[Report of the Medical Officer of Health for Tottenham].

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BOROUGH OF TOTTENHAM

ANNUAL REPORT

ON THE

HEALTH OF THE BOROUGH

FOR THE YEAR

1945

G. HAMILTON HOGBEN
Medical Officer of Health
and School Medical Officer

MEMBERS OF THE TOWN COUNCIL

HIS WORSHIPFUL THE MAYOR
(Councillor Mrs. M. C. IRVING, J.P.)

THE DEPUTY MAYOR
(Councillor G. H. OTTAWAY).

Alderman	Mrs. J. D. LYNCH.	Councillor	W. S. HERBERT.
,,	E. J. FIELD, J.P.	,,	J. W. HOLLINGSWORTH.
,,	C. D. GRANT.	,,	C. J. HURD.
,,	A. E. HARVEY.	,,	Mrs. M. C. IRVING, J.P.
,,	Mrs. W. A. KENT.	,,	Mrs. Q. V. JACOBS.
,,	Mrs. A. KITCHENER.	,,	A. E. JOHNSON.
,,	J. H. MORRELL, J.P.	,,	F. A. F. KEAY.
,,	The Rt. Hon. THE LORD MORRISON, J.P.	,,	E. P. KENT.
		,,	L. A. LE VOI, M.I.M.I.
,,	A. REED, A.C.I.I., J.P.	,,	Mrs. A. E. LYONS.
		,,	Mrs. E. M. A. MORRELL
,,	A. R. TURNER.	,,	THE LADY MORRISON.
,,	R. H. WARREN.	,,	G. H. OTTAWAY.
Councillor	Mrs. F. E. BOYTON.	,,	J. J. PAGIN.
,,	K. H. BRILL.	,,	A. A. PAWSON.
,,	J. W. H. BROWN	,,	W. T. RICHARDS.
,,	E. W. BUNKER.	,,	T. A. RILEY.
,,	A. CLARK.	,,	H. C. SCAPENS.
,	E. W. COX.	,,	E. SMALL.
,,	A. DAVIES.	,,	Mrs. M. E. SOALL.
,,	T. J. DICKINSON.	,,	H. W. TURNER.
,,	R. W. H. FORD.	,,	C. WISE.
,,	C. H. GILL.	,,	Mrs. G. WILSON.

THE
HEALTH AND HOUSING COMMITTEE

(as at 31st December, 1945).

Chairman:

Alderman R. H. Warren.

Members:

(Ex-Officio) His Worshipful the Mayor
(Councillor Mrs. M. C. Irving, J.P.)

(Ex-Officio) The Deputy Mayor
(Councillor G. H. Ottaway).

Alderman	Mrs. W. A. Kent.	Councillor	K. H. Brill.
,,	Mrs. A. Kitchener	,,	A. J. Davies.
,,	J. H. Morrell, J.P.	,,	R. W. H. Ford.
,,	A. Reed, A.C.I.I., J.P.	,,	Mrs. A. E. Lyons.
,,	A. R. Turner.	,,	The Lady Morrison.

Councillor T. W. Richards.
,, Mrs. G. Wilson.

Council's Representative on the Metropolitan Water Board under the Metropolis Water Act, 1902:

Alderman The Rt. Hon. The Lord Morrison, J.P.

Town Clerk:

Eric Townson, LL.B.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL, N.15.

1st September, 1946.

HIS WORSHIP THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE BOROUGH OF TOTTENHAM.

MR. MAYOR, MY LORD, MY LADY, LADIES AND GENTLEMEN,

I have the honour to submit this my Annual Report on the health of the Borough for the year ending the 31st December, 1945.

In spite of the many hardships endured during the grim years of a world war, I am happy to be able to report that, in the year of victory, there is no statistical evidence of any appreciable deterioration in the health of the civilian population in this Borough.

The vital statistics which concern the life and well-being of the future generation are so significant as to call for special mention. The *maternal mortality rate* of 0.49 is the lowest ever recorded in this district, and the *infantile mortality rate* of 39.24 is the second lowest record, comparing favourably with that of 46 for England and Wales. The untiring effort of the Maternity and Child Welfare Committee to maintain a comprehensive service during the war years is reflected in such figures. Particular mention must be made too, of the yeoman service of health visitors and midwives and specialist medical officers in charge of ante-natal and infant welfare clinics. The high percentage of attendance at these clinics during the year has given ample proof of the public's confidence in this basically important preventive health service.

The *birth rate* of 17.97 shows a reduction on the previous year, but is still high compared with that of 16.1 for the whole country. The *general death rate* was 12.4 compared with 12.5 for the previous year. The *population* though much below the pre-war figure of 144,400, shows a rise from 108,160 in 1944 to 110,600 in 1945.

The main pre-occupation of the *public health department* during the past months, has been the heavy and oft-times distressing task of dealing with over 7,000 applicants for *housing accommodation*, and the allocation of 320 temporary houses and requisitioned premises. Vigorous action has been taken to raise the standard of existing properties; and in this respect the sanitary inspectors have

made unceasing efforts to enforce action under the provisions of Section 9, Housing Act, 1936.

The *school health service* has been well maintained. The transfer of functions under the new provisions of the Education Act, 1944, took place as from the first of April, 1945. For an Authority of the size and efficiency of Tottenham, the past must step reluctantly into the future.

Despite the mulifarious duties added during the war years and the heavy depletion of staff, many hours of overtime service have been given by all those left behind, in order that the work of the department should continue uninterrupted.

For the support and encouragement accorded to me by the Chairman and Members of the Town Council, I am deeply grateful.

I have the honour to be,

Your obedient servant,

G. Hamilton Hogben,
Medical Officer of Health
and School Medical Officer.

STATISTICAL SUMMARY.

Year ended 31st December, 1945.

Area of the District in acres	3,014
Pre-War Population	144,400
Registrar-General's estimate of the Civilian *Population* Mid-year 1945	110,600
Rateable Value	£974,781
Sum represented by a penny rate	£3,834

Births and Deaths.

Registered live births:—	Total.	Males.	Females.
Legitimate	1,842	932	910
Illegitimate	146	79	67
	1,988	1,011	977

Birth Rate (per 1,000 estimated population) 17.97

Stillbirths	Total.	Males.	Females.
Legitimate	29	18	11
Illegitimate	5	2	3
	34	20	14

Stillbirth Rate per 1,000 total (live and still) births .. 16.81

Deaths	Males .. 692		
	Females .. 679	Total ..	1,371

Death Rate (per 1,000 estimated population)	12.40
Deaths from Cancer—Males 106: Females 107	213
Deaths from Diphtheria	3
Deaths from Measles	2
Deaths from Whooping Cough	1
Deaths from Diarrhoea (under 2 years)	8

Maternal Deaths:—

Puerperal Sepsis	—
Other Puerperal Causes	1
Total	1

Maternal Death Rate (per 1,000 total live and still births) .. 0.494

Deaths of Infants under 1 *year of Age*:	Total.	Males.	Females
Legitimate	69	37	32
Illegitimate	9	7	2
	78	44	34

Infantile Death Rate (all infants per 1,000 live births) .. 39.24

Legitimate Infants per 1,000 legitimate live births .. 37.46

Illegitimate Infants per 1,000 illegitimate live births .. 61.64

The population which, in 1938, was 144,400, shows an increase of 2,420 over the figure of 108,180 for 1944.

The birth-rate 17.97 compared with 19.09 in 1944 and 13.1 in 1938.

Registered live births totalled 1,988, compared with 2,066 in 1944, the proportion of males to females being 1,011 boys and 977 girls.

The infantile death-rate of 39.24 was lower than the rate for 1944—42.11.

Deaths in the first 4 weeks of life caused a neo-natal mortality of 20.12 per 1,000 live births, a further reduction on previous years.

The maternal death-rate was 0.494, as compared with 1.41 in 1944.

The general death rate of the whole population showed a reduction over the previous year—12.40 compared with 12.53.

Deaths from cancer showed a decrease, but there was a slight increase in deaths from diseases of the lungs.

Table I

STATISTICS OF TOTTENHAM FOR THE LAST TWENTY YEARS.

Year	Population	Deaths	Death Rate	Births	Birth Rate	Infantile Deaths	Infant Death Rate	Number of Cases.				
								Puerperal Fever and Puerperal Pyrexia	Scarlet Fever	Diphtheria	Typhoid Fever	Small-Pox
1926	159,500	1,545	9.6	2,601	16.3	147	56.5	4	481	495	7	—
1927	162,000	1,664	10.2	2,388	14.7	154	64.4	2	466	398	3	—
1928	165,000	1,540	9.3	2,478	15.0	133	53.7	19	594	328	1	—
1929	168,000	1,839	10.9	2,561	15.2	162	63.2	19	536	562	5	6
1930	170,000	1,569	9.2	2,510	14.8	137	54.6	22	574	541	6	131
1931	159,300	1,621	10.2	2,345	14.7	124	52.9	19	571	220	6	7
1932	156,800	1,591	10.1	2,214	14.2	114	51.4	37	452	149	4	5
1933	154,700	1,618	10.5	2,138	13.8	118	55.2	35	551	194	5	4
1934	152,694	1,572	10.3	2,091	13.7	108	51.6	34	628	300	1	—
1935	150,310	1,456	9.7	1,969	13.1	108	54.8	41	577	286	3	—
1936	148,600	1,600	10.8	1,931	13.0	100	51.8	37	430	227	5	—
1937	146,200	1,617	11.1	1,973	13.5	126	63.9	36	306	236	7	—
1938	144,400	1,512	10.5	1,893	13.1	89	47.0	23	186	221	—	—
1939	142,400* / 136,000	1,406	10.3	1,776* / 1,739	12.5	66	37.95	15	335	60	—	—
1940	119,400	1,703	14.26	1,666* / 1,559	13.95	64	41.05	20	103	28	5	—
1941	105,620	1,418	13.43	1,560* / 1,316	14.77	61	46.35	13	103	73	4	—
1942	110,100	1,349	12.25	1,819	16.52	79	43.43	12	295	75	1	—
1943	110,350	1,513	13.71	1,970	17.85	86	43.65	9	340	107	—	—
1944	108,180	1,356	12.53	2,066	19.09	87	42.11	13	206	44	—	—
1945	110,600	1,371	12.40	1,988	17.97	78	39.24	14	214	47	—	—

*For the years 1939—1941 alternative birth figures were given by the Registrar-General:—
(*a*) for calculation of birth rates; and
(*b*) for calculation of death rates or the incidence of notifiable diseases.

Likewise for the year 1939 only, two population figures were given:—
(*a*) for calculation of birth rates; and (*b*) for calculation of death rates, etc.

Table II *Deaths during the year* 1945 *in the Borough of Tottenham, classified according to Diseases*

Cause of Death	Males	Females	Totals
Typhoid and Paratyphoid Fevers ..	—	—	—
Measles	2	—	2
Scarlet Fever	—	—	—
Whooping Cough	1	—	1
Diphtheria	2	1	3
Influenza	1	10	11
Encephalitis Lethargica	—	—	—
Cerebro-Spinal Fever	1	1	2
Tuberculosis of Respiratory System ..	43	32	75
Other Tuberculous Diseases	3	9	12
Syphilis	7	3	10
General Paralysis of the Insane Tabes Dorsalis	—	—	—
Cancer, Malignant Disease	106	107	213
Diabetes	5	7	12
Cerebral Haemorrhage, etc.	57	79	136
Heart Disease	140	153	293
Other Circulatory Diseases	39	22	61
Bronchitis	59	38	97
Pneumonia (all forms)	40	55	95
Other Respiratory Diseases	8	7	15
Peptic Ulcer	17	5	22
Diarrhoea (under 2 years)	6	2	8
Appendicitis	4	2	6
Other Digestive Diseases	16	14	30
Acute and Chronic Nephritis	18	20	38
Puerperal Sepsis	—	—	—
Other Puerperal Causes	—	1	1
Congenital Debility, Premature Birth, Malformations	20	17	37
Road Traffic Accidents	6	2	8
Other Violent Causes	28	30	58
Suicide	5	9	14
All other Causes	58	53	111
	692	679	1,371

Table III — *Infantile Deaths in Ages and Sexes during the year* 1945.

Cause of Death.	Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 4 weeks.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	Total deaths under 1 year.	Males.	Females.
Bronchitis	—	—	—	2	2	3	1	1	—	7	6	1
Diarrhoea and Enteritis	—	—	—	—	1	1	3	2	—	7	4	3
Measles	—	—	—	—	—	—	1	—	—	1	1	—
Pneumonia	2	1	1	—	4	5	3	2	1	15	7	8
Premature Births, Congenital Malformations, etc.	24	4	2	3	33	2	1	—	1	37	20	17
Miliary Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—
T.B. Meningitis ..	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	1	1	1	—
Other Causes	—	—	—	1	—	3	4	1	2	10	5	5
Totals	26	5	3	6	40	14	13	6	5	78	44	34

GENERAL PROVISION OF HEALTH SERVICES.

Hospitals.

The Borough is well served in regard to general hospital accommodation. Situated within its boundaries is the Prince of Wales's General Hospital to which the Local Authority makes an annual contribution equal to a halfpenny rate. Also within the area are the North-Eastern Hospital, one of the London County Council Infectious Disease Hospitals, and the Hospital for the Aged and Sick, maintained by voluntary Jewish agency. The North Middlesex Hospital maintained by the Middlesex County Council is within a mile of Tottenham and provides a comprehensive treatment service for this area. In addition, Tottenham is fortunate in being within easy access of the London Teaching and Specialist Hospitals.

Infectious Disease Hospital.

By association with the Southgate Borough Council, the majority of hospital cases of infectious disease are admitted to the Southgate Isolation Hospital administered by a joint management committee, service upon which includes four members of the Tottenham Borough Council.

By exception, cases are admitted also to the North-Eastern Hospital, St. Ann's Road, Tottenham.

Maternity Hospitals.

There is no maternity hospital in the district, but limited accommodation is available at the North Middlesex Hospital, Edmonton, and the Mothers Hospital, Clapton. The Council has welcomed and given support during the year to a scheme proposed by the Governors of the Prince of Wales's General Hospital to erect a 60 maternity bed unit in the grounds of the hospital, including 15 ante-natal beds.

Laboratory Facilities.

The following examinations were made during the year in the Council's Laboratory:—

Swabs (Throat and Nasal).	Negative.	Positive.	Total.
Referred by Public Health Department:—			
Diphtheria Contacts, Discharged Cases, Convalescent Home Cases, etc.	899	20	919
Medical Practitioners ..	402	25	427
Totals ..	1,301	45	1,346

Specimens of Sputa examined for Tuberculosis:—

Negative	68
Positive	8
Total ..	76

Diabetes.

Necessitous persons suffering from Diabetes are supplied with Insulin on request, in accordance with the general authority contained in Circular 2734, Ministry of Health (1943).

Number of cases supplied during the year	36
Cost to Authority	£144 9s. 6d.

Nursing in the Home.

The District Nursing Association undertakes most valuable work in the area and the Authority makes an annual grant for services in nursing non-infectious cases in their homes.

The Home Help service for general duties is incorporated in the Maternity and Child Welfare Committee's scheme.

Domiciliary treatment is arranged for cases of scarlet fever in the home, and in necessitous cases, the Authority pays the fees of the medical practitioner in attendance. A whole-time public health nurse is employed to visit cases of infectious disease in the home and to assist at the immunisation clinics.

Disinfection.

A Public Cleansing Station is maintained by the Health Department in Markfield Road, which includes a steam disinfector for disinfection of clothing and bedding after infectious disease.

Disinfecting Work.

Rooms disinfected after Diphtheria, Scarlet Fever, Tuberculosis, etc.	343
Number of houses where bedding was disinfected after the occurrence of infectious disease	325
Wards or School Rooms disinfected	8
Verminous rooms cleansed (including disinfestation process)	543
Miscellaneous premises disinfected	7

	Blankets.	Pillows.	Overlays.	Other Articles.
Private Firms	528	26	39	10
Civil Defence, Fire Watchers, etc.	885	648	853	517

Disinfestation on Council's Estates—1 house (1 room).

Library Books disinfected—38.

Bedding dried—393 articles.

Temporary Houses:—

Furniture disinfected and removed to temporary houses in 136 cases.

Milk (Special Designations) Orders, 1936 and 1938.

Licences granted:—

Pasteurised Milk:—

Pasteurisers' Licences	4
Dealers' Licences	15
Supplementary Licences	3

Tuberculin Tested Milk:—

Bottlers' Licences	1
Dealers' Licences	10
Supplementary Licences	3

Ambulance Service.

The Borough Ambulance Service, now part of the Public Health Department administration, comprises six ambulance vehicles for accident and non-infectious cases, and two buses for conveying children to Special Schools.

A regular free service for conveying patients to hospitals for treatment and dressings, is easily maintained, and vehicles are also available at all hours of the day or night for urgent accident and maternity cases.

The only charges made for use of the ambulances is in respect of return journeys from the North Middlesex and the London Hospitals, or for journeys outside the Metropolitan Police Area.

Adequately staffed by eight drivers and eight attendants, and supervised by a Foreman, the service is at present sufficient for the needs of the Borough.

Transport for the School Meals Service is an ancillary to the Ambulance Service, and two vehicles are maintained for this purpose.

Accident and Hospital cases conveyed	4,210
Maternity cases conveyed	273
Special School journeys	1,402

The oxygen resuscitator was used on seven occasions.

