

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

### **Contributors**

Hornsey (Middlesex, England). Municipal Borough.  
Hamilton Hogben, G.

### **Publication/Creation**

[1955]

### **Persistent URL**

<https://wellcomecollection.org/works/ufs6fhu6>

### **License and attribution**

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

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

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



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

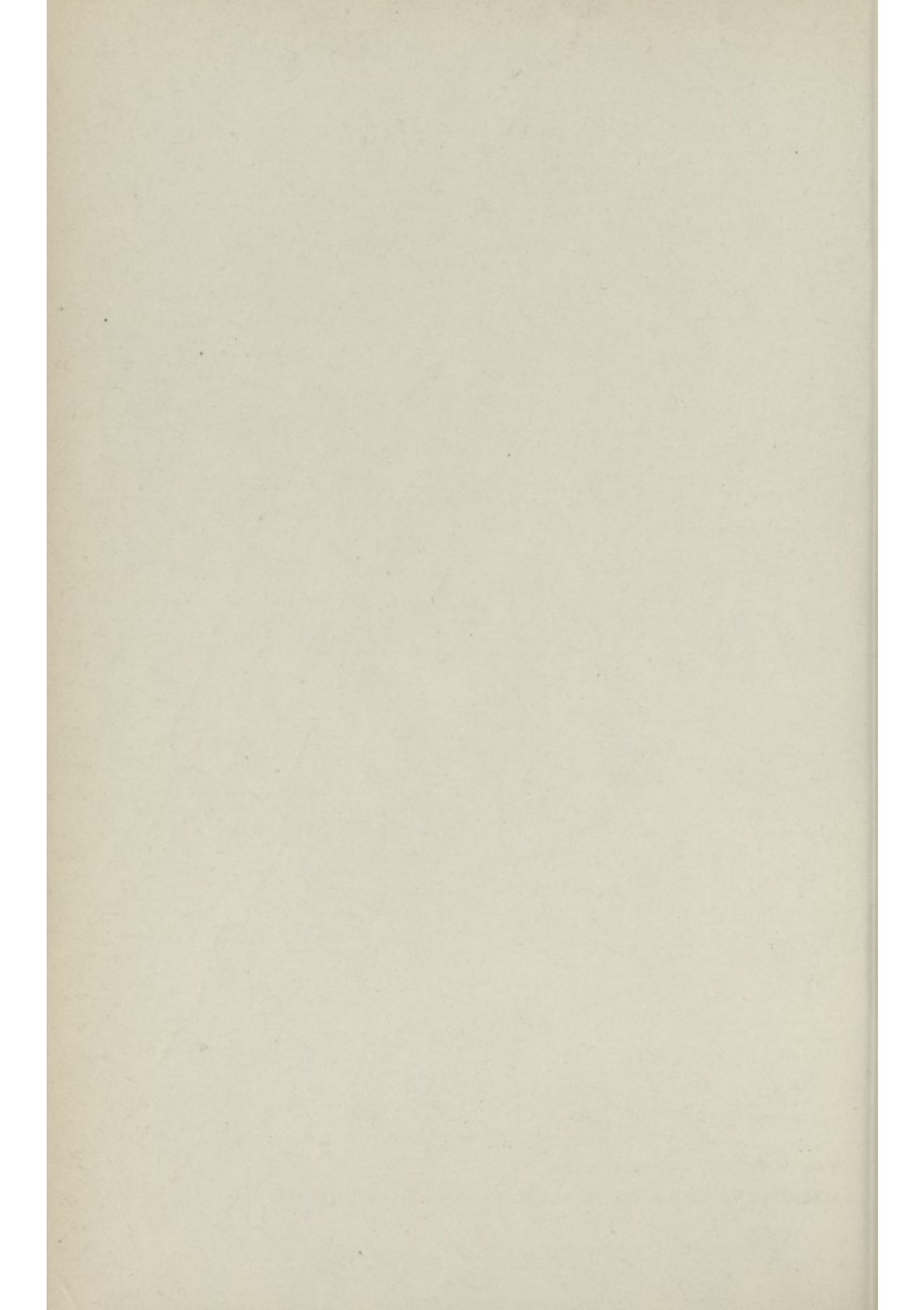


# HORNSEY'S

## HEALTH

### 1954

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





**HORNSEY'S**

**HEALTH**

**1954**

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



## MEMBERS OF THE COUNCIL

†\*Alderman M. W. BURNS, J.P., *Mayor*  
Councillor G. WATSON, *Deputy Mayor*

### ALDERMEN

F. H. BAILEY, J.P.	H. F. NICHOLS
E. C. CASTLE	G. F. N. NORMAN
Mrs. C. M. CAVE	G. W. F. PALLETT
*S. G. GOULDING	T. TIVENDALE
Sir WILLIAM GRIMSHAW, J.P.	*L. J. VALETTE
N. MULDOON, J.P.	

### COUNCILLORS

G. S. AITKEN	A. J. HUMPHREYS
†*Miss O. R. ANDERSON ( <i>Chairman of Health Committee</i> )	*A. S. Kent
L. A. BAINS	E. M. LARARD
S. A. BALL	Mrs. W. L. Le MESSURIER
*Miss M. M. BARRIE	H. L. NORMAN
D. F. W. BILLINGSLEY	*P. PHILLIPS
K. R. BISHOP	†*Miss J. RICHARDSON ( <i>Vice-Chairman of Area Health Committee</i> )
Mrs. B. C. BLIT	J. R. RICHARDSON
A. R. BOWERLEY	*P. P. RIGBY
E. J. BRAZIER	*A. STANLEY
*Mrs. J. M. CARTER	*P. G. STAPLEY
F. C. CAVE, J.P.	†*C. V. TIPPING
H. P. CREASY	M. H. WALEY-COHEN
*W. J. M. CROSLAND	R. I. G. WATT
Mrs. K. M. St. PATRICK CRUMP	†*Miss M. E. WEST
P. F. H. EMERY	*J. T. WILKINS
*J. F. FORD	†*C. R. WILLIAMS ( <i>Vice-Chairman of Health Committee</i> )
R. J. HOOKER	

\*Member of Health Committee at 31st December, 1954.

†Member of Area Health Committee at 31st December, 1954.

### 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>Sanitary Inspectors and Shops Inspectors</i> ..	J. D. CHANCE, M.S.I.A., Sanitary Inspector's Cert. Food Inspector's Cert. 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. J. H. MEURICE, M.S.I.A., Sanitary Inspector's Cert. Food Inspector's Cert. (Appointed 8th February, 1954.) R. W. M. COOK, M.S.I.A., Sanitary Inspector's Cert.
<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> .. ..	Miss M. M. CHESTERMAN.
<i>Shorthand-typists</i> ..	Mrs. M. F. JONES, Miss M. S. ARNELL, Miss 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 1954.

The **population** as estimated by the Registrar-General at mid-1954 was 98,210, a decrease of 300 on the figure supplied for mid-1953. The **birth-rate** was 13.8 and the **infant mortality rate** 19.2 (neo-natal 15.5) per 1,000 live births. The total number of civilian deaths was 1,009 giving a **general death rate** of 10.3 per 1,000 estimated population. Over one-third of the total deaths were classified as caused by "diseases of the heart and circulation"; and of that number 45.8% were due to coronary disease. Of all the causes of death 21.8% were due to cancer: the death rate from this disease having increased from 0.62 to 2.2 during the past fifty years. Of special concern throughout the country is the increase in the number of deaths from cancer of the lung, which it may be anticipated will shortly eclipse tuberculosis as the most serious respiratory disease. Whereas preventive medicine has done much to reduce the incidence in tuberculosis—better housing conditions, mass radiography of the chest and voluntary B. C. G. vaccination—less scope for preventive action, at present, exists in the case of cancer. In the latter the causation is not yet clearly established and in the case of lung cancer the effects of cigarette smoking, "smog" or pollution of the atmosphere by diesel fumes are matters requiring further investigation. Thus in the state of present knowledge the most promising preventive measure would seem to be encouragement of periodic health overhauls in the adult population, and increasingly effective co-operation between hospital, general practitioner and local authority services to ensure the earliest possible detection and treatment of the disease. This in itself supports a need for early experimentation in health centre development; envisaged in Section 21 of the National Health Service Act.

As outlined in detail in my Annual Report for 1953, much is being done in Hornsey, both by voluntary and public agencies, for the **care of the aged**: concentration, of necessity, being upon the socially or physically handicapped. In the task of health promotion and prevention of disease, attention too must be given to the needs of the **able** aged, in retirement or about to retire, whose main faculties are little or not impaired. For many of such there is a very real need for a Clinic Welfare Service where an ageing person may seek advice while still in good health, on questions, for example, of diet, prevention of personal accidents, activities and leisure necessary to the maintenance of physical and mental health in old age.

In the following pages the duties carried out by the Health Department during the year are described in some detail under various sections of the report; and I wish here to pay tribute to the loyal and valuable work undertaken by the sanitary inspectors and clerical staff.

At the end of the year my deputy—Dr. J. L. Patton—was appointed Medical Officer of Health in the neighbouring Borough of Hendon, in which new capacity the Council has expressed their good wishes and appreciation of his past services in Hornsey. He has since been succeeded by Dr. A. Yarrow.

In conclusion I wish to record my sincere gratitude to the Chairman (Councillor Miss Anderson) and to the members of the Health Committee for their patience and support; and for the help and co-operation of all departments of the Corporation.

I am,

Your obedient Servant,

G. HAMILTON HOGBEN,

*Medical Officer of Health.*

15th July, 1955.



# CONTENTS

Page

## INFECTIOUS DISEASES

Tuberculosis ... ..	9
Hostel in Highgate ... ..	9
Mass x-ray of the Borough ... ..	9
Survey of Finsbury Park Ward ... ..	10
Tables of cases on register ... ..	13
Diphtheria ... ..	15
Dysentery ... ..	15
Food Poisoning ... ..	17
Canicola Fever ... ..	18
Poliomyelitis ... ..	18
Laboratory Services ... ..	19
Tables of infectious diseases notified ... ..	20

## SANITARY CIRCUMSTANCES

Campsbourne Clearance Area ... ..	23
Housing : Housing Consolidated Regulations, 1925 ... ..	24
Closing Orders ... ..	24
Certificates of Disrepair ... ..	24
Cleansing of Soiled Articles... ..	25
Inspections by Sanitary Inspectors ... ..	26
Inspection of Factories ... ..	27
Outworkers ... ..	27
Abatement Notices ... ..	28
Legal Proceedings ... ..	29
Work carried out by the Council in Default ... ..	31
Summary of Sanitary Improvements Effected ... ..	32
Water Supply... ..	33
Atmospheric Pollution ... ..	34
Inspection of Shops ... ..	36
Licensing of Pet Shops ... ..	36
Rodent Control ... ..	36

## FOOD

Food Hygiene ... ..	41
Food and Drugs Amendment Act, 1954 ... ..	42
Colouring Matters in Food ... ..	43
Milk Supply ... ..	44
Ice Cream ... ..	44
Bakehouses ... ..	44
Slaughterhouses ... ..	45
Legal Proceedings ... ..	45
Food Sampling ... ..	46
Premises Classified according to Principal Trades ... ..	48
Hawkers of Food ... ..	49
Inspection of Food Premises ... ..	49
Condemned Food ... ..	49

## GENERAL

Medical Examination of Staff ... ..	51
Massage and Special Treatment ... ..	51
Burial of the Dead ... ..	51
Ambulance Service ... ..	52
H.M. Inspector of Factories ... ..	52
Registrar of Births and Deaths ... ..	52
Public Mortuary ... ..	52
Hospital Services in Hornsey ... ..	53
Santa Clause Home for Sick Children ... ..	54
Veterinary Inspections ... ..	54
Welfare of Old People ... ..	54

VITAL STATISTICS ... ..	57
-------------------------	----

APPENDIX :—REPORT OF THE AREA MEDICAL OFFICER... ..	63
---	----





# INFECTIOUS DISEASES

## TUBERCULOSIS

The number of people dying from tuberculosis declines steadily though slowly, each year but the number of new cases does not diminish. This, however, is not due to any increase in the disease but to more efficient case-finding by examination of home contacts, mass x-ray surveys, field surveys and other means. There are still many people who object to submitting themselves to examination of any kind because of perhaps unnecessary fears. They fear discovery of the disease on grounds of loss of employment, loss of friends or disruption of family life, and for these reasons they resist all effort to persuade them to be examined.

One of the chief problems at the present time is the incidence of tuberculosis in elderly persons. These are often chronic infectious cases who are not suitable for the radical treatment used in younger persons. Often these older persons do not realise the infectious nature of their condition which is so dangerous to others in the home or at work, and it is difficult for them to understand the need for the utmost personal hygiene. In cases like this where married children with young families are forced to share the home, rehousing should receive a high priority.

### Hostel

In September the London County Council opened a hostel in Highgate for ambulant tuberculous men transferred from a similar hostel in Islington. Those admitted to the hostel are men without homes of their own or whose homes are unsatisfactory; their ages vary from about 40 to 80 years. The men are under regular supervision of the Chest Physician from the Whittington Hospital. Bedding and other articles are regularly collected each week and disinfected by the staff of the Health Department.

## MASS X-RAY OF THE BOROUGH

In September a mobile mass x-ray unit from the North West Regional Hospital Board visited Hornsey. The total number of persons examined was 3,716 which was disappointing in view of the numbers examined during the last two visits of the unit to the Borough—4,677 in 1953 and 5,054 in 1951.

The result of the survey was as follows:—

	<i>Male</i>	<i>Female</i>	<i>Totals</i>
Number x-rayed .. .. .	1,765	1,951	3,716
Recalled for large films .. .. .	32	38	70

Those recalled were dealt with as follows:—

No further action .. .. .	18	23	41
Further advice recommended .. .. .	5	9	14



Recheck at Unit at later date	..	..	6	6	12
Did not attend	..	..	2	1	3

School children examined (these figures are included above):—

			<i>Male</i>	<i>Female</i>	<i>Total</i>
x-rayed	..	..	152	316	468
Recalled for large films	..	..	1	5	6

Those recalled were dealt with as follows:—

No further action	..	..	1	3	4
Further advice recommended	..	..	.	1	1
Recheck at Unit at later date	..	..	.	1	1

The response from factories in the Borough was disappointing, only 20 making arrangements for the staff to attend in organised groups.

On this occasion the members of the public were asked to attend the unit without making previous appointments as it was hoped that by this means more people would be induced to attend. On every visit of the x-ray unit to the Borough a few people complain that there are no evening sessions and, therefore, it is said it is not possible for the men and women who are working out of the Borough to receive the benefit of a regular chest x-ray. It is not generally understood that in the course of a little more than a year the mobile x-ray units visit every part of their areas. By this means, and with the full co-operation of the management of factories and offices, it is hoped that all members of the community will have the opportunity of a chest x-ray at intervals of about a year; those at work obtaining the x-ray at or near their place of work and housewives and others, who are able to do so, obtaining it when the unit visits their home borough.

In my Annual Report for 1953 I suggested that if the scheme of separation of sexes at the x-ray unit were abolished people could attend in family groups and it may be that some of the older generation would be encouraged to attend with their children. I am glad to know that when the mobile unit again visits Hornsey, in the autumn, there will be no separation of the sexes. On this occasion, too, the unit will really be mobile as it now has its own office accommodation and can move as a completely self-contained unit to various sites in the Borough. This should prove a definite advantage and it is hoped will encourage a greater response from the management of factories in the Borough as the time needed to travel to and from the unit will be greatly reduced.

## **TUBERCULOSIS : SURVEY OF FINSBURY PARK WARD**

The Health Department co-operated with the Physician to the Chest Clinic in carrying out a research survey in the Finsbury Park Ward. It is hoped that the survey will give a picture of the incidence of tuberculosis in the community and some indication of "undiscovered" tuberculosis.



The method adopted was as follows:—

- (1) Tuberculin-testing of children under the age of 15 years and x-raying those found to be positive.
- (2) X-raying and if possible tuberculin-testing persons between the ages of 15 and 25 years.
- (3) X-raying persons above the age of 25 years.

This particular ward was chosen because it is convenient for transport to the Mass X-ray Unit at Drayton Park, Islington, and with the co-operation of the medical director of that Unit men and women in the Ward were asked to attend for a chest x-ray.

A circular letter giving information on the survey and the times of sessions at Drayton Park was sent to every household in the ward. As a result of this preliminary appeal only about 200 persons attended and arrangements were made for a mass x-ray unit to visit the Stroud Green School for four days. Members of the staff of the Borough Health Department and Area Health Office, assisted by volunteers from Youth Organisations in the Borough, visited most of the houses in the Ward offering appointments to attend the x-ray unit.

Five hundred and sixty-six people attended for x-ray but again this result was disappointing.

In February and March a tuberculin jelly patch test survey was carried out on school children in the Ward and 1,180 children were tested. Children with a positive result were referred to the Chest Physician and of these 9 were found to be contacts of known cases.

The results of the survey are recorded in the table. The table is included in the Annual Report so that it will be available should a similar type of survey be carried out in the future when the pattern of tuberculosis may have changed considerably. The remarkable feature of the table is the abrupt increase at 11 years in the percentage of patch positives to 40% from an average of 4% for ages 4 – 10 years.

The survey is still progressing and is expected to be completed in the Autumn of 1955.



**TUBERCULOSIS SURVEY**  
**Summary of Tuberculin Patch Tests**

Age Groups	4+	5+	6+	7+	8+	9+	10+	11+	12+	13+	14+	Totals
NEGATIVE ... ..	58	149	198	145	121	115	118	43	56	26	12	1,041
POSITIVE												
Known Contact ... ..	1	4	3	.	.	.	.	1	.	.	.	9
Vaccinated B.C.G. ...	.	6	6	.	.	.	1	.	.	.	.	13
Unexplained ... ..	2	2	6	3	5	3	7	28	34	23	4	117
TOTALS ... ..	3	12	15	3	5	3	8	29	34	23	4	139
REFUSED ... ..	2	9	10	6	3	.	1	3	3	1	1	39
PERCENTAGE POSITIVE (Excluding children who have had B.C.G.) ...	4.9	3.9	4.3	2.0	4.0	2.5	5.6	40.3	37.8	46.9	25.0	Total patch tested 1,180

### TUBERCULOSIS

The total number of cases on the Tuberculosis Register at the end of 1954 was 931, viz., pulmonary 821, non-pulmonary 110.

	Pulmonary		Non-Pulmonary		Total	
	Male	Female	Male	Female	Male	Female
(a) Number of Cases on Register at commencement of year ...	438	337	54	51	492	388
(b) Number of Cases notified for first time during year under Regulations ... ..	34	8	5	4	39	12
(c) Cases restored to Register ... ..	9	.	.	.	9	.
(d) Cases added to Register otherwise than by notification under Regulations						
(1) Transferred from other Districts ... ..	54	22	1	3	55	25
(2) From Death Returns ... ..	3	3	1	.	4	3
(e) Number of Cases removed from Register ... ..	49	38	3	6	52	44
(f) Number of Cases remaining on Register at end of year ...	489	332	58	52	547	384

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	1	8	8	24	PULMONARY 24	2	1	14	4	49	38
.	.	1	3	1	NON-PULMONARY 2	.	.	1	1	3	6

**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	
<b>BY FORMAL NOTIFICATION</b>																	
Pulmonary ...	M		.	1	1	2	1	2	2	4	3	7	5	4	2	34	42
	F		.	.	.	.	1	3	.	2	.	2	.	.	.	8	
Non-Pulmonary...	M		.	.	1	2	.	.	.	.	2	.	.	.	.	5	9
	F		.	.	.	.	.	1	.	2	1	.	.	.	.	4	
<b>OTHER THAN BY FORMAL NOTIFICATION</b>																	
Inward transferable deaths																	
Pulmonary ...	M		.	.	.	.	.	.	.	.	.	.	2	1	.	3	6
	F		.	.	.	.	.	.	.	1	.	1	.	.	1	3	
Non-Pulmonary...	M		.	.	.	.	.	.	.	.	.	.	.	1	.	1	1
Transfers from other Districts																	
Pulmonary ...	M		.	.	.	.	.	2	2	14	5	15	9	6	1	54	76
	F		.	.	.	.	.	1	3	14	2	1	1	.	.	22	
Non-Pulmonary...	M		.	.	.	.	.	.	.	1	.	.	.	.	.	1	4
	F		.	.	.	.	.	.	.	3	.	.	.	.	.	3	



## DIPHTHERIA

Hornsey's proud record of freedom from diphtheria was broken this year by the occurrence of three cases one of which proved fatal. A boy of 11 years of age was admitted to hospital as suffering from a severe septic throat and he died soon after admission. His mother and two elder sisters were also admitted to hospital the mother being treated as a carrier and the two girls as cases of diphtheria. The diagnosis of the boy's condition, which was confirmed by post-mortem examination, was severe faucial and pharyngeal diphtheria with cervical adenitis.

These unfortunate cases were all suffering from severe faucial diphtheria, *C. diphtheria gravis* being isolated in each case. The diagnosis of the elder sister was faucial diphtheria complicated by palatal paralysis and that of the other sister was faucial diphtheria complicated by mild peripheral neuritis.

Both girls had been immunised but unfortunately the boy had never received this protection.

This sad occurrence gives tragic force to the argument in favour of immunisation of all children against diphtheria. Those cases which do occur although few in number appear to be of a very virulent type which has a mortality rate more than twice that prevailing before the war.

The results of the national drive for protecting the child population are such that the provisional figures for 1954 show 182 notifications of diphtheria in England and Wales with 9 deaths. In 1945 there were 18,596 notifications and 722 deaths.

The very success of the immunisation campaign lulls people into a sense of false security and it cannot be stressed too strongly or too often that only by maintaining a sufficiently high level of immunised children can diphtheria be eliminated. In last year's report I stated that the aim is to ensure that at least 75 per cent. of babies are immunised before reaching their first birthdays.

Results for 1954 do show some improvement on previous years but it is quite impossible to be satisfied when there is still a large child population unprotected against this most dangerous disease.

