

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

### **Contributors**

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

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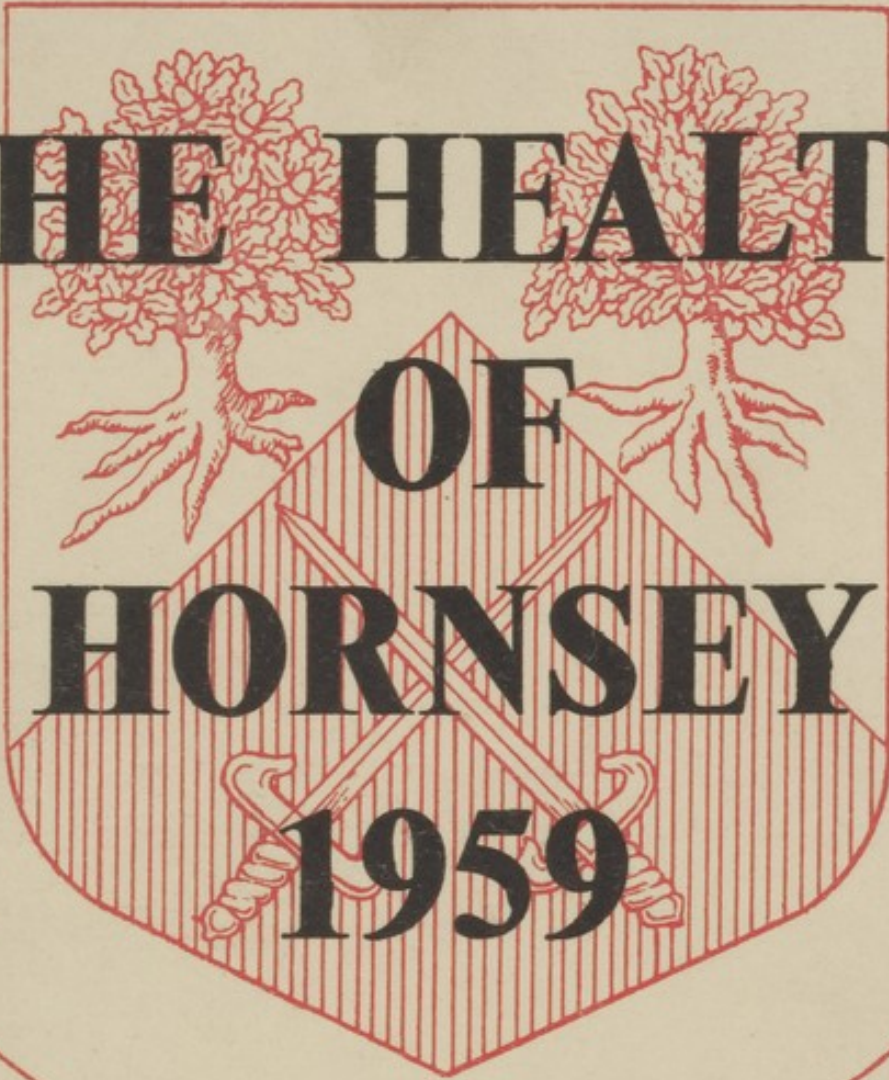
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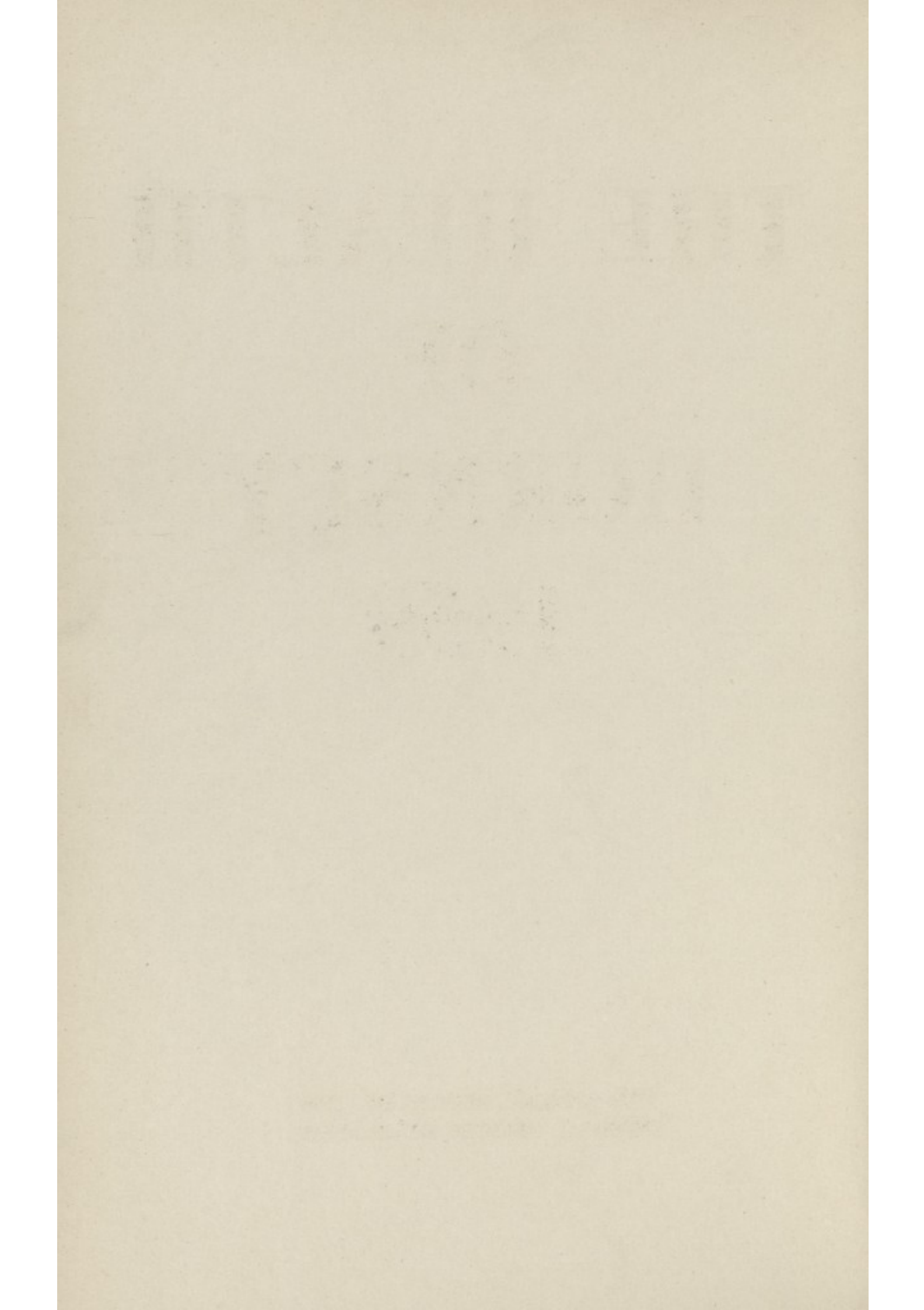
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The coat of arms of Hornsey is a shield with a red border. It features two red oak trees at the top, their roots extending downwards. The center of the shield is a red triangle with vertical lines, containing two crossed red swords. The year '1959' is printed in large black letters across the bottom of the shield.

# THE HEALTH OF HORNSEY 1959

*"FORTIOR · QUO · PARATIOR"*

**THE ANNUAL REPORT OF THE  
MEDICAL OFFICER OF HEALTH**



# **THE HEALTH OF HORNSEY 1959**

**THE ANNUAL REPORT OF THE  
MEDICAL OFFICER OF HEALTH**

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H. J. WORMS  
A. R. WILSON

\*Members of Borough Health Committee at 31st December 1959

To the Worshipful the Mayor, Aldermen and Councillors

Mr. Mayor, Aldermen and Councillors,

In accordance with my statutory duty I present the following report on public health conditions in the Borough for the year 1959.

The population figure, as estimated by the Registrar General, again showed a slight decline from 96,670 in the previous year to 96,430. The birth rate of 18.0 was the highest for seven years and the percentage of hospital confinements rose from 80 per cent to 81.7 per cent. The adjusted death rate of 10.9 compared favourably with that of 11.6 for the country as a whole.

While the general standard of health was well maintained there are certain matters to which I would draw particular attention. The infant mortality rate regrettably rose to 24.0 compared with a figure of 22.2 for England and Wales as a whole. A still birth rate of 13.1, however, was considerably lower than the figure of 21.0 for the country or for Hornsey's rate, in the previous year, of 18.1. The neo-natal death rate was 20.8 and the peri-natal death rate 33.6. Surprisingly the latter was appreciably lower in the case of illegitimate births.

The occurrence of 22 cases of poliomyelitis was a matter for special concern and action by the Health Department during the year. Of this number 13 were cases in which some degree of paralysis occurred. Only one child fully vaccinated against the disease developed a paralysis and in this case the course of injections had not been completed until after incubation of the infection.

If for no other reason the benefits of child nurture derived from day nursery provision were patently stressed by the increase in the number of children which were admitted during the year from broken homes or homes where there was only one parent.

The follow-up of some 28 problem families in Hornsey, having between them 105 children, is described by the special services health visitor, together with constructive observations by her on procedures for dealing with these distressing cases.

Significant information is given in the report of the extensive use made locally of the health visiting, home nursing and domestic help services.

The most outstanding feature in the work of the school health service was that for handicapped pupils, and in particular an expansion of the comprehensive provision made for the ascertainment and treatment of loss of hearing by the establishment of an audiology clinic in relation to the special day

school for the deaf. Despite continued shortage of personnel in the dental service the work of the department maintained a very high standard of efficiency.

Public health inspectors and clerical staffs had an exceptionally heavy year. Two Smoke Control Orders relating to some 4,231 dwellings and 538 commercial and other premises made considerable additional work in the department. In addition to routine action in relation to overcrowding and housing defects, the department prepared evidence for official representation of the final stage in the Campsbourne slum clearance area; and with the Borough Engineer's Department prepared a comprehensive report to the Council relating to future housing needs.

The Council took legal proceedings under the Food Hygiene Regulations against a food handler who was smoking while at work. The case was dismissed on the defendant pleading he was smoking a herbal cigarette, not forbidden by the Regulations which specify use of tobacco (including snuff). As a result of this case representations were made by the Council to the Association of Municipal Corporations who in turn requested the Minister of Health to consider a revision of the law.

This Regulation has been re-framed in The Food Hygiene (General) Regulations, 1960, to preclude such a defence in the future.

In conclusion I wish to express my appreciation of the support and encouragement given to me by the Chairmen and Members of the various committees concerned; and to acknowledge the assistance and loyal support of my colleagues.

I am,

Your obedient servant,

G. HAMILTON HOGBEN,

Medical Officer of Health.

September, 1960.

## POLIOMYELITIS

Twenty-two Hornsey residents were notified during the year to be suffering from poliomyelitis; in thirteen cases paralysis was present. In addition one Hornsey resident died of paralytic poliomyelitis contracted while on holiday at a seaside resort. The death is included in the table shown later in this report.

Three of the paralytic cases made complete recoveries and four others showed considerable improvement by the end of the year. One patient was still in hospital undergoing treatment at the end of the year; and six others had some degree of paralysis as follows:-

1. An infant boy aged 10 months on admission to hospital showed severe weakness of left shoulder muscles and some weakness of right leg.

2. A boy aged 3 years with weakness of muscles of left foot requiring leg iron support.

3. A boy aged  $2\frac{1}{2}$  years, marked paralysis of right arm; now uses arm quite well, but cannot raise above head.

4. A boy of 7 years with weakness of the palate and having difficulty in swallowing made a good recovery.

5. A boy of 7 years with paralysis of both legs, may require minor orthopaedic surgery later.

6. A boy aged 3 years - brother of previous case; muscles of both legs mildly affected, but has made a good recovery.

In the early summer a small outbreak occurred in a day nursery in the Borough. Two cases of paralytic poliomyelitis occurred in unvaccinated children and the infant brother and young sister of two children attending the nursery were both admitted to hospital suffering from paralytic and non-paralytic poliomyelitis respectively. Poliovirus (type 1) was isolated from the faeces of all four children. Shortly afterwards a three year old girl attending the nursery developed what was considered to be a simple upper respiratory tract infection; poliovirus (type 1) however, was isolated from the faeces.

A check of all the children in the nursery had earlier revealed that 16 had received three injections of poliomyelitis vaccine; 15 had had two injections and nine had had one injection. Among the 25 children who had not had an injection of poliomyelitis vaccine were the two paralytic cases and one of their siblings, the probable non-paralytic case as well as two children excluded as contacts. Of these 25, three were infants between the ages of six and eight months.

It was decided not to vaccinate any more children for the time being because of inevitable delay in producing antibodies and the possible risk of provoking paralysis. The possible value of injecting the unprotected children with gamma globulin was therefore considered and it was decided to offer gamma globulin to all children who had not been vaccinated and to those who had received only one dose of vaccine at the time of the outbreak, providing they were known not to be excreting virus at that time.

Gamma globulin was given to 22 eligible children whose parents had given consent. Only one injection was given to each child, which was accepted with little apparent concern, and there were no untoward physical reactions. No further cases of poliomyelitis occurred in the nursery.

Efforts were made to collect faeces from each child on three occasions, in order to study the excretion of virus over a period of time in the different groups of children. Specimens of faeces were also collected from members of the staff.

At one time or another 19 day nursery children were found to be excreting poliovirus. Eight symptomless excreters had received two or more doses of poliomyelitis vaccine. The two paralytic cases, the non-paralytic, and eight symptomless excreters were unvaccinated.

A note on the increased demand for protection from young people is shown on page 74 of this report.

## MEASLES

The number of notified cases of measles in 1959 was 707, only 25 being over the age of 10 years.

Five children were admitted to hospital but all made uneventful recoveries. There were no deaths.

## FOOD POISONING

The number of food poisoning cases notified by medical practitioners during the year was nine - one proved fatal. Forty-eight other cases were found by investigation and of these all but four occurred in an outbreak at a boarding school.

There were 10 single cases and the causal organism was identified in nine of them. Six were due to *s. typhi-murium*, one to *s. Newport*, one to *s. anatum* and another to toxin food poisoning.

The fatal case was the result of the ingestion of heat-resistant *Cl. Welchii*. Two adult sisters became violently ill with severe diarrhoea and vomiting within twelve hours after lunching together. They were removed to hospital but one died before admission. The dead woman's husband who also shared the meal suffered abdominal pain tenesmus and nausea.

Heat-resistant *Cl. Welchii* organisms were isolated from the body of the deceased and from the stools of the surviving sister who was discharged after 10 days.

Part of the meal left over was examined at the Central Public Health Laboratory but no evidence of *Cl. Welchii* could be found. However, from the history of the case it was evident that reheated meat must have been the food causing the illness.

Reheated meat at the midday meal proved the suspected cause of the outbreak at the boarding school. Onset of illness - abdominal pains and diarrhoea - occurred in the early hours of Monday morning - some 14 hours after the meal. Samples of the meat and specimens of faeces of 29 of the persons (pupils and staff) who had eaten the meal were submitted for bacteriological examination. Heat-resistant *Cl. Welchii* (non-haemolytic Type 4) were isolated from the meat and in 25 of the faecal specimens.

Of 67 pupils 38 were taken ill but faecal specimens of 7 pupils who had had the meal, but showed no symptoms, were also positive.

There was one other family outbreak involving a mother and her 6 year old daughter. The causal organism here was *s. Newport* but owing to the late date of notification it was not possible to obtain sufficient information about food consumed before the illness.

## DYSENTERY

Sixty-one cases of dysentery were notified during the year and in all but one case the causal organism was *shigella sonne*. *Shigella flexner* was isolated from the other patient, a man of 29 years who had recently been abroad.

An outbreak occurred in a local Primary School and lasted for the whole of February. Twenty-one children in the Infants' Department and nine in the Junior Department were reported as suffering from diarrhoea and vomiting and of these twenty-one were found to be positive to *shigella sonne*. One member of the School staff serving the meals and one of the infants' supervisors were also found to be carrying the organism and were excluded from work until shown to be free from infection.

Previously, children were excluded until three consecutive negative specimens had been submitted, but owing to dislocation at home and at school, general practitioners were advised that children should be kept home for at least a week and allowed to return to school at the end of that period provided they had been symptom free for three days. The school lavatories were disinfected daily by the disinfection staff until the outbreak subsided.

A recurrence of diarrhoea and sickness at the same school in September soon after the summer holidays when seventeen children and one teacher were affected was much milder in character and no causal organism was found.

In November there was an outbreak of illness in the Lower School forms of a Grammar School. The number of absentees rose from 41 to 61 in twenty-four hours. The homes of nine of the boys living in Hornsey were visited and faeces specimens bacteriologically examined. Six of them proved to be positive to *shigella sonne*. Nine boys living outside the Borough were affected and two of these were found to be excreting *shigella sonne*. Exclusion of children was carried out as before and the outbreak subsided without further incident.

Early in April a family of father, mother and infant son of 1½ years was notified as suffering from dysentery. On bacteriological examination the father and the mother were shown to be negative but the baby proved positive to *shigella sonne*. As the father was a butcher, regular bacteriological examinations were carried out weekly until 1st June when the baby proved to be clear. Fortunately during this time the father was consistently negative.

A child of 4 years, in attendance at a nursery class, contracted dysentery on 26th September and was excluded until 3 consecutive negative faeces specimens could be obtained. Despite treatment and regular bacteriological examination, he was not able to return to school until 14th January, 1960, although on two previous occasions two consecutive negative specimens had been obtained before he reverted to positive again.

These two cases are cited to illustrate the considerable interference with school life which may be caused by *sonne* dysentery. Exclusion only while symptoms exist has greatly reduced absence from school and there is no evidence that the control of outbreaks has been in any way made more difficult.

