

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

**Contributors**

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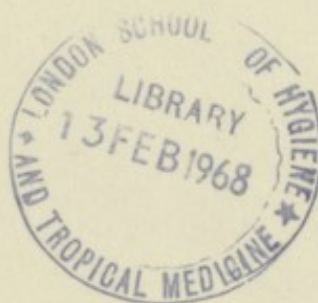
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# ANNUAL REPORT

ON THE

# HEALTH SERVICE

FOR THE YEAR

1951

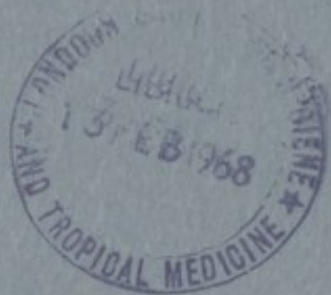
BY

F. ROY DENNISON, M.D., D.P.H.  
Medical Officer of Health and School Medical Officer





67031



Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit my Annual Report on the Health Services of the Borough for the year 1951.

After a lapse of 20 years due to war-time preoccupations, a census was held in the earlier part of this year. That gave the Registrar General the opportunity for an accurate check on the previous estimates of mid-year population based on data from other sources. In the event, the estimated mid-year population dropped from 172,800 in 1950 to 170,100 in 1951. Although there had been a small decrease of about 900 between 1949 and 1950, the large fall in the figure this year (2,700) suggests that it was due to something more than an exaggeration of the previous tendency towards a decline in the population. The earlier estimates were probably rather too high and the census has given the accurate figure for the population of the Borough. The true trend will only be seen from future years' estimates.

The birth-rate rose slightly, from 16.6 to 17.2 per thousand. While this is a welcome halt to the previous downward trend, the difference is too small to justify anything more than the hope that the birth-rate may now have become stabilised. The infant mortality dropped from last year's figure of 27.7 to 25.2 but did not quite reach the record low level of 1949, when it touched 23 per 1,000. The general death-rate showed a small increase to 11.7 per 1,000. This was mainly due to an increase in respiratory infections, for which the earlier part of the year was distinctly unfavourable. There is no reason to anticipate any set trend in this direction. Maternal mortality, at 0.6 per thousand, was low.

Infectious diseases were rather prominent during the year. Measles and whooping cough both gave rise to their largest post-war epidemics; fortunately the character of the illness has become less severe of recent years. Dysentery showed an unusual nation-wide increase during the earlier part of the year, in which West Ham inevitably shared, and the increase in respiratory infections has already been mentioned in the previous paragraph. An unexpected increase in notifications of tuberculosis, accompanied by a sharp fall in the number of deaths from this cause, is discussed on page 8. It is not thought likely to herald any recrudescence of this disease in the community. Poliomyelitis and diphtheria both showed a very low incidence.

Among the matters of interest included in the body of the report the following may be brought to notice. The coming into force of the Rag Flock and Other Filling Materials Act, 1951, is recorded on page 24. Reports of the first full year's working of the Occupation Centre, of the Clean Food Advisory Association, and of the special toddlers' sessions held at the Child Welfare Clinics will be found on pages 53/4, 44/45 and 27/8 respectively. An interesting account is given on page 38 of the lines on which it is hoped to develop health education work now that an adequate staff of Health Visitors has been built up; and on the preceding page is an account of a promising attempt to achieve a close working liaison between the Health Visitors and the Child Guidance Clinic. The commencement of the scheme for immunisation against tuberculosis with "B.C.G." and the achievements of the first few months' operation, are described on pages 43/4. Lastly, the findings of the visual survey, undertaken in 1948 to try and ascertain the incidence of the less easily recognisable eye defects in school children, became available during the year and are summarised on pages 59/60.



Many problems, both of organisation and of development of the health services for which the Council is statutorily responsible, remain to be solved. But each year some fresh progress is recorded in these reports. To the Committees who gave such encouraging support, and to the staff whose loyal service enabled so many difficulties to be overcome, I owe my deepest thanks. That debt of gratitude I gladly acknowledge.

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

1951

Area of Borough ... ..	4,689 acres
Population (R.G.'s mid-year estimate) ... ..	170,100
Live Births ... ..	2,934
Birth rate (per 1,000 population) ... ..	17.2
Stillbirths ... ..	67
Stillbirth rate (per 1,000 total births) ... ..	22
Deaths ... ..	1,995
Death rate (per 1,000 population) ... ..	11.7
Deaths of infants under 1 year ... ..	74
Infant mortality rate (deaths per 1,000 live births) ... ..	25.2
Deaths of infants under 4 weeks of age ... ..	43
Neonatal death rate (deaths per 1,000 live births) ... ..	14.6
Maternal deaths ... ..	2
Maternal mortality rate (per 1,000 live & stillbirths) ... ..	0.6

## 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 ... ..	282	1.66	-	-
Diphtheria ... ..	5	0.03	-	-
Dysentery ... ..	214	1.26	-	-
Food Poisoning ... ..	54	0.32	-	-
Measles ... ..	4011	23.58	-	-
Acute Poliomyelitis (paralytic) ...	3	0.02	2	0.01
-do- (non-paralytic) ...	7	0.04	-	-
Whooping Cough ... ..	1085	6.38	4	0.02
Meningococcal Infections ... ..	5	0.03	2	0.01
Typhoid and Para Typhoid Fevers	-	-	-	-
Pneumonia:				
Acute, primary and influenzal ...	147	0.86		
All forms ... ..	-	-	125	0.73
Bronchitis ... ..	-	-	189	1.11
Tuberculosis:				
Respiratory ... ..	192	1.13	50	0.29
Other forms ... ..	18	0.10	8	0.05
Cancer ... ..	-	-	360	2.11



## 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 1951 was 170,100. This figure is based on the Census which took place during the early part of the year and shows that the population of West Ham was 2,700 less than the estimated population for 1950.

**BIRTH RATE.** Live Births. The number of live births during the year was 2,934 (males 1,497 and females 1,437). This gives a rate of 17.2 per 1,000 total population; the rate for 1950 was 16.6. Illegitimate births accounted for 146, or 4.9 per cent of all live births - the rate for 1950 was 4.8.

Stillbirths. There were 67 stillbirths (40 males and 27 females) giving a rate of 22 per 1,000 total births. This is the same rate as for 1950.

**DEATHS.** During the year 1,995 (males 1,062 and females 933) West Ham residents died, giving a crude death rate of 11.7 per 1,000 population. The death rate for England and Wales was 12.5 and for the 126 County Borough and Great Towns (including London) 13.4. 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 74 (males 40 and females 34) giving an infant mortality rate of 25.2 per 1,000 live births as against 27.7 for 1950. The rate for England and Wales was 29.6 and for the 126 County Borough and Great Towns (including London) 33.9. The list of causes of death can be found in Appendix 1, page 79 of this report.

**MATERNAL MORTALITY.** During the year there were 2 deaths from maternal causes giving a maternal mortality rate of 0.6 per 1,000 live and stillbirths as against a rate of 1.7 for 1950 when 5 deaths occurred. The rate for England and Wales was 0.79.

### INFECTIOUS DISEASES.

**ACUTE POLIOMYELITIS.** Ten cases occurred during the year as compared with 30 in 1950. The case rate was 0.06 per 1,000 of the population. There were 3 paralytic cases and 2 of these died; 7 cases showed no paralysis. It is interesting to note that although the incidence of this disease was lower than in the previous year a large number of the notified cases were diagnosed in the absence of paralysis. This is due to an increasing familiarity with this condition on the part of the general practitioners, and since it is only by early diagnosis, prompt treatment and adequate nursing that the effects of the disease can be minimised, this may well lead to a reduction in the proportion of cases developing severe paralysis in future epidemics.

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 -	-	-	9 -	1	1
1 -	-	-	10 -	-	-
2 -	-	-	15 -	-	-
3 -	-	1	20 -	-	2
4 -	1	2	25 -	-	-
5 -	-	-	30 -	-	1
6 -	-	-	40 -	-	1



FOOD POISONING. Corrected notifications - Quarterly.

<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>3rd Quarter</u>	<u>4th Quarter</u>	<u>TOTAL</u>
27	18	5	4	54

Of the above notified cases 45 occurred singly and the remaining 9 in three small family outbreaks involving 4, 3 and 2 persons respectively. In no case could the causal agent be identified with certainty although in many cases there was evidence that a made-up meat dish had been consumed shortly before the onset of symptoms. The investigation of food poisoning involving single cases and small family groups is complicated by a number of factors. By the time notification is received the remains of any suspected dishes have often been destroyed. The patient is usually under treatment, often with a sulphonamide drug which rapidly eliminates the infecting organism from the stools or at least prevents its growth in specimens submitted to the laboratory. In addition, many cases are caused, not by the organism itself, but by poisons which it has produced in the food during storage and which survive the cooking or re-heating process even though this may kill the organism. These poisons cannot be detected by the ordinary laboratory methods.

An account of the work of the West Ham Clean Food Advisory Association, which is largely directed towards the prevention of food infections will be found on pages 44 and 45.

DYSENTERY. There were 214 cases of this disease notified during the year (96 males and 118 females), giving a case rate of 1.26 per 1,000 of the population.

West Ham shared the experience of the remainder of the country in having a large number of cases of dysentery during the year. No satisfactory explanation has yet been found for this widespread epidemic. Fortunately the majority of cases were extremely mild and no deaths occurred. Unfortunately cases occurring in Day Nurseries caused some dislocation of this service since it became necessary to exclude the actual cases and also those found to be carriers of the dysentery organism, and on one occasion it was necessary to completely close a Day Nursery for a week.

GASTRITIS, ENTERITIS AND DIARRHOEA. During the year the number of deaths from this disease was 9, of which only 1 occurred in children under one year of age.

TYPHOID AND PARA-TYPHOID FEVERS. There were no cases of typhoid fever or para-typhoid fever during the year.

MEASLES. The number of cases of measles notified during the year was 4,011 - 2,116 in males and 1,895 in females. This compares with 697 cases notified during the previous year. The case rate per 1,000 of the total population was 23.58. There were no deaths.

The incidence of measles throughout the country in 1951 was the highest recorded since this disease became generally notifiable in 1940. In West Ham measles became notifiable in October, 1938, and the 1951 figures were also the highest ever recorded. Most of the cases occurred during the first five months of the year. The fact that there were no deaths in spite of the very high incidence reflects the very greatly reduced virulence which this disease has exhibited in recent years: it is also in part due to the prompt and effective use of sulphonamides and penicillin in the treatment of complications when they occur.

DIPHTHERIA. There were only 5 cases of this disease during the year. The case rate was 0.03 per 1,000 of the total population and there were no deaths.

WHOOPING COUGH. During 1951 there were 1,085 cases of this disease - males 536 and females 549. The case rate was 6.38 per 1,000 of the population. There were 14 deaths.



IMMUNISATION AGAINST DIPHTHERIA AND WHOOPING COUGH. The Council's arrangements for immunisation were as in previous years, by means of regular sessions at each of the Council's Maternity and Child Welfare Clinics. A medical officer also visited each school to immunise new entrants who had been 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. Immunisation against both diseases is effected by means of a single series of injections using a combined antigen. The use of the combined antigen has proved of great service in maintaining the response to diphtheria immunisation since, while the rare occurrence of the disease in recent years might lead parents to neglect this protection for their children, whooping cough is still widespread and there is an increasing demand for protection against it.

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

Age	Completed Full Course		Refresher Doses	
	Diphtheria only	Combined Whooping Cough & Diphtheria	Diphtheria only	Combined Whooping Cough & Diphtheria
0 -	80	1739	-	-
1 - 4	194	588	250	1
5 - 14	411	11	1973	3
Totals	685	2338	2223	4

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

VACCINATION. Vaccination is carried out in the Child Welfare Clinics during the same sessions as immunisation against diphtheria and whooping cough and on the same voluntary basis. There has been little change in the response to primary vaccination although the occurrence of outbreaks of smallpox in Brighton and elsewhere led to an increase in the demand for vaccination among adults.

Number of persons vaccinated (or re-vaccinated).						
Age at date of vaccination.	Under 1	1	2-4	5-14	15 or over	Total
Number vaccinated	328	29	52	31	123	563
Number re-vaccinated	-	-	6	21	371	398

PNEUMONIA. There were 147 cases (76 males and 71 females) of pneumonia - primary and influenzal, during the year giving a case rate of 0.86 per 1,000 of the population. The number of deaths from all forms of pneumonia was 125, giving a death rate of 0.73 per 1,000 of the population.

PUERPERAL PYREXIA. The number of cases occurring during the year was 48. This compares with 35 cases during 1950. It is difficult to assess the significance of this increase since the basis of notification was changed by the issue in August of the Puerperal Pyrexia Regulations, 1951. These new regulations define puerperal pyrexia as "any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit (38° Centigrade) or more has occurred within 14 days after childbirth or miscarriage." Previously it was necessary for a temperature of 100.4° Fahrenheit to be sustained during a period of 24 hours or to recur within that period and the condition was notifiable if such a temperature occurred within 21 days of childbirth or miscarriage.



Treatment of puerperal infections by means of sulphonamides and the more recently introduced antibiotics frequently results in a rapid and permanent subsidence of the temperature. Under the old regulations this led to a failure of notification in many cases.

The new regulations make the condition notifiable even if a temperature of 100.4° Fahrenheit is reached on only one occasion and subsides immediately under treatment. This is likely to lead to an increase in notifications since although the disease is no longer notifiable during the third week after confinement the majority of puerperal infections occur within the first fourteen days after childbirth or miscarriage.

OPHTHALMIA NEONATORUM. There were 37 cases of this disease during the year. All but one of these cases occurred in the maternity unit of a hospital. Cases were reported at intervals during the year. No definite source of infection was established, but as a result of general measures designed to prevent cross infection from baby to baby the outbreak subsided in December. Fortunately the disease was very mild and complete recovery was reported in all cases.

MENINGOCOCCAL INFECTION. There were 5 cases of meningococcal infections notified during the year, of which 2 patients died.

SCARLET FEVER. During the year 282 (133 males and 149 females) cases of scarlet fever were notified, this being a decrease of 88 on the previous year. The case rate per 1,000 total population was 1.66. There were no deaths from this disease in West Ham.

ERYSIPELAS. The number of cases of this disease notified during the year was 21 - (11 males and 10 females) giving a case rate of 0.12 per 1,000 of the population.

TUBERCULOSIS. During the year 210 new cases of tuberculosis were notified. This represents an increase of 32 cases as compared with 178 for 1950. The table below shows the incidence of this disease for last few years:-

Number of Cases of Tuberculosis.

<u>Year</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
1951	192	18

The number of deaths from all forms was 58 giving a rate per 1,000 of the population of 0.34 - respiratory (50 deaths) 0.29 and other forms (8 deaths) 0.05. The rates for England and Wales, and 126 County Boroughs and Great Towns, for all forms of tuberculosis were respectively 0.31 and 0.37.



Although the numbers of notifications of respiratory tuberculosis has shown an increase during the year this does not necessarily indicate a greater incidence of the disease. It is in part, a result of the work of the Tuberculosis Visitors in seeking out contacts of known cases and persuading them to attend for examination as illustrated by the table given below:-

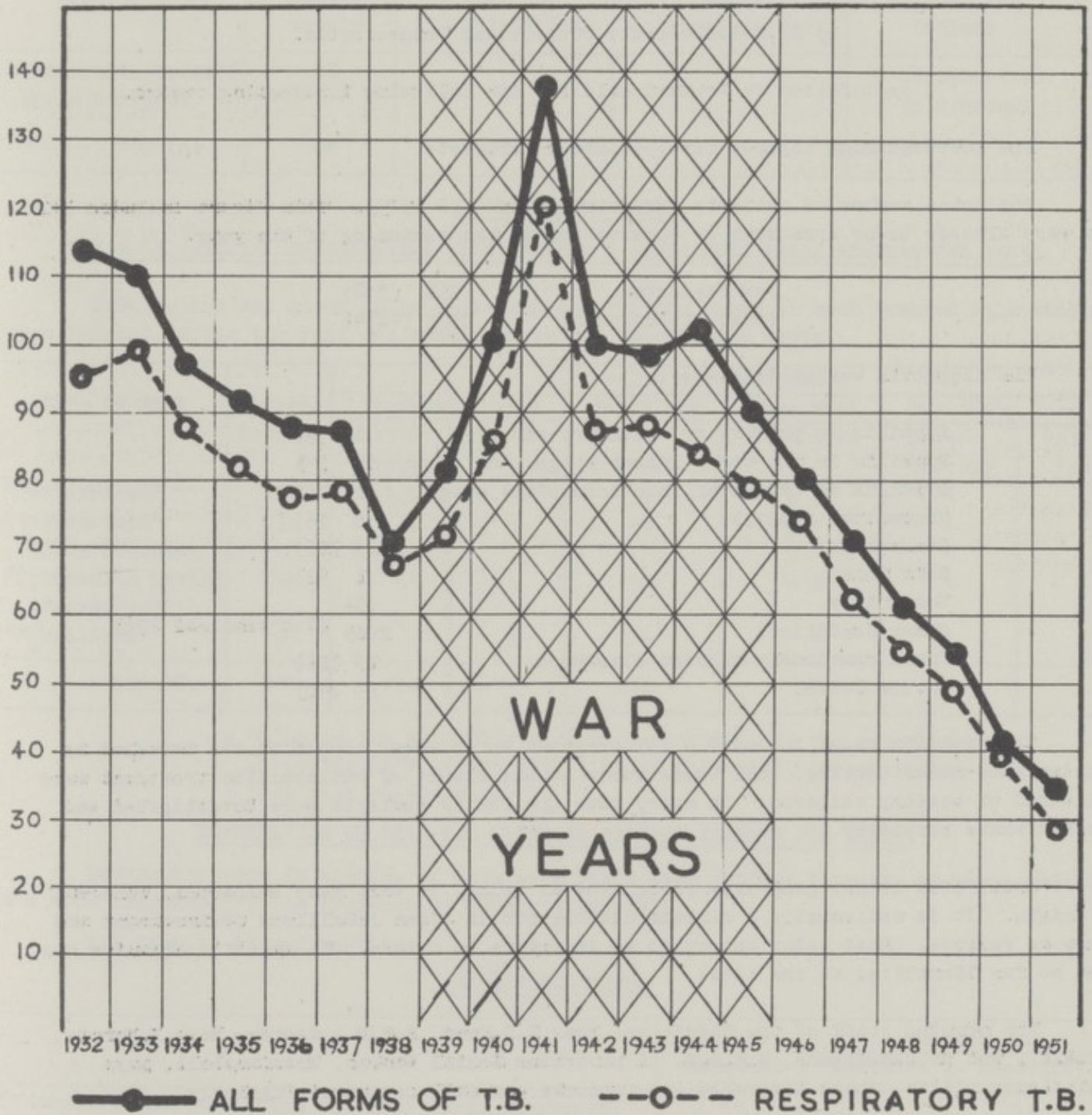
<u>Year</u>	<u>New Contacts Examined at Chest Clinic</u>	<u>Diagnosed as Respiratory Tuberculosis</u>
1950	430	5
1951	643	13

Mass Radiography has also played its part not only by the discovery of unsuspected cases, but also by bringing to the attention of the general public the need for examination before the onset of serious symptoms.

