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County Borough of West Ham



ANNUAL REPORT

ON THE

HEALTH SERVICES

FOR THE YEAR

1959

BY

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

Medical Officer of Health and Principal School Medical Officer

Madam Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1959.

The mid-year population was estimated by the Registrar General at 164,300, which was 700 less than the previous year. The cumulative decrease since the post war peak of 1949 is some 9,400, amounting to about 5.4% during the ten year period.

There were small increases in the birth, death and infant mortality rates, but none were enough to be significant. The high still-birth rate which gave rise to some concern last year has now fallen though it has not yet reached its previous low level. For the first time in several years, there were no maternal deaths.

Local experience of infectious disease largely reflected national trends. This was a year in which measles was at the peak of its biennial cycle and 2,716 cases were notified: it says much for modern standards of care that there were no deaths. Dysentery increased still further and reached a total of 189 cases. Fortunately, it was a relatively mild form of the disease and again there were no deaths. The cause of this mounting incidence, which affected most parts of the country, is still obscure. It does not seem to be food-borne as a rule and there is no evidence of any general decline in standards of hygiene to account for it. We can only await further research to elucidate the problem.

More agreeably, whooping cough fell to about one tenth of the previous year's level, while poliomyelitis continued low with two cases and no deaths. Diphtheria remained conspicuously absent as it has done since the immunisation campaign early in 1957.

The favourable experience in regard to poliomyelitis may be attributed, at least in part, to the steady build up of the immunisation scheme noted on Page 17. We now have a real prospect of bringing this distressing disease under effective control.

A notable event during the year was the publication of the Cranbrook Committee Report on the Maternity Services. As expected, this has proved rather controversial, and it may take a considerable time before conflicting views can be reconciled sufficiently to permit of any effective action. Nevertheless, as recorded on Page 78, the Health Committee gave it some preliminary consideration and came clearly to the conclusion that the establishment of a local professional Maternity Services Liaison Committee, as recommended in the Cranbrook Report, would offer the best prospect of constructive progress. They also suggested a number of subjects which might appropriately receive consideration by such a body.

Even more important in its probable long term effects is the Mental Health Act which was passed by Parliament during the year. This gives legal expression to a complete change of attitude towards mental disorder and it shifts the emphasis from hospital to community care. Although it does not come into operation until the following year, a great deal of careful preparation has already been made which cannot readily be recorded in the body of the report.

In the report, however, there will be found accounts of other developments. In particular, the growth of the Audiology Service is reviewed on Pages 58-67. This was

one of the earlier schemes in the field. It has proved very successful and has attracted more than local interest. It is now possible to see much more clearly what are the medical and educational needs of children with impaired hearing and how they can best be co-ordinated. No doubt further progress will be made in the coming years.

Another "stocktaking" survey has also been included on Pages 12-15, dealing with a decade of progress in health education. The circumstances of West Ham do not readily lend themselves to local attempts at mass-appeal, and we have been more successful with the small scale individual approach as opportunities occur or can be made. Nevertheless, a great deal has been accomplished in this way, and there is no doubt that still more could be done if adequate technical assistance were available.

These are no more than examples of the kind of achievement which has been rendered possible by the devoted teamwork of the Health Department staff. I would like them all to know how greatly their endeavours have been appreciated. Finally, it is a pleasure to record my thanks to the Chairmen and members of the Committees concerned for their constant support on which everything has depended.

I am,

Madam 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, 1959 to May, 1960

The Mayor (Alderman Mrs. V. Ayres, J.P.)

Health Committee

Chairman: Alderman Miss D.L. Smith

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

The Mayor (Alderman Mrs. V. Ayres, J.P.)	Councillor T.H. Camp
Alderman Mrs. A.A. Barnes	Councillor Mrs. A.A. Gannon
Alderman E.C. Cannon, J.P.	Councillor E.S.C. Kebbell
Alderman Mrs. E.C. Cook	Councillor D.W. Lee
Alderman Mrs. M. Scott, J.P.	Councillor T.C. McMillan
	Councillor J.C. Riley
	Councillor R.J. Stubbs
	Councillor N. Watts
	Councillor S.W. Whitear

Co-opted Members: Mr. R.N. Birkett, Dr. D. Imber and Mr. R.J. Maxey

Education Committee

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

Vice Chairman: Councillor T.C. McMillan

The Mayor (Alderman Mrs. V. Ayres, J.P.)	Councillor W.F. Baker
Alderman Mrs. A.A. Barnes	Councillor M. Davidson
Alderman S. Boyce	Councillor Mrs. K. Doherty
Alderman Dr. L. Comyns, J.P.	Councillor A.F.G. Edwards
Alderman C.F. Lowe, J.P.	Councillor E.G. Goodyer
Alderman W. Moat	Councillor A.J. Hughes
Alderman A.C. Moorey, J.P.	Councillor E.S.C. Kebbell
Alderman M.J. Sullivan	Councillor P.H.G. McGrath
Alderman D. Thorogood, J.P.	Councillor J.C. Riley
	Councillor J. Saunders
	Councillor N. Watts
	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, A.G. Burness,
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.) (Resigned 31st March 1959)

P.A. Chandler, L.D.S., R.C.S. (Eng.) (Appointed 14th December 1959)

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.

ANNUAL REPORT 1959

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area of Borough	4,689 acres
Population (R.G.'s mid-year estimate)	164,300
Live Births	2,721
Crude birth rate (per 1,000 population)	16.56
Adjusted birth rate (per 1,000 population)	15.24
Illegitimate Live Births (per cent of total live births)	8.45
Still Births	69
Still Birth rate (per 1,000 total live and still births)	25.36
Total Live and Still Births	2,790
Deaths of infants under one year	57
Infant Mortality rate (deaths per 1,000 live births)	20.95
Infant Mortality rate (per 1,000 legitimate births)	20.40
Infant Mortality rate (per 1,000 illegitimate births)	29.00
Neo-natal Mortality rate (deaths under 4 weeks per 1,000 total live births)	14.33
Early Ne-natal Mortality rate (deaths under 1 week per 1,000 total live births)	13.23
Perinatal Mortality rate (still births and deaths under 1 week combined per 1,000 total live and still births)	37.63
Maternal Deaths (excluding abortion)	none
Maternal Mortality rate (per 1,000 live and still births)	nil
Deaths	1,661
Crude death rate (per 1,000 population)	10.11
Adjusted death rate (per 1,000 population)	12.54

VARIOUS DISEASES: Cases and Deaths

	Cases Notified	Case rate per 1,000 population	Deaths	Death rate per 1,000 population
Smallpox	-	-	-	-
Acute Poliomyelitis and Polio Encephalitis	2	0.01	-	-
Typhoid and Paratyphoid Fevers	2	0.01	-	-
Measles	2,716	16.53	-	-
Scarlet Fever	231	1.41	-	-
Whooping Cough	21	0.13	-	-
Diphtheria	-	-	-	-
Influenza	*	*	37	0.23
Dysentery	189	1.15	-	-
Food Poisoning	18	0.11	-	-
Cancer	*	*	351	2.14
Heart Disease	*	*	570	3.47
Tuberculosis	96	0.58	13	0.08
Pneumonia	133	0.81	127	0.77
Bronchitis	*	-	119	0.72

*The true incidence of these conditions is not known, as there is no statutory requirement to notify cases.

Acute primary and acute influenzal pneumonia are notifiable under the Public Health (Infectious Diseases) Regulations, 1953. The figures for the total number of deaths relate to pneumonia as a whole group, and include other conditions besides acute primary and acute influenzal pneumonia.

West Ham is one of the three County Boroughs in Greater London. As the official guide comments - "For centuries it has been sufficiently near to share the life of the capital, and yet sufficiently distant to maintain its independence." From being a largely rural and agricultural area at the end of the Napoleonic War, it rapidly became a growing industrial town. The population increased from 6,500 in 1801 to over 267,000 at the end of the 19th Century. Sanitary conditions in the early years of rapid growth were appalling. Vestry powers to cope with the situation were completely inadequate, and even when a Local Board for the Sanitary District of West Ham was formed there were elements beyond their powers, e.g. uncontrolled land use, dreary housing, chronic under employment and poverty. West Ham achieved County Borough status in 1888 and the progressive nature of its municipal enterprise in the succeeding years is not as well known as it should be - nor is the damage which the Borough suffered in World War II. Thus, nearly a third of the houses were totally destroyed, and there were heavy casualties amongst the civilian population. Although the Authority has shown great zeal in tackling the tragic shortage of housing due to the destructions of war and the sanitary unfitness of many of the remaining properties, it has not been able to meet all the demands, and the need for more and better housing is still of the greatest priority as far as the health and happiness of West Ham is concerned. The Authority's problems have been accentuated because of the shortage of land for rebuilding in a town which has both congested and slum areas.

Population

The Registrar General's estimate of the population on the 30th June, 1959, was 164,300. The various rates per 1,000 population quoted in this report are based on this estimate. The corresponding figure for 1958 was 165,000.

INFECTIOUS AND OTHER DISEASES

(a) Infectious Diseases

Table showing Cases of Infectious Diseases Notified and Confirmed, 1959.

Diseases	Total		Age Group				
	1958	1959	Under 5	5-14	15-24	25 & Over	Deaths
Smallpox	-	-	-	-	-	-	-
Cholera	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-
Erysipelas	11	15	-	1	-	14	-
Scarlet Fever	374	231	76	154	1	-	-
Typhoid Fever	-	2	-	-	-	2	-
Paratyphoid Fever	-	-	-	-	-	-	-
Typhus	-	-	-	-	-	-	-
Relapsing Fever	-	-	-	-	-	-	-
Plague	-	-	-	-	-	-	-
Acute Poliomyelitis:							
(Paralytic)	2	2	1	1	-	-	-
(Non-paralytic)	1	-	-	-	-	-	-
Ophthalmia Neonatorum	1	3	3	-	-	-	-
Malaria	-	-	-	-	-	-	-
Dysentery	138	189	70	70	8	41	-
Acute Pneumonia	88	133	15	9	6	103	27
							(All forms)
Tuberculosis:							
Respiratory	95	86	1	3	16	66	11
Meninges	-	-	-	-	-	-	-
Other	14	10	1	-	1	8	2
Puerperal Pyrexia	3	6	-	-	3	3	-
Measles	411	2,716	1,471	1,240	3	2	-
Whooping Cough	242	21	16	5	-	-	-
Food Poisoning	30	18	1	8	-	9	-
Leprosy	-	-	-	-	-	-	-
Meningococcal Infection	5	2	1	1	-	-	1
Acute Encephalitis:							
Infective	-	1	1	-	-	-	-
(Post Infectious)	2	-	-	-	-	-	-
TOTALS:	1,417	3,434	1,656	1,492	38	248	1,241

COMMENTS

The total number of infectious diseases notified in 1959 was nearly two and a half times greater than in the previous year. The rise was almost entirely due to the fact that 1959 was a measles year. Measles tends to occur every second year in West Ham. It is pleasant to note that no deaths were attributable to measles, although one child in fifteen in West Ham had an attack of measles this year.

TYPHOID FEVER. Two cases of typhoid fever were notified during the year. One case, affecting a 23 year old male, was almost certainly acquired whilst the patient was visiting Spain. The source of infection for the other case, which was a female of 62, was not definitely established, though there was some evidence to suggest that the infection might have been acquired abroad.

ACUTE POLIOMYELITIS. Two cases of paralytic poliomyelitis were notified during the year. None of the cases were fatal. Poliomyelitis virus type I was isolated from the stools of one of the patients, a boy of 2½ years.

DYSENTERY. One hundred and eighty-nine cases of dysentery were notified in 1959, compared with 138 cases in the previous year. The continuing rise in the incidence of notified cases of dysentery is a cause of considerable concern.

MENINGOCOCCAL INFECTION. Two cases of meningococcal meningitis were reported in the year. These cases appear to have been isolated, and the source of infection was not identified.

ACUTE ENCEPHALITIS. One case of encephalitis was notified in the first quarter of 1959.

FOOD POISONING. In accordance with Ministry of Health Circular 46/49, the following information was supplied.

Annual Return of Food Poisoning Notifications for the year 1959

Food Poisoning Notifications (Corrected)

1.	<u>1st Quarter</u> Jan/March 2	<u>2nd Quarter</u> April/June 1	<u>3rd Quarter</u> July/September 11	<u>4th Quarter</u> Oct/December 4	<u>TOTAL</u> 18
2.	<u>Outbreaks due to Identified Agents</u>				
	Total Outbreaks 3		Total Cases 7		
				(Salmonella Typhi-murium	2
				(" Thompson	2
				(" Newport	3
3.	<u>Outbreaks of Undiscovered Cause</u>				
	Total Outbreaks -		Total Cases -		
4.	<u>Single Cases</u>				
	Agents Identified 11		Unknown Cause -		
	(Salmonella Organisms)				

It is not felt that these figures give a true picture of the incidents of food poisoning in West Ham.

CANCER

The deaths caused by cancer numbered 351, being 196 males and 155 females. The death rate from cancer was equal to 0.21 per 1,000 of the population. The principal causes of death due to cancer were associated with cancer of the lungs, stomach and female genital organs (breast and uterus).

VENEREAL DISEASE

The special clinic for the investigation, follow-up and treatment of venereal diseases is held at Queen Mary's Hospital for the East End, Stratford, under the direction of the Consultant Venereologist, Dr. F.G. MacDonald, to whom I am indebted for the following report. (The figures in brackets are the corresponding ones for 1958).

The total number of patients who attended was 703 (579). This figure includes 131 already under treatment or observation at the beginning of the year.

New Patients	572	(457)
Total attendances	3,148	(2,940)

The diagnosis was as follows:-

Syphilis in the primary or secondary stage	2	(0)
Syphilis in the early latent stage	0	(1)
Syphilis in the later (non-infective) stages	13	(8)
Congenital Syphilis	0	(0)
Gonorrhoea	127	(92)
Urethritis	85	(77)
Other Conditions	295	(241)
Cases previously treated elsewhere	17	(22)
Return cases	30	(16)

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	303	(268)
East Ham	31	(37)
Essex	115	(77)
Other Areas	76	(37)

Dr. Macdonald felt that it was necessary to draw attention to the steady increase in the incidence of Gonorrhoea and other forms of Urethritis.

PREVENTION OF ILLNESS - CARE AND AFTER CARE

TUBERCULOSIS.

INCIDENCE. 96 new cases of tuberculosis (56 males and 40 females) were notified during 1959. This compares with 109 in the 1958.

MORTALITY. The number of deaths caused by tuberculosis during the year was 13 amounting to 0.78 per cent of the deaths from all causes giving a death rate from tuberculosis of 0.08 per 1,000 of the population, as against 0.09 in 1958.

West Ham Tuberculosis Voluntary After Care Committee

This Committee continued its excellent work during 1959, and I would like to express our indebtedness to its members for the help which they have consistently given to the needs and problems of patients suffering from tuberculosis.

The Consultant Chest Physician, Dr. D.J. Lawless, has provided the following information:

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.

	New Contacts examined	New notified cases on clinic register	Average number of contacts examined per notified case.
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
1959	473	102	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.

Expectant mothers were X-rayed by the Mass Radiography Unit until September 1959 but since then this has been undertaken at the clinic.

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

The Mass Xray Unit continued to assist the Local Authority in the detection of possible cases of tuberculosis indicated by tuberculin positivity until the recommendations contained in the Adrian report were adopted.

These cases are now X-rayed at the Clinic.

Work of the Tuberculosis Health Visitors

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.

OCCUPATIONAL THERAPY

As was indicated in the 1958 Annual Report, the need for an Occupational Therapy Centre had become increasingly apparent during that year, and in May, 1959, the Authority opened a Group Occupational Therapy Centre in the grounds of Credon Road School. The value of this project was quickly demonstrated and tribute must be paid to the work undertaken by Miss Gibberd, the Senior Occupational Therapist during this period of transition and expansion.

FOUL LINEN SERVICE

This service was introduced in May, 1958, and its value has clearly been demonstrated. Approximately 12 cases are helped each week by the service, and the need for further expansion is indicated.

HEALTH EDUCATION

It is impossible to divorce the element of health education from most of the activities which a progressive health department undertakes during the course of discharging its normal responsibilities. Indeed, the very opposite is the objective which is desired, and it is the policy of this department to undertake the education of the public about health at every available and convenient opportunity. By their personal conduct and advice when they visit the public in their homes or meet them in clinics and centres, it has been possible for the department's staff to promote a better understanding of individual and community health problems, and so assist the public to better health.

To assist the staff in carrying out their health education activities, a variety of visual aids have been made available, and a liberal supply of posters and pamphlets obtained. The casual relationship between smoking and lung cancer is now well established, and the department supply information and health education material to schools where knowledge of this health hazard was incorporated in the pupil's curriculum. Tribute must be paid to the work undertaken by Miss Pettit, the Superintendent Nursing Officer, in the promotion and co-ordination of this campaign and the other aspects of health education, and also to the willing co-operation of the Chief Education Officer and members of the teaching staff at certain schools.

Health education in relation to smoking and lung cancer is particularly difficult because of personal prejudices, the vicarious habits of a life time and the skilfull publicity of the tobacco trade. Social customs will have to be changed if deaths due to cancer are to be reduced.

A Decade of Health Education.

The following notes on the health education activities of the department during the preceding decade have been prepared to meet the wishes of the Ministry of Health, which requested in Circular 1/60 that a sufficient description of health education arrangements should be given, particularly with regard to any new developments and those directed to expectant mothers and the parents of young children.

In West Ham the need to develop skills in the technique of Health Education was fully recognised by 1950. The following notes show that it was necessary first of all to organise staff education. This helped to ensure that their efforts were more effective, especially in promoting group Health Education activities. The notes also show that gradually there was a build-up of suitable demonstration materials, visual aids and technical equipment.

1950.

There was organised a C.C.H.E. Course on 'Principles Methods and Media of Health Education'. Medical Officers and nurses working in the Public Health Services were invited, and attended this two day Course. The West Ham Clean Food Advisory Committee was also formed.

1951.

A Clean Food Exhibition was organised, and there was a general emphasis on clean food handling throughout the Borough.

Group discussions commenced in the clinics. These were mainly informally arranged and consisted of brief talks to mothers as they waited for interviews with doctors.

The Senior Nursing Officer talked to the 'Mothers Club', Plaistow Hospital, and the Superintendent Health Visitor gave a series of talks to the Friendship Club. Her subject was physical development in infancy.

Relaxation and teaching groups commenced in the ante-natal clinics. A health visitor who was also a trained physiotherapist and an experienced midwife, arranged the first groups. She planned to have six to eight mothers to a session, and the subjects planned for the talks would cover,

Physiology of pregnancy and labour.

Hygiene in pregnancy.

Diet.

Preparation for breast feeding.

Provision of suitable pram, bedding, cot, and care of new born infant.

The subject matter would be kept flexible and questions encouraged.

1952.

Group work continued in clinics. More visual aids began to be provided. These included,

Magnetic blackboard with models (which showed basic food needed and infant diets).

Filmstrip and filmstrip projector.

A film projector.

The topic for the year was the emphasis on diet and clean food handling in the home.

1953.

Talks continued supplemented with more effective visual aids. Lectures and films were given on health matters by medical officers and nursing staff. They spoke to various organisations, such as Youth Clubs and Parent Teacher Associations.

1954.

A two day course was organised by the C.C.H.E. This was held at Fairbairn Hall, Mansfield House Settlement. The subject of this course was "Prevention of Non-Tuberculous Respiratory Diseases in Children".

Seventy-two talks were given by health visitors to a variety of audiences. These were in addition to those given by senior officers.

Subjects usually Chosen.

Hygiene in pregnancy

How a baby is born.

Preparing for baby.

Bathing baby.

Breast feeding.

Nutrition and diet.

Teeth, shoes, infectious diseases.

Home safety.

First Aid in the home.

All these talks were illustrated by filmstrips where appropriate.

It was then that a Film Library was commenced.

Few attempts were made to give talks during clinic sessions, as experience was showing that these were often impracticable and difficult to organise.

Two health visitors attended a part-time course in Parentcraft Teaching, and obtained their certificates.

1955.

To help demonstrations blackboards were introduced into the clinics, and were found to be very useful. Other demonstration materials such as,

Flannelgraphs

Home safety demonstration material

Birth Atlas

Demonstration shoes

were all supplied to each clinic.

Talks continued to be given to ready-made audiences outside the clinics.

At the invitation of the Matron, health visitors organised a series of talks to groups of mothers attending the Plaistow Maternity Hospital Mothers' Club. Frequent difficulty was found here, as so often, in that the mothers' attention was distracted by having to look after their toddlers.

1956.

Activities continued along the same lines. A catalogue giving information of all visual aids available was issued to all staff.

1957.

Emphasis during this year was on the need to give information to the public about the link between lung cancer and the habit of smoking. There were certain conferences between the Health Department and Education Department on how this information could be given to the young people.

So as to organise health education amongst the health visitors, at their initiative a Committee was formed. S.M.O., S.N.O. and S.H.V. were also members of this Committee, and it began to consider the preparation of leaflets, which were suitable to the residents of West Ham. By experience it had been found that so often leaflets prepared by national bodies were not suitable to the needs of local inhabitants. A small leaflet on 'Thread Worms' had already been prepared and produced by the health visitors of the Borough.

To help increase the effectiveness of demonstrations in the clinics, pegboards for each clinic were purchased.

1958.

The health visitors completed the preparation of their leaflet "Happy Weaning" and this was printed by the C.C.H.E. The Health Visitors Health Education Committee now started to prepare a leaflet for the ante-natal period. This Committee also began to organise demonstrations throughout all clinics i.e., clinic staff chose appropriate topics which were to last around six weeks at a time. Plans were then made to help them with the demonstration material for these topics.

In connection with the national effort on "Guard that Fire" campaign the health visitors organised an exhibition entitled "The Lady's Not for Burning" which was held in Barclay Hall. This exhibition was not for the public, but for all those interested in family welfare.

Talks commenced to be given by health visitors to groups of new tenants for Council property. Eight meetings were held during 1958. The topic for the health visitor was "Home Safety in your new Home".

There was a campaign also organised to encourage acceptance of Polio Vaccination.

SUMMARY

Throughout the years there has been considerable progress in the development of teaching skills and techniques, and the provision of visual aids and demonstration material.

It has become realised that talks during clinic sessions were not practicable, and that it was better to arrange special group meetings or to give talks to ready made audiences outside the clinics. Small demonstrations at clinics, frequently changed, have proved valuable. There must always be special emphasis on individual health teaching in the home, school and clinic.

All those involved need constant encouragement, and to be provided with up-to-date demonstration material.

The health visitor has become increasingly skilful at health education, especially since her training has been better organised.

It must always be realised that health education is time consuming so that a good staffing position is essential.

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)	581	53	29	37	44	744
Number re-vaccinated	-	2	-	6	88	96

336 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 1959 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.	1,480	272	720	2,472
B. Children who received a secondary reinforcing injection.	-	17	658	675

The following tables gives the number of children who, at the end of 1959 had completed a course of immunisation since 1st January, 1944.

