

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

Contributors

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

Publication/Creation

[1964]

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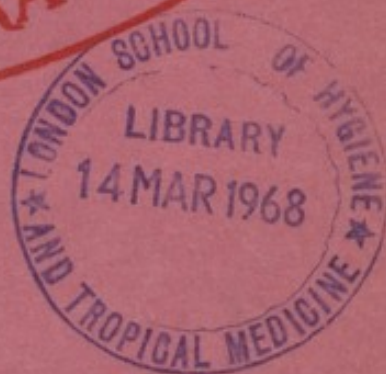


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THE HEALTH OF HORNSEY 1963

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THE ANNUAL REPORT OF THE
MEDICAL OFFICER OF HEALTH

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THE HEALTH OF HORNSEY

1963

THE ANNUAL REPORT OF THE
MEDICAL OFFICER OF HEALTH

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Councillor C. Murray, Deputy Mayor

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| A. R. McINTOSH | H. J. WORMS |
| * C. W. MILLER | |

* Members of Borough Health Committee at 31st December, 1963.

Health Department,
Town Hall,
Hornsey, N.8.

To the Worshipful the Mayor, Aldermen and Councillors,

I have the honour to submit my Annual Report for the year ending the 31st December, 1963.

With amalgamation of Hornsey, Tottenham and Wood Green to form the new London Borough of Haringey, the environmental and personal health services will once again be administratively reunited. Dichotomy of the public health service between county and borough imposed by the National Health Service Act; was finally condemned twelve years later by the Royal Commission on Local Government in Greater London.

Since Dr. Garrow's retirement in 1949 I have, at one and the same time, served as medical officer of health in three separate and distinct units of local government. And despite the kind consideration in the Boroughs received from Council members and colleagues I have had, as the only link between all three administrations, to face mixed loyalties, policy frustrations and difficulties of communication and co-operation with hospital and executive council services, with mental health, education, welfare, children's, youth employment and the many voluntary and national departments operating locally in the two boroughs. Also attendance at so many essential evening committees and functions; and to work day by day with three quite separate office staffs has not always been easy to manipulate.

The population estimate during the past year was 98,190, an increase of 470 over the previous year. The birth rate of 24.2 reached the highest level Hornsey has known this century. A disturbing feature was a rise of 1.8% in illegitimate births to 13.6% of the total births. The infant death rate was 22.8 per thousand live births. No maternal death occurred during the year.

Housing in relation to health received high priority. In particular the clearance of 80 unfit houses in the St. Mary's Road area; further surveys undertaken in relation to houses in multiple occupation and full investigations made into individual housing needs of cases referred on medical grounds.

Progress was made under the Clean Air Act, the Smoke Control Area No. 5 coming into operation on the 1st November, 1963 and before the end of the year a further area declared.

Close supervision was maintained in matters of food hygiene, distribution, storage and manufacturing processes. Particular attention was paid to sampling and bacteriological examination of cooked meats.

In the sphere of health education a special effort, spread over a period of three months, was given to the subject of home safety. Co-operation by heads of schools was such as to ensure success and a competition for the best essay on safety precautions was well supported.

I wish to commend to the notice of the Council the hard and unobtrusive work of the public health inspectors and clerical staff and to the heads of these sections who have in addition to normal duties, contributed to the preparation of reports and recommendations to the Borough joint committees concerned with local government re-organisation.

In conclusion I wish to express my sincere gratitude to the Chairmen and members of the Health, Area and Housing Committees for their constant encouragement and support.

I am,

Your Obedient Servant,

G. HAMILTON HOGBEN,

Medical Officer of Health.

November, 1964.

INFECTIOUS DISEASES

Food Poisoning

4 cases of food poisoning were formally notified. One was attributed to *s.typhi-murium* and in the others no causative agent was identified. Two patients were in the same family and constituted a "family outbreak".

Another case came to the knowledge of the department through admission to hospital. This was attributed to *s.heidelberg*.

In both cases in which the causative agent was known, it was considered safe for the patients to leave hospital once the acute phase of the illness was past although they were still carrying the organism. No further treatment was required as in most cases the carrier state clears spontaneously.

Poliomyelitis

No cases occurred in Hornsey.

Dysentery

No outbreak occurred but there were 17 isolated cases. A butcher's assistant who was carrying *sonne* dysentery was excluded from work until found to be clear of the infection. Compensation was paid for loss of earnings.

Typhoid Fever

One case of typhoid fever was notified, a woman of 64 years, who was admitted to hospital. After recovering she continued to excrete the organism. Arrangements were, however, made for her to leave hospital after she had been advised of the importance of being scrupulous about personal hygiene. Extensive enquiries were made in vain to ascertain the source of infection.

Measles

The number of notified cases was 481, three patients being aged between 15 and 24 years and 2 being over 25 years. Nine cases were treated in hospital; 2 complicated by pneumonia, and one by bronchitis. A girl of 11 years suffered from severe post measles encephalomyelitis and peripheral neuropathy. She was later discharged to an address outside the Borough.

Smallpox

The Public Health (Aircraft) (Amendment) Regulations, 1963 and the Public Health (Ships) (Amendment) Regulations, 1963 came into operation on 1st August. They enable port and airport health officers to require the production of international certificates of vaccination against smallpox. If a person has not a certificate he may be offered vaccination, and may be placed under surveillance or in isolation.

Ministry of Health Circular 13/63 dated July 1963 gives administrative guidance as to how the Amending Regulations should at present be applied. International Vaccination Certificates should now be produced by travellers arriving directly by air from (a) any place in Asia, Africa or the Americas (excluding Canada and the U.S.A.); or (b) any smallpox-infected local area wherever it may. Travellers who do not possess valid certificates or who do not show evidence of protection by a previous attack of smallpox should be offered vaccination and placed under surveillance. If travellers from a smallpox-infected area refuse vaccination, they should be isolated for fourteen days from the date of their departure from the infected area.

As the likelihood of importation of smallpox by sea is, because of the different speed of travel, considerably less than that of air, it is not intended that port medical officers at seaports shall ask to see International Vaccination Certificates of sea travellers as a matter of routine, but that they should do so in the case of an infected ship.

These Regulations resulted from expressions of opinion by the Public Health Committee of the Council of Europe which was concerned about importation of smallpox into the "excepted areas." The Regulations are designed to achieve greater uniformity of control within the excepted areas and at the same time to facilitate international travel. The excepted areas are the Channel Islands, the Isle of Man, the Irish Republic, France in Europe, Belgium, the Netherlands, Luxembourg, Italy, Greece, the Federal Republic of Germany and the United Kingdom. These are fortunate areas of the world where smallpox is not endemic and, indeed, is rarely found.

Nine persons arrived in U.K. by air from smallpox endemic areas after the Regulations came into force and proceeded to addresses in Hornsey; they were placed under surveillance for 14 days.

TUBERCULOSIS

The total number of cases on the Tuberculosis Register at the end of 1963 was 828, viz., pulmonary 727 non-pulmonary 101.

	Pulmonary		Non-Pulmonary		Total	
	Male	Female	Male	Female	Male	Female
(a) Number of Cases on Register at commencement of year	433	326	49	49	482	375
(b) Number of Cases notified for first time during year under Regulations	28	16	3	4	31	20
(c) Cases restored to Register	1	2	-	-	1	2
(d) Cases added to Register otherwise than by notification under Regulations						
(1) Transferred from other Districts	37	25	2	2	39	27
(2) From Death Returns	3	1	-	1	3	2
(e) Number of Cases removed from Register	95	50	4	5	99	55
(f) Number of Cases remaining on Register at end of year	407	320	50	51	457	371

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
2	-	22	15	59	31	3	-	9	4	95	50
PULMONARY											
NON-PULMONARY											
-	-	2	1	2	3	-	-	-	1	4	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	-	-	-	2	4	5	3	4	8	1	-	28	44
	F	-	-	-	1	1	1	3	4	2	2	-	1	-	16	
Non-pulmonary	M	-	-	-	-	-	-	-	3	-	-	-	-	-	3	7
	F	-	-	-	-	-	-	2	1	1	-	-	-	-	4	
OTHER THAN BY FORMAL NOTIFICATION																
Death returns																
Pulmonary	M	-	-	-	-	-	-	-	2	-	-	-	-	1	3	4
	F	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
Non-pulmonary	F	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
Transfers from other Districts																
Pulmonary	M	-	-	-	-	-	-	6	14	9	4	3	1	-	37	62
	F	-	-	-	-	-	1	5	8	8	2	-	-	1	25	
Non-pulmonary	M	-	-	-	-	-	-	-	2	-	-	-	-	-	2	4
	F	-	-	-	-	-	-	1	-	1	-	-	-	-	2	

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	2	1	-	12	10	-	1
1	1	1	3	3	-	-	26	29	-	1
2	1	3	-	1	-	-	37	35	-	-
3	4	1	3	3	-	-	37	38	-	-
4	1	2	3	5	-	-	30	27	-	-
5-9	7	9	7	5	-	-	91	93	3	-
10-14	-	4	2	2	-	-	5	6	1	-
15-24	-	4	-	1	-	-	-	3	2	-
25 and over	1	1	-	1	-	-	1	1	6	3
TOTALS	15	25	20	23	1	-	239	242	12	5

AGE IN YEARS	Acute pneumonia		Erysipelas		Food poisoning		Puerperal pyrexia	Typhoid fever		Ac encephalitis Infective Post Infectious			
	M	F	M	F	M	F	F	M	F	M	F	M	F
Under 5	3	3	-	-	-	-	-	-	-	-	-	-	-
5-14	3	1	-	-	-	1	-	-	-	1	-	-	-
15-44	5	7	-	-	-	2	5	-	-	-	-	-	1
45-64	12	8	1	1	-	-	-	-	1	-	-	-	-
65-and over	5	12	-	2	-	1	-	-	-	-	-	-	-
TOTALS	28	31	1	3	-	4	5	-	1	1	-	-	1

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

NOTIFICATION OF INFECTIOUS DISEASE BY WARDS

	Highgate	Muswell Hill	Crouch End	Central Hornsey	North Harringay	South Harringay	Stroud Green	Finsbury Park	TOTALS
Scarlet fever	2	9	2	13	-	3	9	2	40
Whooping cough	4	6	5	4	9	1	14	-	43
Measles	77	102	21	30	56	75	75	45	481
Acute pneumonia	1	4	3	3	32	6	8	2	59
Dysentery	4	4	4	1	1	-	2	1	17
Food poisoning	-	2	-	-	1	1	-	-	4
Erysipelas	-	-	1	-	-	1	2	-	4
Puerperal pyrexia	-	4	-	-	-	-	1	-	5
Ophthalmia neonatorum	-	-	-	1	-	-	-	-	1
Typhoid fever	-	1	-	-	-	-	-	-	1
Ac encephalitis									
Infective	1	-	-	-	-	-	-	-	1
Post infectious	-	-	-	-	-	1	-	-	1
TOTALS	89	132	36	52	99	88	111	50	657

HOUSING AND SANITARY CIRCUMSTANCES

St. Mary's Road Clearance Area

The official representation to the Council was made on 21st March, 1963. The area consisted of the following houses:-

Nos. 42, 44, 46, 48 Birkbeck Road
Nos. 1, 3, 5, 7, 9, 11, 13 Holland Road
Nos. 8, 10, 12 Holland Road
Nos. 2, 4, 6, 8, 26, 28, 32, 34, 36, 38 Rectory Road
Nos 13, 15, 17, 19, Grove House Road
Nos. 4, 6, 8, 10, 12, 14, 16, 20, 22, 24, 26, 28, 30, the
house which forms part of No. 30A, 32, 34, 36, 38, 40,
42, 44, 46, 56, 58, 60, 64, 66, 68, 70 St. Mary's Road
Nos. 19, 23, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49,
51 St. Mary's Road
Nos. 12, 14, 16, 18, 20, 22, 24, 28, 30 Westfield Road

At the recommendation of the Housing Committee the following properties were added, and a Compulsory Purchase Order was made on 23rd April, 1963.

Nos. 22 - 40 even nos. Birkbeck Road
Nos. 2 and 4 Holland Road
Nos. 10, 12, 16 - 24 even nos., 21 - 31 odd nos., 30 and
40 - 44 even nos. Rectory Road
Nos. 15, 17, 21, 27, 30A (other than the house forming part
thereof), 48, 50, 52, 54 53 - 59 odd nos., 62 and 72A
St. Mary's Road
Nos. 2, 4, 6, 8, 10, 26, 32 - 50 even nos., 54, 56 and 58
Westfield Road

Objections were received in respect of 43 properties and a Public inquiry was held in the Town Hall on 19th November, 1963.

The acquisition of some of the houses and sites was proceeded with during the year by direct negotiation with the owners, and rehousing of the families into Council accommodation in other parts of the Borough had been commenced.

CLOSING ORDERS

The following Closing Orders became operative in 1963.

Property	Part affected	Order operative	Action taken
12 Enfield Road	Whole house	6th February	1 family rehoused.
32 Enfield Road	Whole house	6th February	1 family rehoused.
27 Gordon Road	Whole house	6th February	Premises vacant when closed.
37 St. Mary's Road	Front and rear basement rooms.	22nd March	1 family rehoused.
432 Archway Road	Whole house	22nd March	1 family rehoused.
10 Gordon Road	Whole house	25th April	1 family rehoused.
10 Enfield Road	Whole house	1st August	1 family in occupation at end of year.
3 Hanbury Road	Whole house	1st August	2 families rehoused.
24 Ennis Road	Lower ground floor front and back rooms.	1st August	Accommodation in upper part of house available for occupant.
25 Ridge Road	Basement rear left room.	18th Sept.	Premises vacant when closed.
29 Ridge Road	Basement back room and basement back ante-room.	14th November	1 family removed voluntarily.
69 Park Road	3 basement rooms and scullery	27th December	Accommodation in upper part of house available for occupants.
4 Gordon Road	Whole house.	27th December	1 family rehoused 1 family in occupation at end of year.