Deaths from tuberculosis have declined during the year having fallen from 74 in 1950 to 58 in 1951. The accompanying diagram illustrates the trend of the tuberculosis death-rate over the past 20 years. Apart from the war years it will be seen that the rate has consistently fallen during this period. A number of factors have contributed to this. It is probable that the natural resistance of the population is increasing. Earlier diagnosis and improved methods of treatment have had their effect and the acceleration of the decline in the post war years may be a result of the introduction of new methods of treatment by means of drugs and antibiotics. Certainly improvement in social conditions is a factor of considerable importance, both in increasing the resistance of the individual to infection and in reducing the spread of infection in the population. Anything which can be done to improve these conditions further by the provision of better housing and particularly by the rehousing of tuberculous families is likely to result in an even greater decrease in deaths from tuberculosis.

# TUBERCULOSIS

DEATHS PER 100,000 POPULATION





REPORT ON THE WORK OF THE SPECIAL CLINIC

AT

QUEEN MARY'S HOSPITAL FOR THE EAST END

DURING THE YEAR.

by Dr.F.G.Macdonald, Consultant Venerologist.

I am indebted to Dr.Macdonald for the following interesting report.

The corresponding figures for 1950 are in brackets.

The total number of patients who attended was 510 (575). This figure includes 142 who were already under treatment or observation at the beginning of the year.

New Patients	368 (398)
Total Attendances	3575 (4804)

The diagnosis was as follows:-

Syphilis in primary or secondary stage	1 (5)
Syphilis in the early latent stage	14 (5)
Syphilis in the later (non-infective) stage	21 (20)
Congenital Syphilis	3 (6)
Gonorrhoea	23 (26)
Soft Sore	1 (2)
Urethritis	23)
Other Conditions	200) (Non-venereal 278)
Cases previously treated elsewhere	13 (16)
Return Cases	69 (40)

The Syphilis cases included 9 (3) pregnant women whose condition was revealed by routine ante-natal testing. All these women as the result of antispesific treatment were delivered of healthy children. In every case the family contacts were investigated and treated where necessary.

Urethritis is now generally recognised as being, in very many instances, venereal in origin. It is not usually a serious disease but is often rebellious to treatment and prone to relapse. Most cases appear to be infective in origin. No specific organism has been so far identified as the cause.

The nursing staff of the Clinic are Miss C.S.Ford, S.R.N., Sister, Miss M.Morris, S.E.A.N., and Mr.C.E.Rogers, S.E.A.N. A part-time Social Worker, Mrs.Campbell, pays domiciliary visits, where desirable, to patients who fail to attend regularly.

# 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)	48	47	1	1 decolourised in 2 hours.
TOTALS:	48	47	1	

### HEAT TREATED MILK

### THE MILK (SPECIAL DESIGNATION) (PASTEURISED & 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					
		Phosphates Test		Methylene Blue Test	Turbidity Test		
		Satis- factory	Unsatis- factory	Satis- factory	Test Void	Satis- factory	Failed Test
"Pasteurised"	124	124	-	117	* 7	-	-
"Pasteurised" (from Schools)	31	31	-	29	* 2	-	-
"Tuberculin Tested (Pasteurised)"	55	55	-	52	* 3	-	-
"Sterilised"	94	-	-	-	-	94	-
TOTALS:	304	210	-	198	12	94	-

\* Owing to the atmospheric shade temperature at the laboratory exceeding 65°F. (Part 111(1) Third Schedule), the methylene blue test became void.

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

During the year 20 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)	19	-	19
"Pasteurised" (from purveyors)	1	-	1
TOTALS:	20	-	20



REPORT OF THE PUBLIC ANALYST.

(By Albert E. Parkes, F.I.C., F.C.S.)

FOOD & DRUGS ACT. During the year 1951, eight hundred and nineteen samples were examined under the Food and Drugs Act, three hundred and eighty formal and four hundred and thirty-nine informal. This is at the rate of 4.7 samples per 1000 of the population.

All samples were submitted by the Inspectors.

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

Six samples were found to be adulterated, two formal and four informal.

The adulteration was at the rate of 0.7 per cent.

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

<u>YEAR</u>	<u>NO. OF SAMPLES</u> <u>EXAMINED</u>	<u>% OF ADULTERATION</u>
1951	819 *	0.7
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
AVERAGE	1027	1.1

One hundred and fifty-one samples of fresh milk were examined, one hundred and twenty-two formal and twenty-nine informal.

There was no adulteration.

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

<u>YEAR</u>	<u>NO. OF SAMPLES</u> <u>EXAMINED</u>	<u>% OF ADULTERATION</u>
1951	151	0.0
1950	188	2.1
1949	186	1.6
1948	191	1.6
1947	198	0.5
1946	248	0.0
1945	260	1.5
1944	269	0.0
1943	250	1.2
1942	190	0.05
AVERAGE	217	0.8

\* The decrease in the number of samples taken during 1951 was partly due to a short interregnum between the retirement of the food & drugs inspector and the appointment of his successor; and partly due to a decision by the Council to reduce the number of samples taken. A cautious reduction, it was felt, could safely be made in view of the consistently low percentage of adulteration found in recent years, and also in the light of the stringent tests which the large pasteurising firms are accustomed to apply to the milk which they process and supply. An adequate volume of sampling will be maintained, however, to provide a proper check on the quality of the food, milk and drugs on sale in the Borough.

#### Channel Islands Milk.

Ten samples of Channel Islands Milk were examined, all informal. One sample failed to reach the required standard of fat.

#### Condensed Milk.

Ten samples of Condensed Milk were examined, one formal and nine informal.

Three full cream and seven machine skimmed.

The composition of all samples complied with the Regulations.

#### Drugs.

Fifty-nine samples of Drugs were examined. Four formal and fifty-five informal.

One informal sample was unsatisfactory.

#### Preservatives.

There was no contravention of the Preservatives Regulations.

#### Fertilisers & Feeding Stuffs Act.

Twenty-five Fertilisers were examined, ten of which were unsatisfactory.

Ten Feeding Stuffs were examined, three of which were unsatisfactory.

#### Pharmacy & Poisons Act.

One sample was examined and found to be satisfactory.

Other samples examined during the year were:-

#### For the Public Health Department.

Five Dried Milks

One Meat

Two Flours

One Chalk

Two Ground Nuts

One Water

#### For the Borough Engineers' Department.

Eight Effluents

One Deposit

#### For the Weights & Measures Department.

One Spirit

One Industrial Spray

Two Enamels

One Sealer



### ACTION TAKEN ON ADULTERATED SAMPLES.

#### Official

Butter. 0.6 excess of water. Letter of caution sent. Subsequent samples proved satisfactory.

Ice Cream. 34% deficient in fat. Letter of caution sent. Manufacture discontinued.

Ground Almonds. A mixture of other nuts. Legal proceedings instituted. Result - absolute discharge. £2. 2s. Od. costs.

#### Unofficial

Milk (Channel Islands). 3.8% fat equivalent to 5% deficient in fat. Subsequent samples proved satisfactory.

Glauber Salts. 17% excess of sodium sulphate. Subsequent sample proved satisfactory.

Ice Cream. 92% deficient in fat.

Pork Sausage Meat. 8% deficient in meat.

### MEAT INSPECTION IN SLAUGHTERHOUSES.

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

There are no slaughterhouses within the Borough which are operated for the purpose of providing rationed meat. Three private slaughterhouses, however, are engaged in the slaughter of animals to provide meat for human consumption off the ration.

All animals passing through these establishments are subjected to veterinary ante-mortem and post-mortem inspection which is carried out by the Veterinary Department of the Corporation.

During the year under review, 17,013 horses and 4,094 goats passed through the slaughterhouses as compared with 13,272 and 253 respectively for 1950. One horse carcase and all offal was rejected on account of extensive tuberculosis and three others for various other conditions. In general, horses are exceptionally free from disease but the small numbers which were totally rejected is, in no small measure, due to the fact that great importance is placed upon ante-mortem examination at which doubtful animals are rejected. Not infrequently, however, relatively small portions of the carcasses are trimmed for bruises, localised oedema etc., whilst the number of livers rejected on account of parasitic conditions remains very high.

45 goats were totally rejected on account of oedema, fevered carcasses and bad setting whilst a considerable number of livers were rejected on account of parasitic conditions. Fluke infestation is common in goats, especially those received from Eire and parts of Wales.

The Veterinary Department is also responsible for the administration of the Diseases of Animals Act and thus supervises the various matters connected with the transit of animals to the slaughterhouses.



Carcases Inspected and Condemned.

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs	Horses	Goats
Number killed (if known)	Nil	Nil	Nil	Nil	Nil	17,013	4,094
Number inspected	-	-	-	-	-	17,013	4,094
<u>All diseases except</u> <u>Tuberculosis</u>							
Whole carcasses condemned	-	-	-	-	-	3	45
Carcasses of which some part or organ was condemned	-	-	-	-	-	No record	No record
Percentage of the number inspected affected with disease other than tuberculosis	-	-	-	-	-	-	-
<u>Tuberculosis only:</u>							
Whole carcasses condemned	-	-	-	-	-	1	-
Carcasses of which some part or organ was condemned	-	-	-	-	-	-	-
Percentage of the number inspected affected with tuberculosis	-	-	-	-	-	-	-

## SANITARY CIRCUMSTANCES

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

I have pleasure in submitting the Annual Report on the work of the Sanitary, Food, and Shops Inspectors during the year ended 31st December, 1951.

Opportunity is taken to express my appreciation of the co-operation and services rendered by the Technical and Clerical Staff. I wish to place on record my appreciation of, and grateful thanks for the valuable work performed by my Deputy, Mr.H.Ault. With the appointment of Mr.Dicker as Food and Drugs Inspector during October last, responsibility for the sampling of foods and drugs for adulteration and for the administration of the Pharmacy & Poisons and the Fertiliser & Feeding Stuffs Acts passed to the Chief Sanitary Inspector.

Some comment on items of particular interest are provided in addition to the statistical tables,

The number of dwelling houses in the Borough is 41042 and the population is 170,100.

**WATER SUPPLY.** The Metropolitan Water Board are the Statutory Undertakers throughout the County Borough and their water has been satisfactory in quality and quantity.

There is no evidence of plumbo solvent action and no cases of contamination were reported.

All the houses are supplied direct by pipes with the exception of twenty-six which are supplied by standpipes.

**FACTORIES ACT, 1937.** Generally speaking, if a factory is equipped with and uses mechanical power, the administration of the Factories Act, 1937, is the responsibility of the Factory Inspectors of the Ministry of Labour and National Service with the exception of the enforcement of the provision of sanitary accommodation which is dealt with by the Sanitary Inspectors. In non-mechanically operated factories, the provisions relating to cleanliness, overcrowding, temperature, ventilation, and drainage of floors is dealt with by the Sanitary Inspectors in addition. In the case of food factories of course, all matters relating to the inspection of food for unsoundness, disease, and prevention from contamination are the province of the Sanitary Inspectors in any class of factory.

During the year, 1803 visits were made for the purposes of the Factories Act to 921 factories and 39 written notices were served in respect of contraventions. In no case was it necessary to institute proceedings.



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

# FACTORIES ACTS 1937 and 1948.

## Part I of the Act

### 1.- INSPECTIONS for purposes of provisions as to health made by Sanitary Inspectors.

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(1) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	67	167	8	N11
(11) Factories not included in (1) in which Section 7 is enforced by the Local Authority	854	1636	31	N11
TOTAL	921	1803	39	N11

### 2.- CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of Cleanliness (S.1)	8	8	-	2	N11
Overcrowding (S.2)	-	-	-	-	N11
Unreasonable temperature (S.3)	1	1	-	1	N11
Inadequate ventilation (S.4)	4	4	-	4	N11
Ineffective drainage of floors (S.6)	-	-	-	-	N11
Sanitary Conveniences (S.7)					
(a) Insufficient	3	3	-	1	N11
(b) Unsuitable or defective	25	25	-	10	N11
(c) Not separate for sexes	3	3	-	1	N11
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	N11
TOTAL	44	44		19	N11

PART VIII OF THE ACT

OUTWORK

(Sections 110 and 111)

S e c t i o n 1 1 0						
Nature of Work	No. of out- workers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council (3)	No. of prose- cutions for failure to supply lists (4)	No. of in- stances of work in un- wholesome premises. (5)	Notices served. (6)	Prose- cutions (7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing (Making, etc. apparel (Cleaning & washing	219					
Lace, lace curtains and nets	1					
Furniture and upholstery	3					
Shoe Thonging	35					
Umbrellas, etc.	2					
Artificial flowers	5					
Paper bags	24					
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	52					
Brush making	2					
Stuffed toys	31					
Cosaques, Christmas crackers Christmas stockings, etc.	50					
Textile weaving	1					
Lampshades	5					
TOTAL	430	—	—	—	—	—

N I L



FOOD INSPECTION. A constant watch is kept upon the shops, stalls and cafes where food is sold together with the factories where food products are made and the kitchens of restaurants and other places wherein food is prepared.

Comparatively little trouble was experienced during the year. It was found necessary to institute proceedings against retailers in four cases, in each case unsoundness was the cause of the proceedings. No cases of the sale, or exposure for sale, of diseased food were discovered. The Clean Food Byelaws made under Section 15, of the Food & Drugs Act, 1938, have proved of service. They cover certain matters not previously within the scope of available legislation. They permit the application of a certain gentle but persistent pressure on careless traders in the interests of clean food handling generally.

In six cases proceedings were instituted for offences against the bye-laws.

One retailer of tinned foods has been the cause of some anxiety. In this case, tinned foods which are obviously rejects from the better classes of retailers, are sold by retail on vacant sites. The risk here is that tins which appear merely to be damaged may in fact contain unsound food. In the case of fish and meat products the tins call for careful examination and the maintenance of constant supervision. This annoys the retailer who claims that it injures his trade but when it is pointed out to him that he does not require the permission of the department to deal in better quality goods he fails to respond. The penalties which the law provides to-day for practising this kind of deception on the public are both inadequate and difficult to enforce. In earlier days this trader would have been paraded through the town with his own tins festooned around his neck, afterwards pilloried and his food burnt under him.

One prosecution was undertaken under Section 13 of the Food & Drugs Act, 1938, but as the structural works required had been carried out at the date of hearing the summons was withdrawn on payment of costs.

A list of the foods condemned during the year will be found on pages 20 and 21.

ICE CREAM. Eighty five samples of ice cream were taken by the Sanitary Inspectors during the year with the following results:-

<u>Grade</u>	<u>Number of samples</u>
1	40
2	27
3	11
4	<u>7</u>
	85

The law relating to the sale of ice cream has been improved in that there is now a minimum standard of fat content but it is still unsatisfactory in respect of the purity of the product

FOOD & DRUGS ACT. During the year 1,218 samples were taken for analysis by the Food & Drugs Inspector as follows:-

Milk (including 34 school milks) 381, Food & Drugs 831, Ice cream 5, meat pie for bacteriological examination 1.

THE 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 164. One sample was submitted for analysis during the year and proved satisfactory.

FERTILISERS AND FEEDING STUFFS ACT, 1926. Particulars are given below of 15 official and 21 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	15	9	6
<u>Feeding Stuffs</u>			
(a) Official	6	3	3
(b) Unofficial	6	4	2
TOTALS:	36	21	15

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 five 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.

FOODSTUFFS CONDEMNED DURING THE YEAR EXPRESSED IN TOTALS OF EACH COMMODITY.

Meat (tins)	5,553 tins	Sandwich Spread	2 jars
Meat	5,740 lbs.	Flour	68 lbs.
Offal	2,326 lbs.	Cake Flour	912 lbs.
Rabbit	493 lbs.	Biscuits	76 lbs.
Poultry	110 lbs.	Pickles	2 jars
Sausages	412 tins	Chocolate Bars	36 bars
Fat	22 lbs.	Chocolates & Sweets	8 $\frac{3}{4}$ lbs.
Meat Extracts	2 jars	Toffees	17 lbs.
Fish (tins)	1,125 tins	Cakes	4
Fish	44 stone	Vita Cream	1 $\frac{1}{2}$ galls.
Shell Fish	2 $\frac{1}{2}$ cwts.	Cheese	869 pkts.
Fish Paste	151 jars	Cheese	26 lbs.
Onions	114 crates	Jam & Marmalade	5,401 jars
Vegetables	2,009 tins	Mincemeat	137 jars
Vegetables	149 lbs.	Xmas Pudding	3 tins
Baked Beans	1,020 tins	Rice	2 cwts.
Tomatoes	1,717 tins	Jelly	104 pkts.
Milk	5,515 tins	Strained Baby Foods	62 tins
Fruit	5,400 tins	Pearl Barley	66 pkts.
Fruit	408 lbs.	Lemon Barley Crystals	2 tins



Coconuts	200	Sponge Mixture	14 pkts.
Dates	2 boxes	Pastry Mixture	11 pkts.
Spaghetti	41 tins	Gravy Salt	20 pkts.
Sauces	7 jars	Cream of Tartar	20 pkts.
Soups	258 tins	Tartaric Acid	5 pkts.
Horse Radish Cream	7 jars	Custard Powder	24 pkts.
Eggs	263	Benergy	10 tins
Tea	66½ lbs.	Parsley & Thyme Stuffing	10 pkts.
Sugar	1 lb.	Cheese Waste	180 lbs.
Butter	¾ lb.	Chocolate Waste	7 tons
Cereals	85 pkts.	Starch Waste	7 tons 17 cwt.
Peanut Butter	1 tin		
Cornflour	8 pkts.		
Margarine	36 lbs.		
Salad Cream	115 jars		

PREVENTION OF DAMAGE BY PESTS ACT, 1949. During the year the policy of tracing the cause of infestation by rats has been continued and drains or sewers found to be defective have been dealt with.

#### Rodent Control, Disinfestation and Disinfection.

The Section has carried out 1929 inspections of dwelling houses of which 880 were found to be infested by rats and 280 by mice.

Two hundred and seventy five visits were paid to industrial and business premises and of these 171 were found to be infested by rats and 101 by mice.

In some four cases Notices were served under Section 4. In one case proceedings were instituted for non-compliance.

The statistical table is set out on page 22.

The Sanitary Inspectors carried out some 3879 drain tests and some considerable number of drainage systems were re-constructed together with the Public Sewers (as defined by the Public Health Act, 1936) into which they drained. The recovery of the costs of these works presents a difficult problem and adds a considerable load to the department.

Much of this drainage work was initiated because of rat infestation through known defects.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Statistics for the year ended 31st DECEMBER, 1951.

	TYPE OF PROPERTY				
	Local Authority	Dwelling Houses	Agricultural	All other (including Business & Industrial)	Total
I. Total number of properties in Local Authority's District.	146	41,089	-	4,838	46,073
II. Number of properties inspected by the Local Authority during 1951 as a result (a) of notification or (b) otherwise.	(a) 44 (b) 11	1,573 356	- -	218 57	1,835 424
III. Number of properties (under II) found to be infested by rats.	Major - Minor 25	28 852	- -	9 162	37 1,039
IV. Number of properties (under II) found to be seriously infested by mice.	26	280	-	101	407
V. Number of infested properties (under III and IV) treated by the Local Authority.	51	1,160	-	272	1,483
VI. Number of notices served under Section 4:-					
(1) Treatment	-	4	-	17	21
(2) Structural Works (i.e. Proofing)	-		-		
Total	303	45,342	-	5,674	51,319



# RODENT CONTROL

<u>Type of Premises</u>	<u>Premises Visited</u>	<u>Total Visits (i.e. repeat visits, pre-baiting, post-baiting &amp; daily inspection.</u>
Private houses	1,929	8,720
Shop premises	99	406
Miscellaneous	330	866
Total	<u>2,358</u>	<u>9,992</u>

## Disinfestation of Premises

Houses	556	693
Factories	2	2
Hospitals	13	27
Miscellaneous	27	36
Total	<u>598</u>	<u>758</u>

## Disinfections

Houses	<u>42</u>	<u>45</u>
School Plimsolls	<u>455</u> pairs	

HOUSING. The housing situation is most unsatisfactory. The Council are embarrassed by a huge waiting list of applicants but cannot at the same time provide new houses both for applicants on the waiting list and also for large slum clearance schemes.

