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

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TOTTENHAM'S HEALTH

1957

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

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

28th July, 1958.

To the Worshipful the Mayor,
Aldermen and Councillors.

Mr. Mayor, My Lady, Ladies and Gentlemen,

The following pages record many activities in local government which, during the year 1957, contributed to a high standard of health in the Borough.

As a first priority the Health and Housing Committee pursued its policy for improving local housing conditions: by stepping-up the repair of individual unfit properties; by keeping ahead of schedule in their programme for "slum" clearance and by making considerable progress in the building of new housing accommodation both within and outside the Borough. New legislation during the year was implemented; in particular the Clean Air Act, by immediate preparation for progressive extension of smoke control areas. In matters of health education special attention was given to the subjects of food hygiene, prevention of accidents in the home, atmospheric pollution and discouragement in the development of a smoking habit in young people.

Details of the school health and personal health services are also set out in the body of this Report although no longer a statutory duty to do so, as it must be apparent that, for the successful administration of these services in a large borough such as Tottenham, a keen interest and sense of local responsibility is essential.

Not only in the preparation of this Report but also in the management of a smallpox outbreak during the year, I am much indebted to all my medical, nursing, auxiliary and lay colleagues in the borough and area health services. In particular to my deputies - Dr. Epsom and Dr. Yarrow, the chief public health inspector - Mr. E.T. Jenkins and the chief clerks - Mr. A.W. Lawrence and Mr. W.L.N. Relleen.

In the fortunately successful attempt to control the spread of infection during the smallpox outbreak, I am also specially indebted to members of the Council, general medical practitioners,

hospital staffs, school teachers, colleagues in central and local government and to the local and national press for their helpful co-operation during a busy and anxious period.

I have the honour to be
Your obedient servant

G. HAMILTON HOGBEN

Medical Officer of Health

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County Councillor Mrs. M.E. Soall

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Mr. H.R. Cheetham
Mr. L. Collis
Mr. W. Neary

Borough Education Officer - J. Power, M.A.

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Vice-Chairman

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Mrs. R.M. Fry

Co-opted in advisory capacity

Dr. L. Hornung	(Local Medical Committee)
Mr. R.W.D. Brownlie L.D.S.	(Local Dental Committee)
Mr. L. Hayward	(Local Pharmaceutical Committee)
Miss E. Hazell	(Royal College of Nursing)
Miss V. Edey	(Royal College of Midwives)

STAFF

Borough Health Department

Medical Officer of Health, School and Area Medical Officer	G. Hamilton Hogben, M.R.C.S., D.P.H.
Deputy Medical Officer of Health and Assistant County Medical Officer	J. Epsom, M.R.C.S., D.P.H., D.I.H.
Chief Public Health Inspector	E.T. Jenkins, F.A.P.H.I.
Senior District Public Health Inspector	E.S. Glegg, M.A.P.H.I.
Chief Administrative Assistant	A.W. Lawrence, M.A.P.H.I.
Senior Administrative Assistant	W.E. Lawson

Classification of other Staff	No.
Public Health Inspectors	11
Pupil Public Health Inspectors	2
Shops and Street Trading Inspector	1
Administrative and Clerical Staff	7
Rodent Operatives	2
Cleansing and Disinfection Staff	3
Other Manual Staff	7

County Area Health Department

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. (Resigned 11.1.58.)
	Mrs. J.M. McIlroy (Appointed 13.1.58.)
Assistant Home Help Organisers	Mrs. W.E. Pickard, S.R.N. (Resigned 31.3.57.)
	Mrs. F.G. Wills
	Miss D. Buck (Appointed 11.6.57.)
Area Chief Clerk	W.L.N. Relleen, T.D., D.P.A.
Deputy Area Chief Clerk	T.W. Hadley, LL.B. (Resigned 30.4.57.)
	J.B. Bambrook, D.M.A. (Appointed 1.7.57.)
Sectional Heads	A. Balls
	N.P. Child
	H.J. Dunham, B.A.

Classification of Staff	Full-Time	Part Time
Medical Officers	8	8
Dental Officers	7	3
Supervisory Nursing Staff	2	-
Administrative and Clerical Staff	37	8
Health Visitors/School Nurses	29	-
Clinic Nurses	8	-
Midwives	9	-
Home Nurses	20	10
Speech Therapists	2	2
Physiotherapists	1	3
Occupational Therapists	1	-
Chiropodists	-	2
Gramophone Audiometrician	1	-
Orthoptists	-	2
Dental Attendants	8	-
Day Nursery Staff	36	1
Home Help Service	6	177
Manual Workers, domestic grades, etc.	8	26
	183	242

GENERAL STATISTICS

AREA OF DISTRICT IN ACRES		3,013
POPULATION: Census 8th April, 1951		126,929
Estimate of Registrar General of Population -		
Mid-year, 1957		119,300
APPROXIMATE NUMBER OF DWELLINGS IN DISTRICT		30,691
RATEABLE VALUE OF DISTRICT at 1st April, 1957		£1,737,776
SUM REPRESENTED BY PENNY RATE at 1st April, 1957		£7,009
LIVE BIRTHS:		
Legitimate	1,554	
Illegitimate	104	1,658
Birth Rate (per 1,000 population)		13.90
STILL BIRTHS		33
DEATHS		1,314
Death Rate (per 1,000 population)		11.02
Infantile death rate (per 1,000 live births)		25.33
Maternal death rate (per 1,000 live and still-births)		1.183
COMPARABILITY FACTORS:		
Deaths		1.07
Births		0.97

NOTE: Detailed vital statistics appear on pages 68 to 78 in the Statistical Summary.)

CONTENTS

CONTROL OF DISEASE

The total number of notifications for the year was 2,221 as compared with 812 the previous year. The increase was due to the normal biennial increase in measles notifications.

Tuberculosis

The number of cases on the tuberculosis register on 31st December, 1957 was 1,856 an increase of 2 on the previous year.

There were 90 new cases of tuberculosis notified during 1957 (86 pulmonary and 4 non-pulmonary) compared with 101 in 1956 (92 pulmonary and 9 non-pulmonary).

Distribution of New Tuberculosis Cases notified during 1957

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	1	2	-	-	-	-	-	-
5 - 9 "	-	-	-	1	-	-	-	-
10 - 14 "	-	-	-	-	-	-	-	-
15 - 19 "	2	3	-	-	-	-	-	-
20 - 24 "	3	4	1	-	-	-	-	-
25 - 29 "	4	4	-	1	-	-	-	-
30 - 34 "	8	1	-	-	-	-	-	-
35 - 39 "	5	2	-	-	-	1	-	-
40 - 44 "	4	4	-	-	-	1	-	-
45 - 49 "	5	-	-	-	1	-	-	-
50 - 54 "	6	1	-	-	2	1	-	-
55 - 59 "	10	2	-	-	-	-	-	-
60 - 64 "	6	-	-	-	-	-	-	-
65 - 69 "	2	1	1	-	-	1	-	-
70 - 74 "	4	-	-	-	2	-	-	-
75 Years and Over	1	1	-	-	-	-	-	1
Total	61	25	2	2	5	4	-	1

The four non-pulmonary tuberculosis cases notified during 1957 related to infections of bones and joints in two cases, the genito urinary system in one case and the lymphatic system in the other.

Changes in Tuberculosis Register during 1957

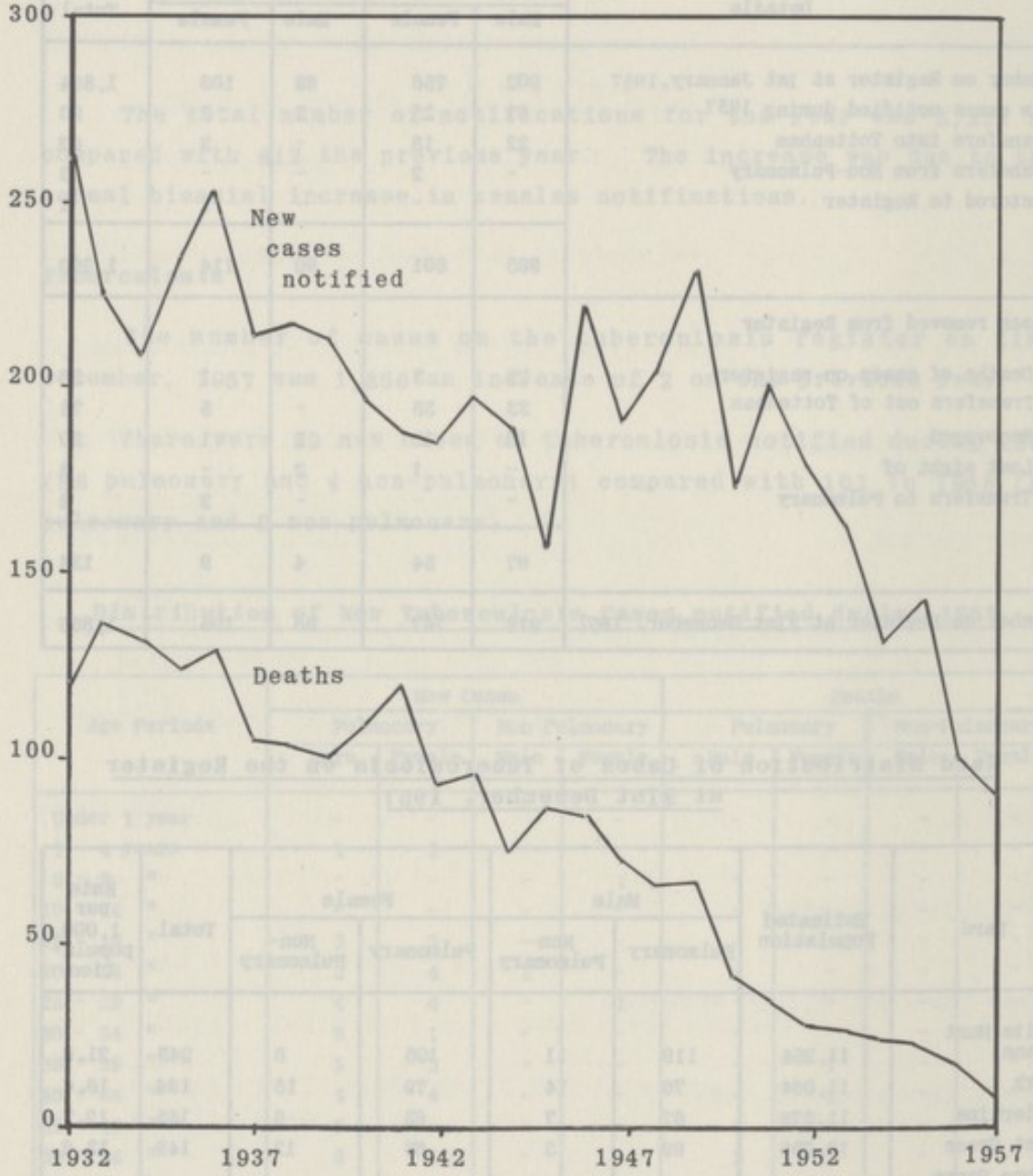
Details	Pulmonary		Non-Pulmonary		Total
	Male	Female	Male	Female	
Number on Register at 1st January, 1957	902	756	88	108	1,854
New cases notified during 1957	61	25	2	2	90
Transfers into Tottenham	22	18	-	3	43
Transfers from Non-Pulmonary	-	2	-	-	2
Restored to Register	-	-	-	1	1
	985	801	90	114	1,990
Cases removed from Register					
Deaths of cases on register	22	3	-	1	26
Transfers out of Tottenham	33	35	-	5	73
Recovered	12	15	2	1	30
Lost sight of	-	1	2	-	3
Transfers to Pulmonary	-	-	-	2	2
	67	54	4	9	134
Number on Register at 31st December, 1957	918	747	86	105	1,856

Ward Distribution of Cases of Tuberculosis on the Register at 31st December, 1957

Ward	Estimated Population	Male		Female		Total	Rate per 1,000 population
		Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary		
White Hart Lane	11,254	119	11	105	8	243	21.6
Park	11,064	76	14	79	15	184	16.6
Coleraine	11,376	67	7	63	8	145	12.7
West Green	10,990	69	3	65	12	149	13.6
Bruce Grove & Central	10,806	63	3	47	4	117	10.8
High Cross & Stoneleigh	10,923	92	13	63	10	178	16.3
Green Lanes	10,587	86	7	70	6	169	15.9
Chestnuts	10,979	85	6	75	10	176	16.0
Seven Sisters	10,217	81	8	60	8	157	15.4
Town Hall	10,585	84	8	67	12	171	16.2
Stamford Hill	10,519	96	6	53	12	167	15.9
Total	119,300	918	86	747	105	1,856	15.6

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.

Tuberculosis in Tottenham during past 25 years.



The remarkable fall in the number of new cases of tuberculosis and deaths resulting from this disease illustrates the enormous progress which has been made in recent years in the control and treatment of tuberculosis. This once dreaded illness which took such a heavy toll in deaths is now successfully treated by modern techniques utilising the newly discovered antibiotics of biological and chemical origin. In addition, protection of the more susceptible groups of the population is being achieved by systematic B.C.G. vaccination.

Dr. T.A.C. McQuiston the Physician in Charge at the Tottenham Chest Clinic which also serves Wood Green, has kindly supplied the following figures of the work during 1957:-

Work of Chest Clinic

Number of Clinic Sessions			1,071
Total number of attendances			28,254
Number of X-rays taken			
(a) Large films		14,542	
(b) Odelca films		7,441	21,983
Number of persons inoculated with B.C.G.			268
Number of new contacts seen			1,071
Number of new contacts found to be tuberculous and formally notified			26

The Chest Clinic Welfare Officer has also supplied the following return of patients assisted during the year. In addition to obtaining assistance from statutory bodies, the Welfare Officer has been instrumental in obtaining help for patients from many voluntary organisations.

Summary of Work of Chest Clinic Welfare Officer

(1) GENERAL	Number of patients dealt with by the Welfare Officer	814
(2) EMPLOYMENT AND TRAINING	(a) Number of patients who consulted the Welfare Officer regarding employment and training	130
	(b) Number for whom employment or training was found	120
(3) NATIONAL ASSISTANCE BOARD	Individual patients referred to the National Assistance Board for grants of:-	
	(a) Bedding	9
	(b) Clothing	19
	(c) Extra Nourishment	48
	(d) Any other purpose (i.e. maintenance grants etc.)	117
	* Total individual patients referred to the National Assistance Board	134
(4) HOUSING	(a) Cases recommended for rehousing	84
	(b) Families rehoused	54

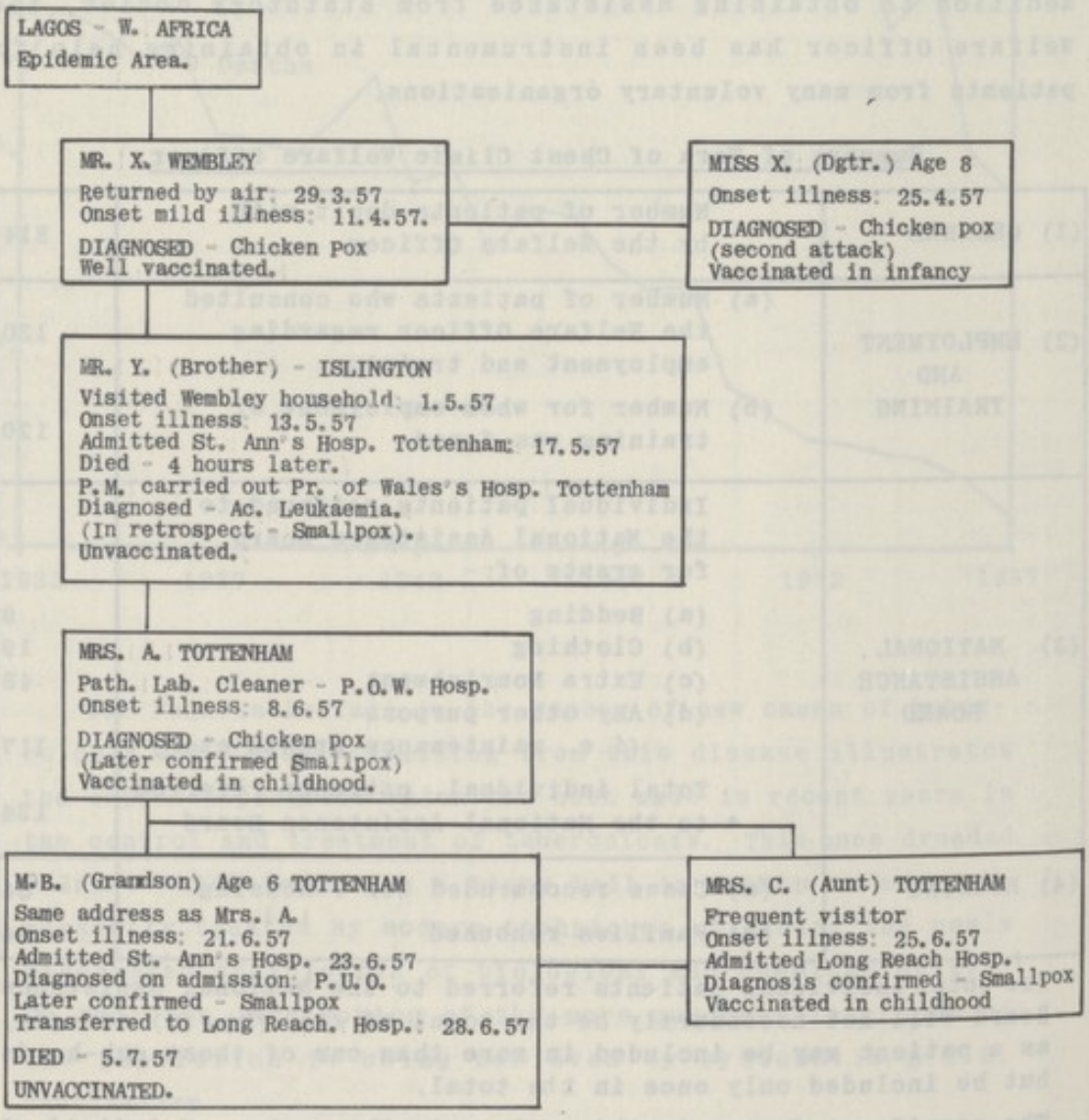
* The total individual patients referred to the National Assistance Board will not necessarily be the total of (a), (b), (c) and (d), as a patient may be included in more than one of these sub-heads but be included only once in the total.

The significant factor in this return is the number of individual patients and not the number of times the patients are dealt with.

Outbreak of Smallpox

The following is a Report by the Medical Officer of Health in conjunction with Dr. G.D.W. McKendrick, Consultant Physician, St. Ann's General Hospital and Dr. C.G. Nicol, Medical Officer, Ministry of Health, and which in modified form was published in the "Lancet" on the 17th May, 1958.

Looked at in retrospect and in the graphic picture below, the smallpox outbreak in Tottenham in the summer of 1957 appears small in size and neatly disposed of as an epidemiological study. This does not mean, however, that the incident was other than a full scale exercise in accepted methods of investigation and control; nor that it was without clinical, social and administrative features of special interest. What may not be so easy to explain is why the disease did not spread more widely in this and other districts, despite the measures taken.



Foremost in the experience gained was the sense of close co-operation which existed from the moment the first case was suspected, and remained throughout subsequent events: between the Ministry of Health; the North-East Metropolitan Regional Hospital Board; the Virus Reference Laboratory, Colindale; the members of the panel of smallpox opinion; local hospitals' medical and administrative staffs; general medical practitioners and the medical officer of health's department.

The early stages

Over the telephone at 10.15 a.m. Friday 28th June, 1957, the medical officer of health (G.H.H.) was informed by the consultant physician for infectious diseases (G.D. McK.) at St. Ann's General Hospital, Tottenham, of a case of suspected smallpox in that hospital. The patient, an unvaccinated male child, aged 6 (M.B.) had been admitted to the poliomyelitis unit of the hospital on 23rd June, with a history of backache, fever, abdominal pain and vomiting. Examination on admission had revealed an ill child with abdominal tenderness and guarding, and a temperature of 102°F. It was also observed that there were both general ichthyosis and superimposed patches of eczema. The practitioner's provisional diagnosis of poliomyelitis was not borne out by this further examination, which suggested an acute abdominal emergency. At laparotomy the appendix (which was removed) was found to be normal but the mesenteric glands were seen to be enlarged. During the following three days the patient remained febrile and ill and there was some bleeding around the abdominal wound. On admission a few macules had been noted in the inter-scapular area and by 27th June it was evident that there was a rash, predominantly papular in character and peripheral in distribution additional to the chronic skin condition. At the time, eczema herpeticum was considered to be more likely than smallpox, but skin scrapings and fluid from one or two vesicular lesions were sent to the Virus Reference Laboratory, Colindale. By the following morning there was a striking change in the child's appearance. The rash was vesicular and becoming confluent, and a diagnosis of smallpox could be confidently made on clinical grounds. Following the telephoned report of these facts to the medical officer of health an immediate consultation was held at the hospital when it was agreed to call in a second member of the panel of smallpox opinion (Dr. A.M. Ramsay) and to report the situation by telephone to the Principal Medical Officer of the Epidemiology Division of the Ministry of Health (Dr. W.H. Bradley). Before 12 noon both Dr.

Ramsay and a medical officer from the Ministry (C.G.N.) had arrived at the hospital and agreed to the clinical diagnosis of smallpox. Arrangements were made for the immediate transfer of the patient to Long Reach Hospital, Dartford, under the care of the late Dr. M. Mitman. During the same day a preliminary report was received from the Director of the Virus Reference Laboratory (Dr. F.O. MacCallum) that the complement fixation test was strongly positive for variola-vaccinia. Subsequently, on the 5th July, the boy died. Throughout his stay at St. Ann's Hospital he had been barrier-nursed in single cubicles - for the first four hours in the poliomyelitis unit and for the remainder of the time in another cubicle block.

