

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

Contributors

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County Borough of West Ham *cont*



ANNUAL REPORT

ON THE

HEALTH SERVICES

FOR THE YEAR

1953

BY

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

Medical Officer of Health and Principal School Medical Officer

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1953.

The Registrar-General's estimate for the mid-year population was 169,100. This is smaller than last year's figure of 170,500 and it would seem that the slow downward trend of recent years is still in progress.

The birth-rate, at 16.6 per 1,000 population, is comparable with that for the previous year, of 16.4. The death-rate at 8.8 per 1,000 population is the lowest recorded in pre- or post-war years: it compares with a rate of 10.7 for 1952.

It will be noted that this year the statistical summary on page 5 quotes two sets of birth and death rates, the "crude" or ordinary rates and the "adjusted" rates. The reason for the adjustment is explained on page 6. By counteracting the effect of differences in age and sex composition of the population it brings out more clearly the relative effects of such factors as environment and social circumstances on the numbers of births and deaths in the various local authority areas. In the case of West Ham the adjusted birth rate is lower, and the adjusted death rate is higher, than the crude rate: nevertheless, the death rate, even after adjustment, remains below that of the country as a whole and below that of the Great Towns.

The stillbirth and infant mortality rates both showed some increase this year. Nearly all the excess of infant deaths fell within the neo-natal period (i.e., the first month after birth) which is recognised as the most difficult to influence by preventive measures. The association with a high stillbirth rate, however, suggests the possibility that a common factor may be operating which is not revealed in the analysis of causes of death and may be of a social nature. A single year's fluctuation is no sure guide, and it is perhaps an indication of progress that a reversion to rates which were regarded as favourable less than ten years ago is now called into question; but the level of infant deaths has long been regarded as a pointer to the living standards achieved by a community - economic as well as hygienic - so that apart from any considerations of the loss of lives involved, an increase in the rates can never be viewed without concern. The figures for the ensuing years must be awaited before we can tell whether this year's increase is of any real significance.

The measles epidemic which commenced towards the end of last year continued into this one but, as expected, it had abated by the middle of the year. It was followed by a smaller epidemic of whooping cough which was also over before the year ended. The notifications of tuberculosis increased to the upper level of post-war years but were accompanied by a further small decline in the numbers of deaths from the disease. This anomalous finding would appear to be partly due to a more intensive search for cases and their discovery in an earlier stage when they can be more effectively treated, and partly due to the greater efficiency of modern treatment. It does not indicate much progress in prevention. A vigorous pursuit of all the methods open to us for detecting sources of infection, protecting others at risk and building up resistance against infection will probably be required before the notification rate can ultimately be brought down. West Ham shared the national increase in the prevalence of dysentery - a phenomenon so far unexplained - and experienced the increased summer prevalence of poliomyelitis which is now coming to be regularly expected. Neither of these reached alarming proportions, however, or caused any deaths. In other respects the year's experience of infectious diseases was favourable.

Over the greater part of the service this has been a year of consolidation, and of adjustment of administrative system and organisation in the light of experience. Attention may, nevertheless, be drawn to a few salient points. The increase in the demands on the home nursing and domestic help services continued. This was in part a reflection of the shift in the balance of treatment away from the hospital services towards the patient's home. Insofar as this spares the limited hospital facilities for those with the greatest need and avoids unnecessary uprooting from familiar home surroundings it is a not unwelcome development, but it does have the effect of transferring some of the burden of medical care from the hospital to the local health authority services. A large part of the resources of the domestic help service is devoted to enabling old folk to manage in reasonable comfort in their own homes for as long a time as possible; and it will require a proper sense of balance to ensure that the reasonable needs of some of the younger sections of the community, e.g., expectant and lying-in mothers, are not swamped by this very laudable objective.

An account is also given, in the Supervisor's Report, of the continuing development of the Occupation Centre in response to the growing needs; reference is particularly made to pages 55 & 56.

In the School Health Service a determined effort was made to tackle the problem of uncleanliness in school children by calling more extensively on the powers provided by the Education Act, 1944 (see pages 61 to 63). Preliminary results have been encouraging, but it is not yet possible to say how effective it will eventually prove. The same section of the report (pages 77 to 81) also gives an account of the changes in the various categories of handicapped pupils introduced by Statutory Instrument during the year.

It gives me great pleasure to close my remarks by expressing my grateful appreciation of the consideration and support which the Committee have consistently extended to me, and my thanks to the staff of all grades and sections whose tireless efforts have made it possible to report so much that is satisfactory.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

F. ROY DENNISON.

Medical Officer of Health
and Principal School Medical Officer.

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

CONSTITUTION OF COMMITTEES.

(May, 1953, to May, 1954).

The Mayor (Alderman W.A.Gillman, J.P.)

Health Committee

Chairman: Alderman E.C.Cannon, J.P.

Vice-Chairman: Councillor R.J.Stubbs.

The Mayor (Alderman W.A.Gillman, J.P.)

Alderman Mrs.V.Ayres, J.P.

Alderman Mrs.A.A.Barnes

Alderman Mrs.E.C.Cook

Alderman Mrs.D.Parsons, M.B.E., J.P.

Councillor H.J.Bates

Councillor A.E.Bigg

Councillor W.A.Gristwood

Councillor Dr.D.Imber

Councillor Mrs.G.K.S.Jacobs

Councillor E.S.C.Kebbell

Councillor Mrs.M.Scott, J.P.

Councillor Miss D.L.Smith

Councillor S.W.Whitear.

Co-opted Members: Dr.J.F.G.Garden, Mr.A.G.Lunt and Mr.E.H.Turner.

EDUCATION COMMITTEE.

Chairman: Alderman Mrs.D.Parsons, M.B.E., J.P.

Vice-Chairman: Alderman F.A.Warner.

The Mayor (Alderman W.A.Gillman, J.P.)

The Deputy Mayor (Alderman Mrs.F.Harris, J.P.)

Alderman Mrs.V.Ayres, J.P.

Alderman Mrs.A.A.Barnes,

Alderman S.Boyce

Alderman C.F.Lowe, J.P.

Alderman A.C.Moorey, J.P.

Alderman M.J.Sullivan

Alderman D.Thorogood

Councillor F.T.Burt

Councillor J.Crone

Councillor M.Davidson

Councillor A.F.G.Edwards

Councillor M.Fisher

Councillor E.G.Goodyer

Councillor A.J.Hughes

Councillor W.C.Kuhn

Councillor L.L.McGuire

Councillor T.C.McMillan

Councillor Mrs.M.Scott, J.P.

Councillor W.Moat

Councillor S.W.Whitear.

Co-opted Members: Rev.A.Millns, Rev.Canon P.O'Donnell,
Messrs.E.P.Bell, D.L.Dally, G.Gaze, F.Samuels,
C.W.Thurston, H.C.Willig and Mr.J.W.H.King.

SENIOR OFFICERS OF THE HEALTH SERVICES.

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER.

F. Roy Dennison, M.D., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH AND
DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER.

J.H.Briscoe-Smith, M.B., Ch.B., M.R.C.S., D.P.H. (Resigned 15.11.53).

CHIEF ASSISTANT SCHOOL MEDICAL OFFICER.

Austin Furniss, L.R.C.P., L.R.C.S., L.R.F.P.S., L.M.S.S.A., D.P.H., L.D.S.

SENIOR ASSISTANT MEDICAL OFFICER, MATERNITY AND CHILD WELFARE.

Miriam Florentin, M.B., Ch.B., D.P.H.

SENIOR DENTAL OFFICER.

J.H.Glen, L.D.S., L.C.S.

CHIEF SANITARY INSPECTOR.

H.G.Clinch, M.B.E., F.R.S.I. (Retired 20.7.53)

H.Ault, M.S.I.A. (Appointed 21.7.53)

CHIEF ADMINISTRATIVE ASSISTANT.

Stanley Johnson, B.A. (Admin.)

SUPERINTENDENT NURSING OFFICER.

Miss D.L.Fraquet, S.R.N., S.C.M., H.V's Cert., S.I's Cert.

STATISTICAL SUMMARY

1953

Area of Borough	...	...	...	...	...	...	...	...	4,689 acres
Population (R.G.'s mid-year estimate)	...	...	...	...	...	...	...	...	169,100
Live Births	...	...	...	...	...	...	...	...	2,812
Crude birth rate (per 1,000 population)	...	...	...	...	...	...	...	...	16.6
Adjusted birth rate (per 1,000 population)	...	...	...	...	...	...	...	...	15.1
Stillbirths	...	...	...	...	...	...	...	...	70
Stillbirth rate (per 1,000 total births)	...	...	...	...	...	...	...	...	24.3
Deaths	...	...	...	...	...	...	...	...	1,492
Crude death rate (per 1,000 population)	...	...	...	...	...	...	...	...	8.8
Adjusted death rate (per 1,000 population)	...	...	...	...	...	...	...	...	10.3
Deaths of infants under 1 year	...	...	...	...	...	...	...	...	82
Infant mortality rate (deaths per 1,000 live births)	...	...	...	...	...	...	...	...	29.1
Deaths of infants under 4 weeks of age	...	...	...	...	...	...	...	...	54
Neonatal death rate (deaths per 1,000 live births)	...	...	...	...	...	...	...	...	19.1
Maternal deaths	...	...	...	...	...	...	...	...	-
Maternal mortality rate (per 1,000 live & stillbirths)	...	...	...	...	...	...	...	...	-

VARIOUS DISEASES: Cases and Deaths.

	<u>Cases</u>	<u>Case rate</u> <u>per 1,000</u> <u>population</u>	<u>Deaths</u>	<u>Death rate</u> <u>per 1,000</u> <u>population</u>
Smallpox	-	-	-	-
Scarlet Fever	413	2.44	-	-
Diphtheria	1	0.006	-	-
Dysentery	66	0.39	-	-
Food Poisoning	17	0.10	-	-
Measles	2,428	14.36	2	0.01
Acute Poliomyelitis (paralytic)	14	0.08	-	-
-do- (non-paralytic)	8	0.05	-	-
Whooping Cough	746	4.41	-	-
Meningococcal Infections	4	0.02	1	0.006
Typhoid and Para Typhoid Fevers	1	0.006	-	-
Pneumonia:				
Acute, primary and influenzal	201	1.19		
All forms	-	-	86	0.51
Bronchitis	-	-	142	0.84
Tuberculosis:				
Respiratory	199	1.18	34	0.21
Other forms	18	0.11	2	0.01
Cancer	-	-	291	1.72

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

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

POPULATION. The estimated civilian population in 1953 was 169,100. This is a decrease of 1,400 on the estimated population for 1952.

BIRTH RATE. Live Births. The number of live births during the year was 2,812 (males 1,466 and females 1,346). This gives a crude rate of 16.6 per 1,000 total population; the rate for 1952 was 16.4. The adjusted birth rate for 1953 is 15.1 per 1,000 population which compares with a rate of 15.5 for England and Wales and 17.0 for the 160 County Boroughs and Great Towns (including London). Illegitimate births accounted for 140, or 4.9 per cent of all live births - the rate for 1952 was 4.6.

Stillbirths. There were 70 stillbirths (33 males and 37 females) giving a rate of 24.3 per 1,000 total births.

DEATHS. During the year 1,492 (males 854 and females 638) West Ham residents died, giving a crude death rate of 8.8 per 1,000 population. The adjusted death rate per 1,000 population is 10.3 which compares with the death rate of 11.4 for England and Wales and 12.2 for the 160 County Borough and Great Towns (including London). The causes of death at different periods of life and distinguishing male and female are given in Appendix I, page 88.

INFANT MORTALITY. The deaths of children under 1 year of age numbered 82 (males 45 and females 37) giving an infant mortality rate of 29.1 per 1,000 live births as against 24.6 for 1952. The rate for England and Wales was 26.8 and for the 160 County Borough and Great Towns (including London) 30.8. The list of causes of death can be found in Appendix I, page 88 of this report.

MATERNAL MORTALITY. During the year there were no deaths from maternal causes, as against 5 deaths in 1952. The maternal mortality rate for England and Wales was 0.76.

ADJUSTED BIRTH AND DEATH RATES. In order to make an approximate allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole each authority is given an area comparability factor. This factor enables the local crude birth and death rates to be adjusted. When so adjusted the rates are comparable with the crude rate for England and Wales or with the corresponding adjusted rate for other areas.

INFECTIOUS DISEASES.

POLIOMYELITIS. Twenty-two cases occurred during the year as compared with 20 in 1952. The case rate was 0.13 per 1,000 of the population. There were no deaths. Fourteen of the cases had some degree of paralysis while 8 were non-paralytic.

The epidemic followed the usual pattern, commencing in the middle of June and dying out in the late Autumn. All but two of the cases occurred during the four months July, August, September and October. The two exceptions were an isolated case which occurred during the third week of February and one 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	1	1	15 -	3	2
1 -	2	2	25 -	1	-
5 -	3	2	35 -	-	-
10	4	-	45 & over	1	-

FOOD POISONING. Corrected notifications - Quarterly.

<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>3rd Quarter</u>	<u>4th Quarter</u>	<u>TOTAL</u>
-	11	4	2	17

Of the above notified cases 12 occurred singly, and 5 in an outbreak involving one family. It was not possible to trace the source of infection with any degree of certainty in any of these cases.

DYSENTERY.

There were 66 cases of this disease notified during the year (38 males and 28 females), giving a case rate of 0.39 per 1,000 of the population.

GASTRITIS, ENTERITIS AND DIARRHOEA.

During the year the number of deaths from this disease was 12 of which 9 occurred below the age of one year.

TYPHOID AND PARA-TYPHOID FEVERS.

There was one case of typhoid fever during the year, a man aged 53 years, who was the proprietor of a cafe.

Specimens of faeces and urine were taken from members of the family and the cafe staff. All proved negative.

The source of infection was not determined. The man had visited Italy a short time before the onset of the disease. Fortunately, there was no spread of infection through the cafe service.

MEASLES.

The number of cases of measles notified during the year was 2,428 - 1,270 in males and 1,158 in females. This compares with 1,504 cases notified during the previous year. The case rate per 1,000 of the total population was 14.36. There were 2 deaths.

This epidemic arose in consonance with the normal cycle of prevalence experienced in this disease. It was still in progress at the end of the year.

DIPHTHERIA.

There was one case of this disease during the year. This was a girl aged 1 year and 10 months. She had not been immunised.

WHOOPING COUGH.

During 1953 there were 746 cases of this disease - males 379 and females 367. The case rate was 4.41 per 1,000 of the population. There were no deaths.

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

PNEUMONIA.

There were 201 cases (105 males and 96 females) of pneumonia - primary and influenzal - notified during the year giving a case rate of 1.19 per 1,000 of the population. The number of deaths from all forms of pneumonia was 86 giving a death rate of 0.51 per 1,000 of the population.

PUERPERAL PYREXIA.

The number of cases occurring during the year was 42. This compares with 45 cases during 1952.

OPHTHALMIA NEONATORUM.

There were no cases of this disease during the year.

MENINGOCOCCAL INFECTION.

There were 4 cases of meningococcal infections notified during the year, giving a case rate of 0.02 per 1,000 of the population. There was one death.

SCARLET FEVER.

During the year 413 (219 males and 194 females) cases of scarlet fever were notified, this being a decrease of 186 on the previous year. The case rate per 1,000 total population was 2.44. There were no deaths from this disease in West Ham.

ERYSIPELAS.

The number of cases of this disease notified during the year was 27 (12 males and 15 females) giving a case rate of 0.16 per 1,000 of the population.

TUBERCULOSIS.

During the year 217 new cases of tuberculosis were notified as compared with 149 for the previous year. The table below shows the incidence of the disease for the past few years:-

Notifications of Tuberculosis.

Respiratory			Non-Respiratory	
Year	Number	Rate per 1,000 population	Number	Rate per 1,000 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
1953	199	1.18	18	0.11

The number of deaths from all forms was 36, giving a rate of 0.22 per 1,000 of the population - respiratory (34 deaths) 0.21 and other forms (2 deaths) 0.01. The rates for England and Wales, and the 160 County Borough and Great Towns for all forms of tuberculosis were respectively 0.20 and 0.24.

While it is recognised that there has been a more active search for cases of the disease in recent years it is disappointing that the number of notifications has not yet shown any tendency to decline in the same way as deaths. Even with the rather wide fluctuations over individual years there is no indication of any significant improvement or worsening of the overall position and certainly no evidence of the much looked for decline in notifications as yet.

Deaths from tuberculosis continue to decline. The accompanying diagram illustrates the trend of the tuberculosis death rate over the past 20 years. Apart from the war years it will be seen that the rate has consistently fallen during this period.

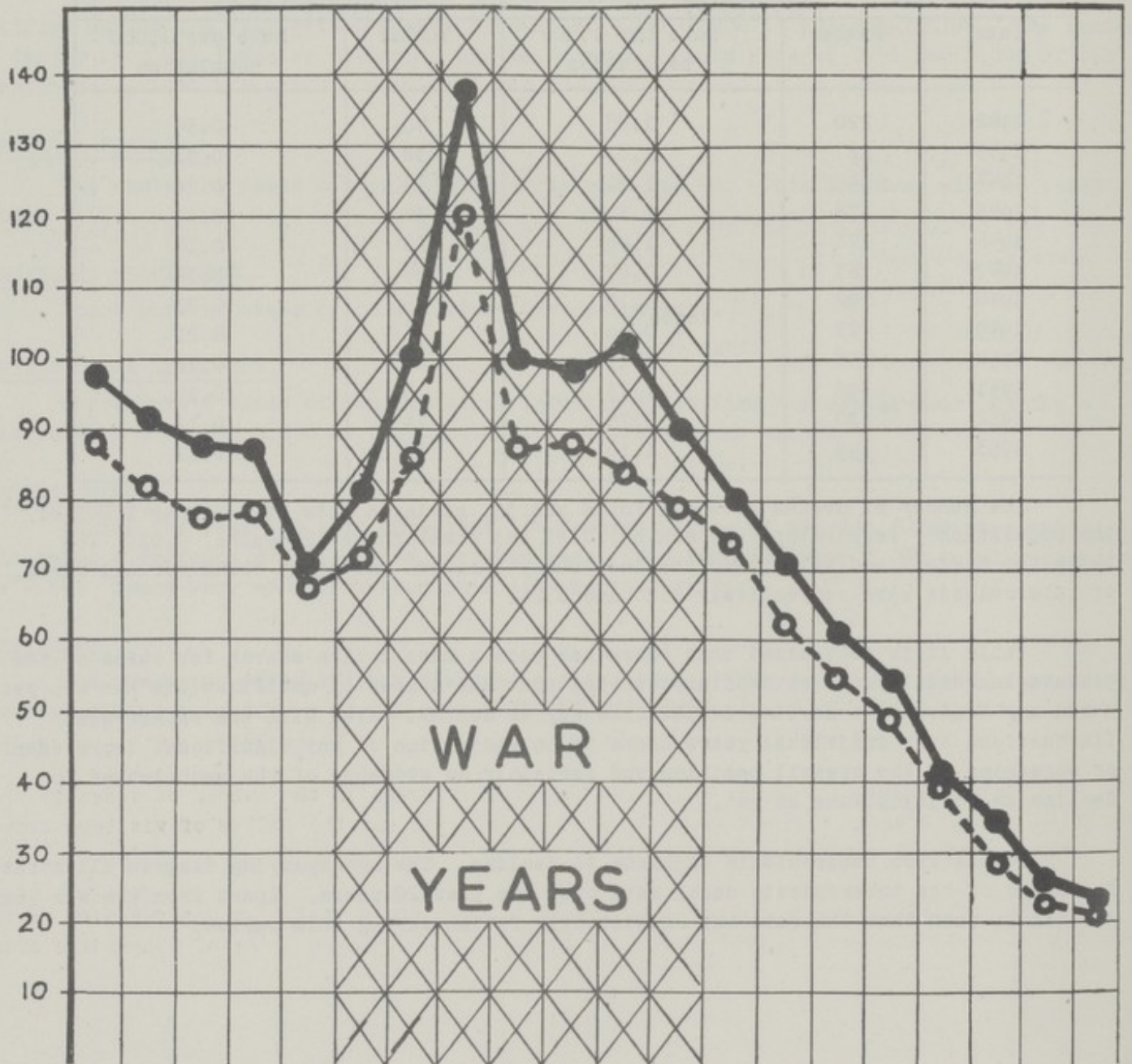
TUBERCULOSIS

DEATHS

PER

100,000

POPULATION



1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953

—●— 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 Venereologist.

