

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

### **Contributors**

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

### **Publication/Creation**

[1962?]

### **Persistent URL**

<https://wellcomecollection.org/works/vdsz4k3x>

### **License and attribution**

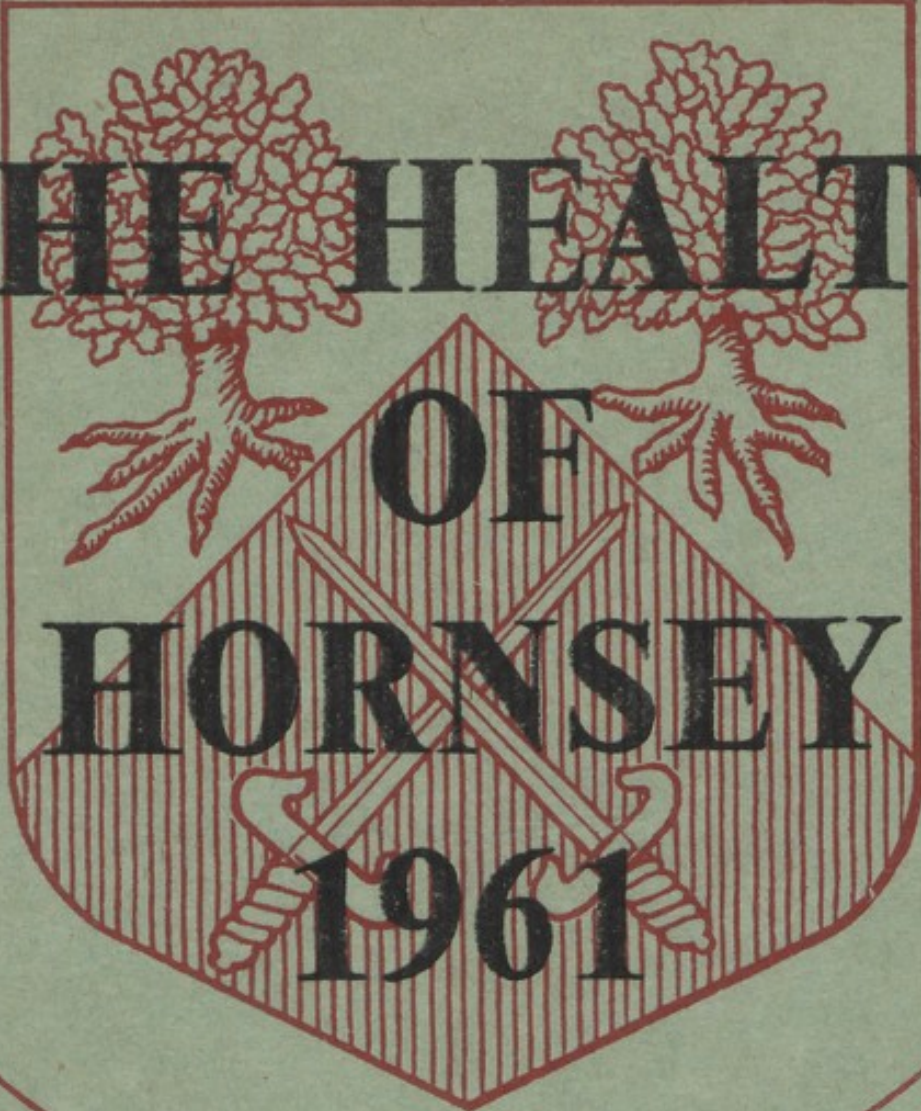
You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

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

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



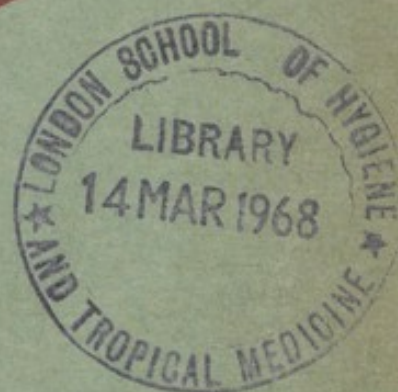
Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>



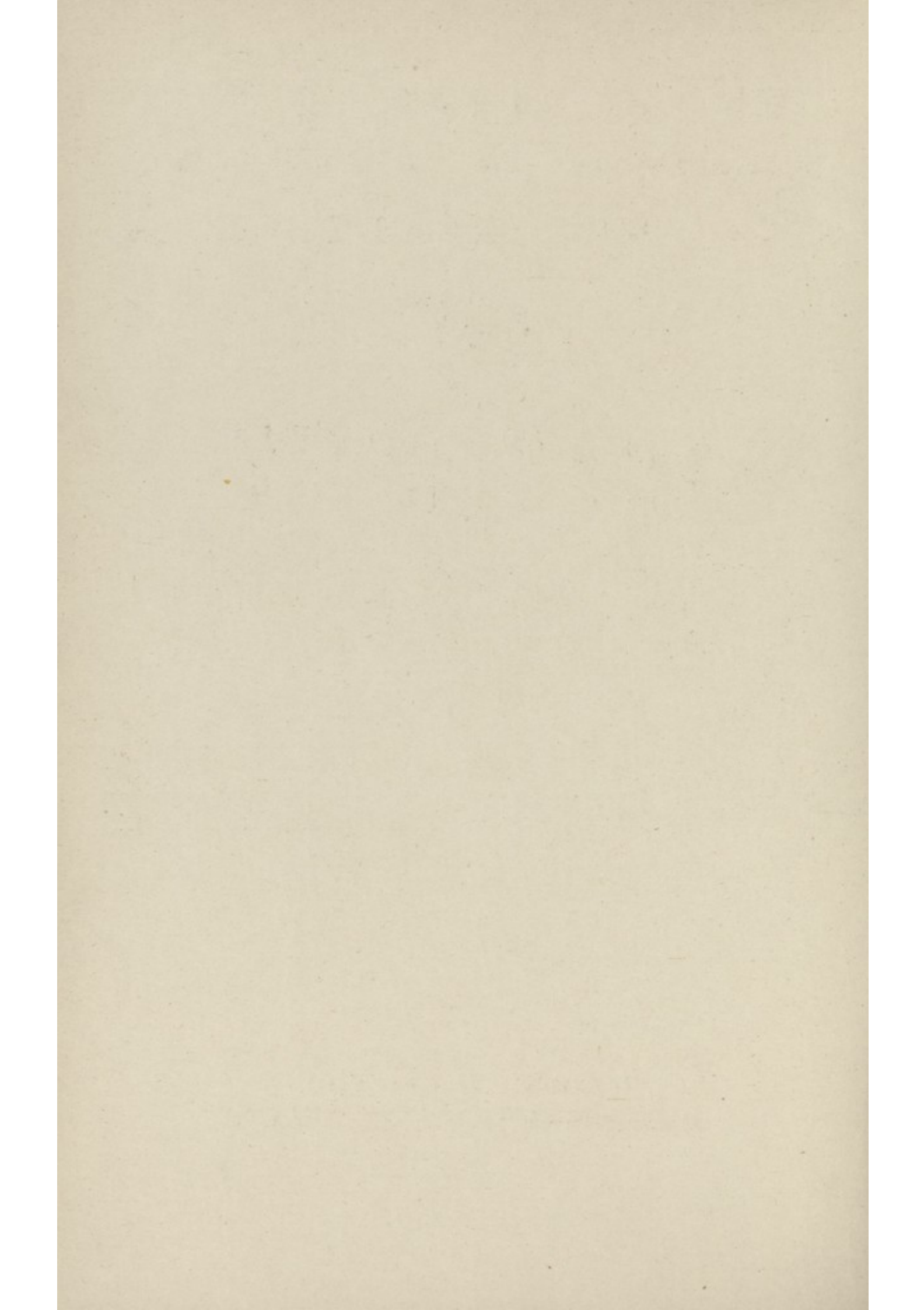
The coat of arms of Hornsey is a shield with a red border. It features two red oak trees at the top, their roots extending downwards. The central part of the shield is a red triangle with vertical lines, containing two crossed swords. The year '1961' is written in red at the bottom of the shield.

# THE HEALTH OF HORNSEY 1961

FORTIOR · QUO · PARATIOR



THE ANNUAL REPORT OF THE  
MEDICAL OFFICER OF HEALTH





# THE HEALTH

## OF

# HORNSEY

1961

## THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH



## MEMBERS OF THE COUNCIL

\* Alderman C. R. WILLIAMS, J.P., Mayor

\* Alderman L. A. BAINS, Deputy Mayor

### ALDERMEN

\* Miss O. R. ANDERSON  
F. H. BAILEY, J.P.  
D. F. W. BILLINGSLEY  
M. W. BURNS, D.L., K.S.G.  
E. C. CASTLE

F. C. CAVE, C.B.E., T.D.,  
D.L., J.P.  
Mrs. K. M. ST. P. CRUMP  
N. MULDOON, O.B.E., J.P.  
\* G. F. N. NORMAN  
G. WATSON

### COUNCILLORS

Miss M. M. BARRIE  
\* A. N. CAMMOCK  
Mrs. J. M. CARTER  
J. E. DALLING  
C. J. ETTINGER  
A. E. FRANKEL  
\* C. C. GALVIN  
\* V. P. GELLAY  
Mrs. B. M. GREENING  
L. HAUSER  
\* F. C. V. HAYWARD  
(Vice-Chairman of Health Committee)  
C. P. F. JENKIN  
E. M. LARARD  
\* J. LOTERY  
B. J. McBRIDE  
\* N. C. D. McLEOD  
N. A. MULDOON  
C. MURRAY

F. NEUNER  
W. R. PEDDER  
P. PHILLIPS  
\* Mrs. M. PLEASANCE  
P. P. RIGBY  
\* H. A. L. ROSSI  
D. P. SALINGER  
\* B. D. SMITH  
\* G. H. STANSALL  
L. SUSSMAN  
M. H. WALEY-COHEN  
R. I. G. WATT  
\* P. J. WHEAL  
\* J. T. WILKINS  
(Chairman of Health Committee)  
T. W. WILKINS  
A. R. WILSON  
\* H. W. WINDEBANK  
\* H. J. WORMS

\* Members of Borough Health Committee at 31st December 1961



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

30th July, 1962.

To the Worshipful the Mayor, Aldermen and Councillors,

Mr. Mayor, Ladies and Gentlemen,

I herewith submit my Annual Report on the health services under local authority administration for the year ended 31st December, 1961.

The mid-year population as estimated by the Registrar General was 97,060, showing an increase of 490 over the previous year. The birth rate of 20.7 reached the highest level since 1947. Illegitimate births rose to 10.9 per cent; compared with 9.7 in 1960. The adjusted death rate for all age groups was 10.6: next to the lowest in the county and comparing favourably with 12.0 for the country as a whole. A disturbing feature was the rise in the infantile death rate to 28.8; and 44.8 for illegitimate births. There were two maternal deaths both in hospital; and the first time since 1957 that Hornsey has suffered a mortality attributed to childbirth.

The health of children of all ages was well maintained. Apart from an anticipated outbreak of measles no epidemic occurred during the year.

At the other extreme of life much is being done locally, both by voluntary and by public agencies, for the health and well-being of the elderly. In this now considerable undertaking the aim of all must be to make the years of retirement a happy and worthwhile experience, free from boredom and loneliness.

The Borough health department continued to make headway under the Clean Air Act, though this exacting duty involved a disproportionate amount of time of public health inspector and clerical staff alike. A third Smoke Control Order came into force by the end of the year, and the Council resolved to do everything in its power to ensure that progress is made as rapidly as possible. Convinced of the ill effects of atmospheric pollution on health, householders have given excellent co-operation.

Action under the Housing Acts continued in its importance. Representations were made for slum clearance on Stage VII of the Campsbourne Area, and a number of individual unfit houses in the Borough closed and/or demolished. New standards were adopted by the Council in relation to houses in multiple occupation; and so far as possible, without neglecting their many other duties, your highly experienced staff of public health inspectors increased their efforts in house-to-house inspections.



The department suffered a serious loss by the sudden death on duty of Mr. E. Wilkins, deputy chief public health inspector. At the end of the year Mr. P. F. Hall, foreman disinfecter and mortuary keeper, retired after 31 years service.

Read in conjunction with the Report itself this brief introduction and review of the year's work, seeks to make clear that while the pattern of the public health services may remain basically the same from year to year, the necessity to apply new legislation and meet new problems forms a constant challenge and absorbing interest to Committee Members and their officers.

In conclusion I wish to express gratitude to my many colleagues technical and clerical, in the Corporation and area health services, for their expert advice and co-operation so willingly given. To the Members of the Council and Chairmen of Committees under whom I have served, I am no less grateful for their understanding and encouragement.

I am,

Your obedient servant,

G. HAMILTON HOGBEN,

Medical Officer of Health.



## INFECTIOUS DISEASES

---

### Poliomyelitis

One case was notified as suffering from poliomyelitis - a man aged 35 years - who was admitted to hospital; polio-virus type 1 was later isolated from stools. The patient had not been vaccinated against poliomyelitis. Nearly two months after admission he could sit up and was able to walk with a support: a mild residual paralysis was noted on discharge from hospital.

A note on vaccination against poliomyelitis appears on page 69.

### Food Poisoning

No outbreak occurred in the Borough and only six cases were notified by general practitioners- six other cases came to the knowledge of the department, making 12 in all for the year.

Last year I commented on the late notification of cases of food poisoning making the investigation of the source of infection very difficult. Once again the importance of this must be stressed in order to make it possible to carry out full enquiries at an early stage. Food poisoning is the only infectious disease for which notification to the Medical Officer of Health of a "suspected" case is required by law.

The potential danger of using reheated meals is well illustrated by reference to a case of food poisoning caused by salmonella typhimurium contained in steak and kidney. The patient was a man living on his own, who purchased the steak and kidney on a Saturday and partly cooked it the next day. He presumably partly cooked it in order to preserve it, being unaware that this is a dangerous practice. The following Wednesday it was reheated and the patient had some for the evening meal. The next day he again reheated it for his meal. A little before 7 o'clock the following morning (Friday) he had diarrhoea and vomiting and a slight headache. He felt unwell throughout the day, but this did not deter him from having some more of the steak and kidney that evening. The following morning he threw away the remainder and as he continued to be unwell the doctor was called in on the Monday morning. The symptoms were severe and lasted in all six days. Another point about this case was that his meat and perishables were stored in a basket hanging from a hook in the ceiling - a most unsatisfactory method, especially as the heat of the room tends to rise: which together provided ideal conditions for the growth of the food poisoning organisms.



In the case of a butcher's assistant who was a suspected carrier and whose brother suffered from food poisoning, compensation was paid for loss of earnings while excluded from work until he was proved to be clear of the infection.

## Dysentery

Twelve cases were notified during the year, in all of which the causal organism, where found, was shigella sonne. The school exclusion arrangements mentioned in last year's report continued and met with no difficulties.

## Typhoid Fever

A girl aged 2 years was notified as suffering from typhoid fever, Salmonella typhi having been isolated from blood culture. The child was already in hospital but on the diagnosis of typhoid being made she was transferred to an infectious diseases hospital. All family contacts submitted specimens of faeces and urine for laboratory investigation and proved negative. After the immediate acute phase of the illness had passed the child was discharged home under medical care and made an uneventful recovery.

## Measles

There were 1529 cases of measles notified in 1961, which was an epidemic year, twenty-four of them being over the age of 15 and of these ten were over the age of 25 years. Treatment was provided in hospital for twenty-eight patients some of whom had complications: eight with bronchitis, one with otitis media and two others were complicated by pneumonia. All cases made uneventful recoveries and there were no deaths.

## Diphtheria

There were no notified cases of diphtheria during the year, but on 13th February a sixteen-year old Hornsey girl was admitted to Coppetts Wood Isolation Hospital as a suspected case of diphtheria. Nose and throat swabs were immediately taken from her family contacts, consisting of her parents, a brother of twelve years, a sister of eight years and an adult maid. Meanwhile, arrangements were made for the children at the schools attended by the patient and her younger sister to be examined, and throat and nose swabs were taken where there was any sign of a sore throat. Since the boy was at home on half-term holiday from a residential school, the Medical Officer of Health for the appropriate District was promptly notified.

