

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

**Contributors**

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Wish Health

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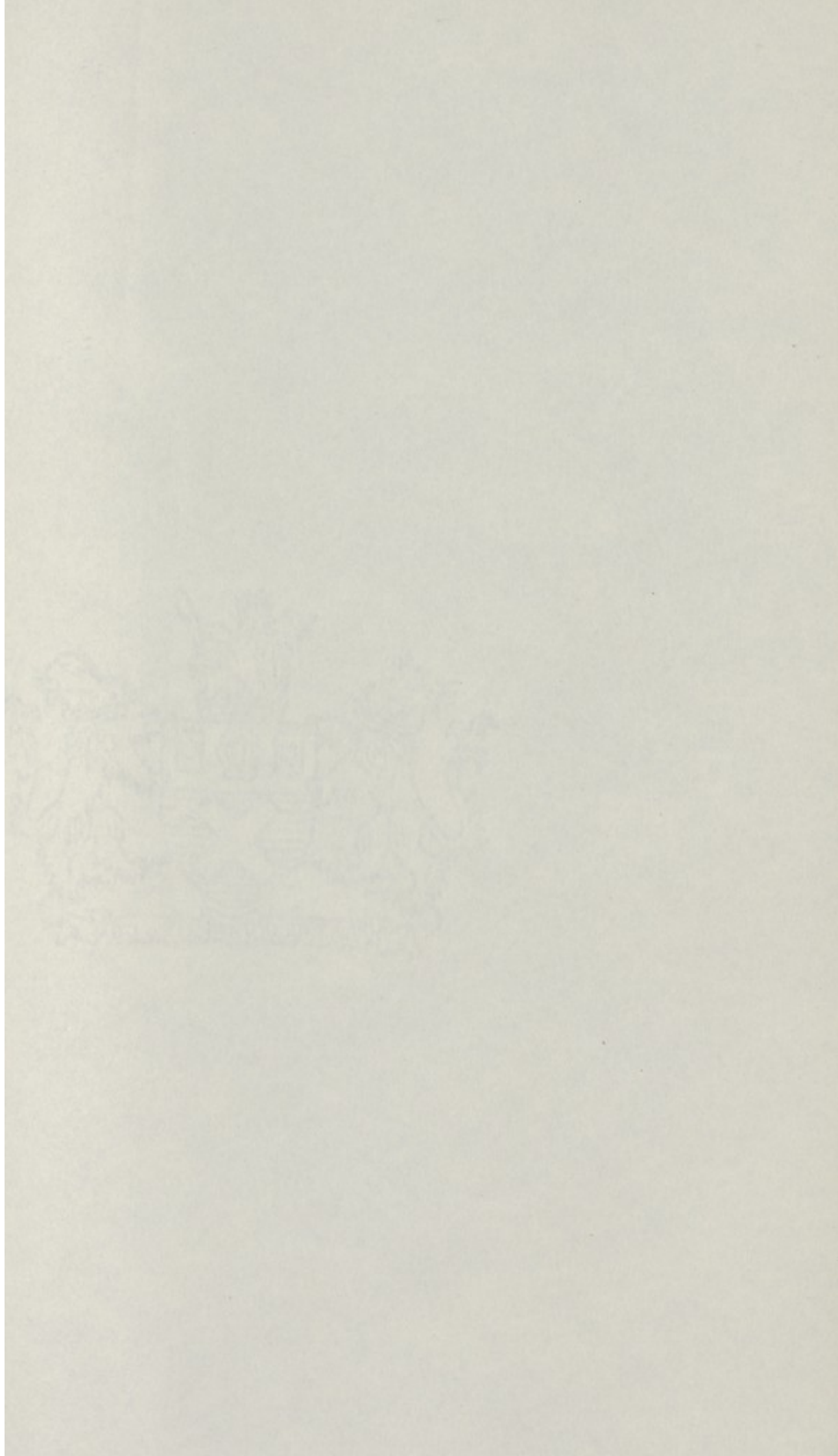


**TOTTENHAM'S**

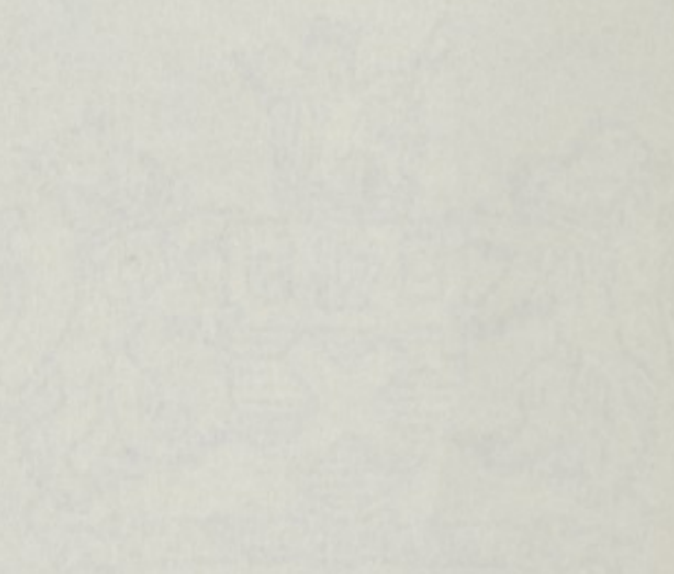
**HEALTH**

**1955**











# TOTTENHAM'S HEALTH

## 1955





Health Department,  
Town Hall,  
Tottenham, N.15.

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 the Annual Report on the Health of the Borough for the year ended the 31st December, 1955. This report is the 102nd in the series submitted annually since the appointment of Dr. William Hall in 1853 as Tottenham's first Medical Officer of Health; and the 20th which it is my privilege to present to the Council.

A hundred years ago Tottenham was an exclusive and quiet little suburban town. The introduction of the railways in the mid-nineteenth century led to rapid expansion of the population; and a twist to the character of the district: setting it off to swallow up the whole of the ancient rural parish and later to face problems of unplanned urbanisation. Years of endurance, failure and success in Local Government followed this rapid expansion of population which in the year 1934 had reached its peak of 154,000. It was in this year the Town received a Royal Charter of Incorporation; and with a strong and vigorous sense of civic responsibility the newly constituted Borough took as its motto "Do well and doubt not" embossed in English on the Borough Arms so that its meaning and significance could be readily understood by all its citizens.

Since the opening of the present century Tottenham has deservedly earned a high reputation for progressive and efficient public administration; and many dramatic and striking improvements have been made over the whole range of Local Government activities.

In the provision of services for the prevention of disease and the promotion of health in the community, full advantage has been taken of the powers, obligatory and permissive, given by successive health and welfare legislation. It came, therefore, as a severe blow to the prestige of this Borough when in 1948, under the provisions of the National Health Service Act, Tottenham came to lose its full autonomy in the administration of the school health and personal health services. The newly constituted Local Health Authority had good reason, however, to be grateful to the



Borough Council for the completeness of the services handed over to them in 1948. Among the buildings and services so transferred may be mentioned: the modern and well equipped clinics and welfare centres; a residential nursery in Hertfordshire; a residential open-air school at Hayling Island; day nurseries, nursery schools and nursery classes; day special school for the physically handicapped child; day special school for the deaf child; occupational centre for the mentally handicapped; well established domiciliary midwifery, health visiting, district nursing, home helps and ambulance services and a full range of specialist clinics, including dental and orthodontic services for the priority classes.

Today the state provides measures of the utmost value in helping to promote and maintain high standards of health: notably by its comprehensive protection against many of the economic hazards of life - sickness, unemployment and infirmity of old age; and by the payment of family allowances, an important step towards removing the reproach that children can be a principal cause of poverty. But there is still much to be done in the spheres of disease prevention and health promotion: a challenge accepted by Local Government more than a century ago.

The following pages, of this my Annual Report for 1955, set out many of the health services provided in the Municipality; together with such statistical information as is necessary to measure failure or success and to indicate fresh avenues of endeavour.

To the professional and lay staffs of the Borough and Area Health Departments I wish to express my gratitude for their loyal support throughout the year; and in particular my thanks to Dr. F. Summers, Deputy Medical Officer of Health; Dr. A. Yarrow, Deputy Area Medical Officer; Mr. E.T. Jenkins, Chief Sanitary Inspector; Miss H. Townsend, Superintendent Health Visitor; Miss F.E. Curtis, Home Nursing and Midwives Superintendent; Mr. A.W. Lawrence, Chief Clerk and Mr. W.L.N. Relleen, Area Chief Clerk; for their invaluable help and co-operation in the preparation of this Report.

In conclusion, I wish to express my indebtedness for the encouragement shown me at all times by the Chairman and Members of the various Committees concerned.

I am,

Your obedient servant,

G. HAMILTON HOGBEN

Medical Officer of Health.

1st June, 1956.

# MEMBERS OF THE COUNCIL

## **MAYOR**

Councillor F. G. Bohringer, J. P.

## **DEPUTY MAYOR**

Alderman C. H. Colyer

Alderman	E. J. Field	Alderman	A. Reed, A.C.I.I., J. P.
"	R. W. H. Ford	"	Mrs. A. F. Remington
"	W. S. Herbert	"	A. R. Turner
"	F. A. F. Keay, J. P.	"	H. W. Turner
"	The Lady Morrison	"	R. H. Warren
Councillor	Miss S. A. Berkery	Councillor	T. R. Izzard
"	Mrs. E. M. Bohringer	"	Mrs. W. A. Kent
"	E. Brown (Died 21st January, 1956)	"	H. Langer
"	J. W. H. Brown	"	Mrs. A. A. Miller
"	E. J. J. Carter	"	M. T. Morris
"	A. W. Catley	"	S. C. Morris
"	Mrs. I. R. Cato	"	J. J. Pagin
"	E. J. Clook	"	I. L. Peirce
"	E. Cooper	"	Mrs. M. E. Protheroe
"	A. J. Davies	"	T. A. Riley
"	J. A. S. Dipple	"	P. H. Roberts
"	T. A. Dutton	"	F. S. Sharp
"	E. V. Garwood	"	E. C. Smith
"	K. A. E. Gregg	"	J. Watkins
"	Mrs. F. E. Haynes	"	Mrs. A. Wise
"	Mrs. F. C. Ilsley	"	J. Wolsey

Town Clerk:

M. Lindsay Taylor, LL. B.



## HEALTH AND HOUSING COMMITTEE

### Chairman

Alderman R. H. Warren

His Worshipful the Mayor,  
Councillor F. G. Bohringer, J.P.

The Deputy Mayor, Alderman C. H. Colyer  
(ex-officio members)

Alderman A. Reed, A.C.I.I., J.P.	Alderman Mrs. A. F. Remington
Councillor Mrs. E. M. Bohringer	Councillor Mrs. F. E. Haynes
" E. Brown	" Mrs. M. E. Protheroe
" E. J. Clook	" T. A. Riley
" E. Cooper	" E. C. Smith
" J. A. S. Dipple	" J. Watkins
Councillor Mrs. A. Wise.	

## 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)
A.J. Hattersley (a) (b) (commenced 1.1.55)	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 Public Health Engineers'  
Certificate.

(d) Sanitary Science Certificate.

### Shops Acts Inspector

F. T. G. Lock

(retired 15.8.55)

### 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 (left 2.10.55)
Miss E. Sawyer (commenced 19.12.55)	Mrs. I.M. Cullen (left 28.8.55)
J. Tedore (commenced 17.6.55 Forces 24.11.55)	Miss M. Blackwell (commenced 5.10.55)
M. Moore (Forces - 19.3.55)	

### Outside Staff

Foreman	S.H. Reid	Disinfectors, Apparatus	W. Butcher
Disinfecting Van Driver:	E.E. Mannell	Attendant:	A. Dowse A.E. Moon
Drain Testers:	A.E. Crow	Rodent	J. Lawrence
	F.T. Dowse	Operatives:	G.W. Percival
	R.E. Hobbs		
	B. Joscelyn		
	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, 1955	122,100
APPROXIMATE NUMBER OF DWELLINGS IN DISTRICT	30,710
RATEABLE VALUE OF DISTRICT at 1st April, 1955	£1,019,313
SUM REPRESENTED by PENNY RATE at 1st April, 1955	£4,070

## LIVE BIRTHS -

Legitimate	1,445	1,511
Illegitimate	66	
Birth Rate (per 1,000 population)		12.38

STILL BIRTHS 30

DEATHS	1,331
Death Rate (per 1,000 population)	10.9
Infantile death rate (per 1,000 live births)	16.55
Maternal death rate (per 1,000 live and still-births)	0.649

## COMPARABILITY FACTORS

Deaths	1.03
Births	0.95

(NOTE: Detailed vital statistics appear on pages 55 to 63 in the Statistical Summary.)





## PART I

CONTROL OF DISEASE

After a record low number of notifications of infectious disease - 819 in 1954, the number of notifications was up in 1955 to 2,373. This was to a great extent accounted for by an epidemic of measles in the early months of the year.

Tuberculosis

The number of cases on the tuberculosis register on 31st December, 1955 was 1,825 an increase of 115 on the previous year.

There were 144 new cases of tuberculosis notified during 1955 (126 pulmonary and 18 non-pulmonary) compared with 131 in 1954 (126 pulmonary and 5 non-pulmonary).

Distribution of New Tuberculosis Cases notified during 1955

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 1 year	-	-	-	-	-	-	-	-
1 - 4 years	2	3	2	2	-	-	-	-
5 - 9 "	2	4	1	-	-	-	-	-
10 - 14 "	1	-	2	1	-	-	-	-
15 - 19 "	2	7	-	-	-	-	-	-
20 - 24 "	4	14	-	1	-	-	-	-
25 - 29 "	7	9	2	1	-	-	-	-
30 - 34 "	13	9	-	-	1	1	-	-
35 - 39 "	5	6	-	-	1	1	-	-
40 - 44 "	5	3	1	-	1	1	-	-
45 - 49 "	1	3	1	1	-	-	-	-
50 - 54 "	5	1	-	1	2	-	-	-
55 - 59 "	4	1	-	1	3	-	-	-
60 - 64 "	7	1	-	-	3	3	-	-
65 - 69 "	1	2	-	-	4	-	-	-
70 - 74 "	3	1	-	-	-	1	-	-
75 Years and over	-	-	-	1	1	-	-	-
Total	62	64	9	9	16	7	-	-

The following is an analysis of non-pulmonary tuberculosis cases notified during 1955:-

	Male	Female	Total
Bones and Joints	4	3	7
Genito-urinary system	2	-	2
Central nervous system	1	1	2
Other sites	2	5	7
	9	9	18

### **Changes in Tuberculosis Register during 1955**

Details	Pulmonary		Non-Pulmonary		Total
	Male	Female	Male	Female	
Number on Register at 1st January, 1955	843	696	77	94	1,710
New cases notified during 1955	62	64	9	9	144
Transfer into Tottenham	23	23	2	4	52
Return to District	3	1	-	-	4
Restored to Register	-	3	-	-	3
	931	787	88	107	1,913
Cases removed from Register:					
Deaths of cases on register	23	5	-	1	29
Transfer out of Tottenham	22	28	-	3	53
Recovered	2	-	-	1	3
Lost sight of	1	1	-	1	3
	48	34	-	6	88
Number on Register at 31st December, 1955	883	753	88	101	1,825

### **Ward Distribution of Cases of Tuberculosis on the Register at 31st December, 1955**

Ward	Estimated Population	Male		Female		Total	Rate per 1,000 population
		Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary		
White Hart Lane	11,628	117	10	112	8	247	21.2
Park	11,551	81	14	87	13	195	16.9
Coleraine	11,705	69	7	68	6	150	12.8
West Green	11,186	70	3	65	12	150	13.4
Bruce Grove & Central	11,046	74	6	45	6	131	11.9
High Cross & Stoneleigh	11,102	88	14	60	10	172	15.5
Green Lanes	10,833	74	7	71	7	159	14.7
Chestnuts	11,256	74	6	68	10	158	14.0
Seven Sisters	10,417	77	8	61	7	153	14.7
Town Hall	10,686	73	8	68	13	162	15.2
Stamford Hill	10,690	86	5	48	9	148	13.9
Total	122,100	883	88	753	101	1,825	14.9

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.



### Mass Miniature Radiography Unit - N.E. Metropolitan Regional Hospital Board

This unit visited the Borough in 1955 holding public sessions at the Area Health Offices early in the year. In addition visits were paid to a number of industrial concerns and other organised groups.

In all 14,402 miniature films were taken and of these 464 were recalled for further investigation. A total of 19 new cases of tuberculosis were notified as a result of the survey. A further 113 cases were noted but not notified of individuals with healed pulmonary lesions or who were already known to the authorities.

In the public sessions 3,177 persons were x-rayed and 7 new cases discovered, (2.2 cases per 1,000) and in organised group sessions 12 cases were found (just over 1 per 1,000) in the 11,225 films taken.

Analysed by sex there were 10 female cases from 5,841 examinations (1.7 per 1,000) and 9 male cases from 8,561 examinations (1.05 per 1,000).

As the majority of persons seen were undoubtedly of working age this finding is probably a reflection of the differing age incidence of tuberculosis in the two sexes. The disease affects women in the younger age groups and men in the older age groups.

### Tottenham Chest Clinic

This clinic which is in the grounds of St. Ann's General Hospital serves the boroughs of Tottenham and Wood Green.

The Chest Physician, Dr. T.A.C. McQuiston, has kindly supplied the following report on the work during 1955 of the clinic and the associated Chest Unit in St. Ann's General Hospital.

"Tuberculosis deaths are down on the previous year, and although the number of new cases notified is not significantly less than during the previous 12 months, the total number of cases seen to find this number was an increase on the previous year.

There is still a large demand for the 150 chest beds which we administer at St. Ann's Hospital. Most cases prefer going into local beds when these are available, and, of course, it is possible for us to carry out any treatment which may be required.



There is visiting at some time during every day of the week, and the expense involved is much less than is the case when treatment is carried out at a distance from the London area. Since we have a cubicle arrangement in the In-patient Unit it is always possible for us to take any case requiring investigation which cannot be done as out-patient, and non-tuberculous chest cases may be admitted for short periods for treatment which cannot easily be given at home either on account of the nature of this treatment or on account of lack of amenities on the social side.

We have a good liaison with the thoracic surgical department at the North Middlesex Hospital, where surgery on our tuberculous cases is carried out, and also where special investigation and treatment of non-tuberculous thoracic disease can be done with a minimum of delay.

I should like again to emphasise the importance of an easy liaison between the Unit and the general practitioners in the area which the Clinic serves, and also with the Medical Officer of Health and staff concerned with the area health services".

**Chest Clinic Statistics, 1955**  
**(Tottenham and Wood Green)**

Total number of attendances		30,998
No. of sessions held		1,261
No. of x-rays: Large films	13,183	
Miniature films	6,692	19,375
No. of new cases seen		5,642
No. of new contacts seen		1,064
No. of new contacts found to be tuberculous and formally notified		14
No. of persons vaccinated with B. C. G.		366

**Scarlet Fever**

There were 75 cases of scarlet fever notified during the year, but no deaths were attributed to the disease. Of the 43 cases admitted to hospital the diagnosis was amended in 11 instances.

Details of cases admitted to and the hospitals to which they were admitted 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	13.3	11	9.6
Other Hospitals	2	19	No amendments.	

### Diphtheria

There was one confirmed case of diphtheria in the Borough during the year. This occurred in a girl aged 9 and was diagnosed as the result of a positive throat swab. Investigation of the organism cultured from the throat swab showed it to be a non-virulent type. There were no secondary cases arising from this. In 6 suspected cases the diagnosis was amended as follows:-

Tonsillitis	...	4
Stomatitis	...	1
Quinsy	...	1

### Measles

There were 1,837 cases notified during the year. 63 cases were admitted to hospital. Of these the diagnosis was amended in one instance and one, a female aged 1 year 9 months, died from broncho pneumonia complicating the illness, one day after admission to hospital.

### Whooping Cough

There were 98 cases of whooping cough notified during the year. There was one fatal case in a child of 3 months complicated by broncho pneumonia.

### Poliomyelitis

19 cases of poliomyelitis were confirmed during the year - 9 paralytic, 10 non paralytic.

This is the highest number of cases recorded in the Borough; but compares favourably with the incidence in other authorities in the London area.

During the year the North East Metropolitan Regional Hospital Board set up a special poliomyelitis unit at St. Ann's General



Hospital, Tottenham for the treatment of poliomyelitis and the Medical Officer of Health was appointed a member of the Subcommittee concerned with this unit.

The modern treatment of emergencies likely to arise during the course of poliomyelitis calls for special apparatus and special medical and nursing skills. It was therefore thought advisable to concentrate the facilities for treatment and maintenance of special equipment at a few points in the Region and bring those who might need it to those points rather than spread the apparatus and specialists staff throughout the Region to be transported to the emergency when it arose. The established "unit" leads to much greater efficiency but it does mean that patients outside Tottenham may have to be treated at some distance from their homes. Locally the knowledge that so many cases of poliomyelitis are being treated in St. Ann's General Hospital may give the public a wrong impression of the incidence of the disease in the Borough. These objections, however, cannot begin to outweigh the advantages of centralised treatment.

