

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

Contributors

West Ham (London, England). County Borough.

Publication/Creation

[1959?]

Persistent URL

<https://wellcomecollection.org/works/qapr8fvj>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

Ac 44112

Library
WHAM 30

County Borough of West Ham



ANNUAL REPORT

ON THE



HEALTH SERVICES

FOR THE YEAR

1958

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 1958.

The Registrar General's estimate of the population at mid-year was 165,000. This was 900 fewer than in the previous year, and gave a total decrease of 8,800 from the post war peak of 1949. Over the nine years, the fall has amounted to about 5%.

There was a further small increase in the birth rate and a small decline in the death rate. The infant mortality was also slightly below the record low figure of last year. A disturbing feature of the statistics however was the increase by more than two thirds in the number of stillbirths.. As will be seen from the brief discussion on page 56, the causes were not clear: they could probably only be elucidated, if they persist, by joint enquiry of the Hospital and Local Authority Health Services.

The increased prevalence of dysentery and food poisoning also gave rise to some concern. The cases were mostly sporadic in nature or were spread within a family, but there were two outbreaks of dysentery affecting infant and junior schools in different parts of the Borough. Between them they accounted for 57 cases (21 pupils and 7 family contacts in one instance; and 21 pupils and 8 family contacts in the other). Both were quickly brought under control by energetic action in co-operation with the teachers and other school staff. The rise in dysentery was part of a national trend which has so far found no adequate explanation.

By contrast, it is pleasing to report that there have been no cases of diphtheria since the small outbreak at the end of 1956 and early in 1957. The poliomyelitis incidence was also low, with only three cases though unfortunately there was one death.

In the section of the report contributed by the Chief Public Health Inspector, an account is given on page 16 of our first experience of an industrial radiological hazard, which was fortunately pursued to a satisfactory conclusion through the prompt and effective action of the Public Health Inspectors and colleagues in other Departments. On the following pages there is a summary of the provisions governing the establishment of smoke control areas followed by a brief outline of the first proposal of this kind to be put forward by the Council under the Clean Air Act.

On pages 48 to 51 will be found the description of a new service for the care of handicapped pre-school children. Hitherto the community health services have been concerned with the handicapped child mainly in relation to the special educational problem arising during school life, but it has become increasingly recognised in recent years that this approach was far too restricted. Even with the extension of the Education Act provisions to include children as young as two years, vital opportunities were often missed for helping the child to make the best of his handicap during the earlier formative years; and it was already too late at that age to help the family in adjusting to the strains arising from the arrival of a baby who was found to be without the capacity for normal development. In many cases also special educational treatment is not the kind of provision which is best suited to the early management of the particular handicap.

Modern technical developments have already been brought in to aid the very young child in special cases, such as the Audiology Unit for impaired hearing. To meet the more general need, the Senior Medical Officer has organised a Development Clinic where parents can bring their young children as soon as the existence of any kind of handicap is suspected: they are usually introduced on the recommendation of a doctor or health visitor. In all cases a careful assessment is made of the handicap and also of the capabilities which remain to the child. Specialist opinion is obtained when required. The parents are encouraged to discuss their own difficulties and anxieties, and are helped to understand the nature of their child's disability. When the needs have become clear it is easier for the parents to see how they themselves can help their child. As time goes on a plan for the child's future care can be worked out with the parents in a way which will gain their support.

Although the organisation of this Service has been along quite simple lines and no additional staff were needed, it is in my view one of the most important advances in child care which we have yet seen. It introduces a new approach by recognising that right from the beginning these early handicaps are family problems which need to be resolved as a whole. The Senior Medical Officer deserves great credit for her initiative.

In the same Section of the report I would like to draw attention to the note on page 64 recording the publication of another of the special leaflets prepared by our own health visitors to help the mothers of West Ham in the care of their babies. This, to, is a most creditable enterprise which I hope will be continued as opportunity offers.

The changes in the organisation of the Ambulance Service which took place during the year are summarised on pages 71 and 72.

Another important organisational change, briefly mentioned in the previous report, was brought into full operation during the year under review. The Senior Medical Officer assumed dual responsibility for the School Health and Maternity and Child Welfare Services in pursuance of the aim of achieving continuity of care by the Child Health Services from birth to school leaving age. No obvious changes are to be expected at this stage, but the ground can now be prepared for suitable adjustments in future years, wherever they may be needed for the children's benefit.

It is scarcely possible in a brief preface to give adequate recognition to all the careful and devoted work which so many individuals have contributed each year to the successful operation of the Health Services. A few features of particular interest or importance have been singled out for particular mention; but beyond that a general expression of gratitude is due to all members of the staff who have worked together as a most effective team. I would also like to convey my thanks to the Committees and their Chairmen whose support have made these things 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, 1958 to May, 1959

The Mayor (Alderman C.F. Lowe, J.P.)

Health Committee

Chairman: Alderman Miss D.L. Smith

Vice Chairman: Alderman Dr. L. Comyns, J.P.

Alderman Mrs. V. Ayres, J.P.

Alderman Mrs. A.A. Barnes

Alderman E.C. Cannon, J.P.

Alderman Mrs. E.C. Cook

Alderman Mrs. M. Scott, J.P.

Councillor T.H. Camp

Councillor Mrs. A.A. Gannon

Councillor E.S.C. Kebbell

Councillor D.W. Lee

Councillor T.C. McMillan

Councillor P.M. Murphy

Councillor J.C. Riley

Councillor R.J. Stubbs

Councillor S.W. Whitear

Co-opted Members: Dr. D. Imber and Mr. E.H. Turner

Education Committee

Chairman: Alderman Mrs. M. Scott, J.P.

Vice Chairman: Councillor T.C. McMillan

The Mayor (Alderman C.F. Lowe, J.P.)

Alderman Mrs. V. Ayres, J.P.

Alderman Mrs. A.A. Barnes

Alderman S. Boyce

Alderman Dr. L. Comyns, J.P.

Alderman W. Moat

Alderman A.C. Moorey

Alderman M.J. Sullivan

Alderman D. Thorogood, J.P.

Councillor W.F. Baker

Councillor M. Davidson

Councillor Mrs. K. Doherty

Councillor A.F.G. Edwards

Councillor E.G. Goodyer

Councillor A.J. Hughes

Councillor E.S.C. Kebbell

Councillor G.A. Macaree

Councillor P.H.G. McGrath

Councillor J.C. Riley

Councillor J. Saunders

Councillor S.W. Whitear

Co-opted Members: Rev.E.A. Shipman, 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 SERVICE

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

G.T. Crook, L.R.C.P., M.R.C.S., D.P.H.

SENIOR MEDICAL OFFICER, MATERNAL AND CHILD HEALTH.

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

G.D.H. Brown

SUPERINTENDENT NURSING OFFICER

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.

STATISTICAL SUMMARY

1958

| | |
|--|-------------|
| Area of Borough | 4,689 acres |
| Population (R.G.'s mid-year estimate) | 165,000 |
| Live Births | 2,711 |
| Crude birth rate (per 1,000 population) | 16.43 |
| Adjusted birth rate (per 1,000 population) | 15.12 |
| Stillbirths | 81 |
| Stillbirth rate (per 1,000 total births) | 29.01 |
| Total live and still births | 2,792 |
| Deaths | 1,610 |
| Crude death rate (per 1,000 population) | 9.76 |
| Adjusted death rate (per 1,000 population) | 12.20 |
| Deaths of infants under 1 year | 52 |
| Infant mortality rate (per 1,000 live births) | 19.18 |
| Infant mortality rate (per 1,000 live births) Legitimate | 19.87 |
| Infant mortality rate (per 1,000 live births) illegitimate | 6.94 |
| Neo-natal (1st 4 weeks) mortality rate (per 1,000 live births) | 14.75 |
| Illegitimate live births per cent. of total live births | 5.31 |
| Maternal deaths (including abortion) | 1 |
| Maternal mortality rate (per 1,000 live and stillbirths) | 0.36 |

VARIOUS DISEASES: Cases and Deaths

| | Cases Notified | Case rate per 1,000 population | Deaths | Death rate per 1,000 population |
|---------------------------------|-------------------|--------------------------------------|--------|---------------------------------------|
| Smallpox | - | - | - | - |
| Scarlet Fever | 374 | 2.27 | - | - |
| Diphtheria | - | - | - | - |
| Dysentery | 138 | 0.84 | - | - |
| Food Poisoning | 30 | 0.18 | - | - |
| Measles | 411 | 2.49 | - | - |
| Acute Poliomyelitis (paralytic) | 2 | 0.01) | 1 | 0.01 |
| (non-paralytic) | 1 | 0.01) | - | - |
| Whooping Cough | 242 | 1.47 | - | - |
| Meningococcal Infections | 5 | 0.03 | - | - |
| Typhoid and Paratyphoid Fevers | - | - | - | - |
| Pneumonia: | | | | |
| Acute, primary and influenzal | 88 | 0.53) | 82 | 0.50 |
| All forms | - | -) | - | - |
| Bronchitis | - | - | 148 | 0.90 |
| Tuberculosis: | | | | |
| Respiratory | 95 | 0.58 | 15 | 0.09 |
| Other forms | 14 | 0.08 | - | - |
| Cancer | - | - | 327 | 1.98 |

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 1958 was 165,000. This is a decrease of 900 on the estimated population of 1957.

BIRTH RATE. Live Births. The number of live births during the year was 2711 (males 1403 and females 1308). This gives a crude rate of 16.43 per 1,000 population, almost the same rate as in 1957. The adjusted birth rate for 1958 is 15.12 per 1,000 population which compares with a rate of 16.4 for England and Wales. Illegitimate births account for 144 or 5.31 per cent of all live births, the same rate as for 1957.

Still-births. There were 81 still births (41 males and 40 females) giving a rate of 29.01 per 1,000 total births compared with a rate of 21.5 for England and Wales.

DEATHS. During the year, 1610 (males 871 and females 739) West Ham residents died, giving a crude death rate of 9.76 per 1,000 population. The adjusted death rate per 1,000 population is 12.20 which compares with the death rate of 11.7 for England and Wales. The causes of death at different periods of life, distinguishing male and female, are given in Appendix I, page 112

INFANT MORTALITY. The deaths of children under 1 year of age numbered 52 (males 33 and females 19) giving an infant mortality of 19.18 per 1,000 live births as against 19.31 in 1957. The rate for England and Wales was 22.5. The list of causes of deaths can be found in Appendix I, page 112 of this report.

MATERNAL MORTALITY. During the year there was one death from maternal causes as against 2 deaths in 1957. The maternal mortality rate for England and Wales was 35 per 100,000. See page 57 of this report for further details.

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

INFECTIOUS AND OTHER DISEASES

(a) Infectious Diseases

Table showing cases of infectious Disease Notified and Confirmed, 1958

| Diseases | All Age Groups | | Ages | | | | | | | |
|-----------------------|----------------|-------|------------|-----|-----|-----|-------|-------|--------------|-------------|
| | 1958 | 1957 | Under 1 | 1-2 | 3-4 | 5-9 | 10-14 | 15-24 | 25 & over | Deaths |
| Smallpox | - | - | - | - | - | - | - | - | - | - |
| Cholera | - | - | - | - | - | - | - | - | - | - |
| Diphtheria | - | - | - | - | - | - | - | - | - | - |
| Erysipelas | 11 | 18 | - | - | - | 1 | - | - | 10 | - |
| Scarlet Fever | 374 | 247 | - | 28 | 75 | 212 | 48 | 10 | 1 | - |
| Typhoid Fever | - | - | - | - | - | - | - | - | - | - |
| Paratyphoid Fever | - | - | - | - | - | - | - | - | - | - |
| Typhus | - | - | - | - | - | - | - | - | - | - |
| Relapsing Fever | - | - | - | - | - | - | - | - | - | - |
| Plague | - | - | - | - | - | - | - | - | - | - |
| Acute Poliomyelitis | | | | | | | | | | |
| (Paralytic) | 2 | 7 | - | - | - | - | 1 | 1 | - | 1 |
| (Non-paralytic) | 1 | 9 | - | - | - | 1 | - | - | - | - |
| Ophthalmia Neonatorum | 1 | - | 1 | - | - | - | - | - | - | - |
| Malaria | - | - | - | - | - | - | - | - | - | - |
| Dysentery | 138 | 45 | 2 | 11 | 16 | 59 | 15 | 7 | 28 | - |
| Acute Pneumonia | 88 | 147 | 4 | 9 | 3 | 6 | 7 | 5 | 54 | 82 |
| | | | | | | | | | | (All forms) |
| Tuberculosis: | | | | | | | | | | |
| Respiratory | 95 | 105 | - | 1 | 1 | 3 | 1 | 23 | 66 | 15 |
| Meninges | - | 2 | - | - | - | - | - | - | - | - |
| Other | 14 | 8 | - | 1 | 1 | 1 | - | 2 | 9 | - |
| Puerperal Pyrexia | 3 | 11 | - | - | - | - | - | 3 | - | - |
| Measles | 411 | 2,328 | 21 | 74 | 98 | 203 | 12 | 3 | - | - |
| Whooping Cough | 242 | 239 | 35 | 67 | 48 | 83 | 6 | 2 | 1 | - |
| Food Poisoning | 30 | 15 | 3 | 3 | 3 | 4 | 3 | 1 | 13 | - |
| Leprosy | - | - | - | - | - | - | - | - | - | - |
| Meningococcal | | | | | | | | | | |
| Infection | 5 | 6 | 2 | 2 | - | 1 | - | - | - | - |
| Acute Encephalitis: | | | | | | | | | | |
| Infective | - | - | - | - | - | - | - | - | - | - |
| Post Infectious | 2 | 1 | - | - | - | - | - | - | 2 | - |
| TOTALS | 1,417 | 3,188 | 68 | 196 | 245 | 574 | 93 | 57 | 184 | 98 |

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 | - | - | 6 | 15 | 16 | 19 |
| 1 - 4 years | 54 | 49 | 70 | 102 | 60 | 55 |
| 5 - 9 years | 105 | 107 | 107 | 96 | 43 | 40 |
| 10 - 14 years | 22 | 26 | 7 | 5 | 4 | 2 |
| Over 15 years | 5 | 6 | - | 3 | 2 | 1 |
| | 186 | 188 | 190 | 221 | 125 | 117 |
| | 374 | | 411 | | 242 | |
| Case Rate/1,000 population | 2.27 | | 2.49 | | 1.47 | |

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

MENINGOCOCCAL INFECTION. There were five cases of this disease (4 females and 1 male). The age incidence was 2 under 1 year, 2 aged 1 year and 1 aged 7 years. There were no deaths.

ACUTE POLIOMYELITIS. Three confirmed cases were reported during the year (2 paralytic and 1 non-paralytic): this was a decrease of 13 on the previous year. In addition, 5 suspected cases were investigated, but the diagnosis was not confirmed. All cases were admitted to hospital. There was one death.

ERYSIPELAS. Eleven cases of this disease were notified, a decrease of 7 on the previous year. The age and sex incidence was as follows:-

| Age | | | | | | | Male | Female |
|-----|----------------|-------|-----|-----|-----|-----|------|--------|
| 0 | - 14 years | ... | ... | ... | ... | ... | - | 1 |
| 15 | - 44 years | ... | ... | ... | ... | ... | 2 | 2 |
| 45 | - 64 years | ... | ... | ... | ... | ... | 2 | 3 |
| 65 | years and over | ... | ... | ... | ... | ... | - | 1 |
| | | TOTAL | | | | | 4 | 7 |

The occupational incidence for males included a window cleaner, chauffeur station foreman, labourer; for females, an exchange telegraph operator, a schoolchild and housewives. The seasonal incidence was as below:-

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

PUERPERAL PYREXIA. Three cases were notified during the year. Two cases occurred in maternity hospitals and 1 case at home.

DYSENTERY. One-hundred-and-thirty-eight cases of dysentery were reported during the year. This compares with 45 in 1957 and 283 in 1956. The age and sex incidence of the cases notified was as follows:-

| Age | QUARTER ENDED | | | | | | | | | |
|-----------------|---------------|----|------|----|-----------|----|----------|----|-------|----|
| | March | | June | | September | | December | | Total | |
| | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. |
| Under 5 years | - | 6 | - | - | 1 | 1 | 12 | 9 | 13 | 16 |
| 5 - 14 years | 14 | 10 | - | 1 | 4 | 3 | 25 | 17 | 43 | 31 |
| 15 - 24 years | - | - | - | - | 1 | 1 | 2 | 3 | 3 | 4 |
| 25 years & over | 1 | 5 | - | 2 | 1 | 1 | 4 | 14 | 6 | 22 |
| Totals: | 15 | 21 | - | 3 | 7 | 6 | 43 | 43 | 65 | 73 |

FOOD POISONING. Thirty cases of food poisoning were notified during the year, twenty-two of these cases were associated with seven outbreaks.

Annual Return of Food Poisoning Notifications for the year 1958

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 |
|---------------------------------------|---------------------------------|----------------------------------|--------------------------------------|------------------------------------|-------|
| | 2 | 6 | 19 | 3 | 30 |
| 2. Outbreaks due to Identified Agents | | | | | |
| Total Outbreaks | 7 | | Total Cases | (Salmonella Typhi-Murium | 19 |
| | | | 22 | (" Bovis-morbificians | 1 |
| | | | | (Staphylococcal Toxin | 2 |
| | | | | | 22 |
| 3. Outbreaks of undiscovered Cause | | | | | |
| Total Outbreaks | - | | Total Cases | | |
| | | | - | | |
| 4. Single Cases | | | | | |
| Agents Identified | 7 | | Unknown Cause | | |
| | | | 1 | | |
| (Salmonella Organisms) | | | | | |

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

PNEUMONIA. Acute Primary and Influenzal. Eighty-eight cases were notified during the year.

TUBERCULOSIS.

(a) NOTIFICATIONS. One hundred and nine new cases of tuberculosis (70 males and 39 females) were notified during 1958, a decrease of 6 cases on the previous year's figure of 115.

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

| Age Groups | Respiratory | | Non-respiratory | |
|-------------------|-------------|----|-----------------|----|
| | M. | F. | M. | F. |
| 0 - 4 | 1 | 1 | 2 | - |
| 5 - 14 | 2 | 2 | - | 1 |
| 15 - 24 | 12 | 11 | 2 | 2 |
| 25 - 44 | 12 | 11 | 1 | 2 |
| 45 - 64 | 35 | 5 | - | 2 |
| 65 years and over | 2 | 1 | 1 | 1 |
| TOTALS | 64 | 31 | 6 | 8 |

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

The 14 non-respiratory cases notified are as follows:-

| | | |
|------------------|---|--------------------------------------|
| Abdomen | 3 | (Fallopian tubes 1 (Renal tract 2 |
| Bones and joints | 5 | |
| Glands | 6 | |

(b) DEATHS. During the year 15 cases died from tuberculosis (11 males and 4 females) compared with 17 deaths in the previous year. The death rate from this disease was 0.09 per 1,000 of the population as compared with 0.9 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 | - | - | - | - |
| 25 - 44 | 1 | - | - | - |
| 45 - 64 | 4 | 3 | - | - |
| 65 years and over | 6 | 1 | - | - |
| TOTALS | 11 | 4 | - | - |

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

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

(a) Notifications of Tuberculosis

| Respiratory | | | Non-respiratory | |
|-------------|--------|---------------------------|-----------------|---------------------------|
| Year | Number | Rate per 1,000 population | Number | Rate per 1,000 population |
| 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 |
| 1958 | 95 | 0.58 | 14 | 0.08 |

(b) Deaths from Tuberculosis

| Respiratory | | | Non-respiratory | |
|-------------|--------|---------------------------|-----------------|---------------------------|
| Year | Number | Rate per 1,000 population | Number | Rate per 1,000 population |
| 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 |
| 1958 | 15 | 0.09 | - | - |

CANCER. The number of deaths attributed to cancer was 327 which was a slight decrease on the number 338 reported in the years 1956 and 1957.

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. | F. | F. | M. | F. | |
| 0 - 14 | - | - | 1 | - | 2 | - | - | - | 1 | - | 4 |
| 15 - 24 | 1 | - | - | - | - | - | - | - | - | 1 | 2 |
| 25 - 44 | 2 | 2 | 2 | - | 2 | - | 4 | - | 3 | 4 | 19 |
| 45 - 64 | 15 | 5 | 39 | 4 | - | - | 15 | 1 | 18 | 26 | 123 |
| 65 - 74 | 14 | 9 | 28 | 4 | 1 | 2 | 6 | 3 | 19 | 18 | 104 |
| 75 & Over | 3 | 11 | 10 | 1 | - | - | 4 | 2 | 25 | 19 | 75 |
| Total | 35 | 27 | 80 | 9 | 5 | 2 | 29 | 6 | 66 | 68 | 327 |

Eighteen per cent of the deaths from all causes in the Borough were due to cancer compared with 18 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 statistics. (The figures in brackets are the corresponding ones for 1957).

The total number of patients who attended was 579 (538). This figure includes 122 already under treatment or observation at the beginning of the year.

New Patients 457 (402)
Total attendances 2,940 (2,979)

The diagnosis was as follows:-

| | | |
|--|-----|-------|
| Syphilis in the primary or secondary stage | 0 | (0) |
| Syphilis in the early latent stage | 1 | (0) |
| Syphilis in the later (non-infective) stages | 8 | (13) |
| Congenital Syphilis | 0 | (0) |
| Gonorrhoea | 92 | (81) |
| Urethritis | 77 | (61) |
| Other Conditions | 241 | (188) |
| Cases previously treated elsewhere | 22 | (14) |
| Return cases | 16 | (19) |

The term "Other Conditions" includes vaginitis and cervicitis in women and various non-specific genital lesions in both sexes, not necessarily venereal in origin, but there is usually good reason for this possibility to be excluded.

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

| | | |
|-------------------|-----|-------|
| West Ham | 268 | (204) |
| East Ham | 37 | (29) |
| Essex | 77 | (78) |
| Other Areas | 37 | (58) |

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, 1958, and in doing so, I would first express my appreciation of the loyal and efficient services rendered during the year by the Technical and Clerical Staff under my control.

In addition to the statistical information on the year's work, other details and comments are given on various items of special interest.

The number of dwelling houses in the Borough is 41,946.

Water Supply

All houses in the County Borough are supplied directly by pipes, the Metropolitan Water Board being the Statutory Undertakers throughout the area. The water has been satisfactory in quantity and quality, there being no evidence of plumbo-solvent action and no cases of contamination having been reported.

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, overcrowding, 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 553 visits were made to factories, and 8 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 1 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. | 127 | 117 | 1 | - |
| (11) Factories not included in (1) in which Section 7 is enforced by the Local Authority. | 913 | 436 | 7 | - |
| (111) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises). | 2 | - | - | - |
| TOTAL | 1,042 | 553 | 8 | - |

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) | 3 | 3 | - | 1 | - |
| Overcrowding (S.2) | - | - | - | - | - |
| Unreasonable temperature (S.3) | - | - | - | - | - |
| Inadequate ventilation (S.4) | - | - | - | - | - |
| Ineffective drainage of floors (S.6) | - | - | - | - | - |
| Sanitary Conveniences (S.7) | | | | | |
| (a) Insufficient | 2 | 2 | - | 1 | - |
| (b) Unsuitable or defective | 13 | 13 | - | 7 | - |
| (c) Not separate for sexes | 2 | 2 | - | 2 | - |
| Other offences against the Act (not including offences relating to Outwork) | 2 | 2 | - | 1 | - |
| TOTAL | 22 | 22 | - | 12 | - |

Part VIII of the Act

OUTWORK

| Nature of Work (1) | Section 110 | | | Section 111 | | |
|---|--|--|---|---|--------------------------|--------------------------|
| | No. of out- workers in August list required by Section 110 (1) (c) (2) | No. of cases of default in sending lists to the Council (3) | No. of prese- cutions for failure to supply lists (4) | No. of in- stances of work in un- wholesome premises (5) | Notices served (6) | Prose- cutions (7) |
| Wearing apparel Making, etc.) Cleaning and) washing) | 163 | | | | | / |
| Household Linen | 6 | | | | | |
| Lace, Lace Curtains and Nets | 2 | | | | / | |
| Curtains and furniture hangings | 5 | | | | | |
| Furniture and upholstery | 9 | | | | | |
| Umbrellas. etc. | 1 | | | | | |
| Artificial flowers | 4 | | | | | |
| Nets. other than wire nets | 6 | | | | | |
| Paper bags | 2 | | | | | |
| The making of boxes or other receptacles or parts thereof made wholly or partially of paper | 20 | | | | | |
| Brush making | 2 | | | | | |
| Carding of buttons | 1 | | | | | |
| Stuffed toys | | | | | | |
| Coseques, Christmas crackers, Christmas stockings, etc. | 56 | | | | | |
| Lampshades | 16 | | | | | |
| TOTAL | 295 | - | - | - | - | - |

Radio Activity in Stratford

In early May, the Deputy Chief Public Health Inspector was contacted by a firm of food manufacturers which wished to carry out conversions to an empty factory and requested advice as to requirements of the Food Hygiene Regulations.

On visiting the factory the day before the meeting with the representatives of the firm, it was noticed that a great deal of chemical waste and material was present; on enquiry it was learned (a) that the walls and floors of certain parts of the factory were grossly contaminated with arsenical salts, and (b) that certain parts of this particular factory and an adjoining one had been used in the preparation of radio active material.

The Civil Defence Officer, Mr. Thompson, was contacted, and with his Assistant, Mr. Cullington, brought Geiger Counters to ascertain whether the premises were indeed still radio active, and if so to what extent. The very sensitive instruments showed radio activity at once, and beyond their capacity to measure.

Correspondence was initiated with various Government Departments, and as a result Radio-Chemical Inspectors of the Ministry of Housing and Local Government visited the premises, obtained accurate readings, and gave advice as to disposal of liquid and solid wastes, and for cleansing walls and floors and various areas of ground adjoining the buildings.

Clearing of radio active material continued over many months; all the material was buried in accordance with the instructions of the Ministry's Inspectorate, and in every case the depth of covering given as being completely safe, was doubled.

The names of the former employees at the factory were obtained and forwarded to the Inspector of Factories, but it was found that the men had received regular medical examinations during the time they were working in close proximity to the material.

All personnel employed in demolition, clearing etc., in the factories wore special indicators and were under close supervision.

The factory premises are now declared free of radio activity and are being altered and redecorated etc., prior to letting as warehouses or factories.

CLEAN AIR ACT, 1956

Smoke Abatement

During the year the Public Health Inspectors made 408 visits concerning smoke emission by industrial premises, and to give advice on the working of the installations.

It was noticeable during the year that major improvements were effected in several large factories in the borough, several plants being converted to oil burning and others renewing old boiler installations. Generally speaking more attention is being paid to the types of fuel used, and it seems that the past efforts by this Department to impress on managements the importance of correct fuels, efficient stoking and proper maintenance of plant are now bearing fruit, advisory visits now far out numbering visits following complaint.

CLEAN AIR POLICY

The country has now been awakened fully to the damage to health and property caused by the pollution of air arising from burning bituminous coal; backed by widespread popular demand for action, it is now Government policy to tackle the smoke evil at its sources and to implement the report of the Beaver Committee on Air Pollution.

The principle of attaining smoke prevention gradually by means of effective control in quite small but expandable areas was first suggested about 25 years ago. The idea was to create small areas in cities suffering most severely from air pollution, in which smoke emission could be readily and effectively prevented.

A smoke control area is one in which the emission of all smoke is prohibited and "smoke" includes all solid particles, however large or small, produced in the air as a result of combustion.

Smokeless zones must be limited to domestic dwellings and commercial and administrative buildings and the like which operate on some form of smokeless fuel.

In the initiation of a smoke control area a great number of parties are concerned in the operation one way or another. Before a smoke control area can be established the following is necessary:-

1. Where a local authority has resolved to establish a smoke control area it has to make a detailed survey of the proposed area to ascertain the number of premises in it - houses, commercial and industrial; the number of appliances to be converted; and the amount of smokeless fuel which will be required.
2. The local authority has to ascertain by consulting the appropriate bodies e.g. Area Gas Boards, Electricity Authorities, as well as the fuel merchants that the smokeless fuels will be available and delivered.
3. The local authority has to make an Order and obtain Ministerial confirmation.
4. The Order is advertised and local enquiries held into any objections made.
5. In the interim period between confirmation and the coming into operation of the Order every domestic appliance that will be used must be, or be made, capable of burning smokeless fuel efficiently.
6. The financial assistance to be given has to be decided and paid; and at the end final inspections have to be made in every single case.

Having regard to the provisions of the Clean Air Act, and the intentions of local authorities, encouraged by the appropriate Ministry, to implement the clean air policy, it can be concluded with some assurance that the domestic fuels used in the "black area" in all cities and large towns in the future will be smokeless. The future set-up can be envisaged as comprising smoke control areas covering all the "black areas" and other large centres of population. In these areas out of date appliances not capable of burning approved smokeless fuels will be replaced by appliances designed for burning coke and similar fuels. Solid smokeless fuels provided for smoke control areas must be available for use in these modern appliances.

