

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

**Contributors**

Haringey (London, England). London Borough.

**Publication/Creation**

[1969?]

**Persistent URL**

<https://wellcomecollection.org/works/fqeu44gm>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

II

HAR 4





**HARINGEY**

# **HEALTH IN 1968**

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



LONDON BOROUGH OF HARINGEY

*With the Compliments  
of the  
Medical Officer of Health*

TOTTENHAM TOWN HALL,  
THE GREEN,  
N.15

TELEPHONE:  
01-808 1000





**Respectful** The Mayor, Aldermen and Councillors of Haringey.



I have the honour to present the report on the health of the Borough of Haringey for the year ended 31st December 1968. Haringey has seen more progress in the field of mental health during 1968 than in any previous year. Three new types of projects have been opened: an adult training centre, a hostel for mentally subnormal men and a day centre for the elderly mentally ill. These centres have been opened quietly and without ceremony, but that does not mean that we are not proud of the useful work carried out in them.

The Hamilton Hogben Adult Training Centre was named after the late Medical Officer of Health of Hammersley and Tottenham and here young men and women, most of whom have never been to school but who instead have attended one or other of the junior training schools in Enfield or Friern Barnet, are accepted and trained for employment in the busy atmosphere of the Bounds Green Industrial Estate. They are given an opportunity to acquire industrial skills, and after a period of time some of them achieve remarkable success and proceed to employment in open industry. Others will remain and work in the sheltered environment of the adult training centre, but their enthusiasm for the centre and their interest in work must bring them and their families a new enjoyment in life.

## HEALTH IN 1968

During the year it has been very difficult to arrange the admission of a severely subnormal child to hospital. The two hospitals which serve the area, Harmerbury and South Wooddon, have done their best to cope with increasing waiting lists and hospital authorities are ready to suggest that the local authority should make hostel provision. We know from our experience that hostel provision is expensive and one feels that for a child it is a poor alternative to life at home. Home is probably the most suitable environment for a child not in need of active medical treatment and the child himself usually prefers to be looked after by his parents. But the burden that falls upon parents whose lot it is to care for a severely subnormal child is unreasonable and society must share it with them. The question is should we build hostels where twelve or more children can be cared for by a warden and his staff at a considerable cost, or would it not be more economical and a more happy solution for both parent and child if we could give the parent some reasonable financial assistance, to help them obtain additional nursing and domestic and baby sitting care of their own choice and at their own discretion? Such arrangements would probably help to alleviate the almost unbearable strains of these families whose children remain so long on hospital waiting lists.

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

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

## HEALTH IN 1968





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 on the health of the Borough of Haringey for the year ended 31st December 1968. Haringey has seen more progress in the field of mental health during 1968 than in any previous year. Three new types of projects have been opened: an adult training centre, a hostel for mentally subnormal men and a day centre for the elderly mentally ill. These centres have been opened quietly and without ceremony, but that does not mean that we are not proud of the useful work carried out in them.

The Hamilton Hogben Adult Training Centre was named after the late Medical Officer of Health of Hornsey and Tottenham and here young men and women, most of whom have never been to school but who instead have attended one or other of the junior training schools in Enfield or Friern Barnet, are accepted and trained for employment in the busy atmosphere of the Bounds Green Industrial Estate. They are given an opportunity to acquire industrial skills, and after a period of time some of them achieve remarkable success and proceed to employment in open industry. Others will remain and work in the sheltered environment of the adult training centre, but their enthusiasm for the centre and their interest in work must bring them and their families a new enjoyment in life.

Linden House is a hostel for sixteen men and its presence must assure those parents who are worried about the future of their mentally subnormal children because in Linden House they can see that there is a reasonable and very normal alternative to the threat of institutional care. The day centre for the elderly mentally ill was set up initially as a pilot scheme for people who live near Woodside House or were able to arrange transport to it, and here a number of older people are cared for in a group who would otherwise have to stay at home in the care of a younger relative. We are indebted to the Tottenham British Red Cross which has helped to provide transport for a number of Tottenham residents to the centre.

During the year it has been very difficult to arrange the admission of a severely subnormal child to hospital. The two hospitals which serve the area, Harperbury and South Ockendon, have done their best to cope with increasing waiting lists and hospital authorities are ready to suggest that the local authority should make hostel provision. We know from our experience that hostel provision is expensive and one feels that for a child it is a poor alternative to life at home. Home is probably the most suitable environment for a child not in need of active medical treatment and the child himself usually prefers to be looked after by his parents. But the burden that falls upon parents whose lot it is to care for a severely subnormal child is unreasonable and society must share it with them. The question is should we build hostels where twelve or more children can be cared for by a warden and his staff at a considerable cost, or would it not be more economical and a more happy solution for both parent and child if we could give the parent some reasonable financial assistance, to help them obtain additional nursing and domestic and baby sitting care of their own choice and at their own discretion? Such arrangements would probably help to alleviate the almost unbearable strains of these families whose children remain so long on hospital waiting lists.

The highlight in environmental health is the achievement of the objective of the ten-year programme of smoke control so that the whole of the Borough is now a controlled area. It required a considerable amount of education and persuasion, disturbance and money to pay for the numerous radiators, fireplaces, gas stoves and other installations that were needed, but such was the enthusiasm for clean air and better methods of heating, that more than two-thirds of the householders went ahead and installed their own appliances and never claimed any financial support from their fellow-ratepayers; what might have cost a million in actual fact cost less than a third of that amount. The pea-soup fogs of our childhood days are now part of London's history.



In conclusion, I wish to record my thanks to Councillors Patrick and Roy, Chairmen of the Social Services Committee and Health Services Panel, and to the Members 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 year which has seen much progress.

I have the honour to be  
Your obedient Servant

J.L. PATTON  
Medical Officer of Health.

## **SOCIAL SERVICES GROUP COMMITTEE 1968 – 69**

Alderman V.P. Gellay, B.Sc., A.Inst.P., A.R.I.C.

Councillor Mrs. H.M. Bavin

- " Mrs. S.A. Berkery Smith, J.P.
- " J. Cooke, M.B.E.
- " Mrs. C.J. Levinson
- " B. Lewis (Vice-Chairman)
- " J. Lotery
- " D.J. Patrick (Chairman)

## **HEALTH SERVICES COMMITTEE 1968 – 69**

Alderman V.P. Gellay, B.Sc., A.Inst.P., A.R.I.C.

Councillor S.M. Ayres

- " D. Beale
- " Mrs. J. Cooper
- " E.C. Godfrey
- " Mrs. C.J. Levinson (Vice-Chairman)
- " A.E. Roy, M.Inst.Pkg. (Chairman)
- " J.R. Searle

Co-opted Members:

Miss M. Harris

Mrs. E.M. Smith

## **REVISED COMMITTEE STRUCTURE AS FROM 11TH SEPTEMBER 1968**

### **SOCIAL SERVICES COMMITTEE**

Alderman V.P. Gellay, B.Sc., A.Inst.P., A.R.I.C.

Councillor Mrs. L.A. Angell

- " S.M. Ayres
- " Mrs. H.M. Bavin
- " D. Beale
- " Mrs. J. Cooper (Vice-Chairman)
- " Mrs. E.M. Donno
- " Mrs. D.C. Findley
- " E.C. Godfrey
- " Mrs. C.J. Levinson
- " B. Lewis
- " D.J. Patrick (Chairman)
- " A.E. Roy, M.Inst.Pkg.
- " C.W. Ware
- " Mrs. E.A.W. Wilkins

### **HEALTH SERVICES PANEL**

Councillor S.M. Ayres

- " E.C. Godfrey
- " Mrs. C.J. Levinson (Vice-Chairman)
- " Mrs. Brenda S. Remington, B.A.
- " A.E. Roy, M.Inst.Pkg. (Chairman)

## STAFF OF HEALTH DEPARTMENT AS AT 31.12.68

In conclusion, I wish to record my thanks to Council Members and the Chairmen of the Social Services Committee and Health Services Panel, and to the various voluntary organisations and the Chief Officers of the various voluntary organisations for their encouragement and support, to the family doctors, to the various voluntary organisations and the Chief Officers of the various voluntary organisations for their collaboration in the task of promoting the health of the residents of the City of London, and also to the staff of the Health Department for their contribution to the progress of the Health Department.

### 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.  
Sarojini Palav M.D. (India) M.R.C.O.G. (London)  
Mohinder K. Seehra, L.S.M.F., M.B., B.S.  
K.V. Shah, M.B., B.S. (Bombay) D.P.H.

6 Sessional and 5 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.

8 sessional dentists : 6 vacancies

### Orthodontists:

T.J. Combes, B.D.S., D.Orth., R.C.S.  
Joy MacInerney, L.D.S., D.Orth., R.C.S., B.D.S.

2 specialist dental surgery assistants  
11 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; 2 sessional health visitor/school nurse; 5 vacancies; 1 student health visitor; 3 vacancies; 4 T.B. health visitors; 10 clinic nurses; 1 sessional clinic nurse; 1 vacancy; 4 day nursery matrons; 4 deputy matrons; 2 wardens; 2 vacancies; 19 staff nursery nurses; 2 part-time staff nursery nurses; 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.

16 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; 8 mental welfare officers

**Home Help Organiser:**

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

4 assistants; 232 home helps

**Sheltered Workshops:**

Manager/Instructor: C.A. Towner

1 assistant; 1 vacancy

**Medical Auxiliaries:**

2 physiotherapists; 1 vacancy

1 occupational therapist

4 speech therapists (sessional); 1 vacancy

2 orthoptists;

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 : 4 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

Building and Transport Division:

N.P. Child (Divisional Head)

L.E. Wells (Section Head)

J.W. Bailey (Section Head)

8 clerical assistants:

Child Health and Domiciliary Care Division

H.J. Dunham, B.A. (Divisional Head)

S.E. Woodroffe (Section Head)

B.W. Ford (Section Head)

28 administrative and clerical assistants:

1 part-time clerical assistant:

Prevention, Care, After care and

Mental Health Division:

P.V. Ingram (Divisional Head)

Hazel Gill (Section Head)

Hetty L. Somers (Section Head)

7 clerical assistants:

1 vacancy

Environmental Health and Infectious

Diseases Control Division:

A.W. Lawrence, M.A.P.H.I. (Divisional Head)

H.C.B. Wheal (Section Head)

H.P. Bradford (Section Head)

12 administrative and clerical assistants:

1 vacancy

**Secretariat:**

A. Balls (Section Head)

(Supervisor of Typing Section) vacant

Florence Wetherall (M.O.H.'s Secretary)

5 administrative and clerical assistants: 7 shorthand-typists: 1 part-time shorthand-typist:

4 copy-typists: 1 vacancy: 1 machine operator.







**CLASSIFIED DEATHS OF HARINGEY RESIDENTS SHEWING AGE GROUP AND SEX DISTRIBUTION 1968**

DISEASE	Total		Under 4 weeks		4 weeks & 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
Enteritis and other Diarrhoeal Diseases	1	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
Tuberculosis, Respiratory	4	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	1	2	—
Tuberculosis, Other	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Meningococcal Infection	1	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective & Parasitic Diseases	4	2	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	—
Malignant Neoplasm — Stomach	38	29	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	12	8	16	9	6	12	—
Malignant Neoplasm — Lung, Bronchus	148	43	—	—	—	—	—	—	—	—	—	—	—	—	1	17	5	51	11	44	14	36	12	—
Malignant Neoplasm — Breast	—	57	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—	9	—	13	—	6	—	26
Malignant Neoplasm — Uterus	—	21	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—	5	—	3	—	—	6	—
Leukaemia	7	7	—	—	—	—	1	2	—	—	1	—	—	—	—	1	—	1	—	—	1	—	3	—
Other Malignant Neoplasms, etc.	147	140	—	—	—	—	—	—	—	1	—	3	1	4	2	18	15	30	25	40	42	51	55	—
Benign & Unspecified Neoplasms	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Diabetes Mellitus	14	26	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	3	2	4	9	5	14	—
Avitaminoses, etc.	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Endocrine etc. Diseases	3	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	3	—	1	—	—
Anaemias	7	11	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	2	5	6	—	—
Mental Disorders	4	2	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis	1	3	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of Nervous System, etc.	17	25	1	—	1	—	—	—	—	—	1	—	2	1	—	1	—	1	3	4	5	7	14	—
Chronic Rheumatic Heart Disease	14	17	—	—	—	—	—	—	—	—	1	—	—	—	2	1	2	3	5	3	4	1	4	—
Hypertensive Disease	21	33	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1	4	6	4	5	6	7	18
Ischaemic Heart Disease	380	310	—	—	—	—	—	—	—	—	—	—	6	2	27	6	89	28	126	87	132	187	—	—
Other Heart Diseases	52	91	—	—	—	—	1	—	—	—	—	—	1	1	2	1	10	6	19	13	19	70	—	—
Cerebrovascular Disease	112	233	—	—	—	—	—	—	—	—	1	1	—	1	2	6	8	17	25	23	44	64	153	—
Other Circulatory Diseases	59	79	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	7	3	20	14	29	60	—
Influenza	5	22	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	2	4	17	—
Pneumonia	76	113	4	—	5	3	2	1	1	—	—	—	2	1	2	2	1	8	4	15	14	40	84	—
Bronchitis & Emphysema	134	41	—	—	1	—	—	—	—	—	—	—	—	2	—	7	3	33	1	39	3	53	33	—
Asthma	4	8	—	—	—	—	—	1	—	2	—	—	—	—	—	—	2	—	3	—	1	—	2	—
Other Respiratory Diseases	19	26	—	1	5	7	—	—	—	—	—	—	—	—	—	1	1	2	3	2	2	9	12	—
Peptic Ulcer	15	12	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	3	2	6	2	5	7	—
Appendicitis	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—
Intestinal Obstruction & Hernia	3	11	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	8	—
Cirrhosis of Liver	5	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	1	1	—	—
Other Diseases of Digestive System	8	21	—	—	1	1	—	—	—	—	—	—	—	—	1	—	1	2	3	2	4	3	11	—
Nephritis & Nephrosis	7	10	—	—	—	—	—	—	—	—	—	—	1	1	—	—	2	3	2	—	1	1	6	—
Hyperplasia of Prostate	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases, Genito-Urinary System	11	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	1	—	7	8	—
Other Complications of Pregnancy, etc.	—	2	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Diseases of Skin, Subcutaneous Tissue	—	4	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of Musculo-Skeletal System	7	12	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Anomalies	22	10	10	6	4	—	1	1	1	—	1	1	—	—	1	—	—	3	2	3	3	—	6	—
Birth Injury, Difficult Labour etc.	25	9	24	9	1	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	—
Other causes of Perinatal Mortality	12	10	12	9	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Symptoms & Ill-Defined Conditions	—	4	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Motor Vehicle Accidents	17	3	—	—	—	—	—	1	—	4	1	—	—	3	—	—	1	—	4	—	1	1	3	—
All Other Accidents	22	20	—	—	—	6	4	2	1	1	1	5	—	—	—	—	—	—	1	—	4	3	10	—
Suicide & Self-Inflicted Injuries	13	13	—	—	—	—	—	—	—	1	1	—	1	—	—	1	2	—	4	5	3	2	3	—
All Other External Causes	7	3	—	—	—	—	1	—	—	—	—	—	2	1	—	—	1	—	—	—	—	—	2	—
TOTAL	1,456	1,511	52	28	20	14	11	11	10	2	15	7	16	11	31	23	104	76	305	174	386	307	506	858



NOTIFICATIONS OF INFECTIOUS DISEASE DURING 1968 BY SEX AND AGE GROUPS

DISEASE	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	—	—	2	3	4	3	2	5	5	5	21	25	7	4	—	3	—	5	—	—	—	—	—	—	—	—	94
Measles	9	12	37	33	27	39	30	29	28	25	55	33	2	9	4	4	1	2	1	1	—	—	—	—	—	—	381
Whooping Cough	2	2	—	4	1	7	6	5	3	4	7	13	1	—	1	—	2	—	—	—	—	—	—	—	—	—	58
Food Poisoning	1	1	—	1	1	1	1	3	1	2	1	1	3	2	—	—	4	1	—	1	—	3	—	1	—	—	29
Ophthalmia Neonatorum	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
A. Encephalitis, Inf.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	2
A. Encephalitis, P. Inf.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Acute Poliomyelitis Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Acute Meningitis	—	—	1	1	—	1	—	—	—	—	1	1	—	—	1	—	—	—	1	—	—	—	—	—	—	—	7
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Para-Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	2	2	1	6	6	2	4	2	—	1	14	11	1	1	—	—	1	7	1	5	1	1	—	—	—	—	69
Scabies (Tottenham only)	1	—	—	—	—	—	1	—	3	—	1	2	2	2	8	3	7	6	2	2	2	2	—	—	1	—	45
Tuberculosis, Respiratory	—	—	—	1	1	—	—	—	—	1	2	1	1	—	2	3	18	9	7	6	19	6	12	1	—	—	90
Tuberculosis, Meninges & Central Nervous System	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	2
Tuberculosis, Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	5	3	2	1	2	2	—	1	—	—	17
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	3
* Infective Jaundice	—	—	—	—	1	—	—	1	—	—	5	8	6	5	11	4	9	7	1	4	3	—	1	1	1	—	68
xPneumonia	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	3	3	2	1	5	1	3	4	1	—	26
xErysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	1	—	—	—	—	1	6
xPuerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	5

\* Notifiable as from 15th June 1968  
x Notifiable up to 30th September 1968

Foreign travel continues to make a significant contribution to the amount of infectious disease encountered in the Borough. It might be less if travel agents devoted a small proportion of the time and effort they spend on extolling the holidays they provide to informing the public about the health hazards they might encounter, and how to avoid them.

### Diphtheria

A resident in the Borough was a contact of a case of diphtheria in another local authority area. A Schick test showed that he had not acquired any immunity to the disease, but three throat swabs were negative and he was declared free of infection.

### Dysentery

That elusive and widespread infection, sonnei dysentery, continued to present a problem throughout the year. Generally this is a mild disease, but on one occasion it presented a more vicious aspect and caused an explosive outbreak at a primary school involving twenty children. This was brought under control by excluding cases and imposing strict hygiene measures while it lasted. An adult foodhandler employed locally also caught the infection from the children, and was excluded from work and compensated for loss of income until clear of the disease.

The Exclusion and compensation were also necessary at another time in the case of a street trader in fruit and vegetables, with no access to hand-washing facilities while at work, until his symptomless carrier state had cleared up.

### Food Poisoning

This remains a considerable problem. *Salmonella typhimurium* was the commonest culprit, being involved in seven episodes. In one of these seven members of a family were affected. In another the organism appeared unexpectedly when the individual was being followed up as a contact of another disease, typhoid fever, while staying at a hotel in Tunisia. Fortunately *typhimurium* was all that was found.

*Salmonella enteritidis* occurred three times, and in one of the cases was suspected to be associated with spit-roasted chickens – a frequent source of food poisoning nowadays.

Other organisms in the *Salmonella* group encountered during the course of the year were *eastbourne*, *oranienburg*, *panama* and *stanley*.

The Health Department has been taking a close interest in a new but not insignificant source of food poisoning. Incidents have been reported from other boroughs in which the infections in humans, usually children, have been traced to terrapins – semi-aquatic turtles – imported from abroad. These unfortunate reptiles, which are most unlikely to get in this country the kind of care from their owners which would enable them to live for more than a few weeks, are frequently bred in large numbers and in grossly unhygienic conditions, infecting many of the creatures and the water they live in. A child playing with a terrapin or its tank is then liable to catch the disease. This happened in a neighbouring borough, a Paratyphoid B *battersea* organism being the cause, and enquiry showed that the animal had been in a batch brought into the country by an importer in Haringey.

The Health Department has a duty to inspect pet shops, and this has now been extended to include bacteriological sampling of terrapin tanks. Twice *Salmonella mikawasima* has been isolated from specimens, but by the time the information reached us the terrapins had been sold. Subsequently *Salmonella Paratyphoid B battersea* was found in a container of six terrapins in another shop. Investigation showed that two of them were chronic carriers. The same organism also turned up in another pet shop, and it was discovered that the terrapins belonged to the same batch imported from abroad. No information has reached the Department of illness from any of these, but the possibility cannot be excluded as the disease can be mild and may produce only a mild colic.

The Health Department will continue to take routine samples of any terrapins that come to its notice; but it is to be hoped that the general public will learn to curb their passion for these exotic animals, or at least to transfer their attention to the well-tried field of tropical fish.



On 15th June 1968, infective jaundice became statutorily notifiable throughout the country. This was an important advance in the technique of understanding this mysterious disease whose cause apparently a virus, has proved extremely difficult to identify. Ever since Haringey was formed we have been interested in infective hepatitis, and quite early on we asked general practitioners to inform us of cases so that they could be reported by location in the weekly Haringey Infectious Diseases Bulletin. This certainly made us more aware of it, and on a few occasions outbreaks were identified and followed through. After 15th June 1968, the number of notifications increased strikingly, and there were 68 by the end of the year, with no evident outbreaks, compared with 28 in the corresponding period in 1967. A system using coloured pins on a map was devised, with a different colour for each month, so that a first case could be kept in mind over an incubation period which can be as long as 50 days. Surprisingly enough, however, no evidence of localised outbreaks came to light; the pins spread themselves fairly evenly over the map and tended not to clump together. Thus it would appear that, so far at any rate, our instrument is not yet delicate enough to track the course of infections through the community.

Another purpose of statutory notification is the identification of serum jaundice, which is only too liable to occur in drug addicts who inject themselves with dirty needles and syringes. As far as we are concerned this has not resulted in any new addicts being found, and notifications of these cases have only served as milestones on the downward paths of known addicts; but a careful watch is being kept nevertheless.

### Influenza

As far as the Hong Kong A2 virus was concerned, this is the disease that hardly ever was. We all watched with mingled fascination and anxiety as the infection took its inexorable progress across the world, wondering if the appropriate vaccine would be ready before it arrived here. When it did, a large amount of vaccine had been distributed, but for some reason the virus unaccountably wilted and produced only comparatively few cases throughout the country. It is consoling to learn that even influenza germs have problems.

It was the policy of this Health Department to keep strictly to the request of the Chief Medical Officer of the Department of Health and Social Security that the vaccine should be given only to priority groups. Where we were concerned this meant physically handicapped school children in our care and medical and nursing staff who might be needed to take over the duties of their colleagues in the other branches of the Health service in the event of an epidemic that threatened its breakdown. One hundred and fifty doses were obtained and administered to carefully selected personnel and children.

It may not be generally realised that the distribution of this vaccine was not organised by the Department of Health or the local authorities, but was dependent on arrangements between the manufacturers and their customers. We were therefore concerned during the early stages to learn that industrial firms and other large organisations were receiving large quantities, which they were giving to their staff whether or not these individuals had any priority. At the same time it was proving extremely difficult for doctors and hospitals to obtain vaccine for patients in genuine need. We expressed our alarm to the Department of Health and were somewhat reassured to hear that they had met the manufacturers and obtained their agreement to giving priority to hospitals and local authorities. However we felt it necessary to point out that similar arrangements would be required in order to ensure that supplies were available to general practitioners for their patients at home. No doubt others were making a similar plea, and we were greatly relieved when this was done.

It is perhaps just as well that Hong Kong A2 proved to be a virus lacking in teeth, for the state of affairs that prevailed over distribution of the vaccine might well have exposed many frail and vulnerable people to serious illness and death. It is to be hoped that the lesson has been well learnt, and that stricter rules will apply in future years when the prospect of large influenza epidemics faces us again. No standing contract between a business firm and a drugs manufacturer should ever be allowed to stand in the way of the deserving patient and the health and well-being of the community as a whole.



## Poliomyelitis

This is a rare disease nowadays, fortunately, due to the widespread use of vaccination, but a case occurred during the year in rather unusual circumstances. It involved a boy of 16 who at the age of ten months had had an attack of poliomyelitis which had caused some permanent damage to muscles of the lower limbs, necessitating surgery later. This time he was admitted to hospital with a history of headache, fever and sickness. His symptoms cleared up quickly and he was fit for discharge in a few days. A virus was isolated and a provisional diagnosis of enteroviral infection was made until the result of culture was available. It was shown two weeks later to be a type 2 polio virus, but several months went by before it was ultimately established to be of a wild variety – not the "tame" organisms used in vaccines. In other words he had had a second attack of the disease.

As far as was known he had never been given polio vaccine. If this is so it may have been because it was assumed that because he had had the infection he would be immune to it in future, but it is not always realised that there are three types of polio and that they do not confer mutual immunity against each other. The vaccine should be given even if a person has had the disease.

## Typhoid

One case occurred during the year. A boy aged 11 took ill in India in August. A local doctor treated him for paratyphoid and the symptoms cleared up. The source of the infection was not known. The family came to this country in early September and he took ill again a week later. He was admitted to hospital and typhoid organisms were isolated from his blood. He responded well to treatment and no evidence of the disease was found in other members of the family. After he was discharged the family went overseas again in November.

The Department followed up Haringey contacts of three cases in other boroughs which had been infected abroad. All were negative for typhoid.

## Non-Events

Non-events of the year included outbreaks of smallpox, diphtheria and poliomyelitis. For these we would like to thank the conscientious parents of Haringey who took care to have their children vaccinated and immunised. To those parents who did not we would like to say: don't rely too much on other parents to give your children a safe environment in which to live, but have your children protected now. You might not be so lucky this year.

## Vaccination against Smallpox

There was an increase in the number of primary vaccinations from 1899 in 1967 to 2477 in 1968. The greatest number of these are done for the recommended age group between 1 and 2 years old. Over the age of 5 years, primary vaccination is not recommended as a routine, but may be necessary when travelling abroad.

Primary vaccination is now regarded as the first step in an attempt to maintain resistance to the disease, and in the new Immunisation Schedule re-vaccinations at School Entry and School Leaving are advised. A start was made at the end of 1968 on re-vaccination at School Entry age.

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	85	1601	618	173	2477
Number of Re-vaccinations	1	53	55	190	299



## Immunisation against Diphtheria, Whooping Cough, Tetanus, Poliomyelitis and Measles

The following tables record the number of persons under the age of 16 known to have received a primary course 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	Triple	Dip/W.C.	Dip/Tet.	Dip.	W.C.	Tet.	Sabin	Measles	TOTAL
0 - 1 year	485	—	18	—	—	—	464	6	973
1 - 2 years	2135	3	127	1	1	1	2262	336	4866
2 - 4 years	184	1	58	1	—	6	339	1706	2295
4 - 6 years	36	1	140	3	—	1	280	1868	2329
6 - 16 years	10	2	30	—	—	27	76	1047	1192
Totals	2850	7	373	5	1	35	3421	4963	11655

### B. The number who received a reinforcing dose

Age at date of Immunisation	Triple	Dip/W.C.	Dip/Tet.	Dip.	W.C.	Tet.	Sabin	TOTAL
0 - 1 year	9	—	1	—	—	—	10	20
1 - 2 years	881	—	55	—	—	1	900	1837
2 - 4 years	1784	6	398	—	—	5	1724	3917
4 - 6 years	214	2	1801	15	—	13	1911	3956
6 - 16 years	15	—	81	4	—	68	158	326
Totals	2903	8	2336	19	—	87	4703	10056

1968 brought radical changes in the Immunisation Schedule, based on the recommendations of the Ministry of Health in December 1967. An entirely new programme was introduced for those children born after 1st January 1968 which included the introduction of Measles vaccination.

## NEW IMMUNISATION SCHEDULE

(Based on Ministry of Health recommendations November 1968)

	VISIT	APPROX. AGE	VACCINE	DOSE AND SITE
1st Year	1	6/12	(Triple (D.T.P.) ( + ) (Oral Polio (O.P.V.)	0.5 ml by I.M. or S.C. inj. L.U.A. 3 drops by mouth
	2	$\frac{7\frac{1}{2}}{12} - \frac{8}{12}$	D.T.P. + O.P.V.	"
2nd Year	3	$\frac{14}{12}$	D.T.P. + O.P.V.	"
	4	$\frac{15}{12} - \frac{16}{12}$	Measles Vaccine (M.V.)	0.5 ml by I.M. or S.C. inj. L.U.A.
	5	Before 2 years	Smallpox Vaccine	Multiple Pressure L.U.A.
5 years +	6	School Entry Booster	(Dip-Tetanus (D/T Vacc PTAH) (Alum absorbed Vaccine)	0.5 ml I.M. or S.C. inj. L.U.A.
		↑ At least $\frac{1}{12}$ gap ↓ $\frac{1}{12}$	( + (Oral Polio (O.P.V.)	3 drops by mouth
	7	School Entry Re-vaccination	Smallpox Vaccine	Multiple Pressure L.U.A.
	8	13 years (approx.)	B.C.G. (for Tuberculosis Negative Children)	0.1 ml intradermally
15 to 19 years	9	School Leaving Booster	(Tetanus (T Vacc PTAH) ( + (Oral Polio (O.P.V.)	0.5 ml by I.M. or S.C. inj L.U.A. 3 drops by mouth
	10	School Leaving Re-vaccination	Smallpox Vaccine	Multiple Pressure L.U.A.



