

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

Contributors

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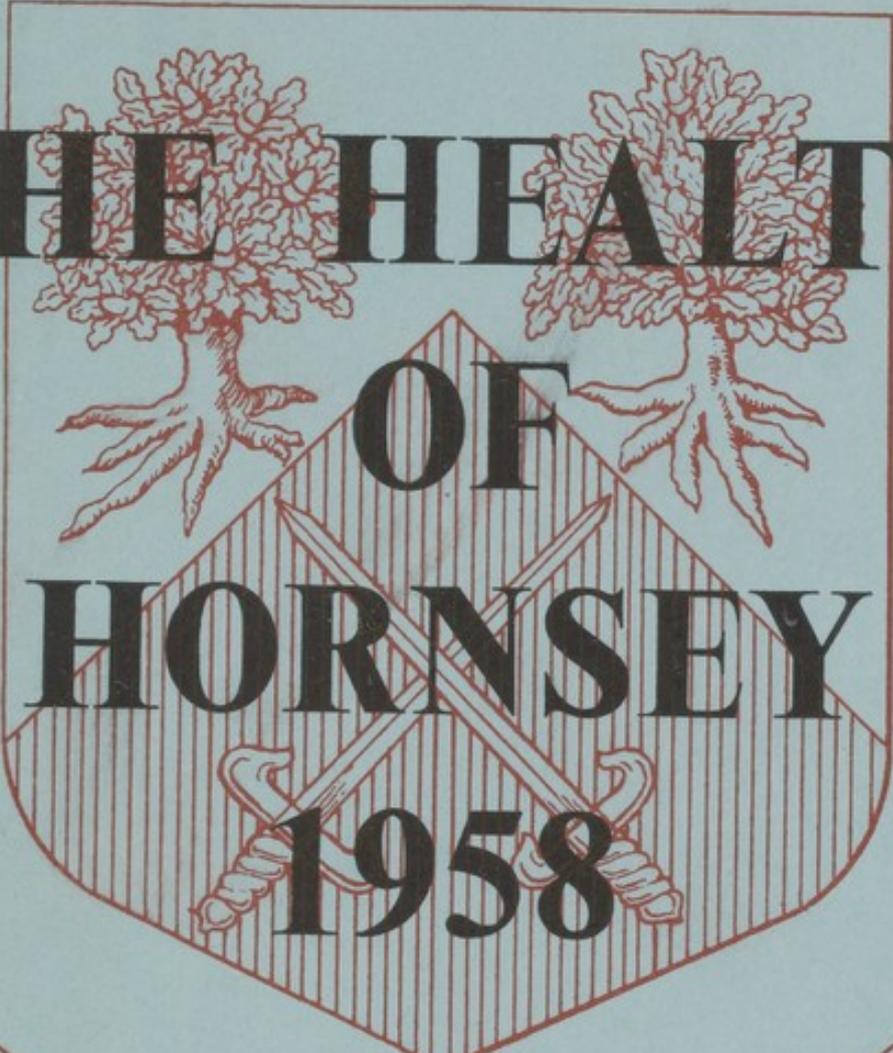


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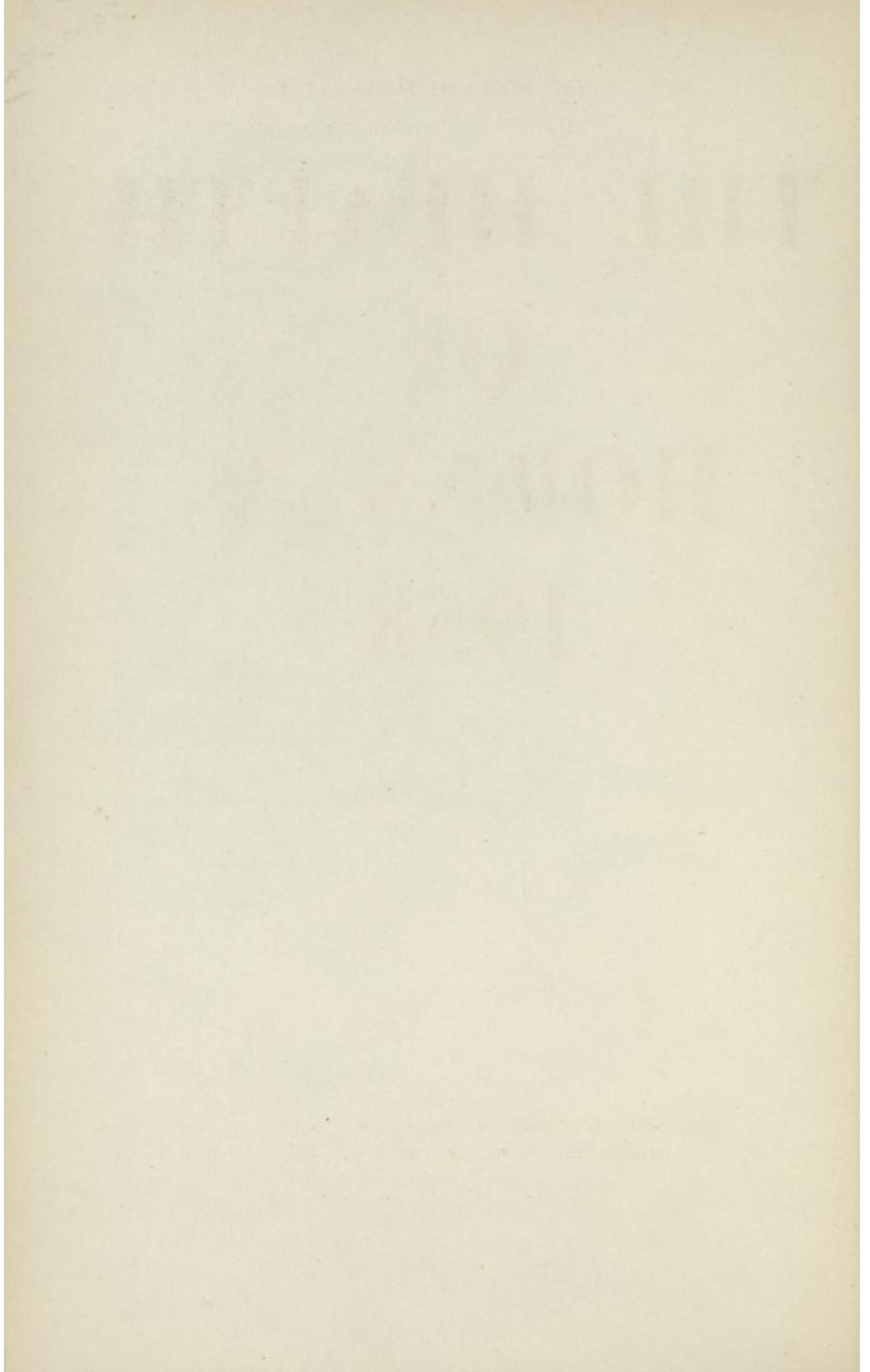


**THE HEALTH
OF
HORNSEY
1958**



FORTIOR · QUO · PARATIOR

THE ANNUAL REPORT OF THE
MEDICAL OFFICER OF HEALTH



29.10.59

THE HEALTH OF HORNSEY 1958

THE ANNUAL REPORT OF THE
MEDICAL OFFICER OF HEALTH

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 Mrs. J. TILLING, 11 Pages Hill, N.10.
 D. A. T. WILLIAMS, St Michael's School, North Road, N 6.

TWO APPOINTED MEMBERS

- County Councillor Mrs. H. C. NORMAN, J.P., 13 Wood Vale, N.10.
 County Councillor Mrs. J. THEXTON, 72 Oakfield Road, N.4.

STAFF

BOROUGH HEALTH DEPARTMENT

<i>Medical Officer of Health</i> ...	G. HAMILTON HOGBEN, M.R.C.S., D.P.H.*
<i>Deputy Medical Officer of Health</i>	A. YARROW, M.B., CH.B., D.P.H.
<i>Veterinary Inspector</i> ...	F. G. BUXTON, M.R.C.V.S.
<i>Chief Public Health Inspector, Petroleum Inspector and Shops Inspector</i> ...	J. D. CHANCE, M.A.P.H.I., Public Health Inspector's Cert. Food Inspector's Cert.
<i>Chief Administrative Assistant</i>	D. B. DAVIES, D.P.A. (Lond.)
<i>Public Health and Shops Inspectors</i>	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. Smoke Inspector's Cert. 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. E. J. WILKINS, M.A.P.H.I., Public Health Inspector's Cert. Food Inspector's Cert. (One vacancy)
<i>Senior Clerks</i>	D. N. IRVINE, D.P.A. (Lond.) H. P. BRADFORD
<i>Clerk</i>	Mrs. M. M. BERRY
<i>Shorthand-typists</i> ...	Mrs. E. M. HICKS Miss A. A. GERRIE Miss A. GLENISTER
<i>Drainage Inspection Assistant</i>	H. S. FAGG
<i>Disinfectors and Mortuary Attendants</i>	P. F. HALL (Foreman) W. HOOPER S. J. TWINN
<i>Rodent Operator</i>	E. J. MEAD

AREA HEALTH STAFF

<i>Deputy Area Medical Officer</i>	A. YARROW, M.B., Ch.B., D.P.H.
<i>Senior Assistant Medical Officer</i>	Mrs. J. H.. GARROW, M.B., Ch.B., D.P.H. (Retired 15.1.59)
<i>Area Dental Officer</i>	V. SAINTY, L.D.S., R.C.S.
<i>Superintendent Health Visitor</i>	Miss H. TOWNSEND, S.R.N., S.C.M., H.V.
<i>Non-medical Supervisor of Midwives and Home Nursing Superintendent</i>	Miss F. E. CURTIS, S.R.N., S.C.M., H.V., M.T.D.
<i>Home Help Organiser</i> ...	Mrs. J. D. McILROY
<i>Assistant Home Help Organisers</i>	Mrs. F. G WILLS Miss D. BUCK
<i>Area Chief Clerk</i> ...	W. L. N. RELLEEN, T.D., D.P.A.
<i>Deputy Area Chief Clerk</i>	J. B. BAMBROOK, D.M.A.
<i>Sectional Heads</i>	A. BALLS N. P. CHILD H. J. DUNHAM, B.A.

Classification of Staff	Full-time	Part-time
Medical Officers	9	7
Dental Officers	6	2
Supervisory Nursing Staff	2	.
Administrative and Clerical Staff	37	8
Health Visitors/School Nurses	29	.
Clinic Nurses... ..	8	.
Midwives	8	.
Home Nurses	20	6
Speech Therapists	3	.
Physiotherapists	1	3
Occupational Therapists	1	.
Chiropodists ... ..	.	2
Gramophone Audiometrician	1	.
Orthoptists ... ..	.	2
Dental Attendants	7	1
Day Nursery Staff	36	1
Home Help Service	9	164
Manual workers, domestic grades, etc. ...	9	24
	186	220

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

To the Worshipful the Mayor, Alderman and Councillors

Mr. Mayor, Alderman and Councillors,

I have the honour to submit the Annual Report on the health of the Borough for the year ended 31st December, 1958.

In general the standard of health was well maintained and no serious outbreak of infectious disease occurred during the year.

The population figure, as estimated by the Registrar General, showed a slight decline from 96,890 to 96,670. Deaths from all causes numbered 1,137, giving an adjusted death rate of 10.6 per thousand of the population. The total number of live births was 1,745, showing a rise in the birth rate to 18.1 as compared with 16.2 in the previous year. Thirty-three infants died in the first year of life giving an infantile mortality rate of 18.9—slightly higher than in the previous year. A survey of all peri-natal deaths, commenced almost three years ago in Hornsey, is already producing interesting and helpful information and is referred to in this Report.

Further progress was made in the field of "slum" clearance, and in improving housing conditions generally. The Council gave further consideration during the year to the special housing needs of the aged and physically handicapped, a number of whom are virtually marooned in upstairs rooms. For many, ground floor accommodation or accommodation with suitable lifts, is the only solution to a happier and fuller life.

Under the Clean Air Act all preliminary work of surveying properties and estimating costs necessary for establishing the first "smoke control area" in the district was carried out during the year.

The two most rewarding aspects of the year's work in the day-to-day administration of the school and personal health services, have been the special attention given to the needs of handicapped children and the Government sponsored scheme for protection of a susceptible population against poliomyelitis.

Excellent co-operation locally has existed between hospital consultants, general medical practitioners and local authority staff. Further opportunity too, was afforded during the year for taking part in medical research by local authority staff and in particular the health visitors.

In conclusion I wish to acknowledge my sincere appreciation of the support given me by the Chairmen and members of the various Committees

concerned with the health of the Borough. To my deputy, Dr. A. Yarrow, and heads of the various departments in the Borough and Area health services, I am indeed grateful for their assistance and loyal support throughout the year.

I have the honour to be,

Your obedient servant,

G. HAMILTON HOGBEN,

Medical Officer of Health.

30th September, 1959.

INFECTIOUS DISEASES

POLIOMYELITIS

Two Hornsey children of school age suffered from poliomyelitis during the year, the disease proving fatal in one case.

The scheme for vaccination against this disease was extended during the year, and the progress made is referred to on page 74 of this report.

MEASLES

Following the high incidence in 1957, the number of notified cases of measles in 1958 was higher than expected, namely 652 cases. Only 14 patients were over the age of 10 years.

17 children were admitted to hospital but all made uneventful recoveries; there were no deaths.

DYSENTERY

Fifty-one cases of dysentery occurred during the year, the causal organism being in all cases *shigella sonne*. A minor outbreak occurred at food premises in the Borough in which six employees suffered from diarrhoea. On bacteriological examination *shigella sonne* were isolated from specimens submitted by three of them, but the other three proved negative. The premises were visited and arrangements made for specimens to be submitted from all members of the staff. The firm's medical officer met representatives of the Health Department and every possible precaution was taken. Later, as a result of inspection made at the time of the outbreak extensive work was undertaken which resulted in considerable improvement in amenities for the staff and a higher standard of hygiene generally.

The only other matter of note was the need to exclude a baker from duty for a short time as he was found to be positive to *shigella sonne*. Compensation was paid by the Borough Council under the Public Health Act for a period of nearly three weeks, £6 18s. 0d in all being paid.

FOOD POISONING

In January Circular 5/58 was received from the Minister of Health with revised Memorandum 188/Med on investigation of food poisoning. Provision is made for inclusion in the return of cases which have not been notified under the Food & Drugs Act but have been ascertained by the Medical Officer of Health through other channels and also for a separate return of Salmonella infections which are not considered to be food-borne. Medical practitioners were reminded of the value of prompt

notification of cases of food poisoning. The memorandum emphasises, however, that investigation of outbreaks has revealed some important factors in their causation and give the following list.

- (i) The foodstuff or one of its ingredients may be primarily infected and the infection may survive the cooking or other preparation of the food.
- (ii) A primarily infected article may contaminate equipment and lead to secondary infection of other food products.
- (iii) The amount of noxious material which survives cooking may be so small that no harm would result from immediate consumption. With delay in consumption, however, inappropriate storage, including misuse of refrigeration, and bad handling can lead to such growth of organisms, sometimes with the formation of enterotoxin, as will cause frank disease.
- (iv) An infection introduced by food handlers can survive and multiply in such products as cream, imitation cream, custard and table sweets, cold meat, meat products, soups and gravies. These foods can easily become dangerous under certain conditions of domestic storage, though they would remain sound and comparatively free of risk if stored under ideal conditions in well-equipped premises.

Sixteen cases of food poisoning were notified by medical practitioners and six others found during the investigation of sources of infection. One outbreak occurred which involved six people and the story of this outbreak is typical of many cases of food poisoning as shown in (iii) above. Some beef was cooked on a Friday and then placed in a meat safe in a cupboard below the stairs until Sunday when the family ate some of it cold. No ill effect resulted from this meal. The next day the family ate more of the cold beef for the evening meal and about 2-3 a.m. on Tuesday all six had violent abdominal pains and diarrhoea. Heat resistant *clostridium welchii*, type 3, were isolated from the meat and also from faecal specimens submitted by four of the patients, another proved negative, and one refused to co-operate in the investigation.

The condition required before food poisoning organisms can cause illness are food, moisture, warmth and time to increase in numbers. The beef was infected by heat resistant *cl. welchii* which survived the cooking process but in insufficient numbers to cause illness. No illness was caused at lunch time of Sunday but by Monday evening the numbers of organisms were sufficient to make the family ill.

No other outbreaks occurred but there were sixteen single cases, eight due to *s. typhi-murium*, one to *s. Derby* and another to *Cl. Welchii*.

Compensation amounting to £9 18s. 4d. was paid to a woman excluded from work as a suspected case of food poisoning. The case proved to be positive to *s. typhi-murium* but quickly responded to treatment.

LABORATORY SERVICES

The Public Health Laboratory Service provides a comprehensive service for the bacteriological examination of specimens submitted by general medical practitioners and local authorities. The Health Department is the collection centre for specimens submitted by medical practitioners in Hornsey and containers are obtainable from the department during office hours.

Specimens are collected daily at approximately 3.30 p.m., and 10.30 a.m. on Saturdays, but they may be sent direct to the laboratory at Coppetts Wood Hospital up to 5 p.m. on Mondays to Fridays and 12 noon on Saturdays. A 24-hour emergency service is maintained by the Central Public Health Laboratory, Colindale.

The following is a summary of reports made on Hornsey patients during 1958:—

Faeces	...	...	...	...	...	447
Throat-Swab	...	...	...	...	...	4
Urine	...	...	...	...	...	i
Nasal Swab	...	...	...	...	...	1
Blood	...	...	...	...	...	1
Sputum	...	...	...	...	...	7
Rectal Swab	...	...	...	...	...	27
Section of cervical cord	...	...	...	...	...	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	539	355	54	45	593	400
(b) Number of Cases notified for first time during year under Regulations	29	27	2	1	31	28
(c) Cases restored to Register	3	2	.	.	3	2
(d) Cases added to Register otherwise than by notification under Regulations						
(1) Transferred from other Districts	31	27	.	1	31	28
(2) From Death Returns	5	2	.	.	5	2
(e) Number of Cases removed from Register	78	46	1	4	79	50
(f) Number of Cases remaining on Register at end of year	529	367	55	43	584	410

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
.	3	19	11	49	PULMONARY 29	2	2	8	1	78	46
.	.	1	3	.	NON-PULMONARY 1	.	.	.	.	1	4

According to the return of deaths by the Registrar General a female between 45 and 64 years of age died of non-pulmonary tuberculosis, but no record of this death can be traced locally.

