

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

Contributors

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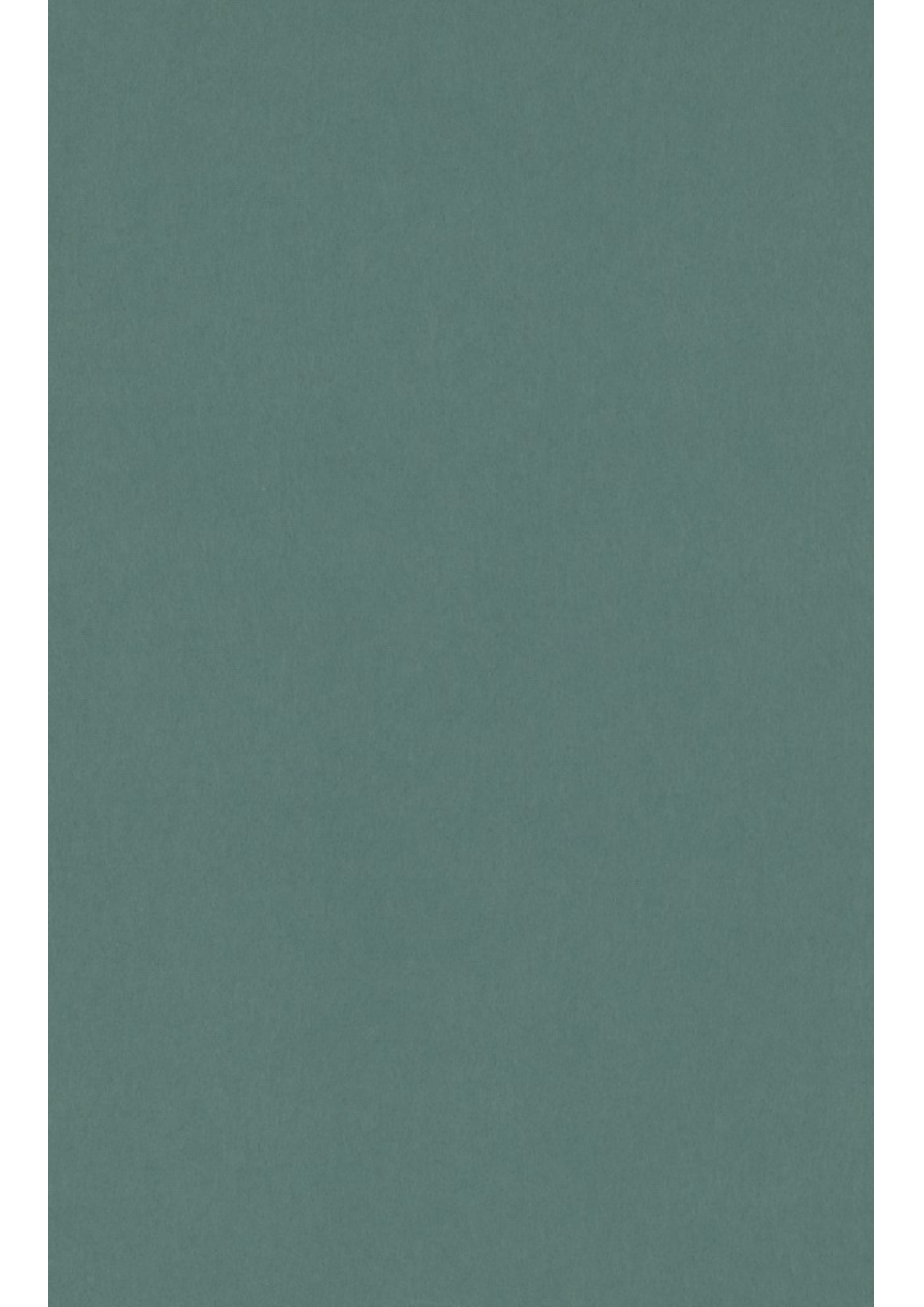
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HARINGEY

HEALTH IN 1967

The Annual Report of the Medical Officer of
Health & Principal School Medical Officer.



Health Department,
Tottenham Town Hall,
The Green,
High Road,
Tottenham, N. 15.



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HEALTH IN 1967

**The Annual Report of the Medical Officer of
Health & Principal School Medical Officer.**

Health Department,
Tottenham Town Hall,
The Green,
High Road,
Tottenham, N.15.

To: The Worshipful the Mayor, Aldermen and Councillors
of the London Borough of Haringey.

Ladies and Gentlemen,

I have the honour to present the report to the people of the Borough of Haringey for the year ended 31st December, 1967.

The work of the public health inspectors to improve the environment continues with regular attention to food hygiene, to offices and shops accommodation and above all to the improvement of housing. Changing conditions bring new problems — food now passes through the ports in containers and so has to be examined inland, and noise presents an ever increasing problem calling for skilled measurement. During the year a major part of their effort was devoted to the London Housing Survey in collaboration with the Greater London Council Research and Intelligence Unit when a total of 4 per cent of the houses in the Borough were assessed in order to arrive at a reliable estimate of the quality of London's housing. The housing situation is changing, because more property is now owner-occupied or Council-owned, so that now only about a quarter is rented to tenants by private landlords. There is, however, an increasing number of houses in multi-occupation. Our experience during the last year has emphasised that these multi-occupied houses have a special fire risk, and the use of fire-proof doors, of "kick through" hatches and the need for special care with paraffin heaters should be fully understood by all who inhabit or visit them.

One of the problems that faces Haringey with its substantial population of immigrants from the West Indies is how to care for small children when the mother goes to work. The Council have four day nurseries with 198 places but there are 28,000 children under five years of age and several thousand of these are of African descent. The Council's day nurseries can only accommodate a minute fraction of the children whose parents are most hard pressed by social disaster and diseases. The others must be cared for in nursery schools and private nurseries or for the most part by child minders or daily guardians; but the immigrant community is cramped for space, especially for garden space, so necessary for the early experiences of the small child. Somehow we need to organise the environment so that the multi-occupied family can use the ground floor and garden of large old homes for the day care of their small children, and in so doing relieve the tremendous pressure on day nurseries and prevent the development of unsatisfactory patterns of child care.

The plea for re-housing on medical grounds often comes from elderly people who live on upper floors and who may be trapped there by their physical incapacity to manage the staircase. One cannot but ask if it is really necessary that so many old people must live in this way. I recently carried out a survey on a small portion of retired local government officers and found that no fewer than 40 per cent of them had retired away from the London area to live in coastal towns or rural areas. If this practice were more generally accepted, the shortage of housing accommodation in the metropolitan area might be considerably relieved.

I hope to report next year on the progress which we are expecting to make in the mental health services during 1968. The new approach to mental health is a major social advance, but one of the less fortunate results of it is that a number of young women who in former days would have lived in the sheltered world of a mental hospital are now embarking on family life, sometimes with unhappy consequences for their children. There is probably no more puzzling environment for a small child than a home where the mother is even slightly mentally disturbed.

During the year, the department welcomed visitors from many countries to observe our varied activities. Their stream of questions helps to keep us on our mettle. We were honoured by a visit from the Deputy Minister of Health of the U.S.S.R., Mr. Danilov, and from him we were interested to learn that most of the large cities in the U.S.S.R., like those of the U.S.A., have now added fluoride to their drinking water so that their future inhabitants will enjoy better dental health.

In conclusion, I wish to record my thanks to the Chairman and Members of the Health and Welfare Committee for their encouragement and support, to the family doctors, to the hospital services and their staffs, and to the various voluntary organisations and the Chief Officers of the Borough for their help and collaboration in the task of promoting the health of the residents of Haringey. My thanks are especially due also to the staff of the Health Department for their loyal and efficient service during a busy year.

I have the honour to be
Your obedient Servant,
J.L. PATTON,
Medical Officer of Health

HEALTH AND WELFARE COMMITTEE 1967/68

Councillor Mrs. L.A. Angell

- " L. Cohen, F.R.S.H.
- " Mrs. D. Cunningham, J.P.
- " Mrs. D.C. Findley
- " E.V. Garwood
- " B.L. Greenway, M.I.C.M.
- " F.C.V. Hayward
- " F.A. Knight
- " B.D. Lipson, LL.M.
- " Mrs. L.H. Lipson, M.C.S.P., H.T. (Vice-Chairman)
- " C.D. Moss (Chairman)
- " Mrs. M.E. Protheroe
- " Mrs. Brenda S. Remington, B.A.
- " G.H. Stansall
- " Mrs. J.E. Thexton
- " James T. Wilkins

Co-opted Members

- Dr. A.M. Freeman
- Mr. F.A. Rhodes
- Mr. D.E. Suffolk

STAFF OF HEALTH DEPARTMENT AS AT 31.12.67

**Medical Officer of Health
and**

Principal School Medical Officer:
J.L. PATTON, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health and D.P.S.M.O:

W.T. ORTON, M.B., B.Ch., B.A.O., D.P.H.

Principal Medical Officers:

School Health	Mary C. Douglas, M.B., Ch.B., D.P.H.
Maternity and Child Welfare	Ruth Y. Golder, M.B., Ch.B., D.R.C.O.G., D.P.H.
Mental Health	U.P. Seidel, M.B., B.S., D.P.H., D.P.M.

Senior Medical Officers:

Elizabeth P. Cloake, M.B., B.S., D.R.C.O.G., D.P.H.
Z. Zubrzycki, Med.Dipl., D.P.H.

Assistant Medical Officers:

Cecilia J.S. Chisholme, M.B., Ch.B., D.R.C.O.G., D.C.H.
Avery B. Cooper, M.R.C.S., L.R.C.P.
T.H. Elias, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Joan F. Nicholls, M.B., B.S., D.C.H., D.P.H.
Mohinder K. Seehra, L.S.M.F., M.B., B.S.
K.V. Shah, M.B., B.S. (Bombay) D.P.H.
Esther M. Waterhouse, M.D.

2 Vacancies

6 Sessional and 3 Part-time Medical Officers

**Chief Dental Officer
and**

Principal School Dental Officer:
G.C.H. Kramer, L.D.S., R.C.S.

Dental Officers:

Mary C. Dixon, L.D.S., R.C.S. N. Ansbergs, D.D.D.
Alison G. Little, L.D.S., R.C.S. A.H. Landsman, L.D.S., R.C.S.

7 sessional dentists : 6 vacancies

Orthodontists

Joy MacInerney, L.D.S., D.Orth., R.C.S., B.D.S.
1 vacancy; 1 specialist dental surgery assistant and 1 vacancy
9 dental surgery assistants

Public Analyst:

W.B. Chapman, B.Sc., F.R.I.C.

Superintendent Health Visitor:

Mary Smith, S.R.N., S.C.M., H.V.

Deputy Superintendent Health Visitor:

Margaret J. Saywell, S.R.N., H.V.

Senior Health Visitors:

Joan Beese, S.R.N., H.V.

Edith N. Gibbon, S.R.N., S.C.M., H.V.

Irene E.G. Marriott, S.R.N., S.C.M., H.V., Diploma in Social Studies

3 vacancies for senior health visitors; 24 health visitor/school nurses; 1 sessional health visitor/school nurse; 5 vacancies; 2 student health visitors; 2 vacancies; 4 T.B. health visitors; 9 clinic nurses; 2 sessional clinic nurses; 2 vacancies; 4 day nursery matrons; 4 deputy matrons; 2 wardens; 1 part-time warden; 1 vacancy; 18 staff nursery nurses; 1 part-time staff nursery nurse; 1 part-time nursery assistant.

**Non-Medical Supervisor of Midwives
and**

Superintendent of Home Nurses

Dorothy Jobling, S.R.N., R.F.N., S.C.M., M.T.T.C.Dip.

Deputy Non-Medical Supervisor of Midwives:

Dorothy E. Wynn-Jones, S.R.N., S.C.M.

17 midwives

Deputy Superintendent of Home Nurses:

Berthe F. Specht, S.R.N., S.C.M., Q.N.

30 home nurses: 5 part-time home nurses: 2 bath unit attendants

Chiropodists:

1 full-time: 20 sessional chiropodists

Chief Mental Welfare Officer:

L.R. Lee, C.S.W., S.R.N., R.M.N., R.M.P.A.

Deputy Chief Mental Welfare Officer:

Barbara Johnson, Dipl.in Sociology, Mental Health Cert.

2 senior mental welfare officers: 6 mental welfare officers

Home Help Organiser:

Judith E. Caplin, D.I.H.H.O.

4 assistants: 232 home helps

Red Gables Mother and Baby Home:

Matron: Mabel K. Hopkins, S.R.N.

Deputy Matron: Irma Lindroos, S.E.N.

1 staff nurse (part-time): 3 attendants

Sheltered Workshops:

Manager/Instructor: W.R. Osment

2 assistants

Medical Auxiliaries:

2 physiotherapists: 1 vacancy

1 occupational therapist

4 speech therapists (sessional): 1 vacancy

1 orthoptist: 1 vacancy

3 audiometricians:

Social Workers:

Joyce E.R. Murdoch, S.R.N., S.R.F.N., H.V.

Dorothy Myer, A.I.M.S.W.

Health Education Officer:

Sheila M.P. Frost, S.R.N., S.C.M., H.V.
1 assistant

Chief Public Health Inspector

W.J. Wilson, D.P.A., M.A.P.H.I., M.R.S.H.

Deputy Chief Public Health Inspector

E.S. Glegg, M.A.P.H.I., A.M.I.P.H.E.

Senior Public Health Inspectors:

F.H. Canton, M.A.P.H.I.	E.S. Gray, M.A.P.H.I.
A.E. Clarke, M.A.P.H.I., A.M.I.P.H.E.	J.A. Harris, M.A.P.H.I.
W.E. Goodfellow, M.A.P.H.I.	F. James, M.A.P.H.I.
	W. Shackcloth, F.A.P.H.I.

19 public health inspectors: 3 vacancies
8 pupil public health inspectors: 4 technical assistants

Food and Drugs Officer:

A.J.C. Roker

Shops Inspector:

T.E. Goodwin
2 assistants

Foreman Disinfector:

W.W. Hooper

1 deputy foreman disinfector and senior rodent operative:
8 public health general assistants: 3 rodent operatives

Mortuary Attendant:

S.J. Twinn
1 assistant

ADMINISTRATIVE STAFF

Chief Administrative Officer:

W.L.N. Relleen, T.D., D.P.A.

Deputy Chief Administrative Officer:

D.B. Davies, D.P.A., M.R.S.H.

Accounts, Wages, Supplies	Child Health and Domiciliary Care Division:
Buildings and Transport Division:	H.J. Dunham, B.A. (Divisional Head)
N.P. Child (Divisional Head)	S.E. Woodroffe (Section Head)
L.E. Wells (Section Head)	B.W. Ford (Section Head)
J.W. Bailey (Section Head)	29 administrative and clerical assistants:
8 clerical assistants	8 part-time clerical assistants
Prevention, Care, After care and Mental Health Division:	Environmental Health and Infectious Diseases Control Division:
P.V. Ingram (Divisional Head)	A.W. Lawrence, M.A.P.H.I. (Divisional Head)
Hazel Gill (Section Head)	H.C.B. Wheal (Section Head)
Hetty L. Somers (Section Head)	H.P. Bradford (Section Head)
8 clerical assistants	12 administrative and clerical assistants: 1 vacancy

Secretariat:

A. Balls (Section Head)
Anne Gates (Supervisor of Typing Section)
Florence Wetherall (M.O.H's Secretary)

5 administrative and clerical assistants: 6 shorthand-typists: 1 part-time shorthand-typist: 3 copy typists: 2 part-time copy typists: 1 machine operator.

VITAL STATISTICS

	1966	1967
Area of District (in acres)	7,491	7,491
Population –		
Mid-year Registrar General's estimate	254,650	254,120
Rateable Value as at 1st April	£13,456,474	£13,572,413
Sum represented by penny rate	£54,200	£54,300
Approximate Number of separately rated Dwellings in District	71,483	71,924
Registered live births:		
Males	2,854	2,762
Females	2,750	2,575
Total	<u>5,604</u>	<u>5,337</u>
Birth rate per 1,000 estimated population	22.00	21.00
No. of live births which were illegitimate	670	692
	(11.96%)	(12.97%)
Stillbirths:		
Males	42	30
Females	38	27
Total	<u>80</u>	<u>57</u>
Stillbirth rate per 1,000 total (live and still) births	14.07	10.57
No. of stillbirths which were illegitimate	13	12
	(16.25%)	(21.05%)
Deaths:		
Males	1,459	1,391
Females	1,454	1,414
Total	<u>2,913</u>	<u>2,805</u>
Death rate per 1,000 estimated population	11.44	11.04
Maternal Mortality: Deaths from Puerperal Causes	7	2
Death rate per 1,000 total (live and still) births	1.232	0.371
Deaths of infants under 1 year of age (Infant Mortality)		
(a) Legitimate		
Males	52	50
Females	32	42
Total	<u>84</u>	<u>92</u>
Death rate per 1,000 legitimate live births	17.02	19.81
(b) Illegitimate		
Males	9	5
Females	6	3
Total	<u>15</u>	<u>8</u>
Death rate per 1,000 illegitimate live births	22.39	11.58
(c) Total		
Males	61	55
Females	38	45
Total	<u>99</u>	<u>100</u>
Death rate per 1,000 total live births	17.67	18.74
Deaths of Infants under 4 weeks (Neo-natal Mortality)	66	71
Rate per 1,000 live births	11.78	13.30
Deaths of Infants under 1 week (Early Neo-natal Mortality)	61	64
Rate per 1,000 live births	10.89	11.99
Stillbirths and deaths under 1 week (Perinatal Mortality)	141	121
Rate per 1,000 live and stillbirths	24.81	22.43

CLASSIFIED DEATHS OF HARINGEY RESIDENTS SHEWING AGE GROUP AND SEX DISTRIBUTION 1967

DISEASE	Total		Under 4 weeks		4 weeks and under 1 year		1-4		5-14		15-24		25-34		35-44		45-54		55-64		65-74		75 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Tuberculosis, respiratory	6	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	2	2	-
Tuberculosis, other	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
Syphilitic disease	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	2	-	-	-	1
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infection	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic disease	5	2	1	-	1	-	-	-	-	-	-	-	-	1	-	-	1	-	2	-	-	1	-	-
Malignant neoplasm, stomach	46	30	-	-	-	-	-	-	-	-	-	-	-	-	-	5	2	14	3	12	10	15	15	-
Malignant neoplasm, lung, bronchus	176	27	-	-	-	-	-	-	-	-	-	-	1	-	13	2	65	9	57	11	40	5	-	-
Malignant neoplasm, breast	-	70	-	-	-	-	-	-	-	-	-	-	-	2	-	10	-	19	-	20	-	19	-	-
Malignant neoplasm, uterus	-	31	-	-	-	-	-	-	-	-	-	-	-	-	5	-	1	-	5	-	9	-	11	-
Other malignant and lymphatic neoplasms	147	166	-	-	-	2	-	-	-	4	1	1	6	2	12	20	42	32	45	46	41	59	-	-
Leukaemia, Aleukaemia	10	9	-	-	-	-	1	1	-	-	-	-	-	1	1	-	4	2	2	2	2	2	3	-
Diabetes	11	17	-	-	-	-	-	-	-	-	-	-	2	-	-	-	2	5	2	4	5	8	-	-
Vascular Lesions of the nervous system	128	207	-	-	-	-	-	-	-	-	-	-	2	3	1	7	4	15	14	33	48	70	138	-
Coronary disease, angina	337	270	-	-	-	-	-	-	-	-	-	1	-	7	4	39	6	99	31	107	73	84	156	-
Hypertension, with heart disease	12	22	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	3	5	5	8	3	8	-
Other heart diseases	69	143	-	-	-	-	-	-	-	-	1	1	4	3	4	4	13	4	10	23	37	108	-	-
Other circulatory diseases	58	80	-	-	-	-	-	-	-	-	-	1	-	-	-	4	1	12	7	16	15	25	57	-
Influenza	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia	75	87	2	2	7	6	1	-	-	-	-	-	-	-	-	2	2	5	3	13	5	45	69	-
Bronchitis	108	39	-	-	-	-	-	-	-	-	-	-	-	1	-	4	2	20	4	39	8	44	25	-
Other diseases of respiratory system	8	6	-	-	-	1	-	-	1	-	-	-	-	-	-	-	1	1	5	1	1	3	-	-
Ulcer of stomach & duodenum	17	7	-	-	-	-	-	-	-	-	-	2	-	-	-	1	1	2	1	4	1	8	4	-
Gastritis, enteritis & diarrhoea	4	7	-	-	2	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	2	5	-	-
Nephritis & nephrosis	8	7	-	-	-	-	-	-	-	-	-	-	2	1	-	2	2	-	2	3	2	1	-	-
Hyperplasia of prostate	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	4	-	-	-
Pregnancy, childbirth & abortion	-	2	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Congenital malformations	14	11	7	6	6	3	-	1	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-
Other defined & ill defined diseases	84	114	28	25	-	2	-	-	1	-	2	-	1	7	2	4	6	10	17	14	16	21	42	-
Motor vehicle accidents	14	12	-	-	-	-	-	-	-	5	4	3	-	-	-	2	-	1	2	1	2	2	4	-
All other accidents	25	29	-	-	1	-	2	-	-	2	1	3	1	2	1	4	2	6	5	4	5	3	12	-
Suicide	16	13	-	-	-	-	-	-	-	1	2	2	1	2	1	1	1	5	2	5	4	-	2	-
Homicide & Operations of war	2	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	1	-	-
TOTAL	1,391	1,414	38	33	17	12	1	6	2	2	10	14	14	8	37	25	105	69	327	173	384	317	456	755

NOTIFICATIONS OF INFECTIOUS DISEASE DURING 1967 BY SEX AND AGE GROUPS

	Under 1		1		2		3		4		5-9		10-14		15-19		20-34		35-44		45-64		65 +		UNK		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	M	F		
Scarlet Fever	1	2	3	5	5	11	8	10	13	9	42	39	3	2	2	4	-	3	-	-	-	-	-	-	-	-	162	
Measles	56	43	135	117	159	153	108	116	117	115	228	222	11	16	4	9	5	5	-	-	-	-	-	-	-	7	1	1627
Whooping Cough	6	6	9	6	13	9	9	10	8	7	20	17	1	6	-	1	1	2	-	-	-	-	-	-	-	-	131	
Pneumonia	1	1	1	-	-	-	-	-	-	1	1	1	1	-	-	-	1	2	1	1	5	3	5	1	-	-	26	
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	1	3	1	1	-	12	
Food Poisoning	2	-	2	1	1	1	-	1	-	1	3	1	1	1	-	1	2	1	-	3	3	3	-	-	1	-	29	
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	5	-	-	-	-	-	-	-	-	-	6
Ophthalmia Neonatorum	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	
A. Encephalitis INF	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	2	
" P- INF	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acute Poliomyelitis P	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
" " N.P.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Diphtheria	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
Typhoid Fever	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	1	-	1	-	-	-	-	-	4	
Para-typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	2	
Dysentery	2	1	4	-	3	4	3	-	3	-	3	3	-	1	-	1	1	3	4	1	4	2	-	-	-	-	43	
Scabies (Tottenham)	-	1	-	-	4	2	-	2	1	2	5	-	-	-	1	2	3	5	2	1	1	-	-	-	2	2	36	
Tuberculosis Resp.	-	-	3	-	1	1	-	2	-	-	2	1	-	-	2	2	14	12	6	8	16	4	8	3	-	-	85	
" M & CNS.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	
" Others	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	2	5	-	1	3	2	2	2	-	-	19	
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

STATISTICAL SERVICE DIVISION, HEALTH DEPARTMENT, NEW YORK STATE DEPARTMENT OF HEALTH

The control of infectious disease is a matter of continual concern to the Health Department and is given priority at all times. Although many of them can now be prevented, we prefer to describe them as being checked, not conquered. We are engaged in an unremitting conflict, fully realizing that only the utmost vigilance on our part and the co-operation of the general public can ensure that the health of the community is maintained and improved. An increasing proportion of our work is concerned with infection from abroad, and it is therefore not surprising that we view with apprehension the impending appearance in the world's air lines of the jumbo jet. Able to carry nearly 500 passengers at reduced fares, it is likely to give an enormous boost to travel; so that we shall then be encountering a wide range of diseases, from dhobie itch to Rocky Mountain spotted fever. However, there is likely to be at least one good result from this cause; an increase in the smallpox vaccination rate, as many of the countries which will be covered by the spreading tide of tourism, Asia, Africa and the Americas, will be in endemic areas, as a few are already. A valid international certificate will then become a necessity for a large proportion of travellers. This is another reason why parents should ensure that their children receive their first vaccination in their second year of life.

The weekly bulletin to general practitioners has continued to thrive, and has become so much a part of medical life in Haringey that we are often asked to make announcements in it. The exchange of information involved adds a zest to the work of the department, when we sit down on Friday mornings to work out what the Haringey doctor receives on his breakfast table the following day.

It is a curious fact that the commonest infectious diseases are the ones we know least about. Conditions like measles, rubella, mumps, chickenpox and influenza do not often cause serious illness, but they certainly result in a large amount of discomfort and absence. 1968 will probably see a great fall in the first of these, when the measles vaccination programme has been completed. A mention should perhaps be made of the problems of publicity in cases of infectious disease. A health department is always on a knife edge where this is concerned. To put the dilemma in a nutshell: while serious infection is of public concern, illness is a private affair. This is complicated by the fact that our idea of the communicability of a disease is often different from that held by the press or the public. For example, there might be a good deal of general alarm about, say, a case of typhoid. But from our point of view, it is rarely dangerous except if transmitted by food or close contact. In other words, you are unlikely to come to harm if you sit opposite somebody suffering from typhoid in a tube train. But instances have been recorded elsewhere in which patients or their families have been shunned by others and perhaps suffered financially because it became known that typhoid had occurred, even after all risk of spread had ceased. Similarly, we have to keep information about cases of leprosy at a very confidential level as, though it has a very low grade of infectivity, people have not yet realised this fact and have been frightened of it for centuries. On the other hand, we were surprised to find this year that there was one disease which had evidently lost its terrors for many people. When we made an announcement about what was thought at the time to be a case of diphtheria, it was reported only briefly in two newspapers and there seemed to be no public reaction at all. Yet, since this is a disease which is transmissible by air borne spread, it would be a very different thing from typhoid if encountered on a tube train. One wonders, of course, if people have the impression that diphtheria has been conquered by immunisation — a dangerous assumption, since the evidence is that it has only been checked, and may recur if immunisation is not maintained at at least its present level. Our advice is: make sure your children have been immunised against diphtheria, and have yourself protected against typhoid if you mean to go abroad; you will then have little occasion for worry where these are concerned.

Infective Hepatitis

73 cases were reported, an increase of 22 on 1966. It is difficult to tell how real this increase might be. The disease was made officially notifiable on 17th June 1968. A difficulty is that many cases do not reach the stage of jaundice and may go unrecognised. We are grateful to doctors for information that has been given to us about this disease.

Eighteen of the number occurred at a school over a period of four months. The long duration of the epidemic is typical of the disease which has a lengthy incubation period of between two and six weeks. 76 pupils were given injections of gamma globulin to limit the spread, and there were ten more cases extending over two months before the infection died out. There was another outbreak involving five members of a family living in poor circumstances. Other cases later on in the same district may have originated from this source, possibly from contact in school or at play.

Smallpox

There were no cases in Haringey in 1967, though two were suspected of having the infection in May. Fortunately investigations did not confirm our fears.

During the year 24 persons without international certificates entered or re-entered the country and came into Haringey from areas where smallpox is deemed to be endemic. Each was kept under surveillance for 14 days and remained in good health throughout this period.

Typhoid Fever

This disease has kept us quite busy during the year. Foreign travel has played a large part in its origins. Much of our work involved investigating members of parties who have been abroad, one of whom developed the infection. For example, we took specimens from a Haringey resident who had been on an adventure tour in North Africa. A member of the same party from Scotland had been unfortunate enough to develop both typhoid and malaria. Luckily we found no evidence of either disease. There was also some perplexity over a patient born abroad who showed serological evidence of typhoid, but from whom no organism could be isolated. It was eventually concluded that there had been an infection in the past from which she had recovered, leaving traces of antibodies in her blood, while the fever for which she was admitted had had another cause.