## Contra-Indications

1. A child should not be vaccinated or immunised during the maximum incubation period of an infectious disease to which it might be susceptible, or while convalescent from a specific fever.
2. To live Vaccines (Oral Polio, Measles, B.C.G., Smallpox) are **all** absolutely contra-indicated in cases:-
  - (a) Suffering from Leukaemia, Hodgkins Disease, any other Malignant condition or Hypogammaglobulinaemia.
  - (b) Undergoing Cortico-Steroid or Immuno-Suppressive treatment.
  - (c) in the first four months of pregnancy.

3. To Triple Immunisation. If there is a history or family history of convulsions or allergy DT/PTAH should be given instead of D.T.P. If there is a strong reaction to the first injection of D.T.P., DT/PTAH should be given instead, probably in half dosage. If the reaction to the D.T.P. is really severe, immunisation may have to be discontinued.

Minor respiratory infections need **NOT** be contra-indications to immunisation, but postpone if the temperature is raised.

4. To Polio Immunisation (In addition to those in Section 2 above)

Diarrhoea is a contra-indication as it may interfere with the desired establishment of "gut immunity".

5. To Smallpox Vaccination (In addition to those in Section 2 above)

- (a) If there is a history of ECZEMA, vaccination should certainly be postponed until the skin is clear, even then it should probably be avoided except in special circumstances.

- (b) If another child in the household has ECZEMA.

- (c) If there is a history of other allergic conditions.

- (d) In the presence of septic skin conditions.

- (e) If there is failure to thrive.

- (f) In adults who have Multiple Sclerosis.

6. To Measles Vaccination (In addition to those in Section 2 above)

- (a) If suffering from acute illness or active T.B.

- (b) If there is a history of allergic conditions (especially sensitivity to hen's eggs).

- (c) If there is a history or family history of convulsions.

In the presence of chronic chest or heart disease the simultaneous administration of the special immune globulin should be considered.

## NOTES (On New Immunisation Schedule)

1. Half volume antigens (Triple, Dip-Tet, Tet) are to be used as a routine and it is probably advisable to draw up 0.6 ml. In special circumstances, when reduced dosage is considered desirable more accurate volumes can be obtained by using full volume antigen.

2. The recommended age for starting immunisations is now **SIX MONTHS:-**

- (a) because before this age the antibody response may be reduced by the presence of maternal antibody.

- (b) because the child's antibody-forming mechanism is immature in the early months of life.

- (c) because severe reactions to Pertussis vaccine are less common in children over six months of age, than at three months.

The earliest age at which the first dose CAN be given is three months, but this should only be done in special circumstances (e.g. child going abroad).

3. (a) The **MINIMUM** interval between visits 1 and 2 should be six weeks and between visits 2 and 3 four months. The **MAXIMUM** acceptable interval between visits 1 and 2 is three months, and between 2 and 3 twelve months. If these **MAXIMUM** intervals are exceeded the programme should be re-started.

- (b) An interval of 3 to 4 weeks should be allowed to elapse between the administration of any two **LIVE** vaccines, or between the administration of Triple vaccine and a **LIVE** vaccine, other than Oral Polio (e.g. Re-vaccination for Smallpox at School Entry must be one month later than the Dip-Tet and Polio boosters).

- (c) If Oral Polio vaccine is being given alone, as in the case of ante-natal patients, the intervals should be six weeks between the first and second dose and six months between the second and third dose. (As the third dose will not be given before delivery, it is suggested that the course should be completed when the mother attends the clinic with the baby).



4. If the child has had clinical Whooping Cough before Triple immunisation has started Diphtheria-Tetanus Vaccine (PTAH) should be substituted for Triple Vaccine, but the timing of the visits should be the same.
5. Measles Vaccination is given by one dose of live attenuated vaccine. For routine immunisation it should be given in the second year (about fifteen months) **AFTER** completion of the basic course of immunisation with Triple and Oral Polio, and preferably **BEFORE** routine vaccination against Smallpox.
6. The Booster Dose of Triple Vaccine and Oral Polio previously recommended to be given during the second year is considered to be **UNNECESSARY** if the basic course is spaced as stated.
7. Routine **PRIMARY** Smallpox Vaccination should be given during the second year at least one month **AFTER** Measles vaccination. In special circumstances, smallpox vaccination may be carried out during the first year. Primary vaccination against smallpox in infancy should be regarded as the first of a series of vaccinations to be given through childhood to adult life, and **RE-VACCINATIONS** are therefore to be offered at School Entry and School Leaving ages.

**PRIMARY VACCINATION** is **NOT** advised as a routine after early childhood.

8. If a child at School Entry age has had **NO** immunisation (e.g. an Immigrant Child) a combined course of Dip-Tet (PTAH) and Oral Polio should be given. (As in Note 4).
9. If a child at School Entry age has had Diphtheria and Polio immunisation but not Tetanus, the parents should be advised that the child should be actively immunised against Tetanus and the following vaccines should be given at the usual intervals:-

Visit 1 – T(PTAH) 0.5 ml – Oral Polio

Visit 2 – Dip/T (PTAH) 0.5 ml

Visit 3 – T(PTAH) 0.5 ml

10. It is only in exceptional circumstances that **PRIMARY** immunisation against Diphtheria, or a reinforcing dose should be given to a child over 10 years of age. If it is considered necessary a Schick Test should be done. If the result is positive after 2 – 4 days the child should be immunised. It is recommended that in these circumstances plain **FORMAL TOXOID** should be used, rather than the alum-containing vaccine which may cause more severe reactions in older children and adults. If Tetanus immunisation is also required it can be given as a combined Diphtheria-Tetanus/Formal Toxoid.
11. Booster doses of Tetanus and Oral Polio are now recommended at School Leaving age (15-19 years) with Smallpox Re-Vaccination for those children vaccinated in infancy and re-vaccinated at School Entry.

The new Schedule delays the start of the first Triple injection until the age of six months, and the primary courses of Triple and Poliomyelitis immunisation are not completed until at least fourteen months. This is the reason for the great reduction from the 1967 numbers in the completion of primary Triple and Poliomyelitis courses in the 0 – 1 year age group.

The gap in the immunisation programme, produced by the extra three months delay in starting primary courses, was more than filled by the introduction of Measles Vaccination. During the year Measles Vaccination was offered to all susceptible children between the ages of fourteen months and fifteen years. It was not until February that it was known that intensive Measles Vaccination was to be started in 1968 and that the Ministry of Health wanted the campaign to start in May. The first sessions were held in May but the programme got off to rather a slow start because of the national shortage of measles vaccine. This was disappointing after the tremendous efforts made by the staff of the Infectious Diseases Section to get the necessary clerical work completed in the short time available. However, the bulk of the special sessions had been completed by October and almost 4,500 doses were given. Measles vaccination is now included in the schedule as a routine at the age of fifteen to sixteen months.

There has been an encouraging decrease in the incidence of measles at the beginning of the 1968-9 season, which would normally have been expected to be an epidemic year.

By the end of 1968 it has not been possible to do more than begin to plan for the introduction of the recommended Booster injections for school leavers. This was because there were no previous facts available to give a guide to the likely response from the children and their parents and therefore to the amount of work which will be involved.



## Vaccination and Immunisation — Application of Computer Procedures

During 1968 the application of computer procedures to the health services was agreed by the Social Services Committee, and in the first instance computer services will be used in the immunisation programme.

All children born on or after 1st January 1969 will be included. The computer programme has been designed to make appointments for children to attend for immunisation as they reach the appropriate age and to record the details of the doses given. It is not practicable in the first instance to include the existing records of older children, and for the time being they will continue to be dealt with by the present methods.

It is hoped that many of the local family doctors will also join in the scheme, which should help to reduce some of their clerical work.

Other local authorities have found that the use of the computer has increased the proportion of children immunised, and it is expected that the same results will be produced in Haringey.

### Venereal Disease

Year	Totals of Venereal Conditions	Syphilis		Gonorrhoea	Other Venereal Conditions
		Primary and Secondary	Other		
1966	896	3	9	96	788
1967	1101	5	15	216	865
1968	1090	4	10	259	817

The above table represents the incidence of new Haringey cases coming to the Venereal Disease Clinic at the Prince of Wales's Hospital in the past three years. Their significance for Haringey as a whole is debatable, since a considerable number of Haringey patients seek their treatment outside the Borough, and not all clinics report their attendances. 1967 showed a striking increase over the previous year, and we wondered at the time if this might have indicated increased use of the local clinics by Haringey people rather than a true rise in numbers; but had to concede that the figures had been going up all over the country and that there was no reason to assume that Haringey might be different. The total for 1968 may conceal a greater real increase if the opening of the Victoria Line is resulting in more patients travelling into Central London for treatment. The most sinister-seeming figure at the Prince of Wales's Hospital clinic is the one for gonorrhoea, which has increased by 20% in one year. The fall in other venereal conditions may not be as re-assuring as it looks, for here we are dealing with a range of conditions some of which may not be venereal in origin.

One sometimes forgets when talking of V.D. that it is as much a symptom of social malaise as a disease complex in its own right. A society which accepts the encouragement of promiscuity in books and films has no right to be surprised when individuals act them out in real life and perhaps suffer the consequences. Films like "Seventeen" and "Round the Mulberry Bush" convey the implicit message that sexual experience is essential for young people, and that there is something wrong with those who don't have it. Venereal disease is, of course, not mentioned; and possible pregnancy has only a brief mention in one of them. The trouble with this kind of attitude is that it ignores a more profound human need, the longing for deep, enduring affection. Possibly in condemning promiscuity we are wrong to lay so much emphasis on the risks of venereal disease, which seem to be regarded by many of its victims as merely an unlucky fall of the dice easily remedied by the wonder drugs. More emphasis should be placed on the fact that mutual sexual satisfaction is a long term achievement by a team of two. It could be that the promiscuous person pays a heavier price than disease for the ultimate consequence of shallow relationships and easy indulgence is failure to realise oneself fully as a human being.



## SANITARY CIRCUMSTANCES OF THE AREA

The work of the Environmental Health Division is limited only by the number of staff available to deal with the many aspects of this service. Every effort is made to make the best use of the staff available and, in order to ensure adequate coverage of all functions the public health inspectorate is divided into teams under seven senior inspectors, each team being responsible for a given branch of duties. Technical assistants are also employed so that public health inspectors can devote their time more fully to the more important problems. Eight pupil inspectors are at various stages of their 4-year course of training, their supervision and service training being under the control of one of the senior public health inspectors as part of his normal duties.

### Drainage and Sewerage

There are separate soil and surface water drainage systems to the greater part of the Borough. Most of the soil system drains to the G.L.C. works at Deephams Purification Works, Edmonton and the surface water is discharged into the local streams and the River Lee.

Pollution of the watercourses may arise if unauthorised soil drainage connections are made to the surface water system or industrial processes may lead to contaminants from floors or yards being washed down into the surface water drains. Considerable investigation is required to trace and stop such pollution whenever it arises and to this end a close liaison is maintained with enforcement officers of the Lee Conservancy Catchment Board.

A technical assistant experienced in plumbing and drainage work is continuously engaged in the inspection of house drainage with a view to the detection of faults which may result in surface water pollution, special attention being given to those areas where surface water samples indicate that infringements may be occurring.

During the year 2,705 premises were inspected in this way and drainage corrections were requested in 95 instances. The public health inspectors took any necessary action to ensure that the required works were carried out and, where appropriate, formal action was taken under the Public Health Act 1936.

### Water Supplies

A small area on the Borough boundary 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 the Lee Valley Water Company was contained in the report of 1966.

Dr. Windle Taylor, Director of Water Examinations, Metropolitan Water Board, has kindly supplied the following information regarding water supplied by the Board to Haringey during 1968:-

1. (a) The supply was satisfactory both as to (i) quality, and (ii) quantity throughout 1968.
- (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 1968, was 245,270.
- (ii) No houses were permanently supplied by standpipe.
- (d) No artificial 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 supply was derived from the following works and pumping stations:-
  - River Thames (Northern group) supplies the higher elevation round Muswell Hill.
  - New River from Stoke Newington and Hornsey Works.
  - Park well (only in summer, and then to Northumberland Park area).No new sources of supply were instituted and there were no changes to the general scheme of supply in your area.

Special tests for lead have been carried out during 1968 on 100 premises where a lead supply pipe is installed. The premises were chosen to give an even distribution of samples throughout the whole of the Board's area. Two samples were collected from each premises; one was the first running of water standing in the lead pipe overnight and the other was a sample of water after running the tap for a few minutes. The results are set out in the accompanying table:-



**AVERAGE RESULTS OF THE CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF THE WATER  
SUPPLIED TO THE LONDON BOROUGH OF HARINGEY FOR THE YEAR 1968**

(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 <sub>3</sub>	Hardness (non-carbonate) Ca CO <sub>3</sub>	pH Value	Phosphate as PO <sub>4</sub>	Silicate as SiO <sub>2</sub>	Sulphate as SO <sub>4</sub>	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	0.013	0.063	4.8	40	0.67	0.1	7	306	76	7.9	1.7	10	66	0.30	5	29.9	5.2	0.01	630
Park well	13	0.076	0.028	0.8	22	0.28	0.1	0	272	62	7.6				0.75					530
*Thames derived N. of River	207	0.019	0.085	3.8	32	1.19	0.1	14	287	78	8.0	1.9	9	62	0.30	5	23.4	5.2	0.02	570

**BACTERIOLOGICAL RESULTS — YEARLY AVERAGES, 1968**

	BEFORE TREATMENT							AFTER TREATMENT				
	Number of samples	Agar plate count per ml		Coliform count		Escherichia Coli count		Number of samples	Agar plate count per ml.		Coliform count	Escherichia Coli count
		20-24 hours at 37°C	3 days at 22°C	Per cent samples negative in 100 ml.	Count per 100 ml.	Per cent samples negative in 100 ml.	Count per 100 ml.		20-24 hours at 37°C	3 days at 22°C	Per cent samples negative in 100 ml.	Per cent samples negative in 100 ml.
New River derived								514	11.9		100.0	100.0
Park well	111	0.3	68	90.99	0.3	94.59	0.1	113	6.9	28	100.0	100.0
*Thames derived N. of River								1,720	12.1		99.94	99.94

\*Ashford Common, Kempton Park, Hanworth and Barn Elms

### Lead content of water from main taps in consumers' premises

Lead content (mg/1 Pb)	Samples of Water standing in lead pipe overnight	Samples of water after running the tap
Less than 0.01	10	37
0.01	31	57
0.02	21	4
0.03	8	1
0.04	9	0
0.05	5	0
0.06	5	0
0.07	4	1
0.08	1	0
0.09	3	0
0.10	1	0
0.12	1	0
0.16	1	0
	100 premises	100 premises

The above results are very satisfactory and the figures are within the limits of the World Health Organisation European Standards for Drinking Water Quality. This states that the upper limit for lead in running water in the supply should not be more than 0.1 mg/1 (Pb); but where water undertakings continue to use lead piping the concentration of lead (as Pb) should not exceed 0.3 mg/1 after 16 hours contact with the pipes."

### Swimming Baths and Paddling Pools

Public Health control of the public and privately owned pools is maintained by regular sampling on behalf of the Health Department of water for bacteriological and chemical examination from the swimming pools in the Borough by special chemists on the staff of the Scientific Branch of the Greater London Council. Samples are similarly taken from paddling pools in the parks when these are in use during the summer months.

The reports on these samples have been generally satisfactory and shown a high standard of operation of the chlorination and filtration plants installed at the swimming pools.

Control of the paddling pools during very hot spells in the school holidays presents a problem. At such times these pools are heavily used and there are no installations for accurately dosing the water with chlorine. The problem is exacerbated by the foreign matter carried into the water on the children's feet from the adjoining play areas, which may rapidly absorb any free chlorine in the water.

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

### Smoke Control Areas

The 1st December 1968 marked the conclusion of a sustained programme started by the three predecessor boroughs which were merged on the formation of Haringey to apply smoke control to the whole of the Borough. On that date the following two Orders came into operation and the last two remaining areas in Haringey then became subject to the smoke control legislation; namely

Hornsey No. 10 area – 300 acres 3,663 dwellings

Tottenham No. 8 area – 397 acres 3,337 dwellings



Since 1958 when the first smoke control order was made approximately one-third of a million pounds has been paid to owners and occupiers of 26,000 dwellings in the Borough towards the cost of adapting fireplaces to make them capable of burning authorised fuel satisfactorily. The costs would have been much higher had there not been already a steadily growing trend towards the use of alternatives to bitumastic coal. Taken overall conversion grants were paid in respect of only 36% of the dwellings in the Borough. The effects of the clean air policy is perhaps one of the most obvious environmental improvements in the last decade. The clear view one now gets from such high spots in the Borough as Alexandra Palace contrasts remarkably with the hazy smoky atmosphere of the era before the mid - 1950's.

Section 9 of the Clean Air Act 1968 strengthens the powers of enforcement of smoke control by making it an offence to acquire or to sell and deliver unauthorised solid fuel for use in a building in a smoke control area unless the building or fireplace is exempted. This provision will come into force on 1st April 1969.

### Furnace Installations

23 notifications were received in accordance with section 3 of the Clean Air Act 1956 where it was proposed to install new furnaces. These were examined and where necessary discussed with the installation engineers. The Department was satisfied that the final proposals provided for installations which would meet the requirements of the Act that they should as far as practicable be capable of being operated continuously without emitting smoke when burning the fuel for which they were designed.

### Chimney Heights

20 notices were received under section 10 of the Clean Air Act 1956 of proposals to construct new chimneys. Where appropriate these were discussed with the applicants and agreement was reached in each case by which chimney terminal heights were fixed that should provide for adequate dissipation of the exhaust gases so avoiding the risk of harmful local concentrations of air pollutants.

From 1st April 1969 the control of heights of chimneys serving furnaces will be extended under section 6 of the 1968 Act but section 10 of the 1956 Act will continue to apply to chimneys not serving furnaces.

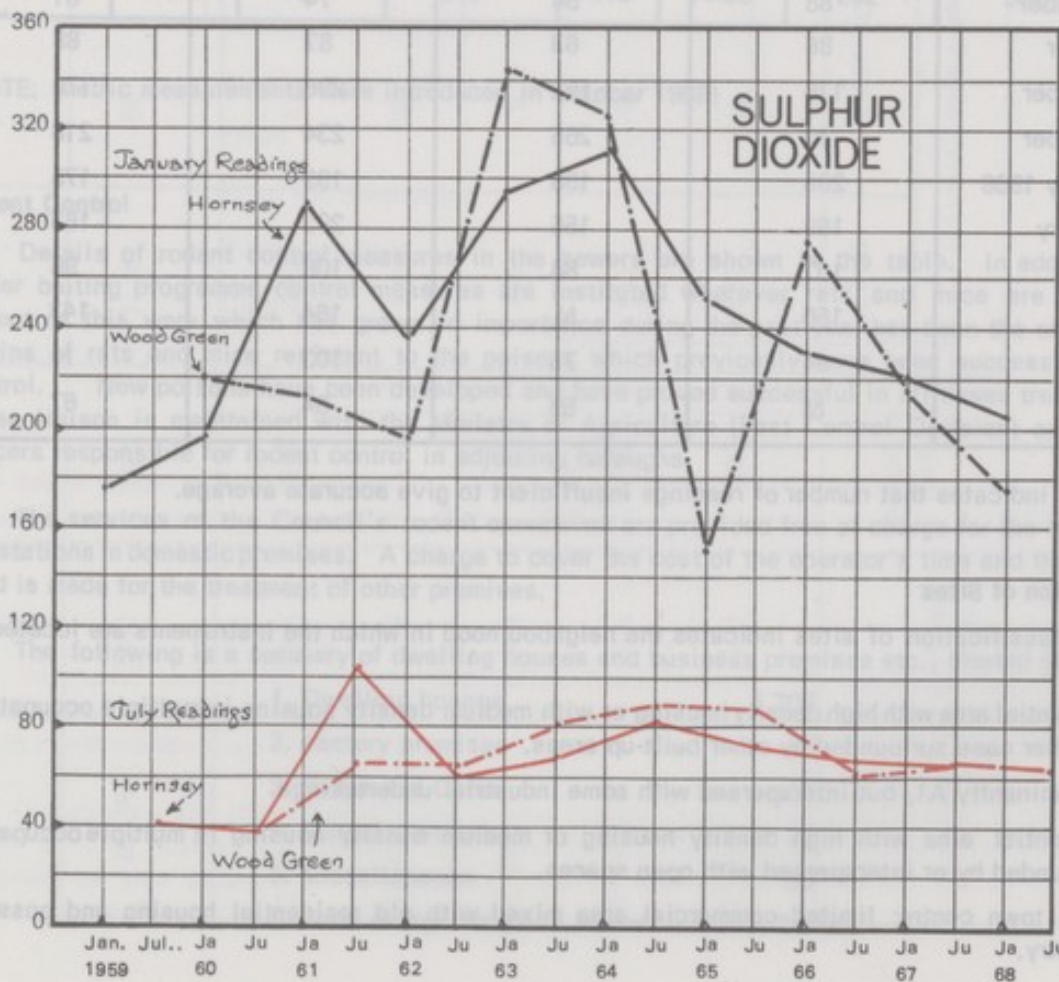
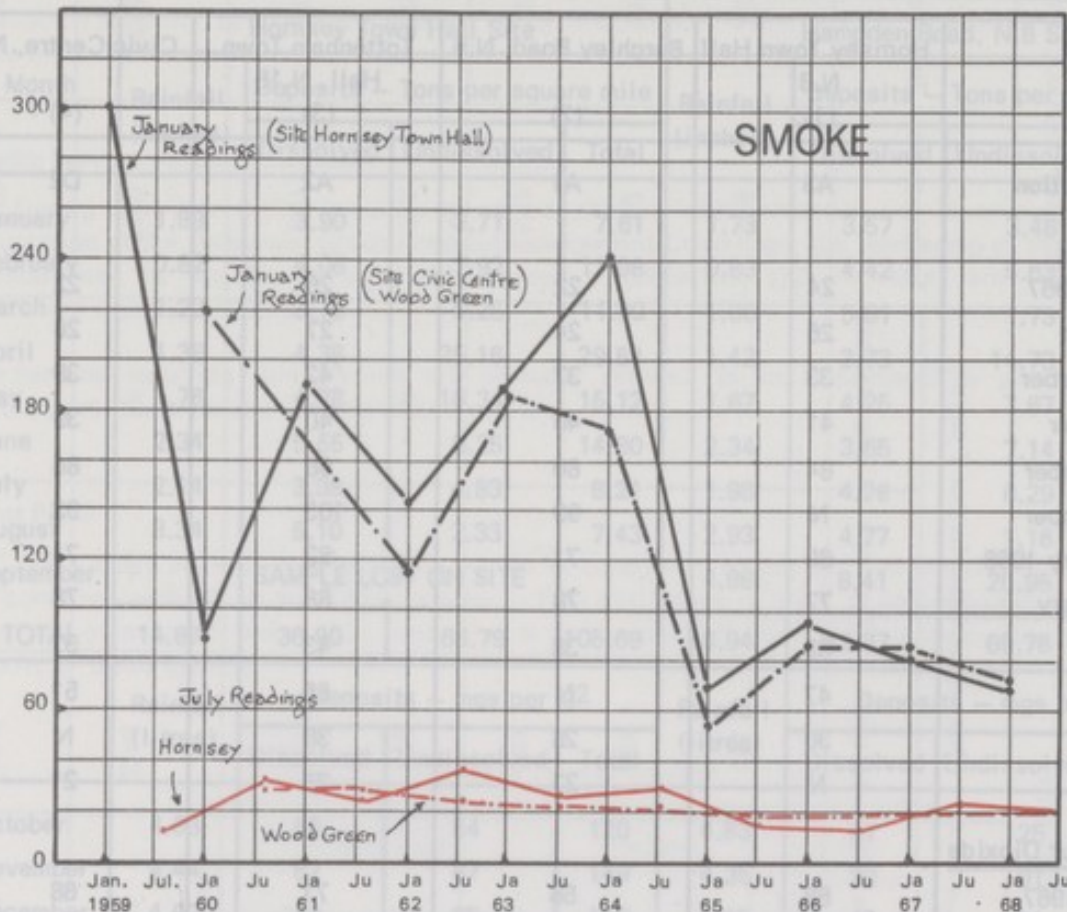
### Investigation of Atmospheric Pollution

Haringey continues to co-operate with the Ministry of Technology by operating four instruments at suitable sites in the Borough for recording the daily level of smoke and sulphur dioxide in the atmosphere. In addition to giving information on local trends, the data forms part of information collected by the Ministry to show national distribution and trends in atmospheric pollution. The readings obtained depend to some extent on varying local meteorological conditions and at times these may give rise to deviations from the general trend.

The graphs show the average January and July readings for the past 10 years for the two sites in the Borough that have remained unchanged during that period. The fairly stable lower winter smoke figures for the last four years reflect the improvements resulting from the increasing use of smokeless fuels throughout London. Although there is an indication of some lessening in the sulphur dioxide concentration, it cannot be said that the problem of the eradication of this pollutant has yet been solved.

# AVERAGE SMOKE AND SULPHUR DIOXIDE READINGS 1959/68

(Microgrammes per cubic metre)





**TABLE A**  
**Average Daily Readings of Smoke and Sulphur Dioxide in the Atmosphere 1967/68**  
 (Microgrammes per cubic metre)

	Hornsey Town Hall N.8 (1)	Burghley Road, N.8 (2)	Tottenham Town Hall, N.15 (3)	Civic Centre, N.22 (4)
<b>Classification</b>	<b>A3</b>	<b>A1</b>	<b>A2</b>	<b>D2</b>
<b>(a) Smoke</b>				
July 1967	24	22	25	22
August	26	24	27	26
September	33	37	42	39
October	41	40	40	39
November	84	80	98	86
December	N	99	103	92
January 1968	69	71	82	71
February	77	78	88	78
March	38	38	43	37
April	47	N	55	51
May	30	28	38	N
June	N	23	25	21
<b>(b) Sulphur Dioxide</b>				
July 1967	68	56	71	68
August	70	49	65	61
September	88	54	74	61
October	86	63	87	88
November	175	152	206	170
December	N	265	234	218
January 1968	205	158	199	175
February	169	155	203	163
March	107	88	108	96
April	150	N	164	143
May	94	75	103	N
June	N	59	84	67

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

**TABLE B**  
**Monthly Deposit Gauge Readings 1968**

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	1.89	3.90	3.71	7.61	1.73	3.57	3.46	7.03
February	0.82	4.06	7.92	11.98	0.83	4.42	5.63	10.05
March	1.20	5.75	5.25	11.00	1.08	5.31	1.73	7.04
April	1.38	4.38	25.16	29.54	1.42	3.73	14.73	18.46
May	1.76	4.78	10.34	15.12	1.67	4.25	7.67	11.92
June	2.34	5.55	9.25	14.80	2.34	3.65	7.14	10.79
July	2.14	3.38	4.83	8.21	1.98	4.26	6.29	10.55
August	3.34	5.10	2.33	7.43	2.93	4.77	1.16	5.93
September		SAMPLE LOST ON SITE			4.96	8.41	20.95	29.36
TOTAL	14.87	36.90	68.79	105.69	18.94	42.37	68.76	111.13
	Rainfall (litres)	Deposits – mgs per M <sup>2</sup>			Rainfall (litres)	Deposits – mgs per M <sup>2</sup>		
		Dissolved	Undissolved	Total		Dissolved	Undissolved	Total
October	4.63	66	54	120	4.83	67	125	192
November	4.44	82	67	149	4.35	90	91	181
December	4.92	49	95	144	5.15	45	91	136
TOTAL	13.99	197	216	413	14.33	202	307	509

(NOTE: Metric measurements were introduced in October 1968)

### Rodent Control

Details of rodent control measures in the sewers are shown in the table. In addition to the sewer baiting programme control measures are instituted wherever rats and mice are found. An aspect of this work which has grown in importance during the past year has been the emergence of strains of rats and mice resistant to the poisons which previously have been successful in their control. New poisons have been developed and have proved successful in all cases treated so far. Close liaison is maintained with the Ministry of Agriculture (Pest Control Division) and with the officers responsible for rodent control in adjoining boroughs.

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 1968.