## 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 for general practitioners during 1959:-

Faeces	...	...	...	...	754
Sputum	...	...	...	...	22
Nose and throat swab	...	...	...	...	3
Throat swab	...	...	...	...	5
Per nasal swab	...	...	...	...	3
Rectal swab	...	...	...	...	1
Roast pork	...	...	...	...	1
Egg and ham loaf	...	...	...	...	1
Meat	...	...	...	...	1
Tap water	...	...	...	...	5

## 10

	Pulmonary		Non-Pulmonary		Total	
	Male	Female	Male	Female	Male	Female
(a) Number of Cases on Register at commencement of year	529	367	55	43	584	410
(b) Number of Cases notified for first time during year under Regulations	36	24	.	5	36	29
(c) Cases restored to Register	5	4	.	1	5	5
(d) Cases added to Register otherwise than by notification under Regulations						
(1) Transferred from other Districts	53	39	1	.	54	39
(2) From Death Returns	4	1	.	2	4	3
(e) Number of Cases removed from Register	99	54	2	3	101	57
(f) Number of Cases remaining on Register at end of year	528	381	54	48	582	429

Found not to be T. B.		Recovered		Removed to another area		Died at home		Died at Sanatorium or other Institution		TOTAL	
M	F	M	F	M	F	M	F	M	F	M	F
PULMONARY											
1	2	38	16	42	32	5	2	13	2	99	54
NON-PULMONARY											
.	.	2	.	.	1	.	.	.	2	2	3

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	.	.	.	.	.	.	6	7	5	6	5	6	1	36
	F	.	.	.	1	2	1	6	5	4	4	.	1	.	24
Non-pulmonary	F	.	.	1	.	.	1	.	.	1	2	.	.	.	5
OTHER THAN BY FORMAL NOTIFICATION															
Death returns from Local Registrar															
Pulmonary	M	.	.	.	.	.	.	.	.	.	.	.	1	.	1
Inward transferable deaths															
Pulmonary	M	.	.	.	.	.	.	.	.	.	1	.	1	1	3
	F	.	.	.	.	.	.	.	.	.	.	.	.	1	1
Non-pulmonary	F	.	.	.	.	.	.	.	.	1	.	.	1	.	2
Transfers from other Districts															
Pulmonary	M	.	.	.	1	2	1	9	18	5	6	8	3	.	53
	F	1	.	.	2	.	3	11	16	4	1	1	.	.	39
Non-pulmonary	M	.	.	.	.	.	.	.	1	.	.	.	.	.	1

# NOTIFICATION OF INFECTIOUS DISEASE BY AGE AND SEX

AGE IN YEARS	Scarlet fever		Whooping cough		Acute poliomyelitis				Measles		Dysentery	
	M	F	M	F	Paralytic		Non-paralytic		M	F	M	F
Under 1	.	.	5	1	1	1	.	.	10	10	1	.
1	1	2	4	3	.	.	.	.	37	33	2	1
2	1	2	.	6	1	.	.	.	35	34	2	1
3	2	3	4	3	2	2	.	.	48	52	1	.
4	2	2	3	1	1	.	1	1	59	47	2	2
5-9	10	16	9	6	2	.	2	4	145	172	12	8
10-14	4	5	.	1	.	.	.	.	8	8	4	3
15-24	3	.	.	.	1	.	.	.	.	5	2	3
25 and over	.	.	.	.	2	.	1	.	2	2	8	9
TOTALS	23	30	25	21	10	3	4	5	344	363	34	27
	53		46		13		9		707		61	

AGE IN YEARS	Acute pneumonia		Erysipelas		Food poisoning		Puerperal pyrexia	Ac.encephalitis		Meningococcal infection	
	M	F	M	F	M	F	F	Infect-ive	Post-infec.	M	F
Under 5	2	2	.	.	.	1	.	.	.	.	1
5-14	1	2	.	1	1	1	.	.	.	.	.
15-44	4	8	.	.	.	2	12	.	1	.	.
45-64	14	6	.	2	.	4	.	.	.	.	.
65 and over	16	15	1	1	.	.	.	.	.	.	.
TOTALS	37	33	1	4	1	8	12	.	1	1	1
	70		5		9		12	1	1	1	

There were no cases of diphtheria. A baby girl suffering from ophthalmia neonatorum was nursed at home. There was no impairment of vision.

## NOTIFICATION OF INFECTIOUS DISEASE BY WARDS

	Highgate	Muswell Hill	Crouch End	Central Hornsey	North Harringay	South Harringay	Stroud Green	Finsbury Park	TOTALS
Scarlet fever	5	2	2	14	4	2	17	7	53
Whooping cough	4	10	4	5	2	4	11	6	46
Acute poliomyelitis									
Paralytic	2	.	3	2	2	1	3	.	13
Non-paralytic	1	.	.	6	1	.	1	.	9
Measles	110	216	70	75	56	66	89	25	707
Acute pneumonia	4	13	1	15	27	4	5	1	70
Dysentery	11	10	9	20	3	4	2	2	61
Erysipelas	1	.	.	2	.	1	.	1	5
Food poisoning	3	1	.	2	1	1	.	1	9
Puerperal pyrexia	.	8	.	.	1	.	2	1	12
Ophthalmia neonatorum	.	.	.	1	.	.	.	.	1
Meningococcal Infection	.	1	.	.	.	.	.	.	1
Acute encephalitis									
Infective	.	1	.	.	.	.	.	.	1
Post-infective	.	.	.	.	.	1	.	.	1
TOTALS	141	262	89	142	97	84	130	44	989



## SANITARY CIRCUMSTANCES

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### 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 via Fortis Green.
- (b) Water from the New River derived from the River Lea and from wells and treated at the Board's filtration works at Stoke Newington and at Hornsey.

Samples are collected on five days of every week, or more often if required, at each stage of the purification process as well as samples from the distribution system, and tests include physical, chemical and microbiological 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 supply is in all cases direct to dwelling houses; none is supplied by means of a stand-pipe. The water supplied to this area is not plumbo-solvent.

#### Bacteriological Results of Water Passing into Supply after Chlorination

	Plate counts (Average per ml. ) Colonies counted on agar 37°C. (20-24 hrs. )	Coliform test	
		Percentage samples negative in 100 ml.	
		Coliform	E. coli
River Thames 772	16.3	99.88	100.0
New River 514	4.8	99.61	100.0

Average Results of the Chemical and Bacteriological Examination of the water supplied to Hornsey during the year 1959.

Milligrammes per Litre (unless otherwise stated)

	River Thames (Ashford Common)	New River (Stoke Newington & Hornsey)
Ammonia Nitrogen	0.031	.018
Albuminoid Nitrogen	.077	.050
Oxidised Nitrogen: Nitrate	3.3	5.4
Chlorides as Cl.	27	32
Oxygen abs. from permanganate 4 hrs. at 27°C.	1.02	0.50
Turbidity in terms of Silica	0.4	0.1
Colour m.m. brown 2ft. Tube Burgess's Tintometer	9	5
Hardness (Total)	254	298
Hardness (non-carbonate)	54	70
pH. Value	7.9	7.8
Phosphate as PO <sub>4</sub>	0.90	0.55
Silicate as SiO <sub>2</sub>	9	12
Sulphate as SO <sub>4</sub>	54	59
Fluoride as F.	0.2	0.2
Magnesium as Mg.	4.0	5.0
B. O. D. 5 days at 20°C.	.	.
Electrical Conductivity (gemmhos)	525	625

## RIVERS POLLUTION

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

Premises inspected by drainage inspection assistant	5,854
Re-inspections	667
Premises inspected by district public health inspectors	555
Re-inspections	572
Number of premises in which defects were remedied after service of written or verbal notices	237

## OPEN AIR SWIMMING POOL

I am indebted to the Borough Engineer & Surveyor for the following information:-

The Council's open air swimming pool in Park Road is the only public swimming bath in the Borough. It consists of two pools, one for adults 165 ft. x 75 ft., and another for children. The water is taken from the mains and is replenished every season. Filtration and breakdown chlorination is the method of purification used, the whole of the water in both pools being treated on an eight hour cycle. The water is sampled for bacteriological examination bi-monthly and results have proved very satisfactory. The procedure for bath side testing is for the Superintendent to take samples for determination of the pH value and the free residual chlorine. This is carried out three or four times each day according to the number of people using the bath.

The total attendance during the 1959 season, i.e. from 2nd May to 26th September, was 147,209 and the highest attendance on any one day was 4,235; on 6 days over 3,000 people and on 13 days between 2,000 and 3,000 people used the pool.

# INSPECTIONS BY PUBLIC HEALTH INSPECTORS

1st Inspection    Re-inspections

## Food

Food Premises (See table on  
page 38)

Hawkers	5	.
Street Traders	.	.
Milk Sampling	.	.
Ice Cream Sampling	6	.

## Infectious Diseases

Notifiable Infectious Diseases	185	33
Food Poisoning	9	1
Infectious Disease Contacts	35	4
Smallpox Contacts	.	.

## Public Health Inspections

Nuisances	1348	1922
Drainage	56	480
Drain tests	65	.
Rodent Control	44	23
Overcrowding	4	5
Factories	98	85
Outworkers	81	.
Renewal of Music and Dancing Licences	18	.
Rivers Pollution	555	575
Smoke observations	59	25
Verminous conditions	16	2
Pests	42	4
Certificates of Disrepair	30	28
Revocation of Certificates of Disrepair	8	2
Hairdressers' Shops	6	.

## Housing Act Inspections

House to House	807	183
Permitted numbers	48	3

Shops Inspections	269	11
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## Others

Pet Animal Shops	6	1
Petroleum Stores	147	105
Fireguards	6	.
Visits to old people	14	9
School Survey	10	.

# SUMMARY OF SANITARY IMPROVEMENTS EFFECTED

## Drainage

Number of houses and premises redrained	52
Repairs or amendments to existing drains	179
Drains or gullies unstopped or cleansed	216
Manholes provided or repaired	73
Intercepting traps fixed	20
Soil and ventilation pipes repaired or renewed	41

## Water-Closet and Sanitary Fittings

Water-closets and sanitary fittings provided	7
Water-closet buildings provided or repaired	6
Water-closet pans provided or renewed	40
Water-closets unstopped, cleansed or repaired	14
Flushing cisterns provided or repaired	26
New sinks provided	41
New lavatory basins provided	26
Waste pipes trapped, repaired or unstopped	53
Baths provided or made usable	14

## General

Roofs repaired	108
Rain-water gutters, renewed or repaired	53
Rain-water pipes provided or repaired	47
Dampness remedied	75
Damp-proof courses provided	7
Yard paving provided or repaired	41
Rooms cleansed	16
Rooms disinfested of vermin	5
Floors repaired	69
Windows, doors, skylights, sashcords and fittings repaired	97
Window-sills repaired	49
Water-cisterns repaired, cleansed or covered	8
Water supply pipes repaired	15
Stoves, ranges, renewed or repaired	17
Flues and chimneys repaired	17
Accumulation of refuse removed	34
Dustbins provided	5
Miscellaneous items	118

# FACTORIES ACT, 1937

## Inspection of Factories

	Total No. of Factories	No. Inspected	Inspections Made
Factories with Mechanical Power	202	94	179
Factories without Mechanical Power	35	4	4

## Defects Found

12 notices were served during 1959 regarding want of cleanliness, unsuitable, defective and insufficient sanitary conveniences. 6 were complied with at the end of the year. 5 notices were served during 1958 concerning ventilation, unsuitable and defective sanitary conveniences, of these 2 were complied with at the end of 1959.

## Outworkers

There are 199 Outworkers on the register engaged in the following occupations:-

Making, altering, etc. of wearing apparel	134
Making of lace, lace curtains and nets	1
Manufacture of brass and brass articles	2
Making or repairing of umbrellas, sunshades, etc.	3
Making of artificial flowers	10
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	9
Making of brushes	6
Feather sorting	1
Making of stuffed toys	1
Making or filling of Christmas crackers, Christmas stockings etc.	22
The weaving of textile fabric	3
Manufacture of lampshades other than lampshades made wholly of metal or glass or stone	7

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

## LICENSING OF PET SHOPS

During the year 13 inspections were carried out, 6 by the Veterinary Inspector and 7 by the Public Health Inspectors.

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

## INSPECTION OF SHOPS

280 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 one written notice was served during the year as, generally speaking, the proprietors of shops remedied defects as the result of informal notices.

A note on the inspection of food shops under the Food and Drugs Act and the Food Hygiene Regulations appears on page 39.

## ABATEMENT NOTICES

The Notices served during the year were as follows:-

	Verbal	Preliminary	Statutory
Public Health and Housing Acts	130	312	15
Shops Act	.	1	.
Food and Drugs Act	18	7	.
Factories Act	4	12	.
Prevention of Damage by Pests Act, 1949	1	.	.
Middlesex County Council Act, 1950	.	2	2
Heating Appliances (Fireguards) Act, 1952	2	.	.
Pet Animals Act, 1951	1	.	.

## RODENT CONTROL

The number of infestations by rats reported in the Borough during 1959 was 207. During the last four to six months of the year at least eighty per cent of these related to single rat infestations.

It appears that normally rats live and feed in colonies but occasionally one or two rats of a colony seem to disassociate themselves from the rest. These rats, if in the sewers, appear to be reluctant to eat at any collective feeding points and have been observed under laboratory conditions to feed off the food dropped by other rats in the latter's passage from one feeding point to the next. Treatments with "Warfarin" are designed to encourage feeding and destruction over a period, and therefore scavenging by the stray rat is still possible but the use of sodium fluoroacetate is fatal in such minute doses that

any appreciable carrying of food can be discounted. It may be that the stray rat does come to the surface in such circumstances and is observed scavenging in gardens and open spaces, particularly in the region of "top end" and branch sewers.

A three-monthly analysis for 1959 gives the number of surface infestations by one or more rats as follows:-

January - March	59
April - June	74
July - September	50
October - December	24
	<hr/> 207 <hr/>

In my Annual Report last year there is a reference to the first use in Hornsey of sodium fluoroacetate as a poison. This was carried out in November, 1958, using the services of a contractor. During 1959 the sewers were treated in January, May and August with sodium fluoroacetate, and in March and November with "Warfarin 5." The March treatment was on a very reduced scale in an endeavour to assess the reduction in the residual rat population of the sewers. It was found that whereas the "take" at the baiting points was between 60 and 70 per cent during 1957 and 1958 when zinc phosphide, arsenic and Warfarin had been used, after two treatments with sodium fluoroacetate in November, 1958 and January, 1959, the Warfarin check treatment on 600 soil and surface water sewer manholes showed only "takes" in 7 per cent of them. Two further treatments with sodium fluoroacetate in May and August, 1959, were carried out in co-operation with the staff of the Borough Engineer & Surveyor's Department, and followed in November 1959 by a treatment of 968 soil and surface water manholes with Warfarin - the "take" was between 3 and 5.6 per cent only. The difference in these figures refers to 24 feeding points where the poison bait appeared to have been disturbed and where the reading was uncertain.

It appears that a considerable reduction in the rat population has resulted from the use of sodium fluoroacetate and Warfarin in treatments of the sewers. This is indicated by the decreased "take" of the Warfarin bait from about 70 per cent in previous years and 3 to 5.6 per cent in 1959. At the same time there has been a reduction in the number of surface infestations reported.

During the last four months of the year the use of Warfarin 1 was discontinued in favour of Warfarin 5 which is considerably more potent, and the poison made more attractive to rats by supplementing the oatmeal base with sugar and oil. It is interesting to note that when taking poisons such as zinc phosphide and arsenic rats develop a "poison prejudice;" this is not so with Warfarin.

With sodium fluoroacetate the action is more rapid than with Warfarin, even in the smallest quantities, and the complication of "poison prejudice" does not arise. Because such small quantities are effective it is necessary to use some other form of baiting and poisoning at least once a year in order to assess the effectiveness of the treatment and Warfarin appears to be the best answer to this at present, as the amount of bait taken by the rats is measurable.

## HOUSING

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### HOUSING SURVEY

A complete survey of housing in relation to the replanning of the Borough was made and a joint report with the Borough Engineer and Surveyor, made to the Council early in 1960.

The four principal matters which were recommended for early consideration were:- 1. Areas involving total demolition and clearance of unfit houses. 2. Accommodation for special classes of physically handicapped. 3. Special accommodation for aged handicapped persons. 4. Serious overcrowding.

Under item 1 twelve areas were defined, five of them being considered as needing attention during the next five years. These involve 134 houses and 212 families.

The paragraph on accommodation for special classes of physically handicapped deals with application for re-housing in which priority is desired on medical grounds. In considering these it has been found in the past that there are certain applicants who should be given priority over the ordinary housing waiting list, although they may attract insufficient points to be included on the "live" list; 48 such cases are referred to. Mention too is made of ten applicants re-housed "outside the points scheme" during the past ten years. There is no doubt that this action resulted in prolonging life in some cases, and preventing the worsening of illness in others.

Special accommodation for aged handicapped persons is an urgent need in many cases to "set free" those "marooned" on upper floors as a result of chronic illness or disability.

The 48 aged handicapped known to the department at the time the report was written were divided into five categories:-

1. Rheumatism and arthritis	16
2. Heart disease	8
3. Chronic respiratory illness (bronchitis etc.)	8
4. Crippling diseases of the nervous system	10
5. Absent, or useless lower limbs	4

Serious overcrowding causing undesirable mixing of the sexes in contravention of Section 77 (1) of the Housing Act, 1957, results in many cases from the letting of large houses in single and double room units. Of the 68 such families who have applied for re-housing, 18 only are on the "live" list.