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

		Under 1 year	1 year	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and over	TOTALS	
BY FORMAL NOTIFICATION																
Pulmonary	... .. M	.	.	1	.	.	2	6	7	2	3	6	2	.	29	56
	... .. F	.	.	.	1	.	.	5	10	4	2	3	1	1	27	
Non-pulmonary	... .. M	.	.	.	.	.	.	.	1	.	1	.	.	.	2	3
	... .. F	.	.	.	.	.	1	.	.	.	.	.	.	.	1	
OTHER THAN BY FORMAL NOTIFICATION																
Death returns from Local Registrar																
Pulmonary	... .. M	.	.	.	.	.	.	.	.	.	.	1	.	1	2	3
	... .. F	.	.	.	.	.	.	.	1	.	.	.	.	.	1	
Inward transferable deaths																
Pulmonary	... .. M	.	.	.	.	.	.	.	.	.	.	1	1	1	3	4
	... .. F	.	.	.	.	.	.	.	.	1	.	.	.	.	1	
Transfers from other Districts																
Pulmonary	... .. M	.	.	.	.	1	1	3	12	5	3	4	2	.	31	58
	... .. F	.	.	.	.	1	1	10	12	3	.	.	.	.	27	
Non-pulmonary	... .. F	.	.	.	.	.	.	.	.	.	.	1	.	.	1	1

NOTIFICATION OF INFECTIOUS DISEASE BY AGE AND SEX

AGE IN YEARS	Scarlet fever		Whooping cough		Acute Poliomyelitis		Meningococcal infection		Measles		Dysentery	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1	1	1	.	2	.	.	.	1	14	10	1	.
1	1	1	1	5	.	.	.	.	31	32	1	1
2	2	2	5	.	.	.	.	.	49	49	.	4
3 ... ..	.	3	3	.	.	.	.	.	25	35	.	1
4	7	3	.	1	.	.	.	.	55	46	1	1
5-9	22	30	4	4	1	.	.	.	166	126	8	6
10-14	5	3	.	.	1	.	.	.	1	5	1	5
15-24	2	3	2	4	4
25 and over	1	3	5	8
TOTALS	38	45	14	12	2	.	.	1	344	308	21	30
	83		26		2		1		652		51	

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AGE IN YEARS	Acute pneumonia		Typhoid fever		Erysipelas		Food poisoning		Puerperal pyrexia
	M	F	M	F	M	F	M	F	F
Under 5	3	.	.	.	.	.	.	1	.
5-14	2	2	.	.	.	.	1	2	.
15-44	4	2	1	.	2	2	6	2	11
45-64	9	.	.	.	3	5	3	1	.
65 and over	11	9	.	.	.	4	.	.	.
TOTALS	29	13	1	.	5	11	10	6	11
	42		1		16		16		11

There were no cases of diphtheria or ophthalmia neonatorum.

NOTIFICATION OF INFECTIOUS DISEASE BY WARDS

	Highgate	Muswell Hill	Crouch End	Central Hornsey	North Harringay	South Harringay	Stroud Green	Finsbury Park	TOTALS
Scarlet fever	4	16	7	21	8	3	17	7	83
Whooping cough	6	1	.	6	5	2	4	2	26
Acute poliomyelitis Paralytic ... ..	.	.	.	.	.	.	2	.	2
Measles	26	23	32	140	102	55	129	145	652
Acute pneumonia ... ..	.	2	2	8	13	2	12	3	42
Dysentery	6	1	15	4	4	2	17	2	51
Erysipelas	1	2	3	3	1	1	3	2	16
Food poisoning	1	1	6	1	.	3	3	1	16
Puerperal pyrexia	2	6	.	1	.	.	1	1	11
Typhoid fever ... ..	.	.	1	.	.	.	.	.	1
Meningococcal Infection ...	.	.	.	1	.	.	.	.	1
TOTALS	46	52	66	185	133	68	188	163	901

HOUSING AND SANITARY CIRCUMSTANCES

RE-HOUSING ON HEALTH GROUNDS

The total number of housing cases reviewed on health grounds during the year was 77. In 44 cases action was as follows:—

Nil points recommended	7
5 " "	6
10 " "	8
15 " "	22
Cases recommended for consideration outside the points scheme	1

The remaining 33 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.

19 cases were placed in categories as follows:—

I. Serious medical conditions	
(a) Active pulmonary tuberculosis	3
(b) Other medical conditions	2
II. Chronic medical or surgical conditions which have crippled the patient	8
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	—

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

The 30-year old wife of another applicant contracted poliomyelitis and was left with severe paralysis of both legs. The Council decided to replan one flat in a block to be built so as to meet the needs of such a case as far as possible. As the woman was confined to a wheel chair, provision was made for sliding doors throughout the flat, re-siting of electric switches, and other modifications. Part of the cost of these alterations was met by the County Council Welfare Committee.

Housing of Old People

In 1957 the Council decided that its housing policy would have due regard to the needs of old and physically handicapped persons, particularly in connection with redevelopment proposals and the improvement of pre-war Council property.

A memorandum from the Ministry of Housing and Local Government (No. 18/57) contained suggestions to increase the accommodation available for old people. The principal suggestions were:—increased provision of one-bedroom dwellings; greater flexibility in the number of bathrooms and lavatories provided, and the conversion of old houses. In addition it made recommendations on some details of design.

Twenty-two handicapped old people requiring rehousing were known to the department in 1957 when it was suggested that 80 dwellings might meet the need in the borough. By the end of 1958 the number of known cases had increased to forty-two, and these were classified into five groups as follows:—

1. Rheumatism and arthritis	...	...	...	...	...	...	14
2. Heart disease	...	...	...	...	...	...	8
3. Chronic respiratory illness (bronchitis, etc.)	...	...	...	...	...	...	8
4. Crippling diseases of nervous system	...	...	...	...	...	...	8
5. Lower limb or limbs useless through amputation or other reason	...	...	...	...	...	...	4

CLOSING AND DEMOLITION ORDERS

Closing Orders

<i>Property</i>	<i>Part affected</i>	<i>Order made</i>	<i>Action taken</i>
21 Myddelton Rd.	Whole house	14th Jan.	Two families rehoused. One tenant found other accommodation
16 Grove House Rd.	Whole house	14th Jan.	One family still in occupation at end of year.
18 Grove House Rd.	Whole house	14th Jan.	One family found other accommodation. One family still in occupation at end of year.
12 Wembury Rd.	Basement flat	14th Jan.	One family rehoused.
9 Myddelton Rd.	Whole house	16th July	Two families still in occupation at end of year.
14 Grove House Rd.	Whole house	10th Oct.	One family still in occupation at end of year.
14 Ennis Road	Whole house	10th Oct.	Four families still in occupation at end of year.

<i>Property</i>	<i>Part affected</i>	<i>Order made</i>	<i>Action taken</i>
11 Myddelton Rd.	Whole house	10th Nov.	Three families still in occupation at end of year.
13 Myddelton Rd.	Whole house	12th Dec.	Three families still in occupation at end of year.

Demolition Orders

A Demolition Order was made in respect of Grove Cottage, The Grove, Alexandra Palace, on 16th July, 1958. The tenant was still in occupation at the end of the year.

On 12th September 1958 a Demolition Order was substituted for a Closing Order made on 7, Myddelton Road on 12th November 1954. The premises were demolished by the Council in view of their dangerous condition, the cost being borne by the Council in consideration of the surrender of the lease.

CERTIFICATES OF DISREPAIR

The Rent Act 1957 came into force in July 1957 and a brief note on procedure was given in my report for 1957. The number of applications for certificates of disrepair was 120 for the last half of 1957 but in 1958 the numbers fell steadily, and in the whole year only 91 applications were received. The figures for 1958 were as follows:—

Applications for certificates of disrepair	...	...	...	...	91
Decisions not to issue certificates	...	...	...	...	2
Decisions to issue certificates (a) in respect of some defects	...	...	...	...	76
(b) in respect of all defects	...	...	...	...	19
Undertakings given by landlords	...	...	...	...	62
Undertakings refused	...	...	...	...	—
Certificates of disrepair issued	...	...	...	...	44
Applications for cancellation of certificates	...	...	...	...	49
Objections by tenants to cancellation of certificates	...	...	...	...	10
Decision by Council to cancel in spite of tenant's objection	...	...	...	...	4
Certificates cancelled	...	...	...	...	45
Applications for certificates as to remedying defects which landlord has undertaken to remedy:					
Certificates issued to landlords	All defects remedied	...	...	...	14
	Some defects remedied	...	...	...	5
Certificates issued to tenants	All defects unremedied	...	...	...	6
	Some defects unremedied	...	...	...	11
	All defects remedied	...	...	...	2

RIVERS POLLUTION

The following figures relate to action taken to prevent pollution of surface water drains by sewerage.

Premises inspected by drainage inspection assistant	...	...	5,363
Re-inspections	...	...	1,296
Premises inspected by district public health inspectors	...	...	442
Re-inspections	...	...	651
Number of premises in which defects were remedied after service of written or verbal notices	...	...	273

In 62 cases the soil drainage was found to be connected to the surface drainage, and action was taken to remedy this. In 245 cases there was a defect in the intercepting chamber, usually due to a cap being displaced or missing, and these defects were also remedied.

ATMOSPHERIC POLLUTION

Deposited Matter

The extent of pollution by deposited matter is determined by examination of the solid and liquid matter collected by the deposit gauges each month. With the exception of the Wightman Road site (d) it will be seen that the total solids deposited each month in Hornsey is appreciably less than the average figure for the whole country as shown in table II. It was felt that the high figures obtained at site (d), were not representative of the area and on the 1st April this gauge was moved to a more unobstructed position at the Electricity Sub-Station, Hampden Road. This may prove to be a more representative site, and has so far averaged about 15 tons per square mile, but insufficient time has elapsed to arrive at definite conclusions.

Suspended Matter (Smoke)

Smoke is measured by passing a known volume of outside air through a white filter paper, the darkness of the stain depending on the amount of smoke in the air. The filter paper is changed every 24 hours, and the density of the stain measured. From this information a simple calculation gives the *concentration of smoke* which is usually stated in milligrammes per 100 cubic metres of air.

Smoke concentration in the air in this Borough is shown to be appreciably less than the national average concentration, the national figures for 1956-7 being 21 milligrammes per 100 cubic metres, compared with 11 at Fortis Green and 15 at the Central Depot. No annual figure is yet available for the Town Hall site but the winter reading of 20 milligrammes may be compared with the national average of 27 milligrammes.

A great deal of the considerably greater smoke concentration in winter is due to domestic sources.

Sulphur Dioxide

Sulphur dioxide in the air is measured by passing a measured volume of air through a solution of hydrogen peroxide, and determining by titration with alkali, the amount of acid collected. The sulphur dioxide concentration is expressed in parts per 100 million, and the average figure for the whole country in 1956-7 was 7. The instruments at Fortis Green and the Central Depot gave readings of 4 and 6 respectively but the Town Hall winter figure of 9 equalled the national figure for the same period.

Smoke and sulphur dioxide concentrations tend to vary in the same proportions, and are much higher during the winter months but locally there may be variations in the proportions.

Motor Vehicle Exhausts

The Report of the Committee on Air Pollution (Beaver Report 1954) expressed the opinion that if diesel engined vehicles were properly maintained, serviced and driven, they need not emit smoke. Contribution of exhaust gases to the total volume of air pollution was stated to be still relatively small, but could reach considerable proportions locally in areas of heavy traffic congestion when the movement of air is restricted. Where trunk or main roads pass through the Borough, carrying heavy traffic, this smoke nuisance from diesel engine exhausts has tended to become more serious with the ever increasing growth of motor transport.

The Beaver Report considered that the present law on the subject (enforceable by the police) was both explicit and adequate. The Motor Vehicles (Construction and Use) Regulations, made under the Road Traffic Act, require that every motor vehicle shall be constructed, maintained and driven so as to prevent the emission of smoke, etc.

Following a recommendation by the Beaver Committee, investigations are being carried out by the Department of Scientific and Industrial Research to examine methods by which the emission of harmful substances from motor vehicle exhausts can be reduced.

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

1958	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			(c)	(d)	(e)	(f)
	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)				
January	17	22	22	42	43	48	6	10	10	4.2	6.8	10.8	12.6	31.1	22.1	1.1	2.3	4.5	23.01	21.74	10.03	.
February	13	17	18	32	30	36	5	8	10	4.0	4.9	9.0	11.5	11.4	15.8	1.4	1.2	4.5	14.51	42.23	10.68	.
March	15	17	17	28	35	31	7	12	11	5.2	7.0	8.6	11.6	13.2	16.5	1.6	3.1	5.1	15.18	27.14	10.84	.
April	9	11	11	18	16	19	4	6	6	3.7	4.7	6.0	8.3	8.9	10.6	1.5	1.8	2.3	11.63	.	8.97	12.21
May	6	7	7	12	14	13	2	2	3	3.0	3.9	3.8	7.2	10.3	10.5	0.5	1.4	1.8	20.59	.	11.92	15.45
June	5	6	5	9	12	10	1	2	2	3.2	3.8	3.4	7.1	8.6	8.2	1.4	1.3	1.2	11.76	.	10.27	15.74
July	4	5	5	13	13	11	1	2	2	3.0	3.7	2.9	10.6	8.2	6.8	0.6	1.3	0.8	11.72	.	8.76	13.55
August	5	6	5	12	13	11	1	1	2	2.7	3.5	3.1	8.4	7.5	6.2	1.3	1.5	1.4	13.00	.	6.98	15.85
September	6	8	7	16	13	19	2	2	2	3.4	4.4	4.3	8.6	9.4	10.4	1.0	1.5	1.4	11.18	.	9.31	15.26
October	13	16	16	52	54	67	4	7	6	4.0	5.4	7.7	19.2	20.0	28.6	1.1	1.2	3.0	13.08	.	7.16	17.15
November	23	27	28	58	75	67	6	8	14	5.0	6.3	12.1	16.0	16.4	24.2	0.8	0.5	5.0	9.32	.	9.82	14.97
December	25	28	28	54	63	59	9	11	11	5.8	7.8	13.3	14.5	24.6	29.0	1.4	1.5	2.0	12.04	.	10.58	15.74

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

Table II: DEPOSITED MATTER, COMPARATIVE FIGURES

Deposited Matter	National Average			Site (c)			Site (d)			Site (g)			Finsbury Park			West Hill Highgate		
	S.	W.	Year	S.	W.	Year	S.	W.	Year	S.	W.	Year	S.	W.	Year	S.	W.	Year
1949-54																		
Soluble ...	10.5	11.3	10.8	10.8	11.2	11.0	20.9	30.9	25.9	8.0	9.9	8.9	10.3	10.4	10.4	.	.	5.9
Insoluble ...	6.4	8.1	7.3	4.8	7.1	6.0	6.4	9.9	8.2	4.3	8.0	6.2	4.4	5.8	5.0	.	.	8.3
Total ...	16.9	19.4	18.1	15.6	18.3	17.0	27.3	40.8	34.1	12.3	17.9	15.1	14.7	16.2	15.4	.	.	14.2
1954-5																		
Soluble ...	10.5	10.8	10.7	12.3	9.0	10.6	22.0	22.0	22.0	6.9	8.9	7.9	6.8	9.0	7.9	5.0	6.6	5.8
Insoluble ...	7.5	9.0	8.2	4.2	6.8	5.5	6.5	8.8	7.7	4.5	8.0	6.3	3.4	7.0	5.2	7.7	9.8	8.7
Total ...	18.0	19.8	18.9	16.5	15.8	16.1	28.5	30.8	29.7	11.4	16.9	14.2	10.2	16.0	13.1	12.7	16.4	14.5
1955-6																		
Soluble ...	10.8	10.5	10.7	9.4	9.3	9.4	20.0	19.8	19.9	7.7	7.7	7.7	10.9	8.0	9.5	7.6	5.0	6.3
Insoluble ...	16.9	8.3	7.5	4.2	5.4	4.9	5.5	6.9	6.2	4.2	6.4	5.3	4.4	5.0	4.7	6.6	7.4	7.0
Total ...	27.7	18.8	18.2	13.6	14.7	14.3	25.5	26.7	26.1	11.9	14.1	13.0	15.3	13.0	14.2	14.2	12.4	13.3
1956-7																		
Soluble ...	10.4	9.7	10.1	5.7	5.6	5.7	17.8	13.2	15.4	5.7	5.2	5.4	8.4	8.6	8.5	7.0	7.6	7.3
Insoluble ...	7.4	7.8	7.6	6.0	5.7	5.8	8.4	8.3	8.4	5.6	5.5	5.5	4.3	4.0	4.2	7.9	6.7	7.3
Total ...	17.8	17.5	17.7	11.7	11.3	11.5	26.2	21.5	23.8	11.3	10.7	10.9	12.7	12.6	12.7	14.9	14.3	14.6

(c), (d), (e) These sites are as stated at the foot of Table I. (g) Mather's Factory, Frobisher Road, N.8. The Finsbury Park gauge is maintained by the London County Council and the West Hill gauge by the Borough of St. Pancras.

"S" refers to the period 1st April-30th September and "W" to the period 1st October-31st March.

SMOKE CONTROL AREAS

The serious "smog" of December 1952 led the Government to set up the Committee on Air Pollution (The 'Beaver' Committee) whose recommendations led to the Clean Air Act, 1956.

The Act has three main objects. *First*, to prohibit the emission of dark smoke from all chimneys, *second*, to control the emission of smoke, dust and grit from industrial furnaces; and *third*, to establish Smoke Control areas.

The problem of industrial smoke in Hornsey is relatively small, as the Borough is mainly residential in character; the principal task is therefore, to establish Smoke Control Areas in which the emission of any smoke due to burning an unauthorised fuel from the chimney of any building is an offence. 'Authorised fuels' are prescribed by Regulation and these include coke, anthracite, low volatile steam coal, low temperature carbonisation fuels such as Coalite, Rexco and Cleanglow, briquetted fuels carbonised in the process of manufacture, gas and electricity.

To assist in the replacement or adaptations of domestic fireplaces which cannot burn smokeless fuels, a grant of 70% of the cost in respect of private dwellings is given by the Council. Where it thinks fit the Council may re-imburse the whole cost.

The Minister of Housing and Local Government will repay to the Council 40% of the cost provided the conditions laid down by him have been observed. These conditions are mainly concerned with the proper fixing of the appliances, ensuring that they are selected only from the approved lists, and that the work for which grant is paid is reasonably necessary. It is also an essential condition that the work shall have been done during the period between the confirmation of the Order by the Minister and the date on which the Order comes into force. The Act prescribes that this period must be at least six months. Financial assistance may also be given to religious bodies or voluntary bodies whose primary objects are charitable, educational or for the advancement of social welfare, but the cost of such grants will be borne entirely by the Council.

Late in 1957 the Council approved in principle the first area consisting of 344 acres in Highgate, at the extreme south-western corner of the Borough. The area contains 1150 dwellings and 73 other premises. Provisional approval for this area was received from the Minister in October 1958 and a detailed survey was then carried out to ascertain, among other things, the estimated cost of carrying out the necessary adaptations and replacements. This survey was completed by the end of the year, the estimated total cost being £9,274.

The necessary Order was made by the Council in January 1959. Six objections were received, and a Public Local Enquiry was held before Mr. W. J. Brown, O.B.E., F.R.I.B.A., F.R.I.C.S., on the 14th April 1959. The order was confirmed by the Minister and will come into force on 1st September, 1960.