TABLE C

Age at 31.12.59 i.e. born in Year	Under 1 1959	1 - 4 1958-1955	5 - 9 1954-1950	10 - 14 1949-1945	Under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1955-1959	786	7,068	10,342	13,310	31,506
B. 1954 or earlier	-	-	1,000	275	1,275
C. Estimated mid-year Child Population	2,710	9,290	25,300		37,300
Immunity Index 100A/C	29%	76.1%	93.49%		84.47%

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 1,459 children under five years of age a primary course of immunisation only 101 were not protected against whooping cough as well as diphtheria.

Poliomyelitis Vaccination. The scheme for vaccination against poliomyelitis has been gradually extended. By the end of 1959 it included a full course of three injections for all persons under 26 years of age, expectant mothers and certain other priority groups. In April, the demand for vaccination amongst young people in the 15 - 26 year age group was greatly increased following the death of a famous footballer. Appropriate arrangements were made to cope with this demand, but temporary difficulties in the supply of vaccine from the Ministry of Health created many administrative headaches. Eventually the supply position eased and it was possible to vaccinate all the young people who had registered for this form of protection.

The following tables gives a summary of the work undertaken during the year:-

Vaccinated with two injections

Children under 15 years	7,401
Young persons aged 15 to 26 years	11,917
Expectant mothers and other priority classes	559

Persons who received a third injection 21,965

Of the 19,877 persons vaccinated with two injections, 61.53 per cent received them at local authority clinics and 38.47 per cent by family doctors. Of the 21,965 third doses given, 68.70 per cent were at local authority clinics and 31.30 per cent by family doctors. Vaccine issued to hospitals for vaccination of their staffs amounted to 452 c.c.

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:-

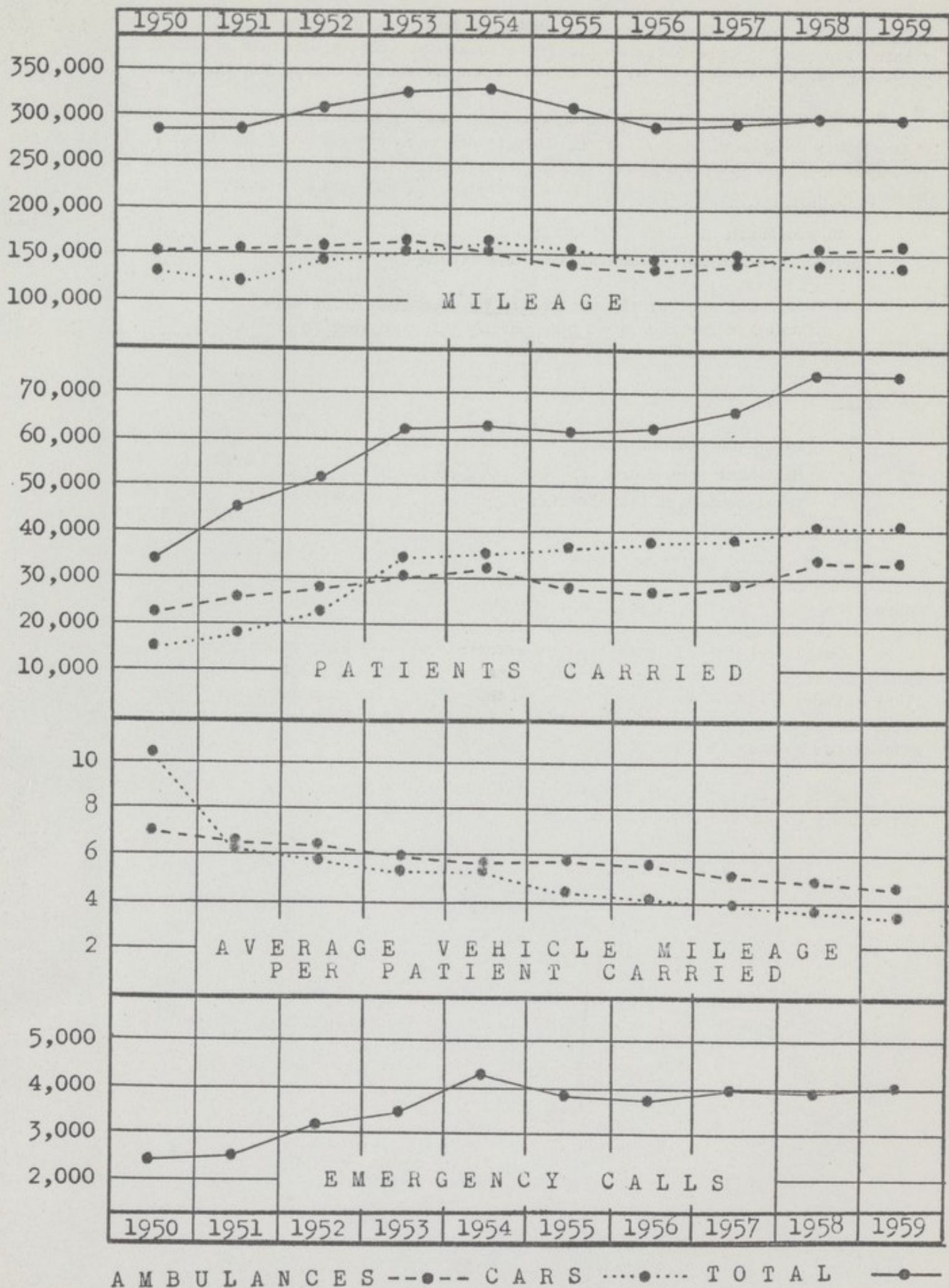
B.C.G. Vaccination

Year	No. of Schools Visited	Number of Children				Vaccinated	% of negative reactors	
		Skin Tested and Read	Result of Test					
			Negative	%	Positive			%
1958	23	1,609	1,336	83.03	273	16.97	1,336	100.0
1959	19	1,228	1,085	88.36	143	11.64	1,085	100.0

AMBULANCE SERVICE

The Service continues to operate from the Ambulance Depot at Salmen Road, Plaistow, E.13. The graphs on the opposite page illustrate the work carried out by the Service during the year. Although the number of patients carried in 1959 remains approximately the same as for 1958, the upward trend which has become so pronounced over the last ten years is still continuing. Continuous efforts are being made under the directions of the Ambulance Officer to increase the operational efficiency of the Service, and in this respect it is interesting to note from the graphs that the mileage has remained fairly steady in spite of the upward trend in the number of patients, and in fact the average vehicle mileage per patient carried is continuing to decrease.

The Service continues to receive excellent co-operation from the Fire Brigade and the Borough Engineer's Department.



DOMESTIC HELP

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

Visits by Organiser and her Assistants 3,702

Number of Cases assisted:

Confinements	20)
Tuberculosis	25)
General Sickness, including Aged and Inform	*1,173)

* 72.2 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	4
Part-time Home Helps	118
Total number of Hours worked	206,643

COMMUNITY MENTAL HEALTH SERVICE

In the Annual Report for 1958 it was recorded that much thought and consideration was being given to the future pattern of the mental health services by the appropriate officers of the Department. Reports on community care and occupation centre developments were submitted to the Health Committee in November, 1959. It is not proposed on this occasion to re-issue the contents of these full and detailed reports, but instead to discuss the matter in more general terms and to underline some of the fundamental principles on which the Mental Health Community Care Service in West Ham will be based.

An efficient Local Authority Mental Health Service is dependent upon (a) hospital facilities; (b) adequate local training facilities, and (c) capable and experienced officers. All these three requisites are available for the benefit of residents in West Ham. In the light of the Report for the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency, and also of the Younghusband Report on Social Work, it was appreciated that even more could be done. A Community Care Service involves more than the efficient dispatch of mentally disturbed patients to hospital, or the provision of training facilities. It is, in fact, a dedicated approach to ensure that those members of the community who, though suffering from mental disorder, can and are maintained in the community when it is in their best interests. A person suffering from mental disorder does not exist in a vacuum. He or she is usually a member of a family group, and his disability has repercussions on the other members of the family. In addition, experience has shown that such patients frequently face difficulties, and on occasions cause difficulties outside the home, e.g. work and in society. The handling of such situations requires specialist skill and advice.

In making plans for the future pattern of the Community Mental Health Services in West Ham, it has been decided to base the services on a strong team of skilled social workers. The members of the team should combine the case-work approach of the psychiatric social worker with the practical and procedural abilities of the mental welfare officer. Arrangements have been made for the recruitment and training of these skilled social workers.

The Department has been very fortunate to secure the services of Dr. J.H. Kahn who, in addition to the responsibilities of Medical Director of the local Child Guidance Clinic, has accepted a part-time appointment with the local authority to act as an advisor on Community Health Services, and to have special responsibilities for the direction of the clinical work in the Mental Health Service and for the training of social workers.

The Mental Health Act, 1959, has entrusted responsibility for community care and after care to the local health authorities. These authorities have a long tradition as exponents of preventive medicine. It is intended to marry both prevention and the case-work approach in the West Ham Community Mental Health Services. It is felt that the health visitor can make an important contribution towards the promotion of mental health by her important work with mothers and young children. There is a great deal of evidence to support the viewpoint that a child who is brought up in a happy atmosphere where he receives love, affection and stability, will have a greater chance of developing into a mature adult who will be able to resist the strains and stresses of the modern world.

In the preceding paragraphs the important role of the Health Department and hospitals in the Community Mental Health Service have been outlined, but it should not be thought

that the general practitioner has no role to play in this service. Indeed, the very opposite is the true case. It is towards him that the mentally disordered patient and his family usually first turn for help and guidance. The friendliest of consultations have been held in the Medical Liaison Committee and also in the Mental Health Advisory Committee to ensure that the family practitioner can make to the full his special contribution towards the promotion of mental health. In addition it is pleasing to record that the good relationships which have always existed between general practitioners and the mental health social workers in the Department have been continued and strengthened during 1959.

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) 292 calls were received in connection with mental illness and 743 visits were made to these cases.

(b) 240 cases were admitted to hospital.

	<u>M.</u>	<u>F.</u>	<u>Total</u>
(a) As voluntary and informal patients	49	77	126
(b) As temporary patients	-	3	3
(c) Under Summary Reception Orders	-	5	5
(d) For observation	41	65	106
	<u>90</u>	<u>150</u>	<u>240</u> /

/ 223 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	1	10	19	21	17	16	6	5	95
Female	-	8	26	34	24	18	22	13	145
TOTAL	1	18	45	55	41	34	28	18	240

It will be noted that 18 of these admissions were of persons aged 75 years or over, with a total of 46 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. Eleven mentally handicapped persons (6 males and 5 females) were

ascertained during the year. Of these, 10 (6 males and 4 females) were reported by the Local Education Authority; 1 case was reported from other sources.

Eight of these cases (6 males and 2 females) were placed under Statutory supervision and the others were admitted to hospital.

In addition to the ascertained persons, 23 other cases came to the notice of the department. Twenty one were placed under friendly supervision; and two were still under investigation at the end of the year.

Supervision. At the end of the year 257 mental defectives (135 males and 122 females) were under statutory supervision, 39 under friendly supervision and 4 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	723*
Cases on licence from institutions	16
Reports for licence, holidays, etc., from the institutions	15
Reports for Visitors	23
Other visits including after-care, etc.	<u>237</u>
	<u>1,014</u>

* Includes 295 visits made by Health Visitors to defectives under 16 years of age.

Guardianship. There was 1 defective under guardianship at the end of the year. This case a girl aged 24 years, who lives outside the borough, is 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 13 defectives to receive temporary care. Seven were females aged 51, 26, 14, 12, 7, 5 and 5 years and six were males aged 18, 14, 11, 10, 9 and 7 years. All were accommodated at South Ockendon Institution by the kind permission of the Physician Superintendent.

Institutional Accommodation. Eleven 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	1	3
Adults	6	1

At the end of the year, there were 6 defectives in the area awaiting institutional accommodation. All were children under the age of 16 years

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

Training Centre. The number of children attending the Centre during the year again increased, and tribute must be paid to the sterling work undertaken by Miss Forshaw, the Supervisor, and members of her staff in training the children. Details of the philosophy and educational orientation of the Centre were given in the 1958 report. During 1959 the Council again continued its policy of helping Assistant Supervisors to obtain 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.

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 were 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	26
In attendance at day special schools	1
In attendance at residential special schools	6
Under school age	5
Total:	<u>38</u>

B. Adults

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

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

Wessex House	3
Forest House	3
St. Cuthbert's	1
Voluntary Bodies	5

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.

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, 1959, 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 42,140.

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 insoundness or disease, and the prevention of contamination, are the province of the Public Health Inspectors in any class of factory.

During the year, 591 visits were made to factories, and 10 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. INSPECTION 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.	140	93	-	-
(11) Factories not included in (1) in which Section 7 is enforced by the Local Authority.	932	498	10	-
(111) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	2	-	-	-
TOTAL	1074	591	10	-

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)	9	9	-	8	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	1	1	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	4	4	-	3	-
(c) Not separate for sexes	1	1	-	1	-
Other offences against the Act (not including offences relating to Outwork).	3	3	-	3	-
TOTAL	18	18	-	15	-

Part VIII of the Act

OUTWORK

Nature of Work (1)	Section 110			Section III		
	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 prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel Making, etc.) Cleaning and) Washing)	111					
Household Linen	3					
Lace, Lace Curtains and Nets	2					
Curtains and furniture hangings	1					
Furniture and upholstery	10					
Umbrellas, etc.	6					
Artificial flowers	3					
Nets, other than wire nets	6					
Paper bags	-					
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	16					
Brush making	3					
Carding of buttons	-					
Stuffed toys	1					
Chocolates and Sweetmeats	2					
Coseques, Christmas crackers, Christmas stockings, etc.	35					
Lampshades	21					
TOTAL	219	-	-	-	-	-

CLEAN AIR ACT, 1956.

Smoke Abatement

During the year the Public Health Inspectors made 375 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. The past efforts by this Department to impress on managements the importance of correct fuels, efficient stoking and proper maintenance of plant continue to bear fruit, advisory visits far out numbering visits following complaint.

Smoke Control Areas

The Health Committee at its meeting on 26th February, 1959, considered the Ministry of Housing and Local Government Circular 5/59 in which the Minister, after reviewing the progress made in the two years since 31st December, 1956, expressed the hope that from now on it would be possible to make faster progress, especially in removing the smoke pall from the "black areas", (which includes West Ham) where air pollution is worst. He therefore asked that Councils in black areas should now consider their domestic smoke problems as a whole, and decide on the smoke control orders that were needed, in what order of priority they should be made, and in how many years it is likely to finish the job; and that they should then prepare a phased programme for establishing smoke control areas over the next five years. This information was required by 30th June, 1959. The Committee requested the officers concerned to prepare a report for submission to them at a later meeting.

In accordance with this request a joint memorandum on the requirements of the Circular 5/59 was prepared and submitted to the Health Committee at its meeting on 28th May, 1959. The report contained a suggested programme for establishing smoke control areas over the whole of the Borough to deal with the domestic smoke problem in fifteen years. At that time, however, doubts were expressed about the availability of an adequate supply of suitable smokeless fuel to meet the requirements of consumers, and also that the available coke was not capable of being used satisfactorily, and the Committee gave instructions for arrangements to be made for a suitable demonstration, after which the matter would again be considered.

As a result of these instructions, and in co-operation with the Borough Engineer, the fireplaces in the ground floor rooms at 55, Elmhurst Road were adapted, complete with gas ignition, by officers of the North Thames Gas Board for the burning of their product "Gloco". The demonstration took place during the week beginning Monday 17th August, and was visited by many members of the Council, and members of the Health and Housing Committees in particular. The Health Committee of the Leyton Council visited on the Monday evening.

In the light of the information gained as a result of this demonstration of the use of coke as a suitable smokeless fuel for domestic fires, the Health Committee at its meeting on 3rd September, 1959, further considered the joint memorandum of officers and recommended to the Council that it be adopted.

The main items of the Report are as follows:-

In order to establish West Ham as a completely smokeless zone so far as domestic smoke is concerned, it has been very roughly estimated that it would cost the Council £200,000

in respect of works of adaptation to dwellings and fireplaces. This sum of money, however, would be expended over a period of years decided upon by the Council, and the rate or progress would depend on the annual amount they are prepared to spend. The Beaver Report recommended that a reasonable target would be to have air pollution under control in 10-15 years and this would be achieved in West Ham by an annual expenditure averaging about £16,000 a year.

It was suggested for the Committee's consideration that they could recommend to the Council:

(a) that, subject to the necessary funds being made available, by the Finance Committee, there shall be a phased programme designed to create the whole of the Borough as a smokeless zone within the next fifteen years at an estimated annual expenditure of £3,500 for 1960/61, £9,500 for 1961/62 and approximately £16,000 per annum thereafter.

This recommendation was subsequently adopted by the Council. The five year programme required by the Minister in his memorandum 5/59 was added to the report as an appendix and read as follows:-

APPENDIX

Area	Acreage	Total Premises	Total Dwellings	Total for Adaptation	Total Cost	Cost to C.B.W.H.
1960/61						
1. Keir Hardie	90.54	1127	1081	678	5850	3420
1961/62						
2. East Silvertown	30	327	351	300	6285	1890
3. Rathbone Street	220	1534	1306	426	8925	2677
4. Ling Road	38	1207	1078	1079	16185	4860
	288	3113	2735	1805	31395	9427
1962/63						
5. West Silvertown	25	296	280	126	2565	815
6. Newtown	45	667	568	152	3202	960
7. West Ham Church	114	1543	1498	1119	16785	5035
8. Queens Road	33	581	493	80	1665	499
9. Malmesbury Road	35	1875	1774	1774	28780	8634
	252	4962	4613	3251	52997	15943
1963/64						
10. Croydon Road	51	1696	1483	1484	22260	6682
11. West Ham Park	110	571	560	494	10395	3118
12. Stadium	216	954	911	870	16110	4833
13. Broadway	100	815	697	610	9150	2745
	477	4036	3651	3458	57915	17378

2,453 visits were made to properties in the No.1 Smoke Control Area during the year, considerable difficulty being found in gaining access to many houses as all the occupants were out at work. This necessitated making special appointments and often several further visits.

It was, however, found that quite a large number of householders were already burning smokeless fuels in approved appliances and that others used no solid fuels at all, having installed either gas or electric fires.

The inspectors were able to explain to the residents many points in connection with the Clean Air Act, and gave advice on the correct use of smokeless fuels. This personal contact has done much to get general public approval for the Council's programme.

INSPECTION OF FOOD AND FOOD PREMISES

During the year 3,480 visits were made to establishments where food is sold or prepared for sale.

Eight applications for registrations under the provisions of the West Ham Corporation Act, 1937, Section 66 and 67, were approved, 6 being for the sale of ice cream and 2 for the preparation of cooked meats.

The total registrations under this Act now in force are -

Butchers	126	Wet & Fried Fish Shops	63
Ice Cream Retailers	328	Greengrocers	45
Grocers	200		

The number of distributors of milk in the Borough is 246 and 516 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	238
Grocers	370
Greengrocers	120
Butchers	126
Bakers & Bakehouses	69

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 1959

Meat, fresh	2 tons 10 cwt. 83½ lbs.	Fish, tinned	365 tins
Meat, tinned	1298 tins	Fish, fresh	16 stone
Poultry	1 cwt. 81 lbs.		
Ham	18 cwt. 93¼ lbs.	Jam & Marmalade	67 tins & jars
Bacon	6 cwt. 62½ lbs.	Milk & Cream	271 tins
Pigs Heads	11 cwt. 60 lbs.	Cereals	124 pkts.
		Soups	238 tins
Vegetables, tinned	1031 tins	Meat Paste	9 jars
Vegetables, fresh	3 tons 15½ cwt.	Butter	4½ lbs.
Potatoes	7 tons 5 cwt.	Cheese (lbs)	21
Tomatoes	12 lb.	Eggs	284
Tomatoes, tinned	626 tins	Coffee	1 tin
Tomato Puree	312 tins	Cocoa	2 tins
Fruit, tinned	949 tins	Ravioli	1 tin
Fruit, fresh	5 tons 13 cwt. 23 lb.	Spaghetti	13 tins
Oranges	534 cases	Frozen Foods	671 packets
Greengages	13 cwt. 51 lbs.		
Fruit Juices	11 tins		

The Food Standards (Ice Cream) Regulations 1959.

The Labelling of Food (Amendment) Regulations 1959.

The Food Standard (Ice Cream) Order 1953 specified that ice cream should contain not less than 5 per cent fat, 10 per cent sugar, and 7½ per cent milk solids not fat (M.S.N.F.) Ice cream containing fruit must either conform to this standard or have a lower M.S.N.F. content of 2 per cent provided that there is a minimum content of 25 per cent for fat, sugar and M.S.N.F. combined.

When the standard was first introduced in 1951, the Ministry of Food made it clear that the minimum requirements were to be regarded as interim ones and should be improved as ingredients became more plentiful. Supplies are now freely available and the standards relating to ice cream have been reviewed by the Food Standards Committee, a report being issued in 1957.

On April 27th 1959, new regulations relating to ice cream, based on these recommendations, came into operation in England and Wales.

A summary of the new standards specified in the Foods Standards (Ice Cream) Regulations 1959 is as follows:-

(a) Ice-cream or ice must not contain less than 5 per cent fat and 7½ per cent milk solids not fat.

(b) Ice cream or ice cream containing fruit, fruit pulp or fruit puree must either conform to the above standard or must have a total fat and M.S.N.F. content of no less than $12\frac{1}{2}$ per cent, which must include not less than $7\frac{1}{2}$ per cent fat and $2\frac{1}{2}$ per cent M.S.N.F.

(c) Dairy ice cream, dairy cream ice or cream ice must conform to whichever of the above standards is appropriate and must not contain any fat other than milk fat (except fat introduced by the use as ingredients of egg, flavouring substances or emulsifying stabilising agents).

(d) Milk ice (including milk ice containing fruit, fruit pulp or fruit puree) must contain not less than $2\frac{1}{2}$ per cent milk fat and no other fat (except fat introduced by the use as ingredients of egg, flavouring substances or stabilising agents) and not less than 7 per cent M.S.N.F.

(e) "Parev" (Kosher) ice must contain not less than 10 per cent fat and no milk fat or other derivative of milk.

(f) The use of any artificial sweetner is forbidden in all these products.

The labelling of Food (Amendment) Regulations 1959, prohibits generally the labelling or advertising of ice cream in a way which is suggestive of butter, cream, milk or anything connected with the dairy interest, unless the ice cream contains no fat other than milk fat (except fat introduced by the use as ingredients of egg, flavouring substances, stabilising and emulsifying agents).