Our most difficult investigation began with a report from another borough that customers at a cafe had been taken ill with typhoid, and that the source of the infection had been shown to be a resident of Haringey, was a cook in the establishment and had been shown to be a chronic carrier. This individual was admitted to hospital, but it proved impossible to clear up the infection which had evidently been present since an attack of typhoid abroad about twenty years before. A puzzling feature was that the close relatives of this carrier appeared to have escaped the disease, probably owing to the patient's high standards of personal hygiene; but this of course left the question why these standards should suddenly have slipped. No answer to this was ever found, but the patient gave an undertaking never to cook or handle food outside the immediate family circle in the future, and the immediate problem was solved.

Not long afterwards the hospital informed us that five months previously they had admitted from yet another borough a patient suffering from typhoid infection of a strain closely resembling that found in our own case. Both had had degraded Vi-strain organisms, a classification meaning that they were impossible to identify exactly; but while we could not be sure they were the same, the coincidence of their appearance in two adjoining boroughs could not be ignored.

Enquiry at once revealed that the families were known to one another. An investigation was then undertaken into their movements over the preceding months. Although this may seem a task, there was no shortage of clues. What seemed to be the crucial meeting had taken place a fortnight before the patient in the other borough had taken ill. This fitted in well with the incubation period of the disease; but the curious thing was that there was no evidence that food had passed between them. Their only contact had been a handshake. We reached the conclusion that this had probably been the means by which the infection had been passed on.

Paratyphoid Fever

A case occurred during the year involving a tourist who had just returned from a car tour to the Levant. The disease was also suspected though not confirmed beyond doubt in a patient in a local hospital. A family, all of whom had been treated in hospital for the disease, moved to this Borough, and the Department completed the investigations which showed they were clear of the infection.

Food Poisoning

There is a slightly disenchanted air in the Health Department where summer holidays are concerned. While others plan for days of unalloyed delight on far-off southern European beaches or still remoter strands, we tend to think of the stomach troubles that might plague them there or come back with them; and if we are going in the same directions ourselves we take careful precautions to know what foods to avoid and also put ourselves on courses of tablets to prevent these illnesses. It must be conceded, however, that the majority of the infections that came to our notice this year, *Salmonella typhimurium*

for the most part, appeared to have originated in this country; even a *Salmonella brandenburg*, a *Salmonella indiana* and a *Salmonella panama*. A *Salmonella enteritidis* infection in a person working in a zoo raised some interesting questions, but no answers were forthcoming.

A typhimurium infection was the start of an investigation which extended into other parts of London. The day before taking ill the patient had attended an African wedding, where exotic dishes were served at the reception, but not being an invited guest was rather vague about its location. After several days' work of piecing together the facts and eliminating a number of false trails we were able to locate the church and subsequently the participants.

When following up an attack of gastro-enteritis it is desirable to request specimens from food handlers who may have a connection with the disease. They are usually very co-operative, but occasionally we encounter one who feels that this is a slur on his occupational standards and personal hygiene. It then has to be pointed out that this is the only way in which he can be excluded from responsibility for causing the disease, and that if it is not supplied, some doubt must always remain. In fact, during the year a number of cooks and canteen staff were eliminated from suspicion in this way, and a proportion of the outbreaks with which we dealt were identified as epidemic or winter vomiting, a virus infection with airborne spread.

Dysentery

Where bacillary dysentery was concerned, *shigella sonnei* remained by far the commonest offender, occasionally even turning up in the symptomless contacts of people being investigated for other infections. There were two incidents involving its more potent relative, *shigella flexner*, while there was one case of amoebic dysentery.

Psittacosis

Psittacosis is an infection of birds which is transmissible to human beings. A single case occurred in which it was found that two pet budgerigars sickened and died shortly before the patient became ill with the pneumonia which is typical of the condition. Examination of one of the birds revealed that psittacosis had indeed been present.

Tuberculosis

This year witnessed the closure after many years of Finchley Chest Clinic. We are sorry to have come to the end of the happy partnership we had with Dr. B.A. Butterworth and the staff of this clinic, but there was a remarkably smooth changeover of its responsibilities to Islington Chest Clinic, under Dr. J. Wallace Craig, and a high level of service has been maintained.

Chest Clinics and Mass Radiography still have a vital role to play in the prevention of the spread of tuberculosis, and everything possible is done to follow up the contacts of open cases of the disease. Here as elsewhere, efficiency and economy go hand in hand, and in order to avoid the unnecessary x-raying of large numbers of people an arrangement has been made with St. Ann's Chest Clinic whereby, if a case occurs in an establishment, i.e. an office or workshop, a chest physician and a Council medical officer visit together, consult with the senior staff, and make a joint estimate of what is required. Unanimity has always been achieved, and whereas in one instance, fortunately a small office, x-ray of all those working there was felt to be necessary, in another it was found to be required for only a few, and in still another, none at all.

MASS RADIOGRAPHY

	Male	Female	Total
Public Sessions			
Dagmar Arms, N.15.	144	95	239
Scotland Green, N.17	491	502	993
Harringay Stadium, N.4	192	147	339
Bounds Green Station	278	273	551
Rudds Corner, High Road, N.15	579	565	1,144
Spouters Corner, Wood Green	631	785	1,416
Total Number X-rayed	2,315	2,367	4,682
Requiring further investigation	47	35	82
Pulmonary Tuberculosis			
Requiring immediate treatment	—	1	1
Requiring occasional clinic supervision	3 (1PK)	1	4
Presumed healed, no further action required	9 (1PK)	5	14
Among other abnormalities discovered were:-			
Bronchial carcinoma	6	1	7
Acquired abnormalities of heart & vessels	1	5	6
Sarcoidosis & collagenous diseases	—	1	1
Benign tumours of the lungs and mediastinum	1	1	2
Bacterial & virus infections of the lungs	2	—	2
Emphysema	5	—	5
Pulmonary fibrosis — non T.B.	5	5	10
Pleural thickening or calcification — non T.B.	—	1	1
Abnormalities of the diaphragm	2	1	3
Acquired abnormalities of the bony thorax	1	1	2
Miscellaneous abnormalities	1	—	1
Did not attend for further investigation	—	1	1
1 case is not yet classified	—	1	1
Industrial Surveys, etc.			
Wonder Bakery, Wood Green	187	33	220
Barratts Ltd. Wood Green	140	366	506
Garman Road, N.17	425	293	718
G.A.S. Club, Willoughby Lane, N.17	1,113	378	1,491
English Abrasives Ltd. N.17.	116	81	197
Ever Ready, Ashley Road, N.17.	276	205	481
Keith Blackman Ltd. N.17.	623	134	757
Marks & Spencer, Wood Green	34	204	238
Gestetner Ltd. (Broad Lane)	783	645	1,428
Gestetner Ltd. (Brantwood Road)	53	67	120

PK — Previously known

	Male	Female	Total
Harris Lebus, N.17.	735	124	859
Ever Ready, St. Ann's Road, N.15	110	46	156
Williams Bros. Wood Green	82	100	182
Lentheric Ltd. N.15	59	103	162
Maynards Ltd, N.4	488	348	836
Jewish Hospital, N.15	22	67	89
Total Number X-rayed	5,246	3,194	8,440
Requiring further investigation	63	31	94
Pulmonary Tuberculosis			
Requiring immediate treatment	1	—	1
Requiring occasional clinic supervision	10 (3PK)	2	12
Presumed healed, no further action required	8 (3PK)	2 (2PK)	10
Suspect tuberculosis — not yet confirmed	2	—	2
Among other abnormalities discovered were:-			
Bronchial carcinoma	2	—	2
Congenital abnormalities of heart & vessels	2	3	5
Acquired abnormalities of heart & vessels	3	6	9
Sarcoidosis & collagenous diseases	—	1	1
Benign tumours of the lungs and mediastinum	1	1	2
Bacterial & virus infections of the lungs	3	—	3
Spontaneous pneumothorax	1	—	1
Emphysema	2	—	2
Pulmonary fibrosis — non T.B.	2	4	6
Pleural thickening or calcification — non T.B.	2	—	2
Abnormalities of the diaphragm	4	3	7
Congenital abnormalities of the bony thorax	4	3	7
Acquired abnormalities of the bony thorax	3	1	4
Miscellaneous abnormalities	1	—	1
1 case is not yet classified	—	1	1
Number X-rayed — Grand Total of Public Sessions & Industrial Surveys	7,561	5,561	13,122

PK — Previously known

Vaccination against Smallpox

There was an increase in the number of primary vaccinations as compared with 1966 from 1544 to almost 1900. The increase from 47 to 108 in the age group 5 to 15 years was probably a reflection of increased foreign travel by school children.

The following table records the number of persons under the age of 16, 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	5-15	Total
Number of Primary Vaccinations	118	1172	501	108	1899
Number of Re-Vaccinations	4	—	29	154	187

Immunisation against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis

1967 was the first full year of the new Immunisation Schedule in which the primary courses of Triple Vaccine and Oral Poliomyelitis Vaccine were given together. The reduction in the number of attendances for immunisation necessary in the first year has probably helped to increase the number of completed primary courses from 7600 in 1966 to 9350 in 1967.

There was a small but promising increase in primary courses of Tetanus immunisation from 29 to 89. Parents whose children have not been immunised against Tetanus in infancy were advised to take the opportunity for this to be done at school-entry age.

The large increase in re-inforcing doses from 3250 in 1966 to over 8000 in 1967 was largely due to an increase in the school-entry age boosters of Diphtheria, Tetanus and Poliomyelitis. During 1967 these were brought up to date and a small back-log from 1966 was also completed.

The following tables record the number of persons under the age of 16 known to have received a primary course of immunisation or reinforcing dose during the year by general practitioners or clinic staff.

A. The number who completed a full course of primary immunisation

Age at date of Immunisation	Quad-ruple	Triple	Dip/WC	Dip/Tet	Dip	WC	Tet	Salk	Sabin	Total
0 - 1 year	—	1564	12	36	1	1	1	27	1467	3109
1 - 2 years	1	2120	7	73	2	1	—	3	2428	4635
2 - 4 years	—	273	—	33	1	—	2	8	577	894
4 - 6 years	1	49	2	102	—	—	4	7	277	442
6 - 16 years	—	14	—	34	—	—	82	1	145	276
TOTALS	2	4020	21	278	4	2	89	46	4894	9356

B. The number who received a reinforcing dose

Age at date of Immunisation	Quad-ruple	Triple	Dip/WC	Dip/Tet	Dip	WC	Tet	Salk	Sabin	Total
0 - 1 year	—	41	—	2	—	—	1	—	32	76
1 - 2 years	—	629	1	24	—	—	1	—	174	829
2 - 4 years	—	1352	5	198	2	—	—	4	299	1858
4 - 6 years	—	284	28	1858	18	—	7	12	2141	4348
6 - 16 years	—	30	—	185	6	1	56	—	632	910
TOTALS	—	2336	34	2265	26	1	65	16	3278	8021

Venereal Diseases

Over recent years these have been increasing nationally and throughout the world, and concern is being expressed regarding them. Figures for Haringey residents at the special clinic at the Prince of Wales's Hospital are as follows:-

Year	Totals of of Venereal Conditions	Syphilis		Gonorrhoea	Other Venereal Conditions
		Primary and Secondary	Other		
1966	896	3	9	96	788
1967	1101	5	15	216	865

Statistics for previous years are not obtainable since the present London Boroughs did not come into existence until April, 1965. For Haringey there was an increase of 22.9 per cent in the 1967 figures as compared with the numbers in 1966. Although this must give some cause for alarm, due consideration must be given to the nature of the information. The table supplied refers to Haringey patients attending the clinic in Haringey. It used to be thought, however, that V.D. patients preferred to attend a clinic as far as possible from their home. We receive reports also of numbers of residents who attended hospitals in other parts of London. Not all clinics however, send this information, so the facts we have are of necessity incomplete. There is a possibility, moreover, that although there probably is an increase in Haringey (as elsewhere in London and in the country at large), this might not be as great as the Prince of Wales's figures suggest, and may largely reflect a tendency for a greater proportion of patients to seek treatment locally possibly due to better publicity about the local clinic. A freer attitude towards sexual adventure may well be accompanied by a feeling that there is less need to conceal the consequences. We have evidence of this trend in the reduced demand for Mother and Baby Homes. Unmarried mothers are not as anxious now as they were to have their babies well away from the district where they live, and many now choose or are allowed by their parents to remain at home.

It would be wrong to assume that the increase in venereal diseases is occurring only in the young. In fact, a wide range of age groups and occupations is involved. Those most at hazard tend to be lonely and mobile; merchant seamen, long-distance lorry drivers, members of pop groups and so on. The young, if anything, are the least promiscuous in the strict sense of the term. Their liaisons, though perhaps unconventional, tend to show that they often remain faithful after their fashion. Illegitimacy is a greater problem with them than venereal disease.

There is no other way of preventing venereal disease except avoiding promiscuity. Precautions may help to reduce the risk of catching it, but none of them is wholly effective, even if the individuals concerned are in a fit state to carry them out.

SANITARY CIRCUMSTANCES OF THE AREA

The environmental health functions of the Department have been carried out systematically, but as the number of qualified public health inspectors in post continued to be below the approved establishment, careful planning has been necessary to ensure that the most essential work received priority. Wherever possible, technical assistants are used to assist the public health inspectors, but until the full establishment of qualified inspectors can be achieved, it will not be possible to cover more fully all aspects of the work.

The Council recognise the need to provide facilities for the training of new inspectors and has agreed to appoint pupils in accordance with revised recommendations of the Public Health Inspectors Education Board of one trainee for every three inspectors in post.

Drainage and Sewerage

There are separate systems of drainage for soil and surface water. The former connects into East Middlesex Drainage System and the sewage is treated at Deephams Purification Works, Edmonton.

A technical assistant who has practical experience of plumbing and drainage works is continuously engaged in the inspection of house plumbing and drainage with a view to the detection of faults by which the pollution of the surface water sewerage system may arise. The selection of areas in which the technical assistant should work is often decided upon information from the Lee Conservancy Catchment Board of pollution having been observed by their officers at surface water sewer exits. Tracing operations are then carried out along the main sewer until the area from where the pollution arises can be isolated, and individual premises in that area are subjected to detailed examination. This work calls for systematic and patient examination and the number of faults found is in no way indicative of the amount of work involved.

During the year he inspected 3,844 premises. As a result of his findings official requests were passed to persons having control of 100 specific premises for the necessary corrections to be carried out. The public health inspectors are responsible for seeing that this work is done and, where appropriate, recommendations are made to the Council to take formal action under the Public Health Act 1936.

Water Supplies

A small area containing 106 premises between Great North Road and Aylmer Road is supplied with water by the Lee Valley Water Company and the remainder of the Borough receives its water from the Metropolitan Water Board. A report on the water supplied by Lee Valley Water Company was contained in the report for 1966.

Dr. Windle Taylor, Director of Water Examination, Metropolitan Water Board, has kindly supplied the following information regarding water supplied by the Board to Haringey during 1967:-

1. (a) The supply was satisfactory both as to quality and quantity throughout 1967.
- (b) All new and repaired mains are disinfected with chlorine; after a predetermined period of contact the pipes are flushed out and refilled; samples of water are then collected from these treated mains; and the mains are returned to service only after results are found to be satisfactory.

The quality control from these laboratories is carried out by means of daily sampling from sources of supply, from the treatment works or well stations, from the distribution system, and through to the consumer. Any sign of contamination or any other abnormality is immediately investigated.

- (c) (i) The Board has no record of the number of structurally separate dwellings supplied in your area, but the population supplied direct according to the Registrar General's estimates at 30th June, 1967, was 253,455.
 - (ii) No houses were permanently supplied by standpipe.
 - (d) No fluoride was added, and where the fluoride content is indicated in the analyses it represents the naturally occurring fluoride in the water.
2. (a) The higher elevation around Muswell Hill is in supply with River Thames-derived water. The remainder of the Borough is in supply with New River-derived water. The locality of Northumberland Park receives well water from Park Pumping Station. From May to September the supply to the Tottenham area is supplemented by the interim output from the new Coppermills Works. There were no changes to the general scheme of supply in your area.

The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown in the following tables.

- (b) The Board's river and well sources have not been considered to have a plumbo-solvent action, on account of their hardness content and alkaline reaction. It should, however, be appreciated that all types of water pick up varying amounts of metal from piping, particularly when it is newly installed; this applies to copper, zinc, iron and also lead.

Tests for lead have been carried out in connection with chemical analyses of samples of running water collected from premises in the distribution system and I set out below the information obtained over the period 1st January to 31st December, 1967:-

**Lead content (mg/l.Pb) water from main taps
in consumers' premises**

	Number of Samples	Per cent
Less than 0.01	64	66.7
0.01	22	22.9
0.02	3	3.1
0.03	4	4.2
0.04	2	2.1
0.05	0	—
0.06	1	1.0
	96	100.0

The above figures apply to the whole of the Board's area but it should be pointed out that the general characteristics of the water are similar throughout the area so that the findings are applicable to individual Boroughs.

The regular system of examination for lead in water in domestic premises will continue during 1968.

**AVERAGE RESULTS OF THE CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF THE WATER
SUPPLIED TO THE LONDON BOROUGH OF HARINGEY FOR THE YEAR 1967**

(Milligrams per litre (unless otherwise stated))

Description of the Sample	No. of samples	Ammoniacal Nitrogen	Albuminoid Nitrogen	Nitrate Nitrogen	Chlorides as Cl	Oxygen abs. from Permanganate 4 hrs. at 27°C	Turbidity Units	Colour (Burgess Units)	Hardness (Total) Ca CO ₃	Hardness (non-carbonate) Ca CO ₃	pH Value	Phosphate as PO ₄	Silicate as SiO ₂	Sulphate as SO ₄	Natural Fluoride as F	Magnesium as Mg.	Sodium as Na	Potassium as K	Surface Active Material as Manoxol OT	Electrical Conductivity (micro-mhos)
New River derived	104	0.018	0.068	5.2	35	0.60	0.1	6	309	76	7.8	1.4	10	64	0.30	5	28.9	4.8	0.01	660
Park well	1	0.165	0.038	0.4	20	0.20	0.2	0	268	58	7.4	—	—	66	0.70	20	20.0	5.9	—	540
*Thames derived N. of River	207	0.026	0.090	4.1	30	1.12	0.1	12	289	75	7.9	1.9	10	62	0.30	5	22.3	5.0	0.01	600
Coppermills works	1	0.028	0.123	4.3	41	1.21	0.1	10	319	100	8.3	2.3	7	104	0.35	7	33.4	7.2	0.03	7.30

BACTERIOLOGICAL RESULTS — YEARLY AVERAGES, 1967

	BEFORE TREATMENT							AFTER TREATMENT				
	Number of samples	Agar plate count per mil.		Coliform count		Escherichia Coli count		Number of samples	Agar plate count per mil.		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	Per cent samples negative in 100 ml.	Per cent samples negative in 100 ml.
New River derived								510	6.7		99.61	99.80
Park well	30	0.3	15	96.67	0.1	100.0	—	31	0.0	12	100.0	100.0
*Thames derived N. of River								1,691	16.0		100.0	100.0
Coppermills works								48	92.4		100.0	100.0

*Ashford Common, Kempton Park, Hanworth and Barn Elms

Swimming Baths and Paddling Pools

Frequent sampling of water of the swimming baths and paddling pools in the Borough is undertaken on behalf of the Health Department by specialist chemists in water examination on the staff of the Scientific Branch of the Greater London Council. Bacteriological and chemical reports on the samples from the swimming pools have been satisfactory and have generally shown a high standard of operation of the chlorination and filtration plants installed at the pools.

The Baths Department are advised of the results of the tests in respect of Council controlled establishments so that the reports may be used to supplement the tests undertaken by the staff of that department.

The few privately controlled pools in the Borough are subject to the same public health control.

Smoke Control Areas

Three further smoke control orders were confirmed by the Ministry of Housing and Local Government in April, 1967, and came into operation on the 1st December, 1967. Details of the areas are as follows:-

Hornsey No.9 area	-	167 acres 4970 dwellings
Tottenham No.7 area	-	188 acres 2059 dwellings
Wood Green No.10 area	-	128 acres 1671 dwellings

The whole of the Wood Green area is now subject to smoke control and the Council in December, 1967, decided to proceed with the making of two further smoke control orders which subject to Government confirmation will have the effect of extending control to the whole of the Borough by the end of 1968.

Furnace Installations

Twenty-one notifications were received in accordance with section 3 of the Clean Air Act, 1956, where it was proposed to install new furnaces and boiler plants. Where necessary, suggestions were made for alterations and improvements in the schemes so as to ensure satisfactory operation.

Chimney Heights

Nineteen notices were received under section 10 of the Clean Air Act of proposals to construct new chimneys serving furnace installations. The proposed chimney heights were considered to be inadequate in nine instances and in each case it was agreed to extend the height to meet the Council's requirements.

Investigation of Atmospheric Pollution

There are now four sites in the Borough where instruments are installed for the daily measurement of smoke and sulphur dioxide in the atmosphere. When Haringey was formed there were ten such sites which provided data for use locally and for inclusion in national surveys conducted by the Ministry of Technology. In consultation with the Ministry it was agreed that the number of sites could be reduced without loss of basic information on air pollution in the various types of areas (i.e. residential, commercial, industrial etc.) in the Borough. Five sites were discontinued in 1966 and in May 1967 a further site was closed down upon the ending of the first phase of the national survey.

Two deposit gauges are also maintained which provide data of use locally as indicators of any heavy dust or grit pollution which may arise as a result of industrial accident or negligence.

Table A
Average Daily Readings of Smoke and Sulphur Dioxide in the Atmosphere, 1966/67
(Microgrammes per cubic metre)

	Hornsey Town Hall, N.8. (1)	Burghley Road N.8. (2)	Tottenham Town Hall, N.15. (3)	Devonshire Hill, N.17. (4)	Civic Centre N.22. (5)
Classification	A3	A1	A2	B1	D2
(a) Smoke					
April, 1966	38	65	—	54	N
May	N	42	—	39	103
June	20	25	N	29	27
July	14	23	19	19	20
August	21	32	34	27	24
Sept.	27	48	55	47	41
Oct.	N	63	77	67	59
Nov.	97	90	106	90	82
Dec.	93	90	115	93	80
Jan. 1967	81	92	N	98	85
Feb.	75	80	123	82	69
March	28	29	N	N	24
April	37	34	38	38	37
May	37	34	36	38	32
June	21	21	22	—	19
(b) Sulphur Dioxide					
April, 1966	155	147	—	156	194
May	N	105	—	88	N
June	107	99	N	97	107
July	65	57	62	50	61
August	100	91	98	82	96
Sept.	123	107	133	102	104
Oct.	N	140	204	130	147
Nov.	226	196	258	195	180
Dec.	205	167	241	179	172
Jan. 1967	221	202	N	203	219
Feb.	201	172	352	184	197
March	108	90	N	N	91
April	110	102	122	98	98
May	N	97	117	82	102
June	56	59	64	—	58

NOTE: "N" indicates that number of readings insufficient to give accurate average.

Classification of Sites

The classification of sites indicates the neighbourhood in which the instruments are located as follows:-

A1 – residential area with high density housing or with medium density housing in multiple occupation, in either case surrounded by other built-up areas.

A2 – predominantly A1, but interspersed with some industrial undertakings.

A3 – residential area with high density housing or medium density housing in multiple occupation surrounded by or interspersed with open spaces.

B1 – residential area with medium density housing, typically an inner suburb or housing estate, surrounded by other built-up areas.

D2 – small town centre; limited commercial area mixed with old residential housing and possibly industry.

Table B
Monthly Deposit Gauge Readings, 1967

Month	Hornsey Town Hall Site				Hampden Road, N.8. Site			
	Rainfall (inches)	Deposits - Tons per square mile			Rainfall (inches)	Deposits - Tons per square mile		
		Dissolved	Undissolved	Total		Dissolved	Undissolved	Total
January	1.48	4.23	3.77	8.00	1.47	3.57	4.03	7.60
February	2.00	5.41	6.75	12.16	2.14	6.09	5.94	12.03
March	1.18	3.54	4.75	8.29	1.23	3.43	4.49	7.92
April	1.93	4.32	6.12	10.44	2.25	4.70	6.03	10.73
May	3.63	10.63	6.27	16.90	3.56	9.35	11.23	20.58
June	1.85	4.10	8.51	12.61	1.81	4.28	5.76	10.04
July	1.19	3.42	6.26	9.68	0.97	3.66	6.06	9.72
August	1.53	1.97	4.36	6.33	No results - sample interfered with on site			
September	2.21	3.82	5.06	8.88	1.97	4.59	4.60	9.19
October	3.90	7.80	4.55	12.35	4.14	7.21	4.76	11.97
November	1.62	4.26	3.73	7.99	1.50	4.95	2.27	8.63
December	2.25	5.52	4.92	10.44	1.93	4.68	4.13	8.81
Total	24.77	59.02	65.05	124.07	22.97	56.51	59.30	117.22

Rodent Control

A continuous programme of sewer baiting using sodium fluoracetamide is carried out which is designed to minimise the rat infestations in the sewers.

Once a year an additional control treatment is carried out to ascertain the estimated rat population in each of the sewer systems. A deposit, comprising 6ozs. of oatmeal to which has been added anti-coagulant poison (Warfarin), is placed within each of the sewer manholes of the system. One week later the deposit is inspected and, if necessary, made up to the original size of 6ozs. The following week the process is repeated. Results in each case are recorded. Statistics are thus produced which indicate the areas of the sewer system where no bait has been taken or the take has been small indicating slight infestations and areas where there have been large or complete 'takes' which indicate heavy infestations. Areas of heavy infestations are then further treated with sodium fluoracetamide.

In 1967 70% of the sewer manholes were checked in this way, and the results are shown in the following table.

In addition to the treatment of sewers any surface infestations of rats or mice which may be reported receive immediate attention. The services of the Council's rodent operatives are provided free of charge for the treatment of infestations in domestic premises. A charge to cover the cost of the operator's time and the materials used is made for the treatment of other premises.

The following is a summary of dwelling houses and business premises etc., treated during 1967:-

1. Dwelling houses	-	1471
2. Factory premises	-	63
3. Shops and Cafes	-	38
4. School canteens	-	42
5. Miscellaneous	-	47
6. Total charge for 2 - 5 above	-	£292.13s.0d.

RODENT CONTROL – Warfarin Baiting 1967

Area No.	Total Manholes	Baited Manholes	1st Re-visit after 7 days			2nd Re-visit after further 7 days		
			No take	Part take	Complete take	No take	Part take	Complete take
1 Hornsey	458	280	265	11	4	273	3	4
2 "	450	256	249	4	3	247	4	5
3 "	442	225	225	—	—	225	—	—
4 "	356	180	175	5	—	175	5	—
5 Wood Green	229	133	116	14	3	103	18	12
6 "	399	274	236	26	12	237	23	14
7 Tottenham	526	509	368	83	58	370	100	39
8 "	578	551	351	105	95	478	60	13
TOTAL	3438	2408	1985	248	175	2108	213	87
Percentage	—	70%	80.2%	11%	8.8%	87%	8.9%	4.1%

Cleansing and Disinfecting Station

Cleansing, disinfection and disinfection are carried out at the Department's Depot in Hornsey High Street, N.8. In addition to routine disinfection work, bundles of articles are disinfected prior to despatch abroad. Bathing and treatment of verminous persons and scabies patients are carried out at the Station.

Laundry Services for the Incontinent

During 1967, 2,591 bundles of soiled articles were cleansed and laundered. With the co-operation of the Tottenham Group Hospital Management Committee, the laundering of these articles is undertaken by the St. Ann's Hospital laundry. Collections and deliveries are made by the Department's general assistants.

Persons requiring this service are normally referred to the Department by general medical practitioners, home nurses or home help organising staff.

Insect Pests

The Department gives free assistance to householders in securing the elimination of insect pests. Non-domestic premises are also treated on request but a charge is made to cover the cost of the service.