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

The corresponding figures for 1952 are in brackets.

The total number of patients who attended was 543 (463). This figure includes 139 who were already under treatment or observation at the beginning of the year.

New patients	404	(315)
Total attendances	3308	(3285)

The diagnosis was as follows:-

Syphilis in primary or secondary stage	2	(0)
Syphilis in the early latent stage	0	(4)
Syphilis in later (non-infective) stages	16	(19)
Congenital Syphilis	10	(10)
Gonorrhoea	46	(24)
Soft Sore	1	(0)
Urethritis	38	(20)
Other Conditions	249	(199)
Cases previously treated elsewhere	18	(14)
Return Cases	24	(25)

Attention is drawn to the small but definite increase in the number of cases in the early infective stage. A possible cause of this increase was the inflow of visitors from overseas during the Coronation festivities.

The syphilis cases included 4 (9) pregnant women whose condition was revealed as the results of routine ante-natal tests. One of these cases was found to be of congenital origin.

SANITARY CIRCUMSTANCES

REPORT OF THE CHIEF SANITARY INSPECTOR

H. AULT. M.S.I.A.

I have pleasure in submitting the Annual Report on the work of the Food and Drugs Inspector and the Sanitary Inspectors during the year ending 31st December, 1953 and the Shops Inspector from 1st January, 1953 until the date of his retirement on 4th October, 1953.

In presenting my first report since assuming office in July I would like to take this opportunity of expressing my appreciation of the ready co-operation and efficient services rendered by the technical and clerical staff. My Deputy, Mr. E. R. H. Hodge, took up duties in November, 1953, and to him also I wish to place on record my indebtedness for his invaluable support during a period which was not without its difficulties.

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

The number of dwelling houses in the Borough is 41,663 and the population is 169,100.

WATER SUPPLY. The Metropolitan Water Board are the Statutory Undertakers throughout the County Borough and the 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, except 2, are supplied direct by pipes. In these two instances water is supplied to stand-pipes situated in the yards.

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 are 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 all matters relating to the inspection of food for unsoundness or diseased, and prevention of contamination are the province of the Sanitary Inspector in any class of factory.

During the year, 1,668 visits were made for the purpose of the Factories Act, 1937, to 871 factories, and 33 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 as amended.

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.	63	320	4	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	808	1,348	29	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
TOTAL	871	1,668	33	-

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 (S.1)	10	10	-	6	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	4	4	-	2	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	3	3	-	-	-
Sanitary Conveniences (S.7) -					
(a) Insufficient	6	6	-	3	-
(b) Unsuitable or defective	70	70	-	14	-
(c) Not separate for sexes	1	1	-	1	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
TOTAL	94	94	-	26	-

FACTORIES ACTS, 1937 as amended, Sections 110 and 111.

Part VIII of the Act.

OUTWORK.

Nature of Work (1)	SECTION 110			SECTION 111		
	No. of out- workers in August list required by Section 110 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prose- cutions for failure to supply lists (4)	No. of in- stances of work in un- wholesome premises (5)	Notices served (6)	Prose- cutions (7)
Wearing apparel Making, etc.) Cleaning and) washing)	235					/
Household linen	6				/	
Lace, lace curtains and nets	3					
Curtains and furniture hangings	1			/		
Paper Converters	27					
Umbrellas, etc.	1					
Artificial flowers	6					
Paper bags	3					
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	37	/				
Brush making	1					
Feather sorting	1					
Stuffed toys	35					
Chocolates and sweetmeats	4					
Cosaques, Christmas crackers, Christmas stockings, etc.	42					
Lampshades	7					
TOTAL	409	—	—	—	—	—

FOOD INSPECTION.

In order to maintain a high standard of hygiene in food premises constant inspections of these establishments are carried out by the Sanitary Inspectors. During the year no less than 4,360 inspections were made. There is still plenty of room for improvement in many food shops but it is pleasing to note that more and more shopkeepers are turning to partly enclosed glass display cabinets to protect their products. Cold storage equipment for meat and other perishable foodstuffs is also being installed to an increasing extent.

In the Borough there are about 1,750 establishments where food is prepared for sale, or sold, of which 518 are registered in connection with the sale of ice cream or preserved foods. The types of registered premises are as follows:-

Butchers	128	Greengrocers	19
Wet & Fried Fish Shops	53	Grocers	38
Ice Cream Establishments	280		

The number of visits paid to registered food premises was 1,629.

The number of licensed distributors of milk is 243 and 466 licences have been issued in relation to designated milk sold by them. One premises is registered for the sterilisation and sale of sterilised milk.

A bottle containing milk was brought to the office which on examination was found to be encrusted with moulds on the inner surface. Legal proceedings were instituted which resulted in a fine of £5.

In another case a tin of a proprietary tonic was purchased which contained a portion of an unsmoked cigarette. The representatives of the proprietors were interviewed and as this was the first time in the history of the firm that a foreign body had been found in any of its products it was felt that a warning would meet the case.

An unusual instance of metallic contamination was brought to the attention of the Department by the School Meals Supervisor. In response to an urgent call a large bowl of veal jelly was examined at Maryland Central Kitchen. The jelly was black in colour and on being analysed was found to be contaminated with lead and copper. The bowl had been recently retinned and it appeared probable on investigation that an unsuitable alloy resembling solder had been used instead of pure tin. The bowl was, therefore, withdrawn from service and to prevent possible recurrence appropriate advice was given and suggestions made to the responsible officers of the School Meals Service and to the cooks employed in the school kitchens.

A number of warning letters were sent to stall-holders and others in respect of minor offences such as stalls without the name and address of the stall-holder inscribed thereon, unclean vehicles transporting food, and depositing crates of bottled milk on the ground.

I append a list of various foodstuffs condemned during the year:-

Meat	3,027 tins	Duck	4½ lbs.
Chicken	6½ lbs.	Rabbit	15 lbs.
Ham	221 "	Lamb	737 "
Beef	13,993 "	Pork	300 "
Bacon	7,821 "	Calves' lungs	144 "
Offal	55 "	Sweetbreads	44 "
Ox Cheek	189 "	Liver	193 "
Tongue	422 "	Meat Pies	91 "
Plucks	959 "	Black Pudding	4 lbs.
Pigs Heads	83 "	Sausages	141 "
Vegetables	2,496 tins	Beans	280 "
Peas	365 lbs.	Lentils	42 "
Brussel Sprouts	280 "	Spring Greens	84 "
Cauliflower	36 "	Cabbages	280 "
Parsnips	1 bag	Carrots	1 bag
Herbs	4 boxes	Watercress	1 box
Lettuce	1½ "	Celery	6 rolls
Mushrooms	3 lbs.	Tomatoes	366 tins
Tomatoes	1,848 "	Tomato Juice	19 "
Tomato Paste	10 tins	Spaghetti	11 "
Vermicelli	18 pkts.	Macaroni	1 "
Soup	187 tins	Soup	36 pkts.
Pickles	52 jars	Onions	537 tins
Onions	3 cwt.	Onions	61 half bags
Salt	260 lbs.	Fish	954 tins
Fish	26 stones	Fish Cakes	24 "
Cockles	36 lbs.	Sauce	3 bottles
Sandwich Spread	6 jars	Salad Cream	54 jars
Raisins	28 lbs.	Currants	30 lbs.
Sultanas	102½ "	Flour	21 bags
Flour	268 "	Barley	154 lbs.
Tapioca	28 "	Rice	304 "
Nuts	784 "	Nuts	2,016 pkts.
Cheese Crackers	1 tin	Cheese	158 lbs.
Cheese	302 pkts.	Cheese Waste	23 "
Fruit Squash	3 pints	Orange Juice	9 tins
Cocoa	18½ lbs.	Milo	1 "
Vita Cream	1 gill	Fruit	10,771 "
Dried Apple	47½ lbs.	Bananas	106 stems
Peaches	2 boxes	Rhubarb	½ box
Apples	2 "	Pears	1 "
Oranges	6 cases	Dates	26 pkts.
Milk & Cream	2,844 tins	Marmalade & Jams	605 jars
Margarine	314 lbs.	Lard	1 lb.
Butter	107 "	Peanut Butter	8 jars
Cooking Fat	448 "	Suet	26½ lbs.
Dripping	280 "	Custard	4 "
Cornflour	20 pkts.	Jelly	180 pkts.
Chocolate & Starch Waste	49,280 lbs.	Sweet Mixture	22,280 lbs.

Sugar	4,368 lbs.	Sweets	25,920 pkts.
Chocolates	2 "	Sweets	613 lbs.
Chocolate Wafer	17 pkts.	Coconut	14½ "
Coconut Kisses	940	Coconut Delight	6 "
Biscuits	589lbs.	Rusks	84 pkts.
Christmas Puddings	5	Cake	135½ lbs.
Eggs, shell	6 cases	Crisps	55 tins
Eggs, shell	3,212	Cereals	19 cases
Tea	110 lbs.	Bisto	768 pkts.

ICE CREAM AND ICED LOLLIES.

One hundred and seventeen samples were taken by the Sanitary Inspectors for bacteriological examination during the year, with the following results:-

<u>Grade</u>	<u>Number of Samples</u>
1	47
2	31
3	23
4	12

Samples are subjected to the Methylene Blue Reductase Test and graded 1, 2, 3 and 4 according to the time taken for the colour of the test solution to disappear. This gives an approximate indication of the number of bacteria present, and samples are divided broadly into the categories Good, Average, Bad and Very Bad. Where samples consistently fail to reach Grades 1 and 2, it is reasonable to regard this as indicating defects of manufacture or of handling, which necessitates further investigation.

Four samples were unable to be tested owing to adverse atmospheric conditions.

In the case of a sample falling into Grades 3 or 4, which is deemed unsatisfactory, the premises were visited and the cause of the trouble investigated, after which further samples were taken to ensure that conditions were satisfactory.

During the year many samples of iced lollies taken in various towns were reported to be contaminated with lead, copper, zinc or tin; in some samples amounts as much as 11 parts per million of lead were discovered.

On investigation it was found that one of the causes of contamination was due to faulty moulds being repaired with ordinary plumber's solder instead of refined tin solder. Fortunately, the manufacturers of lollie moulds were quick to recognise the danger and produced moulds made of aluminium, stainless steel, plastic or rubber which reduces considerably the risk of contamination.

During the summer months the Sanitary Inspectors purchased 73 samples of iced lollies and endeavoured to cover every make and type sold. The samples were submitted for both bacteriological and chemical analysis. The bacteriologist reported that every sample except two was satisfactory. The fat content of the 23 milk lollies submitted to the Public Analyst was found in many instances to be superior to that of milk, which is 3 per cent. These 73 samples of iced lollies were included among the 117 samples of all products mentioned at the beginning of this section.

As in previous years the policy of tracing the source of rat infestation as well as treating the infested premises, has been continued throughout the year with some success.

The Sanitary Inspectors carried out 152 tests to drainage systems suspected of harbouring rat infestation and those drains and/or sewers found defective were repaired or re-constructed.

The Rodent Control Section has carried out 1,259 inspections of dwelling houses, of which 739 were rat infested and 520 mice infested; 76 visits were paid to Local Authority properties and of these 50 were rat infested and 26 mice infested; the number of industrial and business premises visited was 184, of these 120 proved to be infested with rats and 64 with mice; miscellaneous visits and premises not able to be treated for one reason or another, or found to be not infested totalled 36.

One Notice under Section 4 of the Act was served.

The Statistics relating to the activities of the Rodent Control and Disinfestation and Disinfection Section are tabulated in Tables I - III.

Special Investigations. During the year two unusual investigations and treatments were carried out, and are detailed herewith:-

(a) Carpenters' Road Area. Following confirmation of large scale rat infestation of this area, in co-operation with the Ministry of Agriculture and Fisheries, a committee of factory occupiers was formed and a large scale operation was set in motion. This proved to be the largest block control operation ever undertaken with the use of Warfarin. The Rodent Control Section carried out the investigations and bait layout etc., and eventually the firms concerned had operatives of their own trained by the Ministry of Agriculture and Fisheries, who then worked with the Council staff. At the end of the operation, the Rodent Control staff continued to keep a sharp look out for any further re-infestation. For the actual operation 370 lbs. of bait was used, and although comparatively few bodies were actually found, the result was a 100% clearance, so much so that up to the end of December only two minor infestations by mice have been reported.

(b) Fyfield Residential Open-Air School. Complaint was received of infestation and damage by rats. Investigation revealed widespread infestation of the boundary hedges etc., sewage disposal plant and under various store sheds and similar buildings. An operation was instituted which lasted approximately 10 days, using Cyanide gas, Warfarin and Zinc Phosphide and over 100 bodies were found within the first week. Post baiting revealed a complete elimination, but a pair of rats attempted to make a store shed their headquarters about a fortnight later, but were quickly detected and poisoned.

TABLE I.

RODENT CONTROL

Type of premises	R A T S		M I C E		Total No. of Premises Visited	Total No. of Visits
	Premises Visited	No. of Visits	Premises Visited	No. of Visits		
Dwelling Houses	739	7,221	520	2,478	1,259	9,699
Industrial & Business	120	723	64	267	184	990
Council Properties	50	272	26	118	76	390
Miscellaneous	36	56	-	-	36	56
TOTAL	945	8,272	610	2,863	1,555	11,135

TABLE II.

DISINFESTATION.

Type of Premises	Premises visited	Total number of visits
Dwelling Houses	569	684
Local Authority Properties	8	12
Shops	9	10
Factories	2	2
Hospitals	6	6
Public Houses	1	1
Static Tanks	20	20
Schools	4	5
TOTAL	619	740

TABLE III.

DISINFECTIONS.

Type of Premises	Premises visited	Total number of visits
Dwelling Houses	20	21
Hospitals	1	1
Silvertown Clinic	4	9
TOTAL	25	31

School Plimsolls - 717 pairs. 7 sacks. 3 boxes. 1 case.

SMOKE ABATEMENT. The importance of a clean atmosphere is at long last being recognised by those in authority and by the general public. It is unfortunate, however, that it required the London fog disaster of December 1952 to stir the public conscience. Despite nearly 50 years campaigning by interested societies and health officials apparently only a national disaster can bring the danger home to the general public.

During the latter part of the year, rather than invoking the law on each occasion in respect of smoke nuisances several firms were advised to consult the Fuel Research Station, a section of the Scientific and Industrial Research Department, on the best means of conducting their plants both from an efficiency point of view and the prevention of smoke nuisance. The personnel of the Fuel Research Station is to be congratulated on the interest shown and advice given in response to these requests and the beneficial results

derived therefrom. Several letters expressing thanks and appreciation have been received by the Department from firms to whom advice and suggestions were offered.

One hundred and sixty-four observations were taken of industrial chimneys resulting in 140 visits to factories and in one case legal proceedings were instituted which resulted in a fine of £5.

HOUSING. The housing situation in the Borough continues to be critical and I am greatly concerned by the large number of sub-standard houses which must of necessity remain occupied indefinitely.

A really effective way must be found of reclaiming sub-standard houses before decay has advanced to a stage when it is useless to try and prolong their life. The Housing Act, 1949, sought to encourage the improvement of this sort of property but it has largely failed in its purpose. The improvement grant clauses of the Act are permissive and do not require owners to improve their houses nor local authorities to make grants. For this reason it is hardly likely that the provisions of the Act will ever bring about the reclamation of sub-standard property on a large scale.

It is too early to estimate the success or otherwise which may attend the provisions of the Housing Repairs and Rents Bill now before Parliament. So far as providing the means for making a radical change in the position is concerned a significant start has been made but a great deal will depend on how the remedies are applied. It is recognised that they are to some extent experimental but with careful scrutiny of early results it should be possible to adjust the purpose of the proposals by further safeguards in the form of regulations.

During the year, 4,535 notices were served under the Public Health Act, 1936 and 316 summonses were issued in respect of non-compliance.

Nine reports concerning houses or parts of buildings were laid before the Housing Committee, the premises being (a) unfit for human habitation, and (b) could not be rendered fit at reasonable cost.

Two demolition Orders were made and two undertakings to make fit were accepted.

One Closing Order was made in respect of a part of a building used, but unfit for human habitation.

CARAVANS. During the year quite a considerable amount of time was spent in visiting numerous sites which the owners of caravans would persist in occupying as camping grounds. It was found necessary in 13 instances to institute proceedings under the Bye-Laws for the Good Rule and Government of the Borough as the occupants of the caravans did not take kindly to peaceful persuasion and seemed most reluctant to move on.

The penalties inflicted by the Magistrates Court were £3 in one case, £2 in ten cases, £2 plus 10/- costs in another and a further one was conditionally discharged on payment of 4/- costs.

BOMBED SITES. It is pleasing to record that the number of bombed sites in the Borough is decreasing as the work of reconstruction goes on. Many of these sites have caused serious nuisance since 1945 by reason of debris of all kinds, offensive and otherwise, being deposited thereon. Since the end of the war the Department has expended large sums of money in clearing them of putrescible matter, such as verminous bedding, rags, rotting vegetation, etc.

SHOPS ACT, 1950. The general administration of the Shops Act, 1950 was carried out by the Department until the retirement of Mr. Genery on 4th October, when the duties were transferred to the Weights and Measures Department.

During the period, 1st January to 4th October, 2,150 visits were made when it was found that in general, the provisions of the Act were being adhered to. Contraventions which were discovered were of a minor nature and were dealt with either verbally or by warning letter.

FLOODING, NIGHT OF 31st January and 1st February.

On the Monday following the disastrous flooding of parts of Ordnance and Tidal Basin Wards on the above night, I directed the Sanitary Inspectors to make a house to house survey of the effected area to assess the damage to the dwellings and to give advice and assistance wherever possible. During the days that followed the Inspectors arranged for the removal of wet mattresses and bedding to the laundries of the local hospitals for drying and for the return of these articles to the householders.

Many mattresses were examined and when found to be beyond repair certificates were issued for replacements. Certificates were also issued in cases of hardship for a gift of coal from the Mayor's Fund. The Inspectors also attended to a large number of requests from food traders to examine and condemn foodstuffs contaminated and damaged by the flood water.

On Monday, 9th March, the Sanitary Inspectors and clerical staff of the Section, together with volunteers from other Departments, 37 in all, commenced an investigation into the 1,037 claims for compensation. The great majority of these claims were investigated and amounts assessed within the same week.

I wish to place on record my appreciation of the work performed by the Sanitary Inspectors and others during this very trying period. They worked with a will and were obviously anxious to alleviate as far as humanly possible the distress of the flood victims. There was a ready response when volunteers were required for duty during evenings, Saturday afternoons and Sundays.

STATISTICAL TABLE

For the period from 1st January, 1953 to 31st December, 1953.

Visits to private houses to investigate complaints	6,795
House to House inspections under Public Health or Housing Acts	70
Houses inspected under the Housing Act 1936, re Closing & Demolition Orders or Reconstruction or re Schedules of Evidence	92
Houses inspected following infectious disease	49
Investigations of cases of notifiable infectious disease	599
Visits under Increase of Rent Restriction, etc. Acts	50
Certificates granted under Rent Restriction, etc. Acts	35
Samples of domestic water supplies taken for analysis or bacteriological examinations	1
Visits to Squatter Camps	54
Visits re overcrowding provisions of Housing Acts	441
Visits to Factories (Mechanically Operated)	1,348
" " " (without Mechanical Power)	320
" " " re smoke	140
Smoke Observations	164
Visits to Workplaces	451
" " Offices (as workplaces) P.H.A. 1936	130
" " places of public amusement, Theatres, Music Halls, Cinemas, etc., (Ministry of Health circular 120 of 1920)	48
Samples taken under Rag Flock Act	5
Visits to Outworkers	1,093
Visits to Scheduled Offensive Trades	340
" " other Noxious Trades	132
Visits to Bakehouses	182
Visits to Dairies	182
" " Fish Fryers	84
" " Cafe & Restaurant Kitchens, Food & Drugs Act, 1938	528
" " Ice Cream Makers or Dealers, WHCA Sect.66, & P.H.A.1936	270
" " Ice Cream samples taken	190
" " Licensed Premises	200
" " Registered premises wherein food is manufactured, WHCA Sect.67	561
" " " " occupied by vendors of food, WHCA Sect.66	655
" " other food purveyors	1,584
Visits to slaughter houses	108
Visits to Shops (Shops Act, 1950)	776
Burial Act 1857, Sect.25. Exhumation of human remains	2
Visits under Prevention of Damage by Pests Act	140
" " bye-laws - Tents, Vans, Sheds	155
" " to registered Hairdressers & Barbers, WHCA Sect.49	52
Other Visits	5,562
Re-inspections	15,403
Drainage Inspections	3,467
Drain Tests carried out	490
	<u>Total:</u>
	42,948
No. of Notices served	4,535
No. of Notices complied with by owner	3,060
" " " " " " occupier	117
No. of Summonses issued	316
" " " " " " heard	286

SAMPLING OF FOOD AND DRUGS

HEAT TREATED MILK

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949 to 1953:-

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	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Pasteurised	51	51	N11	51	N11	-	-
Pasteurised (from schools)	10	10	N11	10	N11	-	-
Tuberculin Tested (Pasteurised)	26	25	1	26	N11	-	-
Sterilised	45	-	-	-	-	45	N11
TOTAL	132	86	1	87	N11	45	N11

The cause of the one failure of the Phosphatase test was traced to a mechanical fault at the pasteurising plant outside the Borough.

