

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

**Contributors**

West Ham (London, England). County Borough.

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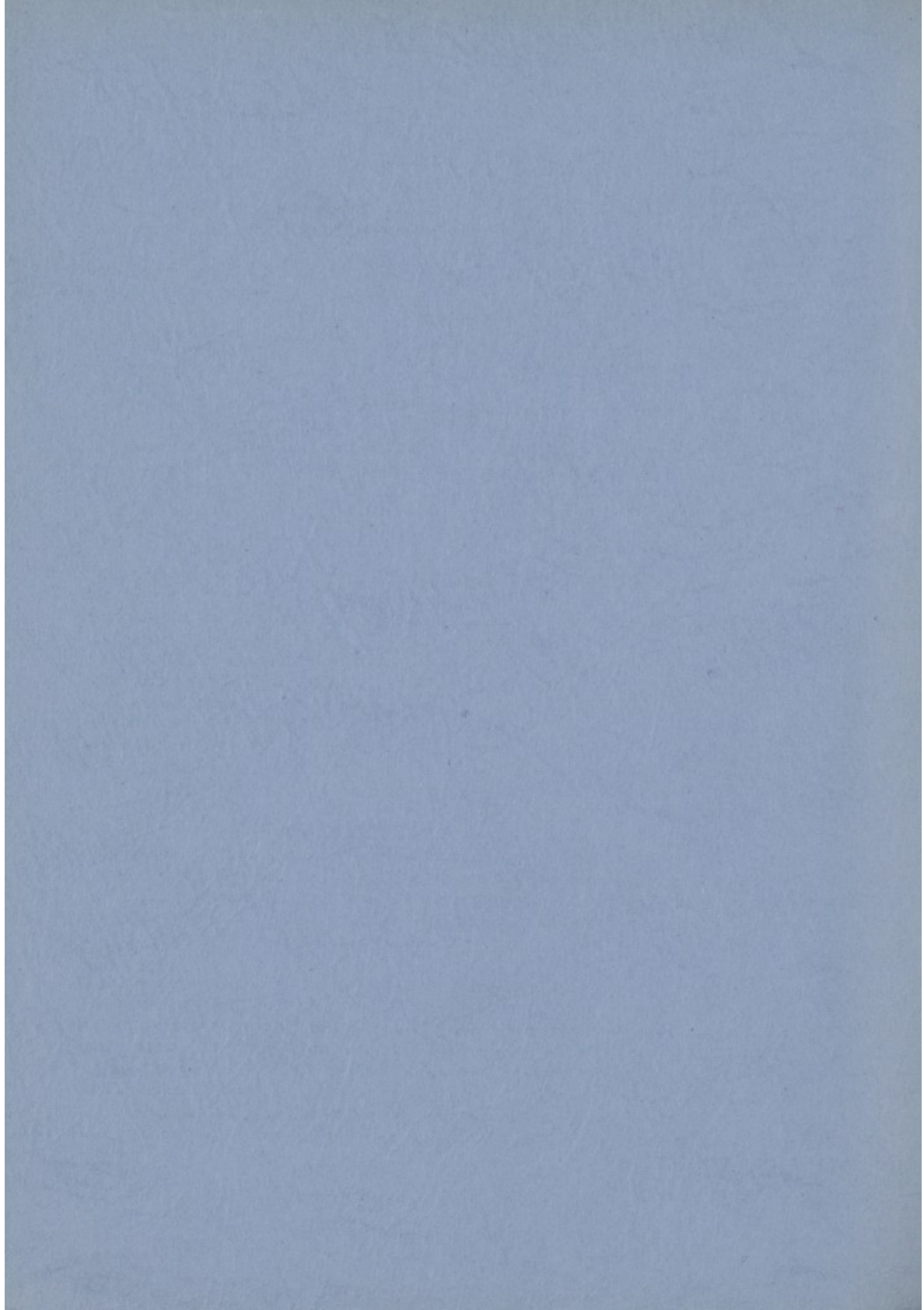
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Madam Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1954.

The Registrar General has estimated the mid-year population at 168,600. This is 500 fewer than in 1953 and shows a continuation of the slow downward trend of recent years.

The birth and death rates were both slightly less favourable than in the previous year but not to any significant extent. The death rate, in particular, suffers comparison with last year's low record, and it still keeps below the national figure. This is equally true of the Registrar General's "adjusted" rate which takes account of local differences in age and sex composition of the population.

The infant mortality rate reached a new low level of 21.5 per 1,000 live births. Unfortunately, this was partly counterbalanced by a higher stillbirth rate; and so the wastage of infant lives, represented by the total of stillbirths and infant deaths, was actually a little greater than it was two years ago when the infant mortality rate was higher. It is, of course, as important to prevent stillbirths as it is to prevent the deaths of children after birth, and it looks as though it might prove the more difficult problem.

On balance, it may be said that the year under review was a favourable one for infectious diseases. Scarlet fever seems to be on the decline, at least for the time being; and we were spared the seasonal prevalence of poliomyelitis which has become all too usual in recent years: neither measles nor whooping cough were epidemic. West Ham, however, shared the national increase of dysentery and food poisoning notifications; and the incidence of tuberculosis remained high, despite the steadily falling mortality from this disease. The increase of dysentery and food poisoning, coupled with a rising tendency in the national figures for other bowel infections, is somewhat disturbing. While they rarely threaten life they do give rise to an unpleasant upset; and being often foodborne, their prevalence implies that all is not yet well with our methods of food handling. Clean food campaigns, in the home as well as in the trade, have still much to accomplish.

Turning to the work of the various sections of the department, it may be of interest first to note the Chief Sanitary Inspector's account of the recent food and drugs legislation on pages 22 & 23. The new Act is an attempt, within the limits of practicability, to improve the situation outlined at the end of the preceding paragraph: it is not yet in operation, and so its effects still remain to be seen. The Chief Sanitary Inspector also comments at some length on housing and air pollution.

The school health service has the great satisfaction of recording the opening of the Spastic Unit at Elizabeth Fry Special School. The Unit is described on page 118, with a supplementary account of its work for spastic children on page 8. The great merit of this particular Unit is that it can provide both treatment and education for spastic children of all ages: even those below the "special school age" of 2 years can attend for treatment if suitable. The organised care of the young "spastic" is one of the more recent applications of medical knowledge to the relief of the handicapped child; and this Unit is designed to take the fullest advantage of all the services that can be applied to this end.



In the maternity and child welfare services, the principal development during the year was the appointment of a Non-Medical Supervisor of Midwives and Home Nurses, in preparation for the transfer to the Council of the domiciliary midwifery service provided by Plaistow Maternity Hospital. The home nursing service is also expected to benefit from this appointment.

The tuberculosis services report, on pages 59 - 64, the formation of the West Ham Tuberculosis Voluntary After-Care Committee, and the establishment of a library service for tuberculous patients. We are most grateful for the generous co-operation of the Libraries Committee and the enthusiastic support of the Borough Librarian which made the library project possible. Both these new developments should help to ease the lot of the sufferers from this tedious disease.

It is hoped that in these and many other pages of the report will be found plenty of evidence of the vigorous and sustained vitality of the health services. For this I owe my grateful thanks to the Committees for their consistent and encouraging support and to my colleagues of all grades in all parts of the services whose efforts have made so much achievement possible.

I am,

Madam Mayor, Ladies and Gentlemen,

Your obedient Servant,

F. ROY DENNISON.

Medical Officer of Health  
and School Medical Officer.

Municipal Health Offices,  
225, Romford Road,  
West Ham, E.7.

CONSTITUTION OF COMMITTEES.

(May, 1954 to May, 1955).

The Mayor (Alderman Mrs. F.Harris)

Health Committee

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

Vice-Chairman: Councillor R.J.Stubbs.

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 Dr.L.Comyns, J.P.

Councillor W.A.Griswood

Councillor E.S.C.Kebbell

Councillor P.M.Murphy

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: Councillor Mrs. M.Scott, J.P.

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The Deputy Mayor (Councillor W.Moat)

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Alderman Mrs.A.A.Barnes

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Alderman A.C.Moorey, J.P.

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Alderman D.Thorogood

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Councillor F.T.Burt

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Councillor M.Fisher

Councillor E.G.Goodyer

Councillor A.J.Hughes

Councillor L.L.McGuire

Councillor T.C.McMillan

Councillor S.W.Whitear

Co-opted Members: Rev.D.Rooke, 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.

A.P. Curran, B.Sc., M.B., Ch.B., D.P.H. (Appointed 8.3.54).

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. (Deceased 2.5.54).

S.M. Young, L.D.S., R.C.S. (Eng). (Appointed 10.11.54).

CHIEF SANITARY INSPECTOR.

H. Ault, M.S.I.A.

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

1954

|  |             |
|--|-------------|
| Area of Borough  | 4,689 acres |
| Population (R.G.'s mid-year estimate)                  | 168,600     |
| Live Births  | 2,742       |
| Crude birth rate (per 1,000 population)                | 16.2        |
| Adjusted birth rate (per 1,000 population)             | 14.7        |
| Stillbirths  | 76          |
| Stillbirth rate (per 1,000 total births)               | 26.9        |
| Deaths   | 1,583       |
| Crude death rate (per 1,000 population)                | 9.3         |
| Adjusted death rate (per 1,000 population)             | 10.8        |
| Deaths of infants under 1 year                         | 59          |
| Infant mortality rate (deaths per 1,000 live births)   | 21.5        |
| Deaths of infants under 4 weeks of age                 | 41          |
| Neonatal death rate (deaths per 1,000 live births)     | 14.9        |
| Maternal deaths  | 2           |
| Maternal mortality rate (per 1,000 live & stillbirths) | 0.71        |

## VARIOUS DISEASES: Cases and Deaths

|                                 | <u>Cases</u> | <u>Case rate</u><br><u>per 1,000</u><br><u>population</u> | <u>Deaths</u> | <u>Death rate</u><br><u>per 1,000</u><br><u>population</u> |
|---------------------------------|--------------|---|---------------|--|
| Smallpox                        | -            | -   | -             | -  |
| Scarlet Fever                   | 225          | 1.23  | -             | -  |
| Diphtheria                      | 1            | 0.006   | -             | -  |
| Dysentery                       | 162          | 0.96  | -             | -  |
| Food Poisoning                  | 27           | 0.16  | -             | -  |
| Measles                         | 71           | 0.42  | -             | -  |
| Acute Poliomyelitis (paralytic) | 5            | 0.03  | -             | -  |
| -do- (non-paralytic)            | 3            | 0.02  | -             | -  |
| Whooping Cough                  | 163          | 0.97  | -             | -  |
| Meningococcal Infections        | 8            | 0.05  | -             | -  |
| Typhoid and Para Typhoid Fevers | -            | -   | -             | -  |
| Pneumonia:                      |              |   |               |  |
| Acute, primary and influenzal   | 136          | 0.81  |               |  |
| All forms                       | -            | -   | 65            | 0.38   |
| Bronchitis                      | -            | -   | 95            | 0.56   |
| Tuberculosis:                   |              |   |               |  |
| Respiratory                     | 167          | 0.99  | 27            | 0.16   |
| Other forms                     | 22           | 0.13  | 1             | 0.06   |
| Cancer                          | -            | -   | 352           | 2.09   |



## 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 1954 was 168,600. This is a decrease of 500 on the estimated population for 1953.

**BIRTH RATE.** Live Births. The number of live births during the year was 2,742 (males 1,513 and females 1,229). This gives a crude rate of 16.2 per 1,000 total population; the rate for 1953 was 16.6. The adjusted birth rate for 1954 is 14.7 per 1,000 population which compares with a rate of 15.2 for England and Wales and 15.2 for the 160 County Boroughs and Great Towns (including London). Illegitimate births accounted for 137, or 4.9 per cent. of all live births - the rate for 1953 was also 4.9.

Still Births. There was 76 stillbirths (34 males and 42 females) giving a rate of 26.9 per 1,000 total births.

**DEATHS.** During the year 1,583 (males 835 females 748) West Ham residents died, giving a crude death rate of 9.3 per 1,000 population. The adjusted death rate per 1,000 population is 10.8 which compares with the death rate of 11.3 for England and Wales and 11.1 for the 160 County Borough and Great Towns (including London). The causes of death at different periods of life, distinguishing male and female, are given in Appendix I, page 124.

**INFANT MORTALITY.** The deaths of children under 1 year of age numbered 59 (males 33 and females 26) giving an infant mortality rate of 21.5 per 1,000 live births as against 29.1 for 1953. The rate for England and Wales was 25.5 and for the 160 County Borough and Great Towns (including London) 25.2. The list of causes of death can be found in Appendix I, page 124 of this report.

**MATERNAL MORTALITY.** During the year there were 2 deaths from maternal causes, as against no deaths in 1953. The maternal mortality rate for England and Wales was 0.69. See page 43 of this report for further details.

**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 to compensate for these local characteristics. 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 AND OTHER DISEASES.

#### (a) Infectious Diseases.

**GENERAL.** No legislation was introduced in respect of infectious diseases during the course of the year. Ministry of Health Circular 18/54 was issued in July, 1954, its purpose being to review briefly the present knowledge of poliomyelitis and to suggest such measures as seem justified in an effort to control the spread of infection. Apart from a sharp rise in the prevalence of Sonne dysentery, the incidence of infectious diseases throughout the year remained remarkably low, especially in relation to those diseases affecting the younger members of the community.



SCARLET FEVER. Two-hundred-and-twenty-five cases (115 males and 110 females) of scarlet fever were notified during the year, this being a decrease of 188 cases on the previous year. No deaths occurred from this disease.

MEASLES. Unlike the preceding year, there was no evidence of epidemic incidence, only 71 cases (37 males and 34 females) being notified compared with 2,428 in 1953. No death from measles occurred and the incidence of associated complications was low.

WHOOPIING COUGH. As with measles, the incidence throughout the year remained low; 163 cases (76 males and 87 females) in comparison with 746 of the previous year. No death from this disease was reported during the year.

The following table shows the Age Incidence and the Case Rate per 1,000 population of the above diseases:-

| Age                       | Scarlet Fever | Measles | Whooping Cough |
|---------------------------|---------------|---------|----------------|
| Under 1 year              | -             | 8       | 13             |
| 1 - 4 years               | 77            | 42      | 73             |
| 5 - 9 years               | 126           | 16      | 74             |
| 10 - 14 years             | 15            | 3       | 2              |
| Over 15 years             | 7             | 2       | 1              |
| Case Rate/1000 population | 1.23          | 0.42    | 0.97           |

DIPHTHERIA. One case of this disease occurred during the year. A schoolgirl aged 12 years was admitted to hospital following bacteriological examination of a throat swab taken by the private practitioner. The organism isolated was later confirmed by virulence tests to be C. diphtheria-intermedius strain. The child, unimmunised as an infant but stated by the parent to have received only one injection on entering the primary school, was a mild case and made an uninterrupted recovery. Nose and throat swabs taken from all immediate family contacts proved negative.

In December, several contacts, at work, of a further case of diphtheria - an adult woman - living in a neighbouring borough but employed in West Ham were routinely swabbed. All these proved negative on bacteriological examination.

MENINGOCOCCAL INFECTION. Eight cases (5 males and 3 females) of this disease were notified and confirmed on bacteriological examination of the cerebro-spinal fluid. The age incidence ranged from 4 months to 5 years, three cases occurring in children aged one year and under.

No deaths were registered from this disease.

ACUTE POLIOMYELITIS. There were 8 cases (5 paralytic and 3 non-paralytic) notified and confirmed during the year as compared with 22 cases in the previous year. Ten other suspected cases were reported during the year but were not confirmed as such.



The age and sex incidence of the confirmed cases was as follows:-

|               |       | <u>Male</u> | <u>Female</u> |
|---------------|-------|-------------|---------------|
| Under 1 year  | ..... | -           | -             |
| 1 - 4 years   | ..... | 1           | -             |
| 5 - 9 years   | ..... | 4           | -             |
| 10-14 years   | ..... | -           | -             |
| 15-24 years   | ..... | 2           | -             |
| Over 25 years | ..... | 1           | -             |

The seasonal incidence of these cases was varied, single cases occurring in February, April, September and November, and two cases in both August and October. A further case occurred in a boy of 13 resident in another area but attending a Grammar School in the borough.

No death occurred as a result of this disease.

Routine surveillance of contacts associated with these cases and of a number of contacts referred from other areas was applied appropriately. The arrangements for gathering the weekly notification figures from surrounding areas and distributing the tabulated results to the contributing Health Departments continued as in the previous year; this gave a valuable picture of the overall incidence at any one time to the responsible Authorities concerned.

ACUTE ENCEPHALITIS. No cases occurred and no deaths were registered from this disease.

ERYSIPELAS. Twenty-one cases were notified. No fatal case was recorded.

Of the cases notified, the age and sex incidence was as below:-

| <u>Age</u>    |        | <u>Male</u> | <u>Female</u> |
|---------------|--------|-------------|---------------|
| 0 - 14 years  | .....  | -           | -             |
| 15 - 44 years | .....  | 4           | 4             |
| 45 - 64 years | .....  | 8           | 4             |
| 65 years +    | .....  | 1           | -             |
|               | TOTAL: | <u>13</u>   | <u>8</u>      |

The occupational incidence of these cases was varied, the seasonal incidence of the disease being as follows:-

|                  |       |         |
|------------------|-------|---------|
| January/March    | ..... | 7 cases |
| April/June       | ..... | 2 cases |
| July/September   | ..... | 4 cases |
| October/December | ..... | 8 cases |

PUERPERAL PYREXIA. Fifty-four cases were notified during the year - 50 from maternity hospitals and 4 domiciliary cases from general practitioners.

OPHTHALMIA NEONATORUM. As in the previous year, no cases were notified.



DYSENTERY. One-hundred-and-sixty-two cases of Sonne dysentery occurred during the year, 30 of these being associated with an outbreak of the infection in a nursery, 41 with a similar outbreak in a nursery school, and the remaining 91 being in sporadic cases.

The age and sex incidence was as follows, 78 males and 84 females being affected:-

| <u>Age</u>          | <u>Male</u> | <u>Female</u> |
|---------------------|-------------|---------------|
| Under 5 years ..... | 44          | 37            |
| 5 - 14 years .....  | 26          | 26            |
| 15 - 44 years ..... | 6           | 19            |
| 45 - 64 years ..... | 1           | 2             |
| 65 + .....          | 1           | --            |

Brief details of these day nursery and nursery school outbreaks are as follows:-

Nursery School. The outbreak amongst the children attending the nursery school occurred in March, involving during its course 39 children, one member of the staff and one school child home contact. The first positive case was reported on the 1st March, but with the co-operation of all concerned, final clearance specimens for all children were obtained by the beginning of June. This was achieved with minimal disturbance of the school activities.

Day Nursery. This outbreak commenced towards the end of August following the exclusion of a child with loose stools which was confirmed on bacteriological examination as Sonne dysentery. During the course of the outbreak, four members of the staff and sixteen children were affected, and ten further cases were confirmed amongst the home contacts of those children. By the end of September, final clearance specimens were obtained in respect of the nursery children and re-admission was possible.

The 91 sporadic cases involved 58 families and no common source was identified.

Measures of control included the admission of cases to hospital when the medical or medico-social circumstances required; and the exclusion of cases and contacts from school and nursery and from any occupation involving food handling. The occurrence of symptomless excretors in this disease, especially amongst adult contacts, is common and renders its control difficult unless hygienic practices are of a high standard.

FOOD POISONING. Twenty-seven cases of food poisoning were notified during the year. Thirteen of these cases were associated with three outbreaks, whilst the remaining 14 cases, in spite of full investigation and inquiry including laboratory investigation of close contacts, were deemed to be isolated instances of infection for which no cause could be found.

Salmonella Typhi-murium was confirmed as the infecting organism in 13 cases.

As in the case of Sonne dysentery, appropriate epidemiological investigations were made in all cases notified in order to ascertain the causative organism and to prevent the spread of further infection. Persons affected were advised to seek treatment from their doctors when necessary, and all cases and contacts were followed up until bacteriological clearance had been achieved.



Annual Return of Food Poisoning Notifications  
for the Year 1954.

Food Poisoning Notifications (Corrected).

|  | <u>1st Quarter</u> | <u>2nd Quarter</u> | <u>3rd Quarter</u> | <u>4th Quarter</u> |       |
|--|--------------------|--------------------|--------------------|--------------------|-------|
| 1.                                     | Jan/March          | April/June         | July/Sept.         | Oct/Dec.           | TOTAL |
|  | 8                  | 8                  | 6                  | 5                  | 27    |
| 2. Outbreaks due to Identified Agents. |                    |                    |                    |                    |       |
|  | Total Outbreaks    |                    | Total Cases        |                    |       |
|  | 2                  |                    | 8                  |                    |       |
| 3. Outbreaks of Undiscovered Cause.    |                    |                    |                    |                    |       |
|  | Total Outbreaks    |                    | Total Cases        |                    |       |
|  | 1                  |                    | 5                  |                    |       |
| 4. Single Cases.                       |                    |                    |                    |                    |       |
|  | Agents Identified  |                    | Unknown Cause      |                    |       |
|  | 5                  |                    | 9                  |                    |       |

TYPHOID FEVER. One case was notified and confirmed during the year. An elderly lady aged 65 years, living alone, had been admitted to an isolation hospital and following full investigation was considered to be a case of typhoid fever. Specimens of urine and faeces, and blood examinations confirmed the causative organism to be one of the strains of B. typhosus. Following prolonged courses of treatment with several of the most modern drugs available for this disease, the patient made a good clinical recovery and was discharged free from bacteriological infection. Despite intensive enquiries, no evidence of the source of the infection could be isolated and all specimens taken from immediate contacts were negative.

PARATYPHOID FEVER. No cases were notified or deaths registered from this disease during the year. In September, information was received from Exeter that a student teacher who had gone home to West Ham to complete her vacation after a tour of France with some of her fellow students, was a contact of a confirmed case of paratyphoid who had been a member of the party. Clearance specimens taken proving negative, she was able to return to her college for the commencement of the Autumn term.

SMALLPOX. No case of smallpox occurred during the year.

In April, notification was received from London Airport about a resident of the Borough returning from a business visit to the Hague where 37 cases of smallpox had been reported. The contact, an adult male, was seen, vaccinated and kept under regular surveillance for the requisite period.

INFLUENZA. No epidemic, even of a minor nature, occurred during the year. There were, however, fifteen deaths registered from this disease.

PNEUMONIA. Acute Primary and Influenzal. One-hundred-and-thirty-six cases (79 males and 57 females) were notified during the year and 65 deaths from all forms of pneumonia were registered.

The age and sex incidence of these deaths was as follows:-

| Age Groups      | M. | F. |
|-----------------|----|----|
| 0 - 4           | -  | 6  |
| 5 - 14          | -  | -  |
| 15 - 24         | -  | -  |
| 25 - 44         | 2  | 1  |
| 45 - 64         | 9  | 2  |
| 65 years & over | 19 | 26 |
| TOTALS:         | 30 | 35 |

4.1 per cent. of deaths from all causes in the Borough were due to pneumonia.



(b) TUBERCULOSIS

No staffing changes occurred in the Tuberculosis Services provided for the Borough during the year. Out-patient diagnosis and treatment and some aspects of preventive work are carried out at the West Ham Chest Clinic and arrangements are made for hospital and sanatorium treatment of patients attending there.

Details of the work of the Health Department, in conjunction with the Chest Physician, for the prevention and control of tuberculosis are given on pages 59-64.

(a) NOTIFICATIONS. One hundred and eighty nine new cases of tuberculosis (115 males and 74 females) were notified during 1954, a decrease of 28 cases below the previous year's figure of 217.

The age and sex distribution of the cases notified was as follows:-

| Age Groups      | Respiratory |    | Non-Respiratory |    |
|-----------------|-------------|----|-----------------|----|
|                 | M.          | F. | M.              | F. |
| 0 - 4           | 4           | -  | 2               | 1  |
| 5 - 14          | 3           | 6  | 3               | 4  |
| 15 - 24         | 21          | 26 | 2               | 3  |
| 25 - 44         | 30          | 25 | 3               | 3  |
| 45 - 64         | 38          | 4  | 1               | -  |
| 65 years & over | 8           | 2  | -               | -  |
| TOTALS:         | 104         | 63 | 11              | 11 |

Sources of primary notification were from Chest Clinic, Hospitals and Sanatoria and general practitioners.

The following table shows the localisation of the disease in the 22 non-respiratory cases notified:-

|                  |   |   |
|------------------|---|---|
| Meninges         | - | 4 |
| Abdomen          | - | 1 |
| Bones and joints | - | 6 |
| Glands           | - | 6 |
| Other organs     | - | 5 |

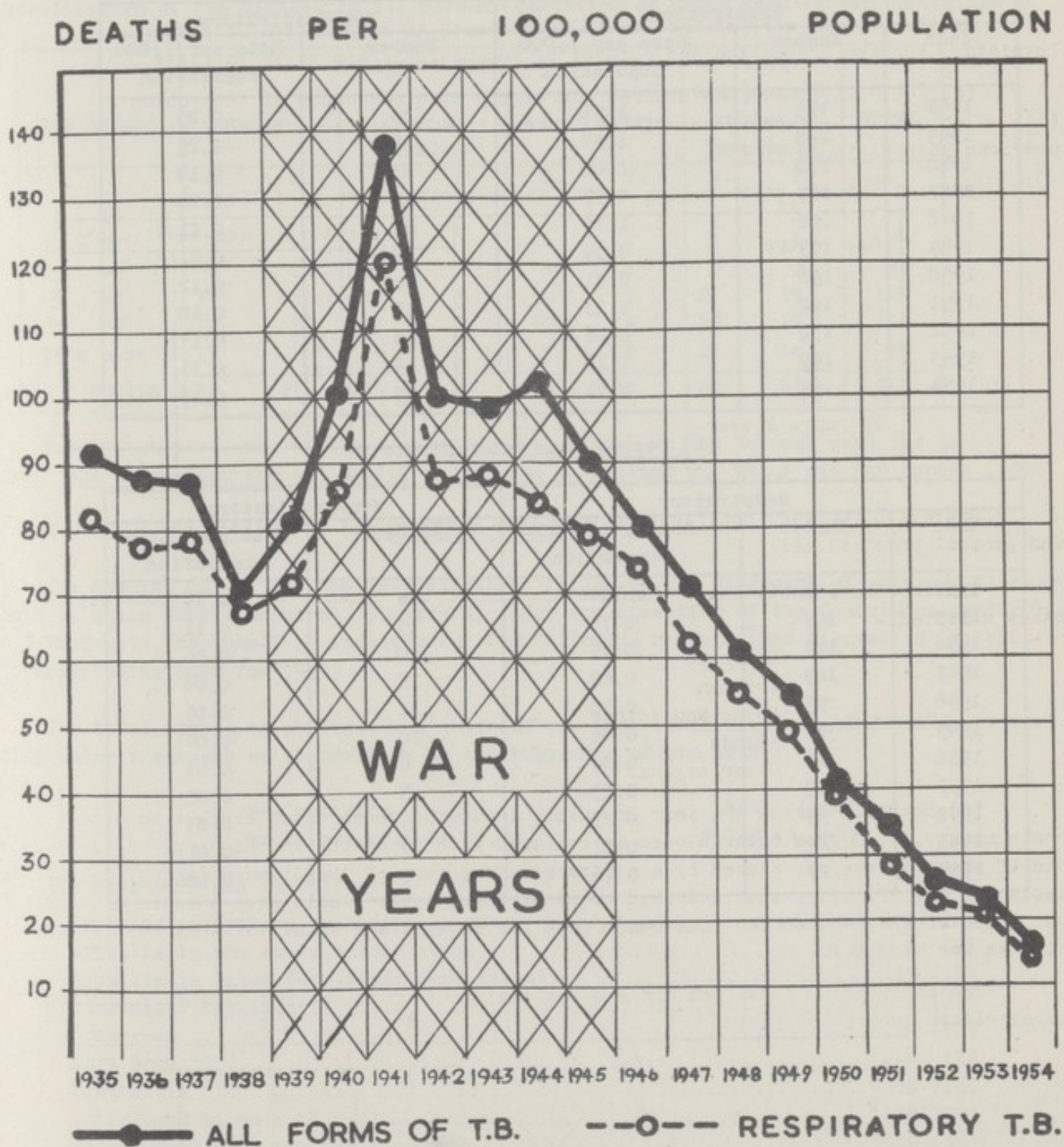
(b) DEATHS. During the year 28 cases, including three cases brought to notice posthumously, died from tuberculosis as compared with 36 deaths in the previous year; only one of these deaths was caused by a non-respiratory form of the disease (a tuberculous bone lesion). The 27 deaths thus ascribed to respiratory tuberculosis gave a death rate of 0.16 per 1,000 of the population. The death rate for England and Wales for this form of the disease was also 0.16.

The table below shows the age and sex distribution in respect of the deaths from tuberculosis during the year:-

| Age Groups      | Respiratory |    | Non-Respiratory |    |
|-----------------|-------------|----|-----------------|----|
|                 | M.          | F. | M.              | F. |
| 0 - 4           | -           | -  | -               | -  |
| 5 - 14          | -           | -  | -               | -  |
| 15 - 24         | 1           | -  | -               | -  |
| 25 - 44         | 4           | 1  | -               | 1  |
| 45 - 64         | 11          | 3  | -               | -  |
| 65 years & over | 5           | 2  | -               | -  |
| TOTALS:         | 21          | 6  | -               | 1  |

1.76 per cent. of the deaths in the Borough from all causes was due to Tuberculosis.

# TUBERCULOSIS





The incidence of notifications, and of the deaths from tuberculosis in the Borough over the past 11 years can be compared from the figures given below. The rates per 1,000 of the population in each case are also shown.

(a) Notifications of Tuberculosis.

| Respiratory |        |                           | Non-Respiratory |                           |
|-------------|--------|---------------------------|-----------------|---------------------------|
| Year        | Number | Rate per 1,000 population | Number          | Rate per 1,000 population |
| 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                      |
| 1954        | 167    | 0.99                      | 22              | 0.13                      |

(b) Deaths from Tuberculosis

| Respiratory |        |                           | Non-Respiratory |                           |
|-------------|--------|---------------------------|-----------------|---------------------------|
| Year        | Number | Rate per 1,000 population | Number          | Rate per 1,000 population |
| 1944        | 108    | 0.84                      | 25              | 0.19                      |
| 1945        | 107    | 0.79                      | 15              | 0.11                      |
| 1946        | 122    | 0.74                      | 10              | 0.06                      |
| 1947        | 109    | 0.63                      | 13              | 0.08                      |
| 1948        | 95     | 0.55                      | 11              | 0.06                      |
| 1949        | 85     | 0.49                      | 10              | 0.06                      |
| 1950        | 68     | 0.39                      | 6               | 0.03                      |
| 1951        | 50     | 0.29                      | 8               | 0.05                      |
| 1952        | 39     | 0.23                      | 5               | 0.03                      |
| 1953        | 34     | 0.21                      | 2               | 0.01                      |
| 1954        | 27     | 0.16                      | 1               | 0.006                     |

(c) CANCER

The number of deaths attributed to cancer (352) shows an increase of 61 compared with 1953.

The following table gives an analysis of the age and sex distribution as well as the localisation of the disease in all persons certified as dying from cancer during the year.

| Age Groups | Malignant Neoplasm |    |                 |    |               |    | Other Malignant & Lymphatic Neoplasms |    | TOTAL |
|------------|--------------------|----|-----------------|----|---------------|----|---------------------------------------|----|-------|
|            | Stomach            |    | Lung & Bronchus |    | Breast Uterus |    |                                       |    |       |
|            | M.                 | F. | M.              | F. | F.            | F. | M.                                    | F. |       |
| 0 - 14     | -                  | -  | -               | -  | -             | -  | -                                     | 5  | 5     |
| 15 - 24    | -                  | -  | -               | -  | -             | -  | 3                                     | 1  | 4     |
| 25 - 44    | 4                  | 2  | 6               | -  | 3             | 1  | 8                                     | 3  | 27    |
| 45 - 64    | 10                 | 6  | 42              | 9  | 10            | 5  | 27                                    | 19 | 128   |
| 65 - 74    | 10                 | 5  | 25              | 7  | 10            | 5  | 28                                    | 24 | 114   |
| 75 & over  | 8                  | 8  | 6               | 1  | 7             | 4  | 24                                    | 16 | 74    |
| TOTALS:    | 32                 | 21 | 79              | 17 | 30            | 15 | 90                                    | 68 | 352   |

Twenty-two per cent. of the deaths from all causes in the Borough were due to cancer; the percentage for all deaths registered in England and Wales was for cancer 2.04.

(d) VENEREAL DISEASES.

The Special Clinic for the investigation, follow-up and treatment of venereal diseases is held at Queen Mary's Hospital, Stratford, under the direction of the Consultant Venereologist, Dr.F.G.Macdonald, to whom I am indebted for the following report. (The figures in brackets are the corresponding ones for 1953).

The total number of patients who attended was 553. This figure includes 142 who were already under treatment or observation at the beginning of the year.

New patients ..... 411 (404)  
Total attendances..... 2,759 (3,308)

The diagnosis was as follows:-

|   |          |
|---|----------|
| Syphilis in primary or secondary stage .....  | 1 (2)    |
| Syphilis in the early latent stage.....       | 1 (-)    |
| Syphilis in later (non-infective) stages..... | 12 (16)  |
| Congenital Syphilis .....                     | 1 (10)   |
| Gonorrhea .....                               | 26 (46)  |
| Soft Sore .....                               | -- (1)   |
| Urethritis .....                              | 35 (38)  |
| Other Conditions .....                        | 299(249) |
| Cases previously treated elsewhere .....      | 15 (18)  |
| Return cases.....                             | 27 (24)  |

It will be noticed that there was a marked decline in the number of cases of syphilis and gonorrhea seen during the year. On the other hand there was a definite increase of "Other Conditions". This heading includes non-specific ulcers, vaginitis and cervicitis, which are in most instances of venereal origin, and those who attend for routine investigation.



Only two cases of syphilis came under care this year as the result of routine tests during pregnancy. In one case infection of, or by, the husband was revealed. The other case was probably of congenital origin but it was not possible to investigate the other members of her family.

During the latter part of the year various local authorities were unofficially approached on the subject of advertising in public conveniences the facilities for investigation and treatment provided at this clinic. These approaches were in every case favourably received and, where necessary, advertisements have been brought up to date. The number of new cases who have attended as a result of these advertisements has been noticeable. Many living or working outside the Borough of West Ham, had been unaware of the existence of this clinic. They had been deterred from having themselves investigated as the only clinics of which they knew were too far away.

The number of cases from each area during the year may be of interest:-

|                   |     |
|-------------------|-----|
| West Ham .....    | 148 |
| East Ham .....    | 36  |
| Essex .....       | 149 |
| Other Areas ..... | 42  |

These figures do not include Return Cases or cases previously treated elsewhere.

Apart from those attending as the result of advertisements, other cases have doctors' letters, and many, mostly women and girls, attend through the agency of social workers and probation officers.



## 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 Sanitary Inspectors during the year ending 31st December, 1954.

Opportunity is taken to express my appreciation of the co-operation and services rendered by the Technical and Clerical Staff.

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

The number of dwelling houses in the Borough is 41,984 and the population is 168,600.

SANITARY INSPECTORS - VACANCIES IN STAFF. The year opened with 3 vacancies in the Sanitary Inspectors' staff and by the 31st March, this number had increased to 10. From the 1st April to the end of July, the remaining staff, consisting of myself, the Deputy Chief Sanitary Inspector and six Sanitary Inspectors, divided the Borough into eight districts and attempted to cope, as far as possible, with all the work arising. I wish to place on record my appreciation of the work done and support given by the staff during this difficult period. The newly appointed staff, consisting of seven Senior Sanitary Inspectors and seven assistants, commenced duty during August and from then onwards were busily engaged in re-organising the districts and bringing arrears of work up-to-date.