Month.	Mileage Ambulances	Mileage School Buses	Total.
January	2,795	1,560	4,355
February	2,563	1,707	4,270
March	2,812	1,800	4,612
April	2,582	1,412	3,994
May	2,855	1,450	4,305
June	2,952	1,942	4,894
July	2,733	1,655	4,388
August	2,078	—	2,078
September	3,247	1,355	4,602
October	3,460	2,099	5,559
November	3,240	1,752	4,992
December	2,930	1,409	4,339
Totals	34,247	18,141	52,388

INFECTIOUS DISEASES.

Notifiable Diseases (other than Tuberculosis).

The number of notifications of infectious disease excluding Tuberculosis was 2,456 (see Table IV.)

Diphtheria.

The number of cases notified during the year was 47, of which all were treated in hospital. There were three deaths recorded from this disease, and in each case the child had *not* been immunised against Diphtheria.

Investigation of the source of infection and home circumstances was carried out in each case by the sanitary inspectors, and examination of "contacts" at home and in school was made by the staff of the School Health Service. Swabs were taken in all suspected cases.

Immunisation.

Despite intensive propaganda, the response to the invitation to parents to have their children immunised against Diphtheria is still far below the 100 per cent expected. A special appeal is necessary to fathers returning from the Services not to allow prejudice against inoculation, to delay acceptance until possibly too late, of the almost certain protection to their children given by modern methods of immunisation. Four immunisation clinics are held weekly and the method used causes little or no discomfort to the child who receives two doses of alum precipitated toxoid, the first 0.2 c.c., followed three weeks later by 0.5 c.c.

Total attendances during the year			5,991
Number of individual cases completed:			
0—4 years of age	1,407		
4—15 years of age	147		
Total			1,554
Number of Schick Tests			1,372

Medical practitioners who receive requests from their patients for immunisation can receive supplies of the prophylactic material on application to the Health Department.

Scarlet Fever.

The number of cases notified during the year was 214, of which 92 were treated in hospital and the remainder satisfactorily isolated in their own homes. No deaths were recorded from this disease, which was generally of a mild type. The need where it existed for hospitalisation was due to inadequate provision for the satisfactory isolation of such cases in the home.

Measles.

The number of cases notified to the department was 1,088. Of this number, 28 were admitted to hospital. Two deaths were recorded from this disease, the cause in each case being the complication of broncho-pneumonia.

Whooping Cough.

There were 212 cases notified of which 23 occurred under the age of one year. One death was recorded. Six cases with complications were admitted to hospital.

Scabies.

This is a compulsorily notifiable disease in Tottenham and a total of 709 cases were notified during the year. Treatment is offered at the Public Cleansing Station in Markfield Road and at each of the Municipal Health Centres in the district. Careful following-up of all cases, as a family disease, was undertaken by the staff of the Health Department.

No action was taken under the Scabies Order, 1940.

Age and sex distribution	Males	Females	Total
Under 15 years of age	87	160	247
Over 15 years of age	139	323	462
Totals	226	483	709

Tuberculosis.

A total of 155 new cases of tuberculosis, as compared with 189 in the previous year, was found in the district during 1945, of which 139 were of the pulmonary form of the disease and 16 non-pulmonary.

The department's register shows that on the 31st December, 1945, there were 752 cases of tuberculosis in the district, 599 being pulmonary and 153 non-pulmonary.

There were 75 deaths, 43 males and 32 females, registered as being due to pulmonary tuberculosis. In the case of non-pulmonary tuberculosis, 12 deaths were recorded, three males and nine females. The death rate from all forms of tuberculosis was 0.79 per 1,000 population.

Summary of Tuberculosis Cases.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Males	Females	Males	Females	Males	Females	Males	Females
Under 1 year	—	—	—	—	—	—	—	—
1 to 5 years	3	3	2	—	1	—	2	1
5 to 15 ,,	2	3	4	3	—	—	1	—
15 to 25 ,,	16	37	2	2	6	7	—	3
25 to 35 ,,	11	18	1	1	5	9	—	1
35 to 45 ,,	9	8	1	—	8	8	—	3
45 to 55 ,,	11	3	—	—	7	5	—	—
55 to 65 ,,	8	2	—	—	10	2	—	—
65 years and upwards ..	5	—	—	—	6	1	—	1
Totals ..	65	74	10	6	43	32	3	9

There has been no appreciable increase in the number of notifications during the war years.

Non-pulmonary cases affecting:—

	Male.	Female.	Total.
Genito-urinary system	1	—	1
Peritoneum	1	1	2
Spine	1	—	1
Hip joint	2	—	2
Knee joint	2	—	2
Ankle joint	—	2	2
Conjunctiva	—	1	1
Cervical glands	2	2	4
Inguinal glands	1	—	1
	—	—	—
	10	6	16
	—	—	—

Table IV

Table of Cases of Infectious Disease coming to the knowledge of the Medical Officer of Health during the year 1945 in the Borough of Tottenham, classified according to Diseases and Ages.

Notifiable Disease.	Males.	Females	Under one.	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65 & over.	Total Cases Removed to Isolation Hospital by Council
Scarlet Fever	103	111	—	7	8	19	19	93	43	9	13	3	—	—	92
Diphtheria	24	23	1	—	3	4	2	18	11	4	2	1	1	—	47
Pneumonia	41	35	4	5	1	3	—	4	2	3	8	7	16	23	1
Erysipelas	13	19	1	—	—	—	—	—	—	1	6	5	18	1	11
Puerperal Pyrexia	—	14	—	—	—	—	—	—	—	1	8	5	—	—	1
Dysentery	17	28	2	4	2	1	3	13	6	2	3	3	5	1	18
Ophthalmia Neonatorum	1	4	5	—	—	—	—	—	—	—	—	—	—	—	4
Meningitis	3	2	2	—	—	—	—	—	1	—	1	1	—	—	4
Malaria	2	—	—	—	—	—	—	—	—	—	2	—	—	—	—
Scabies	226	483	8	10	19	13	14	92	91	98	233	67	51	13	—
Enteritis	1	5	1	2	—	—	—	2	—	—	—	1	—	—	4
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	91	121	23	37	33	31	31	56	—	—	—	1	—	—	6
Measles	549	539	43	130	153	137	168	424	26	6	1	—	—	—	28
Pulmonary Tuberculosis	65	74	—	2	2	1	1	2	3	20	62	17	24	5	—
Other forms of Tuberculosis	10	6	—	1	1	—	—	4	3	3	3	1	—	—	—
Poliomyelitis	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—
Totals	1,146	1,465	90	198	222	209	238	709	186	147	342	112	115	43	216

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

The Borough water supply is obtained from the Metropolitan Water Board, and has been satisfactory in all respects.

Drainage and Sewerage.

Soil sewage is taken into the London County Council system and surface water discharges into the River Lee. Recommendations were made during the year that the open sections of the Moselle Brook in Lordship Recreation ground should be culverted.

Closet Accommodation.

Closet accommodation in the Borough is on the water carriage system. There are many instances, however, where a single water closet in a house is shared by two or more families, and when circumstances permit, energetic action must be taken to relieve these unsatisfactory conditions.

Housing.

The repair of war damage continued to be the responsibility of the Public Health Department until the end of June, but with the cessation of hostilities in Europe the commencement of temporary housing, and the consequent redistribution of labour to provide for all types of building work, arrangements were made for the Borough Engineer's Department to take over war damage repairs.

Clearance Areas and repair of insanitary houses.

The continued postponement of action under Part III of the Housing Act, 1936, with respect to properties represented by the Council in 1939, has created difficulties which appear to have no solution for some time to come. Had it not been for the war, these properties—several hundred in number—would have been demolished and the tenants rehoused in modern dwellings. The increasing dilapidations at these houses during the war period, and the inability to secure repairs other than for the abatement of urgent nuisances, have created a problem demanding serious consideration in relation to future policy regarding slum clearance.

The repair of houses generally has been seriously affected by reason of shortage of materials and inadequacy of building labour. Section 9, Housing Act, 1936, has therefore been operated extensively, and considerable work has been carried out in owners' default.

Inspections Carried out by the Sanitary Inspectors, and Defects, etc., Remedied.

House-to-House Inspections	5
Infectious Disease	253
Complaints	3,142
Re-Inspections	2,252
Factories	76
Dairies, etc.	48
Slaughter-houses	41
Bakehouses	36
Drains Tested	56
Drains Defective	39
Public House Urinals	43
Stables and Mews	Nil
Food Premises	334
Appointments and Interviews	778
Other Visits	1,079
Massage Establishments	Nil
Visits in connection with the supervision of repairs to war-damaged residential property	19,998
Visits to requisitioned houses (for homeless persons) in connection with the general maintenance of these properties	1,638

Drains reconstructed	46
Drains repaired	128
Drains cleared	164
W.C. Cisterns repaired or renewed	251
W.C. Pans renewed	202
W.C. Pans cleansed	95
Waste Pipes repaired or renewed	143
Rain-water Pipes repaired or renewed	202
Roofs repaired or renewed	785
Eaves Gutters repaired or renewed	351
Drinking Water Cisterns renewed	36
Drinking Water Cisterns covered	24

Water Service Pipes repaired	146
Water Supply reinstated	55
Yards repaired or reconstructed	47
Sinks renewed or provided	76
Floors repaired or renewed	561
Floors ventilated	211
Dampness remedied—	
by insertion of damp-proof courses	91
by pointing of brickwork	38
by internal rendering	170
by miscellaneous remedies	8
Window Frames and Sashes repaired or renewed, or painted	321
Coppers repaired or renewed, or provided	30
Fireplaces, Stoves and Ovens repaired or renewed	344
Flues and Chimney Stacks repaired	126
Brickwork of Walls repaired and Walls rebuilt	60
Ventilated Food Stores provided	6
Rooms cleansed	1,052
Staircases, Passages and Landings cleansed	94
Staircases, Balconies and Steps repaired or renewed	67
Noxious Accumulations removed	26
Nuisances arising from Animals abated	18
Miscellaneous Defects remedied	227
Defective Wall Plaster remedied	349
Defective Ceiling Plaster remedied	343

Notices Served.

Informal	1,900
Statutory—	
Housing Act, 1936, Section 9	255
Public Health Act, 1936:—	
Section 24	5
Section 39	20
Section 83	13
Section 94	10
Section 45	16
Section 44	..
Section 79	3
Total	322

Repair of Houses by the Council.

	£. s. d.
Work carried out in default:—	
Section 9, Housing Act, 1936. 17 premises:	658 . 3.11
Public Health Act, 1936:—	
Section 39, 12 premises	96 . 9 . 0
Work carried out for maintenance of public sewers, 25 premises	369 . 0 . 0

Housing Lettings.

The responsibility for the letting of all municipal houses has been vested in the Health Department since 1939.

As foreshadowed in earlier Annual Reports, the need for housing accommodation has become acute with the cessation of hostilities and particularly in respect of families created during the war years.

The application list for housing accommodation, which in 1942 totalled about 1,000, had increased by the end of 1945 to nearly 7,000 including 1,885 families of 3 or 4 persons living in one room.

Temporary Houses.

As an emergency measure, the Council agreed to the erection of 315 temporary houses, including 50 of the American type, and the Public Health Committee, through their Letting Sub-Committee had the difficult task of selecting tenants for these dwellings.

Owing to size, these houses being deemed suitable only for families of 3 or 4, e.g., husband, wife and not more than two children, it was decided that only those families without separate accommodation of their own, that is families sharing accommodation with friends or relatives, could be considered. Some 1,885 families came under this category, and therefore only one in six could be successful. The problem thus resolved itself into finding one in six applicants whose need was greater than the other five.

A *points system* was devised to "sift" applicants for visiting. The factors taken into consideration were:—

Date of application.
Period of residence in Tottenham.
Service in H.M. Forces.
Number of children.
Loss of home by enemy action.

Further points in respect of overcrowding, cleanliness and state of rent book, were awarded after visitation by officials of the Public Health Department.

Estimation of degree of overcrowding was the most difficult task. This was determined not only on the number of persons per room, but also by the general living conditions, such as washing facilities, cooking and sanitary arrangements, as well as physical disability, illness, and psychological disturbances. The unenviable task of the officials who visited the houses of applicants, was to select cases for interview by the Committee for final investigation and choice of tenants.

Over 1,000 visits were made, and the number appearing for interview was 322, of which 307 were ultimately selected. A further 61 cases were submitted without interview, and not approved.

Of evacuee residents temporarily residing outside the Borough, 34, or 11 per cent of the total, were included in the 307 successful applicants. These were not visited, but selected after consideration of their initial points score, together with a report on overcrowding from the Medical Officer of Health of the district in which they were temporarily residing.

The number of selected families with a case of tuberculosis in the home was 29. The only applicant without a child who was allocated a house had tuberculosis and was in a sanatorium at the time of the visit. There were 12 persons in this house, living under conditions of severe overcrowding. The number of successful applicants where the wife was pregnant totalled 72, and 11 of these were given priority as there were no facilities at home for the confinement and no prospect of securing a maternity bed in hospital.

Many applicants had great difficulty in maintaining a satisfactory standard of cleanliness. One water tap was often shared by 3 families, and considerable hardship was caused by having to carry buckets of water up flights of stairs. In most cases there were no bathing facilities, nor adequate sanitary arrangements.

Conditions of overcrowding were severe. In 60 instances, kitchens were being used for sleeping purposes, with the floor often serving as a bed, and in many instances the family were separated because of lack of accommodation.

The following examples of overcrowded cases allocated houses, will indicate the seriousness of the housing shortage in this Borough.

First floor Flat of 3 rooms: Two bedrooms intercommunicating.—Small bedroom, father and mother. Second bedroom, applicant, and sisters 18 and 16 years, in one bed; three boys and one girl, 12, 9, 4, and 7 years, in another bed; boy 14 years, in another bed; boy 1 year in cot. Husband Group 26 for demobilisation from the Forces.

First floor Flat of 3 rooms.—Small bedroom occupied by boy 17 years, now on leave from Merchant Navy. Small middle room occupied by father and mother. Front room, applicant and boy 3 years, and sister 23 years, in one bed; two sisters 24 and 16 years in another bed; and brother 23 years. Husband Group 26 to return from H.M. Forces.

House of 4 rooms.—Small bedroom, three sisters 18, 12 and 8 years, sharing one bed. Second bedroom, husband and father of applicant in one bed and four boys, 12, 9 8, and 6 years, sharing one bed. Third bedroom, mother of applicant, and applicant (an expectant mother) sharing one bed. Husband discharged from H.M. Forces with foot wounds sustained in bomb disposal work.

Flat of 4 rooms.—Boy of 17 years sleeping in kitchen. Father and mother in one bedroom. Brother 38 years, discharged from H.M. Forces, in another bedroom with applicant's husband. Third bedroom, Grandmother 80 years, in one bed; applicant, and sister 25 years, in one bed—both expectant mothers and both due in February, 1946; daughter aged 1 year in cot. Brother-in-law and brother aged 21 years to come out of the Forces.

House of 4 rooms.—Father and mother in 1 room. Brother, 33 years, suffering from tuberculosis and awaiting sanatoria treatment; applicant and child 2 years, in one room. Three sisters, 37, 19, and 16 years, one of whom has been a cripple all her life, in 1 bed in another room. Husband Group 26, and brother aged 24 years, shortly to be discharged from H.M. Forces.

Disinfestation.

Work in connection with eradication of vermin has received a new impetus during the year. The availability of a new and effective insecticide—"D.D.T."—has led to a series of experiments being carried out in this Borough, in collaboration with Dr. J. R. Busvine of the Ministry of Health.

The following report gives details of the trials carried out.

TRIALS WITH D.D.T. FOR THE PREVENTION AND ELIMINATION OF BED BUGS (1st INTERIM REPORT).

Introduction.

In July, 1945, the Medical Officer of Health obtained a supply of D.D.T. through the Ministry of Supply for experimental use against the bed bug. It was agreed that the local Health Department would carry out the trial (supplying labour, transport, etc). On 24th July, 1945, the interested parties met at Tottenham and planned the following trials.

(1) Prevention of Bug-Infestation of Pre-fabricated Houses by Pre-Treatment with D.D.T.

(*a*) PROJECT.

Prefabricated houses to be treated with D.D.T. shortly after completion and before entry of the new tenants. Alternate houses to be left untreated as "controls." Both groups to be inspected at fairly long intervals (3—6months) to determine the proportions of each which are found to become infested. Further proposed to extend this trial elsewhere in conjunction with the Ministry of Works.

(*b*) COLLABORATION ARRANGED.

The D.D.T., kerosene and labour to be supplied by the Tottenham Health Department, and subsequent inspections made by their Sanitary Inspectors, spraying of the first group of houses to be supervised by a Ministry official.

(*c*) METHODS EMPLOYED.

Treatment is rapid; a team of two men (one sprayer and one relief) can treat the two bedrooms of a prefabricated house in approximately ten minutes. About 1½ gallons of kerosene containing ¾ lb. of D.D.T. are used per house. For convenience, the solution is prepared from a cyclohexanene concentrate (supplied by Geigy, Ltd.) which contains 33 per cent D.D.T. This is simply diluted with the appropriate amount of kerosene.

(*d*) PROGRESS.

Eight houses treated and occupied and a further eight occupied without treatment.