REPORT OF THE PUBLIC ANALYST

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

During the year 501 samples were examined under the Food and Drugs Act, 136 formal and 365 informal.

All samples were submitted by the Inspectors.

7 samples were found to be adulterated, 1 formal and 6 informal.

The adulteration was at the rate of 1.4 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>
1953	501	1.4
1952	502	1.0
1951	819	0.7
1950	1039	1.2
1949	1034	0.7
Average	779	1.0

108 samples of milk were examined, 103 formal and 5 informal.

One sample was found to be adulterated.

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>
1953	108	0.9
1952	101	0.0
1951	151	0.0
1950	188	2.1
1949	186	1.6
Average	146	0.9

Condensed Milk.

19 samples of Condensed Milk were examined, all informal. These consisted of 9 full cream and 10 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.

39 samples of Drugs were examined, all informal.
One sample was found to be adulterated.

Ice Cream.

23 informal samples of Ice Cream were examined.
All were satisfactory.

Ice Lollies.

15 informal samples of Ice Lollies were examined for metallic contamination. Metals were absent in most cases but copper was found in four samples to the extent of 1 part per million. This small amount was considered to be negligible.

Preservatives.

There was no contravention of the Preservatives Regulations.

Fertilisers & Feeding Stuffs Act.

10 Fertilisers were examined, 5 of which were unsatisfactory.
4 Feeding Stuffs were examined, 2 of which were unsatisfactory.

Pharmacy & Poisons Act.

1 Disinfectant was examined. This complied with the Regulations.
In addition to the above, the following samples were also examined:-

For the Public Health Department.

Veal Jelly
Drinking Water
Dirty Milk Bottle
National Dried Milk
Pathological Specimens
Grit
Atmospheric Dust

For the Borough Architect

2 Priming Paints
2 Ground Waters

For the Borough Engineers' Department.

6 Trade Effluents

White Crystalline Powder

For the Petroleum Officer.

6 Lacquers

ACTION TAKEN ON ADULTERATED SAMPLES

FORMAL

Milk	4.7 added water.	After warning, vendor discontinued bottling milk.
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INFORMAL

Shredded Suet	4.6 deficient in fat.	Subsequent sample satisfactory.
Raspberries in Syrup.	Raspberries contained an active yeast.	Stocks withdrawn from sale.
Glauber's Salt.	Not Glauber's Salt.	Stocks withdrawn from sale.
Milk.	Milk contained mould growth.	£5. Fine. £3. Costs.
Portion of Dinner.	Blow fly maggots.	Situation satisfactory after investigation.
Mincemeat.	9.2 deficient in fat.	Subsequent sample satisfactory.

FERTILISERS & FEEDING STUFFS ACT, 1926.

Particulars are given below of the samples taken during the year.

Type of sample	No. of samples taken	Analysis agreed	Analysis disagreed
<u>Fertilisers</u>			
Official	6	3	3
Unofficial	4	2	2
<u>Feeding Stuffs</u>			
Official	4	2	2
Unofficial	-	-	-
TOTAL	14	7	7 x

- x The discrepancies in five of these cases were of a minor nature and did not call for further action - the sixth case appeared to be more serious, being caused by a heavy increase in the supply of raw material, i.e. wet bones, over which the manufacturers had more or less no control - causing a heavy overload to the plant - arrangements have been made which will prevent a recurrence.

MEAT INSPECTION IN SLAUGHTERHOUSES.

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

Three private slaughterhouses continued to operate during the year 1953 for the production of non-rationed meat. The slaughter of animals, the flesh of which was subject to the rationing laws, ceased within the Borough in 1940 when the Minister of Food assumed responsibility for the issue of rationed meat. With the advent of derationing it is to be anticipated that the slaughterhouses will revert to the slaughter of all those animals the flesh of which constitutes butchers' meat, and the slaughter of horses will materially decrease, although it is considered that since a market has been created for horse flesh, there will still be some, although probably a diminished, demand for this type of meat. The more plentiful supplies of normal butchers' meat, which have been available to the public during the year under review, have resulted in a falling off of the numbers of horses slaughtered for meat and no doubt, to some extent, the falling horse population has also contributed to the smaller numbers slaughtered, but this latter factor is not so important as the greater availability of normal butchers' meat.

The increased amount of fats which have appeared on the market since the war, has resulted in a demand for meat of less fat content to that which obtained during the war years, and this has been reflected in the condition of the horses slaughtered. The public now demand horse flesh of leaner properties than formerly.

The Veterinary Department, which is responsible for meat inspection in the slaughtering establishments, examined 9,585 horses and 57 goats during the year under review as compared with 14,561 and 650 animals respectively for 1952. 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 seven 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 - remain at a high level. Oedema and bad setting was responsible for the total rejection of seven 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 Animals 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	9,585	57
Number inspected	-	-	-	-	-	9,585	57
<u>All diseases except Tuberculosis</u>							
Whole carcasses condemned.	-	-	-	-	-	7	7
Carcases 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.	-	-	-	-	-	-	-
Carcases of which some part or organ was condemned.	-	-	-	-	-	-	-
Percentage of the number inspected affected with tuberculosis.	-	-	-	-	-	-	-

SECTION 22: CARE OF MOTHERS AND YOUNG CHILDREN.

Expectant and Nursing Mothers.

Facilities provided for Ante-Natal and Post-Natal Care. continued on the same basis as during the preceding year, with nine sessions weekly at the Municipal Centres, and one on the premises of the South West Ham Health Society's Clinic at Avenons Road. The Council's Assistant Medical Officers have been responsible for the medical care of the midwives' patients attending these centres. The Ante-Natal and Post-Natal sessions are combined, and all examinations are by appointment. A number of patients who have been referred to Forest Gate Hospital for booking, have been referred back to the centres for intermediate care.

Blood tests are carried out on all patients attending these Ante-Natal clinics. Some General Practitioners make use of the facilities offered, and refer their patients to the clinics for blood tests. The tests are carried out at Forest Gate Hospital laboratory, and include Kahn, Rhesus factor, Blood group and % Haemoglobin in every case.

Patients requiring specialist's advice are usually referred to a consultant at one of the three Maternity Units in the Borough.

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 these various ante-natal clinics during the year 1953, 1,870 expectant mothers have registered and made a total of 10,730 attendances, which is an increase on the number attending in the previous year. Four hundred and sixty-seven mothers attended for examination during the post-natal period and made a total of 539 attendances. This is a slight decrease in the numbers attending during the previous year, and is 79% of the total of 594 domiciliary confinements.

Unmarried Mothers. Close co-operation has been maintained with the Moral Welfare Worker employed by the Chelmsford Diocesan Moral Welfare Association, who is resident in the Borough at St. Agatha's Hostel. Mothers who need special care and accommodation are admitted to St. Agatha's or another hostel, the Local Authority contributing to their maintenance when necessary. During the year six West Ham mothers, who were in need of care and accommodation for varying periods, were admitted to St. Agatha's. Of these, four were admitted before and two after the birth of the baby. Three West Ham unmarried mothers were admitted to hostels outside the area.

Mothercraft Training. Sessions in which the teaching of relaxation is combined with health education and parentcraft, held at one of the Municipal Centres in the north of the Borough, have been continued throughout the year, and are much appreciated. It has not yet been possible to offer similar sessions in the south of the Borough, but it is hoped to do so during the coming year in connection with the proposed reorganisation of the Domiciliary Midwifery Service.

Maternity Outfits, each with an 8 ounce bottle of dettol, are supplied at the appropriate time, through the Domiciliary Midwives to all expectant mothers who are to be confined at home.

Child Welfare.

The needs of the area have been met by a total of 20 infant welfare sessions per week which were held at the Municipal Centres and at the South West Ham Child Welfare Centre at Avenons Road. In accordance with the agreement with neighbouring local authorities whereby mothers and children are able to attend the clinic most conveniently situated to their homes, 27 children and 2 expectant mothers resident in neighbouring areas attended West Ham clinics. It is also known that 6 children and 4 expectant mothers resident in West Ham attended clinics in other areas. The 20 sessions mentioned above include the special toddlers' sessions which were commenced in 1950.

During 1953, 3,017 children attended in response to the invitations to come for examination on their 2nd, 3rd or 4th birthday. Of these there were 248 children whose general condition was recorded as fair, and 37 in whom it was recorded as poor. (There were 2,732 children whose general condition was regarded as good). In the same group of children there were 139 whose general cleanliness of body and clothing was found to be below a standard which could be regarded as good, and 14 in whom it was poor. There were two children whose heads were infested with lice, and 2 were found to have infestation of the body (there were 2,864 children whose cleanliness was recorded as good).

The following is a list of the defects or deviations from normality found in the same group of children. It includes conditions observed by the doctor or described by the mother and recorded at the time of examination. The classification of defect in these pre-school children has now been brought into line with the classification prescribed by the Ministry of Education for school children (in order to allow comparisons to be made). The list does not differentiate between major and minor defect, but no defect is recorded unless it is considered necessary to advise treatment or to keep the child under observation.

<u>Defect</u>	<u>No. of children in which found</u>
Teeth	460
Skin	64
Eyes (a) Vision	9
(b) Squint	88
(c) Other	21
Ears (a) Hearing	9
(b) Otitis media (R	8
(L	6
(c) Other	4
Nose or Throat	116
Speech	47
Cervical Glands	25
Heart and Circulation	20
Lungs	65
Development (a) Hernia	21
(b) Other	14
Orthopaedic (a) Posture	40
(b) Feet	151
(c) Other	74
Nervous System (a) Epilepsy	7
(b) Other	13
Psychological (a) Mental Development	14
(b) (Stability	
(Behaviour Difficulties)	104
Other Defects:	69

1,659 (55%) out of 3,017 were found to be in satisfactory health and free from any defect. In addition there were 386 children in whom there was no defect except for dental caries or other dental abnormality. It is interesting to note, that except for a further increase in dental defects and an increase in behaviour difficulties mentioned by the mothers there is no substantial change from the proportion of defects found during 1952.

Endeavours to increase the amount of group health education given at the child welfare sessions have continued throughout the year, but many practical difficulties have hindered this development, and it would seem that for the future a programme of special sessions devoted to health education might be more helpful.

Attendances at all the Child Welfare Sessions (including the Toddlers' Clinics) are set out below for the period 1950-1953:-

	Children under 1 Year				Children 1-5 Years			
	1950	1951	1952	1953	1950	1951	1952	1953
Number of Individual children.	2,282 *(79%)	2,406 (83%)	2,042 (74%)	2,336 (81%)	4,521 (28%)	5,917 (41%)	5,596 (44%)	5,526 (46%)
Number of attendances	24,611 /(10.8)	25,731 (10.7)	26,024 (12.8)	25,592 (10.0)	12,655 (2.8)	14,676 (2.5)	14,038 (2.5)	13,596 (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 number of pre-school children referred to specialist clinics (available on local authority premises through the School Health Service) during 1953 were as follows:-

Ophthalmic	131
Ear, Nose and Throat	36
Paediatric	61
Child Guidance	14
Speech Therapy	10

Physiotherapy.

Two of the three local authority clinic premises which were equipped for sunlight therapy, have been used twice weekly throughout the year for children under 5 years and for school children. 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	487	17	46
No. of attendances made by above children	6,959	111	477

Handicapped Children.

Attempts to detect potentially "Handicapped" children at an early age have been intensified and measures to co-ordinate the various people and services interested in these children have continued. The total number of such children under 5 years brought to the notice of the Senior Assistant Medical Officer is almost double the number reported in the previous year. Special efforts are being made to detect the earliest signs of spasticity or of deafness so that treatment may be begun at the earliest possible stage, and the mother given guidance and help in the training of her child. The following table shows the numbers of children under 5 years (divided into age groups) who might come within the handicapped category:-

Aged 4-5 years	27
" 3-4 "	11
" 2-3 "	16
" 1-2 "	3
" Under 1 year	<u>3</u>
	<u>60</u>

Of these 25 have actually been ascertained by the School Medical Officers. Health Visitors are now given the opportunity to attend the medical examination at which ascertainment is considered.

Tuberculosis and B.C.G.

The table below shows the number of notifications of tuberculosis in children under five during the last five years, in comparison with the total notifications at all ages. With the virtual elimination of tubercle-infected milk, the number of cases of tuberculosis arising in early childhood gives a rough indication of the risks of infection from human sources within the circle of family, relatives or neighbours in which the child spends its life. It may be expected to rise or fall in broad parallel with the number of open adult cases of the disease among the community and with the degree of success in preventing the spread of infection by precautionary measures and in protecting child-contacts of known cases by B.C.G. The occurrence of a case of tuberculosis in childhood will sometimes lead to the detection of an unknown case of open infectious disease in a related adult. Indeed, the search for infected children by means of the tuberculin jelly test (which is under consideration) has been shown to be an effective way of tracing active adult cases and bringing them under treatment earlier than would otherwise be possible.

Age	1949	1950	1951	1952	1953
0 - 1	2	2	1	1	2
1 - 2	6	7	1	3	3
2 - 5	13	10	9	5	9
Over 5	188	159	189	138	203
TOTAL	209	178	200	147	217

The following table shows the amount of B.C.G. vaccination undertaken to protect uninfected contacts of tuberculosis. It will be seen that there has been a steady increase in this work since it was first started in 1950:-

Age	1950	1951	1952	1953
0 - 1	1	28	46	59
1 - 2	-	8	12	5
2 - 3	-	8	6	9
3 - 4	-	8	7	17
4 - 5	-	7	5	10
Over 5	-	32	49	73
TOTAL	1	91	125	173

Liaison with Children's Officer.

Close and friendly co-operation has been maintained with the Children's Officer and many problems relating to the care of deprived children are discussed by the staff of the two departments.

Occasional meetings have been convened, as necessary, by the Children's Officer. The Medical Officer of Health has taken the chair at these meetings which have been well attended by officers of the department concerned, and by representatives of other official and voluntary organisations.

The medical officers of the Health Department have continued to examine children boarded out in West Ham, and with the increase in the number of family group homes maintained by the local authority, the work involved in the examination of the children admitted to these homes has increased.

Premature Infants.

Place of Birth and Deaths under 1 month: 1953.

	Number of Infants	Number died within 24 hours	Number died within 28 days	Number survived 28 days
Born & nursed at home	24	-	-	24
Born & nursed in hospital	179	14	16	149
Born at home & transferred to hospital	9	1	2	6
TOTAL:	212	15	18	179

Out of a total of 82 deaths of infants under 1 year, whose place of residence is in West Ham, 33 occurred in premature infants who died within the first month of life (as shown in the above table). Seven of the latter were associated with congenital abnormalities.

The prevention of premature births and the care of premature infants remains one of our most difficult problems. Although the majority of the births and deaths are bound to occur in hospital, the local authority service is concerned with factors affecting the expectant mothers' health and welfare which may predispose to prematurity. The Local Authority is also interested in the provision of the best possible facilities for the care of these delicate infants; their own responsibility lies only in relation to babies who are born or reared at home, but they are vitally concerned to see that all the skill and care provided is such that these babies are given every chance, not only to survive, but to become normal children without handicaps and with the possibility of attaining optimum development.

Dental Care.

The continued shortage of dental officers has compelled the continuance of a limited service based on early evening clinics for expectant and nursing mothers and an appropriate share of day-time clinics in the case of young children. Within these limits this arrangement has worked reasonably well and has enabled treatment to be given to those in greatest need, but the situation cannot be regarded as satisfactory until it becomes possible to provide a comprehensive service for all those mothers and young children attending the Council's clinics.

Statistics for the year 1953 are set out below. They show that the trend towards treatment of more expectant and nursing mothers and fewer younger children has continued during the year. The latter is a matter for regret. Preventive dentistry should start with the pre-school child, as dental fitness during school life is so much more difficult to achieve if it has been neglected in the pre-school years. The small amount of conservative dentistry performed, in comparison with the large number of extractions, is particularly disappointing. The retention of the milk teeth helps to preserve the contour of the jaws and leave space for the permanent teeth to grow into later on. They should never be lightly sacrificed, but unfortunately, all too many are past saving when the child first comes for treatment.

STATISTICS.

(a) Numbers provided with Dental Care.

	Examined	Needing Treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	311	276	221	117
Children under five	561	436	372	293

(b) Forms of Dental Treatment Provided.

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and gum treatment.	Silver Nitrate Treatment.	Dressings	Radio-graphs	Dentures provided	
		Local	General						Complete	Partial
Expectant & Nursing Mothers	1,115	60	189	81	123	-	19	104	52	111
Children under five	681	3	256	99	-	60	58	-	-	-

Day Nurseries and Child Minders.

Three Day Nurseries remained open during 1953; 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 Avenue	52	10	26	36
Plaistow Road	52	11	14	25
Liverpool Road	52	6	10	16

Except for 22 cases of Chicken Pox at one of the nurseries, and a considerable number of short illnesses caused by colds, there was little infectious disease among the nursery children. There was one case of Dysentery in one nursery and 7 in another, the fact that no further cases occurred reflects considerable credit on the day nursery staff.

In March 1953, the Council introduced a new scale of charges for the children in the day nurseries. The uniform charge of 2/6d per day was replaced by an assessment scale by which the daily charge was fixed between 2/6d and 8/- per day according to the family circumstances. Provision was made for these circumstances to be reviewed at 3 monthly intervals.

At the time when the changes were introduced the number of children on the day nursery registers were as follows: Litchfield Avenue 53, Plaistow Road 48, Liverpool Road 46. Immediately following the introduction of charges these numbers dropped to 38, 30 and 27 respectively. The lowest figures reached were 38, 23 and 13, and at the end of the year the numbers on the register were 43, 25 and 17.

The day nursery at Cumberland Road, which is under the auspices of the Canning Town Women's Settlement, has provided places for up to 30 children throughout the year.

There is only one child minder registered under the Act, and as in the previous year she has taken a foster child and has not availed herself of the authority to receive children for daily minding.

Convalescence:

The following are the numbers of mothers and children sent for convalescence during 1953:-

<u>Children under 5 years</u>	
To "Transferred Homes"	2
To Other Homes	57
Total:	59
Mothers with Babies	24

As in previous years the administrative arrangements for convalescence have been in the capable hands of the West Ham Branch of the Invalid Children's Aid Association. A number of different homes have been used for the unaccompanied children, the mothers with children have been sent mainly to one particular home, but on occasion other homes have been used.

Vital Statistics.

The following are the statistics for 1953 compared with those for England and Wales 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	24.3	22.4
Infant Mortality rate per 1,000 live births	29.1	26.8
Neonatal Death rate per 1,000 live births	19.1	17.7
Maternal Mortality rate per 1,000 live births and stillbirths	N11	0.76

There has been a slight further decline in all three national rates relating to infant life, but unfortunately the rates for West Ham all show an increase on the previous year.

The total infant deaths and stillbirths combined, are shown in the diagram on page 37 the number being 152 (82 deaths and 70 stillbirths).

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

Measles	1
Nephritis and Nephrosis	1
Tuberculosis	1
Accidents	1
Bronchitis	1
Gastritis, Enteritis and Diarrhoea ...	9
Pneumonia	11
Congenital Malformations	15
Other Defined & Ill Defined Diseases ...	42
	<u>82</u>

Of the 82 infant deaths, 54 occurred in infants who were under 4 weeks of age, and of these infants 33 were premature.

Detailed information is available in respect of 52 of the 54 deaths of infants under 4 weeks of age, and is shown in the following tables:-

Age.