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

There is no evidence of plumbo-solvent action and no cases of contamination were reported. All the houses, except 2, are supplied directly by pipes. In these two instances, water is supplied to standpipes 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 is dealt with by the Sanitary Inspectors. In non-mechanically operated factories, the provisions relating to cleanliness, over-crowding, temperature, ventilation and drainage of floors is dealt with by the Sanitary Inspectors. In the case of factories belonging to the Crown, however, the powers and duties of district councils are administered by the Factory Inspectors and the Sanitary Inspectors have no power with regard to these factories. In the case of food factories, all matters relating to the inspection of food for unsoundness or disease, and the prevention of contamination, are the province of the Sanitary Inspectors in any class of factory.

During the year, 1712 visits were made for the purpose of the Factories Act, 1937, to 916 factories and 41 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 & 1948.

Part I of the Act

1.- INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

| Premises   | Number on Register | Number of    |                 |                      |
|--|--------------------|--------------|-----------------|----------------------|
|  |                    | Inspections, | Written Notices | Occupiers Prosecuted |
| (1) Factories in which Sections 1,2,3,4 and 6 are to be enforced by the Local Authorities.                   | 76                 | 381          | 4               | -                    |
| (11) Factories not included in (1) in which Section 7 is enforced by the Local Authority.                    | 827                | 1314         | 37              | -                    |
| (111) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) | 13                 | 17           | -               | -                    |
| TOTAL  | 916                | 1712         | 41              | -                    |

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)   | 7   | 7        | -                 | 3                 | -   |
| Overcrowding (S.2)  | -   | -        | -                 | -                 | -   |
| Unreasonable temperature (S.3)  | 2   | 2        | -                 | 2                 | -   |
| Inadequate ventilation (S.4)  | 1   | 1        | -                 | -                 | -   |
| Ineffective drainage of floors (S.6)  | -   | -        | -                 | -                 | -   |
| Sanitary Conveniences (S.7)   |   |          |                   |                   |   |
| (a) Insufficient  | 3   | 3        | -                 | 2                 | -   |
| (b) Unsuitable or defective   | 51  | 51       | -                 | 14                | -   |
| (c) Not separate for sexes  | -   | -        | -                 | 1                 | -   |
| Other offences against the Act<br>(not including offences<br>relating to Outwork) | -   | -        | -                 | -                 | -   |
| TOTAL   | 64  | 64       | -                 | 22                | -   |

Part VIII of the Act

OUTWORK

(Sections 110 and 111)

| Nature of Work<br><br>(1)   | SECTION 110   |  |  | SECTION 111  |                       |                     |
|---|---|--|--|--|-----------------------|---------------------|
|   | No. of out-workers in August list required by Section 110<br>(1) (c)<br>(2) | No. of cases of default in sending lists to the Council<br>(3) | No. of prosecutions for failure to supply lists<br>(4) | No. of instances of work in un-wholesome premises<br>(5) | Notices served<br>(6) | Prosecutions<br>(7) |
| Wearing apparel Making, etc. )<br>Cleaning and )<br>washing )                               | 207   |  |  |  |                       | /                   |
| Household Linen   | 9   |  |  |  | /                     |                     |
| Furniture and upholstery  | 1   |  |  |  |                       |                     |
| Umbrellas, etc.   | 1   |  |  | /  |                       |                     |
| Artificial flowers  | 4   |  |  |  |                       |                     |
| Paper bags  | 3   |  |  |  |                       |                     |
| The making of boxes or other receptacles or parts thereof made wholly or partially of paper | 25  |  | NIL  |  |                       |                     |
| Brush making  | 2   |  |  |  |                       |                     |
| Feather sorting   | 1   | /  |  |  |                       |                     |
| Stuffed toys  | 13  |  |  |  |                       |                     |
| Cosaques, Christmas crackers, Christmas stockings, etc.                                     | 66  |  |  |  |                       |                     |
| Lampshades  | 7   |  |  |  |                       |                     |
| TOTAL   | 339   | —  | —  | —  | —                     | —                   |



## FOOD INSPECTION.

In the Borough there are about 1750 establishments where food is prepared for sale and during the year, 3,393 visits were made to these establishments. Of this number, 720 are registered under the West Ham Corporation Act, 1937, Section 67, in connection with the sale of ice cream or preserved foods.

The types of registered premises are as follows:-

|                          |     |              |     |
|--------------------------|-----|--------------|-----|
| Butchers                 | 122 | Greengrocers | 43  |
| Wet & Fried Fish Shops   | 60  | Grocers      | 190 |
| Ice Cream Establishments | 305 |              |     |

The total number of visits paid to registered food premises was 1361.

The number of licensed distributors of milk is 250, and 542 licenses have been issued in relation to designated milk sold by them. One premises is registered for the sterilisation and sale of sterilised milk.

## THIOUREA.

During the year, 40 samples of oranges and other fruits were taken as a result of this preservative being found in oranges imported from Spain. 16 samples were found to be affected in amounts varying from minute traces to 15 parts per million in the juice. This substance is used during the packing process to prevent the growth of mould on citrous fruits during transit from the country of origin.

It was found, however, that during transit the preservative penetrated the skin of the fruit only in very small amounts, fortunately, but sufficient for it to be regarded with apprehension. So far as is known, no ill effects were produced as a result of eating the affected fruit. The presence of this preservative in foodstuffs is an offence under the Public Health (Preservatives in Food) Regulations, 1925-1948.

The Council considered this to be a matter of extreme importance and in accordance with their directions the Town Clerk made representation to the Ministry of Food, requesting that in the public interest, all possible action should be taken to secure that citrous fruits treated with Thiourea, should not be permitted to be imported into this country. The matter was also raised with the Borough's Members of Parliament and was discussed in the House of Commons on several occasions.

Representations which subsequently were made by the Minister to the Government of the exporting country, resulted in an assurance being given that action was to be taken to stop the export to this country of oranges so treated.

## SAUSAGES.

During 1953, the Minister withdrew the order relating to meat content in pork and beef sausages, which laid down a standard of 65% and 50% in pork and beef sausages respectively.

In order to ensure that sausages containing a reasonable meat content were being sold in West Ham, 51 samples, representing 10% of the total samples for the year, were taken. It was gratifying to note from the Public Analyst's returns that a satisfactory standard was being maintained and that the meat content in sausages produced in the Borough compared very favourably with the returns covering the whole country, issued by the Ministry of Food.

The analysis, however, revealed contraventions of the Public Health (Preservatives in Food) Regulations, 1925-1948, but as these were of such a minor character, warning letters to the vendors concerned were deemed to be sufficient.

I append a list of various foodstuffs condemned during the year.

### FOODSTUFFS CONDEMNED DURING 1954.

|                   |                          |                        |                       |
|-------------------|--------------------------|------------------------|-----------------------|
| Meat              | 2991 tins                | Chocolate Starch Waste | 22260 lbs.            |
| Meat              | 2934 $\frac{3}{4}$ lbs.  | Cream and Milk         | 4440 tins             |
| Offal             | 686 $\frac{1}{4}$ lbs.   | Sweet Corn             | 4 tins                |
| Poultry           | 46 lbs.                  | Pease Pudding          | 2 tins                |
| Bacon             | 282 $\frac{1}{2}$ lbs.   | Mincemeat              | 2 jars                |
| Ham               | 137 lbs.                 | Sauce                  | 4 botts.              |
| Vegetables        | 3677 tins                | Rice                   | 49 lbs.               |
| Onions            | 4200 lbs.                | Egg                    | 4 tins                |
| Tomatoes          | 900 tins                 | Eggs                   | 190                   |
| Cheese Waste      | 1892 lbs.                | Butter                 | 2 lbs.                |
| Cheese            | 168 $\frac{1}{2}$ lbs.   | Sweets                 | 1 $\frac{3}{4}$ lbs.  |
| Cheese            | 1599 $\frac{1}{2}$ boxes | Cake                   | 34 $\frac{3}{4}$ lbs. |
| Soup              | 118 tins                 | Orange Juice           | 15 botts.             |
| Fruit             | 7263 tins                | Oranges                | 143 cases             |
| Fruit (Dried)     | 326 lbs.                 | Salt                   | 1 pkt.                |
| Jam and Marmalade | 876 lbs.                 | Sandwich Spread        | 1 jar                 |
| Pickles           | 26 jars                  |                        |                       |
| Fish              | 6360 tins                |                        |                       |
| Fish              | 658 lbs.                 |                        |                       |



## THE FOOD AND DRUGS AMENDMENT ACT, 1954.

This long awaited Act passed into law on 25th November, 1954, but, with the exception of Section 28, does not come into operation until a date to be appointed by order of the Minister.

It was hoped that the Act would come into force at once so that a general tightening up of the law relating to food premises would have allowed the sanitary inspectors to bring about a general improvement in the condition of these premises.

The Act does, however, go far towards meeting criticisms levelled at the existing Act of 1938, by Local Authorities. It revises provisions for protecting the public against the sale of food containing injurious ingredients; guards it against misdescription of food and drugs in labels and advertisements and provides fuller powers to secure that food is not contaminated in preparation, distribution and sale.

Of the means to enforce higher standards, the most effective is that giving power to the Minister to extend to other types of food businesses the existing provisions requiring the registration by local authorities of premises used for the manufacture or sale of sausages, ice-cream and preserved food.

Ministers are empowered to make regulations requiring hawkers of food and persons selling food from stalls or vehicles to be licensed by the Local Authority.

Two important provisions that are embodied at present only in temporary legislation are made permanent in the new Act; they are designed to ensure that the public is not misled by labels and advertisements dealing with foods.

Certain recommendations in the report of the Manufactured Meat Products Working Party are incorporated.

Some of the difficulties confronting sampling officers when carrying out the procedure laid down by the existing law is removed by the new legislation. The division of each separate parcel of such things as half-ounce packets of cheese spread and of small jars of meat and fish paste, presents difficulties and the Act permits the division of these containers into lots without any of them being opened. This, even, does not go far enough to solve the problem as the new provisions do not appear to apply to small meat pies and the like, which are not sold in unopened containers.

### CLEAN FOOD - NEW STATUTORY PROPOSALS.

The new Act will not make the 1938 Food & Drugs Act the perfect instrument it should be, but by strengthening the latter to some extent and clearing up some of its ambiguities it will enable the Department to counteract some of the less desirable trends associated with the increase of eating out.

When we consider the question of clean food, however, the position is not so satisfactory. The existing law relating to the hygienic manufacture, storage and distribution of food is contained mainly in the Food & Drugs Act, 1938, as amended by the Transfer of Functions (Food & Drugs) Order, 1948. The Act contains provisions for securing the observance of hygienic conditions in premises where food is prepared, stored and sold.

On the whole, the Act, together with the bye-laws, made under Section 15, now in force in a large number of districts, has been of great assistance to health officials and a



general improvement throughout the country has taken place. Health officials have, however, considered that a greater control should be exercised and therefore welcomed the Government's intention to introduce legislation containing more rigid measures. Section 6 of the Food & Drugs Amendment Act, 1954, gives the Ministers power to make such regulations as appear to him to be expedient for securing the observance of sanitary and cleanly conditions and practises in connection with the sale of food for human consumption or the importation, preparation, transport, storage, packaging, wrapping, exposure for sale, service, or delivery of food intended for sale or sold for human consumption.

Accordingly, in January, 1954, the Ministers of Health and Food, acting jointly, issued a schedule of 67 proposals which it was hoped would be more appropriate to modern needs and at the same time implement the recommendations of the Catering Trade Working Party, the Manufactured Meats Products Working Party, and the Inter-Departmental Committees on Meat Inspection.

The hotel and catering organisations, however, protested that the proposals were too drastic and after several meetings with the Ministers concerned were successful in convincing them of this. It is reported that of the 67 original proposals, only 22 now remain and that a number of these are to be modified. Twenty seven of the proposals discarded from the original draft have been included in a new code of practice which caterers can adopt or not, as they think fit. The code does not form part of the regulations and has no legal force.

Food handlers are to take "such steps as may be reasonably necessary" to prevent the risk of contamination of food. They are not specifically required to dress cuts and sores, to refrain from spitting, smoking and to wear clean protective over-clothing.

Health officials, generally, were bitterly disappointed that most of the essential clauses in the draft regulations had not been adopted and it was felt that the cause of clean food had received a serious set-back.

#### MILK - CAPPING OF BOTTLES.

On the 1st of October, 1954, under the provisions of the Milk (Special Designations) (Pasteurised and Sterilised) (Amendment) Regulations, 1953, it became compulsory to use overlapping caps on bottles of milk, thereby rendering it illegal for dairymen to use sunken cardboard discs on wide-necked bottles which had been in use for many years. The disadvantages of the latter type were that dirt and dust would lodge on the surface of the discs and that they were frequently fouled by dogs when left on doorsteps.

These Regulations had the effect of preventing the small dairyman from bottling milk on his own premises as he had not the necessary equipment to seal the bottles with overlapping metal caps. The present milk supply into the Borough is now from several firms all of whom are equipped with such machinery. However much one may sympathise with the owners of small one-man bottling establishments, this was undoubtedly a great step towards ensuring that clean and wholesome bottled milk was delivered to the housewife.



## DERATIONING OF MEAT - SLAUGHTERHOUSES.

In November, 1953, in a White Paper the Government announced that the rationing, allocation and price control of meat would end during the summer of 1954, and that at the same time it would cease trading in meat. The policy of moderate concentration was re-affirmed but it was realised that this would take several years to implement and that, when rationing ended, more slaughterhouses would be required than under control.

The Ministry of Food, therefore, asked the Inter-Departmental Committee on Slaughterhouses, which had been appointed the previous February, to consider the interim arrangements for slaughtering which would be necessary pending the completion of the long-term plan. The Committee's Interim Report was published as a White Paper at the end of January, 1954.

The Report recommended, inter alia, that in the interim period, before the implementation of moderate concentration, the responsibility of ensuring that there would be sufficient slaughterhouse accommodation in each district should be placed on the local authority. After thirteen years of centralised slaughtering, the idea of reverting to private slaughtering was difficult to accept, however, several butchers in the Borough were not slow to re-act, and started to make plans for bringing their slaughterhouses into operation. As a result, five slaughterhouses, in addition to the three already in existence, were licensed.

Two important Acts of Parliament, namely the Slaughterhouses Act, 1954, and the Slaughter of Animals (Amendment) Act, 1954, were introduced during the year. The former places the responsibility on local authorities of ensuring that adequate slaughtering facilities are available in their districts and the latter, whilst tidying up one or two ends of the law on this subject, implements some of the recommendations of the recent Royal Commission on the slaughter of horses.

## HOUSING.

The housing situation in the Borough continues to give cause for anxiety. During the year, however, 65 individual unfit houses and parts of buildings were reported to the Housing Committee as being unfit and not capable of being rendered fit at reasonable cost. These dwellings represented some of the worst types in the Borough and included the relics of the dangerous properties classified as "Total Loss" by the War Damage Commission during and immediately after the War. 33 Demolition Orders and 3 Closing Orders were made during the year.

Two areas were dealt with by the Unfitness Order procedure, Major Road, containing 6 houses, and Cliff Street, containing 13 houses. No objection was raised to the Major Road scheme. An objection to the Order was dealt with by public enquiry in the case of Cliff Street but the Minister confirmed it with one modification.

The number of houses visited on complaint and by house to house visitation was 6,419 and as a result of these visits, 3,860 notices were served, and 273 summonses were issued in respect of non-compliance.



## HOUSING REPAIRS AND RENTS ACT, 1954.

After a somewhat long and stormy passage the Housing Repairs and Rents Act, 1954, reached the Statute Book and came into operation on 30th August. The opportunity of assisting in "Operation Rescue" was welcomed by the Department, the personnel of which are only too anxious to do everything in their power to improve the conditions under which many people in the Borough are forced to live. It is to be regretted that the Act does not implement fully the recommendations of the Central Housing Advisory Committee on standards of fitness, but it does attempt to define a national standard.

The Act is in two main parts. Part I deals with slum clearance, reconditioning of unfit houses and certain amendments of the Housing Acts, and Part II deals with increases in the rents of controlled houses as a result of repairs and other amendments to the Rent Restriction Acts. The duty of carrying out the provisions of both parts of the Act, is imposed on Local Authorities.

The most important duty under Part I is for the authority to submit proposals to the Minister of Housing and Local Government for dealing with houses which are considered to be unfit for human habitation. The proposals are to be submitted within one year of the Act becoming operative, i.e., 30th August, 1955. The proposals will show how the Council intends to deal with its slums under Parts 2 and 3 of the Housing Act, 1936 and Part I of the new Act. The proposals may comprise schemes for dealing with slums by demolition orders, closing orders, clearance orders, purchase, deferred demolition, repair and temporary use.

The policy of deferring demolition of slums and individual unfit houses is dealt with in the Act by the provisions that where an area has been declared to be a clearance area, or the demolition order has been made, either before or after the passing of the Act, the Council may postpone, for such period as it may determine, the demolition of the houses. The Council is proposing to exercise this power to postpone demolition in suitable cases where it has purchased a house or houses under the provisions of the Housing Acts, as where, in its opinion, the property can be rendered capable of providing accommodation of a standard adequate for the time being.

The inspection of houses in connection with the slum survey placed an additional duty on the Sanitary Inspectors. The situation was rendered more difficult by the fact that the newly appointed staff had had little time to settle down and clear up the arrears of work which had accumulated during the shortage of inspectorial staff from January to August. By the end of the year, however, the survey was progressing and total of 1,390 visits had been made.

Part II of the Act deals, in the main, with the power of landlords to increase the rents of controlled houses on which they have carried out repairs. All houses belonging to a local authority, a development corporation, and certain housing associations and housing trusts are taken out of the control of the Rents Acts and except for this provision, Part II of the Act does not affect the Council as landlords. Where a landlord seeks to increase the rent of a controlled house, it is a condition that the house must be in good repair and reasonably suitable for occupation, having regard to the standard of fitness laid down in Part I. Provision is made to enable a tenant on whom notice of increase has been served to apply to the Local Authority for a certificate that this condition has not been fulfilled. When such a certificate is in force, no increase of rent can be enforced.



From September to the end of the year, 109 applications from tenants, who had been served with notices of increase by their landlords, were reported to the appropriate Committee. Each house was visited and inspected and of this total, 104 were issued, 2 were refused, and 3 were withdrawn. In the course of these visits, and in the office, an appreciable amount of time was spent in advising tenants of their rights under the Act.

#### AIR POLLUTION.

The publication of the Final Report of the Beaver Committee on Air Pollution in November was received with great interest by all engaged in Public Health. The Report is most revealing and the approach to the problem leaves nothing to be desired. The analysis is convincing and reveals a detailed and balanced study of the many factors involved and the recommendations appear to be sound and practicable.

The solution to the industrial problem is known, with the important exception of how to deal with the sulphur oxides, and the urgent need now is to apply them vigorously. To end pollution from the domestic chimney, however, is much more difficult and in this direction, the increasing use of electricity, gas, efficient solid fuel appliances and smokeless fuels all help. The Englishman, however, will not give up his open fire and sufficient means of enabling him to run one without producing too much smoke are still lacking.

The three main causes responsible for smoke being discharged into the atmosphere are domestic fires, factories and railways and most of the smoke produced by railways is from shunting operations and the use of stationary loco. boilers used for steam raising purposes. West Ham, being a working class and industrialised borough, is well endowed with factories, railway marshalling yards and sub-standard houses equipped with obsolete firegrates.

The largest single source of smoke and 45% of the total is the domestic chimney and this despite the fact that only 18% of the annual coal consumption is for domestic use. General industry comes next in the amount of smoke, followed by railways, which are responsible for about half as much smoke as industry, although they burn only a quarter the weight of coal. Pollution is greater during the winter months than during the summer which shows the influence of domestic smoke.

Domestic smoke is emitted at low level and for that reason is probably more harmful than industrial smoke, which from tall chimneys has at least some opportunity of being blown away from populous areas. Unfortunately, there is little hope of so modifying the open coal fire so that it can burn smokelessly. By the time smokelessness is attained it would cease to be an open fire.

In the case of industrial smoke the Committee were of the opinion that no industrial chimney need normally emit more than a light haze of smoke if the combustion arrangements were adequate and properly operated. There were exceptions to this during the occasional short periods while fires were being lit or raked, or in the case of mechanical breakdown. Repair and maintenance, constant supervision and encouragement of the fireman to do his best are highly important for the prevention of smoke, no less than the efficient use of fuel. Extensive modernisation and improvement of plant is necessary in many cases and this will take some years to accomplish. It is recommended that out-of-date plants be fitted with mechanical stokers or smoke-elimination doors of approved type.



Railway locomotives are responsible for more than 1/7 of all the smoke discharged to the atmosphere. Most of this smoke is produced by shunting engines and stationary locomotives. The only complete answer to this problem is the replacement of coal-fired locomotives by electric, diesel or other smokeless methods of traction. It is understood that schemes are in hand to electrify a number of lines in the near future and that other means of obviating smoke from railways are being considered.

It was hoped that it might have been possible to recommend to the Council, a "smokeless zone" area, but owing to the conditions prevailing in the Borough, and the cost of such a project, it was not practicable. The scope of smokeless zones is limited if complete smokelessness is not practicable and in an area such as West Ham, which includes industry as well as dwelling houses, this is not possible except at prohibitive cost.

It is unfortunate that most of the smoke producing appliances in West Ham, namely, domestic firegrates, industrial plants and railway equipment are of out-of-date design and therefore ill-adapted to prevent the production of smoke. Nevertheless, the Sanitary Inspectors have, during the year, done their utmost to prevent the issue of smoke to the atmosphere, particularly from industrial and railway sources.

During the year, 174 smoke observations of factory chimneys were carried out and a further 117 visits were made to factories to give advice, etc. on existing plant. In a number of instances, occupiers were persuaded to use smokeless fuel instead of smoke producing bituminous coal and numerous mechanical improvements suggested by the Inspectors were put into operation. It was gratifying to note that factory owners displayed great interest in the various means of obviating smoke and expressed their desire to co-operate with the Department to eliminate smoke as far as possible.

#### RODENT CONTROL, DISINFESTATION AND DISINFECTION SECTION.

The trend of work, although showing an apparent increase, is in fact steadily declining; the apparent increase is due to the fact that in previous years the investigational visits were omitted entirely, but have now been included.

The number of complaints in dwelling houses would have been smaller but for the complaint "en block" from Biggerstaff Road in April, when it was alleged that all the 36 houses were (a) overrun with rats and mice, and (b) bug ridden. On investigation, it was found that one house had evidence of the occasional rat in the garden and six had slight mouse infestation, while only five had any infestation by bed-bugs.

The largest single infestation by rats occurred in a group of business premises in Barking Road, where no fewer than 79 carcasses were picked up as a result of the poisoning operation; and five nests of young were destroyed whilst investigations were proceeding to trace the source of infestation, which was quickly located as being defects in the drainage system.

At Fyfield Open Air School, where a large scale operation was undertaken in 1953, it is gratifying to report that a very few rats attempted to find shelter in the late Autumn, but were quickly detected and destroyed.



In conjunction with the work of the operatives, the Sanitary Inspectors, following up the complaints, instigated 438 drain tests, and as a result, 79 drainage systems have been repaired or relaid.

It was not found necessary to serve any notices under Section 4, of the Prevention of Damage by Pests Act, 1949.

As regards the other duties carried out by the Section, the figures for bed bugs remain fairly constant from year to year, and it is anticipated that as the outworn properties of the Borough are demolished to make way for the new development, these figures will show a steady reduction within the next few years. The figures in the table under the heading Disinfestation - Vermin include treatments for cockroaches, ants, slugs, mosquitoes and similar pests, and as a whole, show little change from the previous years.

The statistics relating to the activities of the Section are given in the tables below.

#### RODENT CONTROL

|  | Investigational visits<br>to premises | Operational visits<br>to premises |
|--|---------------------------------------|-----------------------------------|
| Houses                                 | 1,635                                 | 9,813                             |
| Factories                              | 216                                   | 557                               |
| Shops                                  | 255                                   | 685                               |
| Cafes                                  | 14                                    | 48                                |
| Public Houses                          | 19                                    | 105                               |
| Other Business Properties              | 25                                    | 95                                |
| Churches                               | 10                                    | 50                                |
| Schools                                | 34                                    | 240                               |
| Hospitals                              | 18                                    | 81                                |
| Corporation Properties                 | 49                                    | 328                               |
| Bomb-sites, tips, allotments & ditches | 104                                   | 313                               |
|  | <u>2,379</u>                          | <u>12,315</u>                     |

Resulting from the above investigational visits, 837 premises were found to be infested with rats, and 686 infested with mice.

#### DISINFESTATION - VERMIN

|  |            |            |
|--|------------|------------|
| Houses                                 | 590        | 751        |
| Factories                              | 14         | 20         |
| Shops                                  | 20         | 26         |
| Cafes                                  | 5          | 7          |
| Bakeries                               | 3          | 5          |
| Business Properties                    | 9          | 14         |
| Hospitals & Clinics                    | 14         | 18         |
| Schools                                | 23         | 45         |
| Corporation Properties                 | 5          | 9          |
| Static Tanks                           | 21         | 29         |
| Bomb-sites, tips, allotments & ditches | 1          | 1          |
|  | <u>705</u> | <u>925</u> |

DISINFECTIONS.

|                    | <u>No. of premises<br/>visited</u> | <u>Operational<br/>visits</u> |
|--------------------|------------------------------------|-------------------------------|
| Houses             | 43                                 | 48                            |
| Schools            | 1                                  | 2                             |
| Shops              | 3                                  | 3                             |
| Council Properties | 1                                  | 1                             |
|                    | <u>48</u>                          | <u>54</u>                     |

|                  | <u>No. of articles<br/>disinfected</u> |
|------------------|--|
| School Plimsoles | 1000                                   |
| Clothing         | 9                                      |
|                  | <u>1009</u>                            |

REPORT OF THE PUBLIC ANALYST. (By Albert E. Parkes, F.I.C., F.C.S.)

During the year, 502 samples were examined under the Food and Drugs Act, 149 formal and 353 informal.

All samples were submitted by the Inspectors.

Twenty samples were found to be adulterated, 4 formal and 16 informal.

The adulteration was at a rate of 4.0 per cent.

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

| <u>Year</u> | <u>Number of Samples</u> | <u>Percentage Adulteration</u> |
|-------------|--------------------------|--------------------------------|
| 1954        | 502                      | 4.0                            |
| 1953        | 501                      | 1.4                            |
| 1952        | 502                      | 1.0                            |
| 1951        | 819                      | 0.7                            |
| 1950        | 1039                     | 1.2                            |
| Average     | <u>673</u>               | <u>1.7</u>                     |

105 samples of milk were examined, 100 formal and 5 informal. There was no adulteration.

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

| <u>Year</u> | <u>Number of Samples</u> | <u>Percentage Adulteration</u> |
|-------------|--------------------------|--------------------------------|
| 1954        | 105                      | 0.0                            |
| 1953        | 108                      | 0.9                            |
| 1952        | 101                      | 0.0                            |
| 1951        | 151                      | 0.0                            |
| 1950        | 188                      | 2.1                            |
| Average     | <u>131</u>               | <u>0.6</u>                     |

CONDENSED MILK.

Seven samples of Condensed Milk were examined, all informal.

These consisted of 3 full-cream, 3 machine-skimmed, and one evaporated milk.

All these complied with the Regulations.



DRUGS.

29 samples were examined, all informal. One sample was found to be adulterated.

ICE CREAM.

Seven informal samples of ice cream were examined. All were satisfactory.

ICE LOLLIES.

Thirteen informal samples of ice lollies were examined for metallic contamination. All were found to be satisfactory.

PRESERVATIVES.

There were 12 contraventions of the Preservatives Regulations.

FERTILISERS & FEEDING STUFFS ACT.

Nine Fertilisers were examined, 3 official and 6 unofficial. 1 official and 1 unofficial sample were unsatisfactory. Five Feeding Stuffs were examined, 4 official and 1 unofficial. 3 official samples were unsatisfactory.

In addition to the above, the following samples were also examined.

FOR THE PUBLIC HEALTH DEPARTMENT.

1 Dust.  
1 Tap Water  
1 Cheese Spread.

FOR THE BOROUGH ENGINEER'S DEPARTMENT.

|                                   |  |
|-----------------------------------|--|
| 2 Subsoil Waters.                 | 1 Powder from Electrical Junction Box. |
| 1 Metallic Liquid Floor Hardener. | 1 Water from Junction Box.             |

FOR THE BOROUGH ARCHITECT.

2 Ground Waters.

---

The apparent increase in the adulteration rate shown in the Analyst's Report is largely due to the sampling for special purposes of oranges and sausages described on pages 20 and 21. These accounted, between them, for some 60% of the adulterated samples, but if they are omitted, the rate of adulteration which would have been discovered by routine sampling would have been 1.6%. This is slightly higher than the figures for previous years, but is of comparable magnitude.

# 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 supplied | Results of Examination |                     |                     |                     |                   |                     |
|------------------------------------|-----------------|------------------------|---------------------|---------------------|---------------------|-------------------|---------------------|
|                                    |                 | Phosphatase Test       |                     | Methylene Blue Test |                     | Turbidity Test    |                     |
|                                    |                 | Satis-<br>factory      | Unsatis-<br>factory | Satis-<br>factory   | Unsatis-<br>factory | Satis-<br>factory | Unsatis-<br>factory |
| Pasteurised                        | 44              | 44                     | N11                 | 44                  | N11                 | -                 | -                   |
| Pasteurised<br>(from schools)      | 8               | 8                      | N11                 | 8                   | N11                 | -                 | -                   |
| Tuberculin Tested<br>(Pasteurised) | 30              | 30                     | N11                 | 30                  | N11                 | -                 | -                   |
| Sterilised                         | 42              | -                      | -                   | -                   | -                   | 42                | N11                 |
| Total                              | 124             | 82                     | N11                 | 82                  | N11                 | 42                | N11                 |

## FERTILISERS & FEEDING STUFFS ACT, 1926.

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

| Type of Sample.       | No. of<br>samples<br>taken | Analysis<br>agreed | Analysis<br>disagreed |
|-----------------------|----------------------------|--------------------|-----------------------|
| <u>Fertilisers</u>    |                            |                    |                       |
| Official              | 3                          | 2                  | 1                     |
| Unofficial            | 6                          | 5                  | 1                     |
| <u>Feeding Stuffs</u> |                            |                    |                       |
| Official              | 4                          | 1                  | 3                     |
| Unofficial            | 1                          | 1                  | -                     |
| Total                 | 14                         | 9                  | 5                     |

The discrepancies in all of these cases were of a minor nature and did not call for further action.



# SANITARY INSPECTORS REPORT

For the period from 1st January, 1954 to 31st December, 1954.

|  |               |
|--|---------------|
| Visits to private houses to investigate complaints   | 5,807         |
| House to House inspections under Public Health or Housing Acts   | 612           |
| Houses inspected under the Housing Act 1936, re Closing & Demolition Orders or Reconstruction or re. Schedules of Evidence | 502           |
| Houses inspected following infectious disease  | 264           |
| Investigations of cases of notifiable infectious disease   | 387           |
| Visits under Increase of Rent Restriction, etc. Acts   | 208           |
| Certificates granted under Rent Restriction, etc. Acts   | 76            |
| Samples of domestic water supplies taken for analysis or bacteriological examinations                                      | 1             |
| Visits to Squatter Camps   | 48            |
| " under the Housing Repairs & Rents Acts, 1954. (Initial Survey)   | 1,390         |
| " re overcrowding provisions of Housing Acts   | 212           |
| " under Housing Act, 1949. Improvement Grants  | 18            |
| " to Factories (Mechanically Operated)   | 1,078         |
| " " " (without Mechanical Power)   | 381           |
| " " " re smoke   | 117           |
| Smoke Observations   | 174           |
| Visits to Workplaces   | 253           |
| " " Offices (as workplaces) P.H.A. 1936  | 147           |
| " " places of public amusement, Theatres, Music Halls, Cinemas, etc. (Ministry of Health circular 120 of 1920)             | 79            |
| Samples taken under Rag Flock Act  | 11            |
| Visits under Fertiliser & Feeding Stuffs Act   | 5             |
| " to Outworkers  | 216           |
| Visits to Scheduled Offensive Trades   | 219           |
| " " other Noxious Trades   | 55            |
| " " Rag Flock Manufacturers  | 1             |
| " " Bakehouses   | 91            |
| " " Dairies  | 147           |
| " " Fish Fryers  | 58            |
| " " Cafe & Restaurant Kitchens, Food & Drugs Act, 1938   | 404           |
| " " Ice Cream Makers or Dealers, WHCA Sect 66. & P.H.A. 1936   | 209           |
| " Ice Cream samples taken  | 56            |
| " " Licensed Premises  | 146           |
| " " Registered premises wherein food is manufactured, WHCA Sect 67   | 412           |
| " " " " occupied by vendors of food, WHCA Sect 66  | 562           |
| " " other food purveyors   | 1,308         |
| " " Slaughter houses   | 79            |
| " " Shops (Shops Act, 1950)  | 307           |
| Visits under Prevention of Damage by Pest Act  | 153           |
| " " bye-laws - Tents, Vans, Sheds  | 259           |
| " to registered Hairdressers & Barbers, WHCA Sect 49   | 55            |
| Other Visits, specifying them  | 1,040         |
| Re-inspections   | 12,608        |
| Drainage Inspections   | 2,451         |
| Drain Tests carried out  | 438           |
|  | <u>33,044</u> |
| No. of notices served  | 3,860         |
| No. of notices complied with by owner  | 3,961         |
| " " " " " occupier   | 77            |
| No. of Summonses issued  | 273           |
| No. of Summonses heard   | 271           |



## MEAT INSPECTION IN SLAUGHTERHOUSES.

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

The Ministry of Food ceased to monopolise the slaughtering of cattle, sheep and pigs in July 1954, and, with the end of meat rationing, the obligation was placed upon local authorities to ensure that sufficient facilities were made available to the trade to enable private slaughtering to provide again a sufficiency of home killed meat. This necessitated the reopening of many private slaughtering establishments which had been closed during the period of meat rationing. Many slaughterhouses which had operated prior to the late war, had passed into other ownership or had been converted to other uses or their owners no longer desired to revert to slaughtering but, after necessary repairs and adaptations had been effected, seven slaughterhouses were relicensed within the Borough.

A sudden rush to enter the slaughtering business was in evidence but, within a relatively short period, a few establishments settled down to a regular steady trade and others merely operated intermittently - killing only on one or two days during each week.

As was envisaged in last years report, the number of horses dealt with in our slaughterhouses continued to decline but it was evident that horse slaughtering for human food had become an established business and still continues, though at a somewhat slower tempo-governed by the diminished number of horses now available. The lower prices at which horse flesh is retailed appears to be an important factor in the continued use of this type of meat.

Although a relatively small number of slaughterhouses were in operation, as compared with pre-war, those which were opened worked to greater capacity than in former times and the total number of animals of all kinds, slaughtered in the Borough during the year exceeded that of pre-war years, despite the fact that private slaughtering of cattle, sheep and pigs was permissible during only the latter half of the year. There are signs that the trade will expand even further as time passes.

It is to be regretted that the Government saw fit to allow slaughtering in numerous private establishments, instead of consolidating the position-created by meat rationing and Ministerial control of slaughtering - to limit the centres where slaughtering could take place. It has been the well established opinion of all public health workers, that the best interests of the public can only be served where slaughtering is concentrated in large slaughtering establishments operated by Municipalities or other bodies who are prepared to co-operate with local authorities to ensure a high standard of meat inspection and hygienic production of our home killed meat supplies. This is only practicable where slaughtering is so concentrated as to allow the whole time employment of the inspectorate, who can be present during the whole of the working day to supervise the operations from the public health and animal welfare aspects. With limited staff and a multiplicity of premises such continuous supervision is impracticable.

During the year under review some 18,696 animals were inspected both ante and post-mortem to ensure their fitness for human food and care was taken to see that the animals were treated with due consideration and fed and watered whilst awaiting slaughter in conformity with the conditions covered by legislation.



