

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

Contributors

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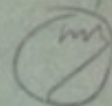


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HORNSEY'S

HEALTH

1953



HORNSEY'S

HEALTH

1953

THE ANNUAL REPORT of the
MEDICAL OFFICER OF HEALTH, BOROUGH OF HORNSEY

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	*Miss M. E. WEST
	C. R. WILLIAMS

*Member of Health Committee at 31st December, 1953.

†Member of Area Health Committee at 31st December, 1953.

TOWN CLERK

HAROLD BEDALE, O.B.E.

STAFF OF THE HEALTH DEPARTMENT

<i>Medical Officer of Health</i>	G. HAMILTON HOGBEN, M.R.C.S., D.P.H.
<i>Deputy Medical Officer of Health</i>	J. L. PATTON, M.B., CH.B., D.P.H.
<i>Veterinary Inspector</i> ..	F. G. BUXTON, M.R.C.V.S.
<i>Chief Sanitary Inspector, Petroleum Inspector and Shops Inspector</i> ..	J. H. JESSE, M.S.I.A., Sanitary Inspector's Cert. Food Inspector's Cert.
<i>Chief Clerk</i>	D. B. DAVIES, D.P.A.(Lond.)
<i>Senior District Sanitary Inspector and Shops Inspector</i>	J. D. CHANCE, M.S.I.A. Sanitary Inspector's Cert. Food Inspector's Cert.
<i>Sanitary Inspectors and Shops Inspectors</i>	E. HUNDY, M.S.I.A. Sanitary Inspector's Cert. Food Inspector's Cert. Cert. in Sanitary Science. R. DOWNES, M.S.I.A. Sanitary Inspector's Cert. S. SWINNERTON, M.S.I.A., M.R.S.I., Sanitary Inspector's Cert. Food Inspector's Cert. R. C. WHITTAKER, M.S.I.A., Sanitary Inspector's Cert. Food Inspector's Cert. (Resigned 8th March.) M. H. PARRY, M.S.I.A. Sanitary Inspector's Cert. Food Inspector's Cert. (Resigned 20th December.) R. W. M. COOK, M.S.I.A. Sanitary Inspector's Cert. (Appointed 1st June.)
<i>Food Inspector and Shops Inspector</i>	W. J. WILSON, D.P.A.(Lond.), M.S.I.A. Sanitary Inspector's Cert. Food Inspector's Cert.
<i>Senior Clerk</i>	H. P. BRADFORD.
<i>Clerk</i>	M. M. CHESTERMAN.
<i>Shorthand-typists</i> ..	M. F. HUMPHREYS, M. S. ARNELL, P. M. MALBY.
<i>Rodent Operator</i> ..	E. MEAD.
<i>Disinfectors and Mortuary Attendants</i>	P. F. HALL (Foreman), G. BISCHERT, W. HOOPER.

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

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present to you my Annual Report on the health of the Borough for the year ending the 31st December, 1953.

Comment and statistical information so far as it concerns the work of a Borough public health department is set out in the body of this report ; and in accordance with Ministry of Health Circular 1/54. To give, however, a more complete picture of the comprehensive nature of the local health services I have included, as an appendix, my report on the work of the Area Health Committee as carried out on behalf of the Health Committee of the Middlesex County Council.

Reference is made to a special feature of health education made possible during the year by participation in Hornsey's Civic Exhibition held in connection with the Charter Jubilee Celebrations.

In this effort as in other duties I commend to the Council the loyal work of all my colleagues in the health department. At the same time acknowledging our indebtedness to other departments of the Council and to the many outside agencies who have so fully co-operated with us during the year.

Once again I record my gratitude to the Chairman—Councillor Miss O. R. Anderson—for her unfailing interest and enthusiasm in all aspects of the health service ; and to members of the Borough Health Committee for their combined support and encouragement.

I am,

Your obedient servant,

G. HAMILTON HOGBEN,

*Medical Officer of Health and
Borough School Medical Officer.*

31st July, 1954.

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SOCIAL AND ECONOMICAL STATISTICS

Area (acres)	2,872
Area of Parks and Open Spaces (acres)	576
Population : Census 1951	98,159
Registrar General's estimate at 30 June, 1953	98,510
Number of separately assessed inhabited premises according to Rate Books	24,911
Rateable value (General Rate)	£1,077,395
Product of a penny rate	£4,310

VITAL STATISTICS

LIVE BIRTHS

	<i>M</i>	<i>F</i>	<i>Total</i>
Legitimate	659	653	1,312
Illegitimate	47	33	80
	<hr/> 706	<hr/> 686	<hr/> 1,392

Birth Rate (per 1,000 population)

HORNSEY	14.1
Area Comparability Factor	0.92
Adjusted Rate For Hornsey	13.0
England and Wales	15.5
160 Great Towns	17.0
160 Smaller Towns	15.7
London Administrative County	17.5

STILL BIRTHS

	<i>M</i>	<i>F</i>	<i>Total</i>
Legitimate	15	11	26
Illegitimate .. .. .	.	.	.

Still-birth Rate (per 1,000 population)

HORNSEY	0.26
England and Wales	0.35
160 Great Towns	0.43
160 Smaller Towns	0.34
London Administrative County	0.38

INFANT DEATHS (under 1 year of age)

						<i>M</i>	<i>F</i>	<i>Total</i>
Legitimate	..	..	..	..	..	18	12	30
Illegitimate	..	..	..	..	..	1	.	1
						—	—	—
						19	12	31
						—	—	—

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

HORNSEY	..	..	..	..	..	..	22.2
England and Wales	..	..	..	..	..	..	26.8
160 Great Towns	..	..	..	..	..	..	30.8
160 Smaller Towns	..	..	..	..	..	..	24.3
London Administrative County	..	..	..	..	..	..	24.8

Neo-Natal Deaths (under 4 weeks of age)

						<i>M</i>	<i>F</i>	<i>Total</i>
Legitimate	..	..	..	..	..	12	7	19
Illegitimate	..	..	..	..	..	.	.	.

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

HORNSEY (one death only)	..	..	..	..	..	0.70
England and Wales	..	..	..	..	..	0.76

DEATHS FROM ALL CAUSES

Males	..	..	..	488
Females	..	..	..	595
				—1,083

Death Rate (per 1,000 population)

Hornsey	..	..	..	..	..	11.0
Area Comparability Factor	..	..	..	..	..	0.88
Adjusted Rate For Hornsey	..	..	..	..	..	9.67
England and Wales	..	..	..	..	..	11.4
160 Great Towns	..	..	..	..	..	12.2
160 Smaller Towns	..	..	..	..	..	11.3
London Administrative County	..	..	..	..	..	12.5

NOTIFICATIONS OF PUERPERAL PYREXIA

Number of Notifications	18
-------------------------	----	----	----	----	----	----

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

HORNSEY	..	..	..	..	..	12.69
England and Wales	..	..	..	..	..	18.23
160 Great Towns	..	..	..	..	..	24.33
160 Smaller Towns	..	..	..	..	..	12.46
London Administrative County	..	..	..	..	..	28.61

DEATHS OF HORNSEY RESIDENTS
Classified according to age groups

					Under 1 year	1 year	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	.	.	.	.	1	2	1	2	2	.	8
					F	.	.	.	1	.	.	1	2	2	.	6
2	Tuberculosis, other	...	...	...	...	M	.	.	.	.	1	.	.	.	1	2
					F	.	.	.	.	.	.	.	.	.	.	.
3	Syphilitic disease	...	...	...	...	M	.	.	.	.	.	1	.	.	.	1
					F	.	.	.	.	.	1	.	.	.	.	1
6	Meningococcal infections	...	...	...	...	M	.	1	.	.	.	.	.	.	.	1
					F	.	.	.	.	.	.	.	.	.	.	.
9	Other infective and parasitic diseases	...	...	...	...	M	.	.	.	.	.	.	1	2	.	3
					F	.	.	.	.	.	.	.	.	.	.	.
10	Malignant neoplasm, stomach	...	...	...	...	M	.	.	.	.	.	3	3	5	6	17
					F	.	.	.	.	.	.	.	4	4	8	16
11	Malignant neoplasm, lung, bronchus	...	...	...	...	M	.	.	.	.	.	8	11	11	5	35
					F	.	.	.	.	1	.	.	2	4	.	7
12	Malignant neoplasm, breast	...	...	...	...	M	.	.	.	.	.	.	.	.	.	.
					F	.	.	.	.	.	2	3	4	7	4	20
13	Malignant neoplasm, uterus	...	...	...	...	M	.	.	.	.	.	.	.	.	.	.
					F	.	.	.	.	.	.	1	4	1	2	8
14	Other malignant and lymphatic neoplasms	...	...	...	...	M	.	.	.	1	1	3	13	17	23	58
					F	.	.	.	.	.	1	6	7	12	26	52

11

[illegible]

12

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	Total Under 1 Year
Bronchitis	M	.	.	.	.	.	.	.	.	.	.	1	.	.	.	1
	F	.	.	.	.	.	.	.	.	.	.	.	.	1	.	1
Pneumonia	M	.	1	.	.	.	1	.	1	1	2	.	.	.	.	5
	F	.	1	.	.	.	1	.	.	.	2	.	1	.	.	4
Congenital malformations	M	.	.	1	.	.	1	.	1	.	.	.	.	.	.	2
	F	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Injury at birth	M	.	1	.	.	.	1	.	.	.	.	.	.	.	.	1
	F	1	.	.	.	.	1	.	.	.	.	.	.	.	.	1
Hernia, Intestinal obstruction	M	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	F	.	1	.	.	.	1	.	.	.	.	.	.	.	.	1
Diarrhoea	M	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	F	.	.	.	.	.	.	.	1	.	.	.	.	.	.	1
Premature birth	M	2	2	.	.	.	4	.	.	.	.	.	.	.	.	4
	F	1	.	.	.	.	1	.	.	.	.	.	.	.	.	1
Congenital debility	M	.	1	.	.	.	1	.	.	.	.	.	.	.	.	1
	F	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Other diseases of early infancy	M	2	2	.	.	.	4	.	.	.	.	.	.	1	.	5
	F	2	1	.	.	.	3	.	.	.	.	.	.	.	.	3
TOTALS	M	4	7	1	.	.	12	2	2	2	2	1	.	.	.	19
	F	4	3	.	.	.	7	.	1	3	1	.	.	.	.	12
		8	10	1	.	.	19	2	3	5	2	.	.	.	.	31

SANITARY CIRCUMSTANCES

UNFIT FOR HUMAN HABITATION

The absence of a precise definition in the Housing Act, 1936 as to what constitutes a house fit or unfit for human habitation has for years been a thorny question to health officers in their efforts to improve existing housing accommodation. It has been further complicated in the post-war years by the difficulty of deciding what is "reasonable expense" in view of the high cost of building repairs and the restrictions on rents. It is quite clear that controlled rents, high building costs and heavy dilapidations have reduced certain types of properties to below the economic investment level.

It is interesting to note that the Girdwood Committee in their report on "The Cost of House Maintenance" published in January, found that for every £100 which a house owner spent in 1939 to maintain his house in good tenantable repair he would today spend £316. In arriving at this, the Committee took into account the relative cost of wages, materials, overheads and rates of profits.

Section 9 (1) of the Housing Act, 1936 requires that before serving a repairs notice the local authority must be satisfied that

- (a) the house is in any respect unfit for human habitation :
- (b) it is capable at reasonable expense of being rendered fit :

In determining whether a house can be rendered fit for human habitation at reasonable expense regard should be had to

- (i) the estimated cost of the works necessary to render it so fit ; and
- (ii) the value which it is estimated that the house will have when the works are completed.

The only guidance as to fitness is given in Section 188 (4) which provides that in determining for the purpose of this Act whether a house is fit, regard shall be had to the extent, if any, to which by reason of disrepair or sanitary defects the house falls short of the provisions of any byelaws in operation in the district or of any enactment in any local Act in operation in the district dealing with the construction and drainage of new buildings and the laying out and construction of new streets or of the general standard of housing accommodation in the district.

The same section also defines "sanitary defects" as including "lack of air space or of ventilation, darkness, dampness, absence of adequate and readily accessible water supply or sanitary accommodation or of other conveniences, and inadequate paving or drainage of courts, yards or passages".

In practice it has been found that sub-section (4) does not give sufficient guidance to local authorities in what constitutes a fit house. Two standards are mentioned, i.e. "Byelaw Standard" and "General Housing

Standard", when considering comparison with any byelaws operating in the district the practice is to compare with the building byelaws but these are of very little assistance as they deal more specifically with materials and construction, drainage and fittings which gives little or no guidance of fitness. We therefore have to fall back on the general housing standard. As this varies considerably throughout the country it has to be interpreted district by district and therefore any uniform standard on this basis is not possible.

In January, 1945, a sub-committee was set up by the Central Housing Advisory Committee to consider whether further guidance as to standards of fitness for habitation can be given within the terms of the existing Housing Acts, and if so what form the guidance should take.

The sub-committee subsequently recommended a standard for a satisfactory house (see page 15 of my report for 1952). So far this standard has been specified by the Minister only in respect of conversions and improvements in respect of which financial assistance can be given under the Housing Act, 1949. Very onerous conditions are attached to improvement grants under this Act and, in addition the local authority have to be satisfied that the works, when completed, will provide satisfactory housing accommodation for a period of 30 years.

The Minister, in the White paper "Houses—The Next Step" observes that comparatively little use has been made of the 1949 Act, but he admits that the powers themselves need some amendment.

The lack of a definition of "unfit for human habitation" has led to a variety of decisions in the Courts on defining unfitness and consequently to a great deal of uncertainty as to what work a local authority may require an owner to do in any particular case.

An endeavour has been made in the Housing Repairs and Rents Bill to give, for the first time, a standard of fitness for human habitation. Clause 7 of that Bill provides that a local authority shall take into account the following matters when considering whether a house is unfit :—

- (a) Repair.
- (b) Stability.
- (c) Freedom from damp.
- (d) Natural lighting.
- (e) Ventilation.
- (f) Water supply.
- (g) Drainage and sanitary conveniences ; and
- (h) Facilities for storage, preparation and cooking of food and for the disposal of waste water.

and the house shall be deemed to be unfit as aforesaid if and only if it is so far defective in one or more of the said matters that it is not reasonably suitable for occupation in that condition.

This is the first time that a definite standard of fitness has been laid down and the Minister is hopeful that it will result in a more extensive use of the powers under Section 9.

Since the war emphasis has been on the building of new houses. No one would dispute that this is right, and the provision of new dwellings as quickly as possible so that every family can have a house of their own, is sound planning, but satisfactory housing does not depend solely on the building of new houses. The maintenance in a habitable condition of existing houses is a problem of national importance.

CAMPSBOURNE CLEARANCE AREA

Forty-eight flats comprising the first stage in the Campsbourne Clearance Area and six flats on the east side of Boyton Road forming part of the second stage have been completed. Of the remaining twenty-six houses in the second stage, five families remain to be rehoused.

Following an official representation the Council declared the area comprising the following properties to be a clearance area :—

35/57, 61, and 60/88 Campsbourne Road.

51a/75, and 68/82 Myddelton Road.