(2) Eradication of Bugs from Old Infested Houses. Comparison of Different Methods of Applying D.D.T.

(*a*) PROJECT.

The following four types of treatment were each carried out in four to seven bug-infested houses:—

(1) D.D.T. solution in kerosene (5 per cent). This was prepared by adding one part of the Geigy Concentrated D.D.T. in cyclohexanene to five parts of odourless kerosene.

(2) D.D.T. emulsion in water (5 per cent). A rejected batch of A.T.S.O. No. 1 was used, with the composition:—

Sulphonated castor oil	.. 24.5 per cent.
Cresylic acid	.. 6.0 per cent.
D.D.T.	.. 15.5 per cent.
Heavy solvent naphtha	.. 54.0 per cent.

This was diluted with two parts of water before use.

This Treatment resulted in the formation of pools of milky emulsion on the floors and the heavy naphtha present occasionally caused paint to soften and run. It was found to be unpopular.

(3) *Lethane* 384 *Special in kerosene* (10 per cent).—As recommended in the monthly Bulletin of the Ministry of Health, March, 1944, page 51.

(4) *D.D.T. smoke from "Moskil" Insecticide Generators: No.* 31 *Mk.*I.—All the houses to be inspected at intervals after treatment to determine the degree of success in eradicating bugs.

(*b*) Collaboration Arranged.

As before; and, in addition arrangements were made to provide an outside operator and equipment to participate in the spraying; also Messrs. Finn and Adams of Porton undertook to do all the smoke treatments.

(*c*) Methods Employed.

(1) *Spraying.*—After preliminary tests a continuous-action garden syringe, the "Eclipse No. 1" sprayer with a fine nozzle was selected as being most suitable for the task. The liquid to be sprayed was put in a large container in the centre of the room and the suction lead from the sprayer inserted. It was then possible to spray walls and furniture with very little difficulty. Two or three bedrooms were done in each house and about 400 square feet of walls, furniture and mattresses were sprayed in each room. About ½ to 1 gallon of Spray was used per house (which corresponds to approximately 200 mgms. of D.D.T. per square foot).

The operators wore light anti-gas clothing, rubber gloves and eye-shields.

(2) *Smoke Treatment.*—The procedure adopted was as follows:—

The occupants were evacuated from the rooms to be treated, but allowed to remain in the same house. The windows and doors of the rooms to be treated were closed and one generator was ignited in the centre of each. One Moskil should release about 50 gms. of D.D.T. smoke: this compares with about 80 gms. deposited by the spray treatment. After one hour, the rooms were ventilated. Many of the buildings treated were very leaky and the smoke dissipated more rapidly than was desirable, which may detract from the effect of the treatment. There were no perceptible traces left by the smoke except a very fine bloom on polished surfaces.

If it is effective in eradicating bugs, the method has great advantages in simplicity of equipment and ease of treatment.

(*d*) Progress.

The treatments were carried out on the 20th and 21st August. The houses were re-inspected at approximately one week and three weeks later. The results are shown in the table following. In this table, the original degree of infestation is indicated as follows:—

* .. Infested, but bugs not evident on cursory examination.

** .. Badly infested, bugs evident.

*** .. Very badly infested, bugs abundant and immediately obvious.

**** .. (One exceptionally bad case).

Treatment.	Individual houses in undermentioned Roads.	Original Infestation Category.	Observation at Inspection.	
			1 week later.	3 weeks later.
D.D.T. & Kerosene	Albert Road ..	****	1 live bug in back room.	No live bugs seen.
	Edith Road ..	***	Live bugs seen by occupier (not by inspector).	,, ,,
	Edith Road ..	**	,, ,,	,, ,,
	Durban Road ..	**	No live bugs.	,, ,,
	Gt.Cambridge Road	**	,, ,,	,, ,,
	Lorenco Road ..	*	,, ,,	,, ,,
	Durnford Street ..	*	,, ,,	,, ,,
D.D.T. emulsion	Durban Road ..	***	Live bug found.	2 bugs found; 1st floor front room.
	Lorenco Road ..	**	Live bugs.	Live bug found.
	White Hart Lane ..	*	,, ,,	No live bugs.
	Edith Road ..	*	No live bugs.	,, ,,
10% Lethane Special	Edith Road ..	**	No live bugs.	Live bug seen.
	Paignton Road ..	*	Live bug seen.	No live bugs.
	Durban Road ..	*	No live bugs.	,, ,,
	Gt.Cambridge Road.	*	,, ,,	,, ,,
	Lorenco Road ..	*	,, ,,	,, ,,
	Edith Road ..	*	,, ,,	,, ,,
D.D.T. smoke.	White Hart Lane ‡	**	Live bugs seen.	No live bugs.
	Lorenco Road ..	**	No live bugs.	Live bug on bedding.
	Richmond Road ..	*	Live bugs seen.	,, ,,
	Edith Road ..	*	No live bugs.	No live bugs.
	Lorenco Road ..	*	,, ,,	,, ,,

‡ Two Moskils per room.

Further inspection results are necessary before definite conclusions can be drawn from this trial, but the following points seem worthy of note in the results so far available:—

(i) D.D.T. in Kerosene is the only treatment after which no live bugs were seen at the second inspection.

(ii) The D.D.T. emulsion seems to have given poor results—it is the worst of the four treatments so far.

(iii) Live bugs seen after treatment are most common in the houses originally heavily infested.

RESULT OF A THIRD VISIT OF INSPECTION.

Treatment.	*Individual houses in roads.*	*Date of Revisit.*	*Remarks.*
D.D.T. & K.	Albert Road	8.10.45.	No live bugs. Rooms cleansed and distempered.
,,	Durnford Street ..	8.10.45	No live bugs.
,,	Edith Road	9.10.45	,, ,,
,,	Edith Road	11.10.45	,, ,,
,,	Durban Road	8.10.45	,, ,,
,,	Great Cambridge Road	8.10.45	,, ,,
,,	Lorenco Road	8.10.45	,, ,,
Lethane	Paignton Road ..	9.10.45	,, ,,
,,	Edith Road		No access.
,,	Durban Road	8.10.45	No live bugs.
,,	Great Cambridge Road	8.10.45	,, ,,
,,	Lorenco Road	8.10.45	,, ,, (Redecorated)
Emulsion.	Durban Road	8.10.45	No live bugs.
,,	Edith Road	9.10.45	,, ,,
,,	Lorenco Road	8.10.45	,, ,,
,,	White Hart Lane ..	8.10.45	,, ,,
,,	Edith Road	8.10.45	,, ,,
Smoke	Lorenco Road	8.10.45	,, ,,
,,	Edith Road	8.10.45	,, ,,
,,	Richmond Road ..	9.10.45	,, ,,
,,	Lorenco Road	8.10.45	,, ,,
,,	White Hart Lane ..	9.10.45	,, ,,
Controls	Devonshire Hill Lane	8.10.45	,, ,,
,,	Lorenco Road	9.10.45	No access.
,,	Lorenco Road	8.10.45	No live bugs. Rooms distempered.

Conclusion.

The introduction of D.D.T. opens up great possibilities on the important question of vermin control. This is particularly apposite in connection with the new development in the local authority's rehousing proposals. Technical developments and research have made rapid advances, and it is now possible to obtain paints and distemper with which D.D.T. is incorporated. Thus, it will be possible to cleanse and disinfest the effects of persons moving into Council houses, and also ensure that the house itself has the means of preventing any vermin infestation.

D.D.T. in solution may well be used in the rinsing water at public washhouses, ensuring complete protection to bedding and household linen.

Rodent Control.

Rodent control work continues satisfactorily, using the technique recommended by the Ministry of Food.

A third treatment of the Corporation sewers was carried out towards the end of the year. This treatment consisted of preparatory work, *i.e.* identifying and loosening manhole covers, pre-baiting for 4 days, and poisoning on the fifth day.

TABLE SHOWING NUMBER OF TREATMENTS.

Number of manholes with			small poison takes	273
,,	,,	,,	good poison takes	219
,,	,,	,,	complete poison takes	189
,,	,,	,,	no poison take	196
,,	,,	,,	not poison-baited	226
			Total	1,103

Estimated number of rats killed 11,227

Dwelling houses and Business Premises.

Number of dwelling-houses treated	584
,, ,, business premises treated	40
Total charges for business premises	£34 5s. 5d.

Shops Acts, 1912–1938.

By means of systematic visitation of shops throughout the Borough, effective administration of the Shops Acts is secured, and an up-to-date register of shop premises has been maintained.

Shops in the Tottenham (Remainder) Area are closed for the weekly half holiday at 1.0 p.m. on Thursday, and in the Harringay Area, on Wednesday at 1.0 p.m., with the exception of butchers who close on Monday at 1.0 p.m. throughout the Borough. Visits in connection with half holiday closing totalled 169.

Half Holiday for Shop Assistants.

Every shop assistant in every class of shop must be allowed a half holiday once a week commencing not later than 1.30 p.m. The rule applies whether a shop is required to be closed for a weekly half-holiday or not.

Meal Times.

DINNER:—If the hours of employment include the hours from 11.30 a.m. to 2.30 p.m., each assistant must be allowed an interval of three-quarters of an hour *within that time* if the meal is taken on the premises, or an interval of a full hour *within that time* if the meal is taken off the premises.

TEA:—If the hours of employment include the hours from 4.0 p.m. to 7.0 p.m., each assistant must be allowed an interval of half an hour for tea within that time.

Regular visits and investigations are made on the days of the weekly half holiday, and in the evening to ensure that the provisions of the Acts and the various closing orders made thereunder are duly complied with. In the general administration of the Shops Acts, 3630 inspections were made during the year. The majority of contraventions reported have been minor infringements of the Shops Acts, such as non-exhibition of statutory notices, in respect of which 154 verbal warnings and notices were issued.

Shops Act, 1934 and Young Persons Employment Act, 1938.

The provisions of the Acts relating to the employment of young persons, and shop workers generally have been effectively applied during the course of routine visitation of shops, and it has been ascertained that the conditions of employment have improved as a result in respect both to the hours of employment of young persons, and the arrangements for the health and comfort of all shop workers.

Owners and occupiers of shops generally are desirous of taking reasonable measures to comply with the requirements of the Acts, and are ready to act upon the advice and instructions given by the Shops Inspector. 282 special visits were made in connection with the enforcement of these Acts.

Shops (Sunday Trading Restriction) Act, 1936.

Regular investigations and inspections are made in connection with this Act, and it is pleasing to be able to state that very few shops now open on Sunday in Tottenham. The conditions relating to the employment of assistants on Sunday, and the compensatory holiday in lieu thereof, are being complied with.

No legal proceedings were necessary during the year.

THE EDUCATION COMMITTEE.

Chairman:

Alderman J. H. Morrell, J.P.

Members:

Alderman	E. J. Field, J.P.	Councillor	R. W. H. Ford.
,,	A. E. Harvey.	,,	C. H. Gill.
,,	Mrs. W. A. Kent.	,,	Mrs. Q. V. Jacobs.
,,	Mrs. A. Kitchener.	,,	F. A. F. Keay, J.P.
,,	Mrs. D. J. Lynch.	,,	Mrs. A. E. Lyons.
,,	A. Reed, A.C.I.I.,J.P.	,,	Mrs. E. M. A. Morrell.
Councillor	A. Clark.	,,	The Lady Morrison.
,,	E. W. Cox.	,,	A. A. Pawson.
,,	A. J. Davies.	,,	W. T. Richards.
,,	T. J. Dickenson.		

County Councillor Mrs. A. L. Hollingsworth, J.P.

Borough Education Officer:

C. F. Strong, M.A., Ph.D.

SCHOOL MEDICAL AND DENTAL STAFF.

TABLE VII.—*School Medical and Dental Staff.*

Name of Officer.	Proportion of whole time devoted to School Medical Service.	Proportion of whole time devoted to Public Health.
School Medical Officer:—		
Dr. G. Hamilton Hogben	Administrative	—
Deputy School Medical Officer:—		
Dr. B. Broadbent (On Military Service)	1/6th	5/6ths
Acting Deputy School Medical Officer:—		
Dr. S. Leff (from May, 1945)		
Senior Assistant Medical Officer:—		
Dr. Joyce E. Marshall (Temporary) ..	1/3rd	2/3rds
Assistant School Medical Officers:—		
Dr. R. H. Smythe (to May, 1945) ..	Whole time	—
Dr. Nora A. M. Webster (Temporary) ..	2/3rds	1/3rd

Senior Dentist:—V. Sainty, L.D.S.

Dentists:—

A. E. Fisher, B.D.S., joined dental branch R.A.F.V.R. (November, 1940).

Miss C. M. Dixon, L.D.S.

Miss E. M. McRaith, L.D.S. (Temporary appointment.)

NOTE.—2/3rds of the services of one Dental Unit is apportioned to The Maternity and Child Welfare Committee.

The whole of the school medical and dental inspection and treatment of secondary school children is undertaken for the Higher Education Authority.

School Nursing Staff.

(Excluding Specialist Nurses such as Orthopaedic Nurses).

	Number of Officers	Aggregate of time given to S.M.S. work in terms of whole time Officers.
School Nurses	8	Whole time.
District Nurses	—	—
Nursing Assistants*	—	—
Dental Attendants	3	See Note above under Dentists.

*This term refers to untrained assistants described in paragraph 3 of Circular 1604.

SCHOOL HEALTH SERVICE.

Co-ordination.

The staffs of the school health and maternity and child welfare services are interchangeable. The opportunity thus afforded to *health visitors* to work in both departments, ensures greater continuity in the supervision of the health and welfare of children of all ages; and is in accordance with the expressed intention of the Ministry of Education Regulations, 1945.

During the past year the *school medical officers* have assisted in the staffing of "toddler clinics," where children, from the ages of two to five, attend for periodic health inspection on lines similar to routine medical inspection in schools. This ensures that children from an early age have the benefit of an organised and co-ordinated medical service. In addition, the regular medical inspection in nursery schools and nursery classes provides an even closer supervision of children of this age-group.

Intensive efforts have been made to secure the utmost co-operation of parents; and, in this respect, increasing opportunities have been given through the medium of *parent-teacher associations*, by invitations extended to members of the medical staff to address a number of their meetings.

The school medical officer is represented on the *Juvenile Employment Committee* and the local Youth Committee, thus extending the supervision of the school health service to the adolescent in his social environment.

No comment on the task of co-ordination in this area would be complete without special mention of the invaluable work carried out by the *Invalid Children's Aid Association* and the *National Society for the Prevention of Cruelty to Children*, whose functions in the voluntary field are increasingly important to the smooth and effective working of the school health service.

ROUTINE MEDICAL INSPECTION.

TABLE I.—MEDICAL INSPECTIONS OF CHILDREN ATTENDING PRIMARY AND SECONDARY SCHOOLS—YEAR ENDED 31ST DECEMBER, 1945.

A.—*Routine Medical Inspections.*

(1) No. of routine Inspections according to age groups:—

Entrants	1,683
Second Age Group	1,706
Third Age Group	1,544
TOTAL	4,933
(2) No. of other Routine Inspections (leavers)	843
GRAND TOTAL	5,776

B.—*Other Inspections.*

No. of "Specials" and Re-Inspections 20,126.

TABLE II.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR UNDER REVIEW IN THE ROUTINE AGE GROUPS.

Inspections.	A. (Excellent).		B. (Normal).		C. (Slightly Sub-Normal).		D. (Bad).	
	No.	%	No.	%	No.	%	No.	%
5,776	461	8.0	4860	84.1	442	7.7	13	0.2

TABLE III.

Group I.—TREATMENT OF MINOR AILMENTS (EXCLUDING UNCLEANLINESS.)

Total number of defects treated or under treatment during the year under the Authority's Scheme 5,327

Group II.—TREATMENT OF DEFECTIVE VISION AND SQUINT.

	Under the Authority's Scheme.
Errors of Refraction (including Squint)	876
Other defects or diseases of the eyes (excluding those recorded in Group I)	37
TOTAL	913
	Under the Authority's Scheme.
No. of Children for whom spectacles were:	
(*a*) Prescribed	728
(*b*) Obtained	723

Group III.—Treatment of Defects of Nose and Throat.

	Under the Authority's Scheme.
Received Operative Treatment	118
Received other forms of treatment	392
Total number treated	510

Table IV.—Dental Inspection and Treatment.

(1) No. of children inspected by Dentist:—	
(*a*) Routine Age Groups	10,519
(*b*) Specials	1,085
(*c*) Total (Routine and Specials)	11,604
(2) No. found to require treatment	6,877
(3) No. actually treated	3,732
(4) Attendances made by Children for treatment	7,503
(5) Half days devoted to:—	
Inspection	60
Treatment	949
Total	1,009
(6) Fillings:—	
Permanent Teeth	2,463
Temporary Teeth	838
Total	3,301
(7) Extractions:—	
Permanent Teeth	703
Temporary Teeth	4,070
Total	4,773
(8) Administrations of general Anaesthetics for Extractions ..	574
(9) Other Operations:—	
Permanent Teeth	688
Temporary Teeth	1,266
Total	1,954

Table V.—Verminous Conditions.