Before the clinical diagnosis had been confirmed the parents of the patient had been interviewed by the chief public health inspector (Mr. E.T. Jenkins) and detailed information of the members of the household and their occupations obtained. The father, employed by the London Transport Executive as a bus conductor, had reported at his depot early that morning; and as an obvious risk the medical officer of health at once spoke on the telephone to the chief medical officer of the London Transport Executive.

This early inquiry into the home circumstances revealed a further case of smallpox, the boy's grandmother (Mrs. A.) living in the same house and by this time convalescent. This patient, vaccinated in childhood and now aged 61, had fallen ill on the 8th June and developed a rash (which was considered by her medical attendant to be chickenpox) on the 12th June. She was seen by two of the present writers (G.H.H. and C.G.N.) in consultation with Dr. Ramsay. The clinical findings were equivocal but consistent with a modified attack of smallpox. In view of the satisfactory vaccinal state of the rest of the household, now refreshed by further vaccination, it was considered justifiable to await the result of laboratory examination of scrapings taken from the most suitable of the few remaining lesions. To complete this patient's subsequent history, the complement fixation test was reported as positive on the following day, when she was removed to Long Reach Hospital, and a positive egg culture was reported as further confirmation two days later. This patient continued an uninterrupted convalescence and was in due course discharged from hospital. From the chief public health inspector's inquiries, it was learned that the patient was employed as a domestic worker in the pathological laboratory at another hospital in the Tottenham

group of hospitals, a circumstance which it was felt must afford some explanation of her infection. (This matter is referred to later in the account of the outbreak.)

Action taken at St. Ann's Hospital

It was agreed that immediate responsibility for vaccination and other control measures at St. Ann's Hospital should be undertaken by one of us (G.D.McK.) who had arranged for the supply of sufficient lymph to vaccinate the whole complement of the hospital and the preparation of a list of all primary contacts on the staff with their vaccinal history and that of the other patients on the two wards in which M.B. had been nursed.

There were 42 primary contacts among the staff and 31 patients on the two wards, only six of the latter having previously been vaccinated. Permission to vaccinate these children was sought by telegram and all but two were vaccinated within twelve hours - the remaining two being vaccinated the following day when permission was received.

On discovering the inadequate vaccinal state of the children nursed in the cubicles adjacent to M.B., it was decided to give them hyperimmune anti-variola gamma globulin, and accordingly these 15 children each received 5 ml of this prophylactic. All 42 primary contacts among the staff had been vaccinated at some previous time, but in 9 there was no satisfactory proof of recent successful vaccination, and each was therefore given 10 ml hyperimmune gamma globulin. Our findings agree with the observation of Kempe and his fellow-workers (Kempe, C.H. Berge, T.O. England, B. 1956 Ped XVIII.2.177) that the administration of hyperimmune gamma globulin 24 hours after vaccination does not interfere with the course of vaccination, for all 24 vaccinations were successful. Vaccination of the remaining hospital patients and staff (approx. 1,000 persons) was started on the 29th June, and continued throughout the early part of the following week, re-vaccinations being done where necessary.

The hospital was closed for admissions and discharges on Friday morning (28th June) and visiting was restricted to those seriously ill. During the week-end a zone of isolation was set up (on the "hospital within a hospital" principle) using one previously empty ward which was made into living quarters and the two wards where the patient M.B. had been nursed. This area was roped off and all 26 primary contacts among the resident staff of the hospital were isolated within it. Entrance was restricted to

the infectious disease physicians, the senior administrative nursing staff, physiotherapists and engineers. Protective clothing was worn (cap, mask, gown and boots). Food was supplied in destructible containers and all combustible material was removed to the incinerator in bins on a trolley reserved for the purpose.

On 1st July a further ward was prepared to receive staff with vaccination reactions and doubtful illnesses requiring isolation and investigation. This proved a valuable adjunct and during the fourteen days it remained open 8 cases were admitted.

St. Ann's is a general hospital of 520 beds, of which 120 form an infectious diseases unit. There is normally considerable interchange of staff both between this unit and other departments and between the hospital and the other hospitals in the group. By re-allocation of duties it was readily possible to avoid or reduce such interchange to the minimum, but the situation within St. Ann's Hospital of the central laundry for the whole group gave rise to much concern. It was found that no articles used by M.B. had been sent for laundering, and it was therefore decided to maintain the existing laundry services, save that the zone set aside for smallpox contacts would be provided with a washing machine for each ward.

No material therefore left the smallpox zone other than that destined for the incinerator.

The closure of the group laundry would have caused considerable disruption in the work of all the contributing hospitals, so much so that the Group Laundry Manager (Mr. C.H. Adams) subsequently followed up the matter elsewhere, with the co-operation of one of us (C.G.N.) and we understand that it is possible to hire military mobile laundry units of varying capacities to meet such an emergency.

It would appear that the precautions taken were adequate, for there was no secondary case in the hospital or within the group, and with the uneventful effluxion of the sixteen days surveillance it was possible to determine all isolation measures on the 15th July.

Reporting of outbreak

During the afternoon of the first day His Worship the Mayor and the Chairman of the Health Committee (Alderman R.H. Warren) were informed of the action being taken. An official telegram was sent to the Ministry of Health confirming the earlier telephone

message; the County Medical Officer was notified and the Senior Administrative Medical Officer of the N.E. Metropolitan Regional Hospital Board was informed of the position and a circular letter (thereafter issued daily) stating the situation was sent to all general medical practitioners in the Borough and to medical officers of health in adjoining local authorities. The Chief Medical Officer of the Ministry of Health notified all medical officers of health in the country and port medical officers of the progress of the outbreak by circular letters issued on the 28th June, 1st July and finally on the 5th July.

Contacts of M.B. before admission to hospital

The patient M.B. had been attending school until Friday, 21st June. The school was visited before closure for the week-end and duplicate registers and names and addresses of staff obtained for purposes of offering vaccination or revaccination. A list of recent visitors to the patient's home was prepared, including relatives, friends, neighbours and tradesmen. A list of patients since conveyed in the same ambulance was obtained from the local depot. Arrangements were made with the Central Public Health Laboratory, Colindale, for the supply of 2,000 capillary tubes of calf lymph for immediate vaccination or revaccination of primary contacts and the staff of the health department.

Public relations

On Saturday, 29th June a joint statement was issued to the Press by the hospital and public health authorities.

"In view of the suspected case of smallpox transferred from St. Ann's General Hospital on the 28th June, the hospital has ceased to admit or discharge cases. Members of the staff who were in direct contact with the patient have been confined within the hospital or if non-resident asked to remain within their own homes. The remainder of the staff of the hospital will continue to work in the usual way and are not confined to the hospital. All contacts of the suspected case will have been vaccinated during the week-end. The clinical diagnosis of smallpox has been confirmed and a relative of the patient has been admitted to a smallpox hospital as a suspected case. There is no indication for mass vaccination of the general public. All those who might receive immediate benefit from vaccination are being visited."

Vaccination within the Borough

A sustained effort followed on Saturday afternoon and Sunday to secure the vaccination of all known contacts in their own

homes. For this purpose the deputy medical officer of health (Dr. Epsom) organised three parties comprising doctor, health visitor and public health inspector to carry out house-to-house vaccination of all contacts. Concurrently the deputy area medical officer (Dr A. Yarrow) and area chief clerk (Mr. Relleen) opened an emergency vaccination centre at Chestnuts, St. Ann's Road which was continuously staffed over the week-end and for as long as necessary thereafter.

Hyperimmune gamma globulin

Since doubts were felt about the effectiveness of vaccination, so late after contact with the primary case it was decided to re-enforce vaccination with anti-variola gamma globulin. Application was at once made to the Ministry of Health and half the available stock was released. This amount was divided equally between the hospital and public health departments. A dose of 10 ml (1,000 mgms.) for an adult and 5 ml (500 mgms) for a child was given to the previously unprotected primary contacts. In practice it was found that much patience was required in preparing the injection. The protein proved extremely difficult to get into solution or suspension and each dose took approximately 10-15 minutes to prepare.

Origin of the infection

A report of smallpox, in midsummer, and in a patient with no known history of recent arrival from or links with, those parts of the world in which smallpox is endemic must immediately arouse two considerations in the minds of those in the central government department who are concerned with smallpox. The first, that there has been a misdiagnosis, for smallpox in this country is nearly always imported during our winter. The second, that if the diagnosis proves correct, the disease must have been present in the country, unsuspected, for some little time, and that evidence of this can be found if search is made in the right quarter.

In the incident now related, examination of the patient M.B. had left no doubt as to the diagnosis.

It was a matter of general knowledge that no case of smallpox had been notified for some three years and within the personal knowledge of one of us that there had been no recent suspicion of this disease. It was quickly established that there was no link or association between the patients, M.B. and Mrs. A. and any foreign country. Few could have led a more circumscribed existence than the widowed grandmother, and the boy M.B.'s small world did

not extend outside his part of the borough. By inference therefore, it seemed wellnigh certain that a study of recent and not-so-recent death certificates would provide a lead to the source of infection. The complete absence of any reported cases of smallpox elsewhere in the country suggested that the earlier missed case (or cases) must either have been modified clinically and have occurred in a subject who was himself vaccinated and belonged to a small well-vaccinated group or the earlier case must have died before his disease had reached the infectious stage. The search was therefore at once narrowed to a retrospective inquiry for someone who had died in the early stages of haemorrhagic smallpox, and the presumption was that the cause of death most likely to have been assigned would be leukaemia. Accordingly, at the suggestion of one of us (C.G.N.) a scrutiny was made of all death returns for the past four months, and four deaths which had occurred during that time seemed worthy of investigation, the stated cause of death in all cases including the term "leukaemia". Further inquiries readily disposed of any possible suspicion in the first three cases, late residents of Tottenham, but in the case of the fourth (Mr. Y.) a licensee lately of the adjoining metropolitan borough of Islington, an interview with the widow revealed that she and her late husband had visited his brother (Mr. X.) in Wembley, who with his daughter (Miss X. aged 8) had been suffering from "chicken pox". Thirteen days later Mr. Y. became very ill and was admitted late at night to St. Ann's General Hospital.

This patient had had an acute febrile illness with haematuria, massive purpura and an enlarged liver and spleen from which he died four hours after admission. A white blood count done before death showed 28,000 cells per ml. 48% of which were primitive cells of the polymorph series. Haemophilus influenzae and pneumococci were recovered in large numbers from a blood culture. As the cause of death was uncertain the coroner was notified and body removed to the Prince of Wales's General Hospital for autopsy. The purpuric condition, with a leukaemoid blood film suggested a diagnosis of acute leukaemia, but in retrospect he must be regarded as a case of haemorrhagic smallpox. Post mortem specimens were sent to the pathological laboratory from where it may be assumed the cleaner (Mrs. A.) became infected. The brother-in-law (Mr. X.) of Wembley, a well vaccinated subject, had returned to this country by air from Lagos, West Africa, on the 29th March and on the 11th April had developed a mild illness diagnosed at the time as chicken pox. The young daughter, vaccinated in infancy, became

ill on the 25th April also with a mild attack of "chicken pox" but was said to have had a previous attack of chicken pox. In retrospect both father and daughter must be considered as cases of smallpox and the source of infection of Mr. Y.

Subsequent progress of the outbreak within the Borough

Throughout Sunday, 30th June the immediate focus of attention was on the primary contacts. Systematically the lists were worked through and gamma globulin and vaccination, or revaccination alone was given to the members of the public at greater risk - there were no refusals. One child, a girl aged 11, not a contact of the case, was under special observation and was sent on suspicion to Long Reach Hospital, but later proved to be a case of chicken pox. An aunt of the boy patient (Mrs. C.) vaccinated in infancy who had nursed Mrs. A. (her mother) became unwell and the following day was admitted to Long Reach Hospital where she was later confirmed as suffering from smallpox. In due course she made a slow but uneventful recovery. The engineering firm where Mrs. C. worked was visited and the staff advised vaccination. Other primary contacts of special mention, living in the neighbourhood, included a Mr. and Mrs. D. and their married daughter (Mrs. E.) wife of a U.S.A.F. airman, who was expecting her first baby at the time. She was given gamma globulin intra-muscularly. Later in the week the mother was admitted to an isolation cubicle at the American Hospital, Ruislip, for a normal delivery.

The public health inspectors meanwhile continued to obtain names and addresses of groups of persons at special risk e.g., laundry workers who might have handled contaminated linen from families involved, and directed them to the emergency vaccination centre. Gradually the public at large pressed in ever increasing numbers for vaccination. These were diverted to their own general medical practitioners who obtained supplies of calf lymph held at the Town Hall. In the meantime vaccination of children at the school attended by M.B. proceeded well and was undertaken by the mobile teams of medical officers and health visitors. The class room of the patient had been sealed and disinfected as also the rooms at the houses where his and other cases of smallpox occurred. Vaccination or revaccination of the ambulance personnel at the Edmonton depot was arranged by the medical officer of health of Edmonton.

On Tuesday and Wednesday, July 2nd and 3rd routine home visiting of primary contacts was continued, also numerous cases

required daily observation including hospital out-residents and special cases referred by doctors in the district and health visitors - many of the latter concerned reactions to vaccination. This surveillance continued for a period of sixteen days.

Notification of chicken pox

Because of the close contact with local doctors who agreed to report all cases of chicken pox it appeared unnecessary in the early stages to seek action under Section 147, Public Health Act, 1936.

General liaison

Under the direction of the chief clerk (Mr. A.W. Lawrence) rapid compilation of records and distribution of information became the first task of the public health offices. Other work was put aside except for matters of absolute urgency and the whole staff concentrated on control of the outbreak. This called for sustained work until late at night throughout the first week-end and following week. Bulletins to general practitioners and adjoining medical officers of health were sent out daily. Lists of contacts which arrived from St. Ann's Hospital and other sources were classified according to the districts in which the persons resided. The medical officers of health of the districts concerned were first telephoned and the information confirmed the same day by letter. For those living within the borough contact sheets were made out and passed to the district public health inspectors who undertook surveillance for sixteen days.

In addition to the information which required to be telephoned out there were continuous incoming telephone messages and enquiries. As a result, despite six telephone extensions in the department there was often an acute shortage of telephone facilities. It was also necessary to arrange for the switchboard operators to stay on duty to deal with calls which continued throughout the evenings.

National Health Insurance Benefits

None of the smallpox patients was a contributor for National Health Insurance benefits but a number of primary contacts were able to claim upon the certificate of the medical officer of health. A special emergency procedure laid down in a Ministry of Pensions and National Insurance memorandum for dealing with claims arising

from an outbreak of smallpox relieves the local national insurance office of any direct contact with the claimants. The effect of this was that the public health department was called upon to act as agent for all the claimants. It was thus necessary to arrange for the contacts to complete various benefit claim and authorisation forms, which were retained in the department and from these to complete weekly certified summaries which were forwarded to the Ministry of Pensions and National Insurance. A lump sum covering the benefits accruing was paid weekly to an officer in the public health department who was responsible for its distribution to the claimants.

Compensation for loss of earnings

Section 51 of the Tottenham Corporation Act, 1952, enabled the local authority to compensate primary contacts for loss of earnings resulting from their exclusion from work. The Corporation agreed that compensation should be paid to the extent of making up the difference between the earnings lost and the national insurance benefits received. Fortunately the early restriction of the outbreak limited the number of primary contacts so that expenditure on this account did not exceed £100.

Supplies of goods to households in isolation

A particular difficulty experienced in this connection was that whole households had become primary contacts and were subjected to isolation within their homes. This meant there was nobody available to carry out essential shopping, nor, in one or two cases, had the families any ready money available to pay for the goods required. A health visitor was, therefore, asked to visit these families daily and to do any necessary shopping on their behalf. Recognition is due to the local tradesmen for their ready co-operation in providing goods on credit pending settlement of the families' claims for National Health Insurance benefit.

Distribution of Calf Lymph

Lymph was made available to medical practitioners at the Town Hall. The demand grew rapidly after the first week-end and altogether 11,500 units were obtained for use by family doctors and at the public vaccination centre. 4,291 units were issued to medical practitioners and the remainder used by the local author-

ity staff. A certain amount of wastage resulted from the use of lymph supplied in multiple units of 10, 25 and 50.

This outbreak of smallpox, though small, stresses the ever present risk of importing the disease into this country by the ease and speed of modern transport. That the four recoveries from smallpox had all been vaccinated in infancy and that the two who died had not been vaccinated is once again a convincing demonstration of the value of vaccination as a means of protection that may well be life saving.

Poliomyelitis

The number of cases through the year was 4, of these, 3 were of the paralytic type.

Paralytic		Non-Paralytic	
Male	Female	Male	Female
1	2	1	-

All four cases were children between 6 and 10 years of age. Although one child was in hospital for six months all were treated to a successful conclusion and are now back at school.

Measles

There were 1,716 notifications of measles during the year. 27 cases were removed to hospital with complications. Where were no deaths.

Dysentery

A total of 46 cases were notified. Of these 9 cases were admitted to hospital.

Food Poisoning

There were 15 notified cases, of which 4 were admitted to hospital. In 5 of the total cases the causal organism was identified as Salmonella typhimurium. The cases were unconnected and scattered throughout the year.

Diphtheria

No cases of diphtheria occurred during 1957.

Paratyphoid Fever

One case of paratyphoid fever was notified in a male aged 13 years. The patient returned from a continental holiday with symptoms of diarrheoa and a fortnight later was admitted to hospital where he remained for six weeks.

Scarlet Fever

There were 92 corrected scarlet fever notifications during the year, but no deaths were attributed to the disease. Of 27 cases admitted to hospital the diagnosis was amended in one instance to German Measles.

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	22	11.2	1	8
Other Hospitals	4	24.7	-	-

Whooping Cough

The number of notified cases during the year was 133. No deaths were attributed to the disease. 14 severe cases were admitted to hospital and the average stay in hospital of the cases was 22 days.

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
1956	44,667,000	149,277	3.34	92,710	2.07	18,186	.41
			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
1957	119,300	341	2.9	296	2.48	81	.68

A very slight fall in the rate of death from cancer of lung and disease of arteries is shown in Tottenham, but for cancer as a whole there is a very slight rise.

Asian Influenza

Following outbreaks of influenza in the Far East in mid April, the spread of the disease was observed in the daily press. Everybody was thus kept informed of "Asian Flu" and it received more attention than it probably deserved.

In early June the Ministry of Health circulated information on the outbreaks. From this it was apparent that onset was sudden and that most cases were clinically mild with headache, generalised pains and fever lasting two or three days, and followed by about 4 days disability.

Later in the month cases were reported in England and some were confirmed pathologically. In Tottenham the first case occurred in late August with similar symptoms as above. Throat and nasal swabs were taken but isolation of the virus was not confirmed by Colindale Public Health Laboratory.

By September influenza began to spread and definite cases appeared. Fortunately most cases were mild; but the young and the aged were more liable to complications.

Large numbers of persons were confined to bed each week and the Local Ministry of Pensions and National Insurance Offices kept the department informed of the weekly sick rate. The number of new sickness claims reached 4,456 over a four week period compared with the average figure of 1,104. The epidemic then receded, the

peak being passed in late October.

Some cases occurred in the Town Hall staff and leaflets were circulated to Departments explaining elementary hygiene precautions to be taken.

SUMMARY OF DISINFECTION WORK DURING 1957

Rooms disinfected after occurrence of infectious disease	129
Bedding disinfected after occurrence of infectious disease or death	92
Library Books disinfected	158

FOOD CONTROL

A good standard of food hygiene is desirable in any community and to obtain this the department has continued the work of inspection in food premises in an energetic manner.

Much has been done following the campaign in 1956 but much remains to be done. The standard of hygiene in any premises must, in the end, depend on the individual. No amount of new or up-to-date equipment is of any use if the person using it is not, in himself, clean in habits.

Health education has done a great deal but the hard core of the problem can only be dealt with by enforcement of the regulations. This applies particularly in certain of the catering establishments where there are frequent changes in management.

Installation of washing sinks with hot water supply has been achieved in many cases. Factory managements have been glad to seek advice from the department in the setting up or alteration of factory canteen arrangements.

During the year the Government published a white paper Cmnd 243 dealing with standards of construction, layout and equipment in slaughterhouses.

The proposals in this paper cannot however be brought into force until new legislation is presented to Parliament. Such a bill "The Slaughterhouse Bill" is, I understand, now before Parliament.

The number of shops selling food in Tottenham 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	50
Butcher	94
Coffee Stall and Cafe	24
Confectioner	333
Dairyman	32
Dining Rooms	93
Domestic Stores	124
Fishmonger	50
Fruiterer and Greengrocer	124
Grocer and Provisions	289
Ham and Beef Dealer	3
Off Licence	80
Public House	58

Registered Food Premises

At the 31st December, 1957, 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	370
Mfr. and Sale of Ice Cream	2
Storage of Ice Cream	1
Cooking of hams and other meats	38
Fish Frying	38
Sausage Mfr.	59
Preparation of jellied eels	3
Boiling shell fish	2

Heat treatment of ice cream is now restricted to one manufacturer, who has a wholesale and retail trade. A good standard of hygiene is maintained at this establishment and the bacteriological grading of the ice cream samples taken are generally of a grade one standard.

Middlesex County Council Act, 1950: Registration of Hawkers

The following is a summary of hawkers and their storage premises registered at the 31st December, 1957, under section 11 of the Middlesex County Council Act, 1950:-

Articles	No. of persons Registered for sale	No. of storage premises
Fruit & vegetables	95	82
Shellfish	14	6
Fish (incl. 2 jellied eels)	8	4
Ice Cream	4	-
Peanuts	2	1
Light refreshments (mobile canteen)	4	1

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. There are now no premises in the Borough which are licensed for the pasteurisation or sterili-

EGGS

sation of milk.

The following is a summary of licences issued during 1957, namely:-

Designation	No. of Licences	No. of Supplementary Licences
Pasteurised	72	10
Sterilised	153	12
Tuberculin Tested	35	10

During the year 19 applications for registration as milk distributors were dealt with. No applications were received in respect of dairies. Of the new registrations 2 were for new premises and the other 17 were in respect of the change of proprietorship of previously registered premises.