FACTORIES ACT, 1937

I. Inspection of Factories

	<i>Total</i> <i>No. of</i> <i>Factories</i>	<i>No.</i> <i>Inspected</i>	<i>Inspections</i> <i>Made</i>
Factories with Mechanical Power	189	83	161
Factories without Mechanical Power	35	12	16

2. Defects Found

In 15 instances notices were served regarding unsuitable or defective sanitary conveniences. Twelve were complied with before the end of the year. One notice served in 1957 concerning inadequate ventilation was complied with and another was cancelled owing to change of ownership of the factory.

Outworkers

There are 267 Outworkers on the register engaged in the following occupations:—

Making, altering, etc. of wearing apparel	...	...	...	...	171
Making of household linen	...	...	...	...	3
Making of lace, lace curtains and nets	...	...	...	...	2
Manufacture of brass and brass articles	...	...	...	...	11
Making or repairing of umbrellas, sunshades, etc.	...	...	...	...	9
Making of artificial flowers	...	...	...	...	11
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	...	...	...	...	18
Making of brushes	...	...	...	...	8
Feather sorting	...	...	...	...	3
Carding, boxing, or packeting of buttons, hooks, etc.	...	...	...	...	1
Making or filling of Christmas crackers, Christmas stockings, etc.	...	...	...	...	14
The weaving of textile fabric	...	...	...	...	4
Manufacture of lampshades other than lampshades made wholly of metal or glass or stone	...	...	...	...	12

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

RODENT CONTROL

Normal routine investigation of complaints from the public continued and a summary of the work done is given in the following table.

Properties inspected as a result of notification	...	...	333
Other properties investigated	...	...	242
Properties found to be infested:—			
Rats (a) Major infestations	...	...	.
(b) Minor infestations	...	...	198
Mice (a) Major infestations	...	...	.
(b) Minor infestations	...	...	93
Infested properties treated by Rodent Operator	...	...	186
Treatments	...	...	193
Written notices served	...	...	1

SEWER TREATMENT

There are 1810 manholes in the soil and surface water sewers in the Borough and during 1958 two major treatments for the destruction of rats were carried out. On each occasion about two thirds of the manholes were dealt with.

The first treatment was carried out in April and May, three visits being made to each manhole during a period of 8 days. On the first visit soaked bread was used as a bait and on the second and third visits the "take" of the bait by the rats was checked and it was replaced by soaked bread containing arsenic. In about 40 per cent. of the manholes there was evidence that rats had eaten some of the bait and poison. In June a sample testing and poisoning of 120 manholes, previously giving evidence of infestation, was carried out. This time the bait and poison was oatmeal, castor sugar, oil and Warfarin, and it was found that in 78 of these there was still evidence of rats. A further sample of these taken later in June revealed no further take and thus indicated a great reduction in the residual rat population of these sewers. It was felt that six-monthly treatments of the sewers was not sufficiently frequent, as rats not killed had sufficient time to breed and increase considerably in numbers before the next treatment. It was decided, therefore, to adopt a new form of treatment using 0.25% of sodium fluoroacetate. This poison does not require prebaiting. The first treatment over a period of two weeks covered 1,176 manholes. Direct evidence of the elimination of rats is not obtainable at the baiting points, as this poison is effective in very small quantities. For this reason it has been decided to carry out four treatments per year,

three using sodium fluoroacetate and the fourth using Warfarin. The last treatment should then enable a much more accurate assessment of the effectiveness of the treatment to be made. From other available evidence such as the escape of rats from the soil sewers through broken drains, it appears that the sodium fluoroacetate treatment has been extremely effective.

Details of the first sewer maintenance treatment are given in the following table:—

	<i>Soil Sewer</i>	<i>Surface Water Sewer</i>
Manholes baited	1213	40
Manholes showing complete prebait take	517	13
Manholes showing partial prebait take	141	1
Bait and poison used	Soaked bread and arsenic	

LEGAL PROCEEDINGS UNDER SECTION 94 OF THE PUBLIC HEALTH ACT, 1936

On 2nd April a Court Order was obtained requiring the Council to remedy a defective back addition roof at 24 Ennis Road, the name and address of the owner not being known. Subsequently a firm of house agents acknowledged their liability for the property and the work was completed by them on 4th June.

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.

Average Results of the Chemical and Bacteriological Examination of the water supplied to Hornsey during the year 1958.

Milligrammes per Litre (unless otherwise stated)

	<i>River Thames via Ashford Common</i>	<i>New River (Stoke Newington)</i>
Ammonia Nitrogen ...	0.043	0.038
Albuminoid Nitrogen ...	0.080	0.054
Oxidised Nitrogen: Nitrate	4.0	5.9
Chlorides as Cl.	27	32
Oxygen abs. from perman- ganate 4 hrs. at 27°C. ...	1.32	0.64
Turbidity in terms of Silica	0.3	0.1
Colour m.m. brown 2 ft. Tube Burgess's Tintometer ...	12	6
Hardness (Total)	276	302
Hardness (non-carbonate)	68	78
pH. Value	7.8	7.8
Phosphate as PO ₄	0.85	0.55
Silicate as SiO ₂	8	12
Sulphate as SO ₄ ... ..	.	62
Fluoride as F. ... ..	.	0.15
Magnesium as Mg. ... ..	.	5
B.O.D. 5 days at 20°C. ...	.	.
Electrical Conductivity ...		
(gemmhos)	550	625

Bacteriological Results of Water Passing into
Supply after Chlorination

No. of Samples in each case: 259

	Plate counts (Average per ml.)	Coliform test Percentage samples negative in 100 ml.	
	Colonies counted on agar 37°C. (20-24 hrs.)	<i>Coliform</i>	<i>E.coli</i>
River Thames via Ashford Common	23.0	99.61	100.0
New River (Stoke Newington)	8.0	100.0	100.0

LICENSING OF PET SHOPS

During the year 15 inspections were carried out, 5 by the Veterinary Inspector and 10 by the Public Health Inspectors.

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

INSPECTION OF SHOPS

248 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 five 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:—

Clothing accommodation provided	...	...	...	1
Sanitary accommodation provided	...	...	...	2
Sanitary accommodation labelled	...	...	...	1
Rooms cleansed and repaired	...	...	...	2
Washing facilities provided	...	...	...	1
Rear steps over water closet renewed	...	...	...	1
Water closet pan cleansed	...	...	...	1

ABATEMENT NOTICES

The Notices served during the year were as follows:—

	Verbal	Preliminary	Statutory
Public Health and Housing Acts	123	398	33
Shops Act	5	5	.
Food and Drugs Act	33	14	.
Factories Act	15	11	.
Prevention of Damage by Pests Act, 1949	.	2	.
Middlesex County Council Act, 1950	.	2	2
Heating Appliances (Fireguards) Act, 1952	2	1	.
Hairdressers Byelaws	1	1	.
Water Act, 1945	.	1	.

INSPECTIONS BY PUBLIC HEALTH INSPECTORS

	1st Inspection	Re-Inspections
Food		
Food Premises (See table on page 38)	539	187
Hawkers	15	.
Street Traders	2	.
Milk Sampling	36	.
Ice Cream Sampling	34	.
Infectious Diseases		
Notifiable Infectious Diseases ...	213	37
Food Poisoning	16	5
Infectious Disease Contacts	9	5
Smallpox Contacts ... ..	.	2
Public Health Inspections		
Nuisances	1,391	2,285
Drainage	95	370
Drain tests	88	.
Rodent Control	130	99
Overcrowding	11	7
Factories	95	82
Outworkers	71	.
Renewal of Music and Dancing Licences	27	3
Rivers Pollution	442	651
Smoke observations	109	1
Verminous conditions	8	3
Pests	50	9
Certificates of Disrepair	135	101
Revocation of Certificates of Disrepair	26	11
Hairdressers' Shops	13	2
Housing Act Inspections		
House to House	139	2
Permitted numbers	11	.
Shops Inspections	229	19
Others		
Pet Animal Shops	10	.
Petroleum Stores	206	66
Fireguards	6	5
Visits to old people	17	12

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED

Drainage

Number of houses and premises redrained	...	...	...	...	84
Repairs or amendments to existing drains	...	...	...	...	188
Drains or gullies unstopped or cleansed	...	...	...	...	184
Manholes provided or repaired	...	...	...	...	40
Intercepting traps fixed	...	...	...	...	30
Soil and ventilation pipes repaired or renewed	...	...	...	...	28

Water-Closet and Sanitary Fittings

Water-closets and sanitary fittings provided	...	...	...	...	2
Water-closet buildings provided or repaired	...	...	...	...	8
Water-closet pans provided or renewed	...	...	...	...	54
Water-closets unstopped, cleansed or repaired	...	...	...	...	12
Flushing cisterns provided or repaired	...	...	...	...	19
New sinks provided	...	...	...	...	16
New lavatory basins provided	...	...	...	...	13
Waste pipes trapped, repaired or unstopped...	...	...	...	...	71
Baths provided or made usable	...	...	...	...	8

General

Roofs repaired	...	...	...	...	...	...	...	169
Rain-water gutters, renewed or repaired	...	...	...	...	...	...	...	69
Rain-water pipes provided or repaired	...	...	...	...	...	...	...	57
Dampness remedied	...	...	...	...	...	...	...	72
Damp-proof courses provided	...	...	...	...	...	...	...	5
Yard paving provided or repaired	...	...	...	...	...	...	...	34
Rooms cleansed	...	...	...	...	...	...	...	45
Floors repaired	...	...	...	...	...	...	...	45
Windows, doors, skylights, sashcords and fittings repaired	...	...	...	...	...	...	...	84
Window-sills repaired	...	...	...	...	...	...	...	15
Water-cisterns repaired, cleansed or covered	...	...	...	...	...	...	...	2
Water supply pipes repaired	...	...	...	...	...	...	...	7
Stoves, ranges, renewed or repaired	...	...	...	...	...	...	...	15
Flues and chimneys repaired	...	...	...	...	...	...	...	15
Accumulation of refuse removed	...	...	...	...	...	...	...	12
Dustbins provided	...	...	...	...	...	...	...	14
Miscellaneous items	...	...	...	...	...	...	...	91

FOOD

FOOD HYGIENE

In recent years there has been growing public interest in clean food. Previously the only complaint about food normally received in the Health Department was that of the presence of a "foreign body", such as a cigarette end, finger stall, piece of wire. Now increasing attention is paid to the standard of cleanliness in the shops, not only in the structure and method of display but also in the personal habits of assistants; this must be welcomed. Only by the active co-operation of the public can a high standard of cleanliness be achieved and maintained. Complaints from customers re-inforce the persuasion and cajoling of the public health inspectors. Still one meets managers of shops who think that food hygiene is over-emphasised and fail to appreciate the increase in food poisoning and the ever-growing knowledge of the causes.

More enlightened shopkeepers are aware that clean food is good business and the general standard is steadily improving.

The Food Hygiene Regulations define 'open food' as food not contained in a container of such materials, and so closed, as to exclude all risk of contamination. Food premises should not be congested, they should be planned so that thorough cleaning can easily be carried out, well lit and properly ventilated. It will be apparent to the customer that such premises are kept clean. The next essential is that all who serve or otherwise handle food shall be careful that the hygienic condition of the food is not affected by careless or thoughtless personal habits. Further, food premises should be used only for foods and the ever growing practice of selling odorous commodities such as soap, detergents and disinfectants is to be deplored particularly where 'open food' is sold. The law does not prohibit this, nor indeed does it prohibit the storage and sale of paraffin from food premises and the local authority could take action only in specific cases if it could prove to the Court that there had been contamination of food by one of these substances. Such proof is often difficult to obtain.

FOOD PREMISES CLASSIFIED ACCORDING TO 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 ...	22	4	1
Butchers	50	1	30
Confectionery (sugar)	125	105	1
Fish (wet and dried)... ..	11	3	3
Fish (fried)	8	.	1
Fruit and vegetables	70	9	.
Grocery and provisions	136	40	16
Milk	4	1	.
Canteens	3	.	.
Preserved foods	2	1	.
Public houses and off licences ...	72	5	.
Restaurants and cafes	65	2	.
Ice cream	2	2	.
Herbalist and health foods	1	.	.
Confectionery 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 three new registrations were effected under Section 11 of the Middlesex County Council Act, 1950, and at the end of the year there was in the Borough one registered storage premises used by a hawker from another Borough and 32 registered hawkers who are at present selling the following foods:—

Confectionery	1	Groceries	1
Eggs	1	Ice Cream	5
Fish	1	Winkles and shrimps ...	1
Fruit and vegetables ...	22		

MILK SUPPLY

Three 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.

	<i>New Licences</i>		<i>Renewals</i>	
	<i>Dealers'</i>	<i>Supplementary</i>	<i>Dealers'</i>	<i>Supplementary</i>
Pasteurised	6	.	30	10
Tuberculin Tested ...	3	.	25	10
Sterilised	5	.	47	11

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 and the next special inspection is due in 1959.

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

SLAUGHTERHOUSES

No slaughterhouse licences have been issued since 1939.

There are 42 meat traders and with eight exceptions they obtain all meat supplies from Smithfield Market.

ICE CREAM

Thirty-four samples of ice cream were taken for bacteriological examination with the following results:—

Grade 1: 24 Grade 2: 7 Grade 3: 2 Grade 4: 1

Samples classified within Grades 3 and 4 are unsatisfactory.

Investigations were carried out to ascertain at what stage in the production the contamination occurred. More effective sterilisation was introduced in the plant from which the Grade 4 sample was obtained, and subsequent samples proved satisfactory. One of the Grade 3 results was of a sample taken from ice cream manufactured in bulk in a neighbouring borough and the information was transferred to that authority for further investigation. The second Grade 3 sample was below standard because of lack of care in preparation of the mix from which it was taken. Later samples proved satisfactory.

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

<i>Date of Hearing</i>	<i>Offence</i>	<i>Result</i>
15th January	Mould on steak & kidney pie	Fine £10. Costs £2 2s. 0d.
23rd April	Piece of leather in bottle of milk	Fine £10. Costs £6 6s. 0d.
6th November	Foil in bottle of milk	Fine £20. Costs £36 15s. 0d.

INSPECTIONS OF FOOD PREMISES WERE MADE DURING THE YEAR AS FOLLOWS:—

Bakehouses and Bakers' Shops ...	42	Grocers' Shops ...	228
Butchers' Shops ...	78	Milkshops ...	46
Canteens and Kitchens ...	27	Public Houses and Off Licences ...	28
Confectioners ...	74	Prepared Food Shops ...	5
Fish Shops ...	30	Restaurants, Cafes, etc. ...	90
Greengrocers' Shops ...	78	TOTAL INSPECTIONS ...	726

The following is a list of unsound food surrendered during 1958. Wherever possible this was salvaged for use as animal feeding or industrial purposes.

	<i>Cwt.</i>	<i>lb.</i>		<i>Cwt.</i>	<i>lb.</i>
Canned Vegetables ...	1	70	Cheese ...	.	22
Canned Fruit and Fruit Juices	1	75	Meat and Bacon ...	3	44
Canned Meat... ..	7	67	Fish ...	2	.
Canned Fish ...	.	2	Pickles ...	.	52
Canned Soup... ..	.	3	Margarine ...	.	12
Canned Jam and Marmalade	.	59	Cereals ...	.	75
Canned Milk ...	3½	pts.	Potatoes ...	21	103
Eggs ...		150	Dates... ..	.	80
			Dried Peas ...	.	50

FOOD SAMPLING

I am indebted to Mr. J. A. O'Keefe, O.B.E., 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 1958.

<i>Article</i>	<i>Total Samples Procured</i>	<i>Unsatisfactory</i>
Milk (Various) ...	77	.
Butter ...	8	.
Cakes ...	21	.
Cheese ...	17	3
Cream ...	22	1

Article	Total Samples Procured	Unsatisfactory
Drugs	14	.
Fish and Fish Products ...	19	.
Fruit—Fresh and Canned ...	4	.
Ice-Cream	4	.
Liver	9	.
Margarine	7	.
Meat and Meat Products ...	48	.
Preserves	5	.
Sausages, Etc.	21	.
Spirits	4	.
Sweets	10	.
Vinegar	11	1
Miscellaneous	29	2
Totals	330	7

The following comments relate to samples noted as unsatisfactory.

Cheese

A sample sold by retail as "cream cheese" was found to contain less than 50% of milk fat which is necessary before the description "cream" can be applied to a cheese. The retailer had purchased this food under the description "creamery cheese" a designation which he had misunderstood. This trader was cautioned.

Two further samples, of processed cheese, were found to bear false descriptions. These samples consisted of packets of assorted cheese spreads which were described as "processed cheese" and one of the assortment was described as "Gorgonzola cheese spread", whereas it was made from Gorgonzola and Cheddar cheeses. The manufacturers were cautioned and they took immediate steps to rectify these errors

Cream

A sample of tinned sterilised cream was found to be slightly deficient in milk fat. The investigations into this sample were not concluded by the end of 1958.

Vinegar

A sample sold as "vinegar" was found to be non-brewed condiment. A letter of caution was sent to the retailer concerned.

Miscellaneous

A sample of oyster sauce imported from the Far East, was found to contain a prohibited preservative, namely benzoic acid, to the extent of 851 parts per million. The label bore a statement indicating the presence of this preservative and this should have been seen and its significance realised by the retailer. For this reason he received an official caution as did also the importer of this food.

A sample of canned mixed vegetables was found to bear a label which was misleading as to the nature of the contents of the can. This misleading arose both from a pictorial representation and from the statement of the ingredients. A letter of caution was sent to the packers concerned.

Merchandise Marks Acts, 1887-1953

The majority of the inspection work carried out under the provisions of the above Acts relates to ensuring that the requirements of the various Marking Orders made under the provisions of the Act of 1926, and which relate to the marking with an indication of origin of certain imported foodstuffs when exposed for sale or sold, are complied with. Inspections were made at 128 separate premises of 262 displays of meat, apples, tomatoes, dried fruit and butter.

A letter of caution was sent to one firm who were found to be exposing for sale Australian Lamb bearing the false trade description "New Zealand"

Labelling of Food Order, 1953

This Order requires pre-packed food to be marked with the name and address, or with the registered trade mark, of the packer or labeller. It also requires such food to be labelled with its common or usual name (if any) and with the names of the ingredients of a compounded food. It also controls the manner in which the presence of vitamins and minerals is disclosed and prescribes specific labelling of certain foods.

A total of 651 articles of pre-packed food was examined at 165 premises to ascertain whether the above requirements were complied with; no serious infringements of this Order were detected.

False or Misleading Descriptions

As in previous years food advertisements and labels have been scrutinised for false or misleading statements and descriptions. Much of this scrutiny of food labels can be combined with inspection work under the Labelling of Food Order. No serious infringements were disclosed. Corrective action was secured in relation to descriptions applied to "milk block", "Double Tea", an imitation cream powder, cakes filled with a mixture of butter and sugar, canned mixed vegetables, raspberry syrup, powdered soup mixes, medium red salmon, gorgonzola cheese spread and cheese spread.