(1) Average No. of visits per school made during the year by the School Nurses or other authorised persons	19.88
(2) Total number of examinations of children in the Schools by School Nurses or other authorised persons	44,918
(3) No. of individual children found unclean	1,577

Medical inspection on school premises, in many cases, cannot be carried out under the best conditions. Only in a small number of schools which have been modernised, or in immediate pre-war buildings, are the facilities adequate, *i.e.*, with an examination room, properly equipped, and suitable waiting room accommodation for parents. The New Buildings Regulations however make such provision for the future. The need for parents to be present at medical inspections of their children is continually stressed through the opportunities given for health education; and it is hoped that when mothers are less harassed by the need for industrial employment and long hours spent in shopping queues, there will be greater opportunity on their part to accept the invitation to attend all such examinations. The value of periodic overhauls to the children is beyond question, though the intervals between examinations are in many cases too long for securing a maximum benefit. While it is true to say that parents and teachers may at any time request a "special" examination, in practice, it is found that incipient defects, only recognisable to the trained observer, tend to be overlooked until the next routine inspection, by which time later complications may have developed more difficult to treat. In the new national health service proposals, closer supervision may be expected from co-operation between school medical officers and general medical practitioners in Health Centres common to both.

Nutrition.

It will be seen from Table 2 above that despite the difficulties of "emergency" diets there is no material change in the nutritional condition of the children seen at routine medical inspections. As this represents a cross-section of the whole of the school population, the findings are of some significance.

Nutrition Clinics.

Started in 1937 this service has been of special value during recent critical years, and has ensured that children in need of supplemental feeding, including free school meals and milk have been supplied according to their requirements. Children suffering from physical defects affecting nutrition have received special attention at these clinics, and where necessary, arrangements have been made for short-term convalescent home treatment. The necessity to close the Authority's residential open-air school at Hayling Island during

the war years, has only emphasised the immense value of this pre-war provision and the need for its re-establishment now that the war is ended.

School Meals and Milk.

The value of *school meals* and *milk in schools* in supplementing the diet of children is now almost universally recognised. Emphasis must be placed on the educational importance to the children and their parents of a "balanced diet" which the school meals service seeks at all times to provide.

I am indebted to the Borough Education Officer for the following details of the meals served during the past year:—

"Since the School Meals Scheme was revised and extended in December, 1940, it has developed rapidly in the Borough, as shown in the appended table. The fall in the year 1944-45 was due to the heavy evacuation of school children during that period. With the return of all the evacuated children, however, the position, as the figures show, has more than recovered itself during the year under review.

Period.	*Total meals served.*
1st April, 1941—31st March, 1942	614,853
1st April, 1942—31st March, 1943	892,411
1st April, 1943—31st March, 1944	1,020,737
1st April, 1944—31st March, 1945	768,185
1st April, 1945—31st March, 1946	1,066,597

There is now a canteen in every school in Tottenham, and seventeen of the schools have their own kitchens. In the Primary schools fifty per cent of the children have dinner at school and eighty per cent take milk. In Secondary Schools of all types the figures are fifty-six per cent for dinners and forty-eight per cent for milk."

Physical Education in Schools.

I am indebted also to the Borough Education Officer for the following particulars of progress made in the department of physical education:—

Organisation.

"The upheaval of the war years has not made for continued progress in Physical Education, but it is hoped that with the peace

the development of the work in all its aspects can proceed on sound lines. Many of the men teachers called to the Forces are now returning and further appointments will be made from the ranks of the young and newly trained men and women.

Provision of Gymnasia.

By 1939 several schools in the Borough had, under the building plan, been provided with gymnasia. These included Belmont, Crowland, Downhills, Down Lane, Page Green, Parkhurst, Rowland Hill and South Grove (formerly Culvert) Schools. Unhappily, owing to enemy action, the gymnasia at Down Lane and Crowland Schools have been unusable during the year, but it is hoped that it may soon be possible to complete the repair of the damage in both buildings. And so, when reorganisation is complete, secondary modern schools fully established, and the school leaving age raised, every school in the town providing secondary education should have its fully equipped gymnasium.

Equipment and Gymnastic Clothing.

During the past year there has been some improvement in the supply of equipment and clothing but these goods are still on quota. The lack of towels has seriously handicapped the full use of shower baths and until the coupon value is reduced or eliminated there is little prospect of the development of this important hygienic aspect of the work of physical education. It is to be hoped, however, that it will soon be possible to inaugurate a scheme for the provision and laundering of individual towels in the near future.

Swimming.

The standard of swimming has continued to improve despite the setbacks of the war years, but it is still impossible to send all who should attend at the baths for instruction owing to the limited accommodation. An open air bath is excellent for children who can already swim, but it has obvious limitations for instructional purposes. There is a real need for at least two covered instructional baths within the Borough, and this provision should certainly form part of the educational Development Plan under the Act of 1944.

Organised Games.

This branch of the work has suffered seriously during the past few years. All the games pitches in the parks and recreation grounds

formerly used by the schools are requisitioned for the growing of food while the sites acquired at Down Lane and Markfield Recreation Ground are in use as allotments. Consequently the only playing fields available are the enclosed area at Lordship Lane and the Marshes. However, a start has been made this year to recondition the parks and it is hoped that the other sites will soon be released for their educational purpose.

Recreative Physical Training Classes.

During the two Winter terms indoor Gymnastics, Keep Fit, Dancing and Games Training classes have been maintained at the Youth Centres, the Technical College and in those Youth Clubs where facilities are adequate. Games training evenings for members of Youth Clubs were held at the enclosed area Lordship Lane during the Summer months."

Day Special Schools.

Oak Lodge School, Finchley.

This day school continues to provide accommodation for Educationally Sub-normal children on the certificate of the School Medical Officer. The number of pupils on the register in 1945 was 60 (38 boys and 22 girls). There were 2 boys and 3 girls newly admitted, and one girl left during the year.

Vale Road School for Physically Handicapped Children.

The number of pupils in attendance at this school during 1945 was 58 (30 boys and 28 girls), their ages ranging from 5 to 16 years. During the year 19 boys and 18 girls were admitted. Of these 6 came from neighbouring boroughs.

School for Partially Sighted Children, Walthamstow.

Nine children have attended this school during the year, two new pupils being admitted.

Tottenham School for the Deaf, Philip Lane, N.15.

The Tottenham School for the Deaf serves all parts of Middlesex and parts of Hertfordshire and Essex.

Arrangements are made for certain groups to travel in charge of guides, other pupils being brought to school by ambulance. In certain cases, older children travel independently.

The number on roll during the year was 59, of whom 15 were new pupils.

Transport.

At all Special Day Schools transport is provided and the children are in charge of a guide.

Convalescent Camp Schools.

The number of children certified by the School Medical Officer as in need of short-term treatment during the year 1945 totalled 19, and arrangements were made for nine of these children as follows:—

West Mark School, Petersfield, Hants. .. .. .. 1 boy.
Lords Field School, Overton, Nr. Basingstoke, Hants. .. .. 5 boys and 3 girls.

Invalid Children's Aid Association.

The Association arranged, during the year, for 88 boys and 70 girls to receive Convalescent Home treatment.

Residential Special Schools.

Children certified by the School Medical Officer as in need of Institutional Treatment have been registered at the following Schools:—

Mentally Defective.

School.	*Boys.*	*Girls.*
Besford Court Mental Welfare Hospital ..	1	—
Howlish Hall M.D., Bishop Aukland	—	1

Physically Handicapped.

Royal National Orthopaedic Hospital, Stanmore	1	3
St. John's Open Air School, Woodford Bridge ..	10	—
St. John's Home, Brighton	1	2
St. Dominic's Home, Godalming	6	—
Heritage Arts and Crafts School	—	1
Children's Heart Home, Lancing	—	1
Derwen Training College, Oswestry	1	—
Surgical Home for Boys, Banstead	5	—
St. Patrick's Open Air School, Carnarvon ..	—	3

School.	*Boys.*	*Girls.*
Knowle Home, Sidmouth	2	—
Clevedon Home, Sidmouth	2	6
St. Catharine's Home, Ventnor	9	3
Oak Bank, Sevenoaks	—	4
Hawkenbury Home, Tunbridge Wells	2	—
Charlton Home, Nr. Salisbury	7	—
St. Vincent's Open Air School, St. Leonards ..	—	13
Children's Hospital, Newbury	—	1
Bradstock Lockett Home, Southport	1	—
	—	—
	48	38
	—	—

Blind.

Royal London School for the Blind, Dorton ..	—	1
Birmingham Royal School for the Blind ..	1	—
Worcester College for the Blind	1	—
	—	—
	2	1
	—	—

Epileptic.

Lingfield Epileptic Colony	1	—

Deaf.

Nil.

Mental Deficiency Act (Statutory Notification).

During the year two boys and two girls have been notified to the Statutory Authority under the Mental Deficiency Act.

The School Medical Officer has personally visited the majority of the above residential special schools during the year.

Artificial Sunlight.

During the year under review 940 children were treated at the two solariums in district health centres, an increase of more than 100 per cent over the previous year. The total number of treatments given was 5,161. The provision now appears adequate to meet the needs of all children referred for ultra-violet rays treatment by the medical staff.

Immunisation against Diphtheria.

The number of individual children of school age immunised against diphtheria during the year was 147. The percentage of children immunised in the district, over the age of five is now estimated to be 64. Local propaganda has been continued during the year.

It is a matter for concern that three children of school age died from diphtheria during the year ending 31st December, 1945, and of this number *none* had received immunisation, thus emphasising the need for co-operation by parents in securing that *all* Tottenham children are immunised early in life.

Ophthalmic Clinic.

The work of this clinic has continued to be increasingly popular under the able management of Mr. T. W. Letchworth, M.B., F.R.C.S. In co-operation with the Prince of Wales's General Hospital, 14 children suffering from "squint," attended the Orthoptic Clinic in the Hospital.

Treatment of Defective Vision and Squint.

	Under the Authority's Scheme.			
	Pre-School.	School.	Adolescents.	Totals.
Errors of refraction (including squint)	46	876	68	990
Other defects or diseases of the eyes (excluding those recorded in Group 1) ..	6	37	—	43

	Under the Authority's Scheme.			
	Pre-School.	School.	Adolescents.	Totals.
No. of children for whom spectacles were				
(*a*) Prescribed	39	728	63	820
(*b*) Obtained ..	39	723	63	815

Dental Service.

I am indebted to Mr. V. Sainty, L.D.S. (Senior Dental Officer) and his colleagues for the following information regarding the running of the service.

The dental service in Tottenham is comprehensive in its provision for the priority sections of the population, namely expectant and nursing mothers, children under five years of age and children of school age attending primary and secondary schools in the Borough. There is, however, still need for greater provision for the early adolescent leaving school at fourteen years of age.

With a staff of four whole-time dental officers, annual inspection and treatment is available for the whole school population, including orthodontic treatment, whereby irregularities of the permanent teeth are corrected by the provision of appliances to meet individual requirements.

Ante- and post-natal cases are supplied with artificial dentures where necessary. Unfortunately, there is evidence, in the neglected state of the mouths of many of these mothers, that provision of dentures is on the increase.

X-Ray.—Radiographs for diagnostic purposes are at present carried out by private contract. An X-Ray plant for dental cases installed at one of the dental centres to serve the whole district would expedite diagnosis and treatment.

Anaesthesia.—The services of a specialist anaesthetist are available, and at anaesthetic sessions a trained nurse is also in attendance. A "Walton" gas and oxygen apparatus is mostly used and gives prolonged and efficient anaesthesia.

Dr. Galley (visiting anaesthetist) has had much success with the use of a new anaesthetic "trilene", and has published his results in its use in dental surgery in the "Lancet" during the year.

Response to Treatment.—During recent years a marked improvement has taken place in the number of children whose parents accept dental treatment on first notification. This has resulted in a reduction, compared with pre-war years, in the number of extractions needed in children of school age, especially of permanent teeth and a corresponding increase in the number of teeth which are saveable. Also the amount of treatment necessary per child is reduced, with a

consequent increase in the number of children that can be made dentally fit in a single session, thus allowing more individual children to be seen annually.

The policy of the Authority to make ample provision for the treatment of mothers and young children has greatly contributed to the improved position in regard to treatment of children of school age.

It is the aim of the dental service to inspect the mouths of all school leavers and to render their teeth fit before leaving school.

Orthopaedic Clinic.

Under the supervision of the visiting orthopaedic surgeon (Mr. J. A. Cholmeley, M.B.,F.R.C.S.) assisted by the physiotherapist (Mrs. Yorke), the work of the Committee's orthopaedic service, over a number of years, shows that gross defects have considerably lessened.

The liaison between the orthopaedic surgeon and the school medical officers has been strengthened during the year by the reference for treatment of minor orthopaedic defects at the minor ailment clinics, though in all such cases the guidance and general supervision of the surgeon has been maintained.

Attendances.

Number of new cases dealt with during the year ..	159
Total number of children treated during the year ..	184
Total number of treatments during the year	2,926
Total number of children examined by Orthopaedic Surgeon this year	237

Schedule of New Defects.

Congenital defects	39
Birth injuries	—
Rickety deformities	1
Knock-knees (non-rickety)	11
Postural defects of the spine	28
Structural curvature of the spine	13
Flat feet, footstrain, etc.	48
Infantile paralysis	1
Sequelae of acute fevers	1

Fractures and other injuries	3
T.B. Joints	—
Other bone or joint diseases (Non-T.B.) ..	—
Osteomyelitis	2
Other conditions including postural in-toeing	1
Non-Orthopaedic	5

Provision of Surgical Instruments.

Surgical appliances were supplied and repairs and replacements effected in 22 instances.

It is an encouraging sign that there is an increasing number of children with minor defects now being referred to the Orthopaedic Clinic, so that defects can be treated at an early and remediable stage.

Aural Clinic.

The many interruptions in the regularity of attendances during the war years, were at once eased by the cessation of hostilities; and with the rise in numbers towards the end of the year it became necessary to re-establish the pre-war arrangement for dispersal of treatment clinics at different centres in the Borough.

The service now includes a main specialist clinic fully equipped with all the necessary approved modern apparatus for examination and treatment of diseases of the ear, nose and throat in children. This clinic is situated at the health centre in Park Lane, at which the visiting Aural Surgeon (Mr. F. P. M. Clarke) attends twice weekly, assisted by a member of the school health visitor staff specially trained and skilled in the methods of treatment prescribed.

Two subsidiary treatment clinics operate from the centres in Lordship Lane and Cornwall Road respectively, thus facilitating more regular attendance for the simpler and more routine treatment and leading to a considerable saving in loss of school time. In the first instance all cases are seen at the main specialist clinic, but thereafter may receive routine treatment at the auxiliary clinic nearest the child's home. A constant check is kept on progress of treatment by reference back to the main clinic at specified intervals.

Amongst the essential forms of treatment retained at the main clinic are ionisation for otorrhoea and rhinitis; Proetz nasal "displacement"; electric vibration with diastolisation for deafness;

tonsil suction treatment for enlarged and unhealthy tonsils; audiometer testing (by the gramophone and pure-tone electric audiometer) for deafness and antrum sinus transillumination. But a considerable number of cases do not require these special technical methods, and can be adequately treated at the subsidiary clinics.

As in previous years, by far the greatest number of children seen were those with affections of the nose and throat. The number of children with "running ears" is happily very small for a population as large as Tottenham. The figure has steadily fallen during the last decade, due no doubt to the methods employed in the treatment and to the attention paid to early detection and treatment of acute otitis and factors predisposing to otitis in the pre-school child.

All cases of acute discharging ears, at all ages, are now treated daily at the minor ailment clinics, rather than the one-time practice of home treatment, with "drops and directions," by the parent. Home treatment is very unsatisfactory and indeed impossible for the parents in the light of advances recently made in new drugs and new techniques of treatment. The sulphanilamide preparation Albucid (Schering) has been used for acute otorrhoea with excellent results.

As described in previous annual reports "*suction*" treatment has been employed as a routine with remarkably good and rapid results.

Zinc Ionisation is regularly used for chronic and certain acute discharging ears. It has the great advantage of being rapid in its effect, requires only one treatment in a week and leaves the patient free from any self treatment.

Increasing attention is given to cases of sinusitis in children, since the percentage is relatively high amongst general nasal conditions. Every child with a history of nasal trouble and showing much mucous or muco-pus in the nostrils is investigated for sinusitis. Proetz displacement method is regularly employed for diagnosis and treatment. *Penicillin* has been tried in a few cases with good results. But experience has shown there is need for further investigation into diagnosis, treatment and systemic effects of sinusitis as a probable underlying factor in many conditions that persist in spite of intensive treatment, having a deleterious effect on the general health particularly of children.

A large number of nasal conditions have been treated during the year by diastolisation and vibration (for deafness). The rationale and details of this procedure have been set out fully in previous annual reports, but it is necessary here to repeat that cases for such treatment must be carefully selected as it is quite unsuitable for use in certain types.

Tonsil *suction* treatment described in detail in previous years continues to give most satisfactory results, but here again careful selection of cases must be made. It is quite unsuitable where there is a very large mass of adenoid tissue accompanying the enlarged tonsils and causing obstruction in the posterior nasal pharynx. It cannot, however, be emphasised too strongly from experience of results observed in a very large number of examinations made where tonsils and adenoids had been previously removed for a variety of reasons, that removal of tonsils in young children merely for hypertrophy as the major and often only indication should be condemned. It has no clinical or scientific basis and the many failures of the operation confirm this.