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
42 Mount View Road	Lower ground floor back living room and lower ground floor scullery.	9th August
89 Woodstock Road	Whole house.	2nd December

Demolition Orders Substituted For Closing Orders

Closing Orders were made on 16 and 18 Osborne Grove in 1962. By May, 1963, the premises had become so derelict that it became necessary to substitute Demolition Orders for the Closing Orders. The Demolition Orders became operative on 8th June, 1963. The period within which the houses were required to be demolished was extended to 30th September, but the owners took no steps to carry out the demolition. The houses were in a derelict and dangerous condition, and on 5th November the Council resolved to undertake the demolition, to do any necessary shoring and weatherproofing of No. 14 adjoining and to recover the costs from the owners.

SANITARY IMPROVEMENTS EFFECTED IN DWELLINGS

Sanitary improvements are classified under main headings - works on the drainage system, external 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 14 Minor 297
External fabric	Major 23 Minor 130
Internal fabric	Major 12 Minor 42

CERTIFICATES OF DISREPAIR

Applications for certificates of disrepair	8
Decisions not to issue certificates	-
Decisions to issue certificates (a) in respect of some defects	3
(b) in respect of all defects	5
Undertakings given by landlords	5
Undertakings refused	1
Certificates of disrepair issued	3
Applications for cancellation of certificates	2
Objections by tenants to cancellation of certificates	2
Decisions by Council to cancel in spite of tenant's objection	2
Certificates cancelled	2
Applications for certificates as to remedying defects which landlord has undertaken to remedy:	
Certificates issued to landlord: All defects remedied	1
Some " " "	3

ABATEMENT NOTICES

	Verbal	Preliminary	Statutory
Public Health and Housing Act	73	485	58
Shops Act	11	3	-
Factories Act	10	7	-
Clean Air Act	-	-	-

COMMON LODGING HOUSES

There are no common lodging houses in Hornsey.

RE - HOUSING ON HEALTH GROUNDS

During the year five families unable to attract a sufficient total of points were put forward to the Committee as in need of special consideration. The Committee approved three and one was rehoused before the end of the year.

The total number of new housing cases reviewed on health grounds during the year was 88. In 74 cases action was as follows:-

Nil	points recommended	16
5	" "	2
10	" "	13
15	" "	43

Cases recommended for rehousing
outside the points scheme 3

The remaining 14 cases required no further action as for various reasons the applications were withdrawn or not substantiated.

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

Group I	Serious medical condition	
	(a) Active pulmonary tuberculosis	1
	(b) Other medical conditions	20
Group II	Chronic medical or surgical conditions which have crippled the patient	4
Group III	Old persons needing ground floor accommodation because of infirmity possibly with illness	4
Group IV	Serious overcrowding causing undesirable mixing of sexes with its accompanying moral danger	2

Twenty-six families, including one special, with medical points were rehoused during the year.

LICENSING OF PET SHOPS

During the year 11 inspections were carried out, 9 by the Veterinary Inspector and 2 by the Public Health Inspectors.

6 existing licences were renewed at the beginning of the year and 1 new licence issued.

FACTORIES ACT, 1961

	Total No. of Factories	No. Inspected	Inspections Made
Factories with power	192	64	138
Factories without power	41	4	8

Defects found

Notices were served and complied with as follows:-

	Served	Complied with
Want of cleanliness	6	2
Inadequate ventilation	4	1
Insufficient sanitary conveniences	1	-
Unsuitable " "	6	2
Sanitary conveniences not separate for sexes	1	1

Outworkers

There are 177 outworkers on the register engaged in the following occupations:-

Making, altering, etc. of wearing apparel	140
Making up of household linen	2
Making of lace, lace curtains and nets	1
Making or repairing of umbrellas, sunshades etc.	5
Making of artificial flowers	6
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	5
Making of brushes	6
Feather sorting	2
Making or filling Christmas crackers, Christmas stockings, etc.	5
The weaving of textile fabric	2
Manufacture of lampshades other than lampshades made wholly of metal or glass or stone	3

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

INSPECTIONS BY PUBLIC HEALTH INSPECTORS

1st Inspection Re-inspections

Food

Food Premises (See table on page 24)	320	204
Street Traders	-	2
Hawkers	11	5

Infectious Diseases

Notifiable Infectious Diseases	84	-
Food Poisoning	4	-
Infectious Disease Contacts	9	26

Public Health Inspections

Nuisances	482	2,061
Drainage	109	247
Rodent Control	18	18
Overcrowding	25	89
Factories	64	82
Outworkers	5	-
Renewal of Music and Dancing Licences	12	-
Rivers Pollution	128	109
Smoke observations	-	8
Pests & verminous conditions	15	55
Certificates of Disrepair	10	15
Hairdressers' Shops	29	23

Housing Inspections

Houses in Multiple Occupation	99	649
Housing Surveys	66	135
Other inspections under Housing Acts	190	297

Shops Inspections

137 -

Others

Pet Animal Shops	2	-
Petroleum Stores	76	165
Visits to old people	14	30

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.

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	768	13.6	99.87%	99.87%
New River	512	4.5	100%	100%

Chemical Examination

104 samples of filtered water derived from the New River and 52 from River Thames derived water were taken for chemical examination. All were found to be satisfactory.

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 show an average of 0.25 parts per million.

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 1962 and 1963 are as follows:-

	<u>1962</u>	<u>1963</u>
January - March	38	35
April - June	38	40
July - September	38	29
October - December	32	43
	<u>146</u>	<u>147</u>

HAIRDRESSERS

Thirty-eight premises are exclusively used for ladies' hair-dressing, twenty for men and six cater for both sexes.

All the establishments were inspected during the year and with the exception of a few minor matters were found to comply with the byelaws which are designed to secure the cleanliness of the premises, the staff, instruments and equipment used.

CLEAN AIR

The sixth smoke control area was declared at the end of the year, the proposed date of operation being 1st November, 1964. This area is the first in the eastern half of the borough, and it lies principally to the north of a line along the middle of Priory Road, High Street, Hornsey and Turnpike Lane.

No unusual difficulties were experienced in the implementation of Hornsey's fifth order which came into force on 1st November, 1963. There was a marked tendency for gas heaters to be preferred to electric heaters, no doubt as a result of cuts in the electricity supply during the bad winter of 1962/63.

In December the Ministry of Housing and Local Government issued Circular 69/63 which dealt with the problems arising from difficulties about smokeless fuel supplies. The Gas industry has made certain technological changes in methods of producing gas, and it is no longer possible to rely on supplies of gas coke to provide the basic smokeless fuel in future smoke control areas.

Hard coke, which is not a by-product, is stated to be in abundant supply, and the Ministry will now approve grants in full for appliances capable of burning hard coke. These appliances are closed stoves (known as room heaters) and under-floor draught open fires.

It will now be necessary to consult local representatives of the fuel producers and distributors before making a Smoke Control Order. If as a result of these consultations it is established that gas coke will not be available for the proposed smoke control area, no grants are payable for the installation of ordinary improved open fires, and a grant is payable for replacing such fires.

Powers are to be given to the Minister and to local authorities to withhold grants for any class of appliances if the use of them is likely to result in undue strain on fuel resources. It is suggested in the Circular that householders who choose electricity should be encouraged to install thermal storage space heaters, because of the difficulties which the electricity supply industry is at present experiencing in meeting peak loads in very cold weather.

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. 17 cases were dealt with and the total sum granted (in addition to the statutory grant) was £104.13s.8d.

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.

One application was received and a grant to cover the whole of the essential cost, was made, the total amount being £40.17s.0d.

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

	<u>Town Hall</u>		<u>Electricity Sub-Station Hampden Road</u>	
	<u>1962</u>	<u>1963</u>	<u>1962</u>	<u>1963</u>
January	13.03	8.32	12.01	9.61
February	6.30	14.90	6.26	12.66
March	11.58	25.00	11.96	17.91
April	7.45	23.29	7.68	23.90
May	12.21	26.01	8.81	16.07
June	16.62	17.25	8.39	13.16
July	13.39	9.05	12.21	2.72
August	7.59	10.07	6.21	8.44
September	11.06	13.09	10.78	7.34
October	6.02	21.44	6.93	10.62
November	11.18	15.89	11.13	13.51
December	16.96	9.86	12.75	8.42

ATMOSPHERIC POLLUTION - MEASUREMENT OF SMOKE AND SULPHUR DIOXIDE

Sites	Smoke (microgrammes per cubic metre)										Sulphur dioxide (microgrammes per cubic metre)									
	Monthly average					Highest daily reading					Monthly average					Highest daily reading				
	a	b	c	d	e	a	b	c	d	e	a	b	c	d	e	a	b	c	d	e
January	190	180	98	269	248	868	956	517	1236	958	295	334	*	354	354	1130	1400	450	1530	1370
February	239	294	203	320	280	509	518	377	623	533	372	483	273	335	401	649	954	562	608	693
March	99	89	68	130	127	213	256	210	337	217	171	197	88	145	167	426	503	211	280	520
April	79	92	52	104	107	165	249	119	282	235	164	193	100	132	148	307	390	222	287	286
May	48	25	33	65	53	109	77	93	151	165	95	92	72	71	72	181	187	147	146	132
June	29	31	21	27	28	88	76	75	83	87	70	97	64	55	82	174	233	151	121	194
July	24	30	22	27	29	63	110	59	69	81	67	70	66	68	67	178	163	133	160	155
August	34	46	35	*	41	90	143	89	83	96	70	82	68	*	71	161	164	162	112	170
September	46	42	27	*	43	124	99	69	117	110	116	109	129	*	107	210	228	218	223	243
October	73	49	43	72	70	114	105	91	114	102	162	180	140	157	176	289	780	252	302	315
November	125	97	117	152	133	274	367	418	540	528	223	233	205	207	231	478	451	717	414	628
December	199	178	129	245	244	352	325	254	425	380	221	255	256	236	252	364	491	432	441	530

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.

FOOD

Pasteurisation of Liquid Egg

The Liquid Egg (Pasteurisation) Regulations, 1963, which come into operation on 1st January, 1964, require the pasteurisation of liquid egg intended to be used in food intended for sale for human consumption. Egg removed from the shell on the premises where the food is prepared and used forthwith or kept at a temperature not exceeding 50° F and used within 24 hours, is not subject to these Regulations.

The Regulations prescribe the system of pasteurising of the egg and the tests to be satisfied.

Penalties for contravening the provisions of the Regulations are provided.

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	25	5	-
Butchers	51	-	30
Confectionery (sugar)	112	102	1
Fish (wet and dried)	8	1	3
Fish (fried)	9	-	-
Fruit and vegetables	70	14	-
Grocery and provisions	115	31	17
Milk	4	1	-
Canteens	10	-	-
Preserved foods	4	1	3
Public houses and off licences	75	9	-
Restaurants and cafes	53	27	-
Tobacconists and Newsagents	1	1	-
Herbalist and health foods	2	-	-
Confectionery warehouse	1	-	-
Preserved food factory	2	-	2
Stalls:			
Fruit and vegetables	3	-	-
Jellied eels	1	-	1
Refreshments	1	-	-
Clubs	21	-	-

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 55 samples was submitted to the Central Public Health Laboratory at Colindale for bacteriological examination and of these, 26 were described as 'satisfactory' and 8 as 'fairly satisfactory' or 'within normal limits'. The remaining 21 were not considered satisfactory, but pathogenic organisms which could be directly responsible for food poisoning were not isolated.

REGISTRATION OF HAWKERS OF FOOD AND THEIR STORAGE PREMISES

During the year seven 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 51 registered hawkers who are at present selling the following foods:-

Confectionery	1	Groceries	1
Eggs	2	Ice Cream	17
Fish	1	Winkles and shrimps	1
Fruit and vegetables	28		

REGISTRATION OF DISTRIBUTORS OF MILK

Two applications were received for the registration of premises for the sale of milk. In all cases conditions were considered satisfactory in the light of Milk and Dairies (General) Regulations and the registrations were granted.

REGISTRATION OF PREMISES FOR THE SALE ETC. OF ICE CREAM

During the year three 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	50	Greengrocers' Shops	62
Butchers' Shops	38	Grocers' Shops	111
Canteens and Kitchens	21	Public Houses and	
Confectioners	51	Off Licences	66
Fish Shops	20	Restaurants, Cafes, etc.	93
		Cold Store	12

UNSOUND FOOD

The following is a list of unsound food surrendered during 1963. Wherever possible this was salvaged for use as animal feeding or industrial purposes.

	Cwt. lbs.		Cwt. lbs.
Canned Vegetables	1 104	Fish	96
Canned Fruit & Fruit Juices	5 106	Cereals	16
Canned Meat	6 21	Vegetables	52
Canned Fish	35	Ice Cream	32
Flour	1 96	Flour Confectionery	98
Sugar	59	Meat in Pastry	46
Miscellaneous	121	Cheese	24
		Meat	22 8

LEGAL PROCEEDINGS

Date of Hearing	Offence	Result
<u>Food & Drugs Act, 1955, Section 2</u>		
25th July	Rodent excreta in bread	Fine £10
<u>Food Hygiene (General) Regulations, 1960</u>		
25th July	Exposure of food to the risk of contamination (Reg. 5)	Fine £15
	Failure to keep walls of flour loft clean (Reg. 23.1)	Fine £5
	Failure to keep walls and ceiling of baking room clean (Reg. 23.1)	Fine £5
Costs of both above cases £15.15s.0d.		
21st August	Various contraventions of the regulations in a restaurant.	Adjourned sine die - undertaking to carry out works and maintain a good standard of cleanliness accepted.
<u>Food & Drugs Act, 1955, Section 8</u>		
4th December	Beef sausages in a mouldy condition	Fine £50 Costs £5.5s.0d.

