

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

Contributors

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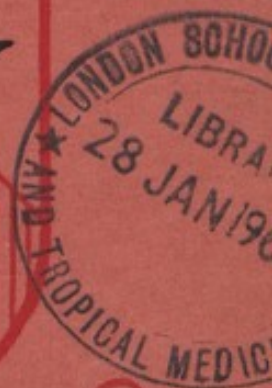


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THE HEALTH OF HORNSEY 1962



FORTIOR · QUO · PARATIOR

THE ANNUAL REPORT OF THE
MEDICAL OFFICER OF HEALTH

THE UNIVERSITY OF CHICAGO
MEDICAL CENTER
CHICAGO, ILL.

MEMBERS OF THE COUNCIL
1961-62

THE HEALTH
OF

HORNSEY

1962

THE ANNUAL REPORT OF THE
MEDICAL OFFICER OF HEALTH

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Councillor P. P. Rigby, Deputy Mayor

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| C. MURRAY | |

* Members of Borough Health Committee at 31st December, 1962

31st July, 1963.

To the Worshipful the Mayor, Aldermen and Councillors,

In accordance with my statutory duty I herewith submit my Annual Report for the year ended 31st December, 1962.

The mid-year population of the Borough, as estimated by the Registrar General, was 97,720 - an increase over the previous year.

The birth rate of 23.3 was the highest since the post war peak year of 1947. Of live births 11.4 per cent were illegitimate, compared with 10.9 per cent in 1961. The infantile death rate of 21.9 for all births and 19.2 for illegitimate births was lower than in the previous year. There was no maternal death.

Apart from 580 notified cases of measles, none of which gave rise to serious complications, the year was free from outbreaks of infectious diseases. But the fact that no case of smallpox, poliomyelitis or diphtheria occurred was a matter for encouragement rather than complacency. The general public are still slow to fully recognise the preventive value of routine vaccination and immunization procedures in infancy; or that once an epidemic has started, mass vaccination or immunization is seldom of any value as a protective measure. Five separate importations of smallpox into this country occurred in 1961-62 in each of which Hornsey in common with others had the public health duty of surveillance and tracing contacts of actual or suspected cases; any positive case of which might have led to a local outbreak.

The year has been an extremely busy one for all sections of the Health Department and only by an all-out effort by the whole staff has it been possible to implement new legislation and successfully meet increased demands of the public for the comprehensive range of services as described in some detail in this Report.

Action under the Housing Acts is the most time consuming of the district public health inspectors' duties; and the most important that of house-to-house inspection. In addition to procedures necessary for closing and/or demolition of individual unfit houses and the work leading to Ministerial confirmation of the Haringey Grove Clearance Order, considerable progress was made during the year in enforcing standards adopted by the Council and the provisions of the Housing Act, 1961 relating to houses in multiple occupation.

A fourth smoke control order was confirmed during the year which, together with similar action being taken by neighbouring Local Authorities makes it possible to see from many vantage points in the district that a real contribution is already being made to the Clean Air Campaign in the Greater London Area.

During the year my deputy Dr. G. S. Udall, a most able and likeable colleague, resigned on his appointment as Senior Lecturer in Child Health at St. Bartholomew's Hospital. At about the same time the department suffered the loss by retirement of Miss Eelen Townsend who as Superintendent Health Visitor contributed so much to the smooth running and development of the local maternity and child welfare services. A warm welcome is extended to their successors Dr. A. Shaw and Miss Mary Smith.

In conclusion I wish to acknowledge my indebtedness to colleagues who have made this Report possible and to express my sincere gratitude to the Chairman (Councillor F. C. V. Hayward) and to members of the Committee for their encouragement and support throughout the year.

I am,

Your obedient servant,

G. HAMILTON HOGBEN,

Medical Officer of Health.

INFECTIOUS DISEASES

Food Poisoning

No outbreak of food poisoning occurred in the Borough and only two cases were notified by general practitioners - 12 others came to the knowledge of the department making 14 cases in all for the year. One case was attributed to salmonella anatum, one to s.Heidelberg, one to s.typhi-murium and four to s.Bredeney; seven were attributable to an agent which was not identified.

There were no outbreaks in Hornsey but an outbreak in a catering establishment in Westminster involved nine Hornsey residents who attended a dinner. The organism s.Bredeney was found to be the cause of the outbreak and it was isolated from ham served at the dinner. Later two members of the staff of six working for the firm who supplied the ham were also found to be carrying the organism. There were four outbreaks about this time in the London area. Ham was proved to be a common factor in three of the outbreaks and was probably also related to the fourth.

Two butchers living in Hornsey and working at a butcher's shop in another borough, were also found to be infected with s.Bredeney. Neither was ill and it was found on investigation that nine out of the staff of twelve were excreting the organism. The source was found to be ham, supplied from the same firm as supplied the ham for the dinner referred to in the previous paragraph.

One of the notified cases in which s.Heidelberg was isolated was found to be connected with 17 incidents in the south of England during July and August. Careful investigation of these incidents was carried out by the staff of the Central Public Health Laboratory, Colindale, and it was found that the cases were probably related to animal infection in the west of England. Five incidents in London and two incidents in Bournemouth and one in Oxford were associated with meat products made in the west of England. In most incidences the suspected food was Scotch Eggs.

Poliomyelitis

There were no cases of poliomyelitis in Hornsey during the year. The number of cases in England and Wales was lower in 1962 than it has been for nearly half a century. This is clearly the result of the nation wide campaign for vaccination of the susceptible population against this disease. It is satisfying to see a reduction in the number of cases but this is not the time for relaxing the efforts of all concerned to obtain the maximum number of people protected. In fact, it is at a time like this when a marked improvement in the situation is taking place, that greater efforts than ever should be made to secure as high a proportion of the infant

population and the younger adults protected against the danger of poliomyelitis. A note on vaccination against the disease appears later in this report under the personal health services.

Dysentery

Twenty-three cases were notified during the year, all caused by shigella sonne. There were no outbreaks in schools and arrangements for minimum periods of exclusion, detailed in previous reports, continued.

Typhoid Fever

One case of typhoid was notified during the year, a man of 35 years who was not admitted to hospital. He made an uneventful recovery and it was not possible to isolate the organism for phage typing. The symptoms were those of enteric fever. The patient had been inoculated against typhoid A and B about five or six years previously.

Measles

580 cases of measles were notified, eleven of them over the age of 15 years, and of these seven were more than 25 years old. Twelve patients were treated in hospital, three cases being complicated by pneumonia and three by tonsillitis. All made uneventful recoveries.

Diphtheria

Once again there were no cases of diphtheria in the Borough.

Smallpox

There has indeed not been a case of smallpox in Hornsey since 1932. This broad statement presents little of the true picture, and the continued relative freedom of this country from this disease results only from the constant vigilance of public health authorities at ports and all over the country. On Christmas day, 1961, a passenger arrived by air from Pakistan and stayed in a neighbouring borough. Shortly afterward he fell ill with smallpox. Shortly after it was found that another patient, not associated with the first one, had arrived in England on 19th December. He went to West Bromwich. A third proceeded to Bradford, a fourth to Birmingham and yet another stayed at Birmingham and went on to Cardiff. Thus in a very short time five cases of smallpox were imported from Pakistan by air into the country. During the course of the year 66 cases of smallpox were notified and 23 patients died; each case gave rise to a considerable number of contacts, all of which had to be very carefully kept under surveillance by the local

authority for a period of up to 16 days. In Hornsey during the year 31 contacts were kept under surveillance and 6 suspected cases of smallpox were visited by the Medical Officer of Health to give a second opinion. In addition, particularly in view of the shortage of calf lymph, it was necessary for the department to arrange supplies of vaccine for general practitioners, and even at times to work a system of rationing, so that all genuine contacts or suspected contacts of the disease could be vaccinated with the minimum delay and members of the general public who were rather panicked into requesting this protection, were not given priority over those at risk. Any relaxation of the careful checking and somewhat tedious following up of contacts could lead to a large scale outbreak, particularly in these days of speedy air travel which can carry a patient from an infected area into the country some days before the disease develops and can be recognised.

LABORATORY SERVICES

The Health Department is still the collecting centre for laboratory specimens submitted by medical practitioners in Hornsey. Containers are obtainable from the department during normal office hours and specimens are collected daily by a messenger from Colindale Laboratory at approximately 3.30 p.m. (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 1962.

Throat swabs	...	...	...	100
Sputum	...	...	...	18
Faeces	...	...	...	230
Urine	...	...	...	32
Other	...	...	...	26

Other examinations were carried out as follows:-

Water	...	...	...	15
Meat	...	...	...	113

TUBERCULOSIS

The total number of cases on the Tuberculosis Register at the end of 1962 was 857, viz., pulmonary 759 non-pulmonary 98.

	Pulmonary		Non-Pulmonary		Total	
	Male	Female	Male	Female	Male	Female
(a) Number of Cases on Register at commencement of year	458	348	47	49	505	397
(b) Number of Cases notified for first time during year under Regulations	24	7	1	2	25	9
(c) Cases restored to Register	2	-	-	-	2	-
(d) Cases added to Register otherwise than by notification under Regulations						
(1) Transferred from other Districts	33	22	3	1	36	23
(2) From Death Returns	3	2	-	2	3	4
(e) Number of Cases removed from Register	87	53	2	5	89	58
(f) Number of Cases remaining on Register at end of year	433	326	49	49	482	375

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
-	-	32	21	34	27	5	3	16	2	87	53
NON-PULMONARY											
-	-	1	2	-	1	-	-	1	2	2	5

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	-	-	5	6	2	1	7	1	1	24	31
	F	-	-	-	-	-	-	-	4	-	1	-	1	1	7	
Non-pulmonary	M	-	-	-	-	-	-	-	-	1	-	-	-	-	1	3
	F	-	-	-	-	-	-	-	1	-	-	-	1	-	2	
OTHER THAN BY FORMAL NOTIFICATION																
Death returns																
Pulmonary	M	-	-	-	-	-	-	-	-	-	-	-	1	2	3	5
	F	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
Non-pulmonary	F	-	-	-	-	-	-	-	-	-	1	-	-	1	2	2
Transfers from other Districts																
Pulmonary	M	-	-	-	-	-	-	3	14	5	3	3	2	3	33	55
	F	-	-	-	-	-	1	3	12	-	4	1	1	-	22	
Non-pulmonary	M	-	-	-	-	-	-	-	2	1	-	-	-	-	3	4
	F	-	-	-	-	-	-	-	1	-	-	-	-	-	1	

NOTIFICATION OF INFECTIOUS DISEASE BY AGE AND SEX

AGE IN YEARS	Scarlet fever		Whooping cough		Ophthalmia Neonatorum		Measles		Dysentery	
	M	F	M	F	M	F	M	F	M	F
Under 1	-	-	-	2	-	1	10	7	-	-
1	-	-	-	-	-	-	26	32	2	2
2	3	1	3	1	-	-	34	39	1	1
3	2	-	-	2	-	-	32	35	-	-
4	3	2	1	3	-	-	30	41	1	1
5-9	8	18	3	4	-	-	74	104	4	5
10-14	2	2	-	3	-	-	3	2	2	-
15-24	-	-	-	1	-	-	1	3	1	2
25 and over	-	1	-	-	-	-	-	7	1	-
TOTALS	18	24	7	16	-	1	210	270	12	11

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	1	1	-	-	-	-	-	-	-
15-44	5	6	2	2	1	-	7	1	-
45-64	5	7	1	3	1	-	-	-	-
65 and over	7	10	-	3	-	-	-	-	-
TOTALS	20	24	4	9	2	-	7	1	-

There were no cases of diphtheria.
There was no impairment of vision.

The baby girl suffering from ophthalmia neonatorum was nursed at home.

NOTIFICATION OF INFECTIOUS DISEASE BY WARDS

	Highgate	Muswell Hill	Crouch End	Central Hornsey	North Harringay	South Harringay	Stroud Green	Finsbury Park	TOTALS
Scarlet fever	2	5	1	4	15	6	8	1	42
Whooping cough	-	6	3	1	3	3	6	1	23
Measles	11	27	28	109	61	15	136	93	480
Acute pneumonia	-	2	-	9	17	6	9	1	44
Dysentery	-	5	3	6	2	2	5	-	23
Erysipelas	-	-	3	3	1	1	5	-	13
Food poisoning	1	-	-	1	-	-	-	-	2
Puerperal pyrexia	1	4	-	1	-	-	1	-	7
Ophthalmia neonatorum	1	-	-	-	-	-	-	-	1
Typhoid fever	-	-	-	-	1	-	-	-	1
TOTALS	16	49	38	134	100	33	170	96	636

INFECTIOUS DISEASE IN HORNSEY SINCE 1901
ANNUAL AVERAGES FOR CERTAIN DISEASES FOR FIVE YEAR PERIODS

Diphtheria	Scarlet Fever		Enteric or Typhoid Fever		Tuberculosis				Measles		Whooping Cough		Acute Poliomyelitis				
					Pulmonary		Non-Pul.										
Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases		
1901-5	8.0	110	1.2	285	2.8	25	50		20			11.4		13.8		NSC	
6-10	9.8	121	4.0	265	2.8	14	50		18			9.6		11.2		NSC	
11-15	6.0	108	1.6	510	1.8	10	51	*	17	*		15.0		7.2		NSC ☒	
16-20	9.6	89	1.4	154	.8	6.4	69	157	16	26		4.8		6.2		1.4 2.6	
21-25	5.6	108	1.6	269	.2	3.4	55	101	10	16		2.2		4.0		NSC 1.0	
26-30	5.0	111	1.0	248	.6	4.4	58	109	9	23		3.6		3.4		NSC 1.8	
31-35	3.2	75	.6	228	.2	1.0	46	123	16	28		2.4		2.0		NSC 1.8	
36-40	2.2	81	.4	132	.8	1.8	46	121	8	20		2.0	∅	2.2	∅	NSC 0.2	
41-45	.2	31	NSC	138	NSC	0.2	INA	INA	INA	INA		1.0	441	1.4	140	NSC 0.8	
46-50	0	1.6	NSC	151	NSC	0.6	33	INA	5	INA		0.6	680	.8	237	2.0 12.8	
																Paralytic Deaths	Non-Para. Cases ☒
51-55	.2	0.6	NSC	118	NSC	0.6	15	57	1.8	8		0	970	0	190	0	4.0 2.8
56-60	0	0	NSC	68	NSC	0.4	8	60	1	4		0	539	0	82	6	5.8 2.6
ANNUAL FIGURES 1961-2																	
1961	0	0	NSC	45	NSC	1	6	44	1	6		0	1529	0	7	0	1 0
1962	0	0	NSC	42	NSC	1	9	31	1	3		0	480	0	23	0	0 0

NSC Not separately classified.
 INA Information not available.
 * Tuberculosis - all forms not generally notifiable until February, 1913.
 ∅ Measles and Whooping Cough - made notifiable October, 1939.
 ☒ Poliomyelitis - made notifiable March, 1912.
 - separately classified as Paralytic and Non-Paralytic January, 1950.

HOUSING AND SANITARY CIRCUMSTANCES

The large majority of the dwelling-houses in the Borough are now more than 50 years old and in the eastern half of the area a considerable number of these were built during the 19th century. Although age is of itself no criterion, most of this last group are of the type of construction and show such deficiency of maintenance that they are becoming worn out and incapable of being brought up to modern standards except by major reconstruction and repair, which would be, in general, uneconomic, having regard to the value of the premises on completion.

Individual Unit Houses

Groups of this type of house are concentrated in areas where redevelopment is either in progress or is proposed under the Housing Acts within the not-too-distant future. As a preliminary to this programme the Council are acquiring by negotiation, and voluntarily closing houses in the areas concerned. There are also in areas where overall redevelopment is not at present envisaged, individual houses which are found to have reached the stage where closing or demolition is necessary as they are unfit for human habitation. It has sometimes happened that when this course has been taken the freehold of the premises has changed hands and the new owner has carried out what virtually amounts to rebuilding works and has thus created accommodation which would otherwise have been lost.

Many houses previously owned for investment purposes and let to tenants, have, during the last few years, become owner-occupied or part-occupied and considerable effort and enterprise had been shown by the new owners in the repair, redecoration and reinstatement of the houses. Many of the serious structural faults, however, such as settlement and rising dampness would require work beyond the resources of the owners and in consequence they can extend for only a short time the remaining useful life of such dwellings.

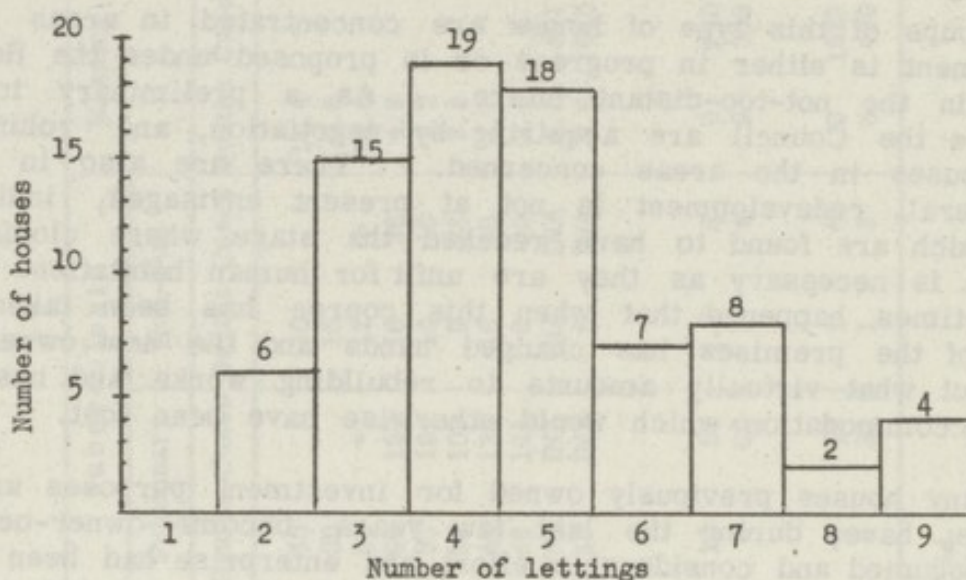
Houses in Multiple Occupation

Work has continued during the year on the problem of houses in multiple occupation. Some of these are owner-part-occupied, whilst others are investment properties occupied by a number of families each paying rent to the owner. A third group consists of tenanted houses where the official occupier has sub-let various parts of the house to other families or persons. As a general rule each house in multiple occupation requires many visits from the public health inspector - there may be language difficulties to be overcome and in some cases the occupiers of the various parts of the house can be contacted only in the evenings or at weekends. Most of the houses

inspected are deficient in water closet accommodation, water supply, sinks, ventilation, which the Council consider to be reasonable according to the terms of Section 15 of the Housing Act, 1961. In particularly difficult cases where the co-operation of the owner is not forthcoming, it has been necessary to enter upon the premises and carry out the work required to provide a reasonable standard of amenities. The cost of this work is recoverable from the owner.