Routine Audiometer Testing.—During the war years it has been impossible to continue audiometric testing of the whole school population as in pre-war years, though the audiometer has been regularly used at the aural clinic and for special cases referred from the Authority's School for the Deaf. The scientific accuracy of the pure-tone audiometer in detecting loss of hearing of a very slight degree, fully justifies the intention to re-establish the practice of routine audiometer testing of the whole school population.

Annual Table of Returns.—The classification of the findings of the aural clinic first instituted in its present form in 1938, has proved invaluable for reference. We include this year for completeness the returns for the years 1943 and 1944 (as well as the year under review), as during the war years this annual classification had lapsed by reason of the pressing need for economy in time and paper. Certain minor additions or modifications are explained in the appended "notes" in accordance with changes we have found by experience to be desirable.

Summary of Returns.—

	1943	1944	1945
1. Total number of new cases seen at the Clinic	799	552	7,571
2. Pre-school children	88	74	100
3. School children	711	478	657
4. Ears	301	215	180
5. Nose and Throat	380	280	451
6. Miscellaneous	118	57	126

Hospital Treatment.

A Ministry of Education Circular 29 was issued in March, 1945, emphasising the need for comprehensive facilities for free medical treatment for all pupils in attendance at schools maintained by local education authorities. The provisions of the circular, intended to cover an interim period during the serious shortage of doctors, dentists and nurses, are made without prejudice to the ultimate establishment of a National Health Service. Authorities are advised in the first place to concentrate on improving and perfecting their existing schemes for treatment. The personal health services which should be provided are listed in the circular, and with the exception of the establishment of a local Child Guidance Clinic, all the services recommended are already included in the school health service in Tottenham.

It is further recommended that the school health service should extend its range of hospital treatment. Payment to voluntary hospitals, it is suggested, should be a matter for individual agreement; and the practice in this area has been for payment on a capitation basis for specific forms of treatment on application by the hospital concerned. Situated on the borders of the London Metropolitan area, Tottenham is within easy access of all the main London teaching and specialist hospitals. In addition it is fortunate in having the Prince of Wales's General Hospital within its own boundaries.

Speech Therapy.

A whole-time Speech Therapist was appointed during the year, and all cases hitherto referred for treatment at a special class held at the Authority's School for the Deaf, were transferred to the speech therapy clinics held in health centres throughout the district.

TABLE "A"

ACUTE OTITIS MEDIA 1943.

SCHOOL CHILDREN.

Diagnosis.	Total (Ears).	Tonsils and Adenoids.		Treatment.				Results.					
				Ionisation.	Antiseptic Treatment.	Tonsils & Adenoids Treatment: Nasal Treatment.	Tonsils & Adenoids Operation.	Cured.	Improved.	Still under Treatment or Observation.	Left School or Treatment Lapsed.	Referred to Hospital for Operation.	Did not Attend or Declined Treatment.
	A	B		C	D	E	F	G	H	I	J	K	L
Acute Non-Suppurative Otitis Media ..	48 *(9)	22	Operation before Clinic	—	22	—	—	22	—	—	—	—	—
		26	No Operation	—	26	—	1	23	2	1	—	—	—
Acute Non-Suppurative Otitis Media with Nasal Conditions: Enlarged Tonsils and Adenoids.	15	5	Operation before Clinic	—	5	3	—	4	—	—	1	—	—
		10	No Operation	—	10	3	—	9	—	—	1	—	—
Acute Suppurative Otitis Media	124 *(19)	36	Operation before Clinic	4	33	—	—	29	—	—	5	2	—
		88	No Operation	10	78	—	—	72	—	2	10	2	2
Acute Suppurative Otitis Media with Nasal conditions: Enlarged Tonsils and Adenoids	34 *(5)	12	Operation before Clinic	2	10	7	—	9	1	—	2	—	—
		22	No Operation	2	24	20	—	16	—	1	5	—	—
Totals	221			18	208	33	1	184	3	4	24	4	2
PRE-SCHOOL CHILDREN.													
Acute Non-Suppurative Otitis Media ..	5	2	Operation before Clinic	—	2	—	—	2	—	—	—	—	—
		3	No Operation	—	3	—	—	2	—	—	1	—	—
Acute Suppurative Otitis Media	10	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—
		10	No Operation	—	10	—	—	10	—	—	—	—	—
Acute Suppurative Otitis Media with Nasal Conditions: Enlarged Tonsils and Adenoids	7	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—
		7	No Operation	—	7	1	—	7	—	—	—	—	—
Totals	22			—	22	1	—	21	—	—	1	—	—
Grand Totals	243			18	230	34	1	205	3	4	25	4	2

* The figures in brackets indicate the number of cases with Bi-lateral Otorrhoea.

TABLE "A"

ACUTE OTITIS MEDIA 1944.

SCHOOL CHILDREN.

Diagnosis.	Total (Ears).	Tonsils and Adenoids.		Treatment.				Results.					
				Ionisation.	Antiseptic Treatment.	Tonsils & Adenoids Treatment: Nasal Treatment.	Tonsils & Adenoids Operation.	Cured.	Improved.	Still under Treatment or Observation.	Left School or Treatment Lapsed.	Referred to Hospital for Operation.	Did not Attend or Declined Treatment.
	A	B		C	D	E	F	G	H	I	J	K	L
Acute Non-Suppurative Otitis Media ..	30 *(2)	7	Operation before Clinic	—	7	—	—	7	—	—	—	—	—
		23	No Operation	—	23	—	—	23	—	—	—	—	—
Acute Non-Suppurative Otitis Media with Nasal Conditions: Enlarged Tonsils and Adenoids.	6	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—
		6	No Operation	—	6	4	—	6	—	—	—	—	—
Acute Suppurative Otitis Media	64 *(11)	25	Operation before Clinic	6	25	—	—	18	—	—	7	—	—
		39	No Operation	1	38	—	—	33	—	—	4	2	—
Acute Suppurative Otitis Media with Nasal conditions: Enlarged Tonsils and Adenoids	35 *(7)	6	Operation before Clinic	—	6	2	—	5	—	—	—	1	—
		29	No Operation	4	29	17	—	26	—	1	2	—	—
Totals	135			11	134	23	—	118	—	1	13	3	—
PRE-SCHOOL CHILDREN.													
Acute Non-Suppurative Otitis Media ..	7	2	Operation before Clinic	—	2	—	—	2	—	—	—	—	—
		5	No Operation	—	5	—	—	5	—	—	—	—	—
Acute Suppurative Otitis Media	15 *(3)	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—
		15	No Operation	—	15	—	—	14	—	1	—	—	—
Acute Suppurative Otitis Media with Nasal Conditions: Enlarged Tonsils and Adenoids	3	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—
		3	No Operation	—	3	—	—	2	—	—	1	—	—
Totals	25			—	25	—	—	23	—	1	1	—	—
Grand Totals	160			11	159	23	—	141	—	2	14	3	—

* The figures in brackets indicate the number of cases with Bi-lateral Otorrhoea.

TABLE "A"

ACUTE OTITIS MEDIA 1945.

SCHOOL CHILDREN.

Diagnosis.	Total (Ears).	Tonsils and Adenoids.		Treatment.				Result.					
				Ionisation.	Antiseptic Treatment.	Tonsils & Adenoids Treatment: Nasal Treatment.	Tonsils & Adenoids Operation.	Cured.	Improved.	Still under Treatment or Observation.	Left School or Treatment Lapsed.	Referred to Hospital for Operation.	Did not Attend or Declined Treatment.
	A	B		C	D	E	F	G	H	I	J	K	L
Acute Non-Suppurative Otitis Media ..	18	8	Operation before Clinic	—	8	—	—	8	—	—	—	—	—
		10	No Operation	—	10	—	—	9	—	—	1	—	—
Acute Non-Suppurative Otitis Media with Nasal Conditions: Enlarged Tonsils and Adenoids.	9	1	Operation before Clinic	—	1	1	—	—	—	—	1	—	—
		8	No Operation	—	8	8	—	5	—	1	2	—	—
Acute Suppurative Otitis Media	57 *(6)	16	Operation before Clinic	4	14	—	—	15	—	—	—	1	—
		41	No Operation	2	35	—	—	29	—	2	6	—	4
Acute Suppurative Otitis Media with Nasal conditions: Enlarged Tonsils and Adenoids	18 *(1)	1	Operation before Clinic	1	1	1	—	—	—	—	—	—	—
		17	No Operation	—	14	9	—	9	—	2	4	—	2
Totals	102			7	91	19	—	75	—	5	14	1	6
PRE-SCHOOL CHILDREN.													
Acute Non-Suppurative Otitis Media ..	2	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—
		2	No Operation	—	2	1	—	1	—	—	1	—	—
Acute Suppurative Otitis Media	14	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—
		14	No Operation	1	14	—	—	11	—	1	2	—	—
Acute Suppurative Otitis Media with Nasal Conditions: Enlarged Tonsils and Adenoids	2	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—
		2	No Operation	—	2	1	—	1	—	—	1	—	—
Totals	18			1	18	1	—	12	—	1	4	—	—
Grand Totals	120			8	109	20	—	87	—	6	18	—	6

* The figures in brackets indicate the number of cases with Bi-lateral Otorrhoea.

TABLE "B" CHRONIC SUPPURATIVE OTITIS MEDIA, 1943. SCHOOL CHILDREN.

Diagnosis.			Totals (Ears).	Diagnosis.						Tonsils and Adenoids.	Treatment.					Results.					
		Chronic Tympanic Sepsis, Complicated by:—		Granulations: Simple Polypii.	Mastoid Disease.		Enlarged Tonsils and Adenoids.	Nasal Catarrh: Rhinitis: Sinusitis.	External Otitis, Eczema.		Primary (Ear).			Collateral (Nose and Throat).		Cured.	Improved.	Still under Treatment: Observation.	Left School or Treatment Lapsed.	Referred to Hospital for Operation.	Did not attend or Declined Treatment.
					Old Operation.	No Operation.					Ionisation.	Antiseptic Treatment. Cautery, etc.	Mastoid Operation.	Tonsils/Adenoids. Conservative Treatment. Nasal Treatm.	Tonsils and Adenoids Operation.						
				A	B		C	D	E		F	G	H	I	J	K	L	M	N	O	P
SCHOOL.	A	Granulations: Simple Polypii ..	4 *(1)	2	—	—	—	—	—	Operation before Clinic	2	—	—	—	—	2	—	—	—	—	—
				2	—	—	—	—	—	No Operation	2	1	—	—	—	1	—	—	1	—	—
	B	Mastoid Disease	9 * (1)	—	3	1	—	—	—	Operation before Clinic	4	4	—	—	—	1	—	3	1	—	—
				—	3	2	—	—	—	No Operation	4	4	—	—	—	2	—	—	—	2	1
	C	Enlarged Tonsils and Adenoids ..	3	—	—	—	—	—	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—
				—	—	—	1	2	—	No Operation	—	1	—	—	—	—	—	—	1	—	2
	D	Nasal Catarrh: Rhinitis: Sinusitis ..	8 * (1)	—	—	—	—	1	—	Operation before Clinic	1	1	—	1	—	1	—	—	—	—	—
				—	—	—	—	7	—	No Operation	4	1	—	4	—	4	—	—	—	1	2
	E	External Otitis: Eczema	3	—	—	—	—	—	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—
				2	—	—	—	—	1	No Operation	2	3	—	—	—	3	—	—	—	—	—
		Chronic Suppurative Otitis Media, solely..	27 * (6)						14	Operation before Clinic	14	—	—	—	—	12	—	—	1	—	—
									13	No Operation	12	2	—	—	—	10	—	—	3	—	—
		Totals	54	6	6	3	1	10	1		45	17	—	5	—	36	—	3	7	3	5
PRE-SCHOOL CHILDREN.																					
PRE-SCHOOL.		Chronic Suppurative Otitis Media, solely..	—							Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—
									—	No Operation	—	—	—	—	—	—	—	—	—	—	—
		Chronic Suppurative Otitis Media, with Nasal Conditions: Tonsils/Adenoids ..	4	—	—	—	—	2	—	Operation before Clinic	—	2	—	—	—	—	—	2	—	—	—
				—	—	—	—	2	—	No Operation	—	2	—	1	—	1	—	—	—	1	—
		Totals	4	—	—	—	—	4	—		—	4	—	1	—	1	—	2	—	1	—
		Grand Totals	58	6	6	3	1	14	1		45	21	—	6	—	37	—	5	7	4	5

* Figures in brackets = Bi-lateral Disease.

TABLE "B" CHRONIC SUPPURATIVE OTITIS MEDIA, 1944.

SCHOOL CHILDREN.

	Diagnosis. Chronic Tympanic Sepsis, Complicated by:—	Totals (Ears).	Diagnosis. Granulations: Simple Polypii.	Mastoid Disease. Old Operation.	Mastoid Disease. No Operation.	Enlarged Tonsils and Adenoids.	Nasal Catarrh: Rhinitis: Sinusitis.	External Otitis, Eczema.	Tonsils and Adenoids.	Treatment. Primary (Ear). Ionisation.	Primary (Ear). Antiseptic Treatment.	Primary (Ear). Mastoid Operation.	Collateral (Nose and Throat). Tonsils/Adenoids, Conservative Treatment, Nasal Treatm.	Collateral (Nose and Throat). Tonsils and Adenoids Operation.	Results. Cured.	Improved.	Still under Treatment: Observation.	Left School or Treatment Lapsed.	Referred to Hospital for Operation.	Did not attend or Declined Treatment.
			A	B		C	D	E		F	G	H	I	J	K	L	M	N	O	P
SCHOOL.	A Granulations: Simple Polypii ..	5 (1)	3	—	—	—	—	—	Operation before Clinic	3	—	—	—	—	1	2	—	—	—	—
			2	—	—	—	—	—	No Operation	1	—	—	—	—	1	—	—	—	—	1
	B Mastoid Disease	4	—	1	—	—	—	—	Operation before Clinic	1	1	—	—	—	—	—	1	—	—	—
			—	3	—	—	—	—	No Operation	1	3	—	—	—	2	—	—	1	—	—
	C Enlarged Tonsils and Adenoids ..	3	—	—	—	—	—	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—
			—	—	—	3	—	—	No Operation	3	—	—	1	2	3	—	—	—	—	—
	D Nasal Catarrh: Rhinitis: Sinusitis ..	11 *(3)	—	—	—	—	4	—	Operation before Clinic	4	—	—	1	—	4	—	—	—	—	—
			—	—	—	4	3	—	No Operation	5	—	—	3	—	4	—	1	—	—	2
	E External Otitis: Eczema	6 *(3)	—	—	—	—	2	—	Operation before Clinic	2	2	—	—	—	2	—	—	—	—	—
			—	—	—	—	—	4	No Operation	—	4	—	—	—	4	—	—	—	—	—
	Chronic Suppurative Otitis Media, solely..	17 *(3)	5					—	Operation before Clinic	—	5	—	—	—	5	—	—	—	—	—
			12					—	No Operation	6	5	—	—	—	11	—	—	—	—	1
	Totals	46	5	4	—	7	9	4		26	20	—	5	2	37	2	2	1	—	4

PRE-SCHOOL CHILDREN.

PRE-SCHOOL.	Chronic Suppurative Otitis Media, solely..	6 *(3)	2					—	Operation before Clinic	—	2	—	—	—	2	—	—	—	—	—
			4					—	No Operation	—	4	—	—	—	2	—	2	—	—	—
	Chronic Suppurative Otitis Media, with Nasal Conditions: Tonsils/Adenoids ..	3 *(1)	—	—	—	—	—	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—
			—	—	—	—	1	2	No Operation	—	3	—	—	—	2	—	—	—	1	—
	Totals	9	—	—	—	—	1	2		—	9	—	—	—	6	—	2	—	1	—
	Grand Totals	55	5	4	—	7	10	6		26	29	—	5	2	43	2	4	1	1	4

* No. of Cases of Bi-Lateral Otorrhoea.

TABLE "B" CHRONIC SUPPURATIVE OTITIS MEDIA 1945. SCHOOL CHILDREN.

