

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

Contributors

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THE HEALTH OF HORNSEY 1960

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THE ANNUAL REPORT OF THE
MEDICAL OFFICER OF HEALTH

1873

THE
OFFICE OF THE
SECRETARY OF THE
NAVY

THE HEALTH OF

HORNSEY

1960

THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

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* Members of Borough Health Committee at 31st December 1960

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

To the Worshipful the Mayor, Aldermen and Councillors

Mr. Mayor, Ladies and Gentlemen,

I submit herewith my Annual Report on the health services provided by local government in this Borough for the year ended 31st December, 1960.

The mid-year population, as estimated by the Registrar General, was 96,570 representing an increase of 140 over the previous year. The Preliminary Report of the 1961 Census, now to hand, gives a figure of 97,885; or only 274 below that given at the census ten years ago.

The birth rate of 19.6 was the highest recorded in the Borough since the year 1947. The number of illegitimate births of nearly 1 in 9 must be regarded as a social problem of grave public concern.

The infantile death rate was 19.0 per thousand live births as compared with 24.8 in the previous year. The death rate of infants in the first week of life showed a marked decrease from 20.8 in 1959 to 13.2. With the number of still-births higher than in the previous year, the final peri-natal death rate fell from 33.6 to 29.1.

The adjusted general death rate of 10.2 was again well below the national average of 11.5. Deaths from cancer generally were 242 as compared with 225 the previous year. Cancer of the lungs 54 showed a slight decrease.

Two smoke control orders came into force during the year; and a third order was confirmed without necessity for a Public Local Enquiry since no objections were received.

Patronised at the official opening by the Mayor (Councillor Miss O. R. Anderson, J.P.) and the Chairman of the Health Committee (Councillor C. R. Williams), a successful four day Clean Air Exhibition was held, in the month of May, at the Town Hall: demonstrating how the clean air of the countryside may be brought back to Hornsey by

co-operation of all concerned. In this short, but concentrated, effort assistance was readily given by many organisations whose staff, with those of the Council's were on duty throughout the hours of opening. Though difficult to assess the impact of such exhibitions on the public, it was apparent that much interest was aroused and expressions of appreciation were received particularly from residents in already declared smoke control areas.

In co-operation with the Department of Scientific and Industrial Research (reported in full in the body of this Report), a survey was made into the problem of smoke pollution from diesel motor vehicles passing along Archway Road, Highgate, with the result that measurements of pollution averaged, on a weekday, twelve times the background pollution of the neighbourhood at ten feet above ground level.

Slum clearance, together with closing and/or demolition of unfit houses, made further progress during the year. Special attention too was given by public health inspectors to remedial action in tackling a growing problem of overcrowding in multi-occupied dwellings.

The special housing needs of handicapped persons and accommodation requirements of the elderly were given further consideration by the Council.

Retirement of the chief public health inspector (Mr. J. D. Chance), after a long and distinguished service of Hornsey, occurred in the month of May. Following public advertisement and interview of suitable candidates, Mr. Chance's deputy (Mr. W. J. Wilson) was unanimously appointed to succeed him. One month later my deputy in Hornsey and the Area Health Services (Dr. A. Yarrow) left to take up a joint appointment as Medical Officer of Health and Area Medical Officer in South East Essex to be succeeded in July by Dr. G. S. Udall whose previous wide experience quickly enabled him to take up his responsible duties here in Hornsey.

By close attention to organisation and methods both Mr. Wilson and Mr. Davies have greatly assisted me in ensuring a happy and contented department with considerable increased responsibilities in administering the Clean Air Act, and in the many other functions of an active and go-ahead public health department.

At the end of this Report I have continued, as in previous years, to place on record a brief account of the functions of the Area Health Committee (Hornsey and Tottenham), seemingly more important this year in the light of recommendations made by the

Royal Commission on Local Government in Greater London.

The new Retirement Clinic for men is designed to assist those about to reach the age of 65 in making necessary adjustments in their mode of life; and to meet mainly the needs of the able aged whose faculties are little if at all impaired. Advice is given by the medical officer in charge, after a thorough medical overhaul and reference to the family doctor, on such matters as suitable diet, prevention of accidents, occupation of leisure or in finding suitable remunerative employment (in co-operation with the Ministry of Labour) and development of interests essential to mental health and activity in advancing age. Such a service may not only prolong a contented and useful life, but save admission of more elderly people to welfare homes and hospitals.

Close co-operation has continued in all branches of the health department with local hospitals, general medical practitioners, various local co-ordinating committees at officer level, the Borough Education Officer, head teachers and the many statutory and voluntary organisations with whom the establishment of cordial relations is so necessary in the interests of the public and for the efficiency of the service.

A number of individual contributions to this Report have been made by colleagues in all sections of the health service and to whom I acknowledge my indebtedness for all their help and co-operation on this occasion and throughout the year.

In conclusion I would like to express my gratitude to members of the Council, especially to the Chairmen of the Health Committee, Housing Committee, Education Committee, Area Health Committee and the Chairmen of the appropriate sub-committees for their understanding and encouragement.

I am,

Your obedient servant,

G. HAMILTON HOGBEN,

Medical Officer of Health.

INFECTIOUS DISEASES

Hornsey suffered no epidemic during 1960 and no deaths occurred from notifiable infectious diseases.

Forty cases of scarlet fever occurred; all made uneventful recoveries. There was some increase in whooping cough, 114 cases were notified comparing with 46 in 1959. Other notifications included 29 cases of acute pneumonia, 10 of erysipelas, 7 of puerperal pyrexia and 2 of meningococcal infection. No special comment is called for on these cases.

Poliomyelitis Two cases of poliomyelitis occurred, both paralytic. One was a schoolboy of 5 years, who was admitted to hospital after being unwell for 10 days at home; he developed weakness of the lower limbs. In hospital poliovirus type 3 was isolated from his stools. He was discharged after approximately 10 weeks and on examination less than 3 weeks afterwards it was found that he had a slight residual weakness in the muscle of the left thigh, absence of knee jerk and a slight foot drop in the same leg. He was able to walk briskly and to return to normal schooling. The other case was a married woman of 25 years, who had paralysis of her palate, pharynx and the right side of her face. Poliovirus (type 1) was isolated and the final diagnosis was polio-encephalitis. On discharge from hospital after less than 5 weeks the facial weakness had begun to improve and it was thought likely to clear completely. Neither patient had been vaccinated against poliomyelitis.

Food Poisoning During the year general practitioners notified 16 cases of food poisoning; four other cases were found during investigation. One proved fatal.

A small outbreak involved two families in one house, and a family outbreak affected two boys. In addition there were 15 single cases, the causal organisms being identified in eight of them as follows:- *Salmonella typhi* murium - 3; *salmonella cholerae-suis* - 1; *salmonella* Newport - 1; *salmonella enteritidis* - 3.

The difficulty of finding positive sources of infection, particularly when information is received late in the department, is illustrated by the small outbreak. The organism concerned was salmonella typhimurium. The mother contracted diarrhoea one Thursday and her husband and four month old baby on the following Sunday. Mother and baby were both positive but the organism was not isolated from the father's stools. The father of the second family in the same house also had symptoms and the same organism was isolated. He was a butcher and was excluded from work by the Medical Officer of Health of the area where he worked until proved negative. As he was a persistent carrier of salmonella infection he was admitted to hospital after six weeks and fortunately was able to be discharged fit to return to duty two weeks later. As information of this outbreak was not received in the department until two weeks after occurrence, it was quite impossible to obtain any sample of food or hope to trace the source of infection.

The fatal case of food poisoning was caused by an organism not usually met with in this country, namely, salmonella choleraesuis, and the origin of infection could not be traced. The patient, a butcher, had severe pain, diarrhoea and vomiting early one morning and was admitted to hospital the following day. He had double vision, fever and extreme prostration. He died a month later and an inquest was held. The death was attributable to salmonella septicaemia. The shop where this patient had worked was thoroughly inspected and every effort made to trace any possible source of infection but without avail. The patient had all his meals sent from home and did not eat out at public restaurants.

Two children in one family were infected by s. Heidelberg in June and as there had been other recent incidents of this infection in south east England, a doctor from the Central Public Health Laboratory at Colindale investigated these cases to ascertain any possible association. The family of husband, wife and two sons stayed for the week-end at their caravan in the country, taking all their food from home. The two boys bathed in sewerage polluted water. The day following their return the older son (13 years) developed fever, abdominal pain and diarrhoea; he was admitted to hospital 3 days later. The following day the younger brother (9 years) also became ill. S. Heidelberg was isolated from the stools of both children although neither parent was carrying the organisms. The source of the infection was not found and there was no apparent association with other recent incidents of s. Heidelberg infection in south east England.

Dysentery Eighty-nine cases of dysentery were notified during the year and in all cases where found, the causal organism

was shigella sonne. Exclusion arrangements instituted last year were continued, children being kept away from school for at least 7 days and not allowed to return until they had been free from diarrhoea and sickness for 3 days. Absence from school has been considerably reduced, apparently with no loss of control over the spread of infection.

Two outbreaks occurred in a day nursery. On the first occasion 7 babies being affected, two of whom were admitted to hospital. The second outbreak involved 18 babies, one being admitted to hospital, and one member of the staff. On each occasion infection cleared up without incident.

Paratyphoid A resident of Hornsey, a man of 61 years, was admitted to hospital in July with a history of having had severe diarrhoea for five days and having had aneuria since the onset of diarrhoea. He was severely dehydrated and his blood pressure was too low to be recorded. His condition on admission was said to be colitis. He died less than 24 hours later. It was thought at first that he had died from food poisoning caused by an organism of the salmonella group, but later it was found to be an untypable paratyphoid B infection, an organism which was new to this country. The matter was reported to the Ministry of Health, who made enquiries regarding this and other salmonella cases which had been reported. No common source or vehicle of infection was found and no connection could be traced with other cases. This case was not notified.

The only notification related to a boy of 3 years who probably contracted the disease on holiday; he made an uneventful recovery.

Diphtheria No notifications of diphtheria were received during the year. During the last decade 3 cases occurred, one of which proved fatal. It is interesting to compare 10-year periods this century and from the table following these comments it would be seen that Hornsey has yet to have a decade completely free from diphtheria deaths. Perhaps this state of affairs will be achieved during the 1960's. One thing is certain, that to achieve this it will be necessary to keep up the proportion of children in the Borough being immunised against diphtheria. Fortunately, the acceptance rate for this last year or two shows some increase. It is not possible to relax after a job well done if the community is to be kept free from diphtheria. The very success of the immunisation campaign tends to give a false sense of security, but it should not be forgotten that diphtheria is a dangerous fatal disease. The immunisation process, which is simple and almost painless, is an effective protection.

For the first time in England and Wales, in 1959 there were no deaths from diphtheria; confirmed cases notified amounted to 102, which was an increase of 22 over 1958. In 1960 there were unfortunately, 5 deaths and 71 cases, but this compares happily with the normal pre-war situation when almost 3,000 child deaths were recorded annually from this disease.

Diphtheria in Hornsey 1901 to 1960

	<u>Cases</u>	<u>Deaths</u>
1901 - 1910	1177	91
1911 - 1920	988	76
1921 - 1930	1904	52
1931 - 1940	780	27
1941 - 1950	184	1
1951 - 1960	3	1

Measles The number of notified cases was 82, only one being over the age of 10 years. Only one child was treated in hospital. All cases made uneventful recoveries and there were no deaths.

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 1960:-

Sputum	...	...	...	45
Nose and throat swab	...	...	...	192
Throat swab	...	...	...	2
Per nasal swab	...	...	...	1
Faeces	...	...	...	826
Water	...	...	...	3
Urine	...	...	...	69
Miscellaneous foods	...	...	...	13

TUBERCULOSIS

The total number of cases on the Tuberculosis Register at the end of 1960 was 1,007, viz., pulmonary 904 non-pulmonary 103.

	Pulmonary		Non-Pulmonary		Total	
	Male	Female	Male	Female	Male	Female
(a) Number of Cases on Register at commencement of year	528	381	54	48	582	429
(b) Number of Cases notified for first time during year under Regulations	25	21	2	3	27	24
(c) Cases restored to Register	3	2	-	-	3	2
(d) Cases added to Register otherwise than by notification under Regulations						
(1) Transferred from other Districts	56	47	1	2	57	49
(2) From Death Returns	2	1	1	1	3	2
(e) Number of Cases removed from Register	107	55	5	4	112	59
(f) Number of Cases remaining on Register at end of year	507	397	53	50	560	447

Cases removed from Register shown under (e) are accounted for as follows:-

Found not to be T. B.		Recovered		Removed to another area		Died at home		Died at Sanatorium or other Institution		TOTAL	
M	F	M	F	M	F	M	F	M	F	M	F
1	1	45	25	48	25	5	-	8	4	107	55
PULMONARY											
-	-	3	2	1	1	-	-	1	1	5	4
NON-PULMONARY											

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

		Under 1 year	1 year	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and over	TOTALS
BY FORMAL NOTIFICATION															
Pulmonary	M	.	.	2	.	1	1	3	4	2	2	6	4	.	25
	F	1	1	1	.	1	2	4	5	4	.	1	1	.	21 46
Non-pulmonary	M	.	.	.	.	.	.	1	1	.	.	.	.	.	2
	F	.	.	.	.	.	.	.	2	.	.	1	.	.	3 5
OTHER THAN BY FORMAL NOTIFICATION															
Death returns from Local Registrar															
Pulmonary	M	.	.	.	.	.	.	.	.	.	.	.	1	.	1 1
Inward transferable deaths															
Pulmonary	M	.	.	.	.	.	.	.	.	.	.	.	1	.	1
	F	.	.	.	.	.	.	.	.	.	.	.	1	.	1 2
Non-pulmonary	M	.	.	.	.	.	.	.	.	.	.	.	1	.	1
	F	.	.	.	.	.	.	.	.	1	.	.	.	.	1 2
Transfers from other Districts															
Pulmonary	M	.	.	.	.	.	2	5	18	12	8	3	6	2	56
	F	.	.	1	1	.	3	15	19	4	2	2	.	.	47 103
Non-pulmonary	M	.	.	.	.	.	.	.	1	.	.	.	.	.	1
	F	.	.	.	.	.	.	.	2	.	.	.	.	.	2 3

NOTIFICATION OF INFECTIOUS DISEASE BY AGE AND SEX

AGE IN YEARS	Scarlet fever		Whooping cough		Acute Poliomyelitis Paralytic		Meningococcal Infection		Measles		Dysentery	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1	1	-	3	12	-	-	1	1	2	3	3	1
1	1	-	1	8	-	-	-	-	8	8	6	5
2	3	-	9	5	-	-	-	-	9	8	4	3
3	3	1	5	7	-	-	-	-	4	11	3	2
4	2	2	6	5	-	-	-	-	3	4	4	3
5-9	7	7	18	24	1	-	-	-	10	11	13	11
10-14	12	-	1	3	-	-	-	-	-	-	1	6
15-24	1	-	1	-	-	-	-	-	1	-	3	4
25 and over	-	-	1	5	-	1	-	-	-	-	3	14
TOTALS	30	10	45	69	1	1	1	1	37	45	40	49

AGE IN YEARS	Acute pneumonia		Erysipelas		Food poisoning		Puerperal pyrexia	Paratyphoid fever	
	M	F	M	F	M	F	F	M	F
Under 5	5	2	-	-	2	-	-	1	-
5-14	2	1	1	-	2	2	-	-	-
15-44	3	1	1	-	5	1	7	-	-
45-64	6	4	2	4	3	1	-	-	-
65 and over	1	4	-	2	-	-	-	-	-
TOTALS	17	12	4	6	12	4	7	1	-

There were no cases of diphtheria or ophthalmia neonatorum.

NOTIFICATION OF INFECTIOUS DISEASE BY WARDS

	Highgate	Muswell Hill	Crouch End	Central Hornsey	North Harringay	South Harringay	Stroud Green	Finsbury Park	TOTALS
Scarlet fever	5	4	1	16	3	1	8	2	40
Whooping cough	13	13	8	15	23	5	24	13	114
Acute poliomyelitis Paralytic	-	-	-	-	1	-	-	1	2
Measles	10	2	5	7	9	23	20	6	82
Acute pneumonia	1	1	-	2	18	-	6	1	29
Dysentery	7	16	13	12	10	2	15	14	89
Erysipelas	-	-	1	1	-	3	4	1	10
Food poisoning	3	4	-	1	3	1	1	3	16
Puerperal pyrexia	-	5	-	1	-	1	-	-	7
Meningococcal Infection	-	-	-	1	1	-	-	-	2
Paratyphoid fever	1	-	-	-	-	-	-	-	1
TOTALS	40	45	28	56	68	36	78	41	392

HOUSING AND SANITARY CIRCUMSTANCES

Certain aspects of the work required to be carried out by public health inspectors in this Borough have changed considerably during the last few years. Before the war most of the inspectors' efforts were concentrated on securing the abatement of sanitary nuisances in tenanted houses and for this purpose the owners, from time to time, were required to carry out structural repairs to roofs and floors and wall and ceiling linings. Additionally the owner was normally considered to be responsible for the internal decorative condition of the house. Generally speaking houses were occupied as single dwellings by one family except in one or two small areas of older houses in the Borough.