## CAMPSBOURNE CLEARANCE AREA

In July the Council gave instructions for the inspection and representation of Stage V1 to proceed. The properties included are as follows:-

- 1-35 (odd) factory premises and garage, Brook Road.
- 1-9 (odd) Boyton Road.
- 2-10 (even) Pembroke Road.  
factory premises (No. 12)

All the premises were inspected during the year and the official representation to the Council was made on 2nd February, 1960. The houses represented as unfit were:-

- 1-11 (odd) Brook Road
- 1-3 and 7-9 (odd) Boyton Road
- 2-10 (even) Pembroke Road

These and all the other properties in Stage V1 were made the subject of a Compulsory Purchase Order by the Council.

## RE-HOUSING ON HEALTH GROUNDS

The total number of housing cases reviewed on health grounds during the year was 82. In 51 cases action was as follows:-

Nil points recommended	6
5 " "	8
10 " "	6
15 " "	30
Cases recommended for consideration outside the points scheme	1

The remaining 31 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 special categories as follows:-

- 1. Chronic medical or surgical conditions which have crippled the patient ... .. 2
- 11. Old persons needing ground floor accommodation because of infirmity, possibly with illness ... .. 6
- 111. Serious overcrowding causing undesirable mixing of the sexes with its accompanying moral danger ... 1

Four families with medical need were rehoused during the year.

# HOUSE TO HOUSE INSPECTIONS

During the year the public health inspectors carried out 807 house to house inspections under the Housing Act, 1957, in various parts of the Borough in order to ascertain the general condition of selected properties. Of this total, 566 premises became the subject of a special joint report of the Medical Officer of Health and the Borough Engineer & Surveyor. Detailed statistics are as follows:-

Road	No. of houses	Category of Houses repairable at reasonable cost	Properties Houses NOT repairable at reasonable cost	Houses with under-ground rooms	No. of owner-occupiers	No. of families (approx.)
St. Ann's Road	9	9	.	.	.	9
St. Ann's Circus	10	10	.	.	.	10
Birkbeck Road	81	81	.	.	5	100
Grove House Road	25	20	5	4	5	29
Haringey Road	55	45	10	.	20	70
Holland Road	14	11	3	.	4	16
St. Joseph's Road	48	48	.	.	.	48
Lightfoot Road	49	41	8	.	21	73
St. Mary's Road	74	38	36	34	10	127
St. Mary's Villas	4	4	.	.	4	5
Rectory Road	39	38	1	.	8	50
Westfield Road	84	76	8	10	23	142
Haringey Grove	25	6	19	.	9	44
Clarendon Road	54	41	13	.	17	81
Great North Road	1	.	1	.	.	1
Upper Tollington Park	1	1	.	.	.	4
Enfield Road	32	.	32	.	)	58
Enfield Gardens	11	.	11	.	)	
Enfield Terrace	4	.	4	.	)	
Gordon Road	2	.	2	.	.	2
Ennis Road	28	27	1	.	12	75
Woodstock Road	83	81	2	.	32	256
Oxford Road	34	34	.	.	17	82
Perth Road	40	40	.	.	23	81
TOTALS	807	651	156	48	215	1363

The conclusions to be drawn from the survey reflect the influence of the Rent Act, 1957. In general, there is a trend towards an increase in the number of owner-occupiers, and properties previously rented, have been, and are being purchased by sitting tenants. This has resulted in considerable improvement in the condition of such properties and has been responsible for the improvement in the maintenance standard. In addition, it is evident that many owners have voluntarily improved the condition of their properties in order to qualify for permitted increases in rent.

## CERTIFICATES OF DISREPAIR

Applications for certificates of disrepair	23
Decisions not to issue certificates	1
Decisions to issue certificates (a) in respect of some defects	17
(b) in respect of all defects	7
Undertakings given by landlords	15
Undertakings refused	.
Certificates of disrepair issued	10
Applications for cancellation of certificates	16
Objections by tenants to cancellation of certificates	4
Decision by Council to cancel in spite of tenant's objection	.
Certificates cancelled	12
Applications for certificates as to remedying defects which landlord has undertaken to remedy:	
Certificates issued to landlords    All defects remedied	7
Some defects remedied	6
Certificates issued to tenants    Some defects unremedied	3

## CLOSING ORDERS

Property	Part affected	Order made	Action taken
41 St. Mary's Road	3 underground rooms and scullery.	12th Jan.	Rehousing not necessary, other rooms available.
2 Ennis Road	Whole house.	12th Jan.	Premises vacated.
59 Beresford Road	2 basement rooms (preparation of meals and storage of domestic articles permitted in back room.)	24th April	Front room vacated.
27 Crouch Hall Road	Whole house	4th June	Premises vacated.
8 Enfield Gardens	Whole house	4th June	Premises vacated.

## SMOKE CONTROL AREAS

In January 1959 the Minister of Housing and Local Government urged local authorities to increase the tempo in declaring smoke control areas, also to prepare a five year programme and submit it to the Minister with an estimate of the number of years likely to be needed to complete plans for areas as a whole.

A plan for Hornsey has been agreed which divides the Borough into twelve areas, each containing approximately 3,000 dwellings and following the ward boundaries in most cases. A map showing the areas and the suggested order of dealing with the first five is given on page 31. It is hoped to make one new Order each year and complete the programme by 1970.

To illustrate the improvement to be effected, a map is included on page 32 showing smoke control areas likely to be effective within the five year programme in the Boroughs adjacent to the Hornsey boundaries.

### Area No. 1

The Borough's first Smoke Control Order was made in January 1959. Objections were received and a public inquiry held in April.

After considering the report of Her Majesty's Inspector who conducted the inquiry, the Minister confirmed the Order, but postponed the date of operation for one year to 1st September 1960.

In confirming the Order the Minister stated that he had considered objections made regarding the choice of the area. Judged without reference to the Council's programme for the Borough as a whole, he agreed that they had some force, but that it was necessary to take into account the Council's proposal to make the whole Borough a smoke control area.

A booklet setting out details of grants available and conditions to be observed was sent in July to all owners and occupiers of premises in which fireplaces needed alteration or replacement. Proposal forms were also sent but very few were returned by the end of the year.

### Area No. 2

The detailed survey of Area No. 2 was completed in October 1959 and the Order made by the Council in November. The estimated total cost of carrying out necessary adaptations and conversions was £28,136. No objections were received, and confirmation of the Order was received from the

Minister of Housing and Local Government in January 1960, the date of operation also being 1st September 1960.

### Necessitous Cases

Although the statutory grant covers 70% of the cost of conversions the balance must be paid by the owner or occupier. It is realised that this may throw an impossible burden on some, particularly old age pensioners with only the statutory pension. To overcome this difficulty the Council is empowered to make additional grants, up to 100% of the cost if necessary, and a special Sub-Committee has been set up to deal with applications. One such case was dealt with in 1959, and an additional grant of £7. 8s. 4d. was authorised.

### Fuel Supplies

There is still much prejudice against coke for space heating in the home but with more experience of the new grates installed in these areas this should be dispelled. A British Standard for coke has been established (B. S. 3142:1959, Open fire coke) which will ensure the high quality of coke supplied to this Standard.

The National Coal Board and the Gas Boards have been carrying on intensive and successful experiments in the production of new smokeless fuels and there are hopes of greater improvement in the near future.

### Administration

The procedure for establishing Smoke Control Areas and bringing them into force is principally laid down in a Memorandum issued by the Ministry of Housing and Local Government. This Memorandum is full of sound guidance on general principles, and no great difficulty has been experienced in their application, but as soon as an Area has been confirmed difficulties on questions of detail abound.

One such arises in applying the ten principles laid down in the Memorandum for determining the type and standard of work reasonably necessary in converting a fireplace. As the payment of Exchequer grant depends upon careful adherence to these principles by the Council, great care is needed. But it is not possible to be certain that a particular decision will coincide with the view of the Ministry. To illustrate this point, the fifth principle reads as follows - "When replacement of an appliance is necessary, reasonable freedom of choice should be given to the owner or occupier as between solid fuel, gas, electric and oil-burning appliances provided the total cost of the alternatives is broadly comparable." This appears to be quite clear until it becomes necessary to consider the last two words in relation to particular cases. Then it is necessary to ask - what is "broadly comparable?" It should be remembered that the number of cases to be dealt with in each area may well exceed 2,000,

and treatment of all applications for grant must be impartial.

This kind of problem cannot be satisfactorily resolved at local level, and it is desirable for more precise guidance on such points of detail to be widely circulated by the Central Government Department.

## Staff

The work involved in implementing the Council's smoke control plan will be considerable. The Ministry requires detailed analysis of costs both at the estimate stage and also when final accounts are rendered. It may be hoped that the Ministry will be willing to dispense with some of the details in future areas when satisfied that the Council is working on the right lines.

At present every dwelling in an area has to be visited during the preliminary survey. After confirmation of an Order, proposals from householders must be approved, and in some cases it is necessary to make another inspection to settle doubtful points. When the work has been completed it must be inspected, and finally the accounts must be carefully scrutinised before the grant is paid.

## Surveying a Smoke Control Area

"High class residential roads with elegant houses standing in extensive gardens, tastefully furnished and decorated, with open log fireplaces or dog grates standing in beautifully designed marble surrounds." Such is a description of properties encountered in part of the first Smoke Control Area to be surveyed by the public health inspectors.

It was soon realised that adaptations of expensive and elaborate fireplaces would set many technical problems not envisaged in the Memorandum on Smoke Control Areas issued for the guidance of local authorities.

Householders in the area were generally very interested and many problems, both of a technical and controversial nature were discussed when the inspectors interviewed them at their premises. The question of the best method of adapting or converting the fireplaces had to be decided together with an estimate of the cost. The majority of householders expressed their approval of the establishment of Smoke Control Areas and many people wished to be enlightened as to the relative efficiency of the smokeless fuels and the relative costs of usage. In some cases the inspector was even asked to give a brief description of the method of manufacture of the smokeless fuels and some idea of the carbon, gaseous, and ash content.

During the course of the survey every endeavour was made to give advice and all possible assistance to anyone who made a genuine and interested enquiry, with the result that many persons who at first were not in favour of the proposed Order, were persuaded that the campaign for clean air was in fact consistent with the general advance in living conditions. The survey, therefore, was regarded by the public health inspectors not only as a detailed gathering of in-

formation on fireplaces, but also as a means of furthering the cause of health education in the clean air field. In view of the fact that every property was visited, including shops and factories, it would be true to say that in no other way could "clean air" be so thoroughly publicised.

In an area such as this, a great deal of garden rubbish is burnt on bonfires, and in some cases logs from the estate are cut and stored for winter use. While it appears that logs will no longer be able to be used on household fires, the question of the burning of garden rubbish is a rather more controversial issue. Another matter which was found to cause much concern, particularly near busy roads, was the question of exhaust diesel fumes and smoke from heavy motor vehicles. Although it is known that experiments are in progress with the object of eliminating this nuisance (at least in part), the public are very conscious of this ever present menace and no really satisfactory answer could be made by the inspectors to these complaints.

Following a public enquiry the Minister confirmed Smoke Control Area No. 1 to come in force on 1st September, 1960. The public health inspectors have had discussions with local builders regarding the practical problem involved in adapting various types of fireplaces, some of which in the Highgate Village area are of an unusual and antique design. Agreements are reached as to the most practical way to carry out the alterations at reasonable cost, care being taken by the inspector to ensure that the work is carried out efficiently and in accordance with the British Standards Specifications. With older fireplaces it is sometimes necessary to carry out ancillary work to gather-in large flue openings, as without such alterations even modern approved appliances cannot be operated.

### Reaction of the Public

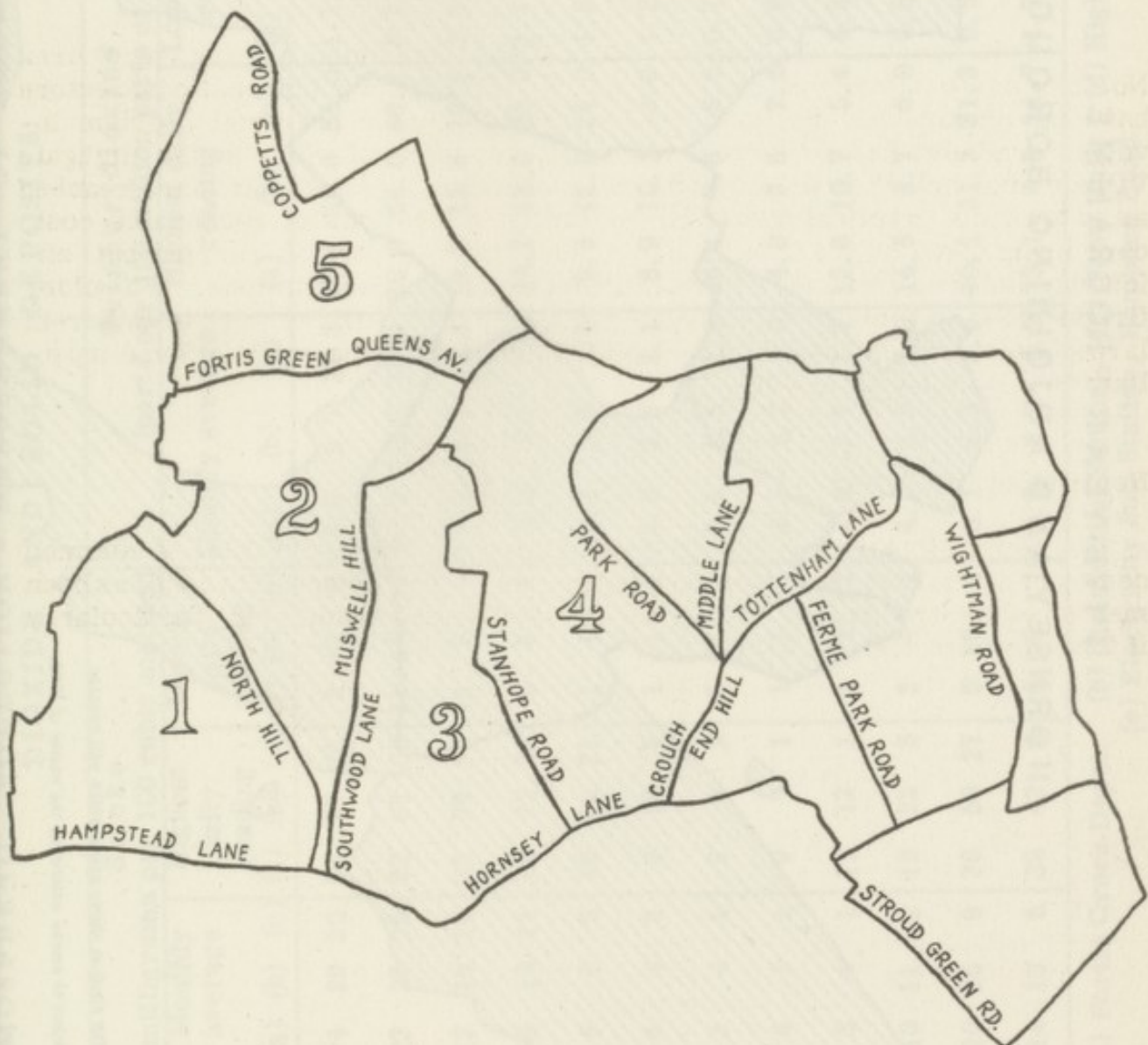
Generally the reaction of the public appears to be favourable. A common comment is "should have been done years ago." The objection to coke has been mentioned but the British Standard discussed above should help, particularly if the suppliers make it widely known.

# SMOKE CONTROL AREAS

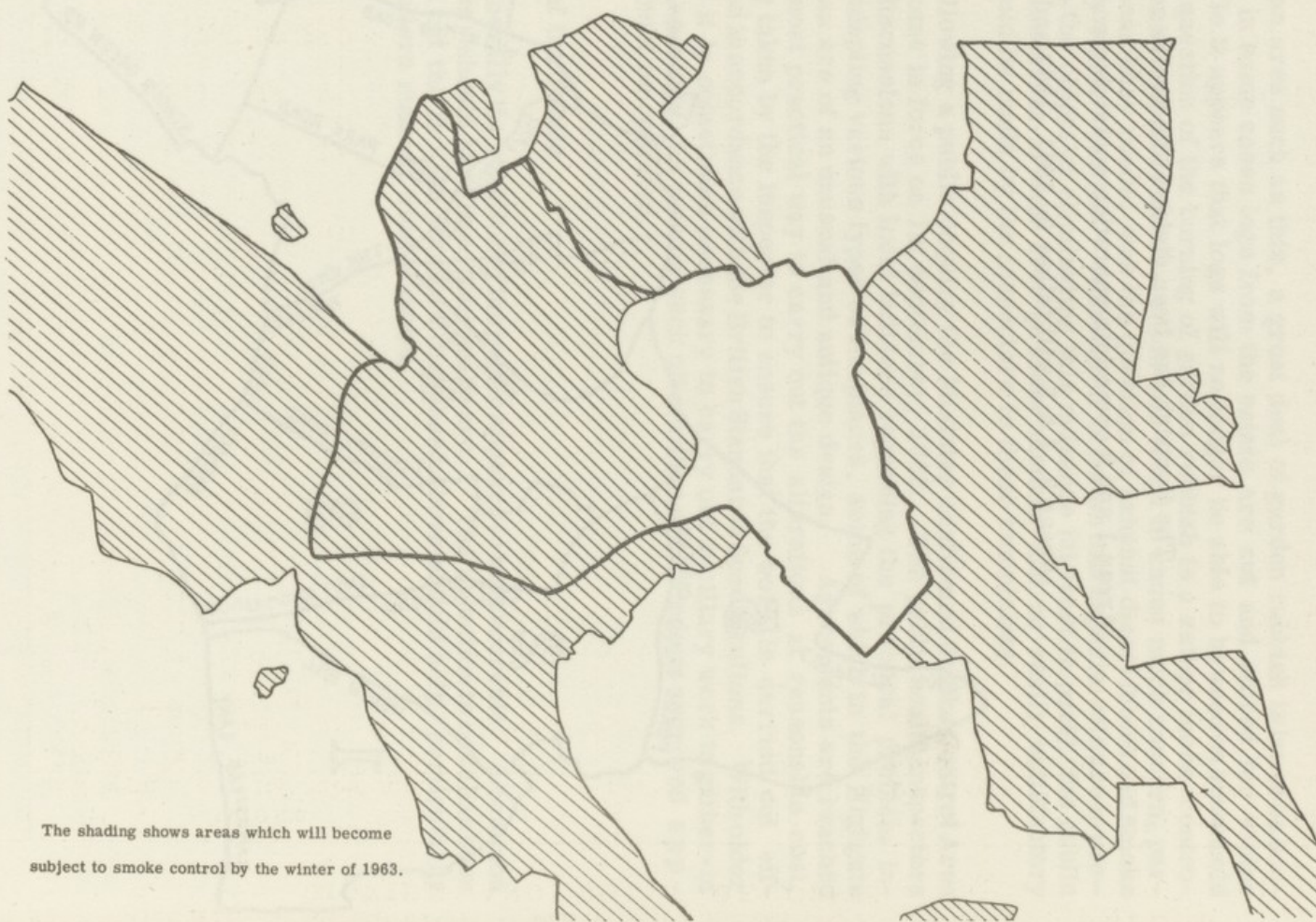
The Borough has been divided into twelve areas.