Under 12 hours	18 (of which 2 were 5 and 10 minutes respectively).
12 - 24 hours	5
1 - 7 days	19
1 - 2 weeks	6
2 - 3 weeks	3
3 - 4 weeks	1
Details not available	<u>2</u>
	<u>54</u>

Weight.

Under 2 lbs.	6)	
2 lbs - 3 lbs.	10)	
3 lbs - 4 lbs.	7)	
4 lbs - 5½ lbs.	10)	
Over 5½ lbs.	19	
Details not available	<u>2</u>	
	<u>54</u>	

These 33 come within the definition of prematurity.

Place of birth.

Born in Hospital	47
Born at home	5
Details not available	2
	<u>54</u>

Of the 47 born in hospital 42 died in the hospital in which they were born, and 5 were transferred to another hospital.

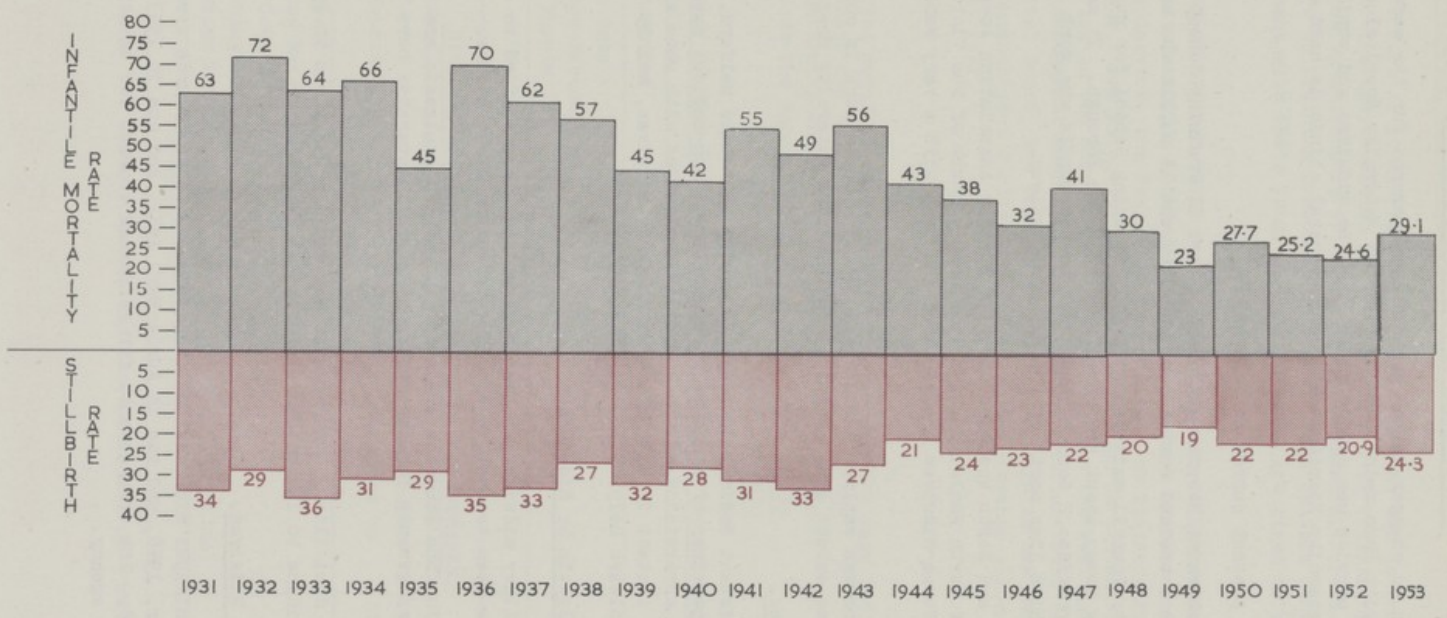
Of the 5 born at home 2 died at home, and 3 were admitted to hospital.

The one death due to accident, which occurred at the age of 7 weeks was caused by asphyxia due to suffocation, due to the child's face becoming buried in the cot pillow.

The death attributed to measles occurred in a baby aged 5 months, in whom the measles was complicated by pneumonia and suppurative meningitis.

There is an increase in infant deaths from 69 in 1952 to 82 in 1953, due mainly to a rise in the deaths from Gastritis, Enteritis and Diarrhoea from 1 to 9, and in Other Defined & Ill-Defined Diseases from 33 to 42. There have been 4 fewer deaths from Pneumonia but 4 more have been attributed to Congenital Malformations.

SHOWS TOTAL INFANT LIFE WASTAGE — 1931 — 1953



SECTION 23: DOMICILIARY MIDWIFERY.

There have been no changes in the general arrangements for the service, except that the Romford Road District Home maintained by Plaistow Maternity Hospital as part of the domiciliary midwifery service was closed in March. The midwives and pupils are now accommodated at Plaistow Maternity Hospital and the ante-natal clinic is held weekly at the Church Hall, Dyson Road, E.15.

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 6 trained domiciliary midwives and 13 pupils who work within the Borough.

(2) Essex County Council 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 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, has continued to act as the Medical Supervisor of midwives, there being no non-medical supervisor. This doctor undertakes the supervision of the 4 Municipal midwives with whom she is in close contact. Less direct contact is maintained with agency midwives, mainly through their supervisors, who are always helpful and co-operative.

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.

Out of the 555 domiciliary confinements Gas and Air was given to 294 mothers (approximately 53%) and Pethidine to 114 mothers (approximately 21%).

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, and one in 1953. It is hoped to send 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. Pupils from the Plaistow Part II Training School attend Local Child Welfare Centres, and also come to the Health Department with their Tutor when short talks are given to them by the Health Department Staff.

The conferences at officer level on the co-ordination of the maternity services which began in 1952 were satisfactorily concluded in 1953. Certain recommendations regarding the Domiciliary Midwifery Service, the Part II Training School at Plaistow Maternity Hospital and the liaison between the three maternity units in the Borough on the one hand, and the Local Health Authority Service on the other hand, were conveyed to the West Ham Borough Council, and the Group 9 Hospital Management Committee. These recommendations were accepted. The approval of the Regional Hospital Board, and the Central Midwives Board is now awaited, and it is hoped to implement the recommendations during 1954 and to give a further account of them in the Annual Report for that year.

Maternity Services.

Total live births notified as West Ham births during the year 1953 was 2,830.

Delivered in their own homes within the Borough	555
Delivered in Maternity Units within the Borough	2,060
Delivered outside the Borough	215
	<u>2,830</u>

Number of Live Births in Maternity Units in the Borough.

Hospital	West Ham Residents	Total Live Births
Forest Gate	860	1,453
Plaistow Maternity	800	1,042
Queen Mary's	400	753
TOTAL:	2,060	3,248

Midwives attending at Domiciliary Confinements.

Source	Number (or equivalent number) of midwives on 31.12.53.	Number of Live Births
Municipal	4	114
Plaistow Maternity Hospital	6*	380
Essex County Nurses' Training Home	2*	49
Silvertown & N.W.D.N.A.	2 (part-time)	11
TOTAL:	14	554

* These midwives had the assistance of pupils.

In 8 of the 555 live births in their own homes the midwife acted as maternity nurse. One case was attended by the family doctor only, no midwife being present at this birth.

Medical Aid was summoned in 187 cases. In 139 of these help was required for the mother only, in 43 help was required for the baby only, and in the remaining 5 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 Health Visiting/School Nursing staff at the end of the year was as follows:-

- (a) Superintendent Nursing Officer and Deputy Superintendent Nursing Officer.
- (b) 19 Health Visitors employed on Joint Health Visiting/School Nursing duties.
- (c) 9 School Nurses employed solely on School Nursing duties.
- (d) 1 Health Visitor employed by the South West Ham Health Society.
- (e) 4 Health Visitors employed on Tuberculosis work.

There are now no health visitors employed solely on Maternity and Child Welfare work. A further step has thus been taken towards making the health visitor the family visitor.

All eligible school nurses were given an opportunity to take the health visitors training, but there are still 9 school nurses who are not health visitors. As these retire, it is intended to replace them with health visitors who will undertake combined duties. In the meantime, in order to maintain the balance between the services, some of the school nurses undertake in the Maternity and Child Welfare Centres certain duties, such as the weighing of babies, for which a trained health visitor is not required. During the year student health visitors have been trained under the Council's sponsored scheme, and with the exception of the administrative staff and two health visitors, all the qualified health visitors now employed have been trained under this scheme. Vacancies in the establishment have been filled solely from this source, and there has been no response to advertisements for qualified health visitors.

A number of the health visitors have now been employed in West Ham for more than 2 years. Consequently, their contract with the Local Authority has expired, and they are free to leave the area. Some of them have, in fact, left, although several of the senior health visitors have now been in West Ham for over 4 years. Although the sponsored scheme has been invaluable in maintaining the service (it would indeed have been impossible to maintain it without some such scheme), it has not quite succeeded in keeping the establishment at full strength.

The home visits paid by the health visitors during the past year are set out below:-

	<u>First Visits</u>	<u>Total Visits</u>
To expectant mothers	1,431	2,512
To children under 1 year	2,990	16,508
To children 1-2 years	-	7,413
To children 2-5 years	-	16,205
Special Visits	-	1,209

One health visitor attended the Refresher Course during the year, and arrangements were made for 2 of the more senior health visitors to commence a part-time course in Parentcraft in January, 1954.

The liaison arrangements between the health visiting service and the children's wards in hospitals to which most of the sick children in West Ham are admitted, have continued to function smoothly, to the benefit of the children and all concerned.

The partnership between the hospitals and the Local Health Authority has been extended to the care of diabetics. In October, 1953, a proposal was received from No. 9 Group Hospital Management Committee, suggesting that Health Visitors should be trained in diabetic work and co-operate in the education of diabetic patients in the new way of life, which is essential to their welfare. The health visitors' proposed duties were set out as follows:-

The health visitors would:-

1. Attend the clinic which is in charge of the Diabetic Physician.
2. Visit patients in their own homes to continue education.
3. Co-operate with the district nurses attending patients with complications.
4. Pay special attention to:-
 - (a) the child diabetic
 - (b) the pregnant diabetic and diabetic mother
 - (c) the tuberculous diabetic
 - (d) the aged diabetics, who find hospital attendance in the winter months a great strain
 - (e) liaison between patient, general practitioner and hospital department.

This proposal was accepted by the Council, 2 Health Visitors were selected for the work, and 1 commenced attending occasional sessions at the diabetic department of King's Collège Hospital in December, 1953, in order to become familiar with this type of work.

SECTION 25: HOME NURSING.

Municipal Home Nursing Staff on 31st December, 1953.

2 S.R.N.)	
1 S.C.M.)	employed full-time.
8 S.R.N.)	employed part-time.
5 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
3,644	81,974	22.5

The Home Nursing Service was provided under the same arrangements as in previous years. The Essex County Council served the north of the Borough from the Lady Rayleigh Training Home; and the Silvertown and North Woolwich District Nursing Association covered the narrow area to the south of the docks. In between, the Council operated its own directly administered service. While the essentials are provided for, the Council's own service was still working under the handicap imposed by the absence of adequate office and residential accommodation. This had the effect of virtually limiting recruitment to married nurses offering part-time services. It prevented the restoration of the evening service and placed difficulties in the way of providing adequate cover for the week-ends. It is gratifying to note that, at the end of the year, proposals to meet the needs were under active consideration.

The demands for the Home Nursing Service are ever-increasing and it is greatly to the credit of the existing staffs that they have been met so well under the circumstances.

The staff at Plaistow Maternity Hospital have willingly continued to help the service by receiving and transmitting all telephone messages during the year and this has been a very great help to all concerned.

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

	Total Cases	New Cases	Total Visits
Medical	2,363	2,020	58,808
Surgical	441	392	9,058
Tuberculosis	148	114	5,350
Infectious Diseases	12	12	51
Maternity	-	-	-
Miscarriages	18	18	124
Other Conditions	662	631	8,583
TOTAL:	3,644	3,187	81,974

SECTION 26 - VACCINATION AND IMMUNISATION.

1. VACCINATION. The arrangements for vaccination are unchanged. Regular sessions are held at the Maternity and Child Welfare Clinics and general practitioners in the area have also been given the opportunity of providing the service.

The following table shows the number of persons vaccinated during the year:-

	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	400	11	20	21	37	489
Number re-vaccinated	-	-	-	4	72	76

2. IMMUNISATION AGAINST DIPHTHERIA AND WHOOPING COUGH. Immunisation of young children is carried out in the Child Welfare Clinics during the same sessions as vaccination. Regular visits are also made to each school to offer protection to those children not immunised in the pre-school age and also to give refresher doses to those who had been previously immunised. A small proportion of the work is carried out by general practitioners in the area, all of whom have been given the opportunity of providing the service.

Immunisation against both diseases is affected by the use of a combined diphtheria-pertussis antigen. It has been found that the use of the combined antigen is more popular with parents than the separate immunisation for diphtheria or whooping cough.

The numbers of children immunised during the year by the Council's own staff or reported during the year as having been immunised by general practitioners in the area are shown in the table below:-

	AGE							
	at date of final injection (as regards A) or of reinforcing injection (as regards B)							
	Under 1	1	2	3	4	5 to 9	10 to 14	Total
A. Children who completed a full course of immunisation	902	271	50	21	90	552	22	1,908
B. Children who received a secondary reinforcing injection	4	-	2	2	119	1,699	95	1,921

The Ministry of Health introduced a new form of Annual Return for Diphtheria Immunisation for 1953. This return, which follows, gives the proportion of children in any age group who have received a course of immunisation since 1st January, 1939:-

IMMUNISATION IN RELATION TO CHILD POPULATION

Number of Children at 31st December, 1953, who had completed a course of Immunisation at any time before that date (i.e., at any time since 1st January, 1939).

Age at 31.12.53 i.e., Born in Year	Under 1 1953	1-4 1952-1949	5-9 1948-1944	10-14 1943-1939	Under 15 Total
Last complete course of injections (whether primary or booster)	30	5,578	8,051	3,081	16,740
A. 1949 - 1953					
B. 1948 or earlier	-	-	2,975	7,673	10,648
C. Estimated mid- year child population	2,660	10,940	26,600		40,200
Immunity Index 100A/C	1.13	50.99	41.85		41.69

SECTION 27 - AMBULANCE SERVICE.

The organisation of the Service continued unchanged, with responsibility divided as follows:-

Medical Officer of Health	-	organisation and administration.
Borough Engineer	-	provision, maintenance and manning of vehicles.
Chief Officer, Fire Brigade	-	operational control of ambulances.
Ambulance Officer	-	ambulance car bookings, advance bookings for ambulances.

Operational vehicles consist of 11 ambulances and 11 ambulance cars, the latter being provided by the Borough Engineer from the Council's passenger car fleet. 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
-----------------------	----

Transport is provided only upon the request of doctors or hospitals, except in cases of accident or emergency.

The following table shows the work carried out by the Service during the years 1951, 1952 and 1953:-

		Ambulances	Ambulance Cars	Totals
(1) Number of journeys	1951	15,906	11,466	27,372
	1952	14,983	12,985	27,968
	1953	14,600	15,076	29,676
(2) Number of patients	1951	24,910	19,881	44,791
	1952	26,676	25,632	52,308
	1953	29,486	32,895	62,381
(3) Number of accidents and other emergencies (included in (1))	1951	2,450	-	2,450
	1952	3,237	-	3,237
	1953	3,435	-	3,435
(4) Mileage	1951	159,487	126,446	285,933
	1952	167,187	143,421	310,608
	1953	167,701	162,266	329,967

The number of patients carried during 1953 shows an increase of 10,073 compared with the preceding year, of which over 7,000 were conveyed by ambulance cars. It is pleasing to note, however, that the increase in mileage and number of journeys was not so great in proportion; in fact, the ambulances carried nearly 3,000 more patients than the previous year, with only an insignificant increase in mileage and a reduction in the number of journeys made - a state of affairs which reflects favourably on the work of the control staff.

It should be borne in mind that the present divided control of the Service imposes severe limitations on co-ordination of the work of ambulances and ambulance cars, which tend to operate as virtually independent services. Within these limitations, efficiency is of a reasonably high order, but the integration of the Service would probably result in a material improvement.

PREVENTION OF ILLNESS, CARE AND AFTER CARE.

1. Tuberculosis.

The arrangements regarding the Chest Physicians who are appointed jointly by the Local Health Authority and the Regional Hospital Board in order to provide for their respective duties of prevention under the Local Authority and diagnostic and curative work under the Board, continued unchanged throughout the year and worked satisfactorily in practice. In this connection, apart from regular day to day contact between the Chest Clinic and the Health Department as the occasion arises, monthly conferences were initiated at which the senior members of the Health Department and of the Chest Physician's team were present for the discussion of subjects connected with the Tuberculosis Service.

(a) Work of the Tuberculosis Health Visitors.

During the year the four Tuberculosis Health Visitors have continued their work in the regular home visiting of tuberculous patients, in the tracing and follow-up of contacts, and in the education of the tuberculous case and his family in good hygienic practices.

In addition to this domiciliary work on the preventive side, each Health Visitor spends two to three sessions per week at the Chest Clinic working with the Chest Physician on the practical aids of prevention i.e. Mantoux Testing, B.C.G. Vaccination and in arranging for the regular periodic X-ray examinations, as well as in the curative aspects of the Artificial Pneumo-thorax refills and other forms of treatment undertaken at the Clinic.

On the resignation of the Social Worker at the beginning of the year, it was decided that the social and domestic problems which he had previously dealt with, should be undertaken by the respective Tuberculosis Health Visitors. Despite the increased demand made on these Health Visitors as a result of this and the complexity of the problems involved, this arrangement has proved most valuable to all concerned, and has allowed them to have an even greater personal interest in the patient and his problems, as well as increasing the co-operation given by the patient in carrying out the treatment prescribed and the advice given.

The following table shows the number of home visits and clinic attendances made by the Tuberculosis Health Visitors during the past five years:

<u>Year</u>	<u>Home Visits</u>	<u>Clinic Sessions attended</u>
1949	2,316	510
1950	3,427	321
1951	5,188	383
1952	5,823	354
1953	5,813	426

(b) Contact Tracing and Examination of Cases of Tuberculosis.

This is a most vital part of the work of prevention of tuberculosis.

As soon as a case of tuberculosis comes to the notice of the Chest Physician, the Tuberculosis Health Visitor calls at the home address and ascertains the members of the family and, where possible, any other people who have been in contact with the case. Non-resident contacts outside the immediate family circle are also elicited by discreet and tactful enquiries if absolutely necessary.

Adult contacts have a chest X-ray examination at periodic intervals, as is considered necessary.

Child contacts are tuberculin tested; those found to be Mantoux negative are offered B.C.G. vaccination and placed under continued surveillance; those Mantoux positive are X-rayed, and certain cases placed under surveillance for as long as is advisable.

Special clinic sessions are held for contact cases, and during the past year 916 contacts were examined as a result of 226 new cases, giving an average number of 4.05 contacts examined per notified case.

As a further step in the campaign of prevention, the Tuberculosis Health Visitors are informed of all deaths from tuberculosis and in those instances where the case has not been notified during life, a home visit is paid as in the ordinary notified case to ascertain the contacts. The routine procedure for these, given above, is then put in hand.

(c) Mass Miniature Radiography.

No general public survey was carried out by the Mass Radiography Unit attached to the North-East Regional Hospital Board covering this area, during the year. Surveys of special groups were, however, continued and in this connection six visits were made by the Unit to industrial premises within the Borough during the course of the year. 10,561 railway and factory employees and members of the respective office staffs attended for X-ray examination from the nine firms surveyed as a result of the visits.

A scheme for the routine chest X-ray examination of expectant mothers attending the Council's Ante-natal Clinics, was also commenced during the year. These sessions were held at the Local Authority clinic premises at Forest Street and Maybury Road, covering the respective halves of the Borough, and were arranged at appropriate intervals in the latter part of the year, in order to enable each expectant mother attending the ante-natal clinic to have a chest X-ray as early as possible during the course of the pregnancy. During the year five such sessions were held, and 587 expectant mothers attended for X-ray examination. Those cases showing evidence of tuberculous infection were referred to the Chest Clinic for any further investigation and treatment necessary.

The arrangements for schoolchildren taking part in the Medical Research Council trials of B.C.G. Vaccine including the chest X-ray examination, continued as in previous years. Any cases found as a result of these trials were referred to the Chest Physician and dealt with in the usual manner.