The number of premises and distributors registered at 31st December, 1957 was as follows:-

No. of distributors	148
No. of dairies	8

Meat Inspection

The two slaughterhouses in the Borough continue to operate and the output of carcase meat has been maintained. At the slaughterhouse dealing with horses there has been some diminution in the number of these animals slaughtered, but this has to some extent been offset by increase in the number of cattle dealt with at this slaughterhouse.

The meat inspection work continues to be carried out by the public health inspectors on a rota system. Their ready co-operation ensures that no meat passes out of the slaughterhouses without proper inspection, notwithstanding that slaughtering often continues into the late evening and at weekends and bank holidays.

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

SUMMARY OF CARCASES INSPECTED 1957

	Horses	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs excluding Sows	Sows
Number Killed	1094	298	702	1485	2191	13244	1452
Number Inspected	1094	298	702	1472	2176	13244	1452
All Diseases except Tuberculosis & Cysticercosis							
Whole carcases condemned	13	-	6	-	1	1	-
Carcases of which some part or organ was condemned	154	46	104	7	104	1228	84
Percentage of number inspected affected with disease other than tuberculosis & cysticercosis	15.27	15.44	15.67	.48	4.83	9.28	5.79
Tuberculosis Only							
Whole carcases condemned	-	1	17	-	-	-	-
Carcases of which some part or organ was condemned	-	24	108	-	-	181	57
Percentage of number inspected affected with tuberculosis	-	8.39	17.81	-	-	1.37	3.93
Cysticercosis Only							
Whole carcases condemned	-	-	-	-	-	-	-
Carcases of which some part or organ was condemned	-	1	-	-	-	-	-
Percentage of number inspected affected with cysticercosis	-	.34	-	-	-	-	-

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

Baby Food	16	Marmalade	24
Barley	3	Meat	94
Cereals	1	Milk	689
Chicken	3	Milk (Dried)	14
Cocoa	2	Paste	28
Cream	21	Processed Meat	589
Creamed Rice	17	Pease Pudding	5
Custard	1	Salad Cream	62
Fish	252	Salmon	2
Frozen Egg	2	Soup	295
Fruit	3,374	Spaghetti	23
Fruit Juices	37	Sponge Pudding	2
Ham	118	Strained Food	13
Horseradish	69	Tomatoes	1,338
Jam	28	Tomato Juice	8
Kidney	6	Tomato Puree	17
Lemon Curd	1	Tongues	23
Liquid Egg	28	Vegetables	1,520
Macaroni	1		

Other Articles of Food Condemned

Bacon	68¼ lbs.	Milk (Lacta)	1440 boxes
Beef Fat	46 lbs.	Pickles	1 jar
Chicken	16 lbs.	Pig (1)	120 lbs.
Chocolate	84 bars	Pigs' Heads	7
Fish	33 lbs.	Pigs' Hocks	24 lbs.
Ham	116 lbs. 4 oz.	Pork	42 lbs.
Honey	1 jar	Prunes	90 lbs.
Lambs' carcases	95	Sauces	2 bottles.
Lambs' plucks	53 lbs.	Sausages	10 lbs.
Lard	50 lbs.	Teacakes	320
Meat	1088 lbs. 5 oz.	Vermicelli	27½ lbs.

Food Sampling

The Public Control Department of the Middlesex County Council has supplied the following information on food and drugs sampling in the Borough during 1957:-

Articles	Total Samples Procured	Unsatisfactory
Milk (various)	106	4
Butter	5	-
Cakes	49	5
Cheese	2	-
Cream	3	1
Drugs	13	-
Fish and Fish Products	11	2
Fruit, Fresh, Canned etc.	15	5
Fruit Squash etc.	5	-
Ice Cream	13	-
Meat and Meat Products	105	4
Margarine	7	-
Non-Brewed Condiment	1	1
Peas	14	-
Preserves	5	-
Spirits	13	-
Sweets	7	-
Vinegar	30	4
Miscellaneous	17	-
Totals	421	26

Commenting upon the unsatisfactory samples, the Public Control Officer makes the following observations:-

"**Milk**: One of the unsatisfactory samples of milk was found to be deficient in milk fat. This was one of a number of samples of new milk taken from a number of churns consigned to a dairy within your area. All the remaining samples from this consignment were satisfactory and no further action was called for. The other 3 unsatisfactory samples of milk each contained small fragments of glass in the bottle. In one case a caution letter was sent to the processors concerned, but in the other 2 cases the evidence which could be obtained was not sufficient to justify any further action being taken.

"**Cakes**: A cake sold as "Buttercake" was found not to contain butter but to have an artificial butter flavouring; the manufacturer was cautioned. Two samples of cream cakes from one baker and a sample of cream trifle from another manufacturer were all found to contain imitation cream. Caution letters were sent to these two

manufacturers. A sample of cakes described as "Macaroons" contained no almond and an undertaking was received from the manufacturer concerned that a suitable amendment would be made to the wording on the wrappers used for this food.

"**Cream**: A sample sold as "double cream" was found to be slightly deficient in milk fat. A subsequent sample taken shortly afterwards from the same source was found to be genuine and no further action was called for.

"**Fish**: Two purchases of fish from the same retailer were found to be smoked cod and not smoked haddock which had been requested. An official caution was sent to the retailer concerned.

"**Fresh Fruit**: Five samples sold as "William pears" were each found to be Packham's Triumph pears. Two of these samples were purchased from one retailer who was prosecuted and who was fined £4. with £2. 2s. 0d. costs. The three other traders from whom the other 3 samples were purchased were also prosecuted and each was fined £2. with £1. 1s. 0d. costs.

"**Meat and Meat Products**: Two samples of calves' liver purchased from a butcher were both found to be ox liver; the retailer was prosecuted and fined £6. Two samples of lambs' liver purchased from another butcher were found to be pigs liver against whom proceedings were taken and who was fined a total of £6. with £2. 2s. 0d. costs.

"**Non-Brewed Condiment**: A sample of non-brewed condiment was found to be 13% deficient in acetic acid and an official caution was sent to the retailer concerned.

"**Vinegar**:- In response to a request for vinegar a trader sold non-brewed condiment. A subsequent sample purchased shortly afterwards was found to be satisfactory and no further action was called for. Two purchases of vinegar were made from another retailer and non-brewed condiment was supplied on each occasion; an official caution was sent to this trader. Another trader also supplied non-brewed condiment when vinegar was requested. Shortly afterwards when another purchase was made from the same shop the trader correctly declared to the purchaser that he was supplying non-brewed condiment and no further action was called for with regard to the first unsatisfactory sample."

The Public Control Officer has also furnished the following report upon associated work under other Acts:-

"**Merchandise Marks Acts, 1887-1953**: 275 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. 1,188 separate displays of meat, apples, tomatoes, poultry, dried fruit and bacon were examined, and in addition a number of test purchases were made.

A trader was found to have exposed for sale in her shop window curtain material which was falsely described by means of a show ticket as being 48" wide, whereas it measured only 46½". Proceedings were taken against this trader who was fined £5. 5s. 0d. and ordered to pay £4. 4s. 0d. costs.

Seventy-five summonses were issued against seven retail butchers and three butchers managers in respect of offences against the Merchandise Marks Act, 1887, and the Marking Orders made under the Merchandise Marks Act, 1926. There were 6 summonses for selling unmarked imported meat when English meat was requested; 23 summonses for falsely describing by label Argentine beef as "English". A further 22 summonses were issued against a butchers manager for aiding and abetting his employer in falsely labelling Argentine meat as "English", and another 2 against another manager for aiding and abetting his employers in not marking imported meat. There were 22 summonses against retailers for failing to mark imported meat and offal with a prescribed indication of origin. One retail company against whom three such summonses were issued in turn summonsed their manager as being the actual offender. In this case the employers were convicted but exempt from penalty and their manager was convicted and fined. In all the other cases the defendants were found guilty of all the offences alleged and the total amount of fines imposed amounted to £209, together with a total of £22. 1s. 0d. costs."

"**Labelling of Food Order, 1953**: At 245 premises 982 articles of prepacked food were examined to see that they bore a label which gave a clear statement of the designation of the food and, in the case of compound foods, the ingredients, and also the name and address of the packer or labeller. No infringement of this Order was detected.

"**False or Misleading Descriptions**: As in previous years a considerable amount of work has been done in the detailed scrunity of advertisements and the labels on pre-packed foods, and taking suitable action 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 the whole County irrespective

of where within the County offences may be detected. During the year under review corrective action has been secured in respect of salmon with potato salad, crystallised jelly pineapple slices, pure egg mundelech, cherry juice, lime juice, imitation cream, cream filled biscuits, cream filled Easter eggs and cheese. In every case the person responsible agreed to make necessary suitable amendments to labels as a result of my representations. In no case was it necessary to institute proceedings.

"**Special Designated Milk**: Three samples of milk sold under a special designation were purchased and all were certified as being satisfactory."

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply

I am indebted to the Medical Director of Water Examination of the Metropolitan Water Board for the following report upon water supplied to the borough during 1957.

"The supply to the Tottenham area has been satisfactory both in quantity and quality during the year 1957. Details of the analytical results of the water passing into supply are given in the following table.

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 is now in operation at Stoke Newington.

(b) River Thames water stored in the Board's reservoir 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 ."

Drainage and Sewerage

Separate systems of soil and surface water sewerage continue to operate throughout the Borough.

Reports of pollution in water courses are received from time to time and investigations are carried out to ascertain the source. Such investigations present a problem in a Borough of this character where much of the drainage is very old. Domestic pollution

Average Results of the Chemical and Bacteriological Examination of the Water Supplied to the Borough of Tottenham for the Year 1957

Milligrams per litre (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 Units	Colour m.m. brown 2ft. Tube Burgess's Tintometer	Hardness (Total)	Hardness (Non-carbonate)	pH. Value	Electrical Conductivity (gemmhos)
New River water filtered at Hornsey works	238	0.012	0.046	5.6	34	0.60	0.1	5	300	64	7.8	625
New River water filtered at Stoke Newington works	238	0.028	0.045	5.5	34	0.59	0.1	6	298	62	7.9	600
River Thames derived filtered water	1882	0.027	0.074	3.9	29	1.16	0.3	11	260	56	7.9	550

Bacteriological Results
After Chlorination (Water Passing into Supply)

Description of Sample	No. of Samples	Plate count (average per m.l.) Colonies counted on agar after 20-24 hrs. at 37°C.	Coliform Test Percentage of Samples negative in 100 m.l.	
			Coliform	E. Coli
New River water filtered at Hornsey works	256	9.4	99.61	100
New River water filtered at Stoke Newington works	256	11.2	100	100
River Thames derived filtered water	3438	6.4	99.33	99.91

is invariably more difficult to trace than industrial.

It is hoped that the work on the East Middlesex drainage and on the flood relief schemes now in progress will assist in resolving the question of pollution.

No serious flooding occurred during the year and it is anticipated that as the work of flood relief progresses the risk of flooding will be greatly reduced.

Closet Accommodation

The water carriage system is in operation in the Borough.

One aspect of closet accommodation should be mentioned. With the continuing influx of West Indian and other overseas families attention will be required to the houses they occupy. In many of these houses extensive sub-letting occurs and the question of adequate closet accommodation could present a problem.

Atmospheric Pollution

Certain sections of the "Clean Air Act 1956" came into operation on the 31st December 1956 and this, therefore, is the first annual report which deals with its administration.

The sections with which this report is mainly concerned are those dealing with the establishment of Smoke Control Areas, viz. Sections 11, 12, etc.

Certain preliminary work was done in the department regarding the extension of the existing Markfield Smokeless Zone and in April, 1957 I was able to report to the Committee details of the proposals.

These were to extend the boundaries of the area as follows:-

from Broad Lane - south to the Borough boundary

High Road - east to the River Lee.

This represents an area of approximately 180 acres comprising 2,000 dwelling houses and other buildings.

Estimates were prepared regarding the cost of replacing, adapting and converting the existing domestic appliances totalling £43,000.

Approval in principle was given to these proposals by the Council and the officers instructed to discuss the project with the Ministry. It was decided to proceed under the Clean Air Act.

ATMOSPHERIC POLLUTION RECORD. 1957

	Park Lane			St. Ann's			Tottenham Technical College			
							Smoke		Sulphur Dioxide	
	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)	Monthly Average (Mg/m^3)	Highest Daily Reading (Mg/m^3)	Monthly Average (Parts per Million)	Highest Daily Reading (Parts per Million)
January	1.12	7.41	5.85	1.19	9.25	4.75	.22	.64	.06	.13
February	3.08	6.80	7.01	3.08	10.81	6.98	.32	.69	.08	.18
March	0.98	7.54	5.38	0.90	15.99	5.96	.25	.74	.08	.19
April	0.13	5.48	2.58	0.17	7.99	2.90	.13	.55	.05	.17
May	1.28	7.66	4.57	1.19	9.70	4.07	.09	.27	.04	.08
June	4.30	12.31	9.87	3.97	13.48	10.64	.05	.12	.04	.08
July							.03	.08	-	-
August	2.05	5.89	4.18	2.04	6.05	5.94	.04	.12	.03	.08
September	2.10	3.83	3.89	2.12	5.15	5.70	.07	.17	.03	.06
October	1.75	5.80	5.41	1.90	5.85	6.24	.23	.72	.06	.14
November	2.16	6.71	5.52	2.25	6.73	7.88	.20	.38	.06	.11
December	1.49	7.77	7.02	1.56	7.63	6.58	.45	2.55	.08	.27

Ministerial approval in principle was subsequently received and the work of making a detailed survey started.

Since it has become evident that the Council's proposals are being favourably received by occupiers of the houses in the area.

In order to give publicity to other requirements of the Clean Air Act a meeting was held in November, 1957 to which all sections of the manufacturing and industrial bodies were invited when a film was shown and the meeting addressed by the Town Clerk, Medical Officer of Health and Chief Public Health Inspector.

Regarding the atmospheric pollution generally proceedings were taken in the Magistrates Court against a local laundry. The Court made an order in favour of the Council and the offending firm have now installed a chain grate stoker.

Housing

The clearance area programme prepared under Section 1, Housing Repairs and Rent Act, 1954 is being adhered to, subject to certain amendments mentioned in my Annual Report for 1956.

One large area comprising 200 houses was officially represented during the year. Public Inquiries were held by the Ministry inspector in respect of four clearance areas during 1957, objections having been received against the inclusion of a large proportion of the houses condemned.

Five clearance areas, represented in 1956 and 1957, received official confirmation, but in respect of one area an appeal against the official confirmation was lodged in the High Court. The outcome of this appeal, which is of great importance to the Council, will be awaited with interest.

Sections 9 and 10

The provisions of these sections continue to be operated as occasion demands.

It is as yet, too early in the life of the Rent Act, 1957 to assess whether the intentions of this Act are being fulfilled.

To establish this some consideration must be given to the question of reverting to our former practice of house to house inspection. As stated in previous reports, the bulk of the complaints relating to housing repairs come from the occupiers of the older houses. Many of these are in areas already scheduled for clearance and the use of sections 9 and 10 is not advisable. There

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		8.57	10.57
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	29.11.56	11.10.56	14. 2.57	-	-
Northumberland Park	26	28. 2.56	19.12.56	26. 4.57	-	-
Markfield No. 3	57	3. 7.56	7. 5.57	5. 9.57	-	-
Braemar Road/ Kent Road	21	2.10.56	23.10.57	6. 2.58	-	-
Cunningham Road	5	27.11.56	23.10.57	6. 2.58	-	-
Tewkesbury No. 4	15	30.10.56	27.10.57	24.12.57	-	-
Albert Road/ Richmond Road Nos. 1,2,3 & 4	200	4. 6.57	-	-	-	-

are, however, other areas of the Borough from which complaints are received, not so scheduled, and it is in these areas where one must expect the Rent Act to prove its purpose.

It is to be regretted that so few owners of tenanted houses seek to take advantage of the grant provisions of the Housing Act, 1949, to obtain assistance in improving existing houses. Such applications as the Council do receive mainly come from owner/occupiers who want to provide bathrooms.

HOUSING ACTS 1936 & 1957 SECTIONS 9 & 10

WORK IN DEFAULT

YEAR	NUMBER OF HOUSES	COST		
		£	s.	d.
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
1957	17	510	13	9

Individual Unfit Houses

During 1957 nine individual unfit houses which were not considered capable at reasonable expense of being rendered fit for human habitation were dealt with under the Housing Act and in five cases demolition orders were made. In the other four closing orders were made where houses were in terraces and the demolition would have affected the adjoining property.

Premises the subject of Demolition Orders not demolished as at 31st December, 1957.

Premises	Date of Order
5 - 8 Union Row	11. 8.43
78 Stamford Road	29. 1.57
97 Markfield Road	* 4.11.57
33 Waverley Road	* 4.11.57
38 St. Ann's Road	* 6.12.57

* These premises were still occupied at 31.12.57.

Rehousing: Assessment of Applications with Medical Aspects

When there are special medical circumstances affecting the rehousing needs of applicants on the Council's waiting list the Council give consideration to this in deciding the cases in most urgent need of rehousing. However, many medical conditions may not be affected by the home conditions nor benefit by rehousing. To ensure a proper assessment of medical cases details of applicants claiming priority on these grounds are referred to the Medical Officer of Health. The medical conditions are fully investigated and if necessary, the applicant's permission is obtained for a direct approach to be made to the family doctor or the hospital for further information. In addition, the home is visited by the Medical Officer so that the environmental conditions can be related before making a final recommendation upon the degree of priority warranted.

Certificates of Disrepair

The Rent Act, 1957, which came into force on the 6th July, 1957, introduced a revised and more involved procedure for obtaining a rent abatement where premises are not in a satisfactory state of repair. The Act also brought about an important change in the standard which could be required. It is no longer possible to take into account many defects which may warrant action under the Housing Acts such as rising dampness due to the absence of dampproof courses, settlement, and lack of natural lighting.

A notice of increase in rent (except for rates, improvements, etc.) is void if it is served at a time when the premises are in a clearance area, or there is a demolition or closing order on the premises or there is an outstanding notice under S. 9 of the Housing Act, 1936 or S. 94 of the Public Health Act, 1936. Also, if one of these conditions should apply after service of the notice of increase but before it takes effect no increase will be recoverable until the premises are freed from that state.

Revised Procedure

1. Tenant must serve List of Defects of Repairs on owner.

2. Landlord is allowed six weeks in which either to remedy defects or submit an Undertaking so to do.

3. If after six weeks the landlord has done neither, tenant may apply to Council for Certificate of Disrepair, sending a copy of the notice he served on the landlord and paying a fee of 2/6d.

4. If Council satisfied a Certificate is warranted they must notify owner to this effect and list those defects contained in the tenant's original notice which they consider should be remedied. There is no power to add defects to the list submitted by the tenant.

5. The landlord is allowed three weeks in which to submit an undertaking to remedy the defects.

6. The Council may refuse to accept landlord's undertaking if -

   (a) a certificate of disrepair in respect of the premises has previously been issued against him under the Rent Act, 1957;

   (b) he has previously defaulted under a repairs notice issued by a local authority in respect of the premises under Section 9 of the Housing Act, 1936;

(c) he has not carried out an undertaking to remedy defects previously given by him in respect of the premises or any other premises of which he is the landlord in the area of the local authority; or

(d) he has previously been convicted of certain offences under the Public Health Acts in respect of any premises in which he had an interest.

7. If after three weeks an undertaking is not received or is refused the Council may issue the Certificate of Disrepair, and must send a copy to the landlord.

8. When landlord has remedied defects he may apply for Certificate to be cancelled, paying a fee of 2/6d.

9. Council must notify tenant who has a right to object within three weeks.

10. If no objection received or Council consider any such objection is not justified, the certificate must be cancelled.

Where a landlord gives an undertaking to remedy defects a period of six months is allowed for him to discharge it. At the expiry of that time if the defects have not been remedied the tenant may apply to the Council for a certificate as to the remedying of defects which the landlord has undertaken, paying a fee of 2/6d. The position is then the same as if a Certificate of Disrepair were in force until the defects have been remedied.

Position where a Certificate of Disrepair is in force or Defects have not been remedied within six months in accordance with Undertaking.

1. Any increase, except for rates, improvements, etc. specified in a notice served not more than six months before certificate was applied for or undertaking given, ceases to have effect;

2. The rent must not exceed 1 1/3 times the gross value; and

3. The tenant may also deduct weekly an amount equal to the rent adjustment until he has recovered any past rental he would not have had to pay if the rent abatement dated back to the date of application for the certificate or the date of the landlord's undertaking. This weekly deduction cannot be continued after the certificate has been cancelled or the defects have been remedied.

Position of outstanding Certificates under the Housing Repairs and Rents Act, 1954.

These certificates, so far only as they relate to defects of repair, have the same effect as if issued under the 1957 Act.

During 1957 there were 248 applications for Certificates of Disrepair. It was found that the majority of the applications were justified and in many cases the owners submitted undertakings to remedy the defects within six months upon being notified of the Council's intention to issue Certificates of Disrepair. In 74 cases Certificates of Disrepair were issued where the owners failed to give such undertakings. There were 12 applications for Cancellation of outstanding certificates, seven of which were issued under the 1954 Act. The application was granted in each case.

Administration

It has been found that the procedure under the new Act involves the department in considerably more work than that of the previous Rent Act. Much difficulty has been experienced in interpreting the terms used by the tenants on their original notices to the landlord which form the basis of all subsequent action. The surveying of property and preparation of schedules of defects is essentially a matter for a qualified technical officer but it has rarely been found that the tenants have been able to employ a surveyor to act on their behalf with the result that notices they prepared are often indefinite and ambiguous. As far as possible the items listed by the tenants are interpreted by the department's officers when they make their survey and more concise terminology is used in subsequent notices.

The following sets out the number of applications for certificates of disrepair and the number of applications for cancellation of certificates.