There exists some nervousness among coal merchants about the effect of the loss of the house coal market, but the use of approved smokeless fuels will be merely a replacement of one solid fuel by another and clearly the merchants will have a most important part to play, for which they must be allowed an adequate return. The rate at which smoke control areas are instituted cannot be very rapid and must be related to the rate at which the fuel can be made available.

THE FIRST WEST HAM SMOKE CONTROL AREA

The first report proposing a smoke control area in the Borough was presented to and accepted by the Health Committee on 9th October, 1958. A brief description and particulars of the properties within the proposed area are as follows:-

The area is 90.54 acres and comprises the major part of the Keir Hardie Estate in the Tidal Basin and Beckton Wards. It is bounded on the south side by Victoria Dock Road and Caxton Street North, on the west side by Hoy Street, St. Luke's Square, Ford Street, Shirley Street and Rathbone Street, on the north side by Tant Avenue, Vincent Street and Fife Road, and on the east side by Plymouth Road, Pacific Road, Adamson Road and Bridgeland Road.

A preliminary survey reveals that there are 1,127 premises in the area comprising 1,081 private dwellings, 34 commercial premises, 6 industrial premises and 6 other premises including schools, churches and mission halls.

The total estimated cost of adaptation of the fireplaces of the 1,081 private dwellings is £5,850 of which the Exchequer's contribution will, it is hoped, be £2,340, the Council's contribution is estimated at £3,420 and £90 will be payable by the owners of other properties.

Based on a normal consumption of 34 cwts. per year, and allowing for a small margin of error the consumption of coal was calculated at 1,890 tons. It was estimated that about the same amount of smokeless fuel would be required to replace it.

INSPECTION OF FOOD AND FOOD PREMISES

During the year 3,237 visits were made to establishments where food is sold or prepared for sale.

Twelve applications for registrations under the provisions of the West Ham Corporation Act, 1937, Sections 66 and 67, were approved, 7 being for the sale of ice cream, 3 for the preparation of cooked meats and 2 for hawkers of greengrocery.

The total registrations under this Act now in force are -

| | | | |
|---------------------|-----|------------------------|----|
| Butchers | 126 | Wet & Fried Fish Shops | 63 |
| Ice Cream Retailers | 322 | Greengrocers | 45 |
| Grocers | 198 | | |

The number of distributors of milk in the Borough is 248 and 556 licences were issued permitting the use of the designations 'Pasteurised', 'Sterilised' and 'Tuberculin Tested' in respect of milk retailed 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 | 10 |
| Wet Fish Shops) | |
| Fried Fish Shops) | 73 |
| Cafes & Restaurants | 249 |
| Grocers | 364 |
| Greengrocers | 110 |
| Butchers | 127 |
| Bakers & Bakehouses | 64 |

FOOD AND DRUGS

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 1958

| | | | |
|--------------------|------------------------|-----------------|-------------------|
| Meat, fresh | 1 ton, 19 cwt. 2½ lbs. | Jam & Marmalade | 373 tins and jars |
| Meat, tinned | 829 tins | Milk & Cream | 293 tins |
| Poultry | 16 cwt., 12 lbs. | Cereals | 347 packets |
| Ham | 16 cwt. 3¾ lbs. | Soups | 170 tins |
| Bacon | 5 cwt. 52 lbs. | Pickles | 1 jar |
| | | Salad Cream | 4 jars |
| Vegetables, tinned | 962 tins | Cheese (boxes) | 31 |
| Vegetables, dried | 1 cwt. 63 lbs. | Cheese (lbs) | 22 |
| Potatoes | 2 tons, 10 cwt. | Margarine | 1 lb. |
| Tomatoes | 9 cwt. 49 lbs. | Flour | 72 lbs. |
| Tomatoes, tinned | 78 tins | Biscuits | 4 cwt. 14½ lbs. |
| Fruit, tinned | 1,258 tins | Fruit Squash | 1 bottle |
| Fruit, fresh | 1 cwt. 30½ lbs. | Confectionery | ½ lb. |
| Fruit, dried | 45 lbs. | Spaghetti | 10 tins |
| Fruit Juices | 61 tins | Ginger | 2 lbs |
| Tomato Juice | 1 tin | Raw Sugar | 4 tons 15 cwt |
| Fish, tinned | 72 tins | | |
| Fish, fresh | 1 cwt. 28 lbs. | | |

Food Samples

Details of the number of samples taken during the year are contained in the Annual Report of the Public Analyst on page 37-38. 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 was comparatively high, but 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 p.p.m. 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 to 3.3%, again largely due to items outside the normal definition of adulteration, but in 1958 it fell slightly to 3.0%. Details of the 10 adulterated samples are given hereunder:-

UNSATISFACTORY FOOD & DRUGS SAMPLES - 1958

| Identification from No. given in Quarterly Report | Result of Analysis | Type of sample | Remarks and action taken |
|---|---|----------------|--|
| 3 Banana Flavouring | Contained no banana flavour. | Formal | Further sample taken. |
| 9 Apples | Contained an excess amount of arsenic and lead, namely 7 ppm arsenic and 10 ppm lead. | Informal | Stock withdrawn by vendor. |
| 31 Lebanon Apples | Contained an excessive amount of arsenic and lead, namely 18 ppm arsenic and 20 ppm lead. | Informal | Stock withdrawn by vendor. |
| 39 Banana Flavouring | Contained no banana flavour. | Formal | Reported to March Health Committee. See Report on Legal Proceedings taken. |
| 71 Pineapple Flavouring | Contained no pineapple flavour. | Informal | Satisfactory formal sample taken later. |
| 125 Milk | Contained a foreign body, namely a piece of steel wool. | Informal | Legal proceedings taken against vendor. |
| 148 Beef Sausage | Contained SO ₂ the presence of which was not declared. | Informal | Vendor interviewed and cautioned. |
| 151 Pork Sausage Meat | Contained SO ₂ the presence of which was not declared. | Informal | Letter sent to vendor - caution. |
| 170 Pork Sausages | Contained 496 ppm SO ₂ , being 46 ppm in excess of the amount allowed. Also the presence of the preservative was not declared. | Informal | Vendor interviewed and cautioned. |
| 171 Pork Sausage | Contained SO ₂ the presence of which was not declared. | Informal | Vendor interviewed and cautioned. |

In addition to these samples, one informal sample of bread which was submitted to the Public Analyst contained the head and wings of a fly. The vendors were prosecuted and were fined £2 and 15/- costs.

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

Milk

4 samples of milk were taken in course of delivery to the schools and hospitals in the Borough for chemical analysis. All were returned as satisfactory.

Sausages

A total of 23 samples of sausage were taken of which 15 were pork and 8 beef. The average meat content of the pork samples was 64.2% and that of the beef 58.8%. The unofficial standards are 65% for pork and 50% for beef.

Samples also taken of meat prior to manufacture of the sausages with the following results:-

Pork sausage meat - 1 - 49.8%, Beef sausage meat - 1 - 68.3%.

Ice Cream

12 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 12 samples submitted show an average of 8.8% fat, 13.4% sugar and 11.7% 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, 20 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) | 14 |
| 2 (Average) | 3 |
| 3 (Bad) | 2 |
| 4 (Very Bad) | 1 |

This is an improvement on the results obtained in previous years.

In the case of one Grade 3 sample, which was taken from a manufacturer, advice was given and no further trouble experienced.

In the case of the Grade 4 sample, from a retailer, the check sample proved to be Grade 3, and the Medical Officer of Health, Poplar, was asked to carry out investigations at the manufacturer's premises.

Ice Lollies

13 samples of ice lollies were purchased for chemical analysis, and another 1 was submitted for bacteriological examination, all being pronounced satisfactory, the average lead content being 0.77 ppm and the average copper content 0.6 ppm.

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

11 prosecutions were instituted under the Food and Drugs Act, 1955, and details are given hereunder:-

| Nature of Contravention | Result of Action |
|---|--|
| Fly in gelatine of pork pie | Fine of 10/- with £3. 10s. costs. |
| Glass in loaf of bread | Dismissed on payment of costs £1. 2s. 6d. |
| a) Labelling offence in respect of banana flavouring essence. | Not guilty. |
| b) Banana flavouring essence not being of the quality and substance demanded. | Guilty. Fine of £5 with £5.5s. costs. |
| Oil in loaf of bread | Case dismissed. |
| Splinter of wood in loaf of bread. | Fine of £2 with £2 costs. |
| Insect in pot of strawberry jam. | Fine of £5 with 2/6d. costs. |
| Mould growth in cut white loaf. | Case dismissed - manufacturer covered by warranty. |
| Steel wire in bottle of milk | Fine of £5 |
| Sale of unsound meat | Case dismissed. |
| Mould growth on loaf of bread | Fine of £1 and £2 costs. |
| Fly embedded in slice of bread | Fine of £2 and 15/- costs. |

In addition to these cases, 4 cases of offences were dealt with informally.

| Nature of Contravention | Action Taken |
|-------------------------------------|--|
| Oil in loaf of bread | Warning letter to bakers |
| Slug from .22 bullet in meat pie | Warning letter sent to manufacturer |
| Wire staple in tin of powdered milk | Insufficient evidence to warrant proceedings. Letter to manufacturers. |
| Drawing pin in loaf of bread | Warning letter to baker. |

FOOD HYGIENE REGULATIONS, 1955

During the year as a result of the 3,208 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, 26 notices being served and 35 letters sent under the Regulations in respect of such contraventions. The following table gives a summary of the items requiring attention:-

| | |
|--|----|
| Insanitary Premises | 5 |
| Lack of Cleanliness of Equipment | 19 |
| Food Insufficiently Protected from Contamination | 16 |
| Defective Drainage Systems and Guttering | 5 |
| Insufficient or Defective Sanitary Conveniences | 10 |
| Inadequate Water Supply | 3 |
| Wash-basins required | 9 |
| Hot Water to be Supplied | 21 |
| Soap, towels and nail brush required | 12 |
| First Aid Materials Required | 4 |
| Inadequate Facilities for Washing Food and Equipment | 5 |
| Lack of Cleanliness of Food Rooms | 26 |
| Accumulation of Refuse and Inadequate Bins | 9 |
| Food not kept at Right Temperature | 4 |
| No Name and Address on Stall | - |
| Inadequate Screening of Stall | - |
| Hot and Cold Water Required on Stall | - |
| No Accommodation for Clothing | 5 |
| Repairs to walls, floors, etc., required | 28 |
| No Smoking Notices not displayed | 4 |
| Animals in Food Rooms | - |
| Notices re hand washing not displayed in W.C. | 6 |
| Yard Paving requiring repair | 8 |

HAIRDRESSERS AND BARBERS SHOPS

Two new applications for registration under the West Ham Corporation Act, 1937, Section 49, were received during the year, bringing the total of premises on the Council's list to 113.

PHARMACY AND POISONS ACT, 1933

Three new applications were received during the year for the entry of names on the Council's list of persons entitled to sell poisons scheduled on Part II of the Poisons List. 136 names are entered on the current list.

FERTILISERS AND FEEDING STUFFS REGULATIONS

There are in West Ham ten factories producing fertilisers and feeding stuffs, one of the largest concentrations of this industry in any Borough in the country. Between them they produce over 130 brands and grades of animal feeding stuffs and 8 types of fertilisers.

Five of the Council's Senior Health Inspectors have been appointed by the Ministry of Agriculture, Fisheries and Food as Sampling Officers under the Fertilisers and Feeding Stuffs Regulations, and samples are taken at intervals throughout the year.

During 1958, 20 formal samples of feeding stuffs and 1 formal sample of fertiliser were submitted to the Public Analyst for examination. Four samples of feeding stuffs did not conform to the manufacturer's declaration, but subsequent check samples were all satisfactory. The one sample of fertiliser, purchased in shop, was also unsatisfactory, but a check sample taken by a L.C.C. Sampling Officer from the manufacturer's premises was in order. It has often been found that small shopkeepers sell old stock in which chemical change has occurred since manufacture, and in such instances stocks are withdrawn.

Details of samples are given hereunder:-

FEEDING STUFFS

| | <u>No. of</u> <u>Samples Taken</u> | <u>Analysis</u> <u>Agreed</u> | <u>Analysis</u> <u>Disagreed</u> |
|-----------------------------------|---------------------------------------|----------------------------------|-------------------------------------|
| Feeding Meat and Bone Meal | 2 | 1 | 1 |
| Hextral Fattening Nuts | 1 | 1 | - |
| Horse Feeding Nuts | 1 | 1 | - |
| Pig Fattening Meal | 2 | 1 | 1 |
| High Milk Production Nuts | 2 | 1 | 1 |
| Sow and Weaner Nuts | 1 | 1 | - |
| Range Growers Mash | 2 | 1 | 1 |
| Sterilised Feeding Bone Flour | 2 | 2 | - |
| Meat Meal | 1 | 1 | - |
| Poultry Grain Balancer Mash | 1 | 1 | - |
| Growers Pellets | 1 | 1 | - |
| Broiler Starter Granules | 1 | 1 | - |
| Grain Balancer Meal | 1 | 1 | - |
| Standing Broiler Finisher Pellets | 1 | 1 | - |
| Layers Mash | 1 | 1 | - |
| | 20 | 16 | 4 |

FERTILISER

| | <u>Taken</u> | <u>Satisfactory</u> | <u>Unsatisfactory</u> |
|-------------------|--------------|---------------------|-----------------------|
| National Growmore | 1 | - | 1 |

HOUSING

During the year a total of 141 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.

During the early part of the year severe restrictions of capital expenditure had the indirect effect of curtailing the Department's activities in the field of slum clearance, but fortunately it was possible to resume working to the normal programme later in the year and a concerted effort enabled some of the lost ground to be recovered.

SUMMARY OF ACTION TAKEN UNDER THE HOUSING ACT, 1957

| <u>Areas Officially Represented</u> | <u>Houses</u> | <u>Families</u> |
|-------------------------------------|---------------|-----------------|
| Brooks Road (No. 1) | 5 | 5 |
| Channelsea Road & Wharf Road | 21 | 24 |
| Clifford Road (No. 1) | 6 | 6 |
| Portway No. 1 | 9 | 10 |
| Church Street | 5 | 4 |
| Dirleton Road and Portway | 30 | 36 |
| Leabon Street Area, Unfitness Order | 49 | 51 |

Properties Recommended for Section 17 Action (Demolition)

| | |
|--------------------------|---|
| 54 and 56 Stock Street) | Demolition Orders altered to Closing Orders, Section 18 |
| 45 Southern Road) | |
| 1 and 3 Kay Street | |
| 18 Nansen Road | |

Properties Recommended for Section 18 Action (Closing)

191 Leyton Road
102 Major Road (basement)
223 Neville Road

Demolitions Authorised in Default, Section 23

20 & 22 Portway

Houses Let in Lodgings, Sections 36 & 90

7 Baron Road
17 Edith Road
50 Forest Lane
2, 4 & 57 Mark Street
31 Atherton Road
615 Barking Road
34 Norwich Road

Housing Subsidies Act, 1958 - Certificates of Unfitness

87 Angel Lane
64-68 Lansdowne Road
126-134 Star Lane
65 Stephens Road
55 Temple Mill Lane
45 Temple Mill Lane
27 Leyton Road

Clearance Areas Confirmed by the Minister of Housing and Local Government

Biggerstaff Road
Adamson Road
Ethel and Leslie Roads
Beatrice and Conway Streets
Surrey and Kent Streets
Brooks Road (No. 1).

HOUSES LET IN LODGINGS

A new problem relating to public health has arisen since the end of the War in 1945 by reason of an influx of thousands of emigrants from such places as the West Indies, Malta and Cyprus. It is difficult to estimate the number of emigrants from the West Indies, but records show that there are at least 30,000 Maltese and Cypriots living within the Metropolitan Area. The addition of so many thousands of people to the already serious housing shortage has rendered the situation most difficult. A number of the emigrants have found accommodation in West Ham, principally in the 3 and 4 storey houses in Upton and Park Wards. There are also a large number of rooms let to Commonwealth students attending the local Technical Colleges.

Unfortunately a number of landlords have let the rooms in these houses without due regard to the law in the matter or health or comfort of the occupants, inasmuch as many families without sinks, reasonably accessible water supply, properly ventilated food cupboards, or sufficient water closet accommodation, and in many cases overcrowding has occurred, contrary to the provisions of the Housing Act, 1957.

It is difficult to estimate how many houses in West Ham have been let in this manner without making a house to house inspection of the areas, a task which cannot be undertaken owing to shortage of staff. A list of such houses has, however, been compiled from information received, the District Inspector's knowledge of the local conditions, and from a study of advertisements placed in shop windows.

The houses known to the Department are being inspected as time permits and the circumstances reported to the Housing Committee. The inspection and subsequent report of all the rooms, basements and yards of these large houses takes a considerable time, entailing as it does taking details of all the families and lodgers, the particulars and defects of each room, and of the existing sanitary circumstances.

The law relating to the fitness for human habitation and overcrowding in houses-let-in-lodgings is dealt with in Sections 36 and 90 respectively of the Housing Act, 1957.

Section 36 gives a Local Authority power to require execution of works or reduction of number of occupants of houses-let-in-lodgings. The provisions of the Section are:-

If it appears to a local authority in the case of a house within their district, or of part of such a house, which is let in lodgings, or occupied by members of more than one family, is not reasonably suitable for such occupation with respect to:-

1. Natural lighting.
2. Ventilation.
3. Water Supply.
4. Drainage and sanitary conveniences; or
5. Facilities for storage, preparation and cooking of food and for the disposal of waste water.

then in any such case the authority may serve a notice on the person having control of the house specifying the works required to render the premises, in the opinion of the authority, reasonably suitable for such occupation, and also requiring him in default of executing the works within a period to be specified in the notice, to take steps to limit the number of persons or households accommodated at the premises in any manner specified in the notice.

The works to be specified in a notice under Section 36 must take into account the number of individuals or households, or both, accommodated for the time being on the premises.

In dealing with houses-let-in-lodgings, each letting should be considered as a separate dwelling unit and the standard of fitness under Section 36 which has been adopted by the Housing Committee is as follows:-

Natural Lighting

- (a) Provision and maintenance in every habitable room of a window or windows opening directly to the external air and having glass area equal to one-tenth of the floor area and an openable area equal to one-twentieth of the floor area.
- (b) Provision and maintenance wherever practicable, of adequate means of natural light to a common staircase.

Ventilation

Provision and maintenance of adequate means of ventilation for every passage, room, water closet apartment and staircase.

Water Supply

Provision of one tap per floor and if more than one letting, one tap per letting, from the rising main if practicable. In addition, provision of a sink of suitable size and pattern and efficient means of carrying off any waste water from the sink.

Sanitary Conveniences

- (a) Provision and maintenance of one readily accessible water closet for every four habitable rooms, or one readily accessible water closet for every ten persons irrespective of age, whichever standard is higher.
- (b) Provision for single room lettings of one water closet for every four lettings, such water closet to be not more than one floor distant.
- (c) Dustbins - One for every two families or four single lettings or one for ten persons. (S.75 Public Health Act Notices to be served).

Facilities for Storage, Preparation and Cooking of Food

Provision of separate facilities for every family. Such facilities to comprise a sink with proper water supply over, a proper waste pipe made to discharge in the open air over a properly trapped gully, and a food cupboard ventilated to the external air of dimensions not less than -

Facilities for Storage, Preparation and Cooking of Food (Contd.)

| | | |
|---|---|----------|
| for a one room letting | - | 3 cu.ft. |
| for a two room letting | - | 4 cu.ft. |
| for a three room letting | - | 6 cu.ft. |
| for a dwelling comprising more than three rooms | - | 8 cu.ft. |

- (a) Facilities to be provided in a living room provided the room is of adequate size or alternatively they can be provided on a landing so long as the landing is sufficiently large, ventilated, properly lighted and separate for the use of one family.
- (b) Where a room is let to one person and no meals are provided, kitchen facilities are to be available for each individual room as above, or one equipped kitchen provided for every four such persons.

Overcrowding in Houses-Let-in-Lodgings

Originally, overcrowding in houses-let-in-lodgings or occupied by members of more than one family, was dealt with under byelaws made under the Public Health Act, 1875, and later re-enacted by various Housing Acts. The power to make byelaws for this purpose ceased to have effect from the date of operation of Part IV of the Housing Act, 1936, relating to overcrowding and eventually the power given to local authorities to prevent overcrowding in houses-let-in-lodgings was transferred to Section 90 of the Housing Act, 1957.

Section 90 (1) states "If it appears to a local authority, in the case of a house within their district, or of part of such a house, which is let in lodgings or occupied by members of more than one family, that excessive numbers of persons are being accommodated on the premises having regard to the rooms available, the local authority may serve on the occupier of the premises or on any person having the control and management thereof, or on both, a notice -

- (a) stating, in relation to any room on the premises, what is in the authority's opinion the maximum number of persons by whom it is suitable to be occupied as sleeping accommodation at any one time, or, as the case may be, that it is in their opinion unsuitable to be occupied as aforesaid."

Part IV of the Act of 1957 deals generally with premises used as a separate dwelling. Section 90, however, applies to a house or part of a house which is let-in-lodgings or occupied by members of more than one family. The main purpose of the Section seems to be to give local authorities power to prevent overcrowding in that type of establishment, where it is likely to occur. Such establishments include hostels, lodging houses, poor classes of hotels, where dormitory type of accommodation is provided, and also houses where a number of lodgers are accommodated, either for bed and breakfast, or full board.

Each local authority has complete discretion as to what constitutes overcrowding in houses-let-in lodgings, subject to right of appeal. The standards for West Ham adopted by the Housing Committee are as follows:-

SECTION 90

Sleeping Accommodation

One wash-hand basin and one water closet for every ten persons.

A Bedroom of 70 square feet to be regarded as suitable for not more than one person.

A Bedroom 70-90 square feet to be regarded as suitable for a maximum of two persons.

A Bedroom 90-110 square feet to be regarded as suitable for a maximum of three persons.

A Bedroom of over 110 square feet to be assessed by comparison with the size.

Rooms the floors of which are more than three feet below the level of any ground within six feet of the room not to be used for sleeping purposes.

Cleanliness of Common Rooms, Staircases, Passages, etc.

The person in control should be responsible for keeping clean every common staircase, landing and passage and for redecorating them as often as may be necessary.

The person in control should also be responsible for keeping clean every open space, drain, sink, water closet etc., used in common.

Nine premises were reported to the Housing Committee during the year as not complying with these standards, but the service of formal notices was only necessary in four instances, the other five being dealt with informally.

Caravans on Vernon's Field and the Gun Site, Beckton Road

At the beginning of 1958 there were 17 caravans on Vernon's Field and 24 on the Gun Site, Beckton Road. Legal action taken under the byelaws and the Public Health Act, 1936, Section 269, had little or no effect, for as soon as some caravan dwellers moved off these sites following action in the Magistrates' Court, others came and settled themselves in their places.

As there appeared to be no speedy legal or practical solution to the problem, a meeting with the Town Clerk was held, and it was agreed to approach the Port of London Authority as the actual owners of the sites with a view to their taking action for trespass.

On 14th February a meeting was held at Trinity House at which the Port of London Authority, the Council, the National Dock Labour Board and the Royal Docks Association were represented, and there was a full discussion of the problems caused by the pressure of increasing numbers of residential caravans on these sites. It was agreed that the caravan dwellers should be called upon to remove themselves from the sites, otherwise they would be

removed, by force if necessary, and that once the sites were cleared, to take immediate action to fence them or repair existing fences or otherwise make the sites more secure against further trespass.

A further meeting between the parties was held on 28th March, 1958, to which representatives of the Plaistow Police were invited. It was reported that estimates for fencing the sites were being prepared. The following arrangements for removing the caravans from the sites were finally agreed.

- (a) That on 31st March, 1958, representatives of the parties concerned, including the police, should warn the caravan dwellers to be off by the 3rd April, 1958 at 10.0 a.m. otherwise they would be dragged off.
- (b) That on 3rd April, 1958, at 10.0 a.m., the sites should be visited with the largest force of constables available, together with transport for dragging off, if required.

The arrangements as agreed were carried out, and eventually the sites were fenced in. No further trouble from caravan dwellers was experienced in respect of these two sites.

RENT ACT, 1957

1958 was the first full year during which this Act has been in effect and at the commencement of the year the numbers of applications for Certificates of Disrepair was still very high, following the initial rush which began in October, 1957. During the first quarter 154 applications were received, and 150 in the second quarter, but they fell to 94 in the third quarter and 61 in the last quarter. This fall however offset by 85 applications for cancellation of Certificates and 137 applications for Certificates as to the Remedying of Defects.

These figures do not take into account the large number of enquiries received regarding those aspects of the Rent Act, 1957, dealt with by the Public Health Inspectors, or the many other enquiries answered by the Legal Section of the Town Clerk's Department. The following table shows details of all applications received in 1958.

Part 1 - Applications for Certificates of Disrepair

| | | | |
|-----|--|---|-----|
| (1) | Number of applications for certificates | - | 459 |
| (2) | Number of decisions not to issue certificates | - | 12 |
| (3) | Number of decisions to issue certificates | - | 458 |
| | (a) in respect of some but not all defects | - | 277 |
| | (b) in respect of all defects | - | 181 |
| (4) | Number of undertakings given by landlords under paragraph 5 of the First Schedule | - | 306 |
| (5) | Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule | - | Nil |
| (6) | Number of Certificates issued | - | 210 |

Part II - Applications for Cancellation of Certificates

| | | | |
|------|---|---|----|
| (7) | Applications by landlords to Local Authority for cancellation of certificates | - | 85 |
| (8) | Objections by tenants to cancellation of certificates | - | 20 |
| (9) | Decisions by Local Authority to cancel in spite of tenants' objection | - | 8 |
| (10) | Certificates cancelled by Local Authority | - | 63 |

Applications for Certificates as to the Remedying of Defects

| | | | |
|-----|--------------|---|----|
| (a) | By Landlords | - | 89 |
| (b) | By Tenants | - | 48 |

It was found that in respect of 79 applications all necessary repairs had been effected, and that in 51 cases some work still required to be done. The remaining 7 applications were outstanding at the end of the year.

The above table shows the position as at 31st December, 1958. At this time 6 applications included in the total of 459 were waiting for inspections to be carried out and reports made to the January Health Committee.

21 applications were withdrawn by the applicants before submission to Committee, repairs having been completed in most instances.

Also, since 3 weeks had not elapsed since the December Health Committee, 16 applications, already the subject of decisions to issue certificates, were awaiting the receipt of undertakings from landlords, the Certificates of Disrepair for those applications without undertakings being issued in January, 1959, and not therefore included in this report.

Conversely, Certificates of Disrepair issued in January, 1958 were in respect of applications shown in the return for 1957.

HOUSES VISITED BY PUBLIC HEALTH INSPECTORS DURING THE YEAR

The number of houses visited on complaint and by house to house visitation was 4,965 and, as a result of these visitations, 2,073 Intimation Notices and 1,107 Statutory Notices were served and 112 summonses were issued in respect of non-compliance.

SUMMARY OF DEFECTS REMEDIED - 1958

Notices complied with -

| | |
|--------------------|-------|
| Intimation Notices | 2,061 |
| Statutory Notices | 1,117 |

Dwelling Houses

| | |
|---|-----|
| Roofs Repaired. | 818 |
| External walls and chimney stacks repaired. | 169 |
| Gutters and spouts repaired or renewed. | 592 |
| Dampness remedied. | 777 |
| Internal walls and ceilings repaired. | 646 |
| Rooms cleansed or redecorated. | 7 |

Dwelling Houses (Contd.)

| | |
|--|-----|
| Doors and frames repaired or renewed. | 99 |
| Windows repaired or renewed. | 490 |
| Floors repaired or renewed. | 333 |
| Sub floor ventilation provided or improved. | 26 |
| Staircases repaired and handrails provided. | 66 |
| Fireplaces and flues repaired or renewed. | 157 |
| Cooking stoves repaired or renewed. | 26 |
| Wash coppers repaired or renewed. | 2 |
| Sinks and washbasins provided or renewed. | 26 |
| Waste pipes repaired or renewed. | 84 |
| Water supply improved or reinstated. | 57 |
| Water Closet walls, etc. cleaned. | 1 |
| Water closet pans cleansed. | 6 |
| Water closet pans repaired or renewed. | 83 |
| Water closet cisterns repaired or renewed. | 145 |
| Water closet structures repaired or rebuilt. | 45 |
| Water closet flush pipe joints repaired. | 89 |

General Environmental Public Health

| | |
|---------------------------------------|-----|
| Drains cleansed from obstruction. | 63 |
| Drains repaired or renewed. | 179 |
| Soil pipes and vent. shafts repaired. | 130 |
| Water closets repaired. | 90 |
| Offensive accumulations removed. | 37 |
| Yards cleansed or repaired. | 107 |
| Dustbins provided. | 3 |

COURT ACTION DURING 1958

| | Public Health Act, 1936 Section 93. | Byelaws | Others |
|---|--|---------|--------|
| Summonses issued | 112 | 111 | 16 |
| Cases heard | 25 | 78 | 12 |
| Fines imposed | - | 67 | 12 |
| Fines and Court Orders imposed | 24 | - | - |
| Failure to comply with Court Order | 5 | - | - |
| Failure to comply with 2nd. Court Order | 2 | - | - |
| Summonses withdrawn | 83 | 16 | - |
| Summonses not served | - | 8 | 4 |
| Summonses dismissed on payment of costs | - | 9 | - |

Miscellaneous Enquiries

Enquiries were received during the year from other Council Departments in respect of 2,793 properties, as the result of which 2,672 searches were made of the office records, and 121 drainage tests were carried out.

| | |
|---|------|
| Local Land Charge Enquiries | 1917 |
| Town & Country Planning Act, 1954, Section 33 Enquiries | 744 |
| Housing Act, 1949 - Enquiries regarding applications for mortgages | 121 |
| Housing Act, 1949/54, and Housing (Financial Provisions) Act, 1958. Improvement Grant Enquiries | 11 |

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

RODENT CONTROL, DISINFECTION AND DISINFESTATION SECTION

The work of the Section in 1958 showed little change from past years. The half yearly treatment of the sewers by the Borough Engineer's Department continued and together with the treatment of surface infestations and the repair of sewers and drains found defective should materially decrease the rodent population, but, from observation of nests found, it appeared that the hard core of infestation, finding that there was more food for them, celebrated by having larger families, so necessitating further and more effective treatments.

