

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

Contributors

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

Publication/Creation

[1956]

Persistent URL

<https://wellcomecollection.org/works/ak4hpxyn>

License and attribution

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

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

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



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

AU439(1)

HORNSEY

Recd 14/1/57

HOR 047

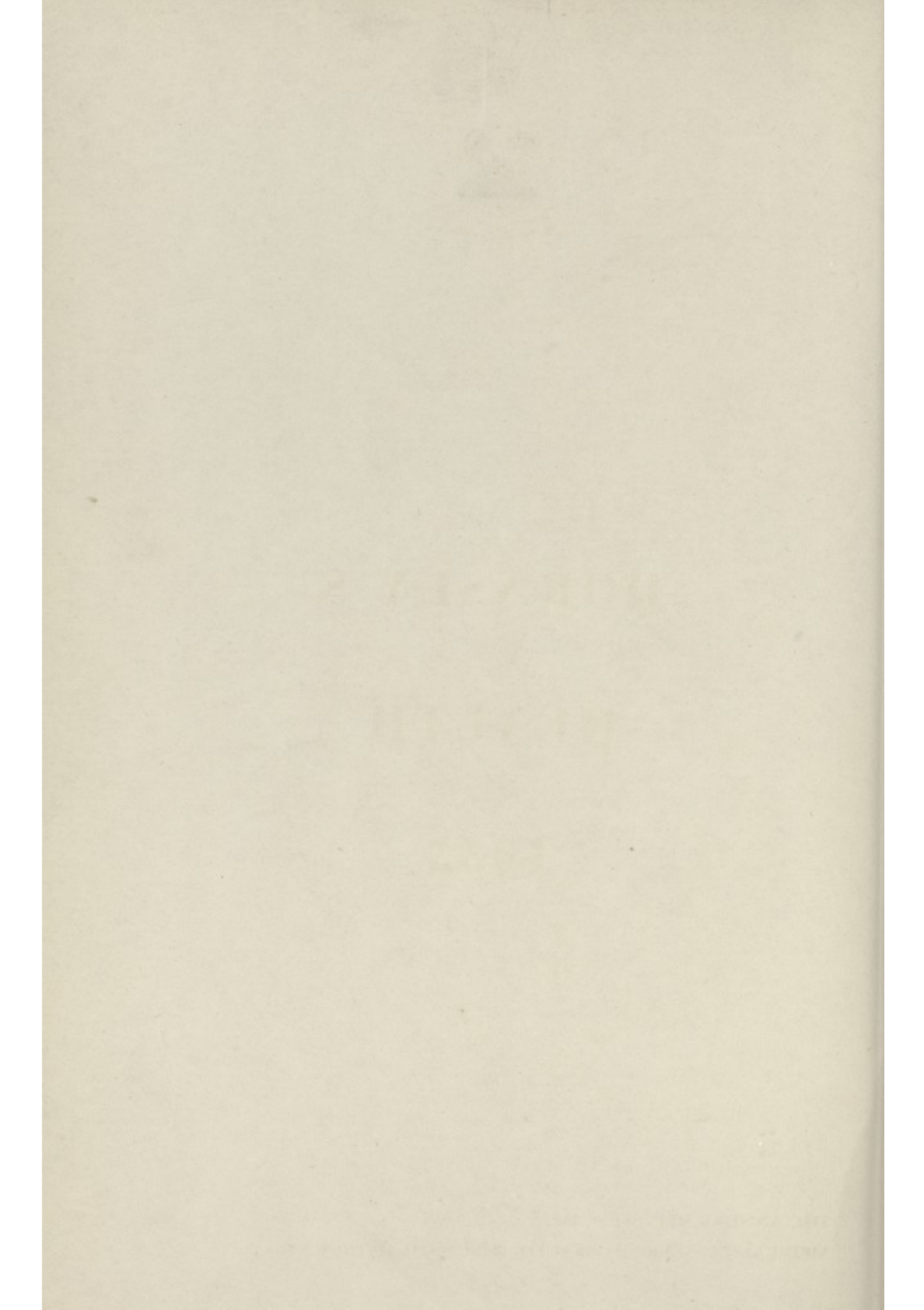


HORNSEY'S

HEALTH

1955

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





HORNSEY'S

HEALTH

1955

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

MEMBERS OF THE COUNCIL

*Alderman HERBERT LA FRENCH NORMAN, J.P., *Mayor*
Councillor LT.-COL. F. C. CAVE, T.D., J.P., *Deputy Mayor*

ALDERMEN

G. S. AITKEN	N. MULDOON, J.P.
F. H. BAILEY, J.P.	G. F. N. NORMAN
M. W. BURNS	†*Miss J. RICHARDSON
E. C. CASTLE	(<i>Chairman of Area Health Committee</i>)
*S. G. GOULDING	*T. TIVENDALE
Sir WILLIAM GRIMSHAW, J.P.	
*L. J. VALETTE	

COUNCILLORS

†*Miss O. R. ANDERSON	E. M. LARARD
(<i>Chairman of Health Committee</i>)	Mrs. W. L. LE MESSURIER
L. A. BAINS	*P. PHILLIPS
*Miss M. M. BARRIE	J. R. RICHARDSON
D. F. W. BILLINGSLEY	*P. P. RIGBY
K. R. BISHOP, B.Sc. (Econ.)	*A. STANLEY
Mrs. B. C. BLIT	*P. G. STAPLEY
*A. R. BOWERLEY	†*C. V. TIPPING
E. J. BRAZIER	M. H. WALEY-COHEN
Mrs. J. M. CARTER	G. WATSON
H. P. CREASY, M.I.Mech.E.	R. I. G. WATT, M.A.
W. J. M. CROSLAND	†*Miss M. E. WEST
Mrs. K. M. ST. PATRICK CRUMP	G. E. WHITMAN
P. F. H. EMERY, M.A.	*J. T. WILKINS
*J. F. FORD	†*C. R. WILLIAMS
*V. P. GELLAY, B.Sc.	(<i>Vice-Chairman of Health Committee</i>)
R. J. HOOKER	A. WILSON
A. J. HUMPHREYS	F. J. WORSTER
A. S. KENT	

* *Member of Health Committee at 31st December, 1955.*

† *Member of Area Health Committee at 31st December, 1955.*

BOROUGH OF HORNSEY



With the Compliments of

DR. G. HAMILTON HOGBEN

Medical Officer of Health,
TOWN HALL,
CROUCH END, N.8.

TELEPHONE
MOUNTVIEW 3220

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>	A. YARROW, 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. A. K. D. SHUTTLEWORTH, M.S.I.A., Sanitary Inspector's Cert. (Appointed 4th April, 1955) R. L. HOOPER, M.S.I.A., Sanitary Inspector's Cert. Food Inspector's Cert. (Appointed 19th December, 1955)
<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 Clerks</i>	D. N. IRVINE, D.P.A. (Lond.), (Appointed 19th December, 1955) H. P. BRADFORD
<i>Clerk</i>	Miss M. M. CHESTERMAN.
<i>Shorthand-typists</i> ..	Mrs. M. S. WILTON Miss A. E. UNITE (Appointed 27th July, 1955)
<i>Rodent Operator</i>	E. J. MEAD.
<i>Disinfectors and Mortuary Attendants</i>	P. F. HALL (Foreman) W. HOOPER S. J. TWINN
<i>Drainage Inspection Assistant</i>	H. S. FAGG

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

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my annual report on the health of the Borough for the year ended the 31st December, 1955.

Measured by vital statistics the year has again been a good one. The birth rate, the general death rate, infant and maternal mortality rates have shown little change over the previous year. Apart from an outbreak of Measles, which was of moderate severity, there has been no epidemic of infectious disease.

The true health of a community cannot, however, be judged solely in terms of lower mortality figures nor by comparative freedom from serious outbreaks of infectious disease. The observations of medical officers, sanitary inspectors, health visitors and others in public and voluntary welfare services, make it all too clear that adverse environmental conditions still exist, leading to physical or mental ill-health affecting the happiness and efficiency of families and individuals.

By declared policy of the Council progress is being made to clear the district of houses unfit for human habitation; and to relieve overcrowding where it exists: including the sharing by families of common amenities. Special attention too has been given to the preventive aspects of air pollution, contamination of food supplies, accidents in the home and to neglect or indifference to the needs of the aged.

Of special interest is the development of an increasingly closer relationship and exchange of view between the three arms of the national health service—hospital, medical practitioner and local government services. As your medical officer of health I am glad to have had the opportunity, in recent years, to serve on the local liaison committees and a hospital consultant's medical advisory committee. Such opportunities for mutual understanding and goodwill can do much to strengthen the aims of a truly comprehensive local health service.

To the staff of the health department each of whom has directly or indirectly contributed to the subject matter in the following pages of this Report, I acknowledge my indebtedness, as also for their loyal support throughout the year.

In conclusion I wish to express my appreciation for the encouragement shown me by the Chairmen and members of the various committees concerned.

I am,

Your obedient servant,

G. HAMILTON HOGBEN,

Medical Officer of Health.

20th July, 1956,

CONTENTS

Page

INFECTIOUS DISEASES

Diphtheria	9
Measles	9
Tuberculosis	9
Food Poisoning	13
Weil's Disease	13
Poliomyelitis	14
Laboratory Services	14
Tables of infectious diseases notified	16

HOUSING AND SANITARY CIRCUMSTANCES

Housing (Survey Report)	19
Houses Let in Lodgings	25
Re-housing on Health Grounds	26
Demolition and Closing Orders	28
Certificates of Disrepair	28
Inspections by Sanitary Inspectors	29
Abatement Notices	30
Legal Proceedings under the Public Health Act	31
Work Carried Out by the Council in Default	33
Summary of Sanitary Improvements Effected	34
Water Supply	35
Atmospheric Pollution	36
Moselle Pollution	39
Inspection of Shops	39
Licensing of Pet Shops	40
Rodent Control	40
Cleansing of Soiled Articles	42
Factories	42
Inspection of Factories	44
Outworkers	44

FOOD

Food Inspection	45
Food Premises Inspected	47
Food Premises Classified	48
Registration of Hawkers of Food	49
Milk Supply	49
Ice Cream	49
Dried Egg Albumen	49
Bakehouses	50
Slaughterhouses	50
Legal Proceedings under the Food and Drugs Act	50
Food Sampling	51

GENERAL

Registers in the Public Health Department	55
Welfare of Old People	58
Medical Examination of Staff	60
Massage and Special Treatment	60
Burial of the Dead	61
Public Mortuary	61
Diseases of Animals	61
Storage of Petroleum	62
Ambulance Service	63
Factories Acts	63
Registrar of Births and Deaths	63
Hospital Services in Hornsey	64

VITAL STATISTICS	65
-------------------------	----

APPENDIX—REPORT OF THE AREA MEDICAL OFFICER	71
--	----

INFECTIOUS DISEASES

DIPHTHERIA

I am pleased to record that once again Hornsey has had a year free from diphtheria. In the country as a whole the incidence of this disease has remained much the same as in 1954 with 161 cases and 11 deaths (provisional figures). These national figures are small, particularly when compared with an average death rate between the wars of 3,000 per year; but to the relatives of the children concerned the tragedy is great indeed—especially as it need not happen. The existence of a fatal disease which is so easily (and cheaply) preventable cannot be condoned.

The aim is modest enough. It is to immunise three babies out of every four before they reach their first birthdays; but even this appears unobtainable despite all the exhortation of public health workers and others. During 1955 the proportion of infants immunised before their first birthday in Hornsey fell from 60% to 58%. Nationally the figures for this age are not so good being 39% in 1954 and 38.47% in the first half of 1955. Diphtheria must be driven from this country and only by obtaining a sufficiently high proportion of immunised children can this be done.

MEASLES

There were 1,464 cases notified during the year and no deaths resulted from the disease. Only 21 were over 10 years of age as normally most children contract measles before they leave the infants' school.

Eighteen of the children needed hospital treatment and of this number six had broncho-pneumonia as a complication. The total number of complicated cases was 11 but all resulted in an uneventful recovery.

TUBERCULOSIS

Once tuberculosis is diagnosed, with reasonable co-operation and understanding on the part of the patient, the case ceases to be a serious source of spread of infection. The disease is mainly spread by unknown cases who may have failed to take advantage of mass radiography and other case finding techniques or even deliberately avoided medical

attention. To quote from my last annual report: "They fear discovery of the disease on grounds of loss of employment, loss of friends or disruption of family life, and for these reasons resist all effort to persuade them to be examined".

The aim must be the complete eradication of tuberculosis and it may be that x-ray should be made a condition of employment more often than at present. One seldom wishes to advocate compulsion but if it is accepted that infectious persons may intentionally refuse to take steps to obtain treatment and thus remain a danger to the community then compulsion may be the only answer. Initial x-ray should be followed by further x-rays at regular intervals in employment involving contact with susceptible groups. It would appear from an examination of case histories that there is a fairly high incidence of tuberculosis among immigrants. Immigrants to the United Kingdom, it would seem, should not be accepted without a chest x-ray.

Compared with the 25,000 deaths from pulmonary tuberculosis in 1939, the total of 5,837 for the whole country in 1955 appears very heartening. However, tables issued by the Registrar General show that the mean age at death in England and Wales from pulmonary tuberculosis during 1954 was 55.2 for men and 46.3 for women, compared with 65.1 and 69.4 respectively for deaths from all causes. Thus, although the number of deaths continues to fall, those dying are comparatively young persons.

The early examination of all contacts of tuberculous patients is vitally important in order to discover the source of infection and to enable susceptible contacts to be offered B.C.G. vaccination.

New notifications in Hornsey show no decrease this year, but deaths from pulmonary tuberculosis have fallen to only 3 from 14 in 1954.

On page 11 it is shown that twelve cases of pulmonary tuberculosis were removed from the register after death. This apparent discrepancy results from only three of these deaths being ascribed to tuberculosis, the others being due to other causes.

A report on tuberculosis in schools is given in the Appendix (pages 94 to 97).

TUBERCULOSIS

The total number of cases on the Tuberculosis Register at the end of 1955 was 912, viz., pulmonary 807, non-pulmonary 105.

	Pulmonary		Non-Pulmonary		Total	
	Male	Female	Male	Female	Male	Female
(a) Number of Cases on Register at commencement of year ...	489	332	58	52	547	384
(b) Number of Cases notified for first time during year under Regulations	29	18	7	4	36	22
(c) Cases restored to Register	4	4	.	.	4	4
(d) Cases added to Register otherwise than by notification under Regulations						
(1) Transferred from other Districts	43	23	.	1	43	24
(2) From Death Returns ... ..	.	.	.	2	.	2
(e) Number of Cases removed from Register	76	59	7	12	83	71
(f) Number of Cases remaining on Register at end of year ...	489	318	58	47	547	365

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	.	10	12	55	PULMONARY 45	4	.	6	2	76	59
1	.	1	6	4	NON-PULMONARY 4	.	.	1	2	7	12

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

		under 1 year	1 year	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and over	TOTALS	
BY FORMAL NOTIFICATION																
Pulmonary	... M	.	.	.	1	.	1	4	6	5	4	3	3	2	29	47
	F	.	1	4	1	.	3	3	4	.	1	.	1	.	18	
Non-Pulmonary...	... M	.	.	1	.	1	.	.	3	1	1	.	.	.	7	11
	F	.	.	.	.	.	.	1	.	2	.	.	1	.	4	
OTHER THAN BY FORMAL NOTIFICATION																
Death returns from Local Registrar																
Non-Pulmonary...	... F	.	.	.	.	.	.	.	.	.	.	.	.	1	1	1
Inward transferable deaths																
Non-Pulmonary ...	... F	.	.	.	.	.	.	.	.	.	.	1	.	.	1	1
Transfers from other Districts																
Pulmonary	... M	.	.	1	.	.	3	5	16	5	5	5	2	1	43	66
	F	.	.	1	.	.	3	5	9	3	1	1	.	.	23	
Non-Pulmonary...	... F	.	.	.	.	.	.	1	.	.	.	.	.	.	1	1

FOOD POISONING

There were 22 notified cases of food poisoning in the Borough during 1955, four patients were admitted to hospital, and fortunately there were no deaths. One case was due to salmonella bovis morbi-ficans, arising from an outbreak in Islington, and one arose from an outbreak in a hospital outside the Borough, the cause of which was not discovered. The remaining 20 were single cases, 10 being caused by salmonella typhi-murium, one by salmonella bovis morbificans, and 9 from unknown causes.

It is not often that one can be certain of the food which has caused the infection and in only one incident, concerning four members of one family and the occupant of the flat below, was the source clearly established. In this case the five persons concerned suffered diarrhoea and vomiting after eating one Monday a shepherd's pie made from the remains of an aitchbone of beef cooked for Sunday's dinner. A young child in the family who did not have this meat was the only one not affected. Throat and nose swabs taken from the housewife who cooked the food gave a report positive to staphylococcus aureus. Although the kitchen and the house in general were spotlessly clean and the mother extremely careful it would appear she had unwittingly infected the members of her family.

Investigation of a case of food poisoning involves extensive inquiries at the patient's home, shops serving the household, restaurants or canteens at which food may have been obtained as well as the collection of suitable material for laboratory examination. In this way it is sometimes possible to limit an outbreak by stopping the sale of suspected food or recovering unconsumed portions of infected food. Prompt notification of food poisoning (or suspected food poisoning) by the family doctor is invaluable as even one day lost in commencing investigations may mean that the offending food is no longer obtainable.

A large proportion of notified cases is stated to be of unknown cause and it has been suggested that an unknown virus may be responsible for some of them. This further stresses the need for careful, prompt investigation of each case.

Two portable "clean food" exhibits prepared by the Ministry of Food were displayed in the Town Hall foyer for a period of two weeks. These were designed to emphasise that the responsibility for kitchen cleanliness rests firmly upon each individual. It is difficult to estimate the effect of such displays, but there is no doubt that continued education of the public is very necessary before any spectacular reduction in food poisoning cases can be obtained.

WEIL'S DISEASE

In my annual report for 1954 was included an account of a case of leptospira canicola, an infection transferred from dogs to human beings.

During 1955 a drainage inspection assistant was off duty with an

infection caused by a closely related organism known as *leptospira icterohaemorrhagica*.

This infection, known as Weil's disease is an occupational risk of all sewer and drainage workers and is primarily an infection of rats, the organism being excreted by the rat in its urine and infecting water. A worker who has an abrasion which comes in contact with infected water may develop a severe illness characterised by jaundice and haemorrhages into the skin. In its early stages, however, it resembles influenza and may easily be missed. Before the development of antibiotic therapy measures the disease carried a fairly high mortality rate.

The drainage inspection assistant reported sick from an illness at first thought to be influenza but later suspicions were aroused and the patient was transferred to hospital where the diagnosis of Weil's disease was confirmed; fortunately a rapid and complete recovery followed.

All sewer workers are carefully instructed in prophylaxis against this disease. They are instructed to wash the hands and forearms thoroughly when leaving the sewer and before a meal. In particular any cut, scratch or abrasion, whether sustained at work or not, must be cleansed thoroughly and a waterproof antiseptic dressing applied. (These dressings are supplied for use.) Wherever possible boots and gloves should be worn, particularly in foul conditions.

During August, 1955, there were 31 cases reported in England and Wales and of the 21 due to *leptospira icterohaemorrhagica* 3 were fatal, 8 were *leptospira canicola* (a note was given on *L. canicola* in last year's annual report), and in two the type was unknown. Six of the patients had recently bathed in rivers. These figures were unusually high and compare with totals of 98 and 106 for the years 1953 and 1954.

POLIOMYELITIS

In 1955 nine cases of poliomyelitis were notified—four paralytic and five non-paralytic.

Two of the paralytic cases had some paralysis but both children were able to attend school and take part in normal activities. The others completely recovered from the illness.

LABORATORY SERVICES

The Public Health Department continues to be a collection centre for specimens submitted for laboratory examination by general practitioners in Hornsey and supplies of containers are obtainable from the department during office hours—9 a.m. to 5.15 p.m. weekdays and 9 a.m. to 12.30 p.m. Saturdays.