GENERAL

MEDICAL EXAMINATION OF STAFF

Twenty-five persons were medically examined to determine their fitness for acceptance on the permanent staff; all except one 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. 86 persons were examined, 51 of whom were accepted for the scheme. One examination was carried out for other purposes.

PERINATAL MORTALITY SURVEY

Since the turn of the century there has been a steady fall in the infant mortality and stillbirth rates. Although there has been considerable progress in the care of babies during the first week of life, the fall in infant mortality has been mainly confined to babies over one week old. Hornsey has been in the forefront of progress in this field, and, like most boroughs in the south of England, these vital statistics have always shown low rates.

Perinatal mortality relates to stillbirths and deaths of babies under one week old; in the main the causes of deaths are the same. Of recent years, however, no further advance has been made, and indeed from 1956 onwards the rates have shown a rise. An enquiry was immediately set in hand; a meeting was held in the Health Department with the consultant obstetricians at nearby hospitals and it was decided to carry out a thorough investigation of all perinatal deaths occurring either as home confinements or at these hospitals (North Middlesex and Whittington, including Alexandra Maternity Home). Some two-thirds of all births were thus included in the survey. In addition certain enquiries were made about all deaths occurring in hospitals other than the above. I am particularly indebted to Mr. J. M. Scott, O.B.E., and Mr. R. G. Law of the Whittington Hospital and Mr. A. W. Purdie of the North Middlesex Hospital, who have personally taken part in the survey. This survey was undertaken in 1957 and during 1958 its results were discussed with the obstetricians at a further meeting. They were enthusiastically of the opinion that the survey should be continued for a further two years, i.e. for 1958 and 1959 so as to confirm the results obtained. All those concerned in ante-natal care, doctors, midwives and health visitors, are being kept in touch with progress of the survey.

While, statistically speaking, accurate statements are not yet possible, it can be seen that the deaths fall into four broad categories.

1. Congenital defects.
2. Toxaemia of pregnancy.

3. Accidents of labour.

4. Placental insufficiency and prematurity without obvious cause.

Social factors are of particular importance, in this survey, in relation to categories 2 and 4. Social changes in the borough have been very considerable in the past few years and it is considered that these alone could be responsible for much of the rise in perinatal deaths. As a result of the findings in the first year of the survey certain decisions have already been taken which it is hoped may cut the incidence of deaths due to toxæmia of pregnancy.

It is hoped to have complete results available early in 1960.

WELFARE OF OLD PEOPLE

In spite of all the services, voluntary and official, provided to help old people there are still cases which are referred to the Borough Health Department as being in need of care and attention. Each case is investigated and reviewed at intervals and an attempt is made to ensure that every assistance available is, in fact, being given. During 1958 the number of new cases referred to the department was lower than has been usual in recent years, 27 being investigated.

Old people are happiest in their own homes and it must be agreed they should be enabled to continue there as long as possible. In a surprisingly large number of cases householders or other tenants in the same house give a very great deal of help to aged people, and without their help many more would need accommodation in Old People's Homes.

One sometimes hears that the younger generation today do not take the same care of the old people as they used to in the past; there appears to be no foundation for this comment. The community certainly takes more care of the aged people than has ever been the case in the history of the country, but critics sometimes do not realise that two out of three old people in hospital are widowed, divorced or unmarried. It is mainly the "single" old people who present the problems. The long term solution then is through the preventive health services, although there will always be great scope for voluntary services to fill the gaps in official action; and as has so frequently been the pattern in the past, showing the way to the solution of many of the difficulties not previously tackled.

Persuading old people to make themselves known is always difficult. When investigations are made, after reports from neighbours, old people will often assert that they were not aware of the services available. This is true in many instances, but it is equally true that old people in genuine need often isolate themselves deliberately and will not come forward to seek the aid of services even when they know of their existence.

Hornsey is fortunate in having a very active Old People's Welfare Council with an energetic and keen team of workers under the leadership of Mrs. Adams. The "Meals on Wheels" service organised by the Women's Voluntary Service is also of great value in helping to maintain the health of old people in their homes. The average number of meals provided weekly during 1958 was 191.

Among the preventive services for which a need has been clearly demonstrated is that of chiropody, and it is encouraging to know that the Government has now given authority for local health authorities to establish chiropody services in their areas. In Hornsey provision has been made through the Old People's Welfare Council for this for many years, but the need cannot be met wholly from voluntary sources.

To ensure that old people are enabled to stay in their own homes for as long as possible, bungalows or flats suitable for old people, who may be infirm, should be available. The local housing authorities may help considerably in this respect and in some areas blocks specially designed for handicapped people have been built. The Hornsey Housing Trust has for many years met a great need by the provision of small flatlets. Other interesting experiments which have proved very successful are going on in other parts of the country, and the boarding out schemes whereby old people are boarded out with younger families are in some cases proving greatly to the benefit of the old people concerned.

Further experimentation is needed in housing old people. One which recently came to my notice consisted of a small self-contained flatlet as an annexe to a family house. The annexe housed the old parents ideally, that is, where they could maintain an independent existence while being near their children and grandchildren.

In spite of every effort occasionally one meets a case where the only solution is statutory action to compel an aged person to enter an Old People's Home. Early in the year my attention was drawn by a general practitioner to an old lady of 77 years who was living alone and had reached the state where it was felt she could no longer continue on her own. Other occupants of the house were seriously concerned lest she should set the place on fire as she was so confused mentally, and on one occasion was seen by a member of my department to be attempting to light the gas with a rusty pair of old curling tongs; fortunately there was no money in the gas meter and no harm resulted. This old lady had several times been found by the police wandering and was taken home by them. For a considerable time the landlady had been supplying meals and doing a certain amount of cleaning for her, but she was now at the end of her tether and felt she could not continue. On examination the room was found to be untidy, and unwashed crockery from previous meals was still on the table. There was no vermin and the conditions were reasonably clean but there was little sign of food. Arrangements were made for a home help to visit and the area welfare officer was notified. At the same time the Old People's Welfare Council were asked to see what help they could offer. A few days later it was reported that her gas had been cut off and other services might also be discontinued as she paid no bills. In spite of the help given she deteriorated rapidly and in the patient's own interest, it became necessary for me to obtain authority from the Council to apply to the Court for an Order for her to be detained in a suitable Home for a period of not more than three months. Notice was at once given to the County Council that application would be made to the Court, but no suitable vacancy could be found for this lady for over

three weeks from that time—12 days after obtaining a Court Order. When she was visited before the expiry of the Order it was found that she was much better physically but retained memory only for her youth, although she was able to understand enough of day-to-day matters. It was felt that she had insufficient volition to return home from the Institution and therefore remained voluntarily under care.

I am informed by Dr. A. N. Exton Smith, Physician to the Geriatric Department of Whittington Hospital, that the total number of Hornsey patients admitted to their Unit during 1958 was 247. The average length of stay in hospital was about 10 weeks and those who were transferred to "Whittington" in Broadlands Road for convalescence stayed, on average, a further 5 weeks. Almost a quarter of the patients were transferred for convalescence, the majority of these being women but as there were now 4 beds for men at the Halfway House in Broadlands Road more men would benefit in the future.

Hill Homes

Mrs. Margaret Hill, C.B.E., Chairman of Hill Homes Ltd., has provided me with the following information.

"There are six Homes:—

"Trees", 2, Broadlands Road, N.6.

"Delia Grotten", 21, View Road, N.6.

14, Bishopswood Road, N.6.

"Northolme", 22, Broadlands Road, N.6.

22, Stanhope Road, N.6.

"Nuffield Lodge", 22, Shepherd's Hill, N.6.

In addition, there is a half-way house, "Whittington" at 20, Broadlands Road, N.6., which we run for the King Edward's Hospital Fund for London and the Hospital, and which takes 30 patients for convalescence.

Including the half-way house, we have 225 beds and practically all our residents are extremely old or suffering from infirmity. We take no able-bodied younger people at all.

The majority of our residents stay until the end of their lives unless they require definite hospital treatment. We have between 1,000 and 1,500 applications a year which shows the need for care of this type. We have nearly 100 staff including gardeners.

The charges vary between £3 17s. and £5 15s. 6d. per week. 55 pay for their own maintenance, the others all come under Part III accommodation and are maintained by the appropriate County Councils."

Activities of the Old People's Welfare Council

I am indebted to Councillor Miss O. Anderson, Chairman of the Old People's Welfare Council for the following report.

"There are approximately 4,000 names on our Register, and during the year more than 4,000 visits were paid by the visitors attached to the

staff. In some cases several visits had to be made to one person to help them with their special needs.

The visitors work about 4 hours daily, and the whole of the Borough is covered. Their calls give much relief and pleasure to the aged, and problems such as supply of clothing can be dealt with through the clothing store operated by the Women's Voluntary Service in Crouch End. The W.V.S. "Meals-on-Wheels" Service also assists many aged people living alone, or with relatives out all day, to receive a good meal several times weekly.

Thirty-three aged people were found places in small private Homes at a reasonable charge. These are mainly old people who are not considered suitable for a large Welfare Home, and who were not in need of hospital care.

Many elderly people suffer from foot troubles, and a chiropody service is of great value. The house-bound cases are aided by the Almeric Paget Trust, and 310 aged persons were able to pay personal visits to receive attention to their feet.

The Welfare Council were able to supply five wheel-chairs, given by friends, to assist housebound aged persons to get around to some extent. Commodes, medical requisites, back rests, mackintosh sheets and beds and bedding for incontinent old people were also supplied during the year. Some furniture and wireless sets (all gifts from the residents of the Borough) were also given to persons in need.

The Welfare Council is able to help with shopping for old people who cannot go out in severe weather, and also acts as escort to and from hospital.

Two hundred elderly pensioners were given two weeks holiday at the seaside for a very small charge. The Hornsey Borough Council generously donate the major cost of this very real benefit to the elderly.

Each day some 25 persons call at the office—their problems are varied and many. Close contact is maintained between the local doctors, hospital almoners and the health department of the Borough. It is usual for hospital almoners to contact the office when an old person is about to be discharged from hospital. This is very necessary if the patient is living alone. The staff undertake to see that a fire is made up, the bed aired, neighbours contacted, and some shopping laid in before the old person returns. They also deal with any special requirements for special meals if a diet is necessary.

Many of the old folk are able to cope with life fairly well, but difficult and sad cases do arise, and the Old People's Welfare Council deal with these with sympathy and efficiency. Two typical cases of this kind from last year's records are:—

(1) A lady aged 80, who was brought to notice by neighbours, who stated she was very ill, but would be a difficult person to talk to. It was found that the old lady was living in a damp, dark basement room, lying on a filthy bed, covered by old coats. The room was bitterly cold, no food was to be seen, and mice were running about the floor. The old

lady was very deaf, and it was difficult to make her understand that the visitors were friends. Her breathing was laboured, and she appeared to be very ill indeed. The visitor lit a fire, bought food, and telephoned for a doctor, who came the same evening, and the following day the old lady was admitted to hospital suffering from pneumonia. It was found on investigation that her real age was 70, that she was a widow without any family, and that she had been spending her pension on gin. She spent some weeks in hospital, and returned home to a beautifully clean room with a good stock of food in the larder, but alas, good living was too much for her, and one morning she was found to have passed away in her sleep. She was totally deaf, and a deaf aid was unsuitable for her.

(2) Miss G, an old lady of 83, was a very independent type, small in stature, and her weight at the time of the visit was only 4 stone. She retired to bed during the winter months, refused a home help, was abusive to visitors, and would not accept meals delivered by the W.V.S. She was a source of great worry to her landlady, and refused to allow her doctor to examine her. After many visits, she was persuaded to allow her doctor to see her while the visitor was present, and he found that she was suffering from malnutrition, and was no longer able to care for herself. The old lady steadily refused to enter a Home, although the county welfare officer also visited her. On one occasion, our visitor had to wash her from head to foot, as she was in such a state of filth and neglect. A district nurse was called in, and was able to examine her. The old lady had developed serious incontinent habits, and her bed was soaked with urine, and her body severely burned by this condition. Clean nightdresses, bedding and a mattress was supplied by the Welfare Council. After many visits, the old lady was eventually persuaded to enter a Home."

CLEANSING OF SOILED ARTICLES

During the year 1,160 bundles of articles were collected for cleansing under the terms of section 84 of the Public Health Act 1936.

60 people received assistance and 13 were still doing so at the end of the year. The highest number of cases being assisted at any one time was 20 and the service undoubtedly meets a very great need.

PETROLEUM SPIRIT

The number of establishments licensed for storage is 75 and the number of licenses issued is as follows:—

Petroleum	...	...	...	...	64
Cellulose	...	...	...	...	18
Naphthalene	...	...	...	...	1
Hydro-carbon	...	...	...	...	1
Petroleum mixtures	...	...	...	...	1
					—
Total	...	...	...	...	85
					—

(Nine establishments are licensed for more than one product).

The construction of new installations in the Borough has been strictly supervised and tested and no conflagration occurred at licensed premises during the year.

The attention of the owners of the Petroleum Service Stations was directed to the model conditions for electrical equipment used in connection with petrol service pumps.

This code has now been incorporated in the conditions attached to the issue of petroleum licences of the Council and alterations repairs or renewals have been carried out to electrically operated pumps throughout the year in order to comply as far as practicable.

The revised code will be given full effect in 1960.

DISEASES OF ANIMALS

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

Two 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.

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

2 at Pet Shop—St. James's Lane.

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

1 at Pet Shop—314c Park Road.

There were no outbreaks of Fowl Pest.

No action was necessary under the Tuberculosis Order of 1925.

The Diseases of Animals (Waste Foods) Order 1957

On 1st June 1957 Diseases of Animals Authorities became responsible for issuing licences in respect of waste food boiling plants and the inspection of such plants. The aim of the Order is to reduce the risk of spread of foot and mouth disease and other diseases. Local authorities do not need to have licences for boiling plants nor do persons having not more than 4 weaned pigs and 50 head of poultry who boil waste food for feeding on their premises to their own stock.

The effect of the Order is to prohibit the use of the specified waste foods for feeding to animals or poultry unless the foods have been boiled for at least an hour. Also persons collecting or receiving waste foods from the premises of other persons shall not feed the food to animals or move it from their premises until it has been boiled in a licensed plant. Except that in cases where no animals or poultry are kept on the collector's premises the unboiled waste may be removed by any licensed holder or any person who operates a plant that does not need to be licensed. Unboiled waste foods must not be allowed to come into contact with boiled waste food.

The waste foods specified are:

- (a) any meat, bones, offal or other part of the carcass of any animal or of any poultry.
- (b) any broken or waste foodstuffs (including table or kitchen refuse, scraps or waste) which contain or have been in contact with any meat, bones or offal or with any other part of the carcass of any animal or poultry.

In Hornsey there is only one plant which comes under the Regulation, this is situated at the rear of 5, Clissold Cottages where normally between 12 and 15 pigs are kept. The waste food collected is boiled in a steam injection plant for about 10 hours.

The Fowl Pest (Infected Areas Restrictions) Amendment Order, 1958

The Order which came into force on 8th September 1958 amended the Order of 1956. The principal amendments permit the Ministry inspectors to licence the movement of poultry into an Infected Area for immediate slaughter subject to safeguards designed to prevent the spread of infection and the holding of sales of poultry on farm premises at the termination of a tenancy. Movements of birds from the sale to premises within the infected area may take place under licence issued by the local authority if the birds are to be slaughtered or by the Ministry if they are for further rearing.

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, 1 man, 3 women and 4 baby boys.

PUBLIC MORTUARY

The Hornsey mortuary and post-mortem room are situated at the Central Depot, Hornsey High Street. During the year 143 bodies were admitted for post-mortem examination. Inquests were held on 24 bodies.

MASSAGE AND SPECIAL TREATMENT

Part XII of the Middlesex County Council Act, 1944, was brought into operation in Hornsey on 1st October 1952. This provides that any premises in the Borough used or represented as being used or intended to be used for the reception or treatment of persons requiring massage or special treatment must be licensed. The treatments are defined as

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

(c) other similar treatment.

The Act gives the Council power to inspect licensed premises, and these inspections are carried out by the Deputy Medical Officer of Health. No reason for complaint had been found during inspections carried out in the year and generally speaking the standard maintained is good.

18 premises were licensed during the year. The following summary shows the numbers licensed for each form of treatment.

Massage	...	...	...	...	...	6
Chiropody	...	...	...	...	...	17
Electrical treatment...	...	...	...	...	...	5
Other similar treatment	...	...	...	...	...	4

Four exemption certificates were received from registered members of the Chartered Society of Physiotherapy. Such certificates in an approved form signed by two registered medical practitioners exempt members from the need to obtain a licence but their premises are nevertheless subject to inspection.

