

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

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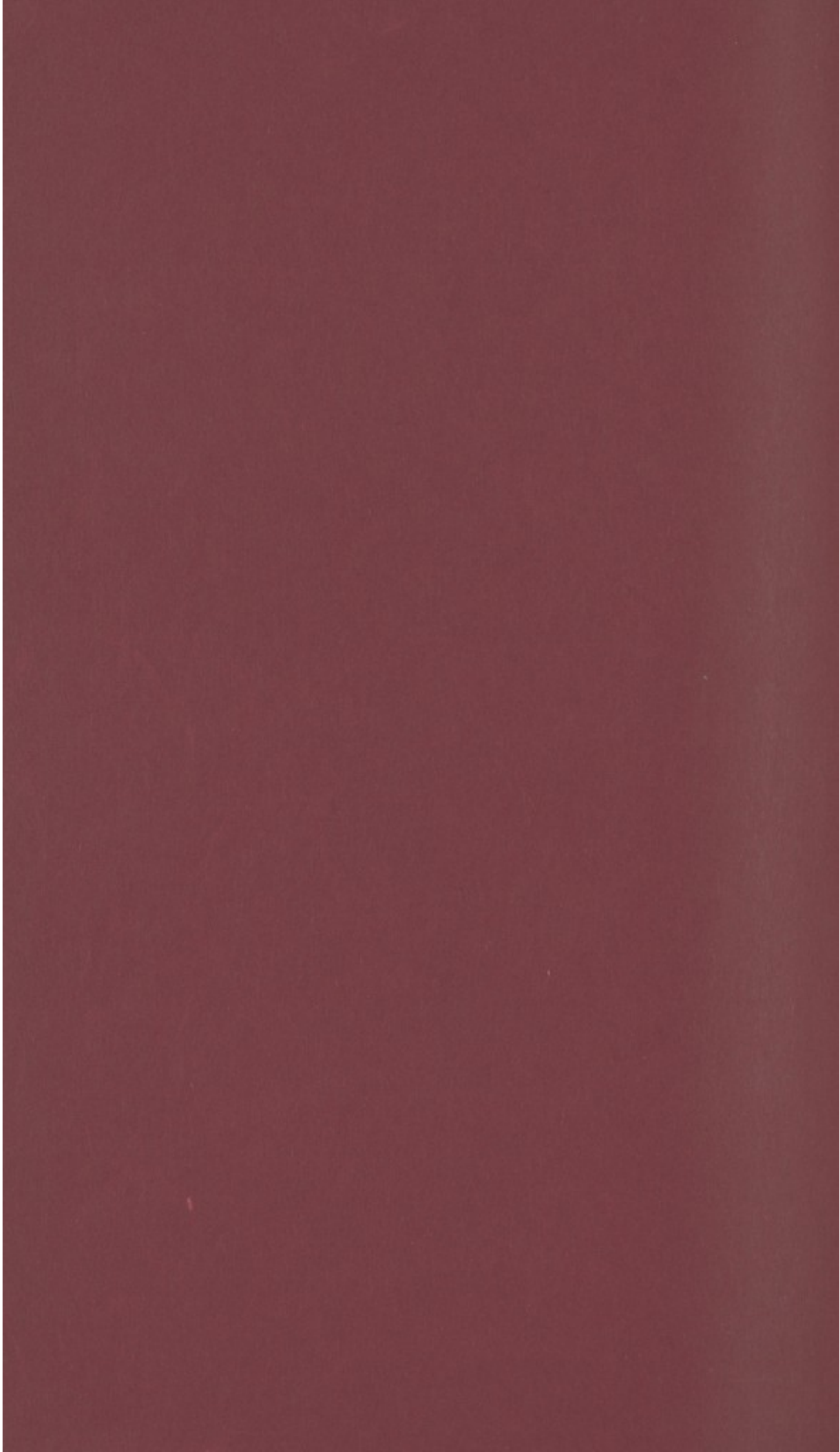
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TOTTENHAM'S HEALTH 1954





TOTTENHAM'S

HEALTH

1954

The Annual Report of the
Medical Officer of Health, Borough of Tottenham.

TOTTENHAM'S

HEALTH

1854

To the Worshipful the Mayor,
Aldermen and Councillors
of the Borough of Tottenham.

Mr. Mayor, My Lady, Ladies and Gentlemen,

I have the honour to submit my report on the health of the Borough for the year ended the 31st December, 1954.

In addition to a summary of the work of the department, the report includes an appendix giving an account of local administration of the personal health services.

Vital statistics

The population as estimated by the Registrar-General at mid-1954 was 123,200, a deficit of 1,200 on the figure supplied for mid-1953. The birth-rate per 1,000 population was 12.37 and the number of registered live births 1,524; of which 1,141 occurred in institutions. There were 36 (44 in 1953) still-births giving a still-birth rate of 23.08 per 1,000 total births. The total number of civilian deaths - 1,187 - was lower than last year's figure of 1,347 and the general death rate of 9.63 per 1,000 estimated population, proved to be near a new low record. Of the causes of death 21% were due to cancer: the death rate from this disease having increased from 0.42 to 2.04 during the past fifty years. Nearly half the total deaths were classified as caused by 'diseases of the heart and circulation' of which 33.8% were due to coronary disease. The infant mortality rate of 17.7 was a new low record as also was the maternal mortality rate of 0.64.

Infectious diseases

The number of notifications during the year was the lowest ever recorded in the Borough. No serious outbreak occurred. Of the thirty-one notified cases of food poisoning, thirteen were confirmed as salmonella typhi-murium infections. One case of Enteric Fever occurred and in this case the wife of the patient was found to be a "carrier" of the disease.

Food Control

This occupied the close attention of the Department; particular attention being given to school canteens and kitchen premises. Interest in food hygiene was maintained by regular and systematic visits to food premises and publicity through health education procedures. Decontrol of slaughtering of meat in 1954 resulted in the opportunity to reopen private slaughterhouses. In three cases licence to slaughter was refused and in another was made

conditional upon carrying out extensive repairs and redecoration. The volume of meat inspection work now carried out in the Borough is placing a considerable burden upon the inspectorial staff of the department who have to undertake much of this work out of normal working hours.

Housing

Intensive effort has continued during the year in the task of improving local housing conditions. The shortage of suitable building land, the existing high density of population per acre, and large number of applicants still on the live housing register adds considerably to the problem of preparing further programmes for clearance of unfit properties. The Housing Repairs and Rents Act, 1954 places new emphasis on clearance or reconditioning of unfit houses; and in submitting proposals to the Minister, account has been taken of the need for careful planning to provide suitable areas of redevelopment which will allow for a scheme of decanting and redevelopment stage by stage.

Atmospheric Pollution

The Borough's first "smokeless zone" made under the Tottenham Corporation Act, 1952 was approved during the year. Confined in the first instance to a declaratory area of major war damage it is intended to expand the boundaries of the 'smokeless zone' as redevelopment proceeds.

Care of the Aged

Year by year this subject grows in importance, and with increasing knowledge and experience of the problems involved we are fortunate in Tottenham in having the active co-operation of all the statutory and voluntary agencies concerned.

To the Chairman and members of the various Committees concerned with the health services of the Borough, I wish to express my indebtedness for the encouragement they have continued to show me at all times. Also to thank sincerely the Chief Officers of the Corporation and my colleagues in all departments of the health service for their help and co-operation.

I am,

Your Obedient Servant,

G. HAMILTON HOGBEN.

Medical Officer of Health.

23th July, 1955.

MEMBERS OF THE COUNCIL

Alderman Mrs. A.F. Remington, J.P.

MAYOR

Councillor F.G. Bohringer,

DEPUTY MAYOR

Alderman	E.J. Field	Alderman	J.J. Pagin
"	R.W.H. Ford	"	A. Reed, A.C.I.I., J.P.
"	W.S. Herbert	"	A.R. Turner
"	Mrs. A. Kitchener	"	H.W. Turner
"	Mrs. J.D. Lynch	"	R.H. Warren
Councillor	Miss S.A. Berkery	Councillor	J.W. Hollingsworth (Resigned 22.7.54)
"	Mrs. E.M. Bohringer	"	Mrs. F.C. Ilsley
"	E. Brown	"	T.R. Izzard
"	J.W.H. Brown	"	F.A.F. Keay, J.P.
"	E.J.J. Carter	"	Mrs. W.A. Kent
"	Douglas Clark	"	H. Langer
"	E.J. Clook	"	Mrs. A.A. Miller
"	C.H. Colyer	"	M.T. Morris
"	E. Cooper	"	S.C. Morris
"	A.J. Davies	"	The Lady Morrison
"	J.A.S. Dipple	"	I.L. Peirce
"	T.A. Dutton	"	Mrs. M.E. Protheroe
"	J. Egdell	"	T.A. Riley
"	E.S. Ellis	"	P.H. Roberts
"	K.A.E. Gregg	"	E.C. Smith
"	Mrs. F.E. Haynes	"	Mrs. A. Wise

Town Clerk:

M. Lindsay Taylor, LL.B.

HEALTH AND HOUSING COMMITTEE

Alderman R.H. Warren

Chairman

His Worshipful the Mayor,

Alderman Mrs. A.F. Remington, J.P.

The Deputy Mayor, Councillor F.G. Bohringer
(*ex-officio members*)

Alderman	A. Reed, A.C.I.I., J.P.	Alderman	A.R. Turner
Councillor	Mrs. E.M. Bohringer	Councillor	J.A.S. Dipple
"	E. Brown	"	Mrs. F.E. Haynes
"	E.J.J. Carter	"	Mrs. M.E. Protheroe
"	E.J. Clook	"	T.A. Riley
"	E. Cooper	"	P.H. Roberts
	Councillor E.C. Smith		

METROPOLITAN WATER BOARD

Council's representative - Alderman E.J. Field

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health	G. Hamilton Hogben, M.R.C.S., D.P.H.
Deputy Medical Officer of Health	F. Summers, M.B., B.S., D.P.H.
Chief Sanitary Inspector	E.T. Jenkins, F.S.I.A.
Chief Clerk	A.W. Lawrence, M.S.I.A.

Sanitary Inspectorial Staff

Senior District Sanitary Inspector - E. S. Glegg (a) (b) (c)

C. J. Cattell (a) (b)

L. J. Kerridge (a) (b)

A. E. Clarke (a) (b) (c) (d)

E. Kipping (a) (b)

D. R. Howe (a)
(left 3.10.54)

G. W. Maidlow (a) (b)

C. J. Johnson (a) (b)

W. Openshaw (a)

W. P. Kent (a) (b)

F. J. Parsons (a) (b)

NOTE: (a) Certificate of the Royal Sanitary Institute and Sanitary
Inspectors' Joint Examination Board.

(b) Meat Inspectors' Certificate.

(c) Institution of Sanitary Engineers' Certificate.

(d) Sanitary Science Certificate.

Shops Acts Inspector

F. T. G. Lock

Public Health Nurse

Mrs. W. Mathias, S.R.N.
(Retired 30.9.54)

Clerical Staff

W. E. Lawson (Senior Clerk:
General)H. C. B. Wheal
(Senior Clerk: Housing)

C. J. Lemon

C. S. Clark

R. G. Hull

B. Brill

Mrs. E. D. Whittle
(left 19.4.54)Mrs. I. M. Cullen
(commenced 31.5.54)Miss J. Whillock
(left 31.10.54)M. Moore
(commenced 19.11.54)

Outside Staff

Foreman

S. H. Reid

Disinfectors: W. Butcher

Disinfecting

E. E. Mannell

Apparatus A. Dowse

Van Driver

Attendants A. E. Moon

Drain Testers

A. E. Crow

Rodent

J. Lawrence

F. T. Dowse

Operatives:

G. W. Percival

R. E. Hobbs

B. Joscelyn

Labourer

A. Ferridge

F. J. Slater

R. C. Wilson

GENERAL STATISTICS

AREA OF DISTRICT IN ACRES	...	...	3,013
POPULATION: Census 8th April, 1951	...	...	126,929
Estimate of Registrar General of Population -			
Mid-year, 1954	...	...	123,200
APPROXIMATE NUMBER OF DWELLINGS IN DISTRICT	...	...	30,641
RATEABLE VALUE OF DISTRICT at 1st April, 1954	...	...	£1,011,293
SUM REPRESENTED by PENNY RATE at 1st April, 1954	...	...	£4,070

LIVE BIRTHS -

Legitimate	...	1,462	1,524
Illegitimate	...	62	
Birth Rate (per 1,000 population)	12.37

STILL BIRTHS	36
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DEATHS	1,187
Death Rate (per 1,000 population)	9.63
Infantile death rate (per 1,000 live births)	17.72
Maternal death rate (per 1,000 live and still-births)	...	...	0.641

COMPARABILITY FACTORS -

Deaths	...	...	1.03
Births	...	...	0.95

(NOTE: Detailed vital statistics appear on pages 61 to 69 in the Statistical Summary).

Distribution of New Tuberculosis Cases notified during 1954

Age Periods	New Cases			Deaths		
	January	February	March	January	February	March
Under 1 year	1	1	1	1	1	1
1 - 4	2	2	2	2	2	2
5 - 14	3	3	3	3	3	3
15 - 24	4	4	4	4	4	4
25 - 34	5	5	5	5	5	5
35 - 44	6	6	6	6	6	6
45 - 54	7	7	7	7	7	7
55 - 64	8	8	8	8	8	8
65 - 74	9	9	9	9	9	9
75 - 84	10	10	10	10	10	10
85 - 94	11	11	11	11	11	11
95 - 104	12	12	12	12	12	12
105 - 114	13	13	13	13	13	13
115 - 124	14	14	14	14	14	14
125 - 134	15	15	15	15	15	15
135 - 144	16	16	16	16	16	16
145 - 154	17	17	17	17	17	17
155 - 164	18	18	18	18	18	18
165 - 174	19	19	19	19	19	19
175 - 184	20	20	20	20	20	20
185 - 194	21	21	21	21	21	21
195 - 204	22	22	22	22	22	22
205 - 214	23	23	23	23	23	23
215 - 224	24	24	24	24	24	24
225 - 234	25	25	25	25	25	25
235 - 244	26	26	26	26	26	26
245 - 254	27	27	27	27	27	27
255 - 264	28	28	28	28	28	28
265 - 274	29	29	29	29	29	29
275 - 284	30	30	30	30	30	30
285 - 294	31	31	31	31	31	31
295 - 304	32	32	32	32	32	32
305 - 314	33	33	33	33	33	33
315 - 324	34	34	34	34	34	34
325 - 334	35	35	35	35	35	35
335 - 344	36	36	36	36	36	36
345 - 354	37	37	37	37	37	37
355 - 364	38	38	38	38	38	38
365 - 374	39	39	39	39	39	39
375 - 384	40	40	40	40	40	40
385 - 394	41	41	41	41	41	41
395 - 404	42	42	42	42	42	42
405 - 414	43	43	43	43	43	43
415 - 424	44	44	44	44	44	44
425 - 434	45	45	45	45	45	45
435 - 444	46	46	46	46	46	46
445 - 454	47	47	47	47	47	47
455 - 464	48	48	48	48	48	48
465 - 474	49	49	49	49	49	49
475 - 484	50	50	50	50	50	50
485 - 494	51	51	51	51	51	51
495 - 504	52	52	52	52	52	52
505 - 514	53	53	53	53	53	53
515 - 524	54	54	54	54	54	54
525 - 534	55	55	55	55	55	55
535 - 544	56	56	56	56	56	56
545 - 554	57	57	57	57	57	57
555 - 564	58	58	58	58	58	58
565 - 574	59	59	59	59	59	59
575 - 584	60	60	60	60	60	60
585 - 594	61	61	61	61	61	61
595 - 604	62	62	62	62	62	62
605 - 614	63	63	63	63	63	63
615 - 624	64	64	64	64	64	64
625 - 634	65	65	65	65	65	65
635 - 644	66	66	66	66	66	66
645 - 654	67	67	67	67	67	67
655 - 664	68	68	68	68	68	68
665 - 674	69	69	69	69	69	69
675 - 684	70	70	70	70	70	70
685 - 694	71	71	71	71	71	71
695 - 704	72	72	72	72	72	72
705 - 714	73	73	73	73	73	73
715 - 724	74	74	74	74	74	74
725 - 734	75	75	75	75	75	75
735 - 744	76	76	76	76	76	76
745 - 754	77	77	77	77	77	77
755 - 764	78	78	78	78	78	78
765 - 774	79	79	79	79	79	79
775 - 784	80	80	80	80	80	80
785 - 794	81	81	81	81	81	81
795 - 804	82	82	82	82	82	82
805 - 814	83	83	83	83	83	83
815 - 824	84	84	84	84	84	84
825 - 834	85	85	85	85	85	85
835 - 844	86	86	86	86	86	86
845 - 854	87	87	87	87	87	87
855 - 864	88	88	88	88	88	88
865 - 874	89	89	89	89	89	89
875 - 884	90	90	90	90	90	90
885 - 894	91	91	91	91	91	91
895 - 904	92	92	92	92	92	92
905 - 914	93	93	93	93	93	93
915 - 924	94	94	94	94	94	94
925 - 934	95	95	95	95	95	95
935 - 944	96	96	96	96	96	96
945 - 954	97	97	97	97	97	97
955 - 964	98	98	98	98	98	98
965 - 974	99	99	99	99	99	99
975 - 984	100	100	100	100	100	100
985 - 994	101	101	101	101	101	101
995 - 1004	102	102	102	102	102	102
1005 - 1014	103	103	103	103	103	103
1015 - 1024	104	104	104	104	104	104
1025 - 1034	105	105	105	105	105	105
1035 - 1044	106	106	106	106	106	106
1045 - 1054	107	107	107	107	107	107
1055 - 1064	108	108	108	108	108	108
1065 - 1074	109	109	109	109	109	109
1075 - 1084	110	110	110	110	110	110
1085 - 1094	111	111	111	111	111	111
1095 - 1104	112	112	112	112	112	112
1105 - 1114	113	113	113	113	113	113
1115 - 1124	114	114	114	114	114	114
1125 - 1134	115	115	115	115	115	115
1135 - 1144	116	116	116	116	116	116
1145 - 1154	117	117	117	117	117	117
1155 - 1164	118	118	118	118	118	118
1165 - 1174	119	119	119	119	119	119
1175 - 1184	120	120	120	120	120	120
1185 - 1194	121	121	121	121	121	121
1195 - 1204	122	122	122	122	122	122
1205 - 1214	123	123	123	123	123	123
1215 - 1224	124	124	124	124	124	124
1225 - 1234	125	125	125	125	125	125
1235 - 1244	126	126	126	126	126	126
1245 - 1254	127	127	127	127	127	127
1255 - 1264	128	128	128	128	128	128
1265 - 1274	129	129	129	129	129	129
1275 - 1284	130	130	130	130	130	130
1285 - 1294	131	131	131	131	131	131
1295 - 1304	132	132	132	132	132	132
1305 - 1314	133	133	133	133	133	133
1315 - 1324	134	134	134	134	134	134
1325 - 1334	135	135	135	135	135	135
1335 - 1344	136	136	136	136	136	136
1345 - 1354	137	137	137	137	137	137
1355 - 1364	138	138	138	138	138	138
1365 - 1374	139	139	139	139	139	139
1375 - 1384	140	140	140	140	140	140
1385 - 1394	141	141	141	141	141	141
1395 - 1404	142	142	142	142	142	142
1405 - 1414	143	143	143	143	143	143
1415 - 1424	144	144	144	144	144	144
1425 - 1434	145	145	145	145	145	145
1435 - 1444	146	146	146	146	146	146
1445 - 1454	147	147	147	147	147	147
1455 - 1464	148	148	148	148	148	148
1465 - 1474	149	149	149	149	149	149
1475 - 1484	150	150	150	150	150	150
1485 - 1494	151	151	151	151	151	151
1495 - 1504	152	152	152	152	152	152
1505 - 1514	153	153	153	153	153	153
1515 - 1524	154	154	154	154	154	154
1525 - 1534	155	155	155	155	155	155
1535 - 1544	156	156	156	156	156	156
1545 - 1554	157	157	157	157	157	157
1555 - 1564	158	158	158	158	158	158
1565 - 1574	159	159	159	159	159	159
1575 - 1584	160	160	160	160	160	160
1585 - 1594	161	161	161	161	161	161
1595 - 1604	162	162	162	162	162	162
1605 - 1614	163	163	163	163	163	163
1615 - 1624	164	164	164	164	164	164
1625 - 1634	165	165	165	165	165	165
1635 - 1644	166	166	166	166	166	166
1645 - 1654	167	167	167	167	167	167
1655 - 1664	168	168	168	168	168	168
1665 - 1674	169	169	169	169	169	169
1675 - 1684	170	170	170	170	170	170
1685 - 1694	171	171	171	171	171	171
1695 - 1704	172	172	172	172	172	172
1705 - 1714	173	173	173	173	173	173
1715 - 1724	174	174	174	174	174	174
1725 - 1734	175	175	175	175	175	175
1735 - 1744	176	176	176	176	176	176
1745 - 1754	177	177	177	177	177	177
1755 - 1764	178	178	178	178	178	178
1765 - 1774	179	179	179	179	179	179
1775 - 1784	180	180	180	180	180	180
1785 - 1794	181	181	181	181	181	181
1795 - 1804	182	182	182	182	182	182
1805 - 1814	183	183	183	183	183	183
1815 - 1824	184	184	184	184	184	184
1825 - 1834	185	185	185	185	185	185
1835 - 1844	186	186	186	186	186	186
1845 - 1854	187	187	187	187	187	187
1855 - 1864	188	188	188	188	188	188
1865 - 1874	189	189	189			

PART I

CONTROL OF DISEASE

The number of notifications of infectious disease was 819, the lowest figure ever recorded in the Borough. The reduction was largely due to the reduced incidence of measles during this year; but most other infectious diseases also show a reduction.

Unfortunately the same cannot be said of non-infectious diseases such as cancer and coronary disease. Though we have no accurate information as to the incidence of the latter, the mortality figures show a slow but steady increase. Some of this increase is no doubt attributable to improved methods of diagnosis and to an ageing population, but it appears unlikely that this is the whole explanation; and that there are unknown factors in our environment which are bringing about this changing pattern of the incidence of disease.

Tuberculosis

There is now no statutory obligation for the Medical Officer of Health to keep a tuberculosis register. It is our practice, however, to keep one and to notify other authorities when known tuberculous persons are moving into their districts.

The number of cases on the register on 31st December, 1954, was 1710, an increase of 61 on the previous year. This increase is not due to a higher incidence of tuberculosis, but due to survival of patients who might have died but for modern surgical and chemotherapeutic measures. Thus new cases notified (131) and deaths (25) recorded in 1954 are lower than last year (163 and 26 respectively).

The 131 new cases of tuberculosis notified during 1954 (126 pulmonary and 5 non-pulmonary) compared with 163 in 1953 (143 pulmonary and 20 non-pulmonary).

The Mass Miniature X-ray unit did not visit the Borough during the year, but came early in 1955.

Distribution of New Tuberculosis Cases notified during 1954

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 1 year	1	-	-	-	-	-	-	-
1 - 4 years	3	2	-	-	-	-	-	-
5 - 9 "	3	2	1	-	-	-	-	-
10 - 14 "	-	3	-	-	-	-	-	-
15 - 19 "	6	5	-	1	-	-	-	-
20 - 24 "	8	11	1	-	-	1	-	-
25 - 29 "	3	13	-	-	-	-	-	1
30 - 34 "	5	9	1	-	1	2	-	-
35 - 39 "	6	3	-	1	-	-	-	-
40 - 44 "	7	3	-	-	1	-	-	-
45 - 49 "	1	2	-	-	1	3	-	-
50 - 54 "	4	1	-	-	4	-	-	-
55 - 59 "	6	1	-	-	1	-	-	-
60 - 64 "	1	2	-	-	2	1	1	-
65 - 69 "	6	1	-	-	3	1	-	-
70 - 74 "	4	1	-	-	1	-	-	-
75 Years and over	3	-	-	-	1	-	-	-
Total	67	59	3	2	15	8	1	1

The following is an analysis of non-pulmonary tuberculosis cases notified during 1954:-

	Male	Female	Total
Bones and Joints	1	1	2
Genito-urinary system	2	1	3
	3	2	5

Changes in Tuberculosis Register during 1954:-

Details	Pulmonary		Non-Pulmonary		Total
	Male	Female	Male	Female	
Number on Register at 1st January, 1954	810	663	80	96	1,649
New cases notified during 1954	67	59	3	2	131
Transfer into Tottenham	19	17	-	1	37
Transfer from non-pulmonary to pulmonary	-	1	-	-	1
	896	740	83	99	1,818
Cases removed from Register:					
Deaths of cases on register	24	11	1	1	37
Transfer out of Tottenham	26	31	2	2	61
Recovered	1	-	1	-	2
Transfer from non-pulmonary to pulmonary	-	-	-	1	1
Lost sight of	2	2	2	1	7
	53	44	6	5	108
Number on Register at 31st December, 1954	843	696	77	94	1,710

Ward Distribution of Cases of Tuberculosis on the Register at
31st December, 1954

Ward	Estimated Population	Male		Female		Total	Rate per 1,000 population
		Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary		
White Hart Lane	11,925	108	10	116	9	243	20.4
Park	11,426	77	13	78	15	183	16.0
Coleraine	11,697	61	5	62	6	134	11.5
West Green	11,383	65	3	61	11	140	12.3
Bruce Grove & Central	11,124	73	5	44	4	126	11.3
High Cross & Stoneleigh	11,262	86	13	58	9	166	14.7
Green Lanes	10,857	80	4	60	7	151	13.9
Chestnuts	11,390	69	6	58	8	141	12.4
Seven Sisters	10,456	75	6	52	6	139	13.3
Town Hall	10,918	70	8	64	12	154	14.1
Stamford Hill	10,762	79	4	43	7	133	12.4
Total	123,200	843	77	696	94	1,710	13.9

NOTE: To obtain the estimated population for each ward, the Registrar-General's estimate for the Borough has been divided in the same proportions as number of persons on the Register of Electors for each ward.

Prevention of Tuberculosis

During the year a memorandum was received from the Ministry of Health calling for close co-operation between those responsible for the prevention of tuberculosis and the care and after care of the tuberculous patient. This in fact has been the routine practice for many years in this borough.

Responsibility for the control, treatment and rehabilitation of tuberculosis is divided among a number of authorities and individuals. Perhaps one of the most important functions of the Medical Officer of Health is the co-ordination of these activities by acting as a liaison officer. The following is a summary of the functions of those concerned, and shows in parenthesis the names of the responsible authorities.

General Practitioner (Executive Council)

The family doctor is usually the first to discover the possibility of a case of tuberculosis, and it is to him that the family look for immediate advice and treatment. The doctor is required to notify the Medical Officer of Health of any tuberculosis cases coming to his notice.

Chest Physician (Hospital Board and County Council jointly)

The Chest Clinic under the control of the Chest Physician has a dual function, firstly to provide local specialist facilities for diagnosis, treatment and advice, and secondly to safeguard the welfare of the tuberculous.

Hospitals and Sanatoria (Hospital Board)

These should be solely concerned with the treatment and cure of active cases, but often beds are occupied by chronic infectious cases because of the inadequate home facilities.

Domestic Help Service (County Council)

Provides domestic help on recommendation of Chest Clinic.

