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

FORTIOR QUO PARATIOR

THE HEALTH

OF

HORNSEY

1957

THE ANNUAL REPORT of the MEDICAL OFFICER OF HEALTH

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BOROUGH HEALTH COMMITTEE

Chairman: Councillor C. R. WILLIAMS

Vice-Chairman: Councillor J. T. WILKINS

Alderman S. G. GOULDING
„ Miss J. RICHARDSON
Councillor Miss O. R. ANDERSON
„ A. R. BOWERLEY
„ J. F. FORD
„ V. P. GELLAY, B.SC.
„ P. PHILLIPS
„ C. E. ROBINS
Alderman T. TIVENDALE
„ L. J. VALETTE
Councillor H. A. L. ROSSI, LL.M.
„ P. G. STAPLEY
„ C. V. TIPPING
„ Miss M. E. WEST
„ F. J. WORSTER
"Ex-officio" THE MAYOR

LOCAL AREA HEALTH COMMITTEE

Chairman: Councillor Miss O. R. ANDERSON (Hornsey M.B.)

Vice-Chairman: Councillor Mrs. M. E. PROTHEROE (Tottenham M.B.)

Representing Hornsey Borough Council

Alderman Miss J. RICHARDSON
Councillor Miss M. E. WEST
Councillor J. T. WILKINS
Councillor C. R. WILLIAMS

Representing Tottenham Borough Council

Alderman A. REED, J.P.
Councillor H. LANGER
Alderman Mrs. A. F. REMINGTON
Councillor M. T. MORRIS
Councillor J. R. RAMSHAW

Representing Middlesex County Council

County Alderman M. W. BURNS, J.P.
„ Coun. F. H. BROOKES
„ „ V. BUTLER
County Coun. Mrs. S. G. CHILD
„ „ H. H. GODWIN-MONCK
„ „ Mrs. M. E. SOALL

Representing Hospital Management Committee

Mrs. R. M. FRY

Co-opted in advisory capacity

Dr. L. HORNUNG (Local Medical Committee)
Mr. R. W. D. BROWNLIE (Local Dental Councillor)
Mr. L. HAYWARD (Local Pharmaceutical Committee)
Miss E. HAZEL (Royal College of Nursing)
Miss EDEY (Royal College of Midwives)

STAFF

BOROUGH HEALTH DEPARTMENT

Medical Officer of Health	G. HAMILTON HOGBEN, M.R.C.S., D.P.H.
Deputy Medical Officer of Health	A. YARROW, M.B., CH.B., D.P.H.
Veterinary Inspector ..	F. G. BUXTON, M.R.C.V.S.
Chief Public Health Inspector, Petroleum Inspector and Shops Inspector ..	J. D. CHANCE, M.A.P.H.I., Public Health Inspector's Cert. Food Inspector's Cert.
Chief Clerk	D. B. DAVIES, D.P.A. (Lond.)
Public Health and Shops Inspectors	W. J. WILSON, D.P.A. (Lond.), M.A.P.H.I., Public Health Inspector's Cert. Food Inspector's Cert.
	E. HUNDY, M.A.P.H.I., Public Health Inspector's Cert. Food Inspector's Cert. Cert. in Sanitary Science.
	R. DOWNES, M.A.P.H.I., Public Health Inspector's Cert.
	S. SWINNERTON, M.A.P.H.I., Public Health Inspector's Cert. Food Inspector's Cert.
	A. K. D. SHUTTLEWORTH, M.A.P.H.I., Public Health Inspector's Cert.
	R. L. HOOPER, M.A.P.H.I., Public Health Inspector's Cert. Food Inspector's Cert. (Resigned 31st May)
Senior Clerks	D. N. IRVINE, D.P.A. (Lond.) H. P. BRADFORD
Clerk	Mrs. M. M. BERRY
Shorthand-typists ..	Mrs. M. S. WILTON Miss A. E. UNITE Miss B. BASSETT
Drainage Inspection Assistant	H. S. FAGG
Disinfectors and Mortuary Attendants	P. F. HALL (Foreman) W. HOOPER S. J. TWINN
Rodent Operator	E. J. MEAD

AREA HEALTH DEPARTMENT

Deputy Area Medical Officer	A. YARROW, M.B., CH.B., D.P.H.
Senior Assistant Medical Officer	Mrs. J. H. GARROW, M.B., CH.B., D.P.H.
Area Dental Officer ..	V. SAINTY, L.D.S., R.C.S.
Superintendent Health Visitor	Miss H. TOWNSEND, S.R.N., S.C.M., H.V.
Non-Medical Supervisor of Midwives and Home Nursing Superintendent	Miss F. E. CURTIS, S.R.N., S.C.M., H.V. M.T.D.
Home Help Organiser ..	Mrs. D. EDWARDS, S.R.N., DIP.SOC.SC. (Resigned 11.1.58) Mrs. J. M. MCILROY (Appointed 13.1.58)
Assistant Home Help Organisers	Mrs. W. E. PICKARD, S.R.N. (Resigned 31.3.57) Mrs. F. G. WILLS Miss D. BUCK (Appointed 11.6.57)
Area Chief Clerk ..	W. L. N. RELLEEN, T.D., D.P.A.
Deputy Area Chief Clerk	T. W. HADLEY, LL.B. (Resigned 30.4.57) J. B. BAMBROOK, D.M.A. (Appointed 1.7.57)
Sectional Heads ..	A. BALLS N. P. CHILD H. J. DUNHAM, B.A.

Classification of Staff	Full-time	Part-time
Medical Officers	8	8
Dental Officers	7	3
Supervisory Nursing Staff	2	.
Administrative and Clerical Staff ..	37	8
Health Visitors/School Nurses	29	.
Clinic Nurses	8	.
Midwives	9	.
Home Nurses	20	10
Speech Therapists	2	2
Physiotherapists	1	3
Occupational Therapist	1	.
Chiropodists	.	2
Gramophone Audiometrician	1	.
Orthoptists	.	2
Dental Attendants	8	.
Day Nursery Staff	36	1
Home Help Service	6	177
Manual workers, domestic grades, etc. ..	8	26
	183	242

HEALTH DEPARTMENT,
TOWN HALL,
HORNSEY, N.8.

To His Worshipful the Mayor, Aldermen and Councillors

Mr. Mayor, Ladies and Gentlemen,

It is my privilege to submit this Annual Report on the work of the Borough and Area health services for the year ending the 31st December, 1957.

The mid-year population, as estimated by the Registrar General, was 96,890 compared with the figure of 97,220 for the previous year. Deaths from all causes numbered 1,114, giving an adjusted death rate of 10.2 per thousand of the population. The total number of births was 1,570 which showed a rise in the birth rate from 13.9 to 16.2. Twenty-seven infants died within the first year of life, giving a relatively low infant mortality rate of 17.2 compared with the average for England and Wales of 23 per thousand live births. An unfavourable feature, however, was the sharp rise in the number of still-births from 28 to 39, giving a rate of 24.2 compared with the national rate of 22.4.

In general the standard of health in the Borough was well maintained throughout the year. Threat of wide spread Asian influenza fortunately did not reach the proportions forecast, though when it arrived in Hornsey considerable absenteeism from its effects resulted in both child and adult population.

Following past achievements to ensure clean water to drink and clean food to eat, comes the much to be welcomed enabling legislation to ensure clean air to breathe. Just how great a contribution the establishment of smoke controlled areas will make to the health of the nation may at first be difficult fully to assess; but it is certain that these new control measures will have an early effect in reducing the risk of "smog" as a major cause of respiratory diseases, in particular bronchitis in the elderly.

Progress during the past year in the Campsbourne Redevelopment Area saw a final stage in demolition of some of the worst property in the Borough. Families from these worn out premises, with basement dwellings subject to periodical floodings and permanent insanitary conditions, are now being rehoused in new and attractive flats or houses with many modern amenities. When fully redeveloped this new housing estate with its appliances for burning smokeless fuel, will form the nucleus of a future smoke controlled area.

In matters of health education the borough and area health departments have closely co-operated, giving special attention to such subjects as food hygiene, atmospheric pollution, prevention of accidents in the

home, protection against infection by vaccination or immunisation and discouragement in development of a smoking habit. Since the school health and personal health services ceased to be an autonomous function of the Borough, I have continued to include in my Annual Report details of the work of these services not otherwise available to all members of the Council or to the general public. In this way it is hoped to maintain a local interest and a sense of local responsibility so vital to successful local government administration.

For their loyal support and valuable assistance in the compilation of this Report I am particularly indebted to my deputy in the Borough and Area—Dr. A. Yarrow, to the chief public health inspector—Mr. J. D. Chance, and to the chief clerks, Mr. D. B. Davies in the borough and Mr. W. L. N. Relleen in the area health offices.

In conclusion I wish to express my sincere appreciation to the Chairmen and members of Committees concerned for their continued support and encouragement.

I am,

Your obedient servant,

G. HAMILTON HOGBEN,

Medical Officer of Health.

31st July, 1958.

INFECTIOUS DISEASES

MEASLES

The epidemic of measles followed the usual pattern: 1,106 cases being notified during the year, over 90% of which occurred by the middle of May. The notified cases were mainly children between the ages of 5 and 10 years who had commenced school since the previous epidemic in 1955 and younger children in the same households; only 37 patients were over 10 years of age. The disease was evenly spread throughout the borough.

Fifteen children were admitted to hospital and the total number of complicated cases was three; all made uneventful recoveries. There were no deaths from the disease.

POLIOMYELITIS

Seven cases of paralytic poliomyelitis were notified during the year, and one without paralysis. The latter a baby girl of 2 years made an uneventful recovery.

An adult patient with severe bulbar paralytic poliomyelitis died after seven months in hospital. Of the other six cases five still had some degree of residual paralysis at the end of the year as follows:—

A baby of 7 months (on admission to hospital) paralysed from the waist down and there is little prospect of appreciable improvement.

A woman of 39 years with paralysis in right hand and both arms; still under treatment at the end of the year.

A boy of 16 years with moderate weakness in his left arm especially around shoulder girdle.

A housewife of 28 years; lower trunk and both legs affected; able to walk only with crutches; leg muscles very weak.

A boy of 13 years; mild to moderate weakness in both legs. Has improved sufficiently to attend school and do light physical training.

A woman of 30 years with paralysis in both legs: showing steady improvement.

The limited scheme for vaccination against poliomyelitis was extended during the year. A note on this is included on page 68.

SMALLPOX

The notification of three cases of smallpox in the neighbouring Borough of Tottenham in June 1957 necessitated close co-operation between the Health Department there and its neighbours. 48 contacts lived in Hornsey and arrangements were immediately made for them to be visited by public health inspectors and kept under surveillance for a period of 16 days. Those who had not been vaccinated recently were advised to apply to their family doctor.

Names and addresses of contacts were notified to the family doctors, and all medical practitioners in the Borough were kept fully informed of the progress of the outbreak.

Surveillance of the contacts living in Hornsey entailed a considerable amount of work for the staff of the Health Department and necessitated many hours of overtime during particularly the first week.

A total of 268 visits were made as follows:—

			No.	Visits
Ambulance contacts			5	51
Hospital contacts				
Staff	26	101		
Patients	3	25		
Visitors	3	34	32	160
Workplace			7	30
School (Teacher)			1	8
Others			3	19
Totals:			48	268

No Hornsey resident developed the disease.

INFLUENZA

The only form of influenza which is statutorily notifiable is acute influenzal pneumonia and 36 such cases were notified.

The general outbreak of Asian influenza lasted in this borough from mid September until late November and during this period it was estimated that over half the absences from school were due to influenza. A little over 25% of all school children were absent at the beginning of October and in one school for a period of two weeks over 40% of the scholars were absent.

In specimens taken from children at the first school to be affected, influenza virus "A" of the Asian type was confirmed.

The number of adults certified as sick to the Ministry of Pensions and National Insurance rose rapidly at the beginning of the outbreak and double the normal sickness was recorded by 25th September. Two

weeks later it had risen to three times the normal rate, the increase being due mainly to Asian influenza. Generally it was a mild illness.

Protective vaccine was made available to hospital staffs as well as general practitioners, home nurses and others at special risk.

DYSENTERY

Twenty-five cases of dysentery were notified. The causal organism in one case was that of "shigella flexner", and isolated from a West African Student. All other bacteriologically confirmed cases were due to "shigella sonne".

An account of a small outbreak in a nursery is described on page 57 of this report.

FOOD POISONING

Seven cases of food poisoning were notified during the year; three were due to "salmonella typhi-murium", but in the other cases the causal organism was not discovered.

LABORATORY SERVICES

The Health Department is the collection centre for specimens submitted for laboratory examination by general practitioners in Hornsey, and containers are obtainable from the department during office hours.

Specimens received in the department are collected by a messenger from the laboratory daily 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 or food poisoning 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 reports made during 1957:—

Faeces	466
Nose and throat	3
Sputum	29
Per nasal	5
Food	2
Vesicle fluid	1
Vomit	1

TUBERCULOSIS

The total number of cases on the Tuberculosis Register at the end of 1957 was 993, viz., pulmonary 894, non-pulmonary 99.

	Pulmonary		Non-Pulmonary		Total	
	Male	Female	Male	Female	Male	Female
(*a*) Number of Cases on Register at commencement of year ...	516	336	53	50	569	386
(*b*) Number of Cases notified for first time during year under Regulations	44	27	2	1	46	28
(*c*) Cases restored to Register	.	.	.	.	.	.
(*d*) Cases added to Register otherwise than by notification under Regulations						
(1) Transferred from other Districts	49	33	2	1	51	34
(2) From Death Returns	2	2	.	4	2	6
(*e*) Number of Cases removed from Register	72	43	3	11	75	54
(*f*) Number of Cases remaining on Register at end of year	539	355	54	45	593	400

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
					PULMONARY						
2	2	12	17	45	20	2	2	11	2	72	43
					NON-PULMONARY						
.	.	2	3	1	4	.	.	.	4	3	11

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	2	1	1	.	1	1	11	6	8	5	3	5	.	44	71
	F	1	.	3	. .	.	2	8	5	5	.	2	.	1	27	
Non-pulmonary ...	M	.	.	.	.	.	.	.	.	1	1	.	.	.	2	3
	F	.	.	.	.	.	.	.	.	.	.	1	.	.	1	
OTHER THAN BY FORMAL NOTIFICATION																
Death returns from Local Registrar																
Pulmonary ...	F	.	.	.	.	.	.	.	.	.	.	.	1	.	1	1
Non-pulmonary...	F	.	.	.	.	.	.	.	.	.	.	.	.	1	1	1
Inward transferable deaths																
Pulmonary ...	M	.	.	.	.	.	.	.	.	.	.	.	1	1	2	3
	F	.	.	.	.	.	.	.	.	1	.	.	.	.	1	
Non-pulmonary ...	F	.	.	.	.	.	.	.	1	.	.	.	1	1	3	3
Transfers from other Districts																
Pulmonary ...	M	.	.	.	.	.	.	8	15	11	8	6	1	.	49	82
	F	.	.	.	.	.	.	9	15	5	4	.	.	.	33	
Non-pulmonary ...	M	.	.	.	.	.	.	.	2	.	.	.	.	.	2	3
	F	.	.	.	.	.	.	1	.	.	.	.	.	.	1	

NOTIFICATION OF INFECTIOUS DISEASE BY AGE AND SEX

AGE IN YEARS	Scarlet fever		Whooping cough		Acute poliomyelitis				Measles		Dysentery	
					Paralytic		Non-Paralytic					
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1	.	.	7	4	1	.	.	.	14	12	.	.
1	.	1	4	3	.	.	.	.	55	37	6	.
2	3	2	8	5	.	.	.	1	67	56	.	2
3	2	4	4	6	.	.	.	.	72	74	1	.
4	6	5	7	6	.	.	.	.	96	98	.	.
5–9	22	24	24	19	.	.	.	.	236	252	1	2
10–14	2	5	2	4	1	.	.	.	13	9	1	2
15–24	.	1	.	2	1	.	.	.	3	4	.	2
25 and over	.	1	.	1	.	4	.	.	3	5	6	2
TOTALS	35	43	56	50	3	4	.	1	559	547	15	10
	78		106		7		1		1,106		25	

AGE IN YEARS	Acute pneumonia		Typhoid fever		Erysipelas		Food poisoning		Puerperal pyrexia		Ophthalmia neonatorum	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 5	1	1	.	.	.	.	1	.	.	.	.	1
5–14	1	2	.	.	.	.	.	1	.	.	.	.
15–44	7	7	.	1	1	2	2	3	.	10	.	.
45–64	12	5	.	.	.	2	.	.	.	.	.	.
65 and over	13	8	.	.	2	2	.	.	.	.	.	.
TOTALS	34	23	.	1	3	6	3	4	.	10	.	1
	57		1		9		7		10		1	

There were no cases of diphtheria

The infant with ophthalmia neonatorum was treated in hospital. There was no impairment of vision.