Specimens received in the department are collected by a messenger from the laboratory service at 3 p.m. on weekdays and 10 a.m. on

Saturdays but they may be sent direct by doctors to the laboratory at Coppetts Wood Hospital any time before 5 p.m. on Mondays to Fridays and 12 noon on Saturdays. The Central Public Health Laboratory at Colindale maintains a twenty-four hour emergency service.

The Public Health Laboratory Service is under the direction of the Medical Research Council on behalf of the Ministry of Health and the assistance of the technical staff is available to the department in connection with outbreaks of infectious diseases in the Borough.

Copies of bacteriological reports on Hornsey patients are sent to the Medical Officer of Health and the following is a summary of specimens taken during 1955:—

REPORTS RECEIVED

Faeces	..	..	..	..	608
Nose and Throat	..	..	..	..	12
Sputum	..	..	..	..	10
Food specimen	..	..	..	..	1
Urine	..	..	..	..	2
Per Nasal	..	..	..	..	3
Post-Nasal	..	..	..	..	1

NOTIFICATION OF INFECTIOUS DISEASE BY AGE AND SEX

AGE IN YEARS	Scarlet fever		Whooping cough		Acute poliomyelitis				Measles	
					Paralytic		Non-paralytic			
	M	F	M	F	M	F	M	F	M	F
Under 1 ... ..	.	1	8	5	.	.	.	.	11	8
1—2	2	.	9	15	2	.	1	.	133	132
3—4	2	5	10	21	.	.	.	.	185	185
5—9	13	10	31	47	2	.	2	.	428	361
10—14 ... ..	.	.	2	2	.	.	.	1	9	5
15—24	1	1	.	.	.	.	.	.	1	1
25 and over ... ..	.	1	.	1	.	.	.	1	2	3
TOTALS	18	18	60	91	4	.	3	2	769	695
	36		151		4		5		1,464	

AGE IN YEARS	Acute pneumonia		Dysentery		Erysipelas		Food poisoning		Puerperal pyrexia	
	M	F	M	F	M	F	M	F	M	F
Under 5	2	.	8	6	.	.	1	2	.	.
5—14 ... ..	.	2	19	14	.	.	1	4	.	.
15—44	8	2	5	12	.	3	2	6	.	12
45—64	13	14	1	1	3	2	3	2	.	.
65 and over	11	14	.	1	2	.	1	.	.	.
TOTALS	34	32	33	34	5	5	8	14	.	12
	66		67		10		22		12	

There were no cases of diphtheria or ophthalmia neonatorum.

NOTIFICATION OF INFECTIOUS DISEASE BY WARDS

	Highgate	Muswell Hill	Crouch End	Central Hornsey	North Haringey	South Haringey	Stroud Green	Finsbury Park	TOTALS
Scarlet fever ... ..	.	4	.	10	5	4	6	7	36
Whooping cough	4	13	5	30	14	7	35	43	151
Acute poliomyelitis									
Paralytic ... ..	.	.	1	1	.	.	2	.	4
Non-paralytic	3	.	.	.	1	1	.	.	5
Measles	181	340	103	238	119	94	202	187	1,464
Acute pneumonia	6	7	2	13	22	5	7	4	66
Dysentery	2	5	7	9	4	3	5	32	67
Erysipelas ... ..	.	.	2	1	.	.	4	3	10
Food poisoning	2	1	1	2	1	1	8	6	22
Puerperal pyrexia ... ..	.	9	.	1	1	.	.	1	12
TOTALS	108	379	121	305	167	115	269	283	1,837

HOUSING AND SANITARY CIRCUMSTANCES

HOUSING

The Government White Paper "*Houses—The Next Step*" while continuing a policy of new building, aims to stop the deterioration of existing houses and restart clearance area procedure and replacement of slum houses interrupted by the last world war. It further recommended where necessary "patching up" those which cannot be demolished immediately, and therefore will continue to be occupied for some time. Improvement and conversion of structurally sound houses which lack amenities or are too big for modern requirements is also recommended. Houses may be divided into the following classes:—

- (i) *The best*—the large number of essentially sound houses, many of which are in good condition and all of which could be expected to be kept in good condition given a reasonable rent. This in many cases must mean some increase in rent.
- (ii) *The worst*—the slum house which should be demolished as soon as possible but cannot be dealt with at once. Those which have to remain occupied for some time must be "patched up" in order to make them reasonably habitable.
- (iii) *Dilapidated houses*—those unfit for human habitation but which can be made fit at reasonable expense either by their owners voluntarily or by the local authority under statutory powers.

To give effect to these proposals the *Housing Repairs and Rents Act, 1954*, came into operation on the 3rd August, 1954. The Act is in three parts and contains provisions for clearance and redevelopment, reconditioning of unfit houses and other amendments of the Housing Acts. Also the Act provides for a repairs increase in respect of controlled dwelling-houses and other miscellaneous and general provisions. Circular 55/54 issued by the Minister of Housing and Local Government drew attention to certain provisions of the Act relating to slum property; and required all housing authorities to submit for the Minister's approval, within a period of one year,

proposals for dealing in one way or another with the houses in their districts which appear to them to be unfit for human habitation and with any other houses which are, or in the opinion of the authority ought to be, included in clearance areas. The Minister further stated that at this stage he did not expect more than an estimate of the total number of unfit houses and of the period needed to secure their demolition, this information to be given in a programme of action during the next five years.

In addition the Minister required information on—

- (i) The estimated number of houses unfit for human habitation within the meaning of Section 9 of the Housing Repairs and Rents Act, 1954, and suitable for action under Section 2 or Section 25 of the Housing Act, 1936.
- (ii) Period in years which the Council think necessary for securing the demolition of all houses in (i).

Following consideration of the provisions of the Act and the circulars issued thereunder, the Borough Council instructed me to arrange for a survey of the district to be carried out and, in consultation with the Borough Engineer, to submit proposals.

The survey was carried out during the latter part of 1954 and the early part of this year. For the purposes of the survey all houses were classified in six main classifications:—

- (a) First class properties including owner-occupied houses which from situation and character would not be considered for conversion.
- (b) Good class properties. Capable of repair, improvement or conversion if necessary. No serious lack of repair.
- (c) Houses with a reasonable life but below the standard of the "12 points" set out in Circular 36/54. No serious lack of repair.
- (d) Houses needing repairs and/or improvement to comply with Section 9 standards.
- (e) Houses not capable of repair at reasonable cost, but not requiring immediate demolition.
- (f) Houses not capable of repair at reasonable cost and requiring demolition.

Areas requiring early consideration consist mainly of property built between 1880 and 1900. Such property is old and worn out, in some cases damp and generally lacking necessary amenities.

The following areas were dealt with in the report:—

Central Hornsey Ward

The Campsbourne Area
St. Mary's Road Area
Park Road/Middle Lane Area
Tottenham Lane/Church Path Area

North Haringey Ward

Clarendon Road
Haringey Grove, Denmark Road and Denmark Place

Stroud Green Ward

Hornsey Vale

Finsbury Park Ward

Osborne Grove/Upper Tollington Park

Muswell Hill Ward

Clissold and Woodside Cottages, Fortis Green
Denmark Terrace, Fortis Green
Fortis Green Cottages and Field Cottages
Coppetts Road/Pages Lane Area
St. James's Terrace, Willow Cottages, St. James's Lane

Highgate Ward

North Hill/Archway Road
North Hill/Storey Road
Castle Yard
Muswell Hill Road.

The following are the figures for the six classifications referred to earlier:—

(a)	(b)	(c)	(d)	(e)	(f)
4,918	6,399	5,853	1,697	265	124

The areas recommended for action during the first five years and those recommended for action at a later period are shown in tables on pp. 23-24.

After detailed discussions with the Borough Engineer a joint report was submitted to the Council in June with suggestions for dealing with the above areas and the many planning implications involved.

Following consideration of the joint report the Council in July approved the following proposals for dealing with houses to be submitted to the Minister of Housing and Local Government in the prescribed form as required under Section 1 of the Housing Repairs and Rents Act, 1954.

Total number of permanent dwellings in the local authority's area,
22,232 (1951 Census).

Part 1. The total problem

- | | |
|---|--|
| (i) Estimated number of houses unfit for human habitation within the meaning of section 9 of the Housing Repairs and Rents Act, 1954, and suitable for action under Section 11 or Section 25 of the Housing Act, 1936 | 173
(including 49 under Part 2 (iii), 34 under Part 3 (v) and 90 under Part 3 (vi). |
| (ii) Period in years which the Council think necessary for securing the demolition of all the houses in (i) | 5-10 years. |

Part 2. Orders already made, etc.

- | | |
|--|------|
| (iii) Number of houses in (i) in clearance areas and already covered by operative clearance or compulsory purchase orders or owned by the local authority | 49 |
| (iv) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders have been submitted to the Minister but have not yet become operative | Nil. |

Part 3. Action in the first five years

- | | |
|--|--|
| (v) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders are to be made or which are to be purchased by agreement within the five years. | 34 including six shops and off-licence. |
| (vi) Number of houses which are to be included in clearance areas still to be declared and which within the five years will be owned by the local authority or will have been included in a clearance order or a compulsory purchase order submitted to the Minister.. | 90 plus shops and other buildings.
<i>Note:</i> This figure is dependant on the Council's policy on redevelopment and also the degree of private redevelopment. |
| (vii) Number of houses under (iii), (iv), (v) and (vi) to be patched (if necessary) and retained within the five years under Section 2 of the Housing Repairs and Rents Act, 1954, for temporary accommodation.. .. . | Nil. |
| (viii) Number of houses under (iii), (iv), (v) and (vi) to be demolished in the five years .. | 124 |
| (ix) Number of houses (including those already comprised in operative demolition orders) to be demolished in the five years as a result of action under Section 11 of the Housing Act, 1936 | 9 |

AREAS RECOMMENDED FOR ACTION DURING THE FIRST FIVE YEARS

Area No.	Description	Properties in Area	No. of "Pink" Houses	Approx. No. of Families †	Acreage	
					Net	† Gross
1	Campsbourne Area (Proposed Stage 4 in Council's programme)*	27 houses 7 shops 2 factories	18	57	1.04	1.49
4	Tottenham Lane/Church Path	15 cottages	15	17	0.64	0.73
6	Haringey Grove	26 houses	5	52	1.25	1.95
7	Hornsey Vale	166 houses 3 factories 10 shops 1 mission 1 public- hall house 1 garage 2 builders' yards	43	190	5.67	7.33
8	Osborne Grove and Upper Tollington Park ...	28 houses	6	59	1.00	1.32
9	Fortis Green—Clissold and Woodside Cottages	10 cottages 3 shops 1 bakehouse workshops	2	12	0.64	0.72
14	North Hill/Archway Road	15 houses 2 shops	15	22	0.59	0.90
15	North Hill/Storey Road	6 houses	6	7	0.26	0.32
17	Muswell Hill Road	5 houses	5	7	0.20	0.24
		Individual houses	9	† Revised figures inserted as result of later inspections.		
		TOTAL	124			

* Later altered on recommendation of Ministry

† Gross acreage includes the area of internal roads and half the width of perimeter roads.

**AREAS RECOMMENDED FOR ACTION
AT A LATER PERIOD**

Area No.	Description	Properties in Area
1	Campsbourne Area	290 houses 31 shops 1 Public-house
2	St. Mary's Road Area	350 houses
3	Park Road/Middle Lane Area The Grove	112 houses 28 houses
5	Clarendon Road	10 houses
6	Denmark Road and Place	45 houses
10	Denmark Terrace, Fortis Green ...	6 cottages
11	Fortis Green Cottages and Field Cottages	11 cottages
12	Coppetts Road/Pages Lane Area	17 cottages
13	St. James's Terrace and Willow Cottages	11 houses
16	Castle Yard	11 cottages

HOUSES LET IN LODGINGS

Prior to the passing of the *Housing Repairs and Rents Act* conditions in houses let in lodgings or occupied by members of more than one family were controlled by bye laws based on the Ministry of Health model bye laws. These provided, among other matters, for the provision of—

- Closet accommodation
- Water supply
- Accommodation for washing clothes
- Food storage
- Accommodation for the preparation
and cooking of food,

with the important proviso that each must be adequate for the use of and readily accessible to the family by whom any part of the house is occupied and, where necessary, separate accommodation for each family. These bye laws have now been repealed resulting in the loss of a series of comprehensive powers relating not only to the above but other matters, for example, dealing with the lighting of common staircases, provision of handrails, redecoration of the premises and the respective responsibilities of the owner and tenants.

This type of living accommodation is now subject to the requirements of Sections 11 and 12 of the *Housing Repairs and Rents Act, 1954*, which introduces a new method of control.

Thus, *Section 11* provides that if the local authority, having regard to the number of people in the house, considers the premises unsuitable in respect of natural lighting; ventilation; water supply; drainage and sanitary conveniences; facilities for the storage, preparation, and cooking of food and for the disposal of waste water they may serve a notice—

- (a) specifying the works necessary to render the premises suitable for such occupation as exists; and
- (b) require the person in control, in default of the execution of the aforesaid works, to take such steps as are open to him (including, if necessary, the taking of legal proceedings) for securing that the number of persons or households, or both, are limited in such a manner as will meet with the approval of the local authority.

This latter provision is altogether new as compared with action under the bye laws. Thus, in addition to a notice specifying the works which are needed, the person in control of the house is required, in default of the execution of the works, to take alternative steps to secure that the house is no longer used by members of more than one family or of such number of families as may be specified. In short,

instead of complying with the notice the owner can secure the vacation of parts of the premises to bring the number of occupants down to the level at which the local authority will accept the amenities which exist as being sufficient. Nothing in the Rents Acts is to prevent the gaining of possession of the house or part necessary for complying with the notice.

Under *Section 12* the local authority may specify the number of persons who may occupy the rooms in this type of house. This, in effect, introduces a local overcrowding standard for sleeping accommodation.

(*Note:* The Council, at their meeting on the 20th March, 1956, approved in principle, standards to be applied in dealing with the above Sections.)

RE-HOUSING ON HEALTH GROUNDS

Applications on which additional priority is claimed on health grounds are submitted to the Medical Officer of Health for his recommendation and each case is carefully investigated. This involves in many instances visiting the home, discussion or correspondence with the applicant's medical practitioner, or specialist at the hospital. Only those cases are recommended for additional points in which housing appears to play a vital part in the ill-health of the applicant or members of his family. These are given 10 points under the points scheme; but as a minimum of 51 points is required before a case can be considered for re-housing by the Committee it may be that health grounds are not sufficient to affect materially the priorities.

Overcrowding points are separately awarded on the basis of a local standard which is more generous than the standard of the Housing Act, 1936. For Hornsey's standard the maximum occupation is $1\frac{1}{2}$ persons per room, and occupation above this scale qualifies for the award of additional points.

In addition to the cases which qualify for additional points under the scheme are those where urgency in re-housing need is given special consideration. During 1955 only one such case was recommended. Here a suitable dwelling became available and the family was re-housed in little more than a week after recommendation.

During the year 54 applications referred to the Medical Officer of Health by the Housing Manager were considered; and in 44 it was decided that medical factors were sufficient to justify the award. A summary of these cases is given on next page.

<i>Reason for additional points</i>	<i>No. of cases</i>
Tuberculosis	18
Lung complaints other than T.B. (Bronchitis, Asthma, Emphysema, etc.) ..	7
Heart disease	4
Arthritis	3
Nervous disorders	7
Kidney disease	2
Sclerosis	1
General ill-health	1
Amputation of leg	1

It will be seen from the above figures that tuberculosis accounts for 40% of the claims for health points. It is a matter of the greatest importance that families with tuberculous members of the household should be re-housed when overcrowding exists. Only five of those families awarded points on health grounds during 1955 have been re-housed, one in the new town at Stevenage, and the remainder within this Borough.

The following are notes on four cases selected at random from the files:—

CASE NO. 7. Father, mother and 3 boys aged 12, 9 and 7 years live and sleep in one room. The kitchen is also used as a bathroom, and cannot be used for sleeping purposes. The father suffers from acute rheumatic polyarthritis and one of the children has suffered from acute rheumatic fever.

CASE NO. 20. Father, mother, daughters aged 23, 20 and 18 years, and sons aged 14 and 12 years live and sleep in two rooms and kitchen. The two boys sleep in the same room as their parents. One or other member of the family frequently has attacks of tonsilitis, and a general low standard of health exists.

CASE NO. 27. Father, mother and 3 children under 4 years of age live in two rooms and kitchen on the fourth floor. Toilet is on the hall floor. The mother is suffering from nervous and physical strain.

CASE NO. 29. Father, mother, sons aged 13 and 7 years, and daughters aged 15 and 9 years live and sleep in two rooms and kitchen on first floor. The father suffers from asthma and bronchitis; he is extremely breathless and is unable to go downstairs to the toilet, which is on the ground floor.

In addition to the applications dealt with above, 22 other claims for re-housing were investigated. In 14 of these overcrowding was reported, but as points had already been awarded under this heading no additional health points could be given. In 3 cases the complaints mainly related to sanitary defects which were dealt with by the sanitary inspectors and in the remaining cases no action was required by the Department.

DEMOLITION AND CLOSING ORDERS

Demolition Orders

Property	Order Made
25 Crouch Hall Road *15 Haringey Road	11th February 14th April

*(NOTE.—In this case the order was suspended under Section 5, Housing Repairs and Rents Act, 1954, to permit reconstruction. The work had not been completed by end of year.)

Closing Orders

Property	Part affected	Order made	Action taken
66 St. Mary's Road	Basement front room	15th March	Room closed. Rehousing unnecessary as other accommodation adequate.

CERTIFICATES OF DISREPAIR

This was the first full year since the introduction of certificates of disrepair under the Housing Repairs and Rents Act, 1954, on 30th August, 1954. At first there was a steady, though not great, demand but that eased off by May, 1955, and for the remainder of the year only about three applications per month were received. By the end of December, 1955, 132 certificates had been granted but only 75 were revoked. A few more were revoked during the early part of 1956, but in 41 cases it seems clear that application for revocation is unlikely. In a few cases the certificates issued to the tenants have not been served on the owners and in many more the work has been carried out and the tenants are paying an increased rent by agreement with the owner.

The figures to the end of 1955 were as follows:—

	<i>Certificates of disrepair</i>		<i>Revocation of Certificates</i>	
	<i>No. granted</i>	<i>No. refused</i>	<i>No. granted</i>	<i>No. refused</i>
1954 (from 30th Aug.)	77	24	8	2
1955	55	14	67	3

INSPECTIONS BY SANITARY INSPECTORS

Food	1st Inspection	Re-inspections
Food Premises (See table on page 47)	785	1,105
Registration of Hawkers	23	4
Milk Sampling	67	.
Ice Cream Sampling	18	.
Street Traders	1	.
Infectious Diseases		
Notifiable Infectious Diseases ..	132	12
Food Poisoning	22	1
Small-pox contacts	3	.
Public Health Inspections		
Complaints	1,489	4,780
Drainage	228	288
Water Tests applied	15	.
Smoke and Chemical Tests ..	117	.
Rodent Control	182	96
Overcrowding	7	6
Housing (Permitted numbers) ..	63	1
House to House—Housing Survey..	140	.
Factories	309	81
Outworkers	310	.
Renewal of Music and Dancing Licences	19	11
Moselle Pollution	514	701
Smoke observations	95	.
Verminous conditions	18	2
Pests	43	4
Rag Flock, etc., Act, 1951	2	1
Pet Animals Act, 1951	14	6
Rent Restrictions Acts	1	.
Certificates of Disrepair	85	81
Revocation of Certificates of Dis- repair	67	23
Cinemas	1	1
Other reasons	396	2
Shops Inspections		
General Inspections	968	603
Others		
Petroleum Stores	138	.
Heating Appliances (Fireguards) Act, 1952	14	1
National Assistance Act—Section 47	12	13
	6,298	7,823
TOTAL VISITS		14,121

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 ..	121	563	52
Shops Act	4	18	.
Food and Drugs Act	127	47	.
Factories Act	5	13	.
Prevention of Damage by Pests Act, 1949	11	2	.
Middlesex County Council Act 1950	2	.	.
Heating Appliances (Fireguards) Act, 1952 .. .. .	.	2	.
	<hr/> 270 <hr/>	<hr/> 645 <hr/>	<hr/> 52 <hr/>

LEGAL PROCEEDINGS UNDER PUBLIC HEALTH ACT, 1936

Date of Hearing 1955	Premises	Section of Act	Offence	Result of Proceedings
2nd February 4th May	31 Enfield Road, N.8	92/93	Failure to comply with a Court Order. (General defects).	Adjourned 3 months. Non-compliance with Court Order. £1 fine, plus a recurring penalty of 5s. for each day during which the offence continues after the fourteenth day from the date of the hearing. Work completed.
2nd February 4th May	31a Enfield Road, N.8.	92/93	do.	Adjourned 3 months. Non-compliance with Court Order. £1 fine, plus a recurring penalty of 5s. for each day during which the offence continues after the fourteenth day from the date of the hearing. Work completed.
23rd February 9th March 6th July	34 Clifton Road, N.8.	92/93	General defects.	Adjourned 14 days. Court Order for nuisance to be abated within two months. £3 3s. fine and £2 2s. costs and a recurring daily penalty of 10s. to commence 28 days from the date of hearing and so long as the Nuisance Order remains uncomplied with. Work completed.
13th April	92 Lausanne Road, N.8.	92/93	General defects.	Summons withdrawn. Work in hand. Work completed.