#### Confirmed Cases of Poliomyelitis during 1955

Date of Notification	Date of commencement of illness	Sex	Age in Years	Remarks	Recent History of Inoculations
20. 7. 55	16. 7. 55 (Approx.)	F	14½	Non-paralytic	Nil
23. 7. 55	21. 7. 55	M	18	Paralytic	Nil
9. 8. 55	22. 7. 55	F	4½	Non-paralytic	Nil
30. 8. 55	24. 8. 55	F	36	Paralytic (Expectant Mother)	Nil
2. 9. 55	31. 8. 55	F	37	Non-paralytic	Nil
3. 9. 55	29. 8. 55	M	17½	Non-paralytic	Nil
5. 9. 55	30. 8. 55	F	2½	Paralytic	Anti-tetanus serum 6-8 weeks before onset
* 8. 9. 55	6. 9. 55	M	5	Non-paralytic	Nil
* 8. 9. 55	6. 9. 55	M	6	Non-paralytic	Nil
12. 9. 55	7. 9. 55	M	10½	Non-paralytic	Nil
20. 9. 55	15. 9. 55	M	10½	Non-paralytic	Nil
26. 9. 55	21. 9. 55	M	28	Paralytic	Nil
3. 10. 55	30. 9. 55	M	10	Non-paralytic	Nil
6. 10. 55	13. 9. 55 (Approx.)	F	5	Paralytic	Nil
24. 10. 55	14. 10. 55 (Approx.)	F	4	Paralytic	Nil
23. 11. 55	16. 11. 55	M	8	Non-paralytic	Nil
30. 11. 55	23. 11. 55	F	25	Paralytic (Expectant Mother)	Nil
29. 12. 55	29. 12. 55	M	14	Paralytic	Nil
31. 12. 55	31. 12. 55	M	2½	Paralytic	Nil
* Brothers					

In 19 suspected cases the diagnosis was amended as under.

Tonsillitis	6	Fibrositis	1
Upper Respiratory Tract Infection	2	Osteomyelitis	1
Bronchitis	1	Influenza	1
Pyrexia of Unknown Origin	1	Acute Pharyngitis	1
Wells Disease	1	Upper Respiratory Infection and Atelectasis	1
Rheumatic Fever	1		
Viral Respiratory Disease	1	Viral Infection	1

### Dysentery

There were 52 cases of dysentery notified during the year, of which 14 were admitted to hospital. Of these one was complicated with measles and four others rediagnosed as follows:-

Enteritis - Non-Specific	2
Toxic Food Poisoning	1
Ischiorectal Abscess	1

### Paratyphoid Fever

One case of paratyphoid was notified during the year.

### Scabies

There were 25 cases of scabies notified during the year.

### Food Poisoning

Twenty-three cases of food poisoning were notified. Of these one occurred in the first quarter, five in the second, thirteen in the third and four in the fourth quarter of the year.

### Weil's Disease (Leptospirosis icterohaemorrhagica)

Three confirmed cases of this disease were reported during the year and one suspected. There was no apparent connection between the confirmed cases but one of the confirmed cases and the suspect were near neighbours. In addition there was a history of



another resident in the street having had an attack of jaundice some months previously.

This disease is primarily a disease of rats and the organism is found in their excreta. Rats were reported in the locality in which the first case and the suspect case occurred but no signs of recent infestation were found nor were baits taken. One rat however was eventually trapped in the vicinity but was not found to be infected with the disease.

The two other cases would appear to have been associated with water contaminated by infected rats.

The first patient was thought to have contracted the disease while fishing in some disused gravel pits. The second patient worked at a wharf on the River Lee and was in the habit of bathing frequently in the river during the hot weather which prevailed at that time.

#### SUMMARY OF DISINFECTION WORK DURING 1955

Rooms disinfected after occurrence of infectious disease	159
Bedding disinfected after occurrence of infectious disease or death	131
Library books disinfected	177



## PART II

### FOOD CONTROL

Interest in the control of food and food premises has been mainly centred on the new legislation passed by Parliament at the end of the year. The new Food and Drugs Act which came into force on the 1st January, 1956 amends and consolidates the law on this subject. It is hoped that the strengthening of the law governing hygiene in food transactions will enable advances to be made in the control of food-borne disease and at the same time save waste of food due to careless handling and storage.

The time has come when health education as a means of improving hygienic practices in the food trade must be reinforced by a vigorous and regular inspection of the premises. Whilst officers of the local authority are at all times ready to advise and bring to the notice of the public the dangers of improper handling of food, they also have a duty to enforce the provisions of byelaws and other legislation dealing with the control of food.

The Food Hygiene Regulations, 1955 modify and extend the hygiene requirements of section 13 of the Food and Drugs Act, 1938 and include a number of provisions affecting stalls and vehicles and also certain general requirements that apply wherever food is handled. They apply to the supply of food in the course of a business which is defined so as to include canteens, clubs, schools, hospitals and other institutions, as well as undertakings carried on by public and local authorities.

The Regulations generally came into force on the 1st January, 1956, but certain provisions which may involve alterations to premises or other substantial changes are deferred until the 1st July, 1956. The main new provisions are as follows:-

- (i) No food business may be carried on in any insanitary premises and the equipment used must be non-absorbent and maintained in a thoroughly clean condition.
- (ii) Preparation or packing of food must not be undertaken in domestic premises other than those of the person carrying on



the business. This will prohibit the practice of outworkers being employed by certain food trades.

(iii) Food may not be placed where there is risk of contamination.

(iv) There is a strict control of personal cleanliness and cuts and abrasions must be covered with waterproof dressings. Food handlers must refrain from spitting or from smoking while they are handling any open food or are in any room in which there is open food.

(v) Care must be taken in the transport and wrapping of food and only clean wrapping material may be used. In particular, newspaper or other printed material must not come into contact with any food other than uncooked vegetables.

(vi) Notice must be given to the Medical Officer of Health of any persons who handle food and who are suffering from or are carriers of certain infections.

(vii) Food premises must comply with certain structural requirements and must be provided with:-

- (a) a constant supply of clean and wholesome water;
- (b) wash-hand basins with an adequate supply of hot and cold water for the persons engaged in handling food. Soap, nail brushes and towels must also be available;
- (c) First aid equipment readily accessible for the use of persons handling food;
- (d) Suitable accommodation for clothing;
- (e) Sinks for washing food and equipment;
- (f) "Wash Hands" notices exhibited in W.C's.

(viii) Certain foods for immediate consumption must be kept at temperatures designed to secure conditions normally to be found in a cool larder, or else above a point at which heat-susceptible organisms would be killed.

(ix) Stalls selling meat or fish must be suitably covered and screened at the sides and back in such a manner as to prevent contamination and must have suitable waste receptacles.

(x) Stalls selling food for immediate consumption must be provided with washing facilities and there must be an adequate supply of hot and cold water for this purpose.



(xi) Provision is made in regard to the transport and carrying of unwrapped meat.

The Local Authority is empowered to issue certificates of exemption in certain cases where compliance with the Regulations cannot reasonably be required because of restricted accommodation or some other special circumstance. In a covering letter the Ministry of Health state that this provision is included for exceptional use to meet special circumstances and the Minister does not doubt that it will be used with circumspection. A certificate may be issued for a specific period or to run indefinitely until withdrawn.

The penalties for offences against either the new Act or Regulations has been raised to a fine not exceeding £100 or to imprisonment for a term not exceeding three months, or to both. In the case of continuing offences there may be a further penalty not exceeding £5 a day. If a caterer is convicted by a Court of an offence against the Food Hygiene Regulations, the Court may, in certain cases, disqualify him from using the premises for catering purposes for a period not exceeding two years.

#### Registered Premises

In future the applications for the registration of premises to be used for the manufacture, storage or sale of ice cream, or for the preparation of sausages or preserved foods must specify the particular rooms or accommodation to be used and registration will be restricted to those parts of the premises.

At the 31st December, 1955, the following premises were registered:-

For the sale only of ice cream	356
Manufacture and sale of ice cream	6
Storage of ice cream	4
Cooking of hams and other meats	42
Fish frying	37
Sausage manufacture	56
Preparation of jellied eels	3
Boiling shell fish	3

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 a summary 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	3	1	2	1	7
Samples of ice cream produced outside of Tottenham	7	1	1	1	10
Total	10	2	3	2	17

#### Middlesex County Council Act, 1950: Registration of Hawkers

Section 11 of this Act requires the registration of all food hawkers and their storage premises. Two new applications were investigated by the sanitary inspectors in 1955 and found to be satisfactory.

The following is a summary of the registered hawkers and their storage premises at the 31st December, 1955:-

Articles	Number of persons registered	Number of registered storage premises
Fruit and vegetables	97	93
Shellfish	14	10
Fish	7	7
Ice Cream	3	3
Peanuts	2	2
Light refreshments (Mobile Canteen)	4	4
Total	127	119

#### 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 1955, namely:-



Designation	No. of Licences	No. of Supplementary Licences
Pasteurised	71	14
Sterilised	129	16
Tuberculin Tested	34	15

During the year 12 applications for registration as milk distributors were dealt with. No applications were received in respect of dairies. Of the 12 new registrations 7 were for new premises and the other 5 were in respect of the change of proprietorship of previously registered premises.

The number of premises and distributors registered at 31st December, 1955 was as follows:-

Distributors - 153

Dairies - 8

There are now no premises in the Borough at which milk is pasteurised or sterilised.

### Slaughterhouses

There are two licensed slaughterhouses in the Borough at which regular slaughtering takes place, although one of these is mainly concerned with the slaughter of horses. The work of meat inspection continues to occupy a major place in the work of the department and the accompanying table shows the large numbers of animals slaughtered in Tottenham during 1955. The inspectorate constantly work in the slaughterhouses outside normal office hours and allowing compensatory time off is not always possible, particularly during the normal annual leave period, when further depletion of staff cannot be permitted. During the year 16 licences to slaughter were issued under the provisions of the Slaughter of Animals Act, 1933.

### Knacker's Yard

There is one licensed knacker's yard in the Borough. During the year the Council adopted byelaws under Section 58(1) of the Food and Drugs Act, 1938 for securing that knacker's yards are kept in a sanitary condition and are properly managed and requiring that records should be kept of the animals brought to the yard and of the manner in which those animals were disposed of.

SUMMARY OF CARCASSES INSPECTED

	Goats	Horses	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs Excluding Sows	Sows
Number killed	2	1,760	323	155	2,599	2,662	15,638	506
Number inspected	2	1,760	323	155	2,599	2,662	15,638	506
<u>All Diseases Except Tuberculosis</u>								
Whole carcasses condemned	-	1	-	3	1	1	7	-
Carcasses of which some part or organ was condemned	-	142	35	25	11	226	1,578	28
Percentage of number inspected affected with disease other than tuberculosis	-	8.12	10.84	18.06	.46	8.53	10.14	5.53
<u>Tuberculosis Only</u>								
Whole carcasses condemned	-	-	6	3	-	-	7	1
Carcasses of which some part or organ was condemned	-	-	51	24	1	-	398	28
Percentage of number inspected affected with tuberculosis	-	-	17.65	17.42	.04	-	2.59	5.73

No case of Cysticercosis was found in the carcasses inspected.



**Condemned Food**

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

**Tinned articles:**

Chocolate Spread ...	2	Dextrose Maltose ...	2
Coffee ...	2	Egg (Frozen) ...	1
Crab ...	8	Fish ...	217
Cream ...	73	Fruit ...	2,050
Cucumber ...	10	Fruit Juice ...	195
Custard Powder ...	1	Ham ...	147
Jam ...	26	Roes ...	8
Lemon Curd ...	1	Sandwich Spread ...	2
Liver Puree ...	21	Soup ...	195
Lobster ...	4	Spaghetti ...	73
Macaroni ...	2	Strained Food ...	17
Marmalade ...	61	Syrup ...	3
Meat ...	201	Tomatoes ...	2,437
Milk ...	697	Tomato Juice ...	2
Nuts ...	38	Tomato Paste ...	12
Pease Pudding ...	1	Tomato Pulp ...	5
Pork ...	7	Tomato Puree ...	97
Processed Meat ...	544	Tongue ...	13
Raviolli ...	1	Vegetables ...	1,129
Rice ...	8		

**Other articles of food condemned:-**

Beef ...	1,014 lbs.	Fish ...	10 stone
Beef Puree ...	8 jars	Fondant ...	31 lbs.
Biscuits ...	$\frac{1}{2}$ lbs.	Fruit ...	413 $\frac{1}{2}$ lbs.
Butter ...	$\frac{3}{4}$ lbs.	Fruit Juice ...	6 $\frac{1}{2}$ gallons
Cake ...	4 lbs.	Ginger ...	5 packets
Cheese ...	2,449 $\frac{1}{4}$ lbs.	Ground Cloves ...	20 packets
Cheese Spread ...	34 packets	Ham ...	34 lbs.
Chocolate ...	60 lbs.	Herbs ...	2 packets
Chocolate ...	12 packets	Lemon Curd ...	1 jar
Chocolate Sandwich ...	6 packets	Meat ...	274 $\frac{1}{2}$ lbs.
Cooking Fat ...	6 packets	Milk Powder ...	840 lbs.
Dates ...	2 $\frac{1}{2}$ lbs.	Nuts ...	86 packets
Dessicated Coconut ...	56 lbs.	Nuts & Raisins ...	7 packets
Dried Egg ...	23 lbs.	Orange Sandwich ...	2 packets

Pickles	1 jar	Rennet	1 packet
Pork	16 lbs.	Roe	4 stone
Potatoes	2 tons	Suet	1 packet
Raisins	27 lbs.	Spaghetti	10 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 1955:-

Milk. Two samples of hot milk from a cafe contained added water, due to the method of heating the milk. An official caution was issued. A sample of milk, taken on delivery to the same cafe, was found to be slightly deficient in fat but as the deficiency was found to be due to natural causes no further action was taken.

Cakes. A cake, described and sold as a "cream filled roll", contained only imitation cream. A letter of warning was sent to the retailer.

Drugs. A sample of camphorated oil was found to be deficient in camphor. The follow-up samples proved genuine and no further action was taken.

Iced Lollies. Two samples of "fruit lolly" had no fruit juice present; letters of caution were sent to the manufacturers.

Liver. Two samples of "lamb's liver" obtained from a firm of butchers were found to be pig's liver. An official caution was issued. Later two samples obtained from the same firm and sold as "lamb's liver" were found to be a mixture of pig's and lamb's liver. Proceedings were instituted and the firm was fined £4.4.0d. and ordered to pay £3.3.0d. costs. Two further samples of "lamb's liver" - from a different firm - were found to be pig's liver. Proceedings were authorised in this case and the firm fined £2.2.0d. and ordered to pay £4.4.0d. costs.

Pears. Imported Italian pears contained an excess lead content due to the Italian use of poisonous insecticides. In this particular instance the importer could not be traced: but the same state of affairs was disclosed in sampling throughout the County and appropriate representations have been made with a view to preventing re-occurrence of the trouble with the next Italian crop.



Sausages. A sample of pork sausages contained undeclared preservative and an official caution was issued.

Soup. "Cream of Tomato Soup" was found to be deficient in fat. Proceedings were authorised. The Magistrates granted an absolute discharge on payment of £5.5.0d. costs.

Sweets. This sample, described as "Rum and Butter Whipped Cream Bon-Bons" contained no whipped cream and no rum. A letter of caution was sent to the manufacturers.

Victoria Plums. These proved to be Giant Prunes and a letter of caution was sent to the retailers.

Merchandise Marks Acts, 1887-1926. 276 inspections of shops were undertaken to ensure that the Marking Orders relating to certain imported foodstuffs made under the Merchandise Marks Act, 1926 were complied with. 836 separate displays of meat, apples, tomatoes, poultry, dried fruit and butter were examined. Verbal cautions were given in respect of minor infringements not being found so serious as to warrant more stringent action. In two more serious cases proceedings were authorised: one, a firm of fishmongers falsely described dab fillets as "plaice fillets". They were fined £2.2.0d. and ordered to pay £1.1.0d. costs. The other case was of a firm of butchers exposing for sale Argentine beef not marked with the country of origin. They were fined £3.0.0d. and ordered to pay £2.2.0d. costs.

Food Standards (General Provisions) Order, 1944. Imported tins of "Thick Cream" failed to comply with the provisions of this Order in that the contents were deficient in fat. The importers were prosecuted and fined £10.0.0d. and ordered to pay £2.2.0d. costs.

The Labelling of Food Order, 1953. This Order requires that in general pre-packed foods shall bear on the label a clear statement of the designation of the food and, in the case of compound foods, the ingredients. It also requires that the name and address of the packer or labeller appears. At 245 premises 1,063 articles of pre-packed food were examined. No substantial infringements were discovered of sufficient seriousness to warrant the authorisation of proceedings, but in respect of infringements found see paragraph "False or Misleading Descriptions" below.

False or Misleading Descriptions. In addition to the foregoing activities which arise specifically from inspections in Tottenham a considerable amount of work has been done for the



benefit of all districts of Middlesex equally in scrutinising advertisements and the labels of pre-packed foods and correcting false or misleading descriptions or errors in statement of composition found therein. Corrective action during the year in question included biscuits, confectionery, spirits, sausages in brine, cereals, fruit squashes, margarine, ginger wine, imitation cream, liver puree, iced lollies, cheese spreads, tinned fruit and vegetables."

### Food and Drugs Acts

List of Samples procured in the Borough of  
Tottenham during the year 1955

Article	Total samples procured	Unsatisfactory
Milk, various	130	3
Bacon and Beans	1	-
Baking Powder	1	-
Butter	10	-
Cakes	35	1
Cake Mix	1	-
Carrot Juice	1	-
Cereal	1	-
Cheese	8	-
Cooked Meats	17	-
Crab Meat	2	-
Cream	14	-
Curry Powder	1	-
Drugs	31	1
Eggs	1	-
Fish	5	-
Fish Cake	3	-
Fruit Drink	1	-
Fruit Squash	2	-
Fruit Juice	2	-
Ground Almonds	2	-
Ice Cream	10	-
Iced Lollies	18	2
Lard	1	-
Liver	12	6
Margarine	2	-
Marzipan	1	-
Meat	13	-

Article	Total samples procured	Unsatisfactory
Meat Pie	5	-
Meat Paste	1	-
Minced Meat	11	-
Oranges	3	-
Pears	1	1
Pickles	1	-
Preserves	4	-
Sausages	23	1
Soup	3	1
Sausage Meat	1	-
Sweets	4	1
Tomato Ketchup	2	-
Tomato Puree	2	-
Victoria Plums	3	1
Vinegar	11	-
Wines and Spirits	29	-
Totals	430	18



### 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 1955.

"The supply to the Tottenham area has been satisfactory both in quantity and quality during the year 1955. Details of the analytical results of the water passing into supply are given in the tables.

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 in July, 1954, and the construction of a similar tank at Stoke Newington is in an advanced stage.
- (b) River Thames water stored in Walton reservoir and treated at the Board's filtration works at Walton. A contact tank was brought into operation in April 1953.

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".

**Average Results of the Chemical and Bacteriological Examinations of the Water Supplied  
to the Borough of Tottenham for the Year 1955**

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 <sub>2</sub>	Copper as Cu	Sulphate as SO <sub>4</sub>	Conductivity
New River water filtered at Hornsey works	231	0.012	0.064	6.2	37	0.66	0.2	7	308	79	7.7	0.90	14	-	-	525
New River water filtered at Stoke Newington works	232	0.010	0.070	5.9	37	0.70	0.1	7	305	79	7.7	0.85	13	0.02	57	525
River Thames derived filtered water	1,663	0.014	0.085	3.8	26	1.04	0.2	12	258	65	7.8	0.50	10	0.03	49	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	258	9.7	100.0		Nil											
New River water filtered at Stoke Newington works	257	18.4	100.0		Nil											
River Thames derived filtered water	3,561	7.8	99.9		0.002											



### Drainage and Sewerage

Separate systems of soil and surface water drainage continue to operate in the Borough, but the East Middlesex drainage scheme is likely to have some future bearing on the matter. The preparation of plans is nearing completion and it is probable that work on the Tottenham portion of the scheme will start in 1956.

The operation of a dual drainage system gives rise to repeated problems in the prevention of pollution of streams by the surface water sewers discharging into them. The following paragraph outlines the steps that have been found necessary in tracing sources of surface water pollution.

### Stonebridge Brook Pollution

Following further complaints from the River Lee Conservancy Catchment Board of pollution of the Stonebridge Brook, it was decided by the Health Committee to intensify investigations into the possible sources of pollution. At first it was thought possible to carry out this work with existing staff but later it was found necessary to employ additional staff.

Samples taken at a number of points on the surface water drainage system showed that sewage pollution was occurring. In addition traces of cyanide were discovered indicating that industrial waste was finding its way into the surface water drains. Intensive efforts were made to locate, if present, any general pollution caused by soil connections wrongly discharging into the surface water sewers; and special visits made where it was known that trade processes involved the use of cyanide, e.g. electroplating and case hardening.

In no industrial premises was it established that drains were wrongly connected; and the more probable cause of industrial pollution was the misuse of the drains, e.g. by workmen throwing waste matter into the surface water drains or floor washings being brushed into them.

In the investigations into the presence of general pollution, 2,538 visits were made and 160 illegal connections to the surface water drainage system discovered. Preliminary notices were served requiring these connections to be made to the soil drainage system and, where necessary, statutory action was taken.



Orders have been placed for chemicals enabling tests to be made locally in connection with the complaints of cyanide pollution and when these are obtained, it is hoped, by frequent sampling, to be able to locate the source of cyanide pollution, known to be intermittent.