Areas 1 and 2 come into operation on 1st September, 1960.

Areas 3, 4 & 5 will follow in 1961, 1962 and 1963.



FIVE YEAR PROGRAMME  
HORNSEY AND ADJOINING BOROUGHES



The shading shows areas which will become  
subject to smoke control by the winter of 1963.

**ATMOSPHERIC POLLUTION - MEASUREMENT OF SMOKE, SULPHUR  
DIOXIDE AND SOLID DEPOSITS**

	Smoke (milligrams per 100 cubic metres)									Sulphur dioxide (parts per 100 million parts of air)									Solid deposits (tons per sq. mile)		
	Monthly average			Highest daily reading			Lowest daily reading			Monthly average			Highest daily reading			Lowest daily reading					
	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(c)	(d)	(e)
January	24	29	30	84	87	85	3	10	9	8.6	9.7	17.5	37.4	30.0	58.0	1.1	1.4	3.6	16.07	9.91	18.30
February	22	23	25	92	87	102	11	13	14	10.2	10.6	18.2	60.0	56.0	86.7	2.6	3.2	5.6	7.63	7.58	10.11
March	12	16	16	38	37	39	4	9	8	6.2	6.7	8.8	16.7	13.6	19.9	2.3	3.2	4.2	16.62	13.63	26.09
April	8	10	11	16	22	23	3	3	4	5.0	5.5	7.0	15.3	12.0	20.0	1.7	1.5	2.9	13.26	11.26	17.25
May	5	6	5	19	19	21	1	1	1	3.1	3.9	3.6	9.5	12.3	14.0	1.2	1.4	0.2	4.50	8.15	8.09
June	4	4	3	9	10	7	1	1	1	3.0	3.5	2.1	6.9	10.1	3.8	1.2	1.5	0.5	12.02	8.06	12.93
July	3	4	1	9	9	2	1	1	1	2.5	2.5	1.4	6.1	7.6	6.0	0.7	0.5	0.2	10.46	7.75	12.00
August	4	3	1	9	7	1	1	1	1	2.5	2.2	1.0	4.8	3.8	2.5	0.6	0.9	0.2	9.34	7.76	10.51
September	5	4	1	13	12	1	1	1	1	3.6	2.7	1.7	13.8	10.7	5.4	0.5	0.2	0.2	6.22	7.86	8.05
October	10	11	2	18	23	5	3	4	1	4.2	3.9	3.0	14.5	8.7	6.0	0.5	1.3	1.0	13.02	10.77	16.91
November	20	25	9	39	59	27	6	10	1	6.1	4.9	8.6	40.1	31.3	31.3	0.5	1.6	2.3	11.53	25.20	20.07
December	14	18	5	38	43	9	6	9	1	3.5	2.7	5.2	13.1	4.8	14.7	1.7	1.4	2.3	15.84	9.47	16.86

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



## FOOD

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### FOOD INSPECTION AND SUPERVISION

#### The Hygienic Condition of Cooked Meat

The bacteriological condition of meat products sold ready cooked for human consumption has been the subject of a careful examination by the Central Public Health Laboratory and by the Health Department.

Suggested bacteriological standards which food of this type should satisfy so as to be regarded as reasonably safe and clean, have been published by the Central Public Health Laboratory.

After consultation with the Laboratory it was arranged that six samples of cooked meat products per month, commencing in June, 1959, would be collected from shops in Hornsey and submitted for examination.

From six series of monthly samples taken up to 31st December, 1959, there is evidence that greater care is necessary in the handling of cooked meats at all stages of production, storage and sale.

In Hornsey there is no large scale processing of food products but some shop keepers do prepare their own hams and cooked meats. The department is endeavouring to ensure that separate instruments, kept thoroughly clean, are used in cutting and serving cooked meats, and that such food is kept at a temperature below 40° F to minimize the risk resulting from accidental contamination.

Some shops are so congested that it is difficult to handle food satisfactorily and the processing or sale here of cooked meats should not be permitted.

In all cases separate equipment should be used for raw food and for bacon.

The public as well as the trader needs to be reminded that not only is pre-cooked meat perishable, but, more important, it is an ideal medium in which food poisoning organisms grow. Such food should always be treated with respect, kept clean, cool and covered. It should be eaten as soon as possible so that any organisms introduced into the food during processing or handling in the food shop will be prevented from multiplying to such an extent as to cause food poisoning.

Copies of the bacteriological report received by the Health Department are sent to the shop keeper, and the following comments on a few of the unsatisfactory samples illustrate the action which follows.

1. Brisket of beef. In this case, a shop specializing in the sale of cooked meats, the food is exhibited throughout the day in the shop window, and stored in a refrigerator at night. A suggestion by the shop keeper that continuous storage in the refrigerator would not be good for trade in that the public is inclined to purchase only food on display, was met by the counter suggestion for the installation of a refrigerated window, but up to the present this has not been done.

2. Cooked ham. Here the company agreed that several important improvements in the handling of foodstuff should be arranged at the shop and among these were provision of additional washing facilities for the staff, provision of a separate cutting machine for cooked meats, the introduction of routine washing down of the cooked meat machine at least four times a day, the proper screening of this type of food behind glass on the counter and later the installation of a cold air-spill cabinet on the counter.

3. Cooked ham. The company's representative was interviewed and it was pointed out that the cutting of cooked meat on the same machine as bacon was undesirable and likely to introduce contamination. The company undertook to provide a separate machine and to carry out certain other practices with a view to reducing the risk of contamination. A sample of chopped pork luncheon meat taken from the same shop some time later was found to be satisfactory.

4. Cooked ham. The shop premises were considered by the department to be overcrowded and the prepared foods were handled in an unsatisfactory manner. The actual cooking of the food was understood to be done on other premises belonging to the same firm in another part of London and the cooked hams delivered wrapped in greaseproof paper in a cardboard box. The sale of a ham at the Hornsey shop was said to take between four and five days although as long as fourteen days was mentioned as a possible period. Though claimed to be stored in a refrigerator, it must undergo very considerable handling before the last portion has been sold, and was cut on the same machine as the bacon, a most undesirable practice. A further sample taken from the shop showed that the hams were being delivered in the same manner as before. On this occasion the uncooked hams were being stored in a cold display cabinet, open at the top and placed immediately inside the door, where the customers stood. This particular shop presents a considerable problem to the department, although it is doubtful whether any specific requirement of the Food Hygiene Regulations is contravened.

5. Cooked ham. The company in this case approached the Health Department for suggestions to improve the handling of food. Additional screening of the food was recommended and separation of the machinery and utensils from those used for raw food. Samples of cooked food from the shop will be taken from time to time.

6. Roast pork. Information reached the Health Department that there had been a number of food poisoning cases associated with consumption of food from the shops owned by this company. In this particular case the food was known to be prepared at other premises belonging to the company. The source of contamination here might have been at the processing plant rather than at the shop in Hornsey, however, the matter was given careful attention and further samples taken from the shop in Hornsey.

7. Pork brawn. Where cooked meats were displayed in the shop window for business purposes, the shop keeper was advised to consider seriously the installation of a refrigerated window, which together with other necessary precautions would secure more satisfactory hygienic conditions. The meat here was prepared on very congested premises, but the shop keeper undertook on advice to discontinue this practice.

8. Cooked ham. Although a sample showed a surface plate count well within the suggested limits, at the same time coagulase positive staphylococci of the type usually associated with food poisoning, was isolated from the sample. This means that if ham, so infected, had been kept by the purchaser for a sufficient time at normal room temperature, the organisms would probably have multiplied sufficiently to be capable of causing food poisoning.

9. Cooked ham. The Laboratory here reported a sample as being inconclusive, and the presence of faecal coliform bacilli disturbing. A control sample was taken later and the manufacturers delivered the food to the shop while the Inspectors were present. The outside wrapping was sterilised, as was also were the knives used in cutting the sample. This sample was described as "very satisfactory" and faecal coliform were not found in 0.1 gram. The manufacturers were unable to ascertain whether the original sample was from home killed or imported ham.

10. Cooked ham. Here a sample was taken from a branch of a multiple food store. It had a satisfactory colony count but coagulase positive staphylococci of a strain usually associated with food poisoning was found. The company expressed great disappointment at the result and undertook to put their own bacteriological staff to work on the examination of storage and handling of these products at all stages in their firm.

Summary of Results of 42 Cooked Meats Samples  
taken between June & December, 1959

Laboratory Comment	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Very good	1	.	.	.	1	.	.	2
Very satisfactory	.	.	.	1	.	1	1	3
Satisfactory	.	1	.	1	1	3	4	10
Within normal limits	2	1	.	3	.	.	1	7
Doubtful	.	.	.	.	1	.	.	1
Unsatisfactory	3	4	2	1	2	2	.	14
Very unsatis- factory	.	.	4	.	.	.	.	4
Inconclusive	.	.	.	.	1	.	.	1

# FOOD PREMISES CLASSIFIED ACCORDING TO PRINCIPAL TRADES

	No. of Prem- ises	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	3	.
Butchers	48	.	30
Confectionery (sugar)	124	105	1
Fish (wet and dried)	10	2	3
Fish (fried)	8	.	1
Fruit and vegetables	73	11	.
Grocery and provisions	129	34	.
Milk	4	1	.
Canteens	2	.	.
Preserved foods	2	.	.
Public houses and off licences	73	5	.
Restaurants and cafes	63	2	.
Ice cream	2	2	.
Herbalist and health foods	1	.	.
Confectionery warehouse	1	.	.
Preserved food factory	3	.	.
Stalls:			
Fruit and vegetables	3	.	.
Jellied eels	1	.	.
Refreshments	1	.	.

## REGISTRATION OF HAWKERS OF FOOD AND THEIR STORAGE PREMISES

During the year two 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 34 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	24		

## MILK SUPPLY

Six new registrations were effected under Part 111 of the Milk and Dairies Regulations, 1949.

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

	New Licences		Renewals	
	Dealers'	Supplementary	Dealers'	Supplementary
Pasteurised	4	.	32	9
Tuberculin Tested	2	.	25	9
Sterilised	5	.	46	10

### ICE CREAM

Six samples of ice cream were taken for bacteriological examination with the following results:-

Grade 1: 5    Grade 2: 1    Grade 3: -    Grade 4: -

Samples classified within Grade 1 and 2 are satisfactory.

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

Bakehouses and Bakers' Shops	50	Grocers' Shops	232
Butchers' Shops	104	Milkshops	16
Canteens and Kitchens	19	Public Houses & Off	
Confectioners	67	Licences	24
Fish Shops	27	Prepared Food Shops	7
Greengrocers' Shops	79	Restaurants, Cafes, etc.	82
TOTAL INSPECTIONS 707			

The following is a list of unsound food surrendered during 1959. Wherever possible this was salvaged for use as animal feeding or industrial purposes.

	Cwt.	lb.		Cwt.	lb.
Canned Vegetables	.	20	Cheese	.	1
Canned Fruit & Fruit Juices	1	111	Meat and Bacon	5	38
Canned Meat	8	52	Fish	1	32
Canned Fish	.	18	Pickles	.	79
Canned Soup	.	1	Sugar	.	8
Canned Jam & Marmalade	.	1	Cereals	.	55
Milk	75	pts.	Vegetables	51	69
			Powdered Milk	.	12
			Dried Fruit	.	53

## 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

Samples procured in the Borough of Hornsey during the year 1959

Article	Total samples procured	Unsatisfactory
Milk	79	
Butter	10	
Cakes	16	
Cheese	6	
Cooked Meat	14	
Cream	13	1
Drugs	5	
Fish and Fish Products	21	
Fruit, fresh, canned etc.	12	
Fruit Squash, Drinks etc.	6	
Ice-Cream	10	
Jelly	4	
Liver	12	
Margarine	5	
Meat and Meat Products	43	4
Preserves	3	
Sausages etc.	19	
Spirits	4	
Sweets	6	
Vinegar	7	
Miscellaneous	17	1
	<hr/> 312	<hr/> 6

The following comments relate to samples noted as unsatisfactory:-

#### Cream

A sample of sterilised cream sold by a multiple firm of grocers was found to be deficient in fat and rancid. Sterilised cream should consist of at least 23% butter fat, whereas this sample contained only 20%. No evidence was found to establish the cause, the tin being one of many thousands imported, and the firms concerned were officially cautioned.

#### Meat and Meat Products

A retail butcher was cautioned for selling minced beef which had been treated with sulphur dioxide preservative. The addition of preservative to fresh meat is prohibited under the Public Health (Preservatives etc. in Food) Regulations 1925 - 1958, and the butcher concerned, who was not English and inexperienced in our law, was advised accordingly. Minced beef obtained from

another butcher was found to be similarly suspect, but subsequent samples proved genuine.

### Miscellaneous

Traces of preservative were found in a type of Japanese confectionery, but a subsequent sample when analysed gave a negative result, so that no further action was taken.

### Merchandise Marks Acts, 1887 - 1953

The majority of the inspection work carried out under the provisions of the above Acts is to ensure compliance with the requirements of the various Marking Orders made under the provisions of the Act of 1926. These Orders apply to the marking of the country of origin on imported foodstuffs, principally meat, apples, tomatoes, dried fruits, bacon, ham, poultry, butter and honey, upon sale and exposure for sale. Inspections were made at 196 premises of 956 displays of these foodstuffs.

Proceedings were instigated against a butcher for selling and exposing for sale Argentine beef and offal not marked with an indication of the country of origin. Fines totalling £7. 0. 0d. were imposed with £5. 5. 0d. costs.

Another firm of butchers exposed for sale and sold Australian lamb with the false trade description "New Zealand" applied. Two joints were involved in a display of correctly marked meat and the matter was dealt with by sending an official caution.

### 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 in the case of a compounded food, with the names of the ingredients in descending order of proportion by weight. Furthermore, it controls the manner in which the presence of vitamins and minerals is disclosed and prescribes specific labelling of certain foods. A total of 942 articles of pre-packed food was examined at 127 different premises to verify compliance with these Regulations.

### False and Misleading Descriptions

Food advertisements and labels have been scrutinised for false and misleading statements and descriptions. No serious infringements were disclosed. Corrective action taken within the whole area of the County has equal effect within each County district, and work under this heading is combined with inspections made under the terms of the Merchandise Marks Acts and the Labelling of Food Order.

A number of firms have labelled tins of Instant Coffee as "100% Pure Coffee". This product consists of the instantly soluble solids of coffee obtained by a process of dehydration. The insoluble portion of the bean is omitted.

Representations have been made to have the description amended so that the product is not claimed to be whole coffee.

Other examples where corrective action was sought are set out as follows:-

The percentage fat content marking on Continental Cheeses when set out as a percentage "I. D. M. ", changed to a comprehensible statement of "Fat on the dry matter. "

A Continental biscuit marked as "Cheese Filled", which contained a filling only 20 per cent cheese.

Such descriptions of Continental soft cheeses as "Super-Creme", "Triple-Creme" and "Cream" etc. amended to indicate the true nature of the product, i. e. whole-milk cheese, cheese spread etc.

Rice puddings marked as "Creamed Rice", fruit "syrups" labelled as fruit "juices", a "Seedless Fig Bar" which was found to contain crushed seeds, and cheese spreads described as "processed cheese".

Slimming claims in respect of lemon juice drinks were challenged. There is no clinical proof that the consumption of lemon juice will reduce weight, and the firms concerned have been requested to indicate that the drink is merely one suitable for inclusion in a slimming diet. The claim that a particular breakfast cereal had twice as much honey as any other cereal was also challenged.

Some extravagant claims in respect of medical remedies were challenged and the advertisements withdrawn.

## BAKEHOUSES

There are 13 bakehouses in the Borough all of which are frequently inspected to ensure that hygienic conditions are maintained.

In respect of three basement bakehouses for which certificates of suitability had been issued, the quinquennial examination was carried out in 1959. Section 54 of the Factories Act, 1937 requires that basement bakehouses be inspected every fifth year and, if found suitable as regards construction, height, light, ventilation and hygienic conditions, certificates of suitability shall be allowed to continue in operation.

Two basement bakehouses were found to be satisfactory and notice was served that the certificate of suitability shall continue to operate. A third, was found to be below standard in many respects and the Council was recommended not to continue the certificate of suitability, and the firm was later notified that the certificate of suitability would cease to have effect after the expiration of six months.