Legal Proceedings under Public Health Act, 1936—continued

Date of Hearing 1955	Premises	Section of Act	Offence	Result of Proceedings
5th October	1 Albert Road, N.4.	39 and 92/93	General defects.	Summons withdrawn—owing to death of defendant.
5th October	30 Mount View Road, N.4.	92/93	General defects.	Adjourned until 19th October owing to non-appearance of defendant.
19th October				Order to carry out work within 21 days. £2 2s. costs. Work completed.

**WORK CARRIED OUT BY THE COUNCIL IN DEFAULT
UNDER THE PUBLIC HEALTH ACT, 1936**

Premises	Section	Cost of Works carried out	Nature of Work done	Date completed 1955
79 Sydney Road, N.8.	92/93	£ s. d. 60 18 0	Repairs to roof and damp-proof course and various other defects.	27th April
74 Effingham Road, N.8.	75	1 9 11	Dustbin supplied.	4th April
351 Wightman Road, N.8.	75	1 9 11	Dustbin supplied.	13th April
31 Woodstock Road, N.4.	75	1 6 10	Dustbin supplied.	19th May
32 Campsbourne Road, N.8.	92/93	6 4 7	Repairs to water-closet fittings.	24th November

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED

Drainage

Number of houses and premises redrained	..	..	..	19
Repairs or amendments to existing drains	..	..	..	424
Drains or gullies unstopped or cleansed	..	..	..	310
Manholes provided or repaired	..	..	..	31
Intercepting traps fixed	..	..	..	40
Soil and ventilation pipes repaired or renewed	..	..		41

Water-Closet and Sanitary Fittings

Water-closet buildings provided or repaired	1
Water-closet pans provided or renewed	..	..	..	42
Water-closets unstopped, cleansed or repaired		..	..	28
Flushing cisterns provided or repaired	..	..	..	24
New sinks provided	..	..	..	28
New lavatory basins provided	..	..	..	11
Waste pipes trapped, repaired or unstopped	..	..	..	43
Baths provided or made usable	..	..	..	8

General

Roofs repaired	..	..	..	..	284
Rain-water gutters, renewed or repaired	..	..	..		147
Rain-water pipes provided or repaired	..	..	..		64
Dampness remedied	..	..	..	..	168
Damp-proof courses provided	..	..	..	..	15
Yard paving provided or repaired	..	..	..	..	8
Rooms cleansed	..	..	..	..	242
Floors repaired	..	..	..	..	42
Sub-floor vent provided	..	..	..	..	8
Windows, doors, skylights, sashcords and fittings repaired	..				477
Window-sills repaired	..	..	..	..	54
Water cisterns repaired, cleansed or covered	..	..	..		12
Water supply pipes repaired	..	..	..	..	19
Stoves, Ranges, Coppers renewed or repaired		..	..		42
Flues and Chimneys repaired	..	..	..	..	12
Accumulation of Refuse removed	..	..	..	..	18
Dustbins provided	..	..	..	..	16
Food Stores Provided	..	..	..	..	2
Miscellaneous items	..	..	..	..	86

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 1955. 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

1,663 samples of filtered water derived from the River Thames and 232 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>Bact. coli per 100 ml.</i>
<i>Filtration Works</i>	<i>No. of Samples</i>			
River Thames— derived filtered water	.. 3,561	7.8	99.9	0.002
New River— derived filtered water	.. 257	18.4	100.0	Nil

ATMOSPHERIC POLLUTION

Sampling of solid deposits in the atmosphere was continued during 1955, and the readings given on the three gauges in Hornsey are shown in the table and graph following these notes. The general picture follows that shown in the previous three years during which these tests have been carried out. Apart from the information obtained locally concerning the comparative pollutions at various points in the Borough these gauges play a part in the sampling and testing of the atmosphere which is taking place all over the country by local authorities and co-ordinated by the Department of Scientific and Industrial Research.

The three sites which have been used for four years were chosen in Hornsey in the following manner:—

Site (b) lies to the North-West of the railway engine sheds in a part of the Borough which is suffering pollution and nuisance alleged to be attributable to the railway engines and the coaling sheds. This site was chosen as it was conveniently placed in the line of the prevailing wind.

Site (c) is approximately 400 yards to the west of site (b) and was chosen to give an indication of the extent of spread of the pollution.

Site (a) on the roof of the Town Hall was selected as a "control" site.

These gauges collect rain and any particles of matter which fall on the site and each month the contents are analysed thus indicating the pollution of the atmosphere by solid matter.

In addition to this the Council has decided to instal apparatus for the measurement of smoke and sulphur dioxide. This will be reported on in the report for 1956.

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

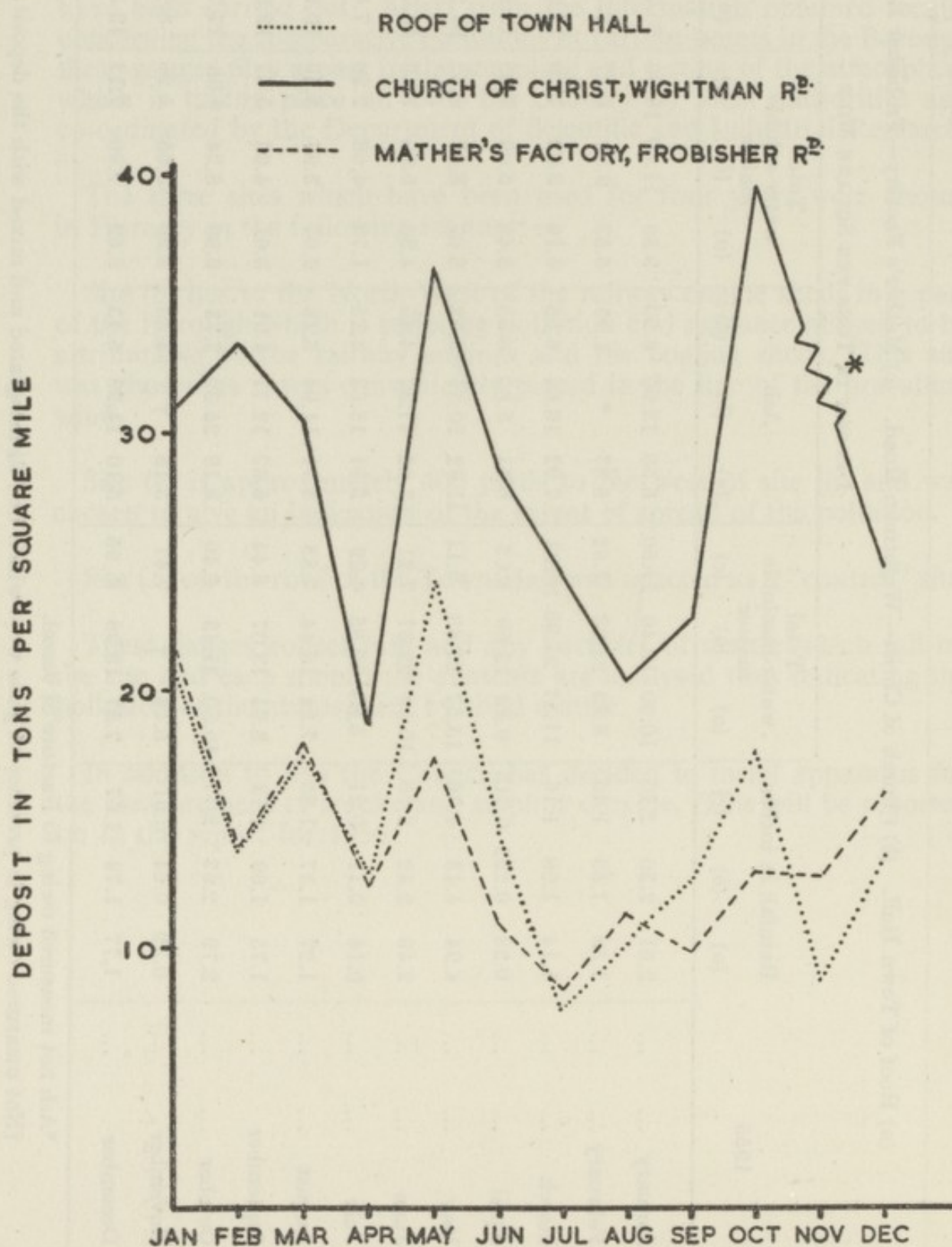
1955	Rainfall in inches			Total water-insoluble matter			Ash			Total water-soluble matter			Total solids		
	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)
January ...	2.51	2.30	2.20	10.90	19.40	11.50	6.50	13.00	6.90	9.80	11.60	10.00	20.70	31.00	21.50
February ...	1.53	1.59	1.49	8.23	24.08	7.82	5.37	*	4.95	5.53	9.33	6.17	13.76	33.41	13.99
March ...	1.14	1.08	1.16	11.37	21.95	10.23	7.92	16.64	6.66	6.10	8.52	7.70	17.47	30.47	17.93
April ...	0.38	0.233	0.315	9.39	13.69	9.05	6.51	8.80	5.85	3.48	5.09	3.35	12.87	18.78	12.40
May ...	4.94	4.43	4.76	15.57	27.85	9.11	11.62	20.51	5.52	8.67	8.57	8.32	24.24	36.42	17.43
June ...	2.49	2.42	2.26	10.39	22.67	7.21	7.22	17.37	4.45	4.35	5.90	3.86	14.74	28.57	11.07
July ...	0.14	0.11	0.21	5.88	19.85	6.29	3.81	15.63	4.25	1.79	4.66	2.20	7.67	24.51	8.49
August ...	1.27	1.37	1.35	7.24	16.44	7.85	4.71	11.94	5.18	2.97	3.87	3.59	10.21	20.31	11.44
September ...	1.75	1.69	1.73	8.94	18.07	6.44	6.62	12.17	4.01	3.61	4.66	3.47	12.55	22.73	9.91
October ...	2.79	2.67	2.77	10.80	31.43	6.40	8.18	25.39	3.73	6.90	8.24	6.60	17.70	39.67	13.00
November ...	0.39	0.64	0.61	5.46	†	7.47	3.15	†	4.56	3.25	5.65	5.26	8.71	†	12.73
December ...	1.77	1.79	1.67	7.87	16.96	8.95	5.10	11.99	5.43	5.69	7.90	7.12	13.56	24.86	16.07

*Ash not measured owing to fracture of vessel.

†Not measured owing to presence of glass wool which had disintegrated and mixed with the deposit.

ATMOSPHERIC POLLUTION

TOTAL SOLIDS DEPOSITED



MOSELLE POLLUTION

In order to carry out continuous inspection of the surface water drainage system of the Moselle catchment area the Council appointed a drainage inspection assistant at the end of 1954. He reports defects to the district sanitary inspector who then inspects and takes the necessary action for remedying the defects.

During 1955 this assistant inspected the drains of 5,341 premises and carried out 1,228 re-inspections. Defects were found in 462 premises and all were remedied after service of verbal or written notices. In addition the district sanitary inspectors made 701 re-inspections. A summary of the defects found is given below.

Intercepting chamber obstructed	..	..	17
Intercepting chamber defective	..	..	15
Interceptor obstructed	..	..	204
Interceptor cap missing or displaced	..	..	204
Surface water cap missing or displaced	..	..	147
Drain obstructed	..	..	33
Clearing eye broken	..	..	2
Fresh air inlet defective	..	..	2
Evidence of rats	..	..	3
Oil pollution	..	..	2
Wrong connections (soil drain to surface drain)			9
Total No. of defects			638

INSPECTION OF SHOPS

1,571 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 eighteen 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	..	..	..	..	41
Ventilation provided	..	..	..	..	24
Staff room provided	..	..	..	..	4
Sanitary accommodation provided	..	..	..	..	4
Sanitary accommodation labelled	..	..	..	..	4
Number of shops cleansed	..	..	..	..	133
Rooms repaired	..	..	..	..	292
Rooms redecorated	..	..	..	..	293
Washing facilities provided	..	..	..	..	3

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 fish and the other for birds, fish and small mammals. Six 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	..	..	..	2

RODENT CONTROL

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, 332 properties were inspected and treatment for the eradication of rats or mice carried out by the rodent operator in 184 properties. In many instances, as can be expected, the rat infestations were associated with defects in the drainage system.

Following is a summary of the work carried out during 1955:—

Properties inspected as a result of notification	332
Other properties investigated	150
Properties found to be infested:—	
Rats (a) Major	2
(b) Minor	158
Mice (a) Major	4
(b) Minor	66
No. of infested properties treated by Rodent Operator	184
Total No. of treatments	188
No. of written notices served	2

Sewer Maintenance Treatment

Before commencing sewer maintenance treatment this year, test baits were placed in 10% of the 1,810 manholes in the sewer system. Approximately 59% of these were found to be rat infested and their location was used as a guide in carrying out maintenance treatment in March and September.

A number of manholes of the surface water sewers were baited and poison laid where the manholes showed drains to be infested.

There is evidence that there is always a residual population of rats, chiefly in the slow-running and older type of sewers. Between treatments these rats increase to what is described as the "reservoir" type of infestation in which there are colonies of rats having ample food and living quarters. Such an infestation gives rise to secondary infestations in surrounding properties, and it is only by periodical sewer treatment that this large population can be reduced.

The result of the treatments is shown in the following table:—

RODENT INFESTATION: SEWER MAINTENANCE TREATMENT 1955

Total number of foul manholes — 1,810

Dates of Treatment	3rd—23rd March		31st August—30th September	
	Soil	Surface water	Soil	Surface water
Sewer treated				
Bait and poison used	Soaked bread and arsenic	Sausage rusk and zinc phosphide	Sausage rusk and zinc phosphide	Sausage rusk and zinc phosphide
No. of manholes baited	934	74	1,069	76
No. of manholes showing complete pre-bait take	319	.	342	6
No. of manholes showing partial prebait take	183	20	92	5

CLEANSING OF SOILED ARTICLES

During the year 701 collections of articles for cleansing under the terms of Section 84 of the Public Health Act were collected from premises in the Borough; 27 people received assistance and 8 were still receiving the service at the end of the year.

Only articles which can be certified as coming within the terms of Section 84 are dealt with under the scheme, these usually consist of sheets, personal linen, and blankets. New cases are referred to the department usually by the home nurses or the home helps organiser and most of the persons using this service are sick and incontinent old people who are otherwise unable to arrange for these articles to be washed. Collection and delivery is undertaken twice per week.

The number of cases assisted at any one time has never been more than 10, but the service undoubtedly fills a very great need and is much appreciated not only by the persons themselves but by home nurses, home helps, and others giving them care and attention.

FACTORIES

Although Hornsey has 245 factories within its boundaries it cannot properly be described as an industrial area. It contains no large factories of the kind found in the more industrialised parts of greater London; instead, a number of very small factories have become established many doing highly specialised work. The various types have been classified in convenient groups and are shown in the table which follows.

Light engineering with 75 factories is the largest category, but it should be noted that 39 of these deal only with motor vehicle repairs.

Factories with more than 100 persons employed are a laundry, a gas works, a film processing factory and a factory making hollow metal-ware.

Other factories are smaller, but specialised work of a highly skilled type is much in evidence, examples being the manufacture of scientific instruments and surgical instruments, organ building, and making stained glass windows.

The group "miscellaneous" includes factories making artificial eyes, paint brushes and necklaces—these all employ less than five persons.

The Local Authority is responsible for the inspection of sanitary conveniences in all factories. In addition, in factories where no mechanical power is used, it is responsible for enforcing the Regulations regarding cleanliness, overcrowding, temperature, ventilation, and drainage of floors.

The number of inspections carried out during the year and defects found are shown in the table on page 44.

Less than 3% of the population of the borough work in factories within its boundaries, although large numbers now travel to the factories of London and surrounding boroughs.

One may wonder why Hornsey has not become more industrialised. The borough was largely built in the last 25–30 years of the nineteenth

century at a time when factories were being built in surrounding London boroughs. The "Northern Heights" of Highgate and Muswell Hill attracted the merchants and professional men from the City and the borough developed as a residential area. The hilly nature of the district and absence of canal transport made the area less suitable for factory development than other London boroughs. Travel across the borough was also hampered by its hilly nature and two railway lines running roughly in a north-south direction. The main railway line from Kings Cross formed a barrier to labour from the neighboring borough of Tottenham which was developing a considerable factory population. The only through roads also ran from North to South of the borough.

The following table gives a broad classification of the trades carried on and the numbers of persons employed :

Type of Trade	Factories With Persons Employed									Total
	1-4	5-9	10-14	15-19	20-24	25-49	50-99	100-149	150-199	
*Light engineering	36	12	5	7	4	6	4	1	.	75
Clothing manufacture	15	5	6	.	.	1	.	.	.	27
Food preparation	17	8	.	.	.	.	1	.	.	26
Woodwork, joinery and french polishing	10	7	1	2	.	1	.	.	.	21
Printing	6	5	.	2	.	1	.	.	.	14
Electrical engineering and electronics	5	1	1	.	2	1	.	.	.	10
Boot repairs	9	1	.	.	.	.	.	.	.	10
Builders' supplies	3	.	1	.	.	2	.	.	.	6
Upholstery	4	1	.	.	.	.	.	.	.	5
Plastics	2	.	1	.	.	1	.	.	.	4
Carriage and wagon repairs ... ..	.	1	.	.	.	1	1	.	.	3
Motor vehicle spraying	1	1	.	.	1	.	.	.	.	3
Stationery ... ..	.	.	1	.	.	1	.	.	.	2
Piano repairs and manufacture ... ..	.	.	.	.	1	1	.	.	.	2
Film developing and printing ... ..	.	1	.	.	.	.	.	1	.	2
Cleansing and pressing of clothing	2	.	.	.	.	.	.	.	.	2
Stained glass windows	2	.	.	.	.	.	.	.	.	2
Laundering	1	.	.	.	.	.	.	.	1	2
Scientific instrument manufacture	1	1	.	.	.	.	.	.	.	2
Surgical instrument manufacture	2	.	.	.	.	.	.	.	.	2
Mirrors and glass cutting	1	1	.	.	.	.	.	.	.	2
Steel furniture ... ..	.	.	1	.	.	.	.	.	.	1
Medical supplies ... ..	.	1	.	.	.	.	.	.	.	1
Gas works ... ..	.	.	.	.	.	.	.	1	.	1
Organ builders ... ..	.	.	.	.	.	.	1	.	.	1
Mop manufacture ... ..	.	.	1	.	.	.	.	.	.	1
Poster writer ... ..	.	1	.	.	.	.	.	.	.	1
Pumping Station (M.W.B.) ... ..	.	.	.	.	.	.	1	.	.	1
Stove enamelling ... ..	.	1	.	.	.	.	.	.	.	1
Spectacle manufacture ... ..	.	.	1	.	.	.	.	.	.	1
Sign writing ... ..	.	1	.	.	.	.	.	.	.	1
Umbrella manufacture ... ..	.	1	.	.	.	.	.	.	.	1
Miscellaneous	12	.	.	.	.	.	.	.	.	12
	129	50	19	11	8	16	8	3	1	245

*This category includes 39 premises which carry out motor vehicle repairs.