We have to record that we have been fortunate in having the co-operation of the slaughterhouse occupiers and their workmen in carrying out our duties and that in general the slaughtermen have shown a high standard of consideration in the treatment of the animals. The realisation that the best quality of meat is only likely to be obtained from animals which have not been subjected to rough methods and lack of care during the pre-slaughter waiting period is perhaps a factor which is now more readily appreciated than formerly. Every opportunity has been taken to impress upon the personnel concerned, the desirability, and benefits to the trade, of the correct attitude to be adopted towards the beasts from which we derive an important part of our diet.

Of the total of 18,696 animals slaughtered and inspected, there were 5,729 horses, 3,566 cattle, 8,069 pigs, 1,071 sheep and 261 goats.

In general, the animals have been of a better quality than those slaughtered in the borough in pre-war days. Tuberculosis in cattle and pigs, is less common than formerly. This is no doubt a reflection on the efforts made by the Ministry of Agriculture in pursuing the policy of encouraging the growth of Tuberculin Tested herds, leading to the ultimate total eradication of this disease from our livestock by the establishment of eradication areas throughout the country as the number of tuberculosis free herds in each area reaches the level which makes this a practicable possibility.

An indication of the rapid growth of Attested Herds is shown by the fact that in 1951 of the total cattle in Great Britain, 26% were tuberculosis free as shown by the tuberculin test. In 1952, the percentage had risen to 34%; in 1953 to 41% and in 1954 to 45%.

#### Carcases Inspected and Rejected.

|   | Cattle excluding cows | Cows  | Calves | Sheep | Pigs  | Horses | Goats |
|---|-----------------------|-------|--------|-------|-------|--------|-------|
| Number killed and inspected                     | 1,364                 | 1,542 | 660    | 1,071 | 8,069 | 5,729  | 261   |
| <u>All diseases except Tuberculosis</u>         |                       |       |        |       |       |        |       |
| Whole carcasses rejected                        | 2                     | 4     | 2      | 3     | 3     | 3      | -     |
| Carcasses of which some part of organ rejected  | 146                   | 166   | 5      | 63    | 241   | 97     | -     |
| Percentage affected with disease other than TB. | 10.8                  | 11.0  | 1.0    | 6.5   | 3.0   | 5.7    | -     |
| <u>Tuberculosis only</u>                        |                       |       |        |       |       |        |       |
| Whole carcasses rejected                        | 10                    | 18    | -      | -     | 6     | 1      | -     |
| Carcasses of which some part or organ rejected  | 83                    | 190   | -      | -     | 84    | -      | -     |
| Percentage affected with TB.                    | 6.9                   | 13.5  | -      | -     | 1.0   | .02    | -     |



NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 22: CARE OF MOTHERS AND YOUNG CHILDREN.

Expectant and Nursing Mothers.

Facilities provided for Ante-Natal and Post-Natal Care continued with nine weekly combined ante-natal and post-natal sessions at the Municipal Centres, and one at the South West Ham Health Society's Clinic. Patients attend by appointment and the medical examinations are undertaken by the Council's Medical Officers.

Blood tests are carried out on patients attending these clinics, in co-operation with Forest Gate Hospital laboratory. They include Kahn, Rhesus factor, Blood group and % Haemoglobin in every case.

Chest X-ray.

The arrangements started in 1953 have continued. Every expectant mother attending the Ante-Natal Clinics is offered an appointment for chest X-ray at a special session of the Mass Miniature Radiography Unit held at one of the Welfare Centres. Mothers booked for Plaistow Maternity Hospital and by the Plaistow Domiciliary Midwives also attend these sessions. The special facilities provided by the Unit are much appreciated, but unfortunately they can only be made available at three-monthly intervals. For a number of reasons attendance for chest X-ray will probably not be very satisfactory until there is a static miniature X-ray Unit in the Borough. When this has been achieved, it is hoped to extend the facilities to fathers.

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.

1,660 expectant mothers have made a total of 9,899 attendances. 418 mothers attended for examination during the post-natal period and made a total of 482 attendances; this is 77% of the total of 542 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.

In May, 1954, the Council was invited to appoint a representative to the Committee which manages the Hostel. The Senior Assistant Medical Officer was appointed and has greatly appreciated this opportunity to become more familiar with the work of the Association. During the year nine West Ham mothers, who were in need of care and accommodation, were admitted to St. Agatha's. Of these, six were admitted before and three after the birth of the baby. Five West Ham unmarried mothers were admitted to hostels outside the area. When necessary the Council has contributed towards the maintenance charges.



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.

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 sessions per week held at the Municipal Centres and at the South West Ham Child Welfare Centre. 19 children and 4 expectant mothers resident in neighbouring areas attended West Ham Clinics, and 10 children and 6 expectant mothers resident in West Ham are known to have attended clinics in other areas.

The 20 sessions mentioned above include the special toddlers' clinics at which 2,890 children attended in response to the 8,029 invitations to come for examination on their 2nd, 3rd or 4th birthday. There were 2,548 children whose general condition was regarded as good, 296 children in whom it was recorded as fair, and 46 in whom it was recorded as poor. In the same group of children there were 2,672 whose cleanliness of body and clothing was recorded as good, 192 in whom it was found to be not entirely satisfactory, and 26 in whom it was poor. There were 2 children who were found to have infestation of the body.

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 is in line with that prescribed by the Ministry of Education for school children. No differentiation is made between major and minor defects, 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                                | 390                                    |
| Skin                                 | 75                                     |
| Eyes (a) Vision                      | 13                                     |
| (b) Squint                           | 115                                    |
| (c) Other                            | 17                                     |
| Ears (a) Hearing                     | 7                                      |
| (b) Otitis media (R                  | 12                                     |
| (L                                   | 3                                      |
| (c) Other                            | -                                      |
| Nose or Throat                       | 52                                     |
| Speech                               | 79                                     |
| Cervical Glands                      | 17                                     |
| Heart and Circulation                | 30                                     |
| Lungs                                | 52                                     |
| Development (a) Hernia               | 13                                     |
| (b) Other                            | 25                                     |
| Orthopaedic (a) Posture              | 77                                     |
| (b) Feet                             | 134                                    |
| (c) Other                            | 65                                     |
| Nervous System (a) Epilepsy          | 6                                      |
| (b) Other                            | 4                                      |
| Psychological (a) Mental Development | 28                                     |
| (b) (Stability )                     |  |
| (Behaviour Difficulties)             | 199                                    |
| Other Defects:                       | 34                                     |

54% of the children were found to be in satisfactory health and free from any defect and there were 12% in whom there was no defect except for carious teeth.

There are only two noteworthy changes from defects found in 1953. Nose and Throat Conditions referred for treatment or observation have decreased from 116 to 52. This is probably because there is a better appreciation of the significance of enlargement of the tonsils. Simple enlargement unaccompanied by other signs or symptoms is no longer regarded as an indication for treatment.

The number of behaviour difficulties recorded has increased from 104 to 199. This may be because there is a growing realization, both by parents and staff, that the origin of later troubles may lie in minor disturbances which arise in pre-school years. Timely advice can save the parents much anxiety and may prevent the development of serious maladjustment.

Attendances at all the Child Welfare Sessions (including the Toddlers' Clinics) are set out below for the period 1950 - 1954. It is interesting to note that the percentage of children in both the age groups 0 - 1 and 1 - 5, who have attended the Clinics, is the highest since 1950.



|                                | Children under 1 Year |                  |                  |                  |                  | Children 1 - 5 Years |                 |                 |                 |                 |
|--------------------------------|-----------------------|------------------|------------------|------------------|------------------|----------------------|-----------------|-----------------|-----------------|-----------------|
|                                | 1950                  | 1951             | 1952             | 1953             | 1954             | 1950                 | 1951            | 1952            | 1953            | 1954            |
| Number of Individual children. | 2,282<br>x(79%)       | 2,406<br>(83%)   | 2,042<br>(74%)   | 2,336<br>(81%)   | 2,309<br>(85%)   | 4,521<br>(28%)       | 5,917<br>(41%)  | 5,596<br>(44%)  | 5,526<br>(46%)  | 5,169<br>(47%)  |
| Number of attendances          | 24,611<br>/(10.8)     | 25,731<br>(10.7) | 26,024<br>(12.8) | 25,592<br>(10.0) | 25,969<br>(11.2) | 12,655<br>(2.8)      | 14,676<br>(2.5) | 14,038<br>(2.5) | 13,596<br>(2.5) | 11,384<br>(2.2) |

Notes:- x 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 the specialist clinics available on local authority premises (through the School Health Service) during 1954 were as follows:-

|                      |     |
|----------------------|-----|
| Ophthalmic           | 170 |
| Ear, Nose and Throat | 11  |
| Paediatric           | 42  |
| Child Guidance       | 4   |
| Speech Therapy       | 10  |

With certain agreed exceptions, there is consultation between the clinic medical officers and the family doctor, before a child is referred to a specialist clinic or hospital. A copy of the report is sent to the family doctor.

19 children were referred to the Audiology Unit of the Royal National Throat Nose and Ear Hospital, Gray's Inn Road, W.C.1. Of these 4 were found to be deaf, 2 partially deaf, and 1 very slightly deaf. Of the remainder 4 were found to be retarded and 3 required speech training.

Of recent years, the possibility and the importance of detecting deafness in very young children, has been increasingly appreciated, and the staff of the Audiology Unit have developed special methods for testing babies and pre-school children. The provision of a hearing aid and teaching his mother to train him to listen to her voice, may enable a baby to hear speech at an age when he should normally be learning to talk. In this way he will learn much quicker and will talk much better than if his deafness were not detected until the "critical age" for speech had passed.

#### Physiotherapy.

The following table shows the number of pre-school children who have attended the Council's Physiotherapy Clinics:-

|   | <u>Sunlight</u> | <u>Massage</u> | <u>Exercises</u> |
|---|-----------------|----------------|------------------|
| No. of individual children who attended   | 273             | 6              | 48               |
| No. of attendances made by above children | 5,084           | 137            | 694              |



### Handicapped Children.

An endeavour is made to detect "Handicapped" children at an early age and to co-ordinate the services and the efforts of the various people interested in these children. The following table shows the numbers of children under 5 years referred to the Senior Assistant Medical Officer and placed on a register of "potentially handicapped". Of these 18 have actually been "ascertained".

|                  |           |
|------------------|-----------|
| Aged 4 - 5 years | 19        |
| " 3 - 4 "        | 25        |
| " 2 - 3 "        | 13        |
| " 1 - 2 "        | 11        |
| " Under 1 year   | <u>5</u>  |
|                  | <u>73</u> |

A child is referred to the School Health Service with a view to possible ascertainment, when it is thought to be to his advantage, or when the parents request it. The Health Visitor who knows the child on her district is given the opportunity to attend the medical examination at which ascertainment is considered.

The opening of a Spastic Unit with a nursery class for children over 2 years, and facilities for daily physiotherapy for children under 2 years, should encourage the early detection of children who will benefit from such education and treatment. 3 West Ham children under 5 years were admitted during 1954.

The increased attention given to the detection of deafness has already been mentioned and it is hoped to train Health Visitors to give routine "screening" tests to all children attending child welfare centres. 6 West Ham children are in the nursery class at the School for the Deaf.

The Educational Psychologist has given invaluable help in examining pre-school children who show retardation in their mental development, and in advising parents on their management.

### Welfare Foods.

In accordance with instructions contained in Ministry of Health Circular No.10/54, the responsibility for the local distribution of welfare foods was transferred from the Ministry of Food to the Local Health Authority on 28th June, 1954, as part of their duties under the National Health Service.

The needs of the area have been met by the continuation of existing arrangements for these foods to be supplied from the Child Welfare Centres, the Public Hall, Canning Town, the local W.V.S. Headquarters and from the Silvertown Library premises, which meant that no new premises were required. There were problems to be overcome in relation to storage, transport and staffing. Three clinic clerks were, however, changed from part-time to full-time work and two additional full-time appointments were made on a temporary basis. Although the time available was very limited, the other problems were satisfactorily solved.

The whole of the arrangements will be subject to review after a period of 12 months. With the co-operation of all concerned, the public did not suffer any inconvenience. The assistance given by the W.V.S. in providing the staff for this work at their own centre is greatly appreciated.



### Tuberculosis in Young Children.

The first table set out below shows the gradual, though fluctuating, tendency towards the decrease of tuberculosis in young children. This has taken place despite the absence of any discernible trend in the notifications of tuberculosis at older ages. The second table, showing the numbers of B.C.G. vaccinations of "contacts" of tuberculosis, may provide part of the reason. It will be seen that there has been a steady increase in the numbers of "contacts" vaccinated and that a large proportion of them were young children, mostly under one year of age. This was the result of a consistent endeavour to secure the protection of all babies born into known tuberculous households, within the first few days of life. The earlier detection and increasingly efficient treatment of adult tuberculosis may also have contributed to this effect by reducing the number of infectious cases in the community even though the notifications remain about the same level.

#### PRIMARY NOTIFICATIONS OF CASES OF TUBERCULOSIS. (Extracted from Annual Return to Registrar General).

| Age    | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 |
|--------|------|------|------|------|------|------|
| 0 - 1  | 2    | 2    | 1    | 1    | 2    | -    |
| 1 - 2  | 6    | 7    | 1    | 3    | 3    | 2    |
| 2 - 5  | 13   | 10   | 9    | 5    | 9    | 7    |
| Over 5 | 188  | 159  | 189  | 138  | 203  | 180  |
| TOTAL  | 209  | 178  | 200  | 147  | 217  | 189  |

#### B.C.G. VACCINATIONS IN WEST HAM (Contact Scheme)

| Age    | 1950 | 1951 | 1952 | 1953 | 1954 |
|--------|------|------|------|------|------|
| 0 - 1  | 1    | 28   | 46   | 59   | 70   |
| 1 - 2  | -    | 8    | 12   | 5    | 12   |
| 2 - 3  | -    | 8    | 6    | 9    | 13   |
| 3 - 4  | -    | 8    | 7    | 17   | 13   |
| 4 - 5  | -    | 7    | 5    | 10   | 16   |
| Over 5 | -    | 32   | 49   | 73   | 125x |
| TOTAL  | 1    | 91   | 125  | 173  | 249  |

x This figure includes 14 nurses, who were vaccinated at the Chest Clinic whilst employed at hospitals in the Borough.

### Liaison with Children's Officer.

Close and friendly co-operation is 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 to consider problems related to children neglected or ill treated in their own homes are 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 departments concerned, and by representatives of other official and voluntary organisations.



The medical officers of the Health Department have continued to examine children in the Council's family group homes and also those boarded out in West Ham.

#### Premature Infants.

##### Place of Birth and Deaths under 1 month: 1954.

|  | Number of<br>Infants | Number died<br>within<br>24 hours | Number died<br>within<br>28 days | Number survived<br>28 days |
|--|----------------------|-----------------------------------|----------------------------------|----------------------------|
| Born & nursed<br>at home                     | 19                   | -                                 | -                                | 19                         |
| Born & nursed<br>in hospital                 | 159                  | 15                                | 7                                | 137                        |
| Born at home<br>& transferred<br>to hospital | 12                   | 2                                 | 2                                | 8                          |
| <b>TOTAL:</b>                                | <b>190</b>           | <b>17</b>                         | <b>9</b>                         | <b>164</b>                 |

Out of a total of 59 deaths of infants under 1 year, whose place of residence is in West Ham, 26 occurred in premature infants who died within the first month of life (as shown in the above table). One of the latter was associated with congenital abnormalities. The proportion of premature infants who died was much the same whether they were born at home or in hospital; although a rather greater proportion of the babies born in hospital were premature - doubtless because a number of expectant mothers are admitted for the treatment of ante-natal abnormalities and complications. The prevention of premature births and the care of premature infants remains one of our most difficult problems.

#### Day Nurseries and Child Minders.

Two Day Nurseries remained open during the whole of 1954, the Liverpool Road Nursery having closed on 26.3.54; the following table shows the average attendances:-

| Nursery           | No. of Approved<br>Places | Average Daily Attendance. |              |       |
|-------------------|---------------------------|---------------------------|--------------|-------|
|                   |                           | Under 2 years             | Over 2 years | Total |
| Litchfield Avenue | 51                        | 11                        | 21           | 32    |
| Plaistow Road     | 54                        | 9                         | 21           | 30    |
| Liverpool Road    | 52                        | 3                         | 6            | 9     |

The drop in the number of children on the day nursery registers which followed the introduction of the scale of charges in 1953 was maintained. It became evident that two nurseries would be sufficient to meet the needs of those coming within the Council's priority scheme, and Liverpool Road Nursery was closed as this was the least conveniently situated.



There were 120 admissions to Day Nurseries during 1954. All children accepted for admission come within the priorities defined by the Council as follows:-

First Priority:

|                             |   |             |    |
|-----------------------------|---|-------------|----|
| Mother Unmarried            | - | 17 children |    |
| Parents separated           | - | 13          | "  |
| Father in H.M. Forces       | - | 6           | "  |
| Father in Prison            | - | 4           | "  |
| Children deserted by mother | - | 2           | "  |
| Health of child             | - | 2           | "  |
| Health of mother            | - | 1 child.    |    |
| Mother widowed              | - | 1           | "  |
| Parents divorced            | - | 1           | "  |
|                             |   | <hr/>       |    |
| TOTAL:                      |   |             | 47 |

Second Priority: (Financial grounds etc.) 57

Temporary admissions 16  
TOTAL: 120

The following is an analysis of the temporary admissions and the average number of days the children spent in the Nurseries.

|                                  |                |                |          |
|----------------------------------|----------------|----------------|----------|
| Mother's Confinement in Hospital | - 9 admissions | - average stay | 19 days. |
| Mother in Hospital for Operation | - 3            | "              | 28 "     |
| Following Home confinement       | - 2            | "              | 2½ "     |
| Mother in Mental Hospital        | - 1            | "              | 21 "     |
| Child Minder ill.                | - 1            | "              | 36 "     |

On 31st December 1954, there were 83 children on the Day Nursery Registers. None of these were under 6 months of age, 7 were between 6 months and 1 year, 23 were between 1 and 2 years and 53 were between 2 and 5 years. The length of stay of these children in the Day Nurseries is as follows:-

|              |             |
|--------------|-------------|
| 4 - 5 years  | 2 children  |
| 3 - 4 years  | 5 children  |
| 2 - 3 years  | 2 children  |
| 1 - 2 years  | 19 children |
| Under 1 year | 55 children |
|              | <hr/>       |
| TOTAL:       | 83          |

There were 24 cases of Gastro Enteritis, 18 Chicken Pox, 2 Measles, and 2 German Measles amongst the children. The Gastro Enteritis includes 10 cases of Sonne Dysentery which occurred within a short period at one of the Nurseries. The remaining 14 cases were all mild, and occurred individually throughout the year. No specific cause was found and there was no evidence to suggest any spread of infection through the Nurseries.

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 are only 2 child minders registered under the Act, one of whom did not receive any children during the year, the other having looked after three children.

### Convalescence.

The following are the numbers of mothers and children sent for recuperative holidays during 1954:-

|                                      |           |
|--------------------------------------|-----------|
| Unaccompanied children under 5 years | 34        |
| Mothers with Children                | <u>25</u> |
| TOTAL:                               | <u>59</u> |

The number of unaccompanied children is considerably lower than in the previous year, and this is in accordance with the policy of avoiding unnecessary separation of the young child from his mother.

More mothers with their children might have been offered this service if a larger number of suitable holiday homes were available.

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.

### Vital Statistics.

The following are the statistics for 1954 compared with the provisional rates for England and Wales which have been published by the Registrar General:-

|  | <u>For</u><br><u>West Ham</u> | <u>For</u><br><u>England &amp; Wales</u> |
|--|-------------------------------|--|
| Stillbirth rate per 1,000 total births                           | 26.9                          | 24.0                                     |
| Infant Mortality rate per 1,000 live births                      | 21.5                          | 25.5.                                    |
| Neonatal Death rate per 1,000 live births                        | 14.9                          | 17.7                                     |
| Maternal Mortality rate per 1,000 live births<br>and stillbirths | 0.71                          | 0.69                                     |

The infant mortality rate is the lowest on record for West Ham, and below the national rate, but the stillbirth rate has risen and remains above the national rate, even though the latter has also increased. The causes of stillbirths are often difficult to assess. Some, though known, are difficult to prevent, but some are preventable, and all concerned with the maternity service in the area would do well to consider what part they can play in reducing this wastage of infant life.

The total infant deaths and stillbirths combined, are shown in the diagram on page the number being 135 (59 deaths and 76 stillbirths), a decrease of 17 from the previous year (in which there were 82 deaths and 70 stillbirths).

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

|                                      |           |
|--------------------------------------|-----------|
| Bronchitis                           | 1         |
| Other Infective & Parasitic Diseases | 1         |
| Gastritis, Enteritis and Diarrhoea   | 3         |
| Pneumonia                            | 4         |
| Congenital Malformations             | 15        |
| Other Defined & Ill Defined Diseases | <u>25</u> |
|                                      | <u>59</u> |



Although the full details from which the Registrar General compiles his statistics are not accessible to the Health Department, it would appear from such information as is available that the 35 infant deaths classified as "Other defined and Ill Defined Diseases" are made up as follows:-

|                             |           |
|-----------------------------|-----------|
| Prematurity                 | 17        |
| Prematurity and atelectasis | 5         |
| Atelectasis                 | 4         |
| White Asphyxia              | 1         |
| Intracranial Birth Injury   | 3         |
| Rhesus Incompatibility      | 2         |
| Umbilical Abscess           | 1         |
| Suppurative Arthritis Hip   | 1         |
| Volvulus                    | 1         |
|                             | <u>35</u> |

Of the 59 infant deaths, 41 occurred in infants who were under 4 weeks of age, and of these infants 26 were premature.

Detailed information is available in respect of the 41 deaths of infants under 4 weeks of age, and is shown in the following tables:-

Age.

|                |  |
|----------------|--|
| Under 12 hours | 17 (of which 5 were newborn, 1 minute, five minutes, 20 minutes respectively). |
| 12 - 24 hours  | 8  |
| 1 - 7 days     | 12   |
| 1 - 2 weeks    | 3  |
| 2 - 3 weeks    | <u>1</u>   |
|                | <u>41</u>  |

Weight.

|                 |           |   |
|-----------------|-----------|---|
| Under 2 lbs     | 5)        | These 26 come within the definition of prematurity. |
| 2 lbs - 3 lbs.  | 11)       |   |
| 3 lbs - 4 lbs.  | 6)        |   |
| 4 lbs - 5½ lbs. | 4)        |   |
| Over 5½ lbs.    | <u>15</u> |   |
|                 | <u>41</u> |   |

Place of birth.

|                  |           |
|------------------|-----------|
| Born in Hospital | 33        |
| Born at home     | <u>8</u>  |
|                  | <u>41</u> |

Of the 33 born in hospital 32 died in the hospital in which they were born, and 1 was transferred to another hospital.

Of the 8 born at home 3 died at home, and 5 were admitted to hospital.

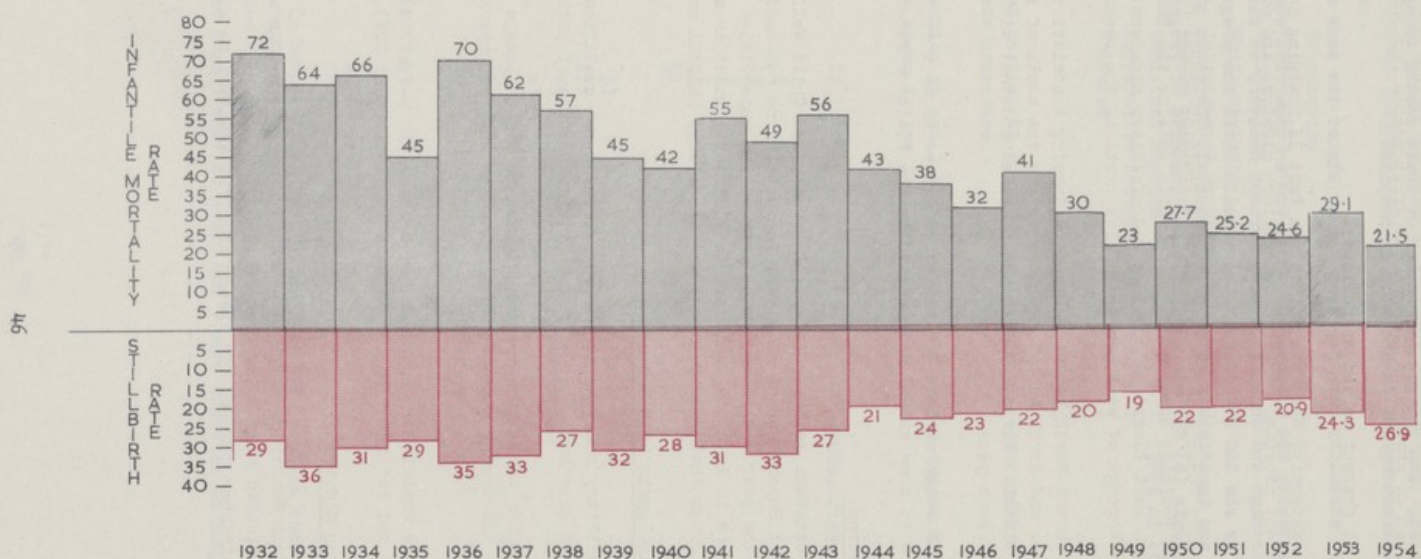
The proportion of neonatal deaths was much the same whether the babies were born at home or in hospital; and the greater number of these deaths among the hospital babies is due to the high percentage of babies born in hospital.

The maternal mortality rate for West Ham is almost the same as the national rate.

There were actually two maternal deaths. One an unmarried woman who died in hospital from haemorrhage and shock following forceps delivery at term. This patient had no ante-natal care as she did not consult the midwife until the pregnancy had reached full term, and she was immediately referred to hospital. The cause of the second death was certified as (a) Uraemia (b) Chronic Nephritis (c) Toxaemia of Pregnancy, and the pregnancy referred to occurred in 1947.



# SHOWS TOTAL INFANT LIFE WASTAGE — 1932 — 1954



### SECTION 23: DOMICILIARY MIDWIFERY.

There have been no changes in the general arrangements for the service.

The area is at present served as follows:-

(1) Plaistow Maternity Hospital maintain a Part II Training School for pupil midwives and at present provide 5 trained domiciliary midwives and 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 until towards the end of the year. 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 519 domiciliary confinements Gas and Air was given to 259 mothers (approximately 50%) and Pethidine to 105 mothers (approximately 20%).

#### Refresher Courses for Midwives.

One of the four Municipal midwives attended a refresher course during the year, the others having attended similar courses in 1948, 1952 and 1953 respectively. 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.

### Co-ordination of Maternity Services.

The recommendations regarding domiciliary midwifery, the Part II Training School at Plaistow Maternity Hospital, and the liaison between the three maternity units in the Borough and the Local Health Authority Services, which were accepted by the West Ham Borough Council and the Group 9 Hospital Management Committee in 1953 were approved by the Regional Hospital Board and the Central Midwives Board in 1954.

In May 1954 details were agreed between representatives of the Hospital Management Committee and of the Health Committee, and by July the West Ham Borough Council had agreed to

- (1) the termination of the agency arrangements in respect of the Plaistow Maternity Hospital Domiciliary Midwifery Service, and the transfer of the area covered to the direct control of the Local Health Authority.
- (2) the provision of suitable arrangements for pupil midwives from the Part II Training School maintained by Plaistow Maternity Hospital to receive practical training in the Local Health Authority's Domiciliary Midwifery Service.
- (3) the redesignation of the vacant post of "Superintendent of Home Nursing Service" to "Non-Medical Supervisor of Midwives and Home Nurses" and the immediate filling of this post.
- (4) an increase in the establishment of the municipal midwives from 4 to 8.
- (5) the Plaistow Maternity Hospital continuing to provide accommodation for the Part II pupils.
- (6) the transfer of the Eldon Road Midwives Home from the Hospital Management Committee and its adaptation to provide accommodation for two midwives and a caretaker.
- (7) the transfer of appropriate equipment, and the purchase of any necessary further equipment and furniture.

Miss D. Miller, S.R.N., S.C.M., M.T.D., H.V., Q.N.S., was appointed to the post of Non-Medical Supervisor of Midwives and Home Nurses, and commenced her duties on 1st November, 1954. It is hoped to implement the remainder of the recommendations early in 1955, the precise date depending upon the completion of the adaptations to the Eldon Road premises and to Miss Miller having had sufficient opportunity to acquaint herself of the organisation of the services within the area.

### Maternity Services.

Total live births notified as West Ham births during the year 1954 was 2,691, and of these 19% were born at home and 81% born in hospital.

|  |              |     |
|--|--------------|-----|
| Domiciliary births within the Borough  | 519 )        | 19% |
| Domiciliary births outside the Borough | 2 )          |     |
| Hospital births within the Borough     | 1,971 )      | 81% |
| Hospital births outside the Borough    | 199 )        |     |
|  | <u>2,691</u> |     |

### Number of Live Births in Maternity Units in the Borough.

| Hospital           | West Ham Residents | Total Live Births |
|--------------------|--------------------|-------------------|
| Forest Gate        | 761                | 1,411             |
| Plaistow Maternity | 825                | 1,038             |
| Queen Mary's       | 384                | 752               |
| TOTAL:             | 1,970              | 3,201             |

In addition to the above 1 live birth occurred in St. Mary's Hospital for Women and Children.

### Midwives attending at Domiciliary Confinements

| Source                             | Number (or equivalent number) of midwives on 31.12.54. | Number of Live Births |
|------------------------------------|--|-----------------------|
| Municipal                          | 4  | 131                   |
| Plaistow Maternity Hospital        | 5x   | 334                   |
| Essex County Nurses' Training Home | 2x   | 44                    |
| Silvertown & N.W.D.N.A.            | 2 (part-time)  | 9                     |
| TOTAL:                             | 13   | 518                   |

x These midwives had the assistance of pupils.

In 4 of the 519 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 177 cases. In 125 of these help was required for the mother only, in 46 help was required for the baby only, and in the remaining 6 cases help was summoned on account of both mother and baby.



## SECTION 24: HEALTH VISITING.

The joint establishment of Health Visitor/School Nurses is 40, apportioned as 22 to the Health Committee and 18 to the Education Committee. Appointments to vacancies are made by the Committee controlling the vacant post, but all Health Visitor/School Nurses are appointed to serve both Committees. In addition there are the Superintendent Nursing Officer and her deputy, and 4 Tuberculosis Health Visitors. All Health Visitors now undertake some school nursing duties. There are, however, still a small number of school nurses (counting against the establishment) who are not trained health visitors, but who will be replaced by health visitor/school nurses when they retire.

The health visiting and school nursing staff at the end of the year was as follows:-

- (a) Superintendent Nursing Officer and Deputy Superintendent Nursing Officer.
- (b) 27 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.

Twelve students completed their training under the Council's sponsored training scheme during the year, 7 of whom filled vacancies which existed in the establishment at the beginning of the year, the remaining 5 replacing health visitors who resigned during the year to take up work overseas, to gain experience of work in a different type of area, or for domestic reasons. (One of our more senior Health Visitors was appointed Boarding-Out Officer in the West Ham Children's Department). At the end of the year there were 5 students in training.

With the exception of 2 health visitors who have had considerable experience in other areas, all the health visitors have been trained under the Council's scheme and accordingly are under contract to remain in the Council's service for 2 years after qualification. There are 18 health visitors who have been in the service for less than two years, while 1 has been with us five years, 3 four years, 1 three years, and 4 two years.

It is greatly to the advantage of the service if we can retain senior health visitors whose experience has enabled them to develop a mature outlook. The problem of how to achieve this is claiming increasing attention now that the difficulties of recruitment have become less acute.

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

|                          | <u>First Visits</u> | <u>Total Visits</u> |
|--------------------------|---------------------|---------------------|
| To expectant mothers     | 1,436               | 2,465               |
| To children under 1 year | 2,812               | 16,186              |
| To children 1 - 2 years  | -                   | 6,786               |
| To children 2 - 5 years  | -                   | 15,587              |
| Special Visits           | -                   | 2,500               |

One health visitor and the Deputy Superintendent Nursing Officer attended Refresher Courses. Two health visitors attended part-time courses in Parentcraft and obtained their certificates, one having passed with distinction in Educational Psychology and Practical Teaching.



The need to expand the health visitor's work to make her a true family adviser as envisaged by the National Health Service Act has been constantly kept in mind and efforts to foster her increasing co-operation with other members of the health services have continued. Early in the year, the British Medical Association published a statement which urged closer personal co-operation between general practitioners and health visitors in the interests of the patients. This lead was greatly welcomed by the department, and was discussed, first at the informal Medical Liaison Committee and later at the Local Medical Committee. The desirability of such co-operation found unanimous support and subsequently a circular letter was sent to general practitioners over the joint signatures of the Chairman of the Local Medical Committee and the Medical Officer of Health. This letter gave information about the health visitors' training and functions and suggested ways in which she might be of help to the doctor in the care of his patients, within the scope of the normal duties she now carried. Doctors have been invited to seek the assistance of health visitors who in turn have been asked to visit general practitioners when the occasion arises in relation to families whom the doctors attend. In this way, it is hoped that a friendly and effective partnership will be formed from which the citizens of the Borough will derive great benefit.

Two health visitors have been trained in diabetic work and have attended the clinic for diabetics held at the outpatient department of the Queen Mary's Hospital, Stratford. One has attended for the whole of the year, the other since October. Their duties include detailed explanation to the patients of the doctor's instructions on the management of their illness, teaching the technique of insulin injections and of suitable diets and menus. The aim is to make the diabetic patient self-reliant, and the great advantage of employing health visitors in this type of work is that they can continue their supervision in the patients' own homes, visiting as may be needed to discuss further questions of diet and management. 114 patients have been visited during the year, and a total of 478 visits made.

Towards the end of the year talks were held with the Senior Medical Officer of Langthorne Hospital with a view to establishing liaison between the Geriatric Unit and the Local Health Authority's services for old people. The details have yet to be worked out, but this promises to be a most interesting and useful extension of the health visitor's work.

The liaison arrangements between the health visiting service and the children's wards at 3 local hospitals have continued smoothly and with benefit to all concerned. The health visitors who undertake these duties for a period of 6 months, look forward eagerly to the privilege, and learn much from the paediatricians. The knowledge and experience which they gain in this way is of inestimable value in their work among children.

#### Health Education.

The Central Council for Health Education arranged an excellent two day course on the "Prevention of Non-Tuberculous Respiratory Diseases in Childhood" in January 1954. By courtesy of the Warden of the Mansfield House Settlement, this was held at Fairbairn Hall, 310 Barking Road, Plaistow, E.13., and was attended by 43 people on the first day and 47 on the second. Although the bulk of the participants were health visitors, there were a number of medical officers, school nurses, midwives, nursery staff and sanitary inspectors. We were particularly pleased to welcome Mr. H.R. England, Consultant Obstetrician to Forest Gate Hospital, and several members of the staff of local hospitals, nursing agencies and neighbouring local authorities. The course was most stimulating, instructive and enjoyable, and it is hoped that the Central Council will be able to offer us similar courses on other subjects.



Few attempts have been made to give talks to groups of mothers at clinic sessions, because experience in previous years had proved discouraging, and had brought to light a number of practical difficulties. This was particularly disappointing because clinic sessions, when mothers gather together, would seem to provide a ready-made opportunity for health education. For this reason it is hoped that it will not be necessary to abandon all idea of progress on these lines, but rather to find new ways of adapting these activities to fit in with the normal routine of the clinic. 72 talks have however been given by health visitors to a variety of audiences during the year, in addition to talks and lectures given by senior officers. Some of these have been given on clinic premises but a number have been to voluntary organisations, and one or two to school children. The subjects most frequently chosen have been as follows:- Hygiene or Pregnancy; How a Baby is Born; Preparing for Baby; Bathing the Baby; Breast-Feeding; Nutrition and Diet; Teeth; Shoes; Infectious Diseases; Home Safety and First-Aid in the Home. Many have been illustrated by films or film strips; and the building up of a small film-library in the department has proved invaluable to this part of our work, besides saving, in the long run, on the recurrent costs of hiring films.

