

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

### **Contributors**

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**HARINGEY**

**HEALTH IN 1969**

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



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



# HARINGEY

# HEALTH IN 1969

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

I have the honor to be your obedient servant  
J. S. CAPTON,  
Medical Officer of Health



HARRISBURG

# HEALTH IN 1888

The Annual Report of the National Office of  
Health & Physical Education



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 1969.

During the year considerable thought and energy has been spent in the development of the Council's new management structure, which brings the former Health Department under the co-ordination of the Director of Social Services in accordance with the recommendations of the Maud Report, although this arrangement may have to be modified in view of the Social Services Act which requires the separation of Social Services from Health.

The report has been divided into four sections: Environmental Health and Infectious Disease; Personal Health Service; School Health Service; and Social Services; which brings it into line with recent thinking about the future of Health Departments. The Social Services and the Junior Training School will transfer from Health to Social Services and Education respectively by 1971 and if the second green paper is accepted the Personal and School Health Services will eventually transfer to an Area Health Board. The local authorities will, however, retain responsibility for the very important control of the Environment.

An important event in 1969 was the opening of a Health Centre at Stuart Crescent, Wood Green. The new Health Centre replaces the former school clinic and it provides a comprehensive service to include the personal health services of the Local Authority and the general medical services offered by nine general practitioners. The Stuart Crescent Health Centre is the Council's first Health Centre.

The immediate advantage is the provision of new premises for the health services, but long-term advantages should bring a better and more productive co-operation between the general practitioners and the various services now provided by the Local Authority.

In 1965 the Council considered the fluoridation of drinking water in the interest of better dental health and decided to support the idea. The Ministry of Health took no action and at a subsequent debate on the same subject in 1969 the Council reversed the previous decision. Fluoridation is not likely to be achieved at this rate of progress which now compares unfavourably with the long debate on the pasteurisation of milk or the protracted history of smallpox vaccination, so well described by Dr. Orton later in this report. In the meantime a small number of parents now give fluoride tablets to their children with beneficial results to their dental health.

The Council has given encouragement to the Family Planning Association by way of increased financial assistance and the use of clinic premises, so that in addition to the customary services, there are now facilities for unmarried women and an effective domiciliary family planning team has passed its pilot scheme phase.

The Council has been selected as an authority eligible for Urban Aid and progress has been made with the upgrading of pavilions in Markfield and Down Lane Parks so that they can be used by play groups during the week. In the evenings and at weekends the same premises are used for recreational purposes by adults. This is a valuable use of the Urban Aid scheme and helps the public to make even better use of the Council's parks.

In conclusion I wish to record my thanks to Councillors Mrs. Cooper and Mrs. Levinson, Chairmen of the Social Services Committee and the Health Services Panel, and to the members, for their encouragement and support. My thanks are especially due to the staff of the Health Department for their loyal and efficient service during a busy year.

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





V.H. M.B.S. (Senior) J. Langham  
Medical Officer of Health

Principal Medical Officer  
J.L. PATTON, M.B., Ch.B., F.R.C.S. (Gen.)  
V.H. M.B.S. (Senior) G. 3 (Gen.)  
Deputy Medical Officer of Health and District Surgeon  
W.T. ORTON, M.B., Ch.B., F.R.C.S. (Gen.)  
V.H. M.B.S. (Senior) A. 1 (Gen.)  
Principal Medical Officer  
H.A. 1 (Gen.)

**SOCIAL SERVICES COMMITTEE**

- Alderman C.C. Chalker, B.A. (Cantab)
- Councillor Mrs. L.A. Angell
- " S.M. Ayres
- " Mrs. H.M. Bavin
- " D. Beale
- " Mrs. J. Cooper (Chairman)
- " Mrs. E.M. Donno
- " Mrs. D.C. Findley
- " E.C. Godfrey
- " Mrs. C.J. Levinson
- " D.J. Patrick (Until December 1969)
- " Mrs. Brenda S. Remington, B.A.
- " A.E. Roy, M.Inst.Pkg.
- " S.A. Shrank
- " C.W. Ware
- " Sir Robin Williams, Bt., M.A. (Vice Chairman)

**HEALTH SERVICES PANEL**

- Councillor S.M. Ayres
- " E.C. Godfrey
- " Mrs. C.J. Levinson (Chairman)
- " Mrs. Brenda S. Remington, B.A.
- " Miss J.R. Tarris (Vice Chairman)

Principal Medical Officer  
J.L. PATTON, M.B., Ch.B., F.R.C.S. (Gen.)  
Deputy Medical Officer of Health and District Surgeon  
W.T. ORTON, M.B., Ch.B., F.R.C.S. (Gen.)  
V.H. M.B.S. (Senior) A. 1 (Gen.)  
Principal Medical Officer  
H.A. 1 (Gen.)  
Public Analyst  
W.B. CHURCH, B.Sc. F.R.I.C.  
Senior District Health Visitor  
MRS. S.W. STOK, S.C.B.H.V.

# STAFF OF HEALTH DEPARTMENT AS AT 31.12.69

**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.

## Departmental Medical Officers

Manju Chakrabarti, M.B., B.S., M.Sc., (Calcutta)  
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.  
K.G. Ghattas, M.B., B.Ch.(Cairo) in M.S.S.A., D.P.A., D.T.M.a.H.  
Joan F. Nicholls, M.B., B.S., D.C.H., D.P.H.  
K.V. Shah, M.B., B.S. (Bombay) D.P.H.  
Part Time:- Elizabeth A.S. Carrington, M.B., B.S., M.R.C.S., L.R.C.P.  
Margaret Kirk, M.B., B.S., D.C.H.  
Anne W. Birt, M.B., B.S., D.R.C.O.G.  
Mavis M. Conway, M.B., B.Ch., D.R.C.O.G., D.C.H.  
7 sessional

## Chief Dental Officer and

## Principal School Dental Officer

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

## Dental Officers

N. Ansbergs, D.D.D.  
Alison G. Little, L.D.S., R.C.S.  
A.H. Landsman, L.D.S., R.C.S.  
Part Time:- Mrs. M.P. Antonievicz, B.D.S.  
Miss D. Saxon, L.D.S., R.C.S.  
R.P. Bacon, B.D.S.  
7 sessional dentists

## 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.  
1 specialist dental surgery assistant  
12 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

Renee Boyd, S.R.N., S.R.F.H., H.V.

Dulcie Carlow, S.R.N., S.R.F.N., S.C.M., H.V.

Elsie T. Clarke, S.R.N., S.R.F.N., T.A., H.V.

Mary A. Grimm, S.R.N., S.R.F.N., S.C.M., H.V.

Ruth A.H. Jones, S.R.N., S.C.M., H.V.

Jeanette Hendon, S.R.N., H.V.

Betty M. McIver, R.G.N., S.C.M., H.V.

Kathleen Noolan, S.R.N., S.C.M., H.V.

Vacancy for senior Health visitor; 13 health visitor/school nurses;  
3 sessional health visitor/school nurse; 3 vacancies; 5 student health visitor;  
3 T.B. health visitors/1 vacancy clinic nurses; 1 sessional clinic nurse;  
1 vacancy; 4 day nursery matrons; 3 deputy matrons; 1 vacancy wardens;  
3 vacancies; 16 staff nursery nurses; 2 part-time staff nursery nurses;  
6 vacancies; 1 nursery assistant; 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.

15 midwives

### Deputy Superintendent of Home Nurses

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

27 home nurses: 4 part-time home nurses: 3 bath unit attendants.

### 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

S.A. Cundale, S.R.N.

2 senior mental welfare officers: 6 mental welfare officers:  
2 vacancies.

### Home Help Organiser

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

4 assistants: 237 home helps: 12 neighbourly helps.

### Sheltered Workshops

Manager/Instructor: C.A. Towner

1 assistant Manager/Instructor

### Hamilton Hogben Adult Training Centre

Supervisor/Instructor: N. Green, Dip. N.A.M.H.

1 Senior Instructor, 1 vacancy, 6 Instructors



**Linden House Hostel**

Warden: C.H. Knowlden

**Day Centre for Aged Mentally III**

Supervisor: Miss M. Dubos, R.M.N.

**Medical Auxiliaries**

- 2 physiotherapists
- 1 occupational therapist
- 3 speech therapists (sessional): 2 vacancies
- 2 orthoptists
- 3 screening technicians
- 20 chiropodists (sessional)
- 1 play therapist.

**Social Workers**

- Avril I.C. Duthie, A.I.M.S.W.
- Joyce E.R. Murdoch, S.R.N., S.R.F.N., H.V.
- Mercy N. Kalu, S.R.N., S.C.M., Q.N., H.V.
- Ruth Wainwright (part-time) N.S.C.P.
- Frances J. Lassalle, R.M.N., R.G.N., S.C.M.

**Playgroup Supervisor**

Muriel H. Henderson

**Health Education Officer**

- Sheila M.P. Frost, S.R.N., S.C.M., H.V., D.H.E.
- 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.
- A.E. Clarke, M.A.P.H.I., A.M.I.P.H.E.
- W.E. Goodfellow, M.A.P.H.I.
- E.S. Gray, M.A.P.H.I.
- J.A. Harris, M.A.P.H.I.
- F. James, M.A.P.H.I.
- W. Shackcloth, F.A.P.H.I.

- 20 public health inspectors: 3 vacancies:
- 9 pupil public health inspectors: 4 technical assistants.

**Food and Drugs Officer**

A.J.C. Roker

**Shops Inspector**

T.E. Goodwin

2 assistants.

**Foreman Disinfecter**

W.W. Hooper

- 1 deputy foreman disinfecter 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:

##### Prevention, Care, After care and Mental Health Division:

P.V. Ingram (Divisional Head)  
Hazel Gill (Section Head)  
Hetty L. Somers (Section Head)  
8 clerical assistants:  
1 vacancy.

#### Child Health and Domiciliary Care Division:

H.J. Dunham, B.A. (Divisional Head)  
S.E. Woodroffe (Section Head)  
J.C. Day (Section Head)  
29 administrative and clerical assistants:  
9 part-time clerical assistants:

#### 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)  
11 administrative and clerical assistants:  
1 vacancy.

### Secretariat

A. Balls (Section Head)  
Mrs. F. Morfill (Supervisor of Typing Section)  
Florence Wetherall (M.O.H.'s Secretary)

5 administrative and clerical assistants: 8 shorthand-typists: 1 part-time shorthand-typist:  
2 copy-typists: 1 part-time copy typist: 1 vacancy: 1 machine operator.

## VITAL STATISTICS

	1968	1969
Area of District (in acres)	7,491	7,491
Population — Mid-year: Registrar General's estimate	245,270	242,300
Rateable Value as at 1st April	£13,658,588	£13,696,189
Sum represented by penny rate	£54,600	£54,500
Approximate number of separately rated dwellings in district	72,279	72,395
Registered live births: Males	2,663	2,436
Females	2,457	2,317
Total	<u>5,120</u>	<u>4,753</u>
Birth Rate per 1,000 estimated population	20.87(16.9)*	19.62(16.3)*
No. of live births which were illegitimate	694 (13.75%)	645 (13.57%)(8%)
Stillbirths: Males	45	41
Females	41	18
Total	<u>86</u>	<u>59</u>
Stillbirth rate per 1,000 total (live and still) births	16.52(14)*	12.26(13)*
No. of stillbirths which were illegitimate	16 (18.60%)	10 (16.95%)
Deaths: Males	1,456	1,484
Females	1,511	1,436
Total	<u>2,967</u>	<u>2,920</u>
Death rate per 1,000 estimated population	12.10(11.9)*	12.05(11.9)*
Maternal Mortality: Deaths from Puerperal Causes	2	2
Death rate per 1,000 total (live and still) births	0.384	0.416
Deaths of infants under 1 year of age (Infant Mortality)		
(a) Legitimate: Males	60	44
Females	38	34
Total	<u>98</u>	<u>78</u>
Death rate per 1,000 legitimate live births	22.14	18.99
(b) Illegitimate: Males	12	10
Females	4	11
Total	<u>16</u>	<u>21</u>
Death rate per 1,000 illegitimate live births	23.05	32.56
(c) Total: Males	72	54
Females	42	45
Total	<u>114</u>	<u>99</u>
Death rate per 1,000 total live births	22.27(18)*	20.83(18)*
Deaths of Infants under 4 weeks (Neo-natal Mortality)	80	62
Rate per 1,000 live births	15.62(12.3)*	13.04(12)*
Deaths of Infants under 1 week (Early Neo-natal Mortality)	71	50
Rate per 1,000 live-births	13.87(10.5)*	10.52(10)*
Stillbirths and deaths under 1 week (Perinatal Mortality)	157	109
Rate per 1,000 live and still births	30.16(25)*	22.65(23)*

NOTE: The figures in parenthesis marked \* indicate the rates for England and Wales.







CLASSIFIED DEATHS OF HARINGEY RESIDENTS SHEWING AGE GROUP AND SEX DISTRIBUTION 1969

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
	B2 Typhoid Fever	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
B4 Enteritis and Other Diarrhoeal Diseases	2	4	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
B5 Tuberculosis of Respiratory System	10	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	-	4	-	1	-	3	-
B6 Other Tuberculosis, including Late Effects	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1	1	-
B14 Measles	2	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
B18 Other Infective and Parasitic Diseases	1	4	-	1	-	-	-	-	-	-	-	1	-	1	-	-	-	-	1	-	-	-	1	-
B19(1) Malignant Neoplasm, Buccal Cavity etc.	7	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	1	1	3	5
B19(2) Malignant Neoplasm Oesophagus	6	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	2	1	2	-
B19(3) Malignant Neoplasm, Stomach	50	29	-	-	-	-	-	-	-	-	-	1	-	2	2	21	6	15	7	12	13	13	13	13
B19(4) Malignant Neoplasm, Intestine	37	54	-	-	-	-	-	-	-	-	-	-	3	-	2	-	8	12	9	20	15	22	22	22
B19(5) Malignant Neoplasm, Larynx	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	-	-
B19(6) Malignant Neoplasm, Lung, Bronchus	141	25	-	-	-	-	-	-	-	-	-	1	-	11	4	46	8	60	6	24	6	24	6	6
B19(7) Malignant Neoplasm, Breast	1	70	-	-	-	-	-	-	-	-	-	2	-	3	-	16	-	18	1	17	-	14	14	14
B19(8) Malignant Neoplasm, Uterus	-	17	-	-	-	-	-	-	-	-	1	-	1	-	-	-	4	-	5	-	4	-	2	2
B19(9) Malignant Neoplasm, Prostrate	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	4	-	12	-
B19(10) Leukaemia	8	9	-	-	-	-	-	1	-	1	-	-	-	1	1	1	3	2	1	2	3	1	3	1
B19(11) Other Malignant Neoplasms	81	78	-	-	-	-	1	-	1	-	2	-	1	3	3	9	6	21	15	32	17	16	32	32
B20 Benign and Unspecified Neoplasms	2	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	1	-	-
B21 Diabetes Mellitus	7	20	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	3	3	4	3	12	12
B46(1) Other Endocrine etc. Diseases	3	7	1	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	3	-	3	3
B23 Anaemias	2	10	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	1	2	7	7
B46(2) Other Diseases of Blood etc.	1	1	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
B46(3) Mental Disorders	4	5	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	2	5	5
B24 Meningitis	2	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B46(4) Other Diseases of Nervous System, etc.	30	24	-	-	1	2	-	-	-	-	-	1	-	1	1	3	5	3	9	6	13	9	9	9
B26 Chronic Rheumatic Heart Disease	15	21	-	-	-	-	-	-	-	-	-	-	-	-	-	4	3	7	5	3	10	1	3	3
B27 Hypertensive Disease	23	31	-	-	-	-	-	-	-	-	-	-	2	-	4	1	3	3	6	8	8	19	19	19
B28 Ischaemic Heart Disease	397	269	-	-	-	-	-	-	-	-	2	-	12	-	40	6	114	19	124	77	105	167	167	167
B29 Other forms of Heart Disease	57	99	-	-	-	-	-	-	-	-	2	1	2	1	2	2	5	4	12	12	34	80	80	80
B30 Cerebrovascular Disease	125	222	-	-	1	-	-	-	-	1	1	2	2	3	5	4	19	18	38	55	59	139	139	139
B46(5) Other Diseases of Circulatory System	42	76	1	-	-	-	-	-	-	-	1	-	-	1	3	3	5	4	9	12	23	56	56	56

Code	Description	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990			
B31	Influenza	8	12	-	-	-	-	-	-	-	-	1	-	-	-	-	3	4	2	2	2	2	4		
B32	Pneumonia	91	106	3	3	5	4	2	-	1	-	1	-	1	-	2	2	11	3	12	18	52	76		
B33(1)	Bronchitis and Emphysema	126	47	-	-	1	-	-	-	-	-	-	-	1	2	3	-	30	8	47	15	44	22		
B33(2)	Asthma	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	2	-	-	-		
B46(6)	Other Diseases of Respiratory System	13	13	-	-	3	1	-	-	-	1	-	-	1	-	1	-	2	1	2	3	4	7		
B34	Peptic Ulcer	9	11	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	2	1	2	3	9		
B35	Appendicitis	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1	-	-		
B36	Intestinal Obstruction and Hernia	4	11	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	2	1	3	1	6		
B37	Cirrhosis of Liver	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	2		
B46(7)	Other Diseases of Digestive System	10	21	-	-	-	-	-	-	-	1	-	-	1	-	-	-	3	1	3	4	2	16		
B38	Nephritis and Nephrosis	8	6	-	-	-	-	-	-	1	1	-	-	-	-	-	3	-	2	2	1	1	2		
B39	Hyperplasia of Prostrate	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-		
B46(8)	Other Diseases, Genito-Urinary System	7	11	-	-	1	-	-	-	-	-	-	-	-	-	1	1	1	2	-	2	5	5		
B41	Other Complications of Pregnancy etc.	-	2	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-		
B46(9)	Diseases of Skin, Subcutaneous Tissue	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-		
B46(10)	Diseases of Musculo-Skeletal System	3	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	3	7		
B42	Congenital Anomalies	13	15	5	3	4	7	2	1	-	1	-	1	-	-	1	-	-	1	-	-	-	1		
B43	Birth Injury, Difficult Labour, etc.	13	7	13	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
B44	Other Causes of Perinatal Mortality	12	11	11	11	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
B45	Symptoms and Ill Defined Conditions	3	10	-	1	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1	1	-	8		
BE47	Motor Vehicle Accidents	20	10	-	-	-	2	1	2	-	2	1	4	1	1	-	3	-	3	2	2	3	2		
BE48	All Other Accidents	17	23	-	-	1	-	2	1	-	1	1	1	2	3	-	2	2	1	2	4	2	11		
BE49	Suicide and Self-Inflicted Injuries	30	11	-	-	-	-	-	-	-	6	1	2	1	4	-	5	3	7	2	3	3	1		
BE50	All Other External Causes	7	5	-	-	1	-	-	-	-	-	1	2	2	2	-	1	-	2	-	-	1	-		
TOTAL ALL CAUSES		1,484	1,436	35	27	19	18	8	7	5	5	16	10	19	20	40	17	116	69	338	160	415	328	473	775

CLASSIFIED DEATHS OF HARINGEY RESIDENTS SHOWING AGE GROUP AND SEX DISTRIBUTION 1969

NOTIFICATIONS OF INFECTIOUS DISEASE DURING 1969 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 +		Unknown		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	-	5	3	2	3	8	10	3	13	27	37	4	1	-	2	-	1	-	-	-	-	-	-	-	-	-	-	121
Measles	45	19	84	101	99	91	88	86	10	92	173	188	8	16	2	2	8	11	1	-	1	1	1	1	-	1	4	1212	
Whooping Cough	4	1	2	-	1	-	1	3	1	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17	
Food Poisoning	5	1	1	1	4	-	1	1	-	-	2	2	2	2	2	2	-	2	7	3	2	2	3	1	1	1	-	45	
Ophthalmia Neonatorum	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
Acute Encephalitis, Infective	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	3	
Acute Encephalitis, Post Infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	
Acute Poliomyelitis, Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acute Poliomyelitis, Non-Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acute Meningitis	2	2	-	-	-	1	-	-	-	-	3	3	2	-	-	-	7	1	-	-	-	-	-	1	-	-	22		
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	1	-	-	-	-	-	-	3	
Para-Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Dysentery	5	2	2	2	4	3	2	-	4	5	7	8	-	2	-	2	6	5	5	1	3	2	-	2	-	-	72		
Scabies*	-	1	5	-	7	1	5	8	1	3	18	12	9	10	2	10	15	25	5	2	4	3	1	-	5	3	155		
Tuberculosis, Respiratory	-	-	-	-	-	1	-	1	-	1	4	-	1	-	-	2	16	15	5	2	13	3	11	2	-	-	-	77	
Tuberculosis, Meninges and C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tuberculosis, Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	7	2	3	1	3	-	1	-	1	-	22		
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	3		
Infective Jaundice	-	-	2	-	-	2	2	1	1	1	7	10	5	5	1	9	21	14	4	6	7	4	1	1	1	1	105		

NOTE \* Scabies became notifiable in whole of Haringey on 1st April 1970 for three years.



## ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE

## INFECTIOUS DISEASES

*W. T. Orton, Deputy Medical Officer of Health*

1969 proved to be a quieter year than usual for infectious diseases, though it began with a tragic outbreak of typhoid fever. There is certainly no reason to assume that vigilance should be relaxed. The increase in foreign travel in large aircraft can bring dangerous infectious disease to our doorstep in a few hours. One can only regard with growing concern the cynical endeavours of travel agents to increase their business without giving their customers any inkling of the health hazards they face when visiting many countries overseas.

It is especially alarming to notice that in the year of the jumbo jet the government's second green paper should propose a reorganisation of the health services in which infectious disease control is divided between area health boards and local authority public health inspectorates. It is strange to think that ideas like this can result from an intention to unify! Perhaps it is thought that it does not matter because infectious disease is not as important as it used to be. There may be a rude awakening from this, for there is every likelihood that the jumbo jet is well able to convey every infection we have had to face in the past, plus quite a few more than will be new to us.

### Measles

In spite of the frustrations over delays in obtaining vaccine, the Health Department was able to complete its programme of measles vaccination, though the public response was rather disappointing. The results were awaited with interest.

Measles is normally a biennial affair, that is, there are large epidemics every two years. So we have to compare 1969 with 1967. The figures of notifications were 1212 and 1627 respectively, meaning that the 1969 figures were 74 per cent of those for the last "measles year" during which there had been no vaccination. These are not as good as we had hoped, but it seems likely that the vaccination had an effect on the incidence. The 1967 epidemic reached a peak of 221 in the weekly notifications in January of that year; but the peak for 1969 was only 73 and took place in April. The results therefore suggest that vaccination may also have had a delaying effect.

If measles is to be wiped out in this country there will have to be a greater response from the public. This has not been helped by the withdrawal of one of the vaccines from use; and as supplies return to normal the department will be hard-pressed to complete the programme of vaccination before the autumn of 1970 – and the next measles year.

### Enteric

There were seven cases of typhoid altogether. Three occurred in Haringey residents on holiday in Wales, and unfortunately one of them was fatal. The same type of organism was discovered in a woman who had been caring for a baby of two of the victims, and the evidence suggested that the infection had been passed through the child to the parents, though without causing any serious illness in the infant. The woman turned out to be a chronic typhoid carrier, the result of an attack many years before. She agreed to an operation which removed the source of the infection.

In another incident a woman developed the disease, and her husband was found to be excreting the organism, although he was in good health. Both were admitted to hospital and treated successfully. Here it seems likely that the man was infected at about the same time as his wife. The source appears to have been in another borough.

There was also the case of a boy born in this country of Cypriot parents who caught the infection while visiting the ancestral island.

The Department co-operated with the staff of a hospital in Haringey in investigating contacts of a child from another borough who was suffering from typhoid while a patient in a ward. Fortunately none of the other children had caught the disease, and similarly investigations of other Haringey residents who had been contacts of cases of typhoid in this country or abroad during the year showed them to be free of infection.



One case of paratyphoid was notified. The organism was found incidentally during investigations of a patient in hospital who was suffering from another complaint. It was not detected again, and appears to have played an insignificant part in the illness.

### Dysentery

Sonnei dysentery continued its role as a generally mild infection, often symptom-free, with occasional acute exacerbations.

### Food Poisoning

As ever, outbreaks of food poisoning kept the department busy. The commonest organism encountered was *Salmonella typhimurium*, which affected a number of hospitals in the London area. There was great anxiety over a visitor to Haringey who apparently got the infection in a hotel in another borough and subsequently became gravely ill. Fortunately he recovered, but here was a reminder that food poisoning is not just a brief comical episode which just happens to people, but a dangerous infection causing acute suffering, and which can and ought to be prevented.

A *Salmonella* reading infection was responsible for several cases of food poisoning who were infected during a wedding reception in Haringey. The source of the outbreak, which may have been pre-cooked chicken, was impossible to locate because most of the guests had brought food with them.

Other salmonella infections occurring during the year were enteritidis, tennessee, infantis, bovis morbificans, munster, oranienberg, panama and heidelberg.

### Infective Hepatitis

This is the first full year in which the disease has been statutorily notifiable. We were informed of 105 cases. Surveillance of the geographical distribution of the infection was continued. An apparent clustering of cases was found in the north-east of the borough in the latter half of the year, but enquiries did not reveal any connection between them.

A particularly severe case occurred in an individual recently returned from Mexico: a reminder to travellers that the revenge of Montezuma can take more than one form – and is not limited to his own borders.

### Scabies

Scabies has been making a small comeback in this country, and was made notifiable in the whole of Haringey (previously it was just Tottenham) since 1st April 1969. The actual number notified was 155, but if one projects the figures from the known rates this would be equivalent to 137 in the whole borough for the second, third and fourth quarters of the year, or 182 for the full year.

Extensive use has been made of the treatment facilities provided by the Health Department.

### Influenza

The Hong Kong 'flu which so unexpectedly wilted before the expected epidemic in late 1968 came back with a vengeance at the end of 1969. Thousands fell before it, even those who had been given the appropriate vaccine and subsequently lost their immunity in the course of time. Obviously there is a long way to go before this hydra-headed disease can be adequately understood and brought under control.

### Smallpox

The fact that there was no smallpox in 1969 will probably arouse little interest. It may even be thought that such a state of affairs is in the natural order of things, but this is not a view which would have been held at the beginning of the century.

Recently, during the examination of old records in the department, there came to light a copy of the Report of the 1901-2 epidemic of smallpox in Tottenham written by Dr. J.F. Butler-Hogan, the then Medical Officer of Health. It proved to be such a fascinating document, combining a remarkable grasp of the subject and lucidity of expression, that it is well worth bringing to the attention of



modern Haringey, not only as a reminder of what has occurred in the past but as a warning of what of what could happen in the future. We have also studied back copies of 'The Tottenham Herald' of that time, and are grateful to the editor of 'The Tottenham and Edmonton Herald' for allowing us access to his files.

The period covered was that of the closing months of the Boer War, and mention is also made in the press of incidents like the illness and the coronation of Edward VII, and a murder on Tottenham Marshes with a subsequent trial and conviction. The Tottenham of those days was in some ways very different from what it is now – quieter, with a slower, more relaxed tempo of life. Mother Siegal's Curative Syrup was widely acclaimed the panacea of all ills. But tragedy was never far away, and almost every issue of the newspaper had its sad chronicle of inquests, mainly concerned with the deaths of young children. And yet a feeling of great vitality rises from the pages, and the fortunes of Tottenham Hotspurs were as great a focus of interest and enthusiasm then as now.

