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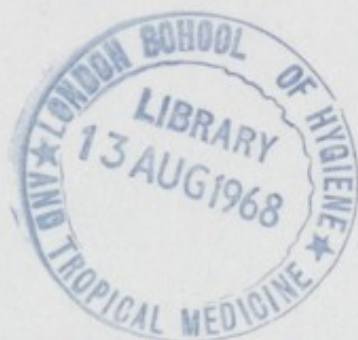
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Borough of Tottenham



TOTTENHAM'S HEALTH

1959

The Annual Report
of the
Medical Officer of Health

68668





Tottenham, N. 15.

Tottenham, N. 15.

August, 1960.

Borough of Tottenham

To the Worshipful the Mayor,
Aldermen and Councillors.

Mr. Mayor, My Lady, Ladies and Gentlemen,

I have the honour to present to you my Annual Report on many aspects of the health of the Borough for the year 1959.

Since 1945 the Borough has pursued year by year a vigorous policy of improvement in the living conditions of its citizens. It has been directed to improve the housing of its citizens, to improve the health of its citizens, and to improve the health of its citizens who are physically handicapped. This year's improvement in housing, together with better economic and employment conditions, is bound to be reflected in the better health and happiness of citizens of the Borough generally.

The attention of members of the Council is specially drawn at this time to an account at the end of this Report of the work of the Borough's health and school health services, which prior to 1948 formed part of the Tottenham Municipal Council. The future administration of these services has been recommended to the Council, and such evidence in favour of the return of such functions has been submitted to the Royal Commission on Local Government in Greater London.

In addition to acknowledging the assistance given by all who have contributed to the preparation of this Report, I wish to express my deep sense of gratitude to the Chairman and members of Committees concerned for their help and encouragement during the past year in maintaining the smooth running of the health services under their direction.

1959

Your obedient servant,

G. HAMILTON ROBBEN,

The Annual Report
of the
Medical Officer of Health

MEMBERS OF BOROUGH COUNCIL

Town Hall,
Tottenham, N. 15.

August, 1960.

To the Worshipful the Mayor,
Aldermen and Councillors.

Mr. Mayor, My Lady, Ladies and Gentlemen,

I have the honour to present to you my Annual Report on many aspects of the health of the Borough for the year 1959.

Since the end of the last World War the Council has pursued, year by year, a vigorous policy of slum clearance and rebuilding, which has resulted in a notable improvement in the living conditions of very many families. In the matter of rehousing attention, too, has been directed to urgent cases of overcrowding; and the special housing needs of the aged and/or physically handicapped. This great improvement in housing together with better economic and employment conditions, is bound to be reflected in the future health and happiness of citizens of the borough generally.

The attention of members of the Council is specially drawn at this time to an account at the end of this Report of the many-sided activities of the local personal and school health services, which prior to 1948 formed part of the functions of the Borough Council. The future administration of these services has been very much in the forefront in recent months; and much evidence in favour of the return of such functions has been submitted to the Royal Commission on Local Government in Greater London.

In addition to acknowledging the assistance given by all who have contributed to the preparation of this Report, I wish to express my deep sense of gratitude to the Chairmen and Members of Committees concerned for their help and encouragement during the past year in maintaining the smooth running of the health services under their direction.

I am,

Your obedient servant,

G. HAMILTON HOGBEN,

Medical Officer of Health.

MEMBERS OF BOROUGH COUNCIL

MAYOR

Councillor A.J. Davies, J.P.

DEPUTY MAYOR

Councillor H. Langer

ALDERMEN

C.H. Colyer	F.A.F. Keay, J.P.	*A.F. Remington (Mrs.)
E.J. Field	Alderman The Lady Morrison	*A.R. Turner
R.W.H. Ford		H.W. Turner
W.S. Herbert	*A. Reed, A.C.I.I., J.P.	*R.H. Warren

COUNCILLORS

G.W. Barker	E.V. Garwood	S.C. Morris
E.E. Brown (Mrs.)	A.R. Gillham	I.L. Peirce
E.J. Brown, M.B.E.	W.K. Gomm	A.T. Protheroe
E.J.J. Carter	*L.R. Harrington, J.P. (Mrs.)	*M.E. Protheroe (Mrs.)
A.W. Catley	*F.E. Haynes (Mrs.)	*P.H. Roberts
Douglas Clark	*A.J. Lyne	J.R. Searle
*E.J. Clook	J.D. McIlwain	*S.A. Berkery Smith (Mrs.)
L.H. Collis	*G.C. Marson	J. Watkins
*E. Cooper	J. Mather	*J.L. Williams
E.P. Deakins	A.A. Miller (Mrs.) (Mayoress)	J. Wolsey
	*M.T. Morris	

Note: * Indicates member of Health and Housing Committee. The Mayor and Deputy Mayor are ex-officio members.

Committee Chairman	...	Alderman R.H. Warren
Vice Chairman	...	Councillor J.L. Williams

Town Clerk:

M. Lindsay Taylor, LL.B.

Medical Officer of Health:

G. Hamilton Hogben, M.R.C.S., D.P.H.

GENERAL STATISTICS

<u>Area of District (in acres)</u>		3,013	
<u>Population:</u>			
Census, April, 1951	...	126,929	
Mid-year: Registrar General's estimate			
		<u>1958</u>	<u>1959</u>
		117,700	116,100
<u>Rateable Value at 1st April</u>		£1,742,841	£1,950,099
Sum represented by penny rate		£7,030	£7,940
Approximate Number of Dwellings in District		30,790	30,741
<u>Registered live-births:</u>			
(a) Legitimate:	Males	847	829
	Females	<u>779</u>	<u>789</u>
	Total	<u>1,626</u>	<u>1,618</u>
(b) Illegitimate	Males	58	78
	Females	<u>64</u>	<u>56</u>
	Total	<u>122</u>	<u>134</u>
(c) Total live-births	Males	905	907
	Females	<u>843</u>	<u>845</u>
	Total	<u>1,748</u>	<u>1,752</u>
<u>Birth-rate per 1,000 estimated population:</u>		14.86	15.09
<u>Stillbirths</u>			
(a) Legitimate	Males	6	15
	Females	<u>15</u>	<u>13</u>
	Total	<u>21</u>	<u>28</u>
(b) Illegitimate	Males	4	2
	Females	<u>3</u>	<u>1</u>
	Total	<u>7</u>	<u>3</u>
(c) Total	Males	10	17
	Females	<u>18</u>	<u>14</u>
	Total	<u>28</u>	<u>31</u>
Stillbirth rate per 1,000 total (live and still) births		15.77	17.39

<u>Deaths:</u>		1958	1959
Males		687	701
Females		632	651
Total		<u>1,319</u>	<u>1,352</u>
<u>Death-rate per 1,000 estimated population</u>		11.21	11.65
<u>Maternal Deaths</u>			
Puerperal Sepsis		0	0
Other puerperal causes		<u>1</u>	<u>1</u>
Total		<u>1</u>	<u>1</u>
<u>Maternal Death-rate per 1,000 total (live and still) births</u>		.563	.561
<u>Deaths of Infants under 1 year of age</u>			
(a) Legitimate	Males	14	24
	Females	<u>18</u>	<u>16</u>
	Total	<u>32</u>	<u>40</u>
(b) Illegitimate	Males	3	2
	Females	<u>3</u>	<u>0</u>
	Total	<u>6</u>	<u>2</u>
(c) Total Infantile Deaths	Males	17	26
	Females	<u>21</u>	<u>16</u>
	Total	<u>38</u>	<u>42</u>
<u>Infantile Death-rate per 1,000 live births</u>		21.74	23.97

Movement of Population

There is a continuous substantial movement of population both into and out of the Borough although since 1949 the outward movement has consistently exceeded the inward with a consequent steady fall in population.

In 1959, although there was a natural increase in population arising from births exceeding deaths by 400, the Registrar General's estimate of population shows a reduction of 1,600 meaning that the outward movement of population was greater than the inward by 2,000.

Since the 1951 Census the population is estimated by the Registrar to have fallen by 10,800. The fall in the electorate for the Borough over this period appears to confirm this.

The number of dwellings has been more or less constant for many years so that the average number of persons per dwelling is steadily falling and now stands at 3.78 compared with 4.13 in 1951.

Classification of Deaths

Deaths are classified under the 36 headings based on the abbreviated list under International Statistical Classification of Diseases, Injuries and Causes of Death, 1955. Deaths are assigned to the area where the deceased normally resided, except where the death occurs in a residential home or in a chronic or mental hospital where the deceased had been a patient for six months or more.

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 .99 for births and 1.06 for deaths.

Birth-rate

There has been a slow but steady recovery in the birth-rate during the past 4 years. In 1959 it reached 15.09 per 1,000 population, the highest since 1949. The highest post-war rate was in 1947 - 21.57 and the lowest 12.37 in 1954.

Illegitimate Births

It is a matter of concern to observe the growing percentage of illegitimate births in recent years. Of the babies born in Tottenham in 1959, 7.6% or one in thirteen, was illegitimate. This is the highest figure recorded during the past 40 years although 7.4% was recorded in 1945. Between the two world wars the rate never exceeded 4.6% and in only 5 years was 4.0% exceeded.

Infantile Deaths

A total of 42 deaths under 1 year of age is recorded by the Registrar General, giving a rate of 23.97 per thousand live births. Local records can be traced for only 41 and of these three occurred at home and the remaining 38 in hospital. Thirty-one of the deaths were perinatal deaths, i.e., they occurred in the first week of life, and a further 3 occurred in the first four weeks.

The Causes

- (i) **Prematurity. (17 deaths)** Eight of these deaths occurred within 24 hours and seven others within 48 hours and a further two within a week.
- (ii) **Congenital Malformation. (10 deaths)** The malformations included serious deformities of the heart, brain and spinal cord.
- (iii) **Birth Injuries. (4 deaths)** Two cases were due to cerebral haemorrhage and two cases to other intracranial haemorrhages.
- (iv) **Atelectasis. (4 deaths)** These deaths occurred within two days of birth and in three cases were associated with prematurity.

- (v) **Diseases of Respiratory Tract. (2 deaths)** One was due to pneumonia and occurred at three months. The remaining death was from staphylococcal pneumonia at two months.
- (vi) **Other causes. (4 deaths)**
 - (a) Inhalation of vomit. Age 2 months.
 - (b) Umbilical hernia. Age 5 hours.
 - (c) Convulsions after artificially induced labour. Age 11 hours
 - (d) Haemolytic disease of new born. Age 5 minutes.

Cancer Deaths

In 1959 there were ten less cancer deaths than in the previous year but the corrected death rate of 2.60 per 1,000 population remains higher than the national rate which in 1958 was 2.10.

Lung cancer caused seventy-two deaths, (64 males, 8 females) giving a corrected death-rate of 0.66 which is 50% above the national rate of 0.44 in 1958. Whilst cigarette smoking is an important contributory cause of this disease, there may be other factors giving rise to the much higher incidence in urban areas. Atmospheric pollution is now being tackled in an energetic manner and long term benefits should accrue, in the reduction of chronic respiratory diseases which are much more common in urban areas.

Diseases of Arteries

These include coronary heart disease, angina and vascular lesions of the central nervous system, and together account for just over a quarter of all deaths. It is to be expected that this should be so since they are often a consequence of the natural ageing process and as the proportion of older people increases a rise in death-rate from these causes will follow.

In modern society there continues to be a high number of deaths due to these causes amongst people under 65 years particularly amongst males. In Tottenham 87 of the 369 persons dying between the ages 15 and 64 years arose from these causes and with cancer they accounted for 60% of all deaths in this age group.

With the virtual conquest of so many communicable diseases more and more attention is now being focussed on the functional diseases but there remains much to be learned of both their cause and treatment before the rising trends are to be reversed.

INFANTILE DEATHS IN AGES AND SEXES DURING THE YEAR 1959

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	-	1	
Other diseases of respiratory system	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1	-		
Gastritis, enteritis and diarrhoea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Congenital malformation	1	1	-	-	-	1	-	-	2	-	5	-	2	1	-	-	1	-	-	1	-	10	8	2		
Prematurity	8	2	5	-	-	-	1	1	-	-	17	-	-	-	-	-	-	-	-	-	-	17	9	8		
Atelectasis	1	2	1	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	4	3	1		
Birth Injuries	-	2	-	2	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	4	3	1		
Other causes	3	-	-	-	-	-	-	-	-	-	3	-	1	-	-	-	-	-	-	-	-	4	2	2		
Total	13	7	6	2	-	1	1	1	2	-	33	1	3	2	-	-	1	-	-	1	-	41	26	15		

(NOTE: Although Registrar General's return shows 42 infantile deaths local records show only 41)

CLASSIFIED DEATHS OF TOTTENHAM RESIDENTS SHEWING AGE GROUP AND SEX DISTRIBUTION

DISEASE	Total		Under 1 year		1 - 4		5 - 14		15 - 24		25 - 44		45 - 64		65 - 74		75 +	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis, respiratory	12	1	-	-	-	-	-	-	-	-	-	-	6	-	4	-	2	1
Tuberculosis, other	2	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-
Syphilitic disease	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective & parasitic disease	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Malignant neoplasm, stomach	26	26	-	-	-	-	-	-	-	-	1	-	12	10	7	5	6	11
Malignant neoplasm, lung bronchus	64	8	-	-	-	-	-	-	-	-	1	-	31	4	23	1	9	3
Malignant neoplasm, breast	-	28	-	-	-	-	-	-	-	-	-	2	-	14	-	6	-	6
Malignant neoplasm, uterus	-	5	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	1
Other malignant & lymphatic neoplasm	61	62	-	-	-	-	-	-	1	1	2	1	16	21	22	17	20	22
Leukaemia, Aleukaemia	2	2	-	-	-	-	-	1	-	-	-	1	1	-	1	-	-	-
Diabetes	4	5	-	-	-	-	-	-	-	-	1	-	1	1	1	1	1	3
Vascular lesions of the nervous system	63	80	-	-	-	-	-	-	-	-	-	2	14	8	18	23	31	47
Coronary disease, angina	138	89	-	-	-	-	-	-	-	-	4	1	42	16	54	33	38	39
Hypertension, with heart disease	3	23	-	-	-	-	-	-	-	-	-	-	1	3	-	6	2	14
Other heart disease	54	94	-	-	-	-	-	-	-	-	-	4	6	15	11	15	37	60
Other circulatory disease	24	41	-	-	-	-	-	-	1	-	-	1	6	3	8	13	9	24
Influenza	3	5	-	-	-	-	-	-	-	-	-	-	2	1	1	3	-	1
Pneumonia	53	36	1	1	-	-	-	-	-	-	2	1	9	4	13	8	28	22
Bronchitis	62	31	-	-	-	-	-	-	-	-	-	-	15	3	26	9	21	19
Other diseases of respiratory system	9	2	1	-	1	-	-	-	-	-	-	-	4	-	1	2	2	-
Ulcer of stomach & duodenum	10	8	-	-	-	-	-	-	-	-	1	-	3	2	2	-	4	6
Gastritis, enteritis & diarrhoea	1	6	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	3
Nephritis & nephrosis	4	4	-	-	-	-	-	-	-	-	2	-	-	-	1	4	1	-
Hyperplasia of prostate	6	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	4	-
Pregnancy, childbirth & abortion	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
Congenital malformations	8	3	7	2	1	-	-	-	-	-	-	1	-	-	-	-	-	-
Other defined & ill defined diseases	54	63	17	12	-	-	-	2	1	-	4	2	8	12	15	16	9	19
Motor vehicle accidents	9	4	-	-	-	1	-	-	2	-	2	-	2	1	1	-	2	2
All other accidents	13	18	-	1	-	1	-	-	3	-	3	-	3	3	1	3	3	10
Suicide	15	5	-	-	-	-	-	-	-	-	4	-	4	2	5	3	2	-
Homicide & operations of War	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	701	651	26	16	2	2	-	3	8	2	27	16	187	129	219	170	232	313

CANCER DEATHS 1959

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	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-
Digestive Organs and Peritoneum	53	56	-	-	-	-	-	-	-	-	-	-	-	-	2	-	7	5	13	13	15	13	12	18	4	7
Respiratory system	66	9	-	-	-	-	-	-	-	-	-	-	-	1	-	10	1	20	3	25	2	10	2	-	1	
Breast and Genito-urinary system	16	47	-	-	-	-	-	-	-	-	-	-	-	-	2	-	9	2	16	7	8	6	10	1	2	
Other and unspecified sites	11	14	-	-	-	-	-	-	1	-	-	-	-	-	1	4	2	2	2	2	6	1	2	1	1	
Lymphatic & Haemato-poietic Tissues	5	5	-	-	-	1	-	-	-	-	1	1	-	-	1	1	-	1	2	2	-	-	-	-	-	
TOTAL	153	131	-	-	-	1	-	-	1	-	-	1	-	3	4	22	17	38	36	53	29	29	32	6	11	

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	
*1940	119,400	1,703	14.26	1,666 (a) 1,559 (b)	13.95	64	41.05	20	103	28	178	19	225
*1941	105,620	1,418	13.43	1,560 (a) 1,316 (b)	14.77	61	46.35	13	103	73	161	28	194
1942	110,100	1,349	12.25	1,819	16.52	79	43.43	12	295	75	164	21	229
1943	110,350	1,513	13.71	1,970	17.85	86	43.65	9	340	107	174	24	232
1944	108,180	1,356	12.53	2,066	19.09	87	42.11	13	206	44	169	20	236
1945	110,600	1,371	12.40	1,988	17.97	78	39.24	14	214	47	139	16	213
1946	124,830	1,491	11.94	2,580	20.67	88	34.11	13	323	83	198	24	266
1947	129,140	1,461	11.31	2,785	21.57	76	27.29	24	272	22	171	18	223
1948	130,000	1,377	10.59	2,233	17.18	53	23.73	5	260	3	184	19	272
1949	130,040	1,440	11.07	2,009	15.45	50	24.89	15	251	4	210	22	264
1950	129,400	1,382	10.68	1,727	13.35	41	23.74	9	356	3	161	13	262
1951	126,800	1,520	11.99	1,673	13.19	43	25.70	5	245	-	192	9	273
1952	125,800	1,415	11.25	1,666	13.24	34	20.41	1	356	-	163	16	277
1953	124,400	1,347	10.83	1,642	13.20	43	26.19	1	215	1	143	20	284
1954	123,200	1,187	9.63	1,524	12.37	27	17.72	1	92	-	126	5	251
1955	122,100	1,331	10.90	1,511	12.38	25	16.55	1	75	1	126	18	308
1956	120,700	1,252	10.40	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
1958	117,700	1,319	11.21	1,748	14.86	38	21.74	4	147	-	102	13	304
1959	116,100	1,352	11.65	1,752	15.09	42	23.97	1	122	-	71	15	284

NOTE: * 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 infantile death rates.

CERTAIN VITAL STATISTICS FOR THE YEAR 1959

District	Estimated population mid-1959	Live birth rate per 1000 population		Death rate per 1000 population		Specific death rates per 1000 population		Infant mortality per 1000 live births	
		Crude	Adjusted	Crude	Adjusted	Coronary disease, angina (a)	Cancer (a)	Infant (a)	Neo-natal (a)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Acton	64,800	16.0	15.2	11.6	11.8	2.1 (134)	2.1 (136)	19.2 (20)	17.3 (18)
Brentford and Chiswick	56,970	14.3	13.6	10.5	10.5	1.8 (104)	2.1 (121)	27.1 (22)	22.2 (18)
Ealing	182,700	14.7	14.3	10.8	11.7	1.9 (341)	2.2 (393)	16.7 (45)	12.6 (34)
Edmonton	94,420	13.6	13.6	10.9	12.1	1.6 (152)	2.4 (231)	23.3 (30)	20.2 (26)
Enfield	109,700	13.4	13.4	10.1	10.8	1.5 (167)	2.1 (227)	19.7 (29)	14.2 (21)
Feltham	51,750	15.6	15.0	8.6	13.5	1.3 (69)	1.4 (71)	24.8 (20)	19.9 (16)
Finchley	68,920	13.5	13.0	11.5	10.4	2.0 (136)	2.4 (164)	20.4 (19)	13.9 (13)
Friern Barnet	28,660	12.0	13.4	14.8	10.5	2.0 (57)	2.3 (66)	43.6 (15)	40.7 (14)
Harrow	213,700	13.7	14.1	9.7	11.4	1.8 (379)	2.1 (444)	15.0 (44)	11.6 (34)
Hayes and Harlington	68,670	16.2	15.2	8.0	13.0	1.5 (104)	1.8 (122)	18.0 (20)	14.4 (16)
Hendon	151,500	13.0	12.5	10.9	11.6	1.9 (286)	2.3 (347)	19.3 (38)	16.3 (32)
Heston and Isleworth	105,000	12.1	12.1	10.9	11.1	1.7 (181)	2.2 (227)	16.5 (21)	14.1 (18)
Hornsey	96,430	18.0	16.7	12.3	10.9	2.4 (227)	2.3 (225)	24.8 (43)	21.4 (37)
Potters Bar	22,750	16.0	14.2	8.8	12.2	1.6 (37)	1.5 (34)	19.3 (7)	8.3 (3)
Ruislip and Northwood	75,330	13.4	13.4	8.2	10.3	1.4 (106)	1.9 (143)	16.8 (17)	12.9 (13)
Southall	52,900	14.0	14.6	12.1	11.4	2.2 (114)	2.1 (113)	22.9 (17)	17.5 (13)
Southgate	70,680	12.0	13.0	13.3	10.9	2.5 (177)	3.0 (211)	15.3 (13)	12.9 (11)
Staines	47,910	18.7	17.2	9.6	12.2	1.7 (82)	2.0 (97)	15.7 (14)	13.4 (12)
Sunbury	29,710	19.4	17.3	10.7	12.3	1.3 (38)	2.3 (68)	17.3 (10)	12.1 (7)
Tottenham	116,100	15.1	14.9	11.6	12.3	2.0 (227)	2.4 (280)	24.0 (42)	19.4 (34)
Twickenham	103,600	13.2	13.6	12.1	11.5	2.3 (237)	2.2 (229)	16.8 (23)	12.4 (17)
Uxbridge	63,730	16.7	15.0	9.1	11.7	1.5 (93)	1.7 (110)	19.7 (21)	19.7 (21)
Wembley	126,300	12.6	12.7	9.7	11.3	1.9 (237)	2.2 (278)	14.4 (23)	13.2 (21)
Willesden	172,800	19.6	18.2	10.5	11.9	1.8 (303)	2.4 (420)	19.5 (66)	14.5 (49)
Wood Green	48,520	14.1	14.2	12.4	11.9	2.1 (104)	2.9 (141)	20.5 (14)	14.7 (10)
Yiewsley and West Drayton	23,450	18.8	16.9	7.4	10.7	1.4 (34)	1.7 (41)	18.1 (8)	13.6 (6)
COUNTY (1959)	2,247,000	14.7	14.4	10.6	11.4	1.8 (4126)	2.2 (4939)	19.4 (641)	15.5 (514)
England and Wales (1959)	45,386,000	16.5		11.6		N/A	2.1(97116)	22.0(16471)	15.8(11881)

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

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply

Dr. E. Windle Taylor, Director of Water Examination of the Metropolitan Water Board has kindly supplied the following information regarding Tottenham's water supplies:-

"The supply to the Borough of Tottenham has been satisfactory both in quantity and quality during the year 1959.

The Borough is supplied from two main river derived sources, namely the New River and the River Thames together with well water from Park Well Pumping Station during the summer months in the locality of Northumberland Park. Details of the analytical results of the water passing into supply are set out in the following tables.