School Health Service (County Council)

Concerned with cases occurring among school children and teachers, with testing school groups and providing B.C.G. inoculation for school children.

Mass Radiography Unit (Hospital Board)

Periodic visits of mobile unit provides facilities for miniature X-rays of large groups of population.

Occupation Centres (County Council)

Gives chronic cases opportunity to train for and carry out work within limitation of their physical condition.

Disablement Resettlement Officer (Ministry of Labour)

Endeavours to place in suitable employment those cases referred by Chest Physician and, if necessary, arranges for patient to receive course of training for new occupation.

National Assistance Board

Provides additional financial assistance on recommendation of Chest Physician.

Medical Officer of Health (Borough Council)

Receives official notification as cases arise, passes on information to others concerned, and compiles overall epidemiological information. Deals with environmental problems such as repairs to premises and recommendations to Housing Lettings Sub-Committee. Takes action to prevent spread of disease by food handlers and to ensure disease-free food by proper inspection of meat and supervision of production and distribution of other goods. Disinfection is carried out when required.

The facilities available in Tottenham for dealing with tuberculosis are probably as good as anywhere in this country. The chest clinic which was recently moved to a newly constructed block of buildings at St. Ann's General Hospital, is provided with all modern equipment now considered essential for the proper diagnosis and treatment of the disease. Miniature X-ray equipment has been installed which enables the chest physician to undertake a wide examination of contacts and suspected cases without incurring the considerable expense which would be associated with the taking of full-size plates.

B.C.G. inoculations are offered to susceptible contacts as a means of controlling the spread of the disease amongst the households of known cases. In addition, the School Health Service is making available in 1955 facilities for all suitable school children at age of 13 to receive B.C.G. inoculations.

For control to be really effective it is essential that every case should be notified. To assist in the discovery of "missed" cases the Mass Radiography Unit makes periodic visits to the Borough when large groups of the population are X-rayed. One drawback of this method, however, is that it is mainly the same groups which submit themselves for examination whilst other sections are never X-rayed.

Another and perhaps more profitable method of discovering cases which is adopted in Tottenham in infant welfare centres is to test young children and to follow-up the home contacts of those who show a positive reaction. In this way many cases have been traced and brought under treatment at the earliest possible moment.

A major problem at the present time is the incidence of tuberculosis in elderly persons. These are often chronic infectious cases who are not suitable for the radical treatments used in younger persons. Often these older persons do not realise the infectious nature of their condition which is so dangerous to others in the home, and it is difficult for them to understand the need for the utmost personal hygiene. In cases like this where married children with young families share the home, rehousing should receive a high priority.

Tottenham Chest Clinic

I am indebted to Dr. T.A.C. McQuiston for the following report on the work of the Tottenham Chest Clinic during the past year.

"The outstanding event of the year was the transfer of the Chest Clinic from its old premises in Somerset Road to the new Clinic in the grounds of St. Ann's General Hospital. This took place in July and went very smoothly, the continuity of the Clinic work being disrupted for only a day or two. The new Clinic has more accommodation and is much brighter, airier and more cheerful both for staff and patients. Since the Clinic is now in the hospital

precincts it is much easier to integrate the in-patient and out-patient work. The Clinic staff has been increased by the appointment of an additional consultant in place of two sessional appointments.

The Chest Unit beds at St. Ann's Hospital have recently been increased to 150. The use of the miniature X-ray unit at the Clinic has been extended and working patients may now attend an evening session without prior appointment. We feel that there is no obstacle in the way of any person in the area having a chest X-ray, and we would like our colleagues in general practice to use the service as much as they please. They have all been supplied with forms to give to patients stating times when they may attend for miniature X-ray without previous appointment.

The new Clinic has a small fitted canteen for supplying light refreshment to patients. We are very grateful to the members of the local Red Cross Society who run the canteen, and the service is much appreciated by patients, especially those who attend evening clinics on their way home from work.

An Occupational Therapy class is held weekly on the Clinic premises. At the last annual Sale of Work the use of the in-patient recreation room, and the help from the catering staff at the hospital, were greatly appreciated and in consequence a much more satisfactory result was obtained and the event made a social success."

CHEST CLINIC STATISTICS, 1954

(Tottenham & Wood Green)

Total Number of Attendances	28,732
Total Number of X-rays (including miniature films)	18,315
Total Number of Refills	10,089
Total Number of Sessions Held	1,143
Total Attendances of Contacts (new contacts 781)	5,201
Number on Register Notified	2,021
New Cases Notified during 1954	162
Number of Deaths during 1954	43
Number Vaccinated with B.C.G.	124

Diphtheria

There were no confirmed cases of diphtheria in the borough during the year. In 4 suspected cases the diagnosis was amended as follows:-

Tonsillitis	2
Infective mononucleosis	1
Glandular Fever	1

Facilities for diphtheria immunisation are provided at all clinics under the control of the local County Area Health Committee as well as at general practitioners' surgeries. The immunisation against whooping cough is usually carried out at the same time by the use of a combined vaccine. Details of this service for the year in the area (Tottenham and Hornsey) are shown in the Area Medical Officer's report, which is given as an appendix to this report.

Scarlet Fever

There were 92 cases of scarlet fever notified during the year, but no deaths were attributed to the disease. Of the 42 cases admitted to hospital the diagnosis was amended in 5 instances.

Details of cases admitted to hospital were as follows:-

Hospital	Diagnosis confirmed and Cases treated to a conclusion		Diagnosis amended	
	Number of cases	Average stay in hospital (days)	Number of cases	Average stay in hospital (days)
St. Ann's General	30	16.6	5	9.6
Other Hospitals	7	25.8	No amendments	

Three of the cases admitted to hospital were complicated, one by chicken pox, one by broncho-pneumonia and the other with cervical adenitis and chicken pox.

Whooping Cough

In common with other infectious diseases this year, the incidence of whooping cough was low, 144 cases being notified as against 360 in 1953. There were no deaths from this disease.

The whooping cough vaccine trials conducted by the Medical Research Council were concluded during the year. The earlier trials had shown that a satisfactory vaccine could be made, and its later trials were to compare the efficiency of vaccines produced by various methods. Preliminary results indicate that all the vaccines tested produced a high degree of immunity to infection.

Measles

There were 149 notifications of measles during the year. This is the lowest figure recorded in the borough since the disease was made notifiable in 1940.

Eight cases were removed to hospital with complications.

Poliomyelitis

One case of paralytic poliomyelitis occurred in a pregnant woman of 25. The illness was mild and the paralysis was slight.

This patient was later delivered of a normal healthy child, and the mother has completely recovered from her paralysis.

Seven suspected cases of poliomyelitis were notified, but the diagnosis was amended as follows:-

Influenza	1	Meningism	1
Pyelitis	1	Meningo-encephalitis	1
Infective Polyneuritis	1	Catarrhal sore throat	1
Toxic Polyneuritis	1		

In July 1954 the Ministry of Health issued a memorandum giving an outline of what is known about poliomyelitis and its spread, and suggesting possible methods of control. As a result of this a letter was prepared setting out precautions to be observed by contacts. This was handed to contacts of suspected cases when the premises in which the case had occurred were visited.

Food Poisoning

There were 31 cases of food poisoning notified, but only one was removed to hospital.

Ten cases occurred in the first quarter of the year, twelve in the second quarter, six in the third quarter and three in the fourth quarter.

These were all single cases - no outbreaks being recorded. The causal organism was identified as *Salmonella typhi-murium* in thirteen instances, but no cause was discovered in the remaining eighteen cases.

Dysentery

There were 124 cases of dysentery notified during the year, of which 21 were located in hospital. The number of cases occurring must have been much larger as illustrated by the fact that only a small fraction of the cases in the school outbreak reported below were notified to this department.

Dysentery Outbreak in an infants' school

An outbreak of Sonne dysentery occurred in an infants' school immediately following the return of the children from the Easter holidays. The department was informed of the outbreak at the end of the week, when there were 16 absentees from this cause - 4 of them had been admitted to hospital.

It was established that two children had been suffering from a gastrointestinal upset on the day of their return from holiday, and it is presumed that they were the original source of the infection.

On the Monday of the following week, that is six days after their return to school, there were some 66 absentees, the majority of whom had dysenteric symptoms. The following day the laboratory reported that all the specimens which had been submitted from suspected cases before the week-end were positive to *Shigella sonnei*. Further absences were reported throughout the rest of the month of May, and each was investigated by the staff of the department. Some proved to be due to chicken-pox, which was prevalent at the time, whilst others were kept from school because the parents had heard that there was an outbreak of dysentery in the school.

The high absentee rate was maintained throughout May. Of 358 on the roll there were 75 absent on May 7th and 86 on May 21st, though it is not certain that all of these were true cases of dysentery or positive contacts. By the end of May there were very few new cases being reported, and by the 25th June there were only 5 known cases to be cleared.

These figures include children who were diagnosed as dysentery on bacteriological grounds only as well as a few who showed the characteristic symptoms without returning a positive stool. This latter type of case was more frequent in the later stages of the epidemic - either because it was a mild infection or one which came to our notice later in the course of the illness.

An effort was made during the epidemic to obtain faecal specimens from all family contacts, but this was not wholly successful as the parents did not fully co-operate.

There were 25 families, however, in which a positive stool was obtained from individuals whose only contact with the infants' department was through a child in that part of the school. There were 18 adults (14 mothers, 3 fathers, 1 adult sister) 5 in the junior department of the same school, 5 pre-school children and 5 in other schools. It is interesting to note the high proportion of mothers amongst the adult positive contacts, although it must be noted that there were less fathers submitting specimens.

Another interesting feature is the fact that no secondary cases were reported from the positive contacts attending other schools. These were all schools for higher age groups.

The almost explosive nature of the outbreak in its early stages suggested at once the possibility of a food-borne infection originating in some way from one or other of the first cases. Enquiries showed, however, that only about two-thirds of the first week's cases had school dinners and in any case the children had no part in serving the meal.

There is, however, a possibility that the infection may have been spread by contaminated milk drinking straws. It is the practice for the older children to take the caps off the bottles and to distribute the straws. As it is likely that the original ones may have done this, a probable mode of spread is by this means.

It is noteworthy that this epidemic was practically confined to the infants' department of the school, and that such cases as did occur elsewhere did not give rise to secondary cases. This was also a feature of the epidemic reported in my last annual report.

It is perhaps to be expected that an infants' school would be the type of community in which intestinal infections would spread most rapidly. The children are ignorant of the principles of hygiene and it is extremely difficult for the staff to see that all children wash their hands after using the toilet and more so to see that some 350 children wash their hands before their school dinner, especially as the facilities provided for washing are usually woefully inadequate.

Typhoid Fever

There was one case of typhoid during the year in a married man aged 41. Investigations showed that his wife, although quite well, was a carrier of the disease. She gave a history of inoculation against typhoid fever some five years ago. Since her carrier state was discovered she has had several courses of treatment in an effort to clear up the infection, but at the time of writing she was still excreting the organism.

She is being kept under regular supervision, and investigations are being made at intervals to ascertain whether she is still a carrier. She is a qualified nurse and, as such, is fully aware of the implications of her condition from a public health point of view.

It is impossible at this stage to say whether the wife infected her husband, or whether they both acquired their infection from a common source. In the absence of other cases, either in the borough or in the districts in which the husband worked, the most likely explanation would be that the wife has been a carrier for some time and the husband contracted the disease from her.

Year	Number of Cases	Population
1904	22	121,278
1905	18	140,282
1906	14	140,282
1907	10	140,282
1908	10	140,282
1909	10	140,282
1910	10	140,282
1911	10	140,282
1912	10	140,282
1913	10	140,282
1914	10	140,282
1915	10	140,282
1916	10	140,282
1917	10	140,282
1918	10	140,282
1919	10	140,282
1920	10	140,282
1921	10	140,282

Paratyphoid Fever

One case of paratyphoid B in a child of 2 years was notified during the year.

Puerperal Pyrexia

During the year the form of notification was amended to include information of the cause of pyrexia if known.

One case of puerperal pyrexia was notified during the year.

Cancer

There were 1,187 deaths in the borough from all causes, and of these 251 or 21% were due to cancer.

In considering the sexes male deaths were 640 with 139 from cancer, and female deaths were 547 with 112 from cancer.

An analysis of the principal sites shows the following:-

	Male	Female
Digestive organs	53	54
Respiratory system	52	7
Breast and Genito urinary system	16	35

Cancer is a disease which is taking an ever increasing toll of the community. Figures for the past few years have shown a steady rise in the number of deaths from this cause. If, however, the death rates per 1,000 of the population over the past fifty years are examined, the increase in mortality is striking - from 0.42 per 1,000 in 1904 to 2.04 per 1,000 in 1954.

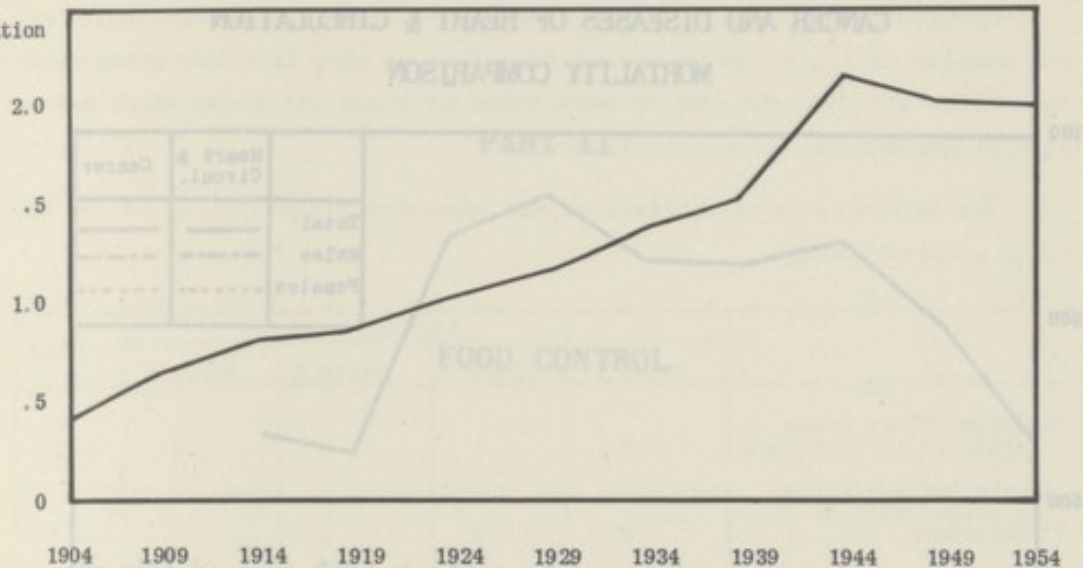
It is probable that some of this increase is due to improved diagnosis and an ageing population. Further, the figures for earlier years may not be strictly comparable with those of later years owing to the adoption of the International Statistical Classification of Diseases, Injuries and Causes of Death in 1948. However, bearing in mind all these facts, there would appear to have been a real increase in the incidence of cancer over the past half-century, and it is not unreasonable to suppose that this is in some way associated with the changing environment and habits of individuals and the community over that period.

Cancer Deaths over past 50 years

Year	Number of Cancer Deaths	Population	Rate per 1,000
1904	52	121,279	0.42
09	100	149,283	0.66
14	125	149,495	0.83
19	135	152,508	0.88
24	166	156,000	1.06
29	195	168,000	1.17
34	215	152,694	1.39
39	209	136,000	1.54
44	236	108,180	2.16*
49	264	130,040	2.03
54	251	123,200	2.04

* Population depleted of young healthy adults on war service and evacuated children, resulting in higher proportion of population in age groups where cancer deaths usually occur.

Rate per
1,000
Population



CANCER DEATHS OVER PAST 50 YEARS

Diseases of the heart and circulation

This group of diseases still accounts for the greatest number of deaths. From 1946 to 1952 the figure had risen steadily from 540 to 648. In 1953 there was a drop to 532, and the figure for 1954 is 553. There appears to be no obvious reason for the rise in the immediate post-war years and the return to the 1946 level in the last two years.

Coronary disease accounted for 189 deaths (115 male and 74 female), an increase of 26 over the previous year.

Vascular disease of the central nervous system caused 152 deaths (67 male and 85 female). The mortality was again highest in females, but the sex difference is less than it has been for the past few years.

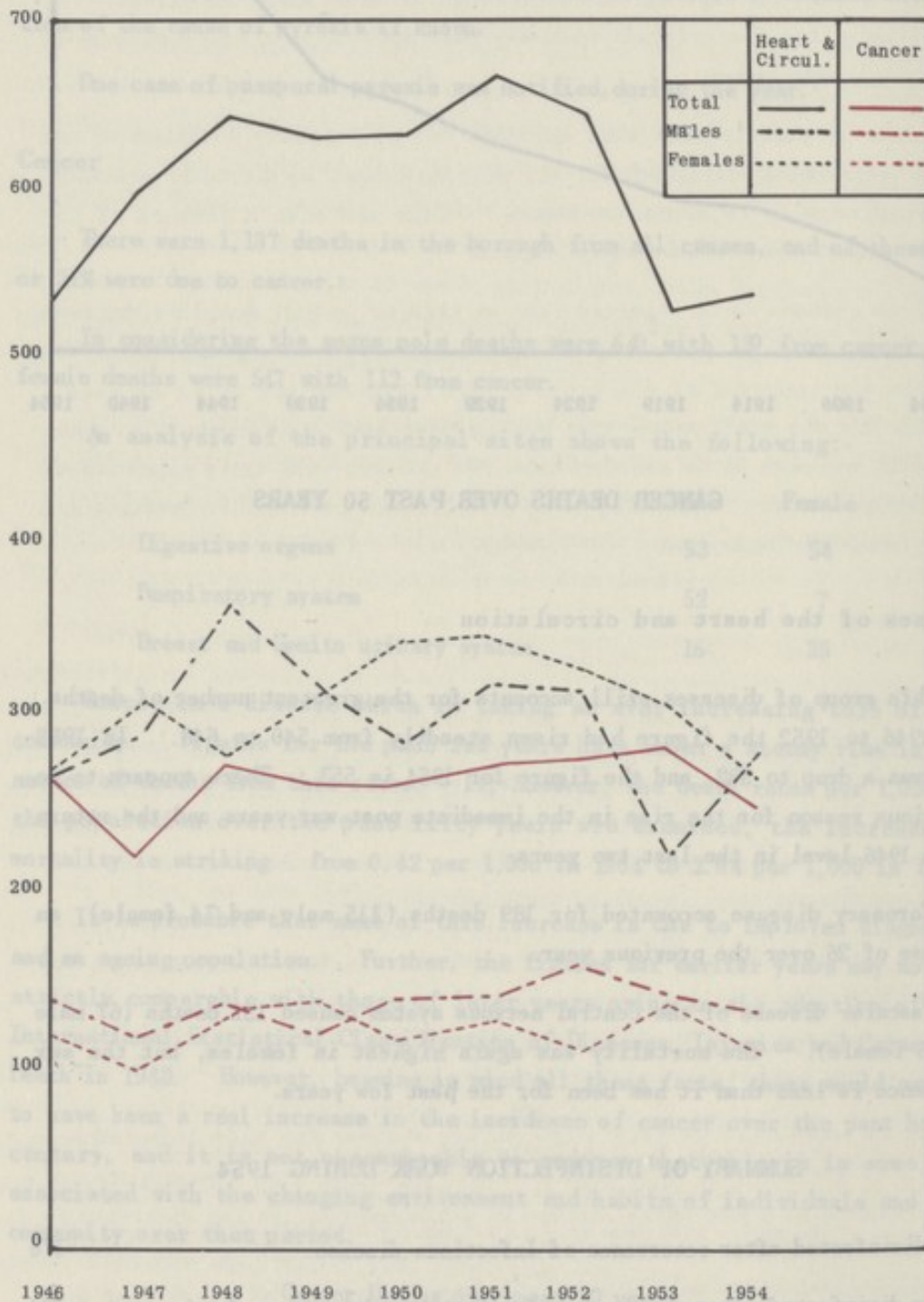
SUMMARY OF DISINFECTION WORK DURING 1954

Rooms disinfected after occurrence of Infectious disease	178
Bedding disinfected after occurrence of infectious disease or death	121
Library books disinfected	165

Manufacture and sale of ice cream	6
Storage of ice cream	1
Cooking of hams and other meats	41
Fish frying	13
Sausage manufacture	55
Preparation of jellied aids	73
Boiling shell fish	2

CANCER AND DISEASES OF HEART & CIRCULATION

MORTALITY COMPARISON



Year	Number of Deaths	Population	Rate per 100,000
1946	22	121,375	0.18
47	18	140,387	0.13
48	23	145,425	0.16
49	17	151,375	0.11
50	20	155,375	0.13
51	25	160,375	0.16
52	21	165,375	0.13
53	20	170,375	0.12
54	18	175,375	0.10

Population of young adults aged 15 to 24 years in Detroit, Michigan, 1946-1954. The population of young adults in Detroit, Michigan, has been declining since 1946. The population of young adults in Detroit, Michigan, was 121,375 in 1946 and 122,380 in 1954. The population of young adults in Detroit, Michigan, was 121,375 in 1946 and 122,380 in 1954.

PART II

FOOD CONTROL					Total
Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	
7	3	1	1	1	13
8	2	1	1	1	13

As will be seen from the list of inspections carried out, premises concerned with the manufacture and/or sale of food continue to receive the closest supervision. During the year particular attention has been given to school canteens and kitchens, and recommendations were made to the Education Authority. In collaboration with the Hospital Authorities special visits were made to the kitchens of Tottenham's two large hospitals. Extensive reports were submitted containing recommendations for some reorganisation.

Interest in food hygiene is being sustained by talks to various organisations and by regular and systematic visits to food premises.

Registered Premises

Section 14 Food and Drugs Act, 1938, provides that premises may not be used for the following purposes unless they are registered by the local authority, namely:-

- (a) The sale or manufacture for the purpose of sale of ice cream or the storage of ice cream intended for sale.
- (b) The preparation or manufacture of sausages, or potted, pressed, pickled or preserved food intended for sale (preparation of meat or fish by any process of cooking is deemed to be preservation thereof).

At the 31st December, 1954, the following premises were registered in accordance with the above provisions, namely:-

For the sale only of ice cream	337
Manufacture and sale of ice cream	6
Storage of ice cream	3
Cooking of hams and other meats	41
Fish frying	13
Sausage manufacture	55
Preparation of jellied eels	3
Boiling shell fish	2

These premises are regularly visited by the district sanitary inspectors and samples of ice cream collected from time to time from ice cream manufacturers, also certain samples were taken of loose ice cream which was on sale in the borough.

The following is an analysis of the bacteriological grading of the ice cream samples taken:-

	Results				Total
	Grade 1	Grade 2	Grade 3	Grade 4	
Samples of ice cream produced in Tottenham	7	3	1	1	12
Samples of ice cream produced outside of Tottenham	9	2	1	-	12
Total	16	5	2	1	24

Middlesex County Council Act, 1950: Section 11: Registration of Hawkers

Section 11 of this Act, requires the registration of all food hawkers and their storage premises. One new application was investigated by the sanitary inspectors in 1954 and found to be satisfactory. Three registrations were cancelled where it was found that the business had been discontinued.

The following is a summary of the registered hawkers and their storage premises at the 31st December, 1954:-

Articles	Number of persons registered	Number of registered storage premises
Fruit and vegetables	97	93
Shellfish	13	9
Fish	7	7
Ice cream	3	3
Peanuts	2	2
Light refreshments (Mobile Canteen)	3	3
Total	125	117

Milk and Dairies

All milk sold in Tottenham must be specially designated, and every milk dealer in the Borough holds a licence under the Milk (Special Designation) Regulations.

The following is a summary of licences issued during 1954, namely:-

Designation	No. of Licences	No. of Supplementary Licences
Pasteurised	68	14
Sterilised	153	16
Tuberculin Tested	33	14
* Accredited	3	1

* The term 'accredited milk' ceased to be a special designation on the 1st October, 1954, and these licences lapsed on that date.



Meat inspection in progress at local Slaughterhouse

During the year 15 applications for registration as milk distributors were dealt with. No applications were received in respect of dairies. Of the 15 new registrations 11 were for new premises and the other 4 were in respect of the change of proprietorship of previously registered premises.

The number of premises and distributors registered at 31st December, 1954, was as follows:-

Distributors	...	...	...	...	168
Dairies	...	...	...	...	11

The Chief Officer of the Public Control Department of the Middlesex County Council (which is the licensing authority for premises at which milk is processed) reported that "Up to May, 1954, there was one dealer/steriliser licensed by my Council in Tottenham: the firm then ceased operations. From January to May the premises were regularly inspected and in all 13 samples of sterilised milk taken and submitted to examination. All samples proved satisfactory".

Slaughterhouses and Knackers Yards

The work of the department in connection with slaughter-houses has assumed a new significance during this year. For the first time, since 1939, my annual report has to deal with the subject of meat inspection other than horse slaughtering. Until December 1953 there were 5 licensed slaughterhouses in the Borough. When it became known that decontrol of the meat industry was to take place in 1954, applications for licences in respect of 3 of these slaughterhouses were refused. Appeals against these refusals were lodged in the Magistrates Court but were subsequently withdrawn. There are therefore now only two licensed slaughterhouses operating in Tottenham:

- (1) Messrs. Smith & Spalding, Markfield Road, N. 15.
- (2) Messrs. Allen, Philip Lane, N. 15.

the latter having been re-licensed after extensive repairs and redecorations were carried out.

Allens slaughter cattle, sheep and pigs, and the table shows the extent to which the work has developed. The figures in respect of horses slaughtered at Messrs. Smith & Spalding are for the full year, i.e. January to December but the remainder cover the period from July 3, when control was removed, to December 1954. The normal hours of slaughtering are from 7 a.m. to 7 p.m. Monday to Saturday inclusive, but owing to limited hanging and refrigerated space the evening times of slaughtering have to be extended. To ensure that an adequate and efficient meat inspection service is maintained, it has been necessary to introduce a rota of inspectors. The rota covers

Summary of Carcasses Inspected and Condemned

	Donkeys	Horses	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs Excluding Sows	Sows
Number Killed	2	1,677	301	118	2,356	3,031	5,022	336
Number Inspected	2	1,677	301	118	2,356	3,031	5,016	336
<u>All Diseases except Tuberculosis</u>								
Whole Carcasses Condemned	-	10	-	6	4	2	5	1
Carcasses of which some part or organ was condemned	1	139	23	29	8	299	557	26
Percentage of number inspected affected with disease other than tuberculosis	50.0	8.88	7.64	29.66	.51	9.93	11.20	8.04
<u>Tuberculosis only</u>								
Whole Carcasses Condemned	-	1	1	1	-	-	1	1
Carcasses of which some part or organ was Condemned	-	1	26	24	1	-	126	31
Percentage of number inspected affected with tuberculosis	-	.12	8.97	21.19	.04	-	2.53	9.52

morning, afternoon and the evening periods and all inspectors take part. The staff have co-operated to the full, although it involves working additional hours, - sometimes at no small inconvenience to the individual - with compensatory time off when this can be arranged.

The meat inspection is carried out in accordance with the recommendations of Memo 3/Meat.

This is a memorandum published by the Ministry of Food in 1952 and sets out the criteria and methods of meat inspection. It replaces the old Memo 62/Foods. The slaughterhouse is operated with a minimum of inconvenience to the occupiers of the adjoining houses and in spite of its being sited in a mainly residential area little or no nuisance arises.