### **Closet Accommodation**

The water carriage system continues in operation throughout the borough. Particular attention has been given to closet accommodation in factories shops and in premises licensed by the County Council for entertainment.

### **Atmospheric Pollution**

In July 1955 the Government published the "Clean Air Bill", the object of which is to implement the principal recommendations of the Beaver Committee's report.

Whilst the Bill is welcomed as the first step in a positive approach to air pollution, much criticism has been made against many of its provisions.

Clauses may be amended - perhaps strengthened - in its passage through Parliament; and final comment must therefore be reserved until it becomes law.

Sites have been fixed locally for atmospheric pollution gauges - two sites for deposit gauges and one site for a sulphur dioxide recording instrument.

### **Housing**

Representations in respect of three clearance areas, viz:- White Hart Lane Nos. 1 and 2 and Tewkesbury No. 2, were reported in my annual report for last year.

A public inquiry in respect of the White Hart Lane areas was held in February, 1955 when objections in respect of 50% of the properties were heard. An inquiry dealing with the Tewkesbury area was held in March, 1955 when objections representing over 50% of the properties were heard.

In both areas confirmation was subsequently received from the Ministry of Housing and Local Government. Confirmation with some modification was also received in respect of the Tottenham Hale clearance area and demolition of the houses in this area is proceeding.



The 1st day of August, 1955 was the date set by the Ministry of Housing and Local Government for submission of proposals under section 1, Housing Repairs and Rents Act, 1954. This section requires local authorities to submit proposals for dealing with houses which appear to the local authority to be unfit for human habitation and which ought to be included in clearance areas.

In addition to assessing the number of houses to be included in future areas, the Minister required to be informed of the time in which it was estimated the areas could be cleared.

Consultations with the Borough Engineer made it possible to work out the full proposals which were approved by the Council and sent to the Minister on the 12th April, 1955, as follows:-

Part 1 The total problem

- |      |                                                                                                                                                                                                                   |              |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| (i)  | Estimated number of houses unfit for human habitation within the meaning of section 9 of the Housing Repairs and Rents Act, 1954, and suitable for action under section 11 or section 25 of the Housing Act, 1936 | 2,189        |
| (ii) | Period in years which the Council think necessary for securing the demolition of all the houses in (1)                                                                                                            | 10 - 15 yrs. |

Part 2 Orders already made, etc

- |       |                                                                                                                                                                                   |     |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| (iii) | Number of houses in (i) in clearance areas and already covered by operative clearance or compulsory purchase orders or owned by the local authority                               | 98  |
| (iv)  | Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders have been submitted to the Minister but have not yet become operative | 223 |

Part 3 Action in the first five years

- |      |                                                                                                                                                                                                                                                                 |       |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| (v)  | Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders are to be made or which are to be purchased by agreement within the five years                                                                      | Nil   |
| (vi) | Number of houses which are to be included in clearance areas still to be declared and which within the five years will be owned by the local authority or will have been included in a clearance order or a compulsory purchase order submitted to the Minister | 1,280 |

(vii)	Number of houses under (iii), (iv), (v) and (vi) to be patched (if necessary) and retained within the five years under section 2 of the Housing Repairs and Rents Act, 1954, for temporary accommodation	Nil
(viii)	Number of houses under (iii), (iv), (v) and (vi) to be demolished in the five years	925
(ix)	Number of houses (including those already comprised in operative demolition orders) to be demolished in the five years as a result of action under section 11 of the Housing Act, 1936.	40

The Minister, in approving this programme, asked for details of the first year's proposals and it is to this schedule the department will work during the year ending 31st August, 1956.

#### First Year Programme beginning 1st September, 1955

##### Area 1

Comprising parts of Plevna Crescent and St. Ann's Road.

##### Area 2

Comprising part of Hartington Road.

##### Area 3

Comprising 75/97. 82/100 Northumberland Park.

##### Area 4

Comprising parts of Northumberland Park, Northumberland Grove and Park Lane in the triangle formed by these roads.

##### Area 5

Comprising parts of Northumberland Park, Willoughby Lane and Willoughby Park Road.

##### Area 6

Comprising parts of Victoria Road, Newton Road and Walton Road.

It is not inappropriate that I should comment here on the selection of areas for this first year's work.

The urgent need for dealing with unfit houses has been stressed, but we must not lose sight of the fact that if the problem is to be resolved, a long term view must be taken.



However urgent it may be to pull down unfit houses, it will not be possible to do so if there are no new houses in which to rehouse the occupants.

The crux of the problem is therefore the availability of building land - land which will make it possible to carry out the already agreed policy of decanting.

The choice of areas in this first year's programme must, therefore, have regard not only to the fitness or otherwise of the houses but also to the existing density of development. It is expected that the areas now scheduled for redevelopment will make it possible to provide a favourable balance of houses when existing occupiers have been rehoused.

Six areas comprising 48 houses were represented during the year and the following table shows the position at the 31st December, 1955: -

#### POST-WAR CLEARANCE AREAS

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	7. 55	8. 55
" No. 2	18	28. 10. 52	5. 5. 53	27. 7. 53	-	-
The Hale	65	2. 2. 54	6. 7. 54	9. 3. 55	-	-
White Hart Lane No. 1	4	1. 6. 54	22. 2. 55	9. 7. 55	-	-
" " No. 2	123	1. 6. 54	22. 2. 55	9. 7. 55	-	-
Tewkesbury No. 2	71	29. 6. 54	28. 3. 55	27. 10. 55	-	-
" No. 3	2	30. 8. 55	-	-	-	-
Plevna Crescent No. 1	13	29. 11. 55	-	-	-	-
" " No. 2	6	29. 11. 55	-	-	-	-
" " No. 3	7	29. 11. 55	-	-	-	-
St. Ann's Road	5	29. 11. 55	-	-	-	-
Hartington Road	15	29. 11. 55	-	-	-	-

The repair sections of the Housing Act, 1936 have been used whenever necessary but when the complaints concern houses in any of the scheduled areas - as indeed many of them do - provisions of the Public Health Act or the Tottenham Corporation Act are used. The complaints which present a problem are those from tenants occupying houses in clearance areas already confirmed by the Ministry of Housing and Local Government.

In some cases the difficulty has been overcome by rehousing the tenant on receiving an undertaking from the owner not to relet.

Closing or demolition orders have again had to be made in respect of certain individual properties. In none of these cases has the owner put forward proposals or given any undertakings.

### HOUSING ACT, 1936 - SECTION 11

Premises the subject of Demolition Orders  
not demolished as at 31st December, 1955.

Premises	Date of Order
46 Love Lane	15. 7. 54
4 Stanley Grove	1. 6. 43 /
5 Union Row	11. 8. 43
6 Union Row	11. 8. 43
7 Union Row	11. 8. 43
8 Union Row	11. 8. 43
490 West Green Road	29. 12. 55

/ These premises were still occupied at 31. 12. 55.

### Premises demolished during 1955

Premises	Date of Order	Date Demolished
31 Langham Road	6. 8. 52	March, 1955
1 Stanley Grove	2. 4. 54	June, 1955

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

Closing Orders made during 1955  
in respect of whole houses

Premises	Date of Order
186 Tewkesbury Road	5. 4. 55
60 Stamford Road	5. 4. 55
62 Stamford Road	5. 4. 55
6 Chapel Place (otherwise known as 6 White Hart Lane)	4. 7. 55



**HOUSING ACT, 1936: SECTIONS 9 AND 10****Work 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
1955	26	1,042	3	3

**CERTIFICATES OF DISREPAIR**

The number of applications for certificates of disrepair under the Housing Repairs and Rents Act, 1954, although quite heavy at the beginning of the year, fell off during 1955 and towards the end of the year an average of two a week were being received.

The following statement shows the number of cases dealt with during the year and the number remaining in force at the 31st December, 1955.

Certificates outstanding at 1st January, 1955	...	157
Applications received during 1955	...	153
		<u>310</u>
Applications withdrawn by applicants	...	1
Certificates refused by Council	...	13
Certificates revoked on completion of repairs	175	189
Certificates in force at 31st December, 1955	...	<u>121</u>

### Overcrowding Survey - White Hart Lane Estates

During 1955 a survey was carried out to obtain information as to the degree of overcrowding in the London County Council White Hart Lane Housing Estate and the Borough Council estates in the same polling areas.

The method adopted was by service of a statutory notice on the occupier requiring a return to be made of the number, sex and age groups of the occupants of each dwelling. The limitations of such method were realised in that it would only show where statutory overcrowding existed in dwellings as a whole. It would not disclose information as to sub-letting and the possible overcrowding of sub-tenants. To get this information would have required additional time and staff to carry out a house-to-house investigation.

Nevertheless the enquiry has elicited certain worthwhile information, and an analysis of the returns shows that of the 2,040 occupied dwellings on the London County Council estate 22 were overcrowded (1.1%) and of the 940 Borough Council dwellings 23 were overcrowded (2.4%). It is of interest to note that in the 1936 overcrowding survey it was found that in the same London County Council estate 109 dwellings were overcrowded (5.3%).

The present inquiry further shows the degree of under occupation on the two estates. In 384 London County Council and 135 Borough Council dwellings the actual number of occupants is less than one-third of the permitted number.

A complete analysis of the density of occupation shown in the enquiry is given in the following tables:-

Certification in force at 31st December, 1955	
181	Certification revoked on completion of repairs
182	Certification refused by Council
183	Applications withdrawn by applicants
184	Applications received during 1955
185	Back payments 50
186	Back payments 50
187	Certification outstanding at 1st January, 1955
188	Back payments 50
189	Back payments 50
190	Back payments 50
191	Back payments 50
192	Back payments 50
193	Back payments 50
194	Back payments 50
195	Back payments 50
196	Back payments 50
197	Back payments 50
198	Back payments 50
199	Back payments 50
200	Back payments 50



**OVERCROWDING SURVEY: DENSITY OF OCCUPATION**

**LONDON COUNTY COUNCIL DWELLINGS**

Permitted No.	No. of Houses	OCCUPATION LESS THAN PERMITTED NO. BY: -																			Fully Occupied	OVERCROWDING BY: -						
		9½	9	8½	8	7½	7	6½	6	5½	5	4½	4	3½	3	2½	2	1½	1	½		½	1	1½	2	2½	3	5½
3	106	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	42	1	60	2	1	-	-	-	-	-	-	
5	570	-	-	-	-	-	-	-	-	-	-	-	79	1	179	26	175	25	54	10	14	3	2	2	-	-	-	
5½	2	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	
6	105	-	-	-	-	-	-	-	-	-	1	-	24	1	26	8	23	6	9	2	-	3	1	-	1	-	-	
6½	64	-	-	-	-	-	-	-	-	-	-	14	-	17	4	12	4	7	2	3	-	1	-	-	-	-	-	
7	142	-	-	-	-	-	-	-	3	-	30	-	31	8	22	9	19	2	14	-	2	1	-	1	-	-	-	
7½	553	-	-	-	-	-	-	40	-	134	10	136	47	94	30	29	12	11	1	4	-	3	1	-	1	-	-	
8	51	-	-	-	-	-	1	9	1	13	3	8	3	4	2	3	-	2	1	1	-	-	-	-	-	-	-	
8½	183	-	-	-	-	-	-	28	1	36	8	44	8	21	4	13	6	8	4	1	-	1	-	-	-	-	-	
9	215	-	-	-	5	-	24	1	36	9	41	14	22	7	17	5	14	6	7	5	1	-	-	1	-	-	-	
9½	43	-	-	1	-	4	-	10	-	6	3	9	3	1	-	1	2	1	1	1	-	-	-	-	-	-	-	
10	4	-	-	-	-	-	1	-	2	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	
11	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
11½	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	2,040	1	-	1	5	4	26	79	51	186	107	220	223	153	288	105	300	67	154	29	19	12	4	3	3	-	-	

**TOTTENHAM BOROUGH COUNCIL DWELLINGS**

3	31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11	-	20	-	-	-	-	-	-	-	-
5	60	-	-	-	-	-	-	-	-	-	-	-	2	1	20	4	17	3	7	4	2	-	-	-	-	-	-
6½	394	-	-	-	-	-	-	-	1	-	39	4	65	27	100	35	44	26	20	13	9	9	-	1	-	-	1
7½	24	-	-	-	-	-	-	-	2	1	3	-	9	2	1	3	2	-	-	-	-	-	-	-	-	-	-
8	8	-	-	-	-	-	-	-	-	1	-	3	1	2	1	-	-	-	-	-	-	1	-	-	-	-	-
8½	16	-	-	-	-	-	-	-	1	-	4	4	3	1	-	2	1	-	-	-	-	-	-	-	-	-	-
9½	381	-	-	5	1	34	2	53	18	73	38	50	20	35	12	23	4	7	3	-	1	1	1	-	-	-	-
10	6	-	-	-	-	-	-	-	-	-	-	-	-	2	1	-	1	1	1	-	-	-	-	-	-	-	-
10½	16	1	-	-	-	1	-	2	1	3	-	3	1	3	-	-	1	-	-	-	-	-	-	-	-	-	-
	936	1	-	5	1	35	2	55	19	80	40	99	34	119	65	129	74	58	57	24	16	10	11	-	1	-	1

### Rag Flock and Other Filling Materials Act, 1951

At the 31st December, 1955 one establishment was licensed for manufacture of rag flock and 24 premises were 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, 1955, 17 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

Sewer maintenance treatments have been undertaken during the year; these took place in May and November.

Business premises and dwelling houses have been treated where necessary.

The use of "Warfarin" as a poison bait has been increased. This poison has the advantage of reducing the number of visits made by the operatives.

### Sewer Maintenance - Results of baiting manholes

Poison take at Manholes	Treatment No. 21 April/May	Treatment No. 22 Oct/Nov.
Complete	-	37
Good	119	151
Small	264	363
Nil	636	448
Estimated number of rats killed	4,145	5,330
Poison used	2½% zinc phosphide	10% arsenious oxide

The following is a summary of dwelling houses and business premises treated during 1955: -

(1) Dwelling houses	...	626
(2) Business and Factory premises	...	212
(3) Total charge for (2) above	...	£135-1-4



# Insect Pests

The department continues to use a 5% solution of D. D. T. in water for dealing with insect pests. For certain insects a 5% D. D. T. powder is used in addition to spraying round the infested area.

Households are visited by sanitary inspectors prior to removal to Council houses and those cases which are found to be verminous are disinfested before removal. Inspections were carried out by the sanitary inspectors and disinfestation was required in 11 instances.

Cause	Private Houses		Council Houses		Other Premises	Totals		
	Houses	Rooms	Houses	Rooms		Houses	Rooms	Others
Ants	7	-	-	-	2 nurseries	7	-	2
Bees	1	-	-	-	1 school	1	-	1
Beetles	42	37	-	-	3 shops 1 public house 1 club 2 school canteens 1 factory 2 schools	42	37	11
Bugs	83	195	3	15	3 schools	86	200	3
Earwigs	2	-	-	-		2	-	-
Fleas	9	22	-	-	1 public house	9	22	1
Flies	5	9	-	-	1 slaughter-house 1 factory	5	9	2
Lice	2	5	-	-	1 ambulance 1 cell	2	5	2
Maggots	-	-	-	-	1 yard	-	-	1
Red Mite	2	-	-	-	11 flats	2	-	11
Scabies	1	1	-	-		1	1	-
Wasps	8	-	-	-	Summer Theatre	8	-	2
Woodworm	3	8	-	-		3	8	-

# Inspections Carried out by the Sanitary Inspectors

Appointments and Interviews	1,053
Cinemas and Halls	56
Complaints Investigated	3,688
Conveniences and Urinals	80
Drains defective	243
Drains Tested	443
Factories with Mechanical Power	486
Factories without Mechanical Power	48
Food Poisoning	9
Food Premises	
Bakehouses	102
Butchers	190
Cafes	182
Dairies	272
Factories	44
Factory Canteens	55
Fishmongers	136
Greengrocers	100
Ice Cream Premises	150
Slaughterhouses	900
Other Food Premises	284
House to House	52
Improvement Grants	9
Infectious Diseases	237
Other Visits	2,759
Outworkers	309
Rat Infestation	1,133
Re-inspections	8,999
Schools	22
S. D. A. A. and Housing Act Advances	186
Smoke Observations	92
Stables and Mews	30
Tuberculosis	1
Workplaces	62

(2) Total charge for (2) above



Defects Remedied

Drains reconstructed	...	28
Drains repairs	...	252
Drains cleared	...	173
W.C. Cisterns repaired or renewed	...	125
W.C. Pans renewed	...	149
W.C. Pans cleansed	...	22
Waste Pipes repaired or renewed	...	126
Rainwater pipes repaired or renewed	...	216
Roofs repaired or renewed	...	599
Eaves gutters repaired or renewed	...	380
Drinking water cisterns renewed	...	6
Drinking water cisterns covered	...	10
Water service pipes repaired	...	77
Water supply reinstated	...	35
Yards repaired or reconstructed	...	84
Sinks renewed or provided	...	37
Floors repaired or renewed	...	296
Floors ventilated	...	123
Dampness remedied		
by insertion of damp proof courses	...	62
by pointing of brickwork	...	79
by internal rendering	...	280
by miscellaneous remedies	...	165
Window frames and sashes repaired		
or renewed, or painted	...	415
Coppers repaired or renewed, or provided	...	11
Fireplaces, stoves and ovens repaired or renewed	...	254
Flues and chimney stacks repairs	...	93
Brickwork of walls repaired and walls rebuilt	...	118
Ventilated food stores provided	...	7
Rooms cleansed	...	633
Staircases, passages and landings cleansed	...	187
Staircases, balconies and steps repaired or renewed	...	83
Noxious Accumulations removed	...	31
Nuisances arising from animals abated	...	4
Miscellaneous defects remedied	...	861

Notices Served

Statutory:-			
Housing Act, 1936:			
Section 9	185		
" 11	1		186
Public Health Act, 1936:			
Section 24	2		
" 39	38		
" 45	10		
" 79	2		
" 94	203		
			255
Tottenham Corporation Act, 1952:			
Section 35	2		
" 36	8		
" 43	83		93
			534
Informal	1,428		

Repair of Houses by the Council

Work carried out in default or by agreement with the owners during 1955:-

Housing Act, 1936:			
Section 9	26 premises	1,042	3 3
Public Health Act, 1936:			
Section 24	2 premises	7	7 4
" 39	6 "	185	19 5
" 45	1 "	7	19 5
" 94	5 "	234	3 9
Tottenham Corporation Act, 1952:			
Section 36	2 premises	8	6 3
" 43	25 "	341	16 1
		1,827	15 6



## PART IV

FACTORIES AND SHOPS

Tottenham has a large number of industries in its area and in addition to a general scatter of factories throughout the district there is a concentration of industry between the River Lea and the High Road.

Systematic and regular inspections are carried out and close co-operation is maintained with H.M. Inspectors of Factories. During their inspections the Sanitary Inspectors take the opportunity of visiting factory canteens and discussing with canteen staff the various aspects of food hygiene. It is now a general practice for workers to have their meals in the works canteen and it is of the utmost importance that the high standards of hygiene should be maintained in the handling, preparation and serving of food.

Factories Acts, 1937 and 1948

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

Premises	No. 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	65	48	1	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	682	486	8	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	6	6	-	-
Total	753	540	9	-

### 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)	-	-	-	-
Overcrowding (S. 2)	-	-	-	-
Unreasonable temperature (S. 3)	1	1	-	-
Inadequate ventilation (S. 4)	-	-	-	-
Ineffective drainage of floors (S. 6)	-	-	-	-
Sanitary Conveniences (S. 7)				
(a) Insufficient	5	5	-	3
(b) Unsuitable or defective	9	9	-	2
(c) Not separate for sexes	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)				2
<b>Total</b>	<b>15</b>	<b>15</b>	<b>-</b>	<b>7</b>

### Outworkers

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

Wearing apparel	391
Household linen	12
Curtains and furniture hangings	2
Files	5
Fur-pulling	1
Umbrellas	3
Artificial flowers	10
Paper bags	3
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	81
Brush making	2
Feather sorting	1
Carding, etc. of buttons, etc.	4
Stuffed toys	8
Sweetmeats	1
Cosaques, Christmas crackers, Christmas stockings, etc.	33
Lampshades	4
<b>Total</b>	<b>561</b>

During the year 309 visits were made to outworkers' premises. No contraventions of the Factories Acts were reported.



### Administration of Shops Act

Supervision of shops and the effective administration of the legislation relating thereto is secured by systematic visits to traders. The Health Department maintains an up-to-date register of all classes of shop premises in the Borough.

In general shop-keepers are desirous of taking reasonable measures to comply with the requirements of the Shops Act, and are willing to seek and act upon the advice and instructions given by the Shops Inspector.

### Weekly Half Holidays

The Borough is divided into two districts for the purposes of early closing. In the Haringay area the weekly half holiday is on Wednesday and elsewhere Thursday is the early closing day, with the exception of butchers' shops which is on Monday. Certain trades are exempt from the early closing provisions of the Act but any assistants employed must be granted a weekly half holiday commencing not later than 1.30 p.m. on one week-day.

### Hours of Employment of Shop Assistants

Subject to certain exceptions persons under 18 years of age must have a break of eleven consecutive hours between noon and noon the following day, to include the hours of 10 p.m. to 6 a.m., and the maximum hours for the employment of young persons is as follows:-

- (a) Under 16 years 44 hours maximum

(Christmas week may be increased to 48, but total with week before or after must not exceed 88)

- (b) 16 - 18 years 48 hours maximum

(Overtime may be worked in a shop for not more than 6 weeks a year. Maximum for individual young person is 50 hours a year, and must not exceed 12 hours in a week.)

