

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

Contributors

West Ham (London, England). County Borough.

Publication/Creation

[1953?]

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HC 44112
WH 44124
County Borough of West Ham



ANNUAL REPORT
ON THE
HEALTH SERVICES
FOR THE YEAR
1952

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

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Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1952.

The Registrar General's estimate of the mid-year population (170,500) is slightly in excess of the 1951 Census figure of 170,100. Taking this together with the downward trend of recent years, it seems that the population may have reached a more or less stationary level, at least for the time being.

The birth rate, at 16.4 per 1,000 population, was lower than that of last year; but it has fluctuated between 17.2 and 16.4 for the past three years and it seems as though this also may be settling at a fairly steady level, about one per thousand higher than in the immediate pre-war years. The death rate continues low at 10.7 per 1,000 population which is near the average for the past five years.

The stillbirth and infant mortality rates, which together represent the wastage of infant lives, were lower than last year but did not quite reach the record figures of 1949. An analysis of the causes of the deaths indicates that there are still a substantial proportion which should be preventable, and it is clear that the irreducible minimum has not yet been achieved. It may require some revision of approach to the public health problems involved before any further advance can be made. There were no maternal deaths during the year.

The year's experience of infectious diseases was, on the whole, favourable. For the first time on record, no confirmed cases of diphtheria were notified. For this the credit is largely due to the sustained immunisation campaign which has for many years now borne fruit in a saving of children's lives and health. The notifications of tuberculosis also showed a sharp and long-awaited drop, though whether they will continue to follow the downward trend of tuberculosis deaths which has been apparent since the end of the war, still remains to be seen. There was a small increase in poliomyelitis but, fortunately, no deaths. An unexpected finding was five notifications of typhoid and paratyphoid fevers. All cases were carefully investigated, all appeared quite unrelated, and no source of infection was discovered. There was suggestive evidence, however, that in some cases infection may have been contracted outside the Borough. These findings do not provide any reason to anticipate a recrudescence of this type of infection. The fluctuations of the other infectious diseases were within the ranges which can normally be expected.

This year, at the request of the Ministry of Health, the report on the work done under the National Health Service Act, 1946, is combined with a survey of the development of these services since the Act began to operate in 1948. This has resulted in a rather lengthy account, which contains much of interest, on pages 27 - 68.

The report on the School Health Service gives a reassuring picture of the health of the school child. For the third year in succession no cases of malnutrition have been discovered either at medical inspections or at the nurses' nutritional surveys. The numbers of children referred to the paediatric and the ear, nose and throat clinics is tending to decline and there is a substantial reduction both in the attendances and the number of cases seen at the minor ailment clinics. It is conceivable that this might be partly due to a transference of some of the work to hospitals and general practitioners, but medical officers working in the schools and clinics have gained the impression that these ailments are not occurring so frequently and that the picture presented by these declining trends is on the whole a true one. The report also shows, however, that there still remains a need for careful supervision of the children's health by the School Health Service. Many children still face their school life with some kind of physical or mental handicap which, in greater or lesser degree, impairs their ability to respond to normal education. As the more obvious manifestations of ill-health recede, more attention can be given to ways and means of helping these children and of offering guidance in the various medical problems which may beset a child's school career. In those directions, and in the contributions which it can make towards the better understanding of the physical, mental and emotional needs of the developing child, seem to lie the future of the School Health Service.

In conclusion, I would wish once again to express my grateful thanks for the support which the Committees have so generously afforded me and for the devoted service of the staffs of all departments which have contributed towards another successful year's work. Without them, little of real value could have been accomplished.

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

1952

Area of Borough	...	...	...	...	...	...	...	...	...	4,689 acres
Population (R.G.'s mid-year estimate)	...	...	...	...	...	...	...	...	...	170,500
Live Births	...	...	...	...	...	...	...	...	...	2,800
Birth rate (per 1,000 population)	...	...	...	...	...	...	...	...	...	16.4
Stillbirths	...	...	...	...	...	...	...	...	...	60
Stillbirth rate (per 1,000 total births)	...	...	...	...	...	...	...	...	...	20.9
Deaths	...	...	...	...	...	...	...	...	...	1,835
Death rate (per 1,000 population)	...	...	...	...	...	...	...	...	...	10.7
Deaths of infants under 1 year	...	...	...	...	...	...	...	...	...	69
Infant mortality rate (deaths per 1,000 live births)	...	...	...	...	...	...	...	...	...	24.6
Deaths of infants under 4 weeks of age	...	...	...	...	...	...	...	...	...	43
Neonatal death rate (deaths per 1,000 live births)	...	...	...	...	...	...	...	...	...	15.3
Maternal deaths	...	...	...	...	...	...	...	...	...	-
Maternal mortality rate (per 1,000 live & stillbirths)	...	...	...	...	...	...	...	...	...	-

VARIOUS DISEASES: Cases and Deaths.

	<u>Cases</u>	<u>Case rate per</u> <u>1,000 population</u>	<u>Deaths</u>	<u>Death rate per</u> <u>1,000 population</u>
Smallpox	-	-	-	-
Scarlet Fever	599	3.51	-	-
Diphtheria	-	-	-	-
Dysentery	44	0.26	-	-
Food Poisoning	14	0.08	-	-
Measles	1,504	8.82	-	-
Acute Poliomyelitis (paralytic)..	13	0.08	-	-
do. (non-paralytic)..	7	0.04	-	-
Whooping Cough	294	1.72	-	-
Meningococcal Infections	4	0.02	3	0.02
Typhoid and Para Typhoid Fevers..	5	0.03	-	-
Pneumonia:				
Acute, primary and influenzal..	135	0.80	-	-
All forms	-	-	123	0.72
Bronchitis	-	-	184	1.08
Tuberculosis:				
Respiratory	130	0.76	39	0.23
Other Forms	19	0.11	5	0.03
Cancer	-	-	296	1.74

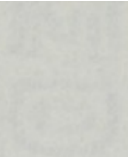
COUNTY BOROUGH OF WEST HAM

With the Compliments

of the

Medical Officer of Health

Health Department,
225, Romford Road,
West Ham, E.7.



COUNTY BOARD OF WEST HAM

with the Committee

and the

of the County of West Ham

For the County of West Ham

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 River Lea, which separates it from 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 1952 was 170,500. This figure shows an increase of 400 on the estimated population for 1951.

BIRTH RATE. Live Births. The number of live births during the year was 2,800 (males 1,525 and females 1,275). This gives a rate of 16.4 per 1,000 total population; the rate for 1951 was 17.2. Illegitimate births accounted for 131, or 4.6 per cent. of all live births - the rate for 1951 was 4.9.

Stillbirths. There were 60 stillbirths (37 males and 23 females) giving a rate of 20.9 per 1,000 total births. The rate for 1951 was 22.

DEATHS. During the year 1,835 (males 1,011 and females 824) West Ham residents died, giving a crude death rate of 10.7 per 1,000 population. The death rate for England and Wales was 11.3 and for the 160 County Borough and Great Towns (including London) 12.1. The causes of death at different periods of life distinguishing male and female are given in Appendix I page 96.

INFANT MORTALITY. The deaths of children under 1 year of age numbered 69 (males 43 and females 26) giving an infant mortality rate of 24.6 per 1,000 live births as against 25.2 for 1951. The rate for England and Wales was 27.6 and for the 160 County Borough and Great Towns (including London) 31.2. The list of causes of death can be found in Appendix I page 96.

MATERNAL MORTALITY. During the year there were no deaths from maternal causes.

INFECTIOUS DISEASES

POLIOMYELITIS. Twenty cases occurred during the year as compared with 10 in 1951. The case rate was 0.12 per 1,000 of the population. There were no deaths. Thirteen of the cases had some degree of paralysis while 7 were non-paralytic.

The epidemic followed the usual pattern, commencing in the middle of June and dying out in the Autumn. All but two of the cases, occurred during the three months July, August and September. The two exceptions were the initial case which occurred during the second week of June and one isolated case which occurred during November.

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>
Under 1 year	2	-	15 -	1	1
1 -	7	1	25 -	1	1
5 -	4	1	35 -	-	-
10 -	-	1	45 & over	-	-

FOOD POISONING. Corrected notifications - Quarterly.

<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>3rd Quarter</u>	<u>4th Quarter</u>	<u>TOTAL</u>
1	2	9	2	14

Of the above notified cases 10 occurred singly, and 4 in a small outbreak involving 3 families. In the single cases it was not possible to trace the source of infection with any degree of certainty. In the 4 related cases, however, there was strong circumstantial evidence that the infection was derived from duck eggs used to prepare a coating for fried fish. An interesting feature of this outbreak is that while the cooking process, which consisted of frying in deep oil, would in all probability sterilise the coating on the fish, infection appears to have been re-introduced by the housewife handling the pieces of fish after cooking while her hands were still covered with the uncooked egg and breadcrumbs mixture in which she had dipped them. Portions of the fish consumed cold by three persons on the day of cooking gave rise to no ill effects, but other portions consumed on the second, third and fourth days after cooking all gave rise to cases of food poisoning from whom salmonella typhi murium was recovered. This fish had been stored at air temperature during fairly warm weather.

This small outbreak serves to underline the dangers associated with the consumption of duck eggs and shows that cooking does not always protect against the risk of infection. It also illustrates the importance of eating cooked dishes, such as meat and fish, on the day on which they are prepared unless they can be stored under conditions which will ensure that any organisms present will not multiply to a point where they are liable to give rise to infection.

DYSENTERY.

There were 44 cases of this disease notified during the year (18 males and 26 females), giving a case rate of 0.26 per 1,000 of the population.

GASTRITIS, ENTERITIS AND DIARRHOEA.

During the year the number of deaths from this disease was 7 of which only 1 occurred below the age of one year.

TYPHOID AND PARA-TYPHOID FEVERS.

There were 3 cases of typhoid fever and 2 cases of para-typhoid fever during the year. There were no deaths. All were isolated cases and in none was it possible to detect the source of infection.

Of the three patients who had typhoid fever, one, a merchant seaman, contracted the disease abroad, and another picked up the infection while on a cycle tour which covered most of the South of England and the Isle of Wight. The third patient, a housewife, had not been away from home. Careful investigation revealed no source of infection, although it is suggestive that this lady was in the habit of eating raw, often unwashed, vegetables while preparing meals.

The cases of para-typhoid fever occurred in two small children, aged nineteen months and two years respectively. Here again it was impossible to prove the source of infection, but one family had recently returned from a holiday in a country bungalow where the water supply was unsatisfactory. They had been instructed to boil all water for drinking purposes but it is possible that this precaution was not always observed.

MEASLES.

The number of cases of measles notified during the year was 1,504 - 767 in males and 737 in females. This compares with 4,011 cases notified during the previous year. The case rate per 1,000 of the total population was 8.82. There were no deaths.

DIPHTHERIA. There were no cases of this disease during the year.

WHOOPING COUGH.

During 1952 there were 294 cases of this disease - males 149 and females 145. The case rate was 1.72 per 1,000 of the population. There were no deaths.

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

PNEUMONIA.

There were 135 cases (79 males and 56 females) of pneumonia - primary and influenzal - notified during the year giving a case rate of 0.80 per 1,000 of the population. The number of deaths from all forms of pneumonia was 123, giving a death rate of 0.72 per 1,000 of the population.

PUERPERAL PYREXIA.

The number of cases occurring during the year was 45. This compares with 48 cases during 1951.

OPHTHALMIA NEONATORUM.

There were 4 cases of this disease during the year as compared with 37 in 1951.

MENINGOCOCCAL INFECTION.

There were 4 cases of meningococcal infections notified during the year, of which 3 patients died.

SCARLET FEVER.

During the year 599 (219 males and 280 females) cases of scarlet fever were notified, this being an increase of 317 on the previous year. The case rate per 1,000 total population was 3.51. There were no deaths from this disease in West Ham.

ERYSIPELAS.

The number of cases of this disease notified during the year was 32 (13 males and 19 females) giving a case rate of 0.09 per 1,000 of the population.

TUBERCULOSIS.

During the year 149 new cases of tuberculosis were notified. This represents a decrease of 61 cases as compared with 210 for 1951. The table below shows the incidence of this disease for the last few years:

Notifications of Tuberculosis.

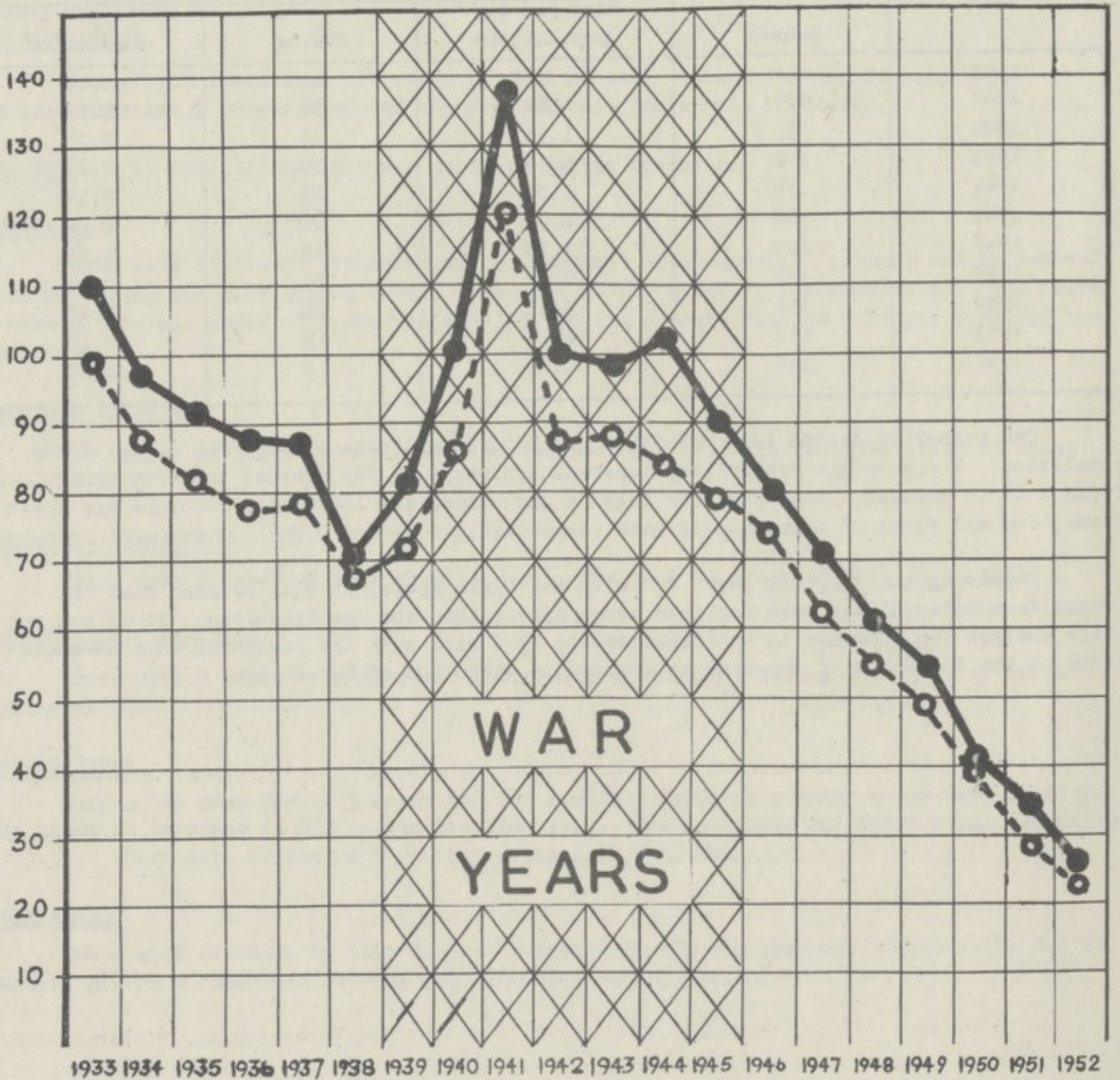
Year	Respiratory		Non-Respiratory	
	Number	Rate per 1000 population	Number	Rate per 1000 population
1942	220	1.88	40	0.34
1943	227	1.82	38	0.31
1944	195	1.51	33	0.25
1945	178	1.32	34	0.25
1946	178	1.09	23	0.14
1947	167	0.97	24	0.14
1948	192	1.10	36	0.21
1949	173	0.99	36	0.21
1950	158	0.91	20	0.12
1951	192	1.13	18	0.10
1952	130	0.76	19	0.11

The number of deaths from all forms was 44 giving a rate of 0.26 per 1,000 of the population. The rate for respiratory tuberculosis was 0.23 (39 deaths) and from other forms 0.03 (5 deaths). The rates for England and Wales, and 160 County Boroughs and Great Towns, for all forms of tuberculosis were respectively 0.24 and 0.28.

Comparing the graph on page 8 with the table above, it will be seen that the deaths from tuberculosis have declined more rapidly than the notifications. It is not yet clear whether the decrease in notification for 1952 will mark the beginning of a downward trend in the incidence of the disease comparable with that of the deaths.

TUBERCULOSIS

DEATHS PER 100,000 POPULATION



—●— ALL FORMS OF T.B. - - ○ - - RESPIRATORY T.B.

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 1951 are in brackets.

The total number of patients who attended was 463 (510). This figure includes 148 who were already under treatment or observation at the beginning of the year.

New Patients	315 (368)
Total Attendances	3,285 (3,575)

The diagnosis was as follows:-

Syphilis in primary or secondary stage	- (1)
Syphilis in the early latent stage	4 (14)
Syphilis in later (non-infective) stages	19 (21)
Congenital Syphilis	10 (3)
Gonorrhea	24 (23)
Soft Sore	- (1)
Urethritis	20 (23)
Other Conditions	199 (200)
Cases previously treated elsewhere	14 (13)
Return Cases	25 (69)

The Syphilis cases included 9 (9) pregnant women whose condition was discovered by routine ante-natal testing. Six of these cases were subsequently proved to have been instances of pre-natal infection. In each case the siblings and parents were investigated and treatment given where indicated.

All the pathological and serological work of the clinic is carried out by Dr.M.Ross, Clinical Pathologist to this hospital. Certain "problem" sera are referred to the V.D. Reference Laboratory, which is under the direction of the Medical Research Council.

The nursing staff of the Clinic are unchanged, Miss C.S.Ford, S.R.N., Sister-in-Charge, Miss M. Morris, S.E.A.N., and Mr. C.E. Rogers, S.E.A.N. Patients are visited, when desirable, by Mrs. Campbell, part-time Social Worker.

SAMPLING OF FOOD AND DRUGS

HEAT TREATED MILK.

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949:-

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

Type of Milk	Number sampled	Results of Examination					
		Phosphatase Test		Methylene Blue Test		Turbidity Test	
		Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
"Pasteurised"	45	45	Nil	45	Nil	-	-
"Pasteurised" (from schools)	10	10	Nil	10	Nil	-	-
"Tuberculin Tested (Pasteurised)"	20	20	Nil	20	Nil	-	-
"Sterilised"	46					46	Nil
TOTALS:	121	75	Nil	75	Nil	46	Nil

EXAMINATION OF MILK FOR TUBERCLE BACILLI (GUINEA PIG TEST):-

During the year 3 samples of milk were taken from various sources, as shown below, and were examined for the presence of tubercle bacilli.

BIOLOGICAL TESTS

Type of Milk	Number examined	Result	
		Positive	Negative
"Tuberculin Tested" (Farm Bottled) (from Purveyors)	3	Not known. Guinea pigs died from influenza.	
TOTALS:	3		

REPORT OF THE PUBLIC ANALYST

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

During the year 502 samples were examined under the Food and Drugs Act. 111 formal and 391 informal.

All samples were submitted by the Inspector.

5 samples were found to be adulterated, all informal.

The adulteration was at the rate of 1.0 per cent.

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

<u>Year.</u>	<u>Number of Samples.</u>	<u>Percentage Adulteration</u>
1952	502	1.0
1951	819	0.7
1950	1039	1.2
1949	1034	0.7
1948	<u>1032</u>	<u>1.5</u>
Average	<u>685</u>	<u>1.0</u>

101 samples of milk were examined, 92 formal and 9 informal.

There was no adulteration.

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

<u>Year.</u>	<u>Number of Samples.</u>	<u>Percentage Adulteration</u>
1952	101	0.0
1951	151	0.0
1950	188	2.1
1949	186	1.6
1948	<u>191</u>	<u>1.6</u>
Average	<u>163</u>	<u>1.1</u>

Channel Islands Milk.

30 samples of Channel Islands Milk were examined, 2 formal and 1 informal. All these were satisfactory.

Condensed Milk.

14 samples of Condensed Milk were examined, all informal.

These consisted of 5 full cream and 9 machine skimmed.

The composition of all samples complied with the Regulations.

Dried Milk.

1 informal sample of Dried Milk was examined. This was satisfactory.

Drugs.

30 samples of Drugs were examined, all informal. These were satisfactory.

Ice Cream.

47 samples were examined, all informal. 1 sample was below the standard for fat.

Preservatives.

There was 1 contravention of the Preservatives Regulations.

This was a sample of Pork Sausages containing excess of sulphur dioxide.

Fertilisers and Feeding Stuffs Act.

11 Fertilisers were examined, 3 of which were unsatisfactory.

4 Feeding Stuffs were examined, 2 of which were unsatisfactory.

Pharmacy & Poisons Act.

1 Disinfectant was examined and found to comply with the Regulations.

In addition to the above, the following samples were also examined:-

For the Public Health Department.

1 sample of canned plums.

For the Borough Engineers' Department.

18 Effluents.

3 Waters.

ACTION TAKEN ON ADULTERATED SAMPLES.

Unofficial

Non-brewed Condiment.	10% deficient in Acetic Acid. Stocks withdrawn. Subsequent sample satisfactory.
Ice Cream	22.5% deficient in fat. Manufacture discontinued.
Pork Sausage	196 parts per million. SO ₂ in excess. Subsequent sample satisfactory.
Shredded Beef Suet.	4.4% deficient in fat. Subsequent sample satisfactory.
Butter	0.2% excess of water. Subsequent sample satisfactory.

MEAT INSPECTION IN SLAUGHTERHOUSES.

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

The production of non-rationed meat for human consumption is carried out in three private slaughterhouses within the Borough. The slaughter of animals for rationed meat has not been in operation since 1940.

Horses form the great majority of the animals slaughtered, and West Ham continues to be the centre where most of these animals are killed. The public concern for the welfare of these animals has focused attention on the horse slaughtering business and, owing to the easy accessibility of the West Ham slaughterhouses, the local premises have been the subject of intensive observation by various interests - particularly the national animals welfare societies. It may be worthy of note that, in general, the comments of such bodies are favourable to the manner in which these premises are operated and supervised.

The Veterinary Department, which is responsible for meat inspection in the slaughtering establishments, examined 14,561 horses and 650 goats during the year under review as compared with 17,013 and 4,094 animals respectively for 1951. Great importance is attached to ante-mortem examination of all animals and the conditions under which they are kept whilst awaiting slaughter. Pre-slaughter examination probably accounts for the fact that it was only necessary totally to reject six horse carcasses. Horses are, in general, found to be healthy and free from disease when killed, provided a rigid ante-mortem supervision is exercised. Local conditions, such as oedema, slight bruises and tumours are met with whilst parasitic conditions - particularly associated with the liver - remains at a high level. Oedema and bad setting was responsible for the total rejection of six goat carcasses. Parasitic conditions of the liver in the goat, as in the horse, are not infrequently met with.

The freedom of the horse and goat from tuberculosis infection is well known and in no instance was this disease encountered in any of the animals slaughtered during the year under review.