With the advent of the Rent Act the position with regard to repair and internal and external decoration of the tenanted dwelling house has been modified. In order to obtain the maximum permitted rent the owner was generally prepared to carry out necessary repairs to make the premises weatherproof and reasonably comfortable for occupation. The occupiers were themselves, in most cases, prepared to carry out the necessary internal decorative repair and the number of applications to the Council for action under the Public Health Act, has, since the Rent Act, progressively declined. Where an owner is not prepared to meet the reasonable requests for maintenance by the occupier, procedure is provided by the Rent Act which has been used in a number of cases and at the same time the information available to the Department suggests that the availability of this procedure to the occupier, has persuaded the owner to carry out work without recourse by the occupier, to the official procedure. The effect of these conditions has been an appreciable improvement in the general standard of repair and external and internal decoration of the majority of the tenanted houses in the Borough.

Since the Rent Act came into force there appears to have been a noticeable increase in the number of owner-occupied dwellings in the Borough and this naturally has led to a further improvement in the condition of many of these houses.

A long standing problem which the department is still called upon to solve, consists of the evacuation and demolition of houses which are old, dilapidated and beyond repair at anything approaching reasonable cost. Most of these houses are situated in groups but there are from time to time single houses, detached, semi-detached and terraced which reach a stage of dilapidation where they are no

longer fit for human habitation. The Council is proceeding with the clearance and re-development of the Campsbourne Area and a number of single houses in other parts of the Borough have been closed or demolished where this action appeared to be necessary, (see Table page 19). This type of work is really a continuation of slum clearance carried out by the department.

Another aspect of housing calling for very much greater attention is the problem of overcrowding and houses in multiple occupation. These houses are brought to light in the course of routine inspections by the public health inspector or because of complaint from the occupiers or from people living nearby. Information from the Housing Department concerning applications for Council housing also reveals the multiple use of houses which were previously occupied by only one or two families.

The practice is growing up of dividing three or four storey houses of up to ten or twelve rooms, into "single room flats" and this type of accommodation is even now being advertised on some of the private advertisement boards to be seen outside shops in some parts of the Borough. When these houses are inspected it is frequently found that the so called flats are overcrowded even according to the low standard which is laid down in the Housing Act.

The owner has in most cases neglected his responsibility to make adequate enquiries as to the size of the family to whom he lets the accommodation nor does he inform them of the maximum number of persons permitted by the Housing Act to occupy that accommodation. Proof that the owner knew that the premises would become overcrowded is not readily forthcoming since the owner of such a house is not inclined to admit his default, whilst the tenant is disinclined to make a full statement of the circumstances. It has been suggested that the tenant does not wish to confirm that the owner knew that overcrowding would occur in order that he will not encourage the owner to evict him. The department finds this explanation difficult to accept because in these houses the accommodation is frequently furnished and therefore the tenant has no security of tenancy, or, if the accommodation is unfurnished the tenancy probably commenced after the introduction of the Rent Act and therefore the tenancy is not controlled. Furthermore the service of a notice regarding overcrowding on the owner, requires the owner to take all the necessary action to secure the abatement of the overcrowding and this normally means the early eviction of the tenant.

Under the Housing Act the Council can declare the standards of amenities and sanitary facilities which should be available in houses in multiple occupation in the Borough. The Hornsey Borough

Council has adopted such standards with regard to the natural lighting, ventilation, water supply, drainage and sanitary conveniences, facilities for the storage, preparation and cooking of food and the disposal of waste water in houses in multiple occupation. Where appropriate, which means in a large number of cases, letters are sent to the owner requesting him to meet these standards. This work is proceeding at a normal rate but it is evident that there are a considerable number of houses requiring inspection under this heading.

With regard to overcrowding the Council have considered a report listing over 20 recently verified cases of overcrowding. Thirteen of these were "new" and the families had been in occupation of the houses for periods of from a few weeks to 18 months and in each case the overcrowding occurred at the time of taking occupation of the accommodation. The Council gave instructions that this overcrowding was to be abated and legal proceedings were to be taken where appropriate. In a number of the other cases of overcrowding the law recognises that a family can become overcrowded by natural increase and the normal action regarding abatement is not available providing always, that the head of the overcrowded family has made application to the Council for housing accommodation. This type of case is dealt with very sympathetically by the Council and accommodation provided as soon as is practicable. There are certain further cases of overcrowding created by owner-occupiers who themselves, have entered upon premises which were inadequate for their needs.

CAMPSBOURNE CLEARANCE AREA

Stage VI

In January the official representation to the Council of Stage VI was made in three parts as follows:-

- VI(a) 2-10 (even) Pembroke Road
1 & 3 Boyton Road
- VI(b) 7-9 (odd) Boyton Road
- VI(c) 1-11 (odd) Brook Road

At the recommendation of the Housing Committee the following properties were added and the Council made a Compulsory Purchase Order.

- 5 Boyton Road
- Factory premises and garages in Brook Road
- Factory premises 12 Pembroke Road
- 13-35 (odd) Brook Road

Objections were received in respect of four properties, but were withdrawn concerning two of them.

A Public Enquiry was held on 5th September and confirmation of the Order, with minor modifications, was made by the Minister in January, 1961. The Order became operative on 10th March, 1961.

Stage VII

On 20th December the official representation to the Council of Stage VII was made in two parts as follows:-

VII(a) 16-38 (even) Campsbourne Road

9-21 (odd) Myddelton Road

12-26 (even) Myddelton Road

VII(b) 32-36 (even) Myddelton Road

At the recommendation of the Housing Committee the following properties were added.

2-14 (even) Campsbourne Road

2-10 (even) Myddelton Road

1- 5 (odd) & 23 Myddelton Road

Derelict stables used as garage between
1 & 3 Myddelton Road

Vacant land between 5 & 9 Myddelton Road
and rear of 12-22 Campsbourne Road

Objections were received in respect of 7 properties.

A Public Enquiry was held in the Town Hall on 30th May, 1961.

RE-HOUSING ON HEALTH GROUNDS

The total number of housing cases reviewed on health grounds during the year was 84. In 69 cases action was as follows:-

Nil points recommended	9
5 " "	9
10 " "	9
15 " "	40
Cases accepted by Committee for rehousing outside the points scheme	2

The remaining 15 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 having regard to other applicants on the waiting list.

24 cases were placed in special categories as follows:-

Group I	Serious medical condition		
	(a) Active pulmonary tuberculosis	2	
	(b) Other medical conditions	3	
Group II	Chronic medical or surgical conditions which have crippled the patient	11	
Group III	Old persons needing ground floor accommodation because of infirmity possibly with illness	6	
Group IV	Serious overcrowding causing undesirable mixing of sexes with its accompanying moral danger	2	

13 families with medical need were rehoused during the year.

CERTIFICATES OF DISREPAIR

Applications for certificates of disrepair	13
Decisions not to issue certificates	1
Decisions to issue certificates (a) in respect of some defects	8
(b) in respect of all defects	4
Undertakings given by landlords	6
Undertakings refused	-
Certificates of disrepair issued	7
Applications for cancellation of certificates	6
Objections by tenants to cancellation of certificates	1
Decision by Council to cancel in spite of tenant's objection	2
Certificates cancelled	6
Applications for certificates as to remedying defects which landlord has undertaken to remedy:	
Certificates issued to landlords All defects remedied	4

CLOSING ORDERS

Property	Part affected	Order operative	Action taken
176 Stroud Green Road	lower ground floor rooms	9th February	Premises vacated.
50 Clarendon Road	whole house	22nd March	Occupants re-housed.
28 Campsbourne Road	whole house	22nd March	Occupants re-housed.
36 Campsbourne Road	whole house	27th April	Premises vacated.
480 Archway Road	whole house	28th Dec.	Occupants re-housed.

CLOSING ORDER DETERMINED

A Closing Order made on 14 Ennis Road on 10th October 1958 was determined on 12th July, 1960, the work required to render the premises fit for human habitation having been carried out.

DEMOLITION ORDERS

A Demolition Order was made on 12 Great North Road on 18th January, and the premises were demolished in June.

INSPECTION OF SHOPS

131 inspections under the Shops Act were made and it was found that 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

LICENSING OF PET SHOPS

During the year 23 inspections were carried out, 10 by the Veterinary Inspector and 13 by the Public Health Inspectors.

Five existing licences were renewed at the beginning of the year and one more issued.

HAIRDRESSERS

Byelaws with respect to the business of hairdressers and barbers have applied in Hornsey since 1956 and there are 28 establishments for male hairdressing and 37 establishments for female hairdressing, which includes 7 establishments catering for both sexes.

All the establishments were inspected during the year and with the exception of a few minor matters were found to be satisfactory according to the Byelaws which are designed to secure the cleanliness of the premises and of the staff and of the customers and equipment used. The Byelaws require the adequate sterilization of instruments, combs and hairbrushes and the use of clean protective covering for customers.

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 area is supplied from two main sources:-

- (a) River Thames derived water stored in the reservoirs at Littleton and Staines and treated at the Board's filtration works at Ashford Common, Kempton Park and Hanworth Road.

- (b) Water from the New River derived from the River Lea at Ware and from wells along the course of the New River. This water is treated at the Board's filtration works at Stoke Newington and Hornsey.

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.

No new sources of supply have been instituted and there have been no important extensions of trunk mains nor changes in the general scheme of supply to the Borough.

New mains laid in the Borough during the year amount to 189 yards only. All new as well as 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.

Details of the analytical results of the water passing into supply are shown below.

Bacteriological Results of Water Passing into Supply after Chlorination

No. of samples		Plate counts Average colonies per ml. counted on agar at 37°C after 20-24 hrs.	Coliform test	
			Samples negative in 100 ml.	
			Coliform	E. coli
River Thames	1,778	14.4	98.71%	100.0%
New River	515	5.2	99.42%	100.0%

Chemical Examination

104 samples of filtered water derived from the New River and 207 from River Thames derived water were taken for chemical examination. All were found to be satisfactory. The average fluoride content in the water supplied to Hornsey was 0.25 parts per million.

SEWERAGE

The whole of the Borough is provided with sewerage facilities. That part of the Borough north of Fortis Green drains into the East Middlesex main sewerage system and the remainder of the Borough's sewerage system joins the northern out-falls of the London County Council's drainage system.

RIVER POLLUTION

Continuous inspections of surface water drains are carried out to prevent pollution. Now few new instances of sanitary fittings connected to the surface water drains are found. The usual defect is now the result of a fault developing.

The following figures relate to action taken during 1960.

Premises inspected by drainage inspection assistant	5,222
Re-inspections	728
Premises inspected by public health inspectors	286
Re-inspections	362
Number of premises in which defects were remedied after service of written or verbal notices.	175

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 was opened in 1929. It consists of two pools, one for adults 165 ft. x 75 ft., and another for children. The water is taken from the mains of the Metropolitan Water Board and is replenished every season. The water is treated by pressure filtration and break-point chlorination, the whole of the water in both pools being treated on an eight hour cycle. The Superintendent takes samples for determination of the pH value and the free residual chlorine three or four times each day according to the number of people using the bath.

Samples are taken for bacteriological examination at intervals and have proved satisfactory.

INSPECTIONS FACTORIES ACT, 1937 INSPECTORS

Inspection of Factories

	Total No. of Factories	No. Inspected	Inspections Made
Factories with Mechanical Power	196	34	66
Factories without Mechanical Power	36	8	6

Defects Found

6 notices were served during 1960 regarding want of cleanliness, unsuitable, defective and insufficient sanitary conveniences. All were complied with at the end of the year. 3 notices served during 1959 were complied with during 1960. No prosecutions were instituted.

Outworkers

There are 213 Outworkers on the register engaged in the following occupations:-

Making, altering, etc. of wearing apparel	162
Making of lace, lace curtains and nets	2
Making or repairing of umbrellas, sunshades, etc.	4
Making of artificial flowers	6
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	8
Making of brushes	6
Feather sorting	1
Making of stuffed toys	1
Making or filling of Christmas crackers, Christmas stockings, etc.	7
The weaving of textile fabric	3
Manufacture of lampshades other than lampshades made wholly of metal or glass or stone	8
Covering of racquet or tennis balls	1
Making up of household linen	4

31 visits were paid to outworkers' premises during the year. No notices were served under Section 110 or Section 111 of the Act in connection with failure to send in list of outworkers or work in unwholesome premises.

RODENT CONTROL

The opinion given in my Annual Report last year that the rat population had been considerably reduced by the use of sodium fluoroacetate and warfarin in the treatment of sewers is confirmed by the number of infestations by rats reported in the Borough during 1960 reaching the low figure of 110, by comparison with the figure of 207 for 1959. Of the 110 reported surface infestations no evidence of rats was found in 28 instances and the majority of the 82 referred to stray rats. There were no major infestations.

Once again the final assessment of the year's work on the sewers is provided by the result of warfarin treatment commenced in October 1960. This treatment, which entails three visits to each of the selected baiting points - and 1196 were treated - is spread over some five weeks and was concluded towards the end of November 1960. It is interesting to note that during the time from 19th November 1960, when the treatment ended, until the end of the year (some 6 weeks) only 8 reports of rats were received.

The percentage of "takes" in the sewers during the warfarin treatment was between 1.1% and 6.9% and once more the difference between these figures refers to some 83 feeding points where poison bait was disturbed and the reading was therefore uncertain.

Comparative figures on surface infestations for 1959 and 1960 are as follows:-

	<u>1960</u>	<u>1959</u>
January - March	21	59
April - June	25	74
July - September	37	50
October - December	27	24
	<u>110</u>	<u>207</u>

INSPECTIONS BY PUBLIC HEALTH INSPECTORS

1st Inspection Re-inspections

Food

Food Premises (See table on page 38)	90	206
Hawkers	4	2
Street Traders	9	3

Infectious Diseases

Notifiable Infectious Diseases	143	33
Food Poisoning	17	4
Infectious Disease Contacts	12	2

Public Health Inspections

Nuisances	1107	1835
Drainage	93	258
Drain tests	42	2
Rodent Control	28	28
Overcrowding	21	8
Factories	37	65
Cutworkers	27	4
Renewal of Music and Dancing Licences	19	11
Rivers Pollution	286	370
Smoke observations	24	17
Verminous conditions	29	8
Pests	34	2
Certificates of Disrepair	13	4
Revocation of Certificates of Disrepair	4	2
Hairdressers' Shops	68	11

Housing Act Inspections

House to House	318	149
Permitted numbers	1	-
Houses in Multiple Occupation	66	22

Shops Inspections

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Others

Pet Animal Shops	8	5
Petroleum Stores	-	-
Fireguards	1	-
Visits to old people	18	20

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED

Drainage

Number of houses and premises redrained	8
Repairs or amendments to existing drains	75
Drains or gullies unstopped or cleansed	118
Manholes provided or repaired	30
Intercepting traps fixed	14
Soil and ventilation pipes repaired or renewed	17

Water-Closet and Sanitary Fittings

Water-closet buildings provided or repaired	17
Water-closet pans provided or renewed	23
Water-closets unstopped, cleansed or repaired	12
Flushing cisterns provided or repaired	20
New sinks provided	8
New lavatory basins provided	9
Waste pipes trapped, repaired or unstopped	41
Baths provided or made usable	5

General

Roofs repaired	109
Rain-water gutters, renewed or repaired	47
Rain-water pipes provided or repaired	25
Dampness remedied	59
Damp-proof courses provided	5
Yard paving provided or repaired	15
Rooms cleansed	9
Rooms disinfested of vermin	8
Floors repaired	27
Windows, doors, skylights, sashcords and fittings repaired	62
Window-sills repaired	9
Water-cisterns repaired, cleansed or covered	6
Water supply pipes repaired	4
Stoves, ranges, renewed or repaired	8
Flues and chimneys repaired	4
Accumulation of refuse removed	30
Dustbins provided	9
Miscellaneous items	64

ABATEMENT NOTICES

The Notices served during the year were as follows:-

	Verbal	Preliminary	Statutory
Public Health and Housing Acts	87	330	19
Shops Act	2	1	.
Factories Act	2	4	.

LEGAL PROCEEDINGS

Date of Hearing	Premises	Offence	Result
Public Health Act, 1936 Sec. 92/93			
17th August	80 Stapleton Hall Road	General Defects	Court Order - work to be carried out within one month. Work completed January 1961.
24th August	133 Muswell Avenue	General Defects	Court Order - work to be carried out within 28 days. Work completed January 1961.
Shops Act, 1950 Sec. 53.			
13th January	-	Shop open on 3 Saturdays, after statutory declaration by trader that he conscientiously objected on religious grounds to opening on Saturdays.	Fine £6. Costs £6. 6s.

CLEAN AIR

On 1st September 1960 the Hornsey Smoke Control Orders Nos. 1 and 2 came into force after over 12 months notice being given of the date of operation of the No. 1 Order, and 8 months in respect of No. 2.