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

All new and repaired mains are disinfected with chlorine before being put into service 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.

With regard to radioactivity and monitoring of the Board's supplies, this matter is dealt with fully for the first time in my 38th Report for the years 1957-58, page 8. This is rather too long to quote in full, but to compress the results into as brief a space as possible, one may say that up to the present the amount of strontium-90 in the Board's river-derived waters is a small fraction of one micro-micro curie per litre and in the underground waters there is none at all. Such traces as have been found are quite insignificant compared with the concentration considered by competent authorities to be permissible.

Regular monitoring is carried out on all the Board's sources of supply but during these early phases the procedure of sampling and analysis is liable to frequent modification as new knowledge is acquired."

Fluoridation of Water

This subject continues to be of great interest in the Borough where the natural fluoride content in the water supplies is .2 milligrammes per litre. Small traces of this substance of the order of 1 milligramme per litre have been found by experience in other countries to be of great benefit in the promotion of dental health and so far as can be ascertained, no harm is caused by drinking water with this concentration of fluoride.

Although demonstration trials have been proceeding in some areas in this country since 1956 there is no indication of any immediate Government pronouncement of national policy. My Council, after considering representations from a local organisation, were of opinion that the experience gained in other countries was sufficient to justify the immediate implementation of a policy to bring the fluoride content of water up to an approved standard. They accordingly made representations to the Ministry of Health and to the Metropolitan Water Board. In addition the support was sought of local authorities whose districts were served by the Metropolitan Water Board. Thirty agreed with Tottenham's view and a further three gave conditional support, but the Metropolitan Water Board were not prepared to act until some Government pronouncement was made in the light of experience gained in the demonstration areas. The Ministry replied that in view of the fact that the demonstrations at present taking place have only been running for a comparatively short period, the Government would not wish to give any general encouragement to the initiation of new fluoridation schemes for the time being. At the same time the Ministry advised that because of the highly controversial nature of this measure there should be a long period of preparation particularly in the field of public relations before the introduction of fluoridation.

The comments of the Board and the Ministry were received with regret by this authority, and further representations for a speedier action were also unsuccessful. It is noted from the 38th Report of the Board's Director of Water Examination, Dr. E. Windle Taylor, that experimental trials have been proceeding to find the most accurate and efficient technique for supplementing the natural fluoride content, if and when the Board so decide.

Drainage and Sewerage

Separate soil and surface systems of drains and sewers continue to operate in the Borough. Work on the East Middlesex drainage scheme is still in progress but it is not yet known when the pumping station will cease to function.

The work on flood relief schemes continues and the benefits of this are now being felt during the heavy summer storms.

**AVERAGE RESULTS OF THE CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF THE WATER SUPPLIED
TO THE BOROUGH OF TOTTENHAM FOR THE YEAR 1959**

(Milligrams per litre (unless otherwise stated))

Description of the Sample	No. of Samples	Ammonia Nitrogen	Album. inoid Nitrogen	Oxidised Nitrogen (Nitrate)	Chlorides as Cl	Oxygen abs. from Permanganate 4 hrs. at 27°C.	Turbidity in terms of Silica	Colour m.m. brown 2ft. Tube Burgess's Tintometer	Hardness (Total)	Hardness (non-carbonate)	pH Value	Phosphate as PO ₄	Silicate as SiO ₂	Sulphate as SO ₄	Fluoride as F	Magnesium as Mg.	Potassium K	Electrical Conductivity (gemmhos)
New River water filtered at Hornsey and/or Stoke Newington works	104	0.018	0.050	5.4	32	0.50	0.1	5	298	70	7.8	0.55	12	59	0.2	5.0		625
River Thames derived filtered water	386	0.030	0.074	3.6	23	1.04	0.4	9	254	56	7.8	0.90	9	54	0.2	4.0		525
Park well	3	.160	.034	0.1	21	0.20	1.8	10	278	74	7.4						6.0	525

BACTERIOLOGICAL RESULTS - YEARLY AVERAGES, 1959

	BEFORE TREATMENT -							AFTER TREATMENT				
	Number of samples	Agar plate count per ml.		Coliform count		Escherichia coli count		Number of samples	Agar plate count per ml.		Coliform count	Escherichia coli count
		20-24 hours at 37°C.	3 days at 22°C.	Per cent samples negative in 100 ml.	Count per 100 ml.	Per cent samples negative in 100 ml.	Count per 100 ml.		20-24 hours at 37°C.	3 days at 22°C.		
New River water filtered at Hornsey works and/or Stoke Newington works								514	4.8		99.61	100.0
River Thames derived filtered water								3344	9.8		99.46	99.97
Park well	145	0.5	5	80.69	0.6	98.62	-	147	0.2	2	100.0	100.0

Public Baths and Laundry Services

The Baths Superintendent, Mr. P.E. Lusher, B.E.M., has kindly supplied the following report on the public baths and laundry services.

Establishments

CENTRAL BATHS:	Opened 1904	2 Swimming Baths, 34 Private Baths Municipal Hall Establishment Laundry	100 ft. x 35 ft. 75 ft. x 25 ft.
THE LIDO:	Opened 1937	Open Air Pool Restaurant	165 ft. x 75 ft.
CONWAY ROAD BATHS:	Opened 1926	18 Private Baths	
BROMLEY ROAD	Opened 1932	Public Laundry 14 Private Baths	
TIVERTON ROAD:	Opened 1932	Public Laundry 22 Private Baths	

Indoor Swimming Baths

Swimming as a recreational facility has achieved considerable popularity in recent years, in fact the demand now exceeds the accommodation available during hot summer months.

Indoor bathing in Tottenham is provided at the Central Baths only. There is a large swimming pool, 100 ft. x 35 ft., and a small pool 75 ft. x 25 ft.

In common with most baths of the period (1904) these were never designed to cope with the present demand. Whereas the pool dimensions are adequate for day to day use, dressing room accommodation is extremely limited.

Notable improvements have been, and are, taking place in the large pool which is converted to a public hall in the winter months. Such improvements are provided for in an ambitious modernisation project.

Excessive noise by children in swimming pools discourages adults from attending indoor pools. This was an important factor overlooked by the designers of fifty years ago. Now that the first phase of the Central Baths modernisation project is completed the reverberation factor has been reduced considerably. A major item of the first phase was the new ceiling works. The entire ceiling has been cased and sprayed with an acoustical material which will absorb sound and also reduce condensation to a minimum.

The second phase of the modernisation project includes a heating and ventilating system which will overcome all these defects and maintain comfortable conditions within the hall at all times.

New collapsable cubicles are also scheduled to be installed during the current year and the materials employed will obviate the necessity of periodical redecoration.

Vertical stainless steel steps have been installed to afford access to and from the pool thus replacing the cumbersome wooden steps which had the disadvantage of obstructing competitors at aquatic functions and also required annual maintenance in respect of repairs and painting.

A tubular steel diving stage, designed and constructed by the Department, has been installed also a springboard which is easily removable when not required.

The height of the new diving stage is lower than the cumbersome structure which it has replaced, this being necessary in the interest of safety in view of the depth of the water (6ft.) available.

Purification of Swimming Pool Water

The capacity of the large pool is 105,000 gallons and the small pool 50,000 gallons. The total capacity of 155,000 gallons is continuously filtered and sterilised at the rate of 40,000 gallons per hour. Thus it will be seen that the total capacity of the pools is treated every four hours.

Sterilisation is by chlorine and sufficient residual is maintained in the water at all times to destroy all harmful bacteria which may be introduced by bathers. Frequent and regular tests are taken daily to ensure that the water is maintained in accordance with the standards laid down by the Ministry of Health and samples taken for analysis by the department of the Medical Officer of Health have consistently indicated a highly satisfactory condition of chemical and bacterial purity.

The water supply for all services except the drinking water is drawn from a bore hole 421 ft. deep.

Whereas the transmission of waterborne disease through contact with swimming pool water is infinitely remote the problem of maintaining the pool surrounds and cubicles free from contamination is difficult if not impossible while dressing accommodation is not apart from the precincts of the pools.

Unfortunately there is no practical solution to this problem in the large pool but the accommodation in the small pool may well be separated by the construction of adjoining dressing rooms to serve the small pool only. This scheme is under consideration by the Baths Committee.

The general appearance of the swimming pool water, more often than not, reflects the condition or "quality" of the water. It is to be noticed that while the small pool consistently indicates an almost crystal clear bluish colouring, the large pool presents rather uninviting water with a greenish tinge and lacking sparkle. While the latter conditions often indicate a sub-standard quality it is not so in our case.

The cause of this illusion is the glazed brick floor of the pool which has long since lost its white selective properties.

Open Air Pool

The Lido becomes a popular resort at the height of the summer season and our patrons are drawn from many parts of the North London Area, and as many as 5,600 persons have passed the turnstiles in a single day.

The pool itself measures 165 ft. x 75 ft. with depths varying from 3 ft. to 6 ft. A recessed diving area 60 ft. x 18 ft. with a depth of 10 ft. provides for a five metre diving stage with intermediate firm boards and springboards at 1 and 3 metres.

The total capacity of the pool is 490,000 gallons and is continuously filtered and sterilized at the rate of 90,000 gallons per hour. Samples taken for analysis by the department of the Medical Officer of Health have consistently indicated a high standard of bacterial purity.

This establishment's water supply is drawn from the town mains.

Swimming Instruction for Schools

Facilities for the instruction of classes during school hours continues throughout the year. Full time instructional staff, employed by the Education Authority, are available for the tuition of primary school children who utilise the small pool. The Committee have recently afforded exclusive facilities to schools attending the small pool between 9 a.m. and 4 p.m.

During the summer months, secondary and grammar schools attend the large pool. When conditions are suitable instruction is also undertaken at the Lido.

Special facilities are afforded to physically handicapped children of the Vale Road Day Special School.

Swimming Proficiency Tests

The Baths Committee continue to offer inducements to scholars who make progress in swimming and free passes, valid for one year, are awarded to those passing a suitable test during their first year of tuition. Such awards are restricted to scholars attending Junior Schools. Eighty-two Awards were made during the year 1958/1959.

Swimming Clubs

The swimming pools are let on most evenings of the week after public hours to swimming clubs at a nominal charge.

The Tottenham Central Swimming Club is the only competitive one, however, and may be considered to be truly representative of the Borough.

Attendance at Swimming Baths

Year ended 31st March	Indoor Pools		Open Air Lido		Total
	General Public	School Classes	General Public	School Classes	
1948	66,954	71,413	141,480	6,872	286,719
1949	93,660	67,226	75,363	6,193	242,442
1950	107,746	61,448	141,900	8,963	320,057
1951	77,557	59,561	81,564	7,351	226,033
1952	84,214	60,534	72,496	8,198	225,442
1953	88,581	56,062	88,689	8,918	242,250
1954	96,629	64,315	79,743	4,257	244,944
1955	92,608	68,662	37,850	4,544	203,664
1956	107,110	68,588	111,164	6,740	293,602
1957	98,623	73,587	41,393	5,588	219,191
1958	101,676	61,613	82,724	5,175	251,188
1959	111,872	60,599	59,737	6,738	238,946
1960	116,027	59,706	136,742	6,513	318,988

Private Baths

The private bath suites at four of the establishments were modernised as recently as 1953/54 and still continue to afford a valuable contribution to public health.

The service is available on six days of the week at the branch baths and is also available on Sunday mornings at the Central Baths. Special concessions are available on certain days of the week to old age pensioners (free) and juniors (under 16) 2d.

The tabulation of attendances indicates the heavy demand still being made on the service despite the large amount of re-housing that has taken and is still taking place. The retention of this form of service will be essential in Tottenham for many years to come.

Private Bath Attendances

Year ended 31st March	Central		Tiverton	Bromley	Conway	Total
	Ordinary Baths	Pine Baths				
1948	106,014	2,950	48,048	36,147	28,927	222,086
1949	104,351	2,392	49,610	37,262	30,220	223,835
1950	108,592	2,464	48,476	35,803	32,300	227,635
1951	100,693	2,641	45,646	36,073	27,845	212,898
1952	103,677	2,682	45,230	35,250	27,646	224,485
1953	102,070	2,764	40,253	*23,527	27,149	195,763
1954	*64,587	1,322	39,312	35,753	31,876	172,850
1955	110,294	3,594	*21,393	32,758	30,898	198,937
1956	107,461	4,589	38,517	32,021	28,016	210,604
1957	116,997	6,617	40,192	30,378	*12,448	206,632
1958	106,410	6,175	37,731	30,081	26,389	206,786
1959	103,018	6,091	35,798	28,891	30,630	204,428
1960	104,679	6,272	35,745	28,477	30,746	205,919

* Attendances affected by closing of the private baths section for re-construction

Public Laundries

Two public laundries were opened in Tottenham during 1932 and it is significant to note that patronage at both establishments has fluctuated but little. The trend has been one of a gradual increase in post-war years when the highest attendance figures were attained.

Public Laundry Attendances

Year Ended 31st March	Bromley Road	Tiverton Road	Total
1948	20,190	20,240	40,430
1949	22,765	22,109	44,874
1950	22,879	21,876	44,755
1951	22,813	20,964	43,777
1952	21,355	22,023	43,378
1953	22,922	21,491	44,413
1954	21,838	21,450	43,288
1955	21,505	19,347	40,852
1956	23,132	20,291	43,423
1957	22,610	19,804	42,414
1958	22,130	20,083	42,213
1959	20,541	19,238	39,779
1960	23,720	18,728	42,518

At the time of their construction, both laundries were equipped in accordance with the generally accepted practice associated with "Public Wash-houses". To-day the term "wash-house" is a stigma and may be itself a deterrent to potential users. As in Tottenham many local authorities are substituting the term "laundry". After twenty-seven years of almost continuous operations the obsolete equipment is inadequate to meet the modern housewife's requirements.

In December 1959 the Bromley Road Laundry was reopened as a self-service laundry following an 8 week period of closure for modernisation. The project provides for a complete wash, dry and machine ironing process for any single classification of work up to a maximum of 25 lbs. dry weight for 3/6d. The total time for processing is less than 1 hour.

Automatic control has been exploited to the fullest possible extent and by virtue of its economy of operation, plus increased revenue from increased income a substantial reduction in the rate charge has been already made.

Before modernisation this establishment operated at 80% capacity and provided for 395 users per week. Present attendances are now approaching 1,200 per week at 75% utilisation.

The Tiverton Road Laundry will need to receive similar attention in the near future and in view of the rapid development on blocks of flats nearby it would seem desirable that the exterior of the building should be improved in order that it may be in keeping with the surrounding estate.

Inspections Carried out by the Public Health Inspectors

Appointment and Interviews	...	...	...	...	...	688
Cinemas and Halls	...	...	...	...	...	33
Complaints Investigated	...	...	...	...	...	3246
Conveniences and Urinals	...	...	...	...	...	26
Drains defective	...	...	...	...	...	229
Drains tested	...	...	...	...	...	345
Factories with Mechanical Power	...	...	...	...	...	227
Factories without Mechanical Power	...	...	...	...	...	22
Food Poisoning	...	...	...	...	...	21
Food Premises						
Bakehouses	...	...	...	...	...	54
Butchers	...	...	...	...	...	181
Cafes	...	...	...	...	...	158
Dairies	...	...	...	...	...	201
Factories	...	...	...	...	...	36
Factory Canteens	...	...	...	...	...	42
Fishmongers	...	...	...	...	...	76
Greengrocers	...	...	...	...	...	78
Ice Cream Premises	...	...	...	...	...	116
Slaughterhouses	...	...	...	...	...	922
Other Food Premises	...	...	...	...	...	296
House to House	...	...	...	...	...	54
Improvements	...	...	...	...	...	72
Infectious Disease	...	...	...	...	...	464
Other Visits	...	...	...	...	...	3330
Outworkers	...	...	...	...	...	164
Rat Infestation	...	...	...	...	...	542
Re-Inspections	...	...	...	...	...	6543
Schools	...	...	...	...	...	82
S.D.A.A. & Housing Act Advances	...	...	...	...	...	273
Smoke Observations	...	...	...	...	...	55
Stables and Mews	...	...	...	...	...	34
Workplaces	...	...	...	...	...	18
Smoke Control Order	...	...	...	...	...	4715

Defects Remedied

Drains reconstructed	...	...	...	...	...	8
Drains repaired	...	...	...	...	...	193
Drains cleared	...	...	...	...	...	114
W.C. Cisterns repaired or renewed	...	...	...	...	...	117

W.C. Pans renewed	...	...	...	...	62
W.C. Pans cleansed	...	...	...	...	9
Waste Pipes repaired or renewed	...	...	...	...	72
Rainwater pipes repaired or renewed	...	...	...	...	125
Roofs repaired or renewed	...	...	...	...	443
Eaves Gutters repaired or renewed	...	...	...	...	217
Drinking Water Cisterns renewed	...	...	...	...	4
Drinking Water Cisterns covered	...	...	...	...	3
Water Service Pipes repaired	...	...	...	...	86
Water Supply reinstated	...	...	...	...	15
Yards repaired or reconstructed	...	...	...	...	45
Sinks renewed or provided	...	...	...	...	15
Floors repaired or renewed	...	...	...	...	215
Floors ventilated	...	...	...	...	66
Dampness remedied					
by insertion of damp proof courses	...	...	...	...	11
by pointing of brickwork	...	...	...	...	62
by internal rendering	...	...	...	...	197
by miscellaneous remedies	...	...	...	...	107
Window Frames and Sashes repaired, or renewed, or painted	...	...	...	...	296
Coppers repaired or renewed, or provided	...	...	...	...	2
Fireplaces, Stoves & Ovens repaired or renewed	...	...	...	...	97
Flues and Chimney Stacks repaired	...	...	...	...	77
Brickwork of Walls repaired and Walls rebuilt	...	...	...	...	86
Ventilated Food Stores provided	...	...	...	...	3
Rooms cleansed	...	...	...	...	45
Staircases, Passages & Landings cleansed	...	...	...	...	16
Staircases, Balconies and Steps repaired or renewed	...	...	...	...	68
Noxious Accumulations removed	...	...	...	...	28
Nuisances arising from Animals abated	...	...	...	...	6
Miscellaneous Defects remedied	606

Notices Served

Statutory:-

Housing Act, 1957:

Section 9	70	70
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Public Health Act, 1936:

Section 24	26	
" 39	41	
" 45	7	
" 79	2	
" 92	163	239

Tottenham Corporation Act, 1952:

Section 36	19	
" 43	117	
" 54	2	138

Total

447

Informal Notices	1065	
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Repair of Houses by the Council

Work carried out in default or by agreement with the owners during 1959.

Housing Act, 1957		£	s.	d.
Section 9	7 premises	241	16	10
Public Health Act, 1936				
Section 24	26 premises	84	16	4
" 39	11 "	251	1	4
" 94	3 "	143	13	1
Tottenham Corporation Act, 1952				
Section 36	6 premises	10	4	3
" 38	5 "	5	9	9
" 43	22 "	294	13	5
" 54	1 "	2	1	4
		<u>£1,033</u>	<u>16</u>	<u>4</u>

Abatement Notices: Legal Proceedings

Summonses were issued in six instances for non-compliance with abatement notices, but in three of these the work was carried out before the hearing and proceedings were withdrawn on payment of the Corporation's costs. Penalties were imposed in two cases and the final case was adjourned sine die to enable the premises to be dealt with as an unfit house under section 16 of the Housing Act.

Cleansing and Disinfecting Station

The equipment at the Borough's Cleansing Station at Markfield Road had reached the end of its useful life and during the year a new station was completed at Park View Road adjacent to the Refuse Disposal Works. The new station is equipped with a Manlove Alliott horizontal elliptical steam disinfector which can also be used for formaldehyde disinfection, if required. In addition there are baths for the cleansing of persons in accordance with the provisions of section 85 of the Public Health Act, 1936.

By resiting the station in Park View Road it has been possible to make use of the steam generated at the Refuse Disposal Works with a consequent saving in fuel costs.

Summary of Disinfection Work During 1959

Rooms disinfected after occurrence of infectious disease or death	38
Bedding disinfected after occurrence of infectious disease or death	49
Library Books disinfected	128
Baths for verminous persons	24

Insect Pests

The long warm summer of 1959 resulted in an increase in the number of complaints of insect pests, particularly in respect of bugs and wasps. 157 houses were treated for bugs, the highest number recorded for many years and more than twice the figure for 1958. Forty six wasps nests were destroyed compared with nine in the previous year.

Inspections prior to removal to Council houses numbering 313 have been made on notification by the Housing Manager, and disinfection required in 23 cases, the furniture being treated in a cyanide chamber.

Premises Treated

	Houses	Other Premises
Bugs	157	-
Fleas	7	1
Cockroaches	38	8
Wasps	46	3
Ants	10	9
Flies	3	6
Miscellaneous	10	-
Total	<u>271</u>	<u>27</u>

Rodents

In my annual report for last year I indicated the department's intention to use new methods of treatment once they have been officially approved.

In so far as the public sewer treatments are concerned a new form of technique is now in operation.

Hitherto sewer treatments have consisted of baiting with conventional poisons, viz., zinc phosphide, alternated with arsenious oxide and antu, the baiting being done over a number of days, the whole treatment taking place twice yearly. The present system, which takes place four times a year, consists of direct poison baiting with sodium fluoroacetate. This is a highly toxic substance and requires great care on the part of the operator. It has the advantage of one visit only being made to each manhole and is therefore more economic in the use of labour.

The following is a summary of dwelling houses and business premises treated during 1959:-

(1) Dwelling houses	...	694
(2) Factory premises	...	32
(3) Shops	...	46
(4) School Canteens	...	67
(5) Miscellaneous	...	23
(6) Total charge for 2 - 5 above	...	£122. 5s. 4d.

Factories

There is a wide variety of light industry in the Borough ranging both in size and in the nature of their products. Regular visits are made to ensure compliance with those parts of the Factories Acts which are enforced by the local authority and there is a frequent exchange of information with the Factories Inspector which is of mutual assistance.

Tottenham's development in the past led to a scatter of industry in the residential areas resulting in nuisances to residents of smoke, fumes or noise associated with industry. Steps are taken wherever possible to eliminate or mitigate these nuisances but it is only by proper planning that the problem can be solved satisfactorily; and action taken to locate factories in separate industrial zones. As Tottenham is fully built-up the process will be inevitably slow.

FACTORIES ACTS, 1937 - 1959

Inspections for purposes as to health made by Public Health Inspectors

Premises	No. on Register	NUMBER OF		
		Inspections	Written Notices	Occupier Prosecuted
(i) Factories in which sections 1, 2, 3, 4 & 6 are enforced by local authority	57	22	-	-
(ii) Factories not included in (i) in which section 7 is enforced by local authority	656	227	8	-
(iii) Other premises in which section 7 is enforced by local authority (excluding outworkers premises)	11	11	-	-
Total	724	260	8	-

Summary of defects found in factories

Particulars	Number of cases in which defects were found			
	Found	Remedied	Referred to Factories Inspector	Referred by Factories Inspector
Want of cleanliness (s.1)	1	1	-	1
Overcrowding (s.2)	-	-	-	-
Unreasonable temperature (s.3)	-	-	-	-
Inadequate ventilation (s.4)	-	-	-	-
Ineffective drainage of floors((s.6)	-	-	-	-
<u>Sanitary conveniences (s.7)</u>				
(a) Insufficient	1	1	-	-
(b) Unsuitable or defective	23	22	-	21
(c) Not separate for sexes	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-
Total	25	24	-	22

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	364
Household linen	9
Curtains & furniture hangings	3
Artificial flowers	11
Paper bags	4
Cardboard boxes	35
Brushes	4
Feather sorting	1
Boxing, carding of buttons	7
Christmas crackers & stockings	17
Weaving of any textile fabric	1
Lampshades	5
	<u>461</u>

164 visits were made during 1959 to outworkers' premises. No contraventions were reported.

