

[Report of the Medical Officer of Health for Hornsey, Borough of].

Contributors

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BOROUGH OF HORNSEY



REPORT

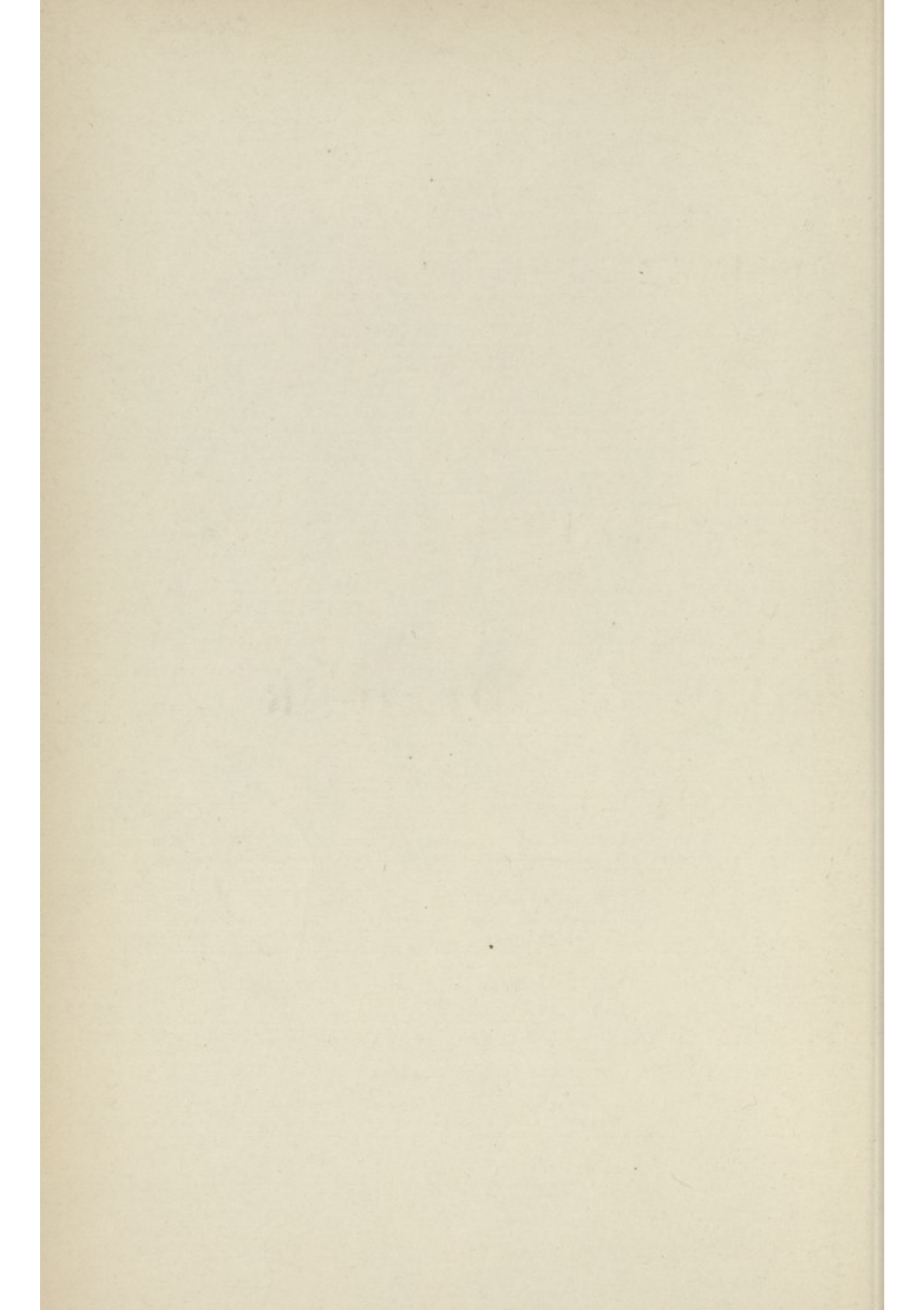
OF THE

MEDICAL OFFICER

OF HEALTH

FOR

1952



BOROUGH OF HORNSEY



REPORT

OF THE

MEDICAL OFFICER

OF HEALTH

FOR

1952

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*Member of Health Committee at 31st December, 1952.

†Member of Area Health Committee at 31st December, 1952.

*To His Worship the Mayor, the Aldermen and the Councillors
of the Borough of Hornsey*

Mr. Mayor, Ladies and Gentlemen,

I beg to present my Annual Report on the health of the Borough and the work of the public health department for the year ended 31st December, 1952.

The publication of this report coincides with Hornsey's Jubilee celebrations as a Municipal Borough under Royal Charter of Incorporation.

Over this fifty-year period annual reports of the Borough's medical officers of health have given striking evidence of continuous progress in the sphere of public health : in prevention of disease and betterment of the environmental conditions in which the local community lives and works. The story too is told of the establishment and expansion of the personal health services ; of the vision, energy and enthusiasm of the Corporation's committees concerned, for so many years, with education and maternity and child welfare, in addition to the work of the public health committee. The origin and growth of the school medical service ; and the growth of the priority care for the expectant and nursing mother and for the young child below school age. The provision of an isolation hospital for the treatment of infectious disease, a maternity hospital and the erection of clinic premises and nurseries designed to serve their special purposes. All those who appreciate the value of things felt and done locally may still feel some apprehension by the turn of events since the last world war and the transfer away from the Borough of much of the control over these and other local government services.

Statistics which have to be shown in Annual Reports of this kind are sometimes regarded as dull reading ; but in fact the data they contain are the only real means we have of assessing past progress and of promoting future endeavour to meet the requirements of changing trends in the pattern of health and disease. In this respect some comparison may be drawn with conditions that existed at the opening of the century fifty years ago.

In the year 1902 the **population** of the Borough was 73,992 ; today this figure has risen to **99,140**. The total area was 2,874 acres compared with 2,872 acres at the present time giving a **density** of population representing 25.7 persons per acre as compared with the density now of **34.5**. The **birth rate** then was 20.7 a figure considerably lower than that of 28.3 per thousand inhabitants for the whole of England and Wales. In Hornsey today the birth rate is **14.4** and is still lower than

the national figure of 15.3 per thousand population. The **infantile death rate** in the year 1902 was 83.3 per thousand live births, which compared favourably with other large towns of the period and that of 130 per thousand in London. In those days epidemic diarrhoea caused a heavy toll on infant life and the medical officer of health referred then to the risks of food contamination, particularly milk. He suggested among other things that "all milk should be kept in covered vessels to protect it from flies and dust ; strict cleanliness (personal and otherwise) is essential and the cleansing and watering of streets in hot dusty weather is very important." This must be one of the earliest attempts made in Hornsey to educate the public in food hygiene. On instructions of the public health and hospital committee the medical officer of health wrote a leaflet giving simple instructions as to the feeding of infants and precautions to be taken. These were distributed in the poorer parts of the district by lady visitors associated with the churches in the Borough. The **infantile death rate** in Hornsey today is 17.5 per thousand births, a low record by comparison with that of fifty years ago and with the present figure of 27.6 for England and Wales. The **general death rate** in Hornsey fifty years ago was 8.4 per thousand inhabitants which was low, not only by comparison with that of 17.2 then in London but also with the figure of 11.6 in Hornsey today. The favourable circumstances in Hornsey's death rate at the beginning of the century can be at least partially explained by the rapid development and influx of a relatively young population in the previous decade. Commenting on this and other favourable vital statistics of the Borough the then medical officer of health wrote "almost the only point to which one cannot allude with feelings of satisfaction is the increased mortality from **tuberculosis**." He estimated that between 250 and 300 persons in the Borough were suffering from tuberculosis, probably a much underestimated figure. (Tuberculosis was not a notifiable disease at that time.) Eleven per cent. of the total deaths in this year were said to be caused by "pulmonary consumption," and a report to the Health Committee stressed the importance of preventive measures and the duty of a health authority to raise the standard of living in its district in an endeavour to stamp out this disease. Later a sub-committee was set up to consider the provision of hospital treatment for the tuberculosis patient, as it was felt that there was then little hope of a sanatorium being established for the whole county. Emphasis was placed not only on the curative value of such a sanatorium, but also on its educational and preventive aspects. By 1910, after visits had been paid to various sanatoria, the public health committee recommended to the Town Council that similar provision should be made in Hornsey by combining with adjacent Authorities. In the following year a conference of representatives of the County, Borough and Urban District Councils in Middlesex passed a resolution to the effect that local authorities individually or in combination should establish (1) a tuberculosis dispensary, (2) make local provision for the loan of open-air shelters to tuberculosis patients, (3) sanatorium accommodation for the treatment of this disease. Further that the Local Government Board be requested to introduce compulsory notification of all cases of tuberculosis. Since that day much has been

done to ensure the early detection of this disease—the wide expansion of tuberculosis dispensaries (chest clinics as they are now called) and by the more recent introduction of mass radiography. Advances in therapy, too, have seen a substantial decline in the number of deaths from tuberculosis. Better standards of milk production and supervision of slaughterhouses have given rise to a lower incidence in the number of cases of non-pulmonary tuberculosis. Prevention of the spread of infection, however, in the case of pulmonary tuberculosis is still a major problem of the present day. **Overcrowding** aggravated by difficulties of rehousing, resulting mainly from the effects of two world wars, is still very much the concern of our public health service. As shown elsewhere in this Report progress is now being made year by year in the improvement of housing conditions including the welcome resumption of “clearance area” procedure ; and vigorous action by the health department to ensure the repair of an increasing number of unfit and insanitary houses under the appropriate sections of the Public Health or Housing Acts. Attention too has been given to the subject of **atmospheric pollution** and its relation particularly to the toxic effects of one of the severest fogs experienced in the Greater London area during the month of December, 1952.

By comparison with the early days of Public Health the control of the then more common infectious diseases continues to be satisfactory. Diphtheria, scarlet fever and measles are no longer the killing diseases they were, and no deaths occurred in Hornsey from any of these diseases during the past year. To ensure the maintenance of such a record for diphtheria, as in the case of smallpox, the public needs to be constantly reminded of the necessity to take advantage for their children of the methods of protection gained by immunisation and vaccination respectively.

A striking comparison with conditions as they existed in the health services of fifty years ago can be drawn in the now accepted responsibility that local authorities have for the individual at the extremes of life. Already mention has been made of the progress made in the care of children ; but no review of the health services today would be complete without reference to a growing recognition of responsibility for the special needs of an ageing population. Gone are the days of the poor law system and of the association of old age with the workhouse. Hospital, general medical practitioner, health and welfare committees of the county council and the borough council all have statutory duties in providing what may become a truly comprehensive service for the **welfare and care of aged people** in need. In Hornsey, too, we are fortunate in having much voluntary enterprise in this work. The establishment of old people's homes, clubs and other activities many of which are allied to a most active Old People's Welfare Committee representing many aspects of local civic life.

In conclusion I should like to take this opportunity of acknowledging my appreciation of the ready and willing help given to me by all my

colleagues in the Health Department ; and the very real co-operation of the Town Clerk and Chief Officers and their staffs in other Departments.

To the Chairman (ex-Councillor R. A. Butler, J.P.) and members of the Health Committee I am specially indebted for their support and encouragement in a service of expanding functions and human interest.

I am,

Your obedient servant,

G. HAMILTON HOGBEN,

1st September, 1953.

Medical Officer of Health.

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SOCIAL AND ECONOMICAL STATISTICS

Area (acres)	2,872
Area of Parks and Open Spaces (acres)	576
Population : Census 1931	95,524
Census 1951	98,134
Registrar General's estimate at 30 June, 1952	99,140
Number of separately assessed inhabited premises according to Rate Books	24,911
Rateable value (General Rate)	£1,075,040
Product of a penny rate	£4,350

VITAL STATISTICS

LIVE BIRTHS

	<i>M</i>	<i>F</i>	<i>Total</i>
Legitimate	701	661	1,362
Illegitimate	33	36	69
	<hr/> 734	<hr/> 697	<hr/> 1,431

Birth Rate (per 1,000 population)

HORNSEY	14.4
Area Comparability Factor	0.89
Adjusted Rate For Hornsey	12.82
England and Wales	15.3
160 Great Towns	16.9
160 Smaller Towns	15.5
London Administrative County	17.6

STILL BIRTHS

	<i>M</i>	<i>F</i>	<i>Total</i>
Legitimate	12	13	25
Illegitimate	1	1	2
	<hr/> 13	<hr/> 14	<hr/> 27

Still-birth Rate (per 1,000 population)

HORNSEY	0.27
England and Wales	0.35
160 Great Towns	0.43
160 Smaller Towns	0.36
London Administrative County	0.34

INFANT DEATHS (under 1 year of age)

					<i>M</i>	<i>F</i>	<i>Total</i>
Legitimate	..	..	..	..	19	4	23
Illegitimate	..	..	..	..	2	—	2
					—	—	—
					21	4	25
					—	—	—

Comparable Infant Death Rates (per 1,000 live births)

HORNSEY	..	..	..	..	..	17.5
England and Wales	..	..	..	..	..	27.6
160 Great Towns	..	..	..	..	..	31.2
160 Smaller Towns	..	..	..	..	..	25.8
London Administrative County	..	..	..	..	..	23.8

Neo-Natal Deaths (under 4 weeks of age)

					<i>M</i>	<i>F</i>	<i>Total</i>
Legitimate	..	..	..	..	17	4	21
Illegitimate	..	..	..	..	—	—	—

MATERNAL DEATH RATES (per 1,000 total live and still-births)

HORNSEY (one death only)	..	..	..	..	0.69
England and Wales	..	..	..	..	0.72

DEATHS FROM ALL CAUSES

Males	..	..	..	521
Females	..	..	..	631
				—1,152

Death Rate (per 1,000 population)

Hornsey	..	..	..	..	..	11.6
Area Comparability Factor	..	..	..	..	..	0.92
Adjusted Rate For Hornsey	..	..	..	..	..	10.67
England and Wales	..	..	..	..	..	11.3
160 Great Towns	..	..	..	..	..	12.1
160 Smaller Towns	..	..	..	..	..	11.2
London Administrative County	..	..	..	..	..	12.6

NOTIFICATIONS OF PUERPERAL PYREXIA

Number of Notifications	12
-------------------------	----	----	----	----	----	----

Puerperal Pyrexia Rate (per 1,000 total live and still-births)

HORNSEY	..	..	..	..	..	8.23
England and Wales	..	..	..	..	..	17.87
160 Great Towns	..	..	..	..	..	23.94
160 Smaller Towns	..	..	..	..	..	10.22
London Administrative County	..	..	..	..	..	30.77

DEATHS OF HORNSEY RESIDENTS
Classified according to age groups

					Under 1	1 to 2	2 to 4	5 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and over	TOTALS
1	Tuberculosis, respiratory	...	...	...	M	.	.	.	.	.	2	2	3	5	.	12
					F	.	.	.	.	1	1	3	.	2	.	7
2	Tuberculosis, other	...	...	...	M	.	.	.	1	.	.	.	.	.	.	1
					F	.	.	.	.	.	.	1	.	.	1	2
3	Syphilitic disease	...	...	...	M	.	.	.	.	1	.	1	.	1	1	4
					F	.	.	.	.	.	.	.	.	.	1	1
6	Meningococcal infections	...	...	...	M	1	.	.	.	.	.	.	.	.	.	1
					F	.	.	.	.	.	.	.	.	.	.	.
9	Other infective and parasitic diseases	...	...	...	M	.	.	.	.	.	.	.	1	.	.	1
					F	.	.	.	.	.	.	.	.	4	.	4
10	Malignant neoplasm, stomach	...	...	...	M	.	.	.	.	.	1	2	.	2	5	10
					F	.	.	.	.	.	2	.	3	5	5	15
11	Malignant neoplasm, lung, bronchus	...	...	...	M	.	.	.	.	.	1	3	8	8	5	25
					F	.	.	.	.	.	.	.	1	4	5	10
12	Malignant neoplasm, breast	...	...	...	M	.	.	.	.	.	.	.	.	.	.	.
					F	.	.	.	.	1	2	1	11	9	5	29
13	Malignant neoplasm, uterus	...	...	...	M	.	.	.	.	.	.	.	.	.	.	.
					F	.	.	.	.	.	1	1	3	3	4	12
14	Other malignant and lymphatic neoplasms	M	.	.	1	.	1	1	1	13	12	22	52
					F	.	.	.	1	1	2	8	18	16	20	67