NOTIFICATION OF INFECTIOUS DISEASE BY WARDS

	Highgate	Muswell Hill	Crouch End	Central Hornsey	North Haringey	South Haringey	Stroud Green	Finsbury Park	Totals
Scarlet fever	6	22	6	27	1	2	8	6	78
Whooping cough	10	20	1	19	20	5	26	5	106
Acute poliomyelitis									
Paralytic	2	.	3	1	.	.	1	.	7
Non-paralytic	.	.	1	.	.	.	.	.	1
Measles	178	217	126	190	74	36	235	50	1,106
Acute pneumonia	1	1	6	13	20	2	11	3	57
Dysentery	3	2	4	8	.	.	4	4	25
Erysipelas	1	.	2	1	1	.	3	1	9
Food poisoning	1	1	.	3	.	1	1	.	7
Puerperal pyrexia ...	.	7	.	.	1	.	1	1	10
Typhoid fever	.	.	1	.	.	.	.	.	1
Ophthalmia neonatorum ...	.	1	.	.	.	.	.	.	1
TOTALS	202	271	150	262	117	46	290	70	1,408

HOUSING AND SANITARY CIRCUMSTANCES

RE-HOUSING ON HEALTH GROUNDS

The total number of housing cases reviewed on health grounds during the year was 108. In 74 cases action was as follows:—

Nil points recommended	8
5 „ „	8
10 „ „	19
15 „ „	37
Cases recommended for consideration outside the points scheme	2

The remaining 34 cases, in which no further action was taken, were referred to this department direct from doctors, almoners and health visitors. It was considered that action already taken was sufficient to meet the case.

26 cases were placed in categories as follows:—

I. Serious medical conditions	
(a) Active pulmonary tuberculosis	2
(b) Other medical conditions	5
II. Chronic medical or surgical conditions which have crippled the patient	12
III. Old persons needing ground floor accommodation because of infirmity, possibly with illness	5
IV. Serious overcrowding causing undesirable mixing of the sexes with its accompanying moral danger	2

Eleven families with medical grounds were rehoused during the year, three being special cases recommended for consideration outside the points scheme.

CAMPSBOURNE CLEARANCE AREA

The demolition of all the houses in Stage III was completed by the end of the year.

In January, on the official representation of the Medical Officer of Health, the Council declared the following areas to be Clearance Areas:—

Stage IV. Nos. 84, 88-140, (even) and 77-101, 105-115, 121-127, (odd) Myddelton Road.
Nos. 90-112, (even) and 65-103, (odd) Campsbourne Road

Stage V (a)	Nos. 25-31, (odd) Myddelton Road. Nos. 15-33, (odd) and 42-50, (even) Campsbourne Road.
Stage V (b)	Nos. 43-51, (odd) Myddelton Road.

All but a few of these old houses have bulged or overhanging walls, some with fractures. Lintels over the bay structures show deflection with displaced brickwork, slipped arches, and bay mullions out of plumb. Central settlement is evident in all the houses; with floors, staircases and passages out of level and door frames out of square. Many are deficient in natural lighting, and 80% show rising or penetrating dampness. Generally, outside maintenance is non-existent, there being a lack of painting of external woodwork and neglect of fences and dwarf walls.

On the recommendation of the Housing Committee the Council made Compulsory Purchase Orders in respect of these areas and added certain properties as follows:—

Stage IV.	Nos. 86, 117, 119 and the site of 103 Myddelton Road.
Stage V.	Nos. 33-41, (odd) Myddelton Road. Nos. 38a, 40, 52-58, (even) Campsbourne Road.

As a result of these Orders twenty seven objections were received by the Minister and a Public Enquiry was held in the Town Hall on the 12th and 13th June by E. W. Riley, Esq., A.R.I.B.A., A.M.T.P.I., one of H.M. Inspectors. Evidence was given on behalf of the Council by the Chairman of the Housing Committee and the Council's officers concerned, and objections were heard.

After the enquiry the Inspector visited the properties and in October the Order dealing with Stage V was confirmed without modification. The Order dealing with Stage IV was confirmed slightly modified by the inclusion of 87, Campsbourne Road and 99, Myddelton Road among the fit instead of unfit houses.

CLOSING AND DEMOLITION ORDERS

Closing Orders

Property	*Part affected*	*Order made*	*Action taken*
135 North Hill	Whole house	6th Feb.	One family rehoused
137 North Hill	Whole house	6th Feb.	One family rehoused
27 Pemberton Road	Two basement rooms	9th Dec.	Tenants still in occupation at end of year.

Closing Order Determined

A Closing Order made on two rooms and a kitchen in the basement at 15, Hampstead Lane on 20th November, 1952, was determined on 24th July, 1957, the work required to render the premises fit for human habitation having been carried out.

Demolition Orders

A Demolition Order made on 25, Crouch Hall Road on 11th February 1955 was not enforced owing to difficulties with regard to the responsibility for the rendering of the party walls of the adjoining premises. The Middlesex County Council Act, 1956, provided in Section 37 that exposed party walls should be made weatherproof by the person on behalf of whom the demolition is carried out. This clarification of the position enabled the Council to press the owner to carry out the demolition, and the premises were demolished in November 1957.

Demolition following Closing Order

A Closing Order was made on 19, Haringey Road on 17th December 1950. During 1957 the house was demolished and a new house has been built on the site.

CERTIFICATES OF DISREPAIR

The Rent Act, 1957, came into force on the 6th July, 1957, and introduced a much more involved procedure for obtaining a certificate of disrepair. The Act also changed the standard which can be required, as only defects of repair can be considered. These must be limited to those which can reasonably be remedied having regard to the age, character and locality of the premises.

The new procedure is initiated by the tenant, who must serve a notice of the defects on the landlord. The landlord then has six weeks in which he can either do the work or give an undertaking that it will be done. If he does neither the tenant can then apply to the Council for a certificate of disrepair.

The fact that the tenant must draw up his own list of defects is far from satisfactory from the point of view of the Health Department. Only the tenant's items can be included in the certificate of disrepair, and defects which the Public Health Inspector may find during his inspection cannot be included if the tenant has omitted to include them, possibly through lack of technical knowledge. Difficulty is also caused by the use of vague or ambiguous terms by tenants. The Inspector uses his discretion in putting a precise description to such terms, but this is sometimes a difficult matter since nothing of substance must be added to the tenant's list.

After the inspection has been carried out a further opportunity is given to the landlord to undertake to remedy the defects. The following figures show that in nearly half of the cases the landlords did this, certificates of disrepair being issued in the remaining cases.

The Council has power to refuse to accept an undertaking in certain cases. These are (a) where a certificate of disrepair has previously been issued in respect of the premises; or (b) the landlord is liable to repay expenses to the Council under Section 10 of the Housing Act, 1957, in respect of the repair of the dwelling. (This situation can arise when a

notice has been served under Section 9 requiring a house to be rendered fit for human habitation, and the landlord has defaulted); or (c) a previous undertaking in respect of any dwelling in the Borough has not been carried out; or (d) there is a previous conviction of the landlord under Section 95 of the Public Health Act 1936 in respect of any dwelling. (A conviction can result from a failure to carry out the works required by a notice served under the Public Health Act). No undertakings were refused on these grounds.

The procedure for cancellation of certificates has also been changed. Formerly all applications for cancellation required an inspection of the premises. Now the tenant is given notice that the certificate will be cancelled if no objection is received from him within three weeks. It is necessary to inspect the premises only if an objection is received. This change is an improvement, since it considerably reduces the number of inspections required.

In order to provide landlords with documentary evidence as to the satisfactory completion of work which they have undertaken to carry out, the Act provides for the issue by the Council of a "certificate as to the remedying of defects specified in a landlord's undertaking to remedy defects." This certificate is also available to a tenant when he wishes to have proof that defects have not been remedied. Three certificates were applied for by landlords, and two certificates were issued to the effect that all defects were remedied. In the third case all the defects had not been remedied, and a certificate was issued accordingly.

The following figures relate to action under the new Act, during the period 6th July to 31st December 1957:—

Applications for certificates of disrepair	120
Decisions not to issue certificates	1
Decisions to issue certificates (a) in respect of some defects ..	91
(b) in respect of all defects ..	19
Undertakings given by landlords	47
Undertakings refused	—
Certificates of disrepair issued	49
Applications for cancellation of certificates	13
Objections by tenants to cancellation of certificates	7
Decision by Council to cancel in spite of tenant's objection ..	1
Certificates cancelled	5

During the period from 1st January to 5th July 1957, when the issue of certificates was still governed by the Housing Repairs and Rent Act 1954, one application for a certificate of disrepair was refused and five certificates were revoked.

FACTORIES ACT, 1937

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

1. Inspection of Factories

	Total No. of Factories	*No. Inspected*	*Inspections Made*
Factories with Mechanical Power	198	120	138
Factories without Mechanical Power	40	21	22

2. Defects Found

Particulars	*Defects Found*	*Defects Remedied*
Want of cleanliness	1	–
Overcrowding	–	–
Unreasonable temperature ..	–	–
Inadequate ventilation	2	–
Ineffective drainage of floors ..	–	–
Sanitary conveniences—		
(a) insufficient	–	–
(b) unsuitable or defective	1	1
(c) not separate for sexes ..	–	–
Other offences	–	–

There are 230 Outworkers on the register engaged in the following occupations:—

Making, altering, etc. of wearing apparel	165
Making of household linen	3
Making or repairing of umbrellas, sunshades, etc.	8
Making of artificial flowers	11
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	13
Making of brushes	6
Feather sorting	3
Carding, boxing, or packeting of buttons, hooks, etc. ..	1
Making or filling of Christmas crackers, Christmas stockings, etc.	10
The weaving of textile fabric	2
Manufacture of lampshades other than lampshades made wholly of metal or glass or stone	8

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

RODENT CONTROL

The attempts to combat the menace of rats and mice continue to keep a rodent operator fully occupied as well as causing the public health inspectors a great deal of work. The damage to property caused by rats is well known and for this reason the public co-operates well on the whole in this work. The role of the rat as a vector of disease is sometimes forgotten.

The Black Death of the Middle Ages and the Plague of the 17th Century were carried by rats. The diseases were transmitted from rats to man by infected fleas. The flea feeds on the blood of an infected rat and when it dies it seeks another host. Fortunately these diseases are unknown in this country today but rats are still guilty of carrying leptospirosis, food poisoning and rat bite fever. The latter is rare in this country but leptospirosis may occur among sewer workers. It is caused by an organism excreted by the rats in their urine or faeces. A fuller note on this subject was included in my annual report for 1955 under the heading "Weil's Disease" a case of which occurred in Hornsey during that year.

Again it can be reported that no major infestations of rats came to the knowledge of the Department during the year. All complaints received were promptly investigated and the following is a summary of the work done:—

Properties inspected as a result of notification	362
Other properties investigated	162
Properties found to be infested:—	
Rats (a) Major infestations	—
(b) Minor infestations	242
Mice (a) Major infestations	2
(b) Minor infestations	75
Infested properties treated by Rodent Operator	210
Treatments	217
Written notices served	3

RODENT INFESTATION—Sewer Maintenance Treatments

Total number of foul manholes, 1,810.

Dates of treatments:	11th March to 13th April		25th November to 20th December	
Type of sewer	*Soil*	*Surface water*	*Soil*	*Surface water*
Manholes baited	1,055	80	1,096	26
Manholes showing complete prebait take	563	6	606	6
Manholes showing partial prebait take	85	4	52	1
Bait and poison used	Soaked bread and arsenic		Sausage rusk and zinc phosphide	

ATMOSPHERIC POLLUTION

The measurement of atmospheric pollution was continued during 1957. Two methods are in use, one dealing with solid deposits and the other with smoke and sulphur dioxide. Three sites are in use for each method, each chosen in consultation with the Department of Scientific and Industrial Research, to whom monthly figures are given with the object of establishing the pattern of atmospheric pollution over the country as a whole.

The table overleaf gives monthly figures for each site. An examination of the figures reveals the same "pattern" as in previous years with the deposits in the gauge at the Wightman Road site consistently higher than those from the other sites in the Borough. The average monthly excess deposit during the five-year period 1952 to 1956 at this site is 15.5 tons per square mile.

ATMOSPHERIC POLLUTION—MEASUREMENT OF SMOKE, SULPHUR DIOXIDE AND SOLID DEPOSITS

1957	Smoke (milligrams per 100 cubic metres)									Sulphur Dioxide (parts per 100 million parts of air)									Solid Deposits (tons per square mile)		
	Monthly average			Highest daily reading			Lowest daily reading			Monthly average			Highest daily reading			Lowest daily reading					
	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(c)	(d)	(e)
January	14	19	17	37	44	36	6	9	10	4.4	6.9	8.0	15.6	21.9	23.0	1.3	2.3	3.7	10.32	24.80	9.57
February	19	24	22	40	43	45	5	12	9	6.7	9.2	10.2	17.0	23.0	20.4	1.2	1.6	3.5	12.32	25.47	10.60
March	17	21	20	33	39	43	6	7	7	6.4	7.8	9.4	17.7	16.8	18.9	0.7	3.5	3.7	14.21	21.91	11.75
April	9	11	11	30	33	33	4	5	5	4.6	5.9	5.4	18.2	22.5	25.7	1.2	2.3	1.9	8.56	13.77	7.14
May	5	8	7	16	17	17	2	3	3	2.9	3.9	3.4	7.6	8.4	7.4	1.2	1.4	1.5	13.99	19.92	8.88
June	4	5	5	11	10	10	1	2	2	2.4	3.3	2.6	6.1	6.8	6.0	1.0	1.5	0.5	10.13	17.68	6.19
July	3	4	4	7	10	9	1	2	2	1.8	2.4	1.7	4.4	5.3	4.3	0.7	0.9	0.5	14.75	26.28	9.06
August	4	6	5	12	13	13	1	2	1	2.0	2.8	2.1	6.4	7.5	6.8	0.9	1.2	0.8	9.29	18.73	6.58
September	5	8	7	14	16	16	1	4	2	2.6	3.3	3.1	6.0	7.7	6.7	1.2	1.6	1.0	8.66	20.89	6.18
October	15	18	17	46	34	48	5	9	6	5.4	6.0	7.8	19.4	12.8	15.3	0.3	1.9	2.1	10.66	19.76	7.46
November	15	18	18	32	36	33	5	7	8	5.6	5.6	7.9	21.0	16.8	18.0	1.8	1.1	1.6	12.62	35.77	9.34
December	26	32	32	97	153	156	7	9	8	8.2	10.4	15.4	40.0	46.3	68.0	1.2	1.7	3.9	13.82	44.47	10.03

Sites: (*a*) Fortis Green Depot. (*b*) Disinfecting Station. (*c*) Town Hall. (*d*) Church of Christ, Wightman Road. (*e*) Highgate Depot, North Hill.

RIVERS POLLUTION

Water from the surface water drainage system in the Borough finds its way into the River Lea and the River Thames from which the Metropolitan Water Board extracts its water supply. It follows that the surface water drain must be kept free from pollution by sewerage.

A drainage inspection assistant in this Department carries out a continuous inspection of house drains in the Borough. Defects are reported to the district public health inspector who then takes the necessary action for remedying the defects. The following figures give an indication of the need for this regular inspection:

Premises inspected by drainage inspection assistant	3,263
Re-inspections	1,291
Premises inspected by district public health inspectors	521
Re-inspections	1,031
Number of premises in which defects were remedied after service of written or verbal notices	394

Summary of defects found:

Interceptor obstructed	93
Interceptor cap missing or displaced	86
Surface water cap missing or displaced ..	105
Drain obstructed	33
Wrong connections (soil drain to surface drain)	85
Total No. of defects:	402

The "Moselle"

The area drained by the "Moselle" includes portions of Muswell Hill Cranley Gardens, Highgate, Crouch End East, and Central Hornsey. It is the drainage system for the surface water in the area which eventually flows untreated into the River Lea. The properties in the catchment area, however, have two systems of drainage, one for surface water and one for foul water but as long as dual inspection chambers for the two systems exist, so pollution is always likely to recur.

The main cause is obstructions in the traps of the intercepting manholes, due in a large number of cases to displaced caps of the rodding eyes of the surface or soil drains. As a result sewage either passes to the surface drainage system, or percolates through defective joints. In addition it may cause rat infestation of the premises. This may go on unknown to those concerned until found by routine inspection, and thus involves a lengthy and costly process. Better and quicker control

would be achieved if occupiers would periodically examine the intercepting manholes of the premises in their occupation and would report or remedy any defect found.

Occasionally serious pollution arises which is difficult to trace, for example, when oil from the sumps of cars is emptied into the surface water drains.

Serious pollution is caused where fittings are made to discharge into the surface water drains. Such connections may be made by occupiers or owners, or by other persons who do not appreciate the need to notify the Local Authority.

LICENSING OF PET SHOPS

The Pet Animals Act 1951 has undoubtedly led to an improvement in the conditions under which pet animals are kept while awaiting sale. Until the Act was passed, there was no check on these conditions, and only in cases of gross cruelty or neglect could legal proceedings be taken.

Now that premises have to be licensed and are subject to inspection the general standard is good. During the year 13 inspections were carried out, 4 by the veterinary inspector and 9 by the Public Health Inspectors.

Five existing licences were renewed at the beginning of the year.