All the swabs proved to be negative except the throat swab from the patient's father, from which diphtheria mitis, the mildest form of the diphtheria organism, was grown. Accordingly, he was admitted to hospital on 19th February so that, as a diphtheria carrier he would be isolated from the community. In the meantime, both he and the remaining members of the patient's family had been given passive and active immunisation against diphtheria by their general practitioner; whilst the children in the two classes attended by the patient and her sister were offered active immunisation, in the majority of cases in the form of a 'booster' dose.

On 27th February, the medical superintendent of the isolation hospital reported that no positive throat or nose swabs had been obtained from the original patient, and as the organism isolated from her father's throat was without virulence, he considered that the case could not be confirmed as diphtheria. Nevertheless, there was an interesting sequel. On the 1st March, the patient's younger sister was admitted to hospital suffering from a heart condition which frequently complicates an attack of diphtheria. As a result of this, the medical superintendent concluded that she had probably suffered from diphtheria before her elder sister was admitted to hospital as a suspected case. In due course, the two girls and their father were discharged home.

From time to time during the second half of February, the medical personnel of the public health department were asked to see cases where the possibility of diphtheria had been mooted. Fortunately, in each case the diagnosis could be refuted on clinical grounds; but the episode emphasised the fact that few doctors under the age of 45 years have seen a case of diphtheria in this country. Furthermore, both these incidents, in Hornsey and Tottenham, served to stress how necessary it is to maintain a high level of immunity against this disease in the population, if diphtheria is not again to become epidemic; and, at all clinics in the Area, the immunisation of infants was actively pressed.



## LABORATORY SERVICES

The arrangements whereby the Health Department acts as a collecting centre for laboratory specimens submitted by medical practitioners in Hornsey continued during the year. Containers are obtainable from the department during normal office hours and specimens are collected daily by a messenger from Colindale at approximately 3.30 p.m. and 10.30 a.m. on Saturdays. The laboratory at Coppetts Wood Hospital is open to receive specimens at any time up to 5 p.m. on Mondays to Fridays and 12 noon on Saturdays. In addition, a 24-hour emergency service is maintained by the Central Public Health Laboratory, Colindale.

The following specimens submitted by Hornsey patients were examined during 1961.

Nose and throat swabs	...	371
Sputum	... ..	39
Faeces	... ..	255
Urine	... ..	65
Other	... ..	83

Other examinations were carried out as follows:-

Water	... ..	10
Milk	... ..	6
Milk Powder	... ..	1
Ice Cream	... ..	6

### MASS X-RAY SURVEY, MARCH 1961

The total number of attenders was 5212, which was considerably more than on any other survey since 1951. The relative figures were -

March 1951	5054
June 1953	4677
September 1954	3716
October 1956	4096

On this occasion considerably less publicity in the form of leaflets and posters was issued than on any other visit and it may be suggested that the extremely good attendance generally is a tribute to the growing awareness of the public in matters of health generally, and information which they have gathered from television and radio programmes, magazines and newspaper articles.

## TUBERCULOSIS BY AGE AND SEX

The total number of cases on the Tuberculosis Register at the end of 1961 was 902, viz., pulmonary 806 non-pulmonary 96.

	Pulmonary		Non-Pulmonary		Total	
	Male	Female	Male	Female	Male	Female
(a) Number of Cases on Register at commencement of year	507	397	53	50	560	447
(b) Number of Cases notified for first time during year under Regulations	24	20	3	3	27	23
(c) Cases restored to Register	1	4	-	-	1	4
(d) Cases added to Register otherwise than by notification under Regulations						
(1) Transferred from other Districts	27	23	-	-	27	23
(2) From Death Returns	2	2	-	-	2	2
(e) Number of Cases removed from Register	103	98	9	4	112	102
(f) Number of Cases remaining on Register at end of year	458	348	47	49	505	397

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
-	-	25	38	61	53	3	-	14	7	103	98
PULMONARY											
NON-PULMONARY											
-	-	6	3	3	1	-	-	-	-	9	4

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

		Under 1 year	1 year	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and over	TOTALS
BY FORMAL NOTIFICATION															
Pulmonary	M	-	1	2	-	-	-	3	5	4	4	4	1	-	24
	F	-	-	1	-	-	4	2	8	1	-	1	2	1	20
Non-pulmonary	M	-	-	-	-	-	-	-	-	2	1	-	-	-	3
	F	-	-	-	-	-	-	1	2	-	-	-	-	-	3
OTHER THAN BY FORMAL NOTIFICATION															
Inward transferable deaths															
Pulmonary	M	-	-	-	-	-	-	-	-	-	-	-	-	2	2
	F	-	-	-	-	-	-	-	-	-	1	-	-	1	2
Transfers from other Districts															
Pulmonary	M	-	-	-	-	-	-	4	8	3	6	4	-	2	27
	F	-	-	1	-	-	1	5	9	4	2	1	-	-	23



## NOTIFICATION OF INFECTIOUS DISEASE BY AGE AND SEX

AGE IN YEARS	Scarlet fever		Whooping cough		Acute Poliomyelitis Paralytic		Measles		Dysentery	
	M	F	M	F	M	F	M	F	M	F
Under 1	-	-	-	3	-	-	20	22	1	-
1	1	-	-	1	-	-	77	90	-	-
2	1	1	-	1	-	-	111	80	-	1
3	3	1	-	-	-	-	121	102	-	-
4	6	4	-	-	-	-	77	95	-	-
5-9	8	13	1	-	-	-	327	354	1	1
10-14	2	2	1	-	-	-	10	19	-	1
15-24	1	-	-	-	-	-	6	8	-	2
25 and over	-	2	-	-	1	-	4	6	2	3
TOTALS	22	23	2	5	1	-	753	776	4	8

AGE IN YEARS	Acute pneumonia		Erysipelas		Food poisoning		Puerperal pyrexia	Typhoid fever	
	M	F	M	F	M	F	F	M	F
Under 5	2	1	-	-	-	-	-	-	1
5-14	3	2	-	-	-	-	-	-	-
15-44	6	8	-	-	3	1	12	-	-
45-64	9	8	1	2	2	-	-	-	-
65 and over	11	13	-	1	-	-	-	-	-
TOTALS	31	32	1	3	5	1	12	-	1

There were no cases of diphtheria. Two baby boys and one baby girl suffering from ophthalmia neonatorum were nursed at home. There was no impairment of vision.

# NOTIFICATION OF INFECTIOUS DISEASE BY WARDS

	Highgate	Muswell Hill	Crouch End	Central Hornsey	North Harringay	South Harringay	Stroud Green	Finsbury Park	TOTALS
Scarlet fever	7	6	3	8	7	2	7	5	45
Whooping cough	1	2	1	-	-	1	2	-	7
Acute poliomyelitis Paralytic	-	-	-	-	-	1	-	-	1
Measles	173	344	126	233	124	50	312	167	1,529
Acute pneumonia	2	7	2	16	25	4	7	-	63
Dysentery	2	2	1	2	1	1	2	1	12
Erysipelas	1	1	1	-	-	-	-	1	4
Food poisoning	1	-	1	2	-	2	-	-	6
Puerperal pyrexia	-	12	-	-	-	-	-	-	12
Ophthalmia Neonatorum	1	1	-	-	-	-	1	-	3
Typhoid fever	1	-	-	-	-	-	-	-	1
TOTALS	189	375	135	261	157	61	331	174	1,683

## HOUSING & SANITARY CIRCUMSTANCES

---

The year 1961 was principally one of consolidation and of the continuing effort with respect to the clearance of unsatisfactory and worn out houses, the improvement of the facilities and amenities within houses in multiple occupation and the abatement of existing cases of overcrowding and the prevention of new cases.

With regard to the vacation and clearance of unfit houses, I could wish that it was possible to secure this with less delay than now appears to be unavoidable but it would appear that the limited amount of land available for redevelopment by the Council, restricts the pace at which suitable housing in conformity with modern standards can be offered to the persons whom it is necessary to displace.

Houses in multiple occupation are a symptom of the considerable pressure for housing accommodation which exists in the Greater London Area. It would appear that families arrive in this and other boroughs without any pre-arranged accommodation and are then obliged to accept whatever they can find available, accommodation which might be at a very high rent, but certainly in many cases is not provided with those facilities which are considered basic.

During the year the Housing Act, 1961, came into force and Section 15 extended the list of matters concerning which the Council could require adequate provision in houses in multiple occupation. Such a house should have adequate provision with regard to

Natural and artificial lighting

Ventilation

Water Supply

Personal washing facilities

Drainage and sanitary conveniences

Facilities for the storage, preparation and cooking of food and for the disposal of waste water

Installations for space heating or for the use of space heating appliances.

The Council took advantage of the new powers and decided on new standards and it is the responsibility of the public health inspectors to point out to the owners and other persons having control of houses in multiple occupation these requirements and to require



their proper implementation. The standards of course, are not statutory, but are an expression of the Council's view as to what is reasonable. There is recourse to the Court but so far it has not been necessary to seek this. This, it is hoped, will continue to be unnecessary and that owners will bring their premises up to what after all is a modest standard. Observance of the basic amenities standard within a house in multiple occupation does not imply that the premises may not require revisiting later, since it has been found that the persons within the premises, and the manner of occupation, is constantly changing. It is most unfortunate too that the great majority of cases of overcrowding discovered, occur in houses in multiple occupation.

Other routine inspection of the Borough must continue. The sanitary nuisances and defects must be abated and the many routine duties of the public health inspectors, other than housing, must also continue to receive adequate attention.

## CAMPSBOURNE CLEARANCE AREA

### STAGE VII

Details of this stage, which consists of 45 houses, were contained in last year's report. Confirmation of the Order, with minor modifications, was given by the Minister on 1st February, 1962, and the Order became operative on 24th March, 1962.

## HARINGEY GROVE CLEARANCE AREA

The official representation to the Council was made on 28th June, 1961. The area consisted of the following houses:-

1 - 29 (odd), and 4, 6, 8, 10, 16 and 18 Haringey Grove.

At the recommendation of the Housing Committee the following properties were added:-

2, 12, 14 and 20 Haringey Grove, and garage premises, rear of 5 Haringey Grove.

Objections were received in respect of ten properties, and a Public Inquiry was held in the Town Hall on 20th March, 1962.



## RE-HOUSING ON HEALTH GROUNDS

In matters of rehousing the use of a points scheme to guide housing committees is probably the system most commonly used but no one has yet managed to produce a scheme which will give a truly satisfactory guide to the more seriously needy applicants.

Hornsey's scheme has been revised from time to time in an attempt to make it more equitable. In 1956 the Housing Management Sub-Committee considered a report drawing attention to the priority needs of housing applicants where a health factor was involved. The points scheme was revised to permit, among other considerations, the award of 15 points on health grounds instead of 10 which had previously been the maximum. In addition, it was made possible to award 5, 10 or 15 according to the urgency of the case, whereas previously the award had been 10 points or nothing. A further 15 points may be awarded by the Committee at their discretion and, where circumstances permit, it is possible to recommend to the Committee that discretionary points be awarded to enable an application to be placed on the "live" list.

To ensure that applicants with specially urgent health need are not overlooked merely because they are unable to obtain sufficient points, the Council has agreed that the Medical Officer of Health may recommend any applicant for rehousing as a special case, without regard to the points scheme, if he is satisfied that rehousing is essential on health grounds. Unfortunately, the present shortage of Council owned housing accommodation has a restrictive effect on the selection of such cases, and only the urgent cases in which housing is considered to play a very special part in the health of the family are put forward for consideration. It follows that there are many cases in which the need, though not quite so urgent, is still great, and some of these would certainly be put forward for consideration if more accommodation were available. Such cases are placed in special categories and during 1961 thirty such cases were dealt with. Nine families were recommended to the Committee for rehousing as special cases and two were accepted, both of which were rehoused before the end of the year.

The following notes on six cases, which were not thought sufficiently urgent to recommend to the Committee for special rehousing, illustrate the extreme difficulty of deciding when to recommend an applicant for special rehousing.

CASE NO. 53 - Husband and wife (aged 70 years) live in two rooms on the first floor. The wife suffers from diabetes and has had one leg amputated. The circulation in remaining leg is poor. Walking (with the aid of stick) is a precarious manoeuvre, and the stairs (17 in all) are particularly difficult. A ground floor flat would help her to remain mobile.



CASE NO. 51 - Mother and adult son live in two rooms and kitchen which are very dark. The mother is partially sighted, and has weak legs, after two strokes. The son has suffered from tuberculosis, which is now quiescent. There is also a younger son who suffers from a mental disorder, living in lodgings. A lighter flat would greatly benefit the mother.

CASE NO. 7 - Husband and wife (aged 74 years) live in three rooms on first floor, approached by 11 very steep steps outside the house and 18 steep steps up to the first floor. The wife suffers from chronic bronchitis and the steps make her increasingly breathless. Ground floor accommodation would certainly be beneficial.

CASE NO. 38 - Husband, wife, boy 5 years, girls 10 and 8 years of age live in one room and kitchen. The two youngest children sleep in a double bunk in the parent's bedroom and the older girl sleeps in the maternal grandmother's bed in a room on the floor below. Water has to be fetched from the floor below.

CASE NO. 28 - Husband and wife, daughter 21 and son 15 live in two semi-basement rooms. The mother suffers from heart disease.

The total number of housing cases reviewed on health grounds during the year was 82. In 68 cases action was as follows:-

Nil points recommended	12
5 " "	4
10 " "	5
15 " "	38
Cases accepted by Committee for rehousing outside the points scheme	2
Cases not accepted	7

In the remaining 14 cases no further action was recommended as it was considered that action already taken was sufficient to meet the case having regard to other applicants on the waiting list.

The applications placed in special categories were as follows:

Group I	Serious medical condition	
	(a) Active pulmonary tuberculosis	1
	(b) Other medical conditions	7
Group II	Chronic medical or surgical conditions which have crippled the patient	18

Group III	Old persons needing ground floor accommodation because of infirmity possibly with illness.	1
Group IV	Serious overcrowding causing undesirable mixing of sexes with its accompanying moral danger	3

Nine families with medical points were rehoused during the year.

In a number of instances applications fell into two groups, but for the purposes of the above table the more urgent category has been used and each applicant included once only.

### CLOSING ORDERS

Property	Part affected	Order operative	Action taken
89 Woodstock Road	Whole house	4th February	3 families rehoused. 1 family in occupation at end of 1961.
16 Enfield Road	Whole house	23rd March	2 families in occupation at end of 1961.
26 Enfield Road	Whole house	4th August	1 family in occupation at end of 1961.

### CLOSING ORDER DETERMINED

A Closing Order made on the basement flat, 12 Wembury Road, on 14th January, 1958, was determined on 16th January, 1961, the work required to render the premises fit for human habitation having been carried out.



## LICENSING OF PET SHOPS

During the year 16 inspections were carried out, 9 by the Veterinary Inspector and 7 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 25 establishments for male hairdressing and 42 establishments for female hairdressing, which includes 6 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 114 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 1,854	19.3	99.89%	99.95%
New River 510	10.1	100.00%	100.00%

#### Chemical Examination

104 samples of filtered water derived from the New River and 208 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 0.20 parts per million.



## SHOPS ACT

The Council gave consideration to the operation of various Local Orders made under the Shops Act, 1912, and being satisfied that there were reasonable grounds for supposing that the Orders had ceased to serve any useful purpose gave instruction for the necessary statutory procedure to be followed to ascertain whether a majority of the occupiers of the shops concerned were in agreement with revocation of the Orders.

The procedure is similar to that laid down for the making of an Order and includes the preparation of a full register of the traders who may be affected and the collection of views, in support or otherwise, of the revocation.

If the review shows a majority in support of revocation application is made to the Secretary of State to revoke the Orders.

## RODENT CONTROL

The general picture with regard to rodent infestation within the Borough appears satisfactory in that there are very few cases of infestations found on the surface and the number of "takes" from pre-baiting in the sewers continues to be very low.

The procedure of three treatments per annum with Sodium Fluoroacetate and one treatment with Warfarin has been continued; and with the object of securing even a greater extermination of rats a special search has been made throughout the Borough to uncover access points to little used sewers.