The Regulations, however, permit ice cream which contains non-milk fat to be sold as "ice-cream" and to bear the name of the manufacturer, packer, advertiser or vendor. In addition they allow such ice cream to bear a declaration that it contains skimmed milk solids. After November 30th, 1959 all pre-packed ice cream which is sold under the name "ice cream" and which is made with non-milk fat will be required to be labelled that it contains non-milk fat or vegetable fat as may be appropriate. The minimum size of the type to be used in the declaration is also fixed by Regulation.

These provisions apply to ice-cream which forms part of a composite article of food.

Neither of these regulations apply to water ices, including ice lollies.

Food Samples

Details of the number of samples taken during the year contained in the Annual Report of the Public Analyst on pages 46-48. 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 figure for 1959 is below the average for the past 5 years, being 2.4% compared with 2.7%

Only 8 samples were found to be adulterated, compared with 10 in 1958. Details of these samples are given hereunder, and it should be noted that only 2 were taken during routine sampling, the other 6 being analytical confirmation of adulteration in surrendered foodstuffs.

UNSATISFACTORY FOOD & DRUGS SAMPLES - 1959

Identification from No. given in Quarterly Report	Result of Analysis	Type of sample	Remarks and action taken
114 Milk	Contained 2% of added water	Formal	Seasonal variation in natural content. Further sample proved satisfactory.
145 Ice Cream	0.2% deficient in fat	Informal	Warning letter sent to manufacturer. Further sample proved satisfactory
168 Bread	Contained mouse excreta	Informal	Verbal warning to bakery. No further action at request of complainant.
179 Milk	Contained a mould growth round inside of the milk bottle	Informal	Reported to September Health Committee. Warning letter sent.
238 Apple Turnovers	Contained patches of green mould	Informal	Reported to October Health Committee. Vendor prosecuted.
286 Cut peel	Contaminated with mouse excrement, also contained a few small beetles.	Informal	Reported to December Health Committee. Legal proceedings instituted against wholesalers.
289 Cut peel	Contained three dead beetles	Informal	
301 Beef Chipolatas	Contained 500 p.p.m. SO ₂ , being 50 p.p.m. in excess of the amount permitted	Informal	Retailer interviewed and warned. Letter sent to M.O.H. Poplar re manufacturer.

SAMPLING OF FOOD AND DRUGS

Heat Treated Milk

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

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

Type of Milk	Number supplied	Result of Examination					
		Phosphatase Test		Methylene Blue Test		Turbidity Test	
		Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
Pasteurised	4	4	-	4	-	-	-
Sterilised	2	-	-	-	-	2	-
Tuberculin Tested (Pasteurised)	1	1	-	1	-	-	-
Tuberculin Tested (Sterilised)	-	-	-	-	-	-	-
Total	7	-	-	-	-	2	-

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

Milk

Seven 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 17 samples of sausages were taken, of which 9 were pork and 8 beef. The average meat content of the pork samples was 68.2% and that of the beef 57.4%. The unofficial standards are 65% for pork and 50% for beef. One sample was taken of pork sausage meat prior to manufacture of the sausages, the meat content being 72.0%.

Ice Cream

Twenty-five samples of ice cream were purchased for chemical analysis, 24 complying with the standards laid down for this commodity by the Food Standards (Ice Cream) Regulations 1959, and one being 0.2% deficient in fat.

The Regulations provide, inter alia, that ice cream must contain at least 5% fat and 7½% milk solids other than fat. An analysis of the figures returned by the Analyst of the 25 samples submitted shows an average of 9.7% fat, and 11.9% solids not fat, which is greatly in excess of the minimum required by 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.

In addition to the above, 52 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)	30
2 (Average)	8
3 (Bad)	5
4 (Very Bad)	9

It is of interest to note in connection with the 14 Grade III and IV samples, that nine (2 Grade III and 7 Grade IV) were products of the same manufacturer, although obtained from several retailers.

The Medical Officer of Health of the adjoining borough in which the factory is situated was informed and action taken to trace and eliminate the source of the trouble.

Four other unsatisfactory samples were the products of local manufacturers and one was old stock. Check samples taken after further visits proved to be satisfactory.

Ice Lollies

Three samples of ice lollies were purchased for chemical analysis, all being pronounced satisfactory with no metallic contamination. One sample sent for bacteriological examination was also satisfactory (pH.3.5).

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

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

<u>Nature of Contravention</u>	<u>Result of Action</u>
Meat exposed on an open stall contrary to S.8 and S.27 of the Food Hygiene Regulations 1955	Fine of £10 imposed.
Beetle in a cut white loaf	Fine of £2 imposed with 10/- costs.
Mouldy apple turnover	Case dismissed on payment of £2.10s costs.
Smoking in a bakehouse contrary to S.9(e) of the Food Hygiene Regulations, 1955.	Fine of £1 imposed
Beetles and mouse droppings in consignment of cut peel	Case dismissed
Beetles and larvae in vermicelli	Fine of £2 imposed
Larvae in chocolate whirls	Case dismissed on payment of 36/- costs.

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

<u>Nature of Contravention</u>	<u>Action taken</u>
Unsound steak and kidney pie	Warning letter sent to retailer
Dirt in milk bottle	Warning letter sent to dairy

FOOD HYGIENE REGULATIONS, 1955

During the year as a result of the 3,480 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, 52 notices being served and 25 letters sent under the Regulations in respect of such contraventions. The following tables gives a summary of the items requiring attention.

Insanitary Premises	2
Lack of Cleanliness of Equipment	30
Food Insufficiently Protected from Contamination	14
Defective Drainage Systems and Guttering	3
Insufficient or Defective Sanitary Conveniences	28
Inadequate Water Supply	2
Wash-basins required	8
Hot Water to be Supplied	19
Soap, towels and nail brush required	16
First Aid Materials Required	15
Inadequate Facilities for Washing Food and Equipment	4
Inadequate Lighting of Food Rooms	4
Lack of Cleanliness of Food Rooms	49
Lack of Ventilation to Food Rooms	7
Accumulation of Refuse and Inadequate Bins	20
Food not kept at Right Temperature	6
No Name and Address on Stall	-
Inadequate Screening of Stall	-
Hot and Cold Water Required on Stall	-
No Accommodation for Clothing	7
Repairs to Walls, Floors, etc. Required	15
No Smoking Notices not displayed	5
Animals in Food Rooms	3
Notices re Hand Washing not displayed in W.C.	14
Yard Paving Requiring Repair	3

In addition to these items, three warning letters were sent to persons seen smoking in food rooms and there was one successful prosecution, referred to on a previous page, for smoking in a bakehouse.

HAIRDRESSERS AND BARBERS SHOPS

Four 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 116.

PHARMACY AND POISONS ACT, 1933

Twelve 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. 148 names are entered on the current list.

FERTILISERS AND FEEDING STUFFS REGULATIONS

There are in West Ham 10 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 1959 23 formal samples of feeding stuffs and 1 formal sample of fertiliser were submitted to the Public Analyst for examination. Five samples of feeding stuffs did not conform to the manufacturer's declaration. In three cases check samples taken were satisfactory, but of the other two, one was the check sample of the other.

The manufacturers were asked for an explanation of the discrepancy, and they arranged to have samples independently analysed. A satisfactory solution to this matter was reached early in 1960.

FEEDING STUFFS

	<u>No. of</u> <u>Samples Taken</u>	<u>Analysis</u> <u>Agreed</u>	<u>Analysis</u> <u>Disagreed</u>
Provimi Concentrate No.15	1	1	-
Moregg Layers Mash	1	1	-
Milk Alternative	1	1	-
Calf Gruel Starters	1	1	-
Feeding Meat and Bone Meal	5	3	2
Poultry Fattening Meal	1	1	-
Breeders Laying Pellets	2	1	1
Hen Battery & Deep Litter Pellets	1	1	-
Cerecon Fattening Meal	1	1	-
Meat Meal	1	1	-
Creep Feed Pellets	1	1	-
Broiler Starter Mash	1	1	-
Pig Grain Balancer Meal	1	1	-
Growers Pellets	1	1	-
Gold Label Milk Nuts	1	1	-
Intensive Growers Mash	1	1	-
Sterilised Feeding Bone Flour	2	-	2

FERTILISERS

Bonemeal	1	1	-
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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

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

The taking of samples for analysis of rag flock and other filling materials which are used in the manufacture of bedding, upholstery etc., is a part of the duties of a public health inspector which is little known to persons outside the department, and the following background to the Regulations is of general interest.

Prior to the coming into operation of the Rag Flock and other Filling Materials Act, 1951, the law relating to the cleanliness of rag flock used for the filling of mattresses and upholstery was far from satisfactory.

The position was realised during the 1930's and in June, 1938 an inter-Departmental Committee was approved to consider whether the Rag Flock Acts 1911 to 1928 and the Regulations made thereunder were adequate to secure proper cleanliness of rag flock used for the manufacture of upholstery, bedding and other household furniture in Great Britain, or whether it was desirable that the provisions of these Acts and Regulations should be amended, and if so, in what respects; and whether all or any of the provisions applicable to rag flock should be applied to materials other than rag flock which may be used in the manufacture of the said Articles.

Although the work of the Committee had reached an advanced stage in September, 1939, its activities were suspended owing to the outbreak of war and not resumed until April, 1945. The report was ultimately produced in July, 1946.

Extracts from the Summary of Conclusions and Recommendations of the Committee are as follows:-

(a) Rag Flock

(1) It is reasonable to infer that there is a definite potential danger to public health arising from the use of dirty materials.

(2) The test prescribed by the Rag Flock Regulations, 1912 (the chlorine test) is in some respects not a satisfactory test of cleanliness for rag flock.

(3) The Rag Flock Acts 1911 to 1928, and the regulations made thereunder are inadequate to secure proper cleanliness of rag flock used for the manufacture of upholstery, bedding and other household furniture.

(4) There should be a statutory prohibition against the sale of inclean rag flock intended for use as filling material.

(5) The present statutory definition of "flock manufactured from rags" is not sufficiently wide and should be extended.

(6) All premises upon which rag flock is manufactured or stored for sale, or is used for the purpose of making bedding, upholstery or other household furniture should be registered, and the use for those purposes of unregistered premises should be prohibited.

(b) Filling Materials other than Rag Flock

(1) It should be an offence for any person to sell, offer for sale, or have in his possession for sale any inclean filling material, or any finished article containing such material; the Courts should be empowered to order the seizure and destruction of inclean filling materials.

(2) Those premises upon which filling materials other than rag flock are manufactured and produced should not be required to be registered.

(3) All fillers' should be subject to compulsory registration whatever filling material is used; premises upon which previously used filling materials are stored should also be registered; and registration of such premises should be subject to the same conditions as are applicable to premises concerned with rag flock.

(4) The recommendations relating to the inspection of premises, inspection of books and records, sampling and analyses, filling materials in finished articles, penalties for infringement, and warranties should apply to whatever filling material may be concerned.

The Committee, in conclusion, suggested that consideration should be given at the earliest opportunity to the repeal of the Rag Flock Acts and to the introduction of a comprehensive measure on the lines intended, and providing for adequate control over the manufacture and use of filling materials in this country. The Committee was convinced of the need for such a measure and felt that restrictive legislation dealing with a subject which touches so closely upon the daily lives of the whole population should not be too long postponed.

The Government embodied the recommendations of the Committee in the Rag Flock and Filling Materials Act, 1951, and since the coming into force of the Act on 1st November, 1951, the position has been much more satisfactory.

HOUSING

During the year a total of 372 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. Details are given in the summary below, which also gives action taken in respect of a further 23 properties.

SUMMARY OF ACTION TAKEN UNDER THE HOUSING ACT, 1957.

<u>Areas Officially Represented</u>	<u>Houses</u>	<u>Families</u>
Southern Road	3	4
Eastwood Road etc.	155	192
Lower Road	5	6
Star Lane	12	18
Western Street	4	6
Henniker Road No.1	3	3
Leyton Road and Major Road etc.	101	110
Major Road No.1	2	2
Henniker Road No.2	3	2
Atlas Road	3	3
Queens Road and May Road No.1	33	35
Queens Road and May Road No.2	31	40
Watson Street	3	4
Sewell Street No.1	4	3
Sewell Street No.2	6	5

Section 17 (Demolition)

Six individual unfit houses were recommended for demolition, three later being altered to Closing Orders and one being purchased by the Council.

Section 18 (Closing)

Two houses and three basements were the subject of Closing Orders.

Section 23 (Demolitions Authorised in Default)

In one instance demolition of an unfit property by the Council on default was authorised.

Section 36 and 90 (Houses let in Lodgings)

Twelve houses-let-in-lodgings were reported for action under the above Sections, notices being served on the landlords and conditions alleviated either by the reduction on the numbers of occupants or by the carrying out of improvements.

Section 85 (Overcrowding)

One case of overcrowding was reported to the Housing Committee but this was later abated by informal action.

Housing Subsidies Act 1958 - Certificates of Unfitness

Two Council-owned properties were the subject of certificates by the Medical Officer of Health.

Clearance Areas Confirmed by the Minister of Housing and Local Government.

Clifford Road No.1.
Leabon Street Area (Unfitness Order).

RENT ACT, 1957

The following table shows details of all applications received in 1959.

Part I - Application for Certificates of Disrepair

- | | | | |
|-----|---|---|-----|
| (1) | Number of applications for certificates | - | 120 |
| (2) | Number of decisions not to issue certificates | - | 4 |
| (3) | Number of decisions to issue certificates | - | 115 |
| | (a) in respect of some but not all defects | - | 75 |
| | (b) in respect of all defects | - | 40 |
| (4) | Number of undertakings given by landlords under paragraph 5 of the First Schedule | - | 61 |
| (5) | Number of undertakings refused by Local Authority under paragraph 5 of the First Schedule | - | Nil |
| (6) | Number of certificates issued | - | 62 |

Part II - Applications for Cancellation of Certificates

- | | | | |
|------|---|---|----|
| (7) | Applications by landlords to Local Authority for cancellation of certificates | - | 71 |
| (8) | Objections by tenants to cancellation of certificates | - | 16 |
| (9) | Decisions by Local Authority to cancel in spite of tenants' objection | - | 5 |
| (10) | Certificates cancelled by Local Authority | - | 54 |

Applications for Certificates as to the Remedying of Defects

- (a) By Landlords - 54
(b) By Tenants - 23

It was found that in respect of 50 applications all necessary repairs had been effected, and that in 23 cases some work still required to be done. The remaining 4 applications were outstanding at the end of the year.

HOUSES VISITED BY PUBLIC HEALTH INSPECTORS DURING THE YEAR

The number of houses visited on complaint and by house to house visitation was 4,797 and, as a result 1,718 Intimation Notices and 801 Statutory Notices were served and 88 summonses were issued in respect of non-compliance.

SUMMARY OF DEFECTS REMEDIED - 1959

Notices complied with -

Intimation Notices	1,680
Statutory Notices	867

Dwelling Houses

Roofs repaired	627
External walls and chimney stacks repaired	143
Gutters and spouts repaired	444
Dampness remedied	679
Internal walls and ceilings repaired	610
Rooms cleansed or redecorated	2
Doors and frames repaired or renewed	109
Windows repaired or renewed	461
Floors repaired or renewed	289
Sub-floor ventilation provided or improved	22
Staircases repaired and handrails provided	52
Fireplaces and flues repaired or renewed	128
Cooking stoves repaired or renewed	23
Wash coppers repaired or renewed	2
Sinks and washbasins provided or renewed	23
Waste pipes repaired or renewed	87
Water supply improved or reinstated	65
Water closet walls etc. cleansed	-
Water closet pans cleansed	
Water closet pans repaired or renewed	69
Water closet cisterns repaired or renewed	113
Water closet structures repaired or rebuilt	37
Water closet flush pipe joints repaired	67

General Environmental Public Health

Drains cleansed from obstruction	48
Drains repaired or renewed	137
Soil pipes and vent. shafts repaired	82
Water closets repaired	88
Offensive accumulations removed	21
Yards cleansed or repaired	76
Dustbins provided	5

COURT ACTION DURING 1959

	<u>Public Health Act, 1936</u> <u>Section 93</u>	<u>Byelaws</u>	<u>Others</u>
Summonses issued	88	2	1
Cases heard	87	2	1
Fines imposed	-	-	-
Fines and Court Orders imposed	10	-	-
Failure to comply with Court Order	2	-	-
Failure to comply with 2nd. Court Order	-	-	-
Summonses withdrawn	3	2	-
Summonses not served	7	-	-
Summonses withdrawn on payment of costs	76	-	1

Miscellaneous Enquiries

Enquiries were received during the year from other Council Departments in respect of 2,358 properties, as the result of which 2,284 searches were made of the office records, and 141 drainage tests were carried out.

Local Land Charge Enquiries 2,143

Housing Act 1949, Enquiries regarding applications for mortgages 141

Housing (Financial Provisions) Act 1958 Improvement Grant Enquiries 74

Summary of Public Health Inspectors' Work

For the period from 1st January 1959 to 31st December 1959.

Visits to private houses following complaints	4,724
House to house inspections under Public Health or Housing Acts	73
Inspections under the Housing Act, 1957. Closing, demolition or Repair (Sections 9, 17 and 18).	76
Inspections under the Housing Act, 1957, re Clearance Areas (Section 42)	1,599
Initial Survey inspections under the Housing Repairs and Rents Act, 1954.	183
Inspections re overcrowding	
Inspections of House-let-in-lodgings	76
Inspections re advances by Local Authority under Housing Act 1949	212
Inspections re applications for Improvement Grants	64
Inspections re issue and revocation of Certificates of Disrepair	513
Certificates of Disrepair issued	62
Certificates of Disrepair revoked	54
Certificates as to the Remedying of Defects issued	73
Inspections following infectious disease	1,347
Visits to filthy and verminous premises	165
Smoke observation and visits re smoke nuisances	375
Visits re offensive trades	146
Visits to factories (mechanical)	498
Visits to factories (non-mechanical)	93
Visits to workplace and outworkers premises	37
Inspection of watercourses, ditches, etc.	33
Inspection of bomb sites and open sites	62
Inspections of Hairdressers and Barbers premises	60
Inspections under Prevention of Damage by Pests Act	247
Visits under Byelaws re tents, vans and shed	441
Visits under Pharmacy and Poisons Act	3
Visits to places of public amusement	53
Visits under Shops Act, 1950	228
Visits to Bakers and Bakehouses	279
Visits to Butchers	333
Visits to kitchens of Canteens, Cafes and Restaurants	511
Visits to Licensed Premises	113
Visits to Fish Shops	48
Visits to Fried Fish Shops	55
Visits to Retail Milk Distributors	106
Visits to Ice Cream Manufacturers and Dealers	188
Visits to premises registered for storage of food	46
Visits to premises registered for preparation of foodstuffs	60
Visits to hawkers of food	178
Visits to street markets	173
Visits to slaughterhouses	28
Visits to provision shops	492
Visits to greengrocers	117
Visits to condemn unsound food	741
Reinspections	7,908
Drainage Inspections	3,208
Drain tests by Public Health Inspectors	275
Drain tests by Borough Engineer's staff	302
Miscellaneous Interviews	991
Miscellaneous visits	1,917

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 varies only slightly from year to year and 1959 is no exception. It is pleasing to be able to report that the number of complaints regarding rats dropped slightly, and the operational visits show a drop of over 1000. Incidentally the Section was handicapped by the absence because of sickness, for about 16 weeks, of Mr. Stone, the Rodent Officer.

Due to the warm weather of 1959, the number of operational visits for disinfection purposes rose sharply, indicating that bed bugs at least had not yet been eliminated. Beetle infestations as opposed to cockroach infestations, continue to be a nuisance, especially in the South of the Borough, where the damp sub-soil seems to be an ideal breeding ground.

It must be pointed out that new buildings can, and will be, infested by these beetles, and if once established they will become difficult to eradicate.

The number of drain tests and notices compare favourably with 1958. The following table (with figures for 1958 indicated (-)) shows the respective totals for the year:-

Drain Tests carried out 577 (536)

Premises reported to Health Committee
under Public Health Act, 1936, Section 24
(for repair of sewers) 89 (186)

Premises reported to Health Committee
under West Ham Corporation Act 1893, Section
41 (for repair of drains) 191 (199)

With reference to the Section 41 notices, it was only necessary to serve Statutory Notices in 54 cases.

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	1,197	935	1,219	4,237
Factories	137	70	138	321
Shops	180	60	187	245
Other business property	59	32	59	142
Corporation property	58	33	58	136
Bomb sites, tips, allotments & ditches	62	16	63	84
Schools	34	29	34	157
Clubs	7	2	7	13
Hospitals	3	2	3	5
Churches	4	4	4	20
	1,741	1,183	1,772	5,360

DISINFESTATIONS - VERMIN

Houses	Premises Investigated	Premises Operated	Investigational visits to premises	Operational visits to premises
Houses	548	425	561	460
Factories	5	3	6	3
Shops	4	2	6	2
Other business property	9	6	10	6
Corporation property	11	11	14	13
Clubs	1	1	1	1
Schools	6	4	6	4
Hospitals	39	28	40	30
Emergency Water Tanks	3	3	3	3
	626	483	647	522

DISINFECTIONS

Houses	9	9	10	10
Corporation property	5	3	5	4
Hospitals	2	2	2	3
	16	14	17	17

ANNUAL REPORT OF THE PUBLIC ANALYST.H.A. Parkes, Esq., B.Sc., F.R.I.C.

During the year three hundred and thirty-four samples were examined under the Food and Drugs Act. Of these twenty-four were formal and three hundred and ten informal samples.

All samples were submitted by the Inspectors.

Eight samples (one formal and seven informal) were found to be adulterated.

The adulteration was at the rate of 2.4 per cent.

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

<u>Year</u>	<u>Number of Samples</u>	<u>Percentage Adulteration</u>
1959	334	2.4
1958	334	3.0
1957	335	3.3
1956	411	1.7
1955	502	3.2
Average	383	2.7

Thirty-three milks were examined, eighteen formal and fifteen informal. There were two adulterations. One formal sample having 2.0 per cent added water and one informal sample having a growth of mould in the bottle.

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

<u>Year</u>	<u>Number of Samples</u>	<u>Percentage Adulteration</u>
1959	33	6.0
1958	35	2.8
1957	37	0.0
1956	75	1.3
1955	96	1.0
	<hr/> 55 <hr/>	<hr/> 2.2 <hr/>

CONDENSED MILK

One full-cream condensed milk, four machine-skimmed condensed milks and three full cream evaporated milks were examined. All these were informal and all complied with the Regulations.

DRIED MILK

One dried skimmed milk was examined and found to be satisfactory. This was an informal sample.

ICE CREAM

One formal and twenty-four informal samples were examined. One informal samples was adulterated being 0.2 per cent deficient in fat.

ICE LOLLIES

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

DRUGS

Twelve informal samples were examined. All were satisfactory.

PRESERVATIVES

There was one contravention of the Preservative Regulations. This was a sample of Beef Chipolatas which contained an excess of sulphur dioxide preservative.

FERTILISERS & FEEDING STUFFS ACT

One Fertiliser and twenty-one Feeding Stuffs, all official, were examined. Four Feeding Stuffs were unsatisfactory.