INSPECTION OF SHOPS

781 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 two 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	15
Ventilation provided	15
Clothing accommodation provided	13
Sanitary accommodation provided	2
Rooms cleansed and repaired	48
Washing facilities provided	33

INSPECTIONS BY PUBLIC HEALTH INSPECTORS

	1st Inspection	*Re-Inspections*
Food		
Food Premises (See table on page 30)	571	678
Hawkers	8	–
Milk Sampling	36	–
Ice Cream Sampling	18	–
Infectious Diseases		
Notifiable Infectious Diseases	150	43
Food Poisoning	10	–
Infectious Disease Contacts	8	–
Smallpox Contacts	48	268
Public Health Inspections		
Nuisances	1,116	2,116
Drainage	220	369
Drain tests	147	7
Rodent Control	163	112
Overcrowding	8	9
Factories	141	19
Outworkers	181	32
Renewal of Music and Dancing Licences	21	7
Rivers Pollution	521	1,031
Smoke observations	87	3
Verminous conditions	20	5
Pests	45	10
Rag Flock premises	5	2
Certificates of Disrepair	128	27
Revocation of Certificates of Disrepair	4	2
Hairdressers' Shops	33	2
Housing Act Inspections		
House to House	78	9
Individual unfit houses	5	–
Permitted numbers	18	–
Shops Inspections	505	276
Others		
Pet Animal Shops	6	3
Petroleum Stores	120	23
Fireguards	12	11
Visits to old people	14	10

WORK CARRIED OUT BY THE COUNCIL IN DEFAULT

Work required at 16, Briston Grove, N.8. under Sections 92/93 of the Public Health Act 1936 was carried out by the Council in default. The work required was the renewal of a defective rainwater pipe and repointing of brickwork. This was completed on the 11th January 1958 at a cost of £9 9s. 0d.

ABATEMENT NOTICES

The Notices served during the year were as follows:—

	Verbal	*Preliminary*	*Statutory*
Public Health and Housing Acts ..	103	339	21
Shops Act	3	2	.
Food and Drugs Act	73	38	.
Factories Act	6	2	.
Prevention of Damage by Pests Act, 1949	7	3	.
Middlesex County Council Act, 1950	.	.	1
Heating Appliances (Fireguards) Act, 1952	.	4	.
Hairdressers Byelaws	1	1	.

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED

Drainage

Number of houses and premises redrained	4
Repairs or amendments to existing drains	240
Drains or gullies unstopped or cleansed	280
Manholes provided or repaired	105
Intercepting traps fixed	101
Soil and ventilation pipes repaired or renewed	18

Water-Closet and Sanitary Fittings

Water-closets and sanitary fittings provided	2
Water-closet buildings provided or repaired	2
Water-closet pans provided or renewed	35
Water-closets unstopped, cleansed or repaired	4
Flushing cisterns provided or repaired	9
New sinks provided	5
New lavatory basins provided	7
Waste pipes trapped, repaired or unstopped	86
Baths provided or made usable	3

General

Roofs repaired	114
Rain-water gutters, renewed or repaired	50
Rain-water pipes provided or repaired	36
Dampness remedied	7
Damp-proof courses provided	7
Yard paving provided or repaired	7
Rooms cleansed	62
Floors repaired	27
Windows, doors, skylights, sashcords and fittings repaired	56
Window-sills repaired	6
Water cisterns repaired, cleansed or covered	2
Water supply pipes repaired	6
Stoves, Ranges, renewed or repaired	16
Flues and Chimneys repaired	5
Accumulation of Refuse removed	13
Dustbins provided	13
Miscellaneous items	57

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. The supply came from two main sources:—

(a) River Thames derived water stored in Queen Mary reservoir and treated at the Board's filtration works at Ashford Common.

(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 examinations

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

217 samples of filtered water derived from the River Thames and 238 from the New River were taken for chemical examination. All were found to be satisfactory.

The natural fluoride content in water supplied to Hornsey is 0.15 parts per million.

Bacteriological Examination

Samples of water after chlorination, i.e. water passing into supply, were taken for bacteriological examination, 213 from River Thames derived water and 256 from New River derived water. The results proved satisfactory.

FOOD

FOOD HYGIENE

By the end of 1957 the Food Hygiene Regulations had been wholly in force for 18 months, and during the 6 months prior to this time part of the Regulations were in force and notice was given of the coming into operation of the remaining provisions.

By the beginning of 1957 it appeared that all food traders in the Borough had realised the significance of the Regulations, and the occupiers of many premises who previously had not fully complied with the Regulations, had now either provided the necessary equipment or were in the process of so doing. During 1957 a majority of those against whom requirements were outstanding brought their premises into line with the structural and equipment requirements of the Regulations, and at the end of the year there were probably only one or two hard cases where further action was necessary.

There was evidence of a growing appreciation of the commercial advantages of clean and attractive looking food premises, particularly in so far as the parts of the premises which were on view to the general public were concerned, and in an appreciable number of cases structural alterations, new lighting, provision of cold storage display cabinets, food screening, and other devices were introduced. The public appear to approve of these improvements and seem to be exercising greater discrimination in their food shopping in that the brighter, cleaner shop has been gaining commercial advantage over the "also rans". The food trade appears to subscribe to the opinion that food hygiene is good business.

From general comments it would appear that the shopping public are also making their opinions known to shop-keepers in many cases where the display or handling of the food does not appear to be as hygienic as possible. One lady recently told this department that she objected to an assistant handling cut ham, and informed the assistant that it was not her habit to wash it before eating it. In certain shops the use of forks, knives and tongs is beginning, and one hopes to see this practice extended.

One small difficulty which is arising with regard to some types of food shop comes from the very wide choice of brands of food which are now advertised and demanded by the public, particularly with such things as breakfast cereals. The shop-keeper often finds that he has to keep a large number of different types of this very bulky foodstuff and thereby the limited storage accommodation available to the shop becomes over-

crowded, routine cleansing becomes more difficult, and is in some cases neglected. Further, the improvement in the lay-out, lighting and appearance of the serving section of the shop is often carried out at the expense of the food storage space, the area of which is thereby sometimes reduced below reasonable requirements.

With regard to self-service shops, whose number is increasing, these have the advantage from the hygienic point of view that the shelves which are open to public inspection require frequent cleansing, re-arranging and restocking, and the shop-keeper is normally more than careful to ensure that no old stock remains on the shelves. Unfortunately the self-service shop is usually larger on the public side than the ordinary grocer's shop, and the larger public space is frequently attained at the expense of the storage area.

The period up to the end of 1957 was sufficient to suggest that certain wording in the Regulations is ambiguous, and cases have already occurred in the Courts which have appeared to indicate that the Regulations do not say what they were intended to convey.

The principal difficulty to be overcome in obtaining a really clean food supply is now the appreciation of a sufficiently high standard of cleanliness in the persons engaged in the food trade. Most people recognise dirt where they can see it, very many do not credit its existence, particularly in bacterial form, when it is not visible and cannot be detected by the normal senses.

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

Bakehouses and Bakers' Shops ...	163	Grocers' Shops	294
Butchers' Shops	159	Milkshops	56
Canteens and Kitchens	28	Public Houses and Off-licences	58
Confectioners	93	Prepared Food Shops ...	45
Fish Shops	73	Restaurants, Cafes, etc. ...	165
Greengrocers' Shops	115	TOTAL INSPECTIONS ...	1,249

The following is a list of unsound food surrendered during 1957. Wherever possible this was salvaged for use as animal feeding or industrial purposes.

	Cwts.	*lbs.*		*Cwts.*	*lbs.*
Canned Vegetables	.	60	Cheese	.	55
Canned Fruit and Fruit Juices	1	95	Meat	3	75
Canned Meat...	13	54	Fish	.	31
Canned Fish	.	29	Pickles	.	5
Canned Soup...	.	7	Butter	.	29
Canned Jam & Marmalade...	.	3	Bread & Flour, confectionery	1	66
Canned Milk	15¼ pts.		Ice Cream	.	6
			Dates	.	55

FOOD PREMISES CLASSIFIED ACCORDING TO THEIR PRINCIPAL TRADES

	No. of Premises	Registered under Section 16 of the Food and Drugs Act 1955	
		(*a*) For Sale or manufacture of Ice Cream	(*b*) Prepared foods
Bakers and flour confectioners ..	23	4	1
Butchers	50	1	31
Confectionery (sugar)	124	103	1
Fish (wet and dried)	11	3	3
Fish (fried)	9	.	.
Fruit and vegetables	72	10	.
Grocery and provisions ..	138	35	17
Milk	3	1	.
Canteens	3	.	.
Preserved foods	2	1	.
Public houses and off licences	74	5	.
Restaurants and cafes	67	2	.
Ice cream	2	2	.
Herbalist and health foods ..	1	.	.
Confectionery warehouse ..	1	.	.
Grocery warehouse	1	.	.
Preserved food factory	2	.	.
Stalls :			
Fruit and vegetables	3	.	.
Jellied eels	1	.	.
Refreshments	1	.	.

REGISTRATION OF HAWKERS OF FOOD AND THEIR STORAGE PREMISES

During the year one new registration was effected under Section 11 of the Middlesex County Council Act, 1950, and at the end of the year there was in the Borough one registered storage premises used by a hawker from another Borough and 29 registered hawkers who are at present selling the following foods:—

Confectionery	1	Groceries	1
Eggs	1	Ice Cream	2
Fish	1	Winkles and shrimps ..	1
Fruit and vegetables ..	22		

ICE CREAM

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

Grade 1: 2 Grade 2: 7 Grade 3: 4 Grade 4: 5

Steps were taken to follow up the five samples in grade 4. In one case the manufacturer was given advice regarding additional precautions to be taken during the manufacturing process, and subsequent samples proved to be satisfactory. The other four unsatisfactory samples were found to arise from the bulk ice-cream supplied by a manufacturer in a neighbouring borough. The Medical Officer of Health of the neighbouring borough investigated and three samples which were taken at the factory proved to be Grade 2. The factory has since been re-organised, fresh plant has been installed, and conditions are satisfactory. Samples taken since the re-organisation proved to be Grade 1.

MILK SUPPLY

Eight new registrations were effected under Part III of the Milk and Dairies Regulations, 1949.

Licences for the sale of special designated milk under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, were granted as follows.

	New Licences		*Renewals*	
	Dealers'	*Supplementary*	*Dealers'*	*Supplementary*
Pasteurised	4	1	27	9
Tuberculin Tested ..	5	1	24	9
Sterilised	7	1	44	10

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

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.

LEGAL PROCEEDINGS UNDER SECTION 2 OF THE FOOD AND DRUGS ACT, 1955

Date of hearing	*Offence*	*Result*
1st May	Glass in bottle of milk	Case dismissed. No order made for costs.
31st July	Hair in veal, ham and egg pie	Absolute discharge. Costs £5 5s. 0d.
4th December	Mould in pork pie	Fine £5. Costs £2 2s. 0d.

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, 1955

List of Samples procured in the Borough of Hornsey during the year 1957.

Article	*Total Samples Procured*	*Unsatisfactory*
Milk (various)	69	.
Butter	12	.
Cakes	16	.
Cheese	34	5
Cream	12	.
Drugs	14	.
Fish and Fish Products ..	27	2
Fruit—Fresh and Canned	4	1
Liver	2	.
Meat and Meat Products..	41	.
Peas	7	.
Preserves	3	.
Sausages, etc.	8	1
Sweets	4	1
Vinegar	25	.
Miscellaneous	25	1
Totals	303	11

The following comments relate to samples noted as unsatisfactory.

Cheese

The five samples of cheese which were found to be unsatisfactory were all imported produce and each bore on its label a statement which was likely to mislead a purchaser as to the milk-fat content of the food.

In each case the attention of the importer concerned was drawn to the unsatisfactory nature of the label and an undertaking was received that immediate correction would be made.

Fish

Two purchases of smoked haddock were made from a retailer in your district and in each case smoked cod was supplied. Proceedings were instituted and the trader was fined a total of £10 and ordered to pay £2 2s. 0d. costs.

Fresh Fruit

Proceedings were instituted against a trader who supplied Packham's Triumph pears in response to a request for William Pears; he was convicted and fined £3.

Sausages

A sample of beef sausages containing the permitted preservative within the prescribed limits was not labelled in the manner prescribed by The Public Health (Preservatives, &c., in Food) Regulations, 1925–1953. An official caution was sent to the trader concerned.

Sweets

A confection described as "Cream Filled Easter Egg" was found to contain a sugar fondant filling. A letter of caution was sent to the manufacturers.

Miscellaneous

A sample of "Tomato Cream" was found to contain no fat. Subsequent samples of the same article were satisfactory.

Merchandise Marks Acts, 1887–1953

152 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. 650 separate displays of meat, apples, tomatoes, poultry, dried fruit and butter were examined, and in addition a number of test purchases were made. One trader was prosecuted for selling Argentine beef not marked with the prescribed indication of origin, English beef having been requested. The same trader was also prosecuted in respect of four offences of exposing for sale imported meat and offal not marked with an indication of origin. He was fined a total of £6 and ordered to pay £6 6s. 0d. costs.

24 summonses were issued against another trader in respect of Argentine beef exposed for sale which was falsely described by show tickets as being "English". There were a further 8 summonses in respect of exposing for sale imported meat and offal not marked with an indication of origin. The trader was fined a total of £26, together with £5 5s. 0d. costs.

Two summonses were issued against a third trader for selling imported meat not marked with an indication of origin, English meat having been

requested, and they instituted proceedings against an employee alleging that he was the actual offender in each case. The employers were convicted but exempt from penalty, their servant being fined a total of £4.

Labelling of Food Order, 1953

At 168 premises 784 articles of pre-packed food were examined to see that they bore a label which gave a clear statement of the designation of the food and, in the case of compound foods, the ingredients, and also the name and address of the packer or labeller. No infringement of this Order was detected.

False or Misleading Descriptions

As in previous years a considerable amount of work has been done in the detailed scrutiny of advertisements and the labels on pre-packed foods, and taking suitable action in those cases where a label or advertisement contains a false or misleading description of the food to which it relates. This work is of benefit to the whole County irrespective of where within the County offences may be detected. During the year under review corrective action has been secured in respect of salmon with potato salad, crystallized jelly pineapple slices, pure egg mundelech, cherry juice, lime juice, imitation cream, cream filled biscuits, cream filled Easter eggs and cheese. In every case the person responsible agreed to make necessary suitable amendments to labels as a result of my representations. In no case was it necessary to institute proceedings.

GENERAL

MEDICAL EXAMINATION OF STAFF

Thirty-five persons were medically examined to determine their fitness for acceptance on the permanent staff; thirty-three were found to be fit.

One of the conditions of the scheme for sickness pay for 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-three persons were examined, fifty-eight of whom were accepted for the scheme. Four examinations were carried out for other purposes.

WELFARE OF OLD PEOPLE

The number of old people in need of care and attention reported to the department was 36. Arrangements were made for assistance to be provided by the attendance of home helps, home nursing care as required, meals-on-wheels, and the general care of the Old People's Welfare Committee.

In no case was it necessary to apply to the Court for power of removal to a Home or hospital. The aim is to keep old people in their own homes where possible, as they are usually happier there than they would be in a Home. Only where it is evident that the situation will deteriorate in spite of all assistance being provided is the old person persuaded to enter a Home voluntarily.

CLEANSING OF SOILED ARTICLES

During the year there were 883 collections of articles for cleansing under the terms of section 84 of the Public Health Act 1936.

48 people received assistance and 12 were still doing so at the end of the year. The highest number of cases being assisted at any one time was 18 and the service undoubtedly meets a very great need.

ATOMIC RADIATION

This subject is very much in the news today and promises to be a serious health hazard for years to come. Statements made, particularly during the past twelve months, have tended to confuse most of us; and an attempt here is made to clarify some basic principles.

In its simplest and widest sense atomic radiation is a phenomenon of nature; it is present everywhere, to a greater or lesser degree, and is known as the "natural background radiation" of the earth and its atmosphere. Following the discovery of x-rays by Roentgen in 1895, certain uranium salts were found to possess penetrating rays, and shortly afterwards radium itself was discovered. Further it was found that these substances emit rays since they are composed of atoms which are unstable and break down to form other substances producing energy in the form of rays. For example uranium breaks down to form a series of unstable substances—thorium, radium, radon, polonium, and so on until the stable form of the common metal lead is produced.

Nowadays radio active substances can be produced artificially in nuclear reactors, for example, the numerous radio active isotopes of iodine or phosphorus and others which find a great number of uses in medicine and industry.

These rays are part of the electro magnetic spectrum of rays, most of which are now commonly accepted in the form of heat (infra-red), light (visible and ultra violet), wireless waves and x-rays. The waves of atomic disintegration are known as gamma rays (alpha and beta) and cannot be classified as true rays. They are similar to x-rays which have the power of great penetration, but alpha and beta rays have only slight penetration.

It has been established that all rays travel at the same speed of thousands of miles per second. The crucial aspect of difference lies in the wave length, where the greater the length the more harmless the ray; and conversely the shorter the wave length the more dangerous. Radio waves, the longest, are considered harmless. Gamma and x-rays on the other hand are dangerous. The latter being the most powerful from the penetration aspect. Alpha and beta rays present a special problem from the aspect of internal harm once inside the body.

X-rays are produced artificially and are under control in so far as they can be stopped by switching off the electric current, but gamma rays are emitted continuously from the radio-active substances in all directions. Some of these substances emit rays for short periods, others for centuries, and therein lies their great danger to humanity.

The action of these potentially harmful gamma and x-rays on the human body depends on a number of factors, thus (1) the type of ray, (2) its period of action, (3) the distances of the body from the source of the rays, (4) the amount of previous exposure, (5) the part of the body exposed and, (6) the sensitivity of the individual to the particular ray.

