mainly Queen Mary's Hospital. The statistics include these cases.

The close of the year saw the department with a separate office in the Balaam Street Baths with the services of a half time secretary. Liaison with the Chest Physician in dealing with contacts has been satisfactory and co-operation with the Tuberculosis Health Visitors excellent. It can safely be recorded that after some trial and error the years end found the new office functioning smoothly with the prospect that next year the Tuberculosis Social Service could make a real contribution to the life of the community.

SCHEDULE OF WORK.

Cases seen:-

Tuberculosis	-	326
Other	-	20
Total:		<u>346</u>

Preventive Measures:

Convalescent arrangements - Adult	...	...	...	...	...	8
- Child	...	...	...	...	...	29
Referred to Children's Officer	...	...	...	...	...	12
Provision of beds	...	...	...	...	...	2
Referred for re-housing	...	...	...	...	...	71
House repairs						
Referred Sanitary Inspector	...	...	...	...	...	11
Referred Landlord	...	...	...	...	...	7

After Care and Rehabilitation:

Referred to D.R.O. for work or training	...	...	...	...	...	31
Recommended for Home Help Service	...	...	...	...	...	23
Occupational Therapy	...	...	...	...	...	12
Provision of clothing or bedding	...	...	...	...	...	51
Financial aid						
Referred National Assistance Board	...	...	...	...	...	99
Referred voluntary funds	...	...	...	...	...	59
Referred Mayor's Fund	...	...	...	...	...	7

Palliative Measures:

Home Nursing	16
Nursing appliances	4

Miscellaneous:	85
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2. CONVALESCENCE.

During the year 141 applications for adult convalescence were received - 69 from hospitals (mostly out-patients), 68 from general medical practitioners and 4 from the Chest Clinic. One hundred and thirty four applications were approved but of these 20 were subsequently cancelled for various reasons. The remaining 7 applications were not approved as they did not come within the scope of the scheme.

This being the first full year in which this service has been provided it is not possible to give comparative figures. There is little doubt, however, that the scheme became more extensively used as it became more widely known.

3. MENTAL ILLNESS OR DEFECTIVENESS.

Information on the care of mental patients will be found in the Mental Health Section, pages 43 - 49.

4. HEALTH EDUCATION.

In September a two-day course on "The Principles, Methods and Media of Health Education" was held at the Health Department for the benefit of medical officers and nurses working in the public health services. Speakers, films and other material were generously provided by the Central Council for Health Education. In accordance with the usual practice of the Central Council this course was run at the same time as corresponding ones for the benefit of head teachers and staffs of Children's Departments; and the arrangements culminated with a public meeting on "Problems of Child Care" at which the Mayor graciously presided, supported by the Chairman of the Health Committee and other members of the Council.

The entire programme of events was a notable success. For the course itself, invitations were extended to the staffs of neighbouring authorities and of the various agency bodies which participate in the maternity and child welfare services of the Borough; the average attendance for the four sessions exceeded 33. The public meeting attracted an audience of more than 250.

The talks themselves were most enjoyable and instructive and were greatly welcomed by all who heard them. Our grateful thanks are due to the Central Council for Health Education and to their officers who so ably illuminated this difficult but important subject.

SECTION 29: DOMESTIC HELP.

Statistics relating to the work of this service during the year are set out below:-

General Sickness.

No. of applicants	...	...	...	...	...	...	...	...	...	...	443
No. cancelled, withdrawn or refused	...	...	...	...	...	...	...	...	...	...	<u>73</u>
Total new applicants during 1950	...	...	...	...	...	...	...	...	...	...	370
No. of recipients on books at end of 1949	...	...	...	...	...	...	...	...	...	...	<u>210</u>
Total number of persons receiving home help during 1950	...	...	...	...	...	...	...	...	...	...	580

Ages of applicants to whom Home Help was supplied:-

Under 50	-	76	=	20.5%
Between 50/59	-	35	=	9.5%
Between 60/69	-	54	=	14.6%
Between 70/79	-	124	=	33.5%
Between 80/89	-	76	=	20.5%
Between 90/99	-	<u>5</u>	=	<u>1.4%</u>
		<u>370</u>		<u>100.00%</u>

Cases assessed to pay	...	...	...	...	...	...	...	...	...	...	138
Cases free	...	...	...	...	...	...	...	...	...	...	232
Male applicants	...	...	...	...	...	...	...	...	...	...	62
Female applicants	...	...	...	...	...	...	...	...	...	...	308
Average hours per case <u>per week</u>	...	...	...	...	...	...	...	...	...	...	10
Total number of hours worked by Home Helps	...	...	...	...	...	...	...	...	...	(approx.)	136,520
(On the basis of a full-time Home Help working 47 hours per week, this is equivalent to the work of 53 full-time Home Helps throughout the year).											

Number of Home Helps:-

Permanent full-time Home Helps employed on 31st December, 1949	-	12
Permanent full-time Home Helps employed on 31st December, 1950	-	11
Part-time Home Helps employed at 31st December, 1950	-	77
Average hours worked per week per part-time Home Help	-	25.63

Tuberculosis Cases.

Number of new applicants	21
Number transferred from 1949	1
	<u>22</u>

Number of Home Helps available for work in tuberculous households at 31st December, 1950 6

Maternity.

Number of applications received	112
Number cancelled or withdrawn	39
Number received home help	<u>73</u>

Each maternity case is normally allotted 62 hours service during the two weeks following confinement.

Hours worked by Home Helps on maternity cases during the year - 4,526
(This is equivalent to 1.85 full-time Home Helps per week during the year. Many of the maternity Home Helps were specifically employed for a particular case only, after careful enquiry in each instance by the Home Help Organiser).

Home Visits (including those where no access obtained).

Maternity - Applicants and Recipients	218	
Maternity - Home Helps	140	358
General - Applicants and Recipients	1,854	
General - Home Helps	275	2,129
Total Visits:		<u>2,487</u>
Office Consultations - Applicants and Home Helps		<u>6,720</u>

N.B. Home Help Organiser was absent on sick leave for 3½ months.

Headings of Diseases.

Heart and circulation	83
Rheumatism, Arthritis, etc.,	52
Senility	48
Respiratory conditions	37
Tuberculosis	21
Illnesses connected with pregnancy	18
Accidents - broken limbs, etc.,	13
Cancer	12
Blind	11
Varicose Veins, Ulcers	8
Hemiplegia, Paralysis, Thrombosis, etc.,	19
Diabetes	4
Miscellaneous	44

It will be clear from these figures that a very large proportion of the resources of this service goes to relieve the needs of the old folk who are ill or infirm in their own homes. But for the help they get from the hard working and devoted women who give this service, many of these people in the evening of their lives would be swelling the all too lengthy hospital waiting lists and living in hardship or misery during the weeks or months before their turn was reached. With the few hours attendance which they get each week from the Home Help to keep their houses clean and tidy, to help them with their shopping, or to prepare their meals, they can maintain an independent life in their own homes, among their own treasured possessions, and among the community in which perhaps they have lived a great part of their life. Not only is it a happier and altogether more natural existence to remain within the main stream of affairs of a busy neighbourhood, but the final breakdown of an infirmity is likely to be much longer delayed. This achievement alone would provide a justification for a vigorous Home Help Service but the statistics show that this is by no means the sum total of the good which it can do. To mention only a few, the relief of anxiety and provision of a proper rest for the mother who has her baby at home, the tiding of a household of the difficulties caused by sudden sickness of the housewife, and the regular help which often means so much to the bedridden tuberculous patient, perhaps alone for a large part of the day, are examples of a humanitarian service which contributes immeasurably to the peace of mind and the progress of the patient. Many of the cases also need the attentions of the Home Nurse but it can properly be said that the full benefit of their nursing skill could not be reaped without the more hum-drum but none the less essential service, which the Home Helps give.

The experiment which was tried last year of appointing a whole-time male Home Help to assist with exceptionally difficult problems - for instance, where a formidable task of cleaning was needed before the ordinary Home Help could hope to give her best - was such a striking success that the Council agreed to additional appointments for this purpose, and another man was duly taken on the staff and commenced duty in June.

During this year also the Council agreed to a special rate for Home Helps engaged in households where there were cases of tuberculosis or infectious disease. This was intended as a recognition for the additional care and trouble to which they would be put in carrying out the necessary precautionary measures against infection. At the same time a formal routine for the regular check on the health of these Home Helps was adopted and put into operation with the object of protecting the Home Help herself. These arrangements were working smoothly at the end of the year.

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 three 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 Administration.

(1) 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.