## DYSENTERY

Two hundred and nine cases of sonne dysentery were notified during the year about half of them occurring in schoolchildren. At no time was it possible to describe the disease as epidemic but the worst months were January and February when a large number of cases were notified in the Central Hornsey Ward. The outbreak was thoroughly investigated and was found to be associated with an infants' school in the Ward; adult patients were usually parents of infants who were first notified in the family group. A number of the children affected did not take school meals and on investigation the sanitary precautions in the canteen were found to be impeccable. It was considered that the means of spread of the disease was through toilet accommodation which was inadequate and fitted with an antiquated flushing system. When arrangements were made to disinfect the toilets twice each day and a drive was made for better personal hygiene, the outbreak subsided fairly rapidly.



At the end of the year a small outbreak occurred in another school in the Borough and it was similarly found that the flushing apparatus in the seven water closet apartments allocated to the girls in the infants' school was unsatisfactory. Once more arrangements were made for disinfection of all the toilet accommodation twice daily and additional attention paid to personal hygiene and the outbreak was very soon under control.

Although patients suffering from sonne dysentery may be "ill" for only a few days, the organism can be quite persistent and, therefore, the patient may infect others for a considerable time; in some cases children have lost as much as four weeks schooling before they were found to be free from the infection.

The methods adopted to attempt to control the spread of dysentery have varied at different periods according to information about the epidemiology of the disease and the existing legislation.

The methods in current use in Hornsey are summarised below. Cases and contacts are considered separately:—

### Cases

#### ADULTS

1. School Meals Service Staff are excluded from work until three consecutive negative specimens of faeces are obtained.
2. Other food handlers and persons working with young children (e.g. Day Nursery or Nursery Classes) are excluded from work until a negative specimen is obtained. Employers of food handlers are advised to transfer the patients to work not involving food handling or if this is not possible to exclude them from work until one negative specimen is obtained. Observation is continued until three consecutive negative specimens are obtained. National Insurance sickness benefit is payable to all persons kept away from work as suspected cases of dysentery or food poisoning or as contacts of cases, on production of a certificate from the Medical Officer of Health.
3. Other adults—no action.

#### CHILDREN

Children attending nursery classes are excluded until three consecutive negatives are obtained.

Children over 5 years of age are excluded until one negative specimen is received but if a large number of cases is reported at a school, three consecutive negative specimens are required before the children are allowed to return.

Faeces specimens are not collected until forty-eight hours after completion of a course of treatment.

### Contacts

#### ADULTS

1. School Meals Service Staff are excluded until three consecutive negative specimens are obtained.
2. Other food handlers and persons working with young children are not excluded but if they submit positive faeces specimens they are dealt with as if they are cases.
3. No action is taken for other adult contacts.



## CHILDREN

Children attending Nursery classes are excluded until one negative is obtained but three specimens are taken and if one is found positive the child is dealt with as a case. Children attending other schools are excluded until one negative specimen is obtained.

## FOOD POISONING

There were 21 cases of food poisoning in the Borough during 1954 including one death. This patient, a man of 69 years was admitted to hospital where he died about 24 hours later. The family, who frequently ate duck eggs, breakfasted on them the day before the patient was taken ill. The first sign of illness was an attack of vomiting followed the next day by violent diarrhoea. A doctor was consulted on the third day and by the early morning of the fifth day the patient appeared to be recovering; he relapsed and was removed to hospital later in the afternoon.

*Salmonella typhi-murium* were isolated and at the inquest the coroner accepted the pathologist's opinion that the source of infection was probably a duck's egg.

As this unfortunate man kept a pet shop, scrapings of droppings from 19 cages containing birds and small mammals were taken for laboratory examination. All proved negative.

Of the other twenty cases, sixteen were caused by *salmonella typhi-murium* and one by *salmonella enteritidis*; no organism was discovered in three cases. There were no outbreaks, i.e. involving two or more related cases from different family or household groups.

Occasionally *salmonella typhi-murium* is remarkably resistant to chemotherapy and in spite of repeated courses of treatment still persists. One child was in hospital for over two months before the condition could be cleared up. Another patient who was persistently positive was admitted to hospital because she was an assistant in a grocery and provision shop and it was, therefore, of prime importance to be certain that she became completely free from the organism before returning to work.

Food poisoning appears to be still on the increase in this country as well as in the United States and some continental countries. Some of the apparent increase is no doubt due to improved case finding resulting from more prompt notification by general practitioners and information obtained from the reports of the Public Health Laboratory Service. However, there is no doubt that a great deal of the increase is real and there is still need for great improvement in personal hygiene.

It is surprising in such an advanced society as ours, that the elementary hygienic practice of thoroughly washing the hands after use of the toilet is not an automatic and natural action.

School washing accommodation is often inadequate and situated remote from the toilet facilities. In such circumstances it is difficult to encourage routine handwashing after use of the toilet. There is great need for improvement in this respect. Adequate washing facilities should also be provided free of charge in all public lavatories. Without such facilities it is futile to exhort hawkers of food and stallholders to keep their hands clean and to wash them always after using the toilet.



There is a constant drive to improve the standard of food premises and the conditions in which food is prepared. This is essential and must go on but it is quite useless to provide stainless steel and white-tiled equipment, refrigerators and plastic showcases if all members of the staff of the shop do not observe the basic principles of personal hygiene. Many lapses of the staff will be unknown to customers but if every case of a shopkeeper licking his finger to pick up a piece of grease proof paper or blowing open a paper bag led to a protest from the customer and refusal to buy the goods, the management of shops would soon become aware that cleanliness is good business.

### CANICOLA FEVER

During the year a case of a rare infectious disease, canicola fever, occurred in Hornsey. It is a disease of dogs caused by the organism *Leptospira Canicola* which sets up an inflammation of the kidneys. The organism is excreted in the urine of the dog and may enter the skin of a person usually but not necessarily, through a cut or abrasion. It then travels in the blood to the nervous system and sets up a meningitis. Some fifteen to twenty human cases are recognised annually in Great Britain. The mortality from the disease is very low, only two deaths having been reported.

On 23rd July, a man aged 33 years was admitted to hospital provisionally diagnosed as suffering from non-paralytic poliomyelitis. He made an uneventful recovery and there were no after-effects; he was discharged on 12th August. The disease did not pursue its usual clinical course and investigations were carried out for certain other diseases which cause similar symptoms. Specimens of blood were sent from the hospital to the Virus Reference Laboratory, Colindale, for investigation and evidence of the organism *Leptospira Canicola* was found.

The patient reported that his dog had been suffering from intermittent diarrhoea since one week before his own illness began. The case was investigated by the Health Department and as the owner intended having the dog destroyed, arrangements were made with the Royal Veterinary College for the dog to be destroyed and examined there. A blood test proved the presence of the same organism as was found in the patient's blood (*Leptospira Canicola*). Post-mortem examination showed the typical kidney infection caused by this organism.

To prevent this disease, owners of sick dogs should be warned not to handle excreta and to take great care to avoid contact with the dog's urine. The infection may also be contracted from bathing in pools contaminated by the urine of dogs carrying or suffering from the disease, but efficient chlorination renders the water safe. Healthy animals may carry the organism in their bodies but, if recognised, this condition may be cured.

### POLIOMYELITIS

In 1954 three cases of poliomyelitis were notified.

Two of the cases were non-paralytic but the other had palatal and pharyngeal paralysis and in May 1955 still had some residual palatal paresis. However, much improvement and even complete recovery can occur within the next two or three years.



## 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 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.

## NOTIFICATION OF INFECTIOUS DISEASE BY AGE AND SEX

AGE IN YEARS	Scarlet fever		Whooping cough		Acute rromyelitis				Measles		Ophthalmia neonatorum		Diphtheria	
	M	F	M	F	Paralytic		Non-paralytic		M	F	M	F	M	F
Under 1 ... ..	.	.	2	3	.	.	.	.	.	1	3	.	.	.
1—2 ... ..	4	5	6	6	.	.	.	1	5	4	.	.	.	.
3—4 ... ..	7	5	9	7	.	.	.	.	2	7	.	.	.	.
5—9 ... ..	28	29	15	11	.	.	1	.	5	9	.	.	.	.
10—14 ... ..	6	5	1	.	.	1	.	.	3	6	.	.	1	.
15—24 ... ..	.	2	.	.	.	.	.	.	1	2	.	.	.	2
25 and over ... ..	1	2	.	1	.	.	.	.	1	1	.	.	.	.
TOTALS ... ..	46	48	33	28	.	1	1	1	17	30	3	.	1	2
	94		61		1		2		47		3		3	

AGE IN YEARS	Acute pneumonia		Dysentery		Erysipelas		Malaria		Food poisoning		Puerperal pyrexia		Meningococcal infection	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 5 ... ..	.	1	28	23	.	.	.	.	2	1	.	.	1	.
5—14 ... ..	2	2	50	42	1	1	.	.	8	3	.	.	.	.
15—44 ... ..	4	8	12	38	.	1	1	.	.	6	.	8	.	.
45—64 ... ..	10	8	2	11	3	2	.	1	.	.	.	.	.	.
65 and over ... ..	5	8	2	1	2	2	.	.	1	.	.	.	.	.
TOTALS ... ..	21	27	94	115	6	6	1	1	11	10	.	8	1	.
	48		209		12		2		21		8		1	

The infants with ophthalmia neonatorum were treated in hospital. 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 ... ..	3	21	7	9	7	16	17	14	94
Whooping cough ... ..	15	20	1	7	5	1	1	11	61
Acute poliomyelitis									
Paralytic ... ..	.	.	.	.	.	.	1	.	1
Non-paralytic ... ..	.	.	.	2	.	.	.	.	2
Measles ... ..	13	6	1	3	6	1	13	4	47
Acute pneumonia ... ..	2	8	.	7	15	3	11	2	48
Dysentery ... ..	23	31	19	89	4	2	36	5	209
Erysipelas ... ..	.	1	3	4	3	.	1	.	12
Ophthalmia neonatorum...	1	.	.	1	.	1	.	.	3
Food poisoning ... ..	.	3	.	6	.	3	6	3	21
Puerperal pyrexia ... ..	1	4	.	.	.	.	2	1	8
Diphtheria ... ..	.	.	.	3	.	.	.	.	3
Meningococcal infection ...	.	.	.	1	.	.	.	.	1
Malaria ... ..	.	2	.	.	.	.	.	.	2
TOTALS ... ..	58	96	31	132	40	27	88	40	512





## SANITARY CIRCUMSTANCES

The inspection of dwelling houses continues to take up a large part of the sanitary inspectors' time. As a result of their efforts, repairs were carried out at 691 houses during the year.

For the most part the work has been done after service of preliminary notices, but in 78 cases it was necessary to serve statutory notices under the Public Health Act, 1936.

It is pleasing to report that there was a reduction, compared with the previous year, in the number of instances in which legal proceedings were necessary to enforce sanitary notices. In view of the high cost of building repairs and the fact that rents have remained controlled, this co-operation on the part of owners is satisfactory.

Towards the end of the year, in anticipation of the passing of the new Housing Repairs and Rents Act, a preliminary housing survey of the Borough was commenced in order to obtain the necessary information to enable the Council to submit to the Minister, within twelve months of the Bill becoming law, their proposals for dealing with unfit houses.

### CAMPSBOURNE CLEARANCE AREA

The demolition of all the houses in the second stage is now completed and thirty-four flats in Boyton Road are being built.

In October, 1953, on the official representation of the Medical Officer of Health, the Council declared the following area to be a Clearance Area.

Nos. 35-57 (odd) inclusive, 61 and 60-88 (even) inclusive  
Campsbourne Road.

Nos. 51a-75 (odd) inclusive and 68-82 (even) inclusive  
Myddleton Road.

On the recommendation of the Housing Committee this Area together with 59 and 63 Campsbourne Road and 58 to 66 Myddleton Road was included in a Compulsory Purchase Order.

As a result of this Order twelve objections were received by the Minister and a Public Enquiry was held on the 23rd February by S. G. Bulstrode, Esq., A.R.I.B.A., one of H.M. Inspectors, in the Town Hall.

Evidence was given on behalf of the Council by the Chairman of the Housing Committee, and the Council's officers concerned, and objections were heard from all the objectors. After the enquiry the Inspector examined the properties and in May the Order was confirmed without modification.



## HOUSING

Particulars\* required under Article 31 of the Housing Consolidated Regulations, 1925.

1. The number of houses which on inspection were considered to be unfit for human habitation .. .. .	6
2. The number of houses the defects in which were remedied in consequence of informal action by the Local Authority or their Officers .. .. .	2
3. The number of representations made to the Local Authority with a view to :	
(a) the serving of notices requiring the execution of works or;	1
(b) the making of demolition or closing orders .. .. .	3
4. The number of notices served requiring the execution of works	1
5. The number of houses which were rendered fit after service of formal notices .. .. .	1
6. The number of demolition or closing orders made .. .. .	3
7. The number of houses in respect of which an undertaking was accepted under subsection (2) of Section 19 of the Housing Act, 1930 .. .. .	—
8. The number of houses demolished .. .. .	—

## CLOSING ORDERS

Property	Part affected	Order made	Action taken
19 Haringey Road	Whole house	17th Dec.	Tenant rehoused and house closed.
60 Campsbourne Road	Two basement rooms	23rd Jan.	Sub-tenants rehoused Rooms closed.
7 Myddelton Road	Whole house	12th Nov.	Tenants not rehoused by end of year.

### Certificates of Disrepair

The Housing Repairs and Rent Act, 1954 came into operation on 30th August, 1954.

Part I of the Act relates to clearance and redevelopment, reconditioning of unfit houses and amendments of Housing Acts. Local Authorities are required to submit proposals to the Minister within twelve months of the Act coming into force. The preliminary survey of houses in the Borough was commenced during 1954 but a report on the work of the Department under this Part of the Act is deferred until the Annual Report for 1955.



Part II is primarily concerned with permitted rent increases in rent-controlled dwelling-houses.

The main work falling on the Department under this part is dealing with applications from tenants for certificates of disrepair in cases where the landlord has claimed a repairs increase and the tenant considers that the premises are not in a sufficiently good condition to justify it.

When a certificate is granted and the defects listed in the certificate have been carried out the owner may apply for revocation of the certificate of disrepair and from the day of revocation the increased rent permitted under the Act becomes payable. From 30th August until the end of the year, 77 certificates of disrepair were granted and 24 applications refused. Eight of the certificates were revoked and two applications for revocation refused.

### **Cleansing of Soiled Articles**

On 6th April this service came into operation and during the year 21 people received assistance, 8 of them still receiving the service at the end of the year.

The articles cleansed are sheets and personal linen and occasionally, blankets or pieces of blankets. Most of the persons using the service are sick and incontinent old people who are unable to arrange for the articles to be washed. Only those cases which can be certified by the sanitary inspector as coming within the terms of Section 84 of the Public Health Act, 1936 are dealt with under the scheme. New cases are referred to the Department usually by the home nurses or the home help organiser and occasionally by the Old People's Welfare Committee. Collection and delivery of the articles is undertaken twice per week.

The number of cases assisted at any one time has never been more than 10 and the service undoubtedly fills a very great need and is much appreciated by the persons concerned. There is no evidence of abuse of the service.

# INSPECTIONS BY SANITARY INSPECTORS

*1st Inspections Re-inspections*

## Food

Food Premises (See table on page 49)	203	16
Registration of Hawkers .. ..	81	6
Ice Cream Sampling .. ..	12	.
Disused Slaughterhouses .. ..	6	6

## Infectious Diseases

Notifiable Infectious Diseases ..	361	34
Food Poisoning .. ..	10	1
Small-pox contacts .. ..	7	.

## Public Health Inspections

Complaints .. ..	1,502	5,169
Drainage .. ..	203	413
Water Tests applied .. ..	30	.
Smoke and Chemical Tests ..	133	.
Rodent Control .. ..	169	53
Housing (Permitted numbers) ..	32	1
House to House .. ..	28	.
Factories .. ..	217	16
Outworkers .. ..	241	.
Renewal of Music and Dancing Licences .. ..	14	9
Moselle Pollution .. ..	214	35
Smoke observations .. ..	165	1
Verminous conditions .. ..	27	6
Pests .. ..	19	.
Rag Flock, etc., Act, 1951 .. ..	2	.
Pet Animals Act, 1951 .. ..	12	.
Rent Restrictions Acts .. ..	1	.
Certificates of Disrepair .. ..	63	18
Revocation of Certificates of Dis- repair .. ..	5	.
Campsbourne Survey—Stage 3 ..	.	32
Other reasons .. ..	446	1

## Shops Inspections

General Inspections .. ..	1,058	703
---------------------------	-------	-----

## Others

Petroleum Stores .. ..	171	3
Heating Appliances (Fireguards) Act, 1952 .. ..	18	.
National Assistance Act—Section 47	5	2

---

	5,455	6,525
--	-------	-------

---

TOTAL VISITS

11,980



## FACTORIES ACT, 1937

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

### 1. Inspections of Factories

Premises	Total No. of Factories	No. Inspected	Inspections Made
Factories with Mechanical Power ...	205	160	173
Factories without Mechanical Power	43	43	59
<b>TOTALS</b> ... ..	248	203	232

### 2. Defects Found

Particulars	No. of defects		Referred to H.M. Inspector
	Found	Remedied	
Want of cleanliness ...	1	2	NIL
Overcrowding ... ..	.	.	
Unreasonable temperature	.	.	
Inadequate ventilation ...	1	1	
Ineffective drainage of floors	.	.	
Sanitary conveniences—			
(a) insufficient ... ..	.	.	
(b) unsuitable or defective	20	24	
(c) not separate for sexes	.	.	
Other offences ... ..	1	1	
<b>TOTALS</b>	23	28	NIL

There are 223 Outworkers on the register engaged in the following occupations :—

Making, altering etc. of wearing apparel .. ..	167
Making-up, ornamenting etc. of household linen .. ..	5
Making, ornamenting etc. lace, lace curtains and nets ..	1
Making of artificial flowers .. ..	13
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. .. ..	13
The weaving of textile fabric .. ..	1
Manufacture of lampshades other than lampshades made wholly of metal or glass or stone .. ..	4

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



## ABATEMENT NOTICES

The Notices served during the year were as follows :—

	<i>Verbal</i>	<i>Preliminary</i>	<i>Statutory</i>
Public Health and Housing Acts ..	136	647	78
Housing Byelaws .. ..	.	1	.
Shops Act .. ..	7	17	.
Food and Drugs Act .. ..	62	114	.
Factories Act .. ..	11	6	.
Prevention of Damage by Pests Act, 1949 .. ..	9	2	.
Middlesex County Council Act 1950	1	.	.
	<hr/> 226 <hr/>	<hr/> 787 <hr/>	<hr/> 78 <hr/>

# LEGAL PROCEEDINGS UNDER PUBLIC HEALTH ACT, 1936

Date of Hearing 1954	Premises	Section of Act	Defects	Result of Proceedings
6th Jan.	1 Albert Road, N.4	92/93	General defects.	Non-compliance with Order. £5 fine—£1 daily penalty until completion of works specified on the Order.
16th Feb.				On Appeal to the Appeal Committee—Middlesex Quarter Sessions. Sentence varied to £5 without daily penalty. Work later completed.
6th Jan.	482 Archway Road, N.6.	92/93	General defects.	Case withdrawn—work satisfactorily completed.
13th Jan.	45 Woodstock Road, N.4	92/93	General defects.	Summons withdrawn—Work satisfactorily completed.
27th Jan.	71 Woodstock Road, N.4	83	Failure to cleanse the first floor back room.	Court Order for execution of the work within 7 days. Fine 5s. daily penalty—1s. per day until completion of the work.
16th Feb.				Appeal to the Middlesex Quarter Sessions. Appeal dismissed.
12th April				Defendant applied to the High Court for an Order of Mandamus for the rehearing of his Appeal to the Middlesex Quarter Sessions. Order refused by Divisional Court.
12th May				Action taken for recovery of daily penalty. Defendant committed to prison for 1 month.
30th June				Order suspended on payment of £1 per month in respect of 27th January to 14th June, 1954.
27th July				Appeal against Committal Order. Appeal dismissed owing to the non-appearance of appellant. Work later carried out by the Council in default.



### Legal Proceedings under Public Health Act, 1936—*continued*

Date of Hearing 1954	Premises	Section of Act	Defects	Result of Proceedings
3rd March 17th March	14 Palace Road, N.8	92/93	Defective Gutter.	Adjourned 14 days. Work substantially completed.
21st April 28th April 13th May 19th May	10 Beresford Road, N.8	92/93	General Defects.	Adjourned 7 days. Adjourned 14 days. Adjourned 7 days. Non-compliance of Order made in November, 1953. Fined £3. Work later carried out by the Council in default.
21st April 19th May 16th June	32 Nelson Road, N.8	92/93	General Defects.	Adjourned 28 days. Adjourned 28 days. Summons withdrawn—premises vacated. £3 3s. costs.
21st April 19th May	31 Enfield Road, N.8	92/93	General defects.	Adjourned 28 days. Court Order for execution of the work within 28 days. Costs 10s. 6d. Work not completed. Further summons applied for.
21st April 19th May	31a Enfield Road, N.8	92/93	General defects.	Adjourned 28 days. Court Order for execution of the work within 28 days. Costs 10s. 6d. Work not completed. Further summons applied for.
21st April	4 Cholmeley Park, N.6	92/93	General defects.	Summons withdrawn—work completed.
21st July 4th Aug.	5 Tancred Road, N.4	92/93	General defects.	Adjourned 14 days. Summons withdrawn—work completed.
20th Oct.	79 Sydney Road, N.8	92/93	General defects.	Court Order made for completion of the work within 28 days. £2 2s. costs. Work to be executed by the Council in default.

### Legal Proceedings under Public Health Act, 1936—continued

Date of Hearing 1954	Premises	Section of Act	Defects	Result of Proceedings
20th Oct. 3rd Nov.	4 Causton Road, N.6	92/93	General defects.	Adjourned 14 days. Summons withdrawn—work completed. £2 2s. costs.
20th Oct.	43 Crouch Hall Road, N.8	92/93	General defects.	Court Order made for completion of the work within 48 days. £2 2s. costs. Work later completed.
20th Oct. 10th Nov. 8th Dec.	5 Western Road, N.2	92/93	Dry Rot.	Adjourned 21 days. Adjourned 28 days at the request of the defendant of No. 7 Western Road. Case dismissed.
20th Oct. 10th Nov. 8th Dec.	7 Western Road, N.2	92/93	Dry Rot.	Adjourned 21 days. Adjourned 28 days at the request of the defendant. Court Order made for the completion of the work within 28 days. £5 5s. costs. Work later completed.