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								Under 1	1 to 2	2 to 4	5 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and over	TOTALS
15	Leukaemia, aleukaemia	M	1	1	.	2
						F	1	.	1	3
16	Diabetes ...	...	...	...	...	M	.	.	.	.	.	.	.	1	1	2	.	4
						F	.	.	.	.	.	.	.	.	1	4	5	9
17	Vascular lesions of nervous system	...	...	...	...	M	.	.	.	.	.	.	.	2	5	16	24	47
						F	.	.	.	.	.	1	5	11	18	56	91	138
18	Coronary disease, angina	...	...	...	...	M	.	.	.	.	.	.	5	9	35	31	35	115
						F	.	.	.	.	.	.	2	7	24	31	64	179
19	Hypertension with heart disease	...	...	...	...	M	.	.	.	.	.	.	1	.	2	5	8	
						F	.	.	.	.	.	.	.	6	10	16	24	
20	Other heart diseases	...	...	...	...	M	.	.	.	.	.	.	2	2	15	26	45	
						F	.	1	.	.	1	.	3	3	13	78	99	144	
21	Other circulatory diseases	...	...	...	...	M	.	.	.	1	.	.	.	.	5	8	12	26
						F	.	.	.	.	.	.	.	3	9	20	32	58
22	Influenza	...	...	...	...	M	.	.	.	.	.	.	.	1	.	1	2	
						F	.	.	.	.	.	.	.	.	.	.	.	2
23	Pneumonia	...	...	...	...	M	3	.	.	.	.	.	.	2	6	9	20	
						F	.	.	.	.	.	2	1	4	10	19	36	56
24	Bronchitis	...	...	...	...	M	.	1	.	.	.	.	2	5	23	14	45	
						F	.	.	.	.	.	.	.	4	16	20	40	85
25	Other diseases of respiratory system	...	...	...	...	M	.	.	.	.	.	.	.	.	.	1	1	
						F	.	.	.	.	.	.	1	.	.	3	4	5

Deaths of Hornsey Residents—*continued*

					Under 1	1 to 2	2 to 4	5 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and over	TOTALS
26	Ulcer of stomach and duodenum	...	...	...	M	.	.	.	.	.	1	2	4	3	.	10
					F	.	.	.	.	.	.	.	.	2	2	4
27	Gastritis, enteritis and diarrhoea	...	...	...	M	.	.	.	.	.	1	.	.	1	.	2
					F	.	.	.	.	.	.	.	1	.	3	4
28	Nephritis and nephrosis	...	...	...	M	.	.	.	.	.	.	.	1	3	1	5
					F	.	.	.	1	.	.	.	1	2	3	7
29	Hyperplasia of prostate	...	...	...	M	.	.	.	.	.	.	.	.	3	10	13
					F	.	.	.	.	.	.	.	.	.	.	.
30	Pregnancy, childbirth, abortion	...	...	...	M	.	.	.	.	.	.	.	.	.	.	.
					F	.	.	.	.	1	.	.	.	.	.	1
31	Congenital malformations	...	...	...	M	5	.	1	.	.	.	1	.	.	.	7
					F	1	1	.	.	.	1	.	.	1	.	4
32	Other defined and ill-defined diseases	...	...	...	M	12	.	.	.	1	.	4	5	10	13	45
					F	3	.	1	1	1	2	2	6	17	18	51
33	Motor vehicle accidents	...	...	...	M	.	.	.	2	1	.	.	.	.	.	3
					F	.	.	.	.	.	.	.	.	.	2	2
34	All other accidents	...	...	...	M	.	.	.	1	.	1	.	1	.	6	9
					F	.	1	.	.	1	.	.	.	.	16	18
35	Suicide	...	...	...	M	.	.	.	.	2	.	1	3	1	.	7
					F	.	.	.	.	1	.	2	.	1	.	4
					M	21	1	2	1	5	6	13	34	96	153	190
					F	4	3	1	2	3	7	14	30	76	164	326
	TOTALS	...				25	4	3	3	8	13	27	64	172	317	516
																1,152

N.B.—No deaths occurred from the following causes:—

INFANT DEATHS

CAUSES BY AGE GROUPS AND SEXES

				Under 1 Day	1—6 Days	1 Week	2 Weeks	3 Weeks	Total Under 1 Month	1—2 Months	3—5 Months	6—8 Months	9—11 Months	TOTALS	
Meningococcal infection	M	F)	...	.	.	.	.	.	.	.	.	1	.	1	1
				
Pneumonia	M	F	...	.	2	.	.	.	2	.	1	.	.	3	3
				
Congenital malformations	M	F	...	3	.	.	.	.	3	.	.	2	.	5	6
				.	1	.	.	.	1	.	.	.	.	1	
Injury at birth	M	F	...	4	.	.	.	.	4	.	.	.	.	4	5
				1	.	.	.	.	1	.	.	.	.	1	
Post-natal asphyxia and atelactasis	M	F	...	2	1	1	.	.	4	.	.	.	.	4	4
				
Prematurity, immaturity	M	F	...	2	.	.	.	.	2	.	.	.	.	2	4
				1	1	.	.	.	2	.	.	.	.	2	
Other diseases of early infancy	M	F	...	1	1	.	.	.	2	.	.	.	.	2	2
				
	M	F		12	4	1	.	.	17	.	1	3	.	21	25
				2	2	.	.	.	4	.	.	.	.	4	
TOTALS				14	6	1	.	.	21	.	1	3	.	25	

SANITARY CIRCUMSTANCES

HOUSING AND HEALTH

Housing in relation to health has been a major problem for many years and may be expected to grow even worse if existing properties are allowed to become more dilapidated and essential repairs continue to be neglected. The problem too of the "absentee landlord" must be faced and an effort made to deal with it on a national basis. Local authorities in the meantime are having to work with out-of-date legislation designed to meet conditions quite different from those applying today. In my last report I referred to some effects of difficult housing conditions on health ; many instances of friction between tenants are being met by the Health Department.

That more houses and flats are required is accepted, but it is also a fact that many units of accommodation are being allowed to deteriorate because rents are too low to cover the present maintenance costs. This, again, is a problem which cannot be solved at local level and the Health Department is much concerned with the low standard of housing in parts of the Borough and the difficulty of deciding what is the standard to be accepted as fit for habitation.

In every district there are houses which, though structurally sound are without those amenities considered necessary by modern standards. These houses are however, reasonably fit for habitation and will form a large part of the available housing accommodation for some years to come. It should be possible to achieve the same standard of fitness in this type of property as the Minister has specified for a dwelling in respect of which financial assistance can be given for the conversion or improvement of a dwelling under the Housing Act, 1949.

This standard is contained in the report of the Standards of Fitness for Habitation Sub-Committee of the Central Housing Advisory Committee and is as follows :—

The dwelling must :—

- (i) be in all respects dry :
- (ii) be in a good state of repair :
- (iii) have each room properly lighted and ventilated :
- (iv) have an adequate supply of wholesome water laid on for all purposes inside the dwelling :
- (v) be provided with efficient and adequate means of supplying hot water for domestic purposes :
- (vi) have an internal or otherwise readily accessible water-closet :
- (vii) have a fixed bath, preferably in a separate room :
- (viii) be provided with a sink or sinks with suitable arrangements for the disposal of waste water :

- (ix) be provided with facilities for domestic washing, including a copper, preferably in a separate room :
- (x) have a proper drainage system :
- (xi) be provided with adequate points for artificial lighting in each room :
- (xii) be provided with adequate facilities for heating each habitable room :
- (xiii) have satisfactory facilities for preparing and cooking food :
- (xiv) have a well-ventilated larder or food store :
- (xv) have a proper provision for the storage of fuel :
- (xvi) have a satisfactory surfaced path to outbuildings and convenient access from a street to the back door.

It is true this standard has been adopted only for a dwelling improved with assistance under the 1949 Act, and which has a life of at least 30 years but it is clearly desirable as conditions improve, this standard should be the criterion when deciding whether a house is fit or otherwise, in contemplating action under Section 9 of the Housing Act, 1936.

The one per cent. sample tables of the 1951 Census revealed that 45 per cent. of all householders either share a fixed bath or are without one. The corresponding figure is 23 per cent. in the case of water-closets and 17 per cent. in respect of piped water.

In the case of piped water, cooking stove and water-closet, the householders sharing the arrangements with others are twice as numerous as those entirely without, but those entirely without a fixed bath are more than five times as numerous as those sharing.

Thus it is clear that the housing problem is not only one of provision of new houses, but also the improvement of large numbers of sub-standard houses.

CAMPSBOURNE CLEARANCE AREA

The first stage which was commenced in October, 1949 is partly completed and of the 48 new flats in Brook Road, 24 are occupied and 24 are nearing completion, while 23 others in the area are in the course of construction.

Thirty-six families have been re-housed from houses numbered 6 to 56 Boyton Road which will be demolished during the next stage, and 26 families are still to be re-housed.

Like similar houses in Campsbourne and Myddelton Roads these dark and damp basements in Boyton Road by reason of disrepair, sanitary defects and absence of essential conveniences form the greatest and most urgent problem from a health point of view. It is gratifying to know that the families from these houses, have the opportunity of

enjoying good housing conditions, a relief from the emotional stress due to overcrowding and with the added conveniences and amenities making possible a happier home life for the whole family.

DEMOLITION AND CLOSING ORDERS

The Committee considered making a Demolition Order in respect of Lauralhurst Cottage, St. James's Lane but the owner agreed to demolish the property if the Council would re-house the tenants. This was done.

Closing Orders

Property	Part affected	Council resolution	Order made	Action taken
15 Hampstead Lane	Two rooms and kitchen in basement	18th Nov.	20th Nov.	Rooms closed

The Closing Order served on 29th December, 1950 on two basement rooms at 26 Myddelton Road was determined on 10th September, 1952 by the Health Committee as the Council's Regulations under Section 12 of the Housing Act, 1936 had been complied with.

PURE AIR

One hundred years of Public Health effort has produced in England a people who demand pure water to drink as a fundamental right ; the new Elizabethan era should set out to evolve a generation who will demand pure air to breathe.

The fog in December provided convincing evidence of the state of pollution of our atmosphere due to the products of the unsatisfactory combustion of coal.

The fog affected all ages ; children developed coughs, healthy adults suffered from varying degrees of laryngitis, elderly chronic bronchitics suffered weeks of invalidism and the death rate in elderly people was double the normal rate for the two-week period.

The graph on page 22 shows how the numbers of deaths for the period compares with the average numbers of deaths for the corresponding weeks of the preceding three years.

Smoke comes from many sources—the ordinary householder produces most, and the Nationalisation of some of the offending industries (Railways, Gas and Electricity) has not so far shown an example in smoke prevention due to economic reasons.

ATMOSPHERIC POLLUTION

The pollution of the atmosphere in a district normally results from the combustion of coal and its derived fuels. Coal has been used in this country as a source of heat for at least a thousand years, displacing wood which became scarce and expensive. The pollution of the London atmosphere from coal smoke has been a constant cause of complaint and legislation against it dates back to the reign of Edward I.

With the coming of the industrial revolution and the consequent increased consumption of coal, the problem became more acute. In 1890, Sir John Simon, Chief Medical Officer, Local Government Board, wrote :—

“See with what apparent indifference our nineteenth century England acquiesces in a daily increasing sacrifice of daylight to dirt. There are immense masses of our population—the inhabitants, for instance, of London and of many chief manufacturing towns—who endure without revolt or struggle the extremities of general “Smoke Nuisance”: not only condoning the fact that the nuisance is of painful injury to an appreciable number of persons, and in certain states of the weather kills many of them : but further accepting, as if in obedience to some natural law, that their common life shall in great part be excluded from the pure light of day by an ignoble pall of unconsumed soot : and hardly murmuring, in their self-imposed eclipse, that their persons and clothing and domestic furniture are under the incessant grime of a nuisance which is essentially removable.”

It has been estimated that over 8 million tons of atmospheric pollution are produced each year in this country and a large part of this pollution comes from the domestic fire.

Impurity in the atmosphere can take the form of solid or liquid particles which may be so large that they settle rapidly, or so small that they remain suspended for a very long time. The nature of the impurity is determined largely by the prevailing type of industry in the neighbourhood.

The products of combustion which give rise to pollution of the atmosphere may be broadly divided into three categories :—

(1) *Ash and Grit.* Ash consists of mineral matter from the fuel and grit consists of particles of combustible material in the form of burnt or partly burnt fuel. Most particles of ash and grit are large enough to be deposited fairly rapidly near to their source of origin.

(2) *Smoke* is the term normally applied to the visible products of imperfect combustion. It contains a high proportion of carbon and liquid tarry matter. These particles remain suspended in the air for a long time and may travel considerable distances before they are removed. It has been estimated that the average time for which a smoke particle remains in suspension is one or two days.

(3) *Gases*, e.g. hydrocarbons, carbon dioxide, carbon monoxide, oxides of sulphur. By far the most important of these is sulphur dioxide. When fuel is burnt, only a small amount of the sulphur remains with the ashes, and the rest is released as sulphur dioxide in the flue gases. Of these a small amount is usually retained in the flues and the rest is discharged into the atmosphere. Atmospheric sulphur dioxide is the agent mainly responsible for the corrosion of metals and the decay of stonework and building materials.

It will thus be seen that the pollution of the atmosphere from the use of coal and its products is serious. It involves damage to structures, fabrics and vegetation and is detrimental to health. A smoky grimy atmosphere cuts out sunlight and deposits dirt.

In order to measure the deposited atmospheric pollution the Borough Council authorised the setting up of three deposit gauges in the Borough in February, 1952. These are situated on the roof of the Town Hall, the roof of the Church of Christ, Wightman Road and the roof of Mather's factory at the eastern end of Frobisher Road. The gauges are permanently in position and the sites were selected in consultation with the Fuel Research Station, Greenwich.

On the first day of each month, the solid and liquid pollution, including rain, which falls within the glass collecting bowl of the gauge is collected and sent for measurement and analysis.

The following table shows the results of the analyses of deposited matter from February to December, 1952.

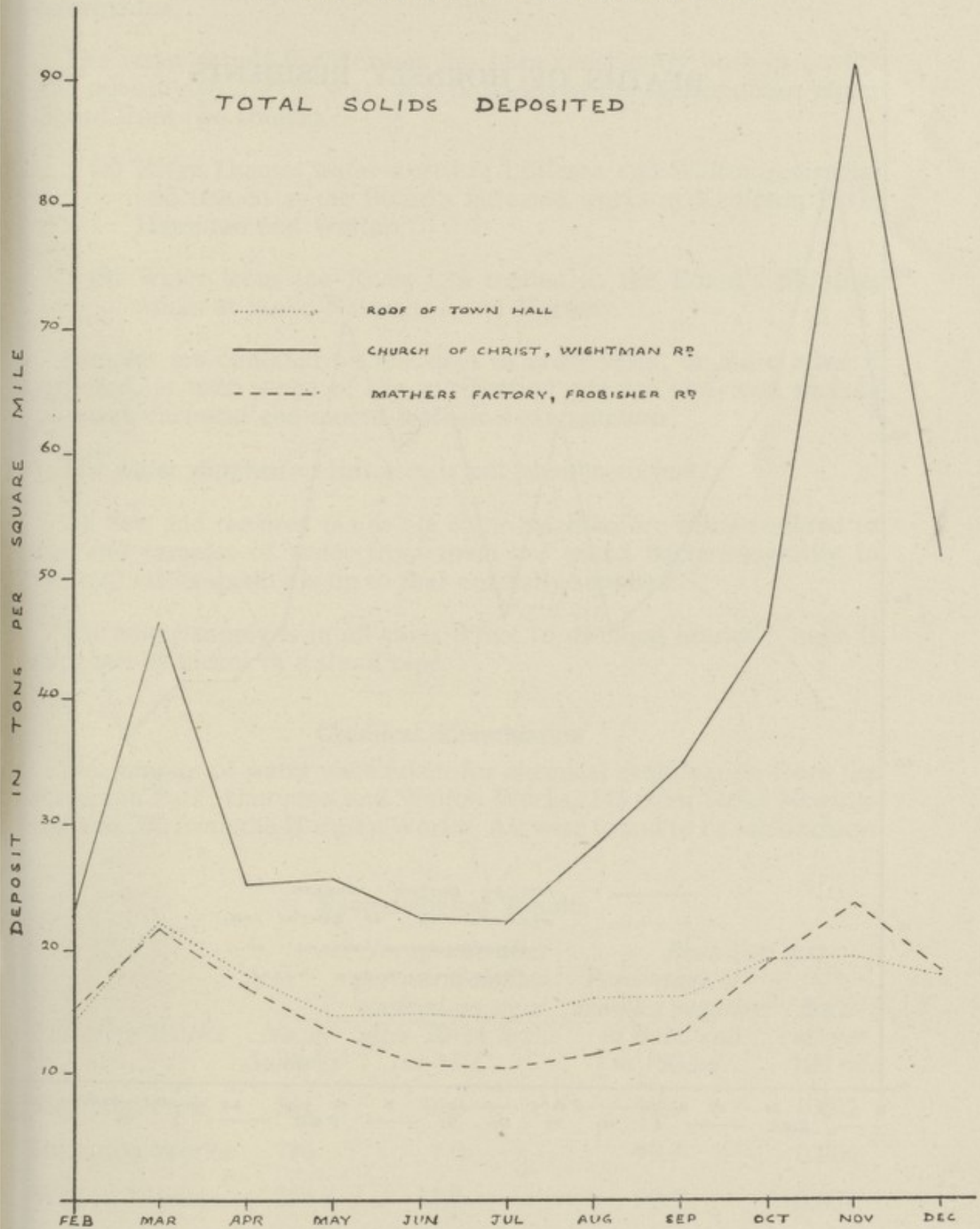
ATMOSPHERIC POLLUTION—SUMMARY OF REPORTS FOR THE YEAR

(a) Roof of Town Hall. (b) Church of Christ—Wightman Road. (c) Mather's Factory—Frobisher Road.