With regard to repairs the position becomes even more difficult. Costs continue to rise and owners beg the Council to take over their properties as a gift.

The tenant of a house cannot understand the difficulties of the position; he comes to the office and complains that the landlord has failed to do what is necessary to remedy the matter complained of. In some cases he, the tenant, is receiving more by sub-letting than he himself pays for the whole house but he still expects the landlord to pay for all repairs and decorations, even of the sub-let part of the house. The landlord holds no such view and there the controversy begins. Bitter feelings are aroused whilst the department's attitude of strict impartiality is interpreted by one side as lack of interest and by the other as victimisation. It is not unusual to receive by the same post a demand by the tenant for action and an objection by the landlord that the works requested cannot be executed at a reasonable cost and offering to transfer the property free of cost.

Every effort is made to retain in occupation numerous dwellings which in normal times would be swept away by Clearance Orders but the intolerance of those concerned makes life distinctly unpleasant.

In seventeen cases it was found impossible to avoid reports to the Committee that the houses concerned were (a) unfit for human habitation and (b) could not be made fit at a reasonable cost. Fifteen Demolition Orders were made and undertakings to make fit were accepted in two cases. One Closing Order was made in respect of a part of a building used for, but unfit for, habitation.



No less than 6754 Notices were served under the Public Health Act, 1936, many of them involving extensive works and some 494 summonses were issued in respect of non-compliance. This is probably a greater number of cases in which legal procedure has been necessary than in any other town in England; an indication of an unhealthy position.

As Licensing Officer I have issued building licences to the value of £2,250,000 during the years 1946 to 1951 for repairs to private dwellings; together with free limit work there has been well over £3½ million spent on repairs to houses in West Ham in that period.

Two areas were dealt with by Unfitness Order, Stanley Road etc., containing 41 houses and Anne Street 23 houses. Objections to the Orders were dealt with by Public Enquiry but the Minister confirmed both Orders without modification.

**WOOD BORING BEETLES.** Trouble from wood boring beetles appears to be increasing rapidly. Usually the first thing that happens so far as the Department is concerned is a request for advice and assistance from a householder who states that her furniture or the floors and skirtings have been eaten. Usually the trouble is due to the furniture beetle and is very difficult to deal with. When the typical holes appear in the wood the damage has been done, these are merely the escape holes for the adult beetle. These little beasts, about  $\frac{1}{8}$ " in length mate soon after they emerge from the wood and the female in about a day lays about twenty eggs in cracks or crevices. In approximately three weeks these eggs hatch and the grubs bore into the wood and go on boring for from one to two years, finally changing into the chrysalis stage and then in two or three weeks changing into the adult beetle which then emerges from the wood, boring a small escape hole for the purpose.

Usually the treatment consists of an injection of suitable insecticide into the escape holes to kill any grubs there may be in the wood, but it would appear that the whole woodwork in the house needs protection as far as practicable to kill the adult beetle before it can lay eggs.

**RAG FLOCK.** During the year the Rag Flock and Other Filling Materials Act, 1951 came into operation and should prove of great service as a means of enforcing a definite and practicable standard of cleanliness of the various materials used for stuffing and filling bedding and furniture.

It is of particular interest to note that great use has been made of the various standards for the cleanliness of Fillings and Stuffings for Bedding, Upholstery, Toys and other Domestic Articles included in British Standard, No. 1425 of 1951.

The Act came into operation on November 1st, 1951, and repealed the Rag Flock Acts of 1911 and 1928. It brings under control and supervision a much wider range of activities than those covered by the repealed Acts. Various types of premises connected with the upholstering trade or with the provision of filling materials for that trade, must now be licensed or registered by the local authority.

The filling materials to which the Act applies, are specified in Section 33, and include, inter alia, rag flock, unwoven cotton, unwoven wool, jute, hair, feathers, down, kapok, seaweed and straw.

The Act will place an additional burden on the department but this is likely to be well worth while.



ATMOSPHERIC POLLUTION. The importance of clean air is at long last being recognised by the man in the street. Little trouble has been experienced in connection with excessive smoke from factory chimneys but the gentleman who coined the phrase "Burn your refuse and save your rates" has much to answer for. Refuse should not be burnt in the small garden surrounded by houses where the resulting smoke and odours are an offence to the inhabitants at large.

On the industrial side, I am afraid that speaking generally it is still true to say that nobody in the whole factory uses so much of the firm's money as the man in the boiler house and few are paid so little for doing it. He is usually the only one who does not produce any record of what return he gets for the money. The tragedy of it is that he may attend classes, he may study the significance of the happenings and the chemical combinations occurring in his boiler furnaces and by so doing become more efficient resulting in quite huge savings in fuel costs but it usually makes no difference. The loss of incentive, the damping down of enthusiasm with resulting loss in economy is to be deplored. Boiler firing is a skilled trade and should be paid as such.

101 observations were taken of industrial chimneys but in no case was action by way of statutory proceedings necessary.

SHOPS ACT, 1950. The total number of visits made during the year in respect of the Shops Act, 1950, was 2,548 and 260 infringements were detected. The majority of these were of a technical nature in respect of which 249 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 11 warnings were issued.

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



# STATISTICAL TABLE.

For the period from 1st January to 31st December, 1951.

Houses inspected following Infectious Disease	...	...	...	...	...	...	...	...	902
Visits to Factories (Mechanically Operated)	...	...	...	...	...	...	...	...	1,053
" " " (without Mechanical power)	...	...	...	...	...	...	...	...	269
" " Workplaces	...	...	...	...	...	...	...	...	419
" " Bakehouses	...	...	...	...	...	...	...	...	155
" " Dairies	...	...	...	...	...	...	...	...	128
" " Offices (as workplaces) P.H.A. 1936	...	...	...	...	...	...	...	...	73
" " Outworkers	...	...	...	...	...	...	...	...	1,667
" " Squatter Camps	...	...	...	...	...	...	...	...	67
Advisory Visits under Town & Country Planning	...	...	...	...	...	...	...	...	49
Bacteriological Samples (canned meat)	...	...	...	...	...	...	...	...	2
Visits to Slaughter Houses	...	...	...	...	...	...	...	...	126
" " Scheduled Offensive Trades	...	...	...	...	...	...	...	...	189
" " Fish Fryers	...	...	...	...	...	...	...	...	237
" " Other Noxious Trades	...	...	...	...	...	...	...	...	55
" re Cases of Food Poisoning	...	...	...	...	...	...	...	...	15
" to Registered Hairdressers and Barbers W.H.C.A. Sect. 49	...	...	...	...	...	...	...	...	34
" " Premises wherein food is manufactured, W.H.C.A. Sect. 67	...	...	...	...	...	...	...	...	479
" " " occupied by Vendors of Food W.H.C.A. Sect. 66	...	...	...	...	...	...	...	...	951
" " Cafe and Restaurant Kitchens etc. Food & Drugs Act, 1938	...	...	...	...	...	...	...	...	537
" " Ice Cream Makers and Dealers W.H.C.A. Sect. 67 & P.H.A. 1936	...	...	...	...	...	...	...	...	383
" " Other Food Purveyors	...	...	...	...	...	...	...	...	2,268
Burial Act, 1857. Sec. 25 Exhumation of Human Remains	...	...	...	...	...	...	...	...	3
Visits to Shops (Shops Act, 1950)	...	...	...	...	...	...	...	...	1,444
" " take Ice Cream Samples	...	...	...	...	...	...	...	...	94
" re Overcrowding Provisions of Housing Acts	...	...	...	...	...	...	...	...	272
Drainage Inspections	...	...	...	...	...	...	...	...	5,956
Visits under Prevention of Damage by Pest Act	...	...	...	...	...	...	...	...	248
" " Increase of Rent Restriction, etc. Acts	...	...	...	...	...	...	...	...	98
" " Bye-laws - Tents, Vans, Sheds	...	...	...	...	...	...	...	...	58
" to Private Houses to Investigate Complaints	...	...	...	...	...	...	...	...	7,069
Houses Inspected under the Housing Act, 1936, re Closing and Demolition Orders or Reconstructions or re Schedules of Evidence for Unfitness Orders	...	...	...	...	...	...	...	...	587
Smoke Observations	...	...	...	...	...	...	...	...	101
Visits to Factories re Smoke	...	...	...	...	...	...	...	...	63
" " Places of Public Amusement, Theatres, Music Halls, Cinemas etc. (Ministry of Health Circular 120 of 1920)	...	...	...	...	...	...	...	...	2
Visits to Licenced Premises	...	...	...	...	...	...	...	...	54
Other Visits	...	...	...	...	...	...	...	...	1,063
Re-Inspections	...	...	...	...	...	...	...	...	23,460
Total Visits									50,630
No. of Notices served	...	...	...	...	...	...	...	...	6,754
Warning letters sent re matters not dealt with by Notice	...	...	...	...	...	...	...	...	56
Other defective or Insanitary Conditions dealt with	...	...	...	...	...	...	...	...	72
Drain Tests Carried Out	...	...	...	...	...	...	...	...	3,879
Certificates granted under Rent Restriction, etc., Acts	...	...	...	...	...	...	...	...	22
No. of Notices complied with - (1) By Owner	...	...	...	...	...	...	...	...	4,400
" " " " - (2) By Occupier	...	...	...	...	...	...	...	...	232
Summonses Issued	...	...	...	...	...	...	...	...	494



NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 22: CARE OF MOTHERS AND YOUNG CHILDREN.

ANTE-NATAL AND POST-NATAL CLINICS. As in the previous year 9 ante-natal sessions were held each week at the municipal centres. No separate sessions were held for post-natal examinations. Mothers are seen by appointment, and it has been found satisfactory to make appointments at convenient times during the ante-natal sessions for those mothers who wish to attend for post-natal examination. In addition to the above, several ante-natal and post-natal sessions are held weekly at the Plaistow Maternity Hospital District Clinics, for mothers who have booked the services of a Plaistow domiciliary midwife.

The South West Ham Child Welfare Centre (Avenons Road) has continued to hold one combined ante-natal and post-natal session per week at the Avenons Road Centre.

Throughout the year the medical examinations at the municipal clinics have been conducted by the Council's full-time medical officers, who have special experience and qualifications in obstetrics. From the beginning of September, one of these medical officers has also been responsible for the ante-natal care for mothers attending the clinic at Avenons Road.

At these various ante-natal clinics 2,112 expectant mothers have registered and made a total of 11,631 attendances. 486 mothers attended for examination during the post-natal period and made a total of 498 attendances.

In 1949, with a total of 960 domiciliary confinements, 216 mothers attended for post-natal examination, approximately 25%. This rose to 45% in 1950. In 1951, with a total of 677 domiciliary confinements, this figure is 70%.

It is estimated that about 11% of mothers having their confinements at home booked maternity medical services, and they may be assumed to have been examined by general practitioners. It would appear, therefore, that there remain 20% who have not availed themselves of the opportunity for a full medical and gynaecological examination a few weeks after confinement. The timely detection of minor departures from health and the advice given at this stage, can prevent much chronic ill-health and discomfort.

While the increase in the number of mothers availing themselves of the service is very gratifying, it is hoped that it will soon be as universally appreciated and sought as ante-natal care is today.

INFANT WELFARE CENTRES. The needs of the area were met by 20 infant welfare sessions per week held at the Municipal Centres, Plaistow Maternity Hospital and at the South West Ham Child Welfare Centre at Avenons Road.

This number includes the special toddlers' sessions commenced in 1950 and continued throughout 1951, to which all children were invited on attaining their second and third birthdays. One such session was held weekly at each of the 5 Municipal Centres, but at Silvertown, where the population served by the Centre is small, the appointments were made during the infant welfare session. In addition, one toddlers' session per month was found to be sufficient for the area served by the Avenons Road Centre. A total of 2,767 children attended in response to these invitations. Of these 2,767 children there were 133 whose general condition was regarded as unsatisfactory, and 54 whose general cleanliness of body



and clothing was found to be below a standard of personal hygiene necessary for the maintenance of health. The following is a list of the defects or deviations from normality observed by the doctor or described by the mother and recorded at the time of examination of this group of two and three year old children. The list does not differentiate between the minor and major defects, but no defect was recorded unless it was considered necessary to advise treatment or to keep the child under observation. The classification of defect is based on the one prescribed by the Ministry of Education for school children, in order to enable comparisons to be made.

<u>Defect</u>	<u>No. of children in which found</u>
Teeth	332
Eyes	95
Ears	43
Nose or Throat	161
Speech	27
Cervical Glands	35
Heart & Circulation	24
Lungs	54
Development (a) Hernia	24
(b) Other	44
Orthopaedic (a) Posture	117
(b) Feet	237
(c) Other	55
Nervous System (a) Epilepsy	2
(b) Other	21
Mental Development	12
Behaviour Difficulties	69
Other Defects	121

1,573 children (56.85%) out of 2,767, were found to be in satisfactory health and free from any defect. In addition, there were 273 children in whom there was no defect except dental caries or other dental abnormality. Of the children found to be in need of observation or treatment, the advice given at this early stage should in many cases help to ensure speedy return to normal health and development and should in time be reflected by a decrease in the number of defects found amongst the five year old school entrants.

The mothers who bring their young children to these "birthday examinations" show obvious appreciation of their opportunity to discuss in an unhurried and friendly way the child's growth, development and behaviour, and to seek, and usually to receive, assurance that all is going well.

During the coming year these invitations will be extended to cover children reaching their fourth birthday.

The attendances at all the Child Welfare Sessions (including the Toddlers' Clinics) are set out below:-

	<u>No. of Individual Children</u>	<u>No. of Attendances</u>
Children under 1 year	2,406	25,731
Children 1 - 5 years	5,917	14,676

The figures all show an increase as compared with the previous year, but this is particularly marked in the age group 1 - 5 years.



PHYSIOTHERAPY (INCLUDING ULTRA VIOLET LIGHT). Arrangements for children to receive treatment at the Children's Hospital, Balaam Street, Plaistow, were continued throughout the year. 58 children were referred from the Municipal Child Welfare Clinics. During the year the Council adapted and equipped three of the Maternity and Child Welfare Centres, at Forest Street, Maybury Road and Grange Road, for ultra violet light therapy, and has appointed a Physiotherapist to commence duties early in 1952. It is intended that simple physiotherapy in the form of remedial exercises, and when necessary massage, as well as artificial sunlight treatment, should then be available, on the Council's own premises, and on the medical officer's recommendation, for expectant and nursing mothers and children under 5 years. This service will also be available on the same premises for those school children who are referred by the School Medical Officer and the Council's Paediatrician.

These facilities, provided on premises which are easily accessible and already well known to parents and children, should encourage the acceptance of treatment at a stage when it will be truly preventive, and in many cases should speedily restore normal health.

#### CONVALESCENCE.

##### Children under 5 years.

To "Transferred Homes"	7
To other Homes	<u>109</u>
Total:	<u>116</u>

Mothers with Babies	19
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The total shows a slight increase on the number sent away during 1950. The number sent to transferred homes has again decreased. These homes, which are controlled by the Regional Hospital Board and for which no charge is made to the parents or to the Council, are being reserved more strictly for those children who need medical and nursing care during their convalescence. Such children are seldom referred through the local authority services but are usually sent away direct from hospital or through the agency of the family doctor.

The cost of maintenance of the other homes which provide "recuperative holidays" is borne by the Council, but a maximum charge of 10/6d per mother and baby or children under 5 years is made to the parent.

The number of mothers with babies who have been sent for convalescence has increased, but this number does not represent the total number of mothers who could have benefited from this service had it been more readily available.

It is difficult to find suitable vacancies to meet the needs of the mother requiring a recuperative holiday with her baby and young children or of the very young child who requires such a period of recuperation but who should not be separated from his mother. Only one such home has been able to offer vacancies to West Ham mothers during 1951, and because of staffing and other difficulties these have not been available at all times throughout the year.

As in previous years the administrative arrangements for convalescence have been in the hands of the West Ham branch of the Invalid Children's Aid Association, and have once again been carried out in an extremely efficient and helpful way. The experience and personal interest which has been shown by the staff of this organisation are very highly appreciated.



SPECIALIST CLINICS. The clinics available through the School Health Service and the number of pre-school children referred to these specialist clinics are as follows:-

Ophthalmic	176
Ear, Nose & Throat	132
Paediatric	155
Child Guidance	23
Speech Therapy	19

RECIPROCAL ARRANGEMENTS WITH NEIGHBOURING BOROUGHES. By agreement with the neighbouring Local Authorities mothers and children are able to attend the clinics most conveniently situated to their homes. During the year 30 children and 2 expectant mothers resident in neighbouring areas attended West Ham Clinics. It is also known that 4 children and 1 expectant mother resident in West Ham attended clinics in other areas.

CARE OF THE UNMARRIED MOTHER AND HER BABY. Whenever possible unmarried mothers are encouraged to use the facilities provided for all mothers and babies. Some unmarried mothers who have special needs are referred to the Moral Welfare Worker employed by the Chelmsford Diocesan Moral Welfare Association. This Welfare Worker is resident in the Borough at St. Agatha's Hostel, 73, Carnarvon Road, and works in close co-operation with the appropriate officers in the Health Department.

During the year 13 West Ham mothers, who were in need of care and accommodation for varying periods, were admitted to this hostel. Of these, 8 were admitted before and 5 after the birth of the baby. Two West Ham unmarried mothers were admitted to hostels outside the area.

The Council contributes the sum necessary to cover the charge for maintenance in the hostel (usually 35/-) whenever the mother is not able to maintain herself, or the whole sum is not available from other sources.

The grant to the St. Agatha's Hostel from the Sunday Entertainments Fund was increased to £150 this year.

#### PREMATURE INFANTS

##### PLACE OF BIRTH AND DEATHS UNDER 1 MONTH.

	Number of Infants	Number died within 24 hours	Number died within 28 days	Number Survived 28 days
Born and Nursed at home	23	-	-	23
" " " in hospital	145	7	22	116
Born at home and transferred to hospital	8	1	1	6
TOTALS:	176	8	23	145

Out of a total of 74 deaths of West Ham infants under 1 year which occurred during the year, 31 occurred in premature infants who died within the first month of life (as shown in the above table).



Many of these fragile babies, particularly those born to mothers admitted to hospital because of some illness or abnormality are so undeveloped as to be barely viable. The prevention of these extreme degrees of prematurity remains one of the most pressing problems in the struggle against wastage of infant life.

Although the premature infants born at home are usually larger and more robust, their nursing presents a number of practical difficulties. In order to help the mother to keep her baby at home and yet give him adequate care, the Council has provided certain equipment which has been available on loan since the 1st June. This equipment includes draught-proof cots with appropriate bedding, screens, suitable clothing for the baby's first days, and other items designed to keep the baby warm, to protect him from infection and to give him a good start towards normal growth and development.