This type of house is found where the occupation is constantly changing and repeated inspection is necessary to curb the tendency toward overcrowding and to ensure that the amenities available are adequate for the number of persons or rooms within the house.

During the year under review the initial inspections were carried out with respect to 79 houses in multiple occupation and it was found that the number of separate lettings or dwellings within the houses extended from two to nine as shown in the diagram -



During the year the Government issued the Housing (Management of Houses in Multiple Occupation) Regulations 1962 in accordance with the provisions of the Housing Act, 1961, S.13. These Regulations are designed to secure reasonable maintenance, repair, cleansing and good working order of the various facilities within houses in multiple occupation; they can be summarised as follows:-

Under the Regulations duties of management are imposed on "the manager", i.e. the owner or lessee of the premises who is receiving the rents from tenants of parts of the premises or from lodgers, and his agent or trustee, if any, through whom he receives the rents. These duties are, broadly, to ensure the good order, repair and (as appropriate) cleanliness of the following:-

Means of water supply and drainage; lighting and heating installations; rooms, and installations for sanitation and cooking, in common use; other parts of the premises in common use, e.g. halls, staircases and passageways; windows and other means of ventilation; means of escape from fire; common outbuildings, yards, gardens, etc.

The manager is also given responsibilities respecting the condition of rooms let to tenants or lodgers as living accommodation, the disposal of refuse and litter, and the taking of reasonable precautions to protect tenants and lodgers from dangers resulting from structural conditions in the premises.

By virtue of section 13(4) of the Housing Act, 1961, offenders against the regulations are liable to a fine and, on a second or subsequent offence, to imprisonment.

For the purposes of these provisions the term "lessee" includes an underlessee, tenant, person interested under an agreement for a lease, underlease or tenancy, and a statutory tenant under the Rent Acts.

The department is informed of houses in multiple occupation in a variety of ways extending from routine inspection of houses which are in a condition of disrepair, to applications to the Housing Department for rehousing. Even the amount of refuse requiring collection from the premises can be an indication of the number of persons living there.

Some of the difficulties to be overcome in securing reasonable standards of space and facilities within houses in multiple occupation appear to stem from the acceptance by many of the occupiers, from either wish or necessity, of conditions which are less than can be reasonably regarded as minimal. It may be that in some cases before coming to this country occupants were accustomed or obliged to regard a room as adequate sleeping accommodation for whatever number of persons who could be accommodated on the floor. Different social customs can also lead to friction. A practice was discovered of purchasing chickens on Monday, securing them to the bedpost by a piece of string round the leg until due for slaughter on Saturday. That the practice is insanitary as well as crude, is not easily grasped by people who have been used to such habits.

HARINGEY GROVE CLEARANCE AREA

Details of this area of 25 houses, were contained in last year's report. The houses were 1-29 (odd), 4-10 (even), 16 and 18 Haringey Grove. Confirmation of the Order, with minor modifications, was given by the Minister on 28th August, 1962, and it became operative on 26th October, 1962.

By the end of the year the Council had commenced the acquisition of the houses and sites involved, and rehousing of the families into Council accommodation in other parts of the Borough had been commenced.

RE - HOUSING ON HEALTH GROUNDS

In my last report I gave a full account of the system of working of the points scheme in so far as it affects applications in which health plays a major part. It was shown that within the limits of the supply of housing available in the Borough there is a genuine attempt to select the more urgent cases for available accommodation, but the number on the waiting list shows no signs of diminishing.

During the year ten families unable to attract a sufficient total of points were put forward to the Committee as in need of special consideration. Of these the Committee approved six and two of these were rehoused before the end of the year.

The total number of new housing cases reviewed on health grounds during the year was 89. In 73 cases action was as follows:-

Nil points recommended	18
5 " "	3
10 " "	12
15 " "	30

Cases recommended for rehousing
outside the points scheme 10

The remaining 16 cases required no further action as for various reasons the applications were withdrawn or not substantiated.

In addition to the new cases recommended for special treatment some prior applications were referred to the Committee making a total of twenty. Seven were accepted as urgent and four rehoused before the end of the year.

Where appropriate, applications were placed in special categories as follows:-

Group I	Serious medical condition	
	(a) Active pulmonary tuberculosis	-
	(b) Other medical conditions	10
Group II	Chronic medical or surgical conditions which have crippled the patient.	6
Group III	Old persons needing ground floor accommodation because of infirmity possibly with illness.	6
Group IV	Serious overcrowding causing undesirable mixing of sexes with its accompanying moral danger.	-

26 families, including 2 specials, with medical points were rehoused during the year.

LEGAL PROCEEDINGS

Date of Hearing	Premises	Offence	Result
Public Health Act, 1936, Sections 92/93.			
17th January	11 Oakfield Road.	General defects.	Court Order - work to be carried out within 28 days. Costs awarded to Council £3. 3s. Work completed 30th May.
17th January	79 Woodstock Road.	General defects.	Court Order - work to be carried out within 28 days. Costs awarded to Council £3. 3s. Work completed 5th April.
18th June	18 Mount Pleasant Villas.	General defects.	Court Order - work to be carried out within 21 days. Work completed 21st August.
Housing Act, 1957, Section 78(1).			
9th May	2 Albany Road.	Occupier causing overcrowding by permitting more than 2 persons to sleep in a dwellinghouse to wit the 2nd floor rear room.	Absolute discharge. Costs £2. 2s. 0d.

CLOSING ORDERS

The following Closing Orders became operative in 1962.

Property	Part affected	Order operative	Action taken
28 Enfield Road	Whole house	6th February	2 families rehoused. 1 person in occupation at end of 1962.
16 Osborne Grove	Whole house	27th April	Occupant removed voluntarily.
38 St. Marys Road	Basement-front and rear rooms, scullery and passage	26th June	1 family rehoused.
18 Osborne Grove	Whole house	7th August	2 families rehoused.
17 Canon Road	Whole house	13th October	Premises vacant when closed.
10 Enfield Gardens	Whole house	13th October	1 family rehoused.
71 Park Road	2 basement rooms and scullery	13th October	Premises vacant when closed.
15 Enfield Road	Whole house	14th November	1 family rehoused.

Closing Orders determined

The following Closing Orders were determined, the work required to render the premises fit for human habitation having been carried out.

Property	Part	Order determined
50 Clarendon Road	Whole house	19th January
105 Southwood Lane	Rear basement room	19th January
176 Stroud Green Road	Lower ground floor rooms	22nd October

Demolition Order Substituted for Closing Order

A Closing Order was made on the whole of 2 Ennis Road in January, 1959. By July, 1962 the premises had become so derelict that it was necessary to substitute a Demolition Order for the Closing Order. The Demolition Order became operative on 6th August, 1962, requiring the house to be demolished before 24th September. The owner subsequently proposed to reconstruct the house, and on 12th September a three months' extension of the time allowed for demolition was granted to permit this. In January, 1963, in view of the fact that a major part of the proposed reconstruction work had been executed satisfactorily, the enforcement of the demolition order was extended for a further three months.

CERTIFICATES OF DISREPAIR

Applications for certificates of disrepair	19
Decisions not to issue certificates	4
Decisions to issue certificates (a) in respect of some defects	10
(b) in respect of all defects	5
Undertakings given by landlords	7
Undertakings refused	-
Certificates of disrepair issued	7
Applications for cancellation of certificates	8
Objections by tenants to cancellation of certificates	4
Decisions by Council to cancel in spite of tenant's objection	1
Certificates cancelled	5
Applications for certificates as to remedying defects which landlord has undertaken to remedy:	
Certificates issued to landlord: All defects remedied	1
Certificates issued to tenant: No " "	1

SANITARY IMPROVEMENTS EFFECTED IN DWELLINGS

In last year's report mention was made of the Council's proposal to introduce a survey system. Local Officers made under the Act. Among other things the opinion of the occupiers of the premises was taken.

As in last year's report, sanitary improvements have been classified under main headings - work on the drainage system, external fabric and the internal fabric of the house, and each of these is divided into 'major' and 'minor' according to the extent of the work involved. Each premises is counted once only irrespective of the extent of the work involved.

Drainage and water supply system	Major	21	
	Minor	179	
External fabric	Major	20	
	Minor	74	
Internal fabric	Major	10	
	Minor	54	
Lighting provided		2	
Ventilation provided		4	
Water supply provided		2	
W.C.'s provided		12	
Food Storage provided		1	
Sink provided		14	
Personal Washing Facilities provided		1	

ABATEMENT NOTICES

	Verbal	Preliminary	Statutory
Public Health and Housing Act	88	322	43
Shops Act	10	6	-
Factories Act	4	12	-
Clean Air Act	3	-	-

FACTORIES ACT, 1961

	Total No. of Factories	No. Inspected	Inspections Made
Factories with power	150	38	88
Factories without power	35	3	9

Defects Found

12 notices were served during 1962. 1 notice was complied with.

Outworkers

There are 186 Outworkers on the register engaged in the following occupations:-

Making, altering, etc. of wearing apparel	143
Making of lace, lace curtains and nets	1
Making or repairing of umbrellas, sunshades, etc.	3
Making of artificial flowers	12
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	4
Making of brushes	7
Feather sorting	2
Making or filling of Christmas crackers, Christmas stockings, etc.	6
The weaving of textile fabric	4
Manufacture of lampshades other than lampshades made wholly of metal or glass or stone	4

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

COMMON LODGING HOUSES

There are no common lodging houses in Hornsey.

SHOPS ACT

In last year's report mention was made of the Council's proposal to take action necessary to revoke various Local Orders made under the Shops Act, 1912. Among other things the opinion of the occupiers of each of the classes of shops concerned must be sought and only if a majority of these occupiers are in favour of revocation can the Order be revoked. The following Orders were revoked:-

Hornsey Chemists Weekly Half-Holiday Order dated 20th January, 1913, provided for the closing of chemists' shops on Thursdays at 1 p.m. in all wards except part of the Stroud Green Ward lying west of Oakfield Road and Denton Road.

Highgate Grocers, Provision Merchants and Oil and Italian Warehousemen's Weekly Half-Holiday Order dated the 20th April, 1914, provided for the closing of such shops in the Highgate Ward on Thursday at 1 p.m.

The Hornsey Butchers' Weekly Half-Holiday Order dated 22nd March, 1920, is still in force because at the ballot of all occupiers concerned a majority was not obtained for the revocation of the Order. This Order provides for the closing of all butchers' shops (including pork butchers) in the Borough on Thursdays at 1 p.m.

The following three Orders will be dealt with during 1963:-

The Hornsey Dealers in Stationery and Stationers' Sundries Order dated the 19th May, 1913, and The Highgate Ward Dealers in Stationery and Stationers' Sundries Order dated the 31st July, 1913, exempt traders in the Highgate, Crouch End, Central Hornsey, North Haringey, South Haringey and Stroud Green Wards from the provisions for a weekly half-holiday.

The Hornsey Dealers in Books Order dated the 19th January, 1914, exempts all shops in the Borough in which the sale by retail of books is carried on from closing for the weekly half-holiday.

LICENSING OF PET SHOPS

During the year 22 inspections were carried out, 9 by the Veterinary Inspector and 13 by the Public Health Inspectors.

Six existing licences were renewed at the beginning of the year and one new licence issued.

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 via Ashford Common works and Fortis Green pumping stations.
- (b) New River water (River Lea and well water) via Stoke Newington and Hornsey filtration stations.

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.

The natural fluoride content of the two sources of supply, namely, River Thames and New River, shows slight variation from time to time. Samples collected at regular intervals over the past four years show a range of 0.1 - 0.35 and an average of 0.25.

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		Coliform test	
	Average colonies per ml. counted on agar at 37°C after 20-24 hrs.		Samples negative in 100 ml.	Coliform E. coli
River Thames	1,883	19.2	100%	100%
New River	512	7.0	100%	100%

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 above report from Dr. Windle Taylor makes no mention of the difficulties experienced by the water industry during the prolonged spell of arctic weather at the end of 1962 and the beginning of 1963. A tribute should be paid to the Board and the staff concerned for the fact that despite fractured mains and many other major difficulties the supply of pure water was well maintained throughout the whole period.

SEWERAGE AND SEWAGE DISPOSAL

That part of the Borough north of Fortis Green is drained into the East Middlesex main drainage system and the remainder of the Borough's sewerage system joins the northern outfalls of the London County Council's drainage system. The whole of the Borough is thus adequately served.

RODENT CONTROL

Comparative figures relating to surface infestations for 1961 and 1962 are as follows:-

	<u>1961</u>	<u>1962</u>
January - March	20	38
April - June	40	38
July - September	41	38
October - December	20	32
	<hr/>	<hr/>
	121	146
	<hr/>	<hr/>

CLEAN AIR

Hornsey's fifth smoke control area was declared during the year and will come into operation on 1st November, 1963. This will bring Hornsey to the half-way stage in its declared policy of completing the Borough by 1968.

Since the first Smoke Control Order made three years ago no objections have been made and the Council have thus been able to bring each order into operation smoothly and with the minimum of delay. It would appear, and rightly so, that the public are now persuaded as to the value of clean air and the work of the Department is considerably assisted by the goodwill of the occupiers of premises in existing smoke control areas. Arrangements were made with the Solid Smokeless Fuels Federation for their mobile exhibition van to tour the fourth area and for a period of one week the van which was stationed at strategic points within the area aroused considerable public interest. The vehicle is fitted with a variety of solid fuel appliances which are kept alight and a staff of technical experts is in attendance to advise members of the public concerning solid fuel burning appliances and fuels, suitable for their particular needs.

Last year in the London County Council area 340 deaths occurred which were considered to be attributable to the "smog" between 3rd and 7th December - less than one tenth of the deaths which occurred during the 1952 "smog". Although it cannot be claimed that the improvement in the mortality figures was due entirely to the introduction of smoke control areas, it is undeniable that the degree of smoke concentration in the atmosphere has been gradually reduced in recent years. There is little doubt that, without the Clean Air Act the greater demands for improved heating, particularly during the extreme conditions of last winter would have led to an increase in sulphur dioxide concentrations. No increase has occurred, possibly because firstly compared with coal only 80 per cent by weight of coke is needed to maintain the same heat output. Since both contain the same percentage of sulphur, the change from coal to coke in smoke control areas should have reduced sulphur dioxide emission by about one-fifth.

Secondly, a number of householders are changing over to gas, electric or oil heating. Electricity produces no sulphur dioxide at the point of consumption, and gas and oil reduce it by approximately 95 per cent. Thus since the 'smog' of 1952 there has probably been a reduction of up to one quarter of sulphur pollution of the atmosphere. The removal or reduction of the blanket of smoke enables more heat from the sun to reach the earth's surface and dispersing pollutants by means of convection.

One final point must be made here, sulphur dioxide is less dangerous to health as well as less damaging to buildings in the absence of smoke particles. Publicity regarding the harmful effects of smog has undoubtedly encouraged more susceptible persons to limit their exposure to smog and encouraged the use of masks and

extemporised filters such as scarves and handkerchiefs.

The extreme weather conditions at the end of the year led to some difficulties in the distribution of solid fuel, mainly because the stock piles were frozen into solid masses. Adequate summer storage by householders would go a long way towards avoiding these difficulties but the average storage facilities for fuel are extremely restricted. This is particularly true of flats, and houses in multiple occupation. Households which have relied on regular weekly deliveries from merchants found themselves unable to obtain supplies and the only alternative was the purchase of fuel in small quantities in prepacked bags. This proved to be very costly and such people as old age pensioners and others of very limited means found the price prohibitive.

New furnaces

During the year notifications under Section 3 of the Clean Air Act, 1956, concerning the installation of new furnaces, continued to be received by the Department. This section deals mainly with furnaces or boilers with a heating capacity of not less than fifty five thousand British Thermal units per hour. The necessary inspections under the Act have been carried out by the public health inspectors and no insurmountable difficulties have been encountered in ensuring that each installation could be so installed and operated as to avoid nuisance.

Additional assistance

Additional financial assistance is given to old age pensioners and others who lack the means to pay the balance after seven-tenths of the cost of conversions has been paid by the Council. A simple form of application is completed, and the applicant is then interviewed at home. Unjustified applications are rarely made, although in a few cases the sub-committee which deals with applications has granted only part of the sum in question. 33 cases were dealt with in 1962, and the total sum granted (in addition to the statutory grant) was £214.16s.2d.

Grant for special purposes

Grants are not paid for the conversion of fireplaces in commercial and industrial premises, but in the case of churches, chapels and buildings used for charitable, educational and social welfare purposes, the Council may pay a grant. There is no exchequer contribution in these cases.

These grants may not exceed the cost of essential work, although the applicants may carry out more expensive work if they wish, meeting the extra cost themselves. This principle is the same as that applied to private dwellings.

