

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

Contributors

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County Borough of West Ham



ANNUAL REPORT
ON THE
HEALTH SERVICES
FOR THE YEAR
1957

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

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1957.

The slow decrease in the population continued. According to the Registrar General's estimates, there were 1,100 fewer people in the Borough this year than in 1956, giving a population of 165,900 at the mid-year. The total fall since the post war peak of 173,800 in 1949 is now 7,900, or about $4\frac{1}{2}$ per cent in eight years.

There was a small increase in the birth rate and a small drop in the death rate, but neither were of any significance. More gratifying was the decrease in the infant mortality to 19.31 and in the stillbirth rate to 17.85; in both instances these were the lowest figures recorded. The maternal mortality also declined, but it is based on such small numbers that caution must be exercised in drawing conclusions.

There was nothing remarkable in the year's experience of infectious disease. Scarlet fever increased, and this was a "measles year"; but neither gave a figure beyond the normal range of variation. Poliomyelitis rose a little, during a period of heavy national prevalence, without causing any local deaths. Dysentery dropped to less than one sixth of the previous year's rate, despite the persistence of a high level in the country as a whole. Finally, the gratifying decline in the incidence of tuberculosis continued during the year. Although this was accompanied by a small increase in deaths, the total remains so low that the position can nevertheless be considered a favourable one.

Several changes took place in the senior medical and nursing staff during the year. Dr. Furniss, the Chief Assistant School Medical Officer, retired in December after $32\frac{1}{2}$ years service; and Dr. Florentin, the Senior Assistant Medical Officer for Maternity and Child Welfare took over his responsibilities in addition to her own, with a view to the closer integration of the child health services. Dr. Jacobs was appointed as Administrative Medical Officer to assist her.

Miss Fraquet, West Ham's first Superintendent Nursing Officer, retired in July after nine years active development of the Borough nursing services. Again the opportunity was taken to revise the establishment as experience indicated. When Miss Pettit succeeded to the post it became predominantly administrative and organisational. Her deputy, Miss Hazelden, was given the title of Superintendent Health Visitor with responsibility for the current supervision of health visitors and school nurses; while Miss Evans was appointed to the vacant post of Non-Medical Supervisor of Midwives and Home Nurses with similar responsibilities in her own field. This clear definition of function in place of a rather loose distribution of duties is already showing promise of greater efficiency.

Three of the remaining school nurses also retired. Miss Mann, Miss Hamaton and Mrs. Poulson had between them nearly sixty years of service.

Our best wishes go with our retiring colleagues and we extend a most cordial welcome to those who have joined us.

Turning now to the main body of the Report, the Chief Public Health Inspector comments upon the operation of, or preparation for, three important legislative measures, the Clean Air Act, 1956 (p.19), the Food Hygiene Regulations, 1955 (p.26) and the Rent Act, 1957 (p.30). The latter, although only coming into force in the middle of the year, immediately plunged the Public Health Inspection Section of the Department into a mass of work in dealing with applications for Certificates of Disrepair. It is greatly to the credit of the staff that the requirements were met without delays.

The section of the Report dealing with Maternal & Child Welfare (pages 41 - 61) conveys the impression of a gradually broadening scope of service in response to advances in modern medical knowledge and techniques. It contains an account, beginning on page 59, of one of the most encouraging features of the service, namely the various ways in which the health visitors have formed working groups under the leadership of their senior officers, to pursue specific service problems or general consultative functions. The results are already becoming apparent in a more mature understanding of the subjects under consideration and a greater skill in assessing the right kind of help to bring to difficult social or family situations. Of the more tangible products, the simple practical leaflets designed by the health visitors to supplement their personal advice on maternal and child care, are becoming known and valued beyond the boundaries of West Ham. I feel sure that these developments will ultimately come to exert a very favourable and far-reaching influence on the services given to the public.

On pages 65 and 68 respectively will be found brief notes on the extension of the Ministry's scheme for poliomyelitis vaccination and on the extension of the tuberculosis health visitors' responsibilities into the field of social work; while pages 71 and 72 contain a rather more extended account of the development of the occupational therapy service. The year also saw substantial developments in the Occupation Centre (page 83).

The Report on the School Health Service is introduced by a review of the first fifty years progress (page 87). Though written by one of his successors, it may perhaps form an appropriate setting for Dr. Furniss's retirement and also the prelude to a new approach to the supervision of the health of the school child. Much thought has been devoted to this subject in various quarters during recent years, and the Ministry of Education gave a helpful lead as to the direction it might take in the revised School Health Service and Handicapped Pupils Regulations. Perhaps subsequent reports may have something to tell about the application of these principles to the practical organisation of the service.

Once again it is necessary to conclude with an expression of regret for the delay in publication. The reasons are to be found, as before, in the preoccupation of senior officers with service problems. Important as these reports are, their composition must be fitted in as opportunities arise, without prejudicing the efficient operation of the service.

My grateful thanks are due to the Committees for their support and to the staff whose devoted service made all this achievement possible.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

F. ROY DENNISON.

Medical Officer of Health and
Principal School Medical Officer.

Health Department,
225, Romford Road,
FOREST GATE, E.7.

CONSTITUTION OF COMMITTEES

(May, 1957 to May, 1958)

The Mayor (Alderman H.H.Smith, J.P.,)

Health Committee

Chairman: Alderman Miss D.L.Smith
Vice-Chairman: The Deputy Mayor Dr.L.Comyns, J.P.

Alderman Mrs.V.Ayres, J.P.	Councillor Mrs.A.A.Gannon
Alderman Mrs.A.A.Barnes	Councillor E.S.C.Kebbell
Alderman E.C.Cannon, J.P.	Councillor D.W.Lee
Alderman Mrs.E.C.Cook	Councillor T.C.McMillan
Alderman Mrs.D.Parsons, M.B.E., J.P.	Councillor P.M.Murphy
Alderman Mrs.M.Scott, J.P.	Councillor J.C.Riley
	Councillor R.J.Stubbs
	Councillor S.W.Whitear

Co-opted Members: Dr.F.Framrose and Mr.E.H.Turner

EDUCATION COMMITTEE

Chairman: Alderman Mrs.M.Scott, J.P.
Vice-Chairman: Alderman Mrs.V.Ayres, J.P.

The Mayor	(Alderman H.H.Smith, J.P.)	Councillor J.Crone
The Deputy Mayor	Councillor Dr.L.Comyns, J.P.	Councillor M.Davidson
	Alderman Mrs.A.A.Barnes	Councillor Mrs.K.Doherty
	Alderman S.Boyce	Councillor A.F.G.Edwards
	Alderman Mrs.F.Harris	Councillor E.G.Goodyer
	Alderman C.F.Lowe, J.P.	Councillor A.J.Hughes
	Alderman A.C.Moorey, J.P.	Councillor G.A.Macaree
	Alderman Mrs.D.Parsons,	Councillor T.C.McMillan
	M.B.E., J.P.	Councillor W.Moat
	Alderman M.J.Sullivan	Councillor J.Saunders
	Alderman D.Thorogood, J.P.	Councillor S.W.Whitear
	Alderman F.A.Warner	

Co-opted Members: Rev.D.Rooke, Rev.Canon P.O'Donnell
Messrs.L.J.Bandy, W.Barwise, E.P.Bell,
E.P.Hart-Wilden, F.Samuels, C.W.Thurston,
H.C.Willig and Professor 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

C.H. Phillips, L.R.C.P., M.R.C.S., D.P.H. (Appointed 16th April, 1956)
(Resigned 1st September, 1957)
G.T. Crook, L.R.C.P., M.R.C.S., D.P.H. (Appointed 4th November, 1957)

CHIEF ASSISTANT SCHOOL MEDICAL OFFICER

Austin Furniss, L.R.C.P., L.R.C.S., L.R.P.S., L.M.S.S.A., D.P.H., L.D.S.
(Retired 6th December, 1957)

SENIOR ASSISTANT MEDICAL OFFICER, MATERNITY AND CHILD WELFARE

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

SENIOR DENTAL OFFICER

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

CHIEF PUBLIC HEALTH INSPECTOR

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

CHIEF ADMINISTRATIVE ASSISTANT

Stanley Johnson, B.A. (Admin.) (Resigned 1st September, 1957)
G.D.H. Brown (Appointed 11th November, 1957)

SUPERINTENDENT NURSING OFFICER

Miss D.L. Fraquet, S.R.N., S.C.M., H.V's Cert., S.I's Cert. (Retired 14th July, 1957).
Miss J.K. Pettit, S.R.N., R.F.N., C.M.B. (Part I) Cert. H.V's. Cert.,
R.C.N. Nursing Admin. (Public Health) Cert. (Appointed 1st October, 1957).

STATISTICAL SUMMARY

1957

Area of Borough	4,689 acres
Population (R.G.'s mid-year estimate)	165,900
Live Births	2,641
Crude birth rate (per 1,000 population)	15.92
Adjusted birth rate (per 1,000 population)	14.49
Stillbirths	48
Stillbirth rate (per 1,000 total births)	17.85
Deaths	1,738
Crude death rate (per 1,000 population)	10.48
Adjusted death rate (per 1,000 population)	13.10
Deaths of infants under 1 year	51
Infant mortality rate (deaths per 1,000 live births)	19.31
Deaths of infants under 4 weeks of age	42
Neonatal death rate (deaths per 1,000 live births)	15.90
Maternal deaths	2
Maternal mortality rate (per 1,000 live & stillbirths)	0.74

VARIOUS DISEASES: Cases and Deaths

	Cases	Case rate per 1,000 population	Deaths	Death rate per 1,000 population
Smallpox	-	-	-	-
Scarlet Fever	247	1.49	-	-
Diphtheria	-	-	-	-
Dysentery	45	0.27	-	-
Food Poisoning	15	0.09	-	-
Measles	2,328	14.03	-	-
Acute Poliomyelitis (paralytic)	7	0.04	-	-
-do- (non-paralytic)	9	0.05	-	-
Whooping Cough	239	1.44	-	-
Meningococcal Infections	6	-	-	-
Typhoid and Paratyphoid Fevers	-	-	-	-
Pneumonia:				
Acute, primary and influenzal	147	0.89	-	-
All forms	-	-	104	0.63
Bronchitis	-	-	134	0.81
Tuberculosis:				
Respiratory	105	0.63	16	0.10
Other forms	10	0.06	1	0.01
Cancer	-	-	338	2.04

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, and 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 population in 1957 was 165,900. This is a decrease of 1,100 on the estimated population for 1956.

BIRTH RATE. Live Births. The number of live births during the year was 2,641 (males 1,353 and females 1,288). This gives a crude rate of 15.92 per 1,000 population. The adjusted birth rate for 1957 is 14.49 per 1,000 population which compares with a rate of 16.1 for England and Wales. Illegitimate births account for 136, or 5.15 per cent, of all live births - the rate for 1956 was 5.07 per cent.

Still-births: There were 48 stillbirths (29 males and 19 females) giving a rate of 17.8 per 1,000 total births compared with a rate of 22.5 for England and Wales.

DEATHS. During the year 1,738 (males 933, females 805) West Ham residents died, giving a crude death rate of 10.48 per 1,000 population. The adjusted death rate per 1,000 population is 13.10 which compares with the death rate of 11.5 for England and Wales. The causes of death at different periods of life, distinguishing male and female, are given in Appendix I, page 122.

INFANT MORTALITY. The deaths of children under 1 year of age numbered 51 (males 30 and females 21) giving an infant mortality of 19.3 per 1,000 live births as against 24.4 for 1956. The rate for England and Wales was 23.1. The list of causes of death can be found in Appendix I, page 122.

MATERNAL MORTALITY. During the year there were 2 deaths from maternal causes, as against 3 deaths in 1956. The maternal mortality rate of 0.74 compares with 0.47 for England and Wales. See page 53 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

Infectious Diseases

Table showing Cases of Infectious Disease Notified and Confirmed, 1957.

Diseases	All Age Groups		Ages						
	1956	1957	Under 1	1-2	3-4	5-9	10-14	15-24	25 & over
Smallpox	-	-	-	-	-	-	-	-	-
Cholera	-	-	-	-	-	-	-	-	-
Diphtheria	2	-	-	-	-	-	-	-	-
Erysipelas	22	18	-	-	-	-	-	-	18
Scarlet Fever	97	247	2	17	59	147	20	2	-
Typhoid Fever	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	3	-	-	-	-	-	-	-	-
Typhus	-	-	-	-	-	-	-	-	-
Relapsing Fever	-	-	-	-	-	-	-	-	-
Plague	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis:									
(Paralytic)	3	7	1	1	1	3	-	1	-
(Non-Paralytic)	-	9	-	-	4	1	3	1	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-
Malaria	1	-	-	-	-	-	-	-	-
Dysentery	285	45	1	4	2	31	1	3	3
Acute Pneumonia	84	147	4	3	2	6	3	15	114
Tuberculosis:									
Respiratory	119	105	1	1	2	5	-	18	78
Meninges	2	2	-	-	-	-	-	1	1
Other	9	8	-	-	-	-	-	3	5
Puerperal Pyrexia	19	11	-	-	-	-	-	4	7
Measles	550	2,328	88	527	642	1,036	24	5	6
Whooping Cough	276	239	18	67	48	97	8	-	1
Food Poisoning	14	15	1	3	-	3	1	2	5
Leprosy	-	-	-	-	-	-	-	-	-
Meningococcal									
Infection	3	6	3	2	-	1	-	-	-
Acute Encephalitis:									
Infective	-	-	-	-	-	-	-	-	-
(Post Infectious)	1	1	-	-	-	-	-	-	1
TOTALS:	1,490	3,188	119	625	760	1,330	60	55	239

The following table shows the age incidence and case rate per 1,000 population of Scarlet Fever, Measles and Whooping Cough.

Age	Scarlet Fever		Measles		Whooping Cough	
	M.	F.	M.	F.	M.	F.
Under 1 year	2	-	41	47	9	9
1 - 4 years	47	29	620	549	59	56
5 - 9 years	65	82	503	533	43	54
10 - 14 years	10	10	10	14	3	5
Over 15 years	1	1	6	5	1	-
	125	122	1,180	1,148	115	124
	247		2,328		239	
Case Rate per 1,000 population	1.49		14.03		1.44	

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

MENINGOCOCCAL INFECTION. There were six cases of this disease (5 males and 1 female). The age incidence was 3 under 1 year, 2 aged 1 year and 1 aged 5 years.

ACUTE POLIOMYELITIS. There were 16 confirmed cases during the year (8 paralytic and 8 non-paralytic), an increase of 13 on the previous year. Sixteen other suspected cases were reported but were found not to be suffering from the disease. All cases were admitted to hospital. There were no deaths.

The cases were widely distributed over the area and occurred 1 in January, 2 in April; 1 in May; 1 in June; 5 in July; 5 in August and 1 in September.

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

	Male	Female
Under 1 year	-	1
1 - 4 years	3	2
5 - 9 years	3	2
10 - 14 years	1	1
15 - 24 years	1	1
25 years and over	-	1

ERYSIPELAS. Eighteen cases of this disease were notified, a decrease of 4 on the previous year. The age and sex incidence was as follows:-

Age		Male	Female
0 - 14 years		-	-
15 - 44 years		2	2
45 - 64 years		1	12
65 years and over		1	-
	TOTAL	4	14

The occupational incidence for males included a fitter's mate, a steel worker, an engineering foreman, and a retired labourer; for females, a shop assistant, a cashier, a hospital receptionist, a beer bottler, a factory hand, a home help, a leaflet-distributor, painters assistant, refrigerator insulator, and housewives. The seasonal incidence was as below:-

January/March	2 cases
April/June	9 cases
July/September	3 cases
October/December	4 cases

PUERPERAL PYREXIA. Eleven cases were notified during the year, a decrease of 8 as compared with 1956. Seven cases occurred in maternity hospitals and 4 cases at home.

DYSENTERY. Forty-five cases of Sonne Dysentery occurred during the year as compared with 283 in 1956.

The age and sex incidence was as follows:-

Age	March		June		September		December		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 years	-	-	1	6	-	-	-	-	1	6
5 - 14 years	1	-	15	12	-	2	1	1	17	15
15 - 24 years	-	3	-	-	-	-	-	-	-	3
25 years and over	-	-	-	3	-	-	-	-	-	3
Totals	1	3	16	21	-	2	1	1	18	27

FOOD POISONING. Fifteen cases of food poisoning were notified during the year. Twelve of these cases were associated with four outbreaks, whilst the remaining 3 cases were isolated instances of infection for which no cause could be found.

Salmonella organisms were confirmed as the infecting organisms in all cases.

Annual Return of Food Poisoning Notifications for the year 1957.

Food Poisoning Notifications (Corrected).

1.	<u>1st Quarter</u> Jan/March	<u>2nd Quarter</u> April/June	<u>3rd Quarter</u> July/September	<u>4th Quarter</u> Oct/December.	TOTAL
	-	5	9	1	15
2.	Outbreaks due to Identified Agents.				
	Total Outbreaks - 4		Total Cases - 12 (Salmonella Typhi-murium)		
3.	Outbreaks of Undiscovered Cause				
	Total Outbreaks -		Total Cases -		
4.	Single Cases				
	Agents Identified - 3		Unknown Cause -		
	(Salmonella Organisms)				

TYPHOID FEVER, AND PARATYPHOID FEVER. No cases of these diseases were notified during the year.

PNEUMONIA. Acute Primary and Influenzal. One-hundred-and-fifty-seven cases were notified during the year. Registered deaths from all forms of pneumonia totalled 104. The age and sex incidence of these deaths was as follows:-

Age Groups	Male	Female
Under 5 years	4	3
5 - 14 years	1	1
15 - 44 years	-	-
45 - 64 years	15	11
65 - 74 years	18	6
75 and over	25	20
TOTAL:	63	41

Pneumonia caused 5.9 per cent of deaths from all causes in the borough.

TUBERCULOSIS

NOTIFICATIONS. One hundred and fifteen new cases of tuberculosis (73 males and 42 females) were notified during 1957, a decrease of 4 cases on the previous year's figure of 119.

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

Age Groups	Respiratory		Non-respiratory	
	M.	F.	M.	F.
0 - 4	3	1	-	-
5 - 14	1	4	-	-
15 - 24	8	11	1	2
25 - 44	17	11	2	1
45 - 64	29	7	2	2
65 years and over	10	3	-	-
TOTALS:	68	37	5	5

The following table shows the totals of primary notifications of tuberculosis among children up to 5 years during the past 11 years.

PRIMARY NOTIFICATIONS OF CASES OF TUBERCULOSIS

(Children under 5)

Age	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Under 1 year	1	2	2	2	1	1	2	-	-	-	1
1 year	21	3	6	7	1	3	3	2	4	2	1
)											
)											
)											
2 - 4 years		7	13	10	9	5	9	7	4	1	2
TOTALS:	22	12	21	19	11	9	14	9	8	3	4

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

The 10 non-respiratory cases notified are as follows:-

Fallopian Tubes	1
Sinus, right thigh	1
Meninges	2
Kidney	2
Glands	2
Spine	2

DEATHS. During the year 17 cases (9 males and 8 females) died from tuberculosis compared with 13 deaths in the previous year. One of these deaths, a female, was caused by a non-respiratory form of the disease. The death rate from the respiratory form of the disease was 0.10 per 1,000 of the population as compared with 0.10 for England and Wales.

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	-	2	-	-
45 - 64	7	3	-	-
65 years and over	2	2	-	-
TOTALS:	9	7	-	1

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

Notifications of Tuberculosis

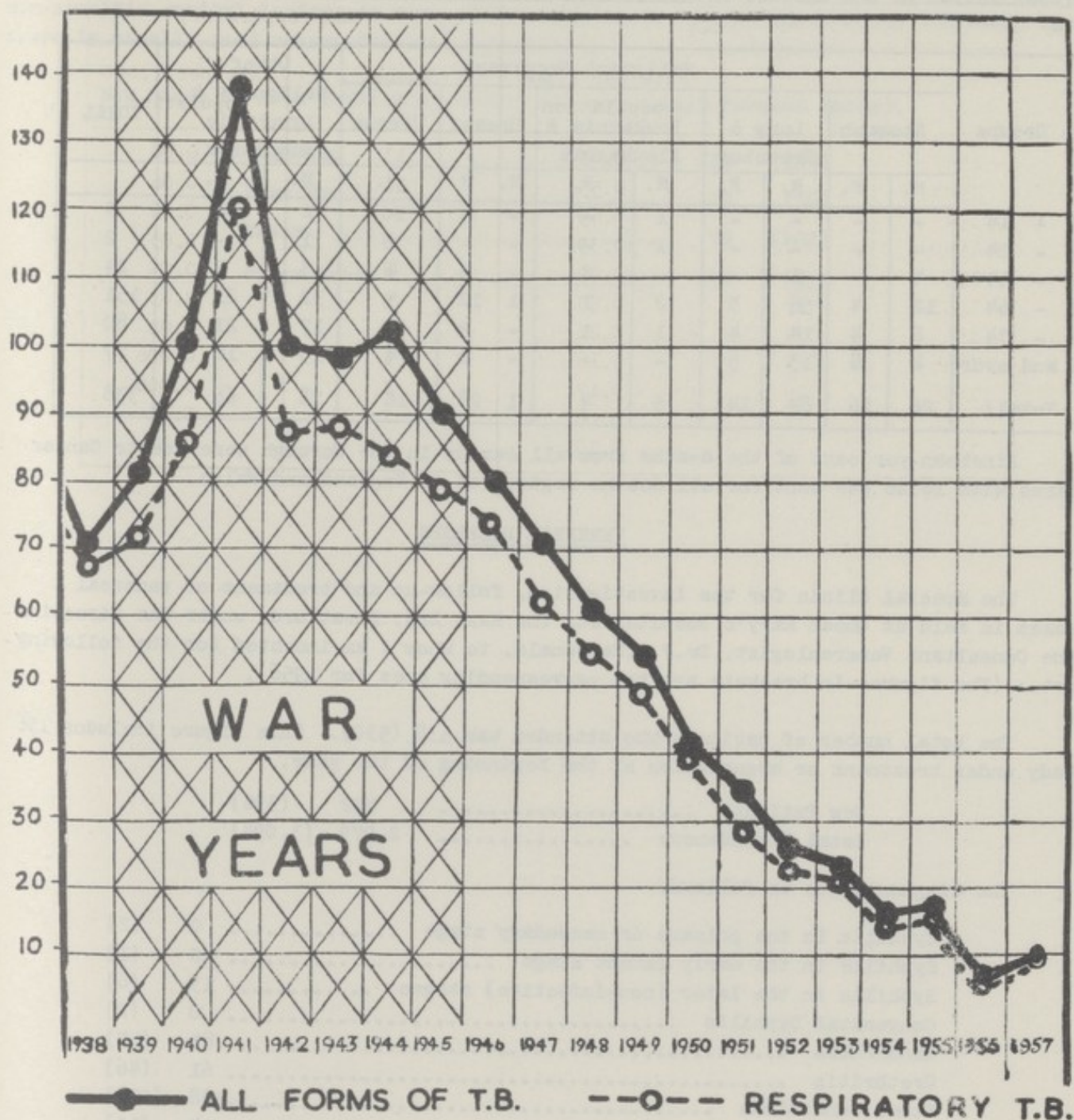
Respiratory			Non-respiratory	
Year	Number	Rate per 1,000 population	Number	Rate per 1,000 population
1947	167	0.97	24	0.14
1948	192	1.10	36	0.21
1949	173	0.99	36	0.21
1950	158	0.91	20	0.12
1951	192	1.13	18	0.10
1952	130	0.76	19	0.11
1953	199	1.18	18	0.11
1954	167	0.99	22	0.13
1955	145	0.86	7	0.04
1956	119	0.71	11	0.06
1957	105	0.64	10	0.06

Deaths from Tuberculosis

Respiratory			Non-respiratory	
Year	Number	Rate per 1,000 population	Number	Rate per 1,000 population
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
1955	29	0.17	1	0.006
1956	11	0.06	2	0.01
1957	16	0.10	1	0.01

TUBERCULOSIS

DEATHS PER 100,000 POPULATION



CANCER

The number of deaths attributed to cancer was 338 which is the same number as in 1956.

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 Neoplasms									Other		TOTAL
	Stomach		Lung & Bronchus		Leukaemia & Aleukaemia		Breast		Uterus	Malignant & Lymphatic Neoplasms		
	M.	F.	M.	F.	M.	F.	M.	F.	F.	M.	F.	
0 - 14	-	-	-	-	1	-	-	-	-	2	1	4
15 - 24	-	-	-	-	1	-	-	-	-	1	-	2
25 - 44	4	-	1	-	-	2	-	5	4	3	5	24
45 - 64	12	4	56	5	2	1	1	12	5	32	21	151
65 - 74	6	4	14	4	1	1	-	9	3	17	21	80
75 and over	4	8	13	5	-	-	-	2	4	23	18	77
Total:	26	16	84	14	5	4	1	28	16	78	66	338

Nineteen per cent of the deaths from all causes in the Borough were due to Cancer compared with 18.26 per cent for all deaths registered in England and Wales.

VENEREAL DISEASES

The Special Clinic for the investigation, follow-up and treatment of venereal diseases is held at Queen Mary's Hospital for the East End, 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 1956).

The total number of patients who attended was 538 (530). This figure includes 136 already under treatment or observation at the beginning of the year.

New Patients	402	(396)
Total Attendances	2,979	(3,094)

The diagnosis was as follows:-

Syphilis in the primary or secondary stage	0	(2)
Syphilis in the early latent stage	0	(1)
Syphilis in the later (non-infective) stages	13	(8)
Congenital Syphilis	0	(2)
Gonorrhoea	81	(52)
Urethritis	61	(46)
Other Conditions	188	(248)
Cases previously treated elsewhere	14	(11)
Return Cases	19	(26)

Attention is drawn to the definite increase in Gonorrhoea and Urethritis cases. Constant attempts are made, with varying success, to trace contacts. However, with most cases the source of infection was of a casual nature and therefore unknown.

The term "Other Conditions" includes Vaginitis and Cervicitis in women and various non-specific genital lesions in men. These conditions are not necessarily venereal, but there is usually good reason for this possibility to be investigated.

New cases by Area (excluding return and previously treated cases).

West Ham	204	(189)
East Ham	29	(36)
Essex	78	(102)
Other Areas	58	(32)

SANITARY CIRCUMSTANCES OF THE AREA

Report of the Chief Public Health Inspector

H.Ault, M.P.H.I.A.

I have pleasure in submitting the Annual Report on the work of the Public Health Inspectors during the year ending 31st December, 1957.

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

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

The number of dwelling houses in the Borough is 41,363 and the population is 165,900.

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 plumbe-solvent action and no cases of contamination were reported. All houses are supplied directly by pipes.

Factories Act, 1937

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 provisions of sanitary accommodation, which is dealt with by the Public Health Inspectors. In non-mechanically operated factories, the provisions relating to cleanliness, over-crowding, temperature, ventilation and drainage of floors are dealt with by the Public Health 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 Public Health 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 Public Health Inspectors in any class of factory.

During the year 597 visits were made to factories, and 14 written notices were served in respect of contraventions of the Act. In no case was it necessary to institute proceedings.

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

FACTORIES ACTS, 1937 as amended

Part I of the Act

1. INSPECTIONS FOR THE PURPOSES OF PROVISIONS AS TO HEALTH MADE BY PUBLIC HEALTH 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 Authority	112	110	1	-
(11) Factories not included in (1) in which Section 7 is enforced by the Local Authority	915	487	13	-
(111) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
TOTAL	1,027	597	14	-

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)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	1	-	-	1	-
(b) Unsuitable or defective	12	11	-	6	-
(c) Not separate for sexes	1	1	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
TOTAL	14	12	-	7	-

Part VIII of the Act

OUTWORK

Nature of Work (1)	Section 110			Section 111		Prose- cutions (7)
	No. of out- workers in August list required by Section 110 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prose- cutions for failure to supply lists (4)	No. of in- stances of work in un- wholesome premises (5)	Notices served (6)	
Wearing apparel Making, etc.) Cleaning and) washing)	160					/
Household linen	3					/
Curtains and furniture hangings	8					/
Furniture and upholstery	2					/
Umbrellas, etc.	1					
Artificial flowers	1					
Nets, other than wire nets	7					
Paper bags	3					
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	29					
Brush making	2					
Feather sorting	1					
Carding of buttons	4					
Stuffed toys	6					
Chocolates and sweetmeats	2					
Cosaques, Christmas crackers, Christmas stockings, etc.	45					
Lampshades	9					
TOTAL	283	—	—	—	—	—

Smoke Abatement

During the year the Public Health Inspectors made 437 visits concerning smoke emission by industrial premises, and to give advice on the working of the installations. The managements were obviously aware of the increased interest in clean air, and general improvements have resulted. There is, however, still room for considerable improvement, which will no doubt follow when supplies of smokeless fuel are more readily available and obsolete plants are modernised in accordance with the provisions of the new Act.

Among the large industrial firms in Custom House and Silvertown it is gratifying to note that many continue to make use of the facilities available at the Fuel Research Station, Greenwich, which have resulted in marked improvement in the operation of their installations.

On the other hand, some firms still experience difficulty in recruiting suitable stokers, particularly in the smaller plants which are hand-fired. This is due largely to full employment and the failure on the part of some firms to recognize a stoker as a skilled craftsman.

Clean Air

The Present Position

1957 was a year of transition as far as the Clean Air Act was concerned. A number of the provisions of the Act came into force on the 31st December, 1956 and placed many new duties on Local Authorities, but the principal sections for the control of dark smoke and of grit and dust will not operate until some time in 1958. At present, therefore the provisions of the Public Health Act, 1936, on smoke abatement remain effective. Under this the word "smoke" includes "soot, ash, grit and gritty particles". Provisions that require a nuisance to be proved or enable a "best practicable means" defence to be used, are rarely invoked and many Local Authorities have secured byelaws which define a nuisance to be the emission of black smoke for more than two (in some cases three) minutes in thirty. No byelaws for smoke other than black have been approved. Private dwellings are exempt from action, and no action may be taken which interferes with or obstructs the efficient working of mines or metallurgical processes.