Applications for Certificates of Disrepair

(1) Number of applications for certificates under Rent Act, 1957:		248
(2) Number of decisions not to issue certificates:		2
(3) Number of decisions to issue certificates:		246
(a) in respect of some but not all defects:	117	
(b) in respect of all defects:	129	

(4)	Number of undertakings given by landlords under paragraph 5 of the First Schedule:	147
(5)	Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule:	-
(6)	Number of certificates issued:	74

Applications for Cancellation of Certificates

(7)	Applications by landlords to Local Authority for cancellation of certificates:	12
(8)	Objections by tenants to cancellation of certificates:	-
(9)	Decisions by Local Authority to cancel in spite of tenant's objection:	-
(10)	Certificates cancelled by Local Authority:	12
(11)	Number of certificates outstanding at 31st December, 1957 including those under the Housing Repairs and Rents Act, 1954	166

Rag Flock and Other Filling Materials Act, 1951

At 31st December, 1957, twenty-three premises were registered for the use of filling materials.

Pet Animals Act, 1951

At 31st December, 1957, twelve premises were licensed as pet shops in accordance with the Pet Animals Act, 1951.

Rodent Control

Co-operation between the operatives responsible for rodent control treatment in dwelling-houses and the public health inspectors ensures thorough investigation into all complaints received.

Where infestation is persistent drain tests are carried out and in a majority of cases defects in the drainage system are found to be the cause.

Sewer treatments were carried out in April and October and the variations in the baiting period as approved by the Ministry of Agriculture and Fisheries were adopted. By this method it has been possible to reduce the number of men engaged on the treatment.

Sewer Maintenance - Results of baiting manholes

Poison take at Manholes	Treatment No. 25 April/May	Treatment No. 26 Sep./Nov.
Complete	-	-
Good	124	130
Small	353	416
Nil	531	497
Estimated number of rats killed	4830	5386
Poison used	2½% zinc phosphide	10% arsenious oxide

The following is a summary of dwelling houses and business premises treated during 1957 -

(1) Dwelling houses 686

(2) Business and Factory premises ... 198

(3) Total charge for (2) above £137-7-10

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. 167 inspections prior to removal to Council houses have been made on notification by the Housing Manager, and disinfestation was required in twenty cases, the furniture being treated in a cyanide chamber.

Cause	Private Houses		Council Houses		Other Premises	Total		
	Houses	Rooms	Houses	Rooms		Houses	Rooms	Others
Ants	11					11		
Beetles	1					1		
Bugs	70	202	2	18		72	220	
Cockroaches	28	13			13	28	13	13
Earwigs	6				1	6		1
Fleas	7	20				7	20	
Flies	1				1	1		1
Lice	2	2				2	2	
Red Mites	4				8	4		8
Spiders								
Wasps	3					3		
Woodworm	1	1				1	1	

Inspections carried out by the Public Health Inspectors

Appointments and Interviews	795
Cinemas & Halls	45
Complaints Investigated	3,043
Conveniences and Urinals	52
Drains defective	207
Drains tested	363
Factories with Mechanical Power	313
Factories without Mechanical Power	30
Food Poisoning	11
Food Premises	
Bakehouses	55
Butchers	207
Cafes	186
Dairies	255
Factories	45
Factory Canteens	60
Fishmongers	85
Greengrocers	93
Ice Cream Premises	108
Slaughterhouses	822
Other Food Premises	363
House to House	233
Improvement Grants	82
Infectious Disease	1,889
Other Visits	6,718
Outworkers	393
Rat Infestation	812
Re-inspections	7,369
Schools	17
S.D.A.A. & Housing Act Advances	248
Smoke Observations	144
Stables and Mews	25
Tuberculosis	0
Work places	33

Defects Remedied

Drains reconstructed	23
Drains repaired	187
Drains cleared	163
W.C. Cisterns repaired or renewed	112
W.C. Pans renewed	73
W.C. Pans cleansed	29

Waste Pipes repaired or renewed	80
Rain water pipes repaired or renewed	185
Roofs repaired or renewed	517
Eaves Gutters repaired or renewed	273
Drinking Water Cisterns renewed	6
Drinking Water Cisterns covered	7
Water Service Pipes repaired	50
Water Supply reinstated	37
Yards repaired or reconstructed	61
Sinks renewed or provided	34
Floors repaired or renewed	207
Floors ventilated	73
Dampness remedied	
by insertion of damp proof courses	48
by pointing of brickwork	82
by internal rendering	201
by miscellaneous remedies	125
Window Frames and Sashes repaired or renewed, or painted	245
Coppers repaired or renewed, or provided	5
Fireplaces, Stoves & Ovens repaired or renewed	113
Flues and Chimney Stacks repaired	63
Brickwork of Walls repaired and Walls rebuilt	76
Ventilated Food Stores provided	5
Rooms cleansed	226
Staircases, Passages & Landings cleansed	27
Staircases, Balconies and Steps repaired or renewed ...	53
Noxious Accumulations removed	28
Nuisances arising from Animals abated	6
Miscellaneous Defects remedied	581

Notices Served

Statutory:-

Housing Act, 1957:		
Section 9	75	
" 17	5	
" 18	1	81
Public Health Act, 1936:		
Section 24	9	
" 39	30	
" 45	7	
" 94	177	223

Tottenham Corporation Act, 1952:			
Section 36		15	
" 43		86	101
Miscellaneous			2
			407
Informal Notices		1,056	

Repair of Houses by the Council

Work carried out in default or by agreement with the owners during 1957.

		£	s.	d.
Housing Acts 1936 & 1957				
Section 9	17 premises	510	13	9
" 11	1 "	13	2	6
Public Health Act 1936				
Section 24	10 premises	122	16	0
" 39	4 "	181	9	6
" 45	2 "	20	5	11
" 94	4 "	218	3	10
Tottenham Corporation Act 1952				
Section 36	5 premises	27	5	5
" 38	2 "	30	13	1
" 43	37 "	435	7	7
" 54	2 "	6	12	5
		1,566	10	0

FACTORIES AND SHOPS

There is a wide range of products from the many factories which are scattered throughout the Borough with a greater concentration on the east side of the High Road in the vicinity of the River Lea. The industrial processes are largely of a light nature such as furniture manufacture and light engineering. The 723 factories on the register vary in size from those employing only two to three people to the larger ones 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)

	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	56	32	-	-
(ii) Factories not included in (i) in which section 7 is enforced by the local authority	669	351	20	-
(iii) Other premises under the Act (excluding Outworkers premises)	3	3	-	-
TOTAL	728	386	20	-

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	1	1	-	-
(b) Unsuitable or defective	27	25	-	13
(c) Not separate for sexes	1	1	-	1
Other offences against the Act (not including offences relating to Outwork)	2	2	2	-
TOTAL:-	31	29	2	14

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	389
Household linen	5
Curtains and furniture hangings ...	4
Lace, lace curtains and nets ...	2
Umbrellas	1
Artificial flowers	19
Paper bags	5
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	46
Brushes	9
Feather sorting	2
Carding, etc. of buttons, etc.	2
Stuffed Toys	5
Cosaques, Christmas crackers, Christmas stockings, etc.	7
TOTAL	496

393 visits were made during 1957 to outworkers' premises. No contraventions were reported.

Shops

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 of unfair trading 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.

The Shops Bill, introduced in the House of Lords in 1956, was, after much discussion and many amendments, finally dropped by the Government due to lack of Parliamentary time. The loopholes and anomalies in the present legislation still exist. Such terms as "meals and refreshments", "newly cooked provisions" and "other articles of a perishable nature" are not defined and create difficulties for shopkeepers, trying not to break the law, and for those who have to enforce the law. It can only be hoped that consideration for some amending legislation will be made in the near future.

The following is a summary of inspections, patrols and observations made, during 1957, and relevant action taken.

Inspections

1,284 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.

Section 17(2)	Assistants weekly half holiday notice not affixed in the shop	169
Section 32(2)	Record of hours of employment of young person not being maintained	41
Section 32(3)	Abstract of provisions relating to the employment of young persons not exhibited	38
Section 37(1)	Seats for females not provided	1
Section 37(2)	Notice re seats not displayed	97

In order to draw the attention of occupiers to these contraventions 94 informal notices were served and 126 re-inspections were made to ensure compliance. In this connection 221 forms and notices were sold. 746 male, 1,299 female adult assistants, and 46 male and 127 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:-

Section 1(1)	Shops not closed at 1 p.m.	11
Section 1(2)	Alternative Closing notice not displayed	7
Section 13(1)	Exempted trade notices not displayed or in possession of the occupier	49

In three of the cases where shops had failed to close on the weekly half-holiday no transactions were seen to take place and informal notices were sent. In the remaining eight cases, seven 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 26 notices were sold, seven warning letters were sent 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:-

Section 2	The sale after 8 p.m. of articles not exempted by the 2nd. schedule	5
Section 6	The sale of sugar confectionery after 9.30 p.m.	1

Warning letters were sent to three shopkeepers for offences under section 2. Legal proceedings were instituted against two offenders under that section and against the offender under section 6.

Sunday Trading

The following contraventions were observed:-

Section 22(1)	Compensatory holidays not being allowed for Sunday employment	2
Section 22(3)	Record of Sunday employment not kept ...	12
Section 47	Sale of goods not exempted by the 5th schedule	20
Section 50	Sunday trade notices not displayed or in possession of the occupier ...	69

Informal notices were sent to the occupiers of shops with regard to holidays for Sunday employment and for not keeping a record.

For failing to keep a record one shopkeeper was prosecuted. 3 Form VII (Record of Sunday employment) were sold.

Warning letters were sent to 14 shopkeepers for illegal Sunday trading and in the remaining six cases legal proceedings were instituted. 42 notices were sold to occupiers under section 50. Informal notices were sent requiring these notices to be exhibited on Sunday. Nine warning letters were sent in this connection, and it was found necessary to prosecute 4 shopkeepers for failing to comply with the Regulations.

Section 53: Jewish Traders

During the year the names of two traders were removed from the register and three were added; the total on the register now being six.

Prosecutions

OFFENCE	SECTION	FINE	COSTS	TOTAL
Case 1 (1) Selling cleaning powder on weekly half holiday	1 & 13	£2	£1. 1. 0.	£3. 1 0.
(2) Non exhibition of notices (2 summonses)				
Case 2 (1) Selling cigarettes after 8 p.m.	2	£2	£1. 1. 0.	£3. 1. 0.
(2) Selling cigarettes after 8 p.m. (2 summonses)				
Case 3 (1) Selling crisps after 8 p.m.	2 & 6	*	4. 0.	£3. 5. 0.
(2) Selling sugar confectionery after 9.30 p.m. (2 summonses)		£2	£1. 1. 0.	
Case 4 Selling non-exempted articles on a Sunday	47	£1	10. 6.	£1.10. 6.
Case 5 (1) Selling non-exempted articles on a Sunday	47 & 50	£2	£1. 1. 0.	£3. 1. 0.
(2) Non-exhibition of notices (2 summonses)				
Case 6 (1) Selling pkt. of tea on Sunday	47 & 50	£2	£1. 1. 0.	£3. 1. 0.
(2) Non-exhibition of notices (2 summonses)				
Case 7 N.B. Selling gravy mixture on Sunday	47	*	4. 0.	4. 0.
Case 8 N.B. (1) Failure to keep record of Sunday employment	22			
(2) Selling non-exempted articles on Sunday	47 & 50	£6	£1.11. 6.	£7.11. 6.
(3) Non-exhibition of notices (3 summonses)				
Case 9 N.B. (1) Sale of paint brush on Sunday	47 & 50	£4	£1. 1. 0.	£5. 1. 0.
(2) Non-exhibition of notices				
		£21	£8.16. 0.	£29.16. 0.

N.B. Proceedings taken in 1958 for offences occurring in 1957.

* Absolute discharge.

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	540	Includes infectious diseases wards and special Poliomyelitis unit.
Prince of Wales's General Hospital	223	215	
Annexe at Nazeing (Princess Louise Convalescent Home)	20	20	
Tottenham Chest Clinic	-	-	

A table giving details of the out-patient 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.	-
Endocrine	a.m.					
Varicose veins	a.m.	-	-	-	p.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	a.m. p.m.	a.m. p.m.	a.m. -	a.m. p.m.	a.m. p.m.	-
X-ray	9 a.m. until 5 p.m. every day; Saturdays 9 a.m. - 12 noon					
Orthopaedic	-	a.m.	-	a.m.	-	-
Fractures	a.m.	-	-	-	a.m.	-
Allergy	-	-	-	p.m.	-	-
Veneral Diseases						
Medical Officer						
Males	p.m.	-	p.m.	a.m. p.m.	-	a.m.
Females	-	p.m.	-	a.m.	p.m.	a.m.
Intermediate Treatment	8 a.m. 7 p.m.	8 a.m. 7 p.m.	8 a.m. 7 p.m.	8 a.m. 7 p.m.	8 a.m. 5 p.m.	8 a.m. 12 noon

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. To call an ambulance 999 should be dialled.

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 1957, at the Coppett's Wood Hospital Branch in Hornsey.

Record of Examinations

Throat/Nose Swabs:-	Total Specimens	42
Diphtheria Bacilli	0	
Haemolytic Streptococci	1	
Vincents Angina	0	
Negative	41	
Faeces:-	Total Specimens	241
Shigella	32	
Salmonella enterditidis	1	
Salmonella typhi-murium	5	
Salmonella bredeney	1	
B. Coli	1	
Negative	201	
Sputum:-	Total Specimens	5
Positive	0	
Negative	5	
Pertussis:-	Total Specimens	4
Positive	0	
Negative	4	
Ice-Cream:-	Total Specimens	10
Water:-	Total Specimens	2
Swimming Pools	1	
Paddling Pool	1	
Miscellaneous Specimens:-		25
	Total Number of Specimens	329

Welfare of Aged Persons

The care and welfare of aged persons continues to be a growing social need. The Annual Report for 1956 carried a full description of the local statutory and voluntary services working in this field.

The following therefore is but a brief summary of some of the activities during 1957:-

Chiropody Service:- 804 old people received treatment; 3,522 treatments were given, an increase of 312 on last year.

Christmas, 1957:- 1,026 parcels were packed and delivered by voluntary effort to the homes of the aged sick and housebound. Much assistance was given to the old people at Christmas by persons and organisations in the Borough.

Club Dinners:- A total of 10,312 dinners were served to the old people at Woodberry Down and the Lord Morrison Hall Clubs.

Holidays and Holiday Outings:- 100 old people were able to have two weeks' holiday through the help of the Women's Holiday Fund; numerous old people were able to have a holiday at a cheaper rate by avoiding the high season costs; through the generosity of Grey Green Coaches Ltd. many outings were arranged for the housebound; and countless other people and organisations have given invaluable assistance to old people in a similar way.

Harvest Festival:- 744 old people benefited by the kindness and generosity of schools and Churches who sent their Harvest Festival Thanksgivings for distribution by the Welfare Committee.

Meals-on-Wheels:- 5,725 meals were delivered through the service organised by the Welfare Committee and 3,662 by the Women's Voluntary Services.

Optical Service:- 16 housebound old people have benefited by this service.

Shoe Repairs:- 23 dockets were issued to enable old people to get footwear repaired at a reduced rate.

Laundry Service:- 674 collections were made by the Corporation from incontinent persons.

Baths:- Many old people have received assistance from this facility and are reassured knowing that if they need help they can rely on the Bath Attendants.

Library Service:- 38 housebound old people were visited regularly during the year and a total of 3,518 books were delivered.

General Welfare:- During the year 3,206 office interviews were conducted and 451 home visits made. In addition, hundreds of enquiries and problems were dealt with by letter and telephone by the Old People's Welfare Organisation.

Admission to Hospital:- 157 visits were made to aged persons awaiting admission to the geriatric wards at St. Ann's General Hospital and reports sent to the hospital to enable them to give priority to those in most urgent need of hospital care.

National Assistance Act, 1948, Section 50: Burials

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

Superannuation Medical Examinations

94 persons were examined during the year for appointment to the Council's Staff. 88 of these were passed as fit to carry out their respective duties with efficiency. The causes of unfitness of the 6 persons found unfit are listed as follows:-

(i)	Chronic Bronchitis - emphysema	2
(ii)	Heart Disease	2
(iii)	Chronic Skin Disease	1
(iv)	Deformity of Bones	1

Accidents in the Home

During the year 1956, in England and Wales 6908 persons died as a result of accidents in the home. 80% of these persons were in the age groups of the young and the old. Children and old people therefore are the main participants in this ghastly, widespread and unnecessary domestic tragedy.

The commonest type of accident was the fall. Falls accounted for some 58% of the fatalities. Burns and scalds accounted for 12%.

It is plain to see that by concentrating our efforts on accident prevention in the young and aged, with the possibility of falls, burns and scalds in mind, the greater part of the problem can be met.

A special effort in this direction has been made during the year by health visitors and public health inspectors, who in visiting premises have advised on special dangers to the aged and the young. Liaison with the National Assistance Board has in many instances enabled aged persons to be given grants for fire guards. In one instance advice was sought from the Fire Prevention Officer.

The great wastage of life due to fatalities as a result of burns and scalds is indeed terrifying. It is estimated that there are at present approximately 500 persons in hospital under treatment for burns in the country as a whole; about two thirds of them because their clothes caught alight. Also approximately 125,000 of the public have at some time or another been in hospital for the same cause.

It is hoped that the picture overleaf (published by the Central Office of Information) so realistically demonstrating the burning clothes of a child will instil a sense of importance of the problem in all those responsible for the care of children so that immediate action will be taken to

1. Guard that fire
2. Purchase flame proof materials

This is in anticipation of the Government Sponsored National "Guard that Fire" Campaign for the ensuing year.

GUARD THAT FIRE!

Atomic Radiation

This subject is very much in the news today and promises to be a health problem for years to come. Statements by experts on varying aspects of radiation have tended to confuse the man in the street and often instil fear. An attempt here is made to clarify some basic principles.

What is atomic radiation? In its simplest and widest sense it is a phenomenon of nature: it is present everywhere to a greater or lesser degree and is known as the "natural background radiation" of the earth and its atmosphere. Following the discovery of X-rays by Roentgen in 1895, certain uranium salts were discovered a few months later to possess penetrating rays and shortly afterwards radium itself was discovered. Why should some substances emit rays? The reason is that these substances are composed of atoms that are unstable and these break down and form other substances, and energy in the form of rays is produced. Uranium breaks down to form a series of unstable substances - thorium - radium - radon - polonium, and so on until the stable form of the common metal, lead, is formed. Nowadays radioactive substances can be produced artificially in nuclear reactors, e.g. the numerous radioactive isotopes of iodine or phosphorus and many others which find a great number of uses in medicine and industry.

What are the nature of these rays themselves? They are part of the Electro Magnetic Spectrum of rays. Most of these rays are commonly accepted nowadays and appear in the form of heat (infra-red), light (visible and ultra voilet), wireless waves (Hertzian waves) and X-rays. The true waves to atomic disintegration are known as Gamma rays (Alpha and Beta rays are particulate and cannot be classified as true rays). Gamma rays are similar to X-rays and have the power of great penetration. Alpha and Beta rays have only slight penetration since they are electrically charged particles.

It has been established that all the rays of heat, light and radio, travel at the same speed, some thousands of miles per second. The crucial aspect of difference lies in the wave length (and its frequency) where the greater the wave length (and lower the frequency) the more harmless the ray, and conversely the shorter the wave length (and higher the frequency) the more

dangerous. Radio-waves, the longest, are harmless; Gamma and X-ray are the shortest and are the most dangerous.

X-rays and Gamma rays being the most powerful from the penetration aspect need to be handled with great respect. (Alpha and Beta rays present a problem of their own from the aspect of internal harm once inside the body).

X-rays are produced artificially and are under control in so far as they can be stopped by switching off the electric current, but Gamma rays are emitted continuously from the radioactive substance in all directions. Some of these substances emit rays for short periods, others for centuries, and therein lies their great danger.

The action of Gamma and X-rays on the human body depends on several factors, the type of ray, its period of action, the distance of the body from the source of ray, the amount of previous exposure, the part of the body exposed and the sensitivity of the person to the particular ray.

Hazards

1. **X-ray exposure** (in the light of recent experience) must be more carefully controlled especially in regard to the exposure for diagnostic purposes of the pelvic organs, which are highly sensitive. Also great care must be taken to ensure that X-ray machines are properly shielded. The ordinary exposure to X-rays involved, in for example Chest X-rays, are of very minor proportions, but pedoscopes used in many shoe shops and any similar exposures of frequency can be unnecessary and dangerous from the long term aspect.
2. **Radio Active Substances** can be highly dangerous if used carelessly and unnecessarily. Strict control over exposure must be the keynote of precaution. In hospitals careful regulations are laid down in a code of practice for the storage, use, movement and disposal of wastes. Specialists supervise all aspects of the control. In industry an ever increasing use is being made of these substances and great care must be exercised by all involved. Disposal of radioactive wastes presents a grave problem covered by legal safeguards under the Radioactive Substances Act, 1948.
3. **Nuclear Reactors.** Accidents can produce an outflow of radioactivity as shown by the Windscale accident. From this incident fresh knowledge and design will eliminate the risk of

similar mistakes. The Atomic Energy Act controls Nuclear Reactors.

4. **Nuclear atomic explosions** increase the existing natural background radiation long after the local violence and radio active "fall out" have been scattered by the winds. Very small increases of radio activity in the atmosphere can be recorded at vast distances away from the explosion. But though in radiation hazards it is the accumulative dose that is of importance, it has been authoritively stated that the number of world atomic explosion tests made, so far, is not such as may affect the health of the public in this country. Also the contrary has been said, although expert opinion seems agreed as to the urgency of International Control.

In the meantime assurance too has been given that systematic monitoring is carried out in relation to the atmosphere, food and water supplies.

STATISTICAL SUMMARY

Deaths are classified under the 36 headings based on the abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948. Deaths are assigned to the area where the deceased normally resided, except where the death occurs in a residential home or in a chronic sick or mental hospital where the deceased had been a patient for six months or more.