It appears that the reservoir of rodent infestations may arise from nesting by the rodents in short top ends of sewers within the curtilage of private premises. Where these have been found the occupiers have been most co-operative in facilitating the work of the staff in carrying out investigations and treatment.

Comparative figures relating to surface infestations for 1960 and 1961 are as follows:-

	<u>1960</u>	<u>1961</u>
January - March	21	20
April - June	25	40
July - September	37	41
October - December	27	20
	<hr/>	<hr/>
	110	121
	<hr/>	<hr/>





# INSPECTIONS BY PUBLIC HEALTH INSPECTORS

	1st Inspection	Re-inspections
<b>Food</b>		
Food Premises (See table on page 29)	241	141
Hawkers	16	2
Street Traders	8	-
<b>Infectious Diseases</b>		
Notifiable Infectious Diseases	77	-
Food Poisoning	10	-
Infectious Disease Contacts	11	-
<b>Public Health Inspections</b>		
Nuisances	613	1470
Drainage	293	566
Rodent Control	30	59
Overcrowding	26	39
Factories	130	30
Outworkers	39	102
Renewal of Music and Dancing Licences	15	6
Rivers Pollution	51	197
Smoke observations	78	24
Pests & verminous conditions	83	54
Certificates of Disrepair	14	15
Hairdressers' Shops	70	20
<b>Housing Inspections</b>		
Houses in Multiple Occupation	48	143
Housing Surveys	204	147
Other inspections under Housing Acts	155	36
<b>Shops Inspections</b>	191	-
<b>Others</b>		
Pet Animal Shops	7	-
Petroleum Stores	67	43
Fireguards	3	-
Visits to old people	28	36

# SANITARY IMPROVEMENTS EFFECTED IN DWELLINGS

In previous reports the overall picture of improvements has been obscured by many details. This detailed analysis has now been dispensed with, and in its place sanitary improvements have been classified under main headings - work on the drainage system, the external fabric, and the internal fabric of the house - and each of these is sub-divided into "major" and "minor", according to the extent of the work involved. Each premises is now counted once only irrespective of the extent of the work involved.

Drainage and water supply system	Major	6
	Minor	106
External fabric	Major	6
	Minor	41
Internal fabric	Major	9
	Minor	35

In houses in multiple occupation, improvements have resulted from enforcement of the standards adopted by the Council.

Ventilation provided	1
Water supply provided	5
W.C's provided	2
Food storage provided	3
Sink provided	8

Information relating to shops, including food premises, and factories is given under the section concerned.

## ABATEMENT NOTICES

The Notices served during the year were as follows:-

	Verbal	Preliminary	Statutory
Public Health and Housing Acts	202	359	62
Shops Act	31	33	-
Factories Act	29	4	-
Clean Air	2	2	-
Damage by Pests	-	2	-
Pet Animals Act	2	-	-



## Hodding Surveys, Ghana Act, 1959, Sec. 22 147

same month.

ences. In addition the Council were advised that the

## CLEAN AIR

---

Hornsey's third Smoke Control Order came into force on 1st November, 1961. It was confirmed by the Minister of Housing and Local Government on 18th April, 1961, which allowed a period of just over 6 months for conversions of fireplaces. The area of 315 acres contained 2840 dwellings and together with areas 1 and 2 the total area subject to Smoke Control Orders by the end of 1961 was 1002 acres, containing 7070 dwellings.

Applications for conversions were submitted by householders and owners at an earlier stage than in the first two areas, and consequently, there was no sudden rush during the last few days before the operative date.

Smoke Control Order No. 4 was sent to the Ministry for confirmation at the end of 1961, and will come into operation on 1st November, 1962. The usual publicity will be given when the Order is confirmed.

The survey assistant inspected approximately 2500 premises between January and October in connection with Area No. 4, and obtained information of great value to the Department in dealing with applications and queries relating to the Area. It is interesting to notice that no objections to Smoke Control Orders have been received since 1959, when there was a Public Inquiry after objections to the first Smoke Control Order. The idea of Smoke Control appears to have been accepted by the general public, and what is perhaps as important, by the fuel suppliers. A number of householders not yet affected by Smoke Control Orders have asked whether the payment of the statutory grant could be made for alterations carried out in advance of the making of an Order. This would involve a change in the law and the Minister has indicated that he is unable to agree to such payments in advance of the making of Smoke Control Orders.

When Hornsey's fifth area is in operation (1st November, 1963), the whole of the western half of the Borough will be subject to smoke control. As adjoining boroughs have also pressed on with their clean air programme, Hornsey will be fortunate in that almost all of the Borough boundary will border onto Smoke Control Areas.



# ATMOSPHERIC POLLUTION - MEASUREMENT OF SMOKE AND SULPHUR DIOXIDE

	Smoke (microgrammes per cubic metre)															Sulphur dioxide (microgrammes per cubic metre)														
	Monthly average					Highest daily reading					Lowest daily reading					Monthly average					Highest daily reading					Lowest daily reading				
*Sites	a	b	c	d	e	a	b	c	d	e	a	b	c	d	e	a	b	c	d	e	a	b	c	d	e	a	b	c	d	e
January	130	190	-	-	-	350	380	-	-	-	60	110	-	-	-	124	289	-	-	-	385	588	-	-	-	45	141	-	-	-
February	100	150	-	-	-	180	260	-	-	-	40	70	-	-	-	117	192	-	-	-	263	392	-	-	-	49	76	-	-	-
March	100	180	-	-	-	310	390	-	-	-	20	70	-	-	-	189	274	-	-	-	484	600	-	-	-	39	115	-	-	-
April	57	98	62	-	90	190	190	120	-	130	10	50	10	-	80	78	148	137	-	119	200	325	189	-	203	14	63	83	-	14
May	22	30	30	-	37	70	40	100	-	100	10	20	10	-	10	71	50	86	-	86	232	57	271	-	252	23	43	6	-	14
June	23	31	34	33	49	60	60	100	60	150	10	10	10	10	10	78	134	91	154	116	189	322	183	235	237	8	65	40	77	29
July	16	22	26	31	24	50	50	100	90	80	-	10	10	10	10	58	102	61	94	72	109	198	157	160	131	6	17	17	14	6
August	23	29	27	40	31	70	90	110	110	90	10	10	10	10	10	56	87	57	77	58	189	243	178	172	166	20	35	6	35	35
September	49	78	58	73	66	150	210	160	220	170	10	30	10	30	30	105	145	115	198	117	211	372	362	874	280	32	8	29	37	49
October	73	106	75	144	109	180	220	160	430	250	10	40	10	50	40	122	197	151	201	152	252	371	322	469	320	29	86	14	55	43
November	134	220	137	239	197	294	692	310	506	394	23	75	20	77	84	144	252	229	244	203	497	557	613	689	694	47	83	59	94	73
December	180	251	200	385	238	457	548	490	1014	558	34	35	43	150	87	170	379	360	526	258	452	985	902	979	739	43	158	148	251	60

\* Sites: (a) Fortis Green Depot (b) Town Hall (c) Highgate Depot, North Hill (commenced in April) (d) Lorne House, Lorne Road (commenced in June) (e) Burghley Road pumping station (commenced in April)

# ATMOSPHERIC POLLUTION - MEASUREMENT OF SOLID DEPOSITS

(tons per square mile)

	<u>Town Hall</u>	<u>Electricity Sub-station Hampden Road</u>
January	12.98	17.96
February	12.10	16.67
March	26.65	18.12
April	18.96	19.73
May	14.68	9.94
June	8.63	10.10
July	9.72	9.69
August	7.54	8.78
September	8.35	11.84
October	14.45	14.60
November	10.31	10.17
December	13.27	16.32



## FOOD

Food premises within the Borough continue to be regularly and frequently inspected and in most cases any infringement of the Food Hygiene Regulations which may be noted are of a minor nature and are adjusted with very little delay when the matter is brought to the attention of the persons running the food business.

There are, however, exceptions, and it was necessary in the light of the very serious conditions found, for the Council to lay information before the Magistrates with regard to the most unsatisfactory state of affairs in a cafe kitchen. The Magistrates found the case proved and imposed salutary penalties. Details are shown on page 34 under Legal Proceedings.

In this particular case the front part of the premises where the public sit was attractively furnished and appeared to leave nothing to be desired with regard to cleanliness, but the so-called kitchen and food preparation rooms were in a deplorable condition.

Catering is probably one of the most difficult aspects of the food trade in that it tends to produce grease, dirt and untidiness and because adequate cleansing of the food preparation rooms frequently takes second place to titivating the public section of the restaurant. Generally, it has been found necessary for catering premises to be subjected to very frequent inspection.

### **Bulk Food Storage**

A cold store with a capacity of 1,500 tons was opened adjacent to Hornsey Station in January, 1961. A blast freezing unit is installed which is capable of freezing any type of goods at the rate of 10 tons in 6 hours. Various temperatures are maintained to suit a variety of goods in store. Mechanical handling is used throughout the store which should meet a need for safe hygienic storage of food.

# 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	3	-
Butchers	49	4	31
Confectionery (sugar)	123	102	1
Fish (wet and dried)	9	1	2
Fish (fried)	8	-	-
Fruit and vegetables	72	10	-
Grocery and provisions	126	34	18
Milk	4	1	-
Canteens	2	-	-
Preserved foods	3	1	3
Public houses and off licences	72	7	-
Restaurants and cafes	65	37	-
Tobacconists and Newsagents	1	1	-
Herbalist and health foods	1	-	-
Confectionery warehouse	1	-	-
Preserved food factory	3	-	3
Stalls:			
Fruit and vegetables	3	-	-
Jellied eels	1	-	1
Refreshments	1	-	-

## REGISTRATION OF HAWKERS OF FOOD AND THEIR STORAGE PREMISES

During the year three new registrations were effected under Section 11 of the Middlesex County Council Act, 1950, and at the end of the year there was in the Borough one registered storage premises used by a hawker from another Borough and 38 registered hawkers who are at present selling the following foods:-

Confectionery	1	Groceries	1
Eggs	1	Ice Cream	8
Fish	1	Winkles and shrimps	1
Fruit and vegetables	25		



## 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 1961 -

Article	Total Samples taken	Unsatisfactory Samples
Milk (various)	24	
" (powder)	1	
Bread and Cakes	3	
Butter and Margarine	12	
Cheese	10	1
Cream	11	
Coffee	2	
Drugs	15	
Fish and Fish Products	12	
Fruit (fresh)	30	1
" (canned and preserved)	6	
" Juice	2	
Ice Cream	16	
Liver	2	
Meat and Meat Products	74	
Pepper	4	
Preserves	4	
Sausages	11	
Soft Drinks	3	
Vinegar	17	
Miscellaneous	16	
<b>Total</b>	<b>275</b>	<b>2</b>

The following comments relate to samples noted as unsatisfactory:-

#### Cheese

A sample of cream cheese with chives was found to be deficient in fat content. Investigation showed that the product was one manufactured locally on an experimental basis and as a result of the investigations made by my Department, the manufacture of the product was discontinued.

## Fresh Fruit

An official caution was sent to a seller of Lavine apples which were described on a show ticket as "Italian Newtowns". The Newtown is a more highly prized apple and is generally considered to be superior to the Lavine.

## Merchandise Marks Acts, 1887 - 1953

Inspections were carried out under the above Acts to ensure that the requirements of the various Marking Orders relating to the indication of origin of imported foodstuffs are applied. Inspections were made at 281 premises and a total of 1,094 displays were examined. Minor breaches of the Orders were dealt with by verbal warning and one infringement was reported. This was in respect of Cypriot grapefruit which were described as "Jaffa". The green-grocer responsible was fined £1 on each of two summonses and ordered to pay £4.4.0d. towards the costs.

## Safe Milk

From the 1st January, 1961 the County Council became the licensing authority for the issue of licences to dealers with premises within its area and sixty such licences were issued in respect of the sale of milk to which the special designations "pasteurised", "sterilised" and "tuberculin tested" could be applied. The period for which these licences were granted has been extended from one year to five years. Thirty-six samples of milk were obtained to test that heat treatment and subsequent storage were properly carried out. All were satisfactory. Eighty-seven inspections of premises were made to ensure proper compliance with the Milk (Special Designation) Regulations, 1960.

## Labelling of Food Order, 1953

The Labelling of Food Order requires prepacked food to be marked with the name and address of the packer or labeller or to bear a registered trade mark; to be marked with its common or usual name and to bear a statement of ingredients if the food consists of more than one ingredient. It also controls the manner in which the presence of vitamins and minerals is disclosed.

In the Borough of Hornsey a total of 178 premises were visited and 680 items of food were examined for compliance with the Order. One infringement was disclosed. This was in respect of a food labelled "Beef Dinner" on which the ingredients were not stated in the correct order. A letter of caution was sent to the manufacturer.



## Labelling & Advertising Infringements

In addition to the detail given above, a considerable volume of work was done in the period under review, which did not arise from samples procured in the Borough of Hornsey, but which had the effect of protecting the residents in each county district. The matters dealt with were in respect of nationally retailed articles of food.

Several manufacturers were required to designate the ingredients on labels of Instant Coffee. As a result of a complaint of the taste of a soft drink, investigations made in my Department showed that there was phenolic contamination which arose from a chemical reaction between chlorinated water and the phenol formaldehyde stopper. The manufacturer has modified the ingredients of this product to prevent the chemical reaction.

The Manufacturer of a non-alcoholic wine was challenged on the ground that the description was a contradiction in terms, and the label was amended to 'non-alcoholic beverage'.

The importer of a slimming food was challenged on claims made in advertising literature as to the Vitamin concentration, and the literature was corrected.

A manufacturer's claim of slimming properties for "reducing perles" was challenged and the product withdrawn. The claim relied on the presence of purgatives and bladderwrack.

The slimming claims made for a lemon juice in a television advertisement were modified after the manufacturer had been challenged as to the efficiency of the product as a slimming agent.

Modifications to the labels of several brands of canned chicken were secured, where it was not apparent from the label that the contents of the cans were not solely chicken, but chicken in jelly or broth.

# BACTERIOLOGICAL EXAMINATION OF FOOD

<u>Laboratory Comment</u>	<u>1961</u>	<u>1960</u>	<u>1959</u>
Very good	2	2	2
Good	-	4	-
Very satisfactory	-	-	3
Satisfactory	22	31	10
Fairly satisfactory	11	4	-
Within normal limits	1	-	7
Doubtful	-	-	1
Not satisfactory	19	12	19
	55	53	42

In the table above, of the results of the bacteriological examination of samples of cooked meats taken during three years the proportion reported as not satisfactory appears to remain roughly at the same level and the following factors are probably relevant in assessing the true significance of the information.

(1) "Not satisfactory" is the summary description given where the number of germs or organisms found on one gram of the food is considered to be excessive. The organisms found are usually of the types associated with spoilage, too frequent handling or exposure to contamination by dust. These are not pathogenic organisms that is the type which can give rise to illness. Only very rarely have pathogenic organisms been isolated from these samples.

(2) An excessive bacterial count indicates the "degree of risk". Should the food become contaminated with pathogenic organisms the age of the food or its method of storage and handling would probably permit the rapid multiplication of this dangerous form of contamination.

(3) It has not been found possible to test or sample all cooked meats from all retail premises within the Borough and therefore the sampling has been selective; some samples being taken from shops where conditions are regarded as being very good and where the laboratory result could probably be taken as a reasonable standard; and others from shops where it is suspected that conditions of storage and methods of preparation will indicate that improved arrangements are probably necessary.

(4) When a report is received from the laboratory, a summary of this is sent to the retailer and invariably this creates a good opportunity for suggesting more hygienic methods of storage and handling. The advice is mostly received gratefully by the retailers and acted upon. It is hoped that the department's experience in this direction will continue in the same vein.



# LEGAL PROCEEDINGS

Date of Hearing	Offence		Result
Food and Drugs Act, 1955, Section 2			
20th September	Minced beef decomposed.	Fine £25.	Costs £5.5s.
Food Hygiene Regulations, 1960			
10th April	Failure to keep equipment clean. (Reg. 6(1)).	Fine £20.	2 months to pay - 3 months' imprisonment in default.
	Failure to protect food from risk of contamination. (Reg. 8).	Fine £20.	2 months to pay - 3 months' imprisonment in default.
	Failure to keep sanitary convenience clean. (Reg. 14(1)).	Fine £5.	2 months to pay - 1 months' imprisonment in default.
	Failure to provide wash-hand basin. (Reg. 16(1)).	Fine £20.	2 months to pay - 3 months' imprisonment in default.
	Failure to keep walls, floors, etc. clean. (Reg. 23(1)).	Fine £20.	2 months to pay - 3 months' imprisonment in default.
		Costs £26.5s.	Costs for an interpreter £3.3s.