## LEGAL PROCEEDINGS

### Food and Drugs Act, 1955, Section 2

Date of Hearing	Offence	Result
1st July.	Mould on pork sausages	Fine £5. Costs £3. 3s. 0d.
8th July	Mouldy French Sandwich	Fine £1. Costs £2. 2s. 0d.
28th October	Mouldy meat pie	Absolute discharge. Costs £3. 3s. 0d.
4th November	Mouldy cottage cheese	Absolute discharge. Costs £3. 3s. 0d.
25th November	Mouldy apricot pie	Fine £3. Costs £2. 2s. 0d.
30th December	Finger bandage in bun loaf	Fine £5.

### Food Hygiene Regulations, 1955, Section 9(e)

6th April	Smoking tobacco in food shop	Case dismissed (defendant pleaded that he was smoking a herbal cigarette)
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## OLD PEOPLE'S WELFARE

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Only 20 new cases were reported to the Department during 1959 and in no case was it necessary to use compulsory powers of admission to a home or hospital.

There is little doubt that the lower number of complaints for the second year in succession is largely due to the increased amount of home visiting carried out by the staff of the Old People's Welfare Council.

The Secretary of the Old People's Welfare Council reports that over 7,600 visits were made during the year. These were needed by the increase in the number of old people becoming housebound during winter months. Parallel with this has been an increase of calls at the office which amounted to 3,462. Domiciliary visits, besides being a great help and comfort to the people concerned are also a means of advice on home safety, and special attention was paid during the winter to potential dangers from oil heaters and advice given to very many old people.

The various kinds of assistance offered or organised by the Old People's Welfare Council include the distribution of gifts of coal paid for by the Hornsey parochial charities and by residents of the Borough. Seven hundred Christmas parcels bought from voluntary donations were distributed at Christmas time and four hundred old people received gifts of harvest fruit and groceries given by the school children of Hornsey. Hobbies are catered for by the provision of bulbs and plants to old folk who are interested, and in addition nine elderly people were provided with budgerigars and cages.

Old people willing to carry on some form of part-time work in being helped were able to help others, as fifty elderly sick were given help in the home by other old people, who although unable to do heavy housework were able to carry out many household duties for a small payment.

Sixty-three retired active gentlemen were found jobs of various kinds, such as light clerical work, gardening, hairdressing of housebound people, cleaning, minor home repairs and decorating. There is, in addition, a home employment scheme for the elderly. During 1959 there were twenty-five elderly people on the register who made articles for sale from materials which were in the main given by Hornsey tradesmen and residents. Half the selling price of the article is given to the maker and the other goes towards the various costs of administering the scheme. The money earned is very useful, but the most important part is the feeling of well-being caused by doing something of value. Knitting, sewing, embroidery and jewellery making were some of the crafts practised. Although this scheme is in its early days it promises well for the future and is something of which the Old People's Welfare Council is rightly proud.

Holidays and outings were not forgotten and for the first time a party of old people were entertained at Clacton over the Christmas holiday. Two weeks holiday at Westcliff and Margate were enjoyed by 228 people at a nominal

cost. Those people, who were unable because of physical handicap or other reason, to join holiday parties, were taken on day outings to Westcliff, Brighton and Eastbourne.

The chiropody services provided by the voluntary organisations were still a great boon, but quite inadequate to meet the real need. Housebound old people were treated in their homes as a result of donations from the Almeric Paget Trust.

The Women's Voluntary Service continued their excellent work in providing 10,716 "Meals on Wheels" during the year.

Fewer requests for residential care were received, but there is a demonstrated need for more accommodation for housebound elderly sick people who live alone and are unable to receive the necessary care from neighbours or friends.

I am informed by the Hornsey and Wood Green Division of the British Red Cross Society that 137 patients were admitted to the Grove Lodge Convalescent Home for the Aged Sick. Of this number 106 were discharged fit to their homes, 12 went to welfare homes and 18 were re-admitted to hospital.

In the Red Cross Welfare Home, Kenwyn Lodge, there are 29 residents between the ages of 64 years and 97 years.

The three Evergreen Clubs run by the Society meet in school or church halls on Saturday afternoons. In addition a club for men meets every afternoon at Grove Lodge.

Weekly sessions for chiropody treatment for old people are held at Grove Lodge and 563 patients were treated during the year.

## CLEANSING OF SOILED ARTICLES

During the year 3814 bundles of articles were collected for cleansing under the terms of section 84 of the Public Health Act 1936.

41 people received assistance and 7 were still doing so at the end of the year. The highest number of cases being assisted at any one time was 18 and the service undoubtedly meets a very great need.

## GENERAL

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### MEDICAL EXAMINATION OF STAFF

Twenty-nine persons were medically examined to determine their fitness for acceptance on the permanent staff; all 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. 98 persons were examined, 86 of whom were accepted for the scheme. 7 examinations were carried out for other purposes.

### MASSAGE AND SPECIAL TREATMENT

Part X11 of the Middlesex County Council Act, 1944, which was brought into operation in Hornsey on 1st October 1952 provides that premises in the Borough used for the reception or treatment of persons requiring massage or special treatment must be licensed.

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.

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

Massage	6
Chiropody	19
Electrical treatment	6
Other similar treatment	5

Three 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.

## 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.

Six 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.

2 at Pet Shop - 314c Park Road.

There were no outbreaks of Fowl Pest.

No action was necessary under the Tuberculosis Order of 1925.

## BURIAL OF THE DEAD

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

Arrangements were made for the burial of two bodies, 1 man of 78 years and 1 woman of 85 years.

## PUBLIC MORTUARY

The Hornsey mortuary and post-mortem room are situated at the Central Depot, Hornsey High Street. During the year 126 bodies were admitted and post-mortem examination carried out on all but one. Inquests were held on 11 bodies.

## PETROLEUM SPIRIT

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

Petroleum	62
Cellulose	19
Naphthalene	1
Hydro-carbon	1
Petroleum mixtures	2
Total	85

(Nine establishments are licensed for more than one product)

# VITAL STATISTICS

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Area (acres)...	...	...	...	...	...	2,872
Area of Parks and Open Spaces (acres)	...	...	...	...	...	576
Population: Registrar General's estimate at 30 June, 1959	...	...	...	...	...	96,430
Number of separately assessed dwellings 1st April, 1959	...	...	...	...	...	24,686
Rateable value (General Rate)	...	...	...	...	£1,543,882	
Product of a penny rate 1959-60	...	...	...	...	£6,244	

TOTAL LIVE AND STILL-BIRTHS ... .. 1,754

## LIVE BIRTHS

	M.	F.	Total
Legitimate ... ..	836	749	1,585
Illegitimate ... ..	70	76	146
Illegitimate live births per cent of total of live births	...	...	8.4%

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

HORNSEY ... ..	18.0
Area Comparability Factor...	0.93
Adjusted Rate for Hornsey ... ..	16.7
England and Wales (provisional) ... ..	16.5
Middlesex County (adjusted rate) ... ..	14.4

## STILL-BIRTHS

	M.	F.	Total
Legitimate ... ..	12	10	22
Illegitimate ... ..	1	.	1

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

HORNSEY ... ..	13.1
England and Wales (provisional) ... ..	21.0

## INFANT DEATHS (under 1 year of age)

	M.	F.	Total
Legitimate ... ..	25	13	38
Illegitimate ... ..	3	2	5

# Infant Mortality Rates (per 1,000 live births)

HORNSEY: Legitimate ... ..	24.0
Illegitimate... ..	34.2
Total ... ..	24.8
England and Wales (provisional) ... ..	22.2
Middlesex County ... ..	19.4

## NEO-NATAL DEATHS (under 4 weeks of age)

	M.	F.	Total
Legitimate ... ..	23	11	34
Illegitimate ... ..	1	2	3

## Neo-Natal Mortality Rates

HORNSEY ... ..	21.4
England and Wales (provisional) ... ..	15.8

## Early Neo-Natal Deaths (under 1 week of age)

	M.	F.	Total
Legitimate ... ..	22	11	33
Illegitimate ... ..	1	2	3

## Early Neo-Natal Mortality Rates

Legitimate ... ..	20.8
Illegitimate ... ..	20.5
Total ... ..	20.8

## PERI-NATAL DEATHS (early neo-natal deaths plus still-births)

	M.	F.	Total
Legitimate ... ..	34	21	55
Illegitimate ... ..	2	2	4

## Peri-Natal Mortality Rates (per 1,000 total live and still-births)

Legitimate ... ..	34.2
Illegitimate ... ..	27.2
Total ... ..	33.6

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

HORNSEY	Nil
Middlesex County (13 deaths)	0.39
England and Wales (291 deaths)	0.38

## DEATHS FROM ALL CAUSES

Males	521	1,187
Females	666	

## Death Rate (per 1,000 population)

HORNSEY	12.3
Area Comparability Factor	.89
Adjusted Rate for Hornsey	10.9
England and Wales	11.6
Middlesex County (adjusted rate)	11.4

## 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	.	.	.	.	.	3	2	1	6
	F	.	.	.	.	.	1	1	1	3
2 Tuberculosis, other	M	.	.	.	.	.	.	.	.	2
	F	.	.	.	.	1	.	1	.	2
3 Syphilitic disease	M	.	.	.	.	.	.	2	.	2
	F	.	.	.	.	.	.	1	.	1
7 Acute poliomyelitis	M	.	.	.	.	1	.	.	.	1
	F	.	.	.	.	.	.	.	.	.
9 Other infective and parasitic diseases	M	.	.	.	.	.	1	1	.	2
	F	.	.	.	.	.	1	.	.	1
10 Malignant neoplasm, stomach	M	.	.	.	.	.	6	3	3	12
	F	.	.	.	.	.	4	3	7	14
11 Malignant neoplasm, lung, bronchus	M	.	.	.	.	1	23	14	9	47
	F	.	.	.	.	.	4	6	2	12
12 Malignant neoplasm, breast	M	.	.	.	.	.	.	.	.	26
	F	.	.	.	.	2	9	8	7	26
13 Malignant neoplasm, uterus	M	.	.	.	.	.	.	.	.	9
	F	.	.	.	.	.	5	2	2	9
14 Other malignant and lymphatic neoplasms	M	.	.	.	.	5	13	13	7	38
	F	.	.	.	.	2	26	17	22	67

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
	F	.	.	.	.	.	.	.	1	1
16 Diabetes	M	.	.	.	.	1	.	.	.	1
	F	.	.	.	.	1	1	1	.	4
17 Vascular lesions of nervous system	M	.	.	.	.	2	12	4	29	47
	F	.	.	.	.	1	10	20	71	102
18 Coronary disease, angina	M	.	.	.	.	3	35	38	47	123
	F	.	.	.	.	12	29	63	.	227
19 Hypertension with heart disease	M	.	.	.	.	1	1	3	7	12
	F	.	.	.	.	1	5	16	.	34
20 Other heart disease	M	.	.	.	1	3	4	7	20	35
	F	.	.	.	.	2	7	69	.	113
21 Other circulatory disease	M	.	.	.	1	.	3	4	10	18
	F	.	.	.	.	1	4	5	34	44
22 Influenza	M	.	.	.	.	.	1	7	5	13
	F	.	.	1	.	.	1	3	8	13
23 Pneumonia	M	2	.	.	.	2	5	8	19	36
	F	1	.	.	.	.	1	7	26	35
24 Bronchitis	M	1	.	.	.	.	5	12	16	34
	F	.	.	.	.	.	2	9	25	36
25 Other diseases of respiratory system	M	.	.	.	.	.	1	3	2	6
	F	.	.	.	.	.	.	2	3	5

## 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
26	Ulcer of stomach and duodenum	M	.	.	.	.	3	2	.	5
		F	.	.	.	.	2	1	2	5
27	Gastritis, enteritis and diarrhoea	M	.	.	.	.	.	1	1	2
		F	.	.	.	.	.	1	2	3
28	Nephritis and nephrosis	M	.	.	.	.	3	.	1	4
		F	.	.	.	.	.	1	.	1
29	Hyperplasia of prostate	M	.	.	.	.	.	1	10	11
		F	.	.	.	.	.	.	.	.
31	Congenital malformations	M	1	.	.	.	.	.	.	1
		F	5	.	.	.	.	.	.	5
32	Other defined and ill-defined diseases	M	24	.	1	1	7	7	12	52
		F	7	.	.	1	9	6	29	52
33	Motor vehicle accidents	M	.	.	1	.	1	.	2	4
		F	.	.	.	1	.	2	1	4
34	All other accidents	M	.	2	.	1	.	.	.	3
		F	2	.	.	1	.	2	7	12
35	Suicide	M	.	.	1	.	4	1	.	6
		F	.	.	1	1	3	.	1	6
TOTALS		M	28	2	.	5	20	132	133	201
		F	15	.	1	1	11	98	140	400
			43	2	1	6	31	230	273	601
										1187

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	2	.	.	.	.	2	.	.	.	2
	F	.	.	.	.	.	.	.	.	.	.
Pneumonia	M	.	.	.	.	.	.	.	1	1	2
	F	.	1	.	.	.	1	.	.	.	1
Bronchitis	M	.	.	.	.	.	.	1	.	.	1
	F	.	.	.	.	.	.	.	.	.	.
Congenital Hydrocephalus	M	.	.	.	.	.	.	.	.	.	.
	F	1	.	.	.	.	1	.	.	.	1
Congenital malformations of heart	M	.	.	.	.	.	.	.	.	.	.
	F	1	.	.	.	.	1	.	.	.	1
Other congenital malformations	M	.	.	.	.	.	.	1	.	.	1
	F	1	1	.	.	.	2	.	1	.	3
Injury at birth	M	4	2	.	.	.	6	.	.	.	6
	F	.	.	.	.	.	.	.	.	.	.
Post-Natal Asphyxia and Atelectasis	M	2	2	.	.	.	4	.	.	.	4
	F	1	.	.	.	.	1	.	.	.	1
Haemolytic Disease of Newborn	M	1	.	1	.	.	2	.	.	.	2
	F	1	.	.	.	.	1	.	.	.	1
Immaturity	M	6	2	.	.	.	8	.	.	.	8
	F	4	1	.	.	.	5	.	.	.	5
Obstruction by Inhalation or Ingestion	M	.	.	.	.	.	.	.	.	.	.
	F	.	1	.	.	.	1	.	.	.	1
Accidental Mechanical Suffocation	M	.	.	.	.	.	.	.	.	.	.
	F	.	.	.	.	.	.	.	1	.	1
All other Causes	M	1	1	.	.	.	2	.	.	.	2
	F	.	.	.	.	.	.	.	.	.	.
TOTALS	M	16	7	1	.	.	24	2	1	1	28
	F	9	4	.	.	.	13	.	2	.	15
		25	11	1	.	.	37	2	3	1	43



AREA  
PERSONAL AND SCHOOL HEALTH SERVICES  
HORNSEY AND TOTTENHAM  
(Joint Population 212,530)

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

MEMBERS OF THE LOCAL AREA COMMITTEE AS AT  
31st DECEMBER 1959

MEMBERS OF HORNSEY BOROUGH COUNCIL

Councillor Miss O. R. ANDERSON, J. P.  
" Mrs. J. CARTER  
" Mr. D. H. P. LEVY  
" Mr. J. T. WILKINS (Chairman)  
" Mr. C. R. WILLIAMS

MEMBERS OF TOTTENHAM BOROUGH COUNCIL

Alderman Mr. A. REED, A.C.I.I., J. P.  
" Mrs. A. F. REMINGTON  
Councillor Mrs. L. R. HARRINGTON (Vice-Chairman)  
" Mr. H. LANGER  
" Mr. M. T. MORRIS  
" Mrs. M. E. PROTHEROE

MEMBERS OF MIDDLESEX COUNTY COUNCIL

County Councillor Mr. F. H. BROOKS  
" " Mr. V. BUTLER  
" " Mrs. S. G. CHILD  
" " Mr. A. H. MILLER  
" " Mrs. M. E. SOALL  
" " Mrs. J. THEXTON

MEMBERS NOMINATED BY APPROPRIATE HOSPITAL MANAGEMENT  
COMMITTEE

Mrs. R. M. FRY  
Mr. L. HAYWARD

PERSONS WHO MAY ATTEND IN AN ADVISORY CAPACITY

Dr. L. HORNUNG	(Middlesex Local Medical Committee)
Mr. R. W. D. BROWNLIE	( " " Dental " )
Mr. L. HAYWARD	( " " Pharmaceutical " )
Miss V. EDEY	(Royal College of Midwives)

G. HAMILTON HOGBEN, M. R. C. S. , D. P. H.  
Medical Officer of Health  
and Area Medical Officer

# HORNSEY DIVISIONAL EDUCATION COMMITTEE

Alderman G. S. AITKEN	Councillor Mrs. J. M. CARTER
" F. H. BAILEY, J. P.	" Mrs. K. M. ST. P. CRUMP
" D. F. W. BILLINGSLEY	(Chairman)
" M. W. BURNS,	" Mrs. M. E. M. DAVIES
D. L., K. S. G.	" R. S. DAVIES
" F. C. CAVE,	" V. P. GELLAY, B.Sc.
(Vice-Chairman)	" Mrs. E. McLEOD
" N. MULDOON, J. P.	" N. A. MULDOON
" G. WATSON	" F. NEUNER
Councillor Miss M. M. BARRIE	" R. I. G. WATT, M.A.
" A. N. CAMMOCK	" A. WILSON
B. M., B. Ch., D. L. O.	" A. R. WILSON

## Eight Additional Members

Rev. W. R. BUTLER, 35 Rokesly Avenue, N. 8.  
Miss H. M. CURTIS, B.A., Hornsey High School, Weston Park, N. 8.  
Mrs. M. DARLINGTON, Ph.D., B.Sc., 27 Cholmeley Crescent, N. 6.  
Dr. F. W. M. DRAPER, F.S.A., 26 The Avenue, N. 10.  
Rev. W. S. KEMBLE, B.A., The Rectory, Hornsey, N. 8.  
Rev. C. C. MORGAN, M.A., 11 Harefield Road, N. 8.  
Rev. A. STEWART, 1 Colney Hatch Lane, 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.