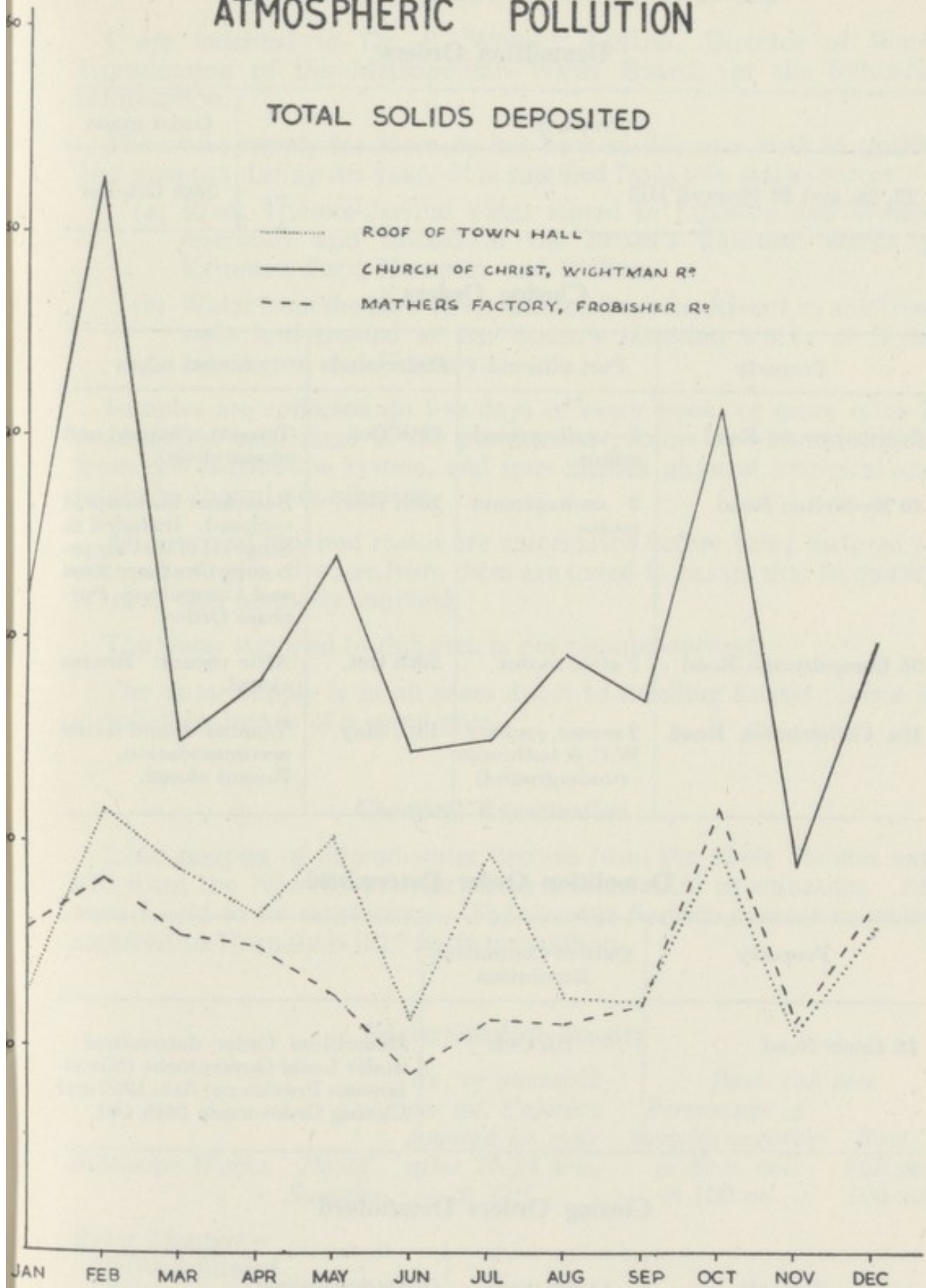
These forty-nine properties form part of stage 3 of the Campsbourne re-development scheme. At the same time the Council made a compulsory purchase order under Section 29 of the Act which included seven other properties considered necessary for the development of the area.

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															
1953	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)
January	0.87	0.82	0.77	8.13	24.51	10.08	5.76	19.24	6.76	4.65	7.66	5.75	12.78	32.17	15.83
February	1.66	1.58	1.58	14.59	42.81	11.04	10.72	35.68	7.42	7.04	9.88	7.21	21.63	52.69	18.25
March	0.33	0.33	0.34	13.32	17.62	9.08	9.95	12.66	6.03	5.33	7.43	6.36	18.65	25.05	15.44
April	1.70	1.63	1.64	10.72	19.46	8.53	7.43	13.22	5.42	5.61	8.44	6.33	16.32	27.90	14.86
May	2.14	1.91	2.11	13.71	25.72	8.22	9.73	18.62	5.20	6.48	8.31	4.41	20.19	34.03	12.63
June	1.46	1.19	1.27	7.33	20.09	5.97	4.93	14.82	3.55	3.99	4.45	2.72	11.32	24.54	8.69
July	3.71	3.10	3.25	15.07	18.96	7.21	11.32	12.58	4.24	4.55	5.92	4.24	19.62	24.88	11.45
August	2.35	2.27	2.32	8.39	22.15	6.61	6.22	16.49	4.23	4.09	7.23	4.71	12.48	29.38	11.32
September	1.58	1.62	1.61	8.18	19.91	7.31	5.66	13.30	4.56	4.19	6.97	4.89	12.37	26.88	12.20
October	3.22	3.45	3.42	9.98	29.64	10.37	6.71	24.33	6.56	9.82	11.68	11.47	19.80	41.32	21.84
November	0.46	0.41	0.39	6.82	13.43	7.11	4.29	8.59	4.29	3.76	5.43	4.24	10.58	18.86	11.35
December	0.67	0.62	0.58	10.01	21.19	10.46	6.28	14.71	6.50	5.84	8.67	6.63	15.85	29.86	17.09

ATMOSPHERIC POLLUTION

TOTAL SOLIDS DEPOSITED



DEMOLITION AND CLOSING ORDERS

Demolition Orders

Property	Order made
22, 24, and 26 Muswell Hill 	26th October

Closing Orders

Property	Part affected	Order made	Action taken
2 Bishopswood Road	5 underground rooms	20th Oct.	Tenants rehoused and rooms closed.
59 Myddelton Road	2 underground rooms	25th Nov.	Basement unoccupied—closed. Included in Stage III of the Campsbourne Clearance Area and Compulsory Purchase Order.
36 Campsbourne Road	2 attic rooms	20th Oct.	Attic vacant. Rooms closed.
10a Christchurch Road	2 rooms, scullery W.C. & bathroom (underground)	13th May	Tenants found other accommodation. Rooms closed.

Demolition Order Determined

Property	Date of Committee Resolution	
16 Ennis Road	7th Oct.	Demolition Order determined under Local Government (Miscellaneous Provisions) Act, 1953 and Closing Order made 26th Oct.

Closing Orders Determined

Property	Order made	Order determined	
10a Christchurch Road	13th May	25th Nov.	Work carried out
16 Ennis Road	11th Nov.	25th Nov.	

WATER SUPPLY

I am indebted to Dr. E. WINDLE TAYLOR, 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 supplied from two main sources :—

- (a) River Thames-derived 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 New River derived from the River Lea and from wells and treated at the Board's filtration works at Stoke Newington and Hornsey.

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

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

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

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

Chemical Examination

1,766 samples of filtered water derived from the River Thames and 470 from the New River were taken for chemical examination. All were found to be satisfactory. The average fluoride content in water supplied to Hornsey is 0.15 parts per million.

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</i>	
			<i>Percentage of samples negative to Bact. coli in 100 ml.</i>	<i>Bact. coli per 100 ml.</i>
River Thames— derived filtered water ..	3,488	13.5	99.9	0.001
New River— derived filtered water ..	514	22.7	100.0	.

Fluoridation of Drinking Water

Hornsey's water has a low fluoride content of 0.15 parts per million. Research carried out during the last decade suggests that people who drink water which contains so little fluoride are more susceptible to dental caries.

Everyone realises the vast amount of discomfort and ill-health caused by dental caries and the question of whether or not fluoride should be added to public water supplies is one which must be decided.

INSPECTION OF SHOPS

1,780 visits were paid to shops and, apart from a number of minor infringements, which were dealt with, the provisions of the Shops Act have been well observed.

Fifty-three written notices were served and as a result the following defects were remedied.

Lighting provided	..	..	..	..	..	43
Ventilation provided..	..	..	..	..	..	3
Heating provided	..	..	..	..	..	1
Staff room provided	..	..	..	..	..	15
Sanitary Accommodation provided	..	..	..	..	..	13
Sanitary Accommodation labelled	..	..	..	..	..	11
Washing facilities provided	..	..	..	..	..	30
Seats for shop assistants	..	..	..	..	..	3
Number of shops cleansed	..	..	..	..	..	56
Abstract of Act not exhibited	..	..	..	..	..	19

During the year the Home Office published a memorandum entitled "Suggested Provisions for Amending Shops Legislation" with the ultimate object of amending the Shops Act, 1950 as far as closing hours, hours of employment and Sunday Trading are concerned. The amendments take into consideration the recommendations of the Gowers Committee and decisions given in well known court cases. The memorandum does not deal with the health and comfort provisions of the Act or the hours of employment of young persons.

There has been a tendency in recent years towards earlier shopping by the public and earlier closing of shops, brought about to a large extent by the war, therefore the proposals in the memorandum follow in the same direction and in general agreement with the recommendations of the Gowers Committee.

The general closing hour of shops is to be 7 p.m. (8 p.m. on one late day) instead of the present times of 8 p.m. (9 p.m. on one late day). At present later closing hours of 9.30 p.m. normally and 10.0 p.m. on one day per week allow for the sale of tobacco, smokers' requisites, sweets and chocolates. This arrangement will cease. The sale of these commodities in cinemas, theatres and licenced premises after the general closing hour will, however, still be allowed.

Where the sale of refreshments for on or off-consumption outside the normal permitted hours forms a substantial part of the business, the occupier of the shop may apply to the local authority for registration. A shop so registered may be kept open after the evening closing hour for the sale of fried fish and chips for off-consumption and after the evening or half day closing hour and on Sundays for the sale for off-consumption of such other refreshments as may be specified by order of the Secretary of State, being refreshments ordinarily sold for immediate off-consumption.

Shops are to be registered for three years in the first instance and renewed for periods of three years at a time. The occupier has a right of appeal in the event of a refusal.

Registered shops may open on Sundays up to 10 a.m. for the sale of any article of food specified by order of the Secretary of State, being an article commonly sold in bakers, fishmongers or grocers shops if the local authority make an order permitting this. Such order may authorise sales after 10 a.m. in cases of emergency.

Certain amendments are proposed to deal with the closing of shops at Christmas, Bank Holidays and other special occasions, and to amend Sections 53 and 62 of the 1950 Act in respect of Jewish and Muslim traders.

Trading from stalls, barrows or other vehicles is to be brought into line with shops as to closing hours. It will not be lawful to carry on in any locality any retail trade or business at any time when shops in that locality should be closed, provided that an occupier can exercise his option to close early on the alternative early closing day specified in an

order made by the local authority. The effect of this latter proviso is that itinerant traders can trade every afternoon if no early closing day has been fixed by order, but loses the benefit of the alternative day if an early closing day has been fixed. There are exceptions for certain trades.

Part 2 of the memorandum proposes certain changes, mostly of a minor character, in connection with the conditions of employment of shop assistants. These relate to the weekly half-holiday, meal intervals, Sunday employment and employment in retail trade or business elsewhere than in a shop.

Local authorities are to enforce the provisions and submit to the Secretary of State an annual report on the administration of the legislation in their areas.

The Secretary of State may make regulations :—

- (i) for prescribing anything which under the legislation is to be prescribed by Regulations, and
- (ii) as to the mode of ascertaining the opinion of occupiers of shops.
- (iii) generally for carrying into effect the provisions of the legislation.

In the four schedules to the memorandum are set out the transactions exempted from the half-day and Sunday closing provisions and permitted transactions at holiday resorts and sea fishing centres during certain seasons of the year, where an order has been made by the local authority.

LICENSING OF PET SHOPS

Licences for keeping shops for the sale of pet animals were renewed in respect of five premises :—

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

RODENT CONTROL

Following is a summary of the work carried out during 1953 :—

Properties inspected	611
Found to be infested with rats	
(a) Major (i.e. more than 20 rats)	4
(b) Minor	159
Treated by the Rodent Operator	163
Found to be infested with mice	73
Treated by Rodent Operator	20
Advice given	53

NOTICES

The Notices served during the year were as follows :—

	<i>Verbal</i>	<i>Preliminary</i>	<i>Statutory</i>
Public Health and Housing Acts ..	100	717	145
Housing Byelaws .. .. .	.	1	.
Shops Act	27	53	.
Food and Drugs Act .. .. .	.	163	.
Factories Act	16	11	1
Prevention of Damage by Pests Act, 1949	5	6	.
	<hr/> 148 <hr/>	<hr/> 951 <hr/>	<hr/> 146 <hr/>

FACTORIES ACT, 1937

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

1. Inspections of Factories

Premises	Number of		
	Inspections	Written Notices	Prosecutions
Factories with Mechanical Power ...	287	9	NIL
Factories without Mechanical Power	49	2	
TOTALS	336	11	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 ...	2	1	NIL	NIL
Overcrowding ... ..	.	.
Unreasonable Temperature	.	.		
Inadequate ventilation ...	.	.
Ineffective drainage of floors	.	.		
Sanitary Conveniences—				
(a) insufficient ... ..	.	.
(b) unsuitable or defective	9	5		
(c) not separate for sexes	.	.		
Other offences ... ..	.	.
TOTALS	11	6	NIL	NIL

There are 229 Outworkers on the register engaged in the following occupations :—

Making, altering etc. of wearing apparel	176
Making-up, ornamenting etc. of household linen	5
Making, ornamenting etc. lace, lace curtains and nets	1
Making of curtains and furniture hangings	1
Cabinet and furniture making	1
Making of iron and steel cables and chains	1
Making and repairing of umbrellas	1
Making of artificial flowers	16
Making of paper bags	1
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	16
Making of stuffed toys	2
Making or filling of Christmas crackers, Christmas stockings, etc.	7
The weaving of textile fabric	1

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

INSPECTIONS BY SANITARY INSPECTORS

1st Inspections Re-inspections

Food

Food Premises (See table on page 39)	663	546
Registration of Hawkers	38	9
Milk Sampling	74	.
Ice Cream Sampling	24	.

Infectious Diseases

Notifiable Infectious Diseases ..	391	36
Food Poisoning	8	11
Small Pox contacts	16	10

Public Health Inspections

Complaints	1,450	4,342
Drainage	224	509
Water Tests applied	35	.
Smoke and Chemical Tests ..	91	.
Rodent Control	189	78
Survey (Permitted numbers) ..	183	.
Overcrowding conditions	5	.
Factories	299	37
Outworkers	379	2
Renewal of Music and Dancing		
Licences	20	4
Moselle Pollution	12	61
Smoke observations	83	.
Stables and Urinals	5	.
Verminous conditions	25	.
Pests	46	7
Rag, Flock, etc., Act, 1951 ..	4	.
Street Traders	1	.
Pet Animals Act, 1951	8	.
Massage and Special Treatment ..	4	.
Rent Restrictions Act	2	.
Underground Rooms—Housing Act	1	.
Campsbourne Survey—Stage 3 ..	56	.
Offices	1	.
Other reasons	437	3

Shops Inspections

General Inspections	1,218	562
Sunday Trading	368	.

Others

Petroleum Stores	155	13
Moselle Sewer Samples	2	.

	6,517	6,230
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TOTAL VISITS		12,747
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SUMMARY OF SANITARY IMPROVEMENTS EFFECTED

Drainage

Number of houses and premises redrained	5
Repairs or amendments to existing drains	..	..	..	99
Drains or gullies unstopped or cleansed	..	..	..	83
Manholes provided or repaired	..	..	..	28
Intercepting traps fixed	..	..	..	1
Soil and ventilation pipes repaired or renewed	..	..		32

Water-Closet and Sanitary Fittings

Water-closet buildings provided or repaired	18
Water-closet pans provided or renewed	..	..	..	45
Water-closets unstopped, cleansed or repaired	..	..		19
Flushing cisterns provided or repaired	..	..	..	21
New sinks provided	..	..	..	25
New lavatory basins provided	..	..	..	7
Waste pipe trapped, repaired or unstopped	..	..	..	78
Baths provided or made usable	..	..	..	9
Urinals cleansed	..	..	..	7

General

Roofs repaired	..	..	..	..	325
Rain-water gutters, renewed or repaired	..	..	..		159
Rain-water pipes provided or repaired	..	..	..		80
Dampness remedied	..	..	..	..	126
Damp-proof courses provided	..	..	..	..	9
Yard paving provided or repaired	..	..	..	..	25
Rooms cleansed	..	..	..	..	411
Rooms disinfested of vermin	..	..	..	..	7
Walls and ceilings repaired	..	..	..	..	14
Floors repaired	..	..	..	..	108
Windows, doors, skylights, sashcords and fittings repaired	..				188
Window-sills repaired	..	..	..	..	24
Water cisterns repaired, cleansed or covered	..	..	..		12
Water supply pipes repaired	..	..	..	..	16
Stoves, Ranges, Coppers renewed or repaired		..	..		52
Flues and Chimneys repaired	..	..	..	..	11
Accumulation of Refuse removed	..	..	..	..	18
Dustbins provided	..	..	..	..	34
Food Stores provided	..	..	..	..	21
Miscellaneous items	..	..	..	..	56

LEGAL PROCEEDINGS UNDER PUBLIC HEALTH ACT, 1936

Date of Hearing 1953	Premises	Section of Act	Defects	Result of Proceedings
29th Jan.	32 Muswell Hill, N.10	92/93	Defective roof and eaves guttering.	Adjourned Sine Die.
4th March 11th March	38 Rectory Road, N.8	92/93	Defective ceiling plaster and seat to water-closet.	Adjourned 7 days. Withdrawn—Work completed.
22nd April 6th May 13th May	36 Methuen Park, N.10	92/93	General defects.	Adjourned 14 days. Adjourned 7 days. Court Order for execution of the work within 28 days. £3 3s. costs. Work completed.
22nd April 6th May 13th May	56 Woodland Rise, N.10	92/93	General defects.	Adjourned 14 days. Adjourned 7 days. Court Order for execution of the work within 28 days. £3. 3s. costs. Work completed.
13th May 20th May 27th May	1 Albert Road, N.4	92/93	General defects.	Adjourned 7 days. Adjourned 7 days. Court Order for execution of the work within 3 months. £7. 7s. costs. Non-compliance with Order £5 fine—£3. 3s. costs. On appeal to the Appeal Committee—Middlesex Quarter Sessions, appeal dismissed £10. 10s. costs.
14th Oct. 18th Nov.				
10th June 1st July 15th July	36 Cecile Park, N.8	92/93	Defective roof.	Adjourned 21 days. Adjourned 14 days. Court Order for execution of work within 28 days. £2. 2s. costs. Work completed.