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

Bakehouses and Bakers' Shops	30	Grocers' Shops	87
Butchers' Shops	33	Public Houses & Off	
Canteens and Kitchens	14	Licences	18
Confectioners	29	Prepared Food Shops	6
Fish Shops	17	Restaurants, Cafes, etc.	81
Greengrocers' Shops	67		

The following is a list of unsound food surrendered during 1961. Wherever possible this was salvaged for use as animal feeding or industrial purposes.

	Cwt.	lb.		Cwt.	lb.
Canned Vegetables	6	33	Fish	2	18
Canned Fruit & Fruit Juices	2	92	Cereals		58
Canned Meat	5	100	Vegetables	3	24
Canned Fish		8	Fruit		3
Canned Soup		4	Coconut mallows	1	20
Canned Jam & Marmalade		8	Ice cream		11
Milk	29	pints	Prepared Foods		15
Meat and Bacon	3	111	Miscellaneous		2



## OLD PEOPLE'S WELFARE

In my Annual Reports of recent years I have outlined in detail the provision in Hornsey for the care of old people. A great deal is done by voluntary agencies, and with the continued support of the Borough Council, the Old People's Welfare Council is carrying out much valuable work over a wide field among the aged and is able to guide them in obtaining help from other sources.

The proportion of old people in the community is continuing to rise and with the serious lack of housing suitable for old people, and particularly those with some physical handicap, the work of those associated in the welfare of old people is continuing to increase.

The Health Department is called upon to deal with those cases where some special difficulty exists, for example, those in which considerable help is required in persuading or coercing the old person into removing stores of useless articles, such as old newspapers, bottles and other articles, cases where for their own good the person concerned should be admitted to hospital for treatment or to a home where he can be cared for permanently. During the year 38 new cases were referred to the department, but happily in no instance was it found necessary to apply to the Court for compulsory admission under the National Assistance Act, 1948.

The 38 cases above are not the only ones dealt with during the year as many of these old people are visited from time to time over a period of sometimes two to four years.

Among the social activities for old people was the planning of the extension of the Darby and Joan Home and Club at Muswell Hill. The extension was designed to improve the already excellent facilities and to be opened in 1962.

## GENERAL

### MEDICAL EXAMINATION OF STAFF

Forty-eight persons were medically examined to determine their fitness for acceptance on the permanent staff; all but three were found to be fit.

One of the conditions of the scheme for sickness pay for employees who come within the scope of the National and Provincial Councils for Non-Trading Services (Manual Workers) is that all new employees be required to submit to a medical examination before the completion of six months' service with the Council in order to determine their fitness for admission to the scheme. 75 persons were examined, 73 of whom were accepted for the scheme. 4 examinations were carried out for other purposes.

### MASSAGE 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 17 premises. The following summary shows the numbers licensed for each form of treatment.

Massage	3
Chiropody	17
Electrical treatment	3
Other similar treatment	2

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:-

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

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

2 at Pet Shop	-	St. James's Lane.
2 at Pet Shop	-	314c Park Road.
2 at Pet Shop	-	69 Turnpike Lane.
1 at Pet Shop	-	367 Archway Road.
2 at Pet Shop	-	40 Stroud Green Road.

There were no outbreaks of Fowl Pest.

No action was necessary under the Tuberculosis Order of 1925.

Ten 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 four bodies, men of 59, 70 and 75 years, and a woman of 80 years.

## PUBLIC MORTUARY

The Hornsey mortuary and post-mortem room are situated at the Central Depot, Hornsey High Street. During the year 144 bodies were admitted and post-mortem examination carried out on all. Inquests were held on 19 bodies.

## ROAD ACCIDENTS

	Fatal	Serious	Slight	Totals
0 - 5	-	-	10	10
5 - 15	1	8	65	74
15 - 65	11	68	428	507
65 -	3	13	25	41
Age not given	-	-	10	10

## FATAL HOME ACCIDENTS

	0 - 15	15 - 65	65 & over
Coal gas poisoning	-	-	2
Other poisoning	-	-	-
Falls	-	-	8
Other accidents	1	-	-

## PETROLEUM

The licensing of petrol filling stations and other premises in which petrol is stored, is subject to licence under the Petroleum (Regulation) Acts 1928 and 1936 and to the Schedule of Conditions which the local authority are entitled to attach to the licence.

Among other requirements the Schedule places upon the occupier of licensed premises the responsibility of arranging testing of the installation at any time when there is reason to suspect a defect and in any case during the 20th, 25th and 30th year after installation, thereafter every full testing is required after every second year.

Many of the petrol tanks installed in the Borough are now over 20 years old and pressure and seepage tests have been carried out whereby many of them have been found to be defective. In some cases rejoining the top plates to the tanks has been adequate to bring the tanks to a condition to meet the test but in a number of others the cutting off of the tanks and their removal or filling with concrete, has become necessary. This has meant of course, the installation of new tanks and pipe runs and electrical services, which work is inspected at all stages by the Chief Public Health Inspector or his deputy, acting as petroleum officers for the Council.



At least one visit per year is paid to every premises licenced under the Petroleum (Regulations) Acts within the Borough to check that the necessary routine safety precautions are being observed.

## PETROLEUM SPIRIT

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

Petroleum	58
Cellulose	20
Hydro-carbon	1
<b>Total</b>	<b>79</b>

(Nine 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, 1961 ...	97,060
Number of separately assessed dwellings 1st April, 1961 ...	24,537
Rateable value (General Rate) at 1st April, 1961 ...	£1,555,620
Product of a penny rate 1961-62 ... (estimated)	£6,380

TOTAL LIVE AND STILL-BIRTHS ... 2,041

## LIVE BIRTHS

	M.	F.	Total
Legitimate ...	929	860	1,789
Illegitimate ...	114	109	223
Illegitimate live births per cent of total of live births		...	10.9

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

HORNSEY ...	20.7
Area Comparability Factor...	0.94
Adjusted Rate for Hornsey ...	19.5
England and Wales (provisional) ...	17.4
Middlesex County (adjusted rate) ...	16.3

## STILL-BIRTHS

	M.	F.	Total
Legitimate ...	11	14	25
Illegitimate ...	1	3	4

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

HORNSEY ...	14.2
England and Wales (provisional) ...	19.1

## INFANT DEATHS (under 1 year of age)

	M.	F.	Total
Legitimate ...	24	24	48
Illegitimate ...	7	3	10



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

HORNSEY: Legitimate	...	...	...	...	...	...	26.8
Illegitimate	...	...	...	...	...	...	44.8
Total	...	...	...	...	...	...	28.8
England and Wales (provisional)	...	...	...	...	...	...	21.6
Middlesex County	...	...	...	...	...	...	20.4

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

	M.	F.	Total
Legitimate	19	19	38
Illegitimate	6	3	9

## Neo-Natal Mortality Rates

HORNSEY	...	...	...	...	...	...	23.4
England and Wales (provisional)	...	...	...	...	...	...	15.5

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

	M.	F.	Total
Legitimate	15	16	31
Illegitimate	4	3	7

## Early Neo-Natal Mortality Rates

Legitimate	...	...	...	...	...	...	17.3
Illegitimate	...	...	...	...	...	...	31.4
Total	...	...	...	...	...	...	18.9

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

	M.	F.	Total
Legitimate	26	30	56
Illegitimate	5	6	11

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

HORNSEY: Legitimate	...	...	...	...	...	...	30.9
Illegitimate	...	...	...	...	...	...	48.5
Total	...	...	...	...	...	...	32.8
England and Wales (provisional)	...	...	...	...	...	...	32.2

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

HORNSEY (2 deaths)	0.98
Middlesex County (14 deaths)	0.38
England and Wales (277 deaths)	0.34

## DEATHS FROM ALL CAUSES

Males	518	1,144
Females	626	

## Death Rate (per 1,000 population)

HORNSEY	11.8
Area Comparability Factor	0.9
Adjusted Rate for Hornsey	10.6
England and Wales	12.0
Middlesex County (adjusted rate)	11.6



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

		Under 1 year	1 to 4	5 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75 and over	TOTALS	
1 Tuberculosis, respiratory	M	.	.	.	.	.	3	2	.	5	6
	F	.	.	.	.	.	1	.	.	1	
2 Tuberculosis, other	M	.	.	.	.	.	.	.	.	.	1
	F	.	.	.	.	.	.	.	1	1	
3 Syphilitic disease	M	.	.	.	.	.	1	.	.	1	2
	F	.	.	.	.	.	.	.	1	1	
9 Other infective and parasitic diseases	M	.	.	.	.	.	.	.	1	1	2
	F	.	.	.	.	1	.	.	.	1	
10 Malignant neoplasm, stomach	M	.	.	.	.	.	4	4	1	9	21
	F	.	.	.	.	.	3	6	3	12	
11 Malignant neoplasm, lung, bronchus	M	.	.	.	.	.	27	20	8	55	73
	F	.	.	.	.	2	10	2	4	18	
12 Malignant neoplasm, breast	M	.	.	.	.	.	.	.	.	.	29
	F	.	.	.	.	2	12	8	7	29	
13 Malignant neoplasm, uterus	M	.	.	.	.	.	.	.	.	.	5
	F	.	.	.	.	.	2	2	1	5	
14 Other malignant and lymphatic neoplasms	M	.	1	1	.	1	15	14	11	43	114
	F	.	.	1	1	1	17	21	30	71	

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	.	.	1	1	.	1	.	1	4	7
		F	.	.	.	.	.	1	.	2	3	
16	Diabetes	M	.	.	.	.	.	.	.	.	.	4
		F	.	.	.	.	.	1	1	2	4	
17	Vascular lesions of nervous system	M	.	.	.	.	2	13	8	18	41	118
		F	.	1	.	.	.	11	18	47	77	
18	Coronary disease, angina	M	.	.	.	.	2	36	34	49	121	221
		F	.	.	.	.	.	13	24	63	100	
19	Hypertension with heart disease	M	.	.	.	.	.	.	1	8	9	21
		F	.	.	.	.	.	.	1	11	12	
20	Other heart disease	M	.	.	.	.	.	9	8	22	39	119
		F	.	.	.	.	2	5	12	61	80	
21	Other circulatory disease	M	.	.	.	.	1	4	4	10	19	61
		F	.	.	.	.	1	5	7	29	42	
22	Influenza	M	.	.	.	.	.	.	.	5	5	11
		F	.	.	.	.	.	1	3	2	6	
23	Pneumonia	M	4	1	.	.	3	1	6	16	31	70
		F	2	1	.	.	1	2	4	29	39	
24	Bronchitis	M	1	.	.	.	.	12	10	19	42	70
		F	.	.	.	.	1	2	5	20	28	
25	Other diseases of respiratory system	M	.	.	.	.	.	4	.	.	4	5
		F	.	.	.	.	.	.	.	1	1	



## 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	2	3	6	11
		F	.	.	.	.	3	1	1	5	
27	Gastritis, enteritis and diarrhoea	M	2	.	.	.	.	.	.	2	8
		F	1	.	.	.	1	3	1	6	
28	Nephritis and nephrosis	M	.	.	.	.	.	1	.	1	3
		F	.	.	.	.	.	.	2	2	
29	Hyperplasia of prostate	M	.	.	.	.	.	1	4	5	5
		F	.	.	.	.	.	.	.	.	
30	Pregnancy, childbirth, abortion	M	.	.	.	.	.	.	.	.	2
		F	.	.	1	1	.	.	.	2	
31	Congenital malformations	M	3	.	.	.	.	.	.	3	14
		F	9	.	.	.	.	2	.	11	
32	Other defined and ill-defined diseases	M	21	.	.	.	8	8	6	43	92
		F	15	.	1	1	7	4	21	49	
33	Motor vehicle accidents	M	.	.	.	1	4	2	1	8	10
		F	.	.	.	.	.	2	.	2	
34	All other accidents	M	.	.	1	1	3	1	2	9	22
		F	.	.	.	1	.	3	9	13	
35	Suicide	M	.	.	.	1	3	5	1	10	15
		F	.	.	1	.	3	1	.	5	
36	Homicide and operations of war	M	.	.	.	1	1	.	.	2	2
		F	.	.	.	.	.	.	.	.	
TOTALS		M	31	2	3	4	17	149	128	184	518
		F	27	2	2	3	14	100	130	348	626
			58	4	5	7	31	249	258	532	1,144

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 - 8 Months	9 - 11 Months	Total under 1 Year
Pneumonia	M	-	-	-	-	1	1	1	1	1	-	4
	F	-	-	1	-	-	1	-	-	1	-	2
Bronchitis	M	-	-	1	-	-	1	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-
Gastro-Enteritis	M	-	1	-	-	-	1	-	-	1	-	2
	F	-	-	-	-	-	-	-	2	-	-	2
Congenital hydrocephalus	M	-	-	-	-	1	1	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-
Congenital malformations of heart	M	-	-	1	-	-	1	-	-	-	-	1
	F	2	2	-	-	-	4	-	-	-	-	4
Other congenital malformations	M	-	-	-	-	-	-	-	-	-	1	1
	F	1	-	1	-	-	2	2	-	-	-	4
Injury at birth	M	1	3	-	-	-	4	-	-	-	-	4
	F	2	-	-	-	-	2	-	-	-	-	2
Post-natal asphyxia and atelectasis	M	5	1	-	-	-	6	-	-	-	-	6
	F	3	1	1	-	-	5	-	-	-	-	5
Immaturity	M	6	1	1	1	-	9	-	-	-	-	9
	F	2	2	-	-	-	4	-	-	-	-	4
All other Causes	M	-	1	-	-	-	1	1	-	-	-	2
	F	2	2	-	-	-	4	-	-	-	-	4
TOTALS	M	12	7	3	1	2	25	2	1	2	1	31
	F	12	7	3	-	-	22	2	2	1	-	27
		24	14	6	1	2	47	4	3	3	1	58



**AREA**  
**PERSONAL AND SCHOOL HEALTH SERVICES**  
**HORNSEY AND TOTTENHAM**  
**(Joint Population 210,540)**

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

MEMBERS OF THE LOCAL AREA COMMITTEE  
AS AT 31st DECEMBER, 1961

MEMBERS OF HORNSEY BOROUGH COUNCIL

Alderman Miss O. R. ANDERSON  
Councillor Mrs. J. CARTER  
" Mr. F. C. V. HAYWARD  
" Mr. B. D. SMITH  
" Mr. J. T. WILKINS (Chairman)

MEMBERS OF TOTTENHAM BOROUGH COUNCIL

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

MEMBERS OF MIDDLESEX COUNTY COUNCIL

County Councillor Miss J. H. DAMANT  
" " Mr. F. P. LLOYD  
" " Mr. N. MULDOON  
" " Mrs. M. E. PROTHEROE  
" " Mr. P. P. RIGBY  
" " Mrs. M. E. SOALL

MEMBERS NOMINATED BY APPROPRIATE HOSPITAL MANAGEMENT  
COMMITTEE

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

MEMBER WITH KNOWLEDGE AND EXPERIENCE OF HOME NURSING

Miss S. M. QUINN

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.  
Area Medical Officer of Health



# HORNSEY DIVISIONAL EDUCATION COMMITTEE

Alderman	F. H. BAILEY, J.P.,	Councillor	A. N. CAMMOCK
"	D. F. W. BILLINGSLEY	"	Mrs. J. M. CARTER
"	M. W. BURNS, D.L.,	"	A. E. FRANKEL
	K.S.G.	"	V. P. GELLAY
"	F. C. CAVE, C.B.E.,	"	Mrs. B. M. GREENING
	T.D., D.L., J.P.	"	C. P. F. JENKIN
	(Vice-Chairman)	"	B. J. McBRIDE
"	Mrs. K. M. ST. P.	"	N. A. MULDOON
	CRUMP, (Chairman)	"	D. P. SALINGER
"	N. MULDOON, O.B.E.,	"	G. H. STANSALL
	J.P.	"	L. SUSSMAN
"	G. WATSON	"	P. J. WHEAL
Councillor	Miss M. M. BARRIE		

## Eight Additional Members

Rev. W. R. BUTLER	Rev. W. S. KEMBLE, M.A.
Miss H. M. CURTIS, B.A.	Rev. A. STEWART
Mrs. M. DARLINGTON, Ph.D., B.Sc.,	Mrs. J. THEXTON
Dr. F. W. M. DRAPER, F.S.A.	Mr. D. A. T. WILLIAMS

## Two Appointed Members

County Councillor F. P. LLOYD  
County Councillor Mrs. D. THORNYCROFT

# 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 since 1947 and the percentage of hospital confinements was 79.2% compared with 79.6% in 1960.