The quality of the meat is - on the whole - very good and a competent team of slaughtermen ensures that carcasses are properly dressed in a hygienic manner. The meat is distributed over a large area of North London, and the home counties. Satisfactory arrangements exist for the disposal of condemned meat and offal.

The departmental van calls at the slaughterhouse every day and the condemned meat is collected in marked dustbins and taken to the disposal works for processing or for destruction.

During the year 15 licences to slaughter were issued under the provisions of the Slaughter of Animals Act, 1933.

Condemned Food

From time to time the department has been called in to examine at a local warehouse stocks of concentrated orange juice where deterioration is suspected because of the time the juice has been in storage.

47,218 gallons of tinned orange juice were examined and of this quantity 2,538 gallons (approximately 5%) were condemned by the inspector. In addition, a stock of orange juice in casks (approximately 4,400 gallons) was examined and practically the whole was found to be unfit because of fermentation. These stocks were disposed of at the local sewage pumping station.

The following is a summary of other articles which were surrendered by local food traders and condemned by the Public Health Department during the year, namely:-

Tinned articles:

Bacon	...	...	1	Cream	...	...	58
Coffee	...	...	24	Fish	...	...	625
Crab Paste	...	...	3	Fruit	...	...	3,299

Fruit Juice	75	Spaghetti	40
Fruit Pulp	13	Strained Foods	9
Jam	140	Syrup	1
Macaroni	1	Tinned Meat Products	1,013
Marmalade	39	Tomatoes	1,050
Milk	1,568	Tomato Juice	17
Mincemeat	3	Tomato Paste	3
Oats	2	Tomato Puree	7
Pease Pudding	2	Vegetables	1,599
Sausages & Beans	3	Vegetable Salad	3
Soup	239		

Other articles of food condemned:-

Apples	2½ stone	Liquorice Allsorts	60 lbs.
Bacon	25 lbs.	Liver	97 lbs.
Beef	1,968½ lbs.	Mutton	38 lbs.
Cereal	7 packets	Olives	1 bottle
Cheese	70 lbs.	Ox-Liver	50½ lbs.
Chicken	31½ lbs.	Pickle	3 jars
Chocolate	8 packets	Pigs' Offal	235 lbs.
Cream Powder	12 packets	Pork	82½ lbs.
Fish	40 stone	Pork Pies	1½ lbs.
Fruit (Dried)	395 lbs.	Processed Meat	46 lbs.
Fruit Juice	8,104½ gallons	Rice	8 packets
Fruit Pulp	1,600 gallons	Sheep's Offal	571 lbs.
Ham	130 lbs.	Split Peas	1 packet
Lamb	36 lbs.	Turkey	87 lbs.
Lambs' Plucks	30 lbs.	Veal	6 lbs.

Food Sampling

The Public Control Department of the Middlesex County Council has supplied the following information of food and drugs sampling in the Borough during 1954:-

FOOD AND DRUGS ACT, 1938

List of samples procured in the Borough of Tottenham
during the year 1954

Article	Total samples procured	Unsatisfactory
Milk, various	130	2
Beer	4	-
Butter	4	-

Article	Total samples procured	Unsatisfactory
Cakes and biscuits	96	1
Cooked Meats	25	-
Cooking Fat	1	-
Cream	22	1
Curry Powder	1	-
Drugs, various	7	-
Eggs	1	-
Fish	17	1
Fish Cake	1	-
Fish Paste	3	-
Flour	3	-
Fruit Juice	1	-
Fruit Squash	1	-
Ground Almonds	1	-
Ice Cream	7	-
Iced Lollies	22	-
Jam	4	-
Margarine	5	-
Meat	8	-
Meat Paste	1	-
Meat Pie	7	-
Minced Meat	15	-
Non-brewed Condiment	6	2
Oranges	12	-
Pickled Herrings	1	1
Salad Cream	2	-
Sausages and Sausage Meat	56	-
Soups	3	-
Suet	2	-
Sweets	9	3
Tinned fruit	2	-
Victoria Plums	1	-
Vinegar	29	8
Wines and Spirits	35	-
Totals	545	19

With regard to the 19 samples noted as unsatisfactory, the following brief comments may be of interest.

Milk

The 2 samples of milk were each of bottled milk on retail sale by different dairymen. One was slightly deficient in fat, the other slightly

deficient in solids-not-fat but the absence of added water was confirmed. The vendors were informed and no further action was taken except that subsequent samples were procured and found genuine.

Cakes and Biscuits

A sample of biscuits designated "Cream Filled Chocolate Biscuits". The designation was objected to on the grounds that the filling was not cream. Upon the manufacturers' undertaking to alter the designation in a satisfactory way no further action was taken.

Cream

A sample of what was sold and described as "Thick Cream" was procured and found to be sterilised cream having a fat content of 23% instead of at least 48%. It was imported tinned food. The importers were prosecuted and fined £10.0.0d. and ordered to pay £2.2.0d. costs.

Fish

A fishmonger labelled and sold dab fillets as "plaice fillets". He was prosecuted and fined £4.4.0d. with £2.2.0d. costs.

Non-brewed Condiment

Two samples of non-brewed condiment were sold slightly deficient in acetic acid. The retailer was informed and as a consequence a subsequent sample procured has been found of proper strength.

Pickled Herrings

A sample of "Pickled Herrings in Wine Sauce" was found to be pickled herring in sauce containing no alcohol. It is possible that alcohol had originally been added but had disappeared. A warning letter was sent to the manufacturers who undertook to alter the designation.

Sweets

Three samples of butter flavoured sweets, each from a different manufacturer, were procured and in each case objection was taken to the obscurity of the indication that the sweets were butter flavoured and not butter sweets. In each case the word or abbreviation used to indicate the flavouring was inconspicuous and/or misplaced in relation to the rest of the designation.

In each case the manufacturer has agreed in all cases where the designation is printed to put the word "flavoured" in its correct place and in the same type as the other words of the designation.

Vinegar

Of the eight unsatisfactory vinegar samples two were found to be deficient in acetic acid, the other six samples being non-brewed condiment. These eight samples were sold in all by four retailers, one of whom was prosecuted and fined £2.0.0d. with £3.17.0d. costs. In two other cases the follow-up proved genuine and no further action was taken, and in the remaining case an official caution was issued.

Merchandise Marks Act, 1926: Imported Food Orders

During the year 246 premises were visited and 1,051 displays of meat, apples, tomatoes, poultry and dried fruit were examined. Three cases arose of displaying imported food not marked with the country of origin. The first concerned Australian and South African apples and Canary Island tomatoes, and the retailer was fined £2.0.0d. on each of two summonses and ordered to pay £3.3.0d. costs. A second prosecution was for displaying Canary Island tomatoes not marked with country of origin, and a fine of £2.0.0d. was imposed in this case. The third case was for displaying Australian and New Zealand apples not so marked, and an official caution was issued.

Labelling of Food Order

192 premises were visited and 430 different articles examined. No infringements of substance arose.

Defence (Sale of Food) Regulations, 1943

Investigations under the above Regulations resulted in the following cases:-

Three firms of greengrocers falsely described potatoes other than King Edwards as "King Edwards". An official caution was given in each case.

There were two separate cases of false description of apples. In one case Laxton apples were described as "Cox's"; in the other, South African Pearmain apples were described as "Newtowns". The greengrocers were fined £5.0.0d. and £2.0.0d. respectively.

There were two separate cases of false description of plums. In one case Belle De Louvain plums were described as "Victorias" - the greengrocer

was fined £1.0.0d. and £2.2.0d. costs. In the other case, Giant Prune plums were falsely described as "English Victorias", and the firm was fined £2.0.0d. and ordered to pay £1.1.0d. costs."

Food and Drugs Act, 1938: Legal Proceedings

Legal proceedings were taken in 1 case in respect of contaminated food, namely:-

Section 9. Mice dirt in bread.

Defendant pleaded guilty and was fined £2.0.0d. on each of two summonses with £2.0.0d. costs.

PART III

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply

I am indebted to the Director of Water Examination of the Metropolitan Water Board for the following report upon water supplied to the borough during 1954:-

The area is supplied from two sources:-

- (a) Water from the New River and treated at the Board's filtration works at Hornsey and Stoke Newington. A contact tank was brought into operation at the Hornsey works in July, 1954.
- (b) River Thames water stored in Walton Reservoir and treated at the Board's filtration works at Walton.

Samples are collected on five days in every week, or more often if required, at each stage of the purification process and tests include physical, chemical and microbiological examination.

The water supplied to this area is not plumbo-solvent.

All new and repaired mains are chlorinated before being restored to use and samples of water from them are tested bacteriologically to ensure that its quality is up to that normally supplied.

Drainage and Sewerage

Separate systems of soil and surface water drainage continue to operate in the Borough.

Co-operation with the Borough Engineer's department enables complaints relating to stoppages to be dealt with expeditiously.

Some success has been achieved in dealing with pollution in the Moselle and Lesser Moselle but investigations with regard to the Stonebridge brook will have to be intensified.

Average Results of the Chemical and Bacteriological Examinations of the Water Supplied to the Borough of Tottenham
for the Year 1954

Parts per Million (Unless otherwise stated)

Description of the Sample	No. of Samples	Ammoniacal Nitrogen	Albuminoid Nitrogen	Oxidised Nitrogen (Nitrate)	Chlorides as Cl	Oxygen abs. from Permanganate 4 hrs. at 27°C	Turbidity in Terms of Silica	Colour, m.m. brown 2ft. Tube Burgess's Tintometer	Hardness (Total)	Hardness (Non-carbonate)	pH. Value	Phosphate as P.O. 111 4	Silica as SiO ₂	Magnesium Mg.	Sulphate as SO ₄	Conductivity
New River water filtered at Hornsey works	225	0.033	0.073	6.2	36.4	0.73	0.2	7	307	80	7.7	1.04	13)			550
New River water filtered at Stoke Newington works	225	0.036	0.076	6.2	36.6	0.76	0.2	8	305	79	7.8	1.01	13)	5.2	53	550
River Thames derived filtered water	1,585	0.021	0.092	3.9	26.7	1.20	0.3	12	269	70	7.9	0.65	11	5.0	50	450

Bacteriological Results

Description of Sample	No. of Samples	No. of microbes per ml. Colonies counted on agar after 20-24 hrs. at 37°C.	Bact. coli Test	
			Percentage of samples negative to Bact. coli in 100 ml.	Bact. coli per 100 ml.
New River water filtered at Hornsey	257	12.6	100.0	Nil
New River water filtered at Stoke Newington works	258	13.7	100.0	Nil
River Thames derived filtered water	3,604	8.8	99.8	0.004

Closet Accommodation

The water carriage system is in operation throughout the Borough. It has not been necessary during the year to use the provisions of the Tottenham Corporation Act, 1952.

It would appear that the provision of sanitary conveniences in houses let in lodgings or occupied by members of more than one family could be resolved by the provisions of Section 11 Housing Repairs & Rents Act, 1954. There is however a proviso in Section 11 (1) (b) that in default of carrying out the work, the owner is entitled to secure a reduction in the number of persons or households. To do this, he can seek the assistance of the Courts.

Atmospheric Pollution

In my annual report of last year I made brief comment on the Beaver Committee's interim report. The final report of that committee has now been published and I set out a summary of its recommendations.

- (1) With some exceptions (special trades) dust and smoke should be prohibited by law.
- (2) Use of grit and dust arresting plant to be obligatory if more than 10 tons of solid or pulverised fuel is burnt per hour.
- (3) Provision in local acts for "prior approval" e.g. Tottenham Corporation Act, 1952 - should be included in general legislation - as should the power to create Smokeless Zones.
- (4) The law to control smoke from railways to be brought up to date and strengthened.
- (5) Financial assistance to be given in certain cases - reduction in purchase tax for approved appliances.
- (6) Local authorities to enforce the general provisions and to submit an annual report to the Minister.

Other recommendations include codes of practice - standard specifications for smoke indicators and recorders etc. The control of pollution by motor vehicles and finally the appointment of a "Clean Air Council" to co-ordinate research and review progress.

All that remains is for the Government to accept and act on the Beaver report and introduce the legislation necessary to implement the recommendations.

Given the powers, local authorities will find more enthusiasm for dealing with atmospheric pollution than could reasonably have been expected of them in the past.

Tottenham's application to the Minister for the establishment of a Smokeless Zone in the Markfield area was submitted and approved during the year. The order will come into operation in January, 1955.

Housing

The main preoccupation of the Council in matters of housing has, hitherto, been concerned with providing houses for the many applicants on the list.

Emphasis in the near future must, however, be "new houses for old," if the tempo of slum clearance is not to be retarded.

Circular 30/54 issued by the Ministry of Housing & Local Government in March states that it is an essential part of Government housing policy that local authorities should regard the work of slum clearance as "a matter of urgency". With the full approval of the Council the department has gone ahead in these matters, and two further areas were represented during the year. The first dealt with White Hart Lane and the adjoining area involving some 130 houses. The second area dealt with the next phase of the Tewkesbury redevelopment and includes over 70 houses. A total of over 300 houses have been represented since the work of slum clearance recommenced.

Nothing is more frustrating than to receive complaints from the occupants of insanitary and worn out houses knowing that nothing can put them right. It is therefore with much satisfaction that we shall be able to deal with these black spots as clearance areas.

While in the past we have dealt with this class of property purely as clearance areas on public health grounds, future schemes must have regard to planning requirements. Building land in the Bbrough is almost non-existent and some effort will be required to deal with areas which allow room for a favourable balance of houses. An increased density of redevelopment would assist in this.

A public inquiry in connection with the Hale Clearance Area was held in July - the result is not yet known.

In addition to ascertaining the unfit houses requiring to be dealt with, it has been necessary to review all aspects of housing so that clearance schemes can be co-ordinated with the building programme. As Tottenham is fully built up it is necessary to plan for the rehousing of families displaced from clearance areas in dwellings to be erected on previously cleared sites. Other obstacles which have to be met are the need to provide accommodation for urgent cases requiring rehousing and the rehousing of families in requisitioned houses.

Provision of Municipal Houses and Flats

The erection of dwellings in the borough since the war has been dependent upon the utilisation of bombed sites and clearance areas, so that it has been necessary for the Council to seek building sites outside the borough. This has proved extremely difficult, but it has been possible to build an estate at Cheshunt and 21.6 acres of land are being acquired at Potters Bar for housing purposes.

The following statement of units of accommodation erected by the Council shows the scattered nature of the post-war schemes consequent upon the shortage of land:-

Scheme	Type of Dwelling					Total
	1 Bed	2 Beds	3 Beds	4 Beds	5 Beds	
Pre-war Permanent Dwellings						
1919 Scheme (Coombes Croft & White Hart Lane)	-	32	380	16	-	428
1924 Scheme (White Hart Lane)	-	28	359	-	-	387
1938 Scheme (Scotland Green)	-	20	16	-	-	36
*1936 Scheme (Weir Hall, Edmonton)	40	174	120	22	-	356
	40	254	875	38	-	1,207
Post-war Permanent Dwellings						
Allington	32	-	108	12	-	152
Asplins	4	-	43	6	-	53
Burbridge Way	4	42	32	-	-	78
*Cheshunt (Waltham Cross)	8	47	100	24	-	179
Cornwall Road	20	8	42	-	-	70
Devon Road	24	-	89	8	-	121
Kathleen Ferrier Court	3	-	13	2	1	19
Lawrence Road	4	17	4	-	-	25
Love Lane	4	16	-	-	-	20
Lydford Road	10	-	-	-	-	10
Reynardson Court	-	16	-	-	-	16
Tewkesbury I	6	40	14	-	-	60
Tewkesbury II	21	20	10	-	-	51
*Weir Hall (Edmonton)	-	14	16	-	-	30
	140	220	471	52	1	884
Post-war Temporary Bungalows	-	309	-	-	-	309
Miscellaneous Properties acquired for housing purposes	2	4	16	-	-	22
TOTAL	182	787	1,362	90	1	2,422

* Estates outside the Borough.

At the end of 1954 the following housing schemes were in hand or at some planning stage, namely:-

	Type of Dwellings				Total
	1 Bed	2 Beds	3 Beds	4 Beds	
<u>Sites in Possession of Council</u>					
<u>Dwellings in course of erection</u>					
Markfield	20	48	24	-	92
Manor Road	-	12	-	-	12
Penshurst Road	12	-	12	-	24
Rheola House	6	16	8	-	30
High Road/Northumberland Park	1	34	4	1	40
West Green Road	-	26	16	-	42
Tewkesbury	-	44	23	-	67
Total	39	180	87	1	307
<u>Building not yet started</u>					
<u>Roads & Sewer work in hand</u>					
Tewkesbury	10	3	11	-	24
Asplins	-	6	-	-	6
<u>Schemes at Tender stage</u>					
*Cheshunt	4	2	-	-	6
West Green	-	19	8	1	28
<u>Schemes at Planning Stage</u>					
Rectory Farm	68	40	28	-	136
Chesnut Road	-	12	-	-	12
Forster Road	12	-	-	-	12
High Road	24	24	-	-	48
Total	118	106	47	1	272
<u>Sites not in Possession of Council</u>					
<u>Schemes at Planning Stage</u>					
Markfield	8	16	32	-	56
Hale	42	46	30	-	118
*Potters Bar	45	99	149	8	301
Total	95	161	211	8	475
Total Number of Dwellings in Course of Erection or planned at 31.12.54.	252	447	345	10	1,054

* Sites outside the Borough.

The Council also manage 879 requisitioned properties which accommodate 1,098 families.

Allocation of Accommodation

The following statement of families on the Council's general housing lists, which has been supplied by the Housing Manager, gives some indication

of the problem confronting the Council in its endeavour to deal with needy cases on the lists, and at the same time keep sufficient accommodation available for the essential decanting of families from clearance and re-development areas:-

Number requiring one bedroom type dwelling	2,266
" " two " " "	5,244
" " three " " "	1,816
" " four " " "	97
" " old people's " "	707
	<u>10,130</u>

During 1954, 222 units of accommodation were let by the Council, and these were allocated to families in the following way:-

From general housing lists	59
From "Halfway Houses"	24
From clearance areas	71
From areas acquired for redevelopment under Part V of the Housing Act, 1936	52
From individual unfit houses	7
From requisitioned property prior to de-requisitioning	5
From temporary bungalows prior to redevelopment of sites	4
Total	<u>222</u>

New and Expanded Towns

During 1954 170 families went from Tottenham to new and expanded towns, and of this number 110 had applied to the Council to be rehoused. 34 of the families were nominated by the Council.

The families went to the following towns:-

Basildon	14
Bracknell	7
Crawley	2
Harlow	98
Hatfield and Welwyn	3
Hemel Hempstead	2
Stevenage	14
Swindon	30

Slum Clearance

Since the war 7 areas have been represented for clearance under Part III of the Housing Act, 1936, and Clearance and Compulsory Purchase Orders submitted to the Ministry of Housing and Local Government.

Decisions are outstanding in 4 cases.

The following table shows the position at the 31st December, 1954.

Area	Number of Dwellings	Date				
		Represented	Inquiry	Confirmation	Rehousing Occupants Completed	Demolition of Premises Completed
Arthur Road	19	28.11.50	13.11.51	19.1.52	10.53	1.54
Markfield No. 1	17	28.10.52	5.5.53	13.8.53	-	-
" No. 2	18	28.10.52	5.5.53	13.8.53	-	-
The Hale	65	2. 2.54	6.7.54	-	-	-
White Hart Lane No. 1	4	1. 6.54	-	-	-	-
" No. 2	123	1. 6.54	-	-	-	-
Tewkesbury No. 2	71	29. 6.54	-	-	-	-

Medical Aspects of Housing

Medical certificates are frequently submitted in respect of housing applications. Those submitting these certificates are usually under the impression or at least very hopeful, that this will automatically give them priority in rehousing. This is not the case. The housing department consults this department on receipt of medical certificates and advice is given in committee on these matters.

The guiding principles for priority on medical grounds are:-

1. Is the present accommodation a factor in aggravating or perpetuating the illness; and
2. Whether new accommodation which may be available will be suitable for the family's need and be a factor in assisting the patient's recovery.

With physical illness it is usually relatively easy to assess these matters but in the sphere of mental illness the problem is usually less clear cut. In broad terms one can say that neuroses may benefit whilst psychoses are unlikely to.

Another difficult type of case is that in which there is incompatibility between tenants and sub-tenants. It cannot be denied that considerable domestic stress and strain can occur in these cases and that such tensions may initiate a neurosis in a susceptible individual.

The causes of incompatibility are many. In order for there to be harmony between families occupying the same premises there must be give and take on both sides, but unfortunately this is often lacking. The tenant, in a gesture of goodwill and neighbourliness, may have taken in another family not realising perhaps that such an action calls for a continuance of this goodwill and some restriction of the freedom hitherto enjoyed.

Although these cases assume prominence we do not really know what proportion of such households are in a state of stress and what proportion do achieve a state of equilibrium.

Housing Repairs & Rents Act, 1954

This important Act became law in 1954; it is in three parts.

Part I:- deals mainly with clearance - redevelopment - reconditioning of unfit houses.

Part II:- deals with repairs, increases in the rents of controlled dwelling houses.

Part III:- contains a few miscellaneous provisions.

As indicated in my last year's annual report, the Act now requires local authorities to submit within one year their proposals for dealing with slum clearance. This programme is now being prepared and will be submitted to the Council for approval before being sent to the Minister. The one section of the Act which has made it necessary for us to modify our interpretation of unfitness is Section 9. This section specifies the matters which must now be taken into consideration. It further states that "the house shall be deemed to be unfit if, and only if, it is so far defective in one or more of these items that it is not reasonably suitable for occupation."

Complainants have hitherto come to expect the department to serve notices on owners in matters of decorative repairs. The Housing Repairs & Rents Act has made this no longer possible, except in extreme cases. Where it is attempted no doubt we shall find notices being challenged in the Courts and, in due time, new case law being established.

That part of the Act dealing with repairs increases has resulted in many inquiries at the rent advice bureau.

Although applications for certificates of disrepair have been numerous, they were not as heavy as was expected. Many of the large property owning estates did not take advantage of the provisions to increase rents. Others undertook repairs before charging the increases.

Reactions to the issue of certificates of disrepair have not been so violent in Tottenham as have been heard elsewhere.

Some owners have complained that certain items included in notices have been of a trivial character. Others complain that no prior notice of the defects have been received from the tenants.

Experience shows that whilst many tenants are content to live in given conditions and to pay what they regard as a reasonable rent, notice of an increase brings the immediate reaction of wanting something better for the extra rent. The result is an application for a certificate of disrepair, and as the figures show the majority of these applications have been successful.

It should be noted that the majority of owners making increases also take advantage of the provisions of Section 30 and serve on the tenant a notice of declaration, that the owner has opted not to be responsible for internal decorative repairs. Such a notice does not however place the responsibility on the tenant. The owner is still responsible for keeping the house reasonably suitable for occupation and in my view this will include internal decorative repairs where the state of these renders the house unfit.

The provisions of Sections 9 and 10 of the Housing Act, 1936 have continued to be operated, although in the modified form made necessary by the new definition of fitness.

In view of the clearance programme less use is made of these sections in respect of houses in proposed areas. Complaints received from these areas are dealt with under the nuisance sections of the Public Health Act, 1936 but where the matter is urgent the provisions of the Tottenham Corporation Act, 1952, dealing with defective premises, is used.

During the year under review it has again been necessary to take action under Sections 11 & 12 of the Housing Act, 1936. A number of basements and other rooms were closed under Section 12 and in certain cases Section 10, of the Local Government (Miscellaneous Provisions) Act, was used to close terraced houses.

In one case dealt with under Section 10 of the Local Government (Miscellaneous Provisions) Act, an appeal against the closing order was lodged in the County Court. In this case the Council refused to accept an undertaking from the owner to repair, taking the view that the proposed repairs would not render the house fit. The appellant was successful in his action and the learned judge gave him 3 months in which to carry out his work.

HOUSING ACT, 1936: SECTION 11

Premises the subject of Demolition Orders
not demolished as at 31st December, 1954.

Premises	Date of Order
31, Langham Road	6. 8. 52
46, Love Lane	15. 7. 54 *
1, Stanley Grove	2. 4. 54 *
4, Stanley Grove	1. 6. 43 *
5, Union Row	11. 8. 48
6, Union Row	11. 8. 48
7, Union Row	11. 8. 48
8, Union Row	11. 8. 48

* These premises were still occupied at 31. 12. 54.

Premises demolished during 1954

Premises	Date of Order	Date demolished
9, Avenue Road	3. 2. 54	May, 1954
10, The Hale	5. 4. 50	February, 1954
12, The Hale	21. 5. 52	February, 1954
16, The Hale	2. 3. 51	February, 1954
1, Kings Road	1. 12. 53	May, 1954
3, Kings Road	1. 12. 53	May, 1954
42, Love Lane	28. 10. 53	March, 1954
44, Love Lane	28. 10. 53	March, 1954
2, Moselle Street	1. 12. 53	February, 1954

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT, 1953: SECTION 10

Closing Orders made during 1954
in respect of whole houses

Premises	Date of Order
172, Markfield Road	23. 11. 54
174, Markfield Road,	2. 4. 54
4, Moselle Street	7. 5. 54

HOUSING ACT, 1936: SECTION 12Closing Orders made during 1954
in respect of parts of Houses

Premises	Part of Premises Concerned	Date of Order
2, Brereton Road	Basement Front & Rear Rooms	7. 10. 54
5a, Moselle Street	Ground Floor Front & Back Rooms	2. 4. 54
18, Moselle Street	Basement Front & Rear Rooms	2. 4. 54
4, Walton Road	Ground Floor Back addition Room	22. 12. 54
Robin's Mission, West Green Road,	Caretaker's Flat	2. 4. 54

HOUSING ACT, 1936: SECTIONS 9 AND 10Work in Default

Year	Number of Houses	Cost		
		£	s.	d.
1940	3	25	4	4
1941	19	319	7	0
1942	21	543	4	10
1943	114	2,559	7	3
1944	45	1,026	6	9
1945	17	658	3	11
1946	152	7,329	16	8
1947	241	14,272	16	9
1948	181	13,160	8	4
1949	106	6,593	6	5
1950	77	4,035	8	5
1951	72	3,186	3	4
1952	47	2,445	1	9
1953	33	1,918	8	0
1954	30	1,347	4	2

The Housing Consolidated Regulations, 1925 - 1932

The following is a summary in accordance with the above Regulations of action taken during 1954 to deal with unfit houses in the Borough, namely:-

(1) The number of houses which on inspection were considered to be unfit for human habitation		995
(2) The number of houses the defects in which were remedied in consequence of informal action by the Local Authority or their Officers		526
(3) The number of representations made to the Local Authority with a view to		
(a) the serving of notices requiring the execution of works	535	
(b) the making of demolition or closing orders	12	
(c) the declaration of clearance areas	<u>288</u>	835
(4) The number of notices served requiring the execution of works		201
(5) The number of houses which were rendered fit after service of formal notices		211
(6) The number of demolition or closing orders made		11
(7) The number of houses in respect of which an undertaking was accepted under subsection (2) of Section 11 of the Housing Act, 1936.		1
(8) The number of unfit houses demolished in accordance with		
(a) demolition orders	9	
(b) clearance orders	<u>7</u>	16

Certificates of Disrepair

During 1954, after the Housing Repairs and Rents Act, 1954, came into force on the 31st August, the following applications for certificates of disrepair in respect of rent increases under the 1954 Act were dealt with under section 26, namely:-

Applications received		208
Applications withdrawn by applicants	2	
Certificates refused by Council	10	
Certificates revoked on completion of repairs	<u>39</u>	<u>51</u>
Certificates in force at 31st December, 1954		<u>157</u>

In addition, one certificate was granted in respect of an increase under the 1920 Act, and later revoked upon completion of repairs by the landlord.