For the readers of the 'Tottenham Herald' the great smallpox epidemic stole quietly on to the scene. A letter published on 18th October 1901, requested cast-off clothes for victims of smallpox whose clothes had had to be destroyed. Dr. Butler-Hogan's report stated that the first patient was diagnosed on 28th August. By 8th November there had been a generous response to the appeal for clothing. The number of cases must by then have exceeded 25. A ratepayer protested that the Council was being charged 7/6 per head for the vaccination of paupers while local doctors would do it for between 2/6 and 5/-. When the year ended there had been 53 cases and 7 deaths.

On 10th January 1902, the newspaper reported a poignant court case. A labourer had been charged for being drunk and disorderly. It was stated in his defence that he had just been discharged from the smallpox hospital, but his two children who went in with him had died. Some friends sympathised and gave him a drink, which in his weak state soon overcame him. The magistrate could see no friendship in giving a man too much to drink, and fined him a shilling plus seven shillings for a doctor's fee, but gave him a week in which to pay. "I am much obliged to you sir", said the man.

Hopes that the epidemic was declining were disappointed. While the numbers were climbing towards a January total of 40, the Council decided to erect a temporary smallpox hospital on the Down's Lane site, to be paid for out of the rates. In spite of protests from local people it was erected within a fortnight and was ready for use in the middle of February.

Opinion in the Council was divided. It discussed a proposal that the Beckenham Local Government Board should repeal the clause which allowed conscientious objectors to avoid the operation of the vaccination laws, and decided not to support it. Anti-vaccinationists on the Council claimed that vaccination was a lot of rubbish and ruined thousands of lives by putting poison into the blood of children. One said that he would rather go to prison than have his children vaccinated. At about this time the Finance Committee authorised the payment of £111 and £81 in vaccination fees to a local doctor.

By the end of the month the Medical Officer of Health, probably a predecessor of Dr. Butler-Hogan, had taken successful legal action against an un-named medical practitioner, who had notified a patient with smallpox by sending him to the health department with a letter. It was evidently felt that there were less hazardous methods of informing the authority.

A total for February was 44 cases, but controversy was still raging. An editorial on 7th March advised the public to take the trouble to think. Much attention was focused on schools. The School Board had issued a circular letter to head teachers at the end of the previous year, counselling them to be vaccinated themselves and advising that as far as possible the school staff and children should be recommended to have it. A councillor now strenuously opposed a proposal to allow the Medical Officer of Health to inspect children to see if they were vaccinated, and to issue pamphlets recommending vaccination. "This fad of vaccination is getting abominable", he said. "We cannot move without having it thrust down our throats". Nevertheless the Council agreed the proposal, and made a ruling that children kept away from school as smallpox contacts would not lose their silver medals for good attendance. But some adult contacts were proving to be difficult, one of them being found in a public house.



By the middle of March an alarming increase in the disease was evident. Tents were erected beside the hospital. The Vice Chairman of the Council became a victim, but fortunately recovered. The jury at an inquest were excused from kissing the Bible by the Coroner in deference to their fears of infection. The March total was 115 cases. In April it fell to 81. A tent at the smallpox hospital used for drying was burnt down. A local clergyman said that he had been practically boycotted by his parishioners because he had visited the smallpox hospital. Parents had threatened to withdraw their children. He was determined not to cease attending the hospital, and had taken rooms away from his house in order to avoid a risk of infection.

At the end of April it was thought that the epidemic was abating, but May was the worst month, reaching 129 cases. The Council agreed a shilling rate to pay for the cost of the outbreak. In June the number fell to only 39, but there were 11 deaths in the same period. Presumably many of these had taken ill the month before. After this the incidence declined rapidly. The total number of cases in the epidemic was 525, 74 of whom (14 per cent) had died.

The editorial of 1st August stated that there was little room to carp at what the local authority had done in the face of the ordeal. The Health Department had worked under great difficulties, not the least of which had been a series of changes at the top. The former Medical Officer of Health had been succeeded by a temporary one, who had unfortunately died a few weeks after. His successor had been young and inexperienced; but then came the appointment of Dr. Butler-Hogan. By July it was clear to the readers of 'The Tottenham Herald' that he was a man of strong personality who did not hesitate to express his views. He wanted an infectious diseases hospital for Tottenham. In September he criticised the general public health provision for the area. Indeed, his appointment signalled the beginning of a series of striking advances in the health of Tottenham, which were to become evident over his tenure of office during the next ten years.

His Report on the epidemic, unlike many medical documents, stands the test of time well. A modern reader who is experienced in the subject cannot but be filled with admiration for the author, most of whose statements could be transferred wholesale to a modern textbook without seeming out of place. The Report was written with one definite object: to place the facts about smallpox and vaccination firmly before the Council, dealing with the controversial points one by one, in sufficient detail to make his arguments clear.

"I can well believe", he wrote, "that with all the conflicting and inaccurate statements which are made about vaccination, you must find it difficult to arrive at any sound conclusion on the subject". He went on to prove by the use of statistics on hospital staff that vaccination conferred a very high level of protection, even for those in direct contact with patients. As for the community in general, he showed that claims that it was ineffective were not confirmed by the evidence. Smallpox could occur in adults who had been vaccinated in infancy, but this was because their immunity had been allowed to decline. Revaccination would have given them considerable protection. "in the case of Small Pox", he said, "there is no substitute, and if you discard Vaccination, you are left defenceless and without any protection but flight in the presence of a relentless foe". This is almost as true today as it was then. He went on to say: "...it might be expected that those who wish to learn about Smallpox and its prevention would be wise to go to those likely to possess the most accurate knowledge of the disease, namely, those who have spent their lives in the practical study of Small Pox. You will find that the unanimity of opinion expressed by those (who have so spent their lives) as to the effect of Vaccination is very striking, and those who have been opposed to Vaccination are either those who have no very practical acquaintance with Small Pox, or whose eyes have been so completely blinded by preconceived prejudice as to be incapable of seeing aright. There are, unfortunately, armchair generals even in medicine, who prefer to sit at home and deal out what they consider destructive criticism to those who are in the midst of the fight, rather than be up and doing something for the good of the individual and the welfare of the community".

"The fight against ignorance and prejudice is not over", he said in his concluding paragraphs, a statement that could be echoed nowadays. The anti-vaccinationists are still with us, and producing the same arguments as before. But in spite of their opposition great progress has been made. This country has probably benefited most from the massive vaccination campaigns run by the World Health Organisation in under-developed countries, so reducing the dangers from foci of infection abroad. But these are far from complete and present appalling difficulties to those who have to organise them. The development of fast air travel has brought the problem much closer to us, but this has to some extent been controlled by strict enforcement of vaccination regulations for travellers. In Haringey this involved Health Department staff in the surveillance of 34 insufficiently protected



individuals from smallpox endemic areas in 1969. Revaccination of school children has become routine practice. But there is still room for concern since many children were not eligible because they had not been vaccinated in infancy. In fact in 1969 less than a half of Haringey children aged up to and including five years of age had been vaccinated. This is likely to be improved, however, by the new computerised schedules.

It would seem therefore that another smallpox outbreak of over 500 cases is not a likely event, but recent experience has shown that even only one case can cause a tremendous amount of alarm and anxiety in the general population, and we may have to face something considerably worse than this. The opponents of vaccination had a heavier responsibility than they realised. One wonders how many of the victims of the Tottenham outbreak would have been spared if they had not refused the opportunity of vaccination because eminent local people, some in responsible positions, had declared against it, or it had been made to appear that the experts disagreed among themselves. Indeed, in the history of public health it is disturbing to contemplate the amount of unnecessary suffering and death that has resulted from the activities of dedicated, sincere, but misguided groups who, on what seemed to them to be the highest principles, succeeded only in leading others to disaster.

It is rarely that the anti-vaccinationists have to face the consequences themselves or among their own supporters. The 'Tottenham Herald' of 17th January 1902, however, mentioned two individuals who paid the price of their principles: a widow and a daughter of a man who died of the disease, who refused vaccination, and became cases themselves. It is to be hoped that history will not repeat itself.

### 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 1969 requests were received for 722 cases to be investigated and recommendations made upon medical priorities. This was a considerable increase of over 14% above the 630 requests in 1968. This extra demand was also reflected in an increase in the number of visits made from 202 in 1968 to 250 in 1969. Visits were still made only in special circumstances to housing applicants, the majority of recommendations being made on the basis of medical evidence submitted, and the information regarding the existing accommodation on the Housing Department files. However, all cases where the Housing Manager requested advice on the medical circumstances of Council tenants were visited. There was again an increase in the number of requests for visits to Council tenants from 45 in 1968 to 67 in 1969.

During 1969 65 of "special medical" cases were recommended for consideration by the Housing Tenancy Selection Panel. These were dealt with in the following way:

Allocated during the year	54
Consideration pending at end of year	6
Rehoused by the G.L.C.	1
Deferred until the property had been acquired by the Council	1
Applied for Residential Accommodation as house was in a Clearance Area	1
Died before allocation could be considered	2

44 of the special medical cases concerned applicants over 60 years of age and 29 of these were over 70 years of age. This illustrates the increasing need for suitable housing for the elderly.

### Housing Assessment on Medical Grounds

Month	No. of cases	Source of Request		
		Housing Dept.	Hospital, G.P. or Clinic	Tenant, H.V. or P.H.I. etc.
January	58	37	10	11
February	33	14	12	7
March	52	22	16	14
April	62	44	9	9
May	39	21	11	7
June	42	25	10	7
July	100	81	12	7
August	78	605	10	8
September	56	36	11	9
October	91	73	9	9
November	57	45	5	7
December	54	43	6	5
<b>TOTAL *</b>	<b>722</b>	<b>501</b>	<b>121</b>	<b>100</b>

\*These figures include second investigations carried out during year.

#### Housing Visits by Medical Officer

1. To Housing Applicants	1st visits	164
	Re-assessments	19
2. To Council Tenants		67
	<b>TOTAL</b>	<b>250</b>

#### Medical Priorities recommended during 1969

Recommendation	* No. of cases
Special: Refer to Committee	65
1st degree	188
2nd degree	184
3rd degree	108
Recommendation for transfer	63
Recommendation for accommodation to be shared	8
Recommendation for priority when Clearance Area is being rehoused	11
Recommendation for hostel accommodation	1 Council tenant
Recommendation to be referred to other sections	—
<b>TOTAL</b>	<b>628</b>

20 cases were investigated where no medical recommendation was made.

\* These figures include second assessments made during the year.



## SANITARY CIRCUMSTANCES OF THE AREA

*W.H. Wilson, Chief Public Health Inspector*

The responsibilities of the Environmental Health Division continue to expand as new legislation widens the functions of the Council in this field. Of particular significance was the Housing Act 1969 with its emphasis on the improvement and repair of older dwellings. The Public Health Department became responsible to the Council for the approval of applications for Improvement Grants and for the investigation of applications for Qualification Certificates to enable landlords of controlled dwellings to apply to the Rent Officer for fair rents to be fixed. The Council approved the addition to the establishment of two Public Health Inspectors and one Technical Assistant as a consequence of the extra work arising in this connection and in respect of General Improvement Area schemes.

The rebuilding of a slaughterhouse in the Borough is likely to lead to an increase in the amount of meat inspection work and the Council have authorised the appointment of a Meat Inspector later in 1970 to relieve the Public Health Inspector of the routine work.

### **Drainage and Sewerage**

There are separate soil and surface water drainage systems in 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, particularly with detergent scum and soap solution, 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, and with the Department of Public Health Engineering of the Greater London Council.

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 2,515 premises were inspected in this way and drainage corrections were requested in 47 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, N.2. 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 1969:-

1. (a) The supply was satisfactory both as to (i) quality, and (ii) quantity throughout 1969.
- (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 1969, was 241,666.
- (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:- The higher ground around Muswell Hill is supplied from the River Thames Group via Fortis Green pumping station. The remainder of the borough is supplied from the New River Stations.

No new sources of supply were instituted and there were no changes to the general scheme of supply in your area.

The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown on the attached sheets.

(b) On account of their hardness content and alkaline reaction the Board's river and well water supplies are not considered to be plumbo-solvent. It should however, be appreciated that all types of water pick up varying amounts of metal from the material of water piping particularly when it is newly installed; this applies to copper, zinc, iron and also to lead. Surveys carried out between 1966 and 1968 on analyses of water from consumers' premises confirmed this statement.

Year	Number of samples	Number of analyses
1966	10	10
1967	10	10
1968	10	10

A technical assistant experienced in plumbing and drainage works 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 intrusions may be occurring.

During the year 2,525 premises were inspected in this way and drainage connections were reported in 47 instances. The Public Health Inspectors took any necessary action to ensure that the reported works were carried out and where appropriate, formal action was taken under the Public Health Act 1936.

Year	Number of premises inspected	Number of defects reported
1966	2,525	47

A small area on the Borough boundary containing 108 premises between Great North Road and Aylmer Road, N.E. 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 obtained in the report of 1965.

Dr. Windle, Director of Water Examination, Metropolitan Water Board, has kindly supplied the following information regarding water supplied by the Board to Hamley during 1965:

(i) The supply was satisfactory both as to its quality and its quantity throughout 1965.  
 (ii) 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 re-emptied to service only after results are found to be satisfactory. The quality control programme 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 1969, was 241,666.  
 (ii) No houses were permanently supplied by standpipes.

**AVERAGE RESULTS OF THE CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF THE WATER SUPPLIED TO THE LONDON BOROUGH OF HARINGEY FOR THE YEAR 1969**

(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	106	0.012	0.061	4.7	41	0.60	0.1	7	310	83	7.9	1.6	10	68	0.25	5	30.8	5.3	0.02	620
Thames derived	371	0.024	0.083	4.4	32	1.05	0.1	11	282	79	7.9	2.1	9	58	0.25	5	24.0	5.4	0.02	550

**BACTERIOLOGICAL RESULTS – YEARLY AVERAGES 1969**

	BEFORE TREATMENT						AFTER TREATMENT							
	Number of samples	Agar plate count per mil.		Coliform count		Escherichia Coli count		Number of samples	Agar plate count per mil.		Coliform count		Escherichia Coli count	
		20 – 24 hours at 37°C	3 days at 22°C	Per cent samples negative in 100 ml.	Count per 100 ml.	Per cent samples negative in 100 ml.	Count per 100 ml.		20 – 24 hours at 37°C	3 days at 22°C	Per cent samples negative in 100 ml.	Count per 100 ml.	Per cent samples negative in 100 ml.	Count per 100 ml.
New River derived	1,502	77.6		45.27	10.0	61.78	2.7	514	13.1		100.0		100.0	
Thames derived	8,196	66.5		39.79	19.0	53.97	7.0	3,698	12.9		99.89		100.0	



### **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 filtration and chlorination equipment at the swimming baths is highly efficient and the analyses generally give very good results but the paddling pools which lack efficient dosing installations present a problem during school holidays when, in hot weather, they may be heavily used.

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 whole of the Borough became smoke controlled on 1st December 1968 and other boroughs in Greater London continue to expand their areas of smoke control which must have a beneficial effect on the atmosphere in Haringey since the prevailing south-westerly winds must carry air across other London Boroughs to this area.

The steady conversion from coal gas to North Sea gas is leading to the closing of coal gas works with the consequential loss of gas coke. Some concern must be felt at the elimination of this source of solid smokeless fuel, particularly for approved open fires and it is hoped that alternative supplies at comparable cost will be available to meet this deficiency.

### **Furnace Installations**

41 notifications were received in accordance with Section 3 of the Clean Air Act 1956 where it was proposed to install new furnances. 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**

30 notices were received 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.

### **Trade Emissions**

During the summer of 1968 a well-known firm in the Borough erected a large new plant for the purpose of recovering volatile solvent used in the process of manufacture.

The plant contains several tons of activated carbon granules used for absorbing the gases drawn from machines in the factory and when operations commenced some carbon dust was emitted continuously from the plant and was blown into a neighbouring street. The company were already aware of this matter along with other initial problems, and when visited by representatives of the department they intimated that remedial work was already in hand. Besides taking immediate action which greatly reduced the emission they asked the makers to design a filtration apparatus to trap the dust emitted which, having regard to the nature of the plant, was a difficult and costly project.

The process of design, manufacture and erection lasted several months but the plant is now working successfully without dust emission.

The department has been in touch with the firm throughout this period and the incident is chosen to illustrate the fact that where some form of nuisance is caused by a manufacturing process, many local firms go to great lengths to provide remedial measures, and co-operate very fully with the department in matters of public health without any necessity for formal proceedings.



## Investigation of Atmospheric Pollution

Haringey continued 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.

**TABLE A**  
Average Daily Readings of Smoke and Sulphur Dioxide in the Atmosphere 1968/69  
(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>	A.3	A.1	A.2	D.2
<b>(a) Smoke</b>				
July 1968	N	21	23	21
August	N	19	22	19
September	33	45	48	45
October	68	88	70	66
November	86	73	102	89
December	91	81	108	124
January 1969	71	69	79	71
February	64	67	70	66
March	54	50	N	53
April	31	28	31	N
May	31	30	34	114
June	19	16	20	18
<b>(b) Sulphur Dioxide</b>				
July 1968	N	56	76	65
August	N	56	68	58
September	110	93	84	69
October	120	159	141	144
November	199	132	207	171
December	319	221	292	274
January 1969	262	192	249	237
February	227	187	214	200
March	179	174	N	195
April	131	116	129	N
May	122	128	134	138
June	73	65	79	83

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

## Classification of Sites

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

- A.1. – residential area with high density housing or with medium density housing in multiple occupation, in either case surrounded by other built-up areas.
- A.2. – predominantly A.1 but interspersed with some industrial undertakings.
- A.3. – residential area with high density housing or medium density housing in multiple occupation surrounded by, or interspersed with open spaces.
- D.2. – small town centre; limited commercial area mixed with old residential housing and possibly industry.

**TABLE B**  
Monthly Deposit Gauge Readings 1969

MONTH	HORNSEY TOWN HALL SITE				HAMPDEN ROAD, N.8. SITE			
	Rainfall (litres)	Deposits – Mgs per M <sup>2</sup>			Rainfall (litres)	Deposits – Mgs per M <sup>2</sup>		
		Dissolved	Undissolved	Total		Dissolved	Undissolved	Total
January	4.49	51	87	138	4.78	57	66	123
February	3.10	74	78	152	2.90	67	60	127
March	4.21	63	69	132	4.18	64	37	101
April	1.51	83	77	160	1.48	67	34	101
May	3.41	65	93	158	3.67	90	85	175
June	2.19	38	94	132	2.13	37	69	106
July	5.37	65	86	151	4.69	77	104	181
August	4.06	33	62	95	4.21	34	16	50
September	0.48	42	131	173	0.31	42	65	107
October	0.45	49	119	168	0.5	75	114	189
November	5.90	83	129	212	5.5	84	145	229
December	4.20	49	95	144	4.2	63	141	204
<b>TOTAL</b>	<b>39.37</b>	<b>695</b>	<b>1120</b>	<b>1815</b>	<b>38.55</b>	<b>757</b>	<b>936</b>	<b>1693</b>

## Rodent Control

Details of the rodent control measures in the sewers are shown in the table. In addition to the sewer baiting programme, control of rats and mice is implemented wherever they are found. An aspect of this work which has accelerated during the past year has been the spread of strains of rats and mice resistant to the poisons which have previously been successful. New poisons have been developed and have proved successful in many cases. People no longer keep cats in anything like the numbers previously experienced and this has made the control measures more difficult. Close liaison is maintained with the Pest Control Unit, Ministry of Agriculture, Fisheries and Food and with the rodent officers 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 1969.

1. Dwelling houses – 2,695
2. Factory premises – 98
3. Shops and Cafes – 75
4. School canteens – 73
5. Miscellaneous – 37
6. Total charge for 2 – 5 above – £587.7s.4d.

RODENT CONTROL – SEWER BAITING 1969

AREA	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		
West	2141	2116	1905	164	47	2040	63	13	2141	2141
East	1256	1256	839	399	18	1139	104	13	1256	—
TOTAL	3397	3372	2744	563	65	3179	167	26	3397	2141
PERCENTAGE		99.3	81.4	16.6	1.9	94.9	4.6	0.5	100	63.0



### Cleansing and Disinfecting Station

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

As part of the general reorganisation of Council depots plans were made for the unification of the Public Health Department stations at Wightman Road, N.8. This necessitated alterations to existing buildings and the installation of apparatus moved from the former Tottenham and Hornsey establishments. Cleansing facilities were also to be provided for male and female persons. Work was well advanced by the end of the year so that the transfer could take place early in 1970.

### Laundry Service for the Incontinent

During the year 2,447 bundles of soiled articles were cleansed and laundered. With the co-operation of the Tottenham Group Hospital Management Committee, the laundering of these articles is undertaken by the St. Ann's Hospital laundry. Collections and deliveries are made by the Department's general assistants.

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

### Insect Pests

Free assistance is given to householders to eradicate insect pests, DDT continuing to be the most effective insecticide in dealing with the majority of these insects.

Premises Treated in 1969

Insect Pest	Houses	Other Premises
Ants	52	7
Beetles and Cockroaches	114	29
Bugs	87	—
Fleas	125	1
Flies and Bluebottles	8	—
Wasps and Bees	131	6
Others	157	10
<b>TOTAL</b>	<b>674</b>	<b>53</b>

Where requests for assistance are received in respect of non-domestic premises a charge is made to cover the cost of the service. During 1969 £59.11s.0d. 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 1969, 437 bodies were received into Hornsey mortuary and a post-mortem examination was carried out in every case.

Agreement has been reached 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 and extensions are required before establishing the Court in the premises.

**Inspections and Re-inspections carried out by Public Health Inspector and Technical Assistants**

Statutory Nuisances	7,050
Drainage	2,194
Drain Tests	43
Surface Water Pollution	2,515
Vermin and Pests	386
Rodents	524
Accumulation of Refuse	707
Smoke Observations	191
Smoke Control	2,000
Noise	698
Disrepair Certificates	25
Housing Surveys	1,801
Multiple Occupation	13,457
Overcrowding	274
Other inspections under Housing Acts	1,465
Mortgage Advance	13
Improvement Grants	736
Infectious Disease (Not food borne)	669
Food Poisoning and food borne disease	697
Factories with Mechanical Power	361
Factories without Mechanical Power	9
Outworkers	190
Offices etc: General Inspection	682
Offices etc: Other visits	447
Shops Act	3,764
Employment of Young Persons	119
Bakehouses	134
Bakers and Flour Confectioners	231
Butchers	740
Canteens and Kitchens	276
Confectioners – Sugar	198
Fishmongers	87
Fried Fish Shops	133
Greengrocers and Fruiterers	397
Grocers	967
Hawkers of Food	26
Prepared Food Premises	87
Public Houses and Off Licences	215
Restaurants and Cafes	964
Slaughterhouses	86
Other Food Premises	190
Street Traders	2,756
Food and Drugs Sampling	833
Ice Cream Sampling	37
Milk Sampling	82
Surrender of Unsound Food	334
Investigation of Food Complaints	290
Bacteriological examination of Food	265
Hairdressers	200
Old People's Welfare	44
Pet Animals Act	84
Other visits	4,753
No access	5,381



**Defects remedied following action by District Public Health Inspectors**

Drains repaired	27	premises
Drains cleared	20	"
W.C. cisterns repaired or renewed	105	"
W.C. pans renewed or cleansed	39	"
Flush pipes repaired	23	"
Waste pipes repaired or renewed	142	"
Rain water pipes repaired or renewed	100	"
Roofs repaired or renewed	518	"
Eaves gutters repaired or renewed	215	"
Drinking water cisterns renewed or covered	3	"
Water service pipes repaired	24	"
Yards repaired or reconstructed	12	"
Floors repaired or renewed	189	"
Dampness remedied	473	"
Window frames and sashes repaired, renewed or painted	498	"
Fire places, stoves and ovens repaired or renewed	6	"
Flues and chimney stacks repaired	6	"
Brickwork of walls repaired and walls rebuilt	99	"
Wallpaper repaired	395	"
Ceiling plaster repaired	251	"
Rooms cleansed	1	"
Staircases, balconies and steps repaired or renewed	27	"
Noxious accumulations removed	100	"
Nuisances from animals abated	2	"
Miscellaneous defects remedied	256	"

**Statutory Notices Served**

Housing Act 1957

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

Housing Act 1961 (Houses in Multiple Occupation)

Section 12 (Management Orders)	2
Section 14 (Neglect of Management)	2
Section 15 (Amenities)	15
Section 16 (Means of Escape in case of Fire)	16
Section 19 (Limitation of number of occupants)	4

Housing Act 1964 (Improvements)

Section 16 (Immediate Improvement Notice)	1
Section 17 (Suspended Improvement Notice)	1

Public Health Act 1936

Section 39 (Drainage)	43
Section 45 (Repairs of W.C.'s)	11
Section 79 (Accumulations of refuse)	7
Part III (Statutory nuisances)	263

Public Health Act 1961

Section 17 (Drainage)	49
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Tottenham Corporation Act 1952

Section 43 (Urgent Repairs)	144
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G.L.C. (General Powers) Act 1967

Section 23 (Water supply)	1
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## Work Executed by the Council

Work carried out in default of or by agreement with the owners during 1969

### Public Health Act 1936

Section 39 (Drainage)	4 premises
Section 45 (Water closets)	1 "
Section 79 (Removal of refuse accumulations)	4 "
Part III (Statutory Nuisances)	1 "

### Public Health Act 1961

Section 17 (Drainage)	18 "
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### Tottenham Corporation Act 1952

Section 43 (Emergency Repairs)	45 "
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### Housing Act 1961

Section 14 (Houses in Multiple Occupation: Management)	1 "
Sections 15 and 16 (Houses in Multiple Occupation: Amenities)	5 "

### G.L.C. (General Powers) Act 1967

Section 23 (Defective water fittings or pipes)	1 "
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## 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., but the use of rag flock as a filler is not common.

## Abatement of Statutory Nuisances

The wide scope of the work tackled by the district public health inspectors means that their services are always in demand by the public.

Primarily the work involves the inspection of premises which have been reported to be in a state which is in any way prejudicial to health or a nuisance. Investigations are also made following observation by the inspectors during the normal course of their duties. Where defects are found the attention of the persons responsible is drawn to the matter informally. Frequently this suffices to secure the abatement of the nuisances but, if not, a statutory notice is served specifying the works necessary. If this too fails to achieve the desired result then the matter is referred to the magistrate's court.

During 1969, 7050 visits were made to investigate complaints and 831 informal notices were sent requesting action to remedy unsatisfactory conditions. In 263 instances it was necessary for this informal approach to be followed by the service of statutory abatement notices. Legal proceedings were taken against defaulters on 13 occasions resulting in fines totalling £265 and costs £108.10.0. In 144 cases where the normal procedure for securing the abatement of statutory nuisances would have been unduly lengthy having regard to the defective conditions arising, urgent notices were served under the provisions of section 43 of the Tottenham Corporation Act 1952 and repairs were carried out by the Council in the owners' default at 45 premises.

## Noise

698 visits were made in connection with complaints of noise. Usually the noise nuisances fall into one of two categories. Firstly noise emanating from business premises. Informal approaches to the managements usually achieve the desired co-operation. Frequently a good deal of technical research and experiment is necessary to satisfy the legal requirement that the "best practicable means shall be used to minimise the effect of the noise or vibration".