	1961	1960	1959
Live Births (a) Domiciliary	853	799	649
(b) Hospital or Nursing Home	3219	3084	2881
Still Births (a) Domiciliary	7	3	4
(b) Hospital or Nursing Home	52	55	49
	<hr/> 4131	<hr/> 3941	<hr/> 3583

### Ante-natal Clinics

Throughout the year there was much discussion in the press, on television and at conferences, and even in the House of Commons, on "Human Relations in Obstetrics" as a result of an outburst of complaints by women of the way they were treated while having their babies. There were complaints of long waits at ante-natal clinics, impersonal treatment and of being left alone when in labour; also of lack of ordinary respect in the attitude of staff with no consideration for personal feelings.

The Ministry of Health issued a circular asking local authorities and hospitals to review their services in the light of these complaints.

At all the ante-natal clinics in this Area an appointment system exists and efforts are made to reduce waiting time however difficult it may be to do so. An attempt is also made to give each mother a chance to voice her anxieties and to answer her queries. All are invited to ante-natal mothercraft sessions where the health visitor gives informal talks and demonstrations with opportunity to discuss any worries and fears that may arise.

The smaller numbers attending local authority clinics as compared to hospital help to avoid the "conveyor belt" atmosphere of which patients sometimes complain. Anxiety is more often associated with arrangements for the confinement and it is necessary to stress that there has been no improvement in the supply of maternity beds in the Area though the demand far outstrips supply. Patients who come late for booking find that the hospitals are already fully reserved and have either to be in the anxious position of depending on the



Emergency Bed Service to find them a bed when labour commences or have to arrange to have the confinement at home which may bring them into conflict with their landlord and reluctant relatives. This is a frequent source of worry and an improvement in the situation shows no sign of appearing.

Another hindrance to helping mothers to a calm readiness for labour is the language difficulty. There appears to be an increase in foreign-speaking patients at all the centres, particularly of Cypriots at Burgoyne Road Centre and at Weston Park.

It is becoming a practice throughout the country to use an ante-natal record card which is carried by the patient herself - called the co-operation card - to facilitate exchange of information between hospitals, general practitioners, clinics and midwives. This has been introduced in a limited way in the Area and if it is successful it is hoped to extend it to cover all patients.

During the year an improvement has been made in the collection and despatch of blood samples in Hornsey. Plastic disposable syringes and bottles are now used. The purpose of the change has been to improve the service for early diagnosis of anaemia during pregnancy.

The percentage of expectant mothers making at least one attendance at one of the local authority ante-natal clinics was 61.2% in 1961 compared with 61.3% the previous year.

The following table gives details of attendances at all clinics in 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	76	246	119	1639	122	23.2
Church Road	73	151	66	970	67	14.1
Fortis Green	101	234	114	1725	118	18.2
Hornsey Town Hall	158	415	142	2791	174	18.8
Mildura Court	63	215	69	1502	71	24.9
Stroud Green	53	189	70	1004	72	20.3
The Chestnuts	156	503	153	2561	154	17.4
Lordship Lane	153	280	111	1630	134	11.5
Park Lane	103	294	138	1512	138	16.0
Totals	936	2527	982	15334	1050	17.5



Midwives clinics	No. of sessions held	Total No. of attendances	Average attendance per session
Burgoyne Road	23	158	6.9
Church Road	23	85	3.7
Fortis Green	21	120	5.7
Hornsey Town Hall	19	252	13.3
Mildura Court	22	168	7.6
Stroud Green	25	336	13.4
Chestnuts	45	675	15.0
Park Lane	96	479	5.0
Lordship Lane	48	181	3.8
Total	322	2454	7.6

Mothercraft clinics	No. of sessions held	No. of new cases	Total attendances	Average attendance per session
Burgoyne Road	32	31	139	4.3
Church Road	47	60	255	5.4
Fortis Green	49	66	392	8.0
Hornsey Town Hall	38	150	535	14.1
Mildura Court	44	42	184	4.2
The Chestnuts	49	84	482	9.8
Lordship Lane	51	61	369	7.2
Park Lane	52	64	307	5.9
Total	362	558	2663	7.4

### Infant Welfare Clinics

There is no sign of a diminishing need for the instruction and guidance offered to mothers at infant welfare sessions. There are more young women not long out of school with babies of their own and a greater proportion who do not receive help from their mothers or mothers-in-law. Also there is a noticeable increase in the number of immigrant mothers. The West Indian patients may not understand English ways when they first come but on the whole they are eager to learn and attend the clinics loyally when they are invited. They usually take the advice given and make competent and happy mothers. Their main disadvantage is that as many are single, or have high rents to pay they go back to work as soon as possible and leave the baby with a neighbour or relative. Another group, the Cypriots, also seek help eagerly and accept advice from doctors and health visitors. These are more difficult to help because of the language barrier though because of this many of them do not work



and are able to be full-time mothers and housewives. It is not uncommon for Cypriot wives to be unable to speak English even after many years in this country. Such families form their own little communities and when the young children reach school age they become an education problem.

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	152	353	5362	646	149	6157	1687	40.5
Church Road	209	261	3584	566	100	4250	1437	20.3
Fortis Green	185	378	5056	627	219	5902	2064	31.9
Hornsey Town Hall	205	597	5962	1003	260	7225	2753	35.2
Mildura Court	104	258	3391	532	45	3968	1373	38.1
Stroud Green	102	270	3116	333	161	3610	1450	35.4
The Chestnuts	203	612	6228	900	223	7351	2129	36.2
Lordship Lane	256	458	6025	944	271	7240	1807	28.3
Park Lane	206	395	4863	739	337	5939	1763	24.0
Somerset Road	148	354	3960	644	281	4885	1121	33.0
Totals	1770	3936	47547	6934	2046	56527	17584	31.9

### Toddlers Clinics

A much smaller proportion of mothers take their children to toddler clinics than to infant welfare clinics. If a special effort was not made to remind them and to specially appoint them the numbers would be even less and yet experience has shown how extremely important this age is in the physical, emotional and social development of the child. The staff at these sessions are convinced of the value of routine inspection at this age and find it clinically rewarding. So many abnormalities, such as speech defects, visual defects, behaviour disorders, mild spasticity, can be detected and improved before undesirable habits become established. Parents of these children fully appreciate the work that staff and voluntary workers put in at the clinics to make the room attractive with toys and posters particularly at Christmas time.

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



## TODDLERS' CLINICS

Centre	Sessions held	Total attendances	Cases seen by M.O.	Average attendance per session
Burgoyne Road	29	552	534	19.0
Church Road	24	380	348	15.8
Fortis Green	27	420	420	15.5
Hornsey Town Hall	46	635	635	13.8
Mildura Court	50	696	640	13.9
Stroud Green	23	329	329	14.3
The Chestnuts	50	716	709	14.3
Lordship Lane	52	703	702	13.5
Park Lane	24	293	291	12.2
Somerset Road	40	577	531	14.4
Totals	365	5301	5139	14.5

### Parental Guidance and the Young Child

It is being increasingly felt that emotional disturbances can occur very early indeed in the life of the child. The form that such disturbance takes varies with the age of the child. Too frequent crying, disturbed sleep, poor feeding, failure to gain weight in infancy; disturbance in bowel habit and toilet training, nightmares and restlessness in the toddler phase; excessive destruction and temper tantrums in the pre-school years, are all indications that the child may be emotionally distressed.

It is becoming increasingly recognised that such disturbances are best helped in the very early formative months and years as soon as signs and symptoms appear. For this reason, the Regional Hospital Board, together with the Health Department of the Local Authority, have made it possible to have one weekly half session of consultant psychiatric time for advisory work with the problems of the under-fives. Its prime purpose is to bring the psychiatric problems of this group to the notice of health workers in this field, and so bring about increasingly early diagnosis and treatment. It is hoped that with growing awareness of their problems and the approach to them, workers in touch with these children can themselves help the distress which results from a disturbed mother/child relationship. This appointment is one of the very few in existence in the country.

Dr. Nina Meyer, therefore, has paid visits to infant welfare, toddler clinics and nursery schools in order to meet doctors, health visitors and teachers who are working with this age group. Discussion and observation during the sessions of normal infant welfare and toddler clinics have resulted in fifteen children being referred by medical officers and general practitioners for investigation, recommendations and treatment. The results have been encouraging.



It has now been found desirable to institute a regular under-five clinic, held on Friday mornings at the Lordship Lane Medical Centre in conjunction with monthly visits by Dr. Meyer to outlying clinics.

It is hoped to extend the contacts with workers in this essential aspect of the field of child health.

### Daily Guardian Scheme

There has been a decrease in the number of children minded by the day under this scheme although they have been minded for longer periods.

Number of Daily Guardians on register	263
Number of Daily Guardians minding Children	103
Number of Children being minded	114
Total number of children minded during the year	252
Total number of days minded	30,420

### Day Nurseries

There are three day nurseries in the Area, one in Hornsey and two in Tottenham, provided for daytime care of certain children in the under five years of age group.

Intrinsically, admission to a day nursery is based on health grounds, but to ensure that the limited accommodation is used for children in most need, a scheme is operated to confine admissions to certain categories.

These are children whose mothers are unsupported (i.e. unmarried, widow, etc) who are anxious to keep their children with them but who must necessarily go out to work,

or where the home conditions are in themselves unsatisfactory,

or where the mother is incapable of undertaking full care of her children so that the children's health is likely to suffer,

or where the mother is compelled to work as an economic necessity because the father's net income is below a certain level,

or where the child itself is handicapped, being either a deaf, partially deaf, partially sighted child, etc.

Certain other conditions must also be observed and these include:-

that there are no other satisfactory means of daily minding,

that it will not be detrimental to the child's health to be admitted,



that the placing of the child is necessary to assist in its support,

that any mother desirous of placing her child in a nursery by reason of her employment must be employed for at least 30 hours each week.

Certain categories are regarded as priorities and where others are admitted when vacancies permit, children in the non-priority groups may have to be withdrawn.

The day nursery service is not a free one and the full charge is 15s.6d. per day. The majority of those making application are unable to pay this amount and can therefore be assessed on their income. A Day Nursery Panel is appointed by the Area Health Committee each year to deal with appeals against assessments, refusal to admit and other matters.

There are a great many enquiries regarding the possibility of day nursery admission from all sections of the public. Some of these realise the difficulty of securing a vacancy and make other arrangements. Those accepted for admission are encouraged to visit the nursery of their choice with the child before the date of admission. This is in order that the mother may see the nursery matron to discuss details with her and to give the child an opportunity of seeing and mixing with the children before the appointed day.

#### Training of Nursery Nurses

All three day nurseries are approved as training nurseries by the Ministry of Health. Six student nursery nurses are appointed each year and attend the Tottenham Technical College on two days each week during term time for theory and further education. Practical training is given at other times in the nurseries.

#### Handicapped Children in Day Nurseries

Five handicapped children have attended Stonecroft Day Nursery, Hornsey, during the year. Two are partially deaf (one of these a child of deaf mutes), one has multiple handicaps (is blind, deaf and retarded), one other is mentally retarded and the fifth was a child who had motor limitation of one side due to poliomyelitis.

Only two of these fit into the local authority's provision for the admission of handicapped children. These two are the partially deaf children.

#### Attendances

The overall attendances during the year show an increase above those in the two previous years of 1959 and 1960, and more children in the 2-5 year age group have been accommodated during 1961 than those in the 0-2 years group. The reason for the latter seems to be that vacancies offered in the younger age group have not always been taken up.



## Waiting List

For the first time we have a sizeable waiting list for accepted cases for the Hornsey day nursery.

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	46	3145	9372	12517	49.3
Park Lane	20	30	17	34	3001	7055	10056	39.6
Plevna	20	30	12	39	3356	6454	9810	38.6
Totals	55	103	47	119	9502	22881	32383	127.5

## Distribution of Welfare Foods

As from 1st June certain changes were made in the arrangements for issuing welfare foods and in particular economic prices were introduced for orange juice, cod liver oil and vitamin tablets. The result of this Policy is reflected in the following table:-

	National Dried Milk (tins)	Orange Juice (bottles)	Cod Liver Oil (bottles)	Vit. A & D Tabs. (packets)
1961	30801	67012	10038	9428
1960	32910	99584	12790	12213
1959	36350	98855	11676	11048

## Priority Dental Service for Mothers and Young Children

Dental officers devoted 7% of their time to the inspection and treatment of the priority classes.

The number of expectant and nursing mothers inspected remained constant but the amount of treatment carried out has increased in all categories, and proportionately the number of attendances.

This also applies to the children under five. The average number of conservations, i.e. fillings and silver nitrate dressings, was three, and extractions 0.77 per child. In some cases multiple extractions were unavoidable, and seven partial dentures were fitted.

Every opportunity is taken to give advice on oral hygiene and diet as preventive measures against dental diseases. Eating habits are formed early in life and can be controlled, and there is no doubt that the excessive consumption of sugar and lack of care are largely responsible for the deterioration of the teeth of these young children.

# Priority Dental Service for Mothers and Young Children

The following table gives details of attendances made in Hornsey during the year:-

	Expectant and Nursing Mothers	Children under 5
Examined by dental officer	43	163
Referred for treatment	42	127
New cases commenced treatment	37	98
Cases made dentally fit	18	44
Forms of dental treatment provided:-		
Teeth extracted	117	112
General Anaesthetics	12	57
Fillings	72	238
Inlays	-	-
Scalings and gum treatment	13	-
Silver nitrate treatment	-	34
Other operations	159	110
Number of radiographs	4	-
Dentures fitted:-		
(a) Full	7	-
(b) Partial	15	-
Number of attendances	225	308
Number of appointments not kept	68	105
Number of half days devoted to treatment		48½



## MIDWIFERY SERVICE

(Section 23)

It was reported in 1960 that four midwives were recruited to the service. Unfortunately, early in May three of these resigned. In addition to this, difficulty has been encountered in obtaining accommodation for pupil midwives. Consequently, the number in training in the Area has been reduced from six to four.

These two factors seriously depleted our resources and once again increased the work of the remaining midwives. The reduction in the number of pupil midwives is a matter for special regret since their training helps maintain a consistently high standard in the domiciliary midwifery service.

The question of increasing the number of midwives is very pressing and a new concept of the midwife's hours of duty must be envisaged. The time of the midwife remaining on duty for 24 hours a day must go for, with the increased pressure of work, fatigue becomes an increasingly important factor. It is becoming more and more obvious that a day and night service is required.

During 1961 the number of midwives varied between six to nine and 842 women were delivered, 14,795 post-natal visits were paid and there were 160 early discharges from hospital who received 1,439 visits. Because of the shortage of staff it became necessary to refuse to take all the early discharges the hospitals wished to send home and the majority of the 160 mentioned are patients booked for home confinements and sent to hospital for delivery by the midwife.

There is a large and seemingly increasing number of pregnant women who moved into the Area almost at term, having made no prior arrangements for their confinement. These women must be delivered at home or sent to hospital by their general medical practitioner through the Emergency Bed Service Scheme. The latter is often found to be impossible and when there is delay in obtaining a bed the midwife must undertake the delivery.

In spite of pressure of work the midwives have continued to attend their ante-natal clinics and also to attend at clinics held by several general practitioners. These clinics make valuable contact between doctor, midwife and patient.