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 ...	203	203	316
Factories without Mechanical Power	42	42	74
TOTALS	245	245	390

2. Defects Found

Particulars	No. of defects		Referred to H.M. Inspector
	Found	Remedied	
Want of cleanliness ...	2	2	.
Overcrowding ... ..	.	.	.
Unreasonable temperature	.	.	.
Inadequate ventilation ...	.	.	.
Ineffective drainage of floors	.	.	.
Sanitary conveniences—			.
(a) insufficient	3	2	.
(b) unsuitable or defective	22	20	.
(c) not separate for sexes	1	1	.
Other offences	3	2	2
TOTALS	31	27	2

There are 226 *Outworkers* on the register engaged in the following occupations:—

Making, altering, etc., of wearing apparel	149
Making-up, ornamenting, etc., of household linen ..	3
Making, ornamenting, etc., lace, lace curtains and nets ..	1
Making of curtains and furniture hangings	1
Making or repairing of umbrellas, sunshades, etc. ..	11
Making of artificial flowers	12
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	20
Making of brushes	4
Carding, boxing, or packeting of buttons, hooks, etc. ..	1
Making of stuffed toys	2
Making or filling of Christmas crackers, Christmas stockings, etc.	6
The weaving of textile fabric	2
Manufacture of lampshades other than lampshades made wholly of metal or glass or stone	14

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

FOOD

FOOD INSPECTION

The efficient supervision and inspection of food supplies is an important responsibility resting on local authorities yet it is a branch of legislation that, from early times, had not met with the success it merited. It was not until the Food and Drugs Act, 1938, came into force that the sampling of food and drugs and the powers of inspection and seizure of unfit food were consolidated in one Act.

The Food and Drugs Act, 1938, was based on a report of the Local Government and Public Health Consolidation Committee and included about 250 provisions from various Acts, including a number of new sections from local Acts. The repeals extend from an Act of 1540, which enabled "four physicians yearly to inspect the houses of apothecaries for impure drugs", and other Acts of the early eighteenth and nineteenth century on the adulteration of tea and coffee, the contents of bread and the control of knackers' yards.

Coming into operation just after the outbreak of war, the 1938 Act had a bad start. Normal peacetime activities were interrupted or discontinued and the newly appointed Ministry of Food took over many of the food and drug functions of the Ministry of Health. Certain emergency laws were also passed to provide better protection for the public against exploitation of food owing to shortage of supplies.

Food and drugs legislation at the end of 1955 was covered by the Food and Drugs Act, 1938, and the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950.

The *Food and Drugs Act, 1955*, which came into force on the 1st January, 1956, is a consolidating measure. It repeals the whole of the Food and Drugs Act, 1938, the Amendment Act of 1954 (which came into force on 1st January, 1956, and was repealed the same day), the Food and Drugs (Milk Dairies and Artificial Cream) Act of 1950 and parts of a number of other Acts. Under the new Act the Ministers of Health and Agriculture, Fisheries and Food have power to make Regulations which give local authorities considerably wider and stronger powers than they have at present.

N.B.—*The Food Hygiene Regulations, 1955*, came into operation on the 1st January, 1956, except for certain provisions which may involve alterations to premises or equipment or substantial changes in existing practices; these are deferred until 1st July, 1956.

Foreign Matter in Food

Complaints of foreign matter in food continue to be brought to the attention of the department and in some instances enquiries have revealed that persons engaged in checking some process in food preparation have not exercised proper care. Alternatively, by some careless action or disregard of instruction, food becomes contaminated.

The contamination of food with foreign bodies or food poisoning organisms seems to be increasing and there appear to be more prosecutions reported to-day for these than for anything else connected with food. There is, of course, a vast amount of food handled daily and a sense of proportion must be kept, but even so, reasonable care should prevent bandages, nails, cigarette ends and similar foreign bodies from entering food products.

The mechanisation of processes in the preparation of foods, particularly since the war, has been greatly extended, but there remains in each case some stage which relies on people to check the efficiency of the machinery and cleanliness of the utensils or carry out other routine measures to ensure that the food is free from defect or foreign substance.

Personal Cleanliness

Legislation concerning food premises now provides that the premises should be properly constructed, equipped and kept in good repair, but the personal habits and cleanliness of the operatives is something which their own self-respect and sense of responsibility should ensure. Personal hygiene means clean habits and a positive attitude of mind towards cleanliness, not only because contamination can cause disease but because cleanliness is worthwhile in itself. Personal hygiene is thus the foundation of hygienic food handling.

Refrigeration

Refrigeration in the hygienic storage of food is of great importance to-day. Without it or other safeguards food poisoning organisms will thrive and multiply in suitable temperature conditions and special susceptibility of the type of food among which are cooked meat products, artificial cream, trifles and custards. Adequate measures to prevent this possibility include, not only screening of the foods from direct contamination by dust, flies, etc.; but the storage, until delivery to the consumer of these goods, at a temperature which will inhibit the growth of these organisms.

The number of food premises, including retail shops in the Borough which have now installed refrigerating equipment is very gratifying; but in view of the more stringent requirements of the Food Hygiene Regulations the use of refrigeration should be more widely adopted. The practice of displaying such foods as sausage rolls, meat pies, cooked meats, in open windows, often with the sun on them, should, like the open butcher's shop, be a thing of the past. Refrigerated display windows and cabinets should be used for displaying all prepared foods not consumed immediately after cooking or final preparation.

Transport of Food

Transport of foods, particularly those which are not completely wrapped, still leaves much to be desired, although there has lately been some improvement owing to the use of new commercial vehicles

pecially designed for the purpose. It is still possible, however, to see unwrapped carcasses of meat and sides of bacon deposited on, or dragged over, the floors of vans. The fact that meat is to be subjected to cooking before consumption does not remove from the persons responsible for its transport and distribution the duty of protecting it from avoidable contamination at all times.

Clean food, free of dirt, foreign matter or bacteriological contamination will be universally available only when food is regarded and handled with the care due to it.

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

	1st. Insp.	Re-Insp.		1st. Insp.	Re-Insp.
Bakehouses and Bakers' Shops	87	238	Grocers' Shops	...172	146
Butchers' Shops	... 73	130	Ice Cream Premises	... 59	38
Cooked Meat Shops	... 14	16	Milkshops	... 30	17
Confectioners	... 98	102	Public Houses	... 63	78
Fish Shops	... 26	71	Restaurants, Cafes, etc.	108	120
Greengrocers' Shops	... 55	149			

TOTAL INSPECTIONS MADE, 1,890

The following is a list of unsound food surrendered during 1955. Wherever possible this was salvaged for use as animal feeding or industrial purposes.

	Cwts.	lbs.		Cwts.	lbs.
Canned Vegetables	... 1	13	Cheese	... 1	41
Canned Fruit and Fruit Juices	3	16	Meat and Bacon	... 20	70
Canned Meat	... 8	31	Fish	... 1	52
Canned Fish	... .	22	Rice	... .	17
Canned Soup	... .	14	Mousse	... .	11
Canned Jam & Marmalade	. .	14			

TOTAL FOOD SURRENDERED:—36 cwts., 85 lbs., and 49½ pints of Canned Milk. In addition, there were 11 cwts., 37lbs., of groceries and 282 pints of Canned Milk destroyed owing to damage by fire. 151 visits were made to food premises for this purpose.

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) Prepared foods
Bakers and flour confectioners ..	28	6	1
Butchers	51	1	33
Confectionery (sugar)	113	83	1
Fish (wet and dried)	13	3	3
Fish (fried)	9	.	2
Fruit and vegetables	72	9	.
Grocery and provisions	144	34	15
Milk	3	1	.
Canteens	4	.	.
Preserved Foods	2	1	.
Public Houses and Off Licences	74	5	.
Restaurants and Cafes	73	.	1
Ice Cream	2	2	.
Herbalist and Health foods ..	1	.	.
Confectionery warehouse	1	.	.
Preserved food factory	1	.	1
Stalls :			
Fruit and vegetables	2	.	.
Jellied eels	1	.	.
Refreshments	1	.	.
Shellfish	1	.	.

Under Section 14 of the Food and Drugs Act, 1938, registration is required of premises used for the sale, storage or manufacture of ice cream, and of premises used for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food. (This provision has been re-enacted in Section 16 of the Food and Drugs Act, 1955.) Provisions for the prevention of contamination of food are contained in Sections 13-16 of the 1938 Act, and registration can be refused or cancelled if it appears that the Regulations are not complied with, or if the premises are otherwise unsuitable.

The above table shows that ice cream is sold in various types of food premises to-day, although confectionery shops are naturally in the majority. Many restaurants and cafes sell ice cream but these are excluded from the need to register although, of course, they need to comply with standards of hygiene prescribed elsewhere.

The manufacture of sausages on the premises accounts for the large proportion of butchers registered for the manufacture of prepared foods.

REGISTRATION OF HAWKERS OF FOOD AND THEIR STORAGE PREMISES

During the year 2 new registrations were effected under Section 11 of the Middlesex County Council Act, 1950, and at the end of the year there was in the Borough 1 registered storage premises used by a hawker from another Borough and 27 registered hawkers who are at present selling the following foods:—

Confectionery	..	..	..	..	..	1
Eggs	..	..	..	..	..	1
Fish	..	..	..	..	..	1
Fruit and vegetables	..	..	..	..	..	21
Groceries	..	..	..	..	..	1
Ice Cream	..	..	..	..	..	1
Winkles and shrimps	..	..	..	..	..	1

MILK SUPPLY

Milk distributors are registered by the Council under Part III of the Milk and Dairies Regulations, 1949. The First Schedule to the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, gives the local authority power to refuse or cancel the registration of milk distributors if it appears that the public health is, or is likely to be, endangered by any act or default of the *distributor* in relation to the quality, storage or distribution of the milk. This has now been re-enacted in the Second Schedule to the Food and Drugs Act, 1955.

The effect of this provision is to give the Council a measure of control over the condition of the premises used by the distributor, since any defects in the storage or distribution arrangements would lead to refusal or cancellation of the licence.

Five new registrations were effected during the year.

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

	<i>New Licences</i>		<i>Rewewals</i>	
	<i>Dealers' Supplementary</i>		<i>Dealers' Supplementary</i>	
Pasteurised	..	2	27	10
Tuberculin Tested	1	Nil.	24	10
Sterilised	..	4	43	11

Sixty-seven samples of milk were taken in course of delivery or from shops and submitted for bacteriological examination. All proved to be satisfactory.

ICE CREAM

There is only one manufacturer of ice cream in this borough and most traders sell only pre-packed ice cream.

Eighteen samples of ice cream were taken for bacteriological examination with the following results:—

<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>
13	4	1	—

Three samples taken subsequently from the same source as the Grade 3 sample all proved to be Grade 1.

DRIED EGG ALBUMEN

Some concern was caused during the latter part of the year by the discovery of food poisoning organisms in dehydrated egg albumen imported from China.

This egg albumen is mainly used in this country in the baking and confectionery trades and the danger lies in the possibility that infected albumen may be used in an uncooked state, or in foods cooked at a temperature too low to destroy the food poisoning organism—usually salmonella. I understand experiments are being conducted in the trade with the object of finding a method of sterilising the albumen without any harmful effects on its essential properties.

Bakers in the Borough have been informed of the danger and as a result alternative sources of supply have been found in some cases and fresh consignments of albumen which might be suspected have been submitted for bacteriological examination before use.

Cooking of most articles for not less than ten minutes removes the danger but some foods such as meringues and macaroons are cooked at a temperature too low to render the article safe. Clearly, when infected egg albumen is used in an uncooked filling after the outer casing of the cake or pastry has been cooked, the danger of food poisoning is acute. The very presence of infected egg albumen in bakers' premises involves the risk of infection being spread to other foods by utensils or food handlers. Cases of cross infection of this nature have in fact been recorded. It is hoped that bakers in this Borough will continue to refrain from using albumen from the suspected source until such time as supplies can be guaranteed sterile.

BAKEHOUSES

There are 14 bakehouses in the borough, three of them being underground and in respect of which certificates of suitability are in force. Those underground are subject to special inspection every five years under Section 54 of the Factories Act, 1937.

All bakehouses are frequently inspected to ensure that hygienic conditions are maintained.

SLAUGHTERHOUSES

There are no slaughterhouses in the borough.

LEGAL PROCEEDINGS

Under the Food and Drugs Act, 1938.

Date of hearing	Offence	Section of Act.	Result of Proceedings.
6th April	Baby food not of the quality demanded.	3	Defendant pleaded guilty Fine £5. Costs £2 2s.
22nd June	Cigarette end in loaf of bread.	3	Defendant pleaded guilty Fine £7 10s. Costs £3 3s.
30th Nov. 5th Dec.	Mouse dropping in bread roll	3	Adjourned 7 days. Defendant pleaded not guilty. Fine £5. Costs £10 10s.

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

Samples procured in the Borough of Hornsey during the year 1955.

<i>Articles</i>	<i>Total samples procured</i>	<i>Unsatisfactory</i>
Milk, various	123	.
Biscuits	1	.
Butter	8	.
Cakes	38	.
Cheese	17	11
Chestnut spread	1	.
Coffee	1	.
Cooked Meats	13	.
Cream	3	.
Desiccated Coconut	1	.
Drugs	19	.
Fish	5	.
Fish Cake	1	.
Flavoured Milk	2	.
Fruit cocktail	1	.
Fruit drink	1	.
Fruit Juice	2	.
Golden Syrup	1	.
Ground Almonds	1	.
Ice Cream	6	.
Iced Lollies	5	.
Jelly	2	1
Liver	14	.
Margarine	1	.
Marzipan	1	1
Meat	2	.
Meat Paste	1	.
Meat Pie	1	.
Minced Meat	4	.
Non-brewed Condiment	1	.
Olive Oil	1	.
Pepper	2	.
Peaches	1	.
Preserves	2	.
Rum Butter	1	.
Sausages	19	.
Self-raising Flour	2	.
Suet	1	.
Sweets	12	2
Victoria Plums	4	.
Vinegar	24	2
Wines and Spirits	14	.
Totals	360	17

The following comments relate to samples noted as unsatisfactory:—

Cheese

Nine of these unsatisfactory samples were Cream Cheese and all found to be deficient in fat. Four manufacturers were involved and official cautions were sent to each of them. One sample described as "creamery cheese" was whole-milk soft cheese: the matter was taken up with the manufacturers who have amended their description of the product. A sample of cheese spread was found to be deficient in fat, but follow-up samples proved genuine and no further action was taken.

Jelly

A table jelly was found to be deficient in glucose and fruit juice. A letter of warning was sent to the manufacturers.

Marzipan

This sample was deficient in ground almonds. The matter was taken up with the importers who in turn took it up with their foreign suppliers.

Sweets

Two samples of boiled sweets, from the same retail shop, contained pieces of wire. The manufacturers were prosecuted, and granted an absolute discharge on payment of £5 5s. costs.

Vinegar

Two samples of vinegar—purchased from one retailer—were found to be non-brewed condiment. An official caution was issued.

Merchandise Marks Acts, 1887–1926.

Ninety-nine inspections of shops were undertaken to ensure that the Marking Orders relating to certain imported foodstuffs made under the Merchandise Marks Act, 1926, were complied with; 369 separate displays of meat, applies, tomatoes, dried fruit, poultry, butter and bacon were examined. A firm of butchers was prosecuted for displaying Argentine offal, New Zealand lamb and New Zealand lamb's liver not marked with the country of origin. They were fined a total of £12 and ordered to pay £2 2s. costs. Verbal cautions were given in respect of minor infringements not being found so serious as to warrant more stringent action.

The Labelling of Food Order, 1953.

This Order requires that in general pre-packed foods shall bear on the label a clear statement of the designation of the food and, in the case of compound foods, the ingredients. It also requires that the name and address of the packer or labeller appears. At 157 premises 1,065 articles of pre-packed food were examined. No proceedings were taken but in respect of infringements found see next paragraph.

False or Misleading Descriptions.

In addition to the foregoing activities which arise specifically from inspections in your area a considerable amount of work has been done for the benefit of all districts of Middlesex equally in scrutinising advertisements and the labels of pre-packed foods and correcting false or misleading descriptions or errors in statement of composition found therein. Corrective action during the year in question included biscuits, confectionery, spirits, sausages in brine, cereals, fruit squashes, margarine, ginger wine, imitation cream, liver purée, iced lollies, cheese spreads, tinned fruit and vegetables.

GENERAL

REGISTERS IN THE PUBLIC HEALTH DEPARTMENT

In some form or other registers play an important part in the administration of a public health department. In quite a number of cases the keeping of a register is laid down by statute but in others although not compulsory its use is vital for the efficient administration of the Department.

Of the various registers kept in the health department no less than 26 are in frequent use; and it seems appropriate to include a reference to their function in this Report.

1. *House-to-House Inspection.* Housing Act, 1936, Sec. 5, lays upon the local authority the duty of inspecting their district to ascertain whether houses are unfit for human habitation, and Sec. 91 of the Public Health Act, 1936, requires inspection to detect statutory nuisances. In addition to the bare details of nuisances and unfit houses much information is obtained of social importance.

2. *Houses in Clearance Area.* Housing Act, 1936, Sec. 25. Record of all properties in a clearance area is kept, together with information regarding rehousing of the occupants and demolition of the properties. Quarterly returns are made to the Ministry of Housing and Local Government.

3. *Individual Unfit Houses*

Repairs

Housing Act, 1936, Sec. 9.

Demolition Orders

Housing Act, 1936, Sec. 11. Housing Repairs and Rents Act, 1954. Sec. 5.

Closing Orders

Housing Act, 1936, Sec. 12. Local Government (Miscellaneous Provisions) Act, 1953. Secs. 10 and 11. Housing Act, 1949. Sec. 3.

A separate register is kept of these—Sec. 9 of the Housing Act gives the local authority power to require repair of an insanitary house and Secs. 11 and 12 provide for demolition of a house or closing of part of a house if repairs cannot be carried out at reasonable cost.

In order to preserve as many houses as possible in the present housing shortage, Section 5 of the Housing Repairs and Rents Act gives the Local Authority power to postpone the enforcement of a demolition order if it is satisfied that reconstruction is to be carried out which will render the house fit for habitation.

The Local Government (Miscellaneous Provisions) Act provides

in certain circumstances that whole houses may be closed instead of being demolished. Power to determine these Closing Orders is also given.

Section 3 of the Housing Act, 1949 imposes on the Local Authority the duty of making closing orders instead of demolition orders for the preservation of houses of architectural or historical importance.

4. *Overcrowding.* Housing Act, 1936, Sec. 57(2) and 59(1). A register of the "permitted numbers" of occupiers of dwellings in the Borough.

5. *Certificates of Disrepair.* Housing Repairs and Rents Act, 1954, Sec. 26 and 27. (A report on this subject is given on page 28.)

6. *Food Premises.* One register is kept for all food premises, stalls and hawkers of food. It incorporates registers required by various statutes.

Ice cream premises.

Prepared food premises.

Food and Drugs Act, 1938, Sec. 14. [Re-enacted in Sec. 16, Food and Drugs Act, 1955.]

Milk Distributors.

Food and Drugs Act (Milk Dairies and Artificial Cream) Act, 1950, Sec. 13. [Food and Drugs Act, 1955, Sec. 35.] (Milk (Special Designation), (Pasteurised and Sterilised Milk) Regulations, 1949, and Milk (Special Designation) (Raw Milk) Regulations, 1949.)

Basement Bakehouses.

Factories Act, 1937, Sec. 54.

Hawkers of Food and Storage Premises.

Middlesex County Council Act, 1950, Sec. 11.

7. *Infectious Diseases. (Including food poisoning)*

Public Health Act, 1936, Sec. 144(1), Public Health (Infectious Disease) Regulations, 1953, and various other Regulations concerning poliomyelitis, meningococcal infection and other diseases. Food and Drugs Act, 1938, Sec. 17. [Food and Drugs Act, 1955, Sec. 26.]

8. *Tuberculosis.*

Public Health Act, 1936, Sec. 143. (Public Health (Tuberculosis) Regulations, 1952).

Every medical practitioner is required to inform the medical officer of health at once of all notifiable infectious diseases coming to his notice. The head of the family to which the patient belongs is also required to notify the medical officer of health but it is rare that information is received from such source as he invariably leaves this duty to the patient's doctor.