### WORK CARRIED OUT BY THE COUNCIL IN DEFAULT

Premises	Act	Cost of Works carried out	Date completed
36 Campsbourne Road, N.8	P.H.Act Secs. 92/93	£119 19s. 6d.	23rd March
10 Beresford Road, N.8	P.H.Act Secs. 92/93	£75 6s. 9d.	25th November
65 Umfreville Road, N.4	P.H.Act Secs. 92/93	£39 10s. 0d.	6th January, 1955



## SUMMARY OF SANITARY IMPROVEMENTS EFFECTED

### Drainage

Number of houses and premises redrained	..	..	..	1
Repairs or amendments to existing drains	..	..	..	78
Drains or gullies unstopped or cleansed	..	..	..	121
Manholes provided or repaired	..	..	..	26
Intercepting traps fixed	..	..	..	18
Soil and ventilation pipes repaired or renewed	..	..		37

### Water-Closet and Sanitary Fittings

Water-closet buildings provided or repaired	..	..	..	1
Water-closet pans provided or renewed	..	..	..	56
Water-closets unstopped, cleansed or repaired		..	..	24
Flushing cisterns provided or repaired	..	..	..	18
New sinks provided	..	..	..	27
New lavatory basins provided	..	..	..	7
Waste pipes trapped, repaired or unstopped	..	..	..	57
Baths provided or made usable	..	..	..	7
Urinals cleansed	..	..	..	—

### General

Roofs repaired	..	..	..	..	257
Rain-water gutters, renewed or repaired	..	..	..		107
Rain-water pipes provided or repaired	..	..	..		72
Dampness remedied	..	..	..	..	216
Damp-proof courses provided	..	..	..	..	12
Yard paving provided or repaired	..	..	..	..	16
Rooms cleansed	..	..	..	..	300
Rooms disinfested of vermin	..	..	..	..	1
Floors repaired	..	..	..	..	74
Sub-floor vent provided	..	..	..	..	3
Windows, doors, skylights, sashcords and fittings repaired	..				285
Window-sills repaired	..	..	..	..	26
Water cisterns repaired, cleansed or covered	..	..	..		16
Water supply pipes repaired	..	..	..	..	30
Stoves, Ranges, Coppers renewed or repaired		..	..		48
Flues and Chimneys repaired	..	..	..	..	23
Accumulation of Refuse removed	..	..	..	..	14
Dustbins provided	..	..	..	..	30
Miscellaneous items	..	..	..	..	76

## WATER SUPPLY

I am indebted to Dr. E. WINDLE TAYLOR, Director of Water Examination of the Metropolitan Water Board, for the following information.

The supply for Hornsey area has been satisfactory both in quantity and quality during the year 1954. During this year the area was 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 and Hampton.
- (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.

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

1,585 samples of filtered water derived from the River Thames and 225 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>No. of microbes per ml. Colonies counted on agar after 20-24 hrs., at 37°C.</i>		<i>Bact. coli test Percentage of samples negative to Bact. coli in 100 ml.</i>	
<i>Filtration Works</i>	<i>No. of Samples</i>				<i>Bact. coli per 100 ml.</i>
River Thames— derived filtered water ..	3,604	8.8		99.8	0.004
New River— derived filtered water ..	258	13.7		100.0	Nil



# 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.

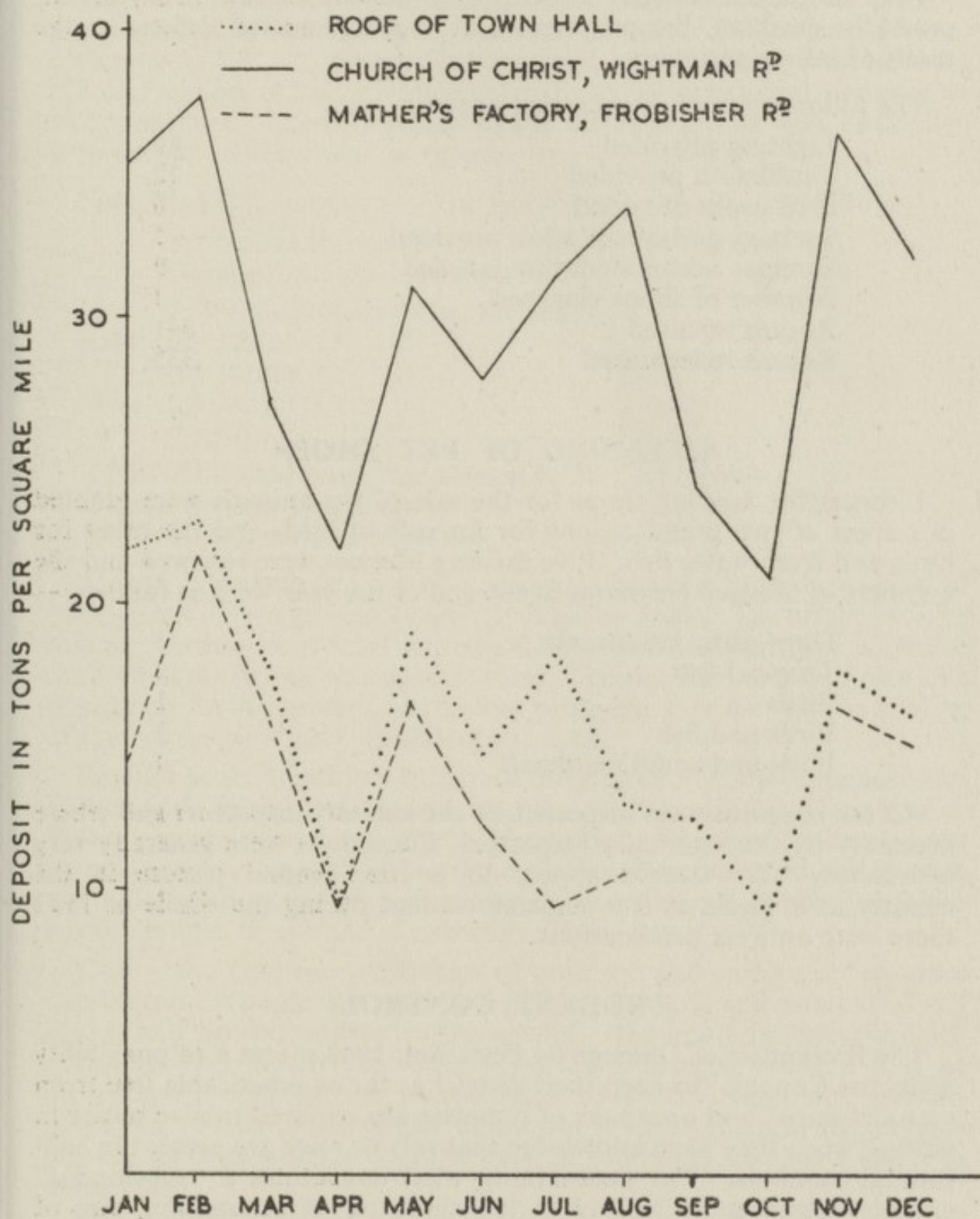
DEPOSIT IN TONS PER SQUARE MILE

1954	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 ...	0.99	0.87	0.83	14.27	26.18	7.03	10.34	20.16	3.33	7.59	9.19	7.42	21.86	35.37	14.45
February ...	2.35	2.37	2.25	14.75	24.11	12.87	9.98	17.15	8.38	8.05	13.55	8.62	22.80	37.66	21.49
March ...	2.09	2.09	1.98	11.88	19.04	9.84	7.97	13.49	6.22	5.81	7.98	6.14	17.69	27.02	15.98
April ...	0.50	0.33	0.38	6.73	17.23	6.22	4.73	11.92	4.28	2.79	4.68	3.17	9.52	21.91	9.39
May ...	1.77	1.69	1.73	12.88	23.81	10.14	8.77	16.83	6.23	5.92	7.13	6.33	18.80	30.94	16.47
June ...	3.50	3.41	3.38	9.63	20.29	6.39	6.65	14.40	3.71	5.03	7.46	5.81	14.66	27.75	12.20
July ...	2.81	2.59	2.53	14.51	25.28	5.89	11.75	17.87	3.40	3.64	6.03	3.42	18.15	31.31	9.31
August ...	3.49	3.46	3.42	8.17	26.41	6.72	5.91	19.43	5.30	4.70	7.24	3.83	12.87	33.65	10.55
September ...	1.72	1.62	—	9.16	17.58	—	6.64	11.19	—	3.20	6.34	—	12.36	23.92	—
October ...	2.17	2.13	—	6.17	16.31	—	3.91	10.30	—	2.96	4.47	—	9.13	20.78	—
November ...	3.62	3.69	3.44	8.68	25.24	7.60	5.45	18.96	4.55	8.88	10.98	8.74	17.56	36.22	16.34
December ...	1.88	1.94	1.85	9.05	23.10	7.46	6.60	18.58	4.64	6.93	8.82	7.48	15.98	31.92	14.94

The gauge at Site (c) was out of use from 1st September until 4th November.

# ATMOSPHERIC POLLUTION

## TOTAL SOLIDS DEPOSITED





## INSPECTION OF SHOPS

1,761 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.

Only seventeen written notices were served during the year as, generally speaking, the proprietors of shops remedied defects as the result of informal notices.

The following work was carried out:—

Lighting provided	..	..	..	..	69
Ventilation provided	..	..	..	..	22
Staff room provided	..	..	..	..	6
Sanitary accommodation provided	..	..	..	..	5
Sanitary accommodation labelled	..	..	..	..	9
Number of shops cleansed	..	..	..	..	3
Rooms repaired	..	..	..	..	341
Rooms redecorated	..	..	..	..	335

## LICENSING OF PET SHOPS

Licences for keeping shops for the sale of pet animals were granted in respect of two premises, one for the sale of birds and the other for birds and fresh water fish. Five existing licences were renewed and the numbers of licensed pet shops at the end of the year were as follows:—

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

All the premises were inspected by the sanitary inspectors and where necessary by the veterinary inspector. Conditions were generally very satisfactory. This would appear to be the general picture in the country as a whole as it is understood that during the whole of 1953 there were only six prosecutions.

## RODENT CONTROL

The Prevention of Damage by Pests Act, 1949 places a responsibility upon the Council "to keep their district as far as practicable free from rats and mice" and occupiers of premises are required to give notice in writing when they have knowledge that rats or mice are present in substantial numbers. For determining what constitutes a "substantial" number regard must be had to the character of occupation, size of premises and other relevant factors.

The underlying principle of modern methods of rodent control is to kill off all the rats and mice within the infested area in as short a time as possible. These methods consist of poisoning, gassing and trapping.



In every case of infestation, systematic treatment is carried out by using the methods recommended by the Ministry of Agriculture and Fisheries (Infestation Control Division). One rodent operator is employed on this work under the general supervision of the sanitary inspectors.

During the year no notification of the presence of rats or mice in substantial numbers has been received. However as the result of complaints received, 370 properties have been inspected and treatment for the eradication of rats or mice carried out by the rodent operator in 187 properties. In many instances the rat infestations were associated with defects in the drainage system.

Following is a summary of the work carried out during 1954:—

	Properties inspected as a result of notification	370
	Other properties investigated .. .. .	144
	Properties found to be infested:—	
Rats	(a) Major .. .. .	7
	(b) Minor .. .. .	214
Mice	(a) Major .. .. .	8
	(b) Minor .. .. .	72
	No. of infested properties treated by Rodent Operator	187
	Total No. of treatments .. .. .	194
	No. of written notices served .. .. .	2

The rat population in sewers and drains causes a high proportion of infestations above ground in heavily built up areas. The eradication of this population or at least its reduction to small dimensions is one of the first tasks in the war against rats. The problem is a complex one depending for its success, in the first place, on a proper understanding of the rat distribution throughout the area.

Regular sewer treatment is carried out by the Borough Engineer and Surveyor's Department in co-operation with the Health Department. Before placing poison baits in the manholes "prebaiting", is carried out on two consecutive days. This is the placing of unpoisoned bait in each manhole and is intended to attract as many of the rats as possible to the baiting points, which are of necessity all too few.

During the year two treatments of both soil and surface sewers were carried out. Arsenic was used as a poison for the first treatment of soil sewers and zinc phosphide for the second. Red squill was used on both occasions for the surface water sewers. Whenever possible it is of advantage to change the poison used so as to overcome "poison-prejudice" which is sometimes developed by rats. Dangerous poisons are not used on surface water sewers so red squill was used on both occasions.

Test baiting is carried out in sections of the sewers showing a small rat populations with a view to determining whether a more extensive treatment is necessary.

Following are details of the two sewer treatments and one test bait carried out during the year:—



# RODENT INFESTATION: SEWER MAINTENANCE TREATMENT 1954

Total number of foul manholes — 1,810

Dates of Treatment ... ..	4th—24th February		4th—24th October	
	Soil	Surface water	Soil	Surface water
Sewer treated ... ..				
Bait and poison used ... ..	Soaked bread and arsenic	Soaked bread and red squill	Sausage rusk and zinc phosphide	Soaked bread and red squill
No. of manholes baited ... ..	677	196	1,219	63
No. of manholes showing complete pre-bait take ... ..	368	34	397	8
No. of manholes showing partial prebait take ... ..	47	20	151	4

## The House Mouse

The fact that "*Mus musculus*", the common house mouse is a very inquisitive and aggressive animal was firmly established by the Ministry of Agriculture and Fisheries (Infestation Control Division) during some preliminary research into the behaviour of mice. Mice released in a mouse proof room, 440 sq. ft. in area, were observed to make systematic examinations of the walls and floor during many journeys backwards and forwards from and to the nest, the area being extended at each journey. No mouse was bold enough to encircle the room on its first journey. They collided with fresh objects placed in any part of the room previously examined, but after careful examination of the object this mistake was never repeated. It is understood that in a dim light their vision is limited to approximately 1 foot.

Mice display no aversion to objects handled by humans or to immobile humans themselves, for example an observer lying in the room was examined from head to feet and one family of mice chose the inside of his trouser leg as a nesting place!

It was discovered that when two or more mice meet one is always dominant and even when confined together the dominant mouse continues the persecution of the subordinate which will not move about freely unless the other is asleep. There may be several dominant mice in the various colonies, but one is always supreme. Dominant mice always feed first.

The mouse although indiscriminate in its droppings, is extremely clean in its grooming, licking fur and feet to remove contaminated substances. This knowledge is made use of when other means of control have failed. Poisonous tracking dust which is blown into the runways and holes contaminates fur and feet and when it is cleaned off by the mice it leads to wholesale extermination.





# FOOD

## FOOD HYGIENE

Much is being done today towards developing a new conception of food hygiene. Conferences of national status have discussed this matter and it has been the subject of articles and comments in the national press. Food guilds, lectures and exhibitions have been organised, all doing their part to make the public food-hygiene conscious.

The sanitary condition of premises and equipment is also fundamental to food hygiene. During the year 1,372 visits were made by the food inspector to food premises in the Borough and in a number of cases improvements to premises and equipment were carried out. Opportunity has been taken to discuss with food traders and their staffs the practical application of the principles involved in food hygiene, and this combined with well-equipped premises and an increasing public discrimination in favour of the better appointed shop must have beneficial results.

Adequate protection of fish, both wet and dry, displayed for sale in fish shops continues to be a problem in the manner in which it is exposed for sale. The National Federation of Fishmongers and Poulterers recently cast doubt on the hygiene efficiency of glass fronting; and fish intended for human consumption continues in many cases to be subjected to the risk of contamination by dust and flies and the area near the shop has the doubtful enjoyment of the odour of fish.

Similar objections were voiced some years ago by the butchers when suggestions were made that meat should not be exposed in open-fronted shops but now every butcher's shop in Hornsey is glass-fronted, and with adequate refrigeration the keeping quality of the meat is not impaired.

A glass-fronted fish shop properly planned and constructed with suitable and adequate ventilation would similarly keep fish in good condition and free from contamination.

Three fish shops in the Borough have been provided with partial glass-fronts and it is hoped that the practice will extend to all fish shops.

Throughout the country the sampling of food and drugs is carried out either by sanitary inspectors, weights and measures inspectors or the police, according to long-established custom. In Hornsey this work is done by the weights and measures inspectors of the Middlesex County Council who are the Food and Drugs Authority. These inspectors are also now responsible for the supervision and licensing of processing plants for pasteurising and sterilising milk. The Borough Council is responsible for the inspection of all premises used for the distribution of milk.

Food and drugs sampling and milk supervision are essentially public health measures which it is felt should be an integral part of the environmental health services of the district.



The problem of the misuse of milk bottles by the public remains largely unsolved. Used bottles containing soil, cement, paint, oil and other substances causing contamination are frequently returned to the dairies. Milk bottles are abused in this manner because they happen to be convenient and free. The dairies, however, are not altogether free from blame; for empty bottles are seen stacked in the street awaiting collection by the roundsman on his return journey and may so be contaminated by dirt, insects or dogs.

The leaving in bottles of milk residue which sours and decomposes causes contamination which is difficult to remove. This may necessitate separate treatment involving prolonged soaking and an increase in the strength of the chemical solutions used. Even then in spite of special treatment at the bottling depot even the most efficiently operated plant will be sorely tried to deal with many of them. It would be of great benefit if all housewives made a habit of rinsing thoroughly all milk bottles before returning them to the dairy.

### **THE FOOD AND DRUGS AMENDMENT ACT, 1954**

This Act received Royal Assent on the 25th November, 1954, but apart from section 28 (which deals with private slaughterhouses), will not come into operation until a date to be appointed by the Minister. This will be after the consolidation of this Act with the Food and Drugs Act, 1938, the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950 and the Slaughterhouses Act, 1954. It is proposed to bring the consolidating measure and the new Food Hygiene Regulations into force simultaneously.

The main objects of the Act are the protection of the public against the sale of food containing injurious substances, misdirection in labels and advertisements, and the provision of further powers to secure that food is not contaminated in the course of preparation, distribution and sale. The new powers concerning the latter are contained in sections 6 to 10 and provide for the making of Regulations and codes of practice as to food hygiene, the registration of certain food premises and the licensing of vehicles, stalls and other places where food is sold.

The new Regulations will replace the general requirements of section 13 of the 1938 Act and are intended to secure "the observance of sanitary and cleanly conditions and practices in connection with the sale of food for human consumption or the importation, preparation, transport, storage, packaging, wrapping, exposure for sale, service or delivery of food intended for sale for human consumption, or otherwise for the protection of the public health".

Many of the provisions embodied in the Act are based on the recommendations of the Working Parties set up for the Catering trade and the Manufactured Meat Products Industry, and the Interdepartmental Committee on Meat Inspection.



## Colouring Matters in Food

The Food Standards Committee appointed by the Minister of Food to consider the composition, labelling and marking of foods have adopted the report of their Preservatives Sub-Committee recommending that the Public Health (Preservatives, etc. in Food) Regulations 1925—1953 should be amended. The sub-committee reached the conclusion that the present regulations were negative in character in that they permitted colouring matters to be used in the absence of specific complaints or evidence that they were harmful, and gave it as their view that the Regulations should be amended to a positive form permitting the use only of preservatives and colouring matters which were either of natural origin and known to be free from any suspicion of adverse effect on the consumer, or synthetic materials where the evidence was sufficiently strong that no adverse effect either immediate, insidious or cumulative was likely to be suffered by the consumer.

The Committee stated that of the 79 dyes which were submitted for their consideration only 12 could be labelled as "A" dyes which have not so far been shown to produce any harmful effects and which seem unlikely to be harmful in the amounts ordinarily consumed; 32 were put in "B" category as being food colours about which there was no direct evidence of toxicity or harmfulness but about which the evidence was inadequate or uncertain. The remaining 35 dyes were rejected as being considered unsuitable for use in food on the grounds that they have definitely harmful effects on health or that their chemical structure might cause cancer or other effects in animals or man.

The main recommendations of the Sub-Committee are as follows:—

- that the Public Health (Preservatives, etc. in Food) Regulations 1925-1953 be amended so as to permit the use in foods of specific colours only;

- that for the present official approval should be given only to the colouring matters listed in Appendix III;

- that specifications of purity should be prescribed and published for each of the specified colours;

- that colours, other than for marking purposes, should not be permitted in milk, or in or upon meat, game, poultry, fish, fruit, vegetables, sold in the raw or unprocessed state;

- that in general notification of the presence in foods of added colour should be given to the purchaser;

- that colours sold for use in food should be appropriately labelled;

- that any regulations made should apply also to imported foods.

Thirteen natural colours and 72 synthetic colours are listed in an Appendix.

The Committee stressed the need for the continual collection of evidence on the purity and suitability of preservatives and colouring matters proposed to be used in foods.



## MILK SUPPLY

Eight distributors' premises were registered during the year. Four were registered for the first time and four were changes of occupiers.

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 ..	5	1	30	10
Tuberculin Tested	3	1	25	10
Sterilised ..	8	1	47	11

## ICE CREAM

The Ice Cream (Heat Treatment, etc.) Regulations, 1947 to 1952 provide that ice cream must not be allowed to reach a temperature in excess of 28°F. before it is sold to the consumer and I am pleased to note that the manufacturers are insisting that if for some reason this requirement is not met the dealers should return the ice cream for re-processing.

The principal remaining risk of contamination of ice cream arises from unwrapping the product before serving or serving with inefficiently sterilised dispensing instruments. Examples of the latter have been noted in the past and unfavourable bacteriological reports received on the ice cream. Chemical and other methods which are available to obviate these risks have been recommended by this department and are now generally adopted.

Ice cream is manufactured now in this Borough at only one premises, but there has been a further increase in the number of premises at which ice cream is sold and 187 premises are registered for this purpose. Most traders now sell only pre-packed ice cream.

Twelve 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
10	2	.	.

## BAKEHOUSES

There are fourteen bakehouses in the Borough, three of them being underground. The three underground bakehouses continue in use and are frequently inspected to ensure that suitable hygienic conditions are maintained. In July 1954 the quinquennial inspection required by Section 54 of the Factories Act, 1937 was carried out. This section requires the local authority to inspect all basement bakehouses every fifth year and if they are found unsuitable as regards construction, height, light, ventilation or hygienic conditions to revoke the certificates of suitability. All three underground bakehouses were found to be satisfactory.