Every effort was made throughout the year to encourage householders who were eligible for the 70% grant towards the cost of necessary conversions and adaptations of grates and stoves, to make their arrangements early, but it is to be regretted that a very large proportion of the applications were not received until the latter part of August when there was inadequate time for the proposals to be fully examined and the necessary approvals granted so that the work could be carried out before the date of operation of the Order. This was new legislation and as such a number of doubtful points on interpretation required to be clarified, based on the experience which was being gained in bringing the Orders into operation so that the delay in receipt of applications only further complicated the position. The Council decided to grant a two months extension for the receipt of applications and in a restricted form necessary to meet the provisions of the Act, many additional approvals were given and grants paid. It is to be hoped that the householders in the Borough whose dwellings come within future smoke control areas, will commence their arrangements as soon as they are informed of the confirmation of the Order. It will undoubtedly be to their advantage and will lessen the rush of work during the few days before the Order comes into operation.

The inspectorial and clerical staff of the department are available to discuss problems of owners and occupiers either at the Town Hall or by arrangement at the premises concerned. Smoke Control Order No. 3 was sent to the Ministry for confirmation before the end of 1960 and subject to such confirmation the Council proposes to bring the Order into operation on the 1st November, 1961. The fullest publicity will be given to the matter and the public's full co-operation is earnestly requested.

The arrangement for the survey of individual premises, necessary as a preliminary to the declaration of a smoke control area, has been improved during 1960 by the appointment of a survey assistant specifically for this purpose.

His duty is to call at each dwelling in the proposed area and record details of the existing appliances, new appliances required and probable cost of installation as well as an estimate of present annual consumption of solid fuel. From this information an estimated is made on the number of appliances which will require replacement or adaptation and the cost of the proposed or necessary work and the variation in demand which will arise for smokeless fuel, gas and electricity in the proposed area.

Between May and December approximately 2,500 premises were inspected.

Measurement of Pollution

For some years the department has maintained three deposit gauges which are changed each month and three instruments to measure daily the amount of smoke and sulphur dioxide in the atmosphere by the volumetric method. The figures gained from this apparatus contribute to the local and national information from which the degree of pollution can be assessed. The results are collated by the Warren Spring Laboratory of the Department of Scientific and Industrial Research and published in their monthly bulletin. During the year the Minister of Housing and Local Government addressing a Standing Conference, on which this Council is represented, recommended the adoption in principle, of the findings of a specialist working party on the measurement of atmospheric pollution. The Minister requested the co-operation of Local Authorities in implementing the recommendations of the Working Party Report and in particular the scheme to build up an improved national picture of the atmospheric pollution problem. These proposals included a request to a number of statistically selected Local Authorities to establish daily smoke and sulphur dioxide filters, according to a new formula, the purpose of which is to create a national average for different types of districts i.e. residential district with high population, residential district with low population, industrial working district and smoke control areas, against which each Authority will be able to judge its own results. Hornsey has been selected as one of the areas to be included for the special calculations and the Council has agreed to co-operate by establishing measuring instruments on sites selected in co-operation with the staff of the Warren Spring Laboratory. Five smoke and sulphur dioxide filters and two deposit gauges were brought into use early in 1961.

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	15	18	9	38	54	43	5	8	1	4.6	5.3	6.7	13.5	29.0	20.0	1.2	1.4	1.6	13.31	8.64	13.95
February	15	19	20	34	37	40	6	11	10	4.7	5.9	9.0	14.3	15.0	21.8	1.5	1.4	2.5	15.40	11.20	15.85
March	12	13	15	27	27	26	4	5	6	4.6	7.0	8.0	9.2	36.7	15.8	1.8	2.5	3.2	18.59	15.68	17.01
April	7	8	9	20	17	20	3	4	3	3.7	3.6	5.4	8.5	8.2	13.6	2.0	1.9	2.1	20.63	10.13	14.73
May	6	7	8	13	15	17	1	3	2	4.0	3.2	5.4	8.9	7.5	12.4	0.6	1.0	1.6	12.16	11.99	11.24
June	3	4	3	11	14	8	1	1	1	2.2	2.2	2.4	7.7	8.0	9.8	0.9	0.7	0.2	12.19	8.76	12.85
July	2	3	3	5	7	9	1	1	1	1.4	1.5	1.3	2.5	2.3	3.5	0.2	0.7	0.4	9.02	7.24	12.08
August	3	4	4	6	8	10	1	1	1	1.6	1.5	1.9	3.4	3.0	4.6	0.2	0.5	0.5	8.21	6.99	12.37
September	5	7	7	8	12	14	1	2	1	1.3	1.5	2.6	3.5	3.3	4.6	0.0	0.4	0.5	9.72	8.62	12.76
October	9	14	15	20	27	31	4	8	9	2.6	4.3	6.7	5.0	8.2	15.8	1.0	1.4	1.5	9.80	8.24	10.65
November	12	17	18	32	35	40	3	6	7	3.3	4.7	7.3	9.0	15.8	10.2	0.9	1.9	3.2	12.19	10.76	19.32
December	14	21	22	31	49	57	3	4	7	4.5	8.1	9.8	8.6	29.6	20.3	1.0	0.9	4.0	12.69	10.68	14.69

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

SMOKE POLLUTION FROM ROAD VEHICLES

Between 26th August and 17th October 1960, in conjunction with the Warren Spring Laboratory of the Department of Scientific and Industrial Research, a survey was made of the smoke pollution due to road traffic in Archway Road.

Sampling Points Measurements of the hourly mean concentration of smoke at a height of 10 feet above the ground were made at a point in the building line beside Archway Road opposite the Highgate Underground Station; another set of measurements of concentration at the same height were made at a point 100 yards from the main road in the grounds of the Library in Shepherds Hill in order to provide information on the "background" concentration due to sources other than traffic. All measurements were made by passing a sample of air through a white filter and measuring the darkness of the stain produced. The figures given can therefore be taken as relative amounts of "black smoke".

Background Concentration The background concentration of 30 microgrammes per cubic metre is very similar to measurements made in neighbouring boroughs (allowing for some difference in ventilation) and may be regarded as a true measure of the pollution in the area. The mean pollution on weekdays (Mondays - Friday) at the Archway Road site is, however, 360 microgrammes per cubic metre - i.e. twelve times the background, and this additional pollution can only be due to traffic.

On weekdays, there are two maxima in the pollution due to traffic between 6 a.m. and 9 a.m. and between 7 p.m. and 10 p.m., the highest figures being observed between 7 a.m. and 8 a.m. when the mean concentration at Archway Road was 750 microgrammes per cubic metre, while at the library it was only 40 microgrammes per cubic metre.

Traffic Flow and Smoke Concentration On a Tuesday and a Sunday during the survey, a census of road traffic was carried out at a point near the site of the measurements and these indicate that the variation during the day did not agree with the variation in the number of diesel vehicles passing (which does not vary much between 6 a.m. and 8 p.m.) The variation in concentration of pollution agreed in fact much better with the variation in total number of vehicles passing. This need not be taken to imply that all vehicles contribute equally to the pollution since the amount of smoke emitted by a diesel vehicle will be greater in periods of traffic congestion when it is subject to frequent halts. There will

also be some dependence on weather conditions - a separate study indicates that the pollution to be expected with a wind speed of 15 knots is only one-third of that at 5 knots. We may, however, eliminate both these variables to a large extent by comparing pollution on weekdays and on Sundays. From 10 a.m. to 8 p.m. there is approximately the same number of vehicles on both days, but far fewer diesel vehicles on the Sunday, and correspondingly lower pollution which shows conclusively that diesels are responsible.

Layers of Pollution

A few additional measurements were made at a height of six feet, at the edge of the carriageway at a series of points along the road; these indicate that there was not a very large change in concentration across the pavement, and that very similar concentrations are observed for some distance along the road. Another set of measurements made at different heights above the ground showed that there was little difference down to about 4 feet, but that concentrations at a height of 2 feet are about 50 per cent. higher. Some measurements were also made on the road behind "smoking" vehicles by means of a motorcycle and these indicated concentrations as high as 10,000 microgrammes per cubic metre, although 3,000 to 5,000 was more common.

Inhalation Risks

It is interesting to note that the amount of air drawn through the filter paper in one hour during the survey was approximately 2.5 cubic feet, the equivalent of 71 litres and that an average adult when walking at about 3 miles per hour inhales at the rate of 25 litres per minute. One of the hourly smoke stains, therefore, indicates approximately the amount of smoke which might be inhaled in three minutes by a person walking up Archway Road.

Conclusion

The average smoke pollution on weekdays in the Archway Road is approximately twelve times the background pollution of the district measured at ten feet above ground level. This pollution is shown to result from diesel vehicles in heavy traffic conditions. A greater concentration is found below 2 feet from the ground.

SMOKE CONCENTRATION: READINGS DURING HOURS OF HEAVY CONCENTRATION

N.B. All readings are shown in microgrammes per cubic metre.

Date	Time		Archway Road	Shepherds Hill
	a. m.	p. m.		
August				
Wed. 31st	7 - 8		1120	30
September				
Tue. 6th	6 - 7		1200	60
Wed. 7th	7 - 8		1480	10
" "		7 - 8	1330	50
Thur. 8th	6 - 7		1870	180
Tue. 13th	7 - 8		1080	20
Thur. 15th	7 - 8		650	40
Fri. 16th	11 - 12		810	70
Mon. 19th	9 - 10		1040	60
Wed. 21st		9 - 10	770	30
Fri. 23rd		8 - 9	760	30
Mon. 26th	6 - 7		610	less than 10
Tue. 27th	7 - 8		910	20
October				
Tue. 4th	7 - 8		1360	70
" "		8 - 9	1620	450
Wed. 5th		9 - 10	1060	80
Fri. 7th		9 - 10	1210	110
Mon. 17th	7 - 8		1440	280
" "	11 - 12		1600	680

Comparison of Recordings

During past years 68 London sites showed overall averages for smoke concentrations as follows:-

Summer	(April to September)	100
Winter	(October to March)	310
Yearly	(April to March)	209

Sample results under special atmospheric conditions were as follows:-

5th - 8th December 1952 - The Great London Smog. The average concentration in the Thames Valley was 3750. At Woolwich figures of 5430 and 5220 were recorded.

During November 1959, hourly readings were taken at Greenwich during light fog conditions and the maximum reading obtained over three days was 3600.

FOOD

Another aspect of the re-orientation of the work of the public health inspector concerns food hygiene. The first Regulations to secure the improvement in the handling, preparation and storage of food came into force on the 1st January, 1956 and these Regulations were revised in 1960 coming into force on the 1st October of that year. The second edition varies generally only in detail from the first and a great deal of effort has been and continues to be made to ensure that premises on which food is handled are properly constructed, that the equipment is suitable for the job and that adequate attention is paid to all aspects of cleanliness both of the premises and of the persons who are engaged in the work. It must be evident that during the past few years there has been a striking improvement in the equipment, layout, lighting and general cleanliness of most food premises but continuous effort is required through the department to ensure that the better standards are maintained not only in the public portion of the premises but also in those parts of the establishment from which the public is excluded.

The department is prepared at all times to discuss a problem with food traders and food handlers and the inspectors can draw upon their wide experience in offering advice and suggestions as to how the occupier of food premises, and his staff, can meet the requirements of the Regulations. It is necessary, however, to point out that the Council have the power to institute proceedings where the persons concerned do not meet their obligations and it should be emphasised that the Food Hygiene Regulations are designed as a code of continual practice and that any failure to meet the requirements of the Regulations is of itself an offence and can be made the subject of prosecution. However, the happy situation exists in the Borough whereby the large majority of food traders and food handlers are keen to co-operate with the Council in ensuring that the public receive clean safe food, prepared and handled in clean safe conditions and it is to be hoped that this atmosphere will very soon apply to everybody in the Borough whose activities are governed by the Regulations.

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	23	4	-
Butchers	46	-	27
Confectionery (sugar)	127	107	1
Fish (wet and dried)	11	2	3
Fish (fried)	8	-	1
Fruit and vegetables	76	11	-
Grocery and provisions	124	33	17
Milk	4	1	-
Canteens	2	-	-
Preserved foods	2	-	-
Public houses and off licences	69	8	-
Restaurants and cafes	63	5	-
Tobacconists and Newsagents	1	1	-
Herbalist and health foods	1	-	-
Confectionery warehouse	-	-	-
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 36 registered hawkers who are at present selling the following foods:-

Confectionery	1	Groceries	2
Eggs	1	Ice Cream	3
Fish	1	Winkles and shrimps	1
Fruit and vegetables	24		

FOOD SAMPLING

I am indebted to J. A. O'Keefe, Esq., 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 1960 -

Article	Total samples procured	Unsatisfactory
Milk (Various)	78	
Butter and margarine	12	
Cakes	12	
Cheese	17	2
Cooked meat	21	
Cream	10	
Drugs	13	
Fish and fish products	29	1
Fruit - fresh and canned, etc.	19	2
Ice-cream	6	
Meat, meat products and liver	37	2
Sauce	6	
Sausages, etc.	11	
Sweets	3	
Vinegar	35	
Miscellaneous	21	
	<hr/>	<hr/>
Totals	330	7
	<hr/>	<hr/>

The following comments relate to samples noted as unsatisfactory:-

Cheese

Two samples of cream cheese were procured and upon analysis they proved to be processed cheese. The samples were taken from a large multiple store and it was felt that the cheese had been inadvertently mis-described by an assistant in the shop and an official caution was issued.

Fish

An official caution was issued to a fishmonger within the Borough for describing and selling red fish as sea bream.

Fruit

Two purchases of seedless oranges were procured and were found to contain quantities of seeds. Legal proceedings were instituted against the company concerned and fines on two counts of £5 and £2 respectively were imposed and an order made for the payment of costs amounting to two guineas.

Meat

Two samples of steakettes were procured and each was found to contain a prohibited preservative. An official caution was issued.

Merchandise Marks Acts, 1887 - 1953

The majority of the inspection work carried out under the provisions of the above Act 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 fruit, bacon, ham, poultry, butter and honey upon sale and exposure for sale. Inspections were made at 151 premises of 768 displays of these foodstuffs. No infringements were detected.

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 932 articles of pre-packed food was examined at 132 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 Labelling of Food Order. Examples of where corrective action was sought are set out as follows: television and press advertisements which falsely described a processed cheese as a cream cheese, advertisements which falsely suggested a fruit content for sweets, jam-cream sponge and cream doughnuts which contained imitation cream, and chocolate liqueurs which were deficient in alcohol-content.

MILK SUPPLY Under the Milk (Special Designation) Regulations, 1960, the licences for the sale of special designated milk will from 1st January 1961 be granted by the food and drugs authority, which in this area is the County Council. The period for which a licence will be granted is extended from one year to five years and the system of granting supplementary licences for dealers from outside the local authority's area is abolished. The registration of distributors premises under the Milk and Dairies Regulations, 1949, will continue to be effected by this Council, thus from next year the unfortunate situation will exist wherein milk dealers must register with the Borough Council and obtain a licence to sell from the County Council.

During 1960 eight new registrations were effected and licences for the sale of designated milk granted as follows:-

	Dealers'	New Licences Supplementary	Dealers'	Renewals Supplementary
Pasteurised	10	-	32	9
Tuberculin Tested	7	-	28	9
Sterilised	8	-	43	10

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

Bakehouses and Bakers' Shops	15	Grocers' Shops	85
Butchers' Shops	31	Public Houses & Off	
Canteens and Kitchens	8	Licences	12
Confectioners	13	Prepared Food Shops	3
Fish Shops	10	Restaurants, Cafes, etc.	62
Greengrocers' Shops	57		

TOTAL INSPECTIONS 296

The following is a list of unsound food surrendered during 1960. Wherever possible this was salvaged for use as animal feeding or industrial purposes.

	Cwt.	lb.		Cwt.	lb.
Canned Vegetables		10	Meat and Bacon	1	46
Canned Fruit & Fruit Juices	1	28	Fish	1	66
Canned Meat	7	48	Cereals		1
Canned Fish		8	Dried Fruit		45
Canned Soup		4	Poultry		46
Canned Jam & Marmalade		37	Potatoes	105	
Milk	5 pints		Frozen Eggs		42

LEGAL PROCEEDINGS

Date of Hearing	Offence	Result	
Food and Drugs Act, 1955, Section 2			
13th January	Cardboard in bottle of milk.	Fine £10.	Costs £6.6s.
18th May	Finger of cotton glove in tinned salmon	Fine £10.	Costs £8.8s.
12th October	Cotton fibres in loaf	Found guilty.	Costs £21.
<hr/>			
Food Hygiene Regulations, 1955			
9th March	Failure to keep walls and floors in good order so as to prevent risk of infestation by mice. (Reg. 23(1)(b)).	Fine £3.	Costs £2.2s.
	Failure to keep metal bowl and tin container clean (Reg. 6(17)).	Fine £3.	Costs £2.2s.

OLD PEOPLE'S WELFARE

Apart from the many miscellaneous enquiries about old people known to the department, 26 new cases were reported during 1960, but it is pleasing to be able to report that compulsory action for removal to a home or hospital was not required. In two cases it might have been necessary to apply for a Magistrate's Order but both of the people concerned voluntarily entered hospital as their condition rapidly deteriorated.