VITAL STATISTICS

Area (acres)	2,872
Area of Parks and Open Spaces (acres)	576
Population: Registrar General's estimate at 30 June, 1958 ...	96,670
Number of separately assessed dwellings 1st April, 1958 ...	24,528
Rateable value (General Rate)	£1,483,452
Product of a penny rate 1958-59	£6,038

TOTAL LIVE AND STILL-BIRTHS	1,777
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LIVE BIRTHS

	M.	F.	Total
Legitimate	839	761	1,600
Illegitimate	79	66	145
Illegitimate live births per cent of total live births			9.1%

Birth Rate (live births per 1,000 population)

HORNSEY... ..	18.1
Area Comparability Factor	0.93
Adjusted Rate for Hornsey	16.8
England and Wales (provisional)	16.4
Middlesex County (adjusted rate)	14.2

STILL-BIRTHS

	M.	F.	Total
Legitimate	20	10	30
Illegitimate	2	.	2

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

HORNSEY... ..	18.1
England and Wales (provisional)	21.6

INFANT DEATHS (under 1 year of age)

	M.	F.	Total
Legitimate	19	11	30
Illegitimate	3	.	3

Infant Mortality Rates (per 1,000 live births)

HORNSEY: Legitimate	18.8
Illegitimate	20.7
Total	18.9
England and Wales (provisional)	22.6
Middlesex County	18.9

NEO-NATAL DEATHS

(under 4 weeks of age)

						M.	F.	Total
Legitimate	...	...	...	...	...	18	9	27
Illegitimate	...	...	...	...	...	2	.	2

Neo-Natal Mortality Rates

HORNSEY...	...	...	...	...	...	...	...	16.6
England and Wales (provisional)	...	...	...	...	...	...	...	16.2

MATERNAL MORTALITY RATES

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

HORNSEY...	...	...	...	...	...	...	...	Nil
Middlesex County (13 deaths)	...	...	...	...	...	...	...	0.39
England and Wales (326 deaths)	...	...	...	...	...	...	...	0.43

DEATHS FROM ALL CAUSES

Males	500	1,137
Females	637	

Death Rate (per 1,000 population)

HORNSEY...	...	...	...	...	...	...	...	11.8
Area Comparability Factor	...	...	...	...	...	...	...	.90
Adjusted Rate for Hornsey	...	...	...	...	...	...	...	10.6
England and Wales	...	...	...	...	...	...	...	11.7
Middlesex County (adjusted rate)	...	...	...	...	...	...	...	11.1

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 F	. .	. .	. .	. 2	1 1	. .	2 .	3 3	6
2	Tuberculosis, other	M F	. .	. .	. .	. .	1 .	. .	. .	. 1	1
3	Syphilitic disease	M F	. .	. .	. .	. .	1 .	2 .	1 .	4 .	4
7	Acute poliomyelitis	M F	. .	1 .	. .	. .	. .	. .	. .	1 .	1
9	Other infective and parasitic diseases	M F	. .	. .	. .	1 .	. .	. .	. .	. 1	1
10	Malignant neoplasm, stomach	M F	. .	. .	. .	. .	7 .	5 2	9 8	21 10	31
11	Malignant neoplasm, lung, bronchus	M F	. .	. .	. .	2 1	21 7	10 2	9 3	42 13	55
12	Malignant neoplasm, breast	M F	. .	. .	. .	4 .	8 .	7 .	6 .	25 .	25
13	Malignant neoplasm, uterus	M F	. .	. .	. .	. .	5 .	1 .	2 .	8 .	8
14	Other malignant and lymphatic neoplasms	M F	. .	. 1	. .	2 3	12 19	15 5	11 27	40 55	95

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	3
							F	.	.	1	.	1	.	.	.	2	
16	Diabetes	...	...	...	...	...	M	.	.	.	.	.	.	1	1	3	4
							F	.	.	.	.	.	1	2	3		
17	Vascular lesions of nervous system	...	...	...	...	...	M	.	.	.	1	.	9	8	19	36	135
							F	.	.	.	1	.	14	22	62	99	
18	Coronary disease, angina	...	...	...	...	...	M	.	.	.	.	5	39	33	34	111	193
							F	.	.	.	.	.	6	26	50	82	
19	Hypertension with heart disease	...	...	...	...	...	M	.	.	.	.	.	3	2	6	11	32
							F	.	.	.	.	.	1	7	13	21	
20	Other heart disease	...	...	...	...	...	M	.	.	.	.	1	3	12	18	34	124
							F	.	.	.	.	.	9	13	68	90	
21	Other circulatory disease	...	...	...	...	...	M	.	.	.	.	1	5	6	14	26	82
							F	.	.	.	.	1	5	10	40	56	
22	Influenza	...	...	...	...	...	M	.	.	.	.	.	1	1	.	2	2
							F	.	.	.	.	.	.	.	.	.
23	Pneumonia	...	...	...	...	...	M	5	1	.	.	.	2	4	12	24	59
							F	2	.	1	.	.	2	6	24	35	
24	Bronchitis	...	...	...	...	...	M	.	.	.	.	.	9	19	22	50	85
							F	.	.	.	.	.	5	7	23	35	
25	Other diseases of respiratory system	...	...	...	...	...	M	.	.	.	.	1	1	4	.	6	9
							F	.	.	.	.	1	2	.	.	3	
26	Ulcer of stomach and duodenum	...	...	...	...	...	M	.	.	.	.	.	2	1	3	6	14
							F	.	.	.	.	.	3	1	4	8	

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	.	.	.	.	.	1	.	1	6
		F	.	.	.	.	1	2	2	5	
28	Nephritis and nephrosis	M	.	.	.	.	3	1	.	4	6
		F	.	.	.	.	1	.	1	2	
29	Hyperplasia of prostate	M	.	.	.	.	.	3	4	7	7
		F	.	.	.	.	.	.	.	.
31	Congenital malformations	M	3	.	.	.	1	.	.	4	8
		F	3	.	.	.	1	.	.	4	
32	Other defined and ill-defined diseases	M	13	1	1	.	2	7	2	9	35
		F	5	.	.	.	6	11	25	47	82
33	Motor vehicle accidents	M	.	1	.	1	2	3	1	9	12
		F	.	.	.	1	.	.	2	3	
34	All other accidents	M	1	.	.	3	2	1	1	9	26
		F	1	.	.	.	2	2	10	17	
35	Suicide	M	.	.	.	1	2	4	2	12	21
		F	.	.	.	1	2	4	2	9	
TOTALS		M	22	3	3	5	20	135	133	179	500
		F	11	.	3	3	17	104	125	374	637
			33	3	6	8	37	239	258	553	1,137

N.B.—No deaths occurred from the following causes:— 30 Pregnancy, childbirth, abortion; 36 Homicide and operations of war.

INFANT DEATHS
CLASSIFIED ACCORDING TO AGE AND SEX

AGE AT DEATH	Under 1 Day	1-6 Days	1 Week	2 Weeks	3 Weeks	Total under 4 Weeks	1-2 Months	3-5 Months	6-11 Months	Total under 1 Year
Haemorrhagic conditions M	.	1	.	.	.	1	.	.	.	1
... .. F	.	.	.	.	.	.	.	.	.	1
Pneumonia M	.	2	.	2	.	4	1	.	.	5
... .. F	.	.	.	1	.	1	.	1	.	2
Congenital malformations of heart M	.	1	.	.	.	1	.	.	.	1
... .. F	.	1	.	1	.	2	.	.	.	2
Other congenital malformations M	1	1	.	.	.	2	.	.	.	2
... .. F	.	.	.	1	.	1	.	.	.	1
Injury at birth M	1	.	.	.	.	1	.	.	.	1
... .. F	.	1	.	.	.	1	.	.	.	1
Post-Natal Asphyxia and Atelectasis M	3	3	.	.	.	6	.	.	.	6
... .. F	1	.	.	.	.	1	.	.	.	1
Haemolytic Disease of Newborn M	2	.	.	.	.	2	.	.	.	2
... .. F	.	.	.	.	.	.	.	.	.	.
Immaturity M	1	3	.	.	.	4	.	.	.	4
... .. F	.	.	.	.	.	.	.	.	.	.
Accident by Fire or Hot Substance M	.	.	.	.	.	.	1	.	.	1
... .. F	.	.	.	.	.	.	.	.	.	.
Accidental Mechanical Suffocation M	.	.	.	.	.	.	1	.	.	1
... .. F	.	.	.	.	.	.	.	.	.	.
All other Causes M	1	.	.	.	.	1	.	.	.	1
... .. F	.	1	.	.	.	1	.	.	.	1
TOTALS M	7	11	.	2	.	20	2	.	.	22
... .. F	3	3	.	3	.	9	1	1	.	11
	10	14	.	5	.	29	3	1	.	33

Area
Personal and School Health Services
Hornsey and Tottenham

(Joint Population 214,370)

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 six years and the percentage of hospital confinements was 80%, compared with 82.8% in 1957.

		1958	1957	1956
Live Births	(a) Domiciliary	708	566	534
	(b) Hospital or Nursing Home ...	2,799	2,679	2,589
Still Births	(a) Domiciliary	6	3	4
	(b) Hospital or Nursing Home ...	59	63	56
		<u>3,572</u>	<u>3,311</u>	<u>3,183</u>

Ante-natal Clinics

Following the retirement of Dr. Esther Rickards, consultant obstetrician in Tottenham, negotiations took place with the North East Metropolitan Regional Hospital Board and the Tottenham and Edmonton Group Hospital Management Committees, as a result of which links were established with the North Middlesex Hospital and Bearsted Memorial Hospital in respect of consultant cover. The staffing of the ante-natal clinics in Tottenham will in future be taken over from the North East Metropolitan Regional Hospital Board by four assistant medical officers with obstetrical qualifications appointed as honorary clinical assistants at either the North Middlesex or Bearsted Hospital for alternate weekly sessions.

The percentage of expectant mothers making at least one attendance at one of the local authority ante-natal clinics was 65.7% during 1958 compared with 68.5% the previous year.

During the last quarter of the year, the number of sessions at The Chestnuts and Lordship Lane clinics were reduced by one a week in each case.

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 ...	73	193	116	1,376	119	20.5
Church Road ...	72	171	82	1,291	83	19.1
Fortis Green ...	102	216	122	1,657	129	17.5
Hornsey Town Hall	155	363	170	2,574	176	17.7
Mildura Court ...	64	214	101	1,563	105	26.0
Stroud Green ...	52	138	71	604	71	13.0
The Chestnuts ...	193	445	206	2,885	208	16.0
Lordship Lane ...	185	299	167	2,033	170	11.9
Park Lane ...	105	308	122	1,602	124	16.4
Totals 1958 ...	1,001	2,347	1,157	15,536	1,234	16.7
Totals 1957 ...	1,029	2,267	1,120	15,131	1,238	15.9
Totals 1956 ...	997	2,192	1,132	14,808	1,193	16.0

Midwives Ante-natal Clinics

The following table shows the attendances made during the year:—

Midwives Clinic	No. of sessions held	Total No. of attendances	Average attendance per session
Burgoyne Road	20	115	5.8
Fortis Green	14	61	4.4
Hornsey Town Hall	15	105	7.0
Mildura Court	12	76	6.3
Stroud Green	24	171	7.1
Park Lane	130	653	5.0
Total	205	1,143	5.5

Mothercraft Clinics

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	40	282	6.6
Church Road	45	40	287	6.4
Fortis Green	47	77	427	9.1
Hornsey Town Hall	51	100	452	8.9
Mildura Court	42	37	195	4.6
The Chestnuts	51	107	597	11.7
Lordship Lane	51	84	527	10.3
Park Lane	50	53	263	5.3
Total	380	538	3,030	8.0

Child Welfare Centres

There are ten Centres in the Area where child welfare clinics are held. The percentage of children under one year of age who attended for the first time during the year continued the improvement noted in 1956 and is now at the maximum level. Here mothers seek the advice and counsel of doctor and health visitor. The majority of children are weighed at each attendance and the combination of weight check and discussion on the child's behaviour, feeding, progress and general care continues to be the basis on which mothers' anxieties and fears are dispelled.

There are so many booklets and journals which publish information and articles on infant feeding and child care as to be confusing to many who read them. Mothers find that the child welfare centre is a good place in which to sort out and obtain information which will be useful for the individual child. Arrangements for vaccination and immunisation are also made at these centres.

The continuance of this preventive work has eliminated many conditions which were common among children in the past and could well be present today without this service. There is no doubt that the standard of child well-being amongst those who attend the centres is very good indeed. In general the children who attend are healthy, but if treatment is necessary the matter is referred to the family doctor. Co-ordination between clinic, health visitor and family doctor grows steadily in cordiality to the advantage of all concerned.

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

Name of Centre	No. of sessions held	No. of first attendances under 1 year	No. of attendances			Total attendances	No. of cases seen by M.O.	Average attendance per session
			Under 1 year	Over 1 but under 2 years	Over 2 but under 5 years			
Burgoyne Road	152	300	4,700	830	189	5,719	1,413	37.6
Church Road	153	252	3,282	516	63	3,861	1,391	25.2
Fortis Green	152	320	4,082	527	155	4,764	1,889	31.3
Hornsey Town Hall	206	508	6,084	938	260	7,282	2,726	35.3
Mildura Court	105	271	3,958	733	44	4,735	1,609	45.1
Stroud Green	100	240	3,162	392	110	3,664	1,300	36.6
The Chestnuts	256	603	7,129	1,088	224	8,441	2,351	32.9
Lordship Lane	253	438	5,942	1,176	222	7,340	1,766	29.0
Park Lane	205	314	4,813	910	199	5,922	1,693	28.9
Somerset Road	151	304	4,292	797	139	5,228	1,701	34.6
Totals 1958	1,733	3,550	47,444	7,907	1,605	56,956	17,839	32.9
Totals 1957	1,691	3,154	44,667	7,091	1,980	53,738	17,017	31.8
Totals 1956	1,660	2,945	41,816	6,716	2,208	50,740	15,758	30.6

Toddlers Clinics

These clinics continued to be held at all maternity and child welfare centres. During the year, owing to a reduction in the average attendances, the Church Road clinic was changed from a weekly to a fortnightly one.

It is usual for children between the ages of two and five years to attend these clinics. Many of them emanate from infant welfare clinics. For others it is more suitable and convenient to attend by appointment at intervals of approximately six months than to attend a busy infant welfare session. Every child attends by appointment and is seen by the doctor. Parents are most co-operative about these attendances and appear to be fully conscious of their value. It is now common for the child's parent to telephone the health visitor for another appointment if for any reason the child is unable to attend. Such action cuts down the number of follow-up visits which might be made by the health visitor and is evidence of the easy bond that exists between them. The aim of these periodic medical examinations is to maintain the health and well-being of the child until he reaches school age and is subject to medical examination provided by the school health service. Small defects are sometimes found and arrangements made for correction before further deterioration occurs. This visit also gives parents an opportunity of a quiet discussion with the clinic doctor on any matter of concern to them and the child. Numbers are limited in order to preserve the quiet unhurried character of these occasions. Most children enjoy these visits and are sometimes reluctant to leave. Suitable toys are always available and give obvious pleasure to these youngsters.

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

Name of Centre	No. of sessions held	Total attendances	No. of cases seen by M.O.	Average attendance per session
Burgoyne Road	29	477	477	16.4
Church Road	31	402	362	13.0
Fortis Green	24	340	340	14.1
Hornsey Town Hall	61	631	630	10.3
Mildura Court	49	680	632	13.9
Stroud Green	24	307	307	12.8
The Chestnuts	50	597	584	11.9
Lordship Lane	51	644	629	12.6
Park Lane	50	437	436	8.7
Somerset Road	39	495	495	12.7
Totals 1958	408	5,010	4,892	12.3
Totals 1957	433	5,407	5,256	12.5
Totals 1956	449	5,296	5,207	11.8

Health Education

A very important part of the health visitor/school nurse's work is the teaching of parentcraft and home making in schools, welfare centres, to individuals in their own homes, and to local organisations. Class teaching in schools (particularly secondary modern girls schools) in the Area has developed since 1950, until this year a total of 389 talks have been given in schools alone. This is a heavy but worth-while programme. The aim is that as many girls as possible shall take part in discussions and demonstrations on health and home-making and acquire a knowledge of the services available to the family before leaving school.

We have now reached the position where young mothers attending maternity and child welfare centres renew their acquaintance with health visitors from whom they have had guidance as adolescents.

All maternity and child welfare centres in the Area hold mothercraft classes at weekly intervals at which health visitors lead the discussions among young mothers or expectant mothers. Advance programmes of the subjects to be discussed are arranged at each centre. Film strips and other visual demonstrations are used to illustrate the subject under discussion.

Home safety exhibitions were arranged at each maternity and child welfare centre to coincide with the national campaign on "Accidents in the Home". Tottenham Road and Home Safety Officer was very co-operative in supplying and transporting models to the three main maternity and child welfare centres.

A number of health visitor/school nurses have also given talks to various women's clubs and have acted as lecturers and examiners for the British Red Cross Society's Cadets and young people's, mothercraft, first aid and home nursing groups.

Daily Guardian Scheme

This well tried scheme for the daily minding of children who are not eligible for admission to day nurseries has been in operation for eleven years.

The number of guardians registered has always exceeded the demand, but this is useful providing they are well spread over the Area. It is essential from the working mother's point of view that the daily guardian's home should be within easy reach of the mother's home or work place. There are proper safeguards to ensure that both parents and guardians understand their responsibilities under the scheme and that a reasonably good standard of care is maintained. Health visitors are responsible for

the selection and approval of guardians for registration and for periodic visits to the guardian's home after the child has been placed.

The majority of children minded by this means are placed for comparatively short periods.

Daily Guardian Scheme Return for Year ended 31st December, 1958	
No. of Daily Guardians on Register	160
No. of Daily Guardians minding Children	73
No. of Children being minded	85
Total No. of Children minded during the year	175
Total No. of days minded	16,628
Total Payments made to Guardians... ..	£831 8s. 0d.

Day Nurseries

Day nursery accommodation for children of working mothers and others is still much sought after and is easily the most popular method of daily minding.

This year 39 applications for admission concerning 46 children had to be refused as not complying with the necessary conditions for admission. In all these cases either daily guardian or other arrangements were made. No application was refused where health or social conditions were such as to come within the scheme. There are, however, a substantial number of enquiries made by parents who wish to improve their position either by saving money for house purchase or similar purpose.

During the year the number of coloured children admitted has increased and they attract attention in each nursery. Nursery matrons state that there are certain features connected with these children which call for different handling. Coloured children appear to take longer to settle in and are more demanding of staff time. They appear to be more affectionate, more vigorous and physically more mature. For this reason attempts have been made to up-grade them to the next age group, without success. Experience shows that they are more dependent, that their mental growth does not conform with their physical advancement and therefore they do not easily fit into the higher age group. These children are quite popular with the staff and the other children.

Handicapped Children. There has been a slight rise in the number of handicapped children admitted to the nurseries solely on medical grounds. They include hearing children of deaf parents who have the opportunity in the nurseries of developing a reasonably correct speech pattern instead of remaining retarded. Others include children who were disabled by poliomyelitis, cerebral palsy and mental retardment. All these children have made very considerable progress. On the whole they are accepted and helped by the other children and the devoted attention of members of the day nursery staff. The acceptance of such children in a nursery involves certain adjustments such as arranging for individual responsibility

for the care of the child and care in placing in the age group best fitted for their disabilities and giving them short periods with children in their own chronological age group. Most of the parents of these children are very co-operative but there are a few who would withhold the child from this treatment because of financial assessment to pay the nursery charges.

The following table shows the attendances 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	17	54	3,521	10,176	13,697	53.7
Park Lane ...	20	30	19	19	2,498	5,852	8,350	32.7
Plevna ...	20	30	20	26	3,613	6,913	10,526	41.3
Totals 1958	55	113	56	99	9,632	22,941	32,573	127.7
Totals 1957	55	113	51	113	10,084	20,838	30,922	121.7
Totals 1956	55	113	37	106	6,940	21,367	28,307	111.4

Distribution of Welfare Foods

There was a decrease in the issue of nutrients during the year as compared with 1957 which was expected owing to the increase in the price of National Dried Milk and the restrictions on the supply of orange juice operating during a full year.

The arrangements for issuing welfare foods were substantially the same as in the previous year.