A table is given below showing the work for the past year:-

Deliveries attended	842
Visits made	14795
Hospital confinements discharged before 14th day	160
Visits made	1439
Cases in which medical aid was summoned	265
Cases in which gas and air analgesia was administered	402
Cases in which pethidine was administered	510
Cases in which trichloroethylene was administered	380
Cases in which gas and air and trichloroethylene were administered	11



## HEALTH VISITING SERVICE

(Sections 24 and 79)

The establishment of health visitor-school nurses remained fairly stationary during the year as it had acquired the maximum number of staff allowed for this Area. The fraction (four elevenths) which is cast as the proportion to be included in the establishment for each student health visitor did not affect the number of health visitors here since no sponsored student was engaged.

The health visitor's function under the National Health Service Act is to give advice as to the care of young children, persons suffering from illness, expectant and nursing mothers, measures necessary to prevent illness and the spread of infection. Illness includes mental illness and any injury or disability requiring medical or dental treatment or nursing (Section 79). Since by this definition the health visitor is required to give advice (and not treatment) she has become engaged in the promotion of a healthy home background for an infinite number of families and persons whatever their environment may be. Social problems of all kinds arise in the course of home visiting and the health visitor is at the focal point to give advice and to guide the necessitous to those services or agencies which can render immediate or suitable help.

The work of the health visitor was considerably extended by the Act to include the care of the whole family. One tends to think of the family unit as father, mother and children, but the health visitor is also called upon to visit persons unattached to a family as far as housing is concerned. Many of such cases live alone and are referred to the health visitor by hospital almoners, family doctors and others. The increase in the number of such referrals shows a greater awareness of the need to provide adequate care in the home where the extrinsic patient becomes a member of the community again and whose rehabilitation is often incomplete.

This mixture of advice on social and health matters given by the health visitor cannot be separated in the field work of home visiting and is recognised by all who seek her help.

No. of visits paid by Health Visitors working in the Area:-		1961	1960
Expectant Mothers	First Visits	1796	2084
	Total Visits	3120	3436
Children under 1 year of age	First Visits	4737	4837
	Total Visits	12997	15295
Children aged 1 - 2	Total Visits	6704	7090
Children aged 2 - 5	Total Visits	10524	11526
Other cases -	Total Visits as Health Visitor	6102	6219
-	Total Visits as School Nurse	978	776



Home visiting figures have dropped slightly this year. This is due to more time being spent on individual visits, particularly those referred from outside the department. Health visitors have also attended Claybury Hospital on Mental Health courses in time which would otherwise have been devoted to health visiting.

### Health Visitors' attendance at Hospital Paediatric Clinics

As in previous years, a health visitor has attended two paediatric clinics each week at the Prince of Wales's General Hospital. Her function there is to be present with the Consultant Paediatrician and to give him information as required of the home conditions or past history of cases known to her. Where particulars are not known, information is passed on to the health visitor concerned so that she may provide a report for the Consultant if necessary. This arrangement of health visitor attendance keeps the health visitor informed of the cases which need particular advice and support and each can be followed up more closely. In our experience it is useful to have a rota of health visitors to undertake to be present at these clinics to take part and to be known in the hospital.

### Special Services Health Visitor's Report

Miss Howse takes over Hornsey families with special difficulties and gives them intensive attention and guidance. Her report is as follows:-

"During this year I have dealt with 24 families; eight of these have now been handed back to their own local health visitor, five new families have been taken over, leaving eleven families from last year still needing some support and help.

The trend this year has slightly changed again and I am getting more young families where short intensive psychiatric treatment and long term support is needed.

Mothers with post puerperal depression or early schizophrenia may have to be admitted to hospital for six weeks. This means that the young children must be admitted to the day nursery and the father helped to keep the family together. This experience helps him to understand the work entailed in running a home. The mother must be regularly visited and written to, her fears allayed and encouragement given so that she stays in hospital for the complete treatment which may include sedation, shock treatment and drugs.

One mother recently walked out of hospital four times in the six weeks and was persuaded to return and taken back by her general practitioner, the police and myself; this is all very time consuming.



On discharge it is necessary to see that the mother takes her tablets regularly and sees the psychiatrist when necessary. It is encouraging to find that with this support she can live in the community and look after her own husband and children.

My most difficult case is with a family where the mother is inadequate and the father an alcoholic and sex pervert. After getting the father into hospital and eight months of very hard work with the mother and three children under 4½ years the father has just discharged himself and is drinking again. I am now back to where I started with little chance of real rehabilitation.

Another mother has a cleanliness obsession which is thought to be incurable as no treatment so far has helped. She has a good husband and three lovely children. The obsession has become acute since the birth of the last baby fourteen months ago. The County arranged a holiday for the mother and baby and I saw them off at Victoria Station. She had refused a suitcase I offered to lend her but purchased instead four large pure white carrier bags. The amused glances of my travelling companions as I walked with the gaping bags from one end of the station to the other will remain with me always. I was very thankful that the bags did not give way and that I have a good sense of humour.

When I feel discouraged I look back over the past five years and feel very thankful to see families who have been helped to a new way of life, still continuing to make good. I always say that I get enough success to keep me going in this rather depressing work.

One young couple who had three children in three years could not get on because the father was a psychopath and had been in trouble since he was seven years old. He had been taken into care as being in need of care and protection, and from there he went to remand homes, approved schools, Borstal and finally prison. He was discharged from the Army with a 100% disability pension but lost this through stealing, so that in between bouts of illness he had to get national assistance. The mother fortunately is very intelligent indeed and quite determined to get on. I took her to the Family Planning Association and she has not had any more children and the first child has now started school. The family were given a Council flat when the father came out of prison on the 17th February, 1960. I was able to get some help for them with secondhand furniture and furnishings, etc. Since then the family has made steady progress, the rent is paid regularly and the home kept clean. The father cannot always get work because of his disabilities but they are free from debt and are gradually getting the home more adequately furnished. I am hoping this year to send this family away through the kind hospitality of the Round Table as they have never had a holiday together. This is a family where the wife is the stronger partner and is intelligent and determined and the children seem to be the same. Working with them has been a very heart warming experience.

I can say with great thankfulness that it is usually possible to obtain within a day or two anything that I regard as necessary,



whether it be for a special holiday for a paralysed speechless man or a small and more personal gift for someone with a particular need.

In closing I must again express great appreciation of all the help received from my many contacts. It is this team-work which makes it all worthwhile and gives so much satisfaction.

### Health Education

The health visitor's advice is now generally known as being part of the health education programme. It can be given individually in the home or elsewhere on any matters relating to health including the passing on of information connected with changes in prophylactic measures such as immunisation and mental health. Industrial and commercial concerns are very much aware of this function of the health visitor and seek to engage her interest and recommendation for their various commodities.

The total number of attendances made by health visitors at clinic sessions provided by the local health authority during the year was 4,550.

### Group Medical Practice Centre

The record of attendances mentioned above does not include those at a local centre for group medical practice. Miss Marriott, the health visitor concerned, is present on two sessions each week, to give advice to those who need it. One of these is an infant welfare session. At the other there are some mothers attending for ante-natal care and a mixture of all other age groups as at a doctor's ordinary surgery. The health visitor makes known the voluntary and statutory services and puts them into motion as required. She also undertakes home visiting for certain cases and refers the others to her colleagues covering districts on which the patients' homes are situated.

Health education in welfare centres throughout the Area continues all the time. Parents are quick to recognise that the health of their offspring is more important than anything else. At all the infant welfare sessions a health visitor is present to discuss the child's progress, to give advice on general care, behaviour and feeding and to refer for further advice where this seems to be advisable.

### Group Teaching

Parentcraft and Relaxation Classes are held in the majority of welfare centres and are attended mainly by expectant mothers. A health visitor is present to be in charge of relaxation instruction and



to promote discussion on a variety of subjects dealing with pregnancy, confinement and various matters connected with the upbringing of children. Midwives also attend certain of these sessions as part of the team and specialise in subjects such as the preparation for confinement and the use of analgesia in labour. There appear to be more mothers referred to these classes by family doctors than formerly.

## Health Education in Schools and School Clinics

Health visitors in this Area are appointed as health visitors/school nurses. In this dual capacity trained health supervision is given to children from birth to school leaving age. Much of the school nurse's work is, however, undertaken by clinic nurses as auxiliaries to the health visitor. Attendance at specialist and minor ailment clinics, following up defaulters from school clinics, routine medical inspections and hygiene inspections in schools are part of the work of the school nurse. A full-time school nurse, Mrs. Hurrell, is also provided for the School for the Physically Handicapped.

Group discussion as part of health education in schools is undertaken by health visitors and one school nurse. All these have special training and aptitudes for enlightening young teenagers on the principles of healthy living. The aim is to make these occasions easy and informal so that these young people are free to ask questions as they will. Pupils take part in the demonstrations, the use of visual aids and discussion on a film or film strip. Many pupils keep their own written and illustrated books as a record of the matters discussed. This activity appears to be very much enjoyed by the school children. Many girls, too, make an opportunity to speak alone to the health visitor/school nurse about personal matters. Two hundred and fifty-six classes of this kind were held in schools during 1961.

## Visiting the Aged

Much of the work of home visiting in the Area is undertaken by the Old People's Welfare Associations of Hornsey and Tottenham. The visiting of the elderly by health visitors falls mainly into two groups. The first is those aged people who are referred by hospital almoners and family doctors who ask for social visits to be made following hospitalisation or illness. Most of these are elderly people who are unable to care for themselves properly and may be an anxiety to their relatives or neighbours or may be expected to return to hospital at a later date. The second group are those who are reasonably healthy, housebound and limited by reason of their advanced years from doing as much for themselves as formerly and who need the various services available explained to them and arrangements made to put them into effect when they are acceptable.



## Visiting following applications for Recuperative Holidays

At these visits health visitors are mainly concerned with the arrangements to be made for the care of children in the absence of the mother and in certain cases to see that the plans for travelling and other details are known and possible.

## Mental Health Case Conferences

Dr. J. C. Sawle Thomas, Consultant Psychiatrist to the Prince of Wales's General Hospital, Tottenham, heard cases presented by health visitors at monthly intervals until August. His counsel and help sustained members of the health visiting staff in their handling of special cases. It is hoped to be able to re-establish these case conferences when health visitors' attendances at Mental Health courses come to an end next year.

## Talks and Local Campaigns

Health visitors have given a number of talks to local groups during the year such as Young Wives' Clubs and youth organisations. They also assisted in the Fire Prevention Campaign in July particularly by displaying posters and demonstration materials and by drawing the attention of the public to them in welfare centres and during home visiting.

Lectures on the social aspects of disease were given each term by the Superintendent Health Visitor and the Deputy Superintendent to student nurses at the Prince of Wales's General Hospital and the Preliminary Training School.

## HOME NURSING SERVICE (Section 25)

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

Injections	845
General nursing care	575
Blanket baths	304
Enemas	173
Dressings	258
Preparation for diagnostic investigation	53
Pessaries changed	53
Wash-outs, douches, etc.	34
Attendance at minor operations	2
Other treatments	50

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	24	18
5 - 15	32	23
16 - 39	70	150
40 - 64	156	413
65 and over	368	1093
	<hr/> 650 <hr/>	<hr/> 1697 <hr/>

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

General Practitioners	1841
Hospitals	489
Chest Physicians	9
Public Health Department	1
Direct	7

The work of this service remains unchanged and staff has been maintained at near establishment level. A good deal of absence through sickness in this service is brought about by the nature of the work which involves much heavy lifting. The hoist is in constant use and mitigates the strain where possible. Nevertheless, there is a constant level of sickness in the service. No special surveys or investigations were carried out in 1961.

The following table shows the work of the home nurses 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	517	981	1498	109	399	508	62439
Surgical	73	102	175	15	25	40	8355
Infectious Diseases	2	3	5	-	-	-	66
Tuberculosis	17	15	32	5	1	6	2695
Maternal Complications	-	4	4	-	-	-	15
Totals	609	1105	1714	129	425	554	73570



# VACCINATION AND IMMUNISATION

## (Section 26)

### Vaccination against Smallpox

The percentage of children under one year of age vaccinated against smallpox during the year was 49.6% compared with 48.7% for 1960.

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 in Hornsey:-

	Under 1 year	1 year	2 - 4 years	5 - 14 years	15 years & over	Total
No. of primary vaccinations	1055	104	42	22	63	1286
No. of re-vaccinations	-	-	10	15	214	239

### Immunisation against Diphtheria, Tetanus and Whooping Cough

The scheme for immunising children against diphtheria, whooping cough and tetanus using a triple antigen was continued during 1961. 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 tables on the next page 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	9	5	6	5	-	809
1	43	37	12	14	3	863
2 - 4	59	34	18	9	3	111
5 - 14	112	8	18	-	19	67
Total	223	84	54	28	25	1850
Number of Children who received a Secondary (re-inforcing) Injection						
Under 1	-	-	-	-	-	-
1	-	-	-	-	-	-
2 - 4	61	4	9	3	1	52
5 - 14	641	2	4	18	16	91
Total	702	6	13	21	17	143

### 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.

	Persons who completed a course of:-	
	Two Injections	Three Injections
Children born in the years 1943-1961	3994	3000
Young Persons born in the years 1933-1942	1487	1326
Persons born before 1933 who had not passed their 40th birthday	2319	2809
Others	423	344
Total	8223	7479



In April the Ministry of Health authorised the administration of fourth (re-inforcing) doses to children between the ages of five and twelve, and 6,538 children were given such doses.

## 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 1961 180 applications were received compared with 176 the previous year. Of these, 164 were approved.

### Chiropody Service

Following approval of the Ministry of Health to the Local Authority's proposal for the extension of the Chiropody Service under Section 28 of the National Health Service Act 1946, the establishment of chiropodists for this Area was increased to two. Hitherto we had employed chiropodists in the School Health Service for five sessions a week and in February one of the existing chiropodists increased her sessions by two a week to enable a clinic to be established at the Welfare Centre, 162 Stroud Green Road for the treatment mainly of old people.

At the end of the year in spite of all efforts it had been impossible to increase the number of sessions further, but early in 1962 another chiropodist was appointed for two sessions a week which enabled a weekly session to be held at the Fortis Green Welfare Centre and another session at the Hornsey Town Hall Clinic, both devoted mainly to treatment of old people.

The following table shows the treatment carried out at all clinics during the year:-

	New cases	First attendance during year of old cases	Re-attendances	Total
Elderly persons	106	4	341	451
Physically handicapped persons	2	1	2	5
Expectant and nursing mothers	8	-	4	12
Others	4	-	2	6
School children	283	55	1405	1743
Total	403	60	1754	2217

## DOMESTIC HELP SERVICE (Section 29)

The total number of cases provided with home help during the year was 2,001, the bulk of the cases comprising the chronic sick, including aged and infirm, who need more or less permanent help.

Following the County Council's decision that from 1st April 1961 free Home Help service should be provided for mothers suffering from toxæmia in pregnancy, nine such cases were attended during the year.

The total number of domiciliary visits made by the Home Help Organiser and her assistants during the year was 6,095.

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

Cases provided with help	New cases provided with help	Old cases for which help was continued from 1960	Cases provided with help during the year	Cases still being provided with help at end of year
Maternity (including expectant mothers)	125			
	125	3	128	5
Tuberculosis	14	24	38	28
Chronic sick (including aged and infirm)	567	1108	1675	1168
Others	142	18	160	33
<b>Total</b>	<b>848</b>	<b>1153</b>	<b>2001</b>	<b>1234</b>

## SCHOOL HEALTH SERVICE

### Area School Population

The school population for the Area is 28,178 (10,665 in Hornsey and 18,043 in Tottenham), showing an overall increase of 530 children compared with the previous year.



	Hornsey	Tottenham
Primary Schools and Nursery Classes	5860	9068
Nursery Schools	-	202
Secondary Modern Schools	2929	5826
Grammar and Technical Schools	1876	2752
Special Schools -		
Physically Handicapped	-	99
Blanche Nevile School for the Deaf	-	96
(including Classes for the Partially Deaf)		
	<hr/> 10665 <hr/>	<hr/> 18043 <hr/>

### Routine Medical Inspections

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	%
1957 & later	115	114	99.1
1956	427	422	98.8
1955	184	183	99.5
1954	139	137	98.6
1953	540	534	98.9
1952	662	659	99.5
1951	83	83	100.0
1950	178	178	100.0
1949	525	521	99.2
1948	276	276	100.0
1947	341	340	99.7
1946 & earlier	1370	1370	100.0
Total	4840	4817	99.5

For the second successive year there was an increase in the total number of children examined in the area, but in 1961 there was a small rise (0.4%) in the proportion of pupils deemed to be of 'unsatisfactory' general condition. The term 'unsatisfactory' itself leaves a lot to be desired, since the assessment cannot be based entirely on objective criteria, but must to some extent lie in the eyes of the beholder. Thus, a child might appear thin to one medical officer, but wiry to another, and be assessed differently in consequence.