GENERAL

MEDICAL EXAMINATION OF STAFF

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

One of the conditions of the scheme for sickness pay for employees who come within the scope of the National and Provincial Councils for Non-Trading Services (Manual Workers) is that all new employees be required to submit to a medical examination before the completion of six months' service with the Council in order to determine their fitness for admission to the scheme. 111 persons were examined, 109 of whom were accepted for the scheme. 2 examinations were carried out for other purposes.

MASSAGE AND SPECIAL TREATMENT

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

The Act gives the Council power to inspect licensed premises, and these inspections are carried out by the deputy medical officer of health. No reason for complaint has been found during inspections carried out in the year and generally speaking the standard maintained is good.

Licences were issued in respect of 15 premises. The following summary shows the numbers licensed for each form of treatment.

Massage	2
Chiropody	15
Electrical treatment	2
Other similar treatment	2

One exemption certificate was received from a registered member of the Chartered Society of Physiotherapy. Such certificate 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.

During the last three months of the year a campaign was carried out in the Hornsey schools to make the children and through them their parents, aware of dangers in the home and possible means of avoiding accidents.

Posters were displayed in the Borough for two weeks before Guy Fawkes Day warning people of the careless use of fireworks which results each year in many thousands of accidents. No suitable leaflets are available and in fact there is an unfortunate shortage of suitable publicity material on this subject. Following the display of Guy Fawkes posters, other aspects of home safety were given publicity and posters were sent to all schools together with specimens of many leaflets available on a variety of aspects of home safety.

Arrangements were made in consultation with the Hornsey Head Teachers Association for education on home safety to be carried out in most of the schools and individual competitions organised in each class by the teachers concerned. The head teachers and teachers later selected one child in each class who had carried out the best work on home safety and a certificate was awarded by the Council in recognition of the good work. The children concerned, except those in infant classes, were then invited to attend a presentation ceremony in the Town Hall with their parents and brothers and sisters.

We were very fortunate indeed in being able to have Mr. Terry Scott a celebrated television actor to present the certificates to the children. This he did in his own way and delighted many of the children by autographing the certificates which had been presented.

A short talk on flame proof material and a demonstration of their effectiveness and also of their beauty and variety followed. Two short films dealing light-heartedly with the very serious problem concluded the evening.

Most of the winning entries were on show in the hall during the evening and in addition very many posters, essays and excellent models made by the children in connection with the campaign were also proudly displayed around the hall. These attractions were clear evidence of the numbers of Hornsey children who had benefitted greatly from their class teaching on the subject.

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:-

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

2 at Pet Shop	-	St. James's Lane
2 at Pet Shop	-	314c Park Road
2 at Pet Shop	-	69 Turnpike Lane
2 at Pet Shop	-	40 Stroud Green Road
1 at Pet Shop	-	48 Stroud Green Road

There were no outbreaks of Fowl Pest.

No action was necessary under the Tuberculosis Order of 1925.

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

BURIAL OF THE DEAD

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

Arrangements were made for the burial of four bodies, men of 28 and 65 years, and women of 61 and 89 years.

PUBLIC MORTUARY

The old mortuary and post-mortem room at the Central Depot, Hornsey High Street, ceased to be used on 4th November, 1963 when the new modern building in Myddelton Road came into use. The old building had been in use since 1886. The present building is a model of its kind, providing ideal conditions for the reception and accommodation of bodies and for the pathologist to carry out his work as well as for other doctors who may wish to be present at post-mortem examinations.

During the year 121 bodies were admitted for post-mortem examination. Inquests were held on 14 bodies.

In no case was it necessary to require the compulsory removal of an old person to a home or hospital. As is usual many persons were referred to the department as being in need of care and attention and 32 such people were brought to our notice for the first time during the year or were dealt with without recourse to compulsion. In the overwhelming majority of cases by the provision of statutory and voluntary aids such as the home nurse, home help and various services provided by the Old People's Welfare Council. In a few cases admission to hospital was arranged after some persuasion of the person concerned.

PETROLEUM SPIRIT

The number of establishments licensed for storage is 63 and the number of licences issued is as follows:-

Petroleum	50
Petroleum mixtures	20
Hydro-carbon	2
Napthaline	1
	<hr/>
Total	73

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

VITAL STATISTICS

Area (acres)...	2,871
Area of Parks and Open Spaces (acres) ...	576
Population: Registrar General's estimate at 30 June, 1963 ...	98,190
Number of separately assessed dwellings 1st April, 1963 ...	26,113
Rateable value (General Rate) at 1st April, 1963 ...	£4,172,083
Product of a penny rate 1963-64 ... (estimated)	£17,070

TOTAL LIVE AND STILL-BIRTHS ...	2,409
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LIVE BIRTHS

	M.	F.	Total
Legitimate ...	1,015	1,036	2,051
Illegitimate ...	154	168	322
Illegitimate live births per cent of total of live births ...			13.6

Birth Rate (live births per 1,000 population)

HORNSEY ...	24.2
Area Comparability Factor...	0.83
Adjusted Rate for Hornsey ...	20.1
England and Wales (provisional) ...	18.2

STILL-BIRTHS

	M.	F.	Total
Legitimate ...	20	12	32
Illegitimate ...	-	4	4

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

HORNSEY ...	14.9
England and Wales (provisional) ...	18.1

INFANT DEATHS (under 1 year of age)

	M.	F.	Total
Legitimate ...	27	20	47
Illegitimate ...	4	3	7

Infant Mortality Rates (per 1,000 live births)

HORNSEY: Legitimate	22.9
Illegitimate... ..	21.7
Total	22.8
England and Wales (provisional)	21.1

NEO-NATAL DEATHS (under 4 weeks of age)

	M.	F.	Total
Legitimate	16	14	30
Illegitimate	3	2	5

Neo-Natal Mortality Rates

HORNSEY	14.7
England and Wales (provisional)	14.2

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

	M.	F.	Total
Legitimate	12	13	25
Illegitimate	2	2	4

Early Neo-Natal Mortality Rates

Legitimate	12.2
Illegitimate	12.4
Total	12.2

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

	M.	F.	Total
Legitimate	32	25	57
Illegitimate	2	6	8

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

HORNSEY: Legitimate	27.4
Illegitimate	24.5
Total	27.0
England and Wales (provisional)	29.3

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	574	
Females	650	1,224

Death Rate (per 1,000 population)

HORNSEY	12.5
Area Comparability Factor	0.97
Adjusted Rate for Hornsey	12.1
England and Wales	12.2

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	.	.	.	.	2	3	1	.	6	7
	F	.	.	.	.	.	.	1	.	1	
2 Tuberculosis, other	M	.	.	.	.	.	.	.	.	.	2
	F	.	.	.	.	.	.	.	2	2	
3 Syphilitic disease	M	.	.	.	.	.	.	.	.	.	3
	F	.	.	.	.	.	.	.	3	3	
9 Other infective and parasitic diseases	M	.	.	.	.	.	1	1	.	2	4
	F	.	.	.	.	.	2	.	.	2	
10 Malignant neoplasm, stomach	M	.	.	.	.	.	7	7	2	16	37
	F	.	.	.	.	.	7	8	6	21	
11 Malignant neoplasm, lung, bronchus	M	.	.	.	.	2	16	15	9	42	58
	F	.	.	.	.	.	7	2	7	16	
12 Malignant neoplasm, breast	M	.	.	.	.	.	.	.	.	.	20
	F	.	.	.	.	.	9	5	6	20	
13 Malignant neoplasm, uterus	M	.	.	.	.	.	.	.	.	.	4
	F	.	.	.	.	.	2	.	2	4	
14 Other malignant and lymphatic neoplasms	M	.	1	.	2	3	19	12	20	57	104
	F	.	.	.	.	1	20	8	18	47	

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

4 Diphtheria; 5 Whooping Cough; 6 Meningococcal infections; 7 Acute poliomyelitis; 8 Measles.

Deaths of Hornsey Residents - continued

		Under 1 year	1 to 4	5 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75 and over	TOTALS	
15	Leukaemia, aleukaemia	M	.	.	.	.	1	1	2	4	6
		F	.	.	.	.	1	.	1	2	
16	Diabetes	M	.	.	.	.	2	1	.	3	10
		F	.	.	.	.	.	3	4	7	
17	Vascular lesions of nervous system	M	.	.	.	.	9	13	15	37	130
		F	.	.	.	1	4	19	69	93	
18	Coronary disease, angina	M	.	.	.	1	44	33	44	122	234
		F	.	.	.	1	13	26	72	112	
19	Hypertension with heart disease	M	.	.	.	.	.	1	2	3	10
		F	.	.	.	.	.	4	3	7	
20	Other heart disease	M	.	.	.	3	8	4	30	45	123
		F	.	.	1	2	7	9	59	78	
21	Other circulatory disease	M	.	.	.	.	3	5	11	19	52
		F	.	.	.	1	3	8	21	33	
22	Influenza	M	.	.	.	.	.	.	1	1	2
		F	.	.	.	.	.	.	1	1	
23	Pneumonia	M	5	.	.	.	5	9	30	49	119
		F	3	.	.	.	5	8	54	70	
24	Bronchitis	M	.	.	.	.	13	20	19	52	80
		F	2	.	.	.	4	9	13	28	
25	Other diseases of respiratory system	M	.	.	.	1	3	5	1	10	15
		F	.	.	.	.	2	1	2	5	

Deaths of Hornsey Residents - continued

		Under 1 year	1 to 4	5 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75 and over	TOTALS	
26	Ulcer of stomach and duodenum	M	.	.	.	.	2	6	5	13	18
		F	.	.	.	.	.	.	5	5	
27	Gastritis, enteritis and diarrhoea	M	2	.	.	2	1	1	.	6	12
		F	.	.	.	.	.	.	6	6	
28	Nephritis and nephrosis	M	.	.	.	.	2	.	.	2	3
		F	.	.	.	.	.	1	.	1	
29	Hyperplasia of prostate	M	.	.	.	.	.	1	3	4	4
		F	.	.	.	.	.	.	.	.
30	Pregnancy, childbirth, abortion	M	.	.	.	.	.	.	.	.	Nil
		F	.	.	.	.	.	.	.	.
31	Congenital malformations	M	6	1	1	.	.	.	.	8	11
		F	2	.	.	.	.	.	1	3	
32	Other defined and ill-defined diseases	M	16	.	1	.	5	6	9	43	107
		F	16	1	.	3	10	4	30	64	
33	Motor vehicle accidents	M	.	.	.	1	5	2	.	9	14
		F	.	.	.	.	2	1	2	5	
34	All other accidents	M	2	1	1	2	4	.	1	11	20
		F	.	.	.	.	1	1	7	9	
35	Suicide	M	.	.	.	1	3	4	1	9	14
		F	.	.	2	1	1	1	.	5	
36	Homicide and operations of war	M	.	.	.	.	.	1	.	1	1
		F	.	.	.	.	.	.	.	.
TOTALS		M	31	3	3	6	23	158	146	204	574
		F	23	1	.	3	10	100	119	394	650
			54	4	3	9	33	258	265	598	1,224

INFANT DEATHS
CLASSIFIED ACCORDING TO AGE AND SEX

AGE AT DEATH		Under 1 day	1-6 Days	1 Week	2 Weeks	3 Weeks	Total under 4 Weeks	1-2 Months	3-5 Months	6-8 Months	9-11 Months	Total under 1 Year
Inflammatory diseases of central nervous system	M	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	2	-	-	-	2
Pneumonia	M	-	-	-	-	-	-	-	3	1	-	4
	F	-	-	-	-	-	-	2	-	-	-	2
Bronchitis	M	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	1	-	1	-	2
Gastro-Enteritis	M	-	-	1	-	-	1	1	-	-	-	2
	F	-	-	-	-	-	-	-	-	-	-	-
Monstrosity	M	-	-	-	-	-	-	-	-	-	-	-
	F	-	1	-	-	-	1	-	-	-	-	1
Spina bifida and meningocele	M	-	-	-	1	-	1	-	-	-	-	1
	F	1	-	-	-	-	1	-	-	-	-	1
Congenital hydrocephalus	M	-	-	-	-	-	-	1	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-
Congenital malformations of heart	M	-	-	-	-	-	-	1	-	1	1	3
	F	-	-	-	-	-	-	-	-	-	-	-
Other congenital malformations	M	-	-	-	1	-	1	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-
Injury at birth	M	3	1	-	-	-	4	-	-	-	-	4
	F	-	-	-	-	-	-	-	-	-	-	-
Post-natal asphyxia and atelectasis	M	1	4	-	-	1	6	-	-	-	-	6
	F	4	3	1	-	-	8	-	-	-	-	8
Pneumonia of newborn	M	1	-	-	-	-	1	-	-	-	-	1
	F	-	1	-	-	-	1	-	-	-	-	1
Immaturity	M	4	-	-	1	-	5	-	-	-	-	5
	F	4	1	-	-	-	5	-	-	-	-	5
Accidental mechanical suffocation	M	-	-	-	-	-	-	1	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-
Other accidents	M	-	-	-	-	-	-	-	-	1	-	1
	F	-	-	-	-	-	-	-	-	-	-	-
All other Causes	M	-	-	-	-	-	-	-	-	1	-	1
	F	-	-	-	-	-	-	1	-	-	-	1
TOTALS	M	9	5	1	3	1	19	3	4	4	1	31
	F	9	6	1	-	-	16	4	2	1	-	23

AREA

PERSONAL AND SCHOOL HEALTH SERVICES

HORNSEY AND TOTTENHAM

(Joint Population 210,890)

Mr. A. REED, A.C.I.L., J.P.,
 Mrs. A. F. REMINGTON
 Mr. R. H. WARREN
 Mrs. D. CUNNINGHAM
 Mr. M. T. MORRIS (Vice-Chairman)
 Mr. J. R. SEARLE

MEMBERS OF MIDLSEX COUNTY COUNCIL

Coun. Coun. Mr. M. E. BULMER
 " " Mrs. J. H. DAMANT
 " " Mr. R. H. GODWIN-WONCE
 " " Mrs. M. E. PROTHOROE
 " " Mrs. M. E. SEARLE

The tables are for the Area as a whole.