1. Dwelling houses	—	1,700
2. Factory premises	—	69
3. Shops and Cafes	—	63
4. School canteens	—	38
5. Miscellaneous	—	56
6. Total charge for 2 – 5 above	—	£351. 2s. 3d.



# RODENT CONTROL – SEWER BAITING 1968

AREA NO.	Total manholes	Baited manholes	WARFARIN						SODIUM FLUORACETAMIDE	
			1st revisit after 7 days			2nd revisit after further 7 days			1st treatment	2nd treatment
			No take	Part take	Complete take	No take	Part take	Complete take		
1. West	759	750	695	36	19	734	11	5	759	759
2. West	702	685	677	6	2	684	1	—	702	702
3. West	597	595	584	8	3	583	9	3	597	597
1. East	775	775	677	38	60	726	23	26	775	775
2. East	547	547	486	17	44	521	5	21	547	547
TOTAL	3380	3352	3119	105	128	3248	49	55	3380	3380
PERCENTAGE		99.2	92.95	3.04	4.01	96.9	1.5	1.6	100	100

## 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 Service for the Incontinent

During the year 3,070 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. Collection 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

There was a marked increase in the number of complaints of bug and flea infestations, a total of 240 compared with 82 in the previous year. Free assistance is given to householders to eradicate these and other insect pests, DDT continuing to be the most effective insecticide in dealing with the majority of these insects.

Premises Treated in 1968

Insect Pest	Houses	Other Premises
Ants	91	10
Beetles and Cockroaches	111	32
Bugs	127	—
Fleas	113	—
Flies and Bluebottles	15	1
Wasps and Bees	85	4
Others	64	3
TOTAL	606	50

Where requests for assistance are received in respect of non-domestic premises a charge is made to cover the cost of the service. During 1968 £45. 9s. 4d. was received in this connection.

## 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 1968, 378 bodies were received into Hornsey mortuary and 363 post-mortem examinations were carried out.

Discussions are continuing with the Greater London Council for the utilisation of the upper part of the building housing the mortuary to be used as a Coroner's Court. The building was originally designed for this purpose but certain modifications are required before the G.L.C. can agree to establishing a Coroner's Court in the premises.



# Inspections and Re-inspections carried out by Public Health Inspectors and Technical Assistants

Statutory Nuisances	8554
Drainage	3633
Drain Tests	32
Surface Water Pollution	1281
Vermin and Pests	309
Rodents	388
Accumulations of Refuse	587
Smoke Observations	333
Smoke Control	3927
Noise	578
Disrepair Certificates	26
Housing Surveys	3219
Multiple Occupation	7406
Overcrowding	69
Other inspections under Housing Acts	230
Mortgage Advances	62
Improvement Grants	1121
Infectious Disease	515
Food Poisoning	94
Factories with Mechanical Power	683
Factories without Mechanical Power	118
Outworkers	96
Offices etc: General Inspection	601
Offices etc: Other visits	358
Shops Act	2717
Bakehouses	198
Bakers and Flour Confectioners	120
Butchers	550
Canteens and Kitchens	238
Confectioners — Sugar	125
Fishmongers	80
Fried Fish Shops	103
Greengrocers and Fruiterers	247
Grocers	675
Hawkers of Food	53
Prepared Food Premises	73
Public Houses and Off Licences	146
Restaurants and Cafes	823
Slaughterhouses	236
Other Food Premises	97
Street Traders	2177
Food and Drug Sampling	648
Ice Cream Sampling	76
Milk Sampling	75
Surrender of Unsound Food	346
Investigation of Food Complaints	205
Bacteriological examination of Food	323
Hairdressers	177
Old People's Welfare	28
Pet Animals Act	118
Other Visits	4722
No access	5735

## Defects Remedied following action by District Inspectors

Drains repaired	25
Drains cleared	19
W.C. cisterns repaired or renewed	72
W.C. pans renewed or cleansed	25
Flush pipes repaired	24
Waste pipes repaired or renewed	144
Rain water pipes repaired or renewed	82
Roofs repaired or renewed	573
Eaves gutters repaired or renewed	251
Drinking water cisterns renewed	5
Water service pipes repaired	39
Yards repaired or reconstructed	28
Floors repaired or renewed	176
Dampness remedied	476
Windows frames and sashes repaired, renewed or painted	402
Fireplaces, stoves and ovens repaired or renewed	16
Flues and chimney stacks repaired	14
Brickwork of walls repaired and walls rebuilt	173
Wallplaster repaired	430
Ceiling plaster repaired	238
Rooms cleansed	9
Staircases, passages and landings cleansed	2
Staircases, balconies and steps repaired or renewed	46
Noxious accumulations removed	86
Nuisances from animals abated	3
Miscellaneous defects remedied	302

## Statutory Notices Served

### Housing Act 1957

Section 9 (Repairs)	13
Section 78 (Overcrowding)	16

### Housing Act 1961 (Houses in Multiple Occupation)

Section 12 (Management Orders)	4
Section 14 (Neglect of Management)	1
Section 15 (Amenities)	17
Section 16 (Means of Escape in case of Fire)	5
Section 19 (Limitation of number of occupants)	5

### Housing Act 1964 (Improvements)

Section 14	13
Section 16	4
Section 17	18

### Public Health Act 1936

Section 39 (Drainage)	27
Section 45 (Repairs of W.C.'s)	4
Section 79 (Accumulations of refuse)	10
Part III (Statutory nuisances)	215

### Public Health Act 1961

Section 17 (Drainage)	57
-----------------------	----



**Tottenham Corporation Act 1952**

Section 43 (Urgent Repairs)

175

**Work Executed by the Council**

Work carried out in default of or by agreement with the owners during 1968

**Public Health Act 1936**

Section 39 (Drainage)

5 premises

Section 79 (Removal of refuse accumulations)

6 premises

Part III (Statutory Nuisances)

6 premises

**Public Health Act 1961**

Section 17 (Drainage)

26 premises

**Tottenham Corporation Act 1952**

Section 43 (Emergency Repairs)

60 premises

**Housing Act 1957**

Section 9 (Unfit Houses Repaired)

2 premises

**Housing Act 1961**

Sections 15 and 16 (Houses in Multiple Occupation)

4 premises

**Housing Act 1964**

Section 28 (Improvements)

3 premises

**Rag Flock and Other Filling Materials Act 1951**

Rag flock is not manufactured in any premises in the Borough. 18 premises are registered for the use of filling materials in upholstery work or the stuffing of bedding, toys etc. The use of rag flock as a filler is not common in Haringey: it is known to be used at only one establishment in the Borough.

**Abatement of Statutory Nuisances**

The wide scope of the work tackled by the district public health inspectors means that their services are always in great demand by the public. A primary duty is the inspection of premises where conditions have been reported or observed which may be in any way prejudicial to health or a nuisance.

Where defects or contraventions are found the attention of the persons responsible is immediately drawn to the matter by an informal preliminary intimation. Frequently this suffices to secure the remedying of the defect, but in a proportion of cases it is necessary to follow this with a statutory notice and to institute legal proceedings to force compliance. Where appropriate work was carried out by the Council in the owner's default or at his request. In such cases the costs are recoverable from the owner and become a charge on the premises. Where defective conditions required urgent attention and procedure under the Public Health Act 1936 to enforce repairs was not sufficiently expeditious emergency action was instituted under Section 43 of the Tottenham Corporation Act 1952. Under these powers it is possible to start urgent repairs nine days after the service of notice on the owner. 175 of these notices were served in 1968 and on 60 occasions orders were placed direct by the Department for the repairs to be carried out.

3,341 initial visits were made to investigate complaints and on 992 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 215 instances it was necessary to serve statutory notices. Legal proceedings were taken on 10 occasions for failure to comply with the statutory notices and 5 abatement orders were made. A total of £27. 6s. 0d. legal costs were allowed to the Council by the Court. In 6 instances the necessary repairs were carried out by the Council at the owners' expense, where there had been failure to comply with the Courts' Abatement Orders or owners had requested the Council to arrange for the repairs in accordance with Section 275 of the Public Health Act 1936.

#### Noise

357 complaints alleging noise nuisances were investigated during the year. Many of these complaints related to the use of the industrial type of electric sewing machines in houses by persons employed as outworkers. The noise and vibration penetrates to other floors in the house and through the party walls causing considerable annoyance to neighbours, particularly when the machines are kept in use over long periods and possibly extending into the evenings and week-ends when other people are relaxing at home. The mounting of the machines on thick absorbent pads can help to reduce the transmission of noise and vibration to other parts of the building, but it is often very difficult to secure a satisfactory solution to the problem and in many cases it is proving difficult to secure amicable co-operation.

#### House Drying

Assistance is given when premises have been saturated, caused possibly by burst water pipes or tanks or major roof defects. Powerful hot air blowers and dehumidifiers are taken to the premises and greatly speed up the drying out process.

#### Accumulations of Refuse

The indiscriminate dumping of rubbish on vacant sites to which the public have access has continued throughout the year. Not only is this detrimental to the amenities of the neighbourhood but it may also provide harbourage for vermin. It is usual in such cases to advise the Cleansing and Transport Department so that if possible action can be taken under Section 34 of the Public Health Act 1961 to secure its removal.

#### Diseases of Animals Act 1950

The Council is the responsible local authority under this Act, but no local emergency arose during the year which required special action in this respect.

#### Pet Shops and Animal Boarding Establishments

24 premises are licensed as pet shops and there is one licensed animal boarding establishment in the Borough. Regular inspections are made by the public health inspectors to ensure compliance with the Council's licensing conditions. In addition arrangements have been made for veterinary supervision of the premises and animals to be carried out by Mr. F.G. Buxton, F.R.C.V.S.

#### Performing Animals

One person is registered in respect of a performing dog which he exhibits. Supervision is undertaken by the veterinary surgeon, Mr. Buxton.



## HOUSING

### Unfit Houses

Progress continued during the year in the drive to eradicate areas of unfit houses which have deteriorated beyond a condition where rehabilitation is reasonably practicable.

Procedure in the preparation for representation of areas for clearance followed similar lines to those in previous years. A programme and target dates were agreed after consultation with other Departments concerned and all representations and recommendations were duly made to the Council.

Work involved in this connection included the detailed inspection of all houses in the provisional clearance area, the preparation of reports on each house and principal grounds in respect of each house considered to be unfit under terms of Section 4 of the Housing Act 1957, the defining on a map of the houses considered to be unfit, the outlining of areas of unfit houses to be recommended for clearance, and the compilation of lists of owners, occupiers and other interested parties in regard to all the houses to be dealt with.

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 others.

Nine areas were confirmed by the Ministry during the year and occupiers are presently being re-housed from these areas. The areas comprise 471 houses and 591 families. Two areas represented in 1967 await confirmation. These include 83 houses and 104 families. Five areas were represented for clearance during the year. These include 578 houses and 943 families. Public Local Inquiries were held in respect of nine areas for clearance under Compulsory Purchase Orders.

The figures given above relate to houses within clearance areas. Total numbers set out in the tables below also show added houses in Compulsory Purchase Orders including clearance areas.

#### 1. Areas demolished and cleared during 1968

Park Lane/Waverley Road, N.17.  
Clyde Road/Elizabeth Place, N.15.  
Tewkesbury Road, N.15.  
Acacia Road, N.22 (Part)  
Northumberland Park/West Road, N.17.  
Hornsey Vale, N.8.  
Acacia Road/White Hart Lane, N.22.  
Moreton Road, N.15.  
Suffolk Road Clearance Order, N.15.

#### 2. Areas confirmed before 1968 and not yet cleared

Lorenzo Road/Pretoria Road, N.17.

#### 3. Areas confirmed during 1968

	In Clearance Areas		In Compulsory Purchase Orders	
	Houses	Families	Houses	Families
Suffolk Road/Sutton Road, N.15.	129	145	156	180
Roslyn Road/Seaford Road, N.15.	83	83	90	90
The Grove, N.8.	25	28	35	39
Langham Road/West Green Road, N.15.	28	45	43	65
Brunswick Road, N.15 (Part)	28	43	40	60
West Green Road/Stamley Road, N.15. (Part)	130	183	165	228
Clyde Road/Lawrence Road, N.15.	25	26	37	43
Western Road, N.22.	14	13	15	14
Upper Tollington Park, N.4.	9	25	9	25
<b>Totals</b>	<b>471</b>	<b>591</b>	<b>590</b>	<b>744</b>



#### 4. Areas represented before 1968 and not yet confirmed

	In Clearance Areas		In Compulsory Purchase Orders	
	Houses	Families	Houses	Families
Station Road/Brograve Road, N.17.	60	80	69	91
Park Lane, N.17.	23	24	26	26
Totals	83	104	95	117

#### 5 Areas represented during 1968

Chesnut Road/Colsterworth Road, N.17 and N.15.	356	652	483	844
Birkbeck Road/Lightfoot Road/St. Joseph's Road, N.8.	185	250	—	—
High Cross Court, N.17.	5	5	5	5
Paxton Road, N.17.	11	12	—	—
Kings Road, N.22.	21	24	—	—
Totals	578	943	488	849

Since April 1965, in all but three instances the Compulsory Purchase Orders made by the Council to deal with areas of houses proposed for clearance were confirmed by the Ministry in their entirety and with little or no reclassification in regard to "fitness". Such reclassifications as did occur were either a change of category from "house" to "other building", or were probably the result of works of repair having been done between the dates of the Council's resolution and the Public Inquiry.

In regard to the exclusions from the Compulsory Purchase Orders, in one instance (Langham Road/West Green Road) a relatively small part of the Compulsory Purchase Order area was not confirmed. This part comprised mainly "fit" houses, and was deemed unnecessary for the satisfactory redevelopment of the remainder of the Compulsory Purchase Order area.

In the case of the Stanley Road/West Green Road area, part of the Compulsory Purchase Order, approximately one-fifth of the whole, was not confirmed. This part consisted of 21 confirmed unfit houses and 21 fit premises. Several of the houses which were reclassified as fit properties and which had been superficially repaired prior to the Public Inquiry, are without doubt again in an unfit condition. It was deemed by the Ministry Inspector that the houses in the excluded part could be satisfactorily repaired and improved.

In the Brunswick Road/West Green Road Area approximately two-thirds of the Compulsory Purchase Order area was not confirmed. One-third, comprising mainly 3-storey buildings with dwellings on the upper floors and shops on the ground floor, was held to be "shops" and was excluded. The difficulty in deciding whether a building is a "house" or "other building" is exemplified by one owner, represented by Counsel at the Public Inquiry, who restored the dwelling accommodation at his property at a cost of about £850 and later found that the premises were deemed to be a "shop".

On the south side of Brunswick Road the ratio of "unfit" to "fit" houses was reversed by the Minister's Inspector. This was without doubt due to extensive works of repair, largely of a superficial nature, which were seen to be done immediately prior to the Public Inquiry. This part was excluded from the Compulsory Purchase Order and it was considered by the Minister's Inspector that the houses could, at reasonable expense, be repaired and improved. Many promises of satisfactory restoration and improvement were expressed in the pleas of the objectors. Fulfilment of these promises is awaited with interest.



It is true that many of the houses in the excluded areas of Brunswick Road and Stanley Road are at or are above the minimum fitness standard of Section 4 of the Housing Act, 1957, but this standard is the lowest possible for justifying the continuing existence of dwelling houses en masse. The standard falls far short of a satisfactory house. These "fit" houses now require to be modernised, even with the attendant difficulties due to deterioration through old age, poor design and the manner of occupancy. In part, the existence of these "fit" houses justifies the retention of the excluded "unfit" houses which will require even greater efforts of repair and improvement. All these houses are old and structurally deteriorating. Looked at objectively, as areas of houses, the wisdom of excluding them from a Compulsory Purchase Order thus preventing the sites from being cleared, is open to serious doubt.

Whether a house is "fit" or "unfit" is founded upon fact. An opinion based upon fact is arrived at by close examination of the house and, through qualification and experience, setting the condition of the house subjectively against the minimum fitness standard of Section 4 of the Housing Act, 1957.

When considering the best method of dealing with an area of unfit houses the Council may take into account the structural soundness of the houses in question, the amenities within the houses, the manner of occupancy, the difficulties or otherwise of providing satisfactory household amenities, design and arrangement, the condition of outbuildings and yards, availability of open spaces and the multiplicity of ownership. It is perhaps not inappropriate to consider what is left should clearance of unfit areas of houses be decided against, and in this connection it is pointed out that repairs carried out to bring a house up to the minimum fitness standard are usually no more than timely maintenance and do little to lengthen the life expectation of the house.

During the year a White Paper was issued by the Minister of Housing and Local Government entitled "Old Houses into New Homes", and is the forerunner of expected new legislation. A feature of the White Paper is a new emphasis upon the restoration and improvement of old houses where appropriate, but it in no way retards the activity of the clearance of unfit houses where such action is considered to be the best method of dealing with the houses.

Uncertainty has always existed as to the selection of appropriate and suitable areas of houses for action under improvement, but it is becoming increasingly clear that Ministry thinking is to draw a line rather than have a gap between areas for clearance and areas for improvement.

It would seem therefore, that the Council, when considering the best method of dealing with an area of houses represented as unfit, is making a selection between two choices, clearance or improvement, and that the rejection of one in effect means the declaration of the other.

It would be an unsatisfactory situation for areas of unfit houses, considered to be inappropriate for clearance, to be left, even if restored to the minimum fitness standard, for many years during which they would further deteriorate and the occupiers would not enjoy the amenities they might reasonably expect in this day and age.

The following dwellings were the subject of closing or demolition orders made during the year. These were houses or parts of houses which were unfit for habitation and could not be made fit at reasonable expense. Occupants were re-housed by the Council:-

159 Turnpike Lane, N.8	26 Derby Road, N.15.
44 Muswell Hill Road, N.10	667 Seven Sisters Road, N.15.
68 Mayes Road, N.22.	4 Heybourne Road, N.17.
11 Eastfield Road, N.8.	190 Stapleton Hall Road, N.4.
37 Lynton Road, N.8.	41 Middle Lane, N.8.
45 Middle Lane, N.8.	1 Ennis Road, N.4.
22 Kings Road, N.22.	Warham Mews, 517 Green Lanes, N.4.

Closing Orders on houses as undernoted were determined during the year after the Council had been satisfied that adequate works had been carried out so as to render the premises again fit for human habitation:-

91 Pellatt Grove, N.22.	20 Milton Road, N.6.
190 Stapleton Hall Road, N.4.	35 Woodstock Road, N.4.
24 Ennis Road, N.4	4 Ipplepen Road, N.15.



## **Purchase in Advance of Council's Requirements**

Requests by the Chief Valuation Officer for classification of houses included in the Council's Provisional Clearance Programme and which were offered to the Council in advance of requirement were received and replies forwarded after investigation.

Routine matters such as replies to "searches" interviewing members of the public, and office administration were attended to throughout the year.

## **Improvement Areas**

The details set out below show the position at the end of 1968 of areas which have been declared Improvement Areas under Part II of the Housing Act 1964.

### **Uplands Road, N.8.**

During the year two further privately tenanted dwellings and one owner occupied dwelling were each improved to the full standard by the provision of a bath or shower, internal water closet, basin and hot water.

Since the declaration of the area in July, 1965 and by the close of the year the Council had acquired by agreement 11 houses in the road. One of these was converted into two self-contained fully equipped flats during 1967 and during 1968 works to convert seven more houses each into two self-contained dwellings were well advanced.

At the close of the year 13 suspended notices and one immediate notice were outstanding. The suspended notices mean that the occupiers have refused improvement and no works can be executed unless the tenants no longer refuse or there is a change in occupation.

### **Arnold Road, N.15.**

During the year 9 dwellings were each improved to the full standard by the provision of internal water closets, bathrooms and hot water. Three of these were carried out voluntarily by owner occupiers. Two are occupied by private tenants and improvement works were carried out by the landlord as a result of notices served by the Council. One dwelling is owned and was improved by the Council. In the case of the other three, immediate improvement notices had been served by the Council on the owner, but he had failed to take any action during the prescribed time, and the Council gave authority for the work to be done in default. Plans and specifications of the necessary work were prepared within the Department and competitive tenders sought. Some repairs were also carried out at the same time at one of these dwellings.

The Act allows two years from the declaration of the area in May 1966 for the Council to serve all improvement notices. By the end of May 1968 eleven immediate, 30 suspended and one final improvement notices had been served and one formal undertaking was accepted. The significance of suspended notices is explained under the report for Uplands Road. A final notice is served where previously there had been a suspended notice and either the occupier has cancelled his refusal or there has been a change of occupier. Both an immediate and a final notice require a landlord to complete the specified improvement works within 12 months from the expiration of 6 weeks from the date of the service of the notice during which latter time he is allowed to appeal.

At one house occupied by a tenant and sub-tenant the owner professed willingness to improve the dwelling but was prevented by the tenant's refusal and by the existence of the sub-tenant. The Council agreed to rehouse both these occupiers on the understanding that the owner would then improve the house into one or two fully equipped dwellings and the Council would have the right to nominate the new tenants. By the close of the year the Council had rehoused both tenants and the owner was taking steps to secure the improvement of the house.

A total of 15 dwellings have now been improved in this areas as the result of Council action.

### **Homecroft Road N.22 and Clonmell Road N.17 Improvement Areas**

These two new improvement areas were declared by resolutions of the Council on 29th April, 1968. The former road contains 41 houses and 53 dwellings. 24 of these dwellings already have facilities to the full standard and, of the remaining 29, 16 are capable of improvement to the full standard. In Clonmell Road there are 140 houses, all in single occupation. 55 already have full facilities and all the remaining 85 are capable of full improvement.



As the result of the White Paper "Old Houses into New Homes" and because owners wished to avail themselves of the promised increased grant, and occupiers of controlled accommodation wanted definite information regarding rent increases, the Council at their meeting in September deferred further action for the present in connection with these two areas.

#### **Improvement of Dwellings not in an Improvement Area**

During the year 9 dwellings were improved as the result of applications for assistance made to the Council by the tenants. Four of these involved the conversion of the back bedroom into a bathroom with a combined water closet. Two were improved by the conversion of the kitchen to form a bathroom. Two more involved the improvement to the full standard of some facilities already existing. At the final one, owing to lack of space, it was not possible to secure a bath or shower but the existing external water closet was changed to give access from within the dwelling and hot water was provided.

Enquiries, averaging about one a week throughout the year, continued to be received at the Department from both owners and tenants. In April the Government issued a White Paper "Old Houses into New Homes". In this they declared their intention to include in early new housing legislation provisions for bringing controlled rents within the orbit of the Rent Officer for determining a fair rent where the dwellings were already provided with an indoor water closet, a fixed bath, a wash hand basin, a hot and cold water system and a sink and were in good repair or would be brought into this condition with a grant. By the end of the year the Bill had not been published but it was expected to appear early in the New Year and to have completed its passage through Parliament by the Autumn of 1969. The existence of this impending legislation necessarily imposed a "wait and see" attitude on the part of both owners and tenants and made the Department's task of advising more difficult and uncertain.

#### **Houses in Multiple Occupation**

Progress is being made and the effect of the eventual replacement of one inspector who had resigned, together with one additional inspector appointed for this work is now beginning to show. In addition, one technical assistant was transferred from work in connection with Smoke Control Areas to this section in April and another towards the end of December.

Some progress is now being made and more experience gained in regard to the provision of adequate means of escape in case of fire. Full specifications of work required in this connection have been provided in respect of 98 premises. The number of premises which were provided with adequate means of escape in case of fire during the year was 39, with work of this type progressing at various other premises. However, for some inexplicable reason this has been the worst year so far known for fires at houses in multiple occupation within the Borough. Sixteen premises in multiple occupation suffered damage from fire in varying degrees. Two children died in one fire. It is understood that it was not possible positively to give the cause of this fire, but it was believed to be due to either a faulty electric wire socket or an oil heater which may have been knocked over by children left alone in the house for a short period.

Three children also died in another house where they had been left playing in a room in which an oil heater was overturned.

A further less usual fatality occurred when a youth re-lit an oil stove in his room after his parents had extinguished it for the night. The heater was presumably turned down very low, or became affected by atmospheric conditions, and the result was that the heater smoked and created a build-up of carbon monoxide during the night whilst the boy slept. His room had the fireplace sealed up and the windows closed, and, although the room was large and lofty, in the morning his parents found him dead and the walls and the ceiling of the room blackened by smoke.

Although free-standing paraffin oil heaters were implicated in the majority of cases of domestic fires within this type of premises which occurred within the Borough, it almost always appeared that it was the mis-use or bad siting of the appliance that was the cause of the trouble, together with the circumstances by which young children were alone in rooms in which oil heaters had been placed in the middle of the room and could easily be knocked over.



Investigations were carried out by the public health inspectors at all these premises where fires occurred and owners advised upon the requirements necessary when reinstating the premises to provide adequate means of escape in case of fire as well as the necessary amenities if the house was to be re-let in multiple occupation. The Department regrets that the extent of multiple occupation of houses within the Borough, the limit on the number of public health inspectors available for this work and the complexity of the task in each individual case must continue to result in a high percentage of houses in multiple occupation still awaiting detailed inspection and assessment.

91 visits were made to houses where the Council were contemplating mortgage advances and where more than one household were intending to occupy the premises, and reports upon facilities and in appropriate cases upon work required to provide an adequate means of escape in case of fire were provided for the use of the Borough Treasurer and the Chief Valuation Officer so that conditions of mortgage could be determined.

#### Houses in Multiple Occupation – Summary of Action taken in 1968

	Total
Number of separately occupied parts of houses visited for first time	1565
Number of revisits to above	7535
Number of houses completely inspected	505
Number of houses found satisfactory	53
Number of houses where informal notices relative to S15/S16 sent	348
Number of houses where specification given of work required for means of escape in case of fire	98
Number of inspections where multiple occupation would exist upon completion of mortgage advances being contemplated by this Council	91
Number of houses where items of inadequate management notified to owners	151
Number of cases of penal overcrowding	98
Number of cases of penal overcrowding abated	51
Number of cases of non-penal overcrowding	27
Number of cases of non-penal overcrowding abated	4
Number of formal S.14 notices	1
Number of formal S.15 notices	17
Number of formal S.16 notices	5
Number of formal S.78 notices	12
Number of houses where S.19 notices of intention sent	5
Number of houses where S.19 Directions made	5
Number of houses where S.19 Directions revoked	2
Number of houses where S.12 notices of intention sent	4
Number of houses where S.12 Management Orders made	4
Number of houses where S.12 Management Orders revoked	—
Other notices served	242
Other visits, including discussions with owners, builders etc., at premises	1498

#### Completed works

W.C's. provided	12
Baths/Shower provided	27
Sinks/lavatory basins provided	32
Water heaters provided	168
Cooking facilities provided	20
Food stores provided	23
Space Heating provided	18
Fire Precautions work	39

#### Repairs

External	143
Internal	317



## Housing Applications – Assessments on Medical Grounds

Where housing applicants submit medical evidence supporting their requests for re-housing in Council accommodation, their cases are assessed by senior medical officers of the Health Department.

During 1968 requests were received for 630 cases to be investigated, and recommendations were made upon medical priorities. This number represented a small decrease of about 2% below the number of 647 requests in 1967. 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 considerable increase in the number of requests for visits to Council tenants requiring transfer on medical grounds. Forty-five of these visits were made compared with twenty-seven in 1967. Quite a number of these cases were housewives who had been unable to adjust to living conditions in large blocks of flats, and whose doctors were convinced that their mental health was deteriorating despite medical treatment.

### HOUSING ASSESSMENT ON MEDICAL GROUNDS

Month	No. of cases	Source of Request		
		Housing Department	Hospital G.P. or Clinic	Tenant, H.V. or P.H.I. etc.
January	52	38	5	9
February	51	37	4	10
March	31	20	4	7
April	41	33	2	6
May	47	30	5	12
June	57	44	8	5
July	56	47	5	4
August	48	31	9	8
September	42	27	10	5
October	77	51	11	15
November	75	48	11	16
December	53	40	8	5
Total*	630	446	82	102

\*These figures include second investigations carried out during year

202 cases were visited before assessment

### MEDICAL PRIORITIES RECOMMENDED DURING 1968

	No. of cases
Special: refer to Committee	51
1st degree priority	153
2nd degree priority	169
3rd degree priority	120
Recommendation for transfer	42
Recommendation for hostel accommodation	1
Recommendation for accommodation to be shared	6
Recommendation for priority when Clearance Area is being rehoused	6
Recommendation to be referred to other sections	1
Total*	549

\*These figures include second assessments made during the year

During the year 41 of the "special medical" cases were allocated for re-housing. (The remaining 10 were allocated in January 1969). 30 of the 51 "special medical" cases concerned applicants aged 60 years or over.

