

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

Contributors

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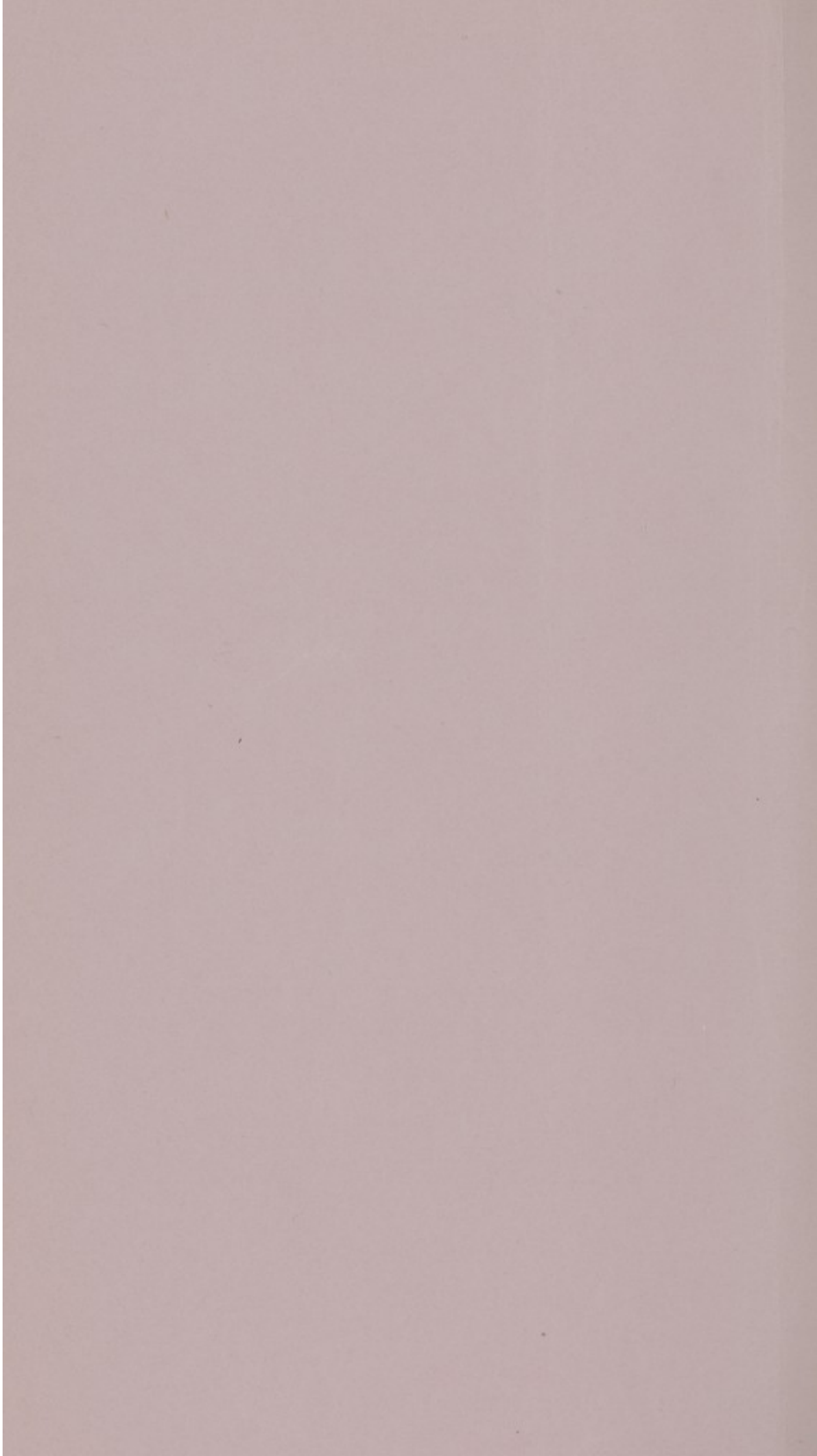
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TOTTENHAM'S

HEALTH

1956



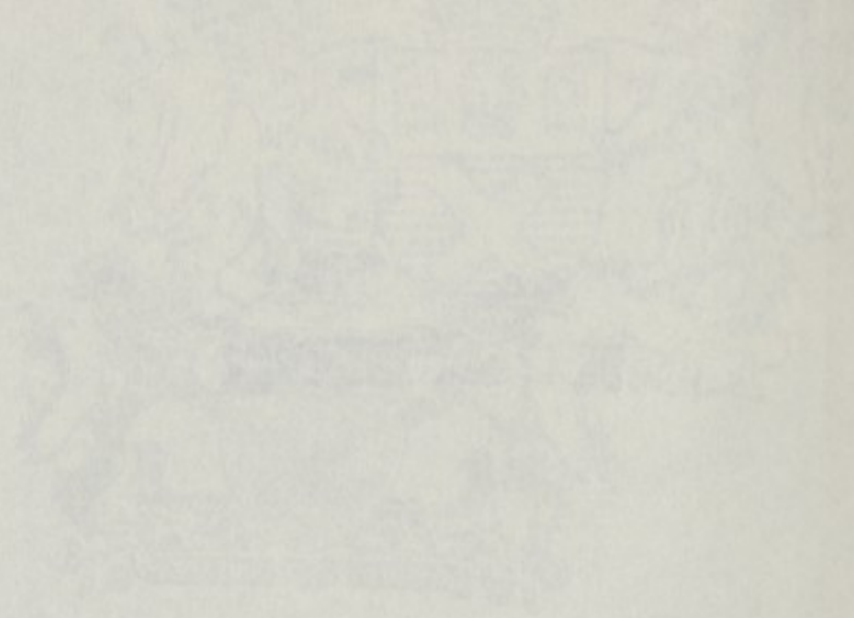


TOTTENHAM'S

HEALTH

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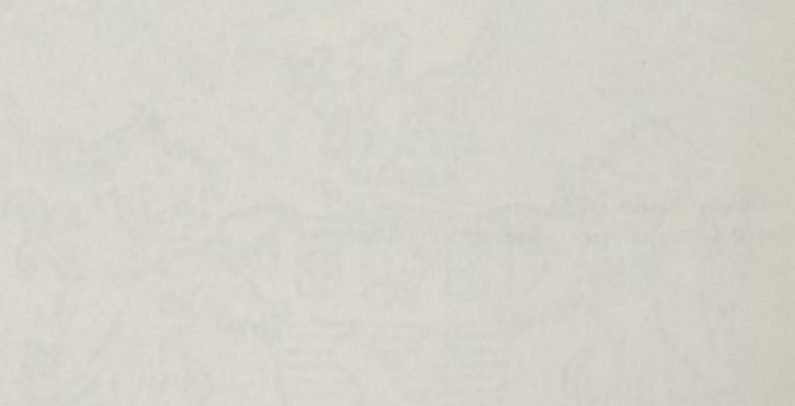
The Annual Report of the
Medical Officer of Health, Borough of Tottenham.



TOTTENHAM'S

HEALTH

1886



Health Department,

Town Hall,

Tottenham, N. 15.

31st July, 1957

To His Worshipful the Mayor

Aldermen and Town Councillors.

Mr. Mayor, My Lady, Ladies and Gentlemen,

I have the honour to submit this my 21st Annual Report on health conditions in the Borough for the year ended the 31st December, 1956.

Of special interest is that publication of this Report coincides with the jubilee year of the School Health Service introduced by the Education (Administrative Provisions) Act, 1907. Tottenham, like other large non-county boroughs in outer London, lost its autonomy under post-war legislation; but not before it had achieved a system of completeness, productive of such excellent results that the new system of remote control has not yet been able to better what it has superseded. Present discussions on reorganisation of local government services is a matter of vital interest to a town the size of Tottenham with its past record of progress.

Details of the work of the public health department are set out in the appropriate sections of the Report. As in previous years particular attention has been paid to housing repairs, demolition or closing of individual unfit houses and to further progress in slum clearance. In the department's endeavour to operate "clean food" provisions of recent legislation, acknowledgement is made of the active co-operation of the Tottenham Chamber of Commerce and the local food traders. By the introduction of the Clean Air Act prompt action is anticipated for an extension of the smoke controlled area already in operation under powers previously obtained by the Tottenham Corporation Act.

The new statutory change in designation of sanitary inspector to public health inspector must generally be regarded as more in keeping with the wide expansion in recent years of this officers contribution to the solution of our many environmental health problems. The pilot survey of occupational needs in factory premises published in my 1952 Report has been extended during the past year and the findings recorded in the body of this Report.

It is gratifying to be able to refer again to the increasingly close relationships and exchange of views between the three arms of the national health service-hospital, medical practitioner and local government services. As your Medical Officer of Health I am grateful for the opportunity to serve on the local liaison committees with general practitioners and to be a member of the local hospitals consultants medical advisory committee. Such opportunities for mutual understanding and goodwill can do much to strengthen the arms of a truly comprehensive local health service.

To Dr. Epsom, my deputy, Mr. E.T. Jenkins, chief public health inspector and Mr. Lawrence, chief clerk and all other members of the staff of the health department I acknowledge my indebtedness as also for their loyal support throughout the year.

In conclusion I wish to express my appreciation for the continued support and encouragement shown me by the Chairmen and members of the various Committees with which I and my department are concerned.

I am,

Your obedient servant,

G. HAMILTON HOGGEN

Medical Officer of Health

MEMBERS OF THE COUNCIL

MAYOR

Alderman C.H. Colyer, J.P.

DEPUTY MAYOR

Alderman H.W. Turner

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.	"	R.H. Warren
"	The Lady Morrison		
Councillor	Miss S.A. Berkery	Councillor	Mrs. F.E. Haynes
"	Mrs. E.M. Bohringer	"	Mrs. F.C. Ilsley
"	F.G. Bohringer	"	H. Langer
"	Mrs. E.E. Brown	"	Mrs. A.A. Miller
"	E.J. Brown	"	M.T. Morris
"	J.W. H. Brown	"	S.C. Morris
"	E.J.J. Carter	"	J.J. Pagin
"	A.W. Catley	"	I.L. Peirce
"	Mrs. I.R. Cato	"	A.T. Protheroe
"	D. Clark	"	Mrs. M.E. Protheroe
"	E.J. Clook	"	J. R. Ramshaw
"	E. Cooper	"	T.A. Riley
"	A.J. Davies	"	P.H. Roberts
"	J. Egdell	"	J. Watkins
"	E.V. Garwood	"	J.L. Williams
"	W.K. Gomm	"	Mrs. A. Wise

Councillor J. Wolsey

Town Clerk:

M. Lindsay Taylor, LL.B.

HEALTH AND HOUSING COMMITTEE

Chairman

Alderman R.H. Warren

His Worshipful the Mayor,

Alderman C.H. Colyer, J.P.

The Deputy Mayor, Alderman H.W. Turner

(ex-officio members)

Alderman	A. Reed, A.C.I.I., J.P.	Alderman	Mrs. A.F. Remington
Councillor	F.G. Bohringer	Councillor	Mrs. M.E. Protheroe
"	E.J. Clook	"	J.R. Ramshaw
"	E. Cooper	"	T.A. Riley
"	Mrs. F.E. Haynes	"	J. Watkins
"	M.T. Morris	"	J.L. Williams
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. (left 22.5.56.)
	J. Epsom, M.R.C.S., D.P.H., D.I.H. (commenced 1.6.56)
Chief Public Health Inspector	E.T. Jenkins, F.A.P.H.I.
Chief Administrative Assistant	A.W. Lawrence, M.A.P.H.I.

Public Health Inspectors

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

C.J. Cattell (a) (b)

W.P. Kent (a) (b)

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

L.J. Kerridge (a) (b)

C.J. Cooley (a) (b)
(commenced 1.3.56)

E. Kipping (a) (b)

A.J. Hattersley (a) (b)

G.W. Maidlow (a) (b)

C.J. Johnson (a) (b)
(left 13.10.56)

W. Openshaw (a)

F.J. Parsons (a) (b)

Note: (a) Public Health Inspectors' Statutory qualification.

(b) Meat Inspectors' Certificate

(c) Institution of Public Health Engineers' Certificate

(d) Sanitary Science Certificate

Shops Inspector

L.H. Williams

(commenced 3.4.56)

Clerical Staff

W.E. Lawson (Senior Administrative Assistant)

H.C.B. Wheal (Administrative Assistant)

C.J. Lemon

C.S. Clark

R.G. Hull

Miss E. Sawyer

Miss M. Blackwell

J. Gates
(commenced 25.6.56)

B. Mott (left 23.6.56)

Outside Staff

Foreman:

S.H. Reid

Drain Testers:

A.E. Crow

Disinfecting

F. T. Dowse

Van Driver:

E.E. Mannell

R.E. Hobbs

Disinfectors,

W. Butcher

B. Joscelyn

Apparatus

A. Dowse

F.J. Slater

Attendant:

A.E. Moon

R.C. Wilson

Rodent

J. Lawrence

Operatives:

G.W. Percival

GENERAL STATISTICS

AREA OF DISTRICT IN ACRES	...	...	...	3,013
POPULATION: Census 8th April, 1951	...	...	...	126,929
Estimate of Registrar General of Population -				
Mid-year, 1956	...	...	...	120,700
APPROXIMATE NUMBER OF DWELLINGS IN DISTRICT	...	...	...	30,688
RATEABLE VALUE OF DISTRICT at 1st April, 1956	...	...	...	£1,827,527
SUM REPRESENTED by PENNY RATE at 1st April, 1956	...	...	...	£7,285

LIVE BIRTHS:

Legitimate	...	1,480	...	1,560
Illegitimate	...	80	...	...
Birth Rate (per 1,000 population)	...	...	...	12.92

STILL BIRTHS

DEATHS	...	...	...	...	1,252
Death Rate (per 1,000 population)	...	...	...	...	10.4
Infantile death rate (per 1,000 live births)	...	...	...	...	24.36
Maternal death rate (per 1,000 live and still-births)	...	...	...	...	1.252

COMPARABILITY FACTORS :

Deaths	...	...	...	...	1.09
Births	...	...	...	...	0.97

(NOTE: Detailed vital statistics appear on pages 69 to 77 in the Statistical Summary.)

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PART I

CONTROL OF DISEASE

The total number of notifications for the year was 812, which is the lowest ever recorded figure. Measles only accounted for 158 cases whereas the year previously there were 1,837 cases.

Tuberculosis

The number of cases on the tuberculosis register on 31st December, 1956 was 1,854 an increase of 29 on the previous year.

There were 101 new cases of tuberculosis notified during 1956 (92 pulmonary and 9 non-pulmonary) compared with 144 in 1955 (126 pulmonary and 18 non-pulmonary).

Distribution of New Tuberculosis Cases notified during 1956

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	1	-	-	-	-	-	-
5 - 9 "	-	1	-	1	-	-	-	-
10 - 14 "	2	-	-	1	-	-	-	-
15 - 19 "	5	6	1	-	-	-	-	-
20 - 24 "	3	3	-	-	-	1	-	-
25 - 29 "	7	1	-	1	-	-	-	-
30 - 34 "	1	8	-	3	-	-	-	-
35 - 39 "	3	4	-	-	-	-	-	-
40 - 44 "	5	3	1	-	-	-	-	-
45 - 49 "	4	1	-	-	3	1	-	-
50 - 54 "	5	1	-	-	1	1	-	-
55 - 59 "	4	-	-	-	-	-	-	-
60 - 64 "	5	4	1	-	-	2	-	-
65 - 69 "	5	1	-	-	2	-	-	-
70 - 74 "	4	1	-	-	4	-	-	-
75 Years and Over	-	2	-	-	2	1	-	-
Total	55	37	3	6	12	6	-	-

The following is an analysis of non-pulmonary tuberculosis cases notified during 1956:-

	Male	Female	Total
Bones and Joints	-	1	1
Genito-urinary system	2	-	2
Central nervous system	-	-	-
Other sites	1	5	6
	3	6	9

Changes in Tuberculosis Register during 1956

Details	Pulmonary		Non-Pulmonary		Total
	Male	Female	Male	Female	
Number on Register at 1st January, 1956	883	753	88	101	1825
New cases notified during 1956	55	37	3	6	101
Transfer into Tottenham	33	16	3	5	57
Return to District	1	1	-	-	2
Restored to Register	1	2	-	-	3
	973	809	94	112	1988
Cases removed from Register:					
Deaths of cases on register	20	5	-	-	25
Transfer out of Tottenham	34	29	2	3	68
Recovered	18	14	1	3	36
Lost sight of	1	4	-	-	5
	73	52	3	6	134
Number on Register at 31st December, 1956	900	757	91	106	1854

Ward Distribution of Cases of Tuberculosis on the Register at 31st December, 1956

Ward	Estimated Population	Male		Female		Total	Rate per 1,000 population
		Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary		
White Hart Lane	11,359	120	12	107	8	247	21.7
Park	11,341	77	15	90	15	197	17.4
Coleraine	11,507	65	7	67	6	145	12.6
West Green	11,103	67	4	64	12	147	13.2
Bruce Grove & Central	10,893	66	5	47	6	124	11.4
High Cross & Stoneleigh	11,006	94	13	63	10	180	16.4
Green Lanes	10,678	81	6	69	8	164	15.4
Chestnuts	11,160	78	6	72	9	165	14.8
Seven Sisters	10,356	79	8	59	7	153	14.8
Town Hall	10,608	80	8	65	13	166	15.6
Stamford Hill	10,689	93	7	54	12	166	15.5
Total	120,700	900	91	757	106	1,854	15.4

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.

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 1956 of the clinic and the associated Chest Unit in St. Ann's General Hospital.

"No. of attendances during 1956	33,686
No. of patients seen for the first time	5,910
No. of "Contact" attendances	7,085
No. of "Contacts" diagnosed as tuberculous	19
No. of sessions held at the Clinic during 1956	1,259
No. of persons inoculated with B.C.G. during 1956	299

As wide use as possible is made of the diagnostic Miniature film, and it is our wish that local practitioners use this service as fully as possible. The total number referred in 1956, and the findings are as follows:-

Miniature X rays

Total number of miniature films taken on the Odelca Camera during 1956	7,349
Total number of above recalled for large film and clinical examination	1,017
Total number of "recalls" Diagnosed as	
(a) Pulmonary Tuberculosis	21
(b) Bronchial Carcinoma	10

The proven number of Bronchial Carcinomas seen in the year and their disposal is given in the following table:-

Bronchial Carcinomas

No. of Bronchial Carcinomas, 1956	36
No. of Bronchoscopies, 1956	33
No. of Thoracotomies, 1956	13
No. of Pneumonectomies, 1956	7
No. of Lobectomies, 1956	4

The position with regard to beds for tuberculous cases within the North East Metropolitan Region has eased considerably within recent times and some of the small units in the region are now being closed down and the bed complement is being reduced. Up to now, no reduction has been made in the number of beds in St. Ann's Hospital, where there are still 150. (90 Male and 60 Female). These are available for cases not only in the Tottenham and Wood Green areas, but for districts in the London area within the North East Region.

The Chest Clinic is less accessible in St. Ann's Hospital than it was in the premises in Somerset Road, and I consider that a very useful service would be performed to the Chest Clinic patients if some sort of shelter were erected by the 'bus stop at the junction of St. Ann's Road, and Black Boy Lane. It is a great hardship to many standing there in all sorts of weather waiting for the infrequent 'buses, and I am sure that whatever small expense such a facility incurred would be more than justified."

Welfare of the Tubercular Patient

During 1956 917 tubercular patients resident in Tottenham and Wood Green were assisted by the Chest Clinic Welfare Officer who has kindly supplied the following summary of some of the subjects dealt with:-

Problem Cases

The past year has been marked by a special effort to deal with problem patients, with varying degrees of success and failure. An example is that of a young man who, after many years in hospital, badly crippled with rheumatoid arthritis and tuberculous bones and chest, had in addition many serious personal problems. His rehabilitation was begun at the local Red Cross Handicrafts Class held daily, with Club attached. Later he was accepted for a course at the North West Regional Hospital Board's Camden Medical Rehabilitation Centre which comprises six months daily full time attendance at the Centre, the end of the year found him established in comfortable lodgings with many problems resolved; he was learning to drive a Ministry of Health Invalid Car, and the Disablement Rehabilitation Officer had a job earmarked for him.

Housing

Of 104 families recommended for rehousing, 40 were rehoused during 1956 as follows:-

Tottenham Borough Council, rehoused in Tottenham	18
Tottenham Borough Council, rehoused in Potters Bar	1
Tottenham Borough Council, transferred to smaller (1) and larger (1) accommodation	2
Wood Green Borough Council, rehoused in Wood Green	5
L.C.C. Housing Estate, rehoused into other areas	2
Rehoused to New Towns, Hatfield 2, Harlow 2, Basildon 1, Welwyn Garden City 1, Laindon 1, Hemel Hempstead 1, Luton 1	9
To other London Boroughs	3
	<hr/> 40

Re-employment of Patients

The appended survey on work for patients, was compiled by Mrs. Porter who helps at this Clinic (from Finchley Chest Clinic) on two days a week whenever possible.

Patients re-trained at Ministry of Labour Government Training Centres and afterwards placed:	19
Placed by Youth Employment Bureau from school, etc. - all either as trainees or jobs with further education arranged for	5
Returned to same employers either in a different capacity or to same jobs on a part-time basis to begin with	37
Patients who changed their jobs	37
Returned to similar work with different firms	12
Patients who completed course at Egham and were placed	10
Miscellaneous	18
	<hr/> 138

Grants

Grants were given by many Voluntary Societies to assist individual cases. Altogether 42 cases were helped and the total amount subscribed was £590. In addition grants from the Tottenham Hospital Management Committee amounted to £114.

168 individual patients referred to the National Assistance Board for grants, received assistance for the following purposes:-

(a) Bedding	15
(b) Clothing	22
(c) Extra Nourishment	47
(d) Any other purposes (i.e. maintenance grants etc.)	121

Handicraft

A Handicrafts Exhibition and Sale held in December, demonstrated the abilities of many of the patients who have received training in various forms of handicraft. There was a singular success in dealing with a Mongol boy of 15. Home tuition from the County was delayed for a considerable time, and many hours of infinite patience were spent in teaching this lad basket work and other handwork. Now a considerable number of articles are being sold.

Summer Outing for Patients

Two coach loads of patients were taken to Bognor Regis in August, to their great pleasure and satisfaction. They were all chronic patients, including several cripples. Three Health Visitors and the Welfare Officer were in charge, the Hospital gave the food for the day, and the Staff contributed towards extra expenses. Most of the patients paid their own fare. A special effort was made by the Health Visitors to raise money for next year's outing. The local factory loaned a "Tombola" at the Sale of Work, when £21 was collected for this purpose.

Poliomyelitis

The number of cases throughout the year was 27, of these, 12 were of the paralytic type. The three adults affected were paralytic.

Paralytic		Non-Paralytic	
Male	Female	Male	Female
8	4	7	8

Two cases of the twenty-seven were treated in their own homes by the family doctor. The remaining twenty five were admitted to the special Poliomyelitis Unit of St. Ann's Hospital.

During January two cases occurred, one of which was paralytic.

The main outbreak commenced during the early days of June when the Anti-Polio Vaccination campaign had just begun. Much publicity was given to the first notified case since the child had been vaccinated against the disease only five days previously. However it was obvious that this child was already incubating poliomyelitis before the injection was given. Fourteen cases followed during the rest of June and a further eight were notified during July. The last case occurred on the 24th July, 1956. The interesting aspect of this outbreak was the multiple cases occurring in the same family. Poliomyelitis usually picks no more than one from a family. In this attack five separate families had more than one case, two of these families had three cases each. A Medical Officer of the Ministry of Health visited the district and discussed these cases with members of the local health department.

Finally the remaining three cases occurred at the beginning of winter, two cases in November and the last on 9th December, 1956.

Recent work on the nature of poliomyelitis suggests that the causative virus inhabits the alimentary canal for long periods after an attack, one source suggests as long as 8 to 10 weeks. It can be clearly seen that personal hygiene is of the greatest importance to all age groups.

Measles

There were 158 notifications of measles during the year. Six cases were removed to hospital with complications. There were no deaths.