Much to the surprise of everyone in the Section, the trend of previous years, for the numbers of complaints to fall, stopped and although the number of investigational visits rose, the number of operational visits fell: viz. 1957 being indicated (-).

| | | | | |
|----------------|---|-----------------------------|------|--------|
| | (| Investigational visits..... | 2329 | (2212) |
| Rodent Control | (| Operational visits..... | 6681 | (7968) |
| | (| Investigational visits..... | 633 | (677) |
| Disinfestation | (| Operational visits..... | 385 | (444) |

The number of drain tests and notices compare favourable with 1957. The following table (with figures for 1957 indicated (-) shows the respective totals for the year:-

| | | |
|---|-----|-------|
| Drain Tests carried out | 536 | (486) |
| Premises reported to Health Committee under Public Health Act, 1936, Section 24 (for repair of sewers) | 186 | (166) |
| Premises reported to Health Committee under West Ham Corporation Act, 1893, Section 41 (for repair of drains) | 199 | (215) |

With reference to the Section 41 notices, it was only necessary to serve Statutory Notices in 67 cases.

Once again the year was remarkable for the number of sewers which served large numbers of properties, and which required attention.

The ratio of infestation; rats:: mice remained as in 1957, almost 50/50.

The disinfestation of cafe, kitchens etc., has proceeded steadily; and once again the results are very heartening, but hospitals still present a problem, because work can usually be only done in the evenings, the many ducts and steam lines, and most important, the habit of the cleaning staff in scrubbing away every vestige of insecticide, which completely nullifies the residual effect of the modern insecticide.

The health of the Section remains good, no cases of dermatitis or injury occurred.

A detailed statement of the year's working is shown in the following tables:-

RODENT CONTROL - RATS AND MICE

| | Premises Investigated | Premises Operated | Investigational visits to premises | Operational visits to premises |
|---|--------------------------|----------------------|--|--------------------------------------|
| Houses | 1,577 | 1,045 | 1,616 | 5,438 |
| Factories | 121 | 58 | 126 | 303 |
| Shops | 237 | 58 | 256 | 247 |
| Other business property | 110 | 35 | 118 | 210 |
| Corporation property | 76 | 19 | 79 | 132 |
| Bomb-sites, tips, allotments & ditches | 72 | 11 | 86 | 123 |
| Schools | 35 | 31 | 37 | 187 |
| Clubs | 4 | 4 | 4 | 21 |
| Hospitals | 7 | 4 | 7 | 20 |
| | 2,239 | 1,265 | 2,329 | 6,681 |

Resulting from the above investigational visits 668 premises were found to be infested with rats and 513 infested with mice.

DISINFESTATIONS - VERMIN

| | | | | |
|---|-----|-----|-----|-----|
| Houses | 526 | 334 | 556 | 349 |
| Factories | 16 | 8 | 18 | 8 |
| Shops | 6 | 2 | 6 | 2 |
| Other business property | 9 | 3 | 11 | 4 |
| Corporation property | 4 | 2 | 4 | 2 |
| Bomb-sites. tips, allotments & ditches | 3 | 1 | 3 | 1 |
| Schools | 1 | - | 1 | - |
| Hospitals | 30 | 18 | 32 | 18 |
| Emergency Water Tanks | 2 | 1 | 2 | 1 |
| | 597 | 369 | 633 | 385 |

DISINFECTIONS

| | | | | |
|--------|----|----|----|----|
| Houses | 16 | 16 | 16 | 16 |
|--------|----|----|----|----|

Miscellaneous items disinfected

Childrens Woollen Garments (Balaam Street Clinic); 138 pairs of plimsolls;
One carton of shoes; 160 Bags (M. Laurier & Sons).

ANNUAL REPORT OF THE PUBLIC ANALYST FOR 1958

During the year three hundred and thirty-four samples were examined under the Food and Drugs Act. Of these, forty-one were formal and two hundred and ninety-three informal samples.

All samples were submitted by the Inspectors.

Ten samples were found to be adulterated. Two were formal samples and eight informal.

In addition to these, one informal sample of bread contained a foreign body consisting of the head and wings of a fly.

The adulteration was at the rate of 3.0 per cent.

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

| <u>Year</u> | <u>Number of Samples</u> | <u>Percentage Adulteration</u> |
|-------------|--------------------------|--------------------------------|
| 1958 | 334 | 3.0 |
| 1957 | 335 | 3.3 |
| 1956 | 411 | 1.7 |
| 1955 | 502 | 3.2 |
| 1954 | 502 | 4.0 |
| Average | 417 | 3.0 |

Thirty-five milks were examined, twenty-five formal and ten informal. One milk was reported as containing a foreign body which consisted of a piece of steel wool.

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

| <u>Year</u> | <u>Number of Samples</u> | <u>Percentage Adulteration</u> |
|-------------|--------------------------|--------------------------------|
| 1958 | 35 | 2.8 |
| 1957 | 37 | 0.0 |
| 1956 | 75 | 1.3 |
| 1955 | 96 | 1.0 |
| 1954 | 105 | 0.0 |
| Average | 70 | 1.0 |

CONDENSED MILK

Three informal machine-skimmed condensed milks and two informal evaporated full-cream milks were examined. All complied with the Regulations.

ICE CREAM

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

ICE LOLLIES

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

DRUGS

Seven informal samples were examined. There was no adulteration.

PRESERVATIVES

There were four contraventions of the Preservatives Regulations.

These were:-

Four sausages which contained preservative the presence of which was not declared, and one of which contained an excess of sulphur dioxide.

FERTILISERS & FEEDING STUFFS ACT

Twenty official Feeding Stuffs were examined four of which were unsatisfactory.

One official Fertiliser was examined and found to be unsatisfactory.

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

FOR THE PUBLIC HEALTH DEPARTMENT

- 3 Waters.
- 1 Soap Powder.
- 1 Washing Powder.
- 2 Grits from Chimneys.

FOR THE BOROUGH ARCHITECT

- 1 Ground Water.
- 4 Soils.

FOR THE BOROUGH ENGINEER'S DEPARTMENT

- 1 Concrete.
- 7 Effluents.
- 6 samples for Flow Test.

Note:- The Chief Public Health Inspector's comments on sampling and adulteration of foodstuffs is given on pages 20-23.

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 | |
| | | Satisfactory | Unsatisfactory | Satisfactory | Unsatisfactory | Satisfactory | Unsatisfactory |
| Pasteurised | 7 | 7 | - | 7 | - | - | - |
| Sterilised | 2 | - | - | - | - | 2 | - |
| Tuberculin Tested (Pasteurised) | 2 | 2 | - | 2 | - | - | - |
| Tuberculin Tested (Sterilised) | - | - | - | - | - | - | - |
| Total | 11 | 9 | - | 9 | - | 2 | - |

RAG FLOCK & OTHER FILLING MATERIALS ACT, 1951

The following registrations are in force in the Borough:-

| | |
|--|----|
| Manufacturers (Section 6) | 1 |
| Storage on Premises (Section 7) | 3 |
| Premises where rag flock may be used (Section 2) | 15 |

Seven samples were taken for examination during the year and all proved to be satisfactory.

Summary of Public Health Inspectors' Work

For the period from 1st January, 1958 to 31st December, 1958

| | |
|---|-------|
| Visits to private houses following complaints | 4,919 |
| House to house inspections under Public Health or Housing Acts | 46 |
| Inspections under the Housing Act, 1957. Closing, demolition or Repair (Sections 9, 17 and 18). | 115 |
| Inspections under the Housing Act, 1957, re Clearance Areas (Section 42) | 805 |
| Initial Survey inspections under the Housing Repairs and Rents Act, 1954. | 241 |
| Inspections re overcrowding | 210 |
| Inspections re advances by Local Authority under Housing Act, 1949 | 178 |
| Inspections re issue and revocation of Certificates of Disrepair | 1,181 |
| Certificates of Disrepair issued | 210 |
| Certificates of Disrepair revoked | 63 |
| Certificates as to the Remedying of Defects issued | 127 |
| Inspections following infectious disease | 1,409 |
| Visits to filthy and verminous premises | 186 |
| Smoke observations and visits re smoke nuisances | 408 |
| Visits re offensive trades | 89 |
| Visits to factories (mechanical) | 436 |
| Visits to factories (non-mechanical) | 117 |
| Visits to workplaces and outworkers premises | 72 |
| Inspection of watercourses, ditches, etc. | 18 |
| Inspections of Hairdressers and Barbers premises | 35 |
| Inspections under Prevention of Damage by Pests Act | 341 |
| Visits under Bye-laws - re tents, vans and sheds | 2,704 |
| Visits under Pharmacy and Poisons Act | 12 |
| Visits to places of public amusement | 24 |
| Visits under Shops Act, 1950 | 184 |
| Visits to Bakers and Bakehouses | 146 |
| Visits to Butchers | 336 |
| Visits to kitchens of Canteens, Cafes and Restaurants | 439 |
| Visits to Licensed Premises | 50 |
| Visits to Fish Shops | 37 |
| Visits to Fried Fish Shops | 48 |
| Visits to Retail Milk Distributors | 137 |
| Visits to Ice Cream Manufacturers and Dealers | 231 |
| Visits to registered premises for storage of food | 38 |
| Visits to registered premises for preparation of foodstuffs | 94 |
| Visits to hawkers of food | 123 |
| Visits to street markets | 316 |
| Visits to slaughterhouses | 41 |
| Visits to provision shops | 449 |
| Visits to greengrocers | 128 |
| Visits to condemn unsound food | 595 |
| Reinspections | 9,647 |
| Drainage Inspections | 3,414 |
| Drain tests by Public Health Inspectors | 262 |
| Drain tests by Borough Engineer's staff | 274 |
| Miscellaneous Interviews | 1,123 |
| Miscellaneous visits | 1,832 |

MATERNAL AND CHILD HEALTH SECTION

INTRODUCTION

1958, Ten years after the introduction of the National Health Service, may be an opportune moment at which to look back over the work of the Maternal and Child Health Section since 1948, and forward to the developments planned for the future.

The term Maternal and Child Health is a new one as applied to the joint Maternal and Child Welfare and School Health Services of the Borough, and implies closer integration of the personal health services for mothers and for children of all ages. The nursing services are also included here. Midwifery naturally belongs to the Maternal and Child Health and health visiting is still very largely concerned with the young family. The home nursing services is included as a matter of administrative convenience.

The health visiting and school nursing services have been combined for some years, but so far there has only been slight overlapping of the duties of the assistant medical officers, though the principle has been accepted. There has been no combination of the duties of the senior medical officers of the two sections or of the administrative and clerical staffs.

When the Chief Assistant School Medical Officer retired at the end of 1957 the Senior Medical Officer for Maternity and Child Welfare was asked to undertake the administrative responsibility for the two Sections, with the help of an assistant medical officer appointed for the purpose.

The clerical staff were brought together under an Administrative Assistant for Maternal and Child Health and his Deputy. During the year, as the staff have worked side by side, opportunities have arisen for rationalising and streamlining their duties. This should lead to greater efficiency and perhaps stimulate greater interest in their work. For example, one officer now does the work related to handicapped children of all ages and so become familiar with the circumstances of the child and his family from his earliest days until his school days are over.

It is less easy to give each of the six full time clinical medical officers an equal share of the work of the two Sections because they are not equally qualified and experienced in all branches of the work, for example in the work of ante-natal clinics, which is still considerable. Nevertheless it is hoped that during the next two to three years each medical officer will gradually extend the range of his or her duties.

The introduction to the part of this report which deals with the School Health Service discusses the effect of the National Health Service on the School Health Service, while the sections of the report which refer to the nursing services draw attention to some of the changes which have occurred in the past decade.

The implementation of the extended duties of the health visitors envisaged in the National Health Service Act has fortunately been made possible by an increase from five qualified health visitors in 1948, to twenty two in 1958 plus three tuberculosis health visitors and a superintendent health visitor, though we have never yet achieved a full establishment.

Although the live births have decreased from 3,661 in 1948 to 2,699 in 1958 (the lowest being 2,583 in 1956), and medical advice and treatment is now available to all, free of charge, through the general practitioner service, the attendances of the Child Welfare centres have not decreased as much as might have been expected. In 1948 the attendances were 31,107 for children under one year, and 10,419 for children aged one to five years, while in 1958 they were 25,749 and 10,223 respectively. In 1958 89% of all children under one year made an average of 10.7 attendances at the Child Welfare Centres, and 49% of all children aged one to five years made an average attendance of 2.2.

It would seem that these centres still fill a need and give a service, partly medical, partly social, which mothers do not find equally available and acceptable elsewhere.

The change has been rather in the nature of the problems which they bring and perhaps in our approach to these problems.

The infant mortality rate has fallen from 30 in 1948 (it was 41 in 1947) to 19.18 in 1958. The management of infant feeding has become both easier and less rigid, and mothers are more knowledgeable in the techniques of infant care. They are now more concerned with the behaviour and the emotional disturbances of their young children. The staff are more alert to the need for "Preventive mental health" in their field work, and for careful observation of the infant's development from his earliest days. In this way we can hope to suspect abnormality early and give help in accurate diagnosis and in training and management. Much more time and attention is now given to "Handicapped Pre-school Children" and to their parents and the "Spastic Unit" "Audiology" and "Development" Clinics are recent developments in this direction. We have made progress, but there is still much new knowledge to be studied and applied, and new skills to be learned.

There is now much less need to refer children from the clinics for medical treatment, or to hospital for specialist advice. When this is required our first approach is always to the family doctor (unless agreement to do otherwise has been reached) and over the years, the medical officers have built up much closer relations with the general practitioners who attend the children in their areas.

There have been many changes in the midwifery service but the number of hospital deliveries has remained fairly constant. The home deliveries have declined over the years and in 1958 were 312, only 12% of the total live births. However for the first time since 1948 the number was slightly higher than in the preceding year.

The midwifery service which in 1948 was carried out by three agencies as well as by the municipal midwives, is now almost entirely municipal. There have been innovations. All the midwives now train pupil midwives and all are trained in the administration of analgesics - both by gas and air and trilene. The problems of transport are still acute.

There is no doubt that there has been a gradual extension of co-operation between the midwives, who now work at the maternity and child welfare centres, the clinic medical officers and the general practitioners who do maternity work. The centres provide a meeting point and also afford the opportunity for the health visitor to join with the midwife in health education and parent-craft activities.

A considerable proportion of expectant mothers attend the Borough ante-natal clinics at some stage of pregnancy. In 1958, 1,377 mothers made 6308 attendances, though the number is slowly declining. The first Non-Medical Supervisor of Midwives and Home Nurses was appointed in 1954, a great step forward in the development and organisation of these services.

The Home Nursing Service has had a difficult ten years, after starting off with three great handicaps - extreme shortage of staff, very unsuitable premises, and lack of transport. The staff is gradually being built up, the present premises (at the previous day nursery in Liverpool Road) are a great improvement, but not the ultimate solution, and the transport problems remain. The volume of work has increased from 32,538 visits to 906 patients in 1949 (the first year for which the records are comparable) to 82,114 visits to 2,740 patients in 1958.

The home nurses now cover the whole area south of the district railway line; the north still receives excellent service through the Lady Rayleigh Training Home staffed by the Essex County Council. It is however hoped that as the municipal service is built up it will gradually be able to absorb the northern area so as to form an integrated service for the Borough.

During the last ten years three of the five Borough day nurseries have been closed (two being converted to nursery schools) but in 1949 the Womens' Settlement opened a small day nursery at their premises in Cumberland Road. This was enlarged in 1952.

Looking back over the ten years the main trend has been for closer integration and a widening outlook.

Local health authority services for mothers and children now work much more closely with the other sections of this department, with other Council services and with other branches of the National Health Service, as well as with voluntary organisations such as the Diocesan Moral Welfare Association for the County and the local branch of the Invalid Childrens Aid Association.

We see the child not only as an individual but as a member of his family and community.

Amongst ourselves also, we have evolved a series of group meetings (working parties, case conferences, consultative committees, in-service training groups) which have greatly enriched us and facilitated our work. We are grateful to all those who have helped us and have joined us in these groups. This enrichment of ourselves must surely be reflected in the effectiveness of the service which we are able to give to the community.

The Senior Medical Officer is grateful to all of those in the section - and there are many - who have helped to bring about this "easing of communication". It has certainly greatly assisted and enlightened her work. Her gratitude is particularly due to all those members of the school health service who joined with the Maternity and Child Welfare Service at the beginning of the year, to form the joint Maternal and Child Health Section. They could not have been more helpful.

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. Mothers attend by appointment and in each case the medical examinations are undertaken by one of the Council's medical officers.

The municipal midwives examine their patients at Maternity and Child Welfare Centres at the same session as the ante-natal clinics conducted by the medical officers. When the patient has booked a doctor for her confinement the midwife endeavours to arrange for joint examination by doctor and midwife on at least two occasions either at the municipal clinic, or 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.

Arrangements for women who book domiciliary midwives from the Essex County Council Service, based on the Lady Rayleigh Training Home in Leytonstone, 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. One thousand three hundred and seventy seven expectant mothers have made a total of 6,308 attendances at the ante-natal clinics, a small decrease as compared with last year. Two hundred and eleven attended for examination during the post-natal period and made a total of 220 attendances. This is 68% of the total of 310 domiciliary confinements, as compared with 67% last year, but as it does not include post-natal examinations undertaken by general practitioners, the record is not complete.

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. Each mother attending the ante-natal clinic is offered an appointment at a special session of the Mass Radiography Unit which is held at one of the Welfare Centres.

Unmarried mothers. In West Ham most of the special social work involved in helping unmarried mothers and their children, including the finding of suitable accommodation, is undertaken by the Chelmsford Diocesan Moral Welfare Association. Miss Treacher, the trained social worker who covers the West Ham area, has an office in Ilford, but may be consulted at St. Agatha's Hostel, Carnarvon Road, on Tuesdays from 4.30 p.m. Any unmarried mother may be referred to Miss Treacher for help and counselling. There is free exchange of information and excellent co-operation between Miss Treacher and the local health authority offices, channelled mainly through the Superintendent Health Visitor.

Miss Treacher reports that during 1958 her help was sought for 51 illegitimate children and their parents resident in West Ham. There were, in addition, two families for whom help was sought for other reasons. Seven cases concerned married women having illegitimate babies; the remainder were single women. Twenty-one were admitted to Mother and Baby Homes, and in 18 of these, application was made to the local health authority for financial assistance.

Altogether, the department was involved in the making of arrangements for the accommodation of 19 West Ham mothers. Nine were admitted to St. Agatha's Home during pregnancy and returned to the home after having the baby in hospital. Two were admitted to a home or hostel outside the Borough. When circumstances made it necessary, financial assistance was granted forwards the cost of maintenance.

The problems which confront some mothers of illegitimate babies during pregnancy and in the weeks following delivery are both complicated and diverse, and demand careful thought, understanding and patience. No routine solution can be found and the mother may need much support while making her decision. This is well illustrated by the following four case histories from Miss Treacher's report:-

Miss A. was referred for help by her doctor. She was 30 years old and expecting her first baby. She lived at home with her parents and was employed as a book-keeper. The father of her child was a married man, who could only offer financial help. As Miss A's parents were unwilling that she should remain at home, arrangements were made for her to go to a Mother & Baby Home. She had a baby daughter and did not feel she could part with her, but was not able to take the child home. A foster-home was found and after the baby had been there for a few months, during which time her mother visited regularly, the parents agreed to her taking the baby into their home.

Miss B. came to see us with her parents, in great distress. Arrangements for her to marry the expected baby's father were cancelled when her father found, upon enquiry, that this man had a wife in Canada. Miss B. worked as a machinist. She was 18 years old and had a small brother of three. The parents asked if she could enter St. Agatha's and if the baby could be adopted, in due course. Subsequently Miss B. was very anxious to keep the little boy who was born in hospital, and when her parents suggested they would adopt him so that he would grow up with her small brother, she willingly agreed to this.

Miss C. had taken no action about her pregnancy and was referred to us by the Hospital after she had been admitted there as an emergency case. She had a son and could not return to her lodgings in West Ham. We learned that Miss C. had herself been brought up in a children's home and knew nothing about her parents. A vacancy was offered at St. Agatha's, and after a short time there Miss C. decided adoption was in the best interests of her baby, as the putative father had disappeared. An adoption was arranged through the local authority, and Miss C's landlady visited her in the Home and asked her to return there.

Mrs. D. is a married woman living with her husband, with a family of eight children. She was admitted to hospital for a confinement and the baby was coloured; she then confessed that the father was an Indian, who had been a friend of her husband's and herself. The husband was told the facts at the hospital and was greatly distressed. He agreed to forgive his wife for the sake of the family, but said he could not accept the child, as it would not be fair to the other children. An interview was arranged

with the putative father, a single man of 30. He appeared very ashamed of the association and said he would like to be responsible for the upbringing of the child. He asked if a temporary foster-home could be arranged. He had a good job and would take full financial responsibility. This was done, and since then the paternal grandmother - having been acquainted with the circumstances - has offered a home to the little boy.

CHILD WELFARE

Infant Welfare Sessions. The needs of the area have been met as before, by a total of 17 sessions per week held at the 7 Municipal Centres and at the South West Ham Child Welfare Centre. In the Silvertown area the Child Welfare Session is combined with the ante-natal, and in all clinics immunisation and vaccination are now carried out as part of the regular clinic service. Sixteen children from neighbouring areas attended West Ham clinics, and 23 children, and 7 expectant mothers 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. Two thousand, seven hundred and twenty-one children attended (in response to the 7,262 invitations to come for examination on their second, third or fourth birthday). This means that if account is taken of the children in the nursery schools, nursery classes and day nurseries, approximately 42% of all pre-school children received a thorough medical examination. There were 2,648 children whose general condition was regarded as satisfactory, and 73 in whom it was recorded as unsatisfactory. In the same group of children there were 2,522 whose cleanliness of body and clothing was recorded as good, 187 in whom it was found to be not entirely satisfactory, and 12 in whom it was poor. Eight children were found to be verminous.

"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 whom found</u> |
|-----------------------|---------------------|--------------------------------------|
| Teeth | | 427 |
| Skin | | 112 |
| Eyes | (a) Vision | 6 |
| | (b) Squint | 77 |
| | (c) Other | 17 |
| Ears | (a) Hearing | 9 |
| | (b) Otitis media (R | 1 |
| | (L | 1 |
| | (c) Other | 3 |
| Nose or Throat | | 50 |
| Speech | | 81 |
| Cervical Glands | | 16 |
| Heart and Circulation | | 26 |
| Lungs | | 28 |

Continued,..... Defect

| | | <u>No. of children</u> <u>in which found</u> |
|----------------|--|---|
| Development | (a) Hernia | 6 |
| | (b) Other | 22 |
| Orthopaedic | (a) Posture | 60 |
| | (b) Feet | 162 |
| | (c) Other | 74 |
| Nervous System | (a) Epilepsy | 6 |
| | (b) Other | 4 |
| Psychological | (a) Mental Development | 35 |
| | (b) Stability (Behaviour Difficulties) | 146 |
| Other Defects | | 25 |

Fifty-five per cent of the children were found to be in satisfactory health and free from any defect (as compared with 40% for the previous year), and in addition there were 14% in whom there was no defect except carious teeth (the same percentage as for last year).

Taking into account a small decrease in the number of children who attended, there is nevertheless a decrease in most "defects". Some of this may well be due to a different interpretation by a number of medical officers conducting the examination, and commonly known as "observer variation". It is unavoidable where a number of different persons are recording their observations on conditions which are not precisely defined. However, it is pleasing to note that for the first time for a number of years, there is a decrease in dental caries. This may be a reflection of the increased facilities for dental inspection and treatment of young children which have been available in recent years. The recorded increase in impairment of hearing, speech and mental development, may be the result of greater interest and attention now focused on these conditions, because of increasing skills in early diagnosis and management.

Jelly Tests for Tuberculosis. Until November, 1958, jelly tests for tuberculosis were offered to all children attending for their birthday examinations. Out of 1,698 children tested in 1958, only one was positive. This child was already under observation as a known contact of an adult case.

Since these routine jelly tests of pre-school children were started, very few positive results have been found, and in only one case was there active disease. Follow up of the positive reactors and their families has not led to the detection of a single unknown case of adult tuberculosis. In view of this, and after discussion with the Chest Physician, it was decided to discontinue the routine jelly tests at the Toddlers' Clinics. The test will, of course, still be available as a diagnostic aid when indicated, and can also be applied at the parents' request. It was further agreed that when practicable a survey of 5-year old children at school might be made. This would be more complete and might give useful information.

Attendances at the Child Welfare Sessions (including the Toddlers' Clinics) are set out below for the period 1954-1958. The percentage of children under one year, and one to five years who attend does not vary greatly from year to year, nor does the average number of occasions on which each child attends.

| | <u>Children under 1 year</u> | | | | | <u>Children 1 - 5 years</u> | | | | |
|-------------------------------|------------------------------|------------------|------------------|------------------|------------------|-----------------------------|-----------------|-----------------|-----------------|-----------------|
| | 1954 | 1955 | 1956 | 1957 | 1958 | 1954 | 1955 | 1956 | 1957 | 1958 |
| Number of individual children | *2,309 (85%) | 2,166 (84%) | 2,179 (85%) | 2,441 (92%) | 2,412 (89%) | 5,169 (47%) | 5,012 (45%) | 4,569 (43%) | 4,740 (50%) | 4,631 (49%) |
| Number of attendances | +25,969 (11.2) | 23,774 (10.9) | 23,367 (10.7) | 25,682 (10.5) | 25,749 (10.7) | 11,384 (2.2) | 10,998 (2.2) | 11,047 (2.4) | 10,925 (2.3) | 10,223 (2.2) |

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 | 126 |
| E.N.T. Clinic | 8 |
| Audiology Unit | 26 |
| Paediatric Clinic | 36 |

In addition, 40 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. Thirteen pre-school children were referred to the speech therapist. There is not much scope for formal therapy at this age, but the play group and parent counselling may be helpful.

Audiology Clinic. Eleven sessions were held during the year. Forty children were seen, (6 of whom were examined on two occasions and 9 on more than 2 occasions). They were referred mainly by Health Visitors, Medical Officers and Consultants, and came from neighbouring areas as well as from West Ham. Of the forty children, 8 were found to be deaf, 4 partially deaf, and 26 had normal hearing. The remaining 2 were still under observation at the end of the year. The Team (Health Visitors, Medical Officers, Head Teacher of the School for 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.

Screening Tests for Deafness. The function of the "Audiology Team" is to try to make an accurate diagnosis in children who have been referred because of suspected hearing loss and, if any considerable deafness is found, to arrange for the provision of a hearing aid and for auditory training. In the infant this is largely carried out by the mother, who herself requires training in the management of her deaf baby.

Unless there is a family history of deafness, the handicap is often not noticed until the child reaches the age when he should speak. By then valuable time has already been lost. Before a child can learn to speak he has to learn to listen and to imitate speech. If this learning is delayed beyond the normal time, it becomes a much more difficult and much slower process, and good speech is never achieved. Very few children are totally deaf and our services must be deployed in a way which will enable us to pick out the child with hearing loss in infancy. We can then enable him to make the most of his residual hearing and give him the benefit of early training. Much of the research which has given us the knowledge and skill to find these children early, has been carried out in the Department of Education for the Deaf at Manchester University. West Ham was extremely fortunate when Professor and Mrs. Ewing from that Department accepted an invitation to train our health visitors in "screening tests", which can be given when the baby is nine months old. The Ewings visited us in May and in November, for two days on each occasion, and the health visitors, medical officers and interested colleagues from the hospital services were able to benefit from their unique knowledge and experience, and very great skill in handling babies and pre-school children.