Legal Proceedings under Public Health Act, 1936—continued

Date of Hearing 1953	Premises	Sections of Act	Defects	Result of Proceedings
10th June	94 Ferme Park Road, N.8	92/93	Defective roof.	Court Order for execution of the work within 21 days. £1. 1s. costs. Work completed.
10th June	34 Marquis Road, N.4	92/93 and Housing By-laws, 1937. 5(h)	Defective window sills. Absence of handrails to staircase.	Court Order for execution of work within 2 months. 10s. 6d. costs. Work completed.
10th June 1st July 15th July	12 Weston Park, N.8	92/93	General defects.	Adjourned 21 days. Adjourned 14 days. Court Order for execution of the work within 28 days. £2. 2s. costs.
22nd July 29th July 12th Aug.	23 Hampstead Lane, N.6	92/93	General defects.	Adjourned 7 days. Adjourned 14 days. Withdrawn—Work completed.
22nd July 30th Sept. 14th Oct.	135 Archway Road, N.6	92/93	General defects.	Court Order for execution of the work within 21 days. £2. 2s. costs. Failure to comply with Order adjourned 14 days. Withdrawn—Work completed.
29th July	32 Campsbourne Road, N.8	92/93 39	General defects. Defective gutters.	Court Order directing the Council to do work in default. Work completed.
5th Aug. 12th Aug. 19th Aug.	88 Umfreville Road, N.8	92/93	General defects.	Adjourned 7 days. Adjourned 7 days. Withdrawn—Work completed.
30th Sept. 21st Oct.	40 Elder Avenue, N.8	92/93	General defects.	Adjourned 21 days. Withdrawn—Property sold.

Legal Proceedings under Public Health Act, 1936—continued

Date of Hearing 1953	Premises	Sections of Act	Defects	Result of Proceedings
7th Oct.	24 Ennis Road, N.4	92/93	General defects.	Court Order directing Council to do the work in default. Work in hand.
7th Oct. 16th Dec.	45 Woodstock Road, N.4	92/93	General defects.	Court Order for execution of the work within 28 days. £2. 2s. costs. Failure to comply with Order adjourned 28 days.
7th Oct.	11 Ennis Road, N.4	92/93 39	General defects. Defective rain water pipes.	Court Order for execution of the work within 56 days. £5 fine—£1. 1s. costs.
7th Oct.	92 Lausanne Road, N.8	92/93 39	General defects. Defective eaves, gutters and rain water pipes.	Court Order for execution of the work within 21 days. £2 fine and £2. 2s. costs. Work completed.
21st Oct.	41 Rathcoole Avenue, N.8	92/93	General defects.	Withdrawn—Work completed.
25th Nov.	10 Beresford Road, N.8	92/93	General defects.	Court Order for execution of the work within 3 months.
9th Dec.	7 Gordon Road, N.8	92/93	General defects.	Court Order for execution of the work within 28 days. Work completed.
9th Dec. 16th Dec.	1a Fairfield Gardens, N.8	92/93	General defects.	Adjourned 7 days. Court Order for execution of the work within 21 days. £2. 12s. 6d. costs. Work completed.
9th Dec.	36 Campsbourne Road, N.8	92/93 39	General defects. Defective gutters.	Court Order directing Council to do the work in default.

Work to the value of £95 was carried out by the Council at one property in the Borough in default of the owner who could not be found.

FOOD

The health and well-being of a community is dependent on a number of factors, one of the most important of which is the food supply. Good, clean, wholesome food can raise the standard of health just as poor, infected and contaminated food can lower it.

The standards required by the Food and Drugs Act, 1938 and the byelaws made thereunder with regard to the handling of food provide a minimum which it is necessary for food traders to observe. In general the food premises in the Borough can be said to have reached that minimum, but I am happy to report that there are many establishments that, either as a result of their own efforts or in response to suggestions by my department have remodelled or re-equipped their premises to a standard well above the legal minimum.

It is safe to anticipate that in the very near future the Food and Drugs Amendment Bill will become law. One of its principal features will be the empowering of the appropriate Ministers to make regulations providing for, among other things, the registration of certain food premises ; their construction and equipment ; the precautions to be taken to prevent the development of infection in foodstuffs and directions to persons employed in the handling and transport of food as to their personal behaviour and responsibility.

Contamination of food arises from a number of causes, often from carelessness or lack of thought. It may be caused by the hands of persons excreting the causal organism of the disease, or by carriers or by persons temporarily excreting the organism without themselves being ill. A full appreciation of the risks whether in the home, shop, food factory or restaurant should lead to an increase in our individual responsibility. Hygienic food handling is a combined operation which calls for strict observance of the rules of cleanliness at all stages. Legislation, however comprehensive it may be, will not achieve this object without the full co-operation of all concerned.

Food handlers can acquaint themselves with the causes of food infection and the methods by which it is spread and by practising personal cleanliness reduce the risk.

Food traders can set an example to their employees by their own personal care and by ensuring that their establishments are at all times properly equipped and hygienically maintained.

Parents can inculcate into their children a full appreciation of cleanliness and hygiene in all its aspects, so that as future citizens they will instinctively protect themselves and others from the easily avoidable risks of infection whether connected with food or not.

Customers should discriminate in their choice of shop. The housewife is a great force in promoting public opinion for clean food. She should demand cleanliness and patronise only the traders who practise it.

Nothing serves the interest of food hygiene and public health more than the economic factor. Co-operation between traders, consumers and the Public Health Department will go a long way towards providing a clean food supply.

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 made 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.

Two 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	.	29	10
Tuberculin Tested	.	.	25	10
Sterilised ..	2	.	45	11

Seventy-four 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.

ICE CREAM

Of the three manufacturing premises in the Borough, one has ceased to be used and the equipment has been removed. Some minor reconditioning has been carried out at one of the two operating plants. Both these are small and were used during the year to only a very limited extent.

There has been a further increase in the number of premises at which ice cream is sold and 180 premises are now registered for this purpose. Most traders now sell only pre-packed ice cream.

Twenty-four 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
21	2	1	.

One sample taken for examination was graded only as "fair". The introduction of a suitable sterilent for use with the "servers" resulted in subsequent samples from the same source being satisfactory.

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.

EDUCATION

A short series of lectures on "Clean Food" were given to the public under the auspices of a local women's association. In spite of wide publicity through the press and by posters on public transport the attendance was most disappointing.

LEGAL PROCEEDINGS

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

Date of Hearing	Offence	Result of Proceedings
29th April 1953	Bread unfit for human consumption (Cigarette end in loaf)	Fined £15. £3. 3s. costs
11th Nov. 1953	Milk not of quality demanded. (Cobweb and moulds in bottle of milk)	Fined £10. £10. 10s. costs

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 1953.

<i>Articles</i>	<i>Total samples procured</i>	<i>Unsatisfactory</i>
Milk (various)	107	4
Cakes	35	.
Cake Decorations	1	.
Cheese	1	.
Chops	9	.
Christmas Pudding	1	.
Coffee and Chicory Essence	1	.
Cooked Meats	8	.
Cream	17	.
Cream of Tartar	1	.
Dressed Crab	1	.
Drugs	3	.
Fish	5	.
Fish Paste	1	.
Flour	6	.
Frying Oil	1	.
Gelatine	1	.
Ginger Wine	1	.
Herrings in Wine Sauce	1	1
Horsemeat	1	.
Ice Cream	7	.
Ice Lolly	1	.
Marzipan	1	.
Meat Pie	3	.
Mincemeat	1	.
Molasses	1	.
Non-brewed Condiment	1	.
Olive Oil	1	.
Orange Squash	1	.
Preserves	3	.
Salad Cream	1	.
Sausages and Sausage Meat	34	1
Soup	1	.
Suet	1	.
Sweets	4	.
Vinegar	18	2
White Pepper	4	.
Whisky	15	.
Totals	300	8

With regard to the samples noted as unsatisfactory, the following comments may be of interest.

Milk

Three of the unsatisfactory samples were of hot milk purchased from cafes and each contained quite an appreciable quantity of added water. The three traders concerned were each prosecuted and were each fined £1, and 2 guineas costs. The unsatisfactory sample of sterilised milk was 36 per cent. deficient in milk-fat. Further samples were obtained from the source shortly afterwards and were found to be quite satisfactory.

Herrings in Wine Sauce

In this case the Public Analyst reported that only a very small amount of wine was present in the sample. A letter of warning was addressed to the manufacturer who undertook to amend the wording on the labels attached to the containers of this foodstuff.

Sausages

A sample of pork sausages was unsatisfactory in that it contained a preservative in excess of the maximum quantity permitted. The trader concerned was prosecuted and was fined £5 and 5 guineas costs.

Vinegar

Two samples of vinegar were unsatisfactory in that non-brewed condiment was supplied. The retailer concerned was prosecuted and was granted a conditional discharge on payment of 2 guineas costs.

Merchandise Marks Acts, 1887-1926

Attention has been paid in particular to compliance with the Imported Food Orders made under the Merchandise Marks Act, 1926 and which require in respect of specified foods that when, inter alia, they are exposed for retail sale they must bear a clear indication of the country of origin, that is to say either the words "Empire" or "Foreign" as the case may be or the specific country of production. 257 premises were visited and 1,728 head of poultry, displays of meat, packets of butter or stacks of apples, tomatoes or dried fruit were examined. One retailer was prosecuted in respect of Dutch tomatoes marked "English" and stacks of imported apples and tomatoes not marked with the country of origin. He was given an absolute discharge on payment of 3 guineas costs.

Official cautions were addressed to two other traders in respect of stacks of imported apples not marked with country of origin.

Labelling of Food Order, 1953

187 premises were visited and 1,654 different articles of food were examined to ensure compliance with this order. No infringement of substance was detected.

FOOD PREMISES CLASSIFIED ACCORDING TO THEIR PRINCIPAL TRADES

	No. of Prem- ises	Registered under Section 14 of the Food and Drugs Act 1938	
		(a) For Sale or manufacture of Ice Cream	(b) the pre- paration or manufacture of sausages etc.
Bakers and flour confectioners ..	30	3	1
Butchers	52	1	32
Confectionery (sugar)	111	74	1
Fish (wet and dried)	14	3	1
Fish (fried)	12	.	2
Fruit and vegetables	80	9	.
Grocery and provisions	137	26	9
Milk	6	4	.
Canteens	4	.	.
Preserved Foods	2	.	.
Public Houses and Off Licences	70	5	.
Restaurants and Cafes	82	45	.
Ice Cream	1	1	.
Herbalist and Health foods ..	1	.	.
Stalls :			
Fruit and vegetables	3	.	.
Refreshments	1	.	.
Jellied eels	1	.	.
Confectionery warehouse	1	.	.
Preserved food factory	1	.	.

REGISTRATION OF HAWKERS OF FOOD AND THEIR STORAGE PREMISES

Eight 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

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

	1st. Insp.	Re- Insp.			1st. Insp.	Re- Insp.
Bakehouses and Bakers' Shops	65	58	Grocers' Shops ...	...	216	91
Butchers' Shops	51	Ice Cream Premises	...	56	44
Cooked Meat Shops	...	10	Milkshops	...	13	1
Confectioners	...	60	Public Houses	...	37	54
Fish Shops	30	Restaurants, Cafes, etc.	...	76	85
Greengrocers' Shops	...	46	Other Food Shops	...	3	2

TOTAL INSPECTIONS MADE 1,209

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	2	Mincemeat	...	...	3
Canned Fruit and Fruit Juices	19	58	Cereals	...	...	8
Canned Meat	...	12	Cakes	...	...	7
Canned Fish	Puddings	...	...	109
Canned Soup	Sweets	...	...	5
Canned Jam and Marmalade	1	72	Lemonade Powder	...	...	37
Meat and Bacon	...	9	Liquid Whole Egg	...	...	27
Poultry	Squash	...	...	4 pints
Fish	3	Vinegar	...	...	48 pints
Cheese	Canned Milk	...	...	220 $\frac{3}{4}$ pints
Pickles				

TOTAL FOOD CONDEMNED :—51 cwts., 99 lbs., 220 $\frac{3}{4}$ pints of Milk, 48 pints of Vinegar and 4 pints of Squash.

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

INFECTIOUS DISEASES

TUBERCULOSIS

Tuberculosis is still the most serious infectious disease in this country but modern methods of therapy have made the outlook more favourable. We should consider from time to time how best we may attack this disease by the methods at our disposal. Prevention is best accomplished by removing from the community the source of infection, in other words by seeking out infected persons and giving them treatment to render them non-infectious. Three methods of case finding are commonly used. (1) Following up all contacts of the newly diagnosed cases. By this means unsuspected infectious cases who are often in a reasonable state of general health are discovered but unfortunately there is no means of giving treatment or arranging isolation without consent of the patient. (2) By mass X-ray, of the susceptible population. (3) By "patch-testing" of children. This test, which is simple and painless is applied to the skin and if positive it suggests that at some time the child has been in contact with an infectious person and in the case of very young children it is then often necessary to look no further than the home for the source of infection.

One other method of prevention of tuberculosis consists of giving a degree of immunity to children at the age of about 13 by using B.C.G. (*Bacillus Calmette Guérin*) vaccine. This method has been widely used in Scandinavian countries with success and the adoption of the method is now under consideration in Hornsey.

In many countries it is now obligatory for immigrants to have a chest X-ray before residence is approved, but the United Kingdom admits immigrants without a chest X-ray although a perusal of the names of notified cases suggests a fairly high incidence of pulmonary tuberculosis among immigrants.

A mobile mass X-ray unit from the North-West Metropolitan Regional Hospital Board again visited Hornsey in June, 1953.

4,677 persons were X-rayed of whom 96 were recalled for a large film, 18 persons were referred to the Chest Clinic for further advice.

The numbers examined were as follows :—

	<i>Men</i>	<i>Women</i>	<i>Totals</i>
Number X-rayed	2,071	2,606	4,677
recalled for large film	40	56	96

Those recalled were dealt with as follows :—

No further action	29	43	72
Recheck at Unit at later date ..	2	3	5
Referred to Chest Clinic for further advice	8	10	18
Referred to hospital	1	.	1

The man referred to hospital was suffering from a cardiac lesion which needed treatment.

On this occasion all attendances were by appointment and the local Branch of the Women's Voluntary Service is to be thanked for "man-ning" the four libraries in the borough to issue appointments.

As always there is a hard core of people, who steadfastly refuse to attend for X-ray. Regular X-ray of all members of the community is of great importance and a proportion of people, particularly in the younger age groups, are X-ray minded but further efforts must be made to persuade others to submit themselves for examination. It may well be that the system of dealing with one sex at a time could be scrapped now that undressing is not required. With this restriction removed it would be possible to deal with people in family groups and thus make it possible for the older members of the family to attend at the same time as their children. It must be realised that X-ray of any kind is still something awesome to many of the over 50's which is the age group we most need to persuade to attend for X-ray, especially when they have not been previously examined. Occasionally it has been found that grandmother or grandfather who has "always had a cough" and has steadfastly refused to be examined, is an old chronic case of tuberculosis.