Dysentery

There was a total of 63 cases notified. Of these 10 cases were admitted to hospital.

Food Poisoning

There were 30 notified cases. In only 9 of these were the agents identified (8 *Salmonella typhi-murium*, 1 *Salmonella enteritidis*). 2 cases were admitted to hospital, both confirmed *Salmonella typhi murium* infections. Included in the 30 notified cases were two small outbreaks; 3 people in one family; and the illness of 3 individual children classed as an outbreak, the common

factor being that each child had had school meals at the same centre on a particular day. On investigation of the meal concerned all tests were negative and no real cause was discovered.

Diphtheria

A girl aged 6 years was notified by St. Ann's Hospital as suffering from diphtheria mitis of the ear. A virulence test revealed that the bacteria were non-pathogenic. This was the only notified case of diphtheria during 1956.

Psittacosis

A woman aged 56 admitted to hospital was found to have Psittacosis. Upon investigation it was found that she had been in contact with two budgerigars. However, the birds had not been ill and specimens of excreta from them were examined with negative results.

Paratyphoid

Two cases of paratyphoid "B" were notified in two females aged 9 years and 16 years. The cases were unconnected and no trace of the source of infection was found in either case, although the elder girl was said to have visited a seaside resort for the day a fortnight previously and may have eaten something there. Both cases were treated in hospital.

Scarlet Fever

There were 80 cases of scarlet fever notified during the year, but no deaths were attributed to the disease. Of the 25 cases admitted to hospital the diagnosis was amended in one instance.

Hospital	Diagnosis confirmed & 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	21	12.5	1	6
Other Hospitals	3	14.3	No amendments	

One of the cases admitted to hospital was complicated by Impetigo. The one amended case was diagnosed as acute tonsillitis.

Whooping Cough

The number of notified cases during the year was 243. No deaths were attributed to the disease. Of the 34 cases admitted to hospital the diagnosis was amended in 5 instances.

Hospital	Diagnosis confirmed & 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	24	26.5	5	26.8
Other Hospitals	5	27.4	No amendments	

Three of the cases admitted to hospital were complicated, one by bronchitis, one by acute bronchitis and one by chicken pox.

Diseases of Arteries and Cancer

These two disease groups account for a very large proportion of yearly deaths

- I Disease of Arteries (a) Coronary Heart Disease, Angina
(b) Vascular Diseases of the Nervous System
- II Cancer (a) Cancer of Lung
(b) Cancer of other sites

Year	Population	Death from Diseases of Arteries		Deaths from Cancer (Total)		Deaths from Cancer of lung	
		No. of Deaths	Rate per 1000	No. of Deaths	Rate per 1000	No. of Deaths	Rate per 1000
			National Figures				
1952	43,955,000	130,817	3.0	87,642	2.0	14,218	.32
1953	44,109,000	129,820	2.9	87,924	2.0	15,132	.34
1954	44,274,000	140,043	3.2	90,095	2.0	16,331	.37
1955	44,441,000	144,749	3.3	91,339	2.05	17,272	.39
			Tottenham				
1952	125,800	356	2.8	277	2.2	57	.45
1953	124,400	298	2.4	284	2.3	68	.55
1954	123,200	341	2.8	251	2.0	57	.46
1955	122,100	348	2.9	308	2.5	71	.58
1956	120,700	361	3.0	281	2.3	85	.70

Although there has been a sharp rise in the number of deaths from lung cancer there also has been a rise in the number of deaths due to diseases of arteries, and a smaller rise due to cancer as a whole.

Diseases of Arteries

Recently the World Health Organisation published reports from various research workers in the field of Human Nutrition. Their main problem is one of shortage of food in certain areas of the world; but also brought to light is the fact that over-feeding can have a deleterious effect, especially the consumption of the wrong sorts of food. Suspicion has fallen on certain hard fats (animal fats) commonly used in the leading Western countries, where arterial disease is so prevalent. The mechanism of how these fats are harmful has not been shown but it is known that a fatty substance (cholesterol) is found deposited on the lining of the diseased arteries. Its incidence is highest in the countries where these animal fats are used and overused. Where vegetable oils are used instead the incidence is said to be lower.

Another authority lays emphasis on the fact that we do not get sufficient of the essential fatty acids that are present in wheat embryo, vegetable oils, etc. It is thought that these protect the lining of the arteries from the deposits of harmful fats.

Lung Cancer

The rise in deaths from lung cancer over recent years has set innumerable research workers and statisticians to look for a possible cause. Attention has been particularly focussed on the habit of smoking; and it appears from the evidence supplied that smoking must be suspect as a contributory cause of the disease.

It is said that heavy smokers are much more liable to develop cancer of the lung. One survey has shown that cancer of the lungs was twenty times more common in heavy smokers than in non-smokers. Another survey put the incidence as forty times commoner in those who smoked over 25 cigarettes a day compared with non-smokers.

Investigations into atmospheric pollution and its possible relation to lung cancer continues.

SUMMARY OF DISINFECTION WORK DURING 1956

Rooms disinfected after occurrence of infectious disease	175
Bedding disinfected after occurrence of infectious disease or death	94
Library Books disinfected	112

PART II

FOOD CONTROL

A fresh impetus in the control of food handling premises was provided at the commencement of the year by the application of the Food Hygiene Regulations, 1955 - 1956. A resume of these Regulations was given in my annual report for last year. With approval of the Health Committee it was decided that the best way of introducing the Regulations to the people most affected was by a series of meetings with the traders. Accordingly, meetings were arranged at which Alderman R.H. Warren as Chairman of the Health Committee presided, and invitations were sent out to the traders in groups. Attendances at all meetings were good and those present were given an outline of the Regulations, together with the views of the officials concerned as to their interpretation of the various requirements.

Following these meetings surveys have taken place, commencing with cafes, restaurants and other places where food is eaten by the public. The reception given to the Public Health Inspectors during their visits has been gratifying and the traders have proved most co-operative.

In many of the registered food premises, the purpose for which they are registered is ancillary to the main purpose, e.g., those premises where sausages are manufactured are, in the main, butchers, in the case of cooking ham, the main business is a grocers.

In addition to regular visits to the premises special visits have been made under the Food Hygiene Regulations.

The number of shops in Tottenham selling food is 1,054.

Several shops have more than one trade, and the following list shows the number of shops dealing in each food trade.

Baker and Confectioner	52
Butcher	94
Coffee Stall and Cafe	24
Confectioner	331
Dairyman	32

Dining Rooms	94
Domestic Stores	124
Fishmonger	48
Fruiterer and Greengrocer	126
Grocer and Provisions	289
Ham and Beef Dealer	5
Off Licence	80
Public House	58

Registered Food Premises

At the 31st December, 1956, the following premises were registered under the Food and Drugs Act, 1955, for the manufacture, storage or sale of ice cream, or for the preparation of sausages or preserved foods:-

Sale of Ice Cream	357
Mfr. and Sale of Ice Cream	3
Storage of Ice Cream	1
Cooking of hams and other meats	36
Fish Frying	37
Sausage Mfr.	50
Preparation of jellied eels	3
Boiling shell fish	2

Heat treatment of ice cream is now restricted to two manufacturers, one of which is the Lido, in both places a good standard of hygiene has long been established.

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	1	1			2
Samples of Ice Cream produced outside of Tottenham	2	2	1		5
Total	3	3	1		7

Middlesex County Council Act, 1956: Registration of Hawkers

The following is a summary of hawkers and their storage premises registered at the 31st December, 1956, under section 11 of the Middlesex County Council Act, 1950:-

Articles	No. of persons Registered for sale	No. of storage premises
Fruit and vegetables	100	100
Shellfish	14	13
Fish (incl. 2 jellied eels)	8	7
Ice Cream	3	3
Peanuts	2	2
Light refreshments (mobile canteen)	4	2

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 1956 namely:-

Designation	No. of Licences	No. of Supplementary Licences
Pasteurised	72	9
Sterilised	152	11
Tuberculin Tested	35	9

During the year 7 applications for registration as milk distributors were dealt with. No applications were received in respect of dairies. Of the 7 new registrations 1 was for new premises and the other 6 were in respect of the change of proprietorship of previously registered premises.

The number of premises and distributors registered at 31st December, 1956 was as follows:-

No. of distributors	153
No. of dairies	8

SUMMARY OF CARCASSES INSPECTED 1956

	Horses	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs excluding Sows	Sows
Number Killed	1622	273	356	1905	3185	15931	1667
Number Inspected	1622	273	356	1905	3185	15931	1667
<u>All Diseases except Tuberculosis & Cysticercosis</u>							
Whole carcasses condemned	4	-	4	1	-	7	-
Carcases of which some part or organ was condemned	171	40	48	6	227	1923	179
Percentage of number inspected affected with disease other than tuberculosis & Cysticercosis	10.73	14.65	14.61	.37	7.13	12.11	10.74
<u>Tuberculosis Only</u>							
Whole carcasses condemned	-	-	5	-	-	-	3
Carcases of which some part or organ was condemned	-	23	48	1	-	388	69
Percentage of number inspected affected with tuberculosis	-	8.42	14.89	.05	-	2.44	4.32
<u>Cysticercosis Only</u>							
Whole carcasses condemned	-	-	-	-	-	-	-
Carcases of which some part or organ was condemned	-	1	-	-	-	-	-
Percentage of number inspected affected with cysticercosis	-	.37	-	-	-	-	-

Meat Inspection

There is no reduction in the work carried on in connection with meat inspection.

The two slaughterhouses continue to operate and maintain their output of carcase meat.

Although there is a slight reduction in the number of horses killed for human consumption this firm have revived their export trade to the continent. In addition some slaughtering of cattle now takes place and this has involved some Sunday work.

The quality of the meat dealt with in the slaughterhouse dealing only in farm animals is of the highest standard and the condemned portions are generally confined to offals.

The cattle dealt with in the other slaughterhouse is poor and weight for weight a higher percentage of the meat is condemned.

The staff engaged in the work of meat inspection still operate a rota system and their co-operation to ensure an efficient service must be recognised.

The one knackers yard in the Borough is regularly visited to ensure compliance with the byelaws and inspection of records.

Condemned Food

The bulk of the condemned tinned food comes from the wholesale provision merchants and disposal of this foodstuff, as with condemned meat, is dealt with at the Council disposal works.

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:

Crab	7	Macaroni	5
Crab Paste	24	Marmalade	13
Cream	23	Meat	114
Fish	364	Meat Past	7
Fruit	1,872	Milk	692
Fruit Juice	106	Milo	3
Gherkins	19	Processed meat	491
Ham	98	Paste	13
Jam	8	Pease pudding	2

Rice	...	...	11	Sweet corn	...	...	2
Roes	...	...	7	Tomatoes	...	...	1, 259
Salmon	...	...	3	Tomato juice	...	...	4
Salmon salad	...	...	3	Tomato Paste	...	...	19
Sausages	...	...	10	Tomato Puree	...	...	5
Soup	...	...	230	Tomato Pulp	...	...	3
Spaghetti	...	...	106	Tongue	...	...	17
Strained food	...	...	15	Vegetables	...	...	1, 299
Syrup	...	...	1	Unlabelled tins	...	...	11

Other articles of food condemned:

Bacon	...	...	723 lbs.	Kidney	...	...	22 lbs.
Biscuits	...	...	1½ lbs.	Malyos	...	...	21 pkts.
Biscuits (chocolate)	...	...	1 pkt.	Meat	...	...	938½ lbs.
Calves plucks	...	...	14 lbs.	Marmalade	...	...	1 jar
Cake	...	...	9 lbs.	Mincemeat	...	...	7 jars
Cake mix	...	...	13 pkts.	Oats	...	...	1 pkt.
Cakes	...	...	2	Pickle	...	...	5 bottles
Cabbage	...	...	1 jar	Processed meat	...	...	78 lbs.
Cereal	...	...	114 pkts.	Processed wheat	...	...	10 pkts.
Cheesespread	...	...	10 pkts.	Puddings	...	...	5
Cheese	...	...	1 pkt.	Onions	...	...	6 jars
Chicken	...	...	1	Rice	...	...	17 lbs.
Cooking fat	...	...	1 lb.	Ryvita	...	...	2 pkts.
Cordial	...	...	1 Bottle	Sauce	...	...	21 bottles
Custard	...	...	5 pkts.	Suet	...	...	21½ lbs.
Dried fruit	...	...	80 lbs.	Salt	...	...	1 pkt.
Dates	...	...	25 pkts.	Salt	...	...	2 blocks
Fish	...	...	27 stone 8 lbs.	Stuffing	...	...	11 pkts.
Flour	...	...	11 bags	Vegetables	...	...	56 lbs.
Flour	...	...	248 lbs.	Vegetables	...	...	14 jars
Gherkins	...	...	5 jars	Vinegar	...	...	1 jar
Grapes	...	...	35 lbs.	Vita Wheat	...	...	3 pkts.
Icing Sugar	...	...	7 pkts.	Yeast	...	...	56 lbs.
Livers	...	...	22 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 1956.

Milk. Three samples of milk obtained from one farmer contained added water. Proceedings were authorised and a fine of £4. 0. 0d. plus £4. 18. 0d. costs imposed. Five cases of glass in milk, all connected with one firm of processors, were reported. In two cases the evidence was insufficient to prove when the glass entered the milk and therefore no action was taken. In one case proceedings were authorised, but the magistrates dismissed the case and ordered £5. 5. 0d. costs against the County Council. An official and a verbal caution were given in the remaining two cases.

Cheese. Four samples of "cream cheese" were found to be processed cheese. In one case an official caution was given; verbal cautions were given in two cases, and in the remaining case the follow-up samples were declared to be processed cheese and no further action was taken.

Ice Cream. A sample of ice cream was deficient in fat: an official caution was issued.

Meat and Meat Products. Roasting beef was found to contain preservative. The butchers were issued with an official caution. Two tins of stewed steak were found to be unfit for human consumption. Official cautions were issued to the provision merchants.

Cakes and biscuits. A sample of "macaroons" were found to have a coconut base and not almond as should be the case in true macaroons. The manufacturers agreed to amend their description.

Vinegar. A sample of "vinegar" was found to be non-brewed condiment. An official caution was issued.

Sweets. A sample of confectionery, described by label as "Cream Filled Eggs", contained no cream. The firm displaying the confectionery had written their own display cards, and upon being communicated with immediately agreed to amend this false description.

Wines and Spirits. A sample of whisky contained a small percentage of added water. Further samples proved to be genuine and no further action was taken.

The Food and Drugs Act, 1955, in section 47, contains new provisions concerning the descriptions which can be applied to certain substances which resemble cream in appearance but are not cream. This has necessitated the making of many inspection visits and the giving of advice to all traders likely to be concerned to ensure that they were fully aware of these new requirements.

Merchandise Marks Acts, 1887-1926. 255 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. 851 separate displays of meat, apples, tomatoes, poultry, dried fruit, bacon and butter were examined. Verbal cautions were given in respect of minor infringements not being found so serious as to warrant more stringent action.

Six summonses were issued against three retail butchers for failing to mark imported meat with the prescribed indication of origin, the total of fines and costs imposed amounting to £20.8.0d.

The proprietor of a hardware store was summoned for selling short measure paraffin, a fine of £2.0.0d. plus £2.2.0d. costs being imposed.

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 267 premises 1,186 articles of pre-packed food were examined. No proceedings were taken in respect of any of the infringements and manufacturers took immediate steps to correct unsatisfactory labels as soon as their attention was drawn to them.

False or Misleading Descriptions. As I mentioned in my letter to you of 4th May, 1956, a considerable amount of work is carried out each year in scrutinising advertisements and the labelling of pre-packed food and taking such action as is possible to secure satisfactory amendments in those cases where a label or advertisement contains a false or misleading description of the food to which it relates. This work is of benefit to all districts of Middlesex, irrespective of where the offending advertisement or label is discovered, and during the year under review corrective action has been taken in respect of cherry wine, biscuits, chocolate Easter eggs, flour and sugar confectionery, imitation caviare, blackcurrant punch, fruit juice drinks and creme de menthe.

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949. A milk dealer was officially cautioned for breaches of conditions of his Dealer's licence in respect of the use of the special designation "pasteurised". He delivered milk in a churn not marked with the designation "pasteurised milk" and also put the milk into the churn at premises different from those at which the milk had been pasteurised.

Food and Drugs Act, 1955

List of Samples procured in the Borough of Tottenham
during the year 1956

Article	Total Samples Procured	Unsatisfactory
Milk, new	4	3
Milk, various	97	5
Butter	4	-
Cakes and biscuits	60	1
Cheese	7	4
Cream	14	-
Cooked meats	24	-
Coffee	3	-
Drugs	8	-
Fish and fish products	9	-
Fruit, fresh and canned	3	-
Ice cream	13	1
Liver	5	-
Margarine	2	-
Meat and meat products	32	3
Preserves	8	-
Sausages	22	-
Sweets	8	1
Vinegar	17	1
Wines and spirits	50	1
Miscellaneous	16	-
Totals	406	20

P A R T I I I

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 1956.

"The supply to the Tottenham area has been satisfactory both in quantity and quality during the year 1956. Details of the analytical results of the water passing into supply are given on the attached sheet.

The Borough of Tottenham is supplied from two main sources:-

- (a) Water from the New River consisting of a mixture of River Lee water and well water, treated at the Board's filtration works at Hornsey and Stoke Newington. A contact tank for the efficient treatment by chlorine was brought into operation at Hornsey in July 1954 and a similar tank will be in operation at Stoke Newington the week immediately after Easter 1957.
- (b) River Thames water stored in the Board's reservoirs and treated at the Board's filtration works in the Thames Valley.

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

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.

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

**Average Results of the Chemical and Bacteriological Examinations of the Water Supplied
to the Borough of Tottenham for the Year 1936**

Parts per Million (Unless otherwise stated)

Description of the Sample	No. of Samples	Ammoniacal Nitrogen	Albuminoid Nitrogen	Oxidised Nitrogen (Nitrate)	Chlorides as Cl	Oxygen abs. from Permanganate 4 hrs. at 27°C	Turbidity in Terms of Silica	Colour m.m. brown 2ft. Tube Burgess's Tintometer	Hardness (Total)	Hardness (Non-carbonate)	pH. Value	Phosphate as P.O. 111 4	Silica as SiO ₂	Sulphate as SO ₄	Conductivity
New River water filtered at Hornsey works	215	0.021	0.068	6.0	36	0.76	0.2	7	304	84	7.7	1.00	13	-	600
New River water filtered at Stoke Newington works	213	0.017	0.069	5.8	36	0.80	0.1	8	302	82	7.8	0.95	13	62	575
River Thames derived filtered water	1598	0.036	0.086	4.3	30	1.16	0.3	13	258	72	7.7	0.90	10	58	500

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	251	21.7	99.6	0.032
New River water filtered at Stoke Newington works	260	15.2	100.0	Nil
River Thames derived filtered water	3,736	5.0	99.9	0.002

Drainage and Sewerage

There is no change to report in the method by which drainage and sewage is conveyed. The separate system of soil and surface water continues to operate.

Pollution of water courses continues to occupy attention and investigations are carried out in the affected areas.

Work on the East Middlesex drainage scheme is now proceeding in the borough and preparatory work on the Stonebridge Scheme is in hand.

Flooding in Tottenham

The heavy rains in July and August gave rise to flooding in the Borough on the 9th July and again on the 6th August, 1956. In addition to the surcharging of the surface water sewers, the soil sewers and drains also overflowed in many places and one of the most serious aspects of the flooding from a public health point of view was the sewage contaminated residue left by the flood water below floors and covering the gardens.

Disinfectant was distributed as required by householders for use in cleansing their homes and wherever possible, articles were collected for drying at the Disinfecting Station.

The more seriously affected areas were

(1) Broad Lane area

Markfield Road, Broad Lane, Cunningham Road, Spondon Road, and part of Antill Road,

(2) Culvert Road area

Parts of Braemar Road, Culvert Road, Elizabeth Road, Grove Road, Henry Road, Kent Road, Russell Road, St. Ann's Road, St. George's Road, Seven Sisters Road, Sutton Road and Victoria Crescent,

(3) Harringay Road and Colina Road

(1) Broad Lane Area

The flooding in this area was very severe on the 9th July, but fortunately on the second occasion the flooding was limited to the roadway only in Markfield Road. The July flooding, however, was very serious in Markfield Road, particularly as the flood water

was heavily contaminated with crude sewage, with consequent danger to health.

The houses which suffered most heavily were Nos. 50 - 118 which are on the East side of Markfield Road and are zoned for industrial redevelopment. Nos. 50 - 98 had already been dealt with as unfit houses and the Council's action confirmed by the Minister of Housing and Local Government. It was agreed that the occupants should be rehoused and the houses then demolished at an early date.

As a result of official representations of the Medical Officer of Health with respect to Nos. 100 - 118 Demolition Orders were made and it was agreed to give priority to rehousing tenants.

The houses in Cunningham Road and Spondon Road are of moderate construction and most of them have no damp proof courses. They are subject to a certain degree of dampness which had been aggravated by the flood conditions. It was decided to deal with one block of five houses as a small clearance area.

(2) Culvert Road area

The houses in this area were flooded to depths varying between a few inches to one and a half feet and the flooding on the 6th August was the more severe and took longer to subside. Heavy contamination of the flood water with sewage occurred in many instances where drains, W.C.s., and soil manholes overflowed.

With certain exceptions, the houses in this area are of moderate construction. Dampness to some degree exists; floor construction in some cases is poor, joists resting on the sub-soil. The standard of maintenance varies considerably with ownership.

Particular attention was drawn to Nos. 16 - 38 Braemar Road and Nos. 28 - 44 Kent Road. These houses are 75 - 80 years old, with ground floors below the road level. They are exceedingly damp and poorly constructed. The general standard of maintenance is low. These houses were in an area scheduled for representation in 1958 for clearance and redevelopment. It was considered that more immediate action was required and it was agreed to bring forward the area in the programme. As the area was scheduled for housing it was dealt with by a clearance area compulsory purchase order. The Order is now awaiting the Minister's approval.

(3) Harringay area

Some of the houses in Harringay Road were flooded to depths between 3 and 4 feet in the back rooms of the houses. The houses

are, however, of better construction than in any of the other areas.

Flood Relief Schemes

Government authority has been obtained to proceed with the Stonebridge Brook Improvement under the Tottenham Corporation Act, 1952 and detailed plans and contract drawings are in course of preparation. Application has also been made for approval of the Heybourne Ditch flood relief scheme.

In addition the Lee Conservancy Board are proceeding with the Pymmes Brook improvement and this work is making good progress.

These schemes, when completed, should prevent any serious flooding in the future.

General Observations

The Public Health Staff made frequent visits to the flooded areas and assisted with immediate first aid measures.

A detailed house to house inspection was carried out on the more severely affected properties as soon as these were sufficiently dried out. Notices were served to deal with any defects found.

In addition a survey was carried out on the flooded areas and inspectors obtained full information from householders on the nature of the flooding and the extent of the damage caused.

Health Visitors in each area visited the victims paying particular attention to children; and continued to do so at regular intervals until it was considered the danger of infection had passed. The report of the Superintendent Health Visitor indicated that the health of the children remained good.

Closet Accommodation

The water carriage system is in operation throughout the Borough and regular visits by the Public Health Inspectors ensures that satisfactory provision is made in factories and other buildings.

Atmospheric Pollution

In my last Annual Report mention was made of the "Clean Air Bill" then before Parliament.