The following is a summary of treatments carried out in 1967:-

Premises Treated

Insect Pest	Houses	Other Premises
Ants	41	4
Beetles and Cockroaches	105	26
Bugs	11	2
Fleas	71	1
Flies and Bluebottles	12	-
Wasps and Bees	296	19
Others	47	4
	583	56

Total charges for treatment of the other premises - £60.16s.5d.

Mortuary

The Public Mortuary is situated in Myddleton Road, Hornsey, N.8. and is used for the reception of bodies from the whole of the Borough. During 1967, 358 bodies were received into Hornsey mortuary and 355 post-mortem examinations were carried out.

Inspections carried out by Public Health Inspectors and Technical Assistants

	FIRST	RE-INSPECTION
Statutory Nuisances	2626	6301
Drainage	4579	985
Drain Tests	49	3
Surface Water Pollution	25	31
Vermin and Pests	126	6
Rodents	189	163
Accumulations of Refuse	197	100
Smoke Observations	16	9
Smoke Control	5320	9
Noise	220	84
Disrepair Certificates	8	1
Housing Surveys	1464	444
Multiple Occupation	869	1461
Overcrowding	45	20
Other inspections under Housing Acts	188	88
Mortgage Advances	94	15
Improvement Grants	357	167
Infectious Disease	775	54
Food Poisoning	85	5
Factories with Mechanical Power	164	15
Factories without Mechanical Power	1	-
Outworkers	13	-
Offices etc: General Inspection	217	171
Offices etc: Other Visits	172	73
Shops Act	980	1460
Bakehouses	58	52
Bakers and Flour Confectioners	34	14
Butchers	237	67
Canteens and Kitchens	73	13
Confectioners - Sugar	51	21
Fishmongers	56	9
Fried Fish Shops	75	7
Greengrocers	165	31
Grocers	378	130
Hawkers of Food	21	1
Prepared Food Premises	23	27
Public Houses and Off Licences	64	19
Restaurants and Cafes	457	159
Slaughterhouses	527	11
Other Food Premises	77	5
Street Traders	485	648
Food Sampling	608	-
Drug Sampling	16	-
Ice Cream Sampling	45	1
Milk Sampling	43	-
Surrender of Unsound Food	361	5
Investigation of Food Complaints	231	8
Bacteriological examination of Food	320	5
Hairdressers	16	4
Old People's Welfare	10	-
Pet Animals Act	59	10
Other visits	6994	550
No access	5241	3

Defects Remedied following action by District Inspectors

Drains repaired	62
Drains cleared	26
W.C. cisterns repaired or renewed	90
W.C. pans renewed	27
Waste pipes repaired or renewed	41
Rain water pipes repaired or renewed	82
Roofs repaired or renewed	331
Eaves gutters repaired or renewed	104
Drinking water cisterns renewed	2
Drinking water cisterns covered	1
Water service pipes repaired	24
Water supply reinstated	3
Yards repaired or reconstructed	14
Floors repaired or renewed	154
Dampness remedied	243
Window frames and sashes repaired, renewed or painted	217
Fireplaces, stoves and ovens repaired or renewed	19
Flues and chimney stacks repaired	13
Brickwork of walls repaired and walls rebuilt	37
Ventilated food stores provided	41
Rooms cleansed	11
Staircases, passages and landings cleansed	2
Staircases, balconies and steps repaired or renewed	27
Noise nuisances abated	84
Noxious accumulations removed	76
Nuisances from animals abated	4
Miscellaneous defects remedied	1041

Statutory Notices Served

Housing Act 1957

Section 9 (Repairs)	1
Section 78 (Overcrowding)	12

Housing Act 1961 (Houses in Multiple Occupation)

Section 15 (Amenities)	8
Section 19 (Limitation of number of occupants)	10

Housing Act 1964 (Improvements)

Section 14	20
Section 16	7
Section 17	13

Public Health Act 1936

Section 39 (Drainage)	4
Section 45 (Repairs of W.C.s.)	1
Section 79 (Accumulations of refuse)	6
Section 83 (Cleansing premises)	1
Part III (Statutory nuisances)	153

Statutory Notices Served (contd.)

Public Health Act 1961

Section 17 (Drainage) 50

Tottenham Corporation Act 1952

Section 43 (Urgent Repairs) 137

Work executed by the Council

Work carried out in default of or by agreement with the owners during 1967

Public Health Act 1936

Section 39 (Drainage) 2 premises

Section 79 (Removal of refuse accumulations) 3 premises

Section 84 (Destruction of filthy articles) 2 premises

Public Health Act 1961

Section 17 (Drainage) 20 premises

Tottenham Corporation Act 1952

Section 43 (Emergency Repairs) 45 premises

Rag Flock and Other Filling Materials Act 1951

There are no establishments licensed for the manufacture of rag flock. 24 premises are registered for the use of filling materials, but only one of these is known to be using rag flock fillings. Materials used are subject to sampling as considered necessary.

Abatement of Statutory Nuisances

An important feature of the work carried out by the Department concerns the abatement of statutory nuisances which may be reported by the public or found by public health inspectors. Complaints of defects in the structure of buildings form the bulk of the work. The remedying of defects in otherwise sound dwellings can be secured in the main by an informal approach, but sometimes it is necessary to resort to statutory action to enforce legal requirements. Dwellings in areas which are obviously coming to the end of their useful life, but must for the time being continue to be occupied, present a difficult problem. Usually in such cases it is the aim of the Department to secure the maintenance of the dwellings, at least in a wind and weather-proof condition and with essential services in proper working order.

2,626 initial visits were made to investigate complaints and on 870 occasions it was found that conditions existed which warranted action under Part III of the Public Health Act, 1936 to secure the abatement of statutory nuisances. In 153 instances it was necessary to serve statutory notices. Legal proceedings were taken on 13 occasions for failure to comply with the statutory notices and 7 abatement orders were made and fines totalling £18 were imposed together with £37.14s.0d costs.

Noise

Several complaints concerning noise were investigated by the public health inspectors during the year. In most cases a satisfactory solution was achieved by informal action resulting from discussions between the inspectors and the persons concerned. Certain types of noise are very difficult to deal with. One of these is the increasing problem of powered sewing machines. Sometimes these are operated for several hours each day and cause distress and annoyance in adjoining premises. The operators of the machines are advised to place thick sponge rubber pads or mats beneath the machines to minimise the effect of the noise or vibration.

Another typical complaint concerns launderettes and dry cleaning establishments. These are frequently operated 24 hours a day and the machinery causes annoyance at night. Sound damping and the use of flexible couplings and occasionally re-siting of the machinery has usually been the solution.

Noise from factories causes complaint particularly during the summer months when windows are left open. Efforts are made to secure co-operation and good-neighbourly attitudes.

Building sites are now equipped with a good deal of machinery and this is frequently noisy. As a result of persuasion noisy machinery has sometimes been exchanged for quieter machines or voluntary restriction on the hours worked has been imposed.

All work done under contract to the Council where road breaking machinery is involved is subject to a contract clause that mufflers should be fitted to the drills at all times.

Diseases of Animals Act 1950

The Council is the responsible local authority under the Diseases of Animals Act. Arrangements have been made for full co-operation with the Divisional Veterinary Officer, Ministry of Agriculture, Fisheries and Food, Hertford, and plans have been made to deal with any emergency which may arise. No local emergency arose during 1967 which required any special action under this Act, but a report on local action in connection with the widespread outbreak of Foot and Mouth Disease is set out in the following paragraph.

Foot and Mouth Disease

On Saturday 18th November, 1967 we were informed that the whole of the country not in Infected Areas had been declared a 'Controlled Area' under the Foot and Mouth Disease (Controlled Areas Restrictions) General Order of 1938.

This made it necessary for movement licences to accompany all animals in transit. In order that animals could be moved into the slaughter-houses on the following Monday morning members of the Health Department staff had to prepare licences and deliver them over the weekend to farms in South Mimms, Barnet and Goffs Oak as the postal collection time for delivery on Monday morning had then passed.

Subsequent applications were dealt with as a routine and licences were either collected by the applicants or posted. Strict supervision was carried out at the slaughterhouse to ensure that no animal was kept in lairage or moved to other places after delivery, but slaughtered forthwith. The animal transport vehicles were also required to be thoroughly cleansed before leaving the Borough. No case of suspected Foot and Mouth disease was observed during the period covered by the Order.

Article 10 of the Foot and Mouth Disease (Controlled Areas Restrictions) General Order required certificates to be issued for slaughterhouse waste and refuse to be brought into the Borough. Accordingly, certificates were issued and conditions supervised in connection with such materials being brought into other premises in the Borough from various parts of the country. Certificates were also issued for straw and manure to be delivered to the Refuse Disposal Works where these were burned. The conditions were rigidly enforced and the Cleansing Department co-operated in all the preventive measures suggested by this Department. On 5th March, 1968 the Foot and Mouth Disease (Controlled Areas) Special Order No.5 of 1968 released existing controlled areas from restrictions.

Pet Shops and Animal Boarding Establishments

24 premises are licensed as pet shops and there is one licensed animal boarding establishment. The premises were inspected by the public health inspectors, and the Council have arranged for any necessary veterinary supervision of the premises and animals to be carried out by Mr. F.G. Buxton, F.R.C.V.S.

Two complaints were received alleging that puppies already infected with distemper had been sold by a pet shop. The complaints were thoroughly investigated by the Veterinary Officer and the Public Health Inspector. This trader was advised to isolate the remaining puppies at the shop until three weeks had elapsed, then, following their despatch, to cleanse and disinfect the premises and not to bring in any further puppies until a further three weeks had passed. Suggestions were also made to the proprietor for improving his records so as to facilitate the tracing of litters which might have been exposed to infection.

HOUSING

Unfit Houses

Progress continued during the year in the drive to eradicate the basically unfit properties throughout the Borough. The Schedule of inspections and representations of areas for clearance as contained in the Provisional Clearance Programme previously approved by the Council was adhered to. One provisional area, St. James's Lane, was found on examination not to be in such an advanced state of deterioration as to warrant clearance of the houses and a recommendation was accepted by the Council that treatment of the area by clearance be postponed, to be taken up again at a later date should conditions in the area justify such action.

Work involved in the preparation of clearance areas for representation included detailed inspections and reports, the preparing of principal grounds, obtaining particulars of owners and occupiers, and the defining of areas on ordnance maps. Housing Act, Section 170, notices were sent out in respect of all houses within areas considered suitable for Part III Compulsory Purchase Order procedure.

Observations were made of progress in the demolition of houses in previously confirmed clearance areas. Some of these areas were cleared during the year and work proceeded at several others.

Six areas containing sixteen clearance areas represented since the advent of the Borough were confirmed during the year and occupiers are presently being re-housed from these areas. The areas include 351 houses housing 481 families.

Two areas containing six clearance areas represented in 1966 await confirmation. These cover 212 houses and 228 families.

Nine areas containing thirty four clearance areas were represented for clearance during the year. These include 414 houses and 559 families.

Public Local Inquiries were held in respect of Orders relating to nine areas containing thirty one clearance areas.

The figures given above relate only to houses within clearance areas. Total numbers set out in the statement below also show houses which were not classified as unfit but included in the Compulsory Purchase Orders related to clearance areas. Detailed inspections were also made of these houses before they were so classified.

1. Areas demolished and cleared during 1967

Tottenham Lane/Church Path/Ada Cottages

St. Mary's Road

Osborne Grove

Church Road/King's Road

Culvert Road/Woodville Road

2. Areas confirmed before 1967 and not yet cleared

Park Lane/Waverley Road

Clyde Road/Elizabeth Place

Tewkesbury Road/Seven Sisters Road

Acacia Road (Part)

Compulsory Purchase Order	No. of Clearance Areas	In Clearance Areas		Total in Area of Compulsory Purchase Order	
		Houses	Families	Houses	Families
3. Areas confirmed during 1967					
Northumberland Park/West Road	4	41	95	75	158
Hornsey Vale	2	147	113	167	142
Lorenco Road/Pretoria Road	2	104	205	128	239
Acacia Road/White Hart Lane	6	42	50	48	59
Moreton Road	1	8	7	8	7
Suffolk Road Clearance Order	1	9	11	9	11
4. Areas represented before 1967 and not yet confirmed					
Suffolk/Sutton/St. Ann's Road	4	129	145	156	180
Roslyn Road/Seaford Road	2	83	83	90	90
5. Areas represented during 1967					
Langham Road/West Green Road	7	31	49	51	76
The Grove, N.8.	3	25	28	35	39
Brunswick Road/West Green Road	6	63	90	110	155
Stanley/Culross/Derby Road	9	163	223	213	291
Western Road, N.22.	2	14	13	15	14
Clyde Road	3	25	26	37	43
Park Lane/High Road	2	24	24	27	26
Station Road/Brograve Road	1	60	79	70	92
Upper Tollington Park	1	9	27	9	27

The list of Provisional Clearance Areas was revised during the year. Areas and houses which have been dealt with by clearance procedure and the sites finally cleared were deleted from the programme and additional areas which appeared to justify detailed examination within a ten year period were added to the list. A new consolidated list was prepared and issued after approval by the Council.

A note is kept of deteriorating properties and areas throughout the Borough which, by general observation would appear to warrant consideration for inclusion in the Provisional Programme at a future revision.

There are many substantial areas of generally unfit properties remaining within the Borough, and it is confidently expected that these can be put forward as areas for clearance over the next few years. They are areas where disrepair, instability and dampness are prevalent and are most unlikely to be found suitable for treatment other than by clearance. The present Part III procedure would seem appropriate in these cases for some years to come.

It would seem that the clearance of houses would properly be held to be the "best method" of dealing with them where the basic structure is unsound, i.e. having regard to extreme disrepair, inherent rising dampness and bad arrangement.

The houses within a clearance area however must first be considered to be unfit under terms of Section 4 of the Housing Act before the question of the "best method" arises. There appears to be a trend to place an increasing importance upon the amenities (possibly to be extended) i.e. indoor water closet, foodstore, draining boards to sinks, artificial lighting, baths, hot water supplies, food preparation facilities, etc., when considering fitness or unfitness.

This increased importance may lead, particularly if legislation raises the standard in regard to amenities, to a greater ease in proving houses to be unfit, but, where the basic structure of houses is sound, to a greater difficulty in proving that the best method of dealing with the area is by clearance.

Thinking in terms of the position say five or six years ahead there is the possibility that there may be many areas of houses considered to be unfit but which are sound enough structurally to merit treatment by other methods than clearance.

The question is therefore posed – To repair and modernise now or to allow to stagnate and decay? In order to limit the future need for continuing clearance, works of restoration and modernisation should start at the lowest level of structurally sound properties, and fitness of houses worked up from that level rather than down to it.

The following dwellings were the subject of closing or demolition orders made during the year. These were houses or parts of houses which could not be made fit for habitation at reasonable expense and were unfit to a degree rendering them no longer tolerable as living accommodation. Occupants were re-housed by the Council:-

69 Western Road, N.22.	10 Sutton Road, N.15.
5 Canon Road, N.8.	36 Wingmore Road, N.17.
2 St. Joseph's Road, N.8.	91 Pellatt Grove, N.22.
20 Milton Road, N.6.	208 High Road, N.15.
24 Ennis Road, N.4.	53 Compton Crescent, N.17.
71 Park Road, N.8.	211 High Road, N.15.
5 Ennis Road, N.4.	

A Closing Order made on the following house in 1966, was determined during the year:-

32 Daleview Road, N.15.

Purchase in Advance of Council's Requirements

Over 100 detailed examinations of houses were made at the request of the Chief Valuation Officer for informal classification of houses, included in the Council's provisional clearance programme, which were offered to the Council in advance of requirements.

Uplands Road Improvement Area

In the report for 1966 it was stated that the Council had acquired a house in the area with a view to converting it into two fully self contained flats and having it open for public inspection. By the end of that year arrangements were well advanced, and during February, 1967 the house was open to viewing for a fortnight. One of the flats had been furnished by a local business house and both flats were attractively decorated. The house was open each day from 9 till 5 and from 9 till 8 on Saturdays and Thursdays. Good publicity was given in the local press and in The Haringey Review. A total of 650 persons visited the house. In addition 2 senior officials from the Ministry of Housing and Local Government visited the house and discussed with the officer on duty the experience which the Council had acquired in using the powers under the Housing Act 1964 to secure the compulsory improvement of houses. It was felt that in view of the wide interest shown, the Council were well justified in providing this demonstration house.

As a direct result of this show house 3 owners in the road approached the Department for assistance in improving their dwellings. This was given and in each case drawings were prepared by the Department. One owner subsequently withdrew but another had completed his job by July the same year by providing a bath, basin and internal water closet where none existed before. The third owner was all set to commence work in the New Year.

Two further dwellings in the road were also improved during the year to the full standard by the provision of hot water and satisfactory facilities for storing food.

This area was declared in July, 1965, and the Housing Act, 1964 requires the Council to complete the service of all formal notices within 2 years of the declaration of the area.

By July, 1967 there had been served and still in operation 13 suspended notices and one immediate notice; and one undertaking had been accepted. The suspended notices have the effect of putting the improvement of a dwelling in abeyance for five years or until such time as there is a change in occupation or the tenant subsequently expresses a wish to have his dwelling improved. Although the Act lays

a responsibility on the owner to inform the Council of any change in occupation where a suspended notice is in operation, the Department at the end of year checked on each dwelling to ensure that no change had occurred.

The National Building Agency, learning that we had acquired experience in implementing the compulsory improvement powers contained in the Housing Act, 1964 wrote to the Department and asked for information to assist them in some research they were carrying out. A questionnaire from them was completed and an interview given to one of their consultants as well as showing him the Council's two areas. The Agency subsequently wrote expressing their considerable appreciation.

Arnold Road Improvement Area

As stated in last year's Annual Report this area was declared in May, 1966 and by the end of that year the procedure had commenced to secure improvements in this road. Unfortunately somewhat less progress was made during the year than had been anticipated because effort had to be diverted to assist in the completion of a large general housing survey in conjunction with the G.L.C., mentioned elsewhere in this report. However, by the close of the year 5 dwellings had been improved to the full standard by the provision of baths, basins, internal water closets and hot water. A total of 13 suspended notices and 7 immediate notices had also been served.

Improvement of Houses not in an Improvement Area

During the year 6 written requests were received from tenants living in dwellings not included in improvement areas asking that the Council should assist them in obtaining bathrooms. By the close of the year one of these bathrooms had been provided. The Committee had interviewed the agent acting for the owner of one of the other dwellings and anticipated receiving an official undertaking that the work would be completed within one year. In the remaining 4 cases negotiations were continuing.

A case which had been reported to the Committee during the preceding year was satisfactorily concluded by the provision of an internal water closet and bathroom.

Advice was also given during the year to some forty enquirers, either owners or tenants, and in every case every assistance was given which in the majority of cases included an inspection of the dwelling. Where the enquirer was an owner no official action is possible and no follow-up was necessarily given, but it is known that in several cases grants were subsequently applied for, and the work satisfactorily completed.

Houses in Multiple Occupation

Work on multiple occupation continued throughout the year, but was hampered by the time involved in carrying out 651 visits to houses included in the "Survey of Housing in London" carried out in conjunction with the G.L.C. and the compilation of information required on the questionnaires as well as by the continued shortage of staff engaged upon this work.

It was not until the end of the year that the appointment of one public health inspector to a post which had been vacant for a considerable time, was effected, which permitted of one additional inspector being transferred to this work from other duties. The number of public health inspectors needed to deal adequately with the vast problem of multiple occupation in the Borough is far greater than allowed for within the present establishment. However, 359 houses housing about 1400 families were completely inspected during the year under review, and, of this number, 31 were found to be satisfactory.

65 cases of penal overcrowding were discovered, but it was only found necessary to serve formal notices for overcrowding in 12 cases.

Other items calling for attention in houses in multiple occupation necessitated the service of 247 other notices in respect of such things as choked drains, removal of refuse, and matters falling within the scope of the Housing (Management of Houses in Multiple Occupation) Regulation 1962.

Progress continues to be made with the installation of amenities as indicated in the schedule, but it must be appreciated that each of the amenities installed involves a considerable amount of work in carrying out the complete inspection of all parts of a house, to which access is frequently very difficult, often lengthy negotiations with an owner, and, quite frequently, his solicitors, long before more practical matters, such as discussions with builders and the supervision of the work can be put in hand.

Implementation of the Code of Practice for Means of Escape in Case of Fire at Houses in Multiple Occupation by the public health inspectors engaged upon this work, and the drawing up of the necessary specifications, and discussions with owners to provide an adequate means of escape in case of fire continued; but on a number of occasions, the fire officers were consulted, both informally and formally, in regard to particular problems.

Investigations were carried out at several premises in multiple occupation at which fires had occurred, and the owners were informed of the work required to provide an adequate means of escape for the future. In none of these cases was any injury suffered, even though damage was often severe.

Inspections of 87 premises, where the Council were contemplating making mortgage advances and where the premises were proposed to be occupied by more than one family were carried out, and full reports upon the facilities, and, in some cases, upon work required to provide an adequate means of escape in case of fire, were provided for the use of the Chief Valuation Officer and the Borough Treasurer under arrangements made with them, so that the conditions of mortgage could be determined.

Houses in Multiple Occupation: Summary of Action taken in 1967

Number of houses completely inspected	350	representing approximately 1,400 lettings
Number of houses inspected where multiple occupation would exist upon completion of mortgage advances being contemplated by this Council.	87	
Number of houses found satisfactory	31	
Number of houses where discussions in progress	10	
Number of houses where informal notices relative to S.15/16 served	222	
Number of houses where full specifications of work required for means of escape in case of fire given by Department	13	
Number of cases of penal overcrowding	64	
Number of cases of penal overcrowding abated	35	
Number of cases of non penal overcrowding	27	
Number of cases of non penal overcrowding abated	14	
Number of premises where formal S.15 Notices served	8	
Number of premises where formal S.19 Notices served	10	
Number of premises where Directions under S.19 revoked	2	
Number of dwellings where Notices under S.78 served	12	
Number of other Notices served (P.H. Act 1936, Tottenham Corporation Act 1952, etc.)	247	
Number of other visits to houses in multiple occupation	2,734	

	<u>Completed Works</u>		<u>Repairs</u>	
	W.C.'s. provided	23	External	74
	Baths	21	Internal	178
	Sinks	46		
	Water heaters	130		
	Cooking facilities	17		
	Food stores	18		
	Space heating	14		
	Fire precautions work	11		

Housing Applications – Assessments on Medical Grounds

Where housing applicants submit medical evidence supporting their requests for rehousing in Corporation dwellings, their cases are considered by a senior medical officer of the Health Department for medical assessment.

During 1967 requests were received for 647 cases to be investigated, and recommendations were made upon medical priorities. This number represented a slightly decreased rate of approximately 7% below the number of 695 requests in 1966. Most of the recommendations continued to be made on the basis of the medical evidence submitted, and the information regarding the existing accommodation on the Housing Department files. Only in special circumstances was a visit made to the house.

There was a small increase in the number of requests for visits to Council tenants requiring transfer on medical grounds. Twenty-seven of these were visited compared with 6 in 1966.

TABLE I
REHOUSING

Month	No. of cases	Source of Request		
		Housing Department	Hospital, G.P. or Clinic	Tenant, H.V. or P.H.I.
January	77	42	17	18
February	44	31	6	7
March	78	44	13	21
April	52	34	8	10
May	54	37	9	8
June	25	14	5	6
July	52	40	8	4
August	67	47	5	15
September	45	35	5	5
October	52	34	7	11
November	60	39	16	5
December	41	34	3	4
*TOTAL	647	431	102	114

*These figures include second investigations carried out during year.

150 cases were visited before assessment, and re-visits made in 32 cases.

TABLE II
MEDICAL RECOMMENDATIONS MADE DURING 1967

	No. of cases
Special: refer to Committee	35
1st degree priority	183
2nd degree priority	200
3rd degree priority	78
Recommendation for accommodation to be shared	7
Recommendation for transfer	28
Not recommended on medical grounds	116
TOTAL	647

During the year 25 of the "special medical" cases were allocated for rehousing.

Certificates of Disrepair

During the year six applications were received for certificates of disrepair.

London Housing Survey

This survey, which was carried out by the public health inspectors in collaboration with the G.L.C. Research and Intelligence Unit during the period February to October 1967 formed part of a sample survey of Greater London housing. Four per cent of all separately rated dwellings were surveyed and in Haringey this entailed the inspection of 2,950 premises. The information obtained has now been analysed by computer by the G.L.C. and the statistics produced show amongst other things, the estimated overall housing conditions in the Borough.

In interpreting the figures in the following tables allowance should be made for possible lack of accuracy which can arise from a sample survey. It is generally accepted that in the translation of sample returns the error can be particularly high where the number in a sample is small. It should also be noted that a separately rated dwelling, which was the unit of survey, could be occupied by one, two or more separate households.

The analysis of the age and condition of dwellings in the Borough (Table I) indicates that possibly twenty five thousand of the buildings (one-third) can be classified as in only a fair or poor structural condition. 1,794 are more than ninety years old and of these 975 are unfit for human habitation or in a poor structural condition. Over two-thirds of the houses in the Borough (51,167) were built between 1875 and 1919 and in this group a further 3,330 dwellings are classified as unfit or in a structurally poor condition.

It is estimated that if nothing is done to improve their present condition 3,329 dwellings have a life of less than seven years and a further 4,088 are unlikely to last for more than fifteen years. This could mean that for the next 15 years after making allowance for the major repair of some of these dwellings an average of 400-500 dwellings will require to be replaced each year. Looking further ahead, the problem is likely to become much greater; it is estimated that, between the years 1983-1992, unless suitable practicable means are found to check deterioration and ensure continuing adequate maintenance, 18,493 dwellings will reach the end of their useful life, representing a necessary replacement rate of 1,850 per annum.

Approximately two-fifths of all dwellings are owner-occupied, slightly less are tenanted and belong to private owners and just under one-fifth are owned by the Council or the G.L.C. (Table II). The owner-occupied group contains the highest proportion of premises in good structural condition and the privately owned tenanted dwellings contain the greatest proportion in only a fair or poor structural condition. The number of dwellings owned by the local authorities classified as fair, poor or unfit may largely be accounted for by the acquisition in advance of requirements of houses in areas scheduled for future action in the Council's clearance area programme.

The analysis of types of dwellings (Table III) discloses that there are 6,392 separately rated flats which are not self-contained. It is probable that these lack the full and exclusive use of the normal amenities of bath, water closet, hot water supply etc. This, of course, takes no account of the very large number of houses which are rated as single units but are let in multiple occupation.