On the 12th March a symposium on "How the Health Services can Support the General Practitioner Obstetrician" arranged by the West Ham Local Obstetric Committee was held at Forest Street Maternity and Child Welfare Centre. Mr. England, Consultant Obstetrician from Forest Gate Hospital spoke on behalf of the Hospital Services, Dr. Florentin, Senior Assistant Medical Officer for Maternity and Child Welfare, on behalf of the Local Health Authority Services, and Health Visitors showed a demonstration and film strip on methods used in teaching mothers. The meeting, which had been arranged primarily for the benefit of doctors practising domiciliary obstetrics, was well attended and much appreciated.

#### Health Visitors' Consultative Committee.

With the increasing numbers of health visitors it was gradually becoming more difficult to maintain personal contact between them and the administrative medical officers. General meetings of staff are not easy to arrange, and large gatherings are not always the most satisfactory place for an interchange of views and the discussion of problems arising within the department. In order to overcome this difficulty, the health visitors at each clinic were invited to nominate a representative to meet the senior officers with greater regularity than would be feasible for the general body of their colleagues. This group adopted the form of a committee consisting of 6 health visitors, the Superintendent Nursing Officer and her deputy, with the Medical Officer of Health and the Senior Assistant Medical Officer, Maternity and Child Welfare as Chairman and Deputy Chairman. It is intended to invite other officers to attend on appropriate occasions. Two meetings have been held and have already proved of value in clarifying a number of matters.

#### SECTION 25: HOME NURSING

##### Municipal Home Nursing Staff on 31st December, 1954.

|   |            |  |
|---|------------|--|
| 2 | S.R.N. )   | employed full-time.                          |
| 1 | S.C.M. )   |  |
| 8 | S.R.N. )   | employed part-time, average 24 hours weekly. |
| 7 | S.E.A.N. ) |  |

##### 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 |
|----------------------|-----------------------------|-----------------------------------|
| 3,502                | 88,872                      | 25.4                              |



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; 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. The provision of offices in the Liverpool Road Day Nursery premises has largely removed the handicap caused by the lack of adequate accommodation, but the situation of these premises is unfortunately not sufficiently central to meet the convenience of the public. This move made it possible to relieve the staff of Plaistow Maternity Hospital of the responsibility of receiving and transmitting messages, a task which they have carried out so willingly and efficiently for many years.

Recruitment of full-time staff remains a major problem. Miss D. Miller, S.R.N., S.C.M., M.T.D., H.V., Q.N.S., took up her duties as Non-Medical Supervisor of Midwives and Home Nurses on the 1st November, 1954. It is hoped that this new appointment together with the provision of furnished flatlets for district nurses in the new Guinness Trust Buildings, will attract suitable candidates to the area and encourage the long awaited development of the service.

Although the summary of visits shows a decline in the number of actual cases attended, the number of visits paid to each has risen. It is to the credit of the existing staff that they have met all the demands on the service.

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

|                     | Total Cases | New Cases | Total Visits |
|---------------------|-------------|-----------|--------------|
| Medical             | 2,311       | 1,916     | 66,911       |
| Surgical            | 427         | 395       | 10,840       |
| Tuberculosis        | 99          | 72        | 3,198        |
| Infectious Diseases | 13          | 13        | 51           |
| Maternity           | -           | -         | -            |
| Miscarriages        | 8           | 8         | 56           |
| Other Conditions    | 644         | 593       | 7,816        |
| TOTAL:              | 3,502       | 2,997     | 88,872       |

#### SECTION 26 - VACCINATION AND IMMUNISATION.

GENERAL. Some changes of organisation were introduced during the year in the interests of efficiency or reasonable economy of the service. It had been found in previous years that a hasty interruption of immunisation on the appearance of poliomyelitis had caused serious disturbance to the service. Consequently, a policy had been adopted of planned suspension during the summer months when poliomyelitis is likely to be prevalent. In accordance with this decision both immunisation and vaccination were suspended between 9th July and 5th November, a total of 119 days. The date of resumption was the earliest on which it was judged to be safe in the light of the experience of the preceding weeks. In order to avoid any misunderstanding or confusion, a circular letter was issued prior to the closure period to all general practitioners in the area advising them of the policy of the local health authority, and similar notice was given prior to the resumption of these services.



In November the special immunisation and vaccination sessions held at the various child welfare clinics were discontinued, and the immunisation of infants and pre-school children concentrated in afternoon sessions held once weekly at Balaam Street and West Ham Lane Child Welfare Clinics. Each clinic covered half the Borough apart from the Silvertown area where both vaccination and immunisation continued to be carried out during the course of the ordinary child welfare clinic sessions.

A letter is now sent to the parent of every young child in the Borough when it reaches the age of six months. In it, the need for immunisation is stressed, the choice of family doctor or clinic is made clear and a suitable appointment given in case the clinic should be chosen.

VACCINATION. Following the reorganisation of the immunisation sessions, arrangements were made for vaccinations to be carried out by the Medical Officer at any of the ordinary child welfare sessions to meet the mother's convenience. It is hoped that this revised arrangement, in conjunction with the vaccinations performed by general practitioners, will help to raise the present low level of infant vaccination in future years.

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 (primary) | 266     | 11 | 11    | 7      | 27         | 322   |
| Number re-vaccinated        | --      | -- | --    | 3      | 36         | 39    |

Of these vaccinations, 179 were performed by general practitioners and 182 by the medical staff of the local authority.

No complications from vaccination were reported during the year.

Forty-nine members of the staff of the department whose duties might be liable to bring them into contact with smallpox were vaccinated or re-vaccinated during the year.

IMMUNISATION. The changes in the organisation of this service have already been mentioned (see Page 53). The arrangements for immunisation of school children were not affected by these changes, but were, of course, subject to the general suspension during the "poliomyelitis season". For the remainder of the year, regular visits were paid to the schools in the Borough in order to immunise those children who had not previously been done and to give reinforcing doses to children already immunised. Sessions were also held at school clinics to provide for children not covered by the school visits.

As in previous years a combined diphtheria-pertussis prophylactic was available for the concurrent immunisation of young children against diphtheria and whooping cough. For others, plain diphtheria prophylactic (A.P.T. or T.A.F. according to the needs of the case) was used or, occasionally, plain pertussis antigen for whooping cough immunisation. All these prophylactic materials were issued on request to general practitioners wishing to immunise their own patients.



The number of children immunised during the year by medical officers of the authority or reported as having been immunised by general practitioners in the area are given in the following table:-

|   | AGE<br>at date of final injection |     |    |    |    |       |       |       |
|---|-----------------------------------|-----|----|----|----|-------|-------|-------|
|   | Under 1                           | 1   | 2  | 3  | 4  | 5-9   | 10-14 | Total |
|   |                                   |     |    |    |    |       |       |       |
| A. Children who completed a full course of immunisation.    | 1,043                             | 310 | 39 | 23 | 31 | 686   | 128   | 2,270 |
| B. Children who received a secondary reinforcing injection. | -                                 | -   | -  | 1  | 46 | 3,077 | 917   | 4,041 |

The following table gives, as nearly as can be estimated, the proportion of children in any age group who have received a course of immunisation since 1st January, 1940:-

Number of Children at 31st December, 1954, who had completed a course of Immunisation at any time before that date (i.e., at any time since 1st January, 1940).

| Age at 31.12.54<br>i.e., Born in Year                              | Under 1<br>1954 | 1-4<br>1953-1950 | 5-9<br>1949-1945 | 10-14<br>1944-1940 | Under 15<br>Total |
|--|-----------------|------------------|------------------|--------------------|-------------------|
| Last complete course of injections<br>(whether primary or booster) | 193             | 5,440            | 9,740            | 2,675              | 18,048            |
| A. 1950 - 1954   |                 |                  |                  |                    |                   |
| B. 1949 or earlier   | -               | -                | 1,449            | 8,082              | 9,531             |
| C. Estimated mid-year child population                             | 2,810           | 10,090           | 27,100           |                    | 40,000            |
| Immunity index 100A/C  | 6.86            | 53.91            | 45.81            |                    | 45.1              |

It should be recognised that the validity of the immunity index depends upon the accuracy of the figures from which it is calculated. In view of the impossibility of ascertaining the effects of the considerable amount of emigration and immigration effecting the Borough, they cannot be regarded as more than a fair approximation. The "Immunity Index", therefore, cannot be taken as indicating the percentage of children in the Borough who are immunised, but it probably gives some indication of the broad level of immunisation attained.



## SECTION 27: AMBULANCE SERVICE.

The organisation of the service remained unchanged during the past year 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.              |

The Ambulance Officer and his assistant, who are on the staff of the Health Department, are responsible to the Medical Officer of Health for the day to day administration of the service, the advance bookings for ambulances and also all bookings for ambulance cars, and act as liaison officers with the other two heads of services involved. Following the retirement of the Ambulance Officer in the early part of the year, another member of the Health Department staff was appointed as acting Ambulance Officer pending reconsideration of the service organisation.

In January, the Health Committee decided that provision for equipping the Council's ambulance fleet with radio-telephone equipment should be deleted from the estimates, following prolonged consideration of this matter over the previous years. It had been concluded from a controlled trial, arranged through the courtesy of a firm of equipment manufacturers, that the advantages of radio-control in this area did not justify the expense.

Liaison has been maintained with the appropriate hospital groups, other neighbouring authorities and also between Council departments for the purpose of discussing and overcoming inter-service difficulties which may have arisen; securing such economies as were possible and ensuring that the best practical use was made of the service.

Following receipt of Ministry Circulars preliminary consideration was given to the co-ordination of the hospital services with other services in dealing with major civil disasters which result in large numbers of casualties, and also to the carriage by ambulance personnel of patients within the hospital premises which involve consideration of indemnity from the hospital authorities.

Satisfactory progress was made in these considerations.

Operational vehicles consist of 11 ambulances (including 1 reserve vehicle) and up to 11 ambulance cars, the latter being provided by the Borough Engineer from the Council's passenger car fleet, and including one 8-seater vehicle designed specifically for sitting case work. These vehicles are deployed as follows:-

### Ambulances.

|                          |                                  |
|--------------------------|----------------------------------|
| Stratford Fire Station.  | - 1.                             |
| Plaistow Fire Station.   | - 4.                             |
| Silvertown Fire Station. | - 1.                             |
| Transport Depot.         | - 5 (including reserve vehicle). |

### Ambulance Cars.

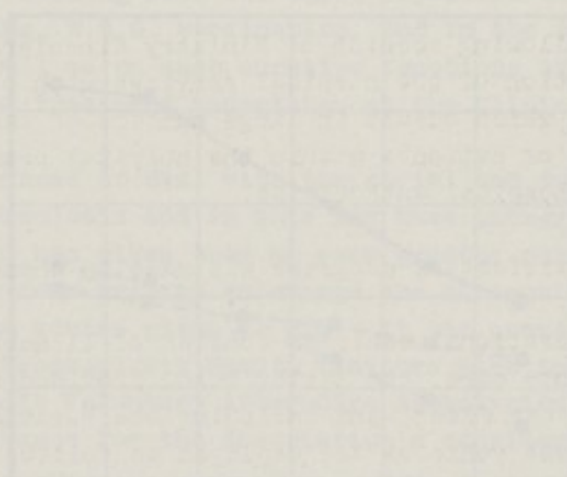
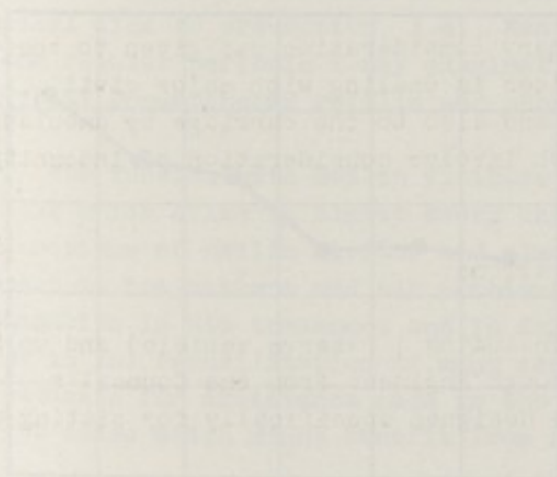
|                       |       |
|-----------------------|-------|
| Transport Department. | - 11. |
|-----------------------|-------|

Transport is provided only upon the request of hospitals or doctors, except in cases of accident or emergency. In addition to conveying patients to and from hospital, the service provides transport for the "gas and air" analgesia sets used in connection with the Council's Domiciliary Midwifery Service.

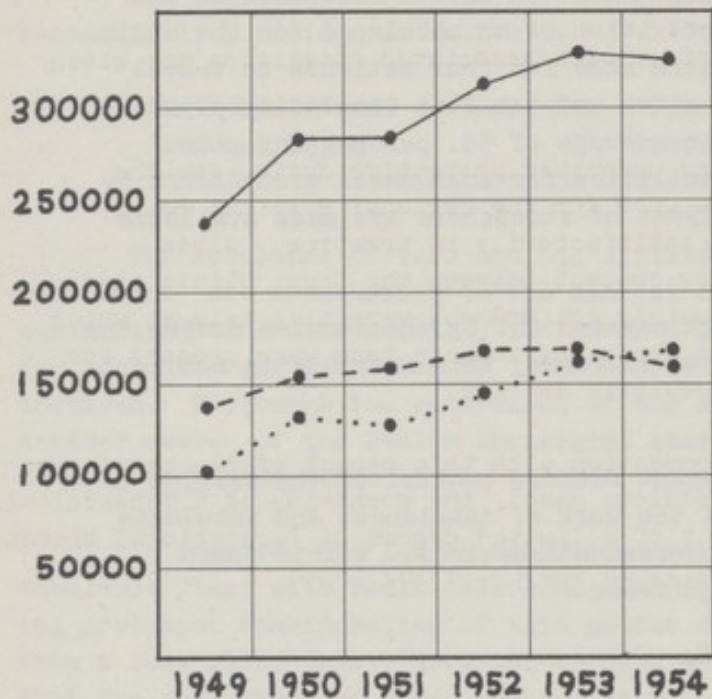
Arrangements are also made for patients undertaking lengthy journeys to be conveyed by train in those cases where such a procedure is in the interests of the patient and is also more economical than the provision of an ambulance for the whole journey. During the past year, arrangements were made for four patients to travel by rail; the total distance involved was 708 miles and the cost (including payment of the escorts return fares) was £14.15.0. - an average of 5d. per patient mile. In this connection special arrangements and facilities for such cases are offered by British Railways, and in one region, special types of stretchers are made available for the transport of recumbent persons by rail.

The following charts illustrate the work carried out by the service during the past year, and show that while there has been an increase, this increase is not so great as in previous years.

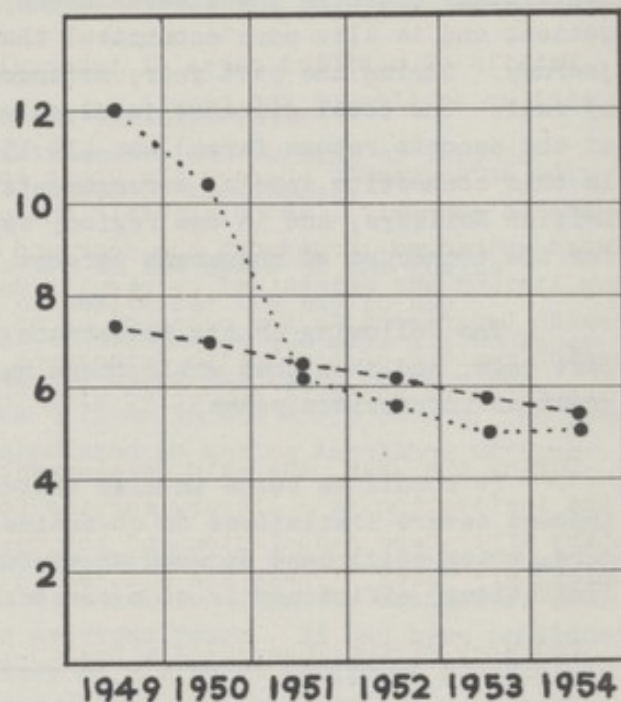
It should be borne in mind that the present divided control of the service imposes severe limitations on co-ordination of the work of ambulances and ambulance care, which still tend to work as virtually independent services. Within these limitations, efficiency is of a reasonably high order.



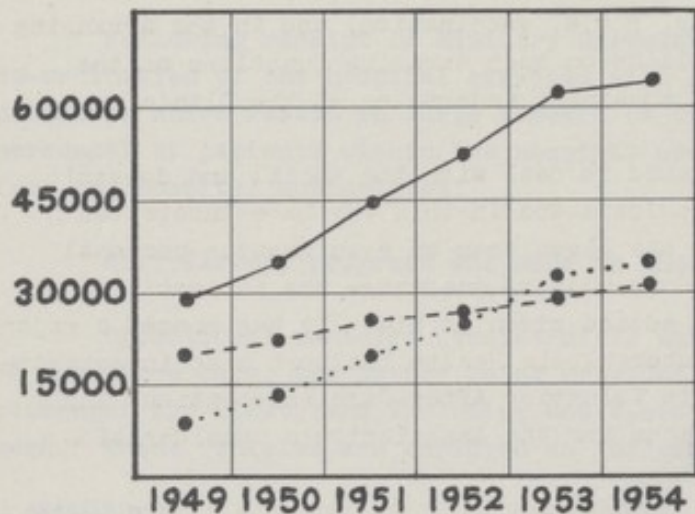




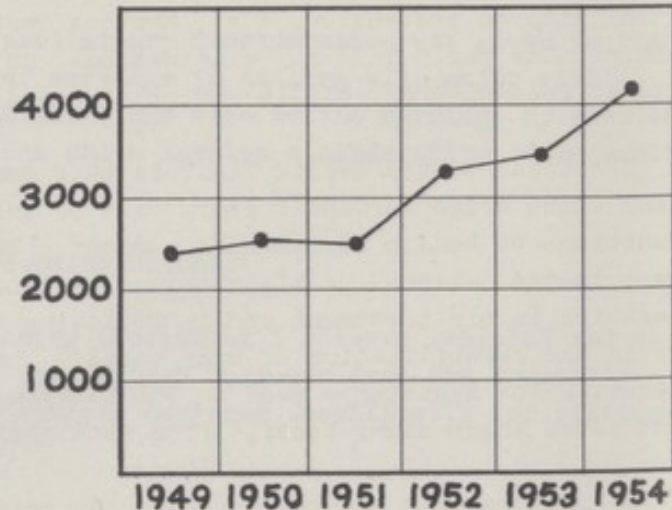
MILEAGE



AVERAGE VEHICLE MILEAGE  
PER PATIENT CARRIED



PATIENTS CARRIED



EMERGENCIES

---●--- AMBULANCES      ....●.... CARS      —●— TOTAL



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

### 1. Tuberculosis.

Details of notified cases of tuberculosis, etc., with associated statistics are given in an earlier section of the report.

The arrangements whereby the Chest Physicians undertake preventive duties for the Local Health Authority, and diagnostic and curative work for the Regional Hospital Board, continued unchanged throughout the year and worked satisfactorily in practice. Close working liaison was maintained by regular day to day contact between the Chest Clinic and the Health Department as the occasion arose, and monthly conferences were also held at which the senior members of the Health Department and the Chest Physician's team were present for the discussion of subjects connected with the Tuberculosis Service.

During the year, the main developments in connection with this aspect of the service were the institution of a library service for tuberculous cases, the formation of a Tuberculosis Voluntary After-Care Association and the development of a limited degree of occupational therapy to domiciliary cases. These are alluded to more fully in the following pages.

#### (a) Work of the Tuberculosis Health Visitors.

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

In addition to this domiciliary work of a preventive nature, each health visitor has spent three sessions per week at the Chest Clinic working with the Chest Physician on the practical aids to prevention, i.e., Mantoux Testing, B.C.G. vaccination, and in the arranging for the regular periodic x-ray examinations, as well as on such curative functions as the Artificial Pneumothorax refills and other forms of treatment undertaken at the Clinic.

The Tuberculosis Health Visitors have continued to deal with the social and domestic problems which arise in almost every case of tuberculosis and in this way have integrated the functions of health visitor and almoner. This has given them an even greater personal interest in the patient and his problems, and has done much to encourage the patient's co-operation in his treatment and in following the advice given to him. It has proved a major factor in the rehabilitation of many cases. The Tuberculosis Health Visitors also investigate all requests for assistance made to the Tuberculosis Voluntary After-Care Association, and present cases which might benefit from such assistance for the Association's consideration.

During the year greater emphasis has been placed on advising on the care of the patient, health of contacts and the many social problems arising which has necessitated additional time being spent on each individual home visit. Many more complicated social problems are now being dealt with at clinic sessions which, together with an increase of work in connection with the B.C.G. scheme, has resulted in a decrease in the actual number of home visits.

The following table shows the number of home visits and clinic attendances made by Tuberculosis Health Visitors during the past 5 years.

| <u>Year</u> | <u>Home Visits</u> | <u>Clinic Sessions attended</u> |
|-------------|--------------------|---------------------------------|
| 1950        | 3,427              | 321                             |
| 1951        | 5,188              | 383                             |
| 1952        | 5,823              | 354                             |
| 1953        | 5,813              | 426                             |
| 1954        | 4,076              | 555                             |



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

This is a most vital part of the organisation for preventing 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 as far as possible the members of the family and any other people who have been in contact with the case. Discreet and tactful enquiries are also made about contacts outside the immediate family circle, where 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 996 contacts were examined as a result of 194 new cases, giving an average number of 5.13 contacts per notified case.

The figures for this work in relation to those of previous years are:-

| <u>Year</u> | <u>New contacts<br/>examined</u> | <u>New notified cases on<br/>Clinic Register.</u> | <u>Average number of contacts<br/>examined per notified case.</u> |
|-------------|----------------------------------|---|---|
| 1950        | 421                              | 186   | 2.26  |
| 1951        | 643                              | 196   | 3.28  |
| 1952        | 794                              | 202   | 3.93  |
| 1953        | 916                              | 226   | 4.05  |
| 1954        | 996                              | 194   | 5.13  |

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 tactful home visit is paid as in the ordinary notified case to ascertain the contacts. The routine procedure of examination is subsequently followed.

(c) Mass Miniature Radiography.

The Mass Radiography Unit No.6B is based at St.Mary's Hospital, Plaistow, to serve West Ham and 7 other adjacent areas. It carried out a total of 15,720 miniature x-ray examinations in this Borough during the year, 8,363 in males and 7,357 in females.

Apart from the main general public survey detailed below, the Unit also made surveys of special groups in the Borough, seven visits being made to industrial premises and two to hospitals.

In addition, routine chest x-ray examinations of expectant mothers attending the Council's ante-natal clinics continued during the year, sessions being held at regular intervals at Forest Street and Maybury Road Clinics thus covering the respective halves of the Borough. A total of 1,094 expectant mothers were examined at the nine sessions held. They comprised cases referred from the Council's ante-natal clinics and the ante-natal clinic of Plaistow Maternity Hospital; and in the latter part of the year a small number of expectant mothers also attended from the Leyton area adjacent to the Forest Street clinic.



Out of the total of 15,720 examinations performed in West Ham 6,448 took place during a Public Survey carried out at the Town Hall, Stratford, from the 4th to the 30th August, 1955, for which the usual propaganda and publicity measures were undertaken in co-operation with the Unit.

Special sessions were arranged for members of the Council's staff, who were given every encouragement to attend and were released for this purpose during office hours. It is particularly important that those whose duties bring them into close contact with children should be x-rayed annually; and although it is not an actual condition of service, every endeavour was made to induce them to attend. For similar reasons 170 new entrants to the Council's staff - mostly to posts within the various services for children - were x-rayed during the year, either through the courtesy of the mass radiography unit or the hospital x-ray departments.

The main statistical details of the survey are as follows:-

(a) Groups examined.

|                     | Males | Females | Total. |
|---------------------|-------|---------|--------|
| Factories and Firms | 1687  | 992     | 2679   |
| General Public      | 1494  | 2144    | 3638   |
| Doctors Referrals   | 54    | 77      | 131    |

(b) Abnormal findings.

|                       | Males | Females | Total. |
|-----------------------|-------|---------|--------|
| Active Tuberculosis   | 9     | 5       | 14     |
| Inactive Tuberculosis | 76    | 54      | 130    |
| Carcinoma of Bronchus | 14    | 1       | 15     |
| Other Conditions.     | 120   | 105     | 225    |

(c) Comments. There were thus 14 cases of active tuberculosis disclosed by the Survey in 6448 examinations, a rate of 2.17 per 1000 examined. This is about average for the area covered by this Unit. The rate per 1000 for inactive tuberculosis was 20.16, and for Carcinoma of the bronchus 2.33.

Although similar detailed statistical figures are not available for the other surveys carried out in the Borough during the year, the Annual Report of the Mass Radiography Unit shows that in its whole area the incidence of active tuberculosis found in expectant mothers was 1.26 per 1,000 - happily, a comparatively low figure - the incidence in the general public 1.79 per 1,000, and in factory and office workers 1.17 per 1,000. Once again the incidence of active tuberculosis found in cases referred by general practitioners to the Unit for chest x-ray examinations yielded the highest figure (as was to be expected) of 10.29 per 1,000 cases referred.

The arrangements for the follow-up x-rays of those school children who had taken part in the Medical Research Council trials of B.C.G. vaccination 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.



(d) B.C.G. Vaccination.

Vaccination of susceptible contacts of known cases of tuberculosis has been continued. During the year 235 children were given B.C.G. Vaccine as compared with 156 in 1953.

The age distribution in years of the children is as set out on page 40.

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

(1) Every effort is made in co-operation with the Disablement Resettlement Officer to place quiescent and suitable chronic sputum-positive cases in appropriate employment to ensure that both the work and the conditions will be compatible with 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. Seventy cases were so referred during the year, an appreciable increase on the previous year's figure of 40. It is considered that part of the increase is due to the discovery of cases at an earlier stage of the disease than formerly, and with suitable modern methods of treatment an earlier return to employment is now frequently possible.

At the beginning of the year, three West Ham patients (1 male and 2 females) for whom the Council had previously accepted financial responsibility were still undergoing rehabilitation and training at Papworth Village Settlement. Two of these (1 male and 1 female) were discharged home during the year.

Financial responsibility was also accepted for one male tuberculous patient to receive rehabilitation and training at the British Legion Village at Preston Hall. Following his admission to this institution in January, he was discharged in May.

(ii) Workshop Facilities for the Tuberculosis. The importance of sheltered employment in the rehabilitation of tuberculous patients has long been recognised; and informal exploratory discussions were in progress with neighbouring authorities towards the end of the year to determine the feasibility of adopting a suitable scheme on a regional basis.

(iii) Occupational Therapy for Tuberculous Patients. It became increasingly obvious during the course of the year that many of the bedridden and chronic tuberculous cases were in need of some form of suitable occupation or diversionary pursuit to stimulate their interest during the slow process of rehabilitation. Following a small grant from voluntary sources the Tuberculosis Health Visitors obtained some weaving and embroidery materials and started some 25 persons on making simple and useful articles, giving such help and advice as they were able. The proceeds from the sale of finished articles was devoted to the purchase of further materials to develop the service.

The pleasure and benefit given to these patients during the short time since the institution of this service makes it abundantly clear that the appointment of a qualified Occupational Therapist at a later date would do much to help in the mental and physical rehabilitation and after-care of suitable cases.

(iv) Arrangements for Convalescence. Cases referred by Chest Physicians were sent for convalescence before returning to work or following the completion of immediate treatment. Arrangements were made in respect of 9 adults and 37 children.



(f) Housing for the Tuberculous. Close liaison is maintained between the Chest Physician, Housing Officer and Health Department, in questions relating to the rehousing of tuberculous cases. When the housing circumstances are so unsatisfactory that they carry a serious risk of breakdown of the patient or of spread of infection, the Medical Officer of Health may recommend the case to the special consideration of the Housing Committee; and in this way a few families in really urgent medical need have been rehoused in time to prevent disaster. Seen in the perspective of the difficult housing situation, however, with so many other distressing calls on the slender services available, it will be appreciated that it is only in the most exceptional cases, where no other worthwhile alternative is possible, that preferential consideration of this kind can be recommended.

(g) Provision of Nursing Requisites for Tuberculous Cases.

Nursing requisites such as bedpans, back rests, air rings, urinals and sputum pots are loaned to patients where necessary.

A stock of these is maintained at the Chest Clinic for issue on loan as necessary, and during the year 26 such articles were issued.

(h) Disposal of Sputum.

Attention had been drawn in recent years to the difficulties experienced in the disinfection of tuberculous sputum especially in those bedfast cases where it was particularly tenacious and where no proper means of disposal existed in the patient's home. It was felt that the use of a stabilised hypochlorite which had been the subject of extensive recent investigation might be a satisfactory solution to this problem.

Arrangements were, therefore, made for its issue in suitably labelled containers in cases where difficulties of this kind were experienced. In this way the problem of disposal was greatly eased, and the Tuberculosis Health Visitors were given much needed help in one of the most difficult and important tasks in the health education of the domiciliary case of tuberculosis.

(i) Library Service for Tuberculous Patients.

It had been felt for some time that the restrictions of the ordinary library facilities for the tuberculous case, especially the homebound patient, was a serious hardship. A scheme was approved by the Health and Library Committees, and with the invaluable help of the Borough Librarian and his staff a library service was opened at the Chest Clinic in Balaam Street in November. An initial supply of 200 volumes clothed in transparent plastic covers was obtained. They ranged over a wide variety of subjects, suitably labelled to prevent any confusion or misuse. Adequate arrangements were made for the stamping and recording of issues of the books in the recognised manner. Issues are made weekly to the patients attending the Chest Clinic whilst domiciliary cases have their books supplied and changed by the Tuberculosis Health Visitors, as necessary.

A grant was made by the Health and Library Committees towards the scheme and was used for the obtaining of copies of books most in demand at the ordinary public libraries, and special arrangements have also been made for the obtaining of books on simple forms of occupational therapy which are much in demand amongst this type of reader. The service has been greatly appreciated by the patients and the demands on it have continued to grow steadily since its inception.



(j) West Ham Tuberculosis Voluntary After-Care Committee.

The inaugural meeting of those invited to participate in the establishment of this Committee was held in the Town Hall in January under the Chairmanship of the Deputy Mayor. The aims and purposes of the Association were explained by the Chest Physician, Medical Officer of Health and others; and a broad outline was given of the type of case who could be helped and the various ways in which the help could be provided. The range of endeavour could embrace the tuberculous individual while undergoing domiciliary or sanatorium treatment and also in the subsequent fields of employment and rehabilitation. Nominations for membership included representatives of professional, industrial, voluntary and charitable organisations in the Borough, private individuals and both members and officers of the local hospital and health authorities. The Chairman of the Borough Health Committee, the Medical Officer of Health and the Superintendent Nursing Officer, or their respective deputies, serve on this Committee.

The Committee was registered as a charity in accordance with the National Assistance and War Charities Acts and duly affiliated to the National Association for the Prevention of Tuberculosis.

The Committee has met monthly during the year and steady progress has been maintained in its activities, its policy being to provide those things necessary for the well-being of tuberculous patients and their families which cannot be provided from public funds. An Appeals Sub-Committee was formed and several functions were held during the course of the year.

The Tuberculosis Health Visitors attend the meetings of the Committee and advise the members in their assessment of the cases requesting assistance. They are in a favourable position to do so by virtue of their intimate knowledge of the social, medical and financial circumstances of the patients. They may also take the initiative in presenting cases which they have found during their routine work and have considered to be in need of the Committee's help.

Grants have been made by the Committee to tuberculous patients or their relatives for the following main reasons:-

- Fares to visit patients in hospitals.
- Provision of clothing, bedding and furniture.
- Holiday grants.
- Extra nourishment and milk.
- Removal expenses, settlement of special debts, etc.

In addition, gifts of Savings Stamps affixed to a special Greetings Card were sent to 161 patients in various hospitals at Christmas.

Although the Association is only of recent formation, the members have shown a keen enthusiasm. The vigour of discussion at meetings and the careful consideration given to all cases augurs well for future development. It can truly be said that the Association is forming a valuable link in the chain of treatment of the tuberculous patient whose long and protracted illness raises many problems not only of a financial but of a social nature, which cannot always be adequately covered by the provisions of the State Services. Finally, West Ham need no longer feel at a disadvantage to neighbouring Authorities who have long established Care Committees.



## 2. Mental Illness or Mental Deficiency.

The arrangements for the care and after-care of persons suffering from mental illness or mental deficiency have been fully described in the Mental Health section of the report.

## 3. Other Types of Illness.

Close co-operation has continued, and even extended, between general practitioners, hospital staffs and officers of the department for the alleviation of the numerous medical and medico-social problems which hinder a patient's progress. This has applied with particular force in the field of geriatrics. The assistance given by the Home Nursing, Domestic Help, and the other services are described in appropriate sections of the report.

### Provision of Nursing Requisites.

The arrangements for the loan of nursing equipment to domiciliary patients continued as in previous years, issues in respect of tuberculous cases being made from the Chest Clinic whilst those for other cases of illness are supplied from the Health Office and the Home Nurses Headquarters at Liverpool Road. Details of the equipment lent are given in the following table:-

Nursing Equipment Loaned during the year 1954.

| Article           | Number loaned to      |                | Total |
|-------------------|-----------------------|----------------|-------|
|                   | Tuberculosis Patients | Other Patients |       |
| Air-rings         | 8                     | 52             | 60    |
| Back-rests        | 10                    | 67             | 77    |
| Bed cradles       | -                     | 7              | 7     |
| Bed Pans          | 1                     | 62             | 63    |
| Bed Tables        | -                     | 2              | 2     |
| Hot Water Bottles | -                     | 3              | 3     |
| Lifting Apparatus | -                     | 1              | 1     |
| Rubber Sheets     | -                     | 46             | 46    |
| Sorbo Pillows     | -                     | 6              | 6     |
| Sputum Pots       | 4                     | -              | 4     |
| Urinals           | 3                     | 26             | 29    |
| Wheel Chairs      | -                     | 25             | 25    |
| TOTAL:            | 26                    | 297            | 323   |

## 4. Convalescence.

The arrangements for the provision of convalescence in cases where no active medical or nursing care is necessary, were again fully used during the year, 143 adult persons being recommended for recuperative holidays, an increase of 17 over the previous year.

The sources of reference were:-

|                             |    |
|-----------------------------|----|
| General Practitioners ..... | 96 |
| Hospitals .....             | 28 |
| Chest Clinic .....          | 15 |
| Other .....                 | 4  |



Of the initial recommendations, 12 were withdrawn, either by the patient or the referring agency, before consideration by the Council's medical officer; and of the 131 thus reviewed, 125 applications were approved. Of these, 19 were subsequently withdrawn for various reasons, leaving 106 for whom convalescence was finally arranged, most having a period of two week's recuperative holiday.

The procedure for assessment of the financial circumstances of each applicant in accordance with the Council's scale, continued as in previous years.

Apart from the summer holiday period, no difficulty was experienced in placing the applicants, 26 convalescent homes being used by the department.

The age and sex incidence of the cases placed in convalescent homes was:-

| SEX    | Under 25 | 25 - | 45 - | 65 - | 75 - | Total |
|--------|----------|------|------|------|------|-------|
| Male   | 2        | 8    | 21   | 3    | 4    | 38    |
| Female | 1        | 16   | 32   | 12   | 7    | 68    |
| Total  | 3        | 24   | 53   | 15   | 11   | 106   |

In addition to the above, 37 children under the age of 15 years were sent to convalescent homes following recommendation by the Chest Physicians as part of the preventive care and after care of tuberculosis patients.

Details of the convalescence provided for mothers and young children and for school children will be found on pages 43 and 121 respectively.

#### 5. Health Education.

Health education activities were continued over a wide field during the year.