The second category involves noises which originate in private homes and most frequently arise from the use of power sewing machines by people working as outworkers for the clothing trade. Practical suggestions are made to reduce the transmission of noise and vibration and if these measures fail, the Complainants are advised to take legal advice with a view to taking civil action in the Courts. Local bye-laws concerning noisy instruments and also noisy animals are a great help in dealing with other appropriate cases.

## **Drain Stoppages**

Where complaints are received of obstructed drains the Public Health Department first investigates to see if the obstruction can be cleared by some simple action such as plunging. If so, this is carried out by the general assistants free of charge. In the event of the stoppage being more serious, the owner is notified that immediate action is necessary to clear the drain and is invited to sign a form requesting the Borough Engineer's staff which has the use of heavier equipment to deal with the matter. The person responsible must undertake to meet the Council's charge.

If agreement cannot be reached statutory action is taken under section 17 of the Public Health Act 1961.

During the year 848 drains were cleared by the Public Health Department and 381 jobs were passed to the Borough Engineer's Department. It was also necessary to serve 49 notices under Section 17, Public Health Act 1961 and in 18 of these cases to carry out the clearance in the owners' default.

## **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**

An unfortunate trend towards indiscriminate dumping of rubbish on any available site has continued throughout the year. The practice is conducive to the harbourage of vermin and causes a great deal of work for the department.

## **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**

19 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 by Mr. F.G. Buxton, F.R.C.V.S.

## **Performing Animals**

The owner of the performing dog registered until 1968 died in 1968 and no performing animals are now registered by this Council.

# **HOUSING**

## **Unfit Houses**

The investigation of houses in areas where there was reason to believe that the houses were generally unfit for habitation and might best be dealt with by clearance of the sites was continued during the year, and areas were inspected in accordance with the Council's Inspection Area Programme.

Procedure in preparation for representation of areas recommended for clearance followed similar lines to those of previous years. A programme and target dates for the year were agreed after consultation with other Departments concerned, but progress fell short of that anticipated and the programme for the year and target dates were not fully achieved.

The work involved, which forms the greatest part of the work of the Section, includes the detailed examination of each house in the provisional area, the preparation of reports, principal grounds of unfitness and maps and the compiling of lists of owners, occupiers and other interested parties in regard to all the houses which require to be dealt with.



Observations were made during the year of progress in the clearing of sites of confirmed clearance areas. Two areas were completely cleared and clearance of the sites proceeded at eight other confirmed areas.

Four areas were confirmed by the Ministry during the year and occupiers are presently being re-housed from these areas. The areas comprise 444 houses involving 761 families.

Three areas represented in 1968 still await confirmation. These include 217 houses and 286 families.

Three areas were represented for clearance during the year. These include 345 houses and 399 families.

Public Local Inquiries were held in respect of five areas for clearance under Compulsory Purchase Orders.

The figures above relate to houses within clearance areas. The numbers set out in the tables below are of houses in Compulsory Purchase Orders and therefore include clearance area houses and added houses.

1. Areas demolished and sites cleared during 1969

Lorenzo Road/Pretoria Road, N.17.

Roslyn Road/Seaford Road, N.15.

2. Areas confirmed before 1969 and not yet cleared

Suffolk Road/Sutton Road, N.15.

The Grove, Hornsey, N.8.

Langham Road/West Green Road, N.15.

Brunswick Road (part) N.15.

West Green Road/Stanley Road (part) N.15.

Clyde Road/Lawrence Road, N.15.

Western Road, N.22.

Upper Tollington Park, N.4.

3. Areas confirmed during 1969

	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
Chestnut Road/Colsterworth Road, N.15&17	356	652	483	844
High Cross Court, N.17.	5	5	5	5
	<u>444</u>	<u>761</u>	<u>583</u>	<u>966</u>

4. Areas represented before 1969 and not yet confirmed

Paxton Road, N.17.	11	12	15	14
Kings Road, N.22.	21	24	28	31
Birkbeck/Lightfoot/St. Joseph's Road, N.8.	185	250	249	299
	<u>217</u>	<u>286</u>	<u>292</u>	<u>344</u>

5. Areas represented during 1969

Russell Road/Victoria Crescent, N.15.	186	240	196	250
Craven Park Road, N.15.	5	5	5	5
Beaufoy Road/Tenterden Road, N.17.	154	154	202	200
	<u>345</u>	<u>399</u>	<u>403</u>	<u>455</u>

Four Compulsory Purchase Orders were confirmed during the year in full except for three buildings at Park Lane which were held to be shops and were excluded from the Compulsory Purchase Order and the clearance area.



In other confirmed areas there was a small number of re-classifications from "unfit" to "not unfit". These were mostly owner/occupied houses and almost all were the subjects of intense repair operations immediately before the Public Inquiry.

Many objections were received in respect of properties in the Compulsory Purchase Orders, but it is noteworthy that although objections to classification continued as in former years, the proportion of objections to the Compulsory Purchase Orders was at a reduced level. Indeed, at the Public Inquiry in respect of High Cross Court all the properties were the subject of objection against classification but, perhaps through experience, there were no objections to purchase by the Council. In the event, no objectors appeared at the Public Inquiry and all the houses were confirmed as "unfit".

The list of areas of houses where there was reason to believe that they might require to be dealt with by clearance and which formed the Provisional Clearance Area Programme commencing April 1965 has been revised and brought up to date. The Provisional Programme now shows areas which have been represented but not yet confirmed and the remaining areas which warrant detailed examination. Areas which have been dealt with by clearance and other areas which on examination were found not to be clearance area subjects have been deleted. A few areas of houses which are known to have deteriorated have been added.

The year saw the advent of the Housing Act 1969 which came into operation on 25th August 1969. This is an Act which amongst its provisions recognises the need for strenuous activity in maintaining and improving the stock of houses throughout the country where and when it is reasonable to do so and lays down procedure for that purpose.

So far as the unfitness of houses and their clearance is concerned there are two important new matters to be taken into consideration. One is an alteration and increase in the amounts of compensation to be made in certain cases where houses are acquired under Part III of the Housing Act 1957, and the other is the inclusion in Section 4 of the Housing Act 1957 of "internal arrangement" as one of the matters to be taken into account when considering the fitness or unfitness for habitation of a dwelling house.

The standard of fitness, which is a minimum standard, remains the same as formerly with the exception of the above-mentioned important additional feature. It was perhaps recognised that a higher minimum standard which would inevitably bring many more houses into an "unfit" category would create a burden at the present time, which would over-stretch remedial resources available.

Poor internal arrangement is a feature which is now taken into account in deciding whether or not a house is unfit for habitation. In theory a house, otherwise in good condition, could be so far defective in respect of internal arrangement that it would be unfit. Few instances are likely to be met where the above circumstances obtain, but this matter, added to the others in Section 4 of the 1957 Act, is a recognition of an important factor in the assessment of a dwelling as reasonably fit for habitation.

Unfit houses are not necessarily houses which would best be dealt with by demolition. Individually, demolition of unfit houses is becoming increasingly rare. Groups or areas of unfit houses, however, pose a more serious question in regard to demolition. The Public Health Inspector has to reach his findings and recommendations upon the condition of each house individually and then upon the houses collectively within an area under examination. The items (a) to (h) of Section 4 of the 1957 Act may be divided into two parts. (1) Repair, stability, dampness, internal arrangement, natural light and ventilation and (2) water supply, drainage and sanitary conveniences and facilities for the preparation and cooking of food. Items at (2) above, while causing or adding to unfitness, in a built-up area like Haringey, could be rectified without great difficulty at nearly all houses. Defective matters at (1) above may involve, where indeed possible, major alteration and repair depending upon the degree of defectiveness.

It will be appreciated from the foregoing the significance and importance of the introduction of internal arrangement into Section 4 of the 1957 Act. The rectification of bad internal arrangement may be a major factor in deciding whether a house or houses would best be dealt with by clearance. Bad design, though perhaps not by itself making a house unfit, may add to the unfitness of a house and render it obsolete by present day standards.



The Act of 1969 largely deals with matters relating to the repair and improvement where rehabilitation is thought to be the best method of dealing with unsatisfactory houses either individually or in areas. Inducement to owners to carry out the work is provided by financial reward in proportion to the degree of neglect and deficiencies at the houses.

Difficulty remains in deciding upon a standard of conditions under which clearance of houses may be the best method of dealing with them and above which the repair and improvement of the buildings may be more appropriate. The Ministry apparently have found it necessary to state that rehabilitation is not a substitute for clearance, perhaps realizing the possibility of the acceptance of large twilight areas where rehabilitation would be extensive, difficult and expensive but where clearance procedure would not be a clearly obvious solution. The rehabilitation of fit or unfit houses which are in reasonably sound structural condition is more easily achieved than in the case of houses which are structurally less sound and it is hoped that houses which fall between the obviously clearance category and the obviously rehabilitation category will not be allowed to continue to exist as unfit or unsatisfactory dwellings indefinitely.

There is a widespread need for the repair and improvement of ageing but reasonably sound properties and the arrest of deterioration and the raising of the standard of the stock of houses can be attained by intensive programmes of rehabilitation provided always that rehabilitation is in fact carried out.

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.

73 Park Road, N.8.	44 Park Road, N.8.
1 & 2 Cleveland Villas, N.15.	80 Milton Park, N.6.
83 Victoria Road, N.22.	30 Milton Road, N.6.
5 & 7 Victoria Crescent, N.15.	37 Stanley Road, N.15.
209 High Road, N.15.	66 Highgate High St., N.6.
51 Truro Road, N.22.	68 Milton Park, N.6.
42 Park Road, N.8.	18 Victoria Crescent, N.15.

Closing Orders on houses as under-noted were determined during the year –

4 Heybourne Road, N.17.	55 North Grove, N.15.
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Routine matters such as replies to "searches", interviewing members of the public and office administration, and special investigations and reports and memoranda from other Departments were attended to throughout the year.

**Housing Improvement and Conversion**

The Housing Act 1969 which came into force on 25th August 1969 offers considerable additional incentive to house owners to take action to bring their property up to modern standards.

Many older substantial dwellings lack amenities now considered to be a necessity and may have defects such as rising dampness, due to omissions in the original design and construction of the premises. Generous grants are now available to owners to assist them in improving their property and if at the same time essential repairs to the premises are needed, the cost of this may also qualify for grant up to an amount equal to the approved cost of the improvements.

Certain older houses are now too large for present day families and are capable of conversion into two or more self contained units of accommodation. Here too owners may be assisted by grants from the Council which may also be paid as described above towards essential repairs carried out at the same time. The Council has agreed that the fullest possible use should be made of the new provisions and every encouragement and assistance given to owners to take advantage of the enhanced grant provisions. In this way it is felt that the steady deterioration of property in wide areas of the borough may be arrested and reversed with a probable consequent reduction in the need for clearance and redevelopment. The revised maximum grants which are free of the 3-year conditions applying under previous legislation, are summarised below:-

	<u>Maximum Grant</u>
1. Improvement to 12 point standard of house normally having a life expectancy of at least 30 years. (Half of approved estimated expenditure on improvement and repairs)	£1,000



	<u>Maximum Grant</u>
2. Conversion of premises into two or more self-contained dwellings normally with 30 years life (Half of approved estimated expenditure on improvements and repairs)	£1,000 per dwelling
3. As (2) above but building has 3 or more floors	£1,200 per dwelling
4. Installation of standard amenities only in dwelling normally having a further life of at least 15 years.	
(a) Fixed bath or shower in bathroom	£30
(b) Wash hand basin	£10
(c) Sink	£15
(d) Hot and cold water supply for (a)	£45
(e) Hot and cold water supply for (b)	£20
(f) Hot and cold water supply for (c)	£30
(g) Internal water closet	£50
Total maximum grant	<u>£200</u>
5. As (4) but where necessary to construct a bathroom extension	£450

Standard grants may not exceed 50% of the actual approved cost of the works.

The Housing Act 1969 came into force on 25th August and between that date and the end of this year applications for grant were received in respect of 121 dwellings, as follows:-

Standard Grant	44
Improvement Grant	54
Conversion Grant	23
TOTAL	<u>121</u>

Grants approved under the 1969 Act in that period amounted to £15,218. Of necessity, approvals must lag behind the applications since a considerable amount of investigation must be undertaken in respect of the property and the specification of works and prices submitted by the applicant. The applicant's title to the property must also be checked by the legal department.

#### **Improvements and Rents**

The Housing Act 1969 has linked the improvement of properties with the decontrol of controlled tenancies and the re-assessment for rent purposes of "regulated" tenancies and this is an additional incentive to owners to modernise their properties.

If, when the Act came into operation on 25th August 1969, a dwelling let at a controlled rent, was provided with all the standard amenities and these amenities continue to be available, the owner may apply to the Council for a Qualification Certificate to enable him to request the Rent Officer to fix, and register a fair rent for the dwelling and this rent can be brought into operation, the increase being phased over a period of five years.

Before issuing the Qualification Certificate the Council must be satisfied that, in addition to having all the standard amenities, the dwelling is fit for human habitation and is in good repair having regard to its age, character and locality.

264 applications of this type were received in 1969.

Where a controlled dwelling lacked some of the standard amenities in August 1969, the owner may submit proposals for installing these amenities, with or without the aid of a grant from the Council and apply for a Certificate of Provisional Approval. This will enable him to request the Rent Officer to fix a fair rent for the improved dwelling. When the fair rent has been fixed and the tenant advised, the owner may then request the tenant to consent to the improvements being carried out: if this consent is given the owner is then entitled to a Qualification Certificate upon the satisfactory completion of the work to enable him to request the Rent Officer to register the fair rent.

14 applications were received in 1969.



## **General Improvement Areas**

Under the Housing Act 1969 the Council may declare general improvement areas where it is considered that special efforts are warranted to secure the improvement of dwellings in the areas. Parallel with this work action can be taken to make environment improvements to the area to make it a more pleasant part in which to live. Consultation and collaboration with the residents and owners is an essential feature of any scheme of this nature as its success must rest upon their co-operation and active participation.

The Council has welcomed these provisions and has called for surveys to be undertaken with a view to initiating general improvement areas in 1970.

## **Housing Act 1964 Improvement Areas**

The 1969 Act prevents the declaration of any new areas under the 1964 Act procedure but action may continue to be taken in respect of those areas already declared.

Haringey have declared four Improvement Areas but action in respect of the last two had been suspended because of the impending new legislation. The Council has decided that no further action should be taken in respect of these two areas. The remaining two areas, however, have already reached an advanced stage and it is likely that it will be necessary to carry these through to a conclusion. Further consideration will be given to this by the Council in 1970.

## **Houses in Multiple Occupation**

The coming into operation of the Housing Act 1969 has caused many headaches; the problem of staff being not the least. It became necessary in order to implement effectively the improvement provisions of the Act to transfer two of the team of inspectors concerned with houses in multiple occupation to other duties in this connection. Whilst day to day work progresses, therefore, it is still not possible to institute house to house inspections whereby known areas of multiple occupation can be dealt methodically.

Due to a recent adverse High Court decision upon the definition of "family" in regard to houses in multiple occupation, the new act gave a fresh definition, using the word "household" instead of "family". Unfortunately, the act did not define "household", but the term is at present interpreted according to the definition used for Census purposes.

Changes were made in regard to the procedure for making Management Orders, so that it became no longer necessary to give 21 days notice of the Council's intention to make the order. It was, however, still necessary to make a Management Order before the provisions of the Housing (Management of Houses in Multiple Occupation) Regulations 1962 could be legally enforced by action under Sections 13 or 14 of the Housing Act 1961. It is, to say the least, rather mystifying as to why it should still be considered necessary to make a Management Order before being able to implement the provision of regulations which should automatically be applicable to every house in multiple occupation.

With regard to means of escape in case of fire, certain amendments were made by the 1969 Housing Act to enable the local authority to make a Closing Order on a part of a house, if, by doing so, it was considered that adequate means of escape could be provided at reasonable expense for the rest of the house whereas this could not have been done at reasonable cost if that part of the house remained in occupation. A similar procedure to that laid down in Part II of the Act of 1957 for the making of Closing Orders for unfit houses must be followed. However, in view of the income from many houses in multiple occupation, particularly the larger ones with which the Department is primarily concerned, it appears unlikely that even the provision of an external staircase would be an 'unreasonable expense'. The use of this power would, therefore, seem to be extremely limited. However, there is provision for the authority to accept an undertaking that part of a house would not be used for human habitation if the owner was able to provide adequate means of escape if that part of the house was closed, since the Council's requirements in this respect may be considerably reduced in these circumstances. He would of course suffer a loss of income and would, therefore, wish to consider this when deciding whether to carry out the work required in full or execute less extensive work by virtue of his giving an undertaking not to use part of the house. Use of the part of the house subject to an undertaking would constitute a contravention and the Council may also make a Closing Order when these circumstances have arisen.



A slight amendment is made to the penalty clauses under Section 65 of the Housing Act 1964 in that the obligation to execute works required continues after the notice expires and after any conviction which may be secured under Section 65. Maximum penalties under Section 19 of the Housing Act 1961 and Section 90 of the Housing Act 1957 are increased from £20 to £100 for the first offence.

Certain other amendments are made to Section 19 so that it is possible to specify the number of households as well as the number of individuals when making Directions.

The complex procedure of making Control Orders is further amended if a local authority make a Compulsory Purchase Order within 28 days of making the Control Order. The already difficult financial processes are then further amended and provision made for the service of notices to secure the carrying out of urgent works prior to the Minister's decision as to whether or not he confirms the Compulsory Purchase Order.

There is now a choice of three types of Registration Schemes for houses in multiple occupation which may be made, instead of the single scheme laid down in Section 22 of the Housing Act 1961, as follows:-

1. A scheme of notification by owners or other interested persons that a house appears to be registrable (as under Section 22 of the Housing Act 1961) (i.e. is occupied by 3 or more households as the local authority may determine).
2. A scheme containing control provisions for preventing multiple occupation of a house to a greater extent than at the time the provisions came into force, unless the house was registered. There is power to refuse to register.
  - (a) if the house is unsuitable and incapable of being made suitable for occupation in present circumstances; and (b) if the person having control of the house is considered to be not a fit and proper person; and the Council can require as a condition of registration that work is carried out to put the house into such condition that it would be accepted for registration.
3. A scheme combining both the above schemes.

Schemes can be made to apply to the whole or any part of a Borough, and consideration may be given to the making of a scheme in Haringey.

With the emphasis now on the improvement of dwellings with the aid of grant, this is yet another aspect to be considered when dealing with houses in multiple occupation and, of course, involves considering the potentialities of a house as well as its shortcomings, and then discussing these with the owner as alternatives to bringing the house up to multiple occupation standards. The "multiple occupation" standards are merely a palliative and it is far better for a house to be improved to a higher standard and to achieve full amenities for the exclusive use of each household and, if possible, self contained flats, than merely to increase the number of shared amenities. Full "improvement" should be the aim of the future. Many of the properties in multiple occupation do not lend themselves to conversion without displacement of a number of households and it may not be an economic proposition for an owner to convert a house to, say, 3 flats as against perhaps having six separate lettings. After the expense of conversion the financial return may be less than before, and there is the additional problem of finding accommodation for the displaced households, so that even with the encouragement of substantial grants, the problem of multiple occupation is likely to remain with us for many years to come.

#### House in Multiple Occupation – Summary of Action taken in 1969

Number of separately occupied parts of houses visited for first time	1,831
Number of revisits to above	11,626
Number of inspections where multiple occupation would exist upon completion of mortgage advances being contemplated by this Council	30
Number of houses completely inspected	367
Number of houses where informal notices sent relative to S15	217
Number of houses where informal notices sent relative to S16	292
Number of houses where items of inadequate management notified to owners	176
Number of cases of penal overcrowding	79
Number of cases of penal overcrowding abated	69
Number of cases of non-penal overcrowding	19

Number of cases of non-penal overcrowding abated		17
Number of formal S14 notices		2
Number of formal S15 notices		15
Number of formal S16 notices		16
Number of formal S78 notices		12
Number of houses where S19 Directions made		4
Number of houses where S12 Management Orders made		2
Other notices served		345
Other visits, including discussions with owners, builders etc., at premises		1,248

Completed works

W.C's. provided	18
Baths/Showers provided	25
Sinks/lavatory basins provided	32
Water heaters provided	103
Cooking facilities provided	20
Food stores provided	12
Space Heating provided	7
Fire precautions work	88

Repairs

External	107
Internal	228

**Certificate of Disrepair – Rents Act 1968**

During the year five applications were received for certificates of disrepair, but in two cases certificates were not considered to be justified. One certificate was cancelled in 1969.

**Searches: Local Land Charges and Mortgage Advances**

5,515 searches were reported upon in relation to Public Health functions which may have had a bearing on the properties concerned.

Reports were also furnished in respect of 198 houses where applications were under consideration for mortgage advances by the Council.

**FOOD HYGIENE**

The regular inspection of all places where food is stored, sold or prepared, retains a position of top priority as far as the work of the Food Hygiene Section is concerned.

The number of people with little knowledge of the English language in charge of food establishments appears to be still on the increase. This makes general communication difficult and increases the chances of misunderstanding, deliberate or otherwise, of requirements of Regulations.

The Public Health Inspectors of the Department were pleased to receive an invitation to serve on the Food Hygiene Sub-Committee of a local Hospital Group Control of Infection Committee and thereby contribute to discussions between the staff of the Bacteriological Laboratory, Catering Department and the general administration responsible for the food storage, preparation and general food handling arrangements in all the premises under the control of the Committee.

The Hospital Authorities have expressed appreciation of the contribution which the Department has been able to make towards securing and maintaining the highest practicable standards of food hygiene in the local hospital establishments.



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	98	231
Butchers	116	740
Cafes and restaurants	236	964
Confectioners, Sugar	375	198
Fishmongers	34	87
Fruiterers and greengrocers	169	397
Grocers	423	967
Off licences and public houses	200	215

#### 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	805
Manufacture and sale of ice cream	11
Storage of ice cream	1
Cooking of hams and other meat	64
Fish frying	56
Fish curing (smoking)	3
Sausage manufacturer	101
Preparation of "Hot Dogs"	1
Preparation of jellied eels	3
Shell fish	2
Prepared foods	17
Pickling meat	3
<b>Total</b>	<b>1,067</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	127	91
Shellfish	13	4
Fish	12	4
Ice cream	28	4
Light refreshments	19	5
Peanuts	4	2
Eggs	3	-
Groceries	6	2
Confectionery	1	1
<b>Total</b>	<b>213</b>	<b>113</b>

#### Milk and Dairies Regulations

The number of distributors and dairies registered at the end of 1969 was as follows:-

Distributors	269
Dairies	6



Meat Inspection in progress at new Abattoir





## Milk (Special Designation) Regulations

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

Pasteurised Milk	219
Sterilised Milk	216
Untreated Milk	30
Ultra Heat Treated Milk	52

## Imported Food Regulations

The revised regulations with respect to imported food permit the release of food cargoes at the ports on the receipt of an undertaking by the Port Health Authorities from the importer that the foodstuff will be forwarded undisturbed to a named Inland Reception Centre where it will be subject to public health inspection by the receiving Local Authority Officers.

Partly due to the increase in "container" traffic, Haringey receives increasing quantities of imported foodstuff which are delivered to the local Cold Stores and are there subject to official examination. On occasions, this examination must include chemical and bacteriological sampling, and if the present indications of a large scale expansion in the "container" transport of imported foods are fulfilled, it appears likely that a material increase in official surveillance by the Public Health Inspectors will be necessary in this sphere.

## New Food Premises

### (1) Ice Cream Factory

During 1969, a long standing local ice cream manufacturer commenced production in a newly constructed building in South Tottenham. For many years this family business had been trading from very restricted premises in an area which has now been redeveloped by the Council. The factory, now demolished, was a random development of severely limited proportions. It speaks volumes for the hygienic standards observed by proprietor and his staff that the product was consistently of a high bacteriological standard.

The new building consists of two blocks, of which one is a workshop for the mobile sales vans.

The factory is modern in concept and is the result of not only advice from all interested parties but also the proprietor's own considerable experience. The machinery in the factory, which produces a variety of lines, includes three 30/60 Vogt Cherry Burrell freezers and a C.P. 30/60 freezer, six 100 gallon ageing vats by C.P. and Alfred, and C.P. fruit feeder and ripple pump, two 100 gallon pasteurisers, and an Oldham lollie machine capable of producing 35 gross/hour. Recently a modern automatic Carousel Rotary freezer lollie plant has been installed capable of producing 25 gross/hour. There is also a 10,000 cu. ft. cold room.

### (2) New Abattoir

The slaughterhouse on the site in Markfield Road, N.15. went out of use three years ago following severe damage to the structure during a storm. The proprietors decided to demolish the existing building and construct a modern abattoir on approximately the same site. Expert advice was obtained from all available sources including the Ministry of Agriculture, Fisheries and Food. This Department was consulted and kept informed of all developments during the planning of the scheme and as a result we now have what we consider to be a model abattoir. Full production has not yet been achieved and a few teething troubles have yet to be remedied.

The abattoir is using a "line system" which in effect means that the carcass does not again touch the floor after being hoisted immediately after slaughter. This is in contrast to the method of dressing on cradles on the floor.

Apart from the standard equipment found in any modern abattoir, items of interest include -

- (a) compressed air flaying knives and apparatus for removing hides with the minimum of handling and in such a manner that the hide is removed and deposited in the hide room without touching the floor.
- (b) A pneumatic blower unit is used to convey all waste material through pipes which discharge into collection hoppers in the yard, thus reducing to a minimum the time which such material remains within the building.



The site which incorporates the actual abattoir is being developed with extensions to the existing pet food plant, and new cold stores and office blocks.

Data of interest is as follows – Total area of land (including buildings) 1.8 acres.

Floor areas in square feet:-

Covered lairage	– 5358
Slaughterhall	– 2146
Hanging space	– 768
Chill-room, cold air store or refrigerated room	– 856
Mess rooms, toilets, showers, locker area and offices	– 429
Potential number of animals to be killed per week	– 300/350 (mainly bovines and horses)

The Company, expect eventually to transfer to the new abattoir the whole of their business from the present site in central London.

#### Food sampling for bacteriological examination

The Department continues to submit to the Central Public Health Laboratory samples of food as sold to the public which are considered most likely to be vehicles of food poisoning organisms. These include cooked meats, artificial and dairy cream, meat pies (particularly those sold from hot cabinets) and chicken barbecue.

The relative number of samples of any particular type of food is constantly under review and emphasis is changed in the light of our own experience and the advice so freely given by Miss Betty Hobbs, D.Sc., F.R.C.Path., Dip.Bact. the Director of the Food Hygiene Laboratory, and her colleagues at Colindale. The results of the examination are found frequently to be either a pointer to poor hygiene practices which cannot be observed during routine inspection or strong reinforcements to persuasion to secure improvements often beyond the standard which can be demanded by the Food Hygiene Regulations.