Number	% of cases	Special refer to Committee
18	0.3	Not recommended on medical grounds
10	0.2	Recommendation for transfer
28	0.4	Recommendation for accommodation to be shared
7	0.1	3rd degree priority
28	0.4	2nd degree priority
100	1.6	1st degree priority
182	2.8	For degree of priority
38	0.6	Special refer to Committee
TOTAL	6,392	

TABLE I
CONDITION, AGE AND EXPECTED LIFE OF DWELLINGS

Structural Condition	Repair State (see note)	WHEN BUILT				LIFE AS IT STANDS				TOTALS	PERCENTAGE
		Pre-1875	1875-1919	1920-1939	Post 1939	Up to 7 years	8-15 years	16-25 years	Over 25 years		
GOOD	Good/Good	175	18,081	8,515	7,400	25	125	4,754	29,267	34,171	46.4
	Good/Fair	25	4,372	700	100	25	25	2,133	3,014	5,197	7.1
	Good/Poor	-	-	50	-	-	-	-	50	50	0.1
	Fair/Poor	25	2,917	525	50	-	25	1,240	2,252	3,517	4.8
	Poor/Poor	-	119	50	-	-	-	25	144	169	0.2
	Unknown	25	3,724	1,300	650	12	25	1,625	4,037	5,699	7.7
	TOTAL	250	29,213	11,140	8,200	62	200	9,777	38,764	48,803	66.3
FAIR	Good/Fair	300	4,065	200	25	200	525	1,888	1,977	4,590	6.2
	Good/Poor	-	204	-	-	-	58	96	50	204	0.3
	Fair/Poor	238	11,613	900	100	475	1,308	5,214	5,854	12,851	17.4
	Poor/Poor	-	587	25	-	125	75	287	125	612	0.8
	Unknown	31	2,146	25	25	-	325	994	908	2,227	3.0
		TOTAL	569	18,615	1,150	150	800	2,291	8,479	8,914	20,484	27.8
POOR	Good/Fair	25	175	-	-	75	125	-	-	200	0.3
	Good/Poor	-	-	-	-	-	-	-	-	-	-
	Fair/Poor	225	1,288	-	25	663	700	137	38	1,538	2.1
	Poor/Poor	313	1,092	-	25	658	672	50	50	1,430	1.9
	Unknown	-	213	-	25	88	100	50	-	238	0.3
		TOTAL	563	2,768	-	75	1,484	1,597	237	88	3,406
UNFIT		412	571	-	-	983	-	-	-	983	1.3
GRAND TOTALS		1,794	51,167	12,290	8,425	3,329	4,088	18,493	47,766	73,678	-
PERCENTAGE		2.4	69.4	16.7	11.4	4.5	5.5	25.1	64.8	-	-

(Note: REPAIR STATE The two states mentioned indicate a difference between the internal and external maintenance i.e. Good/Fair - Internal maintenance good, external fair or vice-versa)

TABLE II

CONDITION OF DWELLINGS AND TENURE

Structural Condition	TENURE					Total
	Owner/ Occupier	Borough Tenants	G.L.C. Tenants	Private Tenants	Not Known	
Good	23,218	7,783	1,650	13,577	2,575	48,803
Fair	6,775	2,400	600	9,107	1,602	20,484
Poor	475	213	-	2,530	188	3,406
Unfit	25	171	-	775	12	983
TOTAL	30,493	10,567	2,250	25,989	4,377	73,676
PERCENTAGE	41.4	14.3	3.1	35.3	6.0	

TABLE III

DWELLING TYPES/TENURE – GRAND TOTALS FOR WHOLE OF BOROUGH

Dwelling	TENURE					Total	%
	Owner/ Occupier	Borough Tenants	G.L.C. Tenants	Private Tenants	Not Known		
Detached	700	25	-	100	75	900	1.2
Semi Detached	4,987	550	125	2,200	550	8,412	11.4
Terraced	21,175	4,238	1,825	10,917	2,275	40,430	54.9
Pre-Fab	-	125	-	-	-	125	0.2
Maisonette	75	800	100	450	75	1,500	2.0
Tenement	-	-	-	-	-	-	-
Flat – Purpose Bld.	1,575	4,575	200	5,712	775	12,837	17.4
Flat – Converted & self contd.	550	208	-	2,096	225	3,079	4.2
Flat NOT self contd.	1,430	46	-	4,514	402	6,392	8.7
TOTAL	30,492	10,567	2,250	25,989	4,377	73,675	
%	41.4	14.3	3.1	35.3	6.0		

FOOD HYGIENE

In order to utilise our resources to the best advantage and to keep our priorities in order, it is necessary from time to time to have a stock-taking and examine whether we are doing things in accordance with modern thoughts and research or in accordance with ideas which are no longer relevant.

In undertaking such an exercise there is a real danger of sacrificing old and tried ideas in favour of new ideas simply because we wish to be considered modern and up to date in our approach. This is just as misguided as retaining old ideas because they have always been used. The answer is to take the best of the new whilst retaining the best of the old. The procedure for the maintenance and improvement of food hygiene in the field is a subject which calls for such a periodic review. As with all preventive measures this work is not spectacular but in fact takes about 80% of the time of public health inspectors in this section. The frequent and informal approach by an inspector relying almost completely on the impact of his own personality on the food handlers continues to achieve a steady improvement in general hygiene. It is an insidious re-education bringing about a change of outlook in the various trades which causes real and permanent improvement by co-operation, rather than the enforcement of a particular regulation which is carried out unwillingly and with lack of understanding of its fundamental necessity. It is a matter of satisfaction in the Section that formal action is seldom necessary and only occasionally is there any necessity for the institution of proceedings in the courts. Unfortunately a case arises from time to time when even the most patient and tactful approach by the Inspector concerned is ineffective. Because of obstinacy, over-concentration on the profit motive or sheer laziness, no impact is possible by informal means and recourse has to be taken to enforce a change by formal means. This procedure is undertaken more in sorrow than in anger, but it can be borne in mind that such action does undoubtedly have a salutary effect on those who may not be familiar with local customs and tend to mistake a friendly informal approach as a sign of weakness and inability to enforce the law when persuasion fails.

During the year under review two such cases have arisen, viz:-

1. Cafe – Proceedings taken under the Food Hygiene (General) Regulations 1960 with the result that the proprietor was fined £2 on each of 17 summonses plus 10/6d cost on each. He was also disqualified under Section 14 of the Food and Drugs Act 1955 from using the premises as a cafe for 12 months.
2. Bakehouse – Proceedings taken under the Food Hygiene (General) Regulations 1960. The proprietor was fined £5 on each of 16 summonses and 5 gns. cost.

The total number of food shops as at 31.12.67 was as follows:-

Bakers	102
Butchers	173
Cafes and dining rooms	232
Confectioners	532
Fishmongers	85
Fruiterers and greengrocers	241
Grocers	472
Off licences and public houses	258

Registered Food Premises

At 31.12.67 the following premises were registered under Section 16 of the Food and Drugs Act 1955.

Sale of ice cream	784
Mfr. and sale of ice cream	11
Storage of ice cream	1
Cooking of hams and other meat	63
Fish frying	47

Fish curing (smoking)	3
Sausage manufacturers	101
Preparation of "Hot Dogs"	1
Preparation of jellied eels	3
Shellfish	2
Prepared foods	15
Pickle making	1
Pickling meat	7
	1,039

In addition the following classes of food hawkers and their storage premises are registered under Section 11 of the Middlesex County Council Act 1950:-

Article	No. of Hawkers registered	No. of storage premises
Fruit and vegetables	125	90
Shellfish	13	4
Fish	8	4
Ice Cream	26	4
Light refreshments	16	4
Peanuts	4	2
Eggs	3	-
Groceries	5	2
Confectionery	1	1
TOTAL	201	111

Milk and Dairies Regulations

During the year applications were received for the registration of fourteen more persons as milk distributors. No applications were received for additional dairies. Of the fourteen new registrations, six were for new premises and the other eight were in respect of change of proprietorship of previously registered premises

Number of distributors	263
Number of dairies	6

Milk (Special Designation) Regulations

At 31.12.67 licences to use the following designations were valid for premises in the Borough:-

Pasteurised Milk	208
Sterilised Milk	208
Untreated Milk	27
Ultra Heat Treated Milk	45

Sale of Food for immediate consumption from Mobile Units

The supervision of traders operating from mobile units in the vicinity of the Tottenham Hotspur Football ground continues to engage the attention of the Health Department, and inspections are made by the public health inspectors on days when the team is playing at home. The difficulties in the past

have been mainly due to the inability of inspectors to obtain the true name and address of persons not complying with the law. Discussions have now taken place between members of the Department, representatives of the Town Clerk's legal section and the local police. As a result of this the police have taken a much stronger line with regard to obstruction and have co-operated with the public health inspectors in obtaining details of identity. The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966 are being rigidly applied and registration of hawkers of food and their storage premises under Section 11 of the Middlesex County Council Act 1950 is required. A dramatic improvement has taken place as a result of warning letters sent to hawkers and compliance has so far been obtained without recourse to prosecution.

Sampling for Bacteriological Examination

For some considerable period the Department has taken samples of cooked meats from shop premises and as a direct result has been able to secure improvements in general hygiene in excess of the standards enforceable by legislation. Discussions have taken place from time to time with Dr. Betty Hobbs of the Central Public Health Laboratory on the results, and guidance received from her as to the measures necessary to remedy conditions which could lead to unsatisfactory bacteriological samples, and also on the desirability of including other foodstuffs in the routine sampling particularly those which are not normally subject to processing by heat before consumption.

As a result of these talks, samples are now taken of artificial and dairy cream sold in cartons and contained in cakes or meringues, unwrapped meat pies, chicken barbicue, oysters, escallops and liquid egg. Consideration has been given to the question of the routine sampling of such commodities as watercress, lettuce, celery, etc., but in the light of experience of the laboratory in carrying out pilot projects with these types of foodstuffs, routine sampling would not appear to be justified at present. The routine of food sampling is constantly under review by the Department in the light of experience and advancing knowledge. Advantage is taken of the work done by the Public Health Laboratory Service in the detection of further hazards and of the experience gained in the improvement of laboratory techniques.

Samples of imported whole egg brought in to the Imperial Cold Stores, Tottenham, N.15 are taken for examination to ascertain whether or not the Alpha-amylase test is satisfactory as an indicator of adequate pasteurisation. Other spot check samples of yolk or albumen are taken for bacteriological examination in a specific search for salmonellae organisms.

Food and Drugs Sampling

The Public Analyst for Haringey is Mr. W.B. Chapman B.Sc., F.R.I.C., of the Scientific Division of the Greater London Council and all chemical analyses are carried out by the G.L.C. laboratories. Three other London Boroughs have similar arrangements with the G.L.C. and a co-ordinated programme is carried out by the four boroughs so as to avoid duplication of sampling, each authority being advised of the results of sampling examinations carried out on behalf of all four boroughs.

Informal samples of a wide variety of food and drugs have been submitted to the Public Analyst who reported on each sample in relation to the standard laid down in Orders and Regulations including requirements as to labelling and advertisement. Chemical and biological examinations have also been carried out for the presence of penicillin or insecticidal residues.

FOOD SAMPLES

Article	No. of Samples Provided	Unsatisfactory	
		Analysis	Labelling
Alcoholic beverages	12	3	4
Beer and Cider	11	-	-
Biscuits	3	-	-
Bread	22	9	-
Bread and Butter	13	1	-
Butter	1	1	-
Cake confectionery	3	1	-
Cake mixes	2	-	-
Canned fish	1	1	-
Canned fruit	53	22	-
Canned meat	3	2	-
Canned soup	9	-	-
Canned vegetables	4	-	-
Cereals	27	-	1
Cheese	7	1	-
Chocolate preparations	1	1	-
Coffee/chicory	9	-	1
Colourings	1	-	-
Condensed milk	2	-	-
Cream	20	2	5
Custard powder	3	-	-
Dried fruit	9	-	-
Dried herbs	5	-	-
Dried milk	3	-	-
Drugs	80	3	1
Eggs	1	-	-
Fats	16	-	-
Fish cakes	4	-	-
Fish preparations	1	1	-
Flavouring powder	4	4	-
Flavourings	2	-	1
Food additives	6	-	-
Foreign bodies	8	8	-
Fresh fruit	1	-	-
Fresh vegetables	1	1	-
Fruit juices	1	-	-
Ice lollies	18	-	-
Margarine	1	1	-
Meals	2	2	-
Meat extract	1	1	-
Meat pies	14	3	-
Milk	138	2	-
Pepper	18	-	1
Pickles	9	-	-
Preserves	17	-	-
Puddings	12	-	1
Salad cream, etc.	7	1	1
Sauces	16	-	-
Sausages	1	1	-
Seasoning	6	-	-
Slimming preparations	1	-	-
Soft drinks	22	-	3
Spices	5	-	-
Spirits	5	1	2
Sugar	1	1	-
Sugar confectionery	3	1	-
Table jelly	33	4	-
Table jelly creams	2	-	-
	681	79	21

Details of Unsatisfactory Samples

Samples	Irregularity	Comments and Action Taken
Milk	<p>(a) Composition</p> <p>Farm bottled milk contained only 2.7% fat which is below presumptive minimum of 3%.</p>	Probably due to failure to mix morning and evening milk. Notification sent to local authority in whose area farm is situated.
Cheese	A sample of Canadian Cheddar cheese had a pronounced "catty" odour.	Probably associated with ingredient in animal feed. Manufacturer's attention drawn to matter.
Sterilised Milk Products	<p>(a) 3 samples of canned food similar to sterilised cream were examined. Objection was taken to the labelling of these products which resembled canned cream both in internal and external appearance but failed to meet the minimum fat standard.</p> <p>(b) One of above samples had a bitter taste.</p>	<p>The Food Standards Committee's report suggests that such products should be referred to as sterilised half cream and the Minister's decision is awaited. In correspondence with manufacturers and importers.</p> <p>Possibly due to contamination by an unusual harmless bacteria. Taken up with importers and notified local authority for area from which product distributed.</p>
Salad Dressing	<p>(c) Two further samples of similar product taken. One had bitter taste.</p> <p>French dressing described as "Salad Dressing" although it did not comply with standards laid down by regulations.</p>	<p>Imported product. Probable cause same as (b). Importers' attention called to matter.</p> <p>Manufacturer agreed to amend terms of advertisement.</p>
Canned Loganberries	Two samples contained insufficient fruit. One can was 8% below minimum weight but repeat samples were unobtainable. In the other case 20 further cans were examined and on average showed a deficiency of 20%.	Local Authority of area in which canning factory situated advised as control of weight of fruit going into cans more readily undertaken at cannery.
Table Jellies	A sample of instant jelly failed to set when made according to directions.	Probably result of faulty blending by manufacturers. Taken up with manufacturers.
Pepper	A sample of "white pepper" was found to be "black pepper".	Warning letter sent to vendor.
Spirits and Liqueurs	3 Miniature bottles were found to be deficient of the alcohol content declared on the label.	Manufacturer agreed to increase alcohol content to allow for evaporation.
Food Additives	(a) 3 samples of table jellies contained blue VRS which is not permitted under regulations which came into force on 27th June, 1967.	Jellies stated to be old stock. Manufacturers informed that blue VRS no longer used.

	<p>(b) A sample of Cyprus Rose Water contained a colouring matter, Rhodamine B, which is not in the permitted list.</p> <p>(c) Four flavoured powders contained a sweetener, cyclamate, which was not permitted at time of sale but is now allowed.</p>	<p>Matter referred to local authority responsible for area in which distributors premises situated.</p> <p>No action taken.</p>
Drugs	<p>(a) 2 samples of multivitamins failed to comply with disintegration test.</p> <p>(b) A sample of multivitamins contained insufficient vitamin B and calcium to substantiate the claims made on the label.</p> <p>(c) In two samples of drugs one was coloured with Blue VRS and the other with Poncean SX. New regulations prohibit these colouring matters in food and it is considered they should therefore not be used in drugs.</p>	<p>In correspondence with manufacturers. Statement to be included on label that preparation was intended for chewing.</p> <p>In correspondence with manufacturers.</p> <p>Manufacturers requested to use colouring matters which have been approved by Dunlop Committee on Safety of Drugs.</p>

(b) Labelling

The following labelling irregularities, noted in respect of nineteen samples, were brought to the attention of the manufacturers or distributors responsible.

- | | |
|----------------------------------------------------|----------|
| 1. Alcohol declaration not prescribed 1/12" height | 6 cases |
| 2. Alcohol declaration not conspicuous or legible | 1 case |
| 3. No address on label | 3 cases |
| 4. Incorrect or misleading description | 10 cases |
| 5. No list of ingredients | 1 case |
| 6. Use of generic and meaningless terms | 1 case |

Food Complaints

110 food complaints received in 1967 were fully investigated and, where appropriate, legal proceedings were instituted or warning letters sent. The most common causes of complaint were the presence of foreign bodies in foodstuffs, and the growth of moulds due to improper storage or the sale of perishable foodstuffs after their safe life had expired. Traders are repeatedly advised on the need for the date coding of such foods so that proper stock rotation can be ensured and goods withdrawn from sale at the end of their recommended storage life. Details of the complaints received and action taken are set out below.

Food	No. of Complaints	Action taken	
Baby foods	3	Warning letter	1
		Further action not justified	2
Bitter Lemon drink (foreign matter)	1	Legal proceedings	1
Bovril (nodules)	1	Warning letter	1
Bread			
1. foreign bodies	15	Legal proceedings	1
		Warning letter	13
		Further action not justified	1
2. mould	10	Legal proceedings	3
		Warning letter	1
		Further action not justified	6
3. taste	1	Further action not justified	1
Butter	3	Warning letter	1
		Further action not justified	2
Cheese (maggots)	2	Warning letter	1
		Further action not justified	1
Chestnuts (maggoty)	1	Warning letter	1
Chicken (smell)	1	Further action not justified	1
Chicken pie (composition)	1	Further action not justified	1
Cream (taste)	1	Warning letter	1
Crisps (foreign body)	1	Further action not justified	1
Eggs (1 worm, 1 bad)	2	Further action not justified	2
Extract of malt and cod liver oil	1	Further action not justified	1
Fish (tinned) (crystals)	1	Further action not justified	1
Flour confectionery	7	Legal proceedings	1
		Warning letter	3
		Further action not justified	3
Fruit (foreign body)	1	Further action not justified	1
Fruit (tinned)	1	Further action not justified	1
Fruit juice powder (smell)	1	Further action not justified	1
Fruit and nuts (foreign body)	1	Warning letter	1
Jelly (bitter taste)	1	Further action not justified	1
Jelly crystals (smell and taste)	1	Further action not justified	1
Margarine (foreign object)	1	Legal proceedings	1
Meat	4	Legal proceedings	1
		Further action not justified	3
Meats (cooked)	4	Warning letter	3
		Further action not justified	1
Meat (tinned)	6	Warning letter	2
		Further action not justified	4

Food	No. of complaints	Action taken	
Meat pies	13	Warning letter	7
		Legal proceedings	3
		Further action not justified	3
Milk			
		1. dirty bottle	1
		2. foreign body	5
		Legal proceedings	2
		Warning letter	2
		Further action not justified	1
3. taste	1	Further action not justified	1
Rose Hip Syrup (exploded)	1	Further action not justified	1
Sausages (foreign object)	1	Legal proceedings	1
Sausage rolls	2	Legal proceedings	1
		Warning letter	1
Shrimps (unfit for human consumption)	1	Legal proceedings	1
Sugar confectionery	6	Legal proceedings	1
		Warning letter	5
Vegetables (tinned)	3	Warning letter	2
		Further action not justified	1
Yoghourt (foreign object)	1	Warning letter	1
Sugar (demerara)(dark substance)	1	Further action not justified	1
Cider	1	Further action not justified	1
	110		

Legal proceedings were taken in respect of 14 offences and the results in fines and costs totalled £248. 4s. 0d.

Unsound Food Surrendered or Condemned 1967

	Tons	Cwts	lbs
Meat	1	3	5¼
Cooked meat and meat products	2	-	104
Canned meats	1	10	87¼
Fish	-	3	0¼
Fruit and vegetables	-	1	8
Tinned food other than meat	5	11	46¼
	10	10	28¼

Meat Inspections

Regular slaughtering took place throughout the year at the licensed slaughterhouse and the carcasses of all animals slaughtered were inspected in accordance with the Meat Inspection Regulations.

Summary of Carcasses Inspected 1967

	Horses	Cows	Calves	Sheep and Lambs	Pigs exclud. Sows	Sows	Goats
Number killed	—	—	708	1442	10165	1673	10
Number inspected	—	—	708	1442	10165	1673	10
All Diseases except Tuberculosis							
Whole carcasses condemned	—	—	—	5	19	—	—
Carcasses of which some part or organ was condemned	—	—	3	217	1421	189	1
Percentage of number inspected affected with disease other than tuberculosis	—	—	0.42	15.39	14.16	11.29	10.0
Tuberculosis only							
Whole carcasses condemned	—	—	—	—	1	—	—
Carcasses of which some part of organ was condemned	—	—	—	—	126	35	—
Percentage of number inspected affected with disease other than tuberculosis	—	—	—	—	1.25	2.09	—

Note: No case of cysticercosis was reported during the year

Offices, Shops and Railway Premises Act, 1963

General inspections were made of 217 premises registered under this Act. Although this is a small increase over the number inspected in the previous year, it falls short of our aim and consideration is being given to methods of securing a greater increase in 1968. Although experience has shown that working conditions in offices and shops are reasonably good and the contraventions found are often of a minor character the Department is working toward the complete inspection of all registered premises by the earliest possible date. However, it is our policy that when defects are found there should be follow-up visits to check that these have been remedied and any necessary enforcement procedure taken to this end. It would not be proper or wise to sacrifice this enforcement action in order to secure a greater number of initial inspections.

Notifications were received in accordance with section 48 of the Act of the occurrence of 74 accidents, of which 29 were considered to require investigation. No major contravention was noted but informal warnings and advice were given on 11 occasions, principally in respect of care in the cleaning and use of cutting instruments and in respect of hazards in connection with the storage and handling of goods.

Registrations and General Inspections in 1967

Class of Premises	No. of premises registered during 1967	No. of registered premises at end of year	No. of registered premises receiving a general inspection in 1967
Offices	14	500	59
Retail shops	31	1,270	139
Wholesale shops, warehouses	1	78	6
Catering establishments open to the public, canteens	10	152	12
Fuel storage depots	—	4	1
TOTAL	56	2,004	217

Persons employed in Registered Premises

Class of workplace	No.
Offices	7,073
Retail shops	7,094
Wholesale shops, warehouses	1,532
Catering establishments open to the public	1,135
Canteens	234
Fuel Storage Depots	50
TOTAL	17,118
Males	7,926
Females	9,192

Total number of visits of all kinds by inspectors to premises under the Act — 633

Note: "General inspection means any inspection of premises to which the Act applies which is undertaken for the purpose of ascertaining whether all the relevant provisions of the Act and instruments thereunder are complied with as regards those premises; and "registered premises" means any premises in respect of which a registration notice under section 49 of the Act has been received."

Analysis of contraventions found

Section	Type of Contravention	No. found	Section	Type of Contravention	No. found
4	Cleanliness	4	15	Eating facilities	—
5	Overcrowding	—	16	Floors, passages and stairs	2
6	Temperature	15	17	Fencing exposed parts machinery	—
7	Ventilation	1	18	Protection of young persons from dangerous machinery	—
8	Lighting	1			
9	Sanitary conveniences	7	19	Training of young persons working at dangerous machinery	—
10	Washing facilities	14			
11	Supply of drinking water	1			
12	Clothing accommodation	—	23	Prohibition of heavy work	—
13	Sitting facilities	—	24	First aid general provision	15
14	Seats (sedentary workers)	—	50	No abstract	32
TOTAL					90

Reported Accidents

Workplace	Number reported	Total No. investigated	Prosecution	Formal warning	Informal warning	No Action
Offices	11	5	—	—	1	4
Retail Shops	47	16	—	—	6	10
Wholesale shops, warehouses	11	6	—	—	3	3
Catering establishments open to the public, canteens	4	1	—	—	—	1
Fuel storage depots	1	1	—	—	1	—
TOTALS	74	29	—	—	11	18

	Offices	Retail Shops	Wholesale Shops Warehouses	Catering establishments open to the public, canteens	Fuel Storage Depots
Machinery	—	4	—	—	1
Transport	—	—	2	—	—
Falls of persons	5	5	1	—	—
Stepping or striking against object or person	1	3	—	—	—
Handling goods	3	21	7	3	—
Struck by a falling object	—	—	1	—	—
Use of hand tools	1	13	—	—	—
Not otherwise specified	1	1	—	1	—
TOTALS	11	47	11	4	1

Hairdressers

Section 21 of the Greater London Council (General Powers) Act 1967 enables the Councils of London Boroughs to require the registration of persons carrying on businesses as hairdressers or barbers at premises in the Borough. It was decided by the Haringey Council that the section should come into force in the Borough on the 1st January, 1968.

Byelaws for the proper management of hairdressers and barbers premises made by the former Boroughs of Hornsey and Tottenham continue to apply to those parts of Haringey which formerly constituted those boroughs, but no similar byelaws apply to Wood Green. The Haringey Council accordingly decided to make new byelaws applicable to the whole Borough and to revoke the Hornsey and Tottenham byelaws.

Shops Act 1950-1966

A total of 2,440 shops were inspected during the year. The following contraventions were noted:-

General

Sec.17(2) Assistants weekly half holiday notice not displayed	261
Sec.32(3) Record of hours of employment of young persons not displayed	93
Sec.32(3) Abstract of provisions of employment of young persons not displayed	79

Closing Hours

Sec.2(1) Failed to close at prescribed hour	38
Sec.1(1) Failed to close at 1 p.m. on early closing day	27
Sec.1(2) Failed to exhibit early closing day notice	382
Sec.13(1) Failed to exhibit exempted trade notice	179
Sec.24(1) Employment of young persons beyond permitted hours	3

Sunday Trading

Sec.22(3) Failed to keep record of hours of employment	26
Sec.57 Failed to exhibit Sunday Trading Notice	93

Registered Jewish Traders

Seven Orthodox Jewish Traders were registered under Section 53; no infringements of the conditions were noted.

Legal Proceedings

Two prosecutions were taken in respect of failure to close at the prescribed hour and one in respect of a Sunday trading offence. Fines were imposed totalling £35 and £11.11s. costs.

Street Trading

Street trading is controlled under Part IX of the Middlesex County Council Act 1944. The Council license trading from 33 sites principally in roads off West Green Road, N.15 and the Tottenham and Wood Green High Roads. In addition, 19 small sites on the footpath are licensed to newsvendors in the vicinity of Underground and British Rail stations.

New byelaws for the management of street trading came into force on 1st May, 1967.

The supervision and control of street trading is carried out by the shops inspectors, but the siting of the pitches is a matter upon which the Borough Engineer and the Police are asked to advise because the maintenance of safe and unimpeded traffic conditions is the principal factor to be taken into consideration. Acting on advice from these services the Council decided that wherever possible trading sites should not be on parts of the highway which were subject to "No Waiting" restrictions so as to minimise any interference with the flow of traffic. Certain traders appealed against this decision and the Courts' decision on the appeals is awaited.

One un-licensed street trader who was prosecuted in 1967 was fined £2 with £1.1s. costs.

FACTORIES

The general supervision of factories is the responsibility of H.M. Inspectors of Factories, but this Authority has the duty of enforcing the sanitary accommodation regulations in all factories and is also responsible for the inspection of other environmental conditions in factories without mechanical power.

Premises	No. on Register	No. of Inspections	Written Notices	Occupier Prosecuted
(i) Factories in which sections 1,2,3,4 and 6 are enforced by local authority	101	1	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by local authority	1102	179	3	—
(iii) Other premises in which Section 7 is enforced by local authority (excluding outworkers premises)	10	3	—	—
TOTALS	1213	183	3	—

Summary of defects found in factories

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

Outworkers

Employers of outworkers in certain specified trades are required to make half-yearly returns showing the home addresses of such workers and the class of work upon which they are engaged so that action can be taken to prevent work being undertaken in unwholesome premises, or to stop the spread of infectious disease. However, no action was required in respect of these matters, but the use of power machines in private houses has given rise to complaints from neighbours of noise and vibration and this aspect is dealt with elsewhere in this report (see page 26).

Outworkers	
Making of wearing apparel	338
Household linen	17
Making of curtains and furniture hangings	2
Umbrellas	3
Artificial flowers	11
Cardboard boxes	18
Making of brushes	1
Feather sorting	2
Button carding	33
Christmas crackers	12
	437

RADIOACTIVE SUBSTANCES ACT, 1960

The Council continued to be notified of premises within the Borough where radioactive materials were held and where certificates in respect of their storage and use were issued by the Minister of Housing and Local Government.

Eight visits were made during the year by the Senior Public Health Inspector concerned with this work in connection with notifications received under this Act. One firm, who are concerned with the installation and testing of pipelines, although authorised to hold a large number of radio-isotopes, were found to have only a few held at their premises in Haringey. The large majority of their stocks were found to be distributed throughout the country at various building sites which are covered by the Certificate issued, which relates to "mobile radio-active apparatus". This particular firm hold their own courses to instruct their personnel in the correct and safe methods of handling radioactive materials.

Insufficient security appeared to be maintained at one firm handling a small amount of radioactive material and the Radiochemical Inspectorate were informed and took appropriate action.