DAY NURSERIES. Three Day Nurseries functioned throughout the year.

Nursery	Number of Approved Places	Average Daily Attendance		
		Under 2 years	Over 2 years	Total
Litchfield Avenue	52	8	35	43
Plaistow Road	52	16	22	38
Liverpool Road	52	14	20	34

The general incidence of infections was not high (apart from an outbreak of Measles at Liverpool Road Nursery which affected 21 children), but at a time when Sonne Dysentery was prevalent in the neighbourhood, outbreaks occurred at all three Nurseries. The exclusion of children who showed symptoms of the illness or who were found to be carrying the germ, considerably reduced the average attendance over the year. At Plaistow Road, where children in all three age groups as well as some members of the staff were found to be infected, the Nursery was closed from Monday 21st January to Friday 26th January inclusive. During this time the non-infected members of the staff were occupied with the cleaning and airing of the Nursery premises and equipment. None of the children or staff were seriously ill but many weeks elapsed before all were free from infection and were able to return to the Nursery.

NURSERIES AND CHILD MINDERS REGULATION ACT. The Day Nursery at Cumberland Road, which is under the auspices of the Canning Town Women's Settlement, is registered under the above Act and continued to provide places for 15 children throughout the year.

One Child Minder was registered during the year and was authorised to receive not more than 6 children, including those already in her own home. Since registration, however, she has not made use of this authority.

# REPORT ON THE DENTAL SECTION

## OF THE MATERNITY AND CHILD WELFARE SERVICE

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

Unfortunately, no additional staff became available during the year, so that the policy of confining dental treatment to those mothers who were in pain or who needed dentures was continued. Those requiring extensive conservation treatment were referred to the private practitioners who, through their Local Dental Committee, had agreed the previous year to help in this way.

The part-payment for dentures introduced into the General Dental Service in May 1951 did not produce the increase in the number of mothers seeking dentures at the clinic, as had been expected, and it may well be that the public are again sinking into the state of indifference of their dental health, so prevalent before July 1948, and which only a full staff, and an intensive propaganda of health education can overcome.

### STATISTICS

#### (a) Numbers provided with dental care.

	Examined	Needing Treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	232	188	181	162
Children under five	608	549	518	414

#### (b) Forms of dental treatment provided.

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Dressings	Radio-graphs	Dentures provided	
		Loc.	Gen.						Complete	Partial
Expectant and Nursing Mothers	719	41	136	50	39		108	22	80	95
Children under five	1122	15	427	553		296	226			



### SECTION 23: MIDWIFERY.

MATERNITY SERVICES. Total births registered as West Ham births during the year was 2,899.

Delivered in their own homes within the Borough ... ..	667
Delivered in maternity units within the Borough ... ..	1,956
Delivered outside the Borough ... ..	276
Total	<u>2,899</u>

#### NUMBER OF CONFINEMENTS IN MATERNITY UNITS IN THE BOROUGH

Hospital	West Ham Residents	Total Births
Forest Gate	690	1,136
Plaistow Maternity	850	1,082
Queen Mary's	416	821
Totals:	Totals: 1,956	3,039

The number of beds allocated to West Ham mothers referred from the three municipal clinics has remained throughout the year at 50 beds at Forest Gate Hospital; beds were also available at Mile End Hospital. Patients who have expressed a wish to be confined in Plaistow Maternity Hospital or Queen Mary's Hospital have been referred to these institutions and have had no difficulty in securing admission although no specific allocation of beds has been reserved for them.

#### MIDWIVES ATTENDING AT DOMICILIARY CONFINEMENTS

Source	Number (or equivalent number) of midwives on 31.12.51	Number of Cases
Municipal	4	113
Plaistow Maternity Hospital	7 *	480
Essex County Nurses' Training Home	2 *	64
Silvertown & N.W.D.N.A.	2 (part-time)	10
Totals:	15	667

\* These midwives had the assistance of pupils.

In 12 of the 667 delivered in their own homes the midwife acted as maternity nurse.

Medical Aid was summoned in 257 cases. In 199 of these help was required for the mother only, in 55 help was required for the baby only and in the remaining 3 cases help was summoned on account of both mother and baby.

On account of the goodwill and common sense displayed by all concerned the maternity services have once again worked efficiently and smoothly. The provision of maternity beds has been ample to cover the needs of the area, and the hospital staffs have been extremely helpful in admitting patients requiring treatment for unforeseen emergencies.



The decrease in the number of domiciliary confinements which is proportionately greater than the decrease in the number of births has given some concern to those bodies interested in the training of midwives. The unsuitability of their home, and the increased expense incurred by domiciliary confinement under the present circumstances unfortunately act as a deterrent to some mothers who might otherwise prefer to have their baby at home. While the safety, comfort and happiness of the mother and her baby must remain of primary concern, the training of midwives is also of vital importance, and the experience and the standards achieved during their training will in turn reflect on the care they are able to give the mothers.

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

Domiciliary Midwives	15
Hospital Midwives	47

All the domiciliary and 41 of the hospital midwives were qualified to administer gas and air analgesia.

The 4 municipal domiciliary midwives all received a course of instruction in the administration of pethidine, during the month of October - November. This pain relieving drug has recently been made available for administration by midwives who have been specially trained in its use. The course of training was arranged at Forest Gate Hospital through the courtesy and kind co-operation of the Consultant Obstetrician Mr.H.R.England.

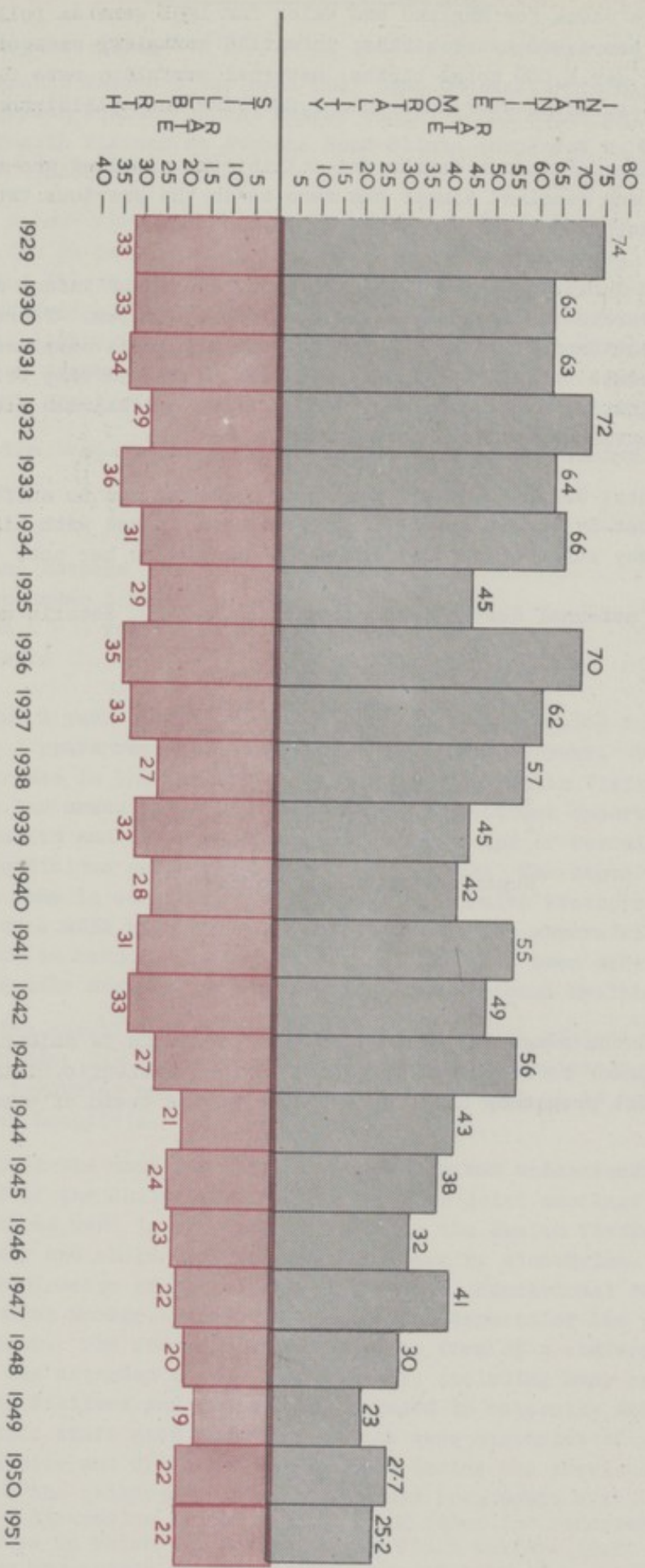
SUPERVISION OF MIDWIVES. The Senior Assistant Medical Officer for Maternity and Child Welfare remains the Supervisor of Midwives and there is no non-medical supervisor.

Though all concerned have been most helpful, the continuing arrangements by which a decreasing number of mothers delivered in their own homes are cared for by three separate agencies as well as by the municipal midwives, cannot be regarded as entirely satisfactory. This splitting up of the service leads to lack of co-ordination, both in the organisation of the domiciliary service and in the statutory supervision, and to certain administrative complications which result in the spending of unnecessary time and effort. With these factors in mind, as well as the needs of the training schools to maintain the number of pupil midwives, the responsible officers have sought for a way of achieving balanced and well co-ordinated maternity services. Though it is regretted that no agreed recommendations were in sight by the end of the year, yet it is felt that the time has not been altogether lost. Conditions are still changing and valuable experience is being gained in the administration of the maternity services under the National Health Service Act. It may be all to the good if some degree of stability can be attained before final recommendations are made for the future of these services.

VITAL STATISTICS. The stillbirth rate of 22 stillbirths per 1,000 total births, is the same as for the previous year. The infant mortality rate of 25.2 deaths of infants under 1 year per 1,000 live births and the maternal mortality rate of 0.6 per 1,000 live and stillbirths were lower than last year.



# SHOWS TOTAL INFANT LIFE WASTAGE — 1929 — 1951



The comparable rates for England and Wales for 1951 were as follows:- stillbirth rate 23 stillbirths per 1,000 total births, infantile mortality rate of 29.6 deaths of infants under 1 year per 1,000 total births, maternal mortality rate 0.79 (including abortions) or 0.65 (excluding abortions) per 1,000 live and stillbirths.

The total number of infant deaths and stillbirths combined are shown in the diagram on page 35 and remained almost the same as in the previous two years (141 as compared with 145 in 1950 and 144 in 1949).

The number of infant deaths was 74. The only causes of infant death which show an increase are those due to diseases of the respiratory system. There were 12 deaths from pneumonia, 4 from bronchitis and 2 from bronchopneumonia complicating whooping cough. In many of these babies the illness was very acute and very brief, whilst in some it was so fulminating that death supervened before medical aid had been sought and even before the parents had realised that the baby was ill.

The 3 accidental deaths were all caused by asphyxia due to suffocation. In 2 this was brought about by overlaying while the baby was in bed with his mother. In the case of the third baby suffocation occurred while she was in her cot.

There were 3 maternal deaths compared with 6 in 1950, details are listed below:-

- |   |   |
|---|---|
| 1. Died 10.2.51.<br>At home.                              | 1 (a) Cerebral Haemorrhage<br>(b) Malignant Hypertension<br>(c) Toxaemia of Pregnancy |
| 2. Died 19.4.51<br>in hospital.                           | 1 (a) Status Epilepticus<br>2 Parturition   |
| 3. Died 31.8.51<br>in ambulance<br>on way to<br>hospital. | Ruptured Ectopic Pregnancy  |

In case No. 1 the pregnancy during which the toxaemia is said to have developed, occurred six years prior to death and no details of the patient's history were available to show to what extent pregnancy had been a factor in the train of events which led to death.



## SECTION 24: HEALTH VISITING.

At the 31st December 1951, the following staff were employed:-

- (a) 15 Health Visitors employed full time on Health Visiting duties.
- (b) 10 Health Visitor/School Nurses employed half-time on Health Visiting duties.
- (c) 1 Health Visitor at Avenons Road Clinic (employed by South West Ham Health Society).

The Council's scheme for the training of health visitors was continued throughout the year, to maintain as far as possible the full strength of the service; 23 of the 25 personnel included in (a) and (b) above were originally students sponsored through this scheme. In this way the number of trained Health Visitors employed on maternity and child welfare duties has been near the establishment of the equivalent of 22 full-time nurses throughout the year. This has resulted in an improvement in the number of visits which each expectant mother and child under 5 years has received.

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

	<u>First Visits</u>	<u>Total Visits</u>
	<u>1951</u>	<u>1951</u>
To Expectant Mothers	1,256	2,346
To Children under 1 year	3,361	16,240
To Children 1 - 5 years	837	31,349
Special Visits	-	2,470

Each child under 1 year of age received approximately 5 visits during his first year, and children aged 1 - 5 years received between 2 - 3 visits per year. During 1950-51 there has been a steady increase in the number of times which the Health Visitor has been able to call on each child in her area. This has given her more frequent opportunity of observing and advising on the health and development of the children and of becoming acquainted with the parents and the conditions under which the family lives. The above table also indicates that a start has been made in combining the areas of the Health Visitors and School Nurses. This means that one nurse will have the responsibility for the supervision of the development of the child from birth to school age. Some progress has thus been made towards the Health Visitor becoming the family adviser, as envisaged in the National Health Service Act.

The valuable link established in 1950 between the health visiting service and two of the hospitals to which West Ham children are admitted has been maintained throughout the year. It has indeed been so rewarding and so greatly appreciated that it is hoped to make similar arrangements with other hospitals.

In order to fulfil the need for close co-operation and understanding between the Health Visitors and the staff of the Child Guidance Clinic, four joint meetings were arranged during the year. The first three were in the form of talks to the Health Visitors and the Medical Officers doing maternity and child welfare work, followed by discussion. The talks were given by Dr. Riordan, Medical Director of the clinic, Mrs. Nathan, Educational Psychologist and Miss Holmes, Psychiatric Social Worker. They covered various aspects of the young child's mental and emotional development. The fourth meeting took the form of a conference at the Child Guidance Clinic which was attended by the clinic staff, including many of the Medical Officers, and to which the Health Visitors and the doctors engaged in maternity and child welfare work were invited. The clinic staff gave summaries of the case histories of some typical cases referred from the Maternity and Child Welfare clinics during the previous year, and they outlined the ways in which the children's difficulties had been dealt with. These case histories served as a basis for a discussion on the selection of cases for reference to the Child Guidance Clinic, and also the ways in which the Maternity and Child Welfare staff could help the parents of those young children who showed slight disturbances of behaviour not sufficiently serious to warrant specialist treatment.



HEALTH EDUCATION. The teaching of parentcraft is the main function of the Health Visitor and the basis for most of her activities. With the decline in infant and maternal mortality this teaching can now be directed to the promotion of full health and happiness in the parents and their children. Personal advice given in the home or at the clinic is, and will probably remain, of paramount value in helping the mother to attain this goal, but experience has shown that other equally effective methods are available.

Short informal talks to small groups of mothers, illustrated and enlivened by some form of visual aid are much enjoyed and discussion if skilfully led can be of assistance in solving problems and relieving apprehension.

This year, with some of the necessary equipment at their disposal and with a little time to spare from routine duties, the staff have made a start in this type of health education. Their efforts have been much appreciated by the mothers and it is hoped to extend the programme in subsequent years. This will be made easier and more rewarding if the talks can be accompanied by suitable films or film strips.

The Superintendent Nursing Officer has, on the invitation of the hospital staff, given a number of talks to the Mothers' Club at Plaistow Maternity Hospital.

The Deputy Superintendent Nursing Officer began a series of talks at the Friendship Club with an outline of "Physical Development".

At the municipal clinics expectant mothers have been invited to attend a series of 6 - 8 sessions at which the teaching of relaxation has been combined with a planned but flexible syllabus of talks, demonstrations and discussions.

This work has been undertaken by a member of the Health Visiting staff who is a trained Physiotherapist and who has had practical experience both of physiotherapy and of midwifery. The subjects have included a simple explanation of the physiology of pregnancy and labour, hygiene in pregnancy with special emphasis on diet and preparation for breast feeding, provision of suitable pram, bedding and cot for the expected baby and the care of the new-born infant.

The number invited to each session is kept small so that the atmosphere may remain informal, and the mothers are encouraged to ask questions and to discuss their problems. In this way they derive much comfort and learn much from a shared experience as well as from the factual information which is given in a way adapted to the needs of each group.

It is intended to extend the facilities for this type of education to a larger number of mothers, and perhaps to arrange some sessions specially for fathers.



## SECTION 25: HOME NURSING.

### Municipal Home Nursing Staff on 31st December 1951.

1	S.C.M.	employed full time.
8	S.R.N. )	employed part time,
7	S.E.A.N.)	average 24 hours weekly.

### Summary of work carried out by all Home Nurses within the Borough.

Total Cases attended	Total number of visits paid	Average number of visits per case
2,900	75,226	24.56

The agency arrangements whereby the portion of the Borough north of the District Railway and a smaller area in the south (Silvertown) are supplied with Home Nurses by the Beachcroft Nurses' Training Home (administered by the Essex County Council) and the Tate Nurses (Silvertown & North Woolwich District Nursing Association) respectively, have continued throughout the year and have remained satisfactory.

The larger area south of the District Railway and north of the Docks is catered for by the Council's own nursing staff. While the above table shows that the staff at the end of 1951 was greater than at the end of 1950, this number has fluctuated considerably throughout the year.

Recruitment of full-time Home Nurses is difficult at present, and in West Ham the difficulty is accentuated by the lack of provision of any residential accommodation or of suitable premises for the nurses to use for the cleaning and storing of their equipment and for their clerical work. With one exception the service is at the moment entirely dependent on the part-time work of married women, many of whom have heavy domestic commitments and live some distance from the Borough. Though these nurses have given devoted and willing service for which the patients and their relatives have frequently expressed deep appreciation, and although the staff at Plaistow Maternity Hospital have kindly continued to take and pass on telephone messages, the uncertainties of the situation have given much anxiety to those who administer the service.

With the staff much below establishment, the failure to recruit full time nurses, and the increasing demands for the nursing of the sick in their own homes, it has not been possible to give the public the service which would be considered adequate, and it has been necessary to restrict the times at which the service has been available.

In this setting, it was rather disappointing that financial stringency compelled the elimination of the proposed District Nurses' Home and Headquarters from the building programme for 1951 after it had been approved by the Ministry. The scheme offered the prospect of providing a focus around which a well-organised, comprehensive home nursing service could be built. The need is still great, but it is hoped that the project has been postponed rather than abandoned.

## SECTION 26: VACCINATION AND IMMUNISATION

See page 6.

## SECTION 27 - AMBULANCE SERVICE.

There has been no change in the arrangements for the Service. Ambulances are based at fire stations and the transport depot and are under the operational control of the Chief Officer of the Fire Brigade. Ambulance cars are provided by the Borough Engineer from the Council's fleet of passenger cars and are controlled operationally by the Ambulance Officer. One of the ambulance cars is a multi-seater vehicle which is used mainly for the conveyance of out-patients to and from the London Hospital.