Action may be taken with regard to smoke or other nuisance from air pollution under common law procedure and can be used to secure both damages and an injunction. Such action will not be affected by the coming into force of the Clean Air Act.

Progress towards clean air is not simply a matter of an Act of Parliament, action by local authorities and public approval. It is also a matter of materials - plant, instruments, appliances, fuel and power. The development of these have been stimulated by the new Act and much progress in production and application is to be seen. During the year new smokeless fuels came on to the market and new plant for producing such fuels has been erected. There is all-round progress but it is doubtful whether it has yet reached anything like the level needed to achieve the Beaver Committee's programme in the estimated 10 to 15 years. Everything is moving in the right direction but it is moving too slowly.

Although a number of provisions of the new Act are not yet operative some progress was made under the sections which came into force on 31st December, 1956, notably sections 3, 10 & 24. The provisions of these sections have thrust new and important duties on Local Authorities.

It is an offence under Section 3(1) to install certain new furnaces which are not capable so far as practicable of operating continuously without emitting smoke when burning fuel of a type for which they were designed. The section applies to all new furnaces installed after the first appointed day (31st December, 1956) in buildings or in boilers and industrial plant, subject to certain provisions, but, in short, the Section covers industrial furnaces and other large furnaces such as may be found in hotels and blocks of flats, but not small domestic appliances in houses, offices and shops.

During the year 4 applications for prior approval were received and examined and subsequently approved by the Health Committee.

Local Authorities are required under Section 10 of the Clean Air Act to examine plans for all new chimneys and satisfy themselves that these are of sufficient height to prevent the discharged gases and dust from reaching ground level in sufficient concentrations so that they are prejudicial to health or constitute a nuisance.

It is an advantage to be able to predict what ground level concentrations are likely to arise from a given discharge and much study has been given by experts to this subject. The problem is extremely complicated because of the large number of variables involved, including the local meteorological conditions and the topography of the surrounding district. Methods are available for predicting the pattern of dispersion of the plume, the formula is, however, extremely complex.

10 applications under Section 10 were received during 1957 and as in the case of applications under Section 3 were examined and subsequently approved by the Health Committee.

Section 24 of the Act provides for building byelaws to "require the provision in the new buildings of such arrangements for heating and cooking as are calculated to prevent so far as practicable the emission of smoke". A Model Byelaw was issued by the Ministry of Housing & Local Government on 28th December, 1956 as follows:-

1. There shall be provided in a new building (except in so far as heating is provided by furnaces to which Section 3 of the Clean Air Act, 1956 applies) only such appliances for heating or cooking as are suitably designed for burning any of the following fuels, namely:-

- (a) gas;
- (b) electricity;
- (c) gas coke, or anthracite,

or are appliances of a description exempted conditionally or unconditionally from the provisions of Section 11 of the Clean Air Act, 1956 (which relates to smoke control areas) by any order for the time being in force under sub-section (4) of that section.

2. This byelaw shall not apply in relation to a building begun before the date on which the byelaw comes into operation or begun after that date in pursuance of plans deposited in accordance with byelaws before that date.

3. Nothing in the foregoing provisions of these byelaws shall be taken to apply to this byelaw when an alteration or extension is made to a building.

The byelaw is construed as one with the building byelaws made by the Council on 14th December, 1953.

It will be seen from the terms of the byelaw that inherently smokeless appliances - for gas, electricity, coke and anthracite - are allowed without further definition. Appliances suitable for coke or anthracite will burn the low temperature carbonisation and other smokeless fuels and of course coal itself. Coal may still be used, except in smoke control areas, and the importance of the byelaw is that it will do away with the need for conversions in any area that may be declared a smoke control area in the future. Appliances suitable only for coal or for oil will have to be of an approved nature under Section 11 of the Act, which itself is concerned with such appliances in smoke control areas. That is, if the Minister approves a coal or oil burning appliance for use in a smoke control area, it will also meet with approval under the byelaw.

The approval of the byelaw was recommended to and accepted by the Works Committee on the 12th March, 1957, and subsequently approved by the Council.

Inspection of Food and Food Premises

During the year 3,387 visits were made to establishments where food is sold or prepared for sale. 742 premises 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 premises registered are as follows:-

Butchers	126	Greengrocers	43
Wet & Fried Fish Shops	63	Grocers	195
Ice Cream Retailers	315		

This last category includes confectioners, grocers and any premises other than cafes, restaurants and cinemas, where ice cream is sold.

The number of licensed distributors of milk is 269 and 490 licences have been issued in relation to designated milk sold by them. One establishment is registered for the sterilisation and sale of sterilised milk.

List of Food Shops

The total number of food shops in the borough, sub-divided into their principal trades, is given hereunder:-

Dairies	14
Ice Cream Manufacturers	9
Wet Fish Shops)	
Fried Fish Shops)	69
Cafes & Restaurants	284
Grocers	382
Greengrocers	104
Butchers	126
Bakers & Bakehouses	57
Confectioners	227
Food Manufacturers (large)	4
Public Houses & Off Licences	<u>129</u>
	<u>1405</u>

Disposal of Unsound Food

Unsound food is, for the most part, removed by the Public Cleansing Department, and tipped with other refuse, but large quantities of meat and fish are sent directly to soap or fertiliser factories in the Borough.

Foodstuffs Condemned During 1957

Meat	2,294 tins	Cream & Milk	1,871 tins
Meat	1 ton 12 cwt. 62½ lbs.	Vegetables	3,691 tins
Tongues	6 tons 7 cwt. 109 lbs.	Potatoes	56 lbs.
Tomatoes	1,715 tins	Onions	5 tons 17½ cwt.
Tomatoes	3 tons 5 cwt. 84 lbs.	Carrots	7 cwt. 80 lbs.
Cheese	1 cwt. 27½ lbs.	Fruit Juice	34 tins
Cheese	3,734 portions	Cereal	213 packets
Soup	165 tins	Confectionery	62 lbs.
Fruit	5,911 tins	Dried Fruit	33 packets
Fruit (fresh)	4 cwt. 92lbs.	Glaze Cherries	12 cwt. 97 lbs.
Jam & Marmalade	311 jars	Ham	9 cwt. 7½ lbs.
Fish	1,014 tins	Ham	5 tins
Fish	77 lbs.	Flour	2 cwt.
Winkles	1 bushel	Biscuits	46 lbs.
Ground Almonds	10 lbs.	Dried Milk	3 cwt.
Macaroon Paste	2½ cwt.	Blanemange	79 packets
Baking Powder	60 packets	Salt	48 lbs.
Margarine	6 lbs.	Tea	26½ lbs.
Butter	1½ lbs.	Sugar	87 lbs.
Cake Mixture	269 packets	Flavouring Essence	96 bottles
Spaghetti, Macaroni	24 packets	Spices	36 drums
Creamed Rice	6 tins	Sauce & Pickles	11 jars
Suet	45 packets	Sweet Corn	1 tin
Coffee	63 tins	Pease Pudding	2 tins
	Bacon	1 cwt. 9½ lbs.	

Food Samples

Details of the number of samples taken during the year are contained in the Annual Report of the Public Analyst on pages 37-39. In this report the Public Analyst gives a table of figures for the last 5 years showing the percentage of adulteration of the samples submitted to him for analysis. The percentage of adulteration for the years 1954 and 1955 showed a comparatively sharp rise over the two preceding years. This was accounted for by circumstances outside the normal rate of adulteration as commonly understood, inasmuch as during 1954, 35% of the total foods found to be adulterated were oranges containing thiourea, and a further 25% of the total were sausages, containing excess of the preservatives allowed by the Preservatives Regulations, which is 450 ppm of sulphur dioxide. The 1955 figure also revealed that sausages comprised 25% of the total adulteration as in 1954 for the same reason, and 37% was accounted for by analytical confirmation of unsound foodstuffs. The figure of 1.7% for 1956 is below the average of 2.3% for the past 5 years and well below the figures for 1954 and 1955.

In 1957 the percentage rose sharply again, to 3.3%, largely due to items outside the normal definition of adulteration and details of the eleven unsatisfactory samples and action taken are given hereunder.

UNSATISFACTORY FOOD & DRUGS SAMPLES - 1957

Identification from No. given in Quarterly Report.	Result of Analysis	Type of Sample	Remarks and action taken.
65 Bournvita	Infested with cocoa moth.	Informal	Consulted manufacturers. Infestation in shop. Warning to shopkeeper.
90 Beef Dripping	Contained an excess of free fatty acids.	Informal	Satisfactory formal sample taken later.
106 Whale Beef Fillet.	Wrongly labelled. The term beef should not be applied to whalemeat.	Informal	Letter to wholesalers. Labelling to be altered.
107 Savoury Duck	Contained SO ₂ preservative which is not permitted in this article	Informal	Letter to manufacturers. Satisfactory reply received.
128 Slice of White Bread.	Contained mouse excrement.	Informal	Reported to July Health Committee. Prosecution against Baker - Fined £3.
137 Bread	Contained mouse excrement.	Informal	Reported to July Health Committee. Insufficient evidence for legal action.
143 Pork Sausage with Preservative.	Contained 206 parts per million SO ₂ in excess of the amount permitted.	Formal	Reported to September Health Committee. Warning letter to butchers.
185 Cream Doughnuts	Contained a filling which was not genuine dairy cream.	Informal	Warning letter sent to shopkeeper.
222 Veal Ham & Egg Pie.	Contained a fly embedded in the gelatine.	Informal	Reported to October Health Committee. Prosecution of manufacturers. Fined 10/- and £3. 10s. costs.
255 Meat Pies	Contained 30 parts per million of sulphur dioxide preservative.	Informal	Letter to manufacturers. Satisfactory sample taken later.
322 Banana Flavouring.	Contained no flavouring essence.	Informal	Formal sample taken January, 1958.

There are, in addition, several items arising from the report which are also of interest:-

Milk

10 samples of milk were taken in course of delivery to the schools and hospitals in the Borough, 7 for chemical analysis and 3 for bacteriological examination. All were returned as satisfactory.

Sausages

A total of 7 samples of sausage were taken of which 3 were pork and 4 beef. The average meat content of the pork samples was 69.9% and that of the beef 60.7%. These averages are above the unofficial standards of 65% for pork and 50% for beef.

Ice Cream

15 samples of ice cream were purchased for chemical analysis, all of which complied with the standards laid down for this commodity by the Food Standards. (Ice Cream) Order 1953.

The Order provides, inter alia, that ice cream must contain at least 5% fat, 10% sugar and 7½% milk solids other than fat. An analysis of the figures returned by the Analyst of the 15 samples submitted show an average of 10.7% fat, 15.4% sugar and 11.1% solids not fat, which is greatly in excess of the minimum required by the law.

The fat content in ice cream is not necessarily fat derived from milk and the use of the word "cream" is apt to be misleading. Margarine is the ingredient very largely used to supply the fat content. Cream derived from milk is sometimes used if a high class product is required. This is not in common use, however, as the cost of the completed article would be prohibitive.

In addition to the above, 23 samples of ice cream were submitted to the Public Health Laboratory Service for bacteriological examination and the following results were returned:-

<u>Grade</u>	<u>Number of Samples</u>
1 (Good)	10
2 (Average)	9
3 (Bad)	2
4 (Very Bad)	2

In the cases of the 4 samples falling into categories 3 & 4, return visits were made to the retailers and further samples taken, all of which were Grade 2.

Ice Lollies

3 samples of ice lollies were purchased for chemical analysis, and another 2 were submitted for bacteriological examination, all being pronounced satisfactory.

In recent years these lollies have been made in plastic or copper moulds, and not in the lead moulds which caused a certain amount of concern when this form of ice first became popular, so that, the risk of contamination being very much reduced, it has not been necessary to take so many samples.

Prosecutions under the Food and Drugs Act, 1955

7 prosecutions were instituted under the Food & Drugs Act, 1955, and details are given hereunder.

Bottle of milk containing a piece of paper - proceedings were instituted against the dairy company, but the case was dismissed on a technical point of evidence.

Glass in wrapped cut brown loaf - the defendants pleaded extenuating circumstances owing to reglazing of the bakery windows taking place at the time of the offence, but a fine of £5 was imposed.

Cigarette end in Banbury cake - the baker was fined £5 with 16/- costs.

Nail in wrapped cut white loaf - a one inch nail was embedded in a slice of this loaf, but there being no evidence as to how it could have got there, the case was dismissed on payment of £1. 4s. 6d. costs.

Mouse dirt in loaf of bread - the baker was fined £3.

Foreign matter in milk bottle - a fine of £5 and 30/- costs were imposed on the dairy company in respect of foreign matter adhering to the interior of the bottle and also suspended in the milk.

Sediment in bottle of orange juice - a sediment of sand and cement was found in a $\frac{1}{2}$ pint bottle of orange juice sold by a dairy company, and a fine of £2 was imposed.

There were several other incidents involving foreign bodies in foodstuffs.

A complaint was received of mouse excrement being found in a slice of bread purchased in a public house and supplied by a local baker. Legal action was authorised but the witnesses for the prosecution declined to appear in court and proceedings had to be dropped.

A chocolate Swiss Roll containing an unidentified foreign body was surrendered to the Department but examination by the Public Analyst showed it to be a plastic seal from a colouring essence bottle. In view of the harmless nature of the seal, no proceedings were instituted.

A steak and kidney pie with a growth of mould on the meat filling was surrendered, but owing to the fact that both the purchaser and the retailer had retained the pie over the manufacturer's guaranteed time limit, no action could be taken.

A bristle, probably from a pastry brush was found in a bread roll, no action was taken apart from a warning to the baker.

A cut loaf with tobacco and cardboard fibre inserted between the slices was surrendered to the Department but as this was an obvious case of deliberate sabotage by an employee of a local bakery, after consultation with the management, no action was taken.

FOOD HYGIENE REGULATIONS, 1955

During the year as a result of the 3,387 visits made to food premises a number of useful improvements were carried out and many contraventions of the Food Hygiene Regulations were brought to the notice of the occupiers. There is no doubt that the general trend of improvement in food premises which took place in 1956 was continued during 1957.

There is little doubt that retailers will have to become acclimatised to the modern method of pre-packaging for this method of packing foodstuffs is rapidly gaining impetus. The open-front fish shop which the fishmonger regarded as essential to the marketing of fish in prime condition is now not acceptable to health authorities.

During the two years that the Regulations have been in force a number of weaknesses have been revealed, and in the opinion of many Medical Officers of Health and Public Health Inspectors the Regulations could be strengthened in a number of ways. New proposals for strengthening the power of local authorities have been submitted to the Minister of Agriculture, Fisheries and Food by the Association of Municipal Corporations. The Association says in a memorandum that it considers a large majority of the existing regulations may be "unenforceable so far as the penal clauses are concerned".

The Regulations have been criticised on a number of grounds including difficulty of interpretation. Clearly requirements of a structural character and the provision of specific fittings are easier to enforce than those relating to personal habits. To ensure absolute observance of the latter would entail an army of inspectors greater than ever envisaged by local authorities. The approach to the personal aspects of food hygiene has been by contact with the persons concerned or on educational lines and must of necessity be a long-term policy.

The outcome of a successful appeal by a well-known firm of fishmongers against their conviction by a Magistrates Court on charges laid under Regulation 8(a) of the Food Hygiene Regulations caused some disappointment and apprehension among those whose duty it is to ensure that the requirements of the law are met by food traders, and others concerned, and will inspire caution when similar prosecutions are contemplated.

The Regulation reads:-

"A person who engages in the handling of food shall while so engaged take all such steps as may be reasonably necessary to protect the food from risk of contamination and in particular (without prejudice to the generality of the foregoing), (a) shall not so place the food, or permit it to be so placed, as to involve any risk of contamination".

The Magistrates had found the charges proved and convicted the defendants, but also made the observation "that there was no material danger to the consumers' health". If in their ruling they had not made this statement there is little doubt that the appeal, had there been one, might not have followed the course it actually took. The Justices were guided by the expert evidence of the Home Office Pathologist who had visited the shop and considered there was no danger to public health.

The Lord Chief Justice has now ruled that if the contamination of which there is an alleged risk is not injurious to health, then there is no offence under the Regulations. Obviously with so much food sold there must be some exposure to the air, and therefore

some risk of contamination which could conceivably on occasion be injurious to health. The food handler, however, is only required to take such steps as may be reasonably necessary. It is clear that in cases under Regulation 8(a) it will be advisable for the prosecution to bring expert evidence that the alleged risk of contamination did in fact constitute a real risk of danger to health.

This appeal has certainly cleared the air as to the interpretation of Regulation 8 and several other regulations, and to this extent has given useful guidance to local authorities. It is anticipated, however, that this judgment will be quoted by the defence in many food hygiene cases, particularly when the relevant Regulation includes such words as "reasonably practicable", "suitable and sufficient", "adequate" etc., since any argument on their exact interpretation may turn on "danger to public health".

Summary of Notices served under the Food Hygiene Regulations, 1955

Following inspections of food premises, 30 notices were served and 28 letters sent under the Regulations in respect of contraventions found. The following table gives a summary of the items requiring attention.

Insanitary Premises	19
Lack of Cleanliness of Equipment	25
Food Insufficiently Protected from Contamination ...	13
Defective Drainage Systems and Guttering	1
Insufficient or Defective Sanitary Conveniences ...	6
Inadequate Water Supply	4
Wash-basins required	17
Hot Water to be Supplied	16
Soap, towels and Nail Brush required	15
First Aid Materials Required	8
Inadequate Facilities for Washing Food and Equipment	4
Lack of Cleanliness of Food Rooms	26
Accumulation of Refuse and Inadequate Bins	16
Food not kept at Right Temperature	1
No Name and Address on Stall	1
Inadequate Screening of Stall	1
Hot and Cold Water Required on Stall	1
No Accommodation for Clothing	6
Repairs to walls, floors, etc., required	6
No Smoking Notices not displayed	4
Animals in Food Rooms	1
Notices re hand washing not displayed in W.C. ...	5
Yard Paving requiring repair	3

HOUSING

Unfit or "Slum" Houses.

During the year a total of 247 houses were represented to the Council under the appropriate sections of the Housing Act, which will lead to the ultimate demolition of the properties concerned. The properties are contained in the summary below. This number comprises a useful and progressive contribution to the major scheme of redevelopment and the removal of totally unfit dwellings, containing as it does some of the worst properties now remaining in the Borough.

The year's working will, however, make little impression on the total number of unfit houses in the Borough. In a borough such as West Ham slum clearance and redevelopment will be with us for many years to come. They are, unfortunately, not the sort of operations which can be completed before one turns to other things and, of course, all the time more houses are falling into the slum category.

It is, however, essential that the clearance of unfit houses should proceed with all speed, for the importance of good housing from a public health point of view cannot be over-stressed. It is recognised that bad housing conditions can cause frustration, leading to both physical and mental illness affecting many aspects of a person's life, including their work and social activities. Hygienic practices, like charity, begin at home, and an essential feature in progress toward this end is the provision for each family of a fit self-contained dwelling with sufficient amenities for leading a healthy life.

The majority of slum houses today are occupied by hard working people endeavouring to maintain a good standard of cleanliness against constant structural breakdowns. A large percentage of occupiers carry out decorations of such a standard as to combat inherent dampness, and, in fact, the decoration often holds the plaster to the walls. They insert modern grates with decorative tiled surrounds, and today in our clearance area schemes we consider applications from many tenants for "well-maintained" grants, thus giving some financial compensation for their efforts.

It is a depressing thought that many people must of necessity, for many years to come, live and rear families, and yet throughout their lives be without a bathroom or a constant hot water supply. The introduction of the patch and repair clauses, deferred demolition or improvement clauses in theory provide the answer, but the complications of administration, practical difficulties and cost involved have resulted in this procedure not being invoked.

Housing Act, 1957

The Housing Act, 1957, which came into force on the 1st September, 1957, consolidated all the provisions of the Housing Acts affecting the Health Department, leaving out only the Sections dealing with finance, which, it is understood, are to be dealt with separately in a further Bill. The whole of Parts I to IV of the 1936 Act are repealed, as is most of Part V. The corresponding sections of the new Act incorporate the amendments enacted in the Acts of 1949, 1952, 1953, 1954 and 1956. By and large there are no major changes in the law.

SUMMARY OF ACTION TAKEN UNDER THE HOUSING ACTS, 1936-57

<u>Areas Officially Represented</u>	<u>Houses</u>	<u>Families</u>
Adamson Road	41	69
Beatrice Street & Conway Street	50	52
Kent Street (No. 1)	5	6
Biggerstaff Road	5	5
Surrey Street	4	8
Kent Street (No. 2)	32	37
Ethel Road	9	13
Rathbone Street Area Unfitness Order	74	105

Properties Recommended for Section 11 Action (Demolition)

61 Western Road
20 & 22 Portway
16 Chapman Road

Properties Recommended for Section 12 Action (Closing)

35a Hamfrith Road
191 Leyton Road

Demolition Authorised in Default, Section 13

32 Cruikshank Road
491 Constance Street
61 - 63 St. Georges Road
9 Clegg Street
62, 64, 66 Plaistow Grove
36 Crescent Road
27 - 31 Broad Street

Housing Subsidies Act, 1958. - Certificates of Unfitness

67 - 85 Marcus Street
17 - 23 Upland Road
1 - 4 Leabon Street
72 & 74 Forest Street
61 Stephens Road
56 & 58 Radland Road
7 Salway Road
35 - 45, 49 - 65, 69 - 75, 90/94 Radland Road

Clearance Areas Confirmed

Godfrey Street
Denmark Street
Sutton Road (3 Areas)
Constance Street (3 Areas)
Andrew Street & Constance Street (2 Areas)
Gray Street
Waddington Street (2 Areas)
Naples Street (2 Areas)
South Street
West Street
Mays Buildings, Chapel Street
Frances Street
Primrose Court & Cullum Street

THE RENT ACT, 1957.

The Rent Act, 1957 received the Royal Assent on June 6th 1957, and came into force on July 6th 1957.

According to the Explanatory Memorandum to the Act it has three main purposes:-

- (a) In England and Wales, to fix new rents for statutory tenancies and other tenancies to which the Rent Acts continue to apply, and to provide a procedure for affecting any increase of rent thereunder;
- (b) In Scotland, to permit, subject to certain conditions, an increase in rents payable under such tenancies, and to raise the amount of the repairs increase under Part II of the Housing (Repairs and Rents) (Scotland) Act, 1954;
- (c) In Great Britain, to provide for the decontrol of certain categories of dwelling houses, and for the exemption of new tenancies from control, and to enable further categories of dwelling houses to be decontrolled from time to time by Ministerial Order.

The Ministry Circular No. 32/57 states that the Act has the general objectives of enabling rented houses and flats to be put and kept in repair, of increasing the total stock of rented accommodation, of securing a better use of existing housing accommodation and of making a beginning on the restoration of a free market in rented housing.

The Act is of particular importance to public health inspectors because of the influence it is likely to have on the repair of houses, and of the changes in the procedure to be followed in the issue of Certificates of Disrepair.

In the post-war years local authorities have been able to make little use of the repair provisions of the Housing Act, 1936. The principle difficulty has been that, even in the case of houses which are basically fit, the cost of necessary repairs in relation to the value of the house, as assessed by the rent yield, has been unreasonable. In such cases if action had been initiated under the Housing Act, the course which legally should have been pursued was that of making a demolition order. The rent increases which the Act permits greatly facilitate the more extensive use of the repairs provisions of the Housing Act by increasing the value of houses.

The new procedure for issuing Certificates of Disrepair to controlled tenants is cumbersome and to some extent unsatisfactory. According to the Act the first step has to be taken by the tenant, who is required to serve on his landlord a notice, in the prescribed form, that the house is in disrepair. He must specify the items which he considers require attention and request the landlord to deal with them. If the work specified in the notice has not been carried out within six weeks of the service of the notice on the landlord, the tenant may apply to the local authority for a Certificate of Disrepair, unless during that period the landlord has given an undertaking that he will remedy the defects, in which case he is allowed six months in which to do the work. Before issuing a Certificate of Disrepair inspection of the premises must be made and the local authority must serve a notice on the landlord stating that they propose issuing the certificate and specifying the defects to which it will relate. The landlord may within three weeks of receiving this notice give an undertaking that he will remedy the defects, this having the effect of preventing the issue of the Certificate of Disrepair and giving him six months in which to do the work.

If an undertaking given either to a tenant or a local authority is not complied with within the stipulated six months, the same consequences will follow as if a Certificate of Disrepair had been issued. When a Certificate of Disrepair has been issued the Act provides for the reduction of the new rent and protects the tenant against any further increase in rent until the repairs have been satisfactorily carried out.

This arrangement is very cumbersome and seems heavily weighted to the landlord's advantage. In the first place, a tenant has to prepare a schedule of defects and serve a notice on the landlord in the official form, and this has proved to be beyond the capacity of many, particularly the aged. The landlord need not reply to the notice for six weeks, and may then give an undertaking to do the work. He then has up to six months in which to do what may be urgent works, before he suffers any financial penalty.

If an owner does not give an undertaking to the tenant, application can be made for a Certificate of Disrepair, but the local authority must give notice of their intention to issue one, so giving the landlord a final chance to agree voluntarily to do the work.

It seems reasonable to provide an opportunity for landlords and tenants to agree on the necessity for repairs before assistance of the local authority is involved, but there is apparently no reason when this has failed why the local authority should not be empowered to issue a Certificate of Disrepair immediately. It seems quite unnecessary to give prior notice to a landlord that it is intended to issue a Certificate or to give him another opportunity of giving an undertaking.

In order to protect a tenant from delaying tactics by a landlord who, from his previous history, is unlikely to honour his undertaking, provision is made for Local Authorities to refuse to accept undertakings where:-

- (a) a previous Certificate of Disrepair has been issued against the landlord in respect of the dwelling or any part thereof;
- (b) the local authority have previously been obliged in respect of a Housing Act notice to carry out works in default and recover the cost from the owner;
- (c) the landlord has previously failed to comply with an undertaking to repair in respect of any dwelling in the area of the local authority;
- (d) the landlord has been convicted of contravening or failing to comply with a nuisance order.

Summary of Rent Act procedure as it affects the Public Health Inspector's Section

The landlord must serve notice of increase on the tenant (form "A"), which does not take effect for three months after service. He may not do so if the property is in a clearance area or does not fulfil certain other qualifications.

The amount of increase may not exceed $1\frac{1}{2}$ times the Gross Value of the property, plus rates and improvements increase if the tenant does all the repairs, or twice the gross value plus rates and improvements increase if the tenant is only responsible for internal decorations. (Where the landlord is responsible for all repairs and decorations it may be $2\frac{1}{2}$ times the gross value). The increase for improvements is limited to 8% of the cost of the improvements. The increase must not exceed 7/6d. a week in the first instance..

If the tenant objects he must list what he considers to be the outstanding defects on form "G", sending one copy to the landlord and retaining the other.

The landlord must give an undertaking to the tenant on Form "H" within six weeks, or the tenant may then complete form "I", and send it with the copy of form "G" to the Council, together with a fee of 2/6d. The Council must consider the issue of a Certificate, and notify the landlord on form "J", giving him three weeks to submit an undertaking. If such an undertaking is then submitted on form "K", no Certificate of Disrepair is issued. Failing the receipt of an undertaking within three weeks a Certificate of Disrepair is then issued one copy being sent to the tenant and one to the landlord (form "L").

If an undertaking is given by the landlord (forms "H" or "K").

If the undertaking has not been complied with within six months, then the rent must be adjusted as if a Certificate of Disrepair had been issued. The tenant may apply to the Council on form "O" for a Certificate as to the Remedying of Defects, paying a fee of 2/6d., and enclosing a copy of the undertaking if given on form "H" (if given on form "K" the Council will already have a copy). The landlord may also apply to the Council on form "O", for a Certificate as to the Remedying of Defects, when he claims to have carried out the necessary repairs.

In either case, after inspection, the Council may issue a Certificate (form "P") to the tenant or landlord as the case may be, listing repairs which have not been carried out, or certifying that the repairs specified on the undertaking have been completed.

If a Certificate of Disrepair has been issued

The landlord may apply on form "M", paying a fee of 2/6d., for cancellation of the Certificate of Disrepair. The Council must then notify the tenant that they propose to cancel the Certificate in three weeks unless an objection is received. They then either cancel the Certificate or notify the landlord that certain works of repair are still outstanding.

Overseas Companies

No company registered overseas may increase the rent of any property unless they first apply to the Council for a Certificate of Repair. They use form "Q" enclosing a fee of 2/6d.

The Council after inspection may then issue a Certificate of Repair (form "R") with a copy to the tenant. If at any subsequent date an application is made for a Certificate of Disrepair by the tenant, the normal procedure is followed and is not affected by the form "R".

The table set out below gives details of applications dealt with by this Department since the introduction of the Act, up to the end of the year, and in addition to the work resulting from the applications, which placed a very heavy strain on both the administrative staff and the Inspectorate, the organisation of the new procedure and the very large number of general enquiries received about the Act added considerably to the volume of work. A temporary clerk was taken on for three months at the end of the year to help clear up the large amount of paper work.