Public Health Act, 1936: Section 154

On three occasions during the year dealers were reported by the Police to have been seen giving toys to children in exchange for rags. The offenders were prosecuted, in two cases the defendants were fined £1 on each of two summonses with 10/6 costs, and in the third case the defendant was fined £3 with 1 guinea costs.

Rag Flock and other Filling Materials Act, 1951

At the 31st December, 1954, one establishment was licensed for the manufacture of rag flock and 25 premises registered for the use of filling materials.

Regular visits were made by the district sanitary inspectors to the licensed and registered premises to ensure that only clean filling materials were used and to inspect the records which the occupiers are required to keep.

Pet Animals Act, 1951

At the 31st December, 1954, seventeen premises were licensed as Pet Shops in accordance with the Pet Animals Act, 1951. Regular visits were made to the premises by the district sanitary inspectors to ensure that the requirements of the Act and licensing conditions were complied with.

Rodent Control

The work of rodent control is carried out in accordance with the approved Ministry methods. During the year the two operatives attended refresher courses to ensure that they are kept abreast of new developments and technique.

The Council is represented at the quarterly meetings of the Workable Area Committee and in this way an exchange of information and experience is made possible. Sewer maintenance treatments were again carried out during the months of April/May and October/November. Treatments to private dwellings and business premises have been undertaken as and when necessary.

Sewer Maintenance - Results of baiting manholes

Poison take at Manholes	Treatment No. 19: April/May	Treatment No. 20: Oct./Nov.
Complete	-	-
Good	131	130
Small	257	268
Nil	612	594
Estimated number of rats killed	4,335	4,380
Poison used	2½% zinc phosphide	10% arsenious oxide

The following is a summary of dwelling houses and business premises treated during 1954:-

(1) Dwelling houses	580
(2) Business and Factory premises	167
(3) Total charge for (2) above	£128. 13. 7

Insect pests

The department continues to use a 5% solution of D.D.T. for dealing with insect pests, but a water emulsion is now used instead of kerosene. For certain insects a 5% D.D.T. power is used in addition to spraying round the infested area.

Cause	Private Houses		Council Houses		Other Premises	Totals		
	Houses	Rooms	Houses	Rooms		Houses	Rooms	Others
Ants	10	8	-	-	1 school 2 shops 1 nursery	10	8	4
Bees	-	-	-	-	1 office	-	-	1
Beetles	29	33	-	-	4 canteens 1 school	29	33	5
Bugs	93	209	5	12	-	98	221	-
Earwigs	1	-	-	-	-	1	-	-
Fleas	4	12	-	-	-	4	12	-
Flies	4	5	-	-	-	4	5	-
Insects	-	-	-	-	2 flats	-	-	2
Maggots	1	2	-	-	-	1	2	-
Moths	-	-	-	-	1 school	-	-	1
Silverfish	1	2	-	-	-	1	2	-
Wasps	6	-	-	-	-	6	-	-
Woodworm	6	3	-	-	-	6	3	-

Bedding disinfested: 15.

Disinfestation was carried out upon removal to council houses in 98 instances, but later in the year the Council modified their policy which was hitherto to require all new tenants to have their effects disinfested with hydrogen cyanide. The present practice is for households to be visited by sanitary inspectors prior to removal, and only those cases which are found to be verminous are disinfested.

38 inspections of this nature were carried out by sanitary inspectors.

Inspections Carried out by the Sanitary Inspectors

Appointments and Interviews	...	...	...	1,026
Cinemas and Halls	...	...	...	69
Complaints Investigated	...	...	...	3,983
Conveniences and Urinals	...	...	...	69
Drains Defective	...	...	...	266
Drains Tested	...	...	...	409
Factories with Mechanical Power	...	...	...	539
Factories without Mechanical Power	...	...	...	63
Food Poisoning	...	...	...	15
Food Premises				
Bakehouses	...	...	...	116
Butchers	...	...	...	239
Cafes	...	...	...	165
Dairies	...	...	...	214
Factories	...	...	...	73
Factory Canteens	...	...	...	35
Fishmongers	...	...	...	103
Greengrocers	...	...	...	95
Ice Cream Premises	...	...	...	138
Slaughterhouses	...	...	...	591
Other food Premises	...	...	...	291
House to House	...	...	...	229
Improvement Grants	...	...	...	2
Infectious Disease	...	...	...	393
Other Visits	...	...	...	2,695
Outworkers	...	...	...	320
Rat Infestation	...	...	...	918
Re-inspections	...	...	...	9,606
Schools	...	...	...	23
S. D. A. A. and Housing Act Advances	...	...	...	95
Smoke Observations	...	...	...	70
Stables and Mews	...	...	...	39
Tuberculosis	...	...	...	2
Workplaces	...	...	...	28

Defects Remedied

Drains reconstructed	...	...	...	41
Drains repaired	...	...	...	315
Drains cleared	...	...	...	172
W.C. Cisterns repaired or renewed	...	...	...	181
W.C. Pans renewed	...	...	...	122
W.C. Pans cleansed	...	...	...	57
Waste Pipes repaired or renewed	...	...	...	129
Rainwater pipes repaired or renewed	...	...	...	326
Roofs repaired or renewed	...	...	...	715
Eaves gutters repaired or renewed	...	...	...	506
Drinking water cisterns renewed	...	...	...	11
Drinking water cisterns covered	...	...	...	6
Water service pipes repaired	...	...	...	123
Water supply reinstated	...	...	...	59
Yards repaired or reconstructed	...	...	...	92
Sinks renewed or provided	...	...	...	42
Floors repaired or renewed	...	...	...	384
Floors ventilated	...	...	...	171
Dampness remedied				
by insertion of damp proof courses	...	...	...	99
by pointing of brickwork	...	...	...	169
by internal rendering	...	...	...	337
by miscellaneous remedies	...	...	...	224
Window frames and sashes repaired				
or renewed, or painted	...	...	...	465
Coppers repaired or renewed, or provided	...	...	...	12
Fireplaces, stoves and ovens repaired or renewed	...	...	...	323
Flues and chimney stacks repaired	...	...	...	177
Brickwork of walls repaired and walls rebuilt	...	...	...	169
Ventilated food stores provided	...	...	...	9
Rooms cleansed	...	...	...	780
Staircases, passages and landings cleansed	...	...	...	210
Staircases, balconies and steps repaired or renewed	...	...	...	107
Noxious Accumulations removed	...	...	...	36
Nuisances arising from animals abated	...	...	...	8
Miscellaneous defects remedied	...	...	...	962

Notices Served

Statutory:-

Housing Act, 1936:

Section 9	...	...	211	
" 11	...	...	9	
" 12	...	...	5	225

Local Government (Miscellaneous Provisions Act 1953)

Section 10	3	3
------------	-----	-----	---	---

Public Health Act 1936:

Section 24	...	...	8	
" 39	...	...	33	
" 42	...	...	2	
" 45	...	...	15	
" 94	...	...	178	
" 287	...	...	6	242

Tottenham Corporation Act 1952

Section 36	...	...	7	
" 43	...	...	56	
" 54	...	...	1	64

Tottenham Local Board Act 1890

Section 14	...	...	3	3
				537

Informal ... 1,759

Repair of Houses by the Council

Work carried out in default or by agreement with the owners during 1954:-

Housing Act, 1936:

Section 9	30 premises	£	s.	d.
		1,347	4	2

Public Health Act, 1936:

Section 24	8 premises	321	5	9
" 39	9 "	250	4	11
" 45	2 "	9	19	0
" 94	7 "	214	8	6

Tottenham Corporation Act, 1952

Section 36	1 premises	30	15	0
" 38	2 "	1	1	10
" 43	20 "	130	14	7

Tottenham Local Board Act, 1890

Section 14	2 premises	54	2	9
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£2,359 16 6

PART IV

FACTORIES AND SHOPS	

In my annual report for 1952, I gave an account of a pilot survey of occupational health carried out locally in an industrial area in the Borough. Mention was made here that there was no organised system of safeguarding the health of workers in the majority of factories and workshops in the district and that the need for a local occupational health service, largely supervisory and advisory, was apparent.

In my annual report for 1953, I commented on the draft proposals put forward by the Home Office for legislation based on the Gowers report on health and welfare of workers in non-industrial employment. These proposals suggested that the enforcement of such legislation should rest with local authorities concerned with environmental health.

In November 1954 the Government announced that it had set up an Industrial Health Advisory Committee and at the same time the Minister of Labour announced that he was taking steps to encourage the development of an Industrial Health Service in workplaces covered by the Factories Acts.

Since it has been suggested that local authorities should implement legislation in respect of non-industrial employment, it is reasonable that similar proposals should be extended to cover those industrial undertakings not able to make adequate provision themselves.

Already the local authority has control of services which directly affect the health of the worker in industry: the record of school medical examinations and transfer of information to the Youth Employment Officer when the child starts work; concern in many spheres with the welfare and employment of handicapped persons; and statutory duties in connection with sanitary and other health matters in industry. The local authority is also vitally concerned with matters affecting the health and well-being of the worker outside the factory.

It is logical, therefore, to suggest that the Medical Officer of Health should be the officer to co-ordinate any services set up to provide an occupational health service for the industrial as well as non-industrial worker in his area.

Factories Acts, 1937 and 1948

Inspections for purposes of provisions as to health
(including inspections made by Sanitary Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupier prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	67	66	1	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	660	536	20	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	8	8	-	-
Total	735	610	21	-

Summary of Defects found in Factories

Particulars	Number of cases in which defects were found			
	Found	Remedied	Referred to Factories Inspector	Referred by Factories Inspector
Want of cleanliness (S. 1)	1	1	-	-
Overcrowding (S. 2)	-	-	-	-
Unreasonable temperature (S. 3)	-	-	-	-
Inadequate ventilation (S. 4)	-	-	-	-
Ineffective drainage of floors (S. 6)	-	-	-	-
Sanitary Conveniences (S. 7)				
(a) Insufficient	8	8	-	1
(b) Unsuitable or defective	50	50	-	5
(c) Not separate for sexes	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-
Total	59	59	-	6

Outworkers (Sections 110 and 111)

Regular visits were made by the Sanitary Inspectors to the homes of persons notified to the Department as outworkers. It has been found that the home conditions are generally satisfactory and that the cleanliness in such homes is usually above average.

The following is a summary of the types of outwork carried on in the Borough:-

Wearing apparel	414
Household linen	1
Curtains and furniture hangings	1
Artificial flowers	17
Paper bags	2
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	86
Brush making	9
Carding, etc., of buttons, etc.	4
Stuffed toys	3
Cosaques, Christmas crackers, Christmas stockings, etc.	21
Lampshades	2
	<hr/> 560 <hr/>

During the year 328 visits were made to outworkers' premises. No contraventions of the Factories Acts were reported.

Shops Act, 1950

The supervision of shops and effective administration of the legislation relating thereto are secured by systematic visitation. The Health Department maintains a register of all classes of shop premises in the Borough.

In the general administration of the Shops Act 2,295 inspections were made during the year. Most contraventions recorded have been of a minor character, such as failure to exhibit statutory notices, and keep proper records of the hours of employment of young persons: 331 verbal warnings and notices were issued.

Subject to exemptions all shops in the Haringay area are closed for the weekly half-holiday on Wednesday. In the remainder of the Borough early closing is on Thursday, with the exception of butchers who close on Monday throughout the Borough. Close supervision is exercised in order to see that the weekly half-holiday is correctly observed, 169 visits being made for this purpose.

Welfare Provisions

The requirements in respect of shop assistants meal times are as follows:-

Dinner: If the hours of employment include the hours from 11.30 a.m. to

2.30 p.m., every assistant must be allowed an interval of at least three-quarters of an hour within that time, 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 p.m. to 7 p.m. each assistant must be allowed an interval of half-an-hour within that time.

No assistant shall be employed more than 6 hours (5 hours if under 18) without an interval of at least 20 minutes being allowed during the course thereof.

It has become the practice in many shops to allow assistants a tea break of 10 minutes during the morning and afternoon.

Sunday Trading

The provisions of the Act are effectively enforced by means of investigation and observation. 74 visits were made for this purpose, and 7 warning notices were sent in respect of contraventions.

Shops Act and Young Persons Employment Act, 1938

Inspection and enquiry under these Acts, ascertained that the conditions of employment have improved, both as to the hours of employment of young persons and the arrangements made for the health and comfort of shop workers generally. 239 visits were made.

In general shopkeepers are desirous of taking reasonable measures to comply with statutory requirements, and willing to seek and act upon the advice and instructions given by the Shops Inspectors.

PART V

GENERAL

Health Services provided by other Authorities

(a) Hospitals:- North-East Metropolitan Hospital Regional Board

The hospitals in the Borough are locally administered by the Tottenham Group Hospital Management Committee whose offices are at the Prince of Wales's General Hospital. The Group Secretary is Lt. Col. J.C. Burdett, D.S.O., M.C.

The Group comprises the undermentioned hospitals:-

Hospital	Bed Complement	Beds Open	Remarks
Bearsted Memorial Hospital	38	38	Maternity Hospital
Annexe at Hampton Court	33	33	
St. Ann's General Hospital	716	502	Includes Infectious Disease Wards
Prince of Wales's General Hospital	228	220	
Annexe at Nazeing (Princess Louise Convalescent Home)	20	20	
Tottenham Chest Clinic			

A table giving details of the out-patient clinics provided by the Prince of Wales's General Hospital is set out on the following page.

PRINCE OF WALES'S HOSPITAL

Timetable of Out-Patient Clinics

	Monday	Tues.	Wed.	Thurs.	Friday	Sat.
Medical	P. M.	A. M.	-	P. M.	A. M. & P. M.	-
Surgical	P. M.	P. M.	A. M.	-	P. M.	-
Diseases of Women	-	P. M.	-	P. M.	-	-
Children (Medical)	-	A. M.	-	A. M.	-	-
Eye	-	-	A. M.	-	-	-
Throat, Nose & Ear	P. M.	-	-	P. M.	-	-
Skin	-	-	P. M.	-	A. M.	-
Teeth	-	-	-	A. M.	-	A. M.
Neurological ...	P. M.	-	-	-	-	-
Genito-Urinary	-	A. M.	-	-	-	-
Psychiatric ...	P. M.	-	-	-	P. M.	-
Physical Medicine	9-5	9-5	9-12	9-5	9-5	9-12
X-ray	9-8	9-8	9-8	9-8	9-8	9-5
Orthopaedic ...	-	A. M.	-	A. M.	-	-
Fractures ...	A. M.	A. M.	A. M.	A. M.	A. M.	-
Allergy ...	-	-	-	P. M.	-	-
Venereal Diseases Medical Officer						
Males	5-7	-	5-7	10-12.30 & 5-7	-	10-12.30
Females	-	5-7	-	10-12.30	2-4.30	10-12.30
Intermediate Treatment	9-7	9-7	9-7	9-7	9-7	9-12.30

Doctors' Letters required

All patients seen by appointment

The Casualty Department is always open for
medical and surgical emergencies.

(b) Personal Health Services

The personal health services which since 1948 have been controlled by the County Council are administered from the Area Health Office, Somerset Road, Tottenham, N. 17.

(c) Area Welfare Services

The Welfare service of the County Council is administered in Tottenham by the Area Welfare Officer, 5, Lansdowne Road, Tottenham, N. 17, telephone number TOTtenham 1212, and it is to this officer that enquiries should be directed regarding the admission of persons to residential homes provided by the Middlesex County Council.

(d) Lunacy and Mental Treatment Acts

The Authorised Officers for the purpose of these Acts have their offices at 5, Lansdowne Road, Tottenham, N.17, telephone number TOTtenham 1211.

(e) Ambulance Service

Ambulances are stationed at the Edmonton Fire and Ambulance Station, but vehicles are retained at the Tottenham Central Fire Station and at Coombes Croft for accident and emergency cases. Telephone number EDMonton 5544 or, for emergency calls, dial 999.

Public Health Laboratory Service

The Public Health Laboratory Service provides a comprehensive service for the bacteriological examination of specimens submitted by general practitioners and local authorities.

The existing system for the supply of containers and the delivery of specimens by the Public Health Department remains unchanged. Specimens may be sent to the Public Health Department at the Town Hall, and providing they reach there not later than 3.0 p.m. on Monday to Friday and 11.0 a.m. on Saturday, they will be sent on the same day by special messenger to the Hornsey branch laboratory.

As it is not possible to send a second messenger on any one day, it is essential that specimens be delivered to the Town Hall before the times stated. Alternatively, specimens may be sent direct to the Hornsey branch laboratory, which remains open until 5.0 p.m. on Monday to Friday and 12 noon on Saturday. The address is:-

Public Health Laboratory,
Coppett's Wood Hospital,
Coppett's Road,
N. 10.

A 24 hour emergency service is maintained by the Central Laboratory at Colindale.

The following is a summary of the work carried out during 1954, namely:-

Record of Examinations

Throat/Nose Swabs:-	Total Specimens	120
Diphtheria Bacilli		
Haemolytic Streptococci		31
Vincent's Angina		1
Negative		88

Faeces:- Total Specimens	...	...	...	1,939
Shigella	...	...	...	551
Salmonella Typhi Murium	...	...	...	47
" Eastbourne	...	...	...	3
" Paratyphi 'B'	...	...	...	11
Negative	...	...	...	1,327
Sputum:- Total Specimens	...	...	...	4
T.B. Smear	...	...	...	-
Other Organisms	...	...	...	2
Negative	...	...	...	2
Pertussis:- Total Specimens	...	...	...	37
Positive	...	...	...	1
Negative	...	...	...	36
Ice Cream:- Total Specimens	...	...	...	24
Water:- Total Specimens	...	...	...	10
Domestic Supplies	...	...	...	1
Swimming Pools	...	...	...	7
Other	...	...	...	2
Miscellaneous Specimens	...	...	...	25
Total Number of Specimens				<u>2,159</u>

THE PUBLIC BATHS AND WASH-HOUSE SERVICE

The following information has been supplied by the Baths Superintendent, Mr. G. Swarbrick, M.N.A.B.S., M.I.E.C.

This Municipal Service is very important to the health of the community, providing private baths for maintaining personal cleanliness, public wash-houses, whereby the family washing can be undertaken in a speedy and labour saving manner, and swimming baths, for healthy indoor and open air recreation. The Council readily realise the value of these services as indicated by the many citizens attending, and intend to maintain the establishments on the most hygienic principles.

In conformity with this, the Council have, during the past two years, modernised the private baths at three establishments and re-tiled the two indoor swimming pools. The private baths at another establishment are also under consideration for improvement.

It is interesting to note that the water supply for the private baths and wash-houses is pre-softened, a distinct advantage over the main water supply.

Regarding the water supplied to the swimming pools, this is maintained

at all times in a clear and sterile condition by the most modern filtration and chlorination units, and is periodically checked by analytical tests under the direction of the Medical Officer of Health.

The following details of attendances for the year ended 31st March, 1955, are an indication of the value of the services, though it must be understood that weather conditions are an important factor in regard to attendances at the swimming pools, particularly so in respect of the open air pool:-

Private Baths: 195,373, Swimming Pools: 203,664, Wash-Houses: 40,852, making a grand total of 439,889 patrons.

The establishments of the Baths and Wash-Houses Service administered under the control of the Baths and Entertainments Committee are:-

- (1) The CENTRAL ESTABLISHMENT, with
2 swimming Pools (100ft x 35ft and 75ft x 25ft), 30 Private Baths, 2 Foam Baths and the Municipal Hall (which is available during the winter months - October to March).
- (2) The CONWAY ROAD ESTABLISHMENT, with 18 Private Baths.
- (3) The TIVERTON ROAD ESTABLISHMENT, with
22 Private Baths, and Public Wash-House consisting of 9 Rotary Washing Machines, 3 Hydro extractors, 20 drying racks, 9 power mangles and electric irons.
- (4) The BROMLEY ROAD ESTABLISHMENT, with
14 Private Baths and Public Wash-House similar to Tiverton Road Establishment.
- (5) The LIDO (Mid-May to Mid-September)
Open air bathing pool, with a capacity of 470,000 galls., providing accommodation for 1,200 bathers, sun-bathing terraces, Children's paddling pool and Restaurant.

CHARGES:-

SWIMMING:

Indoor Baths:	Large Pool - Adults 8d;	Juniors 4d;	Spectators 3d
	Small Pool - " 4d;	" 3d;	" 3d
Lido open air Pool:			
	Weekdays - " 8d;	" 4d;	" 6d
	Week-ends - " 1/6d;	" 9d;	" 1/-d

PRIVATE BATHS:

Adults 9d. Children (at certain times only) 2d.

WASH-HOUSES:

2/9d per machine plus 1d. per $\frac{1}{2}$ hour for use of dryers, irons, mangles, etc. (For the average person the total charge is about 3/3d the entire process of washing, drying and ironing taking about 3 hours).

Care of the Aged.

Throughout the period under review the department has continued to deal with problems of the aged sick and infirm. The co-operation of the various statutory and voluntary bodies concerned with this problem has been readily forthcoming so that the lot of many of the aged and infirm has been to some extent alleviated. It has not always been possible to do all that one would like owing to pressure on hospital and hostel accommodation and sometimes even to the unwillingness of the individual concerned to accept assistance.

So much has been said since the war concerning the ageing population that one tends to think that it is only in the last decade that the problem has been recognised. It was, therefore, interesting to read what was written by one of my predecessors, Dr. Butler-Hogan in his Annual Report for 1903. He was commenting on the birth-rate and wrote as follows, 'The continued decline in the birth-rate (it was then 29.5 and is now 12.37) is as subject for serious consideration A lower birth rate continued for a series of years means an older population.'

Provision of Laundry facilities for old people

As intimated in my last report, with the co-operation of the Tottenham Group Hospital Management Committee, a laundry service has been established to deal with bed linen and other articles soiled by bedridden incontinent aged persons. The efficient working of the service is due to the excellent assistance received from all concerned, notably the home helps, who carry out preliminary cleansing of articles before their despatch to the laundry.

The scheme provides for all soiled articles to be steeped in a disinfectant, any faecal matter having first been sluiced off. Twice a week the laundry is collected in laundry nets by the Public Health Department's disinfecting van, the articles are listed, and a copy of the list is given to the householder. The nets are identified by means of numbered laundry pins and placed in bins carried in the van, the bins being cleansed and disinfected after use. At the Town Hall the articles are examined by the sanitary inspector and a certificate at the foot of each list is completed in accordance with Section 84 of the Public Health Act, 1936. The laundry is then taken to St. Ann's Hospital Laundry where after a cold rinse it is boiled for 15 minutes and then laundered. The clean laundry is returned 3 days later.

The service came into operation in April 1954, and 211 collections were made during the remainder of the year.

At no time did the number of current cases exceed 7.

Old People's Welfare

The following brief summary of the work of the Old People's Welfare Committee has been extracted from the Annual Report of the Chairman of the Committee, The Lady Morrison.

1954-1955 has seen a further increase in the work of the Committee, including the opening of an Old People's Club in the Harringay area.

(a) Christmas Parcels

This year 750 parcels were packed and delivered into the homes of the sick and housebound aged, and there was no doubt that the parcels brought Xmas cheer to many lonely people. The Worshipful the Mayor, (Alderman Mrs. A.F. Remington, J.P.) kindly gave a donation of £25 and in addition despatched a further 100 parcels to old people who would otherwise have been disappointed.

(b) Chiropody Service

The demand for this essential service which is doing so much to keep the old people 'on their feet' has greatly increased again this year, and so popular and beneficial is this service that four sessions are held weekly now, but in spite of this there is still a seven weeks' waiting list. 1,930 patients received treatment during 1954/55. The charge to old people is one shilling per foot, the remainder of the cost being borne by the Welfare Committee.

(c) Visiting Optical Service

This is a new service which has started this year, and approximately 50 housebound and bedridden old people have been visited for eye testing and provided with new glasses. Knowing how many of these aged people depend on reading to pass away many lonely hours, it will be appreciated the need this service is meeting and its value to the old people concerned.

(d) Meals-on-Wheels

Due, no doubt, to the severe winter and the consequent increase in sickness amongst the old people, this service also shows an increase and voluntary workers have been very active in often carrying more meals than the containers could hold, so that this year 4,104 meals have been taken to the homes of the sick old people. Co-operation exists between the Committee, the W.V.S., and the Home Help Department of the Area Health Service, to ensure that the most needy of these old people are covered for meals during the greater part of the week.

(e) Club Meals

The demand for meals at the Old People's Clubs has not been so great, the reason for this no doubt, is because food is now varied and more plentiful, and the more active old people can often cook for themselves. This year, however, 9,895 meals were served at the Clubs. The charge continues to be one shilling for main meal and sweet.

(f) Holidays

The arrangements made with the Women's Holiday Fund have been very successful and 75 old people applied for and benefited from a seaside holiday. As the cost is approximately 32/6 a week (including full board and fare) it can be understood why so many are eager to avail themselves of this opportunity, and thanks are due to the Secretary of the Fund for the kind acceptance of applications. In addition to these, many couples have made satisfactory arrangements for holidays at recommended private addresses held at the Old People's Welfare Office.

(g) Shoe Repairs

49 Dockets were issued for cheap repairs, with an average saving of 3/- a pair.

(h) Harvest Festival

The old people benefited by gifts of Harvest Festival Produce, and parcels were despatched to 219 old people, including 129 bedridden cases, due to the generosity of various Churches and Schools who made this possible.

(i) Wireless

The 'Wireless for the Bedridden Society' have been very helpful towards housebound old people. In addition the Committee keep and maintain six portable sets which are available from the Organiser.

(j) Old People's Clubs

The old people's clubs remain popular and during the year it was possible by reorganising the opening days of the existing 4 clubs to provide for a fifth club to be opened in the Harringay area, without incurring any additional financial expenditure.

(k) General Welfare

The Old People's Welfare Office is firmly established as a central point where the old people can bring their troubles, and a solution can nearly always be found. The following statistics will give some idea of the work involved:-

HOME VISITS

403

OFFICE INTERVIEWS

4,135

Many of the problems are not settled with just one visit or interview, but often involve much correspondence and enquiries in the follow-up procedure before a case can be satisfactorily concluded, and excellent co-operation exists in Tottenham between the Welfare Committee and statutory and voluntary organisations, who give much time and thought to smooth the path for the older members of the community.

(1) Parties and outings

Several events were organised during the year.

In addition a number of free Concerts have been provided at the Clubs by the Entertainments Committee of the Council.

(m) Voluntary workers

Several helpers have come along and given their time after working-hours to visit the lonely old people and to date they have made over 100 visits, also voluntary ladies help regularly at the Clubs with the Meals Services, act as Receptionists at the Chiropody Clinics, and also deliver the Meals-on-Wheels. Without them the existing Services could not run so smoothly, but there is still room for more helpers. Anyone willing to devote a few hours to this very worthy cause should get in touch with the Old People's Welfare Organiser at the Town Hall, Tottenham, who will be pleased to give them further particulars.