#### Food and Drugs Act

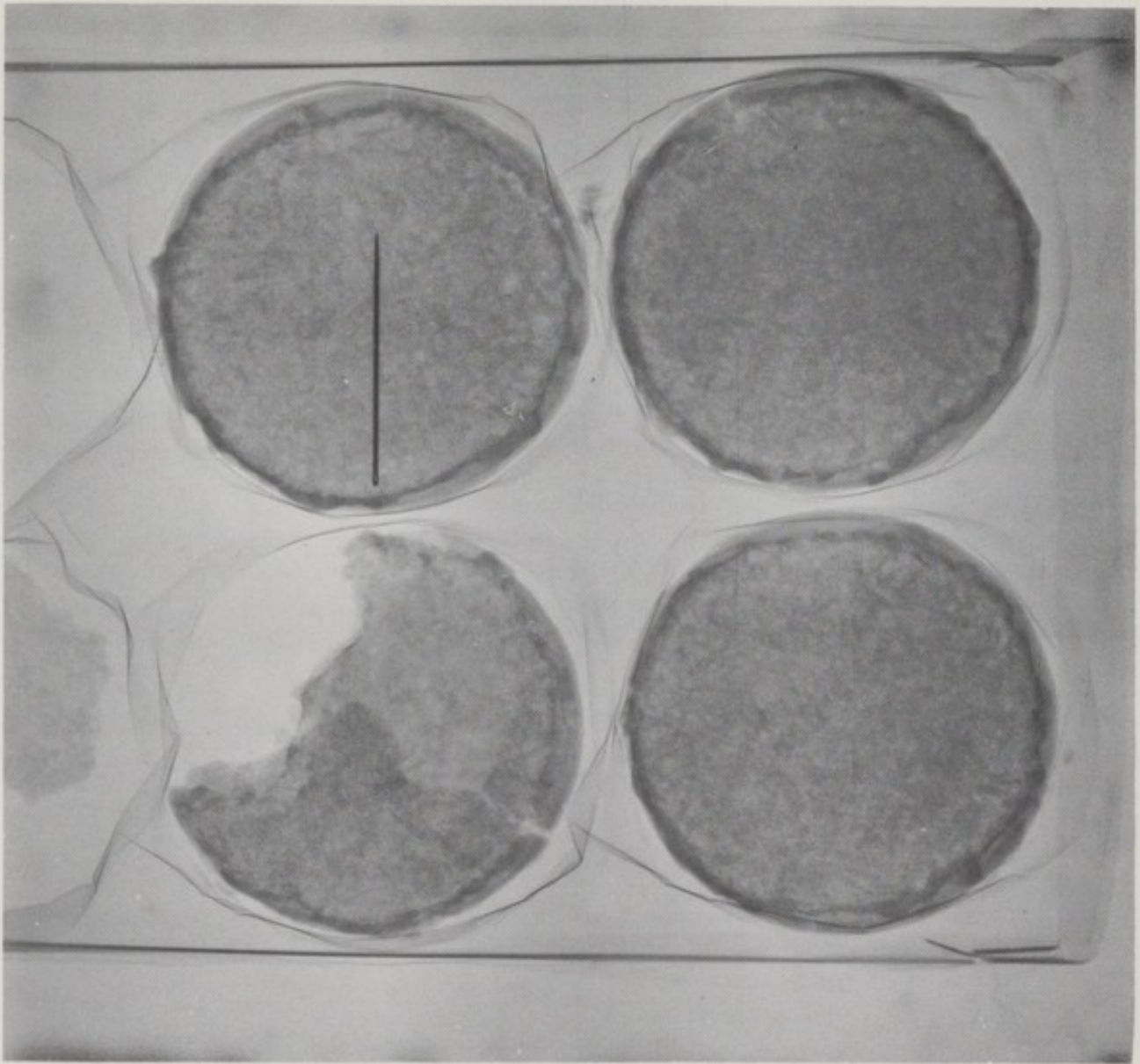
The work of sampling a wide variety of foodstuffs has continued smoothly and in no case was it necessary to resort to legal proceedings to enforce the provisions of the Act and the numerous regulations made thereunder. In a number of instances, where minor contraventions have been found, the manufacturers have not only taken immediate action to rectify the matter but have in most cases expressed their appreciation of the advice given.

Depending on pressures of other work, the visits to food manufacturing premises by members of the Section accompanied by the Council's Deputy Public Analyst have continued on the basis of about one a month.

The visits are welcomed by the manufacturers and samples of raw materials as well as finished products were freely submitted for analytical examination. In some instances matters of constituents and/or labelling have been taken up with suppliers of raw materials.

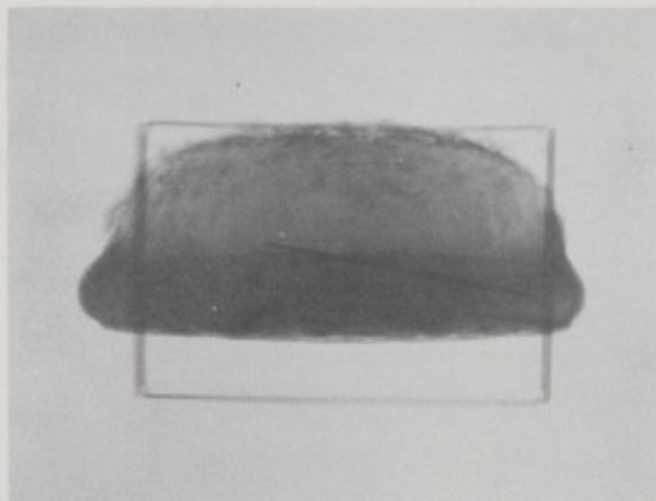
A large number of samples are also submitted to the Council's Public Analyst which arise from complaints of alleged unsound foodstuff made to the Department by members of the public. These fall into two main categories, (a) the presence of foreign matter in the foodstuff and (b) the deterioration of the foodstuff owing to decomposition or attack by parasites.

The opinion of the Public Analyst is particularly valuable in cases where foreign objects, especially insects, are found in food. In these cases he can often say with certainty whether or not the insect has gained access to the food before, during or after manufacture.



#### Needles in Coconut Mallows

X-ray photographs of coconut mallows showing complete hand sewing needle embedded in a mallow. Above – mallows remaining in tray, below – side view of mallow containing needle. Examination followed complaint that another mallow from same packet was found to contain part of a needle when bitten by purchaser. Suppliers prosecuted under Food and Drugs Act; were fined £40 and £10 costs.







## FOOD SAMPLES

Articles	No. of Samples provided	Unsatisfactory	
		Analysis	Labelling
Alcoholic Beverages	16	1	2
Biscuits	4	—	—
Bread	8	7	—
Cereal and Starch Products	3	—	—
Cheese and Cheese preparations	3	3	3
Cocoa and chocolate preparations	13	1	—
Colourings	6	1	1
Confectionery (Flour)	2	2	—
Drugs	59	7	—
Eggs and egg products	1	—	—
Fish and fish preparations	2	—	—
Flavourings	2	—	1
Flour and flour products	7	1	—
Food additives	26	—	1
Foods — miscellaneous	1	1	—
Fruit and fruit preparations	35	—	—
Gravy preparations	4	—	—
Herbs and herb preparations	5	—	2
Jam and preserves	9	—	—
Margarine	5	—	—
Meat and meat preparations	15	3	—
Milk	180	8	—
Milk, Dried and condensed	2	—	—
Milk preparations	51	20	9
Oils, fats and fatty foods	29	4	—
Pickles and sauces	2	1	—
Sausages	4	1	—
Soft Drinks	7	—	3
Soup and soup mixes	3	—	—
Spices and condiments	3	—	—
Sugar confectionery	4	—	—
Sugar and Syrups	4	—	—
Table Jelly Preparations	23	1	—
Tea	2	1	—
Vegetables and Veg. preparations	38	4	—
	578	67	22



Details of Unsatisfactory Samples

FOOD SAMPLES

Sample	Irregularity	Comments and Action taken
Butterfat	Samples of butterfat taken from two food factories showed abnormally low Reichert, Polenske and Kirschner values	Investigations are still proceeding, but preliminary conclusions suggest that when stored under warm conditions butterfat can separate into high and low melting point fractions, and these fractions may have different Reichert values.
Chocolate Vermicelli	Routine examination of a sample of chocolate vermicelli showed the presence of a live larvae of a bread beetle ( <i>Stegobium Paniceum</i> ).	The retail shop was inspected and was found to be satisfactory. Further samples were taken and found to be satisfactory. No further action taken.
Colouring Matter	<p>(a) Blue VRS found in a packet of lime jelly</p> <p>(b) 'Bismarck Brown Substitute' used for colouring the casings of slicing sausages, found to contain Blue VRS.</p> <p>(c) A sample of Conovid was found to contain Ponceau SX, a non-permitted food colouring matter.</p>	<p>Blue VRS colouring matter prohibited in this country since 1967. Alleged to be old stock. Further samples to be taken for examination.</p> <p>The carton of colour was withdrawn from use.</p> <p>No regulations control the addition of colouring matter to drugs, but it is considered that drugs for internal administration should not contain colouring matter prohibited in food. A further sample showed that the manufacturer was now using permitted colouring. The previous sample was thought to be old stock.</p>
Drugs	<p>(a) Four samples of soluble aspirin tablets were found to contain excessive salicylic acid</p> <p>(b) Two samples of A.P.C. tablets were found to contain excessive amount of free salicylic acid</p>	<p>Withdrawn from sale. Soluble aspirin tablets are particularly liable to decompose to form the more toxic salicylic acid.</p> <p>Withdrawn from sale. The use of these analgesics has been discouraged because of the possibility of toxic effect from phenacetin, therefore stocks are likely to be old and liable to decomposition caused by overlong storage.</p>
Flour	A sample of flour was found to contain 470mg. chalk per 100gm. of flour	Difficulty is experienced in maintaining an even distribution of added chalk to flour as required by the Bread and Flour regulations under which the legal maximum is 390mg. chalk to 100gm. flour.
Milk	(a) Samples of pasteurised milk were taken from a school which had complained that the milk rapidly went sour. All samples failed the methylene blue test and the phosphaste test.	Investigations at the dairy showed that the pasteurisation plant was not functioning properly. A warning letter was sent to the company and defects have now been remedied.
Palm Oil	(a) A sample to palm oil was found to contain 24 parts per million lead.	The Lead in Food Regulations limit the amount of lead in edible oils and fats to 0.5 parts per million of lead. The oil contained a number of flakes of paint. Another sample was taken which also contained excessive lead. The stock was seized and destroyed.

Sample	Irregularity	Comments and Action taken
Palm Oil (contd.)	(b) A further sample of palm oil from the same source was taken, and was found to contain 7 parts per million lead which is also considerably in excess of the legal maximum.	The lead again was mainly associated with flakes of paint in the oil. Legal proceedings were taken against the retailer who was fined £15 with 10 gns. costs.
Yoghurt	Objection was taken to samples of yoghurt that contained either sorbic acid or benzoic acid added to the fruit puree as preservative.	The regulations relating to the use of preservatives in food do not permit the direct addition of preservatives to yoghurt, and sulphur dioxide is the only preservative which may be included in the fruit puree used to flavour such preparations. The regulations are at present under review, and it is possible that a relaxation may be recommended, as the addition of such preservatives are permitted on the continent.

### Labelling

The following labelling irregularities, noted in respect of 26 samples, were brought to the attention of the manufacturers or distributors responsible.

Statutory declaration absent or incorrect	- 6 cases
Misleading Description	- 6 "
Incorrect Designation	- 6 "
No common or usual name	- 5 "
No list of ingredients	- 4 "
Incorrect list of ingredients	- 2 "
No name and address	- 3 "
Alcohol declaration not prescribed 1/12" in height	- 2 "

### Food Complaints

103 complaints of unsound foodstuffs were investigated and, where appropriate, legal proceedings were instituted or warning letters sent. Details are shown in the following table.

Class of Premises	No. of Premises Registered	No. of Complaints	No. of Samples
Offices	28	18	47
Wholesale and Retail Distributors	1	1	1
Food Storage Depots	1	1	1
Other	1	1	1
Total	31	21	50



## Details of Food Complaints

Commodity	No. of Complaints		Action taken		
	Foreign bodies found	Other Reasons	Official warning letter	Prosecution	No formal action justified
Baby Food	1	—	—	1	—
Bacon	—	3	—	3	—
Biscuits	2	1	2	—	1
Bread	11	11	12	8	2
Butter	—	1	—	1	—
Cereal	1	—	1	—	—
Cheese	1	—	—	—	1
Chicken	—	3	1	—	2
Confectionery (Flour)	8	3	3	6	2
Confectionery (Sugar)	—	2	2	—	—
Corned Beef	1	1	1	1	—
Crisps	—	1	—	—	1
Custard Powder	1	—	1	—	—
Fish	2	2	2	—	2
Fruit (Fresh)	—	1	—	—	1
Fruit (Tinned)	2	3	4	—	1
Jelly	1	—	—	—	1
Meat	—	1	—	—	1
Meat (Cooked)	2	3	2	—	3
Meat (Tinned)	—	2	1	—	1
Meat Pies	—	6	2	2	2
Milk	3	3	3	1	2
Peanuts	1	—	1	—	—
Pickle	1	1	—	1	1
Prepared Food	3	2	4	—	1
Sausages	1	4	1	3	1
Tablets	—	1	—	—	1
Tea	1	—	1	—	—
Vegetables (Tinned & Frozen)	3	1	3	1	—
Yoghurt	1	—	1	—	—
<b>Total</b>	<b>47</b>	<b>56</b>	<b>48</b>	<b>28</b>	<b>27</b>

### Surrender of Unsound Food

712 certificates were issued in 1969 in respect of unsound foodstuffs which were surrendered by wholesale and retail distributors.

### Meat Inspection

There was very little slaughtering in the borough in 1969 as the rebuilt slaughterhouse was at only the early stages of operation by the end of the year. The details given below relate to trial slaughtering which was undertaken towards the end of 1969.

**Summary of Carcasses Inspected 1969**  
(3 months only – started October '69)

	Bovines	Horses	Calves	Sheep & Lambs	Cows
Number killed	10	8	12	1	170
Number inspected	10	8	12	1	170
All Diseases except Tuberculosis					
Whole carcasses condemned	1	–	–	–	8
Carcasses of which some part or organ was condemned	3	5	1	–	121
Percentage of number inspected affected with disease other than tuberculosis	40.0	62.5	8.3	–	75.8

Note: No case of cysticercosis or tuberculosis was reported during the year.  
There are no registered poultry slaughterers in the borough.

**Offices, Shops and Railway Premises Act 1963**

The amount of work arising from the provisions of this Act, which can be carried out by the Department is limited, not only by the personnel available but by the priority which other aspects of public health demand. In spite of this, every effort has been made to increase the number of general inspections during the year.

All accident reports are carefully scrutinised and wherever the circumstances suggest that further investigation is needed visits are made to the premises and detailed examinations are made and advice given on preventive measures which should be taken.

Some difficulty has been experienced in translating to particular circumstances the provisions of the Offices, Shops and Railway Premises (Hoists and Lifts) Regulations 1968 and the Deputy Superintending Inspector of Factories has been consulted. He has, on one occasion, visited the Borough to see for himself a type of lift used by a particular company who are using numerous similarly constructed lifts throughout the country. The legal and physical aspects of the matter had not been resolved at the end of the period under report.

**Registrations and General Inspections in 1969**

Class of Premises	No. of Premises Registered during 1969	No. of Registered premises at end of year	No. of Registered premises receiving a general inspection 1969
Offices	22	463	220
Retail Shops	83	1,098	453
Catering establishments and canteens	8	67	32
Wholesale shops and warehouses	6	152	42
Fuel Storage Depots	–	3	2
	119	1,783	749

The Council also licenses 12 public houses on the borough for trading. These are mainly occupied by newcomers and are situated in the vicinity of British Rail and Underground Stations.



### Analysis of Contraventions Found

Section	Type of Contravention	No. found	Section	Type of Contravention	No. found
4	Cleanliness	33	12	Clothing Accommodation	4
5	Overcrowding	2	15	Eating Facilities	2
6	Temperature	51	16	Floors, passages and stairs	54
7	Ventilation	8	17	Fencing machines	12
8	Lighting	15	23	Heavy work	1
9	Sanitary Conveniences	63	24	Provision of first aid	63
10	Washing facilities	42	50	Abstract	88
11	Supply of drinking water	1			

### Persons Employed in Registered Premises

Class of Workplace	No.
Offices	6,796
Retail Shops	6,268
Wholesale Shops, Warehouses	1,542
Catering establishments	1,078
Canteens	238
Fuel Storage Depots	35
<b>Total</b>	<b>15,957</b>
<b>Males</b>	<b>7,236</b>
<b>Females</b>	<b>8,721</b>

### Reported Accidents

Work place	No. Reported	Total No. Investigated	Prosecution	Formal Warning	Informal Warning	No Action
Offices	10	3	—	—	—	3
Shops, Retail	25	16	—	1	3	12
Wholesale shops, warehouses	39	18	—	—	5	13
Catering establishments and Canteens	6	5	—	—	—	5
Fuel Storage Depots	—	—	—	—	—	—
<b>Total</b>	<b>80</b>	<b>42</b>	<b>—</b>	<b>1</b>	<b>8</b>	<b>33</b>

## Analysis of Reported Accidents

	Offices	Retail Shops	Wholesale Shops, Warehouses	Catering establishments and canteens
Machinery	1	1	3	1
Transport	—	—	3	—
Hand Tools	—	3	—	—
Falls of Persons	5	12	7	3
Stepping or striking against objects	—	3	4	—
Handling Goods	2	5	9	2
Struck by falling object	2	1	10	—
Not otherwise specified	—	—	3	—
	10	25	39	6

### 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 business 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. 179 premises were registered at the end of the year and all were inspected during the year.

### Shops Act 1950 – 1966

A total of 3,764 shops inspections were made during the year. The following contraventions were noted:-

#### General

Section 17(2) Assistants weekly half holiday notice not displayed	268
Section 32(2) Notice of hours of employment of young persons not displayed	79
Section 32(3) Abstract of provisions of employment of young persons not displayed	41

#### Closing Hours

Section 2(1) Failed to close at prescribed hour	14
Section 1(1) Failed to close at 1 p.m. on early closing day	27
Section 1(2) Failed to exhibit early closing day notice	196
Section 13(1) Failed to exhibit exempted trade notice	248

#### Sunday Trading

Section 22(3) Failed to keep record of hours of employment	6
Section 57 Failed to exhibit Sunday Trading Notice	53

### Street Trading

Although there is no street market in the Borough, 30 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 1969.

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 local authority has responsibilities to inspect the sanitary accommodation and water supplies, in all factories and business premises. In factories where no mechanical power is used, the other welfare provisions of the Factories Acts are also the responsibility of the local authority. Frequent visits are made to factories for a variety of reasons and it is the usual practice to check all the conditions whilst on the premises.

Premises	No. on Register	No. of Inspections	Written Notices	Occupier Prosecuted
(1) Factories in which sections 1, 2, 3, 4 and 6 are enforced by the local authority	59	9	—	—
(2) Factories not included in (1) in which Section 7 is enforced by local authority	1024	284	47	—
(3) Other premises in which section 7 is enforced by local authority (excluding Outworkers premises)	17	17	—	—
	1100	310	47	—

### 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) Want of cleanliness	1	1	—	1
(b) Unsuitable or defective	12	11	—	12
(c) Not separate for sexes	4	4	—	2
<b>Total</b>	<b>17</b>	<b>16</b>	<b>—</b>	<b>15</b>

### Outworkers

Employers of outworkers in certain specified trades are required to make half-yearly returns showing the home addresses of such workers and the class of work upon which they are engaged so that action can be taken to prevent work being undertaken in unwholesome premises, or to stop the spread of infectious disease. 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 nuisance by noise and vibration. This aspect is mentioned elsewhere in this report.

Outworkers' Trades	No. employed
Making of Wearing Apparel	251
Making of Curtains and furniture hangings	1
Making of articles from brass	4
Fur pulling	7
Making of cart gear	1
Umbrellas	1
Artificial Flowers	12
Cardboard Boxes	10
Making of brushes	6
Button Carding	56
Making of stuffed toys	1
Christmas Crackers	9
Total	359

190 visits were made to outworkers' premises

#### 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.

During the year, the Council were notified of a slight increase in the number and strength of sources of radioactivity held at 3 of the premises in the borough already holding radioactive materials.

New certificates were issued by the Ministry of Housing and Local Government in respect of 2 premises.

Visits to premises using radioactive materials continue to be carried out by one of the Senior Public Health Inspectors so that the department can be kept informed of the levels and use of these materials within the Borough.

#### Student Public Health Inspectors

The Department has eight student public health inspectors, with two pupils on each year of the four-year course. They attend the Education Board Diploma day-release course at the Tottenham Technical College.

The in-service training is directly supervised by a Senior Public Health Inspector who has steadily expanded and developed their programme of practical work, to ensure that, when qualified, the officer has had a very full experience of the best methods of dealing with the problems he is likely to meet with as a public health inspector.



## PERSONAL HEALTH SERVICES

**Stuart Crescent Health Centre**

In 1965 when the Borough of Haringey was established one of the first recommendations of the Health Committee was to replace the 100-year-old Victorian mansion which had been used as a school clinic with a purpose-built health centre.

The family doctors in practice within convenient distance of this centre were consulted and eventually all the doctors practising within half a mile of the Stuart Crescent area agreed to work in the new Health Centre. Many exploratory talks were carried out with the assistance of Mr. Madden of the Middlesex Executive Council and the staff of the Department of Health and Social Security, who were most helpful with their guidance in the early planning stage.

The crescentic site faces the Civic Centre across the Wood Green High Road and a small park. A single-storey building would have been out of keeping with the taller buildings around it and would also have been wasteful of building land and so it was decided to build on four floors and to provide a basement car park. The ground floor of the Centre accommodates ten general practitioner suites as well as rooms for the maternal and child health services of the borough and for the sale of welfare foods. On the same floor there are facilities for the chiropodists together with a treatment room and small operating theatre. The first floor includes two dental suites for the school dental service and normal facilities for the school health service together with a sound-proof room for audiology and speech therapy. The same floor has administrative office accommodation for the administrative officer, district nurses and the health visitors and a small kitchenette is located between a small common room for use of the staff. The two upper floors comprise eleven maisonettes and two flatlets for residential purposes.

The Centre is so designed that the services of the local health authority share some facilities like waiting space and reception in common so that in the course of time and with the evolution of the new medical service envisaged in the second green paper there should be a better liaison in the health services. The clinic was eventually opened in the last few days of 1969 and since then progress has been made with the attachment of home nurses and midwives to individual general practitioners for the almost certain benefit of their patients.

The Centre facilitates an improvement in primary medical care which must follow with the increasing team work by doctors, nurses and other health service workers a gradual progress with an inevitable improvement in health services.

**CARE OF MOTHERS AND YOUNG CHILDREN****Notification of Births**

Live Births (a) Domiciliary	463
(b) Hospital or Nursing Home	4328
Still Births (a) Domiciliary	2
(b) Hospital or Nursing Home	54
Total	<u>4847</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 Council accepting financial responsibility for cases dealt with at family planning clinics who came within certain medical and social priority categories. The number of cases for whom responsibility was accepted during the year was 214.

Ten-and-a-half weekly sessions were held at clinics, including a weekly evening session at which contraceptive advice was given to the unmarried, and a weekly session at the Prince of Wales's Hospital for the insertion of the intra-uterine device.



Stuart Crescent Health Centre

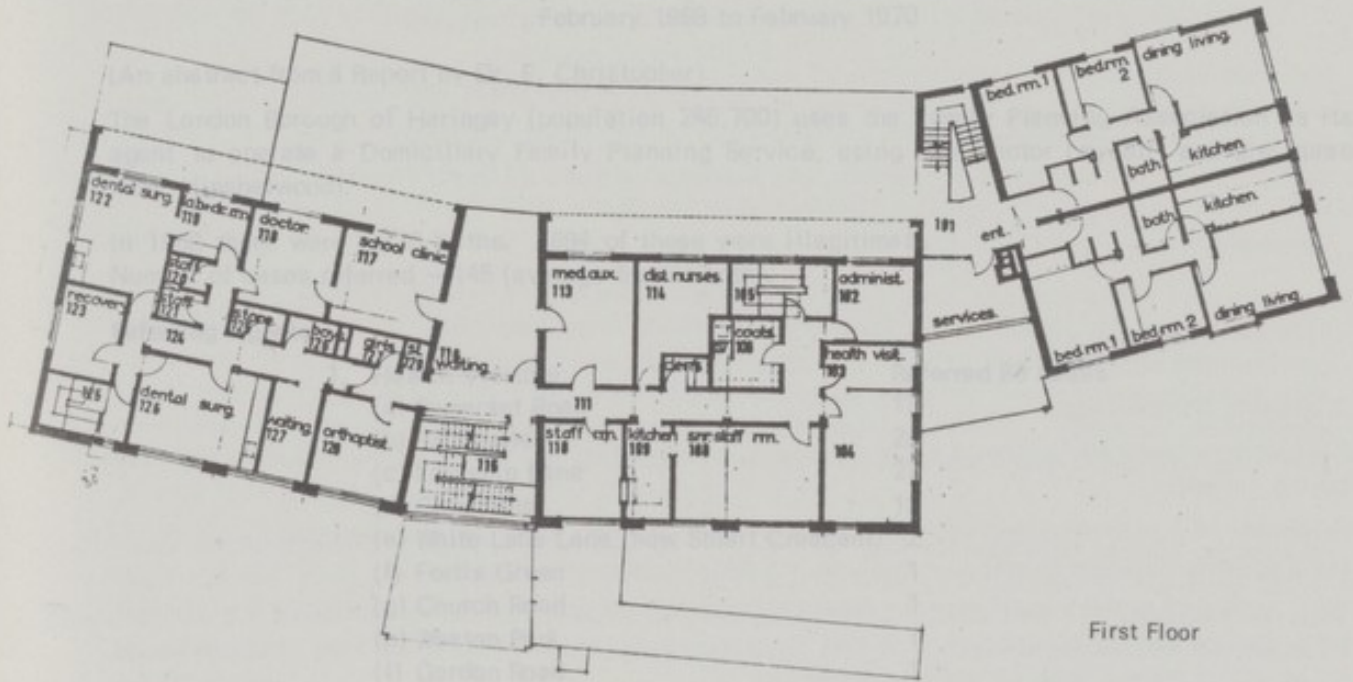




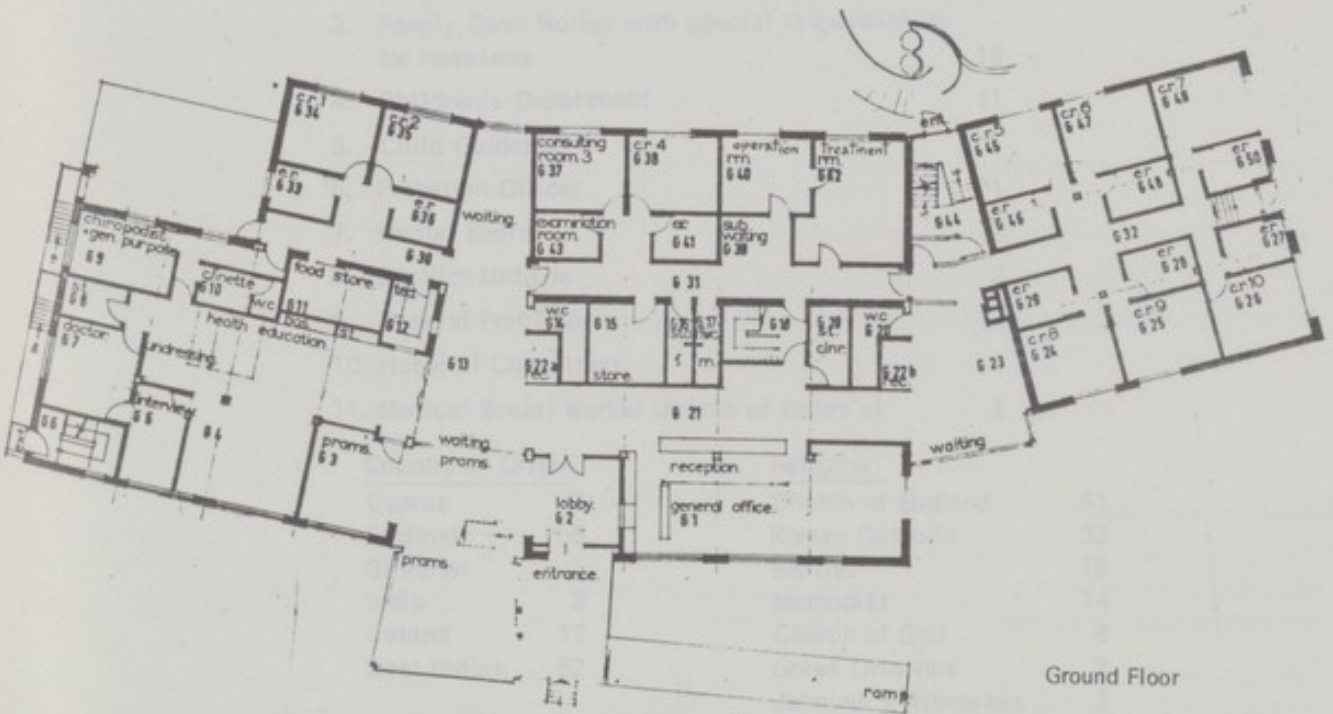
The Consultancy Planning Service continued to be held for women who were contemplating advice but are unable for various reasons to attend the clinic. During 1969, the Consultancy Service dealt with 106 patients, for all of whom the Council accepted financial responsibility.