Shops

1,678 shops have been 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 the year the following contraventions were noted:-

<u>Section 17(2)</u>	Assistants weekly half holiday notice not affixed in the shop	102
<u>Section 32(2)</u>	Record of hours of employment of young persons not being maintained	23
<u>Section 32(3)</u>	Abstract of regulations relating to employment of young persons not exhibited	16
<u>Section 37(2)</u>	Notice re: seats for females not exhibited	76

Weekly Half Holiday

The following contraventions were noted:-

<u>Section 1(1)</u>	Shops not closed at 1.00 p.m.	4
<u>Section 1(2)</u>	Alternative closing notice not displayed	16
<u>Section 13(1)</u>	Exempted trade notices not displayed or in possession of the occupier	26

Legal proceedings were taken in one case where sales took place on the weekly half holiday. The other cases were dealt with by warning letters or informal notices.

General Closing Hours

Several cases of ladies' hairdressers being open after the permitted hours were noted. In each case the occupier claimed that work upon the customer had commenced before the closing hour. Legal advice was taken on this point and it was found that no offence is committed providing customers enter the premises before the closing hour. Special attention was paid to

the employment of young persons in these cases.

Sunday Trading

The following contraventions were noted:-

<u>Section 47</u>	Sale of goods not exempted by the Fifth Schedule	12
<u>Section 50</u>	Sunday trading notices not exhibited or in possession of occupier	19

Legal proceedings were taken in five cases concerning the sale of unscheduled articles; in one other case the occupier died before the summons was served. Proceedings were also taken in two cases where Sunday Trading notices were not exhibited.

Jewish Traders

Three cases of trading on the Jewish Sabbath were reported. In one case a warning letter was sent to the occupier, and legal proceedings were taken in the other two cases.

Sixty-nine informal notices were served in respect of these contraventions and re-inspections made to ensure compliance with the regulations.

1,840 male, 2,242 female adult assistants and 122 male and 356 female young persons under the age of 18 years were employed at the premises inspected. Special attention was paid to their conditions of employment, working hours, meal times, etc.

Street Trading

24 sites were licensed for the year 1959/60. One licence for a site in the West Green area was surrendered due to ill health and the site was not re-let.

The licensed sites are inspected weekly and no complaints have been reported.

Unlicensed Street Trading

Special attention has been paid to the Green Lanes area where unlicensed trading appears to persist, usually on Thursdays.

As a result of these patrols, 27 cases of unlicensed trading were observed. 15 were dealt with by way of verbal warning. 12 were reported, resulting in 8 warning letters being sent and legal proceedings being taken in 4 cases.

Shops Act, 1950 and Middlesex County Council Act, 1944

Prosecutions

	Offence	Section	Fine	Costs	Total
Case No. 1	Failing to close on the weekly half holiday	1(1)	20s.	£1.1.0.	£2.1.0.
Case No. 2	Sale of articles not mentioned in the Fifth Schedule (Sunday trading)	47	20s.	£1.1.0.	£2.1.0.
Case No. 3	- do -	47	20s.	£1.1.0.	£2.1.0.
Case No. 4	Failing to close on the Jewish Sabbath	53	40s.	£1.1.0.	£3.1.0.
Case No. 5	Sale of articles not mentioned in the Fifth Schedule (Sunday trading)	47	40s.		
	Failing to exhibit exempted trade notice	57	20s.	£2.2.0.	£5.2.0.
Case No. 6	Sale of articles not mentioned in the Fifth Schedule (Sunday trading)	47	*	-	-
Case No. 7	- do -	47	40s.	£1.1.0.	£3.1.0.
Case No. 8	Failing to close on the Jewish Sabbath	53	40s.	-	£2.0.0.
Case No. 9	Unlicensed street trading	320 329	20s.	£1.1.0.	£2.1.0.
Case No. 10	- do -	320 329	20s.	£1.1.0.	£2.1.0.
Case No. 11	- do -	320 329	20s.	£1.1.0.	£2.1.0.
Case No. 12	- do -	320 329	20s.	£1.1.0.	£2.1.0.
Case No. 13	- do -	320	40s.	£2.2.0.	£6.2.0.
	(Two summonses)	329	40s.		
				TOTAL	£33.13.0.
	* Case dismissed				

Rag Flock & Other Filling Materials Act, 1951

There are no establishments licensed for the manufacture of rag flock.

At 31st December, 1959 there were 23 premises registered for the use of filling materials.

Pet Animals Act, 1951

At 31st December, 1959, 9 premises were licensed as pet shops in accordance with the Pet Animals Act, 1951.

CLEAN AIR

Continuing a progressive policy in connection with the Clean Air Act, 1956 the Ministry of Housing and Local Government addressed a circular to local authorities in January, 1959, on the question of smoke control areas. Emphasising that about 50% of the smoke in the atmosphere comes from domestic stoves, the Minister requested local authorities to consider their domestic smoke problem as a whole. Authorities were asked to submit by 30th June, 1959, a five year programme for dealing with smoke control areas.

A phased programme for the Borough was submitted to the Health and Housing Committee and approved by the Council. This provides for conversion and/or adaptation in some 4,000 houses per annum and covers the whole of the Borough.

On the question of including industrial premises in smoke control areas, in July, 1959 the Minister of Housing and Local Government made an order giving exemption to mechanical stokers installed on or after 31st December, 1956. This order has been received with some misgivings since "automatic" exemption takes away from the Council the power to exercise their own discretion. It is known, for example, that certain mechanical stokers in Tottenham are by no means smokeless in operation. It is hoped that the National Coal Board will co-operate with local authorities through their technical and commercial representatives.

ATMOSPHERIC POLLUTION RECORD, 1959

Month	Park Lane			St. Ann's			Tottenham Technical College			
	Rainfall	Insoluble Deposit	Soluble Deposit	Rainfall	Insoluble Deposit	Soluble Deposit	Smoke		Sulphur Dioxide	
							Monthly Average	Highest Daily Reading	Monthly Average	Highest Daily Reading
	(ins.)	(Tons per square mile)		(ins.)	(Tons per square mile)		(mg per 100m ³)	(mg per 100m ³)	(Parts per 100 million)	
January	2.09	6.09	7.27	2.15	5.86	7.14	36	234	8	19
February	0.04	4.98	3.85	0.03	6.46	4.33	26	139	12	48
March	1.59	7.96	6.21	1.79	7.83	6.21	14	35	9	25
April	2.03	6.40	5.25	2.05	7.24	5.78	10	24	6	15
May	1.05	6.27	3.27	0.71	6.06	2.77	6	12	5	13
June	0.75	5.61	4.05	0.54	5.86	2.69	5	10	4	12
July	1.11	5.77	3.22	1.17	6.16	3.10	2	7	3	8
August	0.96	5.21	1.72	2.50	3.54	9.63	3	6	2	5
September	0.01	4.78	1.96	0.01	4.52	1.42	3	7	3	7.2
October	1.99	8.55	6.45	1.93	8.53	6.26	10.6	24	3.7	7.6
November	2.44	7.36	7.38	2.56	6.19	6.70	22	56	7.0	21.8
December	3.33	6.29	7.22	3.42	6.28	8.47	20	41	3.2	9.4

Radiation Hazards

During the year the Council expressed concern particularly at their lack of local knowledge of the steps taken for the monitoring of food and water for radioactivity and the use in local industry of radioactive substances and the disposal of trade waste.

In response to an enquiry, the Ministry of Housing and Local Government gave a general indication of the amount of radioactive material in use in local factories. In a later letter they

stated that whilst they were unable to undertake to give details of every single delivery to establishments in the Borough a watch was kept on deliveries and should there be any significant change the Medical Officer of Health would be informed.

In October, 1959 the Ministry of Housing and Local Government issued a Memorandum to all local authorities summarising the action the Government were taking in connection with radioactivity. Dealing with monitoring it advised that arrangements had been approved under which the Agricultural Research Council was responsible for monitoring soil, herbage, farm animals, and milk and other foods, and the Medical Research Council for measurements of radioactivity as affecting man. The Atomic Energy Authority retained responsibility for the analysis of radioactivity in air and rain water, and this Authority, in conjunction with the Ministry of Housing and Local Government, also measured the activity in selected sources of drinking water. A joint Committee of the Agricultural and Medical Research Councils and the Development Commission supervises the monitoring programme.

National and local surveys now being undertaken involve the annual collection of several thousand samples of milk, water, green vegetables, potatoes and flour.

In a circular letter to medical officers of health, Sir John Charles, chief medical officer to the Ministry of Health, stated it was largely because of the extent of these arrangements that the Ministers concerned have said that they see little advantage in widespread monitoring by local authorities.

Further it has sometimes been argued that, whatever the Government may be doing to watch the national situation, local authorities have a duty to their residents to make sure there is no local hazard. I doubt if this is a truly valid distinction, at any rate in relation to fall-out. Such levels of contamination as there is reason to think exist are too low to be detected except by complicated apparatus and highly refined analysis, and the level in any one sample is in most cases very small in comparison with the comparable radioactivity from elements naturally present in the sample. The standards by which levels of radioactivity from "fall-out" are judged are those which have been recommended by national and international research organisations as acceptable for continuous consumption over a whole lifetime of seventy years. A level at which it would seem desirable to withdraw a product from consumption over a short term would be so many thousands of times higher that, so long as the present low average levels persist, there can hardly be presumed to exist the possibility of local contamination of food within the meaning of the Food and Drugs Act, such as might justify local monitoring on this account.

HOUSING

It is difficult to define, in measurable terms, the effect on health and well being of unsatisfactory housing conditions. What contributes to making housing conditions unsatisfactory include such matters as structural unfitness, overcrowding and lack of amenities.

Nothing can be more frustrating to the occupier of a bad house than the continuous battle to be waged in keeping it in a reasonably habitable condition. Inadequate facilities, and lack of amenities play their part in adding to this difficulty and where overcrowding exists the problem is even greater.

One could cite numerous cases of parents becoming embittered because the children are ashamed to bring home their friends. Irritability becomes the keynote in such households'

relationship and this inevitably reduces the level of family health. Some however do rise above their surroundings and it is a source of wonder at the fortitude displayed by families who live under such adverse conditions.

In the post war years housing has assumed a service of increasing importance in the work of local authorities. But in the clamour for rehousing the significance of the work carried out by the Health Department should not be overlooked. Much of it is unspectacular, on the other hand the department can derive a great deal of satisfaction in the cleared sites of old worn out houses, now replaced with dwellings complete with modern amenities.

Unfit Houses

It is perhaps opportune at this time to review the work of the department for the past five years in relation to unfit houses.

The Housing Repairs and Rents Act, 1954 introduced, for the first time, a standard of what constitutes an unfit house and as it will be of interest to members the relevant section is set out below.

"4. (1) In determining for any of the purposes of this Act whether a house is unfit for human habitation, regard shall be had to its condition in respect of the following matters, that is to say -

- (a) repair;
- (b) stability;
- (c) freedom from damp;
- (d) natural lighting;
- (e) ventilation;
- (f) water supply;
- (g) drainage and sanitary conveniences;
- (h) facilities for storage, preparation and cooking of food
and for the disposal of waste water;

and the house shall be deemed to be unfit for human habitation if and only if it is so far defective in one or more of the said matters that it is not reasonably suitable for occupation in that condition."

From this it will be noted that the Housing Act, 1936 items of "disrepair and sanitary defects" no longer apply, neither indeed, does reference to the Byelaws.

Since June, 1954, nineteen clearance areas have been "officially represented" comprising a total of 715 unfit houses. Compulsory purchase orders were made in respect of 17 of these areas. Up to December, 1959 the Minister of Housing and Local Government had confirmed 555 houses as being unfit. The remainder are awaiting inquiries or confirmation.

During the year under review a Public Local Inquiry was held in respect of the Tewkesbury School Site comprising 88 houses. Also during 1959 the Minister confirmed the Albert/Richmond Road area as being unfit. Of the 200 houses included in the Official Representation only 3 were excluded from the unfitness order.

In addition to representation of large areas for clearance, the department is called upon to exercise its judgment in dealing with individually unfit houses. Thus if an individual unfit house is incapable at reasonable expense of being made fit an "official representation" is submitted recommending a demolition or closing order.

During the year 1959 a number of these orders were made and the Council accepted the responsibility for rehousing the occupiers. When unfit houses can be repaired at reasonable cost, notices under sections 9 and 10 of the Housing Act, 1957 are served and this has continued throughout the year.

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	11.57	-
No. 2	123	1. 6.54	22. 2.55	9. 7.55	2.60	-
Tewkesbury No. 2	71	29. 6.54	28. 3.55	27.10.55	-	-
No. 3	2	30. 8.55	Purchased by agreement		£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	29.11.55	11.10.56	14. 2.57	10.59	12.59
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	6.58	8.58
Tewkesbury No. 4	15	30.10.56	27.10.57	24.12.57	-	-
Albert Road/ Richmond Road	200	4. 6.57	30. 9.58 and 2.12.58	13. 5.59	-	-
Nos. 1, 2, 3 & 4						
Tewkesbury No. 5	4	1. 4.58	17.12.58	-	-	-
Tewkesbury No. 6	88	14.10.58	2. 6.59	-	-	-
Tewkesbury No. 7	3	14.10.58	-	27.10.59	-	-
Markfield Redevelopment	50	18.11.58	-	-	-	-
Tewkesbury No. 8	6	30. 6.59	-	-	-	-

HOUSING ACTS 1936 & 1957 SECTIONS 9 & 10

WORK IN DEFAULT

Year	Number of Houses	Cost		
		£	s.	d.
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
1958	8	527	1	6
1959	7	241	16	10

Premises the subject of Demolition Orders not demolished as
at 31st December, 1959

Premises	Date of Order
5 - 8 Union Row	11. 8.43
78 Stamford Road	29. 1.57
33 Waverley Road	4.11.57
38 St. Ann's Road	* 6.12.57
10 Markfield Road	*30.10.58
58 Tewkesbury Road	12. 5.59
28 Avenue Road	*23.10.59

* These premises were still occupied
at 31st December, 1959

Overcrowding

This term is apt to be misunderstood since it has come to be applied more specifically where large families occupy parts of houses. Statutory overcrowding, on the other hand, is clearly defined in section 77 of the Housing Act, 1957 -

"77. (1) A dwelling-house shall be deemed for the purposes of this act to be overcrowded at any time when the number of persons sleeping in the house either -

- (a) is such that any two of those persons, being persons ten years old or more of opposite sexes and not being persons living together as husband and wife, must sleep in the same room; or

(b) is, in relation to the number and floor area of the rooms of which the house consists, in excess of the permitted number of persons as defined in the Sixth Schedule to this Act."

It is of interest to note that sub-section (a) refers to persons of opposite sexes who MUST sleep in the same room, and not to persons who DO. In other words if it is possible, by re-arrangement, for the sexes to be separated, then statutory overcrowding would not exist.

The general standard, whereby all rooms are taken into account, is a low one, but in present day conditions it is unlikely that the standard of taking into account only the bedrooms will come into operation.

Lack of Amenities

In addition to the hazard of overcrowding which exists in dwellings let to multiple families, lack of amenity is a feature which makes this type of letting undesirable. It is not uncommon for the multi-let dwelling, let as such by the owner, to have separate water supply and cooking facilities for each letting. The dwelling which is sub-let by the tenant, however, is usually without these facilities. These houses are often decontrolled and sub-letting becomes an economic necessity. Fear of eviction is a factor which deters occupiers from complaining.

Rehousing on Medical Grounds

The Council's points system for assessing priority for rehousing makes some allowance on grounds of ill health, but it is recognised that the effect of unsatisfactory housing conditions on the medical conditions of some applicants may warrant special consideration by the Housing Lettings Sub-Committee. To meet this need arrangements exist for the Housing Manager to forward to the Medical Officer of Health details of housing applications where medical evidence has been submitted supporting the need for rehousing. These cases are then visited and an assessment made of the medical grounds and the amount of priority which could be recommended, special regard being given to the relationship of housing to the disease and the prevention of infection of others.

Whilst in a large proportion of the medical cases a decision can be made without reservation whether or not to recommend the application for medical priority, others are less easily determined. Particularly difficult are the cases of mental ill health for most families living in cramped and difficult housing conditions are subject to mental stress and care is taken to ensure that priority over other deserving cases is not given unless the medical aspect can be clearly established. When any doubt exists and it is not possible to give unqualified support for medical priority, the facts are placed before the Sub-Committee for their consideration and decision.

Needs of Special Classes

(a) **Physically Handicapped.** The needs of physically handicapped persons are best catered for in the design and provision of new housing. Such dwellings may require purpose designed corridors and rooms with wide doorways free from sharp turns and floors which are of one level with ramps in place of steps. These facilities are particularly desirable where the handicapped person has to operate a wheel chair. In certain cases purpose made fitments may be necessary, e.g., baths with facilities for easy entry and exit. Accommodation in all such cases should be on the ground floor.

(b) **Aged Persons.** Provisions of housing for aged persons is the subject of much controversy, should they be segregated or not. A balanced community would seem the most desirable and

provision for the aged catered for in the design of general redevelopment. As with the physically handicapped, it would be generally desirable that ground floor accommodation is provided. Units for space heating should be proofed against fire risks.

(c) **Problem Families** who seem unable to adjust themselves to the general standard of society. Quite often their living conditions are most undesirable. To rehouse them in new dwellings is to invite trouble and some form of graduation is desirable. This can be achieved by putting families of this type into acquired houses, this coupled with the social welfare services provide a means of rehabilitation or re-adjustment,

Sub-Standard Houses

(a) There are large numbers of houses which, although structurally sound and capable of many years life, are sub-standard by reason of lack of amenities. It is to deal with such houses that provision is made whereby grants are available for improvement. The grants make it possible to provide bath, wash basin, hot water supply, W.C., and proper food stores.

Since 1949 these grants have been available at the discretion of the Council but in 1959 an Act of Parliament made available standard grants. These grants cannot be refused and there are certain financial limitations set for particular items.

The response has been disappointing, less than 150 discretionary grants have been applied for and in the case of standard grants the applications total less than 50. In almost every case the applications have come from owner occupiers and whilst this is commendable, the majority of these sub-standard houses are tenanted. There must be some reason for the owners not taking advantage of these facilities to modernise their properties. The short answer is economics, owners argue that the financial return for the initial outlay involved is not worth it. It should be emphasised in this respect that owners obtaining grants are subject to a rent control.

(b) It is appropriate at this time to try to assess what the 1957 Rent Act has done to improve sub-standard property. In so far as providing amenities, no improvement is noticeable.

In the matter of decorative repairs, many houses have been painted externally and some have been pointed. Certain works of internal repair too have been done voluntarily by the owners, but much of this repair work has resulted from the tenants' action in serving Forms G.

The weakness of the Rent Act as we see it is that it does not allow for the remedying of fundamental or inherent defects. One must always have regard to the age and character and locality of the house. Many houses are very damp due to lack of damp proof courses and there is no action that can be taken to remedy this under the Rent Act.

Certificates of Disrepair

Although there was a fall in the number of applications for certificates under the Rent Act, 1957 there was no indication of a discontinuation in the use of these provisions and the following is a summary of the Department's work in this connection -

Applications for Certificates of Disrepair

(1) Number of applications for certificates under Rent Act, 1957:	62
(2) Number of decisions not to issue certificates:	1
(3) Number of decisions to issue certificates:	61
(a) in respect of some but not all defects:	24
(b) in respect of all defects:	37

(4) Number of undertakings given by landlords under paragraph 5 of the First Schedule:	36
(5) Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule:	2
(6) Number of certificates issued:	24

Applications for Cancellation of Certificates

(7) Applications by landlords to Local Authority for cancellation of certificates:	38
(8) Objections by tenants to cancellation of certificates:	13
(9) Decisions by Local Authority to cancel in spite of tenant's objection	4
(10) Certificates cancelled by Local Authority:	29
(11) Number of certificates outstanding at 31st December, 1959 including those under the Housing Repairs and Rents Act, 1954:	212

Certificates as to the Remedying of Defects listed in Landlords' Undertakings

(12) All defects remedied:	29
(13) Some defects not remedied:	28
(14) No defects remedied	8

Accidents in the Home

With the co-operation of the Prince of Wales's Hospital a study has been made of the home accidents coming to their notice during the latter part of 1959. 29 cases were investigated in this way, of which 13 were due to falls, 8 to burns, 7 to scalds and 1 to dropping furniture on foot.

Falls (13) These involved 2 infants aged 11 and 14 months, 9 women, and 2 men.

Causes

Falling from bed accounted for the 2 babies, a man aged 70 years and 2 women aged 70 and 80 years.

3 middle aged women fell downstairs, in one instance while carrying a number of articles.

2 middle aged women had falls associated with standing on chairs. One fell off and in the other case the chair, which was old, collapsed.

A man aged 40 slipped and fell.

2 women aged 65 and 88 had falls associated with other physical disabilities.

Conclusions

Most of these accidents lend emphasis to points frequently made regarding safety in the home.

1. Babies and young children should sleep in cots and senile old people should have similar protection from falling from bed.

2. Care should be taken on stairs especially when carrying articles.
3. Steps should be used when it is not possible to reach from the floor. Improvisation is dangerous.
4. Special care is needed by those with disabilities.

Burns and Scalds (15). These involved 6 infants, 2 older children, 1 man and 6 women.

Causes

4 infants were scalded, in two of the cases by pulling tea pots off the table and in another a 4 month baby on the floor was splashed when the mother was pouring boiling water above her. A man aged 37 slipped while carrying a large pot of tea - scalding himself. A boy aged 12 years was scalded when a hot water bottle burst in his bed and an old lady was scalded when she spilt water from a hot water bottle.

A baby of 8 months was burnt when an oil heater caught fire and a child of 18 months was burnt when he touched against a hot pressing iron. A boy of 13 received burns after igniting some methylated spirits with which he had been experimenting.

3 middle aged women received burns associated with gas stoves. In one case the stove was not lit immediately and when lit exploded, in another a line of clothes fell on a lighted stove and in the other a pan of cooking fat caught fire.

An old lady was burnt when a box of matches ignited in her pocket after she had lit the gas and another old lady was badly burnt and died after her clothes were caught alight by an electric fire.

Conclusions

Here again precautions recommended by home safety authorities would have eliminated most of these accidents.

1. Infants should be protected from burns and scalds by keeping hot things from their reach and by not using overhanging table cloths which can be pulled down by the child.
2. Articles should not be hung over fires or gas stoves where they might fall and be ignited.
3. Hot water bottles should be examined periodically for signs of weakness and should also be covered.
4. Fires, including gas and electric fires, should be properly guarded.

FOOD CONTROL

The supervision of premises concerned with the preparation and manufacture of food for human consumption has continued to receive energetic attention. Since the Food Hygiene Regulations have been in operation much work has been done in securing improvements. The provision of sinks for personal washing and for washing utensils and the supply of hot water has been achieved in most of the premises concerned.

One aspect of food hygiene which has taken on a new significance is that of the slaughter-houses. The Slaughterhouse (Hygiene) Regulations, 1958 and the Slaughter of Animals (Prevention of Cruelty) Regulations, 1958 both came into operation on the 1st January, 1959.