Physiotherapy. Physiotherapy for pre-school children has been provided at Grange Road and Forest Street Child Welfare Centres throughout the year. 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 | 177 | 1 | 28 |
| No. of attendances made by the above children | 2,901 | 6 | 474 |

The number of children referred for "sunlight" treatment has increased considerably; it is found to be a useful adjunct in restoring debilitated children to health, particularly after infectious disease. Among the children referred for exercises there are some with severe orthopaedic problems who need individual attention; the children with mild disabilities are treated in groups.

The Care of the Handicapped Pre-school Child.

Present Position. While the School Health service devotes a great deal of attention to the care of the handicapped schoolchild, much less attention has so far been given to the handicapped pre-school child, and there is little provision for his care. The Education Acts do permit of ascertainment and special educational treatment as young as two years and this is valuable for some children, such as those who are deaf and spastic. It does not, however, go far enough and helps only those who need some form of educational treatment for their disability before they reach normal school age. It does not extend below the age of two years.

It has long been recognised and is becoming increasingly accepted that there are many other pre-school children who need special care and observation of their disabilities. It was therefore decided some years ago to try to assess the size and nature of this problem in West Ham. To this end Health Visitors have reported to the Senior Medical Officer any handicapped or potentially handicapped child under 5 years who came to their notice. Wherever possible their reports included the findings of the clinic medical officer.

These arrangements have enabled the Senior Medical Officer to get a clearer picture of those pre-school children whose development was giving cause for anxiety and in particular to:-

- (a) have some idea of the numbers of pre-school children likely to come within the various categories of handicapped children;
- (b) collect and co-ordinate reports from various hospitals, voluntary organisations etc., with whom contact had been made and who had some interest in the child;
- (c) contact the child's general practitioner as appropriate;
- (d) try to ensure that the child is receiving all necessary care and treatment, and is being kept under observation, when indicated and, with the parents' consent, to refer the child for testing by the Psychologist;
- (e) when appropriate, to refer the child to the School Health Service so that ascertainment may be considered (in practice ascertainment has only been carried out under the age of five when it would fulfil some useful purpose, e.g. to get the child admitted to an institution or special school).

The salient findings are that each year some 70-80 pre-school children are known to be handicapped and that nearly half of them have retarded mental development - which must be of quite marked degree to be clearly apparent at this age.

Some of the Needs

The existence of some 70 to 80 potentially handicapped pre-school children presents a substantial problem in medical care. The early years are often a critical period in the child's development; wise and skilled management at this stage may help towards a satisfactory adjustment enabling the child to make the fullest use of the potentialities left to him. Moreover, many parents could benefit from skilled counselling in the numerous problems presented by their children and their own attitude towards them.

The survey has brought out the fact that it is difficult under present arrangements to maintain the continuing and frequent observation which is needed in the handicapped child's best interest. Parents have been very co-operative in bringing their children for testing, but it seems that they have sometimes been disappointed to find that no further appointment or provision has been made for them.

The continuity of care and supervision which is needed could be provided by the Health Services through the medium of a special clinic for children whose physical and mental development was not proceeding within normal limits, supplemented by some form of day-time care.

In march of this year, the Health Committee, after considering a report by the Medical Officer of Health, recommended to the Council that a "Development Clinic" for handicapped pre-school children be started. The recommendation, which had the support of the general practitioners and hospital medical staffs (through the local Medical Liaison Committee) was accepted by the Council, and the first session was held in October.

Development Clinic. Though the planning of the clinic has to some extent been based on the experience gained through the pioneering schemes of other local authorities, it has been adapted to our local needs and has been kept simple and flexible.

The clinic is held at Maybury Road Child Welfare Centre. The mothers (and sometimes the fathers too) bring the children by appointment and the sessions will be held as often as is found necessary.

The staff consists of a medical officer (at present the Senior Medical Officer) and one of the health visitors who have a special interest and some post-graduate training in child development, and it is hoped that the psychologist, psychiatric social worker and the occupation centre supervisor will join the team as often as possible. The district health visitor is invited to accompany the mother to the clinic, at least on her first visit. The parents are thus given personal support and encouragement, and the health visitor's knowledge of the home and family background is invaluable in enabling the doctor to suggest a plan for the child's future management and care.

It has not been necessary to appoint any additional or special staff to run this clinic, but only to bring existing staff together so that they may form a team. Every effort will be made to maintain contact with the G.P. and to assist him in his responsibilities for the medical care of handicapped children and to supplement his resources. Similarly, if the child is attending hospital, appropriate contact will be made with the consultant. It may however be anticipated that when parents realise that a continuing interest is being taken in their child, that everything possible is being done to help the family, and that the plan of care is known to the family doctor, they will not feel the same urge to take the child to so many hospitals and other sources of advice. It is found that a great deal of needless anxiety can be caused to parents by conflicting advice, given with the best intentions, in the course of a series of consultations sought for the purpose of obtaining help and reassurance.

Four sessions were held during 1958 (October to December); thirteen children with the following handicaps attended:-

| | |
|--|-----------|
| Severe mental handicap (probably occupation centre level) | 5 |
| General mental retardation and epilepsy | 2 |
| Mental retardation and emotional disturbance | 2 |
| Physical handicap and mental retardation (suitable for Elizabeth Fry School for Physically Handicapped) | 2 |
| Slight mental retardation | 1 |
| Physical handicap (muscular weakness) with severe mental defect, impaired vision and profound deafness | <u>1</u> |
| | <u>13</u> |

Day Care. To the mother of several young children, the full time care of a difficult handicapped child may well be the last straw - though not all handicapped children are difficult in the early years. Though the child himself needs his mother and his family, he may not always find in his home the stimulation and safety provided by a suitable environment and play material, the companionship of other children of his own level or the patient understanding of his learning difficulties so essential to his slow yet progressive development. A few children are suitable for the spastic unit and a small number of carefully selected backward children have been admitted to vacant places in a day nursery, with great benefit to themselves and their families, and without detriment to other children. Some more regular, though flexible arrangements are likely to be required if the need is to be fully met - particularly for the day care (perhaps part-time) for children who are "border line", or present unusual features in their development. In addition to helping the child and his family, a small day centre would permit more concentrated observation and assessment of the child. This would be of value in planning his future care and management. Experience of the children seen at the Development Clinic should, in course of time, lead to a more precise formulation of this need and of the ways in which it may be met.

Handicapped Pre-school Children 1958

| | <u>Ascertained</u> | <u>Not Ascertained</u> | <u>Total</u> |
|-----------------|--------------------|------------------------|--------------|
| Age 4 - 5 years | - | 23 | 23 |
| " 3 - 4 " | 2 | 19 | 21 |
| " 2 - 3 " | 2 | 16 | 18 |
| " 1 - 2 " | - | 10 | 10 |
| " Under 1 year | - | 5 | 5 |
| | <u>4</u> | <u>73</u> | <u>77</u> |

Of the 4 ascertained children 3 were deaf; one was physically handicapped on account of cerebral palsy.

The 73 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 | 26 | |
| Epileptic | 7 | |
| Defective speech | 1 | |
| Partially deaf | 3 | |
| Impaired vision | 7 | |
| Physically handicapped | 29 | - 3 Congenital heart disease |
| | | 3 Cooley's anaemia (all from one family) |
| | | 10 Hydrocephalus, spina bifida or meningocele |
| | | 2 Cerebral palsy |
| | | 1 Hemiplegia |
| | | 2 Post-polio paralysis |
| | | 1 Nephrectomy |
| | | 7 Other congenital defects |

Total: 73

Children attending Special School and in Institutions

School for the Deaf

During 1958, 3 West Ham children under 5 years attended.

West Ham Spastic Unit

On December 31st there were 2 West Ham children under 5 years of age attending.

Occupation Centre

There were 4 children of pre-school age attending: and 2 in an institution for mental defectives.

Premature Infants

There were 178 premature infants ($5\frac{1}{2}$ lbs. or under) born during the year; of these, 161 were born in hospital, 12 born and nursed at home, and 5 born at home and taken to hospital. Of the 161 born in hospital 146 were still alive after 28 days; of the 15 babies who died, 8 died within the first 24 hours. Of the babies born and nursed at home all except 1 survived 28 days. Of the 5 born at home and taken to hospital, 3 died within 28 days. Six point six per cent of all live births were premature (compared with 7.6% last year) - the national figure is 6.8%. Of the total births 8.4% were premature (compared with 8.5% last year) - the national figure is 7.8%. Out of a total of 52 deaths of infants under one year, 19 (37%) occurred in premature infants who died within the first month of life.

Premature infants require extra care and attention for their survival and for satisfactory development.

A large proportion of premature births take place in maternity units of hospitals, where facilities are available for their care. For premature babies born in their own homes, special equipment is provided by the Council and can be lent to households at the request of doctor or midwife, but during 1958 there was little demand for equipment, except requests for the loan of scales. It would be helpful if every discharge of a premature baby from hospital were notified to the health department, preferably before the baby arrives home. The difficulties which this presents are appreciated, but without this liaison it is impossible to maintain continuity of care and management. Occasionally, acute problems arise when premature babies are discharged to a home where many adverse factors have to be overcome before the environment can be made reasonably satisfactory for the baby.

Day Nurseries and Child Minders

The two day nurseries remained open during the whole of 1958.

Admissions. One hundred and nine children were admitted. They were from families whose circumstances fell within the Council's priorities as follows:-

First Priority:

| | |
|----------------------------------|-------------|
| Parents separated | 10 children |
| Mother unmarried | 9 " |
| Mother widowed | 2 " |
| Father in prison | 2 " |
| Father in H.M.Forces | 1 child |
| Health of child | 3 children |
| " " mother | 2 " |
| " " father | 1 child |
| Children from "Problem Families" | 3 children |
| Deserted by father | 1 child |
| " " mother | 22 children |
| TOTAL: | 36 |

Second Priority: (Financial needs assessed according to income per head after certain deductions) 42

Temporary admissions: 31
TOTAL: 109

Reasons for temporary admissions, and average number of days spent in nursery:-

| | | | | |
|----------------------------------|---|---------------|---|----------------------|
| Mother's confinement in Hospital | - | 22 admissions | - | average stay 13 days |
| Mother in Hospital for treatment | - | 3 | " | " " 17 " |
| Mother in Mental Hospital | - | 1 | " | " " 4 " |
| Mother in Hospital for operation | - | 1 | " | " " 8 " |
| Mother's health | - | 4 | " | " " 79 " |

Ages of Children and Length of Stay

On 31st December, 1958, there were 89 children on the Day Nursery Registers. None were under 6 months of age, 7 were between 6 months and 1 year, 19 were between 1 and 2 years and 63 were between 2 and 5 years. The length of time these children had been in nurseries is as follows:-

| | |
|--------------|------------|
| 4 - 5 years | 1 child |
| 3 - 4 years | 0 children |
| 2 - 3 years | 11 " |
| 1 - 2 years | 30 " |
| Under 1 year | 47 " |
| TOTAL: | 89 |

Attendances -

| Nursery | No. of Approved Places | Average Daily Attendance | | |
|-------------------|------------------------|--------------------------|--------------|-------|
| | | Under 2 Years | Over 2 Years | Total |
| Litchfield Avenue | 51 | 10 | 27 | 37 |
| Plaistow Road | 54 | 12 | 24 | 36 |

There is no doubt that the nursery service, when appropriately used, fills a real social need in the community, and helps to prevent the break-up of families.

There is little change in the reasons for admission. The children admitted from "problem families" under the Council's Problem Family Scheme have undoubtedly benefited. The well balanced diet, fresh air and regular rest periods promote good physical development, while the increased freedom and suitable play material stimulates mental development. The nursery routine inculcates habits of good personal hygiene; and the opportunity to form relationships with stable adults and with other children, fosters emotional stability.

Although there were few outbreaks of infectious disease the result of the many cases of Chickenpox (13 at Plaistow Road, and 35 at Litchfield Avenue) is reflected in the low average attendance. At the beginning of the year there were a few cases of Mumps at each nursery, a carryover from a small epidemic at the end of 1957. It is gratifying to report that there was no outbreak of intestinal infection this year.

Staffing

In view of the rather low attendances the Council reconsidered the staffing position and decided that it would be more realistic to base staff requirements on the children actually attending, rather than on the number on the register. Three instead of four certificated nursery nurses and four instead of six students will be employed at each Day Nursery, the reduction being made as circumstances permit, without any member of the staff becoming redundant. Discretion was given to the Chairman of the Health Committee to adjust the establishment in the light of fluctuating needs.

Cumberland Road Day Nursery under the auspices of the Canning Town Women's Settlement has continued to provide 30 useful places for children, throughout the year. As previously, it was visited regularly by one of the Council's Health Visitors, and by a Medical Officer from time to time.

Child Minders

The name of one child minder remains on the register, but she did not receive any children into her home during the year.

Welfare Foods

The distribution of Welfare Foods from the Child Welfare Centres and the Public Hall, Canning Town, continued smoothly during the year, and the W.V.S. have, as before, kindly been responsible for this service at West Ham Lane Clinic.

The National Dried Milk and the Cod Liver Oil with lower vitamin D content, which was mentioned in last year's report, began to reach the public in January. This was also the first full year of the restriction of Welfare Orange Juice to children under 2 years and understandably there were a number of enquiries about the change.

There were no other changes except a few minor administrative adjustments.

Recuperative Holiday

| | |
|-----------------------------------|-----------|
| Unaccompanied pre-school children | 18 |
| Mothers with children | <u>14</u> |
| | <u>32</u> |

Reasons for referral

Unaccompanied children - These children were referred mainly on account of debility due to environmental conditions, or following infectious disease or tonsillectomy. They were sent away because their condition indicated that a period of convalescence was really necessary, although their mothers were unable to accompany them. They were mainly the older pre-school children.

Mothers with children - Of the mothers who went away with children, 9 were referred on account of debility following confinement, while 3 were expectant mothers. The other 2 mothers were well, but went away in order to accompany their children.

The mothers and children recommended for recuperative holiday are carefully selected by the Medical Officers, and after their return are followed up by their District Health Visitors. Reports show an improvement in health and morale which is of lasting benefit to the family. Our thanks are particularly due to the staff of the West Ham branch of the Invalid Children's Aid Association, of Winterton House, Buckinghamshire, and of St. Helens, Letchworth, who have given such devoted care to the mothers and children.

Liaison with Children's Officer and Medical Care of Deprived Children

The Council's Medical Officers visit the nine "family group" Children's Homes once a quarter in order to carry out regular medical examinations, and on other occasions when medical problems arise. The two residential nurseries are visited regularly each month. The Medical Officers also undertake the regular medical examination of children boarded-out in West Ham, and both school and pre-school children are often referred to the Health Department clinics immediately before admission to, or discharge from, Children's Homes.

There is frequent informal consultation between the Health and Children's Departments over the many problems which arise, both at the administrative officers and field workers level. The formal conferences on "Children Neglected in their own Homes", which are convened by the Children's Officer, have been held regularly and continue to serve a very useful purpose. The Medical Officer of Health has been the Chairman and the Senior Medical Officer, Superintendent Nursing Officer, Superintendent Health Visitor and the Psychiatric Social Worker have attended regularly, while the Deputy Medical Officer of Health has attended particularly on occasions when housing and mental health problems have been discussed. It has usually been found possible for the District Health Visitor to attend when one of her families has been under consideration. These conferences have been well attended by officers from the other Council departments, and by the representatives of voluntary organisations.

Vital Statistics

The following are the statistics for 1958 compared with the 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 | 29.01 | 21.5 (lowest ever) |
| Infant Mortality rate per 1,000 live births | 19.18 | 22.6 |
| Neonatal Death rate per 1,000 live births | 14.75 | 16.2 |
| Maternal Mortality rate per 1,000 live births and stillbirths | 0.36 | 0.35 |

The infant mortality rate (deaths of infants under 1 year per 1,000 live births) compares favourably with the rate for England and Wales for 1958, and is the lowest rate on record for the Borough.

Unfortunately, by contrast, the stillbirth rate is the highest on record since 1942 and compares unfavourably with the rate for England and Wales. This year there were 81 stillbirths compared with 44 last year. As most West Ham babies are born in hospital and complete information is not always available, it is difficult to assess the reasons for this increase. Even with complete information the cause of a stillbirth is often obscure, but it appeared that in 15 cases (the largest single group in which a cause could be presumed) the stillbirth was associated with pre-eclamptic toxæmia. A more detailed study of the cases, perhaps in relation to the date of birth, might help to indicate, or to exclude, an epidemiological factor.

The perinatal mortality rate (calculated from the number of stillbirths plus the number of deaths in the first week of life per 1,000 total births) is 39.8. This figure has only recently come to be used as an index of the loss of infant life due to factors acting in the ante-natal, natal and immediate post-natal periods.

Owing to the large increase in stillbirths the figure for West Ham in 1958 is the highest since the rate was first calculated in 1955.

The neo-natal death rate (number of deaths of infants under 4 weeks per 1,000 live births) is 14.75 compared with 15.9 last year. Of 52 infant deaths under 1 year, 33 occurred in the first 4 weeks, and of these 19 were premature.

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

| | |
|--|-----------|
| Pneumonia | 7 |
| Gastro-enteritis | 2 |
| Congenital malformation | 9 |
| Other defined and ill-defined diseases | 30 |
| Homicide | 1 |
| Infective and parasitic disease | 1 |
| Bronchitis | 2 |
| Total: | <u>52</u> |

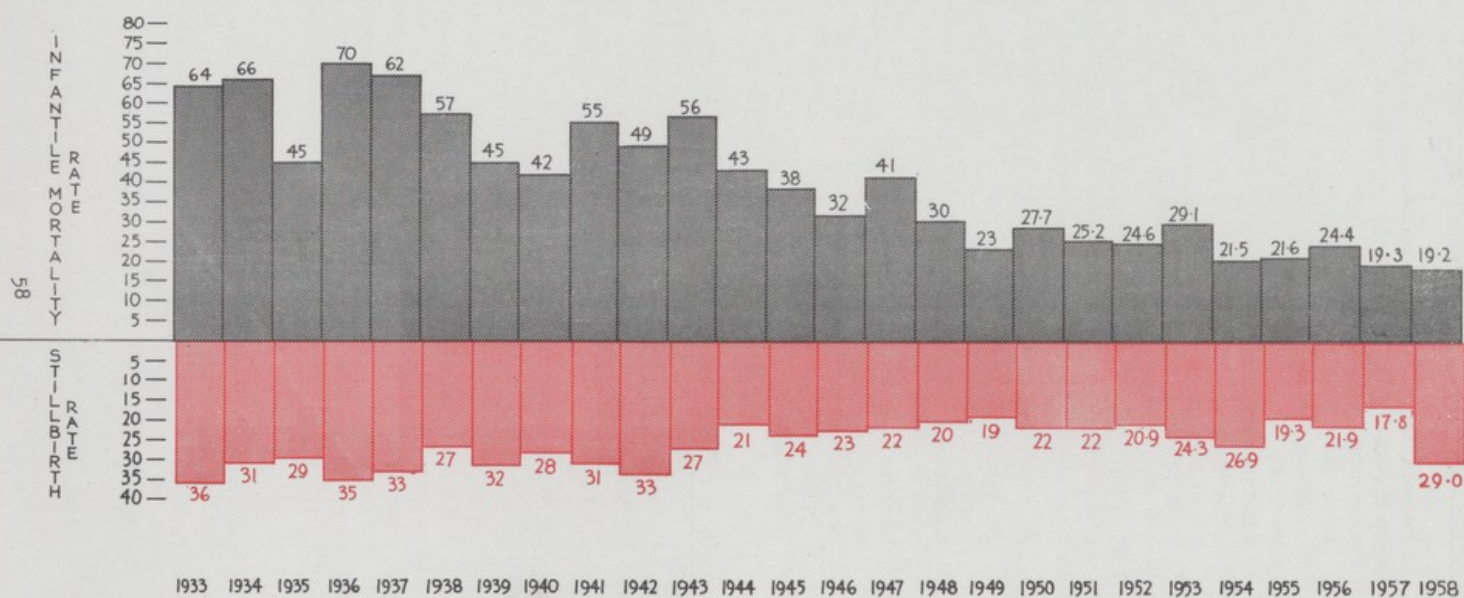
Although the full details from which the Registrar General compiles his statistics are not accessible to the Health Department, it would appear from such information as is available that the 30 infant deaths classified as "Other defined and ill-defined diseases" are made up as follows:-

| | |
|--------------------------------|-----------|
| Prematurity | 13 |
| Prematurity and atelectasis | 2 |
| Atelectasis | 1 |
| Intracranial birth injury | 2 |
| Cerebral haemorrhage | 2 |
| Rhesus incompatibility | 1 |
| Cardiac or respiratory failure | 6 |
| Infective conditions | <u>3</u> |
| Total: | <u>30</u> |

Deaths of children 1 - 5 years. there were 8 deaths in this group as compared with 2 in 1957 and 10 in 1956. Three of the children who died were under 2 years, 4 were aged 3 and 1 was aged 4 years. Three died of the delayed results of congenital defects, 2 of malignant conditions, 2 of the complications of respiratory infection and 1 as the result of a car accident.

Maternal deaths there was 1 maternal death, which followed caesarean section undertaken because of placenta praevia.

SHOWS TOTAL INFANT LIFE WASTAGE—1933-1958



SECTION 23 - DOMICILIARY MIDWIFERY

This service is provided by the Council Midwives for the whole of West Ham with exception of a few cases undertaken by the Lady Rayleigh Training Home on the northern fringe.

On December 31st there were 5 domiciliary midwives on the staff, (the establishment being 6) because one of the midwives resigned in the Spring for domestic reasons. Despite frequent advertisements it was only possible to obtain the services of a temporary midwife, for the holiday months.

Supervision of Midwives. The Senior Medical Officer for Maternal and Child Health has continued to act as Medical Supervisor while the Non-medical Supervisor, who is also the Supervisor of Home Nurses, has continued her day to day duties in accordance with the statutory requirements. These officers have an overall responsibility for all the midwives in the Borough, including those working in hospital.

Maternity Outfits have been supplied to all expectant mothers prior to their domiciliary confinements.

Administration of Analgesia by Midwives. All midwives now have the Trilene apparatus and have used it at many confinements. Because it is easy to carry it is more readily available than the Gas and Air machines, but there is still a place for Gas and Air Analgesia.

Refresher Courses. Under the rules of the Central Midwives Board, midwives are required to attend a refresher course every 5 years. No West Ham midwife was eligible this year, except the Supervisor who attended a course organised by the Association of Supervisors of Midwives.

Relaxation Classes. During this year there have been various difficulties in maintaining classes for groups of mothers, but several midwives have given their patients individual instruction in relaxation and preparation for labour. In this educational work they have continued to use the visual aids provided.

Training of Pupil Midwives. There have been considerable changes during the year.

The Part II training school was transferred from Plaistow Maternity Hospital to Forest Gate Hospital, but the West Ham domiciliary midwives continued to accept pupils for practical training. There was also a change in the local arrangements. Instead of spending 6 months on the district, the Part II pupils now spend 3 months in hospital and 3 months on the district. During their district training the pupils working in the south of the Borough live in a hostel in Plaistow Maternity Hospital, while those working in the north, live in Forest Gate Hospital. The fact that each pupil now spends only 3 months on the district with the teaching midwife makes greater demands on the midwife. It results in less practical help from the pupil, and involves more concentrated teaching and closer supervision.

Miss Goodall, Educational Supervisor of the Central Midwives Board, made a two day inspection of the training facilities for pupil midwives working in West Ham. Although no formal report was made, Miss Goodall indicated that she was very satisfied with the standard achieved.

Perinatal Mortality Survey. This was a country wide survey conducted by the National Birthday Trust, in which all midwives were asked to fill in a comprehensive questionnaire on every infant delivered in the first week of March, and every stillborn baby delivered in March, April or May. Completed questionnaires were returned to the Health Department where they were classified and checked by the Non-Medical Supervisor of Midwives and then forwarded to the National Birthday Trust. The helpful and efficient co-operation of the staff of the maternity units eased the burden of this extra work.

128 forms were received
 105 related to live births during the week in question
 23 to stillbirths during the 3 months
 7 of the babies died within 28 days

An important part of the research was to ascertain the precise cause of death in all stillbirths, and infant deaths within 28 days of birth, and for this reason arrangements were made for a post-mortem examination, where permission could be obtained. It is hoped that the results will shed further light on the causes of stillbirths and infant deaths, and perhaps point the way to methods of prevention.

Maternity Services. Total live births notified as West Ham births during the year 1958 were 2,699 and of these 12% were born at home and 88% born in hospital.

| | |
|--|--------------|
| Domiciliary births within the Borough | 312) |
| Domiciliary births outside the Borough | 0) |
| Hospital births within the Borough | 2,204) |
| Hospital births outside the Borough | 183) |
| | <u>2,699</u> |

NUMBER OF LIVE BIRTHS IN MATERNITY UNITS IN THE BOROUGH

| Hospital | West Ham Residents | Total live births |
|--------------------|--------------------|-------------------|
| Forest Gate | 972 | 1,993 |
| Plaistow Maternity | 829 | 1,165 |
| Queen Mary's | 403 | 772 |
| TOTAL: | 2,204 | 3,930 |

MIDWIVES ATTENDING DOMICILIARY CONFINEMENTS

| Service | Number (or equivalent number) of midwives on 31.12.58 | Number of live births |
|-----------------------------------|---|-----------------------|
| Municipal | 5 | 270 |
| Essex County Nurses Training Home | 3 (part-time) | 41 |
| TOTAL: | 8 | 311 |

All the municipal domiciliary midwives undertake the training of pupils. The midwife acted as a maternity nurse in 5 of the domiciliary confinements.

Medical aid was summoned in 170 cases. In 125 of these help was required for the mother only, in 31 for the baby only, and in the remaining 14 cases help was summoned on account of both mother and baby.

SECTION 24: HEALTH VISITING

Staffing. The joint establishment of 40 health visitor/school nurses is apportioned 22 to the Health Committee, 18 to the Education Committee, and is in addition to the 4 tuberculosis health visitors. Vacancies in establishment have existed throughout the year. All health visitors undertake duties in the School Health Service as well as in Maternity and Child Welfare, and general Public Health work. There are still 5 school nurses who are not trained health visitors. They work chiefly in the School Health Service, but at times undertake certain clinic duties in Maternity and Child Welfare Centres.

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

| | | | |
|----|--|---|---|
| 1 | Superintendent Health Visitor | | |
| 21 | Health Visitors |) | |
| 1 | Health Visitor part-time |) | |
| 5 | School Nurses |) | 28½ |
| 3 | Public Health Nurses working part-time (equivalent to 2 full-time staff) |) | |
| 1 | Health Visitor employed by South West Ham Health Society |) | not included in the establishment of 40 |
| 3 | Health Visitors employed on Tuberculosis work |) | Health Visitor/School Nurses. |

Three student health visitors completed their training during the year, and were appointed to vacancies on the establishment.

At the end of the year there were 8 student health visitors in training.

Six health visitors resigned during the year; one had worked only as a tuberculosis health visitor, and all had been in West Ham over 3 years; 4 for 5 years. They left mainly for domestic reasons.

Of the 22 health visitors on the staff at the end of the year, 18 have been trained under the Council's Sponsored Scheme, while 4 were already trained when appointed. Of the 18, 5 have given less than 2 years service and are still under contract, while the remaining 13 have been in the service for periods varying from 2 to 7 years.

Refresher Courses

One health visitor and two school nurses attended post-graduate courses during the year. One health visitor attended a special course on "Mental Development of Young Children". The training in screening tests for hearing in infants and young children, which commenced in 1957, was continued in 1958 and in May and November Professor and Mrs. Ewing visited the Borough for this purpose. Each health visitor not already trained attended four teaching sessions. Subsequently, after a period during which she gained as much experience as possible, she was examined, and if found satisfactory, was given a certificate of proficiency.

Health Visitors Duties

Ten years have elapsed since the National Health Service Act came into operation.

In 1948 there were 5 health visitors in the Borough to carry out maternity and child welfare work. Public health nurses were engaged to help health visitors in some of their duties.

The nursing duties in the School Health Service were undertaken by the school nurses and included visiting the homes of school children, when required.

A scheme for sponsoring the training of student health visitors was commenced and subsequent Annual Reports have indicated a fairly steady increase in the number of trained health visitors, but there have always been vacancies on the establishment.

In 1948 health visitors were concerned almost entirely with expectant and nursing mothers and children under 5 years. The introduction of the National Health Service widened the field of work of the health visitor to include the care of the family as a whole. The reports since 1948 have outlined the gradual development of the work in the extended field and the present day health visitor is health teacher and social adviser to the whole family.

During 1958, in spite of the shortage of staff which has existed throughout the year, health visitors have maintained their basic duties in home visiting, schools and clinics, and have made every endeavour to keep abreast of their new responsibilities.

Geriatric, diabetic and paediatric liaison health visitor schemes described in earlier reports have continued on a full scale and serve a very useful purpose.