The administration of the Diseases of Animal Act, and the numerous Orders made thereunder, is also a responsibility of the Veterinary Department and covers, amongst other duties, 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	14,561	650
Number inspected	-	-	-	-	-	14,561	650
<u>All diseases except Tuberculosis</u>							
Whole carcasses condemned	-	-	-	-	-	6	6
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	-	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	-	-	-	-	-	-
Percentage of the number inspected affected with tuberculosis	-	-	-	-	-	-	-

SANITARY CIRCUMSTANCES

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

I have pleasure in submitted the Annual Report on the work of the Sanitary, Food, and Shops Inspectors during the year ended 31st December, 1952.

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.

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

The number of dwelling houses in the Borough is 41,324 and the population is 170,500.

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 about twenty 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 of contamination are the province of the Sanitary Inspectors in any class of factory.

During the year, 1488 visits were made for the purpose of the Factories Act to 921 factories and 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 THE PURPOSES OF PROVISIONS AS TO HEALTH MADE BY SANITARY INSPECTORS.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by the Local Authority.	65	222	1	N11
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	855	1885	48	N11
TOTAL:	920	2107	49	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	
Want of cleanliness	11	11	N11	4	N11
Overcrowding	N11	N11	N11	N11	N11
Unreasonable temperature	1	1	N11	1	N11
Inadequate ventilation	2	2	N11	N11	N11
Ineffective drainage of floors	N11	N11	N11	N11	N11
Sanitary Conveniences:					
(a) Insufficient	4	4	N11	2	N11
(b) Unsuitable or defective	42	42	N11	34	N11
(c) Not separate for sexes	2	2	N11	2	N11
Other offences under the Act (not including offences relating to Outwork)	N11	N11	N11	N11	N11
TOTAL:	62	62	N11	43	N11

FACTORIES ACTS, 1937 and 1948, Sections 110 and 111.

Part VIII of the Act

OUTWORK.

Nature of Work	No. of out-workers in August list required by Section 110.	No. of cases of default in sending lists to the Council.	No. of prosecutions for failure to supply lists.	No. of instances of work in un-wholesome premises.	Notices served.	Prosecutions.
Wearing Apparel (Making etc.)	148					
Lace, lace curtains and nets	5					
Furniture and Upholstery	1					
Umbrellas, etc.	2					
Artificial Flowers	4					
Paper Bags	12					
The making of boxes or other recep- tacles or parts thereof made wholly or partially of paper	20					
Stuffed Toys	13					
Shoe Lacing	19					
Cosaques, Christmas Crackers and Stockings, etc.	39					
Packing Ice Lolly Sticks	104					
Lampshades	3					
TOTAL:	370	—	—	—	—	—

Food Inspection.

Now that the sampling of foods for analysis and the inspection of foods for diseased conditions and other causes of unfitness are under the same control, there is much better cohesion than existed in former years. Matters discovered by one branch which affect another branch are now referred and followed up immediately. An unceasing watch has been kept upon factories where food products are manufactured, on the kitchens of cafes and other places wherein food is prepared, and upon the shops, stalls and markets where the food is sold. No cases of exposure for sale of meat, affected by disease, were discovered, but there have been instances of the sale or exposure for sale of food, which was unsound through other causes.

Reference was made in the Annual Report of 1951 to a retailer of tinned foods, who would persist in buying job-lots of damaged or rejected foodstuffs, which caused some anxiety. This trader appeared to have left this Borough for areas where conditions were more conducive to his happiness, until on the 4th April, he was found on a bombed site adjoining a street market, when the following foods, which he was exposing for sale, were seized, condemned by a Justice of the Peace, and in respect of which proceedings were instituted against him:-

Pastry Mixture.	7 pkts.	Tomato Soup.	36 tins.
Milk Pudding.	4 tins.	Cream of Celery Soup.	4 tins.
Beef Broth.	1 tin.	Cherries	1 tin.
Concentrated Tomato Soup.	1 tin.		

The defendant was convicted and a fine of £20 was imposed, since when he has not been seen.

Included on the very heavy list of surrenders of foodstuffs, are 393 dozen, one pound, jars of marmalade, which had been purchased by a local jobber as a damaged consignment, and which, on being examined by him, were found to contain mice excrements on the tops of the papers covering the marmalade. It is fortunate, that in this case, the jobber surrendered this consignment and so avoided any possible risk to consumers.

A mince pastry was brought to the office by the purchaser, who complained that it contained a nail. The confectioner retailer who had sold it to him, had in turn purchased the pastry from a wholesale firm of cake and pastry manufacturers of good reputation. Following correspondence, the latter firm undertook to install modern detection machinery, and in these circumstances no further action was taken.

In another case, a mouldy scone was brought to the office on a Monday afternoon, by a citizen, who said that he had bought it from a retailer that day. On investigation, it was found that the retailer had purchased the scone, as part of a consignment from a wholesaler, on the previous Friday. In the circumstances, it did not appear possible to decide who was the actual offender, and in view of the previous good character of the retailer, the matter was dealt with by a warning letter.

During June, it was found that consignments of home-killed lamb, which had been obtained from Smithfield by local butchers, were unfit for human consumption, due to inefficient bleeding, partial decomposition, bruising, and careless removal of the viscera causing contamination of the carcass by excreta. In some cases excreta was found in the carcass. In view of the obvious carelessness which had taken place both before and during slaughter, the facts were reported to the Health Committee, when the Town Clerk was requested to communicate with the Ministry of Food thereon. During late September and early October, six butchers complained of the condition of pig carcasses which had been loaded in Ireland before being cooled properly, and had later been improperly packed. Some butchers wiped down the pork with hot water, but the condition of the meat was most unsatisfactory.

The attention of the Minister of Food was drawn to this matter, when the reply was received which pointed out the fact that "such contaminations were not uncommon when the meat trade was in private hands". I can only say, that during my forty years experience I never had to deal with meat which had been ruined by careless or incompetent handling. There has been a decided improvement in the condition of meat delivered to the Borough since that date. It is interesting to note that during October, the Council were invited by the Leyton Borough Council to join in making representations to the Minister in respect of excessive waste, caused by so much unsound food, especially meat and cheese, at a time when these commodities are in short supply.

I append a list of the various foodstuffs condemned during the year, which shows the heavy load being carried by the Department in connection with the protection of the consumer from possible trouble due to unfit foods.

CONDEMNED FOODS.

<u>Item</u>	<u>Quantity</u>	<u>Item</u>	<u>Quantity</u>
Fruit	6482 Tins.	Fish.	1719 Tins.
Jam and Marmalade	286 Tins	Cheese	26 lbs.
Mincemeat	3 Tins	Chocolate and Starch Waste	310½ Cwts.
"	17 Jars	Ham	616 Tins.
Meat	3886 Tins	Sausages	39 Tins.
Beef	5499 lbs	Vegetables	214 Tins.
Fowls	232½ lbs.	Tomatoes	697 Tins.
Soup	100 Tins	Baked Beans	1831 Tins.
Milk	2525 Tins	Pork	483¾ lbs.
Peas	2327 Tins	Mutton	590 lbs.
Ham	66½ lbs.	Spaghetti	99 Tins
Vegetable Salad	1 Jar.	"	10 Ozs.
Jam and Marmalade	5141 Jars.	Custard Powder	14 Tins.
Skate Wings	22 Stones	" "	12 Pkts.
Fruit Pastilles	9 Ozs.	Mutton Trimmings	118 lbs.
Cheese Waste	73½ lbs.	Bacon	639½ lbs.
Lamb Trimmings	56 lbs.	Pigs Heads	226 lbs.
Ox Heads	11	Sugar	1 lb.
Beef Sausages	31 lbs.	Macaroni	8 Pkts.

<u>Item</u>	<u>Quantity</u>	<u>Item</u>	<u>Quantity</u>
Ice Cream	15 Galls.	Chicken Paste	5 Tins
Chocolate Swiss Roll	22 Doz.	Brussell Sprouts	51½ lbs.
Butter Beans	34 Tins	Horse Radish Cream	3 Jars
Tomato Juice	434 Tins	Prunes	352 lbs.
Pickles	51 Jars	"	1 Case
Fish Paste	5 Tins	Lard	68 Ozs.
" "	141 Jars	Beef Cubes	144 Pkts.
Biscuits	522 lbs.	Ox Tongue Trimmings	29 lbs.
"	6 Tins	Sweetbreads	21 lbs.
Liver	151 lbs.	Salad Cream	3 Jars
Cereals	17 Pkts.	Sauce	18 Botts.
"	43 Ozs.	Cheese	203 Pkts.
Prunes	12,712½ Kilos	"	3073 Portions
Oatmeal	26 lbs.	Jelly	234 Pkts.
Ground Rice	68 lbs.	Custard Powder	10 Pkts.
Chocolate	119 Ozs.	Cocoa	4 Tins
Salt	19 lbs.	Ovaltine	2 Tins
Coffee	5 Tins	Sandwich Spread	19 Jars
Assorted Glace Fruits	211¼ lbs.	Farleys Rusks	6 Pkts.
Mayonnaise	2 Jars	Chicken	7 lbs.
Chickens	10	Beans	487 Tins
Butter	17 lbs.	Meat Paste	22 Tins
Beetroot	49 Tins	Bread	1 Loaf
Tea	65 lbs.	Chocolates Tea Cakes	48
Cokernut Kisses	56 lbs.	Sage	94 Pkts.
Chocolate Coconut Ice	7½ lbs.	Farex	1 Pkt.
Chutney	1 Jar	Sausage	62½ lbs.
Beef Trimmings	54½ lbs.	Lamb	51½ lbs.
Ox Tongues	159 lbs.	Pickling Spice	3 Ozs.
Mustard	8 Tins.	Semolina	3 lbs.
Pepper	4 Ozs.	Tomato Paste	4 Tins
Curry Powder	1 Pkt.	Steak and Kidney Pies	5
Chocolate Marshmallows	3200	Pork Trimmings	616 lbs.
Pork Sausages	28 lbs.	Pineapple Juice	5 Tins
Pigs' Carcase Meat	128 lbs.	Asparagus Tips	3 Tins
Peanut Butter	2 Tins	Lemon Sole	5 Stones
Syrup	1 Tin	Chocolate Bars	254
Whiting	7½ Stones	Fat Ends	7½ Cwts.
Cake Mixture	1 Tin	Cake Flour	5 Pkts.
Flour	19 lbs.	Dates	2 Pkts.
Coconut	3 Pkts.	Carrots	10 Cwts.
Chicken	2 Tins	Winkles	90 lbs.
Dog Fish	8 Stones	Pancake Mixture	5 Pkts.
Cods Roes	84 lbs.	Matzos	3 Pkts.
Chocolate Puffs	300	Malt Vinegar	10 Fluid Ozs.
Ryvita	4 Pkts.	Tongue	12 Tins
Veal	6 lbs.	Toffees	96 lbs.
Tomato Puree	107 Tins	Fish Fillets	27½ lbs.
Lemon Powders	48 Pkts.	Christmas Puddings	1 Tin
Sponge Mixture	9 Pkts.		
Almonds	7 lbs.		

Ice Cream

Two hundred and five samples of ice cream were taken by the Sanitary Inspectors for bacteriological examination during the year, with the following result.

<u>Grade</u>	<u>Number of Samples</u>
1.	106
2.	55
3.	31
4.	13
	<u>205</u>

In the case of a sample falling into the category of Grades 3 or 4, the premises were visited with a view to ascertaining the cause. In these cases a full investigation was carried out and further samples taken to ensure that an improvement had been effected.

Prevention of Damage by Pests Act, 1949.

The year's experience has shown that the policy of tracing the cause of infestation by rats has produced good results. One may ask, "What shall it profit the Borough to claim 10,000 rats killed, if the source remains untouched". The personnel of the Infestation Section have made 8,967 visits to 1693 different premises and in no case has failure to produce the desired result been reported. The Sanitary Inspectors made 121 inspections to premises under the Act, and in 10 cases it became necessary to serve Statutory Notices under Section 4, by the authority of the Health Committee. In no case was it necessary to institute proceedings for non-compliance. In addition to this work, 803 visits were made to 646 premises in connection with disinfection and 64 visits to 60 premises were made for the purpose of disinfection. The statistical table relating to the work of the Rodent Control Section is set out below.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

STATISTICS FOR YEAR ENDING 31st DECEMBER, 1952.

	<u>Type of Property.</u>				
	<u>Local Auth- ority</u>	<u>Dwelling Houses</u>	<u>Agricul- tural.</u>	<u>All others (including business premises</u>	<u>Total</u>
	(1)	(2)	(3)	(4)	(5)
I. Total number of properties in Local Authority's District.	149	41,324	Nil	4,850	46,323
II. Number of properties inspected by the Local Authority during 1952 as a result of (a) Notification, (b) survey (b) or otherwise.	(a) 73 10	1,311 79	Nil Nil	216 4	1,600 93
III. Number of properties inspected (see Section II.) which were found to be infested by rats.	(Major) Nil (Minor) 42	2 684	Nil Nil	3 122	5 848
IV. Number of properties inspected (see Section II.) which were found to be seriously infested by mice.	38	611	Nil	88	737
V. Number of infested properties (see Sections III and IV) treated by the Local Authority.	80	1,297	Nil	213	1,590

Smoke Abatement.

The Department's activities with a view to preventing fouling of the atmosphere by smoke, were maintained during the year. Some 117 observations were taken of factory chimneys, leading to 54 visits to the factories, when everything possible was done to co-operate with industry.

During the late Autumn, trouble arose in the Canning Town area, and also at the chemical works at Plaistow. In the latter case the smoke emissions arose from a single boiler plant. Investigations were carried out following which the National Coal Board were approached with a view to the supply of a more suitable coal, and a firm of "mechanical stoker" manufacturers were called in by the firm to watch the plant in operation. The fire-grate was shortened and following various technical improvements the CO₂ recordings rose from 5% to 9-11% with an almost complete cessation of smoke emissions from the chimney stack. The other case concerned a huge steam-raising plant, consuming 116 tons of coal per hour to evaporate approximately 2,080,000 pounds of water per hour at pressures ranging from 200 to 650 pounds per square inch. It is no exaggeration to say that if the percentage of soot was the same per ton of coal used in this case as it is sometimes in the case of the small plant using 2 or 3 cwt. per hour, a large section of West Ham and a considerable part of the County of Essex would be perpetually under conditions resembling the midnight sun of the Arctic regions. It is indeed fortunate that the owners of this plant, in their constant efforts for still greater efficiency of combustion, by these very means prevent smoke formation. If we assume that the coal used, contains from 10 to 15% of ash, one shudders to think what conditions would be like in West Ham, were it not that considerable sums have been expended on mechanical means of ash and grit extraction from the flue gases.

So far as the domestic chimney is concerned there had, for some years, been a reduction in the smoke from this source, but unfortunately a grate which was designed to burn coke and other smokeless fuels with its wide effective grate area and controlled draft, is now being made a means by which slack coal has been foisted onto the public. The grate, being controllable, is now being called a "continuous burning" grate and the National Coal Board having a quantity of slack from open cast mining to dispose of, sell it under the name of "Nutty Slack", and it is being recommended for use for banking-up fires to burn all night. This is thoroughly bad practice. The banked-up slack slowly smoulders, and discharges a continuous stream of oily vapours to atmosphere so that our night air, instead of being clean, is now heavily laden with noxious vapours. It is worthy of note, that during the fog in December, 1952, deaths in the County of London rose from 945 for the week ended December 6th, to 2,484 the following week, which was a bigger increase than during the worst of the cholera epidemic of 1866. Prize animals at the cattle show were killed by the dirty air, yet people merely say, "how shocking", and do nothing about it.

The Rag Flock and Other Filling Materials Act, 1951.

This Act is producing useful results. Gone are the days when old rags from dustbins, unsaleable for any other purpose, could have soluble chlorides extracted down to the permissible limit, by steeping them in tanks of cold water, the rags, often unmentionably filthy, afterwards being shredded and used for the filling of pillows, bedding or furniture.

There has come about a more moral attitude generally, whilst sections of the bedding industry have, through their research departments, made very great progress.

The quiet pressure, mentioned in the last Annual Report, has been maintained. In one case samples of Rag Flock were taken from a manufacturers premises which on analysis were certified to contain 1.8% of soluble impurities, chlorine in the form of soluble chlorides was present to the extent of 86 parts per 100,000, and oil or soap 2.3%.

As the soluble chlorides were so far in excess of the permitted limit of 30 parts per 100,000, proceedings were instituted, when the defendants entered a plea of guilty and the Justices imposed a fine of £5 and ordered the payment of £5.4s.6d. costs and the sample to be forfeited under Section 20 of the Act.

The number of official samples taken under the Act during 1952 was eleven and with the one exception mentioned, these complied with the standard of cleanliness prescribed by the Rag Flock and Other Filling Materials Regulations, 1951.

Housing.

The housing situation is still most unsatisfactory. The preliminary census figures were of great interest and bear out statements which I have made for years past to the effect that the clamour for housing accommodation is due to the increase in the number of families per thousand persons. It is certainly not due to the increase in overcrowding as such. In 1931, the persons contained per household in West Ham were 3.96. In 1951, this figure had gone down to 3.21. In 1931, the number of persons per room was 1.14; in 1951, this had fallen to 0.85. The percentage of persons living more than 2 per room in 1931 was 17.45; in 1951 this had fallen to 1.25.

Insofar as repairs to dwellings are concerned, building costs remained very high, whilst no amendment has yet been made to the Rent Restriction Acts, so that large numbers of houses are falling into decay, due in part to age and in part to the impossibility of meeting the cost of repairs out of restricted rents.

Every effort is made to retain in occupation numerous dwellings which in normal times would be swept away by Clearance Orders.

During the year 5,489 notices were served under the Public Health Act, 1936. Some owners when faced with Notices to repair, offer their houses to the Council as a free gift and considerable difficulties are experienced in the Courts owing to the economics of the situation. 325 Summonses were issued in respect of non-compliance.

In 18 cases it was found impossible to avoid reports to the Committee that the houses or parts of buildings concerned were (a) unfit for human habitation and (b) could not be made fit at reasonable cost.

Fifteen Demolition Orders were made and an undertaking to make fit was accepted in another case.

Two Closing Orders were made in respect of parts of buildings used, but unfit for habitation.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

Particulars are given below of 5 official and 10 unofficial samples which were taken during the year.

Type of sample	No. of samples taken	Analysis agreed	Analysis disagreed
<u>Fertilisers</u>			
(a) Official	3	2	1
(b) Unofficial	8	6	2
<u>Feeding Stuffs</u>			
(a) Official	1	0	1
(b) Unofficial	3	2	1
TOTALS:	15	10	5

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, 3 samples of Fertilisers and 2 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.

SHOPS ACT, 1950.

The general administration of the Shops Act, 1950 continued as in the previous year.

It is gratifying to record that during the period under review the various provisions of the Act, generally, have been well observed, although there were a considerable number of minor infringements of the regulations discovered, the greater majority of these were committed unwittingly. In such cases, advice and warning on the spot, rather than formal report met with immediate happy response by the traders concerned, who prefer this helpful policy to more drastic action. Only in a few cases were the circumstances such as to warrant the issue of written warnings.

The Authority's task of providing the protection afforded by the Act to persons employed in the distributive trades in the Borough is no mean one, but with the co-operation of shopkeepers, this task can be lightened.

Little difficulty was experienced regarding the observance of closing hours which generally have been very good. The fact that the public have got into the habit of doing their shopping earlier, coupled with the desire of most shopkeepers to close as early as possible nowadays, has to a large extent, reduced the number of offences appertaining to closing hours.

Visits were also made to those premises in the Borough where it was believed that young persons were being employed in any of the occupations mentioned in Part 1 of the Young Persons (Employment) Act, which regulates the hours of employment of persons under the age of 18 years in certain occupations not covered by the Shops Act or the Factories Act, 1937. On no occasion was any infringement of the provisions of the Act revealed.

STATISTICAL TABLE

For the period from 1st January, 1952 to 31st December, 1952.

Investigations of cases of Notifiable Infectious Disease	...	...	...	...	...	...	...	...	896
Houses Inspected following Infectious Disease	...	...	...	...	...	...	...	...	40
Visits to Factories (Mechanically Operated)	...	...	...	...	...	...	...	...	1,247
" Factories (Without Mechanical Power)	...	...	...	...	...	...	...	...	241
" Workplaces	...	...	...	...	...	...	...	...	341
" Bakehouses	...	...	...	...	...	...	...	...	208
" Dairies	...	...	...	...	...	...	...	...	283
" Offices (as workplaces) P.H.A., 1936	...	...	...	...	...	...	...	...	227
" Outworkers	...	...	...	...	...	...	...	...	1,492
" Squatter Camps	...	...	...	...	...	...	...	...	15
Advisory visits under Town & Country Planning	...	...	...	...	...	...	...	...	9
Visits to Slaughter Houses	...	...	...	...	...	...	...	...	123
" Scheduled Offensive Trades	...	...	...	...	...	...	...	...	247
" Fish Fryers	...	...	...	...	...	...	...	...	292
" Other Noxious Trades	...	...	...	...	...	...	...	...	54
" Ice Cream Sampling	...	...	...	...	...	...	...	...	200
" Registered Hairdressers and Barbers, W.H.C.A., Sec. 49.	...	...	...	...	...	...	...	...	43
" " Premises wherein Food is manufactured, W.H.C.A., Sec. 67	...	...	...	...	...	...	...	...	527
" " occupied by Vendors of Food, W.H.C.A., Sec. 66	...	...	...	...	...	...	...	...	698
" Cafe and Restaurant Kitchens, etc., Food & Drugs Act, 1938	...	...	...	...	...	...	...	...	1,126
" Ice Cream Makers or Dealers, W.H.C.A., Sec. 66, and P.H.A. 1936	...	...	...	...	...	...	...	...	832
" Other Food Purveyors	...	...	...	...	...	...	...	...	2,235
Burial Act, 1857, Sec. 25, Exhumation of Human Remains	...	...	...	...	...	...	...	...	3
Visits to Shops (Shops Act, 1950)	...	...	...	...	...	...	...	...	1,288
Clean Food Association visits	...	...	...	...	...	...	...	...	14
Visits re Overcrowding Provisions of Housing Acts	...	...	...	...	...	...	...	...	432
Drainage Inspections	...	...	...	...	...	...	...	...	3,751
House to House Inspections under Public Health or Housing Acts	...	...	...	...	...	...	...	...	56
Visits under Prevention of Damage by Pest Act	...	...	...	...	...	...	...	...	121
" " Increase of Rent Restriction, etc., Acts	...	...	...	...	...	...	...	...	24
" " Bye-laws - Tents, Vans, Sheds	...	...	...	...	...	...	...	...	30
" " Pharmacy and Poisons Act	...	...	...	...	...	...	...	...	59
Visits to Private Houses to Investigate Complaints	...	...	...	...	...	...	...	...	6,720
Houses Inspected under the Housing Act, 1936, re Closing and Demolition Orders	...	...	...	...	...	...	...	...	14
or Reconstructions or re Schedules of Evidence	...	...	...	...	...	...	...	...	117
Smoke Observations	...	...	...	...	...	...	...	...	54
Visits to Factories re Smoke	...	...	...	...	...	...	...	...	54
" Places of Public Amusement, Theatres, Music Halls, Cinemas, etc.	...	...	...	...	...	...	...	...	59
(Ministry of Health Circular 120 of 1920)	...	...	...	...	...	...	...	...	211
Visits to Licensed Premises	...	...	...	...	...	...	...	...	1,057
Other Visits	...	...	...	...	...	...	...	...	23,032
Re-inspections	...	...	...	...	...	...	...	...
Total Visits									<u>48,418</u>

Samples taken under Rag Flock Act	...	...	...	...	...	...	...	...	...	10
Samples of Domestic Water Supplies taken for Analysis or Bacteriological Examination	...	...	...	...	...	...	...	...	...	12
No. of Notices Served	...	...	...	...	...	...	...	...	...	5,489
Warning Letters sent re matters not dealt with by Notice	...	...	...	...	...	...	...	...	...	317
Defective Houses dealt with	...	...	...	...	...	...	...	...	...	85
Other Defective or Insanitary Conditions dealt with	...	...	...	...	...	...	...	...	...	208
Drain Tests carried out	...	...	...	...	...	...	...	...	...	1,168
Certificates granted under Rent Restriction, etc., Acts	...	...	...	...	...	...	...	...	...	35
No. of Notices complied with - (1) By Owner	...	...	...	...	...	...	...	...	...	3,554
" " " " - (2) By Occupier	...	...	...	...	...	...	...	...	...	164
Summonses issued	...	...	...	...	...	...	...	...	...	325

NATIONAL HEALTH SERVICE ACTS

Including a Survey of Local Health Services provided under the Acts since the "Appointed Day".