The deployment of operational vehicles is as follows:-

<u>Ambulances</u>	
Stratford Fire Station	1
Plaistow Fire Station	4
Silvertown Fire Station	1
Transport Depot	5

<u>Ambulance Cars</u>	
Transport Depot	11

The demands on the ambulance service continued to be heavy but by careful scheduling, it has been possible to keep the mileage steady.

It is evident that more and more patients are being treated at hospital out-patient clinics, for it is the conveyance of patients to and from these clinics which makes the greatest demand on the service. With the co-operation between officers of the hospitals and the Health Department this work is now running quite smoothly.

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

Vehicles used	Number of Journeys.	Number of patients carried.	Number of accidents and other emergency journeys (included in Column 2)	Mileage
Ambulances	15,906	24,910	2,450	159,487
Ambulance Cars	11,466	19,881	-	126,446
Totals:	27,372	44,791	2,450	285,933

The Council continued to carry out the inter-hospital transfer of patients from Queen Mary's Hospital, Stratford, to the annexe at Hillingdon House, Harlow, Essex. These transfers take place twice weekly. 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.

(a) Report on the work of Tuberculosis Visitors. The two Tuberculosis Visitors made 5,188 home visits to tuberculosis patients during the year and assisted the Chest Physician at 383 clinic sessions. The number of home visits required increased considerably during the year and it was necessary, as a temporary measure, to allocate one of the Public Health nurses in the Health Department to this work.



With the increase in the number of cases and the improved follow-up visiting of the homes, together with the additional visiting necessary for the success of the B.C.G. Scheme which was started, it became evident that to be able to deal adequately with the work of prevention and after care of tuberculosis patients two additional Tuberculosis Visitors would be needed. This recommendation was approved by the Health Committee at its meeting in December.

The very cordial working relations between the Regional Hospital staff on the one hand and the Local Authority staff on the other continued throughout the year, which contributed greatly to the good relations between the staff and public.

(b) Work of the Social Worker. Report by Mr.N.E.Forward.

The year has seen a slow and steady development of the Department. Economic pressures have limited any wide expansion of the service, and the service given has been done by the Almoner with half-time secretarial assistance.

There has been improved liaison with the Chest Physician, and an extremely close co-operation with the Tuberculosis Visitors. Indeed, the Almoner's work and that of the Tuberculosis Visitor is now such close team work that the point at which the Almoner takes over the social problems from the Tuberculosis Visitor is difficult to determine, though the main function of each is of course unchanged.

In broad outline, the Tuberculosis Visitors deal not only with the medical aspect, but advise also on routine social problems where they arise. Moreover, they diagnose and refer the unusual, larger, or complex social problems to the Almoner. Thus the Almoner comes to cope with a perhaps smaller case load, but adequate time and attention is available for those cases needing a detailed social therapy.

Staff limitations has prevented the practice of interviewing all patients attending the Clinic, and consequently only referred cases have been seen. All notified cases of tuberculosis are however seen by the Health Visitors and, selection resting mainly with them, probably very little important social work is overlooked.

There has been little demand from the Chest Physician for detailed social investigation relating to individual patients and practically all the work referred has related to helping patients in particular ways rather than social investigation as a whole.

The attached statistical summary indicates the broad outline of the work.

By reason of a separate allocation to Tuberculous After Care and Prevention of Illness from the Council's funds, it was possible to satisfy the demand for children's convalescence this year, which in the preceding year could be met only by a very limited number of "free" vacancies.

In common with most local authorities, the housing problem continues to be intense, it is disappointing that with all the other competing demands in West Ham, it has not proved possible to give more special consideration to tuberculosis cases, for until this problem can be tackled in a substantial way, many patients will continue to struggle against their disease under a severe handicap, and any of the efforts to help them will be frustrated.

The liaison with the Ministry of Labour is good. There is a much better developed understanding with the D.R.O. at Stratford and the D.R.O. at the Canning Town Employment Exchange has been most helpful and co-operative.



Hitherto, the only occupational therapy available to patients has been the "Diversional Therapy" scheme of the British Red Cross Society. The few patients who have taken advantage of it have benefitted, but the scheme itself is also designed to aid the funds of the Society. The use of Occupational Therapy should be much increased in future, as arrangements have now been completed for medically recommended cases to attend as Out-Patients at the Occupational Therapy Unit at Plaistow Hospital. This arrangement is expected to prove a great asset to certain tuberculous patients, for not only will it occupy idle minds, but in many cases is likely to be the first step in complete rehabilitation. To the enterprising patient there could also be a financial advantage.

Once again, the high cost of clothing and bedding these days has proved to be outside the pockets of family incomes seriously reduced because of illness, and 52 patients have been helped in this way. The Personal Service League has given a gratefully appreciated service in this connection, for not only have good clothes been made available at prices much less than those in the shops, but also a good quantity has been supplied free of charge.

Financial aid has been obtained for a variety of reasons, usually for clothing and bedding, for extra nourishment, and for fares to relatives visiting patients in Hospital. Some of the former have been met by the National Assistance Board, but the Voluntary Societies have given by far the greatest help towards meeting these needs. In most cases, Regimental and Service Funds have been the source of supply, and in this connection the services of Miss White of the Forces Help Society, the co-ordinating organisation for all Service funds, have been indispensable. Her co-operation with the Almoner and the Tuberculosis Visitors is greatly valued. Where no Service Funds are available, the patients have usually been referred to the Friends of the Poor, and the R.L. Glasspool Trust, both of which have given help generously when needed. When these resources have failed, the Emergency Fund which is financed by a grant from the Sunday Entertainments Fund, has helped in 9 cases, and 4 were referred to the Mayor's Distress Fund.

The office at the Balaam Street Baths has had some new equipment during the year, but there is still some necessary improvement to be made. Mrs. Bedwell has given faithful and useful service as half-time secretary, and her resignation at the end of the year was received with regret.

The toy distribution was repeated this year, but parcels were not available for old people. A very small selected group of very needy families were referred to the Womens Voluntary Service for food parcels.

#### SUMMARY

<u>Cases seen</u>		
	Tuberculosis	365
	Others	9
	Total	<u>374</u>
<u>Preventive Measures</u>		
	Convalescent arrangements. Adult	5
	Children	55 *
	Referred to Children's Officer	1
	Referred for rehousing	73
	House Repairs	
	Referred to Sanitary Inspector	13
	Referred to Landlord	6

\* Includes children sent to Fyfield Open Air School and to School Camps.



## After Care and Rehabilitation

Referred to D.R.O. for work or training	39
Referred for Home Help Service	11
Occupational Therapy	3
Provision of clothes and bedding (free or from grants)	52

## Financial Aid

National Assistance Board	88
Voluntary Funds	136
Other Funds	13

(c) B.C.G. Vaccination. In accordance with the Council's proposals under Section 28 of the National Health Service Act, arrangements were completed in June whereby B.C.G. Vaccination can be offered to any susceptible child who may be in contact with a case of tuberculosis. Under these arrangements, when a child is discovered to be exposed to tuberculous infection, the home is visited by a Tuberculosis Visitor and a tuberculin test is performed. If this is negative showing that the child has not already been infected with tuberculosis, arrangements are then made to segregate the child from the source of infection for a period of six weeks. This allows time for any infection acquired shortly before the test to produce tuberculin sensitivity. At the end of this period a further test is carried out. Should the result again be negative the vaccine is given.

After vaccination the child must be kept away from the source of infection for a further period of six weeks while immunity is developed. A third tuberculin test is then performed and if this is positive the child may be considered to be protected.

Infants who have not been in contact with a case of tuberculosis may be vaccinated within a few days of birth since tuberculin testing is unnecessary under these circumstances. When therefore an expected child is likely to be exposed to infection, arrangements are made before it is born to ensure that the child does not come into contact with a known case of tuberculosis until the vaccine has been given and immunity as shown by a tuberculin test has been established, a period of some six to eight weeks from birth.

When the mother is herself suffering from active tuberculosis every effort is made to arrange for her confinement in a special maternity unit.

Segregation of children may be effected either by the removal to hospital of the source of infection or by arranging for the child to stay away from home in a household with no known case of tuberculosis for the requisite period.

These latter arrangements may be made by the parents themselves or if this is not possible by the Local Authority through the agency of the Invalid Children's Aid Association. Occasionally exceptional circumstances may render segregation of the child from the source of infection impracticable or the parents may refuse to allow the child to stay away from home. In such cases the parents are interviewed and it is explained to them that if the child remains in contact with a case of tuberculosis there is a possibility of infection occurring, either before B.C.G. Vaccination or during the period between the injection of B.C.G. Vaccine and the time about six weeks later when protection may be expected. Knowing this the parents are then asked to sign a special form of request for vaccination showing that they understand the explanation given above and that if the child subsequently develops tuberculosis, this disease cannot be attributed to a failure of B.C.G. Vaccination or to the vaccine itself, and that they are willing that the child should receive B.C.G. Vaccination



while continuing to be exposed to infection. This last procedure is used only when all attempts to secure the segregation of the child have failed or when segregation would involve considerable delay in the protection of the child.

During 1951, 96 children received B.C.G. Vaccination.

## 2. CONVALESCENCE.

During the year 123 applications for adult convalescence were received - 57 from hospitals (mostly out-patients), 64 from general medical practitioners and 2 from the Chest Clinic.

Of these, 5 were not approved by the medical officer as it was decided in consultation with the General Practitioner that the patients were unsuitable for admission to a convalescent holiday home, and 8 were withdrawn either by the patient or the recommending doctor before consideration by the Council's medical officer.

The remaining hundred and ten applications were approved by the Council's medical officers but of these 18 were subsequently withdrawn mainly owing to patients making private arrangements, and 4 because it was impossible to find a home which would accept them owing to the nature of their disabilities. The number of patients who were sent away for a period of convalescence was therefore 88.

These patients were visited on their return and enquiries made as to whether they had benefitted from their stay. It is pleasing to note that of the 88 patients who went away 69 stated that they had improved in health and that the improvement had been maintained.

## 3. HEALTH EDUCATION.

During the year the main emphasis in Health Education has been upon the subject of safe food. Much of this work has been done through the agency of the West Ham Clean Food Advisory Association, of which your Medical Officer of Health is the Secretary. A report of the activities of this Association is given below. In other fields, education of the public in health matters has been carried out by means of posters and leaflets and talks given by Health Visitors to mothers attending the Maternity and Child Welfare Clinics. Lectures have also been given by Medical Officers on a number of occasions to various organisations.

West Ham Clean Food Advisory Association. During the year the West Ham Clean Food Advisory Association has done much to bring to the attention of the public the need for clean handling and proper storage of food.

This Association was formed in the summer of 1950. It was sponsored by the County Borough Council. The Mayor of West Ham and the Chairman of the Health Committee are ex-officio members of the Executive Committee and the local authority also nominates four other representatives. It is, however, an independent body, and its constitution ensures that the control of its policy shall always be in the hands of representatives of local food traders. As the functions of the Association are purely advisory it is right that this should be so, since advice, if it is to be accepted, must be based upon sound knowledge of trading practices.

Membership is open to all local food traders and their employees, and each application is investigated before approval by the Executive Committee.



In a borough like West Ham, the most heavily bombed in England, many food traders are faced with the problem of carrying on their business in premises which do not comply with all the statutory requirements and which cannot, because of building restrictions, be made to do so. Much less is it possible at the present time, to alter these premises to conform with the higher standards advised in the Codes of Practice which the Association has prepared for the guidance of its members.

Membership does, however, give the food trader the right to display the emblem of the Association and this implies a guarantee to the public that his practices are such that food passing through his hands is not likely to become contaminated. This problem has been tackled realistically. In considering the eligibility of each prospective member the Executive Committee require that two questions only shall be answered:-

"Is he doing his best, with the facilities at his command, to produce, distribute and sell food which is clean and wholesome?"

and if the answer to this is in the affirmative -

"Are the facilities at his disposal such as will enable him, in fact, to prevent the contamination of food passing through his hands?"

During the early months the Committee were kept busy making preparations for a clean food drive, scheduled to open in the Spring of 1951. Rules for membership and Codes of Practice had to be worked out and approved. An emblem for display by traders and a badge to be worn by employee members had to be designed and ordered. Arrangements had to be completed for publicity and for functions designed to educate the public and to attract members.

The campaign opened in May, 1951, with a Clean Food Exhibition intended to appeal equally to the housewife and the food trader. This was extremely successful and it is estimated that 5,000 visitors passed through the Exhibition during the week it was open. An interesting feature was the presentation to each female visitor of a nail brush bearing the slogan "Clean Hands - Clean Food".

In September a decorated lorry was entered in a procession in connection with the Festival Celebrations and was extremely successful as indicated by the favourable comments subsequently received and the fact that it was awarded a prize. This was followed in October by two ceremonies, which subsequently received wide press publicity. The Mayor of West Ham presented the emblem of the Association to the first two applicants for membership - a grocer and a butcher.

This attracted considerable local interest and was instrumental in bringing to the notice of a large section of the public the work which the Association is doing and the appearance of the emblem which is being displayed by traders who have earned the right to become members. A Press advertising campaign followed with the object of publicising the emblem even more widely. It is now becoming generally recognised as the hallmark of food hygiene.

It may be said that during the year this Association has been in existence it has already done much to combat food poisoning in the Borough and in the near future as membership grows, the effect of its activities is likely to be even greater.

## SECTION 29: DOMESTIC HELP.

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

### General Sickness

No. of applications received	...	...	...	...	...	...	...	...	483
No. withdrawn or refused	...	...	...	...	...	...	...	...	<u>69</u>
New cases accepted during 1951	...	...	...	...	...	...	...	...	414
Males								72	
Females								342	
No. of cases on books at end of 1950	...	...	...	...	...	...	...	...	<u>329</u>
Total number of persons receiving home help during 1951								...	<u>743</u>
No. of cases on books at end of 1951	...	...	...	...	...	...	...	...	<u>445</u>

### Ages of applicants to whom Home Help was supplied:-

Under 50	-	82	=	19.9%
Between 50/59	-	26	=	6.2%
Between 60/69	-	63	=	15.2%
Between 70/79	-	155	=	37.4%
Between 80/89	-	83	=	20.1%
Between 90/99	-	<u>5</u>	=	<u>1.2%</u>
		<u>414</u>		<u>100.00%</u>

Cases assessed to pay	...	...	...	...	...	...	...	...	...	203
Cases free	...	...	...	...	...	...	...	...	...	211

Average number of hours of service per case per week ... .. 7.8

### Number of Home Helps available for general cases.

Permanent full-time Home Helps employed on 31st December, 1951	=	13
Part-time Home Helps employed at 31st December, 1951	=	102
Average hours worked per week per part-time Home Help	=	23.8

Total number of hours worked by Home Helps (approx.) 159,774

(On the basis of a 47 hour week, this is equivalent to 66.2 full-time Home Helps throughout the year).

### Tuberculosis.

Number of new applicants	...	...	...	...	...	...	...	...	23
Number transferred from 1950	...	...	...	...	...	...	...	...	<u>17</u>
									<u>40</u>

Number of Home Helps available to work in tuberculous households at 31st December, 1951	...	...	...	...	...	...	...	5
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## Maternity.

Number of applications received	...	...	...	...	...	...	...	...	...	...	...	64
Number withdrawn	...	...	...	...	...	...	...	...	...	...	...	30
												<u>34</u>

Each maternity case is normally allotted 62 hours service during the two weeks following confinement. After reference to the Chairman one case received full-time Home Help of 94 hours over the two weeks.

Home Helps gave 2,104 hours service to maternity cases during the year, which was equivalent to 0.84 full-time Home Helps continuously employed. Many of the maternity Home Helps were engaged for a particular case only, after careful enquiry in each instance by the Home Help Organiser.

## Home Visits of Home Help Organiser and her Assistants.

### General Cases

Visits to Applicants and Recipients	...	...	...	...	...	...	...	...	...	...	...	2,682
Visits to Home Helps	...	...	...	...	...	...	...	...	...	...	...	233

### Maternity Cases

Visits to Applicants and Recipients	...	...	...	...	...	...	...	...	...	...	...	120
Visits to Home Helps	...	...	...	...	...	...	...	...	...	...	...	51
												<u>3,086</u>

Office Consultations - Applicants and Home Helps	...	...	...	...	...	...	...	...	...	...	...	<u>6,304</u>
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## Illness or Infirmary leading to need for Home Help.

Heart and circulation	...	...	...	...	...	...	...	...	...	...	...	89
Miscellaneous	...	...	...	...	...	...	...	...	...	...	...	58
Respiratory conditions	...	...	...	...	...	...	...	...	...	...	...	54
Rheumatism, Arthritis, etc.	...	...	...	...	...	...	...	...	...	...	...	43
Senility	...	...	...	...	...	...	...	...	...	...	...	40
Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	23
Hemiplegia, Paralysis, Thrombosis, etc.	...	...	...	...	...	...	...	...	...	...	...	23
Cancer	...	...	...	...	...	...	...	...	...	...	...	20
Accidents - broken limbs, etc.	...	...	...	...	...	...	...	...	...	...	...	17
Illnesses connected with pregnancy	...	...	...	...	...	...	...	...	...	...	...	15
Post Operative	...	...	...	...	...	...	...	...	...	...	...	14
Diabetes	...	...	...	...	...	...	...	...	...	...	...	10
Blind	...	...	...	...	...	...	...	...	...	...	...	8

The total volume of service given during the year has again increased, but while the old people and the tuberculous have shared the benefit, the mothers confined at home, or sick on account of some illness associated with or complicating pregnancy, have made less use of the service than during the two previous years.

The number of applications for maternity home help has dropped from 112 in 1950 to 64 in 1951; and even of these, only 34 ultimately accepted a Home Help. To them may be added 15 cases in which Home Help was provided on account of illness connected with pregnancy. These cases formed a very small proportion of the 667 domiciliary confinements



for the year. With many examples fresh in their minds, it is obvious to those concerned with the care of the expectant mother that the above figures do not give any real indication of the need for this type of service. The cost of the provision of domestic help not only leads many applicants to refuse the service when they become aware of the charges, but also deters many mothers from making application even when encouraged to do so for the protection of their health by those responsible for their medical care.

The majority of the applicants for "Maternity Home Help" are assessed to pay the full charge, which was increased to £6. 5s. 6d. in August, 1951, for 62 hours service during the two weeks of the confinement. One reason is that the Council's assessment scale includes the Maternity Attendance Allowance of £1 per week, payable under the National Insurance Act, in the income which is reckoned to be available for payment towards the cost of the service. As a result, many families "make do" with whatever help they can get from relatives or obtain privately for a modest portion of the Attendance Allowance, preferring to retain the balance for the many other unavoidable expenses connected with the birth of the baby. Incidentally, it may be noted that this charge is higher than the family would have to pay if two children were admitted to a residential or day nursery. Under present circumstances, therefore, economic advantages encourage the family to seek admission to hospital for the mother and to a day or residential nursery for the children when, as so often is the case, there is no relative available to give sufficient care to the family. This disruption of family life is not thought to be in the best interests of the very young child, coming as it does at a time when the arrival of the new baby is already a disturbing element in his environment.

Sufficient rest of body and mind during the latter weeks of pregnancy are of vital importance to the health of mother and baby, is essential in the treatment of the complication known as toxæmia of pregnancy, and if available to all mothers might well have a marked effect in reducing the prematurity and stillbirth rates. Sufficient rest during the first few weeks after delivery, with a gradual rather than a sudden resumption of household duties and responsibilities is of the utmost value both in the restoration of the mother to full health and vigour and in the establishment of breast feeding.