	National Dried Milk (tins)	Orange Juice (bottles)	Cod Liver Oil (bottles)	Vit. A & D Tablets (packets)
Totals 1958...	39,005	104,980	12,571	10,420
Totals 1957...	48,243	156,962	17,347	10,545

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:—

	1958		1957		1956	
	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 ...	174	562	190	568	234	670
No. referred for treatment ...	171	523	188	548	226	618
New cases commenced treatment	155	479	172	531	218	551
Cases made dentally fit	64	172	84	323	76	321
Forms of dental treatment provided:—						
Teeth extracted	274	432	205	432	235	506
Anaesthetics:—						
(a) Local ...	100	56	85	69	84	72
(b) General ...	36	187	36	175	39	213
No. of fillings ...	372	469	358	847	380	1,169
No. of root fillings...	1	.	.	.	.	.
No. of inlays ...	1	1	2	.	1	.
Scalings and gum treatment ...	108	.	76	.	128	.
Silver nitrate treatment ... ..	.	503	.	550	.	565
Dressings	126	150	86	338	163	674
Other operations ...	10	10	30	64	48	138
No. of Radiographs:						
(a) at County Council clinics	14	.	13	1	28	.
(b) at hospital ...	1	.	.	.	2	1
Denture dressings	178	.	112	.	179	.
Dentures fitted:—						
(a) full	14	.	8	.	18	.
(b) partial ...	29	.	32	.	39	.
No. of attendances	758	981	634	1,154	873	1,583
No. of appointments not kept	145	186	187	227	193	247
No. of half days devoted to treatment	192		221		296	

MIDWIFERY SERVICE

(Section 23)

At the end of the year nine midwives were employed in the Area, two of whom live and work in Hornsey. Seven of the midwives are approved teachers and during the year 21 pupil midwives were received for the district part of their training. As was foreseen there has been a considerable increase in the number of home confinements and the midwives each had a heavy case load. They have worked well together and have done much more than the usual quota of work laid down per midwife. The number of women delivered in their own homes totalled 698, while 98 women were nursed at home following confinement in hospital. The tendency is to send mothers home much earlier than previously and most were sent home on the second day following delivery. A small number were sent home a few hours after delivery.

In addition to duties in the clinic, ante-natal and other visits, the midwives undertook work in connection with the National Birthday Trust's investigations into the causes of perinatal mortality. The survey lasted over a period of three months, March, April and May. During the first week in March a detailed and comprehensive questionnaire was completed for every delivery and for the rest of the period, in the case of every death or stillbirth. It is significant of the midwives' good relationship with their patients that no woman refused to complete the form although much of the required information was of a personal and intimate nature. This is an important investigation as the neo-natal death rate is causing concern throughout the country.

The large number of removals into the Area, particularly in Stroud Green, has caused an increase in the number of late bookings and in the calls to the midwife of patients in labour who have made no arrangements at all. These latter cases are causing much concern amongst the midwives as they have no prior information about the patient's obstetric history and there is often difficulty in getting a doctor to attend such cases. A great deal of time is spent on these patients who usually contact every possible source of help when labour is well advanced and such a case recently involved the following services—police who visited the patient's house and the midwife's house, ambulance service who sent an ambulance to "stand by", an L.C.C. midwife who lived nearby, a midwife from Tottenham who was sent to the house. Two hospitals were also contacted. In addition telephone calls were received at a clinic, at three midwives' houses, at the Area Health Office and at the Supervisor of Midwives' house. The cost in time and petrol on such a case is considerable in addition to disrupting the normal work of the services involved.

Transport. With the present extreme shortage of midwives, it is vital that every midwife who is able to drive should have the use of a car, primarily because she is able to do more work in less time and also while working at such pressure to conserve her energy.

An analysis of the work of the service during the past three years is shown in the table below:—

	1958	1957	1956
No. of deliveries attended	698	555	509
No. of visits made	14,730	12,163	8,846
No. of hospital confinements discharged before 14th day	98	76	38
No. of visits made	910	708	354
No. of cases in which medical aid was summoned ...	297	176	143
No. of cases in which gas and air analgesia was administered	588	431	400
No. of cases in which pethidine was administered ...	483	322	265
No. of cases in which trichloroethylene was administered	65	46	33

HEALTH VISITING SERVICE

(Section 24)

The main work of the health visitor in the welfare centre and the home is well known and is concerned with the maintenance of health and well-being of each member of the family from the youngest to the oldest.

Health visitors receive a great many telephone calls from parents, almoners, family doctors and others during the year. This direct and harmonious interchange between those concerned shows how much team work has advanced in recent years. The majority of these calls are requests for home visits, for advice or reports of one kind or another. Requests also come in for early visits to those being admitted or discharged from hospitals. Visits of this kind are increasing and give the health visitor an opportunity to prevent or relieve distress and provide a firm intermediate link between patients, their homes and hospitals.

Local hospitals have provided medical reports this year on the condition of aged persons discharged from hospital and these have been of considerable help to health visitors in making the follow-up home visits.

In the field of mental health a worth while experiment resulted from a talk given in March 1958 by Dr. J. C. Sawle-Thomas, Regional Psychiatrist to the North East Metropolitan Regional Hospital Board and Consultant

Psychiatrist to the Prince of Wales's General Hospital, to members of the medical and health visiting staff on "The implications of the Royal Commission Report on Mental Health". He made a plea for closer co-operation between hospital and local authority services.

Later arrangements were made for a monthly case discussion session for health visitors in the psychiatric department at the Prince of Wales's General Hospital at which health visitors presented cases known to them of early signs of mental breakdown.

It was not intended that the Consultant should see any patient who might be the subject of the case conference, except by referral from the family doctor, and no person concerned was asked to attend while the case was under discussion.

The purpose of such case conferences is to assist health visitors to obtain a fuller understanding of mental health and methods by which health visitors can more adequately assist individuals and families; and are particularly helpful where families find it difficult to cope with a mentally sick adult or one nearing breakdown living at home.

The first case conference was held in the late afternoon of 2nd June and at monthly intervals for the rest of the year. These occasions have proved to be a very real help to health visitors who have presented cases and others who have attended as observers.

It is perhaps too early to assess the effect this may have beyond emphasising that the conferences are fulfilling the purpose for which they were started and to state how fortunate we are to have the guidance and counsel of Dr. Sawle-Thomas at a time when a great many people are pondering on the effect that new legislation may have in this country.

This is also the first year in which the health visitor has been able to refer young children directly to a psychiatrist specialising in child guidance. The health visitor makes appointments for parents to attend with the child and she is herself present throughout the interview. The psychiatrist (Dr. C. Phillips) attends one session a week to see children of under two years of age who are revealing early patterns of behaviour which cause disquiet or uneasiness for their parents.

Children suffering from sleeplessness, feeding difficulties, retardment of speech, over-activity and other disorders have been seen.

While it is common for mothers to be the sole parent present at the initial interview it is not at all unusual for both parents to attend subsequently or for fathers to offer to be present. Children, parents and health visitors have profited from these interviews although the reaction to the technique used varies considerably. Time cannot be allowed to be a pressing factor if the underlying motives for behaviour are to come to the surface. It is for this reason that a small number of interviews is arranged for each session.

Student Health Visitors

Eight students from Battersea Polytechnic, the Royal College of Nursing and County Council sponsored students were accepted for practical training during the year. Considerable care is taken in the preparation of their programme to ensure that they have as wide experience as possible of all the services which may have a bearing on their future work. Health visitors, education authorities, local voluntary bodies and the chief officers of various statutory services have been most co-operative in making this possible.

Student Nurses

Programmes of observation visits for student nurses from the Prince of Wales's General Hospital and from the Middlesex Hospital, W.I. have been arranged in the Area during the year. The visits follow lectures on "Social Aspects of Disease" and are intended to give practical and visual illustration of work done in the public health field of the National Health Service.

The intention is to give each student an opportunity to observe a different aspect of the public health services so that as much as possible can be reported upon in the general discussions which are held when the student nurses return to hospital.

Lectures

During the year the Superintendent Health Visitor (Miss Townsend) gave eight lectures on the Social Aspects of Disease to student nurses in training at the Prince of Wales's General Hospital. A number of other talks to local bodies and one to a Ministry of Education Course for Western European Union delegates have also been given.

Visitors

Visitors to the Area include ward sisters from the Staff College of King Edward's Fund for London, student nursery nurses from residential nurseries, health visitor students from the Royal College of Nursing, student teachers, Barnado's Home Office Course students, student sister tutors and others studying Occupational Health Nursing. Two Birmingham University social science students also attended and other small local groups of young people. The majority of these are interested in the health visitors functions and many of the programmes arranged for these visitors include actual experience with the health visitor.

Voluntary Organisations

Clinic premises have been made available to voluntary bodies, the National Blood Transfusion Service, the Family Planning Association and the Old People's Welfare Committee. The family Planning Association has had the use of the School Clinic, Weston Park, Hornsey on Monday

and Tuesday evenings each week and on Wednesday evenings at Lordship Lane School Clinic, Tottenham.

Voluntary Workers. The secretaries and members of clinic voluntary workers have given considerable reliable and efficient service in Hornsey Maternity and Child Welfare Centres and are commended on their loyal support throughout the year.

Specialised Visiting of Problem Families

Two special services health visitors have undertaken this work for families in particular need. There can be no doubt that only health visitors of considerable vocation and experience are likely to continue in this sphere of distressing but rewarding work of rehabilitating problem families or those bordering on a "break-up" of family life. It is not enough to call to give advice since these families are generally incapable of acting upon advice without considerable support and assistance. Our experience has shown that it is necessary for the specialised worker to be in the home a good deal to show the family what they can do for themselves and to wait upon the unfolding of concealed unsolved personal prostrations which are so often part of the source of the family's downfall.

The state of the home is in general indicative of the level to which the family has descended and from which it must be encouraged to rise. It is no solution to arrange for the services of a home help or other person to do the work. Of those referred to the special services health visitors a substantial number of the parents are either suffering from mental defect, mental illness, physical deterioration, have been "in trouble" or "inside" or have a combination of two or more of these failings.

Both special services health visitors received the greatest assistance and support from family doctors; local clergy, statutory and voluntary agencies and individuals. All appear to have recognised the significance of this work and are very willing to be called upon for help.

Every home visited showed evidence of the intensive work done with the family. The combined efforts of members of the family in redecorating their rooms does much to pull them together in making the best of their homes and giving them pride in their efforts. In general it is not easy to get them moving into doing this but once started they work well and have great pleasure in the results.

Considerable debts have been accumulated by most problem families, but by constant encouragement these can be, in a comparatively short time, very substantially reduced.

Saving in public funds

Apart from uniting and rehabilitating the family into the community as a whole, the work of these visitors shows considerable saving in the expenditure of public monies on each family, as will be seen illustrated in the following two examples:—

**Weekly expenditure from public funds before being taken over
by the Specialist Health Visitor**

Family A

Father on N.A.B. £3 17s. 6d. plus 15s. 0d. rent (Family allowances paid to the Children's Department)	£4 12 6
6 children in care:—	
3 in residential nurseries—approximate cost	£30 0 0
2 in residential homes —approximate cost	£24 0 0
	£58 12 6
Free meals to returned school children	15 0
3 children at day nurseries free (charged at full cost)	£9 15 0
Expenditure entailed by keeping the family together for school meals and day nursery accommodation	£10 10 0
This shows a weekly saving of public expenditure of	£48 2 6

Family B

Mother ill and unable to cope. Five children in care:—	
3 of these at approximate weekly cost	£24 0 0
2 of these at approximate weekly cost	£20 0 0
	£44 0 0
After the children returned home the following help was given:—	
3 free dinners for school children	15 0
2 children in day nursery free (charged at full cost)	£6 10 0
Home help 10 hours weekly (charged at full cost)	£2 0 0
	£9 5 0
Saving to public expenditure a weekly sum of	£34 15 0

It will be seen from these two illustrations that support by public funds in the case of divided families is tremendously costly. By keeping the family together with some, but considerably less, financial expenditure, the family gains confidence, self respect and is happier than it is when separated.

It would be sanguine to think that every case can be entirely left to its own devices once the main difficulties have been settled. It is for this reason that the visitor slowly relinquishes her support and in some cases finds others to take her place in this respect. It is our opinion, however, that this work is very essential to the family in grave difficulties and to the community in which it lives.

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					1958	1957
Expectant Mothers	...	...	...	First Visits	1,982	1,781
				Total Visits	3,358	2,850
Children under 1 year of age	...	...	...	First Visits	4,136	3,759
				Total Visits	160,25	14,568
Children aged 1 - 2	...	...	...	Total Visits	7,771	7,191
Children aged 2 - 5	...	...	...	Total Visits	12,643	11,952
Other cases	...	...	Total Visits as Health Visitor		6,051	5,489
			Total Visits as School Nurse		911	983

HOME NURSING SERVICE

(Section 25)

The number of nurses employed in the Area at the end of the year was 19 full-time and 7 part-time, and again care of the aged sick made the greatest demand on the service. The total number of visits paid by home nurses during the year was 79,286.

The treatment of cases during the year may be classified as follows:—

Injections	1,431
General nursing care	576
Blanket baths	354
Enemas	332
Dressings	324
Preparation for diagnostic investigation	186
Pessaries changed	58
Wash-outs, douches, etc.	42
Attendance at minor operation... ..	1
Other treatments	152

The sex and age of patients at the time of the nurse's first visit may be classified as follows:—

Age	Males	Females
0- 4	21	15
5-15	39	36
16-39	88	179
40-64	372	631
65 and over	589	1,203
	<hr/> 1,109 <hr/>	<hr/> 2,064 <hr/>

Cases attended during the year were referred from the following sources:—

General Practitioners	2,363
Hospitals	789
Chest Physicians	18
Public Health Department	3

The shortage of car transport must again be emphasised in that only 25% of the nursing staff have any form of individual motorised transport, the remainder being dependent on bicycles and public transport.

Co-operation with voluntary and other outside services has been well maintained and in particular with the British Red Cross Society who deal with the distribution of nursing equipment on loan, the W.V.S., and the Old People's Welfare Organisations who have assisted in the supply of clothing and bed linen in approved cases.

Further details of the work of the home nursing service is shown in the following table:—

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	788	1,306	2,094	157	439	596	70,499
Surgical	79	107	186	11	10	21	4,874
Infectious Diseases ...	3	1	4	.	.	.	51
Tuberculosis	19	21	40	6	6	12	3,850
Maternal complications	.	2	2	.	.	.	12
Totals 1958	889	1,437	2,326	174	455	629	79,286
Totals 1957	903	1,707	2,610	220	627	847	87,851

VACCINATION AND IMMUNISATION

(Section 26)

Vaccination against Smallpox

The percentage of children in the Area under one year of age vaccinated against smallpox rose to 66.6%.

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 ...	1,276	44	27	32	65	1,444
No. of Revaccinations	3	1	6	21	173	204

Immunisation against Diphtheria and Whooping Cough

The policy of using separate vaccines in clinics for immunisation against diphtheria and whooping cough continued during the year. The following table shows a considerable increase in the number of children being immunised against diphtheria, and efforts are being made, in spite of administrative difficulties, to achieve equally satisfactory results in regard to whooping cough immunisation.

This table relates to Hornsey only.

Age at date of immunisation	No. of children immunised			No. of children given re-inforcing injections	
	Diph- theria only	Combined Diph- theria and Whooping Cough	Whooping Cough only	Diph- theria only	Combined Diph- theria and Whooping Cough
Under One ...	740	298	116	.	.
One ...	264	293	276	.	.
Two to Four ...	86	19	10	173	12
Five to Fourteen ...	114	4	3	394	19
Totals 1958 ...	1,204	614	405	567	31
Totals 1957 ...	428	875	153	379	33

Poliomyelitis Vaccination

(A) Extension of Scheme

As a result of Ministry of Health Circular 20/58, the poliomyelitis vaccination scheme was extended to persons born in the years 1933-42, so that in fact all persons up to and including 25 years of age, as well as special categories of any age, became eligible for this protection.

Publicity was given to the extended scheme during the week commencing 27th October 1958 by means of advertisements in the local press, B.B.C. radio and television broadcasts, posters, car stickers and leaflets.

General practitioners have been kept fully informed and have given valuable assistance in vaccinating patients who preferred to attend their own doctors' surgeries.

In this Area an approach was made to all factories with more than 50 employees and as a result, leaflets explaining the scheme were distributed through pay packets. Many of the firms also asked for posters and car stickers which were immediately supplied.

An experiment was tried with "open" sessions on Saturday mornings at which eligible persons could attend without appointment and which were publicised in the local press. Four such sessions have been held but only 55 persons availed themselves of this opportunity.

The scheme also provides for evening sessions to suit the convenience of persons who may be working and unable to attend during the normal day-time sessions. Only 17 persons, however, have asked for an evening appointment and as they are scattered over the Area and it would not be possible to arrange a session convenient for them all, they have been offered the alternative of approaching their family doctors or attending a normal day-time session.

Three of the factories in the Area have asked for sessions to be arranged during working hours in their factories and some 300 persons will receive protection in this way.

(B) Third Injections

The Ministry of Health also decided that third injections should be offered to all persons who had had two injections provided that the third injection was given not less than seven months after the second injection. Third injections were commenced at the beginning of October 1958 and by the end of the year 6,939 persons had received this extra protection.

(C) Progress of Scheme

Total number of persons receiving two injections during the period 1st January to 31st October, 1958, either from general practitioners or at clinics 18,165

Vaccinations carried out during the period 1st November to 31st December, 1958:—

	No. of persons who completed a course of two injections during the period	No. of applicants not yet vaccinated with one or two injections	No. of persons who have received one injection only at any time up to 31.12.58
Children born in years 1943-1958	1,591	1,540	601
Young persons born in years 1933-1942	494	102	119
Expectant mothers	136	15	38
General practitioners and families	10	.	.
Ambulance staff and families	1	.	.
Hospital staff, medical students and their families vaccinated by general practitioners	25	.	.
Totals	2,257	1,657	758

In addition, 1,450 doses of vaccine were issued to general practitioners for first injections, but it will not be known into which of the above categories these fall until completed record cards have been received.

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 1958 177 applications were received compared with 253 the previous year. Of these, 142 were approved.

DOMESTIC HELP SERVICE

(Section 29)

The total number of cases provided with home help during the year was 1715, the bulk of the cases comprising 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 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 1957	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)	106	10	116	6
Tuberculosis	13	34	47	30
Chronic Sick (including aged and infirm)	481	941	1,422	945
Others	118	12	130	13
Total	718	997	1,715	994

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 five cases were served for a total of 96 hours.

Training Scheme

The scheme to give some instruction to home helps was continued during the year, three courses being arranged.

SCHOOL HEALTH SERVICE

General

The year was an extremely busy one for the school health service. Owing to the priority given to poliomyelitis vaccination the number of sessions devoted to periodic medical examinations had to be curtailed, the cut being made in the intermediate examinations as it was felt that the entrants and leavers examinations must be held. Despite difficulties the B.C.G. vaccination and diphtheria booster dose programmes in schools were proceeded with. Much credit is due to the clerical staff responsible for organising these overlapping programmes. That all the work is worth while is shown by the vital and infectious disease statistics for the Area.

The work of the cerebral palsy unit at Vale Road Day Special School for the Physically Handicapped continues to increase, 51 children being under supervision as against 44 in 1957. Further reference to the work of the unit will be found in the report of the Consultant on page 87. It appears likely that further provision for educable cerebral palsied children is likely to prove necessary at this School.