ADMINISTRATION

All the local health services reviewed in this part of the report are administered by the Health Committee.

Each of the services laid down by the National Health Service Act has an appropriate organisation for its administration. Related functions have been grouped together where considerations of economy or efficiency of administration have indicated, and such groupings have not been restricted within the boundaries of the National Health Service itself. Effective supervision and co-ordination have been achieved by appointing senior officers to exercise responsibility over large areas of the administrative field. Thus the Superintendent Nursing Officer is responsible for all the Council's nursing services and for their co-ordination with the domiciliary midwifery service. The Deputy Medical Officer of Health and the Senior Assistant Medical Officer for Maternity and Child Welfare divide between them the direction or guidance of all operations of the service for which medical knowledge or experience is required: broadly, the latter has charge of the Care of Expectant and Nursing Mothers and Young Children and Domiciliary Midwifery, acting also as Supervisor of Midwives, while the former discharges the remaining responsibilities which include Mental Health, Vaccination and Immunisation, Prevention, Care and After-Care functions and other matters. The lay administration of all sections of the service is in the hands of a Chief Administrative Assistant, whose jurisdiction embraces such officers as Duly Authorised Officers, Home Help Organiser, Ambulance Officer, as well as the general clerical and administrative staffs. In addition, there is close co-operation between services working in similar parts of the field, e.g., Home Nursing and Domestic Help; Vaccination and Immunisation, and Child Welfare, etc. This form of organisation is a flexible one which permits of adjustments to meet the changing needs of a developing service.

Joint arrangements are in operation with neighbouring local health authorities for mutual aid in the Ambulance and Mental Health Services, and for the use by mothers and children of the maternity and welfare clinics nearest their homes irrespective of county or borough boundaries; and informal co-operation extends to such matters as the sharing of immunisation propaganda campaigns, etc. One important arrangement has been made under Section 63 of the Act whereby the Essex County Council make available to West Ham the home nursing and domiciliary midwifery services provided by their Lady Rayleigh Training Home.

Co-ordination and Co-operation with other parts of the National Health Service.

There are no formal arrangements for consultation with the Hospital Services, but this area is very fortunate in the ready understanding which exists both with Regional Hospital Board and Hospital Management Committees and their officers: cross-representation of membership has undoubtedly helped. This makes for free and smooth consultation on individual problems as they arise and so achieves much the same objectives as a standing joint consultative committee.

The Regional Hospital Board provides specialist clinics facilities within the framework of the School Health Service which are also used by pre-school children. The specialties covered are ophthalmic (including orthoptics); paediatric; ear, nose and throat; dental anaesthetic; and child guidance to the extent of the psychiatrist's services.

In the section on Health Visiting are described some of the liaison arrangements which have operated so successfully with the hospital service. There may well be opportunities for further developments in this direction. Co-operation in the Chest Clinic between the Chest Physician and the Council's staff of Tuberculosis Visitors is both close and cordial; and later in the report an account is given of the working arrangements between the hospitals and local authority in the field of mental health. Moves have also been made towards an understanding in the rather more knotty problems of co-ordination within the maternity services and in the control of infectious diseases.

The principal means adopted for co-ordination between the health services and general practitioners was the establishment of an unofficial professional "Liaison Committee", consisting of representatives of the Local Medical Committee, Senior Medical Officers of the Local Authority Health Services and, more recently, also representatives of the local hospital group Medical Advisory Council. Meeting approximately bi-monthly, as business requires, it has already enabled understanding to be reached on a number of difficult administrative problems such as the method of reference of children to specialists, medical certification of school children, and others of more local moment. Of perhaps even greater importance, it has done much to build up mutual confidence between the doctors in the various services represented. It is hoped moreover, that in this way the ground will be prepared on which liaison between health visitor and general practitioner may come to flourish as it has done within the hospital services.

Information to General Practitioners and the Public.

A section on the local health services is included in the West Ham Official Guide, and a separate Health Services Handbook is in course of preparation.

At the commencement of the National Health Service a short memorandum of guidance was circulated to local practitioners and further informative circulars are sent out as circumstances require. We are indebted to the Clerk to the Executive Council for making his normal weekly circulation arrangements available for this purpose when appropriate.

Joint Use of Staff.

The services of the Chest Physician and Assistant Chest Physician are available to the local authority to the extent of three elevenths of their time. It is hoped that regular meetings between these officers and senior officers of the Health Department will ensure that their specialised knowledge is used to the fullest advantage in the fields of preventive and social medicine for which the local authority is responsible.

An earlier proposal for the joint use of a mental health medical officer between Hospital, School Health and Local Health Services did not prove practicable but the need has to some extent been met by the services of Psychiatrists provided by the Regional Hospital Board. The question of a mental health officer will require review at some future date in the light of experience.

Doctors in general practice are not employed in the Local Authority Health Services at present but they do, of course, participate in the vaccination and immunisation scheme in their own surgeries.

Voluntary Organisations.

More detailed accounts will be found in later sections of the parts played by voluntary organisation in the Local Health Services: it is possible only to summarise here:-

Silvertown and North Woolwich District Nursing Association provide domiciliary midwifery and home nursing over a small area in the south of the Borough.

The Invalid Children's Aid Association administer the arrangements for convalescence of mothers and young children and the segregation of tuberculosis contacts having B.C.G. inoculation.

The Chelmsford Diocesan Moral Welfare Association provide facilities for the care of the unmarried mother and her child.

The Central Council for Health Education and the National Association for Mental Health both provide an advisory service within their respective fields of endeavour, and give practical help when required. The Central Council for Health Education in particular has provided some most stimulating courses of instruction to the staffs of the Health Services combined with meetings for the public.

The South West Ham Health Society maintains the Maternity and Child Welfare Clinic at Avenons Road.

To all these bodies the Local Health Services are indebted for much valuable assistance.

The particular services are reviewed more fully below under their appropriate headings.

SECTION 22: CARE OF MOTHERS AND YOUNG CHILDREN.

Expectant and Nursing Mothers.

Facilities provided for Ante-Natal and Post-Natal Care. Ante-Natal and Post-Natal Clinics are held on the premises of five of the six Municipal Centres, as well as at the South West Ham Health Society's Voluntary Clinic at Avenons Road, giving a total number of 10 sessions weekly. The Council's Assistant Medical Officers for Maternity and Child Welfare, who all hold higher qualifications in obstetrics are responsible for medical examinations at these clinics. In addition to those women booked for home confinement, a large proportion of those referred for booking at the Forest Gate Hospital are also seen at the Council's Centres. Their ante-natal care is, at the Consultant's discretion, divided between the Hospital and the Local Authority Clinic. Conferences have recently been held at officer level, with the object of reviewing the existing arrangements and the liaison between all three Maternity Units in the Borough and the Local Authority Services. By the end of the year sufficient progress had been made to contemplate the submission of joint recommendations to the Local Health Authority and the Hospital Management Committee.

The ante-natal and post-natal care of women who have booked a domiciliary midwife from the Service provided, on an agency basis by the Plaistow Maternity Hospital, is at present undertaken on the Hospital's premises, and the medical examinations are conducted by the Hospital's medical officers.

Arrangements are made for those women who book a domiciliary midwife from the Essex County Council or Silvertown and North Woolwich District Nursing Association to attend the Municipal Clinics for their medical examinations.

At the Municipal Centres ante-natal and post-natal sessions are combined, and examinations are carried out by appointment.

At these various ante-natal clinics during the year 1952, 1,859 expectant mothers have registered and made a total of 9,748 attendances. Four hundred and ninety mothers attended for examination during the post-natal period and made a total of 581 attendances. In addition, 14 of the mothers attended for post-natal examination at the Lady Rayleigh Nurses Training Home and made a total of 16 attendances.

In 1949, with a total of 960 domiciliary confinements, 216 mothers attended for post-natal examination, approximately 25 per cent. This rose to 45 per cent. in 1950 and to 70 per cent. in 1951. In 1952, with a total of 607 domiciliary confinements, this figure is 83 per cent.

It is estimated that about 11 per cent. of the 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 remains some 6 per cent. who have not availed themselves of the opportunity for a full medical and gynaecological examination a few weeks after a confinement at home.

Specialist Clinics.

No Specialist Obstetric Clinics are held on Local Authority premises. Patients requiring specialist advice are usually referred to a Consultant at one of the Maternity Units within the Authority's area and reasonably accessible for this purpose.

Assistance given at Clinics in General Practitioner's own premises.

No arrangements have been made and there would not seem to be a need for these. In 1952 it would appear that only 11 per cent. of women confined in their own homes booked Maternity Medical Services, and no general practitioner or general practitioner obstetrician gave full maternity medical services to more than 15 patients during the year.

Blood Testing Arrangements.

Blood tests are carried out on all patients attending the Municipal Ante-Natal Clinics. General practitioners may, and sometimes do, refer their patients for blood tests. The following investigations are carried out in every case:-

Kahn
Rhesus factor
Blood group
% Haemoglobin

The tests are carried out at the Forest Gate Hospital Laboratory. When confirmation of a Rhesus negative report or an estimation of agglutinins is required, samples of blood are sent to the Blood Transfusion Centre at Barnet.

Unmarried Mothers.

Whenever possible unmarried mothers are encouraged to use the facilities provided for all mothers and babies. Those unmarried mothers who have special needs are referred to the Moral Welfare Worker employed by the Chelmsford Diocesan Moral Welfare Association. This Welfare Worker, who works in close co-operation with the appropriate officers in the Health Department, is resident in the Borough at the St. Agatha's Hostel, 73, Carnarvon Road, E.15. Arrangements are made for West Ham mothers, who are in need of care and accommodation to be admitted to St. Agatha's or another hostel, the Local Health Authority contributing a sum necessary to cover the maintenance charge whenever the mother is unable to maintain herself or the whole sum is not available from other sources.

During the year 7 West Ham mothers, who were in need of care and accommodation for varying periods, were admitted to St. Agatha's. Of these, 4 were admitted before and 3 after the birth of the baby. Six West Ham unmarried mothers were admitted to hostels outside the area.

St. Agatha's Hostel was closed for structural alterations from 29th March, 1952 to 14th September, 1952.

A recent communication from the Home Office indicated that St. Agatha's Home was no longer subject to registration under Section 29 of the Children Act. Informal discussions are proceeding with the officers of the Chelmsford Diocesan Moral Welfare Association, with a view to securing even closer liaison between St. Agatha's Home and the Local Health Authority under Section 22 of the National Health Service Act.

Mothercraft Training.

Expectant mothers are invited to attend courses (of from 6-8 sessions) held from time to time at one of the Municipal Centres in the north of the Borough. A Senior Health Visitor, who is also a Physiotherapist, is in charge of these sessions, which combine the teaching of relaxation with Health Education and Parentcraft. The subjects have included simple explanation of the physiology of pregnancy and labour; hygiene in pregnancy with

special emphasis on diet; preparation for breast feeding; provision of suitable pram, bedding and cot for the expected baby, and the care of the newborn 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. It is hoped shortly to commence a similar course in premises in the south of the Borough so that the mothers have a shorter distance to travel. Film strips are already being used at these sessions; and following the recent purchase of a film projector it is hoped soon to add the showing of suitable "live" films. At present no group teaching is done at the routine ante-natal sessions. If it becomes possible for all the domiciliary midwives to do their ante-natal work at the Municipal Clinic premises, and to assist the doctor at the Clinic, it may then be practicable to arrange for the Health Visitor to give a short talk or demonstration. Equipment necessary for teaching mothers how to bath a baby is available at the Clinics. A magnetic blackboard and wax models of meals suitable for infants are available in the department. Suitable leaflets and booklets selected from those produced by appropriate organisations are available for distribution, while posters and demonstrations are exhibited at the centres.

Arrangements for supply of Maternity Outfits.

These, together with an 8 ounce bottle of dettol, are supplied by the Local Health Authority to all the domiciliary midwives (including the agency midwives) who issue them to expectant mothers at the appropriate time.

Child Welfare - General.

The needs of the area are met by 21 infant welfare sessions per week held at the Municipal Centres and at the South West Ham Child Welfare Centre at Avenons Road. By agreement with the neighbouring Local Authorities mothers and children are able to attend the clinics most conveniently situated to their homes. During 1952, 43 children and 3 expectant mothers resident in neighbouring areas attended West Ham Clinics. It is also known that 10 children and 19 expectant mothers resident in West Ham attended clinics in other areas. The 21 sessions mentioned above include the special toddlers' sessions which were commenced in 1950.

Toddlers' Clinics.

Up to the end of 1951 appointments were made for children to attend the toddlers' sessions on attaining their second and third birthdays. Since 1st January, 1952, these invitations have been extended to cover the fourth birthday.

During 1952 a total of 2,711 children attended in response to the invitations. Of these there were 130 children whose general condition was regarded as unsatisfactory, and 46 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. 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	407
Eyes	99
Ears	24
Nose or Throat	94
Speech	28
Cervical Glands	21
Heart and Circulation	23
Lungs	55
Development (a) Hernia	22
(b) Other	46
Orthopaedic (a) Posture	64
(b) Feet	159
(c) Other	53
Nervous System (a) Epilepsy	3
(b) Other	7
Mental Development	18
Behaviour Difficulties	61
Other Defects	153

One thousand four hundred and twenty one children (52.4%) out of 2,711 were found to be in satisfactory health and free from any defect. In addition, there were 368 children in whom there was no defect except dental caries or other dental abnormality. It is interesting to note that with the exception of some increase in dental caries and decreases in the nose and throat and postural defects, the proportion of the defects found during 1952 correspond closely with those found in the preceding year.

The toddler age group of children between two and five years is one which has received insufficient attention. Parents and their advisers have been pre-occupied with the more urgent demands of the young baby and the more obvious needs of the school child.

Although the Toddlers' troubles are not usually of a very serious nature, they may cause him much unhappiness or discomfort and hinder his development towards full physical and mental health.

The defects found in this age group tend to be slight deviations from the normal, or in the case of behaviour defects, an exaggeration of normal trends.

At this stage timely advice or treatment often ensures a speedy return to normality and prevents permanent impairment of health.

The parents who bring their children to these "Birthday" examinations appreciate the opportunity to talk about their development and behaviour and show obvious relief when they learn that what they feared was a "Problem" is in fact nothing more than a stage in normal development.

Physical defects detected at this age can frequently be remedied and the child's general health built up before he goes to school.

Tea is available for the mothers attending with their children at the Infant Welfare Centres, and talks are given by the Health Visiting Staff from time to time. The subjects dealt with in these talks have included "Emotional Growth and Development",

"Prevention of Infectious Diseases", "Safety in the Home", "Footwear and Care of the Feet", "Diet and Management of the Toddler", "Diet of the Expectant Mother" and "Suitable Toys for Children of Various Ages". The Superintendent Nursing Officer and her Deputy also give a number of talks on parentcraft to mothers' clubs run by voluntary organisations and by the Plaistow Maternity Hospital.

The clinics are equipped with wall blackboards, cork boards for posters, and show-cases in which children's clothing, play material and displays on the prevention of accidents in the home, etc., are exhibited. Leaflets carefully selected from those published by reputable bodies are distributed as required on such subjects as Breast Feeding, Children's Diets, Care of the Feet, Stammering, Bedwetting and Behaviour Disorders. A number of copies of the publication "Better Health" are distributed each month.

Attendances at all the Child Welfare Sessions (including the Toddlers' Clinics) are set out below for the period 1949-1952:-

	Children under 1 Year				Children 1-5 Years			
	1949	1950	1951	1952	1949	1950	1951	1952
Number of individual children	2,305 *(70%)	2,282 (79%)	2,406 (83%)	2,042 (74%)	3,919 (25%)	4,521 (28%)	5,917 (41%)	5,596 (44%)
Number of attendances	25,874 /(11.2)	24,611 (10.8)	25,731 (10.7)	26,024 (12.8)	10,691 (2.7)	12,655 (2.8)	14,676 (2.5)	14,038 (2.5)

Notes: * Figures shown in brackets indicate the approximate percentage of available children within the age groups who attended the Clinics.

/ Figures shown in brackets indicate the average number of attendances made by each child.

Consultant Clinics.

The following Specialist Clinics are available on Local Authority premises (through the School Health Service). The numbers of pre-school children referred to these Specialist Clinics during 1952 were as follows:-

Ophthalmic	147
Ear, Nose and Throat	77
Paediatric	74
Child Guidance	14
Speech Therapy	9

Physiotherapy.

Three of the Local Authority Clinic premises are equipped for sunlight therapy. A qualified Physiotherapist is in charge of the service, and in addition to children under the age of 5 years, school children are also seen at these clinics. Exercises, and when necessary massage, can be given if prescribed by a medical officer. From time to time the Consultant Paediatrician also refers suitable cases such as asthma, cerebral palsy, etc. Details of the treatment provided during the year are as follows:-

Children under 5 Years.

	<u>Sunlight</u>	<u>Massage</u>	<u>Exercises</u>
No. of individual children who attended	427	22	28
No. of attendances made by above children	7,084	221	287

The previous arrangements for children to receive treatment at the Children's Hospital, Balaam Street, Plaistow, were not entirely superseded by the facilities now available in the Council's own premises, and during the year 12 children were referred to the hospital for treatment.

Handicapped Children.

Health Visitors and medical officers have been asked to take all possible steps to ensure that children who are likely to become "handicapped" should be detected and reported to the Senior Assistant Medical Officer at a very early stage. Such children who by the age of two still seem to be likely to come within the "handicapped" category are then referred to the School Health Service for ascertainment. The Senior Assistant Medical Officer also endeavours to take the necessary steps to see that these children receive adequate help and treatment, and to co-ordinate the various services such as general practitioner, hospital, paediatrician and voluntary organisations who may be interested in the child. On 31st December, 1952, this department was aware of the following children under five who might come within the handicapped category:-

Aged 4-5 years	13
" 3-4 "	9
" 2-3 "	3
" 1-2 "	8
Under 1 year	1

Of these, six had actually been ascertained by the School Medical Officers. Plans for a Day Spastic Unit have been accepted and it is hoped that building will soon commence. This Unit will be available for children under five as well as for school children and should be extremely valuable in training mothers to give every possible help to these children.

Liaison with General Practitioners.

No request for assistance at clinics held by general practitioners in their own premises has been received and no general practitioners are employed at the Child Welfare Centres, except for occasional locum work and at the Voluntary Centre at Avenons Road. By agreement with their general practitioners children may be referred direct from the Infant Welfare Clinics for specialist opinion and a copy of the Specialist's report is sent to the general practitioner.

In such cases, arrangements are in force whereby the clinic medical officer first contacts the general practitioner to seek his agreement and, if necessary, to discuss a particular case. A friendly understanding is reached between the clinic medical officer and the individual doctors in the neighbouring area on the procedure to be adopted for reference and consultation in these cases.

This arrangement was arrived at on the recommendation of the Medical Liaison Committee which is referred to on page 28 and was subsequently approved by the Local Medical Committee.

Liaison with Children's Department.

Close and friendly co-operation in the care of deprived children has been established with the Children's Officer and his staff. The special Infant Life Protection visits are made by the Boarding-Out Officers, and in addition all children under 5 are visited by the Health Visitor.

Medical examinations of children placed for adoption by the local authority are carried out by medical officers of the Health Department, and the senior medical and nursing staff advise the Children's Officer of the suitability, or otherwise, of prospective adopters, their homes and their medical reports. The medical examinations of children boarded out in West Ham are also carried out by the Department's medical officers and any matters requiring attention are discussed with the Children's Officer. Similarly, children who are to be admitted to the family homes, are examined prior to admission, and all these homes are visited at regular intervals by a medical officer who examines the children, inspects the home and discusses with the Children's Officer matters relating to the health and welfare of the children.

Following the receipt of joint circular 157/50 (Home Office), 78/50 (Ministry of Health), 225/50 (Ministry of Education), relating to children neglected or ill-treated in their own homes, the Children's Officer was nominated by the Council as the Co-ordinating Officer for the various endeavours, both municipal and voluntary, to help these cases. At the request of interested departments ad hoc meetings have been called to consider certain families. The Medical Officer of Health has taken the chair at these meetings which have been attended, as the occasion requires, by officers of the departments concerned, as well as by the Paediatrician, Psychiatrist, the Probation Officer and representatives of such bodies as the National Society for the Prevention of Cruelty to Children, the National Assistance Board and the Ministry of Pensions.

Though it has often been difficult to provide a practical solution to the problems presented, the interchange of information and of points of view has been very helpful and educative. It has certainly prevented overlapping and unnecessary duplication of visits.

Care of Premature Infants.

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			
	1949	1950	1951	1952	1949	1950	1951	1952	1949	1950	1951	1952	1949	1950	1951	1952
Born & nursed at home	47	43	23	22	2	1	-	1	2	1	-	-	43	41	23	21
Born & nursed in hosp.	153	148	145	150	12	22	7	13	14	15	22	14	127	111	116	123
Born at Home & transferred to hosp.	9	6	8	8	2	-	1	1	2	1	1	1	5	5	6	6
TOTALS:	209	197	176	180	16	23	8	15	18	17	23	15	175	157	145	150

Out of a total of 69 deaths of infants under 1 year, whose place of residence is in West Ham, 30 occurred in premature infants who died within the first month of life (as shown in the above table).

Although the numbers born at home is comparatively small and although the premature infant born at home is usually larger and more robust than those born in hospital, 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 1st June, 1951. 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. Vitamins and minerals are provided in the form of Radiostoleum, Ascorbic Acid Tablets and Syrup Lacto Phosphate; and a detailed chart, which the mother can stand on the mantelpiece, gives her clear instructions on the daily amounts to be given from the baby's third day. In addition, the mother is provided with written advice on the "Reasons for Special Care" of the premature baby, with particular reference to warmth, feeding, vitamins and protection against infection.

Since the introduction of the scheme several requests have been received from the District Midwives for the loan of equipment, particularly for the cots and scales. In addition, requests have been made by the Health Visitors for the loan of scales for weighing premature babies discharged from hospitals.

The Deputy Superintendent Nursing Officer, who had attended a special course at the Sorrento Maternity Hospital, Birmingham, before her appointment, is responsible for the liaison and co-ordination of the premature baby arrangements. Hospitals have been asked to notify the discharge of premature babies by telephone in order that the Health Visitor may visit the home as soon as possible.

Supply of Dried Milks, etc.