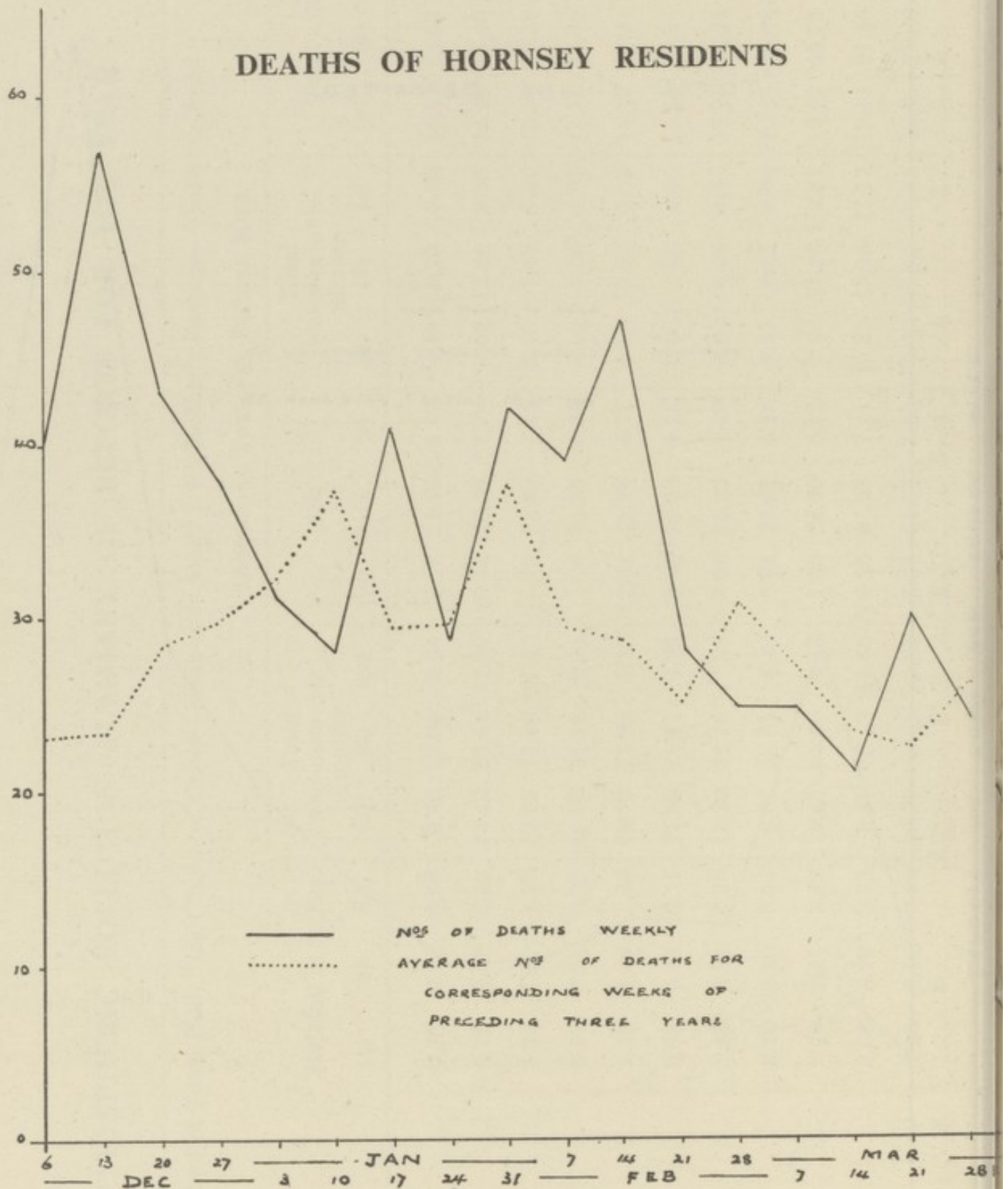
DEPOSIT IN TONS PER SQUARE MILE

1952	Rainfall in inches			Total water-insoluble matter			Ash			Total water-soluble matter			Total solids		
	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)
February ...	0.73	0.71	0.68	9.69	17.04	9.64	6.18	11.19	5.87	4.48	5.79	5.60	14.17	22.83	15.24
March ...	2.72	2.52	2.52	14.46	33.44	12.56	9.42	25.56	7.79	7.98	12.96	9.28	22.44	46.40	21.84
April ...	1.30	1.21	1.17	12.66	17.69	11.43	8.49	11.89	7.14	5.30	7.49	5.50	17.96	25.18	16.93
May ...	0.87	0.84	0.88	10.63	20.14	9.21	7.26	14.23	5.93	4.09	5.56	4.01	14.72	25.70	13.22
June ...	1.55	1.48	1.64	10.73	17.34	7.72	7.54	12.50	4.71	4.06	5.07	3.02	14.79	22.41	10.74
July ...	0.60	0.47	0.51	11.86	18.31	8.05	9.06	12.92	4.96	2.68	3.93	2.45	14.54	22.24	10.50
August ...	2.40	2.34	2.36	11.19	22.15	7.39	8.05	16.23	4.49	5.01	6.09	4.31	16.20	28.24	11.70
September ...	3.36	3.30	3.44	9.52	28.01	8.42	6.64	22.31	5.24	6.81	6.97	5.04	16.33	34.98	13.46
October ...	2.48	2.43	2.23	10.47	34.49	9.48	7.30	28.60	6.13	8.80	11.26	9.51	19.27	45.75	18.99
November ...	3.64	3.99	3.75	9.10	76.17	11.55	6.25	68.94	7.41	10.32	15.18	12.17	19.42	91.35	23.72
December ...	2.15	2.12	2.06	10.18	40.28	9.84	6.58	33.77	6.03	7.85	11.58	8.48	18.03	51.86	18.32

ATMOSPHERIC POLLUTION



DEATHS OF HORNSEY RESIDENTS



WATER SUPPLY

I am indebted to Lt.-Col. E. F. W. MACKENZIE, Director of Water Examination of the Metropolitan Water Board, for the following information.

The water supply for Hornsey has been satisfactory both in quality and quantity during the year. It is provided by the Metropolitan Water Board from two sources :—

- (a) River Thames water stored in Littleton and Walton reservoirs and treated at the Board's filtration works at Kempton Park, Hampton and Walton.
- (b) Water from the River Lea treated at the Board's filtration works at Stoke Newington and Hornsey.

Samples are collected on five days in every week, or more often if required, at each stage of the purification process and tests include physical, chemical and micro-biological examination.

The water supplied to this area is not plumbo-solvent.

All new and repaired mains are chlorinated before being restored to use and samples of water from them are tested bacteriologically to ensure that its quality is up to that normally supplied.

The water supply is in all cases direct to dwelling houses ; none is supplied by means of a stand pipe.

Chemical Examination

245 samples of water were taken for chemical examination from the Kempton Park, Hampton and Walton Works, 243 from Stoke Newington and 240 from the Hornsey Works. All were found to be satisfactory.

Bacteriological Results

<i>Filtration Works</i>	<i>No. of Samples</i>	<i>No. of microbes per ml. Colonies counted on agar after 20-24 hrs., at 37°C.</i>	<i>Bact. coli test Percentage of samples negative to Bact. coli in 100 ml.</i>	<i>Bact. coli per 100 ml.</i>
Kempton Park	846	38.3	99.9	0.002
Hampton Works	786	7.0	99.9	0.004
Walton Works	258	15.9	99.6	0.008
Stoke Newington	257	27.3	100.0	—
Hornsey Works	257	17.4	100.0	—

POLLUTION OF THE MOSELLE

The area drained by the Moselle and its tributaries includes part of Muswell Hill, lower Highgate, Central Hornsey, part of Crouch End and the Campsbourne. It eventually flows into the River Lea via Wood Green and Tottenham.

Almost all the properties in this drainage area have two systems of drains—soil and surface-water. It is the surface-water drains which discharge into the Moselle. These should carry only rain-water but investigation has disclosed that in many houses waste water and soil fittings have been connected to the surface-water drains. Other sources of pollution, some from industrial premises, are also affecting the purity of the effluent. The situation gradually deteriorated and in July, 1947, the Lee Conservancy Catchment Board served a notice on the Borough Council to abate the pollution.

As a result of the notice a complete check on sewers throughout the entire Moselle drainage area was carried out. Each check was followed by inspections of properties from which it was suspected that pollution was occurring. The inspections involved examination of the front inspection chambers where it was often found that the soil drain was choked and the sewage was leaking into the surface-water system.

Sampling of the dry weather flow of the Moselle clearly indicated that pollution was not restricted to any one part of the area.

After further consideration by the Council it was decided that the only way to solve the problem was to check and, if necessary, test or trace the drains of every property draining into the Moselle.

This work was commenced by the permanent sanitary inspectors, but as they could only devote part of their time to it, two additional temporary sanitary inspectors were appointed in January, 1951. They were engaged full-time with the sewer flushers in checking and testing all drains and fittings. After eight months the two temporary inspectors left to take up permanent appointments and they were replaced in October, 1951, by one temporary inspector.

The investigation continued throughout 1952 and into the first few months of 1953. Altogether 8,297 properties have been inspected.

Sources of pollution found are shown in the following table :—

Discharging into surface-water drain :

Sinks	552	
Baths	101	
Lavatory basins	201	
Water-closets	41	895
Choked soil drains overflowing into surface water drains		84
Pollution from gullies connected to surface water drains		28

In addition, 2,503 re-inspections were made and 635 notices served. The number of premises found to be satisfactory was 7,662.

The investigation has now been completed and with the exception of the drainage from the Crouch End Playing Fields the necessary action to abate the pollution has been taken. The figures disclose that nearly 8 per cent. of the properties in the Moselle drainage area were found to be causing pollution.

For the time being the problem can be considered as solved, but as long as it is the practice to construct drains in such a way that both soil and surface-water systems pass through the same manhole so will pollution be likely to occur when the soil drain becomes obstructed thus causing sewage to overflow into the surface-water drain.

Considerable pollution is also caused by the fitting of sinks, baths, lavatory basins, etc. and taking the waste pipes from these fittings into the nearest drain inlet, which is often the surface-water drain.

Pollution is still occurring from a number of sanitary fittings on the playing fields. This matter is under consideration but it is unfortunate that the necessary drainage works could not have been carried out before the summer season started.

WORKPLACES NOT COVERED BY FACTORIES ACTS : PROPOSED LEGISLATION re SHOPS, OFFICES, ETC.

Correspondence has recently appeared in the newspapers, drawing attention to the need to expedite legislation proposed by the Gowers Committee in connection with the health of office workers.

Some years ago, the Gowers Committee was set up with the following terms of reference :—

- (i) to enquire into the provisions of the Shops Acts relating to closing hours (general and local) and to report as soon as possible whether any alterations are desirable.
- (ii) to enquire into and make recommendations as to extending, strengthening or modifying :—

the statutory provisions relating to the health, welfare and safety of employed persons at places of employment other than those regulated under the Factories or Mines and Quarries Act, and

- (iii) to enquire into and make recommendations as to the machinery for enforcing statutory provisions within the scope of (i) and (ii) above.

An interim report relating to closing hours of shops was submitted in 1947, followed two years later by a report on Health, Welfare and Safety in Non-Industrial Employment. This report not only suggested extending existing controls over shops, but also the inclusion of similar controls for other non-industrial premises.

The Home Office has recently forwarded draft proposals for legislation based on the recommendations of the Gowers Committee to organisations which gave evidence before the committee.

The proposals are that specific provisions should apply initially to shops, offices, and catering establishments, theatres, cinemas and music halls, railways and certain transport premises, agriculture and forestry, and dental mechanics' workrooms. Power to extend the legislation, by special regulations, to other classes of premises will be given.

It is proposed to make it the duty of every local authority to enforce within their districts the provisions of this part of the legislation, and for this purpose "local authority means . . . (elsewhere than in the County of London) as respects a borough, urban district or rural district, the council of the borough or district."

The work of local authority health departments will obviously be increased. The suggested legislation places a duty upon them to appoint suitable Shops Act Inspectors, and gives the Secretary of State power to make regulations prescribing qualifications to be held by inspectors.

There is also the suggestion of an annual report to be made by each authority and submitted to the Secretary of State, and this suggests that reasonable supervision will be maintained by the central government to ensure that local authorities are carrying out their functions satisfactorily.

The proposals are far reaching and merit very careful study. Legislation of this nature is urgently required, but there may be some further delay while interested parties consider the suggestions.

INSPECTION OF SHOPS

1,944 visits were paid to shops and, apart from a number of minor infringements, which were dealt with, the provisions of the Shops Acts have been well observed.

Sixty-four written notices were served and as a result the following defects were remedied.

Lighting provided	37
Heating provided	6
Sanitary Accommodation provided	35
Sanitary Accommodation labelled	44
Washing facilities provided	83
Seats for shop assistants	6
Number of shops cleansed	81
Number of shops dealt with	171

RODENT CONTROL

Following is a summary of the work carried out during 1952 :—

Number of properties inspected	468
Number found to be infested with rats	
(a) Major (i.e. more than 20 rats)	5
(b) Minor	175
Number treated by the Rodent Operator	180
Number infested with mice	68
Number treated by Rodent Operator	24
Number given advice	44

LICENSING OF PET SHOPS

On 1st April, the Pet Animals Act, 1951, came into force. It provided that no person may keep a pet shop unless he obtains a licence from the local authority which was empowered to specify in the licence such conditions as appear necessary for securing the objects of the Act.

The local authority was authorised to make arrangements for inspection of pet shops and in Hornsey the veterinary inspector, and sanitary inspectors carry out this duty. Among other restrictions it is now illegal to sell an animal as a pet to a child under the age of 12 years.

In Hornsey eight premises were registered as pet shops as follows :—

Dogs, cats, kittens, etc.	..	..	..	..	..	..	1
Tropical fish	..	..	..	..	..	..	4
Birds and fish	..	..	..	..	..	..	2
Birds and small mammals	..	..	..	..	..	..	1

One registration for tropical fish has since been cancelled by the applicant.

The conditions inserted in the licence issued to shop keepers are as follows :—

Conditions for Inserting in Licences Issued under The Pet Animals Act, 1951 as Approved by The Law Committee of the A.M.C.

1. No animal shall be displayed in a cage, hutch, box or other receptacle in such position as to expose it to interference or annoyance by persons or animals.
2. Animals shall at all times be kept in accommodation suitable as respects size, temperature, lighting, ventilation and cleanliness.
3. Animals shall be adequately supplied with suitable food and drink and (so far as necessary) visited at suitable intervals.
4. Animals and stock shall not be placed or kept in or outside the shop so as to render ingress or egress difficult in case of fire or other emergency.
5. Licensee shall ensure that a responsible person shall at all times be in or within a reasonable distance from the premises for the purpose of giving warning and taking other necessary steps in the event of fire or other emergency. In the case of premises which are lock-up, outside business hours, the licensee shall appoint a responsible person residing within a reasonable distance to the premises to have custody of the key. The name and address of such person shall be displayed in legible characters on the front door, or windows, of the premises. A supply of water and sand and/or an efficient fire extinguisher must always be available on the premises.
6. No animal which is suffering from or could reasonably be suspected of having come into contact with any other animals suffering from any infectious disease shall be brought or kept on the premises unless it is properly isolated from the other animals therein.
7. Animals shall not be handed to customers in unsuitable containers.
8. No mamal shall be sold unweaned, or if weaned, at an age at which it should not have been weaned.
9. Where animals are kept in cages, hutches, boxes or other receptacles placed on top of other cages, hutches, boxes or other receptacles, effective means shall be provided for preventing water, food or other droppings falling on to or contaminating the animals or other surroundings which are underneath.

HOUSING INSPECTIONS

1.—Inspection of Dwelling houses during the year :—

(a) Total number of dwelling-houses inspected for housing defects under Public Health or Housing Acts	1,282
(b) Inspections, made for the purpose	1,402

2.—Housing Act, 1936 :

(a) Houses demolished as a result of formal procedure Section 11	3
(b) Parts of buildings closed (Section 12)	2
(c) Houses made fit as a result of informal notices preliminary to formal procedure under Sections 9 & 12 ..	2

3.—Public Health Acts :

Houses in which defects were remedied by owner after service of formal notice	158
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BYELAWS relating to houses intended or used for occupation by the working classes and let in lodgings or occupied by members of more than one family.