Dr. E. Christopher reports as follows on work of the Consultancy Service and the Clinic for the year:

ACCOUNT OF TWO YEARS OF HANLEY DOMICILIARY FAMILY PLANNING SERVICE  
February 1968 to February 1970



First Floor



Ground Floor

Number of patients consulted - 51





First Floor



Ground Floor

The Domiciliary Planning Service continued to be held for women who need contraceptive advice but are unable for various reasons to attend the clinic. During 1969, the Domiciliary Service dealt with 104 patients, for all of whom the Council accepted financial responsibility.

Dr. E. Christopher reports as follows on work of the Domiciliary Service and the Clinic for the Unmarried:-

**ACCOUNT OF TWO YEARS OF HARINGEY DOMICILIARY FAMILY PLANNING SERVICE**  
February 1968 to February 1970

(An abstract from a Report by Dr. E. Christopher)

The London Borough of Haringey (population 245,700) uses the Family Planning Association as its agent to operate a Domiciliary Family Planning Service, using one Doctor (myself) and one nurse (Mrs. Hinshelwood).

In 1968 there were 5,120 births. 694 of these were illegitimate.  
Number of cases referred - 145 (average 6 per month).

**Referring Agents**

1.	Health Visitors:	Referred 89 cases
	(a) Somerset Road	13
	(b) Park Lane	25
	(c) Lordship Lane	27
	(d) Chestnuts	18
	(e) White Lane Lane (now Stuart Crescent)	2
	(f) Fortis Green	1
	(g) Church Road	1
	(h) Weston Park	1
	(i) Gordon Road	1

There were no referrals from:

- I. Mildura Court
- II. Stroud Green
- III. Burgoyne Road

2.	Medical Officers in Health Department	9
3.	Family Case Worker with special responsibility for homeless	18
4.	Children's Department	11
5.	Child Guidance	1
6.	Probation Officer	1
7.	Mental Welfare	7
8.	District Midwife	2
9.	General Practitioner	3
10.	Hospital Consultant	1
11.	Medical Social Worker (Prince of Wales's)	2

<u>Country of Origin</u>		<u>Religion</u>	
Cyprus	7	Church of England	61
England	55	Roman Catholic	33
Gibraltar	1	Baptist	18
India	3	Methodist	14
Ireland	17	Church of God	8
West Indies	62	Greek Orthodox	7
		Jehovah's Witnesses	2
		Salvationist	1
		Jewish	1

Number of patients unmarried - 11



### Methods of Contraception chosen (by the 145 visited)

Methods are discussed fully with the patient by the Doctor, and provided there are no medical contraindications to the method decided upon the decision of what to use is left to the patient and her husband.

1. Oral contraceptive 41 (2 patients transferred to Clinic, pay for themselves)  
(2 patients transferred to Clinic, Local Authority pay)
2. I.U.C.D. 32 (8 transferred to IUD Clinic at Prince of Wales's.  
No pregnancies so far with coil.  
2 coils spent, expelled.  
1 coil removed because of menorrhagia).
3. Sheaths and pessaries 19 (3 supply own sheaths, off list)
4. Sterilisation Female 21 (5 terminated and sterilised) 4 male  
Waiting sterilisation 5  
Of the 21 sterilised: 13 West Indian  
5 English  
2 Irish  
1 Greek Cypriot

3 patients left the area.

8 patients refused advice (despite the assurance by the referring agent that this had been requested by the patient):-

- (a) Mother of 1 patient (unmarried mother) is prostitute, refused to let daughter be seen.
  - (b) 2 patients objected on religious grounds – 1 R.C., 1 Jehovah's Witness.
  - (c) 2 unmarried mothers were immature West Indian girls with poor motivation.
  - (d) 1 patient wanted 10 children (she had 9) despite being advised by Royal Free Hospital not to, as she is Rhesus negative and has antibodies.
  - (e) 2 patients not allowed to accept advice by husband.
- 1 subnormal girl came to Clinic for discussion – she had no children.

Of the remaining 8 patients:- 4 pregnant – 1 sheath failure  
– 1 forgetting Pill  
– 2 pregnant before visited  
2 have just had babies and are still to be visited  
2 unmarried girls, pregnancy terminated (for both it was 3rd illegitimate pregnancy)

Thus	1. Numbers being visited	86
	2. Numbers of sterilisations, male + female, therefore off list	25
	Those awaiting sterilisation	8
	3. Patients transferred to Clinic, therefore off list	12
	4. Those supplying own contraceptives, therefore off list	3
	5. Left area, therefore off list	3
	6. Refused advice	8
		<hr/>
		145

### Discussion and comment

1. The number of referrals has continued to increase, many coming from Health Visitors. Referrals can, of course, originate from many different sources, in fact from anyone in close contact with the patient (some patients try to refer their friends!).

The Children's Department, with their detailed knowledge of the family, can be especially important. It may be mentioned here that the role of the Domiciliary Doctor is not primarily concerned with the social problems of a family (though it is inevitable that they do affect the doctor/patient relationship to a certain extent). A special point is made to keep the Social Worker or other referring person informed of what is happening with regard to family planning.

Under no circumstances is advice and help on family planning given unless the patient actively requests it. Those patients who want the IUD (which is not fitted at home) go by themselves to the Prince of Wales's IUD Clinic. Those wanting sterilisation similarly attend hospital by themselves.

General Practitioners have co-operated (closely in some cases) with the domiciliary service and no Practitioner has withheld his consent to my visiting his patients.

2. Again (as in my report of a year ago) it will be seen that the majority of referrals concern mothers between the ages of 20 and 34 with 3-6 children, i.e. many potential problem families.

Those patients who refuse advice often give religion as the reason. It is my impression that some of the husbands exert considerable pressure on their wives not to accept family planning because this would lessen their control over their wives. They may fear that their wives will become promiscuous once free of the fear of pregnancy. Some wives do appear to be the victims (sometimes willing ones) of their husbands' determination to make them pregnant every year only in order to keep control of them. These husbands will not themselves take precautions.

3. The oral contraceptive is the most popular method of birth control because of its effectiveness and ease of usage. There was much anxiety at the time of the Dunlop Committee Report in December 1969, and this entailed extra work in attempting to allay fears and give reassurance. It is interesting to note that there have been increasing requests for information about male sterilisation, possibly related to the uncertainties surrounding the Pill. There are no requests for diaphragms. The homes I visit often have no bathroom and there is usually very little privacy for the mother to use this kind of method.

4. Some of these patients request sterilisation. They may have already tried various methods of contraception unsuccessfully; they may be intolerant to the IUD because of resulting heavy periods, or be afraid of the Pill because of the controversy surrounding it: husbands cannot be relied on to use the sheaths all the time, and caps are not requested because of the reasons stated above.

With their families complete, sterilisation is often seen by the patient as the only effective answer to their problem. The request is usually made to the North Middlesex Hospital after the last confinement as this hospital (with 3,000 deliveries per year) serves the Tottenham area where most of the patients I see live. These requests unfortunately are sometimes refused.

In June 1969 I met the Consultant Obstetricians of the North Middlesex Hospital and asked them about this situation. I was told that sterilisation was done only on medical grounds and **not** as a method of contraception. It seems regrettable that provision for sterilisation for contraceptive purposes cannot be made under the N.H.S. Acts. A mother with many successive pregnancies under poor social conditions usually suffers from chronic ill-health (anaemia, various gynaecological complaints and severe varicose veins), and often is unable (with the best will in the world) to cope with her family. Indeed the children of such families have frequently been in hospital for illnesses such as gastro-enteritis and bronchopneumonia, and in a few cases meningitis.

The psychological damage to children is incalculable. 2 families have all their children in care (10 in all); 5 other families have respectively 1, 4, 1, 2, 1 children in care. Thus the total number of children in care is 19.

#### THE FIRST YEAR'S WORK OF A CLINIC FOR UNMARRIED GIRLS December 1968 - December 1969

(Report by Dr. E. Christopher)

In December 1968, it was decided to start a fortnightly evening clinic to give contraceptive advice and counselling (when needed) to unmarried girls in the London Borough of Haringey. Unmarried girls seen at other F.P.A. Clinics in the Borough were to be directed to this clinic.

The clinic started with 3 lay workers, a nurse and a doctor (myself). After one month the clinic was held every week because of increased demand. Since July 1969 it has been necessary to call on the services of an additional doctor and nurse, usually at fortnightly intervals. It is held on an appointment system which works reasonably well. Occasionally appointments are not kept and the patients tend to come the following week, and of course, they must be seen. At this kind of clinic patients must be free to come when they want to.



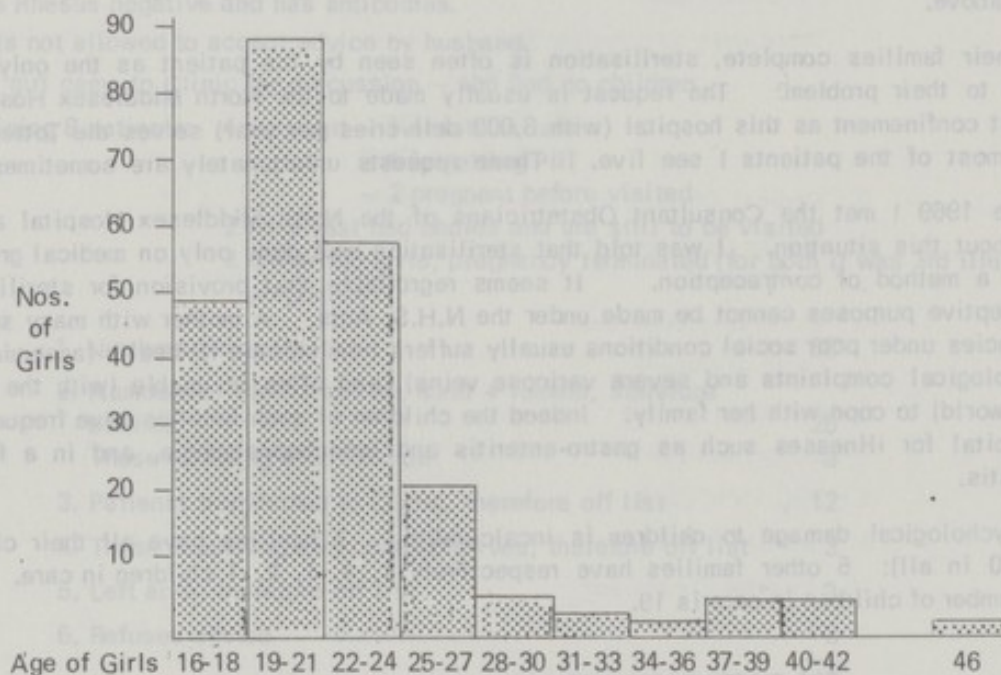
222 cases were seen during the year. They come to us from the following sources.

(1) Reading about us in	(i) local papers	
	(ii) Honey magazine	
	and then contacting Central Office	70
(2) Friends		64
(3) Other doctors, G.P.'s etc.		43
(4) Transferred from another clinic		15
(5) Home for Unmarried Mothers		15
(6) Local hospitals		8
(7) Local Authority Social Workers, etc.		7
		<u>222</u>

Points from these figures deserve comment:

- (1) The importance of private information: the article in Honey magazine which the Editor wrote after visiting the Brook Advisory Clinic was particularly important. It discussed illegitimacy and how to avoid it, giving common-sense advice. This led a lot of girls to ask for further information from Central Office.
- (2) The importance of a happy clinic atmosphere encouraging the girls to recommend it to their friends.
- (3) During the first 7 months only 4 girls came from the nearby Home for Unmarried Mothers, despite the fact that it is 5 minutes walk from the clinic and that we had informed the Home of our existence. It seemed worthwhile to give a talk to the girls on contraception and tell them about the clinic. I started doing this in September and since then more girls have come.

Age Distribution of Girls Attending  
is shown below



#### Employment of Girls

Office Workers (clerks, typists, etc.)	104
Students	30
Nurses	22
Teachers	20
Factory Workers	16
Hairdressers and Shopgirls	9
Schoolgirls	8
Au pairs	2
Model	1
Musician	1
Studio Manager	1
Unemployed	8
	<u>222</u>

Nearly all the girls had had intercourse before coming to the clinic and the methods of birth control most commonly used were withdrawal or sheaths. The methods used after attending the clinic were:

Oral contraceptive	186
Diaphragm	25
I.U.C.D.	4
Sheaths and pessaries	3
Foam	2
Nil	2 (2 mentally retarded girls who had been referred for counselling).

Only 25 patients out of 222 failed to attend for a second appointment. Most of these had chosen the Pill and so should have returned after 6 weeks but in the event, failed to keep their appointment.

44 patients had had unwanted pregnancies. Of these 36 had illegitimate children (4 had 2 illegitimate children). 8 had had therapeutic or back-street abortions. (1 had had 2 abortions. 10 of these girls attended once only. (This number is included in the 25 previously mentioned).

Only 4 of these girls were going to marry the father of the child. 24 had their babies adopted and 12 were keeping their babies. All but 7 of these girls were office workers.

It may be of interest to record some assessment of the number needing counselling. (It is of course recognised that this assessment is necessarily subjective).

(1) Girls who had a stable, mature relationship most probably leading to marriage	107 (+4)
(2) Girls who got married while attending the clinic. (Most aged between 19-22 years)	16
(3) Good relationships not necessarily leading to marriage	20 (+13)
(4) Sexual problems. Immature relationships	35 (+27)

The figures in brackets are those with unwanted pregnancies. Thus, just under one third of the patients seen needed counselling.

#### Comments

The girls with unwanted pregnancies present a depressingly consistent picture of ignorance about sex and immature relationships. This is where education and counselling are necessary. They often have unhappy home backgrounds, are unable to communicate with their parents and have looked for affection elsewhere. They usually know their boyfriends for only a short time before they have intercourse and are surprised when they become pregnant and think their boyfriend will marry them. They become disappointed and humiliated when their boyfriends no longer "want to know". Some quickly find another boyfriend who may take care of them during pregnancy, but is not necessarily a more satisfactory relationship than the previous one. Others reject the whole of the opposite sex, at least for the time being. "I've gone off men" is a common statement. But nevertheless they may come for advice because they cannot trust themselves in a similar situation. These girls mostly come from other London Boroughs to have their babies, then leave Haringey 6 weeks after the baby is born so that there is little time for confidence to be established. They tend to be very sensitive to criticism and fear they may be given a lecture on morals. The girls at the Home seemed surprised that only a straightforward talk on contraception was given. This suggests that a shortcoming of this type of clinic is that, (as judged from my experience with the Unmarried Mothers' Home), there are girls who need contraceptive advice but who are reluctant because of their personal problems, to come along.

I feel it is essential that those with immature relationships should have both counselling as well as contraceptive advice, to avoid unwanted pregnancies. I know that it is feared by some that less patients will therefore be seen because of the time needed to do this, but it takes courage for these girls to come to a clinic. Their motivation is often poor. Pregnancy may mean showing their parents that they too are grown up and it reassures them about their femininity. It often seems it is the pregnant state that they desire rather than a baby.

There seems to be a fear that clinics of this kind encourage promiscuity. I believe that this is not so. Most of the girls seem to have mature relationships and often mention that they would get married but for the time needed to save for a home. Another feature is that boyfriends and fiancés very often accompany the girls. They also want information and the decision of what to use is then made by both partners. (I see far fewer husbands at an ordinary F.P. Clinic).



Mrs. Brooks (of the Brook Advisory Clinics) once said that she wondered whether some of today's girls were being used as prostitutes were in former times. A small number do seem to be exploited in this way.

I feel uneasy when a girl comes saying "my boyfriend said I should get the Pill" not "I want advice about birth control" or "my boyfriend thought it would be a good idea to live together". Quite a few do live together. Some appear to be using it as a testing period for possible marriage, others are unhappy about living together but are unable to extricate themselves for one reason or another. This is where counselling may be helpful.

The results of this first year's work are encouraging and the work is certainly rewarding.

#### Ante-natal Clinics

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

Clinic	Sessions held	Total Attendances		Average Attendance per session
		Ante-natal	Post-natal	
Burgoyne Road	77	829	38	11.3
Chestnuts	100	1081	76	11.6
Church Road	47	361	12	7.9
Fortis Green	94	888	41	9.8
Gordon Road	50	716	60	15.5
Lordship Lane	102	510	49	5.5
Mildura Court	61	912	41	15.6
Park Lane	104	529	66	5.7
Stroud Green	52	676	37	13.7
Weston Park	154	1247	49	8.5
White Hart Lane/ Stuart Crescent	52	284	15	5.8
<b>TOTAL</b>	<b>893</b>	<b>8033</b>	<b>484</b>	<b>9.5</b>

A Midwife's Ante-Clinic was held at Park Lane Centre on 37 occasions. 83 attendances were made for ante-natal consultations. There were no post-natal attendances.

#### Cervical Cytology

Clinics continued to be held at centres in the Borough throughout the year, part of the routine ante-natal clinic sessions being reserved for the taking of "smears". A separate evening cytology session continued at Mildura Court Centre, Hornsey, where 47 sessions were held during the year.

Attendances at clinic sessions were as follows:-

Clinic	Attendance
Burgoyne Road	35
Chestnuts	119
Church Road	30
Fortis Green	78
Gordon Road	110
Lordship Lane	160
Mildura Court	348
Park Lane	85
Stroud Green	25
Weston Park	118
White Hart Lane/ Stuart Crescent	79
<b>Total</b>	<b>1187</b>

Six additional sessions were carried out at local factories and one in a department store. 105 "smears" were taken at these sessions.

In all, 4 "positive" cases were found during the year of which 2 proved to be cancer.

There is now almost no waiting time for clinic appointments. At local hospitals, the position regarding technicians has improved, and it would still be possible for them to accept more slides for investigation if the demand were to increase.

I am grateful for the valuable work which the Haringey Cancer Control Committee continue to arrange in the form of regular public meetings and local publicity displays where leaflets and application forms are available.

#### Clinic for the early detection of Breast Cancer

The Department continued to co-operate with St. Ann's General Hospital in conducting a clinic for the early detection of cancer of the breast which was initiated in 1968 at the request of Mr. Keith Abel, F.R.C.S., Consultant Surgeon to the Prince of Wales's and St. Ann's General Hospitals. The women volunteers who attend this Clinic will be kept under surveillance by Mr. Abel for a number of years. The following figures give the results of a second year's examination:—

Number of women examined	720
Number of cases referred for further investigations	18

#### Child Health Clinics

The following table gives attendances during the year at child health clinics.

Clinic	Sessions	Attendances	Average Attendance per Session	No. of Cases seen by M.O.	No. of Cases Referred Elsewhere
Alexandra Park Road	51	2,055	40.3	570	43
Burgoyne Road	154	5,484	35.5	1,343	4
Chestnuts	205	6,031	29.4	2,276	47
Church Road	161	3,035	18.9	1,212	10
Fortis Green	103	4,015	39.0	1,601	8
Gordon Road	105	3,215	30.6	1,135	99
Lordship Lane	207	4,938	23.9	1,771	68
Mildura Court	103	4,324	42.0	1,353	46
Park Lane	153	4,730	30.9	2,000	85
Somerset Road	149	2,757	18.4	1,235	130
Stroud Green	104	4,787	46.0	1,405	30
Weston Park	154	6,426	41.7	2,130	25
White Hart Lane/ Stuart Crescent	152	5,518	36.3	1,586	29
<b>TOTAL</b>	<b>1,801</b>	<b>57,315</b>	<b>31.8</b>	<b>19,617</b>	<b>624</b>



### Mothercraft and Relaxation Classes

The following table shows attendance at Mothercraft clinics during the year:—

Clinic	Sessions	Attendances	Average Attendance per Session
Burgoyne Road	35	142	4.0
Chestnuts	46	231	5.0
Church Road	44	170	3.9
Fortis Green	45	335	7.4
Gordon Road	38	175	4.6
Lordship Lane	50	324	6.5
Mildura Court	38	92	2.4
Park Lane	44	180	4.1
Somerset Road	32	79	2.5
Stroud Green	38	199	5.2
Weston Park	42	198	4.7
<b>TOTAL</b>	<b>452</b>	<b>2,125</b>	<b>4.7</b>

### Toddlers Clinics (2 – 5 years age group)

Children attending toddlers session do so by special appointment at six to twelve month intervals.

The following table gives details of attendance at toddlers sessions.

Clinic	Sessions	Attendances	Average Attendance per session	No. of Cases seen by M.O.	No. of Cases Referred Elsewhere
Burgoyne Road	51	753	14.8	753	19
Chestnuts	50	659	13.2	659	27
Church Road	24	267	11.1	261	4
Fortis Green	53	576	10.9	574	33
Gordon Road	23	234	10.2	233	41
Lordship Lane	51	687	13.5	687	35
Mildura Court	50	729	14.6	586	46
Park Lane	50	587	11.7	587	52
Somerset Road	53	691	13.0	684	54
Stroud Green	29	461	15.9	461	17
Weston Park	49	695	14.2	682	55
White Hart Lane/ Stuart Crescent	51	552	10.8	552	16
<b>TOTAL</b>	<b>534</b>	<b>6,892</b>	<b>12.9</b>	<b>6,719</b>	<b>399</b>

### HEALTH VISITING SERVICE

In spite of a continued shortage of staff (9.4 out of an establishment of 36) health visitors are making an increasing contribution to the alleviation of psycho-social problems. The responsibility for the health assessment and skill involved in its carrying out, by working with the family is not always given due recognition. Early detection of ill health and surveillance of high risk groups, require a great deal of time and effort. The staff are acutely aware that their function in the prevention of mental physical and emotional ill-health falls below the desired level, because of the high case load placed upon them. Nevertheless referrals from general practitioners and hospitals where social or marital problems are suspected are always welcomed.

After assessment of a situation the health visitor may require the help of other specialist agencies.

The actual number of visits made by health visitors are:—

NUMBER OF VISITS PAID BY HEALTH VISITORS WORKING IN THE BOROUGH		
Expectant Mothers	— First Visits	1,217
	— Total Visits	1,826
Children under 1 year of age	— First Visits	5,296
	— Total Visits	11,203
Children aged 1 — 2 years		9,878
Children aged 2 — 5 years		17,001
Other Cases		2,325
Total Visits as Health Visitors		42,233

#### Student Health Visitors

The one student health visitor who completed her training in September was successful in obtaining the health visitors certificate. She has proved to be a welcome and useful addition to the staff.

We were fortunate in recruiting 4 sponsored student health visitors to commence the one year training in September 1969.

#### Analysis of Pre-School Children on Observation Register at 31st December 1969

Categories of Observations		
Deafness of genetic origin in parents or siblings		49
History of maternal rubella in first four months of pregnancy		12
Gestation 36 weeks or less		268
Birth Weight under 4lbs.		20
Moderate or severe birth asphyxia		312
Difficulty in sucking or swallowing		11
Failure to thrive not explained by simple feeding problems		63
Convulsions		7
Cyanotic attacks or severe apnoeic spells		20
Abnormal neurological signs in neonatal period		34
Haemolytic disease of the newborn or hyperbilirubinaemia		157
Any congenital abnormalities		177
Late or late intake		136
Mother in care of Mental Health		29
	Total	1,295
Number of children born during the year		4,847
Number placed on observation register i.e. 23% approx.		1,124

Where there is a particular risk of deafness children are examined at the audiology unit as well as at the normal child health sessions. 124 children were seen at the unit during the year.

#### Analysis of Pre-School Children on Handicapped Register at 31st December 1969

Categories of Handicap			
Partially sighted	2	Physically handicapped	60
Deaf	4	Delicate	2
Partially hearing	8	Speech defect	5
Educationally subnormal	1	Mental handicap	90
Epileptic	9	Miscellaneous	35
Maladjusted	5		
		Total	221



### Distribution of Welfare Foods

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

National Dried Milk (packets)	Orange Juice (bottles)	Cod Liver Oil (bottles)	Vit. A & D Tabs (packets)
11,254	61,926	5,255	3,600

### DENTAL CARE FOR THE PRIORITY CLASSES

Mr. G.C.H. Kramer, Chief Dental Officer, reports as follows:—

We have been able to maintain the service of previous years, whereby the priority classes who seek treatment in our clinics are genuinely accorded priority and receive necessary attention with virtually no delay. However, an imbalance in the proportion of our total time allocated to this aspect of our duties at the expense of the severely overloaded school dental service, needed to be adjusted in spite of the undoubted value in treating pre-school children early and regularly.

A reasonable allocation of time available has been regarded as up to 10% for the priority service and this we attained three or four years ago, but in 1967 this had risen to 12% and showed signs of going higher when we were failing by a large margin to deal adequately with school children. By deliberately making less attempt to recruit new patients, the percentage in 1968 was at the desired level of 10%, but in the year now under review the pendulum has swung rather too far and the percentage is down to 8.7. At no time, however, have we failed to accept patients who wanted us to treat them.

The total number of sessions employed in the priority service was lower by 32 than the previous year, although the amount of treatment fell by rather less than could have been expected. For expectant and nursing mothers there was virtually no change apart from a welcome further reduction in the number of teeth extracted, and there now seems to be a stable level of demand for this section of the community.

For pre-school children there is a large unsatisfied need, although not demand, for treatment, and this is the section of the population who most need to be helped by fluoridation of the water supplies so that, without any effort at all, their dental needs would be drastically reduced. We would, as a result, have a school entry bringing with them a less utterly unmanageable need for treatment.

The statistics are as follows:—

	Expectant and nursing mothers	Pre-school children
Number examined	157	876
Requiring treatment	153	669
Attendance for treatment	554	2,200
Treatments completed	72	435
Number of fillings	378	1,902
Teeth filled	336	1,666
Number of extractions	60	491
General anaesthetics	5	163
Number of prophylaxes	122	131
Teeth otherwise conserved	—	180
Other operations	211	641
Number of radiographs	40	36
Number of crowns and inlays	1	—
Total number of dentures	25	
Number of treatment sessions	380	

## MIDWIFERY SERVICE

There was a further drop in domiciliary deliveries as also a total reduction of 269 births in the borough compared with 1968.