MEMBERS OF THE LOCAL AREA COMMITTEE
AS AT 31st DECEMBER, 1963

MEMBERS OF HORNSEY BOROUGH COUNCIL

Alderman	Miss O. R. ANDERSON
"	Mr. V. P. GELLAY, B.Sc.
Councillor	Mr. C. J. ETTINGER, M.Sc.(Econ.)
"	Mr. F. C. V. HAYWARD
"	Mr. J. T. WILKINS (Chairman)

MEMBERS OF TOTTENHAM BOROUGH COUNCIL

Alderman	Mr. A. REED, A.C.I.I., J.P.,
"	Mrs. A. F. REMINGTON
"	Mr. R. H. WARREN
Councillor	Mrs. D. CUNNINGHAM
"	Mr. M. T. MORRIS (Vice-Chairman)
"	Mr. 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, J.P.,
"	" 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 M. F. BOWMAN, O.N.C., S.R.N., S.T.D., M.S.C.P.

PERSONS WHO MAY ATTEND IN AN ADVISORY CAPACITY

Dr. A. M. FREEMAN	(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

Alderman D. F. W. BILLINGSLEY	Councillor Miss M. M. BARRIE
" Mrs. J. M. CARTER	" Mrs. M. E. CLAY
" F. C. CAVE, C.B.E.,	" Mrs. B. M. GREENING
" T.D., D.L., J.P.	" Miss A. HARRIS
(Chairman)	" J. LOTERY
" Mrs. K. M. ST. P. CRUMP	" B. J. McBRIDE
(Vice-chairman)	" A. R. McINTOSH
" V. P. GELLAY	" J. MARTIN
" N. MULDOON, O.B.E.,	" Mrs. M. PLEASANCE
J.P.	" B. D. SMITH
" G. WATSON	" G. H. STANSALL
	" Mrs. J.E. THEXTON
	" P. J. WHEAL

Eight Additional Members

Mrs. W. BINDLEY	Dr. F.W.M. DRAPER, F.S.A..
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. 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 80.8%.

		1963	1962	1961
Live Births	(a) Domiciliary	911	943	853
	(b) Hospital or Nursing Home	3798	3636	3219
Still Births	(a) Domiciliary	5	4	7
	(b) Hospital or Nursing Home	63	67	52
		<hr/> 4777	<hr/> 4650	<hr/> 4131

Ante-natal Clinics

These sessions for the care of mothers who are either booked for hospital delivery or for home but have no general practitioner giving ante-natal care, continue to be very busy. For the hospital-booked cases, attending their local clinics saves them long journeys to the hospital and also relieves the pressure on the overcrowded hospital ante-natal clinics.

It is interesting that in many parts of the country including Middlesex, local authority ante-natal clinics are becoming smaller as general practitioners take over the ante-natal care of their own patients. This has not occurred in Tottenham and Hornsey. Four of the medical officers attend clinics at hospitals as well as in the clinic buildings. Two go to the North Middlesex Hospital and two to the Bearsted Memorial Hospital. This is a valuable link between the two services as personal meetings make co-operation immeasurably easier.

The following table gives details of attendances at all clinics in the Area:-

	No. of sessions held	Total Attendances		Average attendance per session
		A.N.	P.N.	
Burgoyne Road	100	1659	137	18.0
Highgate	66	1110	60	17.7
Fortis Green	100	1837	99	19.4
Hornsey Town Hall	156	2928	118	19.5
Mildura Court	65	1664	86	26.9
Stroud Green	61	1212	65	20.9
The Chestnuts	164	2677	193	17.5
Lordship Lane	154	1731	109	11.9
Park Lane	102	1402	145	15.2
Totals	968	16220	1012	17.8

Midwives Ante-natal Clinics

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

Midwives Clinics	No. of sessions held	Total No. of attendances	Average attendance per session
Burgoyne Road	25	77	3.1
Fortis Green	25	167	6.7
Hornsey Town Hall	23	200	8.7
Mildura Court	13	100	7.7
Stroud Green	23	157	6.8
Chestnuts	53	375	7.1
Park Lane	92	412	4.5
Lordship Lane	43	19	0.4
Totals	297	1507	5.0

Mothercraft and Relaxation Classes

An additional class was commenced early in the year at Stroud Green Clinic, Hornsey. This type of valuable instruction is now available for expectant mothers at all the clinics.

An in-service training course, at which some health visiting and midwifery staff attended, was again arranged as in previous years. The course, under the direction of Mrs. Williams, Physiotherapist, was considered by the staff attending to be of great value. It is hoped that in the future similar courses will be arranged, to give all members of the staff an opportunity of receiving up-to-date instruction.

The following table of attendances at Mothercraft clinics during the year is the highest over the last four years:-

Clinics	No. of sessions held	Total No. of attendances	Average attendance per session
Burgoyne Road	31	134	4.3
Highgate	44	259	5.9
Fortis Green	44	316	7.2
Hornsey Town Hall	47	432	9.2
Mildura Court	43	261	6.1
Stroud Green	35	331	9.5
The Chestnuts	50	434	8.7
Lordship Lane	52	488	9.4
Park Lane	51	412	8.1
Total	397	3067	7.7

Infant Welfare Clinics

Appreciation of the services available to the mother with her new baby is shown by the reasonably high attendances at the infant welfare clinics. The reassuring advice and support given to the mother during the early weeks help her to gain the necessary confidence in the handling of her baby. Once the confidence has been achieved, visits to the clinic are quite naturally less frequent

Attendances at the Swains Lane Clinic show a marked improvement over the previous year, indicating that a clinic is necessary in this district. This clinic is a temporary one and gives an adequate service, but (1) it is outside our area and hence is inconveniently situated for the majority of the public it is intended to serve; (2) the large hall which is used for a great deal of the clinic activities is also constantly in use during the evenings by various organisations connected with the Congregational Church; (3) all clinic equipment has to be set out before and stored away at the end of each clinic session. This results in some of the health visitors' time and energy being expended on work which is too heavy and outside her professional skills.

A new clinic is scheduled, but it is a matter of the greatest urgency that adequate accommodation be found to house this clinic during the interim period. The following table shows attendances at the various clinics:-

Name of Centre	No. of sessions held	Total attendances	Average attendance per session	No. of cases seen by M.O.	No. of cases referred elsewhere
Burgoyne Road	156	6984	44.8	1313	-
Highgate	103	3715	36.1	1727	9
Fortis Green	184	5021	27.3	1882	18
Hornsey Town Hall	151	6771	44.8	2564	9
Mildura Court	102	4218	41.4	1252	8
Stroud Green	101	4814	47.7	1366	16
The Chestnuts	201	8095	40.3	2238	-
Lordship Lane	253	5629	22.2	1364	6
Park Lane	207	5591	27.0	1527	23
Somerset Road	152	4054	26.7	1124	1
Totals for 1963	1610	54892	34.1	16357	90

Toddlers Clinics

Attendances at these clinics are normally arranged by appointment, usually at six-monthly intervals, but more frequently in certain instances. Early detection of minor defects with referral when necessary for specialist opinion is one of the functions of this type of clinic. For example, regular attendance frequently results in the early detection of dental caries. If the parents are willing to accept the necessary treatment, routine dental inspection throughout life is more likely to be achieved when parents take advantage of the treatment offered in these early years of the child's life.

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

Name of Centre	No. of sessions held	Total attendances	No. of cases seen by M.O.	Average attendance per session
Burgoyne Road	28	511	495	18.3
Highgate	24	251	240	10.5
Fortis Green	31	473	473	15.2
Hornsey Town Hall	59	612	612	10.4
Mildura Court	48	669	565	13.9
Stroud Green	23	251	250	10.9
The Chestnuts	49	482	481	9.8
Lordship Lane	51	650	648	12.7
Park Lane	24	365	350	15.2
Somerset Road	39	428	428	11.0
Totals for 1963	376	4692	4542	12.5

Daily Guardian Scheme

This service continued to be extensively used by working mothers. It enables them to make satisfactory arrangements for the daily care of their children. In some instances, mothers make use of this service whilst waiting for a suitable day nursery vacancy. Many children are daily minded by guardians who do not seek registration. Most of these give satisfactory care. Mothers are advised to make alternative arrangements when it is considered that adequate care is not given.

Number of Daily Guardians on register	239
Number of Daily Guardians minding Children	78
Number of Children being minded	98
Total number of Children minded during the year	207
Total number of days minded	18,935

Day Nurseries

Applications for day nursery admissions far exceeded available places, even in the priority categories. At the end of the year, 70 in the accepted categories were on the waiting list, a high proportion of these being in the 0-2 age group. The closure of Plevna Day Nursery and transfer to limited and smaller premises where it was only possible to cater for children over two years of age, was only partially responsible for the increased waiting list. The greatest demand is from mothers solely supporting their children and immigrants.

In some instances, because of financial pressure, mothers have placed their children with unsuitable daily minders. These arrangements not infrequently break down, which must inevitably have repercussions on the children. Other mothers, in spite of financial hardships, prefer to wait until a vacancy occurs, because they consider that day nursery care more adequately meets the need of their children.

186 admissions were arranged during the year and approximately one third of these admissions were children of immigrants. Of the 186 admissions, a high proportion, because of the different needs, stayed in the nursery for varying lengths of time, from a few days to several months. This continual change-over requires patience and understanding on the part of the staff helping the children to settle in their new surroundings.

Plevna Day Nursery

This nursery was closed in the middle of February and the majority of the children under two years of age were transferred to Park Lane Nursery. It was necessary for transport arrangements to be made for these children because of the increased distance of travelling involved. Parents were given adequate warning of the new arrangements which went forward without difficulty. The remainder of the children were transferred to the Cornwall Road premises which had been adapted to accommodate 32 children over two years of age.

Due to the admirable efforts on the part of the Nursery staff, only one week elapsed between the closing of Plevna Nursery and the admission of the children to the Cornwall Road Nursery. To avoid any unnecessary hardship as much warning as possible was given to the parents to enable them to make alternative arrangements.

Training of Nursery Nurses

The six students who completed their two-year training in September were successful in obtaining the certificate of the Nursery Nurses Examination Board.

Due to the limited facilities at Cornwall Road Nursery, only four students were accepted for training as against six in previous years. Once again, two students were accepted for one year's practical training under the pilot scheme organised by the Tottenham Technical College.

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 attendances
	Under 2	2-5	Under 2	2-5	Under 2	2-5	Total	
Stonecroft	15	43	18	45	3897	8503	12400	48.8
Park Lane	20	30	19	34	3541	6145	9686	38.1
Plevna (Closed 13.2.63)	20	30	-	-	163	965	1128	35.3
Cornwall Road (opened 18.2.63)	-	32	-	30	-	5427	5427	24.7
Totals	35	105	37	109	7601	21040	28641	113.0

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

Mrs. Henry,
25 Glebe Road, N.8. 10 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. A. Watson,
7 Jackson's Lane, N.6. 10 children

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

Hornsey Housebound Wives,
Church Crescent, N.10. 23 children

Distribution of Welfare Foods

There were no changes in the arrangements for the distribution of these foods during the year:-

	National Dried Milk (tins)	Orange Juice (bottles)	Cod Liver Oil (bottles)	Vit. A. & D. Tabs. (packets)
1963	31158	48453	5798	5420
1962	31489	42976	5429	5593
1961	30801	67012	10038	9428

Priority Dental Service for Mothers and Young Children

This service shows little change, and the dental officers devoted 8% of their time to the inspection and treatment of expectant and nursing mothers, and children under five.

The number of mothers who were examined and treated remained constant, also the conservative pattern of the treatment. There was a slight increase in the number of fillings and extractions performed and dentures provided. Each mother treated had an average of 3.3 fillings and 1.3 extractions, i.e. the same ratio as 2.5 fillings to 1 extraction, as recorded last year, and made an average of five attendances.

637 children were examined, including 62 at day nurseries, an increase of 74. 510 (80%) were found to be defective and 479 of these (90%) received treatment. For each child treated, an average of 2.5 fillings and 0.6 extractions were carried out, and 3.5 attendances made. The ratio of conservations (fillings and silver nitrate treatments) was 6.6 to 1 extraction.

It is interesting to compare the above with the statistics for the year 1953 and note the changes that have taken place. 15% of the dental officers' time was then required and 100% more mothers and over 50% more children were treated. At that time it was very difficult to obtain appointments with a practitioner in the National Health Service and there were long waiting lists. The ratio of fillings to extractions was 1.3: 1 for mothers and 2.1: 1 for the children. Pressure of work and, to a certain extent, the lack of appreciation for conservative treatment were responsible for this state of affairs.

Nowadays it is not surprising that many mothers will choose to have continuous treatment which is readily available in the General Dental Service, and to receive the privilege later extended to them, when expectant and nursing. Also it is easy to take the young children with them when attending for treatment, and one gets the impression that the better types may be lost to our service.