(11) A full-time Psychiatric Social Worker (appointed September, 1950), whose main duties are in connection with pre-care and after-care work for mental patients.

(111) Supervisor and Assistant Supervisor of Occupation Centre.

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

CO-ORDINATION AND JOINT USE OF OFFICERS.

The friendly relationship with the Regional Hospital Board, the Hospital Management Committees and their officers has been maintained. The Physician Superintendent of Goodmayes Hospital, and his staff, are available for consultation and advice if required under the Lunacy and Mental Treatment Acts, as also is the Physician Superintendent of South Ockendon Institution under the Mental Deficiency Acts.

The Council's Duly Authorised Officers have continued to supervise mental defectives on licence and to visit and report on home circumstances of defectives in institutions who may be considered suitable for licence, discharge, etc.

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

VOLUNTARY ASSOCIATIONS.

The Council does not delegate any duties to voluntary Associations.

TRAINING OF MENTAL HEALTH WORKERS.

Even the most experienced of officers can bring fresh points of view to bear on their work by keeping in touch with their colleagues working in closely related fields, and the arrangements which have proved so successful in the past whereby the Duly Authorised Officers have attended occasionally at Goodmayes Mental Hospital and other institutions for talks and discussions on their work have been continued. They have proved of the greatest value to all who participated.

PREVENTION, CARE AND AFTER-CARE.

Report on the work of the Psychiatric Social Worker
from 1st January to 31st December, 1950.

The work was carried on by the P.S.W. part-time on loan from the National Association for Mental Health until September 18th when the Council were successful in obtaining the services of a full-time P.S.W.

The social care of people with psychological problems began with six cases transferred by the National Association for Mental Health from their after-care scheme to West Ham. At 31st December, 1949, 52 cases altogether had been referred from Goodmayes Hospital

and from other social agencies, i.e. Disablement Resettlement Officers of Labour Exchanges, social workers in voluntary organisations, such as the C.A.B., and Hospital Almoners. About half of the 52 cases were pre-care, that is patients who had not had treatment in a Mental Hospital, and the rest were patients who had had treatment in a Mental Hospital.

On 1st January 1950 the current case load was 39 and the attached figures show the progress of the work.

The work of the P.S.W. in the Public Health Department covers the following:-

1. Social care of patients with psychological and social problems.
These are classified as pre-care and after-care.
2. Psychiatric Social Club.
3. Mental Deficiency.

(1). It was felt that the function of the Local Authority in Community Care was preventive with the emphasis on the maintenance of health. Therefore, the P.S.W. first visited the social workers, both voluntary and statutory, in the various organisations in the Borough and explained the aims of this service. These social workers come into contact with people, who have problems of a psychological kind, difficulties in their social relationships, and in adjusting to their families, or to their employment, and so on, and are able to refer these people to the P.S.W. whose function it is to help them through their difficulties and where desirable to put them in touch with a Psychiatrist or whatever service they need. Many people can be helped by a P.S.W. when facing a crucial problem, and it is hoped that by dealing with such problems as they arise, a breakdown may be avoided. The various social organisations also come into contact with people who refuse to see a doctor or are afraid to see a Psychiatrist, but some people will often see a P.S.W., especially if her office is not situated in a hospital or clinic. Then sometimes it is possible to overcome such fears and persuade them to accept the treatment they need. These are the cases known as pre-care. The social workers in West Ham have been most co-operative and have shown considerable skill in selecting the kind of cases which the P.S.W. is trained to help.

The after-care cases are referred mainly by Goodmayes Hospital and as there is a close link between the Council and the Hospital, it has been possible to work out a very flexible scheme suitable to the needs of the patients.

Not all patients discharged from hospital need after-care and a systematic follow-up is not considered desirable. Patients when recovered need confidence in their recovery and the suggestion of after-care may sow seeds of doubt in their minds. The hospital psychiatrist usually makes the decisions as to the advisability of after-care and whether it should be done by the hospital or the West Ham P.S.W.

Those patients for whom after-care is usually suggested are

- (a) those who have improved considerably but whose final recovery depends on their adjustment to the world outside the hospital, and in this, they may need help.
- (b) those patients who have recovered but have problems of employment, domestic difficulties, family and social relationships, which need resolving, if their recovery is to be maintained.
- (c) those patients who feel inadequate and dependent and need support for a while before settling down.

The field of after-care could not be fully covered until the appointment in November, 1950, of a P.S.W. at the Hospital. Usually the West Ham P.S.W. is responsible for the after-care of patients requiring support for a long time, or who were known to her before admission and also of prospective members for the Psychiatric Social Club.

(2) The Psychiatric Social Club meets weekly. The present membership is small and it has proved difficult to get new members to come along unless they were already well known to the West Ham P.S.W. It is hoped to move the Club to more convenient premises and there is, at present, a shortage of equipment. Regular members do not usually need any after-care other than the social life of the Club where they can share their problems and where their disabilities are tolerated. This helps them to gain confidence in themselves and others which is essential for their rehabilitation.

(3) Mental Deficiency. The statutory supervision of mental defectives is carried out by the Duly Authorised Officers. The P.S.W. however, was asked to visit with the D.A.O's each defective in turn, so that she would have some knowledge of the cases. In addition, from time to time the P.S.W. has been asked to visit in certain problems, e.g. the provision of a holiday for a backward boy who was making excellent progress in employment or in establishing a better relationship between an anxious mother and her backward child.

By arrangement with the Regional Hospital Board, Dr. Riordan has acted as Consultant Psychiatrist to the P.S.W. and he and other members of the Medical Staff at Goodmayes Hospital have always been ready to give advice. The P.S.W. has also been helped considerably by the Staff of the Public Health Department and by the Co-operation of voluntary and statutory social workers in the Borough.

STATISTICS.

Current Cases on 1st January, 1950 39

From 1st January, 1950 to 31st December, 1950.

New cases referred

pre-care	-	28		
after-care	-	<u>49</u>	... ..	77
Cases closed	...	...	...	58
Current Cases	...	...	...	58

Sources of Referral:

Voluntary Agencies	...	...	...	5
Whipps Cross Hospital	...	...	...	1
Maida Vale Hospital	...	...	...	1
Queen Mary's Hospital	...	...	...	6
Chest Clinic	...	...	...	4
Goodmayes Hospital	...	...	...	41
Disablement Resettlement Officers	...	...	...	1
London Hospital	...	...	...	1
Probation Officer	...	...	...	2
Patients themselves through various sources of information	...	...	...	3
Public Health Department				
School Medical Dept.	...	...	...	2
Home Help Service	...	...	...	1
Health Visitor	...	...	...	1
D.A.O's	...	...	...	4
General Practitioners	...	...	...	3
Others	...	...	...	<u>1</u>
				77

No. of visits	...	...	...	...	...	...	...	...	...	301
No. of interviews	...	...	...	...	...	...	...	...	...	52
Visits to Social Agencies, etc.	...	...	...	...	...	...	...	...	...	25

Psychiatric Social Club

P.S.W. attended every Tuesday evening.

15 visits were made in connection with the club. These figures are not included in the above figures.

Mental Deficiency

Defectives seen once with D.A.O.	...	...	...	...	...	...	...	21
No. of defectives requiring special visits during period	...	...	...	...	...	...	...	5
No. of visits made on these cases	...	...	...	...	...	...	...	9
No. of interviews	...	...	...	...	...	...	...	2

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 hospitals as:-			
(a) Voluntary patients	45	60	105
(b) Urgency Orders	20	16	36
(c) Temporary Orders	3	8	11
(d) Certified Cases	3	6	9
Admitted for Observation	1	-	1
No statutory action taken	43	89	132
Totals:	115	179	294

In addition to the above 203 visits were made in connection with mental illness.

MENTAL DEFICIENCY.

On the 1st January, 1950, the number of mental defectives on the register was 770. Of this number, 711 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 as "Subject to be dealt with":-			
Number in Institutions under Order	210	208	418
Number under Guardianship	1	3	4
Number in "places of safety"	-	2	2
Number under Statutory Supervision	142	125	267
Number in which action not yet taken under any of the above headings	11	9	20
B. Mental defectives not at present "subject to be dealt with" but over whom some form of voluntary supervision is maintained	38	21	59
TOTAL:	402	368	770

During the year 7 cases (3 males and 4 females) were admitted to institutions under Order.

ASCERTAINMENT.

The number of mental defectives ascertained during the year was 30 (17 males and 13 females). This number includes 26 cases (16 males and 10 females) which were reported by the Local Education Authority. Of the new cases 2 were admitted to institutions - 1 under Order and 1 as in a "place of safety", 24 were placed under Statutory Supervision and in 4 cases no action had been taken at the end of the year.