The remaining elderly people were enabled to obtain proper care in their own homes in co-operation with the services of the Area Health and Welfare Offices, and in some cases the Mental Health Department.

Where hospital treatment is necessary the helpful consideration of the Geriatrician at the Whittington Hospital, Dr. A. N. Exton-Smith, and his staff, is always readily given and in some cases it has been possible to admit an old person for 3 or 4 weeks in order to enable other younger relatives to obtain a well earned rest. Home nurses and home helps play a very great part in keeping old people in their own homes and the staff of the Old People's Welfare Council in providing various amenities and services contribute very considerably to their happiness and wellbeing. The meals on wheels service regularly provided by the Women's Voluntary Services, is one, the value of which cannot be too strongly stressed. This organisation also co-operates with the Borough Librarian in providing a library book delivery service: thus enabling many housebound old people to receive the benefit and enjoyment of regular reading matter.

CARE OF THE AGED

It is estimated that there are in the Borough approximately 15,600 persons of pensionable age, most of whom live a normal happy life of retirement in their own homes. Some continue at full-time work; others in part-time occupation.

Our attention is focussed on the lonely, infirm and the sick aged. These important groups have at their disposal the service of the following - general practitioners, personal health and environmental health services, the statutory and voluntary welfare services, the hospitals, the Ministry of Pensions and National Insurance, The National Assistance Board and various other services such as dental, ophthalmic and chiropody.

General Practitioners In the first instance the practitioner treats ailments of his aged patients. He may request the services of the district nurse, the home help, meals on wheels and home nursing appliances, e.g. commode, wheelchair etc. If the patient cannot be treated at home the doctor may arrange out-patient attendance at a hospital or admission for an acute or chronic case or the welfare officer to see cases with a view to admission to a welfare home.

The Welfare Department The Welfare Officers visit very many old people in their own homes. The shortage of welfare homes for aged persons is still a grave disadvantage and numerous beds in chronic sick hospitals have been occupied throughout the year by cases said to be suitable for welfare homes.

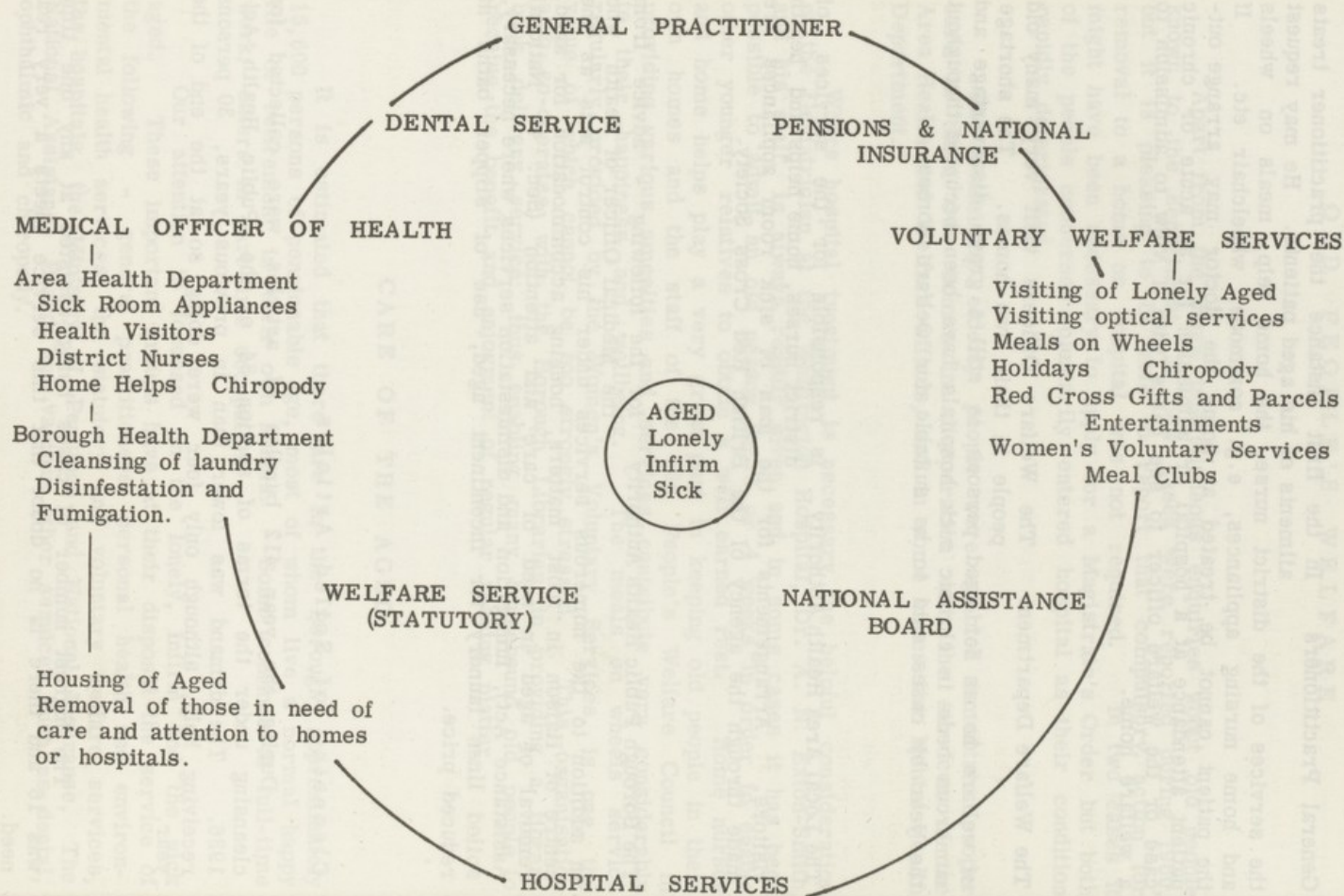
The Local Area Health Authority is responsible for the services of district nurses, home helps and health visitors. Arrangements for the loan of sick room appliances are made through the agency of the British Red Cross Society.

The Borough Public Health Authority for the following - advice from the Medical Officer of Health who in addition to the numerous services under his control acts as the centre of liaison in most matters, housing accommodation for aged, removal of aged in need of care and attention (Sec. 47 National Assistance Act), fumigation and disinfection services where necessary, soiled linen laundry for incontinent aged, use of slipper baths at reduced price.

Cleansing of Soiled Articles

During the year 412 bundles of articles were collected for cleansing under the terms of section 84 of the Public Health Act, 1936. The demand was lower than in previous years, 30 persons receiving help, although only four were doing so at the end of the year.

The highest number of cases being assisted at any one time was 16 and there is no doubt that this service meets a very real need.



GENERAL

MEDICAL EXAMINATION OF STAFF

Sixty-nine persons were medically examined to determine their fitness for acceptance on the permanent staff; all but five 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. 87 persons were examined, 85 of whom were accepted for the scheme. 7 examinations were carried out for other purposes.

MESSAGE AND SPECIAL TREATMENT

Part XII 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 has been found during inspections carried out in the year and generally speaking the standard maintained is good.

Licences were issued in respect of 20 premises. The following summary shows the numbers licensed for each form of treatment.

Massage	6
Chiropody	20
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

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

Ten 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.

Ten 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.
2 at Pet Shop	-	69 Turnpike Lane.
1 at Pet Shop	-	367 Archway Road.
1 at Pet Shop	-	48 Stroud Green Road.

There were no outbreaks of Fowl Pest.

No action was necessary under the Tuberculosis Order of 1925.

Twelve certificates were issued for animals and birds going abroad and blood tests taken in two cases as authorised by the Ministry of Agriculture Fisheries and Food.

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 six bodies, men of 29, 60, 64 and 68 years, a woman of 80 years and a stillborn female child found in Queen's Woods.

PUBLIC MORTUARY

The Hornsey mortuary and post-mortem room are situated at the Central Depot, Hornsey High Street. During the year 122 bodies were admitted and post-mortem examination carried out on all. Inquests were held on 13 bodies.

ACCIDENTAL DEATHS

In Hornsey during the year 595 persons were injured on the roads, 7 of whom were killed. Of the injured 17 were under 5 years of age and 46 over 65 years. The older age group, however, included 4 killed and 16 seriously injured, which as may be expected is proportionately higher than in the other groups. Two persons under 30 years were killed in motor cycle accidents and one of 37 in a car crash. No other fatal accidents occurred to persons under the age of 70 years.

Hornsey residents killed on the roads were five from motor vehicle accidents and all were over the age of 65 years.

During the same period 9 fatal accidents occurred to Hornsey residents in or around the home.

No information is available regarding non-fatal home accidents, many of which are not recorded as such, but it must not be forgotten that nationally these accidents cause more deaths than road or industrial accidents. The following tables show fatal road and home accidents in the Borough during 1960.

ROAD ACCIDENTS	Fatal	Serious	Slight	Totals
0 - 5	-	4	13	17
5 - 15	-	13	57	70
15 - 65	3	71	383	457
65 -	4	16	26	46
Age not given	-	-	5	5

FATAL HOME ACCIDENTS	0 - 15	15 - 65	65 & over
Coal gas poisoning	-	1	-
Other poisoning	-	1	-
Falls	1	1	3
Other accidents	-	2	-

PETROLEUM SPIRIT

The number of establishments licensed for storage is 69 and the number of licences issued is as follows:-

Petroleum	60
Cellulose	15
Hydro-carbon	2
Total	77

(Seven establishments are licensed for more than one product)

VITAL STATISTICS

Area (acres)...	2,871
Area of Parks and Open Spaces (acres) ...	576
Population: Registrar General's estimate at 30 June, 1960 ...	96,570
Number of separately assessed dwellings 1st April, 1960 ...	24,828
Rateable value (General Rate) at 1st April, 1960 ...	£1,542,566
Product of a penny rate 1960-61 ... (estimated)	£6,340

TOTAL LIVE AND STILL-BIRTHS ...	1,926
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LIVE BIRTHS

	M.	F.	Total
Legitimate ...	896	815	1,711
Illegitimate ...	96	88	184
Illegitimate live births per cent of total of live births ...			9.7%

Birth Rate (live births per 1,000 population)

HORNSEY ...	19.6
Area Comparability Factor...	0.94
Adjusted Rate for Hornsey ...	18.4
England and Wales (provisional) ...	17.1
Middlesex County (adjusted rate) ...	15.4

STILL-BIRTHS

	M.	F.	Total
Legitimate ...	9	15	24
Illegitimate ...	4	3	7

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

HORNSEY ...	16.0
England and Wales (provisional) ...	

INFANT DEATHS (under 1 year of age)

	M.	F.	Total
Legitimate ...	20	14	34
Illegitimate ...	2	-	2

Infant Mortality Rates (per 1,000 live births)

HORNSEY: Legitimate ...	...	...	...	...	...	...	19.9
Illegitimate...	...	...	...	...	...	...	10.9
Total ...	...	...	...	...	...	...	19.0
England and Wales (provisional)	...	...	...	...	...	...	21.7
Middlesex County ...	...	...	...	...	...	...	18.6

NEO-NATAL DEATHS (under 4 weeks of age)

						M.	F.	Total
Legitimate ...	...	...	...	...	...	13	12	25
Illegitimate ...	...	...	...	...	...	2	-	2

Neo-Natal Mortality Rates

HORNSEY ...	...	...	...	...	...	...	...	14.2
England and Wales (provisional)	...	...	...	...	...	...	...	15.6

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

						M.	F.	Total
Legitimate ...	...	...	...	...	...	12	11	23
Illegitimate ...	...	...	...	...	...	2	-	2

Early Neo-Natal Mortality Rates

Legitimate ...	...	...	...	...	...	...	...	13.4
Illegitimate ...	...	...	...	...	...	...	...	10.9
Total ...	...	...	...	...	...	...	...	13.2

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

						M.	F.	Total
Legitimate ...	...	...	...	...	...	21	26	47
Illegitimate ...	...	...	...	...	...	6	3	9

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

Legitimate ...	...	...	...	...	...	...	...	23.5
Illegitimate ...	...	...	...	...	...	...	...	47.1
Total ...	...	...	...	...	...	...	...	29.1

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

HORNSEY	Nil
Middlesex County (7 deaths)	0.20
England and Wales (310 deaths)	0.39

DEATHS FROM ALL CAUSES

Males	528	1,111
Females	582	

Death Rate (per 1,000 population)

HORNSEY	11.5
Area Comparability Factor	0.89
Adjusted Rate for Hornsey	10.2
England and Wales	11.5
Middlesex County (adjusted rate)	11.1

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

		Under 1 year	1 to 4	5 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75 and over	TOTALS	
1 Tuberculosis, respiratory	M	.	.	.	.	1	1	4	.	6	7
	F	.	.	.	.	.	1	.	.	1	.
2 Tuberculosis, other	M	.	.	.	.	.	.	.	.	.	.
	F	.	.	.	.	.	.	.	.	.	.
3 Syphilitic disease	M	.	.	.	.	.	.	.	.	.	.
	F	.	.	.	.	.	.	.	.	.	.
9 Other infective and parasitic diseases	M	.	.	.	.	.	2	.	.	2	3
	F	.	.	.	.	1	.	.	.	1	.
10 Malignant neoplasm, stomach	M	.	.	.	.	.	4	9	5	18	32
	F	.	.	.	.	.	4	5	5	14	.
11 Malignant neoplasm, lung, bronchus	M	.	.	.	.	3	21	11	8	43	54
	F	.	.	.	.	1	4	4	2	11	.
12 Malignant neoplasm, breast	M	.	.	.	.	.	.	.	.	.	21
	F	.	.	.	.	.	12	4	5	21	.
13 Malignant neoplasm, uterus	M	.	.	.	.	.	.	.	.	.	10
	F	.	.	.	.	1	2	4	3	10	10
14 Other malignant and lymphatic neoplasms	M	.	.	.	.	5	20	13	24	62	125
	F	.	.	1	.	2	13	20	27	63	.

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

4 Diphtheria; 5 Whooping Cough; 6 Meningococcal infections; 7 Acute poliomyelitis; 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	.	.	.	.	.	3	.	3	
		F	.	.	.	.	.	.	1	1	4
16	Diabetes	M	.	.	.	.	.	1	.	1	
		F	.	.	.	1	1	1	4	7	8
17	Vascular lesions of nervous system	M	.	.	.	.	10	10	25	45	
		F	.	.	1	1	10	14	60	86	131
18	Coronary disease, angina	M	.	.	.	.	3	51	27	128	
		F	.	.	.	.	10	26	78	114	242
19	Hypertension with heart disease	M	.	.	.	.	2	4	7	13	
		F	.	.	.	.	1	1	16	18	31
20	Other heart disease	M	.	.	.	.	2	7	27	36	
		F	.	.	1	1	6	11	54	73	109
21	Other circulatory disease	M	.	.	.	.	3	6	9	18	
		F	.	.	.	.	.	5	21	26	44
23	Pneumonia	M	4	.	.	.	2	2	19	27	
		F	2	1	.	.	1	6	18	28	55
24	Bronchitis	M	1	.	.	.	10	12	14	37	
		F	.	.	1	1	.	2	11	15	52
25	Other diseases of respiratory system	M	.	.	.	.	1	2	3	6	
		F	.	.	.	.	1	.	3	4	10

N.B. No deaths occurred from the following cause:- 22 Influenza.