National Assistance Act, 1948, Section 47.

One case was dealt with under this Act as amended by the National Assistance (Amendment) Act of 1951. This latter Act enables the Medical Officer of Health to deal with cases quickly in an emergency.

Mrs. J.L. was a widow of 81 living alone in a six roomed house in which every room was crammed full of furniture, papers and other valued rubbish. The old lady had been known to the department for several months before her removal to hospital. She was an independent individual who was able to go out and do her own shopping. She slept on the floor in the kitchen and rarely undressed or washed. She refused all offers of help although she once relented sufficiently to allow a sanitary inspector to go and start to remove some rubbish but she soon changed her mind and forbade further action.

Eventually she became more feeble, although still able to get about, so it was decided to apply for an order from the Court under Section 47 of the National Assistance Act, 1948. Before the necessary formalities could be completed she was found lying on the floor of her scullery by officers of the department, who were visiting the house. She had evidently tripped and fallen. She was still adamant however in her refusal to go to hospital so an order for removal under the National Assistance (Amendment) Act, 1951, was

applied for and she was admitted to hospital the same day.

In hospital she settled down for some weeks and improved physically. Later however she became violent and had to be removed to a mental hospital where she died some months later.

When her premises were cleared, some fifteen loads of rubbish were removed from the house by the Cleansing Department.

National Assistance Act, 1948, Section 50: Burials

During the year it was necessary to arrange four burials where deaths occurred and suitable arrangements for burial would not otherwise have been made.

Establishments for Massage and Special Treatment

At the 31st December, 1954, 11 licences were in force in the borough.

Periodic visits are made to these establishments by the Deputy Medical Officer of Health to ensure that they are properly conducted and that the bye-laws are complied with.

Medical Examinations of Council's Staff

During the year 108 candidates were examined for purposes of the super-annuation scheme. 12 persons failed to pass the examination.

The principal causes of rejection in these cases were:-

Heart and circulation	-	5
Chronic bronchitis	-	3
Tuberculosis	-	1
Ear disease	-	1
Hernia	-	2
		<hr/>
		12
		<hr/>

In addition five of these individuals suffered from other defects.

9 employees were examined in connection with the Sick Pay Scheme.

PART VI

STATISTICAL SUMMARY

The classification of deaths is in accordance with the International List of Diseases, Injuries and Causes of Death as revised in 1948 under the auspices of the World Health Organisation.)

	1953	1954
Area of District(in acres)	3,013	3,013
Population:		
Census, April, 1951 ...	126,929	
Mid-year: Registrar General's estimate	124,400	123,200
Rateable Value	£1,011,380	£1,011,293
Sum represented by penny rate	£4,040	£4,070
<u>Births:</u>		
Registered live-births		
(a) Legitimate:		
Males	812	752
Females	755	710
Total	1,567	1,462
(b) Illegitimate:		
Males	38	36
Females	37	26
Total	75	62
(c) Total Live-births:		
Males	850	788
Females	792	736
Total	1,642	1,524
Birth-rate per 1,000 estimated population	13.20	12.37
<u>Stillbirths:</u>		
(a) Legitimate:		
Males	22	17
Females	20	14
Total	42	31

(b) Illegitimate:	Males	2	3
	Females	0	2
	Total	2	5
(c) Total:	Males	24	20
	Females	20	16
	Total	44	36
Stillbirth rate per 1,000 total (live and still) births		26.10	23.08

Deaths:

Males	659	640
Females	688	547
Total	1,347	1,187
Death-rate per 1,000 estimated population	10.83	9.63

Maternal Deaths:

Puerperal Sepsis	0	0
Other puerperal causes	3	1
Total	<u>3</u>	<u>1</u>
Maternal Death-rate per 1,000 total (live and still) births	1.779	0.641

Deaths of Infants under 1 year of age

(a) Legitimate:	Males	25	13
	Females	14	10
	Total	39	23
(b) Illegitimate:	Males	1	3
	Females	3	1
	Total	4	4
(c) Total Infantile Deaths:	Males	26	16
	Females	17	11
	Total	43	27

Infantile Death-rate per 1,000 live births		26.19	17.72
--------------------------------------------	--	-------	-------

LIVE BIRTH AND DEATH RATES FOR
PERIODS 1918-1927 AND 1945-1954

Rate
per 1,000

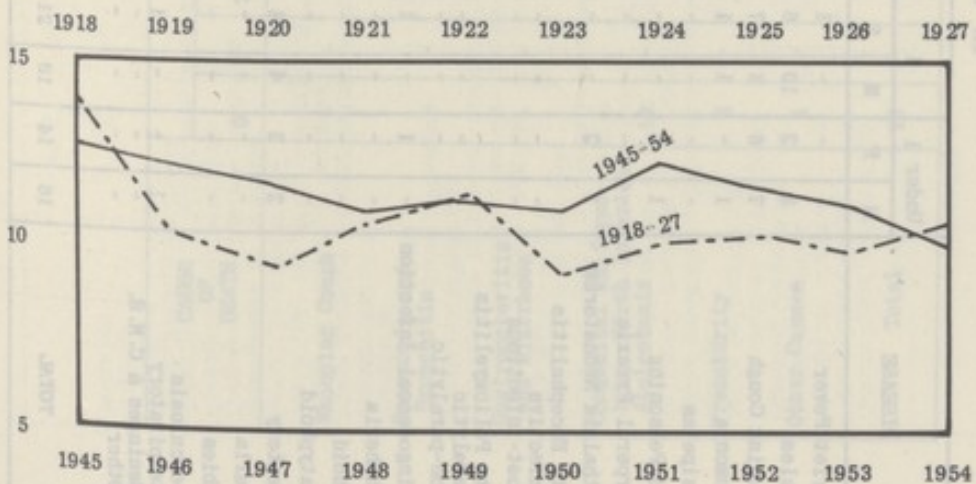
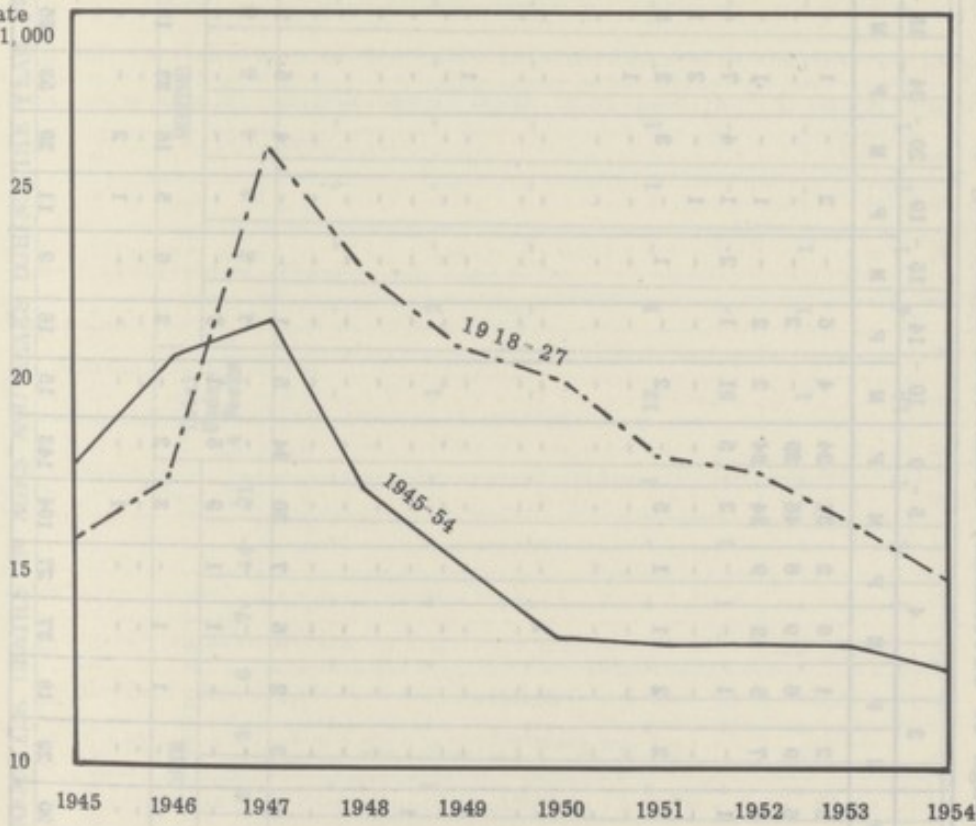


Table of Cases of Infectious Diseases coming to the
knowledge of the Medical Officer of Health during the year 1954,
in the Borough of Tottenham, classified according to Diseases and Ages.

DISEASE	Under 1		1		2		3		4		5 - 9		10 - 14		15 - 19		20 - 34		35 - 44		45 - 64		65 & up		Total	Total cases removed to hospital
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Scarlet Fever	-	-	-	1	6	2	2	1	6	3	34	24	4	6	-	2	-	1	-	-	-	-	-	-	92	37
Measles	3	2	10	6	4	6	9	6	9	6	46	39	-	2	-	-	-	-	1	-	-	-	-	-	149	8
Whooping Cough	7	6	3	7	7	6	7	5	13	9	34	34	2	2	-	1	-	1	-	-	-	-	-	-	144	10
Pneumonia	1	-	1	1	2	1	-	1	-	-	2	5	1	1	2	1	4	7	4	9	15	14	17	8	97	27
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	1	1	5	2	3	1	16	7
Food Poisoning	1	1	-	-	1	-	2	2	1	1	5	-	2	-	1	-	3	2	5	1	1	2	-	-	31	1
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-
Ophthalmia Neonatorum	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3
Acute Encephalitis	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Infective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Post-infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Non-paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection	-	1	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1
Paratyphoid	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Dysentery	2	2	4	4	3	4	3	2	5	7	30	34	5	1	-	-	4	5	2	3	-	3	-	1	124	21
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scabies	-	-	-	-	-	-	-	-	1	1	9	5	1	3	-	-	-	-	-	2	-	-	1	-	23	-
Tuberculosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Respiratory	1	-	-	1	2	-	-	1	1	-	3	2	-	3	6	5	16	33	13	6	12	6	13	2	126	-
Meninges & C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	2	-	-	1	-	-	-	-	5	-
TOTAL	16	14	18	21	27	20	23	18	37	27	164	143	15	18	9	11	29	53	26	24	33	27	34	12	819	122

INFANTILE DEATHS IN AGES AND SEXES DURING THE YEAR 1954

INFANTILE DEATHS IN AGES AND SEXES DURING THE YEAR 1954																								
CAUSE OF DEATH	DAYS										Total Under 4 Weeks	MONTHS										Total Deaths Under 1 Year	Males	Females
	0	1	2	3	4	5	6	7-	14-	21-		1	2	3	4	5	6	7	8	9-	11-			
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia and Bronchitis	-	-	-	-	1	-	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	3	3	-
Gastroenteritis and Diarrhoea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Congenital Malformation, Birth Injuries Atelectasis	10	-	-	1	-	-	-	-	-	1	12	1	-	1	1	-	-	-	-	-	-	15	6	9
Prematurity	2	-	1	-	-	-	-	1	1	-	5	-	-	-	-	-	-	-	-	-	-	5	3	2
Other Causes	1	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-	1	-	-	-	4	4	-	-
Total	13	-	1	1	1	-	-	1	1	1	19	4	1	1	1	-	-	1	-	-	-	27	16	11

CLASSIFIED DEATHS OF TOTTENHAM RESIDENTS SHEWING AGE GROUP AND SEX DISTRIBUTION

DISEASE	TOTAL		0-4		5-9		10-14		15-19		20-24		25-34		35-44		45-54		55-64		65-74		75-84		85 +	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis respiratory	15	8	-	-	-	-	-	-	-	-	1	1	2	1	-	5	3	3	1	4	1	1	-	-	-	-
Tuberculosis other	1	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-
Syphilitic disease	4	1	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	-	1	-	-	1	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective & parasitic diseases	4	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	1	-	1	-	-	-	-
Malignant neoplasm of stomach	19	17	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	4	7	5	6	8	3	-	-	-
Malignant neoplasm of lung, bronchus	50	7	-	-	-	-	-	-	-	-	-	-	-	-	1	11	1	16	-	16	2	6	3	-	1	-
Malignant neoplasm of breast	-	25	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	6	-	5	-	5	-	4	-	1
Malignant neoplasm, uterus	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	3	-	1	-	-	-
Other Malignant & lymphatic neoplasms	70	53	-	-	-	-	-	-	-	1	-	1	-	1	1	11	6	13	12	21	19	18	13	4	2	-
Leukaemia & Aleukaemia	-	4	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	2	-	1	-	-	-	-	-
Diabetes	1	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	1	1	-	1	-
Coronary disease, angina	115	74	-	-	-	-	-	-	-	-	-	-	-	-	3	-	20	5	26	9	37	30	27	25	2	5
Vascular lesions of nervous system	67	85	1	-	-	-	-	-	-	-	-	-	-	-	1	2	5	13	7	28	33	21	31	2	9	-
Hypertension with heart disease	15	17	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	4	3	6	6	3	4	1	4
Other heart diseases	57	75	-	-	-	-	-	-	-	-	-	1	-	-	-	4	2	6	6	3	13	16	27	28	9	17
Other circulatory diseases	28	20	-	-	1	-	1	-	-	-	1	-	-	-	-	-	1	2	3	4	13	5	6	5	2	4
Influenza chill	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia	28	24	1	-	-	-	-	-	-	-	-	-	-	-	2	-	5	2	2	2	4	5	11	8	3	8
Bronchitis	61	37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	12	4	22	10	18	15	5	7	
Other diseases of respiratory system	5	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-	1	-	1	-	-	-	-
Ulcer of stomach & duodenum	11	8	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4	-	2	1	2	3	3	1	-	2
Gastritis, enteritis & diarrhoea	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Nephritis & Nephrosis	3	8	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	1	2	1	-	1	-	1
Hyperplasia of prostate	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	6	-	-	-	-
Pregnancy, childbirth, abortion	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Congenital malformations	3	5	2	4	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Other defined & ill defined diseases	46	43	10	8	-	-	-	-	-	-	1	2	1	2	2	8	2	7	4	6	6	8	11	3	8	-
Motor vehicle accidents	8	3	-	-	1	-	1	-	1	-	1	1	-	1	-	1	1	-	-	-	-	1	1	-	-	-
All other accidents	11	11	4	-	-	-	1	-	-	-	1	-	1	-	-	1	1	-	1	2	3	1	4	2	-	-
Suicide	7	4	-	-	-	-	-	-	-	-	-	-	2	-	3	1	-	1	-	1	1	1	-	-	-	-
Homicide	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	640	547	19	13	3	-	3	-	2	-	3	6	7	5	18	16	80	46	114	71	188	159	170	161	33	70

CANCER DEATHS 1954

Classification of Deaths showing Age and Sex distribution and System affected

	TOTAL		0-4		5-9		10-14		15-19		20-24		25-34		35-44		45-54		55-64		65-74		75-84		85 & up	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Buccal cavity and pharynx	4	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1	-	-	-	1	-	-	-
Digestive Organs and Peritoneum	53	54	-	-	-	-	-	-	-	-	-	-	-	-	1	-	4	4	11	16	18	21	17	13	2	-
Respiratory system	52	7	-	-	-	-	-	-	-	-	-	-	-	-	1	-	11	1	16	-	17	2	7	3	-	1
Breast and Genito-urinary system	16	35	-	-	-	-	-	-	-	-	-	-	-	-	-	4	3	9	1	6	5	8	6	7	1	1
Other and unspecified sites	8	7	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	2	2	2	2	1	1	-	2
Lymphatic & Haematopoietic Tissues	6	9	-	-	-	-	-	-	-	-	-	1	-	-	-	1	3	1	2	3	-	3	-	-	1	-
TOTAL	139	112	-	-	-	-	-	-	-	-	1	1	1	-	3	5	23	15	33	27	42	36	32	24	4	4

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	Smallpox
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	-	-
1946	124,830	1,491	11.94	2,580	20.67	88	34.11	13	323	83	-	-
1947	129,140	1,461	11.31	2,785	21.57	76	27.29	24	272	22	1	-
1948	130,000	1,377	10.59	2,233	17.18	53	23.73	5	260	3	-	-
1949	130,040	1,440	11.07	2,009	15.45	50	24.89	15	251	4	-	-
1950	129,400	1,382	10.68	1,727	13.35	41	23.74	9	356	3	-	-
1951	126,800	1,520	11.99	1,673	13.19	43	25.70	5	245	-	-	-
1952	125,800	1,415	11.25	1,666	13.24	34	20.41	1	356	-	-	-
1953	124,400	1,347	10.83	1,642	13.20	43	26.19	1	215	1	-	-
1954	123,200	1,187	9.63	1,524	12.37	27	17.72	1	92	-	1	-

* 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.

COMPARATIVE STATISTICS IN MIDDLESEX FOR THE YEAR 1954

District	Population mid-1954	Birth rate per 1000 population		Death rate per 1000 population		Specific death rates per 1000 population		Infant mortality per 1000 live births		Maternal mortality per 1000 total births
		Crude	Adjusted	Crude	Adjusted	Pulmonary tuberculosis (a)	Cancer (a)	Infant (a)	Neo-natal (a)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Acton	67,150	14.5	13.5	9.7	9.5	0.16 (11)	2.0 (135)	17.4 (17)	11.3 (11)	- (-)
Brentford & Chiswick	59,160	13.6	12.6	11.2	10.6	0.07 (4)	2.7 (159)	26.2 (21)	18.7 (15)	- (-)
Ealing	185,000	12.5	12.0	9.5	10.0	0.10 (19)	2.1 (385)	14.2 (33)	11.2 (26)	- (-)
Edmonton	100,300	12.6	12.0	8.0	8.9	0.12 (12)	1.8 (185)	15.8 (20)	11.9 (15)	0.77 (1)
Enfield	109,200	12.6	12.5	11.3	12.2	0.16 (18)	2.4 (261)	17.4 (24)	14.5 (20)	- (-)
Feltham	48,200	15.8	15.6	5.9	8.7	0.10 (5)	1.4 (66)	17.1 (13)	13.2 (10)	1.30 (1)
Finchley	70,030	12.5	11.9	10.7	9.5	0.09 (6)	2.2 (153)	18.2 (16)	14.8 (13)	1.12 (1)
Friern Barnet	28,680	9.6	10.1	15.1	14.2	0.24 (7)	2.3 (65)	21.9 (6)	18.2 (5)	- (-)
Harrow	217,700	12.6	12.9	8.3	9.5	0.13 (28)	1.7 (365)	16.7 (46)	11.3 (31)	0.71 (2)
Hayes & Harlington	64,960	14.4	13.5	7.1	10.7	0.15 (10)	1.5 (95)	21.4 (20)	19.2 (18)	- (-)
Hendon	154,800	13.0	12.2	9.0	9.4	0.07 (11)	1.9 (295)	20.9 (42)	16.9 (34)	0.98 (2) (b)
Heston & Isleworth	105,600	11.2	11.1	9.6	9.9	0.11 (12)	2.1 (220)	26.2 (31)	18.6 (22)	- (-)
Hornsey	98,210	13.8	12.7	10.3	9.1	0.18 (18)	2.2 (215)	19.2 (26)	15.5 (21)	1.45 (2)
Potters Bar	17,620	14.0	13.4	7.4	8.3	0.06 (1)	1.8 (32)	12.1 (3)	8.1 (2)	- (-)
Ruislip & Northwood	72,070	12.7	12.8	7.6	8.9	0.06 (4)	1.7 (123)	20.8 (19)	9.9 (9)	1.08 (1)
Southall	54,440	12.9	12.8	12.2	13.1	0.22 (12)	2.1 (114)	18.5 (13)	14.3 (10)	1.41 (1)
Southgate	72,290	11.3	12.3	11.2	8.8	0.08 (6)	2.4 (175)	16.0 (13)	14.7 (12)	1.21 (1)
Staines	41,050	17.0	16.3	7.8	8.7	0.10 (4)	1.7 (70)	18.7 (13)	12.9 (9)	- (-)
Sunbury	24,460	18.8	17.7	9.0	10.1	0.04 (1)	1.7 (42)	13.0 (6)	6.5 (3)	2.15 (1)
Tottenham	123,200	12.4	11.8	9.6	9.9	0.19 (23)	2.0 (247)	17.7 (27)	12.5 (19)	0.64 (1)
Twickenham	104,700	12.7	13.0	11.1	10.2	0.21 (22)	2.1 (222)	14.3 (19)	12.8 (17)	- (-)
Uxbridge	56,840	16.6	15.4	8.6	10.2	0.05 (3)	1.8 (101)	26.6 (25)	20.2 (19)	1.05 (1)
Wembley	129,500	11.4	11.4	8.6	9.5	0.12 (15)	1.8 (228)	18.2 (27)	14.2 (21)	0.66 (1)
Willesden	177,300	14.7	13.2	8.9	9.6	0.19 (34)	1.9 (331)	19.2 (50)	14.2 (37)	- (-)
Wood Green	51,090	11.0	10.8	10.4	9.6	0.12 (6)	2.2 (114)	26.6 (15)	17.7 (10)	- (-)
Wiewsley & W. Drayton	22,450	20.0	18.4	8.0	10.3	0.04 (1)	1.5 (33)	26.7 (12)	24.4 (11)	- (-)

NOTES: (a) Absolute numbers are given in parenthesis in addition to rates to afford valid comparison.
 (b) The interval between the maternal condition and the date of death in one case exceeded 1 year.

APPENDIX

APPENDIX

COUNTY COUNCIL OF MIDDLESEX

COUNTY COUNCIL OF MIDDLESEX

AREA HEALTH COMMITTEE

(HORNSEY AND TOTTENHAM)

REPORT OF THE

AREA MEDICAL OFFICER

FOR THE YEAR

MEMBERS OF THE LOCAL AREA COMMITTEE AS AT
31st DECEMBER, 1954

MEMBERS OF MIDDLESEX COUNTY COUNCIL

County Councillor Mr. J.W. Barter
County Councillor Mr. M.W. Burns, J.P.
County Councillor Mr. R.A. Clarke
County Councillor Mr. W. East
County Councillor Mrs. H.C. Norman, J.P.
County Councillor Mrs. M.E. Soall

MEMBERS OF HORNSEY BOROUGH COUNCIL

Councillor Miss O.R. Anderson
Councillor Miss J. Richardson (Vice-Chairman)
Councillor Mr. C.V. Tipping
Councillor Miss M.E. West
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MEMBERS OF TOTTENHAM BOROUGH COUNCIL

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Alderman Mrs. A.F. Remington, J.P.
Councillor Mrs. E.M. Bohringer
Councillor Mr. H. Langer
Councillor Mr. P.H. Roberts (Chairman)
Councillor Mr. E.C. Smith

MEMBER NOMINATED BY APPROPRIATE HOSPITAL MANAGEMENT COMMITTEE

Mrs. R.M. Fry

PERSONS WHO MAY ALSO ATTEND IN AN ADVISORY CAPACITY

Dr. G.D.S. Briggs
Dr. I.S. Fox (Deputy) (Middlesex Local Medical Committee)
Mr. R.W.D. Brownlie (Middlesex Local Dental Committee)
Mr. L. Hayward (Middlesex Local Pharmaceutical Committee)
Miss M. McEwan (Royal College of Nursing)
Miss V. Eady (Royal College of Midwives)

Area Health Staff 1954

Area Medical Officer	G. Hamilton Hogben, M.R.C.S., D.P.H.
Deputy Area Medical Officer	J.L. Patton, M.B., Ch.B., D.P.H. (Resigned 16th January, 1955) A. Yarrow, M.B., Ch.B., D.P.H. (Appointed 17th January, 1955)
Senior Assistant Medical Officer	Mrs. J.H. Garrow, M.B., Ch.B., D.P.H.
Area Dental Officer	V. Sainty, L.D.S., R.C.S.
Superintendent Health Visitor	Miss H. Townsend, S.R.N., S.C.M., H.V.
Non-medical Supervisor of Midwives and Home Nursing Superintendent	Miss F.E. Curtis, S.R.N., S.C.M., H.V., M.T.D.
Supervisory Matron of Day Nurseries	Miss J. Pearse, S.R.C.N.
Home Help Organiser	Mrs. D. Edwards, S.R.N., Dip. Soc. Sc.
Assistant Home Help Organisers	Mrs. W.E. Pickard, S.R.N. Mrs. F.G. Wills
Area Chief Clerk	W.L.N. Relleen, T.D., D.P.A.
Deputy Area Chief Clerk	T.W. Hadley
Sectional Heads	N.P. Child G. Cree H.J. Dunham, B.A.

Classification of Staff	Full-time	Part-time
Medical Officers	8	7
Dental Officers	8	3
Supervisory Nursing Staff	3	-
Administrative and Clerical Staff	34	8
Health Visitors/School Nurses	24	2
Clinic Nurses	9	1
Midwives	10	-
Home Nurses	18	10
Speech Therapists	2	3
Physiotherapists	1	4
Chiropodists	-	2
Gramophone Audiometrician	-	1
Orthoptist	-	1
Dental Attendants	9	1
Day Nursery Staff	37	-
Home Help Service	9	159
Manual workers, domestic grades, etc.	10	23
	182	225

CARE OF MOTHERS AND YOUNG CHILDREN

(SECTION 22)

Ante-natal Clinics

There are six ante-natal clinics in Hornsey and three in Tottenham. Each clinic holds from one to three sessions a week, and midwives also hold sessions at which they continue supervision of their "booked" cases.

The average attendance at an ante-natal clinic is 15.4 per session. This gives doctor and patient time to discuss the patient's problems.

Expectant mothers reach the clinic in three different ways. Firstly, they may attend the clinic of their own accord. Secondly, they may be referred to the clinic by their general practitioner. Thirdly, they may be sent by the general practitioner to the hospital first in order to book a bed; the hospital then refers them back to the clinic for routine supervision.

Those patients who attend the clinic before making arrangements for confinement are advised on health or social grounds either to book a midwife for home confinement, or a bed at the Alexandra Maternity Home or a hospital.

In the case of patients who are booked at a hospital, a record card is made out at the hospital giving all relevant details, and this is sent to the clinic. At the 32nd week of pregnancy the patient is seen again at the hospital and returns to the clinic with a report on her condition. In this way, liaison is maintained between clinic and hospital which makes for greater security and the confidence of the patient is helped by the knowledge that continued care and interest is being taken.

Patients who are to be confined at home (558 births out of 2,996 or 18.6% during 1954) sometimes attend their medical practitioner only, sometimes the clinic, or both. It is always possible and easy to get another opinion in these cases at the hospital, and if considered advisable, the mother admitted to hospital.

The reasons why women prefer to be confined in hospital are numerous and varied. Mainly the mother feels safer, and the husband feels happier with his wife in hospital. Also as a rule the mother gets more rest than at home, and it is still cheaper for the mother to have her baby in hospital.

The following table shows that the average attendance per session was maintained at the 1953 level. This had been achieved by a reduction of one session a week at the Hornsey Town Hall clinic towards the end of 1953.