Three applications have been made since the smoke control programme was commenced, and a grant to cover the whole of the essential cost was made in each case, the total amount being £59.10s.6d.

ATMOSPHERIC POLLUTION - MEASUREMENT OF SMOKE AND SULPHUR DIOXIDE

	Smoke (microgrammes per cubic metre)					Sulphur dioxide (microgrammes per cubic metre)														
	Monthly average					Highest daily reading														
Sites	a	b	c	d	e	a	b	c	d	e	a	b	c	d	e					
January	144	102	105	168	232	310	286	279	361	451	235	229	114	180	344	504	501	394	465	728
February	104	117	103	190	269	305	364	349	497	616	247	179	176	201	287	1089	448	848	974	1383
March	192	176	130	275	237	452	579	354	680	600	247	303	194	206	311	656	716	536	608	752
April	95	61	55	90	*	173	152	134	211	*	160	164	126	162	*	367	269	287	353	*
May	41	49	36	64	*	102	173	143	214	*	116	116	92	99	*	272	304	243	261	*
June	31	36	20	29	*	82	118	79	96	*	82	89	69	69	*	186	192	144	127	*
July	35	46	28	38	35	86	114	64	90	80	60	80	63	69	64	124	188	164	140	145
August	18	17	10	17	16	76	89	42	78	79	78	82	68	69	59	278	336	352	252	248
September	43	41	27	47	46	139	165	101	151	128	86	89	66	83	79	218	230	172	210	217
October	102	84	68	121	110	411	302	196	465	440	204	206	150	167	173	353	371	324	289	339
November	204	192	134	222	227	645	619	360	574	471	313	386	241	300	345	749	944	714	792	803
December	255	261	207	266	305	1674	1283	1336	1121	1200	483	628	462	466	495	2453	3078	2566	2182	2283

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

* Apparatus not working

ATMOSPHERIC POLLUTION - MEASUREMENT
OF SOLID DEPOSITS
(tons per square mile)

	<u>Town Hall</u>		<u>Electricity Sub-Station Hampden Road</u>	
	<u>1961</u>	<u>1962</u>	<u>1961</u>	<u>1962</u>
January	12.98	13.03	17.96	12.01
February	12.10	6.30	16.67	6.26
March	26.65	11.58	18.12	11.96
April	18.96	7.45	19.73	7.68
May	14.68	12.21	9.94	8.81
June	8.63	16.62	10.10	8.39
July	9.72	13.39	9.69	12.21
August	7.54	7.59	8.78	6.21
September	8.35	11.06	11.84	10.78
October	14.45	6.02	14.60	6.93
November	10.31	11.18	10.17	11.13
December	13.27	16.96	16.32	12.75

F O O D

Regular routine inspections of food premises under the Food Hygiene Regulations have continued throughout the year particular attention being paid to premises where minor infringements of Regulations were suspected and to premises most likely to give cause for complaint. It is the practice of the department when minor contraventions are found for the public health inspector to request verbally that these be corrected and this action normally results in matters being put right without delay. In cases where more serious contraventions of the Regulations are found to have arisen these are listed in writing to the person responsible with the object of providing him with an opportunity to offer his observations on the matter for the Council's consideration.

In November, 1962, a member of the public brought to the Health Department a loaf containing mouse excreta and inspection showed that the condition of the bakehouse was unsatisfactory and justified the formal reporting of the facts to the Council, upon whose instructions legal proceedings were instituted. The hearing of the complaint by the magistrates was still awaited at the end of the year.

Other cases of alleged unsatisfactory foodstuff being sold to members of the public have been brought to the attention of the department. In one the magistrates imposed a fine with costs against a dairy company for selling milk in an unclean bottle; in another, where a mouldy pork pie had been sold to a customer, the Council decided that warnings to the shopkeeper and to the producer of the foodstuff would most adequately meet the circumstances of the matter.

Instances where foodstuffs alleged to have been sold in an unsatisfactory or unhygienic condition are brought to the attention of the department continue to increase, and a full investigation made in each case. However the increase in the number of cases does not necessarily arise from any general lowering in the standard of care exercised in the handling of the food, but rather stems from an increasing awareness and vigilance on the part of the customer. A knowledge of the technical processes of food preparation and a record of the history of the firm or shop involved, can permit of a balanced and reasonable assessment of the degree of liability for carelessness applicable in each instance, and it is desirable that all cases of apparently unsatisfactory foodstuff should be brought to the appropriate authority.

BULK FOOD STORAGE

In my 1961 report reference was made to a newly opened large capacity cold store adjacent to Hornsey Railway Station and I am informed that the total amount of food passing through this store in the year was almost 10,000 tons. A large proportion of this is represented by the usual fresh and imported meat but unusual food such as giant turtles and carcasses of Australian kangeroos have also been stored.

With the considerable increase in the public demand for raw and tinned food for domestic animals, the importation of horseflesh has also increased and this has been in the form of boned-out quarters from South Africa, Bulgaria, Rumania and South America. For some time this was not subjected to any restriction or control, but as it is the practice in some homes to store this type of animal food in refrigerators or larders close to food intended for human consumption, action is now being taken. Because some of the horseflesh showed the presence of salmonella organisms and this would lead to a risk of cross infection, a system of sampling of the cargoes was instituted at the Port of London. Positive results from 20% or more of the bacteriological examinations of a 5% sampling of the 'parcels' was considered sufficient grounds for insisting that release of the consignment should be conditional on the whole being sterilised under official supervision.

The introduction of this very necessary precaution at the port led to some delay in the 'clearing' of consignments, and in order to reduce the 'detention' period the importers requested that local storage and laboratory facilities be used. Hornsey agreed to accept the work on the understanding that similar conditions would be applied as at the Port and between May and December about 6,000 'parcels' (184 tons) of this animal food was delivered to the Cold Store in Hornsey. Five per cent of the 'parcels' were sampled and the specimens examined at the local laboratory of the Public Health Laboratory Service, each consignment being 'detained' pending the results of the examination. As at the Port of London where less than 20% of the 'parcels' showed the presence of salmonella organisms, the whole consignment was released subject to sterilisation of the infected 'parcels' under the supervision of public health inspectors of an adjoining local authority, but where 20% or more of the specimens taken gave positive results, the whole consignment was required to be sterilised. As this 'standard' is intended to be made progressively more stringent, it has been agreed that the whole consignment would require sterilising if 15% or more of the specimens gave positive results. When releasing this meat for distribution, the importers certify that it is not intended for human consumption.

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 1962 -

Articles	Total Samples Procured
Milk (various)	22
Butter	17
Bacon	3
Cakes	4
Cheese	14
Coffee	5
Cream	12
Drugs	21
Fish and Fish Products	12
Fruit (all kinds)	20
Ice Cream	7
Jelly	3
Liver	23
Margarine	8
Meat and Meat Products	92
Mustard	3
Preserves	4
Sausages	16
Soft Drinks and Fruit Juices	3
Vegetables	3
Vinegar	12
Miscellaneous	19
Total	323

Only one was found to be unsatisfactory. This was a sample of melon seeds submitted to the Public Analyst as the result of a complaint. The complaint was that the seeds were not melon seeds. In fact the Public Analyst reported that the seeds were properly described but that the oil in which they were packed was slightly rancid. Saponification iodine and acid values all indicated that the sample was free from adulteration and no action was therefore taken.

In addition to samples purchased in the borough, labelled stacks and displays of fish (25), meat (88), apples (216), citrus fruit (53), vegetables (46), plums (6), potatoes (8), and other miscellaneous foods (10) were examined in 84 shops. Formal samples are selectively procured from retail shops based on these examinations of labelled displays of natural foods, where there is doubt as to the accuracy of the label or where there is need for further examination. The inspectors of the Department have, over a number of years, acquired a considerable expertise in the identification of cuts of meat and of varieties of fish and fruit. No infringements were disclosed as a result of these inspections.

In 1962 new regulations were introduced dealing with emulsifiers and stabilizers in food, and with preservatives in food. In addition there has been an amended food standard relating to table jellies. The effect of the regulations dealing with emulsifiers and stabilizers, and with preservatives, is to define and limit the additives which are permitted, and (in the case of preservatives), to extend the range of foods and the types of preservatives which are allowed but nevertheless closely limiting the quantities of such preservative. No infringement arising from the new regulations has been reported during the year.

The Merchandise Marks Acts, 1887-1953

Inspections are carried out under the above Acts to ensure that the requirements of the various Marking Orders relating to the indication of the origin of imported foodstuffs are applied. Inspections were made at 202 premises, and 132 stacks and displays of meat, 344 of apples, 178 of tomatoes, 246 of poultry and 30 of other miscellaneous foods were examined for compliance with the Orders. Minor infringements have been dealt with by verbal warnings. Details of other more serious infringements disclosed are commented upon below.

A butcher in the borough was sent an official caution for failing to mark five joints of meat with the country of origin. Another butcher was prosecuted for failing to mark the origin. In this case there were in the shop at the time of the inspection 26 trays and joints of imported meats, none of which were marked with the origin. The butcher was fined £5 on each of five summonses and was ordered to pay £5.5s.0d. towards the costs.

It is an offence under the Merchandise Marks Act of 1887 to apply a false trade description to goods. One butcher was sent a letter of caution for exposing South African beef marked as "New Zealand". Enquiries in this particular case showed that the meat had been wrongly marked by a butcher's boy who was quite ignorant of the origin of the meat. A butcher's manager was prosecuted for applying false labels "Argentine" to Yugoslav beef, and for falsely applying the description "New Zealand" to American lambs liver. He was fined £10 on each of three summonses and was ordered to pay £9.9s.0d. towards the costs.

Safe Milk

Twenty-nine samples of pasteurised or sterilised milk were procured from retailers and tested to ascertain whether or not pasteurisation or sterilisation had been correctly performed. Forty-six inspections of premises were made to ensure that they conformed to the requirements of the Milk (Special Designation) Regulations, 1960. No infringements were disclosed.

The Labelling of Food Order, 1953

This 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 or its appropriate designation; 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 in minerals is disclosed. A total of 210 premises were visited in connection with the Order and 1,166 articles of food have been examined. Letters of warning were sent to the importers of three articles of food which infringed the Order. In one of these cases a can of beans was found to be labelled entirely in foreign languages (and mainly in Arabic); in another case it was found as a result of analysis that the declaration of ingredients was inaccurate; and in the third case jars of honey were found not to bear the full name and address of the packer or labeller.

Labelling & Advertising Infringements

A considerable amount of work was done in the year which, while it did not arise from samples and inspections in Hornsey nevertheless has the effect of protecting the residents. The matters mentioned below were of nationally retailed articles of food, which are widely distributed throughout the County. Several manufacturers and importers were reminded of the obligation to put on the labels of foods the name and address of the packer or labeller. Similar action was taken in respect of pickles, canned peas and mixed vegetables which did not bear a statement of ingredients. One manufacturer of ice cream was found to be putting all the statutory declarations on the base of the carton. He was reminded that these declarations are required to be both conspicuous and prominent.

Two advertisements for honey did not disclose that the honeys offered were of foreign origin. The Merchandise Marks Act requires this, and letters were sent to the advertisers reminding them of their obligations to declare the origin in advertisements. Some prepacked lamb chops found to be generally on sale were of imported origin. The declaration in such a case is required to be in half inch letters; the lettering used was so small as to be quite inconspicuous, and the packers were required to comply with the prescribed conditions.

Matters dealt with under the Food and Drugs Act by correspondence included a sample of cream cheese containing less milk fat than was considered sufficient to justify the title. Five examples

of cake-mixes, which were not complete mixes in that other additions, such as egg or milk were necessary before the mix could be used, were found. The manufacturers were required prominently to show what additions were necessary.

The manufacturers of four brands of milk pudding which were described on the label as "creamed rice" were challenged on the ground that the product was in fact a rice milk pudding and not creamed rice. Correction to the labels was secured.

The manufacturer of a lemon juice was challenged that a claim on the label for slimming properties for the juice was not justified, and he amended his labels to delete the claim.

A sample of cream was procured which was labelled "thick cream". The fat content of this cream was less than the standard prescribed for thick cream and the product was re-labelled "sterilised cream".

A manufacturer of a canned meat product claimed on the label that it was "full of lean red meat". In fact, the meat content was no more than is normal for this class of product, and the manufacturer was therefore challenged as to the accuracy of the claim. It was withdrawn.

It was claimed for a sample of chopped pork that it contained "more meat". In fact the percentage of meat was no greater than that of comparable products and the manufacturer was required to delete the claim.

The manufacturers of several breakfast cereals were challenged on the ground that the labels claimed the foods to be "vitamin enriched". The vitamins present did not provide one half of the daily requirement which, it is considered, is the minimum to support claim to enrichment. The labels were amended to "vitamin fortified" which, because vitamins were added, was true.

A sample of ice lollies for which it was claimed that glucose was present, was found on analysis not to be correct. The lollies originally it was found had been made with added glucose, but glucose had been dropped from the recipe. The label was not amended to conform to the new recipe, and was therefore incorrect. Reference to glucose was deleted from the new labels.

A sample of butter mintoes was labelled "made with butter". This was not true; other fats were present as well; the label was amended after representations to the manufacturer to "contains butter".

A sample of sodium fluoride tablets was found on analysis to be deficient of the stated amount of the chemical. Because, in spite of the deficiency in the chemical, it was considered that the efficacy of the tablets was not impaired, the manufacturer was not prosecuted but was sent a letter of caution.

Two samples of instant coffee were found to contain sulphur dioxide, a preservative not at the time permitted in instant coffee. The manufacturers and importers concerned were sent letters of caution. Similar action was taken in respect of a sample of dried apricots which were found to contain sulphur dioxide. The quantity of preservative would have been satisfactory if its presence had been declared, and the manufacturers were required to amend the label.

A firm of confectionery importers was cautioned for selling sweets containing colouring matter not permitted. The firm had withdrawn from retailers sweets imported earlier, and had thought the stock from which the sample was procured was satisfactory. Only permitted colours are now used.

During the year a manufacturer put on to the market with a large scale newspaper advertising campaign a new product which consisted of 99% pure sugar with 1% of saccharin. It was claimed for this product that it was "Slimmers Sugar". The manufacturer was challenged on the ground that the product (because it contained saccharin) was not sugar. Exception was taken to advertising matter for the same reasons. Correction of advertising matter and the labels was secured, the manufacturer devising a new description for his product.

An advertisement for vitamin capsules made extravagant claims. On being challenged, the advertisement and literature were modified so as to delete the objectionable wording used.

BACTERIOLOGICAL EXAMINATION OF FOOD

As in previous years, samples of cooked meats have been purchased at regular intervals from grocers' and butchers' shops within the Borough. A total of 45 samples was submitted to the Central Public Health Laboratory at Colindale for bacteriological examination and of these, 12 were described as 'satisfactory' and 11 as 'fairly satisfactory' or 'within normal limits'. The remaining 22 were not considered satisfactory, but pathogenic organisms which could be directly responsible for food poisoning were not isolated.

After each sample a precis of the Laboratory's report is sent to the shopkeeper concerned and where the hygienic state of the food is described as less than satisfactory the manager or proprietor is interviewed and the premises further inspected so that improved handling methods could be recommended. In most cases improvement in the hygienic handling of the foodstuff has resulted.

It is felt that this work continues to be a most useful and constructive public health procedure and a regular programme enables the department frequently to sample cooked meats from premises in all parts of the Borough.

**FOOD PREMISES CLASSIFIED ACCORDING TO
PRINCIPAL TRADES**

	No. of Premises	Registered under Section 16 of the Food and Drugs Act, 1955	
		(a) For Sale or Manufacture of Ice Cream	(b) Prepared Foods
Bakers and flour confectioners	27	6	-
Butchers	50	1	32
Confectionery (sugar)	112	101	1
Fish (wet and dried)	9	1	2
Fish (fried)	7	1	-
Fruit and vegetables	69	15	-
Grocery and provisions	115	33	18
Milk	4	1	-
Canteens	6	-	-
Preserved foods	4	1	3
Public houses and off licences	75	9	-
Restaurants and cafes	53	29	-
Tobacconists and Newsagents	1	1	-
Herbalist and health foods	3	-	-
Confectionery warehouse	1	-	-
Preserved food factory	2	-	2
Stalls:			
Fruit and vegetables	3	-	-
Jellied eels	1	-	1
Refreshments	2	-	-
Clubs	22	-	-

**REGISTRATION OF HAWKERS OF FOOD
AND THEIR STORAGE PREMISES**

During the year six 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 44 registered hawkers who are at present selling the following foods:-

Confectionery	1	Groceries	1
Eggs	1	Ice Cream	14
Fish	1	Winkles and shrimps	1
Fruit and vegetables	25		

LEGAL PROCEEDINGS

Date of Hearing	Offence	Result
Food and Drugs Act, 1955, Section 2.		
8th January	Wrapped sliced loaf contaminated by particles of paint and fibre.	Fine £10. Costs £12.12s.
Milk and Dairies (General) Regulations, 1959.		
27th November	Milk bottle not in a state of thorough cleanliness.	Fine £2. Costs £4.4s.

REGISTRATION OF DISTRIBUTORS OF MILK

Five applications were received for the registration of premises for the sale of milk either from the premises themselves or from refrigerated vending machines. In all cases conditions were considered satisfactory in the light of the Milk and Dairies (General) Regulations and the registrations were granted.

REGISTRATION OF PREMISES FOR THE SALE ETC. OF ICE CREAM

During the year seven applications were received for the registration of premises for the storage and sale of ice cream. In all instances the premises were satisfactory in the terms of the Food Hygiene Regulations and accordingly the Council agreed to their registration.

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

Bakehouses and Bakers' Shops	42	Greengrocers' Shops	95
Butchers' Shops	81	Grocers' Shops	139
Canteens and Kitchens	22	Public Houses and	
Confectioners	77	Off Licences	55
Fish Shops	30	Restaurants, Cafes, etc.	174

The following is a list of unsound food surrendered during 1962. Wherever possible this was salvaged for use as animal feeding or industrial purposes.