# 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 seven years and the percentage of hospital confinements was 81.7%, compared with 80% in 1958.

		1959	1958	1957
Live Births	(a) Domiciliary	649	708	566
	(b) Hospital or Nursing Home	2881	2799	2679
Still Births	(a) Domiciliary	4	6	3
	(b) Hospital or Nursing Home	49	59	63
		<hr/>	<hr/>	<hr/>
		3583	3572	3311
		<hr/>	<hr/>	<hr/>

### Ante-natal Clinics

The arrangements for four assistant medical officers with post graduate obstetrical qualifications to staff the ante-natal clinics and also to attend as honorary clinical assistants at local hospitals have worked well during the year.

During the year discussions have taken place locally with the Medical Liaison Committees as to the implications of the Cranbrook Report on the Maternity Services. The Minister of Health has decided that many of the recommendations made require consultation with the authorities and organisations concerned before final decisions can be taken.

The percentage of expectant mothers making at least one attendance at one of the local authority ante-natal clinics was 63.6% during 1959 compared with 65.7% the previous year.

The following tables give details of attendances at ante-natal clinics, midwives clinics and mothercraft clinics during the year.

Ante-natal clinics	No. of sessions held	No. of new cases		Total attendances		Average attendance per session
		A. N.	P. N.	A. N.	P. N.	
Burgoyne Road	76	207	115	1386	119	19.8
Church Road	74	128	71	1072	79	15.6
Fortis Green	101	241	104	1797	110	18.9
Hornsey Town Hall	154	382	168	2710	173	18.7
Mildura Court	66	204	101	1381	108	22.6
Stroud Green	53	166	73	851	73	17.4
The Chestnuts	154	422	180	2831	183	19.6
Lordship Lane	154	284	144	1894	150	13.3
Park Lane	104	255	136	1321	136	14.0
Totals	936	2289	1092	15243	1131	17.5

Midwives clinics	No. of sessions held	Total No. of attendances	Average attendance per session
Burgoyne Road	24	154	6.4
Fortis Green	16	91	5.7
Hornsey Town Hall	13	123	9.5
Mildura Court	24	124	5.2
Stroud Green	25	232	9.3
Park Lane	89	326	3.7
Total	191	1050	5.5

Mothercraft clinics	No. of sessions held	No. of new cases	Total attendances	Average attendance per session
Burgoyne Road	38	42	200	5.3
Church Road	46	66	232	5.0
Fortis Green	47	67	389	8.3
Hornsey Town Hall	50	153	625	12.5
Mildura Court	39	31	143	3.7
The Chestnuts	50	98	577	11.5
Lordship Lane	52	71	402	7.7
Park Lane	49	46	292	6.0
Total	371	574	2860	7.7

## Infant Welfare Clinics

These clinics have continued to run smoothly throughout the year. The mothers bring their babies regularly and derive great comfort from knowing that their offspring thrive. A careful check can be kept on those babies who do not progress satisfactorily mentally or physically; and mothers can be given guidance in management and feeding problems. The health visitors conduct separate sessions which help the doctors to see only those cases in which medical advice is necessary. The doctors' sessions are thus kept within reasonable numbers so that an unharrassed atmosphere can be created. This is becoming increasingly necessary; and allows time to penetrate into special difficulties and give suitable advice; the kind of advice which is most likely to be taken.

The importance of recognising as early as possible any signs which might lead later to some permanent handicaps cannot be overstressed. Routine urine testing of young babies is now carried out in order to find those rare cases of mental retardation. Very early hearing tests are carried out with a view to detecting congenital deafness and reference to the Audiology clinic.

There is a regrettable trend, as the baby grows older, for mothers to attend clinics less often. The toddler sessions thus seek to obtain more regular supervision of the 2 - 5 age group; as only in this way the developmental defects and behaviour problems can be found before they become serious. All the personnel working in these clinics have been impressed with the upsurge of emotional problems of young mothers. There seems to be an increased urge by parents to do the 'best' for children and this calls for deep understanding, sympathy, tact and resourcefulness on the part of the health visitors and doctors and an increasing need for an intimate knowledge of all the social and special services. In turn this calls for even closer co-operation between the many services available and those who work in them, both by personal contacts and through the medium of liaison committees.

## Toddlers Clinics

These sessions for the pre-school child continue to be conducted at all the centres; and present a challenge to all our staff. Ideally, after the second birthday the "toddler" should be seen by appointment at six monthly intervals or more frequently if necessary. In this way, defects, mental, physical or environmental, can be found and rectified before the child enters school. Those defects which are most likely to be a hindrance are those connected with sight, hearing, speech, motivation, mental acuity or social adjustment. The routine examination of children before they enter school is thus of the utmost importance; and makes it possible to reduce the number of untreated defects found in school entrants.

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

#### INFANT WELFARE

Centre	Sess- ions held	First attend- ances under 1 year	Under 1 year	Over 1 but under 2	Over 2 but under 5	Total attend- ances	Cases seen by M. O.	Average attend- ance per session
Burgoyne Road	153	304	4888	753	193	5834	1416	38.1
Church Road	177	238	3298	554	116	3968	1556	22.4
Fortis Green	156	324	3878	782	166	4826	1840	30.9
Hornsey Town Hall	207	521	6093	1029	263	7385	2830	35.7
Mildura Court	104	252	3609	693	65	4367	1394	42.0
Stroud Green	101	264	3123	421	123	3667	1422	36.3
The Chestnuts	245	500	6607	922	204	7729	2539	31.5
Lordship Lane	258	412	5654	1122	169	6945	1772	26.9
Park Lane	204	358	5312	1093	305	6710	1697	32.9
Somerset Road	144	287	4167	903	204	5274	1609	36.6
Totals	1749	3460	46625	8272	1808	56705	18075	32.4

#### TODDLERS' CLINICS

Centre	Sessions held	Total attendances	cases seen by M. O.	Average attendance per session
Burgoyne Road	28	508	508	18.1
Church Road	24	370	346	15.4
Fortis Green	28	405	405	14.5
Hornsey Town Hall	61	679	663	11.1
Mildura Court	50	680	629	13.6
Stroud Green	23	314	314	13.7
The Chestnuts	50	668	662	13.4
Lordship Lane	52	680	680	13.1
Park Lane	23	235	235	10.2
Somerset Road	39	504	504	12.9
Totals	378	5043	4946	13.3

## Daily Guardian Scheme

This scheme was re-introduced in 1947 for children of working mothers who are not eligible for day nursery accommodation for their pre-school age children. So far there has been no difficulty in finding a suitable number of women to undertake daily care of children who are taken to them and recovered from them by their parents each day.

Proper safeguards are established for the welfare of such children and a written copy of the obligations of parents and daily guardians is given to each of the parties to the agreement to ensure that they are known. While the authority acts as an agent between parent and guardian, the actual placing is the responsibility of the parents. The scheme works easily. The children are seldom moved again after being accepted by a guardian unless the mother gives up work. The main reasons for using the scheme are financial ones.

Health visitors are responsible for the approval of guardians for registration and for periodic visiting of children placed in their care. No person is registered if there is any doubt that the rules of the scheme will be followed and that a good standard of care can be maintained. It follows, therefore, that some applicants for registration are rejected and the authority is not involved if those rejected accept children for daily minding. Guardians are paid one shilling a day for each child minded (not exceeding two children) irrespective of what payment the parent may make to the guardian. During the year a larger number of children have been minded for a greater number of days.

No. of Daily Guardians on Register	166
No. of Daily Guardians minding Children	90
No. of Children being minded	106
Total No. of Children minded during the year	231
Total No. of days minded	23,591
Total Payments made to Guardians	£1179.11s.0d

## Day Nurseries

All three day nurseries, Park Lane, Plevna and Stonecroft, are approved as training schools for student nursery nurses.

The nursery matrons report that during the year there were more children admitted from broken homes or homes where there is only one parent than ever before. This is borne out by our records as regards children wholly supported by one parent and there is evidence to show that more than 50% of the children on the registers were in the 0 - 2 years age group. The periods for which children attended were in many cases shorter than in the past and

during the year approximately 30% stayed in the nurseries for up to one month; 50% for periods under one year, and 20% over one year.

The constant change-over of children adds to the strains of day nursery work associated with the settling-in of so many children.

Staff absences due to sickness lowers the actual ratio of staff to children to what must be considered a dangerously low level so that in practice students or an inadequate number of staff may at times be left to supervise a considerable number of children. Students are away from the nurseries at the technical college on two days of each week for their theoretical training, and when they return, their practical training is reduced to a minimum. There is unlikely to be proper supervision of students or children in such circumstances and the amount of absenteeism may produce overstrain resulting from inadequate staffing in our day nurseries.

The remedy may be either to consider students as supernumerary or that the nurseries be given a higher proportion of trained nursery nurses for the 0 - 2 age group.

Student nursery nurse training and examination arrangements have been revised by the National Nursery Examination Board and in connection with this, nursery matrons were invited to attend a meeting at the Tottenham Technical College in January for a full discussion of the necessary modifications.

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

	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	43	19	42	2673	10267	12940	50.8
Park Lane	20	30	21	26	3376	3466	6842	26.8
Plevna	20	30	19	35	3746	6435	10181	39.9
Totals	55	103	59	103	9795	20168	29963	117.5

#### Distribution of Welfare Foods

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 Tabs. (packets)
1959	36350	98855	11676	11048
1958	39005	104980	12571	10420
1957	48243	156962	17347	10545

## Priority Dental Service for Mothers and Young Children

The following table gives details of attendances made and treatment given at all clinics during the past two years:-

	Expectant & Nursing Mothers	Children under 5	Expectant & Nursing Mothers	Children under 5
No. examined by dental officer	131	572	174	562
No. referred for treatment	127	467	171	523
New cases commenced "	127	421	155	479
Cases made dentally fit	55	178	64	172
Forms of dental treatment provided:-				
Teeth extracted	159	369	274	432
Anaesthetics:-				
(a) Local	68	26	100	56
(b) General	24	156	36	187
No. of fillings	220	474	372	469
No. of inlays	-	-	1	1
Scalings and gum treatment	90	-	108	-
Silver nitrate treatment	-	478	-	503
Dressings	114	162	126	150
Other operations	10	1	10	10
No. of radiographs				
(a) at County Council clinics	16	2	14	-
(b) at hospital	1	-	1	-
Denture dressings	163	-	178	-
Dentures fitted:-				
(a) full	16	4	14	-
(b) partial	32	-	29	-
No. of attendances	588	872	758	981
No. of appointments not kept	138	199	145	186
No. of half days devoted to treatment	155		192	

## MIDWIFERY SERVICE

### (Section 23)

Throughout the year difficulty has been encountered in maintaining a sufficient number of midwives to ensure a safe and workable service. Fortunately, it has been possible to find replacements for those midwives who left the service but it has been impossible to maintain a full establishment.

Every effort is being made to attract midwives into the local service. Two were recruited from pupil midwives trained in the area and one other mainly because it was possible to offer housing accommodation. There is no doubt that facilities for transport and housing play an important part in the recruitment of midwives.

The introduction of a shift system which would afford the midwife some undisturbed nights is proposed as soon as a sufficient number of staff can be obtained. Each midwife has undertaken more than the recommended number of deliveries.

Any difficulty encountered is often due to the fact that people do not avail themselves of the services provided and there are still small numbers of pregnant women who do not receive adequate ante-natal care. One hundred per cent ante-natal care is the key to trouble-free confinements.

An increasing number of general practitioners are undertaking ante-natal care and engaging in the practice of obstetrics. Their co-operation with the midwives has been excellent.

Early discharges from hospital continue to form a part of every midwife's work. Patients are commonly sent home on the third day following confinement and receive two visits on this day and a daily visit thereafter by their midwives until the fourteenth day.

All midwives are at present up to date with refresher courses. These are found to be useful and stimulating and much appreciated by the midwives. One midwife is at present taking the course for the Midwife Teachers Diploma.

Five or six pupil midwives are continuously in training on the district from the Alexandra Maternity Home at Muswell Hill. Seventeen pupils were trained in 1959, fifteen of whom were successful at the examination.

The following table shows the work for the past year:-

No. of deliveries attended	640
No. of visits made	13572
No. of hospital confinements discharged before 14th day	231
No. of visits made	2424
No. of cases in which medical aid was summoned	287
No. of cases in which gas and air analgesia was administered	470
No. of cases in which pethidine was administered	418
No. of cases in which trichloroethylene was administered	121

## HEALTH VISITING SERVICE (Section 24)

The main work of the health visitor is still basically the teaching of the principles of health and well being. Guiding towards health in clinics and homes is applied to the family as it is needed in consultation with parents or members of a family or individuals living alone. In those situations where the need is seen first by the health visitor she uses all her ingenuity and skill to move the family towards the attainment of health and the desire to achieve it. Listening, interpreting, counselling, instructing, encouraging, preventing, are some of the words used to describe the activities of the health visitor with each person who seeks her help or is sought out by her.

In the wider field, the health visitor has been used by local health departments, hospitals, the Medical Research Council and other investigators connected with problems of peri-natal death rates, the health and development of children and other age groups.

Student Health Visitors have been received for practical experience and observation visits for three terms during the year. Each is attached to one health visiting team and arrangements for continuity of visiting a few families are made. A balanced programme of special experience connected with all aspects of health visiting including contacts with schools and social agencies is also provided for them.

A new feature of health visiting in the Area is the extension of the service to a Group Practice Centre. A health visitor attends the Centre for two sessions each week. One is a baby welfare session to offer advice and to make a selection of children to see the doctor for examination or opinion. This procedure conforms to much the same method as is used in local authority welfare centres. The second session the health visitor is present to listen to and to give counsel on various difficulties expressed to herself or the doctors by patients attending the Centre. Problems connected with the care of the aged and care of the family during the mother's absence in hospital for confinement or other reasons are talked over with patients and resolved where it is possible. The statutory and voluntary services available in the Area are made known, clarified and put into motion where they can help to overcome difficulties. The health visitor concerned also collects particulars of any patients for whom the general practitioners request a home visit. Some of these are dealt with by the health visitor herself, but those living outside her district are handed on to the health visitor on whose district the patient lives. This method of co-operation has not presented any complications.

### Mental Health Case Conference

Health visitors presentation to the Case Conferences for health visitors has continued to be held at monthly intervals during the year. Eighteen cases were selected for discussion. Several individuals who were the topic of observation and were in need of psychiatric help were subsequently seen by Dr. J. C. Sawle-Thomas, Regional Psychiatrist to the North East Metropolitan Regional Hospital Board and Consultant to the Price of Wales's Hospital. The

conferences are held under his guidance.

Those family doctors who have been concerned with particular patients have been most co-operative throughout in assessing those indicated by the health visitor and by making ultimate referral to the consultant. Early signs of breakdown were the subject of report in some cases. There were others who were regarded as being unable to benefit from further psychiatric treatment or who have resisted the assistance that psychiatrists or psychiatric social workers can give them. It may be expedient for psychopaths to be returned to their homes when no further treatment or hospitalisation is of any value to the patient, but the burden of contending with them falls first of all on the family and relatives. It is also inevitable that the one constant visitor to the family, i.e. the health visitor, finds these cases come back to her or the special services health visitor who with the family doctor help to sustain them and their worried relatives.

### Special Services for Problem Families

Miss H. J. Howse, special services health visitor for the Hornsey part of the Area reports:-

"As so many agencies dealing with problem families or families with special difficulties feel that even after intensive work any improvement obtained does not last, endeavour has been made, where possible, to keep a check on the families dealt with. After  $2\frac{3}{4}$  years the result of my observations of some 28 families, having between them 105 children, is as follows:-

#### Children:-

Four who were "in care" are now at home with their parents.

Two children who were rejected by their mothers have had to be taken into care.

Six children (three families) are in care because of severe mental illness of the mother.

Two children (of one family) are in institutions because they are imbeciles.

In all but one of the remainder of the cases the children have been kept together with their own parents; the exception is with its grandparents.

It has been possible to keep 95 children at home with their parents and to bring home again to their parents four children who were "in care".

#### Families

Fourteen families have had association with the N.S.P.C.C.

Twenty four parents have been under the supervision of probation officers, on probation or in prison.

Twenty six parents suffer from mental illness or mental subnormality.

In dealing with problem families my experience has shown that:-

1. From the beginning every opportunity must be taken to get families back

into and supported by the community. This means helping them to improve their relationships within their own families, with the schools their children attend and with all the activities offered by religious and other institutions. The first few weeks of intensive work when all the material matters are being dealt with must be used to develop such a good relationship that the attitudes of the family may gradually be changed and the services of the special worker be reduced.

2. When a family moves from furnished accommodation to unfurnished, secondhand furniture must be obtained and the family persuaded not to buy anything on hire purchase.
3. The less severe psychopath will work regularly if he can be helped to find work that he likes. For the severe psychopath there should be controlled workshops so that his time can be fully occupied away from his home for part of every day.
4. Those who are severely ill mentally can be helped but will always need support until a cure can be found for their illness.

I have been very surprised at the amount of detailed work required in dealing with these families. A full day-to-day history must be kept so that at any moment information required is forthcoming. Reports have to be sent to different local authority departments, to general practitioners, hospitals, marriage guidance counsellors and other organisations, and the writing of them is very time-consuming.

Although there is a great deal of publicity about all services available to the family, I get very many enquiries from various people needing help. Once they have been told of the statutory and voluntary services available, they are quite well able to deal with their own problems. I have felt for some time that a "Family Advice Bureau" would be of great value."