The former Regulations deal with construction, layout, lighting, ventilation, cleanliness, equipment and hygiene practices in slaughterhouses. The latter deal with lairages, stunning pens for cattle, and the keeping of records where horses are slaughtered and in knackers yards.

It should be made clear that whilst all these requirements are in operation for new slaughterhouses, for existing slaughterhouses they will come into force in the future on a day to be appointed.

The Slaughterhouse Reports (Appointed Day) Order, 1959 came into operation on the first February, 1959 and this Order laid down the 2nd November, 1959 as the appointed day for submitting the slaughterhouse report. Members will be aware that there are two slaughterhouses in the borough and the slaughterhouse report for submission to the Minister was approved by the Council on the 19th November, 1959 and sent to the Minister in December. The report indicates the deficiencies of the slaughterhouses and the work required to bring them up to the standard required by the Regulations. It has been suggested that the appointed day for Tottenham, i.e., the date by which all the requirements of the Regulations operate, should be the 31st December, December, 1961. Failure to meet the requirements of the Regulations would mean refusal to licence the slaughterhouse.

The work of meat inspection continues to occupy a great deal of the public health inspectors' time. There is, however, an apparent change in the policy of the wholesale slaughterhouse in that there has been a marked reduction in the number of cows and cattle slaughtered and it is possible that the owners are concerned with the consequences of the slaughterhouse construction regulations.

The total number of food shops as at 31st December, 1959 was 1,049, made up as follows:-

Bakers	50
Butchers	91
Coffee stalls & cafes	25
Confectioners	331
Dairymen	32
Dining rooms	93
Domestic stores	128
Fishmongers	49
Fruiterers & greengrocers	119
Grocers & provisions	287
Ham & Beef Dealers	3
Off-licences	82
Public Houses	58

Registered Food Premises

At the 31st December, 1959, 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	397
Manufacture and sale of ice-cream	2
Storage of ice-cream	1
Cooking of hams and other meat	37
Fish frying	39
Sausage manufacture	58
Preparation of jellied eels	3
Shellfish	1

In addition the following classes of food hawkers and their storage accommodation are registered under section 11 of the Middlesex County Council Act, 1950

Food Hawkers

Articles	No. of Hawkers Registered	No. of Storage Premises Registered
Fruit and vegetables	96	85
Shellfish	15	6
Fish	8	4
Ice-cream	5	-
Light refreshments	4	1
Peanuts	3	1
Eggs	1	-

Milk (Special Designation) Regulations, 1949-53

The following is a summary of licences issued during 1959, namely:-

Designation	No. of Licences	No. of Supplementary Licences
Pasteurised	86	15
Sterilised	156	17
Tuberculin Tested	45	15

During the year 16 applications for registration as milk distributors were dealt with. No applications were received in respect of dairies. Of the 16 new registrations, 6 were for new premises and the other 10 were in respect of the change of proprietorship of previously registered premises.

The number of premises and distributors registered at 31st December, 1959 was as follows:-

No. of distributors	156
No. of dairies	8

Meat Inspection

The amount of slaughtering at the two slaughterhouses in the borough was roughly the same as in preceeding years. The number of cattle slaughtered was less but this was offset by an increase in the number of sheep killed. The department continues to maintain a 100% inspection of all animals slaughtered as far as this is possible, a rota system being worked by the inspectorial staff to ensure that an inspector is on duty at all notified slaughtering times.

Slaughtermen

Thirteen men were licensed as slaughtermen, of whom nine were licensed to slaughter horses.

SUMMARY OF CARCASSES INSPECTED 1959

	Horses	Cattle excl. Cows	Cows	Calves	Sheep & Lambs	Pigs excl. Sows	Sows	Goats
Number killed	1262	33	298	1222	3585	15080	1836	14
Number inspected	1262	33	298	1157	3573	15068	1831	14
<u>All Diseases except Tuberculosis</u>								
Whole carcasses condemned	-	-	6	-	1	43	3	-
Carcasses of which some part or organ was condemned	173	6	56	1	275	1631	134	-
Percentage of number inspected affected with disease other than tuberculosis	13.71	18.18	20.86	.09	7.72	11.11	7.48	-
<u>Tuberculosis Only</u>								
Whole carcasses condemned	-	-	2	-	-	1	-	-
Carcasses of which some part or organ was condemned	-	-	3	-	-	145	60	-
Percentage of number inspected affected with tuberculosis	-	-	1.68	-	-	.97	3.28	-

NOTE: NO CASE OF CYSTICERCOSIS WAS REPORTED DURING THE YEAR

Prosecutions

Food & Drugs Act, 1955 S.2

Sale of bread containing a label. Fined £5.5s.0d. and £5.5s.0d. costs.

Food Hygiene Regulations, 1955

Smoking whilst handling fish. Fined £1.

Defective sink, no first aid materials, no lockers for clothing, inadequate washing facilities and dirty floor. Fined £5.5s.0d. and £11s.0d. costs.

Condemned Food

Tinned Articles

Baby Food	88	Milk and Cream	385
Beverages	70	Preserves	63
Fish	254	Rice	3
Fish Paste	6	Soups	527
Fruit and Fruit Pulp	2058	Tomatoes	274
Fruit Juice	148	Tomato Products	74
Meat (Processed)	1265	Vegetables	1401

Other Articles of Food Condemned

Apples	1890 lbs.	Meat	1553 lbs. 6 ozs.
Butter	2 lbs. 15 ozs.	Pickles	43 jars
Cheese	26 lbs.	Preserves	60 jars
Dried Fruit	934 lbs.	Salad Cream	98 jars
Fish	35 lbs.	Sandwich Spread	31 jars
Ground Nut Flakes	28 lbs.	Sauce	38 bottles
Honey	34 jars	Walnuts	165 lbs.
Lard	24 lbs.	Miscellaneous	19 packets

Food Sampling

The Public Control Department of the Middlesex County Council has supplied the following table of information on food and drugs sampling in the Borough during 1959:-

Articles	Total Samples procured	Unsatisfactory
Milk (Various)	111	1
Butter	5	-
Bread	2	-
Cakes	19	-
Cheese	5	1
Cooked Meat	27	1
Cream	5	-
Drugs	25	-
Fish and Fish Products	35	2
Fruit, Fresh and Canned	24	5
Ice Cream	18	-
Liver	11	-
Margarine	7	-
Meat and Meat Products	60	1
Preserves	8	-
Sausages etc.	20	1
Slimming Products	5	-
Spirits	13	-
Sweets	5	-
Vinegar	12	1
Miscellaneous	21	-
Totals	438	12

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

"Milk (Various). The presence of glass was detected in a bottle of milk supplied to St. Thomas More Secondary School, and the matter was dealt with by the sending of an official caution.

Cheese. One sample of cream cheese was found to be deficient in milk fat. A cream cheese should contain at least 50 per cent fat on the whole cheese to justify this description; in the case concerned the whole milk cheese contained 37 per cent fat. The sample was in fact a whole milk cheese described by the makers as a "Creamery" cheese, this description having misled the retailers. In view of the special circumstances an official caution was issued.

Cooked Meat. A pack of pork luncheon meat was analysed and its meat content found to be below the minimum standard accepted in this country. There is no statutory standard for luncheon meat, and the power of deciding a standard, and of maintaining the quality of the article, is in the hands of the court. A court can decide upon the evidence before it what is a reasonable standard and current practice would be taken as evidence. In this case there is an agreement between the manufacturers for a minimum meat content of 80 per cent, and this would be accepted as evidence of normal trade practice. It was not possible to trace the importers, but enquiries disclosed that the sample was of old stock. No further action was taken.

Fish and Fish Products. A retailer sold cod when the request was for smoked haddock. At another shop fried coley was sold when fried cod was ordered. In each case other purchases subsequently made from the shops were genuine, and the wrong sales were dealt with leniently as isolated instances.

Fresh Fruit. A multiple firm of greengrocers sold Kazerine apples as "Worcesters", and a verbal caution was given. Another trader, a newcomer to the district, was cautioned for displaying Belle de Louvain plums marked "Victorias". "Seedless" mandarins and "seedless" clementines were purchased from retailers and found to contain seeds; both these firms were also cautioned. An official caution was sent to a firm for describing Dutch tomatoes exposed for sale as "English", other displays being correctly marked. However, proceedings were taken against this firm for selling Monarch plums as "Victorias", and they were fined a total of £4.0s.0d. with £2.2s.0d. costs.

Meat and Meat Products. A sample of canned minced steak procured from a trader in the district was found to be minced steak in gravy, but the amount of gravy was negligible so that it was decided to take no action.

Sausages, etc. A sample of Sausage Roll was found to contain very little meat. However, a subsequent sample from the same source proved to be genuine so that no further action was taken.

Vinegar. A sample of vinegar was found deficient in acetic acid; subsequent sampling revealed genuine vinegar, and no further action was taken."

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

"Labelling of Food Order, 1953. This Order requires prepacked food to be marked with the name and address, or with the registered trade mark of the packer or labeller. It also requires such food to be labelled with its common or usual name (if any), and in the case of a compounded food, with the names of the ingredients in descending order of proportion by weight. Furthermore

it controls the manner in which the presence of vitamins and minerals is disclosed and prescribes specific labelling of certain foods. A total of 818 articles of prepacked food was examined at 134 different premises to verify compliance with these Regulations. Only minor infringements of the Order were discovered, although as to false or misleading labelling, see below.

Merchandise Marks Acts, 1887 - 1953. The majority of the inspection work carried out under the provisions of the above Acts is to ensure compliance with the requirements of the various Marking Orders made under the provisions of the Act of 1926. These Orders apply to the marking of the country of origin on imported foodstuffs, principally meat, apples, tomatoes, dried fruits, bacon, ham, poultry, butter and honey, upon sale and exposure for sale. Inspections were made at 383 premises of 1,709 displays of these foodstuffs, and minor infringements detected were dealt with by verbal cautions.

Meat and Poultry. A firm of retail butchers was summoned for exposing for sale Argentine lamb falsely described as "New Zealand". They were fined a total of £75.0s.0d. and £10.10s.0d. costs. Further summonses against the company's servant for removing the brands indicating the country of origin resulted in a fine of £30.0s.0d. Another firm of butchers was summoned for exposing for sale Argentine beef falsely described as "Scotch" and "English". Fines totalling £15.0s.0d. and £3.3s.0d. costs were inflicted. The company was also summoned for exposing for sale Argentine beef and liver not marked with country of origin. For these offences fines of £15.0s.0d. and £3.3s.0d. costs were given. Official cautions were sent to two firms of butchers for failing to mark with an indication of the country of origin imported beef, offals and turkeys.

Preserves. The false trade description of weight "5 kilos" was applied to prepacked apricot pulp supplied to the school canteen of St. Ignatius Roman Catholic School. The description was applied by the importers as "nominal" 5 kilos. There is no obligation to mark the weight on this type of pack intended for catering use, and an official caution was sent to the wholesale merchants responsible.

False and Misleading Descriptions. Food advertisements and labels have been scrutinised for false and misleading statements and descriptions. Corrective action taken within the whole area of the County has equal effect within each County district, and work under this heading is combined with inspections made under the terms of the Merchandise Marks Acts and the Labelling of Food Order.

A large confectionery manufacturer advertised one of its products in a manner suggesting considerably increased weight. The actual increase was small, and the advertisement was immediately withdrawn upon the issue of an official caution.

Examples where corrective action was sought are set out as follows:-

The percentage fat content marking on Continental Cheeses when set out as a percentage "I.D.M.", changed to a comprehensible statement of "Fat on the dry matter".

A Continental biscuit marked as "Cheese Filled", which contained a filling only 20 per cent cheese.

Such descriptions of Continental soft cheeses as "Super-Creme", "Triple-Creme" and "Cream" etc., amended to indicate the true nature of the product, i.e., whole-milk cheese, cheese spread, etc.

Rice puddings marked as "Creamed Rice", fruit "syrops" labelled as fruit "juices", a "Seedless Fig Bar" which was found to contain crushed seeds, and cheese spreads described as "processed cheese".

Slimming claims in respect of lemon juice drinks were challenged, and a claim that a particular breakfast cereal had twice as much honey as any other cereal was also challenged.

Some extravagant claims in respect of medical remedies were challenged and the advertisements withdrawn.

Special Designated Milk. During the year under review 8 samples of designated milk were taken in your area, all of which were certified as being satisfactory."

CONTROL OF DISEASE

The total number of notifications of infectious disease for the year was 1,550 as compared with 985 the previous year. The increase was mainly due to the biennial variation in measles and an increase in the number of notified cases of dysentery.

Tuberculosis

The number of cases on the tuberculosis register on 31st December, 1959 was 1,812 an increase of 13 on the previous year.

There were 86 new cases of tuberculosis notified (71 pulmonary and 15 non-pulmonary) compared with 115 in 1958 (102 pulmonary and 13 non-pulmonary).

Distribution of New Tuberculosis Cases notified during 1959

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	1	1	-	-	-	-	-
5 - 9 "	1	1	1	1	-	-	-	-
10 - 14 "	1	1	-	-	-	-	-	-
15 - 19 "	3	1	-	-	-	-	-	-
20 - 24 "	6	8	-	1	-	-	-	-
25 - 29 "	-	5	1	1	-	-	-	-
30 - 34 "	2	3	1	1	-	-	-	-
35 - 39 "	-	2	-	-	-	-	-	-
40 - 44 "	4	2	-	-	-	-	-	-
45 - 49 "	3	4	1	1	1	-	-	-
50 - 54 "	1	3	-	-	-	-	1	-
55 - 59 "	3	-	1	-	3	-	-	-
60 - 64 "	3	1	-	-	2	-	-	-
65 - 69 "	3	1	1	1	1	-	-	-
70 - 74 "	3	-	-	1	3	-	-	-
75 Years and Over	2	2	1	-	2	1	1	1
Total	36	35	8	7	12	1	2	1

The fifteen non-pulmonary tuberculosis cases notified related to infections of bones and joints in three cases, the genito urinary system in six cases, the lymphatic system in four cases, the meninges in one case and an eye in one case.

Changes in Tuberculosis Register during 1959

	Pulmonary		Non-Pulmonary		Total
	Male	Female	Male	Female	
Number on Register at 1st January, 1959	904	707	85	103	1,799
New cases notified during 1959	36	35	8	7	86
Transfers into Tottenham	14	15	1	2	32
Restored to Register	1	2	-	-	3
	955	759	94	112	1,920
Cases removed from Register					
Deaths of cases on register	12	3	-	-	15
Transfers out of Tottenham	36	29	1	-	66
Recovered	3	3	1	3	10
Lost sight of	8	6	-	3	17
	59	41	2	6	108
Number on Register at 31st December, 1959	896	718	92	106	1,812

Ward Distribution of Cases of Tuberculosis on the Register at 31st December, 1959

Ward	Estimated Population	Male		Female		Total	Rate per 1,000 population
		Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary		
White Hart Lane	10,951	117	14	89	8	228	20.8
Park	10,438	80	15	81	15	191	18.3
Coleraine	11,034	65	8	57	8	138	12.5
West Green	10,738	68	-	64	12	144	13.4
Bruce Grove & Central	10,718	57	3	47	4	111	10.4
High Cross & Stoneleigh	10,587	82	13	63	13	171	16.1
Green Lanes	10,326	91	9	70	7	177	17.1
Chestnuts	10,682	81	7	71	10	169	15.8
Seven Sisters	9,802	81	9	59	8	157	16.1
Town Hall	10,498	83	8	69	10	170	16.2
Stamford Hill	10,326	91	6	48	11	156	15.1
Total	116,100	896	92	718	106	1,812	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.

Work of the Chest Clinic (Tottenham and Wood Green)

Dr. T.A.C. McQuiston, the Physician at the Tottenham Chest Clinic, which also serves Wood Green has kindly supplied the following details of the work of the clinic in 1959. Commenting on these figures he observes that the Chest Clinic is still a very busy Unit and the overall number of notified cases remaining on the Clinic register has not diminished.

Attendances

Total number of attendances	22,871
New Cases	
(a) Having full examination	2,456
(b) Having miniature X-ray only	2,505
	4,961
No. of new cases found to be tuberculous	98
No. of new contacts seen	831
No. of new contacts found to be tuberculous	19

Comparisons

Year	Total Attendances	New Cases	New Notifications	New Contacts	Notified cases
1959	22,871	4,061	98	831	2,046
1958	23,711	5,170	139	906	2,049
1957	28,254	5,636	108	801	2,123
1956	33,686	5,910	127	937	2,096
1955	30,998	5,642	163	1,064	2,139
1954	28,420	3,930	162	781	2,021

Poliomyelitis

Six cases of poliomyelitis were notified during the year although only four were domiciled in the Borough. Notification of the other two cases were accepted as the diagnosis was made after admission to St. Ann's Hospital.

Of the four, three were of the paralytic type and one non paralytic.

The two cases from outside the borough who were admitted to St. Ann's Hospital were of the paralytic type.

Another child of 4½ months who moved into the borough from a neighbouring borough was found to be a carrier of polio virus type 1. A period of five months elapsed before faeces from this baby were clear of the virus.

Encephalitis

There were two notified cases of acute infective encephalitis in boys aged 11 years and 14 months and a post infectious case in a youth aged 18 years who had been suffering from streptococcal tonsillitis.

Typhoid Fever

A case of typhoid fever was notified in the year in a boy aged 12 years. Upon investigation it was found that the boy had been on holiday with his family in Spain twelve days prior to onset of his illness and it is likely that the disease was contracted there. No other members of the family were affected.

The boy was 46 days in hospital and made a satisfactory recovery.

Paratyphoid Fever

Two cases of paratyphoid fever "B" were notified but in neither case was it possible to identify the source of infection.

Food Poisoning

There were 18 notified cases, of which 16 were admitted to hospital. The causal organism was identified in 11 cases as follows:-

- 9 cases of Salmonella Typhi murium
- 1 case of Salmonella newport
- 1 case of Salmonella bovis morbificans

The cases were sporadic and scattered throughout the last three quarters of the year. One case of Salmonella typhi murium proved fatal, where the patient was an 82 year old woman.

In no case was it possible to identify the food giving rise to the illness.

Dysentery

A total of 251 cases of sonne dysentery were notified, compared with 49 in the previous year. 26 cases were admitted to hospital.

The increase was probably attributable to two causes.

(i) the prolonged warmer summer being responsible for a greater prevalence of flies, which can carry the disease and (ii) an outbreak at a school which resulted in the diagnosis and notification of many cases which might otherwise have been missed. The disease is generally of a very mild type so that often the patient does not consult a doctor and the case remains unnotified but at times of an outbreak specimens are collected from many school contacts with symptoms, with a consequent increase in the number of diagnosed cases.

— It has been the practice to exclude all notified cases from school until three consecutive negative specimens had been obtained. However, because of the ubiquitous nature of the disease and the number of symptomless carriers, it was found that this action had little effect in controlling school outbreaks. For this reason it was decided to adopt a revised scheme of exclusion from school which would reduce interference with the children's education. Experience has shown that the chances of infection are greatest when the patient has symptoms of diarrhoea and it was therefore decided that children suffering from dysentery should remain away from school until 3 days after they were free from such symptoms, with a minimum period of exclusion of one week. Contacts were not excluded if they were symptom free.

The revised scheme was put into operation during the year without any adverse effects.

Scarlet Fever

There were 122 corrected scarlet fever notifications during the year, but no deaths were attributed to the disease. 14 cases were admitted to hospital, the diagnosis being amended in one instance to measles. The average stay in hospital was $7\frac{1}{2}$ days, which is an indication of the mild nature of the disease.

Whooping Cough

There were only 12 notified cases during the year, the lowest figure recorded since this disease was made notifiable in October, 1939. No deaths were attributed to the disease. 1 case was admitted to hospital for 40 days.

Measles

There were 949 notifications of measles during the year, and 15 cases were admitted to hospital with complications. There were no deaths from this cause.

Table of Cases of Infectious Diseases coming to the
knowledge of the Medical Officer of Health during the year 1959
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	1	-	1	1	4	2	5	6	6	4	34	39	7	10	1	1	-	-	-	-	-	-	-	-	122
Measles	17	14	35	53	71	54	68	52	101	65	214	184	9	4	1	3	1	2	-	-	-	1	-	-	949
Whooping Cough	1	-	2	1	1	1	1	1	1	1	-	2	-	-	-	-	-	-	-	-	-	-	-	-	12
Pneumonia	2	2	-	4	3	2	1	1	1	-	6	4	2	1	5	-	3	-	3	1	10	4	8	7	70
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	2	-	1	-	6
Food Poisoning	-	-	-	-	-	1	-	-	-	-	-1	2	2	-	-	-	2	2	-	-	2	2	2	2	18
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Ophthalmia Neonatorum	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Acute Encephalitis																									
Infective	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	2
Post-infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Acute Poliomyelitis																									
Paralytic	-	-	1	1	-	-	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	5
Non-paralytic	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Meningococcal Infection	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1
Paratyphoid	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	2
Dysentery	7	-	3	8	10	9	12	8	15	5	46	36	14	13	1	4	12	19	6	8	7	4	1	3	251
Scabies	-	-	1	-	1	-	-	-	-	-	1	2	2	9	-	-	2	1	1	-	-	-	-	-	20
Tuberculosis																									
Respiratory	-	-	-	-	1	-	-	-	-	1	1	1	1	1	3	1	8	16	4	4	10	8	8	3	71
Meninges & C.N.S.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Other	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	2	3	-	-	2	1	2	2	14
Total	29	16	43	68	91	70	88	69	125	76	307	272	40	38	12	9	30	44	15	13	34	22	21	18	1550

MEDICAL EXAMINATION OF STAFF

92 candidates for appointment to the Council's staff were medically examined in 1959 prior to admission to the superannuation scheme. Seven, of whom 5 were aged 54 or over, failed to pass the examination for the reasons below.

Hypertension	1
Bronchitis and Emphysema	1
Lung Cancer	1
Prolapsed intervertebral disc and other defects	1
Chronic leg ulceration	1
Psychosis	1
Multiple Defects	1

Special medical reports are submitted on staff when sickness absence in the year exceeds 72 days. In a number of cases it has been found that although an employee may be permanently unfit to carry out the duties of his post, he could perform some lighter duties. In order to keep this type of case in employment the Council have earmarked a number of posts for staff fit for light duty only and wherever it is possible transfers are made to these posts rather than recommending retirement on grounds of permanent disability. Such cases are reviewed periodically to ensure that the duties are within their limited physical capabilities. Also where the disability is not of a permanent character the man may be cleared to return to his former employment.

Four cases were resettled in light employment in 1959.

Three Year Survey of Staff Sickness

Stimulated by the findings of two occupational health surveys carried out by the Health Department at local industrial firms in 1952 and 1956 and described in my annual reports for those years, it was decided to seek information about the incidence of illness and accidents among Corporation employees.

By co-operation with all departments, detailed information has now been collected, over a period of three years, by weekly returns to the Health Department of all absenteeism due to either illness or accident.

The information requested was given under the following headings:- (1) sex; (2) age; (3) occupation; (4) marital status of female employees; (5) whether holding established or non-established post; (6) nature of illness or accident (International Statistical Classification of Diseases was used for classification); (7) date of onset of illness or accident; and (8) number of working days lost.

The in and out-door staff of the Corporation number approximately 1,269 of which 900 are manual workers. During the three years under review 60,329 working days were lost by sickness or accident, representing an average absence of 47.4 days per person over this period or one day lost in every nineteen.