Part 1 - Applications for Certificates of Disrepair

- | | | | |
|-----|--|---|-----|
| (1) | Number of applications for certificates | - | 490 |
| (2) | Number of decisions not to issue certificates | - | 1 |
| (3) | Number of decisions to issue certificates | - | 452 |
| | (a) in respect of some but not all defects | - | 273 |
| | (b) in respect of all defects | - | 179 |
| (4) | Number of undertakings given by landlords under paragraph 5 of the First Schedule | - | 235 |
| (5) | Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule | - | N11 |
| (6) | Number of Certificates issued | - | 113 |

Part 11 - Applications for Cancellation of Certificates

- | | | | |
|------|---|---|-----|
| (7) | Applications by landlords to Local Authority for cancellation of certificates | - | 11 |
| (8) | Objections by tenants to cancellation of certificates | - | 3 |
| (9) | Decisions by Local Authority to cancel in spite of tenants' objection | - | N11 |
| (10) | Certificates cancelled by Local Authority | - | 8 |

The above table shows the position as at 31st December, 1957. At this time 37 applications included in the total of 490 were waiting for inspections to be carried out and reports made to the January Health Committee.

Also, since three weeks had not elapsed since the December Health Committee, 104 applications, already subject to decisions to issue Certificates, were awaiting the receipt of undertakings from the landlords on Form K, the Certificates of Disrepair for those applications without undertakings being issued at the end of the three week period allowed by the Act and thus being included in the half-yearly summary prepared at the end of June, 1958.

HOUSES VISITED BY PUBLIC HEALTH INSPECTORS DURING THE YEAR

The number of houses visited on complaint and by house to house visitation was 4,608 and, as a result of these visitations, 1,957 Notices were served and 136 summonses were issued in respect of non-compliance.

SUMMARY OF DEFECTS REMEDIED - 1957

Dwelling Houses.

Roofs Repaired.	583
External walls and chimney stacks repaired.	145
Gutters and spouts repaired or renewed.	470
Dampness remedied.	575
Internal walls and ceilings repaired.	508
Rooms cleansed or redecorated.	3
Doors and frames repaired or renewed.	66
Windows repaired or renewed	391
Floors repaired or renewed.	254
Sub floor ventilation provided or improved.	23
Staircases repaired and handrails provided.	40
Fireplaces and flues repaired or renewed.	161
Cooking stoves repaired or renewed.	18
Wash coppers repaired or renewed.	1
Sinks and washbasins provided or renewed.	13
Waste pipes repaired or renewed.	86
Water supply improved or reinstated.	58
Water closet walls, etc. cleansed.	6
Water closet pans cleansed.	15
Water closet pans repaired or renewed.	79
Water closet cisterns repaired or renewed.	114
Water closet structures repaired or rebuilt.	38
Water closet flush pipe joints repaired.	73
Additional water closets provided.	1

General Environmental Public Health

Drains cleansed from obstruction.	53
Drains repaired or renewed.	235
Soil pipes and vent shafts repaired.	71
Water closets repaired.	49
Offensive accumulations removed.	19
Yards cleansed or repaired.	92
Smoke nuisance abated.	1

Report of the Deputy Chief Public Health Inspector,
E.R.H.Hodge, M.R.S.H., M.P.H.I.A.

Rodent Control, Disinfection & Disinfestation Section

The work of the Section has shown the same pattern as formerly. The treatment of the sewers by the Borough Engineer's Department helps substantially in keeping the rodent population to a controllable level, thus easing the work of the Section in dealing with surface infestation: and the policy of repairing sewers and drains effectively is paying dividends and is in itself an answer to any criticism of the amount of time spent in testing, searching for and relaying drainage systems.

The main poison used has again been Warfarin, and again it ensured a complete kill in most cases. Recent experiments have shown that its toxicity in respect of domestic animals is not as great as had at first been feared, and therefore its use can be extended, if necessary, in cases where poultry are running loose.

The numbers of drain tests, notices and complaints are all less than for 1956, due to a reduction in infestation during the year, but it is not yet possible to ascertain whether or not this is likely to develop into a regular trend.

The following table (with figures for 1956 in brackets) shows the respective totals for the year.

Drain Tests	-	486	(793)
Public Health Act, 1936, Section 24 notices (for repair of sewers)	-	166	(194)
West Ham Corporation Act, 1893, Section 41 notices (for repair of drains)	-	215	(280)

The only unusual thing about the Section 24 notices was the number of properties served by some of the sewers, in one instance no less than 24 properties were concerned, so although the number of drain tests and notices showed a decline, the number of properties concerned was only slightly less than in 1956.

The ratio of infestation as to rats and mice is almost 50 - 50, mice proving to be the more difficult to control.

The disinfestation of kitchens, etc., has been going on steadily, particularly against cockroaches: check observations show that the infestations are steadily decreasing in extent and intensity. Hospital kitchens in particular are difficult to deal with.

- (a) because work can only be carried out in the evenings, and,
- (b) because the number of ducts, channels and the like, the extent, location and direction of which are not always known, and which are only discovered after much time spent in investigations and after many visits.

No cases of injury or dermatitis, etc., have occurred, and the use of protective clothing is still insisted upon.

13 Intimation Notices were served under Section 4 of the Prevention of Damage by Pests Act, 1949.

A detailed statement of the year's working follows on the next page.

RODENT CONTROL - RATS AND MICE

	Premises Investigated	Premises Operated	Investigational visits to premises.	Operational visits to premises.
Houses	1,450	1,053	1,486	6,368
Factories	144	67	156	358
Shops	218	46	256	229
Other business premises	90	30	98	183
Bomb sites, tips, etc.	105	19	111	189
Schools	32	32	32	264
Corporation property	46	28	47	241
Hospitals	12	9	12	62
Clubs	6	5	6	34
Church premises	8	6	8	40
	2,111	1,295	2,212	7,968

Resulting from the above 1,295 investigational visits, 669 premises were found to be infested with rats and 549 infested with mice. In 77 cases no infestation was found after trial baiting.

DISINFESTATIONS - VERMIN AND INSECTS

Houses	559	352	580	402
Factories	12	4	14	4
Shops	20	7	21	7
Other business premises	9	2	9	2
Bomb-sites, tips, etc.	1	-	1	-
Schools	1	1	1	1
Corporation property	11	4	11	6
Hospitals	34	17	40	22
	647	387	677	444

DISINFECTIONS

Houses	10	10	10	10
Emergency Water Supply Tanks	12	4	12	5
	22	14	22	15

ANNUAL REPORT OF THE PUBLIC ANALYST FOR 1957.

During the year three hundred and thirty-five samples were examined under the Food and Drugs Act. Of these thirty-nine were formal and two hundred and ninety-six informal samples.

All samples were submitted by the Inspectors.

Eleven samples were found to be adulterated or otherwise unsatisfactory. One was a formal sample and ten were informal.

The adulteration was at the rate of 3.3 per cent.

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

<u>Year</u>	<u>Number of Samples</u>	<u>Percentage Adulteration</u>
1957	355	3.3
1956	411	1.7
1955	502	3.2
1954	502	4.0
1953	501	1.4
Average	<u>454</u>	<u>2.7</u>

Thirty-seven samples of Milk were examined, twenty-six formal and eleven informal samples. There was no adulteration.

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

<u>Year</u>	<u>Number of Samples</u>	<u>Percentage Adulteration</u>
1957	37	0.0
1956	75	1.3
1955	96	1.0
1954	105	0.0
1953	108	0.9
Average	<u>84</u>	<u>0.6</u>

CONDENSED MILK

Two informal machine skimmed condensed milks were examined. Both complied with the Regulations.

ICE CREAM

Five formal and ten informal samples were examined. All were satisfactory.

ICE LOLLIES

Three informal samples were examined for metallic contamination and were reported as being satisfactory.

DRUGS

Thirteen informal samples were examined. There was no adulteration.

PRESERVATIVES

There were three contraventions of the Preservatives Regulations. These were:-

A sample of Savoury Duck containing Sulphur Dioxide which is not permitted in this article.

A sample of Pork Sausage which contained an excess of Sulphur Dioxide.

A sample of Meat Pies containing Sulphur Dioxide which is not permitted in this article.

FERTILISERS & FEEDING STUFFS ACT.

Eighteen Feeding Stuffs, sixteen official and two unofficial, were examined. All were satisfactory.

One official sample of Fertiliser was examined and reported as being satisfactory.

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

FOR THE PUBLIC HEALTH DEPARTMENT

Milk Bottle.

Tap Water.

Sneezing Powder.

FOR THE BOROUGH ARCHITECT

Ground Water.

FOR THE BOROUGH ENGINEER'S DEPARTMENT

2 Effluents.

Artesian Well Water.

2 Waters.

18 Samples for Flow Test.

FOR THE PETROLEUM OFFICER

5 Samples of Cellulose Lacquer.

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	Result of Examination					
		Phosphatase Test		Methylene Blue Test		Turbidity Test	
		Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
Pasteurised	10	10	-	10	-	-	-
Sterilised	5	-	-	-	-	5	-
Tuberculin Tested (Pasteurised)	4	4	-	4	-	-	-
Tuberculin Tested (Sterilised)	-	-	-	-	-	-	-
Total	19	14	-	14	-	5	-

FERTILISERS & FEEDINGSTUFFS ACT, 1926.

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

Type of Sample	No. of samples taken	Analysis agreed	Analysis disagreed
<u>Fertilisers.</u>			
Official.	1	1	-
Unofficial.	-	-	-
<u>Feedingstuffs.</u>			
Official	16	16	-
Unofficial	2	2	-
Total	19	19	-

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

Six rag flock samples were examined - all were satisfactory.

Summary of Public Health Inspectors' Work

For the period from 1st January, 1957 to 31st December, 1957.

Visits to private houses following complaints	4,475
House to house inspections under Public Health or Housing Acts	133
Inspections under the Housing Act, 1936. Closing, demolition or Repair (Sections, 9, 11 & 12).	163
Inspections under the Housing Act, 1936, re Clearance Areas(Section 25)	1,624
Initial Survey inspections under the Housing Repairs and Rents Act, 1954.	121
Inspections re overcrowding	160
Inspections re advances by Local Authority under Housing Act, 1949	243
Inspections re issue and revocation of Certificates of Disrepair	868
Certificates of Disrepair issued - 9 Old Act, 113 New Act	122
Certificates of Disrepair revoked - 12 Old Act, 8 New Act	20
Inspections following infectious disease	1,035
Visits to filthy and verminous premises	215
Smoke observation and visits re smoke nuisance	437
Visits re offensive trades	169
Visits to factories (mechanical)	487
Visits to factories (non-mechanical)	110
Visits to workplaces and outworkers premises	98
Inspections of watercourses, ditches, etc	24
Inspections of Hairdressers and Barbers premises	48
Inspections under Prevention of Damage by Pests Act	153
Visits under Bye-laws - re tents, vans and sheds	1,726
Visits under Pharmacy and Poisons Act	5
Visits to places of public amusement	46
Visits under Shops Act, 1950	237
Visits to Bakers and Bakehouses	207
Visits to Butchers	364
Visits to kitchens of Canteens, Cafes and Restaurants	605
Visits to Licensed Premises	116
Visits to Fish Shops	45
Visits to Fried Fish Shops	41
Visits to Retail Milk Distributors	180
Visits to Ice Cream Manufacturers and Dealers	157
Visits to registered premises for storage of food	76
Visits to registered premises for preparation of foodstuffs	100
Visits to hawkers of food	36
Visits to street markets	129
Visits to slaughterhouses	61
Visits to provision shops	544
Visits to greengrocers	88
Visits to condemn unsound food	638
Reinspections	7,661
Drainage Inspections	4,801
Drain tests by Public Health Inspectors	169
Drain tests by Borough Engineer's staff	317
Miscellaneous Interviews	1,094
Miscellaneous visits	1,447

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 were continued with ten weekly combined ante-natal and post-natal sessions at the Municipal Centres and one at the South West Ham Health Society's Clinic. The clinic held in the Silvertown area is now combined with the Child Welfare session. Mothers attend by appointment and in each case the medical examinations are undertaken by one of the Council's medical officers.

The municipal midwives have continued to examine their patients at Maternity and Child Welfare Centres at the same session as the ante-natal clinics conducted by the medical officers. Those patients who have booked a doctor for their confinement are seen by the doctor and midwife together on at least two occasions, whenever possible. These joint examinations are arranged by the midwife and are held sometimes at the municipal clinic, and sometimes at the doctor's surgery. The doctor giving maternity medical service is also encouraged to refer his patients to the municipal clinic for blood tests, chest x-ray, training in relaxation, and for the teaching of mothercraft. Good use is made of these facilities, and there is much informal interchange of information between all the medical and nursing services concerned with the expectant mother who is going to have her baby at home.

Arrangements for women who book domiciliary midwives from the Essex County Council Service, based on the Lady Rayleigh Training Home in Leyton, include attendance at the municipal clinics for some of their medical examinations.

Patients requiring specialist advice are usually referred to the consultant at one of the maternity units in the borough, while those wishing or requiring a hospital bed are referred to the hospital of their choice. A number of these patients who are booked for hospital confinement are referred back to the local authority clinics for some of their intermediate examinations.

One thousand two hundred and sixty expectant mothers have made a total of 5,971 attendances at the ante-natal clinics during the year. One hundred and ninety-three attended for examination during the post-natal period and made a total of 204 attendances. This is 67% of the total of 290 domiciliary confinements, but does not include post-natal examinations undertaken by general practitioners.

Blood tests are carried out on all patients attending these clinics and include a Kahn, Rhesus factor, blood group and Haemoglobin estimation in every case. Any tendency to anaemia is kept under careful observation, (which includes further blood examinations). Mothers are encouraged to take iron regularly during pregnancy, particularly during the last three months.

Chest X-rays. Provision for chest x-ray for all expectant mothers has continued throughout the year. Every expectant mother attending the ante-natal clinic, if she has not already had a chest x-ray during her present pregnancy, is offered an appointment at a special session of the Mass Radiography Unit which is held at one of the Welfare Centres. Unfortunately, these sessions can still only be held infrequently, which probably accounts for the rather low attendances. Mothers booked for confinement at Plasitow Maternity Hospital and those attending the Essex County Council Leyton Health Area Clinics are also invited to these x-ray sessions.

Unmarried Mothers. Close and friendly co-operation has been maintained with the Moral Welfare Worker employed by the Chelmsford Diocesan Moral Welfare Association, and with the Committee and the Superintendent of St. Agatha's Hostel which is situated in the Borough. Miss Batts, who is a trained nurse and midwife, took up her duties as Superintendent of the hostel in July, 1957, and during the year adaptations were carried out at the hostel, which made it possible for a new milk-room and day nursery to come into use.

Miss Treacher, who is employed by the Chelmsford Diocesan Moral Welfare Association, has continued to undertake the social work involved in helping and advising the unmarried mother, and in placing her in suitable accommodation before and after the birth of the baby. Any unmarried mother needing help and advice can be referred to Miss Treacher, who is available at St. Agatha's hostel on Tuesday evenings from 4.30 p.m., or at her Ilford office, should this be more convenient.

During the year 6 West Ham mothers who were in need of care and accommodation were admitted to St. Agatha's hostel. Of these, 5 were admitted before and again after the birth of the baby, and 1 was admitted only after her confinement. Seven West Ham mothers were admitted to hostels outside the borough. When necessary, financial assistance was given towards maintenance.

CHILD WELFARE.

Infant Welfare Sessions. The needs of the area have been met by a total of 17 sessions per week held at the Municipal Centres and at the South West Ham Child Welfare Centre. In the Silvertown area the child welfare session is combined with ante-natal and immunisation clinics, as it has been found that this is sufficient to meet the needs. Six children and 1 expectant mother resident in neighbouring areas attended West Ham clinics, and 3 children resident in West Ham are known to have attended clinics in other areas.

Toddlers' Clinics. In addition to the 17 sessions mentioned above, an average of 4 special toddlers' clinics were held weekly. At these, 2,875 children attended in response to the 7,349 invitations to come for examination on their 2nd, 3rd or 4th birthday. There were 2,745 children whose general condition was regarded as satisfactory, and 130 in whom it was recorded as unsatisfactory. In the same group of children there were 2,620 whose cleanliness of body and clothing was recorded as good, 231 in whom it was found to be not entirely satisfactory, and 24 in whom it was poor. One child was found to have infestation of the body.

Defects or deviations from normality found in the same group of children are shown below. The table includes conditions observed by the doctor or described by the mother and recorded at the time of the 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	504
Skin	119
Eyes (a) Vision	6
(b) Squint	86
(c) Other	23
Ears (a) Hearing	5
(b) Otitis media (R	6
(L	4
(c) Other	6
Nose or Throat	94
Speech	72
Cervical Glands	64
Heart and circulation	35
Lungs	32
Development (a) Hernia	16
(b) Other	20
Orthopaedic (a) Posture	115
(b) Feet	180
(c) Other	57
Nervous System (a) Epilepsy	8
(b) Other	3
Psychological (a) Mental Development	28
(b) Stability	
(Behaviour Difficulties)	208
Other Defects	42

Forty per cent of the children were found to be in satisfactory health and free from any defect (as compared with 51% for the previous year), and in addition there were 14% in whom there was no defect except for carious teeth (as compared with 15% for the previous year).

The increase in the number of children with defects seems to be mainly accounted for by an increase of 46 children showing enlarged cervical glands, 17 more with ear, nose and throat conditions, and an increase of 32 with behaviour difficulties. It may well be that these increases are due to a different interpretation by a number of medical officers conducting the examinations, than to any real increase in pathological condition. This is commonly known as "observer variation" and is unavoidable where a number of different persons are recording their observations on conditions which are not very precisely defined.

It is unfortunate that there is no decrease in the amount of dental decay, as this should be a preventable condition. Further research is necessary into the cause and prevention of dental disease in relation to heredity, bottle feeding, dummies, diet, and tooth cleaning. We are however on safe ground in recommending a well balanced diet, and no eating or drinking apart from water between meals. It is advisable for the child to finish his meal with a piece of fibrous fruit and vegetables (such as carrot or apple). Chocolates and sweets should be eaten as part of the main meals.

Tooth brushing last thing at night is essential. If tooth brushing after all meals is regarded as impracticable, then children should be taught to rinse and swallow with plain water three times after eating or drinking. This greatly reduces the amount of starchy food which otherwise adheres to the teeth and causes decay.

Jelly Tests for Tuberculosis. Throughout the year, jelly tests for tuberculosis have been offered to all children attending for their birthday examinations on their 2nd, 3rd or 4th birthdays. Out of 2,875 children examined, 2,387 were tested of whom 2,385 were negative. There were thus two pre-school children in whom the result of the test was positive. One was found to be negative when retested; the other child is still under observation at the Chest Clinic and by the Paediatrician, but the source of infection has not been traced. So far these tests have revealed very few pre-school children who have acquired tubercular infection, and they have not helped in tracing unknown open cases of tuberculosis in the community.

As only just over 1/3rd of the children invited to the toddlers clinics attend and in view of the very few positive results, it might be more worth while to postpone testing until the children are at school, when it would be possible to test a much larger number.

Attendances at the Child Welfare Sessions (including the Toddlers' Clinics) are set out below for the period 1953 - 1957. The percentage of children under one year and one to five years who attend does not usually vary greatly from year to year, but it is interesting to note that this year 92% of the infants under one year of age attended a Child Welfare Centre on at least one occasion. This is certainly the highest percentage for many years.

	Children under 1 Year					Children 1 - 5 Years				
	1953	1954	1955	1956	1957	1953	1954	1955	1956	1957
Number of Individual children	*2,336 (81%)	2,309 (85%)	2,166 (84%)	2,179 (85%)	2,441 (92%)	5,526 (46%)	5,169 (47%)	5,012 (45%)	4,569 (43%)	4,740 (44%)
Number of attendances	+25,592 (10.0)	25,969 (11.2)	23,774 (10.9)	23,367 (10.7)	25,652 (10.5)	13,596 (2.5)	11,384 (2.2)	10,998 (2.2)	11,047 (2.4)	10,925 (2.3)

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

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

Consultant Clinics.

The number of pre-school children referred from child welfare clinics to the specialist clinics available on local authority premises (through the School Health Service) during 1957 were as follows:-

Eye Clinic	92
E.N.T. Clinic	5
Audiology Unit	4
Paediatric Clinic	32

In addition, 66 children were referred to consultants in hospital out-patients.

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.

Speech Therapy. 12 pre-school children were referred to the Speech Therapist.

Adiology Unit.

Five sessions were held during the year. Fifteen children were seen, 2 of whom were examined on two occasions. Of these 15 children, 2 were found to be deaf, 3 partially deaf, and 10 had normal hearing. The Team(Health Visitors, Medical Officers, Teacher of the Deaf, and Audiometrician) who have now been working together for over two years under the direction of Mr. C.J.Scott, Consultant Ear, Nose and Throat Surgeon, are gradually improving their skill and gaining confidence.

The 2 deaf children were diagnosed at the age of two years. Of the 3 older children found to be partially deaf, 2 were already attending the West Ham Spastic Unit, and arrangements were subsequently made for them to be provided with hearing aids and to attend the School for the Deaf for part of each day.

Physiotherapy.

Physiotherapy has been provided at Grange Road and Forest Street Child Welfare Centres throughout the year for both pre-school and school children, some of whom are treated individually, while others are treated in groups. The following table shows the number of pre-school children who have attended.

	<u>Sunlight</u>	<u>Massage</u>	<u>Exercises</u>
No. of individual children who attended	94	2	39
No. of attendances made by above children	2,451	11	378

Handicapped Children.

Throughout the year health visitors have continued to report to the Senior Assistant Medical Officer any pre-school child whose development did not seem to be proceeding along normal lines. Every effort has been made, in co-operation with the general practitioner, to arrange for special examination and investigations, when indicated, so that the diagnosis could be made as early as possible and appropriate help and guidance given to both the child and his parents. Formal ascertainment has only been carried out in pre-school children when it has been necessary, in order to secure admission to a special school or institution.

At the end of the year there were 68 children whose development was being particularly carefully watched. Their ages are shown in the following table.

	<u>Ascertained</u>	<u>Not Ascertained</u>	<u>Total</u>
Age 4 - 5 years	3	27	30
" 3 - 4 "	2	18	20
" 2 - 3 "	1	8	9
" 1 - 2 "	-	7	7
" Under 1 year	-	2	2
	<u>6</u>	<u>62</u>	<u>68</u>

The 6 children "ascertained" were placed in the following categories:-

Deaf	3	
Physically Handicapped	1	(Cerebral Palsy)
Mentally Defective	1	
Blind	1	
	<u>6</u>	

The 62 children not yet ascertained were under observation for the following reasons, but it does not follow that they will all be ascertained as handicapped pupils.

Mentally Retarded	33	
Physically Handicapped	17	- 6 Congenital malformation of the heart, 3 Cerebral Palsy, 3 Congenital deformity of limbs, 2 Cooley's anaemia, 1 Congenital hip, 1 Meningocele, 1 Achondroplasia.
Epileptic	7	
Defective Speech	1	
Partially Deaf	1	
Impaired Vision	3	
	<u>62</u>	

During 1957 four West Ham children under 5 years attended the School for the Deaf.

On December 31st there were 3 West Ham children under 5 years of age attending the the West Ham Spastic Unit.

There were 2 children of pre-school age attending the Occupation Centre and 1 in an institution for mental defectives on December 31st.

Considerable skill and team work is necessary in examining these very young children, and we are grateful to the Educational Psychologist who gave valuable help, and tested a total of 23 pre-school children during the year. The ages of these children are as follows:-

Age	First Exam.	Re-Exam.
4 - 5	5	10
3 - 4	2	-
2 - 3	6	-
1 - 2	-	-
Total:	13	10

Premature Infants.

There were 202 premature infants ($5\frac{1}{2}$ lbs. or under) born during the year; of these, 196 were born in hospital, 4 born and nursed at home, and 2 born at home and transferred to hospital.

Of those born in hospital 164 were still alive after 28 days; of the 32 babies who did not survive, 20 died within the first 24 hours.

All 4 babies born and nursed at home survived 28 days. Of the 2 born at home, but transferred to hospital, 1 died within 28 days.

The proportion of live premature births was 7.6% of total live births, (which is slightly higher than last year), and the proportion of all premature births was 8.5% of total births. The figures for England and Wales were 7% and 8% respectively.

Out of a total of 51 deaths of infants under 1 year, 33 (65%) occurred in premature infants who died within the first month of life. Of these 33 infants 19 weighed under 3 lbs. and 12 were between 3 and 4 lbs.

It is thus obvious that as in the rest of the country, and indeed in many parts of the world, prematurity remains one of the greatest causes of infant death and one of our most urgent and difficult problems. Although some success has been achieved in keeping premature babies alive and in helping them towards normal development, little has yet been achieved in preventing premature births. Although we may hope for some success by more careful attention to the early signs of pre-eclamptic toxæmia in pregnancy, we are greatly handicapped by a lack of knowledge of some of the causes of prematurity.

To maintain an efficient follow-up and plan of care for premature infants close liaison is needed with the maternity units in the area: it is particularly important that the local authority should receive early notification of the impending discharge of premature infants from hospital, and also as much information as possible about the feeding and vitamin intake which the baby has been receiving. This information is helpful in maintaining continuity of advice on care and feeding, but much of its value is lost if days, or even weeks, elapse before it is received.

The special equipment provided by the Council for the nursing of premature infants born at home, which can be lent to households at the request of the doctor or midwife is not greatly used nowadays. This is because, whenever possible, arrangements are made for a premature baby to be born in hospital, where it can receive immediately any necessary care and treatment. The items most in demand, and which serve a most useful purpose, are special scales and the vitamin preparations. These preparations required to maintain satisfactory development are given under the supervision and direction of the midwife and health visitor.

For the premature infant born in hospital, continuity of treatment is maintained from the day of discharge, when this is known. Indeed, it is often helpful for the health visitor to visit the home before the discharge of the baby, who is often kept in hospital for some weeks after his mother has gone home.

Day Nurseries and Child Minders.

Two day nurseries remained open during the whole of 1957. One hundred and sixteen children were admitted.

First Priority:

Parents separated	13 children
Mother unmarried	12 "
Mother widowed	3 "
Father in prison	2 "
Father in H.M. Forces	1 child
Parents divorced	1 "
Health of child	2 children
" " mother	5 "
" " father	3 "
Children from "Problem Families"	7 "

TOTAL: 49

Second Priority: (Financial needs assessed according to income per head after certain deductions)

53

Temporary admissions

14

TOTAL: 116

Analysis of the temporary admissions and the average number of days the children spent in nurseries:-

Mother's confinement in Hospital	-	8 admissions	-	average stay 17 days
Mother in Hospital for treatment	-	2 "	"	" 32 "
Mother in Mental Hospital	-	1 admission	"	" 81 "
Mother in Hospital for operation	-	3 admissions	"	" 21 "

On 31st December, 1957, there were 97 children on the Day Nursery Registers. None were under 6 months of age, 9 were between 6 months and 1 year, 19 were between 1 and 2 years and 69 were between 2 and 5 years. The length of stay of these children in the day nurseries is as follows:-

3 - 4 years	3 children
2 - 3 years	5 children
1 - 2 years	29 children
Under 1 year	60 children

TOTAL:	<u>97</u>
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Attendances -

Nursery	No. of Approved Places	Average Daily Attendance		
		Under 2 years	Over 2 years	Total
Litchfield Avenue	51	10	30	40
Plaistow Road	54	14	22	36

The analysis of the reasons for admission shows that the nurseries continue to fulfil a real social need in the community, and help to prevent the break-up of families.

There is little change in the reasons for admission, but happily there were no children admitted this year because of desertion by one or other parent. The 7 children admitted for social reasons are children of "problem families". As part of the Council's "Problem Family Scheme" it was agreed that from time to time certain children coming from problem families might have day nursery charge waived, at the discretion of the Chairman of the Health Committee. These 7 children who attended during 1957 come from two families in each of which a mother of limited mental ability was finding it extremely difficult to cope with a number of pre-school children. Although a good deal of other support has also had to be given to these families by way of visiting and material help, there is little doubt that the relief to the mother provided by day nursery care for her young children has enabled her to carry on in circumstances which otherwise might well have overwhelmed her and have led to the break-up of the family. All the temporary admissions were because of the mother's admission to hospital. In these circumstances, the admission of pre-school children to a day nursery is often the only way of keeping the home together. It can of course, only be of use when satisfactory home care can be provided for the children in the evenings and at week-ends.

The average daily attendance of day nursery children remains much the same as in the previous year, although every effort has been made to increase it. This rather low figure increases the unit cost per child per day, and our attention is drawn to this from time to time. It is difficult to find a way of improving it. It is obviously undesirable for very young children to be brought to the nursery in inclement weather, or when they are suffering from any illness, however slight. In addition to this, the mother herself may be ill from time to time and not fit to go to work and unable to either bring baby to the nursery, or to pay the nursery charges during her period of illness. Again, in a

nursery in which a proportion of the children are under 2 years, it is necessary, in order to prevent outbreaks of infectious disease, to exclude immediately any child whose symptoms might indicate that he is about to develop an infectious condition. These outbreaks do, of course, occur from time to time in spite of very watchful and efficient staff. At times when measles or Sonne dysentery, for example, are epidemic in the neighbourhood, it is very likely that cases will occur in the nurseries.

The incidence of infectious disease in the day nursery children varies considerably from year to year, and this year we have been unfortunate in having a variety of different infections. At Litchfield Avenue nursery there were 36 cases of measles, 5 of German measles and 5 of impetigo. There were also 10 cases of diarrhoea during the year. These cases of diarrhoea were all carefully investigated bacteriologically, but no pathogenic organisms were found. At Plaistow Road nursery there were 16 cases of measles, 2 of German measles, 9 of chickenpox, 7 of mumps, 2 of scarlet fever, and at the beginning of the year there were 11 cases of whooping cough, 10 cases of tonsillitis, 7 of impetigo and, in addition, 10 cases of haemolytic streptococcal infection. These three latter conditions were probably all due to an outbreak of haemolytic streptococcal disease, possibly spread by a carrier. All the children were investigated bacteriologically by means of nose and throat swabs, and one or two children who had no symptoms were found to be carrying the germ in their throat or nose. These were all referred to their general practitioner for appropriate treatment, and excluded until the medical officer was satisfied that they were free from infection, after this no fresh cases occurred.