Summary of the main hazards to health

(1) **X-ray exposure** is now more carefully controlled especially in regard to exposure for diagnostic purposes of the pelvic organs, which are highly sensitive. Also great care is taken to ensure that x-ray apparatus is properly shielded. The ordinary exposure to x-ray involved in, for example, mass-radiography is of only minor importance; but pedoscopes introduced in recent years in shoe fitting and similar exposures of frequency in industry can be dangerous from a long term aspect. Legislation has recently been introduced in the control of pedoscopes.

(2) **Radio active substances** can be highly dangerous if used carelessly and unnecessarily. Strict control over exposure must be the keynote of precaution. In hospitals regulations are laid down in a code of practice for the storage, use, movement and disposal of wastes. Every hospital where such substances are used a specialist officer is appointed to supervise all aspects of control. In industry an ever increasing use is being made of radio active material and great care must be exercised by all involved. Disposal of radio active wastes presents special problems governed by safeguards set out in the Radioactive Substances Act, 1948.

(3) **Nuclear Reactors.** Accidents can produce an outflow of radio activity as shown by the Windscale incident on 10th October, 1957. From this occurrence fresh knowledge and design will assist in eliminating the risk of a similar accident. The Atomic Energy Acts control the operations of nuclear reactors.

(4) **Nuclear atomic explosions** increase the existing natural background radiation long after the local violence and radio-active "fall-out" have been scattered by the winds. Very small increases of radio activity in the atmosphere can be recorded at vast distances away from the explosion. But though in radiation hazards it is the cumulative dose that is important, it has been authoritively stated that the number of world atomic explosion tests made, so far, is not such as may affect the health of the public in this country. The contrary has also been stated. However, expert opinion seems to be agreed as to the urgency of international control.

In the meantime assurance too has been given that systematic monitoring is carried out in relation to the atmosphere and food and water supplies.

DISEASES OF ANIMALS

Mr. F. G. Buxton, M.R.C.V.S., the Veterinary Surgeon, has kindly supplied me with the following information:—

Four inspections were made on store pigs at the piggeries, 5, Clissold Cottages, Fortis Green, under the Contagious Diseases of Animals Acts. No licences were issued under the 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.

There were no outbreaks of Fowl Pest.

No action was necessary under the Tuberculosis Order of 1925.

In accordance with the Live Poultry (Restrictions) Order of 1927, a special inspection was made of the exhibits at the Hornsey Poultry Club Show at St. Mary's Hall, High Street. 105 birds were exhibited.

The Live Poultry (Restrictions) Order, 1957

This order which came into force on 20th May 1957 ended the policy which prohibits the movement of live poultry other than day old chicks and hatching eggs into certain scheduled areas of Great Britain. The slaughter of birds infected with fowl pest continues as it is considered to be the best policy in eradicating the disease from Great Britain.

Methods of dealing with outbreaks have improved. The Fowl Pest (Infected Areas Restrictions) order, 1956 enables local restrictions to be imposed promptly in the area around outbreaks of disease.

The Live Poultry (Restriction Amendment) order, 1956 prohibits the holding of sales of store poultry in the last quarter of the year when the risk of spread of disease is greatest. The Poultry Premises and Vehicles (Disinfection) order 1956 enables an inspector of the Ministry of Agriculture, Fisheries and Food or of a local authority to require the premises, equipment and vehicles of poultry dealers and slaughterers to be disinfected.

Another thing brought about by this order is that the holding of poultry exhibitions and shows in England and Wales must be licensed by the local authority and organiser must keep records of the movement of birds exhibited.

Only one application was received during the year for a licence which was granted to the Hornsey Poultry Club Show in July at which birds were exhibited.

The last outbreak of fowl pest in Hornsey was in July 1955 when 236 birds were destroyed.

Area Eradication Plan for Tuberculosis in Cattle

One of the methods used to control the spread of tuberculosis is to eradicate the disease from cows and thus in a year or two eliminate bovine tuberculosis from Great Britain.

Among the measures to control the spread of tuberculosis in Great Britain is the scheme designed to eliminate bovine tuberculosis by the declaration of Tuberculosis Eradication Areas which by 1st March 1960 will cover the whole of the country. Hornsey is part of the Area declared as a free test area from 1st March 1957 and which will become an attested area on 1st March 1959. By 1st March 1960 the two final areas of Great Britain will be declared as Eradication Areas. It is confidently expected that soon after that date the whole of the country will have been cleared of tuberculosis in bovines.

In a Free Testing Area the farmers are encouraged to clean up their herds by free tubercular testing of all the cattle. Reactors may be sold on the market and if within the two years the herd becomes clear of tuberculosis it can qualify for entry to the attested herds scheme for bonus payments of 2d. per gallon for four years and 1d. a gallon for a further two years or, as an alternative, £2 per head of cattle per year for four years followed by £1 per year for a further two years.

On the declaration of an Eradication Area all cattle not in supervised or attested herds are tested compulsorily and reactors slaughtered, compensation being paid. Farmers owning such herds lose the chance of bonus payments.

Usually within about six months an Eradication Area becomes free from tuberculosis and is declared an Attested Area.

Foot and Mouth Disease

Hornsey was declared part of an infected area on 18th November by The Foot and Mouth Disease (Infected Area) Special Order No. 64 when an outbreak of foot and mouth disease occurred in South Mimms. Hornsey was excluded from the area on 2nd December and the order was rescinded on 9th December.

The main effects of the order on Hornsey was to prohibit the movement of animals from the Borough except under licence granted by a Veterinary Inspector of a local authority; to prohibit the holding of markets and sales except under certain limited conditions and under licence.

Animals for the purpose of the order are cattle, sheep, goats, pigs and deer. Also within five miles of the outbreak cats, dogs and poultry must be kept under strict control, all stray cats and dogs being collected by the police.

INSPECTION OF FIREGUARDS

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

Two prosecutions were instituted by the Council during the year, both against the same person.

In January three gas fires not fitted with guards were seen to be on sale outside a second-hand shop in the Borough. The shop-keeper had ignored warnings about the requirements of the Act on two previous occasions, and it was therefore decided that legal proceedings should be instituted.

The case was heard in March and a fine of £5 was imposed together with costs of £2 2s. 0d.

One week after the Court hearing it was seen that two of the three fires which were the subject of the prosecution were still on sale without guards. In addition an electric fire which failed to satisfy the probe test provided for in the Heating Appliances (Fireguards) Regulations 1953, was exposed for sale.

Legal proceedings were again instituted, and as a result a fine of £10 was imposed together with costs of £2 2s. 0d.

PETROLEUM-SPIRIT

The quantity of petroleum-spirit stored under licence is 103,310 gallons. 102,600 gallons are stored in underground tanks, 710 gallons in properly sealed two gallon cans. In addition licences were issued for the storage of 1,365 gallons of cellulose, 60 gallons of napthaline, 200 gallons of hydro-carbon and 60 gallons of petroleum mixtures. A licence in force for the storage of 12,000 gallons of benzole was discontinued as the manufacture of this fuel ceased during the year.

The construction of new installations in the Borough has been strictly supervised and tested and no conflagration occurred at licensed premises during the year. Where alterations or repairs are made in connection with electrically operated meter pumps at filling stations the attention of the licensee is directed to the Model Code of Standard Requirements. The Model Code will be given full effect in January 1960, and electrically operated pumps are to be made to comply with such requirements as far as practicable by that date.

The first part of a Model Code on the principles of construction and licensing conditions for the storage of petroleum spirit has been issued by the Home Office. The Council's practice already follows closely both sections of the Code, but in the light of the advice given some revision of the conditions of licence issued by the Council will be necessary. The chief of these relates to diesel oil. Many filling stations in the Borough are now selling this oil and although it is not within the definition of petroleum-spirit (having a flashpoint of about 175°F) where stored

under conditions likely to hazard the safe keeping of petroleum-spirit should be subject to conditions of storage. In addition the Code recommends tests of all underground tanks to be carried out at the 20th, 25th and 30th year after installation.

Approximately 40% of the tanks in the Borough come within the terms of this recommendation.

The Petroleum Spirit (Conveyance by Road) Regulations, 1957, came into operation on 1st July. These Regulations consolidate with amendments all Regulations previously in force governing the conveyance of petroleum spirit by road. The principal amendment of substance is Regulation 16 which deals with the precautions to be taken when delivering petroleum-spirit. The Regulation requires licensees of premises to which petroleum spirit is delivered by road vehicles to mark tanks and dip sticks with a number and satisfy the driver of the vehicle that they have done so by giving him a signed certificate before delivery begins. All licensees were informed and all tanks and dip sticks have been numbered accordingly.

The number of establishments licensed for storage is 73 and the number of licences issued is as follows:—

Storage of	
Petroleum	62
Cellulose	19
Napthaline	1
Hydro-carbon	1
Benzole	1
Petroleum mixtures	1
Total	85

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

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 eight bodies, 4 men, 2 women, one stillborn child, and one new born female.

PUBLIC MORTUARY

The Hornsey mortuary and post-mortem room are situated at the Central Depot, Hornsey High Street. During the year 133 bodies were admitted for post-mortem examination. Inquests were held on 19 bodies.

VITAL STATISTICS

Area (acres)	2,872
Area of Parks and Open Spaces (acres)	576
Population: Registrar General's estimate at 30 June, 1957	96,890
Number of separately assessed habitable premises according to Rate Books	24,555
Rateable value (General Rate)	£1,483,452
Product of a penny rate	£6,032

LIVE BIRTHS

	M	*F*	*Total*
Legitimate	775	700	1,475
Illegitimate	58	37	95

Birth Rate (live births per 1,000 population)

HORNSEY	16.2
Area Comparability Factor	0.93
Adjusted Rate for Hornsey	15.1
England and Wales (provisional)	16.1
Middlesex County (adjusted rate)	13.8

STILL-BIRTHS

	M	*F*	*Total*
Legitimate	21	15	36
Illegitimate	2	1	3

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

HORNSEY	24.2
England and Wales (provisional)	22.4

INFANT DEATHS (under 1 year of age)

	M	*F*	*Total*
Legitimate	16	6	22
Illegitimate	4	1	5

Infant Death Rates (per 1,000 live births)

HORNSEY	17.2
England and Wales (provisional)	23.0
Middlesex County	17.7

Neo-Natal Deaths (under 4 weeks of age)

	M	*F*	*Total*
Legitimate	14	5	19
Illegitimate	4	1	5

Neo-Natal Death Rates

HORNSEY	15.3
England and Wales (provisional)	16.5
Middlesex County	13.3

MATERNAL DEATH RATES

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

HORNSEY (one death)	0.62
Middlesex County (thirteen deaths)	0.40

DEATHS FROM ALL CAUSES

Males	520	1,114
Females	594	

Death Rate (per 1,000 population)

HORNSEY	11.5
Area Comparability Factor	0.89
Adjusted Rate for Hornsey	10.2
England and Wales	11.5
Middlesex County (adjusted rate)	10.9

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

			Under 1 year	1 to 4	5 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75 and over	Totals	
1	Tuberculosis, respiratory	M	.	.	.	.	.	2	1	1	4	7
		F	.	.	.	.	2	.	1	.	3	
2	Tuberculosis, other	M	.	.	.	.	.	.	.	.	.	2
		F	.	.	.	.	.	.	1	1	2	
3	Syphilitic disease	M	.	.	.	.	.	.	1	.	1	2
		F	.	.	.	.	.	.	.	1	1	
7	Acute poliomyelitis	M	.	.	.	.	.	.	.	.	.	1
		F	.	.	.	.	1	.	.	.	1	
9	Other infective and parasitic diseases ...	M	.	.	1	.	.	1	1	.	3	6
		F	.	.	.	.	1	2	.	.	3	
10	Malignant neoplasm, stomach	M	.	.	.	.	1	4	5	6	16	27
		F	.	.	.	.	.	1	3	7	11	
11	Malignant neoplasm, lung, bronchus	M	.	.	.	.	1	12	25	3	41	49
		F	.	.	.	.	.	2	3	3	8	
12	Malignant neoplasm, breast	M	.	.	.	.	.	.	.	.	.	25
		F	.	.	.	.	.	11	7	7	25	
13	Malignant neoplasm, uterus	M	.	.	.	.	.	.	.	.	.	11
		F	.	.	.	.	.	3	4	4	11	
14	Other malignant and lymphatic neoplasms ...	M	.	.	1	.	2	19	18	22	62	113
		F	.	.	.	.	3	12	10	26	51	

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

4 Diphtheria: 5 Whooping Cough ; 6 Meningococcal infections ; 8 Measles.

Deaths of Hornsey Residents—*continued*

			Under 1 year	1 to 4	5 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75 and over	Totals	
15	Leukaemia, aleukaemia	M	.	.	.	.	1	.	.	.	1	6
		F	.	.	.	.	1	1	2	1	5	
16	Diabetes	M	.	.	.	.	.	2	1	.	3	8
		F	.	.	.	.	1	.	2	2	5	
17	Vascular lesions of nervous system	M	.	.	.	1	2	8	18	16	45	146
		F	.	.	.	.	.	15	22	64	101	
18	Coronary disease, angina	M	.	.	.	.	1	35	33	45	114	200
		F	.	.	.	.	.	20	21	45	86	
19	Hypertension with heart disease	M	.	.	.	.	.	1	3	6	10	25
		F	.	.	.	.	.	.	2	13	15	
20	Other heart disease	M	.	.	.	1	1	4	5	18	29	110
		F	.	.	.	.	2	8	11	60	81	
21	Other circulatory disease	M	.	.	.	.	1	8	5	10	24	59
		F	.	.	.	.	1	3	6	25	35	
22	Influenza	M	.	.	.	.	.	.	2	1	3	6
		F	.	.	.	.	1	.	1	1	3	
23	Pneumonia	M	2	1	.	.	1	4	7	9	24	52
		F	.	1	.	.	.	4	6	17	28	
24	Bronchitis	M	.	.	.	.	.	17	22	19	58	84
		F	.	.	.	.	.	2	4	20	26	
25	Other diseases of respiratory system	M	.	.	.	.	.	1	1	.	2	6
		F	.	.	.	.	.	1	.	3	4	
26	Ulcer of stomach and duodenum	M	.	.	.	.	1	2	3	7	13	20
		F	.	.	.	.	.	.	.	7	7	

Deaths of Hornsey Residents—*continued*

			Under 1 year	1 to 4	5 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75 and over	Totals	
27	Gastritis, enteritis and diarrhoea	M	.	.	.	.	.	2	.	1	3	3
		F	.	.	.	.	.	.	.	.	.	
28	Nephritis and nephrosis	M	.	.	.	.	1	3	1	.	5	7
		F	.	.	.	.	.	.	2	.	2	
29	Hyperplasia of prostate	M	.	.	.	.	.	1	2	4	7	7
		F	.	.	.	.	.	.	.	.	.	
30	Pregnancy, childbirth, abortion	M	.	.	.	.	.	.	.	.	.	1
		F	.	.	.	.	.	1	.	.	1	
31	Congenital malformations	M	5	.	.	.	.	.	.	.	5	8
		F	2	.	.	.	1	.	.	.	3	
32	Other defined and ill-defined diseases	M	13	1	.	1	3	4	1	3	26	79
		F	4	.	.	1	3	7	10	28	53	
33	Motor vehicle accidents	M	.	.	.	3	1	1	.	2	7	9
		F	.	.	.	.	.	.	.	2	2	
34	All other accidents	M	.	.	.	1	1	2	.	4	8	21
		F	1	1	.	.	.	1	1	9	13	
35	Suicide	M	.	.	.	.	1	5	.	.	6	13
		F	.	.	.	.	2	5	.	.	7	
36	Homicide and operations of war	M	.	.	.	.	.	.	.	.	.	1
		F	.	.	.	.	1	.	.	.	1	
	TOTALS	M	20	2	2	7	19	138	155	177	520	
		F	7	2	.	1	20	99	119	346	594	
			27	4	2	8	39	237	274	523	1,114	

N.B.—Cause No. 30. The interval between the maternal condition and death was stated to exceed 12 months.

INFANT DEATHS

CLASSIFIED ACCORDING TO AGE GROUPS AND SEXES

Age at Death		Under 1 Day	1–6 Days	7–13 Days	14–20 Days	21–27 Days	Total Under 4 Weeks	1–2 Months	3–5 Months	6–8 Months	9–11 Months	Total Under 1 Year	
Haemorrhagic conditions	M	1	.	.	.	.	1	.	.	.	.	1	1
	F	.	.	.	.	.	.	.	.	.	.	.	
Inflammatory diseases of central nervous system	M	.	.	.	.	1	1	.	.	.	.	1	1
	F	.	.	.	.	.	.	.	.	.	.	.	
Pneumonia	M	.	1	.	.	.	1	.	1	.	.	2	2
	F	.	.	.	.	.	.	.	.	.	.	.	
Congenital malformations of heart ...	M	1	2	1	.	.	4	.	.	.	.	4	5
	F	1	.	.	.	.	1	.	.	.	.	1	
Other congenital malformations ...	M	.	.	.	.	.	.	.	1	.	.	1	2
	F	.	1	.	.	.	1	.	.	.	.	1	
Injury at birth	M	3	1	.	.	.	4	.	.	.	.	4	6
	F	.	2	.	.	.	2	.	.	.	.	2	
Postnatal asphyxia and atelectasis ...	M	2	2	.	.	.	4	.	.	.	.	4	4
	F	.	.	.	.	.	.	.	.	.	.	.	
Immaturity	M	2	1	.	.	.	3	.	.	.	.	3	4
	F	1	.	.	.	.	1	.	.	.	.	1	
Obstruction by inhalation or ingestion	M	.	.	.	.	.	.	.	.	.	.	.	1
	F	.	.	.	.	.	.	1	.	.	.	1	
All other causes	M	.	.	.	.	.	.	.	.	.	.	.	1
	F	1	.	.	.	.	1	.	.	.	.	1	
TOTALS	M	9	7	1	.	1	18	.	2	.	.	20	27
	F	3	3	.	.	.	6	1	.	.	.	7	
		12	10	1	.	1	24	1	2	.	.	27	

AREA

PERSONAL AND SCHOOL HEALTH SERVICES

HORNSEY AND TOTTENHAM

(Joint Population 216,190)

The tables are for the Area as a whole except where stated for Hornsey only

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 number notified last year was the highest for five years and the percentage of hospital confinements was 82.8%, practically the same as the previous year.