Appeals directed to those old people to attend evoke little success but appeals directed to the family as a whole may result in a valuable extension of the numbers of persons X-rayed, if the examination can be on a family basis.

POLIOMYELITIS

In 1953 Poliomyelitis was the second most serious infectious disease, fifteen cases were notified and seven of these occurred during the first week of July.

Five of the cases were non-paralytic and on review of the other ten cases at the end of the year :—

4 cases had recovered without disability.

1 case had a slight disability.

2 cases had moderate disability.

3 cases were still severely disabled and two of these were not yet able to walk.

This assessment is of course not final as much improvement and even recovery can occur in the two or three years following the disease.

DYSENTERY

Hornsey in common with many other London and Middlesex Boroughs has shared the increase in notifications of dysentery.

The dysentery prevalent in Hornsey during 1953 has been of the Sonne type, a disease of slight severity and of short duration mainly affecting school children and younger members of the family.

Traditionally, spread of this disease is attributable to low standards of personal hygiene. On investigation, however, it is found that standards of cleanliness are reasonable and the mode of spread of the disease is often difficult to trace.

At one school the disease was noticed to have spread where lavatory accommodation was defective at a time when building repairs and extensions necessitated the closing of an already limited accommodation. At another school the epidemic nature of the disease ended after additional disinfecting measures were introduced in the toilets. The school canteens do not appear to be an important factor in the distribution of this disease because in both instances a considerable number of children had not taken school dinners.

In two schools the available evidence suggests that the lavatory rather than the canteen played the chief part in the spread of the infection.

When cases are notified the houses are visited and adult food handlers advised to cease work until proved bacteriologically free from infection. Other adults continue at work and child contacts who attend schools where the disease is epidemic are excluded until proved bacteriologically free from infection.

THE PUBLIC HEALTH (INFECTIOUS DISEASE) REGULATIONS, 1953

These Regulations which came into operation on 1st April, 1953 revoke the Public Health (Infectious Disease) Regulations, 1927.

In their general substance and form the new Regulations are similar to the old, namely that they require notification of various diseases and extend the local authority's powers to prevent the spread of food poisoning.

They provide for action to be taken not only as regards a person suffering from the diseases specified but also any person shown to be a "carrier". There is also provision for a local authority to authorise the medical officer of health to take immediate action in a particular case in order to check the spread of disease although he is required to report to the local authority at the earliest opportunity. In Hornsey, the medical officer of health has been so authorised by the Council. Power is also given under these Regulations to prevent "carriers" as well as those suffering from the disease referred to as "food poisoning" from entering employment involving food handling.

DIPHTHERIA IMMUNISATION

Most of the general practitioners in the Borough continue to carry out immunisation against diphtheria and in addition sessions for this purpose are held regularly in the welfare centres.

The last confirmed case of diphtheria in Hornsey was in January, 1950 and the last death in January, 1941.

It has now become quite commonplace for Hornsey to be free from diphtheria but one must constantly remember that this happy state of affairs is due to the general acceptance by the public of immunisation as a protection against diphtheria.

The aim is to ensure that at least 75 per cent. of babies are immunised before reaching their first birthdays. The acceptance rates in Hornsey are improving but a still greater improvement is necessary and must be maintained before we can be satisfied.

In Hornsey at the end of 1953, 11,160 children under 15 had received a course of immunisation at some time. This represents approximately 60 per cent. of the child population.

In immunisation it is not possible to relax efforts after a job well done ; effort must be continued to increase the proportion of immunised children within the community.

An account of the scheme in force in Hornsey is given in the Appendix to this report.

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 Saturday).

Specimens received in the Public Health Department office are collected on Monday to Friday at 3 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 Saturday.

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	..	..	..	53	
	Vincent's angina	..	..	..	3	
	Negative	..	..	..	151	
					—	207
Faeces						
	Shigella	..	..	..	226	
	Salmonella	..	..	..	36	
	Protozoa	..	..	..	.
	Negative	..	..	..	790	
					—	1,052
Sputum						
	Tubercular smear	..	..	..	4	
	Other organisms	..	..	..	28	
	Negative	..	..	..	26	
					—	58
Pertussis						
	Negative	..	..	..	4	
					—	4
Milk						
	Ice cream	..	..	..	36	
	Pasteurized	..	..	..	62	
	Other	..	..	..	12	
					—	110
Water						
	Domestic supplies, etc.	..	..	..	1	
	Swimming pools	..	..	..	2	
					—	3
Miscellaneous						
		..	..	..	..	265
						1,699

NOTIFICATION OF INFECTIOUS DISEASE BY AGE AND SEX

AGE IN YEARS	Scarlet fever		Whooping cough		Acute Poliomyelitis				Measles		Ophthalmia neonatorum	
					Paralytic		Non-paralytic					
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 ... ..	.	.	16	14	.	.	.	.	22	9	2	1
1—2	2	4	22	38	.	.	.	.	109	122	.	.
3—4	18	10	50	46	1	1	.	.	172	174	.	.
5—9	48	30	71	68	.	1	1	2	285	237	.	.
10—14	8	7	.	4	2	1	1	.	12	3	.	.
15—24 ... ..	.	.	1	.	1	.	.	.	2	7	.	.
25 and over	1	2	.	2	1	2	.	1	1	5	.	.
TOTALS	77	53	160	172	5	5	2	3	603	557	2	1
	130		332		10		5		1,160		3	

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	2	1	11	13	.	.	.	.	1	2	.	.	2	.
5—14	3	2	30	27	1	.	.	.	1	1	.	.	.	.
15—44	8	16	7	20	.	1	1	.	2	1	.	18	.	.
45—64	17	15	5	5	3	4	.	.	3	1	.	.	.	.
65 and over	8	17	1	1	1	2	.	.	.	.	.	.	.	.
TOTALS	38	51	54	66	5	7	1	.	7	5	.	18	2	.
	89		120		12		1		12		18		2	

There were no cases of diphtheria.

Two of the three infants with ophthalmia neonatorum were treated in hospital and the other was treated at home. There was no impairment of vision.

NOTIFICATION OF INFECTIOUS DISEASE BY WARDS

	Highgate	Muswell Hill	Crouch End	Central Hornsey	North Haringey	South Haringey	Stroud Green	Finsbury Park	TOTALS
Scarlet Fever	12	18	13	22	16	18	18	13	130
Whooping cough	20	30	21	65	19	8	90	79	332
Acute poliomyelitis									
Paralytic	1	2	.	1	1	1	3	1	10
Non-paralytic	1	.	1	.	.	.	1	2	5
Measles	172	217	75	209	72	40	202	173	1,160
Acute pneumonia	3	14	9	16	18	7	13	9	89
Dysentery	36	7	11	28	23	7	5	3	120
Erysipelas ... ..	.	.	.	6	4	.	1	1	12
Ophthalmia neonatorum...	.	.	1	.	1	.	.	1	3
Food poisoning	2	.	1	2	3	.	3	1	12
Puerperal pyrexia	3	5	2	4	1	.	2	1	18
Typhoid fever ... ..	.	.	.	.	1	.	.	.	1
Paratyphoid fevers	1	1	.	.	.	.	.	.	2
TOTALS	251	294	134	353	159	81	338	284	1,894

TUBERCULOSIS

The total number of cases on the Tuberculosis Register at the end of 1953 was 880, viz., pulmonary 775, non-pulmonary 105.

	Pulmonary		Non-Pulmonary		Total	
	Male	Female	Male	Female	Male	Female
(a) Number of Cases on Register at commencement of year ...	445	340	56	47	501	387
(b) Number of Cases notified for first time during year under Regulations	25	17	.	7	25	24
(c) Cases restored to Register ... ..	.	.	.	.	.	.
(d) Cases added to Register otherwise than by notification under Regulations						
(1) Transferred from other Districts	28	25	1	.	29	25
(2) From Death Returns	5	4	2	1	7	5
(e) Number of Cases removed from Register	65	49	5	4	70	53
(f) Number of Cases remaining on Register at end of year ...	438	337	54	51	492	388

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		TOTAL	
M	F	M	F	M	F	M	F	M	F	M	F
1	2	15	11	36	PULMONARY 29	6	1	7	6	65	49
.	.	2	1	1	NON-PULMONARY 2	.	.	2	1	5	4

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

			under 1 year	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 and over	TOTALS	
BY FORMAL NOTIFICATION																	
Pulmonary	...	M	.	.	1	2	2	1	1	3	6	4	2	3	.	25	42
		F	1	.	1	1	.	1	3	8	1	1	.	3	.	17	
Non-Pulmonary...		F	.	.	.	.	.	.	1	3	.	2	.	.	1	7	7
OTHER THAN BY FORMAL NOTIFICATION																	
Death returns from Local Registrar																	
Pulmonary	...	M	.	.	.	.	.	.	.	.	1	.	.	.	.	1	1
Inward transferable deaths																	
Pulmonary	...	M	.	.	.	.	.	.	.	.	.	.	1	3	.	4	8
		F	.	.	.	.	.	.	.	.	.	1	2	1	.	4	
Non-Pulmonary...		M	.	.	.	.	.	.	.	.	1	.	.	.	1	2	3
		F	.	.	.	.	.	.	.	.	.	1	.	.	.	1	
Transfers from other Districts																	
Pulmonary	...	M	.	.	.	.	2	.	5	13	2	3	3	.	.	28	53
		F	.	.	1	.	.	.	5	15	4	.	.	.	.	25	
Non-Pulmonary...		M	.	.	.	.	.	.	1	.	.	.	.	.	.	1	1

GENERAL

MEDICAL EXAMINATION OF STAFF

Sixty-eight persons were medically examined to determine their fitness for acceptance on the permanent staff. Sixty-four 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. Forty-seven persons were examined, forty-two of whom were accepted for the scheme. Eight other examinations were carried out.

MASSAGE AND SPECIAL TREATMENT

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 ;

Following is a summary of the premises which are licensed under the Act :—

Massage	6
Chiropody	18
Electrical treatment	6
Other similar treatment	4

Three members of the Chartered Society of Physiotherapy also practise in the Borough.

BURIAL OR CREMATION OF THE DEAD

Under Section 50 of the National Assistance Act, 1948 it is the responsibility of the Borough Council to arrange the burial or cremation of all persons who die in the Borough for whom no suitable arrangements would otherwise be made.

Arrangements were made for the burial of the bodies of eight persons who died in the Borough. Two were men who died in their own homes, and of the six women, two died in old people's homes. Five were over 80 years of age and one (man) under 60, the other two were between 70 and 80.

MEDICAL PRACTITIONER SERVICES IN HORNSEY

Since last year the distribution of general medical practitioners in Hornsey became more uniform and the whole of the Borough is now classified as an intermediate area, i.e., areas where the average practitioner has between 1,500 and 2,500 patients on his list.

AMBULANCE SERVICE

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

Ambulances to take people to hospital by appointment should be arranged by the hospital or telephone ENTerprise 6662.

CERTIFYING SURGEON

The Certifying Surgeon under the Factories Acts is :—

DR. W. J. G. MELDRUM,
457 Green Lanes,
Palmers Green, N.13.
Telephone : Palmers Green 0320.

REGISTRAR OF BIRTHS AND DEATHS

Mr. C. G. PARKIN,
Town Hall, Hornsey, N.8.
(MOU : 3220, Ext. 123).

Office Hours—Monday—Friday, 9 a.m.—12 noon.
Monday, Wednesday and Friday, 3 p.m.—5 p.m.
Saturday, 9 a.m.—12 noon.

No attendance on Public Holidays and Sundays.

Births must be registered within 42 days from birth. Notice of **Death** (with medical certificate of cause) to be given before funeral by nearest relative present at death, or who saw deceased during last illness.

Notice of **Marriages** to take place at a Nonconformist place of worship in Hornsey may be given to the Sub-District Registrar or at the Superintendent Registrar's Office at the respective addresses.

All the original register books of births, deaths and marriages which have taken place within the Hornsey Sub-District since July, 1837, are kept at the Superintendent Registrar's Office, where searches may be made and copies obtained.

PUBLIC MORTUARY

The Hornsey mortuary and post-mortem room are situated at the Central Depot, Hornsey High Street. During the year 104 bodies were admitted and post-mortems carried out on all of them. Inquests were held on 8 bodies.

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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(Ceased to be used as a Children's Home as from
13th February, 1954)

Northern Group :—

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

Coppetts Wood Isolation Hospital, Coppetts 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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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 Contagious Diseases of Animals Acts and Orders and the Pet Animals Act, 1951 :—

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

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

2 at Pet Shop—St. James's Lane.

2 at Pet Shop—1 Clissold Cottages, Fortis Green.

1 at Pet Shop—46 Park Road.

Twelve inspections were carried out under the Fowl Pest Orders, 1936 & 1947, making a total of 95 fowls, 73 of which were confirmed by the Ministry as having Fowl Pest.

As the Riding School in St. James's Lane was disbanded in November, 1952 no inspections were made under the Riding Establishment Act, 1939.

No action was necessary under the Tuberculosis Order of 1925.

INSPECTION OF FIREGUARDS

The Heating Appliances (Fireguards) Act, 1952 makes it an offence to sell or hire or offer for sale or hire in the course of business any heating appliance which is not fitted with a guard complying with the standards prescribed by Regulations under the Act.

Regulations which were made in March, 1953 and came into operation on the 1st October, 1953, require fireguards to be fitted to gas fires, electric fires and oil heaters which are so designed that they are suitable for use in residential premises and are of such a type that, without a guard, there is likelihood of injury by burning. The standards of construction and fitting for guards and the tests to be employed in ascertaining whether guards comply with these standards are set out in the Schedule to the Regulations.

Any heating appliances, other than imported appliances, manufactured before the date of the coming into operation of the Regulations and not fitted with the requisite guard may be sold or let for hire until the end of September, 1954.

The prescribed tests are set out in the British Standard Specification, 1945 : 1953.

HEALTH EDUCATION AT THE CIVIC EXHIBITION

It is extremely difficult to gauge with certainty the reaction of members of the public to the Health Committee's exhibit at the Civic Exhibition, but the following impressions were obtained by the staff of the Health Department who were in attendance on the exhibit.

Many visitors commented on the variety of the responsibilities of the Committee and were surprised at the comparatively recent introduction of some of the services.

Special interest was shown in the safety devices now enforced in respect of electric, gas and oil heating apparatus and many commented that it was overdue and should save a great deal of injury and loss of life.

The exhibits on atmospheric pollution aroused interest and general approval to the work of obtaining accurate information on the deposits in different parts of the Borough. Many people stated that they would use smokeless fuels if they were cheaper and were obtainable regularly in sufficient quantities. People who had installed special grates for all-night burning did not seem to realise that they were contributing to the "smog" when they banked the fires up at night with dust and waste material ; only a few of them habitually burned smokeless fuels in these grates. The "smog" mask and its limitations were explained to the public and some of the elderly people showed impatience in the inability to do away with "smog" altogether but still expressed their wishes to have open coal fires so that "they could see the flames"!

One visitor to the stand took a great deal of convincing that the houses shown in the photographs on slum clearance and sanitary defects had existed in Hornsey during the past 50 years.

Great satisfaction was shown at the success of measures for the control of infectious diseases although it was felt by some people that too little progress had been made in the eradication of tuberculosis.

Improvements in the working conditions of shop assistants were appreciated and much surprise was shown that the Health Committee was responsible for welfare of shop assistants and the control of employment of young people. Approval was given to the licensing of pet shops and the supervision of the conditions under which pet animals are displayed for sale.

The public seemed to be food-hygiene conscious far more than would have been evident say five years ago and the collection of foods containing foreign bodies and the comparison of milk handling methods created great interest.

Schoolchildren found the display of live insect parasites the most interesting exhibit.

The Health Committee can be satisfied that the Exhibition has helped to remind the people of Hornsey of their important work in the life of the Borough and the high visual interest of the Exhibition generally impressed the schoolchildren many of whom attended on second and third occasions even during their half-term holiday.

Comment was made on the value of the Health Department as an advisory centre in so many matters directly concerned with family life.

THE CENSUS 1951

Population

The 1951 population for Hornsey which is now given as 98,159 shows an increase of 2,743 on 1931 (95,416). This was the number of persons actually staying in Hornsey on the night of the census. Adjustments were made by the Registrar General for persons normally domiciled outside the Borough and his estimate of the Hornsey population at 30th June, 1951 was 98,890. This figure is the "Home Population" which includes British and Allied armed forces stationed in Hornsey but not Hornsey residents serving elsewhere. As there are no members of the forces stationed in the Borough the true population was probably approximately 500 in excess of that figure. The latest estimate of the Registrar General gives a population of 98,510 for 30th June, 1953.