CARE OF MOTHERS AND YOUNG CHILDREN

Notification of Births

The following table shows the births notified during the year:-

Live Births	(a) Domiciliary	706
	(b) Hospital or Nursing Home	4,656
Still Births	(c) Domiciliary	—
	(d) Hospital or Nursing Home	58
		<u>5,420</u>

Family Planning

The National Health Service (Family Planning) Act 1967 received the Royal Assent on 28th June 1967 giving local health authorities power to make arrangements for the giving of advice on contraception to persons seeking it. For many years they have been able to provide contraceptive advice to persons who require it on medical grounds free of charge and they are now able to provide it on social grounds, making a charge considered reasonable having regard to the means of the recipient.

Before the Act was passed the department was considering the introduction of a domiciliary family planning service for persons unable to attend clinics and during the year arrangements for this were completed with the Family Planning Association and the scheme was ready for introduction in early 1968. Unfortunately, there were some unfavourable Press comments when the arrangements became known. These inferred that contraceptive advice was to be forced on families in social difficulties and with too many children. But, of course, this was a misinterpretation and the service is only for persons accepting it.

The Council decided to provide family planning services entirely through the agency of the Family Planning Association and discussions have been proceeding in order to implement fully the powers conferred in the Act throughout the Borough. These were not completed at the end of the year. Further sessions were opened, however, in Fortis Green Clinic and at Weston Park Clinic and plans were made to open others in Gordon Road and Burgoyne Road.

Sixty-four cases were referred for family planning advice on medical grounds during the year.

Ante-natal Clinics

There has been a fall in the number of sessions held and in the total number of women who attended during the year. The drop in pressure is most noticeable. In the period of a year the whole picture has changed from one where hospital beds were hard to find, mothers had to travel in ambulances, in labour, to hospitals at a distance from their homes, and in both hospitals and Council clinics ante-natal sessions were crowded and busy, to the present situation where hospital bookings are relatively easy, even allowing the patients some choice and, although hospital clinics are still busy, Council sessions in general are quieter. This is due partly to a reduced birth rate and partly to progress in co-operation and organisation on the part of hospitals, councils and general practitioners.

The attendances during the year are shown in the following table:-

Name of Clinic	Number of sessions held	Total attendances		Average attendance per session
		A.N.	P.N.	
Burgoyne Road	95	1,041	42	11.0
Church Road	64	886	43	14.5
Fortis Green	97	1,292	57	13.9
Weston Park	151	2,007	80	13.8
Mildura Court	64	1,382	47	22.3
Stroud Green	61	870	37	14.8
Chestnuts	102	1,068	83	11.2
Lordship Lane	102	859	63	9.0
Park Lane	104	954	80	9.9
Gordon Road	74	1,011	97	14.9
White Hart Lane	51	429	16	8.7
Total	965	11,799	645	12.8

Midwives Ante-natal Clinics

The following table shows the attendances made during the year:-

Midwives Clinics	Number of sessions held	Total number of attendances	Average attendance per session
Burgoyne Road	8	32	4.0
Weston Park	3	5	1.6
Stroud Green	1	2	2.0
Chestnuts	49	44	0.9
Park Lane	47	104	2.2
Gordon Road	48	140	2.9
Total	156	327	2.1

Cervical Cytology

Clinics were held throughout the year at four centres in the Borough, as shown in the table below:-

Name of Clinic	1st visits	Attendances	Sessions
Gordon Road	120	123	34
Lordship Lane	301	301	71
Weston Park	169	170	20
Mildura Court	338	341	41
Total	928	935	166

At first waiting lists were long and there was a heavy demand for the test. However, as the initial backlog was dealt with the number of applicants gradually fell and towards the end of the year there were occasional weeks when the full number of slides which the laboratories would accept were not sent. Valuable assistance in interesting women in the scheme was given by the Haringey Cancer Control Committee, a voluntary organisation which ran several public meetings where speakers showed slides

and films to explain the purpose of the procedure. A great deal more remains to be done in this field as, at present, only a minority of eligible women are coming forward for the test.

The two positive cases that were found received immediate hospital appointments for investigation and treatment. It is not possible to prove locally that this scheme is reducing cancer of the cervix in the population. This can only be shown on a national scale over a long period of years.

Mothercraft and Relaxation Classes

Associated with the ante-natal clinics the eleven centres offer Mothercraft instruction and exercises to expectant mothers. Towards the latter part of the year an additional session was introduced at the Somerset Road clinic. Although the space facilities at this clinic are very limited it is hoped that it will prove to be worthwhile.

In an informal atmosphere the health visitor in co-operation with the midwife aims to dispel fears and misapprehension by encouraging group participation.

This type of health education is considered to be one of the most important.

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

Clinics	Number of sessions held	Total number of attendances	Average attendance per session
Burgoyne Road	38	118	3.1
Church Road	42	213	5.1
Fortis Green	47	299	6.3
Weston Park	18	165	9.1
Mildura Court	45	158	3.5
Stroud Green	41	332	8.1
Chestnuts	51	387	7.5
Lordship Lane	51	328	6.4
Park Lane	48	270	5.6
White Hart Lane	26	166	6.3
Alexandra Park Road	1	3	3.0
Gordon Road	30	153	5.1
Somerset Road	5	11	2.2
Totals	443	2,603	5.8

Child Health Centres

Baby and toddler clinics have continued to be well attended this year.

The following table gives attendances during the year at infant welfare clinics:-

Name of Clinic	Number of sessions held	Total attendances	Average attendance per session	Number of cases seen by M.O.	Number of cases referred elsewhere
Burgoyne Road	153	7,198	47.0	2,051	15
Church Road	206	4,404	21.3	1,623	21
Fortis Green	103	4,888	46.6	1,877	16
Weston Park	149	7,365	49.4	2,531	37
Mildura Court	104	4,501	43.2	1,534	53
Stroud Green	102	5,122	50.2	1,660	20
Chestnuts	202	7,995	39.5	2,660	94
Lordship Lane	204	6,377	31.5	1,819	35
Park Lane	154	5,130	33.3	1,931	115
Somerset Road	150	3,437	22.9	1,285	54
Alexandra Park	52	2,636	50.6	867	27
Gordon Road	103	5,861	56.9	2,276	38
White Hart Lane	152	6,820	44.8	1,972	16
Totals	1,834	71,734	39.1	24,086	541

The following table gives details of attendances at toddlers clinics:-

Name of Clinic	Number of sessions held	Total attendances	Number of cases seen by M.O.	Average attendance per session
Burgoyne Road	30	661	661	22.0
Church Road	25	372	340	14.8
Fortis Green	51	471	431	9.2
Weston Park	52	818	817	15.7
Mildura Court	50	799	630	15.9
Stroud Green	32	563	480	17.5
Chestnuts	53	841	836	15.8
Lordship Lane	52	845	845	16.2
Park Lane	51	691	691	13.5
Somerset Road	53	691	688	13.0
White Hart Lane	23	321	320	13.9
Total	472	7,073	6,739	14.9

Throughout this branch of public health work there has been increasing interest in the assessment of babies' development and the techniques for doing this have spread steadily during the year. With training and experience it is possible for medical officers to predict a child's capabilities earlier than was usual in the past and where these appear to be abnormal early action may help to give the child better opportunities to reach his best potential.

All children are examined at regular intervals but special attention is given to those whose type of birth or early life suggest that they are liable to have defects.

The following table shows the conditions where special observation is made:-

Analysis of Children on Observation Register

Categories of Observation

Deafness of genetic origin in parents or siblings	40
History of maternal rubella in first four months of pregnancy	8
Gestation 36 weeks or less	181
Birth Weight under 4lbs	21
Moderate or severe birth asphyxia	321
Difficulty in sucking or swallowing	24
Failure to thrive not explained by simple feeding problems	44
Convulsions	4
Cyanotic attacks or severe apnoeic spells	9
Abnormal neurological signs in neonatal period	27
Haemolytic disease of the newborn or hyperbilirubinaemia	160
Any congenital abnormalities	144
Late	85
Late intake	1

Total number of defects on the Observation Register 1,069

Changes were made in the conditions in July 1967 as too many children were added to the list. Since July the following figures apply:-

Number of children born	2,788
Number placed on observation register i.e. 30% approx.	860

This figure is still too high and further reduction is planned. In some conditions there is a particular risk of deafness and as we are fortunate in the Borough to have a fully equipped audiology unit children suffering from these conditions were tested there. 231 children were examined at the audiology unit as well as at the normal child health sessions.

Children placed on the observation register at birth can be removed from it at any time at the discretion of the medical officer. It is usual for most of them to be removed from it by the age of two years or else transferred to a register of handicapped children if a defect is confirmed. An analysis of the register of handicapped children under five is shown in the following table:

Analysis of Children on Handicapped Register

On Handicapped Register from 1966 or earlier	118
Transferred from Observation Register during 1967	16
Added to Handicapped Register during 1967.....late	42
Total number of cases on Handicapped Register	176

Categories of Handicap

Mental Handicap	85
Cerebral Palsy	9
Congenital Cardiac Defects	12
Blind or Partially Sighted	8
Deaf or Partially Deaf	12
Orthopaedic	27
Miscellaneous Defects	29
Total number of Defects	182

Day Nurseries

The demand for day nursery admission shows no sign of diminishing. The waiting list for the special categories who are eligible for admission continue to be extensive with a waiting period of at least 6 months. Short term emergency admission is always arranged.

Babies are not admitted before the age of three months but exceptions need to be made at times, for the mother of school age or the mother suffering from mental illness.

Prospective student nursery nurses are always encouraged to spend time at one of the nurseries, usually during school holidays. This arrangement helps them to decide if nursery nursing is a career they wish to follow.

Requests to work in the day nursery during the long vacation from trainee infant teachers is becoming a new and welcome feature. This kind of arrangement, when vacancies exist, helps to ease the strain on the trained nursery staff at a time when colleagues are on annual leave. In addition it gives opportunities for exchange of knowledge and experience which is of benefit to all concerned.

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

Name of Nursery	Number of approved places at end of year		Number of children on register at end of year		Total number of attendances			Average daily attendance
	Under 2	2-5	Under 2	2-5	Under 2	2-5	Total	
Stonecroft	15	43	13	41	1,912	8,745	10,657	42.0
Park Lane	20	30	8	40	1,775	7,729	9,504	37.4
Plevna	20	30	11	36	2,308	7,170	9,478	37.3
White Hart Lane	10	30	6	30	1,663	6,973	8,636	34.0
Totals	65	133	38	147	7,658	30,617	38,275	150.7

Daily Guardian Scheme

The daily guardian scheme is continuing to provide a satisfactory alternative source of day time care for pre-school children of working mothers. Details of the service for the year are set out below:-

No. of daily guardians on register	175
No. of daily guardians minding children	82
No. of children being minded	107
Total No. of children minded during the year	225
Total No. of days minded	24,605

Private Day Nurseries and Child Minders

The provision made by private individuals for day care of children is required to be registered under the Nurseries and Child Minders Regulation Act 1948. Child minders and day nursery premises are inspected prior to registration and regularly thereafter and they make a valuable addition to facilities for children in the Borough. As in the Council's own nurseries, places in private establishments are eagerly sought and are in short supply. There has been much activity in this field in 1967 with fresh registrations, particularly of play groups.

	Day Nurseries		Child Minders		Play Groups	
	Number	Registered Places	Number	Registered Places	Number	Registered Places
1st January 1967	2	82	13	97	12	301
New Registrations	1	32	3	15	8	180
Discontinued	—	—	2	16	—	—
31st December 1967	3	114	14	96	20	481

Distribution of Welfare Foods

The following table gives details of the distribution of these foods during the year:-

National Dried Milk (tins)	Orange Juice (bottles)	Cod Liver Oil (bottles)	Vit. A & D Tabs. (packets)
18,327	63,914	6,010	4,652

DENTAL CARE FOR THE PRIORITY CLASSES

Reference was made in the report of last year to measures being taken to attract larger numbers of priority class patients, especially pre-school children, and the increase already becoming apparent at that time.

In the year under review, sessions devoted to this part of the dental service were increased by 28.9% and we have at last attained the proportions as between school and priority services recommended by the Ministry of Health.

Expectant and nursing mothers are easily able to make their arrangements for treatment from dental practitioners within the National Health Service and the majority choose to do so, so that the increased treatment we have been able to provide has largely been for the benefit of the pre-school children. These latter have been the most difficult to attract, largely because of lack of appreciation by the parents of the need and importance of treatment at this early age and the difficulty of making the facts known to them. The present improvement is noteworthy and results from the team-work of several different categories of Health Department staff, to whom I record my appreciation.

It is to be regretted that the combined efforts both of our service and the general dental practitioners can only touch the fringe of the problem, and it is to be hoped that the introduction of fluoridation of the public water supplies will not be long delayed for the benefit of future generations.

Apart from the greater time devoted to the priority classes and the resulting greater amount of treatment provided, the general pattern of the service has followed exactly that described in detail in previous reports, so that repetition is unnecessary on this occasion. The statistics for the year are as follows:-



Visit of Mr. Danilor, Deputy Minister of Health of the U.S.S.R. to Plevna Day Nursery, with Chairman and Members of the Health and Welfare Committee

	<u>Expectant and nursing mothers</u>	<u>Pre-school children</u>
Number examined	199	1081
Requiring treatment	197	857
Attendances for treatment	779	2965
Treatments completed	91	647
Number of fillings	366	2466
Teeth filled	345	2193
Number of extractions	182	483
General anaesthetics	20	211
Number of prophylaxes	199	159
Teeth otherwise conserved	—	181
Other operations	352	919
Number of radiographs	40	24
Number of crowns and inlays	3	—
Total number of dentures of all types	62	
Total number of treatment sessions	473	

MIDWIFERY SERVICE

There has been a lower birth rate and a consequent fall in the number of domiciliary births with a drop of 215 in the number of home bookings and of 136 deliveries when compared with 1966.

A total of 706 mothers were delivered at home by midwives and the general practitioner was present for the delivery in 110 cases. 97 mothers who had hoped for a home confinement were transferred to hospital in late pregnancy for various reasons, including postmaturity, mild pre-eclamptic toxæmia, breech presentation, or early in labour where complications had occurred. Of these women 88 were discharged after delivery to the care of the district midwife. Four mothers were delivered at home having had no ante-natal care and no preparations made. This number has decreased most satisfactorily since the catchment areas were organised.

The emergency squad gave assistance on several occasions to patients in labour, and on one to a patient on the 5th day of the puerperium where the patient had a secondary post partum hæmorrhage. All the results were satisfactory and in most cases blood or dextrose were given intravenously. Some of the mothers were transferred to hospital with the flying squad accompanying the patient.

In no instance was there a maternal death when the case was being dealt with by the domiciliary midwives.

A 'night rota' system for midwives night calls continues to be effectively administered by the Whittington Hospital, an average of 50 calls a month were dealt with.

Relaxation classes were started by the Deputy Supervisor of Midwives at Beacon Lodge Mother and Baby Home, Eastern Avenue, N.2. Great interest was shown by the potential mothers, all of whom co-operated in the movements and breathing exercises to their advantage.

The Council's domiciliary midwifery service gives relief to the Beacon Lodge staff for 2 days and 3 nights each week.

Planned Early Discharge

There was a fall in the number of assessments for planned early discharge.

	<u>No. of requests received</u>
Requested by Hospitals in N.W. Met. B.Region	187
Requested by Hospitals in N.E. Met. B.Region	143
Requested by London Teaching Hospital	39
	<u>369</u>
Number Accepted	331
Actual Number attended	287

Selection of cases for hospital confinement for social reasons.

Source of Request	No. of requests received		
	1965	1966	1967
Hospital in N.W. Met. Region	3	39	50
Hospital in N.E. Met. Region	174	267	303
Gen. Prac. Obst.	48	84	97
Local Auth. Clinics	116	267	158
London Teaching Hosp.	—	—	—
Totals	341	657	610

Of the 610 investigated 395 were referred to hospital, 194 booked for home confinement and 21 moved out of the area.

Midwives continue to work in the ante-natal surgeries of 15 general practitioner obstetricians.

Student Midwife Training

Progress was made in training midwives when the Council in co-operation with the Tottenham Hospital Management Committee altered, decorated and furnished the top floor of a former nurses' home in St. Ann's Hospital. The student midwives' hostel was opened on 1.3.67 with 6 students and at the June term was able to accommodate 12 students.

Students are taken from the Alexandra Maternity Home, the North Middlesex Hospital, and the Whittington Hospital, each student being attached to a teaching midwife. There are 4 terms in the year as each district training period is the last 3 months of the one year's midwifery training. Each student has already obtained her S.R.N. There were 47 students trained, 11 are still in training. 43 were successful in obtaining the S.C.M. The remaining 4 were re-sitting the examination in 1968.

HEALTH VISITING SERVICE

Recruitment of experienced members of staff to fill the vacancies within the establishment during the year, again proved to be unsuccessful. This failure of recruitment is a matter of grave concern, especially as four health visitors have reached retirement age, whilst others are approaching the age of retirement.

In spite of the heavy case loads and the day-to-day ever increasing demands made upon health visitors' time, requests for students from other agencies, who are anxious to observe and learn something of the local authority health services are constantly being made and met. In conjunction with the Enfield Technical College, child care officer students spent three days with the health visitors, visiting families and observing the services provided in the clinics. This new venture proved successful and it is anticipated will be repeated in future years. Child care officers and health visitors frequently need to consult and this kind of co-operation during training is of value to both.

Student nurses from the Prince of Wales's and Middlesex Hospitals also spent three days observing the various services provided by the local authority. The student nurse gains an insight into the Personal Health Service and because of this experience may decide to enter the health visiting service in the future. The actual number of visits made by health visitors this year was as shown in the following table:-

Number of visits paid by Health Visitors working in the Borough		
Expectant Mothers	First visits	1524
	Total visits	2351
Children under 1 year of age	First visits	6090
	Total visits	12449
Children aged 1 - 2 years	Total visits	11063
Children aged 2 - 5 years	Total visits	17838
Other cases - Total visits as Health Visitor		2787
- Total visits as School Nurse		103

Student Health Visitors

I am pleased to record that the three students who completed their one year's training in September were successful in obtaining the health visitors certificate. Unfortunately instead of the anticipated four students only two suitable candidates were recruited to commence training in September 1967.

The Council for the Training of Health Visitors recommend that field work instructors should have a case load of 300 families to enable her to have adequate time to instruct, supervise and guide the student. In addition the field work instructor must be available to meet tutors, both at the Training College and clinic to discuss the progress of the student. Due to the shortage of staff it has not been possible to reduce case loads to the recommended number. Four members of the health visiting staff have attended a special course of instruction to qualify as instructors.

CO-ORDINATING COMMITTEE FOR WORK IN CONNECTION WITH PROBLEM FAMILIES

The Chairmanship of the Committee changed by rotation in the first three years of the Council's existence from Medical Officer of Health to Children's Officer and Chief Welfare Officer.

The work of the Committee continued on the lines described in previous reports. Much of the information exchanged is very confidential but a useful degree of trust has been a variety of social workers and so there is now less risk of multiple visiting and more care is taken to ensure that the most suitable agency is left to cope with the problem.

HOME NURSING SERVICE

There was a slight fall in the number of new cases dealt with during the year by the staff who continue to give advice and support as well as nursing treatment in the home.

The number of visits which required attention for a period exceeding one hour increased by about 50% which indicates a rise in the number of very ill patients now being cared for at home.

The two bath attendants, by specializing in their duties, were able to know their patients and so follow a regular timetable. During the year they treated 58 people and in addition carried out treatment for scabies either in the patients' homes or in the Cleansing Centre in Hornsey.

Full time day or night nursing for terminal cancer patients was provided for 23 people by the Marie Curie Memorial Foundation.

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

Injections	848
General Nursing Care	628
Blanket Baths	442
Enemata	163
Dressings	369
Preparation for diagnostic investigation	106
Pessaries changed	26
Washouts douches	54
Other treatment	223
	<u>2,859</u>

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	35	40
5 - 15	24	24
16 - 39	57	276
40 - 64	210	369
65 and over	<u>547</u>	<u>1,273</u>
	<u>873</u>	<u>1,982</u>

Cases attended during the year were referred from the following sources.

G.P.'s	1876
Hospitals	902
Chest Physicians	9
P.H. Dept.	25
Direct	43
	<u>2855</u>

The following table shows the work of the home nurses during the year:-

New cases attended	1956
No. of cases on register at end of the year	776
Total No. of visits made	84618
No. of visits of over one hour duration	2844

The general efficiency of nursing in the home will be improved by the gradual introduction of more sophisticated equipment. Nursing services are improved when such expensive equipment as hoists and special beds are made available and these represent a sound capital investment in labour saving equipment.

The gradual substitution of the traditional sickroom commode by the Elsan type of toilet is a welcome innovation for those whose incapacity restricts them to life in one room.

DOMESTIC HELP SERVICE

The total number of cases provided with home help during the year was 2774. The number of new cases is still increasing and the bulk of the work continues to be among the aged sick, who need permanent help.

The total number of visits made by the Home Help Organiser and her assistants during the year was 5745. Of this number 1491 were in respect of new cases.

The number of home helps in employment at the end of the year was 232 (equivalent to 144 full-time).

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

Cases provided with help during the year	Number of new cases provided with help	Number of old cases for which help was continued from 1966	Total number of cases provided with help	Total Number of cases still being provided with help at end of year
Aged 65 or over at time of first visit during year	737	1610	2347	1691
Aged under 65 on first visit during year				
Chronic sick and tuberculosis	88	145	233	151
Maternity	48	1	49	1
Others	102	43	145	36
Totals	975	1799	2774	1879

Neighbourly Help Service

This service continues to function satisfactorily, but we have not been successful in obtaining the services of many Good Neighbours, and at the end of the year there were only 5 cases being served.

ADVICE CLINICS FOR THE ELDERLY

The two retirement advice clinics in Haringey have functioned regularly throughout the year. The one situated at Woodside House in the Old People's Centre was for a while transferred to the School Clinic at Stuart Villa. The other, which is confined to men of retirement age, was held weekly at Somerset Road Clinic, Tottenham or at Weston Park, Hornsey. On all occasions the clinics were attended by a medical officer assisted by a clinic nurse. Advice is provided on health and dietary matters and medical examinations are carried out as and when the consent of the old people is obtained. A good liaison exists with the Ministry of Labour with regard to obtaining part-time employment for men who have passed retirement age and other agencies for help with social problems or recreational needs and with G.P.s, chiropodists, etc., should any treatment be required. During 1967 there were 25 sessions in Woodside House/Stuart Villa Clinic at which 8 new cases were seen and 184 re-attendances. 34 sessions were held at Somerset Road and Weston Park clinics, 27 cases being new and 106 re-attendances.

SECTION 47, NATIONAL ASSISTANCE ACT, 1948

Although a number of elderly people presented difficult problems, fortunately all were capable of some kind of improvement through the provision of additional services, and it has not been necessary to apply for any compulsory removals.

TUBERCULOSIS REHABILITATION

Rehabilitation Workshops

The number admitted for training during the year under review was 9. During the same period 6 of the trainees became sufficiently competent to be placed on the permanent establishment. This was a very difficult year from the point of view of the workshops' trading. Of the 34 cabinet makers at the workshops, 8 have been assessed by the chest physicians of being capable of working only four hours a day. In some cases, the number of hours worked are reduced as a precautionary measure at the beginning of the winter.

It was found that the amount of orders coming in had fallen off so an illustrated booklet was prepared and distributed to potential customers and I am pleased to be able to report that the volume of orders now being received has materially increased.

Discussions have taken place with representatives from the Ministry of Labour regarding ways of improving the output from the workshops and as a result of advice offered, two additional machines have been installed which have already proved themselves to be a great asset.

The workshops always create a great interest in people connected with treatment of chest and heart diseases and visitors are received from many parts of the world who always express a very keen interest and admiration for the work which is taking place here in Haringey.

Provision of Extra Nourishment for Tubercular Patients

On the recommendation of the Chest Physician, the local authority provides suitable cases with extra nourishment in the form of high protein food such as milk, dairy products and eggs for persons on low income suffering from tuberculosis. During the year there were 7 patients receiving this extra nourishment.

RECUPERATIVE HOLIDAYS

The Council's scheme for recuperative holidays is restricted to those persons who, after illness or operation, would be most likely to derive benefit by two weeks convalescent holiday in a suitable home. However, if medical or nursing care is required then this would become a convalescent holiday and would be arranged through the hospital almoners. It always proves more difficult during the normal holiday season to secure sufficient suitable placements and there is a natural reluctance on the part of some patients to go away on holiday other than during the summer. This creates a problem of a heavy demand in the summer months and under-occupation of some convalescent homes during the winter. The Council this year accepted financial responsibility for 123 persons in recuperative holiday homes. Of this number 114 were adults and 9 under school age. In addition to this 37 applicants for recuperative holidays were not considered eligible under the Council's scheme. 37 children were recommended under Section 48 of the Education Act 1944 of whom 29 were placed in recuperative holiday homes and the remainder either cancelled or withdrew.

MASSAGE AND SPECIAL TREATMENT

During the year there were 26 establishments licensed for massage and special treatment. Applications are made for the renewal of licences annually and the premises are inspected by a Senior Medical Officer. It was not found necessary to cancel or revoke any licences.

CHIROPODY SERVICE

During the year 19 Chiropodists were employed on a part time basis and one full time. Unfortunately due to a motor accident in the early part of the year, the services of the full time chiropodist were lost to the Department.

In all 39 clinic sessions are held each week in various parts of the Borough. During the year a total of 1,705 people received treatment at the Local Authority Clinics, a further 183 in the surgeries of chiropodists and 486 at the British Red Cross Clinics. In addition to these, 1,150 patients have received domiciliary treatment. This form of treatment has shown a marked increase during the past 12 months. In all, 3,525 persons have received chiropody treatment through the Local Authority Service. During the year 552 applications were received from persons requiring clinic appointments and a further 380 for domiciliary treatment. At the end of the year there were 245 patients waiting for re-appointments for clinics and 96 new cases waiting for their first appointment at clinics and 17 for domiciliary treatment.

During the year the Council decided to waive all charges as from 1st April, 1968.

CARE OF UNSUPPORTED MOTHERS AND THEIR BABIES

The care of the unmarried mother and her child is an obligation on a local authority as they belong to one of the groups specially 'at risk'. The child's health is at risk from the time of conception, and later the child's emotional and mental health is at risk because the mother is socially at risk. She often receives little sympathy and help, and people feel that such difficulties as she may meet are of her own seeking.

There may be a decrease in the number of illegitimate births because of the greater knowledge of contraception, but it is likely that there will continue to be a need for help. The demand for Mother and Baby Homes in the Greater London Area has decreased but homes are still needed for special categories. The schoolgirl mother with her dual needs of care and education will almost certainly gain by admission to a special home; many girls in lodgings as well as those with family conflicts still find a mother and baby home a haven. Post-natally the homes provide an opportunity for the mother to care for her child in a place where no one will press her into a decision which she may regret.

For the increasing number who do not seek admission to a mother and baby home there is a need for skilled help, often over a long period. This is particularly true of the mother keeping her baby. Some will need practical help, help with accommodation, equipment to set up a home, and help to obtain care for their baby if they return to work. The shortage of day nursery accommodation may well mean that the mother may live on supplementary benefits rather than embark on precarious arrangements with daily minders and with broken periods of employment if her child is sick. However, such a decision may mean that she both loses skills and becomes isolated. If she is fortunate enough to be with her parents other problems may occur; it is notoriously difficult for two women to share a kitchen, it is often even more difficult to share a baby.

It is still a momentous decision to part with a baby however the mother may have prepared for it. Returning home means for both her and her parents a period of anxiety. The parents may well feel anxious about her new friendships, but the girl herself, though not wanting to hurt her parents, may find a greater need for the companionship of others.

245 cases were referred to the Social Worker during the year. Of these 15 were not interviewed, mainly referral from other agencies in the belief that the mothers might become homeless. A total of 122 were admitted to mother and baby homes during 1967.

The following are relevant details of the 230 to whom help was given:-

<u>Marital Status</u>		<u>Age</u>	
Single	216	Under 16	15
Married with husband	1	16 - 25	181
Married and apart	7	25 - 30	21
Divorced	6	30 - 35	8
		36 and over	5

<u>Countries of Origin</u>		<u>Occupation</u>	
U.K.	147	Students	27
Eire	47	Domestic	23
West Indies	27	Factory	44
Commonwealth	7	Clerical	76
Europe	1	Professional	9
Other	1	Other	51

Of the 230 cases seen for the first time in 1967 arrangements for 56 were incomplete at the end of 1967, but 50 completed 1966 cases are included.