Talks supplemented by film strips, sound films, posters, models, etc., were given on a variety of health subjects to parents and others at the various clinics and centres during the year. Requests for lectures were received from interested organisations in the Borough; and individual speakers sometimes sought material to illustrate or supplement their talks. All these requests were met to the fullest extent which the departmental resources permitted.

Senior members of the department have taken part in the instruction of D.P.H. students, student health visitors, student sanitary inspectors and nursery students. During the year arrangements were made for lectures to be given to student nurses in the block training schemes run by the West Ham Group Hospital Management Committee and Whipps Cross Hospital. Their syllabus, which now includes instruction in the social aspects of disease, involves both lectures on and practical demonstrations of the Local Authority Services. It is a most valuable development in the training of the nursing profession and helps the students to understand the linking up of the medical care of the patient before and after his stay in hospital.

For the furtherance of health education measures in the prevention of food poisoning, the West Ham Clean Food Advisory Association, which is sponsored by the Council, continued its steady campaign during the year. In its various activities in the field of clean food hygiene special mention should be made of the enthusiastic response to the competitions held for the school children of the Borough - the future food handlers and housewives. The standard of entry was very high, and it is clear that a valuable opportunity was taken and fully utilised to impress the practical application of food hygiene, not only upon the children but also upon their parents.



During the year the foundations were laid for what it is hoped will prove a valuable measure of co-operation between the hospitals and the health department staff. Following an inspection of the hospital catering departments at the invitation of the Hospital Management Committee, arrangements were made for talks on food hygiene to be given to some of the catering staffs. Delivered by Sanitary Inspectors with a practical knowledge of the subject, they hold promise of contributing towards a material reduction of the risks of food infections.

#### Handbooks.

Publications during the year included a Handbook on the Health Services of the Borough and a Brochure on "Safety in the Home".

#### Cancer Education.

In Circular 18/53 the Minister of Health invited Local Health Authorities to consider what action could practicably be taken in their areas to bring home to the public the importance of early treatment of cancer and to disseminate popular knowledge of the earlier symptoms. The Minister's advisory committees had considered that the time was not yet ripe for a national scheme of cancer education by a central government organisation, but that Local Authorities might consult the local general practitioners and local hospitals upon the desirability and practicability of organising a local campaign to that end.

This subject was accordingly discussed fully at meetings of the Local Medical Liaison Committee at which the views of the general practitioners and hospital specialists were obtained. It was considered that the benefits which could be expected under present circumstances from a large scale publicity drive would be scarcely commensurate with the expenditure of money, time and effort which would be required; but that attention might usefully be focussed upon one or two special sites of a gynaecological nature. This could best be achieved in the course of the normal health education endeavours through Maternity and Child Welfare clinics and talks to women's organisations.

The Circular was duly considered by the Health Committee and the consequential recommendations accepted as a basis for the Health Department activities in cancer education.

Education of the public on other health subjects has been carried out by posters, pamphlets and leaflets as opportunity afforded during the year.

Appropriate publicity measures were taken in conjunction with the Medical Director to prepare for the visit of the Mass Radiography Unit to the Town Hall, Stratford, during August. Sessions were held for the public and employees of the Corporation and other organisations, and endeavours were made to impress on the community the importance of attending for a chest x-ray examination in order to detect unsuspected tuberculosis in its early and easily treatable phase. Six thousand four-hundred-and-forty-eight persons attended the various sessions held.

Liaison with the Special Treatment Centre continued as in previous years. The Health Department is responsible for publicity to encourage early resort to skilled advice in case of suspected venereal disease.



## SECTION 29: DOMESTIC HELP.

No change took place in the organisation or administration of the service during the year.

While the number of new applications and the total number of cases receiving the home help service showed no increase during the year, there were more cases on the books at the end of the year than there were at the beginning. This arises from the fact that new cases needing help still outnumber the old cases no longer requiring it. The numbers on the books give a better indication of the true load on the service and in this sense the demand is still maintaining the upward trend which it has shown from the beginning.

The increase in demand was most marked in the elderly age groups. Of the total number receiving the service during the year, 82 per cent. were over the age of 60 and 23 per cent. over the age of 80. Faced with an ageing population, with a tendency for the younger people to move outside the Borough, and with a growing emphasis on the support of infirm old folk in their own homes rather than their admission to hospital, this trend is likely to become even more pronounced in future years. The home helps are largely serving the purpose of preserving the dignity and independence of old age.

Corresponding to this increase in the proportion of old folk receiving the service, the number of free cases has also risen.

Attention was drawn in my previous report to the decrease in the number of applications from maternity cases. This was viewed with regret, in face of the benefits to the health of both mother and baby which may follow a relief from domestic cares during those difficult early days when a secure relationship should be growing up between them. Although there has been a slight increase this year, the amount of home help provided for confinements remains disturbingly small. It would seem that the maternity benefit and home confinement grants still do not go far enough to provide for adequate home help on top of all the other expenses.

A fall in the number of applications received in respect of tuberculous patients occurred during the year and in this connection it is noted that 67 per cent. of these cases were over 50 years of age.

The following table shows the demands made on the service during the last five years:-

| Year | Maternity Cases | Tuberculosis Cases | General Sickness, Aged and Infirm |
|------|-----------------|--------------------|-----------------------------------|
| 1950 | 73              | 21                 | 370                               |
| 1951 | 32              | 23                 | 414                               |
| 1952 | 29              | 16                 | 377                               |
| 1953 | 18              | 27                 | 381                               |
| 1954 | 24              | 19                 | 378                               |



The detailed statistics for 1954 are as follows:-

General Sickness, Aged and Infirm Cases.

|   |     |                           |
|---|-----|---------------------------|
| Number of applications received .....                     | 438 |                           |
| Number withdrawn or refused .....                         | 60  |                           |
| New Cases accepted during 1954 .....                      | 378 | - Males 64<br>Females 314 |
| Number of cases on books at end of 1953 .....             | 531 |                           |
| Total number of persons receiving home help during 1954.. | 909 |                           |
| Number of cases on books at end of 1954 .....             | 555 |                           |

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

|                     |                   |             |
|---------------------|-------------------|-------------|
| Under 50 .....      | 43                | 11.4%       |
| Between 50/59 ..... | 27                | 7.0%        |
| Between 60/69 ..... | 74                | 19.6%       |
| Between 70/79 ..... | 146               | 38.7%       |
| Between 80/89 ..... | 82                | 21.7%       |
| Between 90/99 ..... | 6                 | 1.6%        |
|                     | <u>TOTAL: 378</u> | <u>100%</u> |

|   |      |
|---|------|
| Cases assessed to pay .....                                 | 54   |
| Cases free .....  | 324  |
| Average number of hours of service per case <u>per week</u> | 4.86 |

Tuberculosis Cases.

|   |    |                        |
|---|----|------------------------|
| New applicants accepted during 1954.....                  | 19 | - Males 7, Females 12. |
| Number transferred from 1953 .....                        | 27 |                        |
| Total number of persons receiving home help during 1954.. | 46 |                        |
| Number of cases on books at end of 1954 .....             | 25 |                        |

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

|                     |   |
|---------------------|---|
| Under 50 .....      | 6 |
| Between 50/59 ..... | 7 |
| Between 60/69 ..... | 4 |
| Between 70/79 ..... | 2 |

|                            |    |
|----------------------------|----|
| Cases assessed to pay..... | 3  |
| Cases free .....           | 16 |

Maternity Cases.

|                                       |    |
|---------------------------------------|----|
| Number of applications received ..... | 35 |
| Number withdrawn .....                | 11 |
| Number received service .....         | 24 |

In cases of special need, more than the normal 62 hours service can be allotted to cover the 14 days. On this account, four of the 24 homes each received 80 hours help.

Home Helps gave 1,560 hours service to maternity cases during the year, which was equivalent to 0.68 full-time home helps continuously employed.



### New Cases.

The duration of service provided in respect of new cases during the year was as follows:-

Maternity Cases - all cases covered for a period of 14 days.

| <u>Duration of Case</u> | <u>Tuberculosis Cases</u> | <u>General Sickness, Aged<br/>and Infirm Cases.</u> |
|-------------------------|---------------------------|---|
| 4 weeks and under       | 2                         | 55  |
| 5 - 8 weeks             | 5                         | 19  |
| 9 - 12 "                | -                         | 12  |
| 13 - 16 "               | 1                         | 5   |
| 17 - 20 "               | -                         | 7   |
| 21 - 24 "               | 1                         | 1   |
| 25 - 28 "               | -                         | 2   |
| 29 - 32 "               | -                         | 1   |
| 33 - 36 "               | -                         | 2   |
| TOTALS:                 | <u>9</u>                  | <u>104</u>  |

Continuing over into 1955 ..... 10 ..... 274 These cases first received the home help service in the months detailed below and were still having it at the end of the year.

|           | <u>Tuberculosis Cases</u> | <u>General Sickness, Aged<br/>and Infirm</u> |
|-----------|---------------------------|--|
| January   | 1                         | 27   |
| February  | -                         | 23   |
| March     | -                         | 24   |
| April     | 1                         | 20   |
| May       | 2                         | 23   |
| June      | 2                         | 17   |
| July      | -                         | 9  |
| August    | 3                         | 18   |
| September | 1                         | 34   |
| October   | -                         | 22   |
| November  | -                         | 28   |
| December  | -                         | 29   |
| TOTALS:   | <u>10</u>                 | <u>274</u>                                   |

### Staffing.

|  |         |
|--|---------|
| Permanent full-time Home Helps employed at 31st December, 1954 .....                         | 10      |
| Part-time Home Helps employed at 31st December, 1954 .....                                   | 90      |
| Average hours worked per week per part-time Home Help<br>(includes Tuberculosis cases) ..... | 28.2    |
| Total number of hours worked by Home Helps (approx.) .....                                   | 143,406 |

(On the basis of a 44-hour week, this is equivalent to 60.7 full-time Home Helps throughout the year, making no allowance for sickness, statutory holidays, annual leave and travelling time).



Work of the Male Home Helps. Male home helps undertake routine cases, usually when there are circumstances of special difficulty. In addition, they went in to clean 15 homes which were found in too bad a condition for the ordinary service to be provided. After many hours of hard and unpleasant work these homes were transformed and made fit for the female home helps to take over.

Home Visits of Home Help Organiser and her Assistants.

General Cases:-

|   |       |
|---|-------|
| Visits to Applicants and Recipients ..... | 2,828 |
| Visits to Home Helps .....                | 162   |

Tuberculosis Cases:-

|                            |     |
|----------------------------|-----|
| Visits to Applicants ..... | 232 |
|----------------------------|-----|

Maternity Cases:-

|                            |    |
|----------------------------|----|
| Visits to Applicants ..... | 80 |
|----------------------------|----|

|                         |              |
|-------------------------|--------------|
| Total number of visits: | <u>3,302</u> |
|-------------------------|--------------|

|  |       |
|--|-------|
| Office consultations - Applicants and Home Helps ..... | 5,200 |
|--|-------|



## SECTION 51 - MENTAL HEALTH SERVICE.

The Mental Health Service is administered by the Health Committee, the Medical Officer of Health being responsible for its organisation and control.

No new legislation or alteration of existing legislation in relation to Mental Health was introduced during the year. The Royal Commission on the Law relating to Mental Illness and Mental Deficiency set up by the Minister of Health, commenced its hearing of evidence given by the various Associations, and was still doing so at the end of the year.

### Staffing of the Service.

#### 1. Medical.

The Deputy Medical Officer of Health is responsible for the day to day medical supervision of the service. This officer and the Chief Assistant School Medical Officer are approved by the local health authority for the purposes of the Mental Deficiency Acts (1913 - 1938): they carried out medical examinations and where necessary certification of mental defectives.

Three local general practitioners, in addition to the Deputy Medical Officer of Health, have also been approved by the Minister of Health for the purpose of making recommendations under Section 1(3) and 5(3) of the Mental Treatment Act, 1930, and were available when required.

#### 2. Lay Staffs.

(1) Mr.G.Hawthorn, one of the Duly Authorised Officers, retired in July.

Consequent on this retirement, the establishment was altered to consist of one Senior Duly Authorised Officer largely responsible for the administration of the Mental Deficiency, Lunacy and Mental Treatment Acts; two full-time Duly Authorised Officers carrying out visiting and other personal duties under these Acts; and one relief Duly Authorised Officer who takes a regular turn on the duty rota for emergency calls outside office hours.

(ii) Despite advertisements, the post of full-time Psychiatric Social Worker responsible for the pre-care and after-care of persons suffering from mental illness remained vacant during the year, although by the end of the year it was anticipated that a suitable applicant might shortly be appointed.

(iii) The establishment of the Occupation Centre comprised a Supervisor, two Assistant Supervisors, and a Male Handicraft Instructor, but due to sickness and resignations the staffing was not always up to strength.

To assist recruitment, which had been proving rather difficult, the Council adopted a scheme for training Assistant Supervisors. By its terms, suitable candidates would be appointed as Unqualified Assistants and would subsequently take the training course of the National Association for Mental Health at the Council's expense while remaining salaried members of the Occupation Centre staff. After qualification the trained Assistant Supervisors would be expected to give not less than two years further service to the Centre, on the qualified salary scale. The scheme was also intended to apply to any unqualified members of the existing staff who might wish to take advantage of it.



Shortly afterwards, the gradual increase in the number of children attending the Centre reached the point at which more staff were needed; and at the end of the year the addition of a further post of female Assistant Supervisor was under consideration, which it was hoped might be filled through the training scheme.

It is felt that both these developments should do much to overcome the difficulties associated with the care and training of the defectives. They should now enable the various sections of the Centre to be further developed, and to be fully staffed by experienced and suitable persons while at the same time providing resources to meet any of the normal contingencies which may occur.

### 3. Duties delegated to Voluntary Associations.

No duties of the local health authority have been delegated to Voluntary Associations.

### 4. Co-ordination with Regional Hospital Boards and Hospital Management Committees.

The closest working co-operation between the Health Department and the medical staffs of Goodmayes and South Ockendon Hospitals has been a particularly happy feature of the service ever since the "appointed day", and this has been fully maintained throughout the year. In the absence for the time being of a Psychiatric Social Worker, other members of the staff maintained the links of the pre and after-care services.

The Council's Duly Authorised Officers continued to supervise defectives on licence from institutions and to prepare progress reports. They also paid home visits and prepared reports for any defectives in institutions whose detention orders were due for review, or who were under consideration for holiday leave, licence or discharge.

#### (a) Prevention of Illness, Care and After-Care Work in relation to Mental Health.

(1) The absence of a Psychiatric Social Worker meant that no development of this part of the service was possible during the year, but the pre-care and after-care of those patients attending the Psychiatric Out-patient Clinic held twice weekly at St. Mary's Hospital by the Consultant staff of Goodmayes Mental Hospital was maintained by their Psychiatric Social Worker; and similar arrangements obtained for those cases discharged from that hospital who were considered in special need of social care. A few selected after-care cases were referred by the hospital for supervision by this department.

The arrangements for psychiatric out-patient clinic sessions at the appropriate hospitals in the Borough continued unchanged from previous years. In this field, the closest links were maintained between the general practitioner, the officers of the department and the staff of these clinics, for it is well recognised that early referral to the clinic by the family doctor is often the means of preventing a complete breakdown of the patient and so lessening or avoiding the necessity for certification in many instances. The statistics at the end of this section show how the increase trend towards voluntary admission to mental hospitals has continued with the resultant decrease in compulsory action.

The Psychiatric Unit of Langthorne Hospital under the supervision of Dr. Herd has continued to deal with the confusional problems arising in the geriatric age group.



The Psychiatric Club run under the auspices of the Council continued its valuable work, meeting once weekly in Maryland School. In the absence of a Psychiatric Social Worker the supervision and organisation of its activities was undertaken by the Senior Duly Authorised Officer with the help of the other Duly Authorised Officers. This lack of its recognised leader inevitably meant that the membership remained small, although it has to be appreciated that such clubs must be of a limited size in order that all those attending can take a full part. The prospects of social rehabilitation depend largely upon the opportunities to join freely in the various activities held in such a friendly and informal atmosphere, to form new friendships, and to discuss their problems with the social workers on the spot.

The Committee of the Club, supervised by the officers but elected by their own members, planned and carried out a full programme of various activities during the year.

(ii) Short-Term Care of the Mentally Defective. During the year arrangements were made for 7 mentally defective persons to receive temporary accommodation and care as a result of urgent medico-social circumstances. Details of these are given on page 76

(iii) Convalescence from Mental Illness. One patient, a woman of 57 years, who had recently been discharged from a mental hospital and was attending the Psychiatric Out-patient Clinic had a period of convalescence under the Council's recuperative holiday scheme.

(b) Lunacy and Mental Treatment Acts, 1890 - 1930.  
Work undertaken by the Duly Authorised Officers.

The arrangements for the obtaining of the services of the Duly Authorised Officers remained unchanged during the year. A twenty-four hour rota system was in operation and calls for their services after office hours continued to be made through Ambulance Control.

During the year, the Duly Authorised Officers carried out the following work and visits in connection with the above Acts:-

1. Calls received in connection with mental illness numbered 271 and were from:-

|  |            |
|--|------------|
| (a) General Practitioners .....                    | 139        |
| (b) (i) Goodmayes Mental Hospital .....            | 46         |
| (ii) General Hospitals .....                       | 33         |
| (c) Other Agencies (police, relatives, etc.) ..... | 53         |
|  | <u>271</u> |

The total number of visits made to these cases was 549.

2. Disposal of cases.

Two-hundred-and-eight were admitted to hospital:-

|  | <u>M.</u> | <u>F.</u>  | <u>Total</u> |
|--|-----------|------------|--------------|
| (a) As voluntary patients .....          | 43        | 73         | 116          |
| (b) As temporary patients .....          | 7         | 5          | 12           |
| (c) Under Urgency Orders .....           | 12        | 24         | 36           |
| (d) Under Summary Reception Orders ..... | 4         | 17         | 21           |
| (e) For observation .....                | 13        | 10         | 23           |
|  | <u>79</u> | <u>129</u> | <u>208</u>   |



These were admitted to the following hospitals:-

|                                       |     |
|---------------------------------------|-----|
| Goodmayes .....                       | 173 |
| St.Clement's (observation ward) ..... | 19  |
| Others .....                          | 16  |

The age incidence of these admissions was as follows:-

| Sex    | 0 - | 15 - | 25 - | 35 - | 45 - | 55 - | 65 - | 75 & over | TOTAL |
|--------|-----|------|------|------|------|------|------|-----------|-------|
| Male   | 1   | 8    | 22   | 16   | 14   | 4    | 10   | 4         | 70    |
| Female | -   | 11   | 16   | 35   | 23   | 22   | 13   | 9         | 129   |
| TOTAL  | 1   | 19   | 38   | 51   | 37   | 26   | 23   | 13        | 208   |

It will be noted that only 13 (6.2%) of these admissions were of persons aged 75 years or over, with a total of 36 for persons aged 65 and over. It is a tragedy causing national concern that so many people suffering from the mental enfeeblement of old age have to be admitted to mental hospitals because there is nowhere else for them to go. West Ham does not appear to have suffered this experience to quite the same extent, possibly because of the excellent service given by the senile confusional unit at Langthorne Hospital.

It is also gratifying to record that of the 208 cases admitted to hospital through the Council's service, 116 (55%) were voluntary patients. Of those initially admitted under emergency and observation Orders, 24 (12%) subsequently consented to remain for voluntary treatment and the question of certification did not arise. In addition, 101 West Ham residents were admitted direct to Goodmayes Hospital as voluntary patients either through the Psychiatric Clinics or by their private doctors. It can thus be seen that of the total number of patients admitted to mental hospitals from West Ham, 78% (309) were voluntary patients, which shows that more and more people are realising the benefit of early treatment and the previous reluctance to enter a mental hospital is fast losing ground.

(11) In the remaining 63 cases (25 males and 38 females) to which the Duly Authorised Officers were called no statutory action was taken; but arrangements were made in co-operation with the general practitioner for some of these patients to attend the psychiatric clinic for investigation and treatment.

(c) Mental Deficiency Acts, 1913-1938.

Ascertainment. Twenty-five mental defectives (12 males and 13 females) were ascertained during the year. Of these, 15 (5 males and 10 females) were reported by the Local Education Authority (7 as being ineducable children and 8 as needing supervision after leaving school); 3 cases (all males) came from the Courts and 7 (4 males and 3 females) from other sources.

Nineteen of these cases (7 males and 12 females) were placed under Statutory Supervision and the remaining 6 (1 male and 5 females) admitted for institutional care.

In addition to the ascertained defectives, 4 other cases came to the notice of the department. One was placed under friendly supervision and three were still under investigation at the end of the year.



Supervision. At the end of the year 316 mental defectives (165 males and 151 females) were under statutory supervision, 5 under friendly supervision and 9 on licence from institutions.

These cases were visited by the Duly Authorised Officers at approximately quarterly intervals or, of course, more frequently if need be. In addition, informal contacts were maintained with other cases who it was felt might be in need of friendly help or guidance from time to time. They included individuals on the borderline of mental deficiency, barely able to hold their own alone, defectives discharged from statutory Orders, and others.

The majority of the defectives under statutory supervision are in fairly regular employment and self-supporting. Those defectives considered capable of working but finding difficulty in obtaining employment of a suitable nature are referred to the Disablement Resettlement Officer and consultation takes place to decide the most suitable occupational placing.

One-thousand-nine-hundred-and-ninety-six visits were made in connection with the Mental Deficiency Acts during the year, for the following reasons:-

|  |              |
|--|--------------|
| Cases under Statutory Supervision .....                    | 1,463        |
| Cases on licence from institutions .....                   | 80           |
| Reports for licence, holidays, etc., from the institutions | 39           |
| Reports for Statutory Visitors .....                       | 85           |
| Other visits .....   | 329          |
|  | <u>1,996</u> |

Guardianship. There were three defectives under guardianship at the end of the year. They were all females aged 60, 47 and 19 years respectively and have been with their present guardians for 19, 17 and 1½ years, two being in convents as domestic workers and one in a private household. As all the places of guardianship are outside the Borough, the cases were supervised in the usual manner by the Local Health Authority of the area in which they reside and were, in addition, visited at six-monthly intervals by a member of the Health Committee and the Deputy Medical Officer of Health.

One other case formerly under guardianship was transferred to an institution during the year owing to the death of the guardian. A male, aged 52, he had been very happily placed and exceptionally well cared for, and the failure to find another suitable guardian must have appeared as something of a tragedy for him, upsetting the whole apparently settled basis of his life.

Temporary Accommodation for Defectives. During the year, arrangements were made for seven defectives to receive temporary care. Six were males aged 51, 39, 39, 8 and 2 years respectively, and one a female aged 26 years. All were accommodated at South Ockendon Institution by the kind co-operation of the Physician Superintendent.

Institutional Accommodation. Thirteen defectives were admitted to institutions during the year. With the exception of a blind defective boy aged 9 years, who was accepted by the Ellen Terry Home for Blind Trainable Defectives at Reigate, all these cases were admitted to South Ockendon Institution. The age and sex incidence was:-

|                       | Male | Female |
|-----------------------|------|--------|
| Children 0 - 5 .....  | 3    | -      |
| Children 5 - 15 ..... | 2    | 1      |
| Adults .....          | 6    | -      |



At the end of the year, there was only one defective in the area awaiting institutional accommodation. This is a most fortunate and happy state of affairs which contrasts strongly with the adverse position not only in some surrounding areas, but also in many other parts of the country where urgent institutional accommodation for low grade defectives cannot be met.

Home Training. No special arrangements existed for the home training of defectives during the year. Though likely to be limited in extent, there may well be a potential need for this type of provision which may require consideration in future years.

Occupation Centre. No alteration of the premises or of the arrangements for the admission, transport and attendance of children at the Centre took place during the year. Staffing questions have already been reviewed in the foreword to this section on page 72

In March, 1954, an Inspector of the Board of Control visited the Centre and in the report submitted to the Authority, spoke highly of the work carried out. The staff was also pleased to welcome six students of both sexes who spent various periods at the Centre for practical experience. This is a valuable feature of their training, for the exchange of ideas proves profitable for both sides.

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

|   |    |
|---|----|
| No. on Register at commencement of year ..... | 47 |
| No. removed from Register .....               | 5  |
| No. of Admissions .....                       | 8  |
| No. on Register at end of year .....          | 50 |

The 3 sections - comprising the 4 groups, Senior Boys, Senior Girls, Mixed Juniors and Mixed Infants - worked well and showed some progress during the year. This was especially noticeable with the senior boys and girls. Cooking was added to the senior girl's timetable in addition to their other domestic work, and this, although extremely simple and basic, has been most popular and well appreciated.

Other activities during the year covered a varied field.

The open afternoon, 6th July, was our usual exciting time, the children giving a short performance, much appreciated by approximately 65 parents and visitors. Tea and sale of handiwork followed.

We also held our popular Parents' Afternoons throughout the year for tea, discussions and proposals.

An enjoyable day was spent at West Ham Open Air School, Fyfield, on 15th September for our annual outing. We had dull showery weather, but the children enjoyed the coach ride and the novelty of a picnic lunch.

A Guy Fawkes celebration, much on the lines of last year, was fully enjoyed by all.



The Christmas Party on the 16th December, was a happy hilarious crush. About 65 people managed to get inside the doors and I do not know who enjoyed the film of "Mr. Pastry" most! parents or children? - it was a riot! "Items" by the children and the singing of our usual carols round the lighted Christmas Tree was followed by tea with all the trimmings - but the great excitement was as usual Father Christmas and his gifts. Once more great credit must be passed to all our many kind friends for yet another lovely Christmas party.

Throughout the year we have had many interested visitors and friends from widely different fields of work. This is always encouraging to all. The year was a quiet happy one - our main difficulty being no recruitment of permanent staff to take Miss Smith's place in the splendid work she did in the centre, prior to her resignation to take the N.A.M.H. Course for Teachers of Handicapped Children. This has necessarily meant hard work for all other members and a slowing up of progress in all groups other than the senior boys. - Our "little ones" especially need regular routine and the same staff to give them the feeling of security, and this proved impossible from September to December.

This has not spoilt our feelings of yet another useful year!

#### Summary

The following are the statistical returns relating to mental defectives:-

1. Particulars of Mental Defectives on Register as at 1st January, 1955.

|  | Under<br>age 16 |    | Aged 16<br>and over |     | Total |
|--|-----------------|----|---------------------|-----|-------|
|  | M.              | F. | M.                  | F.  |       |
| (a) Cases ascertained to be defective found<br>"subject to be dealt with"                                    |                 |    |                     |     |       |
| (i) Under Statutory Supervision<br>(excluding patients on licence)   | 35              | 27 | 130                 | 124 | 316   |
| (ii) Under Guardianship  | -               | -  | -                   | 3   | 3     |
| (iii) In places of safety  | -               | -  | -                   | -   | -     |
| (iv) In hospital (including cases on<br>licence therefrom)   | 30              | 14 | 185                 | 195 | 424   |
| Total:   | 65              | 41 | 315                 | 322 | 743   |
| (b) Cases not ascertained to be defective<br>found "subject to be dealt with"<br>Under Voluntary Supervision | -               | -  | 3                   | 2   | 5     |
| Grand Total  | 65              | 41 | 318                 | 324 | 748   |
| (c) Number of cases in above receiving<br>training   |                 |    |                     |     |       |
| (i) In Occupation Centre   | 28              | 18 | 2                   | 2   | 50    |



2. Particulars of cases reported during 1954

|   | Under age 16 |    | Aged 16 and over |    | Total |
|---|--------------|----|------------------|----|-------|
|   | M.           | F. | M.               | F. |       |
| (a) Cases at 31st December ascertained to be defectives "subject to be dealt with"<br>Action taken on reports by:-  |              |    |                  |    |       |
| (i) Local Education Authorities on children   |              |    |                  |    |       |
| (1) While at school or liable to attend school  | 3            | 4  | -                | -  | 7     |
| (2) On leaving special schools  | -            | -  | 2                | 6  | 8     |
| (3) On leaving ordinary schools   | -            | -  | -                | -  | -     |
| (ii) Police or by Courts  | -            | -  | 3                | -  | 3     |
| (iii) Other sources   | 2            | 1  | 2                | 2  | 7     |
| (b) Cases reported but not regarded at 31st December 1954 as defectives "subject to be dealt with"  | -            | -  | 1                | -  | 1     |
| (c) Cases reported but not confirmed as defectives by 31st December   | -            | -  | 1                | 2  | 3     |
| Total number reported   | 5            | 5  | 9                | 10 | 29    |
|   | Males        |    | Females          |    | Total |
| 3. Number of mental defectives who were in hospitals under Community care (including voluntary supervision) or in "places of safety" on 1st January 1954 who have ceased to be under these forms of care during 1954. |              |    |                  |    |       |
| (a) Ceased to be under care   | 3            |    | 3                |    | 6     |
| (b) Died, removed from area, or lost sight of   | 6            |    | 13               |    | 19    |
| Total   | 9            |    | 16               |    | 25    |
| 4. Of the total number of defectives under Supervision or Guardianship  |              |    |                  |    |       |
| (a) Number who have given birth to children while unmarried during 1954   | -            |    | -                |    | -     |
| (b) Number who have married during 1954   | -            |    | 2                |    | 2     |



GENERAL HEALTH AND WELFARE SERVICES.

National Assistance Act, 1948.

National Assistance (Amendment) Act, 1951.

Removal to suitable Premises of Persons in need of Care & Attention.

Several cases were brought to the notice of the department where a person, usually aged, was in need of institutional or hospital care. In most cases, arrangements were made either for the patient to enter voluntarily or the position to be adequately alleviated or remedied by the provision of the after-care services such as domestic help, home nursing etc. In four cases, however, as a last resort when no other suitable alternative was possible and all efforts to secure the initial voluntary admission of the individual failed, action was necessary under the above Acts.

Relevant details of these cases were as follows:-

Case I.

Female aged 78 years. This case, living alone, and with no known relatives, had been under surveillance by the department for some time but despite this, deterioration of her physical and mental state occurred. Owing to refusal of all forms of assistance and nourishment, in addition to personal neglect, she became malnourished and her clothing, person and premises were in a filthy and insanitary condition. Following approval by the Health Committee in January, an Order was obtained under Section 47 of the National Assistance Act and she was removed to the Part III Accommodation at Langthorne Hospital. After admission she settled down well, agreed to remain there voluntarily and no further extension of the initial order became necessary.

Case II.

Female aged 69 years. This case, living alone, had been under the care of her private practitioner and the health department for some time. She was suffering from a severe degree of a chronic ulcerative condition of the right leg and general infirmity. Her person and clothing were in a filthy state and her home in an insanitary condition. All efforts to help her by the services of her doctor, district nurse and domestic help were refused and her condition deteriorated. Action was taken under the National Assistance (Amendment) Act in co-operation with her private practitioner and admission to hospital obtained. No extension of the order was required as she settled down well and remained in hospital until fit for discharge by which date the premises had been disinfected and cleaned and adequate arrangements made for her after-care in which she was willing to co-operate.

Case III.

Female aged 99 years. This patient blind and partially deaf, living alone and with no known relatives, had been previously cared for by neighbours, and by the services of the department. Following one of several falls, she had been admitted to hospital with a head wound but refused to stay there for the necessary treatment. On return home, her general condition deteriorated, she became bedfast and unco-operative both in carrying out the instructions of her private practitioner and in the dressing of her head wound. Illness of her neighbours also reduced the amount of supervision and care freely given to her. Action was taken under the National Assistance (Amendment) Act and admission to Langthorne Hospital effected. No extension of the order was necessary, as after admission, she settled down in the hospital quite happily and at the end of the year, although very frail, was being allowed up for a certain period each day and looking forward to celebrating her 100th birthday.



Case IV.

Male aged 83 years. This patient, who was blind and living alone sustained an injury to his back as the result of a fall and became confined to a downstairs back room where no proper facilities were available and apart from the tenant of the house who suffered from epilepsy had no one to look after him. The premises were in an insanitary state and despite full home nursing and domestic help and other services provided, his condition deteriorated. Arrangements were made on two separate occasions by the private practitioner for his admission to hospital but he refused to go. An order was obtained under the National Assistance (Amendment) Act and admission to Langthorne Hospital arranged. No extension of the order was necessary as he agreed to remain in hospital voluntarily until considered fit for discharge.

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 and Blind Welfare Officer.

Arrangements are made for the examination of adults suspected of being blind or partially sighted and the requisite form B.D.8 is completed as necessary for such cases by the examining ophthalmic surgeon.

In the case of pre-school and school children, such examinations are arranged through the School Health Service and the relevant forms are passed to the Chief Welfare Officer.

In both categories, admission to the Registers of Blind and Partial Sighted Persons are effected as necessary in order that appropriate arrangements for their supervision, care and training may be made.

The Ministry of Health now ask Medical Officers of Health to include in their annual reports a section relating to Blind Persons. The information given below has been made available through the courtesy of the Chief and Blind Welfare Officers from the statistical returns normally submitted to the Ministry.

A. Blind Persons.Classification of Registered Blind Persons by Age Groups.Table I.

| <u>Total cases on Register</u><br>(Age at Dec. 31st., 1954.) |     |     |       | <u>New Cases Registered.</u><br>Jan. 1st. 1954 to Dec. 31st. 1954.<br>(Age at Registration). |    |       |
|--|-----|-----|-------|--|----|-------|
|  | M   | F   | Total | M  | F  | Total |
| 0 .....  | -   | -   | -     | -  | -  | -     |
| 1 .....  | -   | 1   | 1     | -  | 1  | 1     |
| 2 .....  | -   | -   | -     | -  | -  | -     |
| 3 .....  | 1   | -   | 1     | -  | -  | -     |
| 4 .....  | -   | -   | -     | -  | -  | -     |
| 5 - 10.....  | 2   | 3   | 5     | 1  | -  | 1     |
| 11 - 15.....   | -   | 2   | 2     | -  | -  | -     |
| 16 - 20.....   | -   | 1   | 1     | -  | -  | -     |
| 21 - 30.....   | 9   | 5   | 14    | -  | 1  | 1     |
| 31 - 39.....   | 17  | 5   | 22    | 4  | -  | 4     |
| 40 - 49.....   | 23  | 23  | 46    | 1  | 2  | 3     |
| 50 - 59.....   | 17  | 26  | 43    | 1  | 1  | 2     |
| 60 - 64.....   | 21  | 24  | 45    | -  | 1  | 1     |
| 65 - 69.....   | 19  | 20  | 39    | 2  | 3  | 5     |
| 70 - and over  | 76  | 139 | 215   | 14   | 29 | 43    |
| Unknown  | -   | -   | -     | -  | -  | -     |
| Totals:  | 185 | 249 | 434   | 23   | 38 | 61    |



TABLE II.  
Age at which onset of Blindness occurred.

| <u>Total cases on Register</u> |     |     |       | <u>New Cases Registered</u>   |    |       |
|--------------------------------|-----|-----|-------|-------------------------------|----|-------|
|                                | M.  | F.  | Total | Jan. 1st. to Dec. 31st, 1954. |    |       |
|                                | M.  | F.  | Total | M.                            | F. | Total |
| 0 .....                        | 28  | 17  | 45    | 2                             | 1  | 3     |
| 1 .....                        | -   | 3   | 3     | -                             | -  | -     |
| 2 .....                        | 1   | -   | 1     | -                             | -  | -     |
| 3 .....                        | -   | 1   | 1     | -                             | -  | -     |
| 4 .....                        | -   | -   | -     | -                             | -  | -     |
| 5 - 10 .....                   | 6   | 14  | 20    | -                             | 3  | 3     |
| 11 - 15 .....                  | 6   | 6   | 12    | -                             | 1  | 1     |
| 16 - 20 .....                  | 10  | 5   | 15    | -                             | -  | -     |
| 21 - 30 .....                  | 18  | 13  | 31    | 2                             | -  | 2     |
| 31 - 39 .....                  | 15  | 12  | 27    | 3                             | -  | 3     |
| 40 - 49 .....                  | 24  | 34  | 58    | 1                             | 3  | 4     |
| 50 - 59 .....                  | 28  | 31  | 59    | 1                             | 1  | 2     |
| 60 - 64 .....                  | 12  | 16  | 28    | 2                             | 3  | 5     |
| 65 - 69 .....                  | 6   | 19  | 25    | 2                             | 4  | 6     |
| 70 and over..                  | 21  | 64  | 85    | 9                             | 19 | 28    |
| Unknown .....                  | 10  | 14  | 24    | 1                             | 3  | 4     |
| TOTALS:                        | 185 | 249 | 434   | 23                            | 38 | 61    |

TABLE III.  
Distribution of Local Blind Persons.