		Diagnosis.	Totals (Ears).	Diagnosis.						Tonsils and Adenoids.	Treatment.					Results.					
		Chronic Tympanic Sepsis, Complicated by:—		Granulations: Simple Polypii.	Mastoid Disease.		Enlarged Tonsils and Adenoids.	Nasal Catarrh: Rhinitis: Sinusitis.	External Otitis, Eczema.		Primary (Ear).			Collateral (Nose and Throat).		Cured.	Improved.	Still under Treatment: Observation.	Left School or Treatment Lapsed.	Referred to Hospital for Operation.	Did not attend or Declined Treatment.
					Old Operation.	No Operation.					Ionisation.	Antiseptic Treatment. Cautery, etc.	Mastoid Operation.	Tonsils/Adenoids. Conservative Treatment. Nasal Treatm.	Tonsils and Adenoids Operation.						
				A	B		C	D	E		F	G	H	I	J	K	L	M	N	O	P
SCHOOL.	A	Granulations: Simple Polypii ..	8 *(1)	3	1	—	—	—	—	Operation before Clinic	4	3	—	—	—	3	1	—	—	—	—
				3	1	—	—	—	—	No Operation	3	1	—	—	—	3	—	—	1	—	—
	B	Mastoid Disease	7	—	1	—	—	—	—	Operation before Clinic	1	—	—	—	—	1	—	—	—	—	—
				—	3	3	—	—	—	No Operation	3	2	—	—	—	1	2	—	—	3	—
	C	Enlarged Tonsils and Adenoids ..	1	—	—	—	—	—	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—
				—	—	—	—	1	—	No Operation	1	1	—	1	1	1	—	—	—	—	—
	D	Nasal Catarrh: Rhinitis: Sinusitis ..	4	—	—	—	—	—	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—
				—	—	—	—	4	—	No Operation	2	1	—	2	—	—	—	—	2	—	2
	E	External Otitis: Eczema	4	—	—	—	—	—	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—
				—	—	—	—	—	4	No Operation	3	2	—	—	—	4	—	—	—	—	—
		Chronic Suppurative Otitis Media, solely..	29						5	Operation before Clinic	4	1	—	—	—	3	—	1	—	1	—
									24	No Operation	20	1	—	—	—	16	—	1	3	—	4
		Totals	53	6	6	3	—	5	4		41	12	—	3	1	32	3	2	6	4	6
PRE-SCHOOL CHILDREN.																					
PRE-SCHOOL.		Chronic Suppurative Otitis Media, solely..	2						—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—
									2	No Operation	1	1	—	—	—	1	—	1	—	—	—
		Chronic Suppurative Otitis Media, with Nasal Conditions: Tonsils/Adenoids ..	5	—	—	—	—	—	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—
				2	1	—	—	2	—	No Operation	2	2	—	2	—	2	1	1	—	—	1
		Totals	7	2	1	—	—	2	—		3	3	—	2	—	3	1	2	—	—	1
		Grand Totals	60	8	7	3	—	7	4		44	15	—	5	1	35	4	4	6	4	7

* No. of Cases of Bi-Lateral Otorrhoea.

TABLE "C"

NOSE AND THROAT CONDITIONS 1943.

SCHOOL CHILDREN.

Diagnosis. Primary Conditions.	Totals.	Tonsils and Adenoids.		Secondary Conditions. Otitis Media.	Deafness.	Nasal Catarrh.	Enlarged Tonsils and Adenoids.	Treatment. Diastolisation.	Antiseptic Treatment.	Proetz Displacement.	Tonsils and Adenoids. Conservative Treatment.	Tonsils and Adenoids. Operative Treatment.	Results. Cured.	Improved.	Still under Treatment or Observation.	Left school or Treatment Lapsed.	Referred Hospital for Operation.	Did not attend or Declined Treatment.
A	B	C		D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Sinusitis: Rhinitis	64	Operation before Clinic	25	4	5	8	—	16	19	19	—	—	12	3	4	4	1	1
		No Operation	39	4	—	9	13	16	29	28	8	—	10	3	9	8	3	6
Nasal Obstruction: Rhinitis ..	61	Operation before Clinic	21	2	5	1	—	19	3	1	—	—	11	2	3	3	—	2
		No Operation	40	6	3	—	4	32	10	1	2	—	16	6	3	4	1	10
Nasal Catarrh	86	Operation before Clinic	19	4	5	—	—	18	3	—	—	—	11	3	1	2	—	2
		No Operation	67	8	6	—	7	50	20	—	5	—	36	7	1	9	—	14
Enlarged Tonsils and Adenoids ..	107	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	107	2	2	—	—	13	3	—	76	22	55	7	4	8	17	16
Totals (school)	318			30	23	39	23	164	87	49	91	22	151	31	25	38	22	51
PRE-SCHOOL CHILDREN.																		
Sinusitis: Rhinitis. Nasal Conditions	30	Operation before Clinic	2	2	—	—	—	2	1	1	—	—	1	1	—	—	—	—
		No Operation	28	4	1	—	—	13	14	—	—	—	13	3	—	7	—	5
Enlarged Tonsils and Adenoids ..	16	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	16	—	—	8	—	2	1	—	10	2	4	4	1	2	4	1
Enlarged Tonsils and Adenoids with Nasal Conditions	16	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	16	—	—	7	—	6	9	—	7	—	3	5	2	1	3	2
Totals (Pre-school) ..	62			6	1	15	—	23	24	1	17	2	21	13	3	10	7	8
Grand Totals ..	380			36	24	54	13	187	111	50	108	2	172	44	28	48	29	59

TABLE "C"

NOSE AND THROAT CONDITIONS 1944.

SCHOOL CHILDREN.

Diagnosis. Primary Conditions.	Totals.	Tonsils and Adenoids.		Secondary Conditions.				Treatment.					Results.					
				Otitis Media.	Deafness.	Nasal Catarrh.	Enlarged Tonsils and Adenoids.	Diastolisation.	Antiseptic Treatment.	Proetz Displacement.	Tonsils and Adenoids.		Cured.	Improved.	Still under Treatment or Observation.	Left school or Treatment Lapsed.	Referred Hospital for Operation.	Did not attend or Declined Treatment.
											Conservative Treatment.	Operative Treatment.						
A	B	C		D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Sinusitis: Rhinitis	42	Operation before Clinic	12	2	—	1	1	6	9	10	—	—	7	1	3	—	—	1
		No Operation	30	1	—	2	13	5	19	18	4	1	8	3	4	5	4	6
Nasal Obstruction: Rhinitis ..	70	Operation before Clinic	17	—	3	—	—	11	—	—	—	—	6	1	3	2	—	5
		No Operation	53	1	5	—	12	21	12	2	6	—	14	6	3	5	—	25
Nasal Catarrh	74	Operation before Clinic	13	—	1	—	—	8	4	—	—	—	7	1	—	3	—	2
		No Operation	61	4	10	—	4	26	16	—	3	—	23	3	—	14	—	21
Enlarged Tonsils and Adenoids ..	64	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	64	—	1	25	—	9	2	2	31	13	21	1	3	8	14	17
Totals (school)	250			8	20	28	30	86	62	32	44	14	86	16	16	37	18	77

PRE-SCHOOL CHILDREN.

Sinusitis: Rhinitis. Nasal Conditions	20	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	20	1	1	—	—	4	13	—	—	—	7	3	1	6	—	3
Enlarged Tonsils and Adenoids ..	4	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	4	—	—	—	—	—	1	—	2	1	1	—	1	1	1	—
Enlarged Tonsils and Adenoids with Nasal Conditions	6	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	6	—	—	—	—	—	4	—	2	—	1	—	2	1	—	2
Totals (Pre-school) ..	30			1	1	—	—	4	18	—	4	1	9	3	4	8	1	5
Grand Totals ..	280			9	21	28	30	90	90	32	48	15	95	19	20	45	19	82

TABLE "C"

NOSE AND THROAT CONDITIONS 1945.

SCHOOL CHILDREN.

Diagnosis. Primary Conditions.	Totals.	Tonsils and Adenoids.		Secondary Conditions.				Treatment.					Results.					
				Otitis Media.	Deafness.	Nasal Catarrh.	Enlarged Tonsils and Adenoids.	Diastolisation.	Antiseptic Treatment.	Proetz Displacement.	Tonsils and Adenoids.		Cured.	Improved.	Still under Treatment or Observation	Left school or Treatment Lapsed.	Referred Hospital for Operation.	Did not attend or Declined Treatment.
											Conservative Treatment.	Operative Treatment.						
A	B	C		D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Sinusitis: Rhinitis	31	Operation before Clinic	11	—	1	—	—	2	6	6	—	—	1	3	—	1	2	4
		No Operation	20	1	1	—	5	—	10	9	3	—	4	—	1	6	1	8
Nasal Obstruction: Rhinitis ..	148	Operation before Clinic	31	—	5	—	—	23	1	—	—	—	20	2	—	—	—	9
		No Operation	117	4	10	—	9	54	22	—	1	2	54	5	4	12	1	41
Nasal Catarrh	104	Operation before Clinic	19	—	5	—	—	—	6	—	—	—	12	2	—	1	—	4
		No Operation	85	6	6	—	6	18	42	—	6	—	31	9	—	24	—	21
Enlarged Tonsils and Adenoids ..	109	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	109	5	—	29	—	6	11	4	44	33	19	6	3	18	32	31
Totals (school)	392		392	16	28	29	20	103	98	19	54	35	141	27	8	62	36	118

PRE-SCHOOL CHILDREN.

Sinusitis: Rhinitis. Nasal Conditions	44	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	44	4	2	—	4	2	33	—	2	—	11	8	2	14	—	9
Enlarged Tonsils and Adenoids ..	11	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	11	—	—	—	1	—	1	—	7	2	2	2	—	5	2	—
Enlarged Tonsils and Adenoids with Nasal Conditions	4	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	4	2	—	3	—	—	3	—	3	—	1	1	—	2	—	—
Totals (Pre-school) ..	59		59	6	2	3	5	2	37	—	12	2	14	11	2	21	2	9
Grand Totals ..	451		451	22	30	32	25	105	135	19	66	37	155	38	10	83	38	127

1943.

TABLE "D" MISCELLANEOUS CASES.

1.	*Examined for*:— Deafness; tonsils and adenoids; colds; laryngitis; post-otitis media; post-mastoid operation; special classes for speech, hearing; audiometer tests; cases already under care of hospital or private doctor.—Not requiring treatment at the Clinic	62	Advice: Report: Recommendation.
2.	Wax in the ears	31	Removed.
3.	Epistaxis	12	Treated.
4.	Furuncle	7	Treated.
5.	Foreign body in the nose	2	Removed.
6.	Unclassified	4	—
	Total	118	

1944.

TABLE "D" MISCELLANEOUS CASES.

1.	*Examined for*:— Deafness; tonsils and adenoids; colds; laryngitis; post-otitis media; post-mastoid operation; special classes for speech, hearing; audiometer tests; cases already under care of hospital or private doctor.—Not requiring treatment at the Clinic	57	Advice: Report: Recommendation.
2.	Furuncle	7	Treated.
3.	Wax in the ear	11	Removed.
4.	Epistaxis	5	Treated.
5.	Foreign body in the ear	1	Removed.
	Total	81	
	Of the above:— Tonsils and Adenoids removed before Clinic	12	

1945.

TABLE "D" MISCELLANEOUS CASES.

1.	*Examined for*:— Deafness; tonsils and adenoids; colds; laryngitis; post-otitis media; post-mastoid operation; special classes for speech, hearing; audiometer tests; cases already under care of hospital or private doctor.—Not requiring treatment at the Clinic	101	Advice: Report: Recommendation.
2.	Epistaxis	7	Treated.
3.	Wax in the ears, only	14	Removed.
4.	Furuncle	3	Treated.
5.	Foreign body in the nose	1	Removed.
	Total	126	
	Of the above:— Tonsils and Adenoids removed before Clinic	15	

EXPLANATORY NOTES ON CLASSIFICATION TABLES.

Table "A".

TREATMENT.

Column, 'D' (Antiseptic Treatment).—This includes ear suction, with the use of the antiseptics:—Carbolised Glycerine with Menthol; Grieswold's Aniline Dyes Mixture; 1 per cent solution of Neutral Acriflavine; 10 per cent solution of Albucid; Euthymol with Tinct. Benz. Co.; Sulzberger Iodine-Boric Powder.

Column, 'E' (Tonsils and Adenoids, Conservative: Nasal).—Tonsil Suction; Mandl's Iodine Paint; Diastolisation; Proetz Displacement; Iodine-Vapour Inhalations; Resorcin or Albucid Nasal Drops.

Column, 'F' (Tonsils and Adenoids, Operation).—Those cases where operation was advised, at Clinic, and operation performed during the year or still awaiting operation on the 31st, December, 1945.

RESULT.

Column 'I' (Still under Treatment: Observation).—This column refers to (*a*) children who attended the Clinic towards the end of the year and were not discharged before the 31st December, 1945, and (*b*) children who were discharged but who return periodically for observation as to permanency of result.

Column 'J' (Left or Lapsed).—Children who left school or district before completion of Treatment. "Lapsed," children who failed to attend as required.

Column, 'K' (Referred to Hospital).—Tonsils and Adenoids removal; Mastoid operation.

Table "B".

TREATMENT.

Column, 'F' (Ionisation).—Zinc ionisation or Salicylic ionisation.

Column, 'G' (Antiseptic, etc).—As in Table "A", Column "D". Also, Liquid Radiolatum, (Squibb). 'Caytery'; Silver Nitrate; Chromic Acid; Zinc Electrolysis.

Column, 'H' (Mastoid operation).—Mastoid operation as part of Treatment.

Column, 'I'.—As in Table "A". Column "E".

Table "C".

TREATMENT.

Column, 'I'.—As in Table "A", Column "E".

Column, 'K'.—As in Table "A", Column "E".

During the first months, considerable time was spent in organising the running of the clinics and in visiting schools. It was necessary to visit the schools in order to gauge the size of the problem and the conditions in the borough; furthermore, it was essential that the head teachers should become acquainted with the speech therapist and have some knowledge of the work that was to be carried out in the Clinics. It was, therefore, not until September that attendance at the clinics became regular and the therapist was able to give full attention to the treatment of children. The treatment being by nature a lengthy process, no very conclusive results can be shown in this short period.

Nature of Defect.	Number of Cases Treated.	Discharged —Cured.	Treatment continued into 1946.	Left School.	Miscellaneous.
Stammerers ..	19	—	15	3 (much improved).	1 (admitted to hospital).
Dyslalia ..	20	1	18	—	1 (left district).
Lispers ..	12	3	9	—	—
Cleft Palate	3	—	3	—	—
Dysarthria	1	—	—	—	1 (removed to specl. schl.)
Aphasia ..	1	—	1	—	—
Specl. Cases at School for Physically Handicapped Children ..	7	—	7	—	—
	63	4	53	3	3

Number of cases who have refused or failed to attend initial interview—9.

Speech defect cases are referred to the medical officer either by head teachers or by private doctors. Children are seen by the doctor before attending the speech clinic in case treatment is required from other branches of the school health service. Cases have received treatment from other branches of the medical services as follows:—

Ear, nose and throat	2
Audiometer test	2
Removal of tonsils and adenoids	2
Obturator fitted	1

Methods of Treatment.

Dyslalia and Lisp.—In cases of dyslalia and lisp, treatment consists mainly of speech exercises leading up to the teaching of correct sounds. Then, by the aid of rhymes and talking games, the child is encouraged to use the correct sound in normal conversation.

Stammering.—Stammerers are not treated by exercises in the mechanics of speech, as it is important for the child to feel that talking is easy, rather than something that requires effort and concentration. Stammering is connected with a general tense condition throughout the body and great importance is therefore attached to showing the child how to relax. At first, relaxation is taken alone, the children lying down and being helped to relax by the building up of suitable word pictures by the Speech Therapist. When the child has learned to relax in this way, he is encouraged to relax in a similar way when the stammer interferes with his speech.

At the same time, individual fears and the child's lack of self-confidence have to be overcome. Where necessary, the child has to be helped to adjust himself to whatever difficulties there may be at home or in school. These factors being contributory causes of the stammer, it is most necessary to gain a complete picture of the home and school background. This is done by visiting the schools and talking to the teachers.

The co-operation of the parent and the interest of the child are both important factors in effecting a cure. Parents are interviewed by the speech therapist when the child first attends the clinic, the nature of the treatment is explained and advice is given about the child. Frequently it is necessary to follow up the case with visits to the home, where free discussion about the child can take place, in his absence, between parent and therapist.

Rheumatism and Heart Disease.

It has been estimated that more than 200,000 children suffer from rheumatism in England and Wales, and that this is the cause of over twenty-five per cent of prolonged school absenteeism. Whilst the cause of rheumatic fever in children is not yet fully understood, it is of utmost importance in the prevention of crippling and per-

manent heart disease, to provide means for ascertainment of early cases and facilities for efficient and effective treatment. Many children suffer from vague aches and pains which require the fullest investigation to exclude the possibilities of sub-acute rheumatism. A clear decision is therefore essential not only to institute preventive measures as early as possible, but also to avoid unnecessary restriction of activities in children suspected to be suffering from rheumatism without foundation.

In November, 1945, an experimental *Rheumatism Clinic* was established, which until the size of the local problem had been determined was to be staffed by members of the school health service with Dr. Leff (Senior Assistant Medical Officer) in charge. The environmental history of each case, including economic status, housing circumstances, diet and supplementary feeding, facilities for outdoor play and parental efficiency is recorded from the home visits of the school health visitor. A comprehensive medical inspection of the child then takes place at the rheumatism clinic, with special reference to affections of the heart.

During the short period the rheumatism clinic had been established, *i.e.*, six weeks, 45 cases were seen of which the diagnosis of rheumatism was confirmed in 23 cases.

It is interesting to compare the cases of rheumatism with non-rheumatic cases, as referred to the clinic:—

Family history in this series seems to have no significance, as sixteen of the total cases had a family history of rheumatism, and only nine cases with rheumatism had a family history of rheumatism.

Environmental conditions.—In this series environmental circumstances seem to have no effect upon the incidence of disease, except for the question of sharing a bed:—

	Cases.	*With Rheumatism.*
The number sharing a bed ..	21	13
Dampness in bedroom ..	9	5
Dampness elsewhere in house ..	13	7

Thirty-nine cases were investigated for economic status:—

Under £4 per week—13 .. No. with rheumatism—7

Under £5 per week—29 .. No. with rheumatism—17

Over £5 per week—10 .. No. with rheumatism—8

The question of *tonsilar infection* did not seem to have any significance in this series:—

The tonsils had been removed in 9 cases.