In addition, the chest X-ray examination of selected groups, including members of the Council's staff whose duties entailed their being in close contact with children, was carried out as in previous years, and in this connection 162 new entrants to the various departments of the Corporation were X-rayed during the year.

(d) B.C.G. Vaccination.

Vaccination of susceptible contacts of known cases of tuberculosis has been continued. During the year 156 children were given B.C.G. Vaccine as compared with 103 in 1952.

(e) Rehabilitation and Employment of Known Cases of Tuberculosis.

Every effort is made in co-operation with the Disablement Resettlement Officer to place quiescent and suitable chronic sputum positive cases in suitable employment to ensure that both their work and the conditions will be suitable to their own health and that of their fellow employees. The risk to others is minimised as far as possible by training in precautionary measures, especially in the chronic sputum positive cases. Forty-one cases were so referred during the past year.

Many of the arrested and quiescent cases were rehabilitated through the Ministry of Labour training scheme. In addition, financial responsibility for rehabilitation and training at Papworth Village Settlement was accepted in respect of one male and two female cases.

Suitable cases recommended by Chest Physicians were also sent for convalescence before return to work or following the completion of immediate treatment. The necessary arrangements were made in respect of eleven adults.

(f) Housing for the Tuberculous.

When the housing conditions of the tuberculous family are found to be unsatisfactory, recommendations are made in special cases by the Medical Officer of Health to the Housing Committee, after ascertainment of the relevant details from the Chest Clinic and full investigation by the Health Department. Special cases are not represented to the Housing Committee purely because there is a case of tuberculosis in the family. Priority is recommended in such cases, for instance, where there is an infective patient in the family, and where isolation, especially from contacts of a dangerous age, cannot be achieved.

(g) Provision of Nursing Requisites in respect of Tuberculous Cases.

Nursing requisites such as bed-pans, urinals, air-rings, bed-cradles, wheel-chairs, etc., are available on loan to tuberculous patients under domiciliary care, as in the case of other types of illness. A stock of these is maintained at the Chest Clinic for issue as necessary.

2. Convalescence.

During the year 126 applications for adult convalescence were received - general practitioners 86, general hospitals (mostly out-patients) 29, Chest Clinic 8, Psychiatric Clinic 2, other clinics 1.

Of these 14 were withdrawn, either by the patient or the recommending doctor before consideration by the Council's medical officer, 5 were not approved - 2 being referred to other authorities; 1 referred to the Regional Hospital Board; 1 for action under Section 22; 1 unsuitable for admission to a Home.

The remaining 107 applications were approved by the Council's medical officer, but of these 18 subsequently were withdrawn for varying reasons. The number of patients who were sent away for a period of convalescence was therefore 89.

The average period of convalescence was 2 weeks per patient, and of the 89 who went away 73 stated they had improved in health and that the improvement had been maintained.

In addition to the above, 22 children under the age of 15 years were sent to convalescent homes on the recommendation of the Consultant Chest Physician, as part of the preventive care and after-care of tuberculous patients.

3. Health Education.

During the year Health Education was continued over a wide field. Talks supplemented by films and models are given by staff at the Maternity and Child Welfare Clinics. Lectures and films on health matters have also been given by the Council's medical officers on a number of occasions to various organisations, including Parent and Teacher Associations, and Youth Organisations. The active campaign against food poisoning was continued through the West Ham Clean Food Advisory Association, which is sponsored by the Council. Education of the youth of the community in the importance of clean food has been given special attention.

On other health subjects education of the public has been carried out by means of posters and leaflets.

SECTION 29: DOMESTIC HELP.

The data given below show that the upward trend in the number of cases receiving help continued during the year. The number of applicants under 50 years of age has decreased and there has been a considerable increase of those in the 70/79 year age group. The Home Help Service is, therefore, becoming increasingly one for the support of the aged and infirm. Its value in helping old folk to remain in tolerable comfort at home is very great. The number of free cases has practically doubled (275 as compared with 140 in 1952).

The total amount of service given during the year was about the same as in 1952, but the average number of hours per week per case was reduced from six to five.

There was little change in the nature of the illnesses or infirmities for which domestic help was required.

There was, however, a further decline in the number of applications from maternity cases, and the number in which the application was pursued to the extent that the family actually received the service was small indeed. It seems very unlikely that these figures represent the real need. There is reason to believe that the tired or harassed mother is more likely to have a stillbirth, miscarriage or premature delivery than her relatively tranquil sister. With the increase this year in the number of stillbirths and neo-natal deaths, and the considerable number of premature births, it is difficult to avoid the impression that many more mothers could have benefited by the rest which a Home Help could provide, as much - or even more so - in the ante-natal period as at the time of the confinement. The reasons for not pursuing their request for domestic help are variously given by applicants as expense; inadequate number of hours service usually allowed in maternity cases; or preference for the help of a friend or someone known to the family, at such a time. Whatever the cause, the amount of use made of the service for maternity cases is rather disturbingly small, and it may be that if mothers could be encouraged to take more advantage of it a useful contribution could be made towards the preservation of infant health and life.

The detailed statistics for 1953 are set out below:-

General Sickness.

No. of applications received.....	426
No. withdrawn or refused.....	45
New cases accepted during 1953.....	<u>381</u>
Males.....	66
Females.....	315
No. of cases on books at end of 1952.....	<u>501</u>
Total number of persons receiving home help during 1953	<u>882</u>
No. of cases on Books at end of 1953.....	531

Ages of applicants to whom home help was supplied for the first time:-

Under 50.....	45	=	11.8%
Between 50/59.....	36	=	9.7%
Between 60/69.....	76	=	19.9%
Between 70/79.....	157	=	41.1%
Between 80/89.....	62	=	16.2%
Between 90/99.....	5	=	1.3%
	<u>381</u>	=	<u>100.0%</u>

Cases assessed to pay.....	106
Cases free.....	275
Average no. of hours of service per case <u>per week</u>	5

Number of Home Helps available for general cases.

Permanent full-time Home Helps employed on 31st December, 1953.....	11
Part-time Home Helps employed at 31st December, 1953.....	92
Average hours worked per week per part-time Home Help (includes T.B. Cases).....	26.5
Total number of hours worked by Home Helps (approx.).....	151,966

(On the basis of a 44 hour week, this is equivalent to 66.4
full-time Home Helps throughout the year making no allowance
for sickness, annual leave and travelling time).

Tuberculosis.

No. of new applicants.....	27
No. transferred from 1952.....	19
Total No. of persons receiving service in 1953.....	<u>46</u>
No. of cases on books at end of 1953.....	27

Maternity.

No. of applications received.....	34
No. withdrawn.....	16
Received service.....	<u>18</u>

Out of the eighteen 6 received 80 hours' service to cover the 14 days (instead of the 60 hours normally allotted).

Home Helps gave 1,224 hours' service to maternity cases during the year, which was equivalent to 0.54 full-time Home Helps continuously employed.

Home Visits of Home Help Organiser and her Assistants.

General Cases.

Visits to Applicants and Recipients.....	2,753
Visits to Home Helps.....	133

Tuberculosis

Applicants.....	201
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Maternity

Applicants.....	94
	<u>3,181</u>

Office Consultations - Applicants and Home Helps.....	5,100
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Only in one case was a Maternity Home Help employed who was not a regular Council Home Help. This was on a very difficult case as the family were living in one room, in very inconvenient circumstances.

Illness or Infirmary Leading to Need for Home Help.

Heart and circulation	77
Rheumatism, Arthritis etc.,	57
Miscellaneous	50
Respiratory conditions	47
Senility	36
Tuberculosis	27
Accidents - broken limbs etc.,	21
Cancer	18
Post operative	18
Hemiplegia, Paralysis, Thrombosis	17
Ulcerated Legs	14
Diabetes	12
Illnesses connected with pregnancy	11
Blind	<u>3</u>
	<u>408</u>

SECTION 51 - MENTAL HEALTH.

The Mental Health Service continues to be administered by the Health Committee of the local health authority. The Medical Officer of Health is responsible for the organisation and control of the service.

Staff.

(a) Medical.

The Deputy Medical Officer of Health is responsible to the Medical Officer of Health for medical supervision, direction and administration. This officer and the Chief Assistant School Medical Officer are approved by the local health authority for the purposes of the Mental Deficiency Act, and carry out the medical examination of mental defectives.

Three local general practitioners, who are approved by the Minister of Health for the purpose of making recommendations under the Mental Treatment Act, are available when required.

(b) Lay Administration.

(1) A Senior Duly Authorised Officer (supervisory) and three male Duly Authorised Officers carry out various duties under the Mental Deficiency, Lunacy and Mental Treatment Acts.

(11) The establishment provides for a full-time Psychiatric Social Worker whose main duties are in connection with pre-care and after-care work for mental patients. This post became vacant in June and at the end of the year all efforts to obtain the services of a suitably qualified person had been unsuccessful. The Psychiatric Social Worker has a half-time clerical assistant.

(111) A qualified Supervisor, two Assistant Supervisors and a male Handicraft Instructor at the Occupation Centre. The Handicraft Instructor was a new appointment made during the year.

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

Co-ordination and Joint Use of Officers.

Co-operation between the officers of the Regional Hospital Board, the Hospital Management Committees and the Local Health Authority continues to be maintained as in previous years. 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. Points of view are freely exchanged and when specialist advice is needed this is readily given by the officers of these two hospitals.

The Council's Duly Authorised Officers supervise mental defectives in the area on licence from institutions. They also visit and report on home circumstances of defectives in institutions whose cases are due for re-consideration under Section 11 of the Mental Deficiency Act, 1913, or when the question of licence, holiday leave or discharge arises.

The Psychiatric Social Workers employed by the Council and at Goodmayes Hospital work in very close co-operation in both pre-care and after-care cases.

Voluntary Associations.

No duties are delegated to Voluntary Associations.

Training of Staff.

The Duly Authorised Officers attend Goodmayes Hospital occasionally for talks and discussions.

Prevention, Care and After-Care.

The social care of people with psychological problems continued during the year, but unfortunately on a reduced scale, as the Psychiatric Social Worker employed by the Council left the service in June, and at the end of the year, efforts to replace this officer had been unsuccessful.

Pre-care and after-care patients attending the Psychiatric Out-patient Clinic are visited by the Psychiatric Social Worker employed at Goodmayes Hospital, as also are cases who on discharge from the hospital are considered to be in special need of social care. A few selected after-care cases are referred by the hospital to the Duly Authorised Officers.

Two sessions are held weekly at the Psychiatric Out-patient Clinic in the borough. This clinic is controlled by the Physician Superintendent of Goodmayes Hospital, and his staff. Early referrals to the clinic by general practitioners, and by the Duly Authorised Officers, after consultation with the patient's doctor, are often the means of preventing a complete breakdown.

The Council's Psychiatric Social Club continues to meet once a week. The membership remains small, but there is no doubt that the club has proved of value for different types of people. In the informal and friendly atmosphere of the club, the quiet and timid member soon overcomes any reluctance he might have for entering into its activities. Close friendships have been formed and all members feel free to discuss any problems they may have with the officers attending the club. The members elect their own Committee. This Committee with the guidance of the officers, plan the activities of the club which include games, dancing, socials etc.

Lunacy and Mental Treatment Acts.

The arrangements for obtaining the services of the Duly Authorised Officers are unchanged. A twenty-four hour rota system is operated by the three male officers; calls for their services after normal office hours being made through the Council's Ambulance Control.

During the year the officers were called upon on 282 occasions with the following results:-

Disposal of Cases	M.	F.	Total
Admitted to mental hospitals as "Voluntary" patients	60	72	132
under Urgency Orders	16	21	37
as Temporary patients	4	5	9
as Certified patients	5	9	14
for Observation	6	7	13
No statutory action taken	36	41	77
Total:	127	155	282

The total number of visits made by the Duly Authorised Officers in connection with mental illness was 567.

In a number of cases where no statutory action was taken arrangements were made, with the consent of the patients' doctors, for patients to attend the Psychiatric Clinic for treatment.

Mental Deficiency.

Ascertainment. The number of mental defectives ascertained during the year was 24 (9 males and 15 females). Of these, 19 cases (8 males and 11 females) were reported by the local education authority, 2 cases (1 male and 1 female) reported through the Courts and 3 females reported from other sources including 1 case admitted to an institution under Section 9. Twenty patients (9 males and 11 females) were placed under statutory supervision and 4 females were admitted to institutions.

In addition to the above 5 other cases were reported but had not been examined at the end of the year.

Supervision. At the end of the year there were 315 defectives (170 males and 145 females) under statutory supervision, 2 cases under voluntary supervision, and 10 patients (5 males and 5 females) on licence from institutions. These cases are visited by the Duly Authorised Officers at approximately quarterly intervals, or more frequently if necessary. Special cases are referred to the Council's Psychiatric Social Worker.

In addition, the officers visit a number of pre-care and after-care cases, i.e., border line cases and those discharged from Orders, who although not subject to the provisions of the Act may need advice or assistance.

Parents and guardians are advised on matters relating to the defective and in the majority of cases the visits of the officers are welcomed. A large number of the defectives are in fairly regular work and are self-supporting. Others who are capable of working but find difficulty in obtaining it are referred to the local Disablement Rehabilitation Officer.

During the year the officers made 2,207 visits as follows:-

Cases under statutory supervision	1,595
Cases on licence from institutions	121
Reports for licence, holidays, etc.,	37
Reports for Visitors	111
Other visits (pre-care and after-care, etc.,)	343
	<u>2,207</u>

Short-term Care. During the year arrangements were made for 9 defectives to receive short-term care under the terms of Ministry of Health Circular No.5/52. Eight of these were accommodated at South Ockendon Institution by the kind co-operation of the Physician Superintendent, and the other was admitted to a convalescent home. Most of the cases were sent away on account of the mother being run down and in need of a rest from the care of the defective, or where she was entering hospital for confinement. These arrangements were of great benefit to the parents concerned.

Guardianship. The number of defectives under guardianship at the end of the year was 5 (1 male and 4 females). All are with guardians outside West Ham and are supervised by officers of the local health authority in which they reside. With the exception of one patient who is in the care of her parents, cases under guardianship are visited at six-monthly intervals by a member of the Health Committee and by one of the Council's medical officers.

Summary.

The following table shows the type of care which was received by defectives remaining on the register at 31st December, 1953:-

	Under age 16		Age 16 and over		Total
	M.	F.	M.	F.	
A. Ascertained as "subject to be dealt with":-					
Under Statutory Supervision	38	30	132	115	315
Under Guardianship	-	-	1	4	5
In "Places of Safety"	1	-	-	-	1
In Institutions under Order	28	19	180	198	425
B. Not ascertained as "subject to be dealt with":-					
Under Voluntary Supervision	-	-	-	2	2
Total:	67	49	313	319	748

The number of patients admitted to institutions during the year was 19 (10 males and 9 females). Eighteen of these were under Order and one as in a "place of safety". At the end of the year 7 cases were awaiting admission to institutions.

Occupation Centre.

More progress was made during the year. In addition to the handicrafts section for the older boys which came into being in January, plans were prepared to adapt a further section of the premises for senior girls. This latter section was opened in September and with the boys' handicraft section has proved of inestimable value in the training of children attending the Centre.

The report of the Supervisor, Miss F.E. Forshaw, on the work of the Centre is given below:-

This year was again one of progress. It opened with 37 children on the register and closed with 47. Five new children were admitted on the first day of term, a total of 14 during the year; 3 went to South Ockendon and one proved unsuitable.

One of our major ambitions were realised during January: the senior boys craft section opened in a converted building. Miss Barnett took over and began what is now a most beneficial section for the senior boys.

July was our next milestone, an Open Day for parents - especially delighted were the parents and friends of our boys' section who saw for the first time what was being accomplished.

Our outing to Mr. & Mrs. Smith's Farm and Riding School was a success, the weather kept fine if cool, and a visit to see the horses and baby pigs gave real pleasure.

Just before the summer break we had our usual show afternoon and sale of handiwork. Parents and friends numbered about 40 and were most appreciative.

Miss Barnett left us to take up a Supervisor's post with the Kent County Council at Cliftonville, Margate. We were all sorry to say goodbye but wished her luck in her new post. Miss Hislop joined the staff later in the year taking over Miss Barnett's post.

In September came two further developments, a Male Handicraft Instructor for the senior boys and the opening of the girls' section. Mr. Hart took over the senior boys and immediately they were able to broaden their scope, both in activities and instruction. With Mr. Hart's specialised knowledge in woodwork we have been able to watch the boys gain a real insight into tools, their care and uses and several now handle simple tools with intelligence.

The senior girls' section has given scope for a more general training in simple housework, ironing and washing bibs, etc., a scheme that has possibilities and can be developed and one of real importance to the girls' lives.

A Guy Fawkes celebration was much enjoyed, and from the safety of the school room windows the smaller children watched with interest.

Our Christmas Party was dual this year - a film show in the morning given by the Rev. Hawkins of Dagenham, dinner followed by games and then a "show" put on by the children for their parents. Everyone had some part to take, if only "crowd work", and all groups gave an item of interest. Carols sung round the Christmas Tree finished off the afternoon.

A really lovely Christmas Tea with all the usual fare, followed by the event of the day, The Christmas Tree and the traditional visit of Father Christmas, every child had a present, sweets and fruit. Marks to the generosity of so many kind friends (our Chairman was able to pay us a brief visit and about 60 parents, friends, officials and helpers crowded into the premises: a happy time if a tight squeeze for everyone).

Over the year we have had "Open Afternoons" for parents to chat, compare and complain over a cup of tea and then discuss the needs and future plans for the children. We have had visitors of all kinds, students from other kinds of work, those taking up this work and just ordinary people interested in the handicapped child.

We all feel that we had a happy, useful year.

NATIONAL ASSISTANCE ACT, 1948. Section 47.

A few elderly persons needing institution or hospital care were referred to the department as possible cases for action under this Section, but in no instance was it necessary to do so, arrangements being made either for the patient to receive the services of the home nurses and domestic help, or to enter hospital voluntarily.

National Assistance Acts: Incidence of Blindness.

The Local Authority's duties under the National Assistance Acts are administered by the Welfare Committee of the Council through its Chief Welfare Officer. All the information contained in this report regarding the incidence of blindness has, therefore, been obtained from the Welfare Department through the courtesy of the Chief Welfare Officer and the Blind Welfare Officer.

During the year 1953, 47 persons were placed on the register of blind persons but two of the persons newly registered died before the end of the year. It is noteworthy that no person under the age of 30 was registered during the year as being blind. Thirteen persons were registered as partially sighted, including two between the ages of 15 and 20, all the rest being over 45. From the appended tables it will be seen that treatment has been recommended for very few persons suffering from cataract or glaucoma, and it should be noted that there is no evidence on the forms B.D.8 of any of them having already received treatment before registration. No case of retrolental fibroplasia and no case of ophthalmia neonatorum was reported during the year.

NEW CASES REGISTERED AS BLIND DURING THE YEAR.

Cause of Disability	Total	No. Treatment Recommended	Recommended for:-	
			Medical Treatment	Surgical Treatment
Cataract (both eyes)	13	12	-	1
Glaucoma (both eyes)	5	4	1	-
Cataract (one eye) and Glaucoma (one eye)	3	3	-	-
Cataract (one eye) and other cause (one eye)	4	4	-	-
Glaucoma (one eye) and other cause (one eye)	1	1	-	-
Other and unknown causes - both eyes	21	18	3*	-
TOTAL:	47	42	4	1

*Includes one who died two months after registration.

Note: The total includes two who died before the end of 1953.

NEW CASES REGISTERED AS PARTIALLY SIGHTED DURING THE YEAR.

Cause of Disability	Total	No. Treatment Recommended	Recommended for:-	
			Optical Treatment	Optical and Educational Treatment
Cataract (both eyes)	2	2	-	-
Glaucoma (both eyes)	-	-	-	-
Cataract (one eye) and Glaucoma (one eye)	-	-	-	-
Cataract (one eye) and other cause (one eye)	2	2	-	-
Glaucoma (one eye) and other cause (one eye)	-	-	-	-
Other and unknown causes - both eyes	9*	7	1*	1
TOTAL:	13*	11	1*	1

* Includes one case transferred from the Register of Blind Persons.

EPILEPSY AND CEREBRAL PALSY.

A. EPILEPSY.

(a) Children.

All children at the age of 2 years and upwards brought to the notice of the Authority as suffering from epilepsy are normally referred to the School Health Service for examination and possible ascertainment under the provision of the Education Act, 1944.