In addition to the foregoing 7 cases were examined and placed under friendly supervision.

SUPERVISION.

At the end of the year there were 267 defectives (142 males and 125 females) under statutory supervision and 59 cases (38 males and 21 females) under friendly supervision. In addition there were 23 patients on licence from institutions who were supervised by the Council's officers.

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

In most cases the visits and advice of the Officers are welcomed. Defectives who are capable of working are helped to find suitable employment or are referred to the local Disablement Rehabilitation Officers. The number of domiciliary visits to mental defectives made by the Duly Authorised Officers during the year was 1,540.

In addition the Officers made 165 visits in order to obtain reports for visitors, holidays, etc.

GUARDIANSHIP.

The number of defectives under guardianship at the end of the year was 4 (1 male and 3 females). All are with guardians outside the area of West Ham and arrangements have been made for them to be visited periodically by the welfare officer of the local authorities in which they reside. Medical visits are made annually by one of the Council's Medical Officers.

OCCUPATION CENTRE.

In July an Occupation Centre for mentally defective children was opened in a building forming part of the old Civil Defence Depot in Sebert Road. This building which was previously used as a store by the Highways Department, had been adapted to provide a large classroom suitable for 25 children together with a kitchen, office, cloakroom, store and sanitary offices.

The opening of the Centre meets a long standing need since it provides the only means of training children who have been found to be unable to derive benefit from the education provided in either primary schools or special schools for the educationally subnormal. Its value has already been amply demonstrated by the progress the children have made even in so short a time as five months. That this progress has not been confined only to their work at the Centre is confirmed by the reports from parents of improvement in the childrens' behaviour at home.

In reporting the success of this new venture, it is fitting that credit should be given to the Supervisor, Miss E.F.Forshaw, and her staff for their excellent work with the children and for the enthusiastic and resourceful manner in which they have tackled the problems of organisation which have arisen from time to time during these early months.

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 small increase in the school population during the year. On 31st December, 1950, there were 27,369 children on the School rolls, as compared with 27,027 on the corresponding day of 1949.

The total increase since 1945 remains slightly less than 7,000.

Medical Inspection. A table setting out the work done under this heading will be found in appendix 4 on pages 82 - 84. The volume of work carried out was much the same as in the year before.

It was reported last year that some initial uncertainty had been caused by changes in classification on the Ministry of Education new record form LOM. The principle difficulty was the adoption of an assessment of the child's general condition in place of the rather misleading one of nutrition. After a period of trial the standards of judgment have now been stabilised and the figures for the past two years are as follows:-

Classification of the General Condition of Children Inspected during the Years 1948, 1949 and 1950

<u>Year 1948</u>	<u>No. of children inspected</u>	<u>A. (Good)</u>		<u>B. (Fair)</u>		<u>C. (Poor)</u>	
		<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
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
<u>Year 1949</u>							
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

Year 1950

	<u>No. of children inspected</u>	A. (Good)		B. (Fair)		C. (Poor)	
		No.	%	No.	%	No.	%
Entrants	4,052	1,288	31.79	2,394	59.08	370	9.13
2nd age group	2,658	859	32.32	1,596	60.04	203	7.64
3rd age group	2,566	1,246	48.56	1,221	47.58	99	3.86
Other periodic	2,133	950	44.54	1,115	52.27	68	3.19
Total	11,409	4,343	38.07	6,326	55.44	740	6.49

It will be noted that there is comparatively little change in these figures. A pleasing feature is that the percentage of cases classified as poor general condition dropped by 1.29 from the figure for 1949. The figure for this category (6.49 per cent.) was the lowest for the three years.

HYGIENE OF SCHOOL PREMISES

The system of inspection of school premises by the Assistant School Medical Officers initiated in 1949 was continued. At the end of each medical inspection which takes place annually the school doctor makes a full report which includes a wide variety of headings ranging from the condition of classrooms, playground, sanitary and toilet facilities to the school meal arrangements. Copies are supplied concurrently to the Education Officer and Borough Engineer and it is found that this arrangement expedites whatever action it may be practicable to take on a short term basis for implementing any recommendations. As is inevitable where many of the schools are of old construction, some of the more substantial improvements can only await incorporation in long term plans.

During the year 45 reports were made and dealt with in this way.

THE WORK OF THE SCHOOL NURSES

A start was made towards the implementation of the Council's policy of filling all future vacancies in the School Nursing Service by Health Visitors trained under the Council's sponsored student scheme. During the year four Student Health Visitors commenced approved courses of training with this end in view.

In August, the Superintendent Health Visitor, who is also the Superintendent School Nurse, received much needed assistance from the very welcome appointment of Miss Hazelden as her deputy.

NUTRITION. Nutritional surveys were carried out on the same basis as in previous years, and occupied a substantial proportion of the school nurses' time.

The Ministry of Education form 10b M (Subsidiary School Medical Record) was used for all new pupils. The addition on the reverse side of a height and weight chart enables the entries to be made both graphically and in figures.

It was again not possible to reach the ideal of a terminal inspection, but once again the results were so good that it may confidently be asserted that nothing of value is lost by the lengthening of the interval between the inspections.

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. Should the area doctor after a full investigation of the case, and examination of the child consider that a specialist's opinion is necessary, the child is referred to the nutritional section of the paediatric clinic.

NUTRITION SURVEYS

Number of inspections	...	...	...	...	...	14,635
Referred to school doctors (suspected malnutrition)						12
Referred to school doctors (other conditions):-						
Scabies	...	...	...	...	...	11
Skin diseases	...	...	...	...	...	7
Ear defects	...	...	...	...	...	4
Other conditions	...	...	...	...	...	24
Total						58

CLEANLINESS. Routine cleanliness surveys are sometimes conducted at the same time as the nutritional surveys. On other occasions 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 who are discovered 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, 37,114 inspections were made at these cleanliness surveys, and 1,597 instances of infestation found, a percentage of 4.3. This number refers to individual children, because, however many times a child is found dirty in the year, it is only recorded as one case. 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. Cleansing notices were issued in three cases, and a Cleansing Order in one.

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 most important function of the school nurses which is essential if the full value is to be obtained from inspection and treatment. Many children would weary of carrying out the doctor's recommendations and parents fail to co-operate without the friendly encouragement and advice of the nurse. This service frequently requires the nurse to visit the children's homes and this is welcomed as an excellent opportunity of getting to know really intimately the families for whose welfare they are responsible.

During the year the school nurses paid 5,528 home visits in this way.

TREATMENT

RINGWORM. The number of cases of ringworm of the scalp treated during the year was four. 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
1949	2	1

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 6,465. Following is an analysis of this figure:-

External Eye Diseases	522
Minor Ear Defects	363
Skin Diseases	782
Miscellaneous Defects	4,798

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

<u>Clinic</u>	<u>New Cases</u>
Stratford	2,478
Balaam Street	1,945
Rosetta Road	1,913

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>No. of Attendances</u>
Stratford	10,007
Balaam Street	11,195
Rosetta Road	7,403
Total	<u>28,605</u>

It will be observed from these figures and those given in Appendix 4, that there has been a material decrease in the number of minor ailments treated at these clinics since the peak year of 1948 when 8,626 cases were registered. The number of clinic attendances, which may give some indication of the severity of the conditions, have been steadily decreasing for a longer period, from the post-war record of 41,746 in 1946. It is difficult to say whether this is an indication of gradual improvement in the health of the school child or of a tendency to consult the private practitioner rather than the school medical officer now that everyone is entitled to a doctor of their own. While it is a little early to draw any firm conclusions, it does appear probable that the tendency to use these clinics less and less is becoming fairly well set, and this may at some future stage have an important bearing on policy. However, the 28,605 attendances recorded above are obviously sufficient to require a substantial service for the time being and no immediate modifications appear to be called for.

REPORT ON THE WORK OF THE OPHTHALMIC CLINIC

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

The work carried out in the Eye Clinic during the year 1950 followed the same routine as in previous years.

The number of school children refracted was 1,946, and 1,504 prescriptions were given for glasses. Of the children examined, 285 were found to have no refractive error, 104 only slight errors and glasses not prescribed, and 53 were found to be already wearing suitable glasses.

Among those refracted, 562 were found to be myopic, and 475 had some degree of squint.

Of the many attendances made in the clinic for reinspection of glasses and advice, 278 were cases of myopia, but the largest number of attendances was made by children with squints. 567 such cases made 2,208 attendances. The figures for reinspections of strabismus include cases of previous squints now straight after operation and/or orthoptic treatment, but still under observation at the clinic.