The number of domiciliary bookings was 565, and 450 were successfully delivered at home. 50 mothers were transferred to hospital for varying reasons during labour and returned home to be nursed by the district midwife following delivery. The remainder either removed from the area or were booked for a hospital delivery. The emergency obstetric squad was called from the North Middlesex Hospital on 4 occasions. One patient had a blood transfusion and remained at home. Three mothers and babies were transferred to hospital accompanied by the squad. All conditions were eventually satisfactory.

### Selection of Cases for Hospital Confinements for Social Reasons

Source of Request	Number of requests received				
	1965	1966	1967	1968	1969
Hospitals in N.W. Metropolitan Region	3	39	50	6	8
Hospitals in N.E. Metropolitan Region	174	267	303	262	155
General Practitioner Obstetricians	48	84	97	105	96
Local Authority Clinics	116	267	158	65	45
Midwives	—	—	—	3	—
TOTAL	341	657	608	441	304

Of the 304 investigated 160 were referred to hospital, 137 were booked for home confinement and 7 moved out of the area.

The number of referrals was considerably less, indicating that hospital beds were more easily obtainable in the North East Metropolitan Board Region.

### Planned Early Discharges

Source of Request	Number of requests received		
	1967	1968	1969
Requested by hospitals in N.W. Metropolitan Region	187	267	233
Requested by hospitals in N.E. Metropolitan Region	143	137	201
Requested by London Teaching Hospitals	39	44	50
TOTAL	369	448	484

Number accepted:	402	Unplanned discharges:	120
Actual Number discharged and attended:	327	Self discharges:	116

Here we see an increase in the number of requests from the North East Metropolitan Board notably the North Middlesex Hospital and the Bearsted Hospital both of which almost doubled the number compared with the previous year.

Unplanned discharges increased to 120 from 96 in 1968, 15 due to shortage of beds in the City of London Maternity Hospital and 9 in the North Middlesex Hospital, both hospitals having had to close a ward because of infection in August and October respectively. Other reasons for unplanned discharges being mothers delivered of stillbirths and neonatal deaths and/or domestic crises that arose during the puerperium.



Self-discharges rose to 116 compared with 79 in 1968.

The number of visits, i.e. ante natal, labour calls and post natal visits during the year was 17,787.

All midwives were instructed in the technique of taking blood from babies on the 7th day of life for the Guthrie test for the early detection of Phenylketonuria. The scheme started for all domiciliary deliveries and hospital re-tests on 8th December 1969.

#### Student midwives training

59 students were in training during the year, 14 from the Alexander Maternity Home, 17 from the North Middlesex Hospital, and 28 from the Whittington Hospital. 47 students completed their training and 12 are still in training.

#### Obstetric nurse training

There were 39 students from the City of London Hospital and 31 students from the Whittington Hospital given an insight into the work of the district midwife.

### HOME NURSING SERVICES

The work load for district nursing continued to increase with a remarkable jump in the number of patients over 65 years of age.

Pilot schemes for district nurse attachment to general practitioners were started in varying situations with a view to complete attachment at a later date, e.g. one nurse was completely attached to a group practice, attending a surgery for one hour twice a week; one nurse attached to a two-doctor practice, calling at the surgery each day at a stated time; one nurse attached to a single-doctor practice plus a geographical area, and attending his surgery for one hour twice a week.

Four district nurses obtained the National Certificate for district nurses. Two attended the course at Chiswick Polytechnic and two at the North Western Polytechnic. These are day release courses over a period of 13 weeks with a two week block at the beginning.

The Marie Curie Memorial Foundation gave day and night full time nursing aid for 12 patients suffering from terminal carcinoma and one person requiring financial aid toward special nutrition.

During the year, the Prince of Wales's Hospital sent 25 student nurses for instruction on community nursing, which took the practical form of visiting with a district nurse, and the Middlesex Hospital sent 20 student nurses for similar instruction.

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

Source	1967	1968	1969
General Practitioners	1876	1907	2055
Hospitals	902	846	627
Chest Physicians	9	8	8
Direct	43	72	101
Health Department	25	23	107
Welfare Department and Old Peoples Welfare	—	—	31
<b>TOTAL</b>	<b>2855</b>	<b>2856</b>	<b>2929</b>

The following tables show the work of the nurses during the year:—

	1967	1968	1969
New cases attended	1,956	2,004	2,280
Total number of visits made	84,618	88,112	92,053
Number of visits of over one hour duration	2,844	2,371	3,533

Treatments followed:-

Injections	28,455
General nursing care	20,507
Blanket baths	14,277
Enemota	873
Dressings	18,775
Preparation for diagnostic treatment	53
Scabies treatment	211
Washouts, douches	121
Other treatment	3,854
Maternity complications	135
<b>TOTAL</b>	<b>87,261</b>

Age of patients at time of nurses first visit may be classified as follows:-

AGE	1967	1968	1969
0 - 4	75	35	108
5 - 64	840	971	211
65 and over	1820	1885	3416

### GERIATRIC SERVICES

The problems of the elderly in Haringey give increasing cause for anxiety. Owing to shortage of staff the Health Visiting Service is barely able to cope with its commitments regarding young children, and has great difficulty in fitting in visits to needy elderly people. Although well-equipped to look after sick old people in their homes, district nurses are being forced more and more to engage in preventive care, which although desirable in itself, is not the most effective way of using already hard-pressed staff.

Organisation has been employed to a growing extent to compensate for the deficiencies in provision. A Geriatric Co-ordinating Committee has been formed to deal more effectively with the problems of old people in crisis situations, or on the verge of becoming so. Under the chairmanship of the Deputy Medical Officer of Health, it includes in its membership the Superintendent Health Visitor, the Supervisor of Home Nurses, the Deputy Chief Mental Welfare Officer and a representative of the Welfare Department. This group has often proved successful in ameliorating the problems of older people when an officer working alone might have found himself baffled.

"Problem" is perhaps the most appropriate word that could be applied to a high proportion of the individuals who are discussed at its monthly meetings. Thirty-seven were referred during the year, of which five went into homes and three into hospital. One died and no further action was taken in the case of three.

Often living in squalor, under-nourished and in poor health, they have little insight into the gravity of their positions and refuse most or all of the help offered. Often the best that can be done is to maintain friendly contact until the old person recognises the truth himself. One hopes that this will not come too late; but this Committee is reluctant to force any of them to do anything against their will. People have a right to live their own lives, even if others may not approve of the way they do it; and the fact has to be faced that even if the conditions are so filthy as to seem repulsive to neighbours and relatives, such old people often manage to live lives which are quite satisfying (to themselves if not to others) for many years. Only in the most extreme circumstances would action be taken to remove an individual from home against his or her will. This was considered necessary only once during the year, when, after months of fruitless persuasion it was decided to recommend action under Section 47 of the National Assistance Act 1948, against an old lady who was incontinent and living in indescribably filthy conditions. Members of the Health Services Panel visited the premises and agreed that the Council should bring the matter to court. However before this could be done the old lady had a fall and had to be admitted to hospital, where she has remained since.



The Health Department is represented on the North West Metropolitan Region Geriatric Liaison Committee in which hospitals, general practitioners and local authorities meet and exchange views on the care of the elderly. It has fully supported the Committee in its proposals for a psycho-geriatric assessment unit to assist doctors and social workers in the correct placement of sick old people, whether in geriatric wards in general hospitals, in psychiatric hospitals, in old people's homes or their own homes. These are difficult decisions which need to be made with the expert advice of a number of different disciplines, and are of life or death importance.

It has also been useful to learn the opinions and the methods of work of other bodies. It is significant, for example, that several neighbouring local authorities have appointed Geriatric Visitors to look after the elderly, and that the Committee has commented on the fact that Haringey has not yet done so.

Retirement Advice Clinics continued to operate, each clinic being run by a medical officer assisted by a clinic nurse, advice being given on health and diet, with medical examinations when the clients were willing. Family doctors were informed of any significant findings, and other agencies such as the Welfare Department, Old People's Welfare Organisers etc. were contacted when necessary. The Department of Employment and Productivity kindly referred a large proportion of the clients, but they are regrettably unable to provide much in the way of employment for this age group. Retirement at 60 or 65 is an arbitrary arrangement, and the community loses thereby many skilled and devoted workers. Yet industry and business generally do not seem to be able to provide the employment exchanges with vacancies, even at a time when it is difficult to find workers for many essential services. One suspects that a kind of age prejudice is responsible. Nevertheless, the voluntary employment agency service provided by the Hornsey Old People's Welfare Committee is continuing to put employers and older people in contact with one another to their mutual benefit. It is encouraging to learn that the Wood Green Old People's Welfare Committee is undertaking a similar project.

But although the work of the Retirement Advice Clinics goes on, and indeed in some respects advances — as for example the case note forms were improved further during the year — they are still far from fulfilling their true function, and attendances have fallen slightly. A total of 64 sessions were held (as compared with 70 in 1968). Forty of these were in Tottenham, 10 in Wood Green and 14 in Hornsey. There were 30 first attendances in Tottenham and 175 re-attendances; 4 first attendances in Wood Green and 49 re-attendances; and 8 first attendances in 43 re-attendances in Hornsey. The totals of new cases were 42 (compared with 40 in 1968) and of re-attendances, 267 (compared with 293 in 1968).

The ultimate aim of these clinics is to hold sessions not unlike child health clinics in pattern. The Geriatric Visitor would have a greatly increased role because of her increased knowledge of the background of the clients. The medical officer would concentrate more on the health of the individual and would maintain contact with the general practitioner. More older people in need of help would be found and offered assistance before their problems became desperate. But until greater resources are made available to this and the other parts of the preventive geriatric services, the care of old people in Haringey must continue to be a source of anxiety.

## CHIROPODY SERVICES

During the year two part time chiropodists ceased to work for the London Borough of Haringey and one chiropodist was compelled to give up some of his sessional work.

Owing to a general shortage of chiropodists and to the heavy demands on the service it was decided to ask private chiropodists to participate in a scheme to treat Local Authority patients at their own surgeries. Seven chiropodists agreed to do so. As a result of this the case load of patients waiting for first appointments at clinics was considerably reduced. Later two more chiropodists joined the scheme. The number of patients who were receiving treatment at private surgeries at the end of the year was 941 compared with 175 in 1968.



The demand for domiciliary treatment was so heavy that it was decided that departmental medical officers should visit and assess all new applicants. Investigation revealed that in some cases patients would be able to attend private surgeries or clinics in the summer and only required domiciliary treatment in the winter months. In other instances patients were sufficiently mobile to attend clinics. A number of cases did not warrant the specialised services of a chiropodist, and toenail cutting by home nurses was organised. During the year it was found necessary to reassess some of the cases because of deterioration of physical condition or changing circumstances.

While assessing the need for domiciliary chiropody, departmental medical officers also reported other social factors and made recommendations. As a result of these other Health and Welfare Services were provided.

Applications received:-

	1968	1969
Clinic: New Cases	742	802
Domiciliary: New Cases	262	419
Transfer from clinics	97	43
Waiting for assessments		28

Assessments made for domiciliary treatment during the year:-

Domiciliary treatment all the year	234
Domiciliary treatment winter months only	38
Referred to Home Nursing Department for nail cutting only	81
Clinic treatment only	28
To be dealt with by relatives and friends	24
No action	57
<b>TOTAL</b>	<b>462</b>

1713 clinic sessions were held during the year, including sessions for school children. 22  
Chiropodists were employed on a part time basis on 31st December 1969.

13 at clinic sessions	3 of whom also treat patients at their private surgeries
9 private surgeries	3 of whom attend clinic sessions
8 domiciliary	5 of whom attend clinic sessions

One domiciliary chiropodist commenced working for the borough in November 1969.

**Chiropody Service: Patients on lists**

	1968	1969
Receiving treatment at clinics	1807	1768
Receiving treatment at private surgeries	175	941
Receiving Domiciliary treatment	1109	1116
Waiting for clinic appointments	370	235*
Waiting List: Clinic cases	241	61
Waiting List: Domiciliary cases	61	15X
Waiting List: Domiciliaries (transfer from clinics)	17	12X

\*This number is high because one of the part-time chiropodists has not been working owing to illness.

XWaiting for assessments.

Number of patients treated 3,995 (including 282 school children)

Number of treatments given:-

In clinics	10,841	New patients treated in 1969	272
In private surgeries	4,230		469
Domiciliary	5,345		190
School Children in clinics	1,330		282
<b>TOTAL</b>	<b>21,746</b>		<b>1,213</b>



### Staff Medical Assessments, Examinations and Sick Pay Reports

There was an increase in the number of combined medical assessments during the year 1969, from 1806 in 1968 to 2095 in 1969. This was partly due to a further increase in the number of medical assessments for the Education Department. These came to a total of 982 which reflected the rapid turnover of employees as supervising assistants in the School Meals Service. There were also more requests by the Department for Special Medical Assessments, including those of employees who had resigned from work on grounds of ill-health, and some manual employees whose short term sick leave appeared excessive.

#### Medical Assessment of New Applicants without Medical Examination

Architects	5
Baths Department	10
Catering Department	3
Cemeteries Department	0
Chief Executive's Department	59
Children's Department	65
Cleansing and Transport Department	8
Education Department	982
Engineer and Surveyor's Department	88
Health Department	125
Housing Department	18
Libraries Department	19
Park's Department	2
Town Planning Department	8
Treasurer's Department	18
Welfare Department	36
Tottenham Technical College	42
Hornsey College of Art	46
	<u>1,534</u>

#### Medical Examination of New Applicants

Children's Department	1
Engineer and Surveyor's Department	5
Treasurer's Department	1
Welfare Department	1
Tottenham Technical College	3
	<u>11</u>
Education Department	10
Non-Teaching	98
First Appointment Teachers	183
Teacher Trainees	47
Homsey College of Art (end of term teachers)	<u>47</u>
	<u>338</u>
Reports on Sick Pay Cases without medical examination	78
Reports on Sick Pay cases with medical examination	46
Special Assessments of employees without medical examination	40
Special Assessments of employees with medical examination	43
Medical Examination of Staff over 70 years of age	5
Employee returned to work or resigned before report completed	76

Number of patients treated in 1969		Number of patients given -	
273	10,841		
409	4,230		
190	8,348		
285	1,330		
<u>1,357</u>	<u>27,749</u>		

## THE DRUG EPIDEMIC AND ITS EFFECT ON THE COMMUNITY

(Dr. U.P. Seidel, Principal Medical Officer, Mental Health)

The usual classification of addictive drugs into "soft" and "hard" has led many people into false security by believing that "soft" drugs are almost harmless and that only the "hard" ones need be carefully controlled.

This point of view is, of course, completely falacious. "Soft" as well as "hard" drugs can cause severe physical, mental and socio-economic disabilities. The former drugs being of even greater danger because they are more easily obtainable and consumed in far greater quantities by more people than the "hard" varieties.

Treatment of all types of addiction has not been as successful, I am sorry to say, as was originally hoped for. The reason for this is not difficult to find if one considers that there are no legal powers compelling a drug dependant person to seek treatment. He is quite happy and contented in his deviant ways as long as he can get his regular supplies. Only when something goes amiss either with the source of his supply or he gets himself into physical or legal trouble, will he come to the attention of a Doctor. If his ailments have been treated successfully and he does not then wish to submit himself for treatment of his addiction, the whole episode unfortunately ends here, unless he has to seek medical advice again.

Drug taking, has assumed epidemic proportions and its contagious nature is felt, especially amongst young people who, at first, perhaps quite innocently, accept a tablet for either experiencing the thrill of its effect or not be left out and considered "odd", or merely to experiment in the company of other youngsters and "to be with it".

We know only too well how often this constitutes the beginning of a downward path towards stronger drugs and in increasing quantities, until the end of the road is reached when self-administration of "hard" drugs by injection might well become a necessity. Once this final stage has been entered the person is truly "hooked" for the rest of his very often shortened, disabled and ruined life.

One should not imagine that only adolescent and young people fall for this vice. There are far more elderly and old folk who have become habituated to a different kind of a drug-taking scourge and I refer to the inevitable sleeping tablets, which are being prescribed in enormous quantities, and sometimes for many years, to individual patients. The dangers of this practice have been pointed out repeatedly on many occasions but seem to have made little impression on people using this type of hypnotic. These sedatives, in my opinion, can be equally as dangerous and harmful as other "soft" drugs or even "hard" ones, for they also may adversely affect both body and mind.

Community hostels for addicts have been championed recently by a number of people, but I consider their establishment highly dangerous to the surrounding community, especially to young people. Believing as I do, that in most cases "once an addict always an addict", the vicious cycle cannot be broken as the law will not permit compulsive treatment at present. We expose the surrounding population to the very real risk of becoming "infected" by this scourge as addicts might well peddle their surplus wares to outsiders in order to derive an income for obtaining further illicit supplies for their own deleterious use.

What can be done to curb the present and ever increasing drug curse?

Firstly, circularise all General Practitioners, and suggest that all addictive drugs should be very cautiously prescribed whilst the amphetamine type should be banned altogether, and further, all sleeping tablet prescriptions, greatly curtailed. It would then naturally follow, that Chemists would have to cease stocking the more undesirable drugs.

Secondly, more intensive health education in schools pointing out the dangers of even the very first "trial" tablet. Talks should be directed, not only at the children, but also at the teachers and parents acquainting them with the nature and adverse effects of habit forming drugs.

Thirdly, create powers by legislation whereby all drug addicts, whether on "hard" or "soft" drugs, must submit themselves compulsorily to treatment and that treatment must finally aim at weaning off these people from their addictive habits.



## IMMUNISATION AND VACCINATION

### Vaccination against Smallpox

There was a considerable increase in re-vaccinations during the year from 299 in 1968 to 645 in 1969. This was mainly due to the introduction into the routine Immunisation Schedule of the Re-vaccination of School Children, at School Entry and School Leaving Ages. (Primary Vaccination is not recommended as a routine at these times).

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	22	907	793	181	1903
Number of Re-Vaccinations		8	91	546	645

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

#### Primary Immunisation

The revised immunisation schedule which was introduced for babies born after January 1968, results in their completing their primary immunisation with Triple Vaccine and Oral Poliomyelitis Vaccine at about fourteen months. This is the reason for the fall in completed Triple and Polio immunisation in the 0 - 1 year age group, and the increase in the 1 - 2 year age group.

The fall in Measles Vaccination as compared with the very high figure of 5963 in 1968 is due to the ending of the special Measles campaign and the severe shortage of Measles Vaccine for a considerable part of 1969.

#### Re-Inforcing Doses

The new schedule of Triple and Polio Immunisation does away with the need for a booster dose at eighteen months of age, which accounts for the difference in the total of Triple and Polio boosters in the 1 - 2 year age group.

The increase in Tetanus and Polio booster doses in the 6 - 16 age group is accounted for by the start which has been made in giving Booster doses to the School Leavers.

The following tables record the number of persons under the age of 16 known to have received a primary course of 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	79	-	-	-	-	-	77	-	156
1 - 2 years	2643	2	149	1	-	2	2993	354	6144
2 - 4 years	151	1	95	1	-	1	325	1008	1583
4 - 6 years	45	-	127	-	-	25	307	382	886
6 - 16 years	8	-	37	-	-	88	132	64	329
<b>TOTALS</b>	<b>2927</b>	<b>3</b>	<b>408</b>	<b>2</b>	<b>-</b>	<b>116</b>	<b>3834</b>	<b>1808</b>	<b>9098</b>

## 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	-	-	-	-	-	-	-	-
1 - 2 years	279	-	19	-	-	1	283	582
2 - 4 years	1667	2	290	-	-	1	1793	3753
4 - 6 years	111	2	1384	10	-	57	1756	3320
6 - 16 years	27	-	147	2	-	106	401	683
TOTALS	2084	4	1840	12	-	165	4233	8338

## Venereal Disease

Information about this is, as before, incomplete, since a proportion of the London hospitals undertaking treatment do not submit reports on the number of cases from different boroughs. This seems a pity, as other hospitals apparently have no difficulty in supplying this information. We are therefore dependent upon our local clinic for any significant figures we have.

## New Haringey Cases attending Prince of Wales's Hospital Clinic 1969

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
1969	1316	4	8	255	1049

The totals of sexually transmitted diseases treated at the Prince of Wales's Hospital, which remained relatively static in 1967 and 68, increased by 226 in 1969. It is of interest that the figures for syphilis and gonorrhoea were about the same, and that the increase occurred under the heading of other venereal conditions. This is to some extent a vaguely defined group merging into the wider field of non-venereal infections, but the figure is largely accounted for by non-specific urethritis, a disease associated with promiscuity; so it can only be assumed that V.D. is continuing to increase in the borough.

Venereal disease can be so insidious in origin that anyone who has run the risk would be well advised to seek advice at a V.D. Clinic, where the staff would feel it well worth their while to carry out a check.

It is always difficult to write about venereal disease, especially if one is a doctor. One is always liable to be accused of being a spoilsport. This is not necessarily an unfair criticism. It depends on one's definition of sport. But the greatest problem is over the word "love", and often one wishes that the English language had as many words to denote its subtle varieties as, say, Greek. Take the slogan, for example, "Make Love, Not War". Basically, one would not wish to quarrel with it, but while it is obvious that it is better to love than to kill people, it would be wrong to assume that we are necessarily dealing with opposites. Love that includes the whole individual, thinking only of his or her wellbeing, and gladly accepting its consequences, is one of the highest emotions of which we are capable. But this is not the same as the casual sleeping-around that often passes for it which deliberately avoids any deep emotional involvement, cynically exposing the other to the risk of infection, unwanted pregnancy, or the anguish of unrequited love. This kind of "love" engenders misery and conflict, and has been well described by Ambrose King as the exploitation of the weaker personality. Those who have to deal with the problems of V.D. Cases, unmarried mothers and illegitimate children are only too well aware of the wretchedness it can create. It is merely the substitution of one form of cruelty for another, and indeed bears a striking resemblance to war in that it is the weak and helpless who invariably come off worst.



### Recuperative Holidays

Applications recommending recuperative care are received from doctors and hospitals on behalf of patients recovering from a recent illness and do not require medical or nursing care. These recommendations are only considered in respect of those patients who have recently been ill and require only rest, fresh air and good food to complete treatment.

The greatest number of applications for a period of recuperation are received during the summer months because of a natural reluctance on the part of patients to go away during the winter months.

Difficulties have sometimes arisen in placing patients in a recuperative home because of age limit restrictions and the nature of their recent illness.

In some instances owing to lack of patients in the winter months, some homes have closed for a short period.

The following table gives details of applications received during 1969:-

Applications	Accepted	Arranged	Cancelled	Outstanding	Ineligible
Adults (including 8 children under school age who accompanied their mothers)					
125	86	60	26	-	39
School Children					
45	36	30	6	-	9

### Provision of Extra Nourishment for Tuberculous Patients

During the year there were 12 patients receiving Extra Nourishment.

### Hostels for Tuberculous Patients

During the year arrangements were made for the admittance of a patient to a residential Tuberculosis Hostel, making two patients for whom the London Borough of Haringey was financially responsible.

### Massage and Special Treatment Establishments

One new application for a licence was received in 1969 and 20 licences were renewed.

## HEALTH EDUCATION

### Health Education in Schools

The school doctors continued the health education sessions which had commenced at the beginning of the 1968-69 school year. Due to staff turnover these sessions, 45 in number, were sporadic and unfortunately had to be discontinued in October. It is hoped to continue the sessions when staffing conditions are more favourable.

These sessions in schools have proved beneficial. Contact with schools has improved. Although the number of talks by the Departments personnel has decreased, it is encouraging that teachers are taking a greater interest in health education and introducing it, however indirectly, into the curriculum. Since the introduction of the section's health education audio-visual aid catalogue, there has been an increased use of equipment, leaflets etc., and use of the section in an advisory capacity.

The health education officer continues to give short series of talks, mainly to girls on sex education and parentcraft. Talks on drugs and related problems such as smoking and alcohol are given to mixed groups mainly to 15 year olds and over. It would be preferable to start these talks earlier especially as many boys and girls are smoking as much as ten cigarettes daily.

During the year a total of 109 talks was given in 25 primary and 11 secondary schools, to a total of 3,564 school children.

The section has represented the Department at meetings of the infant and junior head teachers, and the pastoral association at the Teachers Centre, and mounted displays in the Centre of play material for the under fives, and literature and visual aids of dental health and sex education.

**The Inter-Services Standing Committee on Youth and the Inter-Services Working Party** was formed early in 1968 following a wider consideration of facilities for disturbed adolescents in the Greater London Area. Bodies represented include the whole range of statutory social services in the Borough and voluntary services working with youth and representatives from the Police Force.

The health education section plays an active part in the working party, and arranged two screenings of the Canadian film "Warrendale" for members of the various Bodies represented on the Committee. "Warrendale" is a film dealing with the treatment of severely disturbed children. The film was introduced by Dr. J. Parfitt, Principal Medical Officer of ILEA.

The section will also be responsible for arranging a Symposium on "The Adolescent in Society" early in 1970 for this same Committee.

**The Duke of Edinburgh Awards Panel** - The section continues to be represented on this panel, which works closely with schools and youth organisations in the Borough, and arranges for examiners and lecturers concerning health education topics.

**Health education to organisations** - Talks were given to various organisations, usually outside normal working hours, to such groups as parent teachers associations, teacher training colleges and voluntary bodies on such topics as sex education, drugs and related problems, cervical cytology and the health and welfare services.

Though the number of talks, 27 is relatively small, the audiences amounted to 883 persons, who are in a position to influence others.

#### **Food Hygiene Courses**

Talks on personal and food hygiene were requested by the North London Groups Hospital Management Committee for catering staff at the Prince of Wales's Hospital.

A series of talks was given to two groups of catering staff, and a second course was arranged for two groups of domestic orderlies. The health education officer and a public health officer during the series worked in co-operation with a sister tutor, the catering manager, domestic supervisor and pathologist.

It is difficult to estimate the success of such talks, although they have enabled the public health inspector to make certain recommendations and suggestions to improve food hygiene in this establishment, and it is proposed to introduce a similar programme to the catering and domestic staff at St. Ann's Hospital. It is envisaged that these talks will be repeated at regular intervals to cover the turn-over of staff.

#### **Cervical Cytology**

The section continues to work closely with the Haringey Women's Cancer Campaign. A display was mounted at the Wood Green Show, theme 'Cancer can be cured'.

The Tottenham Co-operative Store and Wilsons of Crouch End allowed a display on cervical cytology to be erected on their premises during the Saturday shopping period.

On all these occasions members of the Campaign manned the displays, distributing leaflets and application forms. Cervical cytology tests showed a slight rise following the displays.

**Child-Minders Meeting** - This was held in September at the Moselle Room, Tottenham Town Hall, and attended by child-minders and members of the Health Department staff (80 persons).

The objectives of the meeting were to explain the Council's plans for the increase of child-minding facilities, the new regulations regarding registration of child-minders, and to emphasise home safety. Displays on home safety were exhibited, and the divisional fire officer lectured on and demonstrated fire prevention.



It was proposed that child-minders should meet at regular intervals to discuss problems, have talks and demonstrations, while the children in their care were occupied in an organised play session. Questionnaires were sent to the child-minders, and as a result of these it was decided to set up a child-minders group meeting at Park Lane Health Centre in 1970.