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	.	.	.	.	1	1	3	5	11
		F	.	.	.	.	.	.	6	6	
27	Gastritis, enteritis and diarrhoea	M	1	.	1	.	1	1	.	4	7
		F	.	.	.	.	1	.	2	3	
28	Nephritis and nephrosis	M	.	.	.	.	3	1	.	4	10
		F	1	.	.	1	1	1	2	6	
29	Hyperplasia of prostate	M	.	.	.	.	.	3	5	8	8
		F	.	.	.	.	.	.	.	.
31	Congenital malformations	M	2	.	.	.	3	.	.	5	8
		F	1	.	1	1	.	.	.	3	
32	Other defined and ill-defined diseases	M	14	.	.	1	7	7	7	36	92
		F	10	.	.	2	6	6	32	56	
33	Motor vehicle accidents	M	.	.	.	.	.	3	.	3	5
		F	.	.	.	.	.	.	2	2	
34	All other accidents	M	.	.	1	2	3	2	.	8	16
		F	.	.	.	.	1	1	4	8	
35	Suicide	M	.	.	2	3	2	2	2	11	16
		F	.	.	1	.	2	.	2	5	
TOTALS		M	22	.	1	5	20	149	127	205	530
		F	14	1	3	5	12	77	114	356	581
			36	1	4	10	32	226	241	561	1111

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
Pneumonia	M	.	.	.	.	1	1	1	1	1	4
	F	.	1	.	1	.	2	.	.	.	2
Bronchitis	M	.	.	.	.	.	.	.	1	.	1
	F	.	.	.	.	.	.	.	.	.	.
Gastro-Enteritis	M	.	.	.	.	.	.	1	.	.	1
	F	.	.	.	.	.	.	.	.	.	.
Spina Bifida and meningocele	M	.	.	.	.	.	.	.	.	.	.
	F	.	.	.	.	.	.	1	.	.	1
Congenital malformations of heart	M	.	.	.	.	.	.	.	1	.	1
	F	.	.	.	.	.	.	.	.	.	.
Other congenital malformations	M	1	.	.	.	.	1	.	.	.	1
	F	.	.	.	.	.	.	.	.	.	.
Injury at birth	M	.	1	.	.	.	1	.	.	.	1
	F	1	1	.	.	.	2	.	.	.	2
Post-Natal Asphyxia and Atelectasis	M	5	2	.	.	.	7	.	.	.	7
	F	2	.	.	.	.	2	.	.	.	2
Immaturity	M	4	1	.	.	.	5	.	.	.	5
	F	2	3	.	.	.	5	.	.	.	5
All other Causes	M	.	.	.	.	.	.	.	.	1	1
	F	1	.	.	.	.	1	.	1	.	2
TOTALS	M	10	4	.	.	1	15	2	3	2	22
	F	6	5	.	1	.	12	1	1	.	14
		16	9	.	1	1	27	3	4	2	36

(Joint Population 211,600)

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MEMBERS OF THE LOCAL AREA COMMITTEE AS AT
31st DECEMBER 1960

MEMBERS OF HORNSEY BOROUGH COUNCIL

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

MEMBERS OF TOTTENHAM BOROUGH COUNCIL

Alderman Mr. A. REED, A.C.I.I., J.P.
" Mrs. A. F. REMINGTON, J.P.
Councillor Mrs. L. R. HARRINGTON, J.P. (Vice-Chairman)
" Mr. H. LANGER, J.P.
" Mrs. A. A. MILLER
" 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. POSNER	(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	F. H. BAILEY, J.P.	Councillor	Mrs. K. M. ST.P. CRUMP
"	D. F. W. BILLINGSLEY		(Chairman)
"	M. W. BURNS, D.L.,	"	V. P. GELLAY, B.Sc.
	K.S.G. (Vice-Chairman)	"	Mrs. B. M. GREENING
"	Lt. Col. F. C. CAVE,	"	C. P. F. JENKIN, M.A.
	C.B.E., T.D., J.P.	"	P. M. KING, M.A.
"	N. MULDOON, J.P.	"	B. J. MCBRIDE
"	G. WATSON	"	N. A. MULDOON
Councillor	Miss M. M. BARRIE	"	F. NEUNER
"	A. N. CAMMOCK	"	D. P. SALINGER
	B.M., B.Ch., D.L.O.	"	T. W. WILKINS
"	Mrs. J. M. CARTER	"	A. 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.
 C. J. ETtinger, 24b Shepherds Hill, N.6.
 Rev. W. S. KEMBLE, M.A., The Rectory, 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., 26 Park Farm Close, East End Road, N.2.
 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 eight years and the percentage of hospital confinements was 79.6% compared with 81.7% in 1959.

		1960	1959	1958
Live Births	(a) Domiciliary	799	649	708
	(b) Hospital or Nursing Home	3084	2881	2799
Still Births	(a) Domiciliary	3	4	6
	(b) Hospital or Nursing Home	55	49	59
		<hr/> 3941	<hr/> 3583	<hr/> 3572

Maternity Services

During 1960 the report of the Cranbrook Committee on the Maternity Services of the country continued to influence those administering maternity care. Many of its recommendations have not yet been implemented and there is cause for disappointment in the rate of improvement in the services. The report recommended that sufficient hospital maternity beds should be provided for a national average of 70% of all births to take place in hospital. In this Area we have 80% institutional confinements (hospital and nursing home) and still our greatest problem is lack of hospital beds. It is an unfortunate fact that hospitals appear so overwhelmed with numbers applying for booking that on occasions they are even forced to refuse admission to a mother whom they know to be a special medical risk during delivery. In the case of applications for admission on social grounds, e.g. where the house is considered unsuitable for a confinement, unless the request is made in the very early months of pregnancy it is common for the application to be refused. Our domiciliary midwives frequently have to conduct deliveries in small singly-rented furnished rooms where bathrooms and kitchens are shared by several other tenants and where other children of the family have to be taken into a neighbour's room temporarily while the delivery takes place. Sometimes it is possible to arrange for admission to hospital through the Emergency Bed Service once labour has started but this is unsatisfactory for all, since the hospital has no prior knowledge of the mother and the mother is left in a state of indecision until the very last moment.

To deal with this main problem and many others, special Maternity Liaison Committees have been formed where representatives of the three branches of the health service; hospitals, general practitioners and the health department can meet for discussions. Our department is represented on the North Central London and on the North Middlesex Liaison Committees. Both these have met twice in 1960 and it is hoped that their influence will make itself felt in the future.

Ante-natal Clinics

These clinics show no decline in numbers and continue to be busy sessions at almost all the centres. This is contrary to the experience in many parts of the country where local authority ante-natal clinics have tended to fall away as general practitioners have taken a renewed interest in caring for their pregnant patients. The majority of patients attending doctors' sessions at the centres are booked for hospital confinement. They are saved frequent long journeys to the hospital by receiving attention locally in the intermediate months of pregnancy. All the centres now have midwives' sessions, apart from the doctors' sessions, where those expecting domiciliary confinements are examined by the midwife who is likely to be present at the birth. Wherever possible, patients expecting to be confined at home are encouraged to book a general practitioner to attend them for the pregnancy and birth but where they do not do this the mothers have two or three supervisory examinations by the clinic doctor.

In Hornsey the majority of patients are booked for confinement at the Alexandra Maternity Home. The ante-natal care for these patients continues to be undertaken entirely by the local clinics. The matron of the Home knows all the Hornsey health visitors personally, which makes co-operation much easier. In the course of the year further improvements have been made in the system of exchanging information with the Home.

The percentage of expectant mothers making at least one attendance at one of the local authority ante-natal clinics was 61.3% in 1960 compared with 63.6% the previous year.

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

Mothercraft and Relaxation Classes

An additional class was commenced during the year at Mildura Court Centre, Hornsey. Both the health visitor and the midwife take part in the classes held at this Centre. This totals eight weekly classes held in various welfare centres within the Area.

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	74	248	115	1553	115	22.5
Church Road	72	157	65	1015	65	15.0
Fortis Green	99	224	128	1927	132	20.8
Hornsey Town Hall	150	404	177	2862	182	20.3
Mildura Court	66	219	98	1543	100	24.9
Stroud Green	52	157	59	915	59	18.7
The Chestnuts	155	426	185	2832	186	19.5
Lordship Lane	151	301	135	1979	135	14.0
Park Lane	104	280	120	1525	120	15.8
Totals	923	2416	1082	16151	1094	18.7

Midwives clinics	No. of sessions held	Total No. of attendances	Average attendance per session
Burgoyne Road	23	193	8.4
Fortis Green	21	126	6.0
Hornsey Town Hall	21	311	14.8
Mildura Court	17	131	7.7
Stroud Green	24	225	9.4
Park Lane	83	349	4.2
Total	189	1335	7.1

Mothercraft clinics	No. of sessions held	No. of new cases	Total attendances	Average attendance per session
Burgoyne Road	42	55	317	7.5
Church Road	46	50	213	4.6
Fortis Green	46	95	450	9.8
Hornsey Town Hall	49	141	664	13.6
Mildura Court	45	38	228	5.1
The Chestnuts	51	61	349	6.8
Lordship Lane	50	62	435	8.7
Park Lane	51	43	282	5.5
Total	380	545	2938	7.7

Infant Welfare Clinics

The clinics continue to be appreciated particularly by the young mothers of the Area and attendances have been much the same as in previous years. A considerable amount of the health visitor's time is spent with the mothers of very young babies who attend frequently in the early weeks until they have gained confidence in handling their own child. The need of a mother for re-assuring support and advice during the early weeks following the birth of her child is apparent to everyone working in the clinics. At this time the mother may be faced with a physiological mild depression following the birth as well as with the new baby. Visits are usually less frequent as the baby gets older but often the problems presented are more serious.

In some cases the staff at the clinics find medical defects in the child, of which the mother was unaware, and they arrange for treatment to be carried out. Far more often, however, they find themselves reassuring mothers that certain suspected defects in the baby are within normal limits and that there is no need for them to seek treatment. This happens in cases of alleged tongue-tie, mild forms of umbilical hernia, certain types of naevi (birth marks) and mild forms of flat feet; all of which can occur for a short time in healthy children. Another trend towards a reversal in recent practice is seen in the advice given on certain behaviour disorders. The staff in recent years has worked hard to persuade mothers to take a more understanding and lenient attitude towards, for example, sleep problems, food refusal, and toilet training. Some mothers have conscientiously taken this a little too far and seem afraid to make even the mildest regulations for their babies, letting them do exactly as they please at all times. So now the clinic staff have to urge the introduction of some order and discipline in an increasing number of cases.

All babies attending the clinics continue to have urine tests for phenylketonuria (a sign which shows that the child has an inborn error of metabolism which can lead to mental disorder) but in spite of the large number tested no case has, as yet, been confirmed.

Toddlers Clinics

The clinics are held mainly by appointment. Cards are sent to the mothers at about the time of the child's birthday and at six-monthly intervals inviting them to bring their children between the age of two and five for routine medical inspection. Time is also available for any mother who wishes to come with her young child without appointment and for those where more frequent examinations are considered advisable. Almost all the children are seen by the doctor and the interviews are unhurried particularly where problems discussed relate to behaviour disorders. At this age considerable

patience and adaptability is required to gain a child's confidence. Often every approach is resisted at first and then when the toddler's co-operation is finally won it is almost as difficult to persuade him to leave.

Many children are found to become bored and difficult especially in their fourth year when their brothers and sisters are all at school and there is insufficient playing space at home. Many of them would benefit from admission to nursery schools or nursery classes but these are in such short supply that there are long waiting lists for entry. Usually the foresighted parents who get their children's names on to waiting lists early are not the ones in the most need and it happens that a child before reaching compulsory school age urgently requires to spend some part of the day in school and no place can be found for him.

The teeth are always examined and it is not infrequent to find that dental caries appears in two to three year olds. Cases are referred for dental treatment and advice is given on teeth-cleaning and the dangers of too much sweet eating together with the importance of conserving the teeth in early life. Much time is also spent on children's feet. Where definite abnormality exists referral is made for orthopaedic advice but more often there is discussion on suitable shoes and shoe-fitting.

Daily Guardian Scheme

There has been an increase in the number of children minded by the day under this scheme as can be seen from the following table:-

Number of Daily Guardians on register	197
Number of Daily Guardians minding Children	111
Number of Children being minded	141
Total number of Children minded during the year	297
Total number of days minded	29,128

The number of women who offer their services has always exceeded the demand. The scheme is in operation for those working mothers who ask for assistance in finding suitable daily minders for their children. It has proved to be a very useful service for those who do not qualify for day nursery admission. There are proper safeguards including the selection, registration and visiting of daily guardians by health visitors. The cost of payments made to daily guardians by the County Council is based on one shilling per day per child for each working day on which the child is minded. Parents make their own arrangements direct with the daily guardian for payment in excess of this. Amounts charged vary considerably throughout the Area as do the services provided.

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	154	371	5360	691	214	6265	1527	40.7
Church Road	208	269	3480	561	113	4154	1694	20.0
Fortis Green	149	399	4102	594	119	4815	1828	32.3
Hornsey Town Hall	204	544	6217	857	244	7318	3038	35.9
Mildura Court	104	269	3636	598	33	4267	1547	41.0
Stroud Green	106	260	2808	325	147	3280	1355	30.9
The Chestnuts	202	633	6456	814	154	7424	2459	36.8
Lordship Lane	247	408	5104	1081	309	6494	1532	26.3
Park Lane	207	364	4538	1134	276	5948	1613	28.6
Somerset Road	148	265	3529	834	270	4633	1210	31.3
Totals	1729	3782	45230	7489	1879	54598	17853	31.6

TODDLERS' CLINICS

Centre	Sessions held	Total attendances	cases seen by M. O.	Average attendance per session
Burgoyne Road	26	480	480	18.5
Church Road	22	358	322	16.3
Fortis Green	28	432	432	15.4
Hornsey Town Hall	59	705	705	11.9
Mildura Court	49	694	621	14.2
Stroud Green	24	335	326	14.0
The Chestnuts	51	726	726	14.2
Lordship Lane	52	759	757	14.6
Park Lane	23	222	222	9.7
Somerset Road	39	475	474	12.2
Totals	373	5186	5065	13.9

Day Nurseries

The number of daily attendances at the three day nurseries has increased this year and is accounted for by the rise in numbers at Park Lane Nursery.

All three nurseries are recognised by the Ministry of Health as suitable for training nursery nurse students who take the two-year course for the National Nursery Examination Board's examination. This course provides practical work in day nurseries and theoretical teaching at the Tottenham Technical College. All qualified members of the day nursery staff assist in the practical training of student nursery nurses and in the care of normal children.

The nursery day is a long one to enable working mothers to leave their children before they start work and to collect them at the end of their working day. Day nursery vacancies are allotted to children in certain priority groups. The largest of these is one where the mother is the sole wage earner.

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	18	43	3342	9050	12392	48.6
Park Lane	20	30	11	40	2880	6105	8985	35.2
Plevna	20	30	23	29	4668	6118	10786	42.3
Totals	55	103	52	112	10890	21273	32163	126.1

Handicapped Children

A few handicapped children have been admitted to the nurseries during the year. In each case there has been medical recommendation for day nursery accommodation. Three of these have qualified in accordance with the categories of such children dealt with under Section 56 of the Education Act 1944 for the maintenance of which the Education Committee accepts responsibility. Five others have not been accepted under this provision since they fit in to types of handicap which do not qualify, and therefore admitted on health grounds under Section 22 of the National Health Service Act. This means that the parents in the latter case are assessed for payment or pay full cost. Three of the five children referred to above were found to be mentally retarded and two with a physical handicap resulting from poliomyelitis.

Nurseries and Child Minders Regulation Act 1948

The supervision of private day nurseries and child minders under these regulations continued throughout the year. Inspections were carried out at two to three monthly intervals, giving special attention to the provision of plentiful accommodation for activity both indoors and out, adequate numbers of staff, and suitable safety measures to avoid accidents. All new applications for registration were inspected in the company of a member of the County Architect's staff who advised on structural alterations and repairs.

The following premises or persons were registered at the end of the year:-

Private Day Nurseries

Woodlands Nursery School	12 children	2-5 years	mornings only
Fortis Green Nursery	24 children	2-5 years	all day
Greygates Nursery	39 children	0-5 years	all day

Child Minders

Mrs. Stringer, 101, Crouch Hill, N.8.	12 children	2-5 years	mornings only
Mrs. Kruger, 38, Crouch Hall Rd., N.8.	8 children	0-5 years	all day
Mrs. Barnard, Moravian Church Hall, Priory Road, N.8.	16 children	2-5 years	mornings only
Mrs. Summers 53 Mount View Rd., N.4.	9 children	2-5 years	mornings only
Mrs. Watson, 7, Jackson's Lane, N.6.	10 children	2-5 years	mornings only
Mrs. Best, 57, Collingwood Avenue, N.10.	9 children	2-5 years	mornings only
Mrs. Wigley, 46, Onslow Gardens, N.10.	)	Not taking children at present	
Mrs. Keith, 2, Linzee Rd., N.8.)		
Miss Hermitage, 28, Bedford Road, N.15.)		

During the course of the year three new registrations were approved by the Committee and one was not approved. Four registrations have been withdrawn as the owners have discontinued their service.

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)
1960	32910	99584	12790	12213
1959	36350	98855	11676	11048
1958	39005	104980	12571	10420

Priority Dental Service for Mothers and Young Children

The dental officers have devoted 7% of their time to the inspection and treatment of the priority classes. There has been a slight increase in the number of expectant and nursing mothers inspected, compared with 1959, with a corresponding increase in the various forms of treatment.

Although in respect of the children under five there has been a small reduction in inspection, the amount of conservative work carried out was larger. The average number of fillings and silver nitrate dressings per child treated was three, and extractions 0.95.

A great need exists for dental health education, and a valuable opportunity is afforded when dealing with these mothers and young children.

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

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:-

	1960		1959	
	Expectant & Nursing Mothers	Children under 5	Expectant & Nursing Mothers	Children under 5
No. examined by dental officer	162	539	131	572
No. referred for treatment	160	459	127	467
New cases commenced "	149	351	127	421
Cases made dentally fit	46	176	55	178
Forms of dental treatment provided:-				
Teeth extracted	243	334	159	369
Anaesthetics:-				
(a) Local	-	-	68	26
(b) General	81	179	24	156
No. of fillings	249	628	220	474
No. of inlays	2	-	-	-
Scalings and gum treatment	133	-	90	-
Silver nitrate treatment	-	440	-	478
Dressings	-	-	114	162
Other operations	240	151	10	1
No. of radiographs				
(a) at County Council clinics	21	1	16	2
(b) at hospital	-	-	1	-
Denture dressings	-	-	163	-
Dentures fitted:-				
(a) full	24	-	16	4
(b) partial	28	5	32	-
No. of attendances	736	1061	588	872
No. of appointments not kept	208	216	138	199
No. of half days devoted to treatment	194½		155	

MIDWIFERY SERVICE (Section 23)

The problem of recruiting new midwives continues to be a main anxiety in the Service. We have been fortunate in appointing four new midwives during the year, one of whom is now accommodated in a municipal flat rented by the County Council, specifically for a midwife, from the Tottenham Borough Council. It was a disadvantage to recruitment that this flat was not available for a part of the year as the resigning midwife (with two young children) had several delays and setbacks in finding other accommodation.