**Annual Sickness and Accident Absence
Rate related to Age Groups**

Category of Staff	Age Group				All Groups
	Under 25	25/ /44	45/ /54	Over 54	
(a) MALE STAFF					
(i) Manual Workers					
Number in each age group	60	221	254	297	832
Days absence in 3 years	1519	10872	12201	21686	46278
Annual Absence Rate in working days	8.4	16.4	16.0	24.3	18.5
(ii) Non-Manual Workers					
Number in each age group	49	118	64	50	281
Days absence in 3 years	756	1402	1413	2764	6335
Annual Absence Rate in working days	5.0	4.0	7.4	18.4	7.5
(b) FEMALE STAFF					
(i) Manual Workers					
Number in each age group	1	23	31	43	98
Days absence in 3 years	53	1038	1401	2524	5016
Annual Absence Rate in working days	17.7	15.0	15.1	19.6	17.1
(ii) Non Manual Workers					
Number in each age group	21	42	17	8	88
Days absence in 3 years	761	914	769	256	2700
Annual Absence Rate in working days	11.7	7.3	15.1	10.9	10.2

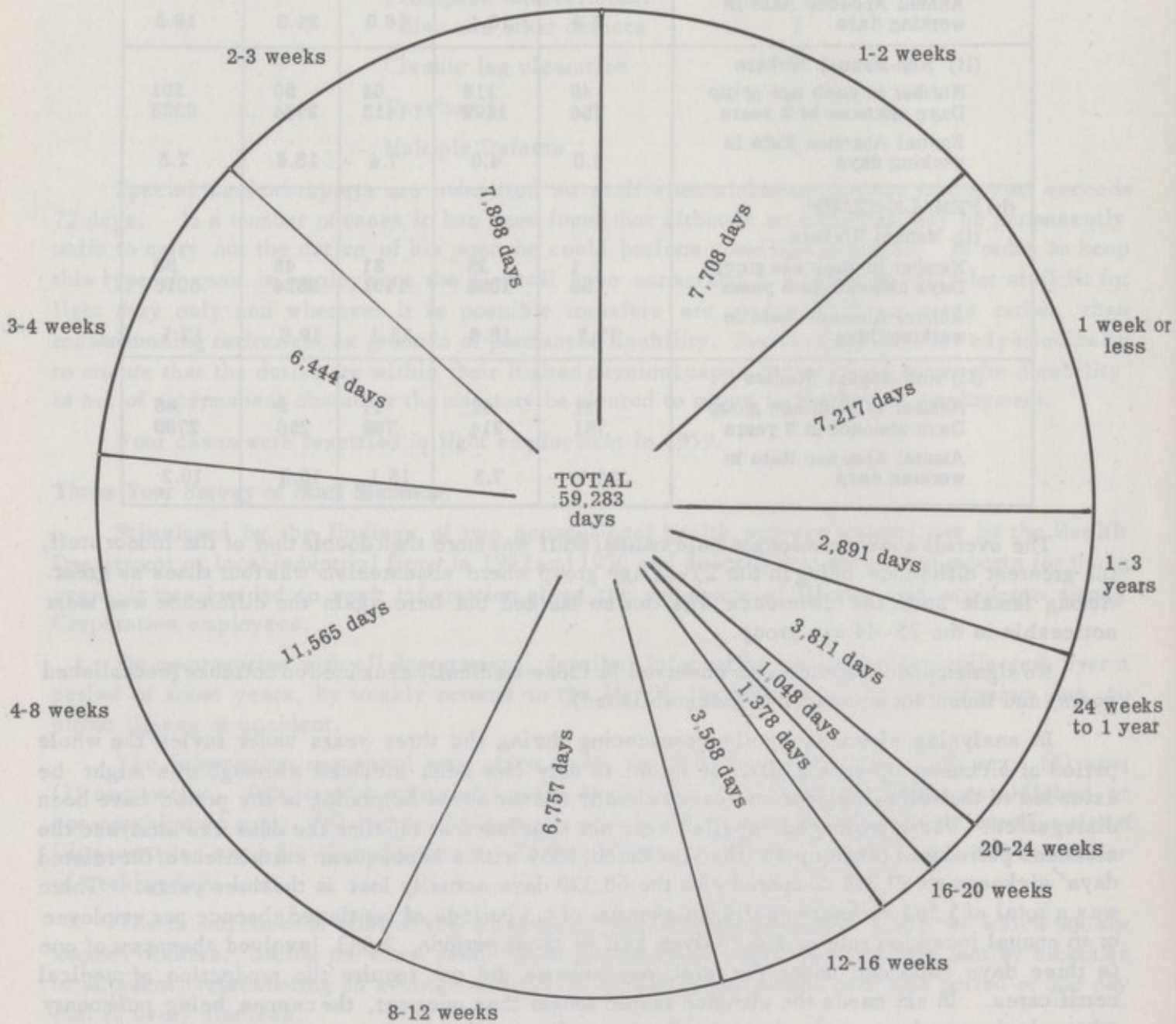
The overall absence amongst male manual staff was more than double that of the indoor staff, the greatest difference being in the 25-44 age group where absenteeism was four times as great. Among female staff the difference was not so marked but here again the difference was most noticeable in the 25-44 age group.

No significant difference was observed in those medically examined on entrance (established posts) and those not so examined (unestablished).

In analysing sickness spells commencing during the three years under review the whole period of sickness up to the date of return to duty has been included although this might be extended to the following year and cases already absent at the beginning of the period have been disregarded. Where prolonged "spells" were not concluded at the time the data was analysed the sickness period was taken up to the 31st March, 1959 with a consequent curtailment of the related days' sickness to 59,283 compared with the 60,329 days actually lost in the three years. There was a total of 5,583 sickness spells, an average of 4.3 periods of continued absence per employee or an annual inception rate of 1.4. Over half of these periods, 2,943, involved absences of one to three days each and under the sick pay scheme did not require the production of medical certificates. In six cases the absence lasted longer than one year, the causes being pulmonary tuberculosis, psychoneurosis, degenerative heart disease, hypertension, and two cases of vascular lesions of the central nervous system.

The following diagram shows the number of working days lost as a result of sickness periods of varying duration. It will be noted that approximately a quarter of the number of days absence was caused by illness lasting up to two weeks and a further quarter as a result of illnesses lasting from two to four weeks.

Working days lost related to duration of sickness



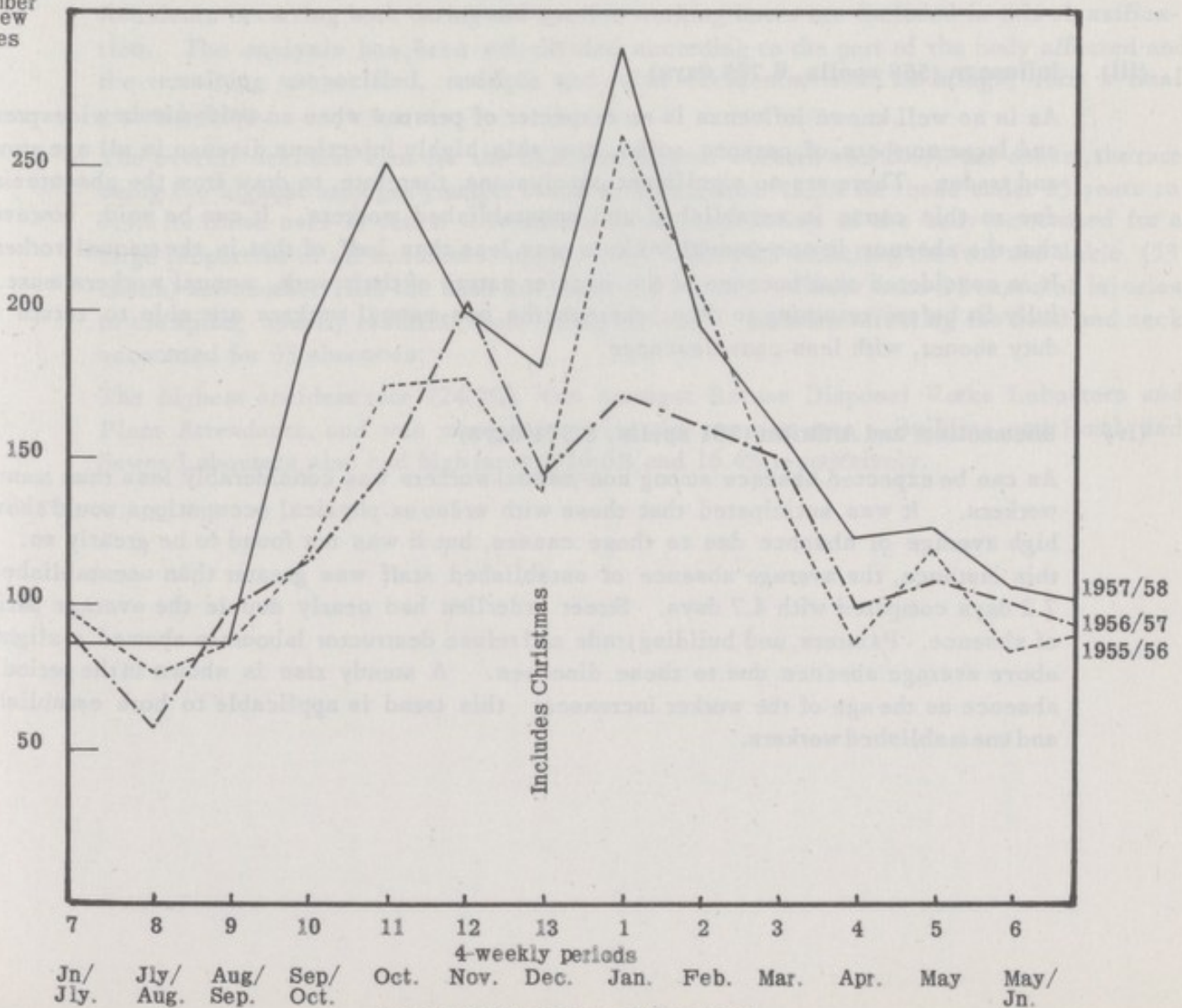
Seasonal Incidence of Sickness

New cases of sickness arising in the latter half of 1955 are shown in the following table so that incidence of sickness can be seen for three full winters. The winter of 1956/7 was comparatively free from winter epidemics. January was the month when sickness was most prevalent, although in 1957/8 a second peak occurred in October at the time of the "Asian" influenza epidemic. During each of the peak periods when new cases numbered more than 250 the number of employees absent in a week reached more than 160, i.e. 12 per cent or one in eight of the staff were absent owing to sickness.

Number of New Cases of Sickness arising in
four-weekly periods

Year	Four-weekly Period													Total
	7	8	9	10	11	12	13	1	2	3	4	5	6	
1955/56	98	76	89	130	171	180	141	259	199	134	84	117	83	1761
1956/57	94	59	95	118	148	205	143	174	164	151	103	110	103	1667
1957/58	92	91	91	192	253	196	183	279	194	165	124	127	107	2094
1958	101	74	90	131	187	207	168							958
	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	

Number
of new
cases



Seasonal Incidence of Sickness

Common Causes of Absence

- (i) **The Common Cold** caused 754 spells of absence involving a loss of 2,501 days. However, 601 spells consisted of absence only involving a loss of between one to three days. This accounts for the comparatively small number of days lost. The common cold was the only disease where the absence rate was higher in non-manual workers than manual workers. It appeared to affect older workers less than the younger, but this is probably due to complications arising in older persons resulting in a diagnosis of another respiratory disease such as bronchitis.

(ii) **Bronchitis (485 spells, 10,544 days)**

The average absence of manual workers was much greater than was non-manual workers (approximately four times.) As would be expected, greater absence occurred in the older manual worker. Bronchitis appeared to be heaviest among refuse disposal works labourers and plant attendants. Park keepers and gardeners then follow with the next highest average number of days absence although the increased incidence in park keepers is largely accounted for by the high proportion of older workers. There was no significant difference between established and unestablished workers.

(iii) **Influenza (566 spells, 6,709 days)**

As is so well known influenza is no respecter of persons when an epidemic is widespread, and large numbers of persons suffer from this highly infectious disease in all age groups and trades. There are no significant conclusions, therefore, to draw from the absenteeism due to this cause in established and unestablished workers. It can be said, however, that the absence in non-manual workers was less than half of that in the manual workers. It is considered that because of the heavier nature of their work, manual workers must be fully fit before returning to duty, whereas the non-manual workers are able to return to duty sooner, with less convalescence.

(iv) **Rheumatism and Arthritis (381 spells, 5,371 days)**

As can be expected absence among non-manual workers was considerably less than manual workers. It was anticipated that those with arduous physical occupations would show a high average of absence due to these causes, but it was not found to be greatly so. In this instance, the average absence of established staff was greater than unestablished - 7.2 days compared with 4.7 days. Street orderlies had nearly double the average period of absence. Painters, and building trade and refuse destructor labourers showed a slightly above average absence due to these diseases. A steady rise is shown in the period of absence as the age of the worker increases; this trend is applicable to both established and unestablished workers.

(v) **Diseases of the Alimentary Tract (473 spells, 4,568 days)**

There were no significant points in the occurrence of these diseases, except that in the case of unestablished lorry drivers and unestablished carpenters absence was above average. The high figure of absence in the over 65 age group has no significance as the average number of persons at risk was only between three to four. However, the age group 25 - 44 years shows a slightly higher rate of absence than the other age groups.

(vi) **Psychoneurosis (99 spells, 2,782 days)**

There was an insignificant difference in the absence caused by this type of illness in established and unestablished staffs. The prolonged absence of a few persons has brought the total number of days, in this group, to a fairly high figure. Discounting the few cases of prolonged absence, the sickness in the various trades and age groups is fairly low. In the few cases where the diagnosis is of a serious nature, it is usual for the absence to be prolonged, due to the nature of the illness; for example, the absence of one man alone has amounted to 534 working days. The tendency, if any, shows greater mental stability in the older worker.

(vii) **Accidents**

Accidents occurring both during and outside working hours are included in this classification. The analysis has been sub-divided according to the part of the body affected and the remaining unspecified, multiple and other accidents, such as stings, form a final general group.

The overall accident rate for the 832 male manual workers was 10.9% per annum, the rate being the highest amongst younger workers, falling from 18.3% for those under 25 years to 7.3% for those over 54 years. Accidents to the extremities of the body accounted for a large proportion of all accidents, approximately one fifth affecting the foot and ankle (53 cases) and another fifth the hand and wrist (51 cases). There were 34 cases of injuries to the spine, usually resulting from lifting strains. Injuries affecting the head and neck accounted for 33 absences.

The highest accident rate, (24.3%) was amongst Refuse Disposal Works Labourers and Plant Attendants, and was more than twice the average rate. Building and Road and Sewer Labourers also had high rates: 16.6% and 16.4% respectively.

Duration of Sickness Spells related to Disease

Disease Group	Duration of Absence																Total	
	1 day	2 dys	3 dys	4 dys	5 dys	6 dys	1/2 wks	2/3 wks	3/4 wks	4/8 wks	8/12 wks	12/16 wks	16/20 wks	20/24 wks	24/52 wks	Over 1 yr	Spells	Working days
Respiratory Tuberculosis	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1/(356)	2	357
Cancer	-	-	-	-	-	1	-	-	-	-	1	3	-	2	5	-	12	1447
Psychoneuroses & psychoses	8	4	3	2	1	6	12	18	10	24	6	3	-	1	-	1/(534)	99	2782
Heart disease	1	2	1	1	1	-	2	1	1	2	4	2	-	-	1	1/(397)	19	1176
Hypertensive disease	1	1	-	-	-	-	-	2	1	7	2	2	-	-	1	1/(361)	18	1133
Diseases of veins	6	1	-	1	-	1	5	4	2	8	-	1	-	-	-	-	29	537
Common cold	279	226	96	15	19	27	66	14	7	4	1	-	-	-	-	-	754	2501
Acute pharyngitis & tonsillitis	12	11	10	7	9	19	28	13	5	2	1	-	-	-	-	-	117	956
Influenza	29	35	35	19	25	46	183	106	51	36	1	-	-	-	-	-	566	6709
Bronchitis	9	18	18	5	7	33	115	95	47	90	26	14	5	1	2	-	485	10544
Pneumonia & other respiratory diseases	10	3	3	4	4	5	17	15	5	5	8	1	1	-	-	-	81	1411
Hernia	-	-	-	-	-	-	1	2	2	9	2	-	-	-	-	-	16	516
Diseases of Alimentary tract	177	54	26	5	14	23	60	46	21	27	16	3	-	1	-	-	473	4568
Boils, abscesses etc.	8	11	8	13	9	12	25	16	6	7	-	-	-	-	-	-	115	1043
Rheumatism & arthritis	40	26	24	13	10	33	79	71	38	33	8	2	2	-	2	-	381	5371
Diseases of bones	3	3	5	-	1	4	7	11	4	13	5	3	-	-	1	-	60	1552
Accidents	73	33	30	16	12	13	77	33	24	22	12	4	4	1	2	-	357	4811
Uncertified & unspecified	688	228	44	7	-	1	2	-	1	1	-	-	-	-	-	-	972	1386
Other specified & ill-defined diseases	459	125	55	22	31	33	114	68	31	49	23	5	1	2	7	2/(1243)	1027	10483
TOTAL	1804	781	358	130	143	257	793	515	256	339	116	43	13	8	21	6/(2891)	5583	59283

MALE STAFF - WORKING DAYS LOST IN 3 YEARS THROUGH SICKNESS AND ACCIDENTS IN PRINCIPAL TRADES

Manual Staff	Number Employed	Psychoneurosis		Influenza		Bronchitis		Diseases of Alimentary tract		Rheumatism & Arthritis		Common Cold		Accidents		All Sickness		All Causes	
		Days lost	Average per man	Days lost	Average per man	Days lost	Average per man	Days lost	Average per man	Days lost	Average per man	Days lost	Average per man	Days lost	Average per man	Days lost	Average per man	Days lost	Average per man
Bath Attendant	14.7	45	3.1	16	1.1	177	12.0	18	1.2	24	1.6	17	1.2	35	2.0	556	38	591	40
Carpenter	28.9	30	1.0	101	3.5	124	4.3	173	6.0	146	5.1	39	1.3	127	4.4	842	29	969	34
Convenience Attendant	23.6	-	-	134	5.7	298	12.6	26	1.1	86	3.6	16	.7	173	7.0	1034	44	1027	51
Gardener	31.9	31	1.0	185	5.8	519	16.3	53	1.7	106	3.3	66	2.1	174	5.0	1516	48	1690	53
Building Labourer	73.4	110	1.5	568	7.9	778	10.5	304	4.1	491	6.7	126	1.7	281	4.0	3472	47	3752	51
Garden Labourer	36.5	40	1.1	78	2.1	461	12.6	75	2.1	199	5.5	20	.6	57	1.5	1154	31.5	1211	33
Road & Sewer Labourer	75.0	124	1.7	593	7.9	743	9.9	415	5.5	420	5.6	177	2.4	547	7.0	4170	56.0	4717	63
Painter	89.9	346	3.9	801	8.9	864	9.6	474	5.3	624	6.9	118	1.3	472	5.0	6753	71.0	6825	76
Park Attendant	46.8	249	5.3	180	3.7	860	18.4	241	5.1	213	4.3	14	.3	101	2.2	2551	54.5	2652	57
Refuse Collector	50.7	262	5.2	246	4.9	329	6.5	195	3.6	301	6.0	96	1.9	323	6.4	2514	49.5	2837	56
Loader/Driver	20.4	-	-	134	6.6	189	9.3	113	5.5	121	5.9	14	.7	80	4.0	950	47.0	1030	51
R.D. Labourer & Plant Attendant	31.5	57	1.8	160	5.1	637	20.2	119	3.8	198	6.3	30	1.0	329	10.5	2153	68.5	2482	79
Street Orderly	63.5	739	11.6	433	6.8	873	13.7	364	5.7	583	9.2	141	2.2	312	5.0	4093	64.0	4405	69
Others	245.3	265	1.1	1246	5.1	2188	8.9	1200	4.9	1406	5.7	346	1.4	1321	5.4	10588	43.0	11909	48
	832.1	2298	2.8	4875	5.9	9040	10.7	3770	4.5	4918	5.9	1220	1.5	4332	4.5	41946	50.0	46278	56
Non-Manual Staff	281	168	.6	672	2.4	597	2.1	500	1.8	149	.5	600	2.1	248	1.0	6087	21.5	6335	22.5

ACCIDENTS AMONGST MALE MANUAL WORKERS AND RESULTANT ABSENCE

Part of Body affected	55 and over		45 - 54		25 - 44		24 and under 11		All Groups	
	No. of Cases	Resultant Absence	No. of Cases	Resultant Absence	No. of Cases	Resultant Absence	No. of Cases	Resultant Absence	No. of Cases	Resultant Absence
Foot and Ankle	11	192	16	228	18	316	8	56	53	792
Wrist and Hand	10	77	12	183	23	358	6	39	51	657
Spine	4	39	12	188	17	209	1	1	34	437
Head and Neck	9	106	10	69	11	186	3	23	33	384
Leg	4	221	8	370	11	61	5	20	28	672
Arm and Shoulder Girdle	8	152	5	113	10	227	4	64	27	556
Chest	7	103	3	82	4	24	-	-	14	209
Abdomen	-	-	-	-	1	9	1	3	2	12
Pelvic Girdle and Hip	1	3	-	-	-	-	-	-	1	3
Multiple, Unspecified, and Other	11	70	3	79	9	42	6	23	29	214
All Accidents	65	963	70	1321	104	1426	33	226	272	3936
Number at risk	297		254		221		60		832	
Rates per cent per annum	7.3	108	9.2	173	15.7	215	18.3	125	10.9	157

ACCIDENTS AMONGST MALE MANUAL WORKERS IN PRINCIPAL TRADE GROUPS

Part Affected	Cipntrs. (28.9)		Lav. Atts. (23.6)		Grdnrs. (31.9)		Bldg. Lab. (73.4)		Gdnr. Lab. (36.5)		Rd. & Swg. Lab. (75)		R.D. Lab. & Pl. Att. (31.5)		Painter (89.9)		Park Att. (46.8)		Refuse Colltr. (50.7)		Loader Driver (20.4)		Street Orderly (63.5)		Others (260)		All (832)	
	C*	AR*	C*	AR*	C*	AR*	C*	AR*	C*	AR*	C*	AR*	C*	AR*	C*	AR*	C*	AR*	C*	AR*	C*	AR*	C*	AR*	C*	AR*	C*	AR*
Foot & Ankle	-	-	2	2.8	-	-	2	.9	-	-	10	4.4	8	8.5	-	-	1	.7	6	3.9	-	-	2	1.1	22	2.8	53	2.1
Wrist & Hand	2	2.3	-	-	2	2.1	6	2.7	2	1.8	7	3.1	6	6.3	8	3.0	1	.7	2	1.3	1	1.6	1	.5	13	1.7	51	2.0
Spine	1	1.2	-	-	1	1.0	5	2.3	-	-	3	1.3	3	3.2	3	1.1	1	.7	2	1.3	4	6.5	1	.5	10	1.3	34	1.4
Head & Neck	1	1.2	-	-	1	1.0	5	2.3	2	1.8	3	1.3	2	2.1	5	1.8	1	.7	1	.7	-	-	-	-	12	1.5	33	1.3
Leg	2	2.3	-	-	-	-	5	2.3	1	.9	3	1.3	1	1.1	3	1.1	2	1.4	4	2.6	-	-	1	.5	6	.8	28	1.1
Arm & Shoulder Girdle	1	1.2	-	-	1	1.0	5	2.3	1	.9	3	1.3	2	2.1	3	1.1	-	-	2	1.3	1	1.6	2	1.1	6	.8	27	1.1
Chest	-	-	-	-	2	2.1	3	1.4	-	-	-	-	1	1.1	2	.7	-	-	1	.7	1	1.6	-	-	4	.5	14	.6
Abdomen	-	-	-	-	-	-	1	.5	-	-	-	-	-	-	-	-	-	-	-	1	1.6	-	-	-	-	-	2	.1
Pelvic Girdle & Hip	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	.1	1	0.0
Unspecified & Multiple & Other	1	1.2	-	-	-	-	5	2.3	2	1.8	8	3.6	-	-	1	.4	-	-	1	.7	-	-	2	1.1	9	1.2	29	1.2
All Accidents	8	9.2	2	2.8	7	7.3	37	16.6	8	7.3	37	16.4	23	24.3	25	9.3	6	4.3	19	12.5	8	13.1	9	4.7	83	10.6	272	10.9

* NOTE: "C" = Number of Cases. "AR" = Annual Accident Rate per cent

OLD PEOPLE'S WELFARE

The lengthening of life resulting from improved living conditions and advances in medicine together with the reduced sizes of modern families has meant that an increasing proportion of the population are over retiring age. Whereas in 1921 only one in twenty was over 65, today one in eight is in this age group. This has meant a gradual adjustment of society, not only to meet the problems which come with advancing years but also to ensure that those in this age group of whom a large proportion are fully active and able citizens are able to continue to play their part in the activities of the Borough. Fortunately in the present times of full employment many continue in useful employment well beyond the age of 65 and providing the physical efforts are not too arduous this is usually beneficial in keeping them active and healthy.