	1957	1956	1955
Live Births (a) Domiciliary	566	534	429
(b) Hospital or Nursing Home	2,679	2,589	2,509
Still Births (a) Domiciliary	3	4	4
(b) Hospital or Nursing Home...	63	56	53
Totals	3,311	3,183	2,995

Ante-natal Clinics

The percentage of expectant mothers making at least one attendance at one of the local authority ante-natal clinics was 68.5% during 1957 compared with 69% the previous year. Owing to increased attendances an additional fortnightly session was held at Burgoyne Road Clinic throughout the year.

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

	No. of sessions held	No. of new cases		Total attendances		Average attendance per session
		A.N.	P.N.	A.N.	P.N.	
Burgoyne Road ...	72	174	96	1,185	158	18.7
Church Road ...	74	155	76	1,222	78	17.6
Fortis Green ...	100	250	115	1,927	118	20.5
Hornsey Town Hall	156	328	154	2,441	162	16.7
Mildura Court ...	64	202	80	1,360	113	23.0
Stroud Green ...	51	164	56	859	57	18.0
The Chestnuts ...	203	392	191	2,578	192	13.6
Lordship Lane ...	205	305	187	2,176	193	11.5
Park Lane ...	104	297	165	1,383	167	14.9
Totals	1,029	2,267	1,120	15,131	1,238	15.9

Midwives Ante-natal Clinics

It was possible to re-institute sessions at Burgoyne Road and Mildura Court Clinics which were in abeyance the previous year owing to the shortage of midwives. The following table shows the attendances made during the year:—

Midwives Clinic	Sessions held	Total attendances	Average attendance per session
Burgoyne Road	12	81	6.8
Fortis Green...	27	188	6.9
Hornsey Town Hall ...	22	111	5.0
Mildura Court	14	54	3.9
Stroud Green	15	94	6.3
Park Lane	125	709	5.7
Total	215	1,237	5.8

Health Education in Maternity and Child Welfare Clinics

Health teaching is given in Mothercraft classes at special sessions in the clinics. The best attended is Lordship Lane where there is a Mothercraft Centre separate from the clinic main building. Health visitors undertake this work as well as the supervision of Relaxation Exercise classes for the expectant mother. The atmosphere of group discussion has been promoted at all sessions. A programme of matters for advice and discussion is available to all mothers attending the classes. Student health visitors also attend for practical experience in health teaching.

The following table shows attendances at Mothercraft clinics during the year:—

Clinic	No. of sessions held	No. of new cases	Total No. of attendances	Average attendance per session
Burgoyne Road	43	30	309	7.2
Church Road	45	29	265	5.9
Fortis Green	42	84	429	10.2
Hornsey Town Hall ...	52	95	479	9.2
Mildura Court	44	30	151	3.4
The Chestnuts	51	97	605	11.9
Lordship Lane	52	112	723	13.9
Park Lane	51	59	393	7.7
Totals	380	536	3,354	8.8

Child Welfare Centres

The percentage of children under one year of age who attended for the first time during the year continued the improvement noted in 1956. During the past five years this figure has risen from 89.1% to 97.2%. Towards the end of the year it was found necessary to hold an additional weighing session each week at the Somerset Road Centre owing to increased attendances.

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

Name of Centre	No. of sessions held	No. of first attend-ances under 1 year	No. of attendances			Total attend-ances	No. of cases seen by M.O.	Average attend-ance per session
			Under 1 year	Over 1 but under 2 years	Over 2 but under 5 years			
Burgoyne Rd.	155	281	4,871	537	246	5,654	1,494	36.5
Church Rd.	146	225	3,204	495	86	3,785	1,636	25.9
Fortis Green	156	301	3,230	621	209	4,060	1,592	26.0
Hornsey Town Hall	202	484	5,940	829	287	7,056	2,957	34.9
Mildura Court	103	215	3,383	569	63	4,015	1,552	39.0
Stroud Green	102	203	2,353	501	113	2,967	799	29.1
The Chestnuts	256	549	7,464	1,057	276	8,797	2,399	34.3
Lordship Lane	253	344	5,515	1,061	302	6,878	1,676	27.2
Park Lane	207	323	4,986	81	247	6,044	1,762	29.2
Somerset Road	111	229	3,721	610	151	4,482	1,150	40.4
Totals	1,691	3,154	44,667	7,091	1,980	53,738	17,017	31.8

Toddlers Clinics

These clinics continued to be held at all maternity and child welfare centres and have been fully reported on in previous years.

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

Name of Centre	No. of sessions held	Total Attend-ances	No. of cases seen by M.O.	Average Attend-ance per session
Burgoyne Road ...	29	479	479	16.5
Church Road ...	50	563	480	11.3
Fortis Green ...	24	302	302	12.6
Hornsey Town Hall	61	673	673	11.0
Mildura Court ...	50	722	659	14.4
Stroud Green ...	23	328	328	14.3
The Chestnuts ...	49	627	625	12.8
Lordship Lane ...	51	723	723	14.2
Park Lane	50	471	471	9.4
Somerset Road ...	46	519	516	11.3
Totals ...	433	5,407	5,256	12.5

Accident Survey

Dr. Helen Garrow, Senior Maternity and Child Welfare Officer, reports that a survey of accidents occurring in the two to five year age group

was undertaken for six months by Dr. Trevor Evans. All children attending two toddler clinics had a history taken of any accident occurring in the home during the past six months.

290 children were examined and 46 of these had had an accident of sufficient gravity to receive medical attention. 13% of the accidents were scalds or burns. 53.5% of the accidents were falls. The remaining accidents (33.5%) were due to various factors.

Scalds and burns—badly fitting fire guards, insecure fastenings were among the causes. One child unclipped a fire guard and stuck a metal spoon in an electric fire, this caused a shock and severe burns to the hand.

Falls—commonest causes being objects left lying about, torn carpets. Some children fell out of their cots on to their heads, causing bruising—one actually had a fractured collarbone.

Accident Prevention is being taught continually in the clinics and in the homes by the health visitors. The mothercraft talks also present the subject of prevention of accidents in the home. Leaflets are distributed and posters are exhibited at the various centres.

This form of health education should be extended vigorously in every way possible.

Formal Health Education by Health Visitors

The provision of a film projector for use in this Area is still considered necessary, and though expenditure on this was refused during the past year, application will be renewed.

Series of talks on parentcraft were given to all except one of the secondary modern schools in Hornsey and to five similar schools in Tottenham. The teaching of parentcraft to boys by health visiting staff has not met with much success although it was undertaken by an experienced member of the staff this year for the first time.

Talks given to schools this year numbered 372. Visits to clinics were arranged in some cases as part of the programme. The continuance of this part of the health visitor-school nurse work is of the very greatest importance, as it is from this group that the young mothers of the future will come. Already a number of mothers visiting local clinics have reminded health visitors that the first introduction they had to parentcraft was by this means. Members of the health visitor-school nurse staff who undertake this teaching have received the utmost co-operation from head teachers and their staff.

The school teaching of parentcraft as described above has been observed by representatives of the Ministries of Health and Education.

Finally, reference should be made to the policy of limiting the number of health visitors attending the courses on techniques of health teaching to one health visitor in each year. Ten years seems an absurdly long time to wait for the opportunity to send a second member of the staff on such a valuable course of instruction.

The Daily Guardian Scheme

This scheme was continued as in previous years for working mothers unable to make satisfactory arrangements for the daily minding of their children and not eligible for admission to the County Council's day nurseries in the Area.

This system has worked exceedingly well for a number of years. The few rules associated with it have only been imposed to safeguard the interests of the children. The number of individual children minded during the year was 72 and they were in the guardians' care for a total of 18,788 days. The cost of the scheme last year was £939 which is a fraction of the cost of supervising children's care in day nurseries. The standard of care is reasonably good although standards vary a little. All are supervised by health visitors. The mother has every opportunity of being assisted to find a guardian suited to her own and her child's needs. Mothers rarely remove their children from the care of a guardian after placing them unless they do so to remain at home and care for their own children or remove from the Area. It is our experience, however, that mothers usually place their children in the care of a daily guardian as a second best arrangement, preferring either daily minding by a relative or day nursery as the first choice. The periods for which children are minded by daily guardians tend to be shorter than by other means.

Day Nurseries

The average daily attendance at the three nurseries in the Area has risen from 111.4 to 121.7. There were 232 applications in respect of 284 children of which 32 (42 children) had to be refused. The number of children on the register at the end of the year totalled 164.

Of all the reasons for admission the chief single one for providing the majority of places was that the child was wholly maintained by its separated or unmarried mother. The second major reason for admitting a child was on account of unsatisfactory home conditions, and the third, illness, usually mental illness or near mental breakdown of the mother. Whatever the reasons for the breakdown of the mother's health, the day nursery provides relief from anxiety connected with the care of her child at a time when she is in most need of relief. The mother's confidence in the quality of child care provided by the Local Authority's day nursery service can be used as an instrument to prevent further deterioration of her health and in some cases the child's care.

It is also a means of maintaining the continuity of home and parental care rather than separation from them at a time when there is exceptional strain on the family stability.

A number of children who have been accepted during the year would probably have been accommodated in residential nurseries or with foster-parents at a much greater cost to the community if a day nursery was not available to them.

Each day nursery has received a few children who were referred by hospitals or clinics for special observation associated with a physical handicap or a behaviour problem. Some of these have made remarkable progress, due in some measure to the unremitting efforts of the day nursery staff in carrying out the prescribed treatment. These children absorb a larger proportion of time than the normal child. For this reason it will only be possible and perhaps desirable to admit a very small percentage of such children while the ratio of staff to children remains at its present level.

The educational value of the day nursery to the child and mother of all types should not be under-estimated. The opportunities for learning and teaching by example are inexhaustible.

Two student nursery nurses entered for the examination of the National Nursery Nurses Examination Board and were successful in obtaining the Board's Certificate. One nursery nurse attended a special course in child care which qualified her to be appointed a warden at Plevna Day Nursery.

B.O.A.C. stewardesses and British Red Cross cadets were given opportunities for observation and practical experience in the day nurseries during the year. Residential student nurses were also accepted for similar experience.

Outbreak of Dysentery at a Day Nursery

On the 29th July 1957 the Matron reported several of the younger children in one room as having diarrhoea. These children were immediately excluded and the mothers advised to consult their family doctors. Specimens were taken from the remainder of the children. During the next few days 14 children were excluded, 13 as cases of diarrhoea and one as a contact of these cases. Nine were proved to have Sonne type dysentery and one other child to have a bacillus coli infection. Pathogenic organisms were not recovered in three cases.

At the start of the outbreak it was decided that no child should be admitted to the nursery without previous medical approval. A thorough cleansing of the nursery, and especially of the toilets and washrooms, was undertaken and the toilets were cleansed after use and several times daily as a routine. Faeces specimens from the nursery and kitchen staff were all negative.

The first child was re-admitted to the nursery on the 19th August and the last child to become negative returned on the 14th October. Several cases proved very resistant to treatment, largely because of poor hygienic facilities at home, and three children were admitted to hospital and treated successfully there. No new case has been reported since the 15th August and no case was discovered at any time in any other room in the Day Nursery.

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

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	18	50	3,618	7,119	10,737	42.3
Park Lane ...	20	30	15	34	2,912	6,765	9,677	38.1
Plevna ...	20	30	18	29	3,554	6,954	10,508	41.4
Totals ...	55	113	51	113	10,084	20,838	30,922	121.7

Distribution of Welfare Foods

There was a decrease in the issue of nutrients during the year as compared with 1956. So far as National Dried Milk is concerned this is no doubt accounted for by the increase in price, as from April, from 10½d. to 2s. 4d. per tin. As from November, the Minister of Health adopted the recommendation of the Joint Sub-Committee on Welfare Foods that the supply of welfare orange juice to children should be discontinued from their second birthday. Children had previously been eligible up to the age of five years.

The arrangements for issuing welfare foods were substantially the same as in the previous year. The W.V.S. Centre at Muswell Hill closed down at the end of the year owing to ill-health of the member who had been operating it.

	National Dried Milk (tins)	Orange Juice (bottles)	Cod Liver Oil (bottles)	Vit. A & D Tablets (packets)
Totals 1957	48,243	156,962	17,347	10,545
Totals 1956	59,472	158,725	21,571	11,132

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 at all clinics during the past three years:

	1957		1956		1955	
	Expectant and Nursing Mothers	Children under 5	Expectant and Nursing Mothers	Children under 5	Expectant and Nursing Mothers	Children under 5
No. examined by dental officer ...	190	568	234	670	271	657
No. referred for treatment ...	188	548	226	618	260	624
New cases commenced treatment	172	531	218	551	240	573
Cases made dentally fit...	84	323	76	321	67	317
Forms of dental treatment provided :—						
Teeth extracted	205	432	235	506	352	479
Anaesthetics :						
(*a*) Local ...	85	69	84	72	142	77
(*b*) General...	36	175	39	213	48	203
No. of fillings ...	358	847	380	1,169	414	1,247
No. of root fillings...	.	.	.	.	3	.
No. of inlays ...	2	.	1	.	.	.
Scalings and gum treatment ...	76	.	128	.	136	.
Silver nitrate treatment	.	550	.	565	.	512
Dressings	86	338	163	674	144	519
Other operations ...	30	64	48	138	70	194
No. of Radiographs:						
(*a*) at County Council clinics	13	1	28	.	14	1
(*b*) at hospital ...	.	.	2	1	1	.
Denture dressings...	112	.	179	.	226	.
Dentures fitted :						
(*a*) full	8	.	18	.	46	.
(*b*) partial ...	32	.	39	.	59	.
No. of attendances	634	1,154	873	1,583	984	1,606
No. of appointments not kept	187	227	193	247	218	370
No. of ½ days devoted to treatment	221		296		338	

MIDWIFERY SERVICE

Section 23

Miss F. E. Curtis, Non-medical Supervisor, reports that two midwives are now working in Hornsey and all other vacancies have been filled, bringing the total number of midwives employed to nine by the end of 1957.

Five of these are approved by the Central Midwives Board as District Teachers. Five pupil midwives were in training in the Area during the year.

The character of the domiciliary midwife's work is changing with the now common use of modern analgesia. Patients to whom trilene, pethidine or nitrous oxide and air is administered cannot be left and it is not unusual for the midwife to remain 36, 48 hours or even longer with these patients. This calls for redistribution of work every day in order that those women already delivered may receive the necessary attention. It may be that some "shift system" will have to be considered for the future.

There were 555 deliveries attended by the midwives during 1957 and 76 women were discharged from hospitals before the 14th day (usually the third day following delivery). This work together amounted to 12,971 visits. Most of the patients sent home by hospitals are sent in by the midwife who has already spent many hours with them before admission.

In addition to deliveries and nursing visits the midwives make visits to the patients' homes during the ante-natal period, attend ante-natal clinics and also give instruction in the use of the gas and air and trilene apparatus.

The present bookings still show an upward trend and the difficulty of obtaining a hospital bed often results in a home booking having to be made for the patient who on social circumstances should be delivered in hospital. These patients sometimes cause very grave anxiety to doctors and midwives.

In addition, some women, including immigrants to this country, make no arrangements for their confinements, having been advised by their friends to telephone for an ambulance when labour begins. Sometimes they are successful in obtaining an emergency bed, but at other times it results in the mother having her baby at home as an emergency with no preparations made for the confinement.

The following table shows the work carried out by the midwives during the past two years:—

	1957	1956
No. of deliveries attended	555	509
No. of visits made	12,163	8,846
No. of hospital confinements discharged before 14th day ...	76	38
No. of visits made	708	354
No. of cases in which medical aid was summoned	176	143
No. of cases in which gas and air analgesia was administered	431	400
No. of cases in which pethidine was administered	322	265
No. of cases in which trichloroethylene was administered ...	46	33

HEALTH VISITING SERVICE

Section 24

Miss H. Townsend, Superintendent Health Visitor, reports that the pattern of health visiting has been slowly changing during the last ten years until today each health visitor is more adequately covering the demands for her services from all age groups and from a number of voluntary bodies, hospitals, family doctors and others. The health visitor is often the first to observe signs of mental ill-health or near breakdown in families on her district and also behaviour problems in children. It may be necessary to arrange more evening visits than formerly in order that each health visitor is able to see working fathers and mothers or the whole family together or single people in the evening or at other times when they are more likely to be at home.