National Dried Milk and Welfare Foods are available at all the Municipal Infant Welfare Clinics for all children on the Clinic Registers. These foods are normally issued by the Clinic Clerks, but at one of the centres a Clerk from the Food Office attends for this purpose for one session per week. Dried Milk and Welfare Foods are also available at one main Food Office and two Sub-Food Offices within the area and also at four other centres which are opened on one day per week by the Food Office staff solely for the distribution of these foods.

In addition, other foods are available at the municipal centres. Where the family is in receipt of National Assistance and is, therefore, entitled to free milk, consideration may be given to the free issue of certain nutrients which are normally on sale.

Dental Care.

Owing to the shortage of qualified dentists it has not been possible to make any appointments of whole-time dental officers for the Maternity and Child Welfare Services since the appointed day. A part-time appointment proved to be very short-lived, but one private dentist who worked in the Council's clinics before the National Health Service has continued loyally to devote one session per week to this purpose.

In order to try and alleviate the position it was decided in October, 1948, to open early evening clinics for expectant and nursing mothers and their children on a trial basis. They are held between 4.30 and 7.0 p.m. and are conducted by the Council's whole-time dental officers from the School Health Service for additional remuneration. They have proved quite acceptable to the patients, but unfortunately owing to subsequent reductions in the number of whole-time officers, only four such sessions per week were being operated at the end of 1952. The possibility of attracting dentists from outside the services to these evening clinics is under consideration.

In the light of experience it seems virtually certain that in this area at least, so long as the shortage of qualified dentists persists it will be necessary to carry on the service on a part-time basis by expedients such as those just described; and the scope of the service will be correspondingly limited. The only hope, for many years to come, of any expansion would appear to be in the adoption of some kind of scheme for the employment of dental auxiliaries trained to give skilled conservative treatment under the general supervision of a qualified dentist.

Statistical information for the year 1952 is set out below. By comparison with 1951 there was a small increase in the number of expectant and nursing mothers treated, partly balanced by a decline in the number of children treated. This may well be due to a greater readiness of the dentists in the General Dental Service to accept children as patients. Indeed, were it not for the part-payment for dentures required the nursing and expectant mothers would probably also show a decline in numbers.

STATISTICS

(a) Numbers provided with dental care.

	Examined	Needing Treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	295	205	186	160
Children under five	599	545	485	408

(b) Forms of dental treatment provided.

	Extrac- tions	Anaesthetics		Fill- ings	Scalings or Scaling and gum treat- ment.	Silver Nitrate treat- ment.	Dress- ings	Radio- graphs	Dentures provided	
		Loc.	Gen.						Com- plete	Par- tial
Expectant and Nursing Mothers	1,065	46	191	21	62	-	3	25	67	128
Children under five	1,056	6	380	465	-	262	169	-	-	-

All the dentures provided for this service are made at the Council's dental laboratory and the radiographs are taken and processed with the Council's equipment.

Other Provision.

(a) Day Nurseries and Child Minding. Of the five War-time Day Nurseries three remained open during 1952. The other two were previously transferred to the Education Committee and are in use as Nursery Schools. The following table shows the average attendance at the Day Nurseries during the year:-

Nursery	No. of Approved Places	Average Daily Attendance		
		Under 2 yrs.	Over 2 yrs.	Total
Litchfield Ave.	52	13	33	46
Plaistow Road	52	20	26	46
Liverpool Road	52	17	21	38

The incidence of infectious disease accounted for a high proportion of the absences. At a time when measles was epidemic in the area, a large number of nursery children were affected. At one nursery, 10 children and a member of the staff were found to be suffering from Sonne Dysentery over a period of many weeks. No case of this infection was detected at either of the other two nurseries.

The Day Nursery at Cumberland Road which is under the auspices of the Canning Town Women's Settlement has recently been extended and since November, 1952, has provided places for 30 children. There is only one Child Minder registered under the Act, and as she has now taken a foster child she has never availed herself of the authority to receive children for daily minding which such registration provided. There is no approved Child Minder. Service within the area.

(b) Convalescence. The following are comparative figures of the cases sent for convalescence during the period 1949/1952:-

	1949	1950	1951	1952
<u>Children under 5 years.</u>				
To "Transferred Homes"	30	19	7	4
To Other Homes	36	80	109	56
TOTAL:	66	99	116	60
Mothers with Babies	5	6	19	24

The totals over the first three years show a steady increase in the numbers of unaccompanied children. During 1952, as a result of the greater appreciation of the need of the very young child for his mother, there has been a decreasing tendency to separate the child under 2 from his family and consequently fewer young children were sent away. The numbers sent to "transferred" homes also are steadily decreasing. 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 sent away direct from hospital or through the agency of the family doctor.

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

The number of mothers with babies who have been sent for convalescence has steadily increased, but this number does not yet represent the total of mothers who would benefit from this service if it were more readily available. During 1951, only one home was available to West Ham mothers for this purpose, but two other homes willing to take a few mothers and young children have since been found. There still remains a need, however, for extending this type of provision.

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 been carried out in an extremely efficient and helpful way.

Vital Statistics.

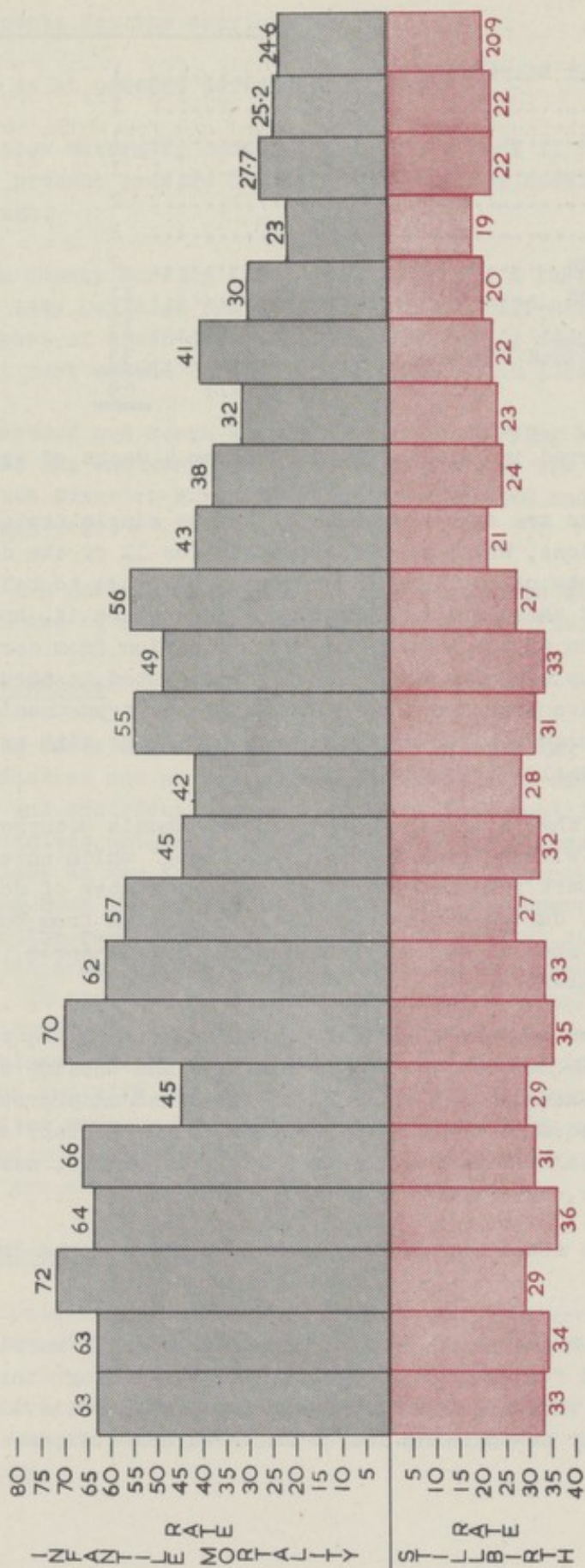
The following are the statistics for 1952 which have been published by the Registrar General:-

	<u>For</u> <u>West Ham</u>	<u>For</u> <u>England & Wales</u>
Stillbirth rate per 1,000 total births	20.9	22.6
Infant Mortality rate per 1,000 live births	24.6	27.6
Neonatal Death rate per 1,000 live births	15.3	18.3
Maternal Mortality rate per 1,000 live births and stillbirths	Nil	0.72

There has been a decline in all three national rates, and this is reflected in the West Ham figures which have remained below the national averages.

The total infant deaths and stillbirths combined, which for the first time since 1949 shows an appreciable drop, are shown in the diagram on page 41 the number being 129 (69 deaths and 60 stillbirths).

SHOWS TOTAL INFANT LIFE WASTAGE — 1930 — 1952



1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952

The Registrar General's Classification of causes in deaths of infants under 1 year is as follows:-

Gastritis, Enteritis and Diarrhoea	1
Influenza	1
Nephritis and Nephrosis	1
Tuberculosis	1
Accidents	2
Bronchitis	2
Meningococcal Infections	2
Congenital Malformations	11
Pneumonia	15
Other Defined & Ill Defined Diseases	33
TOTAL:	<u>69</u>

Of the 69 Infant Deaths, 43 occurred in infants who were under 4 weeks of age.

Only two groups of any size are each attributable to one single factor. The first of these is congenital malformations, which were responsible for 11 of the deaths. Unfortunately, in the present state of our knowledge, there is little to help us to direct our efforts towards prevention of these deaths. What knowledge there is, however, points to the importance of the nutrition of the mother and her protection from certain specific infections. The other large group contains the 15 deaths attributed to pneumonia, 9 of which were of the acute suppurative type and 3 were primary broncho-pneumonia. In 4 cases the pneumonia was associated with congenital defects, and in 3 cases with prematurity. In no case was it associated with measles or whooping cough.

It is of interest to note that 6 of the deaths from pneumonia occurred between the 17th and 27th December, which is within three weeks of the "smog" which enveloped the area from the 5th to 8th December. Apart from December the greatest number of deaths from pneumonia in any one month was 3, during November. Of the 12 deaths from pneumonia which occurred in 1951, the greatest number in any one month was 5, during April, whereas there were only 2 in the month of December.

There is still insufficient appreciation of the need to protect the young baby from respiratory infections to which he may be exposed, both within and outside the family group. All too often babies are seen in such places as cinemas, buses and underground railways. Parents have still to be persuaded that fresh air is essential to the baby's health, and that trivial or chronic complaints such as the common cold, sore throat, nasal and sinus infections, if caught by the baby, may result in a fatal pneumonia.

In both of the cases where death was attributable to accident, the child was suffocated whilst in bed.

It will be noted that the Registrar General's Rate for Maternal Mortality is "Nil", which would appear to be a record for West Ham. Unfortunately, although there was no death classified by the Registrar as a Maternal Death, one expectant mother did die, in hospital, at the 34th week of pregnancy, her death being due to advanced heart disease.

SECTION 23: DOMICILIARY MIDWIFERY.

General Arrangements for the Service.

The area is at present served as follows:-

- (1) Plaistow Maternity Hospital maintain a Part II Training School for pupil midwives and at present provide 8 trained domiciliary midwives and 13 pupils who work within the Borough.
- (2) Essex County Nursing Association maintain a Part II Training School for pupil midwives at the Lady Rayleigh Training Home, about half-a-mile outside the Borough. It serves a large part of south-west Essex and provides 2 domiciliary midwives and 2 pupils who work in that part of the Borough of West Ham which lies north of the District Railway.
- (3) Silvertown and North Woolwich District Nursing Association covers that portion of West Ham, East Ham and North Woolwich which lies to the south of the Victoria and Albert Docks. Two District Nurse-Midwives are provided and deal with a very small number of deliveries each year.
- (4) West Ham Borough employs 4 municipal midwives whose work is confined within four areas which are to some extent also served by the Plaistow Maternity Hospital service.

Supervision of Midwives.

The Senior Assistant Medical Officer, Maternity and Child Welfare, is the medical Supervisor of Midwives and no non-medical supervisor is employed. This medical officer maintains close and individual contact with the four municipal midwives but the supervision of the midwives not employed in the authority's domiciliary service is indirect and much less close as far as this Local Authority is concerned. In the case of the Lady Rayleigh Training Home the matron is the non-medical supervisor for the County and the Home comes under the supervision of the County's medical supervisor. In the Silvertown and North Woolwich area the two midwives concerned are regularly inspected by the London County Council. In the case of Plaistow Maternity Hospital there is no intimate contact with a local authority supervisor. The Council's medical medical supervisor endeavours to maintain as close liaison as possible with the Sister-in-Charge of the domiciliary midwifery service and with the tutor to the Part II Training School. In addition, enquiries are often made by telephone to all the agencies concerned on the receipt of various notifications relating to the domiciliary service, and records of labour and ante-natal care are sent to the office when requested.

Administration of Analgesia by Midwives.

All the domiciliary midwives at present employed are qualified to administer gas and air analgesia and have been trained in the administration of pethidine.

The apparatus for the administration of gas and air analgesia are sufficient to meet the demand and the arrangements for the transport of this apparatus have been found satisfactory.

Arrangements for Ante-natal Supervision by Midwives.

The four municipal midwives attend the local authority ante-natal clinics where their patients are seen by the medical officer and close liaison is maintained. In addition, they are also booking and seeing patients in their own homes as well as visiting the patients' homes.

The patients booked by the Plaistow domiciliary midwives are examined by the midwives on Regional Hospital Board premises and their medical care is undertaken by the hospital medical officers. The patients booked by the Essex County Nursing Association attend the Lady Rayleigh Training Home but are examined by the medical officer at a West Ham municipal ante-natal clinic on at least two occasions.

The patients booked by the Silvertown and North Woolwich District Nursing Association attend the West Ham municipal ante-natal clinic in Silvertown where they are examined by the midwife and the Council's medical officer.

It is recognised that these arrangements are incompletely co-ordinated but they represent a stage towards the objective of focusing all domiciliary midwifery work upon the municipal clinics.

Co-operation with General Practitioners undertaking Maternity Medical Services.

As previously mentioned, the number of patients who book maternity medical services is not large (see page 31). General practitioners' patients are welcome at the municipal ante-natal clinics, either for medical examination should he so wish, for blood tests, or for the teaching of relaxation, parentcraft, etc.

On the suggestion of the Medical Liaison Committee, the Executive Council has provided general practitioners with cards on which to notify the domiciliary midwife that a patient has engaged them for maternity medical services. The card is completed by the doctor and given to the patient to take to her midwife. The card clearly indicates whether the doctor wishes the midwife to act as a midwife or as a maternity nurse, whether he wishes to be present at the confinement or to be informed that his patient has been delivered.

Arrangements for selecting women whose confinement in hospital is recommended on social grounds.

Patients who come in the first place to the municipal ante-natal clinics and who wish to be recommended for confinement in hospital on social grounds are referred to the midwife who would deal with the home confinement. The midwife's report is forwarded to the Health Department where it is scrutinised by the Senior Assistant Medical Officer and, if necessary a supplementary report obtained from the Health Visitor. If, from the report, it appears that hospital confinement is desirable a bed is booked for the patient.

Patients attending maternity units in the first place are usually booked without such investigation as the number of beds in this area is ample. Recently, however, such patients who apply at one of the hospitals have on occasion been referred to the local authority ante-natal clinic for investigation of their home circumstances.

Refresher Courses for Midwives.

Of the four municipal midwives one attended a refresher course arranged by the College of Midwives in October, 1948, and one in April-May, 1952. It is hoped to send the third in April, 1953, and the fourth during 1954. The arrangements for refresher courses for agency midwives are left to the discretion of the agency.

Arrangements for the training of Pupil Midwives.

The training of Part II pupil midwives who work in West Ham is undertaken by Plaistow Maternity Hospital and the Lady Rayleigh Training Home Part II Training Schools. The latter also has an arrangement by which part of the training is taken at Forest Gate Hospital. Until recently the local authority played no part in the training of pupil midwives; but arrangements have now been made for the pupils from the Plaistow Part II Training School to attend local authority child welfare centres and the pupils also come to the Health Department with their Tutor for one session during their six months training. During this session short talks are given to them by the Medical Supervisor of Midwives, the Superintendent Nursing Officer, the Clerk-in-Charge, Maternity and Child Welfare, and the Home Help Organiser.

With four separate organisations providing domiciliary midwifery services within the Borough (and three separate maternity units) there are many opportunities for overlapping, misunderstanding and anomalous situations. While commonsense and goodwill have ensured that the maternity services have worked well a number of adjustments could be made which would result in smoother and even more efficient working. With this end in view a series of meetings have been held between the officers of the West Ham County Borough Council and the West Ham Group Hospital Management Committee together with the obstetricians of the Group. A large measure of agreement had been reached by the end of the year and joint proposals were in contemplation for submission to the consideration of the Local Authority and the Hospital Management Committee.

Maternity Services.

Total live births notified as West Ham births during the year 1952 was 2,764.

Delivered in their own homes within the Borough	558
Delivered in Maternity Units within the Borough	1,936
Delivered outside the Borough	270
	<u>2,764</u>

Number of Live Births in Maternity Units in the Borough.

Hospital	West Ham Residents	Total Live Births
Forest Gate	757	1,303
Plaistow Maternity	798	998
Queen Mary's	381	760
TOTALS:	1,936	3,061

Midwives attending at Domiciliary Confinements.

Source:	Number (or equivalent number) of midwives on 31.12.52.	Number of Live Births
Municipal	4	108
Plaistow Maternity Hospital	8 x	390
Essex County Nurses' Training Home	2 x	42
Silvertown & N.W.D.N.A.	2 (part-time)	18
TOTALS:	16	558

x-These midwives had the assistance of pupils.

In two of the 558 live births in their own homes the midwife acted as maternity nurse.

Medical Aid was summoned in 210 cases. In 163 of these help was required for the mother only, in 40 help was required for the baby only, and in the remaining 7 cases help was summoned on account of both mother and baby.

SECTION 24: HEALTH VISITING.

The establishment for Health Visitors engaged on Maternity and Child Welfare work is 22. This is in addition to the Superintendent Nursing Officer, her Deputy and an establishment of 18 School Nurses.

The present Health Visiting/School Nursing staff is as follows:-

- (a) Superintendent Nursing Officer and Deputy Superintendent Nursing Officer.
- (b) 7 Health Visitors employed solely on Health Visiting duties.
- (c) 18 do. do. joint Health Visiting/School Nursing duties.
- (d) 11 School Nurses employed solely on School Nursing duties.
- (e) 1 Health Visitor employed by the South West Ham Health Society.
- (f) 4 Health Visitors employed on Tuberculosis Visiting.

All eligible School Nurses who were previously employed on School Nursing duties only were given the opportunity to take the Health Visitor's Course of Training.

With the exception of the Superintendent Nursing Officer and her Deputy and three of the staff, all the qualified Health Visitors now employed were trained under the Council's sponsored scheme which commenced in January, 1949. Under this scheme suitable candidates holding the S.R.N. and S.C.M. (or part I of S.C.M.) certificates may be accepted for a period of 9 months training. During this period they are at present paid a salary at the rate of £315 per annum. In addition, a loan, to cover the fees of the Training College and Examination of the Royal Sanitary Institute, can be obtained on request, and is recoverable over an agreed period by monthly payments. When qualified, the Health Visitor is under contract to remain with the Local Health Authority for a period of not less than 2 years. In all, a total of 35 Health Visitors have been trained to date.

As the majority of the Health Visiting Staff were recently qualified, only 4 were sent for Refresher Courses during the years 1949/1951. During 1952, one Health Visitor attended a Parentcraft Course.

A valuable step has been taken towards making the Health Visitor the Family Visitor as envisaged in the National Health Service Act by combining the duties of Health Visitor and School Nurse; in addition, the visiting of old people and of patients discharged from hospital is undertaken as the need arises.

Although during 1948 the number of qualified Health Visitors employed was reduced to 5, which necessitated the employment of Public Health Nurses to undertake some of the duties, the staff steadily increased through the medium of the sponsored training scheme already referred to, and by the end of 1952, 25 Health Visitors were employed, 18 of whom were employed for two-thirds of their time on Health Visiting, and one-third on School Nursing, giving an equivalent number of 19 Health Visitors.

The rebuilding of the service has resulted in an increase in the number of visits to children in the area. Whereas in 1948 each child under 1 received an average of two visits during the first year, and children 1-5 received an average of less than one visit per year, in 1952 these figures were 5 during the first year, and between 2-3 visits per year for children between 1-5 years. The home visits paid by the Health Visitors during the past year are set out below:-

	<u>First Visits</u>	<u>Total Visits</u>
	<u>1952.</u>	<u>1952.</u>
To expectant mothers	1,144	2,238
To children under 1 year	3,212	19,299
To children 1-5 years... ..	569	27,817
Special Visits	-	2,725

The expansion of the Health Visitor's duties as envisaged by the Act may mean that she will have less time to devote specifically to mothers and young children, and this may make more essential the need to differentiate between those families needing only a few routine visits and those which will require more concentrated attention.

In June, 1950, a scheme was introduced for maintaining closer liaison between the health visiting service and the hospitals to which West Ham children are admitted. This took the form of regular visits of two of the Health Visitors, one from the north of the Borough and one from the south, to certain of the Paediatrician's ward rounds at Whipps Cross and Plaistow Hospitals. They were able to convey to the Paediatrician at first hand, in a way which could never have been done by the cold formality of a letter, a great deal of information regarding the children's home circumstances which was of great value as a guide to treatment. They also visited after the children had returned home, to help the parents in carrying out the Paediatrician's instructions for after-care, eventually handing the case over, with full information, to their colleague who was normally responsible for the particular area in which the child resided. The scheme was extended to cover Queen Mary's Hospital for the East End during 1952, and an endeavour is being made to foster its extension to hospitals situated outside the Borough which admit sufficient numbers of West Ham children. It is also hoped to extend a similar service to the Geriatric Unit at Langthorne Hospital. An unexpected and pleasing feature of the scheme was the eager way in which the parents received the Health Visitors while their children were still in hospital; they clearly welcomed the news of their children's progress while in return they gladly gave the information sought by the Paediatrician.

Liaison with the Children's Department has already been described, and in order to fulfil the need for close co-operation and understanding between the Health Visitors and the staff of the Child Guidance Clinic joint meetings and case conferences are held from time to time. There is also close co-operation between the Health Visitors and the Psychiatric Social Worker employed in the Mental Health Section of the Department. The Tuberculosis Health Visitors work in very close co-operation with the Chest Physicians and the Almoner.

SECTION 25: HOME NURSING.

Municipal Home Nursing Staff on 31st December, 1952.

1 S.C.M.	employed full-time
10 S.R.N.)	employed part-time
6 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.
3,362	80,766	24

This service operates under three separate arrangements in different parts of the Borough. To the north of the District Railway line (covering nearly half the Borough), a service is provided by the Essex County Council, under Section 63 of the National Health Service Act, from their Lady Rayleigh Training Home. In the Silvertown area south of the docks, the Silvertown and North Woolwich District Nursing Association works on an agency basis for all three local authorities who divide that narrow strip of territory between them. The central zone, between docks and District Railway line, is covered by home nurses in direct employ of Corporation.

The two "agency" services both operate from well equipped and adequately staffed nurses' homes; the Council's own directly administered service suffers from the handicap of having no settled headquarters. No definable building was available at the "appointed day" which could provide residential accommodation and the service operates by the courtesy of the Hospital Management Committee from a room in a war damaged building which has been improvised to form a combined office and district room. The inconvenience of this arrangement, as much to the Hospital Management Committee as to the Council, has been accepted as the means of keeping the headquarters of the service in the district where it operates.