Although there was a natural increase in population which arose from the births exceeding deaths by 344, the Registrar General estimate of population shows a reduction of 1,400, meaning that the movement of population out of the Borough must have exceeded the inward movement by 1,744.

		1956	1957
Area of District (in acres)		3,013	3,013
Population:			
Census, April, 1951 ...	126,929		
Mid-year: Registrar General's estimate:		120,700	119,300
Rateable Value at 1st April		£1,827,527	£1,737,776
Sum represented by penny rate		£7,285	£7,009
Births:			
Registered live-births			
(a) Legitimate:	Males	737	795
	Females	743	759
	Total	1,480	1,554
(b) Illegitimate	Males	37	47
	Females	43	57
	Total	80	104
(c) Total Live-births:	Males	774	842
	Females	786	816
	Total	1,560	1,658

		1956	1957
Birth-rate per 1,000 estimated population:		12.92	13.90
Stillbirths			
(a) Legitimate:	Males	19	16
	Females	18	14
	Total	37	30
(b) Illegitimate:	Males	-	1
	Females	-	2
	Total	-	3
(c) Total	Males	19	17
	Females	18	16
	Total	37	33
Stillbirth rate per 1,000 total (live and still) births		23.17	20.79
Deaths:			
Males		687	731
Females		565	583
Total		1,252	1,314
Death-rate per 1,000 estimated population		10.4	11.02
Maternal Deaths			
Puerperal Sepsis		0	0
Other puerperal causes		2	2
Total		2	2
Maternal Death-rate per 1,000 total (live and still) births		1.252	1.183
Deaths of Infants under 1 year of age			
(a) Legitimate	Males	21	23
	Females	12	11
	Total	33	34

		1956	1957
(b) Illegitimate	Males	2	5
	Females	3	3
	Total	5	8
(c) Total Infantile Deaths:	Males	23	28
	Females	15	14
	Total	38	42
Infantile Death-rate per 1,000 live births		24.36	25.33

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. These factors make allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole. The death rate comparability factor has been adjusted specifically to take account of the presence of residential institutions in the area.

To compare the crude birth and death rates for Tottenham with the national rates, Tottenham's figures must first be multiplied by the appropriate comparability factor which remains at .97 for births but is reduced from 1.09 to 1.07 for deaths.

Infantile Deaths, 1957

A total of 42 deaths under 1 year of age is recorded, giving a rate of 25.33 per thousand live births. A close examination of the causes, however, can explain this apparently high incidence.

Firstly it is important to note that only 4 of these deaths occurred at home. The remaining 38 occurred in hospital and it is obvious that the causes were of a serious nature. 34 of the deaths were neonatal deaths, i.e. they occurred in the first month of life.

The Causes

(1) **Prematurity.** 19 deaths came under this heading and in two other cases this was a contributing factor. Eight of these deaths

were within the first 24 hours. A further six occurred within 48 hours of birth. Six more followed within the next fortnight and one at one month.

With all the excellent new equipment available at the hospitals for the care of premature infants it is obvious that these were incapable of survival.

(2) **Congenital Malformations.** Six deaths were primarily from this cause and in three other cases this was a secondary cause. The malformations included serious deformities of the brain, nervous system, intestinal canal and respiratory system. Only one case of pyloric stenosis, which died at one month, stood any chance of survival.

(3) **Birth Injuries.** The four deaths under this heading resulted from the hazards, to the brain and its blood vessels, by birth. Two were due to cerebral haemorrhage and two to cerebral damage. Two died one day after birth, one after two days and the fourth by the fourth day.

(4) **Atelectasis.** Of these two deaths one was at three hours after birth and the other, at one day, was associated with an aspirative pneumonia.

(5) **Broncho Pneumonia and other Diseases of the Respiratory System.** Six deaths came under this heading, two of which were associated with prematurity and lived for only one and 10 days respectively. Spastic quadriplegia was a contributing factor in a child who lived for one month. The other three infants suffered from serious lung conditions; two died from acute capilliary bronchitis at three and four months respectively; the third, aged three months, died in hospital from acute tracheobronchitis. Both cases of capilliary bronchitis occurred in the home. It is possible that early removal to hospital of these cases might have afforded some slighter chance of recovery but this condition, in the young, is a very grave state and even hospital treatment may not prove successful.

(6) **Other Causes.** The five deaths listed here were:-

(i) Haemolytic disease of the newborn (at six hours).

(ii) Toxaemia of Pregnancy with cerebral damage as a contributing cause (at two days).

(iii) Intracerebral Tumour in a hydrocephalic child (at 11 months).

(iv) Inhalation of amniotic fluid.

(v) Subdural haematoma following a fall (at six months).

The first three cases occurred in hospital; the fourth case arose before the arrival of the district nurse: much is dependent on calling a midwife in time and precipitant birth is fortunately a rare hazard on the district; the fifth was due to a fall which is always a great risk with a young baby, especially a vigorous infant of six months. With more care this could have been prevented and thereby have helped to lessen the high incidence of accidents in the home.

Table of Cases of Infectious Diseases coming to the knowledge of the Medical Officer of Health during the year 1957 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
	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	-	-	2	-	4	5	1	1	7	13	22	25	5	2	1	1	3	-	-	-	-	-	-	-	92
Measles	15	18	74	80	112	90	109	102	145	129	372	417	17	16	2	7	4	7	-	-	-	-	-	-	1,716
Whooping Cough	4	11	9	2	7	10	2	6	7	8	27	32	4	3	-	-	-	1	-	-	-	-	-	-	133
Pneumonia	2	-	1	-	-	1	-	1	-	1	-	3	-	1	1	-	3	7	3	5	18	10	22	14	93
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	-	2	5	1	1	12
Food Poisoning	-	-	-	-	-	-	1	-	-	-	1	4	-	-	-	1	2	1	1	-	-	2	-	2	15
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	2
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis Infective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Post-infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Acute Poliomyelitis Paralytic	-	-	-	-	-	-	-	-	-	-	-	2	1	-	-	-	-	-	-	-	-	-	-	-	3
Non-paralytic	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1
Dysentery	1	1	2	1	2	4	1	2	3	1	2	2	1	2	1	-	1	5	3	3	3	1	-	4	46
Scabies	-	-	1	1	-	1	-	-	-	-	1	-	1	1	-	1	2	2	-	-	-	-	-	1	12
Tuberculosis																									
Respiratory	-	-	1	-	-	-	-	1	-	1	-	-	-	-	2	3	15	8	9	7	27	3	7	2	86
Meninges & C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	1	-	-	-	-	1	-	4
Smallpox	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	-	-	3
Total	22	30	90	84	125	111	114	113	162	153	427	487	30	27	7	13	32	34	17	16	50	22	31	24	2,221

INFANTILE DEATHS IN AGES AND SEXES DURING THE YEAR 1957

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	-	1	1	-	-	-	-	-	-	5	3	2
Other diseases of respiratory system	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1	-
Gastritis, enteritis and diarrhoea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Congenital malformations	-	-	-	-	-	-	-	1	2	2	5	1	-	-	-	-	-	-	-	-	-	6	2	4
Prematurity	8	5	1	1	-	-	-	3	-	-	18	1	-	-	-	-	-	-	-	-	-	19	15	4
Atelectasis	1	1	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	2	1	1
Birth injuries	-	2	1	-	1	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	4	3	1
Other causes	2	-	1	-	-	-	-	-	-	-	3	-	-	-	-	-	1	-	-	-	1	5	3	2
Total	10	10	4	-	1	-	-	5	2	2	34	3	-	2	1	-	1	-	-	-	1	42	28	14

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	5	4	-	-	-	-	-	-	-	-	-	2	3	1	2	1	-	-
Tuberculosis, other	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Syphilitic disease	1	1	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective & parasitic diseases	1	1	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-
Malignant neoplasm, stomach	26	12	-	-	-	-	-	-	-	-	-	-	12	3	11	4	3	5
Malignant neoplasm, lung bronchus	72	9	-	-	-	-	-	-	-	-	1	-	36	1	26	3	9	5
Malignant neoplasm, breast	1	25	-	-	-	-	-	-	-	-	-	3	-	11	-	5	1	6
Malignant neoplasm, uterus	-	5	-	-	-	-	-	-	-	-	-	2	-	2	-	1	-	-
Other malignant & lymphatic neoplasm	73	60	-	-	-	-	1	-	-	-	4	7	26	19	21	16	21	18
Leukaemia, Aleukaemia	6	7	-	-	1	-	-	-	-	-	1	1	1	1	1	2	2	3
Diabetes	3	6	-	-	-	-	-	-	-	-	1	1	-	-	1	3	1	2
Vascular lesions of the nervous system	57	74	-	-	-	-	-	-	-	-	1	1	8	9	18	25	30	39
Coronary disease, angina	153	57	-	-	-	-	-	-	-	-	5	2	63	9	48	23	37	23
Hypertension, with heart disease	4	18	-	-	-	-	-	-	-	-	-	-	-	4	2	2	2	12
Other heart disease	65	102	-	-	-	-	-	-	-	-	2	2	15	12	15	21	33	67
Other circulatory disease	25	32	-	-	-	-	-	-	-	-	-	-	6	2	12	11	7	19
Influenza	6	4	-	-	-	-	-	1	1	-	-	1	-	1	4	-	1	1
Pneumonia	41	32	3	2	-	-	-	-	2	-	-	1	9	8	12	7	15	14
Bronchitis	58	30	1	-	1	-	-	-	-	-	-	-	16	4	22	10	18	16
Other diseases of respiratory system	10	2	-	-	-	-	1	-	-	-	1	-	3	-	3	-	2	2
Ulcer of stomach & duodenum	12	5	-	-	-	-	-	-	-	-	1	-	8	1	-	-	3	4
Gastritis, enteritis & diarrhoea	6	3	-	-	-	-	-	-	-	-	-	1	1	1	2	-	3	1
Nephritis & Nephrosis	6	4	-	-	-	-	-	1	1	1	1	-	1	-	1	-	2	2
Hyperplasia of prostate	7	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	3	-
Pregnancy, childbirth & abortion	-	2	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Congenital malformations	2	5	2	4	-	-	-	-	-	-	-	-	-	-	-	1	-	-
Other defined & ill defined diseases	60	57	21	7	1	-	-	-	2	-	2	2	12	19	7	16	15	13
Motor vehicle accidents	6	4	-	-	1	-	-	-	1	-	-	1	4	1	-	-	-	2
All other accidents	18	11	1	1	-	-	1	-	2	-	1	1	5	2	3	1	5	6
Suicide	7	10	-	-	-	-	-	-	-	-	-	4	6	4	-	2	1	-
Homicide & operations of War	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	731	583	28	14	4	-	4	2	9	2	21	33	237	116	214	155	214	261

CANCER DEATHS 1957

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	5	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	3	1	-	-
Digestive Organs and Peritoneum	55	38	-	-	-	-	-	-	-	-	-	-	-	1	-	2	8	-	13	8	20	15	13	10	1	2
Respiratory system	75	11	-	-	-	-	-	-	-	-	-	-	-	-	1	-	9	2	29	-	26	3	10	5	-	1
Breast and Genito-urinary system	21	43	-	-	-	-	-	-	-	-	-	-	-	1	-	6	3	6	5	13	8	7	5	10	-	-
Other and unspecified sites	14	14	-	-	1	-	-	-	-	-	-	-	2	-	1	2	2	4	3	2	3	4	2	2	-	-
Lymphatic & Haemato-poietic Tissues	8	11	1	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	2	2	2	2	2	5	-	-
TOTAL	178	118	1	-	1	-	-	-	-	-	-	-	3	3	3	10	22	13	53	25	59	31	35	33	1	3

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	
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	1,665	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
1957	119,300	1,314	11.02	1,658	13.90	42	25.33	2	92	-	86	4	296

* 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 1957.

District	Population mid-1957	Birth rate per 1000 population		Death rate per 1000 population		Specific death rates per 1000 population		Infant mortality per 1000 live births		Maternal mortality per 1000 total births
		Crude	Adjusted	Crude	Adjusted	Pulmonary tuberculosis (a)	Cancer (a)	Infant (a)	Neo-natal (a)	(a)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Acton	65,840	14.2	13.3	10.6	11.1	0.08 (5)	2.2 (148)	19.2 (18)	13.9 (13)	- (-)
Brentford & Chiswick	57,700	13.8	13.0	10.9	11.0	0.07 (4)	2.3 (131)	16.3 (13)	13.8 (11)	- (-)
Ealing	183,600	14.5	13.9	10.3	11.2	0.11 (20)	2.2 (412)	17.6 (47)	10.9 (29)	0.74 (2)
Edmonton	96,530	12.9	12.6	9.8	11.1	0.04 (4)	2.1 (202)	13.6 (17)	12.0 (15)	- (-)
Enfield	109,200	13.4	13.4	10.9	9.9	0.07 (8)	2.2 (242)	10.3 (15)	6.8 (10)	2.01 (3)
Feltham	50,000	16.3	15.8	7.0	11.1	0.02 (1)	1.5 (76)	19.6 (16)	16.0 (13)	- (-)
Finchley	69,380	13.3	12.8	11.3	10.3	0.10 (7)	2.4 (168)	17.3 (16)	15.1 (14)	1.06 (1)
Friern Barnet	28,490	11.2	12.5	16.9	9.6	0.21 (6)	2.4 (69)	3.1 (1)	3.1 (1)	- (-)
Harrow	215,000	12.9	13.2	9.0	10.7	0.06 (12)	2.0 (425)	14.0 (39)	9.7 (27)	0.35 (1)
Hayes & Harlington	67,190	15.9	14.9	7.6	12.3	0.10 (7)	1.8 (118)	14.0 (15)	10.3 (11)	- (-)
Hendon	152,600	12.6	12.0	10.0	10.6	0.07 (11)	2.2 (330)	21.9 (42)	17.2 (33)	- (-)
Heston & Isleworth	105,100	12.4	12.3	10.3	11.0	0.07 (7)	2.0 (205)	23.0 (30)	17.6 (23)	- (-)
Hornsey	96,890	16.2	15.1	11.5	10.2	0.07 (7)	2.3 (225)	17.2 (27)	15.3 (24)	0.62 (1)
Potters Bar	20,370	15.5	14.3	8.5	11.2	0.05 (1)	1.1 (23)	15.8 (5)	9.5 (3)	- (-)
Ruislip - Northwood	75,280	13.4	13.4	7.4	9.3	0.05 (4)	1.7 (128)	23.8 (24)	17.8 (18)	- (-)
Southall	53,000	15.0	15.5	13.0	11.3	0.25 (13)	2.0 (108)	21.4 (17)	16.4 (13)	- (-)
Southgate	71,250	11.2	12.1	12.6	10.5	0.13 (9)	2.8 (202)	20.1 (16)	15.0 (12)	- (-)
Staines	45,770	18.4	17.1	7.9	10.0	0.09 (4)	1.3 (60)	14.3 (12)	8.3 (7)	- (-)
Sunbury	27,690	22.4	20.4	9.2	11.9	0.04 (1)	1.5 (41)	19.4 (12)	14.5 (9)	- (-)
Tottenham	119,300	13.9	13.5	11.0	11.8	0.08 (9)	2.4 (283)	25.3 (42)	20.5 (34)	1.18 (2)
Twickenham	103,600	12.9	13.3	10.8	10.4	0.08 (8)	2.2 (228)	16.5 (22)	12.0 (16)	- (-)
Uxbridge	60,780	17.1	15.6	9.1	12.0	0.10 (6)	1.7 (104)	21.1 (22)	15.4 (16)	- (-)
Wembley	127,500	11.4	11.4	9.2	10.9	0.05 (6)	2.0 (260)	18.5 (27)	14.4 (21)	- (-)
Willesden	174,100	16.5	15.2	9.7	11.2	0.07 (13)	2.3 (405)	16.7 (48)	11.8 (34)	0.68 (2)
Wood Green	49,500	13.2	13.2	9.8	9.6	0.12 (6)	2.2 (107)	16.8 (11)	16.8 (11)	- (-)
Yiewsley & West Drayton	23,340	19.4	17.7	7.1	10.2	0.13 (3)	1.4 (33)	15.5 (7)	8.8 (4)	2.16 (1)
COUNTY	2,249,000	14.1	13.8	10.0	10.9	0.08(182)	2.1 (4733)	17.7 (561)	13.3 (422)	0.04 (13)

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

AREA

PERSONAL AND SCHOOL HEALTH SERVICES

TOTTENHAM AND HORNSEY

(JOINT POPULATION 217,920)

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 five years and the percentage of hospital confinements was 82.8%, practically the same as the previous year.

			1957	1956	1955
Live Births	(a)	Domiciliary	566	534	429
	(b)	Hospital or Nursing Home	2679	2589	2509
Still Births	(a)	Domiciliary	3	4	4
	(b)	Hospital or Nursing Home	63	56	53
			3311	3183	2995

Ante-natal Clinics

The percentage of expectant mothers making at least one attendance at one of the local authority ante-natal clinics was 68.5% during 1957 compared with 69% the previous year. Owing to increased attendances an additional fortnightly session was held at Burgoyne Road Clinic throughout the year.

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

	No. of sessions held	No. of new cases		Total attendances		Average attendance per session
		A.N.	P.N.	A.N.	P.N.	
Burgoyne Road	72	174	96	1185	158	18.7
Church Road	74	155	76	1222	78	17.6
Fortis Green	100	250	115	1927	118	20.5
Hornsey Town Hall	156	328	154	2441	162	16.7
Mildura Court	64	202	80	1360	113	23.0
Stroud Green	51	164	56	859	57	18.0
The Chestnuts	203	392	191	2578	192	13.6
Lordship Lane	205	305	187	2176	193	11.5
Park Lane	104	297	165	1383	167	14.9
Totals 1957	1029	2267	1120	15131	1238	15.9
Totals 1956	997	2192	1132	14808	1193	16.0
Totals 1955	1016	2003	1187	14652	1261	15.7

Midwives' Ante-Natal Clinics

It was possible to re-institute sessions at Burgoyne Road and Mildura Court Clinics which were in abeyance the previous year owing to the shortage of midwives. The following table shows the attendances made during the year:-

Midwives Clinic	No. of sessions held	Total No. of attendances	Average attendance per session
Burgoyne Road	12	81	6.8
Fortis Green	27	188	6.9
Hornsey Town Hall	22	111	5.0
Mildura Court	14	54	3.9
Stroud Green	15	94	6.3
Park Lane	125	709	5.7
Total	215	1237	5.8

Health Education in Maternity and Child Welfare Clinics

Health teaching is given in Mothercraft classes at special sessions in the clinics. The best attended is Lordship Lane where there is a Mothercraft Centre separate from the clinic main building. Health visitors undertake this work as well as the supervision of Relaxation Exercise classes for the expectant mother. The atmosphere of group discussion has been promoted at all sessions. A programme of matters for advice and discussion is available to all mothers attending the classes. Student health visitors also attend for practical experience in health teaching.

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	43	30	309	7.2
Church Road	45	29	265	5.9
Fortis Green	42	84	429	10.2
Hornsey Town Hall	52	95	479	9.2
Mildura Court	44	30	151	3.4
The Chestnuts	51	97	605	11.9
Lordship Lane	52	112	723	13.9
Park Lane	51	59	393	7.7
Total	380	536	3354	8.8

Child Welfare Centres

The percentage of children under one year of age who attended for the first time during the year continued the improvement noted in 1956. During the past five years this figure has risen from 89.1% to 97.2%. Towards the end of the year it was found necessary to hold an additional weighing session each week at the Somerset Road Centre owing to increased attendances.

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	155	281	4871	537	246	5654	1494	36.5
Church Road	146	225	3204	495	86	3785	1636	25.9
Fortis Green	156	301	3230	621	209	4060	1592	26.0
Hornsey Town Hall	202	484	5940	829	287	7056	2957	34.9
Mildura Court	103	215	3383	569	63	4015	1552	39.0
Stroud Green	102	203	2353	501	113	2967	799	29.1
The Chestnuts	256	549	7464	1057	276	8797	2399	34.3
Lordship Lane	253	344	5515	1061	302	6878	1676	27.2
Park Lane	207	323	4986	81	247	6044	1762	29.2
Somerset Road	111	229	3721	610	151	4482	1150	40.4
Totals 1957	1691	3154	44667	7091	1980	53738	17017	31.8
Totals 1956	1660	2945	41816	6716	2208	50740	15758	30.6
Totals 1955	1587	2709	40354	7176	2659	50189	15645	31.6

Toddlers' Clinics

These clinics continued to be held at all maternity and child welfare centres and have been fully reported on in previous years.

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

Name of Centre	No. of sessions held	Total attendance	No. of cases seen by M.O.	Average attendance per session
Burgoyne Road	29	479	479	16.5
Church Road	50	563	480	11.3
Fortis Green	24	302	302	12.6
Hornsey Town Hall	61	673	673	11.0
Mildura Court	50	722	659	14.4
Stroud Green	23	328	328	14.3
The Chestnuts	49	627	625	12.8
Lordship Lane	51	723	723	14.2
Park Lane	50	471	471	9.4
Somerset Road	46	519	516	11.3
Totals 1957	433	5407	5256	12.5
Totals 1956	449	5296	5207	11.8
Totals 1955	392	4904	4769	12.5

Accident Survey

Dr. Helen Garrow, Senior Maternity and Child Welfare Officer, reports that a survey of accidents occurring in the two to five year age group was undertaken for six months by Dr. Trevor Evans. All children attending two toddler clinics had a history taken of any accident occurring in the home during the past six months.

290 children were examined and 46 of these had had an accident of sufficient gravity to receive medical attention. 13% of the accidents were scalds or burns. 53.5% of the accidents were falls. The remaining accidents (33.5%) were due to various factors.

Scalds and burns - badly fitting fire guards, insecure fastenings were among the causes. One child unclipped a fire guard and stuck a metal spoon in an electric fire, this caused a shock and severe burns to the hand.

Falls - commonest causes being objects left lying about, torn carpets. Some children fell out of their cots on to their heads, causing bruising - one actually had a fractured collarbone.