Home visits by health visitors have risen slightly during the year and more visits to the aged have been undertaken. The majority of visits to the aged have followed requests from almoners and family doctors for the health visitor to see that there are proper facilities for home care of the elderly people discharged from hospital, to assess the ability of the person to manage after having been discharged for some weeks or on account of the family doctor's opinion that help is required. Most of these requests are made by telephone and the health visitor's report on each case is given directly to the initiator by telephone also. This method works smoothly and avoids delay.

Written health visitor's home reports have increased slightly in response to requests chiefly from hospitals. These include replies to enquiries as to whether mothers should be admitted for hospital confinement on account of poor home conditions or for other social reasons.

Health Visitors' work in clinics of various kinds is well known and is carried out with the usual efficiency.

Special Investigations

During last year, as in former years, health visitors assisted the Medical Research Council, the London County Council and other bodies in the home visiting of persons included in specific surveys who are resident in this Area.

The incidence of the outbreak of smallpox in July caused a good deal of extra work for health visitors in Tottenham in satisfying the many enquiries from members of the public, in attending vaccination clinics each evening and on Sunday morning for the quarantine period. Assistance was also given by health visitors to the few direct contact families who were confined to their own homes. Health visitors arranged for the purchase of food and other commodities and for deliveries of goods in accordance with the strict measures imposed to control the spread of infection.

Health visitor-school nurses were also responsible for the daily examination of each child in the school affected and for the home visiting of absentees to ensure that no early signs of illness were overlooked.

Health Visitor Students

Practical training was arranged for seven health visitor students during the year. These attended from the Royal College of Nursing, Battersea Polytechnic and Chiswick Polytechnic. Some of these students came from overseas as far apart as Malaya and Jamaica. The work of arranging programmes and for demonstrating the various aspects of the health visitor's work, though of great importance, is very time-consuming.

Many voluntary and statutory bodies, hospitals and other departments connected with the health services have accepted the students in our care for observation visits. We consider that all the effort devoted to the student health visitor is well worth while as they bring with them a keenness to see as much as possible and enthusiasm for their future vocation.

Student Nurses

The Middlesex Hospital, W.1, and the Prince of Wales's General Hospital sent a number of nurses in training to the Area for observation visits connected with health visiting. As far as possible different aspects of the work were shown so that a fairly balanced picture of health services outside hospital was seen.

Lectures on Social Aspects of Disease were given on seven occasions during the year to student nurses in training by the Superintendent Health Visitor. Other members of the staff gave evening talks to local youth groups.

Other Visitors included health visitors attending post-certificate courses, student teachers from several training colleges, university social science students, student ward sisters from the Staff College, King Edward's Fund for London, Public Health nurses from Israel, Barnardo's students, student nursery nurses and others.

Clinic Premises have been made available for the use of voluntary bodies—The National Blood Transfusion Service and The Family Planning Association. The Family Planning Association has the use of the School Clinic, Hornsey Town Hall on Monday and Tuesday evenings each week, and on Wednesday evenings weekly at Lordship Lane School clinic, Tottenham.

Prevention of Break-up of Families—Special Services Health Visitors

As stated in my report for 1956, two health visitors were appointed to specialise in the care of problem families and their children in order to prevent the break-up of the family, to prevent deterioration in the well-being and health of the children and to promote better standards of home-making. Families are usually referred to the special services

health visitor by the health visitor for the district, but may be accepted from other agencies. As soon as the case is accepted for intensive work all other health visiting ceases, the full responsibility for home visiting rests on the specialised worker. A great deal of co-operation has been experienced from family doctors, hospitals, the clergy, specialists of various kinds, including those in local authority's service, from voluntary organisations and private individuals.

The support given by the specialist health visitors has on the whole been most rewarding to families floundering in debt and other troubles and to the visitors themselves. The demand on the Home Help Service has been negligible as only one family where the mother is seriously ill has been provided with this service. In one case a debt of £153 has been reduced to £10.

Some improvement has been achieved in all the families, in some the recovery has been considerable and the amount of aid has been gradually reduced. Miss Howse, one of the two specialist workers, states "all the children are secure and well looked after. I have been able to reduce my aid to some families because of the support they are receiving from the contacts I have been able to make for them. Only in the years ahead will the true value of the work be known and results will show whether the improvement is of a permanent or temporary nature." From our experience so far it appears that these families could not lift themselves out of their difficulties without intensive aid of this sort and the real interest of the specialised visitors in them.

There are certain disadvantages connected with the amount and kind of accommodation which we have been able to place at the disposal of these workers. One shares an office with the Supervisor of Midwivels and the other occupies a small room in a clinic. Both are inadequate for the purpose of seeing clients away from their homes in premises that are central or easily accessible and which provide privacy and a certain amount of storage space. It is essential that a parent can visit the worker away from his home where suitable conditions for a private talk are often completely lacking. It is equally important that the premises should not appear too official so as to cause the client to shy away from entering. It is hoped that these points can be borne in mind when more suitable accommodation becomes available.

Voluntary Workers and Organisations

It is a pleasure to pay tribute to the voluntary workers who give such regular and efficient assistance in the Hornsey Maternity and Child Welfare Clinics and whose time and interests are so generously given to them.

During 1957 health visitors have received immediate help when required from a number of voluntary bodies including the Diocesan Moral Welfare, the Invalid Children's Aid Association, the Marriage Guidance Council, the Women's Voluntary Service, the British Red Cross Society, the National Society for the Prevention of Cruelty to Children and the Old People's Welfare Association. These voluntary organisations do a very great deal to fill in the gaps and support individual needs.

Statistics

The following table shows the number of visits paid by health visitors during the past two years:—

No. of visits paid by Health Visitors working in the Area		1957	1956
Expectant Mothers	First Visits	1,781	1,851
	Total Visits	2,850	2,886
Children under 1 year of age	First Visits	3,759	3,412
	Total Visits	14,568	13,941
Children age 1 – 2	Total Visits	7,191	6,828
Children age 2 – 5	Total Visits	11,952	12,125
Other cases ...	Total Visits as Health Visitor	5,489	4,310
	Total Visits as School Nurse	983	1,027

HOME NURSING SERVICE

Section 25

Miss F. E. Curtis, Superintendent of Home Nurses, reports that the Home Nursing Service continues to be used to capacity, work being received in the main from general practitioners and hospitals.

The figures show an increase in the total number of visits paid during 1957 and there have been some changes in the overall pattern of the work.

1. Patients of all types are receiving care over a longer period than in previous years.

2. There is a well marked increase in the number of patients over the age of 65 years. These patients received 5,444 more visits than in 1956.

3. Twice the number of visits were paid in 1957 to children under the age of five than in 1956.

Apart from these changes the work has followed its usual lines with still the preponderance of therapy by injection and care of the aged sick. Hospital beds for patients in the latter category are still difficult to obtain and are often a very urgent need.

A check on the nursing attention given in Tottenham during one normal day early in the New Year showed the following result:—

No. of home nurses on duty	10
No. of patients attended	200
Analysis of treatment given:—	
General nursing care	39
Dressings	24
Tube change	1
Baths	11
Enemas	2
Prostatectomy supervision	1
Bladder washout	1
No treatment, patient recovered	1
Injections for congestive heart failure	58
Injections for diabetes	33
Injections for anaemia	9
Injections for cancer	1
Injections for disseminated sclerosis	1
Injections of streptomycin	14
Injections of penicillin	4
Total	200

Equipment

The nurses are still anxious to be supplied with some kind of lifting apparatus.

One lifting hoist is in use in Tottenham and both nurses and patients have benefited greatly since its installation. This hoist was bought privately and has resulted in visits to this patient being necessary much less frequently than formerly when two people were required twice daily.

Allocation of Work

The method of allocating work to the nurses has remained unchanged and has proved satisfactory in meeting the needs of the patients. The smooth running of this service is due mainly to the very good team spirit amongst the nurses, to their willingness to work at unusual hours, and their skilful improvisation to meet the patients' needs.

The service has again received excellent support and help from the voluntary services, the British Red Cross Society, the Women's Voluntary Service and the Old People's Welfare Association.

The following table shows the work carried out during the year:

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	815	1,556	2,371	196	606	802	77,942
Surgical	49	92	141	13	14	27	5,139
Infectious diseases ...	.	1	1	.	.	.	4
Tuberculosis	39	26	65	11	7	18	4,177
Maternal complications	.	32	32	.	.	.	589
Totals	903	1,707	2,610	220	627	847	87,851

Analysis of treatment given to new cases during 1957	
General Nursing	670
Other treatments	747
Injections	1,193
Total	2,610

VACCINATION AND IMMUNISATION

Section 26

Vaccination against Smallpox

This work was stimulated by the outbreak of smallpox which occurred in Tottenham during the summer, as the result of which the percentage of children under one year of age vaccinated against smallpox rose to 61.4%.

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

This table relates to Hornsey only.

	Under 1 year	1 year	2-4 years	5-14 years	15 years and over	Total
No. of primary vaccinations ...	953	58	64	158	216	1,449
No. of revaccinations	11	2	20	124	452	609

Immunisation against Diphtheria and Whooping Cough

As a result of an investigation by the Medical Research Council into provocation poliomyelitis following certain injections, the use of a combined vaccine against diphtheria and whooping cough was discontinued during the year. This has naturally increased the clinical and administrative work and has made the operation of the scheme more complicated. Nevertheless, the results obtained compare quite favourably with those of the previous year, as shown in the following table:—

This table relates to Hornsey only.

Age at date of immunisation	No. of children immunised			No. of children given re-inforcing injections	
	Diphtheria only	Combined Diphtheria and Whooping Cough	Whooping Cough only	Diphtheria only	Combined Diphtheria and Whooping Cough
Under one	217	710	120	.	2
One	40	118	28	.	8
Two to Four	82	39	5	115	11
Five to Fourteen ...	89	8	.	264	12
Totals 1957 ...	428	875	153	379	33
Totals 1956 ...	105	1,021	13	507	32

Vaccination against Poliomyelitis

During the year this scheme was extended to include children born in 1955 and 1956 in addition to the original registrations of children born in 1947-1954 inclusive. Parents had the option of having their children vaccinated either by their family doctors or at their local clinic and during the year 4,393 children received a full course of two injections and 637 children had received their first injection only by the end of the year.

Registrations continued throughout the year and at the end of 1957 there were 5,285 children who had not received any injections.

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 1957 253 applications were received compared with 210 the previous year. Of these, 226 were approved.

DOMESTIC HELP SERVICE

Section 29

The total number of cases provided with home help during the year was 1,815. This figure shows no sign of declining and, as stated last year, the bulk of the cases comprise the chronic sick, including aged and infirm, who need more or less permanent help. The demands on the organisation can be readily appreciated when it is realised that nearly 1,000 patients now require help week by week.

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

Cases provided with help	No. of new cases provided with help	No. of old cases for which help was continued from 1956	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)	120	14	134	10
Tuberculosis	24	40	64	34
Chronic Sick (including aged and infirm)	552	910	1,462	941
Others	141	14	155	12
Totals	837	978	1,815	997

Night Service

This service continued during the year to provide help for patients who are very ill or dying and who need night attention, and so enable relatives or others who normally provide this assistance to get a certain amount of relief. During the year seven cases were served for a total of 433 hours.

Training Scheme

The plan to give some instruction to home helps was carried out for the first time during 1956, and has been repeated in 1957.

A small group of ten attended on Thursday afternoons at 2 o'clock in the mothercraft room at Lordship Lane Clinic. This provides pleasant, warm and well lit accommodation and has an adjoining room used as a kitchen where the ever welcome cup of tea can be prepared.

Five talks were given in the series with plenty of questions at the end. The subjects of discussion included accidents and their prevention; emergencies, e.g. heart attacks, first aid for cuts, scalds, fits; on general hygiene, how to look after a patient suffering from tuberculosis, or diabetes, or the aged sick, or sick children, followed by a film strip; on cookery, food values, quick meals, invalid cookery; on cleansing, dusting, washing and care of furniture; and lastly, the place of the home help service in the National Health Service, the relationship of the home help to nurses, midwives, voluntary workers, and the cost of the service.

There can be no doubt of the enthusiasm shown by the workers at these talks. Their questions to the lecturer and among themselves showed a lively interest in the service.

SCHOOL HEALTH SERVICE

Routine Medical Inspection

Fifty years have elapsed since the Education (Administrative Provisions) Act 1907 authorised medical inspection of children attending State schools. While the administrative procedure for routine examination of each child on admission into school, and at stated intervals afterwards, has remained substantially unchanged over the years, the nature and number of defects found have changed almost beyond recognition. In the early days it was inevitable that the service should be an almost purely medical service. There were so many obvious defects and diseases for which little was being done and which equally obviously prevented or hampered the child from benefiting from the education it was supposed to receive.

The school physician concerned in the early days, by sheer pressure of the volume of work, with the routine tasks of diagnosis and reference to others for treatment, *now* has opportunity to practice also the more positive aspects of a health service—by assessment of individual optimum health standards and by giving advice on the maintenance of health and prevention of disease. With co-operation of teacher and parent he is able to study the child in school and family setting and, in the case particularly of older children out-of-school life in their social, recreational and occupational setting. This change from a medical to a health service is an answer in itself to critics who regard the duties of school medical inspection as merely the detection and recording of defects and complain that it leads to considerable expenditure in time and money on unproductive work. With health and education closely meeting in an expanding field of special education now available to the handicapped child, the role of the doctor in the school health service need never be one of monotonous routine; nor unrewarding in its opportunity to practise preventive medicine on a scale regrettably unknown, even after ten years working of the National Health Service, in hospital or general medical practice. As in this Area, now for nearly twenty years, many local authorities encourage the practice of sessional interchanges with hospital practice—through medical officers undertaking sessional clinical work in hospital out-patient departments (in particular paediatrics) and registrars (specialists in training) undertaking sessional work in the local authority services. Such arrangements may well enhance the quality of the doctor's work in the clinical aspects of routine school medical inspections.

CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS IN HORNSEY

Age Groups	No. of pupils inspected	Satisfactory		Unsatisfactory	
		No.	Per cent	No.	Per cent
Entrants	861	858	99.7	3	0.3
Age 10 and 11 years	808	805	99.6	3	0.4
Leavers	917	917	100.0	.	.
Additional periodic inspections ...	1,312	1,310	99.8	2	0.2
Total	3,898	3,890	99.8	8	0.2

In addition 1,285 special inspections and 691 re-inspections were carried out.

Survey into Defects of School Leavers

At the request of the Research Committee of the School Health Service Group of the Society of Medical Officers of Health, the school physicians co-operated in an enquiry into the incidence of certain defects in children about to leave school. This enquiry was undertaken during the autumn term 1957; 958 children were examined and a simple questionnaire completed for 81 children found to have such a defect, or to have had it in the past. Of these 81 children, 47 were considered to have a defect of some importance. The questionnaires have been forwarded to the sponsors of the enquiry for analysis in conjunction with the results obtained by other school medical officers, and the results will be made known later.

Infectious Diseases in School Children

The year opened with the customary biennial increase in the incidence of *measles*—1,300 cases were notified in the school population. At the end of June a fatal case of *smallpox* occurred in an unvaccinated boy aged six, who prior to admission to hospital had attended Crowland Road Infants School, Tottenham. This boy had probably been in contact during the early infective phase with his school classmates. Throughout a weekend, a team comprising medical officer, health visitor and public health inspector was busy vaccinating or re-vaccinating child contacts in their homes as well as all teaching and ancillary staff, and giving passive protection with gamma-globulin to those classmates never previously vaccinated. The class concerned was closed and the children sent home for surveillance until the incubation period was over. Daily visits to the school were made and any child with a suspicious fever,

malaise or rash carefully examined and kept under observation. Fortunately there were no secondary cases at the school.

Later in the year Tottenham and Hornsey were affected by the *influenza virus A (Asian)* prevalent in this country. The first school to be affected was in the Muswell Hill area of Hornsey where many children were reported absent with gastric symptoms and indeed the first diganosis considered was food poisoning, as true Asian influenza had not yet been diagnosed in the Greater London area. Together with a virologist from the Public Health Laboratories at Colindale, visits were made to a number of children reported ill in their own homes and from the throats of two of these children influenza A "Asian" was cultured. Apart from prompt exclusion of cases, little could be done to stop the spread of illness. The same picture was later seen repeatedly, the attack beginning in the infant classes and spreading upwards to the juniors and seniors. The pandemic rolled across Hornsey from north-west to south-east and inexorably into Tottenham. Fortunately, although morbidity was very high, mortality was very low—only one school child dying of the illness.

Five school children contracted paralytic *poliomyelitis* during the year of whom two were receiving physiotherapy at the end of the year. None is so handicapped as to be likely to require special schooling.

There were no outbreaks of *food poisoning or dysentery* during the year.

Tuberculosis in Schools

The year 1957 saw a further reduction in the incidence of tuberculosis in school children, there being only three cases (all forms) compared with seven in 1956 and 14 in 1955. These three cases were discussed with the appropriate chest physicians, but in no instance was it considered necessary to carry out epidemiological investigations at the school.

The patch testing programme was carried out in "entrants" on a somewhat restricted scale, partly owing to the influenza epidemic. 591 children were so tested and of these, 19 were positive, a total of 3.2%. Investigation of circumstances proved negative and no infective cases were revealed in the children's families.

Since the scheme of patch testing started, some 2,000 children have been tested, producing only one source case. The practice is not being continued during the coming year.

B.C.G. Vaccination

B.C.G. vaccination has been carried out in the schools in the 13-14 age group following the scheme outlined in the annual reports of 1955 and 1956. The service has continued to include non-maintained schools in the scheme, including Highgate Public School.