(Catering trade may work 96 hours a fortnight with 60 hour week maximum for not more than 12 fortnights a year.)

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 may 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.

If an assistant is required to work on Sunday for more than four hours he must be granted an additional whole day's leave in the following week. If employed for less than four hours an additional half holiday must be granted.

### Sunday Trading

Six traders are registered in accordance with Section 53 of the Shops Act, 1950 as persons of the Jewish faith. Their shops close for the whole of Saturday and are allowed to remain open until 2 p.m. on Sunday.

There are two licensed Kosher butchers in the Borough whose shops are closed on Saturday and are permitted to remain open on Sunday.

During the year one prosecution took place for an offence under Section 53(5) of the Shops Act, 1950. A hairdresser of the Jewish faith whose shop in the County of London was registered by the London County Council under Section 53(1) was observed to be employed on Saturdays by another hairdresser in Tottenham. The offender was convicted and fined £15 and £5.50 costs.



## PART V

## GENERAL

Health Services provided by other Authorities

(a) Hospitals: - North-East Metropolitan Regional Hospital 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	478	Includes Infectious Disease Wards and Special Poliomyelitis Unit
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

## Time-table 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 Middlesex 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, Local County Offices, Somerset Road, Tottenham, N. 17, telephone number TOTtenham 4500.



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 the Local County Offices, Somerset Road, Tottenham, N. 17, telephone number TOTtenham 4500.

(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 1955, namely:-

### Record of Examinations

<u>Throat/Nose Swabs:-</u>	Total Specimens	84
Diphtheria Bacilli	2	
Haemolytic Streptococci	2	
Vincent's Angina	2	
Negative ...	78	
<u>Faeces:-</u>	Total Specimens	427
Shigella	69	
Salmonella Typhi	10	
Salmonella Typhi Murium	14	
Negative	334	
<u>Sputum:-</u>	Total Specimens	1
Positive ...	0	
Negative ...	1	
<u>Pertussis:-</u>	Total Specimens	6
Positive	0	
Negative	6	
<u>Ice Cream:-</u>	Total Specimens	17
<u>Water:-</u>	Total Specimens	10
Domestic Supplies	1	
Swimming and Paddling Pools	3	
Other	6	
<u>Miscellaneous Specimens</u>		26
<b>Total Number of Specimens</b>		<b>571</b>

### Care of the Aged

The welfare of the aged continues to be a matter of great concern to the Department. A number of factors are blamed for the unhappy conditions found all too frequently when investigating the circumstances of old people. Apparent neglect of the old folk by their sons or daughters is one which immediately comes to mind though often this is unavoidable. There may be only one or two children to share the responsibility of aged and infirm parents; and only too often the housing circumstances of these children with their families make it impossible to take on the added responsibility. Difficulties, too, are not always one-



sided, many old people become set in their ways and resent dependence on their children whom they do not always look upon as adults. Cases which attract most attention are those which come to the notice of the department by reason of a breakdown in care of the aged person. But it is a pleasant surprise to come across instances in which sons and daughters and neighbours look after the aged and infirm at great personal inconvenience. These instances are not publicised, and it is usually only by chance that they become known.

The practice of close co-operation with the geriatric department of St. Ann's General Hospital has continued, in particular, in the arrangement whereby lists of patients noted for admission are sent to the Health Department, visited and a report on the home circumstances sent back to the Hospital Almoner. These are then considered in conjunction with the particulars of the case supplied by the general practitioner and priority of admission assessed by the hospital authorities.

The turnover of beds in the hospital is small and even quite urgent (but not acute) cases have to wait some time for a bed. This is due to the fact that the provision of places both in old people's homes and hospitals is not sufficient to meet the need, especially in the winter months. A number of cases in hospital recover sufficiently to go to a welfare home, but not to their own homes. Often, however, there are no vacancies in the welfare homes. The result is that the already inadequate number of hospital beds is still further reduced because a number are blocked by welfare home cases which cannot be moved.

The Regional Hospital Board has contractual arrangements with certain nursing homes throughout its area to take chronic sick as vacancies become available.

#### Provision of Laundry facilities for old people

The scheme outlined in my report for 1954 has been continued and it has been found that this service for dealing with bed linen and other articles soiled by bed-ridden incontinent aged persons has met a real need. But for this service it would have been impossible for those looking after many of the cases to have coped with the difficulties of keeping the patient at home and it is felt that in this way it has been possible to relieve the demand for beds in hospitals or for the admission of old people to homes.

During the year 536 collections were made.



## Old People's Welfare

Since Tottenham's Old People's Welfare Committee was established some years ago it has steadily extended its activities to improve the lot of the aged in the Borough. Six members of the Council serve on the Committee and representatives are also appointed by the majority of local organisations who are in some way concerned with old people's welfare. A full-time Old People's Welfare Organiser and an assistant are employed by the Committee and the following brief summary of the work has been extracted from the annual report of the Committee's Chairman, The Lady Morrison.

### (a) Chiropody Service

Again the year has seen a steadily growing demand for this most essential service and seven sessions are now held weekly. The 2,550 appointments booked during the year was an increase of 620 on the previous year. All appointments are dealt with centrally at the Welfare Department's office at the Town Hall.

### (b) Visiting Optical Service

Forty cases of housebound bedridden cases in need of spectacles were visited by the optician, and all benefited by this service.

### (c) Meals-on-Wheels

There was a further increase this year in the number of meals served, to 4,198. Whilst the Committee organises the delivery of meals on one day each week (Wednesday), all needy cases are also covered by the W.V.S. delivery on Fridays. This service is largely dependent on the voluntary workers who assist with the meals delivery, and who by their kind, cheerful manner bring a little brightness into the lives of the aged sick.

### (d) Old People's Clubs

The membership of the five clubs remains steady and during the year 8,711 meals were served at them. Many concerts and socials have taken place and the Corporation's Entertainments Committee have helped in this direction.

It is good to note the active interest taken by the old people themselves in helping to run the Clubs, aided, of course, by



the voluntary workers who give so much of their time in serving the meals and assisting generally.

(e) Holidays

Another increase this year in applications for a fortnight's seaside holiday resulted in 83 old people being sent away during the summer at an approximate cost of 32/6d. a week each (including full board and fare). All were delighted with the holiday arrangements, and thanks are due to the Women's Holiday Fund for their acceptance of applications submitted by the Old People's Welfare Organiser.

(f) Shoe Repairs

Seventy-six dockets were issued for shoe repairs at reduced rates.

(g) Christmas Parcels

At Christmas time 750 parcels were packed and delivered into the homes of the sick and housebound aged, and from the flood of letters of thanks received from the old people there can be no doubt that the work involved in this great task proved worthwhile. Thanks are due to the many voluntary helpers who loaned transport on this occasion, and also those who assisted with packing.

The Worshipful The Mayor (Councillor F.G. Bohringer, J.P.) received hundreds of letters of request for parcels which were handed to the Welfare Committee and he kindly donated £50. 0.0. towards the cost.

(h) Harvest Festival

During September several Churches and schools made gifts from their Harvest Thanksgiving. This enabled the Committee with the help of voluntary workers, to arrange the packing and delivery of gifts to 330 old people.

(i) Clubs Sports' Sections

During the year each Club played their various games and put forward a team to play in the finals for a shield donated by Mr. Shuttleworth, to be competed for annually. The finals took place at the Central Library Hall and was won by the High Cross Club. Alderman E.J. Field helped with the arrangements and Alderman A. Reed, A.C.I.I., J.P., acted as referee. The shield was presented



to the winning team by Mr. D. Blanchflower, Captain of the Spurs' Football Team.

(j) Outings

Each of the five Clubs had two outings during the summer months, and on the first outing each member received 4/- from the Club Funds towards the cost of their lunch.

During the autumn each Club visited a local factory where they were supplied with tea by the Directors; each person receiving a very useful parcel of groceries, etc. on leaving.

At Christmas the Club members held a very successful Christmas Dinner at the Municipal Hall, followed by an excellent entertainment. Each old person received a gift on leaving.

(k) General Welfare

It would not be possible in a brief survey to place on record the many problems that are dealt with by the Welfare Officer. It will be appreciated how lengthy the follow-up procedure can be before a case can be suitably settled, especially so with old people who are badly in need of help but sometimes are reluctant to co-operate. In some cases where due to senility an old person has been unable to attend to ordinary affairs such as payment of rents, rates, etc. it has been necessary to make arrangements with the owners through a third party to receive this direct, and so avoid further worry and confusion to the old person concerned. Where legal action has been needed much correspondence and visiting has been necessary. The following figures do not include the hundreds of problems and enquiries dealt with by letter and telephone.

HOME VISITS

294

OFFICE INTERVIEWS

4,285

In addition, well over a hundred visits have been made by voluntary visitors.

(l) Finance

Although efforts are made to raise funds for the work of the Committee, the main financial support comes in the form of a grant from the Tottenham Borough Council. Last year the net expenditure of the Committee amounted to about £3,430, towards which the Council made a grant of just over £3,200.



National Assistance Act, 1948, Section 47

During the year three cases were dealt with under this Act.

Mrs. E.O., aged 80. The department was informed by a neighbour that this person appeared to be in need of care and attention. A visit was paid to the premises in which she was living alone in dirty and insanitary conditions.

She was obviously ill although she had not taken to her bed. She had no private doctor and refused to call one or go into hospital.

In view of the urgency of the matter, application was made to a magistrate for an Order under this Act as amended by the National Assistance Act, 1951, which enabled the old lady to be removed without the usual seven days' notice to all concerned.

She was removed immediately, but died in hospital 24 hours later with broncho-pneumonia.

Mrs. E.I., aged 77. This old lady had been known to the department for many months and had been receiving attention from the home nursing and home-help services.

Her condition gradually deteriorated and the services provided were unable to cope with the insanitary conditions which developed. Application was made to the Court for an Order for removal to a Welfare Home. This was obtained and removal effected. She died about a fortnight later.

Mrs. F.B., Aged 66. This old lady had been known to the department and had in fact been admitted to hospital in 1951 and 1952 at the instigation of this department. Her living conditions had always been of a low standard but temporary improvements had been effected from time to time following visits by the district sanitary inspector. Eventually, however, the conditions under which she was living became so bad that removal to a home was the only effective method of dealing with her. An Order for removal was obtained and she was taken to a home where she died some five weeks later.

National Assistance Act, 1948, Section 50: Burials

During the year it was necessary to arrange eight 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, 1955, 10 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 Examination of Staff

During the year 91 candidates were examined for purposes of the superannuation scheme. 7 persons failed to pass the examination.

13 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 under the auspices of the World Health Organisation.

	1954	1955
Area of District (in acres)	3,013	3,013
Population:		
Census, April, 1951 ...	126,929	
Mid-year: Registrar General's estimate	123,200	122,100
Rateable Value at 1st April	£1,011,293	£1,019,313
Sum represented by penny rate	£4,070	£4,070
Births:		
Registered live-births		
(a) Legitimate:		
Males	752	772
Females	710	673
Total	1,462	1,445
(b) Illegitimate:		
Males	36	34
Females	26	32
Total	62	66
(c) Total Live-births:		
Males	788	806
Females	736	705
Total	1,524	1,511
Birth-rate per 1,000 estimated population	12.37	12.38
Stillbirths:		
(a) Legitimate:		
Males	17	16
Females	14	13
Total	31	29

		1954	1955
(b) Illegitimate:	Males	3	1
	Females	2	-
	Total	5	1
(c) Total:	Males	20	17
	Females	16	13
	Total	36	30
Stillbirth rate per 1,000 total			
(live and still) births		23.08	19.47
Deaths:			
	Males	640	701
	Females	547	630
	Total	1,187	1,331
Death-rate per 1,000 estimated population		9.63	10.9
Maternal Deaths:			
	Puerperal Sepsis	0	0
	Other puerperal causes	1	1
	Total	1	1
Maternal Death-rate per 1,000 total (live and still) births		0.641	0.649
Deaths of Infants under 1 year of age			
(a) Legitimate:	Males	13	10
	Females	10	14
	Total	23	24
(b) Illegitimate:	Males	3	1
	Females	1	-
	Total	4	1
(c) Total Infantile Deaths:	Males	16	11
	Females	11	14
	Total	27	25
Infantile Death-rate per 1,000 live births		17.72	16.55



# LIVE BIRTH AND DEATH RATES FOR PERIODS

## 1918-1928 AND 1945-1955

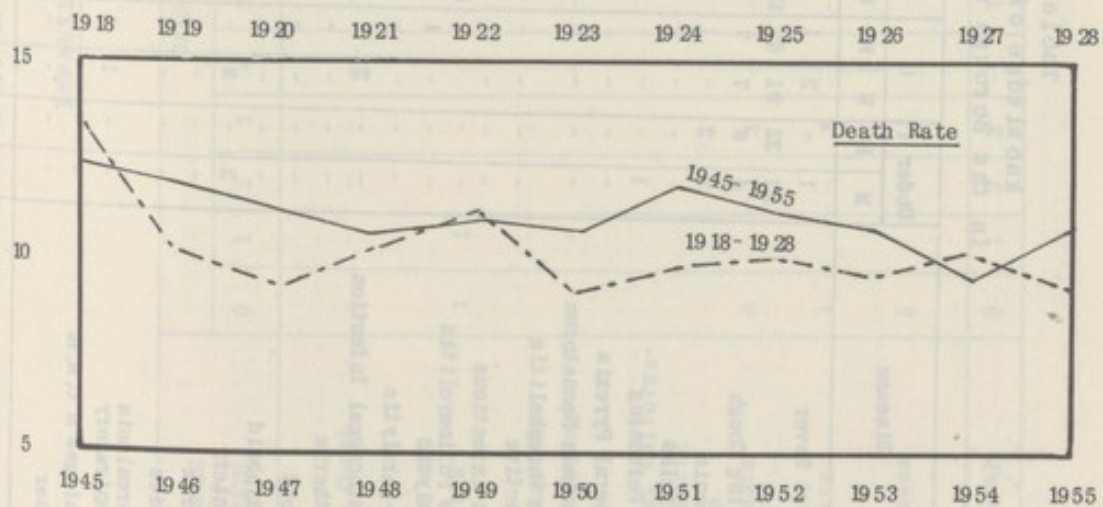
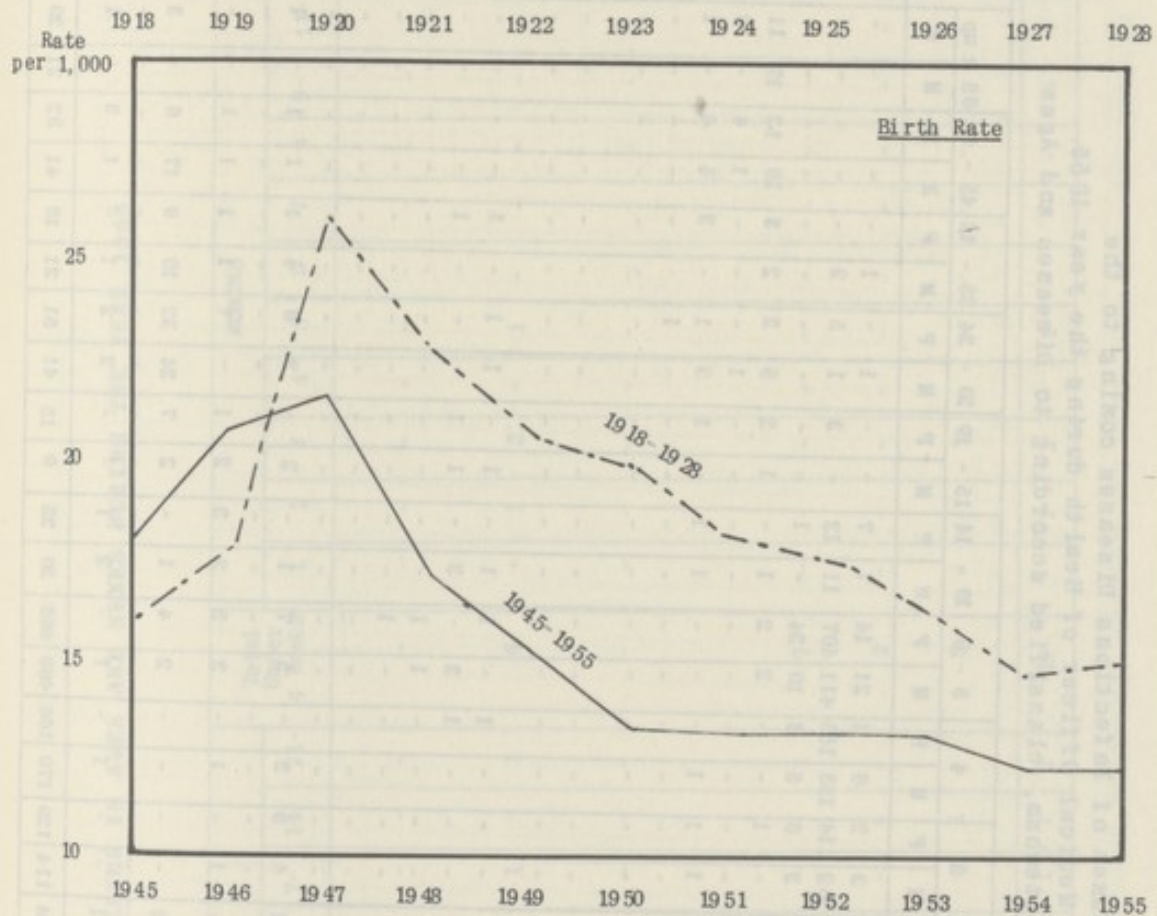


Table of Cases of Infectious Diseases coming to the  
knowledge of the Medical Officer of Health during the year 1955,  
in the Borough of Tottenham, classified according to Diseases and Ages

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	-	2	1	2	4	3	2	6	3	21	14	7	7	-	-	1	-	1	-	-	-	-	-	75	32
Measles	31	22	91	67	139	111	102	114	153	155	411	407	11	12	-	3	1	5	2	-	-	-	-	-	1,837	62
Whooping Cough	4	6	7	7	6	4	3	6	5	6	19	24	-	1	-	-	-	-	-	-	-	-	-	-	98	6
Pneumonia	2	2	-	1	1	-	-	1	-	-	2	2	1	-	1	2	5	2	2	3	16	13	17	11	84	-
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	4	-	3	9	4
Food Poisoning	1	-	-	-	1	-	1	1	1	-	-	-	1	1	-	1	3	1	-	2	4	4	-	1	23	3
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Post-infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paralytic	-	-	-	1	1	-	-	-	-	1	-	1	1	-	1	-	1	1	-	1	-	-	-	-	9	9
Non-paralytic	-	-	-	-	-	-	-	-	-	1	3	-	3	-	1	1	-	-	1	-	-	-	-	-	10	10
Meningococcal Infection	-	-	2	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	4	4
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-
Typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Dysentery	2	-	3	-	1	2	4	5	3	-	5	7	1	-	2	-	3	6	4	1	1	1	-	1	52	14
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scabies	-	-	-	1	1	-	1	-	1	-	3	5	2	3	2	1	-	1	1	1	1	1	-	-	25	-
Tuberculosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Respiratory	-	-	1	1	1	2	-	-	-	-	2	4	1	-	2	7	24	32	10	9	17	6	4	3	126	-
Meninges & C.N.S.	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-
Other	-	-	-	-	-	1	-	-	1	-	1	-	2	1	-	-	2	2	1	-	1	3	-	1	16	-
TOTAL	41	30	106	80	155	124	114	129	170	166	468	466	30	25	9	15	41	51	21	18	41	32	21	20	2,373	140



# INFANTILE DEATHS IN AGES AND SEXES DURING THE YEAR 1955

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	-	-	-	1	1	1	-	1	6	-	1	2	-	1	-	-	-	-	-	-	10	3	7	
Gastroenteritis and Diarrhoea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Congenital Malforma- tion. Birth Injuries	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Atelectasis	4	-	1	1	-	-	-	-	-	1	7	-	-	-	-	-	-	-	-	-	-	7	6	1		
Prematurity	1	-	-	1	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	2	-	2		
Other Causes	3	-	1	-	-	-	-	-	1	-	5	-	-	1	-	-	-	-	-	-	-	6	2	4		
Total	9	1	2	2	-	1	1	1	1	2	20	-	1	3	-	1	-	-	-	-	-	25	11	14		