The Dental Auxiliary carried out certain treatment for the under-fives, and has had the opportunity of talking to groups of mothers at mothercraft, ante-natal and toddlers' clinics, devoting 10% of her time to the priority classes. The need for dental health education is still great, as the incidence of dental disease is much too high. The simple lesson of caries control learnt by wartime conditions is forgotten or disregarded, and prosperity has contributed to the daily over-indulgence in harmful foods. Our aim is to promote "tooth consciousness", particularly in the preventive field of diet and oral hygiene and to encourage the early and regular inspection of young children by dental surgeons, so that individual advice can be given, and where necessary, defects remedied before they have deteriorated to cause pain and loss of function.

It is hoped that the fluoridation of water supplies will not be long delayed, such a measure being of proven value in the fight against dental caries, and the benefit therefrom being first apparent in the young child.

The following tables give details of treatment:-

	Expectant and Nursing Mothers	Children under 5
Number examined by dental officer	154	637
Number referred for treatment	152	510
New cases commenced treatment	156	479
Cases made dentally fit	97	385
Forms of dental treatment provided:-		
Teeth extracted	204	296
General Anaesthetics	23	148
Number of fillings	515	1,197
Number of inlays	1	-
Scalings and gum treatment	102	-
Silver nitrate treatment	-	773
Other operations	391	643
Number of radiographs	22	4
Dentures fitted:-		
(a) Full	22	-
(b) Partial	36	3
Number of attendances	794	1,794
Number of appointments not kept	193	390
Number of half-days devoted to treatment		291

MIDWIFERY SERVICE

(Section 23)

The number of deliveries conducted by the midwives was 909 in 1963, for the first time in many years showing no increase since the previous year. The number of early discharges from hospital after confinement was 155. Schemes for planned discharges were approved with the North Middlesex Hospital and the Whittington Hospital, but owing to staff shortages these had only made a tentative beginning by the end of the year.

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

	1963	1962	1961
Number of deliveries attended	909	939	842
Number of visits made	16,223	16,206	14,795
Number of hospital confinements discharged before 10th day	155	175	160
Number of visits made	641	830	1,439
Number of cases in which medical aid was summoned	220	248	265
Number of cases in which gas and air analgesia was administered	362	407	402
Number of cases in which pethidine was administered	508	515	510
Number of cases in which trichloroethylene was administered	284	424	380
Number of cases in which gas and air and trichloroethylene were administered	25	12	11

HEALTH VISITING SERVICE

(Sections 24 and 28)

Health Visiting

A disturbing feature of the health visiting service has been the difficulty experienced in filling existing staff vacancies. This appears to be an experience of many local authorities and not merely a local problem. The establishment of health visitors at the end of the year was the lowest that it has been for a number of years. Inevitably the health visitors have far larger districts than can be adequately covered. Routine visiting with its wide aspects of preventive ill-health is therefore seriously undermined.

The follow-up of the newly born after their discharge from hospital with their mothers cannot be omitted. Experience has shown that the first and subsequent visits in the early weeks of life of the baby is regarded as essential in nearly every case. The rising birth rate naturally brings a higher proportion of this type of visiting.

Another factor which brings many problems is the constantly shifting population especially among the immigrants. These people are anxious to make use of the social services, but for a variety of reasons they do not acquire a permanent or stable home. They do not stay long enough in any locality to gain sufficient supportive guidance which is often necessary. They move on, and another family with its attendant problems moves in. This means much of the health visitor's work does not produce the maximum result she achieves under more stable circumstances.

For the past few years, one health visitor has been allocated to attend a local group medical practice twice weekly. It was regretted that, because of shortage of staff, attendance had to be reduced to once weekly at the latter part of the year. As soon as the staff position is improved, it is anticipated the previous arrangements will be reinstated.

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:-

Expectant Mothers	First Visits	1,594
	Total Visits	2,268
Children under 1 year of age	First Visits	5,101
	Total Visits	9,602
Children aged 1 - 2 years	Total Visits	7,220
Children aged 2 - 5 years	Total Visits	10,841
Other cases - Total Visits as Health Visitor		2,223
- Total Visits as School Nurse		339

Student Health Visitors

The two sponsored student health visitors who completed their training in July were successful in obtaining the health visitors certificate. As in previous years students sponsored by other local authorities have received practical experience and training.

Special Services Health Visitors

The intensive case work with problem families continued during the year along the same lines as in previous years. Some families, because of the concentrated visiting and support it has been possible to give over varying periods, were in a better position to manage their own affairs and therefore were referred back to the district health visitor. Several other families are growing towards stability and will, it is expected, soon be able to manage without the special services. Others continue to require constant attention and will do so for a very long time.

General mismanagement, too many children born too quickly, heavy debts, frequently resulting in the threat of eviction, and the probability of the children requiring residential care, continue to be the main problems.

Work with the mentally sick, especially those parents who refuse to accept psychiatric treatment, are a particular source of anxiety, because of their inability to co-operate and make use of available help.

One family, the father being an alcoholic, is constantly being turned out of different lodgings because of his behaviour. This family move in and out of the district, make a great deal of work, and there seems very little hope of improvement. For the first time, a family of West Indians was referred to one of the special services health visitors. The father, who was in regular employment, deeply resented and refused to pay rates. Consequently this resulted in the accumulation of arrears.

The mother of a family of six children died suddenly at the latter part of the year. Three school girls are under supervision of the probation officer because of truancy, an other child attends a residential school for maladjusted children, the fifth child, because of post poliomyelitis paralysis, attends the school for physically handicapped children, whilst the sixth child attends the local day nursery.

It is regretted that the vacancy caused by the resignation of Miss Spooner, who worked in Tottenham, had not been filled at the end of the year. The district health visitor, because of the many demands on her time, is not able to give the constant supervision required by the families.

Of considerable importance is the help given by local and national voluntary agencies. This help, in the form of clothes, money, holidays, Christmas gifts and parties, is of great assistance in the rehabilitation of problem families. Once again we wish to record our appreciation for all the help we have received during the year.

HOME NURSING SERVICE (Section 25)

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

Injections	857
General Nursing care	485
Blanket baths	296
Enemas	118
Dressings	309
Preparation for diagnostic investigation	118
Pessaries changed	39
Wash-out, douches, etc.	39
Other treatments	107

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	32	22
5 - 15	20	23
16 - 39	49	128
40 - 64	208	333
65 and over	441	954
	<hr/> 750	<hr/> 1460

Cases attended during the year were referred from the following sources.

General practitioners	1535
Hospitals	648
Chest Physicians	10
Public Health Department	2
Direct	15

The following table shows the work of the home nurses during the year:-

New cases attended	1,603
Number of cases on register at end of year	579
Number of visits made	64,417

VACCINATION AND IMMUNISATION

(Section 26)

Vaccination against Smallpox

The percentage of children under one year of age vaccinated against smallpox was 13.6% compared with 54.1% in 1962. This fall is accounted for by two factors, the first being a change in vaccination policy whereby children are not now vaccinated until the second year of life, and the second being a fall from the high level of 1962 which was due to anxiety occasioned by the smallpox outbreaks in Yorkshire and South Wales. The modest success of previous years in vaccinating even 40% of the child population under one year of age is unlikely to be repeated in the 1-2 age group. Successful maintenance of a high rate of infant vaccination depends on fitting the procedure into a planned immunisation schedule in the first year of life, when the mother is most likely to attend an infant welfare clinic with her baby. As doubt has been cast upon the efficacy of vaccination of infants as a means of controlling smallpox in the general population, perhaps the low rate of infant vaccination is not the reason for alarm. Nevertheless, great efforts are being directed towards increasing the acceptance rate in the 1-2 years age group.

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 yrs and over	Total
No. of primary vaccinations	642	382	107	87	142	1360
No. of re-vaccinations	-	3	29	80	334	445

Immunisation against Diphtheria, Tetanus and Whooping Cough

The following table shows the number of children receiving primary and re-inforcing doses against these diseases. An interesting feature emerging for the first time is the use of quadruple vaccine, which incorporates poliomyelitis vaccine. Quadruple vaccine became commercially available during the year and a number of general practitioners are using it although the Ministry of Health has not yet approved its use by local health authorities. There is little doubt that when quadruple vaccine comes into general use the percentage of infants immunised against all four diseases will increase by reason of reducing the number of visits necessary to obtain complete protection and consequently reducing the number of parents who default before the course is finished.

Age at date of Immunisation	Diph only	Wpg Cough only	Tet only	Combined			
				Diph & Wpg Cough	Diph & Tet	Diph Tet & Wpg Cough	Diph Tet Wpg Cough and Polio
Number of Children who completed a full course of Primary Immunisation							
Under One	5	3	-	3	7	1707	21
One	33	14	4	34	18	1872	18
Two to four	11	2	6	9	13	144	-
Five to Fourteen	57	1	102	23	86	29	1
Total	106	20	112	69	124	3752	40
Number of Children who received a Secondary (Re-inforcing) Injection							
Under One	-	-	-	3	-	7	-
One	2	-	1	4	9	1036	2
Two to four	26	-	3	3	29	1049	-
Five to Fourteen	373	-	36	9	429	218	4
Total	401	-	40	19	467	2274	6

Poliomyelitis Vaccination

Oral poliomyelitis vaccine was used mainly during the year and the table below shows the number of persons vaccinated:-

	Completed course of two injections using Salk vaccine	Completed course of three doses of oral vaccine
Children born in 1963	12	220
Children born in 1962	64	1,747
Children born in 1961	32	288
Children and young persons born in 1943 to 1960	66	497
Young persons born in 1933 to 1942	76	345
Other persons	43	189
Total	293	3,289

Re-inforcing doses were given as follows:-

3rd Salk injections	546
4th Salk injections to children between the ages of five and twelve years	67
Oral vaccine after two Salk injections	655
Oral vaccine after three salk injections	751
Total	2,019

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 1963 151 applications were received compared with 170 the previous year. Of these 98 were approved.

Chiropody Service

At the beginning of the year two chiropodists were employed on a sessional basis for a total of eight sessions a week. Early in 1963 two more chiropodists were appointed for an additional three (sometimes four) sessions a week, and in December another chiropodist was appointed for a further one session a week. Thus at the end of 1963 there were five sessional chiropodists working in the Area, carrying out $12\frac{1}{2}$ sessions a week ($8\frac{1}{2}$ four elderly persons and 4 for children and expectant mothers).

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	93	179	1295	1567
Physically handicapped persons	4	1	20	25
Expectant and nursing mothers	4	-	7	11
Others	2	-	4	6
School children	238	61	1309	1608
Total	341	241	2635	3217

In addition, in March a chiropodist was appointed to carry out treatment for elderly persons in their homes, where by reason of frailty or ill-health it was inadvisable for them to attend a clinic.

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

Category	New Cases	Re-attendances	Total
Elderly persons	55	180	235
Physically handicapped persons	1	5	6
Total	56	185	241

Retirement Advice Clinic

This clinic continued to operate during 1963, and with the co-operation of the local office 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:-

No. of sessions held	29
No. of new cases attended	41
No. of re-attendances	25

DOMESTIC HELP SERVICE (Section 29)

The total number of cases provided with home help during the year was 2,100, which was again a record. The number of new cases remains about the same 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 six cases.

The total number of home visits made by the Home Help Organiser and her assistants during the year was 6,320 and of this number, 1,221 were in respect of new applications.

The neighbourly help service continued to operate satisfactorily, but it is not easy to expand the service owing to the difficulty in obtaining suitable good neighbours.

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

Cases provided with help	No. of new cases provided with help	No. of old cases for which help was continued from 1962	Total No. of cases provided with help during the year	Total no. of cases still being provided with help at end of year
Aged 65 or over at first visit	582	1218	1800	1220
Aged under 65 at first visit:				
Chronic sick and tuberculosis	48	30	78	91
Mentally disordered	1	-	1	-
Maternity	96	3	99	7
Others	96	26	122	35
Total	823	1277	2100	1353

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, and particulars of the homes are as follows:-

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

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

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

SCHOOL HEALTH SERVICE

Area School Population

The school population for the Area is 26,419, as shown in the following table:-

	Hornsey	Tottenham
Primary Schools and Nursery Classes	5870	7916
Nursery Schools	-	205
Secondary Modern Schools	2877	4873
Grammar and Technical Schools	1819	2654
Special Schools:		
Physically Handicapped	-	99
Blanche Nevile School for the Deaf (including classes for the partially deaf)	-	107
	<u>10565</u>	<u>15854</u>

Periodic Medical Inspections

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

Year of Birth	No. of pupils Inspected	Condition Satisfactory Number	%
1959 & later	145	145	100.0
1958	782	775	99.1
1957	699	689	98.6
1956	520	518	99.6
1955	1293	1286	99.5
1954	832	828	99.5
1953	188	188	100.0
1952	1255	1245	99.2
1951	1407	1397	99.3
1950	507	504	99.4
1949	249	248	99.6
1948 & earlier	2886	2872	99.5
Total	10763	10695	99.4

Once again over ten thousand children had a periodic medical inspection during the year. This represents over one-third of the school population of the Area. 2697 pupils were found to require treatment, and this number does not include those requiring treatment for vermin infestation and dental disease. In the Appendix to this report will be found an analysis of the conditions requiring treatment and it will be seen that by far the greatest number of these is vision at 1684. This is not to say that this defect had not been discovered previously; in fact, a large proportion of visual defects had already been detected at previous examination, but it was still necessary to record the defects as requiring treatment. The same principle applies to other defects listed. Undoubtedly a number of new defects are discovered at each examination and the proper treatment instituted, but it is inescapable that a large part of the time of school medical officers is concerned with checking the progress of established defects.