	Cwt.	lb.		Cwt.	lb.
Canned Vegetables		9	Fish		17
Canned Fruit & Fruit Juices	5	24	Cereals		6
Canned Meat	4	76	Vegetables		42
Canned Fish		4	Fruit		33
Canned Soup		7	Cream		1
Canned Jam		37	Creamed Rice		6
Milk	5	pints	Miscellaneous		5
Meat	4	14			

REGISTRATION OF DISTRIBUTORS OF MILK
 The applications were received for the registration of premises for the sale of milk either from the premises themselves or from registered vending machines. In all cases applications were considered satisfactory in the light of the Milk and Dairies (General) Regulations and the regulations were granted.
 REGISTRATION OF PREMISES FOR THE SALE ETC.
 During the year several applications were received for the registration of premises for the storage and sale of the following: 1. Milk 2. Cream 3. Butter 4. Cheese 5. Eggs 6. Poultry 7. Game 8. Fish 9. Shellfish 10. Fruit 11. Vegetables 12. Cereals 13. Meat 14. Offal 15. Bones 16. Fat 17. Lard 18. Tallow 19. Soap 20. Detergents 21. Disinfectants 22. Antiseptics 23. Sterilizers 24. Boilers 25. Kettles 26. Pans 27. Trays 28. Baskets 29. Containers 30. Packaging Materials 31. Labels 32. Stickers 33. Markings 34. Signs 35. Notices 36. Instructions 37. Manuals 38. Books 39. Pamphlets 40. Leaflets 41. Brochures 42. Circulars 43. Letters 44. Envelopes 45. Forms 46. Documents 47. Contracts 48. Agreements 49. Licenses 50. Permits 51. Certificates 52. Receipts 53. Invoices 54. Bills 55. Statements 56. Accounts 57. Returns 58. Reports 59. Records 60. Files 61. Indexes 62. Lists 63. Registers 64. Ledgers 65. Journals 66. Diaries 67. Calendars 68. Alendars 69. Timetables 70. Schedules 71. 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GENERAL

MEDICAL EXAMINATION OF STAFF

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

One of the conditions of the scheme for sickness pay for employees who come within the scope of the National and Provincial Councils for Non-Trading Services (Manual Workers) is that all new employees be required to submit to a medical examination before the completion of six months' service with the Council in order to determine their fitness for admission to the scheme. 86 persons were examined, 84 of whom were accepted for the scheme. 1 examination was 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 16 premises. The following summary shows the numbers licensed for each form of treatment.

Massage	2
Chiropody	15
Electrical treatment	2
Other similar treatment	4

Two 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.

HOME SAFETY

In an attempt to bring home to residents of the Borough the need for sustained efforts to guard against home accidents and thus reduce the suffering and injury caused mainly to old people and children, a "home safety fortnight" was held between 20th October and 3rd November. The dates were fixed so that the campaign could finish by drawing attention to the danger of accidents caused by fireworks and Guy Fawkes bonfires.

The fortnight was opened by the Mayor at a ceremony held in the Town Hall on the Saturday afternoon of 20th October. A small exhibition was on display in the foyer of the Town Hall, illustrating various aspects of home accidents and means of guarding against the dangers. The ceremony was supported by representatives of a number of organisations in the Borough and supported well in the Hornsey Journal. The Hornsey carnival queen attended the opening ceremony and called for support from youth, who although not in general prone to accidents in the home, had a special duty towards the aged and their younger brothers and sisters.

There was an essay competition open to all children living or attending school in the Borough. The competition was divided into two parts, the junior group for children under 12 years and the senior group for those over 12 years. A choice of three titles was given and entrants were invited to illustrate their essays by cuttings from magazines, books etc. or their own drawings. Prizes of two guineas and one guinea were presented to the winners of each group by the Mayoress in the Mayor's Parlour in the presence of the Chairman of the Health Committee. It was somewhat disappointing that there were only 47 entries, many of which merely listed various hazards or precautions, but others attained a high standard and showed a great deal of imagination and ingenuity in presentation.

Traders, adult social organisations and youth organisations were asked to co-operate in various ways but, in general, the response was disappointing. It was hoped that traders would be able to arrange window displays illustrating various aspects of home safety which were related to their own products, thus helping the home safety campaign and giving a novel appeal to their advertising displays. These hopes did not materialise. The electricity and gas showrooms in Crouch End Broadway both arranged interesting window displays.

Bookmarks were distributed through the public libraries and wherever possible displays of posters and small exhibits were arranged. Posters and leaflets were supplied to welfare centres in the Borough and health visiting and other clinic staff paid special attention to education for home safety during this period.

The Hornsey Old People's Welfare Council, whose visitors pay particular attention to the use and care of oil fires by old people distributed leaflets specially designed to promote the safe use of portable oil fires.



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DISEASES OF ANIMALS

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

Ten inspections were made 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
2 at Pet Shop	-	40 Stroud Green Road
2 at Pet Shop	-	48 Stroud Green Road

There were no outbreaks of Fowl Pest.

No action was necessary under the Tuberculosis Order of 1925.

Eleven 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 five bodies, men of 64 and 77 years, and women of 88 and 81 years, and a stillborn child.

PUBLIC MORTUARY

The Hornsey mortuary and post-mortem room are situated at the Central Depot, Hornsey High Street. During the year 150 bodies were admitted and post-mortem examination carried out on all. Inquests were held on 10 bodies.

HOSPITAL SERVICES IN HORNSEY

The North London Group Hospital Management Committee came into existence on 1st April, 1963, on the amalgamation of the Archway Group and certain hospitals in the Northern Group.

The Hospital Management Committee Offices are situated as follows:-

Secretariat & Engineering Building: Royal Northern Hospital,
Holloway Road, N.7. (ARC 7777)

Finance Department: "Copley Dene", 46 Cholmeley Park, N.6.
(ARC 3070)

Supplies Department: Whittington Hospital, St. Mary's Wing,
Highgate Hill, N.19. (ARC 3070)

The following hospitals in Hornsey are included in the North London Group:-

General

Hornsey Central Hospital, Park Road, N.8. (MOU 6244)

Maternity

Alexandra Maternity Home, Alexandra Park Road, N.10.
(TUD 1759)

Isolation

Coppetts Wood Hospital, Coppetts Road, N.10. (TUD 9792)

Chronic Sick

Southwood Hospital, Southwood Lane, N.6. (MOU 8778)

Not in the North London Group

St. Luke's Woodside Hospital, Woodside Avenue, N.10. (TUD 8311)
In-patients Wing of the Department of Psychological
Medicine, The Middlesex Hospital, Mortimer Street,
W.1.

WELFARE SERVICES

From time to time I have included in the Annual Report information on the welfare services for old people provided by voluntary organisations in the Borough. A brief review of these services, together with those provided by the County Welfare Department, may be of value again. Co-operation between voluntary and statutory authorities has traditionally been the means of providing welfare services of all kinds in this country, and, indeed, much of the pioneering work in social welfare has resulted from voluntary effort.

The local authority charged with the duty of providing welfare services must make provision for residential accommodation for the aged who cannot otherwise obtain it, and in some circumstances temporary accommodation for persons in urgent need. Homes provided by voluntary means for old people and the disabled must be registered, visited and inspected.

The following information on County Welfare functions has been provided by Mr. A. E. Mansell, the Area Welfare Officer for Tottenham and Hornsey.

Blind Welfare

The welfare services for the blind and partially sighted are the responsibility of the Middlesex County Council. In 1962 there were 239 blind and 85 partially sighted persons living in Hornsey. The County Council's Welfare Department provides a home teaching service which aims to enable the blind to lead as full and active lives as their handicap allows. The majority of blind persons are not capable of employment owing to age or infirmity, or may be not available for employment because they are housewives, in which case they may receive instruction in carrying out their household duties. The home teachers visit all blind and partially sighted in their own homes, hospitals and in residential homes, to advise on their welfare and to keep them in touch with the available social services. They give instruction in Braille and Moon Systems of embossed type and in handcrafts. Blind persons are eligible for the loan of wireless receivers through the British Wireless for the Blind Fund, and the County Council have a scheme for assisting blind and partially sighted persons with the maintenance of blind persons in employment, residential rehabilitation, training courses for mothers and blind babies supply of embossed literature, special equipment and handcraft materials, assistance in the disposal of handcrafts and assisted holidays for those in need.

Welfare of Handicapped Persons

The County Council's Welfare Department provides welfare services for the deaf and dumb and hard of hearing and other persons who are handicapped by disease, injury, or congenital deformity. There is a specially appointed Social Welfare Officer dealing with the substantially handicapped living in Hornsey. Services to the deaf and dumb and the hard of hearing are provided by appropriate voluntary organisations, to which the County Council makes financial grants. The County Council supplies aids and appliances not otherwise provided by the National Health Service and carries out where necessary adaptations to houses to enable a handicapped person to become more mobile, provides holidays, arranges for the disabled to take part in social activities, attend handcraft classes, etc. Advice and guidance regarding personal problems are given by voluntary organisations catering for particular classes of handicapped persons. The Area Welfare Officer endeavours to procure from industry appropriate assembly work and arranges for this to be carried out by handicapped persons at a work centre or in their own homes, where suitable.

In 1962 there were 350 cases on Hornsey's register of handicapped persons.

Services for the aged

The aged figure greatly in all welfare services and about a third of the cases looked after by the welfare department are aged people. Hornsey is fortunate in having many voluntary or semi-voluntary organisations working on various aspects of welfare for aged persons, but there is no doubt that people connected with all of these associations would be the first to admit that in spite of all their efforts, they are unable to meet the real needs in the Borough. The work of the Hornsey Old People's Welfare Council is well known and has been reported on many occasions. Something like 8,000 home visits per year, 3,000 - 4,000 interviews at the office and a wide variety of other activities for the aged, including arrangements for sending them on holidays, outings for a day at the sea-side, Christmas parcels, as well as an arrangement for finding jobs for retired persons, are just a few of the activities carried out by the Old People's Welfare Council. The Women's Voluntary Service continued despite all difficulties to supply "meals on wheels" throughout the Borough, and the Old People's Welfare Council has set up a meals centre at the Haringey Boys' Club at which a cooked meal is provided three times a week for 1/6d. The number of meals provided is approximately 60 each day.

The Hornsey Housing Trust has for many years met a great need by the provision of small flatlets for aged persons. 300 flatlets are provided within the Borough at extremely reasonable rents, which enable the tenants to stay in their own homes for as long as possible.

Hill Homes are known throughout the whole of the country as an excellent pioneering effort in the provision of residential accommodation for old people who are unable to care for themselves in their own home. 264 beds are now provided in 8 homes, the latest of which is "Goldsmith's" in Denewood Road, where there is provision for 30 beds. This home is named after the company which provided £52,000 to build and equip the home on land made available by the King Edward's Hospital Fund. The weekly charges vary from £4.4s.6d. at Stanhope Lodge to £6.13s.3d. at Trees, and £10 at Goldsmith's. As far as permits single rooms are provided but it has been found that the very frail are better in small wards.

The British Red Cross Society has two homes - Kenwin Lodge, an old people's home, and Grove Lodge, a half-way house, a home for elderly people, men and women no longer in need of hospital treatment but not yet fit to go home. Patients are admitted from St. Michael's Hospital, Chase Farm, and are recommended by the doctors there.

PETROLEUM SPIRIT

The number of establishments licensed for storage is 67 and the number of licences issued is as follows:-

Petroleum	56
Petroleum mixtures	19
Hydro-carbon	2
Napthaline	1
	—
Total	78
	—

(Eight 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, 1962 ...	97,720
Number of separately assessed dwellings 1st April, 1962 ...	24,695
Rateable value (General Rate) at 1st April, 1962 ...	£1,571,083
Product of a penny rate 1962-63 ... (estimated)	£6,440

TOTAL LIVE AND STILL-BIRTHS 2,319

LIVE BIRTHS

	M.	F.	Total
Legitimate	1,010	1,010	2,020
Illegitimate	135	125	260
Illegitimate live births per cent of total of live births		...	11.4

Birth Rate (live births per 1,000 population)

HORNSEY	23.3
Area Comparability Factor	0.94
Adjusted Rate for Hornsey	21.9
England and Wales (provisional)	18.0
Middlesex County (crude rate)	17.2

STILL-BIRTHS

	M.	F.	Total
Legitimate	17	20	37
Illegitimate	1	1	2

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

HORNSEY	17.1
England and Wales (provisional)	18.1

INFANT DEATHS (under 1 year of age)

	M.	F.	Total
Legitimate	32	13	45
Illegitimate	1	4	5

Infant Mortality Rates (per 1,000 live births)

HORNSEY: Legitimate	...	...	...	...	...	...	22.3
Illegitimate	...	...	...	...	...	...	19.2
Total	...	...	...	...	...	...	21.9
England and Wales (provisional)	...	...	...	...	...	...	21.6
Middlesex County (crude rate)	...	...	...	...	...	...	19.0

NEO-NATAL DEATHS
(under 4 weeks of age)

					M.	F.	Total
Legitimate	...	...	...	...	21	9	30
Illegitimate	...	...	...	...	1	4	5

Neo-Natal Mortality Rates

HORNSEY	...	...	...	...	...	...	15.4
England and Wales (provisional)	...	...	...	...	...	...	15.1

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

					M.	F.	Total
Legitimate	...	...	...	...	17	9	26
Illegitimate	...	...	...	...	1	3	4

Early Neo-Natal Mortality Rates

Legitimate	...	...	...	...	...	...	12.9
Illegitimate	...	...	...	...	...	...	15.4
Total	...	...	...	...	...	...	13.2

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

					M.	F.	Total
Legitimate	...	...	...	...	34	29	63
Illegitimate	...	...	...	...	2	4	6

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

HORNSEY: Legitimate	...	...	...	...	...	...	30.6
Illegitimate	...	...	...	...	...	...	22.9
Total	...	...	...	...	...	...	29.8
England and Wales (provisional)	...	...	...	...	...	...	30.8

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

HORNSEY (0 deaths)	Nil
England and Wales (figures not available)	-

DEATHS FROM ALL CAUSES

Males	498	1,178
Females	680	

Death Rate (per 1,000 population)

HORNSEY	12.05
Area Comparability Factor	0.89
Adjusted Rate for Hornsey	10.7
England and Wales	11.9
Middlesex County (crude rate)	11.0

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

		Under 1 year	1 to 4	5 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75 and over	TOTALS	
1	Tuberculosis, respiratory	M	.	.	.	1	3	2	2	8	9
		F	.	.	.	.	.	1	.	1	
2	Tuberculosis, other	M	.	.	.	.	.	.	.	.	1
		F	.	.	.	.	1	.	.	1	
3	Syphilitic disease	M	.	.	.	.	.	.	.	.	3
		F	.	.	.	.	1	1	1	3	
9	Other infective and parasitic diseases	M	1	.	.	.	.	.	.	1	1
		F	.	.	.	.	.	.	.	.
10	Malignant neoplasm, stomach	M	.	.	.	.	2	5	1	8	22
		F	.	.	.	.	4	4	6	14	
11	Malignant neoplasm, lung, bronchus	M	.	.	.	.	25	13	7	45	58
		F	.	.	.	1	3	2	7	13	
12	Malignant neoplasm, breast	M	.	.	.	.	.	.	.	.	30
		F	.	.	.	1	10	11	8	30	
13	Malignant neoplasm, uterus	M	.	.	.	.	.	.	.	.	5
		F	.	.	.	.	2	1	2	5	
14	Other malignant and lymphatic neoplasms	M	.	.	.	1	19	17	13	50	109
		F	.	.	1	.	18	18	22	59	

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								1	1	3
		M	.	.	.	.	.	.	1	2	
		F	1	.	.	.	.	1	.	2	
16	Diabetes								1	1	5
		M	.	.	.	.	.	.	1	2	
		F	.	.	.	1	.	1	2	4	
17	Vascular lesions of nervous system						15	9	18	42	143
		M	.	.	.	.	15	9	18	42	
		F	.	.	.	2	8	16	75	101	
18	Coronary disease, angina					2	49	40	45	136	256
		M	.	.	.	2	49	40	45	136	
		F	.	.	.	2	17	33	68	120	
19	Hypertension with heart disease						2	2	2	6	24
		M	.	.	.	.	2	2	2	6	
		F	.	.	.	.	1	3	14	18	
20	Other heart disease					1	8	10	19	38	125
		M	.	.	.	1	8	10	19	38	
		F	.	.	.	1	4	11	71	87	
21	Other circulatory disease						4	5	6	15	50
		M	.	.	.	.	4	5	6	15	
		F	.	.	.	.	1	5	29	35	
22	Influenza								1	1	5
		M	.	.	.	.	.	.	1	1	
		F	.	.	.	.	.	.	4	4	
23	Pneumonia		6	.	.	.	2	4	9	21	82
		M	6	.	.	.	2	4	9	21	
		F	3	1	.	.	3	5	49	61	
24	Bronchitis		1	.	.	.	9	10	15	35	64
		M	1	.	.	.	9	10	15	35	
		F	.	.	1	.	.	8	20	29	
25	Other diseases of respiratory system						1	1	.	2	7
		M	1	1	.	2	
		F	2	.	3	5	