This duty also relates to tuberculosis, food poisoning and suspected food poisoning.

9. *Storage of Petroleum.* All premises where petroleum is stored must be licensed annually and the prescribed fee must be paid to the Local Authority. The construction or alteration of installations is strictly supervised.

10. *Massage and Special Treatment Premises.* Middlesex County Council Act, 1944, Part XII.

All premises used for massage or special treatment as defined in the Act are licensed annually unless exemption from licensing is granted by this Local Authority. Record of all licences issued and exemptions.

11. *Rag Flock and other Filling Materials.* Rag Flock and Other Filling Materials Act, 1951, Sec. 2(1).

All premises where filling materials of specified types are used in manufacturing articles of upholstery must be registered by the Local Authority. The registration fee is £1. The Act also provides for licensing of premises where rag flock is manufactured or stored but no licences have been issued in Hornsey.

12. *Shops.* Shops Act, 1950.

All shops are inspected regularly to enforce the Act and the various closing orders in force in the Borough.

13. *Pet Shops.* Pet Animals Act, 1951, Sec. 1(1).

Pet shops are licensed annually (fee 10s.) and the premises regularly inspected.

14. *Factories.* Factories Act, 1937, Sec. 8(3).

Changes are notified by H.M. Inspector of Factories to the Medical Officer of Health or by the Medical Officer of Health to H.M. Inspector of Factories so that the registers are kept as up-to-date as possible.

15. *Outworkers.* Factories Act, 1937, Sec. 110(1) (c).

Outworkers is the term applied to people who carry out in their own homes work on behalf of factories or shops.

All persons employing outworkers must keep a register in the prescribed form.

The employer notifies the Medical Officer of Health in February and August of each year of all outworkers employed during the preceding 6 months. Outworkers' premises are visited to ensure that satisfactory standards are maintained.

16. *Surface Water Drainage Inspections—Moselle and Mutton Brook.* Public Health Act, 1936, Sec. 39.

House drains in the catchment areas of the two surface water drainage systems, "The Moselle" and "The Mutton Brook", are inspected as pollution of both these systems has occurred from soil drains and sinks which were wrongly connected and from defects in house drainage.

17. *Rodent Infestations*. Prevention of Damage by Pests Act, 1949, Sec. 2 (2).

Circular No. PDP/1950/3 from Ministry of Agriculture and Fisheries. (See page 40 for report on Rodent Control.)

18. *Register of Contraventions*. Contains a list of all premises in respect of which authority is required to serve a statutory notice, and recommendations with regard to applications for certificates of disrepair and revocation. The register is submitted to each meeting of the Health Committee and the Borough Council.

19. *Aged and Infirm Persons*. Records are kept of all old and infirm persons who come to the notice of the department. Home nursing, home help, medical care or admission to homes or hospital can then be arranged expeditiously when necessary.

In addition to the above the following registers are maintained. The purpose of these is evident from their titles.

20. *Record of Drains Tested*. Public Health Act, 1936, Sec. 48.

21. *Premises and Articles Cleansed*. Public Health Act, 1936, Secs. 83 and 84.

22. *Medical Examination of Staff and Employees*.

23. *Legal Proceedings*.

24. *Burials under the National Assistance Act*, 1948, Sec. 50.

25. *Deaths of Hornsey Residents*.

26. *Housing Priority on Medical Grounds*.

WELFARE OF OLD PEOPLE

During 1955 31 cases were referred to the Health Department. This compares with 25 in the previous year and 18 in 1953. That the number of references is still further on the increase can be judged from the fact that during the first quarter of 1956 21 cases came to the notice of the Department.

In only one case was court action taken. He was a man of 86 years of age referred by the Area Welfare Officer. At that time this man had recently had a fall and was badly shaken. On being visited he agreed to go into a home under protest but when the Area Welfare Officer called he once more refused. When seen by his own doctor he again agreed that it would be better for him to be in a home but when faced with the actual decision he again refused. The home conditions were not bad as he was cared for by a neighbour and a niece. However,

in a final effort to press him to agree to go into a home the neighbour and niece both ceased to care for him and home help assistance was at once given and a representative from the Old People's Welfare Committee took over management of his financial affairs. As his physical condition had improved he was then able to remain at home reasonably happily for another two months, but when his condition again began to deteriorate application was made to the Health Committee for authority to apply to the Court for a Removal Order. Before an application could be made, however, it was considered necessary to proceed under the National Assistance (Amendment) Act of 1951 for an Emergency Order and he was removed to a Welfare Home but unfortunately died at the age of 86 eight days later.

Other cases investigated by the Department included the following:—

MR. "A", a man of 87 years who was reported to the Department by the Welfare Officer as his living conditions were extremely bad. He was found to be fairly alert mentally although frail physically; his dirty bed was covered with a single dirty blanket and the room was in a deplorable condition. His income consisted of a retirement pension and assistance from the National Assistance Board. He was not suitable for a welfare home and after much persuasion agreed to go into hospital. As it was obvious after a short time that he would never be fit to return home alone arrangements were made for the disposal of some of the contents of the room and the remainder was collected for destruction.

Miss "B", a woman of 82 years. The dirty condition of her rooms was reported by another tenant. On inspection it was found that the condition of her rooms was dirty and disordered. She was personally very dirty but for her age quite active. Her income consisted of a retirement pension and a small pension from her former employer. As the weather was rather cold she was sleeping on an old mattress on the floor in front of an unguarded gas fire. It took much persuasion before she would agree to having a home help and she would not allow her bed to be brought downstairs from the bedroom. Her home conditions improved considerably after the provision of a home help but a few months afterwards she was found to have fleas, and there were bugs in the bedroom. The home was disinfested, the woman cleansed and new bedding supplied; the opportunity was taken to destroy the old mattress.

MR. AND MRS. "C", 86 years and 65 years respectively. A complaint was received from a friend that they were living in bad conditions and needed help. Arrangements were made for Mr. "C" to be admitted to a home but he discharged himself after a short time as it was too far from his wife. Further complaints were received and on inspection it was found that conditions were now very bad. A home help was provided daily and the old people co-operated as

well as they could, but within the following week the condition of these two old people deteriorated rapidly. Mr. "C" was admitted to hospital where he died the following day.

MRS. "D", a woman of 65 years. Complaint was received from other tenants of nuisance caused by smells and also that Mrs. "D" kept her part of the house in a very filthy state. This was found to be true and a collection of empty jars and milk bottles was found in the grate and the sink choked with greasy water. Mrs. "D" was dirty personally and suffering from senile changes, she was simple and her memory poor. She agreed to have home help but refused staunchly to accept "Meals-on-Wheels". Three months later greater deterioration was noted but her flat was in a reasonable condition, due to the efforts of the home help. She was feeding on very little except bread and jam and in addition she had begun to be forgetful and turned on the gas taps without lighting the gas. Shortly afterwards she was admitted to a mental hospital where she died. Her rooms were cleaned by the Public Health Department.

MRS. "E", a woman of 70 years. A complaint was received that her house was in a filthy condition and the rooms littered with rubbish. On inspection it was found that the patient had ulcers on her leg and had had a stroke the previous year. She was able to climb stairs with difficulty and to go to the water-closet alone. She promised to improve the conditions of her rooms which were in a very bad state and on a further visit ten days later it was found that the condition was very much improved. A further visit was made two months later and it was found that the improvement had continued and her leg was now very much better. Meals-on-Wheels were provided.

MEDICAL EXAMINATION OF STAFF

Thirty-nine persons were medically examined to determine their fitness for acceptance on the permanent staff. Thirty-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) 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-seven persons were examined, fifty-nine of whom were accepted for the scheme. Three other examinations were carried out.

MASSAGE AND SPECIAL TREATMENT

Any premises in the Borough used or represented as being used or intended to be used for the reception or treatment of persons requiring

massage or special treatment must be licensed. The treatments are defined as:—

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

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

Massage	6
Chiropody	18
Electrical treatment	5
Other similar treatment	4

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

BURIAL 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 two women (aged 78 and 83 years and one stillborn child.

PUBLIC MORTUARY

The Hornsey mortuary and post-mortem room are situated at the Central Depot, Hornsey High Street. During the year 110 bodies were admitted for post-mortem examination. Inquests were held on 15 bodies.

DISEASES OF ANIMALS

The Borough Council is the Local Authority for Hornsey under the Diseases of Animals Acts and the Council's veterinary inspector is responsible for the investigation of outbreaks of fowl pest or other contagious diseases affecting animals in the Borough, routine inspections of piggeries and similar establishments, and any action which may be necessary under the Foot and Mouth Disease Orders.

Mr. F. G. Buxton, M.R.C.V.S., the Veterinary Inspector, has kindly supplied me with details of his work during 1955.

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

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.

Six inspections were carried out under the Fowl Pest Orders, 1936, and 1947, making a total of 236 fowls. The disease was confirmed by the Ministry of Agriculture, Fisheries and Food and the birds destroyed.

No action was necessary under the Tuberculosis Order of 1925.

Control of Rabies

In January a letter was received from the Ministry of Agriculture and Fisheries relating to the illegal landing of dogs and cats. It pointed out that every year a number of dogs and cats are landed in contravention of the Regulations. Attention was drawn to the fact that the last outbreak of rabies in this country was in 1922 and that the Continent had recently suffered a serious increase in the incidence of this disease.

Rabies still occurs occasionally in this country but owing to enforcement of the Regulations it occurs in the quarantine kennels and is therefore not spread.

Persons who attempt to avoid the Regulations should realise the grave risk of spreading this disease and Local Authorities are asked to prosecute in all cases in which the Importation of Dogs and Cats Order of 1928 is deliberately contravened.

STORAGE OF PETROLEUM

Under the Petroleum (Regulation) Acts, 1928 and 1936, the Council is responsible for the licensing of all establishments at which petrol is stored, whether for sale to the public or not. The Acts also apply to the storage of certain india-rubber solutions, varnishes, quick-dry paints and spraying liquid.

The number of establishments licensed for storage is 72 and the number of licenses issued is as follows:—

<i>Storage of</i>				
Petroleum	..	..	..	61
Cellulose	..	..	..	19
Napthaline	..	..	..	1
Hydro-carbon	..	..	..	2
Benzole	..	..	..	1
				—
Total	..	..	..	84

(NOTE.—Eleven establishments are licensed for more than one product.)

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.

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.	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. (Administered by Middlesex Hospital, Mortimer Street, W.1.)	In-patients Wing of the Department of Psychological Medicine. 66 beds
--	--

Highgate Annexe, Moorfields, Westminster and Central Eye Hospital, 17-19 View Road, N.6	40 beds
--	---------

VITAL STATISTICS

Area (acres)	.. .. .	2,872
Area of Parks and Open Spaces (acres)	.. .. .	576
Population: Registrar General's estimate at 30 June, 1955		97,600
Number of separately assessed habitable premises according to Rate Books	.. .. .	24,627
Rateable value (General Rate)	.. .. .	£1,085,870
Product of a penny rate	.. .. .	£4,390

LIVE BIRTHS

		<i>M</i>	<i>F</i>	<i>Total</i>
Legitimate	.. .. .	681	579	1,260
Illegitimate	.. .. .	59	36	95
		<hr/> 740	<hr/> 615	<hr/> 1,355

Birth Rate (live births per 1,000 population)

HORNSEY	.. .. .	13.8
Area Comparability Factor	.. .. .	0.92
Adjusted Rate for Hornsey	.. .. .	12.8
England and Wales (provisional)	.. .. .	15.0
Middlesex County (adjusted rate)	.. .. .	12.6

STILL-BIRTHS

		<i>M</i>	<i>F</i>	<i>Total</i>
Legitimate	.. .. .	12	13	25
Illegitimate	.. .. .	.	1	1

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

HORNSEY	.. .. .	19.2
England and Wales (provisional)	.. .. .	23.1

INFANT DEATHS (under 1 year of age)

		<i>M</i>	<i>F</i>	<i>Total</i>
Legitimate	.. .. .	16	5	21
Illegitimate	.. .. .	2	2	4

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

HORNSEY	.. .. .	18.4
England and Wales (provisional)	.. .. .	24.9
Middlesex County	.. .. .	19.4

Neo-Natal Deaths (under 4 weeks of age)

					<i>M</i>	<i>F</i>	<i>Total</i>
Legitimate	..	..	..	..	11	4	15
Illegitimate	..	..	..	..	1	2	3

Neo-Natal Death Rates

HORNSEY	..	..	..	..	..	13.3
England and Wales (provisional)	..	..	..	..	..	17.3
Middlesex County	..	..	..	..	..	14.1

MATERNAL DEATH RATES

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

HORNSEY (two deaths)	..	..	..	..	1.47
Middlesex County (fourteen deaths)	..	..	..	..	0.47

DEATHS FROM ALL CAUSES

Males	462	} 1,058
Females	596	

Death Rate (per 1,000 population)

HORNSEY	..	..	..	..	10.8
Area Comparability Factor	..	..	..	..	0.88
Adjusted Rate for Hornsey	..	..	..	..	9.5
England and Wales (provisional)	..	..	..	..	11.7
Middlesex County (adjusted rate)	..	..	..	..	10.3

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	.	.	.	.	.	.	.	2	1	.	3
				F	.	.	.	.	.	.	.	.	.	.	3
2	Tuberculosis, other	...	...	M	.	.	.	.	.	.	.	.	.	.	1
				F	.	.	.	.	.	.	1	.	.	1	1
9	Other infective and parasitic diseases	...	...	M	1	.	.	.	.	.	.	.	.	.	1
				F	.	.	.	.	.	.	.	.	.	.	1
10	Malignant neoplasm, stomach	...	...	M	.	.	.	.	.	1	1	.	3	4	9
				F	.	.	.	.	.	1	.	1	4	3	18
11	Malignant neoplasm, lung, bronchus	...	...	M	.	.	.	.	.	.	7	17	9	5	38
				F	.	.	.	.	.	1	1	1	2	4	46
12	Malignant neoplasm, breast	...	...	M	.	.	.	.	.	.	.	1	.	.	1
				F	.	.	.	.	1	4	6	10	8	3	33
13	Malignant neoplasm, uterus	...	...	M	.	.	.	.	.	.	.	.	.	.	10
				F	.	.	.	.	.	1	3	2	3	1	10
14	Other malignant and lymphatic neoplasms	...	...	M	.	.	1	.	1	2	4	11	10	18	47
				F	.	.	.	1	1	5	4	10	12	16	96
15	Leukaemia, aleukaemia	...	...	M	.	.	.	.	.	.	.	.	.	1	1
				F	.	.	.	.	.	.	.	1	.	2	4
16	Diabetes	...	...	M	.	.	.	.	.	.	.	2	1	4	7
				F	.	.	.	.	.	.	.	.	1	.	8

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

3 Syphilitic disease ; 4 Diphtheria ; 5 Whooping cough ; 6 Meningococcal infections ; 7 Acute poliomyelitis ; 8 Measles.

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
17	Vascular lesions of nervous system	M	1	.	3	4	17	13	38	134	
					F	.	.	.	.	.	1	.	10	22	63	96	
18	Coronary disease, angina	...	...	...	M	.	.	.	.	.	3	9	25	38	36	111	193
					F	.	.	.	.	.	1	13	23	45	82		
19	Hypertension with heart disease	...	...	...	M	.	.	.	.	.	.	.	2	1	2	5	27
					F	.	.	.	.	.	.	2	3	17	22		
20	Other heart diseases	...	...	...	M	.	.	.	.	.	.	3	3	9	21	36	108
					F	.	.	.	.	.	1	7	2	10	52	72	
21	Other circulatory diseases	...	...	...	M	.	.	.	.	.	1	1	2	5	8	17	59
					F	.	.	.	.	.	1	4	10	27	42		
22	Influenza	...	...	...	M	.	.	.	.	.	.	1	2	2	1	6	8
					F	.	.	.	.	.	.	1	.	1	2		
23	Pneumonia	...	...	...	M	1	.	.	.	.	.	3	3	5	18	30	60
					F	.	.	.	.	.	1	3	4	22	20		
24	Bronchitis	...	...	...	M	.	.	.	.	1	.	3	9	13	12	38	71
					F	.	.	.	.	.	1	.	6	10	16	33	
25	Other diseases of respiratory system	...	...	M	.	.	.	.	.	.	.	1	4	2	.	7	10
				F	1	.	.	.	.	.	.	1	1	3			
26	Ulcer of stomach and duodenum	...	...	M	.	.	.	.	.	.	.	1	1	4	7	13	20
				F	.	.	.	.	.	.	1	.	1	5	7		

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
					F	.	.	.	.	.	1	.	.	.	2	1	4
28	Nephritis and nephrosis	M	1	.	.	.	1	2	
					F	.	.	.	.	.	.	.	1	1	2		
29	Hyperplasia of prostate	...	...	...	M	.	.	.	.	.	.	.	.	.	2	1	3
					F	.	.	.	.	.	.	.	.	.	.	.
30	Pregnancy, childbirth, abortion	M	
					F	.	.	.	.	.	1	.	.	.	1	2	
31	Congenital malformations	...	...	...	M	1	.	.	1	.	1	.	.	.	.	.	3
					F	2	.	.	.	.	.	.	.	.	.	2	
32	Other defined and ill-defined diseases	...	...	...	M	12	.	.	.	.	.	.	2	3	3	2	22
					F	4	.	.	.	2	.	3	2	11	9	26			
33	Motor vehicle accidents	...	...	...	M	.	.	.	.	3	1	.	1	.	1	6	
					F	.	.	.	.	.	.	1	1	.	2		
34	All other accidents	...	...	...	M	2	.	.	.	1	2	.	1	.	.	3	9
					F	.	.	.	1	.	1	.	1	1	13				
35	Suicide	...	...	...	M	.	.	.	.	1	1	2	.	3	1	.	8
					F	.	.	.	.	.	3	2	1	2	.	8	
TOTALS						M	18	.	.	2	2	10	10	41	95	126	158	462	
						F	7	.	.	1	3	4	21	29	81	130	320	596	
						25	.	.	3	5	14	31	70	176	256	478	1,058		

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	.	.	.	.	.	.	.	.	1
	F	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1
Gastro-enteritis, diarrhoea...	M	.	.	.	.	.	.	.	1	.	.	.	.	.	.	1
	F	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1
Congenital malformations	M	.	.	.	.	.	.	.	.	.	.	.	.	.	1	1
	F	.	.	1	.	.	1	.	.	1	.	.	.	.	.	3
Injury at birth	M	1	.	.	.	.	1	.	.	.	1	.	.	.	.	1
	F	.	1	.	.	.	1	.	.	.	1	.	.	.	.	2
Post-natal asphyxia and atelectasis	M	3	4	.	.	.	7	.	.	.	7	.	.	.	.	8
	F	.	1	.	.	.	1	.	.	.	1	.	.	.	.	1
Prematurity, immaturity	M	1	.	.	.	.	1	.	.	.	1	.	.	.	.	1
	F	.	.	.	1	.	1	.	.	.	1	.	.	.	.	2
Other diseases of early infancy	M	.	.	1	1	.	2	.	.	.	2	.	.	.	.	2
	F	.	.	.	.	.	.	.	.	.	.	.	.	.	.	2
All other causes	M	.	.	.	.	.	.	1	2	1	.	4	.	.	.	6
	F	1	.	1	.	.	2	.	.	.	2	.	.	.	.	6
TOTALS						M	5	5	1	1	.	12	1	3	1	1	18
						F	1	2	2	1	.	6	.	.	1	.	7	.	.	25
							6	7	3	2	.	18	1	3	2	1	25

APPENDIX

MIDDLESEX COUNTY COUNCIL AREA HEALTH COMMITTEE HORNSEY AND TOTTENHAM

(Population 219,700)

The figures in tables 18-25 relate to Hornsey only and those in tables 1-17 to the whole of the area

MEMBERS of the LOCAL AREA HEALTH COMMITTEE AS AT 31st DECEMBER, 1955

Members of Middlesex County Council

County Alderman Mr. R. A. CLARKE
County Councillor Mr. J. W. BARTER, M.P.
County Councillor Mr. M. W. BURNS, J.P.
County Councillor Mr. V. BUTLER
County Councillor Mr. W. EAST
County Councillor Mrs. H. C. NORMAN, J.P.