TABLE 1

Ante-natal Clinic	No. of sessions held	No. of new cases		Total Attendances		Average attendance per session
		A.N.	P.N.	A.N.	P.N.	
Burgoyne Road	47	110	86	777	98	18.6
Church Road	75	151	64	1,063	65	14.7
Fortis Green	99	219	153	1,668	163	18.5
Hornsey Town Hall	160	287	165	2,436	184	16.4
Mildura Court	64	177	74	1,382	75	22.8
Stroud Green	52	154	66	940	68	19.4
The Chestnuts	250	447	243	3,215	247	13.8
Lordship Lane	206	334	167	2,364	173	12.3
Park Lane	104	339	159	1,659	184	17.7
Totals 1954	1,057	2,218	1,177	15,504	1,257	15.4
1953	1,085	2,284	1,326	15,733	1,406	15.8
1952	1,078	2,461	1,333	17,063	1,377	17.1
1951	1,038	2,439	1,330	16,999	1,332	17.7

Midwives Ante-natal Clinics

This service has been extended by the addition of a fortnightly session at the Hornsey Town Hall Clinic. The following table shows the attendances made at all clinics during the year:-

TABLE 1A

Midwives Clinic	No. of sessions held	Total No. of attendances	Average attendance per session
Burgoyne Road	45	135	3.0
Fortis Green	46	290	6.3
Hornsey Town Hall	24	140	5.8
Mildura Court	48	200	4.2
Stroud Green	50	237	4.7
Park Lane	148	1,209	8.2
Total	361	2,211	6.1

Ante- and Post-Natal Clinic, Park Lane Medical Centre

Miss Margaret Salmond, M.B.E., M.D., F.R.C.S., consultant obstetrician, reports as follows:-

"During the past year these clinics have been well attended and there have been steady and regular bookings of new patients, the majority of whom desire hospital confinements. As usual, there has been very happy co-operation between the clinic and the hospitals concerned, who have also done husbands' blood groupings for us on request.

Serious abnormalities have fortunately been few in number; minor degrees of toxæmia and early potential essential hypertension are comparatively -

frequent. A large number of mothers work until quite late in pregnancy and this very often precludes them from obtaining sufficient rest during the day time and may be a contributory factor towards these abnormalities.

There is a marked improvement in the realisation of the importance of dental hygiene and care during pregnancy.

The majority of the mothers have been most co-operative and have attended regularly. Those who do not appreciate the value of ante-natal care are now in the minority.

The mothercraft and exercise class is of great value and would probably be better attended if many mothers did not have to work during the early months of pregnancy.

I cannot speak too highly of the excellent work done by the health visitors, midwives and clerical staff. No trouble is spared and their interest in and care of the patients is devoted. I should also like to express my thanks to the staff of the dental department who do such very good work."

Maternity Hospitals. Those serving the locality are North Middlesex Hospital, Mothers' Hospital, Clapton, Whittington Hospital, City of London Maternity Hospital, Bearstead Memorial Hospital and the Alexandra Maternity Home. The latter only takes normal deliveries.

The Alexandra Maternity Home has 30 beds and is a training school for midwives. It is staffed by Dr. Harris and Dr. Briggs, both of whom work at the ante-natal clinics in the Hornsey area. The pupil midwives also attend the clinics and get instruction. In this way a very close bond is kept between the Home, the clinics, and the domiciliary midwives who take these pupils for their cases in the district.

Any patient considered unsuitable for the Home is referred to Mr. Scott, Obstetrician at the St. Mary's Wing, Archway Group of Hospitals.

Mothercraft Classes. These are held at all the centres by health visitors. They consist of simple exercises, breathing exercises and relaxation, the last being considered very important. Talks are given and questions answered and finally the mothers are introduced to the gas and air machine which most of them use when they are actually in labour. This last talk is given by a midwife and each expectant mother can try out the apparatus for herself before she comes to have to use the instrument while in labour.

Every woman is apprehensive about her confinement and the mothercraft classes do a great deal to reduce the rising anxiety.

The hazards of child-bearing today are much reduced by the better feeding of the school girl, by the open air life and games which so many of them enjoy, and by the knowledge gained of the psychological approach to child birth.

The following table shows the attendances made at mothercraft classes during the year. Towards the end of the year approval was given to the adaptation of part of the former Lordship Lane day nursery premises as a Mothercraft and Health Education Unit.

TABLE 2

Clinic	No. of sessions held	No. of new cases	Total No. of Attendances	Average Attendance per session
Burgoyne Road	40	25	196	4.9
Church Road	45	46	250	5.6
Portis Green	47	54	430	9.2
Hornsey Town Hall	50	90	286	5.7
The Chestnuts	51	99	556	10.9
Lordship Lane	51	76	480	9.4
Park Lane	50	43	331	6.6
Totals	334	433	2,529	7.6

Handicapped Mothers

A survey has been made by the health visitors which gives a picture of the extent and type of handicap affecting mothers of pre-school children in Tottenham and Hornsey.

Handicapped Mothers (of Children under 5 years)				
DISABILITY				
<u>Muscular - Skeletal System</u>		<u>Central Nervous System</u>		
Rheumatoid arthritis	3	Disseminated Sclerosis	2	
Congenital Deformity	1	Epileptic	1	3
Muscular Deformity	3			
Poliomyelitis	4	<u>Special Senses</u>		
T.B. Joint	5	Deaf	3	
	16	Deaf and Dumb	5	
<u>Cardio-vascular System</u>	8	Blind	1	
		Deaf and Blind	1	10
<u>Systemic Diseases</u>		<u>Mental Conditions</u>		
Diabetes	1	Mental Defective	3	
Miscellaneous Pulmonary	1	Psychotic	11	
Pulmonary Tuberculosis	13	Psycho-neurotic	1	14
Cancer	1			
Duodenal Ulcer	1	Totals		68
	17			

Though the numbers are comparatively small, the most important single conditions causing hardship are pulmonary tuberculosis and mental disorders. This gives concern as the mothers are often in and out of hospital causing possible hardship and mental upset to the children. The problem of mental disorder in both sexes and all age groups assumes ever larger importance in our complex civilisation.

The group of diseases involving limitation of mobility is a large and important one. It can be seen however that, surprisingly enough, rheumatoid arthritis is not an important cause of disability in our young mothers.

Another group of the handicapped is the mother suffering from sensory defects, blindness, deafness or both. The number referred to include only those deaf persons with a severe degree of hearing loss.

From the point of view of the Local Health Authority, the surest way of tackling these problems is by prevention, and many are preventible. Tuberculosis, both pulmonary and of joints, may be expected to be stamped out in our lifetime. Because of the improved health of school children, otitis media causing deafness is already becoming less common.

Much mental disorder, too, is preventible and here again the school health service is doing valuable work, for it is in childhood that such disorders are best dealt with.

Other methods by which the Local Authority can help these mothers are, for example, by placing the child in need in a day nursery, or nursery school or class. The Local Health Authority can also supply a Home Help and, in fact, some of these women are being assisted in this way. More must be done to meet the rehabilitation needs of the rheumatic and other chronic orthopaedic defects.

Child Welfare Sessions

These sessions have been well attended, though there is a slight falling off in numbers.

Many of the hospitals with maternity departments ask the mothers to bring back the babies for a routine check up once a month, and in such cases it is only when the baby is six months or perhaps a year old that the mother comes to the clinic. Some will attend their own general medical practitioner for advice as required.

It would appear that the reduction in numbers will continue, especially where the general practitioners hold a clinic in their own surgeries for their patients.

The reason for the Local Authority child welfare clinic in the past, was to give help to mothers of young children who could not afford the fees of a private doctor. Now this barrier has been removed by the National Health Service, there is no reason why general practitioners should not carry out this function of health education from their own surgeries.

The following table shows details of attendances made at the infant welfare clinics during the year:-

TABLE 3A

Name of Centre	No. of sessions held	No. of First attendances under 1 year	No. of attendances			Total attendances	No. of cases seen by M. O.	Average attendance per session
			Under 1 year	Over 1 but under 2 years	Over 2 but under 5 years			
Burgoyne Road	156	198	4,042	657	93	4,792	1,085	30.7
Church Road	154	208	3,136	680	153	3,969	1,604	25.8
Fortis Green	160	247	3,724	746	403	4,873	1,759	30.5
Hornsey Town Hall	204	384	5,909	1,061	541	7,511	3,090	36.8
Mildura Court	104	190	3,349	864	330	4,543	1,732	43.7
Stroud Green	103	158	2,501	602	284	3,387	833	32.9
The Chestnuts	259	555	7,326	1,182	466	8,974	2,719	34.6
Lordship Lane	256	391	5,456	1,146	402	7,004	1,543	27.4
Park Lane	208	344	5,448	1,025	387	6,860	1,659	32.5
Totals 1954	1,604	2,675	40,891	7,963	3,059	51,913	16,024	32.4
1953	1,622	2,769	42,213	8,645	3,551	54,409	16,444	33.5

Toddlers Clinics

These clinics are held for children over two years of age, and the mothers get a special appointment to come and bring their young children. It is important that the numbers attending the clinic are kept low, giving at least 15 minutes for each mother. The children generally are healthy, well fed, and well clothed and very little departure from the normal is found. In spite of this, most mothers have a complaint, that the child won't eat, is thin, is afraid of the dark, or some other personal difficulty in child rearing.

Here is the beginning of anxiety on the mother's part about to be transferred to the child, and at some future date it may blossom forth as a disabling defect in the young adult. To combat this anxiety takes time and experience on the doctor's part, and it is becoming more generally recognised that help is needed by the medical officers in this task of allaying anxiety. A beginning has been made towards greater contact between the Child Guidance team and these doctors, and we hope before another year has passed that a firm programme can be reported.

TABLE 3B
TODDLER SESSIONS

Name of Centre	No. of sessions held	Total Attendances	No. of cases seen by M. O.	Average Attendance per session
Burgoyne Road	25	460	460	18.4
Church Road	48	470	457	9.8
Fortis Green	24	313	313	13.0
Hornsey Town Hall	60	726	726	12.1
Mildura Court	51	810	667	15.9
Stroud Green	25	365	365	14.6
The Chestnuts	52	681	681	13.1
Lordship Lane	52	862	862	16.6
Park Lane	52	509	509	9.6
Totals 1954	389	5,196	5,040	13.4
1953	429	5,408	5,239	12.6

Parent Guidance

The Area Committee recommended a scheme to deal with behaviour problems in children under five, and the County Council agreed that the North East and North West Metropolitan Regional Hospital Boards should be asked jointly to arrange for the employment, as an experiment, of a psychiatrist for one session a week in this Area to advise medical and health visiting staff in the method of helping parents of children with behaviour problems and to deal with cases specially referred to him.

Experimental Play Group for Children under Five

As an adjunct to the scheme for dealing with behaviour problems it is further proposed to set up at Park Lane Clinic and Day Nursery during 1955 an experimental "play group" where children with such problems can mix and play with other children.

The scheme envisages the co-operation of the Child Guidance staff and it is hoped to report progress at an early date.

Daily Guardian Scheme

The supervised daily minding of children under school age, whose mothers are in full-time employment was established in this Area in 1947. It commenced very modestly with three married women who were prepared to take into their own homes, children whose mothers could not make any other satisfactory arrangements for minding by the day.

Each guardian is paid one shilling a day for each child placed with her, irrespective of payment received from the mother. There are no retaining fees and payment commences after registration and evidence of the receipt of the child. No guardian may accept more than two children. The selection of guardians is limited to those who are prepared to keep to the rules of the scheme and are approved by the health visitor for the district. The health visitor is also responsible for visiting the child after placement.

The high standard expected of a guardian and the care health visitors have taken in keeping to the standard, have no doubt largely contributed to the success of this scheme.

The scheme has gradually increased year by year. There is no local difficulty in obtaining applicants for this type of work; on the contrary, more apply than are registered and we are in the happy position of having more registered guardians than children who require daily minding.

At the close of 1954 there were 144 daily guardians on the register, of whom 82 were minding 89 children.

The number of individual children minded during the year was 189 and they were in the care of guardians for 19,527 days.

These figures compare with 174 and 17,559 respectively for 1953.

Day Nurseries

At the beginning of the year the number of day nurseries in the Area was reduced from six to three by the closure of Red Gables, Stonecroft and Lordship Lane nurseries. Stonecroft Day Nursery was subsequently re-opened and Ladywell was closed. Arrangements were made for the children attending the closed nurseries to be transferred to those remaining open and in some cases transport was provided between the children's home and their new nurseries. These arrangements have been continued and at the end of the year 24 children were being transported.

During the year 12 students sat for the examination of the Nursery Nurses Examination Board and all were successful in obtaining their certificates.

Due to the closure of three day nurseries, three of the matrons left the service. Two were offered and accepted posts as home nurses in the Area and one obtained a post outside the Area. All other nursing staff were absorbed into the remaining nurseries with the exception of one who retired on a superannuation allowance, and the establishment has been reduced to its new level by normal wastage.

Admissions to the nurseries are increasingly from families with domestic difficulties and tend also to be from a moving population. These factors and the uncertainty of retention in the nurseries have made the work increasingly difficult and the constructive work which should be a feature of the service is declining as help is given to parents and children over a shorter period. The average daily attendance has been 139.3 and the number on the register at the end of the year was 158. This shows that the attendances have been well maintained and absenteeism from infection has been negligible. Park Lane Day Nursery had a slight epidemic of chicken pox, otherwise there have only been isolated cases of infection. The nurseries have remained open throughout the year apart from public holidays.

The following table shows the attendances at individual nurseries during the year.

TABLE 4

Name of Day Nursery	No. of approved places at end of year		No. of children on register at end of year		Total No. of Attendances			Average daily Attendance	Remarks
	Under 2	2 - 5	Under 2	2 - 5	Under 2	2 - 5	Total		
Ladywell	-	-	-	-	2,397	5,561	7,958	55.7	Closed 23.7.54.
Red Gables	-	-	-	-	222	252	474	14.0	Closed 17.2.54.
Stonecroft	15	53	16	52	1,598	5,079	6,677	46.2	Closed 12.2.54.
Lordship Lane	-	-	-	-	25	148	173	5.6	Re-opened 26.7.54.
Park Lane	20	30	20	24	3,469	6,057	9,526	37.2	Closed 12.2.54.
Plevna	20	30	16	30	3,681	7,181	10,862	42.4	
Totals 1954	55	113	52	106	11,392	24,278	35,670	139.3	
1953	112	208	66	131	14,670	30,041	44,711	175.4	
1952	112	208	83	153	20,521	46,166	66,687	260.0	

Problem Families

In November 1954 the Ministry of Health issued Circular 27/54 to local health authorities on the subject of problem families and thought was given to the question of dealing with such families known to exist in Hornsey and Tottenham. In February 1955, the following report was considered by the Area Committee who recommended to the County Health Committee that steps be taken for the implementation of a scheme in this Area on the lines suggested.

The following extract from a booklet issued by Family Service Units describes very clearly the subject of this report:-

"Problem family conditions are characterised by dirt, disintegration and disorder. They are often shiftless, lazy and irresponsible to an almost incredible degree. Financial mis-management is rife. The husband often retains a disproportionate share of income; an excessive amount may be spent on drink, cigarettes or the cinema or wasted on children's pocket-money. As a result of this mis-spending they are constantly in debt and in arrears with their payment for rent, clothing clubs, gas, electricity and insurances".

"They sleep too many to a room and many to a bed; meals are irregular and badly prepared; their homes are often devoid of cooking facilities or utensils; seldom are there enough chairs, crockery or cutlery for the whole family. The staple diet of tea, bread, margarine, jam, cheap cake and chips is taken standing up. Neither the parents nor the children have any underclothing, night clothing or change of clothing and such as they have is rarely washed or mended".

In Tottenham and Hornsey there are known to be not less than 100 problem families, though some are naturally much worse than others.

The majority of these families continue to be problem families for years and receive the attention of a number of social workers, voluntary organisations and the assistance of local authority services. This support is a heavy burden on the community involving the time of workers, expensive residential accommodation and financial assistance of various kinds.

Ministry of Health Circular 27/54

This Circular to Local Health Authorities points out that:-

"Children in the 'problem families', where one or both parents are often handicapped by physical ill-health or are of low intelligence or suffering from mental instability, are peculiarly exposed to physical neglect and risk of mental illness such as psychological disturbance and retarded mental development. Problem families thus tend to reproduce themselves in the next generation and cost the community an expense out of all proportion to their numbers. Action to break this vicious circle by preventive measures would, in the Minister's view, be a proper exercise of the local health authorities' powers under Section 28 of the National Health Service Act, 1946.

"The health visitor whose work now extends to cover the whole field of prevention of ill-health, including prevention of mental ill-health, is by reason of her close contact with families with young children, particularly well placed to recognise the early signs of failure in the family which may lead to disruption of normal home life with consequent risk to the mental health of the children".

The Minister also "suggests that authorities should consider whether their health visiting service can be redeployed on a more selective basis and if necessary increased so that more time is devoted to those families where problems are likely to arise, or are known to exist".

The Scheme for this Area

The Circular adds considerable support to the following plan which I had intended to submit for the Committee's consideration before becoming aware of its contents:-

The health visitor, although the obvious person to tackle problem families and to endeavour to improve their outlook and behaviour, because of her many and varied duties, is normally unable to devote sufficient time to this part of her work. As an experiment, therefore, it is suggested that the following steps should be taken with the object of re-educating families in their own homes instead of (as is often the case) separating them:-

1. One health visitor in Hornsey and one in Tottenham shall be detailed to take over specialised work with problem families.
2. The case load for each of the two health visitors shall generally not exceed 15 families at one time.
3. Each of the two health visitors shall be granted a car allowance at the casual user rate.
4. These health visitors shall not have their hours of duty prescribed because they will need to undertake evening work.
5. Financial provision to be made available so that immediate requirements of equipment, cleaning materials and food, not exceeding 25s.0d. per family, may be purchased for the family where necessary.

Duties of the Health Visitors

The duties of the Problem Family Health Visitors will obviously vary from case to case, but the following are set out as an example of the type of duties which the work will entail:-

1. Receive the case information which is known to the department or forwarded to it by the Sanitary Inspector, the Health Visitor for the District, the Probation Officer or other social worker.
2. Family difficulties. Deal first with the difficulties of the family itself even if these difficulties are not regarded by the reporting agency as the most urgent. By this means the Health Visitor will get on to the right footing with the family and obtain its confidence. Other problems connected with the family can be dealt with afterwards.
3. Health. Make arrangements for the improving of the health of each individual in the family. If necessary, accompany the mother or children to the clinic, private doctor or hospital, or mind the children while the parent goes to hospital, etc.

Put into motion the arrangements for convalescence if necessary.

4. Conditions in the home. Improve the cleanliness of the family and home by helping the mother to do the washing and cleaning in order to show the mother how. Encourage the father to undertake repairs and redecorations.
5. Equipment. Help to improve the family bedding, cooking equipment etc. by encouraging the family to buy small equipment itself and obtaining large equipment from local charities (British Red Cross Society or W.V.S. etc.).

6. Finance. Make arrangements week by week for the settlement of debts such as arrears in rent, gas and electricity payments.

Collect the money from the family at the most favourable time and pass it on to the creditor.

Help with the budgetting. Be familiar with current prices, etc.

7. Care of Children. Supervise the care and sufficiency of clothing, food and cleanliness.

Prevent older children from staying away from school in order to mind younger children or for some other reason.

Accompany children to school or clinic and make arrangements for the minding of younger children if necessary.

Encourage thrift for children's clothing, etc.

8. Parents' Attitude to Children. Try to improve this and help them to understand the children and their needs. Encourage parents to allow their children to join suitable activities outside the home. Do anything possible to upgrade the family and keep it united.

9. Return to normal or near normal. Pass the case back to the health visitor for the district when the problems have been solved and the family is able to stand on its own feet.

Distribution of Welfare Foods

At the end of June responsibility for the distribution of National Dried Milk, Orange Juice, Cod Liver Oil and Vitamin Tablets, was taken over from the Ministry of Food. The distribution points at the Food Offices in Hornsey and Tottenham were replaced by new distribution points at the School Clinic, rear of Hornsey Town Hall and the Area Health Office respectively. Distribution from the infant welfare centres continued as hitherto, and valuable assistance also continued to be given by the Women's Voluntary Services in both Boroughs. The changeover was effected quite smoothly and no real difficulties have been experienced in the operation of this additional responsibility. To assist in the distribution at the two new points the County Council approved the appointment of two temporary General Division clerks. Two redundant clerks, one from each Food Office, were accordingly appointed.

The following table shows distributions in the Area during the six months ended 31st December, 1954:-

National Dried Milk (tins)	Orange Juice (bottles)	Cod Liver Oil (bottles)	Vit. A & D. Tabs. (packets)
36,986	76,120	13,842	5,599

Priority Dental Service for Mothers and Young Children

The dental service as a whole is discussed later in this report under the school health service.

Mothers. There has been a falling-off in attendance of ante-natal cases and it is estimated that nearly half of those referred by the clinics do not attend when given appointments. This decline seems to be general and may be due to the facilities now obtainable under the general dental service, though such an assumption should not be made until confirmed or otherwise by a systematic "follow-up".

Pre-school Children referred from infant welfare and toddler clinics also show a slight reduction as compared with the previous year.

TABLE 5

	1954		1953		1952	
	Expectant and Nursing Mothers	Children Under 5	Expectant and Nursing Mothers	Children under 5	Expectant and Nursing Mothers	Children under 5
No. examined by dental officer	253	590	388	833	226	1,127
No. referred for treatment	241	534	349	750	211	992
New cases commenced treatment	233	603	298	745	179	876
Cases made dentally fit	50	246	113	380	77	663
Forms of dental treatment provided:-						
Teeth extracted	389	541	478	610	200	879
Anaesthetics:-						
(a) Local	132	115	126	148	64	192
(b) General	42	206	85	217	40	308
No. of fillings	553	1,278	637	1,323	234	1,562
No. of root fillings	-	-	2	-	-	-
No. of inlays	1	-	1	1	2	-
Scalings and gum treatment	148	-	156	-	72	-
Silver nitrate treatment	-	758	-	791	-	1,165
Dressings	133	560	141	547	81	752
Other operations	40	159	20	207	11	106
No. of Radiographs:-						
(a) at County Council clinics	10	6	18	3	5	2
(b) at hospital	-	-	-	-	2	-
Denture dressings	100	-	168	-	73	-
Dentures fitted:-						
(a) full	17	-	14	-	5	-
(b) partial	22	-	45	-	14	-
No. of attendances	930	1,732	1,133	1,827	468	2,114
No. of appointments not kept	258	349	321	326	170	306
No. of ½ days devoted to treatment	343		365		300	

MIDWIFERY SERVICE

(Section 23)

At the end of 1954 there were ten midwives employed directly by the County Council and one midwife in private practice in the Area. Of the County Council midwives seven work in Tottenham and three in Hornsey.

Seven midwives are approved teachers of district midwifery and six pupil midwives are received every three months throughout the year for training. It is hoped to extend the teaching work in the Area in the future as it is an important factor in maintaining a high standard of midwifery practice. It also necessitates the midwives keeping themselves informed of the methods of modern practice and advances.

The number of confinements has remained at a similar level to that of 1953. There were 524 deliveries by the domiciliary midwives in 1954 compared with 572 for 1953. The average number of cases per midwife was 51.2. In addition to conducting confinements the midwives attend ante-natal clinics and thus have an opportunity of examining their own 'booked' cases. Several visits are paid to each patient's home during the ante-natal period in order that the midwife may advise on points regarding preparation for confinement and also to afford the patient an opportunity of getting to know the midwife. Psychologically it is valuable for a good midwife-patient relationship to exist and everything is done to foster this.

Analgesia is available for use by all the midwives and every patient is introduced to and instructed in the use of the gas-air apparatus before confinement.

It is anticipated that during the coming year midwives will be fully trained in the administration of Trilene, which is a more effective analgesia.

Sterilised maternity outfits were supplied throughout the year for use at all home confinements.

The following table shows an analysis of the midwives' work:-

TABLE 6

No. of deliveries attended	...	...	...	...	524
No. of visits made	...	...	...	...	9,491
No. of hospital confinements discharged before 14th day	...	...	...	...	15
No. of visits made	...	...	...	...	129
No. of cases in which medical aid was summoned	...	...	...	...	130
No. of cases in which gas and air analgesia was administered	...	...	...	...	420
No. of cases in which pethidine was administered	...	...	...	...	191

HEALTH VISITING SERVICE

(Section 24)

The Health Visitor is the all-purpose visitor to the home. She visits the expectant mother, the young baby, the toddler, school children, young people and the aged of both sexes.

The principle of one visitor to the home is an economy and is much more acceptable to the family than a number of visitors for different purposes. Hospital almoners, family doctors and voluntary agencies concerned with the health and welfare of individuals seek the assistance of the health visitor as a member of the team which provides co-ordination of information and help to those in need.

The health visitor also gives advice at Infant, Toddler, Ante-natal, Mothercraft and other clinics associated with the work of the health centres. The continuity of advice given in home-visiting and clinics is very valuable and is a means of providing friendly support and care for the mothers, children and others in this Area.

The range of the work of the health visitor/school nurse has assisted in the exposure of the special needs of certain groups, e.g. school leavers, the aged and problem families. The visiting of the two latter groups has taken up more of the health visitor's time than formerly.

TABLE 7

No. of visits paid by Health Visitors working in the Area:-		1954	1953
Expectant Mothers	First Visits	1,986	2,013
	Total Visits	3,324	3,278
Children under 1 year of age	First Visits	3,042	3,227
	Total Visits	14,391	14,448
Children age 1 - 2	Total Visits	7,449	8,343
Children age 2 - 5	Total Visits	14,036	14,522
Other cases -	Total Visits as Health Visitor	4,112	4,478
	Total Visits as School Nurse	1,098	1,326

Health Education

It is with the awareness of the changing needs connected with the health and future well-being of the population that in 1954 the health visitor gave more time than in previous years to the teaching of Parentcraft and Health Education to school girls and some boys in the fourteen plus age group.

This instruction was given so as to prepare the next generation for their approaching parenthood and to avoid, if possible, the ignorance which leads to so many problems.

Two hundred and forty nine talks were given to school children in 1954 as compared with one hundred in 1953.

The assistance of clinic nurses has helped to relieve the health visitor of some of her duties, so as to maintain the existing services and develop the wider conception of health teaching.

School Nursing

Infestation of school children has lessened to a remarkable degree during the last four years. This is probably due to the exclusion of all those found to be infested instead of only those showing a marked degree of infestation.

The number of children examined in 1951 was 99,066 of whom 1,231 (1.2%) were infested as compared with 113,320 examined in 1954 of whom 594 (0.5%) were infested.

Health Visitors and Hospitals

Good liaison exists between health visitors, almoners and other personnel connected with the hospitals, particularly in relation to expectant mothers, discharged from hospital, who are in need of further care and attention and others who should attend hospital and fail to do so.

A health visitor regularly attends the Paediatric Department of the Prince of Wales's Hospital.

Daily telephone enquiries and information is received and sent out to hospitals in the London and Metropolitan Area as well as written health visitors' reports to these and other agencies concerned with health and welfare.

Health Visitors and Family Doctors

The Superintendent Health Visitor was invited to speak on "The Work of the Health Visitor" to the North Middlesex Branch of the British Medical Association on the 28th May, 1954. This was followed by questions, comments and a good deal of discussion. On the 17th July an informal meeting of health visitors, medical officers and family doctors was held at Lordship Lane Clinic.