## SLAUGHTERHOUSES

No slaughtering of animals took place in the Borough during the year and the Council refused an application for re-licensing a former slaughterhouse. Facilities for the slaughter of animals for human consumption continue to be available at Caledonian Market and supplies of dressed carcasses are readily available to dealers at Smithfield Market. Transport facilities between these places and the retail stores in the Borough appear to be adequate and it is encouraging to see that improvements continue to be made in the design, arrangements, and fitting of these vehicles.

## LEGAL PROCEEDINGS

*Under the Food and Drugs Act, 1938.*

Date of Hearing	Offence	Result of Proceedings
6th January	Bread (1) not of the quality demanded; (2) unfit for human consumption (cigarette end in loaf).	Fine £2 on each summons Costs £2 2s. on each summons.
10th February	Milk not of the quality demanded. (cobwebs in bottle of milk)	Defendant pleaded guilty Fine £10. Costs £10 10s.
31st March	Sweets not of the quality demanded. (wire in boiled sweet)	Defendant pleaded guilty Fine £2. Costs £3 3s.
18th August	Milk not of the quality demanded. (dung in bottle of milk)	Defendant pleaded guilty Fine £5. Costs £9 9s.
18th August	Minced beef not of the quality demanded. (cigarette end in minced beef)	Case dismissed.



## FOOD SAMPLING

I am indebted to Mr. J. A. O'Keefe, Chief Officer of Public Control of the Middlesex County Council for the following information

### Food and Drugs Act, 1938-1950

List of Samples Procured in the Borough of Hornsey during the year 1954.

<i>Articles</i>				<i>Total samples procured</i>	<i>Unsatisfactory</i>
Milk, various .. ..	..	..	..	70	.
Butter .. ..	..	..	..	13	.
Cakes .. ..	..	..	..	32	.
Cheese .. ..	..	..	..	4	.
Cooked Meats .. ..	..	..	..	19	.
Cooking Fat .. ..	..	..	..	1	.
Coffee .. ..	..	..	..	2	.
Cream .. ..	..	..	..	17	1
Drugs, various .. ..	..	..	..	7	.
Fish .. ..	..	..	..	18	.
Fish Paste, and cakes ..	..	..	..	3	.
Fruit Drink .. ..	..	..	..	2	.
Fruit Syrup .. ..	..	..	..	1	.
Herrings in Wine Sauce ..	..	..	..	2	2
Ice Cream .. ..	..	..	..	7	.
Iced Lolly .. ..	..	..	..	5	.
Jam .. ..	..	..	..	1	.
Meat .. ..	..	..	..	6	.
Meat Pie .. ..	..	..	..	7	.
Minced Meat .. ..	..	..	..	2	.
Mincemeat .. ..	..	..	..	1	.
Non-brewed condiment ..	..	..	..	1	.
Oranges .. ..	..	..	..	7	.
Sausages and Sausage meat ..	..	..	..	28	.
Soups .. ..	..	..	..	8	3
Sweets .. ..	..	..	..	3	1
Tinned fruit .. ..	..	..	..	1	.
Vinegar .. ..	..	..	..	26	9
Wines and spirits .. ..	..	..	..	15	.
Totals .. ..	..	..	..	309	16

The following comments relate to samples noted as unsatisfactory:—

### **Cream**

A sample of what was sold and described as "Thick Cream" was procured and found to be imported tinned sterilised cream. An official caution was issued.

### **Pickled Herrings**

Two samples of "Pickled Herrings in Wine Sauce" were procured from two different firms. In one case no alcohol was present; the firm was prosecuted and fined £2 with 5 guineas costs. In the other case the spirit content was found to be very small and a letter of warning was sent to the manufacturers.

### **Soups**

Three sample packets of "Cream of Veal Soup with Mushrooms" were found to be deficient in fat. All were manufactured by the same firm, to whom a letter of warning was sent.

### **Sweets**

Sweets under the name of "Devon Clotted Cream Toffees" and bearing a label "Made with Real Devonshire Cream" were found displayed for sale. Although the sweets did in fact contain a proportion of butter-fat, this description gave the impression that all the fat was butter-fat. The manufacturers have agreed to modify their labels and showcards to read "Containing Real Devonshire Clotted Cream".

### **Vinegar**

Of the nine unsatisfactory vinegar samples, five were found to be deficient in acetic acid, the other four samples being non-brewed condiment. Eight of these samples were sold in all by four retailers and in all four cases official cautions were issued. In the remaining case the follow-up sample proved genuine and no further action was taken.

### **Merchandise Marks Act, 1926 : Imported Food Orders**

During the year 116 premises were visited and 425 displays of meat, apples, tomatoes, dried fruit, eggs, butter and poultry were examined. In only one case did an infringement arise of a greengrocer marking Dutch tomatoes as "English" and displaying for sale Dutch tomatoes not marked with the country of origin. He was fined £2 in all and ordered to pay 2 guineas costs.

### **Labelling of Food Order, 1953**

134 premises were visited and 1,150 different articles examined. No infringements of substance arose.

### **Defence (Sale of Food) Regulations, 1943**

Under these Regulations one case arose of a firm of greengrocers displaying Craig Royal potatoes falsely described as "King Edwards". An official caution was issued.



# 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	6	1
Butchers .. .. .	53	1	32
Confectionery (sugar) .. ..	112	83	1
Fish (wet and dried) .. ..	13	3	3
Fish (fried) .. .. .	10	.	2
Fruit and vegetables .. ..	76	8	.
Grocery and provisions .. ..	144	31	15
Milk .. .. .	3	3	.
Canteens .. .. .	4	.	.
Preserved Foods .. .. .	2	1	.
Public Houses and Off Licences	73	5	.
Restaurants and Cafes .. ..	76	40	1
Ice Cream .. .. .	2	2	.
Herbalist and Health foods ..	1	.	.
Confectionery warehouse .. ..	1	.	.
Preserved food factory .. ..	1	.	.
Stalls :			
Fruit and vegetables .. ..	4	.	.
Jellied eels .. .. .	1	.	.
Refreshments .. .. .	1	.	.

## REGISTRATION OF HAWKERS OF FOOD AND THEIR STORAGE PREMISES

During the year 4 new registrations were effected under Section 11 of the Middlesex County Council Act, 1950 and at the end of the year there were in the Borough 4 registered storage premises used by hawkers from other Boroughs and 25 registered hawkers who are at present selling the following foods:—

Confectionery .. .. .	1
Eggs .. .. .	1
Fish .. .. .	1
Fruit and vegetables .. .. .	19
Groceries .. .. .	1
Ice Cream .. .. .	1
Winkles and shrimps .. .. .	1

### FOOD PREMISES

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

	1st. Re- Insp. Insp.			1st. Re- Insp. Insp.	
Bakehouses and Bakers' Shops	67	85	Grocers' Shops ...	186	111
Butchers' Shops ...	67	101	Ice Cream Premises ...	40	37
Cooked Meat Shops ...	10	5	Milkshops ...	28	8
Confectioners ...	62	69	Public Houses ...	34	32
Fish Shops ...	28	37	Restaurants, Cafes, etc.	94	96
Greengrocers' Shops ...	59	116			

TOTAL INSPECTIONS MADE 1,372

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

	Cwts. lbs.			Cwts. lbs.	
Canned Vegetables ...	1	87	Rabbits ...		30
Canned Fruit and Fruit Juices	8	58	Fish ...	6	23
Canned Meat ...	6	35	Cheese ...		76
Canned Fish ...	6	23	Cereals ...		11
Canned Soup ...		101	Frozen Whole Egg ...		33
Canned Jam and Marmalade	1	6	Fritter Mixture ...		14
Canned Spaghetti ...	1	19	Tomato Paste ...		10
Canned Fruit Pudding ...	1	81	Synthetic Cream Powder ...		7
Dried Fruit ...		5	Potatoes ...	12	42
Meat and Bacon ...	139		Carrots ...		56
Poultry ...		3	Canned Milk ...	pints	237½

TOTAL FOOD CONDEMNED:—188 cwts., 48 lbs., and 237½ pints of Milk.  
219 visits were made to food premises in connection with condemnation.





# GENERAL

## MEDICAL EXAMINATION OF STAFF

Forty-nine persons were medically examined to determine their fitness for acceptance on the permanent staff. Forty-seven 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. Sixty persons were examined, fifty-seven of whom were accepted for the scheme. Nine 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 .. .. .	19
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 two women and one man who died in their own homes. The man and one woman were over 80 years and the other woman over 70 years.



## 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.

## FACTORIES ACTS

H.M. Inspector of Factories for North London District, which includes Hornsey, is:—

Miss K. M. Haddock,  
324 Gray's Inn Road, W.C.1.  
Telephone: TERminus 6266 and 7909.

The Appointed Factory Doctor is:—

Dr. W. J. G. Meldrum,  
457 Green Lanes,  
Palmers Green, N.13.  
Telephone: PALmers Green 0320.  
Times of attendance, Tuesday and Thursday, 9—10 a.m.

## 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 95 bodies were admitted for post-mortem examination. Inquests were held on 11 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.
---	-----------------------

Hornsey Central Hospital, Park Road, Hornsey, N.8. Mountview 6244.	General 61 beds.
--	---------------------

### 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.
--	----------------------------------

Southwood Hospital, Southwood Lane, Highgate, N.6. Mountview 8778.	Chronic sick 77 beds.
--	--------------------------

### Other Hospitals :—

St. Luke's Woodside Hospital, Woodside Avenue, Muswell Hill, N.10. Tudor 8311.	In-patients Wing of the Department of Psychological Medicine.
--	---

(Administered by Middlesex Hospital, Mortimer Street, W.1.)	66 beds (7 private).
--	----------------------



## SANTA CLAUS HOME FOR SICK CHILDREN

The Santa Claus Home for Sick Children, 55 Cholmeley Park, Highgate was opened in 1891 and from that time until 13th February, 1954, provided accommodation for convalescent children. The Misses Charles founded the Santa Claus Society in 1885 to provide toys for children in hospitals at Christmas time. The premises in Cholmeley Park were obtained in 1891 for the purpose of admitting children who, although not actually ill or receiving treatment, would benefit from skilled care and nursing attention. Later the Home was extended to provide play-rooms and other amenities for the children, and also accommodation for the resident staff. The demand for accommodation decreased of recent years and it became uneconomic to keep the Home open. The building was taken over by the London County Council and opened as a Hostel for Tuberculous men in September last.

## 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 Act and Orders, and the Pet Animals Act, 1951:—

No licences were issued under the Contagious Disease of Animals Acts. Three inspections were made under these Acts at Highgate School Piggeries (Total 21 Porkers).

Four 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.

Four inspections were carried out under the Fowl Pest Orders, 1936 & 1947, making a total of 24 fowls. These were not confirmed by the Ministry as having Fowl Pest.

No action was necessary under the Tuberculosis Order of 1925.

## WELFARE OF OLD PEOPLE

I would like to say a few words about what is often called the "problem" of old people. It is sometimes thought that the aged are more neglected now than in the past when all was supposed to be well. This is not so. The "problem" is one of numbers, i.e., the increasing proportion of aged in the community, and not of social outlook which is much improved of recent years. The public now are not only willing to hear of the difficulties of old people but in the main they make every effort to search them out and assist as far as they are able. The excellent work done by the Old People's Welfare Committees and their helpers is an example of this. There are cases of old people being neglected by their children but these are not really common; the truth is that families are smaller and a quarter of the old have no children at all.

Generally speaking only the "difficult" cases are referred to the Health Department, and once more, I must record a considerable increase in the time spent by the staff in dealing with these. It is unfortunate that



in a town of the size of Hornsey, the local authority responsibilities for caring for the aged are shared, indeed scattered. The Area Welfare Officer under the County Council has his office at Lansdowne Road, Tottenham; the Home Nursing and Home Help services are at Somerset Road, Tottenham, while the Authority responsible for the housing needs and environmental care of old people is the Borough Council, through the Health Department at the Hornsey Town Hall.

Also Section 47 of the National Assistance Act, 1948, and the National Assistance (Amendment) Act, 1951, place the responsibility for promoting action for the compulsory removal of old people to suitable institutions on the Borough Council acting through the Medical Officer of Health. Action under this Section is taken only as a last resort and after extensive enquiries and efforts have been made to keep the old person in his or her own home. To do this, help is obtained from the home nursing and home help services, the meals-on-wheels service of the Womens' Voluntary Service and the Old People's Welfare Committee.

Twenty-four persons were referred to the Department from various sources during the year and in only one case was it necessary to obtain a Court Order for removal to a Home. Details of this case are given below.

Miss "A" was a single woman of 87 years of age who had been known to the Department for about two years. When first brought to our notice she lived alone in one top floor room which was very dirty and neglected and in need of thorough cleansing. The old person herself smelled offensively and had obviously not washed or changed her clothes for some considerable time. There were no known relatives and the only help received by this woman was from the other tenants of the house.

Arrangements were made for the room to be cleansed and for a home help to attend regularly, and although Miss "A" became incontinent she was kept at home in reasonable conditions as the result of regular cleansing of the soiled bedding and personal clothing under the Borough's scheme for old people's washing. For a year there was no cause for complaint but then her condition began to deteriorate seriously. Miss "A" became more incontinent and caused increased nuisance to other occupants of the house and also she became absent-minded and on at least two occasions she caught her clothing alight whilst sitting near the fire or gas ring. She insisted on drying unwashed soiled garments at the open fire and it became evident that for her own sake as well as for the sake of other persons in the house she must be removed to an Old People's home. On the authority of the Borough Council application was made to the Highgate Court for an Order for the removal to a Home provided by the County Council. She was removed to be detained compulsorily for a period of three months but at the expiration of that time she was quite happy and voluntarily remained in the home and on her instructions the tenancy of her room in Hornsey was terminated.





# VITAL STATISTICS

It is not possible to adopt a system of "costing" for the measurement of health but some indication of progress can be obtained from a study of vital statistics. By this measure the health of the people of Hornsey is satisfactory and has shown steady improvement over many years but the lack of "positive" health among many families can be assessed only as a result of personal knowledge of the circumstances. The kind of difficulties and mental strain borne by so many families may be illustrated by the following quotation from a report on a Hornsey child:—

"... no access to garden now. The grandparents are proving very difficult and the 'atmosphere' in the house is very noticeable. The father is under great mental stress and has treatment from his own doctor. He looks ill and is not sleeping at night. The child is not allowed to cry, because the grandparents are always insisting that it is being neglected if it does."

Another problem arising partly out of the improvements in the vital statistics is the increase in the proportion of old people in the population. In Hornsey the Old People's Welfare Committee is doing excellent work in easing the difficulties of many old people. Complaints and requests for help are often received in the Health Department and considerable time and energy is devoted to investigating the circumstances of each case; it is sometimes difficult, and often impossible, to help in the manner expected. A more accurate assessment of the immediate and possible future needs of old people is required.

Area (acres) .. .. .	2,872
Area of Parks and Open Spaces (acres) .. .. .	576
Population : Registrar General's estimate at 30 June, 1954	98,210
Number of separately assessed habitable premises according to Rate Books .. .. .	24,896
Rateable value (General Rate) .. .. .	£1,081,950
Product of a penny rate .. .. .	£4,360

## LIVE BIRTHS

	<i>M</i>	<i>F</i>	<i>Total</i>
Legitimate .. .. .	681	594	1,275
Illegitimate .. .. .	47	33	80
	<hr/> 728	<hr/> 627	<hr/> 1,355

## Birth Rate (live births per 1,000 population)

HORNSEY .. .. .	13.8
Area Comparability Factor .. .. .	0.92
Adjusted Rate For Hornsey .. .. .	12.7
England and Wales (provisional) .. .. .	15.2
Middlesex County (adjusted rate) .. .. .	12.7



## STILL-BIRTHS

						<i>M</i>	<i>F</i>	<i>Total</i>
Legitimate	..	..	..	..	..	10	8	18
Illegitimate	..	..	..	..	..	2	1	3

### Still-birth Rate (per 1,000 total live and still-births)

HORNSEY	..	..	..	..	..	..	15.3
England and Wales (provisional)	..	..	..	..	..	..	23.4

## INFANT DEATHS (under 1 year of age)

						<i>M</i>	<i>F</i>	<i>Total</i>
Legitimate	..	..	..	..	..	17	7	24
Illegitimate	..	..	..	..	..	.	2	2
						—	—	—
						17	9	26
						—	—	—

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

HORNSEY	..	..	..	..	..	..	19.2
England and Wales (provisional)	..	..	..	..	..	..	25.5
Middlesex County	..	..	..	..	..	..	18.8

### Neo-Natal Deaths (under 4 weeks of age)

						<i>M</i>	<i>F</i>	<i>Total</i>
Legitimate	..	..	..	..	..	14	6	20
Illegitimate	..	..	..	..	..	.	1	1

### Neo-Natal Death Rates

HORNSEY	..	..	..	..	..	..	15.5
England and Wales (provisional)	..	..	..	..	..	..	17.7
Middlesex County	..	..	..	..	..	..	14.2

## MATERNAL DEATH RATES

### (per 1,000 total live and still-births)

HORNSEY (two deaths)	..	..	..	..	..	1.45
Middlesex County (sixteen deaths)	..	..	..	..	..	0.53

## DEATHS FROM ALL CAUSES

Males	..	..	..	475
Females	..	..	..	534
				—1,009

### Death Rate (per 1,000 population)

HORNSEY	..	..	..	..	..	10.3
Area Comparability Factor	..	..	..	..	..	0.88
Adjusted Rate for Hornsey	..	..	..	..	..	9.06
England and Wales (provisional)	..	..	..	..	..	11.3
Middlesex County (adjusted rate)	..	..	..	..	..	9.9

# DEATHS OF HORNSEY RESIDENTS—Classified according to age groups and sexes

					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	3	2	4	2	14
					F	.	.	.	.	2	1	.	.	.	1	18
2	Tuberculosis, other	...	...	...	M	.	.	.	.	.	.	.	.	.	1	1
					F	.	.	.	.	.	1	.	.	.	.	2
3	Syphilitic disease	...	...	...	M	.	.	.	.	.	.	.	1	.	.	1
					F	.	.	.	.	.	.	.	.	.	.	1
4	Diphtheria	...	...	...	M	.	.	1	.	.	.	.	.	.	.	1
					F	.	.	.	.	.	.	.	.	.	.	1
9	Other infective and parasitic diseases	...	...	...	M	.	.	.	.	.	.	.	1	.	.	3
					F	.	.	.	.	.	.	.	.	.	2	2
10	Malignant neoplasm, stomach	...	...	...	M	.	.	.	.	.	1	4	5	3	13	23
					F	.	.	.	.	.	1	.	2	2	5	10
11	Malignant neoplasm, lung, bronchus	...	...	...	M	.	.	.	.	.	3	11	12	17	5	48
					F	.	.	.	.	.	.	2	2	4	1	9
12	Malignant neoplasm, breast	...	...	...	M	.	.	.	.	.	.	.	.	.	.	21
					F	.	.	.	1	1	1	3	3	4	8	21
13	Malignant neoplasm, uterus	...	...	...	M	.	.	.	.	.	.	.	.	.	.	6
					F	.	.	.	.	.	1	4	.	1	6	6
14	Other malignant and lymphatic neoplasms	...	...	...	M	.	.	.	.	.	4	14	14	22	54	108
					F	.	.	1	.	1	1	4	9	16	22	54
15	Leukaemia, aleukaemia	...	...	...	M	.	.	.	.	.	.	.	.	.	1	1
					F	.	.	1	.	.	.	1	1	1	.	5



Deaths of Hornsey Residents—*continued*

		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
16	Diabetes ... ..	M	.	.	.	.	.	.	.	.	.	.	2
		F	.	.	.	.	.	.	.	.	1	1	2
17	Vascular lesions of nervous system ... ..	M	.	.	.	.	.	.	3	7	17	18	45
		F	.	.	.	.	.	1	2	9	26	47	85
18	Coronary disease, angina ... ..	M	.	.	.	.	.	1	10	29	34	27	101
		F	.	.	.	.	.	.	2	9	21	36	68
19	Hypertension with heart disease ... ..	M	.	.	.	.	.	.	2	.	3	6	11
		F	.	.	.	.	.	.	.	1	1	5	7
20	Other Heart diseases ... ..	M	.	.	.	.	.	.	2	6	13	20	41
		F	.	.	.	1	.	3	5	4	15	57	85
21	Other circulatory diseases ... ..	M	.	.	.	.	.	1	2	1	6	11	21
		F	.	.	.	.	.	.	.	.	5	23	28
22	Influenza ... ..	M	.	.	.	.	.	.	.	.	.	.	.
		F	.	.	.	.	.	.	.	.	2	.	2
23	Pneumonia ... ..	M	2	.	1	.	1	.	1	1	6	6	18
		F	.	.	.	.	.	.	.	2	3	14	19
24	Bronchitis ... ..	M	.	1	.	.	.	.	4	8	9	5	27
		F	.	.	.	.	.	.	2	.	7	25	34
25	Other diseases of respiratory system ... ..	M	.	.	.	.	.	.	.	.	2	.	2
		F	.	.	.	.	.	.	.	.	1	3	4
26	Ulcer of stomach and duodenum ... ..	M	.	.	.	.	.	.	.	3	.	3	6
		F	.	.	.	.	.	.	.	.	.	1	1