In this Area, periodic medical inspections are carried out four times during the pupils' school life. Some consider this to be unproductive work and maintain that the school medical officer's time could be used to better advantage. In certain parts of the country interesting experiments are taking place with selective medical inspections. The details of the system vary from place to place but in the main depend on a full medical inspection of all entrants followed up from time to time by inspection of those children selected by medical officers as a result of answers to questionnaires sent to the parents and as a result of referral by head teachers and others. The system demands very close co-operation between teachers and school medical officers, requiring frequent visits to schools and it takes into account the results of hygiene surveys by school nurses. It is believed that selective medical examinations will eventually replace periodic medical inspections, and the results of the experiments in other authorities will be received with interest.

B.C.G. Vaccination

The following table shows details of B.C.G. vaccinations during the year:-

	School Children		Students		Total	
	Number	%	Number	%	Number	%
Parents approached	2909		3		2912	
Parents accepting	2153	74.0	3	100.0	2156	74.0
Number tested	1985		3		1988	
Number found to be						
Mantoux positive	137	6.9	-	-	137	6.9
Number found to be						
Mantoux negative	1724	86.9	3	100.0	1727	86.9
Number failed to attend						
for Mantoux reading	124	6.2	-	-	124	6.2
Number vaccinated (% of those approached)	1724	59.3	3	100.0	1727	59.3

School Dental Service

The service was maintained during the year, though there was some changes in personnel.

Two full-time dental officers resigned, one for reason of retirement and the other to take up a similar appointment nearer to his home; also two part-time dental officers left; all vacancies being filled with little delay. The resulting staff position remains unaltered, comprising the area dental officer, five full-time and 16/11 equivalent in part-time dental officers, and one dental auxiliary. The orthodontist's sessions were reduced for a period of three months and later restored to six per week.

The total number of sessions worked was $3209\frac{1}{2}$, an increase of $116\frac{1}{2}$ over those for last year. This constituted 89% of the dental officers' time.

At $175\frac{1}{2}$ inspection sessions 20198 children, i.e. 75% of school roll were inspected; 11767 (58%) were found to require treatment, and of these, 6560 (58%) were treated at the clinics. There is evidence that many children receive regular treatment through the National Health Service; a small number make only occasional attendances, and treatment is offered in these cases.

Treatment sessions amounted to 3094. The output of work remained steady, and continued to be mostly conservative in nature. 14147 fillings were inserted in 12359 permanent teeth, and the number of permanent extractions again decreased, by 116 to 701. As 174 of this total were extracted for orthodontic purposes, it follows that just over 23 permanent teeth were conserved for one permanent tooth lost by disease. 1245 more temporary teeth were saved than in 1962. A reduction in the number of teeth extracted in both primary and permanent dentitions showed a corresponding decrease in the number of general anaesthetics administered, and dentures fitted. 147 evening sessions were held for the treatment of school children, and were well attended by selected cases, the output of work being greater with fewer broken appointments than at average day sessions. In general, the number of appointments not kept continues to cause concern, 21.3% children failing to attend without excuse, or the notice given being too short to offer the appointment to another patient.

The Dental Auxiliary has worked her first full year as part of the experimental scheme to assess the value of such persons in the Local Authority Service. 90% of her time has been devoted to the School Dental Service, and for 13% of this she has been engaged on Dental Health Education in schools, concentrating her efforts on children aged seven to eleven years. These classes were mostly in the Hornsey part of the Area where her clinical duties were carried out. She was well received in the schools, and we feel she is making a good contribution in the field of preventive dentistry. It is worthy of mention that the dental auxiliary is held against the establishment of dental officers, although the number of clinical sessions undertaken, and the output of work (partly because she is

not allowed surgery assistance) are not the equivalent of a dental officer. The supervision required also occupies time that would normally be spent on patients. Thus it will be seen that both the dental auxiliary and the supervisory dental officer tend to lower the average level of work done in the area.

Orthodontic Inspection and Treatment

This part of the service remains in great need of expansion and we have not been successful in appointing additional staff to enable us to deal with the very long waiting list. In fact, as has already been stated, the orthodontic sessions were reduced for one quarter of the year resulting in $358\frac{1}{2}$ sessions being undertaken compared with 431 last year. The number of pupils inspected and found to require treatment did not vary, but the number actually treated and most of the items of treatment carried out, showed a corresponding decrease. 243 sessions were worked by the orthodontist and $115\frac{1}{2}$ by dental officers, consisting of $60\frac{1}{2}$ day and 55 evening sessions, the latter continuing to be very popular.

All the surgeries in the clinics have now been modernised and are well equipped, with the exception of two which are to be replaced by new premises. The opening of the High Cross Dental Clinic, Tottenham, is imminent, and the second surgery should have a beneficial effect on the service, allowing for expansion, long overdue, but until now prevented by shortage of accommodation. It is hoped that building in Hornsey at Fortis Green and Burgoyne Road will be started in 1964.

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

ORTHODONTIC INSPECTIONS. AND TREATMENT

Pupils inspected	...	...	...	...	...	204
Pupils found to require treatment	...	...	...	...	...	155
Pupils commenced treatment (first attendance)	...	...	...	...	...	92
Cases carried forward from previous year	...	...	...	...	...	123
Cases discontinued during the year	...	...	...	...	...	12
Attendances for all purposes	...	...	...	...	...	3057
Appointments not kept	...	...	...	...	...	558
Impressions, adjustments and other alterations	...	...	...	...	...	3252
Pupils treated with appliances	...	...	...	...	...	185
Fixed appliances fitted	...	...	...	...	...	19
Removable appliances fitted	...	...	...	...	...	229
Radiographs	...	...	...	...	...	1044
Pupils treatment completed	...	...	...	...	...	74
Orthodontic sessions (half-days)	...	...	...	...	...	358

DENTAL INSPECTIONS AND TREATMENT

Inspected	...	...	...	...	...	...	20198
Found to require treatment	...	...	...	...	...	...	11769
Offered treatment at the County Council's Dental Clinics							11767
Pupils' treatment commenced	...	...	...	...	...	...	6560
Pupils' treatment completed	...	...	...	...	...	...	5247
Attendances made by pupils for treatment					...	...	22475
Appointments not kept	...	...	...	...	...	...	6071
Number of half-days devoted to:-							
(a) Inspection	...	...	...	...	...	...	175
(b) Treatment	...	...	...	...	...	...	3094
Fillings:-							
Permanent Teeth	...	...	...	...	...	...	14147
Temporary Teeth	...	...	...	...	...	...	7377
Number of teeth filled:-							
Permanent Teeth	...	...	...	...	...	...	12359
Temporary Teeth	...	...	...	...	...	...	6620
Extractions:-							
Permanent Teeth	...	...	...	...	...	...	527
Permanent Teeth for Orthodontia	...	...	...	...	...	...	174
Temporary Teeth	...	...	...	...	...	...	2952
General Anaesthetics	...	...	...	...	...	...	1350
Other operations:-							
(a) Permanent Teeth	...	...	...	...	...	...	3915
(b) Temporary Teeth	...	...	...	...	...	...	4887
Pupils supplied with dentures	...	...	...	...	...	...	35
Crowns and inlays	...	...	...	...	...	...	52
Radiographs	...	...	...	...	...	...	508

Ophthalmic Clinics

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

"During the year 1963 attendances at Hornsey Eye Clinic have continued to be very good. The patients examined ranged from infants to adolescents of school leaving age.

The commonest symptoms complained of were defective vision and headaches or eyes aching after close work. A less common symptom was diplopia. On examination most of these cases were found to have errors of refraction or ocular muscle imbalance. In a few cases symptoms were functional and attributable to an anxiety state. A very important group of cases were referred to the clinic on account of convergent squints, constant or intermittent. Fortunately these are being recognised at an early stage when treatment can be most effective. They are refracted under atropine to ensure complete relaxation of accommodation. As these cases almost invariably have hypermetropia (long sight) with or without astigmatism, glasses are prescribed for constant wear. Subsequent treatment, where there is uni-ocular amblyopia, is carried out under the supervision of the orthoptist and consists of occlusion of the fixing eye for a variable period followed by orthoptic training to restore and strengthen binocular vision. If this treatment fails to cure the squint surgical treatment is indicated. Apropos the need for early detection of squint, some cases rightly referred to the clinic as they present the appearance of a convergent squint, are in reality cases of pseudo-squint caused by epicanthic folds of skin covering the inner canthus of the eye. It is sometimes difficult to exclude the possibility of a real convergent strabismus in a few of these cases.

It is now the practice of refracting many of the older children suspected of myopia without using a mydriatic. This obviates the need for a second visit to the clinic and causes the minimum of interruption of their school work.

Minor eye complaints treated during the year were cases of acute conjunctivitis, blepharitis and dacryocystitis".

Dr. Teviot G. Kletz, consulting ophthalmologist at Lordship Lane Clinic reports that, as in previous years, most of his work was concerned with refractions and the treatment of squints.

1258 new cases were seen, of whom 93 were under five years of age. There were 165 cases (of whom 79 were new) treated in the Orthoptic Department. 75 cases were recorded as "complete success" after treatment. There were no Blind registrations during the year. Dr. Kletz comments also that the number of children attending the clinic on their own is a matter for concern.

Orthopaedic Clinics

Dr. E. M. Palser, consultant in physical medicine to the Hornsey Orthopaedic Clinic, reports:-

"During this year 131 new patients have been seen - 62 of pre-school age and 69 over five years. Total attendances were 625, of which 212 were of pre-school age and 413 over five years.

From mid-April to mid-September a physiotherapist was in attendance, and on the 14th October our previous physiotherapist, Mrs. Allardyce, returned to this clinic, and is now building up the treatment sessions. There have been 496 attendances so far, and a considerably larger number is expected during 1964.

The usual small number of cases requiring surgical or other hospital treatment have been seen and duly transferred.

Of the remaining it is becoming apparent that the number of teenage children with foot trouble is decreasing, presumably because they have already been seen and treated in their earlier school and pre-school years.

The number of pre-school age children whose principal abnormality is knock-knees is proportionately increasing".

Mr. E. H. Hambly, consulting orthopaedic surgeon to Lordship Lane Clinic, reports:-

"As this is the last year in which the Area will operate in its present form, and as I have been conducting the schools' Orthopaedic Clinic for the Area for seventeen years, I would like to say how much I have enjoyed taking these clinics.

This centre is well known as a very attractive one to work in, both from the point of view of the consultant and from the patient's point of view. We have been especially helped by our relations with the Vale Road Physically Handicapped School, thanks to Dr. Dunham and Mr. Ives and his staff, and Mrs. Hurrell, school nurse. Their patients include a great number of muscular dystrophy cases and they have been particularly helped by the work of Miss Marcus, at Vale Road.

I would also like to say how splendid the patients and their parents have been over the years. On the whole they have carried out my instructions implicitly and I am always surprised by the way the parents and children are turned out, when they visit my clinics. Fathers take an increasing interest in the work of the clinic and frequently both parents attend. I have always considered that the Tottenham Area had a medical service which is second to none in the world and I do think those living in the Area appreciate the fact. It is all the more amazing as it comprises of an increasing number of different races who rapidly adapt themselves to the local way of living and carry out instructions splendidly.

Another interesting point is the enormous variety of jobs that the older boys and girls, who visit my clinic, take on. Some of the jobs are of the highest quality in professions. They also have worked extremely well in carrying out their exercises and do appreciate the value of them in their future jobs and lives. We are delighted to have Mrs. Allardyce back as our physiotherapist and would like to thank Miss Claydon for the way she has run and organised the clinic".

Audiometry

The tables below give the numbers and results of audiometry tests during 1963. It is now arranged that children due to have periodic medical inspections at the ages of five, eight and eleven, first have an audiogram. Those children failing audiometry have a full audiograph prepared and this is available for the school medical officer when the inspection is made. In this way the school medical officer is able to discuss with the head teacher the child's progress in school, to arrange a seating position in class favourable for hearing and to follow up with any other investigations necessary. The standards for passing audiometry are set purposely high, and of the 614 children failing first tests in 1963, a very large proportion were found to respond to simple measures or not to need treatment. As would be expected, the percentage failing re-tests was high because these children had either been referred specially because deafness was suspected or were already under treatment.

Maintained Primary and Secondary School Population of the Area - 26419.

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	2044	117	145	22	44	206	10.1
Intermediate	5556	270	230	62	93	395	7.1
Leavers	194	3	4	2	7	13	6.7
Totals	7794	390	379	86	144	614	7.9

Audiometer Tests - Specials

Age	1st Tests	Re-tests	Failures				
			both ears	one ear		Total	% of Column 1
				right	left		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Under 5	17	6	7	4	2	13	76.5
5	22	19	11	1	4	16	72.7
6	31	38	10	5	6	21	67.7
7	33	45	9	4	5	18	54.5
8	18	37	8	3	3	14	77.8
9	12	38	5	3	1	9	75.0
10	8	23	2	-	3	5	62.5
11	35	25	12	5	6	23	65.7
12	28	26	7	6	5	18	64.3
13	9	21	2	2	1	5	55.6
14	5	13	4	-	1	5	100.0
Over 14	19	25	9	2	3	14	73.7
Totals	237	316	86	35	40	161	67.9

Audiology Unit

Dr. L. Fisch, Consultant Otologist, continued to devote two sessions each week to seeing children at the audiology unit, at times assisted by Dr. G. S. Udall, Senior Lecturer in Child Health at St. Bartholomew's Hospital Medical College and at other times by the Deputy Area Medical Officer. The table below shows the number and type of cases seen.

The opening of a new audiology unit at Neasden made it possible to transfer a number of cases there and so lighten the load on the Tottenham unit. Miss Evans, one of the peripatetic teachers, now works from Neasden and the case load of Miss Abbott, the remaining teacher, has become so large that she is unable to devote as much time as is necessary to each case. It is hoped that an additional peripatetic teacher will be appointed.

A two-day course for health visitors on the early detection of deafness was held during the year.