Progress has been made in establishing closer relationships between health visitors and general practitioners. Family doctors are more frequently taking the initiative in making direct contact with health visitors.

Close co-operation has been maintained with the psychiatric social worker and mental health officers, with frequent consultations and discussions on families. The health visitor also attends the Mental Health After-Care Case Conferences when a family from her own area is to be discussed with the hospital psychiatrist.

The number of elderly people needing social help and advice from the health visitor continues to increase; the health visitor visits them as often as circumstances indicate.

Case Load

The average case load for each health visitor at the end of the year was 450 children under 5 years, 680 school children and 60 old people.

Home Visits

| | <u>First Visits</u> | <u>Total Visits</u> |
|---|---------------------|---------------------|
| To expectant mothers | 872 | 1,551 |
| To children under 1 year | 2,723 | 12,050 |
| " " 1 - 2 years | - | 5,376 |
| " " 2 - 5 years | - | 11,781 |
| Special visits (including elderly handicapped persons) | - | 4,352 |

Health Visitor Problem Family Group and Problem Family Case Committee

The Health Visitor Problem Family Group continued its work until April. As described in the Annual Report for 1957, a survey to be carried out by the health visitors was organised, so that an estimate of the number of pre-problem and problem families in the Borough could be obtained. A final report on the group's findings was prepared and an analysis made of the survey results. It is of interest to quote some of the salient points.

Health Visitors Survey of Problem Families (Completed March 31st 1958)

| | |
|---|-----|
| Number of families | 40 |
| " " children at risk | 210 |
| Families with children under 5 years only | 2 |
| " " " " and over 5 years | 35 |
| " " " over 5 years only | 3 |

Unsatisfactory family factors

In 34 of the 40 families the mother's inability at housecraft and as a homemaker was noted. In 28 households conditions had not improved in spite of the considerable help generously given. In 27, the parents were unstable or showing evidence of marital disharmony or other unhappy family relationships. In 24 of these families there appeared to be subnormal intelligence in one or both parents. In 15 families there was evidence of neglect of the children, including leaving them alone or unguarded from common dangers.

Main Recommendations of the Report

1. A special case worker. The group felt that ideally this worker should be an experienced health visitor who also possessed Social Science qualifications. This case worker would be a member of a co-ordinated team. She would take over responsibility for a family when it was judged that the family had reached a stage of needing intensive help which could not be given by the district health visitor. When improvement had been achieved the district health visitor, who had been kept in the picture by her colleagues, would again resume her contact with the household. In this way duplicating visits to the home would be avoided. Liaison would be maintained with all others having responsibilities towards the family so that, where possible, only one case worker would be supporting the family and visiting the house.

2. Conditions of Service - In-service Training for Problem Family Home Helps. The training home help is a valuable member of the team undertaking the rehabilitation of these families. The group felt she needed careful selection and additional training for her arduous task, mainly in connection with helping her to understand the kind of relationship that she would need to build with the mother of the family. It was felt that the nature of her duties warranted extra remuneration such as is given to home helps working in tubercular households.

The recommendations put forward by the Problem Family Group formed the basis of a report submitted by the Medical Officer of Health to the Health Committee in November.

Problem Family Case Committee

The Committee commenced its work in May. Permanent members are the Senior Medical Officer, Superintendent Nursing Officer, Superintendent Health Visitor and three health visitors. The Deputy Medical Officer of Health, Home Help Organiser, Psychiatric Social Worker, N.S.P.C.C. Inspector, officers of the Children's Department and representatives of the Housing Department and also the N.S.P.C.C. Woman Case Worker have been invited, when families in which they had an interest were under discussion. The district health visitor, and frequently the school nurse, were present so that they could give an up-to-date picture of the family situation, join in the discussion, and carry out the Committee's suggestions. The Committee met as frequently as possible so that the needs of all families in the survey could be assessed and plans made for constructive rehabilitation.

It was soon found necessary to keep under review the progress of certain of the families who were suffering severe failure, so that by the end of the year a few families in the survey still remained unassessed. It became apparent that this Committee was giving valuable help, not only to the families under discussion, but also to the worker who was responsible for helping the family. It was establishing itself as a recognised machinery for organising co-ordinated family care. In this way multiple family visiting could be avoided and the best use made of all resources.

The work of this Committee was complementary to that undertaken by the well established Officers Co-ordinating Committee. Families were satisfactorily referred from one Committee to the other, good liaison was maintained and results assessed. By this careful team-work, the families benefited and all the workers concerned with the various households were encouraged and stimulated in their united efforts.

Health Education

The health visitors maintained a high standard of health education throughout the year. As described in previous reports the most effective place for their health teaching is in the home. This personal and individual health education is supported by group activities and visual demonstrations.

The health visitors use the clinic premises as a background for displays on items of topical health interest. An effort is made to present an attractive and stimulating display so that the interest of members of the public using clinic premises is aroused. The topics are linked with prevailing health needs: as an example, during the summer months it is necessary to teach the proper care of food; in the winter advice is given on home safety, especially in relation to prevention of burning accidents.

During the year a very successful leaflet called "Happy Weaning" was prepared by the health visitors and printed by arrangement with the Central Council for Health Education. In last year's report a description was given of the formation of a committee of health visitors to advise on health education activities and the preparation of leaflets. Following the success of "Happy Weaning" the committee started to prepare a series of leaflets for use in the ante-natal period.

There are frequent national efforts to publicise various aspects of health education and in November there was a special campaign on "Guard that Fire". In an effort at preliminary propaganda in this campaign the health visitors of West Ham organised an exhibition in September entitled "The Ladies not for Burning". This small exhibition was arranged in Barclay Hall by the kind permission of the Local Education Authority.

His Worship the Mayor of West Ham, Alderman Lowe, J.P., graciously consented to perform the opening ceremony. This exhibition was not intended for the public, but for all those responsible for individual or family welfare. Guests included Councillors, medical representatives from the Ministry of Health, medical and nursing staff from neighbouring Boroughs and local hospitals, and representatives from the local retail trade. Unfortunately, the Chairman of the Health Committee was unable to be present, but we are grateful to the Chairman of the Education Committee who kindly took the chair.

The display consisted of feminine garments for all ages, made of materials naturally flame resistant or artificially treated, so that if ignition took place there would be smouldering instead of searing flame. Linked with the showing of these garments was a demonstration on the correct guarding of fires of all types.

In November all staff in the Borough combined to bring every aspect of the "Guard that Fire" campaign to the notice of the public.

Another worthwhile development in the Borough's effort to promote interest in the prevention of accidents in the home, has been the arrangement by which a health visitor has attended each meeting of new tenants of Council property. The purpose of this has been to provide an opportunity for a brief but helpful explanation of some of the safety measures that householders need to take to ensure the safety of their homes. By the end of the year, health visitors had attended eight meetings and their contribution has become an established item on the Agenda; this provides another example of useful co-operation between Housing and Health Departments.

Health Visitors Consultative Committee

Eight meetings were held during the year. These meetings of health visitors elected by their colleagues on an area basis, with the Medical Officer of Health, Senior Medical Officer and Senior Nursing Officers continue to provide opportunities for valuable discussion, and have included many aspects of the health visitors and school nurses contribution towards the promotion of the health of the Borough.

Health Visitors General Meetings

Four meetings were held during the year. Guest speakers included the Senior Dental Officer, Chief Welfare Officer and the Headmistress of the Elizabeth Fry Special School for Physically Handicapped Pupils. On several occasions films were shown to help to illustrate the speaker's subject. These meetings form an effective contribution to the whole plan of in-service training arranged for the Borough's health visitors.

HOME NURSING SERVICE

Historical

There have been many developments during the 10 years since the West Ham County Borough Council started to take over this service which had previously been operated by three agencies.

(i) PLAISTOW MATERNITY HOSPITAL who maintained the central and largest area. This service had been run by the hospital staff, but much of the nursing was done by the pupil midwives as a combined Midwifery District Nursing Training. Under the National Health Service Act the hospital was no longer permitted to operate this service, so that on the "appointed day" the following staff were transferred to the Local Health Authority:-

| | |
|-------------------------|----------------------------|
| Full-time Home Nurses:- | 1 S.R.N. |
| | 1 S.E.A.N. |
| | 1 Nursing Orderly |
| | 6 Temporary Pupil Midwives |
| Part-time Home Nurses:- | 2 S.R.N's |
| | 1 S.E.A.N. |
| | 1 Nursing Orderly |

78 cases were transferred with the Nurses

All but one of the original staff had resigned by March 1st, 1949.

(ii) SILVERTOWN AND NORTH WOOLWICH D.N.A. who covered the far south of the Borough, and continued to do so until November 1st 1955, when the West Ham Home Nurses took over the area.

(iii) BEACHCROFT NURSES' TRAINING HOME (now the Lady Rayleigh Training Home) which provided nurses for the north of the Borough. In 1948 this service continued and was extended as far south as the District Railway Line - it still covers this extended area.

Staffing

Recruitment has never been easy and there have been many changes of staff which have made it difficult to maintain a satisfactory service. However, the staff has gradually been built up to its present strength of:

| | |
|-------------------------|-------------------------|
| Full-time Home Nurses:- | 3 S.R.N. Queen's Nurses |
| | 1 Male Nurse S.E.A.N. |
| Part-time Home Nurses:- | 7 S.R.N's |
| | 9 S.E.A.N's |

All except two of the female nurses are married women who live in the neighbourhood. Their home commitments do not permit them to work full time but they can devote a limited number of hours to professional work. Their enthusiasm and love of nursing has helped them to maintain high standards in the face of many difficulties.

Training

Three of the nurses have successfully undertaken their Queen's Training at the Lady Rayleigh Training Home. This training was sponsored by the Council and, for the first time, the service now has a nucleus of full-time Queen's Nurses. Most of the other nurses have attended demonstrations in nursing techniques, kindly arranged by the Superintendent of the Lady Rayleigh Training Home.

Summary of Work Carried out by Home Nurses

| | | |
|-------------------------|--------------------------------|--------------------------------------|
| Total Cases Attended | Total number of Visits paid | Average Number of Visits per case |
| 2,740 | 82,114 | 30.0 |

(The number of cases on the books at the end of the week varied from 230 - 270).

| Condition of Patients Visited | Total Cases | | | New Cases | | | Total Visits | | |
|----------------------------------|-------------|------------------|-------|-------------|------------------|-------|--------------|------------------|--------|
| | West Ham | Lady Rayleigh | Total | West Ham | Lady Rayleigh | Total | West Ham | Lady Rayleigh | Total |
| Medical | 456 | 1,358 | 1,358 | 265 | 1,043 | 1,308 | 23,344 | 37,924 | 61,268 |
| Surgical | 139 | 131 | 270 | 122 | 100 | 222 | 4,113 | 4,533 | 8,646 |
| Tuberculosis | 30 | 18 | 48 | 21 | 14 | 35 | 1,316 | 657 | 1,973 |
| Infectious Diseases | 2 | 2 | 4 | 2 | 2 | 4 | 25 | 10 | 35 |
| Maternity | 17 | 1 | 18 | 17 | 1 | 18 | 112 | 11 | 123 |
| Miscarriages | 4 | 7 | 11 | 4 | 7 | 11 | 31 | 60 | 91 |
| Other Conditions | 575 | - | 575 | 499 | - | 499 | 9,978 | - | 9,978 |
| | 1,223 | 1,517 | 2,740 | 930 | 1,167 | 2,097 | 38,919 | 43,195 | 82,114 |
| Grand Total: | 2,740 | | | 2,097 | | | 82,114 | | |

Age Groups of Patients Treated

| | Total Cases | | | New Cases | | | Total Visits | | |
|---------------|-------------|------------------|-------|-------------|------------------|-------|--------------|------------------|--------|
| | West Ham | Lady Rayleigh | Total | West Ham | Lady Rayleigh | Total | West Ham | Lady Rayleigh | Total |
| Under 5 years | 12 | 28 | 40 | 12 | 28 | 40 | 95 | 197 | 292 |
| 5 - 64 | 739 | 930 | 1,669 | 452 | 588 | 1,040 | 11,325 | 14,355 | 25,680 |
| 65 and over | 472 | 559 | 1,031 | 466 | 551 | 1,017 | 27,499 | 28,643 | 56,142 |
| Total: | 1,223 | 1,517 | 2,740 | 930 | 1,167 | 2,097 | 38,919 | 43,195 | 82,114 |
| Grand Total: | 2,740 | | | 2,097 | | | 82,114 | | |

Foul Linen Service

This service, whereby the Borough supplies and arranges for the washing of draw sheets for incontinent patients who are being nursed by Home Nurses, commenced during the year. It has been a great help in the care of these patients and has been much appreciated by them, their relatives, and by the nurses.

SECTION 26 - VACCINATION AND IMMUNISATION

Vaccination against smallpox, poliomyelitis and whooping cough, and immunisation against diphtheria is undertaken by general practitioners and by the medical staff of the Health Department. Fees are payable to general practitioners for the completion and submission of record cards to the Medical Officer of Health.

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 & over | Total |
|-----------------------------|---------|----|-------|--------|-----------|-------|
| Number vaccinated (primary) | 657 | 49 | 41 | 46 | 74 | 867 |
| Number re-vaccinated | - | - | 2 | 2 | 70 | 74 |

421 vaccinations were carried out by general practitioners and the remainder by the medical staff of the Local Authority. No complications from vaccinations were reported during the year.

Diphtheria Immunisation. The number of children immunised during 1958 is given below:-

TABLE B

| | AGE | | | |
|---|----------------------------|-------|--------|-------|
| | at date of final injection | | | |
| | Under 1 | 1 - 4 | 5 - 14 | TOTAL |
| A. Children who completed a full course of immunisation. | 1,989 | 332 | 28 | 2,349 |
| B. Children who received a secondary reinforcing injection. | 2 | 30 | 1,017 | 1,049 |

The following table gives the number of children who, at the end of 1958 had completed a course of immunisation since 1st January, 1944.

TABLE C

| Age at 31.12.58 i.e. born in Year | Under 1 1958 | 1 - 4 1957-1954 | 5 - 9 1953-1949 | 10 - 14 1948-1944 | Under 15 Total |
|---|-----------------|--------------------|--------------------|----------------------|-------------------|
| Last complete course of injections (whether primary or booster) | | | | | |
| A. 1954-1958 | 869 | 7,259 | 9,523 | 12,808 | 30,459 |
| B. 1953 or earlier | - | - | 736 | 233 | 969 |
| C. Estimated mid-year Child Population | 2,680 | 9,420 | 25,900 | | 38,000 |
| Immunity Index 100A/C | 32.43% | 77.05% | 86.21% | | 80.15% |

Whooping Cough Vaccination. By using a combined vaccine it is possible to protect a child against whooping cough as well as diphtheria, without increasing the number of injections which it is necessary for the child to receive. Of the 2,124 children under five years of age given a primary course of immunisation only 197 were not protected against whooping cough as well as diphtheria.

Poliomyelitis Vaccination. During 1958 vaccination against poliomyelitis was continued and in September the scheme was extended to include all young persons under 26 years of age and also to hospital staff who were liable to come into contact with cases of poliomyelitis. In addition, the Ministry's scheme was further extended by offering a third injection to all people who had completed a course of primary vaccination.

The administration of the poliomyelitis scheme was greatly complicated by difficulties in the supply of vaccines and the introduction of imported supplies from the United States and Canada. Initially, the imported Salk vaccine was required to pass the same safety tests in this country as the British vaccine. Later in the year, the Salk vaccine was made available for use without undergoing testing in Britain. Parents were given the opportunity to choose (a) British vaccine, (b) the Medical Research Council tested Salk vaccine, (c) Salk vaccine which had passed the stringent requirements of the American authorities. The total number of persons vaccinated with two injections since the inception of the scheme was 21,391. During 1958, 16,250 received two injections, 11,505 carried out by the Health Department and 4,745 by general practitioners.

Poliomyelitis Vaccination

| Age Groups | Under 1 | 1 - 4 | 5 - 14 | Young Persons | Total |
|------------|---------|-------|--------|---------------|--------|
| | 492 | 3,942 | 11,107 | 444 | 15,985 |

In the priority groups, i.e. expectant mothers, general practitioners and their families, ambulance staff and their families, hospital staff and their families, 265 persons were vaccinated.

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 and Read | | | | | | | |
| | | | Result of Test | | | | | | |
| | | | Negative | % | Positive | % | | | |
| 1957 | 13 | 952 | 738 | 77.5 | 214 | 22.5 | 714 | 97.0 | |
| 1958 | 23 | 1,609 | 1,336 | 83.03 | 273 | 16.97 | 1,336 | 100.0 | |

SECTION 27: AMBULANCE SERVICE

The organisation of the service up to the 28th March, 1958, provided for the following division of responsibility:-

| | | |
|-----------------------------|---|--|
| Medical Officer of Health | - | Organisation and administration |
| Borough Engineer | - | Provision, maintenance and manning of vehicles. |
| Chief Officer, Fire Brigade | - | Operational control of ambulances. |

From the 29th March, 1958, the Central Ambulance Station came into operation and all vehicles and personnel were transferred to this Central Ambulance Station which forms part of the Council's main Transport Depot at Salmen Road, Plaistow, E.13. From that date onwards the responsibility from the service has been divided as follows:-

| | | |
|---------------------------|---|--|
| Medical Officer of Health | - | Organisation and administration, and operational control of ambulances and sitting-case vehicles. |
| Borough Engineer | - | Provision, maintenance and manning of vehicles. |

Although the Chief Officer of the Fire Brigade no longer has responsibility for the operational control of ambulances, there nevertheless still exists a very high degree of co-operation between the two services, and the control rooms of both services are linked by a direct telephone line.

The operational control and the general working arrangements of the Ambulance Depot are the responsibility of the Ambulance Officer assisted by a Deputy Ambulance Officer. The control room is manned 24 hours a day right throughout the year by a staff of 5 Clerk/Telephonists working on a shift basis. Relief control room staff are provided from selected and specially trained ambulance crews. The Ambulance Officer is responsible to the Medical Officer of Health for the day to day operation of the service, and the keeping of the appropriate records.

The vehicles in operation are as follows:-

| | | |
|----------------|---|---|
| Ambulances | - | 10 and 1 reserve vehicle. |
| Ambulance Cars | - | 10 and an 8-seater sitting case vehicle. |

The following types of calls are dealt with by the Ambulance Service:-

- Emergency calls
- Hospital admissions and discharges
- Out-patient treatment at hospitals
and clinics
- Infectious cases excluding smallpox
and typhus
- Mentally ill persons
- Maternity cases

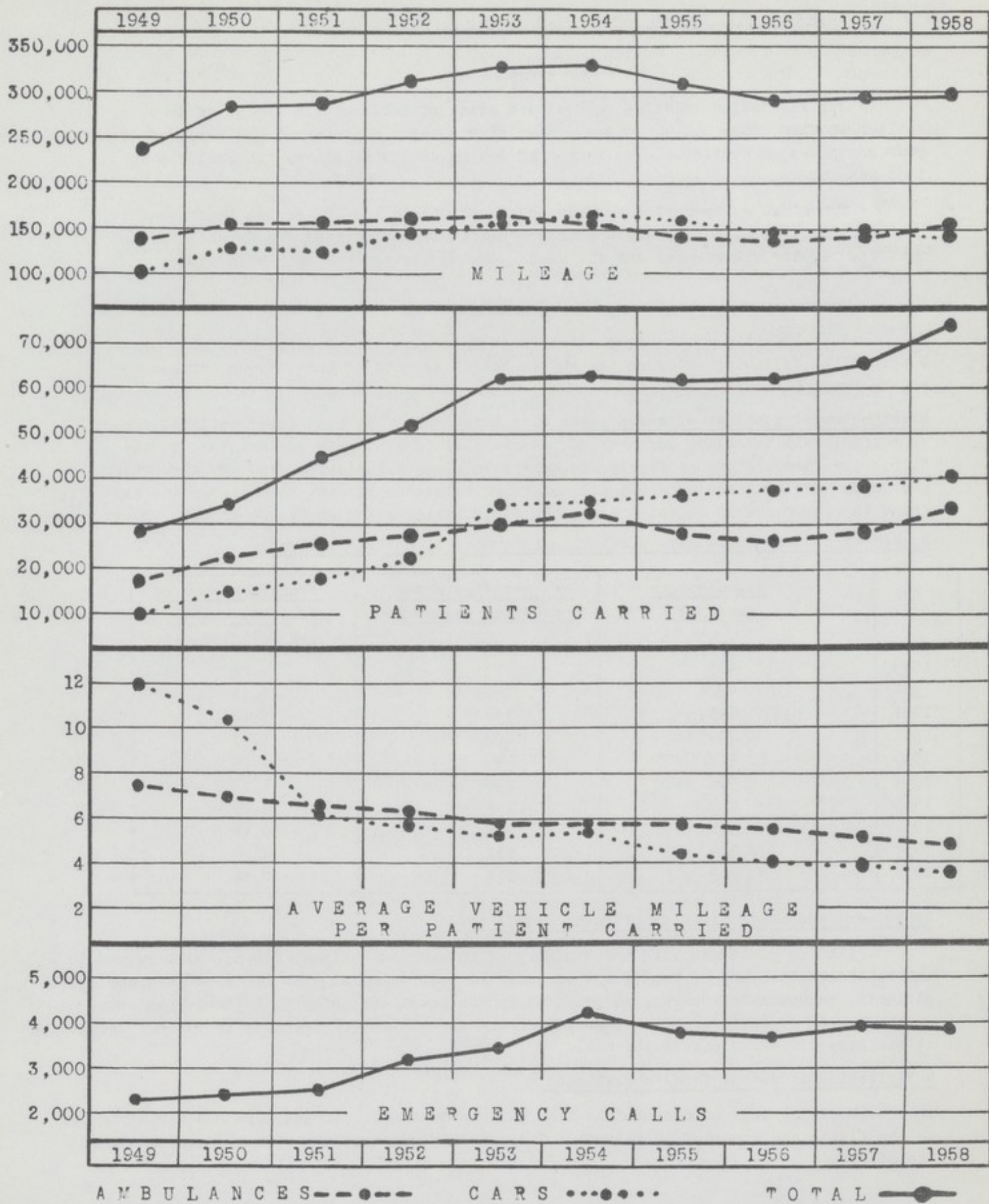
Conveyance is also provided for the "gas and air" analgesia sets used in connection with the Domiciliary Midwifery Service and also the premature baby unit equipment. The service is also available to the local hospitals for the conveyance of the Emergency Obstetric Flying Squad, if required.

Arrangements are also made, when necessary, for patients to be conveyed by rail.

Mutual arrangements exist between the London County Council and the West Ham County Borough Council for the former Authority to be responsible for transporting any cases or suspected cases of smallpox and typhus, while the latter Authority assume responsibility for routine removal of all cases in the area of North Woolwich which is administered by the London County Council.

In addition to normal operational duties, the Ambulance Officer and his Deputy are also responsible for the in-service training of personnel which includes training in new first aid techniques and the use of modern equipment.

The diagrams shown below indicate the work of the service which is continually increasing.



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 ... The number of new cases of tuberculosis notified each year continues to decline. The number of deaths due to pulmonary tuberculosis in 1958 was 15.

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 the close working liaison has been maintained.

CHEST CLINIC

I am indebted to the Consultant Chest Physician, Dr. D.J. Lawless, who has supplied the following notes on the Public Health aspects of the work undertaken at the Chest Clinic:

Examination of contacts of known cases of tuberculosis As soon after notification as possible all immediate contacts of new cases of tuberculosis are examined at the Clinic i.e. members of the family and others in close association, and are thereafter kept under periodic review until all danger of infection is past. Children who are found to be tuberculin negative are given B.C.G. vaccination where the parents agree.

Number of contacts examined in relation to number of notified cases

| | <u>New Contacts examined</u> | <u>New notified cases on Clinic register</u> | <u>Average number of contacts examined per notified case</u> |
|------|----------------------------------|--|--|
| 1949 | 403 | 177 | 2.28 |
| 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 |
| 1958 | 529 | 114 | 4.64 |

Employment and rehabilitation of tuberculosis cases.

Liaison continues with the Ministry of Labour and National Service with regard to the rehabilitation and re-employment of cases of tuberculosis. In the case of unemployable patients, occupational therapy is provided by the Local Authority. Suitable patients, on completion of their treatment, are given the opportunity of training in various occupations at Ministry of Labour establishments.

Notification of deaths from tuberculosis

Notifications of deaths from tuberculosis in respect of patients not already known to the Clinic are sometimes received. The contacts of these are offered examination at the Clinic.

Ascertainment of tuberculosis in expectant mothers

At present, expectant mothers are X-rayed by the Mass Radiography Unit. Any cases arising from this are dealt with at the Clinic.

Local Authority B.C.G. Scheme for School Leavers

The Mass X-ray Unit continues to assist the Local Authority in the detection of possible cases of tuberculosis indicated by tuberculin positivity.

Work of the Tuberculosis Health Visitors

The four Health Visitors regularly undertake home visits to patients suffering from tuberculosis.

| <u>Home Visits</u> | | <u>Clinic Sessions</u> | |
|--------------------|-------------|------------------------|-------------|
| <u>1957</u> | <u>1958</u> | <u>1957</u> | <u>1958</u> |
| 2,880 | 2,263 | 521 | 493 |

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. The combined function as Health Visitor 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.

West Ham Tuberculosis Voluntary After-Care Committee

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

The people of West Ham are deeply indebted to the members of the Voluntary After-Care Committee for the attention which they have given consistently over the years to the needs of patients suffering from tuberculosis, and the problems of their families.

OCCUPATIONAL THERAPY

The work undertaken by the Occupation Therapy section of the Department was described in some detail in the Annual Report for 1957. Little more needs to be added at this stage, beyond the fact that the value of this work was more than amply justified during the present year.

Although a certain amount of the therapist's time was spent on diversional activities with patients in their own homes, increasing attention was given to remedial occupations which can play such a valuable part in the rehabilitation of the whole patient.

It is in this context that the value of group therapy became increasingly apparent and the need for an Occupational Therapy Centre was clearly established.

Convalescence

In accordance with Section 28 of the National Health Service Act, 1946, convalescence not involving medical treatment continued to be made available for West Ham patients recommended by general practitioners and hospital authorities. Convalescence was arranged for 89 adults.

In addition 7 children under the age of 15 were sent to convalescent homes following recommendation by the Chest Physician as part of the preventive care and after-care of tuberculous contacts.

Details of convalescence provided for mothers and young children and for school children will be found on pages 55 and 109 respectively.

Foul Linen Service

May, 1958, saw the introduction of a much needed expansion of the services which the Department provides for the assistance of the chronically sick patient in his or her own home. The nursing of such patients tends to produce much strain upon the patients relatives, despite the professional help which the patient receives from his or her own doctor and the domiciliary nursing services. Anything which can be done to reduce this burden is obviously desirable. With the co-operation of the Leyton Borough Council it has been possible for the Authority to inaugurate a foul linen service. This service ensures that incontinent patients are regularly supplied with clean bed linen. Approximately 12 cases have been helped each week.

Health Education

During 1958 the Department continued its work in the health education field. Special attention was given to the prevention of accidents in the home; the needs of the mothers of young children, and to the encouragement of the acceptance of poliomyelitis vaccination.

The Department continued to take 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 West Ham Group Hospital Management Committee and Whipps Cross Hospital.

SECTION 29: DOMESTIC HELP

The following is a summary of the work undertaken by the service during the year:-

Visits by Organiser and her Assistants 3,685

Number of Cases assisted:

| | | |
|---|----------|-------|
| Confinements | 16) | |
| Tuberculosis | 26) | 1,161 |
| General Sickness, including Aged and Infirm | *1,119) | |

* 70 per cent of the applicants to whom home helps were supplied for the first time during the year were 70 years or older.

Staff

| | |
|------------------------------------|---------|
| Full-time Home Helps | 5 |
| Part-time Home Helps | 120 |
| Total number of Hours worked | 196,986 |

SECTION 51 - MENTAL HEALTH SERVICE

Administration

There has been no change in the general pattern of administration of this Section.

The Lunacy and Mental Treatment Acts

During the year the mental welfare officers carried out the following work in connection with these Acts.

(a) 325 calls were received in connection with mental illness and 594 visits were made to these cases.

(b) 257 cases were admitted to hospital.

| | <u>M.</u> | <u>F.</u> | <u>Total</u> | |
|--|-----------|-----------|--------------|---|
| (a) As voluntary patients | 53 | 103 | 156 | |
| (b) As temporary patients | 6 | 6 | 12 | |
| (c) Under Urgency Orders | 3 | 9 | 12 | |
| (d) Under Summary Reception Orders | 5 | 7 | 12 | |
| (e) For observation | 30 | 35 | 65 | |
| | 97 | 160 | 257 | / |

/ 237 cases were admitted to Goodmayes Hospital.