ATMOSPHERIC POLLUTION RECORD, 1956

	Park Lane			St. Ann's			Tottenham Technical College			
	Rainfall (ins)	Insoluble Deposit (Tons per square mile)	Soluble Deposit (Tons per square mile)	Rainfall (ins)	Insoluble Deposit (Tons per square mile)	Soluble Deposit (Tons per square mile)	Smoke		Sulphur Dioxide	
							Monthly Average (Mg/m ³)	Highest Daily Average (Mg/m ³)	Monthly Average (Parts per Million)	Highest Daily Average
January	2.98	8.43	8.31	2.76	6.75	6.34	.55	1.75	.13	.38
February	0.22	7.47	4.89	0.24	6.31	4.55	.37	1.93	.11	.46
March	0.80	8.45	5.20	0.84	11.25	5.61	.23	.66	.09	.18
April	1.10	8.84	5.18	1.20	9.81	5.20	.19	.72	.09	.19
May	0.59	5.76	2.68	0.53	7.12	2.38	.08	.12	.04	.10
June	2.47	5.51	3.58	2.7	6.17	3.98	-	-	-	-
July	4.45	1.92	5.76	4.65	6.24	5.43	.04	.10	.02	.05
August	4.40	2.28	4.60	5.57	4.38	8.44	.09	.17	.02	.05
September	2.08	5.23	6.98	2.23	6.66	6.35	.09	.19	.03	.11
October	2.04	4.83	3.97	2.19	4.42	4.82	.23	.65	.08	.17
November	0.35	4.96	3.66	0.34	5.09	3.16	.33	.95	.10	.44
December	2.56	7.94	7.38	3.49	9.17	8.18	.38	1.72	.09	.37

The Bill has now become an Act known as the Clean Air Act 1956 and received Royal Assent in July, 1956.

The main purposes of the Act can be summarised as follows:-

- (1) To prohibit the emission of dark smoke
- (2) To prohibit the installation of industrial furnaces which do not consume their own smoke.
- (3) To minimise the emission of grit and dust from existing and new industrial furnaces.
- (4) The establishment of Smoke Control Areas.

The various provisions of the Act will come into force, as and when "appointed days" are fixed by the Minister.

Since the Act received Royal Assent certain of its provisions became law on 31st December, 1956 viz:

Section 3. Requirement that new furnaces shall so far as practicable, be smokeless.

Section 4. Gives the Minister power to make regulations regarding apparatus for measuring the density of smoke.

Section 10. Enables the Local Authority to regulate the height of chimneys.

Section 11, 12 etc. Empowers Local Authorities to declare their area, or part of it, Smoke Control Areas.

It would appear to be the Minister's intention that the appointed day in respect of the emission of "dark smoke" from chimneys shall not be until 1958.

In this respect therefore the Clean Air Act will not produce any spectacular results. Persistent offenders will continue to enjoy the apparent weakness of existing law.

The new powers available for creating Smoke Control Areas will require to be carefully considered. They are, in a measure, similar to the power in the Tottenham Corporation Act, 1952. The Clean Air Act however, recognises that complete smokelessness in an area may not be possible.

This part of the Act contains important financial provisions whereby the local authority are required to make grants for the conversion or adaptation of fireplaces. In turn, the local authority will obtain financial assistance from the Exchequer.

Housing

The tempo of "clearance area" work has been maintained during the year. Public Inquiries were held during the year in respect of five clearance areas represented in 1955. Objections were received against the inclusion of some 70% of the houses involved in the areas.

Four clearance areas were officially represented in 1956 and in respect of one of them a Public Inquiry took place at the end of the year.

Consequent upon severe flooding some amendments have been made in the clearance area programme. As indicated in another part of my report two areas - Kent/Braemar Roads and Cunningham Road have been brought forward and were the subject of official representations.

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
Markfield No. 2	18	28.10.52	5. 5.53	27. 7.53	5.56	7.56
The Hale	65	2. 2.54	6. 7.54	9. 3.55	5.56	8.56
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	Purchased by agreement			
Plevna Crescent No. 1	13	29.11.55	11.10.56		Not confirmed	
No. 2	6	29.11.55	11.10.56		Not confirmed	
No. 3	7	29.11.55	11.10.56		Not confirmed	
St. Ann's Road	5	29.11.55	11.10.56	14. 2.57		
Hartington Road	15	29.11.55	11.10.56	14. 2.57		
Northumberland Park	26	28. 2.56	19.12.56			
Markfield No. 3	80	3. 7.56				
Braemar Road/ Kent Road	21	2.10.56				
Cunningham Road	5	27.11.56				

Sections 9 and 10

It is inevitable that the majority of complaints concerning houses and repairs should come from the older houses.

Where complaints relate to other houses the repair sections are used.

There has been a reduction in the amount of work done in default under the Housing Act, but this is balanced by the increase in work done under the Public Health Act, 1936 and/or the Tottenham Corporation Act, 1952.

One of the major problems continues to be the complaints from the occupiers of houses in confirmed clearance areas.

In many cases the owners continue to draw rents before acquisition by the Council, but are reluctant to expend monies on repairs.

This is very evident where the owner's interest is only leasehold and his compensation likely to be nominal.

As an expedient, undertakings not to relet have been accepted and the occupiers rehoused. The policy of letting empty houses in confirmed clearance areas is to be deplored - in such cases the house should be closed or demolished.

HOUSING ACT, 1936, SECTIONS 9 and 10
WORK IN DEFAULT

YEAR	NUMBER OF HOUSES	COST		
		£.	s.	d.
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
1956	19	489	10	8

Section 11 etc.

This section, which enables the local authority to make a demolition order in respect of an individual unfit house, has been used during the year.

Included in the houses dealt with was a terrace of houses in Markfield Road which again were subject to severe flooding.

One aspect of dealing with individual unfit houses now arises out of the Slum Clearance (Compensation) Act. This Act provides for well maintained payments to be made under Section 42 of the principal Act.

In the case of clearance areas these applications are dealt with by the Central Authority but the local authority deal with them for individual unfit houses.

One such application was received during the year.

HOUSING ACT, 1936 - SECTION 11

Premises the subject of Demolition Orders not demolished
as at 31st December, 1956

PREMISES	DATE OF ORDER
87, Hermitage Road	29. 3. 56.
46, Love Lane	15. 7. 54.
100, Markfield Road	5. 10. 56.
102, Markfield Road	5. 10. 56.
104, Markfield Road	5. 10. 56.
106, Markfield Road	* 5. 10. 56.
108, Markfield Road	* 5. 10. 56.
110, Markfield Road	* 5. 10. 56.
112, Markfield Road	5. 10. 56.
114, Markfield Road	5. 10. 56.
116, Markfield Road	* 5. 10. 56.
118, Markfield Road	* 5. 10. 56.
250, St. Ann's Road	* 31. 10. 56.
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.
382, West Green Road	30. 1. 56.
490, West Green Road	29. 12. 55.

* These premises were still occupied at 31.12.56.

Certificates of Disrepair

There is a marked reduction in the number of applications for certificates of disrepair.

Property owners and others will, however, be aware of the Government's intention to introduce legislation into Parliament dealing with rents.

A rent bill was, in fact, introduced in the House of Commons in the latter part of the year.

The provisions of this Bill are well known and have already led to much controversy.

It will be sufficient for me to comment on one aspect only - that part dealing with certificates of disrepair. The present method is reasonably straightforward, but whatever the merits of the proposed new system, it is certainly much more involved and likely to lead to much criticism in its operation.

The following statement shows the number of cases dealt with during the year and the number remaining in force at the 31st December, 1956.

Certificates outstanding at 1st January, 1956	121	
Applications received during 1956	48	169
Applications withdrawn by applicants	2	
Certificates refused by Council	0	
Certificates revoked on completion of repairs	51	53
Certificates in force at 31st December, 1956	...	116

Rag Flock and Other Filling Materials Act, 1951

At 31st December, 1956 one establishment was licensed for the manufacture of rag flock and twenty-three premises were registered for the use of filling materials.

Pet Animals Act, 1951

At 31st December, 1956 fourteen premises were licensed as pet shops in accordance with the Pet Animals Act, 1951.

Rodent Control

Rodent control methods in use in the Borough continue to be

those approved by the Minister of Agriculture and Fisheries.

Sewer treatments were carried out during the months of April/May and October/November.

Certain variations in the method of baiting were adopted during the sewer treatment and it is expected that further modifications will be introduced after certain investigations by the Ministry technical staff are concluded.

Complaints from private dwelling and from business premises have been dealt with and the use of Warfarin has continued.

Sewer Maintenance - Results of baiting manholes

Poison take at Manholes	Treatment No. 23 April/May	Treatment No. 24 Oct/Nov.
Complete	-	-
Good	198	120
Small	319	432
Nil	503	438
Estimated number of rats killed	6,085	5,280
Poison used	2½% zinc phosphide	10% arsenious oxide

The following is a summary of dwelling houses and business premises treated during 1956:-

(1) Dwelling houses	...	...	605
(2) Business and Factory premises	...	...	191
(3) Total charge for (2) above	...	...	£ 129-5-6

Insect Pests

The use of 5% D.D.T. solution in an emulsion form has been retained together with the application of D.D.T. powder in certain cases. This is found to be an efficient and a reasonably cheap form of insecticide. 184 inspections prior to removal to Council houses have been made on notification by the Housing Manager, and disinfestation was required in seven cases.

Cause	Private Houses		Council Houses		Other Premises	Total		
	Houses	Rooms	Houses	Rooms		Houses	Rooms	Others
Ants	19				5 schools	19		5
Beetles	9	8			4 schools 1 public house 1 shop	9		6
Bugs	78	168	1			79	168	
Cockroaches	14	12			2 schools	14	12	2
Earwigs	1					1		
Fleas	7	17				7	17	
Flies	2	3			2 shops 1 factory	2	3	3
Lice	1	2				1	2	
Red Mites			3			3		
Spiders	2					2		
Wasps	8					8		
Woodworm	1					1		

Inspections carried out by the Public Health Inspectors

Appointments and Interviews	...	...	...	...	1,072
Cinemas & Halls	...	...	...	...	54
Complaints Investigated	...	...	...	...	3,883
Conveniences and Urinals	...	...	...	...	93
Drains defective	...	...	...	...	273
Drains tested	...	...	...	...	433
Factories with Mechanical Power	...	...	...	...	447
Factories without Mechanical Power	...	...	...	...	27
Food Poisoning	...	...	...	...	32
Food Premises					
Bakehouses	...	...	...	...	107
Butchers	...	...	...	...	264
Cafes	...	...	...	...	476
Dairies	...	...	...	...	175
Factories	...	...	...	...	41
Factory Canteens	...	...	...	...	60
Fishmongers	...	...	...	...	130
Greengrocers	...	...	...	...	92
Ice Cream Premises	...	...	...	...	114
Slaughterhouses	...	...	...	...	886
Other Food Premises	...	...	...	...	304
House to House	...	...	...	...	215
Improvement Grants	...	...	...	...	31
Infectious Disease	...	...	...	...	237
Other Visits	...	...	...	...	3,660

Outworkers	253
Rat Infestation ...	933
Re-inspections ...	8,706
Schools ...	31
S.D.A.A. & Housing Act Advances ...	187
Smoke Observations ...	81
Stables and Mews	34
Tuberculosis ...	5
Work places ...	31

Defects Remedied

Drains reconstructed	21
Drains repaired ...	317
Drains cleared ...	239
W.C. Cisterns repaired or renewed	151
W.C. Pans renewed ...	164
W.C. Pans cleansed ...	28
Waste Pipes repaired or renewed ...	225
Rain water pipes repaired or renewed ...	235
Roofs repaired or renewed ...	735
Eaves Gutters repaired or renewed ...	446
Drinking Water Cisterns renewed ...	13
Drinking Water Cisterns covered ...	9
Water Service Pipes repaired ...	119
Water Supply reinstated ...	64
Yards repaired or reconstructed ...	113
Sinks renewed or provided ...	37
Floors repaired or renewed ...	289
Floors ventilated ...	88
Dampness remedied	
by insertion of damp proof courses ...	67
by pointing of brickwork ...	140
by internal rendering ...	315
by miscellaneous remedies ...	172
Window Frames and Sashes repaired or renewed, or painted	458
Coppers repaired or renewed, or provided ...	8
Fireplaces, Stoves & Ovens repaired or renewed ...	181
Flues and Chimney Stacks repaired ...	153
Brickwork of Walls repaired and Walls rebuilt ...	119
Ventilated Food Stores provided ...	4
Rooms cleansed ...	543
Staircases, Passages & Landings cleansed ...	50

Staircases, Balconies and Steps repaired or renewed	68
Noxious Accumulations removed	43
Nuisances arising from Animals abated	5
Miscellaneous Defects remedied	1,020

Notices Served

Statutory

Housing Act, 1936:

Section 9	161	
" 11	13	174

Public Health Act, 1936:

Section 24	19	
" 39	56	
" 45	20	
" 56	2	
" 79	1	
" 94	309	407

Tottenham Corporation Act, 1952:

Section 36	14	
" 43	148	
" 54	1	163
		744

Informal Notices 1,759

Repair of Houses by the Council

Work carried out in default or by agreement with the owners during 1956:-

Housing Act, 1936:

Section 9	19 premises	£	s.	d.
		489	10	8

Public Health Act, 1936:

Section 24	19 premises	116	17	0
" 39	5 "	115	1	10
" 45	3 "	28	3	6
" 94	3 "	309	5	8

Tottenham Corporation Act, 1952:

Section 36	4 premises	48	3	8
" 38	1 "	2	7	9
" 43	71 "	892	8	1
" 54	1 "		13	2

2,002	11	4
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P A R T I V

F A C T O R I E S A N D S H O P S

There is a general scatter of industry throughout the Borough, with concentrated industrial areas to the east of the High Road in the vicinity of the River Lea. The 725 registered factories vary in size from those employing only 2 or 3 people to the larger concerns with 2,000 to 3,000 employees. Regular systematic inspections are carried out by the public health inspectors to ensure compliance with those parts of the Factories Acts which are enforceable by the local authority.

Factories Acts, 1937 and 1948

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

Premises	Number on Register	NUMBER OF		
		Inspections	Written Notices	Occupier Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	59	27	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	666	447	21	..
(iii) Other premises under the Act (excluding Outworkers premises)	9	9	..	..
TOTAL:-	734	483	21	-

Summary of Defects found in Factories

Particulars	Number of cases in which defects were found			
	Found	Remedied	Referred to Factories Inspector	Referred by Factories Inspector
Want of Cleanliness (S.1)	-	-	-	-
Overcrowding (S.2)	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-
Sanitary Conveniences (S.7)				
(a) Insufficient	-	-	-	-
(b) Unsuitable or defective	33	27	-	23
(c) Not separate for sexes	1	1	-	-
Other offences against the Act (not including offences relating to Outwork)	1	1	-	-
TOTAL:-	35	29	-	23

Outworkers

Regular visits were made by the public health inspectors to the homes of persons notified to the department as outworkers in accordance with the provisions of sections 110 and 111 of the Factories Act, 1937.

The following is a summary of the types of work undertaken by outworkers in the borough:-

Wearing apparel	...	...	...	...	361
Household linen	...	...	...	...	8
Curtains and furniture hangings	...	...	...	...	2
Files	...	...	...	...	3
Umbrellas	...	...	...	...	3
Artificial flowers	...	...	...	...	3
Nets, other than wire nets	...	...	...	...	8
Paper bags	...	...	...	...	4
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	...	...	...	...	62
Brushes	...	...	...	...	1
Feather sorting	...	...	...	...	1
Carding, etc. of buttons, etc.	...	...	...	...	7
Stuffed Toys	...	...	...	...	4
Cosaques, Christmas crackers, Christmas stockings, etc.	...	...	...	...	17
Lampshades	...	...	...	...	7
TOTAL	...	...	...	...	491

253 visits were made during 1956 to outworkers' premises. No contraventions were reported.

Survey of Industrial Health Services in a Ward in the Borough

A report on a pilot survey of occupational health in an industrial area of the Borough was presented in my Annual Report for 1952. As an extension to the first report a survey has now been completed in the Chestnuts Ward.

All registered factories therein were visited and inspected after a preliminary explanatory letter had been sent out. Full co-operation in all instances was given by the varying managerial staffs and proprietors, making for full co-operation in the task of inspection.

A total of 66 factories came under this second survey, and are listed as follows:-

THE FACTORIES

<u>Type</u>	<u>No.</u>	<u>Type</u>	<u>No.</u>
Bakehouses	2	Leather Belting Mfrs.	1
Battery (Wet) Charging and Repairs	1	Liquid Soap & Antiseptic Spray Mfrs.	1
Battery (Dry) Mfrs.	1	Masons	4
Builders Yards (Joinery)	3	Metal Crafts (Shopfitting, Aircrafts)	1
Button & Buckle Mfrs.	1	Metal Polishing	1
Cardboard Box Mfrs.	1	Optical Mfrs.	1
Chemists (Manufacturing)	1	Perfumery & Cosmetics Mfrs.	1
Clothing Mfrs.	8	Printer	1
Electric Equipment Mfrs	3	Rubber Surgical Appliances Mfrs.	1
Engineering, Light	6	Sign Writers	2
Fishing Tackle Mfrs.	1	Slaughterhouses	1
Furniture and other woodwork Mfrs.	7	Spraying & Enamelling	1
Foundry	1	Stationer (Mfrg.)	1
Garages (Service and Repairs)	5	Tiled Fireplace Mfrs.	2
Hospital Equipment Mfrs.	1	Timber Works & Joiners	1
Jewellery (Imitation) Mfrs.	1	Vulcanised Fibre Case Mfrs.	1
Laundries	3		

Size of Factory

The above mentioned factories have been grouped in sizes according to the number of workers actually employed. No account has been taken of office staff.

Factory employing	No. of Factories	Total Population
1 person	3	3
2-4 persons	10	27
5-9 "	14	87
10-24 "	15	219
25-49 "	13	406
50-99 "	4	228
100-249 "	5	735
250-300 "	2	563
	66	2,268

In more general terms it is convenient to classify the factories as small, medium and large.

Factory employing	No. of Factories	Total Population
(small) Under 25 Persons	42	336
(medium) Above 25 but under 100	17	634
(large) Above 100	7	1,298
	66	2,268

or more generally still:-

59 factories with less than 100 persons each, employ
970 persons

7 factories with more than 100 persons each, employ
1,298 persons

Employees

The factory population consists of 1,244 male persons
1,024 female persons
Total 2,268

Included in the above figures are:-

Young Persons (under 18 years) - 95 (62 male, 33 female)

Aged Persons (over 60 female, 65 male) - 84 (47 male, 37 female)

Disabled Persons (on disabled register) - 49 (38 male, 11 female)

Women

A high number of women were employed in the various industries and generally gave a good account of themselves, as compared with men. However, it was agreed that despite good service that on the whole there was always the greater liability to absenteeism in the case of women. This occurred not so much through personal illness as through illness in other members of the family or other purely domestic reasons, e.g. being at home to let the sweep in. Naturally, married women were susceptible to such considerations to a greater degree than the unmarried.

Young Persons

Young persons were found to be generally scattered through the various trades and there was not sufficient grouping of them in particular occupations to call for any special comments. Accidents among young persons were very low but it was found that where large numbers of young persons were employed together, accident rates went up, this being due to lack of experience and "sky-larking" attitude of many of them. It seems that young persons scattered in with more experienced workers are given a better chance for gaining sound experience and a more responsible attitude.

Aged Persons

The older group of employees carried out very useful work. Those who had to leave their previous occupation for less arduous tasks adapted themselves well. Most, however, were able to continue in their former occupation and to bring their experience and skill to bear in an exemplary fashion. One firm continued to employ 15 men well over pensionable age, and this was to the benefit of all concerned: each was a well-respected personality and their work was of interest and pleasure. It was found that elderly female persons were employed in comparatively large numbers in laundries.

Disabled Persons

The numbers encountered were small i.e. 1.3% of the total factory population. However, in factories employing more than 20 persons (that is, those factories required by statute to take a percentage of disabled persons) the figure is 1.9%. The statutory percentage is 3%.

Medical Arrangements

One firm only, possessed a full time medical officer who supervised other branches as well as the Tottenham Factory. Four factories had the part time services of an industrial medical officer.

The remaining sixty-one factories had no arrangements whatsoever for a visiting medical officer.

Surgery accommodation

The five above-mentioned factories staffed by a medical officer had suitable surgery accommodation for the carrying out of medical advice or treatment. In one case where there was a full time medical officer there was also a qualified nurse in charge of the surgery. The remaining four factories shared a communal surgery as their premises were close to each other with a qualified nurse in charge.

At the surgeries accidents and illnesses were treated as they occurred by the doctor or the nurse as the case may be. Where necessary patients were referred to their own general practitioner or, in an emergency, to hospital. The medical officer concerned kept his eye on each factory as a whole and advised on general health problems and any potential industrial hazard.

Pre-employment medical examinations

Other than the statutory medical examinations carried out by the appointed Factory Doctor on young persons, pre-employment examinations were almost non-existent. Only one firm had this facility.

Only where an obvious physical defect existed in a person about to be employed was a medical examination arranged before acceptance.

The importance of pre-employment examinations cannot be overstressed. The benefits are three-fold.

1. to the employer, fitness for the particular job is assessed
2. to the employee, it is an advantage to know his health is in good order.
3. to the community - early detection of communicable and other diseases prevents spread of infection and facilitates early treatment.

The absence of this type of medical examination in industry is to be deprecated.

Routine Medical Examinations

No firm had commenced routine periodic health inspections for their employees, for example, a full examination every year or every two years.

This type of health overhaul is slow in becoming popular with employers and employees but is necessary especially for persons over 40 years of age.

First Aid Boxes

On the whole the situation concerning first aid boxes was unsatisfactory. Thirty-four factories had no person earmarked to look after the box itself and keep its contents replaced. In two cases there was no first aid equipment at all.

In 15 other instances although persons were earmarked to look after the equipment they possessed no training in first aid - nor did anyone else on the premises.

Only 9 factories had trained personnel to give first aid as required.

Six factories had qualified nurses (SRN) on their staff and five of these had a visiting doctor.

Tabulation of the provision of first aid boxes and Trained Personnel

<u>Factories</u>	
No arrangements	2 Very unsatisfactory
First aid box (nobody earmarked for trained)	34 Unsatisfactory
First aid box (untrained person in charge)	14 Of doubtful value
First aid room (untrained in charge)	1 Of doubtful value
First aid box (trained person in charge)	9 Satisfactory
First aid room (S.R.N. in charge)	1 Highly satisfactory
First aid room (S.R.N. and visiting doctor)	5 Excellent

Type and Condition of Premises

As may be expected in a part of the Borough where industry is scattered amongst residential property the premises occupied varied considerably. For most part old buildings have been adapted for the purpose required. Instances of this were buildings constructed and probably used in the past as stables being adapted for use as garages or monumental masons: large private houses for the manufacture of children's hose and shop premises used for light engineering. Generally, the alterations had been carried out so as to give the maximum working space and buildings on the whole were reasonably suitable for the purpose.

Larger factories such as foundries and timber merchants appeared to have been constructed for the purpose for which they are now being used. In many cases room for expansion was non-existent and problems arose from time to time because of the close proximity of residential and industrial properties.

Analysis of the inspection of premises yielded the following results:-

<u>Disrepair</u>	<u>Old but suitable</u>	<u>Satisfactory</u>	<u>Very good</u>
3	30	27	6

Overcrowding

The only instance of congestion observed appeared to be due to finished products awaiting removal. This was particularly noticeable in firms making bulky furniture such as wardrobes and kitchen cabinets. Generally the arrangement of machinery and work benches seemed to have been carefully planned to avoid congestion.

Lighting

Although natural lighting was often found to be insufficient artificial lighting was generally found to be good. Even small firms occupying old or adapted buildings frequently had fluorescent lighting so arranged as to give good light with absence of shadow or glare. Many machines were observed to have individual lighting direct on the working area. It was noticeable that managements in some cases had given careful consideration to working amenities such as lighting, seating, height of work benches, in order to minimise fatigue.

Heating and Ventilation

Generally, heating and ventilation appeared to be adequate. In a small number of factories where the process was relied upon to supply sufficient heat in the winter the difficulty of keeping the atmosphere at a reasonable temperature during the summer months was apparent at the time of the survey. Some effort had already been made by means of extractor fan systems and ducting to overcome an overheated atmosphere.

Managerial advice had been given in one instance on the use of saline drinks to overcome the dehydrating effect of working in heat for long periods. Advice was also given on the use of coke stoves and in one case attention was drawn to a defective flue pipe which constituted a hazard the danger of which had not been appreciated.