A time must come when help becomes necessary, whether this be from members of the family, neighbours or by voluntary or statutory services. It is not possible to detail the work that is done by relatives and friends but there is no doubt that they play a most important part in the care of the aged. The following is a brief summary of services provided in Tottenham for old people.

Old People's Welfare Committee

Chiropody Service

977 old people received treatment; 5,258 treatments were given, an increase of 1,078 on last year.

Christmas 1959

1,500 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

9,740 meals were served to the old people at the St. Ann's and Lord Morrison Hall Clubs.

Holidays and Outings

70 old people were able to have two weeks' holiday through the help of the Women's Holiday Fund; many people and organisations gave old people a day out. Many outings have been arranged for the housebound due to the generosity of many voluntary organisations and Messrs. Ardleys who gave the free use of a coach for a day.

Optical Service

41 housebound old people were visited by the Optician.

Shoe Repairs

3 dockets were issued to enable old people to get footwear repaired at a reduced rate.

Barber Service.

66 old people in their homes, and 109 club members were visited by the Barber.

Harvest Festival

600 old people benefited by the kindness and generosity of schools and Churches who sent their Harvest Festival Thanksgiving for distribution by the Committee.

Meals-on-Wheels

7,529 meals were delivered through the service organised by the Committee; and 3,962 by the Women's Voluntary Service.

General Welfare

During the year 1,839 office interviews were conducted, 761 domiciliary visits and 204 club visits made; in addition, numerous enquiries and problems were dealt with by letter and telephone.

Borough Services for the Aged

Laundry Service for the Incontinent Aged

The service is provided under section 84 of the Public Health Act, 1936, and in 1959 705 collections were made by the Public Health Department.

Baths

Many old people received assistance from the facilities provided for free baths and are reassured that if they need help they can rely on the Baths Attendants.

Library Service

31 housebound old people were visited regularly during the year and deliveries totalled 4,238.

Hospital Services

St. Ann's General Hospital has wards providing 100 beds (60 female and 40 male) for the chronic sick, and the possibilities are being explored of providing also "day hospital" treatment. Facilities for occupational and physiotherapy would cater for those patients not requiring full-time hospital care and would help to meet the problem of infirm old people who are alone all day, but whose relatives can look after them during the evening and night.

Weekly notification is received from St. Ann's General Hospital of the names of patients put on their waiting list for admission to the geriatric wards. These cases are visited and a report furnished to the hospital on the home circumstances to enable the hospital to give priority to those cases in most urgent need of hospital care.

Welfare Homes

It is the statutory duty of the County Council to make this provision but there is at present no home in Tottenham.

Admission to the homes outside the Borough is still difficult owing to the shortage of accommodation, and a number of beds at the hospital become blocked by patients who are considered by the hospital authorities as suitable for transfer to a welfare home but for whom accommodation is not available.

National Assistance Act, 1948, Section 47

It was found necessary to exercise these powers on one occasion in 1959. This step was taken after all other possibilities had been explored of dealing with the problem without resorting to compulsion. The person concerned was an old lady living in rooms behind a grocer's shop. She was in a very neglected condition with clothing badly soiled and smelling as a result of a discharge, but she strongly resisted all efforts to assist her.

A court order was obtained for her removal to hospital where it was found she was suffering from a chronic condition which could be remedied by surgery.

She was later transferred to a mental hospital, suffering from senile dementia.

National Assistance, Act, 1948, Section 50, Burials

Nine burials were arranged where deaths occurred and suitable arrangements would not otherwise have been made.

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
Bearstead Memorial Hospital	38	38	Maternity Hospital
Annexe at Hampton Court	33	33	
St. Ann's General Hospital	706	576	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.	
Endocrine	a.m.	a.m.	p.m.	p.m.	p.m.	-
Varicose veins						
Surgical	a.m.	p.m.	p.m.	-	-	-
Varicose ulcers	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 Service

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 Service

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, telephone number EDMonton 5544, 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.

Outfits may be obtained from the Public Health Department where specimens are collected daily by a special messenger for examination at the Hornsey Branch Laboratory, Coppett's Road, N.10. Collecting times are 3.00 p.m. Monday to Friday and 10.00 a.m. Saturday.

A twenty-four hour emergency service is maintained by the Central Laboratory at Colindale.

The following is a summary of work carried out for Tottenham by the Laboratory Service:-

RECORD OF EXAMINATIONS

Throat/Nose Swabs:-	Total specimens	60
Diphtheria Bacilli	0	
Haemolytic Streptococci	2	
Vincent's Angina	0	
Staph Aureus	1	
Negative	57	
Faeces:-	Total specimens	1317
Shigella	375	
Salmonella Typhi-murium	11	
Polio Virus	2	
Unidentified Salmonella	2	
Negative	927	
Sputum:-	Total specimens	0
Positive	0	
Negative	0	
Ice-Cream:-	Total specimens	2
Water:-	Total specimens	0
Miscellaneous specimens:-		2
	Total number of specimens	<u>1381</u>

Middlesex County Council Act, 1944: Part XII

Seven establishments were registered for chiropody and special treatment, at 31st December, 1959.

THE AREA HEALTH COMMITTEE

Members of Hornsey Borough Council

Councillor Miss G.R. Andersen, J.P.

Councillor Mr. D.H.P. Levy

Councillor Mr. C.R. Williams

Councillor Mrs. J. Carter

Councillor Mr. J.T. Wilkins (Chairman)

Members of Tottenham Borough Council

Alderman Mr. A. Reed, A.C.I.L., J.P.

Councillor Mrs. L.R. Remington (Vice-Chairman)

Councillor Mr. M.T. Morris

Alderman Mrs. A.P. Remington

Councillor Mr. H. Langer

Councillor Mrs. M.E. Protheroe

Members of Middlesex County Council

County Councillor Mr. F.H. Brooks

County Councillor Mrs. S.G. Child

County Councillor Mrs. M.R. Small

County Councillor Mr. W. Butler

County Councillor Mr. A.W. Miller

County Councillor Mrs. J. Thorton

Members nominated by appropriate Hospital Management Committees

PERSONAL AND SCHOOL HEALTH SERVICES

Persons who pay attend in an advisory capacity

Dr. L. Hoening

Mr. R.W.D. Brownlie

Mr. L. Hayward

Miss V. Edey

(Hornsey and Tottenham Medical Committee)

(Hornsey and Tottenham Medical Committee)

(Hornsey and Tottenham Medical Committee)

(Hornsey and Tottenham Medical Committee)

TOTTENHAM AND HORNSEY

TOTTENHAM DIVISION (Joint Population 216,000) SUB-COMMITTEE

Chairman

Alderman Mrs. A.P. Remington

Vice-Chairman

Councillor Mrs. M.E. Protheroe

Alderman C.R. Cohen

R.J. Field

R.W.H. Ford

Councillor G.V. Barker

Mrs. S.A. Barkery-Smith

Douglas Clark

Mrs. P.H. Haynes

H. Langer

J. Maher

Alderman T.A.P. Levy J.P.

The Lady Grace Montagu

A. Reed, A.C.I.L., J.P.

Councillor J.D. McIlwain

M.T. Morris

J.L. Palmer

P.H. Roberts

J. Wilkins

E.P. Deskins

Representing County Council

County Councillor H.H. Godwin-Moock

County Councillor Mrs. M.R. Small

Co-opted Members

Mr. R.C. Ablewhite

Mr. R.R. Channing

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

Mr. D. Edgington

Mr. R.V. Nutting

THE AREA HEALTH COMMITTEE

Members of Hornsey Borough Council

Councillor Miss O.R. Anderson, J.P.

Councillor Mr. D.H.P. Levy

Councillor Mrs. J. Carter

Councillor Mr. J.T. Wilkins (Chairman)

Councillor Mr. C.R. Williams

Members of Tottenham Borough Council

Alderman Mr. A. Reed, A.C.I.I., J.P.

Councillor Mrs. L.R. Harrington (Vice-Chairman)

Councillor Mr. M.T. Morris

Alderman Mrs. A.F. Remington

Councillor Mr. H. Langer

Councillor Mrs. M.E. Protheroe

Members of Middlesex County Council

County Councillor Mr. F.H. Brooks

County Councillor Mrs. S.G. Child

County Councillor Mrs. M.E. Soall

County Councillor Mr. V. Butler

County Councillor Mr. A.H. Miller

County Councillor Mrs. J. Thexton

Members nominated by appropriate Hospital Management Committee

Mrs. R.M. Fry

Mr. L. Hayward

Persons who may attend in an advisory capacity

Dr. L. Hornung

(Middlesex Local Medical Committee)

Mr. R.W.D. Brownlie

(Middlesex Local Dental Committee)

Mr. L. Hayward

(Middlesex Local Pharmaceutical Committee)

Miss V. Edey

(Royal College of Midwives)

TOTTENHAM DIVISIONAL EXECUTIVE EDUCATION COMMITTEE

Chairman

Alderman Mrs. A.F. Remington

Vice-Chairman

Councillor Mrs. M.E. Protheroe

Alderman C.H. Colyer

E.J. Field

R.W.H. Ford

Councillor G.W. Barker

Mrs. S.A. Berkery-Smith

Douglas Clark

Mrs. F.E. Haynes

H. Langer

J. Mather

Alderman F.A.F. Keay, J.P.

The Lady Grace Morrison

A. Reed, A.C.I.I., J.P.

Councillor J.D. McIlwain

M.T. Morris

I.L. Peirce

P.H. Roberts

J. Watkins

E.P. Deakins

Representing County Council

County Councillor H.H. Godwin-Monck

County Councillor Mrs. M.E. Soall

Co-opted Members

Mr. R.C. Ablewhite

Mr. D. Edgington

Mr. H.R. Cheetham

Mr. R.W. Nutting

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

CARE OF MOTHERS AND YOUNG CHILDREN

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 seven years and the percentage of hospital confinements was 81.7%, compared with 80% in 1958.

	1959	1958	1957
Live Births (a) Domiciliary	649	708	566
(b) Hospital or Nursing Home	2881	2799	2679
Still Births (a) Domiciliary	4	6	3
(b) Hospital or Nursing Home	49	59	63
	<u>3583</u>	<u>3572</u>	<u>3311</u>

Ante-natal clinics

— The arrangements for four assistant medical officers with post graduate obstetrical qualifications to staff the ante-natal clinics in Tottenham and also to attend as honorary clinical assistants at the North Middlesex and Bearsted Memorial Hospitals have worked well.

During the year discussions have taken place locally with the Medical Liaison Committees as to the implications of the Cranbrook Report on the Maternity Services. The Minister of Health has decided that many of the recommendations made require consultation with the authorities and organisations concerned before final decisions can be taken.

The percentage of expectant mothers making at least one attendance at one of the local authority ante-natal clinics was 63.6% during 1959 compared with 65.7% the previous 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	76	207	115	1386	119	19.8
Church Road	74	128	71	1072	79	15.6
Fortis Green	101	241	104	1797	110	18.9
Hornsey Town Hall	154	382	168	2710	173	18.7
Mildura Court	66	204	101	1381	108	22.6
Stroud Green	53	166	73	851	73	17.4
The Chestnuts	154	422	180	2831	183	19.6
Lordship Lane	154	284	144	1894	150	13.3
Park Lane	104	255	136	1321	136	14.0
Totals 1959	936	2289	1092	15243	1131	17.5
Totals 1958	1001	2347	1157	15536	1234	16.7
Totals 1957	1029	2267	1120	15131	1238	15.9

Midwives Ante-natal Clinics

The following table shows the attendances made during the year.

Midwives Clinics	No. of sessions held	Total No. of attendances	Average attendance per session
Burgoyne Road	24	154	6.4
Fortis Green	16	91	5.7
Hornsey Town Hall	13	123	9.5
Mildura Court	24	124	5.2
Stroud Green	25	232	9.3
Park Lane	89	326	3.7
Total	191	1050	5.5

Mothercraft Clinics

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	38	42	200	5.3
Church Road	46	66	232	5.0
Fortis Green	47	67	389	8.3
Hornsey Town Hall	50	153	625	12.5
Mildura Court	39	31	143	3.7
The Chestnuts	50	98	577	11.5
Lordship Lane	52	71	402	7.7
Park Lane	49	46	292	6.0
Total	371	574	2860	7.7

Infant Welfare Clinics

These clinics have continued to run smoothly throughout the year. The mothers bring their babies regularly and derive great comfort from knowing that their offspring thrive. A careful check can be kept on those babies who do not progress satisfactorily mentally or physically and mothers can be given guidance in management and feeding problems. The health visitors conduct separate sessions which help the doctors to see only those cases in which medical advice is necessary. The doctors' sessions are thus kept within reasonable numbers so that an unharrassed atmosphere can be created. This is becoming increasingly necessary, and allows time to penetrate into special difficulties and give suitable advice: the kind of advice which is most likely to be taken.

The importance of recognising as early as possible any signs which might lead later to some permanent handicaps cannot be overstressed. Routine urine testing of young babies is now carried out in order to find those rare cases of mental retardation. Very early hearing tests are carried out with a view to detecting congenital deafness and reference to the Audiology clinic.

There is a regrettable trend, as the baby grows older, for mothers to attend clinics less often. The toddler sessions thus seek to obtain more regular supervision of the 2 - 5 age group; as only in this way the developmental defects and behaviour problems can be found before they become serious. All the personnel working in these clinics have been impressed with the improvements in the higher standard of health and physique among young babies, but all are like-

wise impressed with the upsurge of emotional problems of young mothers. There seems to be an increased urge by parents to do the "best" for children and this calls for deep understanding, sympathy, tact and resourcefulness on the part of the health visitors and doctors and an increasing need for an intimate knowledge of all the social and special services. In turn this calls for even closer co-operation between the many services available and those who work in them, both by personal contacts and through the medium of liaison committees.

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	Over 2 but under 5			
Burgoyne Road	153	304	4888	753	193	5834	1416	38.1
Church Road	177	238	3298	554	116	3968	1556	22.4
Fortis Green	156	324	3878	782	166	4826	1840	30.9
Hornsey Town Hall	207	521	6093	1029	263	7385	2830	35.7
Mildura Court	104	252	3609	693	65	4367	1394	42.0
Stroud Green	101	264	3123	421	123	3667	1422	36.3
The Chestnuts	245	500	6607	922	204	7729	2539	31.5
Lordship Lane	258	412	5654	1122	169	6945	1772	26.9
Park Lane	204	358	5312	1093	305	6710	1697	32.9
Somerset Road	144	287	4167	903	204	5274	1609	36.6
Totals 1959	1749	3460	46625	8272	1808	56705	18075	32.4
Totals 1958	1733	3550	47444	7907	1605	56956	17839	32.9
Totals 1957	1691	3154	44667	7091	1980	53738	17017	31.8

Toddlers Clinics

These sessions for the pre-school child continue to be conducted at all the centres; and present a challenge to all our staff. Ideally, after the second birthday the "toddler" should be seen by appointment at six monthly intervals or more frequently if necessary. In this way, defects, mental, physical or environmental, can be found and rectified before the child enters school. Those defects which are most likely to be a hindrance are those connected with sight, hearing, speech, motivation, mental acuity or social adjustment. The routine examination of children before they enter school is thus of the utmost importance; and makes it possible to reduce the number of untreated defects found in school entrants.

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

Name of Centre	No. of sessions held	Total attendances	No. of cases seen by M.O.	Average attendance per session
Burgoyne Road	28	508	508	18.1
Church Road	24	370	346	15.4
Fortis Green	28	405	405	14.5
Hornsey Town Hall	61	679	663	11.1
Mildura Court	50	680	629	13.6
Stroud Green	23	314	314	13.7
The Chestnuts	50	668	662	13.4
Lordship Lane	52	680	680	13.1
Park Lane	23	235	235	10.2
Somerset Road	39	504	504	12.9
Totals 1959	378	5043	4946	13.3
Totals 1958	408	5010	4892	12.3
Totals 1957	433	5407	5256	12.5

Daily Guardian Scheme

This scheme was re-introduced in 1947 for children of working mothers who are not eligible for day nursery accommodation for their pre-school age children. So far there has been no difficulty in finding a suitable number of women to undertake daily care of children who are taken to them and recovered from them by their parents each day.

Proper safeguards are established for the welfare of such children and a written copy of the obligations of parents and daily guardians is given to each of the parties to the agreement to ensure that they are known. While the authority acts as an agent between parent and guardian, the actual placing is the responsibility of the parents. The scheme works easily. The children are seldom moved again after being accepted by a guardian unless the mother gives up work. The main reasons for using the scheme are financial ones.

Health visitors are responsible for the approval of guardians for registration and for periodic visiting of children placed in their care. No person is registered if there is any doubt that the rules of the scheme will be followed and that a good standard of care can be maintained. It follows, therefore, that some applicants for registration are rejected and the authority is not involved if those rejected accept children for daily minding. Guardians are paid one shilling a day for each child minded (not exceeding two children) irrespective of what payment the parent may make to the guardian. During the year a larger number of children have been minded for a greater number of days.

Daily Guardian Scheme Return for Year ended 31st December 1959	
No. of Daily Guardians on Register	166
No. of Daily Guardians minding Children	90
No. of Children being minded	106
Total No. of Children minded during the year	231
Total No. of days minded	23,591
Total Payments made to Guardians	£1179.11s.0d.

Day Nurseries

All three day nurseries, Park Lane, Plevna and Stonecroft, are approved as training schools for student nursery nurses.

The nursery matrons report that during the year there were more children admitted from broken homes or homes where there is only one parent than ever before. This is borne out by our records as regards children wholly supported by one parent and there is evidence to show that more than 50% of the children on the registers were in the 0 - 2 years age group. The periods for which children attended were in many cases shorter than in the past and during the year approximately 30% stayed in the nurseries for up to one month; 50% for periods under one year, and 20% over one year.

The constant change-over of children adds to the strains of day nursery work associated with the settling-in of so many children.

Staff absences due to sickness lowers the actual ratio of staff to children to what must be considered a dangerously low level so that in practice students or an inadequate number of staff may be left to supervise a considerable number of children. Students are away from the nurseries at the technical college on two days of each week for their theoretical training, and when they return, their practical training is reduced to a minimum. There is unlikely to be proper supervision of students or children in such circumstances and the amount of absenteeism may produce overstrain resulting from inadequate staffing in our day nurseries.

The remedy may be either to consider students as supernumerary or that the nurseries be given a higher proportion of trained nursery nurses for the 0 - 2 age group.

Student nursery nurse training and examination arrangements have been revised by the National Nursery Examination Board and in connection with this, nursery matrons were invited to attend a meeting at the Tottenham Technical College in January for a full discussion of the necessary modifications.

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

Name of Day Nursery	No. of approved places at end of year		No. of children on register at end of year		Total No. of attendances			Average daily attendance
	Under 2	2 - 5	Under 2	2 - 5	Under 2	2 - 5	Total	
Stonecroft	15	43	19	42	2673	10267	12940	50.8
Park Lane	20	30	21	26	3376	3466	6842	26.8
Plevna	20	30	19	35	3746	6435	10181	39.9
Totals 1959	55	103	59	103	9795	20168	29963	117.5
Totals 1958	55	113	56	99	9632	22941	32573	127.7
Totals 1957	55	113	51	113	10084	20838	30922	121.7

Distribution of Welfare Foods

The arrangements for issuing welfare foods were substantially the same as in the previous year.

	National Dried Milk (tins)	Orange Juice (bottles)	Cod Liver Oil (bottles)	Vit. A & D Tabs. (packets)
1959	36350	98855	11676	11048
1958	39005	104980	12571	10420
1957	48243	156962	17347	10545

Priority Dental Service for Mothers and Young Children

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

	1959		1958		1957	
	Expect- ant and Nursing Mothers	Children under 5	Expect- ant and Nursing Mothers	Children under 5	Expect- ant and Nursing Mothers	Children under 5
No. examined by dental officer	131	572	174	562	190	568
No. referred for treatment	127	467	171	523	188	548
New cases commenced "	127	421	155	479	172	531
Cases made dentally fit	55	178	64	172	84	323
Forms of dental treatment provided:-						
Teeth extracted	159	369	274	432	205	432
Anaesthetics:-						
(a) Local	68	26	100	56	85	69
(b) General	24	156	36	187	36	175
No. of fillings	220	474	372	469	358	847
No. of root fillings	-	-	1	-	-	-
No. of inlays	-	-	1	1	2	-
Scalings and gum treatment	90	-	108	-	76	-
Silver nitrate treatment	-	478	-	503	-	550
Dressings	114	162	126	150	86	338
Other operations	10	1	10	10	30	64
No. of radiographs:-						
(a) at County Council clinics	16	2	14	-	13	1
(b) at hospital	1	-	1	-	-	-
Denture dressings	163	-	178	-	112	-
Dentures fitted:-						
(a) full	16	4	14	-	8	-
(b) partial	32	-	29	-	32	-
No. of attendances	588	872	758	981	634	1154
No. of appointments not kept	138	199	145	186	187	227
No. of half days devoted to treatment	155		192		221	

MIDWIFERY SERVICE

Throughout the year difficulty has been encountered in maintaining a sufficient number of midwives to ensure a safe and workable service. Fortunately, it has been possible to find replacements for those midwives who left the service but it has been impossible to maintain a full establishment.

Every effort is being made to attract midwives into the local service. Two were recruited from pupil midwives trained in the area and one other mainly because it was possible to offer housing accommodation. There is no doubt that facilities for transport and housing play an important part in the recruitment of midwives.

The introduction of a shift system which would afford the midwife some undisturbed nights is proposed as soon as a sufficient number of staff can be obtained. Each midwife has undertaken more than the recommended number of deliveries.