The orthoptic work was carried out by Miss Martin working part-time 6 sessions per week till the beginning of July, and thereafter by Miss Carter, who was appointed as full-time orthoptist. The number of school children seen in the Orthoptic Clinic was 362, and they made 3,099 attendances.

Children under school age referred from the Maternity and Child Welfare Department were also examined and treated in this clinic. The majority of these cases were referred for strabismus and 72 were refracted, 67 receiving prescriptions for glasses. These young children are seen periodically during the year and 91 attended for re-inspection, making 265 attendances. Some of these children under school age are suitable for orthoptic treatment, and 47 attended the orthoptic clinic and made 166 attendances.

The operative work was carried out at Whipps Cross Hospital and I performed 65 operations for strabismus, 8 of which were on children under school age.

Many attendances were also made in the Eye Clinic for the treatment of external eye diseases and also the examination of other less common eye conditions.

Owing to the large number of attendances in the Eye Clinic and to prevent children being kept too long waiting for an appointment, I have had Dr.Jaffe assisting me in the clinic for three sessions per week since May.

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	939	55	5.86
Girls	598	1	0.17

The results of the survey of special visual defects carried out under the auspices of the Royal College of Surgeons in 1948-49 had not been received by the end of the year, but the preliminary findings came to hand as this report was going to press. It is hoped to be able to make a fuller comment on the matter in next year's report.

EAR, NOSE AND THROAT DEFECTS: DEFECTIVE HEARING. The specialist Ear, Nose and Throat clinics established in 1947 have proved a marked success.

The total number of tonsil and adenoid operations known to have been performed during the year was 227. Of this number 108 were performed by Mr. Scott at Whipps Cross Hospital. Six hundred and thirty-five children were treated for various conditions affecting the ears, nose and throat; three hundred and sixty-three of these were given treatment at minor ailment clinics. Details of the ascertainment of deaf children are given on page 69.

HEARING OF SCHOOL CHILDREN. Miss S. J. Riches commenced duty as a whole-time audiometrician in the School Health Service on 17th April, 1950.

Her duties consist in visiting the schools and testing the hearing of the children by means of a gramophone audiometer. This is a form of gramophone with an electrical pick-up and no loud speaker. To the machine are attached a number of telephone receivers by long leads, and it is possible to test 20 children at a time.

In carrying out the test the children place the headphone first on the right ear. The gramophone record is started and then single numerals are given out, and are recorded with gradually reduced loudness (the numbers vary in amplitude from +30 to -3 decibels). Then the headphone is changed over to the left ear and the test carried out again. The children who failed in the first test were given a second test before being referred to the area doctor for further examination. It was deemed desirable to refer to the clinic any child with a decibel loss of 12 and over in either ear.

Up to the present only children of eight years of age and over have usually been tested. A few seven year old children have been tested. The group audiometer achieves its main purpose in the detection of slight and early cases of defective hearing. The following is a summary of the children tested and referred for further investigation.

	<u>Number</u> <u>Tested</u>	<u>Number</u> <u>Re-Tested</u>	<u>Number</u> <u>Defective</u>
Boys	2,521		31
Girls	2,396	931	29

Out of this number tested it was found necessary to refer the 60 children found defective to the area doctors for further examination. They, in turn, found it necessary to refer 23 children - 13 boys and 10 girls - for specialist opinion, the remainder being remedied by simple treatment.

Analysis of Cases seen by Specialist

Boys

<u>Cause of Deafness</u>	<u>Action or Recommendation</u>
1. Catarrhal deafness	Treated at clinic.
2. Scarred tympanic membranes	Favourable position in class.
3. Traumatic deafness	Deaf Aid provided.
4. Secretory otitis media	Treated at clinic.
5. Familial deafness	Favourable position in class.
6. Conductive deafness	Treated at clinic.
7. Attic perforation	Favourable position in class.
8. Familial deafness	Favourable position in class.
9. Conductive deafness	Favourable position in class.
10. Familial deafness	Audiometric check twice a year.
11. Adenoids	Priority for operation.
12. No deafness found	-
13. Chronic middle ear suppuration	Treated at clinic

Girls

1. Secretory otitis media	Favourable position in class.
2. Nerve deafness	Hearing Aid provided. (Recommended for Deaf School)
3. Intermittent Right otorrhoea	Treatment to be provided during acute phases.
4. Intermittent bilateral otorrhoea	Treatment to be provided during acute phases.
5. Active Suppurative otitis media	Treated at clinic.
6. Catarrhal deafness	Treated at clinic.
7. Adenoids	Recommended for operation.
8. Intermittent unilateral otorrhoea	Treated at clinic.
9. Chronic suppurative otitis media	Treated at clinic.
10. Conductive deafness	Favourable position in class.

ORTHOPAEDIC AND POSTURAL DEFECTS. The Children's Hospital, Balaam Street, Plaistow, continued to provide a service for children suffering from orthopaedic defects in the same way as before the introduction of the National Health Service. In 1950 the number of children treated as out-patients was 320 with a total attendance of 2,144 and, in addition, 12 children were treated as in-patients. A further 8 children were under maintenance at orthopaedic hospital schools approved by the Ministry of Education.

In accordance with the new National Health Service arrangements, surgical appliances were provided by the hospital.

HEART DISEASE AND RHEUMATISM. Under the Ministry's classification all conditions of the heart and circulation are grouped together under one heading. The majority of these conditions consist of cases of anaemia and functional diseases of the heart. During the year under review, 150 cases were referred at Periodic and Special Inspections for treatment for "Heart and Circulation" as defined on Form 10M. Of this number 56 were considered as cases of organic disease of the heart. This number includes cases of congenital defects.

An analysis of the cases requiring treatment is as follows:-

	<u>Requiring Treatment</u>
Organic heart cases	56
Functional conditions	28
Anaemia	66

Among the school children referred to the paediatrician for opinion for the first time during the year, 32 had a heart murmur which was considered of no significance and could be ignored; 10 had a cardiac defect, and the majority of these had been previously recorded by the school doctors. An analysis of the 10 cases showed that 3 were congenital lesions, one was a severe condition and 6 were slight lesions.

The above numbers do not include cases with known heart lesions sent to the paediatrician for further advice, e.g. fitness for games, etc. The number of children for whom it is necessary to advise restrictions in physical activity is surprisingly small. This is in accordance with modern views on the subject. Cases referred for observation only were 129, 113 being found at Periodic Inspections and 16 at Special Inspections.

The 56 cases of true organic heart disease were dealt with as follows:-

Recommended for admission to Heart Hospital Schools	N11
Recommended for admission to Day Special Schools	2
Under observation at School clinics by area doctors	52
Out of school	2

During the year 1950, the number of children treated as in-patients in special heart schools was 4.

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	N11
Number of discharges during the year	3
Number of cases ascertained during the year	N11
Highest number under treatment during any one time (January and February)	4
Number of cases in Heart Hospital Schools at end of the year	1

REPORT ON THE WORK OF THE PAEDIATRIC CLINIC.

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

The year's work has continued smoothly. Laboratory facilities continue to be provided at Whipps Cross Hospital, and our X-ray examinations are done at St. Mary's Hospital, Plaistow. I am very grateful to both these hospitals for their continued help. I have noticed that the average age of the children referred to the Paediatric Clinics seems to be getting less, and there is, at times, almost a preponderance of Maternity and Child Welfare patients. I think this is an excellent sign; it means that the children are coming under care earlier, with greater possibilities of treatment.

I am glad to say that our relations with the local General Practitioners remain very good; in many instances they have referred children directly to the clinics.

Statistics relating to the work of the clinic follow:-

	<u>Rheumatic</u>		<u>Nutritional</u>		<u>General Consultative.</u>	
	<u>School children</u>	<u>M. & C. W.</u>	<u>School children</u>	<u>M. & C. W.</u>	<u>School children</u>	<u>M. & C. W.</u>
Number of new cases seen	54	-	5	-	105	97
Total attendances	225	-	28	-	302	181
Number admitted to Hospital	13	-	4	-	20	6
Number recommended for Open Air School or other special educational treatment	5	-	-	-	11	-
Number referred to other special clinics	7	-	1	-	31	8
Number discharged during year	41	-	4	-	90	58
Number under observation at end of year	80	-	16	-	79	59

TUBERCULOSIS IN CHILDHOOD. Manifest tuberculosis is less common in children than in adults. It usually takes different forms and, given early recognition, it is much more easily treated. This is a service which is provided by the Chest Clinics but is of considerable importance to the School Health Service. Dr. Galpin, the Chest Physician, has accordingly contributed the following summary of the work which he has done in relation to school children.