Sanitary Accommodation

The sanitary accommodation regulations 1938 were in all cases found to have been complied with. In some factories however where the minimum requirements were observed the number of w.c's. appeared to be insufficient.

A number of firms, in which the employees were working with oil or other substances difficult to remove from the hands, supplied barrier creams or substances such as Swarfega, and Rozalex for removing oil and grease.

Labour Turnover and Absenteeism

As accurate figures would have entailed considerable work on the part of managements it was thought reasonable to ask only for a general impression of these two points. With notable exceptions the answers in the majority of enquiries were "very low". One firm employing a large number of married women remarked on the frequent absence of women owing to family and domestic reasons. Another firm employing elderly female labour stated that the sickness rate was, "as could be expected", rather high. Some firms mentioned that although the labour turnover appeared high this was due to a quick turnover of a small section whereas a solid core of workers had been with them for a considerable number of years. Generally, it appeared that labourers and semi-skilled workers changed their jobs much more frequently than the tradesman and other skilled worker.

Welfare and Personnel Management

In most of the factories visited no hard and fast rules had been laid down as to welfare of employees; but works managers or proprietors used their discretion with regard to problems which arise from time to time having in mind circumstances including the time the worker had been with the firm. This principle seemed to apply to payment for time off, sick pay and pensions. In only five of the sixty-six firms visited were pension schemes in operation and these varied considerably in the amount of contribution, if any, from the workers and also in the benefits conferred.

Wages and Working Conditions

In every case information was readily given on weekly earnings of skilled, semi-skilled and unskilled workers. Comparison, however, was extremely difficult owing to the operation of bonus schemes which were based on such varying factors as production, years of service, work carried out by individuals in excess of standard amounts, overtime, etc.

From a comparison of the wage levels and general conditions of working, however, it was noted that where the environment was poor and the working conditions comparatively unpleasant the wages were correspondingly high.

INDUSTRIAL HAZARDS

Accidents

Fortunately these were not frequent occurrences, and major accidents extremely rare.

Hands Injury to hands was the commonest form of accident sustained by workers throughout these industries. Cuts and crush injuries mainly occurred from machinery.

Eyes Injuries to eyes were next in frequency and these arose from fragments of metal, particles of stone and sand and splashes from dangerous or hot fluids. No case of "arc welders eye" was reported or any cataract due to infra-red radiation.

Falls caused a few accidents but were rare as compared with the above-mentioned injuries.

Fencing of Machinery was of only a fair standard on the whole, but there were notable exceptions either way. Some firms had the most up-to-date method of fencing and safety devices, whereas others had the minimum.

Noise

Most factories experienced a tolerable amount of noise. The noisiest however were not so serious as to render a permanent injury to the hearing mechanism. Noises of over 100 decibels were not encountered and it is above this intensity that trouble may arise.

Weight Lifting

No instance of over-weight lifting was recorded. Experience in the art of weight lifting and use of mechanical devices prevented this hazard.

Exposure to Weather

This aspect was well taken care of by the employees and the managements. All workers out of doors were suitably clad.

However, certain workers in an electrical firm were exposed to overheating and this in turn cause sweating and consequent dehydration and loss of salt from the body. In this respect (special fruit flavoured) saline drinks are necessary to maintain the body fluid balance. We were able to advise the names of manufacturers of such drinks.

Toxicological Hazards

Dusts

Harmful dusts were not encountered in any great quantity.

(a) Siliceous particles arose from fettling and sanding machines which had dust extractors at source. No person working in such occupations was reported as suffering as a result, and X-rays of chest were likewise reported as clear. In respect of these particles, those which are not seen cause the damage. It is estimated that particle size less than 5 Microns (5 thousandths of a millimetre) may cause trouble deep in the lungs.

Talc powder was not shown to cause trouble. X-rays of chest

in a worker employed in handling this substance were reported to be clear.

(b) Asbestos particles

One firm employed a man in a temporary occupation drilling asbestos sheets, for two half days per week in an open atmosphere. Should this work increase the firm stated they were intending to install an extractor plant.

Fumes

Lead burning in the repair of accumulators was carried on in a small way as a part time occupation. This case was under observation by the appointed factory doctor.

Small quantities of fuming nitric and other acids were used by some firms but were handled with great care in fume extraction cabinets.

Gases, Vapours and Liquids

(a) Carbon monoxide

Its dangerous properties were well known to the garages visited and suitable ventilation was provided with reduction of engine running to a minimum. But its danger was certainly not realised by one firm where a metal chimney inside the factory was fractured in many places. This was immediately pointed out to the manager and arrangements for repairs put under way at once.

(b) Carbon tetrachloride and Carbon bisulphide

These were used as rubber solvents and cold curing of rubber respectively. Proper precautions were taken by the firm handling these substances, and the away-draught fume cabinet was entirely satisfactory.

(c) Trichlorethylene was used by one laundry for cleaning purposes. The modern enclosed process was very satisfactory. Nevertheless it was still possible to faintly smell this substance in the atmosphere of the room.

(d) Cellulose Spraying was carried out strictly according to regulations. Spraying Booths providing a satisfactory method with their extraction fans and ducting to the outside atmosphere. In one instance the ducting could have been extended high above the

building. An upstairs workroom had a faint smell of the substance when the wind was in the wrong direction.

(e) Thinners of various types. The use of these for cleaning hands of painters, etc. was known to be a hazard and not risked.

Dermatitis This condition of the skin was a rarity in the firms visited.

Primary irritants such as strong acids, and alkalis were handled with great care. No case from this cause was recorded.

Sensitizers It was once said that "One can become sensitive to everything under the sun - including sun". This puts in a nutshell the liability of any person at any stage of their lives suddenly becoming sensitive to a substance they may have been using for 20 years or more. It is an altered reaction on the part of the body to the substance. It begins usually with irritation of the skin over the exposed parts and where volatile substances are concerned the soft tissues about the eyes often swell. Common sensitizers are primulae and other plants, nickel, mineral oil contaminants, antiseptics, and medicated soaps.

The few cases reported to us had all left their particular occupations where some substance had caused the sensitivity. These, in the main, were attributed to mineral greases, paraffin, cutting oils or a mixture of them. "Barrier Creams" were widely supplied and used.

Meals on Premises

Canteens 8, Mess Room 18, Tea only 34, No provision 6.

The 8 canteens provided excellent mid-day meals and provided for morning and afternoon tea breaks. Mess rooms provided a place where employees could take their own midday sandwich lunch. In those factories where no provision for meals was made sandwich midday meals, in some instances, were eaten in the workroom.

Summary of Findings

As on the occasion of the previous survey (1952) the conclusions to be stressed are:-

- (1) In many factories, particularly the smaller ones, first aid and other medical treatment is at present haphazard and unorganised.

- (2) First aid equipment is very nearly useless unless associated with trained personnel to use it.
- (3) While there are notable exceptions, there is ample evidence of the need for education in matters relating to industrial processes and working environment.
- (4) The useful employment of able aged persons in local factories shows scope for further discussion with managements and others in tackling the problem on a broader scale.
- (5) The need for an organised local industrial health service, largely supervisory and advisory, is apparent.

Shops

In April of this year the Council appointed a full-time Shops Inspector to work under the supervision of the Chief Public Health Inspector. The control of shops and effective administration of the legislation relating thereto are secured by systematic visitation. Investigations and visits were made on the weekly half holiday, after the general closing hour and on Sundays at certain times throughout the year. Complaints were promptly dealt with. Verbal and written advice and information has been given to many shopkeepers in the Borough, and it has been found that the majority of them are willing to fulfil their obligations as required by the Act.

In an endeavour to ensure that the prescribed forms and notices are maintained and exhibited in the proper manner, the system of buying forms and notices in bulk and selling them to the shopkeepers has been adopted. This method means that contraventions of this nature are immediately rectified.

A new Shops Bill has been introduced in the House of Lords by the Government, and if enacted in its present form will produce important administrative changes. The Bill incorporates many reforms recommended by the Gowers Committee which dealt with anomalies that exists in the present legislation.

The following is a summary of inspections, patrols and observations made during 1956, and relevant action taken.

Inspections

1,261 shops have been systematically inspected, prescribed notices, records of employment, etc., have been examined and the

necessary information obtained for keeping an up-to-date register of shops in the Borough.

During these inspections the following contraventions were noted.

<u>Section 17(2)</u>	Assistants weekly half holiday notice not affixed in the shop	...	...	247
<u>Section 32(2)</u>	Record of hours of employment of young person not being maintained	...	...	67
<u>Section 32(3)</u>	Abstract of provisions relating to the employment of young persons not exhibited	...	...	62
<u>Section 37(1)</u>	Seats for females not provided	...	...	3
<u>Section 37(2)</u>	Notice re: seats not displayed	...	...	183

In order to draw the attention of occupiers to these contraventions 274 informal notices were served and 180 re-inspections were made to ensure compliance. In this connection 404 forms and notices were sold. 583 male, 1,168 female adult assistants, and 54 male and 113 female young persons, under the age of 18 years, were employed at the premises inspected; their hours of employment, meal-times and working conditions received special attention.

Weekly Half Holiday

The following contraventions were observed:-

<u>Section 1(1)</u>	Shops not closed at 1 p.m.	...	...	20
<u>Section 1(2)</u>	Alternative closing notice not displayed	...	...	13
<u>Section 13(1)</u>	Exempted trade notices not displayed or in possession of the occupier	...	...	75

In eleven of the cases where shops had failed to close at 1 p.m. on the weekly half holiday no transactions were seen to take place and informal notices were sent. In the remaining nine cases eight warning letters were sent and legal proceedings were instituted against the other offender. Informal letters were also sent to occupiers where notices were not displayed. In this connection 53 notices were sold, and one occupier was prosecuted for failing to display the prescribed exempted trade notice on the weekly half holiday.

General Closing Hours

The following contraventions were observed:-

<u>Section 2</u>	The sale after 8 p.m. of articles not exempted by the 2nd Schedule	...	...	6
<u>Section 12</u>	Trading after closing hours elsewhere than in shops	...	...	1

Warning letters were sent to four shopkeepers for offences under Section 2. Legal proceedings were instituted against two offenders under that section and against the offender under Section 12.

Sunday Trading

The following contraventions were observed:-

<u>Section 22(1)</u>	Compensatory holidays not being allowed for Sunday employment	...	...	10
<u>Section 22(3)</u>	Record of Sunday employment not kept	...	...	18
<u>Section 47</u>	Sale of goods not exempted by the 5th Schedule	...	...	21
<u>Section 50</u>	Sunday trade notices not displayed or in possession of the occupier	...	...	118

Informal notices were sent to the occupiers of shops with regard to holidays for Sunday employment and for not keeping a record. Re-inspections were made to ensure that the requirements of this part of the Act were being carried out. For failing to keep a record one shopkeeper was prosecuted and one warning letter was sent. 13 Form VII (Record of Sunday employment) were sold.

Warning letters were sent to 15 shopkeepers for illegal Sunday trading, and in the remaining six cases legal proceedings were instituted. 77 notices were sold to occupiers under Section 50. Informal notices were sent to all requiring them to exhibit these notices on Sunday. It was found necessary to prosecute 4 shopkeepers for failing to do so.

Section 53: Jewish Traders

During the year the names of two traders were removed from the register and one was added; the total on the register now being five.

One trader was prosecuted under this section for being open after the commencement of the Jewish Sabbath contrary to the conditions of his registration.

Prosecutions

Details of prosecutions held at the Tottenham Magistrates' Court were as follows:-

Offence	Section	Fine	Costs	Total
Case 1. Selling fruit and vegetables after 8 p.m. from a van	12	£ 1.	10. 6d	£ 1.10. 6d
Case 2. Selling cigarettes after 8 p.m.	2	£ 1.	10. 6d	£ 1.10. 6d
Case 3. Selling non-exempted goods on a Sunday. (4 Summonses)	47	£ 4.	£ 1. 1. 0d	£ 5. 1. 0d
Case 4. (1) Selling flour on a Sunday (2) Non-exhibition of Notices (2 Summonses)	47 & 50	£ 2.	£ 2. 2. 0d	£ 4. 2. 0d
Case 5. (1) Selling pine disinfectant on weekly half holiday (2) Non-exhibition of Notices (2 Summonses)	1 & 13	£ 2.	£ 2. 2. 0d	£ 4. 2. 0d
Case 6. Selling a non-exempted article a Sunday	47	£ 1. 1.0d	10. 6d	£ 1.11. 6d
Case 7. Non-exhibition of Notices on a Sunday	50	£ 1. 1.0d	10. 6d	£ 1.11. 6d
Case 8. Selling non-exempted articles after 8 p.m.	2	£ 1.	£ 2. 2. 0d	£ 3. 2. 0d
Case 9. Open after commencement of Jewish Sabbath	53	£ 3.	£ 2. 2. 0d	£ 5. 2. 0d
Case 10. (1) Failure to keep record of Sunday employment (2) Twice selling on Sunday non-exempted articles (3) Non-exhibition of Notices on a Sunday (4 Summonses)	22 47 & 50	£ 6.	£ 2. 2. 0d	£ 8. 2. 0d
Case 11. (1) Twice selling on Sunday non-exempted goods (2) Non-exhibition of Notices on a Sunday (3 Summonses)	47 & 50	£ 5.	£ 2. 2. 0d	£ 7. 2. 0d
		£27.2.0d	£15.15. 0d	£42.17. 0 d

* Proceedings taken in 1957 for offences occurring in 1956

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 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	697	516	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-patients clinics provided at 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	Tuesday	Wednesday	Thursday	Friday	Saturday
Medical	P.M.	A.M.	P.M.	P.M.	A.M.	-
Surgical	P.M.	P.M.	P.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	-	9-11.30
Females	-	5-7	-	10-12.30	2-4.30	9-11.30
Intermediate Treatment	9-7	9-7	9-7	9-7	9-7	9-11.30

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 Offices, 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 1956, namely:-

Record of Examinations

<u>Throat/Nose Swabs:-</u>	Total Specimens	...	...	157
Diphtheria Bacilli	...	0		
Haemolytic Streptococci		7		
Vincent's Angina	...	1		
Negative	...	149		
<u>Faeces:-</u>	Total Specimens	...	...	636
Polio Type one	...	1		
Shigella	...	161		
Salmonella Enteritidis	...	2		
Salmonella Typhi Murium		17		
T. Saginata	...	2		
Negative	...	453		
<u>Sputum:-</u>	Total Specimens	...	...	5
Positive	...	0		
Negative	...	5		
<u>Pertussis:-</u>	Total Specimens	...	...	15
Positive	...	2		
Negative	...	13		
<u>Ice Cream:-</u>	Total Specimens	...	...	7
<u>Water:-</u>	Total Specimens	...	...	2
Domestic Supplies	...	0		
Swimming Pools	...	0		
Flood Water	...	2		
<u>Miscellaneous Specimens</u>				37
Total Number of Specimens				<u>859</u>

Aged Persons

It is estimated that there are in the Borough approximately 14,000 persons of pensionable age. Most of them live a normal happy life of retirement in their own homes. Some continue at full time work; others in part-time occupations.

Our attention is focussed on -

- (i) The lonely aged;
- (ii) The infirm aged and
- (iii) The sick aged.

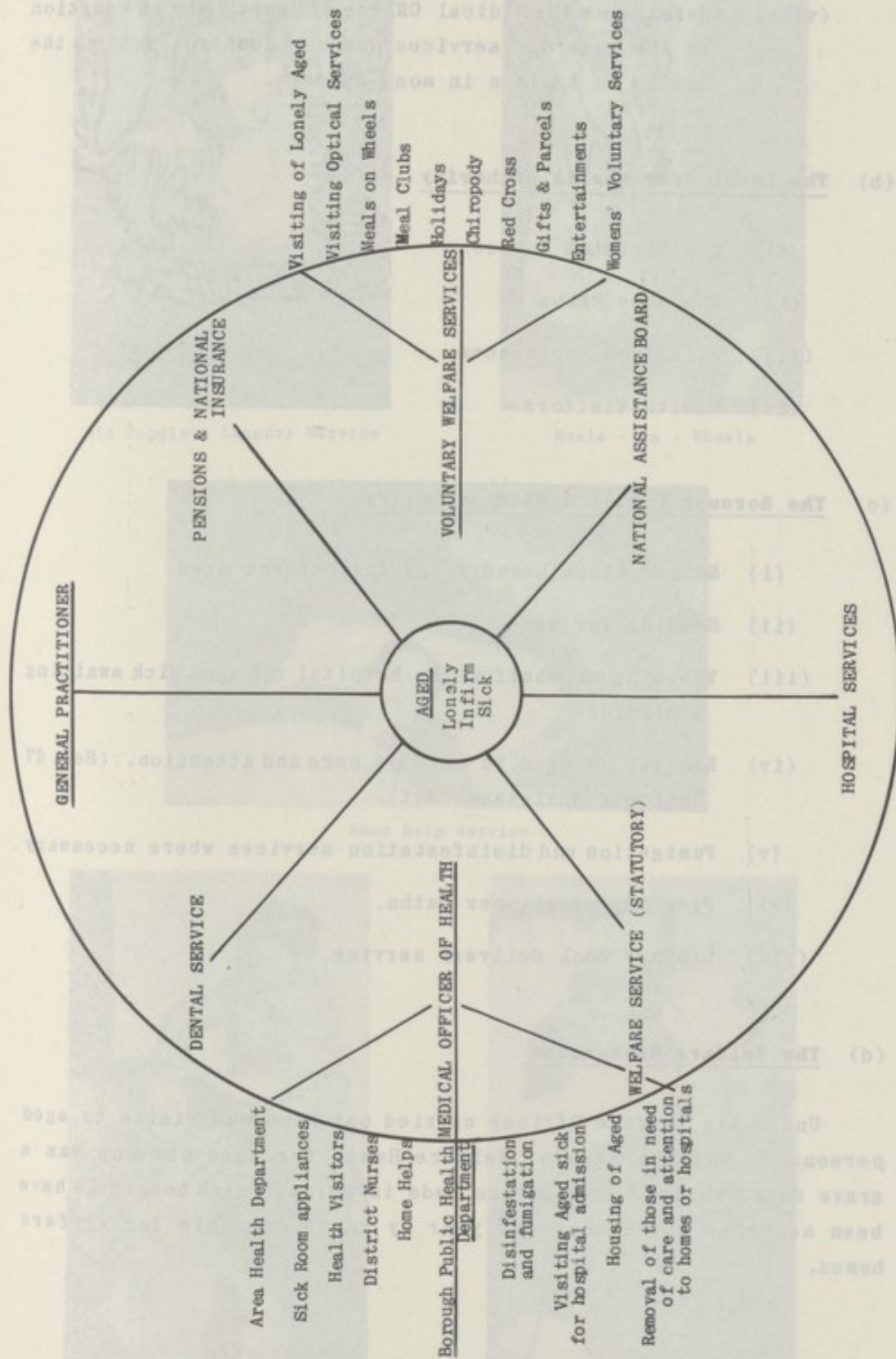
These important groups have at their disposal the service of the following.

- (a) General Practitioners.
- (b) Personal Health Services. } Under the Medical Officer of Health
- (c) Environmental Health Services. }
- (d) The Welfare Officer (Statutory).
- (e) The Voluntary Welfare Services.
- (f) The Hospitals.
- (g) The Pensions and National Insurance Department.
- (h) The National Assistance Board.
- (i) Various other bodies such as Dental and Ophthalmic Services.

(a) General Practitioners

In the first instance the practitioner treats the minor and serious ailments of his aged patients. He may request:-

- (i) The District Nurse.
- (ii) The Home Help.
- (iii) For Sick Room appliances e.g. commode, wheelchair etc.
- (iv) Meals on Wheels.
- (v) The person to attend an out-patient Clinic of a Hospital.
- (vi) The Welfare Officer to see cases with a view to admission to a Welfare Home.



- (vii) A hospital bed for an acute or chronic case.
- (viii) Advice from the Medical Officer of Health who in addition to the numerous services under his control acts as the centre of liaison in most matters.

(b) **The Local Area Health Authority**

- (i) The District Nurses.
- (ii) The Home Helps.
- (iii) Sick-Room appliances.
- (iv) Health Visitors.

(c) **The Borough Public Health Authority**

- (i) Soiled Linen Laundry for incontinent aged.
- (ii) Housing for aged.
- (iii) Visiting on behalf of the hospital the aged sick awaiting admission.
- (iv) Removal of aged in need of care and attention. (Sec. 47 National Assistance Act).
- (v) Fumigation and disinfestation services where necessary.
- (vi) Free use of slipper baths.
- (vii) Library book delivery service.

(d) **The Welfare Department**

Under its Welfare Officer carried out numerous visits to aged persons. The shortage of Welfare Homes for aged persons was a grave disadvantage. Numerous beds in chronic sick hospitals have been occupied throughout the year by cases suitable for welfare homes.



Old People's Laundry Service



Meals - on - Wheels



Home Help Service



Home Help Service



Visiting the Sick

CARE OF THE AGED

(e) The Voluntary Welfare Services

In addition to the services organised by the Old People's Welfare Committee, the Womens Voluntary Service, the British Red Cross Society and the Old Age Pensioners Association all do valuable work among the aged.

Old People's Welfare Committee

This Committee was established to provide for the welfare of the old people of Tottenham. Six members of the Council serve on the Committee and representatives are also appointed by the majority of local organisations who in some way are concerned with old people's welfare. A full-time organiser and an assistant are employed on the work of the Committee. The following information has been extracted from the Annual Report of its Chairman, The Lady Morrison

The activities of the Committee include the provision of chiropody and visiting optical services, delivery of Meals on Wheels, organisation of old peoples' clubs, distribution of gifts, and arranging assisted holidays. In addition there is a considerable amount of general welfare visiting and advice by the Welfare Organiser who maintains a close liaison with all who have official responsibilities for health and welfare in the borough.

The chiropody service provided by the Old Peoples Welfare Committee for elderly people helps to cover a gap in the local health services caused by the refusal of the Ministry of Health to approve any extension of the chiropody service provided under section 28 of the National Health Service Act, 1946. The following figures illustrate the growing demand for this type of clinic.

Year	1952 (8 months)	1953	1954	1955	1956
No. of appointments	680	1,660	1,930	2,550	3,270

SUMMARY OF OLD PEOPLE'S WELFARE SERVICES

Home Visits	267
Office Interviews	3,368
Chiropody appointments	3,270
Optical Service Visits	22
Meals served by Meals on Wheels	4,860
Holidays arranged	114
Shoe repair dockets issued	42

Christmas and Other parcels distributed 1,388

Clubs 5

Club membership 620

Club Meals served 8,433

Women's Voluntary Services

3,360 meals have been cooked and served in connection with Fridays' Meals-on-Wheels service and 3,022 meals have been cooked and served at the Luncheon Clubs on Fridays. Visitation of old people and much assistance in many ways is given to those in need of help.

British Red Cross Society

Organise three Evergreen Clubs with a membership of 370, who meet once weekly, and where summer outings and Christmas Parties are arranged and sick members visited. During the year 284 of their members have received foot care at their clinic which is held once a fortnight; also 9 old people are visited once a week by the H.H. Service.

O.A.P. Associations

Six branches of this Association meet once weekly in the Borough where outings, socials are arranged and again valuable work is done by the visitation of their sick members.

(f) The Hospital Services

These offered a variety of out-patient clinics of great benefit to the aged. In addition acute beds, medical and surgical, are always available. Chronic sick beds however were in great demand and more of them are urgently wanted.

The Hospital Almoners carried out very good work in making welfare arrangements whilst the patients were in hospital and before their return home.

(g) The Pensions and National Insurance Office

The Officers of this Department keep in touch with aged persons and help in ensuring correct and regular payments are made.

(h) The National Assistance Board

The Board's Officers help in numerous matters where need is established. Additional payments for nutritious foods in illness, extra coal, extra blankets etc., are often made.

(i) Various other bodies play an important part in the health and welfare of the aged. The dental and ophthalmic services are available as and when required.

Contribution of the Borough Health Services

The Public Health Department under the Medical Officer of Health has been responsible for liaison between the various components of the services provided, as listed previously. In particular the work of the Department is concerned with:-

(i) **Arrangements for the laundering of soiled linen from incontinent aged.** Collections and deliveries are made from door to door. This is of great help to those who have to care for the sick and infirm aged.