Every year there are some changes in the staff to which attention is drawn in the report, but a special tribute should be paid to the midwives who have been with us for many years and who continue to give loyal and devoted service. They form the backbone of the service and have a very high standard of skill and dependability. They seem to be at their best during periods of special pressure through which every midwifery service passes, working tirelessly and cheerfully until the stress is over.

All the midwives now take part in ante-natal sessions at the centres whenever their duties allow. In future it is hoped to arrange for a midwife to be present at general practitioners' ante-natal sessions, but it is envisaged that this will only be possible where there will be a sufficient number of patients to make this a justifiable use of the midwife's time.

Co-operation between midwives and general practitioners continues to be excellent. Especially the long service midwives have come to know the doctors in their district very well and can work truly as a team.

The minimum number of days after delivery on which the midwife must visit the patient has been reduced from fourteen days to ten days, by the Central Midwives Board. This is generally considered quite a safe alteration to the usual practice and has relieved the midwife from some unnecessary duties. However, there is still much pressure of work on the midwife. Each one of our staff has done more deliveries than the number recommended.

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

	1960
Number of deliveries attended	792
Number of visits made	15223
Number of hospital confinements discharged before 14th day	143
Number of visits made	1288
Number of cases in which medical aid was summoned	282
Number of cases in which gas and air analgesia was administered	508
Number of cases in which pethidine was administered	481
Number of cases in which gas and air and trichloroethylene were administered	32

HEALTH VISITING SERVICE (Section 24)

The follow-up of the newly born after their discharge from hospital with their mothers on the tenth day of puerperium or earlier is still a very important part of the work of the health visitor. Additionally, also, the health visitor now follows up those mothers confined at home earlier than formerly (i.e. on the eleventh day instead of the fifteenth).

It is commonly found that this visit is very much welcomed and appreciated and in many cases is the basis on which the relationship between health visitor and mother and baby is formed.

The health of mother and baby is very much in the balance at this stage and often causes the health visitor to make a number of visits to give the mother the advice and support she needs to ensure the well-being of herself and the child during the first year. The value of this type of home visiting cannot be over-estimated and where it does not exist the work of the midwife may well be wasted.

Much has been said about selective visiting of one kind and another according to the need of the family. It has been our experience, however, that so much hangs on the first and subsequent visits in the early life of the child that this type of visiting cannot be omitted and is regarded as being essential in nearly every case.

Toddlers clinics to some extent have helped to reduce the number of visits paid to children in the two to five age group. The number of toddlers visited because they are placed for daily minding has increased. This is partly because there are more women offering themselves for daily minding to meet a known demand and also to see children placed with them for daily minding. Some women also have been reported as minding more than two children without being registered. Special visits have been made, therefore, to acquaint them of their legal responsibilities in this matter. Some of the latter have not wished to be known to the local authority as they were unlikely to be registered. Attendances at Toddlers clinics have also increased and these clinics prove to be popular with children and with parents. The idea of periodic overhaul for health appears to have appealed to most parents of children in this age group.

Campaigns and Research Surveys

Health visitors have been engaged in some special activities during the year to assist with surveys such as "The National Survey

on the Health and Development of Children" promoted by the Population Investigation Committee Institute of Child Health, University of London and the Colour Blindness in Girls Ovarian Agenesis Survey promoted by the Department of Health, Guy's Hospital. The vision of girls in the intermediate age group has been tested by the Ishihara Method by health visitors and school nurses as part of the preparation for routine medical inspection. Material obtained from this Survey has been passed to the County Council for forwarding. Phenylketonuria Survey of all live births - this has involved the testing of urine of each new baby unless the tests have been completed elsewhere. Two suspected cases were found but on further investigations proved to be negative. The procedure connected with the survey of newly born infants and phenylketonuria still continues as a routine test. Parents have proved to be interested and co-operative.

Campaigns

As part of their duty to inform the public on matters relating to or associated with health, health visitors/school nurses have taken part in publicising national and local campaigns on Accidents in the Home, Appeals for Blood Donors, Mass X-ray, Smoking and Lung Cancer, Mental Health, etc. Visual evidence of these which catch the eye of adults and children, such as flannelgraphs, posters and leaflets, have been displayed in the clinics to coincide with the timing of the campaigns.

A very important part of the health visitor/school nurse's work is the teaching of parentcraft and home-making to individuals in their own homes and in schools. Married health visitors both full-time and part-time are being recruited to the Area and this has made it possible to keep up the number of health visitors on our establishment and to maintain the standard of the Health Visiting Service.

Health Visiting and Mental Health

Health visitors' contribution to mental health has been mainly in supporting families in their day to day troubles and difficulties, in listening to a great many apparently small matters and in guiding parents towards their own solutions to problems and in encouraging them to act upon them. In the two Boroughs of Hornsey and Tottenham a great many people themselves seek out the health visitor by visiting her at the welfare centre or by telephoning her there to make an appointment for a home visit. This early effort to talk over some particular problem does much to attenuate it and to relieve anxieties before the difficulty expands to larger proportions. Some troubles relate to the care of the family during hospital confinement,

the feeding and care of young children, the minding of school children until parents return from work, school children getting "out of hand", housing difficulties, discharges from hospital, the care of the elderly, and matters causing trouble such as marital relationships and disharmony within the family. Social workers in other local authority or voluntary services have given full co-operation when requested. There is generally a very cordial relationship with all types of social welfare workers throughout the area.

Special Services for Problem Families

The most difficult cases taken over by the special services health visitors have been those where one or both parents were either of sub-normal intelligence or unstable.

Family doctors and hospital psychiatrists have given considerable support and advice to health visitors in such cases. This triad of health visitor, family doctor and psychiatrist seems to be an intrinsic combination in dealing with early signs of breakdown or other psychiatric disturbance including those of long-standing.

Mental Welfare Officers have taken over some in emergency and have referred back a few cases to the health visitor but these have proved to be very few numerically.

It has been interesting to examine the sources of referrals of problem families to the special services health visitors. By far the largest number were brought forward by health visitors themselves. The remainder were reported by various local authority departments, by probation officers, almoners and family doctors. Before a particular case is accepted by the special services health visitor the health visitor for the district on which the family lives is consulted. Between them they decide whether the case is urgent and needs intensive work or can be carried by the health visitor. This act of selection is important in the interest of really urgent problems and to prevent the overloading of the special services health visitor's case load. The close contact between the specialist and other health visitors has been most rewarding in temporarily relieving health visitors of certain families until intensive work has been completed and in providing the specialist worker with background knowledge of the case and a constant field worker to whom the family can be returned.

Mental Health Case Conferences

Mental Health Case Conferences have been attended at the Prince of Wales's Hospital each month. Health visitors discussed a variety of cases with Dr. Sawle-Thomas, Consultant Psychiatrist.

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:-		1960	1959
Expectant Mothers	First Visits	2084	2285
	Total Visits	3436	3511
Children under 1 year of age	First Visits	4837	4234
	Total Visits	15295	16056
Children aged 1 - 2	Total Visits	7090	8101
Children aged 2 - 5	Total Visits	11526	13202
Other cases -	Total Visits as Health Visitor	6219	6246
	Total Visits as School Nurse	776	878

HOME NURSING SERVICE (Section 25)

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

Injections	911
General Nursing care	476
Blanket baths	254
Enemas	143
Dressings	309
Preparation for diagnostic investigation	224
Pessaries changed	59
Wash-outs, douches, etc.	37
Attendance at minor operation	1
Other treatments	52

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	32	32
5 - 15	36	30
16 - 39	59	150
40 - 64	248	398
65 and over	459	1022
	<hr/> 834 <hr/>	<hr/> 1632 <hr/>

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

General Practitioners	1759
Hospitals	672
Chest Physicians	17
Public Health Department	3
Direct	15

The work of the service has continued throughout the year without any significant change in the character or the amount of work undertaken and the staff has been maintained at near establishment level without undue difficulty in recruitment.

Investigation into the use of Silicone

During the months of January, February and March the nurses took part in an investigation into the prevention of bedsores by the use of Silicone.

The silicone was used by the spray method and was supplied in two strengths which were used against controls of orthodox treatment.

After the results had been submitted and reports considered the manufacturers found that the stronger solution gave better results although these were not as satisfactory as was hoped. A further test has, therefore, been initiated with the silicone suspended in a new medium.

Home nurses are very actively concerned with the treatment and prevention of bedsores and they are awaiting with interest the final result of this work.

Introduction of disposable equipment

A change is rapidly taking place in the various materials used by the nurse in her daily work.

Much time used to be spent packing and sterilising dressings. Pre-packed sterile dressings are now available and in general use. Caps, gowns and masks all made of paper, sterilised and packed ready for use, are on the market and making their appearance in everyday use. Plastic syringes complete with needle, sterile, and requiring no preparation before use, are also readily obtainable.

All these items can be destroyed after use and it will readily be understood that these disposable goods collectively result in a considerable saving of the nurses' time and also (because of the guaranteed sterility) in a wider margin of safety for the patient.

Nurses' day to day work

The great increase of the past few years in the amount of drugs given by injection seems to have passed its peak and many practitioners are using more of the new drugs which are given by mouth.

The influenza epidemic brought many calls but the disease seemed to be of a mild type and did not unduly overburden the service.

The main work of the home nurse is still amongst the aged in the two boroughs. Old people tend to be left alone during the day and those who live entirely alone present a multitude of problems.

Four nurses attended refresher courses during the year and, as in previous years, students from teaching schools have accompanied home nurses for observation visits.

Co-operation with other services

The working of the service generally has been helped by good relations with general practitioners, chest physicians, hospitals and the other health and welfare services within the boroughs. The British Red Cross Society continued to meet the numerous requests to provide equipment and aids for the ill and the handicapped.

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

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	578	1043	1621	131	443	574	60983
Surgical	78	100	178	21	24	45	5113
Infectious Diseases	1	5	6	-	-	-	53
Tuberculosis	17	14	31	10	4	14	2006
Maternal Complications	-	15	15	-	-	-	154
Others	2	2	4	-	-	-	9
Totals	676	1179	1855	162	471	633	69318

VACCINATION AND IMMUNISATION (Section 26)

Vaccination against Smallpox

The percentage of children under one year of age vaccinated against smallpox fell from 71.3% to 48.7% 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	949	75	38	20	77	1159
No. of Revaccinations	-	-	4	17	186	207

Immunisation against Diphtheria, Tetanus and Whooping Cough

The scheme for immunising children against diphtheria, whooping cough and tetanus using a triple antigen proved very successful during 1960 which was the first year of its operation. It has called for very careful programming to fit in with other prophylactic measures and the parents of all children in the area have been offered appointments as soon as their children have reached the age of two months. There is provision for following up defaulters to achieve maximum acceptance rates. Parents have the option of taking their children to their own family doctors for immunisation or attending at the clinics, and the following tables show the results in Hornsey.

Age at date of immunisation.	Diph. only	Wpg. Cough only	Tet. only	Combined		
				Diph. & Wpg. Cough	Diph. & Tet.	Diph., Tet. & Wpg. Cough
Number of Children who completed a full course of Primary Immunisation						
Under 1	344	117	13	45	7	1297
1 - 2	261	354	5	17	1	134
2 - 4	75	40	3	6	-	45
5 - 14	89	1	2	3	2	14
15 & over	1	-	1	-	-	-
Total	770	513	24	71	10	1490
Number of Children who received a Secondary (re-inforcing) Injection						
Under 1	-	-	-	-	-	-
1 - 2	-	-	-	-	-	-
2 - 4	296	19	2	7	-	15
5 - 14	320	1	-	7	1	18
15 & over	-	-	-	-	1	-
Total	616	20	2	14	2	33

Poliomyelitis Vaccination

The work of vaccinating persons up to the age of 40 continued to be undertaken both by general practitioners and at the clinics.

The following table shows the number of persons completing courses of injections during 1960:-

	Number of Persons who completed a course of:-	
	Two Injections	Three Injections
Children born in the years 1943-1960	2585	8062
Young Persons born in the Years 1933-1942	1190	6157
Persons born before 1933 who had not passed their 40th birthday	2365	1255
Others	9	52
Total	6149	15526

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 1960 176 applications were received compared with 197 the previous year. Of these, 134 were approved.

DOMESTIC HELP SERVICE (Section 29)

The total number of cases provided with home help during the year was 1,879, the bulk of the cases comprising the chronic sick, including aged and infirm, who need more or less permanent help.

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 1959	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	7	113	3
Tuberculosis	10	26	36	24
Chronic Sick (including aged and infirm)	594	972	1566	1108
Others	120	19	139	18
Total	855	1024	1879	1153

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 56 hours.

SCHOOL HEALTH SERVICE

Area School Populations

The school population for the Area is 10,720 in Hornsey and 17,458 in Tottenham. This shows an overall decrease of 229 compared with the previous year.

	(79-2) Hornsey	(85) Tottenham
Primary Schools and nursery classes	5798	8654
Nursery Schools	-	205
Secondary Modern Schools	3015	5760
Grammar and Technical Schools	1907	2640
Special Schools -		
Physically Handicapped	-	94
Blanche Nevile School for Deaf	-	105
	<hr/> 10720 <hr/>	<hr/> 17458 <hr/>

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	%
1956 & later	179	179	100.0
1955	587	583	99.3
1954	191	189	99.0
1953	126	125	99.2
1952	173	173	100.0
1951	718	715	99.6
1950	83	82	98.8
1949	242	242	100.0
1948	667	665	99.7
1947	362	362	100.0
1946	270	270	100.0
1945 & earlier	1247	1246	99.9
Total	4845	4831	99.7

One gratifying feature of this total is that although the total number of children examined during 1960 had increased by 829 compared with the previous year, yet 7 fewer pupils were deemed to be of unsatisfactory condition. In this connection, however, the term 'unsatisfactory' applies only to the child's general physique and the referral of minor defects to the ophthalmologists, ear, nose and throat specialists and orthopaedic surgeons continued to fill the special clinics to capacity.

Infectious Diseases in School Children, 1960

From the point of view of infection, 1960 was, generally speaking, an uneventful year and, as had been anticipated, measles remained relatively quiescent.

Poliomyelitis. Only one case of poliomyelitis occurred in a school child during the year. This was a boy, aged six years, who was admitted to hospital on the 30th November with evidence of paralysis. On discharge from hospital, he was seen by a school medical officer who found some residual weakness in his left leg, but this has not prevented him from returning to his normal school.

Dysentery. From time to time throughout the year cases occurred in both boroughs but there were no explosive outbreaks in the schools. A smouldering infection in a day nursery during August had its repercussions amongst older siblings of the inmates, but the general picture is indicated by the fall in recorded cases in Tottenham from 251 in 1959 to 66 in the year under review.

Tuberculosis. In the year as a whole six new cases of tuberculosis were notified in children of school age, one more than the previous year; one child developed tubercular meningitis but the remaining cases were due to pulmonary infections.

Two of these children attend schools outside this Area and the source case of one of them was traced to his school in Wales. In three of the four remaining cases an adult living in the same house was found to be infected and appropriate action was taken. In the sixth case, a girl of fourteen years, the pulmonary infection was discovered as a result of a strongly positive reaction to routine Mantoux testing. As no contact could be found in the household, in consultation with the chest physician, an epidemiological survey was instituted. Sixteen of her class mates were Mantoux tested and had chest X-rays, all with satisfactory results; whilst the remainder of her class had been dealt with previously as part of the normal B.C.G. programme. A similar investigation of her teachers revealed no source of infection.

B.C.G. Vaccination. Throughout the year the B. C. G. programme was steadily pursued and more than twice the number of children were vaccinated compared with 1959. From the following table it will be seen that for the first time students from two technical colleges were brought into the scheme; an important innovation bearing in mind the susceptibility of the adolescent to this disease.

	School Children		Students		Totals	
		%		%		%
Parents approached	3455		306		3761	
Parents accepting	2565	74.3	146	47.7	2711	72.1
Number tested	2487		131		2618	
Mantoux positive	136	5.5	38	29.0	174	6.6
Mantoux negative	2242	90.1	91	69.5	2333	89.1
Failed to attend for reading	109	4.4	2	1.5	111	4.3
Vaccinated (% of those approached)	2122	61.4	90	29.4	2212	58.8

SCHOOL DENTAL SERVICE

During the year the staff position has been as follows:-

- 5 Full-time Dental Officers
- 3 Part-time Dental Officers (equivalent to $1\frac{6}{11}$ full-time), with several changes in the first quarter of the year
- 1 Part-time Orthodontist (6/11 - 7/11)

The vacancy caused by the illness and subsequent retirement in February of Mr. V. Sainty, Area Dental Officer, was not filled until the end of September.