Number of school children referred by School Medical Officer	...	...	...	10
Number of school children referred by General Medical Practitioners	...	...	...	37
Number of school children examined as contacts	...	...	...	109
Number of school children found to be suffering from tuberculosis	...	...	...	8

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

Pulmonary:

Miliary	1
Lung primary	4
Hilum Glands	1
	<u>6</u>
	(3 were admitted to institutions)

Non-Pulmonary:

Elbow	1	
Glands (Neck)	1	
	<u>2</u>	(1 was admitted to an institution)

SCABIES. The number of cases coming to the knowledge of the School Health Service was once again rather smaller than in the previous year. So far as it goes it offers the hope that this will remain an uncommon disease. Nevertheless, the great and rapid increase during the war years was not wholly exceptional in terms of the abnormal conditions then prevailing and it may be that scabies behaves rather like an epidemic infection with a tendency to recur in cycles at intervals of several years. This can only be elucidated in the light of experience, but meanwhile it will be a matter of some epidemiological interest to watch its progress as the years go by.

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
1950	103

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 37.

REPORT ON THE WORK OF THE SCHOOL DENTAL SERVICE

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

In spite of renewed efforts by the Committee, no further applications were received in reply to our advertisements for additional Dental Surgeons. In consequence, only a casualty service could be maintained, and no attempt was made to carry out the routine inspection and treatment of the school children. That this is having a very serious effect is shown by the analysis of the figures for the number of extractions done. Before 1948, by systematic examination and treatment, the number of essential extractions was reduced to approximately 2.1 teeth per child; now, with the collapse of the service, the figure

has risen to approximately 4.0 necessary extractions per child, i.e. almost twice the number of teeth of school children are now lost than before the introduction of the Health Act.

It is hoped that the present effort to introduce legislation that will allow of the employment of ancillary assistance in order to cope with the needs of the children, will soon be introduced and produce results, because it would appear that the supply of Dental Surgeons will not for many years fill the demand.

A tabular summary of the work of this service appears in Appendix 4, on pages 83 and 84.

SPEECH DEFECTS. The arrangement whereby the Chief Assistant School Medical Officer makes periodic visits to the Speech Clinic has continued. During the year 25 visits were made, 16 to the Credon Road Clinic and 8 to the Grange Road Clinic. This latter clinic is held once a week at the Grange Road Child Welfare Clinic, and the arrangement was made on account of poor attendance of children at the Credon Road Clinic from schools in the Grange Road area - Gainsborough Road, Grange Road and Star Lane.

On 13th November, 1950, the Speech Clinic was transferred from Credon Road to Greengate Street School. A visit of inspection was made a fortnight after its opening and the clinic was working satisfactorily. Before the end of the year further improvements were made to the clinic, and it is now in a normal working condition.

The speech therapist has encountered a number of difficult cases and it has been necessary to send a certain number of pupils to the Aural Specialist on account of nose and throat conditions and partial deafness. It was necessary to send two cases to the Fyfield Open Air School. The change to the Open Air School not only improved their general condition, but their speech defect was also definitely improved.

Occasional cases were referred to the paediatrician and to the Child Guidance Clinic. In the latter event it is advisable for the speech therapist to attend the case conference. During the course of the year two girls were admitted to the Moor House Special School, a residential school dealing with special speech defects.

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. On several occasions the students of speech therapy, who attend this clinic, were observed at work by the Chief Assistant School Medical Officer.

REPORT ON THE WORK OF THE SPEECH CLINIC

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

The work of the Speech Clinic has progressed satisfactorily during the year 1950. Unfortunately it was found necessary to move the clinic to different premises in November of this year, and it is now installed in the grounds of Greengate School, Cave Road, E.13. As this move is a temporary measure, it is hoped that the clinic will be returned to Credon Road some time in the future.

Statistics:

Children attending the clinic:		
Boys	106	
Girls	<u>35</u>	141
Children referred by School Health Service and schools		
		127
Children referred by Maternity and Child Welfare Department		
		14
Regular attendants		107
Stammerers		41
Dyslalia		75
Stammer and Dyslalia		6
Cleft Palate		2
Sigmatism		5
Hyperrhinolalia		4
Hyporhinolalia		1
Mild deafness		4
Spastic		3
Discharged improved		72

During the year several children were referred to Mr. Scott, the Aural surgeon, for examination, and two children were referred to the Child Guidance Clinic. Eleven children received treatment at the Elizabeth Fry Special School.

The two children referred in 1949 to Moor House Residential School for children with Speech defects, were accepted at the school in January. One child has since been referred to a Residential School for Educationally Subnormal children. The other child is still attending Moor House, and is making satisfactory progress.

A number of visits have been made to the schools and homes of the children, and fifteen children have had special coaching with reading, as they were found to be very backward owing to their language difficulty. Head teachers and teachers in the schools have been very helpful in assisting the children and taking an interest in their work at the Speech Clinic.

There has been an increase in the number of children referred by the Maternity and Child Welfare clinics. Sometimes such very young children do not respond to treatment, but I have found the majority have progressed and have therefore greatly improved before starting school. These young children attend the clinic more frequently than their elders, but for shorter periods at a time.

CHILD GUIDANCE. Child guidance work, compared with other branches of school health work, is a comparatively recent development. The problems investigated at the Clinic have again been listed as they are of fundamental importance and should be well known:-

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.

STAFF: Psychiatrists:

Dr.T.P.Riordan (Medical Director)	3 sessions weekly.
Dr.George Somerville	1 session weekly.
Dr.J.E.Glancy	1 session weekly.
Dr.E.P.Easton	1 session weekly.

Psychologists:

Miss Frankford	5 sessions weekly.
(full-time Education Psycholigist, whose time is divided equally between Child Guidance Clinic work and School work.)	
Mrs.Nathan (part-time)	3 sessions weekly.
from the 31st October, 1950 to end of year.	

Psychiatric Social Worker:

Mrs.Kelly (part-time) until the 1st September, 1950.
Miss Holmes (full-time) since the 4th September, 1950.

Secretary:

Mrs.Peters - full-time.

Interviews at Clinic

Psychiatrists' Interviews	820
Psychologists' Interviews	459
Psychiatric Social Workers' Interviews	700
Appointment made and attendance failed	362

Interviews outside Clinic:

School visits by Psychologist	76
Home visits by Psychiatric Social Worker	82
Other visits by Psychiatric Social Worker	22
Cases newly referred during 1950	120
Treatment cases carried over from 1949	78
Total number of children dealt with in 1950	198

Disposal:

Never attended	18
Diagnosis and advice only	29
Under treatment	60
Diagnosed, awaiting treatment	11
Closed, adjusted or improved	40
Closed before end of treatment	28
Waiting list	12

Special Recommendations:

E.S.N. School	7
E.S.N. Hostel	2
Hostel or boarding school for maladjusted children	5
Residential Open Air School	3
Reports for Juvenile Court	8
Placement in Epileptic Colony	1
Placement in Foster home	4
Placement in Nursery School	5

Sources of referral:

School Medical Officer	40
Child Guidance Clinic staff	11
Maternity and Child Welfare	7
Hospitals	2
General practitioners	7
Teachers	22
Children's Department	5
Probation Officer	9
Parents	7
Others	10

Sex of children referred in 1950:

Boys	62
Girls	58

Ages:

Under five years	10	Ten plus years	6
Five plus years	11	Eleven plus years	9
Six plus years	10	Twelve plus years	10
Seven plus years	20	Thirteen plus years	6
Eight plus years	18	Fourteen plus years	6
Nine plus years	10	Fifteen plus years	4

Intelligence of Children Tested:

Below average	44%
Average	46%
Above average	10%

Reasons for referral:

Emotional disorders:	
Fear	10
Seclusiveness	1
Apathy	1
Psychosomatic disorders:	
Speech disturbance	3
Sleep disturbance	8
Feeding difficulties	1
Nervous pains	2
Enuresis	15
Soiling	1
Physical disorders:	4
Behaviour disorders:	
Unmanageable	5
Temper tantrums	9
Aggressiveness	10
Jealousy	2
Demanding attention	2
Truancy	10
Delinquency:	
Stealing	10
Sex difficulties:	2
Educational difficulties:	
Backwardness	11
For opinion concerning placement	8
For estimation of I.Q.	5

This Clinic has now been providing a Child Guidance service for West Ham Borough since 1945. The experience of six years has indicated and emphasised the special difficulties which hamper the effectiveness of the service in this area. The statistics for the year 1950 differ little from those of previous years. They indicate something of the general activity of the clinic. They also reveal some recurrent problems and indicate the directions in which improvement of the service may be sought.