Marriage	14
Baby living with mother who is unmarried	91
Baby in care of voluntary society	1
In care of Children's Department	5
Foster parents	8
Adoption	67
Mother moved away before delivery	20
Mother repatriated	4
Miscarriage	7
Stillbirths	5
Baby died	1
Not pregnant	1

STAFF MEDICAL ASSESSMENTS, EXAMINATIONS AND SICK PAY REPORTS

There was little change in the number of combined medical assessments during the year 1967 as compared with 1966. A slightly increased proportion of the new applicants were medically examined in 1967, 25% as compared with 22.5% in 1966.

There was an increase in the number of sick pay reports from 109 in 1966 to 130 in 1967.

Medical Assessment of new applicants without medical examination

Architect's Department	13
Baths Department	4
Catering Department	10
Cemeteries Department	7
Children's Department	56
Cleansing Department	3
Education Department	797
Engineer's Department	48
Building Works Department	6
Entertainments Department	2
Health Department	127
Housing Department	18
Libraries Department	48
Parks Department	4
Town Clerk's Department	73
Town Planning Department	13
Treasurer's Department	30
Welfare Department	50
Tottenham Technical College	55
Hornsey College of Art	26
	<hr/>
	1,390

Medical Examination of New Applicants

Cemeteries Department	5
Children's Department	7
Cleansing Department	1
Health Department	6
Housing Department	1
Libraries Department	3
Town Clerk's Department	1
Treasurer's Department	4
Welfare Department	1
Tottenham Technical College	1
	<hr/>
	30
Education Department	
Non-Teaching	40
1st Appointment Teachers	164
Teacher Trainees	195
Hornsey College of Art (end of term teachers)	46
	<hr/>
	445
Total of examinations	475
Reports on Sick Pay Cases	130
Medical Examination of Sick Pay Cases	21
Medical Examination of Staff over 70 years of age	2

HEALTH EDUCATION

Health Education in Schools

Talks to groups of 13 to 15 year old girls were given in the first half of the year by a school nurse. When she left the Borough, a health visitor continued the series. Programmes are arranged to combine sex education, personal relationships and hygiene, together with child development. With this type of syllabus such subjects as venereal disease and drugs are introduced naturally.

The Health Education Officer assists by providing audio-visual aids etc. and up-to-date information on health matters. School teachers, students and pupils request such information and material especially in connection with projects for the Certificate of Secondary Education.

School medical officers are attached to specific schools, and have been requested to talk on health problems to the pupils. It is hoped that the demand for such talks will increase. At one school a doctor regularly sits in on the sixth form discussions on health topics.

Lectures have also been given to All Saints Teacher Training College on the School Health Service.

The Duke of Edinburgh Award Scheme continues to run in the Borough, and requests from schools and youth organisations for staff to teach and examine on such subjects as first aid, mothercraft and personal health are met. This involves talks after schools hours and in the evenings.

Health education to other establishments and outside organisations

The health education section assists and gives support to other sections and personnel in the Department where health education is concerned, especially when display material and health education publicity are employed.

The section co-ordinated closely with the mental health staff during Mental Health Week, providing the publicity material and organising the exhibition on mental health mentioned in greater detail in that section's report. Later the exhibition was broken up into smaller displays and exhibited in the foyer of Tottenham Town Hall and some of the larger health centres.

A programme on healthy living, commenced last year, was continued at the Authority's Mother and Baby Home. This is a useful and worthwhile channel of communication.

Speakers were requested and provided for various outside organisations. Co-operation continues with a voluntary organisation concerned with cervical cytology, providing speakers, audio-visual aids, leaflets and other publicity material. Advanced first-aid lectures were given to the Red Cross, and lectures on childbirth to St. John's ambulance drivers.

Visual Aids

Two useful leaflets concerning deaf children and their parents were produced by the health education section in co-operation with Dr. Fisch of the audiology unit. These were printed by the Libraries Department. Other authorities have shown interest in the leaflets and are purchasing these from the Borough.

The Section has produced a set of slides on the various services provided by the Health Department; these are extensively used for trainees in the Borough and pupil midwives.

In the latter part of the year the Health Education Officer was seconded to do a special course of Advanced Study in Content and Method of Health Education at the Institute of Education, London University. In her absence her assistant took over the day-to-day running of the section.

MENTAL HEALTH SERVICES

Psychiatric services have continued to develop in the Borough, with extended out-patients clinics and facilities at the North Middlesex Hospital, the Prince of Wales's Hospital and a small in-patient unit at St. Ann's Hospital. These additional services facilitate keeping the patients in the area in which they live when they become ill. Access by the patient to out-patient departments for psychiatric medicine is therefore much easier and advice can be more readily sought, and it, of course, means that families can visit their relations more conveniently and with less expense when the unit is actually in the Borough. Dr. Seidel, Principal Medical Officer for Mental Health is attached to these three hospitals in the capacity of Assistant Physician in Psychiatric Medicine.

Publications

A detailed edition by Dr. U.P. Seidel of Mental Subnormality in Childhood was published in the International Journal of Social Psychiatry Volume 13 No. 1 1966/67.

The Social Workers

The establishment consists of a Chief Mental Welfare Officer, a Deputy Chief Mental Welfare Officer, two Senior Mental Welfare Officers and six Mental Welfare Officers. During the year there was again a good deal of staff movement. Two of the Mental Welfare Officers were seconded to the training course for a period of two years, one by this Authority and one by the Authority in whose area he lives. The volume of work increases, this is due not so much to increased incidence, but to recognition of the value of the Community Care Service.

Psychiatric Rehabilitation Day Centre

The Psychiatric Rehabilitation Association's Day Centre at Mitchley Road has proved most successful during the year, providing not only relief from isolation for selective patients, but also a climate conducive to rehabilitation which assists patients to return to normal employment. At the end of the year there were 20 Haringey patients attending this Centre. Through the efforts of the organisers a number of patients have successfully returned to take up their places in the community and have returned to full employment.

The Psychiatric Rehabilitation Association has had links with Haringey Mental Health Section for some time prior to this project in Tottenham. Before the Centre at Mitchley Road was started a number of Haringey patients attended one or other of the P.R.A. Day Centres in East London. Arising out of the success of these placements and in close association with the Department, the P.R.A. were encouraged to open a Day Centre at Mitchley Road in September 1966, and at the time of preparing this report there were 34 patients on the register of whom 26 are residents of Haringey. The importance of the Centre and the need it fulfils is evident by the great demand for places at the Centre; even in the most inclement weather the patients make the effort to attend. Including those currently attending, 73 Haringey residents have been referred since the Centre opened of whom 21 returned to employment, 12 were re-admitted to psychiatric hospitals, one was admitted to general hospital, 7 stopped attending, 3 attendances discontinued at the organiser's request, 2 were referred to P.R.A. Industrial Unit and one moved to another area, a total of 47.

The Work: Whilst work is the basis for the group interaction it is not the main purpose of the centre. The objective is to enable patients in a group situation to interact constructively with each other and thereby regain self confidence to participate effectively in normal society.

The availability of appropriate work is governed by the amount of space available, and this in turn is affected by the availability of transport. Notwithstanding these difficulties the work situation is improving due to the recent appointment of a P.R.A. Contracts Organiser and a cultivated relationship with local industrialists.

The Future: Day Centres are a means by which chronic patients can be helped towards greater self-expression and are a preparation for more realistic work situations. From experience, it is unlikely that the majority of participants will be able to return to full-time employment without the availability of additional rehabilitative situations.

In this connection, the next stage after the Day Centre must be more demanding but nevertheless sheltered work situation like the P.R.A. Industrial Education Unit at Bethnal Green, and special sheltered employment in industry, similar to the P.R.A. recent experiment at Maynards in Haringey.

The diagnosis and severity of illness of individual patients also varies greatly. The average period of stay at the Centre of those returning to full-time employment was just under five months.

Selection for attendance at the Centre has, hitherto, been left largely to the discretion of the Mental Health Section and the P.R.A. Selection on this basis has usually been more successful than those referred through other sources. Of the few patients that we were able to follow up who were re-admitted to hospital, there were usually domestic difficulties. This inevitably led to the patient refusing to co-operate in the taking of medication and therefore resulted in the return of the symptoms. The few patients who were found unsuitable for the Centre were either violent or too disruptive and, therefore, diminished the benefit of attendance for the majority.

The expenses of the Day Centre at Mitchley Road are shared with Enfield on a per capita basis. During the period January to December 1967 the 73 places mentioned above represented 2,610 attendances. Those attending can take advantage of the other P.R.A. facilities, for instance, some have moved on to the Industrial Educational Unit at Bethnal Green and five of the patients lived at the residential centre, Nicholas House. Four of the members took part in the group holiday at Margate and nine joined in a day trip to France.

The P.R.A. Evening Centre, meets at the Lutheran Church Hall, Antill Road and has proved a valuable function in the rehabilitation of the patient or ex-patient at work. The high standard of the groupwork and the success already evident emphasises the need for the Health Department to establish a workshop of our own for the mentally ill as allowed for in the 10 year plan. The Association together with the University of Surrey is currently studying the incidence of mental illness in North London with a view to revealing its geographical distribution and sociological factors prevailing. This will no doubt reveal some interesting material for the further development of the mental health services within the Borough.

Mental Health Social Work

The local catchment hospitals which take patients from the Borough have a Mental Welfare Officer Representative attend hospital staff and patient group meetings. This provides a close liaison between the Mental Health Section and the hospital service and creates the co-ordinating link necessary to ensure that the patients receive the optimum support from this Department. We are fortunate that the hospitals which serve this area allow complete access to in-patients so that these necessary links for continuity of care in the relationship between the patient and the social worker can be maintained. Mental welfare officers attend regular case conferences in the hospitals. These conferences are attended by the hospital doctors, nurses, social workers, and students from many other disciplines.

Mental Health Year

This was an eventful year being the middle one of the three-year programme organised by the National Association for Mental Health to publicise the need of the mentally disordered for greater tolerance, understanding and acceptance, with special reference to the community, to remind everyone how necessary it is to try and appreciate the difficulties experienced by those who have had a spell in hospital, or under treatment, and for us all to play our part in smoothing the path of rehabilitation. Haringey's contribution to Mental Health Week was marked by articles in the Press by Dr. Orton and in the local papers by their own correspondents. A poster competition was organised and very well supported, and very many interesting entries were submitted. Prizes were awarded to the winners by the Mayor, Alderman Gellay. The main feature of the week was a Symposium on Mental Health held in the Council Chamber at the Civic Centre. Councillor C.D. Moss the Chairman of the Health and Welfare Committee gave a preliminary introductory talk to the meeting. Mr. David Hobman, Director of the Social Work Advisory Service, took the chair. The speakers were Dr. Moran, Consultant Psychiatrist, Claybury Hospital; Dr. Bruce, Consultant Psychiatrist, Friern Hospital; Dr. Shapiro, Physician Superintendent, Harperbury Hospital; Mr. John Wilder, Director of the Psychiatric Rehabilitation Association; Mrs. Joan Meigh representing the Samaritans; Mr. Phillips of the National Society for Mentally Handicapped Children and Miss J. Sherlock of the National Institute of Social Work Training, each of whom spoke on their own organisation's role in the mental health field. This was followed by lively, thoughtful questions from the audience and gave rise to some very interesting discussion. Throughout the entire week an exhibition on mental health was open to the public in the foyer of the Civic Centre. This showed the various facets of the work being done. The stand supplied by the Borough Architect on which plans and models of current projects were displayed created an immense amount of interest. There was a display of handiwork contributed by the mentally ill and the mentally subnormal. The winning posters were also on display. The week ended with a garden fete in aid of the Haringey East Society for Mentally Handicapped Children in the grounds of the Civic Centre. This was attended by the Mayor and Mayoress who awarded prizes donated by the Society for the best handicraft entries submitted by handicapped children. Many of the Borough Council's members and staff and general public attended the function. As a result of these activities in connection with Mental Health Year there have been offers of help from people in connection with existing and future services, and a number of volunteers are now assisting in mental health community care especially in the social clubs and allied projects. One grammar school in particular has followed up a number of ideas for voluntary help in the mental health field.

Re-organisation of Hospital Board Facilities

There has been a re-organisation by the North West Metropolitan Regional Hospital Board of the facilities to be provided by Friern Hospital, New Southgate, N.11. This hospital covers the Hornsey and Wood Green part of the Borough. Under the new arrangements, one psychiatric team at the hospital take over in-patient and out-patient treatment for the Borough residents. This is particularly welcome as it is hoped that this will secure a consequent improvement in the overall service and continuity of care in the service we give.

SERVICES FOR THE MENTALLY ILL

Boarding out Scheme

During the year inquiries have been pursued as to the most efficient way of running a boarding out scheme for patients recently recovered from mental illness or suffering from mental handicap. A discussion took place with the Borough's Housing Manager to clarify the position of any Council tenants who wish to participate in this scheme and health visitors and old people's welfare workers were circulated about this scheme. Advertisements were placed in the five local papers and posters displayed

throughout the Borough asking for potential landladies to come and discuss the scheme with the Health Department staff. A similar scheme has been run in the London Borough of Croydon for some time and advice was obtained from that Borough and from other Boroughs that have had experience in running such schemes. A limited response was received to the advertisements but so far no patients have been placed with landladies. Financial restrictions have hindered the development of this scheme but it is hoped to implement it more fully in the future. On 31 December 1967 21 Haringey patients were living in hostels run by other local authorities or voluntary organisations.

Psychiatric Social Clubs

The Oakleaf Club (Psychiatric Social Club) at Ferme Park Baptist Church holds regular meetings on a Monday night. These are always well attended. The Psychiatric Rehabilitation Association have now opened their own club for patients on Tuesday evenings at the Lutheran Church Hall, Tottenham, N.15. Membership of both clubs continues to expand and as their approach is different the appeal is therefore wider.

Services for the Mentally Subnormal

The Hornsey Centre for Handicapped Children continues to provide facilities for handicapped children. During the year the number of children that could be accepted there for two days per week was increased to thirty. The Principal Medical Officer who provides medical care for these children while they are at the Centre, reports that except in the cases of the severely affected mental and physically handicapped children, marked improvements have been brought about in the habits and behaviour of these youngsters.

Hostels for the Mentally Subnormal

Work commenced this year on the conversion of Linden House, 10 Linden Road as a hostel for sixteen adult male subnormals. This hostel is due to open in March 1968.

Adult Training Centre

The Hamilton Hogben Adult Training Centre is due to open in 1968. This will provide training facilities for eighty subnormals both male and female. Work on this establishment commenced in June of this year. The Centre will soon include a laundry and workshop facilities, domestic training, and further education. The Manager, Mr. Green, was appointed on 1 November 1967. At the present time the London Borough of Enfield is providing placements for trainees from this Borough at the Edmonton Adult Training Centre. On 31 December 1967 there were 67 in attendance and 20 on the waiting list. There are also children suitable for transfer to the Adult Training Centre attending the Junior Training Schools at Friern Barnet and Waverley Road, Enfield.

Junior Training Schools

As set out in my last year's report, a site has been secured on the Broadwater Farm Estate, Tottenham, for a proposed Junior Training School and work should commence during the financial year 1968/9. Plans have been submitted to the Ministry of Health and have been accepted with certain slight modifications.

Holiday Camp for Mentally Subnormal Children

Again this Authority undertook to arrange a holiday camp at Suntrap Residential School, Hayling Island for mentally handicapped children. This year forty-three children attended compared with thirty-two last year. The children enjoyed a very good holiday if one can judge from favourable comments of the parents on the return of the children. We should count ourselves extremely fortunate to have this eminently suitable establishment belonging to this Authority and I should like to thank the Chief Education Officer and Miss Stout, the Headmistress of the School, and all her staff for all they did again this year to make the holiday so successful. Unfortunately, due to the additional work involved in the setting up and opening of new establishments in the early part of 1968 it will, regrettably be impossible for this Authority to make the necessary arrangements for next year's camp. However, the Enfield Health Department have indicated that next year they will be prepared to organise a camp on similar lines at St. Mary's Bay, Dymchurch.

Psychogeriatric Day Centre

The search for suitable accommodation for this project has at last met with success. Various properties have been looked at with a view to establishing the pilot scheme and it will now be possible with the co-operation of the Wood Green Old People's Welfare Committee to start such a scheme at Woodside House with a small unit catering for twelve psychogeriatric patients. It is hoped that this club for the senior citizens who are, or have been, mentally ill will be opened in April 1968.

Residential Accommodation for Longterm Subnormal Patients

35 patients were maintained by this Authority in residential homes during the year, the greater number of whom are placed in the Brighton and Hove area where they are boarded out by the Guardianship Society in private households. It has not been necessary for this Authority to make any compulsory Guardianship placements; indeed, none has been made since the formation of the Borough.

Social Clubs for the Mentally Handicapped

The three clubs catering for mentally subnormal children are still very active. The "Roundabout Club" has now settled into its new meeting place at the Hornsey Centre for Handicapped Children as has the Golden Gate Club in their new premises at Lancastrian School. The "Doddy" Club for the Educationally Subnormal Children has been accepting members of the subnormal range.

Hospital Placements for the Mentally Subnormal

Difficulties have again been experienced in the placing of mentally subnormal persons for permanent care in the Catchment Area Hospitals. It was only possible for 1 placement at South Ockendon. 6 placements were obtained at Harperbury Hospital. It will be seen from the tables set out below that there were 9 persons in need of hospital care and a further 29 who, although in need of hospital placements, were not considered to be so urgent.

This has been a year of great activity in the Mental Health field, work having commenced on the Adult Training Centre, Hostel for Adult Subnormal Working Males, the finding of suitable accommodation for Psychogeriatric Day Centre, the initial preparations of work for our Junior Training School, a year in which we justifiably look back on the progress we have made but we must also look forward with challenge to the future as the needs for mental health within the community will increase to grow as the policy of keeping people at home rather than in hospital becomes more widely accepted.

Number of patients referred to Local Health Authority during year ended 31st December, 1967

Referred by	Mentally Ill					Sub-normal and severely sub-normal				
	Under age 16		Aged 16 and over		Total	Under age 16		Aged 16 and over		Total
	M	F	M	F		M	F	M	F	
General Practitioners	—	—	59	109	168	—	1	—	1	2
Hospitals, on discharge from in-patient treatment	—	—	25	77	102	—	1	—	1	2
Hospitals, after or during out-patient or day treatment	1	—	38	46	85	5	3	1	1	10
Local education authorities	—	—	—	—	—	4	1	1	1	7
Police and Courts	—	—	15	19	34	—	—	—	—	—
Other sources	2	6	98	192	298	19	20	3	—	42
TOTALS	3	6	235	443	687	28	26	5	4	63

**Number of Patients under Local Health Authority
care at 31st December, 1967**

Referred by	Mentally ill					Sub-normal and severely sub-normal				
	Under age 16		Aged 16 and over		Total	Under age 16		Aged 16 and over		Total
	M	F	M	F		M	F	M	F	
1. Total number	—	1	60	180	241	68	64	199	181	512
2. Attending workshops/occupation training centres	—	—	—	—	—	37	38	50	40	165
3. Awaiting entry to workshops/occupation training centres	—	—	1	—	1	28	24	8	13	73
4. Receiving home training	—	—	—	—	—	—	—	—	—	—
5. Awaiting home training	—	—	—	—	—	—	—	—	—	—
6. Resident in L.A. Home/hostel	—	—	1	2	3	—	—	—	—	—
7. Awaiting residence in L.A. home/hostel	—	—	—	—	—	—	—	24	—	24
8. Resident at L.A. expense in other homes/hostels	—	—	8	10	18	—	4	8	7	19
9. Resident at L.A. expense by boarding out in private household	—	—	—	—	—	—	1	5	10	16
10. Attending day hospitals	—	—	—	—	—	—	—	—	—	—
11. Receiving home visits and not included in lines 2-10	a) suitable to attend a training centre									
	—	—	—	—	—	—	—	—	—	—
	b) others									
	—	1	50	168	219	4	4	104	111	223

**Number of Patients awaiting entry to hospital or
admitted for temporary care during 1967**

	Sub-normal or severely sub-normal				Total
	Under age 16		Aged 16 and over		
	M	F	M	F	
Number of patients in L.H.A. area on waiting list for admission to hospital as at 31.12.67					
a) in urgent need of hospital care	1	5	2	1	9
b) not in urgent need of hospital care	9	6	8	6	29
c) Total	10	11	10	7	38
Number of admissions for temporary residential care (e.g. to relieve the family)					
a) to N.H.S. Hospitals	11	7	10	5	33
b) to L.A. residential accommodation	—	—	—	—	—
c) Elsewhere	4	1	—	1	6
d) Total	15	8	10	6	39

Work of Mental Welfare Officers

(a) Mental Illness

Visits made by mental welfare officers	5,841
Compulsory admissions to psychiatric hospitals by mental welfare officers	166
Informal admissions to psychiatric hospitals by mental welfare officers	133

(b) Mental subnormality

Visits to those under community care by mental welfare officers	2,083
-----------------------------------------------------------------	-------

- * Alderman Mrs. A.F. Remington (Chairman, Education Committee)
- ** Councillor Mrs. Brenda S. Remington, B.A. (Vice-Chairman, Education Committee)
- * Alderman D.S.W. Bullingdale (Chairman, Special Services Sub-Committee)
- Alderman J. Watkins
- Councillor Mrs. L.A. Angel
- Councillor Victor Butler
- Councillor Douglas Clark
- Councillor Mrs. D. ...
- Councillor Mrs. P.M. Dines
- * Councillor D.J. Ding (Vice-Chairman, Special Services Sub-Committee)
- * Councillor D.L. Greenway, M.I.C.M.
- Councillor V.W. Jary
- * Councillor Bryan D. Lipson, B.M.
- Councillor Frank Lloyd, J.P.
- Councillor Brian James McBride
- * Councillor Mrs. Naomi S. Mahesh, B.A.
- * Councillor Peter R. Nigby, J.P.
- Councillor R.L. Roper
- Councillor M. Skelton, B.Sc., F.S.S., J.P.
- Councillor L.A. Vitaja

SCHOOL HEALTH SERVICE

Co-opted Members

- Rev. R.J. Avera
- * Rev. J. Brian ...
- Mr. H.R. Chapman
- Mr. J.S. Dingleton, B.A.
- Mr. E.H. Foxcott
- Mrs. J. Goodwin, B.A., Ph.D.
- Mr. D.A.T. Williams

**REPORT OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR
1967**

- * *Members of the Special Services Sub-Committee*
- ** *Ex-officio members of the Special Services Sub-Committee*

PRINCIPAL SCHOOL HEALTH STAFF

J.L. Paxon, M.B., Ch.B., D.P.H.
Medical Officer of Health and Principal School Medical Officer

B.T. Dron, M.B., B.Ch., B.A.O., D.P.H.
Deputy Medical Officer of Health and Deputy Principal School Medical Officer

Mary Douglas, M.B., Ch.B., D.P.H.
Principal Medical Officer (School Health)

G.C.H. Kram, L.D.S., R.C.S.
Chief Dental Officer and Principal School Dental Officer

EDUCATION COMMITTEE – 1967/68

- **Alderman Mrs. A.F. Remington (Chairman, Education Committee)
- **Councillor Mrs. Brenda S. Remington, B.A., (Vice-Chairman, Education Committee)
- * Alderman D.F.W. Billingsley (Chairman, Special Services Sub-Committee)
- Alderman J. Watkins
- Councillor Mrs. L.A. Angell
- Councillor Victor Butler
- Councillor Douglas Clark
- Councillor Mrs. D. Cunningham, J.P.
- Councillor Mrs. P.M. Dines
- * Councillor D.J. Ding (Vice-Chairman, Special Services Sub-Committee)
- * Councillor B.L. Greenway, M.I.C.M.
- Councillor V.N. Jary
- * Councillor Bryan D. Lipson, LL.M.
- Councillor Frank Lloyd, J.P.
- Councillor Brian James McBride
- * Councillor Mrs. Naomi E. McIntosh, B.A.
- * Councillor Peter P. Rigby, J.P.
- Councillor R.L. Singer
- Councillor M. Skudder, B.Sc., F.S.S., J.P.
- Councillor L.A. Vitoria

Co-opted Members

- Rev. R.J. Avent
- * Rev. J. Brian Campbell, L.C.L.
- Mr. H.R. Cheetham
- Mr. J.G. Elkington, B.A.
- Mr. E.H. Fawcett
- Mrs. J. Sondheimer, M.A., Ph.D.
- Mr. D.A.T. Williams

		Physical Condition of Pupils Inspected	
		Unsatisfactory	Number
* Members of the Special Services Sub-Committee			
**Ex-officio members of the Special Services Sub-Committee			
1963 & later	25	1	4.0
1962	175	1	0.6
1961	175	1	0.6
1960	175	1	0.6
1959	175	1	0.6
1958	175	1	0.6
1957	175	1	0.6
1956	175	1	0.6
1955	175	1	0.6
1954	175	1	0.6
1953 & earlier	2,075	8	0.4
Total	3,225	16	0.5

PRINCIPAL SCHOOL HEALTH STAFF

J.L. Patton, M.B., Ch.B., D.P.H.

Medical Officer of Health and Principal School Medical Officer

W.T. Orton, M.B., B.Ch., B.A.O., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer

Mary Douglas, M.B., Ch.B., D.P.H.

Principal Medical Officer (School Health)

G.C.H. Kramer, L.D.S., R.C.S.

Chief Dental Officer and Principal School Dental Officer

To: The Worshipful The Mayor, Aldermen and Councillors of Haringey

I have the honour to present the third Annual Report of the School Health Service for the year 1967.

The advances of medicine and surgery, especially with organ transplants, have been immense, but would it not be better to check our own state of maintenance before we start looking for spare parts?

In former days our ill-health was attributed to witchcraft or acts of God or the Devil. In due course we learned about the germ theory of disease and how to prevent it, but today much of our ill-health is due to defects in our own behaviour. The heavy toll of traffic accidents, lung cancer caused by the cigarette, obesity caused by over-eating, coronary thrombosis due to the sedentary life spent before the T.V. screen or in cars, and above all the new threat of unknown magnitude from the increasing pace of drug addiction.

We should be concerned about the frequent allegations of drug taking amongst "pop" singers who are so often the objects of hero worship by the young and who, like the Pied Piper of Hamelin, may lead them to unknown disaster. Their youthful hero-worshippers have a life time before them and a national tradition to maintain. I can see nothing in the recent history of the marijuana, cannabis or hashish smoking nations which suggests that it is in our interests to join them in that habit.

Even if cannabis smoking is to be tolerated in adults, we should not allow children to learn the habit in school, and therefore in the interests of the normal healthy children in our schools, a child who is still at school but who is over compulsory school age and who boasts about taking drugs or if found to be doing so, should be asked to leave, and a child under 15 who is dependent on drugs should be removed to the disciplined environment of a residential school.

The more permissive will argue that severe measures will drive the problem under ground. It is my contention, however, that drug addiction should be driven under ground, where it properly belongs, and it should not be encouraged to establish itself on the stage of society for all to contemplate.

I am grateful for the support of the members of the Committee and for the enthusiasm and interest of the staff, and especially to Dr. Mary C. Douglas, for the part they have played during the past year.

J.L. PATTON,
Principal School Medical Officer.

SCHOOL HEALTH SERVICE

School Population

The school population for the Borough on the 18th January 1968 was 34,391, as shown in the following table:-

Primary Schools and Nursery Classes	20,654
Nursery Schools	241
Secondary Comprehensive Schools	11,579
Secondary Modern Schools	1,215
Secondary Grammar Schools	394
Special Schools:	
Vale Road School for Physically Handicapped	88
Blanche Nevile School for the Deaf (including classes for partially hearing)	129
Suntrap Residential Open-air School)	91
	34,391

Medical Inspections in Schools

Medical examinations in schools are at present under reorganisation which, it is hoped, will be completed by September, 1969. As from the school year commencing on that date there will be a full medical examination of each child on school entry and during the child's last year at school, with examination by selection in the last year in the primary school. Selection for examination at this age will be made by a school medical officer as a result of answers to questionnaires sent to the parents and after consultation with the head teachers of the schools concerned. This will lead to a fuller account of the individual child's health and needs being passed on to the head teachers of comprehensive schools.