It needs reiterating, however, that the terms 'satisfactory' and 'unsatisfactory' apply only to the child's general physique and many a 'satisfactory' child is referred to the appropriate specialist for minor defects of sight, hearing and posture.

## Infectious Diseases in School Children, 1961

Apart from measles, which showed the sharp increase anticipated in the alternate year, there were no epidemics throughout the Area in 1961.

### Poliomyelitis

As a matter for encouragement but not for complacency, it is a pleasure to record that there were no cases of poliomyelitis in school children in either borough. In July, a 12-year old Hornsey girl was admitted to hospital as a suspected case, but subsequent laboratory investigations confirmed the ultimate diagnosis of staphylococcal septicaemia.

### Dysentery

The smouldering infection in a day nursery, which had clouded the summer of 1960, did not recur; and only six cases of dysentery were notified, three from each borough. This shows a most satisfactory improvement over the two previous years; for there were 66 in 1960, whilst, in 1959, 251 cases occurred in Tottenham alone.

### Tuberculosis

Five new cases of tuberculosis, of which four were due to pulmonary infection, were notified in Tottenham during 1961. In each case the source of the disease lay in the home environment, so that an epidemiological survey in the respective schools of these children was not deemed to be necessary.

There were no new cases in Hornsey children throughout the year, although a student, aged 19, was found to have pulmonary tuberculosis. Since, however, she had moved into her 'digs' in the borough only a day or two before the disease was discovered, the source of her infection lay outside this district.

### B.C.G. Vaccination

The table below bears record to a year of steady accomplishment in the maintenance of a B.C.G. programme amongst the thirteen-year old population. Much of this work is of a routine nature, a considerable chore to medical and clerical staff alike; but there can be no doubt that the pin-pointing of children in contact with tuberculosis, with early referral to a chest clinic for observation or treatment, and the measure of immunity given by vaccination to the remaining pupils, are vital, if unspectacular, forms of preventative medicine. For the second time students from two technical colleges were incorporated in the scheme and there was a gratifying increase in the proportion of those approached who received vaccination (74.2% as against 29.4% last year).



	School Children		Students		Total	
		%		%		%
Parents approached	3630		31		3661	
Parents accepting	2778	76.5	28	90.3	2806	76.6
Number tested	2622		27		2649	
Mantoux positive	181	6.9	4	14.8	185	7.0
Mantoux negative	2295	87.5	23	85.2	2318	87.5
Failed to attend for reading	146	5.6	-	-	146	5.5
Vaccinated (% of those approached)	2281	62.8	23	74.2	2304	62.9

### School Dental Service

The Area Dental Officer, Miss Hunt, reports the staff consisted of five full-time dental officers, the area dental officer, and sessional dental officers ranging from two to five, at times working from five to eighteen sessions per week. One full-time dental officer has reached pensionable age and is re-employed on an annual agreement. The orthodontist undertakes six to seven sessions weekly.

The dental surgery assistant situation has been variable. Difficulty was experienced at the beginning of the year as replacements were unobtainable. Later there was an improvement which was maintained.

Sick leave of dental officers and surgery assistants on occasions caused some disruption of the service.

16,904 pupils were inspected, being 61% of the school roll, and of these 11,078 (67%) required treatment. 54% of this number received treatment, and made an average of three attendances per child.

Our aim is to conserve the dentition, and 14.5 permanent teeth were filled for each permanent tooth extracted for disease. Nevertheless, 57 children were fitted with dentures.

Although it was obvious at routine school inspections that a good deal of treatment was carried out by practitioners in the National Health Service, the demand for the services of the dental officers in the clinics was considerable.

Broken appointments for all patients amounted to 25%, a further disappointing increase of 3% over those for 1960.

Evening sessions numbering 154 were worked and were well attended showing their value. Appointments after school hours are appreciated by older children who may not want to miss lessons.

411 sessions were devoted to orthodontic treatment, and 122 of these were carried out by dental officers. This emphasises the long-standing inadequacy of the orthodontic arrangements, and the urgent need to expand and improve the service.

Plans have been approved for the building of a new dental clinic at High Cross, Tottenham. It will have two surgeries, and will be a welcome replacement for the one at the rear of the Town Hall.

#### DENTAL INSPECTIONS AND TREATMENT - HORNSEY

Inspected	...	...	...	...	...	...	5581
Found to require treatment	...	...	...	...	...	...	3341
Offered treatment at the County Council's Dental Clinics	...	...	...	...	...	...	3325
Pupils treatment commenced	...	...	...	...	...	...	1663
Pupils treatment completed	...	...	...	...	...	...	1209
Attendances made by pupils for treatment	...	...	...	...	...	...	5118
Appointments not kept	...	...	...	...	...	...	1476
Half-days devoted to:-							
(a) Inspection	...	...	...	...	...	...	46½
(b) Treatment	...	...	...	...	...	...	827
Fillings:-							
Permanent Teeth	...	...	...	...	...	...	3656
Temporary Teeth	...	...	...	...	...	...	1232
Number of teeth filled:-							
Permanent Teeth	...	...	...	...	...	...	3031
Temporary Teeth	...	...	...	...	...	...	1240
Extractions:-							
Permanent Teeth	...	...	...	...	...	...	244
Permanent Teeth for Orthodontia	...	...	...	...	...	...	77
Temporary Teeth	...	...	...	...	...	...	908
General Anaesthetics	...	...	...	...	...	...	483
Other operations:-							
(a) Permanent Teeth	...	...	...	...	...	...	1045
(b) Temporary Teeth	...	...	...	...	...	...	768
Pupils supplied with dentures	...	...	...	...	...	...	18
Crowns or inlays	...	...	...	...	...	...	4
Radiographs	...	...	...	...	...	...	64



# ORTHODONTIC INSPECTIONS AND TREATMENT - HORNSEY

Pupils inspected	...	...	...	...	...	...	35
Pupils found to require treatment	...	...	...	...	...	...	33
Pupils commenced treatment (first attendance)	...	...	...	...	...	...	33
Cases carried forward from previous year	...	...	...	...	...	...	43
Cases discontinued during the year	...	...	...	...	...	...	5
Attendances for all purposes	...	...	...	...	...	...	677
Appointments not kept	...	...	...	...	...	...	132
Impressions, adjustments and other alterations	...	...	...	...	...	...	541
Pupils treated with appliances	...	...	...	...	...	...	73
Fixed appliances fitted	...	...	...	...	...	...	-
Removable appliances fitted	...	...	...	...	...	...	65
Radiographs	...	...	...	...	...	...	116
Pupils treatment completed	...	...	...	...	...	...	14
Orthodontic sessions (half-days)	...	...	...	...	...	...	55

## Ear, Nose and Throat Clinics

In his comprehensive report, Dr. F. P. M. Clarke, the visiting consultant at the Hornsey clinic, remarks that, although there has been a very good average attendance of patients, both at his weekly E.N.T. sessions and the bi-weekly treatment clinics, yet there has been a marked decline in the number of children found with discharging ears. In the treatment of tonsils and adenoids, Dr. Clarke feels that these glands should be conserved as far as possible since they form an important protective ring of lymphatic tissue surrounding the entrance to the chest and alimentary tract. He considers that, in the majority of cases, enlarged and infected tonsils and adenoids are the effect of a diseased condition elsewhere, such as sinusitis, and that, therefore, the correct procedure is to seek and treat the cause rather than to remove the effect.

Dr. Clarke found that the majority of children attending his clinic suffered from nasal defects, particularly from nasal obstruction. He stresses the need for adequate treatment of this condition if such ills as mouth-breathing, hearing loss, enlarged tonsils and adenoids, sinusitis and chest infections are to be avoided. He points out that the majority of cases readily respond to such procedures as nasal diastolisation and vibration or to colloidal silver packs, without recourse to surgery.

Reviewing his fortnightly visits to the Park Lane Clinic, Tottenham, Mr. William McKenzie, F.R.C.S., the Aural Surgeon, comments on how little is necessary for him to do compared with even five years ago, and he feels that the improvement in children's health is more striking in his speciality than in any other. He instances the fact that the chronic discharging ear has nearly completely disappeared and that he seldom sees a child who needs urgent tonsillectomy. That the general standard is so high, Mr. McKenzie attributes to the better housing and the prosperity of the families in the borough.



The team at the Audiology Unit remained in charge throughout 1961 and the table below bears witness to a year of steady expansion. Nevertheless, despite a full number of appointments per session, so that an additional 89 children were seen during the year compared with the previous twelve months, it was still not possible to keep pace with the list of children waiting to be examined. To remedy this, plans were well advanced by the end of the year for the introduction of a second weekly session for, as Dr. Fisch, the consultant otologist, states in his report, no child should wait longer than two weeks for examination of his hearing.

Dr. Fisch points out that some of the equipment is still not installed; an unwelcome delay, since without this apparatus it is not possible to carry out speech audiometry. This, in turn, would permit more exact evaluation of the efficacy of a hearing aid in certain cases, and would allow observations to be made on the usefulness of amplified speech in varying types of hearing loss.

As a natural outcome of an expanding unit, an additional burden has fallen on all the members of the team, more especially upon the audiometrician and the peripatetic teacher of the deaf. As the year closed, steps were to be taken for a second audiometrician to be added to the establishment; and Dr. Fisch stresses the need for another peripatetic teacher, whose work must be considered as one of the more important factors in the care of the child with impaired hearing.

Additional personnel, however, require adequate facilities and, although the audiology room provides excellent conditions in which to test the children, ancillary accommodation is sadly lacking. For example, the audiometrician has perforce to do her work in the Headmaster's study and, whilst his full co-operation is forthcoming, such an arrangement cannot be considered satisfactory. Moreover, the peripatetic teacher needs a room in which to give the individual tuition so essential for certain children and, as adumbrated in last year's report, the time must come when impressions for ear moulds can be taken, and hearing aids issued, at the unit itself.



# AUDIOLOGY UNIT 1961

Age groups of cases seen:-										
Age in years	0-	1-	2-	3-	4-	5-	6-	7-	8-	9-
New cases	6	5	4	6	13	18	21	24	8	16
Re-examinations	-	3	2	2	8	8	12	7	-	5
<hr/>										
Age in years	10-	11-	12-	13-	14-	15-	16-	17+	Totals	
New cases	10	13	8	9	8	4	4	1	178	
Re-examinations	3	7	2	2	2	-	1	1	65	

## Number of cases seen:-

Pre-school children	35
Attending Infant and Junior Schools	147
Attending Senior Schools	52
Over five but not at school	9

## Reasons for referrals among new children were as follows:-

For diagnosis	132
Auditory training	2
Immigrants to Area known to be deaf	4
Partially deaf children, advice as to placement	12
Children known to be deaf - application for admission to Blanche Nevile School or partially deaf units	7
Transfer from hospital out-patient departments or E.N.T. clinics	13
To ensure that deafness is not the cause of backwardness or ineducability	8

## Source of referrals:-

Tottenham and Hornsey	129
Other boroughs in Middlesex	44
London - neighbouring boroughs	3
Essex	1
Hampshire	1

## Vale Road School for Physically Handicapped Children

### Cerebral Palsy Unit

Dr. William Dunham, the visiting consultant in charge of the unit, writes that while there has been no major change in the arrangements for the care of children with cerebral palsy at the school, the year has seen the development of closer collaboration between those working with the children at the school and the consultant in the hospitals visited by the children; there can be no doubt that this will benefit all concerned. Dr. Dunham continues that, as hitherto, special training will be given by the therapist at the school, under the immediate supervision of the visiting consultant, but the closer contact with the hospital concerned will ensure that this training is directed in accordance with the general plan advised at the hospital. Meanwhile, the necessity for the child with cerebral palsy to have help in developing good habits of posture and movement is becoming increasingly widely recognised, and it is hoped that the new arrangements will improve the co-ordination of the efforts of parents, school teachers, therapists and doctors, all of whom have a part to play in providing this help.

### ANALYSIS OF CASES SEEN AT CEREBRAL PALSY UNIT IN 1961

	Male	Female	Total
Under 5 years	3	2	5
5 - 10 years	2	1	3
10 - 15 years	-	-	-
Over 15 years	-	-	-
Total	5	3	8

Diagnosis	Male	Female	Total
Cerebral Palsy	1	-	1
Cerebral Palsy and Partial Deafness	-	1	1
Mental Retardation	3	2	5
Paraplegia	1	-	1
Total	5	3	8

### 2 CONFIRMED CASES OF CEREBRAL PALSY - ACTION TAKEN

Admitted to Vale Road Physically Handicapped School	1
Admitted to Dual Handicap Group at Vale Road Physically Handicapped School	1



## 1 CASE OF PARAPLEGIA - ACTION TAKEN

Admitted to Vale Road Physically Handicapped  
School and supervised by Cerebral Palsy Unit 1

## 5 CASES OF MENTAL RETARDATION - ACTION TAKEN

For report to local health authority as unsuitable for education in school	2
For trial period in day nursery and, probably, later report to local health authority	1
Under supervision of Cerebral Palsy Unit	1
Under supervision of Cerebral Palsy Unit and Audiology Unit	1

### Orthopaedic Cases

Mr. E. Hambly, F.R.C.S., the orthopaedic surgeon at the Prince of Wales's General Hospital, continues to supervise the physiotherapy of a large number of dystrophy cases at the school who are under the immediate care of Miss Marcus, the physiotherapist. Mr. Hambly emphasises the excellence of her work and her enthusiasm, which has done much to make this unit one of the best of its kind. In conclusion, Mr. Hambly comments on the close co-operation which exists between Dr. Dunham and himself in the running of these quite separate units at the school.

### Orthopaedic Clinics

Once again the orthopaedic clinics in both boroughs have been very well attended throughout the year. 163 new cases, of whom 68 were pre-school children, have been seen by Mr. E. G. M. Palser, the visiting consultant who has taken charge of the Hornsey orthopaedic clinic in place of Mr. E. T. Bailey. 527 children were re-examined by the consultant and there were no less than 3,040 attendances for treatment by the physiotherapist.

An increase in the number of cases of knock-knee seen during the year posed the question as to whether Hornsey children are becoming more liable to this condition, or whether more of the less obvious cases are being picked out by school medical officers at routine medical inspections. A longer period of observation will be necessary before the answer can be forthcoming. Meanwhile, a new appliance for the treatment of spinal curvature has been designed, made and used in a temporary setting. Now that the extension to the Weston Park Clinic premises is completed, the apparatus will be permanently installed.



In Tottenham Mr. E. Hambly comments enthusiastically on the full attendances at the Lordship Lane Clinic, being particularly impressed by the frequency with which parents, and often both parents, accompanied their children. This, he feels, reflects a very high standard of living in the borough and the keen interest of both parents in their children's medical welfare.

### Ophthalmic Clinics

As in previous years, the correction of errors of refraction and the diagnosis and treatment of a convergent squint comprised the bulk of the work undertaken by Dr. R. Welch, the visiting consultant to the Hornsey Eye Clinic. In his experience, the commonest error of refraction found in Infants' schools is 'long-sightedness' and, if this is of only moderate severity, when combined with astigmatism, it invariably requires correction with glasses which must be worn constantly. Moreover, the child's general health and progress at school may show remarkable improvement following the correction of a refractive error previously unsuspected. In the secondary school age group 'short-sightedness' is the predominating defect and such cases require regular refraction since the condition tends to increase during the years of growth.

In the treatment of convergent squint, a new advance has been the use of eye drops causing contraction of the pupil. This has resulted in dramatic improvement in carefully selected cases since, with contracted pupils, the habit of over-convergence for near objects is broken. Needless to say, such children require constant supervision by the consultant and, whilst treatment may sometimes be an alternative to surgery, it is usually complementary.