I. Children, age under 16.

|                                     | <u>M.</u> | <u>F.</u> | <u>TOTAL</u> | <u>M.</u> | <u>F.</u> | <u>TOTAL</u> |
|-------------------------------------|-----------|-----------|--------------|-----------|-----------|--------------|
| Under 2 at home                     | -         | 1         | 1            | -         | 1         | 1            |
| Age 2-4 Educable. Attending School  | 1         | -         | 1            | 1         | -         | 1            |
| Age 5-15 Educable. Attending School | -         | 2         | 2            |           |           |              |
| Not at School                       | 1         | 1         | 2            |           |           |              |
| Ineducable.                         |           |           |              |           |           |              |
| In Mental Deficiency Inst.          | -         | 2         | 2            |           |           |              |
| At Home                             | -         | 1         | 1            | 1         | 6         | 7            |
|                                     |           |           |              | 2         | 7         | 9            |



## II. Age Period 16 years and upwards.

| <u>Employed.</u>  |       |  | M. | F. | TOTAL | M.  | F.  | TOTAL |
|---|-------|--|----|----|-------|-----|-----|-------|
| (a) In Workshops for the Blind.   |       |  |    |    |       |     |     |       |
| 16-20   | ..... |  | -  | -  | -     |     |     |       |
| 21-39   | ..... |  | 9  | -  | 9     |     |     |       |
| 40-49   | ..... |  | 9  | 1  | 10    |     |     |       |
| 50-59   | ..... |  | 2  | 1  | 3     |     |     |       |
| 60-64   | ..... |  | 3  | -  | 3     |     |     |       |
| 65 and over   | ..... |  | 3  | -  | 3     | 26  | 2   | 28    |
| (b) As Approved Home Workers.   |       |  |    |    |       |     |     |       |
| 21-39   | ..... |  | -  | 1  | 1     |     |     |       |
| 40-49   | ..... |  | -  | 1  | 1     | -   | 2   | 2     |
| (c) All Others (than in (a) or (b))   |       |  |    |    |       |     |     |       |
| 16-20   | ..... |  | -  | 1  | 1     |     |     |       |
| 21-39   | ..... |  | 10 | -  | 10    |     |     |       |
| 40-49   | ..... |  | 5  | 1  | 6     |     |     |       |
| 50-59   | ..... |  | 2  | 1  | 3     |     |     |       |
| 60-64   | ..... |  | -  | -  | -     |     |     |       |
| 65 and over   | ..... |  | 1  | -  | 1     | 18  | 3   | 21    |
|   |       |  |    |    |       | 44  | 7   | 51    |
| <u>Undergoing Training.</u>   |       |  |    |    |       |     |     |       |
| (a) For Sheltered Employment  |       |  | 2  | -  | 2     |     |     |       |
| (b) For Open Employment   |       |  | -  | -  | -     |     |     |       |
| (c) Professional or University  |       |  | -  | -  | -     | 2   | -   | 2     |
| <u>Not Employed.</u>  |       |  |    |    |       | 136 | 236 | 372   |
|   |       |  |    |    |       | 185 | 249 | 434   |
| Grand Total:  |       |  |    |    |       |     |     |       |
| Number of Persons registered under the Disabled Persons (Employment Act, 1944) included in the Grand Total. |       |  | 45 | 6  | 51    |     |     |       |



TABLE IV.

Nature of Employment.

## Within Workshops for the Blind

|                  |       |           |
|------------------|-------|-----------|
| Basket Makers    | ..... | 4         |
| Mattress Makers  | ..... | 5         |
| Brush Makers     | ..... | 13        |
| Machine Knitters | ..... | 1         |
| Labourers        | ..... | 1         |
| Mat Makers       | ..... | 4         |
|                  |       | <u>28</u> |

## As Approved Home Workers

|               |       |          |
|---------------|-------|----------|
| Hand Knitters | ..... | 2        |
|               |       | <u>2</u> |

## All Others, not Part-time Workers

|  |       |   |
|--|-------|---|
| Clerks and Typists                           | ..... | 1 |
| Dealers, tea agents, newsagents, shopkeepers | ..... | 2 |

## Factory Operatives

|                               |       |   |
|-------------------------------|-------|---|
| (Open Sheltered) Employment   | ..... | 2 |
| Home Teachers                 | ..... | 1 |
| Labourers                     | ..... | 2 |
| Musicians and Music Teachers  | ..... | 1 |
| Office Executives             | ..... | 1 |
| Porters, packers and cleaners | ..... | 6 |
| Telephone operators           | ..... | 4 |

|  |       |           |
|--|-------|-----------|
| Open Employment, other than already catalogued | ..... | 1         |
|  |       | <u>21</u> |

Grand Total: 51

TABLE V.

Cases registered blind with Associated DefectsPhysically and Mentally Defective and Mentally Disordered - all ages.

|  | M. | F. | TOTAL. |
|--|----|----|--------|
| Mentally disordered                          | 7  | 7  | 14     |
| Mentally Defective                           | 5  | 7  | 12     |
| Physically Defective                         | 12 | 7  | 19     |
| Deaf without speech                          | -  | 11 | 11     |
| Deaf with speech                             | 7  | 10 | 17     |
| Hard of Hearing                              | 13 | 15 | 28     |
| Mentally Disordered and Deaf without Speech  | -  | 1  | 1      |
| Physically Defective and Deaf without Speech | -  | 1  | 1      |
| Physically Defective and Hard of Hearing     | 1  | 1  | 2      |
| Total:                                       | 45 | 60 | 105    |



TABLE VI.

Nature of Disability of New Cases Registered as Blind During the Year.

| Cause of Disability                            | Total | No Treatment Recommended | Recommended for   |                    |
|--|-------|--------------------------|-------------------|--------------------|
|  |       |                          | Medical Treatment | Surgical Treatment |
| Cataract (both eyes)                           | 11    | 7                        | 3                 | 1                  |
| Glaucoma (both eyes)                           | 4     | 2                        | 2                 | -                  |
| Cataract (one eye) and Glaucoma (one eye)      | 1     | 1                        | -                 | -                  |
| Cataract (one eye) and other cause (one eye)   | 2     | 2                        | -                 | -                  |
| Glaucoma (one eye) and other cause (one eye)   | 1     | -                        | 1                 | -                  |
| Glaucoma (both eyes) and Cataract (both eyes)  | 3     | 1                        | 2                 | -                  |
| Cataract (both eyes) and other cause (one eye) | 1     | 1                        | -                 | -                  |
| Cataract (both eyes) and Glaucoma (one eye)    | 1     | 1                        | -                 | -                  |
| Other and unknown causes both eyes.            | 37    | 30                       | 5                 | 2                  |
| Total:   | 61    | 45                       | 13                | 3                  |

(B) PARTIALLY SIGHTED PERSONS.

TABLE I.

Register of Partially-Sighted Persons.

Year Ended 31st Dec. 1954.

Total No. on Register - Age Groups and Sexes.

| Age Group | 0 - 1 |    | 2 - 4 |    | 5 - 15 |    | 16 - 20 |    | 21 - 49 |    | 50 - 64 |    | 65 and over |    | Total |
|-----------|-------|----|-------|----|--------|----|---------|----|---------|----|---------|----|-------------|----|-------|
| & Sex.    | M.    | F. | M.    | F. | M.     | F. | M.      | F. | M.      | F. | M.      | F. | M.          | F. | M. F. |
|           | -     | -  | -     | -  | 3      | 7  | 4       | 1  | 3       | 6  | 5       | 2  | 8           | 23 | 23 39 |
|           |       |    |       |    |        |    |         |    |         |    |         |    |             |    | 62    |

TABLE II.

Cases newly Registered: Age at Date of Registration

| Age Group | 0 - 1 |    | 2 - 4 |    | 5 - 15 |    | 16 - 20 |    | 21 - 49 |    | 50 - 64 |    | 65 and over |    | Total |
|-----------|-------|----|-------|----|--------|----|---------|----|---------|----|---------|----|-------------|----|-------|
| & Sex.    | M.    | F. | M.    | F. | M.     | F. | M.      | F. | M.      | F. | M.      | F. | M.          | F. | M. F. |
|           | -     | -  | -     | -  | -      | -  | -       | -  | -       | -  | -       | 2  | 4           | 11 | 4 13  |
|           |       |    |       |    |        |    |         |    |         |    |         |    |             |    | 17    |



TABLE III.

Removals from Register.

|  | M. | F. | Total |
|--|----|----|-------|
| (a) On admission to Blind Register                   | 5  | 3  | 8     |
| (b) On Decertification due to Improved Visual Acuity |    |    | 1     |

TABLE IV.

Persons Requiring Observation Only (Age 16 and Over)

|       | 16 - 20 | 21 - 49 | 50 - 64 | 65 and over | Total |
|-------|---------|---------|---------|-------------|-------|
| M.    | 1       | 4       | 5       | 8           | 18    |
| F.    | 1       | 6       | 2       | 23          | 32    |
| Total | 2       | 10      | 7       | 31          | 50    |

TABLE V.

Details of Children: (a) age 5 and under 16.

| Educable.                  |                          |               | Ineducable | Total |
|----------------------------|--------------------------|---------------|------------|-------|
| Attending Special Schools. | Attending Other Schools. | Not at School |            |       |
| M. 3                       | M. -                     | M. -          | M. -       | 3     |
| F. 6                       | F. 1                     | F. -          | F. -       | 7     |
| Total 9                    | Total 1                  | Total -       | Total -    | 10    |

Details of Children: (b) Age 16 and over still at School.

|       |          |
|-------|----------|
| M.    | 2        |
| F.    | -        |
| Total | <u>2</u> |

TABLE VI.

No. of Persons Registered under the Disabled Persons (Employment) Act, 1944.

|       |          |
|-------|----------|
| M.    | 4        |
| F.    | <u>3</u> |
| Total | <u>7</u> |



TABLE VII.

Nature of Disability of New Cases Registered as Partially-Sighted during the Year.

| Cause of Disability                          | Total | No Treatment Recommended | Recommended for   |                   |                                 |
|--|-------|--------------------------|-------------------|-------------------|---------------------------------|
|  |       |                          | Optical Treatment | Medical Treatment | Educational & Optical Treatment |
| Cataract (both eyes)                         | 6     | 3                        | 1                 | 2                 | -                               |
| Glaucoma (both eyes)                         | 1     | 1                        | -                 | -                 | -                               |
| Cataract (one eye) and Glaucoma (one eye)    | -     | -                        | -                 | -                 | -                               |
| Cataract (one eye) and other cause (one eye) | 3     | 3                        | -                 | -                 | -                               |
| Glaucoma (one eye) and other cause (one eye) | -     | -                        | -                 | -                 | -                               |
| Other and unknown causes                     | 7     | 6                        | 1                 | -                 | -                               |
| Total  | 17    | 13                       | 2                 | 2                 | -                               |

These tables give some idea of the magnitude and complexity of the problem of blindness. There has been a quickening of interest in both the medical and sociological needs of the blind in recent years, particularly since the publication in 1953 of Professor Sorsby's report on The Causes of Blindness in England. This report embodied the results of an extensive analysis of blind certificates throughout the country and perhaps the most striking conclusion was the large amount of preventable or remediable blindness which is still being found, particularly in old people. The Council's welfare services for the blind have already reached a high state of development: it remains for consideration whether further improvements in the medical or medico-social care of these people can now be brought about.

#### Epilepsy and Cerebral Palsy.

##### A. Epilepsy.

##### 1. Children.

The arrangements whereby all children between the ages of 2 years and 16 years found to be suffering from epilepsy are referred to the School Health Service for examination and any necessary action remained unchanged. When the need for special educational treatment arises, arrangements are made for the child's admission to either a special day or residential school if the recommendations cannot be met in the ordinary day school. One such case was dealt with during the year. The number of children known to be suffering from the defect and their placing is as follows:-

|   |     |
|---|-----|
| 1. In attendance at ordinary schools.           | 50  |
| 2. In attendance at day special schools         | 2   |
| 3. In attendance at residential special schools | 2   |
| Total:  | 54. |



## 2. Adults.

It is at present impossible to ascertain the true total incidence of epilepsy in the community, since there are no adequate means of effecting a complete registration, even if it were desirable. In the majority of such cases, the epilepsy is of a minor degree, adequately controlled by medication and the individual concerned is following normal employment with little if any limitation in his activities.

The more severe cases usually come to notice because they are in need of special care, and 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. During the year, two such cases were admitted, one to Chalfont and one to Lingfield Epileptic Colonies.

The number of West Ham cases of epilepsy in residential care at the end of the year was 13; these cases being accommodated as follows:-

|  |     |
|--|-----|
| Forest House                                     | - 2 |
| Chalfont Epileptic Colony                        | - 5 |
| St. Elizabeth's Home for Epileptics, Much Hadham | - 2 |
| Meath Home for Epileptics, Surrey                | - 1 |
| Lingfield Epileptic Colony                       | - 2 |
| Langho Epileptic Colony                          | - 1 |

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

## B. Cerebral Palsy.

### 1. Children.

The Spastic Unit attached to the Elizabeth Fry Special School for Physically Handicapped Pupils was completed and opened in June, 1954. This Unit, which is under the control of the Head Teacher of the parent school with whom a most close and satisfactory liaison has been developed, is a specially designed single-storied building. It comprises a Nursery Class under the control of a nursery teacher, large physiotherapy treatment room with appropriate equipment, speech therapy room, a medical inspection and consulting room, a staff room and the necessary ancillary ablution and toilet facilities for both staff and children, with suitable adaptations to cater for the handicapped children in attendance.

The nursery class caters for spastic children between the ages of 2 - 7 years who have been admitted to the Unit.

Spastic children under this age are encouraged to attend for treatment and for the guidance of their parents in the many problems arising during their early training. Children over two years who for any reason are not admitted to the nursery class but who may benefit from the medical treatment provided also attend in the same way.



Older children suffering from cerebral palsy who are in need of special educational treatment attend the associated Elizabeth Fry Special School for Physically Handicapped Pupils and receive their physiotherapy, speech therapy, etc., at the Spastic Unit, as necessary. The treatment rooms of the Unit remain open during the normal school vacation periods for the children to continue their physiotherapy and speech therapy without interruption.

All children recommended, from whatever source, as possible cases for admission to, or attendance at the Unit, are first referred to the School Health Department for medical assessment of their condition. Arrangements are then made for the Consultant Paediatrician to see the child and assess the physical condition; when any question of associated mental retardation arises an up-to-date report on the mental state is obtained if one is not already available. The case is then assessed by the Deputy School Medical Officer. Suitable children are admitted to the Spastic Unit for a trial period in the first instance. This policy has been adopted because of the difficulty of predicting the response of any particular child to the medical and educational treatment provided and also to enable a trial to be offered to every spastic who appears to have any possible chance of benefiting from it.

The Physiotherapists and Speech Therapists who undertake work in connection with the School Health and Maternity and Child Welfare Services attend the Unit for several sessions weekly in order to give the children their treatment. In addition, Dr. Brooks, the Consultant in Physical Medicine, and Dr. Hinden, the Consultant Paediatrician, visit the Unit at regular intervals to advise on treatment and to assess each child's progress. The Deputy School Medical Officer has the general administrative medical supervision of the Unit.

Suitable arrangements for transport of the children have been made.

Since its opening, the Unit has aroused considerable interest, not only locally, but over a wide area and many individual and group parties have visited in order to see its facilities and its working. These visitors included officials connected with education and health departments of other Authorities, as well as numerous representatives from both professional and non-professional organisations.

Arrangements were made in conjunction with the Education Department for the admission of children from outside areas to attend the Unit after assessment in the usual manner.

At the end of the year 19 West Ham children between the ages of 2-16 suffering from cerebral palsy were placed as follows:-

|  |    |
|--|----|
| Nursery class of Spastic Unit .....                          | 6  |
| Day Special School for Physically Handicapped Children ..... | 13 |

The nursery class of the Spastic Unit had 7 children on the roll, 6 from West Ham and 1 from East Ham. All have showed appreciable progress since admission to the Unit. In addition, one child who is in attendance at the West Ham School for the Deaf, but has an associated spastic condition, attends the Unit weekly for physiotherapy treatment.



## Adults.

Increasing attention was being given nationally throughout the year to the problem of the adult spastic, although on a smaller scale than as in the case of children.

As with epilepsy, this condition is not notifiable and, therefore, its true incidence in the community cannot be determined, but in the cases registered as disabled persons suitable employment is arranged so far as is possible in conjunction with the various welfare and other organisations concerned. In addition, any adult spastic brought to notice as in need of residential accommodation or specialised treatment or training is referred to the Chief Welfare Officer.

The provision of Welfare Services for Handicapped Persons under Section 29 of the National Assistance Act, 1948, is the responsibility of the Welfare Committee and proposals for developing such services have been under discussion during the year.

## Medical Examinations.

During the year, the medical officers of the department carried out the following examinations:-

|  | Entrants to the Council Service,<br>and applicants for admission to<br>Superannuation Scheme. | In connection with<br>the Council's<br>Protracted<br>Sickness Scheme. |
|--|---|---|
| Borough Engineer's Department                                    | 41  | 207   |
| Borough Treasurer's Department                                   | 18  | 6   |
| Chief Welfare Officer's Department<br>& Blind Welfare Department | 4   | 10  |
| Borough Architect's Department                                   | 10  | -   |
| Children's Department  | 31  | 8   |
| Fire Service   | 12  | 5   |
| Libraries  | 10  | 4   |
| Bath's Department  | 1   | 3   |
| Housing Department   | 2   | 1   |
| Town Clerk's Department  | 4   | -   |
| Health Department  | 39  | 26  |
| Education Department   | 102   | 57  |
| Totals:  | <u>274</u>  | <u>327</u>  |

In addition 32 routine annual medical examinations of sewermen employed in the Borough Engineer's Department and initial examinations of 7 members appointed to the Cumberland Road Day Nursery were performed. Arrangements were also made with other authorities for the medical examination of 24 entrants to the West Ham Education Service to be performed in their home areas.

Twenty-nine candidates from the Borough applying for entry to training colleges or University departments of Education were also examined in accordance with the Ministry of Education policy and the reports duly forwarded to the appropriate college authority.

Chest X-ray examinations were arranged for all new entrants whose duties bring them into close contact with children, and also for other employees whom it is desirable to x-ray annually. Two hundred and ninety such examinations were performed, the employees being chiefly in the Health, Education and Children's Departments of the Corporation.



## SCHOOL HEALTH SERVICE

### SCHOOL POPULATION

There was a further small increase in the school population during the year. On the 31st December, 1954, there were 29,707 children on the school rolls, as compared with 29,653 on the corresponding day of 1953.

### MEDICAL INSPECTION

The School Health Service and Handicapped Pupils Regulations, 1953, require that general medical inspection shall be carried out at least three times during the school life of the child, but it is left to the discretion of the local education authority to fix the ages at which these, and any other medical inspections which may be necessary, are carried out. In West Ham the practice for many years has been to carry out as a routine three general (or "periodic") medical inspections at the beginning and end of school life and at the age of eleven shortly before the child enters the secondary school or department. This arrangement was continued during the year. In addition, special inspections or reinspections are undertaken as required.

A table setting out the work done under this heading will be found in Appendix IV on pages 127 - 129. There was a small increase in the number of periodic inspections but a decrease in the number of special inspections and reinspections.

General Condition. The medical officer's survey at the periodic medical inspections includes an estimate of the child's general condition. This is classified into three grades; "Good", "Fair" and "Poor". The proportions recorded during 1954 are set out in detail below:-

#### Classification of the General Condition of Children assessed at periodic inspections.

|                | <u>No. of<br/>children<br/>inspected</u> | <u>A<br/>(Good)</u> |              | <u>B<br/>(Fair)</u> |              | <u>C<br/>(Poor)</u> |             |
|----------------|--|---------------------|--------------|---------------------|--------------|---------------------|-------------|
|                |  | <u>No.</u>          | <u>%</u>     | <u>No.</u>          | <u>%</u>     | <u>No.</u>          | <u>%</u>    |
| Entrants       | 3,751                                    | 1,320               | 35.19        | 2,375               | 63.32        | 56                  | 1.49        |
| 2nd age group  | 2,579                                    | 1,087               | 42.15        | 1,458               | 56.53        | 34                  | 1.32        |
| 3rd age group  | 2,185                                    | 1,149               | 52.59        | 1,009               | 46.18        | 27                  | 1.23        |
| Other periodic | 595                                      | 352                 | 59.16        | 241                 | 40.50        | 2                   | 0.34        |
| Total:         | <u>9,110</u>                             | <u>3,908</u>        | <u>42.90</u> | <u>5,083</u>        | <u>55.80</u> | <u>119</u>          | <u>1.30</u> |



The following table shows a comparison of the findings for the past nine years:-

| <u>Year</u> | <u>Excellent</u> | <u>Normal</u> | <u>Sub-normal<br/>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                          |
| 1954        | 42.90            | 55.80         | 1.30                          |

This period covers the change which took place in 1947 from the Ministry's previous four point classification. It will be seen that the figures showed initial instability, due largely to uncertainty of interpretation of the new categories. Moreover, there are many factors which can influence this essentially subjective assessment, so that there remains some doubt how far even the more recent figures can be regarded as giving a valid comparison. Some caution should therefore be exercised in drawing any conclusions from the apparent fall in the proportions assessed to either the "Good" or the "Poor" general condition. There is no doubt, however, that the health of the children is satisfactory.

Medical Inspection Rooms. This section can appropriately be concluded with a note on the conditions under which medical inspections are carried out. The Standards under the School Premises Regulations do not specify separate accommodation for medical inspection purposes, merely requiring that suitable accommodation shall always be available at any time during school hours for the inspection of pupils by medical officers, dental officers and nurses. Furthermore, the accommodation for such inspection shall be well and suitably lighted and heated, and should be conveniently accessible to a closet, and every room provided for such purposes shall include a wash basin with a supply of hot and cold water.

In a number of the older schools medical rooms are not available, and consequently inspections have to be carried out in classrooms, or other rooms. However, in the newer schools a medical suite is included.



## HYGIENE OF SCHOOL PREMISES

Medical officers when visiting schools do not confine themselves to seeing the children but interest themselves in general hygienic arrangements and the condition of the sanitary accommodation in so far as these may affect the health of pupils and staff. Following the practice of recent years, they 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 medical officer, are supplied to the Chief Education Officer whenever necessary so that he can consider how far and at what stage it may be practicable to implement any recommendations. Certain improvements can only be implemented by inclusion in long-term plans but other matters may be capable of more ready adjustment as they arise.

Liaison between the Education Department and the Borough Engineer enables the medical officers' recommendations to be interpreted into practical improvements to the school premises or to the various services accommodated in them. During the year 61 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 appointments of combined health visitor/school nurse were made in this way.

NUTRITION. Nutritional surveys were carried out on the same basis as in previous years, and occupied a substantial proportion of the school nurses' time. In 1953 it was decided to carry out an annual nutritional survey and this was continued in the present year. With the maintenance of a good standard of general condition among the children it is possible that a still further lengthening of this interval or even abandonment of the surveys, may become acceptable with corresponding release of school nurses time for other purposes. It may well be that the nutritional surveys have served their purpose.

The heights and weights of all children surveyed were recorded both graphically and in figures.

During the year under review 22,769 inspections were made in these surveys. Thirty-five cases were referred to the medical officers for further consideration of their nutritional state but none were found to be suffering from malnutrition. This is the fifth 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                            | ... | ... | ... | ... | ... | ... | ... | 22,769 |
| Referred to school doctors (nutritional grounds) | ... | ... | ... | ... | ... | ... | ... | 35     |
| Referred to school doctors (other conditions):-  |     |     |     |     |     |     |     |        |
| Obesity  | ... | ... | ... | ... | ... | ... | ... | 17     |
| Ear defects                                      | ... | ... | ... | ... | ... | ... | ... | 1      |
| Orthopaedic conditions                           | ... | ... | ... | ... | ... | ... | ... | 2      |
| Defective vision and squint                      | ... | ... | ... | ... | ... | ... | ... | 2      |
| Other conditions                                 | ... | ... | ... | ... | ... | ... | ... | 10     |
| Total:   |     |     |     |     |     |     |     | 32     |

CLEANLINESS. Routine cleanliness surveys are carried out 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 responsibility 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 68,839 inspections were made at these cleanliness surveys and 878 instances of infestation found. On the basis of a school population of 29,707, this gives a proportion of uncleanness of 2.95 per cent. which compares with 4.6 per cent. in 1953 calculated in the same way on a school population of 29,653. 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. Infestation in such children can never be eradicated until the whole family is freed from it.

The revised procedure for dealing with infestation in school children adopted by the Education Committee in 1953 and described in the annual report for that year, was continued throughout 1954. The following figures relate to the work done during this period:-

|   |     |     |     |     |
|---|-----|-----|-----|-----|
| Total number of individual pupils found to be infested          | ... | ... | ... | 878 |
| Number of <u>individual</u> pupils in respect of whom cleansing |     |     |     |     |
| Notices were issued (Section 54(2) Education Act, 1944)         | ... |     |     | 322 |
| Number of individual pupils in respect of whom cleansing        |     |     |     |     |
| Orders were issued (Section 54(3) Education Act, 1944)          | ... |     |     | 70  |

It is interesting to record that, although 70 cleansing Orders were issued, only 22 children were compulsorily cleansed at the Treatment Centre.

There is no doubt that the force of the cleansing Notice has the effect in many cases of making the parents realise their responsibilities so that, even although it was necessary to issue a cleansing Order, by the time it is in the parents hands many of the children have been satisfactorily cleansed.

Comparative statistics cannot be expected to give a wholly reliable assessment of the results of these new methods after two years' working, but the results for 1954 can be said to be heartening. Although over 10,000 more inspections were carried out in 1954 than in the previous year, there were 487 fewer instances of infestation. There was also a reduction of 189 cleansing Notices and 50 cleansing Orders issued during the year compared with the previous year. The main burden of the attack on this social evil is borne by the School Nursing Service. The patient, persistent work of the school nurses and health visitors in educating the children and their parents in the need for cleanliness deserves recognition. It is a thankless task, but there can be no respite if the progress already won is to be maintained. There have been many indications of the salutary effect of the campaign upon the parents, and fathers in particular have realised, often for the first time, the condition into which their children have been allowed to fall and have taken active steps to remedy the situation.

FOLLOWING-UP. This remains a most important function of the school nurses which is essential if the full value is to be obtained from inspections and treatment. Many children would become tired of carrying out the medical officers' recommendations and parents fail to co-operate without the friendly encouragement and advice of the nurse. The School Health 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. The help and guidance given to families needing it is valuable social work. Reports on home conditions of a variety of cases - chiefly asthma and rheumatism - required by hospitals, are often prepared by the school nurses following home visits.

During the year the school nurses paid 2,349 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 Education Committee, in common with many other local authorities, agreed to co-operate in the inquiry. The first part of the survey is now over and a number of papers and reports have been published. A pamphlet entitled "The Health and Growth of the Under-Fives" has been published by the joint committee for the information of school nurses, health visitors and others who have helped in the field work. The joint committee record their gratitude to the health visitors for the work which they have done.

During 1952 and 1953 the medical officers carried out 25 and 21 survey examinations respectively, but none were required by the committee in 1954. The number of reports completed by the school nurses during 1952, 1953 and 1954 were 25, 68 and 24 respectively.

### TREATMENT

RINGWORM. One case of ringworm of the scalp was treated during the year. It was a small lesion at the back of the head treated at hospital by fungicidal ointment. It may be remembered that in the previous year no case was recorded, being the first time in the history of the Service when no case was found. The reduction in the number of children with ringworm is general and 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<br/>treated</u> | <u>Received X-ray<br/>treatment</u> |
|-------------|---------------------------------|-------------------------------------|
| 1946        | 24                              | 16                                  |
| 1947        | 15                              | 9                                   |
| 1948        | 7                               | 6                                   |
| 1949        | 2                               | 1                                   |
| 1950        | 4                               | 1                                   |
| 1951        | 5                               | 2                                   |
| 1952        | 3                               | -                                   |
| 1953        | -                               | -                                   |

The incidence in 1954 was 0.0037 per cent. It is interesting to compare this very low incidence with that of twenty-six to twenty-eight years ago.

| <u>Year</u> | <u>Number of<br/>cases</u> | <u>School<br/>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. There are three minor ailment clinics in the Borough, their location being as follows:-

|   |   |
|---|---|
| Balaam Street School Clinic,<br>Balaam Street, Plaistow, E.13.  | Open 9 a.m. to 12.30 p.m. Monday to Saturday. |
| Rosetta School Clinic,<br>Sophia Road, Custom House, E.16.      | ditto.  |
| Stratford School Clinic,<br>84, West Ham Lane, Stratford, E.15. | ditto.  |



A medical officer is in attendance at Stratford School Clinic and Rosetta School Clinic on Monday and Thursday mornings from 9 a.m. to 12.30 p.m. and at Balaam Street School Clinic on Tuesday and Friday mornings from 9 a.m. to 12.30 p.m.

These clinics have always been well-used and although attendances are steadily falling a large number of children still come to them, referred mainly by the head teachers. The cases are seen by the medical officers 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 School Health Service is well placed for dealing with such conditions, as continuity of treatment is ensured through the close association with the schools. Many troublesome conditions are treated expeditiously and often prevent further impairment of health. The chief defects treated fall under the following headings:-

Minor skin troubles of various kinds. These include the triad of ringworm, scabies and impetigo, together with a variety of other skin conditions. Many children are affected each year with plantar warts. The incidence is several times greater among girls than among boys, and is at its maximum between 11 and 14 years. Similarly many children attend the minor ailment clinics in the summer with ringworm of the feet. This is very troublesome and treatment is prolonged. Stress is laid on preventive measures. In the case of impetigo there is no spectacular lessening as in the case of ringworm and scabies. The very few cases of scabies seen are referred to the special clinic for treatment.

Minor ailments of the eyes. These are mainly external diseases 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. These consist of small boils in the outer passage of the ear, wax, foreign bodies, and the slighter degrees of earache and discharging ears. The more serious conditions, considered to require specialist attention are referred, by agreement with the child's general practitioner, to the ear, nose and throat specialist. Miscellaneous conditions form the bulk of the cases treated and consist of a very mixed collection such as bruises, sores, chilblains, whitlows, boils, minor injuries of various kinds - cuts, abrasions and small lacerations.

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:-

|                       |              |
|-----------------------|--------------|
| Skin Diseases         | 1,051        |
| External Eye Diseases | 309          |
| Minor Ear Defects     | 246          |
| Miscellaneous Defects | <u>1,539</u> |
| Total:                | <u>3,145</u> |

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

| <u>Clinic</u> | <u>New Cases</u> |
|---------------|------------------|
| Stratford     | 1,296            |
| Balaam Street | 1,701            |
| Rosetta       | 1,892            |



It is, of course, necessary for many of the patients to attend on more than one occasion, and medical officers differ in the number of times they wish to see their cases. 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<br/>Attendances</u> |
|---------------|-------------------------------|
| Stratford     | 3,617                         |
| Balaam Street | 7,195                         |
| Rosetta       | <u>7,948</u>                  |
| Total:        | <u>18,760</u>                 |

This is a decrease in attendance 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 | 1951 ... | 32,248 |
| 1947 ... | 38,443 | 1952 ... | 26,160 |
| 1948 ... | 36,165 | 1953 ... | 22,011 |
| 1949 ... | 33,221 | 1954 ... | 18,760 |
| 1950 ... | 28,605 |          |        |

These welcome reductions may be attributed to a decline in the incidence of many of the conditions commonly treated at minor ailment clinics and perhaps also to an increasing tendency to use the services of the private practitioner which are available through the National Health Service.

SCABIES. The incidence of scabies remains very low. In recent years there has been a general reduction in the number of children with this disease. Only one case was discovered this year as compared with three cases in 1953. These give rates of 0.003 and 0.01 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 wartime peak of 2,750 cases in 1942: it is interesting to compare the present incidence with that of the middle years between the wars when the rates were also low. To this end the following table has been compiled:-

| <u>Year</u> | <u>No. of<br/>Cases</u> | <u>School<br/>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             |
| 1954        | 1                       | 29,707                       | 0.003            |

#### 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 work in the ophthalmic clinic was carried out in the same manner as in previous years, the majority of children attending for refraction and obtaining glasses. A number of children are examined because of complaints but found to have no defect.



In addition to the usual routine examinations, many children attend for treatment of external eye diseases and a few minor operations are carried out in the clinic. Others attend for repair of broken glasses, some are seen in the main eye clinic to decide if repair should be done or whether a re-examination is necessary for a new prescription, but many go straight to the optician for adjustments and repair.

The orthoptic department is also working well and with the close co-operation between orthoptist and myself, the results obtained from treatment for squints are very satisfactory. The squint operations are as usual performed at Whipps Cross Hospital as are other eye operations on children from this clinic.

Children referred from the Child Welfare Clinic as well as school children are seen regularly, and the young children attend more frequently for treatments, as results are better where treatment is commenced and carried out regularly while young.

The number of attendances in the eye clinic during 1954 was 7,427; of these 1,116 were under school age; and 1,590 pairs of glasses were ordered. Seventy-one squint operations and 4 ptosis operations were performed on children from the West Ham clinic in Whipps Cross Hospital.

Attendances to the optician numbered 5,348. From the number of prescriptions given 1,193 were dispensed in this clinic, 397 were taken to outside opticians. The other attendances to the optician were for repairs, replacements and adjustments.

The number of attendances in the orthoptic clinic was 2,520, and of these 460 were under school age.

This clinic is administered by the West Ham Group of the Hospital Management Committee but is held at the Stratford School Clinic, 84, West Ham Lane, E.15. The clinic is open between the hours of 9 a.m. and 5.15 p.m. weekdays and 9 a.m. and 12 noon on Saturdays.

DEFECTIVE COLOUR VISION. The Confusion Chart Test designed by Professor Ishihara, of Tokyo University, and known as the Ishihara Test, is a satisfactory test for general use in the School Health Service. The test has been used here for many years, but only in the case of children attending grammar schools 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. Women are frequently carriers of the defect without themselves having defective colour vision and, therefore, the incidence of the defect in girls is very much smaller than it is in boys. Defective colour vision is of fairly frequent occurrence in males - about one in every twenty being affected, but in girls, as stated, it is much less common.

The colour defective boy may be at a serious disadvantage in any profession or trade which demands accurate colour discrimination. Among the various industries in which colour discrimination is important are the following - textile manufacture, electrical trades, drapery and photographic industries, printing ink manufacture, the paint industry, painting, pottery and allied trades, the chemical industry and in industrial laboratories.

Since it is a severe handicap in certain occupations it is clearly in the child's interests that it should be discovered before his career is decided. The test, which is given quickly, easily explained and understood by the pupils, is given at the age of 14 years. In many cases, the boy and parent, when informed of the defect state that they are aware of it - they often explain in various ways how they became aware of it. When a defect is found the parent is advised and the head teacher informed.



At the examinations held at the grammar and technical schools during the year the following results were obtained:-

|       | <u>Number<br/>examined</u> | <u>Colour-blind</u> | <u>Percentage<br/>Colour-blind</u> |
|-------|----------------------------|---------------------|------------------------------------|
| Boys  | 692                        | 35                  | 5.06                               |
| Girls | 627                        | 2                   | 0.31                               |

The following figures relate to the findings during the last nine years:-

|       | <u>Number<br/>examined</u> | <u>Colour-blind</u> | <u>Percentage<br/>Colour-blind</u> |
|-------|----------------------------|---------------------|------------------------------------|
| Boys  | 7,802                      | 422                 | 5.40                               |
| Girls | 7,785                      | 10                  | 0.13                               |

The advice of the Faculty of Ophthalmologists on this subject was sought by the Ministry of Education some years ago. 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".