Any difficulty encountered is often due to the fact that people do not avail themselves of the services provided and there are still small numbers of pregnant women who do not receive adequate ante-natal care. One hundred per cent ante-natal care is the key to trouble-free confinements.

An increasing number of general practitioners are undertaking ante-natal care and engaging in the practice of obstetrics. Their co-operation with the midwives has been excellent.

Early discharges from hospital continue to form a part of every midwife's work. Patients are commonly sent home on the third day following confinement and receive two visits on this day and a daily visit thereafter by their midwives until the fourteenth day.

All midwives are at present up to date with refresher courses. These are found to be useful and stimulating and much appreciated by the midwives. One midwife is at present taking the course for the Midwife Teachers Diploma.

Five or six pupil midwives are continuously in training on the district from the Alexandra Maternity Home at Muswell Hill. Seventeen pupils were trained in 1959, fifteen of whom were successful at the examination.

The following table shows the work for the past three years:-

	1959	1958	1957
No. of deliveries attended	640	698	555
No. of visits made	13572	14730	12163
No. of hospital confinements discharged before 14th day	231	98	76
No. of visits made	2424	910	708
No. of cases in which medical aid was summoned	287	297	176
No. of cases in which gas and air analgesia was administered	470	588	431
No. of cases in which pethidine was administered	418	483	322
No. of cases in which trichloroethylene was administered	121	65	46

HEALTH VISITING SERVICE

The main work of the health visitor is still basically the teaching of the principles of health and well being. Guiding towards health in clinics and homes is applied to the family as it is needed in consultation with parents or members of a family or individuals living alone. In those

situations where the need is seen first by the health visitor she uses all her ingenuity and skill to move the family towards the attainment of health and the desire to achieve it. Listening, interpreting, counselling, instructing, encouraging, preventing, are some of the words used to describe the activities of the health visitor with each person who seeks her help or is sought out by her.

In the wider field, the health visitor has been used by local health departments, hospitals, the Medical Research Council and other investigators connected with problems of peri-natal death rates, the health and development of children and other age groups.

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:-		1959	1958
Expectant Mothers	First Visits	2285	1982
	Total Visits	3511	3358
Children under 1 year of age	First Visits	4234	4136
	Total Visits	16056	16025
Children aged 1 - 2	Total Visits	8101	7771
Children aged 2 - 5	Total Visits	13202	12643
Other cases	Total Visits as Health Visitor	6246	6051
	Total Visits as School Nurse	878	911

A new feature of health visiting in the Area is the extension of the service to a Group Practice Centre in Tottenham. A health visitor attends the Centre for two sessions each week. One is a baby welfare session to offer advice and to make a selection of children to see the doctor for examination or opinion. This procedure conforms to much the same method as is used in local authority welfare centres. The second session the health visitor is present to listen to and to give counsel on various difficulties expressed to herself or the doctors by patients attending the Centre. Problems connected with the care of the aged and care of the family during the mother's absence in hospital for confinement or other reasons are talked over with patients and resolved where it is possible. The statutory and voluntary services available in the Area are made known, clarified and put into motion where they can help to overcome difficulties. The health visitor concerned also collects particulars of any patients for whom the general practitioners request a home visit. Some of these are dealt with by the health visitor herself, but those living outside her district are handed on to the health visitor on whose district the patient lives. This method of co-operation has not presented any complications.

Mental Health Case Conference

Health visitors presentation to the Case Conferences for health visitors has continued to be held at monthly intervals during the year. Eighteen cases were selected for discussion. Several individuals who were the topic of observation and were in need of psychiatric help were subsequently seen by Dr. J.C. Sawle-Thomas, Regional Psychiatrist to the North East Metropolitan Regional Hospital Board and Consultant to the Prince of Wales's Hospital. The conferences are held under his guidance.

Those family doctors who have been concerned with particular patients have been most co-operative throughout in assessing those indicated by the health visitor and by making ultimate

referral to the consultant. Early signs of breakdown were the subject of report in some cases. There were others who were regarded as being unable to benefit from further psychiatric treatment or who have resisted the assistance that psychiatrists or psychiatric social workers can give them. It may be expedient for psychopaths to be returned to their homes when no further treatment or hospitalisation is of any value to the patient, but the burden of contending with them falls first of all on the family and relatives. It is also inevitable that the one constant visitor to the family, i.e. the health visitor, finds these cases come back to her or the special services health visitor who with the family doctor help to sustain them and their worried relatives.

Student Health Visitors have been received for practical experience and observation visits for three terms during the year. Each is attached to one health visiting team and arrangements for continuity of visiting a few families are made. A balanced programme of special experience connected with all aspects of health visiting including contacts with schools and social agencies is also provided for them.

Special Services for Problem Families

Miss H.J. Howse, special services health visitor for the Hornsey part of the Area reports:-

"As so many agencies dealing with problem families or families with special difficulties feel that even after intensive work any improvement obtained does not last, endeavour has been made, where possible, to keep a check on the families dealt with. After 2¾ years the result of my observations of some 28 families, having between them 105 children, is as follows:-

Children:-

Four who were "in care" are now at home with their parents.

Two children who were rejected by their mothers have had to be taken into care.

Six children (three families) are in care because of severe mental illness of the mother.

Two children (of one family) are in institutions because they are imbeciles.

In all but one of the remainder of the cases the children have been kept together with their own parents; the exception is with its grandparents.

It has been possible to keep 95 children at home with their parents and to bring home again to their parents four children who were "in care".

Families:-

Fourteen families have had association with the N.S.P.C.C.

Twenty four parents have been under the supervision of probation officers, on probation or in prison.

Twenty six parents suffer from mental illness or mental subnormality.

In dealing with problem families my experience has shown that:-

1. From the beginning every opportunity must be taken to get families back into and supported by the community. This means helping them to improve their relationships within their own families, with the schools their children attend and with all the activities offered by religious and other institutions. The first few weeks of intensive work when all the materials matters are being dealt with must be used to develop such a good relationship that the attitudes of the family may gradually be changed and the services of the special worker be reduced.
2. When a family moves from furnished accommodation to unfurnished, secondhand furniture must be obtained and the family persuaded not to buy anything on hire purchase.

3. The less severe psychopath will work regularly if he can be helped to find work that he likes. For the severe psychopath there should be controlled workshops so that his time can be fully occupied away from his home for part of every day.
4. Those who are severely ill mentally can be helped but will always need support until a cure can be found for their illness.

I have been very surprised at the amount of detailed work required in dealing with these families. A full day-to-day history must be kept so that at any moment information required is forthcoming. Reports have to be sent to different local authority departments, to general practitioners, hospitals, marriage guidance counsellors and other organisations, and the writing of them is very time-consuming.

Although there is a great deal of publicity about all services available to the family, I get very many enquiries from various people needing help. Once they have been told of the statutory and voluntary services available, they are quite well able to deal with their own problems. I have felt for some time that a "Family Advice Bureau" would be of great value".

Miss M. Spooner, special services health visitor for the Tottenham part of the Area commenced her work on problem families at the beginning of October 1959. She reports that during her first two weeks in Tottenham she visited with the health visitors 24 families which were said to be in need of more intensive care than they were able to give. Of these, four were taken over as considered urgent and five from her predecessor who needed constant visiting in order to keep up the standard already reached. Since then, four more families have been taken over by request from health visitors and one by request from a head teacher.

Action taken includes arrangement for the settlement of debts, attention to the health of mothers including visits to hospital, psychiatric advice for two mothers, the provision of school meals and assistance with clothing. In one case primary education for a father was arranged at his own request, and another has been persuaded to undertake minor house repairs and attention to the garden. Appointments were made for a number of children to attend clinics from which they had defaulted and to return to school. The children of these families have a characteristic lack of contact with society of any kind outside home and school. Successful contacts have been made for many of them to attend boys and girls organisations. Fourteen families have been assisted in rehabilitation by the special services health visitor and the number of children concerned in them was no less than eighty.

HOME NURSING SERVICE

The treatment of cases during the year may be classified as follows:-

Injections	1058
General nursing care	604
Blanket baths	313
Enemas	218
Dressings	263
Preparation for diagnostic investigation	264
Pessaries changed	48
Wash-outs, douches, etc.	45
Attendance at minor operation	1
Other treatments	77

The sex and age of patients at the time of the nurse's first visit may be classified as follows:-

<u>Age</u>	<u>Males</u>	<u>Females</u>
0 - 4	17	15
5 - 15	40	32
16 - 39	62	173
40 - 64	274	472
65 and over	525	1191
	<u>920</u>	<u>1881</u>

Cases attended during the year were referred from the following sources:-

General Practitioners	2037
Hospitals	734
Chest Physicians	12
Public Health Department	4
Direct	14

It has been possible to keep a reasonably full staff of home nurses during 1959. Over the year, 28 nurses were employed in this service (including two male nurses).

The number of part-time nurses has been reduced to four for the whole Area. This is a desirable change as it allows the work to be more evenly distributed over the whole of the nurses' working day.

Very little change has been noted in the types of work, a preponderance of time is still spent with the aged and the aged sick. Many of the problems of these old people are the result of trying to maintain life when alone or feeble or helpless.

Nurses' Work and Education

The nurses have been most co-operative and helpful with the observation visits of students from various training schools. Two nurses have themselves attended refresher courses during the year.

Equipment

An Oxford type hoist was received early in the year and has been in almost constant use since its arrival. It is of great use to both the nurse and the patient's relatives. Also it is easily transportable by private car.

Other equipment and nursing aids have been obtained from the British Red Cross Society who have, as usual, been most helpful with all the many calls on their service.

Transport

The situation has improved considerably, particularly in Hornsey where cycling is so difficult, and ten of the fourteen nurses now use some form of motorised transport.

The following table shows the work of the service during 1959:-

Type of Case	No. of new cases attended by home nurses during year			No. of cases on register at end of year			No. of visits paid by home nurses during year
	M	F	Total	M	F	Total	
Medical	670	1270	1940	146	426	572	63875
Surgical	46	107	153	6	16	22	4712
Infectious Diseases	6	15	21	-	-	-	216
Tuberculosis	15	28	43	6	10	16	2977
Maternal Complications	-	10	10	-	1	1	176
Others	2	3	5	-	-	-	31
Totals 1959	739	1433	2172	158	453	611	71987
Totals 1958	889	1437	2326	174	455	629	79286

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

The percentage of children under one year of age vaccinated against smallpox rose from 66.6% to 71.3% since my last Report.

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	2516	79	48	54	83	2780
No. of re-vaccinations	1	1	8	45	351	406

Immunisation against Diphtheria and Whooping Cough

The policy of using separate vaccines in clinics for immunisation against diphtheria and whooping cough continued during the year.

It was decided to introduce a scheme for immunising children against diphtheria, whooping cough and tetanus, using a triple antigen. The scheme involves four injections during the first eighteen months of life as compared with five or six injections using separate antigens. The new scheme was brought into operation on 1st January, 1960.

The following table shows that the increase in the number of children immunised against diphtheria in 1958 continued during the year:-

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	1309	613	292	-	-
One	671	438	1019	-	-
Two to Four	93	48	62	617	62
Five to Fourteen	253	12	3	1173	37
Fifteen and Over	3	-	1	-	-
Totals 1959	2329	1111	1377	1790	99
Totals 1958	2485	940	1085	1764	53

Poliomyelitis Vaccination

The death of a well-known sporting personality from poliomyelitis in April 1959 stimulated interest in vaccination among young persons. As a consequence open sessions were held on Saturday mornings and during lunch hours. A total of 1,845 persons received first injections at these open sessions.

Since the new year the scheme has been extended to include all persons up to the age of 40.

The following table shows the number of persons completing courses of injections during 1959:-

	Number of Persons who during 1959 completed a course of	
	Two Injections	Three Injections
Children born in the years 1943 to 1959	9097	1816
Young Persons born in the years 1933 to 1942	5421	3032
Expectant Mothers	632	672
General Practitioners and Families	-	95
Ambulance Staff and Families	-	18
Hospital Staff, Medical Students and their Families	430	182
Total	15,580	22,160

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Recuperative Holidays

The Area health staff continued to be responsible for dealing with applications for recuperative holidays and during 1959 197 applications were received compared with 177 the previous year. Of these, 176 were approved.

DOMESTIC HELP SERVICE

The total number of cases provided with home help during the year was 1,755, the bulk of the cases comprising 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 is realised that over 1,000 patients 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 1958	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)	107	6	113	7
Tuberculosis	11	30	41	26
Chronic Sick (including aged and infirm)	517	945	1462	972
Others	126	13	139	19
Total	761	994	1755	1024

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 two cases were served for a total of 72 hours.

HEALTH EDUCATION

Programmes of special significance are planned from time to time in welfare centres and school clinics.

This year a special effort on the Dangers of Home Accidents was arranged. Welfare centres were loaned display stands and informatory notices in co-operation with the Boroughs. To support these and to focus attention on to the theme, posters and leaflets on display dealt with the same subject. At the same time a more positive trend was taken up by health visitors in talks and mothercraft classes and schools. The stress here was that the home should be a safe place for all members of the family, particularly those prone to accidents (e.g. the young and the elderly), attention being drawn to the common causes of dangerous and fatal accidents. Flannelgraphs were also used. The campaign stirred up considerable interest, discussions and questions. Some of these were kindled by press publicity on oil fires and promoted arbitrary questions such as "Which is the safe type of oil stove which can be bought for the home?"

Health Visitors and School Nurses are engaged in some form of Health Education in every aspect of their work, but a special programme of talks to school children has been operating in this Area for a number of years.

The talks are given to secondary modern school girls during their last year at school in Hornsey and Tottenham at the request of head teachers. This year 318 talks were given in schools alone. The substance of the instruction given is related to parentcraft, home-making and the local health services. The girls take a very active part in it and are usually taken to a local welfare centre sometime during the series.

Health Education programmes are also arranged for mothers attending welfare centres. They are held on a session free of other clinics. All mothers are welcome and mothers attending family doctors' surgeries and who do not attend the welfare centres for any other reason are also welcomed. Some family doctors send their expectant mothers to these sessions which are mainly concerned with the teaching of mothercraft. These sessions are popular and lively discussions are promoted amongst those attending.

Members of the staff have given talks and taken classes during the year to a number of local organisations including Civil Defence, Young Wives' Clubs and young people's organisations. Some have also acted as examiners for the British Red Cross Society.

SCHOOL HEALTH SERVICE

Area School Populations

The school population for the Area is 10,760 in Hornsey and 17,647 in Tottenham. This shows an overall decrease of 720 compared with the previous year.

	Hornsey	Tottenham
Primary Schools and Nursery Classes	6,017	8,632
Nursery Schools	-	204
Secondary Modern Schools	2,839	5,735
Grammar and Technical Schools	1,904	2,884
Special Schools -		
Physically Handicapped	-	92
Blanche Nevile School for Deaf	-	100
	<u>10,760</u>	<u>17,647</u>

Routine Medical Inspection

The following table shows the number of children inspected by years of birth and the classification of their physical condition.

Year of Birth	Number of pupils inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number	%	Number	%
1955 & Later	480	473	98.5	7	1.5
1954	1244	1225	98.5	19	1.5
1953	756	749	99.1	7	0.9
1952	150	147	98.0	3	2.0
1951	208	205	98.6	3	1.4
1950	1720	1707	99.2	13	0.8
1949	373	370	99.2	3	0.8
1948	445	445	100.0	-	-
1947	2145	2135	99.5	10	0.5
1946	1134	1132	99.8	2	0.2
1945	663	658	99.2	5	0.8
1944 & earlier	2963	2955	99.7	8	0.3
Total	12281	12201	99.3	80	0.7

As an experiment permitted under the School Health Service and Handicapped Pupils Regulations to dispense with routine medical inspections for specified aged groups and to substitute periodic visits to schools to see selected cases, a pilot survey was carried out at one school among the eight to nine year olds, totalling 111 children.

Of these, 40 were chosen by the teachers and head teacher for a special medical inspection. When the children were seen, however, it was found that almost all of them were either known to the School Health Service as being under treatment at for example the Chest Clinic or Children's Hospital, etc. Nevertheless it was obvious that the teachers wished to have advice concerning these children and this advice was given.

During the following term the 71 "healthy" children were seen at periodic medical inspections to serve as controls. Of these, 50 were regarded as fit and not in need of advice or treatment. Of the remaining 21, it is considered that nine had defects, e.g. vision and hearing, which would have been picked up by the school nurse or audiometrician. (In fact the two children with hearing defect had been so picked up and were under investigation). Of the remaining 12 children, six were referred for treatment and six for observation.

As a result of this experiment the medical officer concerned is of the opinion that this is not a substitute for periodic medical inspections.

Infectious Diseases in School Children, 1959

Unlike the previous year, 1959 was an eventful year from the point of view of infection. There was, in the early months of the year, the usual biennial visitation of measles, over 700 cases being notified in school children.

Poliomyelitis. During the summer term there was an outbreak of poliomyelitis in school and pre-school children. In all 13 cases of paralytic poliomyelitis and nine non-paralytic cases were notified. Details of the vaccinal state of these children are given below. It can be seen that only one fully vaccinated child developed paralytic poliomyelitis and in this case the third injection was almost certainly given while the child was incubating the infection. As some 60% of school and pre-school children in Tottenham and Hornsey are vaccinated, these figures are suggestive of a protective effect.

	Not vaccinated	One dose	Two doses	Three doses	Total
Paralytic poliomyelitis	9	3	-	1	13
Non-paralytic poliomyelitis	5	1	1	2	9
Total	14	4	1	3	22

Of the paralytic cases four, including the fully vaccinated boy, made an almost complete recovery, two removed from the district, four were left with weakness in one limb, and three pre-school children were sufficiently handicapped as to make it likely that they will need to attend a special school.

Dysentery. Cases occurred sporadically over both boroughs during the year. In one school in Hornsey and another in Tottenham there was an explosive outbreak in the spring term which smouldered on for some time despite the usual measures taken to control it. Family doctors were notified of the outbreak and of the fact that the organism concerned was resistant to the sulphonamide drugs, the usual form of treatment.

Tuberculosis. There were nine cases of tuberculosis in school children over the whole Area, seven pulmonary, one of bone and one of eyes. The figure nine is misleading, however, as only five of these were new cases, the others being flare-ups of old infection or inward transfers. The five bona-fide new cases compare with six in 1958 and three in 1957. These cases were discussed with the appropriate Chest Physicians and in one case epidemiological investigation was considered necessary at the school, X-ray of all adult members of teaching and ancillary staff being recommended. All were X-rayed and found to be clear.

B.C.G. Vaccination. Possibly because of the effort involved in promoting poliomyelitis vaccination, the B.C.G. vaccination figures were not quite as impressive in 1959 as in previous years. By a change in operating the scheme a number of children over 14 were included in this year's results and it is instructive to compare these with the children aged 13.

	1959						1958	
	Under 14		Over 14		Total		Total	
	Number	%	Number	%	Number	%	Number	%
Parents approached	1655		587		2242		3108	
Parents accepting	1086	66.0	299	44.0	1345	60.0	2185	71.0
Number tested	1010		223		1233		2034	
Mantoux positive % of those	70	6.9	25	11.0	95	7.7	297	14.0
Mantoux negative tested	940	93.1	198	89.0	1138	92.3	1737	86.0
Total vaccinated (% of those approached)	923	55.0	197	33.5	1120	50.0	1713	55.0

Those parents who did not respond to the invitation to have their child B.C.G. vaccinated in 1959 will be given a further opportunity in 1960.

As a result of the Mantoux testing one girl aged 14 was found to be strongly positive. X-ray chest in the summer was normal but on re-X-ray later in the year the girl was found to have an early tuberculous lesion and was admitted to hospital for treatment.

School Dental Service

During the past year the staff position has been:-

Area Dental Officer	1
Full-time Dental Officers	5
Part-time Dental Officers (equivalent to 9/11 full-time)	2
Part-time Orthodontist (7/11)	1

The work of the department was maintained during the year though handicapped by the unfortunate absence through illness of the Area Dental Officer during the last Quarter.

The following tables show the work undertaken 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	326	194	194
5 - 16 and over	21835	11996	11989
Specials	2607	2512	2507
Total	24768	14702	14690
No. of pupils treatment commenced	7884
No. of pupils treatment completed	6176
No. of attendances made by pupils for treatment	17796
No. of appointments not kept	5006
No. of half-days devoted to (a) Inspection	161
(b) Treatment	2653
Fillings. Permanent Teeth	11430
Temporary Teeth	2728
No. of teeth filled. Permanent Teeth	10453
Temporary Teeth	2564
Extractions. Permanent Teeth	1031
Permanent Teeth for Orthodontia	118
Temporary Teeth	5063
Anaesthetics. (a) General	1908
(b) Local	1563
(c) Regional	159
Other operations. (a) Permanent Teeth	2170
(b) Temporary Teeth	4258

SPECIAL DENTAL TREATMENT UNDERTAKEN BY DENTAL OFFICERS

Number of impressions, etc.	283
Number supplied with dentures	89
Number of crowns and bridges	45
Number of inlays	6
Number of radiographs (a) at Dental Clinics	123
(b) at Hospitals	-

ORTHODONTIC EXAMINATION AND TREATMENT

	AGE GROUPS										TOTALS
	5	6	7	8	9	10	11	12	13	14+	
Number of pupils examined	3	1	7	14	13	7	10	13	3	7	78
Number of pupils selected for treatment	2	-	6	9	8	4	8	6	3	6	52
Number of pupils commenced treatment (first attendance)	307										
Number of attendances made for treatment	3137										
Number of consultations	13										
Number of impressions, etc.	3003										
Number of fixed appliances fitted	26										
Number of removable appliances fitted	216										
Number of radiographs (a) at Dental Clinics	709										
(b) at Hospitals	1										
Number of pupils treatment completed	48										
Number of orthodontic sessions (half-days)	434										

Ear, Nose and Throat Clinics

In Hornsey weekly sessions were continued on similar lines to previous years. Dr. F.P.M. Clarke, visiting consultant, reports that the conditions for which children were referred varied considerably from comparatively simple complaints to those of more serious import. Of those requiring investigation and treatment, apart from a small number of cases of chronic otorrhoea, most came within the category of "nasal conditions", e.g. sinus infection, rhinitis and excessive hypertrophy of adenoidal tissue.

Prevention of some permanent disability in later life continues the main function of the clinic's work; and the special techniques evolved over many years have been shown to give excellent and lasting results.

In Tottenham the ear, nose and throat clinic is now more closely related to the out-patient department of the Prince of Wales's General Hospital, both departments being under the direction of Mr. W. McKenzie, F.R.C.S. One of the school medical officers (Dr. Nora Webster) assists in co-ordinating the work of this clinic with the audiology clinic and with the work undertaken in the Area for the ascertainment and educational treatment of the deaf.

Audiology Clinic

The appointment of Dr. L. Fisch as consultant otologist to the Area, as from July, 1959, made it possible to establish an audiology unit at the medical centre in Park Lane, without waiting, perhaps twelve months, for more suitable premises to be erected on a site adjacent to the Blanche Neville School for the Deaf, Tottenham. Eventually it is expected that all children who need investigation of their ability to hear, training and supervision from a wide Area will attend the audiology unit.

Already excellent teamwork exists in the close collaboration seen between consultant otologist, head master of the special school and classes for the deaf, parents, school medical officers, general medical practitioners and health visiting staff.

A total number of 56 new cases were seen and appropriate action taken in respect of their educational needs. The number of pre-school children referred for advice was comparatively large, namely, 17 out of 56. Four of these were found to be severely deaf; ten probably not deaf but in need of further observation to eliminate some possible hearing loss, and in three a final diagnosis of no loss of hearing showed that deafness was not the cause of retardation.