Accident Prevention is being taught continually in the clinics and in the homes by the health visitors. The mothercraft talks also present the subject of prevention of accidents in the home. Leaflets are distributed and posters are exhibited at the various centres.

This form of health education should be extended vigorously in every way possible.

Formal Health Education By Health Visitors

The provision of a film projector for use in this Area is still considered necessary, and though expenditure on this was refused during the past year, application will be renewed.

Series of talks on parentcraft were given to all except one of the secondary modern schools in Hornsey and to five similar schools in Tottenham. The teaching of parentcraft to boys by health visiting staff has not met with much success although it was undertaken by an experienced member of the staff this year for the first time.

Talks given to schools this year numbered 372. Visits to clinics were arranged in some cases as part of the programme. The continuance of this part of the health visitor/school nurse work is of the very greatest importance, as it is from this group that the young mothers of the future will come. Already a number of mothers visiting local clinics have reminded health visitors that the first introduction they had to parentcraft was by this means. Members of the health visitor/school nurse staff who undertake this teaching have received the utmost co-operation from head teachers and their staff.

The school teaching of parentcraft as described above has been observed by representatives of the Ministries of Health and Education.

Finally, reference should be made to the policy of limiting the number of health visitors attending the courses on techniques of health teaching to one health visitor in each year. Ten years seems an absurdly long time to wait for the opportunity to send a second member of the staff on such a valuable course of instruction.

The Daily Guardian Scheme

This scheme was continued as in previous years for working mothers unable to make satisfactory arrangements for the daily minding of their children and not eligible for admission to the County Council's day nurseries in the Area.

This system has worked exceedingly well for a number of years. The few rules associated with it have only been imposed to safeguard the interests of the children. The number of individual children minded during the year was 72 and they were in the guardian's care for a total of 18,788 days. The cost of the scheme last year was £939 which is a fraction of the cost of

supervising children's care in day nurseries. The standard of care is reasonably good although standards vary a little. All are supervised by health visitors. The mother has every opportunity of being assisted to find a guardian suited to her own and her child's needs. Mothers rarely remove their children from the care of a guardian after placing them unless they do so to remain at home and care for their own children or remove from the Area. It is our experience, however, that mothers usually place their children in the care of a daily guardian as a second best arrangement, preferring either daily minding by a relative or day nursery as the first choice. The periods for which children are minded by daily guardians tend to be shorter than by other means.

Day Nurseries

The average daily attendance at the three nurseries in the Area has risen from 111.4 to 121.7. There were 232 applications in respect of 284 children of which 32 (42 children) had to be refused. The number of children on the register at the end of the year totalled 164.

Of all the reasons for admission the chief single one for providing the majority of places was that the child was wholly maintained by its separated or unmarried mother. The second major reason for admitting a child was on account of unsatisfactory home conditions, and the third, illness, usually mental illness or near mental breakdown of the mother. Whatever the reasons for the breakdown of the mother's health, the day nursery provides relief from anxiety connected with the care of her child at a time when she is in most need of relief. The mother's confidence in the quality of child care provided by the Local Authority's day nursery service can be used as an instrument to prevent further deterioration of her health and in some cases the child's care.

It is also a means of maintaining the continuity of home and parental care rather than separation from them at a time when there is exceptional strain on the family stability.

A number of children who have been accepted during the year would probably have been accommodated in residential nurseries or with foster-Parents at a much greater cost to the community if a day nursery was not available to them.

Each day nursery has received a few children who were referred by hospitals or clinics for special observation associated with a physical handicap or a behaviour problem. Some of these have

made remarkable progress, due in some measure to the unremitting efforts of the day nursery staff in carrying out the prescribed treatment. These children absorb a larger proportion of time than the normal child. For this reason it will only be possible and perhaps desirable to admit a very small percentage of such children while the ratio of staff to children remains at its present level.

The educational value of the day nursery to the child and mother of all types should not be under-estimated. The opportunities for learning and teaching by example are inexhaustible.

Two student nursery nurses entered for the examination of the National Nursery Nurses Examination Board and were successful in obtaining the Board's Certificate. One nursery nurse attended a special course in child care which qualified her to be appointed a warden at Plevna Day Nursery.

B.O.A.C. stewardesses and British Red Cross cadets were given opportunities for observation and practical experience in the day nurseries during the year. Residential student nurses were also accepted for similar experience.

Outbreak of Dysentery at a Day Nursery

On the 29th July, 1957 the Matron reported several of the younger children in one room as having diarrhoea. These children were immediately excluded and the mothers advised to consult their family doctors. Specimens were taken from the remainder of the children. During the next few days 14 children were excluded, 13 as cases of diarrhoea and one as a contact of these cases. Nine were proved to have Sonne type dysentery and one other child to have a bacillus coli infection. Pathogenic organisms were not recovered in three cases.

At the start of the outbreak it was decided that no child should be admitted to the nursery without previous medical approval. A thorough cleansing of the nursery, and especially of the toilets and washrooms, was undertaken and the toilets were cleansed after use and several times daily as a routine. Faeces specimens from the nursery and kitchen staff were all negative.

The first child was re-admitted to the nursery on the 19th August and the last child to become negative returned on the 14th October. Several cases proved very resistant to treatment, largely because of poor hygienic facilities at home, and three children were admitted to hospital and treated successfully there.

No new case has been reported since the 15th August and no case was discovered at any time in any other room in the Day Nursery.

The following table shows the attendance 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	18	50	3618	7119	10737	42.3
Park Lane	20	30	15	34	2912	6765	9677	38.1
Plevna	20	30	18	29	3554	6954	10508	41.4
Totals 1957	55	113	51	113	10084	20838	30922	121.7
Totals 1956	55	113	37	106	6940	21367	28307	111.4
Totals 1955	55	113	39	111	9969	20963	30932	121.8

Distribution of Welfare Foods

There was a decrease in the issue of nutrients during the year as compared with 1956. So far as National Dried Milk is concerned this is no doubt accounted for by the increase in price, as from April, from 10½d to 2s.4d. per tin. As from November, the Minister of Health adopted the recommendation of the Joint Sub-Committee on Welfare Foods that the supply of welfare orange juice to children should be discontinued from their second birthday. Children had previously been eligible up to the age of five years.

The arrangements for issuing welfare foods were substantially the same as in the previous year. The W.V.S. Centre at Muswell Hill closed down at the end of the year owing to ill-health of the member who had been operating it.

	National Dried Milk (tins)	Orange Juice (bottles)	Cod Liver Oil (bottles)	Vit. A & D Tabs (packets)
1957	48243	156962	17347	10545
1956	59472	158725	21571	11132

Priority Dental Service for Mothers and Young Children

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

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

	1957		1956		1955	
	Expectant and Nursing Mothers	Children under 5	Expectant and Nursing Mothers	Children under 5	Expectant and Nursing Mothers	Children under 5
No. examined by dental officer	190	568	234	670	271	657
No. referred for treatment	188	548	226	618	260	624
New cases commenced treatment	172	531	218	551	240	573
Cases made dentally fit	84	323	76	321	67	317
Forms of dental treatment provided:-						
Teeth extracted	205	432	235	506	352	479
Anaesthetics:-						
(a) Local	85	69	84	72	142	77
(b) General	36	175	39	213	48	203
No. of fillings	358	847	380	1169	414	1247
No. of root fillings	-	-	-	-	3	-
No. of inlays	2	-	1	-	-	-
Scalings and gum treatment	76	-	128	-	136	-
Silver nitrate treatment	-	550	-	565	-	512
Dressings	86	338	163	674	144	519
Other operations	30	64	48	138	70	194
No. of radiographs:-						
(a) at County Council clinics	13	1	28	-	14	1
(b) at hospital	-	-	2	1	1	-
Denture dressings	112	-	179	-	226	-
Dentures fitted:-						
(a) full	8	-	18	-	46	-
(b) partial	32	-	39	-	59	-
No. of attendances	634	1154	873	1583	984	1606
No. of appointments not kept	187	227	193	247	218	370
No. of half days devoted to treatment	221		296		338	

MIDWIFERY SERVICE

(Section 23)

Miss F.E. Curtis, Non-medical Supervisor, reports that two midwives are now working in Hornsey and all other vacancies have been filled, bringing the total number of midwives employed to nine by the end of 1957.

Five of these are approved by the Central Midwives Board as District Teachers. Five pupil midwives were in training in the Area during the year.

The character of the domiciliary midwife's work is changing with the now common use of modern analgesia. Patients to whom trilene, pethidine or nitrous oxide and air is administered cannot be left and it is not unusual for the midwife to remain 36, 48

hours or even longer with these patients. This calls for redistribution of work every day in order that those women already delivered may receive the necessary attention. It may be that some "shift system" will have to be considered for the future.

There were 555 deliveries attended by the midwives during 1957 and 76 women were discharged from hospitals before the 14th day (usually the third day following delivery). This work together amounted to 12,971 visits. Most of the patients sent home by hospitals are sent in by the midwife who has already spent many hours with them before admission.

In addition to deliveries and nursing visits the midwives make visits to the patients' homes during the ante-natal period, attend ante-natal clinics and also give instruction in the use of the gas and air and trilene apparatus.

The present bookings still show an upward trend and the difficulty of obtaining a hospital bed often results in a home booking having to be made for the patient who on social circumstances should be delivered in hospital. These patients sometimes cause very grave anxiety to doctors and midwives.

In addition, some women, including immigrants to this country, make no arrangements for their confinements, having been advised by their friends to telephone for an ambulance when labour begins. Sometimes they are successful in obtaining an emergency bed, but at other times it results in the mother having her baby at home as an emergency with no preparations made for the confinement.

The following table shows the work carried out by the midwives during the past two years:-

	1957	1956
No. of deliveries attended	555	509
No. of visits made	12163	8846
No. of hospital confinements discharged before 14th day	76	38
No. of visits made	708	354
No. of cases in which medical aid was summoned	176	143
No. of cases in which gas and air analgesia was administered ...	431	400
No. of cases in which pethidine was administered	322	265
No. of cases in which trichloroethylene was administered ...	46	33

HEALTH VISITING SERVICE

(Section 24)

Miss H. Townsend, Superintendent Health Visitor, reports that the pattern of health visiting has been slowly changing during the last ten years until today each health visitor is more adequately covering the demands for her services from all age groups and from a number of voluntary bodies, hospitals, family doctors and others. The health visitor is often the first to observe signs of mental ill-health or near breakdown in families on her district and also behaviour problems in children. It may be necessary to arrange more evening visits than formerly in order that each health visitor is able to see working fathers and mothers or the whole family together or single people in the evening or at other times when they are more likely to be at home.

Home visits by health visitors have risen slightly during the year and more visits to the aged have been undertaken. The majority of visits to the aged have followed requests from almoners and family doctors for the health visitor to see that there are proper facilities for home care of the elderly people discharged from hospital, to assess the ability of the person to manage after having been discharged for some weeks or on account of the family doctor's opinion that help is required. Most of these requests are made by telephone and the health visitor's report on each case is given directly to the initiator by telephone also. This method works smoothly and avoids delay.

Written health visitor's home reports have increased slightly in response to requests chiefly from hospitals. These include replies to enquiries as to whether mothers should be admitted for hospital confinement on account of poor home conditions or for other social reasons.

Health Visitors' work in clinics of various kinds is well known and is carried out with the usual efficiency.

Special Investigations

During last year, as in former years, health visitors assisted the Medical Research Council, the London County Council and other bodies in the home visiting of persons included in specific surveys who are resident in this Area.

The incidence of the outbreak of smallpox in July caused a

good deal of extra work for health visitors in Tottenham in satisfying the many enquiries from members of the public, in attending vaccination clinics each evening and on Sunday morning for the quarantine period. Assistance was also given by health visitors to the few direct contact families who were confined to their homes. Health visitors arranged for the purchase of food and other commodities and for deliveries of goods in accordance with the strict measures imposed to control the spread of infection.

Health visitor/school nurses were also responsible for the daily examination of each child in the school affected and for the home visiting of absentees to ensure that no early signs of illness were overlooked.

Health Visitor Students

Practical training was arranged for seven health visitor students during the year. These attended from The Royal College of Nursing, Battersea Polytechnic and Chiswick Polytechnic. Some of these students came from overseas as far apart as Malaya and Jamaica. The work of arranging programmes and for demonstrating the various aspects of the health visitor's work, though of great importance, is very time-consuming.

Many voluntary and statutory bodies, hospitals and other departments connected with the health services have accepted the students in our care for observation visits. We consider that all the effort devoted to the student health visitor is well worth while as they bring with them a keenness to see as much as possible and enthusiasm for their future vocation.

Student Nurses

The Middlesex Hospital, W.1. and the Prince of Wales's General Hospital sent a number of nurses in training to the Area for observation visits connected with health visiting. As far as possible different aspects of the work were shown so that a fairly balanced picture of health services outside hospital was seen.

Lectures on Social Aspects of Disease were given on seven occasions during the year to student nurses in training by the Superintendent Health Visitor. Other members of the staff gave evening talks on local youth groups.

Other Visitors included health visitors attending post-certificate courses, student teachers from several training colleges, university social science students, student ward sisters from the Staff College, King Edward's Fund for London, Public Health nurses from Israel, Barnardo's students, student nursery nurses and others.

Clinic Premises have been made available for the use of voluntary bodies - The National Blood Transfusion Service and The Family Planning Association. The Family Planning Association has the use of the School Clinic, Hornsey Town Hall on Monday and Tuesday evenings each week, and on Wednesday evenings weekly at Lordship Lane School Clinic, Tottenham

Prevention of Break-up of Families - Special Services Health Visitors

As stated in my report for 1956, two health visitors were appointed to specialise in the care of problem families and their children in order to prevent the break-up of the family, to prevent deterioration in the well-being and health of the children and to promote better standards of home-making. Families are usually referred to the special services health visitor by the health visitor for the district, but may be accepted from other agencies. As soon as the case is accepted for intensive work all other health visiting ceases, the full responsibility for home visiting rests on the specialised worker. A great deal of co-operation has been experienced from family doctors, hospitals, the clergy, specialists of various kinds, including those in local authority's service, from voluntary organisations and private individuals.

The support given by the specialist health visitors has on the whole been most rewarding to families floundering in debt and other troubles and to the visitors themselves. The demand on the Home Help Service has been negligible as only one family where the mother is seriously ill has been provided with this service. In one case a debt of £153 has been reduced to £10.

Some improvement has been achieved in all the families, in some the recovery has been considerable and the amount of aid has been gradually reduced. Miss Howse, one of the two specialist workers, states "all the children are secure and well looked after. I have been able to reduce my aid to some families because of the support they are receiving from the contacts I have beem able to make for them. Only in the years ahead will the true value of

the work be known and results will show whether the improvement is of a permanent or temporary nature". From our experience so far it appears that these families could not lift themselves out of their difficulties without intensive aid of this sort and the real interest of the specialised visitors in them.

There are certain disadvantages connected with the amount and kind of accommodation which we have been able to place at the disposal of these workers. One shares an office with the Supervisor of Midwives and the other occupies a small room in a clinic. Both are inadequate for the purpose of seeing clients away from their homes in premises that are central or easily accessible and which provide privacy and a certain amount of storage space. It is essential that a parent can visit the worker away from his home where suitable conditions for a private talk are often completely lacking. It is equally important that the premises should not appear too official so as to cause the client to shy away from entering. It is hoped that these points can be borne in mind when more suitable accommodation becomes available.

Voluntary Workers and Organisations

It is a pleasure to pay tribute to the voluntary workers who give such regular and efficient assistance in the Hornsey Maternity and Child Welfare Clinics and whose time and interests are so generously given to them.

During 1957 health visitors have received immediate help when required from a number of voluntary bodies including the Diocesan Moral Welfare, the Invalid Children's Aid Association, the Marriage Guidance Council, the Women's Voluntary Service, the British Red Cross Society, the National Society for the Prevention of Cruelty to Children and the Old People's Welfare Association. These voluntary organisations do a very great deal to fill in the gaps and support individual needs.

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:-		1957	1956
Expectant Mothers	First Visits	1781	1851
	Total Visits	2850	2886
Children under 1 year of age	First Visits	3759	3412
	Total Visits	14568	13941
Children aged 1 - 2	Total Visits	7191	6828
Children aged 2 - 5	Total Visits	11952	12125
Other cases -	Total Visits as Health Visitor	5489	4310
-	Total Visits as School Nurse	983	1027

HOME NURSING SERVICE

(Section 25)

Miss F.E. Curtis, Superintendent of Home Nurses, reports that the Home Nursing Service continues to be used to capacity, work being received in the main from general practitioners and hospitals.

The figures show an increase in the total number of visits paid during 1957 and there have been some changes in the overall pattern of the work.

1. Patients of all types are receiving care over a a longer period than in previous years.

2. There is a well marked increase in the number of patients over the age of 65 years. These patients received 5,444 more visits than in 1956.

3. Twice the number of visits were paid in 1957 to children under the age of five than in 1956.

Apart from these changes the work has followed its usual lines with still the preponderance of therapy by injection and care of the aged sick. Hospital beds for patients in the latter category are still difficult to obtain and are often a very urgent need.

A check on the nursing attention given in Tottenham during one normal day early in the New Year showed the following result:-

No. of home nurses on duty 10

No. of patients attended 200

Analysis of treatment given:-

General nursing care	39
Dressings	24
Tube change	1
Baths	11
Enemas	2
Prostatectomy supervision	1
Bladder washout	1
No treatment, patient recovered	1
Injections for congestive heart failure	58
Injections for diabetes	33
Injections for anaemia	9
Injections for cancer	1
Injections for disseminated sclerosis	1
Injections of streptomycin	14
Injections of penicillin	4
	200

Equipment

The nurses are still anxious to be supplied with some kind of lifting apparatus.

One lifting hoist is in use in Tottenham and both nurses and patients have benefited greatly since its installation. This hoist was bought privately and has resulted in visits to this patient being necessary much less frequently then formerly when two people were required twice daily.

Allocation of Work

The method of allocating work to the nurses has remained unchanged and has proved satisfactory in meeting the needs of the patients. The smooth running of this service is due mainly to the very good team spirit amongst the nurses, to their willingness to work at unusual hours, and their skilful improvisation to meet the patients' needs.

The service has again received excellent support and help from the voluntary services, the British Red Cross Society the Women's Voluntary Service and the Old People's Welfare Association.

The following table shows the work carried out during the year:-

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	815	1556	2371	196	606	802	77942
Surgical	49	92	141	13	14	27	5139
Infectious Disease	-	1	1	-	-	-	4
Tuberculosis	39	26	65	11	7	18	4177
Maternal complications	-	32	32	-	-	-	589
Totals 1957	903	1707	2610	220	627	847	87851
Totals 1956	1013	1765	2778	229	488	717	82698
Totals 1955	1063	1884	2947	197	479	676	87774

Analysis of treatment given to new cases during 1957	
General Nursing	670
Other treatments	747
Injections	1193
Total	2610

VACCINATION AND IMMUNISATION
(Section 26)

Vaccination against Smallpox

This work was stimulated by the outbreak of smallpox which occurred in Tottenham during the summer, as the result of which the percentage of children under one year of age vaccinated against smallpox rose to 61.4%.

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	1992	337	888	3656	3452	10325
No. of re-vaccinations	20	16	183	1129	3230	4578

Immunisation against Diphtheria and Whooping Cough

As a result of an investigation by the Medical Research Council into provocation poliomyelitis following certain injections, the use of a combined vaccine against diphtheria and whooping cough was discontinued during the year. This has naturally increased the clinical and administrative work and has made the

operation of the scheme more complicated. Nevertheless, the results obtained compare quite favourably with those of the previous year, as shown in the following table:-

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	441	1291	214	-	4
One	91	249	57	-	8
Two to Four	147	95	10	168	18
Five to Fourteen	180	22	2	487	22
Fifteen and over	-	1	-	-	-
Totals 1957	859	1658	283	655	52
Totals 1956	289	2119	18	1123	68

Vaccination against Poliomyelitis

During the year this scheme was extended to include children born in 1955 and 1956 in addition to the original registrations of children born in 1947-1954 inclusive. Parents had the option of having their children vaccinated either by their family doctors or at their local clinic and during the year 4393 children received a full course of two injections and 637 children had received their first injection only by the end of the year.

Registrations continued throughout the year and at the end of 1957 there were 5285 children who had not received any injections.

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 1957 253 applications were received compared with 210 the previous year. Of these, 226 were approved.

DOMESTIC HELP SERVICE
(Section 29)

The total number of cases provided with home help during the year was 1815. This figure shows no sign of declining and, as stated last year, the bulk of the cases comprise the chronic sick, including aged and infirm, who need more or less permanent help. The demands on the organisation can be readily appreciated when it it is realised that nearly 1000 patients now require help week by week.

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 1956	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)	120	14	134	10
Tuberculosis	24	40	64	34
Chronic Sick (including aged and infirm)	552	910	1462	941
Others	141	14	155	12
Total	837	978	1815	997

Night Service

This service continued during the year 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. During the year seven cases were served for a total of 433 hours.

Training Scheme

The plan to give some instruction to home helps was carried out for the first time during 1956, and has been repeated in 1957.

A small group of ten attended on Thursday afternoons at 2 o'clock in the mothercraft room at Lordship Lane Clinic. This provides pleasant, warm and well lit accommodation and has an adjoining room used as a kitchen where the ever welcome cup of tea can be prepared.

Five talks were given in the series with plenty of questions at the end. The subjects of discussion included accidents and their prevention; emergencies, e.g. heart attacks, first aid for

cuts, scalds, fits; on general hygiene, how to look after a patient suffering from tuberculosis, or diabetes, or the aged sick, or sick children, followed by a film strip; on cookery, food values, quick meals, invalid cookery; on cleaning, dusting, washing and care of furniture; and lastly, the place of the home help service in the National Health Service, the relationship of the home help to nurses, midwives, voluntary workers, and the cost of the service.

There can be no doubt of the enthusiasm shown by the workers at these talks. Their questions to the lecturer and among themselves showed a lively interest in the service.