In those cases in which the epilepsy is of a sufficient degree to require ascertainment and special educational treatment, arrangements are made, where necessary, for the child's admission to either a day or a residential school.

The following table shows the number of children between the ages of 2 years and 16 years who are known to be suffering from the defect:-

In attendance at ordinary schools	54
In attendance at Day Special School	2
In attendance at a Residential Special School	4

(b) Adults.

It is at present impossible to ascertain the true total incidence of epilepsy as it is known that in the majority of such cases the epilepsy is of a slight degree, adequately controlled by medication, and the individual concerned is following normal employment, with little if any limitation in his activities. As regards the more severe type of case, admission to an Epileptic Colony or other form of residential accommodation is arranged by the Welfare Department under Part III of the National Assistance Act, 1948.

No new cases were admitted to residential accommodation during the year, but 30 cases previously placed were under the care of the Welfare Department at the end of the year in the following institutions:-

Forest House	21
Chalfont Epileptic Colony	4
St. Elizabeth's School and Home for Epileptics, Much Hadham	2
Meath Home for Epileptics, Godalming, Surrey	2
Lingfield Epileptic Colony	1

In some further cases known to this Department, the epilepsy is associated with a degree of mental deficiency, and such cases are placed under supervision in accordance with the provisions of the Mental Deficiency Acts if the degree of mental deficiency has not necessitated institutional care.

B. CEREBRAL PALSY.

(a) Children.

The same procedure for the examination and ascertainment of children suspected of, or suffering from cerebral palsy is adopted as in the case of epilepsy, specialist opinion, investigation and treatment being obtained, as necessary. The following are the number of children between the ages of 2 years and 16 years who are known to be suffering from this defect:-

Pre-school children	7
School children: in attendance at Day Special Schools for Physically Handicapped Children	7

(b) Adults.

As, in the case of epilepsy, the condition is not notifiable, the true incidence in the community cannot be determined, but as regards those cases registered as disabled persons, suitable employment is arranged so far as is possible in conjunction with the Hospital Authorities and other agencies, the Welfare Department, and the District Rehabilitation Officer of the Ministry of Labour and National Service.

SCHOOL HEALTH SERVICE

SCHOOL POPULATION

There was a further small increase in the school population during the year. On the 31st December, 1953, there were 29,653 children on the school rolls, as compared with 29,135 on the corresponding day of 1952.

The total increase since 1945 is over 9,400.

Nevertheless, it is of interest to note that the number of children on the school rolls is still some 26,400 fewer than it was at the peak of the school population about 41 years ago.

MEDICAL INSPECTION

A table setting out the work done under this heading will be found in Appendix IV on pages 91-92. A small decrease in periodic inspections was balanced to some extent by an increase of 360 in the number of reinspections.

The number of children examined in the two groups (periodic inspections and special inspections and reinspections) appear to be settling down in the proportions of 9 cases to 16 cases. The volume of work carried out in the year was about the same as in the previous year.

General Condition. A comparison of the general condition of the children found at medical inspections during the past three years is set out in some detail below:-

Classification of the General Condition of Children assessed at periodic inspections during the years 1951, 1952 and 1953.

Year 1951

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

Year 1952

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	851	541	63.58	299	35.13	11	1.29
Total	9,264	4,534	48.94	4,420	47.71	310	3.35

Year 1953

Entrants	3,848	1,526	39.66	2,265	58.86	57	1.48
2nd Age group	2,309	991	42.92	1,281	55.48	37	1.60
3rd age group	2,197	1,139	51.84	1,035	47.11	23	1.05
Other periodic	678	380	56.05	294	43.36	4	0.59
Total	9,032	4,036	44.69	4,875	53.97	121	1.34

Since 1947, in accordance with the requirements of the Ministry of Education school medical officers carrying out periodic medical inspections classify the general condition of the pupils in three grades - "Good", "Fair" or "Poor". This classification replaced a 4 point scale for recording the doctor's assessment of "nutrition", as "excellent", "normal", "sub-normal" or "bad". These terms are subjective, and it may be years before the statistics of assessments on the new scale become stabilised so as to be able to draw significant conclusions from year to year comparisons. The following percentages relate to the past eight years:-

<u>Year</u>	<u>Excellent</u>	<u>Normal</u>	<u>Sub-normal and bad</u>
1946	23.76	61.97	14.27
	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
1947	79.43	20.19	0.38
1948	35.67	54.46	7.87
1949	35.06	56.16	8.78
1950	38.07	55.44	6.49
1951	39.03	53.44	7.53
1952	48.94	47.71	3.35
1953	44.69	53.97	1.34

The anomalous results recorded in 1947 arose largely from doubtful interpretation of the meaning of the Ministry's new classification and should therefore be disregarded. The figures for succeeding years provide a more valid basis for comparison.

It will be noted that in 1952, there was a sudden and marked fall in the figure for poor general condition from 7.53 to 3.35 per cent. The probable explanation for this welcome reduction was ascribed to the personal factor of the examining medical officer as two changes were made during the year. With an unchanged medical staff a further reduction in poor general condition has been recorded - from 3.35 to 1.34 per cent.

This can be regarded as a most satisfactory state of affairs which may well have approached very closely to the best that can be achieved at present.

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 to the Chief Education Officer so that he can consider how far and at what stage it may be practicable to implement any recommendations. 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.

The co-operation of the Education Department and the Borough Engineer enables the medical officers' recommendations to be translated into practical improvements to the school premises or to the services accommodated in them. During the year 54 reports were made and dealt with in this way.

THE WORK OF THE SCHOOL NURSES

The Council's policy of filling all future vacancies in the School Nursing Service by health visitors trained under the Council's sponsored student scheme was continued. During the year three student health visitors commenced an approved course of training under the auspices of the Education Committee with the object of taking an appointment on the school nursing establishment. One finished her training during the year and, like the health visitors appointed by the Health Committee, is engaged in combined duties in the School Health and Maternity and Child Welfare Services. The other two will be likewise appointed when they finish their training.

NUTRITION. Nutritional surveys were carried out on the same basis as in previous years, and occupied a substantial proportion of the school nurses' time. It has, however, been decided to carry out an annual nutritional survey only in future. With the continued improvement in the general condition of the children it is possible that a still further lengthening of this interval may become acceptable with corresponding release of school nurses' time for other purposes.

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 36,600 inspections were made in these surveys (against 28,899 in 1952). Ninety-four cases were referred to the medical officers for further consideration of their nutritional state (against 32 for the previous year), but none was found to be suffering from malnutrition. This is the fourth year in succession in which this gratifying result has obtained, and fits in with the general pattern of improved general condition.

NUTRITION SURVEYS

Number of inspections	...	...	...	...	...	...	...	36,600
Referred to school doctors (nutritional grounds)								94
Referred to school doctors (other conditions):-								
Obesity								19
Skin diseases								11
Ear defects								3
Orthopaedic conditions								12
Defective vision and squint								12
Debility								32
Other conditions								27
							Total	116

CLEANLINESS. Routine cleanliness surveys are conducted each term. 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, children found to be infested are followed up until the school nurse is satisfied that they are clean.

During the year 58,296 inspections were made at these cleanliness surveys and 1,365 instances of infestation found. On the basis of a school population of 29,653, this gives a proportion of uncleanness of 4.6% which compares with 6.5% in 1952 calculated in the same way on a school population of 29,135. 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.

Section 54 of the Education Act, 1944 is the relevant one in connection with this subject. As it was felt by the Ministry of Education that Authorities were having some difficulty with regard to the administration of this Section they accordingly circularised Administrative Memorandum No.156. The Ministry again stressed that however slight may be the degree of infestation all infested pupils should be cleansed and should be recorded in the returns forwarded to them. When a pupil is found to be severely infested with vermin he should, in the interests of the other pupils be immediately excluded from school. In January 1953, the Principal School Medical Officer submitted to the Special Services Sub-Committee details of a proposed campaign against uncleanliness and the action necessary to enforce the cleanliness of school children. This action was approved by the Committee.

The procedure adopted was as follows - in the first instance an informal notice is issued to the parent which asks for his co-operation and contains no warning of the possibility of cleansing under arrangements made by the Authority. This informal notice does give the parent the opportunity of having the child treated at the Treatment Centre. The notice is made out by the school nurse and is given to the child by the head teacher.

Should the child still be found unclean after an arbitrary period - which may be several days - a formal Cleansing Notice is issued under Section 54(2) of the Education Act, 1944. The parent is required to cleanse the child to the satisfaction of a school doctor named in the Notice and, at the same time, is informed that unless this is done by a time specified in the Notice the cleansing of the child will be carried out under arrangements made by the Local Education Authority. Until the child is cleansed as stated above he/she will be excluded from school. At this stage the school nurse visits the home and, backed by the force of the Notice, gives practical guidance to the parents on the probable sources and the control of the infestation.

This Notice is sent to the parent by registered post. If, after expiration of the period prescribed in the Cleansing Notice, the pupil is presented for examination at the place specified in the Notice and is found by the school doctor to be still infested or if the child is not presented for examination as directed, the Principal School Medical Officer issues and signs an Order, under Section 54(3) directing that the person of the said pupil be cleansed under arrangements made by the Local Education Authority. The Order authorises an officer of the Local Education Authority to convey the pupil to the Treatment Centre and there cause him/her to be cleansed. A copy of the Order is taken to the parent by hand. This is desirable in view of the fact that, should re-infestation occur after cleansing, the parent may be the subject of legal proceedings under Section 54(6) of the Education Act, 1944.

At the same time a revised form of statistical recording was brought into operation by means of which it is now possible to give an accurate figure of the number of individual children found unclean.

The following figures relate to work in connection with uncleanliness during the year:-

Total number of <u>individual</u> pupils found to be infested	1,365
Number of <u>individual</u> pupils in respect of whom cleansing	
Notices were issued (Section 54(2) Education Act, 1944)	511
Number of <u>individual</u> pupils in respect of whom cleansing	
Orders were issued (Section 54(3) Education Act, 1944)	120

Comparative statistics cannot be expected to give a wholly reliable assessment of the results of these new methods after a single year's working, but there have already been many indications of the salutary effect upon the parents of the firmer attitude which is being displayed towards this unpleasant and unneighbourly infestation. Fathers in particular have been brought to realise, often for the first time, the condition into which their children have been allowed to fall and have taken steps to rectify the situation. How far the apparent improvement in the degree of infestation will be maintained and whether it will be necessary to take the further proceedings allowed by the Education Act in the case of persistent offenders remains to be seen in the light of further experience.

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 5,067 home visits in this way.

RESEARCH AND INVESTIGATION

A joint committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health and the Population Investigation Committee at the London School of Economics has been following the health, growth and development of 6,000 children born in the first week of March, 1946, who are drawn from all social classes and from all parts of England and Wales. The chief aims are to collect information on illnesses, accidents, growth and development, to show the effect of environment on the health and growth of young children, to compare the history of prematurely born children with those born at term, and to observe the achievement of children against the background of their ability, health and opportunities.

The Special Services Branch of the Ministry of Education have been closely associated with the planning of this inquiry and are represented on the Committee. The Education Committee, in common with many other local authorities, agreed to co-operate in the inquiry. During 1952, the children came under the supervision of the School Health Service and the detailed forms supplied by the Joint Committee were completed by the school medical officers and the school nurses. Towards the end of the year a record of school absences among the survey children and reports of mothers on sickness during holidays were obtained for the Committee.

The numbers of National Survey examinations carried out by medical officers during 1952 and 1953 were 25 and 21 respectively. The numbers of reports completed by the school nurses during the same two years were 25 and 68 respectively.

TREATMENT

RINGWORM. No cases of ringworm of the scalp were treated during the year. This is the first occasion in the history of the Service when no cases have been recorded.

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 in 1952 was 0.01 per cent. It is interesting to compare this incidence with that of twenty-five to twenty-seven 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 although attendances are falling a large number of children still come to them, referred mainly by the head teachers. The cases are seen by the school doctors on their clinic sessions, 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 skin troubles of various kinds, including warts, ringworm, impetigo and scabies. The incidence of the last three conditions has sharply declined in recent years and the few cases of scabies seen are referred to a special clinic for treatment. Other skin diseases are dealt with from time to time.

Minor ailments of the eyes such as slight inflammatory conditions, sore eyelids, foreign bodies and minor injuries. Some of the external diseases of the eye are, according to their nature and severity, sent to the ophthalmic clinic for specialist attention.

Minor ailments of the ears such as small boils in the outer passage, wax, 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 consist of a very mixed collection of cases such as sores, whitlows, boils, cuts, abrasions, chilblains and the like.

The above cases form the main mass of the work at minor ailment clinics.

The following figures give the number of cases of these kinds which were seen at the clinics during the year:-

(a)	Skin Diseases	1,187
(b)	External Eye Diseases	338
(c)	Minor Ear Defects	263
(d)	Miscellaneous Defects	2,100
	<u>Total</u>	<u>3,888</u>

The clinics were open every morning and also on two afternoons a week when the area doctor was present. From the 23rd November the Doctor's sessions were transferred to the mornings thus relieving the nursing staff for other duties in the afternoon.

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	2,696
Balaam Street	2,226
Rosetta Road	2,323

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	5,773
Balaam Street	7,848
Rosetta Road	8,390
Total	<u>22,011</u>

This is a decrease in attendances over last year's figures. During the post-war years there has been a steady decrease in attendances, with the exception of 1951, as the following figures show:-

1946 ... 41,746	1950 ... 28,605
1947 ... 38,443	1951 ... 32,248
1948 ... 36,165	1952 ... 26,160
1949 ... 33,221	1953 ... 22,011

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.

The usual routine was carried out and all children having defective vision or symptoms suggesting the possibility of a refractive error were refracted and 1,601 pairs of glasses were ordered. Mr. Lauder, the full-time optician in the clinic, dealt with 1,236 cases while 365 prescriptions were taken to an outside optician.

All children refracted were not found to require glasses and some already possessed a suitable pair, also many children attended for re-inspection and some for treatment of other eye conditions. The number of attendances in the eye clinic for the year was 6,931.

The examination and treatment of cases of squint forms a very important part of the work in the clinic. Five hundred and seventy-two prescriptions for glasses were for children with squints of some degree or previous squint cases straight after treatment, and 141 of these were for children under school age. The treatment of these cases is combined with the work of the orthoptist and operations carried out by me at Whipps Cross Hospital.

During the first half of the year the work in the Orthoptic clinic was subject to changes as Miss Bowen left her full-time post to get married, but carried on part-time and later the services of a second part-time person were also obtained, but in July 1953, Miss Pinson was appointed and commenced duties as full-time orthoptist.

The total attendances in the orthoptic department for the year were 2,694. The figure for the actual number of children attending is not able to be given but is approximately 430. The number of new cases seen during the year was 171 and number of discharges 94.

Children attending the orthoptic clinic are also seen periodically in the main eye clinic and 2,102 of the attendances in this clinic were for reinspection of cases of strabismus.

89 children were operated on at Whipps Cross Hospital, 86 were for squints and 16 of these were under school age. Some of these children required more than one operation, or else it was advisable to carry out the operative treatment in two stages, so 99 squint operations were performed on these children during the year.

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 the following results were obtained:-

	<u>Number Examined</u>	<u>Defective</u>	<u>Percentage Defective</u>
Boys	642	28	4.36
Girls	644	2	0.31

The incidence of defective colour vision remains fairly consistent as the following figures for the past eight years show:-

<u>Year</u>	<u>No. examined</u>		<u>Defective</u>		<u>Percentage Defective</u>	
	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>
1946	907	1,197	44	1	4.85	0.08
1947	836	1,604	52	1	6.22	0.06
1948	1,064	1,452	61	1	5.70	0.07
1949	1,666	700	91	-	5.46	-
1950	939	598	55	1	5.86	0.17
1951	529	456	31	1	5.86	0.22
1952	527	507	25	1	4.74	0.19
1953	642	644	28	2	4.36	0.31
	<u>7,110</u>	<u>7,158</u>	<u>387</u>	<u>8</u>	<u>5.44</u>	<u>0.11</u>

Some years ago the advice of the Faculty of Ophthalmologists was sought by the Ministry of Education in regard to this subject and the following are extracts from their recommendations:-

- "(a) It is desirable that all children should be tested for colour vision some time during their school career.
- (b) Primarily, all children should be tested by the Ishihara method in good daylight, and all failures should be re-tested by a lantern test.
- (c) Any child who is colour blind should not be regarded as a disabled person".

There is a difference of opinion among authorities as to what groups of the school population should be tested. This is a question of policy which might well receive some early consideration.

REPORT ON THE WORK OF THE AURAL CLINICS

by

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

The work of these clinics continues as in previous years and the attendances were up to standard.

For the parents and patients, these clinics with their locale near the homes and schools, and the staff whom they have come to know, provide a medical service which they have come to trust and not to fear.

No special problems occurred during the year.

Regular visits are made to the West Ham School for the Deaf, Tunmarsh Lane.

The following figures show attendances for the year:-

	<u>School Children</u>	<u>Maternity & Child Welfare</u>
New cases	307	66
Total attendances	1,483	129
Tonsils and Adenoids referred	87	21
Tonsils and Adenoids operations	90	8
Other operations	2	-
Discharges	151	37

In addition to the tonsil and adenoid operations performed by Mr.Scott, 138 are known to have taken place elsewhere. Five hundred and sixty-two children were treated for various conditions affecting the ears, nose and throat; 263 of these were given treatment at minor ailment clinics. Details of the ascertainment of deaf children are given on page 78.

HEARING OF SCHOOL CHILDREN. As stated in my last Report the audiometrician resigned her appointment in November 1952. It has not been possible to make another appointment and this work has therefore been held in abeyance.

The school medical officers, however, refer any cases of suspected deafness to the Aural Specialist and if he considers that there is any degree of deafness present a pure-tone audiogram is taken. Should the audiogram confirm a loss of hearing sufficient to warrant special educational treatment steps are taken to ascertain the child as deaf or partially deaf and appropriate action is taken.

ORTHOPAEDIC AND POSTURAL DEFECTS. Some children with the more severe degrees of these defects were referred, as in previous years, to the orthopaedic surgeon at the Children's Hospital, Plaistow, and various other special hospitals. In many cases insoles or wedging of the shoes were prescribed, while in a few cases minor orthopaedic operations were carried out. Cases are referred from time to time to the Council's physiotherapy clinic by hospitals in order to save the parents' time, but the specialists usually request to see the cases occasionally. Following the establishment of the Council's own physiotherapy service at the beginning of 1952, 114 children were treated at Forest Street and Grange Road clinics and at the Elizabeth Fry special school during the year. Cases known to have been treated outside the Council's scheme numbered 192. Eleven children were known to be in-patients in various hospitals. In accordance with the National Health Service arrangements surgical boots and orthopaedic appliances are provided by the hospitals when needed.

PHYSIOTHERAPY. Mrs. A.M. Tootell, the physiotherapist, continued her work 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 children 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 school medical officers, the consultant paediatrician, general practitioners and hospitals.

Much time is taken up with classes of children requiring remedial exercises for bad posture, flat feet, weak ankles, knock knees and other minor orthopaedic defects. Massage, as well as ultra-violet irradiation, is given when necessary. The results achieved have been very satisfactory, particularly in the classes for foot defects, and this gives support to the view that these conditions, if treated early enough, can be more easily remedied and probably spared the need for later treatment at an orthopaedic clinic. Many cases are given general ultra-violet irradiation, mostly cases of asthma, bronchial or upper respiratory catarrh, or general debility. The type of mercury vapour 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, encourage acceptance of treatment at a stage when it will be really preventive.

The physiotherapist carries out valuable work at the Elizabeth Fry day special school where various deformities - the aftermath of anterior poliomyelitis, cerebral palsy and hemiplegias are dealt with. By paying weekly visits to the school the physiotherapist becomes familiar with the defects of the individual child. Some of these children receive ultra-violet irradiation at the nearby Grange Road Clinic. In the same way much good is done by the visits to the Fyfield Open Air School for delicate children where those with asthma, bronchitis, upper respiratory catarrh, 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. The nursing staff carry out this treatment in a most satisfactory way.

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	95	1,526
Orthopaedic defects	41	605
Grange Road Clinic		
Sunlight	95	1,957
Orthopaedic defects	44	479
Elizabeth Fry Special School		
Orthopaedic defects	29	476

In addition to the above, 39 children were treated at the Fyfield Open Air School, 312 treatments being given. The physiotherapist made 8 visits during the year, during which the cases were reviewed and advice given to the nursing staff.