Dr. Fisch further reports that the functioning of the audiology unit during 1959 provided valuable experience for planning the work for the future. The improved facilities should ensure that no child whose hearing is impaired suffers either because of late detection of the disability or lack of adequate training after a diagnosis has been made. Parents should get all essential help, guidance and encouragement when it happens that their child suffers from a hearing disability.

PRE-SCHOOL CHILDREN REFERRED TO AUDIOLOGY UNIT

No.	Age	Sex	Reasons for referral	F.H.	Remarks	Source of Referral	Decision and Disposal
1	2	F	Known deaf. Not coping at day nursery	Yes	-	School Medical Officer, Tottenham	Admission to nursery at Blanche Nevile School.
2	1 6/12	M	? Deafness	Yes	Has goitre	School Medical Officer, Hornsey	Probably not deaf.
3	3	F	? Deafness	No	Coloured	School Medical Officer, Hornsey	Probably not deaf.
4	2	M	? Deafness	Yes		School Medical Officer, Tottenham	Probably not deaf. To ordinary day nursery.
5	4	M	? Deafness	Yes	Poor speech	School Medical Officer, Hornsey	Not deaf.
6	1 10/12	M	? Deafness	No	Delayed speech Indian	School Medical Officer, Hornsey	Deaf. To nursery unit at Blanche Nevile School
7	1	M	For adoption ? Deafness	No	Illegitimate Backward	School Medical Officer, Potters Bar	Not deaf. Backward.
8	2 4/12	M	? Deafness	No	Delayed speech	School Medical Officer, Edmonton	Not deaf.
9	2½	M	? Deafness	Yes	Delayed speech	School Medical Officer, Tottenham	Not deaf. To normal day nursery.
10	4	M	? Deafness	No	Delayed speech	School Medical Officer, Hornsey	Probably not deaf. To nursery school.
11	3	M	? Deafness	No	Delayed speech	School Medical Officer, Tottenham	Not deaf. Possibly backward.
12	4	M	? Deafness	No	Articulation defect	School Medical Officer, Edmonton.	Not deaf.
13	4	F	? Deafness	No	Delayed speech	School Medical Officer, Hornsey	Not deaf.
14	6/12	M	? Deafness	Yes	-	School Medical Officer, Southgate	Deaf. For auditory training.
15	3	M	Known deaf. From Great Ormond Street for supervision	No	-	Great Ormond Street Hospital	To nursery unit at Blanche Nevile School.
16	5/12	M	Mother suspected deafness	No	-	School Medical Officer, Hendon	Probably not deaf.
17	5/12	M	Slow. Matron at day nursery suspected deafness.	No	Illegitimate	School Medical Officer, Southgate	Probably not deaf. Backward.

AUDIOLOGY UNIT, 1959

Number of children seen 56

Pre-school children	17
Attending infant and junior schools	20
Attending senior schools	17
Over 5, but not at school	2

Reason for referrals among these 56 children were as follows:-

For diagnosis	32
Immigrants to Area known to be deaf	4
Partially deaf children, advice as to placement	4
Children known to be deaf - application for admission to nursery class, Blanche Nevile School or partially deaf unit	9
Transfer from hospital out-patient departments	5
Advice as to placement where deafness might be the cause of backwardness	2

Source of Referrals:-

Tottenham and Hornsey	38
Other boroughs in Middlesex	17
London - neighbouring boroughs	1

Vale Road School for Physically Handicapped Children

Cerebral Palsy Unit

During the year 29 children suffering from cerebral palsy were cared for at the Vale Road Day Special School for Physically Handicapped, Tottenham.

Under the supervision of the visiting consultant (Dr. Dunham) and with the help of parent, teacher, nurse and therapists, it is possible to help the children to learn how to tackle normal tasks in a normal way both in and out of school, despite in most cases a grossly handicapped condition.

Special arrangements are made for parents of children too young to attend the nursery class at the School, to be given advice and continued supervision.

ANALYSIS OF CASES SEEN AT CEREBRAL PALSY UNIT IN 1959

	Male	Female	Total
Under 5 years	2	1	3
5 - 10 years	2	3	5
10 - 15 years	3	1	4
Over 15 years	-	1	1
Total	7	6	13

Diagnosis	Male	Female	Total
Cerebral Palsy	4	3	7
Amyotonia Congenita	1	-	1
Mental Retardation	2	-	2
Epilepsy and Mental Retardation	-	2	2
Emotional upset, minor motor defect	-	1	1
Total	7	6	13

7 CONFIRMED CASES OF CEREBRAL PALSY - ACTION TAKEN

Admitted to Vale Road School in 1959	3
(Admitted to Vale Road School in January 1960)	1
Admitted in 1959 and awaiting place in educationally sub-normal school	1
Waiting for vacancy in Vale Road School	1
Under school age	<u>1</u>
	<u>7</u>

NEW CASES SEEN AT CEREBRAL PALSY UNIT IN 1959

Case No.	Date of Birth	Sex	Referred by	Diagnosis	Disposal
1	31. 8.57	F	Consultant Orthopaedic Surgeon, Tottenham	Cerebral Palsy Right hemiplegia	Under supervision of Cerebral Palsy Unit
2	6.11.53	F	Area Medical Officer, Palmers Green	1. Severe mental retardation 2. Epilepsy	Ascertained as ineducable. For Occupation Centre
3	21. 4.47	M	Area Medical Officer, Tottenham	Mental retardation	To remain at residential E.S.N. school
4	23. 9.53	M	School Medical Officer, Hendon	Amyotonia Congenita	Vale Road P.H. School
5	13.11.53	F	School Medical Officer, Enfield	Cerebral Palsy 1. Left hemiplegia 2. Mental retardation	Vale Road P.H. School To be transferred to E.S.N. School
6	12. 9.54	M	School Medical Officer, Enfield	Cerebral Palsy Spastic Diplegia	Vale Road P.H. School
7	29. 3.52	M	School Medical Officer, Tottenham	Cerebral Palsy Left hemiplegia	To remain at ordinary school. Under supervision of Cerebral Palsy Unit.
8	28. 9.49.	M	School Medical Officer, Southgate	Cerebral Palsy 1. Mild generalised spasticity 2. Emotional upset	Vale Road P.H. School
9	13.11.46	M	Paediatrician, Royal Northern Hospital	Cerebral Palsy Generalised spasticity	Waiting list for Vale Road School
10	24. 4.54	F	Area Medical Officer, Enfield	Cerebral Palsy Generalised spasticity	Vale Road P.H. School
11	4. 8.48	F	Consultant Psychiatrist	1. Emotional upset. 2. Minor motor defect	Remain at ordinary school, and attend Child Guidance Clinic.
12	17. 8.58	M	Consultant Otologist, Tottenham	1. Mental retardation 2. Minor motor defect	Under supervision of Cerebral Palsy Unit.
13	21. 3.44	F	Area Medical Officer, Hornsey	1. Epilepsy 2. Mental retardation	Lingfield Epileptic Colony.

Orthopaedic Clinics

Specialist clinics have continued to be held in both Boroughs for children found, in course of routine medical inspections or by reference from general medical practitioners, to have orthopaedic or postural defects. Remedial treatment is undertaken by the physiotherapists associated with the particular clinic.

Hornsey

The visiting consultant, Mr. E.T. Bailey, F.R.C.S., reports that of the new cases seen at the clinic, five were referred to the Highlands General Hospital for operative treatment. Following the outbreak of poliomyelitis in 1959, four children were treated at the clinic for residual paralysis with the probability that treatment will continue throughout the remainder of their school life. Two are of moderate severity unlikely adversely to affect their schooling. One is rather more severe but with the tenacity so often seen in such cases he has managed to attain the grade necessary for him to return to his original school. The fourth is under five years of age but her disability is of such severity that she will in all probability require to be educated at the Special Day School for Physically Handicapped.

Special reference is made by Mr. Bailey to children who in the past have had to grow up with one leg shortened by reason of poliomyelitis, congenital defect or due to some other cause and to wear shoes raised to correct the defect. This may be unsightly and resented by the wearer. Such cases taken sufficiently early can, at the appropriate time, have an operation carried out upon the normal leg, which slows its growth so that at the time when growth ceases the legs are equal in length. One such attending case the clinic has been so treated, and further cases will have similar treatment in due course.

Tottenham

The visiting consultant, Mr. E. Hambly, F.R.C.S., emphasises an important aspect of the clinic's work in the treatment of postural defects in teenagers, which appear to be more in evidence as children appear to grow taller every year.

Supervision of the orthopaedic cases at the Special (Day) School for Physically Handicapped children at Vale Road, Tottenham, is Mr. Hambly's special care, and with one of the school medical officers (Dr. V. Tracey), and the school health visitor and the physiotherapists, close co-operation is maintained with the head master (Mr. Ives) and his teaching staff.

Ophthalmic Clinics

Hornsey

The visiting consultant, Dr. R. Welch, reports that in addition to a busy year correcting errors of refraction responsible for a defective vision and symptoms of eye strain, special attention has been given at the clinic to the treatment of cases of squint and particularly those with amblyopia. It cannot be over-stressed that once the error of refraction has been corrected and occlusion of fixing eye adopted, cases of squint require the closest supervision until the defective vision is restored to normal or is greatly improved. If during this period the visual axes have not become parallel, then surgical procedure is essential to cure the squint. The orthoptist (Miss Cobb) at the clinic is able to give follow-up training to re-establish and maintain binocular single vision which is of such vital importance.

Three unusual cases occurred during the year requiring reference to hospital. One was a congenital nystagmus with bilateral cataract and microphthalmia. Finally considered as

unsuitable for operative treatment this boy has been recommended admission to a special school for the partially sighted. Another, a case of nystagmus, occurred in an infant of eight months old and could therefore not be described as a congenital defect. A provisional diagnosis made in this case was a typical spasmus nutans although there was no sign of head nodding. Lastly a case of a girl of 14 years of age, recently arrived from Ghana, was found to have a complicated cataract in the right eye, and the left eye presented a picture of retinitis proliferans. Further investigations into the aetiology are being made by serological tests, not yet available, but her condition was considered to be the sequelae of Eale's disease.

Tottenham

The visiting consultant, Mr. T.G. Kletz, reports:-

"As in previous years the cases attending the clinic ranged in age from young infants to school leavers of 18 years.

Whilst the majority of cases seen are refractive including squints and muscle imbalances, a number of cases requiring ophthalmic treatment both medical and surgical were seen including two cases requiring surgery following trauma:- a retinal detachment and a perforating injury.

Although more cases of strabismus and suspected strabismus are being seen in very young children, there are still too many cases of "we thought he (she) would grow out of it". The opportunity is taken of impressing the need to get these children investigated and treated at the first sign or suspicion of a squint, no matter how young they are - even under six months old - if there is a strong family history of squint. Apart from the suspected or manifest squints there were about 28 cases including the higher age groups or school leavers referred as having strabismus or "lazy eye" and who had neither visual defect, muscle defect or appreciable refractive error.

The congenital defects included muscle paresis, ptosis, nystagmus and cataracts."

ORTHOPTIC CLINIC

New cases for investigation		136
Cases treated:-		
Complete success	56	
Improving	76	
Failing to improve	12	144
Cases failing to attend for treatment		33

Child Guidance Clinic in Tottenham

The visiting psychiatrist, Dr. W.H. Craike, commenced duties on the 5th May 1959 for two sessions per week. Dr. Craike reports that the problems were difficult behaviour at home and school, nocturnal enuresis and other psychosomatic symptoms, three cases of multiple tics and three children with physical defects as well as emotional disturbances.

They all came from working class backgrounds, some of the homes were materially good and some poor. There were eleven children of average intelligence, nine were of superior intelligence, and six were of below average intelligence.

Four parents refused treatment at the outset, or broke off treatment after one session. There were four cases in which it was doubtful whether the parents would accept treatment, they are being kept under occasional observation, the parents being seen by the psychiatric social workers and the children by the Psychiatrist.

Speech Therapy

The senior speech therapist, Miss Came, reports that the "case load" of children suffering from speech defect continues to be heavy. The most economical use of the therapist's time lies in early assessment followed by early treatment.

Stammering, Miss Came points out, most commonly manifests itself between the ages of two to five years - later it is rare. If treatment which is usually indirect can be given during the early years of plasticity, the prognosis is more hopeful; and every successfully treated case represents the prevention of perhaps years of later suffering. Children who have attained normal speech after treatment are reviewed periodically. Stammerers who have regained fluency of speech may be kept under observation for periods up to five years.

The Handicapped Child

Distribution as at 31st December 1959

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	-	-	6	4	-	-	-	-	-	-	6	4
Partially Sighted Pupils	2	4	2	-	-	-	-	-	-	-	4	4
Deaf Pupils	5	5	3	3	-	-	-	-	1	-	9	8
Partially Deaf Pupils	9	9	2	-	2	1	-	-	-	-	13	10
Educationally Sub-normal Pupils	67	44	15	5	2	3	-	-	-	-	84	52
Epileptic Pupils	-	-	4	2	-	-	-	1	-	-	4	3
Maladjusted Pupils	-	-	16	2	4	1	13	3	1	-	34	6
Physically Handicapped Pupils	13	11	8	-	-	-	-	-	6	3	27	14
Pupils with Speech Defects	4	-	-	1	204	104	9	3	3	1	220	109
Delicate Pupils	5	5	15	11	3	1	-	-	-	-	23	17
Pupils with Multiple Defects	3	4	1	1	2	-	-	-	-	-	6	5
Totals	108	82	72	29	217	110	22	7	11	4	430	232
Grand Totals	190		101		327		29		15		662	

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. Ian M. Anderson, M.D., F.R.C.P., consultant paediatrician. The number of new cases seen during the year was eight. Of these, six were female and two male. All of these were either rheumatic fever or chorea.

197 children remain on the register of the supervisory centre and of these 69 made 127 attendances, while in addition a number were seen in the ordinary paediatric out-patient sessions. These 197 cases are classified as follows:-

Rheumatic fever	63
Rheumatic carditis	42
Rheumatic carditis with chorea	5
Chorea - uncomplicated	5
Rheumatic arthritis	5
Congenital heart lesions	54
Rheumatic pains	1
Streptococcal Allergy	1
Other cases	21
	<u>197</u>
93 males	
104 females	

Hospital School

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

"During the past year, in addition to the continued teaching of the children at St. Ann's Hospital, in the Prince of Wales's Children's Unit, and the Poliomyelitis Ward, there has been an extension of individual teaching in several other wards.

The age range of the children in both hospitals is from 4 to 15 years of age and teaching incorporates lessons to children, preparing for General Certificate of Education, commercial courses and individual tuition to a child with muscular dystrophy who is fitted in a special chair.

Although a well equipped schoolroom is established in one of the wards, teaching is individual. Work follows the child's school curriculum as closely as possible and to this end, for long term pupils, close liaison is maintained with the day schools.

Children who are not well enough to attend school receive bedside tuition. During the past year an 18 year old girl in the Poliomyelitis Ward passed her General Certificate of Education in Art despite the handicap of complete paralysis.

Always the children's hobbies are followed up, and often new interests developed. To this end we are endeavouring to arrange during the next holiday period a visit to the Royal Mint with a few children now in hospital who should have recovered by then.

During the summer vacation two part-time teachers were employed to cater for the children in the long break from schoolwork. Handwork, embroidery, story reading, etc. kept the children happy and busy during this period.

It is quite evident that the children enjoy school and welcome the teacher's arrival. Parents too are most appreciative and welcome the knowledge that the children's education continues while in hospital.

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.

SCHOOL HEALTH SERVICE STATISTICS FOR 1959

PUPILS FOUND TO REQUIRE TREATMENT BY MEDICAL INSPECTION

Number of Individual Pupils found at periodic medical inspections to require treatment (excluding dental diagnosis and referral with vision)

Year of Birth	For defective vision (excluding equal)	For one of the other conditions reported	Total Individual Pupils
1933 & Later	6	130	136
1934	25	28	53
1935	22	23	45
1936	7	20	27
1937	27	23	50
1938	100	600	700
1939	50	200	250
1940	92	97	189
1941	208	242	450
1942	100	101	201
1943	50	100	150
1944 & earlier	600	420	1020
Total			2409

APPENDIX

SCHOOL HEALTH SERVICE

DEFECTS FOUND BY MEDICAL INSPECTION

STATISTICS FOR

Defect Code No.	Defect or Disease	1959				Total Inspected all ages		Special Inspections	
		Periodic		Special		all ages		(a)	(b)
		(a)	(b)	(a)	(b)	(a)	(b)		
1	Eyes	30	40	57	149	87	200	200	0
2	Eyes (a) Vision	32	39	313	20	385	211	136	29
	(b) Contact	67	10	42	0	230	24	15	2
	(c) Other	10	0	10	10	90	24	132	7
3	Ears (a) Hearing	17	38	14	30	54	132	172	25
	(b) Other media	20	114	12	50	52	200	27	3
	(c) Other	0	24	10	10	40	121	107	0
4	Nose and Throat	104	523	31	121	202	644	142	60
5	Speech	34	67	0	10	74	115	60	0
6	Lymphatic Glands	0	60	0	0	0	100	0	0
10	Heart	14	34	12	20	53	240	20	20
11	Lungs	72	50	47	67	279	270	31	24
12	Developmental (a) Heredity	0	0	1	0	0	10		
	(b) Other	0	10	0	20	20	140	11	10
13	Orthopedic (a) Posture	0	20	10	100	50	204	11	11
	(b) Feet	91	213	27	100	140	300	21	17
	(c) Other	24	0	20	0	144	303	100	17
14	Nervous System (a) Epilepsy	0	0	0	0	24	10	0	0
	(b) Other	0	12	10	10	29	20	0	0
15	Psychological (a) Developmental	0	22	0	0	20	70	11	10
	(b) Stability	13	11	0	104	60	200	20	17
16	Abdomen	0	20	0	10	20	90	20	1
17	Other	20	60	10	20	90	200	200	10

SCHOOL HEALTH SERVICE STATISTICS FOR 1959

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)

Year of Birth	For defective vision (excluding squint)	For any of the other conditions recorded	Total Individual Pupils
1955 & Later	6	116	119
1954	23	288	301
1953	22	177	191
1952	7	40	45
1951	27	46	65
1950	199	365	520
1949	58	102	139
1948	93	97	174
1947	308	344	601
1946	169	181	304
1945	99	140	215
1944 & earlier	606	423	932
Total	1617	2319	3606

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	35	68	97	147	354	455	892	9	
5	Eyes	(a) Vision	53	39	512	40	1617	211	185	53
		(b) Squint	67	10	49	6	276	34	15	3
		(c) Other	18	9	19	10	96	54	123	7
6	Ears	(a) Hearing	17	38	16	23	94	132	173	33
		(b) Otitis Media	40	114	12	66	82	405	22	3
		(c) Other	8	24	10	21	45	121	107	5
7	Nose and Throat	124	313	31	121	302	944	142	60	
8	Speech	34	47	6	16	74	115	60	9	
9	Lymphatic Glands	3	96	-	5	5	165	4	5	
10	Heart	14	34	12	70	53	246	20	36	
11	Lungs	73	58	47	67	239	276	31	34	
12	Developmental:									
		(a) Hernia	2	6	1	3	6	16	-	-
		(b) Other	8	13	8	23	33	145	11	12
13	Orthopaedic:									
		(a) Posture	2	24	18	105	58	294	11	11
		(b) Feet	91	111	92	108	444	500	31	17
		(c) Other	24	81	25	65	144	251	165	17
14	Nervous System:									
		(a) Epilepsy	8	2	3	5	24	19	2	2
		(b) Other	3	11	10	10	39	59	8	3
15	Psychological:									
		(a) Development	5	22	3	9	20	76	11	10
		(b) Stability	15	111	8	134	68	608	29	17
16	Abdomen	9	30	4	16	50	90	23	1	
17	Other	28	60	16	37	96	258	752	79	

(a) Requiring Treatment

(b) Requiring Observation

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

	Number of cases known to have been treated
GROUP 1. Eye Diseases (e.g. blepharitis, conjunctivitis, Defective Vision and Squint) (a) External and other, excluding errors of refraction and squint (b) Errors of refraction, including squint <div>Total</div> (c) Number of pupils for whom spectacles were prescribed	 139 2100 2239 1124
GROUP 2. Diseases and Defects of Ear, Nose and Throat Received operative treatment for (a) Diseases of the ear (b) Adenoids and Chronic Tonsillitis (c) Other nose and throat conditions Received other forms of treatment <div>Total</div> Total number of pupils in schools known to have been provided with hearing aids (a) During the current year (b) In previous years (excluding any pupils shown at (a) above who were provided with an aid in a previous year)	 1 209 - 455 665 37 10
GROUP 3. Orthopaedic and Postural Defects Number of pupils known to have been treated at clinics or at out-patient departments	1168
GROUP 4. Diseases of the skin (excluding uncleanliness) Ringworm (i) Scalp (ii) Body Scabies Impetigo Other skin diseases <div>Total</div>	 - 1 10 25 1065 1101
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)	119
GROUP 6. Speech Therapy Number of pupils treated by speech therapists under arrangements made by the authority	281
GROUP 7. Other treatment given (a) Number of miscellaneous minor ailments treated by the County Council (b) Treatment other than (a) above and excluding convalescent treatment	650 97

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

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

Sub-section 3:	8
Sub-section 4:	-
Sub-section 5:	9

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

MEDICAL EXAMINATION OF TEACHERS

(a) Number of Teachers examined as to fitness for appointment	...	...	...	...	...	...	...	...	15
(b) Number of Students examined as to fitness for first appointment	...	...	...	...	...	...	...	...	64
(c) Number of Students examined as to fitness to undertake training course	...	...	...	...	...	...	...	...	70

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.
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Public Health Inspectors	12
Pupil Public Health Inspectors	2
Shops and Street Trading Inspector	1
Administrative and Clerical Staff	9
Rodent Operatives	2
Cleansing and Disinfection Staff	3
Other Manual Staff	7

County Area Health Department (Tottenham and Hornsey)

Deputy Area Medical Officer	A. Yarrow, M.B., Ch.B., D.P.H.
Senior Assistant Medical Officer	Alice Wheildon, M.B., B.S., M.R.C.O.G.
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. J.D. McIlroy (Resigned 27.9.59) Miss D. Williams (Appointed 23.11.59)
Assistant Home Help Organisers	Mrs. F.G. Wills Miss D. Buck (Resigned 24.3.59) Miss J.E. Caplin (Appointed 8.6.59)
Area Chief Clerk	W.L.N. Relleen, T.D., D.P.A.
Deputy Area Chief Clerk	J.B. Bambrook, D.M.A.
Sectional Heads	A. Balls N.P. Child H.J. Dunham, B.A.

Classification of Staff	Full-Time	Part-Time
Medical Officers	10	6
Dental Officers	6	3
Supervisory Nursing Staff	2	-
Administrative and Clerical Staff	36	8
Health Visitors/School Nurses	25	-
Student Health Visitors	-	2
Clinic Nurses	8	-
Midwives	8	-
Home Nurses	24	4
Speech Therapists	3	-
Physiotherapists	2	-
Occupational Therapists	1	-
Chiropodists	-	2
Gramophone Audiometrician	1	-
Orthoptists	-	2
Dental Attendants	7	2
Day Nursery Staff	31	1
Home Help Service	5	164
Manual workers, domestic grades, etc.	10	22
	<u>179</u>	<u>216</u>

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