All who are concerned about the welfare of mothers and young children must hope that some way will be found to encourage the greater use of the Home Help Service in connection with maternity.

#### 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 continues to be 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 Minister of Health, for the purpose of making recommendations under Section 5 of the Mental Treatment Act, 1930, are available when required, to deal with cases under the Lunacy and Mental Treatment Acts.



(b) Lay Administration.

(i) 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.

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

(iii) 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.

Co-operation with the Regional Hospital Board, the Hospital Management Committees and their officers continued to be maintained on the same friendly basis as in previous years. The Physician Superintendent of Goodmayes Hospital and his staff are available for consultation, if required, under the Lunacy & Mental Treatment Acts as also is the Physician Superintendent of South Ockendon Institution under the Mental Deficiency Acts. Specialist advice, if needed, is always most readily given by these officers.

The Council's Duly Authorised Officers supervise mental defectives in the area who are on licence from institutions, and visit and report on home circumstances of defectives in institutions when the question of licence, holiday leave, discharge, etc., arises.

The Psychiatric Social Workers employed by the Council and at Goodmayes Hospital work in very close co-operation and this has proved to be of great value especially in after-care work.

VOLUNTARY ASSOCIATIONS.

The Council does not delegate any duties to voluntary Associations.

TRAINING OF MENTAL HEALTH WORKERS.

The arrangements for the Duly Authorised Officers to attend Goodmayes Hospital and other institutions for talks and discussions have been continued and are much appreciated. The officers also from time to time meet their colleagues in neighbouring areas in order to exchange views on the various aspects of their work.

PREVENTION, CARE AND AFTER-CARE.

Report on the work of the Psychiatric Social Worker

by Miss L. Walton.

This is the first complete year of a full-time Psychiatric Social Worker, and this has enabled the work to be more fully developed and is still increasing. The nature of the referrals has been most encouraging, and the emphasis has been on prevention of mental illness. Half the actual referrals were "pre-care" patients - people who have never been in a mental hospital. Some of these should be receiving in-patient treatment, but are not yet willing to accept this. The majority, mostly women, are experiencing difficulties in their family relationships. Some of these have been helped by the P.S.W., and the occasional case discussions with Dr. T. P. Riordan, Deputy Superintendent of Goodmayes Hospital, have been invaluable to the P.S.W. Other patients were eventually willing to accept medical treatment.



Some of the After-Care patients had to return to hospital for a time, but owing to their contact with the P.S.W. their deterioration was noticed at an early stage, and they were willing to accept treatment as Voluntary Patients. A complete breakdown often means distressing situations for all concerned - patients, relatives, neighbours, and employers, and all patients are encouraged to come up to the West Ham Nerve Clinic which is staffed by Goodmayes Hospital. The P.S.W. attends there once a week, and this helps towards a closer liason between the Hospital and the Local Authority and also establishes some continuity for the patients. The family doctor is, of course, always consulted whenever the question of treatment arises.

The main source of referrals continues to be Goodmayes Hospital, including the West Ham Nerve Clinic. There has, however, been a most significant and welcome increase in referrals from the Maternity and Child Welfare Department, and has shown that the Health Visitor's skill is an essential factor in the preventative aspect of the P.S.W.'s work.

The Psychiatric Social Club has proved to be of value for different types of people. For those with emotional difficulties and leading a lonely, frustrating existence, club attendance has been the beginning of a more outgoing, satisfying life. It can also play an important part in the rehabilitation of patients from mental hospitals. Prospective club members often need much encouragement and help before making their first appearance, but many find that the slow tempo and informal friendly atmosphere does not make them feel outsiders or wallflowers, as they would possibly have been in a larger more active group. Members are always encouraged to join an ordinary social club when they feel ready to do so.

The Club meets every Wednesday evening at Maryland School. More equipment and a slowly growing membership has enabled us to widen the range of activities - games, dancing, outings and attendance at socials of other clubs. The members have elected their own Committee. It has been a great help to have the regular assistance of Mr.J.P.Quinn, a former member of staff, as the P.S.W. should keep in touch with each member, and this is impossible if she is single handed. Some very close friendships have been formed amongst members, and the Club as well as the individuals have benefitted from this. The main difficulty continues to be the very small referral of new members, and most newcomers to the Club are patients already known to the P.S.W.

Much encouragement has been received from the ready help and support given by the Staff of the Public Health Department, Goodmayes Hospital, and social workers and agencies in the Borough. This close co-operation is essential for the continuation and development of the work.

#### STATISTICS

<u>Referrals</u>		<u>1951</u>	<u>1950</u>
Pre-care	a) New	37	
	b) Re-applications	4	28
After-care	a) New	24	
	b) Re-applications	17	49
	Totals	<u>82</u>	<u>77</u>
Cases closed		66	58
Current cases (on 31.12.51)		74	58
(These figures do not include Club members).			
No. of home visits		612	301
No. of office interviews		146	52
Visits to social agencies		68	25



<u>Sources of Referral</u>	<u>1951</u>	<u>1950</u>
Goodmayes Hospital	31	41
Whipps Cross Hospital	2	1
Queen Mary's Hospital	3	6
London Hospital	1	1
Disablement Resettlement Officer	3	1
Voluntary Agencies	1	5
Patients' relatives and friends through various sources of information	6	-
Patients themselves	3	3
Probation Officers	3	2
Chest Clinic	4	4
General Practitioners	-	3
Public Health Department		
Child Guidance Clinic	3	2
Maternity and Child Welfare Department	12	4
Deputy Medical Officer of Health	4	-
Duly Authorised Officers	6	3

#### LUNACY AND MENTAL TREATMENT ACTS.

The arrangements for obtaining the services of the Duly Authorised Officers are unchanged. A twenty-four hour rota system is operated by the three male 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 302 occasions, with the following results:-

Disposal of Cases	M.	F.	Total
Admitted to mental hospitals as:-			
(a) Voluntary patients	44	62	106
(b) Urgency Orders	21	25	46
(c) Temporary Orders	4	7	11
(d) Certified Cases	1	8	9
(e) Observation	1	1	2
No statutory action taken	57	71	128
Totals:	128	174	302

In addition to the above 166 visits were made in connection with mental illness.

In a number of cases where the advice of the officers was sought, arrangements were made, with the consent of the patients' doctors, for patients to attend the Psychiatric Clinic for treatment. The need for admission to a mental hospital is often obviated in such cases.

A few elderly persons suffering from early senile dementia, but not certifiable under the Acts were admitted to the Psychiatric Unit at Langthorne Hospital. This type of case, which normally does not need treatment in a mental hospital, remains a problem owing to the lack of suitable accommodation.

#### MENTAL DEFICIENCY.

##### Ascertainment.

The number of mental defectives ascertained during the year was 50 (30 males and 20 females). This number includes 39 cases (26 males and 13 females) which were reported by the Local Education Authority. Of the new cases 8 (3 males and 5 females) were admitted to institutions - 7 under Order and 1 as in a "place of safety"-and 42 (27 males and 15 females) were placed under Statutory Supervision.

In addition to the foregoing 6 other cases were reported of which 3 were placed under friendly supervision, 1 was found not to be defective, and in two cases no action had been taken at the end of the year.

##### Supervision.

At the end of the year there were 300 defectives (164 males and 136 females) under statutory supervision, and 52 cases (32 males and 20 females) under friendly supervision. In addition there were 14 patients (9 males and 5 females) 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.

Parents and guardians are advised as to the care of the defective and in the majority of cases the visits and advice given are welcomed and appreciated. A large number of the defectives under supervision are in fairly regular employment and are self supporting. Others 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 under statutory and friendly supervision made by the Duly Authorised Officers during the year was 1722.

In addition the officers made 236 visits on behalf of Mental Deficiency Institutions to defectives on licence and to make enquiries regarding home circumstances. This latter information is required in connection with the periodic review of cases by the Visitors to Institutions, and for the purpose of deciding as to the advisability of allowing defectives to return home on licence or for holidays.

##### Guardianship.

The number of defectives under guardianship at the end of the year was 4 (1 male and 3 females). All are resident outside West Ham, 3 are maintained by the Council and one is in the care of her parents.

In each case the defective is visited periodically by the officers of the local authority in whose area they reside. The three cases for whom the Council have financial responsibility are also visited annually by one of your medical officers.



### Summary.

The following table shows the type of care which was received by all defectives remaining on the register at 31st December, 1951:-

	Under age 16		Aged 16 and over		Total
	M.	F.	M.	F.	
A. Ascertained as "subject to be dealt with"					
Under statutory supervision	36	24	128	112	300
Under Guardianship	-	-	1	3	4
In "places of safety"	1	-	-	1	2
In Institutions under Order	31	19	177	192	419
Action not yet taken	-	-	10	8	18
B. Not at present "subject to be dealt with" but over whom some form of voluntary supervision is maintained.	-	-	32	20	52
TOTAL:	68	43	348	336	795

During the year 14 cases (5 males and 9 females) were sent to institutions. Twelve of these were admitted under Order and 2 as in a "place of safety".

At the end of the year 18 defectives were awaiting admission to institutions. Fourteen of this number (including 8 cot and chair cases) were urgent cases.

### REPORT ON THE WORK OF THE OCCUPATION CENTRE

by Miss F.E.Forshaw - Supervisor

The year of 1951 has been one of real progress for the Occupation Centre.

At the beginning of the year there were 24 children on the register and during January the average daily attendance was 12. By the end of April the register had increased to 29, but there had been little improvement in attendances. Then in May the Council provided a coach to convey children between the Centre and selected points in the Borough. The immediate effect of this was to raise the number of children attending each day to between 20 and 25.

The coach has been a real success. It has proved a great boon to parents, especially those with very young children in addition to the backward child, who have been relieved of the necessity of travelling to and from the Centre each morning and afternoon. There has also been a reduction in the number of absences through sickness.

Our progress has been maintained throughout the whole year, our register totalling 33 in December with an attendance of between 27-30 daily.

In June we held an "Open Day". Several members of the Council were present and there was an excellent attendance of parents and their friends. We had over 50 visitors, and it would be hard to say whether it was children, visitors or staff who enjoyed it most.

The children did extracts from their physical and musical lessons and there was a display of handwork both finished and in progress of completion. While the children had a break in the open air, Alderman Mrs. Parsons, the Chairman of the Health Committee, gave a most interesting address to all who were present.

We have also held informal "Open Days" especially for parents when they have been invited to walk round the Centre and see the children carrying on their normal activities. This has been followed by a chat, over a cup of tea, at which it has been possible to exchange ideas and discuss problems relating to the children and the Centre. These gatherings have resulted in a real co-operation between parent and staff and of real benefit to us in our dealings with the children.

Almost without exception parents have expressed their appreciation of the help given to their children and in most cases a marked improvement in the child's behaviour at home has been reported.

December 21st was "Party Day" when parents were invited to join in the festivities arranged for the children. We had a grand crowd, in fact we hardly knew where they would all sit! After games and an entirely "home-made" tea, made possible by the splendid effort of parents and friends, we had "Father Christmas" and presents off the Christmas Tree, then coach and home, a fitting close to a very happy progressive year.

With certain children there have been difficulties and set-backs and progress has been disappointingly slow, in a few cases almost imperceptible, but looking back over the year as a whole it is felt that the majority of the children have derived great benefit from their attendance at the Centre.

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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, 1951, there were 28,178 children on the school rolls, as compared with 27,369 on the corresponding day of 1950.

The total increase since 1945 is slightly less than 8,000.

Medical Inspection. A table setting out the work done under this heading will be found in Appendix No. IV. on pages 82/83. Allowing for changes in classification the volume of work carried out showed a small increase over the previous year, largely due to a more systematic method of re-inspection of children under observation for various defects.

These changes in classification were adopted following discussions with officers of the Ministry of Education. Previously, for instance, all nursery school examinations were classified as "entrant" examinations; now only the first examination of the child is classified as an "entrant", other examinations in the same year being classified as re-inspections. Similarly, all examinations of pupils for fitness for boxing, employment, entertainment, school journeys, school camps and the like, were classified as "other periodic"; now they are classified as "specials". The nett result has been a substantial decrease in the number of periodic medical inspections and a corresponding increase in the number of special inspections and re-inspections.

A comparison of the general condition of the children found at medical inspections during the past three years is set out below. There does not appear to be any particular trend for better or for worse over the three year period.

## Classification of the General Condition of Children assessed at periodic inspections during the years 1949, 1950 and 1951.

<u>Year 1949</u>	<u>No. of children inspected</u>	<u>A</u> <u>(Good)</u>		<u>B</u> <u>(Fair)</u>		<u>C</u> <u>(Poor)</u>	
		<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</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	8.78
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
<u>Year 1950</u>							
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
<u>Year 1951</u>							
Entrants	3,425	1,155	33.72	1,929	56.32	341	9.96
2nd age group	2,411	862	35.75	1,348	55.91	201	8.34
3rd age group	2,303	1,115	48.42	1,091	47.37	97	4.21
Other periodic	816	363	44.48	418	51.23	35	4.29
Total	8,955	3,495	39.03	4,786	53.44	674	7.53



## 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 65 reports were made and dealt with in this way.

## THE WORK OF THE SCHOOL NURSES

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 was continued. During the year three Student Health Visitors commenced approved courses of training under the auspices of the Education Committee with the object of taking appointments on the school nursing establishment. They will eventually be engaged, like the Health Visitors appointed by the Health Committee, in combined duties in the School Health and Maternity and Child Welfare Departments.

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, though more children were seen than in the previous year, (20,809 against 14,653). Despite the greater number of inspections, fewer cases of suspected malnutrition were found (9 against 12 for the previous year) and none were confirmed on further investigation. These findings are so reassuring that they raise the question whether it would be justifiable to incur any additional expenditure on salaries or time of the staff to increase the frequency of nutritional surveys.

All children of whose condition the school nurse feels doubtful are referred to the area school doctor. If he feels in need of a specialist's opinion after his own investigations he may arrange for the child to be seen at the nutritional section of the paediatric clinic.

### NUTRITION SURVEYS

Number of inspections	...	...	...	...	...	20,809
Referred to school doctors (suspected malnutrition)						9
Referred to school doctors (other conditions):-						
Scabies...	...	...	...	...	...	N11
Skin diseases	...	...	...	...	...	20
Ear defects	...	...	...	...	...	N11
Other conditions	...	...	...	...	...	35
					Total	64



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, 42,954 inspections were made at these cleanliness surveys, and 1,774 instances of infestation found. On the basis of a school population of 28,178, this gives a proportion of uncleanness of 6.3% which compares with 5.9% in 1950 calculated in the same way on a school population of 27,369. 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 five cases.

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 5,370 home visits in this way.

#### TREATMENT

RINGWORM. The number of cases of ringworm of the scalp treated during the year was five. Two of these were referred for X-ray treatment.

The figures for previous years are given for comparison:-

	<u>Total No. Treated</u>	<u>Received X-ray Treatment</u>
1946	24	16
1947	15	9
1948	7	6
1949	2	1
1950	4	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 5,924. Following is an analysis of this figure:-

External Eye Diseases	341
Minor Ear Defects	379
Skin Diseases	241
Miscellaneous Defects	4,963



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

<u>Clinic</u>	<u>New Cases</u>
Stratford	1,719
Balaam Street	2,236
Rosetta Road	1,969

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	10,735
Balaam Street	12,734
Rosetta Road	8,779
Total	<u>32,248</u>

This is a small increase over last year's figures and interrupts the previously steady downward trend of the post war years. The reasons for this change are not readily apparent; whether it is of any significance can only be told from future statistics.

#### 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 of the Ophthalmic Clinic continued in the same routine as in previous years.

A large part of the work is refractions and prescribing glasses. The number of prescriptions given during the year was 1,493, but this included glasses prescribed for children under school age referred from the Child Welfare Department.

Some of the children refracted do not have glasses ordered as they are found to already possess a suitable pair, or else do not require any. 181 school children refracted were found to have no eye defect. Many children make several attendances at the Eye Clinic, some requiring two visits for the refraction, part of which is carried out under a mydriatic and part without any drops or ointment in the eyes. Others make extra visits to the clinic for re-inspection of glasses, observation, and note of progress of eye defect as well as many with broken glasses. The group of children making the most regular attendances at the clinic are the children with squints and 600 such cases made 1,885 attendances. This figure included 107 children under school age who made 307 attendances. This is the number of attendances in the main eye clinic for re-inspection, and is in addition to the cases refracted and also to the attendances made in the Orthoptic Department, although some are seen in the Orthoptic and the main Eye Clinic on the same day.

The Orthoptist deals with all cases of occlusion as well as carrying out the orthoptic examinations and exercises. Such exercises combined with glasses cure some of the cases of squint, but in others are combined with operative treatment.

Children admitted to Whipps Cross Hospital for squint operations during the year number 71, which included 11 under school age, and 3 of them had two operations, so 74 squint operations were performed.

Three children were admitted to Whipps Cross Hospital for other eye operations, one as an emergency after an injury to the eye.



Other children making more than one attendance at the clinic during the year are cases of myopia, those for treatment of external eye diseases; also those with broken glasses.

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	529	31	5.86
Girls	456	1	0.22

VISUAL SURVEY. Towards the end of the year, the results were received of the survey of visual defects conducted in West Ham by Professor Sorsby and his colleagues under the auspices of the Royal College of Surgeons. This took place in 1948-49 with the approval and co-operation of the Education Committee and involved the examination of some 650 children in their last year at school, whose parents had given their consent.

The evaluation of the findings have required a very extensive statistical analysis which would occupy too much space to be included in this report. In brief, many children were found to have defects of vision which would not be brought to light by the ordinary routine tests for visual acuity. Abnormalities of varying degrees were discovered in such functions as convergence, accommodation, binocular vision, colour vision, dark adaptation and muscle-balance.

For some of these functions, it was expected that the efficiency would vary from child to child over a very wide range and so it has turned out; but standards had not been clearly established which would separate the "normal" from the "defective" vision. As in so many human measurements - stature, strength, intelligence, etc., - there is no one "perfect" value, but rather a range of values within which the majority of able individuals are embraced. This range is regarded as the "normal" and it is not always easy to decide just where its limits should be set. The survey has provided reliable data for assessing the normal values of many of these functions, and in the case of two of them convergence and accommodation - it became clear as the analysis proceeded that the standards of normality provisionally adopted would have to be somewhat relaxed.

Thus the survey has helped to determine the normal range of several visual functions which are not usually tested, to establish the fact that many children are defective in one or more of these respects, and to estimate the proportions of children so affected. It was found that the proportion of children with defects ranged from about 1-2 per cent. up to about 8 per cent. according to the nature of the visual function tested.

So far this research has been purely fact-finding. Now a number of practical questions arise which require an answer. Are these visual defects likely to prove a handicap, either in employment or in any other walk of life? Are they likely to



become worse with age? Can they be remedied? If so, how can they best be treated? Are they serious enough to warrant treatment or to warrant an elaborate scheme of examination for their detection in school life? The answers to these and many other questions are not yet known, and it will be much more difficult to find them than it has been to elucidate the bare facts of the situation. Nevertheless, it is understood that further investigations are in contemplation towards these ends, in conjunction with a similar enquiry carried out by the Post Office medical service, and if it proves practicable to pursue them, the results will be awaited with great interest.