AUDIOLOGY UNIT 1963

Age groups of cases seen:-										
Age in years	0-	1-	2-	3-	4-	5-	6-	7-	8-	9-
New cases	130	19	5	12	15	15	11	20	5	14
Re-examinations	-	10	8	11	21	12	15	26	24	24

Age in years	10-	11-	12-	13-	14-	15-	16+	Totals		
New cases	12	9	7	14	6	5	3	302		
Re-examinations	17	9	10	14	9	11	4	224		

Number of cases seen:-

Pre-school children	218
Attending Infant and Junior Schools	188
Attending Senior Schools	99
Over five but not at school	21

Reasons for referrals among new children were as follows:-

For diagnosis	131
Auditory training	14
At risk of deafness	128
Immigrants to Area known to be deaf	1
Partially deaf children, advice as to placement	9
Children known to be deaf - application for admission to Blanche Nevile School or partially deaf units	2
Transfer from hospital out-patient departments	5
Advice as to placement where deafness might be the cause of backwardness	12

Source of referrals:-

Tottenham and Hornsey	196
Other boroughs in Middlesex	92
London - neighbouring boroughs	3
Essex	5
Hertfordshire	6

THE HANDICAPPED CHILD - Distribution in Hornsey as at 31st December, 1963.

	In Special Day Schools		In Special Residential Schools		In Maintained Primary and Secondary Schools		In Independ- ent Schools		Not at School		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
Blind	1	-	4	1	-	-	-	1	-	-	5	2
Partially Sighted	4	3	1	1	2	-	-	-	-	-	7	4
Deaf	4	4	3	1	-	-	-	-	-	-	7	5
Partially Deaf	11	8	1	2	-	-	-	-	-	1	12	11
Educationally Sub-Normal	68	49	9	6	3	1	-	-	-	1	80	57
Epileptic	1	-	1	-	-	-	-	-	-	1	2	1
Maladjusted	1	-	21	7	10	4	15	9	6	-	53	20
Physically Handicapped	21	16	1	2	2	-	1	1	3	2	28	21
Speech Defects	-	-	1	1	214	106	5	3	7	3	227	113
Delicate	1	8	10	3	3	1	-	-	-	-	14	12
Multiple Defects	3	2	2	2	2	-	-	-	-	-	7	4
Totals	115	90	54	26	236	111	21	14	16	9	442	250
GRAND TOTALS	205		80		347		35		25		692	

Handicapped Pupils

The return of handicapped pupils shown above displays the fact that the three largest categories are children with speech defects, educationally sub-normal and maladjusted. In contrast, the number of pupils with what may be termed physical defects has shown a fall over the years and, indeed, the number of delicate pupils is remarkably low.

The reason for the difference between the "physical" and the "emotional" groups of handicaps is not hard to discover. Over the past twenty years advances in medical science have been tremendous and it is possible to treat conditions that a few years ago would have been untreatable; advances in prevention have also been great and improved ante-natal care avoids the production of a large number of damaged babies each year.

We are left, then, with two groups of handicaps which present a continuing problem. The first of these is that group of children born with an inherent continuing defect the origin of which is unknown; this group includes those with such conditions as congenital perceptive deafness, congenital blindness, and low mental ability. Much research is going on to establish the basis of such handicaps and in mental deficiency, particularly, biochemical and chromosome studies continue to reveal fresh information. The second group in the continuing problem of handicapped pupils is what may be termed the "emotional" group, that is to say the maladjusted pupil. Over the years the number of children in this group has risen, reflecting the rise in mental disorder in the adult community. This grave problem shows no signs of diminishing and is dealt with in the reports of the consultant child psychiatrists later in this report.

Vale Road School for Physically Handicapped Children

I am grateful to Mr. A. J. Ives, headmaster of the school, and to his staff, for their continued co-operation during the year. It is no easy task to reconcile the educational needs of the children with their need for physical treatment, but the cordial relationship between teaching and medical staff has made it possible for both to flourish to the detriment of neither.

The gymnasium at the school is inadequate to accommodate both a physiotherapist and an occupational therapist, and it is to be hoped that the building of the proposed extension to the school will not be long delayed.

Cerebral Palsy Unit

Dr. William Dunham, the consultant in charge of the unit, continued to attend for one session a week, and the work of the unit proceeded on lines previously reported. Five children seen as new patients at the clinic were recommended for admission to Vale Road School.

Rheumatism Supervisory Centre

Of the children under supervision, twenty made 30 attendances at Dr. I. M. Anderson's Clinic at the Prince of Wales's Hospital. Six of these were new cases, five girls and one boy, and in them the following diagnoses were established:-

	Total	In Tottenham	In Other Areas
Rheumatic Fever	4	1	3
Streptococcal allergy (state)	2	1	1

There were four removals during 1963 leaving 207 children on the register of the Supervisory Centre at the end of the year. These 207 have been classified as follows:-

	Total	In Tottenham	in Other Areas
Rheumatic Fever	72	45	27
Rheumatic Carditis	37	25	12
Rheumatic Carditis with Chorea	4	4	-
Chorea alone	6	5	1
Rheumatic Arthritis	5	1	4
Congenital Cardiac Lesions	54	34	20
Streptococcal Allergy (state)	6	4	2
Other cases	23	19	4
	207	137	70

Males 97

Females 110

Ear, Nose and Throat Clinics

Mr. F. B. M. Clarke, Consultant Ear, Nose and Throat Surgeon to the Hornsey E.N.T. Clinic, reports:-

"The work of the ear, nose and throat clinic has been carried on during the year 1963 along similar lines to those of previous years. Average attendances have been good and the majority of the patients seen were those with abnormal and unhealthy conditions of the nose and its normal functions, its various spaces and sinuses; rhinitis, sinusitis, 'allergy', occasionally structural deformities, nasal obstruction, mouth breathing, epistaxis, etc. These nasal abnormalities are primary and usually the focal point from which many serious secondary defects develop later in related regions - the eyes, ears, throat, lungs, etc.

A number of children have been referred with hearing defects, including those of a suitable age for audiometric testing who have 'failed' to pass the test, and younger children whose hearing can be tested only by clinical methods. Also a small number with otitis media, acute or sub-acute, with or without discharge, and others with external otitis. Some were seen who had one or more attacks of mild tonsillitis or hypertrophied cervical glands, as well as some with speech defects queried as to any relation with abnormal nasal function or defective hearing.

Longstanding chronic ear discharge has shown a marked decline in recent years. After years of treatment elsewhere which had apparently failed, these cases respond to the special method of zinc ionisation treatment, adopted at this clinic for many years.

Methods of treatment so successfully employed include aural suction for acute and sub-acute otorrhoea with Chloromycetin mainly; zinc ionisation for chronic otorrhea, always with concurrent correction of any nasal factors causing or complicating the condition.

For sinusitis, except acute, in children, Proetz 'displacement method' using, after initial weak ephedrine solution, albucid, or argyrol or lipiodol (French) as indicated. The results, in selected cases, after lipiodol therapeutically, have been very good. In certain cases of rhinitis, a course of Dowling's nasal argyrol packs. Gautier's nasal diastolisation is perhaps the most frequently employed and is an excellent method of treatment in suitable cases, with lasting results in clearing the nasal passages and re-establishing a free nasal airway and normal respiration as well as relieving the objectionable mouth breathing enforced by nasal obstruction. Also in those frequent instances of defective hearing in young children, chiefly due to unnoticed, untreated or incorrectly treated otitis, or nasal complications; defective hearing is a very common sequel in nasal obstruction. Diastolisation in the majority of cases through its effect in clearing the nasal respiratory airway, etc. has produced the most remarkable results in the restoration of the affected hearing. Even in deafness of long standing, due no doubt to the absence of suitable treatment, where full normal restoration is not now possible, diastolisation can, properly used, produce a very marked improvement. Its good results have been long established by such authorities as A. G. Wells and A. R. Friel in this country, and numerous leading specialists in France who first devised the method and technique and have practised it extensively.

We have found nasal zinc ionisation very effective in rapidly and completely suppressing the distressing symptoms in the few cases of allergic rhinitis treated. The method was first devised by Leduc in France, and later used frequently and successfully here by Friel and others.

Finally, I would emphasise the very great importance of a few points in connection with the scope and aims of these E.N.T. clinics.

1. The prevention and relief of impaired hearing in children at earliest possible stage. Thus it is of the utmost importance in the preservation of the normal hearing to detect as soon as possible any impairment however slight and to investigate in detail and diagnose correctly the cause and give immediate and appropriate treatment. Also to remove any potential causes and continue treatment until the hearing is restored to normal. Any neglect here will certainly allow the condition to progress to chronicity and risk of permanent deafness later on.

2. The early detection, exact cause of and suitable treatment to relieve nasal respiratory insufficiency. This condition is quite common among children of school age and very often earlier, and prompt remediation is urgent because of widely dispersed effects and possible later permanent disabilities far removed from the site of origin.

3. Exact diagnosis is imperative. Every care must be taken not to mistake 'effect' for 'cause', which so frequently happens, or what is 'secondary' for 'primary'.

In the matter of treatment it is, of course, essential to employ the appropriate remedy if success is to be obtained, otherwise it is waste of time and energy.

It is equally true that the correct technique, with strict adherence to its essential details, must be used in the application of treatment."

Mr. W. McKenzie, Consultant to the Park Lane Clinic, reports:-

"The work is quite steady and I think it is likely to remain so for three or four years at least, if not longer. The audiology service in the schools is a great help and I hope that this will expand in future because many of these deaf children can be helped by the removal of the adenoids.

The striking feature of my clinic in the last twelve months has been the absence of chronic otorrhoea and this is not due to specialised treatment but to the improved health of the children".

Child Guidance Centres

Dr. K. A. Graf, Medical Director of the Hornsey Child Guidance Centre, reports:-

"This was my third year as the Medical Director of the Child Guidance Centre, and working as an unchanged team we were again fully occupied with the problems of diagnosing and treating emotional maladjustment among the over 13000 children in the Authority's and private schools in Hornsey. On paper our establishment may appear

adequate, but there was so much additional work that we were stretched to the limit. New problems were created by immigrant children and their parents, who in an increasing number required our support. Many of these children had only recently been reunited with their parents in this country after years of separation during the most impressionable years of their lives, and they reacted to the strange new environment and completely different cultural pattern by considerable aggressiveness in school, and caused their parents frequent concern by their wayward behaviour. The children who had been used to a considerable amount of corporal punishment in homes and schools overseas cannot understand our less punitive methods of disciplining here, mistaking our more kindly verbal approach and reluctance to use the cane, for tolerance or even condoning their behaviour, with the result that they are very bewildered when ultimately more energetic measures do appear necessary.

Our conventional casework approach and playtherapy techniques require considerable modification and new thinking on our part. The parents' unusual hours of work, the language barrier, and above all the completely different pattern of intra-familial relationships, which is based on the concept of an extended family circle where the grandmother assumes the maternal role and other relative may take over near-parental responsibilities, make traditional methods of treatment and concepts of theory invalid. Many of the problems are fundamentally caused by the difficulties the child has in coping in the changed physical and social environment, and his frustration in making himself understood. The result is that often very little can be done for these cases at the child guidance clinic, apart from explaining the position to everybody concerned and stressing the need for the child to have time to adjust.

This year we had a fair number of referrals from private schools, and the co-operation with the staff and attention given to parents and children was in no way different to the schools administered by the Local Authority.

The child psychiatrist can probably observe certain side effects on the community due to the Mental Health Act 1959 better than his colleagues in the mental hospital, as he observes at close range the disturbing effect in the home on the emotional stability of the children who are living with mentally unbalanced adults, who often suffer from florid delusions or severe agitated depressions. This is a comparatively new development of Community Mental Health Therapy and remains an unsolved problem in an otherwise progressive and most welcome approach to mental illness. It appears to me that the concept of the modern Community Mental Health Service could break down if more support for families with mentally unbalanced members, by increasing the number of trained caseworkers, is not forthcoming. An interim solution would seem to be, as has been shown in other areas, to base the Community Mental Health Service on a greatly extended local child guidance clinic, which would have the advantage of its considerable experience in working within families and co-ordinating different social agencies. The fact that child psychiatry

provides treatment for the family could be extended to the community.

The number of cases of school phobia, a complaint more fully explained in the previous report, remained at a high level, and many children presented themselves with severe psychosomatic symptoms, particularly vomiting, diarrhoea and abdominal pain, which at first conceded the underlying problem of separation anxiety which required psychiatric attention. In a few cases there has been a tendency to mental and physical collapse and in one case even a suicidal attempt was made. The circumstances and symptoms allow a sharp distinction from truancy, and intensive psychotherapy is called for in all cases, even if this means more absence from school, since research has shown that such children without the expert treatment are liable to remain misfits in society with severe personal and social disturbances in later life. The cases at this clinic were roughly divided equally between boys and girls, and the age range spread from six years to sixteen years, with at least half being of secondary school age. This corresponds with the general observation that school phobia can occur independently of sex at any age during the child's scholastic career. Intelligence levels ranged from very low average to one very superior.

On the whole, school phobia tends to occur in more intelligent children and seems fairly independent from failure or success in school, while truancy is more frequent in backward children who find the requirements of the school difficult. In almost every case of school phobia we found parental problems of an emotional nature involving the child. More than half the children were thought to be over-indulged or lacking firm control at home. Many were overweight. In fact, most cases of school phobia seem to develop from a family problem rather than a difficulty in the school situation. Many children come from culturally superior homes and had ambitious but anxious parents who were most disturbed and helpless in coping with the failure to attend school.