The standard School Medical Record has a space for the recording of "Colour Vision", and the school-leaving medical report to the Youth Employment Service also notes this subject and if the child is defective the medical officer indicates that the pupil should not enter any occupation involving normal colour vision. Defective colour vision does not render a child disabled under the Disabled Persons (Employment) Act.

#### REPORT ON THE WORK OF THE AURAL CLINICS

by

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

These clinics continue to give useful service to the school children in the Borough of West Ham, and the parents and children find them a convenient means for regular examination and supervision.



An analysis of cases sent was as follows:-

|   | <u>School Children</u> | <u>Maternity &amp;<br/>Child Welfare</u> |
|---|------------------------|--|
| New cases   | 176                    | 22                                       |
| Total attendances                                 | 1,233                  | 79                                       |
| Recommended tonsils and adenoids dissection       |                        | 68                                       |
| Tonsillectomy and adenoidectomy performed         |                        | 78                                       |
| Mastoidectomy operations                          |                        | 4  |
| Adenoidectomy operations                          |                        | 9  |
| Antrum lavage                                     |                        | 4  |
| Children recommended West Ham School for the Deaf |                        | 12                                       |

The Ear, Nose and Throat clinics are administered by the West Ham Group of the Hospital Management Committee but are held on the West Ham Education Committee premises as follows:-

Stratford School Clinic,                      Monday and Tuesday mornings 9.0 a.m. to 12 noon.  
84, West Ham Lane, E.15.

Rosetta School Clinic,                      Friday mornings, 9.0 a.m. to 12 noon.  
Sophia Road, Custom House, E.16.

HEARING OF SCHOOL CHILDREN. The methodical testing of school children by the gramophone audiometer ceased in November 1952 when the audiometrician resigned her appointment. It has not been possible to make another appointment, but in the autumn of this year a school nurse was sent to one of the Divisions of the London County Council for training, and for the last two months of the year has been engaged for four sessions a week in audiometric work in the schools. The Chief Assistant School Medical Officer has observed her at work in the schools and is satisfied as to her efficiency. It is hoped that in the near future an audiometrician will be appointed to work in the School Health Service and with the Regional Hospital Board, giving approximately half her time to each service.

From experience it is known that the value of this group test is to ascertain the less obvious degrees of deafness which may be relieved by medical treatment, rather than for the ascertainment of children who are sufficiently deaf to be suffering educationally. Apart from the cases referred from these audiometric surveys the school medical officers 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.

The audiometric surveys in the schools very seldom bring to light for the first time children whose hearing is so defective that they require education in special schools. Gramophone audiometry cannot be used for children much below eight years of age and in my report for 1952 I mentioned that some new technical advance would be needed. Since that time the trend has been away from gramophone audiometry to pure-tone audiometry. The Medical Research Council's Committee on the Educational Treatment of Deafness has recommended the adoption of the sweep-frequency method.



The following figures relate to the nurse's findings during the two months of testing:-

| <u>No. of children<br/>tested</u> | <u>No. of children<br/>re-tested</u> | <u>No. referred to<br/>School Medical Officers</u> |
|-----------------------------------|--------------------------------------|--|
| 907                               | 94                                   | 36   |

None of these 36 cases had been fully investigated by the medical officers by the end of the year.

ORTHOPAEDIC AND POSTURAL DEFECTS. Some children with the more severe degrees of these defects were referred, as in previous years, to the orthopaedic surgeons at the Children's Hospital, Plaistow, and Queen Mary's Hospital, Stratford, and various other special hospitals. In many cases insoles or wedging of the shoes was prescribed, while in a few cases orthopaedic operations were carried out. Following the establishment of the Council's own physiotherapy service at the beginning of 1952, 96 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 172. Twenty-four 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 attended three full days a week, approximately half of the time being devoted to the School Health Service. The local authority clinic premises are equipped for artificial light therapy and treatment is given in Forest Street Child Welfare Clinic and Grange Road Child Welfare Clinic. Two clinics were held weekly at each of these clinics and at each of them both school children and pre-school children are treated. Children are usually referred to the physiotherapist by the local authority medical officers. An increasing number of general practitioners refer cases. Specialists at various London Hospitals also wish cases to be treated locally to save the parents and children the trouble of travelling long distances. The consultant paediatrician and the Ear, Nose and Throat Surgeon refer cases from time to time.

Minor orthopaedic defects of many kinds - the slighter degrees of flat foot, weak ankles, poor posture and knock knees - are treated by remedial exercises, mainly in the form of classes. Massage, as well as ultra-violet irradiation is given when necessary. The classes for foot defects yield very good results, and this lends support to the view that these conditions, if treated in the early stages, can be more easily remedied and probably spared the need for later treatment at an orthopaedic clinic. Usually only the more severe cases are referred to an orthopaedic surgeon. Many cases of asthma, bronchitis, recurrent upper respiratory infection, and general debility are given general ultra-violet irradiation. Artificial sunlight or ultra-violet irradiation as it is termed is given by a special type of mercury vapour lamp which enables several children to be treated simultaneously in a group. Breathing exercises, modified according to the particular type of chest condition, are also given by the physiotherapist. 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.

Valuable work was carried out at the Elizabeth Fry Special School where children with various forms of paralysis, considered suitable for physiotherapy, were dealt with. Any of these children found to require ultra-violet irradiation were treated at the nearby Grange Road Clinic. The work of the Elizabeth Fry Special School was greatly increased when the



Spastic Unit attached to the school was opened in June. A physiotherapist was then in attendance at every session. The physiotherapeutic services carried out, which consist of massage, manipulation and special exercises, are given in the well equipped Spastic Unit both to the pupils attending the Unit and to those in the parent Elizabeth Fry Special School. So much attention is given by the physiotherapists that they become familiar with the characteristic needs and responses of each individual child.

Miss Franks commenced duty as a full-time assistant physiotherapist on 4th October, 1954, and the following programme was put into effect:-

Mrs. Tootell

|           | Mornings             | Afternoons           |
|-----------|----------------------|----------------------|
| MONDAY    | Grange Road Infant   | Spastic Unit         |
|           | Welfare Centre       | Elizabeth Fry School |
| WEDNESDAY | Spastic Unit         | Spastic Unit         |
|           | Elizabeth Fry School | Elizabeth Fry School |
| FRIDAY    | Grange Road Infant   | Spastic Unit         |
|           | Welfare Centre       | Elizabeth Fry School |

Miss Franks

|           | Mornings             | Afternoons            |
|-----------|----------------------|-----------------------|
| MONDAY    | Spastic Unit         | Forest Street Infants |
|           | Elizabeth Fry School | Welfare Centre        |
| TUESDAY   | Spastic Unit         | Spastic Unit          |
|           | Elizabeth Fry School | Elizabeth Fry School  |
| WEDNESDAY | Spastic Unit         | Spastic Unit          |
|           | Elizabeth Fry School | Elizabeth Fry School  |
| THURSDAY  | Spastic Unit         | Spastic Unit          |
|           | Elizabeth Fry School | Elizabeth Fry School  |
| FRIDAY    | Spastic Unit         | Forest Street Infant  |
|           | Elizabeth Fry School | Welfare Centre        |

Location of physiotherapy clinics and times of attendance

|  |   |
|--|---|
| Forest Street Maternity and<br>Child Welfare Clinic,<br>Forest Street, Forest Gate, E.7. | Monday and Friday<br>1.30 p.m. to 5.15 p.m. |
| Grange Road Maternity and<br>Child Welfare Clinic,<br>Grange Road, Plaistow, E.13.       | Monday and Friday<br>9.0 a.m. to 12 noon    |



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

|                              | <u>Number<br/>treated</u> | <u>Total Number of<br/>treatments given</u> |
|------------------------------|---------------------------|---|
| Forest Street Clinic         |                           |   |
| Sunlight                     | 70                        | 1,844                                       |
| Orthopaedic Defects          | 38                        | 540   |
| Grange Road Clinic           |                           |   |
| Sunlight                     | 112                       | 2,321                                       |
| Orthopaedic Defects          | 26                        | 585   |
| Elizabeth Fry Special School |                           |   |
| Orthopaedic Defects          | 32                        | 2,500                                       |

At Fyfield many children with various chest complaints receive special attention. The physiotherapist gives guidance to the nursing staff so that they can continue the relatively simple treatment in between her visits. The nursing staff have carried out this treatment in a most satisfactory manner. Forty children were treated at the Fyfield Open Air School, 280 treatments being given. The physiotherapist made seven visits to the school during the year, and 40 cases were reviewed and advice given to the nursing staff who carried out 280 simple treatments..

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 63 cases were referred at Periodic and special inspections for treatment and 74 for observation - these being only a few more than last year and only a third and a half respectively of the figures for 1952. Separate statistics are not available for the individual conditions making up this total, but it may be said that most of the defects 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 - 1 was of congenital origin, 1 due to rheumatism which needed a restricted curriculum on account of its severity, and in 4 cases the lesions were so slight as to be of no real significance. Last year the picture was very similar. Rheumatic fever, with its serious heart complications, is much less frequent than it was even a few years ago: in fact, in the country in general, there has been a substantial reduction in the number of children with rheumatic fever during the past two decades. Restrictions in activity are no longer being imposed because of heart murmurs of doubtful significance.

No case of organic heart disease was recommended for heart hospital schools but 1 boy with this condition was admitted to the day special school during the year. Three girls were known to have been admitted to the Children's Heart Home, West Wickham, by the Regional Hospital Board.



## by

The number of children seen at the Consultative School Health Clinics has steadily declined over the past few years. This is one aspect of the general improvement in Child Health which we are now experiencing. The lowering of the neonatal death-rate is common knowledge; with it there has also been a lessening in sickness not only in this early age-group but throughout school life - and this is not so widely appreciated.

St. Mary's Hospital, Plaistow, continue to provide us with X-ray facilities, and Whipps Cross Hospital carry out our pathological investigations; to both these institutions I tender my grateful thanks. I should also like to express my gratitude to my colleagues the assistant school health officers, and the local general practitioners, who continue to send me patients.

Thursdays

From 1.30 p.m. to 5.15 p.m.

Wednesdays

From 1.30 p.m. to 5.15 p.m.

|   |        |     |
|---|--------|-----|
| Number of school children referred by assistant school medical officers | ...    | 2   |
| Number of school children referred by general practitioners             | ... .. | 102 |
| Number of school children examined as contacts                          | ... .. | 351 |
| Number of school children found to be suffering from tuberculosis       | ... .. | 13  |

Respiratory

Non-Respiratory

|                                      |   |                   |   |
|--------------------------------------|---|-------------------|---|
| Primary complex and pleural effusion | 1 | Sacro-iliac joint | 1 |
| Primary pulmonary tuberculosis       | 2 | Meningitis        | 1 |
| Pulmonary tuberculosis               | 4 | Cervical glands   | 1 |
|                                      |   | Mastoid           | 1 |

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B.C.G. VACCINATION. Towards the end of 1950 the Medical Research Council began a controlled experiment with school leavers. The main object of the research was "to determine with precision tuberculosis mortality arising in each of the groups of the trial in the years following their first examination for the trial". West Ham children took part in this investigation, and the procedure was described in some detail in my last report. All children taking part in the trials, both positive and negative reactors to the skin test, are being followed up for three years, and are being offered an annual X-ray examination and a repeat tuberculin test. The medical research Council Team visited West Ham in June 1954 for the second annual X-ray and tests of the school leavers Christmas 1951, Easter and Summer 1952. Approximately 600 home visits were made by the school nurses during 1954. So far, a satisfactory proportion of the boys and girls have remained in the trials and much of the credit for this is due to the painstaking work of the school nurses and health visitors who visit the children once a year in an attempt to sustain their interest and to enquire about their health at the time of the visit and during the previous interval. The head teachers of the schools also co-operated splendidly in making the scheme a success. The results of the trials will not be known for some time and it is not yet certain exactly how much benefit in the way of protection from tuberculosis can be expected from B.C.G. vaccination of school children. The object of the vaccination of the non-reactors to the skin test is to produce in them a controlled primary focus of attenuated infection, with consequent development of acquired immunity, instead of allowing them to risk the dangers which are inseparable from natural, uncontrolled exposure to infection by virulent tubercle bacilli in large numbers. One cannot be dogmatic at this stage about the probable results but the evidence suggests that B.C.G. vaccination probably affords a useful degree of protection to supplement all the other measures employed in the control of tuberculosis. The Medical Research Council has extended its thanks to all who helped and co-operated in the scheme.

#### 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 died early in May: his loss was referred to in the last report. His successor commenced duty on 10th November and so has not had time to prepare a report on the year's work.

Towards the end of the year a start was made in carrying out dental inspections in the schools, but owing to shortage of staff this was restricted to infants and juniors. It is hoped, however, that a systematic inspection programme will be possible in the future.

Several dental officers were employed during the year, some full-time, some part-time, and as a result the amount of dental work was maintained at its previous level. There was an improvement in one respect; a substantial increase in the number of fillings, from 1,136 in 1953 to 3,491 this year. The greater proportion of these fillings were in permanent teeth. The principal objective of the school dental service is the preservation of the permanent dentition; but in order to achieve that objective it is necessary also to preserve the temporary teeth to build a framework of healthy mouth and jaws in which the permanent teeth can develop. To that extent, conservative work on temporary teeth, though rather time consuming, is to be preferred to extractions whenever possible.

The number of administrations of general anaesthetics (nitrous oxide and oxygen) remained about the same as in the previous year - there was a comparatively small reduction in the number of extractions - 6,756 against 7,311.



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 was maintained. Within these limits the 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 is possible to provide a comprehensive service for all the children and expectant and nursing mothers attending the Council's clinics.

Location of Dental Clinics and times of attendance.

|  |                  |   |
|--|------------------|---|
| Stratford School Clinic,<br>84, West Ham Lane, E.15.                                     | Monday to Friday | 9.0 a.m. to 5.15 p.m.                       |
|  | Saturday         | 9.0 a.m. to 12.30 p.m.                      |
| Rosetta School Clinic,<br>Sophia Road, Custom House, E.16.                               | Monday to Friday | 9.0 a.m. to 5.15 p.m.                       |
|  | Saturday         | 9.0 a.m. to 12.30 p.m.<br>(alternate weeks) |
| Forest Street Maternity and<br>Child Welfare Clinic,<br>Forest Street, Forest Gate, E.7. | Monday to Friday | 9.0 a.m. to 5.15 p.m.                       |
| Grange Road Maternity and<br>Child Welfare Clinic,<br>Grange Road, Plaistow, E.13.       | Monday to Friday | 9.0 a.m. to 5.15 p.m.                       |
|  | Saturday         | 9.0 a.m. to 12.30 p.m.<br>(alternate weeks) |

SPEECH DEFECTS. The speech therapist continued her work at the normal clinics; in addition a weekly visit was paid to the Elizabeth Fry Special School in order that physically handicapped pupils, 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. Two students from the West End Hospital for Nervous Diseases Speech Therapy Training School, attend once a week at this school to assist in the work. On 1st November, Miss Alison Clarke commenced duty as Assistant Speech Therapist, Miss Rosemary Clarke becoming Senior Speech Therapist. As a result of this augmentation a good deal of time was available for the Assistant Therapist to deal with cases at the Spastic Unit which opened on 14th June, 1954.

The following programme was put into effect and was continued until the end of the year:-

|           |      | Senior<br>Speech Therapist                            | Assistant<br>Speech Therapist   |
|-----------|------|---|---|
| MONDAY    | a.m. | Spastic Unit  | Spastic Unit  |
|           | p.m. | Main Speech Clinic                                    | Main Speech Clinic  |
| TUESDAY   | a.m. | Main Speech Clinic                                    | Spastic Unit  |
|           | p.m. | Main Speech Clinic                                    | Gurney E.S.N.School   |
| WEDNESDAY | a.m. | Main Speech Clinic                                    | Spastic Unit  |
|           | p.m. | Main Speech Clinic                                    | Branch Clinic - Grange<br>Road Maternity and<br>Child Welfare Clinic. |
| THURSDAY  | a.m. | Spastic Unit  | Spastic Unit  |
|           | p.m. | Visiting  | Main Speech Clinic  |
| FRIDAY    | a.m. | Main Speech Clinic                                    | Spastic Unit  |
|           | p.m. | Main Speech Clinic                                    | Branch Clinic - Grange<br>Road Maternity and<br>Child Welfare Clinic. |
| SATURDAY  | a.m. | Clerical work and<br>visiting (alternate<br>mornings) | Clerical work and<br>visiting (alternate<br>mornings)                 |



During the year a speech therapy tape-recording machine has been in use, and its usefulness is becoming established. A record of the children's progress is kept while attending the speech clinic; as a means of demonstrating to the child his own speech pattern, and its gradual improvement during treatment, it provides a tremendous encouragement and an incentive to steady perseverance. It is not least useful in demonstrating convincingly to parents, in the space of a few minutes exactly how much has been achieved in the weeks or months of patient effort.

The number of school children found suitable for speech therapy during the year was 58, and 45 were considered as no longer in need of treatment. Speech defects do not commonly show themselves in very young children; and as was to be expected the number of referrals from the maternity and child welfare department remained low - averaging 7 per cent. of the total number accepted for treatment.

The close liaison between the speech clinic and other parts of the service - child guidance, ear, nose and throat, paediatric and dental - which is so essential to its success, has continued to work smoothly under the guidance of the Chief Assistant School Medical Officer who attends the main clinic once a fortnight and the branch clinic occasionally.

Location of Speech Clinics and times of attendance.

|   |   |
|---|---|
| Main Speech Clinic,<br>Greengate School,<br>Cave Road, Plaistow, E.13.                                      | Monday and Thursday<br>1.30 p.m. to 5.15 p.m.<br>Tuesday, Wednesday and Friday<br>9.0 a.m. to 5.15 p.m. |
| Branch Speech Clinic,<br>Grange Road Maternity and<br>Child Welfare Clinic,<br>Grange Road, Plaistow, E.13. | Wednesday and Friday,<br>9.0 a.m. to 5.15 p.m.  |

REPORT ON THE WORK OF THE SPEECH CLINIC

by

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

This year has been an eventful year at the Speech Clinic, seeing the appointment of a full time assistant speech therapist, Miss Alison Clarke. Miss Clarke began her duties in November, and her main task is to help with the work of the newly opened Spastic Unit at the Elizabeth Fry Special School.

The Spastic Unit provides treatment for spastic children of all ages, particularly for those under seven years of age who are in the nursery class in the unit. It also provides treatment for any other children with speech defects, who attend the Elizabeth Fry School.

Spastic children need regular, if possible, daily treatment, and the appointment of an assistant speech therapist has enabled us to arrange for this. Miss Clarke attends the unit every morning, and in the afternoon, is free to assist with the school clinic work. She also attends Gurney School for one session a week, where, in the past, it has been impossible to arrange for treatment. The children at this school make slow but steady progress, and it is important that they should receive every help towards normality that it is possible for us to give.



### Statistics:

|   |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|
| No. of children who attended the clinic | ... | ... | ... | ... | 156 |
| Boys                                    | 119 |     |     |     |     |
| Girls                                   | 37  |     |     |     |     |

### Types of Defect

|                       |     |     |     |     |     |     |     |     |     |    |
|-----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|
| Dyslalia              | ... | ... | ... | ... | ... | ... | ... | ... | ... | 81 |
| Stammer               | ... | ... | ... | ... | ... | ... | ... | ... | ... | 34 |
| Stammer with dyslalia | ... | ... | ... | ... | ... | ... | ... | ... | ... | 6  |
| Cleft palate          | ... | ... | ... | ... | ... | ... | ... | ... | ... | 6  |
| Sigmatism             | ... | ... | ... | ... | ... | ... | ... | ... | ... | 15 |
| Hyperrhinolalia       | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3  |
| Cerebral Palsy        | ... | ... | ... | ... | ... | ... | ... | ... | ... | 8  |
| Deafness              | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3  |

|                            |     |     |     |     |     |     |     |     |     |    |
|----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|
| <u>Discharged Improved</u> | ... | ... | ... | ... | ... | ... | ... | ... | ... | 53 |
|----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|

### Source of Referral

|   |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|
| School Health Service and Head Teachers | ... | ... | ... | ... | 135 |
| Maternity and Child Welfare Clinics     | ... | ... | ... | ... | 14  |
| Paediatrician                           | ... | ... | ... | ... | 3   |
| Hospitals                               | ... | ... | ... | ... | 2   |
| Child Guidance Clinic                   | ... | ... | ... | ... | 2   |

Eleven children received treatment at the Elizabeth Fry School including four young spastics in the nursery class of the Spastic Unit. Six children received treatment at Gurney school. Fifteen children received treatment at Grange Road Maternity and Child Welfare Clinic, where the speech therapist is allowed the use of a room for two sessions a week. Several children were referred to Mr.Scott, the Aural Surgeon, for examination.

The recording machines at the Spastic Unit and the Speech Clinic have been in constant use, and are proving a great help in treatment. A permanent record is being made, at the Spastic Unit of the progress of each child, by regular recordings every half-term.

Our thanks are due to all those who have co-operated with our work, and enabled us to help the children under our care.

CHILD GUIDANCE. This clinic is held at the Credon Road School, Plaistow, E.13. and is open daily (Monday to Friday) from 9.0 a.m. to 5.15 p.m. Dr.T.P.Riordan, the Medical Director of the 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 session weekly  |
| J.E.Glancy, M.D., M.R.C.P., D.P.M.           | 1 session weekly  |

Educational Psychologist

|                                   |                   |
|-----------------------------------|-------------------|
| Mrs.Nathan, Dip.Psych., A.B.Ps.S. | 6 sessions weekly |
|-----------------------------------|-------------------|

Psychiatric Social Worker

Miss Mayne (Full-time from 1st March, 1954)

Secretary

Mrs.Peters (Full-time)

|   |       |
|---|-------|
| Psychiatrist's interviews at clinic                           | 1,001 |
| Psychologist's interviews at clinic                           | 338   |
| "    testing interviews at school                             | 29    |
| "    school visits  | 15    |
| "    tests for ascertainment of E.S.N. children               | 51    |
| Psychiatric Social Worker's interview at clinic               | 422   |
| "    "    "    home visits                                    | 199   |
| "    "    "    school visits                                  | 10    |
| "    "    "    other visits                                   | 23    |
| No. of cases newly referred                                   | 182   |
| "    "    "    re-opened                                      | 36    |
| "    "    "    carried over from previous year                | 127   |
| "    "    "    dealt with by Educational Psychologist only    |       |
| (cases tested at school and ascertainment of E.S.N. children) | 80    |
| Total number of cases dealt with                              | 425   |

AGE INCIDENCE

|               | <u>Under 5 years</u> | <u>5 to 11 years</u> | <u>11 years +</u> |
|---------------|----------------------|----------------------|-------------------|
| New referrals | 20                   | 112                  | 50                |
| Re-opened     | 1                    | 10                   | 23                |

SEX

|               | <u>Male</u> | <u>Female</u> |
|---------------|-------------|---------------|
| New referrals | 123         | 59            |
| Re-opened     | 31          | 5             |



INTELLECTUAL LEVEL OF CASES OTHER THAN THOSE  
REFERRED FOR ASCERTAINMENT

|               |     |
|---------------|-----|
| Above average | 14% |
| Average       | 50% |
| Below average | 31% |
| E.S.N.        | 5%  |

SOURCES OF REFERRAL

|  |    |
|--|----|
| School Medical Officers                | 62 |
| Head Teachers                          | 46 |
| General Practitioners                  | 14 |
| Maternity and Child Welfare Department | 19 |
| Parents                                | 20 |
| Probation Officers                     | 9  |
| Hospitals                              | 15 |
| Children's Officer                     | 16 |
| Education Department                   | 11 |
| Other sources                          | 6  |

DISPOSAL - Cases carried over from previous year

|                                    |     |     |     |     |     |     |
|------------------------------------|-----|-----|-----|-----|-----|-----|
| Still under treatment              | ... | ... | ... | ... | ... | 14  |
| Closed                             | ... | ... | ... | ... | ... | 113 |
| Improved                           | ... | ... | ... | ... | 41  |     |
| Not improved                       | ... | ... | ... | ... | 1   |     |
| Before end of treatment (improved) | 10  |     |     |     |     |     |
| " " " " (not improved)             | 16  |     |     |     |     |     |
| Never attended                     | ... | ... | ... | ... | 12  |     |
| Diagnosis only                     | ... | ... | ... | ... | 16  |     |
| Psychological test only            | ... | ... | ... | ... | 13  |     |
| Placement                          | ... | ... | ... | ... | 4   |     |

Cases newly referred

|                                    |     |     |     |     |     |     |
|------------------------------------|-----|-----|-----|-----|-----|-----|
| Still open                         | ... | ... | ... | ... | ... | 82  |
| Waiting list                       | ... | ... | ... | ... | 26  |     |
| Partially investigated             | ... | ... | ... | ... | 16  |     |
| Awaiting treatment                 | ... | ... | ... | ... | 26  |     |
| Under treatment                    | ... | ... | ... | ... | 14  |     |
| Closed                             | ... | ... | ... | ... | ... | 100 |
| Diagnosis only                     | ... | ... | ... | ... | 24  |     |
| Improved                           | ... | ... | ... | ... | 7   |     |
| Before end of treatment (improved) | 8   |     |     |     |     |     |
| " " " " (not improved)             | 6   |     |     |     |     |     |
| Psychological test only            | ... | ... | ... | ... | 29  |     |
| Never attended                     | ... | ... | ... | ... | 26  |     |



### Cases re-opened

|                         |     |     |     |     |     |     |     |     |     |    |
|-------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|
| Still open              | ... | ... | ... | ... | ... | ... | ... | ... | ... | 20 |
| Under investigation     |     |     |     |     |     |     |     |     |     | 3  |
| Under treatment         |     |     |     |     |     |     |     |     |     | 17 |
| Closed                  | ... | ... | ... | ... | ... | ... | ... | ... | ... | 16 |
| Diagnosis only          |     |     |     |     |     |     |     |     |     | 10 |
| Psychological test only |     |     |     |     |     |     |     |     |     | 3  |
| Improved                |     |     |     |     |     |     |     |     |     | 1  |
| Never attended          |     |     |     |     |     |     |     |     |     | 2  |

During the year 1954, the activity of the Child Guidance Clinic was almost entirely taken up with meeting the diagnostic and treatment needs of a full case load. Although the total number of cases dealt with showed little increase in the figure for the previous year, practically the entire resources of clinic time and effort were devoted to the various aspects of this case work. In consequence, prophylactic and educative work with the other agencies concerned with the care of children received little attention. The neglect of this important aspect of Child Guidance Service was partly offset by some of the benefits derived from the greater concentration of effort on case work. Social histories became at once more valid and useful by being taken in the patients homes. The high standard of psychological assessment which characterises the work of the Educational Psychologist and which requires an unhurried atmosphere and often more than one interview, was maintained without any overburdening of the waiting list. Where treatment or remedial coaching was undertaken, it was sustained for as long as seemed clinically desirable in each case irrespective of the claims of others awaiting treatment. Clinical summaries were prepared at the time of closure in every case, and subsequent progress was ascertained by letter or interview during the succeeding six months.

The adoption of this procedure as a routine was immediately satisfying to the clinic team, and of benefit to the children and parents. In less direct ways, it also had some prophylactic value. In families where the emotional maladjustment seems to be fashioned and fostered in each succeeding generation by mothers who were maladjusted in their childhood, adequate treatment of the pathological situation in one generation, may break the chain of neuroticism and prevent the perpetuation of maladjustment. On occasions, the follow-up enquiries also had some prophylactic value. Minor difficulties in other members of the family were often volunteered by parents of a child who had been helped by treatment. Timely discussion of the problems usually encouraged their spontaneous resolution, and restored an equable balance in intra-family tensions.

The table of statistics calls for little comment. The gratifying increase in the number of home visits by the Psychiatric Social Worker, has already been noted. The predominance of boys over girls in the new referrals was more marked than ever. Among the re-opened cases, there were six times as many boys as girls. The increase in the number of re-opened cases was more a reflection of parental confidence in the clinic than of an increased relapse rate. Ten of these cases were referred by the Children's Officer on behalf of the Juvenile Court. Many of the remainder were direct referrals from parents.

The general trend apparent in the sources of referral, was a falling off of cases from the school medical officers and an increase in the referrals from hospitals. In this connection, the clinical impression is, that referrals from hospital, family doctor and from the parents, were co-operative from the outset, and became quickly sensitive of the manner in which they could be helped.



The present system of recording at the clinic, makes the abstraction of statistical material for the support or disproof of clinical impressions so tedious as to be impracticable. The table of statistics is particularly barren of information about treatment. It merely records that of ninety cases treated, forty-nine completed treatment and were closed improved. A further eighteen did not complete treatment, but were improved at the time of closure. The remaining twenty-three did not complete treatment, and were not improved. A better system of recording which would permit of a ready analysis of the factors that are associated with favourable or unfavourable outcome of treatment of specific clinical syndrome, is a necessity which would enable the experience of one year to be more effectively used in succeeding years.

The experience of recent years shows that the Child Guidance Clinic cannot discharge its twin responsibilities of prophylaxis and treatment in any one year without additional psychologist and child therapist help. Either the clinical care of the child patients and their families suffers or the equally important work of propagating the principles of mental hygiene is neglected. Until staff resources are adequate to maintain a balanced service with present rate of some two hundred new referrals yearly, it will be necessary in some measure at least, to continue to resort to the expedient of robbing Peter to pay Paul.

#### HANDICAPPED CHILDREN

##### CATEGORIES OF HANDICAPPED PUPILS: SPECIAL EDUCATIONAL TREATMENT.

The several categories of handicapped pupils requiring special educational treatment were re-defined by revised Regulations made during the year 1953. The new definitions are quoted below in the various paragraphs dealing with the particular handicap.

The main changes from the previous Regulations affect six categories of handicapped pupils. The definition of a partially deaf pupil was amended with a view to clarification. Provision for diabetic pupils needing special care exists in boarding homes approved for the purpose by the Minister; and this category has now disappeared from the regulations entirely as a separate entity. Previously epileptic and physically handicapped pupils were so defined as to imply that they could not be educated in an ordinary school: in fact, many of these children can be educated in ordinary schools if special arrangements are made or facilities provided to enable them to overcome their particular difficulties. The effect of the amended definitions was therefore to bring within their scope all physically handicapped and epileptic pupils who are able, with some degree of special help, to attend ordinary schools. The definition of a pupil with speech defect was slightly simplified. The definition of delicate pupils was considerably broadened so as to make it a kind of residual category, covering all handicapped pupils who do not specifically come under any other heading; diabetic pupils now come within this category. The definition has also been extended to take account of the fact that some delicate pupils can be educated under the normal regime of an ordinary school but need a change of environment to make this possible - e.g., some asthmatics and diabetics. It may also open the way for a prolonged period of convalescence or careful rehabilitation for children with debility arising from poor home circumstances. Handicapped pupils who are blind or deaf must be educated at a special school (unless the Minister otherwise approves); others may receive this special educational treatment in a special school or in an ordinary school as may be appropriate to their individual needs.



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 | 10  |
| Number ascertained during the year            | N11 |

#### Position at the end of the year:

|                                |     |
|--------------------------------|-----|
| In day special schools         | 9   |
| In Residential Special Schools | 1   |
| Out of school                  | N11 |

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 and 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 | 2 |

#### Disposal of ascertained cases:

|   |   |
|---|---|
| Admitted to Day Special School (Deaf)   | 1 |
| Awaiting admission to Day Special School<br>(at present out of school) (deaf) | 1 |
| Admitted to Day Special School (partially deaf)                               | 2 |

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

|  |    |
|--|----|
| In residential special schools (deaf)  | 7  |
| In day special schools (deaf)  | 21 |
| In day special schools (partially deaf)  | 8  |
| Out of school (deaf) (This case is included in<br>the disposal of ascertained cases) | 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                     | 40  |
| Disposal of ascertained cases:                         |     |
| In ordinary schools                                    | 9   |
| Recommended day special schools                        | 30  |
| Recommended residential special school                 | 1   |
| Number of cases known to the Authority at end of year: |     |
| In ordinary schools                                    | 94  |
| In day special schools                                 | 155 |
| In residential special schools                         | 15  |
| Fresh admissions to special schools during the year:   |     |
| In day special schools                                 | 28  |
| In residential special schools                         | 2   |

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 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 particular difficulties. It is only when an epileptic is clearly unable to fit into the ordinary school and home life that he should be "ascertained" and the rather drastic step taken of arranging special education for him. Fortunately this is rarely necessary.

The number of non-ascertained cases of epilepsy known to the Authority is 50. Data relating to ascertained cases of epilepsy during the year may be summarised as follows:-

|  |   |
|--|---|
| Number of ascertained cases known to the Authority | 4 |
| Number of cases in residential special schools     | 2 |
| In day special school                              | 2 |
| Number of fresh ascertainments 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 1954:-

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

|               |    |
|---------------|----|
| Heart cases   | 14 |
| Cripples      | 67 |
| Miscellaneous | 14 |



Physically handicapped children in residential special schools  
(including hospital schools so far as information is available):

|               |   |
|---------------|---|
| Heart cases   | 3 |
| Cripples      | 2 |
| Miscellaneous | 1 |

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

Physically handicapped children in day special schools:

|  |    |
|--|----|
| Heart cases                            | 9  |
| Cripples (non-tubercular<br>condition) | 65 |
| Miscellaneous                          | 11 |

Out of school cases:

|               |     |
|---------------|-----|
| Heart         | 2   |
| Cripples      | Nil |
| Miscellaneous | 2   |

Fresh ascertainment during the year:

|               |   |
|---------------|---|
| Heart cases   | 1 |
| Cripples      | 7 |
| Miscellaneous | 3 |

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. 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

The number of children ascertained as delicate during the year was 124, and their disposal was as follows:-

|  |    |
|--|----|
| Admitted to Fyfield                              | 79 |
| Admitted to other residential<br>special schools | 1  |
| Refused to go away                               | 5  |
| On waiting list at end of year                   | 39 |

MALADJUSTED CHILDREN. These are children who show evidence of emotional instability or psychological disturbance, and require special educational treatment in order to effect their personal, social or educational readjustment. Such children are first investigated and the diagnosis established at the Child Guidance Clinic. The special educational treatment required is advised by the clinic and often wholly or partly carried out there. The number of children ascertained as maladjusted during the year was 2; they were both 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. Children suffering from disturbances of speech need only be formally ascertained as handicapped pupils if the disability is so great that they need special educational treatment - i.e., some modification of the educational regime - as distinct from medical treatment. No children were ascertained under this category during the year. An account of the work of the Speech Clinic appears on pages 106 - 108.

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 1954, two cases were known to the Authority. The particulars are as follows:-

|                              |                                   |
|------------------------------|-----------------------------------|
| Elizabeth Fry Special School | Physically handicapped, epileptic |
| 1 boy, aged 10 years,        | and educationally sub-normal.     |
| 1 girl, aged 13 years,       | Physically handicapped (Alopecia) |
|                              | and educationally sub-normal.     |

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

#### SPECIAL SCHOOLS

Special Schools, Nursery Schools and the Youth Employment Bureau are the responsibility of the Chief Education Officer, to whom I am indebted for some of the material in these sections of the report.