The age incidence of these admissions was as follows:-

| Sex | 0- | 15 - | 25 - | 35 - | 45 - | 55 - | 65 - | 75 & over | Total |
|--------|----|------|------|------|------|------|------|-----------|-------|
| Male | - | 8 | 17 | 22 | 19 | 19 | 7 | 5 | 97 |
| Female | - | 11 | 15 | 37 | 31 | 21 | 24 | 21 | 160 |
| TOTAL | - | 19 | 32 | 59 | 50 | 40 | 31 | 26 | 257 |

It will be noted that 26 of these admissions were of persons aged 75 years or over, with a total of 57 for persons aged 65 and over.

In addition to making arrangements for dealing with patients under the Lunacy Act of 1890 and the Mental Treatment Act of 1930 the mental health officers undertake a considerable amount of work in relation to the domiciliary after-care of patients discharged from mental hospitals and also in relation to the supervision of notified cases of mental deficiency.

Mental Deficiency Acts, 1913-1938.

Ascertainment. Seventeen mentally handicapped persons (5 males and 12 females) were ascertained during the year. Of these, 16 (5 males and 11 females) were reported by the Local Education Authority (11 as being ineducable children and 5 as needing supervision after leaving school); 1 case was reported from other sources.

Fifteen of these cases (4 males and 11 females) were placed under Statutory Supervision and the others were admitted to hospital.

In addition to the ascertained persons, 15 other cases came to the notice of the department. Twelve 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 277 mental defectives (147 males and 130 females) were under statutory supervision, 17 under friendly supervision and 6 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 defectives under statutory supervision are in fairly regular employment and self-supporting. Those defectives considered capable of working but finding difficulty in obtaining employment of a suitable nature are referred to the Disablement Resettlement Officer and consultation takes place to decide the most suitable occupational placing.

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

| | |
|---|--------------|
| Cases under supervision | 1,199* |
| Cases on licence from institutions | 18 |
| Reports for licence, holidays, etc., from the institutions | 16 |
| Reports for Visitors | 84 |
| Other visits including after after-care, etc. | 256 |
| | <u>1,573</u> |

* Includes 290 visits made by Health Visitors to defectives under 16 years of age.

Guardianship. There were 2 defectives under guardianship at the end of the year. Both were with guardians outside West Ham and were supervised by the local health authority, 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 for Defectives. During the year arrangements were made for 11 defectives to receive temporary care. Three were females aged 50, 42 and 35 years and eight were males aged 43, 43, 24, 20, 19, 16, 11 and 7 years. Nine were accommodated at South Ockendon Institution by the kind permission of the Physician Superintendent, one by arrangement with the Guardianship Society, Brighton, and one was sent to a home in Devon.

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

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

At the end of the year, there were 6 defectives in the area awaiting institutional accommodation. Four 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 number of children attending the Centre during the year increased, and tribute must be paid to the stirring work undertaken by Miss Forshaw, the Supervisor, and her staff in training the children. A distinctive feature of the training provided at the West Ham Centre has been the attention paid to the development of the natural abilities of the individual child. This attention has not been limited to purely educational attainment, but has also been extended to include the social and vocational needs of the child. Mentally handicapped children do not exist in isolation, but are members of a family group and the advisory services of the Supervisor and her staff and also of the Department's health visitors have been available to assist in the solution of family problems. Such advice in relation to the handling of the individual child's problems can be of considerable help in lessening the strain which is placed on the child's parents and family. During the year the Council continued its policy of helping Assistant Supervisors in obtaining the teaching Diploma of the National Association for Mental Health.

WORK UNDERTAKEN BY THE PSYCHIATRIC SOCIAL WORKER

The work of the Psychiatric Social Worker has continued steadily throughout the year and most of the cases were referred from the Health Department, or from Goodmayes Hospital. Preventive mental health played a dominant role in the work of the social worker. The continued referral of cases to the Psychiatric Social Worker at an early stage was particularly encouraging as this enabled her to give supportive treatment at a time when it was particularly valuable to the patient and the family.

The 1957 Annual Report gave examples illustrative of the case work undertaken by the Psychiatric Social Worker and indicated the sources of referral.

A COMPREHENSIVE MENTAL HEALTH SERVICE

During the year the Department's senior officers gave considerable thought to the Report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency 1954 - 1957, and considered the recommendations and implications of this progressive Report as far as they related to West Ham. Schemes were being prepared for the consolidation and strengthening of the local health authority's services, not only for the mentally sick and defective, but also in relation to the prevention of mental disorder. The final shape of these plans will, of course, be influenced by the pattern of new legislation which will be needed to implement the Royal Commission's recommendations.

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 | 7 |
| | <hr/> |
| Total: | 50 |
| | <hr/> |

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 nine, these cases being accommodated as follows:-

| | |
|------------------------|---|
| Wessex House | 4 |
| Forest House | 1 |
| Harris Lodge | 1 |
| St. Cuthbert's | 1 |
| Voluntary Bodies | 2 |

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.

THE IMPACT OF THE NATIONAL HEALTH SERVICE ACT ON

THE SCHOOL HEALTH SERVICE.

Ten years have passed since the inception of the National Health Service and this may be an appropriate time to review the extent to which it has affected the School Health Service which is its senior by about forty years.

One soon comes to the conclusion that a straightforward assessment of this subject is by no means easy. It is difficult to say which developments in the School Health Service since 1948 were a direct result of the introduction of the National Health Service and which came about through natural evolution, and were the result of developments in science and advances in medicine. No doubt the availability of all hospital and general practitioner services free of charge has broadened the scope of the School Health Service giving greater facilities for thorough investigation of children's ailments and their treatment, and better liaison and co-operation with doctors in other fields of the Health Services. The free general practitioner service is perhaps the most important factor in relation to the impact of the National Health Service Act on the School Health Service, and necessitated a re-orientation on the part of the school medical officers who could now refer their pupils to the family doctor without hesitation because of financial considerations. The general practitioner has rightly demanded that he be consulted in all matters of treatment, and that no patient of his be referred to a hospital specialist without his consent. This principle and procedure is now generally and quite rightly observed.

When examining the situation in detail it might be useful to look at the figures relating to attendances at Minor Ailment Clinics. It was thought that this field of work would be most affected by free medical care.

| <u>Year</u> | <u>No. of Conditions</u> <u>Treated</u> | <u>No. at Attendances</u> |
|-------------|--|---------------------------|
| 1947 | 7,936 | 39,000 |
| 1948 | 8,626 | 36,165 |
| 1949 | 8,027 | 33,221 |
| 1950 | 6,465 | 28,605 |
| 1951 | 5,924 | 32,448 |
| 1952 | 4,683 | 26,160 |
| 1953 | 3,888 | 22,011 |
| 1954 | 3,145 | 18,760 |
| 1955 | 2,342 | 17,751 |
| 1956 | 3,698 | 15,638 |
| 1957 | 2,306 | 14,272 |
| 1958 | 2,255 | 15,670 |

The decline in numbers is very striking. However, the decline has not been abrupt as might have been expected had the introduction of the free medical care been the only factor having a bearing on the figures. The decline has been a steady one over the past 10 years.

There has been a change in the type of cases attending the clinics. We know that there has been a great decline in illness due to malnutrition and skin infections such as impetigo, scabies, ringworm, septic eye conditions, discharging ears, etc.; conditions which used to fill the minor ailment clinics in past years.

One cannot escape the conclusion that several important factors have brought about the decline in the numbers of children suffering from these conditions - improved standards of living in general, better hygiene, and the introduction of antibiotics. It would seem that other factors as well as the availability of free medical attention have contributed to these beneficial changes.

The Specialist Clinics, Eye, E.N.T., Paediatrics, and West Ham Child Guidance Clinic, were established before the inception of the National Health Service, but it is very gratifying to note that in 1951 the Regional Hospital Board confirmed the position by continuing the provision of specialist clinics within the framework of the school health service. These include the services of ophthalmologist, paediatrician, ear, nose and throat specialist, dental anaesthetist and child guidance psychiatrist. The services of such specialists have been extended to the Spastic Unit which was opened in 1954 as part of the Elizabeth Fry Special School for Physically Handicapped Children, and to the Autiology Unit which was opened in 1955 as part of the Maternity & Child Welfare Service.

Certain other changes might be mentioned, for instance, the provision of spectacles under the National Health Service Act. This enabled parents to obtain spectacles for their children and to exercise free choice of optician. Provisions are also made under the Act for the repairs of spectacles free of charge, while surgical and orthopaedic appliances are now provided by appropriate hospital departments.

As far as handicapped pupils are concerned, the Education Act of 1944 gave the main impetus for the development of this type of work within the School Health Service, and no doubt the availability of all specialist and hospital services which became free under the National Health Service Act, provided the necessary diagnostic aids which are so essential to the accurate assessment and ascertainment of handicapped pupils.

One should also emphasise the importance of Section 24 of the National Health Service Act in relation to the School Health Service. This Section deals with the revised duties of the Health Visitor who now extends her supervision to the whole family and combines the duties of Health Visitor and School Nurse. This enables her to utilise her knowledge of the pupil's home background and to carry forward into the school life her knowledge of and familiarity with the child from birth. In turn this enables the medical officer to get a better understanding of the underlying causes of the child's condition and results in better assessment and management.

These comments have dwelt mainly on the positive effects of the National Health Service Act on the School Health Service but it might be appropriate to mention also some of the negative effects which are of a more temporary nature. It is obvious that the demands of other sections of the community for free treatment has caused a loss of certain facilities to children; this is illustrated by the shortage of dental surgeons in the School Dental Service, and a certain temporary delay in the supply of glasses for school children.

In conclusion, it is not surprising that the National Health Service Act has not produced any drastic effects on the School Health Service. This Service has always been a personal health service, fairly comprehensive, but covering only one section of the population - school children, and is closely related to the Educational services. The National Health Service Act has established the principle that each citizen shall have a Health Service provided by the State, free of charge and quite independent of the citizen's financial position. This principle having been established for the whole population must have reinforced the attitude of Local Education Authorities in their endeavour to produce the very best health service for their school children. The service should be not just a palliative to remedy cases of hardship as they were known in the times of the Interdepartmental Committee on Physical Deterioration of 1904, but a continuous and comprehensive service designed to safeguard the health of the nation's children during their school years.

HEALTH OF SCHOOL CHILDREN IN WEST HAM

IN 1958

SCHOOL POPULATION

On the 31st December, 1958, there were 28,379 children on the school rolls, as compared with 28,815 on the corresponding day of 1957. The variation in school population during the past four years has been slight.

MEDICAL EXAMINATIONS

Periodic Examinations

The medical examination 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 during school life is advised. In West Ham it has been the practice for many years to carry out the three "routine" (or "periodic") medical inspections as follows:- infant school entrants are examined at five years 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 generally regarded as falling into one of the three prescribed age groups (entrants, leavers and others). This year in accordance with the Ministry's request the number of pupils inspected is recorded by year of birth, and not as entrants, second age group, leavers and additional medical inspections as previously.

There was an increase of 888 in the number of periodic medical examinations, and an increase of 216 in the number of special examinations, but a decrease of 770 in re-examinations. On balance there was a moderate increase in the amount of work carried out this year compared with the previous year.

Tables setting out the work relating to medical examinations will be found in the appendices at the end of this report.

Physical Condition. The medical officer's survey at the periodic medical examinations include an assessment of the child's physical condition. This is graded as "Satisfactory" or "Unsatisfactory". The figures for 1956, 1957 and 1958 are as follows:-

| <u>Year</u> | <u>Satisfactory</u> | <u>Unsatisfactory</u> |
|-------------|---------------------|-----------------------|
| 1956 | 99.87% | 0.13% |
| 1957 | 99.90% | 0.10% |
| 1958 | 99.80% | 0.20% |

The latest available figure for the country as a whole is:-

England and Wales:-

| | | |
|------|--------|-------|
| 1957 | 98.28% | 1.72% |
|------|--------|-------|

The variation in the number of children found to be of "unsatisfactory" physical condition may sometimes be attributed to "observer error", a term which is used to express the unavoidable subjective differences of opinion of various medical officers in their attempts to conform to a classification which is not precisely defined. All the children found to be of "unsatisfactory physical condition" were carefully followed up. Detailed medical investigation in conjunction with General Practitioners and Specialist were carried out and supplemented by social reports on home conditions by the Health Visitor. Following that all necessary steps were taken to ensure maximum improvement.

School Leavers. (a) Reports to General Practitioners. We are continuing to forward a report on each school leaver to his general practitioner. This report mentions any defects or disabilities present at the "leavers" examination and helps to ensure continuity of care and treatment. A large proportion of defects reported relate to vision.

(b) Colour Vision. During the year 3,755 children were tested on the Ishihara chart. Of 1,998 boys examined 96 (4.8%) were found to have impaired colour vision while out of 1,757 girls examined there were only 3 (0.17%) whose colour vision was not normal. It is usual to find a much higher incidence amongst boys, and it is important that those boys found to have this defect should be made aware of its effects and of the type of work in which it would be a serious handicap.

OTHER EXAMINATIONS

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.

The number of "special examinations" has increased this year by 216. This may well be a sign of the appreciation and confidence of all concerned in the judgment and opinion of the school medical officers. The conditions for which advice was sought ranged over most fields of medicine relating to Child Health.

There was a striking increase in the number of pupils referred on account of "Ear, Nose and Throat" conditions which was probably due to our more constructive approach to the investigation into causes of hearing loss brought to light by the audiometric surveys.

Cases requiring investigations into vision have increased by 139 over the previous year. This number of referrals is significant of the growing awareness that there is a need to test vision before the last year of primary school life, and it is hoped that in the near future this will be implemented by routine vision testing of all school entrants.

The increase in number of skin conditions dealt with in the school clinic should not be interpreted as a real increase in "skin trouble". They include mainly warts and fungus infections of the feet, e.g., "athletes foot", and are brought to light more often now, because of our increased efforts to improve standards of hygiene in connection with sporting activities, e.g., swimming and football.

The most time consuming conditions in school medical work remain the problems associated with mental health. The number of these cases is difficult to assess as they may be seen at the routine school clinic, or at Child Guidance or Paediatric clinics, or may be encountered at the periodic medical inspection.

One can only hazard a guess that the smaller number of cases coming under the heading of "special examination for psychological development" is due to many of these cases being discovered earlier and particularly in the pre-school period.

The number of cases coming under the heading of "special examination for psychological stability" as dealt with in the school clinic showed no significant change in comparison with the previous year.

Re-Examinations denote, as in the past, children referred from previous medical examinations, and are conducted either at school or at school clinic.

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

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. Home and school visiting - so that they may relate the observations of the individual child's health and behaviour to his family and school background.
2. Health Education.
3. Treatment at school clinics of minor ailments requiring dressings, etc.
4. Routine inspections of pupils for cleanliness; school nurses inspect all children in school each term. The nurses' inspections are the basis of the "cleansing" scheme and give an opportunity for education in personal hygiene. There has been great progress since the early days but a small percentage of children are still found to be infested and the inspections must, therefore, go on.
5. Preparation of pupils for medical inspections, i.e., weighing and measuring, vision testing;
6. Assisting the school medical officer at medical inspections, e.g., by obtaining history and providing details of home conditions.

The school nurses keep under supervision children who should wear glasses and hearing aids, and generally see that the medical officer's advice is understood and followed. This extends to the children's homes, where related matters are discussed with parents.

With the general improvement in social and environmental standards the character of the school nurse's work has been gradually changing. Her time is no longer devoted mainly to instruction regarding the treatment of defects, but her 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 approach, the school nurses do their utmost to help the children on matters of hygiene and prevention of illness, in their individual approach during hygiene inspection and whenever opportunity arises.

FACILITIES FOR MEDICAL EXAMINATIONS IN SCHOOLS

The Standards for School Premises Regulations, 1954, do not specify separate accommodation for medical inspection purposes, but require 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 hand-basin with a supply of hot and cold water.

In planning the re-organisation of medical examinations in schools on more modern lines, the availability of suitable premises for examinations and for interviewing parents, is of the greatest importance. We have, therefore, started a detailed survey of the present facilities in West Ham schools and hope to be able to report the results in the next annual report.

HYGIENE OF SCHOOL PREMISES

Medical officers when visiting schools for medical inspection do not confine their attention to seeing the children, but interest themselves in the general hygiene arrangements and the conditions of the sanitary accommodation, in so far as these may affect the health of the pupils and staff. They also visit the school kitchens and dining rooms to assess the standards of food hygiene. This is in addition to the inspections made by the Public Health Inspectors in accordance with the requirements of the Food Hygiene Regulations of 1955. 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 57 reports were made and dealt with in this way.

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.

During the year 58,719 inspections were made at these cleanliness surveys and 413 instances of infestation found. On the basis of a school population of 28,379 this gives a proportion of uncleanness of 1.46 per cent, which compares with 1.47 per cent in West Ham in 1957 and 1.8% which was the national figure in 1957. 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 1958. The following figures relate to the work done during the year:-

| | |
|--|-----|
| Total number of individual pupils found to be infested | 413 |
| Total of individual pupils in respect of whom cleansing | |
| Notices were issued (Section 54 (2) of Education Act, 1944) | 112 |
| Total of individual pupils in respect of whom cleansing | |
| Orders were issued (Section 54 (3) of Education Act, 1944) | 10 |

Although 10 cleansing Orders were issued, only 2 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 six years under review the percentage of infestation has dropped from 4.6 in 1953 to 1.46 in the present year.

There was a reduction of 34 cleansing Notices and a decrease of 5 cleansing Orders issued during the year compared with the previous year. Nine cases had a second notice, and one had three notices.

It is obvious from these figures that we have now reached the level of infestation which represents the hard core of families who, in spite of all our efforts, have failed to respond. To deal with this difficult problem a special committee of doctors, nurses and Public Health Inspectors was set up under the Chairmanship of the Deputy Medical Officer of Health to study ways in which this resistant group of families could be approached in an effective way.

HOME VISITS

This important function 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. During the year the school nurses paid 1,419 home visits. The number includes 297 visits in connection with the Medical Research Council's controlled B.C.G. trial on school leavers mentioned on page 99. The total number of visits was 161 fewer than in 1957, but whereas the total for 1957 included 1,100 visits in connection with the Medical Research Council's B.C.G. trial, in 1958 these dropped to 297 visits. Thus the difference of about 650 visits represents an increase in home visits for all the other reasons, made mainly at the request of the medical officers. The report on social conditions is becoming increasingly used by school medical officers as an integral factor in the assessment of the child's general condition.

SCHOOL CLINICS

There are three school clinics in the Borough - they are staffed mainly by School Nurses and Health Visitor School Nurses.

| | |
|--|---|
| Balaam Street School Clinic, Balaam Street, Plaistow, E.13. | Open 9 a.m. to 12.30 p.m. Monday to Friday |
| Rosetta School Clinic, Sophia Road, Custom House, E.16. | -do- |
| (Closed during school vacations except for examinations by appointment). | |
| Stratford School Clinic, 84, West Ham Lane, Stratford, E.15. | -do- |
| (Closed during school vacations except for examinations by appointment). | |

There is a medical officer at Stratford School Clinic and at Rosetta School Clinic on Monday and Thursday mornings, and at Balaam Street School Clinic on Tuesday and Friday mornings. One of the main difficulties confronting the school doctor 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 school 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 in recent years, increasingly for the special examinations.

Minor ailments are treated by the nurses under the direction of the medical officers.

Conditions Treated

| | <u>1957</u> | <u>1958</u> |
|--------------------------|--------------|--------------|
| Skin Diseases | 808 | 891 |
| External Eye Diseases | 164 | 116 |
| Minor Ear Conditions | 104 | 104 |
| Miscellaneous Conditions | <u>1,230</u> | <u>1,144</u> |
| Total: | <u>2,306</u> | <u>2,255</u> |

Children Attending Clinics

| <u>Clinic</u> | <u>New Cases</u> | | <u>Total Attendances</u> | |
|---------------|------------------|--------------|--------------------------|---------------|
| | <u>1957</u> | <u>1958</u> | <u>1957</u> | <u>1958</u> |
| Stratford | 985 | 900 | 3,547 | 4,532 |
| Balaam Street | 1,144 | 937 | 4,997 | 5,091 |
| Rosetta | 1,292 | 1,265 | 5,728 | 6,047 |
| Total: | <u>3,421</u> | <u>3,102</u> | <u>14,272</u> | <u>15,670</u> |

It is, of course, necessary for many of the children to attend on more than one occasion.

These figures confirm the recent trend of a fall in the number of children attending the school clinics, but an increase in the total number of attendances and in the volume of work undertaken. The type of case attending the school clinic today requires more thorough understanding and investigation. This is reflected both in the larger number of attendances and in the time given to each interview and examination.

THE OPHTHALMIC CLINIC

Report 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 were re-inspected 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 | 5,481 |
| Pre-school children | 732 |

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 | 32 |
| Congenital cataract | 7 |
| Minor operations under general anaesthetic | 4 |

In addition 7 children were admitted to Whipps Cross Hospital for a special examination under a general anaesthetic.

One child was admitted to Whipps Cross Hospital following an accident; upon being discharged from the wards the child attended the clinic for continuation of treatment.

It will be noted that the number of squint operations has been reduced from 60 during 1957 to 32 during the year under review. This is due to the fact that most of the children of school age have already had the treatment required. The majority of the squint operations now being carried out are either on pre-school children, or on the younger school children.

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 | 154 |
| Pre-school Children | 61 |

Total attendances:

| | |
|---------------------|-------|
| School Children | 1,787 |
| Pre-school children | 448 |

Mr. Finbow, who was appointed to fill the vacancy caused by the unfortunate death of Mr. Lauder, took up his duties as full time optician on the 1st June, 1958. Up to that date all prescriptions were dispensed by outside opticians and I am, therefore, unable to give statistics for the first five months of the year.

The following was the work carried out by Mr. Finbow:-

| | |
|------------------------------------|-------|
| Number of prescriptions dispensed: | 1,071 |
| Number of repairs to spectacles: | 839 |

In addition a number of minor repairs were carried out on the premises.

Fifty-four prescriptions were dispensed by outside opticians.

THE PAEDIATRIC CLINIC

Report by

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

The work of the Consultative Paediatric Clinic has continued on the same lines as in previous years. The movement of the post-war 'bulge' in the birth-rate is clearly discernable in the numbers of children referred in their teens.

A question which frequently crops up, is the value of the recuperative holiday. In some cases, as after a prolonged illness such as rheumatic fever, or after a serious operation, its worth is not in doubt. Again, when a child in a large family living in an overcrowded house, has borne a bad winter with minor infections, and has lost weight and vitality in consequence, few would question the beneficial effect of a couple of weeks of hearty feeding at the seaside. But what are we to say about the small school-child, growing slowly, with poor appetite and lacklustre mien, but with no evidence of malnutrition or organic disease? Is it likely that a short break will change the fundamental tempo of his growth or his saturnine disposition? And what of the asthmatic? I feel that for both of these groups a long-term open-air school is the better suggestion.

Finally there remains a small group of children whose illness demands "therapeutic isolation" from their families. Usually there is some deep unease in the home, so that the normal tolerance which members of a household have for each others' quirks is low from the beginning. Then it does not take long for some trivial upset to strain mother's patience beyond endurance, so that she snaps at the child, who responds with sullen rebellion - and a vicious circle is set up. Often removing the child to the countryside for a few weeks will take the tempers off the boil and permit family life to continue. I do not suggest that basically the family discord has been resolved (usually it is practically impossible to do so), but often the time gained leads to tolerable compromise. We must remember that many of the childish behaviour disorders which precipitate domestic crises are self-limited and short-lived; but to assuage them we require to dilute domestic tensions with physical remoteness. The only important contra-indication to the recuperative holiday is the age of the child: except in rare instances I would not advise sending a child of under 7 years away from home, unless indeed his mother could accompany him. In general, with the rising standard of nutrition, housing, and family understanding, I am using this form of treatment less and less.

I should like to thank the Medical Officers of the Health Department for referring the children to me, and the family doctors concerned for permitting them to do so; and my colleagues at Whipps Cross Hospital, Dr. P. Tettmar, Radiologist, and Dr. W. W. Walther, Pathologist, for allowing me the facilities of their departments.

The paediatric 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, Thursday from 1.30 to 5.15 p.m.
84, West Ham Lane, E.15.

Rosetta School Clinic, Wednesdays from 1.30 to 5.15 p.m.
Sophia Road, (every fortnight)
Custom House, E.16.

During the year 77 school children made 228 attendances at the paediatric clinics.

THE WEST HAM CHILD GUIDANCE CLINIC

This clinic is held at the Credon Road School, Plaistow, E.13., and is open daily (Monday to Friday) from 9.0 a.m. to 5.15 p.m.

STAFF

Consultant Psychiatrists:

| | |
|--|-------------------|
| T.P.Riordan, M.D., D.P.M., (Medical Director till April, 1958) | 2 sessions weekly |
| Elizabeth Whatley, M.B., B.S. | 3 sessions weekly |

Psychiatrist:

| | |
|-----------------|-------------------|
| J.N.Runes, M.D. | 4 sessions weekly |
|-----------------|-------------------|

Educational Psychologist:

| | |
|--|-------------------|
| Mrs.E.Nathan, Dip. Psych. A.B.Ps.S. (till October, 1958) | 6 sessions weekly |
| Mrs.G.Bathurst, M.A., Ph.D. (temporary) | 4 sessions weekly |

Psychiatric Social Worker

Miss M.K.Sykes, B.A. (full time)

Remedial Teacher

| | |
|-------------------|---------------|
| Miss A.B.Marshall | 2 days weekly |
|-------------------|---------------|

Secretary

Mrs.O.Peters (full time)

STAFF CHANGES

In April 1958, the clinic lost the invaluable services of its Medical Director Dr.T.P.Riordan, who resigned because of his appointment of Medical Superintendent of Cefn Coed Hospital, Swansea. With Dr.Somerville and Dr.Glancy, Dr.Riordan had been actively concerned with the Child Guidance Clinic since its foundation, and his wisdom, skill and experience are much missed. Tribute to his work for the children and their families was paid by many representatives of Education and Health Departments and from numerous social workers in the Borough.

In November, 1958, the Clinic suffered a further loss through the resignation of Mrs.E.Nathan, part-time Educational Psychologist to the Clinic and Health Department. Mrs.Nathan's work over the past eight years had established and developed very close and helpful relations with the schools and school health clinics, and more recently in the special fields of assessment of the abilities of very young children through the Maternity and Child Welfare Clinics, and of the physically and/or mentally handicapped child. Many people came to the Clinic to express their warm and sincere appreciation of Mrs.Nathan's work and wise counsel.

Miss M.K.Sykes, Psychiatric Social Worker, started work on January 1st and for the first time for nearly two years, the Clinic had a complete staff of Psychiatrists, Psychologist and Psychiatric Social Worker. Miss Sykes' appointment has made a great difference to all members of the staff, and the balance and scope of the work has been much improved and enlarged.

Towards the end of the year, we were fortunate in having the help of Mrs.Bathurst, Educational Psychologist, who very kindly undertook part-time sessions to bridge the gap between Mrs.Nathan's departure and the appointment of another Psychologist.

At the end of the year it was learned that Mr.Ravenette had been appointed, on a whole time basis, and would begin duties in January, 1959.

After Dr.Riordan left, Dr.Elizabeth Whatley was appointed to two more sessions on a temporary basis. This gives a total of 7 psychiatric sessions - 4 from Dr.Runes and 3 from Dr.Whatley.