The lack of any residential accommodation to offer has led to a failure to recruit any home nurses with a recognised district training. Indeed, it has latterly proved impossible to recruit any whole-time qualified nurses at all and the service at present operates with the staff set out at the head of this section. The progress made in building up the service can be seen from the comparative annual figures:-

Equivalent whole-time nurses	-	31st December, 1948	...	9
do.	-	do. 1949	...	10
do.	-	do. 1950	...	5
do.	-	do. 1951	...	10½
do.	-	do. 1952	...	11

Most of the part-time staff are married women with home commitments which limit the flexibility of the hours during which they can be available. Consequently, service at the week-ends and even in late afternoons, has to be restricted to the barest essentials in this zone of the Borough: no night service can be operated by these nurses at all.

Requests for the home nurses' services come mainly from the hospitals and general practitioners. Co-ordination between the two, when both are concerned with the care of the same patient, does not automatically flow, and an attempt was accordingly made to devise a scheme whereby the hospitals would make their recommendations for calling in the home nurse through the patient's general practitioner. It soon became apparent that the rigid application of such arrangements, irrespective of circumstances, would not always make for prompt and efficient operation of the service and a good deal of latitude had to be allowed for the intervention of common sense. Final judgement is still suspended.

Statistics relating to the types and proportions of cases treated are set out below:-

	1949		1950			1951			1952		
	Total Cases	Total Visits	Total Cases	New Cases	Total Visits	Total Cases	New Cases	Total Visits	Total Cases	New Cases	Total Visits
Medical	Not available	Not available	1,574	1,378	47,499	1,917	1,676	55,032	2,183	1,912	56,754
Surgical			430	389	8,298	462	418	11,138	511	458	12,638
Tuberculosis			44	39	1,914	85	76	4,029	107	97	3,658
Infectious Diseases			2	2	9	23	23	180	13	13	186
Maternity			5	4	33	3	3	22	2	2	16
Miscarriages			16	16	198	11	11	88	13	13	106
Other Conditions			343	335	2,548	399	388	4,747	533	500	7,408
TOTALS:	2,250	62,710	2,414	2,163	60,499	2,900	2,595	75,236	3,362	2,995	80,766

It will be seen that there has been a steady increase in most types of case nursed and it does not look as though a steady level has yet been reached. The figure for medical cases conceals a large proportion of elderly and infirm patients, for whose relief the home nursing and domestic help services work in close collaboration. The increase in the numbers of tuberculosis cases largely reflects the greater use of antibiotics for patients waiting at home for sanatorium beds.

The Lady Rayleigh Training Home and the Silvertown and North Woolwich District Nursing Associations are each able to undertake late evening visits on a limited scale within their own areas. They are prepared to respond to night calls if sufficiently urgent, the former in any part of the Borough. In this way the area directly operated by the Council's own staff is covered for serious emergencies, but the situation as it stands cannot be regarded as really adequate to meet the needs.

The two "agency" authorities make their own arrangements for refresher courses and one of them, as has already been mentioned, operates from a County Training Home. The Council's own staff are all temporary and mostly part-time with domestic commitments for whom refresher courses at present seem scarcely appropriate. The Council's own scheme for sponsoring district-nurse-students at the Lady Rayleigh and other training homes has remained in abeyance through failure to recruit.

The future of this service will largely turn on the success achieved in building up a stable, qualified staff in the area operated directly by the Council, and the consequent readiness with which this area can be extended if need be. Excellent and loyal work is being done by the present staff, in face of all the difficulties, but it necessarily has its limitations as outlined above. A project for building residential and office accommodation has been under consideration for some time and it is to be hoped that it will prove possible to make progress with it before long.

SECTION 26: VACCINATION AND IMMUNISATION.

1. Infants.

Vaccination against smallpox and immunisation against diphtheria and whooping cough are carried out at special sessions held weekly at four of the Council's Maternity and Child Welfare Clinics. At a further clinic which is opened on only one day each week, vaccination and immunisation are carried out during the normal infant welfare sessions. In addition, a voluntary Maternity and Child Welfare Clinic, to which the Council makes a contribution, carried out this work during one session each week. Children entering day nurseries are vaccinated and immunised on admission if this has not already been done providing their parents are willing.

All general practitioners in the area have been given the opportunity of providing these services but in practice only a very small proportion of the work is carried out in this way.

The Health Visitor has been given the primary responsibility for bringing these facilities to the notice of parents and encouraging their acceptance. A special visit is made to the homes of all children who have reached the age of 9 months without attending the immunisation clinic, in an endeavour to discover the reason and if possible help to overcome it: the Health Visitor's findings are reported to the Superintendent Nursing Officer. The persuasive efforts of the Health Visitor are reinforced by advice given to mothers at Maternity and Child Welfare Clinics by medical officers and other staff, and by propaganda by means of leaflets and posters.

Vaccination is as far as possible carried out before the age of six months.

The policy of the Council is to secure the immunisation of all children by means of a combined diphtheria-pertussis antigen as soon as possible after the age of three months. This age was selected in order to provide early protection against whooping cough in view of the high mortality among children contracting the disease during the first year of life.

In practice, it has been found that since whooping cough is an ever present menace, parents are more willing to seek protection against this disease than against diphtheria which is now becoming a rarity. By using a combined antigen it is ensured that the child is protected against both diseases. The popularity of combined immunisation is shown by the fact that it is extremely rare for a parent to ask for immunisation against either diphtheria or whooping cough alone. Further, the issues to general practitioners show that there is a marked preference for the combined antigen.

It has also been found that the administration of diphtheria antigen in this way at three months is followed by adequate immunity as judged by the Schick test.

2. Older Children.

All children entering school for the first time are offered immunisation against diphtheria or a "boosting" dose of antigen if they have been immunised more than two years previously.

Sessional Arrangements.

Consent forms, together with an explanatory letter and other literature are sent by hand to parents from the schools. After an appropriate interval to allow time for the preparation of record cards, a doctor and school nurse visit the schools to immunise those children whose parents have completed and returned the form of consent. Further sessions are arranged according to requirements, as nearly as possible at monthly intervals, in order to give second doses and to pick up absentees from the earlier visits. Visits to Nursery Schools and classes, for the immunisation of children under five, are arranged in the same way.

Immunisation is also carried out as required at School Clinics in the case of children who for any reason should not wait until the medical officer's next visit to their school.

Primary vaccination or re-vaccination of older children and adults is performed only in the case of individuals at special risk or where it is specifically requested. This may be carried out by the individual's own doctor or at immunisation sessions at schools or clinics, or by special arrangement at the Health Department.

Statistics for year ending 31st December, 1952.

(a) Vaccination.

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	409	18	16	12	38	493
Number re-vaccinated	-	-	-	10	77	87

(b) Immunisation.

Age	Completed Full Course		Refresher Doses	
	Diphtheria only	Combined Whooping Cough & Diphtheria	Diphtheria only	Combined Whooping Cough & Diphtheria
0 -	25	1,179	-	-
1 - 4	73	170	50	30
5 - 14	30	5	723	14
Totals:	128	1,354	773	44

SECTION 27: AMBULANCE SERVICE.

The Service, which is under the direction of the Health Committee, continued to operate as in the years since the appointed day. The Medical Officer of Health is responsible for organisation and administration, the Borough Engineer for the provision, maintenance, and manning of vehicles, the Chief Officer of the Fire Brigade for operation control of ambulances, and the Ambulance Officer for booking ambulance cars and advance booking arrangement of ambulances.

Operational vehicles consist of 11 ambulances and 11 ambulance cars, including a multi-seater vehicle. The ambulance cars are provided by the Borough Engineer from the Council's fleet of passenger cars. These vehicles are deployed as follows:-

Ambulances.

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

Ambulance Cars.

Transport Depot	11
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The following comparative table shows the work carried out by the Service during the years 1951 and 1952:-

Vehicles used (1)	Number of Journeys		Number of patients		Number of accidents and other emergency journeys (included in Col. 2)		Mileage	
	(2)		(3)		(4)		(5)	
	1951	1952	1951	1952	1951	1952	1951	1952
Ambulances	15,906	14,983	24,910	26,676	2,450	3,237	159,487	167,187
Ambulance Cars	11,466	12,985	19,881	25,632	-	-	126,446	143,421
TOTALS:	27,372	27,968	44,791	52,308	2,450	3,237	285,933	310,608

Comparative figures for the years 1948 - 1950 are not given here, as the records for these years were not in the standardised form of those for 1951 and 1952. There is no doubt, however, that the demands on the Service greatly increased in the years 1948 and 1949. In 1950 the calls were showing a tendency to become fairly steady, especially in the case of ambulances. It was during this year that the Council accepted the responsibility for the inter-hospital transfer of patients from Queen Mary's Hospital, Stratford, to Hillingdon House, Harlow, Essex, which necessitated an additional vehicle to the ambulance strength. These transfers had previously been carried out by the ambulance retained by the Hospital Management Committee. During 1951 the demands again began to rise, mainly on the ambulance cars. The year 1952 saw rather an alarming increase in the demands; as will be seen by the above table, the number of patients carried was 7,517 more than during the previous year. Of this number, nearly 6,000 were carried by ambulance cars, and it was only by very careful scheduling that the mileage was kept within bounds.

Every effort is made to keep the demands on the Service at a minimum. The closest co-operation is maintained between officers of the local hospitals and officers of the Health Department. Where difficulties arose, meetings were arranged between them, generally with satisfactory results.

Despite the close co-operation between hospitals, local medical practitioners, and the local health authority, the number of patients carried continued to increase. More and more patients attend hospitals and clinics for out-patient treatment, and transport is only provided on certificate from hospital or doctor. In the case of patients attending for long courses of treatment, certificates for the need of transport are required at monthly intervals. While it is not possible to view these trends with any reassurance, there has been very little evidence of any abuse of the Service.

The only new type of vehicle brought into use in the Service is a multi-seater ambulance car, which is used in conveying out-patients to and from London Hospital.

Towards the end of 1952 the Council agreed to accept an offer for a short-wave radio control system to be installed in their ambulances for a trial period. The results of this trial are not yet available.

With the present divided control of the Ambulance Service, certain difficulties must arise occasionally. These are not permitted to interfere with the smooth and efficient running of the Service, which has been maintained since the appointed day.

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

1. Tuberculosis.

(a) Work of the Tuberculosis Visitors. Prior to 5th July, 1948, three Tuberculosis Visitors were attached to the Chest Clinic. When responsibility for the treatment of tuberculous patients was taken over by the Regional Hospital Board, the Council retained the services of two of these Visitors who, at first, did all the home visits and also attended clinic sessions. By July, 1949, it became necessary to supplement their efforts by part-time assistance from a Public Health Nurse on the Health Department Staff. In 1951, the increased visits due to the introduction of B.C.G. vaccination and the more frequent use of streptomycin and other drugs for domiciliary treatment, made it necessary to utilise this additional nurse full-time. In 1952, in order to further improve the efficiency of the preventive work and the after-care of cases of tuberculosis, the establishment of Tuberculosis Visitors was increased to four.

The following table shows the work done by the Tuberculosis Visitors during the years 1949 to 1952:-

Year	Home Visits	Clinic Sessions attended
1949	2,316	510
1950	3,427	321
1951	5,188	383
1952	5,823	354

Each Tuberculosis Visitor now works with the Chest Physician in the Clinic for two sessions weekly, (one a contact clinic and one an A.P. refill clinic) and a weekly conference is held to discuss the various possibilities for helping the more difficult cases. Visiting in the home with the Chest Physician has recently been undertaken by each Tuberculosis Visitor once a month on her own area. The tracing of contacts and the education of the tuberculous families in good hygiene is still, however, their primary duty, and their visits are chiefly concerned with this aspect of prevention.

(b) Work of the Social Worker. Early in 1950 a male Social Worker was appointed with the full qualification of the Institute of Almoners. Although available for care and after-care work in any field, he has been mainly concerned with the solution of the social and domestic problems of the tuberculous and has, in fact, acted as almoner to the Chest Clinic.

His work has been very valuable, especially in dealing with those cases needing detailed social therapy requiring more time and attention than it is possible for the Tuberculosis Visitor to give.

The report of the Social Worker, Mr. N.E. Forward, for the year 1952 is given below:-

Once again it can be reported that there has been a steady increase in the volume of work. Details are shown on the statistical summary at the end of this report.

The continuing economic limitations and the provision of half-time secretarial assistance only, imposes a limit which cannot extend much more, on the volume of work which can be done. Consequently, a policy of selection has had to be adopted. Those obvious

cases needing simply reference to some social agency are dealt with superficially, so that adequate attention can be given to those people more likely to be in fundamental need, and who are likely to respond to social therapy. There has been no prospect of the Almoner personally seeing all patients attending the clinic, as is ideally desirable. The advantage in such a practice would be that some of those patients in need of help and advice, but who are not aware of it, or who are too reticent to speak without encouragement about their needs, would be discovered, whereas at present those whose need is more obvious and those who clamour for attention probably receive proportionately too much. The same applies to those patients to whom it is at present impossible to devote more time and energy, and who on more detailed social investigation may be found to be in need. However, within the limits of the service, every attempt is made to draw the information required. A considerable increase in staff and expenditure would be needed to exclude this weakness in the service. Fortunately, the Chest Clinic has two Chest Physicians who are very conscious of the social aspect of tuberculosis, and a team of Health Visitors who do not hesitate to refer the larger social problems to the Almoner.

In general, the services and help given have followed the same pattern as in former years, though under most headings there has been an increase which undoubtedly follows from the changes in the medical staff of the clinic made during the year. Particularly to be noted are the increases in adult convalescence, in those referred for suitable work to the Employment Exchanges, in occupational therapy, and in those referred for housing. The last continue to be one of the most important social factors affecting tuberculous patients. It is, however, satisfying to note that many cases referred to the Housing Officer in previous year have now been rehoused.

Summary.

Cases seen:-

Tuberculosis	401
Others.....	<u>17</u>
	<u>418</u>

Preventive Measures:-

Convalescence: Adult	27
Children	41
Referred to Children's Officer	5
Referred for rehousing	111
Housing Repairs: Referred Sanitary Inspector	16
Referred Landlord	4

After-Care and Rehabilitation.

Referred to D.R.O. for work or training.....	61
Referred for Home Help Service	13
Occupational Therapy	16
Provision of clothes and bedding (free or from grants)	93
Miscellaneous	123

Financial Aid.

National Assistance Board	127
Voluntary Funds	126
Other Funds	25

(c) B.C.G. Vaccination. B.C.G. vaccination was commenced during 1951. Sessions are held at monthly intervals, at which the necessary tests are read and the vaccine given. In the case of new-born children likely to be exposed to infection vaccination is, whenever possible, carried out within a few days of birth, either in the home or hospital. Segregation is arranged whenever the child is likely to be exposed to infection during the interval between the two skin tests preceding vaccination, or in the period following vaccination but before Mantoux conversion has been demonstrated. In these cases where the parents are unable to arrange for the child to go to relatives, the child is boarded out by the Council through the agency of the Invalid Children's Aid Association.

During 1951, 96 children were given B.C.G. Vaccine, and during 1952, 103 were vaccinated.

2. Convalescence.

Modifications of the Council's proposals under Section 28 of the National Health Service Act, 1946, to provide appropriate convalescence treatment of the "holiday home" type were approved by the Minister of Health and came into operation in July, 1949. Up to the end of 1949 24 applications were received but as the scheme became more widely known the number of applications increased and now appears to have become more or less stabilised, comparative figures for the years 1950, 1951 and 1952 being 141, 123 and 127 respectively.

All applications are fully investigated before approval is given by the Medical Officer of Health or his Deputy who, in cases of doubt as to whether the patient is suitable for this particular kind of convalescence, discusses the matter with the doctor making the recommendation.

On return from the convalescent home all patients are visited by one of the Council's officers when enquiries are made as to the type of home, and whether the patients derived benefit from their stay. It is pleasing to report that the majority of patients sent away under this scheme stated that they had improved in health and that the improvement had been maintained. In nearly every case the reports on the Homes were most satisfactory.

Charges are made for this service, the patients being assessed to pay towards the cost of maintenance in accordance with the Council's Assessment Scale.

During the year 1952, 127 applications for adult convalescence were received, the sources of referral being - general practitioners 72; general hospitals (mostly out-patients) 36; Chest Clinic 14; and Psychiatric Clinics 5.

Of these, 13 were withdrawn either by the patient, or the recommending doctor before consideration by the Council's medical officer.

The remaining 114 applications were approved but of these 13 were subsequently withdrawn by the patients for varying reasons, and 5 because the patients were not fit to travel. The number of patients who received convalescence treatment was therefore 96.

The average period of convalescence was 2.3 weeks per patient and of the 96 who went away 78 stated they had improved in health and that the improvement had been maintained.

3. Health Education.

Health Education in the field of Maternity and Child Welfare prior to 1950 was largely a matter of personal advice given to individuals by Medical Officers and Health Visitors in the clinics and in the home. More recently this has been supplemented by talks to groups of mothers by Health Visitors during clinic sessions. These talks, which have covered a variety of subjects, have been made as informal as possible, and interest has been maintained by the use of visual aids. A magnetic blackboard and models representing various basic foods, models to illustrate infant diets and to demonstrate the causes of accidents in the home, film strips and latterly a film projector have all proved valuable adjuncts to the spoken word. In addition, the Superintendent Nursing Officer and her Deputy have given talks to Mothers' Clubs and other similar bodies.

Although during the past three years new methods have been introduced and the group technique has been used to a greater extent, it is important that the main emphasis in this work should continue to be upon advice to individual mothers during routine visits to the home. Such advice, given with a full knowledge of the domestic background and applied to the mother's individual problems, must necessarily be of more value than the generalisations which have to be employed when dealing with the group. The home visit is the only method of reaching the small proportion of mothers who will not attend the clinic, and who are usually those most in need of help. It is also the most effective method of instructing the much larger proportion of mothers who attend the clinics irregularly, or only during the very early months of the child's life.

In the field of general Health Education, lectures, often with films, are given by Medical Officers to Parent-Teacher Associations, Youth Clubs and other organisations, whenever the opportunity presents itself. In addition, through the agency of the West Ham Clean Food Advisory Association, which was formed in 1950 and sponsored by the Council, an active campaign against food poisoning is being carried on. This has included a Clean Food Exhibition, press advertisement, circular letters to food traders, and lectures to food handlers and other groups. During 1952 much of the effort of the Association has been directed towards the education of the public with regard to the methods which should be adopted in the home to prevent food which has been supplied in a safe condition from becoming contaminated before it is eaten. For this purpose it was decided to adopt a long-term policy, and to concentrate on the education of the youth of the community, who are the future food handlers whether as members of the food industry or as housewives in their own homes. In conformity with this policy, a considerable number of lectures and film shows have now been given to youth organisations throughout the Borough, and the interest shown in the subject by the audiences has been most gratifying.

SECTION 29: DOMESTIC HELP.

The Domestic Help Service, started during the war, was placed on an organised footing early in 1947. It is administered by a Home Help Organiser and two assistants, all of whom undertake clerical, visiting and interviewing work as appropriate. Commencing with the equivalent of two whole-time Home Helps in 1947 the service needed 13 whole-time and 113 part-time Home Helps (equivalent to a total of 75½ full-time) to meet the demands by the end of 1952. The case load carried has correspondingly risen as can be seen from the following data:-

*Number of cases on books at year-end.

1947	.....	31
1948	.....	126
1949	.....	218
1950	.....	339
1951	.....	445
1952	.....	501

*Maternity cases excepted.

A very large proportion of these cases are old and infirm, as will be seen from the detailed statistics below. The provision of help, by enabling them to lead independent lives at home as long as possible not only makes for greater happiness and the prolongation of their mental vigour, but helps to ease the heavy pressure on geriatric hospital beds.

A medical certificate is required in support of every case, except confinement, and enquiries are made to see how far relatives can assist before a Home Help is provided or the weekly number of hours of service decided. Certificates are renewable monthly so long as the need persists, except in long-term cases in which the interval can be extended up to six months at the doctor's discretion.

A separate panel of 1 permanent and 5 part-time Home Helps is maintained for tuberculous cases. These ladies are given careful instruction in precautionary measures for the protection of their own health and that of the households in which they work. They are given an initial chest x-ray at the time of appointment, and this is repeated through the Miniature Radiography Unit at approximately annual intervals. In recognition of the special care required of them, they are paid at a higher rate than the standard: even so it is not easy to get volunteers for this branch of the service. Individual arrangements are made in the rare cases of other infectious households needing Home Help.

Two full-time Male Home Helps are employed who give invaluable services for a wide variety of cases. The household which presents a formidable problem for its initial cleaning; the rather difficult old man living alone (and even occasionally the difficult old lady); the occasional household with some unpleasant feature or exceptionally heavy task which would be beyond anything a woman could reasonably be expected to do; all these are cheerfully undertaken by the Male Home Helps, with a considerable easing of the Organiser's difficulties.

For whatever purpose she is to be employed, great care is taken in the selection of a Home Help, and the Organiser's searching enquiries include a visit to see how the candidate keeps her own home and manages her own domestic affairs. The Home Help Organiser works in close co-operation with the Superintendent Nursing Officer (who has charge of the Home Nursing Service) but is not subordinate to her.

There are no formal facilities for training, but in April of this year (1952) the Central Council for Health Education arranged a talk specially for the Home Helps in West Ham. The subject was "Health in the Home"; and it was understood that the Central Council regarded it as in the nature of a trial venture which would guide them in considering whether to adopt something of the kind as part of their regular service. From the Health Service point of view it was a great success. The 100 or so Home Helps who attended took a keen interest in the subject, which was adapted to suit their particular needs, and a lively discussion followed. We are deeply indebted to Dr. Dalziel-Ward, the lecturer, both for his ready co-operation in drawing up this lecture at our request and for the skilful manner in which he held the interest of his audience.

The lecture was held in the hall of the Municipal College in order to accommodate the numbers with comfort, and we are glad to take this opportunity of expressing our thanks to the Education Committee for placing it at our disposal.

The response of the Home Helps to this talk showed clearly that they took a pride in their work and had a great sense of corporate responsibility. It is hoped to follow up this good beginning by further measures to hold the Home Helps' interest.

The detailed statistics for 1952 are set out below:-

General Sickness.

No. of applications received	424
No. withdrawn or refused	47
New cases accepted during 1952	377
Males	58
Females	319
No. of cases on books at end of 1951	445
Total No. of persons receiving home help during 1952	822
No. of cases on books at end of 1952	482

Ages of applicants to whom home help was supplied:-

Under 50	57	=	15.1%
Between 50/59	29	=	7.8%
Between 60/69	75	=	20.0%
Between 70/79	131	=	34.6%
Between 80/89	79	=	21.0%
Between 90/99	6	=	1.5%
	<u>377</u>		<u>100.0%</u>

Cases assessed to pay	237
Cases free	140
Average number of hours of service per case <u>per week</u>	6.6

Number of Home Helps available for general cases.

Permanent full-time Home Helps employed on 31st December, 1952	12
Part-time Home Helps employed at 31st December, 1952	108
Average hours worked per week per part-time Home Help	26.6

Total number of hours worked by Home Helps (approx.) 152,059

(On the basis of a 44 hour week, this is equivalent to 66.4 full-time Home Helps throughout the year).

Tuberculosis.

Number of new applicants	16
Number transferred from 1951	17
	<u>33</u>
Number of Home Helps available to work in tuberculous households at 31st December, 1952	6

Maternity.

Number of applications received	47
Number withdrawn	18
	<u>29</u>

Each maternity case is normally allotted 62 hours service during the two weeks following confinement. After reference to the Chairman two cases received full-time Home Help of 80 hours over the two weeks. Two other cases received less than 62 hours service, as both were admitted to hospital.