A total of 662 collections and deliveries were made in 1956.

(ii) **The special requirement for housing the aged.**

(iii) **Visiting the Aged and Chronic Sick in relation to Hospital Admissions and discharges.** All names placed on the waiting list of the special wards in St. Ann's General Hospital at the request of the family doctors are forwarded by the Hospital Almoner to the Medical Officer of Health. Each case is visited and a report returned assessing all the environmental factors to elicit the degree of urgency for admission; e.g. help from relatives, neighbours, friends, district nurse and home helps; is the person alone by day or night? Is he mobile or bedridden? Is he incontinent? Who provides for feeding him?

The hospital is thus able to assess all aspects of each case as well as family doctor's medical diagnosis; priority is then given to the really urgent cases.

At the same time as his visit the Medical Officer is able to arrange any further services required pending the patient's admission if the case will not be immediately admitted.

A total of 171 such cases were visited during 1956.

(iv) **Urgent cases of lonely, infirm and sick** occasionally come to light. Many of these have deteriorated on their own; and some refuse all medical attention, occasionally the patient has not even registered with a general practitioner. Their condition is usually deplorable and their rooms filthy and verminous. A hospital bed for some of them is found somehow at short notice through the local hospitals or the Exergency Bed Service.

If the old person refuses to be admitted to hospital or a welfare home and is living in insanitary conditions, and is in need of care and attention, it is necessary to apply for a magistrates' order for removal under Section 47 of the National Assistance Act, 1948.

During the year it was not necessary to resort to this Act it being possible in each case to make alternative arrangements.

(v) **Disinfestation of premises** is carried out when necessary after the Public Health Inspector's visit. This mostly applies to the deplorable cases as referred to above.

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.

Superannuation Medical Examinations

92 persons were examined during the year for entry into the Council's Superannuation Scheme. 83 of these were passed as fit to carry out their respective duties with efficiency. 9 persons were found unfit.

The causes of the unfitness are listed as follows:-

(i) Chronic Bronchitis - emphysema	2
(ii) High Blood Pressure	2
(iii) Tuberculosis Active	1
(iv) Heart Disease	1
(v) Liver Disease	1
(vi) Bowel Disease	1
(vii) Kidney Disease	1

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.

	1955	1956
Area of District (in acres)	3,013	3,013
Population:		
Census, April, 1951 ...	126,929	
Mid-year: Registrar General's estimate	122,100	120,700
Rateable Value at 1st April	£1,019,313	£1,827,527
Sum represented by penny rate	£4,070	£7,285
Births:		
Registered live-births		
(a) Legitimate:		
Males	772	737
Females	673	743
Total	1,445	1,480
(b) Illegitimate		
Males	34	37
Females	32	43
Total	66	80
(c) Total Live-births:		
Males	806	774
Females	705	786
Total	1,511	1,560
Birth-rate per 1,000 estimated population	12.38	12.92
Stillbirths:		
(a) Legitimate:		
Males	16	19
Females	13	18
Total	29	37

		1955	1956
(b) Illegitimate:	Males	1	-
	Females	-	-
	Total	1	-
(c) Total:	Males	17	19
	Females	13	18
	Total	30	37
Stillbirth rate per 1,000 total			
(live and still) births			
		19.47	23.17
Deaths:			
	Males	701	687
	Females	630	565
	Total	1,331	1,252
Death-rate per 1,000 estimated			
population			
		10.9	10.4
Maternal Deaths:			
	Puerperal Sepsis	0	0
	Other puerperal causes	1	2
	Total	1	2
Maternal Death-rate per 1,000 total			
(live and still) births			
		0.649	1.252
Deaths of Infants under 1 year of age			
(a) Legitimate:	Males	10	21
	Females	14	12
	Total	24	33
(b) Illegitimate:	Males	1	2
	Females	-	3
	Total	1	5
(c) Total Infantile			
Deaths:	Males	11	23
	Females	14	15
	Total	25	38
Infantile Death-rate per 1,000			
live births			
		16.55	24.36

COMPARABILITY FACTORS

To enable local vital statistics to be compared with other districts or with national figures the Registrar General issues comparability factors for correcting crude birth and death rates. The Registrar General has intimated that the factors for certain areas, where rapid increase or reduction in the population has materially affected its composition by sex or age groups have been adjusted on that account. In addition, the death rate area comparability factors have this year, for the first time, been adjusted specifically to take account of the presence of any residential institutions in each area.

Tottenham's factors have been increased as follows:-

Birth rate factor from 0.95 to 0.97

Death rate factor from 1.03 to 1.09

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Table of Cases of Infectious Diseases coming to the
knowledge of the Medical Officer of Health during the year 1956
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	1	-	1	4	1	4	10	8	18	23	4	4	-	-	1	-	-	-	-	-	-	-	80	24
Measles	3	1	7	8	8	11	9	15	14	11	28	40	2	1	-	-	-	-	-	-	-	-	-	-	158	6
Whooping Cough	19	11	6	10	10	12	10	12	15	15	44	66	2	7	1	-	-	-	2	-	1	-	-	-	243	29
Pneumonia	3	1	-	1	1	-	1	1	-	1	2	1	-	-	1	-	1	1	4	3	14	14	13	7	70	17
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	2	-	1	3	-	7	-	16	10
Food Poisoning	-	-	2	-	1	-	-	-	1	-	4	2	3	3	1	-	1	4	-	1	2	5	-	-	30	2
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1
Ophthalmia Neonatorum	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1
Acute Encephalitis Infective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1
Post-infectious	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	2	2
Acute Poliomyelitis Paralytic	-	-	-	-	2	-	1	-	3	2	1	-	-	-	-	-	1	2	-	-	-	-	-	-	12	12
Non-paralytic	-	-	1	-	2	-	-	3	-	3	4	2	-	-	-	-	-	-	-	-	-	-	-	-	15	13
Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	2	2
Dysentery	1	1	2	2	-	3	2	8	1	2	9	7	2	1	-	2	3	3	3	3	3	3	1	1	63	10
Scabies	-	-	-	-	-	-	-	-	-	-	3	3	3	-	1	-	2	1	-	-	-	-	-	1	14	-
Tuberculosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Respiratory	-	-	-	1	-	-	1	-	1	-	-	1	2	-	5	6	11	12	8	7	18	6	9	4	92	-
Meninges & C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	4	1	-	1	-	-	-	-	9	-
Total	27	17	19	22	25	30	25	43	45	42	114	149	18	17	10	9	21	31	18	16	39	32	23	20	812	131

INFANTILE DEATHS IN AGES AND SEXES DURING THE YEAR 1956

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-					
Broncho pneumonia	-	-	-	-	-	1	-	1	-	-	2	-	-	-	-	-	-	1	-	-	3	3	-			
Other diseases of respiratory system	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1	-			
Gastritis, enteritis and diarrhoea	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1	-			
Congenital malformations	2	-	1	-	-	-	-	1	-	1	5	-	-	-	-	-	-	-	1	-	6	3	3			
Prematurity	9	1	1	1	-	-	1	-	-	-	13	-	-	-	-	-	-	-	-	-	13	7	6			
Atelectasis	3	2	1	-	-	-	-	-	-	-	6	-	-	-	-	-	-	-	-	-	6	3	3			
Birth injuries	2	-	-	-	-	-	-	1	-	-	3	-	-	-	-	-	-	-	-	-	3	2	1			
Other causes	4	-	-	-	1	-	-	-	-	-	5	-	-	-	-	-	-	-	-	-	5	3	2			
Total	20	3	3	1	1	1	1	3	-	1	34	1	1	-	-	-	-	1	1	-	38	23	15			

CLASSIFIED DEATHS OF TOTTENHAM RESIDENTS SHEWING AGE GROUP AND SEX DISTRIBUTION

DISEASE	Total		Under 1 year		1 - 4		5 - 14		15 - 24		25 - 44		45 - 64		65 - 74		75 +	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis, respiratory	12	6	-	-	-	-	-	-	1	-	-	-	4	4	6	-	2	1
Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilitic disease	1	2	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective & parasitic diseases	-	2	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-
Malignant neoplasm, stomach	26	20	-	-	-	-	-	-	-	1	9	5	10	10	7	4	4	2
Malignant neoplasm, lung bronchus	74	11	-	-	-	-	-	-	-	2	32	2	31	7	9	2	2	2
Malignant neoplasm, breast	-	18	-	-	-	-	-	-	-	-	3	-	4	-	7	-	4	1
Malignant neoplasm, uterus	-	10	-	-	-	-	-	-	-	-	2	-	4	-	3	-	1	-
Other malignant & lymphatic neoplasms	61	53	-	-	1	2	-	-	-	6	2	14	19	19	14	20	17	2
Leukaemia, Aleukaemia	3	5	-	-	-	1	-	-	-	1	2	-	-	1	3	-	2	-
Diabetes	4	5	-	-	-	-	-	-	-	1	2	-	-	1	2	-	1	-
Vascular lesions of the nervous system	76	94	-	-	-	-	-	-	-	2	15	13	26	27	33	54	54	54
Coronary disease, angina	126	65	-	-	-	-	-	-	-	2	1	43	21	46	18	35	25	25
Hypertension, with heart disease	8	17	-	-	-	-	-	-	-	-	-	-	2	2	10	6	5	5
Other heart disease	54	80	-	-	-	-	-	-	-	-	2	6	11	12	17	36	50	50
Other circulatory disease	24	24	-	-	-	-	-	-	1	-	-	5	4	7	11	11	9	9
Influenza	1	2	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	-
Pneumonia	35	21	3	-	-	-	-	-	-	-	-	2	4	8	1	22	16	16
Bronchitis	60	36	-	-	-	-	-	-	-	-	-	16	4	20	6	24	26	26
Other diseases of respiratory system	7	5	-	1	-	-	-	-	-	-	1	3	-	2	-	2	3	3
Ulcer of stomach & duodenum	17	7	-	-	-	-	-	-	-	1	1	4	-	5	3	7	3	3
Gastritis, enteritis & diarrhoea	2	3	1	-	-	-	-	-	-	-	-	1	1	-	2	-	-	-
Nephritis & Nephrosis	6	4	-	-	-	-	-	-	1	1	-	3	2	2	1	-	-	-
Hyperplasia of prostate	3	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-	-
Pregnancy, childbirth & abortion	-	2	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-
Congenital malformations	7	4	3	3	1	-	1	-	-	1	-	-	-	1	1	-	-	-
Other defined & ill defined diseases	51	49	16	11	2	-	-	1	-	-	3	1	11	11	7	7	13	18
Motor vehicle accidents	6	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-
All other accidents	16	10	-	-	-	-	-	-	-	-	2	2	5	1	1	8	6	6
Suicide	6	8	-	-	-	-	-	-	-	-	2	2	4	1	2	1	-	-
Homicide & operations of War	1	2	-	-	-	-	-	1	1	-	-	1	-	-	-	-	-	-
Total	687	565	23	15	3	1	4	2	2	3	26	24	180	116	209	155	240	249

CANCER DEATHS 1956

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	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
Digestive Organs and Peritoneum	56	50	-	-	-	-	-	-	-	-	-	-	-	1	2	5	4	11	12	21	18	18	12	-	2	
Respiratory system	75	11	-	-	-	-	-	-	-	-	-	-	-	2	-	4	-	28	2	30	7	10	2	-	-	
Breast and Genito-urinary system	18	39	-	1	-	-	-	-	-	-	-	-	1	2	4	2	6	2	5	5	13	7	6	-	3	
Other and unspecified sites	8	8	-	-	1	-	-	-	-	-	-	-	-	3	-	-	1	2	1	2	3	1	3	-	-	
Lymphatic & Haemato-poietic Tissues	6	9	-	-	1	-	1	-	-	-	-	-	1	1	-	-	2	1	1	2	3	-	2	-	-	
TOTAL	164	117	-	1	2	-	1	-	-	-	-	-	2	9	6	11	13	44	21	61	44	36	25	-	5	

Statistics of Tottenham for the last Twenty Years

Year	Population	Deaths	Death Rate	Births	Birth Rate	Infantile Deaths	Infant Death Rate	Number of Cases					Cancer Deaths
								Puerperal Fever and Puerperal Pyrexia	Scarlet Fever	Diphtheria	Tuberculosis		
											Respiratory	Other Forms	
1937	146,200	1,617	11.1	1,973	13.5	126	63.9	36	306	236	178	34	237
1938	144,400	1,512	10.5	1,893	13.1	89	47.0	23	186	221	178	38	207
1939	(142,400*) (136,000)	1,406	10.3	(1,776*) (1,739)	12.5	66	37.95	15	335	60	182	30	209
1940	119,400	1,703	14.26	(1,666*) (1,559)	13.95	64	41.05	20	103	28	178	19	225
1941	105,620	1,418	13.43	(1,560*) (1,316)	14.77	61	46.35	13	103	73	161	28	194
1942	110,100	1,349	12.25	1,819	16.52	79	43.43	12	295	75	164	21	229
1943	110,350	1,513	13.71	1,970	17.85	86	43.65	9	340	107	174	24	232
1944	108,180	1,356	12.53	2,066	19.09	87	42.11	13	206	44	169	20	236
1945	110,600	1,371	12.40	1,988	17.97	78	39.24	14	214	47	139	16	213
1946	124,830	1,491	11.94	2,580	20.67	88	34.11	13	323	83	198	24	266
1947	129,140	1,461	11.31	2,785	21.57	76	27.29	24	272	22	171	18	223
1948	130,000	1,377	10.59	2,233	17.18	53	23.73	5	260	3	184	19	272
1949	130,040	1,440	11.07	2,009	15.45	50	24.89	15	251	4	210	22	264
1950	129,400	1,382	10.68	1,727	13.35	41	23.74	9	356	3	161	13	262
1951	126,800	1,520	11.99	1,673	13.19	43	25.70	5	245	-	192	9	273
1952	125,800	1,415	11.25	1,666	13.24	34	20.41	1	356	-	163	16	277
1953	124,400	1,347	10.83	1,642	13.20	43	26.19	1	215	1	143	20	284
1954	123,200	1,187	9.63	1,524	12.37	27	17.72	1	92	-	126	5	251
1955	122,100	1,331	10.9	1,511	12.38	25	16.55	1	75	1	126	18	308
1956	120,700	1,252	10.4	1,560	12.92	38	24.36	1	80	1	92	9	281

* 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.

CERTAIN VITAL STATISTICS FOR THE YEAR 1956

District	Population mid-1956	Birth rate per 1000 population		Death rate per 1000 population		Specific death rates per 1000 population		Infant mortality per 1000 live births		Maternal mortality per 1000 total births
		Crude	Adjust- ed	Crude	Adjust- ed	Pulmonary tuberculosis (a)	Cancer (a)	Infant (a)	Neo-natal (a)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Acton	66,240	13.8	12.8	11.0	11.4	0.14 (9)	2.2 (149)	23.0 (21)	13.1 (12)	- (-)
Brentford & Chiswick	58,330	14.1	13.1	10.9	11.1	0.07 (4)	2.8 (150)	18.2 (15)	15.6 (12)	- (-)
Ealing	184,200	13.6	13.1	10.4	11.4	0.11 (21)	1.8 (329)	13.9 (35)	10.7 (27)	- (-)
Edmonton	98,110	12.9	12.6	9.8	11.2	0.13 (13)	2.2 (214)	22.9 (29)	15.8 (20)	- (-)
Enfield	109,000	12.4	12.4	11.0	9.4	0.09 (10)	2.1 (229)	24.3 (33)	17.7 (24)	- (-)
Feltham	49,230	16.7	16.2	6.6	10.6	0.06 (3)	1.3 (65)	21.9 (18)	18.2 (15)	- (-)
Finchley	69,800	13.0	12.4	11.9	10.9	0.11 (8)	2.2 (152)	13.2 (12)	8.8 (8)	1.08 (1)
Friern Barnet	28,570	11.6	12.2	17.7	9.7	0.04 (1)	2.2 (62)	21.1 (7)	15.1 (5)	- (-)
Harrow	216,200	12.9	13.2	8.8	10.6	0.06 (13)	1.9 (409)	21.1 (59)	16.8 (47)	0.70 (2)
Hayes & Harlington	66,460	15.2	14.3	7.5	12.2	0.08 (5)	1.6 (106)	14.8 (15)	11.8 (12)	0.97 (1)
Hendon	153,200	13.0	12.4	10.2	10.7	0.11 (17)	2.2 (332)	18.0 (36)	15.5 (31)	- (-)
Heston & Isleworth	105,100	11.8	11.7	10.8	11.4	0.10 (11)	2.0 (215)	17.8 (22)	14.6 (18)	- (-)
Hornsey	97,220	15.0	14.0	11.5	10.4	0.12 (12)	2.2 (217)	23.3 (34)	15.8 (23)	1.34 (2)
Potters Bar	18,910	15.7	14.8	9.2	11.7	- (-)	1.8 (34)	27.0 (8)	20.3 (6)	- (-)
Ruislip - Northwood	73,930	13.7	13.8	7.3	9.3	0.01 (1)	1.6 (119)	15.8 (16)	11.8 (12)	0.98 (1)
Southall	53,220	13.4	13.4	12.3	10.5	0.17 (9)	2.4 (127)	18.2 (13)	14.0 (10)	1.39 (1)
Southgate	71,670	11.2	12.2	11.8	9.9	0.03 (2)	2.6 (184)	13.8 (11)	7.5 (6)	- (-)
Staines	44,200	17.2	16.2	8.8	10.7	0.07 (3)	1.9 (82)	23.7 (18)	22.4 (17)	- (-)
Sunbury	26,700	19.6	17.8	7.6	9.6	0.04 (1)	1.3 (36)	19.1 (10)	11.5 (6)	- (-)
Tottenham	120,700	12.9	12.5	10.4	11.3	0.15 (18)	2.3 (273)	24.4 (38)	21.8 (34)	1.25 (2)
Twickenham	104,000	12.8	13.2	11.4	10.9	0.14 (15)	2.1 (223)	10.5 (14)	6.8 (9)	0.74 (1)
Uxbridge	59,640	17.8	16.4	8.2	10.6	0.07 (4)	1.6 (94)	17.9 (19)	11.3 (12)	- (-)
Wembley	128,300	11.6	11.7	9.0	10.6	0.06 (8)	2.1 (265)	16.8 (25)	12.7 (19)	1.32 (2)
Willesden	174,900	15.3	13.9	9.9	11.4	0.14 (25)	2.1 (372)	22.8 (61)	17.9 (48)	1.83 (5)
Wood Green	50,100	11.5	11.5	10.7	10.5	0.02 (1)	2.5 (123)	17.3 (10)	15.6 (9)	- (-)
Yiewsley & W. Drayton	23,070	18.5	17.0	6.5	9.1	- (-)	1.1 (26)	16.4 (7)	14.1 (6)	- (-)
COUNTY	2,251,000	13.6	13.2	10.0	10.8	0.10 (214)	2.0 (4587)	19.1 (586)	14.6 (448)	0.58 (18)

Note: (a) Absolute numbers are given in parenthesis in addition to rates to afford valid comparison

APPENDIX

COUNTY COUNCIL OF MIDDLESEX

AREA HEALTH COMMITTEE

(HORNSEY AND TOTTENHAM)

JOINT POPULATION - 217,920

REPORT OF THE

AREA MEDICAL OFFICER

FOR THE YEAR

1956

G. HAMILTON HODGKIN, M.B.E., D.P.H.

Medical Officer of Health
and Area Medical Officer

MEMBERS OF THE LOCAL AREA COMMITTEE AS AT
31st DECEMBER, 1956

MEMBERS OF MIDDLESEX COUNTY COUNCIL

County Alderman Mr. R. A. Clarke
 County Alderman Mr. M. W. Burns, J.P.
 County Councillor Mr. V. Butler
 County Councillor Mr. H. H. Godwin-Monck
 County Councillor Mrs. H. C. Norman, J.P.
 County Councillor Mrs. M. E. Soall

MEMBERS OF HORNSEY BOROUGH COUNCIL

Alderman Miss J. Richardson
 Councillor Miss O. R. Anderson
 Councillor Miss M. E. West
 Councillor Mr. J. T. Wilkins
 Councillor Mr. C. R. Williams (Vice-Chairman)

MEMBERS OF TOTTENHAM BOROUGH COUNCIL

Alderman Mr. A. Reed, A.C.I.I., J.P.
 Alderman Mrs. A. F. Remington
 Councillor Mr. H. Langer
 Councillor Mr. M. T. Morris
 Councillor Mrs. M. E. Protheroe (Chairman)
 Councillor Mr. J. R. Ramshaw

MEMBER NOMINATED BY APPROPRIATE HOSPITAL MANAGEMENT COMMITTEE

Mrs. R. M. Fry

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)
 Mrs. E. A. Lee (Royal College of Nursing)
 Miss V. Edey (Royal College of Midwives)

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

AREA HEALTH STAFF 1956

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.
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, LL.B.
Sectional Heads	A. Balls N.P. Child H.J. Dunham, B.A.

Classification of Staff	Full-time	Part-time
Medical Officers	8	7
Dental Officers	7	3
Supervisory Nursing Staff	2	-
Administrative and Clerical Staff	36	8
Health Visitors/School Nurses	27	1
Clinic Nurses	8	1
Sponsored Student Health Visitor	-	1
Midwives	8	-
Home Nurses	22	8
Speech Therapists	2	2
Physiotherapists	1	3
Occupational Therapist	1	-
Chiropodists	-	2
Gramophone Audiometrician	-	1
Orthoptists	-	2
Dental Attendants	8	1
Day Nursery Staff	30	1
Home Help Service	6	186
Manual workers, domestic grades, etc.	9	25
	175	252

CARE OF MOTHERS AND YOUNG CHILDREN

(SECTION 22)

Notification of Births

The following table shows the births notified during the year compared with previous years. The number notified last year was the highest for four years and as most of the additional births took place at home, the percentage of hospital confinements fell to 83.1% as compared with 88.9% in the previous year.

		1956	1955	1954
Live Births	(a) Domiciliary	534	429	553
	(b) Hospital or Nursing Home	2,589	2,509	2,387
Still Births	(a) Domiciliary	4	4	5
	(b) Hospital or Nursing Home	56	53	51
Totals		3,183	2,995	2,996

Ante-natal Clinics

The percentage of expectant mothers making at least one attendance at an ante-natal clinic was 69% during 1956 compared with 66% the previous year. This has halted the steady decline noted in previous years but it is too early as yet to draw any conclusion from it. As a matter of interest the percentages for the years 1949 to 1956 were, 74%, 79%, 77%, 75%, 72%, 74%, 66% and 69% respectively.

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

Clinic	No. of sessions held	No. of new cases		Total attendances		Average attendance per session
		A.N.	P.N.	A.N.	P.N.	
Burgoyne Road	49	162	91	1054	94	23.4
Church Road	76	155	78	1213	89	17.1
Fortis Green	97	219	131	1687	138	18.8
Hornsey Town Hall	153	342	146	2300	150	16.0
Mildura Court	63	183	81	1365	82	23.0
Stroud Green	51	151	65	700	65	15.0
The Chestnuts	202	392	210	2789	222	14.9
Lordship Lane	204	286	173	2167	177	11.5
Park Lane	102	302	157	1533	176	16.7
Totals 1956	997	2192	1132	14808	1193	16.0
Totals 1955	1016	2003	1187	14652	1261	15.7
Totals 1954	1057	2210	1177	15504	1257	15.4

Investigation of Anaemia at the Ante-natal Clinic
Church Road, Highgate.

About 140 new cases are registered every year at this clinic; they are drawn from a wide cross-section of the population and the five social classes of the Registrar General are represented more or less equally. They also include women of many nationalities i.e. Irish, Jamaican, African, Swedish, German, French, Italian, Greek, Polish and American.

A medical officer of the Department, Dr. H. Gunn, reports that the estimation of haemoglobin levels in expectant mothers has been carried out at this clinic since 1953. For the first few months the Tallquist Haemoglobin Scale was used but this was later abandoned for the Sahli Haemoglobinometer which was found to be more accurate and easier to read in artificial light.