**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	16	7	-	-	-	-	-	-	-	-	-	-	1	1	2	2	2	-	6	3	5	1	-	-	-	-
Tuberculosis other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilitic disease	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	2	-	1	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infection	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective & parasitic diseases	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1	-	-
Malignant neoplasm of stomach	27	24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	11	4	5	10	9	7	-	1
Malignant neoplasm of lung,bronchus	61	10	-	-	-	-	-	-	-	-	-	-	-	-	3	1	11	3	18	2	21	4	7	-	1	-
Malignant neoplasm of breast	1	27	-	-	-	-	-	-	-	-	-	-	-	-	1	5	-	6	-	6	-	9	-	-	-	1
Malignant neoplasm of uterus	-	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	1	-	-	-	4	-	-
Other malignant & lymphatic neoplasms	74	73	-	-	-	-	-	-	-	-	-	-	2	5	2	9	10	11	14	25	21	19	22	5	2	-
Leukaemia & Aleukaemia	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	-
Diabetes	1	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	3	-	1	-
Vascular lesions of the nervous system	65	77	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	2	9	9	31	27	17	28	4	11
Coronary disease, angina	124	82	-	-	-	-	-	-	-	-	-	-	1	-	1	-	19	2	25	10	45	33	32	28	1	9
Hypertension with heart disease	15	10	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	3	-	4	8	6	1	-	1
Other heart diseases	53	90	-	-	-	-	-	-	-	-	-	-	-	3	1	1	2	5	8	5	16	12	20	36	6	28
Other circulatory diseases	23	27	-	-	-	-	1	-	-	-	-	-	1	-	1	-	2	2	4	4	6	10	7	6	1	5
Influenza	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Pneumonia	35	31	1	3	-	-	-	-	-	-	-	-	-	-	1	-	-	1	6	5	7	5	17	12	3	5
Bronchitis	92	50	-	-	-	-	1	-	-	-	-	-	-	-	1	1	5	1	17	5	38	8	22	24	9	10
Other diseases of respiratory system	6	9	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1	1	-	2	1	3	2	1	-	2
Ulcer of stomach & duodenum	16	7	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	2	2	9	2	2	2	1	1
Gastritis, enteritis & diarrhoea	5	4	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1	1	2	1	-	-
Nephritis & Nephrosis	6	4	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	2	1	2	1	2	-
Hyperplasia of prostate	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	4	-	3	-	1	-
Pregnancy, childbirth & abortion	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Congenital malformations	5	2	3	1	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	1	-	-	-	-	-
Other defined & ill defined diseases	32	61	7	11	1	-	1	-	-	-	-	-	-	1	2	3	4	4	6	6	7	16	4	10	-	10
Motor vehicle accidents	9	2	-	-	-	-	-	-	-	-	1	-	3	-	1	-	2	-	-	-	1	-	1	2	-	-
All other accidents	9	7	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	1	-	-	-	2	6	3	1
Suicide	8	3	-	-	-	-	-	-	-	-	-	-	1	-	3	-	1	1	2	1	1	-	-	1	-	-
Homicide	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	701	630	12	16	1	1	2	1	-	-	2	-	10	7	24	17	73	49	132	82	232	172	176	197	37	88



# CANCER DEATHS 1955

Classification of Deaths showing Age and Sex Distribution and System affected

CLASSIFICATION	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	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	2	-	1	1	-	-	
Digestive Organs and Peritoneum	71	68	-	-	-	-	-	-	-	-	-	-	1	4	-	5	9	18	10	19	22	22	25	3	1	
Respiratory system	62	15	-	-	-	-	-	-	-	-	-	-	-	3	1	11	3	18	5	21	6	7	-	2	-	
Breast and Genito-urinary system	18	45	-	-	-	-	-	-	-	-	-	-	-	2	5	2	10	2	9	7	13	4	6	1	2	
Other and unspecified sites	9	11	-	-	-	-	-	-	-	-	-	-	1	-	2	4	1	2	2	2	3	1	1	-	1	
Lymphatic & Haematopoietic Tissues	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	-	
TOTAL	164	144	-	-	-	-	-	-	-	-	-	-	2	9	8	23	26	40	27	51	44	35	33	6	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
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	-
1955	122,100	1,331	10.9	1,511	12.38	25	16.55	1	75	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 1955**

District	Population mid-1955	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 (a)
		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	66,720	12.7	11.8	10.4	10.2	0.16 (11)	2.3 (151)	20.0 (17)	9.4 (8)	- (-)
Brentford & Chiswick	58,750	13.4	12.5	10.9	10.4	0.12 (7)	2.3 (136)	12.7 (10)	10.2 (8)	- (-)
Ealing	184,600	12.4	11.9	10.2	10.7	0.09 (17)	2.0 (369)	22.7 (52)	15.3 (35)	0.43 (1)
Edmonton	99,200	12.1	11.5	8.6	9.5	0.08 (8)	1.7 (165)	17.5 (21)	14.2 (17)	1.63 (2)
Enfield	109,000	12.5	12.4	10.7	11.6	0.13 (14)	2.0 (223)	19.1 (26)	16.9 (23)	0.72 (1)
Feltham	48,870	16.0	15.8	7.1	10.5	0.10 (5)	1.2 (61)	15.3 (12)	7.7 (6)	- (-)
Finchley	69,860	12.8	12.2	10.7	9.5	0.10 (7)	2.1 (146)	21.3 (19)	16.8 (15)	- (-)
Friern Barnet	28,560	11.1	11.7	16.6	15.6	0.14 (4)	2.4 (69)	25.2 (8)	18.9 (6)	- (-)
Harrow	217,100	12.7	13.0	9.0	10.3	0.06 (13)	1.9 (413)	17.1 (47)	12.0 (33)	0.36 (1)
Hayes & Harlington	65,400	14.2	13.3	7.4	11.1	0.17 (11)	1.5 (96)	21.5 (20)	15.0 (14)	1.05 (1)
Hendon	154,000	12.6	11.8	10.1	10.5	0.07 (11)	2.1 (326)	20.7 (40)	16.0 (31)	0.51 (1)
Heston & Isleworth	105,500	11.0	10.9	10.6	10.9	0.13 (14)	2.0 (209)	24.1 (28)	17.2 (20)	- (-)
Hornsey	97,600	13.9	12.8	10.8	9.5	0.03 (3)	2.1 (203)	18.5 (25)	13.3 (18)	1.45 (2)
Potters Bar	17,790	13.6	13.1	8.0	9.0	0.06 (1)	1.5 (27)	8.3 (2)	4.1 (1)	- (-)
Ruislip & Northwood	72,700	12.7	12.8	8.1	9.5	0.11 (8)	2.0 (142)	22.8 (21)	18.5 (17)	- (-)
Southall	53,840	13.0	12.9	11.9	12.7	0.15 (8)	2.0 (109)	17.2 (12)	10.0 (7)	- (-)
Southgate	71,870	10.8	11.8	11.3	8.9	0.11 (8)	2.3 (168)	19.3 (15)	11.6 (9)	- (-)
Staines	42,330	17.3	16.6	8.4	9.3	0.09 (4)	1.6 (67)	19.1 (14)	12.3 (9)	1.32 (1)
Sunbury	25,460	17.8	16.7	8.1	9.1	0.16 (4)	1.5 (37)	19.9 (9)	17.7 (8)	- (-)
<b>Tottenham</b>	<b>122,100</b>	<b>12.4</b>	<b>11.8</b>	<b>10.9</b>	<b>11.2</b>	<b>0.19 (23)</b>	<b>2.5 (305)</b>	<b>16.5 (25)</b>	<b>13.2 (20)</b>	<b>0.65 (1)</b>
Twickenham	104,300	12.1	12.3	11.1	10.2	0.14 (15)	2.2 (231)	22.9 (29)	17.4 (22)	- (-)
Uxbridge	57,940	17.1	15.9	8.7	10.4	0.16 (9)	1.9 (108)	14.2 (14)	11.1 (11)	- (-)
Wembley	129,000	10.8	10.8	8.1	8.9	0.04 (5)	1.8 (234)	17.2 (24)	14.3 (20)	0.70 (1)
Willesden	176,000	14.9	13.4	9.6	10.4	0.14 (25)	2.1 (366)	20.2 (53)	14.5 (38)	0.37 (1)
Wood Green	50,610	11.7	11.5	10.3	9.5	0.12 (6)	2.1 (105)	23.6 (14)	16.9 (10)	- (-)
Yiewsley & W. Drayton	22,900	16.9	15.5	6.9	8.9	0.13 (3)	1.3 (29)	23.2 (9)	18.0 (7)	2.50 (1)

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 two cases exceeded 1 year.







**MEMBERS OF THE LOCAL AREA COMMITTEE AS AT  
31st DECEMBER, 1955**

**MEMBERS OF MIDDLESEX COUNTY COUNCIL**

County Alderman Mr. R.A. Clarke  
County Councillor Mr. J.W. Barter, M.P.  
County Councillor Mr. M.W. Burns, J.P.  
County Councillor Mr. V. Butler  
County Councillor Mr. W. East  
County Councillor Mrs. H.C. Norman, J.P.

**MEMBERS OF HORNSEY BOROUGH COUNCIL**

Alderman Miss J. Richardson (Chairman)  
Councillor Miss O.R. Anderson  
Councillor Mr. C.V. Tipping  
Councillor Miss M.E. West  
Councillor Mr. C.R. Williams

**MEMBERS OF TOTTENHAM BOROUGH COUNCIL**

Alderman Mr. A. Reed, A.C.I.I., J.P.  
Alderman Mrs. A.F. Remington  
Councillor Mrs. E.M. Bohringer  
Councillor Mr. H. Langer  
Councillor Mrs. M.E. Protheroe (Vice-Chairman)  
Councillor Mr. E.C. Smith

**MEMBERS NOMINATED BY APPROPRIATE HOSPITAL MANAGEMENT COMMITTEES**

Mrs. R.M. Fry  
Mrs. H.M. Franklin

**PERSONS WHO MAY ATTEND IN AN ADVISORY CAPACITY**

Dr. L. Hornung (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. Edey (Royal College of Midwives)



# AREA HEALTH STAFF 1955

Deputy Area Medical Officer	A. Yarrow, M.B., Ch.B., D.P.H.
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. (Resigned 31st August, 1955)
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	2
Supervisory Nursing Staff	2	-
Administrative and Clerical Staff	36	8
Health Visitors/School Nurses	25	3
Clinic Nurses	7	1
Sponsored Student Health Visitors	-	4
Midwives	8	-
Home Nurses	21	8
Speech Therapists	2	2
Physiotherapists	1	2
Occupational Therapist	1	-
Chiropodists	-	2
Gramophone Audiometrician	-	1
Orthoptist	-	1
Dental Attendants	9	1
Day Nursery Staff	34	-
Home Help Service	9	159
Manual workers, domestic grades, etc.	9	24
	180	225

## CARE OF MOTHERS AND YOUNG CHILDREN

## (Section 22)

Notification of Births

The following table shows the births notified during the year compared with previous years. The percentage of hospital confinements rose to 88.9% during 1955, thus continuing the steady increase noted in previous years.

	1955	1954	1953
Live Births (a) Domiciliary	429	553	599
(b) Hospital or Nursing Home	2,509	2,387	2,508
Still Births (a) Domiciliary	4	5	9
(b) Hospital or Nursing Home	53	51	58
Totals	2,995	2,996	3,174

Ante-natal Clinics

The only change made in clinic sessions during the year was a reduction at The Chestnuts Centre from five to four sessions a week owing to a fall in demand. As a consequence there was a fractional increase in the average attendance throughout the Area to 15.7 per session. The total number of new patients who attended ante-natal clinics during the year was 2,003, which is the lowest for many years.

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

	No. of sessions held	No. of new cases		Total attendances		Average attendance per session
		A.N.	P.N.	A.N.	P.N.	
Burgoyne Road	49	134	96	995	99	22.3
Church Road	72	131	76	1,077	78	16.0
Fortis Green	100	216	134	1,654	141	18.0
Hornsey Town Hall	149	274	149	2,098	165	15.2
Mildura Court	62	171	58	1,146	63	19.5
Stroud Green	51	125	79	811	80	17.5
The Chestnuts	225	389	236	2,980	239	14.3
Lordship Lane	204	294	176	2,147	181	11.4
Park Lane	104	269	183	1,744	215	18.8
Totals 1955	1,016	2,003	1,187	14,652	1,261	15.7
Totals 1954	1,057	2,210	1,177	15,504	1,257	15.4
Totals 1953	1,085	2,284	1,326	15,733	1,406	15.8



### Midwives Ante-natal Clinics

This service suffered during the year owing to the shortage of midwives in Hornsey. An appointment has now been made and the position restored. The following table shows the attendances made at all clinics during the year:-

Midwives Clinic	No. of sessions held	Total No. of attendances	Average attendance per session
Burgoyne Road	23	68	3.0
Fortis Green	44	176	4.0
Hornsey Town Hall	14	47	3.3
Mildura Court	18	67	3.7
Stroud Green	25	86	3.4
Park Lane	144	913	6.3
Total	268	1,357	5.1

### Maternity Services in the Tottenham Clinics

Miss Esther Rickards, M.S., F.R.C.S., Consultant for many years in Tottenham reports as follows:-

"The services emanating from the clinics have a threefold purpose (1) they supervise the health of the mothers, (2) they co-ordinate the treatment they need and (3) they educate the mothers in the Art of Living. As a supervising service it is our aim to work in close co-operation with the general practitioners, with the midwives of the district and with the hospitals.

We like the mothers to come to the clinics as soon as they realise they are pregnant. Then a general medical overhaul is undertaken, the blood is grouped (unless the patient is going into hospital), the haemoglobin is estimated and the chest is X-rayed. Consideration is given at the first visit on the choice of a home confinement or a hospital booking; and the earlier a patient comes the less disappointment there is in providing the booking of choice. General advice is given on personal health and hygiene, on diets and on clothing. The National Health Service Act can be used for the prevention of ailments in this way; for instance, the early signs of varicose veins can be found and the disorder arrested by ordering the splendid two-way stretch elastic stockings now within every mother's reach and so a major disability can be prevented. Similarly minor troubles can be recognised and treated. By frank discussion on fears and doubts the dread and apprehension of many an inexperienced patient can be eased or removed and knowledge can be spread.



Though the clinics are busy, time must always be found to explain various instructions or changes that worry the mothers, but it is here that the health visitors do such excellent work. They carry on the same advice in the clinics, in the home and above all in the Mothercraft Classes they run so efficiently. There they deal in greater details with all these matters and in this way the educational work is blended with the supervisory. At these talks all the changes occurring in motherhood are explained and the development of the baby outlined. This is followed by demonstrations such as baby bathing and the taking of "Gas and Air" during home confinement. They are taught exercises and how to relax completely and are instructed how to use these methods when labour starts. In this way they are, in most cases, assisted in securing an easy, natural confinement. This has been going on many years in Tottenham and the service is there for every woman to use and enjoy. When one reads of a great foreign power lauding such methods we should not forget that we have been practising them in our midst for years.

The co-ordinating work of the clinics is vital. If we find a patient ailing in any way it is our general rule to refer to their own doctors for care and treatment. If a patient is booked for hospital and an abnormality arises, again she is immediately put in touch with the hospital consultants. Also if a patient is booked for a home confinement and any abnormality develops which might bring a hazard to normal delivery at home, she is referred to hospital forthwith.

We encourage patients to return to our clinics after delivery, first with the new baby and then for her post-natal examination. Many minor ailments are found in that way and are put right.

We also like mothers to return to the mothercraft classes and tell the other patients about their confinements. This we find gives the mothers confidence and makes a more natural performance of delivery. As one young mother said to me when she had had her first baby - a son weighing 8 lbs. - "I breathed deeply as I had learnt in the class and relaxed completely. It was all over in 20 minutes - there's nothing to it, Doctor". Well, that may have been an extra easy case but it was by no means isolated and it shows what knowledge, instruction and the removal of fear can do.

This service is available to every mother of the Area and no one should be denied all the help and encouragement the clinic can give.



Our aim is easy, natural childbirth, fine babies and happy, healthy mothers".

### Health Teaching

Groups for relaxation exercises and mothercraft are held at special sessions at all except two maternity and child welfare clinics. The groups are intentionally small so that they are informal and in order that health visitors who give the instruction and demonstrations and lead discussion can give individual attention to members of each group.

A film strip projector and film strips were purchased to give greater variety to the methods used. This additional visual aid has promoted considerable interest amongst the mothers attending the centres.

The value of relaxation exercises for expectant mothers has been generally accepted as being of considerable help to the mother during her delivery if they have been practised during the ante-natal period. That the mothers themselves both appreciate the teaching of relaxation and benefit from it is disclosed by the large number of mothers who have orally expressed their gratitude and recognition of the benefit that these classes has given to them. Many, too, have written to health visitors in similar terms. An extract from one of these illustrates these points:- "Now that the great event is over I should very much like to tell you how helpful I found the Relaxation classes. Comparing this confinement with my first I find there is no real comparison, because this one was so simple and the other so awful. The difference, I believe, was largely due to the knowledge you gave us and to the exercises". These classes are available to all expectant mothers including those who are in receipt of ante-natal care by hospitals and family doctors.

Clinic	No. of sessions held	No. of new cases	Total No. of attendances	Average attendance per session
Burgoyne Road	45	20	284	6.3
Church Road	46	42	267	5.8
Fortis Green	48	73	541	11.3
Hornsey Town Hall	44	76	241	5.5
The Chestnuts	52	92	459	8.6
Lordship Lane	49	83	609	12.4
Park Lane	52	41	323	6.5
Totals	336	427	2,724	8.1



### Child Welfare Clinics

The forecast made in last year's report that the reduction in the number of attendances at these clinics would continue is borne out by the fall in the average attendance per session during 1955. Nevertheless the proportion of children under one year of age who attended for the first time during the year showed a slight improvement.

The slight reduction in the attendance at the welfare clinics is due to the improvement in child health generally. Parents have more knowledge about child management and grandparents have themselves attended welfare centres. Children are not the constant anxiety that they used to be, when rickets, anaemia and infectious fevers were a menace.

Most women's journals carry a well written and well informed article on "Baby", his diet, clothing and management, which helps the young mother, and so it is, that a rare visit to the centre is enough to keep the mother confident about her methods of managing the child.

The following table shows details of attendances made at all centres during the year:-

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	153	236	3,971	631	142	4,744	1,328	31.0
Church Road	154	216	2,914	580	136	3,630	1,570	23.6
Fortis Green	155	228	3,518	644	280	4,442	1,523	28.7
Hornsey Town Hall	201	367	5,135	1,064	496	6,695	2,864	33.3
Mildura Court	102	179	2,992	791	206	3,989	1,481	39.0
Stroud Green	104	198	2,888	381	189	3,458	848	33.3
The Chestnuts	257	552	7,359	1,143	446	8,948	2,430	34.8
Lordship Lane	256	394	6,152	1,031	384	7,567	1,795	29.6
Park Lane	205	339	5,425	911	380	6,716	1,806	32.8
Totals 1955	1,587	2,709	40,354	7,176	2,659	50,189	15,645	31.6
Totals 1954	1,604	2,675	40,891	7,963	3,059	51,913	16,024	32.4
Totals 1953	1,622	2,769	42,213	8,645	3,551	54,409	16,444	33.5

### Toddlers Clinics

The value of these clinics in supervising the health and well-being of children between the ages of two and five years, has not diminished since they were inaugurated in part of this Area in 1938.



For these clinics an appointment is sent to the parent every six months after the age of two years. The children who are brought to the clinic are in good health usually. An opportunity is afforded for the early detection of defects such as squint, stammer and dental caries. The children are referred to the appropriate clinics for the correction of such defects, which are treated much more quickly in the early stages, thus saving the loss of a great deal of school time. Some children may have had a set back due to illness, or the birth of a baby brother or sister, and are therefore suffering from anxiety. There is an improvement in knowledge of how to help these children over their difficulties. This knowledge has been acquired through discussions with the doctor and health visitor at the clinic session and is followed up by a visit in the home by the health visitor. If the anxiety is too great and the child is not getting well, then the parent is referred to the child guidance clinic.

In addition regular medical examination in day nurseries provides a close supervision of this age group. A considerable number of children are sent to school between the ages of four and five years and medical record cards are forwarded to the Child Health Section to ensure continuity of medical supervision.

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

Name of Centre	No. of sessions held	Total attendances	No. of cases seen by M.O.	Average attendance per session
Burgoyne Road	29	448	448	15.4
Church Road	52	479	445	9.2
Fortis Green	24	343	343	14.3
Hornsey Town Hall	58	664	664	11.4
Mildura Court	50	724	623	14.5
Stroud Green	24	323	323	13.5
The Chestnuts	52	686	686	13.2
Lordship Lane	52	719	719	13.8
Park Lane	51	518	518	10.2
Totals 1955	392	4,904	4,769	12.5
Totals 1954	389	5,196	5,040	13.4
Totals 1953	429	5,408	5,239	12.6

#### Parent Guidance in the Welfare Clinics

It has been felt for some time now that there is too big a gap between the Child Guidance and Infant Welfare Centres. In order to overcome this, Dr. Phillips, the visiting psychiatrist



mainly dealing with school children, was asked to work with medical officers at infant welfare clinics, and help them to advise mothers of children under five years of age.

It is generally understood that the approach of the "doctor" in the welfare clinic to problems of the mother is direct and authoritative. The mother brings her problem and the doctor supplies an answer on the spot. This is not the approach of the psychiatrist. He listens to the mother and tries to get her to solve her difficulties for herself.

This method may be quite new to the "doctor" trained in preventive medicine, and be very difficult to apply. It is also very time-consuming, consequently fewer children are seen and results difficult to gauge.

If we could recognise at an early stage the problem of behaviour which the children are not going "to grow out of", then we could concentrate on those parents who are unconsciously making their children into problems. But it will only be with the help of the skilled psychiatrist that we can begin to deal with this.

#### **Play Group in Park Lane Day Nursery**

As an ancillary to helping the disturbed parent and child, we have begun a play group at the Park Lane Day Nursery. Seven children have been referred for behaviour problems.

The person in charge of this small group needs special qualifications and experience in handling such children and especially the parents.