#### **Detection of Hearing Defects in the Infant and Pre-school child – A 2 day course for health visitors**

This course was organised by the health education section, under the direction of Dr. L. Fisch, the Consultant Otologist at the Audiology Unit.

The course was mainly designed to give health visitors an insight into the detection of hearing loss in infants and young children. 39 health visitors attended from Local Authorities in and near London, in addition to two visitors from Holland.

The course was financially self-supporting as fees were charged to other Local Authorities seconding staff. The venues were the Moselle Rooms at Tottenham Town Hall, and the Audiology Unit at Blanche Neville School. Dr. Fisch, and Health Department staff including two peripatetic teachers gave lectures and demonstration.

The course was considered a great success and it is proposed to run a similar one in November 1970.

"Notes on High Frequency Hearing Loss in Children" – This booklet produced by the Audiology Team in co-operation with the Health education section is in its second edition. Other booklets in the series "Talking to the Elderly Deaf" and "Uni-lateral Deafness" will be printed in 1970.

**Objectives of the health education section** – In general to communicate current knowledge of ways in which to promote and maintain health in the individual and the community, and to encourage the effective use of social services within the community.

In particular to enlist the support of the professionals within the Authority and others in authority in the community as potential health educators, and to assist them with advice, aids, equipment, plans, projects and syllabuses.

To participate, if appropriate locally, in national campaigns and projects mounted by central departments, voluntary and charitable organisations.

#### **Publications**

An article entitled "Lead Poisoning among Children in Haringey" by Dr. W.T. Orton, Deputy Medical Officer of Health, was published in "The Medical Officer" (1970, 123, 1470). It deals with a series of four incidents of lead poisoning among five children in 1966. Their ages ranged from 22 months to 13 years. All suffered from a tendency to eat substances such as earth, paint and wall plaster. Modern paints with low lead content were shown to give only apparent protection if applied over old paints containing high proportions of lead. There was evidence suggesting that wall plaster could be a cause of poisoning despite its low lead content if consumed in large amounts. Very high lead contamination was found in soil over a wide area which appeared to come from a number of sources including dust from a battery factory, exhaust smoke from petrol motor engines, and builders' rubble.

## EDUCATION COMMITTEE 1969/70

Councillor G. Murphy (Chairman)  
Alderman A.J.P. Doulton (Vice-Chairman) O.B.E., T.D., M.A.  
Alderman V.P. Galley, B.Sc., A.Inst.P., A.R.I.C.  
Councillor Mrs. T.A. Angell  
Councillor S.N. Gaubert, B.A.  
Councillor Mrs. A. Harris, T.D.  
Councillor P.E. Hitchens, M.Sc.  
Councillor Mrs. C.D. Jones  
Councillor V.N. Jery  
Councillor Mrs. S.A. Jones  
Councillor A.C. Perry, B.A. (Vice-Chairman)  
Councillor Peter P. Rigby, J.P.  
Councillor D.F.P. Ross  
Councillor Mrs. F.A. Spett

### PART III

#### SCHOOL HEALTH SERVICE

##### Co-opted Members

Rev. A.J. Jevitt  
Mr. J.G. Dringon, B.A.  
Mr. R.S. Gout  
Mrs. J. MacGregor

#### REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1969

##### Schools Sub-Committee

Councillor Mrs. A. Harris, T.D. (Chairman)  
Councillor A.C. Perry, B.A. (Vice-Chairman)  
Alderman V.P. Galley, B.Sc., A.Inst.P., A.R.I.C.  
Councillor Mrs. T.A. Angell  
Councillor Mrs. J. Cooper  
Councillor S.N. Gaubert, B.A.  
Councillor D.J. Patrick  
Councillor Sir Brian Wilkins, B.L., M.A.

##### Co-opted Members

Mrs. J. MacGregor  
Mr. P.A. Moon

#### PRINCIPAL SCHOOL HEALTH STAFF

J.C. Patton, M.B., Ch.B., D.P.H.  
*Medical Officer of Health and Principal School Medical Officer*

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

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

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





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Alderman V.P. Gellay, B.Sc., A.Inst.P., A.R.I.C.  
Councillor Miss L.A. Angell  
Councillor S.R. Gaubert, B.A.  
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 Peter P. Rigby, J.P.  
Councillor D.F.P. Rosa  
Councillor Mrs. P.A. Spratt

### 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

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Councillor A.C. Perry, B.A. (Vice-Chairman)  
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Councillor Mrs. J. Cooper  
Councillor S.R. Gaubert, B.A.  
Councillor D.J. Patrick  
Councillor Sir Robin Williams, Bt., M.A.

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*Principal Medical Officer (School Health)*

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

*Chief Dental Officer and Principal School Dental Officer*



## SCHOOL HEALTH SERVICE

*Dr. Mary Douglas, Principal Medical Officer*

### School Population

The school population of the Borough on 22nd January 1970 was 36,703 as shown in the following table:—

Primary Schools and Nursery Classes	22,492
Nursery Schools	329
Secondary Comprehensive Schools	12,456
Other Secondary Schools	1,091
Special Schools	
Vale Road School for Physically Handicapped	95
Blanche Nevile School for the Deaf (including classes for partially-hearing)	137
Suntrap Residential Open-Air School	103
<b>Total</b>	<b>36,703</b>

### Medical Examinations in Schools

The re-organisation of the system of medical examinations in school has now been completed. There is a full medical inspection of each child on school entry. The maximum number of children sent for at each session does not exceed 15. There is also a full medical inspection of each child during the final statutory year at school, with an examination by selection during the child's 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.

We continue to develop closer relations between the school health service and the schools. Drayton Comprehensive School continues to have a weekly visit by the school doctor to carry out medical inspections and to be available to discuss problems with pastoral heads. This scheme was extended to Wood Green Comprehensive School during the year and it is hoped that eventually all comprehensive schools will have the same service. Similarly, in infants schools, the medical officer visits where possible once a month throughout the school year, particularly to meet the needs of new entrants.

The Blanche Nevile School, including the Partially Hearing Units, is visited by a medical officer once a month, and the School for Physically Handicapped Children has bi-weekly visits. It is hoped that the reduced number of routine medical inspections will leave more time for regular review of children with handicaps.

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	%
1965 & later	159	157	98.7	2	1.3
1964	1,158	1,156	99.8	2	0.2
1963	1,944	1,943	99.9	1	0.1
1962	458	458	100.0	—	—
1961	199	197	98.9	2	1.1
1960	216	215	99.6	1	0.4
+1959	+570	568	99.6	2	0.4
+1958	+896	895	99.4	1	0.6
1957	1,732	1,729	99.8	3	0.2
1956	958	957	99.8	1	0.2
1955	1,004	1,001	99.7	3	0.3
1954 & earlier	1,211	1,210	99.9	1	0.1
<b>TOTALS</b>	<b>10,505</b>	<b>10,486</b>	<b>99.8</b>	<b>19</b>	<b>0.2</b>

+ Signifies Selective Medical Examinations

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

#### Other Medical Inspections

The following are the numbers of special inspections and re-inspections carried out during 1969. A special inspection is one which is carried out at the special request of a parent, doctor, nurse or a teacher, and is usually carried out at a school advice clinic.

Number of special inspections	3,810
Number of re-inspections	1,429
<b>Total</b>	<b><u>5,239</u></b>

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

Details are given in the Appendix to this report of treatment (excluding uncleanness 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 minor ailments, and problems brought by parents and with the follow-up of defects found at periodic and other medical inspections. Full medical examination is now offered to all school children who are new entrants to the country, including any who have been out of the country for a year or more and have returned. This gives an opportunity to have the children's immunisation and vaccination state brought into line with other children in the borough as well as affording an opportunity to the parents to discuss any health problem with the school doctor. 484 children who were new entrants to the country were examined during the year under these arrangements.

#### Orthopaedic Clinics

The orthopaedic clinic at Weston Park, Hornsey, has continued to function as in previous years, fortnightly sessions being held.



I have to record, with regret, the prolonged illness of Mr. E.H. Hambly, who has been the consulting orthopaedic surgeon to the Lordship Lane Clinic, Tottenham, for the past 20 years. It is hoped that it will not be long before he is restored to health..

Dr. E.G.M. Palser, Consultant in Orthopaedic and Traumatic Surgery to the Weston Park Clinic, reports:—

*"There is an overall increase in the attendance both for examination and treatment. The increased proportion of children under 5 years of age which was noted in 1967 was not maintained. The 1967 figures were probably due to some non-recurrent factor.*

*The proportion of children under 5 who have come for treatment and carried it out satisfactorily has increased a little. Selection of these cases and the care they receive in congenial surroundings has been fully justified.*

During the year attendances were as follows:—

Number of new cases seen:—

Under 5 years of age	175
Over 5 years of age	220
Total	<u>395</u>

Total attendances:—

Under 5 years of age	292
Over 5 years of age	382
Total	<u>674</u>

Number of cases attended for treatment by the physiotherapist:—

	Old cases	New cases	Total
Under 5 years of age	67	29	96
Over 5 years of age	457	131	588
<b>TOTALS</b>	<b>524</b>	<b>160</b>	<b>684</b>

**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.

A medical officer attends at the school twice a week and there is a full-time school nurse, and a full-time physiotherapist.

I 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, Consultant in Physical Medicine to the Unit, attends weekly 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 8 new cases seen at the Unit during 1969, 5 were Haringey children, and 3 from outside the Borough. 3 of these children were under five years of age and 5 over five. The recommendations made for the new cases were as follows:—

Recommended admission to Vale Road Special School	7
Recommended admission to an ordinary school	1

Dr. Dunham reports as follows on the year's work:—

*"Of the 95 children attending the Vale Road School for Physically Handicapped Children, 32 were children with cerebral palsy — "spastics". The proportion has remained fairly constant for several years.*



Some of the children attending the school offer special educational problems. This is especially the case where a child has more than one handicap. At present the Vale Road School has two special tuition groups for such children and if more children with multiple handicaps are admitted additional special tuition groups may well be required.

So far as the children with cerebral palsy are concerned all offer special problems for medical treatment - "therapy". Planning for them would be easy if the desired effect of therapy, like that of some medicines, lasted for several hours. If it did, therapy given three times a day would be ideal: its effect would be continuous. It would be better still if its effect, like those of some injections, lasted for several days. For the best possible results therapy would then be required only two or three times a week. But therapy, though it can add to the number of things the child can do well, is a complete success only if some means can be found of ensuring that he in fact does them well until this becomes a habit. For this, three times a day would be inadequate: three times a week is obviously more so. What is needed, in addition to intermittent therapy, is informed interim supervision. In the school we attempt to achieve this through collaboration between parents, teachers, school nurse, therapist, school medical officer and consultant. The earlier in his life a child comes under such supervision the better he is likely to respond, and we encourage the bringing of children of under school age by their parents to the school for advice on management.

We attempt to provide as wide a range of supervised activities as possible. It is hoped that the construction of a therapy pool may be started next year: the Rotary Club of Haringey has already raised about half the anticipated cost. Since last year, facilities have been made available by the Highgate Wood Comprehensive School in woodwork (one session) and metal work (two sessions), but it has not, unfortunately, proved possible to arrange any needlework sessions. Thanks to the initiative of Miss L. Powell and Mr. Coates of the Tottenham Technical College, instruction in wig-making has been added to the range of forms of technical training available: school leavers can now obtain whole-time training. We keep up with the times too!"

#### Audiology Unit

The Audiology Unit is within the curtilage of Blanche Nevile School for the Deaf and there is excellent co-operation between the medical and teaching staff. Three sessions are held each week and in addition, there are two screening sessions a month for babies who are "at risk".

There is regular supervision of pre-school children with hearing defects and school children with hearing loss who attend ordinary schools. Pre-school children with hearing loss are admitted where possible to day nurseries, playgroups, and when necessary to the nursery class at the Blanche Nevile School. Many of these children wear hearing aids and those not attending Blanche Nevile School are supervised by two full-time peripatetic teachers of the deaf who work in close co-operation with Dr. L. Fisch, the Consultant Otologist.

Dr. Fisch reports as follows upon the year's work at the Unit:-

"No major changes occurred at the Audiology Unit during 1969. Unfortunately I cannot report any progress in meeting the added requirements or rectifying deficiencies at the clinic. In spite of repeated requests there is still no satisfactory accommodation for a waiting room, no observation facilities and no toilet facilities for patients or staff. Plans were worked out in detail for these requirements a long time ago and in spite of various assurances no steps have been taken to provide these improvements. The most urgent need is still for better waiting facilities and an observation room for the many visitors to the Audiology Unit.

#### Peripatetic Teachers

Our two peripatetic teachers are overworked. Each teacher has a case load far above the number which can be dealt with satisfactorily. All attempts to obtain the services of a third peripatetic teacher have failed but attempts continue to be made. During 1969 regular meetings with the parents continued and at some of these films were shown. We hope to develop film showing at future meetings. These meetings are a very important part of parent guidance.



## Teaching

A considerable amount of teaching has been carried out at the clinic, teachers of the deaf who were attending the course at the Institute of Education visited in small groups, and were also attached for further guidance to our peripatetic teachers and attended our parent meetings. Medical Officers, Health Visitors and other Student Nurses attended individually at the clinic for teaching and demonstrations.

A two-day course for Health Visitors was held in October and 39 Health Visitors attended from various Boroughs in the Greater London Area. This was very successful and very ably organised by Miss Frost, the Health Education Officer.

## Booklet on High Frequency Hearing Loss

In co-operation with Miss Frost, a Pamphlet was printed entitled "Notes on High Frequency Hearing Loss". This pamphlet explained the difficulties encountered with this type of hearing loss and suggestions were given to help overcome them. The booklet is meant for teachers, speech therapists and other personnel who have contact with these children. It has been highly successful and soon after publication a thousand copies had been distributed and another thousand had to be re-printed.

## Educational Placement of Deaf and Partially-Hearing Children

Difficulty in placement continues. The number of places for children under 5 is extremely limited and many children have to wait a long time for admission. There is no nursery for the partially-hearing and there are serious deficiencies in the pre-school training programme. There is also great difficulty in placing children in special classes for the partially hearing. Two new classes for partially hearing children are being established in the Borough of Brent and I hope this will relieve the pressure on the partial hearing units at Tottenham.

## Hearing Aids

Considerable improvement can be reported in the range of hearing aids distributed by the National Health Service. The small post-aural aid is now available and all children who needed one were issued with it. There is also a more powerful body-worn aid available and this meant that we did not have to ask the local authority for such large funds to provide commercial hearing aids as we have had to do in the past. It will be only in an exceptional case that a commercial aid will be required for our children in future.

## Waiting List for the Clinic

Improvement has occurred as regards our waiting list and all children who need urgent examination can be examined within a reasonable time. Attendances at the sessions are quite good and the average number seen is 6 or 7. On the average each child needs about half an hour for examination including discussion with parents and advice to them. Children are examined in the presence of the whole team, Otologist, Medical Officer and Teacher of the deaf and, when placement for special education is being considered, the Headmaster of the school. The Educational Psychologist is also frequently present and on special occasions a Psychiatrist attends for special discussion.

The following is an analysis of the cases seen during 1969:—

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	131	7	24	41	25	21	25	20	10	9	14	18	10	1	3	—	—	359
Cases brought forward from previous year	6	13	20	30	35	37	48	40	20	29	23	19	27	18	19	16	9	409
Re-examinations of old and new cases	3	1	7	15	4	11	7	10	5	8	3	4	2	—	3	1	—	84
Total attendances																		852

Pre-school children	561
Attending Infant and Junior Schools	141
Attending Senior Schools	150
Total	852

Reason for referral of new cases:-

For diagnosis	195
Known to be deaf, examination before admission to Blanche Nevile School	5
Immigrants to Borough known to be deaf	2
Partially hearing, advice as to placement	7
Auditory training	10
"At risk"	127
Transfer from hospital out-patients departments	8
Advice as to placement where deafness might be the cause of backwardness	5
Total	359

62 of the above referrals were from other boroughs.

### Audiometric and Vision Screening

#### Audiometry

Routine audiometric screening 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 from junior school upwards. Combined testing has not been found to be practicable or time saving at infant school level. The audiometricians are also closely associated with the Audiology Unit.

Audiometric screening is carried out twice in infants schools – in the first and last year; once in junior school and twice in secondary schools – in the first and last years. The standard for passing screening tests is set purposely high, and a high proportion of those who fail are found to respond to simple corrective measures. The percentage of children who failed in "special" tests continued to be high because these children had either been referred especially because deafness was suspected or were already under treatment.

Special sessions continued to be held during the school holidays at school clinics at which an audiometrician was present with the medical officer, for the further investigation of these failures.

#### Technique of Audiometry

A senior audiometrician reports:-

*"Routine hearing tests in schools are carried out by means of a portable audiometer (Amplivox). This gives pure tones from 125 cycles per second to 8,000 c.p.s., the range of speech frequencies.*

*A sweep test at 20 decibels in all frequencies is carried out separately in both ears, the child indicating only when he/she has heard the noise.*

*If all frequencies at this level are not heard, the child concerned is re-visited at the school between 7 and 10 days later. This waiting period gives a child whose hearing loss is due to a cold, time to improve. If, however, the loss persists, a graph is completed and the child is recorded for further investigation. A further hearing test is then given at a local clinic with a medical officer present to examine the child and obtain family history.*

*Children with a persistent hearing loss are then referred to the Audiology Unit where more stringent and technical tests are carried out on a Peters Clinical Audiometer in a sound proof room".*



The tables below give the numbers and results of audiometry tests during 1969:-

#### Audiometer Tests – Routine

Age Group	1st Tests sweep (1)	Re-tests (2)	Failures				
			both ears (3)	one ear		Total (6)	% of Column 1 (7)
				right (4)	left (5)		
Up to 7 years	4261	38	150	69	86	305	7.2%
Intermediate	3006	71	103	38	54	195	6.5%
Leavers	1734	57	51	15	18	84	4.9%
<b>TOTALS</b>	<b>9001</b>	<b>166</b>	<b>304</b>	<b>122</b>	<b>158</b>	<b>584</b>	<b>6.5%</b>

#### Audiometer Tests – Specials

Age	1st Tests (1)	Re-tests (2)	Failures				
			both ears (3)	one ear		Total (6)	% of Column 1 (7)
				right (4)	left (5)		
Under 5	3	—	—	—	—	—	—
5	34	23	12	3	5	20	58.8%
6	27	28	12	3	7	22	81.5%
7	13	21	3	3	2	8	38.1%
8	1	12	—	—	1	1	100.0%
9	8	8	—	2	3	5	62.5%
10	7	18	4	1	1	6	33.3%
11	4	5	2	—	2	4	80.0%
12	—	4	—	—	—	—	—
13	2	4	1	1	—	2	50.0%
14	2	—	—	—	—	—	—
Over 14	1	—	—	—	—	—	—
<b>TOTALS</b>	<b>102</b>	<b>123</b>	<b>34</b>	<b>13</b>	<b>21</b>	<b>68</b>	<b>67.7%</b>

#### Vision Screening

Keystone vision screening is carried out in the same age groups in the junior and secondary schools. It may be that the frequency of audiometric screening could be reduced, and it is desirable to increase vision screening so that children's eyes are examined every second year of their school life. Screening procedures are carried out independently of the school medical examination, but every effort is made to have the results available for the school doctor at the medical examination.

Keystone failures are followed up by the orthoptists before referral to the school medical officer.

In the infant schools, vision testing of children is carried out by the school nurse at routine medical inspections, the orthoptist carrying out screening procedures for latent squints.

A special investigation was carried out at two comprehensive schools by the technician and the orthoptist together, the purpose of which was to assess the efficiency of the Keystone method of vision screening.

Of 583 children who were tested on the Keystone apparatus, 291 failed (50%). Of these failures 119 (41%) were either already under treatment or had received treatment previously. A further 74 (25%) were re-tested by the orthoptist and passed as normal. 66 (23%) were confirmed by the orthoptist as having defects but were not referred for further investigations for various reasons, e.g. colour vision only involved, cosmetically good, due to leave school. 32 children (11%) were referred by the orthoptist for investigation by the ophthalmologist.

### Ear, Nose and Throat Clinics

There is now only one Ear, Nose and Throat Clinic at which a consultant attends, which is held at Park Lane Medical Centre, Tottenham, once a month. As the number of referrals continues to decrease, it is likely that this session will be discontinued in 1970 and that Mr. W. McKenzie, the Consultant, will see cases referred to him at the Prince of Wales's Hospital.

Mr. McKenzie reports as follows on the work of the Park Lane Clinic:-

*"The striking feature of my clinic is the progressive reduction of patients and I notice that this is confirmed by the closure of similar clinics elsewhere in the borough.*

*It is astonishing to record that there has been no case of chronic suppurative otitis media seen during the last six months".*

### Ophthalmic Clinics

There are three school ophthalmic clinics held in the Borough, at which 7 weekly sessions are held.

During 1969 the Wood Green School Ophthalmic Clinic continued to be held at the Lordship Lane Medical Centre, Tottenham. The new Stuart Crescent Health Centre opened at the end of the year and Wood Green cases will be seen in 1970 at the new Health Centre.

Two full-time orthoptists work in conjunction with and under the direction of the consultant ophthalmologists.

Dr. T.G. Kletz, Consulting Ophthalmologist for Lordship Lane Clinic, Tottenham, reports as follows:-

*"The work at this clinic is, in the main, the examination of children referred on account of defective vision and defects of ocular muscles. The children are first refracted and glasses prescribed when required. Cases of squint or muscle imbalance, also cases of amblyopia are referred for orthoptic investigation and treatment where necessary.*

*In view of the comparatively high incidence of myopia in different nationalities, an ethnic survey has been carried out during the past few years and was continued during 1969 with the following results:-*

1. *Of the children attending the clinic, 51.7% were native, 48.3% immigrant or of immigrant origin.*

2. *Of the children attending for the first time, the comparative figures are:*

Native	40.6%
Immigrant	59.4%

*The immigrant section consisted of approximately*

49% West Indian
16% Cypriot
16% Irish

3. *The figures for myopia were*

Native	33.7% of cases seen were myopic
Immigrant	46% of cases seen were myopic (West Indian 48%)

4. *The incidence of high myopia in young children was almost totally in the West Indians.*

West Indians - Under 3 years	3 cases over 7 dioptries, including 1 of over 14 dioptries.
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Age 3-7 years	7 cases over 7 dioptries, including 4 of over 10 dioptries.
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*West Africans - 1 case age 7 with 16 dioptries of myopia."*



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

*"During the year parents became more familiar with the Lordship Lane Clinic, and attendances improved by 8% to 1,308. New cases likewise increased by 55% to 208. Of these 46 were under 5 years of age.*

*At the end of the year the new Clinic at Stuart Crescent was opened and already attendances are improving.*

*I feel those responsible for this fine new Health Centre should be congratulated; for layout and amenities leave little to be desired."*

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

*"The work at this clinic has progressed smoothly during the past year. There are two sessions weekly and attendances have been fairly good. Any cases requiring orthoptic investigation and treatment were referred to the orthoptist after refraction, and her presence on the same day as the ophthalmic sessions are held, has proved a great help.*

*I would ask for early referral of children with defective vision since incidence of amblyopia discovered when it is too late is still high.*

*The statistics for the year are as follows:-*

	<i>Under 5 years</i>	<i>Over 5 years</i>
<i>Total attendances</i>	147	1232
<i>No. of new cases</i>	54	343
<i>Errors of refraction (including squint)</i>	33	641

#### **Speech Therapy**

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

*"Practical and administrative difficulties have been evident during the year. Part-time speech therapists have been hard pressed to cover full programmes of treatment and school visiting and yet prevent mounting waiting lists. At present, we are still six speech therapy sessions short of our entitlement. Young therapists move to fields of wider opportunity. Two left during the year for Canada and Australia.*

*On the positive side, the opening of the Health Centre at Stuart Crescent will better serve children in that area.*

*An interesting and worthwhile development has been the increased use made of speech therapists by clinic doctors for the purpose of counselling and reassuring parents of children with speech handicaps.*

*In Haringey an unique opportunity presents itself for the study of the speech and language problems of the various ethnic groups. We are finding that the work of the speech clinic is appreciated by people from widely varying cultural and linguistic backgrounds. This has surely most encouraging significance for the future."*

#### **Child Guidance Service**

The Borough is served by two Child Guidance Centres – at Lordship Lane, Tottenham, and at Tetherdown, Muswell Hill. Dr. Nina Meyer is medical director of the Tottenham Centre, and Dr. K. Graf medical director of the Hornsey Centre. 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:-

*"Increasingly the pattern of Child Guidance must be that the people in contact with the child should be helped to understand and respond to the child's difficulties. Many children are responding to the abnormal circumstances of their lives and the demands of a society in a state of flux and change. Understanding gives appropriate solutions which apply to whole classes of children in similar circumstances. The child who has real psychiatric illness can then hope to be able to be given individual psychiatric attention.*

*The recruitment of additional Educational Psychologists to the team has facilitated the new orientation of this Clinic towards Psychiatric support in the form of intervention in schools by discussion and conference, rather than direct contact of the team with the child.*

*Our current case load is 287 of which 24 are under intensive treatment by the Psychotherapist. Of the 227 cases we have closed, 147 improved with help, 40 were over school leaving age, 24 moved away, and in 16 cases there was no response to offered appointments. 81 cases are awaiting a school report or Health Visitor's assessment with a view to closure. We have begun to integrate a policy by which referrals are also screened; only those most likely to benefit from Child Guidance are seen, leaving others to be referred to agents which can be of most help to them. 179 new referrals were accepted of which 94 have been seen for diagnostic assessment; 19 children were seen for review while on leave from boarding school.*

*Among workers in the field there appears to be a greater consciousness of the psychiatric need of their population. This perhaps is the important advance in the field of Child Guidance this year".*

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

*"As requested, I have pleasure in presenting a brief report on the function and the organisation of the Tetherdown Child Guidance Clinic during the year 1969. This is my eighth 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 fifth report as Medical Director of the Tetherdown Child Guidance Clinic, which was established in its present set-up at the time of the re-organisation of the London Boroughs in 1965. The Tetherdown Clinic is the direct successor of the Hornsey Child Guidance Clinic which began with the appointment by the Education Committee in September 1944 of an Educational Psychologist who two years later, in 1946, was assisted by the appointment of a Psychiatric Social Worker. The work was extended in December 1947 by the appointment of a Psychiatrist by the Local Authority for two sessions per week. In April 1948 this establishment was increased to four sessions but again reduced to two sessions in April 1951, when the Psychiatrist came into the service of the North-West Metropolitan Regional Hospital Board. While the establishment of the other team members and the demands made on our service have progressively increased since then, the psychiatric sessions have remained for nearly 20 years unaltered and our plea for the appointment of an assistant to the Consultant Psychiatrist has remained unheeded. We are still hoping to get the services of a switchboard operator-cum-receptionist who is badly needed for the running of this clinic which also houses a remedial teaching unit. Mrs. Benjamin and Dr. Azevedo continued their sessional services as child therapists and we also now have help with treatment from a fourth year student from the Hampstead Child Therapy Clinic who is supervised by Miss Anna Freud. The present establishment shows an unbalance of the different types of professional staff. We are now short of approximately two full-time psychiatric social workers according to the Ministry recommendation.*

*As a consequence the present psychiatric social worker has to spend too much of her time on clinical administration and intake interviews at the expense of other very much needed activities, such as therapeutic case work with the parents. The Consultant Psychiatrist has to undertake much routine work and diagnosis which could easily be done by a less experienced colleague and this prevents him from giving more of his valuable time to consultative work and therapy of his patients.*

*There has been a total of 250 referrals to the Clinic of which 132 came from Head Teachers, 61 from Medical Officers, 27 from parents, 12 from the Children's Department, 11 from General Practitioners, 4 from hospital consultants, 2 from Probation Officers and 1 from the Family Service Unit. Of the 250 who were seen by the Psychiatric Social Worker and the Educational Psychologist, 83 proceeded for full psychiatric investigation which is an increase of diagnostic psychiatric interviews compared with last year. During the earlier part of the year we were able to follow up all cases on the diagnostic waiting list which in consequence was reduced from 106 patients in December 1968 to 20 in December 1969. The reason for this big drop was that some children had made spontaneous*



recoveries which is not unusual in dealing with children referred for psychological difficulties, other families had moved out of the Borough and some children had improved in the meantime through the special educational or other measures which had been instituted in the interim period by clinic staff.