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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	3	4	7
		F	.	.	.	.	1	.	2	3	
27	Gastritis, enteritis and diarrhoea	M	1	1	.	.	.	.	.	2	7
		F	.	.	.	.	1	2	2	5	
28	Nephritis and nephrosis	M	.	.	.	1	.	.	1	2	6
		F	.	.	.	.	1	.	3	4	
29	Hyperplasia of prostate	M	.	.	.	1	.	2	2	5	5
		F	.	.	.	.	.	.	.	.
30	Pregnancy, childbirth, abortion	M	.	.	.	.	.	.	.	.	Nil
		F	.	.	.	.	.	.	.	.
31	Congenital malformations	M	11	.	1	.	1	.	.	13	18
		F	3	.	.	.	1	.	1	5	
32	Other defined and ill-defined diseases	M	13	2	.	.	4	6	7	36	87
		F	11	.	.	.	2	8	9	21	
33	Motor vehicle accidents	M	.	.	1	.	2	3	.	2	17
		F	.	.	1	1	3	1	1	2	
34	All other accidents	M	.	.	.	.	3	5	1	9	10
		F	.	.	.	.	1	.	.	1	
35	Suicide	M	.	.	.	1	2	2	2	1	18
		F	.	.	.	1	5	3	.	10	
36	Homicide and operations of war	M	.	.	.	.	1	.	.	1	1
		F	.	.	.	.	.	.	.	.
TOTALS		M	33	3	2	1	19	156	131	153	498
		F	17	2	1	4	19	91	133	413	680
			50	5	3	5	38	247	264	566	1,178

INFANT DEATHS
CLASSIFIED ACCORDING TO AGE AND SEX

AGE AT DEATH		Under	1-6	1	2	3	Total	1-2	3-5	6-8	9-11	Total
		1 day	Days	Week	Weeks	Weeks	under 4 Weeks	Months	Months	Months	Months	under 1 Year
Other infective and parasitic diseases	M	.	.	1	.	.	1	.	.	.	.	1
	F	.	.	.	.	.	.	.	.	.	.	.
Pneumonia	M	.	1	.	.	.	1	4	1	.	.	6
	F	.	.	.	.	.	.	2	1	.	.	3
Bronchitis	M	.	.	.	.	.	.	.	1	.	.	1
	F	.	.	.	.	.	.	.	.	.	.	.
Gastro-Enteritis	M	.	.	.	.	.	.	1	.	.	.	1
	F	.	.	.	.	.	.	.	.	.	.	.
Spina bifida and meningocele	M	.	.	1	.	.	1	.	.	.	.	1
	F	.	.	.	.	.	.	.	.	.	.	.
Congenital hydrocephalus	M	.	.	1	.	.	1	.	.	.	.	1
	F	.	.	.	.	.	.	.	.	.	.	.
Congenital malformations of heart	M	1	2	1	.	.	4	.	2	2	.	8
	F	.	.	1	.	.	1	1	.	.	.	2
Other congenital malformations	M	1	.	.	.	.	1	.	.	.	.	1
	F	1	.	.	.	.	1	.	.	.	.	1
Injury at birth	M	1	1	.	.	.	2	.	.	.	.	2
	F	1	.	.	.	.	1	.	.	.	.	1
Post-natal asphyxia and atelectasis	M	4	1	.	.	.	5	.	.	.	.	5
	F	2	1	.	.	.	3	.	.	.	.	3
Haemolytic disease of newborn	M	1	.	.	.	.	1	.	.	.	.	1
	F	.	.	.	.	.	.	.	.	.	.	.
Immaturity	M	2	3	.	.	.	5	.	.	.	.	5
	F	4	2	.	.	.	6	6
All other Causes	M
	F	.	1	.	.	.	1	1
TOTALS	M	10	8	4	.	.	22	5	4	2	.	33
	F	8	4	1	.	.	13	3	1	.	.	17
		18	12	5	.	.	35	8	5	2	.	50

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THE CENSUS 1961

Population

The 1961 census population for Hornsey of 97,962 shows a decrease of 197 on 1951 (98,159). This was the number of persons actually staying in Hornsey on the night of the census. Adjustments were made by the Registrar General for persons normally domiciled outside the Borough and his estimate of the Hornsey population at 30th June, 1961, was 97,060. The latest estimate of the Registrar General gives a population of 97,720 for 30th June, 1962.

During the period 1951 to 1961 the Counties of London and Middlesex both showed a decrease in population, London by 34,772 and Middlesex by 147,472. The only gaining parts of Middlesex are the boroughs on the western fringe of the county and Potters Bar. Thus it is clear that the steady outward movement of the population from the Metropolis has continued and of the Hornsey population only 25,551 were born in the County of Middlesex. The general movement is still from Hornsey out to the fringes and from inner London out towards Hornsey. In addition people are coming in greater numbers from the Irish Republic - 4,253 residents against 1,788 ten years previously - and from overseas - 12,189 against 5,138, and this latter figure includes some with birth-place not stated.

For every 1,000 males in Hornsey there are 1,156 females as compared with 1,066 in the whole of the country; this is a high sex ratio, but is lower than in 1951 when the figure was 1,225 : 1,000 for Hornsey. The greatest imbalance between the sexes is, as is to be expected, above the age of 65 years. 8,434 women - 4,052 men - over 2:1. The proportion of the population over 65 years in England and Wales is 12% (Hornsey 12.7%).

Again it is necessary to record that there are fewer people in Hornsey in the lower ages of the population, i.e. below the age of 15 years. The percentage is 18.2 compared with 18.9 at the 1951 census. The following table shows the changes since 1931.

Age Group	1931	1951	1961
	%	%	%
0-4	5.5	7.7	6.9
5-14	11.5	11.2	11.3
15-44	49.6	43.4	42.4
45-64	24.6	25.0	26.6
65 and over	8.8	12.7	12.7

Households and Housing

The average size of the household continues to decline. In 1961 it was 2.63 persons compared with 2.80 persons in 1951 and almost 4 per cent. of all households are of one or two persons.

Although most of the houses in the Borough were built at the end of the 19th century and were designed for the larger families of that period, many of them are now occupied by two or more families, and in fact out of 36,000 households in the Borough over 19,000 are living in shared dwellings. In consequence many of the amenities have to be shared, and in some cases families are denied access to them. The proportion of all households sharing a dwelling in Middlesex fell from 28.5% to 16.3% and although Hornsey's fell from 63.5% to 54% it is still the highest in the County.

Overcrowding represented by the number of families living more than $1\frac{1}{2}$ persons per room has also increased during the 10 years, from 1,627 families to 1,901, this latter figure representing 5.4 per cent of the families in the Borough. In Middlesex as a whole the figure was 3% compared with 4.8% ten years previously. Different figures would, of course, be obtained by using the standards of the Housing Act, 1957, but this cannot be estimated from the census returns as it is not possible to differentiate between children under and over 10 years of age nor to allow for separation of the sexes.

Household Facilities

Information collected at the census this time on household facilities differs from that of 1951 and no direct comparison can therefore be made. The following table shows the facilities available to householders in 1961.

Facility	No. of Households	
	Sharing	Without
Cold water tap	2,583	70
Hot water tap	4,014	8,628
Water closet	11,838	123
Fixed bath	15,109	2,748
Exclusive use of all four - 15,868 - 44.8% of all households.		
Cooking stove and kitchen sink	16,451	
Total number of households	35,406	

It will be seen that less than half of all households have the exclusive use of cold and hot water tap, water closet and fixed bath.

MEMBERS OF THE LOCAL AREA COMMITTEE
AS AT 31st DECEMBER, 1962

MEMBERS OF HORNSEY BOROUGH COUNCIL

Alderman	Miss O. R. ANDERSON
"	V. P. GELLAY, B.Sc.
Councillor	F. C. V. HAYWARD
"	B. D. SMITH
"	J. T. WILKINS (Vice-Chairman)

MEMBERS OF TOTTENHAM BOROUGH COUNCIL

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

MEMBERS OF MIDDLESEX COUNTY COUNCIL

County Councillor	Mrs. M. K. BULMER
"	Miss J. H. DAMANT
"	Mr. H. H. GODWIN-MONCK
"	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, Ph.C., M.P.S., F.S.M.C.

MEMBER WITH KNOWLEDGE AND EXPERIENCE OF HOME NURSING

Miss S. M. QUINN, B.Sc.(Econ.), S.R.N., S.C.M., S.T.D.

PERSONS WHO MAY ATTEND IN AN ADVISORY CAPACITY

Dr. L. POSNER	(Middlesex Local Medical Committee)
Mr. W. P. BERESFORD	(Middlesex Local Dental Committee)
Mr. L. HAYWARD	(Middlesex Local Pharmaceutical Committee)
Miss V. EDEY	(Royal College of Midwives)
Miss M. A. BROWN	(Royal College of Nursing)

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

HORNSEY DIVISIONAL EDUCATION COMMITTEE

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

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	W. H. MARTIN, J.P.

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 79.6%.

	1962	1961	1960
Live Births (a) Domiciliary	943	853	799
(b) Hospital or Nursing Home	3636	3219	3084
Still Births (a) Domiciliary	4	7	3
(b) Hospital or Nursing Home	67	52	55
	4650	4131	3941

Ante-natal Clinics

The routine care of expectant mothers has continued at all the centres showing a slight increase over last year's figures. The relatively larger number of mothers receiving care in Hornsey compared with Tottenham reflects the fact that all patients confined in the Alexandra Maternity Home attend local authority clinics for their ante-natal care.

During the year an important report was made under the auspices of the Royal College of Obstetricians and Gynaecologists by the National Birthday Trust following a nation-wide survey they made into Perinatal Mortality. This survey was an investigation into all births occurring in one week in 1960 throughout England, Wales and Scotland, and all perinatal deaths occurring in three months. Detailed reports of all these births have thrown light on the standard of obstetric care that was being provided at that time. Argument is still going on about the interpretation of the findings but it is clear that standards are still far from ideal and that some infant deaths could be prevented if a little more skill and care were available. Mothers who come off worst are those who are "unbooked", i.e. no one doctor is responsible for the care throughout the pregnancy.

This is not a local problem, it is a national one, and the remedy will have to be partly national as well. At local liaison committees representatives of the hospital boards, general practitioners and this health department continue to try to ensure that local facilities are used to the best advantage. All the obstetric units that accept patients from Tottenham and Hornsey are constantly working to the limit of their capacity, as are the domiciliary midwives. While we

wait hopefully for an increase in the number of maternity beds in the area, the only way there seems to be any hope of increasing the number of mothers who have the advantages of a booked hospital bed is to foster schemes for early discharge from hospital after the birth to adequate care at home. This would bring increased turnover in the labour wards and new work for midwifery staff on the district and the staffing position in these two spheres has to be kept constantly under review.

No one likes the system whereby patients are admitted on the Emergency Bed Service; not the family doctors disturbed during the night, nor the hospital staff receiving patients they do not know, nor the clinic staff trying ceaselessly by letters and telephone calls to find an alternative, nor least of all by the patient who is anxious and in suspense until the last moment. We all work for and look forward to the day when we are in a position to abandon it. But as the situation is, the Emergency Bed Service is an extremely efficient and well run organisation the absence of which would cause greater hardships and possible risks to mother and child.

The percentage of expectant mothers making at least one attendance at one of the local authority ante-natal clinics was 52.0% in 1962 compared with 61.2% 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	90	252	104	1831	108	21.5
Church Road	56	150	52	1043	54	19.6
Fortis Green	100	246	126	2078	130	22.1
Hornsey Town Hall	154	424	75	3314	80	22.0
Mildura Court	64	214	77	1494	79	24.6
Stroud Green	52	155	74	983	76	20.4
The Chestnuts	163	464	226	2643	237	17.6
Lordship Lane	153	247	103	1559	109	11.0
Park Lane	102	266	157	1326	160	14.8
Totals	934	2418	994	16271	1027	18.5

Midwives clinics	No. of sessions held	Total No. of attendances	Average attendance per session
Burgoyne Road	27	176	6.5
Church Road	4	19	4.8
Fortis Green	12	81	6.8
Hornsey Town Hall	24	303	12.6
Mildura Court	21	136	6.5
Stroud Green	22	197	9.0
Chestnuts	51	818	16.0
Park Lane	90	377	4.2
Lordship Lane	51	91	1.8
Total	302	2198	7.3

Mothercraft clinics	No. of sessions held	No. of new cases	Total attendances	Average attendance per session
Burgoyne Road	43	46	319	7.4
Church Road	30	43	155	5.2
Fortis Green	48	75	364	7.6
Hornsey Town Hall	51	102	556	10.9
Mildura Court	45	54	271	6.0
The Chestnuts	51	102	563	11.0
Lordship Lane	51	76	407	8.0
Park Lane	51	59	292	5.7
Total	370	557	2927	7.9

An average attendance of 7.9 per session is reasonable because every mother during relaxation instruction requires individual attention if she is to obtain the maximum benefit. The health visitor aims to achieve an informal atmosphere, encouraging group participation, where fears and misapprehensions can be dispelled.

Infant Welfare Clinics

The increase of first attendances of babies under one year is consistent with the increased number of births. Immigrant mothers particularly appreciate the services available, as shown by their continued and regular visits. It is inevitable, because of the language difficulty, that some of the sessions extend beyond the usual hours at clinics where a number of immigrants live in the vicinity.

Evidence of extensive dry rot at the Church Road Clinic resulted in these premises being closed on the 23rd February. At first, emergency arrangements were made for a weekly ante-natal and infant

welfare session to be held at the Fortis Green clinic and a toddler session at Weston Park. Mothers with their own cars were most helpful in offering lifts and making special journeys in order to assist other mothers. Such help willingly given was much appreciated. Alternative accommodation was later obtained at the Congregational Church Hall, Swain's Lane, Highgate. Even though accommodation here was not ideal, it has been possible to provide a reasonable service as a temporary measure.

The number of children attending the centres is as follows:-

INFANT WELFARE

Centre	Sess- ions held	First attend- ances under 1 year	Under 1 year	Over 1 but under 2	Over 2 but under 5	Total attend- ances	Cases seen by M. O.	Average attend- ance per session
Burgoyne Road	153	418	5803	687	230	6720	1542	43.9
Church Road	91	255	2269	302	158	2729	1323	30.9
Fortis Green	185	385	4643	756	207	5606	2152	33.3
Hornsey Town Hall	155	678	5704	561	170	6435	2509	41.5
Mildura Court	100	286	3240	625	25	3890	1385	38.9
Stroud Green	103	352	3499	395	112	4006	1324	38.9
The Chestnuts	202	759	6897	810	294	8001	2266	39.6
Lordship Lane	255	408	4983	1028	281	6292	1727	24.7
Park Lane	205	379	4937	614	320	5871	1701	28.7
Somerset Road	151	352	3855	621	410	4886	1485	32.4
Totals	1600	4272	45830	6399	2207	54436	17414	34.0

Toddlers Clinics

A friendly and informal atmosphere is created during these sessions and the children are encouraged to mix and play together. Attendances remain rather low in spite of encouragement, reminders and letters of appointment to the parents. After the first attendance, the majority of mothers continue to bring their children at six-monthly intervals or more frequently when necessary until the child enters school.

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

Centre	Sessions held	Total attendances	Cases seen by M.O.	Average attendance per session
Burgoyne Road	27	488	488	18.1
Church Road	24	218	212	9.1
Fortis Green	27	460	460	17.0
Hornsey Town Hall	60	503	503	8.4
Mildura Court	51	738	732	14.5
Stroud Green	20	294	294	14.7
The Chestnuts	50	734	733	14.7
Lordship Lane	52	638	638	12.3
Park Lane	24	328	328	13.7
Somerset Road	39	518	486	13.3
Totals	374	4919	4874	13.2

Daily Guardian Scheme

As indicated by the following table this scheme continues to serve a very useful purpose for the care of children whose mothers, for various reasons, seek employment outside the home. The arrangements, as in previous years, continued to work smoothly and parents taking advantage of the service are very appreciative.

Number of Daily Guardians on register	266
Number of Daily Guardians minding Children	96
Number of Children being minded	118
Total number of Children minded during the year	230
Total number of days minded	26,309

Day Nurseries

The demand for day nursery admission is often greater than the number of places available. At the end of the year 42 were on the waiting list. The largest number of applicants awaiting admission is usually in the 0-2 years age group because of the limited number of places in this category and the demand from unmarried or unsupported mothers. Many would-be applicants are discouraged from making application because they do not come within the eligible categories. It is often possible to help these parents through the daily guardian scheme. During the year 197 admissions were arranged, whilst 84 of these children were still attending at the end of the year, a large percentage were temporary admissions ranging from one to twelve weeks only.

Handicapped Children

Eight handicapped children were admitted to Stonecroft Day Nursery, Hornsey, during the year. Two were partially deaf, three whose parents were deaf, one with post polio paralysis, one mentally handicapped and the eighth was both blind and mentally handicapped.

Plevna Day Nursery

It is anticipated that this nursery will be closed early in 1963 for demolition and building of a new nursery on the existing site. In this event the Cornwall Road School Clinic would be adapted as a temporary day nursery. These premises being smaller means a reduction in the number of available places and it would not be possible to accommodate any child under two years of age. Inevitably, the reduction of places must extend the period of waiting for priority admissions and throw a heavier burden on the other two nurseries, especially Park Lane Day Nursery, making it necessary that the establishment of staff be kept at the highest level. It is expected that 32 places will be available, with a slight increase for emergency admissions. On this assumption, the number of staff on the present ratio of staff to the number of places would only allow four staff including the matron. This would be an impossible and even a dangerous situation, especially during staff absenteeism because of sickness and annual leave.

Training of Nursery Nurses

Six student nursery nurses were accepted for training. In addition, two students were accepted for one year's practical training under a pilot scheme organised through the aegis of the Tottenham Technical College. The second year of training will be undertaken in a nursery school before qualifying for the examination of the Nursery Nurses Examination Board.