#### **Daily Guardian Scheme**

The number of children minded by the day under this scheme has fallen slightly during the year. Those minded by this method are children under school age (whose mothers are working) who do not qualify for admission to a day nursery and for whom other satisfactory arrangements for minding cannot be made.

The success of the scheme depends on the satisfactory selection of women who are prepared to undertake daily minding and keep the rules, the placing of a child in a home of a type similar to its own and one that is within reasonable distance of the child's home or the mother's workplace. The approval before and subsequent supervision of the child after placing is undertaken by the health visitor for the district on which the guardian resides.



The number of guardians on the register at the end of 1955 was 114, of whom 62 were minding 70 children.

The number of individual children minded during the year was 163 and they were in the guardians' care for 19,514 days.

#### Day Nurseries

The average daily attendance at the three nurseries was 121.8 and the number of children on the register at the end of the year was 150.

The standards of nursery care are very good indeed and there has been very little absence resulting from infectious disease.

Two students entered for the examination of the Nursery Nurses Examination Board and both were successful.

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

Name of Day Nursery	No. of approved places at end of year		No. of children on register at end of year		Total No. of attendances			Average daily attendance
	Under 2	2 - 5	Under 2	2 - 5	Under 2	2 - 5	Total	
Stonecroft	15	53	14	48	3,410	9,713	13,123	51.7
Park Lane	20	30	12	32	3,045	4,949	7,994	31.5
Plevna	20	30	13	31	3,514	6,301	9,815	38.6
Totals 1955	55	113	39	111	9,969	20,963	30,932	121.8
Totals 1954	55	113	52	106	11,392	24,278	35,670	139.3

#### Distribution of Welfare Foods

This work, which was taken over from the Ministry of Food in June 1954, continued throughout the whole of 1955. Very few complaints were received from beneficiaries concerning the quality of the welfare foods and each was referred to the Ministry of Health who investigated and subsequently reported the result of analysis to the complainant and this Department. The Women's Voluntary Service continued to give valuable assistance in both Boroughs by undertaking distribution from the homes of some of their members for the convenience of the public.

The following table shows distributions in the Area during the year: -

National Dried Milk (tins)	Orange Juice (bottles)	Cod Liver Oil (bottles)	Vit. A & D. Tabs. (packets)
61,975	154,596	25,560	10,564

### 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.

The following table gives details of attendances made and treatment given during the year. Taking into account the fall in the number of expectant mothers who attended ante-natal clinics during the year, the number examined by the dental officers is equivalent to a 2% increase over 1954.

	1955		1954		1953	
	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	271	657	253	590	388	833
No. referred for treatment	260	624	241	534	349	750
New cases commenced treatment	240	573	233	603	298	745
Cases made dentally fit	67	317	50	246	113	380
Forms of dental treatment provided:-						
Teeth extracted	352	479	389	541	478	610
Anaesthetics:-						
(a) Local	142	77	132	115	126	148
(b) General	48	203	42	206	85	217
No. of fillings	414	1,247	553	1,278	637	1,323
No. of root fillings	3	-	-	-	2	-
No. of inlays	-	-	1	-	1	1
Scalings and gum treatment	136	-	148	-	156	-
Silver nitrate treatment	-	512	-	758	-	791
Dressings	144	519	133	560	141	547
Other operations	70	194	40	159	20	207
No. of Radiographs:-						
(a) at County Council clinics	14	1	10	6	18	3
(b) at hospital	1	-	-	-	-	-
Denture dressings	226	-	100	-	168	-
Dentures fitted:-						
(a) full	46	-	17	-	14	-
(b) partial	59	-	22	-	45	-
No. of attendances	984	1,606	930	1,732	1,133	1,827
No. of appointments not kept	218	370	258	349	321	326
No. of ½ days devoted to treatment	338		343		365	



## MIDWIFERY SERVICE

## (Section 23)

The work of the domiciliary midwifery service has continued its downward trend during the past year. Although the number of cases booked for 1956 appears to be showing a slight increase, it is too early at this stage to predict any appreciable rise.

The number of midwives practising in the Area has been reduced to eight, six working in Tottenham and two in Hornsey.

The number of deliveries conducted by County Council midwives was 421, an average of 52.6 although the number of deliveries for each midwife was considerably higher, as owing to prolonged sickness of one midwife, and delay in filling a vacancy, only six midwives were working for the greater part of the year.

The pupil midwives from the Alexandra Maternity Home have continued to receive their district training in the Area and a high standard of midwifery has been maintained.

Every midwife, whether or not employed by the County Council, has attended an actual demonstration on the use of trichloroethylene. One such apparatus has been in use for the latter six months of the year and has been used with success. It is too early to forecast whether or not this machine will be issued to every midwife.

An apparatus designed for the resuscitation of the new born has been purchased with a view to its experimental use by means of introducing oxygen into the infant's stomach.

Nitrous oxide and air analgesia was used in 80% of cases and pethidine is now used generally for district midwifery.

It will be gathered from the above paragraphs that more responsibility is being placed upon the midwife and a great deal of judgment is called for in the safe handling of modern methods of analgesia.

The importance of refresher courses increases with the introduction of new methods and new drugs. Two midwives from this Area attended one week's residential refresher course in 1955. The courses are approved by the Central Midwives' Board.

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

No. of deliveries attended	421
No. of visits made	7,816
No. of hospital confinements discharged before 14th day	26
No. of visits made	239
No. of cases in which medical aid was summoned	97
No. of cases in which gas and air analgesia was administered	327
No. of cases in which pethidine was administered	176



## HEALTH VISITING SERVICE

## (Section 24)

The growth and development of health visiting is unfortunately constricted in this Area as elsewhere by the limited number of qualified women available.

In Hornsey and Tottenham the number of health visitors is well below the establishment and in order to keep the school health services operating satisfactorily, clinic nurses are employed, mainly to relieve health visitors of this part of their work. The assistance which is given to health visitors by this means is limited to clinical aid and does not relieve them of the preventive and sociological part of their work.

New entrants to the profession barely make up the normal wastage occasioned by retirement or resignation and at the same time the growing range of health visiting places a heavier load on each health visitor. On this account old standards of health visitor establishment should be discarded and an increase made in the ratio of health visitors to the population if the requirements of the service are to be met. This may entail improved conditions for the profession if a serious attempt at recruitment is envisaged. The number of home visits to children in the 0 - 1 year age group has increased slightly during the year; there has been a small fall in the number of visits to expectant mothers and children in the 1 - 5 year age group and children of school age. An increase is also shown in the number of visits to homes for other purposes. This is accounted for by a larger percentage of visits to the aged and by follow-up B.C.G. visits. The total number of visits to homes for all purposes shows a slight rise.

No. of visits paid by Health Visitors working in the Area:-		1955	1954
Expectant Mothers	First Visits	1,858	1,986
	Total Visits	2,955	3,324
Children under 1 year of age	First Visits	3,149	3,042
	Total Visits	15,392	14,391
Children aged 1 - 2	Total Visits	7,025	7,449
Children aged 2 - 5	Total Visits	13,953	14,036
Other cases	Total Visits as Health Visitor	4,686	4,112
	Total Visits as School Nurse	1,144	1,098



### Health Visitors, Family Doctors, Hospitals and Voluntary Organisations

An informal meeting of health visitors and general practitioners was held in Hornsey on 27th October, 1955. The response to the invitation was very good indeed; 29 local general medical practitioners attended as well as ten health visitors and several members of the Area medical staff.

During the year follow-up of cases reported by family doctors has enabled health visitors to visit a number of patients and deal with their particular problems.

Team work with hospital almoners and ward sisters has been excellent. 126 health visitors reports have been sent to hospitals at the request of almoners during the year and 167 to other bodies, excluding 433 B.C.G. follow-up reports for the Medical Research Council.

Co-operation and assistance from statutory and voluntary organisations have been of considerable value to health visitors in their work. We should like to mention the Children's and Social Welfare Departments, the local offices of the National Assistance Board, the N.S.P.C.C., I.C.A.A., W.V.S., Old Peoples' Welfare and Diocesan Moral Welfare.

Clinic voluntary workers in the Hornsey part of the Area have given regular, reliable and very valuable services in infant welfare clinics and in managing the sale and distribution of welfare foods.

### Health Education and Parentcraft

Apart from home visiting for such purposes as advice to expectant mothers, infant care and feeding, follow-up for hospital admissions and discharges, family doctors cases, clinic attenders, special surveys including the recent one for the Ministry of Health on National Dried Milk, care of the aged, problem families, etc., when educational advice is given, health education is a continuous process for health visitors wherever their duties take them.

During the past few years a special feature of health education has been the talks on home making and parentcraft to school children especially during their last year at school. This year all the secondary modern girls' schools except one have received this type of instruction from a school health visitor who spends



the major part of term time on this work. In Tottenham health visitors undertake this important task in schools. In all 348 talks, films and demonstrations of one hour each have been given in schools.

### **Training of Health Visitor Students**

13 student health visitors received practical training for varying periods in the Area during the year. Eight of these were taking their training under the auspices of the Royal College of Nursing, one at Battersea Polytechnic and four through the County Council "Sponsored Scheme". The latter commenced their training in September and will remain in the Area for three terms.

### **Student Nurses**

Four student nurses from the Middlesex Hospital, W.1., came to the Area to see the work of health visitors and stayed for three days each. On the Saturday following their visit a discussion group was held in the hospital at which student nurses gave a report on their experience and asked questions of the Superintendent Health Visitor who was invited to be present.

13 student nurses including one man from the Prince of Wales's Hospital also accompanied health visitors for one day each for a similar purpose as observers.

### **Student Nurses Lectures**

Eight lectures were given to three groups of students by the Superintendent Health Visitor on the Social Aspects of Disease at the Prince of Wales's Hospital. The Superintendent and other members of the health visiting staff gave lectures on Home Nursing and The Health Services to a number of organisations including St. John Ambulance Brigade, The Townswomen's Guild, Barnardos and British Red Cross in their own time and in some cases acted as examiners.

### **Overseas and Other Visitors**

Several visitors from overseas including the Reeve of Tottenham, Canada, and a number of groups of post-graduate and other students came to Tottenham and Hornsey during the year to observe the work of the personal health services and in particular the activities of health visitor/school nurses.



The groups included health visitors, student ward sisters, student teachers, student house mothers from Barnardos Homes, school children and members of the Townswomen's Guild.

#### Family Planning Association

Two evening sessions each week were held in the Clinic at the rear of Hornsey Town Hall.

#### National Blood Transfusion Service

Premises at the School Clinic, rear of Hornsey Town Hall were made available for the above-named organisation for six days during the year.

### HOME NURSING SERVICE

#### (Section 25)

The past year has been an extremely busy one for the home nurses. The service has operated smoothly from the Area Health Office, all messages being received there during office hours and the Superintendent's home at all other times as in previous years.

A combination of pressure of work, increased holiday periods and a high incidence of sickness amongst the staff have added difficulties to the administration of this service during 1955.

#### Provision of Hospital Beds

The provision of hospital beds for the aged sick has seemed more readily available this year and less difficulty has been encountered in getting the aged and ill patients, particularly those who live alone, into hospital. This was a very pressing problem in 1953 and 1954. Nevertheless the requests for care of the aged continue to form a large portion of each nurse's daily work.

#### Injection of Drugs

Injection of drugs continues to form an ever increasing part of the work of the service and it is necessary for the home nurse to have a very up to date knowledge of modern drugs. Requests are frequently made for twice daily visits and late night visits for relief of pain interfere considerably with the planning of each day's work.

### Nursing of Sick Children at Home

An analysis of work done for children at home showed that the greatest part consisted of administering drugs (mainly penicillin), very often in the early stages of illness. Relief of constipation and the occasional nursing of measles or whooping cough form the rest of the work. In the latter condition nurse is usually called in because the mother has a large family or may for some reason be unable to nurse the child satisfactorily. A good deal of teaching of mothers is carried out for the application of poultices and minor treatments.

### Co-operation with Other Services

As before, the nurses have worked closely with general practitioners, health visitors and home helps, and the exchange of information between these bodies is very valuable to all concerned.

The British Red Cross Society and the Old People's Welfare Committees have also given the service every assistance. The Ambulance Service is always very ready to help and on two particular occasions, when the nurse was in difficulty with heavy and unconscious patients, they arrived within a few minutes of the request to help carry one patient upstairs and one was lifted from the floor. These two unusual requests were met unhesitatingly.

### Transport

Lack of transport other than bicycles still causes much delay. A puncture requires the whole of the nurse's work to be re-arranged. A great deal of time is lost in travelling and much discomfort endured by the nurses in wet and cold weather.

### Analysis and Table of Visits

Undoubtedly the Home Nursing Service is becoming an ever increasingly important part of the National Health Service and the expansion increases at a greater rate each year. In 1955 12,000 more visits were paid than in 1954.



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	907	1,679	2,586	172	452	624	76,572
Surgical	79	128	207	17	14	31	6,410
Infectious Disease	-	1	1	-	-	-	4
Tuberculosis	77	57	134	8	12	20	4,630
Maternal complications	-	19	19	-	1	1	158
Totals 1955	1,063	1,884	2,947	197	479	676	87,774
Totals 1954	1,093	1,830	2,923	211	401	612	75,923

Analysis of treatment given to new cases during 1955	
General Nursing	655
Other treatments	840
Injections	1,452
Total	2,947

## VACCINATION AND IMMUNISATION

### (Section 26)

#### Vaccination

The percentage of children under one year of age vaccinated in 1955 was 54.5%. This is the best it has ever been and justifies the efforts of the medical and nursing staff in emphasising to parents the importance of vaccination and in offering vaccination in the clinics.

The following table records the number of persons known to have been vaccinated or re-vaccinated during 1955, by general practitioners and clinic medical officers:-

	Under 1 year	1 year	2 - 4 years	5 - 14 years	15 years and over	Total
No. of primary vaccinations	1,602	41	21	36	72	1,772
No. of re-vaccinations	-	-	4	27	266	297

#### Immunisation against Diphtheria and Whooping Cough

In spite of continual efforts to secure the immunisation of at least 75% of babies in the Area before their first birthday, it has not yet proved possible to achieve this target. In fact

there was a slight recession last year to 57.8%, and in order to counteract this fall an intensive publicity campaign has been arranged in both Boroughs to take place in February and March 1956.

The following table shows the total number of immunisations of all age groups carried out during 1955:-

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	76	1,622	-	-	-
One	34	334	3	-	-
Two to Four	74	109	17	542	16
Five to Fourteen	275	17	6	906	21
Fifteen and over	-	1	-	13	-
Total	459	2,083	26	1,461	37

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### (Section 28)

#### Recuperative Holidays

The Area health staff continued to be responsible for dealing with applications for recuperative holidays and during 1955, 235 applications were received compared with 279 the previous year. Of these, 188 were approved, 41 were not approved and six were withdrawn before action could be taken.

## DOMESTIC HELP SERVICE

### (Section 29)

The total number of cases provided with home help during the year was 1,623. This shows an increase from 1,499 during 1954. This increase occurred in spite of a slight fall in new cases which were 67 less than 1954. It can be seen from the table below that by far the greatest provision of help is to the chronic sick, who include the aged and infirm. Once service is provided to these patients it has very often to be continued over a long period, generally until the patient dies or is admitted to hospital, and it is this factor which is causing the total number



of cases receiving service to rise. In short, the cases are not ceasing at as high a rate as they are commencing. At the end of the year there were approximately 170 cases who had been receiving help for more than three years.

The considerable increase in the volume of the work of the service can be illustrated by the following figures for the past three years: -

	December 1953	December 1954	December 1955
No. of cases being provided with help	618	809	894
No. of home helps employed (part-time and full-time)	145	165	175
Equivalent whole-time establishment	78.6	89.2	102.0

The policy of the department is to provide at least a little amount of help to all needy cases and it will be appreciated that the task of providing help, week by week to nearly 900 cases calls for careful planning, particularly taking into account absences of staff owing to sickness in the winter and holidays during the summer months.

It should be stated that as each new case is visited by the organising staff, enquiries are made to establish whether the necessary help can be provided by any other means, e.g. by adult children or other relatives, but it has become increasingly evident that many married daughters who would in the past have been able to help their aged parents are themselves going out to work and are unable to assist.

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

Cases provided with help	No. of new cases provided with help	No. of old cases for which help was continued from 1954	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)	105	9	114	8
Tuberculosis	24	48	72	38
Chronic sick (including aged and infirm)	531	734	1,265	828
Other	154	18	172	20
Total	814	809	1,623	894

## INSPECTION OF CHILDREN'S HOMES

An important part of the work of the assistant medical officers is the visiting of the several children's homes in the Area. These homes are organised by the County Council for children in their care. There are six such homes in Tottenham and Hornsey, five mixed with a total of 23 boys and 26 girls, and one other home for 18 boys. The homes are staffed by house-mothers with the exception of the home for boys only which has both a full-time house-mother and house-father. Each child is registered with a local general medical practitioner just as are children in their own homes. The assistant medical officers visit monthly, to supervise the children's general progress and to report on conditions generally at the home.

## SCHOOL HEALTH SERVICE

### Introduction

The work of the school health service follows the pattern built up in past years. The routine medical inspection or periodic health overhaul of school children continues to be the foundation of the Service. During the year some minor but not unimportant innovations became part of the regular routine of examination. These were the colour vision testing of pupils in the intermediate age group, and more important, the vision testing by means of 'E-cards' of school entrants not yet able to read. The valuable results of such testing are referred to later in the ophthalmologist's report.

During the year the Committee was asked to recommend the setting up of an orthoptic clinic at Lordship Lane, and the appointment of an orthoptist, as the system of referring children for such treatment to hospital was proving unsatisfactory and inconvenient to the parents. Approval was given and at the end of the year preparations were complete to start the clinic during January 1956 under the general direction of Mr. Kletz, visiting ophthalmologist.

In this year's report, too, reference is made to various other school activities with a bearing on health, in particular the school meals service.



### School Dental Service

Mr. V. Sainty, L.D.S., Area Dental Officer, reports that all surgeries were fully staffed during the year.

Early in the year a visit to the Area was made by Miss E.M. Knowles, O.B.E., F.D.S., H.D.D., a Senior Dental Officer of the Ministry of Health who visited all the clinics and talked with the Dental Officers mainly on matters concerned with the priority dental service.

The orthodontic clinic (7 sessions a week) has now been operating for a year, but there still remains a long waiting list of children requiring treatment, and consequently it has become necessary to stop the reference of any more cases at present apart from those in a special category due to age and/or severity of malocclusion.

It is hoped that it will be possible to extend the number of sessions to make a full-time appointment, but as the services of the orthodontist are shared with another Area, and as the number of these specialists is insufficient for the large amount of this kind of work, it is doubtful whether this can be done in the near future. The dental officers continue to treat a number themselves. Parents are increasingly conscious of the value of this branch of dentistry and are generally anxious that their children should have the treatment, and often are worried by the prospects of a long wait before a start can be made.

As regards the school dental service in general, the records of routine inspections show that over 25,000 children out of a school population of 30,000 were dentally inspected during the year so that the ideal of an annual dental inspection is coming within sight of attainment.

The following tables show the work carried out during the year:-

### DENTAL INSPECTIONS AND TREATMENT

Age Groups	No. inspected	No. found to require treatment	No. referred for treatment at the County Council's Dental Clinics
Under 5	411	276	275
5 - 16 and over	20,798	15,476	15,018
Specials	4,163	4,027	4,010
Total	25,372	19,779	19,303

Number of pupils treatment commenced	...	10,672
Number of pupils treatment completed	...	7,908
Number of attendances made by pupils for treatment	...	24,671
Number of appointments not kept	...	5,190
Number of half days devoted to	(a) Inspection	168
	(b) Treatment	3,414
Fillings. Permanent Teeth	...	15,537
Temporary Teeth	...	4,640
Number of teeth filled. Permanent Teeth	...	13,867
Temporary Teeth	...	4,333
Extractions. Permanent Teeth	...	4,217
Permanent Teeth for Orthodonture	...	145
Temporary Teeth	...	7,509
Anaesthetics (a) General	...	1,837
(b) Local	...	3,648
(c) Regional	...	447
Other operations (a) Permanent Teeth	...	3,152
(b) Temporary Teeth	...	4,723

### SPECIAL DENTAL TREATMENT UNDERTAKEN BY DENTAL OFFICERS

Number of impressions, etc.	263
Number of Dentures fitting	58
Number of crowns and bridges	71
Number of inlays	1
Number of radiographs (a) at Dental Clinics	260
(b) at Hospitals	-

### ORTHODONTIC EXAMINATION AND TREATMENT

	AGE GROUPS										TOTALS
	5	6	7	8	9	10	11	12	13	14	
Number of pupils examined	-	2	20	36	36	47	41	25	17	26	250
Number of pupils selected for treatment	-	2	20	32	29	38	40	20	15	16	212

Number of pupils commenced treatment (first attendance)	329
Number of attendances made for treatment	3,603
Number of consultations	378
Number of impressions etc.	1,964
Number of fixed appliances fitted	106
Number of removable appliances fitted	462
Number of radiographs (a) at Dental Clinics	1,876
(b) at Hospitals	-
Number of pupils treatment complete	63
Number of orthodontic sessions ( $\frac{1}{2}$ days)	455



## General Health and Infectious Diseases

In general the children as seen at routine medical inspection are healthy, well-nourished and well-clad, and the following tables show the results of inspection. Diseases of squalor such as pediculosis and scabies are, except for a hard core of cases, becoming a thing of the past. The commonest problems met with today are mental rather than physical and this subject is taken up later in this report.