The Cumberland Road Day Nursery which is under the auspices of the Canning Town Women's Settlement, has provided places for 30 children throughout the year. It is visited regularly by one of the Council's health visitors, and by a medical officer from time to time.

There was only one child minder on the register, and she did not have any children in her care during the year.

Welfare Foods

The distribution of Welfare Foods from the Child Welfare Centres and the Public Hall, Canning Town, continued during the year, but the W.V.S. ceased to give this service from their headquarters in Romford Road. Instead, they took over the distribution of Welfare Foods from the West Ham Lane Maternity and Child Welfare Centre where the Council was able to offer them part of the recently extended premises. This Centre now undertakes the distribution of Welfare Foods for a large part of the north of the Borough, catering for all mothers and pre-school children in the area, whether or not they attend the local clinic.

During 1957, the Ministry of Health issued a circular explaining that the Minister had accepted the advice of his Medical Advisory Committee and had decided to reduce the amount of vitamin D in the National Dried Milk and Cod Liver Oil preparations supplied by the Ministry. Manufacturers of proprietary dried milks and infant cereals were also asked to adopt the levels of fortification recommended by the Committee. The circular points out that mothers with young children will require individual advice about their children's vitamin D intake. The appendix to the circular provides a short note for medical and nursing staff engaged in maternal and child welfare work. The circular also announces a limitation of the distribution of Welfare Orange Juice to children up to the age of 2 (and not to the age of 5, as previously). This circular was implemented on the 1st November, 1957. It may be remembered that our 1956 Annual Report included an account of a small survey of

vitamin intake in infancy, undertaken in West Ham by the health visitors. This showed that some babies are having large amounts of vitamin D which are unnecessary and might, in susceptible babies, be harmful. It is similar considerations which have prompted the Minister's action. His advice about bringing this matter to the attention of the staff and his suggestion that mothers will require individual advice about their children's vitamin D intake had indeed been implemented in West Ham before the receipt of this circular.

With the decrease of the vitamin D content of the Welfare Cod Liver Oil, expectant mothers taking this preparation should now take $1\frac{1}{2}$ instead of 1 teaspoonful. There is no change in the vitamin A and D tablets which have been provided for expectant and nursing mothers.

The restriction of the Welfare Orange Juice to children under 2 is based on the evidence that children between 2 and 5 are able to get sufficient vitamin C from their daily diet.

Convalescence

Unaccompanied pre-school children sent for convalescence during 1957	9
Mothers with Children	17
	<hr/> 26

Fewer mothers and children than last year were referred for convalescence and there is a further decrease in the number of unaccompanied children sent away. It is only very occasionally that the health and circumstances of a child under 5 are such that it is really considered advisable to send him for a recuperative holiday away from his mother.

The mothers and children who have been away are followed up by the health visitor, and the reports show that they have usually derived much benefit from their stay. Once again, we are much indebted to the officers of Buckinghamshire County Council who administer the home, to the staff of Winterton House who give such good and considerate care to West Ham families, and to the Invalid Children's Aid Association who have undertaken the administrative arrangements with their usual efficiency and kindness.

Liaison with Children's Officer

Frequent consultations and informal discussions are held between the staff of the Health and Children's Departments at senior officer and field worker level. Formal conferences on children neglected in their own homes are convened from time to time by the Children's Officer. They have been under the Chairmanship of the Medical Officer of Health, and have been well attended by the officers of a number of Council Departments, and of voluntary organisations.

Whenever possible, the field workers who know the family have been invited. By means of these conferences a good deal of overlapping in the support given to problem families has been avoided, and though dramatic results are never achieved, there is a growing feeling that this kind of team work does enable a number of families to keep together and to improve, if only slightly, the environment in which the children grow up.

The Council's medical officers visit the 9 "family group" children's homes and the 2 residential nurseries, where they examine the children at regular intervals and are able to give guidance to the house mothers on matters relating to the children's health and development. They also undertake the regular medical examinations of children boarded out in West Ham, and the Senior Assistant Medical Officer in particular is available for consultation on matters on which the Children's Officer seeks medical advice.

Vital Statistics

The following are the statistics for 1957 compared with the provisional rates for England and Wales which have been published by the Registrar General:-

	<u>For</u> <u>West Ham</u>	<u>For</u> <u>England and Wales</u>
Stillbirth rate per 1,000 total births	17.85	22.5
Infant Mortality rate per 1,000 live births	19.31	23.1
Neonatal Death rate per 1,000 live births	15.90	16.5
Maternal Mortality rate per 1,000 live births and stillbirths	0.74	0.47

The stillbirth rate and infant mortality rate (deaths of infants under 1 year per 1,000 live births) both compare favourably with the rates for England and Wales for 1957, and are the lowest rates on record for the Borough. The previous lowest stillbirth rate was 19.2 per 1,000 in 1949, and the previous lowest infant mortality rate was 21.5 per 1,000 in 1954. Whilst this is very satisfactory, it should be remembered that the numbers involved are small, and these low rates may not have any special significance.

There were 44 stillbirths during the year; 18 were first babies. Of the known causes, 8 were recorded as due to pre-eclamptic toxæmia, 5 to ante-partum haemorrhage, 10 to congenital abnormalities, 3 to breech deliveries, 2 to prolapse of the cord, 3 to prematurity and 1 to Rhesus incompatibility. The following each accounted for one still birth - placenta prævia; maternal pneumonia, atelectasis, and Cæsarean section.

There were 4 cases where the cause was suspected, but could not be asserted with any confidence. These were cord round neck, Rhesus incompatibility, and in 2 cases placental insufficiency. There were 4 stillbirths in which the cause was entirely unknown.

Labour itself was said to be normal in 32 out of the 44 cases, and most of the mothers were between 20 and 35 years.

The perinatal mortality rate (calculated from the number of stillbirths plus the number of deaths in the first week of life) is a figure which is increasingly used as an index of the loss of infant life due to factors acting in the ante-natal, natal and immediate post-natal periods. For West Ham this was 31.6 in 1957 as compared with 35.5 in 1956 and 33.3 in 1955. Of the 37 West Ham babies who died in the first week of life, 30 were premature and 16 were under 12 hours old.

Of 51 infant deaths (under 1 year) 42 occurred in infants who were under 4 weeks of age, giving a neonatal death rate (number of deaths under 4 weeks per 1,000 live births) of 15.9 compared with 15.4 last year; of these infants 33 were premature.

The causes of deaths in infants under 1 year is as follows:-

Pneumonia	7
Congenital Malformations	7
Other Defined and Ill Defined Diseases	35
Accidents	1
Gastritis, Enteritis & Diarrhoea	1
	<u>51</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	24
Prematurity & Atelactasis	4
Atelectasis	2
Intracranial Birth Injury	3
Cerebral Haemorrhage	2
	<u>35</u>

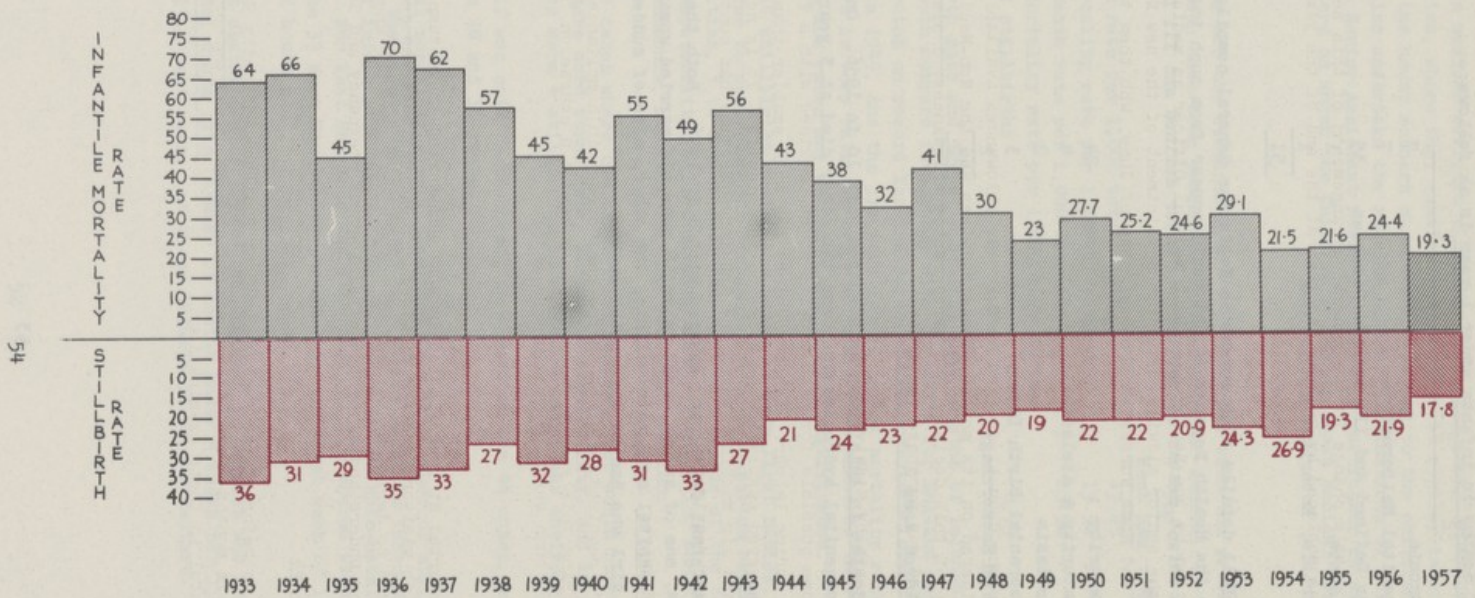
Deaths of children aged 1 - 5 years.

There were 2 deaths in this group as compared with 10 in 1956. One was a 14 months old child born with congenital hydrocephalus, and the other died at 3 years from a tumour of the optic nerve.

Maternal Deaths.

There were 2 maternal deaths as compared with 3 in 1956. Both these deaths were due to acute eclampsia, one of sudden onset in an 18 year old married woman who had been attending a maternity hospital ante-natal clinic, the other, also of sudden onset, in a 16 year old unmarried girl who had no ante-natal care.

SHOWS TOTAL INFANT LIFE WASTAGE—1933-1957



SECTION 23: DOMICILIARY MIDWIFERY

General Arrangements

There has been little change in the general arrangements of this service. One midwife resigned and was replaced by another, so that at the end of the year there remained six midwives.

Supervision of Midwives

This was exercised by the Senior Assistant Medical Officer as medical supervisor of midwives, assisted by the senior midwife until the appointment of the new Non-Medical Supervisor of Midwives and Home Nurses at the beginning of June, who then took over from the senior midwife.

Car Allowances

During the year the Council decided to make car allowances available for midwives, each application to be considered on its merits. Three midwives and the Non-Medical Supervisor of Midwives took advantage of this decision and were granted allowances; 3 also took advantage of the Council's assisted car purchase facilities.

Administration of Analgesia by Midwives

It has now become possible for each midwife to be provided with a Trilene apparatus for the relief of pain during labour. These machines are much smaller than the gas and air apparatus and can be conveyed easily to the house by the midwife. It is not as suitable in some cases as the gas and air machine, which the Ambulance Service has continued to transport for the midwives whenever required.

Refresher Courses for Midwives

No midwives were required to attend Refresher Courses in compliance with the Central Midwives Board rules during this year. Two midwives attended a course on "Relaxation and Parentcraft" which they found very interesting and helpful.

Relaxation Classes

These were re-started at four clinics in West Ham during the autumn, as a combined effort between the health visitors and the midwives. Those patients who decided to attend came regularly and seemed to derive much benefit, particularly from the knowledge gained which gave them a better understanding of the physiology of pregnancy and labour.

Training of Pupil Midwives

This continued as before: the pupils lived at Plaistow Maternity Hospital while they were given their six months domiciliary training with the local authority midwives. All the pupils were successful in their examinations.

Co-ordination of Maternity Services

The close co-operation between the doctors, health visitors and midwives at the ante-natal clinics, as well as that between the midwives and the general practitioner obstetricians, has been maintained.

Maternity Services

Total live births notified as West Ham births during the year 1957 was 2,661 and of these 11% were born at home and 89% born in hospital.

Domiciliary births within the Borough	298)	11%
Domiciliary births outside the Borough	2)	
Hospital births within the Borough	2,180)	89%
Hospital births outside the Borough	181)	
	<u>2,661</u>	

Number of Live Births in Maternity Units in the Borough

Hospital	West Ham Residents	Total Live Births
Forest Gate	933	1,881
Plaistow Maternity	852	1,125
Queen Mary's	395	749
TOTAL:	2,180	3,758

Midwives attending at Domiciliary Confinements

Source	Number (or equivalent number) of midwives on 31.12.56	Number of Live Births
Municipal	6	265
Essex County Nurses' Training Home	2	33
TOTAL:	8	298

All the domiciliary midwives undertake the training of pupils. In 7 of the 298 live births in their own homes the midwife acted as maternity nurse.

Medical aid was summoned in 134 cases. In 89 of these help was required for the mother only, in 25 help was required for the baby only, and in the remaining 20 cases help was summoned on account of both mother and baby.

SECTION 24: HEALTH VISITING

Staffing - The joint establishment of 40 health visitors and school nurses (apportioned as 22 to the Health Committee and 18 to the Education Committee) has never yet been filled, owing to a national shortage of trained Health Visitors.

All health visitors undertake duties in the School Health Service as well as in Maternity and Child Welfare and general public health work. There is still a small number of school nurses who are not trained health visitors. They work chiefly in the School Health Service but at times undertake clinic duties at the Maternity and Child Welfare Centres.

The Superintendent Nursing Officer left in July after 9 years service. The Deputy Superintendent Nursing Officer was re-designated Superintendent Health Visitor and Deputy Superintendent Nursing Officer and took charge of the service until the appointment of a new Superintendent Nursing Officer on the 1st October.

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

- | | | |
|---|---|---|
| (a) Superintendent Health Visitor |) | |
| (b) 22 Health Visitors employed on joint health visiting and school nursing duties |) | 28 |
| (c) 5 School Nurses employed solely on school nursing |) | |
| (d) 2 part-time Public Health Nurses employed on school nursing duties (in special schools) - equivalent of 1.) |) | |
| (e) 1 Health Visitor employed by South West Ham Health Society. |) | not included in the establishment of 40 |
| (f) 4 Health Visitors employed on tuberculosis work |) | Health Visitors and School Nurses. |

Three student health visitors completed their training under the Council's scheme and were appointed to vacancies on the establishment. They are under contract to give the Council two years service.

At the end of the year there were three students in training.

Seven health visitors resigned during the year, they had been in the department for periods of service as follows:- 1 for 1 year; 3 over 2 years; 3 over 3 years.

Of the 7 health visitors who left during the year, 3 resigned on marriage, 3 took health visitor appointments in other areas. The 1 health visitor who left after one year's service did so for personal reasons, she was not a sponsored student of the Council.

Out of the 22 health visitors on the staff at the end of the year, 20 have been trained under the Council's scheme.

Length of service of present health visiting staff:

1 has been in the service for 1 month (not a sponsored student)
 7 have been in the service less than 2 years and are still under contract
 2 " " " " " over 2 years
 6 " " " " " " 3 years
 1 has been in the service over 4 years
 4 have been in the service over 5 years
 1 has been in the service over 6 years

Refresher Courses

2 health visitors attended a general refresher course.
 1 tuberculosis health visitor attended a refresher course.

Home Visits

	<u>1st Visit</u>	<u>Total Visits</u>
To expectant mothers	944	1,980
To children under 1 year	2,668	14,389
" " 1 - 2 years	-	6,543
" " 2 - 5 years	-	14,757
Special visits	-	4,367

Health Visitors' Duties

Throughout the year there have been shortages of staff in the health visiting service, but in spite of this the health visitors have continued their established basic duties and maintained steady progress in the extended field of work outlined in earlier reports.

The case load of elderly people on each health visitor's district is gradually increasing. Visits are made as often as circumstances indicate.

A closer relationship has been established with colleagues in the "Welfare of the Blind" Department. Health visitors have made visits jointly with welfare officers to the homes of blind persons, particularly elderly blind persons, and have been able to ascertain the need for social services and give help as required. Meetings have been held between the Consultant Ophthalmologists at Whipps Cross Hospital and the various senior medical and nursing officers, in order to explore the ways and means by which the health visitors might do more effective work in the prevention of blindness.

Progress has been maintained in building up a good relationship with the general practitioners. Health visitors are more frequently consulting the family doctors in their areas, on problems relating to their patients and the doctors are more often making direct contact with health visitors, asking for visits to be made to a particular family.

One general practitioner asked for the help of health visitors in supplying information to enable him to continue work on a "Survey on Breast Feeding" on mothers discharged from a maternity unit. The health visitors were very pleased and interested to carry out this follow-up.

Geriatric, diabetic and paediatric liaison health visitor schemes have been maintained and continue to be helpful and much appreciated.

The health visitors' work in the field of mental health is steadily increasing. They continue to visit regularly the mental defectives under school leaving age.

Close co-operation between health visitors and the psychiatric social workers and mental health visitors continues with consultation and discussion on families.

Health visitors are being asked to give reports on home circumstances and situation, to the consultant psychiatrists at the Child Guidance Clinic.

An In-Service Training Group for health visitors and medical officers working under the leadership of a consultant psychiatrist from the Child Guidance Clinic was formed during the year. The psychiatrist's comments on this group appear on page 61.

Health Visitor Problem Family Group

During the early months of 1957 preparatory meetings were held amongst health department staff in continuance of the Council's policy to improve their constructive scheme for the rehabilitation of problem families. In October the Problem Family Working Party came into being. This was composed of the Senior Assistant Medical Officer, Superintendent Nursing Officer, Superintendent Health Visitor and 3 health visitors. Their immediate task was the organisation of a survey of all families in the borough so that some estimation of the number of problem families could be obtained. When the extent of the problem was known a plan could then be devised which would make adequate provision for the continuing help and rehabilitation of these families.

By December the Working Party had prepared a guide for health visitors to help them in the selection of the families from their districts to be included in the survey.

A definition of a problem family was given as "A problem family is one which, in spite of continuous help over a period of time, persists in living below the standard acceptable to our present community. As a result the children in the family are developing without the minimum parental care and guidance necessary for eventual stable health and happiness".

A special form was designed for the notification of these families which includes information about the whole household and also asks for an indication of the other workers and organisations already concerned with the family.

At a general meeting of health visitors held in mid December a discussion was held on the survey so that any difficulties could be resolved. The guide and form for notification were accepted by the health visitors and they undertook to have the greater part of the survey completed by March 31st 1958.

The Problem Family Working Party's next objective was the formation of a plan that would give constructive rehabilitation to the families. The work of the group continued into 1958.

Health Visitors' Meetings

General Meetings

Four of these meetings are usually held each year. All health visitors attend as well as the Medical Officer of Health, Deputy Medical Officer of Health, Senior Assistant Medical Officer, Superintendent Nursing Officer and Superintendent Health Visitor. Frequently there is a guest speaker. These meetings give an opportunity for the senior medical and nursing staff and the health visitors to discuss new developments in the service to the public, as well as changes in professional outlook and conditions of service. Guest speakers are specialists in their own field of work. They are able to give valuable help by outlining their own responsibilities, by answering questions and by promoting discussion following their talk. Films are often shown to help illustrate their subject.

As an example, in December, 1957, the subject of the meeting covered help that could be given to 'Problem Families' in an effort to attain constructive rehabilitation. The first part of the meeting consisted of discussion on methods to be tried out in West Ham. This was followed by a guest speaker, Miss Richardson, from the Stepney Family Service Unit, who spoke about the methods adopted by her colleagues employed in case work with families of the kind to be included in the West Ham Problem Family Survey.

Health Visitors Consultative Committee

Five meetings were held during the year. Subjects discussed included care of the blind, work with problem families, changing needs in Maternity and Child Welfare clinic facilities and preparation of diet sheets for young children. Each group of health visitors, based on the clinic from which they work, sends a representative to these meetings at which they meet the Medical Officer of Health, Senior Assistant Medical Officer, Superintendent Nursing Officer and Superintendent Health Visitor. The Deputy Medical Officer of Health and other officers were invited when the subject under discussion suggested that their comments and advice would be helpful for a complete understanding of the situation.

Health Education

In the report of the Working Party on the field of work, training and recruitment of health visitors published in June, 1956, the functions of the health visitor were described as being primarily health education and social advice.

In thinking of health education against the whole background of the health visitors day by day contact with the community, the truth of this description of her function can soon be realised. The health visitor, because she is regularly in the homes of the people in a particular area, knows their mode of living, their thinking, the traditions that lie behind that thinking and any need for change of attitude. In most homes there will be the pressure of advice and advertising given on television, sound radio and from magazines and the daily press. Young mothers in particular still think highly of the opinions given by their mother and older neighbours. The health visitor can sort from this mass of advice

that most needed by a particular family in relation to their immediate and future health needs, and can present it to them in an acceptable form. This individual family health education which is so important cannot be recorded in any detail, as it is built into the daily pattern of the home visiting carried out by the health visitor.

As described in former reports there is a wide selection of visual material available to help with group health education activities. This comprises film-strips, posters, demonstration material and leaflets. Many leaflets prepared by national associations do not adequately cover certain needs of the families in West Ham. This has been a matter of concern to the health visitors, and they have plans to solve this problem by constructive methods. During the latter months of 1957 a small committee of health visitors was formed and the Superintendent Nursing Officer and the Superintendent Health Visitor were invited to become members and participate in the committee's work. This committee advises on all matters dealing with group health education activities. Its first duty was to prepare for printing a leaflet which is so planned that helpful advice is attractively presented to the mother, so that she has a guide during the weeks when she is weaning her baby from milk to a mixed diet.

Health visitors on this committee are extremely enthusiastic and have shown that they are willing to give freely of their thought and energy so that, in co-operation with their colleagues, material can be prepared which is of high quality and chosen with an understanding of the particular needs of the families in the borough.

Consultant Psychiatrist's Comments on In-Service Training Group

An in-service group for medical officers and health visitors was started in February, 1957. Dr.T.Sutherland, Medical Director of the Tavistock Clinic, directed the group for the first 4 - 5 months, assisted by Mrs.J.Stephens, Psychiatric Social Worker, Tavistock Clinic, who has kindly continued her association up to date.

Dr. Elizabeth Whatley joined the group in March, 1957, and took over the direction after Dr.Sutherland left. Mrs.Carroll, Psychiatric Social Worker to the Public Health Service, has been associated with the group since it began. The group consists of 2 medical officers from the Maternity and Child Welfare and School Health Services, and 6 health visitor/school nurses, and meets for about 1½ hours once a week. Since its inception, 39 meetings have been held up to the end of 1957, and approximately 20 cases have been discussed. Many cases have been discussed a number of times, and progress and changes noted. With one case, the probation officer was invited to the group discussion, and this contribution proved most helpful.

Any one member may bring a case needing clarification before the group. Also, general topics affecting the family as well as the sharing of experiences of similar cases by group members, and discussion of different aspects of a case, has proved a most useful technique. A greater understanding of the underlying motivation of behaviour and an increasing insight into domestic problems and tensions has emerged during the year, which helps members in their day to day contacts with families. The members are beginning to find that the discussion of their cases within the group increases their confidence when dealing with their families.

It is of interest to note that the personnel of this group is drawn from workers who are in contact with the Preventive Mental Health Scheme, the Maternity and Child Welfare and School Health Services, and the Child Guidance Clinic. Thus the individual members of the group in their day to day work are in touch with all the social and medical services in the borough.

HOME NURSING SERVICE

Home Nursing Staff on 31st December, 1957.

1 State Registered Nurse	)	Employed full time.
2 State Enrolled Assistant Nurses)	
8 State Registered Nurses	)	Employed part-time.
8 State Enrolled Assistant Nurses)	

The previous Supervisor having left at the end of 1956, the service was without a Supervisor until June, 1957, when the new Supervisor took up her duties. During this interim period the brunt of the extra work fell on the Deputy Superintendent Nursing Officer, ably assisted by the senior home nurses.

Summary of Work carried out by Home Nurses

Total Cases Attended	Total number of Visits paid	Average Number of Visits per case
3,101	92,865	29.9

The cases treated by West Ham Home Nurses and the Lady Rayleigh Training Home are as follows:-

Conditions	Total Cases			New Cases			Total Visits		
	West Ham	Lady Rayleigh	Total	West Ham	Lady Rayleigh	Total	West Ham	Lady Rayleigh	Total
Medical	485	1,502	1,987	329	1,190	1,519	22,509	43,902	66,411
Surgical	108	156	264	100	130	230	3,701	5,404	9,105
Tuberculosis	51	23	74	32	18	50	2,616	1,584	4,200
Infectious Diseases	1	6	7	1	6	7	4	30	34
Maternity	13	5	18	13	5	18	86	79	165
Miscarriages	5	7	12	5	7	12	45	53	98
Other Conditions	739	-	739	665	-	665	12,852	-	12,852
	1,402	1,699	3,101	1,145	1,356	2,501	41,813	51,052	92,865
Grand Total:	3,101			2,501			92,865		

Age groups of patients treated are as follows:-

	Total Cases			New Cases			Total Visits		
	West Ham	Lady Rayleigh	Total	West Ham	Lady Rayleigh	Total	West Ham	Lady Rayleigh	Total
Under 5 Years	1	-	1	35	39	74	253	319	572
5 - 64	1,239	1,458	2,697	569	711	1,280	14,515	17,404	31,919
65 and over	162	241	403	541	606	1,147	27,045	33,329	60,374
Total	1,402	1,699	3,101	1,145	1,356	2,501	41,813	51,052	92,865
Grand Total:	3,101			2,501			92,865		

These tables do not show any striking difference from those for 1956.

Home Nursing Centre

The service for patients residing north of the District Railway line was provided, as previously, by the staff from the Lady Rayleigh Training Home (under agency arrangements with the Essex County Council). South of the Railway Line the service continued from the Liverpool Road Centre. From there the nurses go out to cover the whole of this area. Those patients who were able attended the Centre and were treated there.

The service mostly depends on married women who can only spare a few hours a day from their home commitments, but who also have a real sense of vocation for nursing and enjoy their work. This has resulted in them voluntarily undertaking to maintain a late-night service where the need arises.

Loan Scheme

The provision on loan of nursing equipment for patients nursed at home continues to be a valuable adjunct to the Home Nursing Service.

Laundry Service

Plans for this service have continued to develop slowly and it is hoped that it will commence early in the new year.

Queens Institute of District Nursing

The visitor from the Institute visited West Ham for three days towards the end of the year. She found that the nurses gave a very good service under the circumstances, but would be better fitted for the work if they could take their Queens District Training. She so inspired the nurses themselves that a number of them have indicated their willingness to undertake this training. The arrangements to make this possible are under consideration and will be started as soon as possible.

It is also hoped that some in-service training will be made available for those members of the staff who, for various reasons, are not able to take the Queens Training.

SECTION 26: - VACCINATION AND IMMUNISATION.

The extension of poliomyelitis vaccination to other age groups and certain priority groups, was the significant development in this service during the year.

Smallpox Vaccination. The following table shows the number of vaccinations carried out during the year.

TABLE A

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)	760	91	136	173	224	1,384
Number re-vaccinated	-	-	8	42	319	369

Of these vaccinations, 1,047 were performed by general practitioners and 706 by medical staff of the local authority.

No complications from vaccination were reported during the year.

Diphtheria Immunisation. 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:-

TABLE B

	AGE			
	at date of final injection			
	Under 1	1 - 4	5 - 14	TOTAL
A. Children who completed a full course of immunisation.	1,611	752	74	2,437
B. Children who received a secondary reinforcing injection.	-	15	42	57

The following table gives the estimated proportion of children in any age group who have received a course of immunisation since 1st January, 1943.

TABLE C.

Age at 31.12.57. i.e. born in Year	Under 1 1957	1 - 4 1956-1953	5 - 9 1952-1948	10 - 14 1947-1943	Under 15 TOTAL
Last complete course of injections (whether primary or booster)					
A. 1953-1957	361	7,535	10,131	12,714	30,741
B. 1952 or earlier	-	-	416	164	580
C. Estimated mid-year child population	2,560	9,540	26,200		38,300
Immunity Index 100A/C	14.1%	79.0%	87.19%		80.26%

Poliomyelitis Vaccination. Arrangements for the registration and vaccination of children against poliomyelitis continued. Supplies of vaccine, although still very limited, improved. The age group for registration, formerly for children born in 1947-1954 was extended early in the year to include those born in the years 1955 and 1956. In November the Ministry of Health (Circular 16/57) again extended the scheme to include all children between the ages of 6 months and 15 years, expectant mothers, general practitioners and their families, ambulance staff and their families, and certain hospital staff and their families. At the end of 1956, 5,234 children were awaiting vaccination. Registrations during 1957 numbered 13,886 making a total of 19,120 for vaccination. Of this number 4,461 received two injections during the year. At the end of the year there were 14,659 children (of which 1,086 had received 1 injection) awaiting vaccination.

B.C.G. Vaccination.

There were no changes in the scheme introduced in 1956 whereby vaccination against tuberculosis is offered to school leavers, that is children of 13 years and over.

Before vaccination is given a simple skin test is performed, as some children will already have been exposed to the disease and have subsequently developed an immunity. In these instances the skin test is positive and arrangements are made for these children to have a chest x-ray to ensure that the previous exposure to tuberculosis has not resulted in active disease.