Attendances

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

Name of Day Nursery	No. of approved places at end of year		No. of children on register at end of year		Total No. of attendances			Average daily attendance
	Under 2	2-5	Under 2	2-5	Under 2	2-5	Total	
Stonecroft	15	43	17	42	3585	8547	12132	47.8
Park Lane	20	30	13	27	3112	5356	8468	33.3
Plevna	20	30	15	34	2828	7339	10167	40.0
Totals	55	103	45	103	9525	21242	30767	121.1

Private Day Nurseries and Registered Child Minders

Regular inspections are made of private day nurseries and of registered child minders in the Area. The latter are persons who mind three or more children in their homes for part of the day. There are several different types of arrangement for those registered in the Area:-

1. Day nurseries taking children all day

Greygates Nursery,
182 Muswell Hill Road, N.10. 39 children

Fortis Green Nursery,
68 Fortis Green, N.2. 24 children

2. Day nurseries taking children in mornings only

Woodlands Nursery School,
38 Wood Lane, N.6. 48 children

West Drive Nursery Group,
Moravian Church Hall, N.8. 18 children

3. Child Minders taking children all day

Miss Hermitage,
28 Bedford Road, N.15. 22 children

Mrs. Kruger,
38 Crouch Hall Road, N.8. 8 children

4. Child Minders taking children in mornings only

Mrs. Blit,
57 Collingwood Avenue, N.10. 9 children

Mrs. Summers,
53 Mount View Road, N.4. 9 children

Mrs. Atkinson,
26 Dukes Avenue, N.10. 11 children

Mrs. A. Watson,
7 Jackson's Lane, N.6. 10 children

Mrs. Stringer,
101 Crouch Hill, N.8. 12 children

Distribution of Welfare Foods

The full effect of the introduction of economic prices for orange juice, cod liver oil and vitamin tablets in June 1961 is reflected in the following table:-

	National Dried Milk (tins)	Orange Juice (bottles)	Cod Liver Oil (bottles)	Vit. A & D Tabs. (packets)
1962	31489	42976	5429	5593
1961	30801	67012	10038	9428
1960	32910	99584	12790	12213

Priority Dental Service for Mothers and Young Children

Nine per cent of the dental officers' time was devoted to the priority classes.

Although the number of expectant and nursing mothers inspected and treated remained constant, there was an increase of 143 fillings and a decrease of 157 extractions, and in consequence, eleven fewer dentures were fitted. The ratio of 2.5 fillings to one extraction was achieved.

563 children under five were inspected, including 59 examinations at day nurseries. The number of fillings inserted was 1,206, the highest since 1955, but, unfortunately, the number of extractions remained unaltered. For every child treated there were 3.6 conservations (fillings and silver nitrate treatments) and 0.6 extractions. This means that the ratio of conservations to extractions was 6:1. In spite of this high proportion, it was found necessary to supply four partial dentures.

It is in the early years that a child can derive most benefit from Dental Health Education. The dental auxiliary who was appointed in September has been trained in this field of work, and has made a start in giving group talks at welfare centres, so far at ante-natal clinics, and to the mothers of toddlers. Of course, advice has always been given to individual mothers, when they and their children attend the dental clinics.

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	160	563
Referred for treatment	158	461
New cases commenced treatment	166	473
Cases made dentally fit	70	385
Forms of dental treatment provided:-		
Teeth extracted	183	279
General Anaesthetics	23	169
Fillings	471	1,206
Inlays	1	-
Scalings and gum treatment	131	-
Silver nitrate treatment	-	518
Other operations	402	651
Number of radiographs	8	3
Dentures fitted:-		
(a) Full	14	-
(b) Partial	37	4
Number of attendances	796	1,694
Number of appointments not kept	270	454
Number of half days devoted to treatment	322	

MIDWIFERY SERVICE (Section 23)

The establishment of midwives was increased from twelve to fourteen towards the end of 1962. The actual number varied between nine and eleven during the year.

Two pupil midwives were accommodated throughout the year for periods of three months each, whilst undertaking the district part of their training.

The amount of work continued to outstrip the number of midwives available and it is a matter for regret that it was not found possible to implement a day and night shift system.

Deliveries

The most significant increase was in the number of confinements conducted by the midwives. 939 women were delivered in 1962, a rise of 300 cases in the past three years. These women received a total of 16,206 visits. It is not possible to estimate the amount of time spent with a woman in labour. This can vary from a few hours to 48 hours or more. The same can be said of visits during the early days following confinement. Although it is usual to allow 40 minutes for these visits, this must often be exceeded as feeding and other problems arise. In this connection the very young mother is an increasing factor to be considered. These immature young women require a great deal of support and encouragement before, during and after their confinements.

Early Discharge from Hospital

175 women were discharged from hospital at the third day or earlier following their confinements. The majority of these were patients sent into hospital by the midwives because of some deviation from the normal.

There is at present no scheme for planned early discharges. It is anticipated that arrangements for this will have to be made in 1963.

Shortage of Hospital Beds

The shortage of hospital beds remains acute and this, together with the high number of women admitted to hospital via the Emergency Bed Service, is an unsatisfactory aspect of the midwifery service. Many of these patients are ultimately delivered at home without adequate preparation or facilities.

Ante-natal Clinics

Each midwife attends a local authority clinic and in addition four midwives attend ante-natal sessions at the surgeries of general practitioners. It has been found that this makes for excellent liaison between patients, doctors and midwives.

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

	1962	1961	1960
Number of deliveries attended	939	842	792
Number of visits made	16206	14795	15223
Number of hospital confinements discharged before 10th day	175	160	143
Number of visits made	830	1439	1288
Number of cases in which medical aid was summoned	248	265	282
Number of cases in which gas and air analgesia was administered	407	402	508
Number of cases in which pethidine was administered	515	510	481
Number of cases in which trichloroethylene was administered	424	380	189
Number of cases in which gas and air and trichloroethylene were administered	12	11	32

HEALTH VISITING SERVICE (Sections 24 and 28)

The function of the health visitor is to promote good health, not only to individuals in a family, but to all members of a family. She needs to be aware of the social, environmental and psychological aspects as well as the physical. Because her work of necessity brings her into contact with the whole range of Local Authority services and other allied agencies, the health visitor is the liaison officer of the Local Authority. General practitioners are becoming more aware of her professional training and avail themselves of the support and help she can offer to their patients, either by her own efforts or through liaison with other social agencies.

The actual number of visits made by the health visitors this year was as shown in the following table:-

No. of visits paid by Health Visitors working in the Area:-		1962	1961
Expectant Mothers	First Visits	1617	1796
	Total Visits	2471	3120
Children under 1 year of age	First Visits	5399	4737
	Total Visits	13134	12997
Children aged 1 - 2 years	Total Visits	5707	6704
Children aged 2 - 5 years	Total Visits	8652	10524
Other cases -	Total Visits as Health Visitor	6459	6102
	Total Visits as School Nurse	673	978

Visiting the Aged

Much of the work of the health visitor gets less recognition than it should, but her services are in constant demand. Requests for visits to the elderly are an everyday feature, mostly from general practitioners or hospital almoners. Many of the elderly are unable to care for themselves, are sometimes without relatives and so require a number of the social services available. The health visitor is very much aware of the valuable work undertaken by the Old People's Welfare Association of Hornsey and Tottenham and she frequently seeks their help. It is sometimes difficult to persuade some elderly people to accept help and only after several visits is their co-operation achieved. Once help has been accepted, further deterioration is frequently prevented and perhaps the necessity of admission to hospital averted.

Health Education

Instruction in health practices is only part of the health education programmes. Whether given individually in the home or in organised groups, it seeks to develop sound attitudes. To be successful, the health visitor has to create relationships with parents and parents-to-be, to gain the interest of the apathetic and the disinterested and to be aware of the psychological aspects. She also needs to understand the metabolic turmoil of pregnancy, with accompanying social and economic stresses. Increases in the preparation of both parents will increase the knowledge of health in the community and lead to improved child care. In giving anticipating guidance to parents and prospective parents the health visitor will enable them to be prepared against possible future stresses and difficulties.

Health education in welfare clinics is a regular procedure and is considered to be a much more important function than the weighing of babies. Discussion of the child's progress, advice on general care, behaviour and feeding problems is routine.

Health education in schools has been undertaken by health visitors and one school nurse for a number of years. Two hundred and forty-four classes were held in schools during 1962. The classes are kept on an easy and informal basis, the pupils being encouraged to ask questions and take part in the discussions. Many of the pupils who in the past have had the opportunity of participating in these classes, now have children of their own, and frequently seek the help of the health visitor who has seen them through their school life.

Talks

Talks to Local Organisations by health visitors have been requested from time to time as well as a series of lectures to the British Red Cross Society. Also Parent-Teacher Associations extend invitations to health visitors to speak on open discussions.

Lectures

Lectures on 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.

Special Services Health Visitors

Families with acute problems requiring immediate and time consuming attention are referred by the district health visitors to the special services health visitors who, in return, hand back to their colleagues some of the old-standing "problem" families who, although still in need of fairly close supervision, are on the whole managing their affairs better, as the children grow up and cause less stress and strain on the parents.

Mental illness, low intelligence in parents with families too large for them still remain the chief cause of parents being unable to manage their problems. During 1962 the reasons for referral of new cases included mental illness in one or other parent, marital disharmony, debts and rent arrears. In one case the mother had an obsessional neurosis and has had to have in-patient psychiatric treatment three times during the year. She has eight children living and for medical and psychiatric reasons was sterilised after the birth of her last baby, born in November. In another case a Pakistan lawyer with a legal wife in his own country bigamously married a high grade mentally defective Irish girl by whom he had two children. He recently returned to his legal wife who has meanwhile become very wealthy. This had made it necessary to get the two children aged nine and five years happily placed for adoption. The mother has been helped to find satisfactory residential work in hospital. Two mothers, whose husbands are incurable psychopaths, have started to take the contraceptive pill under careful supervision as the usual family planning methods have proved

unacceptable. The consultant and family doctor only recommended this after a very thorough investigation and it has resulted in an ease of tension in the families concerned.

In the debt cases, the family comes to feel that the whole situation is hopeless, they become apathetic and family relationships are very strained, each partner blaming the other for their circumstances. Generous help has been provided in the form of clothing, furniture, bedding etc. from the W.V.S., Red Cross, Shaftesbury Society. One family with a multitude of debts was helped by the Glasspool Trust after some effort had been made of their own. This helped them to feel the situation was improving a little more rapidly and they have continued with regular weekly payments since, in spite of added expenditure on coal, etc. which has made budgeting for these families increasingly difficult this winter. Both special services health visitors wish to acknowledge gratefully help they have received from local societies. The Round Table of Hornsey arranged a holiday for two families and gave constructive and personal help to twelve families at Christmas. N. A. L. G. O. arranged a Christmas party which was very much enjoyed by all the children between three and eleven years. In Tottenham the Rotary Club and Round Table made it possible for four boys to attend Highgate camp in August. Bertram Mills Circus and the Wembley Stadium were again generous in issuing free tickets enabling some of the mothers to have an outing with their children during the Christmas season.

Miss Howse, in Hornsey, has accepted invitations to speak at various Guilds, Youth Clubs, Parent-Teacher Associations etc. and keeps in close contact with the excellent work done by the Churches in Hornsey.

Intensive family case work continues to help keep families together and is not only of benefit to the families and the children concerned, but in view of the expense of residential care is an enormous saving of public money.

HOME NURSING SERVICE (Section 25)

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

General practitioners	1571
Hospitals	575
Chest Physicians	9
Public Health Department	4
Direct	9

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

Injections	887
General nursing care	574
Blanket baths	302
Enemas	141
Dressings	316
Preparation for diagnostic investigation	77
Pessaries changed	60
Wash-outs, douches, etc.	28
Other treatments	32

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

<u>Age</u>	<u>Males</u>	<u>Females</u>
0 - 4	23	13
5 - 15	24	23
16 - 39	49	114
40 - 64	188	300
65 and over	439	995
	<u>723</u>	<u>1445</u>

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	489	837	1326	120	388	508	59936
Surgical	83	152	235	17	60	77	11230
Infectious Diseases	1	5	6	-	-	-	35
Tuberculosis	21	14	35	8	2	10	3010
Maternal Complications	-	12	12	-	-	-	94
Totals	594	1020	1614	145	450	595	74305

VACCINATION AND IMMUNISATION
(Section 26)

Vaccination against Smallpox

The percentage of children under one year of age vaccinated against smallpox during the year was 54.1% compared with 49.6% for 1961.

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

	Under 1 year	1 year	2 - 4 years	5 - 14 years	15 years & over	Total
No. of primary vaccinations	2479	464	854	2184	4457	10438
No. of re-vaccinations	56	29	344	2679	11230	14338

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 1962. 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 follow-up of defaulters to achieve maximum acceptance rates. Parents have the option of taking their children to their own family doctors for immunisation or attending at the clinics, and the following tables show the results:-

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 One	22	10	-	9	7	1712
One	45	21	3	27	18	1636
Two to four	31	1	26	6	25	150
Five to Fourteen	110	-	83	8	186	40
Total	208	32	112	50	236	3538
Number of Children who received a Secondary (Re-inforcing) Injection						
Under One	-	-	-	-	-	-
One	6	3	-	15	2	1567
Two to four	93	1	-	7	31	773
Five to Fourteen	1168	1	13	21	128	78
Total	1267	5	13	43	161	2418

Poliomyelitis Vaccination

On the 2nd February, 1962, Ministry of Health Circular 3/62 was issued, in which the use of oral vaccine for routine vaccination against poliomyelitis was authorised. As with the Salk vaccine, it is available to all between the ages of six months and forty years, but may be administered by nurses, thus releasing the medical officers for other work. Salk vaccine continued to be available for use by those general practitioners who preferred it for their patients.

The following table shows the work carried out both by general practitioners and at the clinics:-

	Completed course of two injections using Salk vaccine	Completed course of three doses of oral vaccine
Children born in 1962	33	163
Children born in 1961	526	762
Children and young persons born in 1943 to 1960	870	438
Young persons born in 1933 to 1942	581	248
Other persons	552	230
Total	2562	1841
Re-inforcing doses were given as follows:-		
3rd Salk injections		3496
4th Salk injections to children between the ages of five and twelve years		232
Oral vaccine after two Salk injections		2943
Oral vaccine after three Salk injections		1798
Total		8469

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 1962 170 applications were received compared with 180 the previous year. Of these, 159 were approved.

Chiropody Service

At the beginning of the year three chiropodists were employed on a sessional basis for a total of eleven sessions a week. In August one chiropodist resigned and the sessions were reduced to eight a week. This was the position at the end of 1962, although two chiropodists were appointed early in 1963 for a further four sessions a week.

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

Category	New cases	First attendance during year of old cases	Re-attendances	Total
Elderly persons	169	85	1282	1536
Physically handicapped persons	1	-	1	2
Expectant and nursing mothers	12	1	9	22
Others	-	1	-	1
School children	240	71	1339	1650
Total	422	158	2631	3211

Retirement Advice Clinic

This clinic continued to operate during 1962, and with the co-operation of the local offices of the Ministry of Pensions and National Insurance, men approaching 65 years of age were invited to attend for medical examination and advice as to how they might best enjoy their retirement.

Sessions and attendances were as follows:-

Number of sessions held	28
Number of new cases attended	40
Number of re-attendances	32

DOMESTIC HELP SERVICE (Section 29)

The total number of cases provided with home help during the year was 2028, which was again a record. The number of new cases is tending to decline slightly and the bulk of the work continues to be with old people who need permanent help.

A free service for mothers suffering from toxæmia in pregnancy was given in four cases.

The total number of home visits made by the Home Help Organiser and her assistants during the year was 4710. This was less than the previous year owing to sickness and shortage of staff.

A neighbourly help service was started during the year and potential good neighbours have been interviewed. Generally speaking, however, it has been found that neighbours who are already carrying

out small duties for an infirm person prefer to continue on a neighbourly basis rather than being formally employed and paid for their services.

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 1961	Cases provided with help during the year	Cases still being provided with help at end of year
Maternity (including expectant mothers)	119	5	124	3
Tuberculosis	12	28	40	30
Chronic sick (including aged and infirm)	544	1168	1712	1218
Others	119	33	152	26
Total	794	1234	2028	1277

INSPECTION OF PRIVATE NURSING HOMES

There are three private nursing homes in the Area registered with the County Council and regularly visited by the Senior Assistant Medical Officer. All these homes accommodate mainly chronically ill elderly patients; particulars of the homes are as follows:-

Claremont Nursing Home,
108 Colney Hatch Lane, N.10. 17 patients

Kenwood Annexe Nursing Home,
4 Princes Avenue, N.10. 15 patients

Strathlene Nursing Home,
79 Creighton Avenue, N.10. 20 patients

SCHOOL HEALTH SERVICE

Area School Population

The school population for the Area is 26,731, as shown in the following table:-

	Hornsey	Tottenham
Primary Schools and Nursery Classes	5,797	7,886
Nursery Schools	-	205
Secondary Modern Schools	2,940	5,248
Grammar and Technical Schools	1,848	2,603
Special Schools -		
Physically Handicapped	-	97
Blanche Nevile School for the Deaf (including Classes for the Partially Deaf)	-	107
	10,585	16,146

Introduction

The work of the School Health Service was again aided in 1962 by the continued co-operation of the Borough Education Officers of Tottenham and Hornsey and by Head Teachers, to whom I am grateful.

During the past few years the earlier maturation of children has brought its own problems, not least of which is the occasional occurrence of pregnancy in older school girls. The handling of the situation requires an understanding approach to the girl and her parents and involves the co-operation of teachers, school medical officers and others concerned. Physical maturity by no means implies mental or emotional maturity and the decision whether the child is to be adopted or kept by the young mother requires a degree of heart-searching which no girl of 14 or 15 should be required to face. The problem of prevention of the conditions leading to these undesirable pregnancies is complex and is partly due to improved economic circumstances leading to earlier maturation, but other more intangible factors play a part.

The instance I have just quoted illustrates the fact that to remain a viable and useful institution, the School Health Service must be prepared to adapt to changing conditions. First conceived over 50 years ago to combat the appalling ill-health prevalent in the school population, today the service is more concerned with maintenance and promotion of health - physical and mental. The reports of our consultant child psychiatrists given later in this section pay eloquent tribute to the importance now attached to the prevention and early treatment of emotional difficulties in children of all ages.