At their first visit to the ante-natal clinic, all patients who are to be confined at home or in the Alexandra Maternity Home have samples of blood taken for determination of Blood Group, Rh Factor and Haemoglobin. Approximately 86% of these women make their first visit at or before the 18th week of pregnancy. Of the remaining 14% the majority are seen before the 18th week but there are a few who make their first visit much later either because they have recently moved into the district or because they have neglected to make any arrangements for their confinement or ante-natal care. In almost all of these cases, the Hb has not been determined previously and their figures are included with the "first visit" estimations given below.

Although some authorities are concerned that the so-called "physiological anaemia of pregnancy" is a true hypochromic anaemia and that the Hb's of pregnant women can be maintained at or above 90%, with adequate iron therapy, 80% has been taken as the dividing line in this clinic.

To all women with Hb levels below 80% is given a month's supply of Fersolate Tablets (1 T.D.S.) and they are asked to collect further supplies at each visit until they are told to discontinue. If they report severe constipation, abdominal pains or vomiting as a result of taking the tablets an alternative iron preparation is offered.

A second Hb estimation is made at the 34th week and treatment is stopped if the Hb has reached 80%. It is not possible, however, to follow up all the original cases as a number are lost owing to miscarriage, moving out of the district or transfer to hospital

clinics. Some of the results obtained, after what should be adequate dosage with iron, are disappointing, but on close questioning of these it has been found that the tablets have been taken erratically or in very inadequate doses. Some women give them up for weeks at a time or reduce the dose to one a day because of various unpleasant symptoms said to have resulted from them. Others admit that they often forget them "because they have to be kept out of reach of the children and are put out of sight".

The results obtainable for the last three years are set out below. These readings were all obtained at the first visit and although several of the women had been given iron tablets during a previous pregnancy, only one was actually having them at the time.

	Total	100%	90%-99%	80%-89%	70%-79%	60%-69%	50%-59%
1954	93	1.1	4.3	46.2	30.1	17.2	1.0
1955	99	-	6.0	37.0	42.0	11.0	2.0
1956	86	2.3	19.7	48.8	24.4	2.3	-

These figures suggest that there may have been a gradual improvement in Hb levels over the last few years. Thus in 1956 70.8% of those attending for the first time did not require iron therapy as against 43% in 1955 and 51% in 1954.

There has also been a marked reduction in the number of readings below 70%

1954	18.2%
1955	13.0%
1956	2.3%

and there is an increase in the number of readings over 90%

1954	5.4%
1955	6.0%
1956	22.0%

If there has been a real improvement in the Hb levels of this section of the population it is no doubt due to a general improvement in their nutritional state. It is probable that people have become used to the high prices of foodstuffs and it is also worth noting that eggs have been cheaper and more stable in price during the past eighteen months.

Midwives Ante-natal Clinics

Owing to the shortage of midwives it has not been possible to hold clinics at Burgoyne Road and Mildura Court, and clinics elsewhere have been on a somewhat reduced scale. The following table shows the attendances made during the year.

Midwives Clinics	No. of sessions held	Total No. of attendances	Average attendance per session
Fortis Green	26	159	6.1
Hornsey Town Hall	13	59	4.5
Stroud Green	26	94	3.6
Park Lane	139	758	5.5
Total	204	1070	5.2

The Alexandra Maternity Home, Hornsey

The Alexandra Maternity Home was opened in 1944 and in 1948 it was transferred from the Hornsey Borough Council to the Regional Hospital Board in accordance with the National Health Service Act. The number of beds is now 30.

The Home

1. Gives ante-natal care for those women who require rest or treatment.
2. Cares for them during confinement.
3. Co-operates with the domiciliary midwives who take nurses from the Home as pupils to confinements on the district.
4. Trains nurses in midwifery so that they can get the midwives' certificate.

Women wishing to be confined at the Alexandra Maternity Home attend one of the Council's ante-natal clinics, and a card with the patient's history, blood group etc. is sent to the Home.

Visiting staff: Mr. J.M. Scott, O.B.E., T.D.
Whittington Hospital, Archway Group.

Dr. G.D.S. Briggs

Dr. D.M. Wilkins

Matron:- Miss S. Howell

	1956	1955	1954
Admissions	702	640	640
Live Births	659	599	611
Delivered by Doctors	8	11	11
Emergencies during Labour	19	-	-
Transferred to St. Mary's	10	-	-
Still Births	2	4	5
Infants' Deaths	-	-	3
Infants completely breast fed	581	509	545

Health Education and Parentcraft

The teaching of positive health is the full-time occupation of every health visitor wherever her duties take her, particularly in homes, clinics, schools and to a smaller extent in a voluntary capacity in giving evening talks and lectures to organisations outside the health service.

Her work is more than the teaching of the prevention of disease such as the popularising of prophylactic measures to combat ill-health. It is the day to day help and advice given to promote mental and bodily health, the prevention of deterioration of families and the working out of family management and difficulties.

Education for health is one of the most important of the personal health services and is concerned with individuals of all ages and types. It commences with advice and guidance to the expectant mother and the mother of a new baby. It continues through childhood until the child enters school and comes within the purview of the school health services with routine examinations and follow-up home visits for defects and general care. The continuity of the pattern of her work with these groups, and with discharges from hospital, the elderly and others, does much to extend education by practical assistance to individuals and families when they are most in need of it and gives them support which undoubtedly contributes to the establishment of individual and community health. Social factors cannot be separated in the work of the health visitor where family difficulties, social problems and health are so interlaced, but the health visitor, as the general purpose family visitor, calls on the advice and help of other services when these can be of assistance to members of the public.

Account is taken of the different interests of mother and other groups to satisfy inclination and desires to acquire knowledge of health and practical methods connected with parentcraft.

Relaxation and Mothercraft Classes are given weekly at eight Maternity and Child Welfare Clinics. This is an increase of one weekly session over those reported for the previous year.

The following table shows attendances at Mothercraft Clinics during the year:-

Clinic	No. of sessions held	No. of new cases	Total No. of attendances	Average attendance per session
Burgoyne Road	41	33	241	5.9
Church Road	45	24	224	5.0
Fortis Green	42	81	465	11.1
Hornsey Town Hall	51	102	487	9.5
Mildura Court	32	18	116	3.6
The Chestnuts	51	101	585	11.5
Lordship Lane	51	98	723	14.2
Park Lane	52	62	453	8.7
Totals	365	519	3294	9.0

Home-making and Parentcraft talks in schools

Health visitors and one school nurse have given talks, demonstrations and films to secondary modern girls in the area. In all, 378 talks and discussions were given in schools. The lively interest of the pupils makes this part of the work very worth while.

Child Welfare Clinics

The percentage of children under one year of age who attended for the first time during the year continued the improvement noted in 1955. During the past four years this figure has risen from 89.1% to 94.3%. The total attendances made by children under five years were slightly up on the figure for the previous year, due to the opening of the Somerset Road Centre, Tottenham, which increased the number of sessions held during the year in the Area as a whole by 73 as compared with 1955. To some extent, attendances at the other three centres in Tottenham have fallen since the opening of the Somerset Road Centre, but it has not yet been considered necessary to recommend any adjustment in sessions as a result.

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	151	218	4051	509	235	4795	1407	31.8
Church Road	145	228	2980	566	120	3666	1526	25.3
Fortis Green	151	257	3393	601	237	4231	1397	28.0
Hornsey Town Hall	203	421	5411	786	391	6588	2805	32.4
Mildura Court	102	215	3152	572	88	3812	1401	37.4
Stroud Green	101	192	2866	475	133	3474	844	34.4
The Chestnuts	256	547	6716	913	288	7917	1958	30.9
Lordship Lane	255	374	5489	1158	272	6919	1720	27.1
Park Lane	205	293	4826	793	300	5919	1803	28.9
Somerset Road	91	200	2932	343	144	3419	897	37.6
Totals 1956	1660	2945	41816	6716	2208	50740	15758	30.6
Totals 1955	1587	2709	40354	7176	2659	50189	15645	31.6
Totals 1954	1604	2675	40891	7963	3059	51913	16024	32.4

Use of clinics for B.C.G. Vaccination

During the year the Mildura Court, Burgoyne Road and Stroud Green Road Welfare Centres have been used on a number of occasions by the Chest Physician for Hornsey for the purpose of carrying out tuberculin testing and B.C.G. vaccination of contact cases. It is hoped that eventually a chest clinic will be established in Hornsey and in the meantime this temporary arrangement saves many patients the long journey to the chest clinic in Finchley.

Toddlers Clinics

In the Annual Report for 1954 it was stated that more effort was to be made to widen the knowledge of medical officers on the mental health aspect in the care of young children.

The psychiatrist (Dr. Cyril Phillips), who attends both Child Guidance clinics in Hornsey and Tottenham, devotes one session per week to "sit in with" a medical officer and discuss some of the problems of these children with the mother present. This has proved both interesting and rewarding. Gravely disturbed children are not included but the common problems of the physically healthy child who, for instance, refuses food, has disturbed sleep or resents toilet training are considered.

This psychological approach yields satisfactory and in some cases quite rapid results in young children attending the Toddler and welfare clinics.

As each medical officer spends three months with the psychiatrist for one session per week, confidence in this new approach is assured.

A major problem is to get the mothers to attend for such advice. It is a curious fact that a woman will bring her healthy baby regularly to the clinic to be weighed, and to get advice on minor matters, but as soon as the baby can walk, talk and eat ordinary food, the anxiety about him eases off, and small deviations from normality are either not noticed or neglected.

An unruly toddler can cause much unhappiness in a family. So often the story of his bad behaviour is the first thing that is told to father on his return from work, which causes annoyance to the father, and in consequence more aggression in the child.

The following table, showing referrals to special clinics, gives some indication of the scope of inspection of the child on the physical side, but no idea of the amount of discussion between parent and doctor which actually takes place.

E.N.T.	Ophthalmic	Orthopaedic	Child Guidance	Dental	Chiropody	Artificial Sunlight	Speech Therapy
14	50	109	7	185	6	6	23

The work of this clinic is unhurried and gives adequate time for the mother to talk about her child - to ask questions about various injections to protect the child from infection, operations, treatments, feeding, should he be sent to a nursery school or not, what shoes should he wear and so on. In fact the mother has a sympathetic atmosphere in which to discuss the child's and her own problems.

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

Name of Centre	No. of sessions held	Total attendances	No. of cases seen by M.O.	Average attendance per session
Burgoyne Road	28	470	467	16.8
Church Road	49	468	423	9.6
Fortis Green	36	422	422	11.7
Hornsey Town Hall	61	671	671	11.0
Mildura Court	51	698	659	13.7
Stroud Green	23	326	326	14.2
The Chestnuts	51	617	617	12.1
Lordship Lane	52	647	647	12.4
Park Lane	51	474	472	9.3
Somerset Road	47	503	503	10.7
Totals 1956	449	5296	5207	11.8
1955	392	4904	4769	12.5
1954	389	5196	5040	13.4

Anxiety of Mothers about Young Children

Parental anxiety is clearly shown in the following summary of the experiences of a medical officer who also attended sessions for two years at a children's out-patient department.

Here the medical officer met the same mothers who attended the local clinics, asking all the time the same questions and getting the same answers. Not being convinced that the answers were true, these mothers go from hospital to clinic and vice versa in an attempt to get further advice, or change the child into one they can accept. In their view it is the child that must be changed but not themselves.

Liaison between the Hospitals and the Welfare Services

A medical officer of the Department (Dr. V. Tracey) reports that at the end of two years as Clinical Assistant in a busy children's out-patient department, an impression remains of great similarity between the types of cases making frequent attendances at hospitals and those commonly seen at the various Welfare Centre sessions. When those children attending hospital because of serious illness are eliminated, one is left with a large, familiar group of conditions common to both - children suffering from recurrent respiratory infections, particularly school entrants, the child who won't eat, or sleep, and children of all ages who show physical symptoms in response to the stresses and strains of growing up and

adjusting to school life. Not only are the conditions familiar, often the individuals have been met before at clinics and routine medical inspections.

The co-operation of the personal health services seems most often to be sought by the hospital doctor in the case of children of school age. One is often called upon to answer questions about the types of special schooling available and then to pass on the necessary case details to the office so that places in the special schools can be applied for with the least loss of time. Sometimes, having someone immediately available to answer a mother's questions about what is entailed in sending a child to a special school, for example, will help her to agree promptly and without anxiety to the course recommended.

Occasionally questions arise about the types of courses followed and the standards likely to be expected in the various categories of day schools, and here, someone who has visited the schools and so can give a clearer picture of what is meant by the newer and relatively unfamiliar terms, such as "secondary modern" "central" or "grammar" school.

There seems at present to be a less close link between hospitals and clinics in the case of infants and pre-school children. Babies fortunately form a relatively small part of the hospital attenders, but their difficulties frequently centre round diet and feeding, either as a sequel to other illness or as an initial complaint. Even while attending an out-patient department every one or two weeks, many mothers continue to attend regularly at their usual welfare centre. Could this, perhaps, be a point at which a closer liaison could be established, with the hospitals making a more deliberate use of the clinics to steer mothers through their difficulties between hospital attendances? The health visitors in such cases could follow a recommended line of management, reinforced, if necessary, by home visits. It would probably be appreciated by many mothers who find it difficult to travel quite long distances to hospital with a baby, and possibly a toddler too, while the clinic is just round the corner.

The Toddler Clinics might also be made use of, when longer and more leisurely discussion of developmental or behaviour problems is needed. The busy, bustling atmosphere of an out-patient department is not necessarily the best setting for such discussion, with little to divert the child's attention and too much to divert the adults' minds.

Investigation into the probable cause of Leukaemia

The Department of Social Medicine, Oxford, has undertaken to investigate all deaths in England and Wales from malignant disease or leukaemia of children under the age of ten years, which took place from 1953 to 1955. In this Area there were four deaths.

During the last 25 years, the leukaemia death rate in this country has nearly trebled. There is an abrupt increase in the risk of death from leukaemia between one and three years of age.

The Senior Medical Officer for Maternal and Child Welfare, Dr. Helen Garrow, took part in finding out the environmental factors surrounding each child who died of malignant disease in this Area, and also of another set of children of the same age and social circumstances who were alive and well.

As great interest is already aroused on the subject of irradiation from atomic power plants and waste material, and it is also known that radiologists have a death rate nine times greater than other physicians, special attention was paid in the investigation to rays of all kinds. Luminous clocks, watches, television and pedescopes in shoe shops; therapeutic and diagnostic x-rays of all kinds were carefully noted. A preliminary report has been given that x-rays of the baby before birth may have a harmful effect. This finding has given all doctors caring for the expectant mother, a warning to be careful of having her x-rayed, and has also made radiologists extremely careful of the number and times of exposure of the films.

Daily Guardian Scheme

Under the general supervision of the Superintendent Health Visitor, Miss Townsend, this scheme is operated to assist working mothers who are unable to obtain day nursery accommodation for their children under five years of age. The scheme is administered from the Area Health Office and payment of 1s. 0d. per day is made by the local health authority to approved guardians for each child minded for the day.

All daily guardians must first be approved by the health visitor for every child cared for under the scheme and thereafter kept under her observation. No daily guardian is approved to mind more than two children and in the majority of cases approval is given for one child only; and a statement of the conditions of the scheme is given to approved daily guardians and to mothers using the scheme. The number of guardians and children involved in the scheme increased very slightly during the year.

Though the Daily Guardian Scheme is outside the sphere of the Nurseries and Child Minders Act 1948, it is our opinion that the Act should apply to all persons receiving children under the age of five years for the purpose of daily minding. There is no doubt that there is a proportion of daily minders who operate outside the purview of the Act and the Daily Guardian Scheme, who because they are aged or for other reasons are incapable of providing proper care for young children.

The number of guardians on the register at the end of the year was 119 of whom 63 were minding 71 children. The number of individual children minded during the year was 131 and they were in the guardians' care for 15,246 days.

Day Nurseries

There are three day nurseries in the Area with a total of 168 places. The average attendance during the year was 111.4 per day and the number of children on the register at the end of the year totalled 143.

The number of applications for day nursery admission during the year was 239 of which 42 were refused. All appeals against the decisions made in accordance with the County Council's regulations are heard by the Day Nurseries Panel appointed by the Area Health Committee for this purpose. Appeals against financial assessment of the charges made for admission are also considered by a similar panel.

The health and general care of day nursery children is very good indeed.

Four student nursery nurses entered for examination of the Nursery Nurses' Examination Board and were successful in obtaining the Board's Certificate.

Two of the day nurseries are recognised by the Ministry of Health as training nurseries for the 0-5 age group and one for the 0-2 age group. The latter will be passed for the whole age range as soon as a warden is appointed for the toddlers group. We anticipate that we shall be able to send a member of the present staff for the special course of training early next year which will qualify her for the post.

All children admitted to the nurseries are received from families where there are special difficulties, some of a temporary and others of a more permanent nature. Generally speaking mothers

regard the local authority's day nurseries as a safer place for daily minding than any other method of minding outside their own homes and the standard of care and the improvement in the conditions of the children admitted to nurseries does much to endorse this view. Day nursery matrons are to be commended not only on the standard of the nurseries in their charge but also for their interest and handling of the mothers' problems which are unfolded to them.

B.O.A.C. Stewardesses

Eight stewardesses attended Park Lane Day Nursery for one day each to receive practical instruction in the care of healthy children.

British Red Cross Cadets were also accepted in day nurseries during August for practical experience.

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	33	2,719	8,504	11,223	44.2
Park Lane	20	30	12	33	1,392	5,357	6,749	26.6
Plevna	20	30	11	40	2,829	7,506	10,335	40.7
Totals 1956	55	113	37	106	6,940	21,367	28,307	111.4
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 has continued throughout the year with the valuable co-operation of the Women's Voluntary Services in both Boroughs. Issues of the various nutrients, which varied little from the previous year, are shown in the following table:-

National Dried Milk (tins)	Orange Juice (bottles)	Cod Liver Oil (bottles)	Vit. A & D Tabs. (packets)
59,472	158,725	21,571	11,132

Priority Dental Service for Mothers and Young Children

The dental service as a whole is discussed later by the Area Dental Officer, Mr. V. Sainty, under the work of the school health service.

Reference was made in last year's report to a visit made to this Area by Miss E.M. Knowles, O.B.E., F.D.S., H.D.D., a Senior Dental Officer of the Ministry of Health. Her report on her visit to the County as a whole has caused the Minister to comment particularly favourably on the average number of 2.7 teeth conserved per child treated in Middlesex which, in 1954, was stated to be the best performance in the country. In this connection it is interesting to compare the figures for this Area with those for the County as a whole, bearing in mind that as this Area's figures are included in the County's, some of the latter appear more favourable than they should be for the purpose of this comparison:-

Treatment for 100 patients in 1954

Expectant and Nursing Mothers

Scalings		Fillings		Extractions		Dentures	
County	Area	County	Area	County	Area	County	Area
58	63	218	237	167	167	30	17

Pre-school Children

Fillings and Conservations		Extractions	
County	Area	County	Area
270	337	102	90

The following table gives details of attendances made and treatment given at all clinics during the past three years:-

	1956		1955		1954	
	Expect- ant and Nursing Mothers	Children under 5	Expect- ant and Nursing Mothers	Children under 5	Expect- ant and Nursing Mothers	Children under 5
No. examined by dental officer	234	670	271	657	253	590
No. referred for treatment	226	618	260	624	241	534
New cases commenced treatment	218	551	240	573	233	603
Cases made dentally fit	76	321	67	317	50	246
Forms of dental treatment provided:-						
Teeth extracted	235	506	352	479	389	541
Anaesthetics:-						
(a) Local	84	72	142	77	132	115
(b) General	39	213	48	203	42	206
No. of fillings	380	1,169	414	1,247	553	1,278
No. of root fillings	-	-	3	-	-	-
No. of inlays	1	-	-	-	1	-
Scalings and gum treatment	128	-	136	-	148	-
Silver nitrate treatment	-	565	-	512	-	758
Dressings	163	674	144	519	133	560
Other operations	48	138	70	194	40	159
No. of radiographs:-						
(a) at County Council clinics	28	-	14	1	10	6
(b) at hospital	2	1	1	-	-	-
Denture dressings	179	-	226	-	100	-
Dentures fitted:-						
(a) full	18	-	46	-	17	-
(b) partial	39	-	59	-	22	-
No. of attendances	873	1,583	984	1,606	930	1,732
No. of appointments not kept	193	247	218	370	258	349
No. of ½ days devoted to treatment	296		338		343	

MIDWIFERY SERVICE

(SECTION 23)

The Supervisor of Midwives, Miss Curtis, reports that there has been a slight increase in the number of domiciliary confinements during 1956, as was anticipated in 1955. The number of midwives employed has remained at eight.

The number of deliveries conducted by the Area midwives was 509, an average of 63.6 per midwife.

In spite of the low number of home confinements four pupil midwives were constantly in training throughout the year. These pupils are directed from the Alexandra Maternity Home with which the domiciliary midwifery service works in close co-operation.

Analgesia of all available types is now in common use and it is the exception for a mother not to receive this type of relief.

Three midwives were sent for one week's residential refresher course during the year.

Transport for midwives has improved and five midwives now use cars with very great benefit to the service.

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

No. of deliveries attended	...	...	...	...	...	509
No. of visits made	...	...	...	...	...	8,846
No. of hospital confinements discharged before 14th day	...	...	...	...	...	38
No. of visits made	...	...	...	...	...	354
No. of cases in which medical aid was summoned	...	...	...	...	...	143
No. of cases in which gas and air analgesia was administered	...	...	...	...	...	400
No. of cases in which pethidine was administered	...	...	...	...	...	265
No. of cases in which trichloroethylene was administered	...	...	...	...	...	33

HEALTH VISITING SERVICE

(SECTION 24)

The Report of the working party on the field of work, training and recruitment of health visitors published during the year gives Local Health Authorities a clear guide as to the requirements of the service and the position of the health visitor as "truly a medico-social worker playing a full part in both preventive medicine and social action".

The recommended average case load of one health visitor to 4,300 population is one of a number of important recommendations and conclusions reached by the working party which have so far not been attained in this Area. Case loads in this Area are approximately 1 - 6,000 of the population.

This heavy case load makes a considerable demand on the time of health visitors who deal with emergency home visits, visits for hospital reports, visits to the aged and other special groups, the follow-up of premature infants, special investigations as well as routine visits, and routine clinic work; resulting in more selective

visiting than was the case in previous years. Inevitably therefore the number of actual home visits must fall although the quality of each visit is likely to be more valuable to the individual visited.

Home visits are not infrequently undertaken during the evening, that is, where it is necessary in order to see working parents and others who are not accessible at other times.

Scheme for the Health Visiting of Problem Families

In this Area a detailed scheme was prepared as an attempt to assist in the prevention of the break-up of families or their rehabilitation in their own homes. Two Special Services Health Visitors were appointed for this purpose as from March 1957; one for Hornsey and one for Tottenham. In taking over this specialised work they call on other services and voluntary organisations available in the area to assist them when necessary.

The Superintendent Health Visitor, Miss Townsend, reports as follows:-

Home Visiting of families in the flooded areas of Tottenham and Hornsey was undertaken during August. In all 737 houses were visited to ensure that the health of children in these areas was not impaired by the unexpected and unfortunate occurrences.

Sponsored Health Visitor Training

The Local Health Authority's scheme for the training of health visitor students has proved valuable in providing a source of qualified health visitors to supplement wastage through retirement and other reasons.

At present one sponsored student is receiving practical training in this Area under the scheme.

Training of Health Visitor Students

Practical training was arranged in the Area for six student health visitors for varying periods during the year and in addition one Public Health Administration student. The students attended from the Royal College of Nursing, Battersea and Chiswick Polytechnical Colleges.

Student Nurses Lectures

Eleven lectures on Social Aspects of Disease were given, at the Prince of Wales's General Hospital, Tottenham, Preliminary Training School, by the Superintendent Health Visitor during the year. The Superintendent and other members of the health visiting staff also gave lectures on first aid, home nursing and the local health services to various organisations in their own time and in some cases acted as examiners for the British Red Cross Society, Church groups, etc.