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<br>Physically Handicapped |
| West Ham School for the Deaf           | Deaf and Partially Deaf                                |
| Fyfield Residential Open Air<br>school | Delicate children                                      |

#### ELIZABETH FRY AND GURNEY SPECIAL SCHOOLS

These two schools are considered together for the last time because the separation of function which was 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 was fully implemented in May. The educationally sub-normal pupils from the Elizabeth Fry school were transferred to Gurney school on the 10th May and the extra-district educationally sub-normal pupils in Gurney were withdrawn on 9th April with the exception of four pupils due to leave the school at Christmas. The capacity of the two schools is:-

|               |                          |     |
|---------------|--------------------------|-----|
| Gurney        | Educationally sub-normal | 160 |
| Elizabeth Fry | Physically handicapped   | 100 |

The maximum numbers on the roll during the year were 159 and 84 respectively of whom 4 educationally sub-normal and 14 physically handicapped were extra-district children.



EDUCATIONALLY SUB-NORMAL CHILDREN. During the year 28 West Ham children were admitted by reason of educational retardation, and 37 West Ham children and 4 extra-district children left. The West Ham leavers were dealt with as follows:-

Fourteen left at 16 years. No action.

Twelve were notified to the Local Health Authority, four by reason of a disability of mind of such a nature or to such an extent as to make them incapable of receiving education at school;

eight as requiring supervision after leaving school.

Two admitted to Hostels (attending day special schools)

Two removed from area.

Three committed to an Approved School.

Two returned to ordinary school.

Two admitted to residential schools.

PHYSICALLY HANDICAPPED CHILDREN. During the year 20 children were admitted to the Elizabeth Fry Special School on account of a physical handicap, including 4 extra-district children; 12 West Ham children and 1 extra-district child left the school, another extra-district child died a few days after admission.

The West Ham leavers were disposed of as follows:-

|  |   |
|--|---|
| Returned to ordinary school  | 3 |
| Left school at 16 years - no action  | 4 |
| Left school at 16 years and reported to the Youth Employment Officer as Disabled Juveniles   | 2 |
| Left district  | 2 |
| Notified to Local Health Authority as suffering from a disability of mind of such a nature as to make her incapable of receiving education in school | 1 |

An analysis of the causation of defect in 84 West Ham cases and 14 extra-district cases which were in the Elizabeth Fry Special School during the year 1954 is set out below:-

| <u>Defect</u>                                  | <u>West Ham</u> | <u>Extra-district</u> |
|--|-----------------|-----------------------|
| Heart conditions<br>(Congenital and rheumatic) | 9               | 3                     |
| Paralysis                                      | 17              | 4                     |
| Quiescent T.B. bone and<br>joint defects       | 12              | Nil                   |
| Spastic conditions                             | 13              | 5                     |
| Amputations                                    | 2               | -                     |
| Haemophilia                                    | 1               | -                     |
| Muscular Dystrophy                             | 4               | -                     |
| Miscellaneous conditions                       | 26              | 2                     |
|  | <u>84</u>       | <u>14</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. The Ministry of Education have put forward a plea for the retention of handicapped children in ordinary schools wherever possible.

#### ELIZABETH FRY SPASTIC UNIT

This unit was opened on 13th June, 1954. It consists of a large nursery school room where the children spend most of their time - educational and play activities, refreshments and dinner and rest periods. There is a large well equipped physiotherapy room where massage and various exercises are carried out; also a smaller room for the same purpose. A well equipped room for speech therapy is also in use and, in this connection, a speech therapy tape recording apparatus is installed.

Other rooms to complete the unit are toilets, a workshop where furniture is adapted and gadgets made for special cases, a pram shed and staff rooms. In the area around the unit is a playground of sufficient size where the children play with special apparatus and where some ride tricycles. In the summer the rest periods are taken here. A garden is planned to be laid out.

The staff consists of a nursery school teacher, a nursery nurse and a welfare attendant.

In addition to the children in the unit twenty-four pupils of the Elizabeth Fry Physically Handicapped school attended for treatment of various kinds - in the physiotherapy and speech sections.

The procedure for the admission and the attendance of children at this unit is as follows:-

All children recommended, from whatever source, as possible cases for admission to or attendance at the above unit are first referred to the School Health department for medical assessment as to their suitability. Arrangements are there made for Dr. Hinden, the Consultant Paediatrician, to see the case to assess the physical state; and when any question of associated mental retardation is present, arrangements are also made for an up-to-date report on the mental state of the child to be obtained if one is not already available. Following these examinations and the collation of the findings by the Deputy School Medical Officer, suitable children are then admitted to the Spastic unit for a trial period. An initial period of trial is regarded as desirable in all cases in view of the uncertainty as to whether any particular spastic child will respond favourably to medical and educational treatment and also in order to offer the opportunity of a trial in the unit to all spastics who appear to have any possible chances of benefiting from it. Suitable pre-school children are encouraged to attend for treatment, even when they cannot be admitted to the nursery class, in order that they may be helped to overcome their handicap at the most impressionable leaving age. Arrangements are made for these children by the Health Department and the information passed to the Chief Education Officer and the head teacher at the school. Transport arrangements for the children attending the unit are made, as necessary, by the Education department.



The unit is fully equipped for physiotherapy and speech therapy and in the latter connection a speech therapy tape recording apparatus is installed.

By the end of the year 8 children, all under the age of seven years of age, were in the unit. All were receiving physiotherapy and 4 speech therapy. In addition, one child under the age of 2 years, was attending for treatment on an out-patient basis.

#### 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 77, including 48 extra-district cases. Increased accommodation will shortly be available. Of the 83 children in attendance during the year, 22 West Ham cases and 45 extra-district cases were regarded as deaf and 9 West Ham cases and 7 extra-district cases as partially deaf and suited for instruction with hearing aids. The admissions to and discharges from the school are set out below:-

##### Admissions

|                | <u>West Ham</u> | <u>Extra-district</u> |
|----------------|-----------------|-----------------------|
| Totally Deaf   | 2               | 7 Essex<br>1 East Ham |
| Partially deaf | 3               | 1 Essex<br>1 East Ham |

##### Leavers

|                |   |                                    |
|----------------|---|------------------------------------|
| Totally Deaf   | 2 | 2 Essex<br>1 East Ham<br>2 Barking |
| Partially Deaf | 1 | Nil                                |

#### FYFIELD RESIDENTIAL OPEN AIR SCHOOL

During the year 73 West Ham boys and 42 West Ham girls were admitted, and 73 West Ham boys and 25 West Ham girls were discharged. Of extra-district children 24 boys and 10 girls were admitted and 29 boys and 8 girls were discharged. The West Ham children are reinspected a few months after they leave Fyfield to ascertain if their improvement has been maintained. Of the 73 who attended for examination, 65 showed continued improvement, but 8 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 mid-term. During the year the Chief Assistant School Medical Officer made six visits to the school for the purpose of reinspecting the children.

For some time past it had been increasingly difficult to ascertain as "delicate" a sufficient number of children to maintain Fyfield at its full complement: this particularly applied 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 confirmed 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. The recently built schools can offer facilities similar to those found in open-air schools and there may not be much physical advantage in a transfer. It is 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. The broadening of the definition of a delicate child to include those who need no more than a change of environment to enable them to benefit from normal education, may open the way for a wider selection of cases and so help to keep the school more nearly filled to capacity.

#### 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<br/>require treatment</u> | <u>Percentage found to<br/>require treatment</u> |
|------------------------|--|--|
| 357                    | 21   | 5.88   |

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<br/>examined</u> | <u>Good</u> | <u>Percentage</u> | <u>Fair</u> | <u>Percentage</u> | <u>Poor</u> | <u>Percentage</u> |
|----------------------------|-------------|-------------------|-------------|-------------------|-------------|-------------------|
| 255                        | 110         | 43.14             | 144         | 56.47             | 1           | 0.39              |

The great reduction in the percentage of poor general condition from 2.8 in 1952 to 0.39 this year corresponds with the reduction noted in connection with periodic inspections in primary and secondary schools during the past two years. It is interesting to note that this low percentage fits in with the findings at the special toddlers clinics given on page

The defects which are most frequently found at the medical inspections are bronchitis and catarrhal conditions of the upper respiratory passages, nose and throat conditions, and minor orthopaedic defects.

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.

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.

#### 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, bronchitis, pneumonia, 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 three 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 invited to bring their children for purposes of reinspection attend in good numbers. The results generally are very satisfactory and at reinspection the improvement had in most cases been maintained. The administrative arrangements have been in the hands of the West Ham Branch of the Invalid and 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 104 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, replaced 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. 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, modern and special (E.S.N.)



are examined in this connection. In the case of the special school it is the higher grade child who is presented for examination.

The number submitted for examination since 1949 has progressively declined, the number in that year being 229, and for 1954, 78. The number of certificates of fitness granted for girls to participate in singing and dancing under the Entertainment Rules has remained fairly constant since 1949. The number examined during 1954 was 58.

In practice over the years it is found that there are ordinarily very few children indeed who are fit to go to school but who are not fit to undertake the one hour's employment on schooldays which is allowed by the Byelaws of the Council.

#### 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 the child's 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, exposure to bad weather, work in damp atmosphere, much stooping and so on. There are seventeen such limitations set out on the form. The scheme has now been in operation for 20 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 eye strain and 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 8 reports were submitted for this purpose.

#### MISCELLANEOUS

Among other types of examinations 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 24 children;
- (b) Medical examination of children prior to participating in school journeys - 215: all were found fit;



- (c) Examinations by medical officers and nurses in connection with the Children's Country Holiday Fund - 127;
- (d) Medical examination of children in connection with the Committee's Holiday Camps - 497;
- (e) Medical examination of boys prior to engaging in boxing bouts - 290: 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 I.**

**CAUSES OF DEATH IN AGE GROUPS - 1954 (as supplied by Registrar-General).**

| Causes of Death.                            | All<br>Ages |            | Deaths at different periods of life of residents (civilians)<br>whether occurring within or without the district. |           |              |          |               |          |                |          |                |           |                |            |                |            |                   |            |
|---|-------------|------------|---|-----------|--------------|----------|---------------|----------|----------------|----------|----------------|-----------|----------------|------------|----------------|------------|-------------------|------------|
|   |             |            | Under<br>1 Year   |           | 1-5<br>Years |          | 5-15<br>Years |          | 15-25<br>Years |          | 25-45<br>Years |           | 45-65<br>Years |            | 65-75<br>Years |            | 75 and<br>upwards |            |
|   | M           | F          | M   | F         | M            | F        | M             | F        | M              | F        | M              | F         | M              | F          | M              | F          | M                 | F          |
| 1. Tuberculosis, respiratory ... ..         | 21          | 6          | -   | -         | -            | -        | -             | -        | 1              | -        | 4              | 1         | 11             | 3          | 4              | 2          | 1                 | -          |
| 2. Tuberculosis, other ... ..               | -           | 1          | -   | -         | -            | -        | -             | -        | 1              | -        | -              | -         | -              | -          | -              | -          | -                 | -          |
| 3. Syphilitic disease ... ..                | 3           | 2          | -   | -         | -            | -        | -             | -        | -              | -        | -              | -         | -              | -          | 2              | 1          | 1                 | 1          |
| 4. Diphtheria ... ..                        | -           | -          | -   | -         | -            | -        | -             | -        | -              | -        | -              | -         | -              | -          | -              | -          | -                 | -          |
| 5. Whooping Cough ... ..                    | -           | -          | -   | -         | -            | -        | -             | -        | -              | -        | -              | -         | -              | -          | -              | -          | -                 | -          |
| 6. Meningococcal infections ... ..          | -           | -          | -   | -         | -            | -        | -             | -        | -              | -        | -              | -         | -              | -          | -              | -          | -                 | -          |
| 7. Acute poliomyelitis ... ..               | -           | -          | -   | -         | -            | -        | -             | -        | -              | -        | -              | -         | -              | -          | -              | -          | -                 | -          |
| 8. Measles ... ..                           | -           | -          | -   | -         | -            | -        | -             | -        | -              | -        | -              | -         | -              | -          | -              | -          | -                 | -          |
| 9. Other infective and parasitic diseases   | 3           | -          | 1   | -         | -            | -        | -             | -        | -              | -        | -              | -         | -              | -          | 1              | -          | 1                 | -          |
| 10. Malignant neoplasm, stomach ... ..      | 32          | 21         | -   | -         | -            | -        | -             | -        | -              | -        | 4              | 2         | 10             | 6          | 10             | 5          | 8                 | 8          |
| 11. Malignant neoplasm, lung, bronchus ...  | 79          | 17         | -   | -         | -            | -        | -             | -        | -              | -        | 6              | -         | 42             | 9          | 25             | 7          | 6                 | 1          |
| 12. Malignant neoplasm, breast ... ..       | -           | 30         | -   | -         | -            | -        | -             | -        | -              | -        | 3              | -         | 10             | -          | 10             | -          | 7                 | -          |
| 13. Malignant neoplasm, uterus ... ..       | -           | 15         | -   | -         | -            | -        | -             | -        | -              | -        | 1              | -         | 5              | -          | 5              | -          | 4                 | -          |
| 14. Other malignant & lymphatic neoplasms.  | 90          | 68         | -   | -         | 3            | -        | 2             | 3        | 1              | 8        | 3              | 27        | 19             | 28         | 24             | 24         | 16                | -          |
| 15. Leukaemia, aleukaemia ... ..            | 5           | 5          | -   | -         | -            | 1        | 1             | -        | -              | 1        | 1              | 2         | 3              | -          | -              | 1          | -                 | -          |
| 16. Diabetes ... ..                         | -           | 3          | -   | -         | -            | -        | -             | -        | -              | -        | -              | -         | 1              | -          | 1              | -          | 1                 | -          |
| 17. Vascular lesions of nervous system ...  | 64          | 127        | -   | -         | -            | -        | -             | -        | -              | 3        | 5              | 11        | 22             | 23         | 39             | 27         | 61                | -          |
| 18. Coronary disease, angina ... ..         | 133         | 73         | -   | -         | -            | -        | -             | -        | -              | 4        | 2              | 55        | 14             | 49         | 26             | 25         | 31                | -          |
| 19. Hypertension with heart disease ... ..  | 10          | 19         | -   | -         | -            | -        | -             | -        | -              | -        | -              | 1         | -              | 8          | 5              | 1          | 14                | -          |
| 20. Other heart disease ... ..              | 89          | 142        | -   | -         | -            | -        | -             | -        | -              | 5        | 4              | 9         | 17             | 15         | 22             | 60         | 99                | -          |
| 21. Other circulatory disease ... ..        | 33          | 26         | -   | -         | -            | -        | -             | -        | -              | 1        | -              | 7         | 4              | 6          | 6              | 19         | 16                | -          |
| 22. Influenza ... ..                        | 5           | 10         | -   | -         | -            | -        | -             | -        | 1              | -        | -              | -         | -              | 1          | 2              | 4          | 7                 | -          |
| 23. Pneumonia ... ..                        | 30          | 35         | -   | 4         | 2            | -        | -             | -        | -              | 2        | 1              | 9         | 2              | 6          | 6              | 13         | 20                | -          |
| 24. Bronchitis ... ..                       | 65          | 30         | -   | 1         | -            | -        | -             | -        | -              | 1        | -              | 20        | 4              | 24         | 7              | 20         | 18                | -          |
| 25. Other diseases of respiratory system..  | 12          | 3          | -   | -         | -            | 1        | -             | -        | -              | -        | -              | 5         | 1              | 4          | 1              | 2          | 1                 | -          |
| 26. Ulcer of stomach and duodenum ... ..    | 14          | 5          | -   | -         | -            | -        | -             | -        | -              | -        | -              | 3         | 1              | 4          | 2              | 7          | 2                 | -          |
| 27. Gastritis, enteritis & diarrhoea ... .. | 6           | 1          | 3   | -         | -            | -        | -             | -        | -              | 1        | 1              | 1         | -              | 1          | -              | -          | -                 | -          |
| 28. Nephritis and nephrosis ... ..          | 11          | 8          | -   | -         | -            | -        | -             | -        | 1              | -        | 2              | 1         | 7              | 3          | 1              | 2          | -                 | 2          |
| 29. Hyperplasia of prostate ... ..          | 18          | -          | -   | -         | -            | -        | -             | -        | -              | -        | -              | 2         | -              | 1          | -              | 15         | -                 | -          |
| 30. Pregnancy, childbirth, abortion ... ..  | -           | 2          | -   | -         | -            | -        | -             | -        | -              | -        | 2              | -         | -              | -          | -              | -          | -                 | -          |
| 31. Congenital malformations ... ..         | 10          | 10         | 6   | 9         | 1            | -        | -             | -        | -              | 2        | -              | -         | 1              | 1          | -              | -          | -                 | -          |
| 32. Other defined and ill-defined diseases  | 74          | 67         | 23  | 12        | 1            | 2        | 1             | 3        | 1              | -        | 5              | 5         | 14             | 14         | 13             | 8          | 16                | 23         |
| 33. Motor vehicle accidents ... ..          | 9           | 3          | -   | -         | 1            | -        | 1             | -        | 1              | -        | 1              | -         | 2              | 1          | 1              | -          | 2                 | 2          |
| 34. All other accidents ... ..              | 14          | 10         | -   | -         | -            | 1        | -             | -        | 1              | 2        | 1              | 3         | 1              | 3          | 1              | 5          | 6                 | -          |
| 35. Suicide ... ..                          | 5           | 9          | -   | -         | -            | -        | -             | -        | 1              | -        | 4              | 3         | 3              | 1          | 2              | -          | -                 | -          |
| 36. Homicide and operations of war... ..    | -           | -          | -   | -         | -            | -        | -             | -        | -              | -        | -              | -         | -              | -          | -              | -          | -                 | -          |
| <b>TOTAL (All causes) ... ..</b>            | <b>835</b>  | <b>748</b> | <b>33</b>   | <b>26</b> | <b>3</b>     | <b>7</b> | <b>5</b>      | <b>6</b> | <b>8</b>       | <b>4</b> | <b>52</b>      | <b>37</b> | <b>244</b>     | <b>144</b> | <b>232</b>     | <b>184</b> | <b>258</b>        | <b>340</b> |



APPENDIX II

PARTICULARS OF BODIES RECEIVED INTO THE MORTUARY

DURING 1954.

| Month     | Number Received | Males | Females | Over 5 years of Age. | Under 5 years | Sent in by the Coroner | Sent in by the Police | Sent in for Sanitary Reasons | No. of Post-Mortem Examinations Held | No. of Inquests Held | No. of Bodies Temporarily Embalmed. |
|-----------|-----------------|-------|---------|----------------------|---------------|------------------------|-----------------------|------------------------------|--------------------------------------|----------------------|-------------------------------------|
| January   | 28              | 21    | 7       | 27                   | 1             | 26                     | 2                     | -                            | 28                                   | 3                    | 2                                   |
| February  | 37              | 24    | 13      | 35                   | 2             | 36                     | 1                     | -                            | 37                                   | 6                    | 2                                   |
| March     | 39              | 17    | 22      | 38                   | 1             | 34                     | 5                     | -                            | 39                                   | 5                    | 5                                   |
| April     | 25              | 12    | 13      | 25                   | -             | 18                     | 7                     | -                            | 25                                   | 4                    | 1                                   |
| May       | 33              | 20    | 13      | 32                   | 1             | 27                     | 6                     | -                            | 33                                   | 7                    | 8                                   |
| June      | 16              | 9     | 7       | 14                   | 2             | 12                     | 4                     | -                            | 16                                   | 3                    | 2                                   |
| July      | 13              | 8     | 5       | 13                   | -             | 12                     | 1                     | -                            | 13                                   | 1                    | 3                                   |
| August    | 20              | 13    | 7       | 20                   | -             | 18                     | 2                     | -                            | 20                                   | 3                    | 3                                   |
| September | 23              | 15    | 8       | 20                   | 3             | 19                     | 4                     | -                            | 23                                   | 3                    | 4                                   |
| October   | 22              | 12    | 10      | 21                   | 1             | 21                     | 1                     | -                            | 22                                   | 2                    | 6                                   |
| November  | 25              | 13    | 12      | 23                   | 2             | 24                     | 1                     | -                            | 25                                   | 1                    | 2                                   |
| December  | 31              | 16    | 15      | 29                   | 2             | 27                     | 4                     | -                            | 31                                   | 3                    | 2                                   |
| TOTAL     | 312             | 180   | 132     | 297                  | 15            | 274                    | 38                    | -                            | 312                                  | 41                   | 40                                  |



APPENDIX III

STATISTICS RELATING TO SCHOOL HEALTH SERVICE

COMPARISON OF CERTAIN TYPES OF WORK  
CARRIED OUT IN THE YEARS 1952, 1953 AND 1954

|   |                 |       |        |       |        |                                   |             |             |
|---|-----------------|-------|--------|-------|--------|-----------------------------------|-------------|-------------|
| School Population 1952:   | 29,135          | 1953: | 29,653 | 1954: | 29,707 |                                   |             |             |
|   |                 |       |        |       |        | <u>Number of cases dealt with</u> |             |             |
| TYPE OF WORK  |                 |       |        |       |        | <u>1952</u>                       | <u>1953</u> | <u>1954</u> |
| Periodic Medical Inspections  | ...             | ...   | ...    | ...   | ...    | 9,264                             | 9,032       | 9,110       |
| Special Inspections and Reinspections   | ...             | ...   | ...    | ...   | ...    | 15,905                            | 16,265      | 14,463      |
| Nutrition Surveys by School Nurses  | ...             | ...   | ...    | ...   | ...    | 28,899                            | 36,600      | 22,769      |
| Uncleanliness Inspections by School Nurses  | ...             | ...   | ...    | ...   | ...    | 62,525                            | 58,296      | 68,839      |
| Minor Ailments treated at the School Clinics                                      | ...             | ...   | ...    | ...   | ...    | 4,683                             | 3,888       | 3,145       |
| Attendances at Minor Ailment Clinics  | ...             | ...   | ...    | ...   | ...    | 26,160                            | 20,132      | 18,760      |
| Tonsil and Adenoid Operations known to have been performed                        |                 |       |        |       |        | 188                               | 228         | 451         |
| Orthopaedic Defects known to have been treated at hospital<br>orthopaedic clinics | ...             | ...   | ...    | ...   | ...    | 311                               | 192         | 172         |
| Orthopaedic Defects treated at Council's Physiotherapy<br>clinics                 | ...             | ...   | ...    | ...   | ...    | 124                               | 114         | 96          |
| Cases treated at the Light Clinic   | ...             | ...   | ...    | ...   | ...    | 92                                | 190         | 182         |
| Admissions to Fyfield Open Air School   | ...             | ...   | ...    | ...   | ...    | 141                               | 141         | 149         |
| Reinspections at Fyfield  | ...             | ...   | ...    | ...   | ...    | 803                               | 814         | 821         |
| Reinspections of children on return from Fyfield                                  | ...             | ...   | ...    | ...   | ...    | 153                               | 132         | 73          |
| Children examined for Employment  | ...             | ...   | ...    | ...   | ...    | 86                                | 93          | 78          |
| Children examined for Entertainments  | ...             | ...   | ...    | ...   | ...    | 75                                | 45          | 58          |
| Children admitted to Convalescent Homes   | ...             | ...   | ...    | ...   | ...    | 197                               | 119         | 104         |
| Children found in need of Speech Therapy  | ...             | ...   | ...    | ...   | ...    | 82                                | 91          | 58          |
| Children referred for Child Guidance Treatment                                    | ...             | ...   | ...    | ...   | ...    | 191                               | 189         | 182         |
| DENTAL WORK   |                 |       |        |       |        |                                   |             |             |
| Children treated  | ...             | ...   | ...    | ...   | ...    | 5,700                             | 5,468       | 4,701       |
| Number of fillings:   | Permanent teeth | ...   | ...    | ...   | ...    | 1,108                             | 886         | 2,162       |
|   | Temporary teeth | ...   | ...    | ...   | ...    | 379                               | 250         | 1,329       |
| Number of extractions:  | Permanent teeth | ...   | ...    | ...   | ...    | 1,395                             | 1,408       | 1,054       |
|   | Temporary teeth | ...   | ...    | ...   | ...    | 6,518                             | 5,903       | 5,702       |
| Administrations of general anaesthetics   | ...             | ...   | ...    | ...   | ...    | 2,332                             | 2,440       | 2,466       |
| Other operations:   | Permanent teeth | ...   | ...    | ...   | ...    | 3,158                             | 3,318       | 1,312       |
|   | Temporary teeth | ...   | ...    | ...   | ...    | 3,820                             | 2,651       | 544         |
| Number of Orthodontic cases treated   | ...             | ...   | ...    | ...   | ...    | 115                               | 168         | 181         |



# APPENDIX IV

## SCHOOL HEALTH SERVICE

STATISTICS RELATING TO INSPECTION AND TREATMENT OF NURSERY,  
SPECIAL, PRIMARY, SECONDARY AND GRAMMAR SCHOOL PUPILS, 1954.

TABLE I

### Return of Medical Inspection

#### A. Periodic medical inspection:

| <u>Code Group</u>                 | <u>No. examined</u> |
|-----------------------------------|---------------------|
| Entrants ... ..                   | 3,751               |
| Second Age Group ... ..           | 2,579               |
| Third Age Group ... ..            | 2,185               |
| Total ... ..                      | 8,515               |
| Other periodic inspections ... .. | 595                 |
| Grand Total ... ..                | 9,110               |

#### B. Other inspections:

Number of special inspections and reinspections ... 14,463

#### C. Pupils found to require treatment:

| Age Groups Inspected                    | For defective vision (excluding squint) | For any of the other conditions recorded in Table IIA | Total individual pupils |
|---|---|---|-------------------------|
| Entrants                                | 44                                      | 231   | 269                     |
| Second Age Group                        | 184                                     | 149   | 319                     |
| Third Age Group                         | 143                                     | 79  | 216                     |
| Total                                   | 371                                     | 459   | 804                     |
| Other periodic inspections <sup>6</sup> | 19                                      | 24  | 41                      |
| Grand Total                             | 390                                     | 483   | 845                     |

<sup>6</sup> E.g., Children at special schools or who missed the usual periodic examination.



TABLE II

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

| Age Groups<br>Inspected<br>(1) | Number of<br>pupils<br>Inspected<br>(2) | A<br>(Good) |                      | B<br>(Fair) |                      | C<br>(Poor) |                      |
|--------------------------------|---|-------------|----------------------|-------------|----------------------|-------------|----------------------|
|                                |   | No.<br>(3)  | %<br>of col.2<br>(4) | No.<br>(5)  | %<br>of col.2<br>(6) | No.<br>(7)  | %<br>of col.2<br>(8) |
| Entrants                       | 3,751                                   | 1,320       | 35.19                | 2,375       | 63.32                | 56          | 1.49                 |
| Second Age Group               | 2,579                                   | 1,087       | 42.15                | 1,458       | 56.53                | 34          | 1.32                 |
| Third Age Group                | 2,185                                   | 1,149       | 52.59                | 1,009       | 46.18                | 27          | 1.23                 |
| Other Periodic<br>Inspections  | 595                                     | 352         | 59.16                | 241         | 40.50                | 2           | 0.34                 |
| Total                          | 9,110                                   | 3,908       | 42.90                | 5,083       | 55.80                | 119         | 1.30                 |

TABLE III

## Verminous Conditions

|   |        |
|---|--------|
| (1) Total number of examinations of children in the schools by the school nurses ... ..   | 68,839 |
| (2) Number of individual children found unclean ... ..                                    | 878    |
| (3) Number of individual children in respect of whom cleansing notices were issued ... .. | 322    |
| (4) Number of individual children in respect of whom cleansing orders were issued ... ..  | 70     |

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 ... .. | 3,145 |
|---|-------|

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

|  |              |
|--|--------------|
| Errors of refraction (including squint) ... .. | 1,537        |
| Other defect or disease of the eyes ... ..     | 36           |
| Total ... ..                                   | <u>1,573</u> |

Number of children for whom spectacles were

|                       |       |
|-----------------------|-------|
| (a) Prescribed ... .. | 1,192 |
| (b) Obtained ... ..   | 1,154 |



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

|   |            |
|---|------------|
| Received Operative Treatment ... ..                                 | 459        |
| Received other forms of Treatment (excluding minor ear defects) ... | <u>273</u> |
| Total number treated ... ..   | <u>731</u> |

TABLE V

Dental Inspection and Treatment

(1) Number of children inspected by the Dentists:

|                               |       |
|-------------------------------|-------|
| (a) Periodic Age Group ... .. | 950   |
| (b) Specials ... ..           | 4,762 |

(2) Number found to require treatment ... .. 5,375

(3) Number actually treated ... .. 4,701

(4) Attendances made by children for treatment ... .. 13,032

(5) Half-days devoted to

|                        |              |
|------------------------|--------------|
| Inspection ... ..      | 11           |
| Treatment ... ..       | <u>1,494</u> |
| Total half-days ... .. | 1,505        |

(6) Fillings: Permanent teeth ... .. 2,162

Temporary teeth ... .. 1,329

Total fillings ... .. 3,491

(7) Extractions: Permanent teeth ... .. 1,054

Temporary teeth ... .. 5,702

Total extractions ... .. 6,756

(8) Administrations of general anaesthetics for extractions ... .. 2,466

(9) Other operations:

Permanent teeth ... .. 1,312

Temporary teeth ... .. 544

Total of "other operations" ... .. 1,856



# I N D E X

| <u>Subject</u>  | <u>Page</u>     |
|---|-----------------|
| Adulterated samples ... ..                                  | 29              |
| After Care ... ..   | 59-67,73        |
| Ambulance Service ... ..                                    | 56-58           |
| Analgesia ... ..  | 47              |
| Ante Natal and Post Natal Care: facilities provided for ... | 35              |
| Appendices 1 - 4 ... ..                                     | 124-129         |
| Artificial light treatment ... ..                           | 101,126         |
| Atmospheric Pollution ... ..                                | 26              |
| Aural Clinics ... ..  | 99              |
| B.C.G.Vaccination ... ..                                    | 40,62,105       |
| Births ... ..   | 1,5,6           |
| Blind children ... ..                                       | 113             |
| Blind persons ... ..  | 81              |
| Blindness, Incidence of ... ..                              | 81-87           |
| Blood tests ... ..  | 35              |
| Bronchitis ... ..   | 5               |
| Cancer ... ..   | 5,15,67         |
| Care of Mothers and Young Children ... ..                   | 35-46           |
| Cerebral Palsy ... ..                                       | 87-90           |
| Chest x-ray - Expectant mothers ... ..                      | 35              |
| Child Guidance ... ..                                       | 108-112         |
| Child Minders ... ..  | 41              |
| Child Welfare ... ..  | 36-38           |
| Clean Food - New Statutory Proposals ... ..                 | 22              |
| Clean Food Advisory Association ... ..                      | 66              |
| Cleanliness - School Children ... ..                        | 93,127          |
| Colour Vision ... ..  | 98              |
| Condensed Milk ... ..                                       | 29              |
| Committees, List of ... ..                                  | 3               |
| Consultant Clinics ... ..                                   | 38              |
| Co-ordination of Maternity Services ... ..                  | 48              |
| Convalescence ... ..  | 43,62,65,74,121 |
| Day Nurseries ... ..  | 9,41            |
| Deaf Children ... ..  | 113             |
| Deaths ... ..   | 1,5,6,43        |
| Deaths - Causes and age groups ... ..                       | 124             |
| Delicate children ... ..                                    | 115             |
| Dental treatment ... ..                                     | 37,105,126,129  |
| Diabetic work, Training in ... ..                           | 51              |
| Diphtheria ... ..   | 5,7             |
| Diphtheria immunisation ... ..                              | 53-55           |
| Disabled Persons (Employment) Act 1944 ... ..               | 122             |
| Disinfection and Disinfestation ... ..                      | 27              |
| Domestic help ... ..  | 68-71           |
| Domiciliary Midwifery ... ..                                | 47-49           |
| Drugs ... ..  | 30              |
| Dysentery ... ..  | 1,5,9           |
| Ear, Nose and Throat Clinic ... ..                          | 99              |
| Ear, Nose and Throat defects, and defective hearing ... ..  | 96,100,126,128  |
| Educationally sub-normal children ... ..                    | 114,117         |



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|---|-------------|
| Employment of children and young persons ... .. | 121         |
| Elizabeth Fry Special School ... ..             | 1,116,118   |
| Encephalitis ... ..                             | 8           |
| Epileptic children ... ..                       | 114         |
| Epilepsy ... ..                                 | 87          |
| Erysipelas ... ..                               | 8           |
| Factories Act 1937 ... ..                       | 17-19       |
| Fertilisers and Feeding Stuffs Act 1926 ... ..  | 30,31       |
| Following-up (school children) ... ..           | 94          |
| Food and Drugs Amendment Act ... ..             | 1,22        |
| Food inspection ... ..                          | 20-23       |
| Food poisoning ... ..                           | 1,5,9,10    |
| Food Samples ... ..                             | 31          |
| Food unsound ... ..                             | 21          |
| Fyfield Open-Air School ... ..                  | 119         |
| General Health and Welfare Services ... ..      | 80-90       |
| Gurney Special School ... ..                    | 116         |
| Handbooks ... ..                                | 67          |
| Handicapped children ... ..                     | 39,112-116  |
| Health Education ... ..                         | 51,66       |
| Health Visiting ... ..                          | 50-52       |
| Hearing of School Children ... ..               | 100         |
| Heart Disease & Rheumatism ... ..               | 103         |
| Home Nursing ... ..                             | 2,52        |
| Housing ... ..                                  | 1,24        |
| Housing for Tuberculous Patients ... ..         | 63          |
| Housing Repairs and Rents Act 1954 ... ..       | 25          |
| Houses - unfit ... ..                           | 24          |
| Hygiene of School premises ... ..               | 92          |
| Ice Cream ... ..                                | 30          |
| Ice Lollies ... ..                              | 30          |
| Immunisation - diphtheria ... ..                | 53-55       |
| - whooping cough ... ..                         | 54          |
| Infant mortality ... ..                         | 1,5,46      |
| Infant welfare ... ..                           | 36-38       |
| Infectious diseases ... ..                      | 1,6,11      |
| Influenza ... ..                                | 10          |
| Leavers (school) ... ..                         | 122         |
| Library Service ... ..                          | 2,63        |
| Lunacy & Mental Treatment Acts ... ..           | 74-75       |
| Maladjusted children ... ..                     | 115         |
| Mass Miniature Radiography ... ..               | 35,60       |
| Maternal Mortality ... ..                       | 5,6,45      |
| Maternity Outfits ... ..                        | 36          |
| Maternity and Child Welfare ... ..              | 35-46       |
| Analgesia ... ..                                | 47          |
| Chest x-ray ... ..                              | 35          |
| Child Welfare ... ..                            | 36-38       |
| Convalescence ... ..                            | 43          |
| Day Nurseries ... ..                            | 41          |
| Dental Treatment ... ..                         | 37          |



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|---|----------------|
| Handicapped Children                      | 39             |
| Health Visiting                           | 50-52          |
| Midwifery                                 | 3,47-49        |
| Mothercraft Training                      | 36             |
| Physiotherapy                             | 38             |
| Premature births                          | 41             |
| Sunlight treatment                        | 38             |
| Specialist Clinics                        | 38             |
| Toddlers' Clinics                         | 36             |
| Unmarried mother and child                | 35             |
| Welfare Foods                             | 39             |
| Maternity Services - Co-ordination of     | 48             |
| Measles                                   | 5,7            |
| Meat Inspection                           | 33             |
| Medical Examinations (staff)              | 90             |
| Medical Inspection (school children)      | 91,126-129     |
| Meningococcal Infection                   | 5,7            |
| Mental Deficiency                         | 75-79          |
| Mental Health                             | 65,72-79       |
| Mental Health Social work                 | 73             |
| Midwifery                                 | 47-49          |
| Milk - Capping of bottles                 | 23             |
| Milk, samples taken                       | 31             |
| Minor ailments (school children)          | 95-97,126,127  |
| Miscellaneous examinations                | 122            |
| Mortuaries                                | 125            |
| Mothercraft Training                      | 36             |
| Multiple defects (school children)        | 116            |
| National Assistance Act 1948, Sec.47      | 80-87          |
| National Health Service Act 1946          | 35-87          |
| Nose and throat defects (school children) | 96,100,126,128 |
| Nursery schools and classes               | 9,120          |
| Nursing Requisites                        | 63,65          |
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