Tonsils enlarged and probably infected in 3 cases.

Treatment of Cases.—

School for Physically handicapped children ..	3
Convalescence	12
Admitted to Hospital at Clinic's request ..	3
Ultra-Violet Light treatment	3
Medicinal treatment	10
Referred to Sanitary Inspector	3
Cod Liver Oil and Malt or Iron	22
Referred to Dentist	3
Referred to Orthopaedic Clinic	1
Referred to E.N.T. Department	1
Referred to T.B. Officer	1

22 children were having school dinners.

27 children were having school milk.

Five cases were notified from outside the service, and will be followed up as early as possible:—

Four with chorea, two of whom had active carditis; one is being treated by private doctor, and three have been referred for admission to special heart hospitals.

One heart case which has been referred for convalescence by the hospital and the clinic.

Sixteen cases of rheumatic disease are already in attendance at the School for physically handicapped children in Vale Road, Tottenham.

The main deficiencies in the service are:—

1. The absence of a consultant physician.
2. The lack of hospital beds for observation and treatment.
3. The lack of adequate facilities for the provision of clothing and shoes for the poor children.
4. Lack of sufficient convalescent places with the closure of the residential open air school, Hayling Island.

In spite of these deficiencies the establishment of this service has been most useful in determining the incidence of rheumatism in the area, and giving decisions on doubtful cases.

To tackle the problem of juvenile rheumatism efficiently in this area, there is need for a well co-ordinated "Rheumatism Scheme" such as operates in the London County Council area, including a supervisory centre in charge of a consultant physician and facilities for treatment, where required, in special residential schools.

Minor Ailments: Penicillin.

A useful addition to our pharmaceutical armamentarian in the Minor Ailments Clinic is penicillin. Many cases have been treated and a review of the first 109 cases treated, as summarised below shows 93.6 per cent cures. Three of the 7 who did not re-act to treatment were cases of ringworm, upon which penicillin is known usually to have no effect, and was being tried out experimentally.

Summary of Cases Treated by Penicillin.

Schedule of Defects.	Total No. of Cases.	Cases Cured.	Treatment Discontinued.
Abscess	2	1	1 (Refd. to E.N.T. Clinic).
Blepharitis	2	1	1 (Refd. to Hospital).
Blister	1	1	
Boil	7	7	
Burn	2	2	
Eczema	2	2	
Herpes	1	1	
Impetigo	16	15	1 (Mother insisted on own treatment).
Minor Injuries, (Cuts, abrasions, etc.) ..	8	8	
Ringworm	3	—	3 (Refd. to Hospital for X-Ray treatment).
Septic sores, spots, etc.	40	40	
Sores	18	17	1 (No improvement-treatment changed).
Stye	7	7	
Totals	109	102	7

Penicillin Tablets.

A supply of penicillin tablets is now kept at the health centres at Park Lane and Lordship Lane for the treatment of septic mouths and throats, and preliminary reports indicate that they are very effective for these conditions.

D.D.T.

D.D.T. is now being used in the form of an emulsion (2.5 per cent) for the treatment of head lice in school children. An experiment was performed towards the end of the year on 48 children infested with nits and lice. The 13 children who had live lice were completely clean at the end of a month, but 25 children still had nits at the end of this period. The evidence that can be drawn from this restricted experiment is that whilst D.D.T. is effective against live lice, it probably has no effect on nits. It would seem, however, that D.D.T. has advantages over other insecticides in its prolonged action for whilst some of the 13 still had nits at the end of the month, none had live lice, suggesting that it is not only necessary to use D.D.T. on the infested heads, but it is also essential to clean these heads of nits by usual methods, *i.e.*, thorough combing.

D.D.T. has the advantage of killing live lice so effectively over a prolonged period that it is a useful weapon in preventing the spread of infestation.

Scabies.

Attention was drawn in my Report last year to the significant fact that in-spite of the war, the number of cases of scabies had continued to fall. This decline has been maintained, and the impression previously gained that an awakening of the public conscience in this matter, and the benefit of modern methods of treatment, are having effective results. The disease too has been made compulsorily notifiable in this area.

A most encouraging sign is the rapidity with which cases now respond to treatment, which must have its effect in the general control of this disease. It is our practice when a case of scabies is discovered to treat the whole of the family as a unit, and so immediately effect an arrest of the spread of infection. The success of this arrangement depends upon the co-operation of the general medical practitioners in dealing with the adult members of the

family. The Council provide treatment facilities at a Public Cleansing Station where the general practitioners are encouraged to send their adult patients, in addition to which full treatment facilities for mothers and children are afforded at the health centres throughout the district.

Education of the public on the prevention and cure of scabies is part of the general health education policy of the department throughout the year. Treatment was accepted in all notified cases, and the compulsory powers of the Scabies Order, 1940, were not called into operation.

Infectious Diseases.

There has been a marked diminution in the loss of school attendance from infectious disease during recent years; and again this year it can be recorded that there was no serious outbreak of infection. Information supplied by head teachers weekly to the Medical Officer of Health of absenteeism due particularly to non-notifiable infectious disease, enables cases to be immediately followed up by the school health visitor in the home.

Notifiable Infectious Disease.

Scarlet Fever	136
Diphtheria	29
Measles	450
Whooping Cough	56
Scabies	183
Typhoid Fever	—
Erysipelas	—
Pneumonia	6
Cerebro-spinal meningitis	1
Poliomyelitis	1
Tuberculosis:—Pulmonary	5
Non-Pulmonary	7
Total	874

MATERNITY AND CHILD WELFARE

(December 31st, 1945).

Committee:

Chairman:

Alderman Mrs. W. A. KENT.

Vice-Chairman:

Councillor Mrs. E. M. A. MORRELL.

Members:

Alderman	Mrs. A. KITCHENER.	Councillor	Mrs. Q. V. JACOBS.
,,	J. H. MORRELL, J.P.	,,	F. A. F. KEAY.
,,	A. REED, A.C.I.I., J.P.	,,	Mrs. A. E. LYONS.
,,	A. R. TURNER.	,,	W. T. RICHARDS.
Councillor	T. J. DICKINSON.	,,	Mrs. M. E. SOALL.
,,	R. W. H. FORD.	,,	Mrs. G. WILSON.

Executive Officer:

G. HAMILTON HOGBEN, *Medical Officer Health.*

MATERNITY AND CHILD WELFARE SERVICE CLINICS.

Clinic.	Address.	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
*1. Ante-Natal and Post-Natal.	Chestnuts	9 a.m. and 2 p.m.	—	—	2 p.m.	9 a.m.	—
	Lordship Lane ..	—	9 a.m.	2 p.m.	9 a.m.	—	—
	Park Lane	—	—	9 a.m.	—	2 p.m.	—
*2. Gynaecological.		Suspended during war years.					
3. Infant Welfare: D = Doctor. W = Weighing—only.	Chestnuts	—	2 p.m.—W	2 p.m.—D	9 a.m.—D 2 p.m.—W	2 p.m.—D	—
	Lordship Lane ..	2 p.m.—D	2 p.m.—W	9 a.m.—D	9 a.m.—W 2 p.m.—W	—	—
	Park Lane	—	2 p.m.—W	2 p.m.—W	2 p.m.—D	—	—
	Town Hall ..	—	—	2 p.m.—W	—	—	—
*4. Toddler.	Chestnuts	—	—	9 a.m.	—	—	—
	Lordship Lane ..	—	—	—	2 p.m.	—	—
	Park Lane ..	—	2 p.m.	—	—	—	—

* By appointment.

N. B.—All specialist clinics of the School Health Service equally available to children under five. Dental clinics of School Health Service available also to Expectant and Nursing mothers.

STATISTICAL INFORMATION.

The population of the Borough as estimated by the Registrar-General is 110,600 as compared with the pre-war estimated population of 144,400.

Number of Registered Live Births:—Male		1,011
	Female	977
		1,988
Birth Rate (per 1,000 population)		17.97
Number of deaths under one year of age ..		78
Number of still births registered		34
Infantile Death Rate (per 1,000 live births) ..		39.24
Number of maternal deaths		1
Maternal Death Rate (per 1,000 total births)		0.494

CO-ORDINATION.

The policy to co-ordinate as far as possible the work of the Maternity and Child Welfare Department with that of the public health and school health service has been well maintained. All the nursing staff, with the exception of the midwives is under the supervision of the Superintendent Health Visitor. Specialist clinics under the school health services are equally available to children under five years of age. The dental service makes full provision for the treatment of expectant and nursing mothers, including the provision, where necessary, of artificial dentures, and for children under five years of age, at each of the four municipal health centres.

All records made in connection with the supervision of young children are transferred on reaching school age and incorporated in a common envelope with the later school health records.

HEALTH VISITORS.

At the commencement of the year the staff consisted of 15 health visitors, the superintendent, Mrs. J. Kent-Parsons, M.B.E, who was also assistant supervisor of the midwifery service, and her deputy Miss M. Blanchard. During the year Mrs. Kent-Parsons retired on superannuation after 34 years devoted service, and her place was temporarily filled by Miss Blanchard.

At the end of the year it was decided to separate the supervisory duties over health visitors and midwives; and after advertisement Miss M. Blanchard was appointed to the post of Superintendent Health Visitor and Miss F. E. Curtis to the post of Non-Medical Supervisor of Midwives. By co-operation with the Education and Public Health Committees Miss Blanchard was made responsible for the supervision of the whole of the nursing staff.

Home visiting continued to form the major function of the health visitors' duties, including expectant and nursing mothers, cases for evacuation, supervision of the health of children under five, children in the care of foster parents and awaiting adoption, children suffering from non-notifiable infectious disease and "following up" children in need of special treatment. The *number of visits* made by health visitors in the homes was 32,773, showing an increase of 2,732 over the previous year.

On the cessation of hostilities the health visitors were called upon to assist with the reception and examination of returning mothers and children who had evacuated during the war years under the Government's scheme. This service, which lasted over a month, involved the staff in much overtime—evening and week-end duties—but was rewarded in the appreciation expressed by the mothers. Other duties discharged by health visitors were attendance at the increasingly popular clinics such as ante- and post-natal, infant welfare, toddler, artificial sunlight and dental; distribution of food supplements; sewing classes and mothers' clubs; talks and demonstrations on health education matters; and assistance in the practical training of student health visitors.

During the year the department provided facilities for *practical training of students* from the National Health Society, and in conjunction with the Metropolitan Borough of Islington, in respect of practical training in the tuberculosis service. Health visitor students from both pre- and post-certificate courses came to visit Tottenham during the year from the Royal College of Nursing, Women Public Health Officers' Association, Queen's Institute of District Nursing, and student nurses from the Prince of Wales's General Hospital, North Middlesex Hospital and student teachers from St. Katharine's Training College. Parties of senior scholars from local schools visited the health centres throughout the year.

Many visitors from local authorities in this country and visitors from abroad came to see the work of the department during the year. The latter included visitors specially interested in Maternity and Child Welfare work from Persia, Holland, America, France, Denmark, South Africa, Australia and New Zealand.

The *Mothers' Clubs*, a feature of the Maternity and Child Welfare Department in Tottenham, have continued to be popular, though the attendances were affected by so many mothers having to go out daily to work. A well-attended afternoon at the theatre was arranged, supported by members of the Committee, officials and friends.

A number of changes in the staff took place during the year and two additional health visitors were appointed. The resignation of Mrs. G. Eaton on the clerical staff, who had been associated with the department for many years, was regretted by all her colleagues.

The department acknowledges the continued and valued *co-operation* of the various local organisations and national voluntary associations whose work is related. Special mention must be made of the assistance given by Inspector Martin of the National Society for the Prevention of Cruelty to Children, Miss Gilchrist of the Invalid Children's Aid Association, and the Almoners of the various hospitals.

Gifts of toys and sweets for children in our day nurseries were received from the citizens of Melbourne, Australia, through the Lord Mayor. Also a sum of money was allocated from the Lord Mayor's Distress Fund towards the Christmas parties. Through the good offices of the Women's Voluntary Association gifts of dried milk and chocolate powder have been received during the year.

DETAILS OF HOME VISITING BY HEALTH VISITORS.

Expectant Mothers.		Children under 1 year.		Over 1 yr.	Totals.
First Visits.	Re-visits.	First Visits.	Re-visits.	Re-visits.	
1,205	3,051	1,945	7,657	15,773	29,631

Other visits:—Infantile Deaths	.. ..	25
Still Births	.. ..	72
Ophthalmia Neonatorum	.. .. ..	2
Pneumonia	.. ..	15
Infectious Diseases	.. ..	1,112
Public Health Act, 1936: Infant Life Protection	.. ..	189
Adoption of Children (Regulation) Act, 1939	.. ..	104
Special visits:		
Mothers	.. ..	1,081
Children	.. ..	542
Total	.. .. ..	32,773

BREAST FEEDING.

The following table shows the types of infant feeding and their incidence in the total infant population of the Borough. The information is obtained by the Health Visitors when the child has reached six months, and is based on the total notified births (1,962) for the year.

Breast fed	877
Part Breast fed, plus milk, dried milk or condensed milk ..	700
Bottle feeding—Cow's milk	11
Dried milk	183
Other Artificial Feeding	6
Feedings unknown: *i.e.*, removals, evacuations and deaths	185
Total	1,962

Care of Illegitimate Children (Circular 2866).

The present scheme of co-operation between the Maternity and Child Welfare Department and the moral welfare worker of the Tottenham Deanery Board continued to work well. During the year the number of cases referred by the health visitors to the moral welfare worker was 32.

Babies who remained with the mother	53
Babies who were adopted	13
Babies who were fostered	3
Babies who died	4
Unknown, as mother had left the district	1
Total	74
Referred to Moral Welfare Officer	32
Referred to other organisation	15
Other arrangements made	27
Total	74

Child Life Protection.

The health visitors paid 189 visits as Infant Life Protection Visitors during the year to 33 foster mothers in respect of 34 foster children. The number remaining on the register at the end of the year was 23 foster mothers in respect of 24 foster children, namely, 12 under 5 years of age and 12 over 5 years of age.

Adoption of Children (Regulation) Act, 1939 (Sec. 7).

The number of persons who gave notice of their wish to adopt children during the year was 20 in respect of 20 children. The total number of children under supervision at the end of the year was eight. Number of visits paid during the year 104.

INFANT WELFARE CENTRES.

The following table shows the attendances of infants and children under five years of age at the Municipal Health Centres:—

Centre.	Sessions.	*Weighings.* Infant Attendances.	New Cases.	*Weighings.* Over 1 year Attendances.	New Cases.	Examined by Doctor.
Lordship Lane Municipal Health Centre	250	6,093	504	1,870	36	1,337
The Chestnuts, St. Ann's Road ..	252	6,070	701	1,693	27	2,015
Park Lane Municipal Health Centre ..	100	4,009	356	914	4	746
Town Hall ..	52	812	106	145	1	—
Totals—1945 ..	654	16,984	1,667	4,622	68	4,098
Totals—1944 ..	663	16,350	1,534	3,903	643	4,242

I am indebted to Miss Alice King, M.D., M.R.C.P., for the following report:—

"The last year has been quite a satisfactory one as regards the Infant Welfare Clinics. Young mothers, especially, are attending more regularly and are also taking a greater and more intelligent interest in the well-being of their children. The comparative lack of welfare facilities during the 'evacuation' period has no doubt stimulated this increased appreciation.

"The percentage of breast-fed infants, especially first children, has been fairly high, though the absence of many fathers on war service and the consequent desire of the mother to augment the family income has, in some instances, been an adverse factor. The Municipal Day Nurseries have thus supplied a real need.

"The co-operation of the health visiting staff has, as in the past, been most helpful, and, in testimony to its appreciation in the home, I have frequently had a request from a parent that a home visit might be arranged.

"The Invalid Children's Aid Association has continued to co-operate helpfully during the year.

"It is satisfactory to report that there has been a keen reaction to the diphtheria and whooping cough immunisation crusades."

TODDLER CLINICS.

These clinics, established in this area in 1938, were held regularly throughout the year. Their object is to secure the periodic health inspection of children under five not in regular attendance at the infant welfare clinics, day nurseries, nursery school or nursery classes. The children are seen by appointment except in a few cases where an immediate consultation is required.

A very real demand for this type of clinic has been found, as shown by the large attendance during the year and the fact that 327 of all children seen paid more than one visit during the year at the parents' request. The burden of responsibility of the mothers has been relieved in many cases during the year by the return of the father, and normal family life has been restored to many homes which have suffered from this deprivation for so long. Temporary disturbances have been observed as a result of the arrival of a father, who was in many cases a comparative stranger to the young children in the home.

Table of Attendances at Toddler Clinics.

Health Centre.	Sessions held.	Appointments made.	Actual Attendances.		
			New.	Re-exams.	Total.
(1) LordshipLane ..	44	939	257	403	660
(2) The Chestnuts ..	38	811	221	291	512
(3) Park Lane ..	39	881	217	372	589
Totals	121	2,631	695	1,066	1,761

The incidence of disorders found among the children is shown in the following table. That of dental defects shows a reduction from 6% to 2%. Generally the condition of the teeth of these young children is found to be satisfactory, and the value of the provision for early dental treatment is increasingly recognised by parents. Emotional and nervous disorders were in most cases of transitory duration. Feeding difficulties and loss of sleep were the commonest causes. In all cases the disorders recorded were first reported by the parent, and no special effort was made on the part of the doctor to elicit information on the emotional state of the child.