While the County of Middlesex as a whole has increased its population, a decline is shown in the populations of the London County Council area and some of the Middlesex boroughs immediately adjoining. The steady outward movement of population has led to the growth of districts on the outer fringes, and many of the 1931 Hornsey residents have moved to these outer districts and in their places have come residents from Central London where the fall in population has been most noticeable. Of the 1951 Hornsey population only 24,544 were born in the County of Middlesex and 41,408 were born in London.

For every 1,000 males in Hornsey there are 1,225 females as compared with 1,126 in the whole of the County. This figure is described in the notes on the report as an "abnormally high sex ratio"—Finchley and Southgate have slightly higher ratios but in all other areas in the County the ratio is well below 1,200.

Age Distribution

In common with the national trend the proportion of older persons in Hornsey has increased considerably since the 1931 census. Although there is only a slight reduction in the working age-group 15-64 taken as a whole, there are now fewer persons within the lower ages of the group. The increase in the numbers under 5 years reflects the exceptionally high birth rates in 1946 and 1947.

AGE DISTRIBUTION OF HORNSEY'S POPULATION

Age Group	1921	1931	1951
	%	%	%
0-4	6.3	5.5	7.7
5-14	14.9	11.5	11.2
15-44	49.0	49.6	43.4
45-64	22.7	24.6	25.0
65 and over ...	7.1	8.8	12.7

Households and Housing

The average size of the household continues to decline ; in 1951 it was 2.80 persons ; compared with 3.32 in 1931. Almost half of all households are of one or two persons, though most of the houses in the Borough were built at the end of the nineteenth century and were designed for the larger families of that period. Many of these houses are now occupied by 2 or more families and in consequence amenities have to be shared and in many cases families are denied access to them. But on the other hand 5,882 households consist of only one person and 10,998 of two persons. These 16,880 small households occupy between them 54,507 rooms—an average of about 2 rooms per person.

Although the total number of occupied rooms in the Borough has increased since 1931 by 2,817 the number of households has increased by 6,443 and the average number of persons per room has risen from 0.72 to 0.73. 63.5% of households share a dwelling at an average of 3.85 rooms per household.

Overcrowding represented by the number of persons living more than 2 persons to a room is 1.39% (1931 figure 2.56%). There are now 279 families in this category. If the standards adopted by this Council in relation to rehousing were used (over $1\frac{1}{2}$ persons per room) the number of overcrowded families would be 1,627. The standard of the Housing Act 1936 would give a different figure but from the census figures it is not possible to differentiate between children under and over 10 years nor to allow for separation of the sexes.

Household Arrangements

For the first time the census had included an inquiry into the provision of household facilities. The explanatory notes point out that the questions appear to have been misinterpreted by some people and although this is undoubtedly true with regard to absence of water closets it is considered that the figures give a fair picture of the general position.

FACILITIES AVAILABLE TO HOUSEHOLDERS

Facility	No. of Households with :		
	Exclusive Use	Sharing	Without
Piped Water	23,411	10,895	39
Cooking Stove	32,031	1,489	825
Kitchen Sink	30,103	2,205	2,037
Water Closet	23,550	10,743	42
Fixed Bath	15,385	14,740	4,220
Exclusive use of all 5 ...	13,289 - 39% of all households		
Total number of households	34,345		

Of the 26 Municipal Boroughs and Urban Districts in Middlesex only 2 have a smaller percentage of households with exclusive use of all five services.

Social Classes

Males engaged in or retired from gainful employment are graded into 5 groups according to their occupations. These have been traditionally described as "Social Classes"—the grading is no more than a convenient arrangement of occupation unit groups.

Group	No.	Percentage	
		Hornsey	National
Professional ...	2,081	6.3	3.3
Intermediate...	6,888	20.9	15.0
Skilled ...	18,733	56.9	52.7
Partly Skilled	2,669	8.1	16.2
Unskilled ...	2,557	7.8	12.8

Education

A question was included in the 1951 census regarding attendance at an educational establishment. No such particulars were obtained in 1931 so figures have been extracted from the 1921 census to show changes in the position.

PERSONS UNDER 25 YEARS RECEIVING FULL-TIME EDUCATION

Age Groups	Totals in Groups		Receiving Full-time Education			
	1921	1951	Numbers		Percentages	
			1921	1951	1921	1951
0-4	5,469	7,608	78	105	1.43	1.38
5-9	6,333	6,332	5,502	5,727	86.8	90.4
10-14	6,750	4,633	6,027	4,480	89.0	96.6
15	6,941	869	1,266	400	18.2	46.0
16		854		251		29.3
17-19		2,379		302		12.6
20-24	7,078	5,897	196	370	2.7	6.2
Totals	32,571	28,572	13,069	11,635	40.1	40.7

A NOTE ON THE DEATH RATE

The death rate in Hornsey for the year was 11.0 per 1,000 of the population—0.6 per 1,000 less than in 1952.

For true comparison of this rate with previous years adjustments must be made for the change in the allocation of deaths made by the Registrar General.

From 1st January, 1953 deaths which occurred in certain institutions were allocated for statistical purposes, to the area in which the institution is situated. This arrangement was the result of a circular from the General Register Office (G.R.O. Circular (M.O.H.) No. 4/1952) which set out the revised arrangements for allocation of returns of births, deaths and still births.

As a result all deaths occurring in 26 old people's homes in the Borough are now allocated against Hornsey and during 1953, 94 deaths occurring in those homes together with 16 residents who died in hospitals were allocated to the Borough. If the practice of previous years had been followed these would have been transferred to the boroughs in which the old persons last lived and Hornsey's total deaths would have been 873, a rate of 8.8 per thousand of the population. It is true that a number of ex-Hornsey residents died in institutions outside the Borough and were therefore not "transferred in" but experience shows that the number is likely to be small.

WELFARE OF OLD PEOPLE

Problems of the aged are occupying an increasing amount of time in Health Departments everywhere and are likely to continue to do so as the proportion of aged persons in the population continues to increase. It has been estimated that by the 1971 Census the number of persons of pensionable age may equal or even exceed the number of children under 15 years of age.

Residential homes cannot be provided for all old people ; this is not only impossible but undesirable. At least 95 per cent. of old people live in private dwellings and there is no doubt that the more old people can be helped to look after themselves in their own homes, the happier and healthier they will be.

Hornsey's population of "old people" according to the 1951 census is 15,664 if one takes as the criterion the ages at which retirement pensions are payable i.e. 65 years for men and 60 years for women. If 65 years is taken as the dividing line for both sexes the figure is 12,534—4,331 men and 8,203 women.

Hornsey is fortunate in the excellent voluntary work done on behalf of the old people in the Borough and in having an active Old People's Welfare Committee, on which the Borough Council has three representatives, whose duty is to co-ordinate work for old people in the Borough and assist in any way possible.

"Hornsey Housing Trust"

The Hornsey Housing Trust was started in 1933 to provide easily-run flatlets for old people, although a great deal of voluntary work had been done by Mrs. A. V. Hill before 1933, in getting together a fund to buy the houses.

The first house was bought in 1933 and others quickly followed until in 1939 fifty houses were owned by the Trust. These were let in 250 tenancies—which included approximately 200 people of pensionable age and 200 people under that age.

The rent of these flatlets was fixed as low as possible, the lowest being 4s. per week for one room with every convenience and that sum included rates, stair lighting and cleaning. Very few of the flats for one or two people exceeded 10s. a week.

Accommodation provided since the war includes a new block of 16 flats built in Shepherds Hill, Highgate, in association with the Goldsmith's Company. Each flat consists of a living room, bedroom, fitted kitchen and bathroom, and heating and constant hot water are provided.

As many as 90 per cent. of the old people who have been accommodated in the Trust's flatlets have been enabled to remain until the end in their own homes and several who became too old and frail have been admitted to Hill Homes.

Hill Homes

From experience of the old people in the flatlets Mrs. A. V. Hill considered it necessary to obtain large houses to accommodate old people who could no longer care for themselves in their own homes, even with the extra help given by other agencies. There are seven Hill Homes for men and women. They all have well kept gardens, and are cheerful homely places.

The Homes vary slightly according to the needs of the old people.

It was found that some of the old people needed nursing care so seven beds at the Home at No. 2 Broadlands Road, were registered as a nursing home. Here the very sick, or disabled are given the attention they need.

"Darby and Joan" Club

This residential club for old people in Princes Avenue, Muswell Hill, affords accommodation for 48 old ladies as well as an excellent club for over 200 elderly men and women. The club is open every day including Sundays from 10 a.m. to 9 p.m. and organises outings for residents and members.

The residential home admits old people referred by the County Welfare Authority, but the club is entirely supported by voluntary contributions and a grant from the Borough Council.

A free chiropody service is available to members on two days per week and not the least important of the club's activities is the provision of a mid-day meal at 1s. 3d. each to members.

The fund for purchasing the premises was started by Mr. Alderman G. F. N. Norman when he was Mayor of Hornsey in 1949-50 and mainly through his enthusiastic work and that of Mr. R. A. Butler, J.P. the club was opened in late 1951.

Old People's Homes

Hornsey is well served by residential homes as in addition to the Hill Homes and "Darby and Joan Club" there are many other excellent homes providing accommodation for those who are unable to look after themselves and have no relatives able to care for them.

British Red Cross Society's "Halfway House"—Grove Lodge, Muswell Hill

On 25th March 1954, Grove Lodge was opened by the Princess Royal as a "half-way house", a home for elderly people, men and women, who are no longer in need of hospital treatment but are not yet fit to go home. The cost of conversion to its new use was borne by the King Edward's Hospital Trust for London and maintenance costs are borne by the North West Metropolitan Regional Hospital

Board. The home which is administered by the British Red Cross Society contains 28 beds.

The work of caring for the old people in their own homes is shared by many voluntary organisations in the Borough supplemented by official provision of essential services.

Meals-on-Wheels

Members of the Women's Voluntary Service take meals round to old people. This service is of great value when people can just manage to make their own arrangements for other meals. To get a well-cooked nourishing mid-day meal for one shilling, two or three times a week, is most helpful.

Mending Service

Organised by "Toc H" for persons with defective eyesight. Garments are mended and returned to their owners.

Chiropody Service

A visiting chiropody service has been organised and financed by the Almeric Paget Trust.

In addition two chiropodists practising in the Borough run special clinics for the treatment of old people at reduced fees.

Ophthalmic Visits

By arrangement with the Old People's Welfare Committee an ophthalmic optician will visit old people for examination and provision of spectacles under the National Health Service.

Clubs

There are many friendly clubs for old persons run by the Churches, British Red Cross Society and other voluntary organisations. These provide opportunity for men and women over 60 years to meet together regularly in a friendly atmosphere and organise various activities including outings, trips to theatres and similar communal activities.

Home Visiting

Voluntary helpers of the Old People's Welfare Committee and Women's Voluntary Service visit old people in their homes and also fetch shopping, write letters and help in other "small" ways which mean so much.

Holidays and Outings

Very successful summer holidays and outings have been arranged by the Old People's Welfare Committee. Many of the clubs and other voluntary organisations arrange summer outings for old people.

In addition to this voluntary work there are the services provided by the Borough Council and the local health authority.

Home Nursing and Home Help Services

These services under the County Area Health Committee are of vital importance in treating and caring for people in their own homes who would otherwise have to be removed to hospital or special residential homes. Nurses attend the sick in their homes on the request of their own doctors to give treatment, and home helps also attend when necessary to carry out the many duties which have been adopted by the members of this service.

Loan of Medical Equipment

Medical and surgical equipment needed for the use of sick or handicapped persons in their own homes may be obtained on loan from the British Red Cross Society. This is a service under the National Health Service and is carried out on behalf of the County Council.

Laundry Service

One of the greatest difficulties in the care of old people who are incontinent is that of laundering their soiled clothes and bedclothes. The home helps have endeavoured to deal with this problem for a long time but often washing and drying facilities are inadequate and the job itself is offensive. The Borough Health Department now undertake the cleansing of soiled articles at the Disinfecting and Cleansing Station for all aged incontinent persons. Collection and delivery of articles is arranged on two occasions each week.

Library Service

Old people who are not able to visit the public libraries may obtain books through a delivery service arranged by the Women's Voluntary Service. The books are delivered by members of the Women's Voluntary Services on Mondays. For this purpose the Borough is divided into two delivery areas, each area receiving a fortnightly visit.

Books may be selected by name or the library staff will choose a suitable book in cases where the old person has indicated the kind of book preferred. About 100 books are sent out each Monday.

PERSONS IN NEED OF CARE AND ATTENTION

(Sec. 47—National Assistance Act, 1948)

Every effort is made to enable old people to remain in their own homes, and the compulsory powers under Section 47 of the National Assistance Act, 1948, and the National Assistance (Amendment) Act 1951 are kept for use only in extreme cases where all other efforts to help have failed.

During the year all cases reported to the department were investigated and in no case was action taken under the compulsory powers of the National Assistance Acts.

Following are brief notes on a few of the cases :—

CASE A.—Complaint received from a neighbour concerning Miss "A" aged 84 years who lives alone in one room. On investigation she was found to be rather dirty and her room also dirty and dilapidated. She was not bedridden and was able to get about fairly well. Other occupants of the house fetched her shopping. No relatives could be traced. Arrangements were made for the provision of a home help and her condition improved.

CASE B.—Complaint was received about the condition of Mr. "B" aged 79 years who had been admitted to hospital. His only room was found to be very dirty. On his discharge from hospital the condition of this room again rapidly became worse. No relatives were known and the only person to care for him was his "landlady" who was herself not in good health and whose husband was an invalid. It was decided that Mr. "B" should be compulsorily removed to a suitable home and application was made to the Area Welfare Officer for a vacancy. His health suddenly deteriorated and he was admitted to hospital where he died the same day.

CASE C.—Complaint was made by other tenants of smells from the room occupied by Miss "C" a 74 year old woman who kept many cats in an insanitary manner. After representations from the Health Department she got rid of some of the cats and the condition of her room showed some improvement. Later her doctor called in the Health Department to have her moved to a home as conditions were again very bad. The next day she collapsed and was removed to hospital where she died shortly afterwards. Various articles of furniture, old books and clothing were removed and destroyed and the room cleansed.

CASE D.—Mrs. "D" a woman of 88 years lived in a basement back room in very dirty conditions and was found to be quite incapable of caring for herself. She was incontinent and consequently her bedding was in a very bad condition. The occupant of the upper part of the house helped but was expecting a baby and could not do much. Mrs. "D" was quite willing to be removed to an old people's home and arrangements were made on the application of the Health Department.

CASE E.—Mrs. "E" a woman of over 80 years of age lives alone in one room on the hall floor. Numerous complaints have been made by the owner of the property, who lives upstairs, that she is dirty and is not receiving proper care and attention.

On investigation it was found that the Secretary of the Old People's Welfare Committee was visiting regularly and the complaints were not justified but in order to remove any possibility of a nuisance developing it was recommended that the home help attendance should be increased to six days a week.

CASE F.—This person, a woman of 53 years was referred to the Department by the health visitor as she was not receiving adequate care and attention and appeared to be undernourished.

She had refused to have a home help or "meals-on-wheels" dismissing all suggestions of help as "Poor Law". The only help given to this woman was by the tenant downstairs who found the burden more than she could continue to shoulder.

It was found that she lived alone in two rooms although she had not used her bedroom for over a year, preferring to sleep on a dilapidated old couch in the living room which was without artificial light or cooking facilities. Heating was supplied by an oil stove.

She was admitted to hospital for observation under "a 14-day order" where she remained for treatment in the general wards although not compulsorily detained.