During the year at the invitation of the Head Teacher of Drayton Comprehensive School a new idea was explored with a view to establishing closer and more continuous links between the school health service and the school. It is proposed that a school medical officer should visit the school each week on a regular afternoon during term time to carry out medical examinations and to be available to give advice to pastoral heads on particular problems. The school is fortunate in obtaining the services of a distinguished authority on the problems of young people.

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	%
1963 & later	235	235	100	—	—
1962	1,708	1,706	99.9	2	0.1
1961	2,449	2,444	99.8	5	0.2
1960	1,505	1,503	99.9	2	0.1
1959	1,766	1,764	99.9	2	0.1
1958	1,082	1,082	100	—	—
1957	399	399	100	—	—
1956	218	218	100	—	—
1955	1,117	1,114	99.7	3	0.3
1954	669	667	99.7	2	0.3
1953	175	175	100	—	—
1952 & earlier	2,635	2,631	99.9	4	0.1
Total	13,958	13,938	99.86	20	0.14

In the Appendix to this report will be found an analysis of the defects found to require treatment or observation.

Other Medical Inspections

The following are the numbers of special inspections and re-inspections carried out during 1967. A special inspection is one which is carried out at the special request of a parent, doctor, nurse or teacher, and is usually carried out at a school advice clinic.

Number of special inspections	3170
Number of re-inspections	1658

An analysis of the defects found at special inspections to require treatment or observation will be found in the Appendix to this report.

Medical Treatment

In the Appendix to this report details are given of treatment (excluding uncleanliness and dental defects) of pupils attending maintained primary and secondary schools (including nursery and special schools), whether provided direct by the Council or arranged through other agencies.

School Advice Clinics

These clinics, which have replaced the former minor ailment clinics, continued throughout the year to deal with the follow-up of defects found at routine medical inspections together with some minor ailments and parental problems. It is hoped to develop the work at these clinics further in order to make a selective approach to certain population groups.

Ophthalmic Clinics

There are three school ophthalmic clinics held in the Borough and 7¼ sessions are held each week.

At Lordship Lane Clinic, an orthoptist is employed for nine sessions a week at the Clinic and on the remaining session each week visits Vale Road school for Physically Handicapped Children. We were long unable to obtain the services of an orthoptist for the Hornsey and Wood Green areas, but we look forward to providing a more comprehensive ophthalmic service in these districts in future.

Dr. T.G. Kletz, Consulting Ophthalmologist at Lordship Lane Clinic, reports:-

"The work in this clinic continues to be the investigation and correction of refractive errors, muscle imbalances and squints. Continued investigation of the incidence of myopia and the further ethnic survey has confirmed the high incidence of myopia, in some cases very high myopia, in very young children of certain immigrant groups. The results so far show that most of the ethnic groups have a much higher incidence of myopia than the Anglo-Saxon.

The incidence of very high myopia, especially in the very young children, is most marked in the West Indian group, there being cases of over 10D of myopia and even 15D in children of three years of age.

The survey is being continued during 1968."

Mr. E.M.G. Galton, Consulting Ophthalmologist at Stuart Villa Clinic, reports:-

"During the year 200 new cases were seen of which 114 were under five years old.

New and old cases accounted for 1403 attendances.

101 pairs of glasses were ordered during the year.

It is gratifying to note the proportion of 'under fives' who were referred as it has always been the aim to get cases at as early an age as possible."

Dr. R. Peswani, Consulting Ophthalmologist at Weston Park Clinic, reports:-

"The ophthalmic clinic at Weston Park continued during 1967, as in the previous year, with two weekly sessions. The attendances have been very satisfying as the following figures will show:-

Year	Sessions	Total Attendances		New Cases	
		Under 5 years	Over 5 years	Under 5 years	Over 5 years
1966	75	116	980	48	182
1967	97	158	1,275	66	226

The work as before has been correction of refractive error and investigation of unilateral amblyopia, muscle imbalances and squints. A very large number of children under five years of age brought in as convergent squint were found to have uni- or bilateral epicanthus and no true squint. We are lucky to have appointed an orthoptist recently and it is hoped that from January 1968 most of the cases of muscle imbalance and squint will be investigated and treated at the clinic."

Medical Services at Vale Road School for Physically Handicapped Children

The Cerebral Palsy Unit associated with the School is a centre to which mothers are referred for advice and children for treatment, as soon as a diagnosis of cerebral palsy has been made. Dr. William Dunham, the consultant in charge of the Unit, attends once a week and a full time cerebral palsy therapist gives treatment to these children under his direction. A speech therapist and an educational psychologist are available to give advice and treatment in suitable cases.

A medical officer attends at the school twice a week and there is also a full time school nurse, and a full time physiotherapist who is in constant touch with the hospital consultants concerned.

Once again I am grateful to Mr. A.J. Ives, the headmaster of the school and his staff for their continued co-operation with the medical staff.

Of the seven new cases seen at the Cerebral Palsy Unit during 1967, three were Haringey children and four were from the London Borough of Enfield. Three of these children were under five years of age and four over five. The recommendations made in respect of new cases were as follows:-

Recommended admission to Vale Road Special School.	6
Referred for further investigation of intellectual ability.	1

Orthopaedic Clinics

There are two orthopaedic clinics in the Borough, at each of which fortnightly sessions are held. I am indebted to Mr. E.H. Hambly, consulting orthopaedic surgeon to Lordship Lane Clinic, for the following report:-

"The Orthopaedic Clinics have been well attended during the last year. The number of new cases in the year was 347, and the total attendances were 911.

The Clinic is fortunate in having excellent administrative help and physiotherapy is still under the excellent charge of Mrs. N. Allardice. This is particularly important as we have such considerable numbers of teenage boys and girls who have poor posture which is partly due to very rapid growth as they are all likely to be taller than their parents. I am very encouraged by the superb responses from the boys and girls and their parents to these exercises.

Our liaison with Mr. Ives and his staff at the Vale Road Physically Handicapped School is as close as ever and Miss Marcus, the physiotherapist, exerts great efforts in dealing with the wide and numerous cases of progressive muscular atrophy.

All the operations arising from patients seen in these clinics are performed by me at the Prince of Wales's Hospital and include such operations as triple arthrodesis, elongation of tendo-Achilles and leg shortening of the good leg in cases where anterior poliomyelitis has resulted in shortening of the affected leg."

Dr. E.G.M. Palser, consultant in orthopaedic and traumatic surgery to the Weston Park Orthopaedic Clinic, reports:-

"During the year attendances were as follows -

Number of new cases seen:-

<i>Under 5 years of age</i>	<i>201</i>
<i>Over 5 years of age</i>	<i>173</i>
<i>Total</i>	<i>374</i>

Total attendances:-

<i>Under 5 years of age</i>	<i>380</i>
<i>Over 5 years of age</i>	<i>330</i>
<i>Total</i>	<i>710</i>

Number of cases attended for treatment by the physiotherapist:-

	<u><i>Old cases</i></u>	<u><i>New cases</i></u>	<u><i>Total</i></u>
<i>Under 5 years of age</i>	<i>140</i>	<i>44</i>	<i>184</i>
<i>Over 5 years of age</i>	<i>430</i>	<i>110</i>	<i>540</i>
<i>Totals</i>	<i>570</i>	<i>154</i>	<i>724</i>

The clinic continues to deal with children mostly under the age of 12 who are sent by the Medical Officer of Health at an early age and do not usually require treatment up to school leaving age. A small number of traumatic cases and a small number of cases requiring surgical treatment have been seen."

Ear, Nose and Throat Clinics

There are three ear, nose and throat clinics in the Borough, at two of which weekly sessions are held, and at the other monthly sessions.

Mr. W. McKenzie, Consultant to the Ear, Nose and Throat Clinic, Park Lane, reports:-

"The incidence of chronic suppurative otitis media has shown a striking fall and we seldom see a case of chronic discharging ears nor do we see untreated otitis media. Perforations of the drum have also become scarce and all this must be considered to be a tribute to the improved standard of living in Tottenham. We have a steady number of children referred for removal of tonsils and adenoids and we also have some cases of middle ear deafness. There is no doubt about the value of the sweep audiograms in schools and the only difficulty I have at the Park Lane Clinic or at the Prince of Wales's Hospital is when I see a child who attends a school outside the audiometrician's service."

When the North West Regional Hospital Board suspended the School Ear, Nose and Throat Clinics in Hornsey and Wood Green early in 1968, we had reason to regret not only the cessation of a valuable service to the children of this Borough but also the termination of the employment of Dr. F.P.M. Clarke, who has nobly fulfilled this responsibility for over a quarter of a century.

Dr. Clarke belongs to an older school in the treatment of ear, nose and throat conditions, one in which precise diagnosis and conservative treatment hold pride of place. Proetz nasal displacement, zinc ionisation, diastolization, etc. continued to be used in his clinic with highly satisfactory results. Events may well show that an approach such as this, requiring skill and careful technique but avoiding the more spectacular methods commonly used nowadays, is of greater benefit in the long run.

But for us the closing of these clinics signals the end of a long and happy relationship, and we wish Dr. Clarke many years in which to enjoy his well-earned retirement.

Audiology Unit

The Audiology Unit is held within the precincts of Blanche Nevile School for the Deaf, and there is a close co-operation between the medical and teaching staff. Four sessions are held each week, and the Unit continues to serve the whole of the London Borough of Haringey, and also the London Boroughs of Enfield and (part of) Barnet.

Dr. L. Fisch, Consultant Otologist, reports:-

"No major change occurred during the past year. We managed to keep the waiting list down and there was some improvement.

Regular meetings with our parents of pre-school children were held throughout the year. These meetings are very important as part of parent guidance. We tried as much as possible to place our pre-school deaf children into normal day nurseries or play groups. Excellent co-operation has been obtained from the staff of these nurseries.

Members of the staff in our area attended a day conference on "The deaf child in a normal nursery", which was held at Heston. Our peripatetic teachers and many matrons and other staff from various day nurseries made an important contribution during the discussion.

We find that there is an increasing number of children who have additional difficulties, apart from deafness. This is creating serious problems concerning placement of these children with multiple handicaps. In several cases we had great difficulty in finding satisfactory placing.

The number of young children who require home training and parent guidance has increased. Also the number of more difficult children, with additional problems, is increasing and we found that an additional peripatetic teacher of the deaf was required to cover this work.

Research: We are conducting an investigation on screening tests for babies by recorded test sounds. This investigation is supported by the Medical Research Council and the special equipment which was built for this purpose is used by Dr. Golder during her screening clinic for infants. Good co-operation with the School for the Deaf and the Partially Hearing Units continued. When a recommendation is made for admission of a child either to a school for the deaf or one of the classes for partially hearing children, this is discussed in detail with the Headmaster and a suitable time for admission is arranged.

Dr. Udall continued to co-operate closely with our clinic and his contact with St. Bartholomew's Hospital is a very useful one. Several of our patients had special X-rays (by tomography) carried out at St. Bartholomew's Hospital and Dr. Udall is conducting an investigation into the various syndromes connected with deafness with the help of tomography.

Our new premises which were added proved to be very useful. There are still some urgent needs as regards additions to the building. One of the most important is an observation room, with facilities for one-way observation. Also a larger waiting room is urgently required and a covered passage from the clinic into the audiometry clinic."

The following is an analysis of the cases seen during 1967:-

Number of cases seen:-

Age	-1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16-	Total
New cases in year	244	17	20	37	42	31	27	7	9	11	11	6	4	3	1	1	1	472
Cases brought forward from previous year	5	27	28	25	43	34	22	27	28	20	33	17	27	16	8	15	10	385
Re-examinations of old and new cases	8	9	19	15	22	15	9	4	5	5	7	7	5	2	-	-	1	133

Total attendances 990

Pre-school children 536

Attending Infant and Junior Schools 225

Attending Senior Schools 96

Reason for referral among New cases:-

For diagnosis 183

Known to be deaf, examination before admission to Blanche Nevile School 15

Immigrants to Borough known to be deaf 5

Partially-hearing, advice as to placement 3

Auditory training 6

"At risk" 243

Transfer from hospital out-patients departments 11

Advice as to placement where deafness might be the cause of backwardness 6

Total 472

66 of the above referrals were from other London Boroughs.

Children with hearing defects attending ordinary schools and partially-hearing pre-school children

Arrangements are made for the regular supervision of these children, many of whom wear hearing aids. For this purpose there are two full-time and one part-time peripatetic teachers of the deaf who work in close co-operation with Dr. Fisch, covering the London Borough of Haringey and the area outside Haringey served by the Audiology Unit. The peripatetic teachers also pay regular visits to pre-school age deaf and partially-hearing children in their homes or day nurseries for supervision and training.

Audiometry

Routine audiometric testing of school children is carried out by three full-time trained audiometricians, the third of whom commenced duties towards the end of the year. The audiometricians now combine vision screening in schools with audiometric duties.

Children who are due for medical inspection in school have a hearing test beforehand and the audiographs of those who fail are made available to the school medical officer at the time of inspection so that he or she can discuss the hearing-loss with the head teacher and follow-up with any further investigation necessary. During school holidays special sessions are held at school clinics at which an audiometrician is present with the medical officer. The standards for passing audiometry are set purposely high, and of the 368 children who failed first routine tests in 1967, a very high proportion were found to respond to simple measures or not to need treatment. The percentage of children who fail 'special' tests was high, because these children had either been referred specially because deafness was suspected or were already under treatment.

It is hoped that in future audiometry as well as vision screening will be carried out in schools every two years independently of school medical inspections, and children who fail these screening tests will be referred for further investigation.

Tables below give the numbers and results of audiometry tests during 1967:-

Audiometer Tests – Routine

Age Group	1st Tests sweep or gramophone (1)	Re-tests (2)	Failures				% of Column 1 (7)
			both ears (3)	one ear		Total (6)	
				right (4)	left (5)		
Up to 7 years	2233	102	67	30	30	127	5.6
Intermediate	4406	175	108	45	72	225	5.1
Leavers	201	23	12	2	2	16	7.9
Totals	6840	300	187	77	104	368	5.3

Audiometer Tests – Specials

Age	1st Tests (1)	Re-tests (2)	Failures				% of Column 1 (7)
			both ears (3)	one ear		Total (6)	
				right (4)	left (5)		
Under 5	—	—	—	—	—	—	—
5	18	12	5	2	2	9	50.0
6	32	19	10	5	8	23	71.8
7	21	18	6	—	8	14	66.6
8	22	17	8	4	6	18	81.8
9	19	14	8	4	4	16	84.2
10	7	6	5	—	1	6	85.7
11	8	10	3	2	1	6	75.0
12	4	5	3	1	—	4	100.0
13	8	4	4	1	—	5	62.5
14	5	3	—	1	1	2	40.0
Over 14	7	2	—	—	1	1	14.2
Totals	151	110	52	20	32	104	68.8

SCHOOL DENTAL SERVICE

The Principal School Dental Officer reports for the year 1967 as follows:-

The general pattern of the dental service as detailed in the reports of the two previous years has been maintained.

Any direct comparison of the numbers of items of treatment set out at the end of this report with those of the previous years must be made taking full account of the fact that the number of treatment sessions was 670 fewer than in 1966 and 883 less than in 1965. Further explanation of this will be found later, but it is worthy of note that the 'productivity' of sessions again showed an advance.

Inspection and Treatment

The number of pupils on the school rolls on 31st December was 34391, just 22 more than in 1966.

Routine dental inspections in schools occupied 211 sessions, as a result of which 18089 were inspected for the first time in the year, and a further 3759 were first inspected in the clinics. Together these total 21848, which is 63.5% of the total possible and is virtually the same as in the previous year.

An additional 2880 were re-examined either at school or in clinics after having been inspected or treated earlier in the year.

Of the total of 24728 first or re-examined, treatment was required by 15367 or 62.5%. This was exactly the same percentage as in the year 1965 and was higher than in 1966, when it seems likely that the percentage was lowered by the inspection in their due turn of a high proportion of schools with a better standard of dental health.

The deplorably high incidence of dental decay is unlikely ever to be reduced to manageable proportions without the introduction of fluoridation, for which the Council have expressed their approval but which can not be implemented while contrary views are held in a minority of other places.

Sessions devoted to treatment numbered 3132, during which total attendances were 26491 with a further 5131 appointments not kept. This latter figure was almost the same as in the previous year when a large reduction had been achieved from the introduction of a new system with that end in view, and appears to confirm the value of the change as a continuing benefit and not merely by chance in its first year of operation.

It will be seen from the table at the end of this report that the large numbers of teeth filled — both permanent and temporary — and the even larger numbers of separate fillings done, heavily outweigh the numbers extracted, and that these latter are predominantly temporary teeth. Of the permanent teeth removed as unsavable, a pleasingly small total for so many patients treated in the year, a high proportion were for children recently resident in the Borough and mostly from other countries.

Staffing (as at 31st December, 1967)

(The details which follow apply to the whole of the Council's dental staff, although this report is of the school dental service to which we devote approximately 88% of our time. The balance is used for the priority classes reported upon elsewhere).

We have again been fortunate in maintaining a relatively stable staffing position although, when recruitment to the public dental service has become more difficult than for some years past, there have been delays in filling posts which became vacant.

Part of the reduction of sessions worked, as referred to in the opening paragraphs of this report resulted from this fact, and there have been occasions when one or more surgeries have been lying idle for some weeks before suitable appointments could be made. A further loss of sessions resulted from the lengthy illness of a dental officer who, it was hoped, would eventually return to duty.

The greatest single loss of sessions as compared with the previous year resulted from our part-time orthodontist leaving England in the middle of January and our inability to find a replacement for the whole remainder of the year.

The report for 1966 made reference to the difficulties of the orthodontic service already becoming apparent in the face of increasing demand and expressed misgivings for the future, and the forecast was borne out by events. Our one orthodontist could not possibly cope with the demand, so that waiting lists for this form of treatment have become very long.

Fortunately, a decision of the Council late in the year should now make it possible to fill the vacant post, so that the future again looks encouraging.

Premises and Equipment

Progress has been made towards the high standard of decoration and cleanliness appropriate to premises in which operative procedures are carried out and, together with work due to be done in the first three months of 1968, we should be beyond criticism in this respect. The resulting good impression made upon the children and parents who attend the clinic makes for better appreciation of the quality of the service available and encourages acceptance of very necessary, but not always popular, treatment.

Our facilities and equipment are of a high standard and, although one must be realistic and not over ambitious when items are costly, we have been able to keep up to date in this respect.

Investigation of Dental Service

Following the full-scale routine investigation made by a dental officer of the Department of Education and Science and Ministry of Health in 1966, resulting in the highly successful report referred to last year, the same dental officer made a shorter and less formal visit early in 1967.

Mr. Potter expressed himself as being well satisfied with the findings and no official communication from the Department and Ministry was received.

Details are given of the main items of treatment as follows:-

Dental Inspections and Treatment

Pupils first inspected at school	...	...	...	...	...	...	...	18,089
Pupils first inspected at clinic	...	...	...	...	...	...	...	3,759
Pupils re-inspected	...	...	...	...	...	...	...	2,880
Number found to require treatment	...	...	...	...	...	...	...	15,367
Number of fillings								
Permanent teeth	...	...	...	...	...	...	...	13,318
Temporary teeth	...	...	...	...	...	...	...	9,286
Number of teeth filled								
Permanent teeth	...	...	...	...	...	...	...	11,612
Temporary teeth	...	...	...	...	...	...	...	8,525
Extractions								
Permanent teeth unsavable	...	...	...	...	...	...	...	418
Permanent teeth orthodontia	...	...	...	...	...	...	...	227
Temporary teeth	...	...	...	...	...	...	...	3,623
General anaesthetics	...	...	...	...	...	...	...	1,347
Number of dentures supplied	...	...	...	...	...	...	...	21
Number of crowns and inlays	...	...	...	...	...	...	...	24
Number of teeth root filled	...	...	...	...	...	...	...	18
Number of prophylaxes	...	...	...	...	...	...	...	1,804
Number of teeth otherwise conserved	...	...	...	...	...	...	...	626
Other operations	....	...	...	...	...	...	...	5,087

Orthodontic Treatment

Cases remaining from previous year	...	...	...	...	...	...	...	208
New cases commenced during year	...	...	...	...	...	...	...	82
Number of appliances fitted								
Removable	...	...	...	...	...	...	...	255
Fixed	...	...	...	...	...	...	...	15
Number of impressions, adjustments etc.	...	...	...	...	...	...	...	2,859
Number of radiographs	...	...	...	...	...	...	...	2,534

Appointments and Sessions

Attendances for treatment	...	...	...	...	...	...	...	26,491
Appointments not kept	...	...	...	...	...	...	...	5,131
Number of half-day sessions devoted to								
Inspections in schools	...	...	...	...	...	...	...	211
Treatment	...	...	...	...	...	...	...	3,132

Child Guidance Service

The Borough is served by two Child Guidance Centres — at Lordship Lane, Tottenham and at Tetherdown, Muswell Hill. Dr. Nina Meyer is consultant psychiatrist and medical director at Lordship Lane, and Dr. K.A. Graf at Tetherdown. Miss Gwen Kidgell is senior educational psychologist with overall responsibility for the administration of the child guidance and school psychological services. The staff of the service also includes two full-time and one part-time educational psychologists, three part-time psychotherapists, four part-time psychiatric social workers, two part-time social workers and six clerical assistants who between them work the equivalent hours of five full-time officers. Dr. Meyer reports as follows on the work at Lordship Lane:-

"How to make the best use of the resources available for help for the disturbed child has been the chief concern of this Clinic during the past year. Perhaps because of increasing awareness of disturbance and its consequences, and the beneficial results of timely help, the number of referrals have increased greatly — the present average is 4 — 5 a week, over 200 new referrals a year. From 1st January 1968 to 29th February 1968, 54 cases have been referred compared with 35 in the same period of 1967.

Preventive psychiatry as with all preventive medicine is, we feel, the most economic way of using our resources. The Clinic therefore, is tending to the approach of the Child Health Department and is dealing with childhood disturbance from birth to school leaving age, giving priority to the very young child. We hope in this way to modify patterns of disturbed reaction between mother and child before they are firmly established.

Much malaise of the young infant stems from the mother's disturbance, of which depression is a frequent feature. To give help to the mother together with suggestions for the well being of her infant is often dramatically rewarding. Managing the anxieties of the very young mother is another rewarding measure. Two such mothers referred to the Clinic were under fourteen. Early discussion when making decisions for these girls might have been helpful in averting the later disturbance for which they were eventually referred.

With the aim of using early psychiatric help to the greatest advantage, discussion groups this year have included Health Visitors, Nursery Matrons and Assistant Medical Officers. For the first time it is proposed to include a group of School Welfare Officers, since enlarging the scope of school welfare has been found to be a great help in averting delinquency and school refusal.

The end result of such interactions at home and at school can be seen in the frequent gravity of the problems with which older children are referred for psychiatric help — attempted suicide (3), exclusion from school for dangerous violence (5), inability to go out of the house because of intense fear of the outside world (4), truanting (6).

Together with preventive work aimed at the emotional aspects of disturbance, there has been in this Clinic an increasing awareness of the part played by unrecognised physical causes in many symptoms referred to the Psychiatrist; for example, pica, the eating of abnormal substances — dirt, sand or grit, has been frequently found associated with anaemia, behaviour problems in epileptic children have on occasion responded to change in medication which has affected metabolism. A child referred for hysterical symptoms was found to be suffering from hypoglycemia; abdominal pain with no organic cause, has responded to a non-purgative regime aimed at dealing with constipation. The agreement of the Hospital Management Committee to prescribing by the present writer has been of great assistance.

The enthusiastic co-operation of co-workers in the field of Child Health, Child Care Officers, Probation Officers, School Welfare Officers, Nursery Matrons, Health Visitors, and our own Assistant Medical Officers, has greatly helped us; our team continues unchanged in personnel, but matured by another year of rich clinical experience."

Dr. Graf reports as follows on the year's work at Tetherdown:-

"This is my third report as Medical Director of the Tetherdown Child Guidance Centre, which was established at the time of the reorganisation of the London Boroughs. We can justly claim that this was a further year full of activity for the team of experts who have been co-operating and pooling their experience in the interest of the referred children and their parents and elders. The problems on which we are consulted are becoming increasingly more complex. The old pattern of family cohesion and parental authority has been loosened and modified by contemporary social trends, the increasing influence

of the mass media and the prosperity and tolerated independence of youth, who also challenge established codes and question traditions. Broken homes, irresponsible or mentally disturbed parents, housing shortage, communication difficulties between the generations, prejudices associated with migration, the reorganisation of education and lack of private or public funds can create difficulties for children, who will vent their feelings and express their insecurity through behaviour problems in home or school. These difficulties lead to their referral to our Clinic, but they are not always easily treated by the traditional child guidance methods because we have no control over social factors and the shortcomings of the responsible adults. It is for this reason, more than ever before, necessary for all referring parties to consider the competence of a child guidance clinic and not to expect a quick solution of problems which are produced by factors which can be dealt with more appropriately by other social agencies. Child Guidance is a highly specialised service which diagnoses and treats emotional disturbances of children who are creating problems in the family or at school. While many behaviour problems are caused by emotional maladjustment, not every difficult child is disturbed, and even when psychological factors are clearly operating in the causation of problems they are not always amenable to treatment. As I have tried to show in my report to you last year, I consider that the child is influenced in his behaviour by so many factors that only very careful investigation by several experts in different spheres of competence will be able to arrive at a reliable diagnosis. It is for this reason that our investigations seem to take a long time and our waiting lists are long. It occurs that referring bodies get impatient at the slowness of our procedure and the production of results. However, shortcut methods have been tried and were found to be unreliable, if not actually dangerous, because it must not be forgotten that the mental constitution of children is sensitive and highly delicate. It also happens that children are not usually referred to us before other well established methods of handling have been unsuccessfully tried. Added to this difficulty there is a perpetual shortage of staff which is not only caused by the limitations of public funds, but even more due to the extreme care that is necessary in selecting staff for appointment at the clinic, as certain minimal requirements of training and personality are essential and the second best will not do for children.

The Child Psychiatrist (and his locum) saw 108 new cases and 15 reviews. He saw four children more regularly for treatment, while many more were seen at weekly intervals or more often by the psychotherapists who provide fairly intensive and deeper therapy. Apart from seeing the children and parents who were referred to us from the usual sources, as described in more detail previously, we spent some time in discussion of cases in interviews with Child Care Officers, Probation Officers, Wardens of Children's Homes and other experts in child and community care".

Rheumatism Supervisory Centre

The Rheumatism Supervisory Centre is held at the Prince of Wales's Hospital under the direction of Dr. I.M. Anderson, consultant paediatrician, with the close co-operation of the Health Department. One session is held each week.

Originally the clinic was set up to deal with children suffering from acute rheumatism and its after-effects, but its scope has widened to include the investigation of symptomless heart murmurs and cases of congenital heart disease.

Dr. Anderson has supplied the following details of the year's work:-

"During 1967 there were no new recorded cases of rheumatic fever.

There were thirty-two new cases of cardiac murmurs referred from Welfare Clinics and General Practitioners. These cases are classified as follows -

<i>Patent Ductus Arteriosus</i>	<i>2</i>
<i>Aortic lesions</i>	<i>4</i>
<i>Ventricular septal defects</i>	<i>2</i>
<i>Auricular septal defects</i>	<i>5</i>
<i>Mitral stenosis</i>	<i>1</i>
<i>Innocent murmurs</i>	<i>18</i>
<i>Total</i>	<i><u>32</u></i>

Of these thirty-two new cases, twenty-six are from the Borough of Haringey - eighteen male and eight female. Six came from other areas - two male and four female.

Three cases have been transferred to the Westminster Hospital to attend Dr. Anderson's Cardiac Clinic there for full investigation.

Two patients have been discharged (innocent murmurs no longer audible)".