Four houses have been dealt with under these Byelaws during the year and the following work carried out :—

4 (b) Water Supply	3
5 (b) Means of carrying off waste water	3

NOTICES

The Notices served during the year were as follows :—

	<i>Verbal</i>	<i>Preliminary</i>	<i>Statutory</i>
Public Health and Housing Acts ..	76	935	175
Housing Byelaws	—	3	1
Shops Acts	33	64	—
Food and Drugs Act	—	124	—
Factories Act	8	18	5
Pet Animals Act, 1951	—	1	—
Prevention of Damage by Pests Act, 1949	—	1	—
	117	1,146	181
	—	—	—

FACTORIES ACT, 1937

The following tables show the work carried out by the Sanitary Inspector under this Act :—

1. Inspections of Factories

Premises	Number of		
	Inspections	Written Notices	Prosecutions
Factories with Mechanical Power ...	348	5	NIL
Factories without Mechanical Power	74	—	
TOTALS	422	5	NIL

2. Defects Found

Particulars	No. of defects		Referred to H.M. Inspector	Number of defects in respect of which Prosecutions were instituted.
	Found	Remedied		
Want of Cleanliness ...	29	29	NIL	NIL
Overcrowding	—	—		
Unreasonable Temperature	5	5		
Inadequate ventilation ...	6	6		
Ineffective drainage of floors	—	—		
Sanitary Conveniences ...				
(a) insufficient	24	24		
(b) unsuitable or defective	58	58		
(c) not separate for sexes	—	—		
Other offences	—	—		
TOTALS	122	122	NIL	NIL

There are 221 Outworkers on the register engaged in the following occupations :—

Making, altering etc. of wearing apparel	169
Making-up, ornamenting etc. of household linen	5
Cabinet and furniture making	1
Making of iron and steel cables and chains	2
Making and repairing of umbrellas	1
Making of artificial flowers	18
Making of paper bags	1
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	16
Making of brushes	1
Making of stuffed toys	2
Making or filling of Christmas crackers, Christmas stockings, etc.	4
The weaving of any textile fabric	1

232 visits were paid to outworkers' premises during the year.

INSPECTIONS BY SANITARY INSPECTORS

1st Inspections Re-inspections

Food

Food Premises (See table on next page)	.. .. .	725	370
Registration of Hawkers	.. .. .	20	—
Milk Sampling	.. .. .	35	—
Ice Cream Sampling	.. .. .	36	—

Infectious Diseases

Notifiable Infectious Diseases	.. .. .	311	41
Food Poisoning	.. .. .	11	5

Sanitary Inspections

Complaints	.. .. .	1,732	5,368
Drainage	.. .. .	289	643
Water Tests applied	.. .. .	52	—
Smoke and Chemical Tests	.. .. .	108	—
Rodent Control	.. .. .	251	171
Survey (Permitted numbers)	.. .. .	121	3
Overcrowding conditions	.. .. .	5	9
Building Licences	.. .. .	15	—
Factories	.. .. .	422	—
Outworkers	.. .. .	226	6
Renewal of Music and Dancing Licences	.. .. .	15	2
Moselle Pollution	.. .. .	2,558	1,216
Smoke observations	.. .. .	68	24
Stables and Urinals	.. .. .	8	2
Verminous conditions	.. .. .	14	4
Pests	.. .. .	57	15
Under Rag, Flock, etc., Act, 1951	.. .. .	5	—
Other reasons	.. .. .	435	20
Street Traders	.. .. .	3	—
Pet Animals Act, 1951	.. .. .	8	59
Massage and Special Treatment	.. .. .	27	—

Shops Inspections

General Inspections	.. .. .	1,527	417
Sunday Trading	.. .. .	402	—

Others

Petroleum Stores	.. .. .	133	47
Moselle Sewer Samples	.. .. .	25	—
Drainage Repairs and Reconstructions	.. .. .	30	245
		<hr/> 9,674	<hr/> 8,667

TOTAL VISITS 18,341

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED

Drainage

Number of houses and premises redrained	..	..	..	15
Repairs or amendments to existing drains	..	..	..	212
Drains or gullies unstopped or cleansed	..	..	..	224
Manholes provided or repaired	..	..	..	118
Intercepting traps fixed	..	..	..	25
Soil and ventilation pipes repaired or renewed	..	..		44

Water-Closet and Sanitary Fittings

Water-closet buildings provided or repaired	20
Water-closet pans provided or renewed	..	..	..	73
Water-closets unstopped, cleansed or repaired	..	..		29
Flushing cisterns provided or repaired	..	..	..	39
New sinks provided	..	..	..	91
New lavatory basins provided	..	..	..	29
Waste pipe trapped, repaired or unstopped	..	..	..	277
Baths provided or made usable	..	..	..	7
Urinals cleansed	..	..	..	12

General

Roofs repaired	..	..	..	320
Rain-water gutters, renewed or repaired	..	..	..	126
Rain-water pipes provided or repaired	..	..	..	66
Dampness remedied	..	..	..	128
Damp-proof courses provided	..	..	..	8
Yard paving provided or repaired	..	..	..	68
Rooms cleansed	..	..	..	567
Rooms disinfested of vermin	..	..	..	2
Walls and ceilings repaired	..	..	..	160
Floors repaired	..	..	..	158
Windows, doors, skylights, sashcords and fittings repaired	..			212
Window-sills repaired	..	..	..	43
Water cisterns repaired, cleansed or covered	..	..	..	11
Water supply pipes repaired	..	..	..	23
Stoves, Ranges, Coppers renewed or repaired	..	..		52
Flues and Chimneys repaired	..	..	..	20
Accumulation of Refuse removed	..	..	..	10
Dustbins provided	....	..	..	68
Food Stores provided	..	..	..	20
Miscellaneous items	..	..	..	61

LEGAL PROCEEDINGS UNDER PUBLIC HEALTH ACT, 1936

Date of Hearing	Premises	Section of Act	Defects	Result of Proceedings
16th Jan. and 23rd Jan. and 2nd Feb.	67 Lothair Road, N.4	92/93	Back addition roof and general defects.	Adjourned 7 days. Adjourned 10 days. Summons withdrawn on payment of £6 6s. costs. Work completed.
16th Jan.	136 Stroud Green Road, N.4	92/93	Dampness and general defects.	Adjourned 28 days. Withdrawn later on completion of work.
16th Jan.	43 Uplands Road, N.8	92/93	Roofs.	Adjourned <i>sine die</i> .
16th Jan.	139 Nelson Road, N.8	92/93	Roofs and dampness.	Court Order for execution of work within 28 days and fined £3. 3s. costs. Work completed.
16th Jan.	19 Mayfield Road, N.8	92/93	Defective ceiling plaster.	Court Order for execution of work within 14 days. Work completed.
19th March	15 Hampstead Lane, N.6	92/93	Dampness.	Adjourned <i>sine die</i> .
19th March	84 Inderwick Road, N.8	92/93	Defective roof.	Summons withdrawn. Work completed.
2nd April	35 Duckett Road, N.8	92/93	Roofs, wall and ceiling plaster.	Court Order for execution of work within 14 days and £2 2s. costs. Work completed.
2nd April and 16th April	25 Northwood Road, N.6	92/93	Defective roof.	Adjourned 14 days. Subsequently withdrawn on completion of work.
2nd April	35 Middle Lane, N.8	92/93	Defective roof.	Summons withdrawn and £1. 1s. costs. Work completed.

LEGAL PROCEEDINGS UNDER PUBLIC HEALTH ACT, 1936—continued

Date of Hearing	Premises	Section of Act	Defects	Result of Proceedings
14th May and 21st May	72 Campsbourne Road, N.8	92/93 & 39	Defective roof, dampness, general defects and defective eaves gutter.	Adjourned 7 days. Adjourned 7 days. Withdrawn later on completion of work.
14th May	41 Middle Lane, N.8	92/93	Defective roof.	Summons withdrawn. Work completed.
14th May	39 Haringey Park, N.8	39	Untrapped sink.	Summons withdrawn. Work completed.
14th May	55 Florence Road, N.4	92/93	General defects.	Summons withdrawn. Work completed.
14th May	67 Victoria Road, N.4	39	Defective rain water pipe.	Summons withdrawn. Work completed.
21 May and 28th May	10 Christchurch Road, N.8	92/93	Dampness.	Adjourned 7 days. Court Order for execution of work within 28 days and fined £5. and £5. 5s. costs.
7th July and 1 Oct. and 15th Oct. and 5th Nov.	23 Claremont Road, N.6	92/93	Defective roof and dampness.	Court Order for execution of work within 21 days and £1 1s. costs. Adjourned 14 days. Court Order not complied with. Adjourned 21 days. Work completed. Discharged on payment of £5. 5s. costs.
14th July	49 Elder Avenue, N.8	39	Improperly discharging waste pipe.	Court Order for execution of work within 14 days. Fined £1 with daily penalty of 40/- after 28th July and £4. 4s. costs. Work completed.
14th July	39 Haringey Park, N.8	92/93	Dampness and general defects.	Adjourned <i>sine die</i> . Work completed.

LEGAL PROCEEDINGS UNDER PUBLIC HEALTH ACT, 1936—*continued*

Date of Hearing	Premises	Section of Act	Defects	Result of Proceedings
6th Aug. and 27th Aug.	1 Winchester Road, N.6	92/93	General defects.	Adjourned 14 days. Court Order for execution of work within 28 days and £3. 3s. costs. Work completed.
1st Oct. and 29th Oct.	64 Campsbourne Road, N.8	92/93	Obstructed main flue.	Adjourned 28 days. Summons withdrawn. Work completed.
1st Oct. and 29th Oct.	66 Campsbourne Road, N.8	92/93	Obstructed main flue.	Adjourned 28 days. Summons withdrawn. Work completed.

LEGAL PROCEEDINGS UNDER THE SHOPS ACT, 1950—Section 2

Date of Hearing	Premises	Offence	Result of Proceedings
19th March	122 Tottenham Lane, N.8	Being open after general closing hours.	Fined 10/-

FOOD

INSPECTION OF FOOD PREMISES

The inspection of food premises in the Borough has continued and I am pleased to report that on the whole there has been further improvement in the general standard of hygiene, due in part to the efforts of this department but probably in greater measure to the growing public discrimination in favour of cleaner shops and cleaner handling of food. Work carried out by the owners or occupiers of food premises as a result of either verbal or written request from this department come under the following headings :—

(1) Repairs or redecorations required to make the premises comply with the provisions of Section 13 of the Food and Drugs Act 1938.

(2) The improvement of premises and the provision of equipment to ensure the clean handling of food, the protection of food against aerial contamination and the preservation of food in a fresh condition and so stored as to prevent development of organisms of decomposition and contamination.

On the question of the keeping of food in the freshest possible condition while stored or displayed in the shop, it might be appropriate to point out that existing legislation does not require that a grocer, for instance, should provide a refrigerator for the storage of butter, ham, cooked meats, or other perishable commodities. In spite of this omission most grocers in this Borough have agreed, upon request, that such a fitting is advisable and have installed one.

The protection of fish, both wet and dry displayed for sale in fish shops continues to be a problem in that legislation fails to require the provision of glass fronting to this type of shop. Indeed the National Federation of Fishmongers and Poulterers recently cast further doubt on the hygienic efficiency of glass fronting so that fish intended for human consumption continues in many cases to be subjected to the risk of contamination by dust and flies and the area near the shop has the doubtful enjoyment of the odour of fish. In one shop in the Borough where a glass front has been provided it has been noticed that the temperature of the shop can be more effectively controlled, that there is no dust contamination and that flies are rarely seen in the premises.

In food shops generally further progress has been made in the provision of sinks, hot and cold water supplies, adequate cloakroom space and other necessary measures required by Section 13 of the Food and Drugs Act, 1938 for the use of food handlers and to minimise the risk of food contamination.

LEGAL PROCEEDINGS

Under Sections 3 and 9 of the Food and Drugs Act, 1938

Date of Hearing	Offence	Verdict
9th January	Piece of bandage and lint embedded in a loaf of bread	Fined £7. 5s. with £4. 4s. costs
9th April	Skin and hair of a mouse embedded in a loaf of bread	Fined £10 with £5. 5s costs
30th April	Contamination of flour by animal excreta	Fined £10 with £5 costs
9th July	Wood splinter and cement embedded in loaf of bread	Fined £10 with £5. 5s. costs
18th November	Dirty milk bottles (Three counts)	Case dismissed and £5. 5s. costs awarded against the Council on each of the three counts.

MILK SUPPLY

The production and processing of milk continues to be a primary responsibility of the Ministry of Agriculture and Fisheries but the local authority is responsible for the inspection of all dairies used for the distribution of milk. In this Borough there are no pasteurisation plants and no milk is bottled.

The Milk (Special Designations) (Specified Areas) Order, 1951 came into operation on 1st October, 1951. This Order makes compulsory the use of special designations for retail sales of milk in certain areas specified in the Schedule of the Order and the whole of Middlesex is one of the areas specified.

Six dairy premises were registered during the year.

Licences for the sale of special designated milk were granted as follows :—

	<i>New Licences</i>		<i>Renewals</i>	
	<i>Dealers</i>	<i>Supplementary</i>	<i>Dealers</i>	<i>Supplementary</i>
Pasteurised ..	1	—	28	10
Tuberculin Tested	—	—	25	10
Sterilised ..	5	—	40	11
Accredited ..	—	—	—	—

On 1st October, 1954, the special designation "accredited" will cease to be used.

Thirty-five samples of milk sold under special designations were taken in course of delivery or from shops and submitted for bacteriological examination. All were found to be satisfactory.

The dirty milk bottle has been responsible for a number of complaints to the Department, and although efforts have been made to place the

responsibility for this matter on the company at whose plant the dirty milk bottles were used, these efforts have, so far, failed owing to the absence of sufficient proof of the place of the alleged offences. Milk bottlers are required to mark on the bottle cap the address of the bottling plant only in the case of the special designated milk sold as "Tuberculin Tested." Amendment of the Milk and Dairies Regulations to require this information for all "Designated" milks would enable more successful measures to be taken by the Local Authority to ensure the use of clean bottles.

ICE CREAM

The popularity of this commodity continues. There are now 167 premises in the Borough registered for the sale, storage or manufacture of ice cream.

The introduction of the Ice Cream (Heat Treatment) Regulations in 1947, which require the pasteurisation of all ice cream mix, has resulted in a marked improvement in the standards of hygiene in both manufacture and distribution.

During May the Ice Cream (Heat Treatment) Amendment Regulations, 1952 came into operation. This Amendment permits the use of high temperature short time (H.T.S.T.) method of pasteurisation for the treatment of ice cream mixes at a temperature of not less than 175° F. for at least 15 seconds.

The enforcement of the provisions of the Food and Drugs Act as to registration and general hygienic requirements have called for regular and frequent inspections of premises.

Thirty-six samples of ice cream were taken during the year and submitted for bacteriological examination. The results were as follows:

Grade 1	Grade 2	Grade 3	Grade 4
29	6	1	—

BAKEHOUSES

The three underground bakehouses in the Borough continue to be in use, as they were certified in September, 1949 as suitable for that purpose for a further period of five years. They are inspected frequently to see that suitable hygienic conditions are maintained. There are twelve other bakehouses in the borough.

SLAUGHTERHOUSES

The Live Stock (Restriction of Slaughtering) Order, 1940, continued in force and no slaughtering was carried out during the year.

No licences to slaughter were issued.

REGISTRATION OF HAWKERS OF FOOD AND THEIR STORAGE PREMISES

Five Hawkers were registered under the Middlesex County Council Act, 1950.

REGISTRATION OF PREMISES FOR THE MANUFACTURE OF PRESERVED FOODS

No registrations were effected under the provisions of Section 14 of the Food and Drugs Act, 1938, for the pickling of meat.

The total number of registered premises in the borough is 58.