## 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:-		1959	1958
Expectant Mothers	First Visits	2285	1982
	Total Visits	3511	3358
Children under 1 year of age	First Visits	4234	4136
	Total Visits	16056	16025
Children aged 1 - 2	Total Visits	8101	7771
Children aged 2 - 5	Total Visits	13202	12643
Other cases -	Total Visits as Health Visitor	6246	6051
-	Total Visits as School Nurse	878	911

## HOME NURSING SERVICE (Section 25)

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

Injections	1058
General nursing care	604
Blanket baths	313
Enemas	218
Dressings	263
Preparation for diagnostic investigation	264
Pessaries changed	48
Wash-outs, douches, etc.	45
Attendance at minor operation	1
Other treatments	77

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	17	15
5 - 15	40	32
16 - 39	62	173
40 - 64	274	472
65 and over	525	1191
	<hr/> 920	<hr/> 1881

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

General Practitioners	2037
Hospitals	734
Chest Physicians	12
Health Department	4
Direct	14

It has been possible to keep a reasonably full staff of home nurses during 1959. Over the year, 28 nurses were employed in this service (including two male nurses).

The number of part-time nurses has been reduced to four for the whole Area. This is a desirable change as it allows the work to be more evenly distributed over the whole of the nurses' working day.

Very little change has been noted in the types of work, a preponderance of time is still spent with the aged and the aged sick. Many of the problems of these old people are the result of trying to maintain life when alone or feeble or helpless.

## Nurses' Work and Education

The nurses have been most co-operative and helpful with the observation visits of students from various training schools. Two nurses have themselves attended refresher courses during the year.

### Equipment

An Oxford type hoist was received early in the year and has been in almost constant use since its arrival. It is of great use to both the nurse and the patient's relatives. Also it is easily transportable by private car.

Other equipment and nursing aids have been obtained from the British Red Cross Society who have, as usual, been most helpful with all the many calls on their service.

### Transport

The situation has improved considerably, particularly in Hornsey where cycling is so difficult, and ten of the fourteen nurses now use some form of motorised transport.

The following table shows the work of the service during 1959:-

Type of Case	No. of new cases attended by home nurses during year			No. of cases on register at end of year			No. of visits paid by home nurses during year
	M	F	Total	M	F	Total	
Medical	670	1270	1940	146	426	572	63875
Surgical	46	107	153	6	16	22	4712
Infectious Diseases	6	15	21	-	-	-	216
Tuberculosis	15	28	43	6	10	16	2977
Maternal Complications	-	10	10	-	1	1	176
Others	2	3	5	-	-	-	31
Totals	739	1433	2172	158	453	611	71987

# VACCINATION AND IMMUNISATION

## (Section 26)

### Vaccination against Smallpox

The percentage of children under one year of age vaccinated against smallpox rose from 66.6% to 71.3% since my last Report.

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:-

	Under 1 year	1 year	2 - 4 years	5 - 14 years	15 years & over	Total
No. of Primary Vaccinations	1307	34	18	24	39	1422
No. of Revaccinations	1	1	4	26	180	212

### 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.

It was decided to introduce a scheme for immunising children against diphtheria, whooping cough and tetanus, using a triple antigen. The scheme involves four injections during the first eighteen months of life as compared with five or six injections using separate antigens. The new scheme was brought into operation on 1st January 1960.

The following table shows that the increase in the number of children immunised against diphtheria in 1958 continued during the year:-

Age at date of Immunisation	No. of Children Immunised			No. of Children given Re-inforcing Injections	
	Diphtheria	Combined Diphtheria & Whoop- ing Cough	Whooping Cough only	Diphtheria only	Combined Diphtheria & Whoop- ing Cough
Under One	601	366	160	-	-
One	359	344	308	-	-
Two to Four	46	21	18	226	54
Five to Fourteen	84	8	3	421	18
*Fifteen & Over	2	-	-	-	-
Totals 1959	1092	739	489	647	72
Totals 1958	1204	614	405	567	31

\* There were no children completing immunisation in this age group during 1958.

## Poliomyelitis Vaccination

The death of a well-known sporting personality from poliomyelitis in April 1959 stimulated interest in vaccination among young persons. As a consequence open sessions were held on Saturday mornings and during lunch hours. A total of 1,845 persons received first injections at these open sessions.

Since the new year the scheme has been extended to include all persons up to the age of 40.

The following table shows the number of persons completing courses of injections during 1959:-

	Number of Persons who during 1959 completed a course of	
	Two Injections	Three Injections
Children born in the years 1943 to 1959	9097	1816
Young Persons born in the years 1933 to 1942	5421	3032
Expectant Mothers	632	672
General Practitioners and Families	-	95
Ambulance Staff and Families	-	18
Hospital Staff, Medical Students and their families	430	182
	15,580	22,160

## 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 1959 197 applications were received compared with 177 the previous year. Of these, 176 were approved.

## DOMESTIC HELP SERVICE

### (Section 29)

The total number of cases provided with home help during the year was 1,755, 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 over 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 1958	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)	107	6	113	7
Tuberculosis	11	30	41	26
Chronic Sick (including aged and infirm)	517	945	1462	972
Others	126	13	139	19
Total	761	994	1755	1024

### 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 two cases were served for a total of 72 hours.

## HEALTH EDUCATION

Programmes of special significance are planned from time to time in welfare centres and school clinics.

This year a special effort on the Dangers of Home Accidents was arranged. Welfare centres were loaned display stands and informatory notices in co-operation with the Boroughs. To support these and to focus attention on to the theme, posters and leaflets on display dealt with the same subject. At the same time a more positive trend was taken up by health visitors in talks and mothercraft classes and schools. The stress here was that the home

should be a safe place for all members of the family, particularly those prone to accidents (e.g. the young and the elderly), attention being drawn to the common causes of dangerous and fatal accidents. Flannelgraphs were also used. The campaign stirred up considerable interest, discussions and questions. Some of these were kindled by press publicity on oil fires and promoted arbitrary questions such as "Which is the safe type of oil stove which can be bought for the home?"

Health Visitors and School Nurses are engaged in some form of Health Education in every aspect of their work, but a special programme of talks to school children has been operating in this Area for a number of years.

The talks are given to secondary modern school girls during their last year at school in Hornsey and Tottenham at the request of head teachers. This year 318 talks were given in schools alone. The substance of the instruction given is related to parentcraft, home-making and the local health services. The girls take a very active part in it and are usually taken to a local welfare centre some time during the series.

Health Education programmes are also arranged for mothers attending welfare centres. They are held on a session free of other clinics. All mothers are welcome and mothers attending family doctors' surgeries and who do not attend the welfare centres for any other reason are also welcomed. Some family doctors send their expectant mothers to these sessions which are mainly concerned with the teaching of mothercraft. These sessions are popular and lively discussions are promoted amongst those attending.

Members of the staff have given talks and taken classes during the year to a number of local organisations including Civil Defence, Young Wives' Clubs and young people's organisations. Some have also acted as examiners for the British Red Cross Society.

## SCHOOL HEALTH SERVICE

### Area School Populations

The school population for the Area is 10,760 in Hornsey and 17,647 in Tottenham. This shows an overall decrease of 720 compared with the previous year.

	Hornsey	Tottenham
Primary Schools and Nursery Classes	6,017	8,632
Nursery Schools;	-	204
Secondary Modern Schools	2,839	5,735
Grammar and Technical Schools	1,904	2,884
Special Schools -		
Physically Handicapped	-	92
Blanche Nevile School for Deaf	-	100
	<hr/> 10,760	<hr/> 17,647

## 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	No. of Pupils Inspected	Condition Satisfactory	
		Number	%
1955 & later	175	172	98.3
1954	522	510	97.7
1953	130	130	100.0
1952	17	16	94.1
1951	119	118	99.2
1950	625	623	99.7
1949	69	69	100.0
1948	150	150	100.0
1947	679	679	100.0
1946	330	330	100.0
1945	190	188	99.0
1944 & earlier	1010	1010	100.0
Total	4016	3995	99.48

As an experiment permitted under the School Health Service and Handicapped Pupils Regulations to dispense with routine medical inspections for specified age groups and to substitute periodic visits to schools to see selected cases, a pilot survey was carried out at one school among the eight to nine year olds, totalling 111 children.

Of these, 40 were chosen by the teachers and head teachers for a special medical inspection. When the children were seen, however, it was found that almost all of them were either known to the School Health Service as being under treatment at for example the Chest Clinic or Children's Hospital, etc. Nevertheless it was obvious that the teachers wished to have advice concerning these children and this advice was given.

During the following term the 71 "healthy" children were seen at periodic medical inspections to serve as controls. Of these, 50 were regarded as fit and not in need of advice or treatment. Of the remaining 21, it is considered that nine had defects, e.g. of vision and hearing, which would have been picked up by the school nurse or audiometrician. (In fact the two children with hearing defect had been so picked up and were under investigation). Of the remaining 12 children, six were referred for treatment and six for observation.

As a result of this experiment the medical officer concerned is of the opinion that this is not a substitute for periodic medical inspections.

## Infectious Diseases in School Children, 1959

Unlike the previous year, 1959 was an eventful year from the point of view of infection. There was, in the early months of the year, the usual biennial visitation of measles, over 700 cases being notified in school children.

### Poliomyelitis

During the summer term there was an outbreak of poliomyelitis in school and pre-school children. In all 13 cases of paralytic poliomyelitis and nine non-paralytic cases were notified. Details of the vaccinal state of these children are given below. It can be seen that only one fully vaccinated child developed paralytic poliomyelitis and in this case the third injection was almost certainly given while the child was incubating the infection. As some 60% of school and pre-school children in Tottenham and Hornsey are vaccinated, these figures are suggestive of a protective effect.

	Not vaccinated	One dose	Two doses	Three doses	Total
Paralytic poliomyelitis	9	3	-	1	13
Non-paralytic poliomyelitis	5	1	1	2	9
Total	14	4	1	3	22

Of the paralytic cases four, including the fully vaccinated boy, made an almost complete recovery, two removed from the district, four were left with weakness in one limb, and three pre-school children were sufficiently handicapped as to make it likely that they will need to attend a special school.

### Dysentery

Cases occurred sporadically over both boroughs during the year. In one school in Hornsey and another in Tottenham there was an explosive outbreak in the spring term which smouldered on for some time despite the usual measures taken to control it. Family doctors were notified of the outbreak and of the fact that the organism concerned was resistant to the sulphonamide drugs, the usual form of treatment.

### Tuberculosis

There were nine cases of tuberculosis in school children over the whole Area, seven pulmonary, one of bone and one of eyes. The figure nine is misleading, however, as only five of these were new cases, the others being flare-ups of old infection or inward transfers. The five bona-fide new cases compare with six in 1958 and three in 1957. These cases were discussed with the appropriate Chest Physicians and in one case epidemiological investigation was considered necessary at the school, X-ray of all adult members of teaching and ancillary staff being recommended. All were X-rayed and found to be clear.

## B.C.G. Vaccination

Possibly because of the effort involved in promoting poliomyelitis vaccination, the B.C.G. vaccination figures were not quite as impressive in 1959 as in previous years. Figures relate to Hornsey only.

	1959		1958	
		Percentages		Percentages
Parents approached	806	100.0	1,218	100.0
Parents accepting	484	60.0	921	75.6
Mantoux positive	30	6.4	68	8.1
% Strong positive		50.0		50.0
% Weak positive		50.0		50.0
Mantoux negative	419	88.9	733	87.4
Total vaccinated	413	51.2	718	58.9

Those parents who did not respond to the invitation to have their child B.C.G. vaccinated in 1959 will be given a further opportunity in 1960.

As a result of the Mantoux testing one girl aged 14 was found to be strongly positive. X-ray chest in the summer was normal but on re-X-ray later in the year the girl was found to have an early tuberculous lesion and was admitted to hospital for treatment.

## SCHOOL DENTAL SERVICE

During the past year the staff position has been:-

Area Dental Officer	1
Full-time Dental Officers	5
Part-time Dental Officers	2
(equivalent to 9/11ths full-time)	
Part-time Orthodontist (7/11ths)	1

The work of the department was maintained during the year though handicapped by the unfortunate absence through illness of the Area Dental Officer during the last Quarter.

The following tables show the work undertaken 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	-	-	-
5-16 and over	9025	4033	4033
Specials	830	791	789
Totals	9855	4824	4822
Number of pupils treatment commenced			
			2528
Number of pupils treatment completed			
			1734
Number of attendances made by pupils for treatment			
			5059
Number of appointments not kept			
			1255
Number of half days devoted to (a) Inspections			
			70
(b) Treatment			
			762
Fillings - Permanent Teeth			
			2789
Temporary Teeth			
			859
Number of teech filled - Permanent Teeth			
			2628
Temporary Teeth			
			839
Extractions - Permanent Teeth			
			259
Permanent Teeth for Orthodontia			
			29
Temporary Teeth			
			1465
Anaesthetics (a) General			
			544
(b) Local			
			545
(c) Regional			
			31
Other operations (a) Permanent Teeth			
			557
(b) Temporary Teeth			
			1476

## SPECIAL DENTAL TREATMENT UNDERTAKEN BY DENTAL OFFICERS

Number of Impressions, etc.	28
Number supplied with Dentures	10
Number of crowns and bridges	2
Number of Radiographs (a) At Dental Clinics	30
(b) At Hospitals	-

## ORTHODONTIC EXAMINATIONS AND TREATMENT

	A G E S											
	5	6	7	8	9	10	11	12	13	14+	Totals	
Pupils examined	3	1	5	7	9	6	5	8	2	3	49	
Pupils selected for treatment	2	-	4	2	4	4	3	3	2	3	27	
Commenced treatment (First Attendance)											95	
Attendances made for treatment											892	
Impressions, etc.											298	
Fixed appliances fitted											4	
Removable appliances fitted											50	
Radiographs at Dental Clinics											28	
Pupils treatment completed											19	
Orthodontic sessions (half days)											82	

### Ear, Nose and Throat Clinics

In Hornsey weekly sessions were continued on similar lines to previous years. Dr. F.P.M. Clarke, visiting consultant, reports that the conditions for which children were referred varied considerably from comparatively simple complaints to those of more serious import. Of those requiring investigation and treatment, apart from a small number of cases of chronic otorrhoea, most came within the category of "nasal conditions", e.g. sinus infection, rhinitis and excessive hypertrophy of adenoidal tissue.

Prevention of some permanent disability in later life continues the main function of the clinic's work; and the special techniques evolved over many years have been shown to give excellent and lasting results.

In Tottenham the ear, nose and throat clinic is now more closely related to the out-patient department of the Prince of Wales's General Hospital both departments being under the direction of Mr. W. McKenzie, F.R.C.S. One of the school medical officers (Dr. Nora Webster) assists in co-ordinating the work of this clinic with the audiology clinic and with the work undertaken in the Area for the ascertainment and educational treatment of the deaf.

### Audiology Clinic

The appointment of Dr. L. Fisch as consultant otologist to the Area, as from July 1959, made it possible to establish an audiology unit at the medical centre in Park Lane, without waiting, perhaps twelve months, for more suitable premises to be erected on a site adjacent to the Blanche Nevile School for the Deaf, Tottenham. Eventually it is expected that all children who need investigation of their ability to hear, training and supervision from a wide Area will attend the audiology unit.

Already excellent teamwork exists in the close collaboration seen between consultant otologist, head master of the special school and classes for the deaf, parents, school medical officers, general medical practitioners and health visiting staff.

A total number of 56 new cases were seen and appropriate action taken in respect of their educational needs. The number of pre-school children referred for advice was comparatively large, namely, 17 out of 56. Four of these were found to be severely deaf; ten probably not deaf but in need of further observation to eliminate some possible hearing loss, and in three a final diagnosis of no loss of hearing showed that deafness was not the cause of retardation.

Dr. Fisch further reports that the functioning of the audiology unit during 1959 provided valuable experience for planning the work for the future. The improved facilities should ensure that no child whose hearing is impaired suffers either because of late detection of the disability or lack of adequate training after a diagnosis has been made. Parents should get all essential help, guidance and encouragement when it happens that their child suffers from a hearing disability.