Speech Therapy

Miss J.D. Came, Senior Therapist, reports:-

"One part-time therapist resigned in June. A full-time therapist was appointed in September. The appointment of a fourth part-time therapist in February 1968 makes 31 sessions now available. This represents a considerable improvement on the previous year.

More treatment sessions were undertaken in 1967, and school visiting was resumed. This is much appreciated by school staff who, in turn, offer invaluable help.

An increasing number of children of immigrants is seen. In such children it is important to differentiate a true language disorder from normal lack of skill in language acquisition.

Stammering has been frequently found in children with histories of long separation from their parents, and language retardation is not unusual in children left with disinterested "minders".

It has finally proved possible to start the pioneer project at Muswell Hill Training Centre for Handicapped Children. It is hoped much will be learnt about the development of communication skills in the mentally handicapped or cerebral palsied child."

Milk In Schools Scheme

Number of pupils supplied with 1/3rd pints of milk on an average day in the Autumn Term, 1967.

<u>Maintained Schools</u>	<u>No. Present</u>	<u>No. Taking Milk</u>
Infant & Nursery	7,755	7,735
Junior Schools	11,271	10,505
Secondary Schools	12,996	6,644
Total	<u>32,022</u>	<u>24,884</u>
<u>Non-Maintained Schools</u>		
Independent Schools	2,641	2,362

School Meals were served at 104 schools or departments

Meals consumed by pupils on an average day in the Autumn Term, 1967.

	No. Present	No. taking Paid Meals	No. taking Free Meals	Total
Infant & Nursery	7,755	5,468	352	5,820
Junior Schools	11,271	8,196	610	8,806
Secondary	12,996	8,683	486	9,169
Total	<u>32,022</u>	<u>22,347</u>	<u>1,448</u>	<u>23,795</u>

Total number of meals prepared during year ended 31st December 1967, 4,677,700. (Including staff meals).

Tuberculosis

Prevention of Tuberculosis by B.C.G. vaccination.

B.C.G. vaccination is offered to all school children over thirteen years. No further education students took advantage of the opportunity to have B.C.G. vaccination during the year.

The following table gives details of B.C.G. vaccinations carried out by the Council during 1967:-

	School Children	
	Number	%
Parents approached	2,961	
Parents accepted	2,449	82.7
Number skin tested	2,313	
Number found positive	257	11.1
Number found negative	1,958	84.7
Number failed to attend for Mantoux reading	98	4.2
Number vaccinated (% of those approached)	1,958	66.1

Cases of Tuberculosis occurring in Teachers or Pupils

When a member of staff or pupil at any school in the Borough is found to be suffering from tuberculosis, investigations into all school contacts are undertaken where these are necessary under the supervision of the chest physician. A case of tuberculosis is not necessarily infectious, but where it is steps are taken by a skin test and X-rays to determine whether any contacts are affected.

During 1967 one investigation at a school was carried out. Children in five classes affected were skin tested; 106 tests were carried out in all and one child with a positive reaction was referred to the chest physician for further investigation.

Infective Hepatitis

An outbreak of infective hepatitis during the year enabled an experiment to be conducted in the usefulness of gamma globulin as a means of ending the outbreak. This investigation was carried out under the direction of the Public Health Laboratories at Colindale. Gamma globulin was offered to all members of the teaching staff and was given to the children born on odd dates in the four classes concerned - children born on even dates being used as "controls". All children with gastro-enteric symptoms were excluded from school for at least a week. No child given gamma globulin subsequently developed infective hepatitis. The height of the outbreak occurred in February and following the administration of gamma globulin the infection at the school died out by the Easter vacation. Details of the outbreak are as follows:-

Number of cases	16 children, 3 adults
Number given gamma globulin	76 children, 18 staff, 57 controls

Uncleanliness and Verminous Conditions

Regular hygiene inspections of schools are carried out by school nurses. While verminous heads are now rather the exception than the rule, careful watch is kept to prevent the spread of infection. The following details are submitted concerning hygiene inspections carried out in 1967:-

Number of individual examinations of pupils in schools by school nurses	62,051
Number of individual pupils found to be infested	190

Ringworm of the scalp

During the year 19 cases occurred sporadically in six schools throughout the Borough and, in conjunction with the Department of Mycology at St. John's Hospital for Diseases of the Skin, screening by Wood's Light was immediately undertaken of all children in the affected school in order to exclude contact cases. All doubtful cases were referred to the consultant dermatologist at the Prince of Wales's Hospital for further investigation.

Verrucas

During the year a special clinic was set up at Weston Park Medical Centre to deal with intractable cases. The medical officer who conducts the clinic has made a study of plantar warts in school children under the supervision of the consultant dermatologist at the Prince of Wales's Hospital. Where necessary, diathermy under local anaesthetic is carried out. The object of this special clinic is to provide treatment which is usually only available at hospital out-patient departments where waiting lists are long. Children will therefore obtain treatment more quickly and will be absent from school for shorter periods.

The carrying out of physical education in bare feet is still a matter of controversy. At the moment one of the school medical officers is carrying out a controlled survey in four schools in the Borough in an attempt to decide the relative merits of bare feet versus gym shoes.

Handicapped Pupils

The Education Act 1944 places on local education authorities the duty of ascertaining handicapped pupils in their areas and of providing special educational treatment for such children. Though it is the duty of the local authority to ascertain these children from the age of two years, it is often desirable, especially in the case of blind, deaf or cerebral palsied children, that the defect be discovered before this age, so that steps may be taken to help the child to develop as normally as possible despite his handicap.

The School Health Service and Handicapped Pupils Regulations 1959 defined the various categories of handicapped pupils as follows:-

Blind	Epileptic
Partially Sighted	Maladjusted
Deaf	Physically Handicapped
Partially Hearing	Delicate
Educationally Subnormal	Children suffering from speech defects

Pupils handicapped by severe blindness or deafness are normally educated in special schools.

Special educational treatment may be provided for other categories in an ordinary school with special consideration appropriate to the disability. Where this is not appropriate arrangements are made for handicapped children to attend day or residential special schools.

There are increasing numbers of handicapped children with more than one disability who do not fall clearly in one category. There is increasing need for facilities to assess the needs of these children and to supply the appropriate education and treatment. An example is the physically handicapped deaf child.

Home tuition may be arranged on a temporary or permanent basis for children unsuitable for education at school.

The following table shows the number of pupils newly ascertained as handicapped, and newly placed in special schools during the year, and the distribution of ascertained handicapped children on 18th January 1968:-

Category	Newly ascertained during the year	Newly placed in special schools during the year	Total number of ascertained handicapped children on 18th January 1968
Blind	1	1	1
Partially Sighted	2	2	2
Deaf	3	3	3
Partially Hearing	4	4	4
Educationally Subnormal	5	5	5
Epileptic	6	6	6
Maladjusted	7	7	7
Physically Handicapped	8	8	8
Delicate	9	9	9
Children suffering from speech defects	10	10	10
Total	45	45	45

RETURN OF ASCERTAINED HANDICAPPED PUPILS REQUIRING SPECIAL EDUCATIONAL FACILITIES

CATEGORY	IN THE CALENDAR YEAR				DISTRIBUTION ON 18TH JANUARY 1968																			
	Number newly ascertained as requiring education in a Special School (other than hospital Special Schools)		Number newly placed in Special Schools (other than hospital Special Schools)		Number on register of -										Number requiring places in Special Schools		Number on register of hospital Special Schools		Number being educated at home under arrangements made under Sec.56 Education Act 1944		Total			
					Maintained Special Schools		Non-maintained Special Schools		Independent Schools															
	Day	Boarding	Day	Boarding	Day	Boarding	Day	Boarding			Day	Boarding												
	Boys	Girls	Boys	Girls	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G		
Blind Pupils	1	—	2	—	—	—	3	1	—	—	3	—	—	1	—	—	—	—	—	—	—	—	6	2
Partially Sighted Pupils	3	2	2	1	7	3	—	—	—	—	1	2	—	—	3	1	—	—	—	—	—	—	11	6
Deaf Pupils	—	4	1	1	6	10	2	—	—	—	2	3	—	—	1	—	—	—	—	—	—	—	10	14
Partially Hearing Pupils	2	3	1	5	9	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	15
Physically Handicapped Pupils	13	6	13	4	33	23	1	—	—	—	5	3	—	—	3	2	—	—	—	—	—	—	42	28
Delicate Pupils	12	12	9	5	15	19	13	8	—	—	2	—	1	—	1	1	—	—	—	—	—	—	32	28
Maladjusted Pupils	18	4	16	4	—	—	9	—	—	—	23	7	12	2	1	—	5	1	—	—	1	—	51	10
Educationally Subnormal Pupils	42	25	31	19	112	67	7	4	3	1	3	2	1	—	23	13	—	1	—	—	—	—	149	88
Epileptic Pupils	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	2	—
Pupils with Speech Defects	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	91	57	75	39	182	137	35	13	3	1	40	17	14	3	30	18	6	2	1	—	1	—	312	191
Grand Totals	148		114		319		48		4		57		17		48		8		1		1		503	

Special School Provision

(a) Day Special Schools

There are two day special schools in the Borough – Vale Road School for Physically Handicapped Children, and the Blanche Nevile School for the Deaf. Units for partially hearing children at Devonshire Hill Infants, Risley Avenue Junior and Drayton Comprehensive Schools are attached to the Blanche Nevile School. The children at these units need special teaching because of their hearing difficulty but are otherwise fully integrated with ordinary school life.

Of the 88 children on the roll at Vale Road Special School 54 were Haringey children and 34 children from other boroughs. Of the 129 children on the roll at Blanche Nevile School (including the partially hearing units), 40 were Haringey children and 89 from other boroughs.

Day special school facilities for children in other categories have to be sought outside the Borough. It is a matter of some concern that places must be sought for educationally subnormal children at either Durants School or Oaktree School in Enfield or Oak Lodge School, Finchley. At present there are 42 Haringey children at Durants, 41 at Oaktree and 80 at Oak Lodge. There are 36 Haringey children at present on the waiting list for admission to these schools. There is thus an acute shortage of places available for children ascertained as educationally subnormal and an urgent need for educational provision for these children within the Borough.

The other categories of handicapped pupils requiring day special schooling are placed mainly in the following schools outside the Borough:-

Partially sighted	Joseph Clarke School, Walthamstow or New River School, Islington
Delicate	Hazelbury Open Air School, Edmonton

(b) Residential Special Schools

The one residential special school belonging to the Borough is Suntrap Open Air School at Hayling Island, Hants. This school accepts delicate and physically handicapped children, most of whom are cases of asthma, rheumatic heart, minor degrees of emotional disturbance, and varying degrees of nervous and physical disability. There is a resident staff including a night nurse. A medical practitioner attends twice a week and a dental officer once a week.

The school accepts boys at primary school age, i.e. 5 to 11 years and girls of all ages. The number of children placed at Suntrap at the end of 1967 was 91, of whom 18 were Haringey children and 73 from other boroughs.

The following were the defects for which the Haringey children required placement:-

Asthma 9; Bronchitis 3; physical and nervous debility 3;
Recurrent respiratory infections 2; Cystitis 1.

Blind children are placed at special residential schools, mainly at Dorton House School, Sevenoaks, or Linden Lodge School, Wimbledon.

Children in other handicapped categories who require residential schooling are placed in schools administered by other local authorities or independent bodies, apart from epileptic children who are placed in hospital special schools. The only category involving a large number of children is that of maladjusted pupils.

Hospital Classes

I am indebted to the Chief Education Officer for the following report:-

"Tuition is provided for children who are in-patients at St. Ann's and Prince of Wales's General Hospitals under Section 56 of the Education Act 1944. At St. Ann's Hospital a classroom is established in one of the children's wards, and individual teaching takes place in other wards and at the Prince of Wales's Hospital. The average number of children receiving tuition at any one time is 36".

Co-ordination of Education, Health and Welfare Services

In continuation of the policy set forth in my report last year, a register is maintained of all handicapped children and young people between the ages of 13 and 20. Efforts have been made further to improve liaison with hospitals and general practitioners. The appointment of a social worker (Health Services) to this Department has been agreed and it is hoped that she will be appointed early in the New Year.. The aim of this appointment is to improve knowledge of and contact with the families of handicapped children.

Every effort is made to pass on information concerning handicapped pupils to the Chief Careers Officer as early as possible after the child's fourteenth birthday.

Special Classes attached to Ordinary Schools

In addition to the units for partially hearing children already mentioned, there are five 'Opportunity' (or Remedial) inter-school classes for children with a normal range of ability but with learning difficulties. Placement in these classes is temporary.

At the end of 1967, the number of children attending full-time 'Opportunity' classes was 58.

There are also five peripatetic remedial teachers who take children either individually or in small groups for specific help with reading.

Home Tuition

During the year seven children received home tuition for varying periods under Section 56 of the Education Act 1944 when they were not well enough to attend school for a prolonged period.

Day Nurseries – Admission of Handicapped Children

The Council's Day Nursery Scheme provides for the attendance at day nurseries of handicapped children who are recommended for admission in the following categories:-

- (i) Deaf, partially-hearing, partially-sighted, physically handicapped, maladjusted.
- (ii) Mentally handicapped children under five years of age.
- (iii) Children over one year of age of deaf or deaf/mute mothers.

No charge is made to the parents of these children. For children in category (i) over the age of two years the cost of attendance is borne by the Education Committee, under Section 56 of the Education Act 1944. Other cases are dealt with under Section 22 of the National Health Service Act 1946. Admission may be for the whole or part of the day.

During 1967 thirteen Haringey children and two children from other boroughs were in attendance at day nurseries in the Borough under these arrangements. At the end of the year ten Haringey children were still in attendance.

Recuperative Holidays

During 1967 18 boys and 25 girls were recommended for recuperative holidays in order to assist their recovery after illness. 13 boys and 16 girls were placed in suitable homes for periods of varying length.

Deaths of School Children

It is with regret that I include the following details of five local school children who died during 1967:-

Sex	Age	Cause of Death
M	6	Leukaemia
F	5	Leukaemia
M	14	Congenital Heart Defect
F	15	Road Accident
F	11	Cystic Fibrosis

Accidents to School Children

I am indebted to the Accident Prevention Officer for the following analysis of road accidents involving child pedestrians aged 5-15 years during 1966 and 1967:-

"The continuing rise in the number of accidents involving child pedestrians - 134 in 1965, 193 in 1966 and 216 in 1967 - is the one black spot in an otherwise encouraging picture over this period when the total number of road accidents in the Borough decreased by 12%.

A detailed study of these accidents to child pedestrians shows:

- (a) that 5-10 years were the ages most involved*
- (b) that Saturday was the most dangerous day*
- (c) that the period 4.30-9.0 p.m. was the most dangerous time of the day*
- (d) that boys are nearly twice as vulnerable as girls:-*

	Fatal		Serious		Slight		Total	
	1966	1967	1966	1967	1966	1967	1966	1967
Girls	nil	nil	12	19	57	58	69	77
Boys	nil	nil	30	30	94	109	124	139
	nil	nil	42	49	151	167	193	216

(e) that the principal causes were

	1966	1967
<i>Running across or into the road</i>	105	130
<i>Walking or stepping into the road</i>	46	26
<i>Crossing road from between or behind stationary vehicles ...</i>	32	30
<i>Other causes</i>	10	30

Conclusion

It is apparent that road safety education is most necessary in the primary schools, 21 of which were completely free from accident during the school year 1965/66 and only 14 in 1966/67.

The teaching of Kerb Drill is of vital importance and its strict application would result in a substantial reduction in the number of accidents to child pedestrians.

As most accidents occur after 4.30 p.m. when children are at play or running errands, parents must recognise and accept their responsibility for the safety of their children outside school hours."

LIST OF SCHOOL HEALTH CLINICS AS AT 31st DECEMBER, 1967

a - School Advice	e - Orthopaedic	i - Ear, Nose & Throat
b - Dental	f - Physiotherapy	j - Audiology Unit
c - Ophthalmic	g - Cerebral Palsy Unit	k - Child Guidance
d - Orthoptic	h - Speech	l - Chiropody
a	All Saints' Church Hall, 11 Church Road, N.6.	
j	Blanche Nevile School for the Deaf, Philip Lane, N.15.	
abh	Burgoyne Road Clinic, 58 Burgoyne Road, N.4.	
a	Campsbourne School Clinic, Boyton Road, N.8.	
b	Chestnuts Clinic, 268 St. Ann's Road, N.15.	
k	Child Guidance Centre, Tetherdown, N.10.	
abh	School Clinic, 128 Cornwall Road, N.15.	
abh	Medical Centre, 150 Fortis Green, N.10.	
ah	Gordon Road Clinic, 1a Gordon Road, N.11.	
b	Dental Clinic, 334 High Road, N.15.	
abcdefhkl	Medical Centre, 239 Lordship Lane, N.17.	
h	Mildura Court Clinic, 18 Gisburn Road, N.8.	
abhi	Medical Centre, 131 Park Lane, N.17.	
a	Somerset Road Clinic, 370 High Road, N.17.	
abci	Stuart Villa Clinic, 11 Stuart Crescent, N.22.	
abcdefhil	Medical Centre, rear of Hornsey Town Hall, 23a Weston Park, N.8.	
dfgh	Vale Road School for Physically Handicapped Children, N.4.	

SCHOOL HEALTH SERVICE STATISTICS 1967

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
1963 & Later	7	37	38
1962	71	223	253
1961	100	177	303
1960	106	182	263
1959	160	196	315
1958	74	119	171
1957	50	51	99
1956	13	25	33
1955	138	146	261
1954	22	63	131
1953	18	25	36
1952 & earlier	480	268	633
Total	1,315	1,968	2,988

APPENDIX

Defect Code No.	Defect or Disease	Periodic inspections						Special inspections	
		Entrants		Leavers		Total including all other age groups inspected			
		T	O	T	O	T	O	T	O
SCHOOL HEALTH SERVICE STATISTICS FOR 1967									
4	Skin	54	121	94	96	294	434	733	28
5	Eyes (a) Vision	149	186	194	90	1315	536	378	142
	(b) Squint	30	18	3	2	77	74	7	3
	(c) Other	6	14	3	7	42	29	45	2
6	Ears (a) Hearing	17	56	14	14	85	219	69	61
	(b) Otitis Media	6	44	6	10	25	107	1	6
	(c) Other	3	12	3	3	21	65	78	11
7	Noise and Throat	66	320	10	47	201	775	90	76
8	Speech	25	78	2	15	6	166	30	23
9	Lymphatic Glands	1	96	1	7	5	242	-	11
10	Heart	2	95	4	38	16	178	13	16
11	Lungs	27	165	4	39	68	258	34	36
12	Developmental:								
	(a) Hemis	7	27	1	3	19	94	2	6
	(b) Other	1	61	1	14	12	188	17	67
13	Orthopaedic:								
	(a) Posture	9	19	12	32	68	132	10	16
	(b) Feet	93	116	95	92	445	465	48	28
	(c) Other	14	65	11	22	77	165	64	6
14	Nervous System								
	(a) Efficiency	2	14	3	4	22	34	4	3
	(b) Other	4	10	4	10	17	45	13	10
15	Psychological:								
	(a) Development	4	58	6	18	27	121	65	58
	(b) Stability	16	207	5	26	85	636	96	52
16	Abdomen	3	22	-	10	6	103	4	6
17	Other	3	15	2	3	27	80	171	56

T - Requiring Treatment

O - Requiring Observation

SCHOOL HEALTH SERVICE STATISTICS 1967

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
1963 & Later	7	32	34
1962	71	223	258
1961	109	281	363
1960	105	182	263
1959	163	196	315
1958	74	119	171
1957	50	51	88
1956	13	25	35
1955	138	145	241
1954	82	68	131
1953	18	25	36
1952 & earlier	485	209	633
Total	1,315	1,556	2,568

Defect Code No.	Defect or Disease	Periodic Inspections						Special inspections	
		Entrants		Leavers		Total including all other age groups inspected			
		T	O	T	O	T	O	T	O
4	Skin	54	123	84	99	294	484	730	29
5	Eyes (a) Vision	149	155	494	90	1315	596	375	142
	(b) Squint	30	19	3	2	77	44	7	3
	(c) Other	6	14	3	7	42	59	45	2
6	Ears (a) Hearing	17	56	14	16	88	209	69	51
	(b) Otitis Media	6	44	6	10	25	107	1	6
	(c) Other	3	12	3	3	21	55	76	11
7	Nose and Throat	68	320	10	47	201	775	99	75
8	Speech	35	76	2	10	6	156	30	23
9	Lymphatic Glands	1	96	1	7	5	240	-	11
10	Heart	2	56	4	39	18	179	13	16
11	Lungs	27	105	4	39	68	298	34	38
12	Developmental:								
	(a) Hernia	7	27	1	3	19	94	2	6
	(b) Other	1	61	1	14	13	199	17	67
13	Orthopaedic:								
	(a) Posture	9	19	12	32	59	122	10	16
	(b) Feet	93	115	65	92	449	465	48	28
	(c) Other	14	48	11	22	77	156	64	8
14	Nervous System								
	(a) Epilepsy	3	14	3	4	22	34	4	3
	(b) Other	4	10	4	10	17	45	13	10
15	Psychological:								
	(a) Development	4	58	6	18	27	121	85	58
	(b) Stability	16	207	5	36	98	545	96	52
16	Abdomen	3	22	-	13	9	103	4	9
17	Other	3	16	2	2	27	50	171	56

T - Requiring Treatment

O - 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		81
(b) Errors of refraction, including squint		2,780
Total		2,861
(c) Number of pupils for whom spectacles were prescribed		842
GROUP 2. Diseases and Defects of Ear, Nose and Throat		
Received operative treatment for:-		
(a) Diseases of the ear		2
(b) Adenoids and Chronic Tonsillitis		324
(c) Other nose and throat conditions		12
Received other forms of treatment		358
Total		696
Total number of pupils still on the register of schools at 31st December, 1967 provided with hearing aids:		
(a) During the current year		29
(b) In previous years (excluding any pupils shown at (a) above who were provided with an aid in a previous year)		36
GROUP 3. Orthopaedic and Postural Defects		
Number of pupils known to have been treated at clinics or at out-patients departments		1,094
GROUP 4. Diseases of the skin (excluding uncleanliness)		
Ringworm (i) Scalp		19
(ii) Body		—
Scabies		1
Impetigo		2
Other skin diseases		791
Total		813
GROUP 5. Child Guidance Treatment		
Number of pupils treated at child guidance clinics (Including cases sent to the Tavistock and other hospital clinics)		247
GROUP 6. Speech Therapy		
Number of pupils treated by speech therapists		230
GROUP 7. Other Treatment given		
(a) Number of miscellaneous minor ailments treated by the Council		42
(b) Pupils who received convalescent treatment under School Health Service arrangements		29
(c) Pupils who received B.C.G. vaccination		1,958
(d) Treatment other than (a), (b), and (c) above		218

EDUCATION ACT 1944 – SECTION 57

Cases dealt with under Section 57, Education Act 1944	9
Cases de-notified under Section 8, Education (Miscellaneous Provisions) Act 1948 ...	—
Assessment of Statutory Requirements	36
Accidents to School Children	46
Adult Training Centres	46
Advice Clinics for the Elderly	51
Analysis of Contaminants Found in Offices and Shops ...	47
Analysis of Reported Accidents	46
Anti-Nasal Clinics	51
Anti-Dust Treatment	51
MEDICAL EXAMINATION OF TEACHERS	
(a) Number of Teachers examined as to fitness for first appointment	164
(b) Number of Students examined as to fitness to undertake training course	195
(c) Number of Students examined on completion of training course at Hornsey College of Art	46
Bacteriological Examination, Sampling for	33
Births, Notification of	33
Carcasses Inspected	46
Care of Mothers and Young Children	51
Central Policy Unit	75
Certificates of Disposal	34
Cervical Cytology	52
Child Health Centres	52
Child Guidance Service	51
Child Minders	52
Church Heights	52
Citizenship Service	52
Clearance of Areas of Unfit Houses	30
Cleaning and Disinfection	22
Clinics, School Health	52
Daily Guarding Scheme	36
Day Nurseries	52
Day Nurseries, Admission of Handicapped Children	52
Day Nurseries, Private	52
Deaths of Homeless Residents	7
Deaths of School Children	46
Defects Found in Factories	30
Defects remedied	31
Dental Care of Priority Classes	73
Dental Inspection and Treatment	73
Dental Statistics	57, 60
Diseases of Animals Act 1950	27
Disposal, Certificates of	34
Domestic Help Service	40
Drainage and Sewerage	16
Dysentery	14
Ear, Nose and Throat Clinics	76
Education Committees	71
Education, Health and Welfare Services, Coordination of	68

INDEX

	Page No.
Abatement of Statutory Nuisances	26
Accidents to School Children	89
Adult Training Centre	68
Advice Clinics for the Elderly	61
Analysis of Contraventions found in Offices and Shops	47
Analysis of Reported Accidents in Offices and Shops	48
Ante-Natal Clinics	51
Arnold Road Improvement Area	31
Atmospheric Pollution, Investigation of	19
Audiology Unit	76
Audiometry	78
Bacteriological Examination, Sampling for	39
Births, Notification of	51
Carcases inspected	45
Care of Mothers and Young Children	51
Cerebral Palsy Unit	75
Certificates of Disrepair	34
Cervical Cytology	52
Child Health Centres	53
Child Guidance Service	81
Child Minders	56
Chimney Heights	19
Chiropody Service	62
Clearance of Areas of Unfit Houses	28
Cleansing and Disinfection	23
Clinics, School Health	89
Daily Guardian Scheme	56
Day Nurseries	55
Day Nurseries, Admission of Handicapped Children	88
Day Nurseries, Private	56
Deaths of Haringey Residents	7
Deaths of School Children	88
Defects found in factories	50
Defects remedied	25
Dental Care of Priority Classes	56
Dental Inspection and Treatment	79
Dental Statistics	57,80
Diseases of Animals Act 1950	27
Disrepair, Certificates of	34
Domestic Help Service	60
Drainage and Sewerage	15
Dysentery	11
Ear, Nose and Throat Clinics	76
Education Committee	71
Education, Health and Welfare Services, Co-ordination of	88

Factories	49
Factories, Defects found in	50
Family Planning	51
Food Complaints	42
Food Hygiene	37
Food Poisoning	10
Food Premises, Registered	37
Food, Sale of from Mobile Units	38
Food and Drug Sampling	39
Foot and Mouth Disease	27
Furnace Installations	19
Hairdressers	48
Handicapped Pupils	85
Handicapped Register, children on	55
Health Education	64
Health Visiting Service	58
Health and Welfare Committee	1
Home Nursing Service	59
Home Tuition	88
Hospital Classes	87
Housing	28
Housing Applications, Assessment on medical grounds	33
Houses in Multiple Occupation	31
Immunisation against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis	14
Improvement of Houses not in an Improvement Area	31
Infant Welfare Clinics	53
Infectious Diseases	9
Infectious Diseases, Notification of, sex and age group	8
Infective Hepatitis	9,84
Insect Pests	23
Inspections carried out by Public Health Inspectors	24
Laundry Services for Incontinent	23
London Housing Survey	34
Malaria	10
Mass Radiography	12
Massage and Special Treatment	62
Meat Inspections	45
Medical Inspections in Schools	73
Mental Health Services	65
Mental Health Year	67
Mental Health Statistics	69
Midwifery Service	57
Midwives Ante-natal Clinics	52
Milk and Dairies Regulations	38
Milk in Schools Scheme	83
Mortuary	23
Mothercraft and Relaxation Classes	53
Mothers and Young Children, Care of	51
Multiple Occupation, Houses in	31
National Assistance Act 1948, Section 47	61
Neighbourly Help Service	60
Noise	26

Vaccination against Smallpox	...	...	...	...	...	...	...	...	...	...	13
Venereal Diseases	...	...	...	...	...	...	...	...	...	...	15
Verrucas	...	...	...	...	...	...	...	...	...	...	84
Vital Statistics	...	...	...	...	...	...	...	...	...	...	5
Water Supplies	...	...	...	...	...	...	...	...	...	...	16
Welfare Foods, Distribution of	...	...	...	...	...	...	...	...	...	...	56
Work executed by the Council	...	...	...	...	...	...	...	...	...	...	26