FOOD PREMISES

Inspection of Food Premises were made during the year as follows :—

			1st Insp.	Re- Insp.			1st Insp.	Re- Insp.
Bakehouses ...	...	...	101	105	Grocers' Shops ...	...	217	63
Butchers' Shops ...	...	...	67	19	Horse Flesh Butchers ...	...	8	2
Cooked Meat Shops ...	...	...	6	2	Ice Cream Premises ...	...	29	2
Confectioners ...	...	...	39	19	Milkshops ...	...	14	—
Fish Shops ...	...	...	42	20	Public Houses ...	...	48	81
Greengrocers' Shops ...	...	...	30	17	Restaurants, Cafes, etc.	...	124	40
TOTAL INSPECTIONS MADE 1,095								

The following is a list of food condemned as unfit for human consumption. Wherever possible this was disposed of as salvage :—

			Cwt.	lbs.				Cwts.	lbs.
Canned Vegetables ...	...	...	5	27	Sugar ...	...	...	—	18
Canned Fruit and Fruit Juice	...	...	20	34	Flour ...	...	...	—	10
Canned Meat ...	...	...	23	31	Mincemeat ...	...	...	—	9
Canned Fish ...	...	...	1	28	Xmas Pudding ...	...	...	—	12
Canned Soup ...	...	...	1	54	Potato Powder ...	...	...	7	21
Canned Jam and Marmalade	...	...	1	36	Pudding Powder ...	...	...	—	16
Dried Vegetables ...	...	...	4	6	Blancmange and Junket Powder	...	...	—	7
Dried Fruit ...	...	...	2	54	Sandwich and Chocolate Spread	...	...	—	28
Dried Milk ...	...	...	—	20	Pickles and Various Sauces	...	...	—	27
Meat and Bacon ...	...	...	17	65	Confectionery and Biscuits	...	...	—	87
Poultry ...	...	...	—	11	Cereals ...	...	...	1	93
Rabbits ...	...	...	1	12	Coffee ...	...	...	—	2
Fish ...	...	...	—	97	Sweets ...	...	...	—	79
Cheese ...	...	...	—	38	Cucumbers ...	...	...	—	51
Fats ...	...	...	—	79	Canned Milk	...	...	107	pints
TOTAL FOOD CONDEMNED :—92 cwts., 44 lbs., and 107 pints of Milk.									

268 visits were made to food premises in connection with condemnation.

FOOD SAMPLING

I have received the following information from Mr. J. A. O'Keefe, Chief Officer of Public Control of the Middlesex County Council whose Department is responsible for food sampling in the Borough.

Food and Drugs Acts, 1938-1950

List of Samples Procured in the Borough of Hornsey during the year 1952.

<i>Articles</i>			<i>Total samples procured</i>	<i>Unsatisfactory</i>
Milk (Various)	..	..	122	9
Arrowroot	..	..	8	—
Baking Powder	..	..	1	—
Cakes (Various)	..	..	33	—
Carraway Seed	..	..	1	—
Coffee	..	..	1	—
Cooked Meat	..	..	9	—
Cornflour	..	..	1	—
Drugs (Various)	..	..	10	—
Fish (Various)	..	..	12	—
Fish Paste	..	..	3	—
Flour	..	..	2	—
Full Cream Milk	..	..	1	—
Fruit Squash	..	..	2	—
Gelatine	..	..	1	—
Honey	..	..	1	—
Jam	..	..	1	—
Marmalade	..	..	1	—
Meat Pie	..	..	4	—
Orange Curd	..	..	1	—
Pastry-Mix	..	..	1	—
Pepper Substitute	..	..	1	—
Raisin Wine (Non-Alcoholic)	..	..	1	—
Sausages (Various)	..	..	32	—
Sausage Roll	..	..	3	—
Soups (Various)	..	..	4	—
Spirits (Various)	..	..	16	—
Suet	..	..	1	—
Sweets	..	..	1	1
Table Jellies	..	..	4	1
Victoria Plums (Canned)	..	..	2	—
Vinegar	..	..	20	9
Yoghurt	..	..	1	—
			—	—
Total	..	..	302	20
			—	—

With regard to the 20 unsatisfactory samples, the 9 samples of milk include 2 samples which were deficient in solids-not-fat. They were natural deficiencies however, and no action was taken other than to point out the matter to the firm in question. The other 7 samples were all cases of hot milk which contained added water and in 5 cases the sellers were prosecuted. A total of £10 fines and 10 guineas costs were awarded. The matter of the unsatisfactory sweets sample was one of misleading description in that it was a case of a cake decoration which, because of low sugar content, was misdescribed "sugar strands." In view of the particular circumstances in this case no further action than warning to the retailer was taken. One table jelly failed the setting test by the appropriate Standards Order and in this case a warning was sent to the firm.

The 9 vinegar cases were all of passing-off non-brewed condiment as vinegar. There was one prosecution and warnings were given in the other instances.

INFECTIOUS DISEASES

The year 1952 has been free from any outbreaks of serious epidemic disease. Measles, whooping-cough, poliomyelitis, dysentery, acute pneumonia, food poisoning, puerperal pyrexia, all had a lower incidence than in 1951. Scarlet fever and erysipelas and paratyphoid fever (2 cases) were the only infectious diseases which showed a slight increase on the previous year's figures. Single cases of typhoid and meningococcal infection occurred. Of the two poliomyelitis cases only one suffered residual paralysis. No case of diphtheria occurred.

Although there has been a slight increase in notification of scarlet fever cases during 1952, the disease has been very mild and complications few. With advances in therapy the complications of this disease are seldom serious. House disinfection by fumigation and sealing of rooms, hitherto obligatory, is not now generally carried out unless requested by the patient or his doctor.

The introduction of the combined whooping-cough and diphtheria immunisation during 1952 means that a baby aged six months can now be given protection in three injections instead of five or six. This new scheme is very popular with the mothers and an increase is expected in the percentage of immunised children during 1953.

Thirteen cases of food poisoning were notified during the year and ten were confirmed. Five were due to salmonella typhi-murium, one to salmonella enteriditis and one to salmonella montevideo. In three cases the cause was unknown. Five persons were admitted to hospital one of whom died on the day of admission from an infection of salmonella montevideo.

DIPHTHERIA IMMUNISATION

Immunisation is carried out by most general practitioners in the borough and in addition regular sessions are held at the welfare centres. The immunisation of children attending schools and day nurseries is also encouraged and special arrangements are made from time to time.

During the year, 1,115 children under 15 years of age were immunised for the first time and 852 received "booster" injections generally on school entrance. By the end of the year 9,722 Hornsey children under the age of 15 years had received a course of immunisation at some time during their lives but this figure is little more than 50 per cent. of the child population and improvement is still desirable.

Again there was no case of diphtheria in Hornsey during the year. Three persons were admitted to hospital but after observation were found to be suffering from tonsillitis.

It is now eleven years since a Hornsey resident died from diphtheria and during that time the numbers of deaths in England and Wales have decreased steadily from 2,641 in 1941 to 31 in 1952. During that time the lives of some 10,000 children have been saved representing the pos-

sible saving of over ten million pounds in the cost of hospital treatment. If one adds to this the saving in suffering and anxiety the incalculable gain to the community resulting from the national immunisation campaign can be appreciated. Saving in life and suffering cannot be shown in terms of pounds, shillings and pence and thus, preventive health work where marked results cannot be obtained rapidly, is so often neglected by comparison with the curative services.

I must again emphasise the need for maintaining a sufficiently high proportion of immunised children ; and that the general public must be constantly reminded of this. Diphtheria is a disease which still kills and any marked reduction in the number of immunised children constitutes a danger to the community from this cause.

LABORATORY SERVICES

The Laboratory Services are directed by the Medical Research Council on behalf of the Ministry of Health, Pathological specimens are sent for examination to the Central Public Health Laboratory at Colindale and the Branch Laboratory at Coppetts Wood Hospital, Hornsey. The Public Health Department is a collection centre for specimens submitted by general practitioners and local authorities and supplies of containers are obtainable between 9.0 a.m. and 5.15 p.m. (9 a.m. to 12.30 p.m. on Saturdays).

Specimens received in the Public Health Department office are collected on Monday to Friday at 2 p.m. and at 10 a.m. on Saturday by a messenger from the Laboratory Service. Specimens may also be sent direct to the Hornsey Laboratory before 5 p.m. Monday to Friday and 12 noon on Saturdays.

The Central Public Health Laboratory maintains a twenty-four hour emergency service.

The assistance of the technical staff attached to the laboratories is also available in connection with outbreaks of infectious diseases at day nurseries and schools and this assistance is extremely valuable in controlling the spread of infection.

**PUBLIC HEALTH LABORATORY SERVICE
BACTERIOLOGICAL EXAMINATIONS**

Throat and Nose Swabs						
	Diphtheria bacilli	..	..	..	—
	Haemolytic streptococci	..	..	..	86	
	Vincent's angina	..	..	..	1	
	Negative	..	..	..	191	
					—	278
Faeces						
	Shigella	..	..	..	46	
	Salmonella	..	..	..	18	
	Protozoa	..	..	..	—
	Negative	..	..	..	428	
					—	492
Sputum						
	Tubercular smear	..	..	..	4	
	Other organisms	..	..	..	21	
	Negative	..	..	..	32	
					—	57
Pertussis						
	Cough Plates	..	..	..	—
	Postnasal swabs	..	..	..	1	
	Negative	..	..	..	8	
					—	9
Milk						
	Ice cream	..	..	..	34	
	Pasteurized	..	..	..	25	
	Other	..	..	..	10	
					—	69
Miscellaneous						
		..	..	..	..	719
						<u>1,624</u>

NOTIFICATION OF INFECTIOUS DISEASE BY AGE AND SEX

AGE IN YEARS	Scarlet fever		Whooping cough		Acute Poliomyelitis (paralytic)		Measles		Meningococcal infection	
	M	F	M	F	M	F	M	F	M	F
Under 1	—	—	5	5	—	—	9	11	1	—
1—2	2	2	19	17	—	—	79	59	—	—
3—4	14	11	11	15	1	—	94	109	—	—
5—9	65	61	27	33	—	—	230	232	—	—
10—14	6	5	2	1	—	—	3	3	—	—
15—24	1	2	—	—	1	—	2	—	—	—
25 and over	3	1	1	2	—	—	1	3	—	—
TOTALS	91	82	65	73	2	—	418	417	1	—
	173		138		2		835		1	

AGE IN YEARS	Acute pneumonia		Dysentery		Erysipelas		Typhoid fever		Food poisoning		Puerperal pyrexia		Paratyphoid fevers	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 5	4	2	1	3	—	—	—	—	1	1	—	—	1	—
5—14	1	2	2	5	—	1	—	—	2	1	—	—	—	—
15—44	3	18	1	8	1	1	—	1	2	2	—	12	—	1
45—64	14	11	1	3	3	6	—	—	1	—	—	—	—	—
65 and over	11	8	1	1	2	6	—	—	—	—	—	—	—	—
TOTALS	33	41	6	20	6	14	—	1	6	4	—	12	1	1
	74		26		20		1		10		12		2	

There were no cases of diphtheria.

NOTIFICATION OF INFECTIOUS DISEASE BY WARDS

	Highgate	Muswell Hill	Crouch End	Central Hornsey	North Haringey	South Haringey	Stroud Green	Finsbury Park	TOTALS
Scarlet Fever	5	28	6	35	18	18	37	26	173
Whooping cough	42	31	7	9	16	6	18	9	138
Acute poliomyelitis Paralytic	—	1	1	—	—	—	—	—	2
Measles	39	80	52	143	129	177	129	86	835
Acute pneumonia	2	12	3	13	18	3	17	6	74
Dysentery	10	3	4	—	—	1	5	3	26
Erysipelas	4	1	—	4	4	2	4	1	20
Meningococcal infection ...	—	—	—	—	—	—	1	—	1
Food poisoning	—	5	—	—	2	1	2	—	10
Puerperal pyrexia	1	7	—	—	2	—	1	1	12
Typhoid fever	—	—	1	—	—	—	—	—	1
Paratyphoid fevers	2	—	—	—	—	—	—	—	2
TOTALS	105	168	74	204	189	208	214	132	1,294

TUBERCULOSIS

The total number of cases on the Tuberculosis Register at the end of 1952 was 888, viz., pulmonary 785, non-pulmonary 103.

	Pulmonary		Non-Pulmonary		Total	
	Male	Female	Male	Female	Male	Female
(a) Number of Cases on Register at commencement of year ...	421	325	56	46	477	371
(b) Number of Cases notified for first time during year under Regulations	39	31	3	2	42	33
(c) Cases restored to Register	3	2	—	—	3	2
(d) Cases added to Register otherwise than by notification under Regulations						
(1) Transferred from other Districts	33	23	—	2	33	25
(2) From Death Returns	3	2	—	2	3	4
(e) Number of Cases removed from Register	54	43	3	5	57	48
(f) Number of Cases remaining on Register at end of year ...	445	340	56	47	501	387

Cases removed from Register shown under (e) are accounted for as follows :—

Found not to be T.B.		Recovered		Removed to another area		Died at home		Died at Sanatorium or other Institution		Now Diagnosed as Pulmonary T.B.		TOTAL	
M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	—	9	11	32	PULM 25	ONARY 7	2	5	5	—	—	54	43
—	—	1	1	1	NON - PULM 1	ONARY —	—	1	2	—	1	3	5

**CASES OF TUBERCULOSIS COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER
OF HEALTH DURING THE YEAR**

				under 1	1 year	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to over	TOTALS	
BY FORMAL NOTIFICATION																		
Pulmonary	...	M		-	-	-	-	-	1	1	10	13	7	4	2	1	39	70
		F		1	-	-	-	-	6	7	6	5	1	2	2	1	31	
Non-Pulmonary		M		-	-	1	-	-	-	-	1	-	-	-	1	-	3	5
		F		-	-	-	-	-	-	-	1	1	-	-	-	-	2	
OTHER THAN BY FORMAL NOTIFICATION																		
Deaths returns from Local Registrar																		
Pulmonary	...	M		-	-	-	-	-	-	-	-	-	-	1	-	-	1	1
Inward transferable deaths																		
Pulmonary	...	M		-	-	-	-	-	1	-	-	-	-	1	-	-	2	4
		F		-	-	-	-	-	-	-	-	1	1	-	-	-	2	
Non-Pulmonary		F		-	-	-	-	-	-	-	-	-	1	-	-	1	2	2
Transfers from other Districts																		
Pulmonary	...	M		-	-	-	-	-	1	8	15	4	4	1	-	-	33	56
		F		-	-	-	-	1	-	11	9	2	-	-	-	-	23	
Non-Pulmonary		F		-	-	-	1	-	-	1	-	-	-	-	-	-	2	2

GENERAL

MEDICAL EXAMINATION OF STAFF

Sixty-nine persons were medically examined to determine their fitness for acceptance on the permanent staff. Sixty eight were found to be fit.

One of the conditions of the scheme for sickness pay for all employees who come within the scope of the National and Provincial Councils for Non-Trading Services (Manual Workers), which came into operation on the 5th July, 1948, is that all new employees be required to submit to a medical examination before the completion of six months' service with the Council in order to determine their fitness for admission to the scheme. Eighty-six persons were examined, eighty-two of whom were accepted for the scheme. Five other examinations were carried out for pension purposes.

AREA HEALTH SERVICE

The Personal Health Services now under the control of the Middlesex County Council are administered from the Area Health Office, Somerset Road, Tottenham, N.17. Telephone number TOTtenham 4500.

AREA WELFARE SERVICE

The Welfare Service of the Middlesex County Council is administered in Hornsey by the Area Welfare Officer, 5 Lansdowne Road, Tottenham, N.17. Telephone number TOTtenham 1212, and it is to this officer that enquiries should be directed regarding the admission of persons to residential homes provided by the Middlesex County Council.

LUNACY AND MENTAL TREATMENT ACTS

The Authorised Officers for the purpose of these Acts have their offices at 1 Friern Park, N.12. Telephone number HILLside 9151.

AMBULANCE SERVICE

Ambulances are on call for urgent cases including maternity cases throughout the day and night. Telephone number MOU 2222.

MEDICAL PRACTITIONER SERVICES IN HORNSEY

The number of general medical practitioners in Hornsey has increased during the last year and now the South Haringey, Central Hornsey, Crouch End, Finsbury Park, North Haringey and Stroud Green wards are classified by the Medical Practices Committee of the Executive Council as intermediate areas, i.e. areas where the average practitioner has between 1,500 and 2,500 patients. The Highgate and Muswell Hill wards are classified as restricted areas where the average practitioner has fewer than 1,500 people on his list.

Since the inception of the National Health Service Act there has been closer co-operation and establishment of cordial relations between

local medical practitioners and those engaged in the local authority's health services. So far as the Borough's work is concerned this has been most noticeable in the spheres of infectious disease control and in the care of the aged.

HOSPITAL SERVICES IN HORNSEY

The Hospital services in Hornsey are administered by the
North-West Metropolitan Regional Hospital Board,
11a, Portland Place, W.1.

through the Archway and Northern Hospital Management Committees as follows :—

Archway Group —

Offices: "Copley Dene," 46 Cholmeley Park, Highgate, N.6.

Alexandra Maternity Home, 11 Alexandra Park Road, Muswell Hill, N.10. Tudor 1759.	Maternity 29 beds.
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Hornsey Central Hospital, Park Road, Hornsey, N.8. Mountview 6244.	General 61 beds.
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Santa Claus Home for Sick Children, 55 Cholmeley Park, Highgate, N.6. Mountview 4924.	Convalescent Children's Home 26 beds.
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Northern Group :—

Offices : Northern Group Hospital Management Committee,
Royal Northern Hospital,
Holloway Road, N.7.