The following table shows the results of visits to schools:-

B.C.G. Vaccination

Year	No. of Schools Visited	Number of Children					Vaccinated	% of negative reactors
		Skin Tested	Result of Test					
			Negative	%	Positive	%		
1956	15	1,808	1,296	71.7	512	28.3	1,128	87.0
1957	13	952	738	77.5	214	22.5	714	97.0

SECTION 27: AMBULANCE SERVICE

The organisation of the service remained unchanged during the year with responsibility divided between the Medical Officer of Health, Borough Engineer and Chief Officer, Fire Brigade.

Operational vehicles were deployed as follows:-

Ambulances:

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

Ambulance Cars:

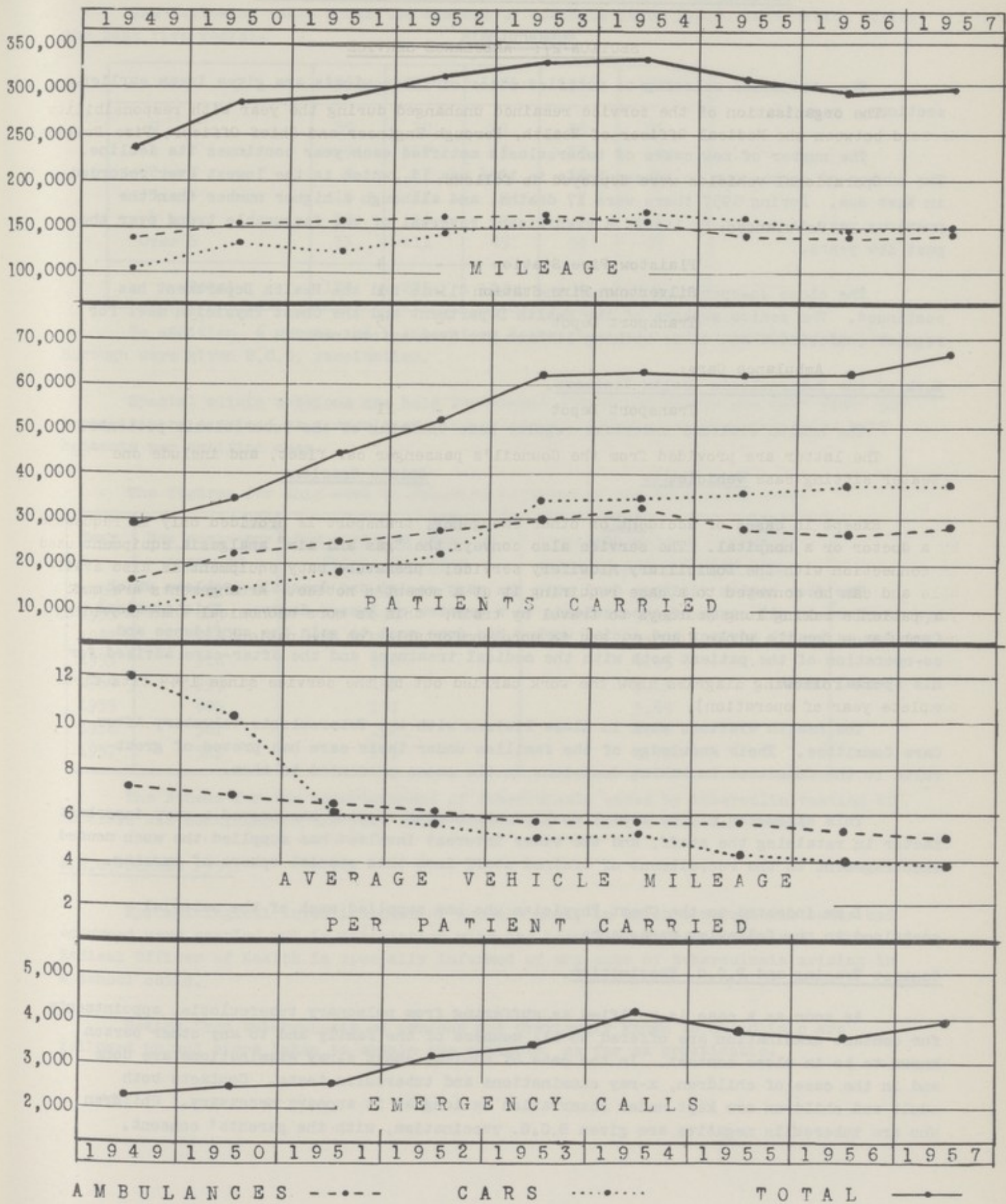
Transport Depot	-	11
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The latter are provided from the Council's passenger car fleet, and include one 8-seater sitting case vehicle.

Except in cases of accident or other emergency, transport is provided only if requested by a doctor or a hospital. The service also conveys the "gas and air" analgesia equipment used in connection with the Domiciliary Midwifery service; premature baby equipment is also available and can be conveyed to a case requiring it at a moment's notice. Arrangements are made for patients making long journeys to travel by train; this is more economical than providing an ambulance for the whole journey, and is more comfortable for the patient.

The following diagrams show the work carried out by the service since 1949 (its first complete year of operation).

Year	Ambulances	Number of calls				Ambulance cars	Total
		Emergency	Non-emergency	Transfer	Other		
1949	10	1,200	1,500	1,000	500	15	4,200
1950	10	1,300	1,600	1,100	600	15	4,600



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

TUBERCULOSIS

The statistics relating to notified cases of tuberculosis are given in an earlier section., page 11.

The number of new cases of tuberculosis notified each year continues its decline. The number of deaths due to tuberculosis in 1956 was 13, which is the lowest ever recorded in West Ham. During 1957 there were 17 deaths, and although a higher number than the previous year it is not in itself a significant reversal of the favourable trend over the past few years.

The close co-operation between the Chest Clinic and the Health Department has continued. The senior members of the Health Department and the Chest Physician meet for regular conferences and close working liaison has been maintained.

Work of the Tuberculosis Health Visitors.

The health visitors undertake regular home visiting of the tuberculosis patients.

<u>Home Visits</u>		<u>Clinic Sessions</u>	
<u>1956</u>	<u>1957</u>	<u>1956</u>	<u>1957</u>
3,511	2,880	538	521

The four health visitors deal with the many social and domestic problems which are involved in all cases of tuberculosis to a greater or lesser degree. This combined function as health adviser and social worker has done much to gain the confidence and co-operation of the patient both with the medical treatment and the after-care advised for his special needs.

The health visitors work in close liaison with the Tuberculosis Voluntary After-Care Committee. Their knowledge of the families under their care has proved of great value to the Committee in making decisions on the cases presented to them.

This extension of the social work of the health visitor has proved a very important factor in retaining the staff, and the wider interest involved has supplied the much needed encouragement to the recruitment of trained staff into this special sphere of nursing.

I am indebted to the Chest Physician who has supplied much of the material contained in the following paragraphs.

Contact Tracing and B.C.G. Vaccination.

As soon as a case is notified as suffering from pulmonary tuberculosis, appointments for contact examination are offered to all members of the family and to any other person known to be in close contact. In the case of adults, chest x-ray examinations are done and in the case of children, x-ray examinations and tuberculin tests. Contacts both adult and children are kept under observation as long as it appears necessary. Children who are tuberculin negative are given B.C.G. vaccination, with the parents' consent.

The following table shows the numbers of contacts given B.C.G. vaccination during the past five years:-

Age	1953	1954	1955	1956	1957
0 - 1	59	70	51	49	35
1 - 2	5	12	12	17	16
2 - 3	9	13	11	10	13
3 - 4	17	13	9	7	4
4 - 5	10	16	4	9	10
Over 5	73	111	45	59	78
Total	173	235	132	151	156

In addition, 6 nurses and 1 laboratory technician employed at hospitals in the Borough were given B.C.G. vaccination.

Special clinic sessions are held for contact cases and during the past year 529 contacts were examined as a result of 111 new cases, giving an average number of 4.76 contacts per notified case.

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

Year	New contacts examined	New notified cases on Clinic Register	Average number of contacts examined per notified case
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
1955	605	157	3.85
1956	581	132	4.40
1957	529	111	4.76

The scheme for the ascertainment of tuberculosis cases by tuberculin testing of toddlers was continued in the year under review and no active case was found.

B.C.G. Scheme 1955.

Epidemiological investigations of schools etc., in which tuberculosis cases had occurred were carried out in association with the Local Authority as required. The Medical Officer of Health is specially informed of any case of tuberculosis arising in a school child.

Deaths from tuberculosis of persons not previously known to the Clinic are followed up and steps taken to obtain the contacts, as far as practicable.

Rehabilitation and Employment of Known Cases of Tuberculosis.

Efforts are made to rehabilitate, as far as possible, cases of tuberculosis who have undergone treatment. Cases suitable for employment are generally found work in consultation with the D.R.O. Cases who are premanently rendered incapable of employment are, if medically suitable, recommended for occupational therapy under the Local Health Authority services. The use is also made of the Ministry of Labour Training Schemes for suitable cases.

The Council undertook financial responsibility throughout part of the year for two male patients who were receiving rehabilitation and training at Papworth Hall and Enham Alamein Village Settlement.

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 14 adults and 12 children.

Ascertainment of Tuberculosis in Expectant Mothers.

Further investigation and examination of expectant mothers found to be suffering from tuberculosis following routine chest x-ray is carried out at the Clinic, and special arrangements, where necessary, are made for their confinement.

West Ham Tuberculosis Voluntary After-Care Committee.

The Committee gives much help in meeting the need for assistance required by families of patients in hospital, for extra nourishment or for clothing and bedding for patients living at home.

Assistance given during 1957 included the following:-

- Fares to hospital.
- Clothing.
- Holiday grant.
- Extra nourishment.
- Furniture and bedding.
- Removal expenses.
- Christmas gifts to patients.

OCCUPATIONAL THERAPY

Before reporting in detail on the year's work under review, it is necessary to point out that occupational therapy in a Borough such as West Ham can never be purely diversional. Almost every type of patient has his own personal problems which are entirely individual, and therapy therefore has to be carefully devised to meet his special needs, whether it be preparation for re-employment, complete re-education for a new life both domestic and working, or an attempt to arrest a progressive or chronic illness by exercising the parts of the body affected.

The largest group is that of tuberculosis patients. This group includes both active and convalescent persons each requiring a different approach, e.g. the patient suffering from active T.B. is limited to certain forms of occupational therapy not requiring any great physical effort.

The chronic sick and geriatric group includes many elderly people living entirely by themselves, and it is these patients who are particularly appreciative of an occupational therapy service. Visits are very welcome to such patients, and careful consideration is given to the type of therapy used with the main object of relieving the boredom of long days spent alone.

Example 1. Mrs. A.

Mrs. A. is an O.A.P. who lives quite alone and is crippled with osteo-arthritis. Occupational Therapy and the visiting it entails have been a delight to her as there is always a visit to look forward to. The therapy she is doing is exercising her hands, assisting in keeping them mobile and useful, which is essential.

When visited first, she was unable to grip anything even lightly, but she can now hold a comb, etc. and is able to move her arm sufficiently to do her hair with comparative ease to a few months ago. She works hard at her therapy, as she realises it is helping her to keep her independence.

During the year under review, January and February were the usual busy months, but March was even busier as this involved all the preparation for moving to new larger premises at 383, High Street, Stratford.

Group Therapy.

The progress made during the year in this section of the work has been particularly gratifying. In the second week in April the service moved to the new accommodation, and though it took a week or two to settle in, it was such a vast improvement from the point of view of size and floor space that it was possible to consider Group Therapy. In May, group therapy was commenced in a modest way on Monday and Thursday afternoons. The patients seemed to enjoy themselves, became very friendly with each other and took an interest in other members' problems.

Example 2. Mr. X.

Mr. X is an elderly man living with a relative younger than himself. He is suffering from a rare disease which prevents him working any longer. The relative appeared to resent this, and as their home conditions were bad, their lives together were not very happy. Mr. X. was seen at his home, where the relative appeared very aggressive and resentful. It was obvious that any occupational therapy done at home would be of little value, so it was arranged for the patient to attend the Group class twice weekly.

There he made friends with the others and made some very nice lampshades and baskets. He also talks about his home difficulties, relieves his feelings and has improved a great deal mentally.

During June, the number of patients on the register continued to increase steadily. During this month, a visit was paid to Langthorne Hospital, and it was arranged with the Medical Superintendent that patients upon their discharge if in need of domiciliary occupational therapy, should be referred by the Hospital's Occupational Therapist for this service, and since that time this arrangement has been carried out successfully.

The benefit from the new larger accommodation was evident as more stock could be carried, thus preventing frequent ordering and long delays in supplying patients. There was still the difficulty, however, of patients requiring individual supplies e.g. oil paints which are not required very frequently and therefore not carried in stock.

In July, August and September many patients went away for their holidays, which relieved visiting a little, although there was still a good demand by patients for work.

During October, November and December all patients on the register were preparing for Christmas and therefore needed a great deal of attention as some wished to learn a new craft as relatives had requested they should make an article for them for Christmas. Thus stock went down and time was indeed precious as teaching a patient a new craft means frequent visiting, daily at first and then every other day until they are proficient.

Toy-making, leatherwork, basketry, weaving and knitting were the most popular kinds of work as the articles are finished quickly and make acceptable Christmas gifts.

STATISTICS

For the period from 1st January to 31st December 1957

	<u>Patients</u>			
	<u>Total</u>	<u>Tuberculous</u>	<u>Chronic sick</u>	<u>Other illnesses</u>
January	51	34	10	7
June	68	41	14	13
December	86	55	16	15

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, 106 adult persons being recommended for recuperative holidays.

The sources of reference were:-

General practitioners	68
Hospitals	24
Chest Clinic	10
Other	4

Of the initial recommendations, 26 were withdrawn, either by the patient or the referring agency, before consideration by the Council's medical officer; and of the 80 thus reviewed, 68 applications were approved, 11 were not approved, and 1 was referred to the Chief Welfare Officer. Of the 68 approved, 4 were withdrawn for various reasons leaving 64 for whom convalescence was arranged.

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

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

Sex	Under 25	25 -	45 -	65 -	75 -	Total
Male	2	3	16	5	1	27
Female	3	4	16	10	4	37
Total	5	7	32	15	5	64

In addition to the above, 12 children under the age of 15 years were sent to convalescent homes following recommendation by the Chest Physician 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 51 and 119-120 respectively.

Health Education

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 also received from interested organisations in the Borough.

Senior members of the department have taken part in the instruction of D.P.H. students, student health visitors, student public health inspectors and nursery students. Lectures were given to student nurses in the block training schemes run by the West Ham Group Hospital Management Committee and Whipps Cross Hospital. Their syllabus includes instruction in the social aspects of disease and requires both lectures and practical demonstrations of the Local Authority Health 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.

Smoking and Lung Cancer

The Minister of Health made a statement in the House of Commons on 27th June, 1957, on the subject of smoking and cancer of the lung in the light of a special report of the Medical Research Council. The Medical Research Council had concluded that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the past 25 years is that a major part of it is caused by smoking tobacco, particularly heavy cigarette smoking.

The Ministry of Health issued a circular, No.7/57, in which Local Health Authorities were requested to bring these risks of smoking tobacco to the notice of the public.

The Health Committee considered the matter and felt that to be most effective health education on this subject should be directed towards adolescents at school. This proposal was agreed by the Education Committee and confirmed by the Council.

Methods of implementing the Council's decisions were discussed between the Health and Education Departments and representatives of Head Teachers. As a result it was felt that it should be the Head Teacher's responsibility to decide how this subject should be pursued in each school; but the Health Department would prepare suitable material for teachers to use in schools, on request.

The Health Department has purchased samples of peg board cut outs, flannelgraphs, lecture notes and all available pamphlets and posters on the subject. These are used by Health Visitors and are available for demonstration to interested persons and have been shown to Head Teacher's representatives and the Secretary of the Managing Committee, West Ham Hostel for Youths.

It is felt, however, that these health education methods are largely nullified by the vast commercial advertising undertaken by tobacco manufacturers.

SECTION 29: DOMESTIC HELP

General Cases

There was a small decrease in the number of applications received for domestic help: 339 applications in 1957 compared with 372 in 1956. There is still, however, an upward trend in the number of cases remaining on the register indicating that in many instances the service is being required for longer periods than previously.

Tuberculosis Cases

Fourteen new applications were received during the year making a total of 35 cases given domestic help for varying periods. Of the 14 cases provided with home help for the first time 6 were in the under 50 group.

Maternity Cases

The number of applications for home help for maternity cases was very small. Of the 12 applications received 4 were subsequently withdrawn leaving 8 only who received the service.

It is believed that the cost of the service to the applicants is a major factor causing withdrawals of applications.

General Sickness, Aged and Infirm Cases.

Number of applications received	339		
Number withdrawn or cancelled	40		
New cases accepted during 1957	299	Males 36)	
		Females 263)	299
Number of cases on the books at end of 1956	771		
Total number of cases receiving home help			
during 1957	1,070		
Number of cases on books at end of 1957	790		

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

		%
Under 50	27	9.0
Between 50/59	19	6.4
Between 60/69	47	16.0
Between 70/79	144	48.0
Between 80/89	58	19.3
Between 90/99	4	1.3
	<u>299</u>	<u>100%</u>

Cases assessed to pay	39
Cases free	260
Average number of hours of service per case <u>per week</u>	3.8

Tuberculosis Cases

New applicants accepted during 1957	14	- Males 5 Females 9
Number transferred from 1956	21	
Total number of persons receiving home help during 1957	35	
Number of cases on books at end of 1957	21	

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

Under 50	6
Between 50/59	3
Between 60/69	2
Between 70/79	3
Between 80/89	-
Between 90/99	-

Cases assessed to pay	2
Cases free	12

Maternity Cases

Number of applications received	12
Number of applications withdrawn	4
Number received service	8

Staffing

Permanent Home Helps full time employed at 31.12.1957	7
Part time Home Helps employed 31.12.57	97
Average hours worked per week per part time Home Help	34.1
(includes tuberculosis cases)	
Total number of hours worked by Home Helps approx.	188,273
On the basis of a 44 hour week, this is equivalent to 82.3 full time Home Helps throughout the year. Making no allowance for sickness, statutory holidays, annual leave and travelling time.	

Home Visits of Home Help Organiser and her Assistants

General cases:

Visits to applicants and recipients	2,902
Visits to Home Helps	165

Tuberculosis cases:

Applicants	113
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Maternity cases:

Applicants	41
	<u>3,221</u>

Office Consultations	4,500 approx.
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SECTION 51 - MENTAL HEALTH SERVICE

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

Staff

Medical

The Deputy Medical Officer of Health is responsible for the medical supervision and direction. This officer and the Chief Assistant School Medical Officer, who left the service in December, 1957, are approved by the local health authority for the medical examination of mental defectives. The Deputy Medical Officer of Health and three local general practitioners are also approved for the purpose of making recommendations under the Mental Treatment Act.

Lay Staffs

The Senior Mental Health Officer is responsible for the lay administration of the service. Two full-time Mental Health Officers carry out duties under the Mental Deficiency and Lunacy and Mental Treatment Acts and one relief Mental Health Officer takes a regular turn on the duty rota for emergency calls outside office hours. The establishment also includes one Psychiatric Social Worker.

The establishment of the Occupation Centre consists of a Supervisor, a Deputy Supervisor, three Assistant Supervisors and a Male Handicraft Instructor.

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

The friendly relationship with the Regional Hospital Boards and Hospital Management Committees and especially with the staffs of Goodmayes Hospital and South Ockendon Hospital has been maintained. The Council's Mental Health Officers supervise defectives on licence and also visit and report on home circumstances, etc., for hospitals. The Psychiatric Social Workers employed by the Council and at mental hospitals work in close co-operation.

Prevention, Care and After-Care in relation to Mental Health

The work of the Psychiatric Social Worker

Again, as in the year 1956, preventive mental health work played a dominant role in the caseload of the Psychiatric Social Worker. In contrast to 1956, where most of the referrals were made by the M. & C.W. Section, School Health Services took the lead. The Psychiatric Social Worker very much welcomed the 42 cases brought to her notice at an early stage, so enabling her to give supportive treatment.

Example: Mrs.L. and Maurice.

This case was referred by a School Medical Officer. Problem: Mother over-active and tense. All her emotions are concentrated on her only child Maurice, aged 5 - worries about the child's feeding. Mrs. L. is a woman of 30, of above average intelligence, over anxious, and says that her child is under-nourished because he does not want to eat. Mother's efforts to feed him have failed.

She is convinced that she is a bad mother, and takes the child's refusal to take food from her as a sign that Maurice does not love her. The child is, however very different when not with his mother. P.S.W. suggested that the child should have school meals.

His teacher reports that Maurice is eating well at school. P.S.W. was able to help mother to see that her anxiety is reacting badly on the child, and it was therefore necessary for P.S.W. to see her regularly once a week for a prolonged period. It became obvious to P.S.W. that this woman is projecting onto Maurice anxieties which she herself had experienced as a child. Mrs.L. is still seeing P.S.W. once fortnightly.

Maurice has improved considerably, and is now also eating quite well at home. He is a lively child, and has made very good progress all round. He has become a better mixer, and does not present any problem outside the home.

Mrs.L. has now started to take on part-time work and, though still anxious, is finding it enjoyable. She welcomes the new interest, which enables her to divert her attention during the time the child is not with her.

Eleven General Practitioners referred cases to the Psychiatric Social Worker, one third of these cases needing after care following the discharge of the patient from hospital. In two thirds of these cases, P.S.W. was asked to visit the home in order to persuade a patient to accept psychiatric treatment, or to support relatives with their often extremely difficult duties in connection with the mentally sick member of the family.

Example: Mrs.G.

Mrs.G. is the wife of a mentally sick husband. The case was referred by the General Practitioner who stated that Mrs.G. is in need of help and support in order to cope with her invalid husband who is supposedly suffering from the onset of senile dementia.

P.S.W. saw Mrs.G. at her office. Mrs.G. is a woman of good average intelligence 44 years of age. Her husband, the patient is 60. The couple have a daughter of 21. Mrs.G. was in absolute despair. She told P.S.W. that her husband has been a very active and intelligent man, a good husband and father, and earned well in his business. This man suffered from tuberculosis two years ago, and since his discharge from sanatorium his behaviour has changed completely.

He refuses to get up or to wash, or to cook for himself, which is necessary as Mrs.G. is at work throughout the day. He just sits and broods. He has violent fits of temper during which he accuses his wife and daughter of neglecting him. In fact, life for Mrs.G. and her daughter has become almost unbearable. He is not willing to be seen by any psychiatrist.

P.S.W. paid a home visit and was able to persuade this man to accept a psychiatric interview which was given to him at St.Mary's Hospital. Patient was admitted to Goodmayes Hospital and seemed to make a very good recovery. Mrs.G. asked for his discharge, but unfortunately as soon as patient returned home he showed the same behaviour as before his admission to hospital.

P.S.W. saw Mrs.G. repeatedly and tried to help her to accept this man's changed behaviour. Mrs.G. tried very hard to look upon her husband as a chronic invalid, but the everyday situation with this very sick and difficult man again became quite unbearable for the wife and daughter, and the man had to be re-admitted to hospital. Patient is still in hospital, and at present the doctors are unable to predict with any certainty when he will be discharged.

Example: Mrs.F.

Patient is a woman of 36 who is the mother of a boy of 16, a boy of 11 and a girl of 4. She gave birth to a baby girl, and after the birth of this child she became severely depressed and hallucinated. She stayed in Goodmayes Hospital for a month, and was then discharged and placed in the care of the Health Department.

P.S.W. immediately contacted the Health Visitor who had known this woman prior to her admission to hospital, which enabled both Health Visitor and P.S.W. to make comparisons between the woman's behaviour before and after her discharge. Various home visits were made by both Health Visitor and P.S.W. It appeared that the talks with both workers helped this woman to gain confidence in herself again as a mother. After a comparatively short time, patient had sufficiently recovered not to need any more visits from P.S.W. The case is carried on as a routine visiting case by the Health Visitor who has reported to P.S.W. from time to time.

Nine months after patient's discharge from hospital Health Visitor reported that Mrs.F. no longer shows any signs of disturbance. She is keeping well and the baby is thriving.

In addition to the above work, the Psychiatric Social Worker has taken part in the new venture, the pioneer Health Visitor Training Group under the leadership of Dr.Sutherland of the Tavistock Clinic and later Dr.Whatley, our Consultant Psychiatrist. A description of the work of this group is contained on page 61.

PSYCHIATRIC SOCIAL WORKER

Statistics

For the period January 1st to 31st December 1957

Referrals

Pre-care and After-care

141

Sources of referral:

Hospitals

Goodmayes	38
Whipps Cross	2
Queen Mary's	6
Rainhill, Liverpool	1

47

Health Department

Medical Officer of Health	2
Deputy Medical Officer of Health	9
Mental Health Officers	4
M. & C. W. Section	9
School Medical Officers	42

66

Disablement Resettlement Officer	1
Probation Officers	5
National Assistance Board	6
General Practitioners	11
Others	5

28

No. of home visits	244
No. of Office interviews	434
Visits to social agencies, hospitals, etc.	169
Intensive casework	368

Lunacy and Mental Treatment Acts.

Work undertaken by the Mental Health Officers.

There is no change in the arrangements for obtaining the services of the Mental Health Officers. 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 Mental Health Officers carried out the following work and visits in connection with these Acts:-

Calls received in connection with mental illness numbered 308 and were from:-

(a) General Practitioners	156
(b) (i) Goodmayes Mental Hospital	61
(ii) General Hospitals	22
(c) Other Agencies (police, relatives, etc.)	69
	<u>308</u>

The total number of visits made was 680.

Disposal of Cases.

Two-hundred and forty-two were admitted to hospital:-

	<u>M</u>	<u>F</u>	<u>Total</u>
(a) As voluntary patients	82	92	174
(b) As temporary patients	1	11	12
(c) Under Urgency Orders	11	16	27
(d) Under Summary Reception Orders	7	7	14
(e) For observation	8	7	15
	<u>109</u>	<u>133</u>	<u>242</u>

These were admitted to the following hospitals:-

Goodmayes	223
St.Clement's (observation ward)	12
Others	7

The age incidence of these admissions was as follows:-

Sex	0 -	15 -	25 -	35 -	45 -	55 -	65 -	75 & over	TOTAL
Male	-	10	18	23	16	23	17	7	114
Female	-	5	19	20	24	28	19	13	128
TOTAL	-	15	37	43	40	51	36	20	242

It will be noted that 20 of these admissions were of persons aged 75 years or over, with a total of 56 for persons aged 65 and over.

Of the 242 cases admitted to hospital through the Council's service, 174 (72%) were voluntary patients which is again an upward trend. Of those initially admitted under Urgency Orders and for observation, 23 (54%) subsequently consented to remain for voluntary treatment. In addition, 76 patients were admitted direct to hospital as voluntary patients either through the psychiatric clinics or by their private doctors. It can thus be seen that of the 318 patients admitted to mental hospitals from West Ham 250 (78%) were voluntary patients.

In 67 cases (27 males and 40 females) to which the Mental Health Officers were called no statutory action was taken. In many of these cases help was given in co-operation with the general practitioner, either by reference to a Psychiatric Clinic, by sending the patient away for recuperative holiday, or by enlisting the aid of other persons who could help in one way or another.

Mental Deficiency Acts, 1913-1938.

Ascertainment. Twenty mentally handicapped persons (11 males and 9 females) were ascertained during the year. Of these, 17 (8 males and 9 females) were reported by the Local Education Authority (11 as being ineducable children and 6 as needing supervision after leaving school); 3 cases (1 male and 2 females) were reported from other sources.

Eighteen of these cases (11 males and 7 females) were placed under Statutory Supervision and 2 females were admitted to hospital.

In addition to the ascertained persons, 9 other cases came to the notice of the department. Six were placed under friendly supervision; 2 were not regarded as mentally handicapped and one was still under investigation at the end of the year.

Supervision. At the end of the year 286 mentally handicapped persons (152 males and 134 females) were under statutory supervision, 8 under friendly supervision; and 9 on licence from institutions.

These cases were visited by the Mental Health Officers at approximately quarterly intervals or 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, i.e., border-line cases and those discharged from Order.

The majority of the persons under statutory supervision are in fairly regular employment and self-supporting. Those considered capable of working but who find 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.

Visits in connection with the Mental Deficiency Acts during the year were as follows:-

Cases under supervision	1013
Cases on licence from institutions	47
Reports for licence, holidays, etc., from the institutions	23
Reports for Statutory Visitors	82
Other visits	<u>198</u>
Total	<u>1363</u>

Guardianship. There were two mentally handicapped persons under guardianship at the end of the year. Both were females aged 49 and 21 years respectively. They were with guardians outside West Ham and were supervised by the local health authority of the area in which they reside. Cases under guardianship are visited at approximately six-monthly intervals by a member of the Health Committee and by one of the Council's medical officers.

Temporary Accommodation. During the year arrangements were made for 6 mentally handicapped persons to receive temporary care. Four were males, 1 aged 13 and 3 aged 6 years and two were females aged 41 and 26 years. Five were accommodated at South Ockendon Institution by the kind permission of the Physician Superintendent and one by arrangement with the Guardianship Society, Brighton.

Institutional Accommodation. Five patients were admitted to South Ockendon Institution. The age and sex incidence was:-

	<u>Male</u>	<u>Female</u>
Children 0 - 5	-	-
Children 5 - 15	-	-
Adults	2	3

At the end of the year, there were 5 mentally handicapped persons in the area awaiting institutional accommodation. Three of these, adult males, and former poor law patients, are in Forest Gate Hospital not under Order and are on the waiting list for admission to South Ockendon Institution.

Home Training. No special arrangements existed for the home training of defectives.