The total number of cases referred during the year is three less than the number for the previous year. It is about one hundred less than the minimum expectation of cases as estimated on a basis of from one to two per cent of an average school population (Blacker - "Neurosis and Mental Health Services", 1946). This suggests that there are as many undetected as detected maladjusted in the schools of West Ham. It also invites the assumption that the maladjustment must be gross and correspondingly intractable before it merits referral to Child Guidance Clinic. This assumption is supported by the relatively high percentage of cases requiring active treatment at the clinic. More than 80% of cases require treatment. Less than 20% of cases are dealt with by full diagnosis and appropriate advice to parents and/or schools. If more cases were referred during the early stages of maladjustment, a smaller percentage would require prolonged treatment and the annual turnover of cases would be greater and the service generally more effective.

TREATMENT. In response to treatment 40 cases made an adequate adjustment or improvement and were closed. 28 cases were closed before treatment was completed. Some had improved but were unable to continue attending. Others were closed because of lack of cooperation on the part of parents or because of persistent failure to attend. In this connection it may be noted that 15% of appointments made with clinic staff failed. A closer analysis of the 60 cases still undergoing treatment at the end of the year is revealing, and helps to complete the picture with regard to treatment. Of these 48 had been on treatment list for more than one month and in their cases it was possible to assess progress.

Duration of treatment

More than one month	7
More than three months	3
More than six months	20
More than twelve months	18

Age

Under seven years	13
Over seven years	35

Intelligence

Below I.Q. 90	15
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Most Common Symptoms

Enuresis	15
Delinquency	11

Treatment recommended

Individual Therapy	30
Group Therapy	13
Coaching	8
Adjustment Class or Class for backward children (not available in West Ham)	11

Progress

Improved satisfactorily	28
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From these figures it is clear that in the majority of cases treatment is continued for more than six months and that the majority of treatment cases are in the higher age group.

Of the 15 cases with I.Q.'s below 90, only 4 were referred because of having backwardness as their main problem. Actually backwardness is often associated with aggressiveness, pilfering and enuresis, all of which become aggravated by the child's failure to succeed at school. On the whole such cases are unsuitable for individual therapy. Many of them derive considerable benefit from play-group therapy at the clinic. The opportunity to play freely and yet receive the discipline of a detached observer, appears to make the aggressive child quieter and more constructive and the timid child more confident and outgoing. There is no doubt that treatment of such low I.Q. cases at the clinic is hindered by lack of facilities for special educational treatment for them in the schools. In fact, weekly treatment at the Child Guidance Clinic is not profitable in these cases. A daily sense of achievement gained in a small class in which consideration is given to their individual needs would be more economical of time and more effective.

Of the 11 children treated for delinquent behaviour - pilfering and stealing - 9 came from broken homes and/or had been separated from parents for a long period during their early years. With regard to result of treatment, it is gratifying to record that, despite the burden of low I.Q. children among those given treatment, either in form of Individual Therapy, Group Therapy or Coaching, and despite the lack of facilities for provision of special educational treatment in the school, some 70% of treatment cases showed satisfactory improvement.

It is inevitable that a certain number of children will fail to respond to the treatment measures available at the clinic. Low intelligence, an unalterable and persistently unfavourable home environment and lack of special classes in schools, appear to be the main contributory factors to failure. Residential care and treatment is necessary in many of their cases. In this connection there is usually difficulty in placing maladjusted children in Residential Schools and Hostels because of lack of vacancies at these places. Some cases who require residential treatment in a school for maladjusted children are maintained on the clinic's treatment list as a second best line of treatment because of the practical impossibility of obtaining residential treatment for them. A small Hostel for maladjusted children is sorely needed in West Ham. Such a unit would be invaluable in providing facilities for closer observation of children in whose case a foster home seems to be the treatment of choice. It would also provide suitable treatment for children awaiting admission to a residential school for maladjusted children. Used in combination with a special class for maladjusted children, it would provide adequate residential treatment for some cases.

From the above figures and comments, it is clear that the effectiveness of this Child Guidance service can be improved in many ways. As a treatment centre it needs facilities such as special classes in schools and a hostel for maladjusted children through which specific treatment recommendations may be implemented. As a centre for the promotion of mental health and the prevention of mental illness, it has a vital contribution to make to Public Health work. At present its activities in this sphere have been limited by pressure of diagnostic and therapeutic work and lack of Educational Psychologist and Psychiatric Social Worker's time.

Future development of this clinic should take into consideration the importance of preventive work. Treatment of the child is preventive work in the sense that it helps to prevent mental breakdown in adult life, but the most valuable preventive work is done by the Educational Psychologist in schools and by the Psychiatric Social Worker through association with social agencies of the community. It is essential that these two members of the Child Guidance team should be able to devote a more substantial proportion of their time than is at present possible to preventive work if the Child Guidance service is to be used economically and with greatest benefit to the community.

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 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	5
PARTIALLY SIGHTED	
Number known to the Authority during the year	45
Number ascertained during the year	Nil
Position at the end of the year:	
In day special schools	12
In residential special schools	3
In ordinary schools	24
Out of school	Nil

DEAF AND PARTIALLY DEAF CHILDREN. A deaf child is defined as one who has no hearing or whose hearing is so defective that it required 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 showed a substantial increase over the figures of previous years, and the greater part of the increase was contributed by the partially deaf. This was largely the result of the audiometric surveys which are reported on page 57.

Number ascertained during the year:	
Deaf	6
Partially Deaf	19
Disposal of ascertained cases:	
Admitted to Day Special School (Deaf)	1
Admitted to Residential Special School (Deaf)	1
Out of school awaiting admission to Day Special School for Totally Deaf	2
Under 5 years awaiting admission to Day Special School for Totally Deaf	1
Out of school awaiting admission to Residential Special School for Totally Deaf	1
Awaiting admission to Day Special School (at present in ordinary school)(partially deaf)	2
In ordinary schools (partially deaf)	17
Number known to the Authority at the end of the year:	
In residential special schools (deaf)	3
In day special schools (deaf)	19
In day special schools (partially deaf)	6
In ordinary schools (partially deaf)	32

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	67
Disposal of ascertained cases:	
In ordinary schools	27
Recommended day special schools	38
In residential special schools	2
Number of cases known to the Authority at end of year:	
In ordinary schools	76
In day special schools	x 155
In residential special schools	x 32

x Includes 17 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	x 41
In residential schools	x 15

x Includes 4 children who are resident in the 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.

The majority of epileptic children cause little disturbance to the educational routine or injury to themselves and can consequently continue in an ordinary school. Where the degree of disability is so great that formal ascertainment is necessary, the child can only properly be educated in a boarding school. It is always more desirable in the child's own interests that he should remain in the general community leading as normal a life as possible, and consequently a rather cautious attitude is taken towards the ascertainment of these children. It is only when they are clearly unable to fit into the ordinary school and home life that the rather drastic step is taken of arranging this particular form of special education. The number of non-ascertained cases of epilepsy known to the Authority is 43. The work relating to ascertained cases of epilepsy during the year may be summarised as follows:-

Number of ascertained cases known to the Authority	11
Number of cases in residential special schools	11
Number out of school	Nil
Number of fresh ascertainments during the year	1
Disposal of this case:	
Admitted to Residential Special School	1

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 1950:-

Total number known to the Authority: (Includes all children on register at any time during the year)

Heart cases	25
Cripples	64
Miscellaneous	21

Physically Handicapped Children in Residential Special Schools and Hospital Schools:

Heart Cases	4
Cripples	15
Miscellaneous	11

Physically Handicapped Children in Day Special Schools:

Heart Cases	19
Cripples (non-tubercular condition)	45
Miscellaneous	5

Out of school cases:

Heart Cases	2
Cripples	4
Miscellaneous	5

Fresh Ascertainments during the year:

Heart Cases	2
Cripples	17
Miscellaneous	8

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 75 and 77.

The number of children ascertained as delicate during the year was 257, and their disposal was as follows:-

Admitted to Fyfield	184
Admitted to other Residential Special Schools	12
Refused to go away	13
On waiting list at end of year	47
Removed from area	1

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 2, both of whom went to 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 at ordinary school. One child was in the London County Council Diabetic Unit at Hutton.

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 60, and 69 were considered as no longer belonging to this category. The number on the records at the end of the year was 123. Three children were in Residential Special Schools. An account of the work of the Speech Clinic appears on pages 62 and 63.