One full-time and one part-time dental officers are re-employed after reaching pensionable age; and we are grateful for their services, but they can only be considered as a short term policy, with doubtful prospects of replacement.

19,438 children were inspected, and of these 60% required treatment. There is evidence that many children are receiving regular treatment through the National Health Service.

The work of the department proceeded steadily during the year, and the ratio of permanent teeth filled to permanent teeth extracted as a result of disease was 9.7 : 1.

161 evening sessions were carried out and proved very popular.

The orthodontic clinic continues to have a long waiting list for treatment and there is urgent need for expansion of the service, especially in Hornsey. Dental officers themselves undertook cases in 108 sessions and thereby diverted time required for their basic dental surgery duties.

A disturbing fact connected with all treatments is the large and increasing number of broken appointments. They have risen each year from 19.7% in 1957 to 22.1% in 1960. It is noticeable that these are fewer where there has been continuity of staff and where the patient can depend on being treated by the same dental officer. Equally important in this matter is the dental attendant of experience.

The old type of surgery is gradually being re-equipped and brought into line with modern requirements. Good working conditions are necessary if dental officer staff are to be encouraged to enter our service. It is also planned to instal five high speed air turbines in 1961.

DENTAL INSPECTIONS AND TREATMENT - HORNSEY

Number inspected	...	...	...	...	...	6549
Number found to require treatment	...	...	...	...	...	3955
Number referred for treatment at the County Council's Dental Clinics	...	...	...	...	...	3935
Number of pupils treatment commenced	...	...	...	...	...	1949
Number of pupils treatment completed	...	...	...	...	...	1133
Number of attendances made by pupils for treatment	...	...	...	...	...	5184
Number of appointments not kept	...	...	...	...	...	1437
Number of half-days devoted to:						
(a) Inspection	...	...	...	...	...	45½
(b) Treatment	...	...	...	...	...	795
Fillings:						
Permanent Teeth	...	...	...	...	...	2768
Temporary Teeth	...	...	...	...	...	1532
Number of teeth filled:						
Permanent Teeth	...	...	...	...	...	2539
Temporary Teeth	...	...	...	...	...	1435
Extractions:						
Permanent Teeth	...	...	...	...	...	243
Permanent Teeth for Orthodontia	...	...	...	...	...	48
Temporary Teeth	...	...	...	...	...	1082
General Anaesthetics	...	...	...	...	...	725
Other operations:						
(a) Permanent Teeth	...	...	...	...	...	870
(b) Temporary Teeth	...	...	...	...	...	1207
Number of pupils supplied with dentures	...	...	...	...	...	16
Number of crowns or inlays	...	...	...	...	...	6
Number of radiographs	...	...	...	...	...	88

ORTHODONTIC INSPECTIONS AND TREATMENT - HORNSEY

Number of pupils inspected	...	...	...	...	...	58
Number of pupils selected for treatment	...	...	...	...	...	48
Number of pupils commenced treatment (first attendance)	...	...	...	...	...	25
Number of cases carried forward from previous year	...	...	...	...	...	6
Number of cases discontinued during the year	...	...	...	...	...	1
Number of attendances made for treatment	...	...	...	...	...	767
Number of appointments not kept	...	...	...	...	...	125
Number of impressions, etc.	...	...	...	...	...	273
Number of pupils treated with appliances	...	...	...	...	...	24
Number of fixed appliances fitted	...	...	...	...	...	2
Number of removable appliances fitted	...	...	...	...	...	57
Number of radiographs	...	...	...	...	...	51
Number of pupils treatment completed	...	...	...	...	...	10
Number of orthodontic sessions (half-days)	...	...	...	...	...	62½

Ear, Nose and Throat Clinics

Weekly sessions were held by Dr. F. P. M. Clarke, the visiting consultant, for Hornsey children referred for a variety of conditions both in type and degree. Despite this antibiotic era, otorrhoea still constitutes a problem and the persistent and effective treatment of this complaint is a prerequisite in the prevention of conductive deafness. Sinus infection, recurrent tonsillitis and enlarged adenoidal pads were common causes of referral from the school clinics; yet familiarity must breed no contempt in these cases for they are sources of much general ill-health and frequent school absence.

The close co-operation in Tottenham between the out-patient department of the Prince of Wales's General Hospital and the local authority clinic continued under the direction of Mr. William McKenzie, F.R.C.S., with the able assistance of one of the school medical officers (Dr. Nora Webster). During the year Mr. McKenzie addressed the school medical officers on some of the ear, nose and throat problems in connection with their work and a valuable and informative discussion followed his talk.

Audiology Clinic

As 1959 had seen the appointment of Dr. L. Fisch as consultant otologist to the Area, so 1960 was to herald the opening of the Audiology Unit in new premises on a site adjacent to the Blanche Nevile School for the Deaf at Tottenham. The investigation and ascertainment of deafness in children, and the subsequent training and educational placement of the child is essentially a matter of team-work. It is a pleasure, therefore, to record the good relations which exist between medical officers and educational personnel in the establishment of a full audiology service. In addition to the consultant otologist, a school medical officer and an audiometrician complete the medical component of the team, whilst their educational colleagues comprise the headmaster of the school (Mr. T. N. Brown), an educational psychologist and a peripatetic teacher of the deaf.

Dr. Fisch reports that the acoustic conditions of the new premises are very satisfactory and when all the equipment, which has been ordered, has been assembled, the facilities for testing the hearing of children will be as good as at any audiology clinic in the country.

It has been of great advantage to have the educational psychologist present at all sessions of the audiology unit, for she can observe the clinical examination of the child and will be no stranger to him should a full psychological assessment subsequently prove necessary. An important function of an audiology unit is to establish

the differential diagnosis between deafness and other possible causes of communication difficulty, notably, mental retardation. In this connection, it is now the approved practice in this Area before any child is ascertained as unsuitable for education in school under the Education Act 1944, for him first to be screened at the Audiology Unit to ensure that deafness plays no part in his mental retardation.

The peripatetic teacher of the deaf visits pre-school children in their own homes to provide the necessary training to ensure they gain the maximum benefit from their hearing aids and, at the same time, to give the appropriate guidance to their parents. Children at ordinary schools, recommended for auditory training by the otologist, are visited by the peripatetic teacher after consultation with Mr. Brown and the head teachers of the schools concerned. As yet the peripatetic teacher has no room of her own at the unit where she can train children and interview parents but, ultimately, it is hoped that some such provision can be made.

During the year a conference of the audiometricians in the employ of the Local Education Authority was held, under the chairmanship of Dr. Fisch. The aim of this conference, at which a number of school medical officers attended, was to consider methods of training and practice to ensure a uniform standard of audiometry.

Perhaps the least satisfactory part of the Audiology service is in the making of good inserts for hearing aids and in the provision of these instruments without undue delay. At the present time children, having been recommended for a hearing aid at the Audiology Unit, then have to travel to a hospital in the Central London area for the inserts to be fitted, and there may be three to four months delay between the time the need for a hearing aid is confirmed and when it is in use by the child. As one looks to the future it becomes increasingly apparent that a fully-functioning audiology unit must have provisions for taking impressions of the inserts and for issuing hearing aids at the unit itself.

PRE-SCHOOL CHILDREN REFERRED TO AUDIOLOGY UNIT

No.	Age	Sex	Reasons for referral	F.H.	Remarks	Source of Referral	Decision and Disposal
1	5 months	M	? Deafness	No	-	S.M.O. Hendon.	Not deaf.
2	4 years 7 months	M	? Deafness	No	Delayed speech.	S.M.O. Hornsey.	Probably not deaf. To nursery school.
3	3 years 1 month	M	? Deafness	No	Delayed speech.	S.M.O. Tottenham.	Deaf. To nursery unit at Blanche Neville School.
4	3 years 10 months	M	? Deafness	No	-	S.M.O. Hornsey.	Probably not deaf.
5	4 months	F	Mother suspected deafness	No	-	S.M.O. Hendon.	Probably not deaf.
6	4 years 1 month	M	? Deafness	No	Delayed speech.	S.M.O. Tottenham.	Not deaf. Backward.
7	7 months	M	? Deafness	No	Illegitimate.	S.M.O. Southgate.	Not deaf.
8	4 years	M	? Deafness	No	Delayed Speech.	S.M.O. Finchley.	Probably not deaf. To nursery school.
9	3 years 5 months	M	? Deafness	Yes	Articulation defect.	S.M.O. Hornsey.	Not deaf.
10	4 years 11 months	M	? Deafness	No	-	S.M.O. Southgate.	Deaf. For auditory training. Possibly backward.
11	2 years 1 month	M	Mother suspected deafness	No	Delayed speech.	S.M.O. Tottenham.	Deaf. To nursery unit at Blanche Neville School.
12	7 months	F	? Deafness	Yes	Delayed speech.	S.M.O. Hornsey.	Not deaf. To ordinary day nursery.
13	1 year 11 months	M	? Deafness	No	Delayed speech.	S.M.O. Hornsey.	Probably not deaf.
14	9 months	M	? Deafness	Yes	-	S.M.O. Southgate.	Deaf. For auditory training.
15	4 months	M	? Deafness	Yes	-	S.M.O. Hendon.	Not deaf.
16	2 years 10 months	M	? Deafness	No	Delayed speech.	S.M.O. Hendon.	Deaf. To nursery unit at Blanche Neville School.
17	2 years 11 months	M	Partially deaf	No	-	Gt. Ormond St. Hospital.	Not deaf. To ordinary day nursery.
18	3 years 4 months	M	? Deafness	No	Delayed speech.	S.M.O. Edmonton.	Not deaf.
19	3 months	F	? Deafness	Yes	-	S.M.O. Tottenham.	Probably not deaf.
20	2 years 3 months	F	? Deafness	Yes	-	Aural Consultant, Tottenham.	Deaf. To nursery unit at Blanche Neville School.
21	1 year	F	? Deafness	Yes	-	S.M.O. Hendon.	Deaf. For auditory training.

No.	Age	Sex	Reasons for referral	F.H.	Remarks	Source of referral	Decision and Disposal
22	4 years 9 months	M	To exclude deafness	No	Screening prior to ascertainment	Borough Education Officer, Tottenham	Not deaf. Probably backward.
23	4 years 7 months	F	Partially deaf	Yes	-	S.M.O. Southgate.	To Partially Deaf Unit, Tottenham.
24	3 years 5 months	F	Known deaf. From Gray's Inn Road.	Yes	-	S.M.O. Southgate.	To nursery unit at Blanche Neville School.
25	3 years 6 months	F	? Deafness	No	Delayed speech	S.M.O. Enfield.	To nursery unit at Blanche Neville School.
26	4 years 1 month	M	? Deafness	No	Delayed speech	Transfer from Gray's Inn Road.	Slightly deaf. Removal of tonsils and adenoids. For I.Q. assessment.
27	4 year 6 months	M	? Deafness	No	Articulation deaf.	S.M.O. Southgate.	Deaf. For auditory training.
28	9 months	F	? Deafness	Yes	-	S.M.O. Hornsey.	Not deaf.
29	5 years 3 months	F	? Deafness	No	-	Whittington Hospital.	Not deaf. Backward.
30	4 years 1 month	F	Partially deaf	No	-	C.M.O. Hertford.	To Partially Deaf Unit, Tottenham.
31	9 months	F	? Deafness	Yes	-	S.M.O. Hornsey.	Not deaf.
32	1 year 5 months	M	? Unilateral deafness	No	-	S.M.O. Potters Bar.	Not deaf. Backward.
33	3 years 3 months	M	? Deafness	Yes	Delayed speech	S.M.O. Tottenham.	Not deaf. To ordinary day nursery.
34	4 years 6 months	M	? Deafness	No	Haemolytic disease of the new-born.	S.M.O. Edgware.	Partially deaf. For auditory training.
35	4 years	F	? Deafness. Retarded Language development.	No	Maternal rubella.	C.M.O. Hertford. Transfer from Gray's Inn Road.	To nursery class at Blanche Neville School.
36	4 years 9 months	M	? Deafness	Yes	Articulation defect.	Aural Consultant, North Middlesex Hospital.	Not deaf. For speech therapy.
37	2 years 9 months	F	Known deaf	Yes	-	S.M.O. Tottenham.	To nursery unit at Blanche Neville School.
38	3 years 5 months	F	? Deafness	No	Delayed speech.	L.C.C.	For admission to nursery unit at L.C.C. school for the deaf.
39	3 years 6 months	M	? Deafness	No	-	S.M.O. Hendon.	To nursery unit at Blanche Neville School.
40	5 years	M	? Deafness	No	Articulation defect.	S.M.O. Edmonton.	Not deaf. For speech therapy.
41	4 years 3 months	F	? Unilateral deafness.	No	Delayed speech.	S.M.O. Hornsey.	Awaiting I.Q. assessment.
42	4 years 7 months	F	Partially deaf	No	Retarded speech.	Transfer from Gray's Inn Road.	To Partially Deaf Unit, Tottenham.

AUDIOLOGY UNIT, 1960

Number of children seen	154
Pre-school children	42
Attending infant & junior schools	74
Attending senior schools	34
Over 5, but not at school	4

Reason for referrals among these 120 children were as follows:-

For diagnosis	79
Immigrants to Area known to be deaf	4
Partially deaf children, advice as to placement	6
Children known to be deaf - application for admission to nursery class, Blanche Nevile School or partially deaf unit	11
Transfer from hospital out-patient departments	19
Advice as to placement where deafness might be the cause of backwardness	1

Source of Referrals:-

Tottenham and Hornsey	83
Other boroughs in Middlesex	31
London - neighbouring boroughs	2
Hertfordshire	3
Essex	1

Vale Road School for Physically Handicapped Children

Cerebral Palsy Unit

During the year 25 children suffering from cerebral palsy were cared for at the Vale Road Day Special School for Physically Handicapped Children, Tottenham. The visiting consultant (Dr. William Dunham) exercises close supervision of these children, reviewing them individually at regular intervals. Teachers, therapist, school nurse and parents all strive to one end; namely, to enable these severely handicapped children to tackle the everyday activities of home and classroom, as far as possible in a normal way.

At the end of the year plans were well advanced for the opening of a small class for three or four children suffering from partial deafness as well as cerebral palsy. Not all children with dual handicaps are so happily placed, however, and it is difficult to find a suitable environment for palsied children with severe mental retardation. The educational authorities, not unnaturally, tend to regard these children of very low intellect as unsuitable for education in school. On the other hand, their physical frailty and unsteady gait render their placement in a junior training centre a hazardous procedure; nor is it reasonable to expect that adequate treatment of their physical handicap can be provided at such a centre.

ANALYSIS OF CASES SEEN AT CEREBRAL PALSY UNIT IN 1960

	Male	Female	Total
Under 5 years	4	1	5
5 - 10 years	1	3	4
10 - 15 years	1	1	2
Over 15 years	-	-	-
Total	6	5	11

Diagnosis	Male	Female	Total
Cerebral Palsy	2	4	6
Mental Retardation	3	1	4
Spinal Paraplegia	1	-	1
Total	6	5	11

Six confirmed cases of Cerebral Palsy - Action Taken

Admitted to Vale Road School in 1960 and awaiting placement in residential P. H. school	1
Awaiting vacancy at Vale Road School	1
Referred back to home area for admission to special training school	1
For admission to ordinary school on trial (1961)	1
Referred back to home area for admission to nursery school	1
Under school age	1
	<u>6</u>

NEW CASES SEEN AT CEREBRAL PALSY UNIT IN 1960

Case	Date of Birth	Sex	Referred by	Diagnosis	Disposal
1	19. 11. 48.	F	Area Medical Officer, Enfield.	Cerebral palsy- 1. Left hemiplegia. 2. Intellectual and emotional retardation.	For report as unsuitable for education. Special Training School.
2	6. 12. 47.	M	Area Medical Officer, Enfield.	Cerebral palsy- Spastic diplegia.	Vale Road P.H. School.
3	1. 3. 55.	F	Area Medical Officer, Friern Barnet.	Cerebellar Ataxia - ? Post-encephalitic.	Nursery school.
4	5. 3. 56.	F	Area Medical Officer, Hornsey.	Cerebral palsy- 1. Mild hemiplegia. 2. Hyperkinetic.	Ordinary school on trial.
5	6. 1. 59.	M	Area Medical Officer, Potters Bar.	Cerebral palsy, mild Minor epilepsy.	Under supervision of Cerebral Palsy Unit.
6	25. 5. 50.	F	Area Medical Officer, Finchley.	Mental retardation.	Kindergarten school. Under supervision of Cerebral Palsy Unit.
7	6. 10. 56.	M	Area Medical Officer, Enfield.	Mental retardation.	Special Care Unit.
8	24. 12. 55.	M	Area Medical Officer, Enfield.	Mental retardation.	School for delicate children.
9	16. 1. 54.	M	Area Medical Officer, Hornsey.	Spinal paraplegia.	Vale Road P.H. School.
10	25. 8. 58.	M	Area Medical Officer, Hornsey.	Mental retardation.	Special Training School.
11	11. 7. 50.	F	Area Medical Officer, Friern Barnet.	Cerebral Palsy- Spastic Tripletia.	Vale Road P.H. School.