Occupation Centre. The Supervisor reports that 1957 has been an exciting year for the Occupation Centre, during which there have been several noteworthy developments.

Two Assistant Supervisors achieved their Teaching Diploma from the National Association for Mental Health. These are the first under the Council's scheme to sponsor trainees in this work. It makes a big difference to the standard of work, having fully qualified people with the latest training. The Supervisor attended a Refresher Course during the summer and found it of great help in her work.

A further achievement was the opening of another section with two additional staff; a training group of boys of 12-16 years of age under a male staff. We had felt for a very long time that boys of this age group wanted something more than just ordinary Centre routine. The appointment of the male staff has made it possible to give emphasis to handicrafts and bench and tool training, as well as a concentrated period each day of Sense Training and General Knowledge with particular attention to time, money, copy writing and identification of common words. In the few months this group has been in operation, the results are encouraging and the boys have been remarkably responsive to their training.

The other staff (female) enabled us to open up a Group for the young and rather difficult type of child. With much more personal attention, since opening this group, we have achieved cleanliness quicker and a general speeding up of all social aspects.

Our blind boy is now completely toilet trained and several others are well on the way to good habits. We were also able to take in one very helpless spastic and several known difficult cases. It is certainly a very very hard work group but a most worthwhile one. The teaching staff and Welfare Assistant can and do see visible results from their efforts and time.

The year began with 60 children on the register and finished with 73 children, making one of the largest totals of new children over the years. One boy died, one boy went to South Ockendon, two boys are on trial at work and one girl is also at work; one child, after a very brief trial, went to the Elizabeth Fry School.

Owing to petrol rationing in the early part of the year, the outing was postponed until September and although the weather was not very kind, it was a really enjoyable day at Grange Farm, Chigwell, Essex, because of the exceptional hospitality of the Warden and his wife, who did everything possible to make the day a success.

There was a most interesting set of students who spent various amounts of time in either observation or practical work at the Centre. They came from Canada, Australia, Poland, India, as well as from the British Isles. We also made active contact with our own E.S.N. School and several of their staff at their own request paid us visits of observation following our visit to the Open Evening Session which we enjoyed very much.

The usual Open Days of observation for parents and friends were held. The Christmas festivities included a "sale of handiwork" and a show given by the children, which was attended by the Mayor and many of the members and officers of the Council - this interest is most encouraging and helpful to the staff of the Centre.

There was one unusual addition to the establishment although the name does not appear on the Register. One Group acquired a young guinea-pig called "Scurry". The Senior Boys made his playpen and house and the children take a great interest in his feeding and cleaning and Scurry, on his part, is very talkative if he feels in any way left out of lessons. A Golden Hamster is at present on order for another group and one real old stager is "Dandie", the budgerigar, who will be eight years old this summer. It is felt that this simple training in animal and pet care has great value outside for the children then have a real interest if and when pets appear at home.

SUMMARY

The following are the statistical returns relating to mental defectives.

1. Particulars of Mentally Handicapped Persons on Register as at 31st December, 1957:-

	Under age 16		Aged 16 and over		Total
	M	F	M	F	
(a) Cases ascertained to be defective found "subject to be dealt with"					
(i) Under Statutory Supervision (excluding patients on licence)	39	25	113	109	286
(ii) Under Guardianship	-	-	-	2	2
(iii) In places of safety	-	-	-	-	-
(iv) In hospital (including cases on licence therefrom)	22	9	*193	178	402
(v) Under Voluntary Supervision	-	-	4	4	8
Total:	61	34	310	293	698
(b) Number of cases in above receiving training in Occupation Centre	36	23	9	5	73

* Includes 3 cases in Forest Gate Hospital not under Order awaiting admission to South Ockendon Hospital.

2. Particulars of cases reported during 1957:-

	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". Action taken on reports by:-					
(i) Local Education Authorities on children					
(1) While at school or liable to attend school	4	7	-	-	11
(2) On leaving special schools	-	-	4	2	6
(3) On leaving ordinary schools	-	-	-	-	-
(ii) Police or by Courts	-	-	-	-	-
(iii) Other sources	-	-	1	2	3
(b) Cases reported but not regarded at 31st December, 1957, as defectives "subject to be dealt with"	-	-	4	2	6
(c) Cases reported but not confirmed as defectives by 31st December	-	-	-	2	2
Total number reported;	4	7	9	8	28

General Health and Welfare Services

National Assistance Act, 1948

National Assistance (Amendment) Act, 1951

Removal to Suitable Premises of Persons in Need of Care

A number of cases reported to the Department with a view to possible action under these Acts during the year. Special visits were made and in no case was it found necessary to remove the patient compulsorily. The Department was successful in either persuading the patients to enter a hospital or hostel voluntarily or in providing services such as Home Nursing, Domestic Help, etc., with which the patient was able to be supported in his own home.

EPILEPSY

A. Children

There is no change in 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. If special educational treatment is needed and cannot be met in the ordinary day school, arrangements are made for the child's admission to either a special day or residential school. The number of children known to be suffering from epilepsy and their placing is as follows:-

In attendance at ordinary schools	37
In attendance at day special schools	2
In attendance at residential special schools	4
Under school age	<u>7</u>
Total:	<u>50</u>

B. Adults

As there is no complete registration of persons suffering from epilepsy it is not possible to give a true picture of this defect. It is usually the more severe cases which come to notice and if such cases are in need of residential accommodation this is arranged by the Welfare Department under Part III of the National Assistance Act, 1948.

The number of West Ham cases of epilepsy in residential care at the end of the year was 12, these cases being accommodated as follows:-

Forest House	5
Chalfont Epileptic Colony	4
Prested Hall	1
Wessex House	1
Harris Lodge	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 may be placed under supervision in accordance with the provisions of the Mental Deficiency Acts.

FIFTY YEARS OF THE
WEST HAM SCHOOL HEALTH SERVICE

This is the fiftieth anniversary of the inception of the School Health Service and it is appropriate that we should reflect upon it. It is not intended to present a statistical analysis or to compare the number of defects found in 1907 with those in 1957. This would be a complicated task, as the figures could not be compared directly but would have to be appropriately standardised. The Ministry of Education has compiled national statistics embodying the figures for West Ham and there is no reason to believe that the trends in the health of the school children in West Ham differ appreciably from those in the country as a whole.

Let us rather take this opportunity to reflect upon the history and development of the School Health Service in our borough. It is an example of steady growth and improvement, with the more subtle and intricate problems emerging as the size of the problem declines numerically. The problems we are facing in the School Health Service to-day are not really new but they have hitherto been obscured by the more dramatic and obvious conditions which are fortunately less prevalent now. When so much time and effort had to be devoted to the many children suffering from smallpox, diphtheria, tuberculosis and malnutrition there was little opportunity to find and treat the child who was maladjusted, partially deaf or "delicate". During the last fifty years so much has been achieved by improvement in the environment and by the personal health services that we are now able to turn our attention to these more subtle problems which are very important to the child's health and happiness. To help these children effectively a combination of specialised skills is required, necessitating much consultation and team work - hence the increasing complexity of our service.

Although the school population was considerably larger than today and the number of defects much greater, the school medical service in West Ham started off in 1908 with the "impressive" staff of the School Medical Officer (who was also the Medical Officer of Health) two Medical Inspectors, four School Nurses and one "statistical clerk". One consulting medical officer was appointed to deal with special cases, particularly those in whom visual acuity was found to be less than 6/9 in both eyes. By 1912, the staff included three Medical Inspectors, one Oculist and one Dental Surgeon.

Originally the statutory duty of the Local Education Authority was limited to periodic medical inspections of all entrants (ages 4 to 5 years) and leavers (ages 13 to 14 years) in public elementary schools. Vision was tested at the age of 13 years. The school medical inspections were extended to secondary schools in West Ham in 1915.

The annual report on the School Medical Service published in 1908 makes fascinating reading. One cannot fail to express appreciation for the initial administrative effort and skill required to get this vast scheme under way, and for what was achieved in the face of some natural resistance to a new scheme. For instance, when the children were asked to remove their boots before being weighed and measured, this turned out to be a somewhat delicate operation for which privacy had to be provided. Undressing was not required but the boys had to loosen their ties and expose the front of their chests to allow for sounding of the heart and lungs.

When defects were found treatment was advised, and the school nurse had to follow up in the home to see whether the treatment was carried out and to offer further explanation and advice. At first the main defects found at medical inspections in West Ham were dirt, dental decay and "dimness of vision". It soon became obvious that simple advice and treatment was insufficient as it had to be carried out by general practitioners whom many of the parents could not afford to consult. As a result of this the first permanent school clinic in West Ham was opened in Balaam Street in 1913.

Soon the demand exceeded the resources of a single clinic and referrals had to be strictly scrutinised. The clinic was used as a last resort, and only for children where several visits by the school nurse had failed to achieve improvement and where poverty precluded private medical attention. With the advent of the 1914-1918 world war the clinic had to be used more freely. The recruitment of so many doctors into the armed forces, and the pre-occupation of parents with the war effort, made it imperative for the School Health Service to step in. Encouraged by the Board of Education the West Ham authority provided three more clinics in 1917; in Rosetta Road, at Public Hall in Canning Town and at The Grove. In view of the circumstances attention could only be given to ailing children and, in 1918, this principle had also to be applied to the periodic medical inspections. Only children selected on medical grounds by the nurse and teacher were brought forward for medical examination.

In the same year arrangements were made with St. Mary's Hospital, Plaistow, for the surgical treatment of tonsils and adenoids, the education authority undertaking to pay for each child treated. Similar arrangements were made with the London Hospital for x-ray treatment of ringworm of the scalp. It is gratifying to see that arrangements for the treatment of school children such as the provision of school clinics, dental treatment, x-ray treatment for ringworm, treatment at the tuberculosis dispensary, as well as the extension of medical inspections from elementary schools to secondary schools, were all well established in West Ham before the passing of the Education Act, 1918, extended the statutory duties of Local Education Authorities.

By 1920, the service returned to normal after the war and routine medical inspections were resumed. By then the staff consisted of the Medical Officer of Health, his Deputy, five Assistant Medical Officers, one Oculist, one consulting medical officer for special purposes, two Dental Surgeons and twenty School Nurses. This year (1920) also saw the opening of the Knox Road Special School for sixty-five defective children.

It might be appropriate at this stage to mention that, since 1903, the West Ham Education Committee had exercised its powers under the Elementary Education (Defective and Epileptic Children) Act of 1899 to provide instruction for educable defective children at its oldest special school, the present Elizabeth Fry. Two deaf centres had also been provided under powers granted by the Elementary Education (Blind and Deaf Children) Act of 1893.

Thus the Elizabeth Fry school which accommodated eighty mentally and forty physically defective children was well established before the Education (Defective and Epileptic Children) Act of 1914 made provision for "defective" children compulsory. In those days the children were usually discovered by the School Attendance Officers who submitted their names

to the School Medical Officer who arranged for their examination by the consulting (special purposes) medical officer. The latter was also responsible for the periodic medical examination of children at special schools.

It is interesting to find in the report for 1917 a sign that already in these relatively early days of the service an attempt was made to study and to investigate some of these unfortunate children. As a result some of those who had been regarded as mental defectives were, in fact, found to be deaf mutes.

Towards the end of the first world war and in the early twenties, measures which emphasised a more preventive attitude were introduced. By 1916, West Ham already had five boys in the Ogilvie School of Recovery; this soon proved insufficient and the authority opened its own residential open air school at Fyfield - at first, for boys only. In 1929, these facilities were extended to girls. The type of delicate child, who was then considered suitable for this school, was subsequently described as "pre-tubercular". The day open air school in Crosby Road was opened in 1926, but was never very popular, possibly because the building was in the same neighbourhood as the school for defective children. In the same year arrangements were also made for a remedial clinic and out-patient treatment for orthopaedic cases at hospitals.

The year 1928, saw the opening of the sunlight treatment centre for school children at the Balaam Street Children's Hospital, and in 1929, a consulting Aural Surgeon was appointed to examine the children at the special centres for the deaf. It is of interest to note that in the annual report of this year a new group of children is mentioned for the first time. They are described as the nervous, unstable or "difficult" children who were unfortunately becoming increasingly familiar to both teachers and doctors. The need for some special service to help these children was becoming evident.

To complete the picture it should be added that attention had been paid to speech defects since the very early days of the School Medical Service. A paragraph referring to this subject can be found in the annual report of 1914 which states under the sub-heading of speech: "The chief defects are defective articulation of nervous origin or due to presence of adenoids. As will be seen, this is much commoner than the other chief defect - stammering - which only occurs to the extent of 0.7 per cent."

Special remedial classes for stammerers lasting six weeks were established in 1926 and were said to render very good results.

In 1938, the West Ham School for the Deaf in Tunmarsh Lane was opened.

In order to appreciate adequately the impact of the Education Act, 1944, and the National Health Service Act, 1946, on the School Health Service it should be realised that until then the service was not provided entirely without charge. Certain payments were made by parents for medical and dental treatment. The School Attendance Officer visited each case and ascertained the income of the parents who were then assessed in accordance with the Council's scales and the money was collected by weekly instalments. Similar arrangements applied to the provision of spectacles.

In a short survey it is not possible to give a full description of the effects of such events as the second world war and the subsequent social legislation. It must suffice to say that these events have led to a steady and continued expansion of the service, in which the following are some of the most important milestones:-

In 1944 the Child Guidance Clinic was opened.

In 1946 the Speech Clinic was established.

In 1947 the Paediatric Clinic and the Ear, Nose and Throat Clinic were started.

In 1950 a full-time audometrician was appointed jointly with the hospital service.

In 1950 the Health Committee opened the Occupation Centre.

In 1954 the Spastic Unit for young children was added to the Elizabeth Fry Special School for physically handicapped children.

In 1955 an "Audiology Team" was formed. Although started as part of the Maternity and Child Welfare Service it was, from the beginning, closely integrated with the School Health Service through the E.N.T. consultant and the Head Teacher of the West Ham School for the Deaf.

In 1956 the open air school at Fyfield was closed. This closure was an expression of the success of the work of the School Health Service, indicating that the needs of delicate children had declined to such an extent that the maintenance of a residential school for such a purpose was no longer necessary.

Despite much progress there is no reason for complacency about the School Health Service. Apart from the many problems which require skilful and imaginative action, there are still deficiencies in the basic provisions of the service. Very few schools have adequate accommodation for medical inspection. This results in a lack of privacy for interviewing parents and children, which is particularly limiting now that so much of the time could profitably be spent discussing emotional factors and the child's adjustment within the family. It is hoped that greater attention will be directed to the provision of this privacy in the planning of medical inspection facilities in new school buildings and that gradual improvement will be effected in the old ones.

There is a constant need to review the School Health Service in the light of changing social circumstances and of the factors which influence the health of school children. Greater flexibility is needed to replace the old "routine" so that the efforts of the doctors and nurses can be directed where they are most needed.

SCHOOL HEALTH SERVICE

SCHOOL POPULATION

There was a very small decrease in the school population during the year. On the 31st December, 1957, there were 28,815 children on the school rolls, as compared with 29,453 on the corresponding day of 1956. The variation in the school population during the past four years has been slight.

MEDICAL INSPECTION

The medical inspection of school children was carried out in accordance with the provisions of the School Health Service and Handicapped Pupils Regulations, 1953, in which a minimum of three inspections is prescribed during the period of school life. In West Ham the practice for many years has been to carry out the three "routine" (or "periodic") medical inspections as follows:- Infant school entrants are examined at five years of age within their first year at school, junior pupils at 10 years of age in their last year at junior school, and senior pupils at 14 years of age during their last year at secondary modern school. At the grammar and technical schools the pupils are examined at 14 years and, in addition, in the last year of their school life.

For the Ministry of Education returns children are regarded as falling into one of the three prescribed age groups (Entrant, Second age Group or Third Age Group (Leavers)) only if inspected at the normal time at a periodic inspection. If they miss the usual periodic inspection and are inspected later, they are classed as "Additional Periodic Inspections". Inspections at grammar and technical schools after the normal school leaving age are classed as "Additional Periodic Inspections". The annual inspections at the day special schools and the first inspections of nursery school children in any calendar year, other than in their first year, are also classed as "Additional Periodic Inspection".

There was an increase of 1,121 in the number of periodic inspections and a decrease of 3,139 in the number of special inspections and reinspections so that, on balance, the amount of work carried out was much the same as in the previous year. The only significant fact to report is the increase in periodic medical inspections in the second age group, i.e., 1,183 in comparison to 752 in the previous year. This was due to the increase in the birth rate in 1946.

Tables setting out the work relating to medical inspection will be found in Appendix IV at the end of this report.

PERIODIC MEDICAL INSPECTIONS

Under this heading mention is made only of some new developments during this year.

Physical Condition. The medical officer's survey at the periodic medical inspections has included an assessment of the child's physical condition. This is classified into two grades: "Satisfactory" and "Unsatisfactory".

This new system of classification was introduced by the Ministry of Education on the 1st January, 1956, when "physical condition" was substituted for general condition, and the classification "satisfactory" and "unsatisfactory" was substituted for "good", "fair" and "poor". The present system is an improvement, as it is more objective. It is obvious that

no clear division could be made between "good" and "fair", and this made statistics difficult to compare. Although guidance as to "satisfactory" and "unsatisfactory" cannot be very clearly defined it lends itself more easily to interpretation. A special routine has been adopted in dealing with children who are found to be of "unsatisfactory physical condition". Apart from further medical investigation, in consultation with the family doctor, e.g., hospital reports, referral to specialists, etc., the health visitor is requested to submit a detailed report on home conditions; and when all the relevant information is obtained the case is dealt with in a manner ensuring that the child is made as fit as possible. The figures for 1956 and 1957 are as follows:-

<u>Year</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
1956	99.87	0.13
1957	99.90	0.10

England and Wales:-

1957	98.28	1.72
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School Leavers. (a) Reports to General Practitioners. At the request of the Ministry of Education a pilot scheme was recently adopted providing for passing on information about defects found on examination of school leavers, to their respective general practitioners, so as to ensure continuity of care and treatment.

(b) Colour Vision. The Ishihara test for colour vision has been used in West Ham for many years, but was applied only to pupils attending grammar and technical schools. This year, however, the testing of colour vision has been extended to pupils in secondary modern schools. Due to staffing difficulties this scheme has not yet been fully implemented but it is hoped that it will be carried out in a more comprehensive way as soon as possible.

Of those tested (in all types of schools) 47 boys and 2 girls were found to have defective colour vision. This confirms the known observation that this defect is much more prevalent among males than females. It is important that those children contemplating certain types of employment should be aware that they have this handicap.

OTHER INSPECTIONS

Special examinations are carried out at any time if for any reason a parent, teacher, school nurse or health visitor wishes to have the medical officer's opinion.

This is becoming a major part of the school medical officer's work in the school clinic. These cases may be complicated requiring consultations with teachers, social workers or general practitioners. They are time consuming and the numbers do not reflect the size of the task. It is, however, very gratifying to see that the school medical officer is becoming a key-person in dealing with certain specific health problems. Gradually certain problems are emerging as the underlying reason for many of their consultations; for instance, there are the developmental difficulties associated with puberty and adolescence, and certain psychosomatic disorders. Before effective help can be given it is necessary to take into consideration the whole family situation and to enlist the help of other colleagues both inside and outside the department.

Reinspections deal, as in the past, with cases referred from previous medical inspections, and are conducted either at school or at school clinics.

Figures relating to this work will be found in an appendix at the end of the report.

WORK OF THE SCHOOL NURSES AND HEALTH VISITOR/SCHOOL NURSES

The work of the school nurse is complementary to that of the school medical officer and includes the following:-

1. preparation of pupils for medical inspection, i.e., weighing and measuring, vision testing;
2. assisting the school medical officer at medical inspection, e.g., by obtaining history and providing details of home conditions;
3. routine inspections of pupils for cleanliness;
4. treatment at minor ailment clinics;
5. home and school visiting.

The school nurses inspect all children in school every term, in relation to personal hygiene. The nurses inspections are the basis of the "cleansing" scheme. There has been great progress since the early days of this work, but even today a small percentage of children are found to be infested and the work of inspection must, therefore, go on.

Apart from that, the school nurses keep under supervision children who should wear glasses and hearing aids, and generally see that instructions given by the medical officer are carried out. This work extends also to the children's homes, where related matters are discussed with parents.

With the general improvement in social and environmental health standards the character of the school nurse's work has been gradually changing. Their time is no longer devoted mainly to instruction regarding the treatment of defects, but their function has become more truly preventive and concerned with fundamental health education. The ultimate aim is to conduct this work in a more comprehensive way by means of talks and group discussions but, at present, this is still very limited. The best approach to health education in schools is still a controversial matter. In the meantime, in the absence of a more organised and formal way of health education the school nurses do their utmost to enlighten the school children on matters of hygiene and prevention of illness, in their individual approach during hygiene inspection and whenever opportunity arises.

MEDICAL INSPECTION ROOMS

The Standards for School Premises Regulations, 1954, do not specify separate accommodation for medical inspection purposes, merely requiring that suitable accommodation shall be immediately available at any time during school hours for the inspection of pupils by medical officers, dental officers and nurses. 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, school libraries, film or other rooms often in very unsuitable conditions, although every effort is made to make the parents, children and medical staff comfortable. In some of the newer schools a medical suite is included. The Standards for School Premises Regulations have sometimes been criticised for not prescribing a medical room for new schools, but the Ministry have stated that the Regulations could not, in any sense, be held to condone unsatisfactory conditions.

The purpose of the school medical inspection is not merely the detection of physical defects in the child. It gives an opportunity of gaining the confidence of the parent and child, but in order to take full advantage of this opportunity it is essential that the interview should be carried out in a quiet, unhurried, efficient manner, in surroundings which enable the doctor, nurse, parent and child, to give their attention to one another. The interview is confidential and the premises used should make it possible to ensure that it remains so. Unfortunately in old and overcrowded school buildings this aim cannot always be achieved, and considerable inconvenience is caused to parents and children as well as to teaching, nursing and medical staff.

HYGIENE OF SCHOOL PREMISES

The Standards for School Premises Regulations, 1954, lay down scales of provisions for cloakrooms, wash-basins, water closets and urinal stalls and, in the case of county and voluntary secondary schools, changing rooms and showers. In all county and voluntary schools suitable accommodation should be available for dining and every school should have sufficient and suitable kitchen accommodation.

Sufficient and suitable cloakrooms, washing and sanitary accommodation other than that provided for the pupils should also be provided in every school for the use of the teaching staff and the staff employed in the Schools Meals Service.

Medical officers when visiting schools for medical inspection do not confine their attention to seeing the children, but interest themselves in the general hygienic arrangements and the condition of the sanitary accommodation, in so far as these may affect the health of the pupils and staff. For a number of years now the medical officers have conducted a review of the hygiene of each school at the completion of their periodic medical inspection. Although the detailed reports for each school are kept in the central office, observations made by the medical officer are sent 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. Minor matters may be remedied as they arise but certain improvements can only be implemented by inclusion in long-term plans. During the year 44 reports were made and dealt with in this way. In January 1955 the Primary Education Sub-Committee recommended agreement in principle to the closing of spray baths in all schools with the exception of Elizabeth Fry and Gurney Special Schools. It was gratifying to be able to believe that the cleanliness of the children had improved sufficiently to make this possible.

FOOD HYGIENE

The Food Hygiene Regulations, 1955, came into operation on 1st January, 1956, and modified and extended the hygiene requirements contained in the Food and Drugs Amendment Act, 1954. They apply to the supply of food in the course of a business, which is now defined so as to include schools as well as canteens, clubs and other institutions, and are, therefore, of much interest to the local education authority. As a measure which encourages the maintenance of good standards of food hygiene they will be welcomed. Among the Regulations, those which are of special importance for the school meals service are those relating to:-

1. the personal cleanliness of the kitchen staff;
2. sanitary conveniences;
3. provision of water supply;
4. provision of wash-hand basins with hot water;
5. facilities for washing food and equipment; and
6. the temperature at which certain foods, which are particularly liable to transmit disease, are kept in food premises.

HYGIENE INSPECTIONS

One of the duties of the nursing staff in schools is a cleanliness survey 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. The numbers found at periodic medical inspection are very few, the main reason being that parents receive notice of this examination and therefore have some time to see that their children are presented in a satisfactory condition. In the case of cleanliness or hygiene surveys carried out by the school nurses, neither the parents nor the children receive notice, and the pupils are found in the condition in which they habitually attend school. While the responsibility for cleansing is upon the parents, the children found to be infested are followed up until the school nurse is satisfied that they are clean.

During the year 65,913 inspections were made at these cleanliness surveys and 425 instances of infestation found. On the basis of a school population of 28,815 this gives a proportion of uncleanness of 1.47 per cent which compares with 1.55 per cent in 1956. The national figure was 1.8 per cent for both years. These numbers refer to individual children, because however many times a child is found infested 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 rarely be eradicated until the whole family is seen and treatment given to all those who need it.

The procedure for dealing with infestation in school children adopted by the Education Committee in 1953 and described in detail in the annual report for that year, was continued throughout 1957. The following figures relate to the work done during the year:-

Total number of individual pupils found to be infested	425
Total of individual pupils in respect of whom cleansing Notices were issued (Section 54 (2) Education Act, 1944)	146
Total of individual pupils in respect of whom cleansing Orders were issued (Section 54 (3) Education Act, 1944)	15

It is interesting to record that, although 15 cleansing orders were issued, only 5 children were compulsorily cleansed at the Treatment Centre. Experience shows that the force of the cleansing notice often has the effect of making the parents realise their responsibilities so that, even though it is necessary to issue a cleansing order, by the time it is in the parents hands, a number of the children have been satisfactorily cleansed. During the five years under review the percentage of infestation has dropped from 4.6 in 1953 to 1.47 in the present year.

There was a reduction of 30 cleansing notices and an increase of 3 cleansing orders issued during the year compared with the previous year. Twelve cases had a second notice issued during the year.

There have been a number of indications, however, of the salutary effect of the "cleansing 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.

No one has done more than the school nurse (who is often also the family health visitor) to combat this social evil, and interested school teachers have rendered invaluable help. It is a thankless task, but any relaxation of vigilance would gradually give rise to the former bad state of affairs. It must be difficult to keep children clean in overcrowded, sub-standard houses, and much credit is due to the mothers, in that the majority of children living under these conditions are clean.

FOLLOW-UP BY NURSING STAFF

This continues to be an important function of the School Health Service, and is carried out by the school nurses and health visitors. The School Health Service frequently requires the nurse to visit the children's homes to obtain reports of various kinds and this is welcomed as an excellent opportunity of getting to know really intimately the families for whose welfare they are concerned. Much valuable social work is carried out by the nurses in giving help and guidance in a variety of ways to families needing it. During the year the school nurses paid 1,580 home visits. This number includes 1,100 visits in connection with the Medical Research Council's controlled B.C.G. trial on school leavers mentioned on page 105.

RESEARCH AND INVESTIGATION

This year only a brief statement will be made under this heading. A joint committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health, and the Population Investigation Committee of the London School of Economics have been following the health, growth and development of 6,000 children born in the first week of March, 1946. These are drawn from all social classes and from all parts of England and Wales. Certain findings were included in the report of 1955. It is hoped to keep the children in the survey until the end of the Primary school period. The joint committee have stated "such an opportunity to study growth is unique, and we are confident that the importance of the results for child health will justify the amount of work involved in carrying out the surveys" and have recorded their gratitude to the health visitors and school nurses for the work they have done.

In connection with this survey the following examinations were carried out in 1957:-

Medical officers examined 21 children. Permission to examine one other child was refused by the parents.

The school nurses submitted reports on 22 children. Of 5 control cases only 2 were interviewed, the other 3 having moved out of this area.

THE WORK OF THE MINOR AILMENT CLINICS

There are three minor ailment clinics in the Borough:-

Balaam Street School Clinic, Open 9 a.m. to 12.30 p.m.
Balaam Street, Plaistow, E.13. Monday to Friday

Rosetta School Clinic, -do-
Sophia Road, Custom House, E.16.

(Closed during school vacations except for examinations by appointment).

Stratford School Clinic, -do-
84, West Ham Lane, Stratford, E.15.

(Closed during school vacations except for examinations by appointment).

A medical officer is in attendance at Stratford School Clinic and Rosetta School Clinic on Monday and Thursday mornings, and at Balaam Street School Clinic on Tuesday and Friday mornings. One of the main difficulties to be faced by the school medical officer is that in the school he frequently has neither sufficient time nor suitable accommodation to examine some children as thoroughly as he would wish. The minor ailment clinic, serving as it does a group of schools, becomes the centre of school health work in the area and is used for the examination of many different kinds of cases. These clinics have always been well used for the treatment of minor ailments and, although attendances are still falling, a large number of children come to them, referred mainly by head teachers.

The treatment of minor ailments at a school clinic is well established as one of the most expeditious and comprehensive means of dealing with many troublesome conditions and of preventing further impairment of health. The cases are seen by the medical officers on their clinic sessions, and the bulk of the treatment is carried out by school nurses. Although many of the conditions seen may be regarded as trivial, their prompt treatment saves a good deal of minor disability and, in a number of cases, prevents a simple lesion becoming a major one. These clinics enable children with all kinds of minor ailments to be treated at a time and place which reduces to a minimum the loss of school time. Continuity of treatment is ensured through the close association of this work with the schools. The chief conditions treated fall under three main headings:-

Minor skin conditions. These include impetigo, a variety of others, and occasionally ringworm or scabies.

Impetigo remains well controlled. The number of cases treated at the clinics this year was 33, being a decrease of 45 on the previous year.

Ringworm of the scalp has dropped to negligible proportions, and not a single case of this infection has been seen in our clinics during 1957.