APPENDIX

COUNTY COUNCIL OF MIDDLESEX

AREA HEALTH COMMITTEE

HORNSEY AND TOTTENHAM

(Population 225,063)

G. HAMILTON HOGBEN,
AREA MEDICAL OFFICER,
BOROUGH SCHOOL MEDICAL OFFICER.

The figures in tables 12-29 relate to Hornsey only and those in
tables 1-11 to the whole of the area

MEMBERS of LOCAL AREA HEALTH COMMITTEE,
HORNSEY AND TOTTENHAM,
AS AT 31st DECEMBER, 1953

Members of Middlesex County Council

County Alderman Mrs. K. M. ST. PATRICK CRUMP
County Councillor Mr. M. W. BURNS
County Councillor Mr. R. A. CLARKE
County Councillor Mr. W. EAST
County Councillor Mrs. H. C. NORMAN, J.P.
County Councillor Mrs. M. E. SOALL

Members of Hornsey Borough Council

Councillor Miss O. R. ANDERSON (*Chairman*)
Councillor Miss A. G. BELL
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.
Alderman Mrs. A. F. REMINGTON (*Vice-Chairman*)
Councillor Mr. H. LANGER
Councillor Mr. P. H. ROBERTS
Councillor Mr. G. W. ROWLEY
Councillor Mr. E. C. SMITH

Member nominated by appropriate Hospital Management Committee

Mrs. R. M. FRY

Persons who may also attend in an advisory capacity

Miss V. EADY (Royal College of Midwives)
Dr. E. C. GIRLING
Dr. I. S. FOX (Deputy) (Middlesex Local Medical Committee)
Mr. R. W. D. BROWNLIE (Middlesex Local Dental Committee)
Mr. L. HAYWARD (Middlesex Local Pharmaceutical Committee)

CARE OF MOTHERS AND YOUNG CHILDREN

Section 22

Care of the Expectant Mother

The supervision and care of the expectant mother in this district is a comprehensive service provided in local centres and is designed to ensure that each mother is fit and equal to contend with her confinement as a normal function of her family life.

Difficulties and disorders are dealt with as soon as possible so as to avoid unnecessary strain and anxiety.

Arrangements are made for regular examination (more frequently towards the end of the pregnancy) to ensure the physical well-being of the mother and child.

The Service also provides means for securing a hospital bed or the services of a domiciliary midwife as required. Arrangement for either of these is made during the mother's attendance at the ante-natal clinic and so save her time and travelling.

Special transport is arranged for those who have some disability which prevents them from travelling by ordinary means.

We welcome the practice of some general medical practitioners who send their patients to these clinics for examinations and other services.

The average attendance at ante-natal clinics continued the decline that was noted in the annual report for 1952, as will be seen from the following table. In spite of this progressive decline, it is apparent, from the most recently published statistics, that this Area does not compare unfavourably with other parts of the County.

TABLE 1

Ante-natal Clinics	No. of sessions held	No. of new cases		Total attendances		Average attendances per session
		A.N.	P.N.	A.N.	P.N.	
Burgoyne Road	49	139	101	1,044	116	23.7
Church Road ...	72	127	86	1,104	90	16.6
Fortis Green ...	99	232	168	1,974	183	21.8
Hornsey Town Hall	191	280	171	2,374	194	13.4
Mildura Court ...	64	175	77	1,302	83	21.6
Stroud Green ...	52	121	74	842	81	17.7
The Chestnuts ...	252	511	250	3,212	258	13.8
Lordship Lane ...	202	343	197	2,383	199	12.8
Park Lane ...	104	356	202	1,498	202	16.3
Totals 1953	1,085	2,284	1,326	15,733	1,406	15.8
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

The North East Metropolitan Regional Hospital Board has continued to provide consultant obstetricians at the Tottenham clinics and, as from 2nd December, 1953, appointed Miss Margaret Salmond, M.B.E., M.D., F.R.C.S., F.R.C.O.G., to undertake two sessions a week at the Park Lane Medical Centre.

Midwives Ante-natal Clinics

At the beginning of the year a separate midwife's clinic was started at the Mildura Court Centre, and the following table shows the attendances made at all clinics during the year :—

TABLE 1A

Midwives' Clinics	No. of sessions held	No. of new cases	Total No. of attendances	Average attendance per session
Burgoyne Road ...	42	2	163	3.9
Fortis Green ...	43	4	189	4.4
Mildura Court ...	47	1	168	3.6
Stroud Green ...	49	4	260	5.3
Park Lane... ..	153	.	1,243	8.1
Totals	334	11	2,023	6.1

Blood Tests

At three of the ante-natal clinics the mothers attending have their blood tested for haemoglobin as anaemia in an expectant mother is a serious disability for both mother and child. The mother is tested on her first visit and thereafter as often as may be required. In this way the state of her blood is kept under review and where iron deficiency is found, iron in the most suitable form for the patient is given.

During the year the following results were obtained :—

Centre	No. of women attended	No. of tests made	Results obtained	
			Percentage Haemoglobin	Percentage of women attended
Church Road	195	276	90-100	1.5
The Chestnuts	509	1,377	85- 90	13.0
Lordship Lane	346	968	75- 85	70.0
			60- 75	14.0
Totals	1,050	2,621	50- 60	1.5

In addition to haemoglobin estimation all expectant mothers attending ante-natal clinics have a specimen of blood taken for Wasserman reaction, blood grouping and determination of Rhesus factor.

Mothercraft Classes and Relaxation Exercises

These classes have been extended to include another Hornsey centre, making seven in the Area, at which these services are given. Many letters of appreciation have been received from mothers who have received instruction from the health visitors who carry out this educative work.

TABLE 2

Clinic	No. of sessions held	No. of new cases	Total No. of attendances	Average attendances per session
Burgoyne Road	26	13	158	6.1
Church Road	49	39	249	5.1
Fortis Green	46	81	573	12.5
Hornsey Town Hall	48	75	294	6.1
The Chestnuts	52	96	466	9.0
Lordship Lane	50	84	455	9.1
Park Lane	52	46	457	8.8
Totals	323	434	2,652	8.2

Post-natal Care

A post-natal appointment for examination is given to each mother who has received ante-natal care at the local centre. These appointments are the occasions on which the mother is informed of her physical condition following confinement and of what treatment should be undertaken in certain cases to ensure her return to full health.

Child Welfare and School Health Services Centres

The following twelve centres serve the needs of the Area :—

- Lordship Lane, N.17.
- Park Lane, N.17.
- The Chestnuts, St. Ann's Road, N.15.
- Cornwall Road, N.15.
- At rear of Hornsey Town Hall, N.8.
- Burgoyne Road, N.4.
- Church Road, Highgate, N.6.
- 162 Stroud Green Road, N.4.
- Mildura Court, N.8.
- Fortis Green, N.10.
- At rear of Tottenham Town Hall, N.15.
- 41 Coldfall Avenue, N.10.

Infants and young children attend following the health visitor's initial visit to the home following the notification of birth. Supervision of physical and mental health is given by health visitors. Medical officers experienced in child care attend on a sessional basis. Behaviour

problems, feeding and other matters are attended to in reasonable privacy and arrangements are made for immunisation and vaccination to be carried out.

Toddler Sessions are now operating in all Welfare Centres in the Area.

The periodic examination of children in the 2-5 age group ensures that children who are not otherwise regularly examined receive a medical overhaul. By this means defects are detected early and arrangements made for correction or treatment. Signs of maladjustments are discussed with the parents in order to restore the child to a mental and physical condition of well-being.

All the children attending the Toddler clinic at Mildura Court have been tested with tuberculin jelly.

Out of 322 children, two had been infected with tubercle.

The source of infection of these two children was traced to a person who was already under treatment at the Chest Clinic.

This small survey shows a very satisfactory state as far as tuberculosis in young children can be assessed.

Feb. 1st 1952-Jan. 31st 1953

Feb. 1st 1953-Jan. 31st 1954

	Under 2	2-3	3-4	4-5	Over 5	Total	Under 2	2-3	3-4	4-5	Over 5	Total
Boys—												
Negative	19	58	51	53	3	184	11	53	58	36	2	160
Positive	0	1	1	1	0	3	0	1	0	0	0	1
Defaulters	0	4	0	2	0	6	1	4	1	2	0	8
Totals	19	63	52	56	3	193	12	58	59	38	2	169
GIRLS—												
Negative	10	67	48	48	5	178	16	49	55	29	1	149
Positive	0	1	2	0	0	3	0	0	1	0	0	1
Defaulters	0	0	0	0	0	0	0	1	1	1	0	3
Totals	10	68	50	48	5	181	16	50	57	30	1	153

TABLE 3

Name of Centre	No. of sessions held	No. of first attendances under 1 year	No. of attendances			Total attendances	No. of cases seen by M.O.	Average attendance per session
			Under 1 year	Over 1 but under 2 years	Over 2 but under 5 years			
(i) INFANT WELFARE SESSIONS								
Burgoyne Rd.	148	210	3,828	856	154	4,838	1,245	32.7
Church Road	152	190	2,990	770	339	4,099	1,742	26.9
Fortis Green	197	261	3,997	923	341	5,261	1,665	26.7
Hornsey Town Hall	202	358	5,068	1,139	754	6,961	3,232	34.5
Mildura Court	102	202	3,567	974	447	4,988	1,692	48.9
Stroud Green	104	196	3,016	511	316	3,843	909	36.9
The Chestnuts	255	558	7,296	1,158	408	8,862	2,702	34.8
Lordship Lane	258	438	6,118	1,244	389	7,751	1,672	30.4
Park Lane	204	356	6,333	1,070	403	7,806	1,585	38.2
Total (i)	1,622	2,769	42,213	8,645	3,551	54,409	16,444	33.5
(ii) TODDLER SESSIONS								
Burgoyne Rd.	28	.	.	.	531	531	531	19.0
Church Road	47	.	.	.	458	458	441	9.7
Fortis Green	24	.	.	.	357	357	357	14.4
Hornsey Town Hall	52	.	.	.	637	637	637	12.3
Mildura Court	50	.	.	.	765	765	640	15.3
Stroud Green	23	.	.	.	313	313	312	13.6
The Chestnuts	52	.	.	.	736	736	736	14.2
Lordship Lane	52	.	.	.	807	807	807	15.5
Park Lane	101	.	.	.	804	804	778	8.0
Total (ii)	429	.	.	.	5,408	5,408	5,239	12.6
Total (i) and (ii)	2,051	2,769	42,213	8,645	8,959	59,817	21,683	29.2

Daily Guardian Scheme

This scheme has been operating in this Area for six years and has provided a very useful service for parents who are in need of assistance in finding a daily minder for one or two children under five years of age.

Certain safeguards for the protection of the children are imposed on Guardians undertaking this work. Health visitors are responsible for the approval of Guardians for registration and for visiting children in their care.

In order that both parents and Daily Guardians shall be aware of their responsibilities under the scheme, written information is given to each so that they are mutually aware of their obligations. At the end

of 1953 there were 133 Daily Guardians on the register of whom 68 were minding 79 children. The number of individual children minded during the year was 174 and they were in the care of Guardians for 17,559 days. These figures compare with 148 and 18,876 respectively for 1952.

Day Nurseries

The following table shows the number of children on the registers at the end of the year and the attendances made during the year. Comparative figures for 1951 and 1952 are also given.

TABLE 4

Name of Day Nursery	No. of approved places		No. of children on register at end of the year		Total No. of attendances			Average daily attendance
	Under 2	2-5	Under 2	2-5	Under 2	2-5	Total	
Ladywell ...	24	50	17	40	2,785	5,256	8,041	31.5
Red Gables ...	23	23	10	12	2,650	3,965	6,615	26.0
Stonecroft ...	15	45	8	8	1,717	4,806	6,523	25.6
Lordship Lane	10	30	1	5	1,965	4,707	6,672	26.2
Park Lane ...	20	30	14	30	2,540	4,369	6,909	27.1
Plevna ...	20	30	16	36	3,013	6,938	9,951	39.0
Totals 1953	112	208	66	131	14,670	30,041	44,711	175.4
Totals 1952	112	208	83	153	20,521	46,166	66,687	260.0
Totals 1951	112	208	114	232	21,867	45,479	67,346	262.0

Priority Dental Service

During the year the dental officers were able to devote approximately 15% of their time to the priority dental service. This is an improvement over previous years as will be seen from the following table. With the development of the dental service the percentage should rise to 20%, which is accepted as the proportion of the whole dental service which should be devoted to the priority classes, i.e., expectant and nursing mothers and children under five years of age. A new dental clinic was completed at the end of the year and we were fortunate in obtaining the services of a newly qualified dental officer for it. A second new dental clinic has since been completed, but at the time of writing this report the services of another dental officer have not been obtained.

TABLE 5

	1953		1952		1951	
	Expect- ant and Nursing Mothers	Children under 5	Expect- ant and Nursing Mothers	Children under 5	Expect- ant and Nursing Mothers	Children under 5
No. examined by dental officer ...	388	833	226	1,127	43	879
No. referred for treatment ...	349	750	211	992	42	795
New cases com- menced treatment	298	745	179	876	37	715
Cases made dentally fit... ..	113	380	77	663	21	462
Forms of dental treatment pro- vided :—						
Teeth extracted	478	610	200	879	53	893
Anaesthetics :						
(a) Local ...	126	148	64	192	10	196
(b) General...	85	217	40	308	9	275
No. of fillings ...	637	1,323	234	1,562	35	1,005
No. of root fillings...	2	.	.	.	1	.
No. of inlays ...	1	1	2	.	.	.
Scalings and gum treatment ...	156	.	72	.	16	.
Silver nitrate treat- ment ... ..	.	791	.	1,165	.	944
Dressings	141	547	81	752	6	687
Other operations ...	20	207	11	106	1	94
No. of Radiographs:						
(a) at County						
Council clinics	18	3	5	2	.	2
(b) at hospital ...	.	.	2	.	.	.
Denture dressings...	168	.	73	.	55	.
Dentures fitted :						
(a) full	14	.	5	.	6	.
(b) partial	45	.	14	.	8	.
No. of attendances	1,133	1,827	468	2,114	104	1,663
No. of appointments not kept	321	326	170	306	16	230
No. of $\frac{1}{2}$ days de- voted to treatment	365		300		212	

MIDWIFERY SERVICE

Section 23

The number of home confinements shows a slight increase over 1952, but the expected increase in bookings due to the larger financial benefits now available has not yet developed. As from 26th October, 1953, maternity cash benefits were increased and changes were made in the conditions under which they are paid, with the object of encouraging mothers to have their babies at home instead of in hospital.

One midwife retired during the year and this reduced the number employed in the Area to twelve. Seven midwives are teachers of district midwifery approved by the Central Midwives Board. During the year nineteen pupil midwives were given the three months training required before taking their examinations.

Relief of pain in childbirth has received much attention. All the midwives are conscious of their responsibility in this matter, and with the new drugs and gas and air analgesia the results have been good. With more knowledge of the mind of the expectant mother greater care is taken to help her to get the right psychological approach to her confinement. With this end in view the mothercraft classes teach simple breathing exercises, relaxation, and the use of the gas and air apparatus, all of which contribute to the relief of pain.

Co-operation with other branches of the health service is good, especially with the general practitioners and the ambulance service. There is a free interchange of information between the midwives and health visitors.

The following table shows details of the cases attended by the Area domiciliary midwives :—

TABLE 6

No. of deliveries attended	...	...	...	...	...	...	572
No. of visits made	...	...	...	...	...	...	10,327
No. of hospital confinements discharged before 14th day	...	...	...	...	...	...	29
No. of visits made	...	...	...	...	...	...	276
No. of cases in which medical aid was summoned	...	...	...	...	...	...	158
No. of cases in which gas and air analgesia was administered	...	...	...	...	...	...	405
No. of cases in which pethidine was administered	...	...	...	...	...	...	196

HEALTH VISITING

Section 24

The health visitor/school nurse is the all-purpose medico-social worker who visits the family in health and sickness but her main duty is to advise and help all persons on her district to promote and maintain good health, to prevent mental and physical disorders and anxieties which often precede breakdown. She plays a useful part in after-care by visiting the home prior to a patient's return from hospital (when this is known) to make arrangements for reception and home-care. Her work in advising parents on the feeding and care of children in Infant Welfare Centres is well known, as are her duties in the ante-natal clinics and school health service.

The health visitor as the family confidante visits all the homes on her district and this is still the most important part of her work.

Practical training of health visitor students in home visiting, duties in the Centres, health education, writing of reports, maintenance of records, has been given to students from Middlesex, Battersea Polytechnic and the Royal College of Nursing. The shortage of health visiting staff and the increasing demand for her services is a matter of some concern and on this account more selective visiting has taken the place of routine visiting and other measures have been taken to relieve the health visitor of some clerical work. Some school nursing duties have also been delegated to school and clinic nurses.

TABLE 7

No. of visits paid by Health Visitors working in the Area					1953	1952
Expectant Mothers	...	...	...	First Visits	2,013	2,077
				Total Visits	3,278	3,332
Children under 1 year of age	...	...	...	First Visits	3,227	3,204
				Total Visits	14,448	15,241
Children age 1 - 2	...	...	...	Total Visits	8,343	20,804
Children age 2 - 5	...	...	...	Total Visits	14,522	
Tuberculous households	...	...	...	Total Visits	3	
Other cases	...	Total Visits as Health Visitor			4,478	4,010
		Total Visits as School Nurse			1,326	3,417

Co-operation with General Medical Practitioners

The extent to which co-operation between general practitioners and health visitors exists varies considerably but full co-operation can only be achieved by goodwill on both sides. This is developing in this Area.