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 1950 one such case was known to the Authority.

The particulars are as follows:

1 boy, aged 4 years, totally blind and educationally subnormal,
in Sunshine Home Nursery School, Leamington Spa.

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 named hereunder:

<u>Name of School</u>	<u>Purpose for which used</u>
Gurney	Educationally sub-normal
Elizabeth Fry	Educationally sub-normal and 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 80 respectively, of whom 47 educationally subnormal and 19 physically handicapped were extra-district children.

EDUCATIONALLY SUB-NORMAL CHILDREN. During the year 43 West Ham children and 8 extra-district children were admitted to the two schools by reason of educational retardation, and 43 West Ham children and 9 extra-district children left. The West Ham leavers were dealt with as follows:-

Six left at 16 years. No action.
Twenty-five were notified to the Local Mental Deficiency Authority, five under Section 57(3) and twenty under Section 57(5) of the Education Act, 1944.
Eight were admitted to a residential special school.
Three removed from the district.
One was transferred to the Physically Handicapped side of the school.

Of the 9 extra-district children, 6 left school on attaining the age of 16 years, two were found unsuitable for further education, and one removed from the area.

PHYSICALLY HANDICAPPED CHILDREN. During the year 21 children were admitted to the Elizabeth Fry Special School on account of a physical handicap, including 3 extra-district children; 18 West Ham and 5 extra-district children left the school.

The West Ham leavers were disposed of as follows:-

Died	1
Returned to ordinary school	4
Totally unfit for any school	3
Left school at 16 years and reported to the Youth Employment Officer as Disabled Juveniles	8
Left district	2

An analysis of the causation of defect in 82 West Ham cases and 19 extra-district cases which were in the Elizabeth Fry Special School during the year 1950 is set out below:-

<u>Defect</u>	<u>West Ham</u>	<u>Extra-District</u>
Heart conditions	19	7
Paralysis	14	4
Quiescent T.B. bone & joint defects	13	1
Spastic conditions	5	4
Amputations	5	-
Haemophilia	3	-
Spina bifida	-	1
Miscellaneous conditions	23	2
	<u>82</u>	<u>19</u>

The miscellaneous conditions include such cases as myositis ossificans, severe congenital dorsal scoliosis, pseudo hypertrophic muscular dystrophy, 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 homes. All the boys improve in their behaviour and habits, some to a remarkable degree. In certain cases, where the improvement is considerable, and where in addition the home conditions also improve, the children are allowed to leave the Hostel and return home. There is a tendency for the children to relapse and in the past it has been necessary to re-admit certain children to the Hostel. In consequence, before allowing a boy to return home he is examined by the Chief Assistant School Medical Officer, and if he is satisfied that the boy has much improved, and reports from the Superintendent of the Hostel and the Head Teacher of the Special School are satisfactory, then permission is given for the boy to return home.

From the beginning, periodic visits have been made by the Chief Assistant School Medical Officer, who reports most favourably both on the cleanliness of the premises and the well-kept condition of the children.

The Home is in charge of a married couple, who act as Superintendent and Matron respectively. They both devote much time and energy to the welfare of the children, and achieve a considerable measure of success in their endeavours to provide a real family atmosphere, in which each boy is encouraged to develop his own individual interests. There is no doubt that the boys are genuinely happy at the Home, and derive much benefit from their residence there. The Superintendent is always most helpful and co-operative.

During the year, 15 visits of inspection were made by the Chief Assistant School Medical Officer. Consultations are at times arranged between the Medical Officer, the Superintendent, and the Head Teacher of the Gurney Special School.

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 72, including 47 extra-district cases. It is anticipated that the accommodation will be increased under the Development Plan. Of the 72 children in attendance during the year, 22 West Ham cases and 37 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:-

<u>Admissions</u>			
	<u>West Ham</u>	<u>Extra-district</u>	
Totally Deaf	1	1	Ilford
		2	Essex
Partially Deaf	Nil	1	East Ham
		2	Essex
		1	Barking
<u>Leavers</u>			
Totally Deaf	2	1	L.C.C.
Partially Deaf	Nil	Nil	

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 88 West Ham boys and 106 West Ham girls were admitted, and 105 West Ham boys and 89 West Ham girls were discharged. Of extra-district children, 32 boys and 23 girls were admitted, and 27 boys and 27 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 100 who attended for examination, 91 showed continued improvement, but 9 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 during February and March. Thereafter, owing to a change in the method of admission whereby the children were admitted each term and a few at mid-term instead of monthly as previously, visits were made in the months of May, July, September and November. Altogether six visits for re-inspection were made during the year. This accounts for the reduction from 1,464 to 855 in the number of examinations carried out at the school during 1950.

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 1949, the Osborne Road Day Nursery was transferred to the Education Committee and became a Nursery School under supervision by the School Health Service; and in September of this year, Station Street Day Nursery was likewise transferred to the School Service. The children at nursery schools are medically examined quarterly. As from October 1950, the classification of the medical examination was changed as a result of discussions at the Ministry of Education. The child's first

examination in its year of entry is now classed as an "Entrant"; further examinations in the same year being classed as "Re-Inspections". The following particulars relate to the examination of nursery school children:-

<u>Number examined.</u>	<u>Individual Children found defective.</u> <u>(treatment and observation)</u>	<u>Percentage Defective.</u>
585	132	22.6

Using the Ministry of Education classification of general condition, the figures for the four 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>
585	261	44.6	294	50.3	30	5.1

Under the new classification mentioned the following figures relate to re-inspections carried out since October 1st:-

<u>Number of</u> <u>Re-Inspections.</u>	<u>Number found</u> <u>to have defects.</u>
156	44

Children attend these nursery schools between the ages of two and five years, and nursery classes between the ages of three and five years, a period during which defects commonly make their appearance, and when, consequently, most can be done to prevent them. The reason that medical inspections are carried out much more frequently than at other schools is to protect the normal child, strengthen the weakly susceptible child, and free the "defective" child from physical defects which would retard his development and cause a break in his educational life at a later stage. The school nurse also visits the schools frequently, her inspection being designed to note cleanliness, minor ailments and the presence of infectious disease. The defects which are most frequently found at these medical inspections are bronchitis and catarrhal conditions of the upper respiratory passages, and enlarged tonsils and adenoids.

In addition to the four 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 medical inspections at these classes:-

<u>Number examined.</u>	<u>Individual children found defective.</u> <u>(treatment and observation)</u>	<u>Percentage Defective.</u>
261	102	39.0

General Condition:

<u>Number examined</u>	<u>Good</u>	<u>Percentage</u>	<u>Fair</u>	<u>Percentage</u>	<u>Poor</u>	<u>Percentage</u>
261	96	36.8	143	54.8	22	8.4

Re-Inspections as from October 1st:

<u>Number of</u> <u>Re-Inspections</u>	<u>Number found</u> <u>to have defects.</u>
49	27

All these figures relating to medical examinations and re-inspections are included in the general statistical tables in Appendix 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. Two hundred and fifty-five children were sent to convalescent homes during the year.

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 132. All were found fit to undertake employment. During the same period, 74 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 15 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 12 reports were submitted on Form E.D.211(D.P.).

A P P E N D I C E S

1 - 4

APPENDIX 1
CAUSE OF DEATH IN AGE GROUPS - 1950 (as supplied by Registrar General)