Home Helps gave 1,488 hours service to maternity cases during the year, which was equivalent to 0.68 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	2,724
Visits to Home Helps	199

Maternity Cases

Visits to Applicants and Recipients	94
Visits to Home Helps	27

Tuberculosis

Applicants	123
	<u>3,167</u>
Office Consultations - Applicants and Home Helps	5,301

Illness or Infirmary leading to need for Home Help.

Heart and circulation	73
Miscellaneous	57
Respiratory conditions	33
Rheumatism, Arthritis, etc.	54
Senility	42
Tuberculosis	16
Hemiplegia, Paralysis, Thrombosis, etc.	22
Cancer	15
Accidents - broken limbs, etc.,	26
Illnesses connected with pregnancy	10
Post Operative	17
Diabetes	7
Blind	5

SECTION 51 - MENTAL HEALTH.

The Health Committee of the local health authority has retained responsibility for the Mental Health Services and has not delegated the administration of the service to a sub-committee. The Health Committee meets at approximately monthly intervals.

The Medical Officer of Health is responsible for the organisation and control of the service.

Although it has not been possible to implement all the proposals approved under this Section the arrangements for carrying out the service are running very smoothly.

Staff.

(a) Medical.

Under the proposals approved by the Minister for this service it was planned to employ jointly with the Regional Hospital Board one whole-time medical officer who would undertake for the Local Health Authority, the medical direction of the Mental Health Service. In addition to acting as their Adviser through the Medical Officer of Health he would also have served the Local Education Authority in the discharge of their duties relating to educationally sub-normal children. Circumstances have not permitted the implementation of this plan so the present arrangement is for the Deputy Medical Officer of Health to be responsible to the Medical Officer of Health for the medical direction, supervision and administration of the service.

Medical examination of mental defectives is carried out by the Deputy Medical Officer of Health and by the Chief Assistant School Medical Officer both of whom have had considerable experience in this work.

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.

(b) Lay Administration.

(i) A Senior Duly Authorised Officer who is also the Deputy Chief Administrative Assistant in the Health Department, is responsible to the Medical Officer of Health for the lay administration of the service and for the supervision of the Duly Authorised Officers.

(ii) Three male Duly Authorised Officers carry out initial action under the Lunacy and Mental Treatment Acts. They also investigate new cases reported for action under the Mental Deficiency Acts, supervise mental defectives at home under supervision or on licence from institutions, and carry out other duties under the Acts. All these officers have had considerable experience in mental welfare.

(iii) A full-time Psychiatric Social Worker, whose main duties are in connection with pre-care and after-care work for mental patients and who is also responsible for running the Psychiatric Social Club which was taken over by the local health authority from Goodmayes Mental Hospital on the appointed day. The Psychiatric Social Worker has a half-time clerical assistant.

(iv) A qualified Supervisor, one qualified Assistant Supervisor and an unqualified Assistant Supervisor of the Occupation Centre.

General clerical assistance for the service is provided as and when required from the Health Department staff.

Co-ordination and Joint Use of Officers.

There has been the closest co-operation since the appointed day between, on the one hand the Local Health Authority and their officers and on the other the Regional Hospital Board and the Hospital Management Committee and their officers. This co-operation was built on a friendly basis which has been maintained on all sides. The Physician Superintendent of Goodmayes Hospital and his staff are available for consultation if required, under the Lunacy and Mental Treatment Acts as also is the Physician Superintendent of South Ockendon Institution under the Mental Deficiency Acts. Specialist advice, if needed, is given unstintingly by these officers, and points of view are freely exchanged when the necessity arises. The close link between the staffs of these two hospitals and the Health Department is of great value to all concerned.

The Council's Duly Authorised Officers supervise mental defectives in the area who are on licence from institutions, and also report on the home circumstances of defectives in institutions, who are due to be seen by Visitors or when the question of licence, holiday leave, discharge, etc., is under consideration.

The Psychiatric Social Workers employed by the Council and at Goodmayes Hospital work in the closest co-operation. Case discussion and the attendance of the Council's Psychiatric Social Worker at the Psychiatric Clinic which is run by the hospital has proved to be of the greatest value in after-care work.

Voluntary Associations.

No duties are delegated to Voluntary Associations.

Training of Staff.

Arrangements were made, and have been continued, for the Duly Authorised Officers to attend Goodmayes Mental Hospital and other institutions for talks and discussions on their work. These visits have proved very helpful and are much appreciated. The officers also from time to time meet their colleagues in neighbouring areas on matters of interest in connection with mental health. One officer attended the course for Mental Health Officers which was organised by the National Association for Mental Health in 1949.

Work undertaken in the Community. Care and After-Care.

For the first few months after the appointed day the after-care of patients discharged from Goodmayes Mental Hospital was carried out by the Hospital's Social Worker, as owing to the great shortage of suitably qualified persons the Council's efforts to obtain the services of a Psychiatric Social Worker were unsuccessful. In May, 1949, however, an arrangement was entered into with the National Association for Mental Health

for the loan of one of their officers part-time. This arrangement, which proved of inestimable value in laying the foundation of care and after-care work, continued until September 1950 when a full-time Psychiatric Social Worker was appointed. The following report of this officer shows how the work of this part of the service is developing.

Report of Psychiatric Social Worker - Miss L. Walton.

The social care of people with psychological problems began in 1949 when six cases were transferred by the National Association for Mental Health to a Psychiatric Social Worker whom they had loaned to the Council on a part-time basis, and by the end of 1949, 52 cases had been referred by various social agencies. The work has increased steadily, and in September, 1950, when a full-time Psychiatric Social Worker was appointed she was able to start off with about 40 current cases. The attached figures show the volume and type of work done over the last two years.

It was felt that the function of the Local Authority should be preventive, with emphasis on the maintenance of health. Statutory and voluntary workers were contacted, and they have been most co-operative and skilful in selecting the kind of cases which the Psychiatric Social Worker is trained to help.

Most after-care patients are referred by Goodmayes Hospital, and the close link between the Council and the Hospital has made a flexible scheme possible which is suitable to the needs of the individual patients. Not all discharged patients need after-care, and a systematic follow-up is not considered desirable. Usually the West Ham Psychiatric Social Worker is responsible for the after-care of patients requiring support for a very long period, due to their incomplete recovery or domestic problems. The Psychiatric Social Worker also attends once a week at the Psychiatric Out-patient Clinic, and this establishes some continuity for the patients, and also helps her to keep in touch with the more clinical aspects of her work.

Although the pre-care referrals are somewhat smaller in numbers, they require very much work. Some of these patients are in the very early stages of a mental disorder, but are not yet ready to seek medical help. The majority are people with problems in personal relationships, and if the Psychiatric Social Worker can help them through their difficulties a breakdown may be avoided. The occasional case discussions with Dr. T.P. Riordan, Deputy Superintendent of Goodmayes Hospital, have been of great assistance to the Psychiatric Social Worker.

A Psychiatric Social Club meets once a week, and has proved to be of value for different types of people. It can play an important part in the rehabilitation of discharged patients who sometimes find it difficult to use their spare time after the more organised hospital life. Pre-care patients often lead a lonely, frustrating existence, and club attendance can be the beginning of a more outgoing life. Unfortunately, the Club continues to be small, though the rather slow tempo and informal atmosphere help the timid member. The small club encourages close friendships among members, and apart from a few cases the Club and the individuals have benefited from this. At present, the Club is not suitable for intelligent, neurotic patients.

The work could not have been carried out without the ready co-operation of the voluntary and statutory social workers. The direct contact with the local general practitioners has yet to be fully developed, and the Psychiatric Social Worker has had few occasions to approach local employers, possibly because most patients are either married women or are chronically sick. There are some aspects of the work which could be extended, e.g., mental health talks to various groups, and work with parents of backward children who are not covered either by the Child Guidance Clinic or the Mental Deficiency Acts.

Statistics.

<u>Referrals.</u>								<u>1952</u>	<u>1951</u>
Pre-Care	(a) New	47							
	(b) Re-applications	7	...	...				54	41
After-Care	(a) New	50							
	(b) Re-applications	20	...	...				70	41
Mental Defectives		...	...	...	...	...	...	3	-
							Total:	<u>127</u>	<u>82</u>
Cases closed		...	...	...	...	...	...	79	66
Current cases on 31.12.52		...	...	...	...	...	...	78	74
Number of home visits		...	...	...	...	...	...	720	612
Number of office interviews		...	...	...	...	...	...	255	146
Visits to social agencies		...	...	...	...	...	...	66	68

Sources of Referral.

<u>Hospitals:</u>									
	Goodmayes Hospital	49	(31)						
	Queen Mary's Hospital	5	(3)						
	Whipps Cross Hospital	3	(2)						
	Langthorne Hospital	1							
	Plaistow Maternity	1							
	Wanstead Hospital	1							
	London Hospital	-	(1)	...	...			60	37
<u>Public Health Department:</u>									
	Chest Clinic	4	(4)						
	Child Guidance Clinic	5	(3)						
	Medical Officer of Health	1							
	Deputy Medical Officer of Health	6	(4)						
	Duly Authorised Officers	4	(6)						
	Home Help Department	1							
	Maternity and Child Welfare Dept.	16	(12)	...	...			37	29

Sources of Referral (Contd.)

	1952	1951
Probation Officers	3	3
Disablement Resettlement Officer	1	3
British Red Cross Society	1	-
Citizens' Advice Bureau	2	7
National Association for Mental Health	1	-
General Practitioners	1	-
Ministry of Health (Ex-Service)	2	-
N.S.P.C.C.	1	-
National Assistance Board	2	-
Patients themselves	12	3
Patients' relatives and friends	4	6

Lunacy and Mental Treatment Acts.

The services of a Duly Authorised Officer are always available. During office hours the three officers operate from the Health Department. At other times each officer is available, on rota, at his home. Calls for their services after office hours are made to the Council's Ambulance Control where arrangements are made, if necessary, for a car to be dispatched to convey the officer on duty to the place where he is needed. This arrangement has proved very satisfactory. Co-operation between local general practitioners and the duly authorised officers is very close and is greatly appreciated on both sides.

During the year 1952, officers were called upon on 307 occasions with the following results:-

Disposal of Cases	M.	F.	Total
Admitted to mental hospitals as "Voluntary" patients	53	68	121
under Urgency Orders	11	25	36
as Temporary patients	8	9	17
as Certified patients	7	12	19
for Observation	1	-	1
No statutory action taken	50	63	113
Totals:	130	177	307

The total number of visits made by the Duly Authorised Officers in connection with mental illness was 541.

Mental Deficiency.

Ascertainment. The ascertainment of defectives in the area, subject to be dealt with under the Mental Deficiency Act, 1913, is mainly the responsibility of the Deputy Medical Officer of Health, assisted, when necessary, by the Chief Assistant School Medical Officer. Both of these officers, in addition to the Medical Officer of Health, are approved by the local health authority for this purpose.

The number of defectives ascertained during 1952 was 36 (20 males and 16 females). Of these, 32 cases (18 males and 14 females) were reported by the local education authority, one female reported through the Courts and the remaining 3 cases (2 males and 1 female) from other sources. Thirty one patients (18 males and 13 females) were placed under statutory supervision and five (2 males and 3 females) were recommended for institutional care. Of the latter it was possible to arrange for one admission only.

In addition to the above five other cases were reported of which four had not been examined at the end of the year and one was found not to be defective.

Supervision. At 31st December, 1952, there were 322 defectives (177 males and 145 females) under statutory supervision, 2 cases under voluntary supervision and 18 patients (10 males and 8 females) on licence from institutions. These cases are visited by the Duly Authorised Officers at quarterly intervals, or more frequently, if necessary. Special cases are referred to the Psychiatric Social Worker.

In addition, the officers pay friendly visits to a number of cases, who although not subject to the provisions of the Act, may need advice or assistance.

The majority of parents welcome the visits of the officers, and readily accept their advice on matters relating to the defective. Cases who are fit for employment and find difficulty in obtaining it are referred to the local Disablement Rehabilitation Officers who are most helpful in placing the defectives in suitable work. During the year 1952 the officers made 1,983 visits to mental defectives as follows:-

Cases under statutory supervision	1,445
Cases on licence from institutions	115
Reports for licence, holidays, etc.,	41
Reports for Visitors	93
"Friendly" visits, etc.,	289
	<hr/>
	1,983

In September, 1952, the Minister of Health approved the amendment of the Council's Proposals for the Prevention of Illness, Care and After-Care to provide short term care elsewhere than at home of mental defectives in cases where it was urgently needed.

At the end of the year three such cases had been accommodated at South Ockendon Institution by the kind co-operation of the Physician Superintendent. These arrangements were greatly appreciated by the parents of the defectives concerned.

Guardianship. There are four cases under guardianship (1 male and 3 female). All are with guardians outside the area of West Ham and are supervised by the officers of the local health authority in which they reside. With the exception of one case who is in the care of her parents, the defectives under guardianship are visited at six monthly intervals by a member of the Health Committee and one of the Council's medical officers.

Summary.

The following table shows the type of care which was received by all defectives remaining on the register at 31st December, 1952:-

	Under age 16		Aged 16 and over		Total
	M.	F.	M.	F.	
A. Ascertained as "subject to be dealt with" -					
Under Statutory Supervision	42	26	135	119	322
Under Guardianship	-	-	1	3	4
In "Places of Safety"	-	-	-	1	1
In Institutions under Order	26	18	179	191	414
B. Not ascertained as "subject to be dealt with"					
Under Voluntary Supervision	-	-	-	2	2
Totals:	68	44	315	316	743

During the year 5 cases (3 males and 2 females) were sent to institutions. Four of these were admitted under Order and one as in a "place of safety". At the end of the year 17 defectives were awaiting admission to institutions. Of this number 16, including 4 cot and chair cases, were urgent.

Occupation Centre.

An Occupation Centre for mentally defective children up to the age of 16 years was opened in July, 1950. The building which was formerly part of an old Civil Defence Depot was adapted to provide a large classroom for 25 children, together with a kitchen, office, cloakroom, store and sanitary offices, etc.

Attendances at first were rather disappointing but in May, 1951, the Council provided a coach to convey children between the Centre and selected points with the immediate effect of nearly a full attendance. At the end of 1951 the number of children on the register had risen to 33 with an attendance of between 27 - 30 daily.

Further progress was made during the year 1952, the Centre became more widely known and parents began to appreciate the good work being done there. An additional assistant supervisor was appointed and the number of children on the register increased to 42. Plans were also prepared to adapt a further section of the depot for use as a handicraft section for the older boys. This new project is expected to come into operation early in 1953.

The report of the Supervisor, Miss F.E. Forshaw, for the year 1952 is given below:-

We commenced the year 1952 with 33 children on the register, 17 boys and 13 girls full-time and three part-time senior boys that quite soon became full-time attenders. As the winter gave place to really good weather our attendance kept a fairly high level and in spite of staff shortage we progressed.

We had a very enjoyable outing during the summer, all but one child being able to go, and with the help of friends and some parents we had a good day.

We also held an Open afternoon when the children gave a display of dancing, singing and speech jingles to a large gathering of parents, officials and friends. Sale of handwork during the year amounted to just over £10 which we feel gave satisfaction to the children and real pleasure to their parents.

During the year plans have gone ahead for the adaptation of a boys craft section where they can specialise on work and lessons more suited to growing boys, this will leave much more room for the younger children and give better grading of the sections. We are expecting this department to be ready early in the New Year.

Looking backwards since our commencement in July, 1950, we have grown and expanded in size to 42 children on the register and what is more important we have established a progressive Centre where defective children can be helped towards some independence, trained in good habits, and those suitable taught handicrafts, and where all benefit by community life and more scope than would be possible in their own homes.

We look forward to 1953 with keenness of even more progress, both in our ability to cope with more children still and the steady forward movement of most of the children in our care.

NATIONAL ASSISTANCE ACT, 1948. Section 47.

During the year action was taken under the National Assistance (Amendment) Act, 1951 in respect of one case. This patient, a woman aged 62 years, was visited at the request of her private doctor who had been unable to persuade her to enter hospital. She was found to be living alone and confined to bed suffering from auricular fibrillation and congestive heart failure. She was dyspnoeic and had some ascities and oedema of the lumbar region. It was considered necessary to remove her to hospital without delay. The Order for detention was for the permitted period of 3 weeks, and she was admitted to a local hospital which is concerned mainly with the treatment of old people. It was not necessary to apply for an extension of the Order as the patient settled down quite well in the hospital where she stayed until she died some months later.

SCHOOL HEALTH SERVICE

School Population. There was a further small increase in the school population during the year. On 31st December, 1952, there were 29,135 children on the school rolls, as compared with 28,178 on the corresponding day of 1951.

The total increase since 1945 is almost 9,000.

Nevertheless, it is of interest to note that the number of children on the school rolls is still some 26,000 fewer than it was at the peak of the Borough's school population about 40 years ago.

Medical Inspection. A table setting out the work done under this heading will be found in Appendix No. IV on pages II. A small increase in periodic inspections, proportional to the increase in the school population, was balanced by a decrease in the number of reinspections. This was largely consequent upon the adoption of a rather more critical appraisal of the type of case in which observation and reinspection can contribute something of value towards the preservation of the health of the pupil. Reinspections are normally less time-consuming than periodic inspections, so that the reduction in the actual volume of work has not been great.

A comparison of the general condition of the children found at medical inspections during the past three years is set out below. During the past few years there has not appeared to be any particular trend for better or worse, but in 1952 the figure for poor general condition showed a sudden and marked fall to 3.35 per cent. This figure more nearly approaches the national figure which, in 1951, was 2.9 per cent. Although this is a welcome reduction it cannot be said that the children have improved so much in so short a time. A more probable explanation is the personal factor of the examining medical officer, and it should be noted that two new doctors were working - one for the full year, and one for the last three months.

Classification of the General Condition of Children assessed at periodic inspections during the years 1950, 1951 and 1952.

<u>Year 1950</u>	A				B		C	
	<u>No. of children inspected</u>	<u>(Good)</u>		<u>(Fair)</u>		<u>(Poor)</u>		
		<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</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	<u>2,133</u>	<u>950</u>	<u>44.54</u>	<u>1,115</u>	<u>52.27</u>	<u>68</u>	<u>3.19</u>	
Total	<u>11,409</u>	<u>4,343</u>	<u>38.07</u>	<u>6,326</u>	<u>55.44</u>	<u>740</u>	<u>6.49</u>	
<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	<u>816</u>	<u>363</u>	<u>44.48</u>	<u>418</u>	<u>51.23</u>	<u>35</u>	<u>4.29</u>	
Total	<u>8,955</u>	<u>3,495</u>	<u>39.03</u>	<u>4,786</u>	<u>53.44</u>	<u>674</u>	<u>7.53</u>	
<u>Year 1952</u>								
Entrants	4,159	1,785	42.92	2,217	53.1	157	3.77	
2nd Age group	2,250	1,077	47.87	1,066	47.38	107	4.75	
3rd Age group	2,004	1,131	56.43	838	41.82	35	1.75	
Other periodic	<u>851</u>	<u>541</u>	<u>63.58</u>	<u>299</u>	<u>35.13</u>	<u>11</u>	<u>1.29</u>	
Total	<u>9,264</u>	<u>4,534</u>	<u>48.94</u>	<u>4,420</u>	<u>47.71</u>	<u>310</u>	<u>3.35</u>	

HYGIENE OF SCHOOL PREMISES

Following the practice of recent years, the Assistant School Medical Officers conducted a review of the hygiene of each school at the completion of their periodic medical inspection. Copies of their reports, with any observations by the School Medical Officer, are supplied concurrently to the Chief Education Officer and the Borough Engineer, so that the latter can consider any recommendations involving structural work. These reviews serve the purpose of drawing attention to any new matters requiring consideration which may have arisen during the year, and also of "keeping alive" any improvements which can only be implemented by inclusion in long-term plans.

During the year 63 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 one Student Health Visitor commenced an approved course of training under the auspices of the Education Committee with the object of taking an appointment on the school nursing establishment. She 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 with the addition on the reverse side of a height and weight chart which enables the entries to be made both graphically and in figures.

During the year under review 28,899 children were included in these surveys (against 20,809 in 1951). Thirty-two cases were referred to the medical officers for further consideration of their nutritional state (against 9 for the previous year), but none was found to be suffering from malnutrition. This is the third year in succession in which this gratifying result has obtained.

NUTRITION SURVEYS

Number of inspections	...	...	...	...	...	<u>28,899</u>
Referred to school doctors (nutritional grounds)...						32
Referred to school doctors (other conditions) :-						
Scabies	...	...	...	...	...	N11
Skin diseases	...	...	...	...	...	4
Ear defects	...	...	...	...	...	1
Other conditions	...	...	...	...	...	<u>48</u>
Total						<u>53</u>

CLEANLINESS. Routine cleanliness surveys are conducted each term, and so far as practicable, are combined with the nutritional surveys. 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, 62,525 inspections were made at these cleanliness surveys, and 1,912 instances of infestation found. On the basis of a school population of 29,135, this gives a proportion of uncleanness of 6.5% which compares with 6.3% in 1951 calculated in the same way on a school population of 28,178. 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.

Uncleanliness apart from infestation is not specifically recorded: its alleviation can be assisted at a number of schools, by the shower baths with which they are equipped.

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 5,251 home visits in this way.

TREATMENT

RINGWORM. The number of cases of ringworm of the scalp treated during the year was three, all in the same family. None of these cases received x-ray treatment.

There is a good deal of evidence to show that ringworm of the scalp is a declining disease. The figures for previous years are given for comparison:-

<u>Year</u>	<u>Total number treated</u>	<u>Received x-ray treatment</u>
1946	24	16
1947	15	9
1948	7	6
1949	2	1
1950	4	1
1951	5	2
1952	3	-

The incidence at the present time is 0.01 per cent. It is interesting to compare this incidence with that of twenty-four to twenty-six years ago.

<u>Year</u>	<u>Number of cases</u>	<u>School Population</u>	<u>Incidence</u>
1926	117	50,279	0.23
1927	84	49,660	0.17
1928	78	48,939	0.20

THE WORK OF THE MINOR AILMENT CLINICS. These clinics have always been well-used and a large number of children still attend them, referred mainly by the Head Teachers. The cases are seen by the school doctors on their clinic afternoons, and the bulk of the treatment is carried out by the school nurses. Although many of the conditions seen may be regarded as trivial or superficial, their prompt treatment saves a good deal of minor disability and in some cases prevents a simple lesion becoming a major one. The chief

defects treated fall under the following headings -

Minor ailments of the skin such as herpes, acne, seborrhoea, eczema, warts of various kinds, ringworm, impetigo and scabies.

The incidence of the last three conditions has declined sharply in recent years and the few cases of scabies seen are referred to a special clinic for treatment. Other skin diseases are seen from time to time such as various forms of erythema, lichen planus and psoriasis.

Minor ailments of the eyes such as conjunctivitis, blepharitis, styes, foreign bodies and minor injuries. Some of the external eye diseases are, according to their nature and severity, sent to the ophthalmic clinic for specialist attention.

Minor ailments of the ears such as furuncles, cerumen, foreign bodies, and the slighter degrees of earache and discharging ears are treated at the clinics. Cases considered to require specialist attention are referred, by agreement with the child's general practitioner, to the ear, nose and throat specialist.

Miscellaneous conditions consisting of a very mixed collection of cases such as septic sores, whitlows, boils, cuts, abrasions, chilblains and the like. These conditions form the main mass of the work at minor ailment clinics.