#### Certificates of Disrepair – Rent Acts 1957 and 1968

During the year seven applications were received for certificates of disrepair, but in one case the issue of a certificate was not considered to be justified. One certificate was cancelled during the year.

#### FOOD HYGIENE

In undertaking a review of the work of the Food Hygiene Section during 1968, one is struck by the fact that during the year nothing of dramatic interest comes to mind. The work which had to be done, was, however, carried out with enthusiasm. This was manifested not in a noisy way but by quiet dogged determination of the members of the Section to do what may well appear to be routine work conscientiously. This is the work which calls to itself no special notice by others and is, in fact, so unobtrusive that if one neglected to do it at all none would be immediately the wiser. It can, however, be logically concluded that this "preventive" work is the reason that no situation was so neglected as to enable it to degenerate and assume proportions where drastic action had to be taken to effect a remedy. Inspectors are constantly visiting food premises of all kinds not only to make thorough inspections to ensure that the various Regulations are being observed but to "pop in" for an informal visit regarding difficulties and problems existing in various fields. This enables them not only to gain some insight into the background of the various trades and industries but secures firm personal relationships based on mutual understanding and respect. It is in this atmosphere that suggestions and comments can often be made to secure standards far higher than could be enforced by existing legislation.

The battle is, however, far from won and every inspector will know that there are invariably some premises in his area where frequent visits are imperative to obtain and maintain even the minimum standards demanded by legislation.

Although it has been preached almost "ad nauseam" over the past years, it was evident from the number of unsatisfactory purchases made by the members of the public and drawn to the attention of the Department that the necessity for strict stock rotation has still not impressed a large number of traders. The efforts of the Section have and will continue to be directed towards securing an appreciation of the need for vigilance in this direction.

The total number of food shops at the end of the year was as follows:-

	No. of Shops	No. of Inspections
Bakers and Flour Confectioners	93	120
Butchers	168	550
Cafes and restaurants	227	823
Confectioners, Sugar	368	125
Fishmongers	33	80
Fruiterers and greengrocers	167	247
Grocers	413	675
Off licences and public houses	193	146



## Registered Food Premises

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

Sale of ice cream	792
Manufacture and sale of ice cream	11
Storage of ice cream	1
Cooking of hams and other meat	64
Fish frying	54
Fish curing (smoking)	3
Sausage manufacturer	101
Preparation of "Hot Dogs"	1
Preparation of jellied eels	3
Shell fish	2
Prepared foods	16
Pickling meat	3
<b>Total</b>	<b>1051</b>

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

Articles	No. of Hawkers registered	No. of storage premises
Fruit and vegetables	126	91
Shellfish	13	4
Fish	8	4
Ice cream	27	4
Light refreshments	18	4
Peanuts	4	2
Eggs	3	—
Groceries	5	2
Confectionery	1	1
<b>Total</b>	<b>205</b>	<b>112</b>

## Milk and Dairies Regulations

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

Number of distributors	269
Number of dairies	6

## Milk (Special Designation) Regulations

At the end of the year licences to use the following designations were valid for premises in the Borough:-

Pasteurised Milk	215
Sterilised Milk	213
Untreated Milk	29
Ultra Heat Treated Milk	49

## Sale of Food for immediate consumption from mobile stalls

Progress continued to be made during the year in securing the improvement of the hygienic conditions of the stalls and vehicles etc. of food traders generally throughout the Borough and particularly in the vicinity of the Tottenham Hotspurs' football ground. A number of regular traders were registered under Section 11 of the Middlesex County Council Act, 1950 and were required to comply with the Food Hygiene (Markets, Stalls and Deliver Vehicles) Regulations, 1966.

On every home match, however, a few unregistered traders appear in the vicinity of the ground and the Department is endeavouring with the co-operation of the Police either to discourage their presence or secure compliance with the Act and Regulations.

### Food and Drugs Act

This work continued during the year in a remarkably smooth and efficient manner due in no small degree to the personal qualities of the Council's Public Analyst, Mr. W.B. Chapman, and his Deputy, Mr. Burden. Their never failing courtesy and willingness to advise on all matters, important and trivial, is a model of demeanour which one would like to emulate. This co-operation has resulted in the Borough obtaining a service upon which it would be difficult to improve. Several visits were made to food manufacturing premises during the year by members of the Section accompanied by the Council's Deputy Public Analyst and samples of raw materials as well as finished products were obtained. In all cases the manufacturers welcomed the visits and the opportunity to discuss informally their problems with the Council's Deputy Public Analyst. Samples were freely offered and in no case has any material or product failed to comply with the standards laid down for such materials.

### FOOD SAMPLES

Articles	No. of samples provided	Unsatisfactory	
		Analysis	Labelling
Alcoholic beverages	13	—	1
Biscuits	2	—	1
Bread	13	3	—
Butter	2	—	1
Cake Confectionery	1	—	—
Cake mixtures	1	—	—
Cereal products	4	—	—
Cheese and cheese preparations	33	—	5
Chocolate preparation	1	1	—
Colourings	2	—	—
Drugs	58	1	—
Eggs	2	—	—
Fish and fish preparations	42	2	—
Flavourings	2	—	—
Flour	1	—	—
Food additives	5	—	—
Frozen confectionery (excluding ice cream)	1	—	—
Fruit and fruit preparation	22	—	1
Honey	1	—	—
Ice Cream	2	3	—
Jam preserves	21	1	—
Meals	33	—	—
Meat and meat preparations	60	5	—
Milk	158	5	—
Milk, condensed	5	—	—
Milk, preparations	3	—	—
Nuts and nut preparations	3	—	—
Oil and fats	5	—	—
Pickles	2	—	—
Sausages	30	1	4
Soft drinks	34	2	—
Soup	4	—	1
Spices	6	—	—
Spirits	1	—	—
Sugar	1	—	—
Sugar confectionery	2	—	—
Sweeteners	4	—	—
Syrup	2	—	—
Table jelly preparations	8	1	—
Tea	2	1	—
Vegetables and vegetable preparations	17	1	—
Total	609	27	15



# Details of Unsatisfactory Samples

Sample	Irregularity	Comments and action taken
Milk	Farm bottled milk contained only 2.8% fat, which is below the presumptive minimum of 3%	Probably due to failure to mix morning and evening milk, and is most likely to occur when milk is bottled immediately after cooling. As no improper interference indicated, no statutory action taken.
Drugs	The manufacturer of an aspirin preparation failed to include in the labelling a warning to users of the dangers of over-dosage to children	The manufacturer was requested to conform to the approved code of practice when labelling aspirin preparations
Snack Meals	(a) A can of "kidney risotto" contained only 11% meat (b) Cans of "lamb garni" and "Beef Italienne" found to contain 39% meat	No regulations at present lay down a standard for the meat content of snack meals. It is proposed that another survey should be taken at a later date so that any changes in content may be noted.
Preservatives in food	A sample of rose syrup was found to contain more than twice the permitted amount of benzoic acid	Imported product. No further action taken by the Council, but further survey will be taken in due course.
Syringes	Two plastic disposable syringes both containing injections, were found to contain foreign matter identified as a plastic material.	Plastic differed from the type used in the construction of the syringe. Not clear whether foreign matter was present before filling, or in the injections. No further action taken.
Canned meat products	Three cans of curried chicken and mushrooms contained only 25% total meat which is below the recommended minimum of 35%	The manufacturers have undertaken to take special care in future. No formal action but further samples to be taken.
Colouring matter	A sample of greengage jelly was found to contain Blue VRS	Manufacturer states this product withdrawn in 1967. In spite of efforts of staff this packet was overlooked. Explanation accepted on this occasion.
Ice cream and Ice Lollies	(a) A sample of "soft" ice cream contained only 4.3% fat which is below the legal minimum of 5%	Fat content in "soft" ice cream may be lower than permitted for three main reasons: (i) The mix butters in the freezer if mixed for too long (ii) The mix separates before it is frozen (iii) The addition of milk or water by the operator in an attempt to economise.
	(b) "Lemon-ice" contained less than legal minimum of fat required for "ice-cream".	As there was no indication that the salesman had tampered with the product on this occasion, no further action taken.  As the product did not conform with current regulations applicable to "ice-cream" and "ices", it was suggested that the product be called "lemon sorbet".

Sample	Irregularity	Comments and action taken
Meat products	(a) Four samples of sausages failed to declare the presence of permitted sulphur dioxide preservative	The presence of sulphur dioxide must always be declared either by label or by a notice displayed in the shop. Manufacturer warned and is now displaying notice.
	(b) Sample of pork sausages contained only 62% total meat compared with a reasonable minimum of 65%.	Manufacturer warned and is now selling a proprietary brand only.
	(c) Minced beef was found to be stale.	Manufacturer warned. A subsequent sample from the same butcher was satisfactory.

### Labelling

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

1. Alcohol declaration not prescribed 1/12" in height – 6 cases
2. Incomplete designation – 6 cases
3. Incorrect or misleading descriptions – 4 cases

### Food Complaints

69 complaints of unsound foodstuffs were investigated and, where appropriate, legal proceedings were instituted or warning letters sent. The two principal causes of complaint continued to be the presence of foreign matter in the food or the deterioration of foods, usually with the growth of moulds, as a result of improper storage and/or failure to ensure proper stock rotation and the removal of foodstuffs after the expiry of their recommended shelf-life. Details of the complaints received are shown in the following table.

Commodity	No. of Complaints		Action taken		
	Foreign bodies found	Other reasons	Official warning letter	Prosecution	No formal action justified
Bacon	—	1	—	—	1
Bread	8	5	9	3	1
Butter	—	1	—	—	1
Confectionery (flour)	3	4	3	1	3
Confectionery (sugar)	1	2	3	—	—
Corned Beef	1	3	1	—	3
Crispbread	1	—	1	—	—
Crisps	1	—	1	—	—
Cheese	1	—	1	—	—
Fish	1	—	—	—	1
Frankfurters	—	1	—	—	1
Ice Cream	—	1	—	—	1
Instant Whip	—	1	—	—	1
Meat	1	—	1	—	—
Meat (tinned)	—	1	1	—	—
Meat pies	1	11	3	7	2
Medicine	1	—	1	—	—
Milk	4	5	5	2	2
Minerals	1	1	1	—	1
Mushrooms	—	1	—	—	1
Pizza Pie	—	1	1	—	—
Plum Pie	—	1	—	1	—
Poultry	—	1	—	—	1
Sausages	—	2	—	1	1
Sugar	—	1	—	—	1
Total	25	44	32	15	22



## Surrender of Unsound Food

964 certificates were issued in 1968 in respect of unsound foodstuffs which were surrendered by wholesale and retail distributors.

## Meat Inspection

There was a reduction in the amount of slaughtering during 1968 due to the transfer of business from one slaughterhouse to another outside the Borough. The second slaughterhouse which was demolished by storm damage was not functioning during the year but plans for its rebuilding are proceeding and it is expected to be operational in the latter half of 1969.

### Summary of Carcasses Inspected 1968

	Horses	Cows	Calves	Sheep & Lambs	Pigs exclud. Sows	Sows	Goats
Number killed	—	—	136	310	3708	255	—
Number inspected	—	—	136	310	3708	255	—
All Diseases except Tuberculosis							
Whole carcasses condemned	—	—	—	—	30	1	—
Carcasses of which some part or organ was condemned	—	—	3	41	615	44	—
Percentage of number inspected affected with disease other than tuberculosis	—	—	2.2	13.22	17.31	17.64	—
Tuberculosis only							
Whole carcasses condemned	—	—	—	—	2	—	—
Carcasses of which some part of organ was condemned	—	—	—	—	49	5	—
Percentage of number inspected affected with tuberculosis	—	—	—	—	1.37	1.96	—

Note: No case of cysticercosis was reported during the year

## Offices, Shops & Railway Premises Act 1963

A special effort was made to increase the number of general inspections made during the year. A number of accidents were investigated and informal advice was given and acted upon. In the majority of cases, although the accidents were of a minor character, the opportunity was taken to secure the improvement of precautions so as to avoid the possibility of accidents, possibly more serious, occurring in the future.

### Registrations and General Inspections in 1968

Class of Premises	No. of Premises Registered during 1968	No. of Registered premises at end of year	No. of Registered premises receiving a general inspection 1968
Offices	19	504	114
Retail Shops	48	1242	360
Wholesale shops, warehouses	4	74	9
Catering establishments open to the public, canteens	7	156	34
Fuel storage depots	—	3	—
Total	78	1979	517

# Persons Employed in Registered Premises

Class of Workplace	No.
Offices	7145
Retail Shops	7108
Wholesale Shops, warehouses	1568
Catering establishments open to the public	1130
Canteens	238
Fuel storage depots	41
Total	17,230
Males	7,983
Females	9,247

## Analysis of Contraventions Found

Section	Type of Contravention	No. found	Section	Type of Contravention	No. found
4	Cleanliness	44	12	Clothing Accommodation	2
5	Overcrowding	4	13	Sitting facilities	1
6	Temperature	39	14	Seats (sedentary workers)	1
7	Ventilation	49	15	Eating facilities	3
8	Lighting	2	16	Floors, passages and stairs	28
9	Sanitary Conveniences	72	24	Provision of first aid	28
10	Washing facilities	48	27	Dangerous acts	1
11	Supply of drinking water	2	50	No abstract	63



### Reported Accidents

Work place	No. Reported	Total No. Investigated	Prosecution	Formal Warning	Informal Warning	No Action
Offices	3	—	—	—	—	—
Retail Shops	43	18	—	—	8	10
Wholesale shops, warehouses	16	5	—	—	3	2
Catering establishments open to the public, canteens	10	3	—	—	2	1
<b>TOTALS</b>	<b>72</b>	<b>26</b>	<b>—</b>	<b>—</b>	<b>13</b>	<b>13</b>

### Analysis of Reported Accidents

	Offices	Retail Shops	Wholesale Shops, Warehouses	Catering establishments, canteens
Transport	—	1	3	—
Hand Tools	—	9	—	—
Falls of persons	2	14	2	7
Stepping or striking against object	1	7	2	1
Handling goods	—	7	7	1
Struck by falling object	—	5	1	—
Not otherwise specified	—	—	1	1
<b>TOTALS</b>	<b>3</b>	<b>43</b>	<b>16</b>	<b>10</b>

### Hairdressers

Section 21 of the Greater London Council (General Powers) Act 1967 was applied to Haringey with effect from 1st January 1968. This requires all persons carrying on businesses as hairdressers or barbers at premises in the Borough to be registered by the Council. New byelaws in respect of such establishments in Haringey were approved and came into force on 1st October 1968. These prescribed standards of hygiene in relation to the premises, equipment and persons working on the premises. 174 premises were registered at the end of the year.

### 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	307
Sec. 32(2) Notice of hours of employment of young persons not displayed	64
Sec. 32(3) Abstract of provisions of employment of young persons not displayed	58

#### Closing Hours

Sec. 2(1) Failed to close at prescribed hour	22
Sec. 1(1) Failed to close at 1 p.m. on early closing day	18
Sec. 1(2) Failed to exhibit early closing day notice	237
Sec. 13(1) Failed to exhibit exempted trade notice	211

#### Sunday Trading

Sec. 22(3) Failed to keep record of hours of employment	15
Sec. 57 Failed to exhibit Sunday Trading Notice	86

Although there is no street market in the Borough, 27 sites on the public highway are licensed for street trading. The majority of these are in side roads off the Tottenham and Wood Green High Roads and off West Green Road, N.15. Following a review of traffic problems, the resiting of many of the stalls further back from the main roads was considered necessary. Appeals to the Courts by some traders against the Council's decision were still pending at the end of 1968 and until these are settled, action to require the other traders to move back to their new sites has been suspended.

The Council also license 19 small sites on the footpaths for trading. These are mainly occupied by newsvendors and are situated in the vicinity of British Rail and Underground Stations.

### 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.

During the year a detailed check was commenced on the premises registered as factories with a view to ensuring that the register was currently accurate. Often businesses are quite small with only one or two employees and changes in occupation are frequent and failure to notify such changes is common.

Although the Council's duties under the Factories Act are limited visits to the premises may be necessary in connection with other functions such as canteen inspections, investigations of complaints of noise and other nuisances. Usually routine factory inspections are incorporated with such special visits.

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	67	67	—	—
(ii) Factories not included in (i) in which section 7 is enforced by local authority	1019	95	19	1
(iii) Other premises in which Section 7 is enforced by local authority (excluding outworkers premises)	4	4	—	—
Total	1090	166	19	1

### 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
Sanitary Conveniences (S.7)				
(a) Insufficient	8	3	—	7
(b) Unsuitable or defective	27	22	—	6
(c) Not separate for sexes	4	4	—	1
Total	39	29	—	14



## 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 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. No action was required in respect of these matters, but the use of power machines in private houses continues to give rise to complaints from neighbours of noise and vibration and this aspect is dealt with elsewhere in this report.

Outworkers	
Making of wearing apparel	345
Household linen	15
Making of curtains and furniture hangings	4
Making articles from brass	2
Umbrellas	3
Fur pulling	1
Artificial flowers	11
Cardboard boxes	23
Making of brushes	7
Feather sorting	1
Button carding	60
Christmas Crackers	10
Total	482

## RADIOACTIVE SUBSTANCES ACT 1960

The Council is notified of all premises within the Borough in respect of which certificates are issued by the Ministry of Housing and Local Government for the keeping and use therein of radioactive materials.

Nine certificates of registration were in operation at the end of the year. Two certificates were issued during the year to cover minor amendments at premises already registered.

Following the receipt of details of new registrations, a public health inspector visits the relevant premises so that the Department can be kept informed of the levels and use of radioactive materials in the Borough.

## Student Public Health Inspectors

1968 was the first year during which the training of the student public health inspectors was directly under the supervision of a senior public health inspector following the appointment of Mr. W. Shackcloth as from 1st December 1967.

Whilst the training programme was not fully developed, student public health inspectors have been participating more fully in the work of the Department than was previously possible, and have benefited from the more intensive planning of their practical training in addition to their normal duties. It has also been possible to commence the formation of a small technical library.

Student public health inspectors attend the four year Education Board Diploma Course at Tottenham Technical College and all seven students passed their individual examinations (1967-8 session) including 1 in the final, and 2 in the Intermediate examinations. In the 1968-9 session, the Department has 8 students - two on each year of the Course.

## CARE OF MOTHERS AND YOUNG CHILDREN

### Notification of Births

Live Births	(a) Domiciliary	603
	(b) Hospital or Nursing Home	4569
Still Births	(a) Domiciliary	3
	(b) Hospital or Nursing Home	84
Total		<u>5259</u>

### Family Planning

The family planning service in the Borough continued to be provided by the Family Planning Association, acting as the Council's agents. The implementation of the powers granted to the Council by the National Health Service (Family Planning) Act 1967 was further discussed with the Family Planning Association and the hospital authorities, and, as a result, the Council agreed to accept for free treatment, cases dealt with at family planning clinics who come within the following medical or social categories:-

- Medical —
- (a) grand multiparity (five or more)
  - (b) previous medical history of mental or physical disease where further pregnancies are contra-indicated
  - (c) present medical condition of mental or physical disease where further pregnancies are contra-indicated
  - (d) hereditary disease with likelihood of transmission
  - (e) where a child in family is suffering from serious, chronic mental or physical disease
  - (f) habitual abortion
- Social — problem families and potential problem families, i.e. where excessive fertility is associated with another factor, viz. mental subnormality; mental ill-health; chronic alcoholism; addiction to drugs; recidivism.

Cases within these categories are referred for free treatment by Health Department medical officers, domiciliary midwives, mental health officers and health visitors; and by family planning clinic medical officers. The Medical Officer of Health has discretionary powers to extend authority for free treatment to special cases not falling in the categories described.

During the year two new weekly clinics were started, at Gordon Road, N.11. and Burgoyne Road, N.4. In addition, a clinic for the insertion of the intra-uterine device was started by the Association at the Prince of Wales's Hospital, and towards the end of the year a weekly evening session was started at Fortis Green Clinic, N.2., at which contraceptive advice is given to the unmarried.

A domiciliary planning service was begun in February 1968, for women who need contraceptive advice but are unable, for various reasons, to attend a clinic. These women are visited in their homes by a family planning doctor and nurse.

Close co-operation is maintained between the family planning team and the patient's general practitioner. During 1968 the domiciliary service dealt with 38 patients.

### Domiciliary Service

During the period March 1968 to June 1969, referrals were made from the following sources:-

Health Visitors	46
Welfare Department (rehousing)	15
Mental Welfare	7
Medical Social Worker (Prince of Wales's)	1
General Practitioners	2
Hospital Consultant	1
Family Caseworkers	5
Family Service Unit	1
Children's Department	1
District Midwife	1
Total	<u>80</u>



### Method of Contraception

Oral contraception	35	(3 of these attend Family Planning Clinic to pay for themselves 1 transferred to clinic but receives supplies free)
I.U.C.D.	15	
Female sterilisation	7	{ therefore 8 patients off domiciliary list)
Male sterilisation	1	
Male awaiting sterilisation	1	(To be done free at Marie Stopes clinic)
Sheaths	8	(1 patient pays for own supplies therefore off domiciliary list)
	1	(patient transferred to clinic for unmarried – off domiciliary list)
<b>Total</b>	<b>68</b>	

There was one Pill failure. Her pregnancy was terminated and she was sterilised. One sheath failure – pregnancy. This patient wants to have family planning advice after delivery.

No. of children in each family	10	9	8	7	6	5	4	3	2	1	0
No. of patients on list	1	1	6	6	8	13	14	21	5	4	1

### Religion of Patients

Church of England	36
Roman Catholic	20
Jewish	1
Greek Orthodox	6
Baptist	} 17
Jehovah's Witness	
Church of God	
7th Day Adventist	

These figures are of interest because social workers and health visitors may be reluctant to discuss family planning with women of certain religious groups.

Number of patients under 20 years of age	9
Number of patients 20 to 29 years of age	42
Number of patients 30 to 39 years of age	26
Number of patients 40 to 49 years of age	3
<b>Total</b>	<b>80</b>

These figures show that we are most aiding those couples in their 20's with three to four children who would become "problem families" if they had any additions to their families. (Some, of course, are already problem families.)

### Ante-natal Clinics

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	98	903	40	9.6
Church Road	50	439	24	9.2
Fortis Green	100	1,372	51	14.2
Weston Park	156	1,791	87	12.0
Mildura Court	66	1,228	64	19.5
Stroud Green	53	880	50	7.7
Chestnuts	101	1,240	90	13.1
Lordship Lane	103	739	77	7.9
Park Lane	102	832	77	8.9
Gordon Road	65	887	73	14.7
White Hart Lane	50	254	17	5.4
<b>Totals</b>	<b>944</b>	<b>10,565</b>	<b>650</b>	<b>11.8</b>

## 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	15	1.8
Park Lane	50	99	2.0
Gordon Road	12	26	2.1
Total	70	140	2.0

## Cervical Cytology

Clinics were held at centres in the Borough throughout the year, part of the routine ante-natal clinic sessions being reserved for the taking of "smears". The only separate cytology session now held is a weekly evening session at Mildura Court Centre, N.8., where 32 sessions were held during the year.

Attendances at clinic sessions were as follows:-

Clinic	Attendances
Burgoyne Road	12
Chestnuts	32
Church Road	12
Fortis Green	23
Gordon Road	243
Lordship Lane	379
Mildura Court	340
Park Lane	35
Stroud Green	30
Weston Park	277
White Hart Lane	29
Total	1412

In addition, five sessions were carried out at a local factory and two in a department store. At these sessions 132 "smears" were taken.

5 "positive" cases were found during the year of which 3 proved to be cancer.

There is at present almost no waiting-time for appointments at clinics. At one of the local hospitals the position regarding technicians has improved, and it would be possible for them to accept more slides for investigation if the demand were to increase.

Valuable work is carried out by the Haringey Cancer Control Committee, a voluntary organisation which holds regular public meetings and has arranged local publicity displays where leaflets and application forms are available.

## Clinic for the early detection of Breast Cancer

At the request of Mr. Keith Abel, F.R.C.S., consultant surgeon to the Prince of Wales's and St. Ann's Hospitals, the Borough co-operated with St. Ann's Hospital in conducting a clinic for the early detection of cancer of the breast. 1,000 women volunteers were invited to attend sessions at St. Ann's Hospital during the month of July. Mr. Abel proposes to try to keep these women under surveillance for a number of years. The following figures give the results of the first year's examinations -

Number of women examined	817
Number of cases referred for further investigation	31

No case of cancer was discovered during the first year.



## Mothercraft and Relaxation Classes

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

Clinics	Number of sessions held	Total number of attendances	Average attendance per sessions
Burgoyne Road	36	121	3.3
Church Road	44	199	4.5
Fortis Green	33	263	8.0
Weston Park	44	299	6.8
Mildura Court	33	141	4.2
Stroud Green	28	218	7.7
Chestnuts	51	319	6.2
Lordship Lane	50	316	6.3
Park Lane	50	151	3.0
Gordon Road	29	144	5.0
Somerset Road	19	23	1.2
Totals	417	2,194	5.3

## Child Health Centres

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	155	7,244	46.7	1,851	20
Church Road	209	3,569	17.1	1,503	31
Fortis Green	104	4,342	41.7	1,661	21
Weston Park	152	6,927	45.5	2,269	71
Mildura Court	102	4,268	41.8	1,527	46
Stroud Green	102	4,850	47.5	1,539	71
Chestnuts	204	7,740	37.8	2,722	47
Lordship Lane	203	5,671	27.9	1,683	48
Park Lane	154	4,865	31.5	1,849	114
Somerset Road	153	3,198	20.9	1,449	165
Alexandra Park	51	2,046	40.0	714	19
Gordon Road	103	4,351	42.2	1,646	68
White Hart Lane	149	5,819	39.0	1,712	26
Totals	1,841	64,890	36.3	22,125	547

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	34	684	684	20.1
Church Road	24	338	297	14.1
Fortis Green	52	531	531	10.2
Weston Park	50	617	612	12.3
Mildura Court	50	750	614	15.0
Stroud Green	27	436	436	16.1
Chestnuts	50	854	854	17.1
Lordship Lane	51	822	822	16.1
Park Lane	50	612	612	12.2
Somerset Road	62	675	671	13.0
White Hart Lane	32	414	412	13.0
Gordon Road	9	59	59	6.5
Totals	481	6,792	6,604	14.1

## Analysis of Children on Observation Register

### Categories of Observation

Deafness of genetic origin in parents or siblings	44
History of maternal rubella in first four months of pregnancy	12
Gestation 36 weeks or less	226
Birth Weight under 4lbs.	21
Moderate or severe birth asphyxia	343
Difficulty in sucking or swallowing	16
Failure to thrive not explained by simple feeding problems	58
Convulsions	3
Cyanotic attacks or severe apnoeic spells	17
Abnormal neurological signs in neonatal period	32
Haemolytic disease of the newborn or hyperbilirubinaemia	165
Any congenital abnormalities	167
Late or late intake	145
Mother in care of Mental Health	23
<b>Total</b>	<b>1,272</b>
Number of children born during the year	5,259
Number placed on observation register i.e. 15% approx.	811

Where there is a particular risk of deafness children are examined at the audiology unit as well as at the normal child health sessions. 188 children were seen at the unit during the year.

The register of handicapped children cannot be compared this year with last year, because changes have been made in the categories, in order to bring the register of children under five in line with those on the register of handicapped pupils over five. It is planned that information concerning these children will in future be stored by the computer.

## Analysis of Children on Handicapped Register

### Categories of Handicap

Partially sighted	6
Deaf	8
Partially hearing	26
Educationally subnormal	3
Epileptic	4
Maladjusted	9
Physically handicapped	71
Delicate	9
Speech defect	3
Mental handicap	106
Miscellaneous	48
<b>Total</b>	<b>293</b>

## Daily Guardian Scheme

The daily guardian scheme continued 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:-

Number of daily guardians on register	179
Number of daily guardians minding children	87
Number of children being minded	118
Total number of children minded during the year	228
Total number of days minded	25,011



The anticipated adaptation in 1969 of the Red Gables Mother and Baby Home to a day nursery will help to alleviate some of the pressing needs of the Weston Park and Stroud Green areas. However, the majority of short term emergency admissions are arranged with the full co-operation of the matrons and staff.

It is encouraging to observe the great improvement of many of the children a few months after admission; especially emotionally disturbed children from broken homes or when one or both parents are suffering from mental illness. These children obviously require more concentrated attention from the staff and some require the specialist help of the child guidance service.

There is a continuing demand for children to be cared for at a day nursery for a half or whole day to enable the mother to keep appointments, such as attendance at hospital, family planning clinics or court. During the year, a total of 246 children were accepted on the casual basis.