STATISTICAL SUMMARY

| | |
|--|-----|
| Total number of cases dealt with | 357 |
| No. of cases newly referred and re-opened | 233 |
| (No. of cases re-opened for re-tests only - 15) | |
| No. of cases carried over from previous year | 143 |
| Waiting List | 19 |
| Psychiatrist's interviews at clinic | 603 |
| Psychologist's interviews at clinic | 193 |
| Psychologist's testing interviews at schools | 16 |
| Psychologist's school visits | 3 |
| Psychologist's psychological tests only | 32 |
| Psychologist's psychological re-tests only | 12 |
| Psychiatric Social Worker's interviews at Clinic | 292 |
| Psychiatric Social Worker's home visits | 78 |
| Psychiatric Social Worker's other visits | 48 |
| Psychiatric Social Worker's school visits | 17 |
| Remedial coaching interviews at clinic | 357 |

AGE INCIDENCE

| | <u>Under 5 years</u> | <u>5 to 11 years</u> | <u>11 years*</u> |
|-----------------------------------|----------------------|----------------------|------------------|
| Cases carried over | 9 | 90 | 44 |
| New referrals and re-opened | 17 | 115 | 101 |

SEX

| | <u>Male</u> | <u>Female</u> |
|---|-------------|---------------|
| Cases carried over | 106 | 37 |
| New referrals and re-opened cases | 141 | 92 |

SOURCES OF REFERRAL

New referrals and re-opened cases

| | |
|-----------------------------|----|
| Medical Officers | 95 |
| Head Teachers | 39 |
| General Practitioners | 13 |
| Children's Department | 28 |
| Education Department | 6 |
| Parents | 22 |
| Probation Officers | 8 |
| Hospitals | 14 |
| Others | 11 |

DISPOSAL

Cases carried over from previous year (including cases on Waiting List at end of 1957)

| | |
|------------------------------------|----|
| <u>Still under treatment</u> | 54 |
| <u>Closed</u> | 89 |
| Improved | 35 |
| Not improved | 1 |
| Before end of treatment | |
| (improved) | 9 |
| Before end of treatment | |
| (not improved) | 15 |
| Never attended | 8 |
| Diagnosis only | 15 |
| Psychological test only | 3 |
| Re-test only | 3 |
| Court Reports | 6 |
| Placement recommended | |
| (E.S.N. school 1) | |
| (Occupation Centre 3) | |

Cases newly referred and re-opened

| | |
|-------------------------------|-----|
| <u>Still open</u> | 144 |
| Under treatment | 120 |
| Partially investigated | 3 |
| Awaiting treatment | 2 |
| Waiting List | 19 |
| <u>Closed</u> | 89 |
| Improved | 8 |
| Before end of treatment | |
| (improved) | 1 |
| Before end of treatment | |
| (not improved) | 2 |
| Never attended | 9 |
| Diagnosis only | 23 |
| Psychological test only | 35 |
| Re-test only | 6 |
| Court Reports | 25 |
| Placement recommended | 17 |
| (E.S.N. School 5) | |
| (Occupation Centre 6) | |
| (Spastic Unit 1) | |
| (Day Nursery 2) | |
| (Res. school for) | |
| (maladjusted children 2) | |
| (Hospital 1) | |

COMMENTS ON ANNUAL FIGURES

The number of interviews show an all round increase in the work of the Clinic. This is most marked in the Psychiatric Social Worker's interviews, as there was no Psychiatric Social Worker during 1957. The value of Miss Sykes' contribution to the Clinic cannot be indicated by the number of interviews and visits as her presence on the staff means that all staff can concentrate on their own particular contribution to the assessment and treatment of cases.

Referrals from the Children's Department and cases reported to the Court showed an increase over 1957 figures.

Figures showing more cases open and fewer cases closed indicate that more cases have been actively treated during the year, and reflects one result of the overall increase in staffing during 1958.

THE EAR, NOSE AND THROAT CLINIC

Consultant Ear, Nose and Throat Specialist,
C.J.Scott, M.B., Ch.B., D.L.C.

The Ear, Nose and Throat clinics are administered by the West Ham Group 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 new cases seen at these clinics are 309 and of these 298 were school children. The total number of attendances was 1,324 and of these 1,310 were school children. We regret that owing to Mr.Scott's sudden death in 1959 we were not able to obtain a report on his work in the Ear, Nose and Throat Clinic in 1958.

TONSILLECTOMY

In accordance with the request of the Ministry of Education we have continued our inquiry into the number of tonsillectomies in school children.

| Number examined | | No. who had tonsillectomy performed | Percentage |
|----------------------|-------|-------------------------------------|------------|
| <u>Year of Birth</u> | | | |
| 1954 and under | 400 | 15 | 3.8 |
| 1953 | 758 | 40 | 5.3 |
| 1952 | 1,290 | 117 | 9.1 |
| 1951 | 287 | 42 | 14.6 |
| 1950 | 82 | 15 | 18.3 |
| 1949 | 85 | 22 | 25.9 |
| 1948 | 79 | 16 | 20.3 |
| 1947 | 2,169 | 511 | 23.6 |
| 1946 | 1,150 | 296 | 25.7 |
| 1945 | 52 | 14 | 26.9 |
| 1944 | 2,089 | 549 | 26.3 |
| 1943 and earlier | 1,161 | 346 | 29.8 |
| Totals: | 9,602 | 1,983 | 20.7 |

HEARING OF SCHOOL CHILDREN

Miss Smart, Audiometrician, continued her audiometric surveys in West Ham schools, using the pure tone audiometer. Miss Smart, who is employed jointly by the County Borough of West Ham and the Regional Hospital Board, gives six sessions a week to the hospital service and five sessions to West Ham. The work for the local authority comprises audiometric surveys of school children both in ordinary and in special schools, work in the Audiology Clinic, the taking of impressions of children's ears prior to the making of ear moulds for hearing aids. The aids themselves are supplied through the London Hospital.

During the year the following work was carried out mainly by surveys of children in the 6+ to 10+ age range in schools. A number of individual children have also been tested prior to ascertainment as Educationally Sub-normal or as ineducable or because of speech defects or other symptoms.

| | |
|---|-------|
| Number of children tested | 4,439 |
| Number of children re-tested | 285 |
| Number referred to school medical officers for further investigations | 172 |

By the end of the year 116 out of the 172 who failed the audiometric test had been investigated by the school medical officers, with the co-operation of the children's family doctors.

70 cases were referred to the Ear, Nose and Throat Specialist

46 cases were dealt with by the school doctor

Findings of Ear, Nose and Throat Specialist and School Medical
Officers in 116 Children Referred after Audiometric Testing

| | |
|--|----|
| Hearing loss not confirmed by subsequent investigation | 42 |
| Hearing loss doubtful | 2 |
| Active and recurrent Otitis Media | 6 |
| History of past Otitis Media | 8 |
| Scarred ear drums | 4 |
| Wax | 27 |
| Transient deafness due to catarrhal conditions | 10 |
| Middle-ear deafness | 4 |
| Nerve deafness | 2 |
| Polypus of eardrum | 1 |
| Mastoid infection | 1 |
| Cause unknown | 8 |
| Refused further investigation | 1 |

TUBERCULOSIS IN CHILDHOOD

The number of children in whom active tuberculosis is found remains comparatively small.

A summary of the work of the West Ham Chest Clinic in relation to school children has kindly been contributed by Dr.D.J.Lawless, the Consultant Chest Physician.

| | |
|--|-----|
| No. of school children referred by school medical officers | 5 |
| No. of school children referred by general practitioners | 113 |
| No. of school children examined as new contacts | 132 |
| No. of school children found to be suffering from tuberculosis | 6 |

The following details of 6 cases found to be suffering from tuberculosis may be of interest:-

| <u>Respiratory</u> | | <u>Non-Respiratory</u> | |
|--|---|--|---|
| Active primary pulmonary tuberculosis, admitted to hospital | 1 | Tubercular glands, attended out-patients' department | 1 |
| Active primary tubercular effusion, admitted to hospital | 1 | Tubercular submandibular gland, admitted to | |
| Pleural effusion, admitted to hospital | 1 | hospital | 1 |
| Right hilum enlargement, admitted to hospital | 1 | | |

B.C.G.VACCINATION

The clinical trial of the efficacy of B.C.G. vaccination which was organised by the Medical Research Council, and which includes West Ham school children, is still in progress, and the follow up included approximately 297 home visits by the school nurses during 1958.

Since June 1956 all school-leavers who have not acquired immunity against tuberculosis (as indicated by their reaction to the skin test) are offered B.C.G. vaccination, and figures referring to this work are found on page 70.

ORTHOPAEDIC AND POSTURAL DEFECTS

As in previous years children with the more severe defects were referred to orthopaedic surgeons at various hospitals. Fifty-one children were given physiotherapy through the Council's service at Forest Street and Grange Road Clinics, and at Elizabeth Fry Special School. Children known to have been treated outside the Council's scheme numbered 132 and 13 have been hospital in-patients. In accordance with the National Health Service arrangements, surgical boots and orthopaedic appliances are provided by the hospital.

PHYSIOTHERAPY

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

Children are referred to the physiotherapist by the local authority medical officers, sometimes at the request of general practitioners. Consultants at hospitals sometimes refer children for treatment at local clinics in order to save fatigue, time and expense caused by long journeys. These are often children suffering from asthma and bronchitis. The treatment given at the clinics is mainly breathing exercises, foot exercises and ultra-violet rays. Children with conditions such as poor posture are given remedial exercises in groups.

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

Physiotherapy Clinics

| | |
|--|---|
| 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. |
| Grange Road Maternity and Child Welfare Clinic, Grange Road, Plaistow, E.13. | Monday and Friday 9 a.m. to 12 noon. |

All patients are seen by appointment.

Number of Children and of Attendances

| | <u>Number Treated</u> | <u>Total number of treatments given</u> |
|---|---------------------------|---|
| <u>Forest Street Clinic</u> | | |
| Sunlight | 84 | 3,516 |
| Massage and Exercises | 45 | |
| <u>Grange Road Clinic</u> | | |
| Sunlight | 79 | 2,561 |
| Massage and Exercises | 31 | |
| <u>Elizabeth Fry Special School</u> (Including Spastic Unit) | | |
| Massage, Exercises, etc. | 33 | 7,959 |

THE SPEECH CLINICS

Report by

Senior Speech Therapist

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

This year has been an eventful one for the Speech Clinic. In September a third Speech Therapist, Miss Patricia Peacock, was appointed, and we have been able to extend the Speech Therapy Services as previously planned. With the kind permission of the Education Officer, clinics (one session a week) have been started in the outlying areas at Carpenter's Road School, (Stratford), and Godwin Road School, (Forest Gate) to serve all the schools in these areas. They are in addition to clinics already held at Gainsborough Road and Grange Road Schools. So far, this innovation has proved successful, and has provided treatment for children who would not be able to attend Greengate Clinic because of the distance involved. In the near future we hope to open a centre in Silvertown.

We have increased the sessions at Gurney School from one to four a week, because so many of these Educationally Sub-normal children have speech defects. The sessions at the Elizabeth Fry Spastic Unit have been extended from seven to nine a week, as there have been additional children admitted to the Unit who are in need of Speech Therapy.

The clinics are now arranged as follows:-

| | |
|----------------------------|-------------|
| Greengate Speech Clinic | 11 sessions |
| Outer Area Clinics | 4 sessions |
| Elizabeth Fry Spastic Unit | 9 sessions |
| Gurney School | 4 sessions |

Students of the West End Hospital for Nervous Diseases Speech Therapy Training School, attend the Greengate Clinic for 4 sessions a week, and the Elizabeth Fry Spastic Unit for 1 session.

A medical officer has continued to visit the clinics from time to time in order to review each child's progress with the Speech Therapist. Any additional treatment or investigation which may be required is arranged at these sessions. During the year children have been referred to the Ear, Nose and Throat Surgeon, Dental Surgeon and Child Guidance Clinic, and we are grateful for the co-operation of these Services. One child with a severe speech handicap was accepted for Moor House Residential School for children with Speech Defects.

It has also been possible during the last three months to arrange one session a week at the Occupation Centre in order to investigate the speech and language problems of the children, and to discuss with the Superintendent and staff, possible ways and means of overcoming them. The work is experimental at present and it will not be possible to assess its value for some time.

Once again we are grateful to the parents, teachers and colleagues who have co-operated with our work.

STATISTICS

No. of children who attended the clinic: 227

Boys: 159
Girls: 68

Defects:

| | |
|--|----|
| Dyslalia | 88 |
| Stammer | 57 |
| Stammer and dyslalia | 8 |
| Sigmatism | 25 |
| Dysarthria associated with cleft palate | 5 |
| Dysarthria | 4 |
| Hyperrhinophonia | 1 |
| Hyporhinophonia | 3 |
| Dysphonia | 2 |
| Speech defect associated with hearing loss | 6 |
| Reading difficulty | 1 |
| Developmental executive aphasia | 11 |
| Dysarthria) | |
| Dysphonia) Associated with cerebral | |
| Dyslalia) palsy | 16 |
| Discharged improved | 66 |

Sources of Referral

| | |
|---|-----|
| School Health Service | 189 |
| Maternity and Child Welfare Clinics | 22 |
| Dental Surgeon | 4 |
| Paediatrician | 3 |
| Child Guidance Clinic | 3 |
| Hospitals | 3 |
| Ear, Nose and Throat Surgeon | 2 |
| Audiology Unit | 1 |

Speech Clinics and times of attendance

Main Speech Clinic:
Greengate School,
Cave Road, Plaistow, E.13. Monday, Thursday and Friday
1.30 to 5.15 p.m.
Tuesday and Wednesday 9 a.m. to 5.15 p.m.

Branch Speech Clinics:
Carpenter's Road School,
Stratford, E.15. Mondays 1.30 to 5.15 p.m.
Godwin Road School,
Forest Gate, E.7. Tuesdays 1.30 to 5.15 p.m.
Gainsborough Road School,
Plaistow, E.13. Fridays 1.30 to 5.15 p.m.

All treatment is given by appointment.

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.

During the year under review, the staffing position was as fluctuating as in the previous year, but with the retirement of Miss D.Marsden in the autumn, a gap was made which will be difficult to fill.

The bus strike affected the Dental Service as it affected other branches of life; Dental Officers, attendants and patients found it hard or impracticable to attend Clinics, and in consequence, the amount of treatment given at most sessions during this period fell considerably, and the total output of work was lower than it would otherwise have been. Had it not been for the strike, there would have been a gratifying increase in all forms of treatment; as it was, the only increase shown was the figure for extractions - for tooth-ache will find a way, even if it has to walk. There were 718 more teeth extracted than in 1957 and 372 more administrations of general anaesthetics, but all other treatment figures were down on the previous year's. There were more children inspected and offered treatment than previously at routine inspections, but the acceptance rate of roughly 75% remains constant.

Maybury Road Clinic remained unstaffed as in previous years, but an experiment was carried out in the autumn, which may have beneficial results at some future date. By courtesy of Bedfordshire County Council we had the use of a Mobile Dental Unit for several weeks, in which time New City Road Infant and Junior Schools and Elizabeth Fry School for the Physically Handicapped were inspected and treated. Despite some mechanical snags, the experiment was highly successful, and staff, children and parents were most appreciative of this effort to save the inevitable waste of time entailed by visits to a static Clinic.

The evening sessions for older children were continued, and have been as successful as in the previous year.

The scheme, started in 1957, of having final-year students from the London Hospital Dental School attend "Extra-mural Tutorials" at West Ham Lane was carried on throughout 1958, and it has been very gratifying to receive spontaneous letters of thanks from several of the students after their visits.

The regular "Toddlers Clinics" at the various Centres have now settled into a routine arrangement which is working very happily for all concerned, and it is hoped that the seed sown here will bear successful fruit in the future. It is a little disappointing that the similar arrangement for the expectant and nursing mothers does not show up in such a bright light. Too many mothers and mothers-to-be attend too seldom and too late. After half a century of School Health Services it makes one a little sad and despondent to see so many young women with mouths full of neglected and decayed teeth or with complete dentures. Perhaps it will take another half-century before the consciousness of positive dental and general health becomes sufficiently universal for the above pictures to be placed with Hogarth's cartoons in the Black Museum of history.

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, E.13.

Monday - Friday 9 a.m. to 4.0 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.

HANDICAPPED PUPILS

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

Categories of Handicapped Pupils in West Ham - 1958

Blind Pupils

| | |
|---|---|
| Number known to the Authority | 7 |
| Number ascertained during the year | 2 |
| Number in Residential Special Schools at end of year | 6 |
| Number in Day Special School | 1 |

Partially Sighted Pupils

| | |
|--|---|
| Number known to the Authority | 7 |
| Number ascertained during the year | 2 |
| Number in Day Special School at end of year | 4 |
| Number left Day Special School during the year | 3 |

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 | 0 |
| 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 | 5 |
| Number ascertained during the year | 0 |
| In Day Special School at end of year | 5 |

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 deaf children in West Ham attend the West Ham School for the deaf.

Two deaf children were admitted to Residential Special Schools for the Deaf this year because they were also maladjusted.

EDUCATIONALLY SUB-NORMAL PUPILS

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

| | |
|--------------------------------------|------------|
| In ordinary schools | 23 |
| In Day Special Schools | 141 |
| In Residential Special Schools | <u>10</u> |
| | <u>174</u> |

Number ascertained during the year 22

Recommended placement

| | |
|-------------------------------|-----------|
| In ordinary school | Nil |
| Day Special School | 21 |
| Residential Special School .. | <u>1</u> |
| | <u>22</u> |

Most of West Ham children who are ascertained as Educationally Sub-Normal attend the Gurney Special School. Like other handicapped pupils they receive careful medical supervision and many receive speech therapy. Their mental and emotional development is under constant review and is specially assessed towards the end of their school life. The following recommendations were made in respect of the 22 pupils who left the school in 1958.

- 15 were notified to the Local Authority as requiring supervision after leaving school
- 5 left without special recommendation
- 2 left the district.

EPILEPTIC PUPILS

The majority of epileptic children with the less serious forms of epilepsy can be educated at ordinary schools. It is only when an epileptic is clearly unable to fit into ordinary school life that he has to be "ascertained" and special education arranged for him, usually in a boarding school 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 39.

The ascertained cases are summarised as follows:-

| | |
|--|---|
| Cases known to the Authority | 7 |
| (Ascertained during the year - 2) | |
| In Residential Special Schools | 4 |
| In Day Special School | 2 |
| Waiting for a vacancy in a Residential School | 1 |

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.

A few acutely maladjusted children need a period away from home. These may be sent 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 scope in the sphere of prevention particularly in their visits to the homes and through their knowledge of the child's family background.

Only two children were "ascertained" as maladjusted during the year and were 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 | 62 |
| (Ascertained during the year - 3) | |
| In residential special schools (including hospital schools | 3 |
| In the day special school | 59 |

The authority maintains a day special school for physically handicapped pupils; the Elizabeth Fry Special School and Spastic Unit. The school caters for physically handicapped pupils of all ages, the Spastic Unit provides 12 places for children aged 2 - 7 who are suffering from Cerebral Palsy.

Ten West Ham children left the school during the year, of these,

- 3 returned to ordinary school
- 1 left school at 15 years
- 3 left school at 16 years and were reported
to the Youth Employment Officer as
Disabled Juveniles.
- 1 admitted to a Residential School for Physically
Handicapped pupils
- 1 transferred to the Day School for Educationally
Sub-normal pupils.
- 1 was notified to the Local Authority for
supervision after leaving school.

It is interesting to note the variety of physical handicaps on account of which the children have been admitted.

| | |
|---|-----------|
| Heart conditions (congenital and rheumatic) | 3 |
| Paralysis | 13 |
| Cerebral Palsy | 15 |
| Quiescent tuberculosis of bones and joints | 1 |
| Muscular dystrophy | 3 |
| Perthe's disease | 4 |
| Fragilitas ossium | 2 |
| Miscellaneous conditions | 18 |
| | <u>59</u> |

The miscellaneous conditions include the following:-

Hand-Schuller-Christian disease
Congenital deformities
Cerebral Tumour
Osteochondritis
Cretinism
Post-vaccinal encephalitis
Ectopic bladder
Haemophilia
Epilepsy
Nephrosis
Achondroplasia
Meningocele
Spino cerebellar degeneration
Arthrogryphosis
Hydrocephalus

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. During the year three West Ham and 11 children from other areas all under the age of seven years were in the Unit. In addition 7 children attended the Unit as out-patients. Of these 7, two were from other districts. Fourteen children were receiving physiotherapy and 7 children 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. One child was ascertained during the year. The other children attend their appropriate schools and receive treatment in the Speech Clinic.

DELICATE PUPILS

To this category belong children suffering from such conditions as asthma, bronchitis, debility, poor physical condition, anaemia, 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 10, of whom 7 were admitted to residential open air schools maintained by outside authorities, and three were on the waiting list for suitable vacancies.

CHILDREN WITH MULTIPLE DEFECTS

Children handicapped by more than one defect often present serious problems both in assessing their medical condition and mental ability as well as in arranging suitable education. There are very few schools which specialise in the education of children with multiple disabilities. There is an acknowledged need for further provision, which can only be made on a national basis, since no authority is likely to have a large number of children with any particular combination of disabilities. We have at present five such children in West Ham who have been formally ascertained.

A girl aged 12 years. Physically handicapped and educationally sub-normal.

At Elizabeth Fry Day School for Physically Handicapped pupils.

A girl aged 15 years. Physically handicapped and partially sighted.

At Burton Hall Special School.

A boy aged 12 years. Physically handicapped, partially deaf and maladjusted.

At The Heritage Craft Schools and Hospitals, Chailey, Sussex.

A girl aged 15 years. Blind and educationally sub-normal.

At Condoover Hall School.

A boy aged 13 years. Blind and educationally sub-normal.

At Condoover Hall School.

MEDICAL ARRANGEMENTS IN
NURSERY SCHOOLS AND NURSERY CLASSES

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

Nursery Schools

| <u>Number examined</u> | <u>Number found to require treatment</u> | <u>Percentage found to require treatment</u> |
|------------------------|--|--|
| 486 | 47 | 9.7 |

When the children were examined for the first time this 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> |
|----------------------------|---------------------|-------------------|-----------------------|-------------------|
| 403 | 398 | 98.8 | 5 | 1.2 |

The conditions most frequently found are bronchitis, upper respiratory catarrh, nose and throat conditions, and minor orthopaedic defects.

Nursery Classes

There are at present 3 nursery classes, which cater for about 90 children. These are given a full medical examination once a year (the new children are seen in the term following admission) while any whose health is not satisfactory are seen at least once a term.

CONVALESCENT TREATMENT

The child who requires 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 and measles or are troubled with attacks of upper respiratory catarrh. They often 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 as usual have been carried out in a most efficient manner. Occasionally voluntary organisations of different religious denominations cater for special cases, e.g. Jewish Board of Guardians.

During the year 122 children were sent to convalescent homes.

The Children's Country Holiday Fund organises summer holidays for children in private homes, but these 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. They 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, 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 declined, being 229, in that year and 121 in 1958, one of whom was found unfit. 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 is sixteen.

THE SCHOOL LEAVER AND EMPLOYMENT

Unsuitability for certain occupations

It is in the childrens' interest that the School Health and Youth Employment Services should work closely together during the last two years of the child's school life, and one of the duties which the former should perform for the school leaver is to give the Youth Employment Officer an indication of the child's fitness for employment. At the last medical inspection, the School Medical Officer has in mind the child's 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 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 seven reports were submitted for this purpose.

MISCELLANEOUS

Children are also examined for the following reasons:-

(a) Children boarded-out in foster homes or in the Children's Homes

Examinations are carried out for the Children's Committee by medical officers of the Health Department, in accordance with the Home Office regulations. Each of the Children's Home and Residential Nurseries is, so far as practicable, allocated to an individual medical officer who undertakes the regular examinations and the occasional special visits required. In addition the medical officers examined children referred to the school clinics, prior to their being taken into care and for their periodic medical examination while in foster homes.

(b) Children who are going on school journeys - 149
were examined and all were found fit.

(c) Children's Country Holiday Fund

67 were examined by medical officers and nurses.

(d) Children going to Holiday Camps

11 were examined.

(e) Children going on school journey to holiday camp, etc.

498 children were examined shortly before their departure to ensure freedom from infection.

In addition, certain children brought before the Juvenile Court, were submitted by the Children's Officer for medical examination and report on their physical condition.

APPENDIX I

CAUSES OF DEATH IN AGE GROUPS - 1958 (as supplied by Registrar-General).

| Causes of Death | All Ages | | Deaths at different periods of life of residents (civilians) whether occurring within or without the district. | | | | | | | | | | | | | | | |
|--|----------|-----|---|----|-----------|---|------------|---|-------------|---|-------------|----|-------------|-----|-------------|-----|----------------|-----|
| | | | Under 1 Year | | 1-4 Years | | 5-14 Years | | 15-24 Years | | 25-44 Years | | 45-64 Years | | 65-74 Years | | 75 and upwards | |
| | | | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| 1. Tuberculosis, respiratory ... | 11 | 4 | - | - | - | - | - | - | - | - | 1 | - | 4 | 3 | 4 | - | 2 | 1 |
| 2. Tuberculosis, other ... | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 3. Syphilitic disease ... | 4 | 4 | - | - | - | - | - | - | - | - | - | - | 1 | 1 | 2 | 2 | 1 | 1 |
| 4. Diphtheria ... | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 5. Whooping Cough ... | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 6. Meningococcal infections ... | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 7. Acute poliomyelitis ... | 1 | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - |
| 8. Measles ... | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 9. Other infective and parasite diseases | 4 | 4 | 1 | - | - | - | 1 | - | - | - | 1 | - | 1 | 3 | 1 | - | - | - |
| 10. Malignant neoplasm, stomach ... | 35 | 27 | - | - | - | - | - | - | 1 | - | 2 | 2 | 15 | 5 | 14 | 9 | 3 | 11 |
| 11. Malignant neoplasm, lung, bronchus | 80 | 9 | - | - | 1 | - | - | - | - | - | 2 | - | 39 | 4 | 28 | 4 | 10 | 1 |
| 12. Malignant neoplasm, breast ... | - | 29 | - | - | - | - | - | - | - | - | - | 4 | - | 15 | - | 6 | - | 4 |
| 13. Malignant neoplasm, uterus ... | - | 6 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | 3 | - | 2 |
| 14. Other malignant & lymphatic neoplasms | 66 | 68 | - | - | - | - | 1 | - | 1 | 3 | 4 | 18 | 26 | 19 | 18 | 25 | 19 | 19 |
| 15. Leukaemia, aleukaemia ... | 5 | 2 | - | - | 1 | - | 1 | - | - | - | 2 | - | - | 1 | 2 | - | - | - |
| 16. Diabetes ... | 4 | 11 | - | - | - | - | 1 | - | - | - | 1 | - | 2 | 3 | 1 | 5 | - | 2 |
| 17. Vascular lesions of nervous system | 62 | 91 | - | - | - | - | - | - | - | - | 4 | 1 | 18 | 12 | 19 | 24 | 21 | 54 |
| 18. Coronary disease, angina ... | 165 | 95 | - | - | - | - | - | - | - | - | 6 | 3 | 71 | 18 | 49 | 38 | 39 | 36 |
| 19. Hypertension with heart disease ... | 14 | 18 | - | - | - | - | - | - | - | - | 1 | - | 2 | 4 | 7 | 8 | 4 | 6 |
| 20. Other heart disease ... | 94 | 141 | - | - | - | - | - | - | 1 | - | 1 | 7 | 5 | 18 | 21 | 22 | 66 | 94 |
| 21. Other circulatory disease ... | 34 | 36 | - | - | - | - | - | - | - | - | - | - | 6 | 9 | 7 | 10 | 21 | 17 |
| 22. Influenza ... | 3 | 1 | - | - | - | - | - | - | - | - | - | - | 2 | - | - | - | 1 | 1 |
| 23. Pneumonia ... | 43 | 39 | 5 | 2 | - | - | - | - | - | - | 1 | - | 9 | 8 | 17 | 10 | 11 | 19 |
| 24. Bronchitis ... | 97 | 51 | 1 | 2 | - | 1 | 1 | - | - | - | 3 | - | 24 | 13 | 36 | 12 | 32 | 23 |
| 25. Other diseases of respiratory system | 18 | 7 | - | - | - | - | 1 | - | 1 | - | - | 1 | 9 | 3 | 6 | 2 | 1 | 1 |
| 26. Ulcer of stomach and duodenum ... | 19 | 4 | - | - | - | - | - | - | - | - | - | - | 6 | 1 | 8 | 1 | 5 | 2 |
| 27. Gastritis, enteritis and diarrhoea | 4 | 5 | 1 | 1 | - | - | - | - | - | - | 1 | - | 1 | 1 | - | - | 1 | 3 |
| 28. Nephritis and nephrosis ... | 6 | 7 | - | - | - | - | - | 1 | - | 1 | 1 | 1 | 5 | 2 | - | 1 | - | 1 |
| 29. Hyperplasia of prostate ... | 6 | - | - | - | - | - | - | - | - | - | - | - | - | - | 2 | - | 4 | - |
| 30. Pregnancy, childbirth, abortion ... | - | 1 | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - |
| 31. Congenital malformations ... | 9 | 6 | 5 | 4 | 4 | - | - | - | - | - | 1 | - | 1 | - | - | - | - | - |
| 32. Other defined and ill-defined diseases | 53 | 56 | 20 | 10 | - | - | - | - | 1 | 1 | - | 3 | 13 | 9 | 7 | 19 | 12 | 14 |
| 33. Motor vehicle accidents ... | 6 | 1 | - | - | 1 | - | 2 | - | - | - | 1 | - | 1 | - | - | - | 1 | 1 |
| 34. All other accidents ... | 13 | 8 | - | - | - | - | - | - | 1 | - | 7 | - | 3 | 2 | 2 | 1 | - | 5 |
| 35. Suicide ... | 14 | 8 | - | - | - | - | - | - | 1 | - | 4 | 2 | 6 | 2 | 3 | 3 | - | 1 |
| 36. Homicide and operations of war ... | 1 | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL (All causes) | 871 | 739 | 34 | 19 | 7 | 1 | 7 | 3 | 6 | 3 | 42 | 30 | 261 | 164 | 254 | 200 | 260 | 319 |

APPENDIX II

Particulars of Bodies Received into the Mortuary

During 1958

| 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 | 49 | 26 | 23 | 45 | 4 | 47 | 2 | - | 49 | 3 | 10 |
| February | 41 | 26 | 15 | 37 | 4 | 35 | 5 | 1 | 40 | 4 | 4 |
| March | 34 | 22 | 12 | 31 | 3 | 28 | 6 | - | 34 | 4 | 5 |
| April | 36 | 21 | 15 | 34 | 2 | 30 | 6 | - | 36 | 9 | 4 |
| May | 32 | 19 | 13 | 29 | 3 | 28 | 4 | - | 32 | 6 | 4 |
| June | 30 | 20 | 10 | 29 | 1 | 24 | 6 | - | 30 | 6 | 3 |
| July | 18 | 7 | 11 | 17 | 1 | 16 | 2 | - | 18 | 1 | 1 |
| August | 20 | 12 | 8 | 18 | 2 | 17 | 3 | - | 20 | 5 | 5 |
| September | 38 | 27 | 11 | 38 | - | 27 | 11 | - | 38 | 6 | 8 |
| October | 24 | 15 | 9 | 24 | - | 20 | 3 | 1 | 23 | 1 | 3 |
| November | 30 | 19 | 11 | 30 | - | 24 | 5 | 1 | 29 | 5 | 3 |
| December | 44 | 29 | 15 | 42 | 2 | 38 | 6 | - | 44 | 4 | 7 |
| TOTAL | 396 | 243 | 153 | 374 | 22 | 334 | 59 | 3 | 393 | 54 | 57 |

Of the 396 bodies received in the Public Mortuary, 44 were brought directly by ambulance, 156 were brought from local hospitals, having died within 24 hours of admission, and 196 were brought from home by undertakers on the Coroner's instructions.