HEART DISEASE AND RHEUMATISM. All conditions of the heart and circulation are grouped together under one heading on the child's medical schedule. During the year under review 57 cases were referred at Periodic and Special inspections for treatment and 63 for observation - these being only one-third of the figures for the previous year. Most of the defects found consist of cases of anaemia, chilblains, and functional disturbances of the heart of no serious import, and relatively few are organic lesions due to the effects of rheumatism. An analysis of cases seen by the paediatrician for the first time during the year shows that only 6 children were found to have a heart lesion - 2 were of congenital origin, 2 due to rheumatism, and in 2 cases the lesion was regarded as of no significance. As Dr. Hinden mentioned in his report on the work of the Paediatric Clinic for the year 1952, rheumatic fever in childhood appears to be declining, even when measured over the post-war years alone. In his present report, he indicates that restrictions of activity are no longer being imposed because of heart murmurs of doubtful significance; and the combined effect of these two observations is that disability of cardiac origin is now becoming very uncommon in childhood.

No cases of organic heart disease were recommended for heart hospitals schools but 3 boys and 1 girl with this condition were admitted to the day special school during the year.

During the year 1953, the number of children treated as in-patients in special heart schools was 4, (1 boy and 3 girls admitted to West Wickham by the Regional Hospital Board).

REPORT ON THE WORK OF THE PAEDIATRIC CLINIC

by

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

The work of the school consultative clinics has continued along the same lines as previously, but at rather a reduced volume. The welcome decline in infant and childhood mortality, has brought with it less morbidity also, and this is reflected in smaller attendances at the clinics. Another factor making for fewer patients, is that the post-war 'bulge' in the birth-rate is now well out of infancy, and has entered mid-school life, a period when illness is much less. This is confirmed by experience in hospital, which shows that the toddlers' wards are lightly filled, while pressure is heavy on beds for boys and girls.

The nature of the work has not altered. I am deeply impressed by the wide range of normality, and the consequent difficulty of defining the abnormal. This is a matter of supreme importance, for particularly in school health, the commonest question I am asked is - "Is this child normal?" The difficulty arises not only on the physical side; mental, and temperamental, aspects are equally important. Nor is the question academic, for it may well be that our answer to it may alter the course of the child's life, and so bring about the very deviation we diagnose! It follows that every child should be assumed to be healthy and normal, and should live a normal and healthy life, until the contrary is proved beyond the shadow of a doubt. I am happy to see that this principle is being more and more widely adopted, so that the child restricted in his activity because of a heart murmur of doubtful significance, is no longer seen.

St. Mary's Hospital, Plaistow, continue to afford the clinics the facilities of their X-ray department, and Whipps Cross Hospital that of their pathological laboratory; to both of these hospitals I am very grateful for their help, which is of great benefit to the children. I should like also to acknowledge the co-operation of the assistant school medical officers and the general practitioners who refer children to me.

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	...	2
Number of school children referred by general practitioners	... ..	92
Number of school children examined as contacts	... ..	380
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	1	Spine	1
Pulmonary tuberculosis (adult type)	2	Meningitis	1
Pulmonary tuberculosis	8		
Pulmonary tuberculosis with pleural effusion	1		

Twelve of these children were admitted to institutions, and two attended hospital as out-patients.

B.C.G. VACCINATION. Since 1950 the Medical Research Council has been undertaking controlled clinical trials of anti-tuberculosis vaccine. The trials are on a large scale. In September of the same year the Education Committee agreed to co-operate with the Medical Research Council in the trials, and the trials commenced towards the end of the year. The trials involve children leaving secondary modern schools at the age of 15 years, and it was proposed to follow them up by regular examinations for at least three years. Participants in the trials are volunteers. All children participating in the scheme have a simple skin-test carried out (tuberculin test). In this test a substance, tuberculin, which is quite harmless, is injected into the skin. A localised red reaction after 2-3 days shows that the person has already been infected. It is no indication of disease but it means that B.C.G.

should not be given. About 40 per cent of persons aged 15 years will give a reaction (positive test). If there is no reaction the child is "tuberculin-negative" and may appropriately receive B.C.G. In the trials, of those found tuberculin-negative half received B.C.G. vaccine, the other half did not. The two groups amongst the tuberculin-negatives were chosen by a method of random selection.

The routine re-examinations and follow-up for several years involve all three groups, namely, those tuberculin-positive at the outset, those inoculated with B.C.G., and those tuberculin-negative who were not vaccinated. The scheme is operated by a Medical Research Council Team especially assigned to the work. All groups are X-rayed and tuberculin-tested at regular intervals for at least three years. Parents who were willing to enter their children in the scheme signed a consent form.

The children are regularly visited by a health visitor or school nurse to obtain follow-up information regarding their health both at the time of the visit and during the previous interval. They also can give much help in securing the attendance for re-examination of those who default.

The head teachers of the schools have co-operated splendidly in making the scheme a success. During 1950 and 1951 there were 1,224 volunteers from West Ham. This can be considered a really good response. The work in connection with the scheme continued during 1952 and 1953. The results of these trials will not be known for another year or two and it is not yet certain exactly how much benefit in the way of protection of tuberculosis can be expected from B.C.G. vaccination of school children. The available evidence suggests that it would probably afford a useful degree of protection to supplement all the other measures employed in the control of tuberculosis. The Medical Research Council has extended their thanks to all who helped and co-operated in the scheme.

SCABIES. The incidence of scabies remains very small. Three cases were discovered among school children this year as compared with 35 during 1952. These give rates of 0.01 and 0.12 per cent of the school population. The present rate is by far the lowest ever recorded.

Previous annual reports have shown the steady decline of this infestation from the war-time peak of 2,750 cases in 1942: it is interesting to compare the present incidence with that of the six 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
1953	3	29,653	0.01

REPORT ON THE WORK OF THE SCHOOL DENTAL SERVICE

The Senior Dental Officer was not able to submit a report on the service as he was unfortunately ill for much of the year, and he has since died. His loss came as a great shock to all his colleagues, who would not wish this opportunity to go by without an expression of their deep sorrow at his passing.

It was again not possible, owing to shortage of staff, to carry out any dental inspections in the schools. All the cases seen were specials. Comparison with the work of the previous year shows little real change. There was a reduction of 250 total cases seen; fillings were down by 360 and extractions down by 600. The use of general anaesthetics (nitrous-oxide and oxygen) continues to increase. It will be seen from the figures in Appendix III that the destructive work of extracting continues and the constructive work of filling falls. Nevertheless, in spite of shortage of staff and the virtual impossibility of seeing any but special cases, every endeavour is made to give the best possible service under the circumstances. It is hoped that when a new Senior Dental Officer can be appointed and more assistant dental officers attracted to the service if that proves possible, a more encouraging picture may be painted of the prospects for the children's dental health.

SPEECH DEFECTS. In addition to her normal clinics, the speech therapist has continued to make a weekly visit to the Elizabeth Fry Special school in order that physically handicapped children, including those with cerebral palsy, who are unable to attend the speech clinic shall not be deprived of the benefit of treatment if they need it. The speech therapist is assisted in this work by two third-year students who attend once a week. The close liaison between the speech clinic and other parts of the service - child guidance, ear, nose and throat, dental and paediatric - which is so essential to its success, has continued to work smoothly under the guidance of the Chief Assistant School Medical Officer who attends once a fortnight.

REPORT ON THE WORK OF THE SPEECH CLINIC

by

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

There has been no great change at the speech clinic this year. There has been a steady flow of referrals, and it has not been possible to take the children in as quickly as one would have liked.

Statistics:

No. of children who attended	150
Boys	113
Girls	37

Types of Defect

Dyslalia	70
Stammer	42
Stammer and dyslalia	11
Cleft Palate	7
Sigmatism	7
Hyperrhinolalia	4
Hyporhinolalia	1
Cerebral Palsy	5
Deafness	3

Discharged improved

70

Source of Referral

School Health Service and Head Teachers	139
Maternity and Child Welfare	10
Hospitals	1

Several children were referred to Mr. Scott, the Aural Surgeon, for examination, and one child was subsequently referred by him to the West Ham School for the Deaf, Tunmarsh Lane.

Nine children received treatment at the Elizabeth Fry special school, where two students from the West End Hospital for Nervous Diseases, Speech Therapy Training School, continue to assist with the work.

A boy of fifteen attending Moor House Residential School for children with speech defects, left school in December. His articulation is much improved and he has now started work.

During the year a tape recording machine was installed at the clinic. This piece of equipment will be invaluable, not only for direct treatment and ear training, but also as a means of collecting important information and data on speech defects, their treatment, and the progress made over a period of time.

My thanks are due once again to parents and teachers without whose co-operation our work would be impossible.

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:

Consultant Psychiatrists

T.P.Riordan, M.D., D.P.M. (Medical Director)	4 sessions weekly
Geo.Somerville, M.D., D.P.M.	1 " "
J.E.Glancy, M.D., M.R.C.P., D.P.M.	1 " "

Educational Psychologist

Mrs.E.Nathan, Dip.Psych., A.B.Ps.S.	6 " "
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Psychiatric Social Worker

Miss Holmes (Full-time until 23rd November, 1953)

Secretary

Mrs.Peters (Full-time)

Interviews at clinic

Psychiatrist's interviews	912
Psychologist's "	384
Psychiatric Social Worker's interviews	610

Interviews outside clinic

School visits by Psychologist	10
Testing interviews at school	65
School visits by Psychiatric Social Worker	8
Home " " " " "	35
Other " " " " "	4

Number of cases newly referred in 1953	189
" " " referred for psychological testing only	51
" " " carried over from previous year	112
" " " re-opened during the year	11
Total number of cases dealt with in 1953	363

<u>AGE</u>	<u>under 5 years</u>	<u>5 to 11 years</u>	<u>11 years</u>
	37	214	61

<u>SEX</u>	<u>Male</u>	<u>Female</u>
	187	125

INTELLIGENCE

Total number of cases tested excluding those referred for Psychological Testing only	238
Superior Intelligence (I.Q.115)	17%
Average Intelligence (I.Q.85 - 115)	58%
Below Average Intelligence (I.Q.70 - 85)	14%
Educationally Subnormal	11%

SOURCES OF REFERRAL

School Medical Officer	122
Head Teacher	61
Family Doctor	28
Maternity & Child Welfare Service	23
Parents	25
Probation Officer	16
Other Sources	37

NATURE OF PROBLEMS

Number of problems arising mainly in school	128
Number of problems arising mainly in the home	169
Number of problems arising mainly in the general community	15

DISPOSAL

Never attended	31
Diagnosis and advice only	14
Psychological tests in school only	9
Closed adjusted or improved	54
Closed unimproved	8
Closed before end of treatment-improvement	8
Closed before end of treatment-unimproved	23
Closed on placement	27
Closed on admission to colony for mental defectives	2
Closed because of gross lack of co-operation	3
Under treatment	52
Awaiting treatment	26
Partially investigated	10
Waiting list	34

TREATMENT

Number of cases given individual therapy	56
Number of cases given group therapy	39
Number of cases given both individual and group therapy	29
Number of cases given remedial coaching	17

MAIN SYMPTOMS CONSTITUTING REASONS FOR REFERRAL FROM SCHOOL AND HOME

(a) School

Backwardness	65
Aggressiveness	15
Timidity	12
Solitariness	11
Truancy and refusal to attend school	8
Over-excitability	7
Stammering, masturbation, crying, pilfering and enuresis each appeared on two occasions as known reasons for referral.	

(b) Home

Unmanageable	34
Temper tantrums	29
Enuresis	24
Sleep disturbance	17
Pilfering	12
Fears	12
Picking and tearing clothes	7
Speech difficulty	7
Tics	4
Food fads	3
Soiling, masturbation, fits, jealousy, excitability, vomiting and vague pains appeared on a few occasions and made up the remaining causes of referral from the home.	

The table of statistics covers most of the work of the Child Guidance Clinic for the year 1953. Where the figures show marked variation from those of the previous year they call for comment, and in so far as they fail to reflect the total activity of the clinic, they need amplification. Despite an increased total case load, an effective service was maintained throughout the year and the waiting list reduced. In addition a follow-up survey, suggested by the National Association for Mental Health was undertaken on all cases newly referred to the clinic in 1950.

The only change in personnel occurred in November, when the Psychiatric Social Worker, Miss Holmes, left to take up a similar appointment in Australia. Since her departure, many mothers have written to express their appreciation of the help they had had from Miss Holmes while their children were attending here for treatment.

Although the total number of cases dealt with during the year showed an appreciable increase, the number of new referrals remained at a little less than two hundred. An increase in the incidences of failed appointments resulted in some falling off in the number of psychiatric interviews.

It is regrettable that the Psychiatric Social Worker found it necessary to reduce her home visiting so drastically. The information derived from home visiting is so valuable in the assessment of child difficulties that it is hoped to give this aspect of the Psychiatric Social Worker's activities greater priority in the future.

There was a welcome increase in the number of young children referred during the year. In previous Annual Reports, the opinion was expressed that the children of the under five age group usually responded quickly and favourably to treatment. It was also noted that the parents of this group were relatively accessible to psychotherapeutic advice because they had not become set in their attitudes to their children. Experience continues to support both these observations.

Although backwardness is listed as the commonest reason for referral, the distribution of intelligence among the children seen at the clinic is only on a slightly lower level than that of the general population. It appears then, that backwardness occurs as a symptom of conditions other than intellectual inadequacy. In practice this view was well borne out. There were many cases in which emotional difficulties were found seriously to interfere with the learning process. When the emotional difficulties were resolved, these children began to learn up to their real ability. There were also numbers of children who had special disabilities (usually developmental in origin) of perception or expression which although not associated with global intellectual defect, caused varying degrees of educational failure. These cases required very careful testing and assessment by the Educational Psychologist. On the basis of her findings, it was usually possible to prescribe appropriate remedial coaching and establish the learning process at its optimum rate.

Visitors to the clinic included the Chief Education Officer, a number of head teachers, probation officers and health visitors. As in previous years, a group of doctors studying for the Diploma in Public Health, came to study child guidance methods. A number of Paediatricians in training came with like purpose. One Paediatrician, a Turkish graduate, who was on a study tour in this country, came on many occasions and took particular interest in treatment technique. The Chief Assistant School Medical Officer also visited with a doctor from Pakistan who was keenly interested in child guidance. A Psychiatric Registrar, who intends making child psychiatry his special study, began regular training here in the early part of the year. The Conjoint Board of the Royal College of Physicians and Surgeons, approved of this clinic for the purpose of providing Child Guidance Training for their Diploma in Psychological Medicine.

Although no statistically valid conclusions could be drawn from the follow-up study, it proved of value in a number of unexpected ways, and gave a general fillip to the work of the clinic. Both therapeutic optimism and pessimism were checked by it and the clinic staff were given many reminders, if such were needed, of the unpredictable nature of maturation processes. In the light of the experience gained, it seems inexpedient to omit regular follow-up studies from routine clinic practice.

HANDICAPPED CHILDREN

ASCERTAINMENT. The arrangements for ascertainment remained unchanged throughout the year. The Regulations governing handicapped pupils made eight years ago were replaced in August, 1953, by the School Health Service and Handicapped Pupils Regulations, 1953. The new Regulations incorporate certain changes which have been found desirable as a result of the experience gained in working the old Regulations and of suggestions made during the discussions of the Education Sub-Committee of the Local Government Manpower Committee.

CATEGORIES OF HANDICAPPED PUPILS: SPECIAL EDUCATIONAL TREATMENT. The following changes have been made in the definitions of the different categories of handicapped pupils:-

- (a) The definition of a deaf pupil remains unaltered, but the definition of a partially deaf pupil has been slightly amended with a view to clarification.
- (b) A diabetic pupil is now included in the general category of delicate pupils.
- (c) In the 1945 Regulations, epileptic and physically handicapped pupils were so defined as to imply that they could not be educated in an ordinary school. Circular 269 states, "Many children who are in fact epileptic or physically handicapped can be educated in ordinary schools if special arrangements are made or facilities provided to enable them to overcome their particular difficulties. Such arrangements or facilities constitute a departure from the normal regime of ordinary schools, and the effect of the amended definitions is to bring within their scope all physically handicapped and epileptic children who are able, with some degree of special help, to attend ordinary schools."
- (d) The definition of a pupil suffering from speech defect has been slightly simplified.
- (e) The definition of a delicate pupil has been changed so as to make this a kind of residual category, covering all handicapped pupils who do not specifically come under the heading of one of the other handicaps. More latitude has also been given so that we can take account of the fact that some delicate pupils can be educated under the normal regime of an ordinary school but may need a change of environment to make this possible.

A handicapped pupil for whose education at school arrangements are made by the Authority shall be educated:-

- (a) if he is blind or deaf, whether or not he also falls within some other category of handicapped pupils, in a special school unless the Minister otherwise approves;
- (b) if he is not blind or deaf, in a special school or an ordinary school as may be appropriate in his case.

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 normal regime of an ordinary school without detriment to its sight or to its educational development, but can be educated by special methods involving the use of sight. The Authority has made no direct arrangements for the education of blind and partially sighted children, but where possible, arrangements are made for these children to be admitted to residential or day special schools conducted under other auspices. The following figures relate to work carried out in connection with blind and partially sighted children during the year:-

BLIND

Number ascertained during the year	1
Number in residential special schools at end of year	3
Out of school	1

PARTIALLY SIGHTED

Number known to the Authority during the year	37
Number ascertained during the year	2
Position at the end of the year:	
In day special schools	11
In residential special schools	1
In ordinary schools	23
Out of school	2

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 who has some naturally acquired speech or language but whose hearing is so defective that it requires for its education special arrangements or facilities though not necessarily 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	2
Partially deaf	15

Disposal of ascertained cases:

Admitted to day special school (deaf)	1
Awaiting admission to day special school (at present in ordinary school) (partially deaf)	1
Awaiting admission to day special school (at present in ordinary school) (deaf)	1
In ordinary schools (partially deaf)	14

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

In residential special schools (deaf)	5
In day special schools (deaf)	22
In day special schools (partially deaf)	6
In ordinary schools (partially deaf)	55
Out of school (deaf)	1
(partially deaf)	1

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	63
Disposal of ascertained cases:	
In ordinary schools	25
Recommended day special schools	38

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

In ordinary schools	94
In day special schools	168
In residential special schools	11

Fresh admissions to special schools during the year:

In day special schools	22
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EPILEPTIC CHILDREN. The definition of an epileptic child for our purpose is one who, by reason of epilepsy, cannot be educated under the normal regime of an ordinary school without detriment to the interests of himself or other pupils. 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. Many epileptic children can be educated in ordinary schools if facilities are provided to enable them to overcome their special difficulties. It is only when an epileptic is clearly unable to fit into the ordinary school and home life that the step is taken of arranging special education for him.

The number of non-ascertained cases of epilepsy known to the Authority is 54. Data relating to ascertained cases of epilepsy during the year may be summarised as follows:-

Number of ascertained cases known to the Authority	6
Number of cases in residential special schools	4
In day special school	2
Number of fresh ascertainment during the year	1

PHYSICALLY HANDICAPPED CHILDREN. Physically handicapped pupils are pupils not suffering solely from a defect of sight or hearing, who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools. The following figures set out the position regarding physically handicapped children in the Borough in the year 1953:-

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

Heart cases	17
Cripples	78
Miscellaneous	22

Physically Handicapped Children in residential special schools (including Hospital Schools so far as information is available):

Heart cases	4
Cripples	9
Miscellaneous	7

(No figures are available for tuberculous children in hospital schools)

Physically Handicapped Children in day special schools:

Heart cases	11
Cripples (non-tubercular condition)	61
Miscellaneous	15

Out of school cases:

Heart	2
Cripples	8
Miscellaneous	-

Fresh Ascertainments during the year:

Heart cases	5
Cripples	17
Miscellaneous	9

DELICATE CHILDREN. These are children not falling under any other category of the School Health Service and Handicapped Pupils Regulations, 1953, who by reason of impaired physical condition, need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools. This is a kind of residual category covering all handicapped pupils who do not specifically come under the heading of one of the other handicaps. Diabetic pupils now come under this category.

So far as possible delicate 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 83, 85 and 90.

The number of children ascertained as delicate during the year was 133, and their disposal was as follows:-

Admitted to Fyfield	97
Admitted to other Residential Special Schools	1
Refused to go away	6
On waiting list at end of year	29

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 3; they were recommended for admission to a residential school.