Children Unsuitable for Education in School

The Mental Health Act 1959, by amending Section 57 of the Education Act 1944, introduced certain changes in the law relating to children suffering from a disability of mind which makes them unsuitable for education at school. These changes became operative on the 1st November 1960, and their effect broadly was to extend the rights of parents and to simplify administrative procedure.

Under the new provisions, children are no longer reported as 'ineducable' but are recorded as 'unsuitable for education in school'. The object of this change was to implement a recommendation of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency that children should not be declared 'ineducable', and that severely sub-normal children who cannot profit by education at an ordinary or special school should be recommended for training in training centres provided by local health authorities, or in hospital. The Minister has stressed that the small number of children who, although capable of profiting from education, are not satisfactorily placed in an ordinary or special school, may well be provided with education under powers conferred by Section 56 of the Education Act, either at home or in hospital.

A main object of the legislation was to ensure that parents are kept fully informed of the significance of each stage of the procedure and of their own rights. To this end, the letter sent to parents by the local education authority informing them that they will be required to present their child for examination includes a statement of the duties and functions of the local education and health authorities relating to their child's care, couched in friendly and non-legal language. In this way unnecessary distress to parents may well be avoided.

When a child has been recorded as unsuitable for education in school, the letter sent by the local education authority to the parents informing them of this now has to include a statement of the type of provision which is likely to be made for their child's care. In order that this may be done, the medical officer who has carried out the statutory examination consults the senior medical officer for Mental Health, and their recommendation for the child's placement is included in the borough school medical officer's report to the local education authority for submission to the appropriate committee.

When the local education authority has decided to record a child as being unsuitable for education in school, the parents have a right of appeal to the Minister against the authority's decision.

The revised provisions also give to parents a new right to request a review by the education authority of their child's case at any time after twelve months and this right may be exercised annually thereafter. Should the parents still reject the decision of the authority, the Minister acts as the final arbiter.

Orthopaedic Clinics

Specialist clinics in both boroughs for children found to have orthopaedic or postural defects have been very well attended throughout 1960. Such cases are found at routine school medical inspection or referred by general practitioners. The physiotherapists have been at full stretch to provide the remedial therapy and breathing exercises prescribed by consultants to the clinics.

In Hornsey, Mr. E. G. M. Palser has deputised for Mr. E. T. Bailey, F.R.C.S. on occasions and, as the waiting list of new cases shows no signs of waning despite long and heavy clinics, the introduction of additional sessions is envisaged in 1961.

The postural defects of teenagers has been the special concern of Mr. E. Hambly, F.R.C.S., the visiting consultant at Tottenham, and he also continues to supervise the orthopaedic cases at the Vale Road School for Physically Handicapped Children. Of all such cases, few call for more care than children with muscular dystrophy, yet patient and careful physiotherapy can do much to render school life more enjoyable for such children. To this end, every help and encouragement is given by the headmaster (Mr. Ives) and the teaching staff.

Ophthalmic Clinics

During the past year the Hornsey Eye Clinic has continued to be very busy, the majority of cases being referred for defects of vision due to errors of refraction. These were dealt with in the usual way and glasses prescribed.

The visiting consultant, Dr. R. Welch, has, however, drawn attention to the large number of children who required a period of continuous treatment, especially those suffering from uni-ocular amblyopia. Here, the vision in one eye is of a much lower standard than in the other, due either to a convergent squint or aniso-metropia. The requisite treatment, after the error of refraction has been corrected, consists of occluding the non-amblyopic eye for periods varying from three to four months and during that period the children are seen at fortnightly intervals in the orthoptic clinic, where a careful record of the visual acuity is kept. As soon as the vision in the amblyopic eye has improved to near that of the other eye a course of orthoptic treatment is given to establish and maintain binocular vision.

To obtain the best results early detection of the condition is essential and enquiry should be made as to whether there is a family

history of poor vision in one eye - the so-called 'lazy eye', since this is suggestive. On following the above routine, the results on the whole have been satisfactory, but in those few cases where correction of an error of refraction and orthoptic treatment have failed to cure a squint surgical treatment becomes essential.

An equally busy year was experienced at the Tottenham Ophthalmic Clinic where many children with refractive errors and squints were referred to the visiting consultant, Mr. T. Kletz. Of a wide variety of other conditions two of outstanding clinical interest were a case of buphthalmos (infantile glaucoma), and a case of trachoma. Both these children received further investigation in hospital; but, although the diagnosis of trachoma was confirmed bacteriologically, a search for contacts proved unavailing. Happily, the infection cleared up satisfactorily with treatment. Two pupils were registered as partially-sighted during 1960; a case of congenital nystagmus and another of congenital dislocation of the lenses.

In December, Mr. Kletz demonstrated a number of clinical cases to the school medical officers in the Area, including cases of "squint" and the orthoptic methods used. Such an occasion, both enjoyable and instructive, encourages early detection of ophthalmic defects which both consultants so rightly stress.

ORTHOPTIC CLINICS

Number of new cases		88
Number of cases treated:-		
Complete success	62	
Improving	47	
Failed	7	
Left district before completion of treatment	5	
Total number of children occluded:-	—	121
Complete success	34	
Partial success	4	
Still on treatment	4	
Failed to improve	5	47
Number of cases referred for surgery		5

Child Guidance Clinics

During 1960 Dr. W. H. Craike, the consultant psychiatrist to the Lordship Lane Clinic, held two sessions per week to deal with the multiple conditions referred to him. Difficult behaviour at home and school, truancy and nocturnal enuresis formed the hard core of his problems; but children presenting a broad spectrum of psychosomatic symptoms were referred to him by both school medical officers and teachers. Dr. C. Phillips, who also undertook two sessions a week, left in March to take up an appointment in the United States of America and a replacement had not been appointed by the end of the year. Consequently, Dr. Craike's case load was heavily increased and there was a long waiting list of children for diagnostic interview at the end of the year.

The year under review was one of transition in the Hornsey Child Guidance Clinic owing to the departure of Dr. Phillips who attended this clinic as well as the one in Tottenham and we were fortunate in obtaining the services, as locum tenens, of Dr. Rachel Shackleton. Nevertheless, the problems and the pressure of cases remained essentially the same as in Tottenham and much valuable work was done in maintaining this vital feature of the School Health Service.

Speech Therapy

During 1960 the speech therapists held frequent consultations with parents, teachers, health visitors, school medical officers and other specialists, in addition to maintaining their regular treatment programme.

School visiting formed an integral part of the work and it is now accepted practice for school staffs to consult the speech therapist about any child with a communication problem. This close liaison helps the child with a stammer during the stress periods of his school life, with their new pressures and demands. These most commonly occur during the first year in the infant, junior and senior schools.

Miss Joan Came, the senior speech therapist, emphasises that deviation in language development may be significant from the age of two years, and requires early investigation. Where the speech therapist finds a history suggestive of brain damage, hearing loss, severe emotional disturbance or other causative factors, further referral to the appropriate specialist is indicated.

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	.	.	5	2	.	.	.	1	.	.	5	3
Partially Sighted	4	3	1	1	.	.	.	.	.	.	5	4
Deaf	4	4	2	2	.	.	.	.	.	.	6	6
Partially Deaf	10	8	1	1	2	.	.	.	2	.	15	9
Educationally Sub-Normal	64	45	14	2	4	.	1	.	.	.	83	47
Epileptic	.	.	2	1	.	.	.	1	.	.	2	2
Maladjusted	.	.	13	2	4	3	14	5	3	1	34	11
Physically Handicapped	15	12	7	1	1	.	.	1	4	1	27	15
Speech Defects	3	.	.	1	208	111	9	3	7	1	227	116
Delicate	2	9	9	7	1	.	1	.	1	.	14	16
Multiple Defects	3	3	1	2	1	.	1	.	1	.	7	5
Totals	105	84	55	22	221	114	26	11	18	3	425	234
GRAND TOTALS	189		77		335		37		21		659	

Rheumatism Supervisory Centre

Fortnightly sessions continued to be held in 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 nine. Of these, five were female and four male:-

Rheumatic fever	5
Innocent Cardiac Murmur (other cases)	2
Streptococcal State (Allergy)	2
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202 children remain on the register of the supervisory centre, and of these, 52 made 108 attendances, while in addition a number were seen in the ordinary paediatric out-patient sessions. These 202 cases were classified as follows:-

Rheumatic fever	64
Rheumatic carditis	42
Rheumatic carditis with chorea	5
Chorea - uncomplicated	5
Rheumatic arthritis	5
Congenital heart lesions	54
Rheumatic pains	1
Streptococcal Allergy	3
Other cases	23
	<hr/>
	202
	<hr/>

96 males
106 females

Hospital School

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

"The teaching of the children at St. Ann's Hospital and at the Prince of Wales's Hospital has progressed smoothly during the past year.

Although the schoolroom is established in the Prince of Wales's Unit at St. Ann's Hospital, there has been considerable development of individual teaching in other wards, including tuition of pupils in cubicles in the tuberculosis wards. These patients, who are not in the infectious stage of the disease, are in their early teens. Tuition is specially important for them as often they are preparing for G.C.E. or other examinations.

From time to time assistance is given to older boys and girls who have left school and who have decided to take up further studies.

Lessons in the schoolroom are necessarily varied as they must cater for a wide age range. Children with severe muscular disability attend school (often in special fitted chairs) and derive great benefit and pleasure from special sense training apparatus.

Always the pupils' interests are at heart and to this end every effort is made to follow the child's own school curriculum including commercial subjects where necessary and to develop his particular hobbies.

It has been possible on occasion to take the children for nature walks round the hospital grounds in wheelchairs and on foot. This has given much pleasure and been of real educational value.

Part-time teachers were again employed during the long summer vacation to keep the children happy and busy with handwork, stories, games, etc.

As in past years the Tottenham Library Service has been most helpful when special books have been required.

Parents have shown their appreciation of lessons received by their children while in hospital, and it is quite evident that the children enjoy their school work.

As always, the hospital staff has been most co-operative and helpful.

Statistical Information

Certain statistics relating to the work of the School Health Service in Hornsey and not included in the body of the report follow:-

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
1956 & later	-	51	51
1955	4	161	163
1954	8	64	66
1953	12	30	36
1952	21	44	58
1951	101	159	225
1950	7	19	26
1949	51	42	83
1948	121	146	239
1947	67	84	129
1946	54	69	104
1945 & earlier	305	237	485
Total	751	1106	1665

OTHER INSPECTIONS

Number of Special Inspections	1614
Number of Re-inspections	646
Total	<u>2260</u>

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

Cases dealt with under Section 57, Education Act 1944

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

Cases de-notified under Section 8, Education (Miscellaneous Provisions) Act 1948: 1

MEDICAL EXAMINATIONS OF TEACHERS

(a) Number of teachers examined as to fitness for appointment	7
(b) Number of students examined as to fitness for first appointment	58
(c) Number of students examined as to fitness for training course	53

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	21	44	62	62	132	107	215	213	478	32
5	Eyes: a. Vision	13	32	242	14	496	96	751	142	106	5
	b. Squint	33	4	20	.	74	6	127	10	10	.
	c. Other	2	8	5	6	26	6	33	20	38	4
6	Ears: a. Hearing	18	6	9	8	23	12	50	26	86	33
	b. Otitis media	13	22	3	16	16	71	32	109	8	3
	c. Other	3	1	3	3	10	12	16	16	14	.
7	Nose and Throat	104	136	14	30	75	180	193	346	40	13
8	Speech	10	26	1	4	13	24	24	54	26	2
9	Lymphatic Glands	1	57	1	10	2	38	4	105	2	.
10	Heart	3	16	7	17	10	38	20	71	4	8
11	Lungs	35	27	29	12	62	40	126	79	17	8
12	Developmental:										
	a. Hernia	3	3	2	.	2	4	7	7	.	.
	b. Other	2	5	6	13	14	28	22	46	4	3
13	Orthopaedic:										
	a. Posture	3	7	10	33	12	73	25	113	4	5
	b. Feet	40	55	26	52	94	142	160	249	15	7
	c. Other	14	19	19	25	42	94	75	138	44	3
14	Nervous System:										
	a. Epilepsy	.	.	2	1	9	1	11	2	4	6
	b. Other	1	4	4	13	12	17	17	34	7	2
15	Psychological:										
	a. Development	.	13	.	2	5	17	5	32	24	22
	b. Stability	10	85	3	30	29	139	42	254	25	13
16	Abdomen	6	6	7	8	16	38	29	52	5	3
17	Other	7	15	8	34	17	117	32	166	153	37

(T) Requiring Treatment

(O) Requiring Observation

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

	Number of cases known to have been treated
GROUP 1 - EYE DISEASES (e.g. blepharitis, conjunctivitis), DEFECTIVE VISION AND SQUINT.	
(a) External and other, excluding errors of refraction and squint	44
(b) Errors of refraction (including squint)	842
(c) Number of cases for whom spectacles were prescribed	418
GROUP 2 - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT	
Received operative treatment for adenoids and chronic tonsillitis	263
Received other forms of treatment	165
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) During the current year	9
(b) In previous years	67
GROUP 3 - ORTHOPAEDIC AND POSTURAL DEFECTS	
Treated at clinics or out-patient departments	349
GROUP 4 - DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)	
Impetigo & Scabies	14
Other skin diseases	619
GROUP 5 - CHILD GUIDANCE TREATMENT	
Treated at child guidance clinics (including cases sent to the Tavistock and other hospital clinics)	67
GROUP 6 - SPEECH THERAPY	
Treated by speech therapists	78
GROUP 7 - OTHER TREATMENT GIVEN	
(a) Minor Ailments	117
(b) Treatment other than (a) above and excluding convalescent treatment	37

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. (until 20th April) G. S. UDALL, M. A., M. B., B. Chir., D. P. H., D. C. H. (from 1st July)
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., (until 19th May) Public Health Inspector's Cert. Food Inspector's Cert. W. J. WILSON, D. P. A. (Lond.), M. A. P. H. I., Public Health Inspector's Cert. (from 20th May) Food Inspector's Cert.
Public Health and Shops Inspector Petroleum Inspector	E. WILKINS, M. A. P. H. I. Public Health Inspector's Cert. Food Inspector's Cert. Smoke Inspector's Diploma
Public Health Inspectors -	E. HUNDY, M. A. P. H. I., (until 10th July) 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. S. GRAY, M. A. P. H. I., Public Health Inspector's Cert. Food Inspector's Cert. Smoke Inspector's Diploma T. B. MEANEY, M. A. P. H. I., (from 5th September) Public Health Inspector's Cert. Food Inspector's Cert.
Chief Administrative Assistant	D. B. DAVIES, D. P. A. (Lond.)
Senior Clerks	D. N. IRVINE, D. P. A. (Lond.) H. P. BRADFORD
Clerk	Mrs. M. M. BERRY (until 3rd September)
Shorthand-typists	MRS. E. M. HICKS (until 31st July) MISS A. GERRIE MISS A. GLENISTER MISS J. FINNIGAN (from 2nd August)
Survey Assistant (Smoke Control)	W. R. WOOD (from 9th May)
Drainage Inspector 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. (Resigned 20.4.60.) G. S. UDALL, M.B., B.Chir., D.P.H., (Appointed 1.7.60.) D.C.H.
Senior Assistant Medical Officer	ALICE WHEILDON, M.B., B.S., M.R.C.O.G. (Resigned 28.2.60.) RUTH GOLDER, M.B., Ch.B., D.R.C.O.G., (Appointed 2.5.60.) D.P.H.
Area Dental Officer	V. SAINTY, L.D.S., R.C.S. (Retired 12.2.60.) MISS W. M. HUNT, L.D.S., R.F.P.S. (Appointed 26.9.60.)
Superintendent Health Visitor	MISS H. TOWNSEND, S.R.N., S.C.M., H.V.
Non-medical Supervisor of Midwives and Home Nursing Superintendent	MISS F. E. CURTIS, S.R.N., S.C.M., H.V., M.T.D.
Home Help Organiser	MISS D. WILLIAMS, S.R.N.
Assistant Home Help Organisers	MISS J. E. CAPLIN MRS. F. G. WILLS (Resigned 29.7.60) MRS. A. ORCHARD (Appointed 30.5.60)
Area Chief Clerk	W. L. N. RELLEEN, T.D., D.P.A.
Deputy Area Chief Clerk	J. B. BAMBROOK, D.M.A.
Section 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	4
Supervisory Nursing Staff	2	-
Administrative and Clerical Staff	35	8
Health Visitors/School Nurses	27	2
Student Health Visitors	-	1
Clinic Nurses	7	-
Midwives	11	-
Home Nurses	24	4
Speech Therapists	2	2
Physiotherapist	1	-
Occupational Therapist	1	-
Chiropodists	-	2
Gramophone Audiometrician	1	-
Orthoptists	-	2
Dental Attendants	8	2
Day Nursery Staff	35	2
Home Help Service	7	164
Manual workers, domestic grades, etc.	10	23
	—	—
	187	222
	—	—

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