Coppets Wood Isolation Hospital, Coppets Road, Muswell Hill, N.10. Tudor 9792.	Infectious diseases 144 beds.
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Radlett House, Southwood Lane, Highgate, N.6. Mountview 8778.	Chronic sick 45 beds.
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Other Hospitals :—

St. Luke's Woodside Hospital, Woodside Avenue, Muswell Hill, N.10. Tudor 8311. (Administered by Middlesex Hospital, Mortimer Street, W.1.)	In-patients Wing of the Department of Psychological Medicine. 74 beds (7 private).
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MASSAGE AND SPECIAL TREATMENT

In June the Council decided to adopt Part XII of the Middlesex County Council Act, 1944, which relates to the licensing of shops for massage and special treatment. This section was brought into operation in Hornsey on 1st October and on and after that date any premises in the Borough used or represented as being used or intended to be used for the reception or treatment of persons requiring massage or special treatment must be licensed. The treatments are defined as

- (a) massage manicure or chiropody ; or
- (b) electric treatment or radiant heat light electric vapour or other baths for therapeutic treatment ; or
- (c) other similar treatment ;

Licences expire on the 31st March following the date of granting or renewal. The local authority is entitled to refuse to grant or renew a licence for several stated reasons and is empowered to authorise any officer to enter the premises specified in the licence, to inspect such premises and the records kept in connection with the work carried on under Part XII of the Act.

Registered medical practitioners giving treatment which comes under this Part of the Act are exempted from all of the provisions of the Act on submission of a certificate signed by two other registered medical practitioners and registered members of the Chartered Society of Physiotherapy are exempted from the need to obtain a licence on submission of a certificate signed by two registered medical practitioners. This certificate which must be in the form approved by the local authority expires on 31st January next following the date of the certificate and is renewed annually.

Premises occupied by chartered physiotherapists are subject to inspection but no person other than a registered medical practitioner is entitled to inspect such premises or the records kept in connection with such establishments.

Following is a summary of the premises which have been licenced under the Act :—

Massage	6
Chiropody	14
Electrical treatment	5
Other similar treatment	3

Three members of the Chartered Society of Physiotherapy were granted certificates of exemption from obtaining a licence.

NATIONAL ASSISTANCE ACT, 1948

Section 47. Persons in Need of Care and Attention

No person was compulsorily removed to a hospital or other place during the year. Complaints were received of aged persons living in insanitary conditions, who, it was alleged, were not receiving adequate care and attention. All complaints were investigated but many were unfounded.

Generally aged persons are enabled to live alone very happily by the willing help of other occupants of their houses. This help may consist of bringing home the heavier shopping or by helpful encouragement in the home. Others receive great assistance from the Home Help Service or by the advice and guidance given by the Hornsey Old People's Welfare Committee.

Of cases referred to the Health Department for action under the National Assistance Act, some have become beyond the care of neighbours though in some cases complaints are received which appear to be motivated by the desire of other occupants of the house to obtain more room.

The following are brief reports on four typical cases investigated during the year.

CASE A.—Letters were received from the occupants of a house in the Borough regarding two sisters aged over 80 years who live together without adequate care in circumstances which were alleged to be insanitary. Upon investigation it was found that although one of the sisters never left the house she was able to be up each day and the other sister cared for her and cooked the meals. At the time of the visit, which was unexpected, the two old ladies had a fire lit in the living room and were enjoying a tea cooked and prepared by themselves. Their own doctor calls fortnightly to see them. No further action was needed by the Department.

CASE B.—Complaints were received from the owner of a house regarding a woman of approximately 80 years of age living alone in insanitary conditions. After investigation and consultation with her doctor it was decided that this person should be removed to an institution. She was removed to a mental hospital under observation.

CASE C.—A woman of 85 years of age who had been helped for some considerable time but had refused admission to an Old People's home. Complaints were received from the health visitor and the home help service that the woman was very dirty and quite incapable of caring for herself. Her single room was dirty and foul smelling and the home helps refused to attend her. She was apparently in the habit of eating food which was unfit and, occasionally, raw meat or sausages. She was sometimes incontinent but not bedridden. Her condition deteriorated and she was admitted to hospital where she died.

CASE D.—A woman of 54 years of age whose physical age was over 80 years. Her rooms were well furnished but dirty and badly ventilated. No relatives could be traced. The other tenants complained of objectionable smells caused by varicose ulcers which the woman neglected. She was rather eccentric and ignored the advice of her doctor. A few days after inspection, this person was admitted to hospital where she died shortly afterwards.

Section 50. Burial or Cremation of the Dead.

Arrangements were made for the burial of the bodies of eight persons who had died in the borough. Two were men and six women and all were over 70 years of age. Five died at home; two in the homes for old persons and one was found dead on an open space.

VETERINARY INSPECTIONS

Mr. F. G. Buxton, M.R.C.V.S., the Veterinary Inspector, has kindly supplied me with details of his work in the borough, under the Diseases of Animals Acts and Orders, during 1952 as follows :—

No licences were issued under the Contagious Diseases of Animals Acts.

One inspection was carried out under the Contagious Diseases of Animals Acts, as piggeries in Fortis Green.

Four inspections were made under the Pet Animals Act, 1951.

Two inspections were made under the Riding Establishment Act, 1939.

No action was necessary under the Tuberculosis Order, 1925.

PUBLIC MORTUARY

The Hornsey mortuary and post-mortem room are situated at the Central Depot, Hornsey High Street. During the year 114 bodies were admitted and post-mortems carried out on all of them. Inquests were held on 7 bodies.

APPENDIX

COUNTY COUNCIL OF MIDDLESEX

AREA 3

HORNSEY AND TOTTENHAM

REPORT

OF THE

AREA MEDICAL OFFICER

The figures in tables 12-28 relate to Hornsey only and those in
tables 1-11 to the whole of the area

MEMBERS OF LOCAL AREA COMMITTEE NO. 3 AS AT 31st DECEMBER, 1952

Members of Middlesex County Council

County Alderman Mrs. K. M. ST. P. CRUMP
County Councillor Mr. M. W. BURNS
County Councillor Mr. R. A. CLARKE
County Councillor Mr. W. EAST
County Councillor Mr. E. HARRISON, S. de L., F.R.G.S., A.G.S.A.
County Councillor Mrs. J. THEXTON

Members of Hornsey Borough Council

Councillor Miss O. R. ANDERSON (*Vice-Chairman*)
Councillor Mrs. D. F. NOTT
Councillor Miss J. RICHARDSON
Councillor Mr. C. V. TIPPING
Councillor Miss M. TOYNE

Members of Tottenham Borough Council

Alderman Mr. A. REED, A.C.I.I., J.P.
Councillor Mr. R. W. H. FORD
Councillor The LADY MORRISON
Councillor Mrs. A. F. REMINGTON (*Chairman*)
Councillor Mr. P. H. ROBERTS
Councillor Mr. G. W. ROWLEY

Member with knowledge and experience of
of Home Nursing Mr. A. E. STEVENS

Nominated by :—

The appropriate Hospital Management
Committees.. .. . Mrs. R. M. FRY
Royal College of Midwives Miss V. EADY
Middlesex Local Medical Committee Dr. E. C. GIRLING
Middlesex Local Dental Committee Mr. R. W. D. BROWNLIE
Middlesex Local Pharmaceutical Committee Mr. L. HAYWARD

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22)

Care of the Expectant Mother

The well-being of the expectant mother from early pregnancy until confinement is the aim of all in attendance at ante-natal clinics. In this we have the co-operation locally of general medical practitioners, regional hospital obstetric consultants, almoners and others concerned in this service and who recommend mothers to attend local clinics to save time and unnecessary travelling. Abnormal cases are few in number and are referred to hospital for treatment.

Where necessary, appointments can be made for X-ray and dental care and an ambulance booked to convey a mother between clinic and home.

The card report system which was extended to Clapton Mothers' Hospital last year has operated successfully. Arrangements for domiciliary confinement or the reservation of a hospital bed are made for the mother at each local clinic. The services of a home help are available if required for all domiciliary confinements and temporary nursery accommodation can be provided for pre-school children in certain cases.

In Hornsey, where the majority of hospital cases are booked for the Alexandra Maternity Home, there is a useful link in that two part-time ante-natal clinicians are also medical officers to the Home and general practitioners in the town.

The health visitor in attendance at the clinic discusses arrangements with each mother and makes known to her the various services which are available to her during her pregnancy, confinement and puerperium.

The maintenance of all these aids does much to prevent unnecessary worry and ill-health at a time when the mother is in most need of relief and support.

Blood Tests

All expectant mothers attending ante-natal clinics have specimens of blood taken for Wasserman reaction, blood grouping and determination of Rhesus factor. At some clinics patients have their haemoglobin estimated at the first visit and regularly every four weeks thereafter whether they are hospital or home confinements. The haemoglobin estimation is done by the Sahli method in the clinic by the same health visitors and checks are made on the accuracy of the estimations from time to time by co-operation with the Pathologist of the Post-Graduate Medical School, Ducane Road, W.12. The results have been accurate within 5 per cent. A record is kept of the patient's ability to take iron and the type most easily tolerated.

Relaxation and Mothercraft Classes

This service is now operating in three Hornsey and three Tottenham clinics and is much appreciated by expectant mothers. The group teaching is in all cases given by a health visitor whose aim is to dispel fears associated with pregnancy and confinement and to instruct mothers on those matters associated with the well-being of themselves, normal childbirth and the preparation for the care of their children.

The classes are kept as informal as possible and time is allowed for questions and answers as well as for a cup of tea. Many mothers return post-natally for exercises and to consult the health visitor.

Notification of Births—Home and Institutional Confinements

It will be observed from the table set out below that more than 80 per cent. of the births which occurred last year were in hospital and nursing homes.

The number of home confinements has dropped steadily since the peak birth rate year of 1947. It is interesting to note that this drop continued over the last three years even though the number of births has remained fairly steady.

It would appear that while the hospitals are able to provide a sufficient number of beds for maternity cases, mothers are being discouraged from having their babies at home, especially as it is less expensive for them to go into hospital. Because of the lack of discrimination in favour of admission to hospital on purely obstetric or social grounds difficulty sometimes arises in finding a bed in an emergency, as all hospital accommodation has been taken up.

The number of institutional confinements in Hornsey is undoubtedly increased by the existence in that borough of the Alexandra Maternity Home which accommodates over 600 Hornsey births each year. In Tottenham, on the other hand, there is evidence that hospital accommodation is more limited and is always taken up. The Tottenham patients make use largely of the North Middlesex Hospital and the Mothers' Hospital, Clapton. These, together with the Alexandra Maternity Home, take nearly two-thirds of the institutional births of the area, and with all of them there is close co-operation. The majority of the remainder of the institutional confinements take place in hospitals in Central London, although some 47 mothers were last year confined at private or voluntary assisted nursing homes in Hornsey.

The trend to hospital confinements is a National one and the Minister of Health issued a circular on the subject in August, 1951, stating that though it was not possible to lay down a proportion of births for which hospital or maternity home beds should be provided, in general, hospital provision is required on medical or social grounds for about half the confinements. In this area well over half of the confinement are in institutions but at the same time some of the 17 per cent. of

home confinements, should have been in hospitals and closer co-operation than already exists is needed to ensure that the right patients are admitted to maternity beds.

TABLE 1

	1952	1951	1950	1949	1948	1947
Total Births (Live and Still)	3,265	3,162	3,261	3,672	4059	4,935
Institutional Births	2,679	2,487	2,394	2,706	2,754	2,684
Percentage of Total	82.1	78.6	73.4	73.7	67.8	54.4
Domiciliary Births	586	675	867	966	1,305	2,251
Percentage of Total	17.9	21.4	26.6	26.3	32.2	45.6

Ante-natal Clinics

The average attendance at ante-natal clinics continues to decline but has not yet reached the stage where any curtailment in the number of sessions held is desirable. The following table shows the attendance at clinics during 1952 and the totals for the preceding three years are given for purposes of comparison. Separate post-natal clinics are not held.

TABLE 2

Ante-natal Clinics	No. of sessions held	No. of new cases		Total attendances		Average atten- dances per session
		A.N.	P.N.	A.N.	P.N.	
Burgoyne Road	50	141	87	987	91	25.6
Church Road ...	78	145	58	1,287	62	17.3
Fortis Green ...	61	223	148	1,540	161	27.9
Hornsey Town Hall	211	313	177	2,893	181	14.6
Mildura Court ...	62	199	64	1,363	64	23.0
Stroud Green Road	51	158	72	891	74	18.9
The Chestnuts ...	256	511	253	3,326	265	14.0
Lordship Lane ...	206	405	228	2,758	233	14.5
Park Lane ...	103	366	246	2,018	246	21.9
Totals 1952	1,078	2,461	1,333	17,063	1,377	17.1
1951	1,038	2,439	1,330	16,999	1,332	17.7
1950	1,082	2,594	1,303	19,006	1,331	18.7
1949	1,074	2,714	1,438	20,617	14,91	20.6

Midwives Clinics

Domiciliary midwives assist at all but two of the ante-natal clinics. An attempt is made to ensure that this work is done by the midwife who is likely to deliver the patient in each case. In four centres separate midwives clinics are held and the following table shows the attendances made during the year.

TABLE 2a

Midwives' Clinics	No. of sessions held	No. of new cases	Total No. of attendances	Average attendance per session
Burgoyne Road ...	49	15	239	4.9
Fortis Green ...	42	5	278	6.4
Park Lane	101	—	1,145	11.3
Stroud Green Road	47	2	304	6.5
Totals	239	22	1,966	8.2

Post-natal Care

An appointment is made for each mother to attend for a post-natal examination at the clinic which she attended as an expectant mother, approximately six weeks after the confinement. Here she is seen by the doctor who undertook her ante-natal care and who knows her and any special features connected with the case. The hospital's or midwife's report on the confinement is held in readiness for this examination so that the examining doctor knows all the facts connected with the case.

Each mother is encouraged to keep this appointment so that any defects which may have resulted from her confinement are detected and treated at once so as to avoid future disability.

Care of Premature Infants

There is an agreement with the North Middlesex Hospital for the admission of any woman in premature labour, to avoid delivery at home and later transfer to hospital. The hospital will admit the case on a midwife's or doctor's request, and this applies also to the need to transfer a premature child born at home.

Premature babies delivered at home. The case is graded according to the baby's requirements. More frequent visits and a special nurse, if necessary, special clothing, hot water bottles and breast milk (when available) are loaned out. Special cots are not provided. Supervision of the infant is continued for as long as required.

Infant Welfare Centres

In nine centres doctors and health visitors with special qualifications in child health attend to give advice to mothers of healthy infants on normal development and progress. Regular weighing and physical examination brings to light the smallest deviations from normal growth and well-being, and these deviations are investigated with the mother so that they can be remedied.

In the early months of life advice on feeding is frequently sought, particularly for infants who are artificially fed and those who have reached the weaning age.

This service does much to ensure the growth of a healthy child and is a means of educating mothers on the proper care of their children.

Sessions are also held at which the health visitor alone is in attendance and where time can be given to test-feeding, etc.

These clinics have a vital part in promoting child health. Attendances have been well maintained during the year and the first attendances of children under one year of age represent *87 per cent. of the notified live births*. All children, especially new babies, are followed-up by health visitors home visits.

The inter-relationship of infant welfare clinics and home visiting are obvious as is also the fact that with the present staff of health visitors it would be impossible to supervise the health of so many children by visiting only.

Toddlers Clinics

Toddlers clinics are now held at all nine centres. This is an increase of one over 1951.

Appointments are made for a six monthly or more frequent medical overhaul for those children who do not receive medical examination at other clinics or at day nurseries, nursery schools or classes.

Appointments are welcomed by parents. The purpose of these examinations is to detect and correct mental or physical defects and maintain the good health of children in the 2-5 years age group so that they are in good condition before attendance at school.

TABLE 3

Infant Welfare Centres	No. of sessions held	First attendances		Total attendances		Seen By Doctor	Average attendances
		Under 1	Over 1	Under 1	Over 1		
Burgoyne Rd.	156	205	16	3,771	959	1,325	30.3
Church Road	153	199	10	3,619	969	1,656	29.9
Fortis Green	203	250	2	4,271	1,116	1,555	26.5
Hornsey Town Hall	208	402	25	5,709	2,206	3,323	38.0
Mildura Court	106	166	8	3,005	1,469	1,675	42.2
Stroud Green	104	187	8	2,963	997	802	38.8
The Chestnuts	257	566	34	7,204	1,804	2,349	35.6
Lordship Lane	258	432	35	6,391	1,773	1,480	31.2
Park Lane	207	379	14	5,530	1,362	1,571	32.3
TODDLERS SESSIONS							
Burgoyne Rd.	24	—	7	—	439	439	18.3
Church Road	46	—	8	—	486	480	10.5
Fortis Green	26	—	15	—	378	378	14.5
Hornsey Town Hall	50	—	27	—	584	575	11.7
Mildura Court	41	—	17	—	721	607	17.6
Stroud Green	6	—	9	—	89	88	14.8
The Chestnuts	53	—	—	—	698	698	13.1
Lordship Lane	51	—	16	—	822	822	16.1
Park Lane	106	—	2	—	897	892	8.5
Totals 1952	2,055	2,786	253	42,463	17,769	20,715	29.3
1951	1,918	2,754	453	37,759	18,253	19,008	29.2
1950	1,781	2,735	290	41,171	18,625	18,427	34.1
1949	1,810	3,212	1,575	47,009	20,351	20,197	37.2

Child Life Protection

The Area Children's Officer and his staff are responsible for adoption arrangements and the care of children deprived of a normal home life, but there are border-line cases of child neglect which are watched carefully by health visitors in the normal course of the supervision of child health and well-being. This usually acts as a deterrent but if necessary the health visitor warns careless or neglectful mothers of the consequences of their behaviour. Only a few of these cases deteriorate and those and any doubtful cases are reported to the Area Children's Officer or the N.S.P.C.C.