AREA SCHOOL HEALTH SERVICE

Routine Medical Inspection

Fifty years have elapsed since the Education (Administrative Provisions) Act 1907 authorised medical inspection of children attending State schools. While the administrative procedure for routine examination of each child on admission into school, and at stated intervals afterwards, has remained substantially unchanged over the years, the nature and number of defects found have changed almost beyond recognition. In the early days it was inevitable that the service should be an almost purely medical service. There were so many obvious defects and diseases for which little was being done and which equally obviously prevented or hampered the child from benefiting from the education it was supposed to received.

The school physician concerned in the early days, by sheer pressure of the volume of work, with the routine tasks of diagnosis and reference to others for treatment, now has opportunity to practise also the more positive aspects of a health service - by assessment of individual optimum health standards and by giving advice on the maintenance of health and prevention of disease. With co-operation of teacher and parent he is able to study the child in school and family setting and, in the case particularly of older children out-of-school life in their social, recreational and occupational setting. This change from a medical to a health service is an answer in itself to critics who regard the duties of school medical inspection as merely the detection and recording of defects and complain that it leads to considerable expenditure in time and money on unproductive work. With health and education closely meeting in an expanding field of special education now available to the handicapped child, the role of the doctor in the school health service need never be one of monotonous routine, nor unrewarding in its opportunity to practise preventive medicine on a scale regrettably unknown, even after ten years working of the National Health Service, in hospital or general medical practice. As in this Area, now for nearly twenty years, many local authorities encourage the practice of sessional interchanges with hospital practice - through medical officers undertaking sessional clinical work in hospital out-patient departments (in particular paediatrics) and registrars (specialists in training) undertaking sessional work in the local authority services. Such arrangements may well enhance the quality of the doctor's work in the clinical aspects of routine school medical inspections.

Periodic Medical Inspections				Additional periodic inspections	Other inspections	
Entrants	Age 10 and 11 years	Leavers	Total		Special Inspections	Re-inspections
2407	2615	2867	7889	3241	4521	3180

CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS

Age Groups	No. of pupils inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
Entrants	2407	2397	99.6	10	0.4
Age 10 and 11 years	2615	2607	99.6	8	0.4
Leavers	2867	2864	99.9	3	0.1
Additional periodic inspections	3241	3219	99.3	22	0.7
Total	11130	11087	99.6	43	0.4

Survey into Defects of School Leavers

At the request of the Research Committee of the School Health Service Group of the Society of Medical Officers of Health, the school physicians co-operated in an enquiry into the incidence of certain defects in children about to leave school. This enquiry was undertaken during the autumn term 1957; 958 children were examined and a simple questionnaire completed for 81 children found to have such a defect, or to have had it in the past. Of these 81 children, 47 were considered to have a defect of some importance. The questionnaires have been forwarded to the sponsors of the enquiry for analysis in conjunction with the results obtained by other school medical officers, and the results will be made known later.

Infectious Diseases in School Children

The year opened with the customary biennial increase in the incidence of measles - 1,300 cases were notified in the school population. At the end of June a fatal case of smallpox occurred in an unvaccinated boy aged six, who prior to admission to hospital had attended Crowland Road Infants School, Tottenham. This boy had probably been in contact during the early infective phase with his school classmates. Throughout a weekend, a team comprising medical officer, health visitor and public health inspector was busy vaccinating or re-vaccinating child contacts in their homes as well as all teaching and ancillary staff, and giving passive protection with gamma-globulin to those classmates never previously vaccinated. The class concerned was closed and then

children sent home for surveillance until the incubation period was over. Daily visits to the school were made and any child with a suspicious fever, malaise or rash carefully examined and kept under observation. Fortunately there were no secondary cases at the school. (Details of the smallpox outbreak are fully set out in the Medical Officer of Health's Annual Report).

Later in the year Tottenham and Hornsey were affected by the influenza virus A (Asian) prevalent in this country. The first school to be affected was in the Muswell Hill area of Hornsey where many children were reported absent with gastric symptoms and indeed the first diagnosis considered was food poisoning, as true Asian influenza had not yet been diagnosed in the Greater London area. Together with a virologist from the Public Health Laboratories at Colindale, visits were made to a number of children reported ill in their own homes and from the throats of two of these children influenza A (Asian) was cultured. Apart from prompt exclusion of cases, little could be done to stop the spread of illness. The same picture was later seen repeatedly, the attack beginning in the infant classes and spreading upwards to the juniors and seniors. The pandemic rolled across Hornsey from north west to south east and inexorably into Tottenham. Fortunately, although morbidity was very high, mortality was very low - only one school child dying of the illness.

Five school children contracted paralytic poliomyelitis during the year of whom two were receiving physiotherapy at the end of the year. None is so handicapped as to be likely to require special schooling.

There were no outbreaks of food poisoning or dysentery during the year.

Tuberculosis in Schools

The year 1957 saw a further reduction in the incidence of tuberculosis in school children, there being only three cases (all forms) compared with seven in 1956 and 14 in 1955. These three cases were discussed with the appropriate chest physicians, but in no instance was it considered necessary to carry out epidemiological investigations at the school.

The patch testing programme was carried out in "entrants" on a somewhat restricted scale, partly owing to the influenza epidemic. 591 children were so tested and of these, 19 were positive, a total of 3.2%. Investigation of circumstances proved negative

and no infective cases were revealed in the children's families.

Since the scheme of patch testing started, some 2,000 children have been tested, producing only one source case. The practice is not being continued during the coming year.

B.C.G. Vaccination

B.C.G. vaccination has been carried out in the schools in the 13-14 age group following the scheme outlined in the annual reports of 1955 and 1956. The service has continued to include non-maintained schools in the scheme, including Highgate Public School.

A total of 3,966 Tottenham and Hornsey children have now been vaccinated under this scheme since June 1955. Mantoux positive children referred to the chest clinic during the year were all found to be free from tuberculosis. Routine investigation of the family of one child referred to the chest clinic disclosed that the mother had tuberculous infiltration of the upper zone of the left lung, and she was admitted to hospital for investigation and treatment. The accompanying table shows the figures for 1957 compared with those of 1956. There is a slight decline in the percentage of parents accepting, but as a greater number were approached, the final figure of children vaccinated was larger in 1957 than in 1956.

	1957		1956	
		%		%
Parents approached	3256		2829	
Parents accepting	2188	67.2	1980	69.9
Number tested	1917		1741	
Mantoux positive	203	10.6	209	12.0
% Strong positive		64.5		40.2
% Weak positive		35.5		59.8
Mantoux negative	1714	89.4	1532	88.0
Total vaccinated	1688	52.4 of children in group approached	1526	53.94 of children in group approached

School Dental Service

I am indebted to Mr. V. Sainty, Area Dental Officer for the following report:-

"During the year there was a reduction in staff owing to the appointment of Miss W.M. Hunt to the post of Area Dental Officer in Willesden. Miss Hunt left on the 15th June and it was not

possible to fill the vacancy until the 1st January 1958, thus staff for the second half of the year was:- Area Dental Officer, five full-time and two part-time dental officers and one part-time orthodontist. The two part-time dental officers together worked a total of nine sessions per week; in addition to this we had the services of one more part-time dental officer for five sessions per week for the last eight weeks of the year.

The two Boroughs have been fortunate in recent years in still having a good proportion of full-time dental officers.

Owing to lack of incentive to take up full-time service as a career, coupled with the more advantageous remuneration for sessional work, the trend has been generally for a greater reliance to have to be placed on the part-timer to provide adequate staff and then often not very successfully. In this connection it is significant that it is almost twenty years since an application for a full-time post was received from a male British dental surgeon for employment here apart from one case of re-employment after retirement on pension.

Yet in the years before the war a post as School Dental Officer was able, in many areas, to compete favourably with one in private practice, as is evidenced by the large number of applications when a vacancy was advertised; one such case was in December 1936 when there were 106 answers to an advertisement in the British Dental Journal for a post under the Tottenham Education Committee, 81 of whom were men.

The service has been built up over a period of 44 years from one full-time dental officer in Tottenham to the present establistment figure of nine for the combined districts.

A clinic was first started in Tottenham in April 1914 for the treatment of elementary school children only; in May 1922 a second clinic was opened and at this time there were more than 24,000 pupils in the schools, divided between the two dental officers.

In 1934 the inspection and treatment of secondary schools was added to these responsibilities.

It was not until 1937 that a comprehensive scheme for the treatment of ante-natal and post-natal mothers and pre-school children came into operation with the appointment of a third dental surgeon.

Prior to this, however, a great deal of treatment had been given to cases in these categories; complete treatment was given including, when necessary, the fitting of dentures; these were supplied at charges based on those of the dental hospitals and as most of the patients were only able to repay gradually, a good deal of extra clerical work and account-keeping was involved. Orthodontic treatment for school children was commenced in 1921 and has continued without a break since then. Until 1938 all appliances used in this work were paid for in the same way as the dentures. In both cases, where the income was below a certain scale no payment was made.

It seems ironical that in pre-war days with much less in the way of first-class buildings and equipment than today, there was no difficulty in obtaining dental staff, whereas now any loss is very difficult to replace. It is to be hoped that something will be done to see that the service becomes a real priority again and is put on a proper basis before it is too late".

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	334	170	170
5 - 16 and over	22329	13496	13427
Specials	3859	3698	3528
Total	26522	17364	17125

Number of pupils treatment commenced			9575
Number of pupils treatment completed			7648
Number of attendances made by pupils for treatment ...			21130
Number of appointments not kept			5205
Number of half-days devoted to	(a) Inspection ...		171
	(b) Treatment ...		2979
Fillings.	Permanent Teeth		15515
	Temporary Teeth		3577
Number of teeth filled.	Permanent Teeth		13340
	Temporary Teeth		3253
Extractions.	Permanent Teeth		1003
	Permanent Teeth for Orthodontia ...		179
	Temporary Teeth		6011
Anaesthetics	(a) General		1732
	(b) Local		2580
	(c) Regional		243
Other Operations	(a) Permanent Teeth		2327
	(b) Temporary Teeth		4839

SPECIAL DENTAL TREATMENT UNDERTAKEN BY DENTAL OFFICERS

Number of impressions, etc.	279
Number supplied with dentures	65
Number of crowns and bridges	37
Number of inlays	8
Number of radiographs (a) at Dental Clinics ...	210
(b) at Hospitals	1

ORTHODONTIC EXAMINATION AND TREATMENT

	AGE GROUPS										Totals
	5	6	7	8	9	10	11	12	13	14+	
Number of pupils examined	1	5	13	17	33	29	32	29	17	25	201
Number of pupils selected for treatment	1	3	13	17	32	26	28	25	13	21	179

Number of pupils commenced treatment (first attendance) ...	460
Number of attendances made for treatment	3011
Number of consultations	101
Number of impressions, etc.	4675
Number of fixed appliances fitted	19
Number of removable appliances fitted	213
Number of radiographs (a) at Dental Clinics	510
(b) at Hospitals	-
Number of pupils treatment completed	202
Number of orthodontic sessions (half days)	440

The Handicapped Child

Distribution as at 31st December 1957

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	-	-	5	5	-	-	-	-	-	-	5	5
Partially Sighted Pupils	4	4	2	-	-	-	-	-	-	-	6	4
Deaf Pupils	8	6	5	1	-	-	-	-	-	-	13	7
Partially Deaf Pupils	7	8	2		9	5	-	-	-	-	18	13
Educationally Sub-normal Pupils	59	44	11	4	10	4	-	1	2	-	82	53
Epileptic Pupils	1	-	3	1	-	-	-	1	-	-	4	2
Maladjusted Pupils	-	-	13	-	4	2	20	3	-	-	37	5
Physically Handicapped Pupils	20	9	5	1	-	-	1	-	2	1	28	11
Pupils with Speech Defects	2	1	-	-	225	91	5	2	5	1	237	95
Delicate Pupils	5	2	17	7	-	1	-	-	-	-	22	10
Pupils with Multiple Defects	6	5	1	2	-	-	-	-	-	-	7	7
Totals	112	79	64	21	248	103	26	7	9	2	459	212
Grand Totals	191		85		351		33		11		671	

The care given to the handicapped child has for many years been a source of local pride. Reproduced in my annual report for 1956 was the letter from Miss Blanche Nevile describing the humbler beginnings of education of the deaf in Tottenham in the year 1895. In 1912 the school moved to Ashley and Linden House and in 1924 to the present site in Philip Lane. Because of the changes in educational concepts concerning deaf children, a nursery unit was opened at the school in 1952 and later the partially deaf were separated from the deaf and educated in special but well integrated units at Devonshire Hill School (Juniors) and Markfield School (Seniors). The scholastic record of children educated at the Blanche Nevile School is of a high standard. The developing science of electronics is beginning and will continue to make considerable advances possible in this field.

Classes for physically handicapped children were started at Parkhurst School in Tottenham in 1924. Formerly these children were educated at residential schools or managed in ordinary schools with great difficulty; or remained at home with little or no education. In 1933 Vale Road Day Special School for Physically Handicapped Children was opened. After World War II the needs of the cerebral palsied child became more obvious and a cerebral palsy unit was opened at the school, appointment of staff preceding construction of the medical rooms. The latter were occupied during 1957.

In 1930 Tottenham Education Committee acquired Suntrap Open Air School at Hayling Island. After extensive rebuilding on the site, the school was opened for the residential care of delicate children. Orchard House and Downhills Park Open air classes in Tottenham continued to provide for those for whom residential care was considered unnecessary.

Before the Education Act 1944, arrangements were made in co-operation with other neighbouring boroughs for the education of partially sighted and educationally sub-normal children, and with voluntary organisations for the care of the epileptic and the blind child.

The existence of widespread maladjustment among school children was becoming increasingly recognised in the inter world war years and many children failed to make the progress they should. In 1937 the Tottenham Education Committee in co-operation with the Mental Welfare Association arranged for an educational psychologist (Miss Grace Rawlings, B.A.) to make a survey of Tottenham's need or the setting up of a child guidance centre.

Accepted in principle before the outbreak of World War II in 1939, the first appointment was made of a psychologist, though it was not until ten years later that the child guidance team could be appointed in full. Events in Hornsey in establishing a child guidance centre moved rather faster, the first educational psychologist being appointed in 1944, and the child psychiatrist in January 1948.

Vale Road School for Physically Handicapped Children

Cerebral Palsy Unit

I am indebted to Dr. William Dunham for the following report on the year's work.

"As in previous years, special provision has been made at the Vale Road Special School for Physically Handicapped Children for children with cerebral palsy ("spastics"), who accounted for 27 of the 94 children in attendance. Although this special provision is made necessary because these children differ as regards ease of movement from normal children, in other ways they are normal. They are driven by the same emotions. They have the same interests and ambitions. These are forces which can be used in their training whether in ordinary school subjects or in ordinary everyday activities, both at school and at home. Finding out the exact training needed by a child may call for medical skill, but training itself is the job of the parents and the teachers. In providing for children with cerebral palsy, therefore, parents, teachers and doctors must all collaborate.

At the school, medical guidance is provided by a consultant who attends weekly; arrangements have been made for a school medical officer also to attend. Parents are advised how best to help their children at home; methods of helping the children at school are discussed with the teachers, whose care is supplemented by the services of a whole-time therapist. For swimming, help is given by pupils of the South Grove Girls' School. Domestic science instruction is provided at the Markfield Secondary School. Woodwork and metalwork for the boys is in abeyance owing to lack of an instructor.

Much of the early training in movement of the child with cerebral palsy should, of course, be completed before the child reaches school, and for this reason arrangements have been made for parents to bring their children to the school for advice before they reach school age. During the year, 13 pre-school

children and four other children have been brought to the school in this way. Details of these cases are given in the accompanying table.

Arrangements of the kind described are new, and it is pleasing to note that the school receives a number of visitors from the Institute of Education, including post-graduate students taking the Diploma of Education. Visitors are also sent by the Staff College for Ward Sisters and, from overseas, by the British Council".

Children seen for the first time at the Cerebral Palsy Unit in 1957

Case No.	Age	Sex	Source of Referral	Diagnosis	Disposal
1	6½	F	School Medical Officer, Enfield.	Cerebral palsy. Mental defect.	To attend Cerebral Palsy Unit.
2	6	F	School Medical Officer, Hendon.	Cerebral palsy. Probably educable.	Vale Road P.H. School.
3	4	F	School Medical Officer, Wood Green.	Deaf - severe. Mild cerebral palsy. Educable.	Blanche Nevile School and supervision by Dr. Dunham.
4	4	M	School Medical Officer, Tottenham.	Cerebral palsy. Mental defect.	To attend Cerebral Palsy Unit.
5	5	M	Paediatrician.	Cerebral palsy. Probable mental defect.	Home care.
6	2	M	School Medical Officer, Tottenham. Paediatrician.	Cerebral palsy. Probably educable.	To attend Cerebral Palsy Unit.
7	3	M	School Medical Officer, Hornsey.	Mild cerebral palsy. Gross retardation.	Report to Local Mental Health Authority.
8	5	M	School Medical Officer, Friern Barnet.	Not cerebral palsy. Mental defect.	Referred back to School Medical Officer.
9	4	M	School Medical Officer, Hendon.	Cerebral palsy. Probable mental defect.	To attend Cerebral Palsy Unit.
10	12	M	Principal Medical Officer, M.C.C.	Cerebral palsy. Mental defect.	Attends occupation centre.
11	9	F	Principal Medical Officer, M.C.C.	Moderate cerebral palsy. Mental defect.	Attends Cerebral Palsy Unit.
12	3	F	Paediatrician.	Cerebral palsy. Educable.	Vale Road P.H. School.
13	7	M	School Medical Officer, Wood Green.	Partially deaf. Mild spasticity.	Attends Partially Deaf Unit, Tottenham. For supervision by Dr. Dunham.
14	3	M	Paediatrician.	Hydrocephalic. Cerebral palsy. Educable.	To attend Cerebral Palsy Unit.
15	13	M	School Medical Officer, Tottenham.	Cerebral palsy. Mental defect.	For hospital care.
16	3	F	Paediatrician.	Mental defect.	At home. Later occupation centre.
17	4	F	School Medical Officer, Tottenham.	Deaf. Cerebral palsy (minor).	Blanche Nevile School.

Summary	
Sex	Age Groups
7 Female 10 Male	0 - 4 years 9 5 - 11 years 6 11 + years 2

Diagnosis			
Cerebral palsy - educable or probably educable		4	7
Cerebral palsy Deaf and partially deaf	- educable	3	
Cerebral palsy Mental Defect	- ineducable		8
Mental defect alone			2
Source of referral			
School Medical Officers, Middlesex			11
Principal Medical Officers, Mental Health Department, M.C.C.			2
Paediatricians			5
(one case referred by Paediatrician also referred by School Medical Officer)			

Audiology Unit

1957 was the first full year in which the audiology unit was in use. Statistics relating to the work of this clinic are as follows:-

Number of children seen		21
Pre-school children (age from 5 months to 3 years)		7
Attending infant and junior schools		9
Attending or about to attend senior schools		5
Reasons for referrals among these 21 children were as follows:-		
For diagnosis		6
Immigrants to Area, known to be deaf		3
Partially deaf children, advice as to correct placement ...		2
Children known to be deaf, application for admission to nursery class, Blanche Nevile School or partially deaf unit ...		10
Source of referrals:-		
Tottenham and Hornsey	7	
Other Boroughs in Middlesex	10	
London - neighbouring Boroughs	4	

Further details are given herewith of the seven children under school age as these are of special interest.

No.	Age	Sex	Reason for referral	Remarks	Decision and/or disposal
1	2 11/12	F	? Deaf	-	For further observation.
2	5/12	F	? Deaf	Parents and sister deaf.	Deaf. For auditory training and supply of hearing aid.
3	3¼	M	Suitability for nursery school for the deaf	-	Deaf. Admitted to nursery class.
4	3	F	? Deaf ? Mentally defective	Several backward siblings	Admitted to nursery at Blanche Nevile School. Later excluded as ineducable and perhaps slightly deaf as well.
5	3	M	Suitability for nursery for deaf	Pakistani child	Admitted to Blanche Nevile nursery class.
6	1 4/12	F	? Deaf	Sister and parents deaf	Not deaf. Admitted to day nursery half-time in order to obtain hearing environment.
7	3½	F	Suitability for nursery class for deaf	Celebral palsied child	Admitted to Blanche Nevile nursery class. Under supervision of Dr. Dunham.

Rheumatism Supervisory Centre

Fortnightly sessions continue to be held at the Paediatric Department of the Prince of Wales's General Hospital under the direction of Dr. I.M. Anderson, Consultant Paediatrician. New cases totalled 29 as against 27 in the previous year.

Medically these cases were allocated as follows:-

Rheumatic Fever	11
Rheumatic Carditis	7
Rheumatic Carditis with Chorea ...	2
Rheumatic Arthritis with Carditis ...	1
Rheumatic Pains	2
Other cases	6
	29

Distribution of new cases:-

School Children	26
P.H. School	1
Pre-school	1
Not at School	1

It will be noted that no new cases of congenital heart disease were referred this year.

A review of all cases on the register since the inception of the scheme gives the position as follows:-

Cases under supervision	191		
Discharged	36	Males	140
Transferred on removal	18	Females	133
Lapsed	16		
Deaths	12		
	273		

During 1957, cases both new and old were dealt with as follows:-

Admitted to hospital	26
Discharges	3
Transfers	3
Deaths	1

Medically the cases under supervision are classified as follows:-

Rheumatic Fever	59
Rheumatic Carditis	41
Rheumatic Fever with Chorea	1
Rheumatic Carditis with Chorea ...	5
Chorea - uncomplicated	4
Rheumatic Arthritis	5
Congenital Cardiac Lesions	54
Rheumatic Pains	2
Other Cases	20
	191

Of the children under supervision, 103 children made 229 attendances at the Clinic during the year. In addition a number of children were seen in other children s out-patient clinics under the supervision of Dr. I.M. Anderson.