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

FOR THE PUBLIC HEALTH DEPARTMENT

11 Waters.

FOR THE CHIEF EDUCATION OFFICER

3 Soap Powders.

8 Liquid Detergents.

FOR THE BOROUGH ENGINEER'S DEPARTMENT

1 Artesian Well Water.

1 Paint.

1 Trade Effluent

1 Mill Scale taken from bridge.

Note:- The Chief Public Health Inspector's comments on sampling and adulteration of foodstuffs is given on pages 33-36 of this report.

In comparing the reports on Fertilisers and Feeding Stuffs, it should be noted that two samples were taken on 31st December, 1959, but not analysed until 1st January, 1960, thus not appearing on the Public Analyst's report.

WEST HAM PUBLIC MORTUARY

Particulars of Bodies Received into the Mortuary

During 1959

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	37	20	17	34	3	30	6	1	36	2	7
February	52	37	15	51	1	49	3	-	52	2	5
March	29	17	12	28	1	25	4	-	29	4	6
April	31	22	9	30	1	25	6	-	31	6	9
May	21	15	6	21	-	14	6	1	20	2	5
June	33	17	16	32	1	28	5	-	33	8	4
July	25	10	15	25	-	23	2	-	25	4	8
August	12	7	5	10	2	11	1	-	12	1	2
September	17	6	11	14	3	11	6	-	17	3	6
October	29	20	9	28	1	26	3	-	29	2	10
November	41	24	17	39	2	35	6	-	41	5	12
December	44	22	22	42	2	37	7	-	44	6	13
TOTAL	371	217	154	354	17	314	55	2	369	45	87

Of the 371 bodies received in the Public Mortuary, 43 were brought directly by ambulance, 84 were brought from local hospitals, having died within 24 hours of admission or being post-operative deaths, and 244 were brought from home by undertakers on the Coroner's instructions.

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

Road Accidents

Pedestrians	9
Pedal Cyclists	4
Motorists	2
Fall from trolleybus	1

Home Accidents

Due to falls	6
Due to burns & asphyxia	1
Suffocation of infants	3
Coal gas poisoning	1

Industrial Accidents

Dock workers	2
Railway workers	1
Others	4

Suicides and Open Verdicts

Coal Gas Poisoning	8
Overdose of Drugs	5
Other Causes	1

<u>Manslaughter (Abortion)</u>	1
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<u>Self-abortion</u>	1
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PUBLIC HEALTH ACT, 1936 - PUBLIC SWIMMING BATHS

In Circular 1/60, the Ministry of Health requested that the Annual Report of the Medical Officer of Health for 1959 should include some notes on the Public Swimming Baths. The following paragraph is inserted to comply with the Ministry of Health's request.

There are two indoor public swimming baths and one open-air swimming pool in the County Borough of West Ham. The water for the baths is obtained from the Metropolitan Water Board's main town supply, and the continuous method of filtration is adopted at all the Public Swimming Baths. Sterilisation of the water in the pools is obtained by chemical methods, e.g. by the use of chlorine.

Experience over the years has shown that the baths staff maintain the water in the pool at the highest possible hygienic standards. In view of the source and method of treatment of the water supply used in the pools, no bacteria examinations were conducted in 1959.

MATERNAL AND CHILD HEALTH SERVICES

INTRODUCTION

The Maternity and Child Welfare and School Health Services have now been functioning as one section for two years, but they are not yet fully integrated. On the administrative side a certain amount of re-organisation has been possible but progress is impeded by the size and nature of the present premises. The staff are looking forward to moving into the new purpose-built premises next year. The move will bring us nearer our colleagues in the Children's, Welfare and Education departments and should make consultation easier.

It has not yet been possible to allocate duties in both parts of the service to all medical officers. The re-distribution of work would have repercussions on the arrangement of the doctor's work in schools, which we are at present discussing with the Head Teachers. We are also discussing with them certain matters which they have raised and certain suggestions which we wish to put forward in order to make School Health Service more effective.

We were greatly saddened in July by the sudden death of Mr. C.J. Scott our Ear, Nose and Throat Consultant, and by the death after an illness, of Lady Ewing who had given us so much help in initiating our audiology scheme and in training our health visitors in screening tests for hearing in young children. Any future developments in audiology will owe much to the foundations laid by Lady Ewing and Mr. Scott.

We are very grateful to the Royal Ear, Nose and Throat Hospital, Gray's Inn Road, for allowing Miss Bickerton to act as temporary director of our audiology clinic, and to Professor Sir Alexander Ewing for arranging for Dr. Ian Taylor of the Department for the Education of the Deaf, Manchester University, to continue the training of health visitors.

We were saddened also on hearing that Miss Edith Prime, Health Visitor to the South-West Ham Health Society, had been compelled to retire through illness. Miss Prime has given many years of devoted service to the mothers and children of West Ham who attended the Maternity and Child Welfare Centre in the little house in Avenons Road. She always maintained close links with the Health Department and was ready to help in time of need; we shall all miss her.

The Council's health visitors had for many years worked with Miss Prime at the Avenons Road Centre and they continued to run the Centre during Miss Prime's illness, until her retirement. The Centre was closed on 20th July and the mothers and children were offered similar facilities at the Council's Maybury Road and Eldon Road clinics. The South-West Ham Health Society still functions and will surely find other ways of contributing to the health of the community.

The clinic premises at Eldon Road and at Balaam Street are much too small for the purposes for which they are used, though the staff make great efforts to mitigate the inconvenience caused to mothers and children. New buildings for these clinics have been included in the Council's "Development Plan" and meantime we look forward to the new Maternity and Child Welfare and School Health Service Centre in West Ham Lane. The plans, which have been agreed by the Council, include provision for many of the specialist services. The plans for all three clinics will include facilities for both the Maternity and Child Welfare and School Health Service clinics, thus furthering the progress towards a unified Child Health Service.



Photograph kindly supplied by the Manufacturers.

HEALTH VISITOR USING WEIGHING UNIT.

The attendances at the various clinics do not change much from year to year and have not done so over the last ten years. This year attendances of infants and of pre-school children are slightly lower than last year. Now that artificial feeding is simpler and the general standard of maternal care and knowledge has improved, it is no longer necessary for mothers to bring babies to the clinics so frequently for weighing, though it is still advisable for the baby to be seen several times in his first year to assess his progress and development. We are trying to move away from "routine" weighing of every baby at each attendance and have introduced "weighing units" at the centres. This unit, shown in the photograph, looks like an extension of the health visitor's desk when closed, but opens to reveal the scales. This will do away with the need to have a special person at the clinic to weigh babies, and with the queues of mothers waiting for their babies to be weighed. Each health visitor, when interviewing the mother, will decide whether it is advisable to weigh the baby, taking into consideration the wishes of the mother and of the doctor.

The "easing of communication" referred to last year has been extended. The Maternal and Child Health Section now has regular fortnightly staff meetings. These are attended by the two administrative medical officers, the three senior nursing officers and the lay administrative officer for Maternal and Child Health and his deputy. These meetings save a lot of time which would otherwise be spent on the circulation of files and the writing of memoranda within the section. It enables the medical, nursing, and administrative aspects of any project or report to be considered simultaneously, and the results of this informal type of consultation have been found to be highly satisfactory. On occasion the Medical Officer of Health, the Chief Administrative Assistant or the Finance and Establishment Officer have joined us, and we are grateful for their guidance.

Regular conferences between the Education and Health Departments are held before each meeting of the Special Services Sub-Committee, to consider children who are backward in school and may be in need of special educational treatment, or who are of such low intelligence that they may have to be considered ineducable. The conferences are held between the Inspector for Senior and Special Schools, the Educational Psychologist and the Teacher of the Gurney School for Educationally Sub-Normal Children, and sometimes the Inspector of Junior and Nursery School on the one hand, and the Senior Medical Officer and a medical officer from the Health Department on the other. As far as possible the medical officer is the one who will conduct the formal examination of the child should this become necessary. Before the conference each child has been tested by the Educational Psychologist and has had a general medical examination, including testing of the urine for phenylketonuria, an audiometric test and a vision test. Teachers reports and the health visitor's report on the home are available. Frequently specialists reports (e.g. Child Guidance or Neurologist's report) have also been obtained. There is, therefore, a considerable amount of information about the child which is pooled and carefully weighed up before a recommendation is made by the conference.

Each term a meeting is held at Gurney Special School to consider the children who will shortly be leaving school. The child's abilities and his environment are reviewed by the Head Teacher, the Educational Psychologist, the Medical Officer to the school and the Senior Medical Officer. The main point to be decided is whether, in the interest of the child, the conference should recommend that he be reported to the Local Health Authority as needing supervision after leaving school. Sometimes however, other recommendations are made. It may be that another year at school or some other training is advisable, or occasionally, admission to a hostel or institution seems the wisest course.

The Senior Medical Officer would like to thank most sincerely all those people, both in and outside the Maternity and Child Health Section, who have enabled the Service to function harmoniously and effectively.

NATIONAL HEALTH SERVICE ACT, 1946

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 until July 26th, one at the South West Ham Health Society's Clinic at Avenons Road. Mothers attend by appointment and in each case the medical examinations are undertaken by one of the Council's medical officers.

The municipal midwives have continued to examine their patients at Maternity and Child Welfare Centres, at the same session as the ante-natal clinics conducted by the medical officers. 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 invited 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 booked 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 and seventy-five expectant mothers have made a total of 5,254 attendances at the ante-natal clinics, a small decrease as compared with last year. They include some women referred from the hospitals for their intermediate examinations, and many who are subsequently referred to hospital for confinement. Two hundred and seven attended for examination during the post-natal period and made a total of 270 attendances. This is 78% of the 347 domiciliary confinements, as compared with 68% last year, but as it does not include post-natal examinations undertaken by general practitioners, the total is not known. It would be very much in the interest of the mothers and their families if each one had a thorough medical overhaul of her general health and of her pelvic organs within a few weeks of delivery, the last being repeated when indicated. 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, but the arrangements were changed in September, because of the Interim Report of the Ministry Committee on "Radiological Hazards to Patients". The Committee recommended that chest examinations of pregnant women should not be carried out with mass miniature techniques, but by full sized films. Consequently, instead of being referred to a special session of the Mass Radiography Unit, each mother is offered an evening appointment at the Chest Clinic, between the fourth and sixth month of pregnancy. The appointment is for a separate session at which the mother will not meet tuberculous patients or their contacts.

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 officers, channelled mainly through the Superintendent Health Visitor. Much work with unmarried mothers who do not need special arrangements comes within the scope of the health visitor.

Miss Treacher reports that during 1959 her help was sought for 55 illegitimate children and their parents resident in West Ham. There were, in addition, two families for whom help was sought for other reasons. Five cases concerned married women having illegitimate babies; the remainder were single women. Twenty-one were admitted to Mother and Baby Homes, and in 12 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 24 West Ham mothers. Six were admitted to St. Agatha's Home during pregnancy, and returned to the home after having the baby in hospital. Eighteen were admitted to homes or hostels outside the Borough. When circumstances made it necessary, financial assistance was granted towards the cost of maintenance. Six of the girls helped were under the age of 16 years; 2 are known to have had children previously and in each case the putative father of the first and second child was the same man, and the mother had kept the child with her. The following two stories from Miss Treacher's case-book will illustrate the kind of work which she undertakes:-

(1) "Miss A was referred to us by her doctor. She was 30 years old and expecting her first child. She had been engaged to be married and it had been a very great shock when her fiance did not wish to proceed with the marriage. Her parents felt quite unable to face the situation and wanted her to leave home. She went to a Mother and Baby Home, and had a little girl, whom she was most anxious to keep. She did not want to be separated from the child and, as she was a capable girl, was able to find a residential domestic post, with our help".

(2) "Mrs. B asked our help concerning her daughter of 15, who was staying with relatives outside the area until she had her baby. They had been able to make arrangements for a foster-mother for the baby, pending adoption. Mrs. B had been a widow since the girl was a few months old. The putative father in this case was a few years older, and would have liked to have married the girl, but she was very immature and not sufficiently fond of him to wish to marry. After medical investigation at hospital the baby was placed for adoption".

It is not always easy to find room in a Mother and Baby Home for all the mothers who require this type of care. Normally the mother is offered accommodation for six weeks before the confinement, and may return for six weeks after her baby has been born (usually in hospital). As might be expected, some mothers do not apply until the last moment, while others only reveal that they have nowhere to go just before they are due to leave hospital.

While some mothers can quickly reach a decision about the baby's future, others have many conflicts to resolve, which they can only do satisfactorily if given ample time. They often need more than six weeks, and at present it is difficult to find anywhere where the mother can stay with her baby, and also earn her living, which

she is usually very anxious to do. If accommodation can be found, then the offer of a place in a day nursery may provide a solution.

CHILD WELFARE

Infant Welfare Sessions. The needs of the area were met, as before, by a total of 17 sessions per week until July. Fifteen were held at the seven Municipal Centres and 2 at the South West Ham Child Welfare Centre at Avenons Road. When Avenons Road was closed, an extra weekly session was held at Eldon Road. 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. Eighteen children from neighbouring areas attended West Ham clinics.

Toddlers' Clinics. In addition to the 17 sessions mentioned above, an average of 4 special "toddlers' clinics" were held weekly. Two thousand, four hundred and sixteen children attended for examination around the time of their second, third or fourth birthday. Of these were 2,375 whose general condition was regarded as satisfactory, and 41 in whom it was recorded as unsatisfactory. In the same group of children there were 2,273 whose cleanliness of body and clothing was recorded as good, 133 in whom it was found to be not entirely satisfactory, and 10 in whom it was poor.

"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 schoolchildren. 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		365
Skin		95
Eyes	(a) Vision	15
	(b) Squint	64
	(c) Other	19
Ears	(a) Hearing	7
	(b) Otitis media (R)	1
	(L)	-
	(c) Other	5
Nose or Throat		56
Speech		65
Cervical Glands		18
Heart and Circulation		35
Lungs		24
Development	(a) Hernia	12
	(b) Other	40
Orthopaedic	(a) Posture	48
	(b) Feet	177
	(c) Other	39

Continued.....	<u>Defect</u>	<u>No. of children in whom found</u>
Nervous System	(a) Epilepsy	8
	(b) Other	2
Psychological	(a) Mental Development	34
	(b) Stability (Behaviour Difficulties)	101
Other Defects		31

Fifty-two per cent of the children were found to be in satisfactory health and free from any defect (as compared with 55% for the previous year), and in addition there were 22% in whom there was no defect except carious teeth (compared with 14% last year).

Taking into account the slight decrease in the total number of children examined, there is little change in the defects recorded. By far the largest number is "defects of teeth" which usually means dental caries. It is indeed a pity that one out of every seven children should have decayed teeth at this tender age, in spite of efforts to teach parents how to avoid it by correct feeding and dental hygiene.

"Foot defects" also remain high, but this may be of less significance. There is still a great deal to be learnt about the structure and function of the foot and considerable difference of opinion as to what is normal at this age. What is certain is that attention should be directed to the prevention of foot deformities, which are so crippling in the adult, and particularly in the aged; this cannot begin too soon. Daily washing and drying the feet, washing of socks, and drying and cleaning of shoes so as to avoid shrinkage are important. Young children's shoes should be carefully fitted, and the practice of buying shoes without the child is to be condemned. Toddlers' feet grow quickly and both socks and shoes need replacing frequently. Fortunately, there are now a number of good shoes on the market, though the price often discourages parents from buying the most suitable makes. The cost is, however, well worth while if balanced against future disability and suffering. The health visitors are well equipped to guide parents on matters of foot health and footwear.

"Behaviour difficulties" are the next most frequent "abnormality" which is recorded, but this does not necessarily indicate any serious maladjustment in pre-school children. Doctors and nurses are now better trained to detect an exaggeration of the manifestations which accompany normal growing up (the transition from infancy to the relatively mature five year old is a stressful time for all children), and parents also are more knowledgeable and less reluctant to talk about emotional problems. This is also to the good, because a better understanding of normal emotional development and of faulty parental attitudes, may be of great help at this stage. It is also important that the staff should be sufficiently skilled to pick out those few children who are in serious trouble and refer them where they and their families will get effective diagnosis and treatment. In-service training is one of the best ways of improving these skills. To this end, the discussion group for a small number of health visitors and two medical officers has continued once a fortnight, with the Psychiatric Social Worker, and under the personal direction of our own psychiatrist, Dr. Whatley. On the alternate weeks the psychiatrist has been available to discuss cases with any doctor or health visitor who wished to consult her.

Attendances at the Child Welfare Sessions (including the Toddlers' Clinics) are set out in the following table for the period 1955-1959. 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, but this year it will be seen that the percentage of individual children attending and the average attendances has decreased slightly in both age groups.

	<u>Children under 1 year</u>					<u>Children 1 - 5 years</u>				
	1955	1956	1957	1958	1959	1955	1956	1957	1958	1959
Number of individual children	*2,166 (84%)	2,179 (85%)	2,441 (92%)	2,412 (89%)	2,274 (83%)	5,012 (45%)	4,569 (43%)	4,740 (50%)	4,631 (49%)	4,244 (46%)
Number of attendances	+23,774 (10.9)	23,367 (10.7)	25,682 (10.5)	25,749 (10.7)	21,548 (9.5)	10,998 (2.2)	11,047 (2.4)	10,925 (2.3)	10,223 (2.2)	8,512 (2.0)

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) was as follows, and shows only minor changes from 1958:-

Eye Clinic129
E.N.T. Clinic 9
Audiology Unit 7
Paediatric Clinic 31

In addition, 19 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. A copy of the report is sent to the family doctor.

Speech Therapy. Seven pre-school children were referred to the speech therapist. At this age, when speech development has not been fully achieved, formal therapy is rarely indicated, but referral gives good opportunity for careful observation of the child's general development and of parental attitudes, and affords the child some relief of tension, through play.

Audiology Clinic. Ten sessions were held. Thirty-nine children made 52 attendances (7 of whom were examined on two occasions and 3 on more than two occasions). Of 29 new cases, 4 were found to be deaf, 3 partially deaf, and 18 had normal hearing. The remaining 4 were still under observation at the end of the year.

Development of Audiology Scheme

The first venture which the County Borough of West Ham made into the field of audiology and audiometry was when they appointed a full-time audiometrician in 1950. As might be expected, at that time her work was in the field of routine gramophone audiometry among school children. She worked in West Ham from 17th April, 1950, until 28th October, 1952.

Summary of Audiometrician's work carried out during the period from 17.4.50
to 28.10.52.

No. of children tested - 16,200 between ages of 8 and 15 years
(A few 7 year olds were included)

No. of children retested 2,638. Among these were 57 who were
already under treatment at the E.N.T.
Clinic. Of the 2,638 retested children,
205 were referred to the medical officer
for further investigations.

Of these, 67 were referred to the E.N.T. Specialist, and were
classified as follows:-

Middle ear deafness	.....	37
Catarrhal deafness	.....	16
Familial deafness	.....	8
Nerve deafness	.....	1
Traumatic deafness	.....	1
Deafness not confirmed	.....	4
		<hr/>
		67
		<hr/>

The methodical testing of school children by gramophone audiometer ceased in November, 1952, when the audiometrician resigned.

In the autumn of 1954 a school nurse was given training in gramophone audiometry, and for the last two months of 1954 and the whole of 1955 devoted four weekly sessions to audiometric work in schools.

Early in 1955 an audiometrician was appointed to work approximately half her time with the local authority; the remainder being divided between the three neighbouring Hospital Management Committees. Her knowledge of pure tone audiometry was now available to help the otologists in the hospitals and local authority E.N.T. clinics, and for the children in the School for the Deaf and the Spastic Unit, and for other individual children. It was not until 1957 that the audiometric screening of children by pure tone sweep method was substituted for the gramophone audiometric testing.

During 1955 and 1956 a complete audiometric survey of children aged 8+ to 10+ was made, the specially trained school nurse and the audiometrician each having a share in this work. At the end of this survey the school nurse did not undertake any further audiometry, but her services had enabled audiometric testing to be continued over a different period, when no audiometrician was available.

During 1957 and 1958 primary school children aged 6+ and 10+ were tested by the pure tone method. The results of these surveys are shown in Table A, while Table B gives the result of a preliminary analysis of the conditions found in the children referred from the audiometrician to the school medical officer.

COUNTY BOROUGH OF WEST HAM

Audiometric Surveys in Schools, 1955 - 1958

Year	Age Groups Tested	Numbers Tested		Numbers Retested		Reference to M.O.	Number Investigated by M.O.
		by Gramophone Audiometry	By Pure-tone Audiometer	Gramophone	Pure-tone		
1955	Junior school pupils 8+ to 10+	4,887	-	1,649	-	447	126
1956b	Junior school pupils 8+ to 10+	3,298	164	1,138 + 1,141	3	285	170
1957	Primary school pupils 6+ and 10+	-	3,255	-	295	266	262
1958	Primary school pupils 6+ and 10+	-	4,439	-	285	172	116 (70 of these were referred to E.N.T. Consultant)

COUNTY BOROUGH OF WEST HAM

Findings in Children referred to Medical Officers for Investigation
because they failed routine audiometric tests in school
1955 - 1958

Year Under Review	1955	1956	1957	1958
Numbers investigated	126	170	262	116
Hearing loss not confirmed	48	85	72	42
Hearing loss doubtful	4	12	62	2
Hearing loss due to infection of the Middle Ear	27	23	44	23
Hearing loss due to infection or obstruction in the External Ear	1	-	1	-
Hearing loss due to blockage with wax	22	11	20	27
Hearing loss due to catarrhal condition	14	9	19	10
Hearing loss as a result of Meningitis	-	-	1	-
Hearing loss as a result of head injury	-	-	2	-
Nerve deafness	3	6	-	2
Hearing loss due to miscellaneous conditions	-	-	2	1
Investigation not completed due to refusal to re-attend	-	-	-	1
Cause of hearing loss unknown	7	24	39	8

The next stimulus came from the Maternity and Child Welfare Services and culminated in the formation of a local "Audiology Team" in May 1955, and the introduction of the regular training of health visitors in the screening of babies and pre-school children in 1957.

Interest was first aroused by an account of the work which was being done in Leicester by Dr. Berenice Humphreys and Mrs. Irene Ewing (later Lady Ewing). This was published in the "Medical Officer" of January 2nd 1954. This article described how health visitors were being trained in the screening of young children and were also taught to do some diagnostic testing and auditory training. The Medical Officer of Health and the Senior Medical Officer for Maternity and Child Welfare visited Leicester and learnt much from being present as observers during a session in which Lady Ewing, Dr. Humphreys, two specially trained health visitors and a teacher from the School for the Deaf demonstrated the work which they were doing with pre-school children. The Senior Medical Officer subsequently visited the Department for the Education for the Deaf at Manchester University, and was shown some of the work done in the Department, and also the training which was being given to the Lancashire County health visitors.