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

REPORT ON THE WORK OF THE AURAL CLINICS  
by Mr.C.J.Scott, M.B., Ch.B., D.L.O.

I have to report the very satisfactory continuation of these E.N.T. clinics in the Borough of West Ham, and it is felt they are much appreciated by the parents who are able to bring their children for constant supervision. The attendances were similar to previous years; there were no outstanding problems during the year.

It is gratifying to report that a large number of children suffering from secretory otitis media with associated deafness have been restored to full hearing during the year.

The following is a statistical analysis of the cases:-

CASES SEEN AT STRATFORD AND ROSETTA ROAD E.N.T. CLINICS  
FROM 1st JANUARY, 1951 TO 31st DECEMBER, 1951.

Total new cases examined during the year	...	...	...	...	...	...	...	...	...	635
School Children										512
Maternity & Child Welfare										123
Number of attendances	...	...	...	...	...	...	...	...	...	1,885
School Children										1,665
Maternity & Child Welfare										220
Referred for Tonsils and Adenoids operations	...	...	...	...	...	...	...	...	...	190
School Children										152
Maternity & Child Welfare										38
Referred for other operations (school children)	...	...	...	...	...	...	...	...	...	3
Number discharged	...	...	...	...	...	...	...	...	...	502
School Children										436
Maternity & Child Welfare										66

NUMBER OF TONSIL AND ADENOIDS OPERATIONS PERFORMED DURING 1951:

School Children	140
Maternity & Child Welfare	2

In addition to the tonsil and adenoid operations performed by Mr.Scott, 392 are known to have taken place elsewhere. Six hundred and ninety-four children were treated for various conditions affecting the ears, nose and throat; three hundred and seventy nine of these were given treatment at minor ailment clinics. Details of the ascertainment of deaf children are given on pages 70 and 71.



HEARING OF SCHOOL CHILDREN. Miss S.J.Riches completed her first full year as a whole-time audiometrician in the School Health Service. Her duties consist mainly in visiting the schools and testing the hearing of the children by means of a gramophone audiometer; but she also assists with pure-tone and other audiometric tests in the Ear, Nose and Throat Clinics.

The method of using the audiometer was described in last year's report. The experience of 1951 has served to confirm its value for the correct assessment of a child's hearing ability. The diagnosis of total or severe deafness is not particularly difficult as a rule, but the lesser degrees of deafness can be extremely difficult to diagnose accurately without the use of an audiometer. Even if the diagnosis of partial deafness in such a child cannot be remedied it is of value inasmuch as the parents and the teachers can be informed of the reasons for the child's "apparent inattention" and by taking appropriate measures, e.g. arranging for the child to sit in the front row or to a particular side of the teacher, the tuition of the child may be appreciably improved.

One disadvantage of the test is that it requires an ability on the part of the child to write down figures from dictation. This cannot normally be done below about seven or eight years of age, and consequently no children younger than this have so far been tested. To enable the survey to be extended to the younger age groups, some new technical advance will be needed and it is to be hoped that, despite the difficulties, this will not be too long delayed.

The following is a summary of the children tested and referred for further investigation:-

	<u>Number Tested</u>	<u>Number Re-tested</u>	<u>Number Defective</u>
Boys	4,162	1,059	49
Girls	3,909		42

Out of this number tested it was found necessary to refer the 91 children found defective to the area doctors for further examination. They, in turn, found it necessary to refer 31 children - 17 boys and 14 girls - for specialist opinion, the remainder being remedied by simple treatment at the clinic.

#### Analysis of Cases seen by Specialist.

<u>Cause of Deafness</u>	<u>Boys</u>	<u>Action or Recommendation</u>
Perceptive deafness		Favourable position in class.
Secondary otitis media		Recommended tonsil and adenoid operation.
Familial deafness		Favourable position in class.
Chronic middle ear suppuration (2 cases)		Treated at clinic.
Unilateral chronic middle ear suppuration (2 cases)		Recommended tonsil and adenoid operation.
Secretory otitis media (2 cases)		(Treated at clinic - 1 case (Recommended tonsil and adenoid operation - 1 case.
Catarrhal deafness (4 cases)		(Treated at clinic - 2 cases. (Favourable position in class - 1 case. (Treatment during acute phases - 1 case.
Conductive deafness (4 cases)		Favourable position in class.



## Girls

Adenoids	Recommended for operation.
Familial deafness	Favourable position in class.
Secretory otitis media	Treated at clinic.
Unilateral otorrhoea	Treated at clinic.
Intermittent bilateral otorrhoea (2 cases)	Treated at clinic.
Catarrhal deafness (3 cases)	(Treated at clinic - 2 cases. (Treatment during acute phases - 1 case.
Conductive deafness (5 cases)	(Favourable position in class - 3 cases. (Treatment at clinic - 2 cases.

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 1951 the number of children treated as out-patients was 286 with a total attendance of 2,132 and, in addition, 18 children were treated as in-patients. A further 5 children were in orthopaedic hospital schools.

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 disturbances of the heart. During the year under review 76 cases were referred at Periodic and Special Inspections for treatment for "Heart and Circulation" as defined on Form 10M. This number includes cases of congenital defects.

Among the school children referred to the paediatrician for opinion for the first time during the year, 20 had a heart murmur which was considered of no significance and could be ignored; 26 had a cardiac defect, and some of these had been previously recorded by the school doctors.

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 127, 73 being found at Periodic inspections and 54 at Special inspections.

No cases of organic heart disease were recommended for Heart Hospital Schools or the Day Special School during the year. All cases of heart defect are kept under observation by the area doctors. During the year 1951, the number of children treated as in-patients in special heart schools was 3, one boy at St. John's Open-Air School, Woodford, and two girls at West Wickham.



# REPORT ON THE WORK OF THE PAEDIATRIC CLINIC

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

The work at the clinics, by and large, has followed the pattern of the previous years. The great bulk of the children were referred either by the Assistant School Medical Officers or by the Infant Welfare doctors. It is noteworthy that the general physique and nutrition of the children was very good; patients were more often referred for obesity than for leanness. In the course of the year, it was decided that the general administration of the Clinics would be taken over by the West Ham Hospital Management Committee, as agents for the Regional Hospital Board. I am happy to state that it is intended to allow the Clinics to continue, as heretofore, on the premises of the other school clinics run by the Local Education Authority, an environment which the children are used to, and where they feel at home.

It is noteworthy how the infections of childhood are becoming less important, and how their place is being taken by disturbances of development and of behaviour. Even rheumatic fever, which was quite a problem in the Borough as recently as five years ago, is fading out of the picture. Now the field of childhood infections has been widely explored, and is by now well understood. The grosser disturbances of metabolism, such as coeliac disease and diabetes, can also be handled now with confidence and success. But the bad-tempered child, the stammerer, the enuretic - we are still quite ignorant of the basic pathology of these conditions, and our treatment is still conducted by trial and error. The same is true of the child who is too fat, or too short, or has an adolescent kyphosis; and it is questions such as these which are taking up more and more of the paediatrician's attention. Often he finds himself lured into the fascinating country where medicine, education and philosophy meet - a territory where this paediatrician, at least, has learned not to rush in!

Radiological investigations continue to be carried out at St. Mary's Hospital, Plaistow, and pathological ones at Whipps Cross Hospital. I am indeed grateful to these two hospitals for their ready and informal help. Children who need in-patient treatment are admitted to the Children's Department at Whipps Cross, once the permission of their family doctor has been obtained. In general, the family doctor is informed of the consultation and of the results of all investigations. Treatment of any condition found is left in his hands - none is given at the clinics themselves. It is of great benefit to the smooth working of the clinics that the paediatrician in charge is attached to a big general hospital. It means that specialist advice and treatment in any particular branch (such as Neurology, Dermatology and the like) or in-patient treatment, can be arranged in a minute over the telephone.

In conclusion, I should like to thank all the local General Practitioners who have allowed me to examine their patients, and the Assistant Medical Officers of the Medical Officer of Health's staff who have done me the honour of seeking my opinion.

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. &amp; C.W.</u>	<u>School children</u>	<u>M. &amp; C.W.</u>	<u>School children</u>	<u>M &amp; C.W.</u>
Number of new cases seen	30	-	5	-	115	151
Total attendances	179	-	24	-	289	280
Number admitted to Hospital	13	-	-	-	26	7
Number recommended for Open Air School or other special educational treatment	1	-	-	-	2	2
Number referred to other special clinics	4	-	-	-	10	16
Number discharged during year	37	-	6	-	108	102
Number under observation at end of year	41	-	13	-	75	70



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. The diagnosis and treatment of tuberculous children is the responsibility of the Regional Hospital Board, and their supervision is primarily in the hands of the Chest Physician. Dr. Galpin 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	33
Number of school children referred by General Medical Practitioners	71
Number of school children examined as contacts	155
Number of school children found to be suffering from tuberculosis	16

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

Pulmonary:

Primary complex	8	
Pleural effusion	3	
Removed area	2	
	<u>13</u>	(10 were admitted to institutions)

Non-Pulmonary:

Femur	1	
Renal	1	
Spine	1	
	<u>3</u>	(3 were admitted to institutions)

SCABIES. The number of cases coming to the knowledge of the School Health Service showed a further decline even from the small figures of the previous year. For the past three years the numbers have been consistently smaller than the pre-war averages, even after allowing for the smaller school population. It gives some grounds for hoping that scabies may be a declining disease, like ringworm; but it has had its fluctuations in the past, and several years' more experience will be required before it is possible to predict with any confidence what the future prospects for the disease will be.

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
1951	25

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 18.

## REPORT ON THE WORK OF THE SCHOOL DENTAL SERVICE

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

Unfortunately, the restrictions placed by the Government on the general dental service, chiefly part payment for dentures, which came into force in May 1951, did not result in applications being made to the Committee's advertisements for further dental staff. In consequence, the service continued as in previous years without the essential basic procedure of school dental inspections. The annual totals of attendances and work done, are slightly less than those of the previous year but are accountable by the reduced number of sessions devoted to treatment which was due to slight sickness and incapacity amongst the professional staff.

It may well be, that the coming year may see a change in the present procedure with the possibilities of obtaining more dental surgeons to do the work.

A tabular survey of the work of this service appears in Appendix No. III on page 81.

SPEECH DEFECTS. The arrangement whereby the Chief Assistant School Medical Officer makes periodic visits to the Speech Clinic has continued. During the year 21 visits were made to the clinic in the grounds of the Greengate school. A clinic is also held once a week at the Grange Road Child Welfare Clinic. The arrangement was made on account of poor attendance at the main clinic by children attending schools in the Grange Road area - Gainsborough Road, Grange Road and Star Lane. The Speech Clinic has now been operating in the precincts of Greengate school for just over a year and is working satisfactorily.

The Speech Therapist has encountered a number of difficult cases and it has been necessary to send a number of children to the Aural Specialist on account of nose and throat conditions and partial deafness. It was necessary to send one case to the Fyfield Open Air School. The change to the Open Air School not only improved the boy's general condition, but his 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 usual for the speech therapist to attend the case conference. During the course of the year one boy with a severe speech defect was admitted to the Moor House Special School a residential school dealing with special speech defects. Although the boy made very little progress at first he eventually began to improve, and when the Chief Assistant School Medical Officer saw the boy on a visit to the school for another purpose, the Principal of the school decided to keep the boy. A girl was also in residence at the school having been admitted the previous year.

There is complete co-operation between the Speech Clinic and the various specialist officers, for which the Chief Assistant School Medical Officer maintains the necessary liaison. The arrangement by which students of speech therapy attend this clinic at a certain stage of their course, continued to work smoothly.



# REPORT ON THE WORK OF THE SPEECH CLINIC

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

1951 has not been a very good year for work at the Speech Clinic. Owing to the move of premises in the November of the previous year, it was some time before the work resumed a normal routine. Unfortunately, also, the clinic was shut for several weeks in the Spring, as a result of illness.

## Statistics:

No. of children attending the clinic	...	...	...	...	115
Boys	88				
Girls	27				
Stammer	...	...	...	...	31
Boys	25				
Girls	6				
Dyslalia	...	...	...	...	64
Stammer with dyslalia	...	...	...	...	5
Sigmatism	...	...	...	...	7
Hyperrrhinolalia	...	...	...	...	1
Cleft Palate	...	...	...	...	1
Spastic	...	...	...	...	4
Mild deafness	...	...	...	...	2
Discharged improved	...	...	...	...	46

## Source of Referral:

School Health Service and Head Teachers	...	...	...	127
Maternity and Child Welfare	...	...	...	14

Several children were referred to Mr. Scott, the Aural Surgeon, for examination. Three children have attended the Child Guidance Clinic. Seven children received treatment at the Elizabeth Fry Special School.

During the year a boy, aged fourteen, with a severe dyslalia and language difficulty, was accepted at Moor House Residential School for children with Speech Defects. Another child accepted at the same school in the previous year continued to attend there.

It will be noted that there is a further increase in the number of children referred by the Maternity and Child Welfare Clinic. The majority of these children are responding well to treatment. One or two of the younger ones have attended the clinic for observation only, as they have been too young for treatment. It is sometimes possible in this way, to diagnose the cause of the defect, and thereby advise the parents as to the best method of helping the child to overcome his disability.

CHILD GUIDANCE. Child guidance work, compared with other branches of school health work, is a comparatively recent development but is steadily gaining in recognition. It may perhaps be desirable once more to indicate the type of problems investigated at the clinic, so that the real nature of its work can be understood.

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.

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.G.Somerville	1 session weekly
Dr.J.E.Glancy	1 session weekly
Dr.E.P.Easton	1 session weekly

##### Psychologist:

Mrs.Nathan	6 sessions
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##### Psychiatric Social Worker:

Miss Holmes	Full time
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##### Secretary:

Mrs.Peters	Full time
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##### Interviews at clinic

Psychiatrists' Interviews	1,079
Psychologist's Interviews	369
Psychiatric Social Worker's Interviews	700
Psychiatrists' appointments made and attendance failed	96

##### Interviews outside Clinic

Psychologist's school visits	38
Psychiatric Social Worker's school visits	33
Psychiatric Social Worker's home visits	24
Psychiatric Social Worker's foster home visits	28
Psychiatric Social Worker's other visits	12
Cases newly referred in 1951	186
Cases re-opened in 1951	13
Treatment cases carried over	55
Total No. of cases dealt with	294

##### Disposal:

Never attended	19
Diagnosis and advice only	44
Psychological Testing only (E.S.N.)	35
Diagnosed and awaiting treatment	18
Closed adjusted or improved	34
Closed before end of treatment	21
Closed on placement	10
Waiting List	25
Under treatment	48

Recommendations:

E.S.N. School	12
E.S.N. Hostel or Residential E.S.N. School	7
Residential Open Air School	1
School or Hostel for Maladjusted	11
Report for Juvenile Court	12
Epileptic Colony	1
Foster Home	2
Cases referred for Psychological Testing	
for ascertainment under Mental Deficiency Acts	12

Sex of children referred in 1951:

Boys	124
Girls	75

Ages:

Under five years	35	Eleven plus years	13
Five plus years	19	Twelve plus years	8
Six plus years	16	Thirteen plus years	13
Seven plus years	11	Fourteen plus years	32
Eight plus years	20	Fifteen plus years	2
Nine plus years	16	Sixteen plus years	1
Ten plus years	13		

Intelligence:

Above average	22%
Average	42%
Below average	28%
E.S.N.	8%

During the year 1951 the Child Guidance Clinic continued to maintain the progress and growth trends evident in previous years. The quantity and character of the work accomplished were most influenced by two factors that were in operation throughout the period. The first of these was the limiting factor implicit in the reduction of Educational Psychologist time to six sessions weekly. This had necessitated the apportioning the Psychologist's sessions according to a system of priorities, and resulted in the relative neglect of some work that was properly her concern. A high standard of quality in intelligence testing was demanded and obtained from the part-time temporary Educational Psychologist and she was allowed ample time for the accurate intellectual assessment of each case. The other factor that influenced the activities of the clinic during the year was the general policy that had emerged from the regular clinical conferences, held by Clinic Staff in conjunction with interested bodies. Wherever possible, effort was directed towards making the resources of the Child Guidance Clinic team available for the prevention of maladjustment in children, as well as for the treatment of the maladjusted child. In the matter of treatment, an endeavour was made to ensure that the Specialist time at the disposal of the Clinic was used in cases where there appeared to be a reasonable prospect of favourable response to therapeutic measures within three to six months. In consequence, fewer cases in whom the outlook for achieving a satisfactory adjustment at home was unfavourable, were taken on for long term treatment, and more children were recommended for treatment in residential schools for maladjusted children. The table of statistics for the year reflects the impacts of the above factors on the nature and amount of the year's work. It also provides some evidence that the Clinic is enjoying the growing confidence of the most important elements of the community it serves.



Compared with previous years, there was a substantial increase in the number of patient attendances during 1951. Psychiatric interviews increased by some thirty per cent. Although this was partly due to a greater use of group therapy, it was largely the result of the marked reduction in the numbers of those who failed to keep appointments. On the assumption that parents and children who felt that they were being helped at the Child Guidance Clinic were more likely to attend regularly than those who considered they were not deriving benefit, the improved attendance rate was encouraging support for the general policy in operation.

The number of interviews carried out by the Educational Psychologist both within and without the Clinic was inevitably less than that of other years when the services of a full-time worker was available. However, invaluable work was accomplished by the Psychologist during the time at her disposal and she managed to meet all the most urgent demands for psychological assessments, coaching, and school visiting. Her school visits were uniformly successful in achieving mutual benefit to school and clinic; her coaching methods were effective and her reports and contributions to Case Conferences were valued much. Yet as she could not accomplish in six sessions per week a volume of work that merited ten to fifteen sessions per week, much necessary school visiting was not done and waiting lists accumulated for coaching and testing.

The Psychiatric Social Worker helped with the school visiting and in consequence did fewer home visits than usual. This expedient was not found profitable and experience indicated that in many cases a home visit by the Psychiatric Social Worker provided essential clues to the full understanding of child problems. Consequently home visiting was given priority over school visiting in claiming the time of the Psychiatric Social Worker.

The number of new referrals and the turnover of cases during the year showed an increase on previous years. Children were drawn from the usual sources of referral and on an average were seen within four weeks of referral. The waiting list which was satisfactorily low throughout the first half of the year, grew towards the end of the period.

Cases closed before the end of treatment consisted largely of children who repeatedly failed to keep treatment appointments. Many of them attended once only. In some instances, closure became necessary because of failure on the part of the parents to co-operate in the treatment and effort.

Significant among the special treatment recommendations was the increased number of recommendations for residential treatment in schools for maladjusted children. Most of the children in this group were severely disturbed and had failed to benefit from prolonged treatment at the Clinic. In these cases too, the home circumstances were uniformly unfavourable and for practical purposes irremediable.

The age of the children seen ranged from two years to sixteen years. The large number of the under five age group was welcomed. On the whole these cases were most rewarding in that they showed the greatest response to treatment in the shortest time.

The intellectual level of children examined throughout the year was somewhat higher than that of previous years, and showed more approximation to the distribution of intelligence of the general school population.

Treatment techniques of previous years - various forms of play therapy, individual psychotherapy and group therapy were used by the Psychiatrists according to the special preference of each and having regard to the needs of each individual child. Worthy of mention in this connection, was the remarkable improvement in behaviour brought about by treatment in three children who were so severely disturbed in their behaviour as to have been relatively inaccessible and in whom a tentative diagnosis of child psychosis was made.