## Deaths of Hornsey Residents—continued

				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
27	Gastritis, enteritis and diarrhoea	...	...	M	.	.	.	.	.	.	.	.	1	1	2
				F	.	.	.	.	.	.	.	.	.	1	3
28	Nephritis and nephrosis	...	...	M	.	.	.	.	.	2	2	.	.	1	5
				F	.	.	.	.	.	1	1	3	1	6	11
29	Hyperplasia of prostate	...	...	M	.	.	.	.	.	.	.	.	4	5	9
				F	.	.	.	.	.	.	.	.	.	.	9
30	Pregnancy, childbirth, abortion	...	...	M	.	.	.	.	.	.	.	.	.	.	2
				F	.	.	.	.	1	1	.	.	.	.	2
31	Congenital malformations	...	...	M	2	.	.	.	.	.	.	.	.	1	3
				F	2	.	.	.	.	.	1	.	.	.	6
32	Other defined and ill-defined diseases	...	...	M	13	.	1	.	.	1	2	8	4	4	33
				F	7	.	.	1	2	2	2	4	9	26	86
33	Motor vehicle accidents	...	...	M	.	.	.	1	.	.	2	.	1	.	4
				F	.	.	.	1	1	1	.	.	.	.	7
34	All other accidents	...	...	M	.	.	.	.	1	.	.	1	2	4	8
				F	.	.	.	1	1	.	.	.	5	10	25
35	Suicide	...	...	M	.	.	.	.	.	2	2	1	.	.	5
				F	.	.	.	.	.	.	1	1	.	.	7
36	Homicide and operations of war	...	...	M	.	.	.	.	.	.	.	.	.	.	1
				F	.	.	.	1	.	.	.	.	.	.	1
TOTALS				M	17	1	1	3	1	2	10	51	100	143	475
				F	9	.	.	3	6	9	11	28	52	126	534
					26	1	1	6	7	11	21	79	152	269	1,009

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

5 Whooping cough ; 6 Meningococcal infections ; 7 Acute poliomyelitis ; 8 Measles.



**INFANT DEATHS**  
**CLASSIFIED ACCORDING TO AGE GROUPS AND SEXES**

					Under 1 Day	1—6 Days	1 Week	2 Weeks	3 Weeks	Total Under 4 Weeks	1—2 Months	3—5 Months	6—8 Months	9—11 Months	Total Under 1 Year			
Pneumonia ... ..	M	.	.	.	.	.	.	.	.	.	1	.	1	.	2			
	F	.	.	.	.	.	.	.	.	.	.	.	.	.	2			
Hernia, Intestinal obstruction ...	M	.	1	.	.	.	1	.	.	.	.	.	.	.	1			
	F	.	.	.	.	.	.	.	1	.	.	.	.	.	2			
Congenital malformations ...	M	.	.	1	.	.	1	1	.	.	.	.	.	.	2			
	F	.	1	.	.	.	1	.	1	.	.	.	.	.	4			
Injury at birth ... ..	M	2	2	.	.	.	4	.	.	.	.	.	.	.	4			
	F	2	.	.	.	.	2	.	.	.	.	.	.	.	6			
Post-natal asphyxia and atelectasis	M	.	2	.	.	.	2	.	.	.	.	.	.	.	2			
	F	.	.	.	.	.	.	.	.	.	.	.	.	.	2			
Prematurity, immaturity ...	M	4	1	.	.	.	5	.	.	.	.	.	.	.	5			
	F	.	.	.	.	.	.	.	.	.	.	.	.	.	5			
Other diseases of early infancy ...	M	.	1	.	.	.	1	.	.	.	.	.	.	.	1			
	F	2	2	.	.	.	4	.	.	.	.	.	.	.	5			
TOTALS					M	6	7	1	.	.	14	2	.	1	.	17		
					F	4	3	.	.	.	7	.	2	.	.	.	9	26
						10	10	1	.	.	21	2	2	1	.	26		

# APPENDIX

## COUNTY COUNCIL OF MIDDLESEX AREA HEALTH COMMITTEE HORNSEY AND TOTTENHAM

(Population 221,410)

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 the LOCAL AREA HEALTH COMMITTEE AS AT 31st DECEMBER, 1954

## *Members of Middlesex County Council*

County Councillor Mr. J. W. BARTER  
County Councillor Mr. M. W. BURNS, J.P.  
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  
Councillor Miss J. RICHARDSON (*Vice-Chairman*)  
Councillor Mr. C. V. TIPPING  
Councillor Miss M. E. WEST  
Councillor Mr. C. R. WILLIAMS

## *Members of Tottenham Borough Council*

Alderman Mr. A. REED, A.C.I.I., J.P.  
Alderman Mrs. A. F. REMINGTON, J.P.  
Councillor Mrs. E. M. BOHRINGER  
Councillor Mr. H. LANGER  
Councillor Mr. P. H. ROBERTS (*Chairman*)  
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*

Dr. G. D. S. BRIGGS (Middlesex Local Medical Committee)  
Dr. I. S. FOX (Deputy)  
Mr. R. W. D. BROWNLIE (Middlesex Local Dental Committee)  
Mr. L. HAYWARD (Middlesex Local Pharmaceutical Committee)  
Miss M. MCEWAN (Royal College of Nursing)  
Miss V. EADY (Royal College of Midwives)

## AREA HEALTH STAFF 1954

<i>Area Medical Officer</i> ..	G. HAMILTON HOGBEN, M.R.C.S., D.P.H.
<i>Deputy Area Medical Officer</i> .. ..	J. L. PATTON, M.B., CH.B., D.P.H. (Resigned 16th January, 1955)
	A. YARROW, M.B., CH.B., D.P.H. (Appointed 17th January, 1955)
<i>Senior Assistant Medical Officer</i> .. ..	Mrs. J. H. GARROW, M.B., CH.B., D.P.H.
<i>Area Dental Officer</i> ..	V. SAINTY, L.D.S., R.C.S.
<i>Superintendent Health Visitor</i>	Miss H. TOWNSEND, S.R.N., S.C.M., H.V.
<i>Non-medical Supervisor of Midwives and Home Nursing Superintendent</i>	Miss F. E. CURTIS, S.R.N., S.C.M., H.V., M.T.D.
<i>Supervisory Matron of Day Nurseries</i>	Miss J. PEARSE, S.R.C.N.
<i>Home Help Organiser</i> ..	Mrs. D. EDWARDS, S.R.N., Dip.Soc.Sc.
<i>Assistant Home Help Organisers</i> .. ..	Mrs. W. E. PICKARD, S.R.N. Mrs. F. G. WILLS
<i>Area Chief Clerk</i> ..	W. L. N. RELLEEN, T.D., D.P.A.
<i>Deputy Area Chief Clerk</i>	T. W. HADLEY
<i>Sectional Heads</i> ..	N. P. CHILD G. CREE H. J. DUNHAM, B.A.

Classification of Staff	Full-time	Part-time
Medical Officers .. .. .	8	7
Dental Officers .. .. .	8	3
Supervisory Nursing Staff .. ..	3	.
Administrative and Clerical Staff ..	34	8
Health Visitors/School Nurses .. ..	24	2
Clinic Nurses .. .. .	9	1
Midwives .. .. .	10	.
Home Nurses .. .. .	18	10
Speech Therapists .. .. .	2	3
Physiotherapists .. .. .	1	4
Chiropodists .. .. .	.	2
Gramophone Audiometician .. ..	.	1
Orthopist .. .. .	.	1
Dental Attendants .. .. .	9	1
Day Nursery Staff .. .. .	37	.
Home Help Service .. .. .	9	159
Manual workers, domestic grades, etc. ..	10	23
	<hr/> 182	<hr/> 225



# CARE OF MOTHERS AND YOUNG CHILDREN

## Section 22

### Ante-natal Clinics

There are six ante-natal clinics in Hornsey and three in Tottenham. Each clinic holds from one to three sessions a week, and midwives also hold sessions at which they continue supervision of their "booked" cases.

The average attendance at an ante-natal clinic is 15.4 per session. This gives doctor and patient time to discuss the patient's problems.

Expectant mothers reach the clinic in three different ways. Firstly, they may attend the clinic of their own accord. Secondly, they may be referred to the clinic by their general practitioner. Thirdly, they may be sent by the general practitioner to the hospital first in order to book a bed; the hospital then refers them back to the clinic for routine supervision.

Those patients who attend the clinic before making arrangements for confinement are advised on health or social grounds either to book a midwife for home confinement, or a bed at the Alexandra Maternity Home or a hospital.

In the case of patients who are booked at a hospital, a record card is made out at the hospital giving all relevant details, and this is sent to the clinic. At the 32nd week of pregnancy the patient is seen again at the hospital and returns to the clinic with a report on her condition. In this way, liaison is maintained between clinic and hospital which makes for greater security and the confidence of the patient is helped by the knowledge that continued care and interest is being taken.

Patients who are to be confined at home (558 births out of 2,996 or 18.6% during 1954) sometimes attend their medical practitioner only, sometimes the clinic, or both. It is always possible and easy to get another opinion in these cases at the hospital, and if considered advisable, the mother admitted to hospital.

The reasons why women prefer to be confined in hospital are numerous and varied. Mainly the mother feels safer, and the husband feels happier with his wife in hospital. Also as a rule the mother gets more rest than at home, and it is still cheaper for the mother to have her baby in hospital.

The following table shows that the average attendance per session was maintained at the 1953 level. This had been achieved by a reduction of one session a week at the Hornsey Town Hall clinic towards the end of 1953.



**TABLE 1**

Ante-natal Clinic	No. of sessions held	No. of new cases		Total attendances		Average attendance per session
		A.N.	P.N.	A.N.	P.N.	
Burgoyne Road	47	110	86	777	98	18.6
Church Road ...	75	151	64	1,063	65	14.7
Fortis Green ...	99	219	153	1,668	163	18.5
Hornsey Town Hall	160	287	165	2,436	184	16.4
Mildura Court ...	64	177	74	1,382	75	22.8
Stroud Green ...	52	154	66	940	68	19.4
The Chestnuts ...	250	447	243	3,215	247	13.8
Lordship Lane ...	206	334	167	2,364	173	12.3
Park Lane ...	104	339	159	1,659	184	17.7
Totals 1954	1,057	2,218	1,177	15,504	1,257	15.4
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

### Midwives Ante-natal Clinics

This service has been extended by the addition of a fortnightly session at the Hornsey Town Hall Clinic. The following table shows the attendances made at all clinics during the year:—

**TABLE 1A**

Midwives' Clinics	No. of sessions held	Total No. of attendances	Average attendance per session
Burgoyne Road ...	45	135	3.0
Fortis Green ...	46	290	6.3
Hornsey Town Hall	24	140	5.8
Mildura Court ...	48	200	4.2
Stroud Green ...	50	237	4.7
Park Lane ...	148	1,209	8.2
Totals ...	361	2,211	6.1

### Ante- and Post-Natal Clinic, Park Lane Medical Centre

Miss Margaret Salmond, M.B.E., M.D., F.R.C.S., consultant obstetrician, reports as follows:—

"During the past year these clinics have been well attended and there have been steady and regular bookings of new patients, the majority of whom desire hospital confinements. As usual, there has been very happy co-operation between the clinic and the hospitals concerned, who have also done husbands' blood groupings for us on request.

Serious abnormalities have fortunately been few in number; minor degrees of toxæmia and early potential essential hypertension are com-



paratively frequent. A large number of mothers work until quite late in pregnancy and this very often precludes them from obtaining sufficient rest during the day time and may be a contributory factor towards these abnormalities.

There is a marked improvement in the realisation of the importance of dental hygiene and care during pregnancy.

The majority of the mothers have been most co-operative and have attended regularly. Those who do not appreciate the value of ante-natal care are now in the minority.

The mothercraft and exercise class is of great value and would probably be better attended if many mothers did not have to work during the early months of pregnancy.

I cannot speak too highly of the excellent work done by the health visitors, midwives and clerical staff. No trouble is spared and their interest in and care of the patients is devoted. I should also like to express my thanks to the staff of the dental department who do such very good work."

### **Maternity Hospitals**

Those serving the locality are North Middlesex Hospital, Mothers' Hospital, Clapton, Whittington Hospital, City of London Maternity Hospital, Bearstead Memorial Hospital and the Alexandra Maternity Home. The latter only takes normal deliveries.

The Alexandra Maternity Home has 30 beds and is a training school for midwives. It is staffed by Dr. Harris and Dr. Briggs, both of whom work at the ante-natal clinics in the Hornsey area. The pupil midwives also attend the clinics and get instruction. In this way a very close bond is kept between the Home, the clinics, and the domiciliary midwives who take these pupils for their cases in the district.

Any patient considered unsuitable for the Home is referred to Mr. Scott, Obstetrician at the St. Mary's Wing, Archway Group of Hospitals.

### **Mothercraft Classes**

These are held at all the centres by health visitors. They consist of simple exercises, breathing exercises and relaxation, the last being considered very important. Talks are given and questions answered and finally the mothers are introduced to the gas and air machine which most of them use when they are actually in labour. This last talk is given by a midwife and each expectant mother can try out the apparatus for herself before she comes to have to use the instrument while in labour.

Every woman is apprehensive about her confinement and the mothercraft classes do a great deal to reduce the rising anxiety.

The hazards of child-bearing today are much reduced by the better feeding of the school girl, by the open air life and games which so many of them enjoy, and by the knowledge gained of the psychological approach to child birth.

The following table shows the attendances made at mothercraft classes during the year. Towards the end of the year approval was given to the adaptation of part of the former Lordship Lane day nursery premises as a Mothercraft and Health Education Unit.



TABLE 2

Clinic	No. of sessions held	No. of new cases	Total No. of attendances	Average attendance per session
Burgoyne Road ... ..	40	25	196	4.9
Church Road ... ..	45	46	250	5.6
Fortis Green ... ..	47	54	430	9.2
Hornsey Town Hall ... ..	50	90	286	5.7
The Chestnuts ... ..	51	99	556	10.9
Lordship Lane ... ..	51	76	480	9.4
Park Lane ... ..	50	43	331	6.6
Totals ... ..	334	433	2,529	7.6

### Handicapped Mothers

A survey has been made by the health visitors which gives a picture of the extent and type of handicap affecting mothers of pre-school children in Tottenham and Hornsey.

Handicapped Mothers (of Children under 5 years)					
DISABILITY:					
MUSCULAR-SKELETAL SYSTEM			CENTRAL NERVOUS SYSTEM		
Rheumatoid Arthritis...	3		Disseminated Sclerosis	2	
Congenital Deformity ...	1		Epileptic ... ..	1	
Muscular Deformity ...	3				3
Poliomyelitis ... ..	4		SPECIAL SENSES		
T.B. Joint ... ..	5		Deaf ... ..	3	
	— 16		Deaf and Dumb ...	5	
			Blind ... ..	1	
CARDIO-VASCULAR SYSTEM	8		Deaf and Blind ...	1	
				— 10	
SYSTEMIC DISEASES			MENTAL CONDITIONS		
Diabetes ... ..	1		Mental Defective ...	3	
Miscellaneous Pulmonary	1		Psychotic ... ..	11	
Pulmonary Tuberculosis	13		Psycho-neurotic }		
Cancer ... ..	1				14
Duodenal Ulcer ... ..	1				68
	— 17		Totals ... ..		

Though the numbers are comparatively small, the most important single conditions causing hardship are pulmonary tuberculosis and mental disorders. This gives concern as the mothers are often in and out of hospital causing possible hardship and mental upset to the children. The problem of mental disorder in both sexes and all age groups assumes ever larger importance in our complex civilisation.

The group of diseases involving limitation of mobility is a large and important one. It can be seen however that, surprisingly enough, rheumatoid arthritis is not an important cause of disability in our young mothers.



Another group of the handicapped is the mother suffering from sensory defects, blindness, deafness or both. The number referred to include only those deaf persons with a severe degree of hearing loss.

From the point of view of the Local Health Authority, the surest way of tackling these problems is by prevention, and many are preventable. Tuberculosis, both pulmonary and of joints, may be expected to be stamped out in our lifetime. Because of the improved health of school children, otitis media causing deafness is already becoming less common.

Much mental disorder, too, is preventable and here again the school health service is doing valuable work, for it is in childhood that such disorders are best dealt with.

Other methods by which the Local Authority can help these mothers are, for example, by placing the child in need in a day nursery, or nursery school or class. The Local Health Authority can also supply a Home Help and, in fact, some of these women are being assisted in this way. More must be done to meet the rehabilitation needs of the rheumatic and other chronic orthopaedic defects.

### **Child Welfare Sessions**

These sessions have been well attended, though there is a slight falling off in numbers.

Many of the hospitals with maternity departments ask the mothers to bring back the babies for a routine check up once a month, and in such cases it is only when the baby is six months or perhaps a year old that the mother comes to the clinic. Some will attend their own general medical practitioner for advice as required.

It would appear that the reduction in numbers will continue, especially where the general practitioners hold a clinic in their own surgeries for their patients.

The reason for the Local Authority child welfare clinic in the past, was to give help to mothers of young children who could not afford the fees of a private doctor. Now this barrier has been removed by the National Health Service, there is no reason why general practitioners should not carry out this function of health education from their own surgeries.

The following table shows details of attendances made at the infant welfare clinics during the year:—

TABLE 3A

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			
Burgoyne Rd.	156	198	4,042	657	93	4,792	1,085	30.7
Church Rd.	154	208	3,136	680	153	3,969	1,604	25.8
Fortis Green	160	247	3,724	746	403	4,873	1,759	30.5
Hornsey Town Hall	204	384	5,909	1,061	541	7,511	3,090	36.8
Mildura Court	104	190	3,349	864	330	4,543	1,732	43.7
Stroud Green	103	158	2,501	602	284	3,387	833	32.9
The Chestnuts	259	555	7,326	1,182	466	8,974	2,719	34.6
Lordship Lane	256	391	5,456	1,146	402	7,004	1,543	27.4
Park Lane	208	344	5,448	1,025	387	6,860	1,659	32.5
Totals 1954	1,604	2,675	40,891	7,963	3,059	51,913	16,024	32.4
1953	1,622	2,769	42,213	8,645	3,551	54,409	16,444	33.5

### Toddlers Clinics

These clinics are held for children over two years of age, and the mothers get a special appointment to come and bring their young children. It is important that the numbers attending the clinic are kept low, giving at least 15 minutes for each mother. The children generally are healthy, well fed, and well clothed and very little departure from the normal is found. In spite of this, most mothers have a complaint, that the child won't eat, is thin, is afraid of the dark, or some other personal difficulty in child rearing.

Here is the beginning of anxiety on the mother's part about to be transferred to the child, and at some future date it may blossom forth as a disabling defect in the young adult. To combat this anxiety takes times and experience on the doctor's part, and it is becoming more generally recognised that help is needed by the medical officers in this task of allaying anxiety. A beginning has been made towards greater contact between the Child Guidance team and these doctors, and we hope before another year has passed that a firm programme can be reported.



**TABLE 3B**  
**Toddler Sessions**

Name of Centre	No. of sessions held	Total Attendances	No. of cases seen by M.O.	Average Attendance per session
Burgoyne Road ...	25	460	460	18.4
Church Road ...	48	470	457	9.8
Fortis Green ...	24	313	313	13.0
Hornsey Town Hall	60	726	726	12.1
Mildura Court ...	51	810	667	15.9
Stroud Green ...	25	365	365	14.6
The Chestnuts ...	52	681	681	13.1
Lordship Lane ...	52	862	862	16.6
Park Lane ...	52	509	509	9.6
Totals 1954 ...	389	5,196	5,040	13.4
1953 ...	429	5,408	5,239	12.6

### Parent Guidance

The Area Committee recommended a scheme to deal with behaviour problems in children under five, and the County Council agreed that the North East and North West Metropolitan Regional Hospital Boards should be asked jointly to arrange for the employment, as an experiment, of a psychiatrist for one session a week in this Area to advise medical and health visiting staff in the method of helping parents of children with behaviour problems and to deal with cases specially referred to him.

### Experimental Play Group for Children under Five

As an adjunct to the scheme for dealing with behaviour problems it is further proposed to set up at Park Lane Clinic and Day Nursery during 1955 an experimental "play group" where children with such problems can mix and play with other children.

The scheme envisages the co-operation of the Child Guidance staff and it is hoped to report progress at an early date.

### Daily Guardian Scheme

The supervised daily minding of children under school age, whose mothers are in full-time employment was established in this Area in 1947. It commenced very modestly with three married women who were prepared to take into their own homes, children whose mothers could not make any other satisfactory arrangements for minding by the day.

Each guardian is paid one shilling a day for each child placed with her, irrespective of payment received from the mother. There are no retaining fees and payment commences after registration and evidence of the receipt of the child. No guardian may accept more than two



children. The selection of guardians is limited to those who are prepared to keep to the rules of the scheme and are approved by the health visitor for the district. The health visitor is also responsible for visiting the child after placement.

The high standard expected of a guardian and the care health visitors have taken in keeping to the standard, have no doubt largely contributed to the success of this scheme.

The scheme has gradually increased year by year. There is no local difficulty in obtaining applicants for this type of work; on the contrary, more apply than are registered and we are in the happy position of having more registered guardians than children who require daily minding.

At the close of 1954 there were 144 daily guardians on the register, of whom 82 were minding 89 children.

The number of individual children minded during the year was 189 and they were in the care of guardians for 19,527 days.

These figures compare with 174 and 17,559 respectively for 1953.

### **Day Nurseries**

At the beginning of the year the number of day nurseries in the Area was reduced from six to three by the closure of Red Gables, Stonecroft and Lordship Lane nurseries. Stonecroft Day Nursery was subsequently re-opened and Ladywell was closed. Arrangements were made for the children attending the closed nurseries to be transferred to those remaining open and in some cases transport was provided between the children's home and their new nurseries. These arrangements have been continued and at the end of the year 24 children were being transported.

During the year 12 students sat for the examination of the Nursery Nurses Examination Board and all were successful in obtaining their certificates.

Due to the closure of three day nurseries, three of the matrons left the service. Two were offered and accepted posts as home nurses in the Area and one obtained a post outside the Area. All other nursing staff were absorbed into the remaining nurseries with the exception of one who retired on a superannuation allowance, and the establishment has been reduced to its new level by normal wastage.

Admissions to the nurseries are increasingly from families with domestic difficulties and tend also to be from a moving population. These factors and the uncertainty of retention in the nurseries have made the work increasingly difficult and the constructive work which should be a feature of the service is declining as help is given to parents and children over a shorter period. The average daily attendance has been 139.3 and the number on the register at the end of the year was 158. This shows that the attendances have been well maintained and absenteeism from infection has been negligible. Park Lane Day Nursery had a slight epidemic of chicken pox, otherwise there have only been isolated cases of infection. The nurseries have remained open throughout the year apart from public holidays.

The following table shows the attendances at individual nurseries during the year.