Up to 1955 pre-school children resident in West Ham who required special investigation for suspected hearing loss were often referred to the Audiology Unit of the Royal National Throat, Nose and Ear Hospital, Gray's Inn Road. As our knowledge of the work being done at this Unit grew, an increasing number of such children were referred for investigation. Some of these were found to have considerable hearing loss, and after being fitted with a hearing aid, were taken on for a period of auditory training. This entailed visits to the Unit, usually at least once a week.

Towards the end of 1954 several requests were received through the Health Visiting Service, on behalf of the parents of these children, whose journeys to the Unit were causing them considerable expense and inconvenience, although they greatly appreciated the skilled help which their children were receiving. The health visitors asked whether it would not be possible to arrange for the investigation and training of these children at a local clinic. We received much encouragement for the idea that we should start an audiology clinic of our own, and generous offers of help from all concerned, to train our staff in this exacting work. We took full advantage of these offers, and the Senior Medical Officer paid several visits to the Unit and later attended a two-day course for medical officers, which was organised by the Unit.

In 1955 the Health Committee, having heard the report of the Medical Officer of Health, recommended that an Audiology Team, comprising officers with special knowledge already, in the employ of the Council, be formed for the purpose of the detection and treatment of deafness in young children. From its inception, the Team was directed by Mr. C.J. Scott, Consultant E.N.T. Surgeon at Whipps Cross Hospital. Through an agreement with the Regional Hospital Board, Mr. Scott was already doing three ear, nose and throat sessions in local authority clinics. As the Team was to meet approximately once a month, it was possible for Mr. Scott to undertake this work without increasing the total number of sessions allotted for local authority work. The other members of the Team were the Head Teacher of the West Ham School for the Deaf, the audiometrician, two specially selected health visitors, and the Senior Medical Officer for Maternity and Child Welfare.



YOUNG CHILD BEING TESTED AT THE AUDIOLOGY CLINIC.
HE IS SHOWING A NORMAL RESPONSE TO RATTLE.

The services of a psychologist were also available. She was already working in the Child Guidance Clinic and was experienced in the testing of pre-school children. Thus, with no increase in staff and with £50 at our disposal for equipment, the Team came into being and started to function at Maybury Road Maternity and Child Welfare Centre. The two health visitors attended two courses in the Department for the Education for the Deaf at Manchester University, firstly, a two-day course on screening tests and, secondly, a two-week course which included some diagnostic testing and auditory training. They also visited the Unit at Gray's Inn Road.

It was found that very little equipment was needed. Our purchases consisted mainly of play material used for distracting children and for testing, and simple items such as a drum, rattles, bells, musical boxes, and books and pictures used to illustrate certain words and sounds. In later years, as we became more expert, we added pitch pipes, xylophone-pitch bars, and a sound level metre. Referral was mainly from health visitors, medical officers and general practitioners, and for each child referred the health visitor was asked to complete a special form giving a detailed history. Whenever possible the clinic medical officer also added his report. Our Director soon became so impressed by the value of the "Team approach" that he referred to the Audiology Clinic all pre-school children suspected of deafness, whether referred in the first place to the Local Authority or Hospital Clinics. Gradually, some of his colleagues in neighbouring areas became aware of the work of the clinic and referred children direct to Mr. Scott at the Audiology Clinic. In this way the Team, under the very patient guidance of its Director, and with much help from the Head Teacher of the School for the Deaf, began to build up their skill.

A number of young children were ordered hearing aids, and the problem of auditory training and parent guidance then had to be faced. It is a problem which has not yet been satisfactorily solved, and indeed it cannot be without extra teachers, though the staff of the School for the Deaf, where there is a nursery class, have been most helpful. When the child is considered to need admission to the nursery class, and is of the appropriate age, there is no difficulty. When the child with hearing loss is under two years, or if over two, is not considered to have reached a stage of development appropriate for special education at school, auditory training sessions for child and parent are necessary. The staff of the School for the Deaf have been most generous in giving their own time to this work, and have been rewarded by the progress made by the children and the appreciation shown by their parents. When the children have subsequently been admitted to school, the teachers have been impressed by the rapid progress they have made in comparison with children admitted without such prior training. We hope also that this early training will eventually be reflected in the quality of speech and language achieved by school leaving age. At the Head Teacher's suggestion some of the children in whom it has been extremely difficult to make a diagnosis at the clinic, have attended the nursery class for a day. The skilled observation of the teachers has then been most helpful in enabling a diagnosis to be made. As a Team, we are convinced that the proper person to undertake auditory training is a trained teacher of the deaf, though the health visitor can help a great deal to make "parent guidance" effective and in encouraging the parents to achieve a constructive attitude towards their deaf child.

The health visitor's main contribution, however, is in the screening of babies at about nine months and, where indicated, a second screening for high tone deafness at about four years. When the Audiology Team had been functioning for over a year it was felt that the children were not being referred early enough. Although one or to babies

in their first or second year had been seen, they were children in whose families there was a strong history of deafness, and who were tested at the parent's request. It was agreed that the time had come to undertake some publicity, particularly amongst the doctors in the area, and to seek some way in which every health visitor could be given training in the screening of babies and pre-school children.

In July, 1957, the Council recommended that arrangements be made for the Council's medical officers and health visitors to attend a two-day course in "screening tests" to be held in West Ham. Through the great kindness of Sir Alexander and Lady Ewing who undertook this training personally, excellent arrangements were made and they visited us for the first time in November, 1957, and subsequently at six-monthly intervals until June, 1959, when arrangements had to be cancelled owing to Lady Ewing's illness. These regular training sessions at six-monthly intervals have enabled us to train, and test for efficiency, our established health visitors and to include new recruits to the service within six months of their appointment. We are pleased that we have now been able to arrange for Dr. Ian Taylor from the Department of Education for the Deaf, Manchester University, to continue these sessions. His first visit to West Ham will be in March, 1960. Those health visitors who had been trained were asked to test as many babies as possible at about nine months, but it soon became clear that we should have to concentrate on the now well known group of "children at risk". These are mainly children who carry an increased risk of deafness because of family history, illness of mother during pregnancy, difficult birth, or illness in early weeks of life. They include children whose mothers have had German measles in the early weeks of pregnancy and those who, born to Rhesus negative mothers, have shown signs of incompatibility. Recent surveys have shown that if this group of children is carefully screened, it will yield 80 per cent of all the deaf children in the area.

July, 1959, was a disastrous month for the Unit for we sustained a double grievous loss in the death of our Director, Mr. Scott, and of Lady Ewing who had both given us so much help. For three months the meetings of the Team were suspended, but the Audiology Unit, Gray's Inn Road, came to our rescue, and in September, 1959, Miss Bickerton, an experienced member of their staff, became temporary Director of the Clinic.

During the three months interval we took stock of the situation and revised some of the aspects of the scheme. An assistant medical officer with some ear, nose and throat experience had by now received additional training in audiology, and had become a member of the Team, so that the Senior Medical Officer could concentrate mainly on the administrative aspects. A third health visitor has been trained in Manchester. She shares the work of the clinic with her colleagues and is the nurse to the School for the Deaf. The assistant medical officer referred to above undertakes the medical supervision of the children in the School for the Deaf and sees all children from ordinary school referred by the audiometrician. This school medical officer investigates each child, deals with such matters as removal of wax, and refers the children for any necessary treatment to their family doctor, or with his consent, to an Ear, Nose and Throat Clinic. Where the impairment of hearing does not seem to be amenable to treatment, the child is referred (with the consent of the family doctor) direct to the Audiology Clinic, which is now held fortnightly and is available for both pre-school and school children. The audiometrician now attends all the sessions, and audiograms may be obtained on the spot. When hearing aids are ordered, the audiometrician makes the moulds for the ear pieces, ready to be attached to the hearing aids, which are ordered from the local distribution centre.

Table C gives a picture of the children examined at the Audiology Clinic from May, 1955, to the 31st December, 1959, classified according to the reason for referral. It relates almost entirely to pre-school children. This survey comprises 105 children seen at the West Ham Audiology Clinic in the 4½ years between its opening in May, 1955, and December 31st 1959. Thirty-one of the children were resident outside West Ham, in neighbouring areas. They have been grouped according to the reason for referral

TABLE 'C'

Pre-School Children Referred to West Ham Audiology Clinic from its
Inception in May, 1955, to 31st December, 1959.

Reason for Referral	Number Referred	Age on Referral				Findings	Total Number of Deaf and Partially Deaf	Percentage Deaf and Partially Deaf
		0-1	1-2	2-3	Over 3			
Suspected deafness	43	6	8	10	19	Deaf 15 Partially deaf only 6 Speech defect (both spastic children) 2 Mentally retarded only 1 Doubtful 1 No defect found 18	21	49%
Delayed speech or speech defect associated with suspected deafness	31	0	3	7	21	Deaf 1 Partially deaf 2 Partially deaf + speech defect Delayed speech only 3 Speech for observation 2 Mentally retarded 1 No defect found 21	4	12%
Suffering from delayed speech or speech defect; (referred for investigation to exclude deafness).	18	0	1	6	11	Deaf (doubtful case, under observation) 1 Delayed speech development 5 No defect found 12	0 (? 1 doubtful case)	0
Mental retardation associated with suspected deafness	10	0	0	3	7	Deaf & mentally retarded 1 Deaf only (spastic child) 1 Mentally retarded only 7 No defect found 1	2	20%
Mental retardation with impaired speech; referred for investigation to exclude deafness	3	0	1	1	1	Mentally retarded only 3	0	0
TOTAL: West Ham children 74) Children from) neighbouring area 31)	105	6	13	27	59		27 + 1 doubtful	26%

It is interesting to note that nearly all the children in whom hearing loss was confirmed are in the group referred because deafness was directly suspected as a sensory loss, and not indirectly because of impairment of other functions, such as speech and mental development. No deafness was confirmed among children referred because of speech defect or delayed speech. It may be that when the children with speech defect are old enough to give a reliable audiogram, minor degrees of deafness will be found, but it is unlikely that we are failing to detect the degree of deafness which will interfere with the child's development of language, or require special educational treatment. Our survey seems to confirm the opinion that in order to discover children with hearing loss at an early age, it is necessary to search for them directly by screening tests. Those suspected of deafness need thorough investigation - this is best undertaken by an "Audiology Team".

Gradually a picture of a complete scheme has emerged and though there are still many pieces missing, we are at present working towards the following scheme. No doubt new knowledge will make us change our "blue print" even before we have realised it in its entirety:

1. Health visitors to screen babies at about nine months, particularly those "at risk".
2. Further screening at four years, if indicated because of history of otitis media, speech defect, etc. When practicable screening of all four year old children for high tone deafness.
3. Referral of pre-school children who fail repeated screening, to the Audiology Team.
4. Annual pure tone audiometry surveys of all children aged six years and ten years.
5. Referral to school medical officer (with special experience) of all children who fail the audiometric tests.
6. Medical Officer to refer to the Audiology Clinic, children with hearing loss who do not seem to require treatment from the general practitioner or the E.N.T. Surgeon.
7. Provision of auditory training and parent guidance for children with hearing loss who are (a) under two years; (b) two to five years, but not recommended for admission to the School for the Deaf; (c) recommended to wear hearing aid but to attend ordinary school.
8. Follow-up and supervision of all children with hearing loss in ordinary schools whether or not a hearing aid has been recommended.
9. Audiometric testing of all children prior to ascertainment as handicapped pupils or as ineducable, and prior to referral for speech therapy.
10. The keeping of a Register of all children known to have suffered from otitis media - frequent observation of these children including audiometric testing.
11. Register of adults known to wear a hearing aid and follow-up by health visitor.

Physiotherapy. The following numbers of pre-school children have attended the sessions provided at Grange Road and Forest Street Child Welfare Centres:-

	<u>Sunlight</u>	<u>Massage</u>	<u>Exercises</u>
No. of individual children who attended	134	1	43
No. of attendances made by the above children	2,239	7	365

Whilst most of the children for whom sunlight treatment is prescribed are suffering from lowered vitality caused by debilitating environmental factors or acute illness, those requiring exercises or simple manipulation may be suffering from orthopaedic disabilities requiring skilled individual attention.

Development Clinic. The Development Clinic as described in the last Annual Report and started in October, 1958, has been held throughout the year, and has progressed as was envisaged. The enthusiasm and co-operation shown by Dr. Hinden, our Consultant Paediatrician, who has attended many of the sessions, has added not only to the effectiveness of the work, but to the interest of the staff. The children no longer need to be referred to another clinic for paediatric advice, and the team of doctors and health visitors present are able jointly to consider the needs of the child and his family from the clinical, social and administrative aspects.

No. of sessions	13
No. of children seen	34
No. of new cases	26
No. of old cases	8
No. of attendances	52

Analysis of new cases:

Severely retarded (not mongol)	6
Retarded	8
Mongol	7
Cerebral palsy	2
Spina bifida	2
Epileptic	1
	<u>26</u>

Mothers, and fathers too, have taken full advantage of the invitation to attend, and have shown great eagerness to understand the child's disabilities and to get information about his future care, training or education.

Handicapped Pre-school Children

At the end of the year there were 69 pre-school children under special observation on account of disease or abnormality, some of whom will eventually be ascertained as handicapped pupils. A few are ascertained under the age of 5 years, so that they may attend the nursery class of a special school. Those who are not at school, and not yet attending the Development Clinic are visited frequently. The health visitors send reports to the senior medical officer and discuss the children's progress with her. Many are attending hospital, and up to date reports are obtained. When it is considered that attendance at the Development Clinic would help, and would be acceptable, invitation is sent. Whenever possible the district health visitor is present at the first interview; in fact she often calls for the mother, who then has the support of someone she already knows.

	Ascertained	Not Ascertained	Total
Age 4 - 5 years	5	17	22
" 3 - 4 "	3	18	21
" 2 - 3 "	2	10	12
" 1 - 2 "	1	9	9
" under 1 year	1	5	5
	<u>10</u>	<u>59</u>	<u>69</u>

Of the 10 ascertained children 7 were deaf; 3 were physically handicapped, 2 on account of cerebral palsy, and 1 spina bifida.

The 59 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	28	
Epileptic	5	
Defective speech	2	
Impaired vision	6	
Physically handicapped	18	- 3 Congenital heart disease
		6 Congenital deformities
		1 Post-polio paralysis
		1 Nephrectomy
		1 Congenital hip
		4 Spina bifida
		1 Haemophilia
		1 Cleft palate

59

Children under 5 years attending special schools, occupation centre and in institutions

Seven West Ham children attended the School for the Deaf, and on December 31st there were 3 West Ham children attending the Spastic Unit.

At the end of the year all the children admitted to the nursery class of the Occupation Centre had reached the age of 5 years, but there are younger children waiting for vacancies. One mentally defective child under 5 years is in an institution.

Premature Babies

Of the total 195 premature infants, 176 were born in hospital, 19 were born and nursed at home. Of the 176 born in hospital, 153 were still alive at the end of 28 days, but 15 died within 24 hours and another 8 within the month. All the babies born and nursed at home survived 28 days. Seven point one per cent of all live births were premature (compared with 6.6% last year) - the national figure is 6.7%. Of the total births 8.2% were premature (compared with 8.4% last year) - the national figure is 7.7%. Out of a total of 57 deaths of infants under one year, 15 (26%) occurred in premature infants who died within the first month of life.

As most premature babies are born in hospital and are not sent home until their health and weight are satisfactory, not a great deal of use is made of the Council's special equipment, though hot water bottles, blankets, and occasionally a cot are lent from time to time.

The loan of special scales for use in the home, and vitamin preparations taken round by the health visitor, are very useful because they obviate the need for these delicate babies to attend a child welfare centre until they are well established, and less susceptible to cold and to infection.

Babies born at home are offered vitamin preparations from their third day of life, while those coming out of hospital are encouraged to continue with the preparations already prescribed.

As premature children continue to be more susceptible to infections and are more likely to have periods of hospitalisation, particularly because of respiratory infections, than are full-term babies, the health visitors keep them under more frequent observation. This is also necessary because some of them have suffered from complications which may have serious effects on their development.

Day Nurseries

The two day nurseries remained open during the whole of 1959, providing 105 places for children under 5 years.

Admissions. One hundred and fifty nine children were admitted; this is 50 more than last year.

Children admitted to day nurseries during 1959:-

First Priority:

Parents separated	16 children
Mother unmarried	19 "
Father in prison	1 child
Father in H.M. Forces	1 "
Family deserted by father	4 children
Family deserted by mother	4 "
Health of child	6 "
Health of mother	3 "
Health of father	2 "
Health of grandparents	1 child
Children from "problem families"	3 children
TOTAL:	60

Second Priority: (Financial need)

76

Temporary admissions:

TOTAL:

23

159

Reasons for Temporary Admission

Mother's confinement in hospital	-	11 admissions	-	average stay per child	-	6 days
Mother in hospital for treatment	-	2	"	"	"	6 "
Mother in hospital for operation	-	3	"	"	"	4 "
Mother in hospital for observation	-	1 admission				2 "
Mother's health (pre-confinement)	-	1	"			3 "
Accident to mother	-	2 admissions	-	average stay per child		39 "
Mother convalescent	-	3	"	"	"	1 day

Age of children on register at 31st December, 1959.

Under 6 months	5
6 months - 1 year	3
1 - 2 years	23
2 - 5 years	72
	<u>103</u>

Length of stay of children on register at 31st December, 1959.

3 - 4 years	5
2 - 3 years	10
1 - 2 years	19
Under 1 year	69
	<u>103</u>

Attendances -

Nursery	No. of Approved Places	Average Daily Attendance		
		Under 2 years	Over 2 years	Total
Litchfield Avenue	51	11	22	33
Plaistow Road	54	13	28	41

The low average attendance is largely accounted for by outbreaks of measles (31 cases at Plaistow Nursery; 22 at Litchfield Nursery) and Sonne dysentery (21 at Litchfield and 10 at Plaistow Nursery). At a time when these diseases are rife in the community, it is impossible to prevent their introduction into the nurseries, though new admissions were stopped for a time. There were also 8 cases of mumps and 2 of whooping cough.s

Another factor which keeps the average attendance lower than is necessary is the tendency for some parents to withdraw their children from the nursery with no prior notice, when they no longer need the nursery service. Time is then wasted in finding out why the children are not attending, before the places can be filled. Most parents, however, are very appreciative of the help which the day nursery gives in enabling the family to surmount a crises, to keep the children living at home in spite of domestic difficulties, and in the case of the unmarried mother, to maintain economic independence without complete separation from her child,

Staffing

With the comparatively low average attendance, opportunity was taken during the year to reduce the staff by two students and one certificated nursery nurse at each nursery. According to the instruction of the Council, no existing member of staff was made redundant.

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

Child Minders

Three child minders are on the register, but two did not receive any children into their homes during the year.

Welfare Foods

The distribution of Welfare Foods has continued from all the Child Welfare Centres and from the Public Hall, Canning Town. As before the W.V.S. have kindly been responsible for this service at West Ham Lane Clinic. The only changes in the service have been minor administrative adjustments.

Recuperative Holiday

Twenty-two unaccompanied pre-school children and 25 mothers with children were sent to holiday homes.

Unaccompanied children - These children are referred mainly on account of debility due to environmental conditions, infectious disease or acute illness. They are sent away because their condition requires a period of convalescence if it is not to become chronic, although the mother is unable to accompany them, usually for domestic reasons. They are mainly the older pre-school children.

Mothers with children - Of the mothers who went away with children, 22 were referred on account of physical and nervous debility following confinement, repeated pregnancies, domestic worries, or anxiety. Three mothers went to accompany their children.

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 undertake the regular medical examination of children in the nine Children's Homes and two Residential Nurseries, and are available to advise on any medical matters. They also examine the children boarded out in West Ham, and when practicable, they see the children immediately before admission to or discharge from the Homes. When this is not practicable, other arrangements are made. There is a great deal of informal consultation between the Health and Children's Departments, both between administrative officers and between health visitors and the Child Care Officers. Formal meetings of the Co-ordinating Committee have been convened regularly by the Children's Officer. The Medical Officer of Health has taken the chair, and many senior officers of the health department have attended. Whenever possible the district health visitors of the families on the Agenda have been present, and have contributed to the discussion. The N.S.P.C.C. inspector is a frequent visitor to the department, and the Society's woman visitor has done much sterling work for West Ham families.

Vital Statistics

The following are the statistics for 1959 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	25.36	20.8 (lowest ever)
Infant Mortality rate per 1,000 live births	20.95	22.2
Neonatal Death rate per 1,000 live births	14.33	15.9
Maternal Mortality rate per 1,000 live births and stillbirths	N11	0.32

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

Pneumonia	13
Gastro-enteritis	1
Congenital malformation	5
Other defined and ill- defined diseases	34
Tracheo Bronchitis	1
Other malignant and lymphatic neoplasms	1
Accidents	2
	<u>57</u>

The two accidental deaths were both caused by asphyxia in bed. One baby had been taken into his parents bed, the other the baby was choked by the cot mattress.

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 34 infant deaths classified as "Other defined and ill-defined diseases" are made up as follows:-

Prematurity	17
Prematurity and atelectasis	5
Atelectasis	2
Intracranial birth injury	3
Cerebral haemorrhage	1
Renal necrosis	1
Intrauterine asphyxia	5 (1 found abandoned at birth)
	<u>34</u>

The infant mortality rate remains lower than the national average, but is slightly higher than last year which was the lowest on record.

The neo-natal death rate (deaths of infants under four weeks per 1,000 live births) is much the same as last year, and also remains below the national average. Of 57 infant deaths under 1 year, 39 occurred in the first 4 weeks, and of these 15 were premature.

The stillbirth rate, while lower than last year, has not returned to its previous low level and is above the national average. This year there have been 74 stillbirths, as compared with 81 last year and 44 in 1957.

The peri-natal mortality rate (stillbirths plus deaths in first week of life per 1,000 total births) has correspondingly decreased to 37.63.

Amongst the causes of 57 infant deaths, prematurity (17) and pneumonia (13) are the highest single causes.