The problems of future careers and occupations of the children approaching school leaving age continue to be discussed with the parents. Many cases, after leaving school, are still supervised for some time to ensure they have become firmly established in a suitable occupation. Older cases still requiring supervision are referred to an adult medical clinic or in some cases their family doctor.

Ear, Nose and Throat Clinics

I am indebted to Dr. F.P.M. Clarke, the visiting Aural Surgeon, for the following report:-

"The ear, nose and throat clinics, at the Medical Centre, Park Lane, Tottenham and at the Town Hall, Hornsey have been carried on during the year 1957 along similar lines to those set out in previous Annual Reports. Two sessions a week have been held at Park Lane and one a week at Hornsey.

In addition to the patients referred mostly from the routine school medical inspections, and school and child welfare clinics, a number of deaf children and children suspected of being deaf have been examined at the Audiology Unit (Park Lane) for admission

to the School for the Deaf among whom are children from other boroughs in London and Middlesex.

In this Report for 1957, a brief review of the origin and growth of the special ear, nose and throat clinics is given. They are special in the sense that they differ very greatly in the methods of treatment used and in certain instances in the classification and diagnosis of defects from the routine procedure followed in most ear, nose and throat clinics. The consistently high percentage of successful and lasting results obtained in the cure and relief of the various ear, nose and throat ailments met with among school and pre-school children in comparison with other routine methods of practice gives ample justification for the establishment of these special clinics, their necessity and their usefulness to the community.

The first of these clinics to be established was under the Tottenham Education Committee more than twenty five years ago, followed later by similar clinics in London, and other areas in the country.

Soon after the first world war, the increasingly large number of cases of chronic discharging ears and resultant deafness, present among the school population of the Borough, and the very indifferent results obtained as regards cure or amelioration from the lines of treatment then available, or of no treatment, became a matter of very serious concern to the school health authorities. About this time, Dr. A.R. Friel, a consultant ear, nose and throat surgeon with a long and wide experience in his speciality introduced in London a special method of electrical treatment known as ionization for the treatment of chronic otorrhoea in school children. This method was originally developed in France by Professor Leduc and used with marked success by Dr. Friel for some years in Johannesburgh, and later, in collaboration with Professor Leduc, in France.

This new method was introduced by Dr. Friel in Tottenham, and was the first ionization clinic for the treatment of chronic otorrhoea in school children in this country. Dr. Friel was appointed visiting ear, nose and throat consultant to the Tottenham Education Committee. The resulting successes in the cure of the large majority of those hundreds of cases of chronic otorrhoea was comparatively rapid, and indeed remarkable. Within a period of about two years, practically all the cases of existing otorrhoea among the school population of the Borough, with the exception of

a small number which required radical mastoid operations - due to their long-standing chronicity - were healed and "dry" and as a result, the hearing in most cases was remarkably improved. This was a great advance in solving what was, up till then, a most intractable problem. Further, and an important point, the results, with very few exceptions, were lasting.

Dr. Friel, realising that the successful treatment of such ear conditions as otorrhoea, deafness, etc. depended, apart from the local treatment of the ear itself, also on the recognition and removal of any complicating factors, frequently present in the nose and throat decided to recommend enlargement of the scope of the ear clinic by making it a complete unit for ear, nose and throat affections. The required equipment for this unit was installed.

Diseased or abnormal conditions in the nose and throat are by far the most common factors in the causation of ear disease, and consequently their successful removal is the first and most important step in the prevention and cure of deafness. To meet this situation, special methods of treatment, found to be the most successful, many of them new and quite different from those usually employed, were adopted at the clinic. These included, in addition to zinc ionization, the new method of diastolization, a French procedure invented by the late Dr. Gautier of Paris, and introduced to London by Mr. A.G. Wells, F.R.C.S., Ear, Nose and Throat Consultant, London County Council, adopted for the treatment of certain nasal conditions and impaired hearing; aural suction for acute otorrhoea; Proetz "sinus displacement" for the diagnosis and treatment of sinus suppuration. Wells' (New York) nascent iodine vapour inhalation for infections in the nasopharynx and sinuses; Peters' tonsil-suction treatment for diseased tonsils, as well as a number of certain prescriptions and medicaments found to be of exceptional value.

These methods are still being employed at the clinics, modified, of course, from time to time, over the years, as experience in their use, and the discovery of new preparations suggest.

Audiometry

From the beginning, the question of impaired hearing played an important role in the function of the clinic and the school medical inspections. Special emphasis was laid on the prevention as well as the cure of deafness for herein lay the best means and most hopeful prospect of reducing the incidence of defective

hearing both in the school and later adult population.

To deal effectively with the question of deafness in a large population of school children it is essential to have an exact means of detecting the hearing loss from the slightest impairment to the most severe. It is also necessary that this detection-examination of a very large number of pupils should be carried out within a reasonable time without sacrificing accuracy. The ordinary routine methods of clinical testing such as "conversational voice", watch, tuning forks, etc. would be unsuitable and unreliable as regards the time involved and accuracy. The invention of the audiometer in America in 1927 was the answer to the large and growing demand for a suitable method of detecting quickly and accurately any defect in hearing among large numbers, such as in schools, industrial works, etc.

The audiometers, there are two types - the "Speech" and the "Pure Tone" - are very highly developed scientific, electrical instruments and so sensitive that they can detect and measure accurately in "units of hearing loss" the slightest to the most severe impairment over the whole hearing range.

From 1927 onwards the hearing of thousands of children has been investigated in various cities in U.S.A. The first similar investigation of hearing loss, on a large scale among school children in this country - an audiometric survey - was conducted in the Tottenham Schools in 1930 by Professor G.P. Crowden of the London School of Hygiene when he completed a survey of 2,000 children (Prof. Roy. Soc. Med. 27 - 1934) and in Hornsey in 1931. (Annual Report of M.O.H. 1930). From then onwards regular routine audiometer testing has been carried out in Tottenham schools with the exception of an unadvoidable interruption during the war years. Those children who "failed to pass" the tests were referred to the ear clinic where a detailed enquiry and clinical examination was made in each case as to the "history", cause, duration, complications, any treatment already received, etc. and a course of special treatment was carried out. The results of the special treatments given at the clinics are very interesting. The following account taken from "Children with Defective Hearing", Board of Education Publication, 1938 and 1950 is an example. "Between 1932 and 1936, 10,171 individual children were tested as a routine by gramophone audiometer in Tottenham. Of these children, 8.8% "failed to pass" in either or both ears. Yet after treatment had been given where necessary only one child (0.1 per thousand) had to be sent to a special school as Grade II,

B, and 19 children (1.9 per thousand) were found to require favourable position in class".

The Pre-School Child

The primary object of the clinic from its beginning to the present time has been to emphasise the importance of prevention as well as the treatment of diseased conditions. Many of the defects, including deafness, found in the ear, nose and throat in school children originated before the child attended school, and many such as otitis media, during early infancy. Prevention is the most important of all the problems connected with defective hearing and it is during early pre-school age that prevention can play its important part. The advisability, therefore, of including pre-school children in the clinic scheme becomes obvious and was recognised by the Ministry of Health in its issue of Circular 1337 (a), in the early thirties. This urged local authorities to arrange for co-operation between the school medical and child welfare services and make provision for the inclusion of pre-school children in the specialist school clinics. This is important particularly in the case of the detection and treatment of defective hearing and its potential causative factors.

It is very gratifying to be able to record that Tottenham was again among the earliest authorities to make provision for the inclusion of infants and pre-school children in its ear, nose and throat clinic scheme. The wisdom of this decision has been amply proved over the years in the results obtained by the discovery and removal of many defects in their early stage in pre-school life, which, if left untreated, would have insidiously progressed into a state of chronicity by the time the children had reached school age and this advancement of the disease, in certain instances, would inevitably tend to make its final cure much more difficult and uncertain.

At the present time and for a number of years past the ear, nose and throat clinic provides for the examination and treatment of all children, infants, pre-school and school. It is fully equipped to deal with the varying ear, nose and throat diseased conditions met with among these children, with the exception of those cases, a small number, which require operations in hospital.

The defects most commonly found among the clinic patients are those due to the ill effects of "nasal obstruction", such as deficient nasal respiration and mouth-breathing; rhinitis in its

different forms, sinusitis, impaired hearing, otitis media (with or without discharge), functional hypertrophy of tonsils, etc. Cases of chronic otorrhoea which used to be very common some years ago have become greatly reduced and only a comparatively small number is now seen.

A detailed account of those various ailments, their effects, immediate and remote, complications and treatment is not included here as this is not intended to be a clinical article.

Local authority specialist clinics conveniently situated have many advantages. The travelling problem, as regards safety, distance and time is much less acute than if these young patients were obliged to attend, say, the out-patient department of a hospital. At the local clinics children may attend for treatment, by themselves after the first one or two attendances with a parent, thus saving the parent's time.

A most important point is that the administration of these clinics is under the supervision of the school medical officer who is well acquainted with the particular conditions of the patients attending and the treatment given, and can link this up with his general overall direction of the public health of the community for which he is responsible as medical officer of health.

Further, the full clinical records of all the patients attending the clinic are within easy access of the medical officers and staff when an urgent enquiry is made for the clinical record of any child, as often happens".

Orthopaedic Service, Tottenham

I am indebted to Mr. E.H. Hambly, F.R.C.S., for the following report:-

"These clinics continue to be heavily attended in figures for new patients and old patients. Certain difficulties arise in advising remedial exercises for children aged 10 to 11 on account of the 11 plus examination, and also in older age groups, about the age of 15, on account of higher examinations. This is unfortunate, as it is the girls who stoop over their desks working hard for such higher examinations who are in the greatest need of these remedial exercises.

The expense of surgical appliances has been borne in mind constantly throughout the year, as this is now a major financial item. At first sight, it appeared that wedges to shoes were

cheaper than insoles, but on looking closer into the problem, the constant renewal of wedges constituted far greater expense, and much more trouble to the parents.

Our relations with the School for the Physically Handicapped at Vale Road, are close and cordial, both with Dr. Dunham and his department and also with Mr. Ives and his staff.

These clinics work also in conjunction with the Prince of Wales's General Hospital, and St. Ann's General Hospital, inasmuch as all in-patient operations are performed at these hospitals by me."

Orthopaedic Service, Hornsey

I am indebted to Mr. E. Palser, M.R.C.S. for the following report:-

"During the year attendances at this clinic have been 726 for examination and 1,194 for treatment by the physiotherapist. The number of new cases seen was 374, and the number whose treatment ceased was about the same. Development abnormalities especially of the spine, legs and feet, often require prolonged treatment and supervision until growth is completed. A certain number have, therefore, required treatment or supervision until they have reached school leaving age, and where treatment is still required they have been referred to the adult services of the National Health Service.

This year a fitter has been in attendnace at all clinics, and this has reduced the previous time interval between the ordering and supplying of instruments and appliances. At the same time, decisions on exact specifications, measurements and fittings have been undertaken in closer co-operation with the makers.

A few children have been referred for special out-patient treatment to the Hornsey Central Hospital. Here also X-rays required are taken. The Hornsey clinic now has its own viewing box which has been of great use, and of equally great interest to the patients and their parents.

Ten children have required operative treatment, and of these, five males and four females have been admitted to the Orthopaedic Unit at Highlands General Hospital, Winchmore Hill, N.21. One infant was admitted to the Hospital for Sick Children, Great Ormond Street, W.C.1."

Child Guidance Service

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

"The year under review has seen a continuation of the progress which is being made in extending the area of co-operation between the Child Guidance Team and the other organisations within the community which are concerned with children, namely the teachers, probation officers and school medical officers.

The task of prevention of mental illness by increasing the understanding of the emotional problems of infancy and helping mothers to bring up their babies in a way which is best designed to give the maximum emotional health has reached a new landmark.

All maternity and child welfare, and school medical officers in the Boroughs of Hornsey and Tottenham have spent three months each in working with the visiting psychiatrist at a special clinic session for mothers, infants and toddlers. In all cases the three months have been spent in a series of clinical demonstrations which involved both diagnosis of the disorder, such as an eating or sleeping difficulty, the formulation of the forces at work in the child which have led to the problem, and the technique of therapy, so that natural development can once more begin to go on uninhibited.

With the beginning of the next administrative year it is planned to begin a similar series with the health visitors who will be able to bring such problems for consultation and discussion.

Although this is being done on a very small basis only, since one day a week between two boroughs is not very much, compared with the need, it nevertheless is a pilot scheme which could lay the foundation for expansion later. In the meantime, experience of the technique of dealing with the teaching and demonstration programme is being built up.

The second major approach to the task of integrating psychiatric knowledge and educational difficulties has been taken in the Borough of Tottenham. It is hoped that the time will come when it will be possible to do this in Hornsey as well. The initiative in Tottenham came, most gratifyingly, from the head teachers themselves, who requested to meet the visiting psychiatrist in order to hear his personal statements on the work he does and to be able to question him and discuss ideas and problems. This request was enlarged beyond the original plan and culminated in a meeting with

the Tottenham head teachers, with the Borough Education Officer in the chair, and the entire Child Guidance Team present. Each member of the team described his work. Questions had been submitted in advance and copies distributed to the members of the Child Guidance Team in order to give them an idea of the scope of the information required and the kind of problems that needed to be met, and to the head teachers for information and reference during the meeting. A very large number of questions were sent in and these were dealt with for the most part. Since then there has been a marked improvement in the co-operation with the Child Guidance Team and a very much greater ease of access and interchange of information and ideas.

It is necessary to add that the subject which I raise each year, namely the extent of psychological illness among school children, is still hardly appreciated. The recent Report on Maladjusted Children suggested this as possibly 80 per 1,000 which would mean that there are over 2,000 children in the two Boroughs who are appreciably disturbed. It would be appropriate that the next stage of the development of the School Health Service, which has its 50th anniversary this year, should be concerned with extending the scope of the psychiatric services. Regrettably this is not generally appreciated. It must be said in extenuation that psychiatric understanding of children and particularly infants, derives largely from the most recent discoveries and observations of psycho-analysis and there must necessarily be a lag between possession of such psychological knowledge by a few highly trained persons and the general understanding by the large mass of people concerned with child development.

It is, however, particularly exciting to find that the knowledge is in existence and to know what the next stage must be so that it is possible to make plans to get on with the job.

An increase in the number of psychiatric sessions and in the staffing of the Child Guidance Team was requested earlier and has already resulted in an extra educational psychologist being appointed in Tottenham, and there is a possibility of extra psychiatric sessions being arranged there. The appointment of a full-time child psychotherapist (or part time equivalents) has also been approved. Here again the question of assessment of the needs of the Child Guidance Team at Hornsey and its staffing, in relation to the amount of emotional ill health among school children in the Borough, could be something which needs further consideration.

Altogether this has been a year in which some really constructive work has been accomplished."

Speech Therapy

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

"Since speech therapy's introduction early in this century, the general public's conception of its aims as the mechanical correction of "speech impediments" has radically altered. The intimate relationship of speech to the whole personality structure of the individual is more generally realised.

The speech therapist in the school health service deals with the whole child, including the family of which it forms an integral part, and not just the speech defect. The wider environment of school may also need adjustment. Speech improvement is seldom the only outcome of successful treatment. Increased stability, confidence, social adjustment or even better educational progress are equally important.

Speech cannot be divorced from language. The pre-school years, when these skills may break down or show abnormal slowness of development, offer great opportunities for preventive work.

The difficulties in discovering every stammerer in time to offer maximum help are great, largely owing to our big school populations. We are still concerned at the occasional referral of the older child, who is known to have stammered from an early age. If the teachers of the first classes in the junior and infant schools, i.e. age groups five plus and seven plus, could be encouraged to bring any cases not previously diagnosed to the medical officer's attention, this delay in treatment, with all its adverse consequences, could be avoided."

Hospital School

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

"Tottenham Education Committee now employs two full-time teachers to provide tuition for children at St. Ann's and the Prince of Wales's Hospitals. Priority is given to long-stay patients but every effort is also made to cater for children who are in hospital for shorter periods. An average of from 35 to 40 children, aged from five to sixteen years, receive tuition each week.

In St. Ann's Hospital, where the main bulk of the work is carried out, part of a ward is equipped as a schoolroom, where those children who are well enough to be moved take their lessons. Other children are dealt with individually at their bedside, and tuition is provided in the poliomyelitis and tuberculosis eye wards, as well as in others. The schoolroom is well equipped with school furniture, a library, a wireless set, an electric gramophone, a colour duplicator, a shop and a puppet theatre. The hospital authorities have provided a television set which can be used for school programmes. There is also a full set of equipment for infant children.

It is the aim of the teachers to ensure that each child continues his school studies and individual interests are also pursued. To this end a close liaison is maintained with the Tottenham schools to ensure the correct orientation of the children's studies. The school also receives valuable help from the Tottenham Library Service in the provision of books for both educational and recreational purposes.

At Christmas projects were carried out in individual wards. In one a Robin Hood theme was developed with help from the Independent Television Authority who loaned the "props" from their Robin Hood programme, while in another a Circus theme was developed and the children were delighted by the visit of two clowns from the Circus.

Appreciation is due to the Hospital staff without whose ready co-operation the scheme could not work successfully. The children appear to welcome the school and many parents have expressed their appreciation.

Statistical Information

Certain statistics relating to the work of the school health service not included in the body of the report are contained in the Appendix.

APPENDIX

SCHOOL HEALTH SERVICE STATISTICS FOR 1957

PUPILS FOUND TO REQUIRE TREATMENT AT MEDICAL INSPECTION

Number of individual pupils found at periodic medical inspections to require treatment (excluding dental diseases and infestation with vermin).

Periodic age groups inspected	For defective vision (excluding squint)	For any of the other conditions recorded	Total Individual Pupils
Entrants	77	305	362
Age 10 and 11	384	427	715
Leavers	480	368	772
Total	941	1100	1849
Additional periodic inspections	355	432	712
Grand Total	1296	1532	2561

DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease	Periodic inspections						Special Inspections	
		Entrants		Leavers		Total including all other age groups inspected			
		(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
4	Skin	31	69	63	153	269	437	991	10
5	Eyes (a) Vision	77	64	480	70	1296	315	163	21
	(b) Squint	82	21	43	6	234	48	10	3
	(c) Other	16	23	27	16	106	95	252	3
6	Ears (a) Hearing	1	16	5	23	35	95	146	26
	(b) Otitis Media	10	88	10	121	37	436	19	-
	(c) Other	2	6	3	8	7	10	103	4
7	Nose and Throat	49	320	25	76	168	787	155	1
8	Speech	19	46	6	13	35	99	41	5
9	Lymphatic Glands	4	98	-	7	8	181	-	-
10	Heart	2	40	15	71	40	215	2	-
11	Lungs	30	98	14	82	83	309	28	3
12	Development -								
	(a) Hernia	1	7	3	-	13	18	1	-
	(b) Other	3	9	4	10	18	123	10	6
13	Orthopaedic -								
	(a) Posture	-	19	17	84	48	271	12	3
	(b) Feet	35	81	113	90	321	406	10	1
	(c) Other	28	95	26	55	126	310	244	12
14	Nervous System -								
	(a) Epilepsy	6	6	8	8	27	26	3	-
	(b) Other	1	10	4	13	24	129	11	4
15	Psychological -								
	(a) Development	1	19	-	7	5	64	13	2
	(b) Stability	3	67	2	125	29	500	12	5
16	Abdomen	2	21	3	13	15	94	-	-
17	Other	19	14	8	15	35	82	1578	54

(a) Requiring Treatment (b) Requiring Observation

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

	Number of cases known to have been dealt with	
	by the County Council	Otherwise
GROUP 1. Eye Diseases (e.g. blepharitis, conjunctivitis), Defective Vision and Squint		
(a) External and other, excluding errors of refraction and squint	208	88
(b) Errors of refraction (including squint)	320	2413
Total	528	2501
(c) Number of pupils for whom spectacles were prescribed	-	1243
GROUP 2. Diseases and Defects of Ear, Nose and Throat		
Received operative treatment for		
(a) Diseases of the ear	-	-
(b) Adenoids and Chronic Tonsillitis	-	156
(c) Other nose and throat conditions	-	-
Received other forms of treatment	272	313
Total	272	469
Total number of pupils in schools known to have been provided with hearing aids		
(a) During the current year	-	2
(b) In previous years (excluding any pupils shown at (a) above who were provided with an aid in a previous year)	-	79
GROUP 3. Orthopaedic and Postural Defects		
Number of pupils known to have been treated at clinics or at out-patient departments	442	1312

	Number of cases treated or under treatment during the year by the County Council
GROUP 4. Diseases of the Skin (excluding uncleanliness)	
Ringworm (i) Scalp	-
(ii) Body	9
Scabies	11
Impetigo	55
Other skin diseases	1541
Total	1616
GROUP 5. Child Guidance Treatment	
Number of pupils treated at child guidance clinics under arrangements made by the County Council (including children sent to the Tavistock and other hospital clinics under arrangements made by the County Council)	130
GROUP 6. Speech Therapy	
Number of pupils treated by speech therapists under arrangements made by the authority	305
GROUP 7. Other treatment given	
(a) Number of miscellaneous minor ailments treated by the County Council	805
(b) Treatment other than (a) above and excluding convalescent treatment	453

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

1.	Number of children medically examined in order to ascertain whether they were physically fit to undertake employment of a light nature outside school hours	312
2.	Number of instances in which the state of health was found to be such that certificates were withheld	3
3.	Number of children examined as to fitness to take part in entertainments	5
4.	Number of cases in which certificates to take part in entertainments were withheld ...	-

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

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

Sub-section 3:	14
Sub-section 4:	-
Sub-section 5:	7

Cases de-notified under Section 8, Education (Miscellaneous Provisions) Act 1948: 2

MEDICAL EXAMINATION OF TEACHERS

(a)	Number of Teachers examined as to fitness for appointment	11
(b)	Number of Students examined as to fitness for first appointment	58
(c)	Number of Students examined as to fitness for training course	68

INFESTATION WITH VERMIN

Total number of examinations	66590
Total number of pupils found to be infested ...	148

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