TABLE 4

Name of Day Nursery	No. of approved places at end of year		No. of children on register at end of the year		Total No. of attendances			Average daily attendance	Remarks
	Under 2	2-5	Under 2	2-5	Under 2	2-5	Total		
Ladywell	.	.	.	.	2,397	5,561	7,958	55.7	Closed 23.7.54
Red Gables	.	.	.	.	222	252	474	14.0	Closed 17.2.54
Stonecroft	15	53	16	52	1,598	5,079	6,677	46.2	Closed 12.2.54
Lordship Lane	.	.	.	.	25	148	173	5.6	Re-op'd 26.7.54
Park Lane	20	30	20	24	3,469	6,057	9,526	37.2	Closed 12.2.54
Plevna	20	30	16	30	3,681	7,181	10,862	42.4	
Totals 1954	55	113	52	106	11,392	24,278	35,670	139.3	
1953	112	208	66	131	14,670	30,041	44,711	175.4	
1952	112	208	83	153	20,521	46,166	66,687	260.0	

### Problem Families

In November 1954 the Ministry of Health issued Circular 27/54 to local health authorities on the subject of problem families and thought was given to the question of dealing with such families known to exist in Hornsey and Tottenham. In February 1955, the following report was considered by the Area Committee who recommended to the County Health Committee that steps be taken for the implementation of a scheme in this Area on the lines suggested.

The following extract from a booklet issued by Family Service Units describes very clearly the subject of this report:—

“Problem family conditions are characterised by dirt, disintegration and disorder. They are often shiftless, lazy and irresponsible to an almost incredible degree. Financial mis-management is rife. The husband often retains a disproportionate share of income; an excessive amount may be spent on drink, cigarettes or the cinema or wasted on children's pocket-money. As a result of this mis-spending they are constantly in debt and in arrears with their payment for rent, clothing clubs, gas, electricity and insurances.

“They sleep too many to a room and many to a bed; meals are irregular and badly prepared; their homes are often devoid of cooking facilities or utensils; seldom are there enough chairs, crockery or cutlery for the whole family. The staple diet of tea, bread, margarine, jam, cheap cake and chips is taken standing up. Neither the parents nor the children have any underclothing, night clothing or change of clothing and such as they have is rarely washed or mended.”



In Tottenham and Hornsey there are known to be not less than 100 problem families, though some are naturally much worse than others.

The majority of these families continue to be problem families for years and receive the attention of a number of social workers, voluntary organisations and the assistance of local authority services. This support is a heavy burden on the community involving the time of workers, expensive residential accommodation and financial assistance of various kinds.

### Ministry of Health Circular 27/54

This circular to Local Health Authorities points out that:—

“Children in the ‘problem families’ where one or both parents are often handicapped by physical ill-health or are of low intelligence or suffering from mental instability, are peculiarly exposed to physical neglect and risk of mental illness such as psychological disturbance and retarded mental development. Problem families thus tend to reproduce themselves in the next generation and cost the community an expense out of all proportion to their numbers. *Action to break this vicious circle by preventive measures would, in the Minister’s view, be a proper exercise of the local health authorities’ powers under Section 28 of the National Health Service Act, 1946.*

“The health visitor whose work now extends to cover the whole field of prevention of ill-health, including prevention of mental ill-health, is by reason of her close contact with families with young children, particularly well placed to recognise the early signs of failure in the family which may lead to disruption of normal home life with consequent risk to the mental health of the children.”

The Minister also “suggests that authorities should consider whether their health visiting service can be redeployed on a more selective basis and if necessary increased so that more time is devoted to those families where problems are likely to arise, or are known to exist”.

### The Scheme for this Area

The Circular adds considerable support to the following plan which I had intended to submit for the Committee’s consideration before becoming aware of its contents:—

The health visitor, although the obvious person to tackle problem families and to endeavour to improve their outlook and behaviour, because of her many and varied duties, is normally unable to devote sufficient time to this part of her work. As an experiment, therefore, it is suggested that the following steps should be taken with the object of re-educating families in their own homes instead of (as is often the case) separating them:—

1. One health visitor in Hornsey and one in Tottenham shall be detailed to take over specialised work with problem families.
2. The case load for each of the two health visitors shall generally not exceed 15 families at one time.



3. Each of the two health visitors shall be granted a car allowance at the casual user rate.
4. These health visitors shall not have their hours of duty prescribed because they will need to undertake evening work.
5. Financial provision to be made available so that immediate requirements of equipment, cleaning materials, and food not exceeding 25s. 0d. per family, may be purchased for the family where necessary.

### Duties of the Health Visitors

The duties of the Problem Family Health Visitors will obviously vary from case to case, but the following are set out as an example of the type of duties which the work will entail:—

1. Receive the case information which is known to the department or forwarded to it by the Sanitary Inspector, the Health Visitor for the District, the Probation Officer or other social worker.
2. *Family difficulties.* Deal first with the difficulties of the family itself even if these difficulties are not regarded by the reporting agency as the most urgent. By this means the Health Visitor will get on to the right footing with the family and obtain its confidence. Other problems connected with the family can be dealt with afterwards.
3. *Health.* Make arrangements for the improving of the health of each individual in the family. If necessary, accompany the mother or children to the clinic, private doctor or hospital, or mind the children while the parent goes to hospital, etc.  
Put into motion the arrangements for convalescence if necessary.
4. *Conditions in the home.* Improve the cleanliness of the family and home by helping the mother to do the washing and cleaning in order to show the mother how. Encourage the father to undertake repairs and redecorations.
5. *Equipment.* Help to improve the family bedding, cooking equipment etc. by encouraging the family to buy small equipment itself and obtaining large equipment from local charities (British Red Cross Society or W.V.S. etc.).
6. *Finance.* Make arrangements week by week for the settlement of debts such as arrears in rent, gas and electricity payments.  
Collect the money from the family at the most favourable time and pass it on to the creditor.  
Help with the budgetting. Be familiar with current prices, etc.
7. *Care of Children.* Supervise the care and sufficiency of clothing, food and cleanliness.  
Prevent older children from staying away from school in order to mind younger children or for some other reason.



Accompany children to school or clinic and make arrangements for the minding of younger children if necessary.

Encourage thrift for children's clothing etc.,

8. *Parents' Attitude to Children.* Try to improve this and help them to understand the children and their needs. Encourage parents to allow their children to join suitable activities outside the home. Do anything possible to upgrade the family and keep it united.
9. *Return to normal or near normal.* Pass the case back to the health visitor for the district when the problems have been solved and the family is able to stand on its own feet.

### **Distribution of Welfare Foods**

At the end of June responsibility for the distribution of National Dried Milk, Orange Juice, Cod Liver Oil and Vitamin Tablets, was taken over from the Ministry of Food. The distribution points at the Food Offices in Hornsey and Tottenham were replaced by new distribution points at the School Clinic, rear of Hornsey Town Hall and the Area Health Office respectively. Distribution from the infant welfare centres continued as hitherto, and valuable assistance also continued to be given by the Women's Voluntary Services in both Boroughs. The changeover was effected quite smoothly and no real difficulties have been experienced in the operation of this additional responsibility. To assist in the distribution at the two new points the County Council approved the appointment of two temporary General Division clerks. Two redundant clerks, one from each Food Office, were accordingly appointed.

The following table shows distributions in the Area during the six months ended 31st December, 1954:—

National Dried Milk (tins)	Orange Juice (bottles)	Cod Liver Oil (bottles)	Vit. A & D Tablets (packets)
36,986	76,120	13,842	5,599

### **Priority Dental Service for Mothers and Young Children**

The dental service as a whole is discussed later in this report under the school health service.

**Mothers.** There has been a falling-off in attendance of ante-natal cases and it is estimated that nearly half of those referred by the clinics do not attend when given appointments. This decline seems to be general and may be due to the facilities now obtainable under the general dental service, though such an assumption should not be made until confirmed or otherwise by a systematic "follow-up".

**Pre-school Children** referred from infant welfare and toddler clinics also show a slight reduction as compared with the previous year.



TABLE 5

	1954		1953		1952	
	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 ...	253	590	388	833	226	1,127
No. referred for treatment ...	241	534	349	750	211	992
New cases com- menced treatment	233	603	298	745	179	876
Cases made dentally fit... ..	50	246	113	380	77	663
Forms of dental treatment pro- vided :—						
Teeth extracted	389	541	478	610	200	879
Anaesthetics :						
(a) Local ...	132	115	126	148	64	192
(b) General...	42	206	85	217	40	308
No. of fillings ...	553	1,278	637	1,323	234	1,562
No. of root fillings...	.	.	2	.	.	.
No. of inlays ...	1	.	1	1	2	.
Scalings and gum treatment ...	148	.	156	.	72	.
Silver nitrate treat- ment ... ..	.	758	.	791	.	1,165
Dressings ... ..	133	560	141	547	81	752
Other operations ...	40	159	20	207	11	106
No. of Radiographs:						
(a) at County Council clinics	10	6	18	3	5	2
(b) at hospital ...	.	.	.	.	2	.
Denturedressings...	100	.	168	.	73	.
Dentures fitted :						
(a) full ... ..	17	.	14	.	5	.
(b) partial ... ..	22	.	45	.	14	.
No. of attendances	930	1,732	1,133	1,827	468	2,114
No. of appointments not kept ... ..	258	349	321	326	170	306
No. of $\frac{1}{2}$ days de- voted to treatment	343		365		300	

# MIDWIFERY SERVICE

## Section 23

At the end of 1954 there were ten midwives employed directly by the County Council and one midwife in private practice in the Area. Of the County Council midwives seven work in Tottenham and three in Hornsey.

Seven midwives are approved teachers of district midwifery and six pupil midwives are received every three months throughout the year for training. It is hoped to extend the teaching work in the Area in the future as it is an important factor in maintaining a high standard of midwifery practice. It also necessitates the midwives keeping themselves informed of the methods of modern practice and advances.

The number of confinements has remained at a similar level to that of 1953. There were 524 deliveries by the domiciliary midwives in 1954 compared with 572 for 1953. The average number of cases per midwife was 51.2. In addition to conducting confinements the midwives attend ante-natal clinics and thus have an opportunity of examining their own "booked" cases. Several visits are paid to each patient's home during the ante-natal period in order that the midwife may advise on points regarding preparation for confinement and also to afford the patient an opportunity of getting to know the midwife. Psychologically it is valuable for a good midwife-patient relationship to exist and everything is done to foster this.

Analgesia is available for use by all the midwives and every patient is introduced to and instructed in the use of the gas-air apparatus before confinement.

It is anticipated that during the coming year midwives will be fully trained in the administration of Trilene, which is a more effective analgesia.

Sterilised maternity outfits were supplied throughout the year for use at all home confinements.

The following table shows an analysis of the midwives' work:—

**TABLE 6**

No. of deliveries attended	...	...	...	...	...	...	524
No. of visits made	...	...	...	...	...	...	9,491
No. of hospital confinements discharged before 14th day	...	...	...	...	...	...	15
No. of visits made	...	...	...	...	...	...	129
No. of cases in which medical aid was summoned	...	...	...	...	...	...	130
No. of cases in which gas and air analgesia was administered	...	...	...	...	...	...	420
No. of cases in which pethidine was administered	...	...	...	...	...	...	191



# HEALTH VISITING SERVICE

## Section 24

The Health Visitor is the all-purpose visitor to the home. She visits the expectant mother, the young baby, the toddler, school children, young people and the aged of both sexes.

The principle of one visitor to the home is an economy and is much more acceptable to the family than a number of visitors for different purposes. Hospital almoners, family doctors and voluntary agencies concerned with the health and welfare of individuals seek the assistance of the health visitor as a member of the team which provides co-ordination of information and help to those in need.

The health visitor also gives advice at Infant, Toddler, Ante-natal, Mothercraft and other clinics associated with the work of the health centres. The continuity of advice given in home-visiting and clinics is very valuable and is a means of providing friendly support and care for the mothers, children and others in this Area.

The range of the work of the health visitor/school nurse has assisted in the exposure of the special needs of certain groups, e.g. school leavers, the aged and problem families. The visiting of the two latter groups has taken up more of the health visitor's time than formerly.

**TABLE 7**

No. of visits paid by Health Visitors working in the Area					1954	1953
Expectant Mothers	...	...	...	First Visits	1,986	2,013
				Total Visits	3,324	3,278
Children under 1 year of age	...	...	...	First Visits	3,042	3,227
				Total Visits	14,391	14,448
Children age 1 - 2	...	...	...	Total Visits	7,449	8,343
Children age 2 - 5	...	...	...	Total Visits	14,036	14,522
Other cases	...	Total Visits as Health Visitor			4,112	4,478
		Total Visits as School Nurse			1,098	1,326

### Health Education

It is with the awareness of the changing needs connected with the health and future well-being of the population that in 1954 the health visitor gave more time than in previous years to the teaching of Parentcraft and Health Education to school girls and some boys in the fourteen plus age group.

This instruction was given so as to prepare the next generation for their approaching parenthood and to avoid, if possible, the ignorance which leads to so many problems.

Two hundred and forty nine talks were given to school children in 1954 as compared with one hundred in 1953.



The assistance of clinic nurses has helped to relieve the health visitor of some of her duties, so as to maintain the existing services and develop the wider conception of health teaching.

### **School Nursing**

Infestation of school children has lessened to a remarkable degree during the last four years. This is probably due to the exclusion of all those found to be infested instead of only those showing a marked degree of infestation.

The number of children examined in 1951 was 99,066 of whom 1,231 (1.2%) were infested as compared with 113,320 examined in 1954 of whom 594 (0.5%) were infested.

### **Health Visitors and Hospitals**

Good liaison exists between health visitors, almoners, and other personnel connected with the hospitals, particularly in relation to expectant mothers, discharged from hospital, who are in need of further care and attention and others who should attend hospital and fail to do so.

A health visitor regularly attends the Paediatric Department of the Prince of Wales's Hospital.

Daily telephone enquiries and information is received and sent out to hospitals in the London and Metropolitan Area as well as written health visitors' reports to these and other agencies concerned with health and welfare.

### **Health Visitors and Family Doctors**

The Superintendent Health Visitor was invited to speak on "The work of the Health Visitor" to the North Middlesex Branch of the British Medical Association on the 28th May, 1954. This was followed by questions, comments and a good deal of discussion. On the 17th July an informal meeting of health visitors, medical officers and family doctors was held at Lordship Lane Clinic.

This year there has been an increased number of requests from family doctors for health visitors to follow-up or give assistance to patients or families in their care. Reporting back to the family doctor is recognised as being of supreme importance if good liaison between both parties is to be achieved.

### **School Health Service**

A lecture on "Cerebral Palsy" was given to parents of children attending the School for the Physically Handicapped on the 4th August by Dr. W. F. Dunham, Medical Director of the Spastic Unit. There were 54 parents and health visitors present.

### **Training of Health Visitor Students**

Eight student health visitors were given practical training in the Area as part of their Health Visitors' Course. Four of these were sponsored by the Royal College of Nursing for short term experience; of the four others from Battersea Polytechnic, three attended for three terms and one for her first term.



## Visitors and Students

Overseas visitors, visitors from this country and parties of students attended clinics to see maternity and child welfare and school nursing in action. These included students from Barnardo's Staff College, student teachers, post-graduate health visitors and student ward sisters from King Edward's Fund Staff College.

## Lectures to Student Nurses

The Superintendent Health Visitor gave eight lectures on "The Social Aspect of Disease" to student nurses at the Prince of Wales's Hospital during the year.

A number of other lectures were given to Barnardo's Students, The British Red Cross, and other bodies, and two members of the health visiting staff acted as examiners for the British Red Cross and St. John Ambulance Brigade in their own time.

# HOME NURSING

## Section 25

With the closing of the Queens District Nurses Home, Bruce Grove, Tottenham, all the nurses previously employed on an agency basis were transferred to direct employment by the County Council.

The Superintendent of the Home retired on account of ill-health and of the three nurses who were resident in the Home, one left the service and the remaining two found alternative accommodation.

Twenty-eight nurses were employed at the end of the year including three male nurses and ten part-time staff.

All requests for the services of a nurse are now received at the Area Health Office during office hours, and at the Superintendent's house at all other times. The service is used mainly by general practitioners, hospitals and the chest clinics.

There has been a substantial increase in the number of calls made upon the service during the past year and about 4,500 more visits were made than in 1953. Shortage of hospital staff and the difficulty in gaining admission for patients has resulted in more sick persons, particularly the aged sick, being nursed at home and these latter usually resolve into very long term patients. There has been an increase also in the number of surgical cases sent home to the care of the home nurse for the final stages of healing of operation scars. These measures relieve the pressure on hospital beds. Much time is spent on the administration by injections of antibiotics among both adults and children. A steady flow of work is received from the chest clinic, and in Hornsey the London County Council has opened a hostel for men suffering from tuberculosis. All the treatment required at this hostel is carried out by the home nursing service.

The home nurse works closely with the general practitioners, health visitors and home helps and there is a free interchange of information between this team of workers.

As in previous years the various voluntary services have afforded great help to the nurses and requests are always met promptly. Many lonely old people are referred to the voluntary services for social visits.

With the increasing calls on the service the question of transport is important and from observation it seems that a good deal of the nurses' time is spent getting from visit to visit. In bad weather the time required is longer and the amount of actual work can take less time than is used for the journey on foot or cycle. Much more work could be undertaken by the existing staff if better transport facilities were available.

The following tables show (a) the number of cases attended and the number of visits paid by home nurses and (b) an analysis of treatments given under three broad headings. It is significant that almost half the new cases attended during the year required injections of one kind or another.

**TABLE 8A**

Type of Case	No. of new cases attended by home nurses 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 ... ..	917	1,638	2,555	184	387	571	65,914
Surgical ... ..	114	136	250	20	11	31	6,323
Infectious diseases ...	.	1	1	.	.	.	1
Tuberculosis ... ..	62	23	85	7	2	9	3,389
Maternal complications	.	32	32	.	1	1	296
Totals 1954 ...	1,093	1,830	2,923	211	401	612	75,923
1953 ...	1,122	1,945	3,067	182	356	538	71,452

**TABLE 8B**

Analysis of treatment given to new cases during 1954			
General Nursing ... ..			679
Other treatments ... ..			849
Injections ... ..			1,395
Totals ... ..			2,923



# VACCINATION AND IMMUNISATION

## Section 26

### Vaccination

The percentage of children under one year of age vaccinated in 1954 was 48%. This is still better than the 1947 figure (41%) when vaccination was compulsory, but slightly lower than the figure for 1953 (51%). It is hoped that this slight fall, which is probably associated with the falling birth-rate will, prove to be temporary.

The following table records the number of persons known to have been vaccinated or re-vaccinated during 1954, 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 ...	1409	53	29	42	80	1,613
(ii) No. of persons re-vaccinated	.	1	14	31	314	360

### Immunisation against Diphtheria and Whooping Cough

#### Immunisation of Children under 1 year of age

As mentioned in my last Annual Report, a new policy was implemented in May 1953, with the aim of securing the immunisation of at least 75% of babies before the end of the first year of life. This is all the more important as, for the first time in nine years, a death occurred in a child of eleven in this Area who had never been immunised.

The new policy has met with some success as shown by the following figures:—

#### Immunisation of Children under 1

<i>Period</i>	<i>No. of Children who received a full course of immunisation</i>
January to June 1953 .. ..	492
July to December 1953 .. ..	854
January to June 1954 .. ..	875
July to December 1954 .. ..	892

The increase in the number of children under 1 year of age immunised has been achieved in spite of a falling birth-rate and the above figures translated into percentages of the estimated child population under 1 year of age are shown in the following table:—

<i>Period</i>	<i>%</i>
January to June 1953 .. ..	31.6
July to December 1953 .. ..	54.9
January to June 1954 .. ..	59.5
July to December 1954 .. ..	60.7

It will be noted that we are still some way from achieving the desired figure of 75% and continuing efforts are being made towards this end.

In an attempt to establish the reasons why some children are not



immunised before reaching 1 year of age, an investigation has been made of a sample group of children with the following results:—

Of 173 children born in the Area who had not completed a course of immunisation before reaching 1 year of age:—

- 18 were in the process of being immunised.
- 49 were said by their parents to be going to receive or had already received a course of immunisation from their own doctors.
- 30 had removed from the Area.
- 12 immunisation refused.
- 1 immunisation inadvisable.
- 1 combined immunisation refused but agreed to make arrangements for diphtheria immunisation only.
- 54 had not kept appointments for various reasons though in some cases the parents professed to be willing to attend.
- 8 no information.

---

173

---

Mention was made in my last Annual Report of the high rate of removals from the Area of children under six months old and it can be seen that in the above sample group more than 17% of children born in the Area had removed before reaching 1 year of age.

The defaulters who for one reason or another do not keep appointments appear to be the most fruitful field for further improving the number of children immunised. Some have good reasons for not having attended (e.g. illness of child or parent) but the remainder, although some parents profess to be willing for their children to be immunised, just do not come. It is hoped that by continual follow-up by health visitors, and by clinic doctors offering the opportunity to immunise children whenever they may attend a centre for whatever purpose, to make some progress with this group, but in the end this will depend on the parents themselves.

#### **Immunisation of Children under 5 years of age**

Although every endeavour is made to ensure that children are protected before reaching 1 year of age, there are inevitably some who receive immunisation between 1 and 4 years of age.

Record cards of completed courses of immunisation are filed in the Area Health Office by year of birth and the following table compiled from these records shows the total number of children immunised according to year of birth:—

<i>Born in</i>	<i>No. of live births</i>	<i>No. of children immunised at any time before 31st December 1954</i>	<i>Children immunised as percentage of births</i>
1950	3,204	2,043	63.8%
1951	3,088	1,921	62.2%
1952	3,203	2,027	63.3%
1953	3,107	2,022	65.1%
	<hr/> 12,602 <hr/>	<hr/> 8,013 <hr/>	<hr/> 63.6% <hr/>



It will be appreciated that it is not strictly correct to compare the number of immunisations with the number of births in a particular year as this takes no account of removals out of and into the Area, but as no reliable up to date figures of child population of these ages are available, these have been used to enable some comparison of one year with another.

It will be seen that the new policy for immunising infants under 1 has had the effect of increasing the percentage of immunised children born in 1953 as against preceding years. Reference to children born during 1954 has been excluded as it was only possible for a small proportion to have been immunised by the end of the year.