Members of Hornsey Borough Council

Alderman Miss J. RICHARDSON (*Chairman*)
Councillor Miss O. R. ANDERSON
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
Councillor Mrs. E. M. BOHRINGER
Councillor Mr. H. LANGER
Councillor Mrs. M. E. PROTHEROE (*Vice-Chairman*)
Councillor Mr. E. C. SMITH

Members nominated by appropriate Hospital Management Committees

Mrs. R. M. FRY
Mrs. H. M. FRANKLIN

Persons who may attend in an advisory capacity

Dr. L. HORNING (Middlesex Local Medical Committee)
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. EDEY (Royal College of Midwives)
Area Medical Officer: Dr. G. HAMILTON HOGBEN

AREA HEALTH STAFF 1955

<i>Deputy Area Medical Officer</i>	A. YARROW, M.B., CH.B., D.P.H.
<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. (Resigned 31st August, 1955)
<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	2
Supervisory Nursing Staff	2	.
Administrative and Clerical Staff	36	8
Health Visitors/School Nurses	25	3
Clinic Nurses	7	1
Sponsored Student Health Visitors .. .. .	.	4
Midwives	8	.
Home Nurses	21	8
Speech Therapists	2	2
Physiotherapists	1	2
Occupational Therapist	1	.
Chiropodists .. .. .	.	2
Gramophone Audiometrician .. .. .	.	1
Orthoptist .. .. .	.	1
Dental Attendants	9	1
Day Nursery Staff	34	.
Home Help Service	9	159
Manual workers, domestic grades, etc.	9	24
	<hr/> 180	<hr/> 225

CARE OF MOTHERS AND YOUNG CHILDREN

Section 22

Notification of Births

The following table shows the births notified during the year compared with previous years. The percentage of hospital confinements rose to 88.9% during 1955, thus continuing the steady increase noted in previous years.

TABLE 1

	1955	1954	1953
Live Births (a) Domiciliary	429	553	599
(b) Hospital or Nursing Home	2,509	2,387	2,508
Still Births (a) Domiciliary	4	5	9
(b) Hospital or Nursing Home...	53	51	58
Totals	2,995	2,996	3,174

Ante-natal Clinics

The only change made in clinic sessions during the year was a reduction at The Chestnuts Centre from five to four sessions a week owing to a fall in demand. As a consequence there was a fractional increase in the average attendance throughout the Area to 15.7 per session. The total number of new patients who attended ante-natal clinics during the year was 2,003, which is the lowest for many years.

The following table gives details of attendances at all clinics in the Area:—

TABLE 2

	No. of sessions held	No. of new cases		Total attendances		Average attendance per session
		A.N.	P.N.	A.N.	P.N.	
Burgoyne Road ...	49	134	96	995	99	22.3
Church Road ...	72	131	76	1,077	78	16.0
Fortis Green ...	100	216	134	1,654	141	18.0
Hornsey Town Hall	149	274	149	2,098	165	15.2
Mildura Court ...	62	171	58	1,146	63	19.5
Stroud Green ...	51	125	79	811	80	17.5
The Chestnuts ...	225	389	236	2,980	239	14.3
Lordship Lane ...	204	294	176	2,147	181	11.4
Park Lane ...	104	269	183	1,744	215	18.8
Totals 1955	1,016	2,003	1,187	14,652	1,261	15.7
1954	1,057	2,210	1,177	15,504	1,257	15.4
1953	1,085	2,284	1,326	15,733	1,406	15.8

Midwives Ante-natal Clinics

This service suffered during the year owing to the shortage of midwives in Hornsey. An appointment has now been made and the position restored. The following table shows the attendances made at all clinics during the year:—

TABLE 3

Midwives' Clinics	No. of sessions held	Total No. of attendances	Average attendance per session
Burgoyne Road ...	23	68	3.0
Fortis Green ...	44	176	4.0
Hornsey Town Hall	14	47	3.3
Mildura Court ...	18	67	3.7
Stroud Green ...	25	86	3.4
Park Lane ...	144	913	6.3
Totals ...	268	1,357	5.1

Health Teaching

Groups for relaxation exercises and mothercraft are held at special sessions at all except two maternity and child welfare clinics. The groups are intentionally small so that they are informal and in order that health visitors who give the instruction and demonstrations and lead discussion can give individual attention to members of each group.

A film strip projector and film strips were purchased to give greater variety to the methods used. This additional visual aid has promoted considerable interest amongst the mothers attending the centres.

The value of relaxation exercises for expectant mothers has been generally accepted as being of considerable help to the mother during her delivery if they have been practised during the ante-natal period. That the mothers themselves both appreciate the teaching of relaxation and benefit from it is disclosed by the large number of mothers who have orally expressed their gratitude and recognition of the benefit that these classes has given to them. Many, too, have written to health visitors in similar terms. An extract from one of these illustrates these points: "Now that the great event is over I should very much like to tell you how helpful I found the Relaxation classes. Comparing this confinement with my first I find there is no real comparison, because this one was so simple and the other so awful. The difference, I believe, was largely due to the knowledge you gave us and to the exercises". These classes are available to all expectant mothers including those who are in receipt of ante-natal care by hospitals and family doctors.

TABLE 4

Clinic	No. of sessions held	No. of new cases	Total No. of attendances	Average attendance per session
Burgoyne Road	45	20	284	6.3
Church Road	46	42	267	5.8
Fortis Green	48	73	541	11.3
Hornsey Town Hall	44	76	241	5.5
The Chestnuts	52	92	459	8.6
Lordship Lane	49	83	609	12.4
Park Lane	52	41	323	6.5
Totals	336	427	2,724	8.1

Child Welfare Clinics

The forecast made in last year's report that the reduction in the number of attendances at these clinics would continue is borne out by the fall in the average attendance per session during 1955. Nevertheless, the proportion of children under one year of age who attended for the first time during the year showed a slight improvement.

The slight reduction in the attendance at the welfare clinics is due to the improvement in child health generally. Parents have more knowledge about child management and grandparents have themselves attended welfare centres. Children are not the constant anxiety that they used to be, when rickets, anaemia and infectious fevers were a menace.

Most women's journals carry a well written and well informed article on "Baby", his diet, clothing and management, which helps the young mother, and so it is, that a rare visit to the centre is enough to keep the mother confident about her methods of managing the child.

The following table shows details of attendances made at all centres during the year:—

TABLE 5

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.	153	236	3,971	631	142	4,744	1,328	31.0
Church Rd.	154	216	2,914	580	136	3,630	1,570	23.6
Fortis Green	155	228	3,518	644	280	4,442	1,523	28.7
Hornsey Town Hall	201	367	5,135	1,064	496	6,695	2,864	33.3
Mildura Court	102	179	2,992	791	206	3,989	1,481	39.0
Stroud Green	104	198	2,888	381	189	3,458	848	33.3
The Chestnuts	257	552	7,359	1,143	446	8,948	2,430	34.8
Lordship Lane	256	394	6,152	1,031	384	7,567	1,795	29.6
Park Lane	205	339	5,425	911	380	6,716	1,806	32.8
Totals 1955	1,587	2,709	40,354	7,176	2,659	50,189	15,645	31.6
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

The value of these clinics in supervising the health and well-being of children between the ages of two and five years, has not diminished since they were inaugurated in part of this Area in 1938.

For these clinics an appointment is sent to the parent every six months after the age of two years. The children who are brought to the clinic are in good health usually. An opportunity is afforded for the early detection of defects such as squint, stammer and dental caries. The children are referred to the appropriate clinics for the correction of such defects, which are treated much more quickly in the early stages, thus saving the loss of a great deal of school time. Some children may have had a set-back due to illness, or the birth of a baby brother or sister, and are therefore suffering from anxiety. There is an improvement in knowledge of how to help these children over their difficulties. This knowledge has been acquired through discussions with the doctor and health visitor at the clinic session and is followed up by a visit in the home by the health visitor. If the anxiety is too great and the child is not getting well, then the parent is referred to the child guidance clinic.

In addition regular medical examination in day nurseries provides a close supervision of this age group. A considerable number of children are sent to school between the ages of four and five years and medical record cards are forwarded to the Child Health Section to ensure continuity of medical supervision.

The following table gives details of attendances at the individual clinics:—

TABLE 6

Name of Centre			No. of sessions held	Total Attendances	No. of cases seen by M.O.	Average Attendance per session
Burgoyne Road	...	29	448	448	15.4	
Church Road	...	52	479	445	9.2	
Fortis Green	...	24	343	343	14.3	
Hornsey Town Hall	...	58	664	664	11.4	
Mildura Court	...	50	724	623	14.5	
Stroud Green	...	24	323	323	13.5	
The Chestnuts	...	52	686	686	13.2	
Lorship Lane	...	52	719	719	13.8	
Park Lane	...	51	518	518	10.2	
Totals 1955			392	4,904	4,769	12.5
1954			389	5,196	5,040	13.4
1953			429	5,408	5,239	12.6

Parent Guidance in the Welfare Clinics

It has been felt for some time now that there is too big a gap between the Child Guidance and Infant Welfare Centres. In order to overcome this, Dr. Phillips, the visiting psychiatrist mainly dealing with school

children, was asked to work with medical officers at infant welfare clinics, and help them to advise mothers of children under five years of age.

It is generally understood that the approach of the "doctor" in the welfare clinic to problems of the mother is direct and authoritative. The mother brings her problem and the doctor supplies an answer on the spot. This is not the approach of the psychiatrist. He listens to the mother and tries to get her to solve her difficulties for herself.

This method may be quite new to the "doctor" trained in preventive medicine, and be very difficult to apply. It is also very time-consuming, consequently fewer children are seen and results difficult to gauge.

If we could recognise at an early stage the problem of behaviour which the children are not going "to grow out of", then we could concentrate on those parents who are unconsciously making their children into problems. But it will only be with the help of the skilled psychiatrist that we can begin to deal with this.

Play Group in Park Lane Day Nursery

As an ancillary to helping the disturbed parent and child, we have begun a play group at the Park Lane Day Nursery. Seven children have been referred for behaviour problems.

The person in charge of this small group needs special qualifications and experience in handling such children and especially the parents.

Daily Guardian Scheme

The number of children minded by the day under this scheme has fallen slightly during the year. Those minded by this method are children under school age (whose mothers are working) who do not qualify for admission to a day nursery and for whom other satisfactory arrangements for minding cannot be made.

The success of the scheme depends on the satisfactory selection of women who are prepared to undertake daily minding and keep the rules, the placing of a child in a home of a type similar to its own and one that is within reasonable distance of the child's home or the mother's workplace. The approval before and subsequent supervision of the child after placing is undertaken by the health visitor for the district on which the guardian resides.

The number of guardians on the register at the end of 1955 was 114, of whom 62 were minding 70 children.

The number of individual children minded during the year was 163 and they were in the guardians' care for 19,514 days.

Day Nurseries

Miss J. Pearse, Supervisory Matron of Day Nurseries, resigned from the service on 31st August, 1955.

The average daily attendance at the three nurseries was 121.8 and the number of children on the register at the end of the year was 150.

The standards of nursery care are very good indeed, and there has been very little absence resulting from infectious disease.

Two students entered for the examination of the Nursery Nurses Examination Board and both were successful.

The following table shows the attendances at individual nurseries during the year:—

TABLE 7

Name of Day Nursery	No. of approved places at end of year		No. of children on register at end of year		Total No. of attendances			Average daily attendance
	Under 2	2-5	Under 2	2-5	Under 2	2-5	Total	
Stonecroft ...	15	53	14	48	3,410	9,713	13,123	51.7
Park Lane ...	20	30	12	32	3,045	4,949	7,994	31.5
Plevna ...	20	30	13	31	3,514	6,301	9,815	38.6
Totals 1955	55	113	39	111	9,969	20,963	30,932	121.8
Totals 1954	55	113	52	106	11,392	24,278	35,670	139.3

Distribution of Welfare Foods

This work, which was taken over from the Ministry of Food in June, 1954, continued throughout the whole of 1955. Very few complaints were received from beneficiaries concerning the quality of the welfare foods, and each was referred to the Ministry of Health who investigated and subsequently reported the result of analysis to the complainant and this Department. The Women's Voluntary Service continued to give valuable assistance in both Boroughs by undertaking distribution from the homes of some of their members for the convenience of the public.

The following table shows distributions in the Area during the year:—

TABLE 8

National Dried Milk (tins)	Orange Juice (bottles)	Cod Liver Oil (bottles)	Vit. A & D Tablets (packets)
61,975	154,596	25,560	10,564

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.

The following table gives details of attendances made and treatment given during the year. Taking into account the fall in the number of expectant mothers who attended ante-natal clinics during the year, the number examined by the dental officers is equivalent to a 2% increase over 1954.

TABLE 9

	1955		1954		1953	
	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 ...	271	657	253	590	388	833
No. referred for treatment ...	260	624	241	534	349	750
New cases commenced treatment	240	573	233	603	298	745
Cases made dentally fit... ..	67	317	50	246	113	380
Forms of dental treatment provided :—						
Teeth extracted	352	479	389	541	478	610
Anaesthetics :						
(a) Local ...	142	77	132	115	126	148
(b) General...	48	203	42	206	85	217
No. of fillings ...	414	1,247	553	1,278	637	1,323
No. of root fillings...	3	.	.	.	2	.
No. of inlays ...	.	.	1	.	1	1
Scalings and gum treatment ...	136	.	148	.	156	.
Silver nitrate treatment ... ..	.	512	.	758	.	791
Dressings	144	519	133	560	141	547
Other operations ...	70	194	40	159	20	207
No. of Radiographs:						
(a) at Cc:nty Council clinics	14	1	10	6	18	3
(b) at hospital ...	1	.	.	.	.	.
Denture dressings...	226	.	100	.	168	.
Dentures fitted :						
(a) full	46	.	17	.	14	.
(b) partial	59	.	22	.	45	.
No. of attendances	984	1,606	930	1,732	1,133	1,827
No. of appointments not kept	218	370	258	349	321	326
No. of $\frac{1}{2}$ days devoted to treatment	338		343		365	

MIDWIFERY SERVICE

Section 23

The work of the midwifery service has continued its downward trend during the past year. Although the number of cases booked for 1956 appears to be showing a slight increase, it is too early at this stage to predict any appreciable rise.

The number of midwives practising in the Area has been reduced to eight, six working in Tottenham and two in Hornsey.

The number of deliveries conducted by County Council midwives was 421, an average of 52.6 although the number of deliveries for each midwife was considerably higher, as owing to prolonged sickness of one midwife, and delay in filling a vacancy, only six midwives were working for the greater part of the year.

The pupil midwives from the Alexandra Maternity Home, Hornsey, have continued to receive their district training in the Area and a high standard of midwifery has been maintained.

Every midwife, whether or not employed by the County Council, has attended an actual demonstration on the use of trichloroethylene. One such apparatus has been in use for the latter six months of the year and has been used with success. It is too early to forecast whether or not this machine will be issued to every midwife.

An apparatus designed for the resuscitation of the new born has been purchased with a view to its experimental use by means of introducing oxygen into the infant's stomach.

Nitrous oxide and air analgesia was used in 80% of cases and pethidine is now used generally for district midwifery.

It will be gathered from the above paragraphs that more responsibility is being placed upon the midwife and a great deal of judgment is called for in the safe handling of modern methods of analgesia.

The importance of refresher courses increases with the introduction of new methods and new drugs. Two midwives from this Area attended one week's residential refresher course in 1955. The courses are approved by the Central Midwives' Board.

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

TABLE 10

No. of deliveries attended	...	...	...	...	...	...	421
No. of visits made	...	...	...	...	...	...	7,816
No. of hospital confinements discharged before 14th day	...	...	...	...	...	...	26
No. of visits made	...	...	...	...	...	...	239
No. of cases in which medical aid was summoned	...	...	...	...	...	...	97
No. of cases in which gas and air analgesia was administered	...	...	...	...	...	...	327
No. of cases in which pethidine was administered	...	...	...	...	...	...	176

HEALTH VISITING SERVICE

Section 24

The growth and development of health visiting is unfortunately constructed in this Area as elsewhere by the limited number of qualified women available.

In Hornsey and Tottenham the number of health visitors is well below the establishment and in order to keep the school health services operating satisfactorily, clinic nurses are employed, mainly to relieve health visitors of this part of their work. The assistance which is given to health visitors by this means is limited to clinical aid and does not relieve them of the preventive and sociological part of their work.

New entrants to the profession barely make up the normal wastage occasioned by retirement or resignation, and at the same time the growing range of health visiting places a heavier load on each health visitor. On this account old standards of health visitor establishment should be discarded and an increase made in the ratio of health visitors to the population if the requirements of the service are to be met. This may entail improved conditions for the profession if a serious attempt at recruitment is envisaged. The number of home visits to children in the 0-1 year age group has increased slightly during the year; there has been a small fall in the number of visits to expectant mothers and children in the 1-5 year age group and children of school age. An increase is also shown in the number of visits to homes for other purposes. This is accounted for by a larger percentage of visits to the aged and by follow-up B.C.G. visits. The total number of visits to homes for all purposes shows a slight rise.

TABLE 11

No. of visits paid by Health Visitors working in the Area					1955	1954
Expectant Mothers	...	...	...	First Visits	1,858	1,986
				Total Visits	2,955	3,324
Children under 1 year of age	...	...	...	First Visits	3,149	3,042
				Total Visits	15,392	14,391
Children age 1 - 2	...	...	...	Total Visits	7,025	7,449
Children age 2 - 5	...	...	...	Total Visits	13,953	14,036
Other cases	...	Total Visits as Health Visitor			4,686	4,112
		Total Visits as School Nurse			1,144	1,098

Health Visitors, Family Doctors, Hospitals and Voluntary Organisations

An informal meeting of health visitors and general practitioners was held in Hornsey on 27th October, 1955. The response to the

invitation was very good indeed; 29 local general medical practitioners attended as well as ten health visitors and several members of the Area medical staff.

During the year follow-up of cases reported by family doctors has enabled health visitors to visit a number of patients and deal with their particular problems.

Team work with hospital almoners and ward sisters has been excellent. 126 health visitors reports have been sent to hospitals at the request of almoners during the year and 167 to other bodies, excluding 433 B.C.G. follow-up reports for the Medical Research Council.

Co-operation and assistance from statutory and voluntary organisations have been of considerable value to health visitors in their work. We should like to mention the Children's and Social Welfare Departments, the local offices of the National Assistance Board, the N.S.P.C.C., I.C.A.A., W.V.S., Old Peoples' Welfare and Diocesan Moral Welfare.

Clinic voluntary workers in the Hornsey part of the Area have given regular, reliable and very valuable services in infant welfare clinics and in managing the sale and distribution of welfare foods.

Health Education and Parentcraft

Apart from home visiting for such purposes as advice to expectant mothers, infant care and feeding, follow-up for hospital admissions and discharges, family doctors cases, clinic attenders, special surveys including the recent one for the Ministry of Health on National Dried Milk, care of the aged, problem families, etc., when educational advice is given, health education is a continuous process for health visitors wherever their duties take them.

During the past few years a special feature of health education has been the talks on home making and parentcraft to school children especially during their last year at school. This year all the secondary modern girls' schools except one have received this type of instruction from a school health visitor who spends the major part of term time on this work. In Tottenham health visitors undertake this important task in schools. In all 348 talks, films and demonstrations of one hour each have been given in schools.

Training of Health Visitor Students

Thirteen student health visitor received practical training for varying periods in the Area during the year. Eight of these were taking their training under the auspices of the Royal College of Nursing, one at Battersea Polytechnic and four through the County Council "Sponsored Scheme". The latter commenced their training in September and will remain in the Area for three terms.

Student Nurses

Four student nurses from the Middlesex Hospital, W.1, came to the Area to see the work of health visitors and stayed for three days each. On the Saturday following their visit a discussion group was held in the hospital at which student nurses gave a report on their experience and asked questions of the Superintendent Health Visitor who was invited to be present.

Thirteen student nurses including one man from the Prince of Wales's Hospital also accompanied health visitors for one day each for a similar purpose as observers.