A total of 3,966 Tottenham and Hornsey children have now been vaccinated under this scheme since June 1955. Mantoux positive children

referred to the chest clinic during the year were all found to be free from tuberculosis. Routine investigation of the family of one child referred to the chest clinic disclosed that the mother had tuberculous infiltration of the upper zone of the left lung, and she was admitted to hospital for investigation and treatment. The accompanying table shows the figures for 1957 compared with those of 1956.

This table relates to Hornsey only.

	1957		1956	
		%		%
Parents approached	1,128		1,025	
Parents accepting	947	83.9	741	72.3
Mantoux positive	91	11.8	67	9.8
% Strong positives, Reaction greater than 20 mms in diameter		61.6		44.8
% Weak positives		38.4		55.2
Mantoux negative	702	85.6	587	85.9
Total vaccinated	691	61.3 of children in group approached	586	57.2 of children in group approached

School Dental Service

I am indebted to Mr. V. Sainty, Area Dental Officer, for the following report:—

"During the year there was a reduction in staff owing to the appointment of Miss W. M. Hunt to the post of Area Dental Officer in Willesden. Miss Hunt left on the 15th June and it was not possible to fill the vacancy until the 1st January 1958, thus staff for the second half of the year was: Area Dental Officer, five full-time and two part-time dental officers and one part-time orthodontist. The two part-time dental officers together worked a total of nine sessions per week; in addition to this we had the services of one more part-time dental officer for five sessions per week for the last eight weeks of the year.

The two Boroughs have been fortunate in recent years in still having a good proportion of full-time dental officers.

Owing to lack of incentive to take up full-time service as a career, coupled with the more advantageous remuneration for sessional work, the trend has been generally for a greater reliance to have to be placed on the part-timer to provide adequate staff and then often not very successfully. In this connection it is significant that it is almost twenty years since an application for a full-time post was received from a male British dental surgeon for employment here apart from one case of re-employment after retirement on pension.

Yet in the years before the war a post as School Dental Officer was able, in many areas, to compete favourably with one in private practice,

as is evidenced by the large number of applications when a vacancy was advertised; one such case was in December 1936 when there were 106 answers to an advertisement in the British Dental Journal for a post under the Tottenham Education Committee, 81 of whom were men.

The service has been built up over a period of 44 years from one full-time dental officer in Tottenham to the present establishment figure of nine for the combined districts.

A clinic was first started in Tottenham in April 1914 for the treatment of elementary school children only; in May 1922 a second clinic was opened and at this time there were more than 24,000 pupils in the schools, divided betewen the two dental officers.

In 1934 the inspection and treatment of secondary schools was added to these responsibilities.

It was not until 1937 that a comprehensive scheme for the treatment of ante-natal and post-natal mothers and pre-school children came into operation with the appointment of a third dental surgeon.

Prior to this, however, a great deal of treatment had been given to cases in these categories; complete treatment was given including, when necessary, the fitting of dentures; these were supplied at charges based on those of the dental hospitals and as most of the patients were only able to repay gradually, a good deal of extra clerical work and account-keeping was involved. Orthodontic treatment for school children was commenced in 1921 and has continued without a break since then. Until 1938 all appliances used in this work were paid for in the same way as the dentures. In both cases, where the income was below a certain scale no payment was made.

It seems ironical that in pre-war days with much less in the way of first-class buildings and equipment than today, there was no difficulty in obtaining dental staff, whereas now any loss is very difficult to replace. It is to be hoped that something will be done to see that the service becomes a real priority again and is put on a proper basis before it is too late".

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

DENTAL INSPECTIONS AND TREATMENT

Age Groups	No. inspected	No. found to require treatment	No. referred for treatment at the County Council's Dental Clinics
Under 5	48	31	31
5–16 and over	9,006	4,675	4,637
Specials	1,522	1,426	1,285
Totals	10,576	6,132	5,953

Number of pupils treatment commenced	2,762
Number of pupils treatment completed...	2,180
Number of attendances made by pupils for treatment ...	6,607
Number of appointments not kept	1,288
Number of half days devoted to (a) Inspection	79
(b) Treatment	974
Fillings—Permanent Teeth	4,954
Temporary Teeth	1,430
Number of teeth filled.—Permanent Teeth	4,274
Temporary Teeth	1,358
Extractions—Permanent Teeth	272
Permanent Teeth for Orthodontia	49
Temporary Teeth	1,929
Anaesthetics (a) General	726
(b) Local	676
(c) Regional	20
Other operations (a) Permanent Teeth	771
(b) Temporary Teeth	1,583

SPECIAL DENTAL TREATMENT UNDERTAKEN BY DENTAL OFFICERS

Number of impressions, etc.	27
Number supplied with Dentures	18
Number of crowns and bridges	3
Number of radiographs (*a*) at Dental Clinics ...	45
(*b*) at Hospitals ...	1

ORTHODONTIC EXAMINATION AND TREATMENT

	AGES										Totals
	5	6	7	8	9	10	11	12	13	14	
Pupils examined	1	5	6	5	13	8	12	8	2	4	64
Pupils selected for treatment	1	3	6	5	12	6	10	5	.	4	52

Commenced treatment (first attendance)	109
Attendances made for treatment	543
Impressions, etc.	294
Fixed appliances fitted	2
Removable appliances fitted	41
Radiographs at Dental Clinics	19
Pupils treatment completed	13
Orthodontic sessions ($\frac{1}{2}$ days)	53

THE HANDICAPPED CHILD—DISTRIBUTION IN HORNSEY AS AT 31st DECEMBER, 1957

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	.	.	3	2	.	.	.	.	.	.	3	2
Partially Sighted Pupils	3	2	.	.	.	.	.	.	.	.	3	2
Deaf Pupils	3	1	.	.	.	.	.	.	.	.	3	1
Partially Deaf Pupils	1	5	2	.	.	.	.	.	.	.	3	5
Educationally Sub-Normal Pupils	25	16	5	3	1	.	.	1	2	.	33	20
Epileptic Pupils	1	.	1	1	.	.	.	1	.	.	2	2
Maladjusted Pupils	.	.	7	.	4	1	10	2	.	.	21	3
Physically Handicapped Pupils	8	2	1	.	.	.	1	.	1	1	11	3
Pupils with Speech Defects	1	1	.	.	97	25	2	2	1	.	101	28
Delicate Pupils	.	1	9	2	.	.	.	.	.	.	9	3
TOTALS	42	28	28	8	102	26	13	6	4	1	189	69
GRAND TOTALS	70		36		128		19		5		258	

THE HANDICAPPED CHILD

The care given to the handicapped child has for many years been a source of local pride. Reproduced in my annual report for 1956 was the letter from Miss Blanche Nevile describing the humble beginnings of education of the deaf in Tottenham in the year 1895. In 1912 the school moved to Ashley and Linden House and in 1924 to the present site in Philip Lane. Because of the changes in educational concepts concerning deaf children, a nursery unit was opened at the school in 1952 and later the partially deaf were separated from the deaf and educated in special but well integrated units at Devonshire Hill School (Juniors) and Markfield School (Seniors). The scholastic record of children educated at the Blanche Nevile School is of a high standard. The developing science of electronics is begining and will continue to make considerable advances possible in this field.

Classes for physically handicapped children were started at Parkhurst School in Tottenham in 1924. Formerly these children were educated at residential schools or managed in ordinary schools with great difficulty; or remained at home with little or no education. In 1933 Vale Road Day Special School for Physically Handicapped Children was opened. After World War II the needs of the cerebral palsied child became more obvious and a cerebral palsy unit was opened at the school, appointment of staff preceding construction of the medical rooms. The latter were occupied during 1957.

In 1930 Tottenham Education Committee acquired Suntrap Open Air School at Hayling Island. After extensive rebuilding on the site, the school was opened for the residential care of delicate children. Orchard House and Downhills Park open air classes in Tottenham continued to provide for those for whom residential care was considered unnecessary.

Before the Education Act 1944, arrangements were made in co-operation with other neighbouring boroughs for the education of partially sighted and educationally sub-normal children, and with voluntary organisations for the care of the epileptic and the blind child.

The existence of widespread maladjustment among school children was becoming increasingly recognised in the inter world war years and many children failed to make the progress they should. In 1937 the Tottenham Education Committee in co-operation with the Mental Welfare Association arranged for an educational psychologist (Miss Grace Rawlings, B.A.) to make a survey of Tottenham's need for the setting up of a child guidance centre. Accepted in principle before the outbreak of World War II in 1939, the first appointment was made of a psychologist, though it was not until ten years later that the child guidance team could be appointed in full. Events in Hornsey in establishing a child guidance centre moved rather faster, the first educational psychologist being appointed in 1944, and the child psychiatrist in January 1948.

Vale Road School for Physically Handicapped Children
Cerebral Palsy Unit

I am indebted to Dr. William Dunham for the following report on the year's work.

"As in previous years, special provision has been made at the Vale Road Special School for Physically Handicapped Children for children with cerebral palsy ("spastics"), who accounted for 27 of the 94 children in attendance. Although this special provision is made necessary because these children differ as regards ease of movement from normal children, in other ways they are normal. They are driven by the same emotions. They have the same interests and ambitions. These are forces which can be used in their training whether in ordinary school subjects or in ordinary every-day activities, both at school and at home. Finding out the exact training needed by a child may call for medical skill, but training itself is the job of the parents and the teachers. In providing for children with cerebral palsy, therefore, parents, teachers and doctors must all collaborate.

At the school, medical guidance is provided by a consultant who attends weekly; arrangements have been made for a school medical officer also to attend. Parents are advised how best to help their children at home; methods of helping the children at school are discussed with the teachers, whose care is supplemented by the services of a whole-time therapist. For swimming, help is given by pupils of the South Grove Girls' School. Domestic science instruction is provided at the Markfield Secondary School. Woodwork and metalwork for the boys is in abeyance owing to lack of an instructor.

Much of the early training in movement of the child with cerebral palsy should, of course, be completed before the child reaches school, and for this reason arrangements have been made for parents to bring their children to the school for advice before they reach school age. During the year, 13 pre-school children and four other children have been brought to the school in this way. Details of these cases are given in the accompanying table.

Arrangements of the kind described are new, and it is pleasing to note that the school receives a number of visitors from the Institute of Education including post-graduate students taking the Diploma of Education. Visitors are also sent by the Staff College for Ward Sisters and, from overseas, by the British Council".

CHILDREN SEEN FOR THE FIRST TIME AT THE CEREBRAL PALSY UNIT IN 1957

Case No.	Age	Sex	Source of Referral	Diagnosis	Disposal
1	6½	F	School Medical Officer, Enfield	Cerebral palsy Mental defect	To attend Cerebral Palsy Unit
2	6	F	School Medical Officer, Hendon	Cerebral palsy Probably educable	Vale Road P.H. School
3	4	F	School Medical Officer, Wood Green	Deaf–severe. Mild cerebral palsy Educable	Blanche Nevile School and supervision by Dr. Dunham
4	4	M	School Medical Officer, Tottenham	Cerebral palsy Mental defect	To attend Cerebral Palsy Unit
5	5	M	Paediatrician	Cerebral palsy. Probable mental defect	Home care
6	2	M	School Medical Officer, Tottenham Paediatrician	Cerebral palsy Probably educable	To attend Cerebral Palsy Unit
7	3	M	School Medical Officer, Hornsey	Mild cerebral palsy Gross retardation	Report to Local Mental Health Authority
8	5	M	School Medical OfficerFriern Barnet	*Not* cerebral palsy Mental defect	Referred back to School Medical Officer
9	4	M	School Medical Officer, Hendon	Cerebral palsy Probable mental defect	To attend Cerebral Palsy Unit
10	12	M	Principal Medical Officer, M.C.C.	Cerebral palsy Mental defect	Attends occupation centre
11	9	F	Principal Medical Officer, M.C.C.	Moderate cerebral palsy. Mental defect	Attends Cerebral Palsy Unit
12	3	F	Paediatrician	Cerebral palsy Educable	Vale Road P.H. School
13	7	M	School Medical Officer, Wood Green	Partially deaf Mild spasticity	Attends Partially Deaf Unit, Tottenham. For supervision by Dr. Dunham
14	3	M	Paediatrician	Hydrocephalic Cerebral palsy Educable	To attend Cerebral Palsy Unit
15	13	M	School Medical Officer, Tottenham	Cerebral palsy Mental defect	For hospital care
16	3	F	Paediatrician	Mental defect	At home. Later occupation centre
17	4	F	School Medical Officer, Tottenham	Deaf. Cerebral palsy (minor)	Blanche Nevile School

Summary

Sex		*Age Groups*	
7 Female		0–4 years	9
10 Male		5–11 years	6
		11+ years	2

Diagnosis

Cerebral palsy—educable or probably educable		4	7
Cerebral palsy Deaf and partially deaf	educable	3	
Cerebral palsy, Mental defect—ineducable			8
Mental defect alone			2

Source of referral

School Medical Officers, Middlesex	11
Principal Medical Officers, Mental Health Dept., M.C.C.	2
Paediatricians	5
(One case referred by Paediatrician also referred by School Medical Officer)	

Audiology Unit

1957 was the first full year in which the audiology unit was in use. Statistics relating to the work of this clinic are as follows:—

Number of children seen	21
Pre-school children (age from 5 months to 3 years)	7
Attending infant and junior schools	9
Attending or about to attend senior schools	5

Reasons for referrals among these 21 children were as follows:—

For diagnosis	6
Immigrants to Area, known to be deaf	3
Partially deaf children, advice as to correct placement ..	2
Children known to be deaf, application for admission to nursery class, Blanche Nevile School or partially deaf unit ..	10

Source of referrals:—

Tottenham and Hornsey	7
Other Boroughs in Middlesex ..	10
London—neighbouring Boroughs	4

Further details are given herewith of the seven children under school age as these are of special interest.

No.	Age	Sex	Reason for referral	Remarks	Decision and/or disposal
1	$2\frac{11}{12}$	F	? Deaf	—	For further observation
2	$\frac{5}{12}$	F	? Deaf	Parents and sister deaf	Deaf. For auditory training and supply of hearing aid
3	$3\frac{1}{4}$	M	Suitability for nursery school for the deaf	—	Deaf. Admitted to nursery class
4	3	F	? Deaf ? Mentally defective	Several backward siblings	Admitted to nursery at Blanche Nevile School. Later excluded as ineducable and perhaps slightly deaf as well
5	3	M	Suitability for nursery for deaf	Pakistani child	Admitted to Blanche Nevile nursery class
6	$1\frac{4}{12}$	F	? Deaf	Sister and parents deaf	Not deaf. Admitted to day nursery half-time in order to obtain hearing environment
7	$3\frac{1}{2}$	F	Suitability for nursery class for deaf	Cerebral palsied child	Admitted to Blanche Nevile nursery class. Under supervision of Dr. Dunham

Rheumatism Supervisory Centre

Fortnightly sessions continue to be held at the Paediatric Department of the Prince of Wales's General Hospital under the direction of Dr. I. M. Anderson, Consultant Paediatrician. New cases totalled 29 as against 27 in the previous year.

Medically these cases were allocated as follows:—

Rheumatic Fever	11
Rheumatic Carditis	7
Rheumatic Carditis with Chorea ..	2
Rheumatic Arthritis with Carditis ..	1
Rheumatic Pains	2
Other cases	6
	29

Distribution of new cases:—

School Children	26
P.H. School	1
Pre-school	1
Not at school	1

It will be noted that no new cases of congenital heart disease were referred this year.

A review of all cases on the register since the inception of the scheme gives the position as follows:—

Cases under supervision	191		
Discharged	36	Males	140
Transferred on removal	18	Females	133
Lapsed	16		
Deaths	12		
Total	273		

During 1957, cases both new and old were dealt with as follows:—

Admitted to hospital	26
Discharges	3
Transfers	3
Deaths	1

Radically the cases under supervision are classified as follows:—

Rhuematic Fever	59
Rheumatic Carditis	41
Rheumatic Fever with Chorea ..	1
Rheumatic Carditis with Chorea ..	5
Chorea—uncomplicated	4
Rheumatic Arthritis	5
Congenital Cardiac Lesions	54
Rheumatic Pains	2
Other Cases	20
	191

Of the children under supervision, 103 children made 229 attendances at the Clinic during the year. In addition a number of children were seen in other children's out-patient clinics under the supervision of Dr. I. M. Anderson.

The problems of future careers and occupations of the children approaching school leaving age continue to be discussed with the parents. Many cases, after leaving school, are still supervised for some time to ensure they have become firmly established in a suitable occupation. Older cases still requiring supervision are referred to an adult medical clinic or in some cases their family doctor.

Ear, Nose and Throat Clinics

I am indebted to Dr. F. P. M. Clarke, the visiting Aural Surgeon, for the following report:—

"The ear, nose and throat clinics, at the Medical Centre, Park Lane, Tottenham and at the Town Hall, Hornsey have been carried on during the year 1957 along similar lines to those set out in previous Annual Reports. Two sessions a week have been held at Park Lane and one a week at Hornsey.

In addition to the patients referred mostly from the routine school medical inspections, and school and child welfare clinics, a number of deaf children and children suspected of being deaf have been examined at the Audiology Unit (Park Lane) for admission to the School for the Deaf among whom are children from other boroughs in London and Middlesex.