The following table shows the attendance at individual nurseries (excluding the above 246) 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	11	48	2,435	8,807	11,242	43.9
Park Lane	20	30	9	46	1,228	8,255	9,483	37.0
Plevna	20	30	12	38	1,989	8,074	10,063	39.3
White Hart Lane	10	30	5	36	1,174	7,849	9,023	35.2
Total	65	133	37	168	6,826	32,985	39,811	155.5

#### Private Day Nurseries and Child Minders

In November 1968 the Health Services and Public Health Act made amendments to the Nurseries and Child Minders' Regulation Act 1948, so that it is now necessary for all child minders who receive for reward even one child for more than two hours during the day to be registered with the Council. A period of three months grace was allowed before the new regulations were to be enforced.

At the end of the year, plans were made for the appointment of a special child minder visitor to deal with the expected large increase in registrations. Publicity was arranged to inform all concerned in readiness for the appointed day in February 1969. It was decided that the Council's informal daily guardian scheme was no longer required, and it was formally brought to an end.

Apart from these developments brought about by the new legislation, the numbers of registrations increased steadily throughout the year. The playgroup movement spread in the Borough through voluntary efforts, mainly by young women who were themselves mothers of young children. The following is an analysis of the registrations made in 1968:-

	Day Nurseries		Child Minders		Play Groups	
	Number	Registered Places	Number	Registered Places	Number	Registered Places
1st January 1968	3	114	14	96	20	481
New Registrations	—	—	9	72	8	189
Discontinued	—	—	2	10	5	119
31st December 1968	3	114	21	158	23	551

## 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)
12,857	56,731	5,549	3,474

## DENTAL CARE FOR THE PRIORITY CLASSES

As in previous years, we were able to give real priority to these classes and all who sought treatment were accepted without appreciable delay. Approximately 10% of the total time of the dental services was devoted to this part of our duties, which showed a reduction from about 12% in 1967 but was still up to the recommended proportion.

When there is so much untreated dental disease among the pre-school children, yet we are unable to take all measures to encourage their attendance because the overwhelming demands of the school dental service preclude giving more time, one wonders just how long it will be before the benefits of fluoridation of the public water supplies become available.

Referring to the details which follow giving the amount and nature of treatment provided, there are few deserving of individual comment. The total of 412 equivalent whole sessions is 61 fewer than in the preceding year, so that the amount of treatment is reduced accordingly. It is pleasing to see that the number of extractions for expectant and nursing mothers fell from 182 in 1967 to 80, while the number of fillings was not reduced. This suggests that we were presented with fewer cases of gross neglect.

It is also pleasing that the number of dentures provided was less than half the figure of the previous year.

The statistics are as follows:-

	Expectant and nursing mothers	Pre-school children
Number examined	164	943
Requiring treatment	158	715
Attendances for treatment	583	2459
Treatments completed	78	532
Number of fillings	372	2161
Teeth filled	333	1906
Number of extractions	80	498
General anaesthetics	10	212
Number of prophylaxes	124	138
Teeth otherwise conserved	—	200
Other operations	236	662
Number of radiographs	34	32
Number of crowns and inlays	1	—
Total number of dentures	29	
Number of treatment sessions	412	



## MIDWIFERY SERVICE

As the national birth rate continues to fall and the trend for hospital delivery continues it is inevitable that there is a further reduction in domiciliary deliveries.

There were 845 mothers booked for home confinement, 605 of whom were successfully delivered at home. The remainder either removed out of the area, transferred to a hospital booking during pregnancy, or transferred to hospital during labour because of varying complications. 80 mothers originally booked for home were discharged after delivery to the care of the district midwife.

The emergency obstetric squad was called to give assistance on five occasions, each mother being successfully treated with blood transfusions intravenously.

Selection of cases for hospital confinement for social reasons:-

Source of Request	Number of requests received			
	1965	1966	1967	1968
Hospitals in N.W. Metropolitan Region	3	39	50	6
Hospitals in N.E. Metropolitan Region	174	267	303	262
General Practitioner Obstetricians	48	84	97	105
Local Authority Clinics	116	267	158	65
Midwives	—	—	—	· 3
<b>Totals</b>	<b>341</b>	<b>657</b>	<b>610</b>	<b>442</b>

Of the 442 investigated 249 were referred to hospital, 180 were booked for home confinement and 13 moved out of the area.

### Planned Early Discharge

There was an increase in the number of social assessments for planned early discharges.

	Number of requests received	
	1967	1968
Requested by hospitals in N.W.Met.B. Region	187	267
Requested by hospitals in N.E.Met.B. Region	143	137
Requested by London Teaching Hospitals	39	44
<b>Totals</b>	<b>369</b>	<b>448</b>

Number accepted 390

Actual number discharged and attended 306

There was also an increase in the number of unplanned discharges, 96 of whom were nursed. These mothers were discharged because of bed shortage in hospital. A further 79 patients discharged themselves and were attended by midwives at home.

### Student Midwife Training

58 student midwives were in training during the year: 23 from the Whittington Hospital, 18 from the North Middlesex Hospital and 17 from Alexandra Maternity Home. 46 students completed their training and 12 are still in training.

Two students re-sat the examination from 1967 and were successful; 43 students from the current year passed their final examination, making a failure rate of 6.5%, which compares favourably with the national rate of 14.0%. A more comprehensive social work programme was incorporated during the latter part of the year conforming to the Central Midwives Board's request.

### Ostetric Nurse Training

Local Authority midwives arranged domiciliary day visits for obstetric students from the City of London Maternity Hospital and the Whittington Hospital; 44 visits were arranged during 1968.

### Staffing

The establishment for midwives is 23 but at the present time only 15 are employed.

## HEALTH VISITING SERVICE

The function of the health visitor is the prevention of mental, physical and emotional ill health and its consequences. She is a practitioner in her own right, detecting cases of need on her own initiative as well as acting upon referrals. Social problems of all kinds arise during the course of home visiting. The health visitor needs to provide support during periods of stress within the family, such support of necessity requiring much time and effort. This applies also to individuals living alone, especially the elderly.

In spite of the difficulties experienced in filling existing vacancies within the establishment and the subsequent continual pressures on the staff, the many requests from students of differing disciplines to observe the day to day work of health visitors are always fulfilled.

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 Borough		
Expectant Mothers	First visits	1618
	Total visits	2503
Children under 1 year of age	First visits	5952
	Total visits	12226
Children aged 1-2 years		11514
Children aged 2-5 years		19175
Other cases - Total visits as Health Visitor		48447
- Total visits as School Nurse		69

### Student Health Visitors

The two students who completed their one year's training in September, were successful in obtaining the health visitors certificate. Unfortunately these two additional members of staff was offset by the retirement of a health visitor and the resignation of another due to removal of residence from London. Only one student commenced training in September, two other students, withdrawing for personal reasons immediately before training commenced. Practical supervision and instruction for three students was undertaken for students sponsored by other local authorities.

## HOME NURSING SERVICE

The district nurse continued to give the specialised care for nursing in the home.

District nurse training continued in conjunction with Chiswick Polytechnic, three nurses completing their training during the year.

The North Western Polytechnic started district nurse training in October, one nurse attending this course. A practical nurse instructors' course was also initiated and attended by one senior district nurse. All nurses were successful in obtaining the National Certificate for District Nurses.

One bath attendant attended a week's course at the London Borough of Newham's training centre.

Full time day or night nursing for terminal carcinoma patients was provided for 18 people by the Marie Curie Memorial Foundation and Welfare Service for one person.

There is a steady rise in the number of people over 65 being nursed.

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

Injections	828
General Nursing Care	636
Blanket Baths	463
Enemata	151
Dressings	416
Preparation for diagnostic investigation	29
Pessaries changed	37
Washouts, douches	25
Other treatment	271
<b>Total</b>	<b>2,856</b>



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

Age	Males		Females	
	1967	1968	1967	1968
0 - 4	35	32	40	3
5 - 64	291	281	559	590
65 and over	547	550	1,273	1,335

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

	1967	1968
General Practitioners	1,876	1,907
Hospitals	902	846
Chest Physicians	9	8
Public Health Department	25	23
Direct	43	72
Totals	2,855	2,856

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

	1967	1968
New cases attended	1,956	2,004
Number of cases on register at end of year	776	788
Total number of visits made	84,618	88,112
Number of visits of over one hour duration	2,844	2,371

Student nurses from the Prince of Wales's Hospital and the Middlesex Hospital were taken out on nursing visits by district nurses during their training. This puts into perspective the patient in the community and the social problems that many people have to contend with.

### DOMESTIC HELP SERVICE

The total number of cases provided with home help during the year was 2,777. 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 6,160. Of this number 1,473 were in respect of new cases.

The number of home helps in employment at the end of the year was 227 (equivalent to 134.9 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 1967	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	672	1,691	2,363	1,717
Aged under 65 on first visit during year:-				
Chronic sick and tuberculosis	73	151	224	152
Maternity	51	1	52	1
Others	102	36	138	29
Totals	898	1,879	2,777	1,899

The following are examples of the type of case that makes heavy demands on the service:-

#### Case No.1

Case referred by Health Department Social Worker.

Patient expecting 9th child in March. The ages of the eight children are 10,9,8,6,5,4,2 and 1.

When the case commenced on 2nd January the husband was on the sick list. He is now fit but staying at home until his wife is discharged from hospital when the baby is born. He has an allowance from Social Security.

Home Help attends five hours daily - 8.30 to 11.30 a.m. and 3.30 to 5.30 p.m.

#### Case No.2

Mother has disseminated sclerosis and is incontinent. She is confined to bed most of the time. District Nurse calls daily. She has three sons, the eldest aged 19 years by her first marriage, and two others aged 5 and 6 years. Her second husband died last year. At present no apparent difficulties with the children.

Home Help attends four hours daily.

#### Case No.3

Case referred by G.L.C. Housing Welfare Officer.

Case commenced on 17th March 1961 when family were rehoused by the G.L.C. Mother left home prior to the move.

The children are now aged 16,14,12,11,9 and 8 years.

Father is in regular employment but is more often than not in debt. Rent, electricity and gas bills outstanding. (Gas meter has been broken into on various occasions). The Children's Department had to pay these bills in 1968.

One son, aged 12, has been in trouble on a number of occasions and is now in an Approved School. Another son, aged 11, has been taken to Court three times, the last being in January of this year when he was arrested while robbing a garage. He has a history of bed-wetting.

The only girl in the family, aged 9 years, shares a bedroom with the younger boys.

The accommodation comprises three bedrooms - one occupied by father, one by the two eldest boys and the third by the other children, a living room and sitting room. There is no bathroom. The only washing facility is a sink which stands in a small area approximately four feet square which includes the gas stove. There is an outside toilet.

Home Help attends three hours each morning. Up to August she also attended for two hours each afternoon.

#### Case No.4

This case is visited by the Children's Department.

Patient's wife died in December 1967. He had a major stomach operation in 1967 and is unable to work. He has a Social Security Allowance.

Four children at home; their ages are 14,12,10 and 9 years.

The children appear to be well disciplined and help with the housework, shopping etc. The father spends a good deal of time out of the house and often refuses help. We persist for the sake of the children.

#### Case No.5

Triplets aged 16 months and two other children aged 2½ and 4 years.

Home Help attends three times a week, two hours each time.



#### Case No.6

Two children aged 4 and 7 years. Patient has cancer of lung and is receiving radiotherapy at this time.

Help is given two hours daily.

#### Case No.7

Three children aged six years and under. Patient has cancer of lung with secondaries. She is unable to walk and is confined to house.

Help is given two hours daily.

#### Neighbourly Help Service

This service continues to function satisfactorily and during the year ten cases were served. Five cases were still receiving service at the end of the year.

### ADVICE CLINICS FOR THE ELDERLY

These operated from three centres during the year and included in their clientele a small but gradually increasing proportion of women. The Tottenham Clinic moved from Somerset Road to the more spacious surroundings of Park Lane Clinic; and with Stuart Villa Clinic demolished to make way for a new health centre and the accommodation at Woodside House made over to a psycho-geriatric unit, the Wood Green Clinic re-established itself at White Hart Lane Clinic. The Hornsey Clinic continued at Weston Park. A total of 70 sessions was held; 44 in Tottenham, 10 in Wood Green and 16 in Hornsey. There were 25 new cases in Tottenham and 179 re-attendances; the numbers for Wood Green were 2 and 60 respectively; while those for Hornsey were 13 and 54. The totals of new cases were 40 (compared with 35 in 1967) and of re-attendances, 293 (compared with 290 in 1967).

Each clinic was run by a medical officer assisted by a clinic nurse, and advice was given on health and diet, medical examinations being carried out when clients were willing. General practitioners were informed of any significant findings, and other agencies, i.e. old people's welfare organisers, the Chief Welfare Officer, etc. were contacted when necessary. A number of chiropody appointments were requested. The Department of Employment and Productivity co-operated by referring a large proportion of the new cases, and advising some of the clients regarding part-time work. Unfortunately the number of posts available is limited, and it would seem that here, as in other parts of the country, the Ministry is not geared to obtaining information about the kind of employment best suited to older people. In his booklet "Pensioners in Search of a Job", published by the Pre-Retirement Association, F. Le Gros Clark produces evidence that there are many openings for part-time "service" labour – in private households, clubs, public houses, places of worship, retail shops, institutions and so on – and that what is needed is a local source of information run by voluntary workers to bring them to the attention of employers. It is well known how difficult it is to find people for these kind of jobs. Hornsey Old People's Welfare Council is now developing a valuable agency service and the two other Old People's Welfare Committees have placed individual applicants. A considerable expansion of all these would solve staffing problems for many employers as well as providing happy, useful employment for many of our older citizens.

As regards the Retirement Advice Clinics themselves, one cannot avoid the impression that they are not developing as fast as they ought. Indeed, attendances have been virtually the same for two years. It cannot be said that they are not known to the older people of Haringey, for they have been widely advertised in their clubs. The reason is probably more deep-seated. A clinic of this kind cannot exist in isolation, but has to be linked closely with the community outside. But for some time we have been seriously short of health visitors. The clinic nurse is usually one who happens not to be required for other duties, and so it has been difficult to build up any continuity in the nursing staff. Moreover, of the two people running this kind of clinic, the nurse is the one of greater importance. Ideally, she would be able to visit the clients in their homes. In practice, this is not possible. The solution lies in the appointment of geriatric visitors, who would be based in clinics and work for the older people in the district in a similar way to health visitors in their care for children. Unfortunately, although provision was made for geriatric visitors in two succeeding annual estimates, financial stringency compelled their removal before any appointments could be made. Therefore in the field of the care of the elderly, as in many others, lack of resources is delaying the development of the service.



### Rehabilitation Workshops

During the year under review, two men were admitted to the workshops for training as opposed to nine the previous year. This was because of strict financial restrictions; it was only possible to accept further trainees if somebody from the workshop left. Of the 35 cabinet makers at the workshop, the Chest Physician has assessed eight as being capable of working only four hours a day. It has in some cases been necessary, as a precautionary measure, for the number of hours worked to be reduced at the beginning of the winter. The illustrated booklet which was issued last year has shown definite improvement in the amount of orders being placed with the workshop. Trading figures for 1967 for orders received were £7,891.10s.0d. The work delivery during the year was to the value of £9,756.18s.8d. During 1968 these figures showed a proportionable increase. The value of the year's orders received was £13,413.1s.0d., orders delivered to a total of £12,619.5s.0d.

Mr. Osment, the Manager of the workshop since its inception in 1948, retired during the year.

### Provision for extra nourishment for tuberculosis patients

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

### RECUPERATIVE HOLIDAYS

The recuperative holiday scheme operated by the Council is restricted to those persons who after illness or operation would be likely to derive benefit by two weeks recuperative holiday in a suitable home. If medical or nursing care is required, however, then this would become a convalescent holiday and would be arranged through the hospital service. During the normal holiday season it is far more difficult to obtain sufficient suitable placements and there is a natural reluctance on the part of some patients to go away other than during the summer. This creates a problem of a heavy demand during the summer months and non-occupation of some recuperative holiday homes during the winter. This year 150 applications were made for a recuperative holiday, of which 104 were acceptable under the Council's scheme. 29 of these persons who were accepted cancelled their holiday. This meant that in all the Council was financially responsible for 75 persons having recuperative holidays.

49 children were recommended under Section 48 of the Education Act 1944, of whom 38 went away for a recuperative holiday.

### 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 sessional basis at various clinics throughout the Borough. 39 sessions were held weekly and in all a total of 1,807 people received treatment in The Council's clinics. In addition to this, 175 persons were attended to in the surgeries of chiropodists and a further 212 at the British Red Cross clinics.

Domiciliary visits provided treatment for a further 1,109 persons. In all 3,303 persons have been provided with chiropody treatment through the local authority services. 742 applications were received from persons requiring clinic appointments and a further 263, plus 97 transferred from clinics, for domiciliary treatment. At the end of the year there were 370 patients waiting for re-appointments for clinics and 241 new cases waiting for appointments and 57, plus 17 new cases transferred from clinics, for domiciliary visits.

The entire question of chiropody provision is undergoing new thinking and I feel that considerable re-arrangements must be made in the early part of 1969 to make drastic inroads into the present waiting list.



## STAFF MEDICAL ASSESSMENTS, EXAMINATIONS AND SICK PAY REPORTS

There was little change in the total number of combined medical assessments during the year 1968 as compared with 1967, a decrease from 1,865 in 1967 to 1,806 in 1968. There was also a small decrease in the proportion of new applicants who were medically examined in 1968, just under 21%, compared with 25% in 1967.

There was a considerable decrease in the number of Sick Pay Reports made, from 130 in 1967 to 79 in 1968. This was probably due to the standardisation throughout the Departments of the Borough of the conditions under which Sick Pay Reports were requested.

### Medical Assessment of New Applicants without Medical Examination

Architect's	20
Baths Department	29
Catering Department	4
Cemeteries Department	2
Chief Executive's Department	64
Children's Department	64
Cleansing and Transport Department	3
Education Department	881
Engineer and Surveyor's Department	27
Health Department	113
Housing Department	28
Libraries Department	30
Parks Department	7
Town Planning Department	9
Treasurer's Department	17
Welfare Department	51
Tottenham Technical College	53
Hornsey College of Art	31
	<hr/>
	1,433

### Medical Examination of New Applicants

Baths Department	1
Chief Executive's Department	1
Children's Department	1
Engineer and Surveyor's Department	1
Health Department	3
Parks Department	3
Welfare Department	1
Tottenham Technical College	1
Hornsey College of Art	1
	<hr/>
	13

### Education Department:

Non-Teaching	14
1st Appointment Teachers	117
Teacher Trainees	195
Hornsey College of Art	
(end of term teachers)	44
	<hr/>
	370

Total of Examinations	383
Reports on Sick Pay Cases	79
Medical Examination of Sick Pay Cases	38
Medical Examination of Staff over 70 years of age	2

In the first half of the year the Health Education Officer was engaged in a special course of Advanced Study in Content and Method of Health Education at the Institute of Education, London University and acquired a Diploma in Health Education. During her absence her assistant maintained the day-to-day running of the section.

### Health Education in Schools

Towards the end of the year it was possible to arrange health education sessions in schools for the school doctor. Full-time staff were given two sessions a month, while part-time staff were allowed one session. The school doctors made the initial approach to the individual head teachers, offering their services and discussing and arranging suitable subjects to fit in with the existing curriculum.

Head Teachers and their staff showed great interest, especially in the infant and junior schools, where the timetables are more flexible. After preliminary discussions health education sessions commenced in October.

A head teacher of one junior school requested a talk on menstruation for 10-11 year old girls; parents were notified. A female doctor took the session, and a film was screened. This type of health education is increasingly important with this age group; because of earlier physical development many girls are menstruating before leaving junior school, and doctors find at routine medical inspections that many secondary school girls have little or no knowledge of the subject.

Talks on development, reproduction, ante-natal care and child birth have been given in one secondary school to small mixed groups of boys and girls in their last year at school. Having the sexes mixed was found to stimulate discussion. Questions in some instances were written anonymously and answered at subsequent sessions. These talks were part of a special three week home economic course organised by the school. The series of health education sessions will continue to be part of the home economic course.

In addition to the above health education sessions, a health visitor gave a series of talks throughout the school year, to eleven groups of 13-14 year old girls at one comprehensive school. The syllabus included such subjects as reproduction, personal responsibilities and responsible parenthood, and aspects on venereal disease and drugs. Owing to the shortage of health visiting staff this series discontinued in November. The Health Education Officer was able to continue the series in an abbreviated form, and arrange for the continuation in the coming year.

During the autumn term a total of 136 talks was given in 9 primary schools and 5 secondary schools, to a total of 1,300 school children.

Health education topics in school were as follows:-

- Drugs
- Smoking and health problems
- Industrial Health
- Local Authority Services
- Dental Health and Nutrition
- Sex education and parentcraft
- Home safety
- General health

### Health education and drugs

"Drugs and the Nervous System", a film suitable for 13 year olds and upwards, was screened for head teachers, with a view to it being shown in schools. Some of the audience thought the film might encourage experimentation and arouse curiosity in drugs.

From time to time literature has been circulated to head teachers and staff. There have been periodic requests for information from pupils and student teachers, who were engaged on projects concerning drugs.



At a later date another film "Narcotics the Decision" and slides on "Drugs" by Dr. Tylden were shown to a mixed professional audience; opinion was divided on their value. This film and the slides have been used in schools, with a group of young adults, and at a Parent-Teachers Meeting. The most valuable part of these talks is the discussion which follows, and emphasises the need for a well informed adult to lead such discussions. "Drugs" is a highly emotional and controversial topic. Education must be the key, not dramatisation of the facts.

Literature, and taped talks with slides are available in the Department and may be borrowed in conjunction with a lecturer.

### **Daily Guardian Meeting**

In November a successful meeting was held in the Moselle Rooms, Tottenham Town Hall, attended by daily guardians (child minders), health visitors and nursery matrons. This meeting was partly a "Thank you" to these women, who give a much needed service for Haringey children, and also gave an opportunity to explain the new regulations concerning child minders, as well as introducing an educational aspect.

Displays on development, play material and home safety aroused much interest. The evening finished with discussions and a film. Due to the interest shown by the daily guardians future health educational activities are planned.

The display on development and play material has been on continuous exhibition in clinics, at schools and at the Head Teacher's Centre, Wood Green. At the suggestion of teachers, certain educational material for the pre-school child is to be added.

### **Health education to other establishments and outside organisations**

Two dental health education sessions formed part of the Summer Project, organised by the Haringey Commonwealth Citizens Committee for Haringey children.

Talks to outside organisations continue to be given by members of the Departmental staff, on such topics as cancer, drugs, general health, and first aid, to mention but a few.

Health propaganda and displays in Council premises and on public notice boards is part of the day-to-day activity of the section. Despite the lack of storage space the section has a widely varied, if limited, supply of teaching aids which it loans to schools and other organisations.

The demand for speakers and information, together with requests for audio-visual aids is noticeably increasing as the section's activities became better known. A revised visual-aid catalogue is to be produced in the coming year and more widely circulated.

The First Report of the World Health Organisation's Expert Committee on Health Education of the Public makes the following definition:

*"The principal functions of the professional Health Education specialist are to strengthen and extend the educational functions of all members of the health team, and to supplement their Health Education activities on a sustained and organised basis".*

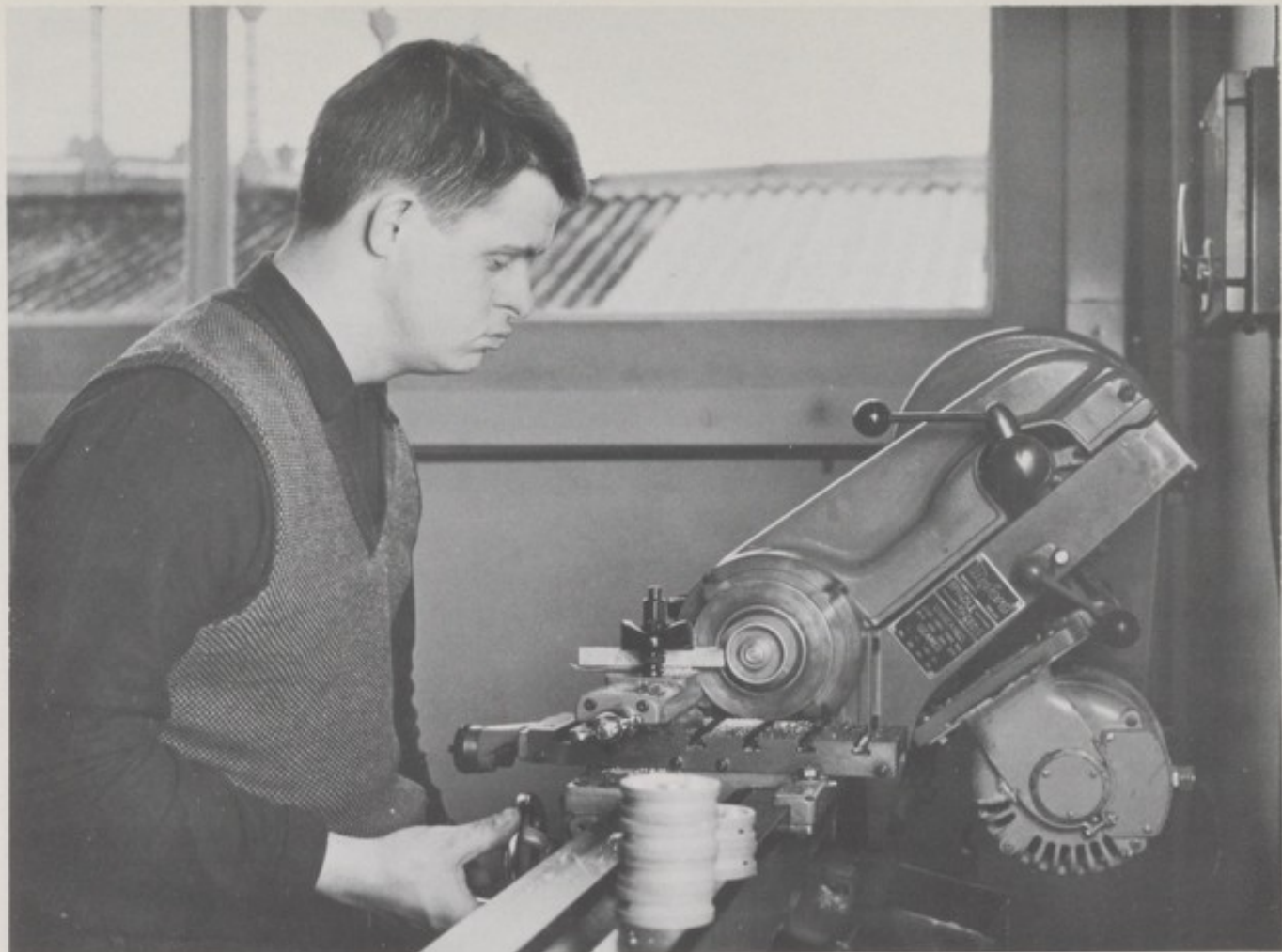
To this end the Health Education Officer assists staff and other Departments of the Council with in-service training, and makes contact with, and in some instances is co-opted on to committees of organisations which are likely to influence public opinion.

In providing such a service adequate facilities such as a reference library, lecture room, a workshop and adequate storage space are essential requirements.