Student Nurses Lectures

Eight lectures were given to three groups of students by the Superintendent Health Visitor on the Social Aspects of Disease at the Prince of Wales's Hospital. The Superintendent and other members of the health visiting staff gave lectures on Home Nursing and The Health Services to a number of organisations including St. John Ambulance Brigade, The Townswomen's Guild, Barnardos and British Red Cross in their own time and in some cases acted as examiners.

Overseas and Other Visitors

Several visitors from overseas including the Reeve of Tottenham, Canada, and a number of groups of post-graduate and other students came to Tottenham and Hornsey during the year to observe the work of the personal health services and in particular the activities of health visitor/school nurses.

The groups included health visitors, student ward sisters, student teachers, student house mothers from Barnardos Homes, school children and members of the Townswomen's Guild.

Family Planning Association

Two evening sessions each week were held in the Clinic at the rear of Hornsey Town Hall.

National Blood Transfusion Service

Premises at the School Clinic, rear of Hornsey Town Hall, were made available for the above-named organisation for six days during the year.

HOME NURSING SERVICE

Section 25

The past year has been an extremely busy one for the home nurses. The service has operated smoothly from the Area Health Office, all messages being received there during office hours and the Superintendent's home at all other times as in previous years.

A combination of pressure of work, increased holiday periods and a high incidence of sickness amongst the staff have added difficulties to the administration of this service during 1955.

Provision of Hospital Beds

The provision of hospital beds for the aged sick has seemed more readily available this year and less difficulty has been encountered in getting the aged and ill patients, particularly those who live alone into hospital. This was a very pressing problem in 1953 and 1954. Nevertheless, the requests for care of the aged continue to form a large portion of each nurse's daily work.

Injection of Drugs

Injection of drugs continues to form an ever increasing part of the work of the service, and it is necessary for the home nurse to have a very up-to-date knowledge of modern drugs. Requests are frequently made for twice daily visits and late night visits for relief of pain interfere considerably with the planning of each day's work.

Nursing of Sick Children at Home

An analysis of work done for children at home showed that the greatest part consisted of administering drugs (mainly penicillin), very often in the early stages of illness. Relief of constipation and the occasional nursing of measles or whooping cough form the rest of the work. In the latter condition nurse is usually called in because the mother has a large family or may for some reason be unable to nurse the child satisfactorily. A good deal of teaching of mothers is carried out for the application of poultices and minor treatments.

Co-operation with Other Services

As before, the nurses have worked closely with general practitioners, health visitors and home helps, and the exchange of information between these bodies is very valuable to all concerned.

The British Red Cross Society and the Old People's Welfare Committees have also given the service every assistance. The Ambulance Service is always very ready to help and on two particular occasions, when the nurse was in difficulty with heavy and unconscious patients they arrived within a few minutes of the request to help carry one patient upstairs and one was lifted from the floor. These two unusual requests were met unhesitatingly.

Transport

Lack of transport other than bicycles still causes much delay. A puncture requires the whole of the nurse's work to be re-arranged. A great deal of time is lost in travelling and much discomfort endured by the nurses in wet and cold weather.

Analysis and Table of Visits

Undoubtedly the Home Nursing Service is becoming an ever increasingly important part of the National Health Service and the expansion increases at a greater rate each year. In 1955 12,000 more visits were paid than in 1954.

TABLE 12

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	907	1,679	2,586	174	452	624	76,572
Surgical	79	128	207	17	14	31	6,410
Infectious diseases ... ..	.	1	1	.	.	.	4
Tuberculosis	77	57	134	8	12	20	4,630
Maternal complications	.	19	19	.	1	1	158
Totals 1955 ...	1,063	1,884	2,947	197	479	676	87,774
1954 ...	1,093	1,830	2,923	211	401	612	75,923

TABLE 13

Analysis of treatment given to new cases during 1955			
General Nursing	...	...	655
Other treatments	...	...	840
Injections	...	...	1,452
Total	...	...	2,947

VACCINATION AND IMMUNISATION

Section 26

Vaccination

The percentage of children under one year of age vaccinated in 1955 was 54.5%. This is the best it has ever been and justifies the efforts of the medical and nursing staff in emphasising to parents the importance of vaccination and in offering vaccination in the clinics.

The following table records the number of persons known to have been vaccinated or re-vaccinated during 1955, by general practitioners and clinic medical officers:—

TABLE 14

	Under 1 year	1 year	2-4 years	5-14 years	15 years and over	Total
No. of primary vaccinations ...	1602	41	21	36	72	1,772
No. of revaccina- tions ... ..	.	.	4	27	266	297

Immunisation against Diphtheria and Whooping Cough

In spite of continual efforts to secure the immunisation of at least 75% of babies in the Area before their first birthday, it has not yet proved possible to achieve this target. In fact, there was a slight recession last year to 57.8%, and in order to counteract this fall an intensive publicity campaign has been arranged in both Boroughs to take place in February and March, 1956.

The following table shows the total number of immunisations of all age groups carried out during 1955:—

TABLE 15

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	76	1,622	.	.	.
One	34	334	3	.	.
Two to Four	74	109	17	542	16
Five to Fourteen	275	17	6	906	21
Fifteen and over ... ..	.	1	.	13	.
Totals	459	2,083	26	1,461	37

PREVENTION OF ILLNESS,

CARE AND AFTER CARE

Section 28

Recuperative Holidays

The Area health staff continued to be responsible for dealing with applications for recuperative holidays and during 1955, 235 applications were received compared with 279 the previous year. Of these, 188 were approved, 41 were not approved and six were withdrawn before action could be taken.

DOMESTIC HELP SERVICE

Section 29

The total number of cases provided with home help during the year was 1,623. This shows an increase from 1,499 during 1954. This increase occurred in spite of a slight fall in new cases which were 67 less than 1954. It can be seen from the table below that by far the greatest provision of help is to the chronic sick, who include the aged and infirm. Once service is provided to these patients it has very often to be continued over a long period, generally until the patient dies or is admitted to hospital, and it is this factor which is causing the total number of cases receiving service to rise. In short, the cases are not ceasing at as high a rate as they are commencing. At the end of the year there were approximately 170 cases who had been receiving help for more than three years.

The considerable increase in the volume of the work of the service can be illustrated by the following figures for the past three years:—

TABLE 16

	December 1953	December 1954	December 1955
No. of cases being provided with help ...	618	809	894
No. of home helps employed (part-time and full-time)	145	165	175
Equivalent whole-time establishment ...	78.6	89.2	102.0

The policy of the department is to provide at least a little amount of help to all needy cases, and it will be appreciated that the task of providing help, week by week to nearly 900 cases calls for careful planning, particularly taking into account absences of staff owing to sickness in the winter and holidays during the summer months.

It should be stated that as each new case is visited by the organising staff, enquiries are made to establish whether the necessary help can be provided by any other means, e.g., by adult children or other relatives, but it has become increasingly evident that many married daughters who would in the past have been able to help their aged parents are themselves going out to work and are unable to assist.

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

TABLE 17

Cases provided with help	No. of new cases provided with help	No. of old cases for which help was continued from 1954	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)	105	9	114	8
Tuberculosis	24	48	72	38
Chronic Sick (including aged and infirm)	531	734	1,265	828
Others	154	18	172	20
Totals	814	809	1,623	894

INSPECTION OF CHILDREN'S HOMES

An important part of the work of the assistant medical officers is the visiting of the several children's homes in the Area. These homes are organised by the County Council for children in their care. There are six such homes in Tottenham and Hornsey, five mixed with a total of 23 boys and 26 girls, and one other home for 18 boys. The homes are staffed by house-mothers with the exception of the home for boys only which has both a full-time house-mother and house-father. Each child is registered with a local general medical practitioner just as are children in their own homes. The assistant medical officers visit monthly, to supervise the children's general progress and to report on conditions generally at the home.

SCHOOL HEALTH SERVICE

Introduction

The work of the school health service follows the pattern built up in past years. The routine medical inspection or periodic health overhaul of school children continues to be the foundation of the Service. During the year some minor but not unimportant innovations became part of the regular routine of examination. These were the colour vision testing of pupils in the intermediate age group, and more important, the vision testing by means of "E-cards" of school entrants not yet able to read. The valuable results of such testing are referred to later in the ophthalmologist's report.

During the year the Committee was asked to recommend the setting up of an orthoptic clinic at Lordship Lane, and the appointment of an orthoptist, as the system of referring children for such treatment to hospital was proving unsatisfactory and inconvenient to the parents. Approval was given and at the end of the year preparations were complete to start the clinic during January, 1956, under the general direction of Mr. Kletz, visiting ophthalmologist.

In this year's report, too, reference is made to various other school activities with a bearing on health, in particular the school meals service.

School Dental Service

Mr. V. Sainty, L.D.S., Area Dental Officer, reports that all surgeries were fully staffed during the year.

Early in the year a visit to the Area was made by Miss E. M. Knowles, O.B.E., F.D.S., H.D.D., a Senior Dental Officer of the Ministry of Health, who visited all the clinics and talked with the Dental Officers mainly on matters concerned with the priority dental service. She was accompanied by Mr. Bingay, the Chief Dental Officer of the County Council.

The *orthodontic clinic* (7 sessions a week) has now been operating for a year, but there still remains a long waiting list of children requiring treatment, and consequently it has become necessary to stop the reference of any more cases at present apart from those in a special category due to age and/or severity of malocclusion.

It is hoped that it will be possible to extend the number of sessions to make a full-time appointment, but as the services of the orthodontist are shared with another Area, and as the number of these specialists is insufficient for the large amount of this kind of work, it is doubtful whether this can be done in the near future. The dental officers continue to treat a number themselves. Parents are increasingly conscious of the value of this branch of dentistry and are generally anxious that their children should have the treatment, and often are worried by the prospects of a long wait before a start can be made.

As regards the school dental service in general, the records of routine inspections show that over 25,000 children out of a school population of 30,000 were dentally inspected during the year so that the ideal of an annual dental inspection is coming within sight of attainment.

The following tables show the work carried out during the year :

TABLE 18
DENTAL INSPECTIONS AND TREATMENT

Age Groups	No. inspected	No. found to require	No. referred for treatment at the County Council's Dental Clinics
Under 5	24	18	17
5-16 and over	4,871	3,554	3,251
Specials	1,709	1,632	1,621
Total	6,604	5,204	4,889
Number of pupils treatment commenced			2,808
Number of pupils treatment completed... ..			2,021
Number of attendances made by pupils for treatment			7,409
Number of appointments not kept			1,327
Number of half days devoted to (a) Inspection			53
(b) Treatment			1,104
Fillings—Permanent Teeth			5,055
Temporary Teeth			1,738
Number of teeth filled.—Permanent Teeth			4,485
Temporary Teeth			1,669
Extractions—Permanent Teeth			253
Permanent Teeth for Orthodonture			93
Temporary Teeth			2,119
Anaesthetics (a) General			742
(b) Local			706
(c) Regional			294
Other operations (a) Permanent Teeth			946
(b) Temporary Teeth			1,589

TABLE 19
SPECIAL DENTAL TREATMENT
UNDERTAKEN BY DENTAL OFFICERS

Number of impressions, etc.	12
Number of Dentures fitted	10
Number of crowns and bridges	6
Number of inlays ... ..	.
Number of radiographs (a) at Dental Clinics	99
(b) at Hospitals ... ..	.

TABLE 20

ORTHODONTIC EXAMINATION AND TREATMENT

[illegible]

General Health and Infectious Diseases

In general the children as seen at routine medical inspection are healthy, well-nourished and well-clad, and the following tables show the results of inspection. Diseases of squalor such as pediculosis and scabies are, except for a hard core of cases, becoming a thing of the past. The commonest problems met with to-day are mental rather than physical and this subject is taken up later in this report.

TABLE 21

PERIODIC MEDICAL INSPECTION

Periodic Medical Inspections				Other periodic inspections
Entrants	Second age group	Third age group	Total	
939	888	1,051	2,878	1,914

Other Inspections

Special inspections	Re-inspections
1,555	954

TABLE 22

CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS

Age Groups	No. of pupils inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Entrants	939	552	58.8	384	40.9	3	0.3
Second Age Group	888	516	58.1	370	41.7	2	0.2
Third Age Group ...	1,051	608	57.8	437	41.6	6	0.6
Other periodic inspections ...	1,914	1,093	57.1	812	42.4	9	0.5
TOTALS	4,792	2,769	57.8	2,003	41.8	20	0.4

As far as infectious diseases are concerned, the most notable feature of the past year has been the rise in the number of cases of *measles* notified. Measles is a disease normally occurring in epidemics every other year and there would normally have been a decrease in notifications in 1954. This took place, however, to such an extent that the number of susceptible children in the population was very large and the disease swept through the whole country in the early months of 1955. Fortunately, it is no longer the serious disease it once was, partly due no doubt to chemotherapeutic agents, partly to improved health of the child population, possibly due to decreased virulence. In Hornsey and Tottenham in 1955 there were 1,624 cases notified but no deaths were recorded.

Only one case of *diphtheria* occurred during the year; fortunately the organism was not virulent and the child had a very mild infection.

Poliomyelitis has been widespread in this country during the past year, although, fortunately, with an unusual preponderance of non-paralytic cases. In Tottenham and Hornsey there were 13 cases confirmed, of which three were paralytic, with no deaths. At no time was it found necessary to stop the immunisation campaign.

There was only one important outbreak of *dysentery* in the schools in 1955, namely, at Stroud Green School where, as is usual, it affected mainly the infant and junior departments. The expedient followed in recent years was used again, namely, the twice daily disinfection of toilet seats and chains coupled with extra attention by the teacher concerned to the washing of hands by the children after the use of toilets. The outbreak was quickly brought under control.

Treatment in School Health Clinics

The following table shows details of the cases treated at the clinics during the year and comments will be found in the appropriate sections throughout this report:—

TABLE 23
TREATMENT TABLE

	No. of new cases treated during the year	
	by the Authority	Otherwise
Minor Ailments	767	55
Eye disease, defective vision and squint ...	53	1,136
Diseases of ear, nose and throat—		
(a) Received operative treatment ...	.	1
(b) Received other forms of treatment	39	189
Orthopaedic and postural defects	11	416
Child Guidance ... ..	.	37
Speech Therapy	94	.
Orthoptic Treatment	158	.
Chiropody	184	.

Tuberculosis in Schools

The years since the inception of the National Health Service have seen a dramatic change in the whole picture of tuberculosis in the community. The mortality rate has fallen dramatically from approximately 50 deaths per 100,000 population to under 20 per 100,000 population per annum. The notification rate too has now begun to fall after some lag. Most important of all there can be little doubt that the *infectivity* of cases has declined, i.e., they are now less of a danger to the community.

This decline in infectivity is reflected in the lowered rate of tuberculin sensitivity in the child population. At one time a great many school entrants were tuberculin positive and such a finding was of little value. Now the numbers are so few that this finding provides a starting point for the discovery of a source of infection in the child's environment.

Patch Testing

During the autumn term of 1955 it was decided to start routine patch testing of school entrants, and 177 children in Hornsey were tested. Of these only six were patch positive. The children and their families were invited to the Chest Clinic for x-rays. The father of one of these children was found to be a case of infectious tuberculosis and is now in hospital regaining his health and no longer a source of danger to the community. It is intended to patch test the remainder of the Hornsey school entrants and the Tottenham children during the rest of the school year.

B.C.G. Vaccination

Now that so few school children come in contact with tuberculosis, while they have less chance of succumbing to the infection they also have less chance of building up any resistance. It was decided to begin vaccination against tuberculosis by means of the avirulent B.C.G. vaccine, offering it to all children in the 13-14 year age group whose parents gave consent. A very successful start was made as can be seen by reference to the accompanying table.

TABLE 24

Parents approached	...	437	
Parents accepting	...	327	(74.8)
Mantoux tested and read...		283	
Mantoux positive ...	...	17	(6.0% of those tested)
Mantoux negative	...	266	(94.0% of those tested)
Total vaccinated	...	263	(60.2% of children in group approached)

75% of parents consented to the procedure. Some children had to be excluded because of contact with a tuberculous patient or for inter-current infection. Of the 283 who were tested (Mantoux 1/1,000) 6% were tuberculin positive and 94% tuberculin negative. The latter were vaccinated and the former referred to the Chest Clinic for investigation; in no case was a child found to have tuberculosis.

The vaccination reactions were entirely uncomplicated—no case of excessive ulceration or abscess formation being seen. The pock does not seem to cause any interference with school work or play.

General practitioners in the Area have been fully informed of the working of the scheme and are notified of the results of mantoux testing and informed when the child is vaccinated.

The campaign is carried out by a team consisting of a doctor, school nurse and a clerk. The doctors concerned have been trained in the technique of mantoux testing and vaccination with the co-operation of Dr. MacQuiston and Dr. Butterworth of the Tottenham and Hornsey Chest Clinics respectively. The Chest Physicians have throughout been consulted and have shown the utmost consideration and co-operation.

Cases of Tuberculosis in Schools

During the year a number of school children were notified as cases of tuberculosis and two school teachers were in addition so notified. These cases were discussed with the appropriate chest physicians and where no source of infection was known or discovered in the home, epidemiological investigations were carried out at the school. Details of these cases are given below.

(i) *A secondary grammar school in Hornsey*

A senior pupil at a girls' grammar school in Hornsey was found to have pulmonary tuberculosis. The girl had worked for a time as a pupil-teacher at a primary school.

A "screening" patch test was performed on all children whose parents gave consent at both schools; those children found positive were given a further test; 302 children at the grammar school and 180 at the primary school were so tested. As a result of these procedures 23 of the girls at the grammar school were found to require x-ray. Each was chest x-rayed and nothing abnormal found; 19 of the teaching staff and seven of the school meals and domestic staff were x-rayed and found to have nothing abnormal.

(ii) *A secondary grammar school in Tottenham*

A case of pulmonary tuberculosis in a girl at this school was picked up on the Mass Radiography Survey which took place in Tottenham during January. As 190 of the 203 girls over 14 years of age had visited the unit and the only abnormality was this case, in agreement with the Chest Physician it was decided that patch testing would not be necessary. However, 20 teachers who had not attended the mass radiography unit were x-rayed as well as the entire school meals staff of ten persons. All these x-rays were within normal limits.

(iii) *A primary school in Tottenham*

Following a case of pulmonary tuberculosis in a ten-year-old girl at this school, 428 children were patch tested, of whom nine were positive. Three of these children were already known to the Chest Clinic. The other six attended the clinic for x-rays and mantoux test. All the chest x-rays were normal, but three children are being kept under observation at the clinic; 19 teaching and kitchen staff attended for chest x-ray and all were normal.

(iv) *A secondary grammar school in Hornsey*

A 14-year-old girl at this school was notified as suffering from pulmonary tuberculosis; 420 pupils were patch tested, of whom 13 were positive. One of these left the district and the other 12 had chest x-rays at the Chest Clinic. All were within normal limits; 15 teachers and eight domestic staff had chest x-rays and all were negative.

In addition it was thought advisable, as the case was an infectious one, that all her classmates should be mantoux tested. These 31 girls were invited to attend the Finchley Chest Clinic, and 17 attended, of whom two were "mantoux positive". These two girls were x-rayed, with normal results.

(v) *A secondary modern school in Hornsey*

A teacher at this school contracted pulmonary tuberculosis and investigations at the school were undertaken at the end of the summer term; 188 girls were skin tested and as a result 49 of them were found to be positive. All but one of these girls (whose parents refused) and 21 of the teaching and domestic staff were x-rayed and all were negative.

Tuberculosis Vaccine Trials

During 1955 the Medical Research Council continued the follow-up of children who volunteered as school-leavers in 1951 to take part in this trial. Dr. T. M. Pollock, the physician in charge of the trials reports as follows:—

“We have now completed the figures for our last visit to Tottenham. The young people concerned were those being seen for the third time. Of the 397 invited, 266 attended for x-ray, i.e., 67%, and of these 73% completed their skin tests. In addition, 33% of the 51 who failed to attend last time had an x-ray on this occasion”.