This year there has been an increased number of requests from family doctors for health visitors to follow-up or give assistance to patients or families in their care. Reporting back to the family doctor is recognised as being of supreme importance if good liaison between both parties is to be achieved.

School Health Service

A lecture on "Cerebral Palsy" was given to parents of children attending the School for the Physically Handicapped on the 4th August by Dr. W.F. Dunham, Medical Director of the Spastic Unit. There were 54 parents and health visitors present.

Training of Health Visitor Students

Eight student health visitors were given practical training in the Area as part of their Health Visitors' Course. Four of these were sponsored by the Royal College of Nursing for short term experience; of the four others from Battersea Polytechnic three attended for three terms and one for her first term.

Visitors and Students

Overseas visitors, visitors from this country and parties of students attended clinics to see maternity and child welfare and school nursing in action. These included students from Barnardo's Staff College, student teachers, post-graduate health visitors and student ward sisters from King Edward's Fund Staff College.

Lectures to Student Nurses

The Superintendent Health Visitor gave eight lectures on "The Social Aspect of Disease" to student nurses at the Prince of Wales's Hospital during the year.

A number of other lectures were given to Barnardo's Students, The British Red Cross, and other bodies, and two members of the health visiting staff acted as examiners for the British Red Cross and St. John Ambulance Brigade in their own time.

HOME NURSING

(Section 25)

With the closing of the Queen's District Nurses Home, Bruce Grove, Tottenham, all the nurses previously employed on an agency basis were transferred to direct employment by the County Council.

The Superintendent of the Home retired on account of ill-health and of the three nurses who were resident in the Home, one left the service and the remaining two found alternative accommodation.

Twenty-eight nurses were employed at the end of the year including three male nurses and ten part-time staff.

All requests for the services of a nurse are now received at the Area Health Office during office hours, and at the Superintendent's house at all other times. The service is used mainly by general practitioners, hospitals and the chest clinics.

There has been a substantial increase in the number of calls made upon the service during the past year and about 4,500 more visits were made than in 1953. Shortage of hospital staff and the difficulty in gaining admission for patients has resulted in more sick persons, particularly the aged sick, being nursed at home and these latter usually resolve into very long term patients. There has been an increase also in the number of surgical cases sent home to the care of the home nurse for the final stages of healing of operation scars. These measures relieve the pressure on hospital beds. Much time is spent on the administration by injections of antibiotics among both adults and children. A steady flow of work is received from the chest clinic, and in Hornsey the London County Council has opened a hostel for men suffering from tuberculosis. All the treatment required at this hostel is carried out by the home nursing service.

The home nurse works closely with the general practitioners, health visitors and home helps and there is a free interchange of information between this team of workers.

As in previous years the various voluntary services have afforded great help to the nurses and requests are always met promptly. Many lonely old people are referred to the voluntary services for social visits.

With the increasing calls on the service the question of transport is important and from observation it seems that a good deal of the nurses' time is spent getting from visit to visit. In bad weather the time required is longer and the amount of actual work can take less time than is used for the journey on foot or cycle. Much more work could be undertaken by the existing staff if better transport facilities were available.

The following tables show (a) the number of cases attended and the number of visits paid by home nurses and (b) an analysis of treatments given under three broad headings. It is significant that almost half the new cases attended during the year required injections of one kind or another.

1953	1954	1955	1956	1957	1958	1959
1,115	1,100	1,100	1,100	1,100	1,100	1,100
1,115	1,100	1,100	1,100	1,100	1,100	1,100

TABLE 8A

Type of Case	No. of new cases attended by home nurses during year			No. of cases remaining on register at end of year			No. of visits paid by home nurses during year
	M	F	Total	M	F	Total	
Medical	917	1,638	2,555	184	387	571	65,914
Surgical	114	136	250	20	11	31	6,323
Infectious disease	-	1	1	-	-	-	1
Tuberculosis	62	23	85	7	2	9	3,389
Maternal complications	-	32	32	-	1	1	296
Totals 1954	1,093	1,830	2,923	211	401	612	75,923
1953	1,122	1,945	3,067	182	356	538	71,452

TABLE 8B

Analysis of treatment given to new cases during 1954	
General Nursing	679
Other treatments	849
Injections	1,395
Totals	2,923

VACCINATION AND IMMUNISATION

(Section 26)

Vaccination

The percentage of children under one year of age vaccinated in 1954 was 48%. This is still better than the 1947 figure (41%) when vaccination was compulsory, but slightly lower than the figure for 1953 (51%). It is hoped that this slight fall, which is probably associated with the falling birth-rate, will prove to be temporary.

The following table records the number of persons known to have been vaccinated or re-vaccinated during 1954, by general practitioners and clinic medical officers:-

TABLE 9

	Under 1 year	1 year	2 - 4 years	5 - 14 years	15 years and over	Total
No. of persons primarily vaccinated	1,409	53	29	42	80	1,613
No. of persons re-vaccinated	-	1	14	31	314	360

Immunisation against Diphtheria and Whooping Cough

Immunisation of Children under 1 year of age

As mentioned in my last Annual Report, a new policy was implemented in May 1953, with the aim of securing the immunisation of at least 75% of babies before the end of the first year of life. This is all the more important as, for the first time in nine years, a diphtheria death occurred in this area in a child of eleven who had never been immunised.

The new policy has met with some success as shown by the following figures:-

Immunisation of Children under 1

<u>Period</u>	<u>No. of Children who received a full course of immunisation</u>
January to June 1953	492
July to December 1953	854
January to June 1954	875
July to December 1954	892

The increase in the number of children under 1 year of age immunised has been achieved in spite of a falling birth-rate and the above figures translated into percentages of the estimated child population under 1 year of age are shown in the following table:-

<u>Period</u>	<u>%</u>
January to June 1953	31.6
July to December 1953	54.9
January to June 1954	59.5
July to December 1954	60.7

It will be noted that we are still some way from achieving the desired figure of 75% and continuing efforts are being made towards this end.

In an attempt to establish the reasons why some children are not immunised before reaching 1 year of age, an investigation has been made of a sample group of children with the following results:-

Of 173 children born in the Area who had not completed a course of immunisation before reaching 1 year of age:-

	No. of children	No. of children who received a full course of immunisation	No. of children who received a partial course of immunisation	No. of children who received no immunisation
Under One	28	10	10	8
One	28	10	10	8
Two	28	10	10	8
Three	28	10	10	8
Four	28	10	10	8
Five to Nine	28	10	10	8
Ten to Fourteen	28	10	10	8
Total	173	70	70	33

- 18 were in the process of being immunised.
- 49 were said by their parents to be going to receive or had already received a course of immunisation from their own doctors.
- 30 had removed from the Area.
- 12 immunisation refused.
- 1 immunisation inadvisable.
- 1 combined immunisation refused but agreed to make arrangements for diphtheria immunisation only.
- 54 had not kept appointments for various reasons though in some cases the parents professed to be willing to attend.
- 8 no information

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Mention was made in my last Annual Report of the high rate of removals from the Area of children under six months old and it can be seen that in the above sample group more than 17% of children born in the Area had removed before reaching 1 year of age.

The defaulters who for one reason or another do not keep appointments appear to be the most fruitful field for further improving the number of children immunised. Some have good reasons for not having attended (e.g. illness of child or parent) but the remainder, although some parents profess to be willing for their children to be immunised, just do not come. It is hoped that by continual follow-up by health visitors, and by clinic doctors offering the opportunity to immunise children whenever they may attend a centre for whatever purpose, to make some progress with this group, but in the end this will depend on the parents themselves.

Immunisation of Children under 5 years of age

Although every endeavour is made to ensure that children are protected before reaching 1 year of age, there are inevitably some who receive immunisation between 1 and 4 years of age.

Record cards of completed courses of immunisation are filed in the Area Health Office by year of birth and the following table compiled from these records shows the total number of children immunised according to year of birth:-

<u>Born in</u>	<u>No. of live births</u>	<u>No. of children immunised at any time before 31st December, 1954</u>	<u>Children immunised as percentage of births</u>
1950	3,204	2,043	63.8%
1951	3,088	1,921	62.2%
1952	3,203	2,027	63.3%
1953	3,107	2,022	65.1%
	<u>12,602</u>	<u>8,013</u>	<u>63.6%</u>

It will be appreciated that it is not strictly correct to compare the number of immunisations with the number of births in a particular year as this takes no account of removals out of and in to the Area, but as no reliable up to date figures of child population of these ages are available, these have been used to enable some comparison of one year with another.

It will be seen that the new policy for immunising infants under 1 has had the effect of increasing the percentage of immunised children born in 1953 as against preceding years. Reference to children born during 1954 has been excluded as it was only possible for a small proportion to have been immunised by the end of the year.

Boosting Immunisation in School Children

The scheme to secure that all children receive a boosting injection against diphtheria during their first year at school which was introduced at the same time as the arrangements for dealing with children under 1, has had satisfactory results as can be seen by the following table:-

Boosting Immunisation

	1952	1953	1954
Age 4	351	395	556
Age 5	569	1,372	1,291
	<u>920</u>	<u>1,767</u>	<u>1,847</u>

The increase has been achieved in spite of a considerable fall in the birth rate in the years 1947 to 1950.

The opportunity is taken when doctors visit the schools to give boosting injections, to give primary immunisations to any unimmunised child whose parents agree.

Summary

The following table shows the total number of immunisations of all age groups carried out during 1954:-

TABLE 10

Age at date of Immunisation	No. of children immunised			No. of children given re-inforcing injections	
	Diphtheria only	Combined Diphtheria & Whooping Cough	Whooping Cough only	Diphtheria only	Combined Diphtheria & Whooping Cough
Under One	106	1,661	11	-	-
One	105	443	16	-	-
Two	32	88	22	-	2
Three	22	39	22	3	3
Four	53	42	12	527	29
Five to Nine	439	15	5	1,691	31
Ten to Fourteen	5	1	-	48	5
Total	762	2,289	88	2,269	70

PREVENTION OF ILLNESS, CARE AND AFTER CARE

(Section 28)

Tuberculosis Vaccine Clinical Trials (Medical Research Council)

These trials were begun for young people leaving school at Christmas 1951 and Easter 1952. During 1954 71% completed their Mantoux Test and 27% of the previous defaulters attended for X-ray.

Health visitors assist in the yearly survey by the home-visiting of each young person, and one health visitor was in attendance at the five evening sessions held at Lordship Lane Centre between the 13th and 19th July.

Recuperative Holiday Homes

The number of applications for recuperative holidays received during 1954 was 279 compared with 329 the previous year. Of the 279 applications received, 202 were approved, 72 were not approved and 5 were withdrawn before action could be taken.

DOMESTIC HELP SERVICE

(Section 29)

The demand on this service continued to grow during 1954, almost entirely due to the need of the chronic sick, including aged and infirm. The number of new cases provided with help was 881 compared with 742 in 1953. At the end of the year 809 cases were being provided with help compared with 618 at the end of 1953. This trend has continued and difficulty is being experienced in recruiting and maintaining staff at an adequate level.

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

TABLE 11

Cases provided with help	No. of new cases provided with help	No. of old cases for which help was continued from 1953	Total No. of cases provided with help during year	Total No. of cases still being provided with help at end of year
Maternity (Including expectant mothers)	127	10	137	9
Tuberculosis	28	58	86	48
Chronic sick (including aged and infirm)	569	512	1,081	734
Other	157	38	195	18
Total	881	618	1,499	809

SCHOOL HEALTH SERVICE

In the following pages will be found a record of the work of the school health service for the past year. The work of the specialist clinics is fully detailed and affords ample evidence of the integration of local authority and hospital board services. The same is true of the rheumatism supervisory centre.

The record of the two schools for handicapped children is one of steady progress. At Vale Road School for Physically Handicapped Children there has been an expansion in the facilities available for cases of cerebral palsy and a special consultant appointed to advise on the work. The needs of the very smallest of these handicapped children have still to be met but it is hoped to do this in the new accommodation for which building approval has been given.

At the School for Deaf Children the expansion of nursery class facilities has been of the utmost value. The opening of a unit for partially deaf children in 1955 will go far to solve the problems of a group of children who did not really fit in either at the school for the deaf or at the ordinary school. Higher education for deaf children has always been a problem as Mary Hare Grammar School has only been able to admit a small proportion of children considered suitable.

This year has seen the coming to fruition of plans for a Technical School in Surrey, and several children from the Tottenham School have been entered for scholarships there.

Routine medical examination of school children has continued. The enthusiastic attendance of parents is a tribute to their belief in its value. The commonest complaint of a serious nature is one of maladjustment, often associated with broken or unhappy homes. But the children on the whole are healthy, happy and well-clad. The function of routine medical inspection today is no longer one of merely segregating fit from unfit, but an attempt to assess individual optimum health of the children attending this periodic health overhaul. Details of defects found at routine medical inspections are set out in the tables at the end of this report.

It is hoped that the introduction of B.C.G. vaccination will further help to preserve the health of our young people when they leave school.

Dental Service

Mr. V. Sainty, L.D.S. Area Dental Officer reports:-

"The staff at the end of 1954 consisted of eight full-time and two part-time dental officers, and one part-time orthodontist. One of the full-time and the two part-time dental officers and the orthodontist were appointed at

various dates during the last six months of the year. There was one resignation of a full-time dental officer early in the year and some months elapsed before this post could be filled.

At present the orthodontic clinic is worked seven sessions per week and it is intended that this shall be increased to a full-time service should the scope of the work justify it, but it is too soon yet to know when this may be.

A new dental clinic was opened in August at Cornwall Road, N. 15. It is an extension of an existing clinic. Very little space was available and consequently the rooms are smaller than usual, but the equipment is very good.

At the time of writing we have nine dental surgeries in full use, one of these being shared between the orthodontist and a part-time dental officer. This is our whole accommodation and so far, with existing staff, it has not been possible to provide annual inspections for all children in all parts of the Area, though there should be some improvement in this respect in 1955, provided we can keep all the surgeries in full operation without any closing due to changes in staff."

Details of the work of the dental officers are included in the tables at the end of this Report.

Rheumatism Supervisory Centre

The Rheumatism Supervisory Centre has now been in operation since August 1951, under the overall direction of Dr. I.M. Anderson, Consultant Paediatrician, Prince of Wales's General Hospital, with the close co-operation of the local Public Health and Area Health Departments.

The total number of cases seen in each year are tabulated below under the appropriate headings. Taking Tottenham first it can be seen that the number of children attending for the first time has declined in each year. There are several reasons for this.

Firstly, the number of children referred was larger in the first year because previously no such special provision had been made for children who had had rheumatic fever. Some of these children were not acutely ill but merely required supervision. Once this catchment had been made the numbers automatically declined. As can be seen this applies to children with congenital heart disease as well as rheumatic heart disease.

There can be little doubt however that there has been a substantial decline in the number of children newly developing rheumatic fever. This trend has been noticeable in national statistics for many years but seems to have accelerated recently. Thus it can be seen that the number of children admitted to hospital for rheumatic fever has declined from 33 to 19 to 15 in each year since 1951. This decline is confirmed by the clinical staff at the Supervisory Centre who have noticed the same thing in other areas.

The reasons for the decline are probably two-fold. The first is the improved standard of living, and in particular improved nutrition and housing. One of the few facts known about rheumatic fever is its association with poverty and over-crowding.

The second is probably the decline in virulence of the haemolytic streptococcus, the causal organism of rheumatic fever. In this connection it behoves us to be extremely wary as this organism tends to have a virulence which rises and falls. At one time in this country, and that only about 50 years ago, it caused severe epidemics of scarlet fever. We must therefore be on guard in case its virulence increases.

While the Supervisory Centre was not set up for children with congenital heart disease, inevitably some with an unexplained heart condition are seen there. Some of these have been found to have remediable congenital heart disease and after admission to hospital have been operated upon, giving them, in more than one sense of the word, a new lease of life.

The same trends can be seen in the statistics for children coming from other areas, but these statistics are less reliable because of the fact that they represent a smaller selection of the children involved.

Tottenham

	<u>1952</u>	<u>1953</u>	<u>1954</u>
<u>No. of Cases</u>			
Rheumatic Fever	17	12	6
Rheumatic Carditis	22	3	7
Chorea alone	6	1	-
Chorea with Carditis	2	1	1
Chorea with Rheumatic Fever	-	-	1
"Rheumatic Pains"	6	1	-
Rheumatic Fever Relapse	1	-	-
Rheumatoid Arthritis	-	3	-
	—	—	—
Total Rheumatic	54	21	15
Congenital Heart Disease	26	4	6
Miscellaneous	-	2	1
	—	—	—
	80	27	22
	—	—	—
<u>Admitted to hospital</u>	33	19	15

Other Areas

<u>No. of Cases</u>	<u>1952</u>	<u>1953</u>	<u>1954</u>
Rheumatic Fever	7	9	8
Rheumatic Carditis	11	2	3
Chorea alone	1	1	-
Chorea with Carditis	1	-	-
Chorea with Rheumatic Fever	-	-	-
"Rheumatic Pains "	1	-	1
Rheumatic Fever Relapse	-	1	-
Rheumatoid Arthritis	-	-	2
	—	—	—
Total Rheumatic	21	13	14
Congenital Heart Disease	18	5	5
Miscellaneous	1	-	-
	—	—	—
	40	18	19
	—	—	—
<u>Admitted to hospital</u>	21	13	14

The Handicapped Child

In this Area we are fortunate in having long-established provision for the special educational treatment of the handicapped child.

Tottenham Day Special School for the Deaf

The school, which accommodates 100 children, covers an age range from three to sixteen years and admits children from a wide area of Middlesex, who in most instances travel to and from the school by transport provided by the Local Education Authority. The nursery class was fully occupied during the year and stresses the importance of commencing education for this class of handicapped child as early as possible. Parental co-operation in speech training especially in very young children is essential, and it is hoped in the near future to see established in this Area an Audiology Unit concerned with the early diagnosis and training of children under two years of age in co-operation with their parents.

The importance of separating the partially deaf from the totally deaf at this special school has again received consideration; and it is anticipated in the new year that all partially deaf children needing special educational provision will be accommodated in a special class for the deaf at the Devonshire Hill School, Tottenham.

At the close of the year the headmistress - Miss O. Beatson - retired after a distinguished career of 34 years at the school and its head since 1943. She has been succeeded to the headship by Mr. T. Brown.

Day Special School for Physically Handicapped

This school, which has been established for many years at Vale Road, Tottenham, now accommodates approximately 90 children between the ages of four and sixteen. As in the case of the School for the Deaf the children are drawn from a wide area in the County and transport to and from the School provided by the Local Education Authority.

During 1954 a new prefabricated extension was made to the school buildings providing a suite of classrooms and amenities for the younger age group of children. Also with the setting-up of special facilities for the treatment of children suffering from cerebral palsy (spastics), authority was given during the year for additional accommodation to be provided for therapy facilities and overall classroom expansion for up to 20 children suffering from this birth handicap. Building extensions, also to include improved indoor sanitation for the whole school, are expected to commence during the coming year.

After long and devoted service to the school the retirement of Miss C. Wakefield was received with deep regret by all associated with her in the work of the school. She was succeeded to the headship by Mr. Ives, a former teacher in the school and well conversant with its problems and aspirations.

Swimming Exercises

A special and popular feature of the school during the year was the weekly visit to the Municipal Swimming Baths. With the aid of volunteer helpers to dress and undress those unable to do so for themselves and with others to help in the water, these handicapped children are able to enjoy an exercise which comes to them more easily than in most other forms of disability. The buoyancy of the body in the water neutralises the effect of gravity and enables weak muscles to function more freely.

The physical benefit derived is accompanied by a development of the child's confidence and sense of well-being. One is struck by the complete absence of fear that most of these children have in the water. If a little timid at first they are quickly re-assured when they see some of their fellows, whose movements on land are slow and awkward, swimming with confidence if not highly skilled. Though it is not always possible to teach a handicapped child to swim by the methods used for the normal child, most of them learn to float and quite a number are able to swim in a short time the width of the bath and a few the whole length.

Cerebral Palsy

Dr. William Dunham, Consultant in charge of the cerebral palsy unit, on his appointment early in the year, immediately sought the co-operation of all concerned. A meeting at which all parents of children with cerebral palsy attending the School were invited was held at the Lordship Lane Medical Centre on the 4th August, 1954. Teachers, school medical officers and medical auxiliary staff also attended and general principles were fully discussed with Dr. Dunham as leader of the team. Those who have the care of the spastic child were reminded by Dr. Dunham that "in any child during his formative years every activity serves to fix more firmly habitual positions and habits of movement of the body. In the child with cerebral palsy there is a natural tendency for those to be faulty and a constant watch must therefore be kept to see that good habits of posture and movement are formed. For this the co-operation of all in contact with the child throughout the day must be obtained. Periodical interviews with parents to discuss individual problems are held and advice given as to what provision is required in the home. In the School new furniture, built to measure for each child, is being provided. For children with cerebral palsy some activities are difficult or impossible and special training is required to ensure that they shall make the most of their possibilities. This is the special province of the physiotherapist though here too she works in close co-operation with teachers and parents, an arrangement which makes it possible for progress to continue uninterrupted during school holidays". When accommodation is available it is hoped to widen the scope of the cerebral palsy unit by providing for the examination and supervision of babies and children too young to be accepted in the School so that they may receive the benefit of skilled handling before reaching school age.

The majority of the children attending this School suffer from orthopaedic handicaps and are under the supervision of the visiting consultant, Mr. E. Hambly, F.R.C.S., who also works closely with Dr. William Dunham in relation to the cerebral palsy unit. Routine medical care of all the children at the School is undertaken by one of the whole-time school medical officers and a school health visitor is in daily attendance. Physiotherapy and speech therapy are arranged for on a sessional basis as required.

The following table sets out the various disabilities of children in attendance at the end of the year:-

Right Hemiplegia	8	Amputations	1
Left Hemiplegia	2	Nephritis	1
Spastic Diplegia	8	Eunuch	1
Spastic Quadriplegia	6	Dwarf	1
Athetoid	5	Amyotonia	1

Poliomyelitis	13	Imperforate Anus	1
Heart Cases	10	Cerebral Agenesis	1
Muscular Dystrophy	8	Myopathy	1
T.B. Limbs	4	Perthes' Hips	1
Congenital Deformities	7	Debility	1
Fragilitas Ossium	4	Craniostosis	1
Haemophilia	2		<u>88</u>

The Parent Teacher Association has continued its activities during the year and the Association has been able to provide the following for the children of Vale Road P.H. School:- A day's outing at Southend-on-Sea by Eagle Steamer; Christmas Party with Tree and Presents; provided a display cabinet to start a school museum; supplemented the School Recorder Band by buying extra instruments; supplied a set of handbells for the children; purchased clothing and swimming gear for necessitous cases.

Educationally Sub-Normal Children

Provision has long been made with the School for Educationally Sub-Normal Children at Oak Lodge, Finchley and more recently with Durants School, Enfield, to meet the special educational needs of these handicapped children.

At the end of the year 41 Hornsey children were attending Oak Lodge School and 7 children were awaiting admission, while at Durants School, 63 children from Tottenham were in attendance and there were 20 awaiting admission.

Hospital School, St. Ann's General Hospital, Tottenham

This school, which was opened at the end of 1952, has continued throughout the year. It caters for an age range from 5 to 15 years and the average attendance during the year was 19.

This work is of particular value in long stay cases, thereby preventing the children from becoming educationally backward during their stay in hospital. It is useful, also, as an ancillary means of providing the children with occupational therapy.

Ear, Nose and Throat Clinics

The visiting Aural Surgeon, Dr. F.P.M. Clarke, reports that as in previous years, there were three clinical sessions in this department held weekly - two at Tottenham and one at Hornsey. These clinics were first established in 1922 under the supervision of Mr. A.R. Friel, F.R.C.S., the well-known consultant who did pioneer work in the clearing up of chronic

suppurative otitis media, and its allied complications, by his introduction, for the first time of the zinc ionization method of treatment. At that period there were in these areas, as in many others throughout the country, an enormous number of chronic discharging ears among the school population for whom there was little or no effective treatment. These areas with one or two others in outer London (Wood Green and Walthamstow), became the pioneer centres for the establishment of this new method of treatment under the care of Mr. Friel. The excellent and rapid results obtained by ionization, indeed in very many instances, spectacular, in the clearing up of the majority of those hitherto 'incurable' cases of chronic otorrhoea are now well known and have been widely published in medical journals and in leading text books both here and in America. In the course of a few years the many cases of chronic discharging ears among school children in these Boroughs had considerably lessened. Since that time and with the marked reduction - almost disappearance - of chronic otorrhoea, the scope of the work of these special aural clinics has extended into a much wider field. A very important advance was made when it was decided to include in the scope of the E.N.T. Clinics, the pre-school child.

While the early work of these clinics was concerned mainly with the most urgent problem of clearing up the existing mass of chronic ear disease it was also apparent that its cause and chronicity was closely related to general ill-health and abnormal conditions of the nose and throat. In a large number of instances these complicating conditions required attention and correction before it was possible to effect a permanent cure of the chronic ear disease. In order to maintain the success now achieved of practically freeing the school population of chronic otorrhoea and its disabilities it became necessary that the work of the clinics should be widened to include the treatment of any diseased conditions of the ear, nose and throat common among children. Among the abnormalities referred to here, and common among school and pre-school children are 'nasal obstruction' and its many wide-spread effects; infection of the nasal sinuses; rhinitis in its different forms; recurring sore throats (usually secondary to untreated nasal disease); acute infection of the ear, with or without external discharge.

At present and for a number of years past the work of these aural clinics has included the examination and treatment of the common affections of the ear, nose and throat in school and pre-school children. Cases requiring operative in-patient treatment, of which there are relatively few, are referred to hospital.

Reviewing the work of the aural clinics during the year 1954, I find that the nature of the defects found among those children referred to the clinic, and the methods of investigation and treatment follow much along the lines of previous years. One very noticeable fact in these clinics is the extremely few cases now seen of chronic otorrhoea. This is a most important advance in

the reduction and prevention of deafness. Certain factors have materially contributed to this near disappearance of chronic otorrhoea, namely, the discovery and successful treatment of acute cases; the treatment of any predisposing or complicating condition that might be likely to produce a recurrence; also the administration of new drugs such as the antibiotics and penicillin, in the very early stage of otitis thus preventing a considerable number of cases of acute inflammation of the ear becoming chronic with purulent discharge; and finally the rapid and successful treatment of a chronic case when it is discovered.

Treatment of Discharging Ears. The correct treatment of an early acute discharging ear is vitally important for two reasons, first to prevent the condition from becoming chronic, and second, to save the hearing, for the longer the ear continues to discharge the greater the danger to the recovery of the hearing. Many cases of serious deafness in later years are directly due to inadequate or neglected treatment of the affected ear in its early stage. The application of ear suction with the Smith's tube as advised by Levine of New York is a very valuable method and the only one that can be relied on to cleanse the middle ear of discharge and to ensure the entry of the selected antiseptic into the middle ear cavity, which is essential for quick recovery of the infected ear.

Children seen at the clinic during the year, as in previous years, were referred from the school medical inspections, minor ailment clinics and infant welfare centres as suffering from nose and throat infections, and a certain number of cases of impaired hearing.