The number of partially deaf children in attendance at the Senior and Junior partially deaf units continues to increase and discussions have taken place with a view to increasing the number of classes for these children. The work of the audiology unit has been rather hampered by lack of suitable facilities and by a delay in decisions as to the appointment of a permanent audiologist. Writing now in May 1959 it does appear that these problems will shortly be overcome.

Routine Medical Inspection

The following table shows the number of Hornsey children inspected by years of birth and the classification of their physical condition.

Year of Birth	Number of Pupils Inspected	Condition Satisfactory	
		Number	%
1954 and Later ...	209	209	100.0
1953 ...	619	619	100.0
1952 ...	108	108	100.0
1951 ...	27	27	100.0
1950 ...	176	176	100.0
1949 ...	744	744	100.0
1948 ...	107	107	100.0
1947 ...	229	229	100.0
1946 ...	720	719	99.9
1945 ...	279	279	100.0
1944 ...	228	228	100.0
1943 and Earlier ...	924	924	100.0
Total ...	4,370	4,369	99.98

Infectious Diseases in School Children

With the exception of *tuberculosis* which showed a slight increase, the year 1958 was uneventful from the point of view of infection.

Three cases of *poliomyelitis* occurred in unvaccinated children; two of the three were brothers and unfortunately one died and the other is still in hospital with residual paralysis, the third case made an excellent recovery.

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

B.C.G. Vaccination

Despite the special effort involved in carrying out poliomyelitis vaccination in 1958 it was felt that B.C.G. vaccination should be maintained as heretofore. Considerable difficulties were met in ensuring that the two schemes did not overlap.

	1958		1957	
		%		%
Parents approached ...	1,218		1,128	
Parents accepting ...	921	75.6	947	83.9
Mantoux positive ...	68	8.1	91	11.8
% Strong positive ...		50.0		61.6
% Weak positive ...		50.0		38.4
Mantoux negative ...	733	87.4	702	85.6
Total vaccinated ...	718	58.9	691	61.3
		of children in group approached		of children in group approached

It is interesting to note that as a result of investigation of strongly Mantoux positive children and their families at the Chest Clinic, two cases of tuberculosis were discovered;

1. a girl of 13 was Mantoux tested at school and found by X-ray to have early tuberculosis and was admitted to Highwood Hospital. In January 1959 she was reported as fit to return to school on chemotherapy.
2. a boy of 13 was found to be strongly tuberculin positive. His X-ray was clear but that of his father showed bilateral active pulmonary tuberculosis and he was admitted to hospital for treatment.

Tuberculosis in Schools

During 1958 a total of six cases of tuberculosis were notified in school children, five pulmonary and one of bone. This compares with three in the previous year and seven and fourteen in 1956 and 1955 respectively. These cases were discussed with the appropriate chest physicians and in two instances epidemiological investigations were considered necessary at the school.

1. A case of pulmonary tuberculosis was discovered in a senior pupil at a special school in Tottenham. This boy's parents had not accepted the offer of B.C.G. vaccination for him. Following on consultation with the chest physician, it was decided to undertake epidemiological investigations at this school. As a result of skin testing, four children were found to be tuberculin positive. These plus seven children who had had B.C.G. and two who had tuberculous meningitis, in all of whom the tuberculin test was of no value, were referred for X-ray. In addition, all of the teaching and domestic staff were X-rayed. In all cases X-rays were negative, but in view of the highly infective nature of the primary case, the chest physician has asked for a repeat X-ray of the children early in the new year.
2. Following the notification of a case of tuberculosis in a girl attending a primary school in Hornsey, epidemiological investigations were undertaken at the school. As a result of skin testing of her classmates, all the children were found to be Mantoux negative and no further action was, therefore, necessary. All the teaching and domestic staff were X-rayed and found to be fit.

School Nursing Service

The field covered by the school nurse has included preparation for and attendance at routine medical inspections of school children, attendance at various specialist and minor ailment clinics, certain home visits to parents of school children including those required for the follow-up of defaulters from clinics, home reports for hospitals or for the giving of advice to parents.

Every school was visited at the beginning of each term in order to carry out hygiene inspections and further visits were made as often as

appeared necessary. School visits of this kind are an important part of the measures taken by the school nurse for the maintenance of the cleanliness and health of the school child. The discovering of minor defects and verminous conditions before these develop into matters of serious concern are the primary duties of the school nurse and are intended to fill in the gaps between routine medical inspections which occur on at least three occasions in the life of each school child. Close contact between the head teachers, class teachers and the school nurse is maintained at all times. It may be the occasion when the nurse makes recommendations to the head teacher that the child should see his family doctor, attend a clinic or temporarily be excluded from school.

The problem of reducing the number of vermin infested children in schools has been the grave concern of school nurses for many years and has taxed their resolution, patience, ingenuity and tact. It is not uncommon today for parents to seek the help and advice of the school nurse before the condition has had a chance to affect others and to submit each member of the family for scrutiny in order to clear up the matter. This new commonsense attitude of parents appears to be replacing the old antagonisms and feelings of parental guilt associated with infestation.

Family doctors and industrial firms have also been amongst those who have sought the assistance and advice of the school nurse. Modern insecticides, smaller families, health teaching and improved standards of hygiene in schools and home may be some of the factors which together have reduced the infestation figures, as shown in the following table:—

HORNSEY	1947	1958
Number of examinations	21,595	19,571
Number of pupils found to be infested ...	105	23

The decline in the school nurse's work connected with verminous conditions and minor ailments has, to some extent, been replaced by work linked with B.C.G. and poliomyelitis vaccination campaigns. In general the trend of the school nursing service is more preventive in character than it has ever been. There is more opportunity for the school child to meet the school nurse as a friend with whom all sorts of things can be discussed unhurriedly. This is a healthier position from which the school child can view the machinery of the health services and may have far-reaching results. In the School for the Physically Handicapped a full-time nurse is employed, and her duties regarded as an integral part of the life of the school. She sees the children into and out of school transport, deals with minor disorders, attends medical inspections, carries out treatment prescribed by the school medical officer and by visiting consultants. She also visits the homes of pupils where necessary; is present at school meals and takes part in out-of-school activities by accompanying school parties to various Saturday functions. It may be said that her continued presence in the school relieves pupils and teachers from anxieties which are common to special schools of this type.

Health Education in Schools

Our programme of health education in schools has continued. This was started in co-operation with head teachers mainly because of concern about problem families and early marriages for which it seemed the adolescent had very little preparation. Also that general instruction on health was not fully covered by the normal school curriculum. Encouragement to develop and increase these programmes was given by the keenness of the children, demands from other schools and in at least one unexpected occurrence. Here a girl of a problem family who had been present at a series of health talks in the school arrived one day at a welfare centre. She told the health visitor that she had brought her baby sister to see her because she was worried about the child, and while her mother allowed her to take the baby to the health visitor she could not be bothered to do so herself.

During the year 389 talks were given in secondary modern schools. Health visitors and one school nurse with training and a special flair for teaching undertook this work.

School Dental Service

The Area Dental Officer (Mr. Sainty) reports:—

During the past year the staff position, in addition to the Area Dental Officer, has been:—

Full time Dental Officers to 31st July	6
Full time Dental Officers thereafter ...	5
Part time Dental Officers (equivalent to 9/11ths of one full time appointment)	2
Part time Orthodontist	1

There was a slight falling off in the number of school children attending for treatment and, consequently, in some categories of treatment. One reason for this may be that treatment is now more readily obtainable under the National Health Service than previously. Evidence of increased treatment outside the school dental service is seen at routine dental inspections and it is only natural that some parents may prefer to have their children treated by their family dentist. The fact that evening treatment is welcomed by many is shown by the continuing success of this at the dental clinic in the Park Lane Centre where it has been in operation for several years.

This Area, in company with others, took part in the quinquennial survey of the Ministry of Education into the incidence of dental caries in school children. Two age-groups are involved—5 year olds and 12 year olds. Previous surveys took place in 1948 and 1953. In this Area 446 5-year olds and 740 12-year olds were inspected for this purpose.

The long waiting list for treatment at the Orthodontic Clinic continues and there seems little prospect of improvement. The treatment of maternity and child welfare cases has continued as in recent years and there is nothing fresh to report.

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

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	35	16	16
5-16 and over	9,798	4,616	4,610
Specials	1,026	951	926
Totals	10,859	5,583	5,552
Number of pupils treatment commenced			2,533
Number of pupils treatment completed			1,820
Number of attendances made by pupils for treatment			5,811
Number of appointments not kept			1,283
Number of half days devoted to (a) Inspections			74
(b) Treatment			890
Fillings—Permanent Teeth			3,652
Temporary Teeth			1,109
Number of Teeth filled—Permanent Teeth			3,273
Temporary Teeth			1,066
Extractions—Permanent Teeth			330
Permanent Teeth for Orthodontia			32
Temporary Teeth			1,611
Anaesthetics (a) General			562
(b) Local			497
(c) Regional			22
Other operations (a) Permanent Teeth			587
(b) Temporary Teeth			1,461

SPECIAL DENTAL TREATMENT UNDERTAKEN BY DENTAL OFFICERS

Number of Impressions, etc.	59
Number supplied with Dentures	12
Number of crowns and bridges	3
Number of Radiographs (a) At Dental Clinics	36
(b) At Hospitals	—

ORTHODONTIC EXAMINATION AND TREATMENT

	AGES										Totals
	5	6	7	8	9	10	11	12	13	14	
Pupils examined	2	2	6	9	21	12	9	12	5	4	82
Pupils selected for treatment	2	1	5	6	14	10	7	5	4	—	54
Commenced treatment (first attendance)											123
Attendances made for treatment											782
Impressions, etc.											416
Fixed appliances fitted											—
Removable appliances fitted											61
Radiographs at Dental Clinics											30
Pupils treatment completed											16
Orthodontic sessions (half days)											69

THE HANDICAPPED CHILD—Distribution in Hornsey as at 31st December, 1958

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 ... ..	.	.	3	3	.	.	.	.	.	.	3	3
Partially Sighted	3	2	.	.	.	.	.	.	.	.	3	2
Deaf	3	1	.	.	.	.	.	.	.	.	3	1
Partially Deaf	2	5	2	.	.	.	.	.	.	.	4	5
Educationally Sub-Normal	28	15	5	4	.	.	.	.	.	.	33	19
Epileptic ... ..	.	.	1	1	.	.	.	1	.	.	1	2
Maladjusted ... ..	.	.	7	1	.	1	10	3	.	.	17	5
Physically Handicapped	7	2	2	.	.	.	.	.	1	1	10	3
Speech Defects ... ..	.	.	.	.	92	28	1	2	2	2	95	32
Delicate ... ..	.	1	6	4	.	.	.	.	.	.	6	5
Totals	43	26	26	13	92	29	11	6	3	3	175	77
GRAND TOTALS	69		39		121		17		6		252	

THE HANDICAPPED CHILD

The Deaf Child

During 1958 the International Congress on the Modern Educational Treatment of Deafness took place in Manchester at which many hundreds of delegates from all over the world attended. An opportunity was thus afforded of taking stock of our progress and of new trends in the educational treatment of the deaf child.

Ascertainment

The first essential in any such programme is early ascertainment. The results of recent research have shown us the vulnerable groups in which to look for deaf children. Audiometry in school children by means of the gramophone and pure tone sweep test audiometer has become routine now in most of Great Britain. At the same time it should not be looked upon as an instrument of case-finding of severely deaf children. Case finding of such children should take place long before the age of compulsory school attendance. Professor and Mrs. Ewing have suggested a method of routine screening tests of hearing of all babies by health visitors. This method while crude does get results though there is evidence to show that the same results could be obtained by a more selective method of screening those at known risk.

The *audiology clinic* plays a most important part in early ascertainment. By now the example set by such clinics as that at the Royal National, Throat, Nose and Ear Hospital, London, is well known and it is generally agreed that an extension of these clinics to all parts of the country is required. Their aim is the detection of deafness in children at the earliest possible age and to give subsequent aid to the child and his family in overcoming the handicap.

Auditory Training

The necessity for auditory training is well recognised and accepted by all. Beyond this, however, is the great schism—at least in this country and apparently in the United States as well. There are those who “hold these truths to be self-evident” —that all deaf children recognised early enough, fitted with a hearing aid and spoken to according to the recognised methods of auditory training, will learn to understand and reproduce spoken language without the necessity of education in a special school. There are some who will accept virtually no qualification of this assertion. Others reply that it is wholly false. An objective assessment of the results of this treatment is an urgent necessity. It is possible that the happiness and well being of some children is being sacrificed to what may be theory rather than fact.

Prosthetics

Advances in electronics have been astonishingly rapid in recent years with the risk of rendering expensive apparatus rapidly out of date. The cumbersome battery aids are being replaced by transistor aids. The

induction loop system enables children to move freely about in class while still remaining in contact with the teacher's voice.

Integration

The undoubted achievements made possible by earlier and more accurate diagnosis, auditory training and hearing aids have made the integration of deaf and partially deaf children into the hearing community and in particular in ordinary day schools, a very live issue. Many papers were read at last year's conference on this subject. At the same time it is widely felt in the educational field that the claims for results of such integration are exaggerated. There are undoubtedly cases where children theoretically able to manage in a hearing environment become maladjusted there and improve on removal to a special unit where they are able to mix with other children handicapped like themselves. It is also true that deaf adults left to themselves do tend to mix with other deaf persons although they are quite able to manage in a hearing community.

The Non-oral Child

To the outsider there would appear no doubt that some children leave schools for the deaf unable to communicate orally with their hearing fellows. Various reasons have been given for these failures—late diagnosis, residential schooling as opposed to day schools, insufficient use of hearing aids, separation from the hearing community. Some teachers say they have no such failures.

It may be, however, that for some reason, either of disordered physiology, or psychology, that some deaf children can never become oral and it is important to try and ascertain if this is so, to discover such children and to teach them appropriately by the best form of sign language. Such views are by some regarded as heresy but this should not deter the research worker.

Conclusions

There is need for further fundamental research into many problems of deafness. A good deal of work is being done but it is either un-co-ordinated or ill-co-ordinated. It is felt that a central body should be set up to be responsible for overall planning of research, to draw up a list of priorities and to allocate research fields to the various centres engaged in research—both University and clinical centres. If a lead were given by the Ministry of Education—the most appropriate body—other interested organisations such as the Medical Research Council, the National Institute of Teachers of the Deaf, the voluntary societies, the University centres and the school medical group of the Society of Medical Officers of Health would no doubt respond.

AUDIOLOGY UNIT

No.	Age	Sex	Reasons for referral	F.H.	Remarks	Source of Referral	Decision and Disposal
1	3	M	? Deaf ? Mentally defective	N.K.	Illegitimate	School Medical Officer, Finchley	Not deaf Ineducable
2	9	M	Suitability for Partially Deaf Unit. Maladjusted in ordinary school	None	High intelligence	Audiology Unit, Gray's Inn Road	Junior Partially Deaf Unit
3	10	M	Suitability for Partially Deaf Unit	N.K.	Partially sighted Diabetic	School Medical Officer, Ealing	Blanche Nevile School
4	11	M	Suitability for Partially Deaf Unit		Erythro- blastosis. Epileptic	School Medical Officer, Willesden	Trial at Partially Deaf Unit unsatis- factory
5	1 1/12	M	? Deaf	N.K.	Cleft palate Illegitimate	School Medical Officer, Southgate	Deaf—for training
6	8 3/12	F	Suitability for Partially Deaf Unit	Nil	Chronic suppurative otitis media	School Medical Officer, Ealing	Junior Partially Deaf Unit
7	12	M	Suitability for Partially Deaf Unit	Nil	Educationally sub-normal Maladjusted	School Medical Officer, Willesden	Unsuitable for Partially Deaf Unit
8	11	M	Suitability for Partially Deaf Unit	Nil	Backward	London County Council	Under con- sideration
9	13	F	Transfer from Wales	N.K.	Backward	School Medical Officer, Hornsey	Senior Partially Deaf Unit
10	4	M	? Deaf ? Backward	Nil	—	Paediatrician	Backward Not deaf
11	11	M	Suitability for Partially Deaf Unit. Lack of progress in ordinary school	Nil	Chronic suppurative otitis media	School Medical Officer, Potters Bar	Senior Partially Deaf Unit
12	3	M	? Deaf ? Mentally defective	Nil	Blind. In care of County Council	School Medical Officer, Tottenham	Not deaf. Mentally defective
13	3 9/12	M	Suitable for Nursery at Blanche Nevile School	Nil	—	School Medical Officer, Hendon	For Nursery Unit
14	11	M	Suitability for Partially Deaf Unit	Nil	Meningitis	School Medical Officer, Hounslow	Senior Partially Deaf Unit
15	8	M	Suitability for Partially Deaf Unit	N.K.	In Catholic Children's Home	School Medical Officer, Enfield	Junior Partially Deaf Unit

Number of children seen	...	...	...	...	...	...	15
Pre-school children	...	...	...	...	...	...	5
Attending infant and junior schools	...	...	...	...	...	...	7
Attending senior schools	...	...	...	...	...	...	3
Reason for referrals among these 15 children were as follows:—							
For diagnosis	...	...	...	...	...	...	4
Immigrants to Area, known to be deaf	...	...	...	...	...	...	1
Partially deaf children, advice as to placement	...	...	...	...	...	...	7
Children known to be deaf—application for admission to nursery class, Blanche Nevile School or partially deaf unit	...	...	...	...	...	...	3
Source of Referrals:—							
Tottenham and Hornsey	...	...	...	...	...	...	3
Other Boroughs in Middlesex	...	...	...	...	...	...	11
London—neighbouring Boroughs	...	...	...	...	...	...	1

Vale Road School for Physically Handicapped Children

Cerebral Palsy Unit

The number of children at the Vale Road School for Physically Handicapped Children at the end of the year was 94, of whom children with cerebral palsy, poliomyelitis or heart disease accounted for rather more than 75%. The aim of the school is, of course, to provide for each child so far as possible a normal education under the special conditions made necessary by his handicap. For such children, the requirements are normal schooling, medical treatment and modified activity, and in many cases each of these can be treated as a separate problem. The Consultant (Dr. Dunham) in charge of the children with cerebral palsy comments that the normal schooling and modified activity—together with out-of-school work and play—can all be ‘medical treatment’, training in doing things of everyday life in a normal way. In the school, therefore, the aim of those whose special concern is with the 29 children with cerebral palsy is to help the children to learn how to tackle normal tasks in a normal way, and advise others how they also may do this. The team operates, therefore, in the classroom, the playground and the swimming bath, rather than in a ‘treatment room’. Girls from South Grove School, who share domestic science, needlework and swimming with children from the school, collaborate in the work. Parents attend for advice. And, in order that normal habits of movement should be established from the first, special provision is made for parents of children too young to attend even the nursery classes to be given advice. The ‘medical treatment’ provided is thus a co-operative effort by parents, teachers, nurse, therapist and doctor to carry out what may be called ‘training by the direct method’. The Consultant wishes to pay tribute to the keen co-operative spirit of all engaged in the work.