### Boosting Immunisation in School Children

The scheme to secure that all children receive a boosting injection against diphtheria during their first year at school which was introduced at the same time as the arrangements for dealing with children under 1, has had satisfactory results as can be seen by the following table:—

#### *Boosting Immunisation*

	1952	1953	1954
Age 4 .. .. .	351	395	556
Age 5 .. .. .	569	1,372	1,291
	<hr/> 920	<hr/> 1,767	<hr/> 1,847

The increase has been achieved in spite of a considerable fall in the birth rate in the years 1947 to 1950.

The opportunity is taken when doctors visit the schools to give boosting injections, to give primary immunisations to any unimmunised child whose parents agree.

### Summary

The following table shows the total number of immunisations of all age groups carried out during 1954:—

**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 ... ..	106	1,661	11	.	.
One ... ..	105	443	16	.	.
Two ... ..	32	88	22	.	2
Three ... ..	22	39	22	3	3
Four ... ..	53	42	12	527	29
Five to nine ... ..	439	15	5	1,691	31
Ten to Fourteen ...	5	1	.	48	5
<b>Totals ...</b>	<b>762</b>	<b>2,289</b>	<b>88</b>	<b>2,269</b>	<b>70</b>

# PREVENTION OF ILLNESS, CARE AND AFTER CARE

## Section 28

### Tuberculosis Vaccine Clinical Trials (Medical Research Council)

These trials were begun for young people leaving school at Christmas 1951 and Easter 1952. During 1954 71% completed their Mantoux Test and 27% of the previous defaulters attended for X-ray.

Health visitors assist in the yearly survey by the home-visiting of each young person, and one health visitor was in attendance at the five evening sessions held at Lordship Lane Centre between the 13th and 19th July.

### Recuperative Holiday Homes

The number of applications for recuperative holidays received during 1954 was 279 compared with 329 the previous year. Of the 279 applications received, 202 were approved, 72 were not approved and 5 were withdrawn before action could be taken.

## DOMESTIC HELP SERVICE

### Section 29

The demand on this service continued to grow during 1954, almost entirely due to the need of the chronic sick, including aged and infirm. The number of new cases provided with help was 881 compared with 742 in 1953. At the end of the year 809 cases were being provided with help compared with 618 at the end of 1953. This trend has continued and difficulty is being experienced in recruiting and maintaining staff at an adequate level.

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 1953	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) ... ..	127	10	137	9
Tuberculosis ... ..	28	58	86	48
Chronic Sick (including aged and infirm) ... ..	569	512	1,081	734
Others ... ..	157	38	195	18
<b>Totals ... ..</b>	<b>881</b>	<b>618</b>	<b>1,499</b>	<b>809</b>



## SCHOOL HEALTH SERVICE

In the following pages will be found a record of the work of the school health service for the past year. The work of the specialist clinics is fully detailed and affords ample evidence of the integration of local authority and hospital board services. The same is true of the rheumatism supervisory centre.

The record of the two schools for handicapped children is one of steady progress. At *Vale Road School for Physically Handicapped Children* there has been an expansion in the facilities available for cases of cerebral palsy and a special consultant appointed to advise on the work. The needs of the very smallest of these handicapped children have still to be met but it is hoped to do this in the new accommodation for which building approval has been given.

At the *School for Deaf Children* the expansion of nursery class facilities has been of the utmost value. The opening of a unit for partially deaf children in 1955 will go far to solve the problems of a group of children who did not really fit in either at the school for the deaf or at the ordinary school. Higher education for deaf children has always been a problem as Mary Hare Grammar School has only been able to admit a small proportion of children considered suitable.

This year has seen the coming to fruition of plans for a Technical School in Surrey, and several children from the Tottenham School have been entered for scholarships there.

**Routine medical examination** of school children has continued. The enthusiastic attendance of parents is a tribute to their belief in its value. The commonest complaint of a serious nature is one of maladjustment, often associated with broken or unhappy homes. But the children on the whole are healthy, happy and well-clad. The function of routine medical inspection today is no longer one of merely segregating fit from unfit, but an attempt to assess individual optimum health of the children attending this periodic health overhaul. Details of defects found at routine medical inspections are set out in the Appendix.

It is hoped that the introduction of B.C.G. vaccination will further help to preserve the health of our young people when they leave school.

### Dental Service

Mr. V. Sainty, L.D.S., Area Dental Officer reports:—

“The staff at the end of 1954 consisted of eight full-time and two part-time dental officers, and one part-time orthodontist. One of the full time and the two part-time dental officers and the orthodontist were appointed at various dates during the last six months of the year. There was one resignation of a full-time dental officer early in the year and some months elapsed before this post could be filled.

“At present the orthodontic clinic is worked seven sessions per week and it is intended that this shall be increased to a full-time service should the scope of the work justify it, but it is too soon yet to know when this may be.



"A new dental clinic was opened in August at Cornwall Road, N.15. It is an extension of an existing clinic. Very little space was available and consequently the rooms are smaller than usual, but the equipment is very good.

"At the time of writing we have nine dental surgeries in full use, one of these being shared between the orthodontist and a part-time dental officer. This is our whole accommodation and so far, with existing staff, it has not been possible to provide annual inspections for all children in all parts of the Area, though there should be some improvement in this respect in 1955, provided we can keep all the surgeries in full operation without any closing due to changes in staff."

Details of the work of the dental officers are included in the Appendix at the end of this Report.

### **Rheumatism Supervisory Centre**

The Rheumatism Supervisory Centre has now been in operation since August 1951, under the overall direction of Dr. I. M. Anderson, Consultant Paediatrician, Prince of Wales General Hospital, with the close co-operation of the local Public Health and Area Health Departments.

The total number of cases seen in each year are tabulated here overleaf the appropriate headings. Taking Tottenham first it can be seen that the number of children attending for the first time has declined in each year. There are several reasons for this.

Firstly, the number of children referred was larger in the first year because previously no such special provision had been made for children who had had rheumatic fever. Some of these children were not acutely ill but merely required supervision. Once this catchment had been made the numbers automatically declined. As can be seen this applies to children with congenital heart disease as well as rheumatic heart disease.

There can be little doubt however that there has been a substantial decline in the number of children newly developing rheumatic fever. This trend has been noticeable in national statistics for many years but seems to have accelerated recently. Thus it can be seen that the number of children admitted to hospital for rheumatic fever has declined from 33 to 19 to 15 in each year since 1951. This decline is confirmed by the clinical staff at the Supervisory Centre who have noticed the same thing in other areas.

The reasons for the decline are probably two-fold. The first is the improved standard of living, and in particular improved nutrition and housing. One of the few facts known about rheumatic fever is its association with poverty and over-crowding.

The second is probably the decline in virulence of the Haemolytic streptococcus, the causal organism of rheumatic fever. In this connection it behoves us to be extremely wary as this organism tends to have a virulence which rises and falls. At one time in this country, and that only about 50 years ago, it caused severe epidemics of scarlet fever. We must, therefore, be on guard in case its virulence increases.



While the Supervisory Centre was not set up for children with congenital heart disease, inevitably some with an unexplained heart condition are seen there. Some of these have been found to have remediable congenital heart disease and after admission to hospital have been operated upon, giving them, in more than one sense of the word, a new lease of life.

The same trends can be seen in the statistics for children coming from other areas, but these statistics are less reliable because of the fact that they represent a smaller selection of the children involved.

TOTTENHAM						1952	1953	1954
<i>No. of Cases</i>								
Rheumatic Fever	..	..	..	..	..	17	12	6
Rheumatic Carditis	..	..	..	..	..	22	3	7
Chorea alone	..	..	..	..	..	6	1	.
Chorea with Carditis	..	..	..	..	..	2	1	1
Chorea with Rheumatic Fever	..	..	..	..	..	.	.	1
"Rheumatic Pains"	..	..	..	..	..	6	1	.
Rheumatic Fever Relapse	..	..	..	..	..	1	.	.
Rheumatoid Arthritis	..	..	..	..	..	.	3	.
						—	—	—
Total Rheumatic	..	..	..	..	..	54	21	15
Congenital Heart Disease	..	..	..	..	..	26	4	6
Miscellaneous	..	..	..	..	..	.	2	1
						—	—	—
						80	27	22
						—	—	—
ADMITTED TO HOSPITAL	..	..	..	..	..	33	19	15
OTHER AREAS						1952	1953	1954
<i>No. of Cases</i>								
Rheumatic Fever	..	..	..	..	..	7	9	8
Rheumatic Carditis	..	..	..	..	..	11	2	3
Chorea alone	..	..	..	..	..	1	1	.
Chorea with Carditis	..	..	..	..	..	1	.	.
Chorea with Rheumatic Fever	..	..	..	..	..	.	.	.
"Rheumatic Pains"	..	..	..	..	..	1	.	1
Rheumatic Fever Relapse	..	..	..	..	..	.	1	.
Rheumatoid Arthritis	..	..	..	..	..	.	.	2
						—	—	—
Total Rheumatic	..	..	..	..	..	21	13	14
Congenital Heart Disease	..	..	..	..	..	18	5	5
Miscellaneous	..	..	..	..	..	1	.	.
						—	—	—
						40	18	19
						—	—	—
ADMITTED TO HOSPITAL	..	..	..	..	..	21	13	14

### The Handicapped Child

In this Area we are fortunate in having long-established provision for the special educational treatment of the handicapped child.



### **Tottenham Day Special School for the Deaf**

The school, which accommodates 100 children, covers an age range from three to sixteen years and admits children from a wide area of Middlesex, who in most instances travel to and from the school by transport provided by the Local Education Authority. The *nursery class* was fully occupied during the year and stresses the importance of commencing education for this class of handicapped child as early as possible. Parental co-operation in speech training especially in very young children is essential, and it is hoped in the near future to see established in this Area an *Audiology Unit* concerned with the early diagnosis and training of children under two years of age in co-operation with their parents.

The importance of separating the partially deaf from the totally deaf at this special school has again received consideration; and it is anticipated in the new year that all partially deaf children needing special educational provision will be accommodated in a *special class for the deaf* at the Devonshire Hill School, Tottenham.

At the close of the year the headmistress—Miss O. Beatson—retired after a distinguished career of 34 years at the school and its head since 1943. She has been succeeded to the headship by Mr. T. Brown.

### **Day Special School for Physically Handicapped**

This school, which has been established for many years at Vale Road, Tottenham, now accommodates approximately 90 children between the ages of four and sixteen. As in the case of the School for the Deaf, the children are drawn from a wide area in the County and transport to and from the School provided by the Local Education Authority.

During 1954 a new prefabricated extension was made to the school buildings providing a suite of classrooms and amenities for the younger age group of children. Also with the setting-up of special facilities for the treatment of children suffering from cerebral palsy (spastics), authority was given during the year for additional accommodation to be provided for therapy facilities and overall classroom expansion for up to 20 children suffering from this birth handicap. Building extensions, also to include improved indoor sanitation for the whole school, are expected to commence during the coming year.

After long and devoted service to the school the retirement of Miss C. Wakefield was received with deep regret by all associated with her in the work of the school. She was succeeded to the headship by Mr. Ives, a former teacher in the school and well conversant with its problems and aspirations.

### **Swimming Exercises**

A special and popular feature of the school during the year was the weekly visit to the Municipal Swimming Baths. With the aid of volunteer helpers to dress and undress those unable to do so for themselves and with others to help in the water, these handicapped children are able to enjoy an exercise which comes to them more easily than in most other forms of disability. The bouyancy of the body in the water neutralises the effect of gravity and enables weak muscles to function more freely.



The physical benefit derived is accompanied by a development of the child's confidence and sense of well-being. One is struck by the complete absence of fear that most of these children have in the water. If a little timid at first they are quickly re-assured when they see some of their fellows, whose movements on land are slow and awkward, swimming with confidence if not highly skilled. Though it is not always possible to teach a handicapped child to swim by the methods used for the normal child, most of them learn to float and quite a number are able to swim in a short time the width of the bath and a few the whole length.

### **Cerebral Palsy**

Dr. William Dunham, Consultant in charge of the cerebral palsy unit, on his appointment early in the year, immediately sought the co-operation of all concerned. A meeting at which all parents of children with cerebral palsy attending the School were invited was held at the Lordship Lane Medical Centre on the 4th August 1954. Teachers, school medical officers and medical auxiliary staff also attended and general principles were fully discussed with Dr. Dunham as leader of the team. Those who have the care of the spastic child were reminded by Dr. Dunham that "in any child during his formative years every activity serves to fix more firmly habitual positions and habits of movement of the body. In the child with cerebral palsy there is a natural tendency for those to be faulty and a constant watch must therefore be kept to see that good habits of posture and movement are formed. For this the co-operation of all in contact with the child throughout the day must be obtained. Periodical interviews with parents to discuss individual problems are held and advice given as to what provision is required in the home. In the School new furniture, built to measure for each child, is being provided. For children with cerebral palsy some activities are difficult or impossible and special training is required to ensure that they shall make the most of their possibilities. This is the special province of the physiotherapist though here too, she works in close co-operation with teachers and parents, an arrangement which makes it possible for progress to continue uninterrupted during school holidays". When accommodation is available it is hoped to widen the scope of the cerebral palsy unit by providing for the examination and supervision of babies and children too young to be accepted in the School so that they may receive the benefit of skilled handling before reaching school age.

The majority of the children attending this School suffer from orthopaedic handicaps and are under the supervision of the visiting consultant, Mr. E. Hambly, F.R.C.S., who also works closely with Dr. William Dunham in relation to the cerebral palsy unit. Routine medical care of all the children at the School is undertaken by one of the whole-time school medical officers and a school health visitor is in daily attendance. Physiotherapy and speech therapy are arranged for on a sessional basis as required.



The following table sets out the various disabilities of children in attendance at the end of the year:—

Right Hemiplegia ..	8	Amputations ..	1
Left Hemiplegia ..	2	Nephritis ..	1
Spastic Diplegia ..	8	Eunuch ..	1
Spastic Quadriplegia ..	6	Dwarf ..	1
Athetoid ..	5	Amyotonia ..	1
Poliomyelitis ..	13	Imperforate Anus ..	1
Heart Cases ..	10	Cerebral Agenesis ..	1
Muscular Dystrophy ..	8	Myopathy ..	1
T.B. Limbs ..	4	Perthes' Hips ..	1
Congenital Deformities	7	Debility ..	1
Fragilitas Ossium ..	4	Craniosclerosis ..	1
Haemophilia ..	2		—
			88

The Parent Teacher Association has continued its activities during the year and the Association has been able to provide the following for the children of Vale Road P.H. School:—A day's outing at Southend-on-Sea by Eagle Steamer; Christmas Party with Tree and Presents; provided a display cabinet to start a school museum; supplemented the School Recorder Band by buying extra instruments; supplied a set of handbells for the children; purchased clothing and swimming gear for necessitous cases.

#### **Educationally Sub-Normal Children**

Provision has long been made with the School for Educationally Sub-Normal Children at Oak Lodge, Finchley and more recently with Durants School, Enfield, to meet the special educational needs of these handicapped children.

At the end of the year 41 Hornsey children were attending Oak Lodge School and 7 children were awaiting admission, while at Durants School, 63 children from Tottenham were in attendance and there were 20 awaiting admission.

#### **Hospital School, St. Ann's General Hospital, Tottenham**

This school, which was opened at the end of 1952, has continued throughout the year. It caters for an age range from 5 to 15 years and the average attendance during the year was 19.

This work is of particular value in long stay cases, thereby preventing the children from becoming educationally backward during their stay in hospital. It is useful, also, as an ancillary means of providing the children with occupational therapy.

#### **Ear, Nose and Throat Clinics**

The visiting Aural Surgeon, Dr. F. P. M. Clarke, reports that as in previous years, there were three clinical sessions in this department held weekly—two at Tottenham and one at Hornsey. These clinics were first established in 1922 under the supervision of Mr. A. R. Friel, F.R.C.S., the well-known consultant who did pioneer work in the clearing



up of chronic suppurative otitis media, and its allied complications, by his introduction, for the first time of the zinc ionization method of treatment. At that period there were in these areas, as in many others throughout the country, an enormous number of chronic discharging ears among the school population for whom there was little or no effective treatment. These areas with one or two others in outer London (Wood Green and Walthamstow), became the pioneer centres for the establishment of this new method of treatment under the care of Mr. Friel. The excellent and rapid results obtained by ionization, indeed in very many instances, spectacular, in the clearing up of the majority of those hitherto "incurable" cases of chronic otorrhoea are now well known and have been widely published in medical journals and in leading text books both here and in America. In the course of a few years the many cases of chronic discharging ears among school children in these Boroughs had considerably lessened. Since that time and with the marked reduction—almost disappearance—of chronic otorrhoea, the scope of the work of these special aural clinics has extended into a much wider field. A very important advance was made when it was decided to include in the scope of the E.N.T. Clinics, the pre-school child.

While the early work of these clinics was concerned mainly with the most urgent problem of clearing up the existing mass of chronic ear disease it was also apparent that its cause and chronicity was closely related to general ill-health and abnormal conditions of the nose and throat. In a large number of instances these complicating conditions required attention and correction before it was possible to effect a permanent cure of the chronic ear disease. In order to maintain the success now achieved of practically freeing the school population of chronic otorrhoea and its disabilities it became necessary that the work of the clinics should be widened to include the treatment of any diseased conditions of the ear, nose and throat common among children. Among the abnormalities referred to here, and common among school and pre-school children are "nasal obstruction" and its many wide-spread effects; infection of the nasal sinuses; rhinitis in its different forms; recurring sore throats (usually secondary to untreated nasal disease); acute infection of the ear, with or without external discharge.

At present and for a number of years past the work of these aural clinics has included the examination and treatment of the common affections of the ear, nose and throat in school and pre-school children. Cases requiring operative in-patient treatment, of which there are relatively few, are referred to hospital.

Reviewing the work of the aural clinics during the year 1954, I find that the nature of the defects found among those children referred to the clinic, and the methods of investigation and treatment follow much along the lines of previous years. *One very noticeable fact in these clinics is the extremely few cases now seen of chronic otorrhoea.* This is a most important advance in the reduction and prevention of deafness. Certain factors have materially contributed to this near disappearance of chronic otorrhoea, namely, the discovery and successful treatment of



*acute* cases; the treatment of any predisposing or complicating condition that might be likely to produce a recurrence; also the administration of new drugs such as the antibiotics and penicillin, in the very early stage of otitis thus preventing a considerable number of cases of acute inflammation of the ear becoming chronic with purulent discharge; and finally the rapid and successful treatment of a chronic case when it is discovered.

**Treatment of Discharging Ears.** The correct treatment of an early acute discharging ear is vitally important for two reasons, first to prevent the condition from becoming chronic, and second, to save the hearing, for the longer the ear continues to discharge the greater the danger to the recovery of the hearing. Many cases of serious deafness in later years are directly due to inadequate or neglected treatment of the affected ear in its early stage. The application of ear suction with the Smith's tube as advised by Levine of New York is a very valuable method and the only one that can be relied on to cleanse the middle ear of discharge and to insure the entry of the selected antiseptic into the middle ear cavity, which is essential for quick recovery of the infected ear.

Children seen at the clinic during the year, as in previous years, were referred from the school medical inspections, minor ailment clinics and infant welfare centres as suffering from nose and throat infections, and a certain number of cases of impaired hearing.

Such common distressing complaints as nasal obstruction, mouth-breathing, recurring colds and sore throats, nasal discharge and deafness (in the absence of present or previous ear discharge) in children, form a large percentage of the cases referred. These conditions are usually secondary, and mainly due to primary diseased conditions in the nasopharynx and nasal accessory sinuses. It is important to recognise this fact if treatment is to be successful, and essential for the successful correction of any abnormal condition to trace the primary cause and correct this, since treating a secondary result alone, is treating only a "sign" and will not cure the original disease.

**Audiometry.** The question of impaired hearing in children and its relationship to disease in the naso-pharynx or nasal sinuses is one that requires the most careful attention, since correct diagnosis and adequate treatment of the cause is the first step in the prevention of permanent deafness later on. It is here that the regular audiometric testing of the hearing in school children is of such great value. This method will detect accurately the smallest loss in hearing which could quite easily go unnoticed by parents or teachers or by the usual hearing tests available at routine medical inspections. Usually by the time a child's deafness is noticeable to the parent or teacher and is brought to the notice of the medical officer it will be found by audiometric and clinical tests that at this stage the hearing loss is well advanced and the prospect of full recovery much less certain. This is particularly so when only one ear is affected as the loss here is masked by the normal hearing in the other ear and may not be noticeable to the parents. The audiometer is especially useful in these cases and a school audiometric survey is the



most certain method of detecting any such likely unnoticed deafness. In relation to deafness in children it is well to note here that sinus disease, often overlooked, can be a very potent factor in causing serious deafness and until the sinus infection is cleared up there will not be any improvement in the hearing. The last audiometric survey in the schools in Tottenham and Hornsey has been reported in the Annual Report to the Committee for 1951.

**Nasal Obstructions.** A number of children have been seen at the clinics suffering from nasal obstruction and its wide-spread effects, e.g. mouth-breathing, sore throats, chest affections, nasal sinus disease, neuroses, etc. Nasal obstruction is, clinically, a very big subject in itself and can only be referred to briefly. But it is perhaps the most important defect we see because of the many and serious consequences which it produces. A very large number of children suffering from certain forms of nasal obstruction have been successfully treated at the clinics by Professor Gautier's (French) method of "diastolization". Diastolization, when the author's technique is carefully carried out, ranks as one of the most successful advances in nasal therapeutics in the last 25 years. It is particularly effective in certain forms of nasal obstruction, such as hypertrophic rhinitis, and in deafness in children due to lesions in the naso-pharynx. For many years this has been a standard method of treatment at our clinics and the results in suitable cases have been exceptionally good and lasting.

**Sinus Infection.** This is quite common among children of all ages. Its recognition is vitally important because it is the primary source of many other affections, and any treatment for these secondary effects, not directed to the primary sinus disease, is misdirected therapy and will end in failure. For the confirmation of the diagnosis and for the treatment of children with sinus disease, Professor Proetz' method of "sinus displacement" has been extensively employed; but it is necessary to emphasise that the technique devised by Proetz must be correctly used; indeed, if misapplied it can have very serious consequences.

Among the very large number of children who have been treated by "displacement" very few have been found who did not respond successfully to this method. Exceptions were the very chronic cases where the sinuses were seriously affected by profuse purulent suppuration of long standing. Such cases required operative treatment and were referred to hospital.