TABLE 25—HANDICAPPED CHILDREN—DISTRIBUTION AS AT 31st DECEMBER, 1955

CATEGORY	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
Blind Pupils	1	.	2	2	.	.	.	.	.	.	3	2
Partially Sighted Pupils	1	4	.	.	.	1	.	.	.	.	1	5
Deaf Pupils ... ..	.	2	.	.	.	.	.	.	.	.	.	2
Partially Deaf Pupils	2	3	2	1	.	.	.	.	.	.	4	4
Educationally Sub-Normal Pupils	16	20	7	4	5	.	1	1	4	.	33	25
Epileptic Pupils... ..	.	.	.	1	.	.	.	.	.	.	.	1
Maladjusted Pupils ... ..	.	.	15	4	1	.	.	.	1	.	17	4
Physically Handicapped Pupils	6	2	1	.	.	.	1	.	.	.	8	2
Pupils with Speech Defects	1	1	1	.	74	22	1	2	1	1	78	26
Delicate Pupils	2	2	7	6	.	.	.	.	.	.	9	8
Pupils with Multiple Defects	1	.	.	.	.	.	.	.	.	.	1	.
TOTALS	30	34	35	18	80	23	3	3	6	1	154	79
GRAND TOTALS	64		53		103		6		7		233	

The Handicapped Child

Broadly, 1 in 60 children are ascertained handicapped pupils. A great deal of thought is devoted to their accurate placement whether this be in a day or residential special school, or preferably in an ordinary school. Ideas on these subjects are constantly changing as medical knowledge increases and demands a constant watchfulness on the part of school medical officers. Reference to these changes will be found in the following paragraphs.

Blind and Partially Sighted Pupils

There are ten blind pupils in Tottenham and Hornsey, of whom nine attend residential special schools.

In March, 1955, the Ministers of Health and Education issued Circular 4/55 and Memo. No. 493 respectively. These discussed the criteria to be used by ophthalmologists when making recommendations regarding special education to local authorities and by local education authorities when placing the child. As a result of these alterations in criteria, which reflected a more optimistic approach to the problem of myopia in school children, two children were returned from the Walthamstow special school for partially sighted children to ordinary schools. In the case of a third child it was considered that although his vision would allow him to take his place with normal sighted children, yet he had not matured sufficiently emotionally to overcome his handicap. It was decided that he should remain at the Walthamstow school for a time during which his stability has so improved that he is to return to an ordinary school at Easter, 1956.

Deaf and Partially Deaf Children

During the past year the partially deaf class at Devonshire Hill School has been started and its value was immediately apparent, so much so that a second class is to be started forthwith. A number of children previously incorrectly placed either with deaf children or in ordinary schools, are now receiving appropriate education.

A number of children are still arriving at the School for the Deaf who have been diagnosed at a late stage, or who, despite early diagnosis, have not received sufficient training at hospital. It is felt that the sooner these children can enter into the nursery class at the School for the Deaf the better will be their progress. Their exact diagnosis as deaf or partially deaf could be delayed until it is possible to see the results of training. In any case the various units should not be regarded as water-tight compartments; rather should the educational system for deaf children be regarded as flexible and a deaf child should be moved from a deaf school to a partially deaf or even ordinary school as his progress warrants it. Of course, it may be that his progress will be in the reverse direction.

School for the Deaf

Mr. T. Brown, Headmaster, reports that the School now serves the whole of the Administrative County and started the year with 68

severely deaf children on the roll divided into nine classes with an age range of 2 to 16 years.

The children under five are accommodated in the Nursery building and most important section of the school. This ensures a sound start at an early age when an infant is "speech ready" and is reflected in his work throughout school life. Unfortunately, the need for this early start is not fully appreciated by everyone; the problem may be further aggravated by parents being assured that their children were partially deaf and would speak normally after a short time, whereas in actual fact these children were educationally severely deaf and only clinically partially deaf.

Early in the year three boys took the entrance examination of the newly opened Burwood Park Technical School for severely deaf boys. All passed, the school thus taking three of the thirty-three places available to the United Kingdom, a laudable effort as the school roll is only approximately 1.5% of the deaf school population of the country.

Throughout the year close co-operation with parents has been maintained and the Parent-Teacher Association flourished. This is quite an essential part of the education of a deaf child and much can be done by such co-operation. A most interesting Parent-Teacher Association lecture was given by Mr. Pierre Gorman, an Australian, born severely deaf, who already holds two degrees of Melbourne University and is studying at Cambridge for his doctorate.

Under the care of Dr. F. P. M. Clarke the aural health has been excellent and there remains but one child requiring further treatment for suppurative otitis media. This is incredibly good for a school for the deaf.

Educationally Sub-normal Children

The second largest category of ascertained handicapped children, and the largest important group, is that of the E.S.N. (135 out of 616). Most of these children attend day special schools, but where the home circumstances are difficult, and this is not unusually the case, then the child attends a residential special school. It will be seen by reference to the Handicapped Pupils Table that 22 children were either not at school or attending an ordinary school; of these, six were not of age to attend a special school, i.e., seven years, but the rest were on the waiting list for admission and in fact there has of late been some difficulty in securing early placement of these children. The position should be eased somewhat, however, fairly soon by the opening of two new day special schools in Middlesex.

The Maladjusted Child

During the year the Committee on Maladjusted Children set up by the Minister of Education issued its report which contains much valuable guidance for those who have to deal with this problem.

Apart from the worst cases there is no great difficulty locally in securing residential placement for maladjusted children. There are no day schools or classes for these children but (to a large extent)

the Opportunity Classes in Tottenham subserve such a function for the younger maladjusted children as educational backwardness is an almost invariable symptom in such cases.

An attempt is being made in the field of prevention at the infant welfare clinics by non-specialist medical staff. In addition there is no doubt that additional sessions are required for actual treatment of pre-school children by a psychiatrist.

While it is not my province to comment on the organisation and working of the Child Guidance Centres in Tottenham and Hornsey, the following comments by Dr. C. Phillips, the visiting psychiatrist, are of special interest:—

“On the subject of delinquency and psychological illness in children, the contribution that bad parenthood makes towards this social problem is, in my opinion, paramount here. There is a good deal that is unknown of this subject, but two things are outstanding: (1) There is a partial, and quite often complete, failure of the parents, particularly the mother in the earliest years, to adapt to the child's needs, so that the aggressive and destructive impulses present in small children do not become moderated as in healthy persons and may, in fact, be stimulated to the point where the child's personality is destroyed by them. (2) The parents, however, commonly have an unconscious participation in the child's delinquent acts, that is, to put it crudely, they get a quiet, perhaps not even realised, satisfaction at the anti-social behaviour. The children work off some old scores for the parents. Parents are commonly not aware of this, but one comes up against this powerful motive in parents when there is an attempt to give advice or deal with the child. One is quite frequently met with the overtly expressed desire of the parents to co-operate in every possible way, but they often manage to find some “reason” for not doing the one thing that has been recommended. This is not because of original wickedness on the part of the parents but because they, themselves, so commonly have a similar character structure because of their own childhood experiences.

This leads us to a consideration of what we might begin to do about these widespread problems. It surely follows that we must attempt to get, as an important goal for the community, a generation of healthy children so that we may, in the distant future, get a generation of healthy adults. I am pleased to report that a start has been made, on a necessarily small scale. In October, 1955, a weekly psychiatric clinic was started in this Area, in which difficulties of children under five could be investigated and dealt with. We have been given a considerable amount of freedom as to how this may be organised, and the present arrangement is that the visiting psychiatrist and each of the medical officers who are working in the schools and maternity and child welfare services, hold a joint clinic session for this purpose, so that their combined knowledge is at the service of the family, and each kind of doctor can have some worthwhile contact with the knowledge and experience of the other related field of work. For the most part, emphasis is on seeing children between the ages of a few months and about three years in order that the earliest developmental processes can be studied, and

mothers taught how to adapt themselves to the child's needs at this stage so that development can take place in a healthy way. Our knowledge of what goes on in the child between these ages has extended enormously, largely as the result of psycho-analytic investigations, but our understanding has only acquired much depth within the last few years, is still fragmentary, and there is much we still do not understand. However, sufficient is known, of extreme value. The problem of making sure that these discoveries become common knowledge is one of our immediate tasks.

Similar clinics are starting in other parts of the country, but it may still be described as pioneer work.

The general principle is that the ordinary, healthy new-born baby can quite reasonably be expected to grow into an ordinary, healthy adult if, first his mother, and later, both parents have the knowledge of how to provide a suitable setting in which the child can grow up. He becomes ill as a reaction to the failure of maternal (parental) understanding, their failure to adapt to his needs, and often active interference with each stage of his development. This last is because of failure to realise that each child has its own natural speed of acquiring skill, control and knowledge, and that it should be allowed to go at that speed and not at one decided upon by the parents. Several factors may bring this about. The parents themselves may be mentally sick, they may be misadvised, or commonly, uninformed, though they are willing and eager to do their best within the limits of their knowledge. Quite often, parents act on what they think is knowledge but which quite often turns out to be popular mythology; for these parents, and those who have difficulty because of their anxieties, help is provided in the clinic during the interview. For those whose difficulties are greater because of a more severe emotional disorder, adequate facilities for psychiatric treatment must ultimately be provided elsewhere.

We think that this new venture is the beginning of a really worthwhile fusion of therapeutic and preventive medicine".

Epileptic Children

In December, 1953, the Minister of Health issued Circular 26/53 concerning the special welfare needs of epileptics and spastics. Statistics published in this circular gave an estimate of the number of epileptics in the British population as 2.0 per 1,000 which in the school population of Tottenham and Hornsey means an expected finding of approximately 60 epileptics. Similar statistics for the number of epileptic children severe enough to be ascertained are 0.2 per 1,000 which would give an expected number in Tottenham and Hornsey of six children.

The actual number of epileptic children known to the school health service is 61.

As a result of the issue of the Ministry circular certain steps were taken. Firstly, it was decided to keep a record of all cases of epilepsy coming to the notice of the school health service. General practitioners in the Area were circularised and requested to inform the Borough school medical officer of all known and suspected cases as soon as possible after the age of two; secondly, to continue the practice pre-

viously employed of assessing the educability and educational needs of all known cases as soon as this could reasonably be undertaken; lastly, that each epileptic child should receive special consideration as to employment needs at the school-leaving medical examination, and for the young person to consult the Youth Employment Officer with a view to registration as a Disabled Person where this is thought to be necessary.

The British Epilepsy Association arranges an annual holiday for those epileptic children whose parents cannot make other arrangements for them to have a holiday. Through the school health service two children from this Area were nominated and accepted, and spent two weeks' holiday at Eversley Hall, Brackley, Northants.

Physically Handicapped Pupils

During 1955 work was begun on the new medical unit at the School for Physically Handicapped Children, Vale Road, Tottenham. When completed this will consist of a medical examination room (both for routine inspections and for diagnostic interviews), an orthopaedic room and a room for speech therapy. In the past all this has been done in one room.

Dr. W. F. Dunham, Medical Director of the Spastic Unit at the School, gave a talk to the medical and health visiting/school nursing staff in May on the early diagnosis of cerebral palsy. The spastic unit is completely full and Dr. Dunham has submitted the following account of progress in this field:—

“Out of the total of 93 pupils at the school, 27 have cerebral palsy, and of these only five now receive treatment outside the school.

As always, our aim has been to obtain from each child, though the collaboration of all who in any way influence his behaviour, the best performance of which he is capable. “Therapy”, therefore, must mean that teachers, instructors and parents, as well as therapists must appreciate what are the child's physical capabilities, and must so enlist his interest and, where necessary, so help him, that his achievements are the best possible to him at that time. In this, there has been a most happy collaboration between teachers, instructors and medical staff. Where appropriate, the children take part in woodwork, metal-work, cookery and swimming. For school work, furniture of exactly the right size for each child has been made, and this is altered as necessary as the child grows. This provides the child with a secure sitting posture and so makes his work easier, helps him to learn to steady his trunk for standing and walking, and discourages the development of deformity.

Collaboration with the parents has been achieved both at medical clinics and by visits (both in term time and in the holidays) by the Therapist, Miss Wilson, who joined the school at the beginning of the autumn term to replace Mrs. Kinnaird who has left to take up an appointment elsewhere.

An interesting experiment, carried out with the collaboration of the Crowland Secondary Modern School has been the enlistment of some

20 pupils from this school for normal children to act as helpers and instructors for swimming for the physically handicapped children from Vale Road School, of whom eight have been children with cerebral palsy. The experiment has been a great success, the normal children gaining in sense of responsibility and citizenship, and the handicapped children in enjoyment, enthusiasm and ability. Supervision is by the Borough Swimming Instructor and school teaching and medical staff.

During the year, two cerebral palsied children left the school, one entering a unit for vocational assessment prior to undergoing further training, and one entering a factory where she is employed on equal terms with the other workers, with no concessions.

The Consultant has been called upon to give an opinion on the capabilities of seven children not attending the school, and on the most suitable provision to be made for them. The ages of these children ranged from two years and four months to eleven years; it is hoped that as the availability of this service becomes more widely known babies and younger children may be referred also, as it is the handling which palsied children receive early in life which determines the difficulty of their subsequent treatment and to a considerable extent the success with which they were able eventually to lead a normal life."

Delicate Pupils

This is an omnibus term covering children with a number of different conditions, but who have in common one characteristic at least, namely, a failure to thrive in their ordinary environment. Thus a number of these children are asthmatics, others suffer from frequent upper respiratory infection and one is a diabetic. Of the 36 children concerned, 27 attend a residential open-air school and eight a day open-air school.

Speech Defects

There are two whole-time and two 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.:—

"Early treatment of the stammerer remains our aim, and is essential if speech anxiety and consequent secondary stammer are to be prevented. In this context, the result of research recently published by Miss M. Jameson, L.C.S.T., speech therapist to the Royal Victoria Hospital, Newcastle-on-Tyne, is relevant. She found: 'There is a greater chance of speech recovery if the mother attends for advice when the child is still under five years of age, or if the child begins treatment within one year of the onset of the stammer'.

The majority of children receiving regular speech therapy at Vale Road School for the Physically Handicapped suffer from cerebral palsy or other neurological defect. Several have a major speech handicap, requiring intensive treatment. The invaluable co-operation of the headmaster and his staff is much appreciated."

Rheumatism Supervisory Centre

Report for year 1st August, 1954, to 31st July, 1955.

This clinic has continued with fortnightly sessions held at the Prince of Wales's Hospital in association with the Children's Out-Patient Department under the control of Dr. I. M. Anderson, Consultant Paediatrician.

Total Children on Rheumatic Register (previously) ..	206
New Cases added during year	11
	<hr/>
	217
	<hr/>
Total Cases removed from Register since 1951 ..	58
	<hr/>
Children remaining on Register	159
	<hr/>

Analysis of these cases:—

	<i>Tottenham</i>	<i>Outside Area</i>	<i>Total</i>
Rheumatic Fever	33	17	50
Rheumatic Carditis	23	11	34
Rheumatic Fever with Chorea	1	.	1
Chorea (uncomplicated) ..	3	1	4
Chorea with Carditis	3	.	3
Rheumatoid Arthritis	3	3	6
Rheumatic Limb Pains	1	.	1
Congenital Heart Disease ..	30	20	50
Other cases	8	2	10
	<hr/>	<hr/>	<hr/>
	105	54	159
	<hr/>	<hr/>	<hr/>

Male, 79. Female, 80

Although the number of new cases has been relatively small, old cases have remained under review, and during the year 103 patients have attended making a total of 232 attendances. (This total does not include attendances in the Children's Out-Patient Department on other days than Supervisory Clinic sessions.)

New Cases. These are distributed:—

	<i>Tottenham</i>	<i>Outside Area</i>	<i>Total</i>
Rheumatic Carditis .. ..	.	1	1
Rheumatoid Arthritis .. ..	.	2	2
Non-rheumatic Limb Pains ..	4	.	4
Innocent Cardiac Murmur ..	1	1	2
Paroxysmal Tachycardia ..	1	.	1
Congenital Heart Disease ..	1	.	1
	<hr/>	<hr/>	<hr/>
	7	4	11
	<hr/>	<hr/>	<hr/>

All regarded as fit for full school activities

From all children on the Rheumatic Register, the following changes have occurred during the year:—

Admitted to hospital	.. .. .	11
Discharged from clinic (full recovery or on leaving school)	.. .. .	12
Transferred to other Hospitals	.. .. .	7
Lapsed	.. .. .	12
Deaths (Child from Tottenham Area)	.. .. .	1

The Clinic has continued to assist the School Medical Officer (a) to decide which children with rheumatic symptoms required limitation of school activities and other forms of treatment; (b) to assess children found to have cardiac murmurs at routine school medical examinations; (c) to supervise and treat children with chorea and distinguish them from children with similar symptoms of emotional origin.

As a result of grouping these problems together, much school absence and unnecessary restriction has been avoided.

Hospital School

The hospital school in the Paediatric wards at St. Ann's General Hospital, Tottenham, has continued the work started in 1952. The average number of children being taught per session was 19. The value of such work in maintaining the educational standard of long-term cases cannot be overestimated.

Convalescent Holidays

On the advice of the school medical officers or general practitioners, school children recovering from an acute illness or operation may be sent for a recuperative holiday of two to four weeks at no expense to the parents. During 1955, 60 boys and 44 girls were sent for such a holiday. All the children are seen on their return so that their progress may be noted and any special educational recommendation made.

Orthopaedic Service

Mr. E. Hambly, F.R.C.S., reports that this has been an active year in the orthopaedic service. The clinics have been well attended and the parents and children have proved most co-operative in carrying out the treatment suggested.

The orthopaedic work in Tottenham has the advantage of being a comprehensive scheme, as Mr. Hambly, who undertakes the clinic sessions, is able to carry out any operations or further investigations that may be necessary at the Prince of Wales's Hospital and St. Ann's General Hospital, Tottenham.

In addition, there is complete co-operation with the Vale Road School for Physically Handicapped Children. Equally so, with Dr. Dunham, who is Medical Director of the Spastic Unit there, and with the Headmaster, teaching, nursing and physiotherapy staff wholly or part-time attached to the school.

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:—

"Number of cases who attended during the year ..	1,739
Number of cases of strabismus	220

During the year cases for orthoptic investigation and treatment have been referred to the Prince of Wales's Hospital, but arrangements, at the end of the year, were well advanced for the appointment of an orthoptist at Lordship Lane. Cases of strabismus requiring surgical treatment were referred to Moorfields Eye Hospital.

During the year three cases were registered as partially sighted, whilst two cases were recommended to be returned to normal schooling".

HORNSEY

Dr. Marian Lones, M.B., D.P.H., D.O.M.S., reports as follows on the work of the Ophthalmic Clinic at Hornsey Town Hall:—

"The total attendances at the clinic have been increased during this year by some 3% and the waiting list for new cases was nil at the end of the year.

Children's glasses are very vulnerable to damage and before the National Health Service Act patients found this an expensive item. The scheme for free repair of glasses is much appreciated.

238 repair forms were issued during the year.

A number of children from an infant school were referred following 'illiterate E-card' testing. This test does not require reading ability on the part of the child but does require patient and kindly attention by the school nurse or else children may merely fall silent and be thought to have poor vision. In actual fact almost all those cases referred were the 'true bill' and a number of myopes were found whose vision was, say, 6/12, but which might have been 6/36 by the time of the intermediate medical examination".

School Meals Service

This service performs an invaluable health and educational function, providing as it does one balanced meal a day to all who use it, and in addition teaching the value of eating together in clean and healthy surroundings. Under the supervisory eye of the teacher many small children rapidly improve their table manners and the faddiest of children usually loses his fads when away from over-anxious parents.

Of course, the daily feeding of so many thousands of children in Tottenham and Hornsey places a formidable responsibility upon the shoulders of the school meals staff. Every precaution must be taken to prevent the spread of food-borne infection.

During March and April, 1955, a comprehensive survey was undertaken by the medical staff of every school canteen in the two boroughs.

It must be said at once that the standards of hygiene set are exceptionally high. The supervisory staff are indefatigable in their efforts to ensure that food, food containers and premises are protected from infection.

It must albeit be said that in some cases either the premises were unsuitable for a canteen site or too cramped, or that toilet facilities were inadequate. Strenuous efforts are being made by the divisional education executives concerned to put these defects right. As an example, it was noted in one large canteen that there was no running hot water in the toilet and it was suspected that the staff used a kitchen sink and nearby towel. This has now been remedied by the installation of a gas heater and no fault can now be found in that canteen.