#### AUDIOLOGY UNIT, 1959

Number of children seen	56
Pre-school children	17
Attending infant & junior schools	20
Attending senior schools	17
Over 5, but not at school	2

Reason for referrals among these 56 children were as follows:-

For diagnosis	32
Immigrants to Area known to be deaf	4
Partially deaf children, advice as to placement	4
Children known to be deaf - application for admission to nursery class, Blanche Nevile School or partially deaf unit	9
Transfer from hospital out-patient departments	5
Advice as to placement where deafness might be the cause of backwardness	2

Source of Referrals:-

Tottenham and Hornsey	38
Other boroughs in Middlesex	17
London - neighbouring boroughs	1

PRE-SCHOOL CHILDREN REFERRED TO AUDIOLOGY UNIT

No.	Age	Sex	Reasons for referral	F. H.	Remarks	Source of Referral	Decision and Disposal
1	2	F	Known deaf. Not coping at day nursery.	Yes	-	School Medical Officer, Tottenham.	Admission to nursery at Blanche Neville School.
2	1yr. 6mnths	M	Suspected deafness.	Yes	Has goitre	School Medical Officer, Hornsey.	Probably not deaf.
3	3	F	Suspected deafness.	No	Coloured	School Medical Officer, Hornsey.	Probably not deaf.
4	2	M	Suspected deafness.	Yes		School Medical Officer, Tottenham.	Probably not deaf. To ordinary day nursery.
5	4	M	Suspected deafness.	Yes	Poor speech	School Medical Officer, Hornsey.	Not deaf.
6	1yr. 10mnths	M	Suspected deafness.	No	Delayed speech. Indian.	School Medical Officer, Hornsey.	Deaf. To nursery unit at Blanche Neville School.
7	1	M	For adoption. Suspected deafness.	No	Illegitimate. Backward.	School Medical Officer, Potters Bar.	Not deaf. Backward.
8	2yrs. 4mnths	M	Suspected deafness.	No	Delayed speech.	School Medical Officer, Edmonton.	Not deaf.
9	2½	M	Suspected deafness.	Yes	Delayed speech.	School Medical Officer, Tottenham.	Not deaf. To normal day nursery.
10	4	M	Suspected deafness.	No	Delayed speech.	School Medical Officer, Hornsey.	Probably not deaf. To nursery school.
11	3	M	Suspected deafness.	No	Delayed speech.	School Medical Officer, Tottenham.	Not deaf. Possibly backward.
12	4	M	Suspected deafness.	No	Articulation defect.	School Medical Officer, Edmonton.	Not deaf.
13	4	F	Suspected deafness.	No	Delayed speech.	School Medical Officer, Hornsey.	Not deaf.
14	6mnths.	M	Suspected deafness.	Yes	-	School Medical Officer, Southgate.	Deaf. For auditory training.
15	3	M	Known deaf. From Great Ormond St. for supervision.	No	-	Great Ormond Street Hospital.	To nursery unit at Blanche Neville School.
16	5mnths.	M	Mother suspected deafness.	No	-	School Medical Officer, Hendon.	Probably not deaf.
17	5mnths.	M	Slow. Matron at day nursery suspected deafness.	No	Illegitimate	School Medical Officer, Southgate.	Probably not deaf. Backward.

# Vale Road School for Physically Handicapped Children

## Cerebral Palsy Unit

During the year 29 children suffering from cerebral palsy were cared for at the Vale Road Day Special School for Physically Handicapped, Tottenham.

Under the supervision of the visiting consultant (Dr. Dunham) and with the help of parent, teacher, nurse and therapists, it is possible to help the children to learn how to tackle normal tasks in a normal way both in and out of school, despite in most cases a grossly handicapped condition.

Special arrangements are made for parents of children too young to attend the nursery class at the School, to be given advice and continued supervision.

### ANALYSIS OF CASES SEEN AT CEREBRAL PALSY UNIT IN 1959

	Male	Female	Total
Under 5 years	2	1	3
5 - 10 years	2	3	5
10 - 15 years	3	1	4
Over 15 years	-	1	1
Total	7	6	13

Diagnosis	Male	Female	Total
Cerebral palsy	4	3	7
Amyotonia congenita	1	-	1
Mental retardation	2	-	2
Epilepsy and mental retardation	-	2	2
Emotional upset, minor motor defect	-	1	1
Total	7	6	13

### Seven confirmed cases of Cerebral Palsy - Action Taken

Admitted to Vale Road School in 1959	3
(Admitted to Vale Road School in January 1960)	1
Admitted in 1959 and awaiting place in educationally sub-normal school	1
Waiting for vacancy in Vale Road School	1
Under school age	1

NEW CASES SEEN AT CEREBRAL PALSY UNIT IN 1959

Case No.	Date of Birth	Sex	Referred by	Diagnosis	Disposal
1	31.8.57	F	Consultant Orthopaedic Surgeon, Tottenham.	Cerebral palsy-right hemiplegia.	Under supervision of cerebral palsy unit.
2	6.11.53	F	Area Medical Officer, Palmers Green.	1. Severe mental retardation. 2. Epilepsy.	Ascertained as ineducable. For occupation centre.
3	21.4.47	M	Area Medical Officer, Tottenham.	Mental retardation.	To remain at residential E. S. N. School.
4	23.9.53	M	School Medical Officer, Hendon.	Amyotonia congenita	Vale Road P. H. School.
5	13.11.53	F	School Medical Officer, Enfield.	Cerebral palsy- 1. Left hemiplegia. 2. Mental retardation.	Vale Road P. H. School. To be transferred to E. S. N. School.
6	12.9.54	M	School Medical Officer, Enfield.	Cerebral palsy-spastic diplegia.	Vale Road P. H. School.
7	29.3.52	M	School Medical Officer, Tottenham.	Cerebral palsy-left hemiplegia.	To remain at ordinary school. Under supervision of cerebral palsy unit.
8	28.9.49	M	School Medical Officer, Southgate.	Cerebral palsy- 1. Mild generalised spasticity. 2. Emotional upset.	Vale Road P. H. School.
9	13.11.46	M	Paediatrician, Royal Northern Hospital.	Cerebral palsy-generalised spasticity	Waiting list for Vale Road School.
10	24.4.54	F	Area Medical Officer, Enfield.	Cerebral palsy-generalised spasticity	Vale Road P. H. School.
11	4.8.48	F	Consultant Psychiatrist	1. Emotional upset. 2. Minor motor defect.	Remain at ordinary school, and attend child guidance clinic.
12	17.8.58	M	Consultant Otologist, Tottenham.	1. Mental retardation. 2. Minor motor defect.	Under supervision of cerebral palsy unit.
13	21.3.44	F	Area Medical Officer, Hornsey.	1. Epilepsy. 2. Mental retardation.	Lingfield Epileptic Colony.

## Orthopaedic Clinics - Hornsey

Specialist clinics have continued to be held for children found, in course of routine medical inspections or by reference from general practitioners, to have orthopaedic or postural defects. Remedial treatment is undertaken by the physiotherapists associated with the particular clinic.

The visiting consultant, Mr. E. T. Bailey, F.R.C.S., reports that of the new cases seen at the clinic, five were referred to the Highlands General Hospital for operative treatment. Following the outbreak of poliomyelitis in 1959, four children were treated at the clinic for residual paralysis with the probability that treatment will continue throughout the remainder of their school life. Two are of moderate severity unlikely adversely to affect their schooling. One is rather more severe but with the tenacity so often seen in such cases he has managed to attain the grade necessary for him to return to his original school. The fourth is under five years of age but her disability is of such severity that she will in all probability require to be educated at the Special Day School for Physically Handicapped.

Special reference is made by Mr. Bailey to children who in the past have had to grow up with one leg shortened by reason of poliomyelitis, congenital defect or due to some other cause and to wear shoes raised to correct the defect. This may be unsightly and resented by the wearer. Such cases taken sufficiently early can, at the appropriate time, have an operation carried out upon the normal leg, which slows its growth so that at the time when growth ceases the legs are equal in length. One such case attending the clinic has been so treated, and further cases will have similar treatment in due course.

## Ophthalmic Clinics - Hornsey

The visiting consultant, Dr. R. Welch, reports that in addition to a busy year correcting errors of refraction responsible for defective vision and symptoms of eye strain, special attention has been given at the clinic to the treatment of cases of squint and particularly those with amblyopia. It cannot be over-stressed that once the error of refraction has been corrected and occlusion of fixing eye adopted, cases of squint require the closest supervision until the defective vision is restored to normal or is greatly improved. If during this period the visual axes have not become parallel, then surgical procedure is essential to cure the squint. The orthoptist (Miss Cobb) at the clinic is able to give follow-up training to re-establish and maintain binocular single vision which is of such vital importance.

Three unusual cases occurred during the year requiring reference to hospital. One was a congenital nystagmus with bilateral cataract and microphthalmia. Finally considered as unsuitable for operative treatment this boy

has been recommended admission to a special school for the partially sighted. Another, a case of nystagmus, occurred in an infant of eight months old and could therefore not be described as a congenital defect. A provisional diagnosis made in this case was atypical spasmus nutans although there was no sign of head nodding. Lastly a case of a girl of 14 years of age, recently arrived from Ghana, was found to have a complicated cataract in the right eye, and the left eye presented a picture of retinitis proliferans. Further investigations into the aetiology are being made by seriological tests, not yet available, but her condition was considered to be the sequelae of Eale's disease.

### Child Guidance Clinic in Tottenham

The visiting psychiatrist, Dr. W. H. Craike, commenced duties on the 5th May 1959 for two sessions per week. Dr. Craike reports that the problems were difficult behaviour at home and school, nocturnal enuresis and other psychosomatic symptoms, three cases of multiple tics, and three children with physical defects as well as emotional disturbances.

They all came from working class backgrounds, some of the homes were materially good and some poor. There were eleven children of average intelligence, nine were of superior intelligence, and six were of below average intelligence.

Four parents refused treatment at the outset, or broke off treatment after one session. There were four cases in which it was doubtful whether the parents would accept treatment, they are being kept under occasional observation, the parents being seen by the psychiatric social workers and the children by the Psychiatrist.

### Speech Therapy

The senior speech therapist, Miss Came, reports that the "case load" of children suffering from speech defect continues to be heavy. The most economical use of the therapist's time lies in early assessment followed by early treatment.

Stammering, Miss Came points out, most commonly manifests itself between the ages of two to five years - later it is rare. If treatment which is usually indirect can be given during the early years of plasticity, the prognosis is more hopeful; and every successfully treated case represents the prevention of perhaps years of later suffering. Children who have attained normal speech after treatment are reviewed periodically. Stammerers who have regained fluency of speech may be kept under observation for periods up to five years.

THE HANDICAPPED CHILD - Distribution in Hornsey as at 31st December, 1959

	In Special Day Schools		In Special Residential Schools		In Maintained Primary and Secondary Schools		In Independ- ent Schools		Not at School		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
Blind	.	.	3	3	.	.	.	.	.	.	3	3
Partially Sighted	1	2	.	.	.	.	.	.	.	.	1	2
Deaf	1	1	.	1	.	.	.	.	.	.	1	2
Partially Deaf	3	5	2	.	.	.	.	.	.	.	5	5
Educationally Sub-Normal	31	15	5	2	1	.	.	.	.	.	37	17
Epileptic	.	.	2	2	.	.	.	1	.	.	2	3
Maladjusted	.	.	9	2	3	1	6	1	.	.	18	4
Physically Handicapped	5	3	5	.	.	.	.	.	5	2	15	5
Speech Defects	4	.	.	1	58	23	5	3	.	.	67	27
Delicate	.	.	5	4	.	.	.	.	.	.	5	4
Multiple Defects	.	.	.	.	.	.	.	.	.	.	.	.
Totals	45	26	31	15	62	24	11	5	5	2	154	72
GRAND TOTALS	71		46		86		16		7		226	

## 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. The number of new cases seen during the year was eight. Of these, six were female and two male. All of these were either rheumatic fever or chorea.

197 children remain on the register of the supervisory centre and of these 69 made 127 attendances, while in addition a number were seen in the ordinary paediatric out-patient sessions. These 197 cases are classified as follows:-

Rheumatic fever	63
Rheumatic carditis	42
Rheumatic carditis with chorea	5
Chorea - uncomplicated	5
Rheumatic arthritis	5
Congenital heart lesions	54
Rheumatic pains	1
Streptococcal Allergy	1
Other cases	21
	<hr/>
	197
	<hr/>

93 males  
104 females

## Hospital School

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

"During the past year, in addition to the continued teaching of the children, at St. Ann's Hospital, in the Prince of Wales's Children's Unit, and the Poliomyelitis Ward, there has been an extension of individual teaching in several other wards.

The age range of the children in both hospitals is from 4 to 15 years of age and teaching incorporates lessons to children, preparing for General Certificate of Education, commercial courses and individual tuition to a child with muscular dystrophy who is fitted in a special chair.

Although a well equipped schoolroom is established in one of the wards, teaching is individual. Work follows the child's school curriculum as closely as possible and to this end, for long term pupils, close liaison is maintained with the day schools.

Children who are not well enough to attend school receive bedside tuition. During the past year an 18 year old girl in the Poliomyelitis Ward passed her General Certificate of Education in Art despite the handicap of complete paralysis.

Always the children's hobbies are followed up, and often new interests developed. To this end we are endeavouring to arrange during the next holiday period a visit to the Royal Mint with a few children now in hospital who should have recovered by then.

During the summer vacation two part-time teachers were employed to cater for the children in the long break from schoolwork. Handwork, embroidery, story reading, etc. kept the children happy and busy during this period.

It is quite evident that the children enjoy school and welcome the teacher's arrival. Parents too are most appreciative and welcome the knowledge that the children's education continues while in hospital.

### 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
1955 and later	3	47	49
1954	8	125	126
1953	5	25	29
1952	.	3	3
1951	18	19	31
1950	82	118	185
1949	15	14	25
1948	40	30	64
1947	121	97	198
1946	54	51	87
1945	31	39	61
1944 and earlier	250	150	365
Total	627	718	1223

# DEFECTS FOUND BY MEDICAL INSPECTION

Defect or code number	Defect or Disease	Periodic Inspections						Total		Special Inspect- ions	
		Entrants		Leavers		Others					
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
4	Skin	11	36	54	60	103	86	168	182	140	6
5	Eyes: a. Vision	17	9	205	9	405	44	627	62	59	22
	b. Squint	28	5	13	3	36	3	77	11	4	2
	c. Other	6	5	10	2	18	13	34	20	29	6
6	Ears: a. Hearing	2	18	5	9	16	27	23	54	50	18
	b. Otitis media	16	38	1	15	7	50	24	103	11	1
	c. Other	2	10	5	4	4	33	11	47	18	3
7	Nose and Throat	48	129	8	60	51	182	107	371	39	9
8	Speech	14	25	5	4	13	22	32	51	15	1
9	Lymphatic Glands	1	44	.	1	1	18	2	63	3	3
10	Heart	2	7	1	13	2	32	5	52	2	6
11	Lungs	34	25	13	22	23	47	70	94	5	8
12	Developmental:										
	a. Hernia	1	1	.	.	1	4	2	5	.	.
	b. Other	1	5	1	4	6	12	8	21	8	6
13	Orthopaedic:										
	a. Posture	1	15	6	29	15	61	22	105	3	1
	b. Feet	39	46	10	24	41	77	90	147	10	3
	c. Other	11	46	14	37	29	108	54	191	45	10
14	Nervous System:										
	a. Epilepsy	4	.	1	.	7	3	12	3	.	.
	b. Other	.	3	1	4	4	15	5	22	1	.
15	Psychological:										
	a. Development	1	11	1	4	5	10	7	25	.	3
	b. Stability	3	43	4	21	15	90	22	154	12	11
16	Abdomen	4	16	.	7	11	22	15	45	9	1
17	Other	6	25	3	12	9	55	18	92	248	42

(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
<b>GROUP 1 - EYE DISEASES (e.g. blepharitis, conjunctivitis), DEFECTIVE VISION AND SQUINT.</b>	
(a) External and other, excluding errors of refraction and squint	39
(b) Errors of refraction (including squint)	817
(c) Number of cases for whom spectacles were prescribed	410
<b>GROUP 2 - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT</b>	
Received operative treatment for adenoids and chronic tonsillitis	191
Received other forms of treatment	149
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) During the current year	15
(b) In previous years	5
<b>GROUP 3 - ORTHOPAEDIC AND POSTURAL DEFECTS</b>	
Treated at clinics or out-patient departments	309
<b>GROUP 4 - DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)</b>	
Impetigo	16
Other skin diseases	343
<b>GROUP 5 - CHILD GUIDANCE TREATMENT</b>	
Treated at child guidance clinics (including cases sent to the Tavistock and other hospital clinics)	59
<b>GROUP 6 - SPEECH THERAPY</b>	
Treated by speech therapists	117
<b>GROUP 7 - OTHER TREATMENT GIVEN</b>	
(a) Minor Ailments	273
(b) Treatment other than (a) above and excluding convalescent treatment	13

## EDUCATION ACT 1944 - SECTIONS 57(3), 57(4) and 57(5)

### Cases dealt with under Section 57, Education Act 1944

Sub-Section 3:	4
Sub-Section 5:	3

### MEDICAL EXAMINATIONS OF TEACHERS

(a) Number of teachers examined as to fitness for appointment	11
(b) Number of students examined as to fitness for first appointment	28
(c) Number of students examined as to fitness for training course	69

# STAFF

## BOROUGH HEALTH DEPARTMENT

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

## AREA HEALTH STAFF

Deputy Area Medical Officer	A. YARROW, M.B., Ch.B., D.P.H.
Senior Assistant Medical Officer	ALICE WHEILDON, M.B., B.S., M.R.C.O.G.
Area Dental Officer	V. SAINTY, L.D.S., R.C.S.
Superintendent Health Visitor	Miss H. TOWNSEND, S.R.N., S.C.M., H.V.;
Non-medical Supervisor of Midwives & Home Nursing Superintendent	Miss F. E. CURTIS, S.R.N., S.C.M., H.V., M.T.D.
Home Help Organiser	Mrs. J. D. McILROY (Resigned 27.9.59) Miss D. WILLIAMS (Appointed 23.11.59)
Assistant Home Help Organisers	Mrs. F. G. WILLS Miss D. BUCK (Resigned 24.3.59) Miss J. E. CAPLIN (Appointed 8.6.59)
Area Chief Clerk	W. L. N. RELLEEN, T.D., D.P.A.
Deputy Area Chief Clerk	J. B. BAMBROOK, D.M.A.
Sectional Heads	A. BALLS N. P. CHILD H. J. DUNHAM, B.A.

Classification of Staff	Full-time	Part-time
Medical Officers	10	6
Dental Officers	6	3
Supervisory Nursing Staff	2	.
Administrative and Clerical Staff	36	8
Health Visitors/School Nurses	25	.
Student Health Visitors	.	2
Clinic Nurses	8	.
Midwives	8	.
Home Nurses	24	4
Speech Therapists	3	.
Physiotherapists	2	.
Occupational Therapist	1	.
Chiropodists	.	2
Gramophone Audiometrician	1	.
Orthoptists	.	2
Dental Attendants	7	2
Day Nursery Staff	31	1
Home Help Service	5	164
Manual workers, domestic grades, etc.	10	22
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