The improvement began when the psychiatrist succeeded in entering the play situation on an emotional level suitable to the child and in sharing in the bizarre phantasies of his play.

Clinical Conferences at which cases of special interest and difficulty were discussed were held throughout the year, and usually interested members of other services were invited to attend. These meetings proved so useful not only as a means of co-ordinating team opinion and solving clinical problems, but as occasions for promoting better understanding of Child Guidance work among the other services that they will be a regular monthly feature of Clinic activities during the coming year.

#### 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 arrangements for the education of blind and partially sighted children, but where possible, arrangements are made for these children to be admitted to residential or day special schools conducted under other auspices. The following figures relate to work carried out in connection with blind and partially sighted children during the year:-

##### BLIND

Number ascertained during the year	1
Number in Residential Special Schools at end of year.	4

##### PARTIALLY SIGHTED

Number known to the Authority during the year	45
Number ascertained during the year	1

Position at the end of the year:

In day special schools	10
In residential special schools	2
In ordinary schools	33
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 requires education by methods used for deaf children without naturally acquired speech or language. A partially deaf child is one whose hearing is so defective that it requires for its education special arrangements or facilities but not all the educational methods used for deaf children. Figures relating to work carried out in connection with deaf and partially deaf children during the year are set out below. The number of ascertainments once again 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 61.



Number ascertained during the year:

Deaf	8
Partially Deaf	30

Disposal of ascertained cases:

Admitted to Day Special School (Deaf)	1
Admitted to Residential Special School (Deaf)	N11
Out of school awaiting admission to Day Special School for Totally Deaf	1
Under 5 years awaiting admission to Day Special School for Totally Deaf	6
Out of school awaiting admission to Residential Special School for Totally Deaf	N11
Awaiting admission to Day Special School (at present in ordinary school) (partially deaf)	2
In ordinary schools (partially deaf)	28

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

In residential special schools (deaf)	3
In day special schools (deaf)	22
In day special schools (partially deaf)	4
In ordinary schools (partially deaf)	43

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 56

Disposal of ascertained cases:

In ordinary schools	31
Recommended day special schools	23
In residential special schools	2

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

In ordinary schools	88
In day special schools	* 147
In residential special schools	* 32

\* 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	* 34
In residential schools	* 7

\* Includes 3 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 46. 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	9
Number out of school	Nil
Number of fresh ascertainments during the year	2

Disposal of these cases:

In Day Special School	2
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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 1951:-

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

Heart cases	19
Cripples	78
Miscellaneous	21

Physically Handicapped Children in Residential Special Schools and Hospital Schools:

Heart cases	3
Cripples	15
Miscellaneous	10



# Physically Handicapped Children in Day Special Schools:

Heart cases	14
Cripples (non-tubercular condition)	54
Miscellaneous	7

## Out of school cases:

Heart cases	2
Cripples	9
Miscellaneous	4

## Fresh Ascertainments during the year:

Heart cases	Nil
Cripples	16
Miscellaneous	4

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 77 and 78.

The number of children ascertained as delicate during the year was 233, and their disposal was as follows:-

Admitted to Fyfield	155
Admitted to other Residential Special Schools	19
Refused to go away	12
On waiting list at end of year	46
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 11, and their disposal was as follows:-

Kept under observation	1
Admitted to Hostels	3
Placed in Foster Home	1
Admitted to Approved Schools	2
Awaiting admission to Residential Schools	4

DIABETIC PUPILS. These are pupils suffering from diabetes who cannot obtain the treatment they need while living at home, and require residential care. Where regular and effective medical treatment and care can be given to a child living at home there is no need to disturb his education. If satisfactory care and treatment is impossible at home, the child may be admitted to a hostel where this can be given; even so, he will attend an ordinary school. One child was in the London County Council Diabetic Unit at Hutton, and one was in St. Monica's School, Kingsdown, Deal.

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 77 and 46 were considered as no longer belonging to this category. The number on the records at the end of the year was 91. Two children were in Residential Special Schools. An account of the work of the Speech Clinic appears on pages

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 1951, four cases were known to the Authority.

The particulars are as follows:

Elizabeth Fry Special School

1 boy, aged 14 years, Hemiplegia, Epilepsy and Educationally Subnormal.

1 boy, aged 13 years, Spastic diplegia and Educationally Subnormal.

Gurney Special School

1 girl, aged 12 years, Educationally Subnormal and Epileptic.

1 girl, aged 14 years, Educationally Subnormal and Spastic.

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 subnormal.
Elizabeth Fry	Educationally subnormal 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 SUBNORMAL CHILDREN. During the year 34 West Ham children and 7 extra-district children were admitted to the two schools by reason of educational retardation, and 31 West Ham children and 10 extra-district children left. The West Ham leavers were dealt with as follows:-

Six left at 16 years. No action.

Twenty-one were notified to the Local Mental Deficiency Authority, four under Section 57(3) and seventeen under Section 57(5) of the Education Act, 1944.

Four were admitted to a residential special school.

Of the 10 extra-district children, 8 left school on attaining the age of 16 years, and two removed from the area.

PHYSICALLY HANDICAPPED CHILDREN. During the year 14 children were admitted to the Elizabeth Fry Special School on account of a physical handicap, including 4 extra-district children; 13 West Ham and 3 extra-district children left the school.

The West Ham leavers were disposed of as follows:-

Died	2
Returned to ordinary school	3
Totally unfit for any school	1
Left school at 16 years and reported to the Youth Employment Officer as Disabled Juveniles	6
Left district	11

An analysis of the causation of defect in 74 West Ham cases and 18 extra-district cases which were in the Elizabeth Fry Special School during the year 1951 is set out below:

<u>Defect</u>	<u>West Ham</u>	<u>Extra-District</u>
Heart conditions	14	5
Paralysis	10	3
Quiescent T.B. bone and joint defects	12	1
Spastic conditions	5	3
Amputations	4	-
Haemophilia	2	-
Spina bifida	-	1
Miscellaneous conditions	27	5
	<u>74</u>	<u>18</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 subnormal boys with behaviour difficulties or other circumstances rendering it advisable for them to leave their homes. The boys almost invariably 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 a boy is allowed to return home he is examined by the Chief Assistant School Medical Officer. If the Medical Officer 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, 16 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.

During the past few years most of the children have been taken during the summer vacation to Stock, in Essex, for a holiday under canvas. Children from the age of 10 to 16 years are eligible and on an average 16 children attend the camp. The duration of the holiday camp is five weeks and the children benefit in every way from their stay. Much of the success of the camp is due to the efficient way it is run by the Superintendent and Matron of the Children's Home.

### 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 43 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, 25 West Ham cases and 37 extra-district cases were regarded as deaf and 4 West Ham cases and 6 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	5	2 Barking 4 Essex
Partially Deaf	Nil	Nil
	<u>Leavers</u>	
Totally Deaf	3	1 East Ham 1 Ilford 3 Essex
Partially Deaf	2	1 Ilford 1 Essex 1 East Ham 1 Barking

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 94 West Ham boys and 100 West Ham girls were admitted, and 83 West Ham boys and 94 West Ham girls were discharged. Of extra-district children 19 boys and 5 girls were admitted and 25 boys and 11 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 185 who attended for examination, 168 showed continued improvement, but 17 children had not maintained their condition and were given the opportunity of having a further stay at the school.

Children are admitted to the school each term and a few at mid-term. During the year the Chief Assistant School Medical Officer made six visits to the school for the purpose of reinspecting the children.

NURSERY SCHOOLS AND CLASSES. The authority has four nursery schools, the Rebecca Cheetham Nursery School in the north of the Borough and the Edith Kerrison Nursery School in the south. 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 1950, Station Street Day Nursery was likewise transferred to the School Health Service. The children at nursery schools are medically examined quarterly. Towards the end of 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 are classed as "Reinspections". This has led to an apparent increase in the number of reinspections at the expense of the number of routine inspections; but the effect is largely artificial.

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>
366	107	29.2

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>
366	113	30.8	226	61.8	27	7.4

Under the new classification mentioned the following figures relate to re-inspections carried out during the year:-

<u>Number of</u> <u>Reinspections</u>	<u>Number found to</u> <u>have defects</u>
472	74

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 (treatment and observation)</u>	<u>Percentage Defective</u>
280	98	35.0

General Condition:

<u>Number examined</u>	<u>Good</u>	<u>Percentage</u>	<u>Fair</u>	<u>Percentage</u>	<u>Poor</u>	<u>Percentage</u>
280	83	29.6	176	62.9	21	7.5

Reinspections:

<u>Number of Reinspections</u>	<u>Number found to have defects</u>
10	Nil

All these figures relating to medical examinations and reinspections are included in the general statistical tables in Appendix

CONVALESCENT TREATMENT. Children are sent away mainly through 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 twenty-four children were sent to convalescent homes in this way 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 107. All were found fit to undertake employment. During the same period, 81 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 inspections, as modified by any subsequent special examinations, is passed on to the Youth Employment Office when the child leaves school. This scheme has been in operation for 16 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 8 reports were submitted on Form Y.10.



APPENDIX I  
CAUSES OF DEATH IN AGE GROUPS - 1951. (as supplied by Registrar-General)

Causes of Death	All Ages		Deaths at different periods of life of residents (civilians) whether occurring within or without the district.															
			Under 1 Year		1-5 Years		5-15 Years		15-25 Years		25-45 Years		45-65 Years		65-75 Years		75 and upwards	
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory ... ..	29	21	-	-	-	-	1	1	-	6	7	12	9	10	3	-	1	
2. Tuberculosis, other ... ..	3	5	-	-	2	2	-	-	1	-	1	-	1	1	-	-	-	
3. Syphilitic disease ... ..	9	2	-	-	-	-	-	-	-	-	-	2	1	6	-	1	1	
4. Diphtheria ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
5. Whooping cough ... ..	1	3	1	1	-	2	-	-	-	-	-	-	-	-	-	-	-	
6. Meningococcal infections ... ..	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	
7. Acute poliomyelitis ... ..	-	2	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	
8. Measles ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
9. Other infective and parasitic diseases ... ..	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	
10. Malignant neoplasm, stomach ... ..	39	24	-	-	-	-	-	-	-	3	1	16	9	13	9	7	5	
11. Malignant neoplasm, lung, bronchus ... ..	65	16	-	-	-	-	-	-	-	3	2	38	1	23	9	1	4	
12. Malignant neoplasm, breast ... ..	-	32	-	-	-	-	-	-	-	-	3	-	14	-	8	-	7	
13. Malignant neoplasm, uterus ... ..	-	15	-	-	-	-	-	-	-	-	4	-	5	-	3	-	3	
14. Other malignant and lymphatic neoplasms ... ..	103	66	1	-	2	-	1	-	2	-	6	4	32	22	27	21	32	19
15. Leukaemia, aleukaemia ... ..	3	6	-	-	-	1	-	1	-	-	-	2	2	1	1	-	1	
16. Diabetes ... ..	4	9	-	-	-	-	-	-	-	1	-	1	3	2	5	-	1	
17. Vascular lesions of nervous system ... ..	85	99	-	-	-	-	-	-	1	-	1	-	18	21	34	40	31	38
18. Coronary disease, angina ... ..	109	46	-	-	-	-	-	-	-	5	-	35	6	42	27	27	13	
19. Hypertension with heart disease ... ..	45	45	-	-	-	-	-	-	-	-	1	7	11	18	14	20	19	
20. Other heart disease ... ..	138	227	-	-	-	-	1	-	4	5	17	19	25	37	49	76	132	
21. Other circulatory disease ... ..	19	28	-	-	1	-	-	-	-	-	1	5	4	5	9	8	14	
22. Influenza ... ..	18	19	1	-	2	-	-	-	-	2	2	4	2	4	5	7	8	
23. Pneumonia ... ..	68	57	5	7	1	1	-	1	-	2	1	15	5	20	14	25	27	
24. Bronchitis ... ..	121	68	2	2	-	-	-	-	-	3	-	37	10	39	19	40	37	
25. Other diseases of respiratory system ... ..	17	9	-	-	-	-	-	1	-	4	-	6	3	6	2	-	4	
26. Ulcer of stomach and duodenum ... ..	20	4	-	-	-	-	-	-	-	2	-	8	2	9	1	1	1	
27. Gastritis, enteritis and diarrhoea ... ..	3	6	-	1	-	-	-	-	-	1	-	1	2	-	2	1	1	
28. Nephritis and nephrosis ... ..	7	6	-	-	-	-	-	2	-	1	1	1	2	3	2	-	1	
29. Hyperplasia of prostate ... ..	16	-	-	-	-	-	-	-	-	-	-	1	-	5	-	10	-	
30. Pregnancy, childbirth, abortion ... ..	-	2	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	
31. Congenital malformations ... ..	11	13	5	4	2	2	-	-	1	-	1	2	4	-	1	1	1	
32. Other defined and ill-defined diseases ... ..	82	88	23	16	2	1	2	-	1	2	10	11	20	20	12	11	12	27
33. Motor vehicle accidents ... ..	14	2	-	-	-	-	1	-	3	-	6	1	2	1	-	2	-	
34. All other accidents ... ..	21	9	1	2	1	1	-	-	3	-	3	-	6	1	4	2	3	3
35. Suicide ... ..	10	3	-	-	-	-	-	-	-	2	-	6	1	2	1	-	1	
36. Homicide and operations of war ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
TOTAL (All causes) ... ..	1,062	933	40	34	11	13	5	3	15	8	67	60	296	188	323	258	305	369

# APPENDIX II

## PARTICULARS OF BODIES RECEIVED INTO THE MORTUARY DURING 1951.

Month	STRATFORD MORTUARY									
	Number Received	Males	Females	Over 5 years	Under 5 years	Sent in by Coroner	Sent in by Police	Sent in for Sanitary Reasons	Number of Post-Mortem examinations	Number of Inquests held
January	56	32	24	49	7	52	4	-	56	4
February	36	22	14	34	2	32	4	-	36	6
March	29	18	11	27	2	23	6	-	29	6
April	23	15	8	18	5	17	6	-	23	2
May	22	15	7	21	1	22	-	-	22	2
June	22	15	7	20	2	20	1	1	21	4
July	15	7	8	15	-	13	2	-	15	3
August	23	15	8	21	2	12	11	-	23	7
September	18	8	10	16	2	15	2	1	17	2
October	20	10	10	20	-	16	4	-	20	2
November	20	13	7	17	3	17	3	-	20	3
December	32	20	12	29	3	24	8	-	32	10
TOTALS:	316	190	126	287	29	263	51	2	314	51



# APPENDIX III

## STATISTICS RELATING TO SCHOOL HEALTH SERVICE

### COMPARISON OF CERTAIN TYPES OF WORK

CARRIED OUT IN THE YEARS 1949, 1950 AND 1951.

School Population - 1949: 27,027 1950: 27,369 1951: 28,178.

TYPE OF WORK	Number of cases dealt with		
	1949	1950	1951
Periodic Medical Inspections ... ..	11,583	11,409	8,955
Special Inspections and Reinspections ... ..	15,029	16,399	20,991
Nutrition Surveys by School Nurses ... ..	14,374	14,635	20,809
Uncleanliness Inspections by School Nurses ... ..	33,925	37,114	42,954
Minor Ailments treated at the School Clinics ... ..	8,027	6,465	5,924
Attendances at Minor Ailment Clinics ... ..	33,221	28,605	32,248
Tonsil and Adenoid Operations performed ... ..	146	227	522
Orthopaedic Defects treated at Orthopaedic Clinic ... ..	304	320	286
Cases treated at the Light Clinic ... ..	44	37	36
Admissions to Fyfield Open Air School ... ..	234	249	194
Reinspections at Fyfield ... ..	1,464	855	874
Reinspections of children on return from Fyfield ... ..	172	100	185
Children examined for Employment ... ..	229	132	107
Children examined for Entertainments ... ..	49	74	81
Children admitted to Convalescent Homes ... ..	151	255	224
Children ascertained for Speech Defects ... ..	138	141	77
Children referred for Child Guidance treatment ... ..	154	120	186
DENTAL WORK			
Children treated ... ..	4,986	5,076	5,124
Number of fillings:			
Permanent teeth ... ..	1,725	1,014	846
Temporary teeth ... ..	2,108	990	414
Number of extractions:			
Permanent teeth ... ..	1,523	939	1,245
Temporary teeth ... ..	7,095	829	6,469
Administrations of general anaesthetics ... ..	2,181	2,185	1,989
Other operations:			
Permanent teeth ... ..	2,691	3,397	3,160
Temporary teeth ... ..	2,313	4,009	4,099
Number of Orthodontic cases treated ... ..	224	110	93

APPENDIX IV  
SCHOOL HEALTH SERVICE

STATISTICS RELATING TO INSPECTION AND TREATMENT OF  
NURSERY, SPECIAL, PRIMARY, SECONDARY AND GRAMMAR SCHOOL PUPILS, 1951.

TABLE I.

Return of Medical Inspection

A. Periodic medical inspection:

<u>Code Group</u>	<u>No. examined</u>
Entrants ... ..	3,425
Second age group ... ..	2,411
Third age group ... ..	<u>2,303</u>
Total	8,139
Other periodic inspections	816
Grand Total	<u><u>8,955</u></u>

B. Other inspections:

Number of special inspections and reinspections	20,991
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TABLE II

Classification of the General Condition of children inspected during the year in the  
Periodic Age Groups.

<u>Number of children inspected</u>	A (Good)		B (Fair)		C (Poor)	
	No.	%	No.	%	No.	%
8,139	3,132	38.48	4,368	53.67	639	7.85

TABLE III

Verminous Conditions

(1) Total number of examinations of children in the schools by the school nurses ... ..	42,954
(2) Number of individual children found unclean ... ..	1,774

TABLE IV.

Defects Treated

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

Total number of defects treated, or under treatment during the year under the Authority's Scheme ... ..	5,924
--	-------



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

Errors of refraction (including squint) ... ..	2,206
Other defect or disease of the eyes (excluding minor eye defects) ... ..	69
Total	<u>2,275</u>

Number of children for whom spectacles were

(a) Prescribed ... ..	1,318
(b) Obtained ... ..	949

Group 3. Treatment of defects of Ear, Nose and Throat:

Received Operative Treatment ... ..	542
Received other forms of Treatment (excluding minor ear defects) ... ..	315
Total number treated	<u>857</u>

TABLE V.

Dental Inspection and Treatment

(1) Number of children inspected by the Dentists:	
(a) Periodic Age Group ... ..	Nil
(b) Specials ... ..	4,813
(2) Number found to require treatment ... ..	4,813
(3) Number actually treated ... ..	5,124
(4) Attendances made by children for treatment ... ..	10,094
(5) Half-days devoted to	
Inspection ... ..	-
Treatment ... ..	1,380
Total half-days	<u>1,380</u>
(6) Fillings:	
Permanent teeth ... ..	846
Temporary teeth ... ..	414
Total fillings	<u>1,260</u>
(7) Extractions:	
Permanent teeth ... ..	1,245
Temporary teeth ... ..	6,469
Total extractions	<u>7,714</u>
(8) Administrations of general anaesthetics for extractions ... ..	1,989
(9) Other operations:	
Permanent teeth ... ..	3,160
Temporary teeth ... ..	4,099
Total of "other operations"	<u>7,259</u>

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