The clinics are open every morning and also on two afternoons a week when the area doctor is present. The following figures give the number of cases of these kinds which were seen at the clinics during the year:-

(a) Skin Diseases	1,501
(b) External Eye Diseases	396
(c) Minor Ear Defects	274
(d) Miscellaneous Defects	<u>2,512</u>
Total	<u>4,683</u>

The total number of children who attended the three individual clinics for all purposes was as follows:-

<u>Clinic</u>	<u>New Cases</u>
Stratford	2,054
Balaam Street	2,341
Rosetta Road	2,292
Silvertown	6

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	8,050
Balaam Street	8,546
Rosetta Road	9,553
Silvertown	<u>11</u>
Total	<u>26,160</u>

The attendances resumed the downward trend which was temporarily interrupted in 1951, having fallen from 41,746 in 1946. The number of minor ailments treated has dropped from 8,626 in 1948 to 4,683 this year.

REPORT ON THE WORK OF THE OPHTHALMIC CLINIC
by
Miss A.A.S. RUSSELL, M.B., Ch.B., D.P.H., D.O.M.S.

Work in the eye clinic followed the usual routine which had been found previously to be most effective in dealing with the large numbers of children requiring ophthalmic examinations. As in previous years the majority of cases attended for refraction and glasses ordered when necessary; 1,603 pairs of glasses were prescribed.

A number of children were seen because of complaints which were found on full examination not to be due to any defect of the eyes so glasses were not ordered.

The number of attendances in the eye clinic greatly exceeded the number of children for whom glasses were ordered, as in addition to those examined and found to have no defect, some were already wearing satisfactory glasses and many made more than one attendance for complete examination, also many were reinspected in the eye clinic and the children with squints made frequent attendance. In addition some children attended for treatment of external eye diseases.

Most of the cases of squints are also seen in the orthoptic clinic, but the following figures refer to the main eye clinic only.

Children with squints for whom glasses were prescribed during the year were 509 school children, 118 under school age. In addition the number of children with squints reinspected during the year were 661 school children making 1,851 attendances; 134 under school age making 363 attendances. Of these cases those requiring and obtaining operative treatment made the greatest number of attendances. 90 children received operative treatment for squints during the year, and as a few had the operation in stages, I carried out 97 such operations on children from the West Ham area in Whipps Cross Hospital; 75 were school children but the other 15 children were under school age having been referred from the Child Welfare Department. Other cases I operated on were 3 children with ptosis, one a baby of 18 months of age, - a case of bilateral ptosis, who also had a third operation for marked epicanthus as well as that on each upper eyelid.

Three other young children were also admitted to Whipps Cross Hospital during the year, one for a blocked lachrymal duct and two for examination under a general anaesthetic.

The orthoptic department has unfortunately been subject to changes and interruptions as Miss Carter, the full time orthoptist, left in the Spring and there was a few months' gap before the appointment and commencing dates of Miss Bowen, her successor. During this interval the services of a part-time orthoptist were obtained two days per week.

In March this year, a full time optician was appointed to the Eye Department so children can now be measured and fitted for glasses in the clinic the day they are ordered. Glasses provided in the clinic are of the types specified under the National Hospital Service but parents still have free choice to take children wherever they wish, and any child on request is given their prescription for glasses to be taken to any outside optician. Those wishing spectacle frames of a type outside the special range must take their prescription outside and pay whatever fee the optician cares to charge for the frames so chosen, but the children can and should always return to the School Eye Clinic for examination of their eyes. The optician also deals with the repair of broken glasses in the clinic.

DEFECTIVE COLOUR VISION. The Ishihara Test, which is widely used for the detection of the various forms of colour defect, has been used in the School Health Service for many years, but only 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 Examined</u>	<u>Defective</u>	<u>Percentage Defective</u>
Boys	527	25	4.74
Girls	507	1	0.19

REPORT ON THE WORK OF THE AURAL CLINICS

by

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

The E.N.T. Clinic continues to form a valuable part of the School Health Services and it is gratifying to record that the parents appreciate the opportunity of having the children regularly examined and supervised. There was a fall in the number of cases as compared to the previous year, but the attendances still continue to be satisfactory.

The following is a statistical analysis of the cases:-

CASES SEEN AT STRATFORD AND ROSETTA ROAD E.N.T. CLINICS FROM 1st JANUARY, 1952 TO 31st DECEMBER, 1952.

Total new cases examined during the year	...	...	...	...	...	...	...	436
School Children								317
Maternity & Child Welfare								119
Number of attendances	...	...	...	...	...	...	...	1,662
School Children								1,442
Maternity & Child Welfare								220
Referred for Tonsil and Adenoid Operations	...	...	...	...	...	...	...	98
School Children								92
Maternity & Child Welfare								6
Referred for other operations (School Children)	...	...	...	...	...	...	...	3
Number discharged	...	...	...	...	...	...	...	141
School Children								114
Maternity & Child Welfare								27

NUMBER OF TONSILS AND ADENOID OPERATIONS PERFORMED DURING 1952:

School Children	65
Maternity & Child Welfare	4

In addition to the tonsil and adenoid operations performed by Mr. Scott, 123 are known to have taken place elsewhere. 879 children were treated for various conditions affecting the ears, nose and throat; 323 of these were given treatment at minor ailment clinics. Details of the ascertainment of deaf children are given below and on page 86.

HEARING OF SCHOOL CHILDREN. The methodical testing of school children by the gramophone audiometer was continued until November, when the audiometrician resigned her appointment. Before she left she had completed 2½ years' work, and it is now possible to give a preliminary judgment of the value of this service. During this time some 73 children with diminished acuity of hearing were detected and sent to the aural clinic. Some of these were already known (a few of them being under observation for other related conditions), but in 35 of them the disability had not previously been suspected. These children have now had the benefit of specialist guidance or treatment and, where necessary, some appropriate modification of the normal educational regime. The progress of their disability can also be observed and further help given if at any time it appears likely to impede their education.

This work covered the initial survey of the schools and many of the cases brought to light were doubtless of more or less long standing. Any future repetition is likely to discover only the occasional old-standing case which may have been missed through absence when the earlier tests were in progress, and the few new cases which may have arisen afresh during the interval. Whether these numbers would be sufficient to justify the effort and the disturbance of the school routine could only be told by experience. They are likely to be small, however, and might not warrant the employment of a whole-time audiometrician for the purpose. The policy to be adopted in future requires consideration.

As indicated in previous years, the test is not suitable for young children because it requires an ability to write down figures from dictation. To make it easier to do this, and consequently, perhaps, to enable the test to be extended to a slightly younger age-group than before, a new record was used which speaks one figure at a time instead of the previous two. To enable a reliable hearing test to be given much below eight years of age, however, some new technical advance will be needed.

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

	<u>Number</u> <u>Tested</u>	<u>Number</u> <u>Re-tested</u>	<u>Number</u> <u>Defective</u>
Boys	1,568		25
Girls	1,815	648	21

Out of this number tested it was found necessary to refer the 46 children found defective to the area doctors for further examination. They, in turn, found it necessary to refer 20 children - 13 boys and 7 girls - for specialist opinion, the remainder being remedied by simple treatment at the clinics.

Analysis of Cases seen by Specialist

Boys

<u>Cause of Deafness</u>	<u>Action or Recommendation</u>
Conductive deafness (3 cases)	Favourable position in class.
Conductive deafness (5 cases)	Treated at special E.N.T. clinic.
Conductive deafness (2 cases)	For observation at clinic.
Familial deafness	Favourable position in class.
Intermittent unilateral otorrhoea	Treated at clinic.
Intermittent unilateral otorrhoea	Recommended tonsil and adenoid operation.

Girls

Conductive deafness	Favourable position in class.
Conductive deafness	Treated at special clinic.
Familial deafness	Favourable position in class.
Perceptive deafness	Favourable position in class.
Unilateral otorrhoea (2 cases)	Treated at clinic.
No deafness found at examination	-

ORTHOPAEDIC AND POSTURAL DEFECTS. Some children with these defects were referred, as in previous years, to the orthopaedic surgeon at the Children's Hospital, Plaistow.

Following the establishment of the Council's own physiotherapy service described in the next paragraph, 124 children were treated at clinics or special schools under these new arrangements. Cases known to have been treated outside the Council's scheme numbered 311. 7 children were known to be in-patients in various hospitals.

In accordance with the National Health Service arrangements, surgical appliances are provided by the hospitals when needed.

PHYSIOTHERAPY. Mrs. A.M. Tootell commenced duty as a physiotherapist at the beginning of the year on a part-time basis. She attends three full days a week, approximately half of the time being devoted to the School Health Service. Two clinics are held weekly at the Forest Street Child Welfare Clinic and two weekly at Grange Road Child Welfare Clinic: at each of these clinics both school and pre-school children are treated. In addition the physiotherapist attends one day a week at the Elizabeth Fry Day Special School. Visits are paid to the Fyfield Open Air School from time to time.

Children are usually referred to the physiotherapist by the Assistant School Medical Officers, the Consultant paediatrician, general practitioners and hospitals.

Much of her time is taken up with classes of children requiring remedial exercises for faulty posture, flat feet, knock knees and the like. When necessary, massage as well as ultra-violet irradiation is given. The results achieved have been surprisingly good, particularly in the flat foot classes, and this supports the view that these conditions, if taken early, can be more easily remedied and probably spared the need for later treatment at an orthopaedic clinic. The cases given ultra-violet irradiation are mostly asthmatic, bronchial or debilitated children. The type of lamp employed enables several children to be treated simultaneously in a group. Breathing exercises are also given, especially in certain chest conditions.

These facilities, provided on premises which are easily accessible and well known to the parents and children, should encourage acceptance of treatment at a stage when it will be really preventive.

Valuable work is also done at the Elizabeth Fry Special School where deformities - the aftermath of anterior poliomyelitis, hemiplegias and spastic paralysis are dealt with. In the same way much good is done by the visits to the Fyfield Open Air School for delicate children where those with asthma, poor posture and general lack of tone are given treatment. In these cases the physiotherapist also gives guidance to the nursing staff so that they can continue the relatively simple treatment in between her visits. This arrangement has worked satisfactorily.

The following figures relate to treatment given to school children during the year:-

	<u>Number Treated</u>	<u>Total Number of treatments given</u>
Forest Street Clinic		
Sunlight	52	634
Orthopaedic defects	29	248
Grange Road Clinic		
Sunlight	40	615
Orthopaedic defects	18	174
Elizabeth Fry Special School		
Orthopaedic defects	31	617
Fyfield Open Air School	46	280

HEART DISEASE AND RHEUMATISM. Under the Ministry's classification all conditions of the heart and circulation are grouped together under one heading. During the year under review 182 cases were referred at Periodic and Special Inspections for treatment and 149 for observation. Separate statistics are not available for the individual conditions making up this total, but it may be said that the majority consist of cases of anaemia and functional disturbances of the heart, and only a very few are organic lesions due to the effects of rheumatism. As Dr. Hinden indicates in his report on the work of the Paediatric Clinic (page 78) rheumatic fever in childhood appears to be declining, even when measured over the post-war years alone. The cause of this gratifying improvement is unknown, but it is tempting to ascribe it to the better state of nutrition which children have enjoyed in recent years, and perhaps also to a general all-round improvement in the standards of child-care. It may be that childhood rheumatism, like infant mortality and tuberculosis, can be regarded to some extent as a broad indication of the success or failure of a society to achieve good living conditions for the bulk of its citizens. Judged on that basis, it would seem that good progress has been made but more yet remains to be done before all is as well as it can be.

No cases of organic heart disease were recommended for Heart Hospital Schools but one boy and one girl with this condition were admitted to the Day Special School during the year.

During the year 1952, the number of children treated as in-patients in special heart schools was 5, (4 of which were not admitted through the Local Authority) one boy at St. John's Open Air School, Woodford, and two boys and two girls at West Wickham.

REPORT ON THE WORK OF THE PAEDIATRIC CLINIC

by

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

The work of the Paediatric Consultative Clinics, now under the control of the West Ham Hospital Management Committee has continued on the lines laid down in previous years. The great bulk of the children have been referred by the School Medical Officers, but other specialist clinics, and some general practitioners, have also sent patients for a second opinion. The work is still being done in the school clinics of the Education Committee, which are conveniently situated for the children and their parents, and where the children feel at home. The pathology department at Whipps Cross Hospital, and the x-ray department at St. Mary's Hospital continue to offer us their facilities, a great boon which enhances the value of the clinics.

There has been a noticeable falling-off in the numbers seen during the past year. This is partly due to a diminution in the chronic diseases of childhood. In particular, rheumatic fever, with its serious heart complications, is much less frequent than it was even 5 years ago; asthma, too, seems to have lessened both in frequency and in violence. On the whole, the health of the children seems as good as ever. Another reason for the falling numbers, is that the bulge in the school population, caused by the high post-war birth rate, has now reached the years 8-10, an age group which is free from infantile disorders, and not yet a prey to the troubles of adolescence. It is possible, too, that with the passing of the 'bulge', the children are seen more regularly on entry than they were, and I have noticed that almost all the children attending the clinic for the first time are aged 5-6.

I can see, too, that the patient work of the Child Welfare Clinics is bearing fruit. There are fewer referrals from these clinics, and those babies that I do see, are generally very well. The falling Infant Mortality is mirrored in the decreasing child morbidity. Cerebral Palsy, however, still continues as a heavy problem, and I welcome the decision of the Education Committee to open a special day-centre for spastic children.

Statistics relating to the work of the clinic is as follows:-

	<u>Rheumatic</u>		<u>Nutritional</u>		<u>General Consultative</u>	
	<u>School children</u>	<u>M.& C.W.</u>	<u>School children</u>	<u>M.& C.W.</u>	<u>School children</u>	<u>M.& C.W.</u>
Number of new cases seen	27	2	8	-	144	114
Total attendances	74	2	11	-	250	156
Number admitted to Hospital	1	-	-	-	16	5
Number recommended for Open Air School or other special educational treatment	-	-	-	-	2	-
Number referred to other special clinics	-	-	-	-	8	4
Number discharged during year	12	-	3	-	68	32
Number under observation at end of year	38	2	5	-	105	60

TUBERCULOSIS IN CHILDHOOD.- The number of children in whom active tuberculosis is found remains comparatively small but has shown no marked trend of recent years. A summary of the work of the West Ham Chest Clinic in this respect has kindly been contributed by Dr. Lawless, the Chest Physician.

Number of school children referred by Assistant School Medical Officers	...	...	7
Number of school children referred by General Practitioners	...	...	50
Number of school children examined as contacts	...	...	203
Number of school children found to be suffering from tuberculosis	...	...	14

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

<u>Respiratory</u>		<u>Non Respiratory</u>	
Pleural Effusion	2	Hip	1
Primary	4	Cervical Glands	1
Miliary	1	Rt. Axillary glands	1
Pulmonary tuberculosis	3	Meningitis	1

All the above children admitted to institutions.

SCABIES. The incidence of scabies remains very small. 35 cases were discovered among school children this year as compared with 25 during 1951. These give rates of 0.09 and 0.12 per cent of the school population.

Previous annual reports have shown the steady decline of this infestation from the wartime peak of 2,750 cases in 1942: it is interesting to compare the present incidence with that of the middle years between the wars when the rates were also low. To this end the following table has been compiled:-

<u>Year</u>	<u>Number of cases</u>	<u>School Population</u>	<u>Incidence %</u>
1926	66	50,279	0.13
1927	82	49,660	0.16
1928	100	48,939	0.22
1951	25	28,178	0.09
1952	35	29,139	0.12

ARTIFICIAL LIGHT TREATMENT. In previous annual reports a record has appeared under this heading showing the number of school children referred to the Children's Hospital, Balaam Street, for light treatment. Now that this work is being done at the Council's own physiotherapy clinics it is more appropriately recorded along with the other services given there. An account will be found on page 76.

REPORT ON THE WORK OF THE SCHOOL DENTAL SERVICE

by

J.H. Glen, L.D.S., Senior Dental Officer.

The proposed alteration in the General Dental Services which came into effect in June of this year did not produce the hoped for improvement in the staffing problems of the Dental Clinic, and no further appointment of a full-time officer could be made. The total staff available for the treatment of school children without limitation by age groups plus the children under

five years of age, remained as one senior and two assistants. However, in October, limited help was received from Mr. Woolf, who, in undertaking five sessions a week at Rosetta Road Clinic, gave a great service to those children attending schools in that area.

The results of the repeated failure to obtain an adequate number of full-time dentists and the harmful effects of a depleted service is well shown in the annual returns, which can be given here briefly for comparison year by year:-

	<u>No. of Dentists</u>	<u>Total Attendances</u>	<u>No. of Fillings</u>	<u>No. of Extractions</u>
1949	5	10,821	3,833	8,618
1950	4	10,596	2,004	8,720
1951	3	10,094	1,260	7,714
1952	3	11,482	1,450	7,913

These figures show quite clearly the obvious deterioration of the dental health in this borough. While the total attendance has increased from 2,160 per dentist in 1949 to 3,827 per dentist in 1952, the amount of conservative work has fallen, because of this pressure, from 767 fillings per dentist to 483 per dentist. In consequence, the destructive work of extractions has increased from 1,724 to 2,632 teeth per dentist during the same period.

SPEECH DEFECTS. The speech therapist has continued to make a weekly visit to the Elizabeth Fry Special School in order that physically handicapped children who are unable to attend the speech clinic shall not be deprived of the benefit of treatment if they need it. The close liaison between the speech clinic and other parts of the service, which is so essential to its success, has continued to work smoothly under the guidance of the Chief Assistant School Medical Officer who visits once a fortnight.

REPORT ON THE WORK OF THE SPEECH CLINIC

by

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

Work at the Speech Clinic has progressed satisfactorily during 1952. There has been a steady flow of children referred for treatment, and it has been hard work to keep the waiting list down to a minimum.

Statistics:

Number of children who attended the clinic	156
Boys	121
Girls	35

Types of Defect

Dyslalia	...	...	...	...	...	...	...	86
Stammer	...	...	...	...	...	...	...	40
Stammer with dyslalia	...	...	...	...	...	...	...	8
Sigmatism	...	...	...	...	...	...	...	7
Cleft Palate	...	...	...	...	...	...	...	6
Hyperrrhinolalia	...	...	...	...	...	...	...	3
Cerebral Palsy	...	...	...	...	...	...	...	5
Mild Deafness	...	...	...	...	...	...	...	1

Source of Referral

School Health Service and Head Teachers	... ..	147
Maternity and Child Welfare	... ..	9

Several children were referred to Mr.Scott, the Aural Surgeon, for examination. Four children attended the Child Guidance Clinic.

Fourteen children received treatment at the Elizabeth Fry Special School. It has been possible this year to arrange for two third year students of Speech Therapy to help with the work at this school. Several of the children are in urgent need of speech therapy, and it has been difficult to arrange for some of them to have treatment at all. Even now they receive therapy once a week only and this is inadequate.

A boy with severe dyslalia and language difficulty, who went to Moor House residential school for children with speech defects last year, was accepted for a further year's treatment this year. At first his progress was very slow and it was felt he was not benefiting at all, but once he had settled down to his change of environment, the improvement in his speech was most satisfactory.

My thanks are due to parents and teachers who co-operate so well with the work. Without their help the children's progress would be extremely slow. Parents of the young children particularly, have the onerous task of escorting their children to the clinic once a week for many months, as well as helping the children with their work at home each day.

CHILD GUIDANCE. Dr.T.P.Riordan, the Medical Director of the Child Guidance Clinic, has kindly sent the following report on the year's work.

REPORT ON THE WORK OF THE WEST HAM CHILD GUIDANCE CLINIC

by

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

STAFF: Psychiatrists:

Dr.T.P.Riordan (Medical Director)	3 sessions weekly up to July 1952. 4 sessions weekly from July 1952.
Dr.G.Somerville	1 session weekly
Dr.J.E.Glancy	1 session weekly
Dr.E.P.Easton	1 session weekly up to July 1952.

Psychologist:

Mrs.Nathan	6 sessions weekly
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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	1,052
Psychologist	446
Psychiatric Social Worker	681
Psychiatrists' appointments made and attendance failed	294

Interviews outside Clinic

Psychologist's school visits	31
Psychiatric Social Worker's school visits	24
Psychiatric Social Worker's home visits	64
Psychiatric Social Worker's foster home visits	17
Psychiatric Social Worker's other visits	44
Cases newly referred in 1952	191
Cases re-opened in 1952	18
Treatment cases carried over	70
Total number of cases dealt with	279

Disposal

Never attended	17
Diagnosis and advice only	48
Psychological testing only (E.S.N)	24
Diagnosed and awaiting treatment	26
Closed, adjusted or improved	42
Closed before end of treatment	22
Closed on placement	10
Waiting list	42
Under treatment	48

Recommendations:

E.S.N. School	12
E.S.N. Hostel or Residential E.S.N. School	4
Residential Open Air School	-
School or Hostel for Maladjusted	10
Report for Juvenile Court	13
Epileptic Colony	-
Foster Home	2
Cases referred for ascertainment under Mental Deficiency Acts	12

Sex of children referred:

Boys	134
Girls	75

Ages:

Under five years	10	Eleven years plus	12
Five years plus	8	Twelve years plus	30
Six years plus	19	Thirteen years plus	11
Seven years plus	28	Fourteen years plus	19
Eight years plus	26	Fifteen years plus	7
Nine years plus	18	Sixteen years plus	2
Ten years plus	13		

Intelligence:

Above average	24%
Average	45%
Below average	25%
E.S.N.	5%

In general the activities of the Child Guidance Clinic for the year 1952 followed the pattern of previous years. The only alteration in the staff was occasioned when Dr. Elizabeth P. Easton, who had been associated with the clinic for a number of years left in July 1952 to take an appointment elsewhere. Her loss was felt not only by her colleagues whose confidence and esteem she enjoyed, but by the clinic as a whole because of her special value as a female therapist. Her weekly session was temporarily taken over by the Medical Director.

Although the case load was only a little heavier than that of the previous year, it saturated the existing resources of the clinic, and by the year's end began to accumulate as a growing waiting list. Another regrettable trend also apparent in the summary of statistics for the year, was the substantial reduction in the number of young children - 6 years and under - among the referrals. However, it is possible that this reduction was more apparent than real and was due to the contrast with the large number of referrals in the previous year following the drive for younger children initiated by the clinic and dealt with in an earlier report.

Although the bulk of the children referred for investigation came at the instigation of the Teacher or the School Medical Officer, the number of referrals made directly by the family doctor and the parents increased considerably. This was regarded as encouraging evidence that the service provided by the clinic was being more widely appreciated and used.

Throughout the year both the Psychiatric Social Worker and the Educational Psychologist were extremely busy, and each in the course of her work met with special problems meriting consideration. The Psychiatric Social Worker made a number of visits to residential schools for maladjusted children so that she could assess the total environment provided by each school and its suitability for particular children recommended by the clinic for placement. In this way it was possible to select the most appropriate school for each case. The knowledge gained by these visits and by interviewing, during the holiday periods, children placed in residential schools for maladjusted children, afforded the Child Guidance Clinic experience and information that, no doubt, will continue to be very useful. In general it was easier to place children of average and above average intelligence than dull and educationally sub-normal children. Nearly all the children who were recommended for placement in residential schools for maladjusted children were potential or actual delinquents or else children from social problem families.

Because of the heavy and varied demands on her time, the Psychiatric Social Worker felt that she was not able to fulfil adequately, her therapeutic role in careful and considered interviews with parents. She was of opinion that she was compelled to work more hurriedly than was advisable. Her best work was accomplished with parents who desired psychotherapeutic help and were able to benefit from it. Many mothers took the view that their responsibility to co-operate ended when they insisted on their children's attendance at the clinic. In some of these cases the Psychiatric Social Worker was able to generate a more whole hearted co-operation and eventually bring about a healthier parental attitude, but in others, mercifully few, the treatment of the child was abandoned because the parental attitude contradicted the treatment plan of the clinic so persistently as to induce additional conflict in the child. Experience indicated that it was seldom profitable to attempt to treat a child when the mother would not co-operate in the treatment.