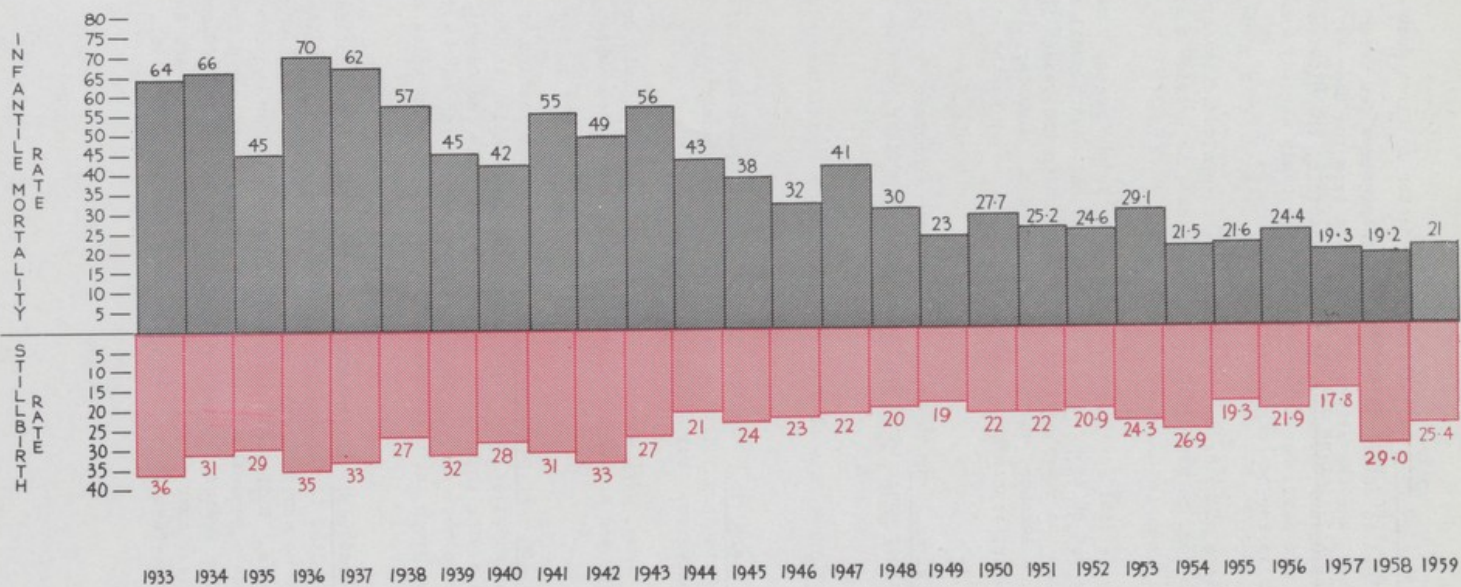
The prevention of prematurity, though difficult because of lack of adequate knowledge of the causes, is something on which all concerned with the maternity services must concentrate. Really good ante-natal care, and all measures which enable the expectant mother to get sufficient rest are objectives which should be attainable.

Of the deaths from pneumonia, 7 were in the first month of life, and the babies suffered from other conditions such as prematurity, congenital malformation, neonatal septicaemia, and "intra uterine pneumonia".

Deaths of children 1 - 5 years there were 13 deaths in this group as compared with 8 in 1958, 2 in 1957 and 10 in 1956. Two children died of the delayed results of congenital defects, 3 of leukaemia, 5 of pneumonia, 1 of gastritis, 1 of strangulated hernia and 1 as a result of a road accident.

Maternal Deaths. There were no maternal deaths this year.

SHOWS TOTAL INFANT LIFE WASTAGE—1933-1959



DOMICILIARY MIDWIFERY

The six Council midwives cover the whole area except for a few cases along the northern edge of the Borough, who are attended by midwives from the Lady Rayleigh Training Home, administered by Essex County Council. As far as possible, the midwives work in pairs, so that when a midwife is off duty, her colleague who is probably already known to the mothers, takes responsibility for her patients.

Except when she has a night or week-end off duty, each midwife is on call for her own patients at night. So far, no arrangements have been made to provide a special "night rota".

Staffing. Despite several advertisements, the midwife who resigned early in 1958, was not replaced until the end of 1959, when a midwife, who had been a pupil midwife in the West Ham domiciliary service two years earlier, was appointed to the vacant post. In the interim period, a nurse from Lebanon, who had just completed her midwifery training in England, was given a temporary appointment which she held for seven months until her permit to stay in England expired.

Supervision of Midwives. Day to day supervision was exercised by the Non-medical Supervisor, who keeps in close touch with the Senior Medical Officer, who is the medical supervisor.

Maternity Outfits. These have been distributed by the domiciliary midwives to all their patients.

Administration of Analgesia. Midwives have continued to use both Trilene and Gasp and Air for those patients who they judged would benefit from an analgesic. They choose whichever method they consider most suitable for the patient.

Refresher Courses. Mrs. Cray attended a refresher course at Keble College, Oxford, which she enjoyed very much, and at which she gained useful information which was passed on to her colleagues.

Training in Relaxation - Preparation for Labour. The organisation of classes has again proved difficult, but midwives have given individual instruction to those expectant mothers who have expressed a wish to have it. By arrangement with the Committee of St. Agatha's Hostel for unmarried mothers, the Non-medical Supervisor has been a frequent visitor to the home and has given the mothers a series of simple talks which have been much appreciated.

Training of Pupil Midwives. All the domiciliary midwives have continued to train pupils from Forest Gate Hospital for their Part II examination. Each midwife has a different pupil every three months, and there has been a very high proportion of examination successes throughout the year. While each midwife is responsible for her own pupil, the Non-medical Supervisor takes a general interest in the training, and gives one or more talks to each group of pupils. The Medical Officer of Health, Deputy Medical Officer of Health, and the Senior Medical Officer share the five compulsory lectures which are given by local health authority staff to the Part II pupil midwives at Forest Gate Hospital.

Maternity Services. Total live births notified as West Ham births during the year 1959 were 2,755 and of these 12% were born at home and 88% born in hospital.

Domiciliary births within the Borough	341)	
Domiciliary births outside the Borough	1	)	12%
Hospital births within the Borough	2,219)	
Hospital births outside the Borough	194	)	88%
	<u>2,755</u>		

There was an increase of 30 domiciliary births, but as there was also an increase in the total number of births, the proportion born at home remains the same.

NUMBER OF LIVE BIRTHS IN MATERNITY UNITS IN THE BOROUGH

Hospital	West Ham Residents	Total live births
Forest Gate	900	2,190
Plaistow Maternity	833	1,190
Queen Mary's	486	925
TOTAL:	2,219	4,305

MIDWIVES ATTENDING DOMICILIARY CONFINEMENTS

Service	Number (or equivalent number) of midwives on 31.12.59	Number of live births
Municipal	6	297
Essex County Nurses		
Training Home	2 (part time)	44
TOTAL:	8	341

The midwife acted as a maternity nurse in 13 of the domiciliary confinements.

Medical aid was summoned in 166 cases. In 120 of these help was required for the mother only, in 39 for the baby only, and in the remaining 7 cases help was summoned on account of both mother and baby.

Cranbrook Report

The Maternity Services Committee, appointed by the Minister of Health in 1956 "to review the present organisation of the Maternity Services in England and Wales, to consider what should be their content and to make recommendations" published a report in June, 1959. This aroused much comment and discussion, which is still continuing at various levels, both locally and nationally.

In November, the Council, having considered the report of the Medical Officer of Health accepted the Health Committee's recommendations, which were as follows:-

N.H.S. ACT, 1946 - MATERNITY SERVICES - (a) That having considered the report of the Medical Officer of Health on certain of the recommendations of the Maternity Services Committee under the Chairmanship of Lord Cranbrook, commended by the Minister of Health for the early consideration of local health authorities, they recommend:-

(i) that the appropriate Officers of the Health Department participate in any local professional maternity services liaison committee which may be formed for the purpose of ensuring that local provisions for maternity care are used to the best advantage; and (ii) that the Council's health services co-operate in the use of a Co-operation Record Card (standardised for national use) if introduced, to be carried by the patient when visiting a consultant, general practitioner, local authority clinic or midwife, which would enable clinical information recorded thereon to be generally available.

(b) That they have received a request from the North East Metropolitan Regional Hospital Board for the views of the Council on the principles set out in the Cranbrook Report referred to above, and for any proposals they have which might assist the Board in assessing the need for maternity beds in hospital, which they have considered in the light of a report of the Medical Officer of Health. Arising therefrom they recommend that the following observations be sent to the Board:-

(i) The selection of patients for hospital beds should follow the principles recommended by the Cranbrook Committee i.e., the careful selection of patients for domiciliary and hospital confinements; appropriate booking arrangements to ensure that patients requiring hospital confinements on medical or social grounds receive priority over others, sufficiently flexible to allow for late bookings and emergency admissions; and consultation with the local health authority over bookings on social grounds.

(ii) The length of hospital stay after confinement should not normally be reduced below the ten days recommended by the Cranbrook Committee, at least without careful consideration by the local professional maternity services liaison committee.

(iii) It is recognised that the overall provision of maternity beds should include provision for patients needing ante-natal care, and it is also considered that this is a matter which could appropriately be examined by the local professional maternity services liaison committee when formed.

It is not yet possible to comment on the changes which implementation of the "Cranbrook" recommendations may make in the local maternity services, but it is interesting to note that the report suggests that "sufficient hospital maternity beds to provide for a national average of 70 per cent of all confinements to take place in hospital should be adequate to meet the needs of all women in whose case the balance of advantage appears to favour confinement in hospital". In West Ham this level of hospital provision has been exceeded for some years and this year 88 per cent of West Ham mothers were delivered in hospital.

HEALTH VISITING

Staffing - The joint establishment is of 40 health visitors and School Nurses: 22 are allocated to the Health Committee and 18 to the Education Committee. In addition, there are 4 tuberculosis health visitors.

Vacancies have existed throughout the year, but over the years a gradual increase in staff is being achieved. In actual practice, all health visitors undertake duties in the School Health Service as well as in Maternity and Child Welfare and general public health work.

The small number of school nurses who are not trained health visitors work chiefly in the School Health Service, but also undertake clinic duties in the Maternity and Child Welfare Centres and at Prophylaxis sessions in schools and clinics.

During the year, 5 public health nurses were appointed against vacancies on the establishment to carry out general duties in child welfare, school and prophylaxis clinics and in the sterilization unit. All these appointments are temporary, and are in addition to the permanent full-time nurse who works entirely in the prophylaxis and sterilization services.

At the end of the year the staff was as follows:-

1 Superintendent Health Visitor)	
22 Health Visitors)	
1 Health Visitor, part-time (working 6 sessions weekly)	)	Equivalent of
5 School Nurses	)	33
3 Public Health Nurses, full-time)	
3 Public Health Nurses, part-time)	

Eight student health visitors completed training during the year and were appointed to vacancies: 7 students are still in training. One health visitor was appointed who was not a Council sponsored student; it is only occasionally that any replies are received to advertisements for qualified health visitors.

Seven health visitors resigned during the year. Two had been in the department for 6 years; 3 for 3 years, and 2 (not sponsored students) for less than 1 year.

Many of the resignations were on account of domestic reasons.

Of the 23 health visitors on the staff at the end of the year, 20 have been trained under the Council's scheme. Eleven have been in the Borough for less than 2 years (and are still under contract) and 6 for only 5 years, the longest period of service being 8 years.

Refresher Courses

Four health visitors attended post-certificate courses during the year. 1 at Bedford College, London, in January, 2 at Bristol in July, and 1 attended a course on the Mental Development of Young Children in London, and also went to Manchester to a course on screening tests and auditory training. This health visitor has been given special opportunities because she has been selected to work at the Audiology and Development Clinics, and at the School for the Deaf.

All the health visitors have greatly appreciated the opportunity to increase their knowledge, and to discuss service matters with their colleagues in other areas. There is no doubt that the department will benefit from the wider outlook which is fostered by this post-graduate training.

Health Visitors' Duties

All health visitors undertake routine duties in both the maternal and child health and the school health services. The various forms of liaison carried out by certain health visitors have increased in their community value.

The Diabetic Liaison health visitors were happy to be associated with the formation of "The Doctor Whitaker Club" - a club for diabetics which is democratically organised as patients, almoners and health visitors serve on the Committee.

In the care of the elderly, the link with Langthorne Hospital has continued to be strengthened by Geriatric Liaison. The after care of the sick child from hospital is made more effective by liaison with both Whipps Cross Hospital and Queen Mary's Hospital. All these liaison duties stimulate interest and are a useful form of in-service training.

Case Loads

It has not been possible to make reductions in case loads owing to difficulty in achieving a full establishment. The Borough is divided into 27 health visitor areas and case loads average as follows:-

Children under 5 years	420
School children	700
Elderly people	90

Circular 26/59 Ministry of Health. Circular 12/59 Ministry of Education

This long awaited circular which expressed the Government's response to the Report of the Working Party on Health Visiting, published in 1956, was received in October.

The Ministers stated that they were in general agreement with the recommendations in the Report and asked local authorities to study it carefully and to take appropriate action, especially in ensuring that full use was made of the health visitors capabilities and potentialities.

Most of the listed recommendations are already common practice in West Ham. One interesting new suggestion concerns the appointment of a grade of senior health visitor to be called a "Group Adviser". This officer, whose function would be that of "adviser" to a group of health visitors, would hold a position intermediate between the field worker and the administrative nursing officer. Her appointment was considered necessary so as to ensure that the district health visitor could obtain sufficient day to day guidance on the new and changing duties being entrusted to her. It was not considered possible for administrative officers, such as the Superintendent Health Visitor, to be able to devote enough time from her administrative duties to fulfil this important function.

As the Circular was received late in the year, no action could be taken on the recommendation, but the contents were being studied by senior medical and nursing staff.

Home visits

	<u>First Visits</u>	<u>Total Visits</u>
To expectant mothers	759	1,457
To children under 1 year	2,677	10,528
To children 1 - 2 years	-	5,291
To children 2 - 5 years	-	11,099
Special visits (including elderly handicapped persons)	-	5,016

Health Visitor Problem Family Case Conferences

These Conferences became recognised as the Health Department's machinery for planning co-ordinated action and care for problem families. The Conferences were held monthly and 42 families were discussed. Apart from the regular Committee members, (health visitors, nursing officers and the Senior Medical Officer) visitors included the Medical Officer of Health, Assistant Medical Officers, Chief Public Health Inspector, the Home Help Organiser, the Psychiatric Social Worker, N.S.P.C.C. Inspector, Children's Officer staff and others.

Rehabilitation and support for the families was planned in a variety of ways. Twelve families had special help given either by the provision of a home help or day nursery attendance at reduced cost, or the permanent loan or use of household equipment. Amongst these were two families who were provided with paint and distemper for interior decorating which was carried out by the father of the family in each case.

Caseworker for Families

As a result of reports submitted to the Health Committee efforts were made towards the end of the year to obtain a health visitor who would specialise in casework for problem families.

Co-ordinating Committee

The District Health Visitors attended so as to be able to report personally on their families and to join in the ensuing discussion. Many of these families had already been the subject of a "Problem Family Conference".

Health Education

A special feature of this year's Annual Report is "Health Education" (as requested by the Ministry of Health). The details of the health visitors' contribution will be found in another section of this report.

In addition to their usual activities the health visitors, stimulated by the success of their leaflet "Happy Weaning", produced last year, have followed it by one entitled "To Ladies in Waiting" for expectant mothers and are now planning another for expectant fathers.

Health Visitors' participation in the Training of Student Nurses and Others.

Throughout the year health visitors participated in the programmes of practical experience arranged for students by the Health Department. These included student nurses from both general and mental hospitals, nursery nurse students and others. The student nurses came from Whipps Cross Hospital, the Forest Gate Combined Training School and the South Ockendon Hospital.

A senior overseas Public Health Nurse attending a course at the Royal College of Nursing also visited the Health Department to study the Borough's Nursing Service including the Health Visiting Service.

In-Service Training and Health Visitor Participation in Departmental Group Activities Associated with Planning

As a service develops a danger to be foreseen and prevented is isolation of the field worker from the administrator, with consequent repercussion on the effectiveness of the service and its humanitarian approach.

The Senior Medical Officer in her introduction has mentioned that one time saving method which she has developed - the section meeting - has brought the 'team' approach to planning. In a like manner, communication between the health visitor and her senior medical, nursing and administrative officers is made realistic and practical by her participation, where appropriate, in group activities associated with review and planning of the health services.

Such participation also acts as in-service training and as a stimulus for improved field work. Examples of this team work are staff general meetings, consultative committee meetings and the research being carried out by the department into the problem of the "hard core infested family".

The Health Visitor Consultative Committee met on five occasions. The matters discussed ranged over Health Visitor duties in relation to the health of the community. On several occasions as a result of discussion, a useful change in procedure or improvement in communication ensued.

In January a joint meeting of Medical Officers and representatives of Health Visitors was arranged for the purpose of discussing vaccination and immunisation in relation to the Child Health Services.

Five general meetings were held and were planned along the lines as formerly, i.e. first a period of time for discussion on topics of interest, and then a talk by an invited speaker. Subjects discussed included the report on "The Welfare of Children in Hospital". Also the Medical Officer of Health gave an account of the Borough's plans for developing the services for the mentally handicapped, especially the subnormal child. Time was also given to reports by health visitors who had been on Post Certificate Courses or had other interesting or new experiences.

A programme of films was shown so that they could be evaluated in relation to their suitability for use in group health education activities.

Guest speakers included Dr. Lawless, the Chest Physician for West Ham; Dr. J. De Largy, Physician Superintendent, Langthorne Hospital; and Mr. Merritt, Housing Officer for West Ham, who entitled his talk "Housing as a Solution to Family Problems". This subject stimulated a great deal of discussion.

HOME NURSING SERVICE

Although recruitment of staff continued difficult, certain developments occurred which made for more effective use of staff time as described in subsequent paragraphs. This encouraged thought to be given to the possibility of the Municipal Home Nurses taking over areas in the north of the Borough, at present covered by nurses from the Lady Rayleigh Training Home, Leytonstone.

As a result, preliminary and informal talks with the County Medical Officer of Essex took place. It was hoped that a gradual 'take-over' could be planned. The discussions continue in a friendly and helpful atmosphere.

Encouraging Developments

1. Appointment of a clerk to the Home Nursing Centre - A small number of patients come for their treatment to the Centre in Liverpool Road. A nurse had stayed in from the district so as to attend to these patients and also to carry out clerical duties such as answering the telephone and assisting the Superintendent with the recording of statistics.

Towards the end of 1959 a part-time clerk was appointed. Treatments were given during set periods twice a day and at other times there was no longer any need for a nurse to leave her district and remain in the Centre.

2. Car and Moped Allowances - In order to maintain the service during the severe staff shortages in 1958, one nurse who owned a car was allowed a "casual users" allowance over a three months period. This was extended throughout 1959 and the results were so helpful and successful, that it was agreed that car and moped allowances should be granted to all nurses, the scheme to commence in April, 1960. Nurses could also obtain a loan to help with the purchase of cars. Improved bicycle allowances were included in the arrangement.

3. Uniform for Part-time Staff - Part-time nurses had so far received a monetary allowance based on hours of work, and this resulted in uniform of varying design, colour and quality being worn. In an effort to ensure that all the Municipal Home Nurses looked uniformly neat and tidy and able to take a pride in their appearance, it was decided to discontinue the allowance and instead to provide a navy blue outdoor uniform with a delphinium blue indoor dress. This new arrangement was much appreciated by the nurses.

Staffing

Situation December 3rd. 1959

Superintendent	1	(who is also Non Medical Supervisor of Midwives)
Whole-time Nurses	2	S.R.N. Queen's District Trained
	1	Male S.E.A.N.
Part-time Nurses	1	S.R.N. Queen's District Trained
	6	S.R.N.
	7	S.E.A.N.
Student District Nurses	1	training at Lady Rayleigh Training Home

Changes

Resignations	1	S.R.N. Queen's District Trained
	2	S.E.A.N. Part-time
Appointment	1	S.R.N. Whole-time. Later sponsored for training

Queen's Visitor

The Borough, being a member of the Queen's Institute of District Nursing, receives a yearly visit from one of their Nurse Inspectors. Miss Englefield spent three days with the nurses in February. She was satisfied with the standard of nursing care, but recommended improvement in record keeping, so that the Superintendent could have more time to supervise the work of the nurses in the patients' homes. It had been recognised for some time that a simplified system of record keeping was needed and senior medical, nursing and administrative officers are investigating the possibilities of a specially designed punch record card for the purpose.

Staff Communication

The Health Visitor Consultative Committee had proved so successful that the Home Nurses were asked if they would like similar consultative machinery established. They welcomed this opportunity for regular discussions with the Medical Officer of Health, the Senior Medical Officer and Senior Nursing Officers on all matters connected with improvement of the service. A Committee was formed and the nurses representatives consisted of a Queen's District Trained Nurse, an S.R.N., a S.E.A.N., and a Male Nurse.-

In-service Training

The nurses requested information about Syringomyelia as they were nursing a young woman with this unusual but tragic condition. Dr. Flerentin, the Senior Medical Officer, gave a talk on this subject.

It is not easy to arrange Post Certificate courses for Home Nurses, as most are part-time married women with domestic responsibilities who find it difficult to leave the Borough for nationally organised courses. In an effort to meet their need, it was agreed to organise talks and demonstrations at the Centre.

Summary of Work Carried out by Home Nurses

Total Cases Attended	Total number of Visits paid	Average Number of Visits per case
2,516	78,943	31.4

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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	638	1,196	1,834	477	930	1,407	24,954	33,389	58,343
Surgical	266	155	421	245	129	374	8,222	6,234	14,456
Tuberculosis	20	12	32	12	9	21	1,074	454	1,528
Infectious Diseases	6	4	10	6	4	10	63	34	97
Maternity	16	2	18	16	2	18	100	22	122
Miscarriages	4	10	14	4	10	14	11	93	104
Other Conditions	187	-	187	136	-	136	4,293	-	4,293
	1,137	7,379	2,516	896	1,084	1,980	38,717	40,226	78,943
Grand Total:	2,516			1,980			78,943		

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	Nil	Nil	Nil	11	31	42	125	154	279
5 - 64	973	1,203	2,176	390	537	927	11,313	15,165	26,478
65 and over	164	176	340	495	516	1,011	27,279	24,907	52,186
Total:	1,137	1,379	2,516	896	1,084	1,980	38,717	40,226	78,943
Grand Total:	2,516			1,980			78,943		

Foul Linen Service and Provision of Sick Room Equipment

These services continued and were much appreciated by both patients and nurses.

HEALTH OF SCHOOL CHILDREN IN WEST HAM

IN 1958

SCHOOL POPULATION

On the 31st December, 1959, there were 27,843 children on the school rolls, as compared with 28,379 on the corresponding day of 1958. The slight decline in school population during the past few years had continued.

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. During the current year, the School Health Service Regulations 1959 came into operation on 1st April. In the Circular which accompanied the Regulations, the Ministry encouraged flexibility in the arrangements for the medical examination of school children. This welcome suggestion will be considered in relation to future policy, but no change was made during the year.

In West Ham it has been the practice for many years to carry out the three 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.

There was a decrease of 818 in the number of periodic medical examinations and an increase of 1,032 in the number of special examinations and 8,229 in re-examinations. On balance there was a considerable increase in the amount of work carried out this year compared with the previous year. Tables setting out the work relating to medical examination 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, 1958 and 1959 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%
1959	99.90%	0.10%

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

England and Wales:-

1959	98.4%	1.6%
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All the children found to be of "unsatisfactory physical condition" were carefully followed up. Detailed medical investigation, in conjunction with general practitioners and specialists, were carried out and supplemented by social reports on home conditions by the Health Visitor. After which all necessary steps were taken to ensure maximum improvement.

School Leavers. (a) Reports to General Practitioners. We are continuing to forward reports to the general practitioner of each pupil in whom any relevant defects are found at the school leavers examination. This helps to ensure continuity of care and treatment. A large proportion of defects reported relate to vision.