In this Report for 1957, a brief review of the origin and growth of the special ear, nose and throat clinics is given. They are special in the sense that they differ very greatly in the methods of treatment used and in certain instances in the classification and diagnosis of defects from the routine procedure followed in most ear, nose and throat clinics. The consistently high percentage of successful and lasting results obtained in the cure and relief of the various ear, nose and throat ailments met with among school and pre-school children in comparison with other routine methods of practice gives ample justification for the establishment of these special clinics, their necessity and their usefulness to the community.

The first of these clinics to be established was under the Tottenham Education Committee more than twenty-five years ago, followed later by similar clinics in London, and other areas in the country.

Soon after the first world war, the increasingly large number of cases of chronic discharging ears and resultant deafness, present among the school population of the Borough, and the very indifferent results obtained as regards cure or amelioration from the lines of treatment then available, or of no treatment, became a matter of very serious concern to the school health authorities. About this time, Dr. A. R. Friel, a consultant ear, nose and throat surgeon with a long and wide experience in his speciality introduced in London a special method of electrical treatment known as ionization for the treatment of chronic otorrhoea in school children. This method was originally developed in France by Professor Leduc and used with marked success by Dr. Friel for some years in Johannesburgh, and later, in collaboration with Professor Leduc, in France.

This new method was introduced by Dr. Friel in Tottenham, and was the first ionization clinic for the treatment of chronic otorrhoea in school children in this country. Dr. Friel was appointed visiting ear, nose and throat consultant to the Tottenham Education Committee. The resulting successes in the cure of the large majority of those hundreds of cases

of chronic otorrhoea was comparatively rapid, and indeed remarkable. Within a period of about two years, practically all the cases of existing otorrhoea among the school population of the Borough, with the exception of a small number which required radical mastoid operations—due to their long-standing chronicity—were healed and 'dry' and as a result, the hearing in most cases was remarkably improved. This was a great advance in solving what was, up till then, a most intractable problem. Further, and an important point, the results, with very few exceptions, were lasting.

Dr. Friel, realising that the successful treatment of such ear conditions as otorrhoea, deafness, etc. depended, apart from the local treatment of the ear itself, also on the recognition and removal of any complicating factors, frequently present in the nose and throat decided to recommend enlargement of the scope of the ear clinic by making it a complete unit for ear, nose and throat affections. The required equipment for this unit was installed.

Diseased or abnormal conditions in the nose and throat are by far the most common factors in the causation of ear disease, and consequently their successful removal is the first and most important step in the prevention and cure of deafness. To meet this situation, special methods of treatment, found to be the most successful, many of them new and quite different from those usually employed, were adopted at the clinic. These included, in addition to zinc ionization, the new method of diastolization, a French procedure invented by the late Dr. Gautier of Paris, and introduced to London by Mr. A. G. Wells, F.R.C.S., Ear, Nose and Throat Consultant, London County Council, adopted for the treatment of certain nasal conditions and impaired hearing; aural suction for acute otorrhoea; Proetz 'sinus displacement' for the diagnosis and treatment of sinus suppuration; Wells' (New York) nascent iodine vapour inhalation for infections in the nasopharynx and sinuses; Peters' Tonsil-suction treatment for diseased tonsils, as well as a number of certain prescriptions and medicaments found to be of exceptional value.

These methods are still being employed at the clinics, modified, of course, from time to time, over the years, as experience in their use, and the discovery of new preparations suggest.

Audiometry

From the beginning, the question of impaired hearing played an important role in the function of the clniic and the school medical inspections. Special emphasis was laid on the prevention as well as the cure of deafness for herein lay the best means and most hopeful prospect of reducing the incidence of defective hearing both in the school, and later, adult population.

To deal effectively with the question of deafness in a large population of school children it is essential to have an exact means of detecting the hearing loss, from the slightest impairment to the most severe. It is also necessary that this detection-examination of a very large number of

pupils should be carried out within a reasonable time without sacrificing accuracy. The ordinary routine methods of clinical testing such as 'conversational voice', watch, tuning forks, etc. would be unsuitable and unreliable as regards the time involved and accuracy. The invention of the audiometer in America in 1927 was the answer to the large and growing demand for a suitable method of detecting quickly and accurately any defect in hearing among large numbers, such as in schools, industrial works, etc.

The audiometers, there are two types—the 'Speech' and the 'Pure Tone'—are very highly developed scientific, electrical instruments and so sensitive that they can detect and measure accurately in "units of hearing loss" the slightest to the most severe impairment over the whole hearing range.

From 1927 onwards the hearing of thousands of children has been investigated in various cities in U.S.A. The first similar investigation of hearing loss, on a large scale among school children in this country—an audiometric survey—was conducted in the Tottenham schools in 1930 by Professor G. P. Crowden of the London School of Hygiene when he completed a survey of 2,000 children (Proc. Roy. Soc. Med. 27.–1934) and in Hornsey, do, in 1931. (Annual Report of M.O.H. 1930). From then onwards regular routine audiometer testing has been carried out in Tottenham schools with the exception of an unavoidable interruption during the war years. Those children who "failed to pass" the tests were referred to the ear clinic where a detailed enquiry and clinical examination was made in each case as to the 'history', cause, duration, complications, any treatment already received, etc. and a course of special treatment was carried out. The results of the special treatments given at the clinics are very interesting. The following account taken from "Children with Defective Hearing", Board of Education Publication, 1938 and 1950 is an example. "Between 1932 and 1936, 10,171 individual children were tested as a routine by gramophone audiometer in Tottenham. Of these children, 8.8% 'failed to pass' in either or both ears. Yet after treatment had been given where necessary only one child (0.1 per thousand) had to be sent to a special school as Grade II,B, and 19 children (1.9 per thousand) were found to require favourable position in class".

The Pre-school Child

The primary object of the clinic from its beginning to the present time has been to emphasise the importance of prevention as well as the treatment of diseased conditions. Many of the defects, including deafness, found in the ear, nose and throat in school children originated before the child attended school, and many such as otitis media, during early infancy. Prevention is the most important of all the problems connected with defective hearing and it is during early pre-school age that prevention can play its important part. The advisability, therefore, of including pre-school children in the clinic scheme becomes obvious and was recognised by the Ministry of Health in its issue of Circular 1337(a), in the early thirties. This urged local authorities to arrange for co-operation

between the school medical and child welfare services and make provision for the inclusion of pre-school children in the specialist school clinics. This is important particularly in the case of the detection and treatment of defective hearing and its potential causative factors.

It is very gratifying to be able to record that Tottenham was again among the earliest authorities to make provision for the inclusion of infants and pre-school children in its ear, nose and throat clinic scheme. The wisdom of this decision has been amply proved over the years in the results obtained by the discovery and removal of many defects in their early stage in pre-school life, which, if left untreated, would have insidiously progressed into a state of chronicity by the time the children had reached school age and this advancement of the disease, in certain instances, would inevitably tend to make its final cure much more difficult and uncertain.

At the present time and for a number of years past the ear, nose and throat clinic provides for the examination and treatment of all children, infants, pre-school and school. It is fully equipped to deal with the varying ear, nose and throat diseased conditions met with among these children, with the exception of those cases, a small number, which require operations in hospital.

The defects most commonly found among the clinic patients are those due to the ill effects of 'nasal obstruction', such as deficient nasal respiration and mouth-breathing; rhinitis in its different forms, sinusitis, impaired hearing, otitis media (with or without discharge), functional hypertrophy of tonsils, etc. Cases of chronic otorrhoea which used to be very common some years ago have become greatly reduced and only a comparatively small number is now seen.

A detailed account of those various ailments, their effects, immediate and remote, complications and treatment is not included here as this is not intended to be a clinical article.

Local authority specialist clinics conveniently situated have many advantages. The travelling problem, as regards safety, distance and time is much less acute than if these young patients were obliged to attend, say, the out-patient department of a hospital. At the local clinics children may attend for treatment, by themselves after the first one or two attendances with a parent, thus saving the parent's time.

A most important point is that the administration of these clinics is under the supervision of the school medical officer who is well acquainted with the particular conditions of the patients attending and the treatment given, and can link this up with his general overall direction of the public health of the community for which he is responsible as medical officer of health.

Further, the full clinical records of all the patients attending the clinic are within easy access of the medical officers and staff when an urgent enquiry is made for the clinical record of any child, as often happens".

Orthopaedic Service, Tottenham

I am indebted to Mr. E. H. Hambly, F.R.C.S., for the following report:—

"These clinics continue to be heavily attended in figures for new patients and old patients. Certain difficulties arise in advising remedial exercises for children aged 10 to 11 on account of the 11 plus examination, and also in older age groups, about the age of 15, on account of higher examinations. This is unfortunate, as it is the girls who stoop over their desks working hard for such higher examinations who are in the greatest need of these remedial exercises.

The expense of surgical appliances has been borne in mind constantly throughout the year, as this is now a major financial item. At first sight, it appeared that wedges to shoes were cheaper than insoles, but on looking closer into the problem, the constant renewal of wedges constituted far greater expense, and much more trouble to the parents.

Our relations with the School for the Physically Handicapped at Vale Road, are close and cordial, both with Dr. Dunham and his department and also with Mr. Ives and his staff.

These clinics work also in conjunction with the Prince of Wales's General Hospital, and St. Ann's General Hospital, inasmuch as all in-patient operations are performed at these hospitals by me".

Orthopaedic Service, Hornsey

I am indebted to Mr. E. Palser, M.R.C.S., for the following report:—

"During the year attendances at this clinic have been 726 for examination and 1,194 for treatment by the physiotherapist. The number of new cases seen was 374, and the number whose treatment ceased was about the same. Developmental abnormalities especially of the spine, legs, and feet, often require prolonged treatment and supervision until growth is completed. A certain number have, therefore, required treatment or supervision until they have reached school leaving age, and where treatment is still required they have been referred to the adult services of the National Health Service.

This year a fitter has been in attendance at all clinics, and this has reduced the previous time interval between the ordering and supplying of instruments and appliances. At the same time, decisions on exact specifications, measurements and fittings have been undertaken in closer co-operation with the makers.

A few children have been referred for special out-patient treatment to the Hornsey Central Hospital. Here also X-rays required are taken. The Hornsey clinic now has its own viewing box which has been of great use, and of equally great interest to the patients and their parents.

Ten children have required operative treatment, and of these, five males and four females have been admitted to the Orthopaedic Unit at Highlands General Hospital, Winchmore Hill, N.21. One infant was admitted to the Hospital for Sick Children, Great Ormond Street, W.C.1."

Speech Therapy

Miss Came, Senior Speech Therapist, reports as follows:—

"Since speech therapy's introduction early in this century, the general public's conception of its aims as the mechanical correction of "speech impediments" has radically altered. The intimate relationship of speech to the whole personality structure of the individual is more generally realised.

The speech therapist in the school health service deals with the whole child, including the family of which it forms an integral part, and not just the speech defect. The wider environment of school may also need adjustment. Speech improvement is seldom the only outcome of successful treatment. Increased stability, confidence, social adjustment or even better, educational progress are equally important.

Speech cannot be divorced from language. The pre-school years, when these skills may break down or show abnormal slowness of development, offer great opportunities for preventive work.

The difficulties in discovering every stammerer in time to offer maximum help are great, largely owing to our big school populations. We are still concerned at the occasional referral of the older child, who is known to have stammered from an early age. If the teachers of the first classes in the junior and infant schools, i.e. age groups five plus and seven plus, could be encouraged to bring any cases not previously diagnosed to the medical officer's attention, this delay in treatment, with all its adverse consequences, could be avoided."

Hospital School

I am indebted to Mr. J. Power, M.A., Borough Education Officer, Tottenham, for the following report:—

"Tottenham Education Committee now employs two full-time teachers to provide tuition for children at St. Ann's and the Prince of Wales's Hospitals. Priority is given to long-stay patients but every effort is also made to cater for children who are in hospital for shorter periods. An average of from 35 to 40 children, aged from five to sixteen years, receive tuition each week.

In St. Ann's Hospital, where the main bulk of the work is carried out, part of a ward is equipped as a schoolroom, where those children who are well enough to be moved take their lessons. Other children are dealt with individually at their bedside, and tuition is provided in the poliomyelitis and tuberculosis eye wards, as well as in others. The schoolroom is well equipped with school furniture, a library, a wireless set, an electric gramophone, a colour duplicator, a shop and a puppet theatre. The hospital authorities have provided a television set which can be used for school programmes. There is also a full set of equipment for infant children.

It is the aim of the teachers to ensure that each child continues his school studies and individual interests are also pursued. To this end a

close liaison is maintained with the Tottenham schools to ensure the correct orientation of the children's studies. The school also receives valuable help from the Tottenham Library Service in the provision of books for both educational and recreational purposes.

At Christmas projects were carried out in individual wards. In one a Robin Hood theme was developed with help from the Independent Television Authority who loaned the "props" from their Robin Hood programme, while in another a Circus theme was developed and the children were delighted by the visit of two clowns from the Circus.

Appreciation is due to the Hospital staff without whose ready co-operation the scheme could not work successfully. The children appear to welcome the school and many parents have expressed their appreciation."

Statistical Information

The following tables give further statistical information relating to the school health service in Hornsey.

PUPILS FOUND TO REQUIRE TREATMENT AT MEDICAL INSPECTION

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

Periodic age groups inspected	For defective vision (excluding squint)	For any of the other conditions recorded	Total Individual Pupils
Entrants	39	137	165
Age 10 and 11 ...	158	145	269
Leavers	203	136	309
Total	400	418	743
Additional periodic inspections ...	203	220	381
Grand Total ...	603	638	1,124

DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease	Periodic inspections						Special Inspections	
		Entrants		Leavers		Total including all other age groups inspected			
		(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
4	Skin	16	32	40	73	160	215	141	3
5	Eyes (a) Vision	39	49	203	6	603	112	38	15
	(b) Squint	34	4	9	1	77	7	4	1
	(c) Other	4	6	14	3	39	22	51	.
6	Ears (a) Hearing	1	7	1	2	17	23	77	24
	(b) Otitis Media	5	11	5	15	12	51	2	.
	(c) Other	1	4	1	2	3	15	23	4
7	Nose and Throat	29	130	10	39	77	322	18	.
8	Speech	5	21	2	5	13	44	3	1
9	Lymphatic Glands	1	34	.	3	4	47	.	.
10	Heart	6	11	7	18	19	55	.	.
11	Lungs	13	16	10	15	40	58	1	1
12	Developmental—								
	(a) Hernia	1	1	3	.	10	3	.	.
	(b) Other	3	2	2	5	11	14	6	6
13	Orthopaedic—								
	(a) Posture	.	11	4	32	22	125	8	1
	(b) Feet	11	25	11	15	47	110	5	.
	(c) Other	12	68	15	13	68	161	47	1
14	Nervous System—								
	(a) Epilepsy	5	2	4	1	16	5	2	.
	(b) Other	1	3	1	5	10	20	1	2
15	Psychological—								
	(a) Development	1	12	.	3	5	24	9	2
	(b) Stability	3	39	2	11	16	131	5	1
16	Abdomen	1	13	2	6	9	55	.	.
17	Other	3	13	6	11	12	67	273	27

(a) Requiring Treatment (b) Requiring Observation

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (including Special Schools)

	Number of cases known to have been dealt with	
	by the County Council	Otherwise
Group 1—Eye Diseases (e.g. blepharitis, conjunctivitis), Defective Vision & Squint		
(a) External and other, excluding errors of refraction and squint	45	40
(b) Errors of refraction (including squint)	146	947
Total	191	1,057
(c) Number of pupils for whom spectacles were prescribed	—	414
Group 2—Diseases and Defects of Ear, Nose and Throat		
Received operative treatment for Adenoids and Chronic Tonsillitis	—	87
Received other forms of treatment	54	113
Total	54	200
Total number of pupils in schools known to have been provided with hearing aids		
(a) During the current year	—	1
(b) In previous years (excluding any pupils shown at (a) above who were provided with an aid in a previous year)	—	4
Group 3—Orthopaedic and Postural Defects		
Number of pupils known to have been treated at clinics or at out-patient departments	168	378

	Number of cases treated or under treatment during the year by the County Council
Group 4—Diseases of the Skin (excluding uncleanliness)	
Ringworm : Body	3
Impetigo	9
Other skin diseases	404
Total	416
Group 5—Child Guidance Treatment	
Number of pupils treated at child guidance clinics under arrangements made by the County Council (including children sent to the Tavistock and other hospital clinics under arrangements made by the County Council)	78
Group 6—Speech Therapy	
Number of pupils treated by speech therapists under arrangements made by the authority	124
Group 7—Other treatment given	
(a) Number of miscellaneous minor ailments treated by the County Council	201
(b) Treatment other than (a) above and excluding convalescent treatment	58

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

1. Number of children medically examined in order to ascertain whether they were physically fit to undertake employment of a light nature outside school hours	128
2. Number of instances in which the state of health was found to be such that certificates were withheld	2
3. Number of children examined as to fitness to take part in entertainments	4

EDUCATION ACT 1944—SECTIONS 57(3) AND 57(5)

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

Sub-section 3:	5
Sub-section 5:	2

MEDICAL EXAMINATION OF TEACHERS

(a) Number of Teachers examined as to fitness for appointment	4
(b) Number of Students examined as to fitness for first appointment	30
(c) Number of Students examined as to fitness for training course	45

INFESTATION WITH VERMIN

Total number of examinations	25,151
Total number of pupils found to be infested	48

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