It was gratifying to note that 86% of the children attending had been immunized against diphtheria.

Percentage of Defects.

Ear, Nose or Throat	Dental	Vision	Malnutrition	Debility after Ac. Sp. Fevers	Emotional	T.B. Family History	No Defects Found
16%	2%	2%	27%	6%	18%	2%	27%

Attendances at Specialist Clinics.

The arrangement with the School Health Service for children under five to attend the special clinics has continued during the year. Consultations and treatment were as follows:—

Clinics.	No. of Consultations.	No. of Treatments.
Minor Ailments	17	21
Dental	318	450
Orthopaedic	69	324
Ear, Nose and Throat	179	114
Ophthalmic (number of glasses provided, 25)	164	39

Artificial Sunlight.

Cases treated at Park Lane Health Centre, 2,841.

Attendances at Ante-Natal Sessions.

Centre.	Sessions.	Attend-ances.	Cases.	Post-Natal.
The Chestnuts	200	3,372	915	190
Lordship Lane	150	2,961	777	148
Park Lane	99	1,831	538	133
Total—1945 ..	449	8,164	2,230	471
Total—1944 ..	457	8,352	2,328	508

MATERNITY SERVICE.

Hospital Provision.

The scheme for the provision of beds for hospital cases at the Mothers' Hospital again worked satisfactorily, as also with the North Middlesex Hospital. The general shortage of maternity bed accommodation in this area is nevertheless a major problem, temporarily relieved by the Government facilities for evacuation.

The following table shows the various institutions in which the confinements took place:—

The Mothers' Hospital, Clapton—	
Under the Council's scheme	144
Own arrangements	1
The North Middlesex County Hospital	284
Other outside institutions	280
Evacuations: Under the L.C.C. scheme	271

MUNICIPAL MIDWIFERY SERVICE.

During 1945 there were 12 Municipal Midwives and the number of deliveries by them in the homes of the mothers was 767. Cases attended as maternity nurses were 119.

Mrs. J. Kent-Parsons, M.B.E., who had acted as assistant supervisor since the inception of the municipal midwifery service in 1937, retired in March of this year. Midwives Durie and Watkins retired also during the year, both having rendered long service in the practice of midwifery in the Borough.

Towards the close of the year Miss F. Curtis, S.R.N., S.C.M., New H.V. Certificate, was appointed as Non-medical Supervisor.

Close co-operation between the health visiting and midwifery staffs has been maintained.

During the year gas and air analgesia was made available for all mothers on request. One apparatus is permanently installed at the ante-natal clinics so that mothers may have its purpose explained to them and at the same time become familiar with its use.

Sterilised maternity outfits were supplied on request.

Post-certificate courses were arranged as in previous years and where necessary special training given in the use of gas and air anaesthesia in the home.

Record of Municipal Midwifery Cases.

Number of deliveries	767
Number attended as maternity nurses ..	119
Primipara cases	292
Multipara cases	594
Ante-natal visits	2,309
Nursing visits	13,290

Deliveries by midwives in private practice, 19

HOME HELP SERVICE.

There was still an acute shortage of suitable women willing to act as Home Helps. Financial aid was allowed in 219 necessitous cases, of which 74 were in need of free assistance.

PUERPERAL PYREXIA.

The following table shows the final results in each of the 14 cases of Puerperal Pyrexia notified during the year:—

Doctors' Cases.	Midwives' Cases.	Occurred in Hospitals outside District.	Total.	Final Results.	
				Recovered	Died.
2	—	12	14	14	—

MATERNAL MORTALITY.

Puerperal sepsis	0
Other puerperal causes	1
Total	1

The maternal mortality rate, the lowest ever recorded in the district was 0.494.

EVACUATION SCHEME FOR EXPECTANT MOTHERS.

This scheme had to be heavily curtailed during the year and the number of mothers, 271, who actually went away for their confinements bears little relation to the number for whom it was considered desirable and who were willing to go.

The shortage of adequate housing accommodation and the limited number of available maternity beds in the London area has made the curtailment of the Government's evacuation scheme extremely difficult in this area.

OPHTHALMIA NEONATORUM.

The number of notifications of this disease was five. Two cases were removed to hospital. All made a satisfactory recovery.

PREMATURE INFANTS.

Born at Home.

Number of premature infants notified born at home (includes 3 sets of twins and 1 set of triplets) ..	24
Nursed at home	21
Died during the first 24 hours	3
Died during the first week	4
Number who survived (at the end of the first month)	17
Number alive and thriving at the end of December ..	17

GENERAL HOSPITAL TREATMENT FOR CHILDREN UNDER FIVE YEARS.

Seventeen children were referred to the North Middlesex Hospital for consultation and treatment of tonsils and adenoids, where operation was probably required.

Orthopaedic surgical appliances were supplied to four children by arrangement with the National Orthopaedic Hospital, Stanmore, Middlesex. Four children were resident for In-patient Treatment during the year, one of whom was re-evacuated to Scotland during the "bombing".

Convalescent Home Treatment.

The Invalid Children's Aid Association has co-operated with the department in placing 27 children in convalescent homes for children under five years of age.

Number of children who stayed for 1—10 weeks ..	16
Number of children who stayed for 11—20 weeks ..	11
	27

Of this number five cases were free, the other twenty-two paying varying amounts weekly towards the cost.

In addition 13 children were already away on the 1st January, 1945, and stayed during the year from 10 to 20 weeks.

Nature of Defects for which Convalescent Treatment was advised.

Malnutrition	2
Debility and underweight	2
Post-pneumonia	2
Asthma	2
Bronchitis	2
Lobectomy	1
Post-diphtheria	1
Post-Scarlet Fever	1
Post-Whooping Cough	1
Post-Measles	3
Post-Measles and Bronchitis	1
Post-Measles and Jaundice	1
Adenitis	1
Enteritis	1
Otitis Media	2
Post-Tonsils and Adenoids Op. ..	2
Eye operation	1
Impetigo	1
	27

MATERNITY AND NURSING HOMES.

The number of Nursing Homes on the register at the beginning of the year was one, which was closed down during the year by the owner.

Number of applications for registration	Nil
Hospitals exempt from registration	1
(*i.e.*, The Prince of Wales's General Hospital).	
Number on the register at the end of the year.. ..	Nil
(excluding exemptions)	

DENTAL TREATMENT FOR MOTHERS AND CHILDREN.

The number of expectant and nursing mothers who have received dental treatment during the year was 531. Of these 431 were ante-natal and 100 post-natal cases, all of whom were rendered dentally fit by fillings where preservation was possible; and otherwise, by extraction under local or general anaesthesia.

Seventy-seven mothers were supplied with artificial dentures, 12 of whom were in the scale for free dentures and 65 contributed part of the cost.

Treatment of children under 5 continued as in previous years and 318 consultations with 450 treatments were made.

The dental service for mothers and young children is undertaken by the dental officers appointed by the Education Committee, one-third of the cost of a dentist "unit" being contributed by the Maternity and Child Welfare Committee. The growth in recent years of the number of young children requiring conservative treatment and the increasing popularity of this service raised the question of adequacy in the number of dental officers, numbering three, appointed by the Local Authority. In the post-war review of this service, a strong case can be made for the appointment of an additional dental officer for maternity and child welfare work alone.

NURSERY PROVISION.

During the year the premises of the war-time nurseries at Vale Road, Downhills and Parkhurst were returned to the Education Committee for their pre-war use as a nursery school and nursery classes. The remaining five day nurseries have continued to work to full capacity and with a waiting list of children.

The standard of the health of the children has been well maintained and no outbreak of infection has occurred.

Student probationers have continued their theoretical training at the Technical College as reported in previous years, and have taken the certificate of the National Society of Children's Nurseries on completion of the course.

Parents meetings have become a regular feature in the nursery service and have been well supported during the year.

RESEARCH UNDERTAKEN IN TOTTENHAM NURSERIES.

In summer, 1941, an investigation was started at the Municipal Day Nursery, Park Lane, by Miss Adler (now Mrs. Loewenheim, M.A., Ph.D.), into the development of intelligent behaviour of children between one and two years of age. The research was carried out for the purpose of a Ph.D. thesis and was approved by the University of London in March, 1945.

The purpose of this research was to trace the early beginnings of intelligent behaviour. The second year of life seemed to be an especially promising period in the child's life as within this period the child leaves conspicuously behind him babyhood, an advance marked by the acquisition of upright walking and of language. Furthermore, very little psychological research has been done about the first and second years of human life as compared with later years. The main reason for this seems to lay in the circumstance that the approach to the child's mental experiences is extremely difficult at an age where the child cannot put them adequately into language. Moreover, the child of these ages complies much less readily to a "test situation", and finally, there is a great technical difficulty to find a sufficiently great number of "subjects". Most research into the first two years of life has, indeed, been undertaken on one single child, of one very small group only.

In addition to the work undertaken in the Borough of Tottenham, the research was extended to samples in twelve other boroughs, so that the final experiment was based on the representative number of 120 infants.

The method of experiment was especially adapted to the mental level of the age-group tested, in that the tests were chosen which

required little or no instruction by the experimenter, and where intelligence was assumed to manifest itself in the adequate handling of a practical situation.

Thus, the methods more closely resembled those employed in experiments with intelligent animals (notably Koehler's famous experiments with chimpanzees) than those with older children. In the tests, most of which were especially devised by Miss Adler, a desirable object could be obtained by the child only if he was able to remove or circumvent a material obstacle in the way between him and that object, *e.g.*, a coloured ring was slipped over a vertical rod, attached to a board, in view of the child; the child had to pull the ring off the rod. In subsequent tests rods of varied shapes of increasing complexity were used; or the experimenter dropped a tiny sweet into a bottle and left the child to retrieve the sweet from it. In a more complex task the child had first to extract a cork before he could set about to secure the sweet. In yet another test a cupboard was used in which a toy was placed; this remained visible through a glass window, the door was fastened by a simple latch in view of the child. In a more complicated form the toy was first placed into a jar, then the jar put in the cupboard and the door fastened. The question was, from what age onwards the child was capable to grasp simple problems of the kind described, and in what particular way such understanding develops during the second year of life. By comparing the achievements and behaviour of children at ascending age levels during the age period concerned (12, 15, 18 and 24 months) conclusions were drawn as to the intellectual progress incurred.

In this short report only some of the more general and important results can be outlined: The rate of progress between the ages of one and two proved to be a rapid one. The variance in individual intelligence was over-shadowed by the increase in intellectual capacity with advancing age. Thus, tests which presented an insoluble problem for the youngest children were solved in a matter-of-fact way by the older ones, and even the most advanced one-year old fell short of the achievement of the least endowed two-year old. The widely held opinion that in pre-school years girls are more precocious than boys could not be confirmed with these tests of a practical nature. Boys and girls showed themselves equally capable, or the boys slightly superior to the girls.

At one year of age a child is hardly capable of appreciating a problem situation, and seems unable to apprehend the relation

between the objects or elements which compose the test set-up; hence he reacts to separate elements rather than to the whole situation, *e.g.*, attempts to secure the object not realising the existence of an obstacle; his attention is fluctuating, his persistence in pursuing the goal is comparatively small, and his activities appear to be incoherent and "playful".

At 15 months the child shows the first signs of appreciating a problem situation, though at first only as a sort of crude awareness of the relations between objects. These relations are usually discovered during and due to the manipulation of the objects. An "experimenting" attitude sets in where the child watches the effects of movements with one object on another. When a solution is found in the course of such exploration or experimentation, the child seems now quickly able to appropriate it for further use as a method. The child fails, however, to visualize more complex forms, or to solve problems which require the co-ordination of several actions.

Between 15 and 18 months rapid progress is being made in the understanding of a problem. Tests involving relatively simple relationships between two objects are readily understood by the 18 months old child. At this age, too, the child for the first time begins to deal successfully with problems of some complexity. The child apprehends certain more involved shapes; he also becomes able to carry out a number of consecutive actions to obtain an end whereby these actions become an integrated unit, as opposed to the unco-ordinated activities of the younger infant. Incidentally, comparison with the achievements of chimpanzees shows, that at 18 months the child seems in the main to have surpassed the mental level reached by these animals.

The progress between 18 and 24 months seemed mainly one in degree as far as the present tests are concerned. The child becomes able to attend to a growing number of objects simultaneously and to grasp their inter-relations. Accordingly his behaviour undergoes further organisation, and longer series of activities can be made to serve an end.

It was a valuable confirmation that similar stages of development could be noticed in the spontaneous play with the same objects. The manner in which these objects were handled went through similar changes towards greater adequacy; also progress was being made from the stage of handling objects separately to combining them

up to five into a meaningful unit. Again the period of 18 months initiates the important stage, where the child is able to combine more than two elements in its play.

In conclusion, it appears that in the second year of life an important transition takes place from relatively unco-ordinated activities to the first manifestations of an organised and integrated behaviour. From a mainly reactive being the child becomes a purposive being, able to solve problems and to pursue ends.

All evidence supplied by the experiments points to the conclusion that the capacity to cope with problems emerges early in the second year of life. It strongly supports the view which is more and more prevailing that the care for the child's intellectual development must begin early. It is, nevertheless, still widely held that until the age of two the child's needs lie mainly in the physical field, and that education—other than the habituation to a certain routine—need not set in until the third year. The present investigation definitely supports a view that one year is not too young an age for beginning to foster and guide the child's intellectual development. The child's growing capacity to solve problems should be given an ample field to exercise itself. The child should be allowed, and encouraged, to explore his surroundings and to "experiment" with things in order to gain experience of the properties the things have and of the numerous relations things can be made to enter into. Thus, educational toys, which are usually given to the child of two years or older, could, in a suitably simplified form, be presented to much younger infants.

The experience made with these tests suggests that they may be a useful means for detecting mental retardation at a very early age, provided that they are appropriately standardized.

WAR-TIME NURSERIES.

Nurseries.	Children; Places.	Opened	Attendances, 1945.								Total.		Total.	Days Open.	Av. Daily Attendance
			January to March.		April to June.		July to September.		October to December.		Under 2	Over 2			
Municipal Day Nursery Park Lane equipped for: Under 2 yrs. of age 20 Over 2 yrs. of age 30..	50	1940 April 10	705	1,914	426	1,981	662	1,802	845	1,573	2,638	7,270	9,908	249	39.79
War-time Day Nurseries: *Vale Road School for: Under 2 yrs. of age 30 Over 2 yrs. of age 30	60	1941 April 28	588	1,622	610	1,826	363	1,131	—	—	1,561	4,579	6,140	166	36.99
Lordship Lane for: Under 2 yrs. of age 15 Over 2 yrs. of age 25..	40	1942 Sept. 28	698	1,552	462	1,273	864	1,384	746	1,484	2,770	5,693	8,463	249	33.99
†Downhills School for: Over 2 yrs. of age ..	40	1942 Aug.10	—	1,660	—	1,857	—	900	—	—	—	4,417	4,417	166	26.61
†Parkhurst School for: Over 2 yrs. of age ..	40	1942 Aug.10	—	1,952	—	1,606	—	1,112	—	—	—	4,670	4,670	166	28.13
Plevna Crescent for: Under 2 yrs. of age 25 Over 2 yrs. of age 25..	50	1943 Dec. 1	702	1,230	911	1,319	1,077	1,560	749	1,348	3,439	5,457	8,896	249	35.73
Pembury House for: Under 2 yrs. of age 25 Over 2 yrs. of age 25..	50	1943 Nov. 15	1,363	1,220	1,300	1,156	1,530	1,799	1,307	1,827	5,500	6,002	11,502	249	46.19
Rowland Hill for: Under 2 yrs. of age 25 Over 2 yrs. of age 25	50	1943 Nov. 15	561	1,042	842	1,208	1,143	1,299	1,162	1,442	3,708	4,991	8,699	249	34.94
Total under 2, 140 .. Over 2, 240 ..	380	—	4,617	12,192	4,551	12,226	5,639	10,987	4,809	7,674	19,616	43,079	62,695	—	—
Residential Nursery, Hertford:	38	Total =418	Bengeo House	In residence 29.12.44 .. 32 Admitted during 1945 .. 39=71. Discharged 45, in residence 29.12.45=26.											

* Transferred to Local Education Authority as a Nursery School 5.9.45. † Transferred to Local Education Authority as Nursery Classes 5.9.45.

Distribution of Fruit Juices and Cod Liver Oil.

I am indebted to the Local Food Office for the following information of supplies of Cod Liver Oil and Vitamin Foods distributed in the area during the year under review:—

14,611 bottles of Cod Liver Oil.
125,620 bottles of Orange Juice.
43,417 tins of National Dried Milk.
3,351 packets of Cod Liver Oil Capsules.

Of this quantity 60 per cent. was issued by the Local Food Office, and the remaining 40 per cent. was issued through the four Welfare Centres.

In addition to the above numbers, the following were issued to The Medical Officer of Health:—

468 bottles of Cod Liver Oil ..	..	To Health Centres.
3,388 bottles of Orange Juice ..	..	
630 tins of National Dried Milk	..	
1,561 bottles of Cod Liver Oil	..	To War-time Nurseries.
4,620 bottles of Orange Juice ..	..	
1,346 bottles of Cod Liver Oil ..	..	To Day Schools.
3,633 bottles of Orange Juice ..	..	