The Superintendent and another health visitor acted as consultants at careers evenings arranged by the Youth Employment Officer of the Tottenham Youth Employment Bureau.

Student Nurses from the Prince of Wales's General Hospital and from the Middlesex Hospital, W.1. were given a variety of public health visits accompanied by health visitors during the year.

Other Visitors interested in health visitor and clinic services were also received from interested bodies and from overseas.

Health Visitors, Hospitals, Family Doctors and Voluntary Organisations

A number of voluntary workers in Hornsey give valuable and regular assistance in infant welfare clinics by weighing young children and undertaking some clerical work as well as the sale and distribution of welfare foods. We wish to acknowledge their voluntary services to the Area and would welcome others who are willing to undertake similar work.

Liaison between hospital almoners and health visitors has been very good indeed. 457 health visitor reports have been sent during the year to almoners and other bodies connected with the health and welfare of families. In addition 348 reports were sent to the Medical Research Council in following up children and young persons in connection with B.C.G. vaccination in the prevention of tuberculosis.

Co-operation and assistance from family doctors, voluntary organisations and statutory services have done much to assist health visitors in the course of their work. We are pleased to express our recognition of the cordial team-work of the Children's, Social Welfare, School Welfare Departments, the Borough Health Departments and officers of the National Assistance Board, the N.S.P.C.C., W.V.S., Public Health Inspectors, Old People's Welfare Organiser and Diocesan Moral Welfare.

Family Planning Association

Hornsey

Two sessions were held in the Clinic at the Hornsey Town Hall each week during the year, on Monday and Tuesday evenings.

Tottenham

On Wednesday evening, 4th January, 1956, the first weekly session was held at Lordship Lane Medical Centre, Tottenham.

National Blood Transfusion Service

The North London Blood Transfusion Service were allowed the use of the School Clinic, rear of Hornsey Town Hall for six sessions during the year for the purpose of holding blood donor sessions.

Statistics

The following table shows the number of visits paid by health visitors during the past two years:-

No. of visits paid by Health Visitors working in the Area:-		1956	1955
Expectant Mothers	First Visits	1,851	1,858
	Total Visits	2,886	2,955
Children under 1 year of age	First Visits	3,412	3,149
	Total Visits	13,941	15,392
Children aged 1 - 2	Total Visits	6,828	7,025
Children aged 2 - 5	Total Visits	12,125	13,953
Other cases	Total Visits as Health Visitor	4,310	4,686
	Total Visits as School Nurse	1,027	1,144

HOME NURSING SERVICE

(SECTION 25)

The Superintendent of the Home Nursing Service, Miss Curtis, reports that notwithstanding the closure of the District Nurses' Homes in Hornsey and Tottenham, the volume of work is unimpaired. The year's working has shown that this service can be efficiently run from an office and use of the telephone service. It took,

however, some time for the public to get used to the idea of the nurses living in their own homes, though in fact the majority had been doing so for years, and only a few lived in the Nurses' Homes.

It would appear from this year's numbers that some stability has been reached in requests for the nurses' help. The same relationship exists in calls for general nursing, other treatments and injections. The slight drop in the number of injections given by the nurses is due to the fact that penicillin is now more often administered orally.

22 full time and eight part-time nurses are at present employed in the Home Nursing Service.

Apart from four nurses who are kept for relief duties, each nurse has a localised district where she works permanently. This has proved to be the most satisfactory method of using the staff. During the year five home nurses attended refresher courses, each of one week's duration.

The work has varied little from that of 1955, injections of various drugs and the care of the aged sick still forming a preponderance.

With the increasing demand for nursing the helpless patients at home, a need has become obvious in that some type of lifting apparatus is required to enable a nurse to move heavy patients without injury to herself. It is hoped to provide a simple type of hoist for this work in the near future. Also in connection with nursing these patients, the Hornsey Nursing Association has kindly made a gift of two Dunlopillo mattresses for use in Hornsey. These mattresses were sent out to patients a few days after delivery and have been in constant use ever since. They have afforded great relief and comfort to the long term bed patients.

Surgical cases discharged home for care of post-operative wounds has continued in an effort to release hospital beds earlier than would otherwise be possible.

As reported in previous years lack of adequate motor transport affects efficiency. During the cold and wet winter of 1955 much discomfort for the nurse and much delay was encountered in carrying out visits.

Year	1954	1955	1956	1957	1958	1959
No. of primary vaccinations	1,000	1,000	1,000	1,000	1,000	1,000
No. of re-vaccinations	1,000	1,000	1,000	1,000	1,000	1,000

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	861	1,537	2,398	195	458	653	70,315
Surgical	95	121	216	23	17	40	6,814
Infectious Disease	2	3	5	2	1	3	40
Tuberculosis	55	62	117	9	8	17	4,832
Maternal complications	-	42	42	-	4	4	696
Totals 1956	1,013	1,765	2,778	229	488	717	82,698
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 1956	
General Nursing	667
Other treatments	805
Injections	1,306
Total	2,778

VACCINATION AND IMMUNISATION

(SECTION 26)

Vaccination against Smallpox

There was a slight falling off in the percentage of children under one year of age vaccinated against smallpox in 1956 compared with the previous year. Nevertheless, the figure of 49.3% is fairly satisfactory and with a variable birth-rate minor fluctuations from year to year are to be expected.

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

	Under 1 year	1 year	2 - 4 years	5 - 14 years	15 years and over	Total
No. of primary vaccinations	1,541	58	26	23	106	1,754
No. of re-vaccinations	-	-	3	25	356	384

Immunisation against Diphtheria and Whooping Cough

Owing to an outbreak of poliomyelitis in Tottenham during the summer, the diphtheria immunisation campaign was suspended during July and August. Efforts to make up the arrears were intensified during the latter part of the year and the results achieved over the whole year compared not unfavourably with the previous year.

The following table shows the total number of immunisations of all age groups carried out during 1956:-

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	38	1,663	-	-	2
One	41	326	9	-	1
Two to Four	40	107	6	451	30
Five to Fourteen	169	23	3	672	35
Fifteen and Over	1	-	-	-	-
Totals	289	2,119	18	1,123	68

Vaccination against Poliomyelitis

In accordance with Ministry of Health Circular No. 2/56 the County Council decided to take part in a limited scheme to provide vaccination against poliomyelitis during May and June for children born between 1947 and 1954. In the early part of the year leaflets and consent cards were distributed through the schools to children to take home to their parents. Publicity in respect of vaccination for children born before 1955 and not attending school was arranged through the welfare centres and by the distribution of leaflets locally in addition to the publicity given in the National Press. The number of consents received was 5,983 equivalent to 23% of children in the eligible age groups.

Vaccination of children in Nationally selected age groups was carried out at local clinics during May and June and a few children who received only one injection then were given their second injection in December when a further small supply of vaccine was received.

The following table shows the number of children, by years of birth, who received a complete course of two injections during 1956:-

<u>Year of Birth</u>	<u>No. of Children vaccinated</u>
1947	108
1948	101
1949	77
1950	69
1951	74
1952	39
1953	28
1954	21
Total	517

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 1956 210 applications were received compared with 235 the previous year. Of these, 178 were approved.

DOMESTIC HELP SERVICE

(SECTION 29)

The total number of cases provided with home help during the year was 1,781. This figure shows no sign of declining and has in fact risen by over 500 in the past four years. As stated last year the bulk of the cases comprise the chronic sick, including aged and infirm, who need more or less permanent help, and the demands on the organisation can be readily appreciated when it is realised that nearly 1,000 patients now require help week by week.

No. of primary vaccinations	1,341	25	25	25	25	1,781
No. of secondary vaccinations	-	-	2	25	25	52

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 1955	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)	128	8	136	14
Tuberculosis	36	38	74	40
Chronic sick (including aged and infirm)	585	828	1,413	910
Other	138	20	158	14
Total	887	894	1,781	978

Night Service

The service was extended during the year by the introduction of a night service scheme intended to provide help for patients who are very ill or dying and who need night attention, and so enable relatives or others who normally provide this assistance to get a certain amount of relief. The scheme came into operation in June 1956 and details were forwarded to the local representatives of the British Medical Association and to hospital almoners. The scheme, although not widely publicised in its early stages, has shown that it meets a need, and is to be continued on a gradually developing basis.

Training Scheme

During the year, by arrangement with the Eastern Electricity Board, a number of home helps attended at the local showrooms for instruction in the use of electrical appliances. In addition, ten home helps attended a departmental course of five lecture demonstrations designed to make the personnel more able to deal with emergencies, teaching them elementary precautions which they can take to avoid infection and advising them how their services may be of most use in families where financial or material resources are limited. Further courses have been arranged for 1957.

NURSING HOMES

The Senior Medical Officer, Dr. Helen Garrow, reports there were, up to November 1956, five Nursing Homes in Hornsey. Since then one has changed to an Old People's Home, leaving four registered Nursing Homes.

The position of the private Nursing Home has grown steadily more difficult, mainly but not entirely due to the rising cost of commodities.

Heating of the large houses has been one of the greatest expenses, as well as increased cost of linen, mattresses, dressings, etc.

Difficulty of getting adequate nursing staff of the right type, and the cost of staff has also been great.

Few nursing homes can compete with the "Private Wings" of the big general hospitals, and the four remaining Homes in Hornsey do not attempt to do so.

They cater for the aged sick and chronic cases. They supply all the comforts and care necessary for the treatment of these old people, whether they are in for a short rest, or for many months.

Strathlene, Creighton Avenue	...	16 beds
Claremont, Colney Hatch Lane	...	9 beds
Kenwood Annexe, Princes Avenue	...	14 beds
Kenwood Nursing Home, transferred to Old People's Home, November 1956		
St. Mary's, North Hill	...	6 beds

SCHOOL HEALTH SERVICE

The work of the school health service was maintained and expanded during 1956. Routine medical inspections continue to prove of real value and much appreciated by parents who attend in such large numbers. It is important to bear in mind that the health-assessment and health-promoting functions of these examinations are at least as important as the discovery of defects.

This year was the first full year of the B.C.G. (anti-tuberculosis campaign) and the good response of parents seen in 1955 was well maintained.

The orthoptic clinic, opened at Lordship Lane in June 1956, has filled a great need for the people of Tottenham saving much time and expense for parents who formerly took the children to hospital. The clinic was inaugurated with six sessions weekly and has expanded to nine sessions.

Extension of the work of the Cerebral Palsy Unit at Vale Road School for the Physically Handicapped is mentioned later in the report. During the previous year the Minister of Health gave approval to the diagnostic and advisory functions of this unit being extended to pre-school children under Section 22 of the National Health Service Act.

General Health and Infectious Diseases

The health of the school population was in general well maintained during 1956 as is shown in the following table. The general condition of pupils is now classified as "satisfactory" and "unsatisfactory" and not as "A", "B" or "C", the classification used heretofore. This new assessment must be regarded as an improvement; the noting of a child as unsatisfactory is an immediate stimulus to action by the doctor and health visitor concerned to take steps to see that the child is restored to optimum health.

PERIODIC MEDICAL INSPECTION

Periodic Medical Inspections				Additional periodic inspections
Entrants	Second Age Group	Third Age Group	Total	
2,368	1,163	2,682	6,213	4,834

Other inspections	
Special Inspections	Re-inspections
4,831	4,201

CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS

Age Groups	No. of pupils inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
Entrants	2,368	2,341	98.9	27	1.1
Second Age Group	1,163	1,156	99.4	7	0.6
Third Age Group	2,682	2,662	99.2	20	0.8
Additional periodic inspections	4,834	4,765	98.6	69	1.4
Total	11,047	10,924	98.9	123	1.1

As far as the notifiable infectious diseases in school children are concerned, 1956 was, with the exception of poliomyelitis, an uneventful year. The outbreak of poliomyelitis in Tottenham is referred to elsewhere but it should be noted here that 15 cases occurred in school children of whom six were at Lancasterian School and the Nursery Classes at this school were in fact closed from the 3rd July until the summer vacation. One of the children concerned was left with a paralysed arm and has been admitted since to Vale Road School for Physically Handicapped Children. Two others were not yet fit to return to school at the end of the year and may require to attend a special school when discharged.

One case of diphtheria, rather unusually, of the ear, occurred in an immunised school child but this case was extremely mild and made an entirely satisfactory recovery. There were no outbreaks of food poisoning or of dysentery in the schools of either borough during 1956.

Tuberculosis in Schools

Notifications of tuberculosis (all forms) in school children during 1956 were seven in number compared with 14 in 1955. These cases were discussed with the appropriate chest physicians and where the child was infectious, or where no source of infection was found in the home, epidemiological investigation was carried out at the school. In 1956 this was necessary in only one case, when a boy at South Grove Secondary Modern School was discovered to have tuberculous pleurisy. As no contact could be found in the home, epidemiological investigations were carried out at the school. One boy was found to have tuberculosis of the right lung and has been admitted to Highwood Hospital. The School Meals staff have been x-rayed and all x-rays were found to be negative. Nine of the teaching staff were x-rayed and found to be negative. Tuberculin testing undoubtedly proved its value in this case bringing to light an adolescent with active tuberculosis.

Mantoux testing at another school as part of the B.C.G. vaccination programme revealed an unusually high number of strong positives. An epidemiological investigation had been carried out during the previous year at this school as the result of the discovery of a case of tuberculosis in a school child. Nevertheless after consultation with the chest physician it was thought desirable to recommend that all the teachers be x-rayed and this was done. Fortunately all were found to be healthy.

PATCH TESTING IN SCHOOLS

District	Patches applied and read	Results		
		Positive		Negative
Hornsey	701	15	2.1	686
Tottenham	542	19	3.5	523
Totals	1,243	34	2.7	1,209

During 1956 patch testing of school entrants was carried out on all children whose parents gave consent and the results are given above. The percentage positive is very small, a fact in line with the findings at Mantoux testing of 13 year olds. The Tottenham percentage of positives is higher than in Hornsey but the number is small. All of these children were referred to the chest clinic for further investigation and follow-up of family contacts but no case of active tuberculosis was discovered in this way. It may well be that the routine annual patch testing of children attending as toddler clinics may prove to be a more fruitful source of primary cases and this has indeed begun at one clinic.

B.C.G. Vaccination

The B.C.G. vaccination campaign has continued in our schools in 1956 and followed the scheme outlined in last year's Annual Report. The service has been extended to include schools other than those of the Local Education Authority and the B.C.G. vaccination team visited Highgate School in December.

Vaccination against tuberculosis, by means of the avirulent B.C.G. vaccine, was carried out on all tuberculin negative children in the 13 - 14 age group whose parents gave consent.

The accompanying table shows that the successful start made in 1955 has been continued in 1956.

	1956		1955	
		%		%
Parents approached	2,829		1,373	
Parents accepting	1,980	69.9	956	69.6
Mantoux positive	209	12.0	71	8.6
% Strong positives Reaction greater than 20 mm in diameter		40.2		25.7
% Weak Positives		59.8		74.3
Mantoux negative	1,532	88.0	755	91.4
Total vaccinated	1,526	53.94	752	54.8
		of children in group approached		of children in group approached

Seventy per cent of the parents accepted in 1956, which was the same percentage as in 1955. 12% of those tested were tuberculin positive compared with 8.6%: the mean figures for the two years being 10% tuberculin positive. There appears to be an increased reaction to the Mantoux test in 1956 compared with 1955. For 1955 there were 25.7% "strong" Mantoux positive reactions, while in 1956 there were 40.2%.

The B.C.G. vaccination reactions again showed no excessive ulceration or abscess formation. (2,278 children have now been B.C.G. vaccinated in this Area under the present scheme). The Mantoux positive children referred to the chest clinic during the year were all found to be free from tuberculosis.

The general medical practitioners in the Area have been notified of the results of Mantoux testing and informed when each child has been vaccinated.

The staff of the schools visited and the chest physicians have throughout the year shown the utmost consideration and co-operation.

M.R.C. Clinical Trials with B.C.G.

In 1956 the Medical Research Council published the first progress report of their Tuberculosis Vaccines Clinical Trials undertaken by Dr. T.M. Pollock. It has been previously reported that school leavers in this Area in 1951 volunteered to take part and that they have been followed up by the health visitors since. The investigation consisted of a controlled clinical trial of B.C.G. and Vole bacillus vaccines in the prevention of tuberculosis in adolescent boys and girls. The results in the test areas appeared satisfactory in so far as the trials indicated that each vaccine conferred a substantial and similar degree of protection against tuberculosis over the period of the trial.

In the above trials the participants were investigated towards the end of their 15th year by which time 40% were tuberculin positive using old tuberculin for the Mantoux test. In 1955 and 1956 in this Area the 13 - 14 age group were Mantoux tested using Purified Protein Derivative and only 10% found to be tuberculin positive. This figure is therefore far below that of the Medical Research Council trials, but other information available has shown that other neighbouring areas vaccinating the same age group and using P.P.D. for the Mantoux test have a percentage of tuberculin positive children which is similar to ours.

The Medical Research Council's report stated that in the light of present results the vaccination of tuberculin negative school children in the 13-14 age group, as carried out in the present B.C.G. vaccination scheme, is a valuable measure.

The Handicapped Child

DISTRIBUTION AS AT 31st DECEMBER, 1956

Category	In Special Day Schools		In Special Residential Schools		In Maintained Primary & Secondary Schools		In Independent Schools		Not at School		Total	
	B	G	B	G	B	G	B	G	B	G	B	G
Blind Pupils	-	-	4	5	-	-	-	-	-	-	4	5
Partially Sighted Pupils	5	6	2	-	-	-	-	-	-	-	7	6
Deaf Pupils	6	6	5	1	-	-	-	-	-	-	11	7
Partially Deaf Pupils	7	4	3	2	13	8	-	-	-	-	23	14
Educationally Sub-normal Pupils	55	51	11	4	10	7	-	1	2	-	78	63
Epileptic Pupils	-	-	1	2	-	-	-	-	1	-	1	3
Maladjusted Pupils	-	-	25	5	12	-	-	-	-	-	37	5
Physically Handicapped Pupils	17	11	4	-	-	-	1	-	1	1	23	12
Pupils with Speech Defects	2	1	-	-	212	85	5	2	3	1	222	89
Delicate Pupils	4	3	9	9	3	2	-	-	-	-	16	14
Pupils with Multiple Defects	6	5	5	3	2	-	-	-	1	-	14	8
Totals	102	87	69	31	252	102	6	3	7	3	436	226
Grand Totals	189		100		354		9		10		662	

Dr. Yarrow, Deputy Area Medical Officer, reports as follows on the local provisions for the care of the physically handicapped child.

This year has been one of consolidation of the work done in previous years in this field of the School Health Service. The opening of special schools for physically handicapped and deaf children elsewhere in the County has entailed some alteration in placement of children at Vale Road School for Physically Handicapped Children and at the Blanche Neville School for Deaf Children in Tottenham although no child was moved where this was thought undesirable on medical or education grounds. The provision of further school places elsewhere for E.S.N. children meant a considerable easing of the position at Oak Lodge (Finchley) and this has had the result of virtually eliminating the Hornsey waiting list for such children.

During 1956 consent was obtained from the Ministry of Education to the opening of an Audiology Unit in Tottenham for the ascertainment and supervision of young deaf children. Unfortunately its opening was followed shortly after by the prolonged absence through illness of the Visiting Aurist, Dr. F.P.M. Clarke, so that a real start could only be made with this on his return to health.

The separation of partially deaf children from the deaf has been of great value in the younger age group and it is hoped that a unit for senior partially deaf pupils will, during 1957, be opened at the new Markfield (Secondary Modern) School in Tottenham. The degree of integration with normal hearing children would be much greater with these older children than is at present the case at the Devonshire Hill class for junior partially deaf children.

With so much work accomplished in the field of provision of new facilities for handicapped children in the past few years, it is useful now to have a period in which we can take stock. As is well known, there has been a revolution in medicine over the past few years, and this has had far reaching effects on the type of child needing special educational treatment, and less apparent effect on the numbers. An attempt has been made here to consider these changes as they affect the problems of the deaf and physically handicapped categories of school children. The use of prophylactic technique (e.g. B.C.G. vaccination of infants) and chemotherapeutic drugs and antibiotics has wrought far reaching changes in the types of children reaching the Blanche Nevile School for the Deaf. These drugs, the sulphonamides, penicillin and streptomycin at first succeeded in saving the lives of a great many children who would otherwise have died of meningitis but unfortunately many of the survivors were afflicted with deafness, some as a result of streptomycin therapy. This phase has been succeeded by another in which therapeutic techniques seem to have greatly improved so that the survivors are not being deafened. Tables A and B illustrate these phases admirably. Table A shows the causes of deafness in the various age groups among deaf and partially deaf children at special schools (both day and residential) in the Autumn term of 1956. Table B was prepared from the register of the Blanche Nevile School as at September 1951 and the two together illustrate the changes that have taken place in five years.

TABLE A

Ascertained Deaf or Partially Deaf Children in Tottenham and Hornsey at special schools in Autumn Term 1956		
Age	Cause	
2 - 4	Congenital	5
5 - 10	Congenital	7
	T.B. Meningitis	2 (1950-52) (1953)
	Suppurative Otitis Media	2 (1949-50) (1953)
11 - 16	Congenital	13
	Pneumonia	1 (1946)
	Meningitis	3 (1943) (1945) (1947)
	T.B. Meningitis	2 (1951-52) (1950)
	Suppurative Otitis Media	1 (1948-51)
Dates in brackets show date of causative illness.		

TABLE B

Tottenham and Hornsey Children at Blanche Neville School in September 1951		
Present Age	Cause	
10 - 15	Congenital Deafness	11
	T.B. Meningitis	1 (1950)
	Purulent Meningitis	2 (1945) (1947)
16 - 20	Congenital	1
	T.B. Meningitis	1 (1950)
	Purulent Meningitis	3 (1937) (1941) (infancy).
	Suppurative Otitis Media	2 (1938) (Not known)
Dates in brackets show dates of causative illness.		

It will be seen that the cases of purulent meningitis occurred soon after the discovery of the clinical uses of the sulphonamides circa 1935 and cover the years 1937 to 1947; but no child has been admitted to the school roll who has had meningitis since that date. Similarly cases of tuberculous meningitis first began to recover soon after the initiation of streptomycin therapy circa 1948, but many of these children were deafened. Once the dangers of excessive streptomycin therapy became apparent these cases too have appeared to lessen and no child has so far been admitted who was treated with streptomycin later than 1953.

As far as suppurative otitis media is concerned, the picture is not very clear, but it does appear to be a continuing cause of deafness. Clinical impressions lead one to believe that the disease, at least in its chronic form, is less common and more efficiently treated and it is to be hoped that fewer cases will require to attend special schools in the future.

Admissions then are likely to be more and more confined to the group of congenital defects. It is of interest to note that in no case of the group of congenitally deaf children (Table A) did the mother give a history of rubella in pregnancy, and in only one case (in the nursery group) was there a history of erythroblastosis foetalis, a much more easily diagnosed and remembered condition. Of course, congenital deafness of hereditary origin is often a diagnosis of exclusion but it is of interest to note that of the 25 cases of congenital deafness (Table A) ten gave a family history and of the remainder four were Jewish children.

As far as absolute numbers are concerned, the above considerations would lead one to expect a drop in the total number of deaf children, but the national figures (Health of the School Child 1954-55) do not yet support this and perhaps it is too soon to expect it. It may be, too, that fuller ascertainment partially accounts for this.

The Physically Handicapped Child

A review of the children ascertained as physically handicapped in Tottenham and Hornsey as at December 1956 reveals a similar picture:-

1. Congenital deformities and disorders	14)	21
2. Congenital heart disease	7)	
3. Infantile cerebral palsies		13
4. Tuberculosis		2
5. Post rheumatic fever		2
6. Post paralytic poliomyelitis		3
7. Perthe's disease		1
8. Still's disease		1
9. Bronchiectasis (infective origin)		1
10. Cerebral accidents		2
		<hr/> 46

Only in groups 4, 6, 9 and probably in 5 and 8 can there be said to be an infective origin, a total of only 9 out of 46 children. All of these groups show a declining incidence, apart from poliomyelitis which will probably give way soon to prophylactic technique.