Similar eye defects have been the chief concern of Mr. T. Kletz, the consultant at the Tottenham Ophthalmic Clinic. An indication of the value of early investigation in cases of manifest or suspected squint is reflected, he feels, in the statistics of the orthoptic department where the number of cases treated is now less than the number of new cases referred.

With recent advances in treatment and investigation of certain types of squint and amblyopia, a number of cases previously considered incurable are now being treated by special techniques. At present, such cases have to be sent to hospital for both investigation and treatment, but in the new year it is hoped to purchase the necessary equipment to enable these techniques to be practised in the clinic.



## Child Guidance Clinic

1961 saw the appointment of Dr. Nina Meyer, as Consultant Psychiatrist and Miss C. Tibbetts, as Play Therapist, to the Tottenham Child Guidance Clinic, which has enabled more children to be seen for diagnostic purposes and to be taken on for psychotherapy. In his report, Dr. William Craike, the Senior Consultant Psychiatrist, focuses his attention on the so-called school phobias where, he points out, the anxiety is centred round the home relationship rather than the school itself. The early referral of these cases to the clinic is of cardinal importance, for it is often too late to do anything by the time the child has reached the age of fourteen. Nevertheless, in these older children, Dr. Craike feels that a forced separation from the mother, through the intervention of the Juvenile Court, and a period in a Remand Home, might be helpful for some of them, as long as psychotherapy is immediately available when they return home.

During the year under review Dr. A. K. Graf took up his appointment as Consultant Child Psychiatrist and Medical Director of the Hornsey Child Guidance Clinic. Here, the approach to the problems of the maladjusted child is based on the team work of psychiatrist, educational psychologist, psychiatric social worker and psychotherapist; and the opinions of all the members of the team are pooled at weekly case conferences, before any action or treatment is undertaken.

A useful innovation has been the introduction of an evening session which has enabled the consultant psychiatrist to meet working parents, and adolescents who do not want to miss time from school or employment. Particularly encouraging has been the attendance of the father at these interviews, hitherto the somewhat neglected partner in the investigation of a child's difficulties; and, in many cases, Dr. Graf has found that he can make a valuable and crucial contribution towards the treatment.

## Speech Therapy

Throughout 1961 children continued to be referred for speech therapy from a wide variety of sources. From teachers, health visitors, school medical officers and specialists came a steady stream of cases; the mothers, too, whose older children had had speech therapy in the past, brought younger siblings for similar help, or were sometimes instrumental in sending new cases.

Visits from doctors studying for Diplomas in Child or Public Health, and students training for teaching or health visiting have been welcomed by Miss Joan Came, the senior speech therapist, as leading to the recognition that speech disorders affect the total personality. Thus, treatment, which can restore adequacy of speech and language for communication and expression, enables the patient to function at greatly improved social, emotional and educational levels.

THE HANDICAPPED CHILD - Distribution in Hornsey as at 31st December, 1961

	In Special Day Schools		In Special Residential Schools		In Maintained Primary and Secondary Schools		In Independent Schools		Not at School		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
Blind	-	-	2	-	-	-	-	1	-	-	2	1
Partially Sighted	-	-	1	1	-	-	-	-	-	-	1	1
Deaf	1	2	-	-	-	-	-	-	-	-	1	2
Partially Deaf	3	5	2	1	-	-	-	-	1	-	6	6
Educationally Sub-Normal	25	14	4	1	-	-	-	-	-	-	29	15
Epileptic	-	-	1	1	-	-	-	1	-	-	1	2
Maladjusted	-	-	8	1	4	3	9	2	1	-	22	6
Physically Handicapped	7	3	3	1	1	-	-	1	3	-	14	5
Speech Defects	-	-	-	1	42	19	1	1	5	-	48	21
Delicate	1	2	3	2	-	-	1	-	-	-	5	4
Multiple Defects	-	-	3	-	1	-	-	-	-	-	4	-
Totals	37	26	27	9	48	22	11	6	10	-	133	63
GRAND TOTALS	63		36		70		17		10		196	



## Rheumatism Supervisory Centre

48 children made 94 attendances during the year at fortnightly sessions held in the Paediatric Department of the Prince of Wales's General Hospital under the direction of the Consultant Paediatrician, Dr. I. M. Anderson, M.D., F.R.C.P. Seven of these were new cases, one girl and six boys, and in them the following diagnoses were established:-

	Total	In Tottenham	Outside Areas
Rheumatic Fever	3	1	2
Rheumatic Carditis	1	-	1
Congenital Heart Lesions	2	2	-
Other cases (Innocent Murmur)	1	1	-

There were seven removals during 1961 leaving 202 children on the register of the Supervisory Centre at the end of the year. These 202 have been classified as follows:-

	Total	In Tottenham	Outside Areas
Rheumatic Fever	66	42	24
Rheumatic Carditis	42	29	13
Rheumatic Carditis with Chorea	4	4	-
Chorea - uncomplicated	5	4	1
Rheumatic Arthritis	5	1	4
Congenital Cardiac Lesions	54	34	20
Streptococcal Allergy	3	2	1
Other cases	23	19	4
	202	135	67

## Hospital School

During the past year, the teaching of children at St. Ann's Hospital and at the Prince of Wales's Hospital has progressed most favourably.

Both long and short-term patients from the age of  $4\frac{1}{2}$  years to 15 years are catered for. Although a well equipped schoolroom is established in one of the wards, teaching is individual and follows the child's school curriculum as closely as possible, particularly in the case of long-term patients, where a close liaison is maintained with the schools.

For children who are not well enough to go to the schoolroom there is bedside tuition and this takes place in several wards. Four teaching sessions each week are given at the Prince of Wales's Hospital.

Children are, on the whole, eager to have lessons, while the development of a particular hobby or interest gives great pleasure to a child.

Letters from head teachers show that the work of the hospital classes is much appreciated and many pupils benefit greatly from the more individual teaching.

The link made with the children often continues after they have left hospital. Many keep up a regular correspondence and it is interesting to find that the experience of school in hospital is not forgotten by them or their parents.

The help given by the Tottenham Library Service and the co-operation of the Sisters and hospital staff in the success of the classes is very much appreciated.

## Statistical Information

Certain statistics relating to the work of the school health service in Hornsey 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
1957 & later	1	18	18
1956	7	70	73
1955	6	36	42
1954	12	15	24
1953	70	133	185
1952	81	139	184
1951	8	12	18
1950	33	21	49
1949	75	120	177
1948	49	57	90
1947	42	36	75
1946 & earlier	323	201	491
Total	707	858	1426

### OTHER INSPECTIONS

Number of Special Inspections	1512
Number of Re-inspections	<u>781</u>
Total	<u>2293</u>

### EDUCATION ACT 1944 - SECTION 57

Cases dealt with under Section 57, Education Act 1944 3

### MEDICAL EXAMINATIONS OF TEACHERS

- (a) Number of teachers examined as to fitness for appointment 15
- (b) Number of students examined as to fitness for first appointment 20
- (c) Number of students examined as to fitness for training course 57

# 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	6	14	47	81	112	85	165	180	392	6
5	Eyes: a. Vision	15	8	243	26	449	100	707	134	83	22
	b. Squint	26	5	14	-	67	7	107	12	4	2
	c. Other	2	3	7	-	27	6	36	9	38	-
6	Ears: a. Hearing	5	12	12	10	47	15	64	37	82	18
	b. Otitis media	4	15	3	9	12	21	19	45	10	-
	c. Other	1	1	1	3	7	5	9	9	23	1
7	Nose and Throat	34	109	16	48	60	153	110	310	42	11
8	Speech	11	9	1	7	15	18	27	34	24	6
9	Lymphatic Glands	-	32	-	4	2	36	2	72	-	-
10	Heart	-	10	1	19	13	35	14	64	1	5
11	Lungs	11	23	10	16	55	35	76	74	13	7
12	Developmental:										
	a. Hernia	1	2	-	-	3	3	4	5	-	-
	b. Other	1	1	13	7	8	32	22	40	3	1
13	Orthopaedic:										
	a. Posture	3	1	7	56	8	66	18	123	5	6
	b. Feet	17	28	29	76	73	120	119	224	18	16
	c. Other	13	25	14	23	47	82	74	130	40	4
14	Nervous System:										
	a. Epilepsy	-	1	4	3	4	3	8	7	4	1
	b. Other	1	2	4	2	13	10	18	14	4	2
15	Psychological:										
	a. Development	1	10	2	3	9	12	12	25	20	4
	b. Stability	3	68	3	26	33	112	39	206	32	18
16	Abdomen	1	6	3	9	15	21	19	36	5	2
17	Other	4	1	9	37	18	94	31	132	131	30

(T) Requiring Treatment

(O) Requiring Observation



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

	Number of cases known to have been treated
<b>GROUP 1 - EYE DISEASES (e.g. blepharitis, conjunctivitis), DEFECTIVE VISION AND SQUINT.</b>	
(a) External and other, excluding errors of refraction and squint	62
(b) Errors of refraction (including squint)	774
(c) Number of cases for whom spectacles were prescribed	387
<b>GROUP 2 - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT</b>	
Received operative treatment for adenoids and chronic tonsillitis	186
Received other forms of treatment	151
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) During the current year	14
(b) In previous years	61
<b>GROUP 3 - ORTHOPAEDIC AND POSTURAL DEFECTS</b>	
Treated at clinics or out-patient departments	359
<b>GROUP 4 - DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)</b>	
Impetigo, Scabies & Ringworm of body	12
Other skin diseases	451
<b>GROUP 5 - CHILD GUIDANCE TREATMENT</b>	
Treated at child guidance clinics (including cases sent to the Tavistock and other hospital clinics)	101
<b>GROUP 6 - SPEECH THERAPY</b>	
Treated by speech therapists	90
<b>GROUP 7 - OTHER TREATMENT GIVEN</b>	
(a) Minor Ailments	248
(b) Treatment other than (a) above and excluding convalescent treatment	100

# STAFF

## BOROUGH HEALTH DEPARTMENT

Medical Officer of Health	G. HAMILTON HOGBEN, M.R.C.S., D.P.H.
Deputy Medical Officer of Health	G. S. UDALL, M.A., M.B., B.Chir., D.P.H., D.C.I.
Veterinary Inspector	F. G. BUXTON, M.R.C.V.S.
Chief Public Health Inspector, Petroleum Inspector and Shops Inspector	W. J. WILSON, D.P.A. (Lond.), M.A.P.H.I., Public Health Inspector's Cert. Food Inspector's Cert.
Public Health and Shops Inspector Petroleum Inspector	E. WILKINS, M.A.P.H.I. (died 13th November, 1961) Public Health Inspector's Cert. Food Inspector's Cert. Smoke Inspector's Diploma
Public Health Inspectors	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. Smoke Inspector's Diploma.
	D. W. B. MARTIN, M.A.P.H.I., Public Health Inspector's Cert. Food Inspector's Cert.
Student Public Health Inspector	H. G. EVANS.
Chief Administrative Assistant	D. B. DAVIES, D.P.A. (Lond.)
Clerical Staff -	D. N. IRVINE, D.P.A. (Lond.) H. P. BRADFORD MISS A. GERRIE M. W. SPICKSLEY MRS. K. G. DIMOND MISS A. GLENISTER MISS J. FINNIGAN
Survey Assistant (Smoke Control)	W. R. WOOD
Drainage Inspection Assistant	H. S. FAGG
Disinfectors and Mortuary Attendants	P. F. HALL (foreman) (until 2nd December) W. HOOPER S. J. TWINN
Rodent Operator	E. J. MEAD



# AREA HEALTH STAFF

Deputy Area Medical Officer	G. S. UDALL, M.B., B.Chir., D.P.H., D.C.H.
Senior Assistant Medical Officer	RUTH GOLDER, M.B., Ch.B., D.R.C.O.G., D.P.H.
Area Dental Officer	MISS W. M. HUNT, L.D.S., R.F.P.S.
Superintendent Health Visitor	MISS H. TOWNSEND, S.R.N., S.C.M., H.V.
Non-medical Supervisor of Midwives and Home Nursing Superintendent	MISS F. E. CURTIS, S.R.N., S.C.M., H.V., M.T.D.
Home Help Organiser	MISS D. WILLIAMS, S.R.N., M.I.H.H.O.
Assistant Home Help Organisers	MISS J. E. CAPLIN, M.I.H.H.O. MRS. A. ORCHARD, M.I.H.H.O.
Area Chief Clerk	W. L. N. RELLEEN, T.D., D.P.A.
Deputy Area Chief Clerk	H. J. DUNHAM, B.A.
Section Heads	A. BALLS N. P. CHILD S. E. WOODROFFE

Classification of staff	Full-time	Part-time
Medical Officers	10	6
Dental Officers	6	6
Supervisory Nursing Staff	2	-
Administrative and Clerical Staff	37	6
Health Visitors/School Nurses	27	2
Clinic Nurses	8	-
Midwives	10	2
Home Nurses	23	4
Speech Therapists	2	2
Physiotherapist	2	-
Occupational Therapist	1	-
Chiropodists	-	2
Gramophone Audiometrician	1	-
Orthoptists	-	2
Dental Attendants	8	2
Day Nursery Staff	33	2
Home Help Service	7	154
Manual workers, domestic grades, etc.	10	24
	187	214

# INDEX

	Page
Abatement Notices	23
Accidental Deaths	39
Animals, Diseases of	38
Ante-natal Clinics	51
Audiology Clinic	77
Bacteriological Examination of Food	33
B.C.G. Vaccination	73
Births, Notification of	51
Burial of the Dead	38
Cerebral Palsy Unit	79
Certificates of Disrepair	24
Child Guidance Clinics	82
Chiropody, Licensing of Premises	70
Clean Air	25
Clean Air: Measurement of Pollution	26
Clearance Areas	14
Closing Orders	17
Daily Guardian Scheme	56
Day Nurseries	56
Deaths classified according to Age, Sex and Cause	44
Dental Service, Priority	58
Dental Service, School	74
Diphtheria, Immunisation against	68
Diseases of Animals	38
Domestic Help Service	71
Ear, Nose and Throat Clinics	76
Factories, Inspection of	21
Food	28
Food Premises classified according to principal trades	29
Food Premises, Inspection of	35
Food Sampling	30
Handicapped Children	83
Hawkers of Food	29
Hairdressers' Premises	18
Health Education	64
Health Visiting Service	61
Home Nursing Service	66
Hospital School	85
Housing and Sanitary Circumstances:	13
Infant Deaths classified according to Age, Sex and Cause	47
Infant Welfare Clinics	53
Infectious Diseases: Diphtheria	6
Dysentery	6
Food Poisoning	5
Measles	6
Poliomyelitis	5
Typhoid Fever	6



	Page
Tables: Infectious Diseases by Age and Sex	11
Infectious Diseases by Wards	12
Infectious Diseases in School Children	73
Inspections by Public Health Inspectors	22
Laboratory Services	8
Legal Proceedings: Food & Drugs Act and	
Food Hygiene Regulations	34
Shops Act	24
Massage and Special Treatment	37
Mental Health Case Conferences	66
Midwifery Services	60
Midwives Ante-natal Clinics	53
Mortuary	38
Old People's Welfare	36
Visiting the Aged	65
Ophthalmic Clinics	81
Orthopaedic Clinics	80
Outworkers Premises	21
Parental Guidance and the Young Child	55
Pet Shops, Licensing of	18
Petroleum, Licensing of Premises	39
Poliomyelitis, Vaccination against	69
Recuperative Holidays	70
Re-housing on Health Grounds	15
Rheumatism Supervisory Centre	84
Rodent Control	20
Routine Medical Inspections	72
Sanitary Improvements Effected	23
School Health Service	71
Statistical Tables	85
Shops, Inspection of	20
Smallpox, Vaccination against	68
Smoke Control Areas	25
Speech Therapy	82
Special Services Health Visitor's Report	62
Staff, Medical Examination of	37
Tetanus, Immunisation against	68
Toddlers Clinics	54
Tuberculosis in Schools	73
Tuberculosis Tables: New Cases	10
Cases on Register	9
Vale Road School for Physically Handicapped Children	79
Vital Statistics	41
Water Supply	18
Welfare Foods, Distribution of	58
Whooping Cough, Immunisation against	68
X-ray, Mass Survey	8