The Educational Psychologist's six sessions weekly were allocated to Psychological Testing, Remedial Coaching and School Visiting again, and of necessity according to a system of priorities in which some preference was given to the internal demands of the clinic. In this way the clinic was able to function at a level of maximum output of work, but much of its total effectiveness as a service was lost by lack of Psychologist's time for interpreting psychological and psychiatric findings to teachers and making use of them in remedial coaching. One particular problem of special interest to the Psychologist during the year, merits detailed description. An increasing number of children of average or above average intelligence were referred for backwardness in one or two subjects only - mainly reading and spelling. They were children who, owing to specific disabilities, usually weakness of visual or auditory perception or both, were unable to spell in line with the other children in their classes. In these cases when the specific disability was not recognised early enough, the child was often considered dull, and slowly pushed back to the bottom of the lowest stream where failure to compete successfully even with the dullest was not uncommon. By the time the problem reached the Child Guidance Clinic, an overlay of emotional frustration was added to the backwardness and the resultant problem by then, quite complicated and resistant; a period of psychiatric treatment was often necessary before remedial coaching could be undertaken. The severity of the disability varied in different children. All cases required much encouragement and the learning progress was generally very slow. As only children with the most severe degrees of disability of this nature were taken on for remedial coaching at the clinic, coaching had to be individual and because of the amount of Psychologist's time involved, only a small number of cases could be treated.

Apart from those due to specific disabilities, there were of course, many cases of retardation due to other factors notably intellectual, temperamental, emotional or just long absences from school for various reasons. The most important thing in each case was the correct diagnosis of the cause so that appropriate treatment could be given.

At present a long waiting list of children requiring remedial coaching is accumulating at the clinic, but even so, this represents but a small percentage of the backward and retarded children in the schools of the Borough. This problem needs careful consideration so that suitable steps can be taken to prevent and treat retardation and the maladjustment that often results from it.

In the realm of treatment although methods were unchanged, effort was directed towards more realistic definitions of the treatment objective in each case, by taking into account the extent to which the causative factors are in practice modifiable or removable. A new

case summary sheet was brought into use. In this, prominence is given to the grouping and evaluation of the causative factors of maladjustment. There is also ample indication of the nature and amount of treatment given and space to record follow-up studies at prescribed intervals after the completion of treatment. The value of follow-up examination is being more and more appreciated. Not only is it salutary and necessary for the clinic to have such a yardstick for assessing the results of its activities, but also the process of checking up often brings to light minor and readily remediable setbacks, and reveals some unexpected sequelae of interest and use to the clinic team. It is hoped to make limited follow-up examination a routine procedure of the clinic practice in future.

Many visitors either in the role of students or of people with a common problem to discuss, came to the clinic throughout the year. Health Visitors in training, Paediatric Registrars, and doctors taking the Diploma in Public Health were among those who came to learn something of the methods and procedure of a Child Guidance Clinic, while Teachers, and Probation Officers came to discuss individual problems and cases in conference. These visits were welcomed. They did not interfere with the routine and were regarded as opportunities for disseminating general principles of mental hygiene in childhood in directions likely to be of practical prophylactic value.

During the past year the Child Guidance Clinic has continued to maintain the service built up in previous years. In doing so it has garnered some valuable new experiences and it has met problems requiring more general recognition and attention in the future. Its case load grows and it is still an expanding service. The existing establishment of staff supplied by the Local Authority requires augmentation if the efficiency of the clinic is not to be hampered by a large waiting list.

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	Nil
Number in Residential Special Schools at end of year	4
Out of school	1

PARTIALLY SIGHTED

Number known to the Authority during the year	45
Number ascertained during the year	3

Position at the end of the year:

In day special schools	11
In residential special schools	1
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.

Number ascertained during the year:

Deaf	Nil
Partially deaf	17

Disposal of ascertained cases:

Admitted to Day Special School (Partially Deaf)	2
Awaiting admission to Day Special School (at present in ordinary school) (partially deaf)	1
In ordinary schools (partially deaf)	14

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

In residential special schools (deaf)	4
In day special schools (deaf)	24
In day special schools (partially deaf)	5
In ordinary schools (partially deaf)	56

EDUCATIONALLY SUB-NORMAL 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 sub-normal children:-

Number ascertained during the year	50
------------------------------------	----

Disposal of ascertained cases:

In ordinary schools	19
In ordinary school awaiting admission to Residential Special School	1
Recommended day special schools	29
In South Ockendon Hospital awaiting admission to residential special school	1

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

In ordinary schools	99
In day special schools	x 163
In residential special schools	x 33
In Pyfield Open Air School	2

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

Fresh admissions to special schools during the year:

In day special schools	42
In residential schools	2

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. There are many epileptics whose disability is not so severe as to be incompatible with a normal school life, and it is in their best interests that they should be educated in an ordinary school. The more closely a child can live like his fellows the more likely he is to grow up mentally balanced with a normal healthy outlook; and this is as true of epileptic children as of any others. It is only when an epileptic is clearly unable to fit into the ordinary school and home life that the rather drastic step is taken of arranging special education for him.

The number of non-ascertained cases of epilepsy known to the Authority is 63. Data 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 ascertainties during the year	Nil
In day Special School	2

PHYSICALLY HANDICAPPED CHILDREN. The general definition of such a child is one who, by reason of disease or crippling defect, cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school without detriment to his health or educational development. The following figures set out the position regarding physically handicapped children in the Borough in the year 1952:-

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

Heart cases	16
Cripples	81
Miscellaneous	31

Physically Handicapped Children in Residential Special Schools (including Hospital Schools so far as information is available):

Heart cases	5
Cripples	10
Miscellaneous	16

(No figures are available for tuberculous children in Hospital Schools)

Physically Handicapped Children in Day Special Schools:

Heart cases	10
Cripples (non-tubercular condition)	60
Miscellaneous	9

In ordinary schools (awaiting admission to special schools)

Heart cases	Nil
Cripples	2
Miscellaneous	4

Out of school cases:

Heart	1
Cripples	9
Miscellaneous	2

Fresh Ascertainments during the year:

Heart cases	1
Cripples	11
Miscellaneous	15

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 93 and 95.

The number of children ascertained as delicate during the year was 158, and their disposal was as follows:-

Admitted to Fyfield	96
Admitted to other Residential Special Schools	6
Refused to go away	17
On waiting list at end of year	39

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 15, and their disposal was as follows:-

Admitted to Residential Special Schools	5
Placed in Foster Home	4
Awaiting admission to Residential Schools	5
Removed from area	1

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 or residential special school where his needs can be met; children living in a hostel will attend a neighbouring 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 82, and 46 were considered as no longer belonging to this category. The number on the records at the end of the year was 92. Two children were in Residential Special Schools during the year. An account of the work of the Speech Clinic appears on pages 80 and 81.

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, since no authority is likely to have more than two or three children with any particular combination of disabilities. In the year 1952, four cases were known to the Authority. The particulars are as follows:

Elizabeth Fry Special School

- | | |
|------------------------|--|
| 1 boy, aged 15 years, | Physically Handicapped (Hemiplegia)
Epileptic and Educationally Sub-normal. |
| 1 boy, aged 14 years, | Physically Handicapped (Spastic diplegia)
and Educationally Sub-normal. |
| | (Notified to the Local Health Authority
as ineducable, May, 1952). |
| 1 girl, aged 11 years, | Physically Handicapped (Alopecia)
and Educationally Sub-normal. |

Gurney Special School

- | | |
|------------------------|---|
| 1 girl, aged 15 years, | Educationally Sub-normal and Physically
Handicapped (Spastic). |
|------------------------|---|

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

SPECIAL SCHOOLS

The Authority is responsible for the following Special Schools:

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

ELIZABETH FRY AND GURNEY SPECIAL SCHOOLS

These two schools are considered together because the separation of function which is proposed under the Development Plan, whereby Elizabeth Fry becomes a school solely for physically handicapped children and Gurney caters entirely for educationally sub-normal children, has not yet been fully implemented, and some educationally sub-normal children are still in attendance at the former. The combined capacity of the two schools is:

Educationally sub-normal	200
Physically handicapped	80

The maximum numbers on the roll during the year were 200 and 80 respectively of whom 37 educationally sub-normal and 15 physically handicapped were extra-district children.

EDUCATIONALLY SUB-NORMAL CHILDREN. During the year 40 West Ham children and 4 extra-district children were admitted to the two schools by reason of educational retardation, and 34 West Ham children and 5 extra-district children left. The West Ham leavers were dealt with as follows:-

- Three left at 16 years. No action.
- Twenty-three were notified to the Local Health Authority, five under Section 57(3) and eighteen under Section 57(5) of the Education Act, 1944.
- One died.
- One was admitted to a residential special school.
- One was admitted to a Day Special School for Partially Sighted.
- Four removed from area.
- One committed to an Approved School.

Of the 5 extra-district children, 4 left school on attaining the age of 16 years, and one removed from the area.

PHYSICALLY HANDICAPPED CHILDREN. During the year 19 children were admitted to the Elizabeth Fry Special School on account of a physical handicap, including 2 extra-district children; 18 West Ham and 8 extra-district children left the school.

The West Ham leavers were disposed of as follows:-

Notified to Local Health Authority under Section 57(3) of the Education Act, 1944.	1
Returned to ordinary school	-8
Transferred to Day Special School for Educationally Sub-normal	1
Left school at 16 years - no action	2
Left school at 16 years and reported to the Youth Employment Officer as Disabled Juveniles	3
Left district	3

An analysis of the causation of defect in 79 West Ham cases and 15 extra-district cases which were in the Elizabeth Fry Special School during the year 1952 is set out below:

<u>Defect</u>	<u>West Ham</u>	<u>Extra-District</u>
Heart conditions	10	1
Paralysis	8	2
Quiescent T.B. bone and joint defects	13	2
Spastic conditions	8	5
Amputations	4	-
Haemophilia	2	-
Miscellaneous conditions	34	5
	<u>79</u>	<u>15</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, Post vaccinal encephalitis, ectopia vesicae, arthrogryposis and other defects.

ROMFORD ROAD BOARDING HOME
FOR EDUCATIONALLY SUB-NORMAL CHILDREN

This Hostel, which is situated adjacent to the Gurney Special School. for educationally sub-normal pupils, has accommodation for 18 educationally sub-normal boys with behaviour difficulties or other circumstances rendering it advisable for them to leave their homes. It is visited - usually monthly - by the Chief Assistant School Medical Officer, who again reports favourably on the condition of the premises and the

boys' progress. 13 visits in all were paid during the year, at times which were convenient for consultations with the superintendent and the head teacher of the special school which the boys attend.

Once again the children were taken to Stock, Essex, for a holiday under canvas during the summer vacation. 14 children joined the party; and thanks to the efforts of the superintendent and matron of the hostel and their helpers, the event fully repeated the success of previous years.

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 73, including 44 extra-district cases. It is anticipated that the accommodation will be increased under the Development Plan. Of the 73 children in attendance during the year, 21 West Ham cases and 37 extra-district cases were regarded as deaf and 8 West Ham cases and 7 extra-district cases as partially deaf and suited for instruction with hearing aids. The admissions to and discharges from the school are set out below:-

Admissions

	<u>West Ham</u>	<u>Extra-District</u>
Totally Deaf	5	5 Essex
Partially Deaf	5	1 Barking

Leavers

Totally Deaf	3	1 Barking 1 Ilford 2 Essex
Partially Deaf	2	1 Ilford 1 East Ham

FYFIELD RESIDENTIAL OPEN AIR SCHOOL

During the year 74 West Ham boys and 67 West Ham girls were admitted, and 85 West Ham boys and 81 West Ham girls were discharged. Of extra-district children 34 boys and 10 girls were admitted and 22 boys and 8 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 153 who attended for examination, 136 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 re-inspecting the children.

NURSERY SCHOOLS AND CLASSES. The authority now has four Nursery schools. Children in attendance are examined quarterly and the results are set out below:

<u>Number examined</u>	<u>Number found to require treatment</u>	<u>Percentage found to require treatment</u>
864	166	19.10

When the children were examined for the first time during the year, their general condition, using the Ministry of Education classification, was assessed as follows:-

<u>Number examined</u>	<u>Good</u>	<u>Percentage</u>	<u>Fair</u>	<u>Percentage</u>	<u>Poor</u>	<u>Percentage</u>
354	209	59.1	135	38.1	10	2.8

The great reduction in the percentage of poor general condition from 7.4 in 1951 to 2.8 this year corresponds with the reduction noted in connection with periodic inspections in primary and secondary schools and is probably due to the personal factor of the examining medical officers.

Examinations were also carried out at four nursery classes - Carpenters Road, New City, Grove County Primary and Tollgate. The following figures relate to medical inspections at these classes:-

<u>Number examined</u>	<u>Number found to require treatment</u>	<u>Percentage found to require treatment</u>
273	56	20.51

The child's general condition when examined for the first time during the year was assessed as follows:-

<u>Number examined</u>	<u>Good</u>	<u>Percentage</u>	<u>Fair</u>	<u>Percentage</u>	<u>Poor</u>	<u>Percentage</u>
141	79	56.03	60	42.55	2	1.42

Here again there is a reduction in the figure of poor general condition, from 7.5 to 1.42.

The defects which are most frequently found at the medical inspections are bronchitis and catarrhal conditions of the upper respiratory passages, and enlarged tonsils and adenoids.

The importance of medical supervision of nursery schools lies in the opportunity to detect the earliest beginnings of disease at a stage when remedial measures are comparatively easy to apply and may prevent the development of more serious trouble.

The nursery school is to some extent an observation centre, both medically and socially, where the progress of health and development of character can be carefully watched and guided in the child's best interests.

Physical and mental growth is stimulated at the nursery school and the training the child receives there may be summed up as follows:-

- (1) To provide healthy external conditions, light, sunshine, space and fresh air. A great part of the day is given to an "in and out life" leaving considerable choice to the children.
- (2) To ensure a healthy, happy, regular life for the children as well as continuous medical supervision.
- (3) To assist each child to form for himself wholesome personal habits.
- (4) To give opportunity for the exercise of the imagination and the development of many interests as well as skill of various kinds.
- (5) To give experience of community life on a small scale, where the children of similar, as well as varying ages, work and play with one another day by day.
- (6) To achieve a real unity with the life of the home.

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. 197 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 86. All were found fit to undertake employment. The number submitted for examination during the past four years has progressively declined, the numbers being 229; 132; 107 and 86 respectively. During the same period, 75 certificates of fitness were granted for girls to participate in singing and dancing under the Entertainments Rules. This number has remained fairly constant during the past three years.

THE SCHOOL-LEAVER AND EMPLOYMENT. One of the last duties which the School Health Service does for a child on leaving school is to give the Youth Employment Officer an indication of his fitness for employment. Where there is a handicap of such a nature and severity as to come within the scope of the Disabled Persons (Employment) Act, 1944, a detailed report is made. This applies particularly to children in attendance at special schools, which are visited towards the end of each term for the purpose of reviewing the capabilities of the school leavers. During the year 7 reports were submitted on Form Y.10.

APPENDIX 1.

CAUSES OF DEATH IN AGE GROUPS - 1952. (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	M	F
1. Tuberculosis, respiratory	29	10	-	-	1	-	-	1	-	-	8	5	12	3	7	-	1	1
2. Tuberculosis, other	1	4	1	-	1	-	1	-	-	-	-	-	2	-	-	-	-	-
3. Syphilitic disease	7	3	-	-	-	-	-	-	-	-	-	-	5	2	2	1	-	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	2	1	2	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases ...	1	4	-	-	-	-	1	-	1	-	-	-	1	2	-	-	-	-
10. Malignant neoplasm, stomach	33	17	-	-	-	-	-	-	-	-	2	1	15	5	11	6	5	5
11. Malignant neoplasm, lung, bronchus ...	60	4	-	-	-	-	-	-	-	-	4	-	28	1	24	2	4	1
12. Malignant neoplasm, breast	-	23	-	-	-	-	-	-	-	-	2	-	12	-	6	-	-	3
13. Malignant neoplasm, uterus	-	16	-	-	-	-	-	-	-	-	1	-	11	-	3	-	-	1
14. Other malignant & lymphatic neoplasms ...	87	56	-	-	1	1	-	-	-	-	7	5	28	16	33	15	18	19
15. Leukaemia, aleukaemia	5	4	-	-	1	1	-	-	1	2	-	2	1	-	-	-	-	1
16. Diabetes	4	9	-	-	-	-	-	-	-	-	1	1	-	3	4	-	-	4
17. Vascular lesions of nervous system ...	89	114	-	-	-	-	-	-	-	-	3	3	21	18	28	49	37	44
18. Coronary disease, angina	129	72	-	-	-	-	-	-	1	-	3	-	39	14	53	28	33	30
19. Hypertension with heart disease	25	28	-	-	-	-	-	-	-	-	-	-	4	-	7	13	14	15
20. Other heart disease	133	189	-	-	-	-	1	-	1	6	3	19	19	32	45	75	121	
21. Other circulatory disease	28	28	-	-	-	-	-	-	-	-	2	1	8	4	7	10	11	13
22. Influenza	6	6	-	1	-	-	-	-	-	-	-	-	3	1	1	2	2	2
23. Pneumonia	66	57	8	7	1	-	1	-	-	-	-	-	16	4	15	17	25	29
24. Bronchitis	122	62	-	2	1	1	-	-	-	-	4	-	42	7	47	19	28	33
25. Other diseases of respiratory system ...	18	5	-	-	-	1	-	-	-	-	3	1	5	2	6	1	4	-
26. Ulcer of stomach and duodenum	30	7	-	-	-	-	-	-	-	-	1	2	13	1	10	3	6	1
27. Gastritis, enteritis & diarrhoea	3	4	1	-	-	-	-	-	-	-	1	-	-	1	1	-	-	3
28. Nephritis and nephrosis	10	9	1	-	-	-	-	-	-	-	1	2	6	5	1	-	1	2
29. Hyperplasia of prostate	14	-	-	-	-	-	-	-	-	-	-	-	1	-	7	-	6	-
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital malformations	7	7	6	5	-	1	-	-	-	-	-	-	1	1	-	-	-	-
32. Other defined and ill-defined diseases ...	71	69	23	10	-	-	-	2	2	1	4	6	19	13	11	9	12	28
33. Motor vehicle accidents	9	2	-	-	2	1	1	-	2	-	1	1	-	-	1	-	2	-
34. All other accidents	17	9	1	1	-	1	1	1	1	-	3	-	6	-	2	-	3	6
35. Suicide	5	5	-	-	-	-	-	-	-	-	-	1	2	3	1	1	2	-
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL (All causes)	1,011	824	43	26	6	9	4	5	7	4	55	36	297	148	310	234	289	362

APPENDIX II

PARTICULARS OF BODIES RECEIVED INTO THE MORTUARY DURING 1952.

STRATFORD MORTUARY										
Month	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	38	28	10	34	4	34	4	-	38	3
February	28	20	8	28	-	24	4	-	28	4
March	27	17	10	25	2	23	3	1	26	4
April	26	15	11	24	2	17	7	2	24	6
May	16	10	6	15	1	16	-	-	16	2
June	19	12	7	18	1	12	7	-	19	8
July	11	7	4	10	1	8	2	1	10	2
August	15	12	3	15	-	13	2	-	15	2
September	19	15	4	15	4	16	3	-	19	3
October	28	16	12	25	3	23	5	-	28	5
November	26	20	6	23	3	23	3	-	26	3
December	48	30	17	44	3	43	4	-	47	3
TOTALS:	300	202	98	276	24	252	44	4	296	45

APPENDIX III

STATISTICS RELATING TO SCHOOL HEALTH SERVICE

COMPARISON OF CERTAIN TYPES OF WORK CARRIED OUT IN THE YEARS 1950, 1951 and 1952.

School Population -	1950: 27,369	1951: 28,178	1952: 29,135			
				<u>Number of cases dealt with</u>		
TYPE OF WORK				<u>1950</u>	<u>1951</u>	<u>1952</u>
Periodic Medical Inspections				11,409	8,955	9,264
Special Inspections and Reinspections				16,399	20,991	15,905
Nutrition Surveys by School Nurses				14,635	20,809	28,899
Uncleanliness Inspections by School Nurses				37,114	42,954	62,525
Minor Ailments treated at the School Clinics				6,465	5,924	4,683
Attendances at Minor Ailment Clinics				28,605	32,248	26,160
Tonsil and Adenoid Operations performed				227	522	188
Orthopaedic Defects treated at Orthopaedic Clinic				320	286	311
Cases treated at the Light Clinic				37	36	92
Admissions to Fyfield Open Air School				249	194	141
Reinspections at Fyfield				855	874	803
Reinspections of children on return from Fyfield				100	185	153
Children examined for Employment				132	107	86
Children examined for Entertainments				74	81	75
Children admitted to Convalescent Homes				255	224	197
Children ascertained for Speech Defects				141	77	82
Children referred for Child Guidance Treatment				120	186	191
DENTAL WORK						
Children treated				5,076	5,124	5,700
Number of fillings:						
Permanent teeth				1,014	846	1,108
Temporary teeth				990	414	379
Number of extractions:						
Permanent teeth				939	1,245	1,395
Temporary teeth				829	6,469	6,518
Administrations of general anaesthetics				2,185	1,989	2,332
Other operations:						
Permanent teeth				3,397	3,160	3,158
Temporary teeth				4,009	4,099	3,820
Number of Orthodontic cases treated				110	93	115

APPENDIX IV

SCHOOL HEALTH SERVICE

STATISTICS RELATING TO INSPECTION AND TREATMENT OF NURSERY, SPECIAL, PRIMARY, SECONDARY AND GRAMMAR SCHOOL PUPILS, 1952.

TABLE I.

Return of Medical Inspection

A. Periodic medical inspection:

<u>Code Group</u>	<u>No. examined</u>
Entrants	4,159
Second age group	2,250
Third age group	<u>2,004</u>
Total	8,413
Other periodic inspections	<u>851</u>
Grand Total	<u>9,264</u>

B. Other inspections:

Number of special inspections and reinspections	15,905
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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)	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
8,413	3,993	47.46	4,121	48.98	299	3.56

TABLE III

Verminous Conditions

(1) Total number of examinations of children in the schools by the school nurses	62,525
(2) Number of individual children found unclean	1,912

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	4,683
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Group 2. Defective Vision and Squint (excluding minor defects):

Errors of refraction (including squint)	1,604
Other defect or disease of the eyes	66
Total	<u>1,670</u>

Number of children for whom spectacles were

(a) Prescribed	1,606
(b) Obtained	1,663

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

Received Operative Treatment	195
Received other forms of Treatment	552
(excluding minor ear defects)	
Total number treated	<u>747</u>

TABLE V.

Dental Inspection and Treatment

(1) Number of children inspected by the Dentists:

(a) Periodic Age Group	N11
(b) Specials	5,390

(2) Number found to require treatment 5,390

(3) Number actually treated 5,700

(4) Attendances made by children for treatment 11,482

(5) Half-days devoted to

Inspection	N11
Treatment	<u>1,461</u>

Total half-days 1,461

(6) Fillings:

Permanent teeth	1,108
Temporary teeth	<u>379</u>

Total fillings 1,487

(7) Extractions:

Permanent teeth	1,395
Temporary teeth	<u>6,518</u>

Total extractions 7,913

(8) Administrations of general anaesthetics for extractions 2,332

(9) Other operations:

Permanent teeth	3,158
Temporary teeth	<u>3,820</u>

Total of "other operations" 6,978

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