(b) Colour Vision. During the year 3,658 children were tested on the Ishihara chart. Of 1,936 boys examined 95 were found to have impaired colour vision while out of 1,752 examined there were only 6 whose colour vision was not normal. The pupils in whom this defect is found are informed so that they may make appropriate adjustments in the choice of their careers.

OTHER EXAMINATIONS

Special examinations are carried out 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 1,032. The conditions for which advice was sought ranged over most fields of medicine relating to Child Health.

On looking into the cases, it is interesting to observe that they relate mainly to the field of medicine into which our interest and services are gradually extending. They are concerned with vision, hearing, psychological development and stability, speech and disorders of the central nervous system.

Children found to have impaired vision have increased by 213.

One-hundred-and-twenty-one children (an increase of 64 over the previous year) were investigated on account of their psychological and mental development. This may well be related to the extended work of the Educational Psychologist (now full time) who tests the children referred to him by teachers and in turn may refer them to the school medical officer. Three-hundred and forty-five of the children examined (an increase of 191 on the previous year) required assessment of their psychological stability.

There was an increase of 71 children examined for speech defect. Twenty-one more children than in the previous year were examined on account of epilepsy. The number of children seeking advice for skin conditions, e.g. warts, has also increased.

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

Figures relating to this work will be found in the Appendices at the end of this Report.

FACILITIES FOR MEDICAL INSPECTION IN SCHOOLS

During the year the medical officers made a survey of the facilities available in school for medical inspections and the nurses examination of school children. The results have not yet been fully considered.

THE SCHOOL NURSE

The work of the school nurse of Health Visitor/School Nurse is complementary to that of the school medical officer and includes the following:-

1. Home and school visiting - so that she 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. Regular health surveys of pupils; school nurses see each child in school every term;-
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.

SCHOOL CLINICS

There are three school clinics in the Borough:-

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

These clinics are staffed by School Nurses and Health Visitor School Nurses, and 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. These clinics have always been well used for the treatment of minor ailments, and in recent years, increasingly for special examinations. They are particularly useful for the thorough examination of children not possible in the time and conditions available in school.

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

Conditions Treated

	1958	1959
Skin Diseases	891	866
External Eye Diseases	116	104
Minor Ear Conditions	104	88
Miscellaneous Conditions	1,144	985
Total:	2,255	2,043

Children Attending Clinics

<u>Clinic</u>	<u>New Cases</u>		<u>Total Attendances</u>	
	<u>1958</u>	<u>1959</u>	<u>1958</u>	<u>1959</u>
Stratford	900	778	4,532	3,918
Balaam Street	937	1,183	5,091	6,046
Rosetta	<u>1,265</u>	<u>873</u>	<u>6,047</u>	<u>4,783</u>
Total:	<u>3,102</u>	<u>2,838</u>	<u>15,670</u>	<u>14,747</u>

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

These figures continue the recent trend of a fall in the number of children attending the school clinics. It would, however, be wrong to conclude that the amount of work has declined as the type of case attending the school clinic to-day requires more thorough understanding and investigation.

HYGIENE OF SCHOOL PREMISES

Medical Officers when visiting schools for medical inspection also interest themselves in general hygiene arrangements and the conditions of the sanitary accommodation, kitchen and dining room, in so far as these may affect the health of the pupils and staff. During the year the medical officers submitted detailed reports on 53 schools. Whenever necessary, observations made by the medical officers are sent to the Chief Education Officer, so that he may consider how far and at what stage it may be practical to implement any recommendations.

HEALTH AND HYGIENE SURVEYS

These provide the nurse with an opportunity of observing the children's general health, posture and vitality and for reviewing personal hygiene. Many children make use of this occasion to ask questions on matters relating to their health.

The nurse's observations form the basis of her report to the school doctor, and, indeed, are an important source of information on the state of health of the school community.

There has been a great change since the early days when the emphasis had to be, of necessity, on cleanliness and infestation, but a small number of children are still found to be infected.

During the year 58,685 inspections were made and in 229 instances infestation was found. On the basis of a school population of 27,633 this gives a proportion of uncleanness of 0.82 per cent, which compares with 1.46 per cent in West Ham in 1958 and 1.14% which was the national figure of 1959. These numbers refer to individual children, because however many times a child is found infested in a year, it is only recorded as one case. There are many instances of recurrent infestations in the same children and this provides the School Health Service with one of its most difficult problems.

In order to deal more effectively with families who are chronically infested with head lice, a Special Sub-Committee of the Health Visitors' Consultative Committee was formed. The membership of the Sub-Committee was subsequently extended to include senior medical and nursing officers and the Deputy Chief Public Health Inspector.

A survey was made by the Health Visitors in order to get an estimate of the size of the problem. The Sub-Committee made certain recommendations, and has continued to meet periodically to review progress with individual families and to consider new ways and means in the light of experience gained from the project.

Results of Survey

Number of families reported as chronically infested	-	38
Number of families with five or more children	-	26
Total number of children involved	-	200
Under 5 years	-	45
School age	-	124
Over school age up to 18 yrs	-	40

On trying to assess the causes of chronic infestation it came to light that there were several factors which were contributing to a family drifting into this condition. The Committee concluded that it was useless to deal with individual infested children unless the whole family was tackled and treated as a whole, according to its special problem, as is the practice with a problem family.

In each case the district Health Visitor is the person responsible for the family case work in co-operation with her colleagues who see the children in school.

A new henachloride preparation is issued to the family free of charge for the first course of treatment and subsequently if indicated: combs are also available on loan. Where there is a heavy family infestation and bedding is suspected of being infested, arrangements for disinfection are made by the Public Health Inspector.

The intensive case work with these families seems to be showing encouraging results, reflected both in the decline in numbers of children infested and in the number of cleansing notices served. It is gratifying to see that not a single cleansing order had to be issued during this year.

Infestation in School Children

	<u>1958</u>	<u>1959</u>
Total number of individual pupils found to be infested	413	229
Total of individual pupils in respect of whom Cleansing Notices were issued (Section 54 (2) of Education Act, 1944)	112	33
Total of individual pupils in respect of whom Cleansing Orders were issued (Section 54 (3) of Education Act, 1944)	10	Nil

HOME VISITS

These visits enable the Health Visitor to link her observation of the child in school with the family background.

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 are re-inspected and a number of children make several attendances. The total number of attendances during the year was 6,507 and of these 5,653 were made by school children and 853 by children under school age. Where operative treatment was considered necessary the children were admitted to Whipps Cross Hospital; 40 children required squint operations and these were carried out. In addition 3 cataract operations were performed on children under school age.

The work of the orthoptic department has been carried out by Mrs. Goodman. There were 1,715 attendances including 308 from children under school age. Of those there were 33 new patients under school age and 126 new patients among school children.

Mr. Finbow continued with his duties as full-time optician and he dispensed 1,563 prescriptions for new glasses, while 122 prescriptions were taken to outside opticians. In addition to measuring and fitting new glasses, Mr. Finbow deals with a large number of repairs to broken glasses and many adjustments are carried out in the clinic. The number of attendances in his department amounted to 4,824.

THE PAEDIATRIC CLINIC

Report by

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

The work at the West Ham Consultative Clinics (Stratford and Rosetta) has continued along the same lines as heretofore. The number of children referred by the Assistant Medical Officers remains at about the same level; a few children are sent on the initiative of family doctors.

Many children are sent to the Clinic because they suffer from pains in their limbs. A characteristic of this complaint is the severity of the pains during the night. The common story is that the child is well when he goes to bed, but he wakes up during the night because his legs hurt so. Both lower limbs may be affected, usually only one leg, and it is usually the leg between the knee and ankle which suffers most. The child cries with pain; he cannot get comfortable. His mother gets him a warm drink and rubs the poor leg; after a little while the pain eases off, the drowsy child falls asleep and by the morning he has forgotten the whole episode. The pain may recur for a few nights running, then the child is free from it for a few weeks till the cycle starts again. It is noteworthy that the pain is not in the joints, but in the leg between the joints. The site of the pain does not alter from night to night and there is no general upset. Occasionally the arms may ache. Occasionally the child will complain of pain during the day, especially after exercise, but these are many variations on the nocturne described above.

What can be the cause of this relapsing illness? We do not know. It seems certain that it is neither rheumatic fever, nor any other recognised "rheumatism" of childhood or adult life. It produces no disability, leads to no sequelae, lacks all complications. It is just a great nuisance. A meaningless, pointless pain. The condition used to be called "growing pains" - but nobody nowadays believes that it hurts to grow, and this cause has been dropped. The modern title for the disease is "the night starting pains of childhood" which is aptly descriptive, and makes no pretence at explaining something we do not yet understand. The majority of parents realise that the child is not ill - in most cases the pains have been bothering him for at least 6 months before the consultation, but want to be sure that he is not suffering from rheumatic fever. As a general rule this assurance is readily forthcoming; it is much easier to say what this disease is not, than to define what it is.

Through the kindness of Doctor A.S. Craner, Radiologist at Queen Mary's Hospital, Stratford, I am now able to send my patients there for x-ray. This is much more convenient for them than the journey to Whipps Cross. For pathological services, however, I am still dependent on that hospital, and I am grateful to Doctor W.W. Walther for allowing me the full use of his laboratory. I should like to thank the Assistant Medical Officers for referring the children to me, and the family doctors who permit them to do so.

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,
84, West Ham Lane, E.15.

Thursday from 1.30 to 5.15 p.m.

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

Wednesday from 1.30 to 5.15 p.m.
(every fortnight)

During the year 55 school children made 291 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.

Report by

Dr. Elizabeth Whatley, M.B., B.S.,
Consultant Psychiatrist

STAFF CHANGES

During this year the number of psychiatric sessions decreased from 7 to 4, as both Dr. Runes and Dr. Whatley had to reduce their attendance at the Clinic. In October it was learned that Dr. Khan had been appointed as Medical Director of the Child Guidance Clinic and Consultant Psychiatrist to the Public Health Department, and would commence work in January, 1960. This is very satisfactory for many reasons, and is the outcome of much

thought and planning for a permanent appointment, co-ordinating many aspects of mental health work for adults and children in the Borough, and should prove a key development in implementing the provisions of the new Mental Health Act.

Mr. Havenette's appointment as whole-time Educational Psychologist to the Education Department, with sessions seconded to the Child Guidance Clinic as required, has already proved successful and stimulating both to work in the Clinic and in the schools.

The Clinic received a serious set-back in November, 1959, when Miss H.E. Sykes resigned her appointment as Psychiatric Social Worker. Although Miss Sykes had been in West Ham for less than 2 years, she had become a most valued member and friend of all the staff, of many families coming to the Clinic, and had initiated or re-opened many links with other workers in fields of child and adult work for mental health. Her going leaves a very big gap in the service here, and it is hoped that a replacement will be possible before too long. Many people regret her departure, but wish her well in her new work.

In September 1959, the much needed increase in office staff occurred, and Miss Denise Weisner was appointed to assist Mrs. Peters. This appointment has helped everyone considerably.

COMMENT ON ANNUAL FIGURES

There was a considerable reduction in the number of psychiatric interviews due to the reduction in psychiatric sessions during the year. The total number of cases dealt with remained approximately the same as for 1958, though more cases were tested and seen for diagnosis and advice only. This was partly due to the staff shortage, which made it impossible to take on for further service all the families we should have liked to. In this context the lack of a part-time psychotherapist is keenly felt, and it is hoped that a psychotherapist will be appointed soon, if the Clinic service is to be maintained at a satisfactory level.

EDUCATIONAL PSYCHOLOGIST'S WORK

1. Remedial Coaching - decline in interviews because some Clinic cases have been referred to their nearest remedial centre.
Group Coaching - formation of a group of junior school children for educational therapy under the skilled care of Miss Marshall. Progress for individual children has been encouraging. Clinic is concerned with devising adequate means of objectively assessing improved adjustment.

Miss Marshall resigned her appointment here to work in the Liverpool Child Guidance Clinic. The Clinic owes a great debt to Miss Marshall for excellent work, her sympathy and understanding with disturbed children and her contributions to the Clinic team as a whole. She carries our best wishes in her new appointment.

We were asked by the Tutor of the Course for Teachers of Maladjusted Children (Institute of Education) to take on a student for the first two terms of the current year. As a result, Mr. Evans has been attending the Clinic every Wednesday where he has observed and taken part in remedial work of the Clinic. A tribute must be paid to his great interest in the work and his initiative and keenness in helping in the Clinic's activities.

2. Liaison with Schools - by the virtue of the Psychologist's dual role in the schools psychological service and the Child Guidance Clinic, it has been possible to maintain a very close liaison with individual schools. This has led to an increasing number of requests for information and advice directly from the Clinic and on certain occasions the Psychologist has been invited to schools to discuss with the staff the nature and function of the Clinic. It must be pointed out that as the interest of the schools increases, there is danger that the Clinic will not have the facilities to deal with the increase in referrals.

A further consequence of the Psychologist's dual role is that he has been able to represent the Clinic's point of view in discussions in the Education Department.

PSYCHIATRIC SOCIAL WORKER'S INTERVIEWS

These showed a slight decrease on the 1958 figures, partly because of Miss Sykes' departure at the end of November, and partly because Miss Sykes was seconded one session a week to St. Mary's Hospital Psychiatric Out Patient Department, and also to attend sessions of the special "development clinic" in connection with the Maternal and Child Welfare Department.

DIAGNOSTIC WAITING LIST AND CASES CLOSED

Towards the end of the year, when it was known that Dr. Kahn would take up the permanent appointment in January, 1960, many were brought to a close, so that as few active cases as possible were left open for transfer. This meant that more time was given to treatment and less time for diagnosis. The diagnostic waiting list has therefore risen sharply, but this should be only a temporary phase.

CO-ORDINATION BETWEEN EDUCATION AND HEALTH DEPARTMENTS

Early in 1959, a series of regular informal meetings between Mr. Openshaw, The Chief Education Officer, Dr. Dennison, the Principal School Medical Officer, and the Clinic staff, took place at the Child Guidance Clinic. These meetings have proved to be of great value, as a number of policy and administrative matters could be talked out fully by all concerned, and practical means of co-ordinating the service in terms of Education and Health Department needs could be worked out.

CO-ORDINATION WITH OTHER SERVICES, VISITS, ETC.

As in earlier years, the close working links with the Health Visitors and School Nurses, with all branches of the Education Department, with the Juvenile Courts and Probation services, with the Children's Department and with the Occupation Centre, with the Paediatric services and with General Practitioners and the many voluntary societies, have been maintained. The Clinic staff is much indebted to all those who have co-operated with them in some of the very difficult and complex cases referred. Two visits have been made by groups of D.C.H. students during the year, a visit was paid by the Clinic staff to discuss their work with the nursing staff at Goodmayes Hospital, and two members of the staff spoke at a lunch hour meeting of the West Ham Social Workers' Group.

FUTURE PLANS

During the year, discussions took place between the Clinic staff and the Health Department, on the need for provision of a Hostel for emotionally disturbed children, as a part of the plan for implementing the provisions of the Mental Health Act in the Borough. A very interesting and useful visit was paid to two Hostels for maladjusted children in Reading in this context.

STATISTICAL SUMMARY

Total number of cases	375
No. of cases newly referred and re-opened	236
No. of cases <u>carried over from previous year</u>	189
Waiting List	50
Psychiatrist's interviews at Clinic	317
Psychologist's interviews at Clinic	157
Psychiatric Social Worker's interviews at Clinic	265
Psychiatric Social Worker's Home Visits	51
Psychiatric Social Worker's School Visits	7
Psychiatric Social Worker's Other Visits	80
Remedial Coaching Interviews at Clinic	40

AGE INCIDENCE

	<u>Under 5 years</u>	<u>5 to 11 years</u>	<u>11 years*</u>
Cases carried over	5	120	64
New referrals and re-opened cases	17	106	113

SEX

	<u>Male</u>	<u>Female</u>
Cases carried over	153	56
New referrals and re-opened cases	157	79

SOURCES OF REFERRAL

New referrals and re-opened cases

School Medical Officers	103
Head Teachers	39
General Practitioners	19
Children's Department	28
Education Department	1
Parents	16
Probation Officers	8
Hospitals	10
Educational Psychologist	9
Others	10

DISPOSAL

Cases carried over from previous year (including cases on Waiting List at end of 1958)

<u>Still under treatment</u>	49
<u>Closed</u>	140
Improved.....	49
Ceased attendance	47
Never Attended	11
Diagnosis only	34
Court Reports	5
Placement recommended	17
(Occupation Centre	1)
(Residential school for maladjusted children	3)
(Residential school for the Deaf	1)
(Residential school for Educationally Subnormal	2)
(Gurney Special School	5)
(Residential Open Air School ..	3)
(Epileptic Colony	1)
(Nursery School	1)

Cases newly referred and re-opened

<u>Still open</u>	114
Under treatment	64
Waiting List	50
<u>Closed</u>	
Improved	9
Ceased attendance	8
Never attended	35
Diagnosis only	49
Psychological test only	20
Psychiatric Social Worker's advice only	1
Court Reports	26
Placement recommended	12
(Occupation Centre	4)
(Mental Deficiency Hospital ...	2)
(Residential E.S.N.School	1)
(Gurney Special School	4)
(Chailey Heritage	1)

THE EAR, NOSE AND THROAT CLINIC

Consultant Ear, Nose and Throat Specialist (until July, 1959)
C.J.Scott, M.B., Ch.B., D.L.C.

It is regretted that owing to Mr. Scott's sudden death, it is not possible to give a report on his work for the year.

We would like to record an appreciation of Mr. Scott's valuable work for West Ham children in whom he always took a personal interest, and of his co-operation as Director of the Audiology team.

We wish to express our thanks to the other E.N.T. consultants in the area, who, for the rest of the year, kindly allowed us to refer children to their clinics.

The Ear, Nose and Throat clinics (administered by the West Ham Group Hospital Management Committee) are held in the West Ham 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

Total number of schoolchildren seen	159
Total number of attendances	1,051

HEARING OF SCHOOLCHILDREN

Miss Smart, Audiometrician, continued her surveys in West Ham schools, using the pure tone audiometer. She is employed jointly by the County Borough of West Ham and the Regional Hospital Board, giving six sessions a week to the hospital service and five sessions to West Ham. Her work for the local authority includes audiometric surveys of schoolchildren in ordinary and special schools, testing in the Audiology Clinic and the taking of impressions for ear moulds for hearing aids. The aids themselves are supplied through the London Hospital.

During the year routine surveys were made of children in the 6+ and 10+ age groups in schools, and a fortnightly clinic was held for testing children specially referred by medical officers.

Number of children tested	6,510
Number of children re-tested	353
Number of children who failed the audiometric test referred for further investigations	283

Children who failed the audiometric test have in the past been referred to the area school medical officer for investigation into the causes of the impaired hearing. For some time it has been apparent that as these cases require a great deal of special attention

and are rather involved, it would be better to entrust one particular medical officer with the task of seeing all these children. Towards the end of 1958 this change was made and was found to be a move in the right direction. We were fortunate in having a medical officer who has a special interest and previous experience in ear, nose and throat work.

This medical officer sees all the relevant children in the "Hearing Clinic" and assesses the children's hearing clinically and compares it with the result obtained by audiometry. She decides whether further treatment is necessary and advises on referral to G.P., the Ear Nose and Throat Specialist or to the Audiology Clinic. Quite a number of children referred to this Clinic are found to have normal hearing, the hearing loss found on audiometry having been only temporary and due to very trivial causes, such as wax. The same medical officer is responsible for the medical care of the children at the School for the Deaf, and attends the Audiology Clinic where she assists the Specialist Otologist. This enables her to undertake liaison with the Education Department by informing the teaching staff of the child's hearing loss, the ordering of a hearing aid, and by forwarding certain recommendations such as "favourable position in class".

Analysis of 273 examined at the Hearing Clinics

No abnormality and normal hearing found on clinical examination	49
Hearing loss due to obstruction in the external ear (e.g.wax)	41
Hearing loss due to pathological changes in the middle ear	70
Hearing loss due to obstruction of the eustachian tubes usually as a result of catarrhal conditions	82
Hearing loss due to impairment in function of the auditory nerve (high tone deafness)	18
Cause of hearing loss unknown (usually due to changes in the central nervous system as a result of birth injury, neo-natal jaundice etc.) (perceptive deafness)	9
Miscellaneous causes	4

Action taken:-

Found normal and discharged	49
Referred to Ear Nose and Throat Specialist (with general practitioner's consent)	72
Referred to Audiology Unit	18
Recommended favourable position in class	26
Still under observation	106

All the more serious cases of deafness and those resistant to treatment are referred to the Audiology Clinic, where they are seen by the Consultant, and all important decisions with regard to hearing aids, special educational treatment and auditory training are made.

TUBERCULOSIS IN CHILDHOOD

The number of children in whom active tuberculosis is found remains 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	4
No. of school children referred by general practitioners	115
No. of school children examined as new contacts	138
No. of school children found to be suffering from tuberculosis	2

The following are the details of the 2 children suffering from tuberculosis:-

1. Respiratory - Active primary pulmonary tuberculosis admitted to hospital.
2. Non-Respiratory - Tubercular left hip, admitted to hospital.

B. C. G. VACCINATION

The clinical trial of B.C.G. vaccination organised by the Medical Research Council, and which includes West Ham school children, is still in progress, and the follow-up included 176 home visits by the school nurse.

Since June 1956 all 13 year old children 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 18.

ORTHOPAEDIC AND POSTURAL DEFECTS

As in previous years children with severe defects were referred to orthopaedic surgeons and 82 children are known to have been treated at hospital, of whom 8 were in-patients. In accordance with the National Health Service arrangements, surgical boots and orthopaedic appliances are provided through the hospital services.

PHYSIOTHERAPY

The superintendent physiotherapist continued on a part-time basis assisted by two full-time physiotherapists. One resigned in May and was not replaced for 3½ months.

Children are referred to the physiotherapist by the local authority medical officers, sometimes at the request of general practitioners. Consultants at hospital refer children for treatment locally in order to save fatigue, time and expense. The treatment given at the clinics is mainly breathing exercises, (for asthma and bronchitis) foot exercises and artificial sunlight. Children with poor posture are often given remedial exercises in groups.

The 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 Centre,
Forest Gate, E.7.

Monday and Friday 1.30 to 3.30 p.m.
Wednesday 9 a.m. to 12 noon.

Grange Road Maternity and
Child Welfare Centre,
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	72	3,052
Massage and Exercises	130	
<u>Grange Road Clinic</u>		
Sunlight	59	1,550
Massage and Exercises	43	
<u>Elizabeth Fry Special School</u> (Including Spastic Unit)		
Massage, Exercises, etc.	61	5,972

SPEECH THERAPY

Report by Senior Speech Therapist

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

The work of the Speech Clinic has continued satisfactorily and the extra clinics held on schools premises, started in 1958, have been successfully consolidated. The weekly visit to the Occupation Centre, also started in the previous year, is beginning to prove its value, thanks to the excellent co-operation of the Centre staff. A new venture has been the formation of two groups for stammering boys.