Such common distressing complaints as nasal obstruction, mouth-breathing, recurring colds and sore throats, nasal discharge and deafness (in the absence of present or previous ear discharge) in children, form a large percentage of the cases referred. These conditions are usually secondary, and mainly due to primary diseased conditions in the naso-pharynx and nasal accessory sinuses. It is important to recognise this fact if treatment is to be successful, and essential for the successful correction of any abnormal condition to trace the primary cause and correct this, since treating a secondary result alone, is treating only a 'sign' and will not cure the original disease.

Audiometry. The question of impaired hearing in children and its relationship to disease in the naso-pharynx or nasal sinuses is one that requires the most careful attention, since correct diagnosis and adequate treatment of the cause is the first step in the prevention of permanent deafness later on. It is here that the regular audiometric testing of the hearing in school children is of such great value. This method will detect accurately the smallest loss in hearing which could quite easily go unnoticed by parents or teachers or by the usual hearing tests available at routine

medical inspections. Usually by the time a child's deafness is noticeable to the parent or teacher and is brought to the notice of the medical officer it will be found by audiometric and clinical tests that at this stage the hearing loss is well advanced and the prospect of full recovery much less certain. This is particularly so when only one ear is affected as the loss here is masked by the normal hearing in the other ear and may not be noticeable to the parents. The audiometer is especially useful in these cases and a school audiometric survey is the most certain method of detecting any such likely unnoticed deafness. In relation to deafness in children it is well to note here that sinus disease, often overlooked, can be a very potent factor in causing serious deafness and until the sinus infection is cleared up there will not be any improvement in the hearing. The last audiometric survey in the schools in Tottenham and Hornsey has been reported in the Annual Report to the Committee for 1951.

Nasal Obstructions. A number of children have been seen at the clinics suffering from nasal obstruction and its wide-spread effects, e.g. mouth-breathing, sore throats, chest affections, nasal sinus disease, neuroses, etc. Nasal obstruction is, clinically, a very big subject in itself and can only be referred to briefly. But it is perhaps the most important defect we see because of the many and serious consequences which it produces. A very large number of children suffering from certain forms of nasal obstruction have been successfully treated at the clinics by Professor Gautier's (French) method of 'diastolization'. Diastolization, when the author's technique is carefully carried out, ranks as one of the most successful advances in nasal therapeutics in the last 25 years. It is particularly effective in certain forms of nasal obstruction, such as hypertrophic rhinitis, and in deafness in children due to lesions in the naso-pharynx. For many years this has been a standard method of treatment at our clinics and the results in suitable cases have been exceptionally good and lasting.

Sinus Infection. This is quite common among children of all ages. Its recognition is vitally important because it is the primary source of many other affections, and any treatment for these secondary effects, not directed to the primary sinus disease, is misdirected therapy and will end in failure. For the confirmation of the diagnosis and for the treatment of children with sinus disease, Professor Proetz' method of 'sinus displacement' has been extensively employed; but it is necessary to emphasise that the technique devised by Proetz must be correctly used; indeed, if misapplied it can have very serious consequences.

Among the very large number of children who have been treated by 'displacement' very few have been found who did not respond successfully to this method. Exceptions were the very chronic cases where the sinuses were seriously affected by profuse purulent suppuration of long standing. Such cases required operative treatment and were referred to hospital.

Enlarged Tonsils and Adenoids. On the question of 'tonsils and adenoids' we maintain a conservative outlook towards their removal. This is a subject of vital importance particularly in the case of children and it is absolutely essential to be quite clear, clinically, on the significance of the physiology and pathology of the ring of lymphatic tissue of which the tonsils and adenoids are part, surrounding and guarding the entrance to both the chest and alimentary tract. The wholesale removal of tonsils and adenoids merely on such grounds as 'enlarged tonsils and adenoids', 'chronic nasal catarrh', 'chronic colds in the head', 'adenoid facies', need only to be mentioned to be rejected. Lists of rules and indications for the removal of tonsils and adenoids are clinically meaningless. Every case is a law unto itself and must be decided on its own merits. It is important, also, to remember that adenoids and tonsils differ in their pathological effects. Adenoids can become, when greatly hypertrophied, a 'mechanical' factor in causing nasal respiratory obstruction, whereas tonsils can be, when clinically diseased, a source of 'toxaemia'. 'Unhealthy' tonsils and adenoids are usually the 'sign' of a disease which must be sought elsewhere and removal of the sign will not cure the disease. There are, however, instances where removal of adenoids (when they cause nasal obstruction) and, much less frequently, tonsils (chronically diseased) are clearly indicated and the results very satisfactory. Nevertheless, the operation should be limited to those cases where the effect of their removal is beyond doubt.

In conclusion the standard of general health of the children seen at the clinics during the year has been very good. In only a few instances could it be considered as below normal and it is in marked contrast to, say, 20 years ago.

Audiometry Scheme

Under the present County arrangements a gramophone audiometrician is shared between this Area and that comprising the Boroughs of Finchley and Hendon.

Mrs. Perry, whose appointment was reported in my last annual report, resigned during the year, and was replaced by Mrs. M. Duffy in October. Due to this change in staff the initial survey in Finchley and Hendon has taken longer than anticipated, so that the services of the gramophone audiometrician were not available at all in this Area during 1954.

Consideration will be given, once the routine audiometry testing of seven year old children has been brought up-to-date, to testing children in 'C' streams at school to ascertain whether or not their lack of educational progress may be associated with some degree of deafness.

Orthopaedic Service

Hornsey

Mr. Guy Rigby-Jones, F.R.C.S. (Edin), reports that the continuing demand for treatment is a clear indication of its value and the numbers attending would make it quite impossible for these children to be transferred to local hospitals for their orthopaedic care. It would be a great pity if these services were allowed to be taken out of the hands of the local authorities who control the welfare and school clinics and have a far better organisation for inspecting the home circumstances which often play a large part in the postural defects of children. The great advantage to the child is that minor ailments and defects can be dealt with outside the hospital atmosphere and the child is never allowed to think that it is in any way abnormal.

Cases seen at the Hornsey Orthopaedic Clinic

	<u>Under 5</u>	<u>Over 5</u>	<u>Total</u>
New Cases	65	134	199
Total Cases	117	321	438
Re-examinations	85	362	447
Total Attendances	202	683	885

Tottenham

Mr. E. Hambly, F.R.C.S., reports that cases are sent early through the school health and maternity and child welfare services.

Connection with the School for the Physically Handicapped at Vale Road continues with every co-operation from the Headmaster, Mr. Ives, and his staff. Dr. Dunham's appointment to the Spastic Section has been a great acquisition and the consultants work as a team, so far as common ground is concerned.

All operations on children seen at the orthopaedic clinics are done by Mr. Hambly at St. Ann's General Hospital, Tottenham, which has excellent wards for orthopaedic work. This is a tie-up between the work of the clinics and the Hospital Group, which makes for continuity of treatment and enables parents of the children easily to visit both the Consultant and their children.

Cases seen at the Tottenham Orthopaedic Clinic

	<u>Under 5</u>	<u>Over 5</u>	<u>Total</u>
New Cases	62	342	404
Total Cases	95	586	681
Re-examinations	41	280	321
Total Attendances	136	866	1,002

Ophthalmic Service

Tottenham

Dr. T.G. Kletz, M.B., Ch.B., D.O.M.S., reports as follows on the work of the Ophthalmic Clinic at the Lordship Lane Medical Centre:-

"Refraction clinics are held on three sessions a week and the annual attendances are approximately 1,750. Cases of manifest and suspected strabismus are being seen at frequent and regular intervals. These are referred to the Prince of Wales's General Hospital for orthoptic reports and treatment. The growing demand for this service may necessitate the employment of our own orthoptist in the future.

There have been no new cases registered as blind or partially sighted during the past year".

Hornsey

Dr. Marian Lones, M.B., D.P.H., D.O.M.S., has submitted the following comments on the work of the Ophthalmic Clinic at Hornsey Town Hall:-

"Since the Health Service was introduced, fewer cases of disease of the eye reach the clinic. These are treated either by the general practitioner or in hospital.

Refractive errors investigated consist of hypermetropia, astigmatism and myopia, the first being the most numerous. Children with strabismus receive orthoptic treatment by our own orthoptist often with very good result. Those who do not respond to these exercises are referred to hospital and may be considered for operation.

An increasing number of fathers attend with their children. Parents are always very co-operative and show great interest.

Spectacles are now supplied quickly by opticians and repairs are carried out promptly".

B.C.G. Vaccination of School Children

In November 1954 the Area Committee agreed to a scheme for giving B.C.G. vaccination to thirteen year old school children and the Divisional Executives of Hornsey and Tottenham subsequently agreed to the scheme being carried out in the schools. Detailed preparation of the scheme and the purchase of the necessary equipment is now in hand and vaccinations will be started soon after Easter 1955.

Bacille-Calmette-Guerin, better known as B.C.G., is a living organism related to the tubercle bacillus which can be injected into the skin without causing tuberculosis and after a few weeks it produces a reaction, so that the body tissues become sensitive to the toxin of the tubercle bacillus. This special sensitivity is revealed by the fact that the tuberculin reaction (Mantoux) is changed from negative to positive in four to six weeks after administration of B.C.G.

Experience in other countries has shown that a person is less likely to develop clinical tuberculosis if his Mantoux tuberculin reaction has been converted from negative to positive, though this changed reaction does not necessarily imply immunity from tuberculosis. In practice B.C.G. does provide a considerable degree of safeguard against tuberculosis and the protection can last for approximately six years. By vaccinating with B.C.G. children aged thirteen may obtain a degree of protection during the period of adolescence when most vulnerable to pulmonary tuberculosis.

B.C.G. has been used in this country during recent years for exposed susceptible groups of people such as nurses, medical students, and family contacts of infectious tuberculosis cases. Also in selected areas, including Tottenham, B.C.G. has been given during the last three years to school leavers in a trial survey conducted by the Medical Research Council.

The B.C.G. is administered by injection of one drop into the skin to children who are Mantoux negative. It is estimated that in this Area about 30% of thirteen years olds will be Mantoux Positive which means that such children will already have had a very mild infection of tuberculosis sufficient in most cases to give them protection against the disease. Children who are strongly Mantoux Positive will have an X-ray of the chest to exclude the presence of the disease.

There are two stages in the accepted procedure. First, a skin test to see if B.C.G. vaccination is necessary. Secondly, the actual vaccination when an injection is made into the skin.

There are about 2,400 children aged thirteen attending schools in Tottenham and Hornsey, and on the assumption that 75% of parents will accept vaccination with B.C.G., some 1,800 children will have to be skin-tested and of these approximately 1,200 may need B.C.G.

Parents will be given an explanatory leaflet, general practitioners will be informed and a short time before the vaccinating team visits a school the parents will be invited to sign a consent form.

Skin tests will be carried out on Tuesdays and tests read on Fridays, when negative reactors will receive an injection of the B.C.G. vaccine. The work will be done during term time.

Meetings have been held with head teachers of secondary schools in Hornsey and Tottenham to seek their co-operation and to ensure the success of the scheme.

Tuberculin "Patch Tests" and School Entrants

During the year the Area Committee agreed that routine patch testing of children should be carried out during their first year at school, subject to the approval of Hornsey and Tottenham Education Committees. This has since been obtained.

Tuberculin testing of children at the age of five years can be carried out very simply by the so called "jelly patch" method.

Fewer than 5% of children of five years of age are likely to be "patch positive" though, this may vary from school to school and from time to time. It should, however, provide an excellent means of assessing the progress made in the drive against tuberculosis.

A five year old child who is "patch positive" may have been infected at home, and arrangements will be made for a follow-up investigation of the home contacts of such children. It has been said that from such investigations one case of undiagnosed infectious tuberculosis is discovered for every 250 children patch tested.

Speech Therapy

There are two whole-time and three part-time speech therapists employed in the Area, equivalent to three whole-time staff. The following comments on the work of the department have been made by the Head Speech Therapist, Miss J. Came, L.C.S.T.:-

"The value of preventive work with the toddlers has again been demonstrated in 1954. Thanks to parent co-operation, many children with delayed speech development or primary stammer were found to show improvement when reviewed after a few months. Several have later achieved normal speech without clinic attendance.

In the older age groups, stammerers form the highest proportion of children attending speech clinics. Environmental factors and the surprising number of popular misconceptions on the nature of this distressing handicap may seriously jeopardise successful treatment. Here, too, the co-operation of parents and teachers is essential, and the therapist uses every opportunity to educate the general public on its responsibilities towards the stammerer.

Staff changes in Hornsey last autumn have not seriously interrupted continuity of treatment, owing to speedy re-appointments.

Work at Vale Road School for Physically Handicapped Children has provided much opportunity for research. The following table may be of interest in showing the variety of disorder found:-

Total Number treated - 17. (Boys 11, Girls 6).

Spastic/Athetoid Dysarthria	5
Spastic/Athetoid Dysarthria with hearing loss (particularly for high frequencies)	2
Dysphonia	1
Aphasia	1
Pseudo-bulbar hypogenesis	1
Dystatic	1
Stammer with right hemiplegia	2
Interdental lisp	1
Delayed speech development	3

Tuberculosis in School Children

Results of recent epidemiological investigations following cases of tuberculosis occurring in schools are set out below:-

(i) A secondary grammar school in Hornsey

A case of infectious pulmonary tuberculosis was notified at this school and in February a total of 340 boys were patch tested.

The patch test showed 271 boys negative and 69 positive to tuberculin. A chest X-ray was advised for the 69 patch positive boys and 55 attended the mass X-ray unit in March, together with seven masters who accepted the offer of an X-ray.

The parents of the other 14 boys were advised and made private arrangements for X-rays of their boys.

The Chest Specialist has now reported that the seven masters and 55 boys who attended for X-ray showed no evidence of chest disease.

(ii) A secondary modern school in Tottenham

During April 1954 a case of pulmonary tuberculosis of an infectious type was notified in a schoolgirl.

Investigations were made at the school during May 1954. Her 15 class contacts were X-rayed and one other child was found suffering from tuberculosis.

Patch testing was subsequently carried out on 94 possible contacts in other classes. Of these, 86 were negative and eight were patch positive.

The eight patch positive children were X-rayed together with 17 members of the staff, and the results of these examinations revealed that one other girl, a friend but not a classmate of the original case, was also suffering from pulmonary tuberculosis.

Statistical Information

Statistics relating to the work of the school health service during 1954 are contained in the tables following this Report.

COUNTY COUNCIL OF MIDDLESEX

HORNSEY AND TOTTENHAM

SCHOOL HEALTH SERVICE

STATISTICAL RETURN FOR

THE YEAR ENDED

31st DECEMBER, 1954

SCHOOL HEALTH SERVICE STATISTICS 1954-55

TABLE 12 - PERIODIC MEDICAL INSPECTION

Statistical return for the year ended 31st December 1954. The figures are based on the number of children who have been inspected by a medical officer of health or a qualified medical practitioner.

Periodic Medical Inspection	Total	Boys	Girls	Total	Boys	Girls
First Periodic Inspection	10,308	5,151	5,157	10,308	5,151	5,157
Second Periodic Inspection	5,784	2,892	2,892	5,784	2,892	2,892
Third Periodic Inspection	2,151	1,075	1,076	2,151	1,075	1,076
Other Periodic Inspections	1,075	537	538	1,075	537	538
Total	19,328	9,655	9,673	19,328	9,655	9,673

COUNTY COUNCIL OF MIDDLESEX

HORNSEY AND TOTTENHAM

Periodic Medical Inspection	Total	Boys	Girls	Total	Boys	Girls
First Periodic Inspection	1,075	537	538	1,075	537	538
Second Periodic Inspection	537	268	269	537	268	269
Third Periodic Inspection	268	134	134	268	134	134
Other Periodic Inspections	134	67	67	134	67	67
Total	2,014	1,006	1,008	2,014	1,006	1,008

TABLE 13 - DEFECTS FOUND BY MEDICAL INSPECTION

SCHOOL HEALTH SERVICE

STATISTICAL RETURN FOR

THE YEAR ENDED

31st DECEMBER, 1954

Defects Found	Total	Boys	Girls	Total	Boys	Girls
Defects Found by Medical Inspection	1,075	537	538	1,075	537	538
Defects Found by Other Inspectors	537	268	269	537	268	269
Defects Found by Parents	268	134	134	268	134	134
Defects Found by Teachers	134	67	67	134	67	67
Total	2,014	1,006	1,008	2,014	1,006	1,008

SCHOOL HEALTH SERVICE STATISTICS FOR 1954

TABLE 12 - PERIODIC MEDICAL INSPECTION

Periodic Medical Inspections				Other periodic inspections	Other Inspections	
Entrants	Second Age Group	Third Age Group	Total		Special Inspections	Re-inspections
4,079	3,784	2,343	10,206	3,515	4,702	4,496

TABLE 13 - CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS

Age Groups	No. of pupils inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Entrants	4,079	1,850	45.3	2,209	54.2	20	0.5
Second Age Group	3,784	1,610	42.5	2,149	56.8	25	0.7
Third Age Group	2,343	849	36.2	1,472	62.8	22	1.0
Other periodic inspections	3,515	1,263	35.9	2,210	62.9	42	1.2
Total	13,721	5,572	40.6	8,040	58.6	109	0.8

TABLE 14 - DEFECTS FOUND BY MEDICAL INSPECTION

Defect or Disease		Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		1.	2.	1.	2.
Skin		235	152	886	12
Eyes	a. Vision	658	438	206	12
	b. Squint	104	53	16	1
	c. Other	77	69	256	10
Ears	a. Hearing	36	71	23	6
	b. Otitis Media	34	148	17	1
	c. Other	19	27	119	4
Nose and Throat		230	570	177	5
Speech		48	77	41	3
Cervical Glands		13	140	13	-
Heart and Circulation		15	162	51	8
Lungs		81	213	131	14
Developmental -					
	a. Hernia	4	14	-	1
	b. Other	9	147	22	-
Orthopaedic -					
	a. Posture	76	291	24	5
	b. Flat Foot	125	223	17	3
	c. Other	235	340	252	5
Nervous System -					
	a. Epilepsy	6	12	3	-
	b. Other	7	47	35	4
Psychological -					
	a. Development	5	27	80	10
	b. Stability	16	129	34	10
Other		167	285	1,655	110

1. Requiring Treatment.

2. Requiring to be kept under observation but not requiring treatment.

TABLE 15 - PUPILS FOUND TO REQUIRE TREATMENT

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental disease and infestation with vermin):-

Group	For defective vision (excluding squint)	For any of the other conditions recorded	Total Individual Pupils
Entrants	40	457	486
Second Age Group	267	458	679
Third Age Group	144	175	302
Total (prescribed groups)	451	1,090	1,467
Other periodic inspections	207	357	543
Grand Total	658	1,447	2,010

TABLE 16 - MINOR AILMENTS

	Number of cases treated or under treatment during the year	
	By the County Council	Otherwise
A. Diseases of the Skin (excluding uncleanliness)		
Ringworm - (i) Scalp	-	-
(ii) Body	3	-
Scabies	24	-
Impetigo	96	7
Other skin diseases	1,148	11
Total	1,271	18
B. Other treatment given (not covered by tables 16a, 17, 18, 19 and 20)		
(a) Miscellaneous minor ailments ...	861	18
(b) Other (specify under one of following headings):-		
1. Nervous System	34	12
2. Digestive System	28	26
3. Respiratory System	77	248
4. Skeletal system	-	-
5. Circulatory System	15	19
6. Infectious Disease	13	58
7. Pyrexia of unknown origin	4	3
8. Ductless Glands	-	2
9. Psychogenic	23	3
10. Helminthiasis	14	1
11. Developmental	14	1
12. Excretory System	4	34
13. Debility	65	1
14. Colds and Rheumatism	75	17
15. Minor Injuries	667	5
16. Miscellaneous Surgical	30	3
Total	1,924	451

TABLE 17 - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	283	266
Errors of Refraction (including squint)	-	2,306
Total	283	2,572
Number of pupils for whom spectacles were:-		
(a) Prescribed	-	1,477 +
(b) Obtained	-	733 Ø

+ Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

Ø Known to be incomplete as glasses supplied direct to patients by National Health Service Opticians.

TABLE 18 - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear	-	-
(b) for adenoids and chronic tonsillitis	-	41
(c) for other nose and throat conditions	-	-
Received other forms of treatment	224	442
Total	224	483

TABLE 19 - ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals	4	
	By the Authority	Otherwise
(b) Number treated	30	1,128

TABLE 20 - CHILD GUIDANCE AND SPEECH THERAPY

No. of pupils treated	Child Guidance	Speech Therapy
(i) By the Authority	-	214
(ii) Otherwise	94	-

TABLE 21 - DENTAL INSPECTIONS AND TREATMENT

Age Groups	No. inspected (i)	No. found to require treatment (ii)	No. referred for treatment at the County Council's Dental Clinics (iii)
Under 5 +	332	191	183
5 - 16 and over	17,196	12,251	12,153
Specials	4,516	4,248	4,246
Total	22,044	16,690	16,582

+ Nursery Schools only			
iv. Number of pupils commenced treatment			10,639
iva. Number of pupils treatment completed			8,148
v. Number of attendances made by pupils for treatment			23,652
vi. Number of appointments not kept			4,526
vii. Number of half days devoted to (a) Inspection			125
(b) Treatment			2,964
		Total	3,089
viii. Fillings. Permanent Teeth			13,069
Temporary Teeth			4,630
		Total	17,699
ix. Number of teeth filled. Permanent Teeth			11,345
Temporary Teeth			4,334
		Total	15,679
x. Extractions. Permanent Teeth	1,283		
Permanent Teeth for Orthodonture	199		
TOTAL Permanent Teeth			1,482
Temporary Teeth			8,464
		Total	9,946
xi. Anaesthetics (a) General			1,785
(b) Local			3,314
(c) Regional			434
		Total	5,533
xii. Other operations (a) Permanent Teeth			2,770
(b) Temporary Teeth			6,030
		Total	8,800

TABLE 21 (cont.) - SPECIAL DENTAL TREATMENT UNDERTAKEN
BY DENTAL OFFICERS

Number of impressions, etc.	338
Number of Dentures fitted	82
Number of crowns and bridges	41
Number of inlays	4
Number of radiographs	
(a) at Dental Clinics	258
(b) at Hospitals	-

TABLE 22 - ORTHODONTIC EXAMINATION AND TREATMENT

	AGE GROUPS										TOTALS
	5	6	7	8	9	10	11	12	13	14	
Number of pupils examined	-	3	5	9	15	20	8	7	6	6	79
Number of pupils selected for	-	2	5	8	14	19	5	7	6	6	72

Number of pupils commenced treatment (first attendance)	142
Number of attendances made for treatment	2,910
Number of consultations	57
Number of impressions, etc.	676
Number of fixed appliances fitted	14
Number of removable appliances fitted	259
Number of radiographs	
(a) at Dental Clinics	225
(b) at Hospitals	1
Number of pupils treatment complete	43
Number of orthodontic sessions ($\frac{1}{2}$ days)	232

TABLE 23 - INFESTATION WITH VERMIN

Total number of examinations	...	...	...	...	113,320
Total number of pupils found to be infested	...	...	...	...	594
Total number of <u>individual</u> pupils found to be infested for the first time during the current year	...	...	...	...	193
Number of <u>individual</u> pupils in respect of whom cleansing notices were issued. (Section 54/2, Education Act, 1944).	...	...	...	...	-
Number of <u>individual</u> pupils in respect of whom cleansing orders were issued. (Section 54/3, Education Act, 1944).	...	...	...	...	-

TABLE 24 - EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

1. Number of children medically examined in order to ascertain whether they were physically fit to undertake employment of a light nature outside school hours	...	...	...	...	221
2. Number of instances in which the state of health was found to be such that certificates were withheld	...	...	...	...	-
3. Number of children examined as to fitness to take part in entertainments	...	...	...	...	2
4. Number of cases in which certificates to take part in entertainments were withheld	...	...	...	...	-

TABLE 25 - EDUCATION ACT, 1944 - SECTIONS 57(3), 57(4) and 57(5)

Cases dealt with under Section 57, Education Act, 1944:-

Sub-Section 3:	21
Sub-Section 4:	-
Sub-Section 5:	5

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

1

TABLE 26 - MEDICAL EXAMINATION OF TEACHERS

(a) Number of Teachers examined as to fitness for appointment	...	...	...	...	10
(b) Number of Students examined as to fitness for first appointment	...	...	...	...	64
(c) Number of Students examined as to fitness to undertake Training Course	...	...	...	...	89

RETURN OF HANDICAPPED PUPILS, YEAR ENDED 31st DECEMBER, 1954

ASCERTAINMENT

DISTRIBUTION (as at last day of year)

CATEGORY	No. of ascertained Cases known first day of year		No. of New Cases ascertained during year		No. of ascertained Cases Known last day of year		In Special Day Schools		In Special Residential Schools		In Maintained Primary and Secondary Schools		In Independent Schools		Not at School		TOTAL	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
Blind Pupils	4	5	1	1	4	6	1	-	3	6	-	-	-	-	-	-	4	6
Partially-Sighted Pupils	10	12	-	-	8	7	6	7	1	-	-	-	-	-	1	-	8	7
Deaf Pupils	13	5	1	3	13	8	6	7	7	1	-	-	-	-	-	-	13	8
Partially Deaf Pupils	41	21	1	1	36	15	5	4	3	1	28	10	-	-	-	-	36	15
Delicate Pupils	25	20	16	14	19	20	2	4	14	14	2	2	1	-	-	-	19	20
Educationally Sub-normal Pupils	72	62	21	17	83	70	52	49	14	3	15	18	-	-	2	-	83	70
Epileptic Pupils	2	4	-	-	1	3	-	-	1	2	-	1	-	-	-	-	1	3
Maladjusted Pupils	26	7	11	3	23	6	-	-	19	6	4	-	-	-	-	-	23	6
Physically Handicapped Pupils	23	15	3	1	20	12	13	12	3	-	-	-	1	-	3	-	20	12
Pupils with Speech Defects	136	62	80	22	189	66	1	1	3	-	170	58	3	2	12	5	189	66
Pupils with Multiple Defects	11	7	2	3	12	8	5	5	3	3	3	-	-	-	1	-	12	8
Totals	363	220	136	65	408	221	91	89	71	36	222	89	5	2	19	5	408	221
Grand Totals	583		201		629		180		107		311		7		24		629	

Children not ascertained as H.P. but recommended convalescence in a Holiday Home or Camp School during Year ended 31st December, 1954.

B	G
49	48

ORTHOPTIC TREATMENT

Number of New Cases	Number of Cases receiving treatment	Total Attendances
158	114	1,172

90 children were referred to the Royal Eye Hospital
for Orthoptic treatment

CHIROPODY

Expectant and Nursing Mothers and School Children

[illegible]

COUNTY COUNCIL DAY SPECIAL SCHOOLS

County District in which children reside	No. of new recommendations received during year	No. of children admitted during year	No. of children on waiting list on Last day of year
<u>Vale Road School for Physically Handicapped Children</u>			
Tottenham	5	3	2
Hornsey	3	1	2
Edmonton	3	3	-
Hendon	4	2	2
Wood Green	3	3	-
Enfield	3	5	1
Friern Barnet	1	1	-
Southgate	-	1	-
Totals	22	19	7
<u>Tottenham School for the Deaf</u>			
Tottenham	1	2	-
Harrow	1	1	-
Hendon	-	1	-
Wood Green	2	1	1
Totals	4	5	1

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