Daily Guardian Scheme

This scheme, by which working and other special categories of mothers are assisted in finding suitable daily minders for their children, operates exceedingly well. In spite of a certain wastage in daily guardians, the number of women who offer their services, considerably exceeds the

present demand. At the end of 1952 there were 161 daily guardians on the register of whom 76 were minding 88 children. The number of individual children minded during the year was 148 and they were in the care of guardians for 18,876 days. These figures compare with 129 and 15,710 respectively for 1951. Health visitors undertake to approve guardians for registration and are responsible for vigilance in seeing that the scheme's safeguards are carried out.

Day Nurseries

The County Council's new policy on the admission of children to day nurseries and the charges for admission, which came into operation on the 1st December, had the effect of drastically reducing the numbers on the registers and the daily attendances by the end of the year. The following table shows the number of children on the registers at the end of the year and the attendances during the year. Comparative totals for 1951 are also shown.

TABLE 4

Day Nursery	No. of approved places at end of year		No of children on register at end of year		Attendances		Average daily attendances	
	0—2 years	2—5 years	0—2 years	2—5 years	0—2 years	2—5 years	0—2 years	2—5 years
Ladywell	24	50	19	33	4,672	10,367	18	40
Stonecroft	15	45	13	27	3,155	9,652	12	38
Red Gables	23	23	14	16	4,317	5,623	17	22
Park Lane	20	30	16	21	3,408	6,131	13	24
Lordship Lane	10	30	9	22	2,452	5,419	10	21
Plevna Crescent	20	30	12	34	2,517	8,974	10	35
Totals 1952	112	208	83	153	20,521	46,166	80	180
1951	112	208	114	232	21,867	45,479	85	177

Priority Dental Service

The following table shows the work carried out by the dental officers during the year. The work done during 1951 is also given for purposes of comparison.

TABLE 5

	1952		1951	
	Expectant & Nursing Mothers	Children under 5	Expectant & Nursing Mothers	Children under 5
No. examined by dental officer	226	1,127	43	879
No. referred for treatment	211	992	42	795
New cases commenced treatment	179	876	37	715
Cases made dentally fit	77	663	21	462
Forms of dental treatment provided :				
Teeth extracted ...	200	879	53	893
Anaesthetics :				
(a) Local ...	64	192	10	196
(b) General ...	40	308	9	275
No. of fillings	234	1,562	35	1,005
No. of root fillings ...	—	—	1	—
No. of crowns and bridges	—	—	—	—
No. of inlays	2	—	—	—
Scalings and gum treatment	72	—	16	—
Silver nitrate treatment	—	1,165	—	944
Dressings	81	752	6	687
Other operations ...	11	106	1	94
No. of Radiographs :				
(a) at County Council clinics	5	2	—	2
(b) at hospital ...	2	—	—	—
Denture dressings ...	73	—	55	—
Dentures fitted :				
(a) full	5	—	6	—
(b) partial	14	—	8	—
No. of attendances ...	468	2,114	104	1,663
No. of appointments not kept	170	306	16	230
No. of half days devoted to service	379½		212	

MIDWIFERY SERVICE

Section 23

During 1952, one of the domiciliary midwives retired and another retired at the beginning of 1953. A third midwife has submitted her resignation and will have left the County Council's service by the end of February, 1953, so that the number of midwives employed has fallen from 15 to 12 in less than a year. It has not been considered necessary to replace them as the decline in the number of home confinements, to which reference was made in my annual report for 1951, has continued.

Supervision of Midwives

Inspections of registers of births, equipment and drug books are carried out at six-monthly intervals. Once yearly a visit is made to the midwife's home by the senior assistant medical officer and routine inspection carried out. Supervision of practical work at six-monthly intervals, also attendance of non-medical supervisor at any confinement where the midwife becomes anxious or is out over a period of many hours. A weekly meeting of domiciliary midwives is held for the purpose of general discussion of cases, problems connected with the work and matters of interest connected with midwifery. In addition, the non-medical supervisor is in touch with each midwife daily, either personally or by telephone.

Co-operation with General Practitioners

New general practitioners are visited by the midwife working in his area, or by the non-medical supervisor, and his wishes regarding care of ante-natal patients ascertained. The degree of care of practitioners' cases by the midwife is based on the individual requirements of each doctor.

In Hornsey most of the practitioners' cases attend the local authority clinics. This is also done in Tottenham but to a lesser degree.

Relations between doctors and midwives in this area are extremely cordial.

TABLE 6

Maternity cases attended by County Council Domiciliary Midwives :—

	1952	1951	1950
As Midwife	496	589	708
As Maternity Nurse	59	71	154
Totals	555	660	862

Administration of Gas and Air Analgesia by County Council Domiciliary Midwives :—

	1952	1951	1950
As Midwife	360	368	352
As Maternity Nurse	36	30	89
Totals	396	398	441

Medical Aid :—

	1952	1951	1950
(a) Number of domiciliary cases in which medical aid was summoned :—			
(i) where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service ...	34	12	24
(ii) Others	100	166	162
(b) For cases in institutions	11	13	5
Totals ...	145	191	191

HEALTH VISITING

Section 24

Each health visitor is attached to a maternity and child welfare centre in the area which is near to the district which she covers for home visiting. By this means each mother associates the health visitor with the ante-natal, infant welfare, school health and other special clinics which are held in the centre near to her home. This arrangement makes for accessibility, ease of approach and confidence in continuity on both sides when visiting, advice or assistance are required.

Apart from home visiting and clinic duties health visitors have been engaged on completing questionnaires for special investigations for for such bodies as the Ministry of Health, the Medical Research Council, the National Birthday Trust and the Institute of Child Health, and have provided other reports for no less than twenty-two different hospitals in or near the London area.

Health visiting in schools also takes up a proportion of each health visitor's time. This includes attendance at routine hygiene examinations

and medical inspections. Requests for health education in schools are increasing and during the year no less than 73 talks were given by health visitors to classes of school leavers at secondary modern schools in the area. Health talks were also given to outside bodies such as Young Wives Clubs, Wesley Guilds, the Women's Branch of the British Legion and the Girl's Life Brigade.

Clinic nurses have undertaken some of the routine work in clinics and schools to give health visitors time for their more essential duties.

TABLE 7

No. of visits paid by all Health Visitors working in the area to :	1952		1951	
	First Visits	Total Visits	First Visits	Total Visits
Expectant Mothers	2,077	3,332	1,721	4,544
Children under 1 year	3,204	15,241	3,158	13,825
Children 1-5 years	15	20,804	27	18,146
Children of school age	1	3,417	5	2,367
Other persons	3,101	4,010	1,969	3,253
Totals ...		46,804		42,135

Number of health visitors employed at end of 1952 :—

- (a) Whole time on health visiting —
- (b) Part time on health visiting 29
- (c) Equivalent whole time health visiting service provided under (b)—including attendances at clinics 22

Co-operation of General Medical Practitioners

One factor which must influence the working of the local health services is the growing co-operation between the family doctor and health visitor. This is developing in the following ways. Health visitors have called upon or contacted general medical practitioners by telephone on such matters as feeding difficulties of babies, illness of mothers, including mental disturbances, illness of aged persons, to discuss departures from normal health of mothers and children of pre-school or school age, to report the illness of a child suspected of neglect.

General medical practitioners have assisted the Health Department by referring expectant mothers to local clinics for additional ante-natal care, by requesting the services of home helps for sick people or for the aged, by referring cases for convalescence, by reporting cases of persons who were not able to care for themselves properly and for whom hospital accommodation was unobtainable, and also for passing on advice or information to the health visitor on those cases in which the health visitor sought the family doctor's advice.

In my opinion this interchange of information and assistance is to be commended as providing a better service for the public and more cordial relations between members of the local health service.

Ministry of Health Food Survey

This survey was undertaken with the assistance of health visitors in January and about twenty-five Tottenham mothers took part in it with the field workers of the Ministry.

Virus Infection During Pregnancy

Health visitors and medical staff are assisting in keeping records of a group of mothers in this and other areas from pregnancy until the child's second birthday. This information is being obtained for the Ministry of Health investigation of virus infections during pregnancy

HOME NURSING

Section 25

The demands on the home nursing service continued to increase during 1952 and at the end of the year the nursing staff was very nearly up to full establishment. It was not found any easier to recruit resident nurses to live in Bruce Grove Nurses Home, Tottenham, and in fact, by the end of the year, the numbers in residence (including the Superintendent) had fallen from 6 to 4.

TABLE 8

	Males over 14	Females over 14	M. & F. 14 and under	Total
Cases on register on 1-1-52	136	304	9	449
New cases during the year	869	1,632	237	2,738
Cases completed during the year	867	1,584	244	2,695
Cases remaining on register on 31-12-52	138	352	2	492

Total number of visits during 1952—77,113.

Total number of visits during 1951—62,124.

Co-operation with General Practitioners

Work from the doctors is received at Bruce Grove Nurses Home or the Area Health Office and the visits are distributed from those points. Co-operation is good and the doctor is able to make any special point when he requests the services of a nurse. A message sheet is left at the patient's house for the exchange of notes between doctor and nurse.

No service has been arranged for night work but requests have been very few. The emergency calls for a nurse between the hours of, say, 7 and 10 p.m. are also few and have been met without great difficulty.

VACCINATION AND IMMUNISATION

Section 26

Vaccination

During the year the Minister of Health approved an amendment to the County Council's Proposals as to Vaccination and Immunisation made under the National Health Service Act to the effect that facilities would be made available at the clinics for infant vaccination by medical officers in addition to the service provided by general practitioners. This scheme has been well received by the mothers and it is hoped that with its gradual development the percentage of infants vaccinated will steeply rise ; but even more intensive education of parents on the importance of vaccination is required. Vaccination is being carried out on infants, preferably at four months but not over 12 months old.

The following table records the number of persons known to have been vaccinated or re-vaccinated during 1952 :—

TABLE 9

	Under 1 year	1 year	2-4 years	5-14 years	15 years and over	Total
(i) No. of persons primarily vac- cinated ...	937	55	38	54	135	1,219
(ii) No. of persons re-vaccinated	—	—	10	101	379	490

Immunisation

As stated in my last annual report the County Council agreed to make available free whooping cough vaccination at all immunisation clinics following the success achieved by the controlled experiments carried out in this and other districts by the Medical Research Council at the request of the Ministry of Health from 1950 to 1952.

The introduction of the new combined diphtheria pertussis vaccine suspension now gives protection against diphtheria and a degree of protection against whooping cough in a total of three injections. This reduced total of injections is very popular with the mothers and it is anticipated that the percentage of immunised children will show a satisfactory increase during 1953. The series of three injections is commenced at the age of six months wherever possible. The mothers are informed that while a degree of protection against whooping cough will be obtained it is less certain than protection against diphtheria. It is felt that this warning is necessary to prevent immunisation against diphtheria falling into disrepute should the child subsequently develop an attack of whooping cough.

The following table records immunisations carried out by area medical staff as well as general medical practitioners during 1952 :—

TABLE 10

Age at date of immunisation	No. of children immunised			No. of children given re-inforcing injections	
	Diph-theria only	Combined Diph-theria and Whooping Cough	Whooping Cough only	Diph-theria only	Combined Diph-theria and Whooping Cough
Under one	1,094	115	218	—	—
One	690	77	642	—	—
Two	96	3	98	—	—
Three	52	4	41	5	—
Four	41	1	23	347	4
Five to nine	66	3	10	868	7
Ten to Fourteen ...	14	—	—	42	—
Totals	2,053	203	1,032	1,262	11

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Section 28

Recuperative Holiday Homes

During the year, area health staffs continued to be responsible, on behalf of the County Health Department, for dealing with applications for admissions to recuperative holiday homes.

The following table shows the cases dealt with during the year :—

	<i>Applications received</i>	<i>Admissions to recuperative holiday homes recommended</i>
Adults	323	266
Children	21	12

DOMESTIC HELP SERVICE

Section 29

The County Council's scheme for the provision of home help in accordance with the rules governing priorities is being operated. There has been a falling off in the demand for this service which was sharply accentuated in 1952. There is good liaison with the Old People's Welfare Committees in Tottenham and Hornsey and with the W.V.S. regarding the provision of meals on wheels.

The following table is of interest in demonstrating the falling demand in new applications coupled with the increase in the number of old cases being served.

TABLE 11

	Mater- nity	T.B.	Others	Total 1952	Comparative Totals		
					1951	1950	1949
No. of approved applications for service of home help received ...	126	39	514	679	853	925	1,013
No. of new cases in which help has been provided ...	93	35	510	638	812	884	1,011
No. of old cases in which help has been provided ...	4	74	527	605	531	430	372

Number of helps employed at 31-12-52 (whole time) .. 7

Number of helps employed at 31-12-52 (part-time) .. 116

Equivalent number of whole-time helps employed at 31-12-52 70

MENTAL HEALTH SERVICES

Section 51

During the year the County Council delegated to the Area Committee, for an experimental period of twelve months, certain functions relating to the day-to-day administration of the Hornsey Occupation Centre. It is considered that the arrangement has worked satisfactorily and it provides a link between the Mental Health Sub-Committee and the Area Committee.

SCHOOL HEALTH SERVICE

Routine Medical Inspections

Three times in the child's career the routine medical inspection brings together child, parent, teacher, nurse and doctor and the routine medical examination achieves best results when first, the child is seen by the nurse ; second, the doctor interviews the head teacher, and finds out if the head teacher from his or her day to day observation of the child suspects any deviation from normal health.

The doctor, having the nurse's report, then interviews parent and child, questions are invited and problems relating to health explored, the child is examined and if a defect is discovered the parent is advised. However, in most cases the doctor and parent agree that the child is healthy, sometimes the mother needs to be re-assured that her anxieties are unfounded.

The mother is advised to accept the first year of school life as a period when upper respiratory tract infections are common and to accept that the apparent thinness of the junior school child (ages 8, 9 and 10) is compatible with good health.

When the routine medical inspection is completed the doctor reports relevant findings to the head teacher and makes any necessary arrangements for the disposal, treatment or follow-up observation of defects found.

Dental Service

During 1952 the dental staff was increased to seven full-time dental surgeons so that all dental surgeries were fully staffed. It is hoped that during 1953 two additional dental clinics may be set up and staffed so as to allow a complete school dental and priority dental service for expectant and nursing mothers and children under school age to be maintained.

The scheme for evening dental sessions which commenced on the 1st January, 1952, enabled a total of 136 additional treatment sessions to be held at which 890 attendances were made. This contribution was equivalent to another full-time dental surgeon being employed for three months during the year.

Tottenham Day Special School for the Deaf

The nursery block was completed during the year and eleven deaf children of nursery school age are now being accommodated.

Vale Road Day Special School for Physically Handicapped Children

Spastic Unit

The formation of the spastic unit at Vale Road Special School for Physically Handicapped Children, by building additional classrooms, has not yet materialised owing to unforeseen building difficulties. It is hoped that a start will soon be made on the building work so that the unit may come into full operation.

During the year in spite of many difficulties, more physiotherapy and speech therapy sessions have been devoted to cerebral palsy cases attending the school. In addition, arrangements were made for some of the children to receive physiotherapy during the school holidays. Children whose parents were agreeable, were transported by the ambulance service during the Christmas holiday to a school clinic, thus ensuring continuity of treatment. It is hoped to continue these holiday arrangements during 1953.

Some of the special equipment required for the use of the unit has been obtained. Other equipment, including special desks and chairs, will be obtained when the additional accommodation is available.

Physiotherapy

The approved establishment of physiotherapists for the area is three. Their work is not only concerned with orthopaedic cases attending one or other of the clinics, but is essential for the needs of spastic children attending the special school for physically handicapped children. Between February and June 1952, two full-time and two part-time physiotherapists were employed, equivalent to two and seven-elevenths full-time staff. At the time of writing the strength is one and nine-elevenths, the children at Vale Road are now receiving totally inadequate treatment and the inability to fill the vacancies is causing grave concern to the orthopaedic surgeons and the staff of the school.