### PERIODIC MEDICAL INSPECTION

Periodic Medical Inspections				Other periodic inspections	Other Inspections	
Entrants	Second Age Group	Third Age Group	Total		Special Inspections	Re-inspections
2,806	2,571	3,056	8,433	5,156	4,671	4,601

### CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS

Age Groups	No. of pupils inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Entrants	2,806	1,162	41.4	1,635	58.3	9	0.3
Second Age Group	2,571	1,084	42.2	1,477	57.4	10	0.4
Third Age Group	3,056	1,248	40.8	1,785	58.4	23	0.8
Other periodic inspections	5,156	2,027	39.3	3,103	60.2	26	0.5
Total	13,589	5,521	40.6	8,000	58.9	68	0.5

As far as infectious diseases are concerned, the most notable feature of the past year has been the rise in the number of cases of measles notified. Measles is a disease normally occurring in epidemics every other year and there would normally have been a decrease in notifications in 1954. This took place, however, to such an extent that the number of susceptible children in the population was very large and the disease swept through the whole country in the early months of 1955. Fortunately it is no longer the serious disease it once was, partly due no doubt to chemotherapeutic agents, partly to improved health of the child population, possibly due to decreased virulence. In Hornsey and Tottenham in 1955 there were 1,624 cases notified but no deaths were recorded.

Only one case of diphtheria occurred during the year; fortunately the organism was not virulent and the child had a very mild infection.

Poliomyelitis has been widespread in this country during the past year although fortunately with an unusual preponderance of non-paralytic cases. In Tottenham and Hornsey there were 13 cases confirmed, of which three were paralytic, with no deaths. At no time was it found necessary to stop the immunisation campaign.

There was only one important outbreak of dysentery in the schools in 1955, namely at Stroud Green School where, as is usual, it affected mainly the infant and junior departments. The expedient followed in recent years was used again, namely, the twice daily disinfection of toilet seats and chains coupled with extra attention by the teacher concerned to the washing of hands by the children after the use of toilets. The outbreak was quickly brought under control.

#### Treatment in school health clinics

The following table shows details of the cases treated at the clinics during the year and comments will be found in the appropriate sections throughout this report:-

**TREATMENT TABLE**

	No. of new cases treated during the year	
	by the Authority	Otherwise
Minor Ailments	3,083	368
Eye disease, defective vision and squint	218	2,597
Diseases of ear, nose and throat		
(a) Received operative treatment	-	10
(b) Received other forms of treatment	213	444
Orthopaedic and postural defects	42	1,372
Child Guidance	-	63
Speech Therapy	254	-
Orthoptic Treatment	158	-
Sunlight treatment	131	-
Chiropody	398	-

#### Tuberculosis in Schools

The years since the inception of the National Health Service have seen a dramatic change in the whole picture of tuberculosis in the community. The mortality rate has fallen dramatically from approximately 50 deaths per 100,000 population to under 20 per 100,000 population per annum.



### Patch Testing

During the autumn term of 1955 it was decided to start routine patch testing of school entrants, and 177 children in Hornsey were tested. Of these only six were patch positive. The children and their families were invited to the Chest Clinic for X-rays. The father of one of these children was found to be a case of infectious tuberculosis and is now in hospital regaining his health and no longer a source of danger to the community. It is intended to patch test the remainder of the Hornsey school entrants and the Tottenham children during the rest of the school year.

### B. C. G. Vaccination

Now that so few school children come in contact with tuberculosis, while they have less chance of succumbing to the infection they also have less chance of building up any resistance. It was decided to begin vaccination against tuberculosis by means of the avirulent B. C. G. vaccine, offering it to all children in the 13-14 year age group whose parents gave consent. A very successful start was made as can be seen by reference to the accompanying table.

Parents approached	1,373	
Parents accepting	956	(69.6%)
Mantoux tested and read	826	
Mantoux positive	71	(8.6% of those tested)
Mantoux negative	755	(91.4% of those tested)
Total vaccinated	752	(54.8% of children in group approached)

70% of parents consented to the procedure. Some children had to be excluded because of contact with a tuberculous patient or for intercurrent infection. Of the 826 who were tested (Mantoux 1/1000) 8.6% were tuberculin positive and 91.4% tuberculin negative. The latter were vaccinated and the former referred to the Chest Clinic for investigation; in no case was a child found to have tuberculosis.

The vaccination reactions were entirely uncomplicated - no case of excessive ulceration or abscess formation being seen. The pock does not seem to cause any interference with school work or play.

General practitioners in the Area have been fully informed of the working of the scheme and are notified of the results of mantoux testing and informed when the child is vaccinated.

The campaign is carried out by a team consisting of a doctor, school nurse and a clerk. The doctors concerned have been trained in the technique of mantoux testing and vaccination with the co-operation of Dr. McQuiston and Dr. Butterworth of the Tottenham and Hornsey Chest Clinics respectively. The Chest Physicians have throughout been consulted and have shown the utmost consideration and co-operation.

#### Mass X-ray in Tottenham

During the year the Mass Radiography Unit visited Tottenham, with the following results so far as school children were concerned: -

	Male	Female	Total
Miniature Films	912	932	1,844
Recalled for Large Films	12	13	25
Cases notified	-	1	1
Cases not notified	1	-	1
Other abnormalities Pneumonitis	1	-	1
Cardio-vascular Lesion (acquired)	1	-	1

#### Cases of Tuberculosis in Schools

During the year a number of school children were notified as cases of tuberculosis and two school teachers were in addition so notified. These cases were discussed with the appropriate chest physicians and where no source of infection was known or discovered in the home, epidemiological investigations were carried out at the school. Details of these cases are given below.

##### (1) A secondary grammar school in Hornsey

A senior pupil at a girls grammar school in Hornsey was found to have pulmonary tuberculosis. The girl had worked for a time as a pupil-teacher at a primary school.

A 'screening' patch test was performed on all children whose parents gave consent at both schools; those children found positive were given a further test. 302 children at the grammar school and 180 at the primary school were so tested. As a result of these procedures 23 of the girls at the grammar school were found to require X-ray. Each was chest X-rayed and nothing



abnormal found. 19 of the teaching staff and seven of the school meals and domestic staff were X-rayed and found to have nothing abnormal.

(ii) A secondary grammar school in Tottenham

A case of pulmonary tuberculosis in a girl at this school was picked up on the Mass Radiography Survey which took place in Tottenham during January. As 190 of the 203 girls over 14 years of age had visited the unit and the only abnormality was this case, in agreement with the Chest Physician it was decided that patch testing would not be necessary. However, 20 teachers who had not attended the mass radiography unit were X-rayed as well as the entire school meals staff of ten persons. All these X-rays were within normal limits.

(iii) A primary school in Tottenham

Following a case of pulmonary tuberculosis in a ten year old girl at this school, 428 children were patch tested, of whom nine were positive. Three of these children were already known to the Chest Clinic. The other six attended the clinic for X-rays and mantoux test. All the chest X-rays were normal, but three children are being kept under observation at the clinic. 19 teaching and kitchen staff attended for chest X-ray and all were normal.

(iv) A secondary grammar school in Hornsey

A 14 year old girl at this school was notified as suffering from pulmonary tuberculosis. 420 pupils were patch tested, of whom 13 were positive. One of these left the district and the other 12 had chest X-rays at the Chest Clinic. All were within normal limits. 15 teachers and eight domestic staff had chest X-rays and all were negative.

In addition it was thought advisable, as the case was an infectious one, that all her classmates should be mantoux tested. These 31 girls were invited to attend the Finchley Chest Clinic, and 17 attended, of whom two were 'mantoux positive'. These two girls were X-rayed, with normal results.

(v) A secondary modern school in Hornsey

A teacher at this school contracted pulmonary tuberculosis and investigations at the school were undertaken at the end of the summer term. 188 girls were skin tested and as a result 49 of them were found to be positive. All but one of these girls (whose parents refused) and 21 of the teaching and domestic staff were X-rayed and all were negative.



### Tuberculosis Vaccine Trials

During 1955 the Medical Research Council continued the follow-up of children who volunteered as school leavers in 1951 to take part in this trial. Dr. T.M. Pollock, the physician in charge of the trials reports as follows:-

"We have now completed the figures for our last visit to Tottenham. The young people concerned were those being seen for the third time. Of the 397 invited, 266 attended for X-ray, i.e. 67%, and of these 73% completed their skin tests. In addition, 33% of the 51 who failed to attend last time had an X-ray on this occasion".

### The Handicapped Child

#### Distribution as at 31st December, 1955

Category	In Special Day Schools		In Special Residential Schools		In Main-tained Primary & Secondary Schools		In Independent Schools		Not at School		Total	
	B	G	B	G	B	G	B	G	B	G	B	G
Blind Pupils	1	-	4	5	-	-	-	-	-	-	5	5
Partially Sighted Pupils	7	7	1	-	-	1	-	-	1	-	9	8
Deaf Pupils	5	7	5	1	-	-	-	-	-	1	10	9
Partially Deaf Pupils	5	8	3	1	22	7	-	-	-	-	30	16
Educationally Sub-normal Pupils	44	50	12	5	14	4	1	1	4	-	75	60
Epileptic Pupils	-	-	-	3	-	-	-	-	-	-	-	3
Maladjusted Pupils	-	-	24	5	3	2	-	-	1	-	28	7
Physically Handicapped Pupils	16	11	3	-	-	1	1	-	1	-	21	12
Pupils with Speech Defects	12	1	1	-	180	67	4	2	1	2	188	72
Delicate Pupils	3	5	16	11	-	1	-	-	-	-	19	17
Pupils with Multiple Defects	6	6	3	4	3	-	-	-	-	-	12	10
Totals	89	95	72	35	222	83	6	3	8	3	397	219
Grand Totals	184		107		305		9		11		616	

Broadly 1 in 60 children are ascertained handicapped pupils. A great deal of thought is devoted to their accurate placement whether this be in a day or residential special school, or preferably in an ordinary school. Ideas on these subjects are constantly changing as medical knowledge increases and demands a constant watchfulness on the part of school medical officers. Reference to these changes will be found in the following paragraphs.



### Blind and Partially Sighted Pupils

There are ten blind pupils in Tottenham and Hornsey, of whom nine attend residential special schools.

In March 1955 the Ministers of Health and Education issued circular 4/55 and memo No. 493 respectively. These discussed the criteria to be used by ophthalmologists when making recommendations regarding special education to local authorities and by local education authorities when placing the child. As a result of these alterations in criteria, which reflected a more optimistic approach to the problem of myopia in school children, two children were returned from the Walthamstow special school for partially sighted children to ordinary schools. In the case of a third child it was considered that although his vision would allow him to take his place with normal sighted children, yet he had not matured sufficiently emotionally to overcome his handicap. It was decided that he should remain at the Walthamstow school for a time during which his stability has so improved that he is to return to an ordinary school at Easter 1956.

### Deaf and Partially Deaf Children

During the past year the partially deaf class at Devonshire Hill School has been started and its value was immediately apparent, so much so that a second class is to be started forthwith. A number of children previously incorrectly placed either with deaf children or in ordinary schools, are now receiving appropriate education.

A number of children are still arriving at the School for the Deaf who have been diagnosed at a late stage, or who, despite early diagnosis, have not received sufficient training at hospital. It is felt that the sooner these children can enter into the nursery class at the School for the Deaf the better will be their progress. Their exact diagnosis as deaf or partially deaf could be delayed until it is possible to see the results of training. In any case the various units should not be regarded as watertight compartments; rather should the educational system for deaf children be regarded as flexible and a deaf child should be moved from a deaf school to a partially deaf or even ordinary school as his progress warrants it. Of course, it may be that his progress will be in the reverse direction.



### School for the Deaf

Mr. T. Brown, Headmaster, reports that the School now serves the whole of the Administrative County and started the year with 68 severely deaf children on the roll divided into nine classes with an age range of 2 to 16 years.

The children under five are accommodated in the Nursery building and most important section of the school. This ensures a sound start at an early age when an infant is "speech ready" and is reflected in his work throughout school life. Unfortunately the need for this early start is not fully appreciated by everyone; the problem may be further aggravated by parents being assured that their children were partially deaf and would speak normally after a short time, whereas in actual fact these children were educationally severely deaf and only clinically partially deaf.

Early in the year three boys took the entrance examination of the newly opened Burwood Park Technical School for severely deaf boys. All passed, the school thus taking three of the thirty-three places available to the United Kingdom, a laudable effort as the school roll is only approximately 1.5% of the deaf school population of the country.

Throughout the year close co-operation with parents has been maintained and the Parent-Teacher Association flourished. This is quite an essential part of the education of a deaf child and much can be done by such co-operation. A most interesting Parent-Teacher Association lecture was given by Mr. Pierre Gorman, an Australian, born severely deaf, who already holds two degrees of Melbourne University and is studying at Cambridge for his doctorate.

Under the care of Dr. F.P.M. Clarke the aural health has been excellent and there remains but one child requiring further treatment for suppurative otitis media. This is incredibly good for a school for the deaf.

### Educationally Sub-normal Children

The second largest category of ascertained handicapped children, and the largest important group, is that of the E.S.N. (135 out of 616). Most of these children attend day special schools but where the home circumstances are difficult, and this



is not unusually the case, then the child attends a residential special school. It will be seen by reference to the Handicapped Pupils Table that 22 children were either not at school or attending an ordinary school; of these, six were not of age to attend a special school, i.e. seven years, but the rest were on the waiting list for admission and in fact there has of late been some difficulty in securing early placement of these children. The position should be eased somewhat, however, fairly soon by the opening of two new day special schools in Middlesex.

### The Maladjusted Child

During the year the Committee on Maladjusted Children set up by the Minister of Education issued its report which contains much valuable guidance for those who have to deal with this problem. Apart from the worst cases there is no great difficulty locally in securing residential placement for maladjusted children. There are no day schools or classes for these children but (to a large extent) the Opportunity Classes in Tottenham subserve such a function for the younger maladjusted children as educational backwardness is an almost invariable symptom in such cases.

An attempt is being made in the field of prevention at the infant welfare clinics by non-specialist medical staff. In addition there is no doubt that additional sessions are required for actual treatment of pre-school children by a psychiatrist.

While it is not my province to comment on the organisation and working of the Child Guidance Centres in Tottenham and Hornsey, the following comments by Dr. C. Phillips, the visiting psychiatrist, are of special interest:-

"On the subject of delinquency and psychological illness in children, the contribution that bad parenthood makes towards this social problem is, in my opinion, paramount here. There is a good deal that is unknown of this subject, but two things are outstanding. (1) There is a partial, and quite often complete, failure of the parents, particularly the mother in the earliest years, to adapt to the child's needs, so that the aggressive and destructive impulses present in small children do not become moderated as in healthy persons and may, in fact, be stimulated to the point where the child's personality is destroyed by them. (2) The parents, however, commonly have an unconscious participation in the child's delinquent acts, that is, to put it crudely, they get a quiet, perhaps not even realised, satisfaction at the



anti-social behaviour. The children work off some old scores for the parents. Parents are commonly not aware of this, but one comes up against this powerful motive in parents when there is an attempt to give advice or deal with the child. One is quite frequently met with the overtly expressed desire of the parents to co-operate in every possible way, but they often manage to find some "reason" for not doing the one thing that has been recommended. This is not because of original wickedness on the part of the parents but because they, themselves, so commonly have a similar character structure because of their own childhood experiences.

This leads us to a consideration of what we might begin to do about these widespread problems. It surely follows that we must attempt to get, as an important goal for the community, a generation of healthy children so that we may, in the distant future, get a generation of healthy adults. I am pleased to report that a start has been made, on a necessarily small scale. In October 1955, a weekly psychiatric clinic was started in this Area, in which difficulties of children under five could be investigated and dealt with. We have been given a considerable amount of freedom as to how this may be organised, and the present arrangement is that the visiting psychiatrist and each of the medical officers who are working in the schools and maternity and child welfare services, hold a joint clinic session for this purpose, so that their combined knowledge is at the service of the family, and each kind of doctor can have some worthwhile contact with the knowledge and experience of the other related field of work. For the most part, emphasis is on seeing children between the ages of a few months and about three years in order that the earliest developmental processes can be studied, and mothers taught how to adapt themselves to the child's needs at this stage so that development can take place in a healthy way. Our knowledge of what goes on in the child between these ages has extended enormously, largely as the result of psycho-analytic investigations, but our understanding has only acquired much depth within the last few years, is still fragmentary, and there is much we still do not understand. However, sufficient is known, of extreme value. The problem of making sure that these discoveries become common knowledge is one of our immediate tasks. Similar clinics are starting in other parts of the country, but it may still be described as pioneer work.

The general principle is that the ordinary, healthy new-born baby can quite reasonably be expected to grow into



an ordinary, healthy adult if, first his mother, and later, both parents have the knowledge of how to provide a suitable setting in which the child can grow up. He becomes ill as a reaction to the failure of maternal (parental) understanding, their failure to adapt to his needs, and often active interference with each stage of his development. This last is because of failure to realise that each child has its own natural speed of acquiring skill, control and knowledge, and that it should be allowed to go at that speed and not at one decided upon by the parents. Several factors may bring this about. The parents themselves may be mentally sick, they may be misadvised, or commonly, uninformed, though they are willing and eager to do their best within the limits of their knowledge. Quite often, parents act on what they think is knowledge but which quite often turns out to be popular mythology; for these parents, and those who have difficulty because of their anxieties, help is provided in the clinic during the interview. For those whose difficulties are greater because of a more severe emotional disorder, adequate facilities for psychiatric treatment must ultimately be provided elsewhere.

We think that this new venture is the beginning of a really worthwhile fusion of therapeutic and preventive medicine".

### Epileptic Children

In December 1953 the Minister of Health issued Circular 26/53 concerning the special welfare needs of epileptics and spastics. Statistics published in this circular gave an estimate of the number of epileptics in the British population as 2.0 per 1,000 which in the school population of Tottenham and Hornsey means an expected finding of approximately 60 epileptics. Similar statistics for the number of epileptic children severe enough to be ascertained are 0.2 per 1,000 which would give an expected number in Tottenham and Hornsey of six children.

The actual number of epileptic children known to the school health service is 61.

As a result of the issue of the Ministry circular certain steps were taken. Firstly, it was decided to keep a record of all cases of epilepsy coming to the notice of the school health service. General practitioners in the Area were circularised and requested to inform the borough school medical officer of all known and suspected cases as soon as possible after the age of two; secondly, to continue the practice previously employed



of assessing the educability and educational needs of all known cases as soon as this could reasonably be undertaken; lastly, that each epileptic child should receive special consideration as to employment needs at the school-leaving medical examination, and for the young person to consult the Youth Employment Officer with a view to registration as a Disabled Person where this is thought to be necessary.

The British Epilepsy Association arranges an annual holiday for those epileptic children whose parents cannot make other arrangements for them to have a holiday. Through the school health service two children from this Area were nominated and accepted, and spent two weeks holiday at Eversley Hall, Brackley, Northants.

### Physically Handicapped Pupils

During 1955 work was begun on the new medical unit at the School for Physically Handicapped Children, Vale Road, Tottenham. When completed this will consist of a medical examination room (both for routine inspections and for diagnostic interviews), an orthopaedic room and a room for speech therapy. In the past all this has been done in one room.

Dr. W.F. Dunham, Medical Director of the Spastic Unit at the School, gave a talk to the medical and health visiting/school nursing staff in May on the early diagnosis of cerebral palsy. The spastic unit is completely full and Dr. Dunham has submitted the following account of progress in this field:-

"Out of the total of 93 pupils at the school, 27 have cerebral palsy, and of these only five now receive treatment outside the school.

As always, our aim has been to obtain from each child, through the collaboration of all who in any way influence his behaviour, the best performance of which he is capable. "Therapy" therefore must mean that teachers, instructors and parents, as well as therapists must appreciate what are the child's physical capabilities, and must so enlist his interest and, where necessary, so help him, that his achievements are the best possible to him at that time. In this, there has been a most happy collaboration between teachers, instructors and medical staff. Where appropriate, the children take part in woodwork, metal-work, cookery and swimming. For school work, furniture of exactly the right size for each child has been made, and this is altered as necessary as



the child grows. This provides the child with a secure sitting posture and so makes his work easier, helps him to learn to steady his trunk for standing and walking, and discourages the development of deformity.

Collaboration with the parents has been achieved both at medical clinics and by visits (both in term time and in the holidays) by the Therapist, Miss Wilson, who joined the school at the beginning of the autumn term to replace Mrs. Kinnaird who has left to take up an appointment elsewhere.

An interesting experiment, carried out with the collaboration of the Crowland Secondary Modern School has been the enlistment of some 20 pupils from this school for normal children to act as helpers and instructors for swimming for the physically handicapped children from Vale Road School, of whom eight have been children with cerebral palsy. The experiment has been a great success, the normal children gaining in sense of responsibility and citizenship, and the handicapped children in enjoyment, enthusiasm and ability. Supervision is by the Borough Swimming Instructor and school teaching and medical staff.

During the year, two cerebral palsied children left the school, one entering a unit for vocational assessment prior to undergoing further training, and one entering a factory where she is employed on equal terms with the other workers, with no concessions.