53 deaths were from other than natural causes and details are given hereunder:-

Road Accidents

| | |
|----------------|---|
| Pedestrians | 9 |
| Pedal Cyclists | 3 |
| Motor Cyclists | 2 |
| Motorists | 1 |

Home Accidents

| | |
|-------------------------------------|---|
| Due to falls | 7 |
| Due to burns | 1 |
| Due to asphyxia following a fire | 1 |

Industrial Accidents

| | |
|-----------------|---|
| Dock workers | 2 |
| Factory workers | 1 |

Industrial Diseases

| | |
|------------|---|
| Asbestosis | 2 |
|------------|---|

Suicides and Open Verdicts

| | |
|--------------------|----|
| Coal Gas Poisoning | 14 |
| Hanging | 3 |
| Overdose of Drugs | 3 |
| Other Causes | 3 |

| | |
|---------------------|---|
| <u>Manslaughter</u> | 1 |
|---------------------|---|

APPENDIX III

STATISTICS RELATING TO THE SCHOOL HEALTH SERVICE

COMPARISON OF CERTAIN TYPES OF WORK CARRIED OUT IN THE YEARS 1955, 1956, 1957 and 1958.

School Population: 1955: 29,487 1956: 29,453 1957: 28,815 1958: 28,379

| TYPE OF WORK | Number of cases dealt with | | | |
|---|----------------------------|--------|--------|--------|
| | 1955 | 1956 | 1957 | 1958 |
| Periodic Medical Inspections | 8,072 | 7,593 | 8,714 | 9,602 |
| Special Inspections and Re-inspections ... | 12,088 | 12,760 | 9,621 | 9,067 |
| Uncleanliness Inspections by school nurses | 68,934 | 63,787 | 65,913 | 58,719 |
| Percentage of children found unclean ... | 2.59 | 1.55 | 1.47 | 1.46 |
| Minor ailments treated at the school clinics | 2,342 | 2,542 | 2,306 | 2,252 |
| Attendances at minor ailment clinics ... | 17,751 | 15,638 | 14,272 | 15,670 |
| Tonsil and adenoid operations known to have been performed | 248 | 311 | 225 | 125 |
| Orthopaedic defects known to have been treated at hospital orthopaedic clinics | 118 | 115 | 79 | 132 |
| Orthopaedic defects treated at the Council's physiotherapy clinics | 111 | 126 | 75 | 51 |
| Cases treated at the light clinics | 185 | 218 | 88 | 163 |
| Children examined for employment | 64 | 66 | 111 | 121 |
| Children examined for entertainments ... | 52 | 16 | 9 | 16 |
| Children admitted to convalescent homes ... | 146 | 106 | 116 | 122 |
| Children found in need of speech therapy | 78 | 50 | 76 | 89 |
| Children referred for child guidance treatment | 204 | 153 | 61 | 216 |
| DENTAL WORK | | | | |
| Children treated | 5,009 | 4,050 | 4,145 | 6,032 |
| Number of fillings | Permanent teeth | 5,205 | 5,234 | 6,477 |
| | Temporary teeth | 2,613 | 2,052 | 2,283 |
| Number of extractions | Permanent teeth | 1,245 | 1,263 | 1,491 |
| | Temporary teeth | 4,762 | 4,077 | 4,373 |
| Administrations of general anaesthetics ... | | 2,251 | 2,254 | 2,178 |
| Other operations | Permanent teeth | 3,693 | 4,359 | 5,647 |
| | Temporary teeth | 1,189 | 768 | 750 |
| Number of orthodontic cases treated ... | | 161 | 330 | 470 |

APPENDIX IV

SCHOOL HEALTH SERVICE

STATISTICS RELATING TO INSPECTION AND TREATMENT OF NURSERY, SPECIAL,
PRIMARY, SECONDARY AND GRAMMAR SCHOOL PUPILS, 1958.

PART I

Return of Medical Inspection

Table A. Periodic medical inspection:

| Age Groups Inspected (By year of birth) | No. of Pupils Inspected | Physical Condition of Pupils Inspected | | | |
|---|----------------------------|--|------------|----------------|------------|
| | | Satisfactory | | Unsatisfactory | |
| | | No. | % of Col.2 | No. | % of Col.2 |
| (1) | (2) | (3) | (4) | (5) | (6) |
| 1954 and later | 400 | 396 | 99.0 | 4 | 1. |
| 1953 | 758 | 756 | 99.7 | 2 | 0.3 |
| 1952 | 1,290 | 1,284 | 99.5 | 6 | 0.5 |
| 1951 | 287 | 286 | 99.7 | 1 | 0.3 |
| 1950 | 82 | 82 | 100. | - | - |
| 1949 | 85 | 84 | 98.8 | 1 | 1.2 |
| 1948 | 79 | 77 | 97.5 | 2 | 2.5 |
| 1947 | 2,169 | 2,164 | 99.8 | 5 | 0.2 |
| 1946 | 1,150 | 1,148 | 99.8 | 2 | 0.2 |
| 1945 | 52 | 52 | 100. | - | - |
| 1944 | 2,089 | 2,089 | 100. | - | - |
| 1943 and earlier | 1,161 | 1,161 | 100. | - | - |
| TOTAL: | 9,602 | 9,579 | 99.8 | 23 | 0.2 |

Table B. Pupils found to require treatment:

| Age Groups Inspected (By year of birth) | For defective vision (excluding squint) | For and of the other conditions recorded in Part II | Total Individual Pupils |
|---|---|--|-------------------------------|
| (1) | (2) | (3) | (4) |
| 1954 and later | 6 | 28 | 33 |
| 1953 | 7 | 76 | 75 |
| 1952 | 17 | 125 | 126 |
| 1951 | 7 | 41 | 47 |
| 1950 | 8 | 20 | 24 |
| 1949 | 11 | 14 | 23 |
| 1948 | 16 | 21 | 29 |
| 1947 | 176 | 165 | 311 |
| 1946 | 84 | 87 | 144 |
| 1945 | - | 3 | 3 |
| 1944 | 183 | 167 | 321 |
| 1943 and earlier | 98 | 93 | 165 |
| TOTAL: | 613 | 840 | 1,301 |

Table C. Other Inspections:

| | |
|-----------------------------------|--------------|
| Number of Special Inspections ... | 6,724 |
| Number of Re-inspections | <u>2,343</u> |
| | <u>9,067</u> |

Table D. Verminous Conditions:

| | |
|---|--------|
| (1) Total number of examinations of children in the schools by the school nurses | 58,719 |
| (2) Number of individual children found unclean | 413 |
| (3) Number of individual children in respect of whom cleansing notices were issued ... | 112 |
| (4) Number of individual children in respect of whom cleansing orders were issued ... | 10 |

PART II

Return of defects found by medical inspection in the year
ended 31st December, 1958.

| 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 | 162 | 87 | 939 | 54 |
| 5 | Eyes - | | | | |
| | (a) Vision | 613 | 253 | 250 | 78 |
| | (b) Squint | 53 | 22 | 40 | 15 |
| | (c) Other | 31 | 18 | 147 | 13 |
| 6 | Ears - | | | | |
| | (a) Hearing | 37 | 33 | 129 | 84 |
| | (b) Otitis media | 23 | 26 | 46 | 11 |
| | (c) Other | 14 | 10 | 87 | 9 |
| 7 | Nose and Throat | 124 | 228 | 107 | 82 |
| 8 | Speech | 47 | 33 | 70 | 82 |
| 9 | Lymphatic glands | 1 | 29 | 2 | 4 |
| 10 | Heart | 17 | 34 | 4 | 28 |
| 11 | Lungs | 34 | 55 | 57 | 41 |
| 12 | Developmental - | | | | |
| | (a) Hernia | 1 | 11 | 2 | 8 |
| | (b) Other | 5 | 90 | 2 | 43 |
| 13 | Orthopaedic - | | | | |
| | (a) Posture | 39 | 16 | 9 | 10 |
| | (b) Flat Feet | 110 | 103 | 56 | 26 |
| | (c) Other | 51 | 67 | 49 | 34 |
| 14 | Nervous system - | | | | |
| | (a) Epilepsy | 4 | 12 | 4 | 12 |
| | (b) Other | 4 | 17 | 6 | 16 |
| 15 | Psychological - | | | | |
| | (a) Development | 10 | 22 | 15 | 42 |
| | (b) Stability | 23 | 189 | 39 | 115 |
| 16 | Abdomen | 31 | 38 | 31 | 22 |
| 17 | Other | 89 | 202 | 1,334 | 266 |

PART III

Defects Treated

Table A. Diseases of the Eye, Defective Vision and Squint

| | Number of cases known to have been dealt with |
|---|---|
| External and other, excluding errors of refraction and squint | 165 |
| Errors of refraction (including squint) | 1,068 |
| Total: | <u>1,233</u> |

Number of pupils for whom spectacles were prescribed

709

Table B. Diseases and Defects of the Ear, Nose and Throat

| | Number of cases known to have been dealt with |
|--|---|
| Received operative treatment - | |
| (a) For diseases of the ear | 0 |
| (b) For adenoids and chronic tonsillitis | 125 |
| (c) For other nose and throat conditions | 1 |
| Received other forms of treatment | <u>538</u> |
| Total: | <u>664</u> |

Table C. Orthopaedic and Postural Defects

| | Number of cases known to have been dealt with |
|---|---|
| (a) Pupils treated at clinics or out-patient dispensaries | 183 |
| (b) Pupils treated at school for postural defects | <u>0</u> |
| Total: | <u>183</u> |

Table D. Diseases of the Skin (excluding uncleanness)

| | Number of cases known to have been treated |
|----------------------|--|
| Ringworm - (i) Scalp | Nil |
| (ii) Body | 47 |
| Scabies | 5 |
| Impetigo | 49 |
| Other skin diseases | 947 |
| Total: | <u>1,048</u> |

Table E. Child Guidance Treatment

| | Number of cases known to have been treated |
|--|--|
| Pupils treated at Child Guidance Clinics | 331 |

Table F. Speech Therapy

| | Number of cases known to have been treated |
|-------------------------------------|--|
| Pupils treated by Speech Therapists | 224 |

Table G. Other Treatment Given

| | Number of cases known to have been dealt with |
|---|---|
| (a) Pupils with minor ailments | 1,390 |
| (b) Pupils who received convalescent treatment under School Health Service arrangements | 122 |
| (c) Pupils who received B.C.G. vaccination | 1,336 |
| (d) Other than (a) (b) and (c) above: | |
| Epilepsy | 22 |
| Other conditions of the nervous system | 17 |
| Heart and circulation | 59 |
| Lungs | 98 |
| Other conditions not minor ailments | 286 |
| Total: | <u>3,330</u> |

PART IV

Dental Inspection and Treatment

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--------------|--|
| (1) Number of pupils inspected by the Authority's Dental Officers: | | | | | | | | | | | |
| (a) Periodic | | | | | | | | | | 3,594 | |
| (b) Specials | | | | | | | | | | 4,090 | |
| (2) Number found to require treatment | | | | | | | | | | | |
| (3) Number offered treatment | | | | | | | | | | | |
| (4) Number actually treated | | | | | | | | | | | |
| (5) Attendance made by pupils for treatment | | | | | | | | | | | |
| (6) Half-days devoted to | | | | | | | | | | | |
| Periodic Inspection | | | | | | | | | | 29 | |
| Treatment | | | | | | | | | | 2,528 | |
| Total half-days | | | | | | | | | | <u>2,557</u> | |
| (7) Fillings: | | | | | | | | | | | |
| Permanent teeth | | | | | | | | | | 5,625 | |
| Temporary teeth | | | | | | | | | | <u>1,967</u> | |
| Total fillings | | | | | | | | | | <u>7,592</u> | |
| (8) Number of teeth filled: | | | | | | | | | | | |
| Permanent teeth | | | | | | | | | | 4,932 | |
| Temporary teeth | | | | | | | | | | <u>1,896</u> | |
| Total of teeth filled | | | | | | | | | | <u>6,828</u> | |
| (9) Extractions: | | | | | | | | | | | |
| Permanent teeth | | | | | | | | | | 1,767 | |
| Temporary teeth | | | | | | | | | | <u>4,815</u> | |
| Total extractions | | | | | | | | | | <u>6,582</u> | |
| (10) Administration of general anaesthetics for extraction | | | | | | | | | | | |
| (11) Orthodontics: | | | | | | | | | | | |
| Cases commenced during the year | | | | | | | | | | 216 | |
| Cases carried forward from previous year | | | | | | | | | | 319 | |
| Cases completed during the year | | | | | | | | | | 60 | |
| Cases discontinued during the year | | | | | | | | | | 88 | |
| Pupils treated with appliances | | | | | | | | | | 229 | |
| Removable appliances fitted | | | | | | | | | | 227 | |
| Fixed appliances fitted | | | | | | | | | | 2 | |
| Total attendances | | | | | | | | | | <u>3,010</u> | |
| (12) Number of pupils fitted with artificial dentures | | | | | | | | | | | |
| (13) Other operations | | | | | | | | | | | |
| Permanent teeth | | | | | | | | | | 5,538 | |
| Temporary teeth | | | | | | | | | | <u>726</u> | |
| Total of "other operations" | | | | | | | | | | <u>6,264</u> | |

| <u>I N D E X</u> | | | | | | | | | | <u>PAGE</u> |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------------|
| <u>Subject</u> | | | | | | | | | | |
| Adulterated Samples | ... | ... | ... | ... | ... | ... | ... | ... | ... | 20 |
| After Care | ... | ... | ... | ... | ... | ... | ... | ... | ... | 74-76 |
| Ambulance Service | ... | ... | ... | ... | ... | ... | ... | ... | ... | 71-73 |
| Analgesia | ... | ... | ... | ... | ... | ... | ... | ... | ... | 59 |
| Ante-Natal and Post-Natal Care: Facilities provided for | ... | ... | ... | ... | ... | ... | ... | ... | ... | 43 |
| Appendices 1-4 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 112-121 |
| Audiometric Surveys | ... | ... | ... | ... | ... | ... | ... | ... | ... | 98 |
| Audiology Unit | ... | ... | ... | ... | ... | ... | ... | ... | ... | 47 |
| Aural Clinics | ... | ... | ... | ... | ... | ... | ... | ... | ... | 97-99 |
| B.C.G. Vaccination | ... | ... | ... | ... | ... | ... | ... | ... | ... | 70,75,99 |
| Births | ... | ... | ... | ... | ... | ... | ... | ... | ... | 5,6,60 |
| Blind Children | ... | ... | ... | ... | ... | ... | ... | ... | ... | 104 |
| Blood Tests | ... | ... | ... | ... | ... | ... | ... | ... | ... | 43 |
| Bronchitis | ... | ... | ... | ... | ... | ... | ... | ... | ... | 5 |
| Cancer | ... | ... | ... | ... | ... | ... | ... | ... | ... | 5,11,12 |
| Caravans | ... | ... | ... | ... | ... | ... | ... | ... | ... | 29,30 |
| Care of Mothers and Young Children | ... | ... | ... | ... | ... | ... | ... | ... | ... | 40-58 |
| Chest X-ray - Expectant Mothers | ... | ... | ... | ... | ... | ... | ... | ... | ... | 43 |
| Child Guidance | ... | ... | ... | ... | ... | ... | ... | ... | ... | 93-97,120 |
| Child Minders | ... | ... | ... | ... | ... | ... | ... | ... | ... | 53-54 |
| Child Welfare | ... | ... | ... | ... | ... | ... | ... | ... | ... | 45-58 |
| Clean Air | ... | ... | ... | ... | ... | ... | ... | ... | ... | 16-18 |
| Cleanliness - School Children | ... | ... | ... | ... | ... | ... | ... | ... | ... | 88,89,117 |
| Clearance Areas | ... | ... | ... | ... | ... | ... | ... | ... | ... | 25,26 |
| Colour Vision | ... | ... | ... | ... | ... | ... | ... | ... | ... | 86 |
| Committees, List of | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3 |
| Condensed Milk | ... | ... | ... | ... | ... | ... | ... | ... | ... | 36 |
| Convalescence | ... | ... | ... | ... | ... | ... | ... | ... | ... | 55,75,76,109 |
| Day Nurseries | ... | ... | ... | ... | ... | ... | ... | ... | ... | 53,54 |
| Deaf Children | ... | ... | ... | ... | ... | ... | ... | ... | ... | 105 |
| Deaths | ... | ... | ... | ... | ... | ... | ... | ... | ... | 5,6,10,57 |
| Deaths - Causes and age groups | ... | ... | ... | ... | ... | ... | ... | ... | ... | 112 |
| Delicate Children | ... | ... | ... | ... | ... | ... | ... | ... | ... | 108 |
| Dental Treatment | ... | ... | ... | ... | ... | ... | ... | ... | ... | 103,104,115,121 |
| Development Clinic | ... | ... | ... | ... | ... | ... | ... | ... | ... | 50 |
| Diphtheria | ... | ... | ... | ... | ... | ... | ... | ... | ... | 5,7 |
| Diphtheria Immunisation | ... | ... | ... | ... | ... | ... | ... | ... | ... | 68 |
| Disinfection and Disinfestation | ... | ... | ... | ... | ... | ... | ... | ... | ... | 34,35 |
| Domestic Help | ... | ... | ... | ... | ... | ... | ... | ... | ... | 77 |
| Domiciliary Midwifery | ... | ... | ... | ... | ... | ... | ... | ... | ... | 59,60 |
| Drugs | ... | ... | ... | ... | ... | ... | ... | ... | ... | 37 |
| Dysentery | ... | ... | ... | ... | ... | ... | ... | ... | ... | 5,7,9 |
| Ear, Nose & Throat Clinics | ... | ... | ... | ... | ... | ... | ... | ... | ... | 97-99,119 |
| Ear, Nose & Throat Defects, and Defective hearing | ... | ... | ... | ... | ... | ... | ... | ... | ... | 47,98,99,119 |
| Educationally Subnormal Children | ... | ... | ... | ... | ... | ... | ... | ... | ... | 105 |
| Employment of children and young persons | ... | ... | ... | ... | ... | ... | ... | ... | ... | 110 |

SubjectPage

| | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|----------------|
| Employment of School Leavers | ... | ... | ... | ... | ... | ... | ... | 110 |
| Elizabeth Fry Special School | ... | ... | ... | ... | ... | ... | ... | 107,108 |
| Elizabeth Fry Spastic Unit | ... | ... | ... | ... | ... | ... | ... | 108 |
| Epileptic Children | ... | ... | ... | ... | ... | ... | ... | 106 |
| Epilepsy | ... | ... | ... | ... | ... | ... | ... | 81 |
| Erysipelas | ... | ... | ... | ... | ... | ... | ... | 7,8 |
| Factories Act, 1937 | ... | ... | ... | ... | ... | ... | ... | 13-15 |
| Fertilisers and Feeding Stuffs | ... | ... | ... | ... | ... | ... | ... | 23,24 |
| Food Hygiene Regulations, 1955 | ... | ... | ... | ... | ... | ... | ... | 23 |
| Food and Drugs Act, 1955 | ... | ... | ... | ... | ... | ... | ... | 19-22 |
| Food Inspection | ... | ... | ... | ... | ... | ... | ... | 18-22 |
| Food Poisoning | ... | ... | ... | ... | ... | ... | ... | 5,7,9 |
| Food Samples | ... | ... | ... | ... | ... | ... | ... | 19-22 |
| Food Unsound | ... | ... | ... | ... | ... | ... | ... | 19-21 |
| Foreign matter in articles of food | ... | ... | ... | ... | ... | ... | ... | 20,22 |
| Foul linen Service | ... | ... | ... | ... | ... | ... | ... | 67,76 |
| General Health and Welfare Services | ... | ... | ... | ... | ... | ... | ... | 81 |
| Guardianship of Mental Defectives | ... | ... | ... | ... | ... | ... | ... | 79 |
| Hairdressers and Barbers Shops | ... | ... | ... | ... | ... | ... | ... | 23 |
| Handicapped Children | ... | ... | ... | ... | ... | ... | ... | 48-52,104-108 |
| Health Education | ... | ... | ... | ... | ... | ... | ... | 64,76 |
| Health Visiting | ... | ... | ... | ... | ... | ... | ... | 61-65,87,89 |
| Hearing of School Children | ... | ... | ... | ... | ... | ... | ... | 98 |
| Home Nursing | ... | ... | ... | ... | ... | ... | ... | 66,67 |
| Housing | ... | ... | ... | ... | ... | ... | ... | 24-33 |
| Houses Let in Lodgings | ... | ... | ... | ... | ... | ... | ... | 26,29 |
| Houses - Unfit | ... | ... | ... | ... | ... | ... | ... | 25 |
| Houses - Defects remedied | ... | ... | ... | ... | ... | ... | ... | 31,32 |
| Hygiene Inspections (School Children) | ... | ... | ... | ... | ... | ... | ... | 88,89 |
| Hygiene of School Premises | ... | ... | ... | ... | ... | ... | ... | 88 |
| Ice Cream | ... | ... | ... | ... | ... | ... | ... | 18,19,21,36 |
| Ice Lollies | ... | ... | ... | ... | ... | ... | ... | 18,19,21,22,37 |
| Immunisation - Diphtheria | ... | ... | ... | ... | ... | ... | ... | 68,69 |
| Impetigo | ... | ... | ... | ... | ... | ... | ... | 120 |
| Infant Mortality | ... | ... | ... | ... | ... | ... | ... | 5,6,56-58 |
| Infant Welfare | ... | ... | ... | ... | ... | ... | ... | 45-58 |
| Infectious Diseases | ... | ... | ... | ... | ... | ... | ... | 5,7 |
| Jelly Tests (Tuberculosis) for Children | ... | ... | ... | ... | ... | ... | ... | 46 |
| Leavers (school) | ... | ... | ... | ... | ... | ... | ... | 110 |
| Liaison | ... | ... | ... | ... | ... | ... | ... | 55 |
| Lunacy and Mental Treatment Acts | ... | ... | ... | ... | ... | ... | ... | 78 |
| Maladjusted Children | ... | ... | ... | ... | ... | ... | ... | 106 |
| Malaria | ... | ... | ... | ... | ... | ... | ... | 7 |
| Maternal Mortality | ... | ... | ... | ... | ... | ... | ... | 5,6,57 |
| Maternity and Child Welfare | ... | ... | ... | ... | ... | ... | ... | 40-58 |
| Ante-natal and Post-natal Care | ... | ... | ... | ... | ... | ... | ... | 43 |
| Audiology Unit | ... | ... | ... | ... | ... | ... | ... | 47 |
| Blood Tests | ... | ... | ... | ... | ... | ... | ... | 41,43 |

| <u>Subject</u> | <u>Page</u> |
|---|---------------|
| Chest X-rays | 43 |
| Child Welfare | 45-58 |
| Convalescence | 55 |
| Day Nurseries and Child Minders | 53,54 |
| Dental Treatment | 103,104 |
| Handicapped Children | 48-52 |
| Health Visiting | 61-65 |
| Liaison with Children's Officers | 55 |
| Maternity Services | 60 |
| Midwifery | 59,60 |
| Perinatal Mortality | 56 |
| Physiotherapy | 48 |
| Premature Births | 52 |
| Specialist Clinics | 47 |
| Toddlers Clinics | 45,46 |
| Unmarried Mother and Child | 43,44 |
| Welfare Foods | 55 |
| Measles | 5,7,8 |
| Medical Inspection Rooms | 88 |
| Medical Inspection (school children) | 85-87,116-118 |
| Meningococcal Infection | 5,7,8 |
| Mental Deficiency | 78-80 |
| Mental Health | 78-80 |
| Mental Health Social Work | 80 |
| Midwifery | 59,60 |
| Milk, Samples taken | 21,36,38 |
| Minor Ailments (School Children) | 82,83,90 |
| Mortuaries | 113,114 |
| Multiple Defects (School Children) | 108 |
| National Assistance Act, 1948, Section 47 | 81 |
| National Health Service Act, 1946 | 43-80 |
| Neonatal Deaths | 5,56 |
| Nose and Throat Defects (School Children) | 47,98,99,119 |
| Nursery Schools and Classes | 109 |
| Occupation Centre | 80 |
| Occupational Therapy | 75 |
| Ophthalmia Neonatorum | 7 |
| Ophthalmic Clinic | 91-92 |
| Orthopaedic and Postural Defects | 100,119 |
| Outworkers | 15 |
| Paediatric Clinic | 92-93 |
| Partially Deaf Children | 105 |
| Partially Sighted Children | 104 |
| Perinatal Mortality | 60 |
| Pharmacy and Poisons Act, 1933 | 23 |
| Physical Condition of School Children | 107 |

| <u>Subject</u> | <u>Page</u> |
|--|-----------------|
| Physically Handicapped Children | 107 |
| Physiotherapy | 48,100 |
| Pneumonia | 5,7,9 |
| Poliomyelitis | 5,7,8 |
| Poliomyelitis Vaccination | 69 |
| Population | 5,6 |
| Premature Infants | 52 |
| Prevention of Illness, Care and After-Care | 74-76 |
| Preservatives | 19,20 |
| Problem Families | 63,64 |
| Public Analyst, Report of | 36-38 |
| Public Health - General Environmental - Defects Remedied | 32 |
| Public Health Inspectors - Summary of Work | 39 |
| Puerperal Pyrexia | 7,8 |
| Pupil Midwives, Training of | 59 |
| Radioactivity | 16 |
| Rag Flock | 38 |
| Refresher Courses - Midwives | 59 |
| - Health Visitors | 61 |
| Rehabilitation of Tuberculous Patients | 74 |
| Relaxation Classes | 59 |
| Rent Act, 1957 | 30-31 |
| Removal of Persons in need of care and attention | 81 |
| Ringworm | 120 |
| Rodent Control | 34,35 |
| Sanitary Circumstances | 13-39 |
| Sausages | 21 |
| Scabies | 120 |
| Scarlet Fever | 5,7,8 |
| School Dental Service | 103,104,115,121 |
| School Health Service | 82,111,115-121 |
| School Leavers and Employment | 110 |
| School Nurses, Work of | 87,89 |
| School Population | 85 |
| Senior Staff, List of | 4 |
| Site and Area | 6 |
| Smallpox | 5,7 |
| Smallpox Vaccination | 68 |
| Smoke Abatement | 16 |
| Smoke Control Areas | 18 |
| Spastic Unit | 108 |
| Speech Defects | 102,108 |
| Speech Clinics | 47,101,102,120 |
| Stillbirths | 5,6,56-58 |

| <u>Subject</u> | <u>Page</u> |
|--|-------------------|
| Supervision of Midwives | 59 |
| Toddlers' Clinic | 45,46 |
| Tonsillectomy | 98,119 |
| Tuberculosis | 5,7,9-11,74,75,99 |
| After-Care | 74,75 |
| B.C.G. Vaccination | 70,75,99 |
| Chest Clinic | 74 |
| Convalescence | 75,76 |
| Deaths | 11,74 |
| Health Visitors | 75 |
| In Childhood | 99 |
| Jelly Tests for Children | 46 |
| Notifications | 11 |
| Rehabilitation | 74 |
| School Children | 99 |
| Typhoid and Paratyphoid | 5,7,9 |
| Uncleanliness | 88,89,117 |
| Unmarried Mother and Child, Care of | 43,44 |
| Vaccination | 68-70 |
| Venereal Diseases | 12 |
| Visual Defects | 119 |
| Vital Statistics | 5,6,56-58 |
| Water Supply | 13 |
| Welfare Foods | 55 |
| Welfare and Health (General Services) | 81 |
| West Ham Tuberculosis Voluntary After-Care Committee | 75 |
| Whooping Cough | 5,7,8 |
| Whooping Cough Vaccination | 69 |