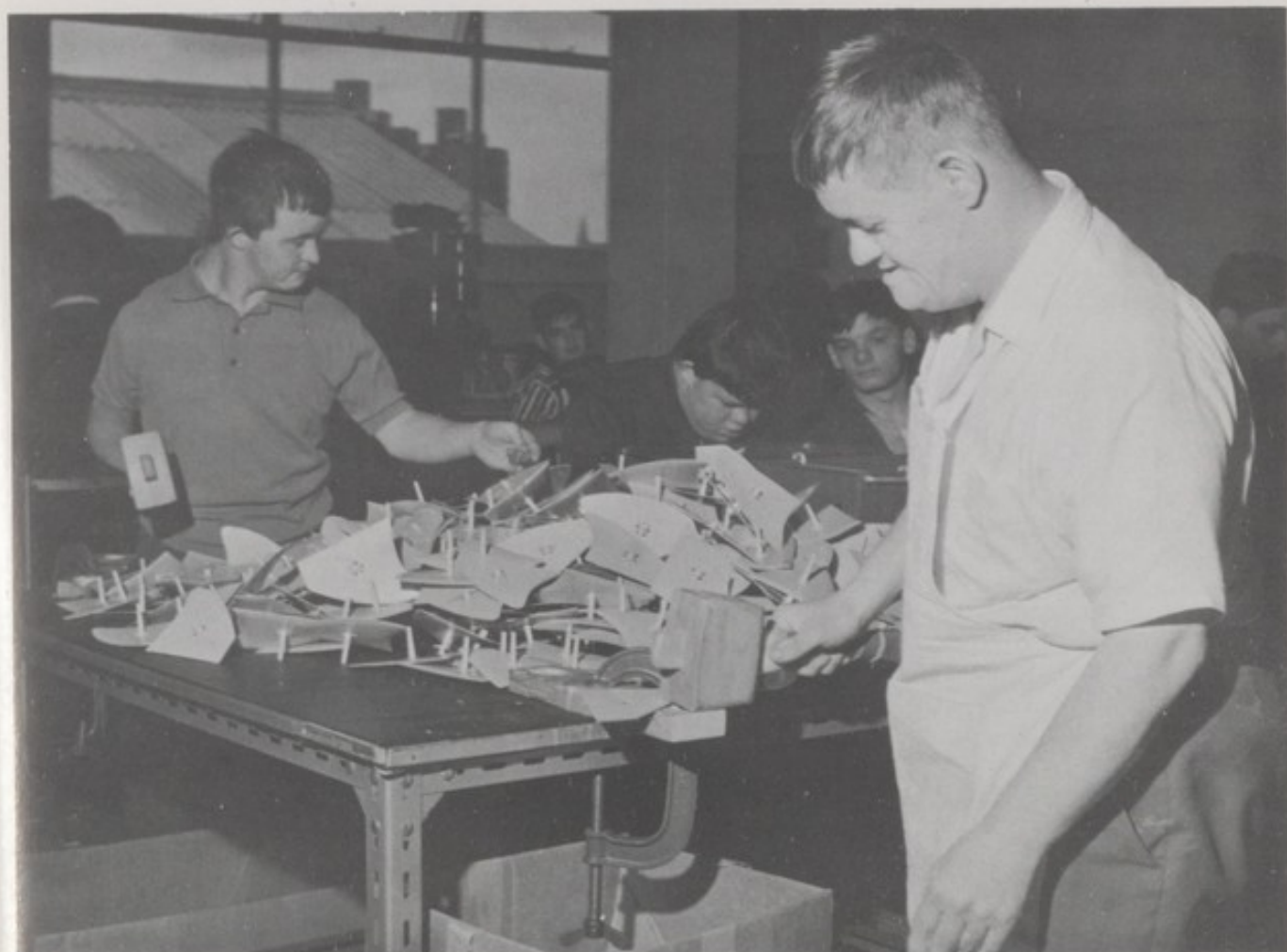
## **MENTAL HEALTH SERVICES**

### **Services for the Mentally Subnormal**

30 children are sponsored by this authority for two days per week at the Hornsey Centre for Handicapped Children. Marked improvements can be seen in the habits and behaviour of these children who are less severely affected mentally and physically.



Machine work at the Adult Training Centre — Trainee helps to keep the wheels of industry turning.



At the Adult Training Centre — Showing satisfaction in employment.





### **Linden House Hostel**

The hostel in Linden Road was opened to receive patients in April. The number in residence was slowly built up to nine and these were taken on holiday to the Isle of Wight by the Warden, and his wife who was employed as a cook/housekeeper.

### **Adult Training Centre**

The Adult Training Centre opened to admit the first trainees on 16th April 1968, immediately following the Easter holiday. In the first instance trainees were taken from the eastern side of the Borough. They included those who had reached the age of 16 years and were still attending junior training schools. After a brief working-up period to allow the 40 trainees to get to know one another and for work on installation of the laundry equipment to be completed, the second intake of trainees was admitted during June. This brought the Training Centre attendances up to 80 trainees. Prior to opening a meeting was held in March in the Council Chamber between the parents and representatives of the Council and staff so that various points in connection with the opening could be settled. This meeting proved most useful and, I feel sure, helped considerably in the smooth manner in which the Centre commenced to function. The Adult Training Centre has now been running for nine months and has established itself with a happy environment for the trainees.

Local industry has supported this venture by providing a wide variety of work to be undertaken at the Centre. This has also contributed to the export drive as some of the work done there has included special orders required on the Continent. The range of work is varied from simple packing to complicated soldering coils for computers.

The weekly turnover of the laundry is over 6,000 pieces. Now that the initial problems have been resolved, more time can be given to the other facets of a training centre such as social training and elementary teaching. Although this has not been neglected it can now take on a more positive form. It is intended to hold another meeting with the parents in the early part of 1969 so that the first year can be reviewed and assessed.

### **Junior Training Schools**

The preparatory work for developing the site on the Broadwater Farm Estate for the proposed Junior Training School is progressing satisfactorily and I understand from the Architect that the school should be open in September 1970.

### **Holiday Camp for Mentally Subnormal Children**

Due to the pressure of work placed on the Mental Health Section during the year with the opening of the Adult Training Centre, Hostel for the Mentally Subnormal and Psycho-geriatric Day Centre, together with the planning for the proposed Junior Training School, it was felt that it would not be feasible for this authority to undertake the running of a camp this year. However, the Enfield Health Department undertook to organise both the junior and adult camps, which were an unqualified success.

### **Residential Accommodation for Long Term Subnormal Patients**

This Authority maintained 43 patients in residential homes during the year. The majority are placed in the Brighton and Hove area where the Guardianship Society boards them out in private households. It was not necessary to make any compulsory Guardianship placement during the year.

### **Social Clubs for the Mentally Handicapped**

There are still three very active clubs in the Borough providing evening and weekend social facilities for the mentally handicapped. The "Roundabout" Club meets on Monday evenings at the Hornsey Centre for Handicapped Children which serves the western part of the Borough, the "Golden Gateway" Club meets in Lancasterian School on a Wednesday evening and serves the eastern part of the Borough. On Tuesday the "Doddy" Club for the educationally subnormal holds its meeting at Earlsmead School. Quite a number of the members belong to all three clubs and lead a very active social life. Not only do these clubs supply a useful outlet for their members, but they give much parental relief and provide a focal point in the social life of some parents, for this is the only opportunity that they have in getting to meet other people and being able to discuss their problems and enjoy some social intercourse.



## Hospital placements for the Mentally Subnormal

Last year in my annual report I commented on the difficulties which had been experienced in placing mentally subnormal persons for permanent care in our catchment hospitals. This situation has shown no signs of improvement again this year. It was not possible to place any patients at South Ockendon, although Dr. Dutton did find placement for three children in other hospitals, and six placements were obtained at Harperbury Hospital. It will be seen from the tables set out below that there were a further 8 persons in need of hospital care, and 34, though in need of hospital placement, were not considered to be so urgent.

## SERVICES FOR THE MENTALLY ILL

### Psycho-geriatric Day Centre

This year saw the opening of a pilot scheme at Woodside House for twelve psycho-geriatric patients. Not long after this facility was provided, it became obvious that it would be necessary to arrange transport for some of these elderly persons. Arrangements were therefore made for the British Red Cross to provide ambulance transport on four days of the week. This pilot scheme has proved most successful; it meant that these elderly persons have gained a purpose in life. They come to the Centre daily and are provided with occupational therapy, a hot mid-day meal, and company and friendship. If it were not for this Centre some, if not all, of these patients would possibly have to go into hospital, but the provision of such a centre means that the elderly mentally disturbed patient can carry on living at home and yet the tensions can to a degree be taken off the family. The wife of one of the club members told the supervisor that if it was not for the relief she gained by her husband coming to the Centre every day, she would have left him. It is hoped that this scheme will be able to be extended in the not too distant future.

### Social Work

This expansion in facilities has brought new commitments to the social workers. It is interesting to note that mental health community care is increasing. The number of persons referred during the year for help of one kind or another, and from a wide variety of sources including hospitals, family doctors, patients themselves or by their relatives, has continued to increase. An excellent continuity of care link exists between the hospitals which serve Haringey and the mental health officers who have every facility made available to them to attend at hospital and ward meetings. This gives them the opportunity of keeping in close contact with those patients they have previously admitted to hospital for treatment while they are still there so that any subsequent after-care support will be made easier.

### Psychiatric Social Clubs

The "Oakleaf" Club at Ferme Park Baptist Church, N.8., and the Psychiatric Rehabilitation Association's evening club now at Earlsmead School, N.15., continue to supply a wide range of social activities for their members and both are well attended, and include among their members those who go from the community, some in-patients from Claybury, Friern and other Psychiatric Hospitals, so that their links with the "outside world" may be strengthened.

### Day Centre

I am indebted to Mr. John Wilder of the Psychiatric Rehabilitation Association for the following report:-

*"Community Care of the mentally ill has made further progress in Haringey since the last annual report. The Mental Welfare Department of the Borough together with the Psychiatric Rehabilitation Association have continued to develop this vital work.*

*The Day Centre in Mitchley Road has been full to capacity throughout most of the year with over 4,000 attendances, 56 Haringey residents and 19 Enfield residents having made up the membership, and the cost has been shared, as previously, on a per capita basis. Of these members, 13 returned to full employment during the year; one recovered sufficiently to have her child home from care; another got well and married; and a third returned to Cyprus; nine had to return to hospital; and ten discontinued coming. The work has been interesting and varied, and members' skills and speed of work have increased noticeably. The P.R.A. Industrial Education Unit in Bethnal Green is available for Haringey patients to move on to from the Day Centre, and some have done this in order to gain workshop skills before taking up full employment.*



Another P.R.A. facility widely used by those in the Borough recovering from mental illness is the Evening Centre now held in Earlsmead Primary School. Between 25 and 30 members attend weekly, and the activities vary from discussions and films to talks from outside speakers or visits to places of interest.

Living accommodation for the mentally ill needs more attention, but a start has been made in the Borough by the P.R.A. Community Housing Association, who purchased and furnished a house in Tottenham during the year, and where six people with a long history of mental illness are living together as a family, sharing the responsibility and expenses of the Group Home. Another group of ex-patients have taken a flat in Wood Green with help from the Association, and are sharing the running of it on a co-operative basis. The stimulus of having his own home stimulated one man to take up full employment after a period of some years not working. Three Haringey residents lived at Nicholas House, P.R.A.'s Residential Centre, on their discharge from hospital until they were able to move on to accommodation of their own.

Seven members of the Day Centre joined the P.R.A. Group Holiday, which was spent at St. Leonards-on-Sea, saving up for, and paying, their own expenses. The change of activity and environment proved a stimulus and accelerated the rehabilitation process.

For those living on their own, the Sunday Lunch Club is available, meeting in a Church Hall in Dalston, and is attended by Haringey residents from time to time.

The closest possible liaison is maintained with the Mental Welfare Department who visit the Day Centre daily. Referrals are accepted direct from the Department, and any difficulties connected with members are discussed without delay. Links with Claybury Hospital are equally efficient. This cohesion with hospital and local authority prevents overlapping of services, or manipulation by patients, and is helpful to the patients in that the advice they receive is not contradictory."

## Conclusion

This has been a year of great promise in the mental health field. We were, in 1965, one of only two London Boroughs that had no mental health facilities whatsoever. This, of course, was a mixed blessing. It was necessary for us to start from scratch and to build and provide our own facilities. We can take pride of achievement in the facilities that we now have. Although we have opened three new facilities during the year there is still much work to be done in this very important field, and this Authority, I feel confident, will go forward with new endeavours.

Number of patients referred to Local Health Authority during  
year ended 31st December, 1968

Referred by	Mentally ill					Subnormal and severely subnormal				
	Under age 16		Age 16 and over		Total	Under age 16		Age 16 and over		Total
	M	F	M	F		M	F	M	F	
General practitioners	—	—	39	55	94	1	—	2	—	3
Hospitals, on discharge from in-patient treatment	—	—	33	71	104	1	—	—	1	2
Hospitals, after or during out-patient or day treatment	—	1	25	38	64	—	1	—	—	1
Local education authorities	—	—	1	—	1	8	3	2	6	19
Police and courts	—	—	6	3	9	—	—	—	—	—
Other sources	—	1	101	128	230	13	6	4	6	29
Totals	—	2	205	295	502	23	10	8	13	54



# Number of Patients under Local Health Authority care at 31st December, 1968

Referred by	Mentally ill					Subnormal and severely subnormal				
	Under age 16		Age 16 and over		Total	Under age 16		Age 16 and over		Total
	M	F	M	F		M	F	M	F	
1. Total Number	—	1	83	182	266	74	71	208	180	533
2. Attending workshops, day centres or training centres (including special units)	—	—	8	8	16	50	44	62	52	208
3. Awaiting entry to workshops, day centres, or training centres (including special units)	—	—	1	3	4	28	27	3	5	63
4. Receiving home training	—	—	—	—	—	—	—	—	—	—
5. Awaiting home training	—	—	—	—	—	—	—	—	—	—
6. Resident in L.A. home/hostel	—	—	1	2	3	—	—	8	—	8
7. Awaiting residence in L.A. home/hostel	—	—	1	—	1	—	—	—	—	—
8. Resident in other home/hostel	—	—	10	8	18	1	5	7	9	22
9. Boarded out in private household	—	—	—	—	—	—	1	5	6	12
10. Attending day hospital	—	—	—	—	—	—	—	—	—	—
11. Receiving home visits and not included in lines 2—10	—	—	—	—	—	—	—	—	—	—
(a) suitable to attend a training centre	—	—	—	—	—	—	—	—	—	—
(b) Others	—	1	62	161	224	—	—	123	108	220

## Number of Patients awaiting entry to hospital or admitted for temporary care during 1968

		Subnormal or severely subnormal				Total
		Under age 16		Age 16 and over		
				M	F	
Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.68						
(a) in urgent need of hospital care		2	6	—	—	8
(b) not in urgent need of hospital care		8	8	9	9	34
(c) Total		10	14	9	9	42
Number of admissions for temporary residential care (e.g. to relieve the family)						
(a) to N.H.S. Hospitals		7	20	8	9	44
(b) to L.A. residential accommodation		—	—	1	—	1
(c) Elsewhere		3	1	1	3	8
(d) Total		10	21	10	12	53

## Work of Mental Welfare Officers

### (a) Mental Illness

Visits made by mental welfare officers	6,509
Compulsory admissions to psychiatric hospitals by mental welfare officers	161
Informal admissions to psychiatric hospitals by mental welfare officers	129

### (b) Mental Subnormality

Visits to those under community care by mental welfare officers	2,271
---	-------

Alderman G. Cagiles (Chairman)  
 Alderman A.J.F. Doultton, O.B.E., T.D., M.A. (Vice-Chairman)  
 Councillor Mrs. L.A. Angell  
 Councillor Miss A. Harris, T.D.  
 Councillor P.E. Hitchens, M.Sc.  
 Councillor **SCHOOL HEALTH SERVICE**  
 Councillor V.N. Jary  
 Councillor Miss S.A. Jones  
 Councillor A.C. Parry, B.A.  
 Councillor Mrs. Brenda S. Remington, B.A.  
 Councillor Peter P. Rigby, J.P.  
 Councillor D.F.P. Rosa  
 Councillor Mrs. P.A. Spratt  
 Councillor T.W. Wilkins

Co-opted Members

Rev. R.J. Avent  
 Mr. J.G. Elkington, B.A.  
 Mr. R.E. Groul  
 Mrs. J. Sandford

REPORT OF THE  
 PRINCIPAL SCHOOL MEDICAL OFFICER  
 FOR THE YEAR

Schools Sub-Committee

1968

Councillor Miss A. Harris, T.D. (Chairman)  
 Councillor R. Atkins (Vice-Chairman)  
 Councillor Mrs. L.A. Angell  
 Councillor Mrs. J. Cooper  
 Councillor D.J. Patrick  
 Councillor Mrs. Brenda S. Remington, B.A.  
 Councillor S.A. Gaubert  
 Councillor Sir Robin Williams, Bt., M.A.

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, B.Sc., Ch.B., D.P.H.

*Principal Medical Officer (School Health)*

G.C.H. Dwyer, L.C.S., R.C.S.

*Chief Dental Officer and Principal School Dental Officer*





# EDUCATION COMMITTEE – 1968/69

Alderman G. Cathles (Chairman)  
 Alderman A.J.F. Doulton, O.B.E., T.D., M.A. (Vice-Chairman)  
 Councillor Mrs. L.A. Angell  
 Councillor Miss A. Harris, T.D.  
 Councillor P.E. Hitchens, M.Sc.  
 Councillor Miss C.D. Jackson  
 Councillor V.N. Jary  
 Councillor Miss S.A. Jones  
 Councillor A.C. Perry, B.A.  
 Councillor Mrs. Brenda S. Remington, B.A.  
 Councillor Peter P. Rigby, J.P.  
 Councillor D.F.P. Rosa  
 Councillor Mrs. P.A. Spratt  
 Councillor T.W. Wilkins

## Co-opted Members

Rev. R.J. Avent  
 Mr. J.G. Elkington, B.A.  
 Mr. R.E. Grout  
 Mrs. J. Sondheimer, M.A., Ph.D.

## Schools Sub-Committee

Councillor Miss A. Harris, T.D. (Chairman)  
 Councillor R. Atkins (Vice-Chairman)  
 Councillor Mrs. L.A. Angell  
 Councillor Mrs. J. Cooper  
 Councillor D.J. Patrick  
 Councillor Mrs. Brenda S. Remington, B.A.  
 Councillor S.R. Gaubert  
 Councillor Sir Robin Williams, Bt., M.A.

## 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 fourth Annual Report of the School Health Service for the year 1968.

In my previous report I commented on the then increasing menace of drug addiction and the possible spread of this unpleasant trend in schools. The Head Teachers have given the problem their continued surveillance and, apart from the information gleaned from the local press that three young people died last year from drug addiction, there is no evidence of increasing spread. The exact position of this undercover epidemic is always obscure but there is a reasonable hope that 1968 has seen the peak of what must have been a disaster for some young people.

The Chief Dental Officer asks "How much longer will our children be denied the benefits of fluoridation? In what other field of preventive medicine would those in need be denied a known safe and effective remedy?" The fluoridation of drinking water to reduce dental caries is a most worthwhile objective for both local and central government, but in the space age our management capacity for adding fluoride to water would appear to lag behind that of Russia and the U.S.A. Must we have communism or make people pay the full cost for their dental treatment before we achieve this objective?

Much of the work of the School Health Service is with handicapped children and their special educational needs. The year should not be allowed to pass without a comment on the achievement of four of the boys at Vale Road School for the Physically Handicapped. Three of these boys walk with difficulty, two because they have a paralysis from poliomyelitis, and a third because of a spastic paralysis and yet these boys have made history for the school by swimming a mile. When the school has its own pool, to be provided by voluntary contributions, a larger number of even more disabled children will be able to achieve a new sense of movement in water, even if it only means movement for a few yards.

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*

#### 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. Odon, 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

## SCHOOL HEALTH SERVICE

### School Population

The school population of the Borough on the 23rd January 1969 was 35,374, as shown in the following table:-

Primary Schools and Nursery Classes	21,609
Nursery Schools	119
Secondary Comprehensive Schools	12,236
Other Secondary Schools	1,083
Special Schools	
Vale Road School for Physically Handicapped	96
Blanche Nevile School for the Deaf	
(including classes for partially-hearing)	136
Suntrap Residential Open-Air School	95
Total	35,374

### Medical Examinations in Schools

The re-organisation of the system of medical examinations in school is now almost completed. Selective medical examinations have been instituted in all primary junior schools. The selection has been made from the children in their last year in the junior school. From September 1969, there will be a full medical inspection of each child on school entry, and during the final statutory year at school, with an examination by selection during the last year in the primary school. The selection of children for examination at this age is made by the school medical officer as the result of questionnaires sent to parents, and after consultation with the head teachers of the schools concerned. The hearing and vision of the children in the group are screened, whether or not the children are eventually selected for medical examination.

During the past year efforts have been continued to establish closer and more continuous links between the school health service and the schools. By invitation of the Head Teacher, the school medical officer for the Drayton Comprehensive School visited the school on a regular afternoon each week to carry out medical inspections and to be available to discuss problems with the pastoral Heads, whose Committee met on the same afternoon. The School was fortunate in obtaining the services of Dr. Edward Griffith, a distinguished authority on the problems of young people. This system was so successful that the scheme is being adopted in a second comprehensive school, and it is hoped to extend the same method of medical inspection to all the comprehensive schools.

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	%
1964 & later	212	212	100	—	—
1963	1,503	1,502	99.9	1	0.1
1962	1,856	1,856	100	—	—
1961	265	265	100	—	—
1960	735	735	100	—	—
1959	474	474	100	—	—
*1958	*440	440	100	—	—
*1957	*356	356	100	—	—
1956	1,556	1,556	100	—	—
1955	873	873	100	—	—
1954	1,414	1,414	100	—	—
1953 & earlier	3,752	3,752	100	—	—
Totals	13,436	13,435	99.99	1	0.01

\*Signifies Selective Medical Examinations

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



I quote below from reports on the work of this Committee received from Mr. J.R. Roberts (Head Teacher), Dr. K.V. Shah (school medical officer) and Dr. Edward Griffith:—

*"The original idea dates from December 1967 and the Committee was first envisaged as having four main objects involving strengthening the pastoral work in the school itself, assisting in developing co-operation between various departments each concerned with some aspect of a child's life, training the staff of the school and others by participation, and linking results with other schools and Training College.*

*Dr. Edward Griffith, who was very interested in this experiment, was attached by the Medical Officer of Health to this experiment and it was intended to use his services in three ways. Firstly in assisting in dealing with particular difficult children, not as a substitute for the existing channels of treatment but as a readily available adviser who might perhaps help in preventing serious disturbance by taking it at very short notice and so assisting the efforts of the school pastoral staff. Secondly to assist in education of the children in school in personal relationships. Thirdly, if required, to assist in talking to the parents.*

*The first Committee Meeting was held on 22nd March 1968 and was attended by the Principal Medical Officer (School Health), the School Doctor, the Children's Officer, the Senior Educational Psychologist, a Careers Officer, the School Welfare Officer and members of School Pastoral Staff. Since that date a number of developments have occurred.*

*A Pastoral Committee has now been organised at Borough level. A number of meetings have been held of the full committee and of a working party set up to study its functions and this organisation looks as if it will be continued. Meetings of all Pastoral Staff from Comprehensive Schools have also led to a permanent organisation being set up. In view of these developments the Drayton Pastoral Committee is seen as having been superseded by an organisation at Borough level, and organised meetings held in Drayton School have been discontinued. The Drayton effort however, has left a number of continuing results.*

*The general idea of co-operation has been greatly developed. We know one another much better and appreciate our partners and the part they play in the whole pastoral field. We are not worried about treading on each others' corns, and any small difficulties caused have been readily ironed out in the new atmosphere generated. The whole conception of pastoral care has been widened, and deepened, and authorities such as the Probation Service and the Juvenile Courts are coming much more into the school orbit. A Saturday course at Southgate Technical College attended by many representatives from all sections, a series of working lunches organised by the Children's Department, and a recent meeting between representatives of the pastoral work and the Magistrates of the Juvenile Court with the Clerk of Court, the Probation Service and the Police which broke entirely new ground, have all contributed to the effectiveness of our work. In the school itself the regular medical examinations taking place each week at a set time have made it easy to consult the doctor in urgent cases without loss of time and this has been much appreciated. Meanwhile at Drayton School the work of Dr. Griffith has continued in co-operation with the pastoral staff of the school. He has concentrated on education in personal relationships, and each Friday in the Autumn Term he has attended meetings with boys and girls of the school, sometimes leading group discussions, often attended by members of the school staff as well as boys and girls. On other occasions short lectures on particular parts of the work have been given. Questions have been submitted by the students and answered personally or in groups. The following provisional conclusions have been reached:*

- 1. General instruction in and discussion of personal relationships including sex in school is still urgently needed. Purely biological information is not enough. Full treatment of the emotional side and advice on individual problems are a necessary part of this work.*
- 2. More help in doing this kind of thing is needed. Although the staff of the school can cover the factual information required, and this should be done from the first year as a continuous process, discussion of the emotional side requires experience and specialised knowledge, and these must be supplied by senior members of Staff who are qualified and willing as well as by visitors to the school who are able to present material from specialised viewpoints.*



3. A printed booklet containing the sort of information which the work requires should be given to each young person at the appropriate time. Its preparation should be undertaken as soon as possible and the contents should largely be suggested by the people for whom it is intended. A beginning in this could appropriately be made by Dr. Griffith working in collaboration with the school, using boys and girls as critics at all stages of the work.
4. Although the parents are being individually informed of much of this, on suitable occasions, there has not yet been an organised attempt to present it to them as a whole. This is a most necessary step, and it remains to take it as soon as the more urgent work in the school itself reaches a reasonable stage of development. What information we have at present indicates parental approval and a desire to see the work extended."

J.R. Roberts (Head Teacher)

"The Pastoral Committee at Drayton School is set up to study and remedy as far as possible the social and psychological problems of the school children. Invariably these children have some sort of abnormal behaviour and do not take the full benefit of the education imparted to them.

The Committee has four main objectives:-

1. It takes over the responsibility and pioneers self-help in correcting the conduct of the children concerned.
2. Provide opportunity for co-operation and discussion between the various departments such as the Health and Children's Departments, the Child Guidance Service and the Youth Employment Service.
3. By means of discussion, seminars and lectures train the members to exercise the necessary pastoral care.
4. Encourage visitors from other institutions and create links to spread the experience and invite suggestions for better results.

The Headmaster, the teachers and members of the above-mentioned departments were present at the inaugural meeting which was held on 22nd March 1968. Since then the Committee meetings are held, usually on Fridays in the afternoon, and the problems of the children are presented to the Committee members by the school teacher concerned or the Headmaster. The problems are discussed and the ways and means are suggested to help and improve the situation.

The medical department was consulted on many occasions and it helped the Committee by -

- (a) carrying out full medical examination of the children to eliminate any physical and mental incapacities.
- (b) advising the teachers in cases where emotional disturbances had kept the children backward in the school studies, particularly during adolescence.
- (c) advising the right kind of diet to the obese children.
- (d) explaining the proper hygiene to the enuretic children and the children having allergic diseases.
- (e) after discussing with the hospital doctors and consultants, informing the Youth Employment Service of the physical and mental incapacities of some of the children who had been under hospital treatment and wished to take up certain careers.
- (f) investigating with the help of the school nurse the home conditions of a child who came to the school with multiple bruises on the face and other parts of the body."

K.V. Shah (School Medical Officer)

"As a result of our year's trial we have learnt a good deal and are now proposing to work out a new plan and new methods.

Meanwhile I would say that it is obvious that this teaching fills a very important gap for the mixed groups which make up the personnel of the school. One of the things that has impressed me most is the great desire that the children have to learn, and there can be no doubt that this method of teaching is appreciated and is a new experience for all of them."

Edward F. Griffith



## Inter-Services Committee on problems of adolescence

During the year an inter-services Committee was set up to deal with problems of adolescence, under the direction of the Medical Officer of Health, the Chief Education Officer and the Children's Officer, and including representatives of the Police, the Probation Department and Marriage Guidance Councils as well as the local authority services. One objective of this Committee is to publish a booklet about the services available for young people in the Borough.

## Other Medical Inspections

The following are the numbers of special inspections and re-inspections carried out during 1968. 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	2,644
Number of re-inspections	908

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 directly by the Council or arranged through other agencies.

## School Advice Clinics

These clinics continue to deal with the follow-up of defects found at routine medical inspections and selective medical examinations, and with some minor ailments and problems brought up by parents. Plans have now been formulated for offering a full medical examination to school children who are new entrants to the country, including any who have been out of the country for a year or more and who have now returned.

## Orthopaedic Clinics

The orthopaedic clinics at Lordship Lane, Tottenham, and Weston Park, Hornsey, have continued to function as in previous years, fortnightly sessions being held in each case.