The Consultant has been called upon to give an opinion on the capabilities of seven children not attending the school, and on the most suitable provision to be made for them. The ages of these children ranged from two years and four months to eleven years; it is hoped that as the availability of this service becomes more widely known babies and younger children may be referred also, as it is the handling which palsied children receive early in life which determines the difficulty of their subsequent treatment and to a considerable extent the success with which they are able eventually to lead a normal life".

### Delicate Pupils

This is an omnibus term covering children with a number of different conditions but who have in common one characteristic at least, namely a failure to thrive in their ordinary environment. Thus a number of these children are asthmatics, others suffer from frequent upper respiratory infection and one is a diabetic. Of



the 36 children concerned, 27 attend a residential open air school and eight a day open air school.

### Speech Defects

There are two whole-time and two 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.:-

"Early treatment of the stammerer remains our aim, and is essential if speech anxiety and consequent secondary stammer are to be prevented. In this context, the result of research recently published by Miss M. Jameson, L.C.S.T., speech therapist to the Royal Victoria Hospital, Newcastle-on-Tyne, is relevant. She found:- 'There is a greater chance of speech recovery if the mother attends for advice when the child is still under five years of age, or if the child begins treatment within one year of the onset of the stammer'.

The majority of children receiving regular speech therapy at Vale Road School for the Physically Handicapped suffer from cerebral palsy or other neurological defect. Several have a major speech handicap, requiring intensive treatment. The invaluable co-operation of the headmaster and his staff is much appreciated".

### Rheumatism Supervisory Centre

Report for year 1st August, 1954 to 31st July, 1955.

This clinic has continued with fortnightly sessions held at the Prince of Wales's Hospital in association with the Children's Out-Patient Department under the control of Dr. I.M. Anderson, Consultant Paediatrician.

Total Children on Rheumatic Register (previously)...	206
New Cases added during year	11
	217
Total Cases removed from Register since 1951	58
Children remaining on Register	159

Analysis of these cases:-

	Tottenham	Outside Area	Total
Rheumatic Fever	33	17	50
Rheumatic Carditis	23	11	34
Rheumatic Fever with Chorea	1	-	1
Chorea (uncomplicated)	3	1	4
Chorea with Carditis	3	-	3
Rheumatoid Arthritis	3	3	6
Rheumatic Limb Pains	1	-	1
Congenital Heart Disease	30	20	50
Other cases	8	2	10
Total	105	54	159

Male - 79; Female - 80



Although the number of new cases has been relatively small, old cases have remained under review, and during the year 103 patients have attended making a total of 232 attendances. (This total does not include attendances in the Children's Out-Patient Department on other days than Supervisory Clinic Sessions).

New Cases. These are distributed:-

	<u>Tottenham</u>	<u>Outside Area</u>	<u>Total</u>
Rheumatic Carditis ... ..	-	1	1
Rheumatoid Arthritis ... ..	-	2	2
Non-rheumatic Limb Pains ... ..	4	-	4
Innocent Cardiac Murmur ... ..	1	1	2
Paroxysmal Tachycardia ... ..	1	-	1
Congenital Heart Disease ... ..	1	-	1
	<u>7</u>	<u>4</u>	<u>11</u>
All regarded as fit for full school activities			

From all children on the Rheumatic Register, the following changes have occurred during the year:-

Admitted to hospital ... ..	11
Discharged from clinic (full recovery or on leaving school) ... ..	12
Transferred to other Hospitals ... ..	7
Lapsed ... ..	12
Deaths (Child from Tottenham Area) ... ..	1

The Clinic has continued to assist the School Medical Officer (a) to decide which children with rheumatic symptoms required limitation of school activities and other forms of treatment; (b) to assess children found to have cardiac murmurs at routine school medical examinations; (c) to supervise and treat children with chorea and distinguish them from children with similar symptoms of emotional origin.

As a result of grouping these problems together, much school absence and unnecessary restriction has been avoided.

### Hospital School

The hospital school in the Paediatric wards at St. Ann's General Hospital, Tottenham, has continued the work started in 1952. The average number of children being taught per session was 19. The value of such work in maintaining the educational standard of long term cases cannot be over-estimated.

### Convalescent Holidays

On the advice of the school medical officers or general practitioners, school children recovering from an acute illness or operation may be sent for a recuperative holiday of two to four weeks at no expense to the parents. During 1955, 60 boys and 44 girls were sent for such a holiday. All the children are seen on their return so that their progress may be noted and any special educational recommendation made.

### Orthopaedic Service

Mr. E. Hambly, F.R.C.S. reports that this has been an active year in the orthopaedic service. The clinics have been well attended and the parents and children have proved most co-operative in carrying out the treatment suggested.

The orthopaedic work in Tottenham has the advantage of being a comprehensive scheme, as Mr. Hambly, who undertakes the clinic sessions, is able to carry out any operations or further investigations that may be necessary at the Prince of Wales's Hospital and St. Ann's General Hospital, Tottenham.

In addition, there is complete co-operation with the Vale Road School for Physically Handicapped Children. Equally so, with Dr. Dunham, who is Medical Director of the Spastic Unit there, and with the Headmaster, teaching, nursing and physiotherapy staff wholly or part-time attached to the school.

### 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:-

"Number of cases who attended during the year	-	1,739
Number of cases of strabismus	-	220

During the year cases for orthoptic investigation and treatment have been referred to the Prince of Wales's Hospital, but arrangements, at the end of the year, were well advanced for the appointment of an orthoptist at Lordship Lane. Cases of strabismus requiring surgical treatment were referred to Moorfields Eye Hospital.



During the year three cases were registered as partially sighted, whilst two cases were recommended to be returned to normal schooling".

### Hornsey

Dr. Marian Lones, M.B., D.P.H., D.O.M.S., reports as follows on the work of the Ophthalmic Clinic at Hornsey Town Hall:-

"The total attendances at the clinic have been increased during this year by some 3% and the waiting list for new cases was nil at the end of the year.

Children's glasses are very vulnerable to damage and before the National Health Service Act patients found this an expensive item. The scheme for free repair of glasses is much appreciated.

238 repair forms were issued during the year.

A number of children from an infant school were referred following 'illiterate E-card' testing. This test does not require reading ability on the part of the child but does require patient and kindly attention by the school nurse or else children may merely fall silent and be thought to have poor vision. In actual fact almost all those cases referred were the 'true bill' and a number of myopes were found whose vision was say 6/12 but which might have been 6/36 by the time of the intermediate medical examination".

### School Meals Service

This service performs an invaluable health and educational function, providing as it does one balanced meal a day to all who use it, and in addition teaching the value of eating together in clean and healthy surroundings. Under the supervisory eye of the teacher many small children rapidly improve their table manners and the faddiest of children usually loses his fads when away from over-anxious parents.

Of course the daily feeding of so many thousands of children in Tottenham and Hornsey places a formidable responsibility upon the shoulders of the school meals staff. Every precaution must be taken to prevent the spread of food-borne infection.

During March and April 1955 a comprehensive survey was undertaken by the medical staff of every school canteen in the two



boroughs. It must be said at once that the standards of hygiene set are exceptionally high. The supervisory staff are indefatigable in their efforts to ensure that food, food containers and premises are protected from infection.

It must albeit be said that in some cases either the premises were unsuitable for a canteen site or too cramped, or that toilet facilities were inadequate. Strenuous efforts are being made by the divisional education executives concerned to put these defects right. As an example, it was noted in one large canteen that there was no running hot water in the toilet and it was suspected that the staff used a kitchen sink and nearby towel. This has now been remedied by the installation of a gas heater and no fault can now be found in that canteen.

Further details of the work of the School Meals Service are given in the following report contributed by the Borough Education Officer, Tottenham.

### EDUCATION SERVICE

I am indebted to Mr. J. Power, M.A., Borough Education Officer, Tottenham, for the following reports on various aspects of the work of his department closely related to the health of the school child.

#### School Meals Service

##### Food

During the past year, particular care has been taken in the planning of meals having special regard to the protein and calorie requirements as laid down by the Ministry of Education.

The cooking of food in self-contained kitchens is staggered to provide, as far as possible, freshly cooked food, and additional transport has facilitated a later despatch of container meals from Central Kitchens. Container meals are now packed in readiness for despatch between 10.45 a.m. and 11.30 a.m. throughout the Area.

The weekly menu contains three fresh meat meals, the remaining two being either bacon, cheese, fish, liver, pilchards, sardines, eggs, sausages. Corned beef or luncheon meat salad, except in very cold weather, is served once a week and consists of



6 - 9 ingredients. Fresh vegetables are served three or four times per week and fruit appears on the menu at least twice a week.

All meat, including roasting meat, is now cooked on the day of consumption. No reheated dishes are served.

### Hygiene

The standard of hygiene in all kitchens and dining centres is excellent.

A programme for the provision of sterilising sinks in all centres is now well advanced and the plant for sterilising all insulated containers before use has been introduced into the central kitchens.

All plastic plates are being withdrawn from use and are being replaced with china ware.

General Assistants engaged on the service of the meal have been provided with white overalls for serving, in addition to the green uniform used for washing up and cleaning duties.

### Buildings

Improved working conditions naturally assist in protecting the standards of the meal service and great strides have been made in this direction.

Already two kitchens have been considerably enlarged and work will shortly commence on a third.

In addition, numerous minor alterations, such as the provision of staff cloakrooms and store rooms, have been carried out, and washing and toilet facilities for all meals staff have been made available in all the meals centres.

The redecoration of all meals premises has been arranged to take place every three years.

## Physical Education in Schools

### Primary

The content of the Physical Training Lesson has changed considerably since the war. The Ministry of Education publications "Moving and Growing" and "Planning the Programme" have helped to stimulate a new approach.

Emphasis is now placed on the development of the individual through the practice of movements which are wider in range and quality than those based on the 1933 syllabus. Opportunities are now provided for the development of the individual according to his or her own ability: for the development of self-expression, self-control and for harnessing the natural desire to climb - so often thwarted in a built-up area. This has led to the introduction of climbing apparatus. The results of this broader and less rigid approach can be seen in the pupils' confidence, self-reliance and adaptability.

The use of apparatus necessitates the wearing of heel-less rubber shoes or bare feet where floor conditions permit and it is advisable to have the minimum amount of clothing on - factors which considerably aid the standard of cleanliness and hygiene, so necessary to maintain.

Much attention has been paid also to floor surfaces, again with an eye on safety and cleanliness.

The Organisers of Physical Education have given special assistance to the Primary Schools by means of lecture demonstrations, courses and personal visits to schools.

### Secondary

Physical Training forms the most important and regular feature of all schools, where facilities are adequate. These regular lessons when followed by a shower bath are found to be very helpful to the formation of health giving habits. Unfortunately some schools have inadequate facilities and the pupils' full development suffers accordingly. The secondary lesson is changing in its pattern and is becoming wider in its content. Formal and isolated movements are giving way to larger movements which incorporate the larger muscle groups. Emphasis is placed on qualities of movement performed within varied ranges. The local Parks Committee have provided additional hockey pitches for girls and much use is made of public tennis courts.

### Swimming

Regular visits are made by all schools to the Baths but instruction suffers owing to the facilities having to be shared with the public. Owing to inadequate facilities, all pupils from nine onwards cannot make regular visits to the Baths. The two



instructors employed by the Local Authority work with great enthusiasm to foster and maintain a high standard of swimming and personal hygiene.

The provision of a closed instructional Bath for schools only would provide more beneficial instruction for a greater number of pupils. Indeed it would also provide for remedial classes, for example, for those suffering from asthma or other ailments.

### Special Schools

Assistance and suggestions have been given by the Organisers in the introduction of a new approach to the Physical Activities in these Schools. Further interest has been stimulated and confidence and courage has been developed, through the introduction of some climbing apparatus at the School for the Deaf. Swimming is a special feature in both schools for certain sections of the children for whom it is possible.

### Dance

On the girls' side, there is a growing interest in movement training in dance form and a Course in Basic Movement Training held during the year created much interest.

This type of movement training has links with mime, music, drama and gymnastics and it is hoped to develop further this aspect of the work.

### Employment of Children Outside School Hours

During the year ended 31st December, 1955 applications were made by the parents of 88 children for licences enabling them to be employed part-time. Of these applications six were refused; four were under age, and two were refused because of their unsatisfactory attendance at school.

#### Analysis

60% employed in the delivery of newspapers.

20% employed in the delivery of milk.

10% employed in delivering goods.

7% assisting in shops.

3% miscellaneous.

## Youth Service

### Youth Athletics Meetings

Each year a Youth Athletics Meeting is held locally and members of youth organisations, both boys and girls, take part in this activity. The events cover all the usual field and track events. The standard reached at these local meetings is very good. In connection too with athletics, training classes are held during the summer season which a large number of young people attend. Here they are given basic training in track and field events.

In addition to the local meetings a County Youth Athletics Meeting is also held at which representatives from all the Middlesex areas take part. The standard of these meetings is very high.

### Swimming Facilities

A swimming gala is held each year for members of youth organisations in the borough, the attendance of which varies from year to year. However, the standard of achievement in swimming is reasonably good. In addition to the swimming gala, coaching classes are held to which young people may go and they are given instruction in swimming and life-saving.

### Camping

A few youth organisations in Tottenham have camping as an activity and it usually takes the form of weekend camps and in some cases for longer periods. A Youth Camping Association has recently become affiliated to the local Youth Committee, and this club is a branch of the Youth Camping Association of Great Britain. In addition to actual camping there is a scheme through which young people and leaders can obtain awards for proficiency in this activity. The applicants submit to a practical test and if they are able to satisfy the examiners from the campcraft point of view an award is made to them.

### Organised Games

Games for the members of youth organisations in the Borough are organised on a league basis, and include netball, table-tennis, tennis and basketball. In addition to these, several boys' clubs take part in football leagues. Coaching classes are arranged for both boys and girls in these games and are well supported.



## I N D E X

	Page
Aged, care of	48
Ambulance Service	47
Ante Natal Clinics	66
Area Health Service	46, 64
Area Welfare Service	46
Atmospheric Pollution	28
B. C. G. Vaccination	89
Births and Deaths	55
Blind and Partially Sighted Children	93
Burials	53
Cancer	61
Certificates of Disrepair	33
Chest Clinic	8
Child Guidance	70
Child Welfare Clinics	70
Chiropody Service - Old People's	50
Children's Homes, Inspection of	84
Clearance Areas	31
Closet Accommodation	28
Closing Orders	32
Comparability Factors	4
Convalescent Holidays for School Children	102
Council, Members of	1
Daily Guardian Scheme	72
Day Nurseries	73
Deaf and Partially Deaf Children	93
Deaf, School for	94
Deaths, Classification of	60
Defects Remedied	39
Delicate Pupils	99
Demolition Orders	32
Dental Service, Priority	74
School	85
Diphtheria	10
Diphtheria Immunisation	81
Disinfection	13

Disinfestation	37
Domestic Help Service	82
Drainage and Sewerage	27
Dysentery	12
Education Services	104
Educationally Sub-Normal Children	94
Employment of Children outside school hours	107
Epileptic Children	97
Expectant Mothers, Care of	66
Factories	41
Food - Condemned	20
Hawkers	17
Hygiene Regulations, 1955	14
Labelling	22
Poisoning	12
Registered Premises	18
Sampling	21
Guardian Scheme, Daily	7.2
Handicapped Children	92
Hawkers of Food	17
Health and Housing Committee	2
Health Education	77
Health Services provided by other Authorities	45
Health Visiting Service	76
Holidays, Recuperative	82
Home Nursing Service	79
Hospitals	45
Hospital School, St. Ann's General Hospital	10.1
Housing	28
Clearance Area Programme	29
Housing Act, 1936, S.9.	33
"        "        "        S.11 and 12	32
"        "        "        Part III	28
Housing Repairs and Rents Act, 1954	29
Ice Cream	16
Immunisation, Diphtheria and Whooping Cough	81
Infantile Deaths	59
Infectious Diseases, Table	58
Insect Pests	37



Knackers' Yards	18
Laboratory Service	47
Laundry Facilities for Old Persons	49
Lunacy and Mental Treatment Acts	47
Maladjusted Children	95
Massage and Special Treatment Establishments	54
Mass Radiography	8
Maternal Deaths	56
Maternity Services	67
Meals on Wheels	50
Measles	10
Meat Inspection	19
Medical Examination of Staff	54
Merchandise Marks Acts, 1887-1926	22
Metropolitan Water Board	25
Midwifery Service	75
Midwives' Clinic	67
Milk and Dairies	17
Mothercraft Classes	68, 69
Mothers and Young Children, Care of	66
National Assistance Act, 1948, S. 47	53
S. 50	53
Notices served	40
Nurseries, Day	73
Nursing, Home	79
Old People's Chiropody Service	50
Clubs	50
Holidays	51
Meals on Wheels	50
Optical Service	50
Welfare	50
Ophthalmic Service	102
Orthodontic Clinic	85
Orthopaedic Service	102
Orthoptic Treatment	84
Out-Patient Clinics at Prince of Wales Hospital	46
Outworkers	42
Overcrowding Survey	34

Parent Guidance	71
Paratyphoid Fever	12
Patch Testing	89
Personal Health Service	46
Persons in need of Care and Attention	53
Pet Animals Act, 1951	36
Physical Education in Schools	105
Physically Handicapped Children, Special School	98
Play Group for children under five	72
Poliomyelitis	10
Preserved Foods	16
Prevention of Illness, Care and After-care	82
Prince of Wales' Hospital, Out-patient Clinics	46
Public Health Department, Staff	2
Rag Flock and other Filling Materials Act, 1951	36
Recuperative Holidays	82
Repairs in Default	40
Rheumatism Supervisory Centre	100
Rodent Control	36
Sanitary Inspectors, Summary of Inspections	38
Scabies	12
Scarlet Fever	9
School Health Service	84
Statistics	86
School Meals Service	103
Sewerage and Drainage	27
Shops	41
Slaughterhouses	18
Slum Clearance	28
Speech Defects	100
Staff Medical Examinations	54
Statistical Summary	55
Stillbirths	55
Stonebridge Brook Pollution	27
Toddlers' Clinics	70
Tuberculosis	6
In Schools	88
Patch Testing	89
B. C. G. Vaccination	89
Vaccine Trials	92



Vaccination	....	...	...	...	...	81
Water Supply	...	...	...	...	...	25
Weil's Disease	...	...	...	...	...	12
Welfare Foods, Distribution of	...	...	...	...	...	7.3
Welfare Service, Area	...	...	...	...	...	46
White Hart Lane Estates: Overcrowding Survey	...	...	...	...	...	34
Whooping Cough	...	...	...	...	...	10
Vaccination	...	...	...	...	...	81
Work in default ..	...	...	...	...	...	33
Youth Service	...	...	...	...	...	108

Accident Insurance	11
Paratyphoid Fever	12
Antibiotic Testing	13
Personal Health Service	14
Persons in Need of Care and Attention	15
Public Health Act, 1931	16
Physical Education in Schools	17
Physically Handicapped Children	18
Physiology	19
Pneumonia	20
Prepared Foods	21
Prevention of Illness, Care and After-care	22
Price of Value Hospital, Out-patient Clinics	23
Public Health Department, Staff	24
Public Health Department, Staff	25
Public Health Department, Staff	26
Public Health Department, Staff	27
Public Health Department, Staff	28
Public Health Department, Staff	29
Public Health Department, Staff	30
Public Health Department, Staff	31
Public Health Department, Staff	32
Public Health Department, Staff	33
Public Health Department, Staff	34
Public Health Department, Staff	35
Public Health Department, Staff	36
Public Health Department, Staff	37
Public Health Department, Staff	38
Public Health Department, Staff	39
Public Health Department, Staff	40
Public Health Department, Staff	41
Public Health Department, Staff	42
Public Health Department, Staff	43
Public Health Department, Staff	44
Public Health Department, Staff	45
Public Health Department, Staff	46
Public Health Department, Staff	47
Public Health Department, Staff	48
Public Health Department, Staff	49
Public Health Department, Staff	50
Public Health Department, Staff	51
Public Health Department, Staff	52
Public Health Department, Staff	53
Public Health Department, Staff	54
Public Health Department, Staff	55
Public Health Department, Staff	56
Public Health Department, Staff	57
Public Health Department, Staff	58
Public Health Department, Staff	59
Public Health Department, Staff	60
Public Health Department, Staff	61
Public Health Department, Staff	62
Public Health Department, Staff	63
Public Health Department, Staff	64
Public Health Department, Staff	65
Public Health Department, Staff	66
Public Health Department, Staff	67
Public Health Department, Staff	68
Public Health Department, Staff	69
Public Health Department, Staff	70
Public Health Department, Staff	71
Public Health Department, Staff	72
Public Health Department, Staff	73
Public Health Department, Staff	74
Public Health Department, Staff	75
Public Health Department, Staff	76
Public Health Department, Staff	77
Public Health Department, Staff	78
Public Health Department, Staff	79
Public Health Department, Staff	80
Public Health Department, Staff	81
Public Health Department, Staff	82
Public Health Department, Staff	83
Public Health Department, Staff	84
Public Health Department, Staff	85
Public Health Department, Staff	86
Public Health Department, Staff	87
Public Health Department, Staff	88
Public Health Department, Staff	89
Public Health Department, Staff	90
Public Health Department, Staff	91
Public Health Department, Staff	92
Public Health Department, Staff	93
Public Health Department, Staff	94
Public Health Department, Staff	95
Public Health Department, Staff	96
Public Health Department, Staff	97
Public Health Department, Staff	98
Public Health Department, Staff	99
Public Health Department, Staff	100