Improved obstetrics and operative techniques will, however, increase the number of children with congenital deformities who are likely to survive and require special educational treatment. Improved obstetrics may, however, reduce the number of cases of cerebral palsy (and perhaps of deafness).

It would appear that in this field at least only further research into the causes of congenital defects and the elimination of harmful ante-natal influences can further reduce the number of handicapped children.

Change of Name of the Tottenham School for the Deaf

In a letter to the Borough Education Officer, Mr. J. Power, M.A., Miss Nevile, the first headmistress to the School, writes:-

"In giving my permission for the Tottenham School for the Deaf to be renamed "The Blanche Nevile School", I wish to say how greatly I appreciate the honour done me by such a suggestion.

My mind goes back to a certain day in 1895 when, in pursuance of the Deaf Education Act of 1893, the then Tottenham School Board appointed me to open the school.

I did so - in one room - where I found 7 deaf mute children boys and girls - ranging in age from 5 to 15 years.

I was fresh from a special training college and this was a stiff problem in classification! I could only solve it by dividing each session into 5 periods of speech and language training and devising suitable and varied occupation for the restless pupils not under special instruction.

The strain was severe and it naturally became my ambition to interest the neighbouring authorities and so to increase numbers, thereby making possible proper classification, so that every child could receive full-time instruction.

This took years and as my mind goes back, I realise how much I owed in those difficult times to the sympathetic understanding from the Inspectorate of the Board of Education, the help of the local Education Authority, the wonderful co-operation of my staff and the great courtesy of other schools in England, Germany and America.

In these schools I was welcome to gather anything I could to assist me in solving my own problem.

In 1925 I left the school to take up other work for the deaf, but I still think of what Tottenham taught me.

To educate the deaf - what is it ? To give to the deaf, who are deprived of the only natural means of learning it, the power to understand and use that huge complicated system of symbols (spoken and written) we term language, in which the mind of Man lives and moves and has its being.

Surely there cannot be any job in the world more intellectually and spiritually rewarding than the Education of the Deaf".

Vale Road School for Physically Handicapped Children

Cerebral Palsy Unit

I am indebted to Dr. William Dunham for the following report:-

"Twenty seven of the 94 children now at this Special School have cerebral palsy, and parents of all but four of these are now participating in a programme of comprehensive management in which parents, teachers and medical staff collaborate to provide for the child the help he needs in attaining to the best of his ability normal activity. Parents attend from time to time for advice at the school and, where necessary, the therapist visits the parents in their homes during the holidays.

Only two of the children have left school during the year, both being transferred to another school and their places taken by other children with cerebral palsy.

My work as Consultant has included giving advice on 11 children with cerebral palsy other than those attending the school including two who attend Occupation Centres. It is hoped that in the future more of the babies and children of pre-school age who have cerebral palsy will be referred so that, through early treatment, they may be given the best chance of winning for themselves a place in normal society".

The Vale Road Day Special School continues to provide mainly for other forms of physical handicap, references to the type of cases and change in pattern being referred to on page 112. The demand for ancillary medical workers at the school has increased and during the autumn term two physiotherapists were engaged to devote seven sessions in all to children other than those suffering from cerebral palsy, the work of the physiotherapists being under the general direction of Mr. E. Hambly, F.R.C.S. of the Prince of Wales's General Hospital and of Mr. E. T. Bailey, F.R.C.S. at

Highlands Hospital. Formerly many of these children had lost two three half-days a week travelling to hospital for physiotherapy. The speech therapists, too, have continued their work with several difficult and interesting cases referred to in Miss Cames' report.

Speech Therapy

Miss Came, Senior Speech Therapist, reports as follows:-

"The accompanying table shows that the majority of children suffering from dyslalia were referred before six years of age. This satisfactory result is largely due to teachers' recognition that speech therapy frequently assists educational progress.

In stammering, early treatment has also proved the most effective. The speech therapists aim to prevent (a) the fixing of early speech non-fluency through the parents' well-intentioned but ill-informed interference, and then labelling the child "a stammerer"; (b) the formation of abnormal secondary symptoms, due to anxiety and increasing awareness of speech difference, causing the disorder to become self-perpetuating.

It is therefore most important that all concerned with small children should refer those with any speech defect or delayed speech to the speech therapist as early as possible.

During 1956, treatment was carried out in the various groups on the following lines:-

1. **Pre school children.** Treatment was mainly indirect, through talks with the mother. This preventive work has proved of particular value in cases of primary stammering. Improvement is more rapid, and final recovery more complete.
2. **Infant school children.** These formed the largest group treated. Many were discharged as normal speakers, before entry to the junior school.
3. **Older children.** These were fewer in number, but their difficulties slower in responding to treatment. Work with the older stammerer aims to reduce anxiety and increase insight.
4. **Children with severe speech abnormality,** sometimes associated with such disabilities as cerebral palsy. These are treated at Vale Road School for the Physically Handicapped. In all cases the improvement resulting from speech therapy has been measurable, although it is inevitably achieved far more slowly."

Children suffering from speech defects as at 31st December, 1956

Individual defects	Boys				Girls			
	Under 6	6 - 10	11 - 15+	Total	Under 6	6 - 10	11 - 15+	Total
Dyslalia	65	39	2	106	28	9	1	38
Stammer	11	44	9	64	1	9	3	13
Stammer with defective articulation	6	4	-	10	4	2	-	6
Interdental sigmatism	8	11	-	19	4	10	2	16
Lateral sigmatism	1	5	-	8	2	2	1	5
Cleft palate speech	2	1	-	3	2	1	-	3
Delayed speech development	6	-	-	6	3	-	-	3
Excessive nasality	1	-	-	1	-	1	-	1
Insufficient nasality	-	2	-	2	-	1	-	1
Dysarthria	-	2	-	2	-	-	-	-
Inco-ordinated speech	-	-	-	-	1	-	-	1
Slightly deaf	-	-	-	-	-	2	-	2
	100	108	13	221	45	37	7	89

Children with multiple defects receiving speech therapy

	Boys				Girls			
	Under 6	6 - 10	11 - 15+	Total	Under 6	6 - 10	11 - 15+	Total
Dyslalia	1	1	-	2	-	-	-	-
Dysarthria	-	1	-	1	-	2	-	2
Aphasia	-	-	-	-	1	-	-	1
Delayed speech development	3	-	-	3	-	-	-	-
Congenital suprabulbar paresis	-	1	-	1	-	-	-	-
	4	3	-	7	1	2	-	3

School Dental Service

The Area Dental Officer, Mr. V. Sainty, L.D.S., reports there have been several staff changes during 1956. One full-time dental officer resigned in June, a part-time one, becoming full-time from July 1st, took over the post. Another dental officer resigned his full-time appointment, but remained on a part-time sessional basis. Also there have been other part-time changes in personnel. The net result has been one less full-time staff than in 1955, viz. seven including the Area Dental Officer, as compared with eight, plus approximately the same amount of part-time assistance. This decrease in full-time dental officers emphasises the general trend of a growing difficulty in replacing resignations in the service other than by part-time appointments, and these are sometimes of short duration.

In spite of the somewhat less favourable staff situation, compared with the previous year, the amount of treatment carried out has shown little change; in fact as regards fillings inserted in permanent teeth there was a small increase, 15,992, as against 15,537 in 1955.

The ratio of fillings to permanent teeth extractions was also better, viz- 12.2 : 1 as compared with 11.4 : 1.

During the year 19,134 children were inspected at the schools by the dental officers. All age-groups in many of the schools have had an annual inspection during the last two years.

Orthodontic Clinic

It has not yet been possible to extend this work beyond the six-seven session a week basis and consequently there is still the same long waiting list for treatment, in spite of the quite considerable number of cases treated by some of the dental officers.

At the moment the orthodontic situation seems to be the most urgent problem requiring solution.

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	312	185	179
5 - 16 and over	18,822	13,147	12,805
Specials	4,027	3,817	3,758
Total	23,161	17,149	16,742
Number of pupils treatment commenced	9,348
Number of pupils treatment completed	7,331
Number of attendances made by pupils for treatment	21,971
Number of appointments not kept	4,733
Number of half-days devoted to (a) Inspection	140
(b) Treatment	3,081
Fillings, Permanent Teeth	14,067
Temporary Teeth	4,133
Number of teeth filled, Permanent Teeth	12,318
Temporary Teeth	3,780
Extractions, Permanent Teeth	1,235
Permanent Teeth for Orthodontia	222
Temporary Teeth	6,722
Anaesthetics (a) General	2,007
(b) Local	2,805
(c) Regional	384
Other operations (a) Permanent Teeth	2,691
(b) Temporary Teeth	4,956

SPECIAL DENTAL TREATMENT UNDERTAKEN BY DENTAL OFFICERS

Number of impressions, etc. ...	277
Number of dentures fitted ...	53
Number of crowns and bridges ...	41
Number of inlays ...	2
Number of radiographs (a) at Dental Clinics	230
(b) at Hospitals ...	2

ORTHODONTIC EXAMINATION AND TREATMENT

	AGE GROUPS										TOTALS
	5	6	7	8	9	10	11	12	13	14	
Number of pupils examined	1	9	7	21	18	14	9	9	7	16	111
Number of pupils selected for treatment	1	7	6	20	16	10	5	2	6	11	84
Number of pupils commenced treatment (first attendance) ...											416
Number of attendances made for treatment ...											3,323
Number of consultations ...											42
Number of impressions, etc. ...											3,313
Number of fixed appliances fitted ...											19
Number of removable appliances fitted ...											296
Number of radiographs (a) at Dental Clinics											730
(b) at Hospitals ...											-
Number of pupils treatment completed ...											48
Number of orthodontic sessions (½ days) ...											445

Tottenham Eye Clinic

I am indebted to Mr. T.G. Kletz, M.B., Ch.B., D.O.M.S., Visiting Ophthalmologist, for the following report:-

"The total number of cases seen was 1,790.

Orthoptic Department. During the first year of having an orthoptist at the Clinic, this department has been very busy.

No. of cases (for investigations and reports) ...	283
No. of cases having treatment (including 48 cases of occlusion for amblyopia) ...	170
Orthoptic treatment - successful ...	44
partially successful and still being treated	66
unsuccessful ...	12
Occlusion cases - successful ...	20
improved ...	10
unsuccessful ...	18
No. of cases referred for surgery ...	8

In addition, 37 cases have not been treated due to failure to attend or refusal of treatment.

Blind certification. One case only was certified as blind and no cases as partially-sighted during the year.

Glasses. The concern, which I have previously mentioned about the high rate of loss and breakages is fully justified. A total of 1,367 prescriptions for glasses (Form H.E.S.1.B.) were dispensed by the Clinic optician. The number of repairs and complete replacements during the same period totalled 429 (Form H.E.S.1.A.) or nearly 32%.

"E" Testing. From March to December the number of cases referred following "E" Test was 61 of whom 34 were given glasses, 55.7%.

Orthopaedic Service

Mr. E. Palser, M.R.C.S., reports that there has been considerable activity in the orthopaedic services in Hornsey.

In addition to the clinics and treatment necessary, the Hornsey orthopaedic service has the advantage of being in close liaison with Highlands General Hospital, N.21. where Mr. Palser and the Orthopaedic Unit directed by Mr. E.T. Bailey, F.R.C.S., can carry out operative treatment, or specialised treatment and further investigations which may be required.

The following table gives figures for the above activities:-

	Under 5	Over 5
Clinic attendances	206	620
Treatment session attendances	72	1,112
Operative treatment at Highlands General Hospital	-	5
Further investigations and specialised treatment at Highlands General Hospital	-	3

One case of rickets was seen this year, the first for many years.

Rheumatism Supervisory Centre

This clinic has continued to hold specially allocated fortnightly sessions at the Prince of Wales's Hospital in association with the Children's Outpatient Department under the control of Dr. I.M. Anderson, Consultant Paediatrician.

The review of the register commenced during 1954/55 has now been completed, and some lapsed cases have been reclaimed, whilst others have been removed from the register. In spite of this review, the number of new cases exceeds the cases removed, indicating that the field of supervision is enlarging.

Distribution of new cases:-

	<u>Male</u>	<u>Female</u>
Tottenham area	7	8
Outside area	6	6

Medically these cases were allocated as follows:-

	<u>Tottenham Area</u>	<u>Outside Area</u>
Rheumatic Fever ...	1	-
Rheumatic Carditis ...	1	5
Chorea ...	2	-
Rheumatic Limb Pains ...	1	-
Congenital Cardiac Lesions	6	5
Other cases ...	4	2
Totals	<u>15</u>	<u>12</u>

A review of all cases on the Rheumatic Register shows the following present distribution:-

Cases under supervision	169		
Discharged	33		
Transferred on removal	15	Males	125
Lapsed	16	Females	119
Deaths (total)	11		<u>244</u>
	<u>244</u>		

Of the children under supervision, 111 children made 266 attendances at the clinic during the year. In addition a number of children were seen in other children's outpatient clinics under the supervision of Dr. I. M. Anderson.

The present classification of cases under supervision is :-

	<u>Tottenham</u> <u>Area</u>	<u>Outside</u> <u>Area</u>	<u>Total</u>
Rheumatic Fever ...	32	17	49
Rheumatic Carditis ...	23	13	36
Rheumatic Fever with Chorea	1	-	1
Chorea (uncomplicated) ...	4	-	4
Chorea with carditis ...	3	-	3
Rheumatic Arthritis ...	2	3	5
Congenital Cardiac Lesions	35	22	57
Other cases ...	11	3	14
	<u>111</u>	<u>58</u>	<u>169</u>
	Male 81	Female 88	

It will be seen that congenital cardiac lesions now form a larger group than other cases of true rheumatic heart disease in childhood. The supervision of these congenital cases is regarded as an important additional aspect of the work of this clinic. Many of these children need no restrictions and are able to lead an active normal life. In other cases, full exercise is not possible, and periodic review is necessary; the increasing possibilities of cardiac surgery may make it possible to advise the parents that the child's condition can be improved in certain carefully selected cases.

Another group of children are approaching the school leaving age; the problems of future careers and occupations are discussed with their parents and it is often possible to supervise the early school leavers for one or two years subsequently, to ensure that they have become firmly established in a suitable occupation.

Hospital School

The Borough Education Officer for Tottenham reports that over the past year the Tottenham Education Committee have provided tuition for the children in the paediatric wards in St. Ann's Hospital and to a few children in special wards in the Prince of Wales's Hospital.

This has covered an average of 25 children weekly with an age range of 5 - 16 years.

Although practically all the teaching is individual work part of a ward at St. Ann's Hospital is used as a schoolroom for pupils

who are well enough for tuition (beds being wheeled into the class-room) and for children from other wards who are well enough to attend.

The schoolroom is equipped with a table for the youngest children and desks for the older pupils. We are fortunate in having a library bookcase on wheels (filled with a great variety of books), a wireless set and a recorder, besides a shop (where children can buy and sell with imitation money) and a puppet theatre. For the younger children, there is a sandtray, a doll's house and many other playthings.

As far as possible each child continues its studies where they left off at school and each child's individual interests are pursued. Apart from tuition in the schoolroom, there is bedside teaching for the many children who cannot attend the class.

From September a second teacher was employed on a part-time basis to give tuition in the poliomyelitis ward. From January 1957, however, she is to be employed full-time and will thus be able to give more time at the Prince of Wales's Hospital, besides helping with teaching on other wards at St. Ann's Hospital. In the case of children who stay for long periods we are able through the Education Authorities to establish contact with their normal schools.

Much help has been given to the school by the Tottenham library service, which has provided books for educational and recreational purposes.

Considerable interest has been shown in the school. As a result of a photograph of the school appearing in a Danish newspaper we had a visit last July from two Danish teachers, one of whom was employed in hospital teaching in Copenhagen. They both showed great interest in the work.

On the whole, the children welcome "school" and the parents are most appreciative.

Child Guidance Service

I am indebted to Mr. J. Power, M.A., Borough Education Officer, Tottenham, for the following report on the work of the Child Guidance Service in Tottenham.

"The majority of the children seen at the Child Guidance Centre during the past year were referred by Head Teachers and School Medical Officers. Others were referred by Officers of the Children's Department, Magistrates, Probation Officers, Hospitals, General Practitioners, and in some cases by parents direct.

After diagnostic interview, many of these children were helped through advice to their parents, teachers or others, by effecting changes in their environment, by placement in one of the four Borough Opportunity Classes for children who are maladjusted and working below the level of their real ability, or by Remedial Teaching. In some cases it was found necessary for a child to be given psychiatric treatment at the Child Guidance Clinic. In a few, where it was deemed essential that the child be removed from home, placement in a boarding school or residential school for maladjusted children was recommended.

In addition, each year adds to the number of previous cases who need follow-up interviews in which further help and advice is given. In psychological work it is often essential to keep in close contact with "old" cases.

The work of the Child Guidance Centre during 1956 was handicapped through lack of sufficient staff, and a further serious setback was caused through the departure of the psychotherapist in November, (Recommendations have now been passed by the Tottenham and Middlesex Educational Committees for increases in the staff of the Child Guidance Centre).

In September 1950 a teacher with a psychological background was appointed to undertake Remedial Teaching, under the direction of the Education Psychologist, with individual or small groups of children who were handicapped in their school work through specific educational difficulties. This work is still continuing, and in September 1956 a second and additional Remedial Teacher was appointed. Most of the children attend for sessions of approximately an hour, two or three times a week.

One of the most important aspects of psychological work lies in the field of prevention - the furthering of understanding of the conditions making for mental health, and of the causes likely to give rise to psychological disturbance in children, and combined with this, the need for earlier detection and treatment of disturbance when this does arise.

This work is furthered by the Psychiatric Social Worker in her interviews with parents of school and pre-school children, by

the Educational Psychologist in her frequent contacts with the schools, and the Courses she has given for teachers, and lately an attempt has been made to carry out this prevention work in an experimental way, with the joint attendance of one Medical Officer and the visiting Psychiatrist once a week at a special Clinic, to which are referred mothers with a child under five years of age with whom there is some difficulty."

Dr. C. Phillips, M.R.C.S., D.P.M., visiting psychiatrist to the Child Guidance Centres in Hornsey and Tottenham, reports:-

"During the past year, the work of the Child Guidance Centre in both boroughs has suffered a setback because of the departure of the Psychotherapists, so that treatment facilities for the school children referred are depressingly inadequate. Since the latter are, for the most part, only the grossly severe or abnormal cases, it may fairly be said that facilities for treatment and advice are not proportional to the very high number of school children in this Area who might otherwise benefit from it. The need for the appointment of Psychotherapists to fill the gap is, of course, well known to the Authorities. As yet, I am unable to find a way of conveying to the lay public, and particularly to those of them who are parents or teachers, the extent, depth, and importance of mental-ill-health among school children, which goes unrecognised, and extends from minor and easily remedied problems to the most severe degree of disturbance.

This lack or recognition of the quantity and quality of mental-ill-health seems to be based upon two major factors. The internal factor is the general reluctance to notice illness in other people of a type which is called psychological but which might equally well be called mental or emotional, because such recognition is painful and disturbing to the observer, it may stir up his own anxieties and awareness of his own internal difficulties. This is a problem which every one of us faces with varying degrees of sensitivity and defensiveness or courage.

The second major factor is an external one in that the parents, and, from the point of view of our own Child Guidance Centres, the teachers, may not have sufficient knowledge or training to know what is within the normal range of variation so far as personality is concerned, and what constitutes a symptom. This would seem to stem from lack of contact between teacher and psychiatrist, which cannot be entirely made good by the efforts of the Educational Psychologist. I have long felt that there needs to be more contact between the teaching staff of various grades and the Child Guidance

Clinic team in general, but you have not yet found a way of ensuring that this fruitful type of meeting takes place at anything but rare intervals, so that one important part of our potential ability to make easier the task of educating large numbers of school children is not used. As a visiting psychiatrist, I am always pleased to extend a welcome to our Clinic case conferences to any teacher, and to modify my personal arrangements or rearrange my work in order to make it possible for them to attend.

Since cases of mental ill-health amongst school children must have a beginning, it is important that we should extend further a generally little-known field of knowledge which concerns itself with the beginning of these disorders. As mentioned in my last year's report, we have already started on such work in an experimental way, with the joint attendance of one Medical Officer and the visiting psychiatrist for one half day a week at a special Clinic, to which are referred mothers with a child under five years of age with whom there is some difficulty.

The method we have tentatively adopted is for each Medical Officer to work with the psychiatrist for three months. It has also been decided that the children should be preferably less than three years old, because above that age the problem is already complicated and is usually suitable for a Child Guidance team to assess. The interview has been conducted, if possible, by the Medical Officer, but where it has been felt that the case requires considerable psychiatric knowledge to unravel, the psychiatrist has taken the lead in conducting the session. A very small number of cases were actually seen, in order to allow time for observation of behaviour and to leave time for a discussion and instruction in the interval between one case and the next. This is not intensive enough to be called a training programme, but it was thought that it could be a valuable series of Clinic demonstrations of the technique of the clinical management of the interview and of finding ways to help the mother both to understand and manage the child.

It is not possible to report much of the clinical material because this might more appropriately be the subject of a scientific paper, but certain conclusions are beginning to make themselves apparent.

I intend to mention only three categories of difficulty with a brief comment, and hope that this will not involve too great a frustration to readers of this report. The commonest problems are feeding, sleeping, and general restlessness and over-activity.

The theoretical basis upon which understanding of these problems rests is essentially psycho-analytic, and it has been found possible to apply much of the knowledge of the origins of human behaviour revealed thereby to this work with small children where the difficulties are in statu nascendi. All the cases seen had already resisted the therapeutic armoury of the health visitor and, quite often, of the family doctor.

The feeding problems were found to be the ones which responded best and it was rare for a child of 10-24 months to continue to be a feeding problem after three or four weekly half-hour interviews. My impression is that this is because there is quite often a specific, localised, and fairly easily determined set of factors at work, with perhaps a single instinctual drive as a basis.

The sleep disorders are more difficult, and my way of looking at it has developed to the point where I regard a sleep disorder as commonly of a non-specific nature in the same way as a temperature, or albuminuria, or jaundice in physical medicine. The treatment, therefore, has involved a survey covering a fairly wide range of domestic activities and routines in infant and child handling, in an examination of events in the household preceding the sleep disorder in question, a study of the emotional attitudes of the mother and their effect on the child, and, quite often and more difficult, an understanding of the frightening meaning to the child of what grown-ups consider to be ordinary events. As each facet of the problem is dealt with, there tends to be a general improvement, but any one of these factors which has not been dealt with in the clinical survey which takes place during the interview is liable to re-stimulate a further sleep disturbance. Therefore, we have had cases which have taken ten or more interviews.

The most serious disturbance which has come to light in the children seen, of those which it is possible to discuss briefly here, is that of restless over-activity. I have got to the point of considering that it is an indication of a gross emotional disturbance in the mother and that it may be a disorder in the child itself as well, or simply a reaction by the child, and, of course, the second of these two has the best prognosis (though there is no simple way of telling at the original consultation). It is most disturbing to see this state of affairs in a one year-old child and to realise that in this particularly plastic time, when a tremendous amount of growth and development has yet to take place, the child is already developing mechanisms of behaviour which are of a grossly pathological type in order to deal with his inner emotional forces.

There are three further comments appropriate here. The first is that there is no general awareness that there can be such severe disturbances at such an early age and therefore, of course, facilities for the diagnosis and treatment of them have not been provided. The second is that it is possible to know from this clinical work that there can be such a severe disturbance at the age of one year, that it is recognisable, and that it is treatable. The third thing is that although these disturbances are of a grossly pathological type and, if continued, carry a very bad prognosis, they are, at this age, almost certainly reversible, and this is of tremendous importance for the task of raising a healthy generation and preventing breakdowns in future life, as well as enabling a child to realise his full, natural potentialities.

It is not possible to substantiate those details in a report of this nature but I feel it is important to draw attention to such matters at the earliest possible date".

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