I am indebted to Mr. E.H. Hambly, consulting orthopaedic surgeon to the Lordship Lane Clinic, for the following report:-

*"The Lordship Lane Clinics have been fully attended as in previous years. The most striking things about these Clinics are the extremely well turned out children especially their clothes and their manners. I am equally impressed by the fact that so many fathers attend.*

*We have families of practically every race on earth who attend these Clinics regularly and I am again impressed by the way they get on with each other and appear to be assimilated into the life of Tottenham in a remarkable way. Another thing which has impressed me is the standard of competence of these children from other lands as there are many who appear to be in our Grammar Schools who obviously will find jobs in the various professions in later life and should be a great asset to this country or their home countries if they return to them."*

*"During the year attendances were as follows:-*

*Number of new cases seen:-*

<i>Under 5 years of age</i>	<i>185</i>
<i>Over 5 years of age</i>	<i>215</i>
<i>Total</i>	<i>400</i>

*Total attendances:-*

<i>Under 5 years of age</i>	<i>303</i>
<i>Over 5 years of age</i>	<i>360</i>
<i>Total</i>	<i>663</i>

*Number of cases attended for treatment by the physiotherapist:-*

	<i>Old cases</i>	<i>New cases</i>	<i>Total</i>
<i>Under 5 years of age</i>	<i>33</i>	<i>24</i>	<i>57</i>
<i>Over 5 years of age</i>	<i>385</i>	<i>118</i>	<i>503</i>
<i>Totals</i>	<i>418</i>	<i>142</i>	<i>560</i>

*The clinic has been well attended but a little less than in 1967. The increase in the proportion of children under five seen during 1967 has not continued.*

*This year the number of those over five years of age is greater than in 1967 and the reduction in those under five years of age accounts for the small drop in total attendances.*

*The number of children of immigrants is greater; Mrs. Allardice, who manages the treatment of children of all ages so well, says that they make good patients who attend and carry out treatment with punctuality and attention."*

#### **Medical Services at Vale Road School for Physically Handicapped Children**

This School offers day education to physically handicapped children from the London Boroughs of Enfield and part of Barnet as well as Haringey children.

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 keeps in constant touch with the hospital consultants concerned.

I must once again express my appreciation to Mr. A.J. Ives, Headmaster of the school and his staff, for their continued co-operation with the medical staff.

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 cerebral palsy is diagnosed. Dr. William Dunham, the consultant in charge of the Unit, attends once a week, and a full time cerebral palsy therapist gives treatment to the children under his direction. A speech therapist and an educational psychologist are available to give advice and treatment in suitable cases.

Of the 9 new cases seen at the Unit during 1968, 5 were Haringey children, 3 were from the Borough of Enfield, and 1 from Barnet. 5 of these children were under five years of age, and 4 over 5. The recommendations made for the new cases were as follows:-

Recommended admission to Vale Road Special School	6
Referred for further investigation of intellectual ability	3



Dr. Dunham, consultant in physical medicine to the Unit, reports as follows on the year's work:-

*"During the year, 37 children with cerebral palsy — "spastics" — attended the Vale Road School for Physically Handicapped Children. They made up 41% of the pupils in the school. As in former years the advice of a special consultant who visited the school each week and the services of a special therapist who worked in the school each day were provided for these children as well as the general medical care given by the school medical officer and the school nurse. A new therapy room was equipped and brought into use.*

*But, in addition, the collaboration of the teachers and of the parents was enlisted to ensure that, throughout their waking hours, the children were given the best possible opportunity not only to achieve normal postures and movements in therapy but also to practise and make them a habit in ordinary school and home life. Bearing in mind that the earlier in life a child comes under such influences the better he is likely to respond, arrangements were continued for giving advice to parents of children of pre-school age. These facilities are still insufficiently used. Perhaps they are not widely enough known.*

*Unfortunately facilities for metal work, woodwork and needlework in neighbouring secondary schools are not now available, but thanks to the initiative of Miss L. Powell and Mr. Coates of the Tottenham Technical College, instruction in wigmaking has been added to the range of technical training available to children at the school, and has been found suitable for children with a surprisingly wide range of dexterity. It is hoped that in the future school leavers will be able to have full-time training, and that this will provide a valuable addition to the list of careers open to them."*

### **Audiology Unit**

The Audiology Unit is held within the curtilage of Blanche Nevile School for the Deaf, and there is excellent co-operation between medical and teaching staff. Four sessions are held each week and the Unit serves the London Boroughs of Enfield and (part of) Barnet as well as Haringey.

Arrangements are made for the regular supervision of children with hearing defects who attend ordinary schools, and of partially-hearing pre-school children. Many of these children wear hearing-aids. For this purpose, two full-time peripatetic teachers of the deaf work in close co-operation with Dr. Fisch, the Consultant Otologist, covering both the London Borough of Haringey and the area outside the Borough which is served by the 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. It is hoped that a third peripatetic teacher will be appointed during the coming year.

Dr. L. Fisch reports as follows on the work of the Unit:-

*"During this year major changes in staff of the clinic have occurred. Both peripatetic teachers of the deaf, who were on the staff for several years, resigned. Miss Abbott was appointed as a lecturer at the Institute of Education in the department for training teachers of the deaf. Mrs. Gregory resigned because she was expecting a baby. We were fortunate to obtain the services of two new excellent teachers, Miss Brinson from the School for the Deaf, and Mrs. Robertson, from the unit for partially deaf children. There was a change of the headmasters of the School for the Deaf. During part of 1968 the deputy Headmistress, Mrs. Oliver, helped us very effectively with our work. Miss Kiagell, senior psychologist, who was a member of the audiology team for several years, has retired. Fortunately, full team work was soon established again when new appointments were made.*

### **Assessment of the children by the audiology team**

*Assessment of children is carried out normally by the team consisting of the otologist, medical officer, teacher of the deaf and audiometricians. Whenever there is a need for special education in schools for the deaf or classes for partially-hearing children, the Headmaster of the School joins the team. The psychologist attends as frequently as possible for discussion of particular children.*

### **Accommodation**

*The main deficiencies at the clinic as far as accommodation is concerned, that is, the lack of an observation room with facilities for one way observation, and the lack of an adequate waiting room, still remain.*



## Children with additional handicaps

*The audiology clinic was as busy during this year as ever. One of the main problems is the placing of children who are deaf and also have other serious disabilities (deaf and blind, deaf and psychologically disturbed, deaf and low learning ability). For several of these children we were, unfortunately, unable to find adequate placement.*

*We had considerable difficulty in placing not only children with additional handicaps but also partially-hearing children especially of the pre-school age. There is need for a special nursery for partially-hearing children, which should be placed within a normal nursery. Co-operation with day nurseries continued. Many children with hearing difficulty are placed in normal day nurseries. The greatest benefit from this is the enhancement of social maturation. Excellent co-operation was forthcoming from the staff of all our day nurseries.*

## Insert earpieces for hearing aids

*The preparation of inserts for hearing aids has caused us a lot of difficulty in the past and during the year we commenced training our own audiometricians in the making of the inserts, which will help us to make better earpieces and within a shorter period of time.*

*A number of special hearing aids were prescribed for some of the children when the National Health hearing aid was not thought to be enough. Towards the end of the year a new, more powerful National Health hearing aid was becoming available. Also a new aid worn behind the ear, was issued by the Ministry, but unfortunately we were not able to obtain one of these during 1968.*

## Psychiatric help

*A good number of children with hearing difficulty need special help to sort out the various emotional and psychological problems arising from the child's handicap in a family. We co-operated closely with Dr. Elithorn, psychiatrist at the Maida Vale Hospital, who is specially interested in the problems of deaf children and is conducting research in this respect.*

*Other children with emotional problems and behaviour difficulty were referred to their local child guidance clinics.*

## The use of hearing aids in children

*We were very concerned about the various difficulties children encounter when wearing their hearing aids. In conjunction with the hearing clinics at Heston and Neasden a survey was carried out to find out how children used their hearing aid and what were the particular difficulties. We found that a very large number of children did not use their hearing aids very well. Often the aids were faulty in spite of close supervision. The reason for this, we think, is that the present type of hearing aid was designed for adults and not for children and we will have to find a different way of using hearing aids and possibly different designs for the instrument.*

## Parent meetings

*Parent meetings have been held regularly with very good attendance. These parent meetings are considered to be an important part of parent guidance and home training, and the parents have an opportunity to express their comments.*

## Waiting list

*We were still trying to cut down the waiting list. The average time for waiting for an appointment was six weeks. This was in spite of additional clinics which were conducted by Dr. Douglas, Principal Medical Officer (School Health)."*



The following is an analysis of the cases seen during 1968:-

#### 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	205	18	13	28	39	29	24	16	13	16	20	9	7	3	2	-	-	442
Cases brought forward from previous year	10	20	22	30	35	42	30	28	29	23	20	30	18	21	14	11	8	391
Re-examinations of old and new cases	6	12	7	7	11	11	3	4	2	6	2	2	1	-	2	1	1	78
Total attendances																		911

Pre-school children ...	...	...	...	...	...	492
Attending Infant and Junior Schools	...	...	...	...	...	297
Attending Senior Schools	...	...	...	...	...	122

#### Reason for referral among new cases:-

For diagnosis	...	...	...	...	...	208
Known to be deaf, examination before admission to Blanche Neville School	...	...	...	...	...	9
Immigrants to Borough known to be deaf	...	...	...	...	...	5
Partially-hearing, advice as to placement	...	...	...	...	...	4
Auditory training	...	...	...	...	...	6
"At risk"	...	...	...	...	...	194
Transfer from hospital out-patients departments	...	...	...	...	...	12
Advice as to placement where deafness might be the cause of backwardness	...	...	...	...	...	4
Total						442

68 of the above referrals were from other London Boroughs.

#### Audiometry

Routine audiometric testing of school children is carried out by three full-time trained audiometrician/vision testers. Vision screening in schools by the Keystone apparatus is now combined with audiometric screening. The audiometricians are also closely associated with the Audiology Unit.

Children who are due for medical examination in school have vision and hearing screening tests a few weeks beforehand so that the results are available to the school medical officer at the time of the examination, and any defect revealed by the tests can be discussed with the head teacher and any necessary further investigation can be initiated. The standards for passing the screening tests are set purposely high, and a high proportion of those who failed were found to respond to simple corrective measures.

The percentage of children who failed "special" tests was high because these children had either been referred especially because deafness was suspected or were already under treatment.

During the school holidays, special sessions were held at school clinics, at which an audiometrician was present with the medical officer, for the further investigation of these failures.

At the moment routine screening for hearing and vision is carried out once in each phase of school life. It is hoped that this will develop into screening every two years independently of school medical examinations, but this will require the availability of more testing personnel.

The tables below give the numbers and results of audiometry tests during 1968:-

## Audiometer Tests – Routine

Age Group	1st Tests  (1)	Re-Tests  (2)	Failures				% of Column 1  (7)
			both ears  (3)	one ear		Total  (6)	
				right (4)	left (5)		
Up to 7 years	6033	37	175	104	71	350	5.8
Intermediate	5966	45	138	61	80	279	4.6
Leavers	1146	19	28	7	15	50	4.3
Total	13,145	101	341	172	166	679	5.2

## Audiometer Tests – Specials

Age	1st Tests	Re-tests	Failures				% of Column 1
			both ears	one ear		Total	
				right	left		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
5	12	21	1	3	2	6	50.0
6	5	24	1	—	1	2	40.0
7	7	23	2	1	1	4	57.0
8	15	21	3	4	1	8	53.0
9	3	11	—	—	1	1	33.0
10	5	22	1	1	2	4	80.0
11	1	4	—	—	—	—	—
12	3	4	1	1	—	2	66.0
13	—	2	—	—	—	—	—
14	—	2	—	—	—	—	—
Over 14	1	2	—	1	—	1	100.0
Totals	52	136	9	11	8	28	53.8

## Ear, Nose and Throat Clinics

As the result of the closure early in the year of the School Ear, Nose and Throat Clinics at Hornsey and Wood Green, the school health service now provides only one Ear, Nose and Throat Clinic at the Park Lane Medical Centre, Tottenham, where monthly sessions are held.

## Speech Therapy

Miss J.D. Came, senior therapist, reports:-

*"This year has seen encouraging developments. There has been improvement in the staffing position. By the end of the year there were five part-time speech therapists, providing 30 sessions weekly for treatment or visiting.*

*At the Hornsey Centre for Handicapped Children, a pioneer session has already proved worthwhile. Children with autistic behaviour or severe spasticity were among those treated. For the treatment of the cerebral palsied children, the speech therapist joined a team of co-workers, including occupational and physiotherapists, under the direction of the Consultant, Dr. K. Bobath.*

*There has been an expansion of the work at Burgoyne Road Clinic. The therapist in this new building reports increased need for her help from the large number of immigrant children living locally.*

*Early investigation of delay in language development has been carried out. With the encouragement of the Principal Medical Officer (School Health) therapists have seen pre-school children who have already been investigated at the Audiology Unit. This has offered valuable opportunities for reassurance and advice to the mother, and consultation with the particular medical officer concerned at the Toddler Clinic."*



There are three school ophthalmic clinics held in the Borough, at which 7½ weekly sessions are held.

Early in the year the School Clinic at Stuart Crescent, Wood Green, was demolished in order that a new Health Centre might be built on the site. Until the new Centre is available, the ophthalmic clinic for Wood Green school children is being held at the Lordship Lane Medical Centre, Tottenham.

There are two full-time orthoptists working in the school ophthalmic service in conjunction with the consulting ophthalmologists. The orthoptists also visit the primary infants' schools for screening of children for latent squints.

Dr. T.G. Kletz, Consulting Ophthalmologist for the Tottenham children attending Lordship Lane Clinic, reports:-

*"The work at this clinic continues to be predominantly the investigation and treatment of refractive errors and squints (including cases of muscle imbalance) in school children. There are three sessions weekly. Cases requiring orthoptic investigation and treatment are referred to the orthoptist after refraction.*

*The ethnic survey was continued during the year. The myopia percentage was lower generally amongst the new cases, but still shows a higher incidence in the immigrant groups.*

*Of new patients first attending during the year 44.34% were immigrant or of immigrant origin. Of these, 68.6% were West Indian. Myopes formed 29% of the native population, whilst 42% of the immigrant group were myopes. The percentage of West Indians who were myopic was 44%. Of high myopes, only two cases occurred in the native population, and these were both from the same family, one child of one year with right eye 5D and left eye 2D of myopia, and the second child of 4½ years, with right eye 10D and left eye 12D of myopia. In the immigrant group (all West Indians) between the ages of 2 and 7 years there were six cases of over 10D myopia and three others between 6 and 9D of myopia."*

Mr. E.M.G. Galton, Consulting Ophthalmologist for the Wood Green children attending Lordship Lane Clinic, reports:-

*"The fact that Wood Green patients have to come to Lordship Lane during the rebuilding of Stuart Villa Clinic has added a considerable journey for some parents, with the result that attendances have dropped appreciably. During the year there has been a total of 1,218 children seen. There were 135 entirely new cases of whom 36 were under 5 years of age. 55 children were prescribed glasses for the first time. An orthoptist was appointed to the Clinic this year. It is hoped that when the new Centre in Stuart Crescent is opened, the ophthalmic sessions will regain their former vigour."*

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

*"The work in this clinic was continued and consisted mainly of correction of refractive errors and investigation and treatment of unilateral amblyopia and squint. The year's statistics were as under -*

	Under 5 years of age	Over 5 years of age
New cases	85	257
Total attendances	215	1,182
Glasses prescribed	13	301

*We are glad to have obtained the services of an orthoptist and as a result it was possible to investigate and treat all cases of unilateral amblyopia and squint in the clinic, and cases were referred to hospital only when surgery was indicated."*



## Child Guidance Service

The Borough is served by two Child Guidance Centres — at Lordship Lane, Tottenham, and at Tetherdown, Muswell Hill. The Centres are staffed as follows:-

Lordship Lane — Dr. Nina Meyer (Consultant Psychiatrist and Medical Director); Mr. B.N. Hill (Psychologist); Miss C. Tibbetts (Psychotherapist); Mr. L. Donlin (full-time Psychiatric Social Worker); and Mrs. A. Unvala (part-time Psychiatric Social Worker).

Tetherdown — Dr. K. Graf (Consultant Psychiatrist and Medical Director); Mrs. A. Summerfield (Psychologist); Mrs. H. Benjamin and Dr. R. Azevedo (Psychotherapists); Mrs. A. Walker (full-time Psychiatric Social Worker); Mrs. M. Burns and Miss B. Raven (part-time Psychiatric Social Workers); and Mrs. S. Lucas (part-time Social Worker).

The Administrative Director of the child guidance and school psychological service is Mr. B.J. Watkins, Senior Educational Psychologist.

Dr. Nina Meyer reports as follows on the year's work at the Lordship Lane Centre:-

*"This year problems of staffing have played a major part in the considerations of the Clinic. In common with other fields of Social Work, we have found it difficult to fill our posts with fully qualified personnel. Greater demands on Social Services, because of greater awareness of social problems, increases in population and inadequacy of training programmes, are the cause. To give as good a service as possible in these circumstances, is our constant endeavour. With this aim we try to evolve ways of dealing with problems as they present themselves.*

*It has long been our practice to see the pre-school child. We now give absolute priority to all children under five and concentrate our resources in giving help as intensively as possible over a short period. Results seem to justify this policy — 213 new cases have been referred, we have seen 162 and closed 231. Of the 231 closed, 143 showed improvement, following the help we were able to give, 54 moved away, left school, or were referred to other agencies, and only 34 were closed because of no response to our offered appointments.*

*To assess the time when a case should be closed is a skill we are beginning to learn. This means assessing when improvement is sufficient for the child's development to evolve normally without the Clinic's support. We do always, however, give the assurance that we will re-open a case should the need arise. The number we have had to re-open has been surprisingly few — namely 10 of the 231 we have closed in the last year.*

*We have also arranged a programme of conferences, with each meeting aiming to deal with a special aspect of our work; e.g., one conference was devoted to a delinquent child with severely damaged parents; another to a boy withdrawn from boarding school against medical advice — the problems of his future were gone into with Probation Officer, Headmaster, Housemaster and the Clinic Team. Another conference was devoted to a child with repeated attempts at suicide; another to a boy who has persistently refused school. Children with defined syndromes or problems give experience to us and to our colleagues of differing aspects of our work. By opening the conference to those concerned with a particular child, we try to make communication more possible, more effective and more immediate.*

*By the time this Report appears, we shall have filled our establishment of Psychiatric Social Workers, for almost the first time, by fully trained Psychiatric Social Workers. In addition to Mrs. Alison Unvala, who works part-time, we welcome Mr. Logan Donlin, Psychiatric Social Worker, trained in the United States, and with experience at a teaching hospital in this country. His appointment is replacing the two part-time appointments, Mrs. Zentler and Mrs. Lucas, who have now joined other Clinics. The generous support of the Education Department in making this appointment will, I hope, bear fruit in the diminution of school problems which add to the burdens of teaching staff.*

*We look forward also to improvement in communication by additional telephone lines; the one line for which the team of six sometimes has to queue, has been a handicap in keeping in touch with our colleagues outside the Clinic.*

*With these additions, we hope to achieve an even more fruitful service in the prevention of, and help to, mental illness in the Borough. I feel we are fortunate in working in Tottenham, which has so many different aspects of people, skills and nationalities to enrich its life."*



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

*"This is my seventh annual report since I was seconded by the North-West Metropolitan Regional Hospital Board to serve in this area as Consultant Child Psychiatrist, and my fourth report as Medical Director of the Tetherdown Child Guidance Centre, which was established in its present set-up at the time of the reorganisation of the London Boroughs.*

*During the year there have been several fundamental changes in the staffing of the clinic. Miss Gwen Kidgell, for many years Educational Psychologist at Tottenham, and lately also at this Clinic, retired after holding the post of Senior Educational Psychologist of the Borough for four years, and her special interest in the Tetherdown Clinic will be missed by us all. However, she has now been ably replaced by Mr. B.J. Watkins, who has been an Educational Psychologist at Tetherdown for several years.*

*Miss Beryl Raven, Senior Psychiatric Social Worker at Tetherdown over a very long period, retired from full-time work at the end of August but, fortunately for us, she has agreed to continue her valuable work with parents and children on a sessional basis for one day each week. Her post yet remains to be filled.*

*Mrs. Elizabeth Hunter left in July and her place has been filled by Mrs. Sheila Lucas, who transferred from the Tottenham Clinic.*

*Mrs. E.P. Maschik, the child psychotherapist, left in December, but was immediately replaced by Dr. Roberto Azevedo, a most experienced medical psychotherapist.*

*The Child Psychiatrist, who attended for two weekly sessions, was mainly occupied with diagnostic work, the medical direction of the clinical aspects of the work, communication with the referring parties, and therapy of a limited number of cases which did not require very intensive attention. During the year he saw 53 new cases for diagnostic assessment and individually reviewed 51 old cases. The sources of referral remained the same as in former years, and the majority of children reached us through the Medical Officers of the School Health Department. Only slightly fewer children were sent for assessment with the parents' permission by Head Teachers of local schools when they noticed educational difficulties or behaviour problems which seemed due to emotional maladjustment. A fair number of cases came through the Probation Department (including reports for the Juvenile Court), and the Children's Officer.*

*We particularly valued those cases which reached us from the family doctors or the parents themselves, and there continued to be mutual referrals for opinion and treatment between the child psychiatrist and his colleagues in the hospital service. We also appreciated very much the considerable interest shown in specific aspects of our work by Dr. U.P. Seidel, and his department, who has been associated with the Clinic for years.*

*As in past years, we felt that many of the problems of the referred children stemmed from social difficulties within the home situation which were not amenable to treatment, but in some cases we were nevertheless able to help the child to deal with the unchangeable situation in a more independent and mature manner and not to rely any longer on neurotically maladaptive reactive behaviour which was harmful to him and annoying to society. On the whole, however, Child Guidance is more competent to deal with a child's emotional unsettledness or conduct disorder when these are due to conflicts either within himself or in his relationships with his family. Problems obviously due to environmental shortcomings or social factors are often better dealt with by other social agencies. Head Teachers who are justifiably frustrated by the disruptive influence on the routine and the discipline of the class through a perpetually aggressive child, may be disappointed when referral to our clinic does not provide them with immediately applicable suggestions on how to cope with the difficulties complained of, particularly if we report that there is no evidence of treatable emotional disturbance to account for the behaviour. Equally, parents who have brought to us a child because he has stolen or told lies, are bewildered when they gather that instead of emphasising to the child the seriousness of his wayward behaviour, we treat him by permissive and, for him, quite enjoyable playtherapy spread out over a lengthy period; but this has to be done to gain his confidence for the exploration and treatment necessary to alleviate and cure the emotional maladjustment underlying the behaviour disorder. It has to be appreciated that naughtiness and predelinquent behaviour of varying degree of severity may present with symptoms and manifestations of conduct identical to emotional disturbance in a child, and it requires the specialised skill and experience of the child guidance team to make the differential diagnosis, because naughtiness and anti-social behaviour, even if they are rooted in psychologically explainable causes, are best dealt with by training and disciplinary measures applied best by the home, school or other appropriate agencies, while only behaviour problems due to emotional maladjustment or mental disturbance require the specialised approach of the hard pressed and overloaded facilities of the Child Guidance Clinic.*



*If this special role of the Child Guidance team is appreciated by everybody who considers referring a child we would not need to face the criticism implied by the Seebohm Report on "Local Authority and Allied Personnel Social Services" (1968) which has the following observation to make; "Guidance without the means of acting upon it is of little value. The evidence we have received about child guidance has convinced us that it is at present falling far short of meeting known needs for diagnosis and treatment, first because it is not able to help large numbers of children needing help, and second, because by operation of waiting lists, help is often given too late." Like most psychiatric services, Child Guidance is involved by public and authorities in cases where their competence is only marginal with the result that the referring bodies are disappointed with the results, while the waiting list for those cases where it could really make a very useful contribution grows unduly long. The recommendation of the Summerfield Report on "Psychologists in Education Services" (1968) that "access to child guidance and school psychological services should be by open referral" has always been implemented.*

*Our close co-operation with the School Health Service explains why most of our clients are of compulsory school age, but we naturally also cater for pre-school children, whose emotional maladjustment, if neglected, can have far-reaching unfortunate results for much later personality development; and adolescents who, as the recent report of the London Boroughs Association of the Working Party on the Provisions for Seriously Disturbed Adolescents, under the chairmanship of Dr. F.R. Dennison, has pointed out, suffer from a lack of facilities for the treatment of maladjustment, both in the hospital and community mental health services."*

## Tuberculosis

### Prevention of tuberculosis by B.C.G. vaccination

B.C.G. vaccination is offered to all school children over 13 years of age. 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 1968:-

	School Children	
	Number	%
Parents approached	3,296	
Parents accepted	2,810	85.3
Number skin tested	2,781	
Number found positive	287	10.3
Number found negative	2,358	84.8
Number failed to attend for Mantoux reading	136	4.9
Number vaccinated (% of those approached)	2,289	69.4

### **Cases of Tuberculosis occurring in teachers or pupils**

During 1968 investigations were carried out on the advice of the Chest Physician at four schools where a case of tuberculosis had occurred amongst the staff or pupils. The results were as follows:-

School 1 – 140 children were "Heaf" tested, of whom 20 were referred to the Chest Clinic for further investigation.

School 2 – 21 children were Mantoux tested – all were negative. 10 teachers were X-rayed – all were clear.

School 3 – 70 children were "Heaf" tested, of whom 5 were referred to the Chest Clinic for further investigation.

School 4 – 106 children and 23 staff were mass X-rayed – all were clear

No additional cases were discovered at any of the schools as a result of the epidemiological investigations.



## Verrucas

The special clinic set up at the Weston Park Medical Centre to deal with plantar warts was delayed in its development because of the absence on sick leave of the medical officer concerned. The clinic has now resumed operation, and it is hoped to develop two more clinics, thus enabling children to obtain treatment more quickly with less absence from school.

The survey carried out by a medical officer at four Haringey schools showed that plantar warts are largely the result of use of swimming pools. The wearing of plimsolls during physical education sessions in the schools gave no significant protection against plantar warts, nor was there satisfactory proof that warts were transmitted to other children through bare foot physical education. I therefore withdrew my objections to bare foot physical exercise in Haringey schools.

## Ringworm of the Scalp

During the year 16 cases occurred in five schools throughout the Borough. As in previous years, we are grateful to St. John's Hospital for Diseases of the Skin, who carry out screening procedure to discover any further cases which may arise through contact. Doubtful cases were referred to the consultant dermatologist at the Prince of Wales's Hospital for further investigation. The great majority of the cases occurred in immigrant children.

## Weight Watching Clinics

In recent times problems of nutrition have tended to highlight the overweight rather than the underweight child. In order both to help school children and to investigate the problem further, a weight watching clinic was set up during the year at a clinic in the Tottenham part of the Borough under a medical officer who is particularly interested in problems of diet. This clinic offered group therapy as well as individual advice, and has been so successful that a second clinic in the Hornsey part of the Borough is anticipated early in the new year. In order to assist individual medical officers in dealing with weight problems in school children, a panel of medical officers evolved a diet sheet for use throughout the Borough.

A total of 28 children were advised, with the following results:-

Failed to attend	7
Increase in weight 6lbs.	1
Failure to lose weight	5
Lost 1 - 4lbs.	3
Lost 5 - 9lbs	5
Lost 10 - 14lbs.	3
Lost 15 - 20lbs.	2
Lost over 20lbs.	2
Total	28

## Co-operation with the Prince of Wales's Hospital

The department maintains a close link with the Prince of Wales's Hospital, Tottenham.

The Rheumatism Supervisory Clinic continues to be held at the hospital under the direction of Dr. Ian M. Anderson, consultant paediatrician. A weekly session is conducted, at which a senior medical officer attends; and another senior medical officer attends at a weekly general paediatric session.

I am indebted to Dr. Anderson for the following report on the work of the rheumatism clinic during 1968:-

"During 1968 there were 22 new cases, 16 male, 6 female.

These cases are classified as follows:-

	<u>Total</u>	<u>In Haringey</u>	<u>Other areas</u>	<u>Male</u>	<u>Female</u>
Rheumatic Fever	1	1	—	—	1
Rheumatoid Arthritis	1	1	—	1	—
Cardiac Murmurs	20	14	6	15	5

Of the 20 Cardiac Murmurs, which were referred from local authority clinics and general practitioners, there were:-

5 Ventricular Septal Defects  
5 Atrial Septal Defects  
1 Patent Ductus Arteriosus  
1 Pulmonary Stenosis  
8 Innocent Murmurs

One case of Atrial Septal Defect and the Patent Ductus Arteriosus have been transferred to the Westminster Hospital to attend Dr. I.M. Anderson's Cardiac Clinic there for further investigations and supervision.

Apart from the cases of Cardiac Murmurs, there were over 25 other cases referred from local authority clinics for further advice and investigation in Dr. I.M. Anderson's Clinic at The Prince of Wales's Hospital."

There is also close co-operation between the school health service and the children's ear, nose and throat clinic at the hospital. Mr. William McKenzie, the hospital consultant, also acts as consultant to the school ear, nose and throat clinic at Park Lane Clinic. An assistant medical officer attends the consultant's weekly hospital session and acts as registrar.