**Enlarged Tonsils and Adenoids.** On the question of "tonsils and adenoids" we maintain a conservative outlook towards their removal. This is a subject of vital importance particularly in the case of children and it is absolutely essential to be quite clear, clinically, on the significance of the physiology and pathology of the ring of lymphatic tissue of which the tonsils and adenoids are part, surrounding and guarding the entrance to both the chest and alimentary tract. The wholesale removal of tonsils and adenoids merely on such grounds as "enlarged tonsils and adenoids," chronic "nasal catarrh", "chronic colds in the head", "adenoid facies", need only to be mentioned to be rejected. Lists of rules and indications for the removal of tonsils and adenoids



are clinically meaningless. Every case is a law unto itself and must be decided on its own merits. It is important, also, to remember that adenoids and tonsils differ in their pathological effects. Adenoids can become, when greatly hypertrophied, a "*mechanical*" factor in causing nasal respiratory obstruction, whereas tonsils can be, when clinically diseased, a source of "*toxaemia*". "Unhealthy" tonsils and adenoids are usually the "sign" of a disease which must be sought elsewhere and removal of the sign will not cure the disease. There are, however, instances where removal of adenoids (when they cause nasal obstruction) and, much less frequently, tonsils (chronically diseased) are clearly indicated and the results very satisfactory. Nevertheless, the operation should be limited to those cases where the effect of their removal is beyond doubt.

In conclusion the standard of general health of the children seen at the clinics during the year has been very good. In only a few instances could it be considered as below normal and it is in marked contrast, to say, 20 years ago.

### Audiometry Scheme

Under the present County arrangements a gramophone audiometrist is shared between this Area and that comprising the Boroughs of Finchley and Hendon.

Mrs. Perry, whose appointment was reported in my last annual report, resigned during the year, and was replaced by Mrs. M. Duffy in October. Due to this change in staff the initial survey in Finchley and Hendon has taken longer than anticipated, so that the services of the gramophone audiometrist were not available at all in this Area during 1954.

Consideration will be given, once the routine audiometry testing of seven year old children has been brought up-to-date, to testing children in "C" streams at school to ascertain whether or not their lack of educational progress may be associated with some degree of deafness.

### Orthopaedic Service

**Hornsey.** Mr. Guy Rigby-Jones, F.R.C.S.(EDIN.), reports that the continuing demand for treatment is a clear indication of its value and the numbers attending would make it quite impossible for these children to be transferred to local hospitals for their orthopaedic care. It would be a great pity if these services were allowed to be taken out of the hands of the local authorities who control the welfare and school clinics and have a far better organisation for inspecting the home circumstances which often play a large part in the postural defects of children. The great advantage to the child is that minor ailments and defects can be dealt with outside the hospital atmosphere and the child is never allowed to think that it is in any way abnormal.

### Cases seen at the Hornsey Orthopaedic Clinic

					<i>Under 5</i>	<i>Over 5</i>	<i>Total</i>
New Cases	..	..	..	..	65	134	199
Total Cases	..	..	..	..	117	321	438
Re-examinations	..	..	..	..	85	362	447
Total Attendances	..	..	..	..	202	683	885



**Tottenham.** Mr. E. Hambly, F.R.C.S., reports that cases are sent early through the school health and maternity and child welfare services.

Connection with the School for the Physically Handicapped at Vale Road continues with every co-operation from the Headmaster, Mr. Ives, and his staff. Dr. Dunham's appointment to the Spastic Section has been a great acquisition and the consultants work as a team, so far as common ground is concerned.

All operations on children seen at the orthopaedic clinics are done by Mr. Hambly at St. Ann's General Hospital, Tottenham, which has excellent wards for orthopaedic work. This is a tie-up between the work of the clinics and the Hospital Group which makes for continuity of treatment and enables parents of the children easily to visit both the Consultant and their children.

#### Cases seen at the Tottenham Orthopaedic Clinic

				<i>Under 5</i>	<i>Over 5</i>	<i>Total</i>
New Cases	..	..	..	62	342	404
Total Cases	..	..	..	95	586	681
Re-examinations	..	..	..	41	280	321
Total Attendances	..	..	..	136	866	1,002

#### Ophthalmic Service

**Tottenham.** Dr. T. G. Kletz, M.B., CH.B., D.O.M.S., reports as follows on the work of the Ophthalmic Clinic at the Lordship Lane Medical Centre:—

“Refraction clinics are held on three sessions a week and the annual attendances are approximately 1,750. Cases of manifest and suspected *strabismus* are being seen at frequent and regular intervals. These are referred to the Prince of Wales's General Hospital for orthoptic reports and treatment. The growing demand for this service may necessitate the employment of our own orthoptist in the future.

There have been no new cases registered as blind or partially sighted during the past year.”

**Hornsey.** Dr. Marian Lones, M.B., D.P.H., D.O.M.S., has submitted the following comments on the work of the Ophthalmic Clinic at Hornsey Town Hall:—

“Since the Health Service was introduced, fewer cases of *disease* of the eye reach the clinic. These are treated either by the general practitioner or in hospital.

Refractive errors investigated consist of hypermetropia, astigmatism and myopia, the first being the most numerous. Children with *strabismus* receive orthoptic treatment by our own orthoptist often with very good result. Those who do not respond to these exercises are referred to hospital and may be considered for operation.

An increasing number of fathers attend with their children. Parents are always very co-operative and show great interest.

Spectacles are now supplied quickly by opticians and repairs are carried out promptly.”



## **B.C.G. Vaccination of School Children**

In November 1954, the Area Committee agreed to a scheme for giving B.C.G. vaccination to thirteen year old school children and the Divisional Executives of Hornsey and Tottenham subsequently agreed to the scheme being carried out in the schools. Detailed preparation of the scheme and the purchase of the necessary equipment is now in hand and vaccinations will be started soon after Easter, 1955.

Bacille-Calmette-Guérin, better known as B.C.G., is a living organism related to the tubercle bacillus which can be injected into the skin without causing tuberculosis and after a few weeks it produces a reaction, so that the body tissues become sensitive to the toxin of the tubercle bacillus. This special sensitivity is revealed by the fact that the tuberculin reaction (Mantoux) is changed from negative to positive in four to six weeks after administration of B.C.G.

Experience in other countries has shown that a person is less likely to develop clinical tuberculosis if his Mantoux tuberculin reaction has been converted from negative to positive, though this changed reaction does not necessarily imply immunity from tuberculosis. In practice B.C.G. does provide a considerable degree of safeguard against tuberculosis and the protection can last for approximately six years. By vaccinating with B.C.G. children aged thirteen may obtain a degree of protection during the period of adolescence when most vulnerable to pulmonary tuberculosis.

B.C.G. has been used in this country during recent years for exposed susceptible groups of people such as nurses, medical students, and family contacts of infectious tuberculosis cases. Also in selected areas, including Tottenham, B.C.G. has been given during the last three years to school leavers in a trial survey conducted by the Medical Research Council.

The B.C.G. is administered by injection of one drop into the skin to children who are Mantoux negative. It is estimated that in this Area about 30% of thirteen years olds will be Mantoux Positive which means that such children will already have had a very mild infection of tuberculosis sufficient in most cases to give them protection against the disease. Children who are strongly Mantoux Positive will have an X-ray of the chest to exclude the presence of the disease.

There are two stages in the accepted procedure. First, a skin test to see if B.C.G. vaccination is necessary. Secondly, the actual vaccination when an injection is made into the skin.

There are about 2,400 children aged thirteen attending schools in Tottenham and Hornsey, and on the assumption that 75% of parents will accept vaccination with B.C.G., some 1,800 children will have to be skin-tested and of these approximately 1,200 may need B.C.G.

Parents will be given an explanatory leaflet, general practitioners will be informed and a short time before the vaccinating team visits a school the parents will be invited to sign a consent form.



Skin tests will be carried out on Tuesdays and test read on Fridays, when negative reactors will receive an injection of the B.C.G. vaccine. The work will be done during term time.

Meetings have been held with head teachers of secondary schools in Hornsey and Tottenham to seek their co-operation and to ensure the success of the scheme.

### **Tuberculin "Patch Tests" and School Entrants**

During the year the Area Committee agreed that routine patch testing of children should be carried out during their first year at school, subject to the approval of Hornsey and Tottenham Education Committees. This has since been obtained.

Tuberculin testing of children at the age of five years can be carried out very simply by the so called "jelly patch" method.

Fewer than 5% of children of five years of age are likely to be "patch positive" though this may vary from school to school and from time to time. It should, however, provide an excellent means of assessing the progress made in the drive against tuberculosis.

A five year old child who is "patch positive" may have been infected at home, and arrangements will be made for a follow-up investigation of the home contacts of such children. It has been said that from such investigations one case of undiagnosed infectious tuberculosis is discovered for every 250 children patch tested.

### **Speech Therapy**

There are two whole-time and three part-time speech therapists employed in the Area, equivalent to three whole-time staff. The following comments on the work of the department have been made by the Head Speech Therapist, Miss J. Came, L.C.S.T.:—

"The value of preventive work with the toddlers has again been demonstrated in 1954. Thanks to parent co-operation, many children with delayed speech development or primary stammer were found to show improvement when reviewed after a few months. Several have later achieved normal speech without clinic attendance."

In the older age groups, stammerers form the highest proportion of children attending speech clinics. Environmental factors and the surprising number of popular misconceptions on the nature of this distressing handicap may seriously jeopardise successful treatment. Here, too, the co-operation of parents and teachers is essential, and the therapist uses every opportunity to educate the general public on its responsibilities towards the stammerer.

Staff changes in Hornsey last autumn have not seriously interrupted continuity of treatment, owing to speedy re-appointments.



Work at Vale Road School for Physically Handicapped Children has provided much opportunity for research. The following table may be of interest in showing the variety of disorder found:—

Total Number treated — 17. (Boys, 11 Girls 6).						
Spastic/Athetoid Dysarthria	..	..	..	..	..	5
Spastic/Athetoid Dysarthria with hearing loss (particularly for high frequencies)	..	..	..	..	..	2
Dysphonia	..	..	..	..	..	1
Aphasia	..	..	..	..	..	1
Pseudo-bulbar hypogenesis	..	..	..	..	..	1
Dystatic	..	..	..	..	..	1
Stammer with right hemiplegia	..	..	..	..	..	2
Interdental lisp	..	..	..	..	..	1
Delayed speech development	..	..	..	..	..	3

### **Tuberculosis in School Children**

Results of recent epidemiological investigations following cases of tuberculosis occurring in schools are set out below:—

#### **(i) A Secondary Grammar School in Hornsey**

A case of infectious pulmonary tuberculosis was notified at this school and in February a total of 340 boys were patch tested.

The patch test showed 271 boys negative and 69 positive to tuberculin. A chest X-ray was advised for the 69 patch positive boys and 55 attended the mass X-ray unit in March, together with seven masters who accepted the offer of an X-ray.

The parents of the other 14 boys were advised and made private arrangements for X-rays of their boys.

The Chest Specialist has now reported that the seven masters and 55 boys who attended for X-ray showed no evidence of chest disease.

#### **(ii) A Secondary Modern School in Tottenham**

During April 1954 a case of pulmonary tuberculosis of an infectious type was notified in a schoolgirl.

Investigations were made at the school during May 1954. Her 15 class contacts were X-rayed and one other child was found suffering from tuberculosis.

Patch testing was subsequently carried out on 94 possible contacts in other classes. Of these, 86 were negative and eight were patch positive. The eight patch positive children were X-rayed together with 17 members of the staff, and the results of these examinations revealed that one other girl, a friend but not a classmate of the original case, was also suffering from pulmonary tuberculosis.

### **Statistical Information**

Statistics relating to the work of the school health service during 1954 are contained in the following tables.



**TABLE 12**  
**PERIODIC MEDICAL INSPECTION**

Periodic Medical Inspections				Other periodic inspections
Entrants	Second age group	Third age group	Total	
1,759	1,843	533	4,135	
				802

**Other Inspections**

Special inspections	Re-inspections
1,603	1,174

**TABLE 13**  
**CLASSIFICATION OF THE GENERAL CONDITIONS OF PUPILS**

Age Groups				A (Good)		B (Fair)		C (Poor)	
				No.	%	No.	%	No.	%
Entrants	...	...	1,759	1,006	57.2	747	42.5	6	0.3
Second Age Group			1,843	1,016	55.1	825	44.8	2	0.1
Third Age Group	...		533	333	62.5	200	37.5	.	.
Other periodic inspections	...		802	480	59.9	316	39.4	6	0.7
TOTAL	...	...	4,937	2,835	57.4	2,088	42.3	14	0.3

**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 ... ..	70	50	123	11
Eyes <i>a.</i> Vision ... ..	251	102	52	12
<i>b.</i> Squint ... ..	42	13	8	1
<i>c.</i> Other ... ..	14	13	56	6
Ears <i>a.</i> Hearing ... ..	23	42	8	6
<i>b.</i> Otitis media ... ..	15	36	6	1
<i>c.</i> Other ... ..	10	11	15	3
Nose and Throat ... ..	114	146	31	4
Speech ... ..	25	29	12	3
Cervical Glands ... ..	8	38	2	.
Heart and Circulation ... ..	11	50	2	7
Lungs ... ..	23	49	27	9
Developmental—				
<i>a.</i> Hernia ... ..	2	1	.	1
<i>b.</i> Other ... ..	4	26	8	.
Orthopaedic—				
<i>a.</i> Posture ... ..	26	88	9	5
<i>b.</i> Flat foot ... ..	50	64	8	3
<i>c.</i> Other ... ..	67	114	66	3
Nervous System—				
<i>a.</i> Epilepsy ... ..	1	2	1	.
<i>b.</i> Other ... ..	3	24	4	1
Psychological—				
<i>a.</i> Development ... ..	4	9	30	7
<i>b.</i> Stability ... ..	15	75	19	8
Other ... ..	32	194	519	106

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 ... ..	25	203	221
Second Age Group ... ..	139	212	332
Third Age Group ... ..	33	23	53
Total (prescribed groups) ...	197	438	606
Other periodic inspections ...	54	60	111
GRAND TOTAL ... ..	251	498	717

**TABLE 16**  
**MINOR AILMENTS**

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
<b>A Diseases of the Skin</b> (excluding uncleanness)		
Ringworm (i) scalp ... ..	.	.
(ii) body ... ..	3	.
Scabies ... ..	1	.
Impetigo ... ..	25	1
Other skin diseases ... ..	305	1
<b>TOTAL</b> ... ..	<b>334</b>	<b>2</b>

	Number of cases treated	
	by the Authority	Otherwise
<b>B Other treatment given (not covered by tables 16A, 17, 18, 19 and 20)</b>		
(a) Miscellaneous minor ailments	116	1
(b) Other (specify under one of following headings)		
Nervous System ... ..	1	1
Digestive System ... ..	12	.
Respiratory System ... ..	15	43
Skeletal System ... ..	.	.
Circulatory System ... ..	3	5
Infectious Disease ... ..	2	1
Pyrexia of unknown origin ...	1	.
Ductless Glands ... ..	.	.
Psychogenic ... ..	4	.
Helminthiasis... ..	.	.
Developmental ... ..	10	1
Excretory System ... ..	.	.
Debility ... ..	24	.
Colds and Rheumatism ... ..	19	4
Minor Injuries ... ..	283	1
Miscellaneous Surgical ... ..	11	2
<b>TOTAL</b> ... ..	<b>501</b>	<b>59</b>



**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 ... ..	93	215
Errors of Refraction (including squint)	.	979
<b>TOTAL</b> ... ..	93	1,194
Number of pupils for whom spectacles were prescribed ... ..	.	612*

\* 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 for adenoids and chronic tonsillitis	.	6
Received other forms of treatment ...	31	180
<b>TOTAL</b> ... ..	31	186

**TABLE 19—ORTHOPAEDIC AND POSTURAL DEFECTS**

(a) Number treated as in-patients in hospitals ... ..	1	
	by the Authority	Otherwise
(b) Treated in clinics or out-patients departments ... ..	8	440

**TABLE 20—CHILD GUIDANCE AND SPEECH THERAPY**

No. of pupils treated :	Child Guidance	Speech Therapy
(i) By the Authority ... ..	.	115
(ii) Otherwise ... ..	32	.

**TABLE 21—DENTAL INSPECTIONS AND TREATMENT**

AGE GROUPS	No. inspected (i)	No. found to require treatment (ii)	No. referred for treatment at the County Council's Dental Clinics (iii)
Under 5* ... ..	55	51	51
5—16 and over ... ..	2,876	2,252	2,185
Specials ... ..	1,615	1,536	1,534
TOTALS ... ..	4,546	3,839	3,770

\*Nursery Schools only.

iv.	Number of pupils commenced treatment .. ..	2,748
iva.	Number of pupils treatment completed .. ..	2,119
v.	Number of attendances made by pupils for treatment ..	7,168
vi.	Number of appointments not kept .. ..	1,198
vii.	Number of half days devoted to (a) Inspection .. ..	32
	(b) Treatment .. ..	1,005
	Total .. ..	1,037
viii.	Fillings. Permanent Teeth .. ..	4,746
	Temporary Teeth .. ..	2,134
	Total .. ..	6,980
ix.	Number of teeth filled. Permanent Teeth .. ..	3,841
	Temporary Teeth .. ..	2,018
	Total .. ..	5,859
x.	Extractions—Permanent Teeth .. ..	325
	Permanent Teeth for Orthodonture .. ..	142
	Total Permanent Teeth .. ..	467
	Temporary Teeth .. ..	2,567
	Total .. ..	3,034
xi.	Anaesthetics—(a) General .. ..	726
	(b) Local .. ..	897
	(c) Regional .. ..	291
	Total .. ..	1,914
xii.	Other operations—(a) Permanent Teeth .. ..	941
	(b) Temporary Teeth .. ..	2,270
	Total .. ..	3,211



**TABLE 21 (contd.)**  
**SPECIAL DENTAL TREATMENT**  
**UNDERTAKEN BY DENTAL OFFICERS**

Number of impressions, etc. ... ..	32
Number of Dentures fitted ... ..	23
Number of crowns and bridges ... ..	4
Number of inlays ... ..	2
Number of radiographs (a) at Dental Clinics ...	136
(b) at Hospitals ...	.

**TABLE 22**  
**ORTHODONTIC EXAMINATION AND TREATMENT**

Number of pupils commenced treatment (first attendance)	57
Number of attendances made for treatment ... ..	1,289
Number of consultations ... ..	2
Number of impressions, etc. ... ..	366
Number of fixed appliances fitted ... ..	7
Number of removable appliances fitted ... ..	135
Number of radiographs ... ..	18
Number of pupils treatment completed ... ..	9
Number of orthodontic sessions ( $\frac{1}{2}$ days) ... ..	96

**TABLE 23—INFESTATION WITH VERMIN**

Total number of examinations .. .. .	33,326
Total number of pupils found to be infested .. ..	37
Total number of <i>individual</i> pupils found to be infested for the first time during current year .. .. .	24

**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 ..	177
2. Number of instances in which the state of health was found to be such that certificates were withheld .. .. .	.
3. Number of children examined as to fitness to take part in entertainments .. .. .	2
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 .. .. 9

Sub-Section 4 .. .. .

Sub-Section 5 .. .. 2

Cases de-notified under Section 8, Education (Miscellaneous Provisions) Act, 1948 .. .. . 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 .. .. .	47
(c) Number of Students examined as to fitness to undertake training course .. .. .	52



**TABLE 27—CHIROPODY**

	BOYS				GIRLS			
AGES	0-5	5-10	10-15	Total	0-5	5-10	10-15	Total
Attendances : FIRST	3	11	34	48	3	20	60	83
SUBSEQUENT	.	33	157	190	11	76	273	360
<b>Conditions—Cases treated at Clinic</b>								
Callosity ... ..	.	.	.	.	.	2	.	2
Chilblains ... ..	.	.	.	.	.	1	1	2
Corns ... ..	2	3	.	5	1	5	7	13
Foot Wart ... ..	.	6	30	36	1	12	49	62
Ingrowing Nail ...	1	1	3	5	1	.	.	1
Toes Clawed ... ..	.	1	.	1	.	.	.	.
Athletes' Foot ...	.	.	.	.	.	.	2	2
Inflammation of Toe-nail ... ..	.	.	.	.	.	.	1	1
Hallux Valgus ... ..	.	.	1	1	.	.	.	.
<b>Conditions—Cases referred to Orthopaedic Specialist</b>								
Valgus Feet ... ..	.	.	.	.	.	.	2	2

**TABLE 28—ORTHOPTIC TREATMENT**

Number of New Cases	Number of Cases receiving treatment	Total Attendances
158	114	1,172

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 ... ..	4	1	1	1	4	2	1	.	3	2	.	.	.	.	.	.	4	2		
Partially Sighted Pupils ... ..	1	6	.	.	1	5	1	5	.	.	.	.	.	.	.	.	1	5		
Deaf Pupils ... ..	1	1	.	.	1	1	.	1	1	.	.	.	.	.	.	.	1	1		
Partially Deaf Pupils... ..	4	3	.	1	4	3	2	2	2	1	.	.	.	.	.	.	4	3		
Educationally Sub-Normal Pupils ...	34	22	6	3	34	23	22	19	9	2	3	4	.	.	.	.	34	25		
Epileptic Pupils ... ..	1	2	.	.	.	2	.	.	.	1	.	1	.	.	.	.	.	2		
Maladjusted Pupils ... ..	14	4	5	2	14	5	.	.	12	5	2	.	.	.	.	.	14	5		
Physically Handicapped Pupils ...	6	4	1	.	6	3	3	3	1	.	.	.	1	.	1	.	6	3		
Pupils with Speech Defects ...	56	18	30	8	79	26	.	1	3	.	71	22	2	1	3	2	79	26		
Delicate Pupils ... ..	12	8	10	8	11	8	1	1	8	5	1	2	1	.	.	.	11	8		
Pupils with Multiple Defects ...	1	.	.	.	1	.	.	.	.	.	.	.	.	.	1	.	1	.		
TOTALS ... ..	134	69	53	23	155	80	30	32	39	16	77	29	4	1	5	2	155	80		
GRAND TOTALS ... ..	203		76		235		62		55		106		5		7		235			
Children not ascertained as H.P. but recommended convalescence in Holiday Home or Camp School.						B														
						16														