The incidence of Scabies remains low. This year 26 cases were discovered. An incident of 0.09 per cent. of the school population compared with 0.04 per cent. in 1956. In 1954, however, only one case was discovered: the lowest ever recorded. The increase during the last three years shows that vigilance must be continued. Scabies is treated at the Stock Street Treatment Centre, Plaistow, E.13.

Many children are affected each year with plantar warts. This year 86 children received treatment. The incidence is three times greater among girls than among boys, and the incidence increases with age in both sexes. It is at its maximum between 11 and 14 years. Similarly, children attend the minor ailment clinics in the summer with ringworm of the feet (athlete's foot). Fifteen cases received treatment this year. Stress is laid on preventive measures.

Minor ailments of the eyes. These are mainly external diseases such as various forms of conjunctivitis, sore eyelids, small cysts of the eyelids, minor injuries and foreign bodies. Conjunctivitis is the most frequent of the above mentioned conditions, and 106 of them received treatment at the minor ailment clinic this year. In a few cases external eye disease indicates eyestrain, debility, or unhygienic surroundings. Eyestrain can cause tired eyes, and these are rubbed more than usual; hence inflammation results. With a general improvement in living conditions, in hygiene generally, and in the health of the children, these diseases of the external eye are seen much less frequently than formerly, and when they are met with they are not so severe. Some of the children who suffer from the more severe diseases of the external eye are referred to the ophthalmic clinic for specialist attention.

Minor ailments of the ears. These consist of small boils in the outer passage, the accumulation of wax in the ears (which is the most common cause of hearing loss), the slighter degrees of earache and discharging ear, and finally, foreign bodies (chiefly met with in the younger children). As with minor eye diseases these conditions are much less common than formerly: also they are not so severe. As a result of the routine audiometric tests carried out at schools, children who failed to pass the hearing test are referred to the school medical officer for investigation. These cases are increasing in number and may account for the decrease in the number of ear conditions seen at school clinics. The more serious conditions require specialist attention, and are referred, subject to agreement with the child's family doctor, to the ear, nose and throat specialist.

Miscellaneous conditions. These form the bulk of the cases treated and consist of a very mixed collection such as bruises, sprains and strains, abrasions and lacerations, boils, whitlows, chilblains, cuts, sores, and minor injuries of various kinds.

The above cases form the main mass of work at minor ailment clinics. They are treated by the nurses under the supervision of the medical officers. The following figures give the number of cases which were seen at the clinics during the year for:-

Skin Diseases	808
External Eye Diseases	164
Minor Ear Conditions	104
Miscellaneous Conditions	<u>1,230</u>
Total:	<u>2,306</u>

The total number of children who attended the three clinics was as follows:-

<u>Clinic</u>	<u>New Cases</u>
Stratford	985
Balaam Street	1,144
Rosetta	<u>1,292</u>
Total:	<u>3,421</u>

It is, of course, necessary for many of the children to attend on more than one occasion. Some indication of the volume of work carried out at these clinics will be obtained from the following tables:-

<u>Clinic</u>	<u>No. of Attendances</u>
Stratford	3,547
Balaam Street	4,997
Rosetta	5,728
Total:	<u>14,272</u>

This is a decrease from 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	1952	26,160
1947	38,443	1953	22,011
1948	36,165	1954	18,760
1949	33,221	1955	17,751
1950	28,605	1956	15,638
1951	32,248	1957	14,272

It would be misleading to assume from the decrease of the number of attendances at our school clinics that the amount of work done at the clinics has decreased. As mentioned previously, the number of minor ailments is decreasing but new problems, mainly in connection with special examinations are arising. These require a great deal of attention and investigation and are very time consuming. In fact the name "minor ailment clinic" no longer reflects the true function of this clinic which accordingly might be suitably named "Consultation Clinic".

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 of the ophthalmic clinic continued as in previous years. As usual a large number of refractions were carried out and glasses ordered where required. In addition to the children having a full eye examination many others are reinspected and a number of children make several attendances.

The following figures show the attendances in the Refraction Clinic:-

Total number of attendances made by:-

School children	5,935
Pre-school children	858

Where operative treatment was considered necessary the children were admitted to Whipps Cross Hospital and during the year the following conditions were treated by operation:-

Squint	60
Ptosis	4
Congenital cataract	2

In addition other cases were admitted to Whipps Cross Hospital for a special examination, some under a general anaesthetic.

The work of the orthoptic department has been carried out by Mrs. Goodman, and the following statistics relate to this department:-

New patients seen:-

School children	194
Pre-school children	55

Total attendances:-

School children	2,142
Pre-school children	521

Mr. Lauder continued with his duties as full time optician until November, 1957, when unfortunately he died. Mr. Lauder had been optician at the ophthalmic clinic since March, 1952, and his loss will be felt deeply by all his colleagues.

For the remainder of the year all prescriptions were taken to outside opticians.

HEARING OF SCHOOL CHILDREN

Miss Smart, Audiometrician, continued her audiometric surveys in West Ham schools, but this year she used the pure tone audiometer only. This apparatus has been found to be more correct and reliable than the gramophone audiometer which was used previously. The margin of error was considerably reduced as was shown by retesting all children in whom a hearing loss was found at the first test. Miss Smart, who is employed jointly by the County Borough of West Ham and the Regional Hospital Board, continued to give six sessions a week to the former authority and five sessions a week to the latter. The work for the local authority comprises audiometric surveys of school children both in ordinary and in special schools, work in the Audiology Unit and the taking of impressions of ear moulds for hearing aids.

During the year the following work was carried out with children in the 6+ to 10+ age range:-

Number of children tested	3,255
Number of children retested	295
Number referred to school medical officers for further investigations	266

Analysis of 262 found to have a hearing loss by audiometric investigation and referred for further investigation to school medical officers:-

Cause of hearing loss:

Infections of the internal ear	44
Infections of the external ear passage	1
Catarrhal condition (mainly eustachian tubes)	19
Wax	20
Meningitis	1
Head injury	2
Miscellaneous causes	2
Cause unknown:-	
Affecting one ear	14
Affecting both ears	25
Hearing loss doubtful	62
No hearing loss	72

THE WORK OF THE AURAL CLINICS

Consultant Ear, Nose and
Throat Specialist

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

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,
84, West Ham Lane, E.15.

Monday and Tuesday mornings
9 a.m. to 12 noon

Rosetta School Clinic,
Sophia Road, Custom House, E.16.

Friday mornings
9 a.m. to 12 noon

The total number of attendances at these clinics were 1,240 and of these 1,176 were school children. I hope, in future, to obtain more classified statistics as to type of cases seen in the Ear, Nose and Throat clinics.

TONSILLECTOMY

The Ministry of Education state that there is evidence of considerable under-reporting by hospitals to local education authorities of children who have had tonsillectomy. As there was need for more accurate information, all principal school medical officers in England and Wales were asked in September, 1955, to arrange for their medical officers, throughout 1956, to note on the school medical record cards of children examined at periodic medical inspections those who had already undergone tonsillectomy. About a third of the total school population is examined at periodic medical inspections each year so that by the end of 1956, a fair sample for each county and county borough, would have been seen. It would then be possible to make a better comparison between the tonsillectomy rates for different areas and to investigate the reason for the varying rates. The Medical Research Council's Committee for Research on Social and Environmental Health has the subject under review.

The following figures relate to the findings in West Ham during 1957:-

Number examined		No. who had tonsillectomy performed	Percentage
<u>BOYS:</u>			
Entrants	1,022	68	6.65
Second Age Group	1,412	336	23.79
Third Age Group	1,244	336	27.00
Additional Periodic	809	197	24.35
<u>GIRLS:</u>			
Entrants	913	68	7.45
Second Age Group	1,348	339	25.15
Third Age Group	1,210	323	26.69
Additional Periodic	756	180	23.89
Combined Totals:		1,847	21.20

The following figures relate to England and Wales for 1957:-

Number examined		Percentage who had tonsillectomy
<u>BOYS AND GIRLS:</u>		
Entrants	522,095	6.9 (36,118)
Intermediate	468,889	20.2 (94,953)
Leavers	359,786	20.9 (74,354)
Total:	1,350,770	15.2 (205,425)

ORTHOPAEDIC AND POSTURAL DEFECTS

As in previous years children with the more severe defects were referred to the orthopaedic surgeons at various hospitals. In the Council's own physiotherapy service 75 children were treated at Forest Street and Grange Road clinics and at Elizabeth Fry Special School during the year. Cases known to have been treated outside the Council's scheme numbered 79. Eleven children were also known to have been hospital in-patients. In accordance with the National Health Service arrangements, surgical boots and orthopaedic appliances are provided by the hospital when needed.

PHYSIOTHERAPY

The superintendent physiotherapist continued her work on a part-time basis assisted by two other physiotherapists who, for the greater part of the year, worked full-time.

Children are usually referred to the physiotherapist by the local authority medical officers. An increasing number of general practitioners refer cases for breathing exercises, foot exercises and ultra-violet irradiation, and consultants at London hospitals sometimes

refer children, suffering chiefly from asthma and bronchitis, for treatment at local clinics in order to save fatigue, time and expense caused by long journeys. Groups of children with conditions such as poor posture are given remedial exercises; individual exercises and massage can be given when necessary.

Breathing exercises, modified according to the particular type of chest condition, are given for bronchitis, catarrh, recurrent upper respiratory infection, and are particularly helpful for asthma. Ultra-violet irradiation is given to some of these children and also to others suffering from general debility from many different causes.

Elizabeth Fry School for Physically Handicapped Children and the Spastic Unit make heavy demands on the time of the physiotherapists, especially as most of these children require a great deal of individual attention.

Physiotherapy clinics and times of attendance.

Forest Street Maternity and Child Welfare Clinic, Forest Gate, E.7.	Monday and Friday 1.30 to 5.15 p.m. Wednesday 9 a.m. to 12 noon.
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Grange Road Maternity and Child Welfare Clinic, Grange Road, Plaistow, E.13.	Monday and Friday 9 a.m. to 12 noon.
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The following figures relate to treatment given to school children during the year:-

	<u>Number Treated</u>	<u>Total number of Treatments given</u>
Forest Street Clinic		
Sunlight	29	2,347
Massage and Exercises	38	
Grange Road Clinic		
Sunlight	59	2,327
Massage and Exercises	36	
Elizabeth Fry Special School (including Spastic Unit)		
Massage and Exercises	36	6,682

HEART DISEASE

The revised school medical record card permits this to be recorded separately. During the year 89 such cases were recorded of which 18 were referred for treatment and 71 for observation.

REPORT ON THE WORK OF THE PAEDIATRIC CLINIC

by

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

The work of the West Ham School Health Consultative Clinics has continued to follow the pattern laid down in previous years. The decline in numbers, noted previously, has continued: probably some of that, at least, is due to the fall in the birth-rate from the peak of the immediate post-war years. It is possible that the figures will increase again with the recent rise in the birth-rate.

One of the difficult diagnostic problems that is continually presenting itself at school health examinations, is the symptomless systolic murmur. Until a few years ago, the doctor was concerned lest he might miss a sufferer from a rheumatic heart disease. This is now much rarer than it was, and most doctors are on the lookout for it; so that the true "missed case" of rheumatic fever, revealing itself only later by the murmur of organic valvular disease, hardly exists. Nowadays the differential diagnosis is quite other - it is from congenital heart disease.

The enormous advances made in cardiac surgery have focussed attention on this group of diseases, for many of them are now treatable, and at the present rate of development, it almost looks as though hardly any defect will remain outside the scope of surgery. Operations on the great vessels outside the heart, such as tying a persistent ductus arteriosus, or exercising an aortic stenosis, have now attained "classical" status. The newer operations for repairing septal defects in atria or ventricles involve stopping the circulation and widely opening the chambers of the heart, oxygenation either being maintained by an extra-corporeal machine or else rendered unnecessary by artificial hibernation. These manoeuvres are by no means routine: they involve a number of highly skilled and trained physicians and surgeons working together as a team, and special apparatus; but there is no doubt that the techniques will be simplified in time, and that more and more centres will start to do them. One most important point which has emerged from all this, is that if operation is to be successful, it must be undertaken before the strain of the abnormal circulation through the heart has brought about irreversible anatomical change.

This brings me back to the diagnostic problem I mentioned: faced with a murmur in a child who shows no symptoms whatever, the doctor has to decide whether the murmur is not due to congenital disease and so may be ignored, or whether it is indeed caused by a defect which has not yet produced symptoms, but which may well do so if not taken in hand and treated: the danger being that when it does become manifest, it may then be too late for remedy. Decision is not easy, and will usually call for x-ray examination and electro-cardiography; at times further techniques such as angiography and cardiac catheterisation will be required.

Even with this newer knowledge at our disposal, it should still be borne in mind that the majority of systolic murmurs picked up on routine examination in healthy children, are without significance; and of course it is extremely important to tell the anxious parents so, at the first opportunity.

REPORT ON THE WORK OF THE SCHOOL DENTAL SERVICE
INCORPORATING THE WORK OF THE MATERNITY AND
CHILD WELFARE DENTAL SERVICE

by

S. Maxwell Young, L.D.S., R.C.S.

The improvement in the dental staffing position which had been attained in 1956 was, unfortunately, not kept up during 1957 owing to the departure of some of the part-time officers, so that the equivalent of 4.9 full-time officers during 1956 was reduced to 4.5 for 1957 (these figures relate to that proportion of dental officer time allotted to the School Health Service).

Nevertheless, although there has been a falling off in the figures for routine dental inspections, there has been a healthy increase in the figures for dental treatment and particularly gratifying are the increases in conservation work and orthodontics, both of which are the more time consuming procedures in dentistry.

A disturbing feature is the still large number of extractions, particularly of deciduous teeth, only four less than last year's total of 4,377. As these are nearly all cases of tooth-ache brought about by neglect it is a very sad reflection on the state of oral hygiene among our children.

It has still not been possible to open and staff Maybury Road Clinic, and this entails much travelling on the part of parents and children from the schools in this area to the nearest clinic.

Last year a scheme was introduced in June whereby the older children in grammar, secondary modern and technical schools were offered evening appointments at West Ham Lane and Rosetta Road clinics. It showed gratifying results and has been continued very successfully during 1957.

The replacing of obsolescent equipment in the clinics continues as rapidly as finances permit, but 84 West Ham Lane is still an eyesore and a constant drain for maintenance.

In the Maternal and Child Health part of our work, the Toddlers' Clinics have settled down into a happy routine where the youngsters come direct from the Infant Welfare Clinic to the Dental Clinic for periodic inspections and it is hoped that by early and regular examination and treatment we will build up a considerable "clientele" of children - and mothers - who are dentally conscious and appreciate the value of a "stitch in time".

The expectant and nursing mothers are still not as regular or assiduous in their attendance for dental treatment as one would wish. Although the evening sessions specially allotted to them are reasonably fully booked, there are still very many broken appointments and far too many mothers-to-be leave their treatment till pregnancy is well advanced.

A comparison of the figures for treatment given to both mothers and toddlers shows an overall increase in all forms of treatment, and here too a disturbing feature is the large number of deciduous teeth which have to be extracted, though for the first time there is a larger number of deciduous teeth filled than extracted.

The arrangements for general anaesthetic sessions have now been reorientated so that there is one gas session somewhere in the borough on each week-day, hence there need be no delay in dealing with urgent cases of toothache which require general anaesthesia.

For some years past it has been the custom for doctors taking their D.P.H. to include a visit to the Dental Clinic at West Ham Lane as part of their instruction in Local Authority Public Health work. A variation of these "tutorials" has been evolved whereby arrangement with the Dental Sub-Dean of the London Hospital, final year students attend West Ham Lane Clinic for two afternoons a month to learn about, and discuss, Local Authority Dental Services and see for themselves one facet of post-graduate dentistry. It is hoped that, in this way, students may be helped to a better perspective of their careers, and also some of them may be attracted to choose the Public Dental Service when they qualify.

Dental Clinics and times of Attendance:

Forest Street Maternity and Child Welfare Clinic, Forest Street, E.7.	Monday - Friday 9 a.m. to 5.15 p.m. Saturday 9 a.m. to 12.30 p.m. (Alternate weeks)
Grange Road Maternity and Child Welfare Clinic, Grange Road, Plaistow, E.13.	Monday - Friday 9 a.m. to 4 p.m.
* Rosetta School Clinic, Sophia Road, Custom House, E.16.	Monday - Friday 9 a.m. to 5.15 p.m. Saturday 9 a.m. to 12.30 p.m.
* Stratford School Clinic, 84, West Ham Lane, E.15.	Monday - Friday 9 a.m. to 5.15 p.m. Saturday 9 a.m. to 12.30 p.m.

* Evening sessions are held as required at these clinics.

THE WORK OF THE SPEECH CLINICS

Senior Speech Therapist: Miss R. Clarke, L.C.S.T.

The work at the Speech Clinics has progressed favourably during 1957. Clinics have been held for nine sessions a week at the Greengate Speech Clinic, and for two sessions a week in the Grange Road area. In addition to these, there have been seven sessions at the Elizabeth Fry Spastic Unit, and one session at Gurney School.

Students from the West End Hospital for Nervous Diseases Speech Therapy Training School also attend the Greengate Clinic for eight sessions a week, and the Elizabeth Fry Spastic Unit for one session.

Statistics:

Number of children who attended	Boys	123	Girls	42
Dyslalia			65	
Stammer			35	
Stammer and dyslalia			11	
Sigmatism			15	
Cleft palate			6	
Hyperrhinophonia			5	
Dysphasia			4	
Dysarthria			2	
Dysphonia			1	
Dyslexia			1	
Dysarthria)				
Dysphonia) Due to cerebral palsy			20	
Dyslalia)				
Discharged improved			46	

Of the school children, 14 were treated at Gurney School and 24 at the Elizabeth Fry Spastic Unit.

Sources of Referral:

School Health Service	129
Maternity and Child Welfare	21
Dental Surgeon	4
Hospitals	4
Paediatrician	3
Child Guidance Clinic	3
Audiology Unit	1

As well as receiving referrals from these sources, we often need to refer children to the Ear, Nose and Throat Surgeon, Dental Surgeon and Child Guidance Clinic for further advice and treatment, and it is a great help to us to have the close co-operation of these services.

During the year, 86 children were referred for treatment and, unfortunately most of these children have had to wait some months owing to the long waiting list. It has also been difficult to arrange for the children at the Elizabeth Fry School to have the treatment they require, as there are now an increased number of cases there, with a severe speech disability, requiring frequent treatment.

A further 12 children were referred for treatment at Gurney School. During one session a week it is impossible to treat these extra cases, and the headmaster has requested an improved service at the school.

With these difficulties in mind, the Principal School Medical Officer requested a report on the speech therapy requirements in the borough and suggestions for improvement.

It was found that between 50 and 60 children with speech defects, who live in the outlying areas of the borough, were not receiving the treatment they needed. The main reasons were the time and distance taken to reach the speech clinic, necessitating considerable absence from school, the cost of fares to and from the clinic, and the fact that many parents were at work and unable to escort their children.

It is felt that a further speech therapist is required to enable us to give the necessary sessions at the Elizabeth Fry Spastic Unit and Gurney School, and to extend the work in the borough. It would then be possible to take speech therapy to the outlying areas, provided suitable accommodation is available.

It was arranged at the beginning of the year, that the Chief Assistant School Medical Officer should visit the clinic once a month to see all the children over a period of time, and to enable the speech therapists to consult him about the children's progress, and to arrange for any further treatment when necessary. Children who are ready to leave the clinic are also discharged by the doctor during these visits. This arrangement has been a great improvement, and has given the therapists a much closer liaison with the doctor than before.

We have continued the weekly pre-school group this year and consider that the experiment is proving successful. The children enjoy coming to the clinic and, in addition to helping their speech, the group activities prepare the more nervous child for school by encouraging him to mix and play well with other children.

Speech Clinics and times of attendance

Main Speech Clinic,
Greengate School,
Cave Road, Plaistow, E.13.

Monday and Thursday 1.30 to 5.15 p.m.
Tuesday, Wednesday
and Friday 9 a.m. to 5.15 p.m.

Branch Speech Clinic,
Grange Road Maternity & Child
Welfare Clinic,
Grange Road, Plaistow, E.13.

Tuesday and Friday 1.30 to 5.15 p.m.

THE WORK OF THE WEST HAM CHILD GUIDANCE CLINIC

Medical Director: T.P.Riordan, M.D., B.Ch., D.P.M.

This clinic is held at the Credon Road School, Plaistow, E.13. and is open daily (Monday to Friday) from 9 a.m. to 5.15 p.m.

STAFF:

Consultant Psychiatrists:

T.P.Riordan, M.D., D.P.M. (Medical Director)	2 sessions weekly
George Somerville, M.D., D.P.M. (up to 4th Feb. 1957)	1 session "
J.E.Glancy, M.D., M.R.C.P., D.P.M. (up to 3rd April 1957)	1 " "
Elizabeth Whatley, M.B., B.S. (from 15th April, 1957)	1 " "

Psychiatrist:

J.N.Runes, M.D. (from 14th October 1957)	4 sessions weekly
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Educational Psychologist:

Mrs.E.Nathan, Dip.Psychologist, A.B.Ps.S.	6 sessions weekly
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Psychiatric Social Worker:

Vacant

Secretary:

Mrs.Peters (full time)

The most significant influences affecting the work of the Child Guidance Clinic during the year ending 31st December 1957, were the disruption and loss of psychiatrist time involved in the changes in the psychiatric staff and the opportunity created by the developing Preventive Mental Health Scheme of the West Ham Borough for establishing the rôle of the Child Guidance Clinic in the Mental Health Service.

In February, the clinic lost the services of its senior Consultant Psychiatrist. Dr.George Somerville, who founded the clinic in 1943, and was its Medical Director for many years, was forced to withdraw because of pressure of other commitments associated with Goodmayes Hospital. For the same reason Dr.Glancy was obliged to give up his session in April, and at a later date the Medical Director reduced his sessions from four to two per week. Meanwhile, Dr.Elizabeth Whatley was appointed on a temporary basis to one consultant session at the Child Guidance Clinic and another at the Public Health Department. Her appointment was a crucial link in the setting up of a Community Mental Health Service in the Borough. Through her sessions, wholly devoted to and the financial responsibility of the Public Health Department, she was able to foster a better understanding of psychiatric problems and problems of interpersonal relationships among co-workers in the community services. Co-operation and communication between the various departments influencing the healthy mental development of the people of West Ham, became easier and more fruitful.

When Dr. Runes joined the staff in October 1957, undertaking four sessions weekly, he went to work with such good effect that by the end of the year the waiting list was manageable and arrears of psychiatric work accounted for. By the end of the year also, Miss Sykes, an experienced Psychiatric Social Worker, in sympathy with the developmental trends of the clinic towards co-ordinated family case work and towards emphasis of preventive aspects of Child Guidance work, had accepted the vacant position of Psychiatric Social Worker in the clinic team.

The statistical summary shows increases in the number of new referrals and in the total number of cases dealt with in comparison with the corresponding figures for the previous year. The number of cases closed varied little and there was a falling off in the number of psychiatric and psychological interviews at the clinic. The Educational Psychologist, Mrs. Nathan, continued to share her time between schools and clinic. Under her direction and supervision, Mr. Shepherd joined Miss Marshall in remedial coaching work on the clinic premises with the result that many more cases needing this special help were dealt with under the best conditions. The extent to which emotional factors may impede the learning process is not always easy to gauge, especially when other and more obvious factors are present. For this reason it is valuable for the Educational Psychologist to have ready access to the Psychiatrist and Psychiatric Social Worker at all stages in the management of some of the more difficult educational problems for whom remedial coaching has been recommended.

A glance at the sources of referral column shows that the clinic is in a healthy state in that it is being used by all the agencies concerned with children. The increase in general practitioner, hospital, and maternity and child welfare referrals is a particularly welcome indication that the clinic has the confidence of the agencies it serves.

Despite the considerable loss of psychiatric time involved in the changes of psychiatrist staff, the clinic managed to keep abreast of its commitments during the year and to provide an adequate if rather condensed service for schools, hospitals, other local health departments and family doctors. Towards the end of the year, Dr. Whatley's work was beginning to make itself felt in the greater reciprocity and improved relationship that was developing between the Child Guidance Clinic and its relevant contacts in the borough. No doubt, this valuable work will expand and be associated with similar integrative developments involving other departments. The ultimate goal is a comprehensive Community Mental Health Service which will provide a high standard of care and real programme of preventive Mental Health.

At this stage it may be salutary to reflect that in comparison with the treatment of physical ailments, the treatment of emotional and behaviour disorders is slow and often apparently unrewarding to the worker in the field unless he can keep in mind the natural history of mental illness and be content to look to the next generation for the full fruit of his labours.

STATISTICAL SUMMARY

Psychiatrist's interviews at clinic	574
Psychologist's interviews at clinic	161
Psychologist's testing interviews at school	35
Psychologist's school visits	10
Psychologist's psychological tests only	26
Psychologist's psychological re-tests only	29
Remedial coaching interviews at clinic	552
(Miss Marshall and Mr. Shepherd)	
No. of cases newly referred and re-opened	225
No. of cases re-opened for re-tests	24
No. of cases carried over from previous year	131
Waiting list	28
Total number of cases dealt with	352

AGE INCIDENCE

	<u>Under 5 years</u>	<u>5 to 11 years</u>	<u>11 years +</u>
Cases carried over	8	99	24
New referrals and re-opened	40	112	97

SEX

	<u>Male</u>	<u>Female</u>
Cases carried over	90	41
New referrals and re-opened cases	164	85

New referrals and re-opened cases

School medical officers	82
Head Teachers	45
Maternity & Child Welfare Department	29
General Practitioners	17
Children's Department	13
Education Department	3
Parents	22
Probation Officers	11
Hospitals	15
Others	12

DISPOSAL

Cases carried over from previous year

<u>Still under treatment</u>	40
<u>Closed</u>	91
Improved	33
Not improved	2
Before end of treatment (improved)	18
Before end of treatment (not improved)	7
Never attended	4
Diagnosis only	18
Psychological test only	6
Re-tests only	3
Court reports	-
Placement recommended	5
(E.S.N. School	2)
(Occupation Centre	2)
(School for the Deaf	1)

Cases newly referred and re-opened

<u>Still open</u>	105
Under treatment	57
Partially investigated	14
Awaiting treatment	6
Waiting List	28
<u>Closed</u>	109
Improved	5
Before end of treatment (improved)	1
Before end of treatment (not improved)	1
Never attended	18
Diagnosis only	24
Psychological test only	43
Re-test only	17
Court reports	9
Placement recommended	21
(E.S.N. School	9)
(Occupation Centre	10)
(Spastic Unit	1)
(Moor House School	1)

HANDICAPPED PUPILS

The early ascertainment of handicapped pupils is one of the most important functions of the School Health Service. The Education Authority is responsible for the ascertainment of handicapped children over the age of two who are in need of special educational treatment.

The following is a summary of the different categories of handicapped pupils in West Ham and the arrangements made for them in 1957:-

BLIND PUPILS

Number known to the Authority	4
Number ascertained during the year	N11
Number in Residential Special Schools at end of year	3
Out of school	1

PARTIALLY SIGHTED PUPILS

Number known to the Authority	10
Number ascertained during the year	N11
Number in Day Special Schools at end of year	7

The incidence of partially sighted children requiring special educational provision remains fairly constant at 0.34 per 1,000 registered pupils. The Authority has no schools of its own for the education of the blind and partially sighted pupils, but arrangements are made for their admission to appropriate schools run by other Authorities or Voluntary Organisations such as The Royal National Institute for the Blind.

DEAF PUPILS

Number known to the Authority	25
(Number ascertained during the year - 2)	
In Residential Special Schools at end of year	5
In Day Special Schools at end of year	20

PARTIALLY DEAF PUPILS

Number known to the Authority	8
(Number ascertained during the year - 1)	
In Day Special School at end of year	8

The audiometric surveys have detected a number of children suffering from hearing loss of a slighter degree, not requiring special educational treatment in special schools. They may require medical treatment, favourable position in class and, in some cases, the provision of a hearing aid, but remain in ordinary schools.

The majority of the deaf children in West Ham attend the West Ham School for the Deaf. The capacity of this school, which also takes children from East Ham and contiguous areas of Essex is 120 and the maximum number of children on the roll during the year was 87, including 58 extra-district children. Of the 94 children who attended at sometime during the year, 23 West Ham cases and 48 extra-district cases were regarded as deaf, and 9 West Ham cases and 14 extra-district cases as partially deaf and suited for instruction with hearing aids. The admissions to and discharges from the school are set out below:-

<u>Admissions</u>	<u>West Ham</u>	<u>Extra-district</u>
Deaf	3	5 Essex
Partially Deaf	1	5 Essex
<u>Leavers</u>		
Deaf	2	4 Essex 1 East Ham
Partially Deaf	1	Nil

EDUCATIONALLY SUB-NORMAL PUPILS

The following figures relate to work carried out in connection with educationally sub-normal children:-

Number ascertained during the year 43

Recommended placement of ascertained children:

In ordinary school	Nil
Day Special School	40
Residential Special School	3

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

In ordinary schools	39
In Day Special Schools	150
In Residential Special Schools ..	10
	<u>199</u>

New admissions to special schools during the year:

Day Special School	35
Residential Special Schools	2

Gurney Special School is the authority's school for educationally sub-normal children. It caters for educationally sub-normal pupils of all ages. The capacity of the school is 160. The maximum number on the roll during the year was 161. During the year 35 children were admitted and 23 left.

Of these 23 -

- 10 were notified to the local authority as requiring supervision after leaving school.
- 9 left at 16 years - No action recommended.
- 2 were reported under Section 57(3) of the Education Act, 1944, as ineducable.
- 1 was transferred to the Elizabeth Fry Special School for physically handicapped children.
- 1 removed from the district.