In contrast we found that the ordinary truant more often comes from a family which does not appreciate the advantages of education. While the truant spends his time roaming about the streets frequently making a nuisance of himself in the company of similarly minded boys and enjoying his absence from school, we found that the victim of school phobia either remains at home or wanders aimlessly and alone in a most unhappy mood, frequently amounting to severe depression. These cases are time consuming for the child guidance staff and often immediate attention is essential. Treatment consists of intensive individual therapy on analytic lines by a trained psychotherapist, and more recently the educational psychologist has experimented, under psychiatric guidance, with a new approach based on Behaviour Therapy and Learning Theory which showed promise.

"Crisis of Adolescence" has become a common reason for referral and appears to occur now at a younger age, as many of the children were this year only about twelve years old. This somewhat earlier incidence may reflect the earlier onset of adolescence in the population. I introduced the term Adolescent Crisis some years ago to describe adolescents who were referred with a variety of most disturbing symptoms, which at any other age would have indicated

serious mental disorder, but seemed to respond to a minimum of treatment with a complete remission or cure.

Our evening clinic continues to provide its usefulness by facilitating the attendance of adolescents and working parents, especially fathers. While this weekly session had been always fully booked, we are less happy that in spite of repeated efforts by the Child Guidance Team, some twenty cases that had been referred by head teachers or school medical officers during the year, either failed to attend after having accepted appointments, or did not respond at all. In many cases the parents had agreed initially to the referral but had apparently no intention of following this up. As we have a timetable of appointments which must allow up to one hour for every interview, such failure to attend without fair notice is most uneconomical and unfair to others on our long waiting list. Even more time consuming were a number of parents who having accepted appointments failed to keep them and then required appointments at another time.

The building of the new Neurophysiology Department at the Whittington Hospital has enabled us to obtain Electro-Encephalograms locally when required, but we remain appreciative to Dr. Sakula who until recently provided this service at the Central Middlesex Hospital. We are particularly pleased with the excellent co-operation we enjoy from Dr. Yudkin and the Paediatric Department at the Whittington Hospital. It is very important that the Child Guidance Clinic co-operates with the local children's hospital to ensure consultation and investigation of doubtful cases, and bladder and bowel disturbance can be observed in hospital to exclude organic factors before psychotherapy is commenced. A Turkish Cypriot boy, referred for most aggressive behaviour in school, turned out to be a most complex case of brain damage, and he required five different specialist examinations to enable an adequate diagnosis. The most interesting and unusual referral of two autistic brothers aroused widespread interest and they had the benefit of the advice from specialists in three different hospitals before appropriate treatment was arranged by this clinic.

A very happy and promising development was the monthly attendance at the Child Guidance Clinic of school medical officers. They joined individually the psychiatrist in his diagnostic session and took part in the Case Conference. They have expressed their appreciation of the value of this contact, and we in turn learned much from their presence.

Child Guidance reaches out from the profession to the community, particularly to teachers and parents. Explanations of the purpose and function of the service to laymen or colleagues in related disciplines, forms part of our work. During the year the educational psychologist has given talks to groups of young wives, to two training colleges for teachers, and to medical officers attending a course for D.P.H. The child psychiatrist conducted courses under the auspices of the Extra-Mural Department of the London University which were attended by many trainees and active workers in the field of Mental Health, and he read during the summer papers relating to his speciality at International Medical Congresses in Rome and Paris.

The internal reconstruction of the Child Guidance Centre at

Tetherdown is nearing completion. The remaining part of the building will be dealt with later. I hope, therefore, to be able to report next year that a Child Guidance Centre reasonably adapted for its use exists for the first time in this Borough.

Mr. Walbridge was dealing with 221 referrals to the Child Guidance Centre of which 75 were seen by me. The majority of these cases reached us again through head teachers (25) and assistant medical officers (23). Direct approach to the clinic was made by 14 parents, and general practitioners referred eight cases. Three cases came through the Juvenile Court and two from hospitals. Twenty cases had to be removed from the waiting list because of not replying to offers of appointment or refusing to attend.

Analysis of the age groups referred showed a range from three years to seventeen years with peaks at six years and twelve years. Pre-school children referred formed 16% of the total. The number of Child Guidance sessions held during the year was 73 and a total of 128 new and old patients attended. The waiting list at the end of the year amounted to 23 cases.

The analysis of diagnostic entities of Child Guidance referrals based on my classification, which has been acknowledged by the Ministry of Education, showed again that behaviour problems due to environmental factors (including parental problems and maternal deprivation) easily top the list, while school phobia remains in second position with Emotional Crisis of Adolescence a close third. Chronic Anxiety States and referrals due to bedwetting were quite numerous. Specific sexual problems and more serious psychotic disturbances were again very infrequent".

Dr. Nina Meyer, Consultant Child Psychiatrist at the Tottenham Child Guidance Centre, reports:-

"The work of the clinics has this year extended far beyond what it has been in previous years. Referrals have increased from 92 in 1961 to 150 this year. This is largely due to the greater contact maintained with auxiliary child workers, such as child care workers, health visitors, and probation officers. General practitioners are using the service to a greater degree, and we have even had parents coming on their own initiative for help; this indicates that the clinic is becoming recognised as an essential part of the community services.

The increase in its usefulness owes much to the enthusiasm of the staff, which has resulted in many home visits by the psychiatric social worker, innumerable contacts by telephone, visiting to the clinic, and conference with auxiliary child workers. All this, of course, entails greatly added work, but its results have been its potential reward.

It is very regrettable that Dr. Craike, Senior Consultant Psychiatrist, resigned in October, he has been much missed. The vacancy has not yet been filled, but it is hoped that a new appointment will be made very shortly. We are also hoping to increase the number of psychiatric social workers, and this, in turn, will entail larger premises.

Speech Therapy

Miss Joan Came, Senior Speech Therapist, reports:-

"Delays in staff replacement chiefly affecting Hornsey caused difficulties in 1963.

Many children need help with language acquisition in addition to articulation improvement. Among other aetiological factors associated with delayed onset of speech and language are cerebral palsy, minimal neurological abnormality and cleft palate. Recent work in linguistics and studies of the emotinnal origins of communication offer valuable insight into language development. Pre-school referral provides optimum conditions for preventive treatment and research in such cases.

Treatment of two children at the partially-hearing unit, Devonshire Hill, has given a much-appreciated opportunity to co-operate with the teachers of the deaf, under their headmaster, Mr. Brown.

Type of speech disorder	Number of children treated		Number discharged		Remaining Under observation for review Ø	
	Boys	Girls	Boys	Girls	Boys	Girls
Stammering	21	3	20	5	41	14
Dyslalia	27	16	13	20	42	15
Dyslalia (sigmatism)	7	5	8	9	9	12
Delayed speech development	10	3	1	1	11	6
Developmental dysarthria	2	-	2	-	-	-
Dysarthria associated with cerebral palsy	1	2	1	-	-	-
Developmental dysphasia	2	1	2	-	-	-
Trumatic aphasia	-	1	-	-	-	-
Dysphonia	1	-	-	1	-	1
Indistinct speech	6	3	1	2	5	1
'Cleft-palate speech'	1	1	1	-	2	1
Speech disorder associated with high-frequency deafness	1	-	-	-	-	-
	79	35	49	38	110	50
Totals	114		87		160	

Ø Most cases are kept for a period of Observation after treatment, before final discharge.

Number of pre-school children referred - 20

Number of attendances for treatment - 2461

Hospital Classes

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

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

Some children attend the classroom provided in one of the wards, while others receive lessons in bed. Outside wards are visited and here children are taught in cubicles.

The age range being from $4\frac{1}{2}$ years to 15 years, Nursery teaching is included with Primary, Secondary and Grammar. Both long and short term patients have lessons. Practically all the teaching is individual, but often those children of the same age, who are well enough to attend the classroom, can be grouped for nature, history and geography lessons. Here the radio, record player, and television can be used, when convenient to hospital routine.

The children are keen to have lessons, not only because children like, to some extent, to be organised, but because then they do not feel set apart through being in hospital.

Individual work helps the child tremendously. He is able to work at his own pace and the nervous child in particular gains confidence. Pupils' interests and hobbies are encouraged. For long term patients close liaison is maintained with the school. Often long term children have been transferred from other hospitals (where there is no teaching) in order to benefit from lessons.

After being discharged children often return to visit the hospital classes, which shows that the experience of lessons in hospital has not been forgotten. Parents also gratefully acknowledge the benefit gained by their children.

The help given by the Tottenham Library service during the year has been greatly appreciated, and also the co-operation of the hospital staff".

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
1959 & later	-	20	15
1958	19	117	115
1957	31	114	128
1956	44	67	98
1955	142	180	274
1954	95	111	170
1953	23	24	43
1952	214	182	342
1951	261	210	404
1950	82	63	128
1949	52	34	72
1948 & earlier	721	292	908
Total	1684	1414	2697

EDUCATION ACT 1944 - SECTION 57

Cases dealt with under Section 57, Education Act 1944 8

MEDICAL EXAMINATIONS OF TEACHERS

- (a) Number of teachers examined as to fitness for appointment 10
- (b) Number of students examined as to fitness for first appointment 62
- (c) Number of students examined as to fitness for training course 71

DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease	Periodic Inspections						Special Inspect- ions	
		Entrants		Leavers		Total including all other age groups inspected			
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
4	Skin	26	78	60	151	321	557	662	9
5	Eyes: a. Vision	37	19	455	48	1684	360	185	54
	b. Squint	25	14	23	1	205	42	12	2
	c. Other	13	6	6	1	57	35	53	1
6	Ears: a. Hearing	4	35	1	35	45	265	133	49
	b. Otitis media	5	42	6	34	40	229	7	-
	c. Other	2	3	2	3	14	18	130	8
7	Nose and Throat	39	134	12	82	118	606	76	18
8	Speech	9	36	1	5	45	89	43	5
9	Lymphatic Glands	-	90	1	17	5	309	2	2
10	Heart	1	23	2	41	13	144	12	4
11	Lungs	16	34	3	38	51	289	11	19
12	Developmental:								
	a. Hernia	4	6	-	1	14	18	4	3
	b. Other	3	13	3	17	38	168	29	12
13	Orthopaedic:								
	a. Posture	2	12	11	73	38	273	7	6
	b. Feet	36	119	47	113	247	703	33	20
	c. Other	11	27	8	52	63	248	53	7
14	Nervous System:								
	a. Epilepsy	3	-	1	3	12	21	1	1
	b. Other	1	4	1	14	5	65	23	1
15	Psychological:								
	a. Development	-	26	2	15	3	147	33	2
	b. Stability	4	112	2	63	46	519	64	26
16	Abdomen	3	15	2	20	13	108	5	3
17	Other	4	2	2	11	19	48	399	65

(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	41
(b) Errors of refraction, including squint	1443
(c) Number of pupils for whom spectacles were prescribed.	771
GROUP 2 - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT	
Received operative treatment for:-	
(a) Diseases of the ear	1
(b) Adenoids and Chronic Tonsillitis	164
(c) Other nose and throat conditions	37
Received other forms of treatment	259
Total number of pupils in schools known to have been provided with hearing aids:	
(a) During the current year	8
(b) In previous years (excluding any pupils shown at (a) above who were provided with an aid in a previous year.	139
GROUP 3 - ORTHOPAEDIC AND POSTURAL DEFECTS	
Number of pupils known to have been treated; at clinics or at out-patients departments	704
GROUP 4 DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)	
Ringworm (i) Scalp	1
(ii) Body	-
Scabies	2
Impetigo	11
Other skin diseases	425
GROUP 5 - CHILD GUIDANCE TREATMENT	
Treated at child guidance clinics (including cases sent to the Tavistock and other hospital clinics)	123
GROUP 6 - SPEECH THERAPY	
Treated by speech therapists	171
GROUP 7 - OTHER TREATMENT GIVEN	
(a) Minor Ailments	124
(b) Treatment other than (a) above and excluding convalescent treatment	217

STAFF

BOROUGH HEALTH DEPARTMENT

Medical Officer of Health	G. HAMILTON HOGGEN, M.R.C.S., D.P.H.
Deputy Medical Officer of Health	A. SHAW, M.B., B.S., D.P.H.
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, Public Health Inspector's Cert.
	S. SWINNERTON, Public Health Inspector's Cert. Food Inspector's Cert.
	A. K. D. SHUTTLEWORTH, 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.), M.R.S.H.
Administrative and 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. FOX
Survey Assistant (Smoke Control)	W. R. WOOD
Drainage Inspection Assistant	H. S. FAGG
Mortuary Keeper	S. J. TWINN
Disinfectors	W. HOOPER (foreman) T. ROGERS
Rodent Operator	E. J. MEAD

AREA HEALTH STAFF

Deputy Area Medical Officer	A. SHAW, M.B., B.S., D.P.H.
Senior Assistant Medical Officer	RUTH GOLDER, M.B., Ch.B., D.R.C.O.G., D.P.H.
Area Dental Officer	MISS W. M. HUNT, L.D.S., R.F.P.S.
Superintendent Health Visitor	MISS M. SMITH, S.R.N., S.C.M., H.V.
Non-medical Supervisor of Midwives and Home Nursing Superintendent	MISS F. E. CURTIS, S.R.N., S.C.M. H.V., (Retired 28th June) 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
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	6
Dental Officers	6	5
Dental Hygienist	1	-
Supervisory Nursing Staff	2	-
Administrative and Clerical Staff	37	6
Health Visitors/School Nurses	22	2
Clinic Nurses	8	-
Midwives	12	3
Home Nurses	22	4
Speech Therapists	-	3
Physiotherapists	2	-
Occupational Therapists	1	-
Chiropodists	-	5
Audiology Assistants	2	-
Orthoptists	-	2
Dental Surgery Assistants	9	-
Day Nursery Staff	32	3
Home Help Service	8	171
Manual Workers, Domestic Grades, etc.	8	26
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