Health education also becomes increasingly important as a contribution to healthy living and is best given in confidential surroundings to individuals or to small groups of children. In this way the results are more lasting and valuable than those obtained by impersonal campaigns.

Periodic Medical Inspections

The following table shows the number of children inspected by years of birth and the classification of their physical conditions:-

Year of Birth	No. of pupils Inspected	Condition Satisfactory	
		Number	%
1958 & later	350	346	98.9
1957	1209	1195	98.8
1956	712	709	99.6
1955	352	346	98.3
1954	1072	1066	99.4
1953	624	624	100.0
1952	189	187	98.9
1951	486	483	99.4
1950	1465	1457	99.5
1949	620	615	99.2
1948	760	755	99.3
1947 & earlier	2924	2903	99.3
Total	10763	10686	99.3

There was a fall in the number of children examined and a slight fall in the number of children of "unsatisfactory" general condition (0.7%). A child deemed to be of unsatisfactory general condition is closely observed and any necessary ameliorative measures taken.

It is interesting to note that during 1961 the percentage of "unsatisfactory" children in the country as a whole ranged between 0% and 4%. With a percentage of 0.7% this brings Tottenham and Hornsey into the same category as, for example, Hastings and Leeds, and less than either Norwich or Bristol.

The assessment of unsatisfactory physical conditions must always be the final estimate of the examining doctors who may differ to such an extent that it would not be surprising if a change in the medical staff resulted in a different percentage of classified "unsatisfactory" children from year to year. The important point to bear in mind, however, is that when a child is deemed to be unsatisfactory, the whole extent of the medical services is used to bring him to "satisfactory" physical condition.

An epidemic of rubella (German measles) affected the Area during the first three quarters of 1962. This was part of an epidemic which affected the whole country. Rubella is not a notifiable disease and the magnitude of the epidemic came to light because of the unprecedented demand for gamma-globulin. This is a blood product which is used for protecting the foetus from the congenital abnormalities frequently caused when the expectant mother contracts the disease during the first three months of pregnancy.

Dysentery

There were 35 cases of dysentery, all of the Sonne variety in the Area during the year. This is an increase on the previous year's figures but does not give cause for alarm.

Tuberculosis

Three cases of pulmonary and two cases of non-pulmonary tuberculosis were notified during 1962. In one case of pulmonary disease the source of infection was not clear and epidemiological investigations were conducted at the school. 37 pupils in the child's class were skin tested and the class teacher was X-rayed, and it was ascertained that the source of the infection did not lie in the school, nor had any other children in the class contracted the disease.

Poliomyelitis and Diphtheria

No cases of these diseases occurred in 1962, a matter for encouragement and no doubt mainly due to vigorous immunisation programmes carried out in the past and continued equally energetically each year.

B.C.G. Vaccination

Close co-operation was maintained with the Directors of the Chest Clinics at Tottenham and at Hornsey. It is interesting to note that the acceptance rate of 75.7% compares very favourably with the overall acceptance rate for the country which, in 1961, was 68%. Similarly in the country as a whole the percentage positive to the pre-vaccination tuberculin test was 14.3 (in 1961), in the Area this figure was 7.7%.

	School Children		Students		Total	
	Number	%	Number	%	Number	%
Parents approached	3102		5		3107	
Parents accepting	2349	75.7	5	100.0	2354	75.8
Number tested	2096		5		2101	
Number found to be						
Mantoux positive	162	7.7	1	20.0	163	7.8
Number found to be						
Mantoux negative	1867	89.1	4	80.0	1871	89.0
Number failed to attend						
for Mantoux reading	67	3.2	-	-	67	3.2
Number vaccinated (% of those approached)	1862	60.0	4	80.0	1866	60.1

School Dental Service

The overall picture is one of modest expansion. The staffing position remained steady for the five full-time dental officers, and the area dental officer, but was very fluid in respect of the part-time officers. They varied in number from four to six, working between fifteen and twenty-six sessions per week. In September a dental auxiliary was appointed. The orthodontist is shared with an adjoining area, and continued to work six to seven sessions weekly. Since the 21st March an additional evening orthodontic session has been undertaken. The dental auxiliary is employed in the Experimental Scheme of the General Dental Council. Her clinical duties, in accordance with the regulations, are carried out under supervision at the two-surgery clinic at Weston Park, Hornsey. Her training in health education has enabled her to give talks in schools and clinics.

The total number of sessions worked was 3,153, which was 337 more than in 1961.

At 163 inspection sessions 19,284 children were inspected, i.e. 68% of school roll. 11,621 (60%) were found to require treatment, and of these 6,353 (54.7%) were treated at the clinics. At school inspections, it was noticeable that many children were receiving regular treatment through the National Health Service.

Treatment sessions amounted to 2,990 and the output of work per session also showed a slight increase. The pattern was of a markedly conservative nature, and 13,836 fillings were inserted in 11,875 permanent teeth. The number of permanent extractions fell by 210 to 817. Allowing for the fact that 200 of these teeth were extracted for orthodontic purposes, 19 permanent teeth were saved for each permanent tooth lost by disease. Fillings in temporary teeth also increased by 2,210, but the number of temporary teeth extracted remained constant. 42 children were supplied with dentures, compared with 57 in 1961.

Evening sessions, three per week, continued to be well attended at Park Lane Clinic.

The orthodontic service was responsible for 431 sessions, 289 of which were worked by the orthodontist and 142 by dental officers. 34 evening sessions were carried out at Weston Park Clinic, Hornsey, and were much appreciated by patients and parents. There is a long waiting list for treatment and we continued to be well under our establishment, although every effort was made to recruit additional staff.

During the year, the plan to modernise and re-equip surgeries proceeded. Good working conditions are necessary to attract and retain dental officers. Three air turbine machines were supplied, bringing the number in the Area to five. An X-ray machine and dark room were provided at Weston Park Clinic, to extend the radiography service to the Schools in Hornsey. Previously, children had to make the considerable journey to Park Lane, Tottenham for this facility.

A Dental Health Week was held in May, in which two junior schools combined to share the exhibition. This proved very popular.

Mr. J. O. Legg was seconded for one year as part-time demonstrator in the Children's Department of the London Hospital, and has expressed his satisfaction with this appointment.

At High Cross, Tottenham, the foundations of the new dental clinic were laid in December, and its completion is eagerly awaited. Further projects related to comprehensive clinics, for a single surgery clinic at Burgoyne Road, and a two-surgery clinic at Fortis Green, are included in the 1963-64 programme.

The following tables show the work undertaken during the year:-

ORTHODONTIC INSPECTIONS AND TREATMENT

Pupils inspected	...	...	...	...	...	...	...	204
Pupils found to require treatment	...	...	...	...	...	...	...	156
Pupils commenced treatment (first attendance)	...	...	...	...	...	...	...	100
Cases carried forward from previous year	...	...	...	...	...	...	...	223
Cases discontinued during the year	...	...	...	...	...	...	...	19
Attendances for all purposes	...	...	...	...	...	...	...	3276
Appointments not kept	...	...	...	...	...	...	...	735
Impressions, adjustments and other alterations	...	...	...	...	...	...	...	3507
Pupils treated with appliances	...	...	...	...	...	...	...	273
Fixed appliances fitted	...	...	...	...	...	...	...	8
Removable appliances fitted	...	...	...	...	...	...	...	266
Radiographs	...	...	...	...	...	...	...	726
Pupils treatment completed	...	...	...	...	...	...	...	79

DENTAL INSPECTIONS AND TREATMENT

Inspected	...	...	...	...	...	...	19284
Found to require treatment	...	...	...	...	...	...	11621
Offered treatment at the County Council's Dental Clinics							11606
Pupils treatment commenced	...	...	...	...	...	...	6353
Pupils treatment completed	...	...	...	...	...	...	5336
Attendances made by pupils for treatment				...	...	...	20533
Appointments not kept	...	...	...	...	...	...	5751
Fillings:-							
Permanent Teeth	...	...	...	...	...	...	13836
Temporary Teeth	...	...	...	...	...	...	6106
Number of teeth filled:-							
Permanent Teeth	...	...	...	...	...	...	11878
Temporary Teeth	...	...	...	...	...	...	5375
Extractions:-							
Permanent Teeth	...	...	...	...	...	...	617
Permanent Teeth for Orthodontia	...	...	...	...	...	...	200
Temporary Teeth	...	...	...	...	...	...	3349
General Anaesthetics	...	...	...	...	...	...	1717
Other operations:-							
(a) Permanent Teeth	...	...	...	...	...	...	4288
(b) Temporary Teeth	...	...	...	...	...	...	3561
Pupils supplied with dentures	...	...	...	...	...	...	42
Crowns or inlays	...	...	...	...	...	...	25
Radiographs	...	...	...	...	...	...	381

Dr. T. G. Kletz, consulting ophthalmologist at Lordship Lane Clinic reports:-

"As in previous years, the work of this clinic was mainly concerned with refractions and the investigation and treatment of squints and phorias. A number of non-refractive medical and surgical cases were also seen.

The cases of squints and phorias having orthoptic treatment are showing very encouraging results. Of 140 cases who received treatment, 74 were completely successful, whilst a further 53 cases are improving. During the year five cases were referred to hospital for surgical treatment of squints, one case for surgical treatment of congenital cataracts.

Two children were registered as partially sighted.

The number of young children and new cases attending unaccompanied by a responsible person is a matter of increasing concern."

Dr. R. Welch, consulting ophthalmologist at the Hornsey Ophthalmic Clinic, reports:-

'During the past year the work at Hornsey Eye Clinic has proceeded on much the same lines as in previous years. Most of the cases referred were for defects of vision due to errors of refraction. One noticeable trend among these cases was the increase in simple myopia occurring in older school children who were approaching the school leaving age.

There would appear to be no very definite explanation for this increasing incidence of simple myopia at this age (13-16 years), but it is significant that these are years of rapid growth.

There is no other treatment than prescription of glasses for constant wear.

Other cases seen and treated were a few for minor injuries, dacryocystitis in infants with the usual history of watering and discharge from the eye since birth and one very unusual case with Megalo Cornea with opacification, which was referred to Moorfields Hospital for further investigation.

It is worth recording that there is a greater awareness of the necessity of treating cases of squint, even if it is only transient, at the earliest possible age.

As unilateral squint is invariable associated with amblyopia, treatment cannot be commenced too soon, and where such is possible, results of treatment are very favourable. Any opportunity that may present itself of examining the vision of children of pre-school age where there is a family history of squint or "lazy eye" should be taken advantage of, as it often means earlier detection of an amblyopic eye. In testing these young children who have not yet learnt the alphabet, the Beale-Collins picture test types is most helpful."

Orthopaedic Clinics

Inability to obtain the services of a physiotherapist for most of the year hampered the work of the clinics. Mr. E. Hambly, F.R.C.S. of the Lordship Lane Orthopaedic Clinic comments that last year was extremely busy and he continued to be impressed by the very high standard of intelligence with which both children and their parents carry out instructions. Both parents frequently attend with their children and their combined interest is a great help.

Dr. E. G. M. Palser of the Hornsey Orthopaedic Clinic comments on the absence of a physiotherapist and notes that there were only 57 attendances for the physiotherapist instead of a possible 3,000. A few children were treated in hospital physiotherapy departments but most were instructed in home exercises, which they carried out with the ready assistance of their parents, who continued to take a keen interest in these matters.

Audiometry

The increasing importance paid to early detection of hearing defects in children is shown by the table below, which gives the number and results of audiometry tests during 1962.

The aim is to test each child's hearing three times during school life, the first test being not later than the age of seven years. Special cases such as children with cerebral palsy, children who fail to develop proper speech and those who fail without apparent reason to make proper progress at school are seen as "specials". The percentage of those failing routine audiometry may seem rather high, but a large proportion are cured by relatively simple measures such as removal of wax from the ears. Those who require further investigation are seen by Dr. L. Fisch, the consultant otologist at the Audiology Unit.

Maintained Primary and Secondary School Population of the Area - 26731

Audiometer Tests - Routine

Age Groups	1st Tests sweep or gramophone (1)	Re-tests (2)	Failures				
			both ears (3)	one ear		Total (6)	% of Column 1 (7)
				right (4)	left (5)		
Up to 7 years	2262	32	103	34	29	166	7.3
Intermediate	3819	68	110	31	39	180	4.7
Leavers	-	-	-	-	-	-	-
Totals	6081	100	213	65	68	346	5.7

Audiometer Tests - Specials

Age	1st Tests (1)	Re-tests (2)	Failures				
			both ears (3)	one ear		Total (6)	% of Column 1 (7)
				right (4)	left (5)		
Under 5	25	6	9	4	6	19	76.0
5	22	16	17	-	3	20	90.9
6	19	22	7	4	1	12	63.2
7	16	33	10	2	2	14	87.5
8	17	25	8	-	3	11	64.7
9	14	26	10	-	2	12	85.7
10	11	18	3	-	1	4	36.4
11	9	18	3	-	2	5	55.6
12	10	15	4	-	-	4	40.0
13	16	15	8	3	1	12	75.0
14	15	11	7	3	1	11	73.3
Over 14	9	8	5	1	2	8	88.9
Totals	183	213	91	17	24	132	72.1

Audiology Unit

The number and type of children seen at the Audiology Unit are shown in the table following. It will be seen that 246 new cases and 143 re-examination cases were examined during 1962, an increase of 68 and 78 respectively on the previous year. This increase is due to the extra weekly session Dr. Fisch has been able to give to the Unit.

AUDIOLOGY UNIT 1962

Age groups of cases seen:-										
Age in years	0-	1-	2-	3-	4-	5-	6-	7-	8-	9-
New cases	25	7	13	22	21	16	24	24	13	14
Re-examinations	-	2	1	4	9	11	20	19	20	8

Age in years	10-	11-	12-	13-	14-	15-	16-	17+	Totals	
New cases	14	14	17	9	7	3	2	1	246	
Re-examinations	8	11	12	2	7	6	2	1	143	

Number of cases seen:-

Pre-school children	97
Attending Infant and Junior Schools	214
Attending Senior Schools	74
Over five but not at school	4

Reasons for referrals among new children were as follows:-

For diagnosis	202
Auditory training	1
Immigrants to Area known to be deaf	1
Partially deaf children, advice as to placement	4
Children known to be deaf - application for admission to Blanche Neville School or partially deaf units	2
Transfer from hospital out-patient departments or E.N.T. clinics	26
To ensure that deafness is not the cause of backwardness or ineducability	10

Source of referrals:-

Tottenham and Hornsey	145
Other boroughs in Middlesex	99
Hertfordshire	2

The work taking place at the Audiology Unit is a co-operative venture and involves the participation of the consultant otologist, the medical officers, the headmaster of Blanche Nevile School for the Deaf, two peripatetic teachers of the deaf, the educational psychologist and two audiometricians. Patients are seen by Dr. Fisch, who is assisted by a medical officer from the Area Medical Officer's staff. The headmaster of the School for the Deaf adds the weight of his experience in educational placement of deaf and partially hearing children and is also responsible for administrative matters connected with the peripatetic teachers. These teachers are responsible, under Dr. Fisch's supervision, for auditory training of pre-school children and for visiting partially hearing children in ordinary schools. The audiometricians attend the clinic to carry out new and repeat audiograms on patients in attendance.

During the year a second peripatetic teacher and a second audiometrician were appointed. This enables the team on the one hand to detect hearing loss earlier and on the other hand to give better training and closer supervision of progress of the children who have hearing difficulties but are not in special classes or the special day school.

The equipment of the clinic has been completed now by the addition of an amplifying testing unit which enables the use of new and specialised tests for hearing in the very young as well as the older children. This unit comprises a very high quality record player and tape recorder, and the amplified sound is replayed into two loudspeakers placed in two corners of the room. The sound can be played into the left or right speaker or both together. Test sounds are recorded, and then played back at known levels of intensity, so as to estimate the true level of hearing much earlier than previously. Speech tests can be carried out and the effectiveness of hearing aids can be tested with this equipment.

A number of visitors (doctors, health visitors, teachers) attended at the clinic throughout the year and in this way a considerable amount of teaching has been carried out. Also medical students from Guy's Hospital attended a session of clinical demonstration.

For some time it has been hoped that the old air raid shelter which adjoins the clinic would be available for the extension of the clinic. This has now been agreed in principle and detailed plans have been prepared for the conversion of the shelter. There will be a room for the psychologist, which will also be used by the teachers, an audiometric room and a room for the technician for making impressions from the ears, issuing hearing aids, etc. The availability of these rooms will be a great improvement in every aspect to the work of the clinic.