EPILEPTIC PUPILS

The definition of an epileptic pupil 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. Many children with the less serious forms of epilepsy can be educated at 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 ordinary school life that he should be "ascertained" and special education arranged for him. Fortunately this is rarely necessary.

When epileptic children do require special educational treatment at a special school the Authority places them in special establishments for epileptic children. Occasionally such a child is placed in the day special school for physically handicapped pupils.

The number of non-ascertained cases known to the authority is 37. The ascertained cases are summarised as follows:-

Cases known to the Authority	6
(Ascertained during the year - 1)	
In Residential Special Schools	4
In Day Special School	2

MALADJUSTED PUPILS

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 at the Child Guidance Clinic, the diagnosis established, and recommendations made when indicated.

A few acutely maladjusted children need a period away from home. These may be sent by the Authority to residential special schools or to independent boarding schools.

Great importance is attached to the promotion of good mental health and to the prevention of maladjustment. Health visitors and school nurses have much scope in the sphere of prevention by virtue of their work with the school doctors, their visits to the schools and particularly in their visits to the homes and their knowledge of the child's family background.

Only one child was "ascertained" as maladjusted during the year and was recommended for admission to a residential school.

The majority of maladjusted pupils attend an ordinary school and receive treatment at the Child Guidance Clinic.

PHYSICALLY HANDICAPPED PUPILS

Number known to the Authority	68
(New ascertainties during the year - 4)	
In residential special schools (including hospital schools so far as information is available)	2
In the day special school	61
Out of school	5

The authority maintains a day special school for physically handicapped pupils; the Elizabeth Fry Special School and a Spastic Unit attached to the school. The school caters for physically handicapped pupils of all ages, and for children over the age of two; the Spastic Unit provides 12 places.

The maximum number on the roll during the year was 89 of whom 32 were extra-district children. During the year 17 children were admitted to the school, including 10 extra-district children; 7 West Ham children and 1 extra-district child left the school.

Of the 7 West Ham children:

- 4 returned to ordinary school
- 1 allowed to leave school at 15 years
- 1 left school at 16 years and was reported to the Youth Employment Officer as a Disabled Juvenile.
- 1 admitted to Training Centre.

The reasons for admission of the 61 West Ham children and the 33 extra-district children were as follows:-

	<u>West Ham</u>	<u>Extra-District</u>
Heart conditions (congenital and rheumatic)	3	3
Paralysis	13	2
Cerebral Palsy	14	23
Quiescent tuberculosis of bones and joints	3	1
Muscular dystrophy	3	-
Perthe's disease	3	-
Fragilitas ossium	2	-
Miscellaneous conditions	20	4
	<u>61</u>	<u>33</u>

The miscellaneous conditions include such cases as severe congenital scoliosis, Hand-Schuller-Christian disease, achondroplasia, post-vaccinal encephalitis, ectopia vesicae, arthrogryphosis, cerebellar tumour, congenital absence of bones, amputations and other defects. The Ministry of Education favour the retention of handicapped pupils in ordinary schools whenever possible, and this is followed in practice.

SPASTIC UNIT

This Unit opened in June, 1954, is a specially designed single storey building in the grounds of Elizabeth Fry Special School of which it is a part. In addition to the children in the nursery class of the Unit a large number of pupils from the parent school attend for treatment in the large appropriately equipped physiotherapy room, and also in the speech therapy section. At the end of the year 12 children under the age of seven years were in the Unit. Of these 12 cases 10 were extra-district. In addition 9 cases attended the Unit on an out-patient basis. Of these 9, three were extra-district. Of the 12 children in the Unit all were receiving physiotherapy and 6 speech therapy.

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. Children who stammer or who have other defects of speech are given special treatment at the speech clinics, to which they go while attending ordinary schools. The day special schools for physically handicapped and educationally sub-normal pupils are also visited by the speech therapists so that any children needing the specialised treatment may have it.

DELICATE PUPILS

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. To this category belong children suffering from asthma, bronchitis, debility, poor physical condition, anaemia and chronic catarrh. In view of the improved condition of the children the number of pupils ascertained as "delicate" has been gradually declining. This year the number was 15 of whom 11 were admitted to residential open air schools maintained by outside authorities. West Ham does not, at present, maintain an open air school.

CHILDREN WITH 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 need for further provision, which can only be made on a national basis, since no authority is likely to have a great number of children with any particular combination of disabilities. In the year 1957, three cases were known to the authority. The particulars are as follows:-

At Elizabeth Fry Special School:

1 girl, aged 11 years	Physically handicapped and educationally sub-normal.
1 girl, aged 4 years	Physically handicapped and partially sighted.

At Condoover Hall Special School:

1 girl, aged 14 years	Blind and educationally sub-normal
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NURSERY SCHOOLS AND NURSERY CLASSES

The Authority has four nursery schools. The medical officers examine the children each term.

<u>Number examined</u>	<u>Number found to require treatment</u>	<u>Percentage found to require treatment</u>
467	7	1.50

When the children were examined for the first time during the year, their physical condition (using the Ministry of Education new classification) was as follows:-

<u>Number Examined</u>	<u>Satisfactory</u>	<u>Percentage</u>	<u>Unsatisfactory</u>	<u>Percentage</u>
366	366	100	Nil	Nil

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

Apart from Nursery Schools the authority provides education for some children under five years old in nursery classes. After a period in which nursery classes were closed down three re-opened for the Autumn term 1955 - New City, Carpenters and Tollgate. These classes continued throughout 1957. They are run on the same lines as nursery schools but do not admit any children below the age of three. Nursery schools and classes are very much in demand and fulfil a real need, in as much as they give outlet for the very bright children who are ready for group and educational activities before the age of five, and for the less endowed who, through attendance at a Nursery School, receive the extra stimulus and skillful supervision which helps them to develop in such a way as to be better prepared for more formal education.

CONVALESCENT TREATMENT

The type of child requiring convalescent treatment is generally below par, described as debilitated and needing a change of environment. Some, however, have had a recent illness such as influenza, bronchitis, pneumonia, measles, or are troubled with attacks of upper respiratory catarrh. They require short term treatment, usually a period of three to four weeks. Should a child be so debilitated as to require a longer

stay than six weeks, then he must be admitted to a convalescent home providing educational facilities.

The administrative arrangements have been in the hands of the West Ham branch of the Invalid Children's Aid Association for some years, and have this year again been carried out in a most efficient manner. Occasionally voluntary organisations of different religious denominations deal with special cases, e.g., Jewish Board of Guardians.

During the year 116 children were sent to convalescent homes.

The Children's County Holiday Fund organises summer holidays for children in private homes, but these cases do not come within the convalescent scheme.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

The employment of children who are under compulsory school leaving age is restricted by statutory legislation and bye-laws.

Employment of children in West Ham is limited to the delivery of newspapers, milk or bread. These are usually boys but occasionally a girl wishes to undertake work of this nature. The medical officer carrying out the examination gives a certificate on the condition of the child at the time of the examination, and it is 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.

The number submitted for examination since 1949 has progressively declined, the number in that year being 229, and in 1957, 111. The number of certificates granted for girls to participate in singing and dancing remained fairly constant up to 1955, when the number was 52. This year it dropped to nine.

THE SCHOOL LEAVER AND EMPLOYMENT

Unsuitability for certain occupations

The School Health and the Youth Employment Service work closely together during the last two years of the child's school life, and one of the last duties which the former service performs for the child who is 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 medical inspection of the child has in mind his future employment and, where appropriate completes a specially designed form indicating type of employment for which the child is not fitted.

It is found, in practice, that restrictions are most frequently recommended on account of eye strain and defective vision. Next in order of frequency are those involving heavy manual work, exposure to bad weather, prolonged standing, much walking or quick movement from place to place, and work in a damp or dusty atmosphere.

In the case of handicapped children a special form is used. In addition to listing the unsuitable types of employment the form includes a section for recording the nature of the child's disability, its probable duration, and its bearing on the obtaining or keeping of suitable employment.

Parental consent must be obtained for passing on the above information to the Youth Employment Officer, and in selected cases, to the Disablement Advisory Committee for the purpose of registration under the Disabled Persons (Employment) Act. During the year five 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 Committee by medical officers of both the School Health and Maternity and Child Welfare Services. So far as practicable each of the Children's Homes is allocated to a medical officer who undertakes the routine examination and the occasional special visits required. In addition to the visits the medical officers of the School Health Service examined 43 children in the school clinics.
- (b) Medical examination of children who were going on school journeys - 330; all were found fit.
- (c) Examinations in connection with the Children's Country Holiday Fund by medical officers and nurses - 107; 1 was found unfit.
- (d) Medical examinations of children in connection with Holiday Camps - 429; 1 was found unfit.
- (e) Medical examination of boys taking part in boxing - 228; 1 was found unfit to box.

In addition, certain children brought before the Juvenile Court, are submitted by the Children's Officer for physical examination.

The medical officers also carry out examinations for fitness of teachers and college students. Candidates applying for admission to training colleges and university departments are examined and a report completed for sending to the appropriate college or university authority. Entrants to the profession completing an approved course of training are medically examined and a form completed for the Ministry of Education. In these cases an X-ray examination is compulsory. The Ministry of Education Circular 249, 1952, sets out the above requirements.

Teachers entering the service of the Council from other authorities are also examined as to their fitness for employment.

APPENDIX I

CAUSES OF DEATH IN AGE GROUPS - 1957 (as supplied by Registrar-General).

Causes of Death	All Ages		Deaths at different periods of life of residents (civilians) whether occurring within or without the district.															
			Under		1-4		5-14		15-24		25-44		45-64		65-74		75 and upwards	
			1 Year		Years		Years		Years		Years		Years		Years		upwards	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	9	7	-	-	-	-	-	-	-	-	2	7	3	1	2	1	-	-
2. Tuberculosis, other	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	8	1	-	-	-	-	-	-	-	-	-	4	-	1	-	3	1	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Malignant neoplasm, stomach ...	26	16	-	-	-	-	-	-	-	-	4	-	12	4	6	4	4	8
11. Malignant neoplasm, lung, bronchus	84	14	-	-	-	-	-	-	-	-	1	-	56	5	14	4	13	5
12. Malignant neoplasm, breast ...	1	28	-	-	-	-	-	-	-	-	5	1	12	-	9	-	2	-
13. Malignant neoplasm, uterus ...	-	16	-	-	-	-	-	-	-	-	4	-	5	-	3	-	4	-
14. Other malignant & lymphatic neoplasms	78	66	-	-	1	-	1	1	1	-	3	5	32	21	17	21	23	18
15. Leukaemia, aleukaemia	5	4	-	-	-	-	1	-	1	-	2	2	1	1	1	-	-	-
16. Diabetes	2	11	-	-	-	-	-	-	-	-	-	-	1	1	6	1	4	-
17. Vascular lesions of nervous system	83	111	-	-	-	-	-	-	1	-	2	-	16	25	33	26	31	60
18. Coronary disease, angina	154	98	-	-	-	-	-	-	-	-	14	-	54	22	51	40	35	36
19. Hypertension with heart disease ...	11	13	-	-	-	-	-	-	-	-	-	-	1	2	4	4	6	7
20. Other heart disease	107	165	-	-	-	2	-	-	1	9	5	12	15	22	23	62	121	-
21. Other circulatory disease	40	42	-	-	-	-	-	-	-	-	1	10	7	8	13	22	21	-
22. Influenza	18	15	-	-	1	-	1	1	-	-	1	1	4	7	6	2	5	4
23. Pneumonia	63	41	2	-	2	3	1	1	-	-	-	-	15	11	18	6	25	20
24. Bronchitis	98	36	-	-	-	1	-	-	-	-	2	1	38	6	36	19	21	10
25. Other diseases of respiratory system	13	8	-	-	-	-	1	-	-	-	2	6	2	6	2	1	1	1
26. Ulcer of stomach and duodenum ...	10	5	-	-	-	-	-	-	-	-	-	7	-	2	2	1	3	-
27. Gastritis, enteritis and diarrhoea	4	3	1	-	-	-	-	-	-	-	3	-	-	1	2	-	-	-
28. Nephritis and nephrosis	9	5	-	-	-	-	-	-	-	-	1	-	4	3	1	-	3	2
29. Hyperplasia of prostate	10	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	7	-
30. Pregnancy, childbirth, abortion ...	-	2	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
31. Congenital malformations	7	8	4	-	1	3	-	-	-	-	-	1	2	-	3	1	-	-
32. Other defined and ill-defined diseases	56	72	13	-	7	15	-	1	1	-	3	4	15	13	5	10	12	29
33. Motor vehicle accidents	9	2	-	-	-	-	1	2	-	-	2	-	3	-	2	1	-	-
34. All other accidents	18	10	1	-	-	2	-	2	-	-	3	4	3	2	2	-	5	4
35. Suicide	10	5	-	-	-	-	-	-	-	-	3	3	6	2	1	-	-	-
36. Homicide and operations of war ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL (All causes)	933	805	21	-	12	21	9	7	8	3	51	39	310	172	240	203	282	360

APPENDIX II

Particulars of Bodies Received into the Mortuary.

During 1957

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	27	16	11	26	21	20	7	7	27	6	2
February	33	23	10	32	1	24	9	-	33	6	8
March	32	19	13	32	-	26	6	-	32	4	6
April	28	19	9	28	-	20	8	-	28	4	2
May	23	14	9	22	1	20	3	-	23	2	3
June	21	14	7	21	-	15	6	-	21	4	2
July	22	8	14	21	1	20	1	1	21	6	4
August	22	12	10	21	1	19	3	-	22	5	5
September	18	12	6	17	1	16	2	-	18	-	6
October	24	15	9	24	-	21	3	-	24	1	9
November	39	22	17	38	1	35	4	-	39	4	5
December	49	27	22	49	-	45	4	-	49	6	5
TOTAL	338	201	137	331	7	281	56	1	337	48	57

APPENDIX III

STATISTICS RELATING TO THE SCHOOL HEALTH SERVICE

COMPARISON OF CERTAIN TYPES OF WORK CARRIED OUT IN THE YEARS 1954, 1955, 1956 and 1957.

School Population: 1954: 29,707 1955: 29,487 1956: 29,453 1957: 28,815

TYPE OF WORK	Number of cases dealt with			
	1954	1955	1956	1957
Periodic Medical Inspections	9,110	8,072	7,593	8,714
Special Inspections and Reinspections ...	14,463	12,088	12,760	9,621
Uncleanliness Inspections by school nurses	68,839	68,934	63,787	65,913
Percentage of children found unclean ...	2.95	2.59	1.55	1.47
Minor ailments treated at the school clinics	3,145	2,342	2,542	2,306
Attendances at minor ailment clinics ...	18,760	17,751	15,638	14,272
Tonsil and adenoid operations known to have been performed	451	248	311	225
Orthopaedic defects known to have been treated at hospital orthopaedic clinics	172	118	115	79
Orthopaedic defects treated at the Council's physiotherapy clinics	96	111	126	75
Cases treated at the light clinics	182	185	218	88
Children examined for employment	78	64	66	111
Children examined for entertainments ...	58	52	16	9
Children admitted to convalescent homes ...	104	146	106	116
Children found in need of speech therapy	58	78	50	76
Children referred for child guidance treatment	182	204	153	61
DENTAL WORK				
Children treated	4,701	5,009	4,050	4,145
Number of fillings: Permanent teeth	2,162	5,205	5,234	6,477
Temporary teeth	1,329	2,613	2,052	2,283
Number of extractions: Permanent teeth	1,054	1,245	1,263	1,491
Temporary teeth	5,702	4,762	4,077	4,373
Administrations of general anaesthetics	2,466	2,251	2,254	2,178
Other operations: Permanent teeth	1,312	3,693	4,259	5,647
Temporary teeth	544	1,189	768	750
Number of orthodontic cases treated ...	181	161	330	470

APPENDIX IV

SCHOOL HEALTH SERVICE

STATISTICS RELATING TO INSPECTION AND TREATMENT OF NURSERY, SPECIAL, PRIMARY, SECONDARY AND GRAMMAR SCHOOL PUPILS, 1957.

PART I

Return of Medical Inspection

A. Periodic medical inspection:

<u>Code Group</u>	<u>Number examined</u>
Entrants	1,935
Second Age Group	2,760
Third Age Group	<u>2,454</u>
Total:	7,149
Additional periodic inspections	<u>1,565</u>
Grand Total:	<u>8,714</u>

B. Other inspections:

Number of special inspections ...	6,508
Number of reinspections	<u>3,113</u>
Total:	<u>9,621</u>

C. Pupils found to require treatment:

Age Groups Inspected	For defective vision (excluding squint)	For any of the other conditions recorded in Table III	Total Individual Pupils
Entrants	5	68	72
Second Age Group	171	79	244
Third Age Group	105	26	128
Total:	281	173	444
Additional periodic inspections	59	33	87
Grand Total:	340	206	531

D. Classification of the Physical Condition of children inspected during the year in the Periodic Age Groups:

Age Groups Inspected (1)	Number of pupils inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col.2 (4)	No. (5)	% of Col.2 (6)
Entrants	1,935	1,934	99.95	1	.05
Second Age Group	2,760	2,756	99.86	4	.14
Third Age Group	2,454	2,451	99.88	3	.12
Additional Periodic Inspections	1,565	1,564	99.94	1	.06
Total:	8,714	8,705	99.90	9	.10

TABLE II

Verminous Conditions

(1)	Total number of examinations of children in the schools by the school nurses	65,913
(2)	Number of individual children found unclean	425
(3)	Number of individual children in respect of whom cleansing notices were issued	146
(4)	Number of individual children in respect of whom cleansing orders were issued	15

TABLE III

Return of defects found by medical inspection in the year
ended 31st December, 1957.

Defect Code Number	Disease or Defect	Periodic Inspections No. of defects		Special Inspections No. of defects	
		Requiring treatment	Requiring to be kept under observation	Requiring treatment	Requiring to be kept under observation
4	Skin	6	6	812	52
5	Eyes -				
	(a) Vision	340	86	135	54
	(b) Squint	26	3	36	13
	(c) Other	7	4	334	27
6	Ears -				
	(a) Hearing	32	15	148	68
	(b) Otitis media	4	2	18	5
	(c) Other	3	-	71	10
7	Nose and Throat	25	29	72	46
8	Speech	22	30	71	100
9	Lymphatic glands	-	-	10	5
10	Heart	-	24	18	47
11	Lungs	5	12	39	35
12	Developmental -				
	(a) Hernia	3	11	1	1
	(b) Other	4	74	4	20
13	Orthopaedic -				
	(a) Posture	17	20	4	16
	(b) Flat feet	24	13	26	26
	(c) Other	8	26	50	33
14	Nervous system -				
	(a) Epilepsy	1	5	6	17
	(b) Other	1	7	16	29
15	Psychological -				
	(a) Development	3	3	79	65
	(b) Stability	9	28	53	116
16	Abdomen	2	15	50	25
17	Other	27	88	1,409	301

TABLE IV

Defects Treated

Group 1. Diseases of the Eye, Defective Vision and Squint.

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	164	22
Errors of refraction (including squint)	-	1,345
Total:	164	1,367

Group 2. Diseases and Defects of the Ear, Nose and Throat.

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
Received operative treatment -		
(a) For diseases of the ear	-	1
(b) For adenoids and chronic tonsillitis	-	225
(c) For other nose and throat conditions	-	-
Received other forms of treatment	104	263
Total:	104	489

Group 3. Orthopaedic and Postural Defects.

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
(a) Number treated as in-patients in hospital	-	11
(b) Number treated otherwise, e.g., in clinics or out-patient departments	75	79

Group 4. Diseases of the Skin (excluding uncleanness)

	Number of cases treated or under treatment during the year
	By the Authority
Ringworm - (i) Scalp	-
(ii) Body	18
Scabies	26
Impetigo	33
Other skin diseases	731
Total:	808

Group 5. Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	89
---	----

Group 6. Speech Therapy

Number of pupils treated by Speech Therapists under arrangements made by the Authority	157
--	-----

Group 7. Other Treatment Given

	Number of Cases Treated
(a) Miscellaneous minor ailments treated by the Authority	1,230
(b) Pupils who received convalescent treatment under School Health Service arrangements	115
(c) Pupils who received B.C.G. vaccination	714
(d) Other than (a) (b) and (c) above:	
Other conditions of the nervous system	3
Heart and circulation	1
Lungs	7
Other conditions not minor ailments	48
Total:	2,118

TABLE V.

Dental Inspection and Treatment

(1) Number of pupils inspected by the Authority's Dental Officers:									
(a) Periodic	...	...	...	...	...	...	...	...	2,467
(b) Specials	...	...	...	...	...	...	...	...	4,203
(2) Number found to require treatment									
(3) Number offered treatment									
(4) Number actually treated									
(5) Attendances made by pupils for treatment									
(6) Half-days devoted to									
Periodic Inspection		...	...	...	...	...	...	...	21
Treatment		...	...	...	...	...	...	...	2,222
Total half-days									2,243
(7) Fillings:									
Permanent teeth		...	...	...	...	...	...	...	6,477
Temporary teeth		...	...	...	...	...	...	...	2,283
Total fillings									8,760
(8) Number of teeth filled:									
Permanent teeth		...	...	...	...	...	...	...	5,580
Temporary teeth		...	...	...	...	...	...	...	2,098
Total of teeth filled									7,678
(9) Extractions									
Permanent teeth		...	...	...	...	...	...	...	1,491
Temporary teeth		...	...	...	...	...	...	...	4,373
Total extractions									5,864
(10) Administration of general anaesthetics for extraction									
(11) Orthodontics:									
Cases commenced during the year		...	...	...	...	...	...	...	241
Cases carried forward from previous year		...	...	...	...	...	...	...	229
Cases completed during the year		...	...	...	...	...	...	...	72
Cases discontinued during the year		...	...	...	...	...	...	...	79
Pupils treated with appliances		...	...	...	...	...	...	...	325
Removable appliances fitted		...	...	...	...	...	...	...	274
Fixed appliances fitted		...	...	...	...	...	...	...	51
Total attendances		...	...	...	...	...	...	...	3,342
(12) Number of pupils fitted with artificial dentures									
(13) Other operations									
Permanent teeth		5,647
Temporary teeth		750
Total of "other operations"									6,397

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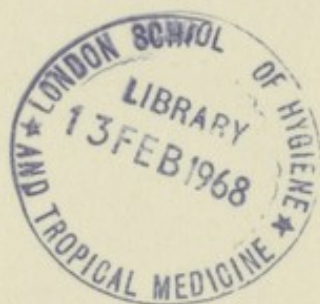
<u>Subject</u>	<u>Page</u>
Adulterated Samples	23-24
After Care	68-74
Ambulance Service	66-67
Analgesia	55
Ante-Natal and Post-Natal Care: Facilities provided for	41
Appendices 1-4	122-130
Audiometric Surveys	100-101
Audiology Unit	45
Aural Clinics	101-102
B.C.G. Vaccination	65, 68-69, 105
Births	5, 56
Blind Children	114
Blood Tests	41
Bronchitis	5
Cancer	5, 14
Care of Mothers and Young Children	41-54
Chest X-ray - Expectant Mothers	41
Child Guidance	110-113, 129
Child Health - Research and Investigation	96
Child Minders	48-50
Child Welfare	42-54
Clean Air	19-21
Cleanliness - School Children	95-96, 126
Colour Vision	92
Committees, List of	3
Condensed Milk	37
Convalescence	51, 73, 119-120
Co-ordination of Maternity Services	56
Day Nurseries	48-50
Deaf Children	114
Deaths	5, 6, 13, 53
Deaths - Causes and age groups	122
Delicate Children	118
Dental Treatment	106-107
Diphtheria	5, 7, 8
Diphtheria Immunisation	64, 65
Disinfection and Disinfestation	35, 36
Domestic Help	75-76
Domiciliary Midwifery	55-56
Drugs	38
Dysentery	5, 7, 9
Ear, Nose & Throat Clinics	101-102, 128
Ear, Nose & Throat Defects, and Defective hearing	45, 114-115, 128
Educationally Sub-normal Children	115-116
Employment of children and young persons	120

<u>Subject</u>	<u>Page</u>
Employment of School Leavers	120-121
Elizabeth Fry Special School	117, 119
Elizabeth Fry Spastic Unit	118
Epileptic Children	116
Epilepsy	86
Erysipelas	7, 8, 9
Factories Act, 1937	16-18
Fertilisers and Feeding Stuffs Act, 1926	38-39
Follow-up (school children)	96
Food Hygiene Regulations, 1955	26, 27, 94
Food and Drugs Act, 1955	25, 38
Food Inspection	21
Food Poisoning	5, 7, 9
Food Samples	22-24
Food Unsound	22, 23
Foreign matter in articles of food	23, 25
General Health and Welfare Services	86
Guardianship of Mental Defectives	83
Gurney Special School	115-116
Handicapped Children	45-47, 114-119
Health Education	60, 61, 73
Health Visiting	57-61
Hearing of School Children	100-101
Heart Disease	103
Home Nursing	62, 63
Housing	27-34
Houses - Unfit	27-28
Houses - Defects remedied	34
Hygiene of School Premises	94
Ice Cream	24, 37
Ice Lollies	24, 37
Immunisation - Diphtheria	64-65
Impetigo	129
Infant Mortality	5, 6, 52, 53, 54
Infant Welfare	42-54
Infectious Diseases	5, 7
Jelly Tests (Tuberculosis) for Children	44
Leavers (school)	120-121
Liaison	51, 52
Lunacy and Mental Treatment Acts	81-82
Maladjusted Children	116-117
Malaria	7
Maternal Mortality	5, 52, 53
Maternity and Child Welfare	41-54
Ante-natal and Post-natal Care	41
Audiology Unit	45
Blood Tests	41

<u>Subject</u>	<u>Page</u>
Chest X-rays	41
Child Welfare	42-54
Convalescence	51
Day Nurseries and Child Minders	48-50
Dental Treatment	106-107
Handicapped Children	45-47
Health Visiting	57-61
Liaison with Children's Officers	51-52
Maternity Services	56
Midwifery	55-56
Perinatal Mortality	52
Physiotherapy	45
Premature Births	47, 48
Specialist Clinics	44
Toddlers' Clinics	42
Unmarried Mother and Child	42
Welfare Foods	50-51
Maternity Services - Co-ordination of	56
Measles	5, 7, 8
Medical Inspection Rooms	93, 94
Medical Inspection (school children)	91-92, 121
Meningococcal Infection	5, 7, 8
Mental Deficiency	82-84
Mental Health	77-85
Mental Health Social Work	78-80
Midwifery	55-56
Milk, Samples taken	24, 37, 39
Minor Ailments (school children)	97-100
Mortuaries	123
Multiple Defects (school children)	118-119
National Assistance Act, 1948, Section 47	86
National Health Service Act, 1946	41-86
Neo-natal Deaths	5, 52
Nose and Throat Defects (school children)	45, 114-115, 128
Nursery Schools and Classes	119
Occupation Centre	83
Occupational Therapy	71-72
Ophthalmia Neonatorum	7
Ophthalmic Clinic	99-100
Orthopaedic and Postural Defects	102
Outworkers	18
Paediatric Clinic	104-105
Paediatric Liaison	59
Partially Deaf Children	114-115
Partially Sighted Children	114
Perinatal Mortality	52
Physical Condition of School Children	126

<u>Subject</u>	<u>Page</u>
Physically Handicapped Children	117
Physiotherapy	45, 102-103
Pneumonia	5, 7, 10
Poliomyelitis	5, 7, 8
Poliomyelitis Vaccination	65
Population	5, 6
Premature Infants	47, 48
Prevention of Illness, Care and After-Care	68-74
Preservatives	28
Problem Families	59, 60
Public Analyst, Report of	37-39
Public Health - General Environmental - Defects remedied	34
Public Health Inspectors - Summary of work	40
Puerperal Pyrexia	7, 9
Pupil Midwives, Training of	55
Rag Flock	40
Refresher Courses - Midwives	55
- Health Visitors	58
Rehabilitation of Tuberculous Patients	70
Relaxation Classes	55
Rent Act, 1957	30-34
Removal of Persons in need of care and attention	86
Research and Investigation	96
Ringworm	129
Rodent Control	35, 36
Sanitary Circumstances	16-40
Sanitary Inspectors, Work of - See "Public Health Inspectors"	
Sausages	24
Scabies	129
Scarlet Fever	5, 7, 8
School Dental Service	106-107, 124-130
School Health Service	87, 121, 124-130
School Health Service (Fiftieth Anniversary)	87-90
School Leavers and Employment	120-121
School Nurses, Work of	93
School Population	91
Senior Staff, List of	4
Site and Area	6
Smallpox	5, 7
Smallpox Vaccination	64
Smoke Abatement	19
Smoking and Lung Cancer	74
Spastic Unit	118
Speech Defects	118
Speech Clinics	45, 107-109, 129
Stillbirths	5, 6, 52, 54

<u>Subject</u>	<u>Page</u>
Supervision of Midwives	55
Toddlers' Clinics	42
Tonsillectomy	101-102, 128
Tuberculosis	5, 7, 10-12, 68-70, 105
After-Care	68-70
B.C.G. Vaccination	65, 68, 69, 105
Convalescence	70
Deaths	12, 13
Health Visitors	68
In childhood	105
Jelly Tests for Children	44
Notifications	11
Rehabilitation	70
School children	105
Typhoid and Paratyphoid	5, 7, 10
Uncleanliness	126
Unmarried Mother and Child, Care of	42
Vaccination	64, 65
Venereal Diseases	14, 15
Visual Defects	128
Vital Statistics	5, 6, 52-54
Water Supply	16
Welfare Foods	50, 51
Welfare and Health (General) Services	86
West Ham School for the Deaf	115
West Ham Tuberculous Voluntary After-Care Committee	70
Whooping Cough	5, 7



R11/67