PUPILS SUFFERING FROM SPEECH DEFECTS. These are pupils who, on account of defect or lack of speech not due to deafness require special educational treatment. The number of new cases found suitable for speech therapy during the year was 91, and 70 were considered as no longer in need of the treatment. The number on the records at the end of the year was 97. One child was in a residential special school during the year. An account of the work of the Speech Clinic appears on pages 72 - 73.

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 1953, three cases were known to the Authority. The particulars are as follows:-

Elizabeth Fry Special School

1 boy, aged 16 years,

Physically Handicapped (Hemiplegia) Epileptic and
Educationally Sub-normal. (Left school 27.3.53).

1 girl, aged 12 years,

Physically Handicapped (Alopecia) and Educationally
Sub-normal.

Gurney Special School

1 girl, aged 16 years

Educationally Sub-normal and Physically Handicapped (Spastic)
(Left school July 1953).

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 40 educationally sub-normal and 10 physically handicapped were extra-district children.

EDUCATIONALLY SUB-NORMAL CHILDREN. During the year 22 West Ham children and 10 extra-district children were admitted to the two schools by reason of educational retardation, and 24 West Ham children and 6 extra-district children left. The West Ham leavers were dealt with as follows:-

Ten left at 16 years. No action.

Nine were notified to the Local Health Authority, two under Section 57(3)
and seven under Section 57(5) of the Education Act, 1944.

One removed from area.

Three committed to an Approved School.

One returned to ordinary school.

Of the 6 extra-district children, 4 left school on attaining the age of 16 years, one removed from the area, and one returned to ordinary school.

PHYSICALLY HANDICAPPED CHILDREN. During the year 25 children were admitted to the Elizabeth Fry Special School on account of a physical handicap, including 1 extra-district child; 16 West Ham and 1 extra-district children left the school.

The West Ham leavers were disposed of as follows:-

Returned to ordinary school	5
Left school at 16 years - no action	1
Left school at 16 years and reported to the Youth Employment Officer as Disabled Juveniles	5
Left district	3
Died	2

An analysis of the causation of defect in 87 West Ham cases and 10 extra-district cases which were in the Elizabeth Fry Special School during the year 1953 is set out below:-

<u>Defect</u>	<u>West Ham</u>	<u>Extra-District</u>
Heart conditions	11	2
Paralysis	7	2
Quiescent T.B. bone and joint defects	12	1
Spastic conditions	6	2
Amputations	3	-
Haemophilia	4	-
Muscular Dystrophy	5	-
Miscellaneous conditions	<u>39</u>	<u>3</u>
	<u>87</u>	<u>10</u>

The miscellaneous conditions include such cases as myositis ossificans, severe congenital dorsal scoliosis, Hand-Schuller-Christian Disease, achondroplasia, Post vaccinal encephalitis, ectopia vesicae, arthrogryposis, fragilitas ossium, cerebellar tumours, congenital absence of limbs and other defects.

The incidence of physically handicapped pupils for the day special school remains fairly constant in the region of 2 per 1,000 registered pupils.

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, had accommodation for 18 educationally sub-normal boys with various behaviour problems or special home conditions rendering it advisable for them to leave their homes. The Hostel was kept fully occupied: in addition there was a small waiting list.

Eleven visits were made during the year by the Chief Assistant School Medical Officer who reported favourably on the condition of the premises and on the boys' progress. The visits were made at times which were convenient for consultations with the superintendent and the head teacher of Gurney School which most of the children attend. Most of the children attended the Elizabeth Fry Special School and consultations also took place between the medical officer and the head teacher of this school. The number of children attending the annual summer camp at Stock was 13, this being somewhat smaller than in previous years on account of so many juniors being in the Hostel. The camp was in charge of the superintendent and matron and their deputies and thanks are due to their efforts, the event fully repeating

the success of previous years. A detailed and interesting report was received from the superintendent who ended his commentary in the following words - "One of the most pleasing memories of camp to me, personally, was the remarks made by several of the people residing in the village; 'we shall look forward to having your boys here next year',"

The Hostel was closed at the end of the year.

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 74, including 45 extra-district cases. The accommodation will be increased under the Development Plan. Of the 74 children in attendance during the year, 23 West Ham cases and 37 extra-district cases were regarded as deaf and 6 West Ham cases and 8 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	1	5 Essex
Partially Deaf	1	1 East Ham

Leavers

Totally Deaf	2	5 Essex 1 East Ham
Partially Deaf	1	1 Essex

FYFIELD RESIDENTIAL OPEN AIR SCHOOL

During the year 90 West Ham boys and 51 West Ham girls were admitted, and 77 West Ham boys and 60 West Ham girls were discharged. Of extra-district children 24 boys and 10 girls were admitted and 21 boys and 10 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 132 who attended for examination, 122 showed continued improvement, but 10 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.

For some time past it has been increasingly difficult to ascertain as "delicate" a sufficient number of children to maintain Fyfield at its full complement: this particularly applies to girls. There are several reasons that may possibly account for this happy state of affairs. The general condition of the children has improved. It is significant that of suspected cases of malnutrition referred to the paediatrician for investigation no frank cases have been ascertained since 1949. The provision of milk and meals in schools, the effects of rationing, a gradually improving housing position, and a rising standard of living all conduce to improve the health of the child. With these points in mind and with a fuller appreciation in the ordinary schools of the varying needs of individual children, it may be that the need for open-air schools for "delicate" children will diminish with the

years. It is also significant that residential open-air schools which accepted some of our children now have vacancies whereas previously there were long waiting lists. The view held at the present time is that children who have respiratory and other diseases or those who are severely debilitated need a period of residence ordinarily not less than six months and debilitated children from poor homes need a period of residence normally not less than twelve months. These latter children need little or no nursing care.

NURSERY SCHOOLS

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>
940	123	13.09

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>Percent- age</u>	<u>Fair</u>	<u>Percent- age</u>	<u>Poor</u>	<u>Percent- age</u>
387	179	46.25	205	52.97	3	0.78

The great reduction in the percentage of poor general condition from 2.8 in 1952 to .78 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.

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.

In addition to the medical examination of the children facilities are also given to the medical officers to observe the environmental conditions and to make a critical assessment of their value in promoting health.

The risk of specific infections is minimised by advocating immunisation against diphtheria, isolation of infected children, and so on. A well planned and well run nursery school with good open-air life, space, adequate clothing, and a really high standard of feeding, will ensure the well-being of the children, increase their resistance to disease and reduce the risk of infection.

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 on the lines of a recuperative holiday. They are generally below par and are classed as debilitated and need a change of environment. Some, however, have had a recent illness such as influenza, pneumonia, bronchitis, or are troubled with attacks of upper respiratory catarrh, and are recommended by their general practitioners for a change of air. The average length of stay is four weeks but in a few special cases an extension of a week or two is requested. This is usually granted. The mothers take a great deal of interest in these convalescent cases and when sent for purposes of re-inspection attend in good numbers. The administrative arrangements have been in the hands of the West Ham Branch of the Invalid Children's Aid Association for some years, and have this year again been carried out in a most efficient way. The personal interest shown by the staff, backed by their experience, has been much appreciated.

During the year 119 children were sent to convalescent homes in the way described.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

The present bye-laws regulating the employment of children were adopted by the Council in 1949. These bye-laws, made under the Children and Young Persons Act, 1933, revoked the bye-laws made by the Council in 1934. Important alterations were:-

- (a) No child under the age of 14 years shall be employed.
- (b) No child shall be employed on any week day except from 7 a.m. to 8 a.m. provided that the employment during this hour is restricted to the delivery of milk, bread or newspapers.

Other features of the Regulations are that Sunday is prescribed as a whole holiday and no child shall be employed on that day. No child taking part in any entertainment in pursuance of a licence under Section 22 of the Children and Young Persons Act, 1933, shall be employed on the day or days of, or the day following, such entertainment, in any other

employment. No child shall be employed in any work out of doors unless he is suitably shod and is suitably clad for protection against the weather. Furthermore, under Section 18 of the Children and Young Persons Act, 1933, no child shall be employed to lift, carry, or move anything so heavy as to be likely to cause injury to him. The greater part of the work undertaken by children in this Borough consists of newspaper and milk delivery and other errand rounds. Very occasionally a girl is examined in connection with paper delivery. The school medical officer carrying out the examination signs a certificate to the effect that the employment will not be prejudicial to the health or physical development of the child and will not render him unfit to obtain proper benefit from his education. In practice children from all types of school - grammar, technical, secondary, modern and special (E.S.N.) are examined in this connection. With regard to the Special School it is the higher grade child who is presented for examination.

The number submitted for examination since 1949 had progressively declined, the numbers being 229, 132, 107 and 86, but during 1953 there was a slight increase, the number being 93. The number of certificates of fitness granted for girls to participate in singing and dancing under the Entertainment Rules had remained fairly constant since 1949, but during the present year there was a small decrease, the number examined being 45.

THE SCHOOL-LEAVER AND EMPLOYMENT

The School Health and Youth Employment services work closely together during the last two years of the child's school life and one of the last duties which the former service does for a child on leaving school is to give the Youth Employment Officer an indication of his fitness for employment. The school medical officer, at the last inspection of the child, marks on the general school-leaving medical report appropriate limitations to employment, e.g., the child should not enter an occupation involving heavy manual work, sedentary work, work involving normally acute vision and so on. There are seventeen standard limitations set out on the form. The scheme has now been in operation for 19 years. Whenever time permits any necessary investigations and, if possible, treatment are carried out before a pupil leaves school. It is found in practice that limitations are most frequently recommended on account of defective vision. The next in order of frequency are heavy manual work, exposure to bad weather and prolonged standing, much walking or quick movement from place to place. 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 more 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. Registration under this Act gives the disabled juvenile a better chance of obtaining and keeping a job. During the year 9 reports were submitted for this purpose.

MISCELLANEOUS

Among other types of examinations not previously reported may be mentioned the following:-

- (a) Medical examinations of children boarded out in foster-homes or in the Children's Homes are carried out for the Children's Officer by medical officers of both the School Health and Maternity and Child Welfare services. So far as practicable each home has a medical officer attached to it, to take an interest in the medical welfare of the children and to give the occasional services required. During the year the medical officers of the School Health Service assisted by examining 62 children; in addition 11 children were specially examined to exclude the possibility of infectious or contagious diseases.
- (b) Medical examination of children prior to participating in school journeys - 176: all were found fit.
- (c) Examinations by medical officers and nurses in connection with the Children's Country Holiday Fund, which were resumed in 1953 - 89.
- (d) Medical examination of children in connection with the Committee's Holiday Camps - 507: one child recommended restriction in sea bathing.
- (e) Medical examination of boys prior to engaging in boxing bouts - 660: four found unfit to box.

In addition, certain children brought before the Juvenile Court, are submitted by the Children's Officer for physical examination. Finally, the medical officers carry out examinations for fitness of teachers, college students, nursery students, and officers and servants of the Education Committee.

APPENDIX 1.

CAUSES OF DEATH IN AGE GROUPS - 1953 (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	24	10	-	-	-	-	-	-	-	-	5	7	13	2	6	-	-	1
2. Tuberculosis, other	1	1	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
3. Syphilitic disease	5	-	-	-	-	-	-	-	-	-	-	-	3	-	1	-	1	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	2	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases ...	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
10. Malignant neoplasm, stomach	27	22	-	-	-	-	-	-	-	-	1	1	6	10	10	6	10	5
11. Malignant neoplasm, lung, bronchus	63	7	-	-	-	-	-	-	-	-	6	-	35	4	18	-	4	3
12. Malignant neoplasm, breast	1	17	-	-	-	-	-	-	-	-	1	-	8	1	7	-	1	-
13. Malignant neoplasm, uterus	-	7	-	-	-	-	-	-	-	-	2	-	1	-	2	-	2	-
14. Other malignant & lymphatic neoplasms ...	90	57	-	-	-	1	-	-	-	7	4	34	19	31	19	17	15	-
15. Leukaemia, aleukaemia	2	2	-	-	-	-	-	-	-	1	-	1	1	-	1	-	-	-
16. Diabetes	-	5	-	-	-	-	-	-	-	-	-	-	-	-	2	-	3	-
17. Vascular lesions of nervous system	58	70	-	-	-	-	-	1	-	2	1	19	13	12	22	24	34	-
18. Coronary disease, angina	131	50	-	-	-	-	-	-	-	6	2	56	9	41	19	28	20	-
19. Hypertension with heart disease	8	14	-	-	-	-	-	-	-	-	-	2	3	4	2	2	9	-
20. Other heart disease	85	130	-	-	-	-	1	1	1	4	8	14	22	27	28	39	70	-
21. Other circulatory disease	34	30	-	-	-	1	-	-	-	1	-	10	6	9	8	13	16	-
22. Influenza	9	16	-	-	-	-	-	-	-	-	1	1	5	4	4	4	6	-
23. Pneumonia	49	37	7	4	2	2	-	-	-	2	-	14	4	14	9	10	18	-
24. Bronchitis	97	52	1	-	-	-	-	-	-	1	1	24	4	35	15	36	32	-
25. Other diseases of respiratory system ...	10	2	-	-	1	-	-	-	-	-	-	7	-	2	1	1	-	-
26. Ulcer of stomach and duodenum	21	6	-	-	-	-	-	-	-	2	-	8	1	10	1	1	4	-
27. Gastritis, enteritis & diarrhoea	5	7	4	5	-	-	-	-	-	-	-	1	-	-	2	-	-	-
28. Nephritis and nephrosis	12	7	-	1	-	-	-	-	-	1	3	4	1	2	2	5	-	-
29. Hyperplasia of prostate	19	-	-	-	-	-	-	-	-	-	-	3	-	7	-	9	-	-
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital malformations	11	11	7	8	1	-	2	-	1	-	-	-	2	1	-	-	-	-
32. Other defined and ill-defined diseases ...	64	62	24	18	2	1	1	-	2	4	3	11	15	12	7	10	16	-
33. Motor vehicle accidents	9	1	-	-	-	-	-	-	2	2	-	2	1	1	-	2	-	-
34. All other accidents	9	6	-	1	1	-	2	-	-	2	1	1	-	1	1	2	3	-
35. Suicide	7	8	-	-	-	-	-	-	2	-	1	1	2	5	1	2	1	-
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL (All causes)	854	638	45	37	8	4	7	1	6	4	48	36	271	138	250	160	219	258

APPENDIX II

PARTICULARS OF BODIES RECEIVED INTO THE MORTUARY DURING 1953.

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	34	20	14	28	6	31	3	-	34	5
February	39	31	8	39	-	33	6	-	39	6
March	26	14	12	24	2	23	3	-	26	2
April	39	29	10	38	1	27	12	-	39	15
May	27	17	10	24	3	24	3	-	27	1
June	25	20	5	23	2	23	2	-	25	1
July	18	10	8	15	3	16	2	-	18	2
August	15	10	5	13	2	13	2	-	15	3
September	24	13	11	23	1	20	4	-	24	3
October	18	13	5	18	-	13	5	-	18	4
November	18	10	8	18	-	17	1	-	18	1
December	24	15	9	24	-	20	4	-	24	3
TOTAL	307	202	105	287	20	260	47	-	307	46

APPENDIX III.

STATISTICS RELATING TO SCHOOL HEALTH SERVICE

COMPARISON OF CERTAIN TYPES OF WORK CARRIED OUT IN THE YEARS 1951, 1952 AND 1953

School Population 1951:	28,178	1952:	29,135	1953:	29,653			
				<u>Number of cases dealt with</u>				
TYPE OF WORK				<u>1951</u>	<u>1952</u>	<u>1953</u>		
Periodic Medical Inspections	...	...	...	8,955	9,264	9,032		
Special Inspections and Reinspections	...	...	...	20,991	15,905	16,265		
Nutrition Surveys by School Nurses	...	...	...	20,809	28,899	36,600		
Uncleanliness Inspections by School Nurses	...	...	...	42,954	62,525	58,296		
Minor Ailments treated at the School Clinics	...	...	...	5,924	4,683	3,888		
Attendances at Minor Ailment Clinics	...	...	...	32,248	26,160	20,132		
Tonsil and Adenoid Operations known to have been performed				522	188	228		
Orthopaedic Defects known to have been treated at hospital orthopaedic clinics	...	...	...	286	311	192		
Orthopaedic Defects treated at Council's Physiotherapy Clinics	...	...	...	-	124	114		
Cases treated at the Light Clinic	...	...	...	36	92	190		
Admissions to Fyfield Open Air School	...	...	...	194	141	141		
Reinspections at Fyfield	...	...	...	874	803	814		
Reinspections of children on return from Fyfield	...	...	...	185	153	132		
Children examined for Employment	...	...	...	107	86	93		
Children examined for Entertainments	...	...	...	81	75	45		
Children admitted to Convalescent Homes	...	...	...	224	197	119		
Children found to require Speech Therapy	...	...	...	77	82	91		
Children referred for Child Guidance Treatment	...	...	...	186	191	189		
DENTAL WORK								
Children treated	...	...	...	5,124	5,700	5,468		
Number of fillings:	Permanent teeth			846	1,108	886		
	Temporary teeth			414	379	250		
Number of extractions:	Permanent teeth			1,245	1,395	1,408		
	Temporary teeth			6,469	6,518	5,903		
Administrations of general anaesthetics	...	...	...	1,989	2,332	2,440		
Other operations:	Permanent teeth			3,160	3,158	3,318		
	Temporary teeth			4,099	3,820	2,651		
Number of Orthodontic cases treated	...	...	...	93	115	168		

APPENDIX IV.

SCHOOL HEALTH SERVICE

STATISTICS RELATING TO INSPECTION AND TREATMENT OF NURSERY,
SPECIAL, PRIMARY, SECONDARY AND GRAMMAR SCHOOL PUPILS, 1953.

TABLE I

Return of Medical Inspection

A. Periodic medical inspection:

<u>Code Group</u>	<u>No. examined</u>
Entrants	3,848
Second Age Group ...	2,309
Third Age Group ...	<u>2,197</u>
Total	8,354
Other periodic inspections	<u>678</u>
Grand Total	<u>9,032</u>

B. Other inspections:

Number of special inspections and reinspections	16,265
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TABLE II

Classification of the General Condition of children inspected during the year in the three
Prescribed 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>
8,354	3,656	47.46	4,581	48.98	117	3.56

TABLE III

Verminous Conditions

(1) Total number of examinations of children in the schools by the school nurses	58,296
(2) Number of individual children found unclean	1,365
(3) Number of individual children in respect of whom cleansing notices were issued	511
(4) Number of individual children in respect of whom cleansing orders were issued	120

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	3,888
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Group 2. Defective Vision and Squint (excluding minor defects):

Errors of refraction (including squint)	997
Other defect or disease of the eyes	...	...	...	...	<u>41</u>
				Total	<u>1,038</u>
Number of children for whom spectacles were					
(a) Prescribed					Not available
(b) Obtained					do.

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

Received Operative Treatment	...	...	...	...	...	229
Received other forms of Treatment	...	...	...	...	...	299
(excluding minor ear defects)						
				Total number treated		<u>528</u>

TABLE V.

Dental Inspection and Treatment

(1) Number of children inspected by the Dentists:										
(a) Periodic Age Group	...	...	...	...	...	...	...	...	...	N11
(b) Specials	...	...	...	...	...	...	...	...	...	5,468
(2) Number found to require treatment	...	...	...	...	...	...	...	...	...	5,468
(3) Number actually treated	...	...	...	...	...	...	...	...	...	5,468
(4) Attendances made by children for treatment	...	...	...	...	...	...	...	...	...	11,321
(5) Half-days devoted to										
Inspection	...	...	...	...	...	...	...	...	...	N11
Treatment	...	...	...	...	...	...	...	...	...	<u>1,180</u>
								Total half-days		<u>1,180</u>
(6) Fillings:										
Permanent teeth	...	...	...	...	...	...	...	...	...	886
Temporary teeth	...	...	...	...	...	...	...	...	...	<u>250</u>
								Total fillings		<u>1,136</u>
(7) Extractions:										
Permanent teeth	...	...	...	...	...	...	...	...	...	1,408
Temporary teeth	...	...	...	...	...	...	...	...	...	<u>5,903</u>
								Total extractions		<u>7,311</u>
(8) Administrations of general anaesthetics for extractions										2,440
(9) Other operations:										
Permanent teeth	3,318
Temporary teeth	<u>2,651</u>
								Total of "other operations"		<u>5,969</u>

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