#### Uncleanliness and Verminous Conditions

Regular hygiene inspections are carried out at schools by the school nurses. Verminous heads are now the exception rather than the rule, but careful watch is kept to prevent the spread of infection. The following are details of the hygiene inspections carried out in 1968:-

Number of individual examinations of pupils in schools	
by school nurses	56,696
Number of individual pupils found to be infested	188

#### Milk in School Scheme

Number of pupils supplied with 1/3rd pints of milk on an average day in the Autumn Term, 1968.

<u>Maintained Schools</u>	<u>No. Present</u>	<u>No. Taking Milk</u>
Infant & Nursery	8,481	8,232
Junior Schools	10,956	10,701
Secondary Schools	12,203	17*
Totals	31,640	18,950

\*The supply of milk to senior pupils (other than those in Special Schools) has been discontinued as the result of a directive from the Department of Education and Science.

#### School Meals were served at 103 schools or departments

Meals consumed by pupils on an average day in the Autumn Term, 1968

	<u>No. Present</u>	<u>No. taking Paid Meals</u>	<u>No. taking Free Meals</u>	<u>Total</u>
Infant & Nursery	8,481	5,631	714	6,345
Junior Schools	10,956	7,384	1,679	9,063
Secondary Schools	12,203	6,095	1,623	7,718
Totals	31,640	19,110	4,016	23,126

Total number of meals prepared during year ended 31st December 1968, 4,632,370. (Including staff meals).



## Handicapped Pupils

The Education Act 1944 imposes upon 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 the 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 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.

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 23rd January 1969:-

Number of individual pupils newly ascertained as handicapped during the year		Number of individual pupils newly placed in special schools during the year	
1968-69	1967-68	1968-69	1967-68
Blind	1	1	1
Partially sighted	1	1	1
Deaf	1	1	1
Partially hearing	1	1	1
Educationally subnormal	1	1	1
Epileptic	1	1	1
Maladjusted	1	1	1
Physically handicapped	1	1	1
Delicate	1	1	1
Children suffering from speech defects	1	1	1
<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>
Number of individual pupils ascertained as handicapped on 23rd January 1969		Number of individual pupils placed in special schools on 23rd January 1969	
Blind	1	1	1
Partially sighted	1	1	1
Deaf	1	1	1
Partially hearing	1	1	1
Educationally subnormal	1	1	1
Epileptic	1	1	1
Maladjusted	1	1	1
Physically handicapped	1	1	1
Delicate	1	1	1
Children suffering from speech defects	1	1	1
<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>

# RETURN OF ASCERTAINED HANDICAPPED PUPILS REQUIRING SPECIAL EDUCATIONAL FACILITIES

CATEGORY	IN THE CALENDAR YEAR				DISTRIBUTION ON 23RD JANUARY 1969																								
	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 Act1944				Total
					Maintained Special Schools				Non-maintained Special Schools				Independent Schools																
					Day	Boarding	Day	Boarding	Day	Boarding	Day	Boarding	Day	Boarding	Day	Boarding	Day	Boarding	Day	Boarding	Day	Boarding	Day	Boarding	Day	Boarding	Day	Boarding	
Blind Pupils	1	—	2	—	1	—	5	1	—	—	3	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	10	2	
Partially Sighted Pupils	2	2	3	2	5	2	—	—	—	—	1	2	—	—	2	2	—	—	—	—	—	—	—	—	—	—	8	6	
Deaf Pupils	6	2	6	1	9	8	2	—	—	—	3	4	—	—	1	1	—	1	—	—	—	—	—	—	—	—	15	14	
Partially Hearing Pupils	3	4	2	2	9	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	15	
Physically Handicapped Pupils	12	7	12	8	38	26	1	—	—	—	5	4	—	—	3	3	—	—	—	—	—	—	—	—	—	—	47	33	
Delicate Pupils	11	5	11	8	19	15	10	8	—	—	3	2	—	—	1	—	1	—	—	—	—	—	—	—	—	—	34	25	
Maladjusted Pupils	20	6	15	5	—	1	6	—	—	—	17	9	12	4	1	—	11	2	—	—	—	—	—	—	—	—	47	16	
Educationally Subnormal Pupils	30	25	21	16	95	64	10	5	3	4	2	3	1	1	29	20	2	—	—	—	—	—	1	—	—	—	143	97	
Epileptic Pupils	—	—	—	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	2	2	
Pupils with Speech Defects	1	2	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Totals	86	53	72	44	176	131	34	14	3	4	35	26	14	6	37	26	14	3	1	1	1	—	—	—	—	315	211		
Grand Totals	139		116		307		48		7		61		20		63		17		2		1		526						



## 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 96 children on the roll at Vale Road Special School 61 were Haringey children and 35 children from other boroughs. Of the 136 children on the roll at Blanche Nevile School (including the partially hearing units), 41 were Haringey children and 95 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 34 Haringey children at Durants, 35 at Oaktree and 80 at Oak Lodge. There are 49 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 1968 was 95, of whom 14 were Haringey children and 81 from other boroughs.

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

Asthma 6; Bronchitis 3; physical and nervous debility 2;  
Recurrent Cystitis 1; Lead Poisoning 1; Nervous loss of appetite 1

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

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 for in-patients of St. Ann's and Prince of Wales's General Hospitals has continued to be provided during the past year by two full-time teachers.*

*A significant improvement in the teaching facilities has been made by the Hospital Authorities in extending to the ceiling, the partition walls of the class-room in Ward M.1., thus eliminating general noise from the ward. The Staff of the Hospitals are, as always, most co-operative.*

*The average number of children receiving tuition during the year was 35.\**



## Special Classes attached to Ordinary Schools

In addition to the units for partially hearing children already mentioned, there are four "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 1968, the number of children attending full-time "Opportunity" classes was 53.

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 nine 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 1968 twelve Haringey children and one child from another borough were in attendance at day nurseries in the Borough under these arrangements. At the end of the year seven Haringey children were still in attendance.

## Recuperative Holidays

During 1968 23 boys and 26 girls were recommended for recuperative holidays in order to assist their recovery after illness. 19 boys and 19 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 local school children who died during 1968:-

Sex	Age		Cause of Death
	Years	months	
F	4	— 8	Accident in the home
M	15	— 7	Asthma
M	13	— 6	Asthma
M	11		Accident in the home
M	13	— 4	Accident outside the home
M	4	— 1	Accident in the home
M	14	— 4	Congenital Heart Defect
M	6	— 4	Accident outside the home
M	7	— 2	Adrenal haemorrhage
M	15		Congenital Heart Defect
M	5		Congenital Heart Defect
M	11	— 8	Malignant disease



## Accidents to School Children

I am indebted to the Accident Prevention Officer for the following details of road accidents involving school children during 1968:-

	Fatal	Serious	Slight	Total
Pedestrians	1	42	159	202
Cyclists	—	4	47	51
Passengers	—	—	62	62
Totals	1	46	268	315

## SCHOOL DENTAL SERVICE

As one year follows another we continue like King Canute, vainly trying to stem a rising tide (of need and demand for dental treatment) with about the same degree of success as was achieved by the well known Monarch. Dental defects in our child population as a whole develop at least as fast as we are able to provide treatment for some, so that no matter how hard we work we do no better than prevent an increase in the amount of necessary treatment outstanding. For how long, I wonder, are we to be denied the benefits of fluoridation of the water supplies, without which it seems that children will continue to suffer pain, inconvenience and sometimes ill-health, which could so easily be reduced to manageable proportions? In what other field of preventive medicine would those in need be denied a known, safe and effective remedy?

The figures set out at the end of this report show the amount of work done during the year for the most usual types of treatment, and these follow the pattern established in the three previous years.

There are, inevitably, minor fluctuations from year to year, but two large variations in 1968 deserving of comment related to dental inspections in schools and to the orthodontic service, and there are dealt with fully below.

### Inspection and treatment

The number of pupils on the school rolls on 31st December was 35,812, an increase of 1,421 over the previous year. Routine dental inspections in schools occupied 184 sessions, 27 fewer than in 1967, at which 15,152 were examined for the first time in the year, and a further 3,836 were first examined in the clinics. Together these total 18,988 which represents only 53% of the school population and is a considerable and unwelcome reduction from the average of 64% of the three previous years.

The two clinics which have always failed by a large margin to examine all their schools in the year, because of the overwhelming demand for treatment which leaves little opportunity for attracting the additional demand arising from school inspections, were no better placed during the year under review. To their shortfall was added difficulty at other clinics arising from the additional burden imposed as a result of the re-allocation of schools resulting from the closure of the Wood Green clinic, to allow the building of the new health centre on the same site. Staffing difficulties at another clinic made for more schools not visited. To these factors was added the increase in the total school population during the year.

It is an essential part of the service we provide that, if as a result of inspections in schools a child is found to require treatment and the parent asks that we undertake the necessary work, we should do so within a reasonable time. It would be quite wrong to bring about a demand which we then had to refuse because it was beyond our capacity, and this at the expense of time spent in schools which could not be spared from actual treatment.

Nevertheless, as the low percentage is quite unlike the higher figure in each of the three preceding years, there seems no good reason why we should not revert to a more satisfactory state of affairs, even if this has to await the coming into use of the new Wood Green centre and the consequent reversion to the previous better distribution of the schools and availability of the extra surgeries.



The figures in the table at the end of the report largely speak for themselves, but it is again worthy of comment that we provide a service which is overwhelmingly conservative in character with very many teeth saved for each one removed, whether they be permanent or temporary ones. It should be remembered that permanent teeth which have been extracted for orthodontia are not "teeth lost" in the usual sense, but ones — frequently perfect — for which nature has provided no space and whose removal is necessary for the overall appearance, health and efficiency of the remainder.

Of the total of 21,287 children first or re-examined during the year, treatment was required by 13,704 or 64.4%. The small increase from 62.5% in the previous year is not, of itself, a cause for concern, but it underlines the fact that the amount of treatment outstanding is not reduced.

#### Orthodontic service

In each of the two previous years it has been necessary to report the increasing difficulties of the orthodontic service, with waiting lists so long that some children were unlikely ever to receive necessary treatment before the age at which it could produce a satisfactory result had passed. It at last became possible to recruit the additional orthodontist so badly needed, and who commenced duties in June. Much unrewarding work and time was spent calling those on the waiting lists for diagnosis and assessment, with the expected result that many did not respond when sent appointments after such a long interval that they had lost interest, left school or been referred to hospital by general dental practitioners with consequent greater loss of educational time.

We have reached the position at the end of the year that, at two of the clinics providing this specialised service an appointment can be offered as soon as the need is known, while at the third the waiting list is now six-months and slowly being reduced. This has necessitated much alteration in the distribution of the patients to the clinics with the greater capacity at any given time, despite the longer and more expensive travelling involved over a lengthy period, but it is perhaps a measure of the value placed upon the service offered that so many have cheerfully and willingly accepted the need. It should very soon be possible to arrange attendance at the nearest and most convenient clinic again, for new cases if not for those whose treatment has been started.

#### Dental Inspections and Treatment

Pupils first inspected at school	...	...	...	...	...	...	...	...	15,152
Pupils first inspected at clinic	...	...	...	...	...	...	...	...	3,836
Pupils re-inspected	...	...	...	...	...	...	...	...	2,300
Number found to require treatment	...	...	...	...	...	...	...	...	13,704
Number of fillings:									
Permanent teeth	...	...	...	...	...	...	...	...	12,522
Temporary teeth	...	...	...	...	...	...	...	...	8,719
Number of teeth filled:									
Permanent teeth	...	...	...	...	...	...	...	...	10,760
Temporary teeth	...	...	...	...	...	...	...	...	7,906
Extractions:									
Permanent teeth unsavable	...	...	...	...	...	...	...	...	410
Permanent teeth orthodontia	...	...	...	...	...	...	...	...	368
Temporary teeth	...	...	...	...	...	...	...	...	3,736
General anaesthetics	...	...	...	...	...	...	...	...	1,365
Number of dentures supplied	...	...	...	...	...	...	...	...	26
Number of crowns and inlays	...	...	...	...	...	...	...	...	23
Number of teeth root filled	...	...	...	...	...	...	...	...	33
Number of prophylaxes	...	...	...	...	...	...	...	...	1,410
Number of teeth otherwise conserved	...	...	...	...	...	...	...	...	707
Other Operations	...	...	...	...	...	...	...	...	4,488

#### Orthodontic Treatment

Cases remaining from previous year	...	...	...	...	...	...	...	...	170
New cases commenced during year	...	...	...	...	...	...	...	...	148
Number of appliances fitted:									
Removable	...	...	...	...	...	...	...	...	300
Fixed	...	...	...	...	...	...	...	...	18
Number of impressions, adjustments etc.	...	...	...	...	...	...	...	...	3,496
Number of radiographs	...	...	...	...	...	...	...	...	2,733

#### Appointments and Sessions

Attendances for treatment	...	...	...	...	...	...	...	...	25,249
Appointments not kept	...	...	...	...	...	...	...	...	5,632
Number of half-day sessions devoted to:									
Inspections in schools	...	...	...	...	...	...	...	...	184
Treatment	...	...	...	...	...	...	...	...	3,749



LIST OF SCHOOL HEALTH CLINICS AS AT 31ST DECEMBER 1968

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.	
abcdefghijkl	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.	
abcdefghijkl	Medical Centre, rear of Hornsey Town Hall, 23a Weston Park, N.8.	
dfgh	Vale Road School for Physically Handicapped Children, N.4.	
a	White Hart Lane Clinic, 57 White Hart Lane, N.22.	

# SCHOOL HEALTH SERVICE STATISTICS 1968

## 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
1964 & Later	4	42	46
1963	53	181	224
1962	45	230	268
1961	9	36	42
1960	40	81	118
1959	33	39	70
*1958	*51	*86	*122
*1957	*39	*43	*79
1956	171	197	342
1955	80	102	181
1954	232	223	380
1953 & earlier	608	457	980
Totals	1,365	1,717	2,834

### APPENDIX

\*Signifies "Selective" medical examinations

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 1968									
4	Skin	48	140	218	181	385	429	785	10
5	Eyes (a) Vision	95	155	511	183	1365	549	136	74
	(b) Squint	45	48	33	18	132	56	9	1
	(c) Other	13	18	16	22	45	71	55	9
6	Ears (a) Hearing	15	37	45	20	108	100	55	37
	(b) Otitis Media	9	35	7	8	18	60	1	1
	(c) Other	11	16	5	7	23	47	124	11
7	Nose and Throat	88	253	49	187	191	543	68	23
8	Speech	28	68	4	13	49	95	23	6
9	Lymphatic Glands	3	90	5	12	9	150	2	4
10	Heart	14	60	9	41	42	145	17	12
11	Lungs	37	103	23	75	90	265	33	19
12	Developmental:								
	(a) Hemip	11	45	2	11	18	88	2	1
	(c) Other	13	85	74	47	122	258	48	25
13	Orthopaedic:								
	(a) Posture	13	14	38	36	79	86	4	4
	(b) Feet	90	111	130	83	399	313	37	6
	(c) Other	22	42	45	38	115	115	47	4
14	Nervous System:								
	(a) Epilepsy	4	17	3	7	9	34	5	2
	(b) Other	2	15	4	16	9	48	24	10
15	Psychological:								
	(a) Development	5	17	8	26	17	75	112	19
	(b) Stability	33	158	12	42	86	327	88	25
16	Abdomen	4	15	13	15	21	63	21	16
17	Other	5	11	16	15	27	41	196	31

T - Requiring Treatment

O - Requiring Observation





# SCHOOL HEALTH SERVICE STATISTICS 1968

## 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
1964 & Later	4	42	40
1963	53	181	224
1962	45	230	258
1961	9	36	42
1960	40	81	116
1959	33	39	70
*1958	*51	*86	*122
*1957	*39	*43	*79
1956	171	197	342
1955	80	102	161
1954	232	223	390
1953 & earlier	608	457	980
Totals	1,365	1,717	2,824

\*Signifies "Selective" medical examinations

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	46	140	218	151	385	429	785	10
5	Eyes (a) Vision	95	155	811	163	1365	549	136	74
	(b) Squint	48	48	33	18	132	96	8	1
	(c) Other	13	16	16	22	45	71	56	9
6	Ears (a) Hearing	15	37	46	20	106	100	55	37
	(b) Otitis Media	9	30	7	9	18	60	1	1
	(c) Other	11	16	5	7	23	47	124	11
7	Nose and Throat	88	263	40	107	191	543	66	23
8	Speech	26	58	4	13	49	95	23	6
9	Lymphatic Glands	3	90	5	12	9	150	2	4
10	Heart	14	60	9	41	42	145	17	12
11	Lungs	37	103	23	75	90	265	33	19
12	Developmental:								
	(a) Hernia	11	45	2	11	19	89	2	1
	(c) Other	13	65	74	47	122	258	46	26
13	Orthopaedic:								
	(a) Posture	13	14	38	36	79	86	4	4
	(b) Feet	90	111	130	83	399	313	37	6
	(c) Other	22	42	46	36	115	116	47	4
14	Nervous System:								
	(a) Epilepsy	4	17	3	7	9	34	5	2
	(b) Other	2	15	4	15	8	46	24	10
15	Psychological:								
	(a) Development	5	17	8	26	17	75	112	18
	(b) Stability	33	158	12	42	86	327	88	25
16	Abdomen	4	15	13	16	21	53	21	16
17	Other	5	11	16	19	27	41	195	31

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 Disease (e.g. blepharitis, conjunctivitis)	Defective vision and squint	
	(a) External and other, excluding errors of refraction and squint	95
	(b) Errors of refraction, including squint	2,873
	Total	2,968
	(c) Number of pupils for whom spectacles were prescribed	825
GROUP 2. Diseases and Defects of Ear, Nose and Throat	Received operative treatment for:-	
	(a) Diseases of the ear	3
	(b) Adenoids and Chronic Tonsilitis	232
	(c) Other nose and throat conditions	15
	Received other forms of treatment	404
Total		654
Total number of pupils still on the register of schools at 31st December 1968 provided with hearing aids:		
(a) During the current year		22
(b) In previous years (excluding any pupils shown at (a) above who were provided with an aid in a previous year)		34
GROUP 3. Orthopaedic and Postural Defects	Number of pupils known to have been treated at clinics or at out-patients departments	1,464
	Total	1,119
GROUP 4. Diseases of the skin (excluding uncleanness)	Ringworm (i) Scalp	16
	(ii) Body	2
	Scabies	2
	Impetigo	1
	Other skin diseases	1,098
	Total	1,119
GROUP 5. Child Guidance Treatment	Number of pupils treated at child guidance clinics (including cases sent to the Tavistock and other hospital clinics)	394
GROUP 6. Speech Therapy	Number of pupils treated by speech therapists	295
GROUP 7. Other Treatment given	(a) Number of miscellaneous minor ailments treated by the Council	121
	(b) Pupils who received convalescent treatment under School Health Service arrangements	38
	(c) Pupils who received B.C.G. vaccination	2,289
	(d) Treatment other than (a), (b) and (c) above	335

# EDUCATION ACT 1944 – SECTION 57

Cases dealt with under Section 57, Education Act 1944	...	...	...	...	...	5
Cases de-notified under Section 8, Education (Miscellaneous Provisions) Act 1948	...	...	...	...	...	1
Abatement of Statutory Nuisances	...	...	...	...	...	28
Adolescence, Inter-Service Committee on problems of	...	...	...	...	...	72
Advice Clinics for the Elderly	...	...	...	...	...	18
Ante-natal Clinics	...	...	...	...	...	42
Atmospheric Pollution	...	...	...	...	...	20
Audiology Unit	...	...	...	...	...	74
Audiometry	...	...	...	...	...	76
<b>MEDICAL EXAMINATION OF TEACHERS</b>						
(a) Number of Teachers examined as to fitness for first appointment	...	...	...	...	...	117
(b) Number of Students examined as to fitness to undertake training course	...	...	...	...	...	185
(c) Number of Students examined on completion of training course at Hornsey College of Art	...	...	...	...	...	44
Cancer of the breast, early detection of	...	...	...	...	...	49
Care of Mothers and Young Children	...	...	...	...	...	47
Cerebral Palsy Unit	...	...	...	...	...	73
Certificates of Disposal	...	...	...	...	...	37
Cervical Cytology	...	...	...	...	...	49
Child Guidance Service	...	...	...	...	...	79
Child Health Centres	...	...	...	...	...	90
Child Minder	...	...	...	...	...	62
Chimney Heights	...	...	...	...	...	20
Chiropractic Services	...	...	...	...	...	59
Cleansing and Disinfection	...	...	...	...	...	25
Daily Guardian Scheme	...	...	...	...	...	61
Day Nurseries	...	...	...	...	...	62
Day Nurseries, Admission of Handicapped Children	...	...	...	...	...	87
Deaths of Haringey Residents	...	...	...	...	...	7
Deaths of School Children	...	...	...	...	...	57
Defects remedied	...	...	...	...	...	37
Dental Care for Priority Classes	...	...	...	...	...	53
Diphtheria	...	...	...	...	...	8
Disease of Animals Act 1950	...	...	...	...	...	23
Domestic Help Service	...	...	...	...	...	86
Drainage and Sewerage	...	...	...	...	...	16
Drayton Pastoral Committee	...	...	...	...	...	70
Dysentery	...	...	...	...	...	8
Ear, Nose and Throat Clinics	...	...	...	...	...	77
Education Committee	...	...	...	...	...	67
Factories	...	...	...	...	...	46
Family Planning	...	...	...	...	...	47
Food and Drugs Act	...	...	...	...	...	39
Food Complaints	...	...	...	...	...	41
Food Hygiene	...	...	...	...	...	37
Food Poisoning	...	...	...	...	...	9
Food Premises	...	...	...	...	...	38
Food, Sale from mobile stalls	...	...	...	...	...	36
Food Samples	...	...	...	...	...	36
Furnace Installations	...	...	...	...	...	20





# INDEX

Page No.

Abatement of Statutory Nuisances ...	28
Adolescence, Inter-Service Committee on problems of ...	72
Advice Clinics for the Elderly ...	58
Ante-natal Clinics ...	48
Atmospheric Pollution ...	20
Audiology Unit ...	74
Audiometry ...	76
Births, Notification of ...	47
Cancer of the breast, early detection of ...	49
Care of Mothers and Young Children ...	47
Cerebral Palsy Unit ...	73
Certificates of Disrepair ...	37
Cervical Cytology ...	49
Child Guidance Service ...	79
Child Health Centres ...	50
Child Minders ...	52
Chimney Heights ...	20
Chiropody Services ...	59
Cleansing and Disinfection ...	25
Daily Guardian Scheme ...	51
Day Nurseries ...	52
Day Nurseries, Admission of Handicapped Children ...	87
Deaths of Haringey Residents ...	7
Deaths of School Children ...	87
Defects remedied ...	27
Dental Care for Priority Classes ...	53
Diphtheria ...	9
Disease of Animals Act 1950 ...	29
Domestic Help Service ...	56
Drainage and Sewerage ...	16
Drayton Pastoral Committee ...	70
Dysentery ...	9
Ear, Nose and Throat Clinics ...	77
Education Committee ...	67
Factories ...	45
Family Planning ...	47
Food and Drugs Act ...	39
Food Complaints ...	41
Food Hygiene ...	37
Food Poisoning ...	9
Food Premises ...	38
Food, Sale from mobile stalls ...	38
Food Samples ...	39
Furnace Installations ...	20



Hairdressers	...	...	...	...	...	...	44
Handicapped Pupils	...	...	...	...	...	...	84
Handicapped Register, Children on	...	...	...	...	...	...	51
Health Education	...	...	...	...	...	...	61
Health Services Committee	...	...	...	...	...	...	1
Health Services Panel	...	...	...	...	...	...	1
Health Visiting Service	...	...	...	...	...	...	55
Home Nursing Services	...	...	...	...	...	...	55
Hospital Classes	...	...	...	...	...	...	86
House Drying	...	...	...	...	...	...	29
Houses in Multiple Occupation	...	...	...	...	...	...	34
Housing	...	...	...	...	...	...	30
Housing applications, assessment on medical grounds	...	...	...	...	...	...	36
Immunisation against diphtheria, whooping cough, tetanus, poliomyelitis, and measles	...	...	...	...	...	...	13
Improvement Areas	...	...	...	...	...	...	33
Improvement of dwellings not in an Improvement Area	...	...	...	...	...	...	34
Infectious Diseases	...	...	...	...	...	...	9
Infectious Diseases, Notification of	...	...	...	...	...	...	8
Infective Hepatitis	...	...	...	...	...	...	10
Influenza	...	...	...	...	...	...	10
Insect Pests	...	...	...	...	...	...	25
Inspections carried out by Public Health Inspectors	...	...	...	...	...	...	26
Laundry services for the incontinent	...	...	...	...	...	...	25
Massage and Special Treatment	...	...	...	...	...	...	59
Meat Inspection	...	...	...	...	...	...	42
Medical examinations in schools	...	...	...	...	...	...	69
Mental Health Services	...	...	...	...	...	...	62
Mental Health Statistics	...	...	...	...	...	...	65
Midwives Ante-natal Clinics	...	...	...	...	...	...	49
Midwifery Service	...	...	...	...	...	...	54
Milk and Dairies Regulations	...	...	...	...	...	...	38
Milk in Schools Scheme	...	...	...	...	...	...	83
Mortuary	...	...	...	...	...	...	25
Mothercraft and Relaxation Classes	...	...	...	...	...	...	50
Mothers and Young Children, Care of	...	...	...	...	...	...	47
Multiple occupation, Houses in	...	...	...	...	...	...	34
Neighbourly Help Service	...	...	...	...	...	...	58
Noise	...	...	...	...	...	...	29
Observation Register, Children on	...	...	...	...	...	...	51
Offices, Shops and Railway Premises Act 1963	...	...	...	...	...	...	42
Ophthalmic Clinics	...	...	...	...	...	...	78
Orthopaedic Clinic	...	...	...	...	...	...	72
Outworkers	...	...	...	...	...	...	46
Performing Animals	...	...	...	...	...	...	29
Pet Shops and Animal Boarding Establishments	...	...	...	...	...	...	29
Poliomyelitis	...	...	...	...	...	...	11
Purchase of houses in advance of Council's requirements	...	...	...	...	...	...	33

Radioactive Substances Act 1960	...	...	...	...	...	...	46
Rag Flock and Other Filling Materials Act 1951			...	...	...	...	28
Recuperative Holidays	...	...	...	...	...	...	59
Refuse, Accumulation of	...	...	...	...	...	...	29
Rheumatism Supervisory Centre	...	...	...	...	...	...	82
Ringworm	...	...	...	...	...	...	82
Rodent Control	...	...	...	...	...	...	23
Sanitary Circumstances of the Area	...	...	...	...	...	...	16
School Dental Service	...	...	...	...	...	...	88
School Health Clinics	...	...	...	...	...	...	90
School Health Service	...	...	...	...	...	...	68
School Meals	...	...	...	...	...	...	83
School Population	...	...	...	...	...	...	69
Shops Acts 1950-1966	...	...	...	...	...	...	44
Smallpox, Vaccination against	...	...	...	...	...	...	11
Smoke Control Areas	...	...	...	...	...	...	19
Social Services Committee	...	...	...	...	...	...	1
Social Services Group Committee	...	...	...	...	...	...	1
Special Schools Provision	...	...	...	...	...	...	86
Speech Therapy	...	...	...	...	...	...	77
Staff	...	...	...	...	...	...	2
Staff Medical Assessments	...	...	...	...	...	...	60
Statistics, Dental	...	...	...	...	...	...	53, 89
Statistics, School Health	...	...	...	...	...	...	91
Statistics, Vital	...	...	...	...	...	...	5
Statutory Notices served	...	...	...	...	...	...	27
Statutory Nuisances, Abatement of	...	...	...	...	...	...	28
Street Trading	...	...	...	...	...	...	45
Student Public Health Inspectors	...	...	...	...	...	...	46
Swimming Baths and Paddling Pools	...	...	...	...	...	...	19
Tuberculosis Patients, Extra nourishment for	...	...	...	...	...	...	59
Tuberculosis, Prevention by B.C.G. vaccination			...	...	...	...	81
Tuberculosis Rehabilitation	...	...	...	...	...	...	59
Typhoid	...	...	...	...	...	...	11
Uncleanliness and verminous conditions	...	...	...	...	...	...	83
Unfit houses	...	...	...	...	...	...	30
Unsound Food, Surrender of	...	...	...	...	...	...	42
Vaccination against Smallpox	...	...	...	...	...	...	11
Venereal Disease	...	...	...	...	...	...	15
Verrucas	...	...	...	...	...	...	82
Vital Statistics	...	...	...	...	...	...	5
Water Supplies	...	...	...	...	...	...	16
Weight Watching Clinics	...	...	...	...	...	...	82
Welfare Foods, Distribution of	...	...	...	...	...	...	53









Printed by Haringey Libraries