Vale Road School for Physically Handicapped Children

Cerebral Palsy Unit

Dr. William Dunham, the consultant in charge of the Unit, continued to attend for one session a week and the work proceeded on the same lines as previously reported. The following table analyses the cases seen at the Unit during 1962:-

	Male	Female	Total
Under 5 years	6	4	10
5 - 10 years	2	1	3
10 - 15 years	-	-	-
Over 15 years	-	-	-
Total	8	5	13

Diagnosis	Male	Female	Total
Cerebral Palsy	2	2	4
Mental Retardation	3	2	5
Paraplegia	1	-	1
Hemiplegia	1	1	2
Hydrocephalus	1	-	1
Total	8	5	13

4 CONFIRMED CASES OF CEREBRAL PALSY - ACTION TAKEN

Recommended for admission to Vale Road Physically Handicapped School 2
 For supervision at Cerebral Palsy Unit 2

2 CASES OF HEMIPLEGIA - ACTION TAKEN

Recommended for admission to Vale Road Physically Handicapped School 1
 For supervision at Cerebral Palsy Unit 1

1 CASE OF PARAPLEGIA AND 1 CASE OF HYDROCEPHALUS

Both recommended for admission to Vale Road Physically Handicapped School

5 CASES OF MENTAL RETARDATION - ACTION TAKEN

For report to local health authority as unsuitable for education in school 3
 Under supervision at Cerebral Palsy Unit 1
 No special treatment required (child at day educationally sub-normal school) 1

Child Guidance Centres

In Tottenham, the Medical Director, Dr. William Craike, continued to see an increasing number of cases and he stresses the importance of case conferences involving all the members of the Child Guidance Team. During the year such a conference was held on a special case, in which the mother was psychotic and had been discharged from mental hospital. There were two young children and the head mistress was concerned about their safety. Arrangements were made to call together the Headmistress, the Psychiatric Team, Mental Welfare Officer, School Welfare Officers and the Child Care Officer, in an endeavour to find a satisfactory method of helping this family. It is to be anticipated that more cases of this type will arise, with the policy of early discharge of psychotic patients to their homes, where they still live in the community, having home treatment from their general practitioners though still under hospital supervision. It is likely that stresses and strains will be thrown on the child, which may be reflected in school and general behaviour. From past experience it would seem that the adolescents are more likely to be disturbed than the younger children; but this is one of the side effects of the Mental Health Act which was not anticipated and which may cause considerable concern in future years.

Dr. Craike has proposed an evening clinic for the Consultant Psychiatrist to meet working parents and adolescents who cannot miss time from school or employment.

Dr. Nina Meyer, writing about her work with the under-fives, comments that the work has grown markedly in the last year. Most have been cases of severe disturbance of sleeping in the under-twos. In many it emerged that it was a problem of the inability of the mother to let the young child separate from her. For many mothers it is a difficult problem to make the transition from infancy to the toddler phase, and this can be one in which disturbed patterns of behaviour and personality are laid down.

At many of the diagnostic interviews, the health visitor concerned with the child came with the mother; this was most helpful to the psychiatrist and Dr. Meyer hopes that it will be increasingly so to the health visitor. Suggestions were made of the sort of information the health visitor can look for which may be helpful in psychiatric consultation. Dr. Meyer suggests the health visitor will be able to act increasingly as a liaison between psychiatrist and family. The under-five clinic has no psychiatric social worker and this is an aspect where the unique knowledge and experience of the health visitor is so valuable in her helpfulness to the mother.

A further innovation was a monthly discussion group comprising medical officers in infant welfare and toddler clinics and the Consultant Psychiatrist. Here problems and points of view in relation to disturbances of the under-fives were freely discussed with great benefit to the psychiatrist and the medical officers.

The under-five clinic is now firmly established; what is most encouraging is the interest of fathers who often accompany their wives with the children. It seems that young children arouse and hold fathering instincts more easily than when they are beginning to become independent. This fostering of fathering is of benefit to the family's whole life; relationships between parents also seem to improve in the sharing and understanding of the problems of the young child.

Dr. K. A. Graf, Consultant Psychiatrist in Hornsey, also comments on the importance of teamwork.

Mr. Walbridge, the educational psychologist, dealt with 233 children of which 75 were seen by Dr. Graf. The majority of these cases again reached the clinic through head teachers (24) and assistant medical officers (16). Direct approach to the clinic was made by 11 parents, and Dr. Graf was particularly pleased that more children were sent to the clinic from hospital specialists and general practitioners (7 each). The relationship with Dr. Yudkin, Consultant Paediatrician at the Whittington Hospital, proved particularly cordial and professionally useful, and Dr. Graf only regretted that the limited time he had did not allow him to visit the wards as frequently as Dr. Yudkin and he would have welcomed, since close co-operation with the local children's hospital is one of the most important trends in modern child psychiatry. Other referrals to the clinic were by the Magistrates of Juvenile Courts, and the Children's Officer.

Analysis of the age groups referred showed a fairly even spread and, while the youngest clients were only three years old, there was a shift towards older age groups than last year, the peak ages being early adolescence, twelve and thirteen years. The number of child guidance sessions held during the year was 74 and a total of 123 new and old patients attended. The waiting list at the end of the year amounted to 27 cases.

The analysis of the diagnostic entities of child guidance cases, which is based on a scheme Dr. Graf drew up a few years ago and which was favourably commented upon in the most recent report of the Chief Medical Officer of the Ministry of Education, shows, as would be expected, that behaviour problems due to environmental factors (including parental problems and maternal deprivation) were most numerous, but more striking perhaps was the high incidence of school phobias, a neurotically determined inability to attend school, which must be distinguished from truancy. The low number of sex problems and psychotic disturbance is perhaps interesting in view of public interest in these difficulties.

Dr. Graf also records research carried out largely as a result of the enthusiasm of the educational psychologist, with a team from the National Hospital for Nervous Diseases, investigated the incidence of Finger Agnosia amongst poor readers in Hornsey, and also amongst a control group of normal children. Dr. Nuttall Horne of the Ministry of Education examined a number of children with most severe reading difficulties.

A weekly evening session was held at the Town Hall, and was always fully booked.

Speech Therapy

During 1962 cases continued to be referred to speech therapists by head teachers, school medical officers and specialists.

Miss Joan Came, the senior speech therapist, comments that the principles underlying present day speech therapy reflect current thought in associated professional fields. Stammering and other emotionally-activated speech disorders are examples of conditions in which preventive medicine may play a part, in that they are frequently found where there is a disturbed mother/child relationship. Miss Came stresses that the therapist is responsible for diagnosis, assessment, and planning of treatment which in each case is specific for the patient.

Hospital School

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

"The tuition of the children in St. Ann's Hospital and at the Prince of Wales's Hospital has continued smoothly over the past year.

Those children (ages ranging from 4½ to 15 years) who are well enough, attend for lessons in a classroom on one of the wards. Individual teaching has been extended to other wards, when requested by the Consultant concerned.

The work has been comprehensive, catering for pupils from primary, secondary and grammar schools, and when possible a close contact has been maintained with each child's school. The older pupils particularly express gratitude, as many are long term patients, and parents are most appreciative.

Lessons are surprisingly popular with the children who really like to have an ordered day. Their hobbies and interests are pursued whenever possible. Often the children find delight in planning a decorative scheme for the ward, participating in painting pictures on windows and making models, etc. Former pupils often revisit or write.

As in the past, the Tottenham Library Service has been most helpful.

The progress of the school has been due, to a great extent, to the co-operation of the Sisters and hospital staff concerned."

Statistical Information

Certain statistics relating to the work of the school health service 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
1958 & later	3	38	38
1957	21	167	170
1956	16	126	125
1955	29	49	63
1954	113	132	209
1953	66	51	105
1952	12	30	38
1951	88	60	131
1950	220	160	339
1949	104	67	152
1948	137	102	211
1947 & earlier	655	321	872
Total	1464	1303	2453

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 20
- (b) Number of students examined as to fitness for first appointment 56
- (c) Number of students examined as to fitness for training course 124

DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease	Periodic Inspections						Special Inspections	
		Entrants		Leavers		Total including all other age groups inspected			
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
4	Skin	31	54	82	142	223	350	822	7
5	Eyes: a. Vision	37	29	591	70	1464	303	233	83
	b. Squint	51	10	42	5	175	32	11	1
	c. Other	13	3	31	12	101	39	65	3
6	Ears: a. Hearing	4	50	10	32	35	174	157	23
	b. Otitis media	8	71	11	47	38	244	10	1
	c. Other	4	2	1	1	15	18	102	7
7	Nose and Throat	47	214	24	102	109	637	76	23
8	Speech	18	42	8	5	56	77	52	3
9	Lymphatic Glands	-	81	-	5	-	160	-	-
10	Heart	5	23	1	56	13	151	10	11
11	Lungs	27	74	10	69	65	277	20	14
12	Developmental:								
	a. Hernia	6	12	-	4	11	25	1	1
	b. Other	4	38	11	18	22	179	8	14
13	Orthopaedic:								
	a. Posture	2	14	22	93	42	202	9	8
	b. Feet	42	89	65	106	245	394	46	38
	c. Other	15	33	31	52	75	234	73	7
14	Nervous System:								
	a. Epilepsy	5	3	8	9	24	21	3	1
	b. Other	2	7	1	17	12	70	17	3
15	Psychological:								
	a. Development	2	18	1	14	7	74	47	5
	b. Stability	5	125	5	81	39	489	59	25
16	Abdomen	-	20	2	29	9	90	17	2
17	Other	4	9	-	12	13	59	525	67

(T) Requiring Treatment

(O) Requiring Observation

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

	Number of cases known to have been treated
GROUP 1 - EYE DISEASES (e.g. blepharitis, conjunctivitis), DEFECTIVE VISION AND SQUINT.	
(a) External and other, excluding errors of refraction and squint	94
(b) Errors of refraction (including squint)	1656
(c) Number of cases for whom spectacles were prescribed	897
GROUP 2 - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT	
Received operative treatment for adenoids and chronic tonsillitis	138
Received other forms of treatment	463
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) During the current year	10
(b) In previous years	42
GROUP 3 - ORTHOPAEDIC AND POSTURAL DEFECTS	
Treated at clinics or out-patient departments	890
GROUP 4 - DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)	
Impetigo & Ringworm of body	15
Other skin diseases	804
GROUP 5 - CHILD GUIDANCE TREATMENT	
Treated at child guidance clinics (including cases sent to the Tavistock and other hospital clinics)	137
GROUP 6 - SPEECH THERAPY	
Treated by speech therapists	247
GROUP 7 - OTHER TREATMENT GIVEN	
(a) Minor Ailments	352
(b) Treatment other than (a) above and excluding convalescent treatment	156

THE HANDICAPPED CHILD - Distribution in Hornsey as at 31st December, 1962

	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	1	-	5	1	-	-	-	1	-	-	6	2
Partially Sighted	3	4	1	-	2	-	-	-	-	1	6	5
Deaf	5	5	2	2	-	-	-	-	-	-	7	7
Partially Deaf	9	9	2	2	-	-	-	-	-	-	11	11
Educationally Sub-Normal	69	47	8	3	5	5	-	-	-	-	82	55
Epileptic	-	-	1	1	-	-	-	-	-	-	1	1
Maladjusted	-	-	24	6	10	1	9	5	-	-	43	12
Physically Handicapped	22	16	4	2	1	-	-	1	3	-	30	19
Speech Defects	-	-	-	1	233	125	6	3	4	1	243	130
Delicate	1	6	7	6	1	-	-	-	-	-	9	12
Multiple Defects	4	2	2	2	2	-	-	-	1	-	9	4
Totals	114	89	56	26	254	131	15	10	8	2	447	258
GRAND TOTALS	203		82		385		25		10		705	

PERSONAL HYGIENE, SOCIAL TRAINING AND EDUCATIONAL DISABILITIES OF CHILDREN FROM OVERSEAS

I am indebted to R. E. Brettle, Esq., Ph.D., M.A., Borough Education Officer of Hornsey, for permission to include his report together with one of A. A. G. Walbridge, Esq., B.Sc., (Hon.), A.B.Ps.S., Educational Psychologist. Both reports, which were submitted to the Hornsey Education Committee, are here slightly abridged and presented as one report.

Language difficulties naturally give rise to many problems. It is difficult not only for the teachers to make themselves understood and for the children to respond effectively, but difficulty of communication exists between the school staff and the parents of these children. It is very common for both parents of the children to be in full-time employment and the hours worked each day often exceed those of English parents who are in employment. In consequence, schools have little direct contact with parents.

A serious problem can arise with the taking of the school meal. Some of these children have little or no knowledge of table manners and the use of knives and forks. Many do not like English meals and need encouragement if they are to eat anything at all.

Many children have had little training in personal hygiene and good habits and need to be taught the proper use of W.C.'s and wash basins. Generally in some families there is a casual attitude towards parental responsibilities which shows not only in the unpunctuality of children attending school and in money matters, but in the failure of parents to keep medical and dental appointments. With some of these children regular clinic visits and treatment are vitally important.

For the last eight years information has been regularly collected about the reading ability of pupils in Hornsey schools, both primary and secondary. Sufficient information has been accumulated to show general trends, and, as children from overseas, with little or no English, have been in Hornsey schools for the last four years, the time is now appropriate to consider past and present positions and the implications for the future.

The report is concerned primarily with backwardness in reading, assessed by using standardised graded word reading tests. Returns were obtained from primary schools for all first year and fourth year children, and from secondary modern schools for all school leavers.

The results have been tabulated and the overall percentages of backwardness in the primary schools are much less than the national percentages found by the Ministry of Education in 1948 and 1956. For example, in the National Survey of 1956, twenty-one per cent of all eleven year old children were regarded as backward or illiterate. The Hornsey figure for 1961/62 is 11.1 per cent. (It should be explained, however, that the Hornsey figure does not include the

small number of Hornsey children who are educationally sub-normal or ineducable, whereas the national figure does).

There was a considerable increase in the number of backward readers in the years 1957/58 and this coincided with the relatively large influx of immigrant children into Hornsey Schools. After a careful statistical analysis, it is virtually certain that this increase in the number of children with poor reading attainment was due to the effects of immigration and not to chance effects.

The percentage of native born English children who are retarded in reading attainment has remained relatively steady (within the limits of normal fluctuation) over the last four years. If, however, one looks at the percentage of backward readers who are from overseas, one is struck by the great increase in the numbers over the same period. If the actual percentage of overseas children in the schools is taken into account (1962 - 12%), it is evident that a child from overseas is three or four times as likely to be backward in reading as a child from the United Kingdom.

When the changing school population is considered, Hornsey primary schools have been successful at holding the level of backwardness steady at the new higher level. This has obviously entailed considerable stress and effort on the part of the schools, to which the peripatetic teachers and Remedial Groups have contributed. However, the implications of the present position are serious. Since the highest proportions of backward readers are amongst the younger age groups, there is a real danger that the primary schools may be unable to cope with this increase in the future, and with the rapid rise in the number of children of very low attainment, there may be a deterioration of standards. It might appear that with the decrease in the tide of immigration, and the fact that many of the children entering Infant School, whose parents have come from overseas, were born in this country, the problem might be lessened. As yet this would not seem to be so, since many of Hornsey's new citizens use only their native language at home, and are very keen to keep the cultural background of their homes unchanged.

The effect of the overseas arrivals is not yet felt so strongly in our secondary schools.

In an attempt to combat these difficulties some part-time peripatetic teachers have been provided to teach English in the primary schools. Evening classes have been arranged for poor readers over school leaving age. Research has been conducted locally into causes of severe reading difficulty, with the assistance of the Ministry of Education and the National Hospital, Queen Square. Research into methods of teaching reading is also being conducted by the London Institute of Education.

In sum, whereas the overall levels of reading ability in Hornsey are good, backwardness in reading is proving a considerable problem amongst the children of immigrant families and this is not confined to

the early years at school. Moreover, backwardness amongst these children is out of all proportion to their numbers, and there is danger of considerable deterioration in standards as they move through the schools.

The Education Committee recommend to the Middlesex Education Committee as a matter of urgency:

(1) The setting up of two immigrant reception classes, one at North Harringay Infant School and one at South Harringay Infant School, as a pilot scheme for the Summer Term. In these classes it is hoped that the newly admitted children could have the concentrated attention of an experienced teacher for some weeks, and that during this period an attempt would be made to make frequent contact with parents especially on health matters. The School Medical Officer and his staff would be closely involved.

(2) The appointment of three additional welfare assistants.

(3) The appointment of three additional school meals supervisors.

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.H. (until 30th June) A. SHAW, M.B., B.S., D.P.H. (From 16th July)
Veterinary Inspector	F. G. BUXTON, M.R.C.V.S.
Chief Public Health Inspector, Shops Inspector and Petroleum Inspector	W. J. WILSON, D.P.A.(Lond.), M.A.P.H.I., Public Health Inspector's Cert. Food Inspector's Cert.
Deputy Chief Public Health Inspector Shops Inspector and Petroleum Inspector	F. H. G. CANTON, M.A.P.H.I., Public Health Inspector's Cert. Food Inspector's Cert. Smoke Inspector's Diploma
Public Health and Shops 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., 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 MISS A. GLENISTER MISS J. FINNIGAN MISS C. A. PIERCE
Survey Assistant (Smoke Control)	W. R. WOOD
Drainage Inspection Assistant	H. S. FAGG
Disinfectors and Mortuary Attendants	S. J. TWINN (foreman) W. HOOPER T. ROGERS
Rodent Operator	E. J. MEAD

AREA HEALTH STAFF

Deputy Area Medical Officer	G. S. UDALL, M.B., B.Chir., D.P.H., (Resigned 1.7.62) D.C.H. A. SHAW, M.B., B.S., D.P.H. (Appointed 16.7.62)
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. (Retired 29.9.62) MISS M. SMITH, S.R.N., S.C.M., H.V. (Appointed 1.10.62)
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. MRS. M. RUDRUM (Appointed 2.7.62)
Area Administrative Officer	W. L. N. RELLEEN, T.D., D.P.A.
Deputy Area Administrative Officer	H. J. DUNHAM, B.A.
Administrative Officers (Section Heads)	A. BALLS N. P. CHILD S. E. WOODROFFE

Classification of staff	Full-time	Part-time
Medical Officers	10	5
Dental Officers	6	5
Dental Hygienist	1	-
Supervisory Nursing Staff	2	-
Administrative and Clerical Staff	37	6
Health Visitors/School Nurses	25	1
Student Health Visitors	-	2
Clinic Nurses	8	-
Midwives	11	2
Home Nurses	22	4
Speech Therapists	2	2
Physiotherapists	1	-
Occupational Therapists	1	-
Chiropodists	-	2
Audiometer Operators	2	-
Orthoptists	-	2
Dental Surgery Assistants	10	-
Day Nursery Staff	34	3
Home Help Service	4	163
Manual Workers, Domestic Grades, etc.	10	22
	<hr/> 186	<hr/> 219
	<hr/>	<hr/>

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