Causes of Death.	All		Deaths in different periods of lives of residents (civilians)															
	Ages		whether occurring within or without the district.															
			Under	1-5	5-15	15-25	25-45	45-65	65-75	75 and								
	M	F	1 Year	Years	Years	Years	Years	Years	Years	upwards	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	49	19	-	-	-	-	1	2	19	11	21	5	5	1	3	-	-	-
2. Tuberculosis, other	2	4	1	-	2	1	-	1	1	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	4	3	-	-	-	-	-	-	2	1	2	1	-	-	-	-	-	1
4. Diphtheria	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	4	1	2	-	2	-	1	-	-	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	1	2	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-
10. Malignant neoplasm, stomach	38	24	-	-	-	-	-	4	1	13	4	14	8	7	10	-	-	-
11. Malignant Neoplasm, lung, bronchus ...	54	9	-	-	-	-	1	4	-	24	2	21	5	4	2	-	-	-
12. Malignant neoplasm, breast	-	24	-	-	-	-	1	-	3	-	10	-	7	-	3	-	-	-
13. Malignant neoplasm, uterus	-	8	-	-	-	-	-	-	1	-	3	-	-	-	4	-	-	-
14. Other malignant and lymphatic neoplasms	90	78	-	-	2	4	1	3	7	2	31	32	33	19	15	19	-	-
15. Leukaemia, aleukaemia	3	3	-	-	-	1	-	-	2	-	-	2	-	-	-	-	-	-
16. Diabetes	3	9	-	-	-	1	-	-	-	1	1	1	-	3	1	4	-	-
17. Vascular lesions of nervous system ...	68	100	-	-	-	-	-	-	1	-	14	16	19	34	34	50	-	-
18. Coronary disease, angina	114	72	-	-	-	-	-	-	6	-	49	10	33	35	26	27	-	-
19. Hypertension with heart disease	30	35	-	-	-	-	-	-	1	6	6	15	18	9	10	-	-	-
20. Other heart disease	145	243	-	-	-	-	2	4	11	20	26	43	57	78	147	-	-	-
21. Other circulatory disease	28	22	-	-	1	1	-	-	-	1	6	5	8	7	12	9	-	-
22. Influenza	5	2	1	-	1	-	-	-	-	1	-	3	-	-	1	-	-	-
23. Pneumonia	41	45	4	3	1	-	-	1	-	4	8	21	11	11	22	-	-	-
24. Bronchitis	85	46	2	-	1	1	-	-	1	1	26	5	31	12	23	28	-	-
25. Other diseases of respiratory system..	13	7	-	-	-	-	-	-	1	1	8	2	2	2	2	2	-	-
26. Ulcer of stomach and duodenum	21	1	-	-	-	-	-	1	-	11	1	6	-	3	-	-	-	-
27. Gastritis, enteritis and diarrhoea ...	4	6	1	1	1	-	-	1	-	-	1	-	2	2	1	-	-	-
28. Nephritis and nephrosis	14	12	-	-	-	-	1	5	3	5	3	1	4	3	1	-	-	-
29. Hyperplasia of prostate	10	-	-	-	-	-	-	-	-	-	-	-	-	10	-	-	-	-
30. Pregnancy, childbirth, abortion	-	5	-	-	-	-	-	-	5	-	-	-	-	-	-	-	-	-
31. Congenital malformations	15	8	8	4	-	-	-	3	1	3	3	-	-	1	-	-	-	-
32. Other defined and ill-defined diseases	77	78	30	20	1	1	2	7	5	10	12	11	11	16	26	-	-	-
33. Motor vehicle accidents	14	6	-	-	1	3	1	3	1	4	-	1	2	1	1	-	-	-
34. All other accidents	19	6	2	-	2	1	-	2	1	9	2	-	2	3	1	-	-	-
35. Suicide	16	4	-	-	-	-	-	7	1	4	3	5	-	-	-	-	-	-
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL (All cases)	968	883	51	29	9	9	15	5	4	13	79	52	272	164	274	242	264	369

APPENDIX 2

PARTICULARS OF BODIES RECEIVED INTO THE MORTUARY DURING 1950.

<u>STRATFORD MORTUARY</u>										
Month	Number Received	Males	Females	Over 5 years	Under 5 years	Sent in by Coroner	Sent in by Police	Sent in on Sanitary Grounds	Number of post-mortem examinations	Number of inquests
January	30	17	13	26	4	24	6	-	30	7
February	21	15	6	21	-	14	7	-	21	5
March	27	15	12	24	-	22	5	-	27	6
April	26	15	11	26	-	23	3	-	27	2
May	15	8	7	15	-	14	1	-	15	1
June	22	14	8	22	-	15	5	2	20	3
July	17	14	3	15	2	9	8	-	17	8
August	26	17	9	21	5	19	6	1	25	8
September	22	14	8	21	1	15	7	-	22	8
October	26	15	11	25	1	15	11	-	26	9
November	17	9	8	17	-	12	5	-	17	6
December	38	20	18	35	3	27	11	-	38	5
TOTAL:	287	173	114	268	19	209	75	3	284	68

APPENDIX 3.

STATISTICS RELATING TO SCHOOL HEALTH SERVICE

COMPARISON OF CERTAIN TYPES OF WORK

CARRIED OUT IN THE YEARS 1948, 1949 AND 1950

School Population - 1948: 26,507; 1949: 27,027; 1950: 27,369.

TYPE OF WORK	Number of cases dealt with		
	1948	1949	1950
Periodic Medical Inspections	10,340	11,583	11,409
Special Inspections and Re-inspections	16,847	15,029	16,399
Nutrition Surveys by School Nurses	18,424	14,374	14,635
Uncleanliness Inspections by School Nurses	38,793	33,925	37,114
Minor Ailments treated at the School Clinics	8,626	8,027	6,465
Attendances at Minor Ailment Clinics	36,165	33,221	28,605
Tonsil and Adenoid Operations performed	418	146	227
Orthopaedic Defects treated at Orthopaedic Clinic	179	304	320
Cases treated at the Light Clinic	86	44	37
Admissions to Fyfield Open Air School	277	234	249
Re-inspections at Fyfield	1,444	1,464	855
Re-inspections of children on return from Fyfield	211	172	100
Children examined for Employment	92	229	132
Children examined for Entertainments	28	49	74
Children admitted to Convalescent Homes	301	151	255
Children ascertained for Speech Defects	79	138	141
Children referred for Child Guidance treatment	144	154	120
DENTAL WORK			
Children treated	5,001	4,986	5,076
Number of fillings:			
Permanent teeth	5,463	1,725	1,014
Temporary teeth	2,759	2,108	990
Number of extractions:			
Permanent teeth	1,364	1,523	939
Temporary teeth	9,202	7,095	829
Administrations of general anaesthetics	2,066	2,181	2,185
Other operations:			
Permanent teeth	1,465	2,691	3,397
Temporary teeth	176	2,313	4,009
Number of Orthodontic cases treated	258	224	110

APPENDIX 4.

SCHOOL HEALTH SERVICE

STATISTICS RELATING TO INSPECTION AND TREATMENT OF

NURSERY, SPECIAL, PRIMARY, SECONDARY AND GRAMMAR SCHOOL PUPILS, 1950.

TABLE I

Return of Medical Inspection

A. Periodic medical inspection:

	Code Group							No. examined.
Entrants	4,052
Second age group	2,658
Third age group	2,566
							Total	9,276
Other periodic inspections								2,133
							Grand Total	11,409

B. Other inspections:

Number of special inspections and re-inspections 16,399

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.	%
9,276	3,393	36.58	5,211	56.18	672	7.24

TABLE III

Defects Treated under the Authority's Scheme

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

Total number of defects treated, or under treatment during the year under the Authority's Scheme ... 6,465

Group 2. Defective Vision and Squint (excluding minor eye defects):									
Errors of refraction (including squint)	...	...	...	...	...	...	...	...	1,514
Other defect or disease of the eyes (excluding minor eye defects)	...	...	...	...	...	...	...	...	<u>56</u>
Total	...	...	...	...	...	...	...	...	<u>1,570</u>
Number of children for whom spectacles were:									
(a) Prescribed	...	...	...	...	...	...	...	...	1,394
(b) Obtained	...	...	...	...	...	...	...	...	<u>1,288</u>
Group 3. Treatment of defects of Ear, Nose and Throat:									
Received Operative Treatment	...	...	...	...	...	...	...	...	239
Received other forms of Treatment	...	...	...	...	...	...	...	...	<u>272</u>
Total number treated	...	...	...	...	...	...	...	...	<u>511</u>

TABLE IV.

Dental Inspection and Treatment

(1) Number of children inspected by the Dentists:									
(a) Periodic Age Group	...	...	...	...	...	...	...	...	Nil
(b) Specials	...	...	...	...	...	...	...	...	4,787
(2) Number found to require treatment	...	...	...	...	...	...	...	...	4,787
(3) Number actually treated	...	...	...	...	...	...	...	...	5,076
(4) Attendances made by children for treatment	...	...	...	...	...	...	...	...	10,596
(5) Half-days devoted to:									
Inspection	...	...	...	...	...	...	...	...	-
Treatment	...	...	...	...	...	...	...	...	<u>1,408</u>
Total half-days	...	...	...	...	...	...	...	...	<u>1,408</u>
(6) Fillings:									
Permanent teeth	...	...	...	...	...	...	...	...	1,014
Temporary teeth	...	...	...	...	...	...	...	...	<u>990</u>
Total fillings	...	...	...	...	...	...	...	...	<u>2,004</u>
(7) Extractions:									
Permanent teeth	...	...	...	...	...	...	...	...	1,399
Temporary teeth	...	...	...	...	...	...	...	...	<u>7,321</u>
Total extractions	<u>8,720</u>
(8) Administrations of general anaesthetics for extractions	2,185

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