A circular letter and map showing the position of local clinics was sent to each general practitioner giving the address and telephone number of the health visitor of the district and the time that she is available to receive calls.

Suggestions were also made as to the means by which health visitors can assist general practitioners.

Discussions have also taken place at the liaison committee of the local branch of the British Medical Association.

Co-operation with hospitals

There is excellent co-operation between the Area Health Department and neighbouring hospitals and their personnel. A health visitor regularly attends the paediatric department of the Prince of Wales's Hospital and has personal contacts with consultants and almoners so that there is free exchange of information between the hospital and health visiting services. Information and enquiries are also received daily by telephone concerning patients living in this Area from hospitals further afield and 248 written health visitors' reports were sent out to these and other bodies during the year.

Health Education

A very important part of the health visitor/school nurse's work is teaching parentcraft and home-making to individuals in their own homes, at welfare centres and schools.

Class teaching in schools (particularly secondary modern girls' schools) in the Area has increased during the last few years, and in 1953 no less than one hundred talks were given. The aim is that as many girls as possible shall receive a course of lectures, discussions and demonstrations on mothercraft before they leave school. A few of the talks were given to mixed school audiences on common health problems.

Several members of the health visiting staff also gave talks to such local organisations as Old People's Welfare Associations, the Women's Branch of the British Legion, British Red Cross Society, Girls Life Brigade, Church Societies, Student Nursery Nurses and the Training Home for Women Delinquents.

Lectures to Student Nurses at the Prince of Wales's General Hospital

The General Nursing Council's revised syllabus of training requires a study of social and preventive medicine to fit the nurse in training for her place in the National Health Service.

During 1953 four lectures were given by the Superintendent Health Visitor in this connection at the request of the Prince of Wales's Hospital. To satisfy a later request two lectures were given to Ward Sisters, and one other to nurses in the Preliminary Training School.

Surveys and Researches

Health visitors have assisted government departments, national bodies, health and education authorities by undertaking special investigations for the following purposes :—

Enquiry into Public Opinion on Health (T.B.)

Ministry Enquiry into Virus Infection.

Enquiry into Prematurity and Neo-natal Deaths.

National Survey on the Health and Development of Children.

Tuberculosis Vaccine Trials.

HOME NURSING

Section 25

The home nursing service has continued on the same lines as in previous years. The winter of 1953 was very mild with few fogs and as a consequence the service did not encounter the overwhelming demand which usually occurs during November and December.

General practitioners and hospitals use the service very fully. The number of requests for the administration of antibiotics increases year by year. A Ministry of Health circular has laid down the method to be used when administering streptomycin on account of the tendency of staff to develop a reaction after handling the drug, usually in the form of dermatitis. No nurse has suffered any reaction in this Area.

Another aspect of the home nursing service which is becoming more familiar is the nursing at home of the elderly ill patient who for one reason or another cannot be admitted to hospital. These patients are a constant source of anxiety as they are often in a very neglected state and living alone, and all the resources of the service do not seem adequately to meet their needs.

Very full use is made of the services of the British Red Cross Society and the Old People's Welfare Committees and all requests are met with promptness and courtesy.

The following table gives details of the cases attended by home nurses during the year. It is set out in the form now required by the Ministry of Health and direct comparison with previous years is not possible.

TABLE 8

Type of Case	No. of new cases attended by home nurse during year			No. of cases remaining on register at end of year			No. of visits paid by home nurses during year
	M	F	Total	M	F	Total	
Medical	842	1,537	2,379	148	316	464	55,727
Surgical	193	328	521	21	29	50	10,348
Infectious diseases ...	1	2	3	.	.	.	17
Tuberculosis	86	56	142	13	10	23	5,056
Maternal complications	.	18	18	.	1	1	179
Others ... ..	.	4	4	.	.	.	125
Totals	1,122	1,945	3,067	182	356	538	71,452

VACCINATION AND IMMUNISATION

Section 26

Vaccination

The scheme to provide for the vaccination of infants by medical officers at the centres has produced dramatic results, and a better percentage of infant vaccination was achieved last year than when vaccination was compulsory. In 1947 the percentage of vaccinated children under 1 year of age was 41%. In 1949 the figure had fallen to 18% and last year the percentage for the Area was no less than 51%. This indicates that the intensive education of parents on the importance of vaccination, which has been a routine function of the medical and nursing staff of the Area health service, is bearing fruit and is greatly aided by the facilities now available at the clinics.

The following table records the number of persons known to have been vaccinated or re-vaccinated during 1953, by general practitioners and clinic medical officers.

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 ...	1594	64	43	34	109	1,844
(ii) No. of persons re-vaccinated	.	1	7	50	321	490

Immunisation against Diphtheria and Whooping Cough

As mentioned in my last annual report, it was decided towards the end of 1952 that general use should be made of the new combined diphtheria pertussis vaccine in preference to the previous policy of providing immunisation against diphtheria and whooping cough in two separate courses of injections. The new vaccine has the advantage of reducing the number of injections required from five or six to only three.

The success of previous efforts to secure that all children were immunised against diphtheria can be measured by the fact that this disease has been virtually eliminated, but as was pointed out by the Minister of Health early in 1953 the continuance of this happy state of affairs is conditional upon the maintenance of an adequate level of immunisation. To ensure that this is done the Minister suggested that the aim of all authorities should be to secure that at least 75% of babies are immunised **before the end of the first year of life.**

In order to achieve this it was considered necessary in May, 1953, to implement a new policy in the Area with the intention of combating any tendency on the part of parents to the complacent attitude that it was no longer necessary to have their children immunised against diphtheria.

The following is the outline of the scheme which was then put into operation and which is continuing in use.

Primary Immunisation

1. Doctors and health visitors are asked to make a particular point of enquiring of all mothers attending welfare centres whether their children have been immunised, and as more than 85% of children born attend in their first year of life, the aim must be to secure the immunisation of most of this number.
2. Immunisation sessions are held at least monthly at all welfare centres (twice a month at the larger ones).
3. Immunisation sessions are on an appointment basis, although no child who attends without an appointment is refused immunisation. The appointment system has been devised to operate as follows :—
 - (a) Appointments to commence a course of injections are sent out by reference to the birth register as soon as a child reaches the age of six months.
 - (b) Non-attenders are given a second appointment.
 - (c) Failure to attend at the second opportunity is followed up by the health visitor.
 - (d) Children who do not return for second or third injections are sent further appointments and followed up by the health visitor to ensure completion of the course.
 - (e) All completed courses are noted against the child's name in the birth register and if there is no entry by the time a child is a year old the name is notified to the health visitor for further follow-up.
4. Graphs and statistics are prepared at regular intervals and widely distributed to foster a spirit of competition between different centres and health visitors.

Boosting Injections

1. The aim is to secure that all children receive a boosting injection in their first year at a primary school. Letters to parents of all new entrants are distributed through the schools.
2. When the necessary consents have been received in response to these letters, sessions are arranged at the schools when a doctor attends to carry out all immunisations necessary.

It became apparent during the year, from information supplied by health visitors, that a number of children were leaving the Area before

reaching the age of six months. As this factor, if significant, would tend to explain the difficulty in achieving the Ministry of Health target of 75% immunised children under one year of age, a fuller investigation was carried out. It was found that for the Area as a whole approximately 10% of the children born between October, 1952, and July, 1953, moved out of the Area before they were six months old. The health visitor's district served by the Fortis Green Centre showed the greatest number of such removals, no less than 20% of such children having left the district. This migration is compensated to some extent by movements into the Area. Some of these children are notified to us by the health authorities in whose areas they previously resided, while others are taken by their mothers to the infant welfare centres or are found by the health visitors on their districts. There is no guarantee, however, that every unimmunised baby who comes to live in the Area is brought within the ambit of the above scheme, and to that extent the attainable immunisation percentage is reduced.

Notwithstanding this, the success of the local campaign may be judged from the following table which records immunisations carried out by area medical staff and general practitioners during 1953. 410 more children were primarily immunised and 1,258 more received reinforcing injections than in 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	253	1,093	62	.	.
One	268	647	313	.	.
Two	59	70	71	.	.
Three	33	45	43	6	2
Four	44	30	21	344	51
Five to nine	98	19	17	2,025	62
Ten to Fourteen	7	.	.	40	1
Totals	762	1,904	527	2,415	116

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 admission to recuperative holiday homes.

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

				Applications received	Admissions recommended
Adults	...	...	...	312	216
Children	...	...	...	17	13
				<hr/> 329 <hr/>	<hr/> 229 <hr/>

DOMESTIC HELP SERVICE

Section 29

The number of new cases provided with help during the year was 742 compared with 638 in 1952. The number of old cases for which help was continued from 1952 totalled 520 as compared with 605 for the previous year. The total number of cases, old and new, provided with help during the year was almost the same as the total for 1952. The number of cases being provided with help at the end of the year, however, indicates that the demand for the service is likely to increase in future.

The following table shows details of the cases served during the year :—

TABLE 11

Cases provided with help	No. of new cases provided with help	No. of old cases for which help was continued from 1952	Total No. of cases provided with help during year	Total No. of cases still being provided with help at end of year
Maternity (including expectant mothers)	123	2	125	10
Tuberculosis	47	46	93	58
Chronic Sick (including aged and infirm)	357	433	790	512
Others	215	39	254	38
Totals	742	520	1,262	618

SCHOOL HEALTH SERVICE

The year 1953 has been a successful one for the School Health Service. The routine work has been carried out as in previous years and progress can be reported in several branches.

A considerable increase is noted in the number of children receiving a booster immunisation dose against diphtheria.

The dental services have expanded by completion of new accommodation at Park Lane and Cornwall Road. Also a much needed Child Guidance Centre has started work at Cornwall Road.

Progress envisaged during the coming year includes the establishment of a Spastic Unit at Vale Road Day Special School for Physically Handicapped Children, and the possible introduction of B.C.G. Vaccination against Tuberculosis for thirteen-year-olds.

Routine Medical Inspection

The value of present day routine medical inspection depends on the ability of doctor and parent to establish a relationship when they can discuss the child in an atmosphere undisturbed emotionally by any illness of the child. Ample time is most desirable and it may be true to say that the value of a routine medical inspection is in inverse proportion to the number of children seen at the session.

Discussion with parents and talks given to Parent-Teacher Associations suggest that most parents are very satisfied with the physical health of their children, but they are frequently worried by behaviour problems. The proportion of a doctor's time needed to deal with these problems is increasing and a knowledge of child psychology is of great value to the school doctor.

Routine medical inspections carried out in this Area confirm that the children are healthy. From time to time attempts are made to assess children's health in statistical form. Statistics relating to child health can be divided into two types, figures based on factual diagnosis and figures based on the opinion of the examining medical officer. The factual group of statistics include figures relating to visual defects, squint, enlarged adenoids and measurement of intelligence. Such statistics may be usefully recorded and compared from place to place in differing periods of time. Statistics that are based on the opinion of the examining doctor should be accepted with reserve when recorded numerically unless a serious attempt has been made to standardise the opinions of the examining doctors. Such statistics include figures relating to enlargement of tonsils, flat feet, general condition or deviations in behaviour. Statistics gained from this latter source will show variations attributable more to the differing standards of the doctors concerned than to any fundamental difference in the children examined.

Hospital Child Health Departments

Once again I wish to pay tribute to the co-operation received by the School Health Service from the Children's Department at the Prince of Wales's General Hospital, Tottenham, under Dr. Ian Anderson, M.D., M.R.C.P., Consultant Paediatrician, and for the opportunity of having the services of Dr. J. Nuttall-Horne, M.D., M.R.C.P., Paediatric Registrar, in Tottenham, participating in the work of the local authority's clinics. We are also grateful for the opportunity given to a member of the area medical staff to attend as a clinical assistant in the children's department of the hospital for one session a week.

In Hornsey close co-operation has been made with the Child Health Department in Whittington Hospital under Dr. S. Yudkin, M.B., M.R.C.P., D.C.H., the Consultant Paediatrician. During the year members of the area medical staff have accepted the opportunity to attend weekend post-graduate sessions in Dr. Yudkin's department, primarily arranged for general medical practitioners in the district.

Rheumatism Supervisory Centre

The rheumatism supervisory scheme has now been in operation since August, 1951, under the overall direction of Dr. I. M. Anderson, Consultant Paediatrician, Prince of Wales's Hospital, with the close co-operation of the local Public Health and Area Health Departments.

Children are referred to the clinic by general medical practitioners 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. Anns General Hospital suffering from acute rheumatic fever and allied conditions. After discharge from hospital these patients attend the supervisory clinic.

The supervisory clinic sessions 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 area medical officer, assisted by a sister-in-charge and a clerk from the Area health office. Both first and subsequent cases 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 General 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.

Following 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 of special educational requirements.

It was originally intended to take steps to obtain a local order making acute rheumatism compulsorily notifiable, but following discussion with officers of the Ministry of Health it was decided during the year not to proceed with this application since the present scheme appeared to bring under the care of the supervisory centre all children in the Area needing treatment.

	Resident in Tottenham area	Resident in other areas
No. of New Patients —Male	13	12
—Female	14	6
Total	27	18
DIAGNOSIS :		
Rheumatic Fever cases	12	9
Rheumatic Fever recurrence ... ..	.	1
Rheumatic Carditis	3	2
Chorea alone	1	1
Chorea with Carditis	1	.
Congenital Cardiac Lesions	4	5
Rheumatoid Arthritis	3	.
Rheumatic Pains	1	.
Other causes	2	.
DISPOSAL :		
Admitted to hospital	19	13
Deaths (Mongol infant with Congenital Heart Lesions)	1	.
Transfers ... ..	.	1
Discharges	2	2
SCHOOL ATTENDANCE :		
Full School	21	7
Restricted School	3	5
Special School ... ..	.	1
Pre-school	3	5

The Handicapped Pupil

A Handicapped Pupil is by definition one who is in need of Special Educational Treatment. For the thinly populated rural areas the only possible provision for such children is residential schooling, but in the densely peopled Metropolitan Area residential provision is an expensive alternative to day special schools. In this Area there appears to be a sufficient number of children of junior school age to justify the establishment of a day school for partially deaf children, which unit could be attached to an ordinary school.

The proposal to provide facilities for the treatment of children suffering from cerebral palsy at the Vale Road Special School for Physically Handicapped Children will need extra accommodation for the larger number expected and for the expansion of therapy facilities following the appointment by the North East Metropolitan Regional

Hospital Board of a Medical Director to the Spastic Unit. For the third year in succession disappointment must be expressed at the failure to obtain a full establishment of physiotherapy staff at this school.

Ascertainment of Deaf and Partially Deaf Children

Following a gramophone audiometry survey into the incidence and causes of deafness in school children, carried out in this Area and two other Areas in the County, the County Council decided during the year to extend the scheme in a modified way to the whole County. Under the new arrangement, this Area is grouped with Area 4 (Finchley and Hendon) and will share the services of an audiometrician and also equipment. Miss L. Harper, who carried out the initial survey in this Area, resigned in July, 1953, and was replaced by Mrs. E. M. Perry in September, 1953. Since the 1st December, 1953, Mrs. Perry has been working in Area 4, and while it is intended that her time will be shared equally between the two Areas, for the sake of convenience she will generally work for a fairly long continuous period in each Area.

Tottenham Day Special School for the Deaf

The work of the School for the Deaf which had accommodation for 80 children has been augmented by the establishment of a nursery class for 20 children under the age of five years. This nursery class was officially opened at the end of last year. The age range is now from three to sixteen years and the catchment from a wide area of Middlesex plus a few children by arrangement with neighbouring Counties. Children living at a distance from the School are provided with motor transport and a number of the senior children travel independently by public transport.

A waiting list of Middlesex children is kept for children awaiting admission to the School, and before names are added to the list there is full consultation on the medical and educational aspects between the staffs of the two departments. The teaching of the School is by oral method, i.e., the aim is to produce speech as opposed to communication by the manual method. Each year one or more pupils enter the entrance examination for Mary Hare Grammar School for Deaf Children at Newbury.

As in previous years I would again stress the importance of separating, as far as possible, the partially deaf from the totally deaf, the former at present being in the minority at the School. The question of establishing a class for the partially deaf in an ordinary school is mentioned earlier in this report.