With the establishment of three Speech Therapists the sessions per week have been divided as follows:-

Greengate Speech Clinic	11
Clinics on School Premises	4
Elizabeth Fry Spastic Unit	9
Gurney School	4
Occupation Centre	1

Students from the West End Hospital Speech Therapy Training School have participated in the clinic activities and have proved very helpful.

Speech Clinics

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

Carpenters 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.

STATISTICS

Number of children:

Boys	158
Girls	79
Total	<u>237</u>

Of these children 13 were under school age.

Twenty nine received treatment at the Elizabeth Fry Spastic Unit and 38 at Gurney School.

Analysis of Defects

Dyslalia.....	98
Stammer	51
Stammer and dyslalia	8
Stigmatism	20
Cleft palate	5
Developmental executive aphasia	9
Hyperrhinophonia	2
Hyporhinophonia	3
Dysarthria	7
Dysarthria, dysphonia and dyslalia associated with cerebral palsy	15
Speech defect associated with hearing loss	10
Dysphonia	2
Delayed speech development	7
Number of children discharged	76

Sources of Referral

School Health Service	201
Maternity and Child Welfare Clinics	22
Hospitals	4
Dental Surgeon	3
Child Guidance Clinic	2
Ear, Nose and Throat Surgeon	2
Paediatrician	2
Private Doctor	1

The children attending have been periodically reviewed by a medical officer who, apart from assessing their progress, has arranged consultations with specialists as required. Referrals are set out below.

Audiometrician	14
Ear, Nose and Throat Surgeon	2
Dental Surgeon	2
Neurologist	2
Child Guidance Clinic	4
Residential School for Children with Speech Defects	1

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

We were very sorry to lose the Senior Dental Officer, Mr. S.M. Young, in March and as his successor, Mr. P. Chandler, whom we welcome, did not come until two weeks before the end of the year, he could not be expected to comment on any aspect of the Service or on the statistics which are given in the appendix on pages 116, 117.

Dental Clinics

Forest Street Maternity and Child Welfare Centre, 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)
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Grange Road Maternity and Child Welfare Centre, Grange Road, E.13.	Monday - Friday 9 a.m. to 4.0 p.m.
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* 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.
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* 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 detection and management 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

Blind Pupils

Number known to the Authority	7
Number ascertained during the year	Nil
Number in Residential Special Schools at end of year	6
Number in Day Special Schools	1

Partially Sighted Pupils

Number known to the Authority	4
Number ascertained during the year	Nil
Number in Day Special School at end of year	4

The Authority has no schools for blind or partially sighted pupils, but arrangements are made for 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	29
Number ascertained during the year	4
Number in residential Special Schools at end of year	7
Number in Day Special Schools at end of year	21

Partially Deaf Pupils

Number known to the Authority	7
Number ascertained during the year	Nil
Number in Day Special Schools 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.

The majority of deaf children in West Ham attend the West Ham School for the Deaf.

EDUCATIONALLY SUB-NORMAL PUPILS

Number known to the Authority at the end of year:- 175

Number ascertained during the year	43
Number in Residential Special Schools	9
Number in Day Special Schools	150
Number in ordinary schools	16

Most of West Ham children who are ascertained as Educationally Sub-normal attend the Gurney Day Special School. Like other handicapped pupils they receive careful medical supervision and many have speech therapy. Their mental and emotional development is kept under review and is specially assessed towards the end of their school life. The following recommendations were made in respect of the 36 pupils who left the school.

Reported to the Local Health Authority as requiring supervision after leaving school	15
Reported to the Local Health Authority under Section 57(3) of the Education Act, 1944 (as incapable of receiving education in school)	7
Left without special recommendation	6
Left the district	5
Transferred to Residential Special School	2
Admitted to Approved School	1

EPILEPTIC PUPILS

Most epileptic children can be educated in ordinary schools. It is only when an epileptic is clearly unable to fit into ordinary school life, often because of mental retardation or behaviour problems, that he has to be "ascertained" and special education arranged, usually in a residential school.

Occasionally an epileptic child is placed in the day special school for physically handicapped pupils.

The number of non-ascertained children known to the Authority is twenty six.
The ascertained are:-

Number known to the Authority	7
Number ascertained during the year	1
Number in Residential Special Schools	6
Number in Day Special 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, where the diagnosis and recommendations are made.

The majority of maladjusted pupils attend an ordinary school and receive treatment at the Child Guidance Clinic, but a few acutely maladjusted children need a period away from home at a residential school.

Only one such child was ascertained and recommended for admission to a residential school.

Much importance is attached to the effects of family relationships in promoting good mental health and in the prevention of maladjustment. Indeed, Health Visitors, school nurses and doctors both in the Maternal and Child Welfare and School Health Services are increasingly aware of this and of its implications in their day to day work with children.

PHYSICALLY HANDICAPPED PUPILS

Number known to the Authority	64
Number ascertained during the year.....	11
Number in residential special schools (including hospital schools)	5
Number in the Day Special School	59

The Authority maintains a day special school for physically handicapped pupils; the Elizabeth Day 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.

It is interesting to note the variety of physical handicaps of the children:

Paralysis (due to a variety of causes)	13
Cerebral Palsy	13
Muscular Dystrophy	5
Miscellaneous conditions	28

The miscellaneous conditions include the following:-

Heart conditions (congenital and rheumatic)
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
Quiescent tuberculosis of bones and joints
Perthe's disease
Fragilitas ossium

Of the 8 West Ham children who left the school during the year:-

Two returned to ordinary school.
Three left school at 16 years.
One was admitted to a Residential School for Physically Handicapped Pupils.
Two removed from district.

SPASTIC UNIT

Five children from West Ham and 11 children from other areas were admitted during the year; some for a trial period to assess their suitability.

PUPILS SUFFERING FROM SPEECH DEFECTS

There are pupils who, on account of defects or lack of speech, not due to deafness, require special educational treatment. Children suffering from disturbances of speech need only be formally ascertained if the disability is so great that they need some modification of the educational regime, as distinct from medical treatment. One child was ascertained during the year, and sent to Moor House School. Other children attend their appropriate schools and are treated 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. With the improvement in social conditions the number remains small. Ten were ascertained, of whom 7 were admitted to residential air schools maintained by outside authorities and 3 were still on the waiting list.

CHILDREN WITH MULTIPLE DEFECTS

Children handicapped by more than one defect require extremely careful assessment of their physical, mental and emotional problems. Nationally, the need for special educational provision, though appreciated, has not yet been met. There are at present four such children in West Ham who have been formally ascertained.

A girl aged 13 years and educationally subnormal	Physically handicapped	At Elizabeth Fry Day School for Physically Handicapped Pupils
A boy aged 13 years partially deaf and maladjusted	Physically handicapped	At The Heritage Craft Schools and Hospitals, Chailley, Sussex
A girl aged 16 years normal and blind	Educationally sub-	At Birmingham Royal Institute for Blind
A boy aged 14 years normal and blind	Educationally sub-	At Condoover Hall School

HEALTH OF CHILDREN IN NURSERY SCHOOLS AND NURSERY CLASSES

The Authority has four nursery schools, in which the children are medically examined each term.

Nursery Schools

<u>Number Examined</u>	<u>Number found to require treatment</u>	<u>Percentage found to require treatment</u>
677	51	7.53

When the children were examined for the first time this year, their physical condition was as follows:-

<u>Number Examined</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
467	456 (99.78%)	1 (0.22%)

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

During the year 152 children were sent to convalescent homes.

The administrative arrangements remain with the West Ham branch of the Invalid Children's Aid Association, whose skill and long experience enables each child's needs to be fully understood and provided for. This includes a good deal of work with the family.

While some children require only a short convalescence following an illness, others, debilitated by an unhealthy environment, require considerably longer. Should a child require a longer stay than six weeks, he must be admitted to a convalescent home providing educational facilities.

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.

In West Ham it is limited to the delivery of newspapers, milk or bread and participation in singing and dancing entertainments. The former is usually done by boys, but occasionally a girl wishes to undertake work of this nature. The medical officer carrying out the examination gives a certificate to the effect that the employment will not be prejudicial to the health or physical development of the child, and will not render him unfit to obtain proper benefit from his education.

The number examined has declined again. This year 81 were examined and none was found unfit. The number of certificates granted for girls to participate in singing and dancing has again declined. This year it was 5.

THE SCHOOL LEAVER AND EMPLOYMENT

Unsuitability for certain occupations

At the last medical inspection the School Medical Officer considers the nature of employment for which the child is fitted and where appropriate completes a specially designed form which is sent to the Youth Employment Officer.

In practice, restrictions are most frequently recommended on account of defective vision.

In the case of handicapped children a special form is used, which 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 10 reports were sent.

MISCELLANEOUS

Children are also examined for the following reasons.

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

Medical examinations (in accordance with the Home Office regulations) are carried out for the Children's Committee by medical officers of the Health Department. Each of the Children's Homes and Residential Nurseries is allocated to a medical officer who undertakes the regular examinations and the occasional special visits required. In addition, the medical officers examined 37 children referred to the school clinics prior to their being taken into care or for annual medical examination while in foster homes.

(b) Certain children brought before the Juvenile Court were submitted by the Children's Officer for medical examination and report on their physical condition.

(c) Children who are going on school journeys

Three hundred and eleven were examined and all were found fit.

(d) Children's Country Holiday Fund

Fifty-nine were examined by medical officers and nurses.

(e) Children going to Holiday Camps

Twenty-nine were examined.

(f) Children examined for "Freedom from Infection"

Five-hundred-and-nine children were examined shortly before their departure on school journeys or holidays.

APPENDIX A

STATISTICS RELATING TO THE SCHOOL HEALTH SERVICE

Comparison with recent years

School Population:	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>
	29,453	28,815	28,379	27,843

<u>Medical Examinations and Treatment</u>	<u>Number of cases dealt with</u>			
	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>
Periodic Medical Inspections	7,593	8,714	9,602	8,784
Special Inspections and Re-inspections ...	12,760	9,621	9,087	15,328
Uncleanliness Inspections by School Nurses	66,787	65,813	58,719	58,685
Percentage of Children Found Unclean ...	1.55	1.47	1.46	0.82
Minor Ailments Treated at the School Clinics	2,542	2,306	2,252	2,043
Attendances at Minor Ailments Clinics ...	15,638	14,272	15,670	14,747
Tonsil and adenoid operations known to have been performed	311	225	125	82
Orthopaedic defects known to have been treated at hospital orthopaedic clinics	115	79	132	82
Orthopaedic defects treated at the Council's physiotherapy clinics	126	75	51	136
Cases Treated at the Light Clinics	218	88	163	131
Children examined for Employment	66	111	121	81
Children examined for Entertainments ...	16	9	16	5
Children admitted to Convalescent Homes ...	106	116	122	152
Children Found in Need of Speech Therapy ...	50	76	89	86
Children referred for Child Guidance Treatment	153	61	216	190

<u>Dental Treatment</u>					
Children Treated		4,050	4,145	6,032	3,865
Number of fillings	Permanent teeth ...	5,234	6,477	5,625	4,784
	Temporary teeth ...	2,052	2,283	1,967	1,548
Number of extractions	Permanent teeth ...	1,263	1,491	1,767	1,416
	Temporary teeth ...	4,077	4,373	4,815	4,691

APPENDIX A (cont..)

<u>Medical Examinations and Treatment</u>		<u>Number of cases dealt with</u>			
		<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>
Administration of general anaesthetics	...	2,254	2,178	2,550	2,453
Other Operations	Permanent teeth	4,359	5,647	5,538	4,549
	Temporary teeth	768	750	726	625
Number of Orthopaedic cases treated	...	330	470	535	504

APPENDIX B

STATISTICS RELATING TO THE SCHOOL HEALTH SERVICE

INSPECTION AND TREATMENT OF NURSERY, SPECIAL, PRIMARY SECONDARY
AND GRAMMAR SCHOOL PUPILS, 1959.

PART 1

Table A. Periodic Medical Inspection

<u>Age Groups</u> <u>Inspected</u> (By year of birth)	<u>No. of Pupils</u> <u>Inspected</u>	<u>Physical Condition of Pupils Inspected</u>			
		<u>Satisfactory</u>		<u>Unsatisfactory</u>	
		<u>No.</u>	<u>% of Col.2</u>	<u>No.</u>	<u>% of Col.2</u>
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	575	574	99.8	1	0.2
1954	543	542	99.8	1	0.2
1953 (Entrant Exam.)	1,322	1,322	100.	-	-
1952	199	188	99.5	1	0.5
1951	89	89	100.	-	-
1950	64	64	100.	-	-
1949	68	68	100.	-	-
1948 (Intermediate Exam.)	1,750	1,747	99.8	3	0.2
1947	1,015	1,014	99.9	1	0.1
1946	80	80	100.	-	-
1945 (Leaver Exam.)	1,838	1,838	100.	-	-
1944 and earlier	1,241	1,241	100.	-	-
<u>TOTAL</u>	8,784	8,777	99.8	7	0.1

Table B. Pupils found to require treatment

<u>Age Groups</u> <u>Inspected</u> (By year of birth)	<u>For Defective</u> <u>Vision</u> (Excluding squint)	<u>For any of the</u> <u>Other Conditions</u> <u>Recorded in Part 11</u>	<u>Total Individual</u> <u>Pupils</u>
(1)	(2)	(3)	(4)
1955 and later	3	90	54
1954	5	67	88
1953 (entrants exam.)	24	193	203
1952	7	35	36
1951	10	12	19
1950	7	11	15
1949	17	15	29
1948 (Intermediate Exam.)	183	202	325
1947	130	99	203
1946	8	11	17
1945 (Leaver Exam.)	211	138	321
1944 and earlier	115	54	160
<u>TOTAL</u>	720	897	1,450

APPENDIX BPart 1Table C. Other Inspections

Number of special inspections	...	...	...	7,756
Number of re-inspections	...	...	...	7,572
				<u>15,328</u>

Table D. Verminous Conditions

(1) Total number of examinations of children in the schools by the school nurses.	...	...	...	58,685
(2) Number of individual children found unclean.	...	...	...	229
(3) Number of individual children in respect of whom cleansing notices were issued.	...	...	...	33
(4) Number of individual children in respect of whom cleansing orders were issued.	...	...	...	N11

APPENDIX B

PART 11

DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31st DECEMBER, 1959

<u>Defect Code Number</u>	<u>Disease or Defect</u>	<u>Periodic Inspections</u> <u>No. of Defects</u>		<u>Special Inspections</u> <u>No. of Defects</u>	
		<u>Requiring Treatment</u>	<u>Requiring to be kept under observation</u>	<u>Requiring Treatment</u>	<u>Requiring to be kept under observation</u>
4	Skin	190	50	1,034	35
5	Eyes: (a) Vision	720	257	314	227
	(b) Squint	79	24	48	28
	(c) Other	39	16	156	7
6	Ears: (a) Hearing	72	137	98	91
	(b) Otitis media	25	34	29	13
	(c) Other	28	16	68	43
7	Nose and Throat	169	224	129	110
8	Speech	67	86	168	55
9	Lymphatic Glands	4	6	3	5
10	Heart	5	40	4	27
11	Lungs	59	43	82	43
12	Developmental				
	(a) Hernia	5	21	4	11
	(b) Other	8	67	7	31
13	Orthopaedic				
	(a) Posture	21	16	11	20
	(b) Flat feet	90	61	56	34
	(c) Other	48	42	57	31
14	Nervous system				
	(a) Epilepsy	14	9	20	17
	(b) Other	20	8	15	19
15	Psychological				
	(a) Development	11	41	63	53
	(b) Stability	43	326	108	337
16	Abdomen	31	62	42	18
17	Other	90	275	1,158	365

APPENDIX B

PART III

Defects Treated

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

	<u>Number of cases known to have been dealt with</u>
External and other, excluding errors of refraction and squint	166
Errors of refraction (including squint)	<u>1,686</u>
<u>Total</u>	<u>1,852</u>
Number of pupils for whom spectacles were prescribed	1,442

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

	<u>Number of cases known to have been dealt with</u>
Received operative treatment	
(a) for diseases of the ear	Nil
(b) for adenoids and chronic tonsillitis	82
(c) for other nose and throat conditions	1
Received other forms of treatment	<u>819</u>
<u>Total</u>	<u>902</u>

Table C. Orthopaedic and Postural Defects

	<u>Number of cases known to have been dealt with</u>
(a) Pupils treated at clinics or out-patient departments	210
(b) Pupils treated at school for postural defects	<u>Nil</u>
<u>Total</u>	<u>210</u>

APPENDIX B

PART III (contd..)

Table D. Diseases of the Skin (excluding uncleanness)

	<u>Number of cases known to have been treated</u>
Ringworm (1) Scalp	111
(11) Body (including Athletes Foot)	66
Scabies	14
Inpetigo	51.
Other skin diseases	1,054
<u>Total</u>	<u>1,185</u>

Table E. Child Guidance Treatment

Number of cases known to have
been treated

Pupils treated at Child Guidance Clinics

353

Table F. Speech Therapy

Number of cases known to have
been treated

Pupils treated by Speech Therapists

230

Table G. Other Treatment Given

Number of cases known to have
been dealt with

(a) Pupils with minor ailments

1,275

(b) Pupils who received convalescent treatment
under School Health Service arrangements

152

(c) Pupils who received B.C.G. vaccination

1,065

(d) Other than (a) (b) and (c) above:-

Epilepsy

48

Other conditions of the nervous system

37

Heart and circulation

62

Lungs

160

Other conditions not minor ailments

478

Total

3,324

PART IV

Dental Inspection and Treatment

(1) Number of pupils inspected by the Authority's Dental Officers:				
	(a)	Periodic	...	3,331
	(b)	Specials	...	4,159
(2) Number found to require treatment				
	...	...	...	5,758
(3) Number offered treatment				
	...	...	...	4,485
(4) Number actually treated				
	...	...	...	3,865
(5) Attendances made by pupils for treatment				
	...	...	...	17,428
(6) Half-days devoted to:				
	(a)	Periodic Inspection	...	31
	(b)	Treatment	...	2,231
		Total half days		<u>2,282</u>
(7) Fillings:				
	(a)	Permanent teeth	...	4,784
	(b)	Temporary teeth	...	1,648
		Total fillings		<u>6,332</u>
(8) Number of teeth filled:				
	(a)	Permanent teeth	...	4,276
	(b)	Temporary teeth	...	1,468
		Total of teeth filled		<u>5,744</u>
(9) Extractions:				
	(a)	Permanent teeth	...	1,416
	(b)	Temporary teeth	...	4,691
		Total extractions		<u>6,107</u>
(10) Administration of general anaesthetics for extraction				
	...			2,453
(11) Orthodontics:				
	Cases commenced during the year	...	...	117
	Cases carried forward from previous year	...	...	387
	Cases completed during the year	...	...	61
	Cases discontinued during the year	...	...	56
	Pupils treated with appliances	...	...	122
	Removable appliances fitted	...	...	119
	Fixed appliances fitted	...	...	3
	Total attendances	...	...	1,760
(12) Number of pupils fitted with artificial dentures				
	...	...		73

PART IV (contd..)

Dental Inspection and Treatment

(13) Other operations:

(a)	Permanent teeth	...	...	4,549
(b)	Temporary teeth	...	...	<u>625</u>
	Total of other operations			<u>5,174</u>

APPENDIX I

CAUSES OF DEATH IN AGE GROUPS - 1959 (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
1. Tuberculosis, respiratory ...	7	4	-	-	-	-	-	-	-	-	3	2	1	-	1	2	2	-
2. Tuberculosis, other ...	1	1	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
3. Syphilitic disease ...	1	2	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1
4. Diphtheria ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections ...	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasite diseases	1	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-
10. Malignant neoplasm, stomach ...	34	25	-	-	-	-	-	-	-	-	-	-	20	2	9	15	5	8
11. Malignant neoplasm, lung, bronchus	88	10	-	-	-	-	-	-	-	-	5	1	49	5	30	4	4	-
12. Malignant neoplasm, breast ...	-	34	-	-	-	-	-	-	-	-	4	-	16	-	8	-	6	-
13. Malignant neoplasm, uterus ...	-	11	-	-	-	-	-	-	-	-	1	-	6	-	2	-	2	-
14. Other malignant & lymphatic neoplasms	68	72	1	-	-	-	-	-	1	1	5	4	20	30	25	21	16	16
15. Leukaemia, aleukaemia ...	6	3	-	-	2	1	-	-	-	-	1	-	2	1	1	1	-	-
16. Diabetes ...	4	3	-	-	-	-	-	-	-	-	-	-	2	-	1	1	1	2
17. Vascular lesions of nervous system	66	117	-	-	-	-	1	-	1	-	3	14	20	15	39	36	54	-
18. Coronary disease, angina ...	148	89	-	-	-	-	-	-	-	-	6	1	57	16	57	38	28	34
19. Hypertension with heart disease ...	6	21	-	-	-	-	-	-	-	-	-	-	3	4	6	2	12	-
20. Other heart disease ...	91	136	-	-	-	-	-	-	-	-	2	3	10	17	15	29	64	87
21. Other circulatory disease ...	46	33	-	-	-	-	-	-	-	-	1	1	12	2	17	8	16	22
22. Influenza ...	17	20	-	-	-	-	-	-	-	-	1	9	5	4	6	4	8	-
23. Pneumonia ...	78	49	7	6	4	1	-	-	-	-	3	1	17	6	18	9	29	26
24. Bronchitis ...	76	43	-	1	-	-	-	-	-	-	3	2	30	5	18	13	25	22
25. Other diseases of respiratory system	10	2	-	-	-	-	-	-	-	-	-	-	3	1	3	1	4	-
26. Ulcer of stomach and duodenum ...	17	2	-	-	-	-	-	-	-	-	1	-	9	-	5	-	2	2
27. Gastritis, enteritis and diarrhoea	4	5	1	-	1	-	-	-	-	-	-	-	1	1	2	1	2	-
28. Nephritis and nephrosis ...	8	7	-	-	-	-	-	-	-	-	2	2	4	1	-	2	2	2
29. Hyperplasia of prostate ...	8	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	5	-
30. Pregnancy, childbirth, abortion ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital malformations ...	5	8	1	4	1	1	-	-	-	-	2	2	-	-	1	1	-	-
32. Other defined and ill-defined diseases	52	61	16	18	1	-	2	1	2	1	4	6	6	5	12	9	9	21
33. Motor vehicle accidents ...	15	3	-	-	1	-	1	-	4	-	2	-	3	1	2	2	2	-
34. All other accidents ...	14	7	2	-	-	-	-	-	2	-	2	1	5	1	2	-	1	5
35. Suicide ...	10	8	-	-	-	-	-	-	1	-	2	2	6	5	-	-	2	-
36. Homicide and operations of war ...	1	1	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-
TOTAL (All causes)	883	778	28	29	10	3	5	1	10	5	45	39	280	150	242	219	263	332

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