Speech Therapy

A second speech therapist for Tottenham was appointed in April, 1952. Two others work part-time in Hornsey. This increase in staff has made possible a daily session at Vale Road Special School for Physically Handicapped Children, where two therapists, one with specialist training, treat children suffering from cerebral palsy.

The importance of the preventive aspect of the work is becoming increasingly recognised. More pre-school children are seen. An indirect approach, through parent education, has proved of value in the treatment of early stammer, or delayed speech development, while suspected sensory loss or organic lesion require the earliest expert investigation.

Work with a recording apparatus has shown the possibilities of such equipment as an aid to treatment.

Report on the Rheumatism supervisory scheme for the year 1st August, 1951 to 31st July, 1952.

This rheumatism supervisory scheme was inaugurated on 1st August, 1951, under the overall direction of Dr. I. M. Anderson, Paediatrician, Prince of Wales's Hospital, with the close co-operation of the local Public Health and Area Health Departments.

The children are referred to the clinics by their private doctors and through the School Health Service. A number of children are also admitted directly to the paediatric wards of the Prince of Wales's Hospital and St. Ann's General Hospital suffering from acute rheumatic fever and allied conditions. After discharge from hospital these patients attend the supervisory clinic.

The supervisory clinics for follow-up are held on alternate Monday mornings in the Out-patients Department of the Prince of Wales's Hospital. The routine examinations are carried out by the paediatric registrar and an assistant medical officer, assisted by a sister-in-charge and a clerk from the Area Health Office. Both new and old patients are seen at each session. In the case of new patients a full history is taken and a complete clinical examination is carried out. The various forms are then completed and other investigations, where necessary, such as X-rays and electrocardiographs are performed. After these preliminary procedures the patients are seen by Dr. Anderson on Tuesday and Thursday mornings at the Prince of Wales's Hospital. At this examination and from the results and reports previously obtained the diagnosis and clinical assessment are made and recommendations regarding future schooling are sent to the School Health Authorities.

After this initial assessment the patients are seen at regular intervals at the supervisory clinic by the paediatrician or local authority medical officer and should any significant change appear in the clinical condition they are again referred to Dr. Anderson for further discussion regarding treatment or special educational requirements.

During the year 37 patients suffering from acute rheumatism, chorea or recurrences were treated in the wards. While the number of long-stay in-patients was increasing it became apparent that some educational provision would become necessary and arrangements were made through the Borough Education Officer for Tottenham to provide a hospital teacher.

The following table gives details of the patients referred to the supervisory centre during the year :—

	Rheumatism and allied disorders	Congenital heart lesions
Number of patients :		
Male	35	27
Female	40	20
	75	47
Resident in Area 3 (Tottenham and Hornsey)	56	30
Resident in other areas	19	17
DIAGNOSIS :		
1. Rheumatic pains without heart disease	18	—
2. Rheumatic heart disease (active) ...		
(a) Alone	12	—
(b) With polyarthritis	13	—
(c) With chorea	3	—
3. Rheumatic heart disease (quiescent)	24	—
4. Rheumatic chorea (alone)	5	—
REFERRED BY :		
Family Doctor	54	27
School Health Service	20	19
Hospital	1	1
REASON FOR REFERENCE TO CLINIC :		
Symptoms	69	11
Accidental finding	6	36
HEALTH IN 1ST YEAR OF LIFE :		
Satisfactory	55	21
Unsatisfactory (chiefly respiratory infec- tions)	20	25
No record	—	1
DISPOSAL :		
Admitted to hospital (St. Anns) ...	37	17
Admitted to hospital (pre-scheme) ...	3	2
Out-patient supervision only	35	28
SCHOOL ATTENDANCE :		
Ordinary—Full	60	29
Limited	10	1
Special—Day	2	3
Residential	—	1
Pre-school	3	10
Still in-patient in hospital	—	3

ANALYSIS OF SOME FACTORS IN THE RHEUMATIC GROUP

Significant family history of rheumatic disorders	...	...	...	25
HOUSING CONDITIONS :				
Satisfactory	...	...	...	33
Unsatisfactory	...	...	...	16
No report	...	...	...	26
PSYCHOSOMATIC ASSESSMENT (by clinical judgment and school reports)				
Stable, well-balanced personality	...	...	...	54
Emotionally disturbed or unstable	...	...	...	21
HEALTH IN 1ST YEAR OF LIFE :				
Satisfactory	...	...	...	55
Unsatisfactory (chiefly respiratory infections)	...	...	...	20
SIGNIFICANCE OF BLOOD ANTI-STREPTOCOCCAL TITRES :				
Number of patients suffering from non-rheumatic disease				
Titres between 1/40 and 1/80	...	...	...	20
Number of patients suffering from rheumatic fever or recurrence,				
of the following titres :—				
			1/40	1
			1/160	3
			1/320	4
			1/640	4
			1/1280	3

Child Guidance

A proposal to establish a child guidance centre in Tottenham, within the existing accommodation at the Cornwall Road School Clinic, was approved during the year. The necessary alterations to the premises have, at the time of writing, been almost completed and it is anticipated that the centre will commence operations in April, 1953. Such a centre will be of great benefit to Tottenham mothers and children and will save them the long journey to the Child Guidance Training Centre in London.

B.C.G. Inoculations

The Medical Research Council continued their investigations in the area into the prevention of tuberculosis by B.C.G vaccination.

In 1951 the investigation had been concerned with accepting "school leaver" volunteers into the scheme. In 1952 the important task of following up the inoculated and the control groups was commenced. It can easily be appreciated that the success of the trial depends on the completeness of the follow-up, for without being able to assess the results of B.C.G. vaccination by comparing a large inoculated group with a control group no estimate of the value of the vaccine can be obtained.

The follow-up is carried out in three ways :—

(1) *An annual x-ray and skin test.* Sessions are held at a convenient centre between 4.30 p.m. and 8 p.m. to enable young people who are at work to attend with the minimum of disruption to their employers. The employers themselves are encouraged, by means of letters sent out by the Youth Employment Officer, to release any of their employees who are included in the trials. Publicity is also given in the press and by slides at local cinemas.

(2) *Visits by Health Visitors.* Prior to the annual X-ray the health visitors visit the volunteers to complete questionnaires concerning their state of health. Particular regard is paid to illnesses of more than two days duration and to any visits to hospitals or clinics. The opportunity is also taken to remind them of the importance of attending for annual X-ray.

(3) *Co-operation with Chest Clinics.* The Chest Physicians supply information to the Medical Research Council with regard to children in the age groups covered by the investigation who are known to the Chest Clinics.

In 1952 the Lordship Lane Medical Centre was used for the follow-up and out of 213 children who left school at the end of the 1951 summer term, 172 returned for X-ray. This represents a figure of 81 per cent. and in the words of Dr. Pollock who is in charge of the trials on behalf of the Medical Research Council "is a very good figure and we have every reason to be pleased with the success achieved."

Statistical Information

The following tables relate to the work of the School Health Service during 1952.

TABLE 12
PERIODIC MEDICAL INSPECTION

Period Medical Inspections				Other periodic inspections
Entrants	Second age group	Third age group	Total	
1,241	904	477	2,622	

Other Inspections

Special inspections	Re-inspections
1,648	1,297

TABLE 13
CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS

Age Groups				A (Good)		B (Fair)		C (Poor)	
				No.	%	No.	%	No.	%
Entrants	...	...	1,241	581	46.8	648	52.2	12	1.0
Second Age Group			904	380	42.0	507	56.1	17	1.9
Third Age Group	...		477	254	53.2	219	45.9	4	0.9
Other periodic inspections	...		1,219	443	36.3	766	62.9	10	0.8
TOTAL	...	...	3,841	1,658	43.2	2,140	55.7	43	1.1

TABLE 14
DEFECTS FOUND BY MEDICAL INSPECTION

Defect or Disease	Periodic Inspections		Special Inspection	
	No. of Defects		No. of Defects	
	1.	2.	1.	2.
Skin	20	15	241	5
Eyes <i>a.</i> Vision	104	48	76	2
<i>b.</i> Squint	34	7	8	2
<i>c.</i> Other	26	25	113	3
Ears <i>a.</i> Hearing	9	7	20	1
<i>b.</i> Otitis media	1	8	17	—
<i>c.</i> Other	9	6	92	—
Nose and Throat	64	99	45	1
Speech	13	17	17	1
Cervical Glands	9	32	13	1
Heart and Circulation	4	28	11	—
Lungs	16	21	76	1
Developmental—				
<i>a.</i> Hernia	2	2	1	—
<i>b.</i> Other	—	1	6	—
Orthopaedic—				
<i>a.</i> Posture	15	31	6	1
<i>b.</i> Flat foot	38	31	10	—
<i>c.</i> Other	82	46	82	4
Nervous System—				
<i>a.</i> Epilepsy	—	1	2	—
<i>b.</i> Other	3	13	8	2
Psychological—				
<i>a.</i> Development	—	17	40	1
<i>b.</i> Stability	5	19	21	1
Other	67	125	1,004	20

1. Requiring treatment.

2. Requiring to be kept under observation
but not requiring treatment.

TABLE 15
PUPILS FOUND TO REQUIRE TREATMENT

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental disease and infestation with vermin.)

Group	For defective vision (excluding squint)	For any of the other conditions recorded	Total individual pupils
Entrants	3	56	59
Second Age Group	31	97	118
Third Age Group	6	15	20
Total (prescribed groups) ...	40	168	197
Other periodic inspections ...	30	56	74
GRAND TOTAL	70	224	271

TABLE 16
MINOR AILMENTS

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
(a) Diseases of the Skin (excluding uncleanliness)		
Ringworm—(i) Scalp	—	—
(ii) Body	2	—
Impetigo	27	—
Other skin diseases	259	—
TOTAL	288	—

(b) Other treatment given not covered by other Tables.	Number of cases treated	
	by the Authority	Otherwise
Miscellaneous minor ailments ...	946	5
Heart and Circulation	4	1
Lungs	8	12
Psychological	31	3
Developmental	5	—
TOTAL	994	21

TABLE 17
EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	235	177
Errors of Refraction (including squint)	558	23
TOTAL	793	200
Number of pupils for whom spectacles were prescribed	288	133

The responsibility for the provision of spectacles was transferred to the Regional Hospital Board with effect from 1st October, 1952.

TABLE 18—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment for adenoids and chronic tonsillitis...	—	2
Received other forms of treatment ...	578	—

TABLE 19—ORTHOPAEDIC AND POSTURAL DEFECTS

Treated in Orthopaedic Clinic—

New Cases	561
Under treatment at end of year	208
Total attendances	2,177
Treated otherwise	7

TABLE 20—CHILD GUIDANCE AND SPEECH THERAPY

	<i>Child Guidance</i>	<i>Speech Therapy</i>
Number of pupils treated by the Authority	42	161

TABLE 21
DENTAL INSPECTIONS AND TREATMENT

AGE GROUPS	No. inspected (i)	No. found to require treatment (ii)	No. referred for treatment at the County Council's Dental Clinics (iii)
Under 5	—	—	—
5—16 and over	3,752	2,571	1,474
Specials	1,938	1,898	1,893
TOTALS	5,690	4,469	3,367

Number of pupils commenced treatment	2,585
Number of pupils treatment completed	2,115
Number of attendances made by pupils for treatment ..	7,026
Number of appointments not kept	1,215
Number of half days devoted to (a) Inspection	39½
(b) Treatment	1,486½
Fillings—Permanent Teeth	3,862
Temporary Teeth	1,601
Number of teeth filled—Permanent Teeth	3,224
Temporary Teeth	1,512
Extractions—Permanent Teeth	348
Permanent Teeth for Orthodonture	83
Total Permanent Teeth	431
Temporary Teeth	2,863
Anaesthetics—(a) General	701
(b) Local	1,030
(c) Regional	366
Other operations—(a) Permanent Teeth	1,102
(b) Temporary Teeth	2,669

TABLE 22
SPECIAL DENTAL TREATMENT
UNDERTAKEN BY DENTAL OFFICERS

Number of impressions, etc.	24
Number of dentures fitted	10
Number of radiographs (a) at Dental Clinics	27
(b) at Hospitals	—

TABLE 23—INFESTATION WITH VERMIN

Total number of examinations	33,417
Total number of pupils found to be infested	86
Total number of <i>individual</i> pupils found to be infested for the first time during current year	47

TABLE 24

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

1. Number of children medically examined in order to ascertain whether they were physically fit to undertake employment of a light nature outside school hours ..	185
2. Number of instances in which the state of health was found to be such that certificates were withheld	1
3. Number of children examined as to fitness to take part in entertainments	8
4. Number of cases in which certificates to take part in entertainments were withheld	—

TABLE 25

EDUCATION ACT, 1944—Sections 57(3), 57(4) and 57(5)

Cases dealt with under Section 57, Education Act, 1944 :—

Sub-Section 3	5
Sub-Section 4	—
Sub-Section 5	4

Cases de-notified under Section 8, Education (Miscellaneous Provisions) Act, 1948 :

TABLE 26—MEDICAL EXAMINATION OF TEACHERS

Number of Teachers examined as to fitness for appointment	10
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TABLE 27—CHIROPODY

AGES	BOYS				GIRLS			
	0-5	5-10	10-15	Total	0-5	5-10	10-15	Total
Attendances : FIRST	6	11	13	30	2	10	66	78
SUBSEQUENT	13	33	101	147	14	34	291	339
Conditions—Cases treated at Clinic								
Flat Feet ...	—	—	1	1	—	—	1	1
Callosity ...	—	—	1	1	—	—	3	3
Corns ...	5	4	7	16	—	4	29	33
Bursa of Heel ...	—	—	—	—	—	—	1	1
Deviation Great Toe...	—	—	—	—	—	—	5	5
Foot wart ...	—	6	9	15	3	4	31	38
Pain in forefoot ...	—	—	—	—	—	—	1	1
Ingrowing Nail ...	1	—	1	2	—	—	3	3
Pain in Hallux Joint	—	—	—	—	—	—	3	3
Valgus Feet ...	—	1	—	1	—	1	2	3
Hooked Nail ...	—	—	1	1	—	1	—	1
Exostosis of Heel ...	—	1	—	1	—	—	1	1
Ramshorn Nail ...	—	—	—	—	—	1	1	2
Hammer Toes ...	—	—	—	—	—	—	1	1
Epidermophytosis ...	—	—	—	—	—	—	2	2
Conditions—Cases referred to Orthopaedic Clinic								
Hammer Toes ...	—	—	—	—	—	—	1	1
Valgus Feet ...	—	1	—	1	—	—	2	2
Flat Foot ...	—	—	1	1	—	—	1	1
Deviation Great Toe	—	—	—	—	—	—	3	3
Pain in Hallux Joint	—	—	—	—	—	—	3	3

TABLE 28—HANDICAPPED PUPILS

CATEGORY	ASCERTAINMENT						DISTRIBUTION (as at last day of year)												
	No. of ascertained Cases known 1st day of Year		No. of New Cases ascertained during Year		No. of ascertained Cases known last day of Year		In Special Day Schools		In Special Residential Schools		In Maintained Primary and Secondary Schools		In Independent Schools		Not at School		TOTAL		
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	
Blind Pupils	1	-	2	-	3	-	-	-	3	-	-	-	-	-	-	-	3	-	
Partially Sighted Pupils	-	3	-	4	-	7	-	5	-	1	-	-	-	-	-	1	-	7	
Deaf Pupils	1	1	-	-	1	1	-	1	1	-	-	-	-	-	-	-	1	1	
Partially Deaf Pupils... ..	6	4	1	4	5	6	4	2	1	1	-	2	-	-	-	1	5	6	
Delicate Pupils	11	13	21	11	9	5	-	1	5	4	4	-	-	-	-	-	9	5	
Diabetic Pupils	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Educationally Sub-Normal Pupils	35	17	5	5	34	20	20	13	4	-	9	5	-	-	1	2	34	20	
Epileptic Pupils	2	2	-	-	1	1	-	-	1	-	-	1	-	-	-	-	1	1	
Maladjusted Pupils	45	15	2	2	23	8	-	-	5	4	18	4	-	-	-	-	23	8	
Physically Handicapped Pupils	3	4	4	-	7	2	5	2	-	-	1	-	-	-	1	-	7	2	
Pupils with Speech Defects	82	33	84	25	117	41	-	-	-	-	103	41	2	-	12	-	117	41	
Pupils with Multiple Defects	2	-	-	-	2	-	-	-	1	-	-	-	-	-	1	-	2	-	
TOTALS	188	92	119	51	202	91	29	24	21	10	135	53	2	-	15	4	202	91	
GRAND TOTALS	280		170		293		53		31		188		2		19		293		
Children not ascertained as H.P. but recommended convalescence in Holiday Home or Camp School during year ended 31st December, 1952.						B		G											
						18		15											