Audiology Unit

To improve further the service for the treatment of children totally or partially deaf, the Committee has recommended, and the County Health Committee has approved in principle, a proposal to establish

an Audiology Unit which will be concerned with the speech training of infants under two years of age, in co-operation with their parents.

Although the Education Committee provides special educational treatment for deaf and partially deaf children from the age of two years, early diagnosis and parental co-operation in speech training of even younger children are essential to obtaining the best results.

Delay in establishing such a unit has arisen because of the shortage of trained teachers in this work ; but the matter is still under consideration by the Borough of Tottenham Education Committee.

Orthopaedic Service

The orthopaedic clinics, as in previous years, are attended by the visiting orthopaedic specialists, appointed by the Regional Hospital Boards, as follows :—

Lordship Lane : Mr. E. Hambly, M.B., F.R.C.S.

Hornsey Town Hall : Mr. G. Rigby-Jones, M.C., M.B., F.R.C.S.

Children are referred to these clinics as a result of routine medical inspections in schools or from minor ailments clinics, and following the advice of the orthopaedic specialists arrangements are made for remedial exercises and physiotherapy.

Chiropody Service

This useful medical auxiliary service has been continued for the priority classes of mothers and school children. Details of attendances and conditions treated are set out in a table in the Appendix to this report.

A chiropody service for aged persons is conducted on school health service premises at Lordship Lane by arrangement with the Tottenham Old People's Welfare Committee. It is known, however, that there is a long waiting list and once again the Committee's attention is drawn to the apparent need for expansion of this worth-while service.

Speech Therapy

Work has continued without interruption during 1953. Through the co-operation of doctors and health visitors, about a quarter of the children referred during the year were under five years of age. This has given invaluable opportunities for reassurance and guidance to mothers, even where the child is too young for direct treatment, as failure of their children's speech to measure up to normal standards is a major source of anxiety.

Early referral is of particular importance in cases of stammering. The older the child, the more lengthy becomes his treatment, on account of habit factors and the development of secondary symptoms. The problem of adequate testing for an intermittent difficulty, and the possibility of serious deterioration in even an initially slight case should be kept in mind.

Cerebral palsy cases at Vale Road School for Physically Handicapped Children have been receiving two to three treatments weekly.

Orthoptic Treatment

During the year arrangements were made for children suffering from squint to attend for treatment at the clinic at Prince of Wales's General Hospital, all cases being recommended by the ophthalmologist at the Lordship Lane Clinic. This local service is proving more convenient for parents than having to make the journey to a central London hospital.

In Hornsey, four sessions a week have been held at the orthoptic clinic at Hornsey Town Hall, and such additional sessions as are needed from time to time.

Child Guidance Centres

I am indebted to Dr. Cyril Phillips, Visiting Psychiatrist, for the following report on the year's work :—

"The work at the Hornsey Child Guidance Centre has continued on well-established lines, but two important changes have occurred. A full Child Guidance Service for children of school age started for the first time in Tottenham at the beginning of December, 1953, and this enables the integrated handling of emotional and educational problems to be dealt with within our area instead of by an outside Clinic with its disadvantages of long travelling time and a somewhat unavoidable remoteness. During the three months the centre in Tottenham has been functioning, it has been pre-occupied with acute cases, mostly of behaviour problems, where exclusion from school was necessary or urgent placement required.

"The treatment waiting list at Hornsey, where the lay therapist works six sessions weekly, is now well over a year and in Tottenham, where only four similar sessions are worked, it is reasonable to assume that the waiting period will be even longer. There has also been an enquiry from the Juvenile Court in Tottenham about seeing some of their cases for psychiatric diagnosis and possibly treatment, so that at the time of review it seems that the moderately ill and disturbed children, or the minor cases, for which so much can be done with relatively little effort, might well be crowded out.

"The second of the two changes concerns the children aged two to five years, that is, pre-school age group. While awaiting for the Tottenham Centre to begin functioning, the Psychiatrist's two available sessions were spent semi-officially in seeing children of these ages together with the mothers for advice and treatment. In this project, which was somewhat experimental, and which lasted a year and had the interested co-operation of Health Visitors and School Medical Officers, a great deal was accomplished. It was found that these very young children and their mothers responded extremely well and in a much shorter time than either children of

an older age or parents seen on their own. There is no doubt that the mother of a very young child has far less rigidity in her personality and is more able to make changes because of her maternal feelings than at any other time in her life. Therefore, psychiatric work with this age group is possibly the most valuable that can be done from the point of view of public health and preventive medicine, particularly as modern scientific work emphasises that these years are the important formative years for the child's personality. It would seem, therefore, from the economic point of view, that work of this nature produces a far better return for the expenditure involved than any other in the psychiatric field. Unhappily, only an insignificant number of pre-school children can be seen in the ordinary way at the Hornsey and Tottenham centres and it must be said that the lack of psychiatric help readily available for them is a most serious defect in the present service."

Tuberculosis in School Children

During the past year an attempt has been made to devise a plan for epidemiological action when a case of tuberculosis is discovered in a school.

Notified cases are classified as infectious or non-infectious. If the case is infectious and the contacts are over the age of 14 years, a chest X-ray is advised. If the case is infectious and the contacts are under 14 years, a patch test is given and if the result is positive an X-ray is advised together with a search for undiagnosed infectious home contacts; should the patch test be negative no further action is taken.

When a case of non-infectious tuberculosis is discovered in a school child, the source of infection is sought in the child's own family, but if two or more children attending the same school are notified as tuberculous or if no infecting contact is found at home, arrangements are made for epidemiological investigation of the school, as if an infectious case had been notified.

The following epidemiological investigations were carried out during 1953 :—

Tollington Grammar School

389 boys and 24 staff were X-rayed following the discovery of a case of open tuberculosis in a 17-year-old boy attending the school. As a result of the X-rays one boy is under observation at the Chest Clinic though he is not a notifiable case of tuberculosis. It is unlikely that this boy's infection was acquired in a school because two older brothers are suffering from the disease.

Tottenham Grammar School

Following a diagnosis of tuberculosis in a master at the school, 533 boys and 23 staff attended for X-ray. As a result, one inactive case of primary tuberculosis was found and two boys are being kept under observation at the Chest Clinic.

Rowland Hill Secondary Modern School

A patch test was carried out on 18 classmates of a boy who was found to be suffering from pulmonary tuberculosis of a type not regarded as infectious. Two of the boys were positive to patch test and a subsequent chest X-ray of these two boys showed no abnormality.

Down Lane Junior School

Following a report that a teacher had been admitted to hospital with pulmonary tuberculosis, patch testing with Evans' modified Vollmer and Goldberger Method was carried out on 255 children aged between seven and 11 years.

The result of the patch test showed 239 children negative and 16 children positive. The 16 "patch positives" were scattered in different classes in the school and therefore it was considered improbable that they had derived their infection from a common source. Further enquiry revealed that four of the children had experienced home contact with tuberculosis infection.

An attempt was made to compare the life history of the 12 unexplained "patch positives" with 12 patch negative controls. The homes of both series were visited by a health visitor who asked the mother of each child, "How many weeks has your child spent in hospital during his life?" The answers are tabulated below and the result suggests that a history of admission to hospital for any reason is a factor in the conversion to tuberculin sensitivity.

Estimated number of weeks stay in hospital	
12 patch positives	12 patch negatives controls
.	.
.	.
.	.
$\frac{1}{2}$.
2	.
2	.
4	.
4	.
12	.
39	$8\frac{1}{2}$
42	10

Statistical Information

Statistics relating to the work of the school health service during 1953 are not contained in the following tables.

TABLE 12
PERIODIC MEDICAL INSPECTION

Periodic Medical Inspections				Other periodic inspections
Entrants	Second age group	Third age group	Total	
1,789	1,450	669	3,908	981

Other Inspections

Special inspections	Re-inspections
2,037	2,037

TABLE 13
CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS

Age Groups				A (Good)		B (Fair)		C (Poor)	
				No.	%	No.	%	No.	%
Entrants	...	...	1,789	862	48.2	923	51.6	4	0.2
Second Age Group			1,450	751	51.8	695	47.9	4	0.3
Third Age Group	...		669	399	59.6	269	40.2	1	0.2
Other periodic inspections	...		981	468	47.7	505	51.5	8	0.8
TOTAL	...	...	4,889	2,480	50.7	2,392	48.9	17	0.4

TABLE 14
DEFECTS FOUND BY MEDICAL INSPECTION

Defect or Disease	Periodic Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	1.	2.	1.	2.
Skin	7	66	178	6
Eyes <i>a.</i> Vision	122	70	90	14
<i>b.</i> Squint	17	29	7	3
<i>c.</i> Other	23	16	98	12
Ears <i>a.</i> Hearing	20	48	39	4
<i>b.</i> Otitis media	9	82	6	3
<i>c.</i> Other	9	14	56	4
Nose and Throat	40	320	43	10
Speech	15	41	27	2
Cervical Glands ... ..	.	114	6	1
Heart and Circulation	1	111	4	.
Lungs	2	112	39	2
Developmental—				
<i>a.</i> Hernia	1	1	1	2
<i>b.</i> Other ... ..	.	17	3	1
Orthopaedic—				
<i>a.</i> Posture	19	58	15	1
<i>b.</i> Flat foot	39	105	11	1
<i>c.</i> Other	85	191	94	8
Nervous System—				
<i>a.</i> Epilepsy	1	3	1	.
<i>b.</i> Other	3	9	7	4
Psychological—				
<i>a.</i> Development ... ..	.	25	24	12
<i>b.</i> Stability	6	51	8	4
Other	14	340	1,095	44

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	7	101	104
Second Age Group	55	125	168
Third Age Group	23	24	45
Total (prescribed groups) ...	85	250	317
Other periodic inspections ...	37	49	84
GRAND TOTAL	122	299	401

TABLE 16
MINOR AILMENTS

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
(a) Diseases of the Skin (excluding uncleanness)		
Ringworm (body)	1	.
Impetigo	64	.
Other skin diseases	201	.
TOTAL	266	.

(b) Other treatment given not covered by other tables	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments	591	2
(b) Other (specify under one of following headings)		
Nervous System	2	.
Digestive System	2	.
Respiratory System	3	35
Skeletal System	3	.
Infectious Disease	4	.
Pyrexia of unknown origin ...	2	.
Psychogenic	1	.
Developmental	1	1
Excretory System	14	.
Debility	29	.
Colds and Rheumatism	19	.
Minor Injuries	338	.
Miscellaneous Surgical	34	.
TOTAL	1,043	38

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	111	180
Errors of Refraction (including squint)	.	890
TOTAL	111	1,070
Number of pupils for whom spectacles were prescribed ... ..	.	550*

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.
Glasses are supplied direct to patients by National Health Service Opticians.

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

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment		
(a) for adenoids and chronic tonsillitis	.	5
(b) for other nose and throat conditions	.	2
Received other forms of treatment ...	288	31
TOTAL	288	38

TABLE 19—ORTHOPAEDIC AND POSTURAL DEFECTS

	by the Authority	Otherwise
Treated in clinics or out-patients departments	10	524

TABLE 20—CHILD GUIDANCE AND SPEECH THERAPY

No. of pupils treated :	Child Guidance	Speech Therapy
(i) By the Authority ... ..	.	106
(ii) Otherwise	25	.

TABLE 21—DENTAL INSPECTIONS AND TREATMENT

AGE GROUPS	No. inspected	No. found to require treatment	No. referred for treatment at the County Council's Dental Clinics
Under 5*	20	17	17
5—16 and over	3,580	2,724	2,587
Specials	1,949	1,909	1,908
TOTALS	5,549	4,650	4,512

*Nursery Schools only.

Number of pupils commenced treatment	3,162
Number of pupils treatment completed	2,395
Number of attendances made by pupils for treatment ..	8,170
Number of appointments not kept	1,332
Number of half days devoted to (a) Inspection	37
(b) Treatment	1,152
Fillings—Permanent Teeth	5,318
Temporary Teeth	2,250
Number of teeth filled—Permanent Teeth	4,391
Temporary Teeth	2,179
Extractions—Permanent Teeth	347
Permanent Teeth for Orthodonture	100
Total Permanent Teeth	447
Temporary Teeth	3,057
Anaesthetics—(a) General	819
(b) Local	983
(c) Regional	345
Other operations—(a) Permanent Teeth	1,338
(b) Temporary Teeth	2,845

TABLE 21 (contd.)

**SPECIAL DENTAL TREATMENT
UNDERTAKEN BY DENTAL OFFICERS**

Number of impressions	58
Number of dentures fitted	20
Number of radiographs	99

TABLE 22
ORTHODONTIC EXAMINATION AND TREATMENT

Number of pupils commenced treatment (first attendance)	64
Number of attendances made for treatment	511
Number of consultations	15
Number of impressions, etc.	254
Number of fixed appliances fitted	1
Number of removable appliances fitted	65
Number of radiographs	26
Number of pupils treatment completed	9
Number of orthodontic sessions ($\frac{1}{2}$ days)	46

TABLE 23—INFESTATION WITH VERMIN

Total number of examinations	33,651
Total number of pupils found to be infested	60
Total number of <i>individual</i> pupils found to be infested for the first time during current year	42

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 ..	151
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	4
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	7
Sub-Section 4 .. ..	.
Sub-Section 5	1

TABLE 26—MEDICAL EXAMINATION OF TEACHERS

(a) Number of Teachers examined as to fitness for appointment	3
(b) Number of Students examined as to fitness for first appointment	18
(c) Number of Students examined as to fitness to undertake training course	27

TABLE 27—CHIROPODY

	BOYS				GIRLS			
AGES	0-5	5-10	10-15	Total	0-5	5-10	10-15	Total
Attendances : FIRST	4	19	21	44	2	23	48	73
SUBSEQUENT	6	63	92	161	2	102	229	333
Conditions—Cases treated at Clinic								
Callosity ... ..	.	.	.	.	.	2	1	3
Corns	3	7	1	11	1	6	10	17
Foot Wart ... ..	.	12	16	28	.	15	33	48
Ingrowing Toe Nails...	.	.	1	1	.	.	1	1
Splintered Undernail	.	1	.	1	.	.	.	.
Curved Nails... ..	1	.	.	1	.	.	.	.
Injury to nail ... ..	.	.	1	1	.	.	.	.
Abnormally thickened nails ... ..	.	.	.	.	1	.	1	2
Involuted Nails ... ..	.	.	1	1	.	.	.	.
Septic Injury to Nail	.	.	1	1	.	.	.	.
Hammer Toe ... ..	.	.	.	.	.	.	1	1
Conditions—Cases referred to Orthopaedic Clinic								
Valgus Feet ... ..	.	.	1	1	.	.	1	1
Mortons Toe ... ..	.	.	.	.	.	.	1	1

TABLE 28—ORTHOPTIC TREATMENT

Number of New Cases	Number of Cases receiving treatment	Total Attendances
69	79	794

TABLE 29—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	3	.	1	1	4	1	.	1	3	.	.	.	.	.	1	.	4	1
Partially Sighted Pupils ... ..	.	7	2	1	1	6	1	6	.	.	.	.	.	.	.	.	1	6
Deaf Pupils	1	1	1	1	1	1	.	1	1	.	.	.	.	.	.	.	1	1
Partially Deaf Pupils... ..	5	6	.	.	4	3	3	.	1	1	.	2	.	.	.	.	4	3
Educationally Sub-Normal Pupils	34	20	7	4	34	22	24	18	6	2	3	2	.	.	1	.	34	22	
Epileptic Pupils	1	1	.	1	1	2	.	.	1	1	.	1	.	.	.	.	1	2
Maladjusted Pupils	23	8	4	.	14	4	.	.	7	4	6	.	1	.	.	.	14	4	
Physically Handicapped Pupils	7	2	1	2	6	4	3	3	.	1	.	.	2	.	1	.	6	4	
Pupils with Speech Defects	117	41	32	12	56	18	.	.	.	.	55	18	.	.	1	.	56	18
Delicate Pupils	9	5	19	10	12	8	1	1	10	6	1	1	.	.	.	.	12	8
Pupils with Multiple Defects	2	.	.	.	1	.	.	.	.	.	.	.	.	.	1	.	1	.
TOTALS	202	91	67	32	134	69	32	30	29	15	65	24	3	.	5	.	134	69	
GRAND TOTALS	293		99		203		62		44		89		3		5		203		
Children not ascertained as H.P. but recommended convalescence in Holiday Home or Camp School.						B													
						21													