During the year advice has been given from the school on the management of 22 pre-school children, of two children attending occupation centres and of two children attending the Blanche Nevile School for the Deaf. Of the 22 pre-school children, three are in attendance at County Council Day Nurseries.

CHILDREN SEEN FOR THE FIRST TIME AT THE CEREBRAL PALSY UNIT IN 1958

Case No.	Age	Sex	Referred by	Diagnosis	Disposal
1	4	F	School Medical Officer, Tottenham	Congenital deafness. <i>Cerebral palsy</i> — generalised spasticity	Blanche Nevile School, supervised by Dr. Dunham
2	4 4/12	F	School Medical Officer, Hendon	Mental retardation	Referred back to School Medical Officer, Hendon
3	3	F	Paediatrician	Mental retardation, probably ineducable.	Home care.
4	2 4/12	F	Area Medical Officer, Tottenham	Minor motor defect Mental retardation. Minor motor defect	? Institution later Supervised at cerebral palsy unit
5	6 8/12	F	School Medical Officer, Friern Barnet	<i>Cerebral palsy</i> — variable rigidity. Mental retardation, probably ineducable	Home care. Occupation centre later
6	4 9/12	M	School Medical Officer, Tottenham	Psychological; post T.B.M.	Child Guidance Clinic. Normal schooling
7	4 11/12	F	School Medical Officer, Edmonton	<i>Cerebral palsy</i> — generalised spasticity	Vale Road P.H. School
8	1½	M	Area Medical Officer, Hornsey	Minor motor defect	Supervised at Cerebral Palsy Unit
9	5	F	Paediatrician	<i>Cerebral palsy</i> — generalised spasticity. Probably mentally retarded	Vale Road P.H. School
10	5 10/12	F	School Medical Officer, Wood Green	<i>Cerebral palsy</i> — generalised spasticity	Vale Road P.H. School
11	2 11/12	M	Area Medical Officer, Hendon	Mental retardation, probably ineducable	Referred back to Area Medical Officer
12	7	M	School Medical Officer, Wood Green	<i>Cerebral palsy</i> — variable rigidity. Probably mentally retarded	Vale Road P.H. School
13	9 7/12	F	School Medical Officer, Tottenham	<i>Left hemiplegia</i> . Emotional problem	Vale Road P.H. School
14	4 2/12	F	Paediatrician	<i>Left hemiplegia</i> (post influenzal meningitis) Epilepsy. Mental defective	Occupation Centre
15	2 8/12	F	Area Medical Officer, Tottenham	<i>Cerebral palsy</i> — variable rigidity	Waiting List for Vale Road School
16	4	M	School Medical Officer, Tottenham	<i>Cerebral palsy</i> — generalised spasticity.	Waiting List for Vale Road School
17	5 6/12	M	School Medical Officer, Hornsey	Mental retardation Mental retardation	Infants School. For mental assessment

Age and Sex Distribution of Cases			
	M	F	Total
Under 5 years ...	4	6	10
5 - 10 years ...	2	5	7
Totals ...	6	11	17

	M	F	Total
Cerebral palsy—educable or probably educable...	2	4	6
Cerebral palsy with deafness probably educable...	.	1	1
Cerebral palsy—ineducable or probably ineducable ...	.	3	3
Total ...			10
Mental defect with minor motor lesion ...	2	3	5
Post T.B. meningitis—psychological ...	1	.	1
Minor motor defect—probably normal ...	1	.	1
Total ...			7

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. Ian M. Anderson, M.D., F.R.C.P., consultant paediatrician. There was a sharp fall in the number of new cases seen during the year, from 29 in 1956-57 to 9 in 1957-58. Of the nine new cases seen, six were female and three male and of the total, four were cases of congenital heart disease.

196 children remain on the register of the supervisory centre and of these 91 made 174 attendances, while in addition a number were seen in the ordinary paediatric out-patient sessions. These 196 cases are classified as follows:—

Rheumatic fever ...	61
Rheumatic carditis ...	40
Rheumatic fever with chorea ...	1
Rheumatic carditis with chorea ...	5
Chorea—uncomplicated ...	5
Rheumatic arthritis ...	5
Congenital heart lesions ...	57
Rheumatic pains ...	1
Other cases ...	21
Total ...	196
96 males 100 females	

Ear, Nose and Throat Clinics

The visiting Aural Surgeon (Dr. F. P. M. Clarke) reports that the usual weekly sessions of the ear, nose and throat clinics have been held at Park Lane Medical Centre, Tottenham and at the Town Hall Centre, Hornsey. The procedure at these clinics as regards administration, treatment and recommendations, has followed along the customary lines adopted in the past and discussed in previous Annual Reports.

On average, there has been a very good attendance of children, school and pre-school, at all the clinics throughout the year, and in those instances requiring special treatment over a long period attendance was equally good, almost all completing the courses prescribed for them. The results were, on the whole, very satisfactory and appreciated by the parents.

The primary object of these special clinics since their establishment in the early twenties has been chiefly in the field of prevention. In no other group can the ideals of preventive medicine be better illustrated, or the excellent effects of its correct practice be more clearly demonstrated than among school and pre-school children.

It is well known that many of the chronic ailments and debilitating conditions met with among the adult public had their origin during school age, and are the results of undetected, or incorrectly treated, or neglected symptomatic predisposing factors in childhood. During childhood there are many signs, symptoms or "complaints" which may be considered only trivial by parents but which to the trained and competent observer indicate, if not treated, a portent of serious consequences to follow—perhaps a permanent disability in later life. It is to these "complaints" among school and pre-school children that this preventive work can be most suitably adopted, by detecting, investigating and treating the very earliest stages of many diseases and abnormal conditions and thus prevent their development into a chronic form requiring perhaps later, radical surgical procedures.

The frequency with which the early signs of certain serious defects occur in the ear, and nose particularly—less often in the throat—among children of school and even pre-school age would appear not to be sufficiently realised. They are often very slight but significant symptoms and may sometimes pass unnoticed or incorrectly appreciated. This tendency may be due to a too cursory general examination, or to the situation of the *symptoms* being remote from the ear or nose their relationship with their real site of origin is not suspected. As well, the symptoms may be slight and cause no great discomfort at this stage and so their presence is not regarded as of much consequence.

In the case of the ear, perhaps the most common defect is *deafness* in school and adult life, which can be traced in very many instances to an otitis media, neglected or improperly treated during early school or pre-school years. We have found from experience that the correct treatment can be carried out satisfactorily only at the clinics. Home treatment

is usually unreliable. Chronic deafness, too, can be due to abnormal conditions left untreated in the nose, such as "nasal obstruction", sinusitis, rhinitis, whose early symptoms are quite common in young children. They act by interference with the necessary aeration of the middle ear, or by the extension of infection into the middle ear and set up a suppurative otitis media which may progress to the chronic form and permanent deafness.

The normal functions of the healthy nose owing to their controlling influence over the fine working of the chest organs, lungs, heart and circulation, certain abdominal organs, and the brain are of special importance in the maintenance of the health of body and mind. Many of the early signs of defects which interfere with and upset these normal functions in later life are clearly discernible on close examination of the nose and naso-pharynx during school age.

"Nasal obstruction" on account of its far-reaching and serious effects is perhaps one of the most frequent and important nasal defects to look out for during a school child's medical examination. It is very common and is, unfortunately, only too frequently overlooked.

It is surprising how little understood are and how little attention is given to the widespread detrimental effects of defective nasal breathing; and it is all the more so when it is realised that a large number of the symptoms of nasal obstruction and impaired hearing originate during childhood and if at this stage were detected and correctly treated the whole train of widespread ill-effects and disease set up by their progressive development could be eliminated.

It is well to emphasise here the importance and urgency of 'following-up' the very earliest symptoms of ear trouble, otitis media and impaired hearing.

Orthopaedic Service, Hornsey

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

"During the year attendances at the Orthopaedic Clinic have been 698 for examination and 1,281 for treatment by the physiotherapist.

The number of new cases was 283, and the number of discharges was a comparable figure.

This represents an increase in the total work of the clinic, but a reduction in the number of new cases seen during the year.

The running of the clinic in its present form with the help of the Hornsey Central Hospital in taking X-rays and carrying out some pathological investigations has been smooth and without complications which could not be dealt with under the present set-up.

The variety and degree of severity of the cases which the school medical officers have referred to this clinic shows an acute appreciation of the type

of case we wish to see. A small number do not require immediate active treatment but are still welcome, as they may require observation.

The majority require treatment and receive it at the clinic. Some again require operative treatment. This year there were eight, and of these, seven have been admitted to the Orthopaedic Unit at Highlands General Hospital. The parents of the remaining one are unfortunately unable to make up their minds. This is unusual, as the parents and children are usually most co-operative in carrying out the treatment suggested".

Ophthalmic Clinic, Hornsey

I am indebted to Dr. R. Welch, M.D., for the following report:—

"During 1958 I have been in charge of the eye clinics at Hornsey Treatment Centre and during this period they have been exceptionally busy. The cases seen are for the most part referred after routine school medical examinations, generally because of defective vision in one or both eyes. Others have symptoms suggestive of eye-strain such as headaches and blurred vision especially after close work. A smaller group of cases are those who have developed an obvious or suspected squint and as these are serious they are given priority in arranging appointments. Another class of cases examined at the clinic are those sent by doctors in charge of welfare clinics. The importance of the latter I shall show later.

Where indications are present for doing a refraction, Atropine is used as a cycloplegic for very young children. For older children Gutt. Hyoscine or Gutt. Homatropine and Cocaine are used as a mydriatic so as not to interfere with their school work and progress. In many cases refractions are done without a mydriatic. Where necessary, glasses are prescribed and the child is kept under supervision and examined at appropriate intervals of about one year. This re-examination at intervals is necessary as during years of growth refractions often change, especially in cases of myopia.

Supervision is also necessary to ensure that glasses are worn as prescribed and are in good repair and also to determine when glasses are no longer necessary. Incidentally I deprecate the practice of prescribing glasses for all and sundry errors of refraction as a routine practice. Only when specific indications for their need are present should glasses be prescribed.

Attention is specially directed to those cases who are found to have a unilateral amblyopia—often unsuspected—whether it is associated with a manifest or latent squint or anisometropia. After correcting the error of refraction with the appropriate glasses, occlusion is immediately begun and the visual acuity, especially in the amblyopic eye, is reviewed weekly. Very close supervision of these cases is kept by the orthoptist to ensure that the occlusion is efficient and not tampered with. Full explanations are given to parents as to the necessity and importance of this treatment and to secure their co-operation which is usually forthcoming. In this way, results obtained have been most satisfactory and visual acuity in the

amblyopic eye has very often improved from 6/60 or 6/36 to 6/6 or near 6/6. This is followed by a course of orthoptic exercises to re-establish and maintain binocular vision.

A most valuable part of the work at the clinics is the opportunity afforded of seeing very young children—sometimes infants—in the pre-school age. Squints can then be treated at their inception which in many cases alone can guarantee a successful result.

Such cases—where squint appears in the first or second year of life and where there is a family history of a “lazy eye”—may develop an intractable and irretrievable amblyopia by the time school age is reached. It is gratifying to be able to see and treat these cases usually referred by the doctors at the child welfare clinics.

Another type of case which is closely supervised at the clinic is the patient with progressively increasing myopia. Advice is given as to their management with a view to arresting it and where the clinical signs of progressive myopia are pronounced and associated with poor vision, a partially sighted school is recommended. I am indebted to the orthoptist for her invaluable help in treating the above-mentioned cases of squint and also those who present symptoms due to anomalies of oculo-motor balance and who have not acquired full binocular vision”.

Child Guidance Service

Dr. C. Phillips, M.R.C.S., D.P.M., visiting psychiatrist, reports:—

“The year under review has seen the work of the Child Guidance Centres at Hornsey and Tottenham continuing in much the same way as has been described in previous reports.

We have been fortunate in filling the somewhat long-standing vacancy for a part-time psychotherapist for the Tottenham Child Guidance Clinic, and this has greatly increased our facilities for treatment since the time of her appointment in April 1958.

Work with the treatment and investigation of behaviour disorders in children under five is going on, and health visitors have been encouraged to bring cases for consultation and treatment. A scheme is in progress whereby each health visitor in turn is present at the diagnostic interview and the subsequent treatment interview(s). By this means it is hoped to give them an insight into simple methods that can be used to deal with emotional disturbances in young children at the beginning before they have become difficult and complicated. It is hoped, too, that this will make a significant contribution to the prevention of illness in school children and consequently diminish the amount of instability in adults whose mothers have had the benefit of sound advice and help during the formative years ”

Speech Therapy

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

“Once again, many schools were visited in 1958. Their support and co-operation have been invaluable.

Teachers show increasing awareness of the crippling effects of a speech handicap on emotional growth and/or educational progress. Infant school head teachers commonly consult the speech therapist about children with such difficulties. The head master and staff of Tottenham Grammar School have shown equal concern that every stammerer should receive treatment.

In Hornsey, the speech therapist reports a less satisfactory position, possibly arising through staff changes in the past. She mentions that some children have not reached her until long past the optimum age for treatment. The dangerously unscientific statement “he’ll grow out of it” may also account for some delayed referrals. A future survey of Hornsey children needing speech therapy is suggested.”

Hospital Classes

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

“The tuition of children at St. Ann’s and the Prince of Wales’s General Hospitals has continued during the past year under the two full-time teachers provided by the Tottenham Education Committee. An average of 29 long-term patients regularly receive tuition and in addition every effort is made to cater for children who are patients for shorter periods.

At St. Ann’s Hospital, a schoolroom is established in one of the wards in which those children who are well enough to be moved take their lessons. The schoolroom is very well equipped with school furniture, a library, a wireless set, an electric gramophone, etc. and the hospital authorities have provided a television set which can be used for school programmes. The Tottenham Library Service also assists in the provision of books.

As the age of the children ranges from 5 to 15 years, teaching is mainly individual. Other children are taught at their bedside in a number of wards, including the poliomyelitis ward. In the latter ward there is a 17 year old girl who, despite complete paralysis, has obtained a scholarship from the Swiss Foot and Mouth Painting Association. The Education Committee have arranged for an art teacher to give instruction in art twice weekly in this case and, as a result, arrangements are in hand for her to take the G.C.E. examination in art this year.

Four teaching sessions per week are given at the Prince of Wales’s General Hospital.

As far as possible, each child continues his school studies and to this end close liaison is maintained with the day schools. Encouragement is also given in the pursuit of hobbies which stimulate interest and avoid boredom.

Interest in the Hospital Classes has been aroused by the publication of photographs in the national press.

On the whole, the children are eager to have lessons while in hospital and, after returning to normal day school, many write expressing appreciation of the help given. The parents, too, welcome the knowledge that their children's education continues while they are in-patients.

The classes enjoy the ready co-operation of the hospital staff which is so essential to the success of the scheme".

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)

Year of Birth	For defective vision (excluding squint)	For any of the other conditions recorded	Total Individual Pupils
1954 and later	4	46	48
1953	21	112	129
1952	3	18	20
1951	3	3	5
1950	18	34	47
1949	99	137	210
1948	16	15	28
1947	60	34	87
1946	130	141	243
1945	45	46	79
1944	37	36	69
1943 and earlier	208	133	309
TOTAL	644	755	1,274

DEFECTS FOUND BY MEDICAL INSPECTION

Defect or Code Number	Defect or Disease	Periodic Inspections								Special Inspections	
		Entrants		Leavers		Others		Total		(T)	(O)
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)		
4	Skin	18	30	53	58	118	108	189	196	244	8
5	Eyes:										
	(a) Vision	28	11	168	7	448	53	644	71	108	12
	(b) Squint	21	1	6	1	50	4	77	6	5	.
	(c) Other	3	3	6	2	19	17	28	22	46	5
6	Ears:										
	(a) Hearing	1	13	3	8	19	19	23	40	75	19
	(b) Otitis media	11	36	1	14	9	28	21	78	5	.
	(c) Other	1	10	3	4	3	11	7	25	13	1
7	Nose and Throat	39	119	13	30	55	173	107	322	38	6
8	Speech	10	12	1	.	20	20	31	32	25	2
9	Lymphatic Glands	5	28	.	2	1	21	6	51	.	3
10	Heart	4	8	2	14	8	29	14	51	1	6
11	Lungs	16	30	9	18	34	53	59	101	11	23
12	Developmental:										
	(a) Hernia	3	3	1	.	2	4	6	7	1	.
	(b) Other ... ..	.	2	1	5	7	20	8	27	24	.
13	Orthopaedic:										
	(a) Posture	4	9	5	20	17	55	26	84	6	3
	(b) Feet	14	25	13	30	35	52	62	107	8	3
	(c) Other	13	50	10	21	43	104	66	175	77	13
14	Nervous System:										
	(a) Epilepsy	1	.	3	1	8	5	12	6	2	2
	(b) Other	1	3	4	2	5	9	10	14	5	.
15	Psychological:										
	(a) Development	1	4	2	4	7	9	10	17	21	9
	(b) Stability	2	24	2	12	11	63	15	99	12	19
16	Abdomen	7	12	.	5	15	20	22	37	8	11
17	Other	7	11	3	12	22	36	32	59	146	40

(T) Requiring Treatment.

(O) Requiring Observation.

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

	Number of cases known to have been treated
GROUP 1—EYE DISEASES (e.g., Blepharitis, conjunctivitis), DEFECTIVE VISION AND SQUINT.	
(a) External and other, excluding errors of refraction and squint	84
(b) Errors of refraction (including squint)	977
TOTAL	1,061
(c) Number of cases for whom spectacles were prescribed	430
GROUP 2—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT	
Received operative treatment for adenoids and chronic tonsillitis	172
Received other forms of treatment... ..	168
TOTAL	340
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) During the current year	1
(b) In previous years	*9
GROUP 3—ORTHOPAEDIC AND POSTURAL DEFECTS	
Treated at clinics or out-patient departments	293
GROUP 4—DISEASES OF THE SKIN (EXCLUDING UN- CLEANLINESS)	
Impetigo	5
Other skin diseases	445
TOTAL	450
GROUP 5—CHILD GUIDANCE TREATMENT	
Treated at child guidance clinics (including cases sent to the Tavistock and other hospital clinics)	59
GROUP 6—SPEECH THERAPY	
Treated by speech therapists	147
GROUP 7—OTHER TREATMENT GIVEN	
(a) Minor Ailments	226
(b) Treatment other than (a) above and excluding con- valescent treatment	55

* Includes 4 children found during 1958 to have been previously provided with Hearing Aids.

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 | 70 |
| 2. Number of children examined as to fitness to take part in entertainments | 14 |

All were found to be fit.

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

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

Sub-Section 3:	2
Sub-Section 5:	2

MEDICAL EXAMINATIONS OF TEACHERS

- | | |
|---|----|
| (a) Number of teachers examined as to fitness for appointment | 4 |
| (b) Number of Students examined as to fitness for first appointment | 14 |
| (c) Number of Students examined as to fitness for training course | 15 |

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