The traditional field of competence of the Child Guidance Clinic and of its psychiatrist, in particular, is the diagnosis and the treatment of emotional disturbance in children and adolescents. Soon after Child Guidance Clinics were established in this country some 40 years ago it became obvious to everybody concerned that one had to help the whole family in order to treat the child and that nearly every unsettled child reflected a disturbed family situation.

But it took a further 20 years to recognise that child psychiatry meant family psychiatry and more recently still through insight gained by sociological studies we have learned that children in their narrow and extended family settings are also being influenced by forces prevalent in the wider environment and that therefore child psychiatry forms an integral part, if not actually the driving force, in any form of community psychiatry. Apart from a relatively few cases, such as children suffering from inherent personality limitations, or exclusively maladjusted through the school situation, or where the problem has arisen as the result of a temporary emotional crisis, as is not infrequent in adolescence, the parents have to be involved in case work with a psychiatric social worker while the child receives treatment. In fact, many of our failures are due to the parents' lack of co-operation or inability to get involved. Delinquent children have been of very special interest to child guidance teams ever since Healey and Bronner, as far back as 1915 at the Psychopathic Clinic in Boston, U.S.A., where they had introduced the now still practised tripartite team approach of psychiatrist, educational psychologist and psychiatric social worker, first investigated young people who appeared before the Courts. However, our chances of treating and helping them are limited as it is not sufficient to unravel the underlying psychopathology or criminal behaviour but one requires in treatment also the co-operation of the client and there are many socially determined factors beyond the competence of psychiatry which promote delinquent tendencies. Hence the statements one occasionally hears that a hardened and mature criminal might have been salvaged if he had only had psychiatric attention as a child is not always true. Quite apart from delinquency, contemporary youth manifests other disturbing expressions of behaviour which appear to be rooted in social maladjustment and for which the help of the child psychiatrist is being sought, but where his chances of achieving a cure are very limited.

I am referring to young people involved in the socially paralysing effects of the contemporary drug scene, the often very disturbing precocious sexual behaviour of others and to those anti-authoritarian militant youths who carry their neurotically determined need for forceful self-expression to extremes of violence which are not acceptable to the community. Such admittedly rarely referred expressions of youthful emotionality may in the individual case require psychological help but when they are the result of misguided submission of young people to social pressures beyond the influence of the child guidance clinics they can only be dealt with on a national or even international scale by those who rule human fortunes by maintaining law and order, as they are expressions of the so-called permissive society, which in spite of its many social blessings for the mature person, appears occasionally too threatening for young people of weaker moral constitution, who then succumb to the inconsistencies, hypocrisies and materialistic influences that impinge upon them."

## **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 students of Further Education took advantage of the opportunity to have B.C.G. vaccination during 1969.



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

	School Children	
	Number	%
Parents approached	2688	—
Parents accepted	2481	92.2
Number skin tested	2413	—
Number found positive	176	7.3
Number found negative	2084	86.4
Number failed to attend for Mantoux reading	153	6.3
Number vaccinated (% of those approached)	2084	77.5

Dr. Z. Zubrzycki reports as follows on the use of the Dermo-jet:-

*"A new method of tuberculin testing and BCG vaccination was introduced in June 1969. Instead of a syringe and needle a jet-injection apparatus (dermo-jet) is used which makes intradermal injection by means of a pressurised jet. It is rapid in use and by elimination of syringes and needles less costly. After a period of trial certain short-comings of this technique became apparent, among them the under-dosage of the vaccine delivered by dermo-jet. For this reason the BCG vaccination is at present carried out by the old method of syringe and needle, whereas the dermo-jet is used for skin testing.*

*The jet-injection is a new invention and provided its technical efficiency is guaranteed it will be valuable as an instrument in immunisation programmes."*

#### Cases of Tuberculosis occurring in Teachers or Pupils

During 1969, an investigation was carried out on the advice of the Chest Physician at one school where a case of tuberculosis had occurred amongst the pupils.

The results were as follows:-

Heaf Tests of immediate contacts	31
Referred to Chest Clinic for further investigation	5

No additional case was discovered at the school.

#### Verrucas

There are now two special clinic sessions held each week at Weston Park and Lordship Lane Medical Centres to deal with plantar warts, conducted by Dr. Shah, a medical officer who has had special training in their treatment.

Dr. Shah reports as follows on the work at these clinics during the year:-

*"Special clinics for the treatment of warts amongst school children started in the year 1969. Two sessions in a week at two different clinics are allocated for the treatment. Almost all kinds of warts except the facial and those that are situated on difficult and dangerous areas are treated in these wart clinics. The line of treatment depends on the size, situation and the number of warts.*

*Treatment of choice is by electrocautery as it gives satisfactory results and complete healing takes place usually in a week. The area around the wart is cleaned and painted with acriflavin. Local anaesthetic 2% Xylocain is infiltrated. The wart is then either cut off with sterilised scissors or excised with knife. After scooping the area with a scoop to remove the indurated tissue, it is cauterised. It is kept covered with a dressing for one week, during which time complete healing takes place.*

*The warts of small and unco-operative children are treated with either chlorosal paste or collodion salicylic acid.*

*For the treatment with electrocautery, the presence of a parent or guardian is essential."*



The number of cases treated at the two clinics, i.e. Lordship Lane and Weston Park during the year 1969 are as follows:-

Name of Clinic	Total Attendances	First Attendance of the Year (New cases)	Number treated with electrocautery	Number of Sessions
Lordship Lane	597	241	91	35
Weston Park	467	144	65	38

#### Ringworm of the Scalp

During the year 24 cases of ringworm of the scalp occurred in 8 schools throughout the Borough. We continue to be grateful to St. John's Hospital for Diseases of the Skin, who carried out screening procedure in the schools involved. No evidence of spread of infection was discovered.

As in previous years, all doubtful cases were referred to the Consultant Dermatologist at the Prince of Wales's Hospital for further investigation. The great majority of cases continues to occur in immigrant children.

#### Weight Watching Clinics

The problems of nutrition continue to highlight the overweight rather than the underweight child. The weight watching clinic which was started with such success during 1968, ran into difficulties during 1969 when the medical officer who was conducting the clinic left the Borough. The clinic will be resumed as soon as possible.

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

The department continues to maintain a close link with the Prince of Wales's Hospital.

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 held at which a senior medical officer from the department attends; and another senior medical officer attends at a weekly general paediatric session.

I am grateful to Dr. Anderson for the following report on the work of the rheumatism clinic during 1969:-

*"During 1969 there was only one new case of Rheumatic Fever admitted to the Paediatric Unit in St. Ann's General Hospital.*

*There were 19 new cases of Congenital Cardiac Lesions seen during 1969 in the Paediatric Clinics at the Prince of Wales's General Hospital.*

*Total number of NEW CASES in 1969 - 20 (in Haringey - 13; from other areas - 7) (Male - 11 Female - 9)*

*50% were referred from Child Health Clinics.*

*The 20 new cases are classified as follows:-*

	Total	In Haringey	From other areas	Male	Female
Rheumatic Fever	1	1	-	-	1
Patent Ductus Arteriosus	1	1	-	-	1
Aortic Stenosis	2	2	-	2	-
Ventricular Septal Defect	2	1	1	-	2
Atrial Septal Defect	6	3	3	3	3
Venous Hum	1	1	-	1	-
Innocent Murmur	7	4	3	5	2
<b>TOTALS</b>	<b>20</b>	<b>13</b>	<b>7</b>	<b>11</b>	<b>9</b>

Five of the new cases have been transferred to Westminster Hospital to attend Dr. I.M. Anderson's Cardiac Clinic there for further investigations and follow-up."

There also continues to be 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 Medical Centre. An assistant medical officer from this department attends the consultant's weekly hospital session, where he acts as registrar.

#### Uncleanliness and Verminous Conditions

School nurses carried out regular hygiene inspections in the schools. Verminous heads are now the exception rather than the rule, but careful watch still needs to be kept to prevent the spread of infection. The following are details of the hygiene inspections carried out during 1969:-

Number of individual examinations of pupils in schools	55,632
Number of individual pupils found to be infested	269

#### Milk in School Scheme

Number of pupils supplied with 1/3rd pints of milk on an average day in the Autumn Term 1969:-

Maintained Schools	No. Present	No. taking Milk
Infant and Nursery	8,811	8,807
Junior Schools	11,892	11,137
Secondary Schools	12,460	63*
TOTALS	33,163	20,007

\*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 1969:-

	No. Present	No. taking Paid Meals	No. taking Free Meals	Total
Infant and Nursery	8,811	5,843	595	6,438
Junior Schools	11,892	8,257	1,208	9,465
Secondary Schools	12,460	6,053	923	6,976
TOTALS	33,163	20,153	2,726	22,879

Total number of meals prepared during year ended 31st December 1969, 4,538,980 (including staff meals).

#### Handicapped Pupils

The Education Act 1944 places 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 blind, deaf or cerebral palsied children, that the defects be discovered before this age, so that steps may be taken to help the child to develop as normally as possible despite his handicap.

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

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



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

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

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

Home tuition may be arranged on a temporary or permanent basis for children unfit 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 22nd January 1970:-

As in previous years, the number of pupils newly ascertained as handicapped during the year has increased. This is due to the fact that the number of pupils newly ascertained as handicapped during the year has increased. This is due to the fact that the number of pupils newly ascertained as handicapped during the year has increased.

Year	No. Newly Ascertained	No. Placed in Special Schools
1969-70	1,252	1,252
1970-71	1,311	1,311
1971-72	1,370	1,370
1972-73	1,429	1,429
1973-74	1,488	1,488
1974-75	1,547	1,547
1975-76	1,606	1,606
1976-77	1,665	1,665
1977-78	1,724	1,724
1978-79	1,783	1,783
1979-80	1,842	1,842
1980-81	1,901	1,901
1981-82	1,960	1,960
1982-83	2,019	2,019
1983-84	2,078	2,078
1984-85	2,137	2,137
1985-86	2,196	2,196
1986-87	2,255	2,255
1987-88	2,314	2,314
1988-89	2,373	2,373
1989-90	2,432	2,432
1990-91	2,491	2,491
1991-92	2,550	2,550
1992-93	2,609	2,609
1993-94	2,668	2,668
1994-95	2,727	2,727
1995-96	2,786	2,786
1996-97	2,845	2,845
1997-98	2,904	2,904
1998-99	2,963	2,963
1999-00	3,022	3,022
2000-01	3,081	3,081
2001-02	3,140	3,140
2002-03	3,199	3,199
2003-04	3,258	3,258
2004-05	3,317	3,317
2005-06	3,376	3,376
2006-07	3,435	3,435
2007-08	3,494	3,494
2008-09	3,553	3,553
2009-10	3,612	3,612
2010-11	3,671	3,671
2011-12	3,730	3,730
2012-13	3,789	3,789
2013-14	3,848	3,848
2014-15	3,907	3,907
2015-16	3,966	3,966
2016-17	4,025	4,025
2017-18	4,084	4,084
2018-19	4,143	4,143
2019-20	4,202	4,202
2020-21	4,261	4,261
2021-22	4,320	4,320
2022-23	4,379	4,379
2023-24	4,438	4,438
2024-25	4,497	4,497
2025-26	4,556	4,556
2026-27	4,615	4,615
2027-28	4,674	4,674
2028-29	4,733	4,733
2029-30	4,792	4,792
2030-31	4,851	4,851
2031-32	4,910	4,910
2032-33	4,969	4,969
2033-34	5,028	5,028
2034-35	5,087	5,087
2035-36	5,146	5,146
2036-37	5,205	5,205
2037-38	5,264	5,264
2038-39	5,323	5,323
2039-40	5,382	5,382
2040-41	5,441	5,441
2041-42	5,500	5,500
2042-43	5,559	5,559
2043-44	5,618	5,618
2044-45	5,677	5,677
2045-46	5,736	5,736
2046-47	5,795	5,795
2047-48	5,854	5,854
2048-49	5,913	5,913
2049-50	5,972	5,972
2050-51	6,031	6,031
2051-52	6,090	6,090
2052-53	6,149	6,149
2053-54	6,208	6,208
2054-55	6,267	6,267
2055-56	6,326	6,326
2056-57	6,385	6,385
2057-58	6,444	6,444
2058-59	6,503	6,503
2059-60	6,562	6,562
2060-61	6,621	6,621
2061-62	6,680	6,680
2062-63	6,739	6,739
2063-64	6,798	6,798
2064-65	6,857	6,857
2065-66	6,916	6,916
2066-67	6,975	6,975
2067-68	7,034	7,034
2068-69	7,093	7,093
2069-70	7,152	7,152
2070-71	7,211	7,211
2071-72	7,270	7,270
2072-73	7,329	7,329
2073-74	7,388	7,388
2074-75	7,447	7,447
2075-76	7,506	7,506
2076-77	7,565	7,565
2077-78	7,624	7,624
2078-79	7,683	7,683
2079-80	7,742	7,742
2080-81	7,801	7,801
2081-82	7,860	7,860
2082-83	7,919	7,919
2083-84	7,978	7,978
2084-85	8,037	8,037
2085-86	8,096	8,096
2086-87	8,155	8,155
2087-88	8,214	8,214
2088-89	8,273	8,273
2089-90	8,332	8,332
2090-91	8,391	8,391
2091-92	8,450	8,450
2092-93	8,509	8,509
2093-94	8,568	8,568
2094-95	8,627	8,627
2095-96	8,686	8,686
2096-97	8,745	8,745
2097-98	8,804	8,804
2098-99	8,863	8,863
2099-00	8,922	8,922
2100-01	8,981	8,981
2101-02	9,040	9,040
2102-03	9,099	9,099
2103-04	9,158	9,158
2104-05	9,217	9,217
2105-06	9,276	9,276
2106-07	9,335	9,335
2107-08	9,394	9,394
2108-09	9,453	9,453
2109-10	9,512	9,512
2110-11	9,571	9,571
2111-12	9,630	9,630
2112-13	9,689	9,689
2113-14	9,748	9,748
2114-15	9,807	9,807
2115-16	9,866	9,866
2116-17	9,925	9,925
2117-18	9,984	9,984
2118-19	10,043	10,043
2119-20	10,102	10,102
2120-21	10,161	10,161
2121-22	10,220	10,220
2122-23	10,279	10,279
2123-24	10,338	10,338
2124-25	10,397	10,397
2125-26	10,456	10,456
2126-27	10,515	10,515
2127-28	10,574	10,574
2128-29	10,633	10,633
2129-30	10,692	10,692
2130-31	10,751	10,751
2131-32	10,810	10,810
2132-33	10,869	10,869
2133-34	10,928	10,928
2134-35	10,987	10,987
2135-36	11,046	11,046
2136-37	11,105	11,105
2137-38	11,164	11,164
2138-39	11,223	11,223
2139-40	11,282	11,282
2140-41	11,341	11,341
2141-42	11,400	11,400
2142-43	11,459	11,459
2143-44	11,518	11,518
2144-45	11,577	11,577
2145-46	11,636	11,636
2146-47	11,695	11,695
2147-48	11,754	11,754
2148-49	11,813	11,813
2149-50	11,872	11,872
2150-51	11,931	11,931
2151-52	11,990	11,990
2152-53	12,049	12,049
2153-54	12,108	12,108
2154-55	12,167	12,167
2155-56	12,226	12,226
2156-57	12,285	12,285
2157-58	12,344	12,344
2158-59	12,403	12,403
2159-60	12,462	12,462
2160-61	12,521	12,521
2161-62	12,580	12,580
2162-63	12,639	12,639
2163-64	12,698	12,698
2164-65	12,757	12,757
2165-66	12,816	12,816
2166-67	12,875	12,875
2167-68	12,934	12,934
2168-69	12,993	12,993
2169-70	13,052	13,052
2170-71	13,111	13,111
2171-72	13,170	13,170
2172-73	13,229	13,229
2173-74	13,288	13,288
2174-75	13,347	13,347
2175-76	13,406	13,406
2176-77	13,465	13,465
2177-78	13,524	13,524
2178-79	13,583	13,583
2179-80	13,642	13,642
2180-81	13,701	13,701
2181-82	13,760	13,760
2182-83	13,819	13,819
2183-84	13,878	13,878
2184-85	13,937	13,937
2185-86	13,996	13,996
2186-87	14,055	14,055
2187-88	14,114	14,114
2188-89	14,173	14,173
2189-90	14,232	14,232
2190-91	14,291	14,291
2191-92	14,350	14,350
2192-93	14,409	14,409
2193-94	14,468	14,468
2194-95	14,527	14,527
2195-96	14,586	14,586
2196-97	14,645	14,645
2197-98	14,704	14,704
2198-99	14,763	14,763
2199-00	14,822	14,822
2200-01	14,881	14,881
2201-02	14,940	14,940
2202-03	14,999	14,999
2203-04	15,058	15,058
2204-05	15,117	15,117
2205-06	15,176	15,176
2206-07	15,235	15,235
2207-08	15,294	15,294
2208-09	15,353	15,353
2209-10	15,412	15,412
2210-11	15,471	15,471
2211-12	15,530	15,530
2212-13	15,589	15,589
2213-14	15,648	15,648
2214-15	15,707	15,707
2215-16	15,766	15,766
2216-17	15,825	15,825
2217-18	15,884	15,884
2218-19	15,943	15,943
2219-20	16,002	16,002
2220-21	16,061	16,061
2221-22	16,120	16,120
2222-23	16,179	16,179
2223-24	16,238	16,238
2224-25	16,297	16,297
2225-26	16,356	16,356
2226-27	16,415	16,415
2227-28	16,474	16,474
2228-29	16,533	16,533
2229-30	16,592	16,592
2230-31	16,651	16,651
2231-32	16,710	16,710
2232-33	16,769	16,769
2233-34	16,828	16,828
2234-35	16,887	16,887
2235-36	16,946	16,946
2236-37	17,005	17,005
2237-38	17,064	17,064
2238-39	17,123	17,123
2239-40	17,182	17,182
2240-41	17,241	17,241
2241-42	17,300	17,300
2242-43	17,359	17,359
2243-44	17,418	17,418
2244-45	17,477	17,477

RETURN OF ASCERTAINED HANDICAPPED PUPILS REQUIRING SPECIAL EDUCATIONAL FACILITIES

CATEGORY	IN THE CALENDAR YEAR				DISTRIBUTION ON 22ND JANUARY 1970																							
	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 placed in Boarding Homes		Number requiring places in Special Schools				Number on register of hospital Special Schools		Number being educated at home under arrangements made under Sec.56 Education Act 1944		Total	
					Maintained Special Schools				Non-Maintained Special Schools				Independent Schools															
					Day		Boarding		Day		Boarding		Day		Boarding													
Boys	Girls	Boys	Girls	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G					
Blind Pupils	1	-	1	1	-	-	3	1	-	-	3	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	7	2
Partially Sighted Pupils	1	3	2	3	7	5	-	-	-	-	1	1	-	-	-	-	-	2	-	-	-	-	-	-	-	8	8	
Deaf Pupils	2	2	1	2	9	9	2	-	-	-	2	2	-	-	-	-	-	2	3	-	-	-	-	-	-	15	14	
Partially Hearing Pupils	5	-	2	-	9	13	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	11	13	
Physically handicapped Pupils	6	4	6	5	35	28	1	-	-	-	6	3	-	-	-	-	-	-	-	-	-	1	-	-	-	43	31	
Delicate Pupils	16	16	16	12	18	16	10	8	-	-	2	2	-	-	-	-	-	2	1	-	2	-	-	-	-	32	29	
Maladjusted Pupils	20	7	19	7	4	1	6	-	-	-	20	7	15	10	8	1	-	-	10	1	-	-	-	-	-	63	20	
Educationally Sub-normal Pupils	29	20	26	18	94	73	9	2	3	6	3	2	1	1	2	-	38	21	1	-	-	-	-	1	-	152	105	
Epileptic Pupils	-	1	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
Pupils with Speech Defects	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	1	1	
TOTALS	80	53	73	49	176	145	32	11	3	6	38	18	17	12	10	1	43	27	12	3	1	-	1	-	333	223		
GRAND TOTALS	133		122		321		43		9		56		29		11		70		15		1		1		556			



## 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 Risley Avenue Junior and Infants 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 95 children on the roll at Vale Road Special School, 61 were Haringey children and 34 children from other boroughs. Of the 137 children on the roll at Blanche Nevile School (including the partially hearing units), 39 were Haringey children and 98 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 for educationally subnormal children must be sought at either Durants School or Oaktree School in Enfield or Oak Lodge School, Finchley. At present there are 29 Haringey children at Durants, 28 at Oaktree and 85 at Oak Lodge. There are 59 Haringey children 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 – boys of primary school age, i.e. 5 to 11 years, and girls of all ages. There is a resident staff including a night nurse. A medical practitioner attends twice a week and a dental officer once a week.

Dr. A.J. May, who has been part-time medical officer to Suntrap School for some 40 years, retired in September 1969. The Haringey Authority and its predecessors, the Middlesex and Tottenham Authorities, are most grateful to Dr. May for his excellent care of the children over this very long period. He has been succeeded by Dr. A.H.W. Brenan.

The number of children placed at Suntrap at the end of 1969 was 103, of whom 13 were Haringey children and 90 from other boroughs.

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

Asthma 4; Bronchitis 2; Nervous Debility 1; Osteomyelitis 1; Hirschsprung's Disease 1; Recurrent Respiratory Infections 1; Lead Poisoning 1; Emotional Disturbance 2.

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

Children in other handicapped categories who require residential schooling, for whom Suntrap cannot provide suitable care and education, are placed in schools administered by other local authorities or independent bodies, apart from epileptic children with severe epilepsy, 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:-

*"The tuition of children who have been in-patients at St. Ann's and the Prince of Wales's Hospitals, has continued during the past year under the direction of two full-time teachers. The ages of the pupils range from 4½ – 15 years and wherever possible the school curriculum is followed.*

*Some children attend school in the classroom in one of the wards at St. Ann's whilst others have bedside tuition. When weather permits, some lessons are taken in the extensive hospital grounds.*

*The individual attention given to pupils proves very beneficial, particularly to those needing additional help in some subjects and to those preparing for examinations.*

*The smooth running of the classes is ensured by the co-operation of the hospital staff and the ready help of the Haringey Library Service is much appreciated."*

### **Special Classes attached to Ordinary Schools**

In addition to the units for partially hearing children already mentioned, there are seven '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 1969, the number of children attending full-time 'Opportunity classes' was 55.

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 eight 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 1969 thirteen Haringey children and one child from another borough were in attendance at day nurseries under these arrangements. At the end of the year nine Haringey children were still in attendance.

In addition, one handicapped child was placed with a private child minder and one in a private playgroup, without charge to the parents. Both children were still in attendance at the end of the year.

### **Recuperative Holidays**

During 1969 18 boys and 18 girls were recommended for recuperative holidays in order to assist their recovery after illness. 14 boys and 16 girls were placed in suitable homes for periods of varying length.



### Deaths of School Children

It is with regret that I include the following details of local school children who died during 1969:-

Sex	Age		Cause of Death
	Years	Months	
M	8	1	Road accident
M	5	11	Road accident
M	6	8	Other accident
F	5	8	Malignant disease
F	10	6	Malignant disease
F	7	2	Broncho-pneumonia
M	5	5	Broncho-pneumonia
F	14	9	Nephritis
F	7	10	Congenital Deformity of Internal Organ
M	13	8	Congenital Neurological Defect

### Road Accidents to School Children

I am indebted to the Accident Prevention Officer for the following details of road accidents involving school children during 1969:-

	Fatal	Serious	Slight	Total
Pedestrians	2	36	180	218
Cyclists	—	4	43	47
<b>TOTALS</b>	<b>2</b>	<b>40</b>	<b>223</b>	<b>265</b>

### LIST OF SCHOOL HEALTH CLINICS AS AT 31ST DECEMBER 1969

- |                   |                         |                          |
|-------------------|-------------------------|--------------------------|
| a – School Advice | e – Orthopaedic         | i – Ear, Nose and 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.                     |
| b         | Chestnuts Clinic, 268 St. Ann's Road, N.15.                      |
| k         | Child Guidance Centre, Tetherdown, N.10.                         |
| abh       | School Clinic, 128 Cornwall Road, N.15.                          |
| abh       | Medical Centre, 150 Fortis Green, N.10.                          |
| ah        | Gordon Road Clinic, 1a Gordon Road, N.11.                        |
| b         | Dental Clinic, 334 High Road, N.15.                              |
| abcdefhkl | Medical Centre, 239 Lordship Lane, N.17.                         |
| h         | Mildura Court Clinic, 18 Gisburn Road, N.8.                      |
| abhi      | Medical Centre, 131 Park Lane, N.17.                             |
| a         | Somerset Road Clinic, 370 High Road, N.17.                       |
| acd       | Health Centre, 8 Stuart Crescent, N.22.                          |
| abcdefhl  | Medical Centre, rear of Hornsey Town Hall, 23a Weston Park, N.8. |
| dfgh      | Vale Road School for Physically Handicapped Children, N.4.       |

## SCHOOL DENTAL SERVICE

Mr. G.C.H. Kramer, Principal School Dental Officer, reports as follows:-

*"The year has brought both disappointment regarding the level of routine inspections in schools and satisfaction that it at last became possible to introduce the precautionary blood-testing of certain groups of patients before the administration of general anaesthetics.*

*The general pattern of the service provided again followed that of previous years and, staffing difficulties notwithstanding, the average and total 'productivity' were well maintained, with a small but pleasing increase in teeth saved and reduction in those extracted.*

*The relevant figures are set out in full at the end of this report, but comment on certain aspects is necessary.*

### Inspection and Treatment

*The number of pupils on the school rolls as at 31st December was 35,952, a mere 140 more than a year ago. Routine dental inspections in schools occupied 144 sessions, 40 fewer than in 1968, during which 12,452 children were examined for the first time in the year, and a further 3,849 were first examined in the clinics. Together, these 16,301 on whom a check on the dental status was possible represent only 45.3% of the school population: worse even than the low level of 53% the previous year which was itself unsatisfactory. However the more recent figure does include a higher proportion of children in primary schools who, because of their age, are more at risk of dental decay and less likely to have established routine treatment with the 'family dentist'. Being unable to meet the whole of our duty, to inspect, we have used inadequate resources quite deliberately for those in greatest need. In addition to the insufficient number of surgeries and/or dental officers in some parts of the Borough where the demand is heaviest, we have had the continuing mal-distribution of schools-to-clinics necessitated by the building of the new Stuart Crescent health centre in Wood Green.*

*Of the total of 18,498 children first or re-examined in the year, treatment was required by 11,305 or 61.1% - as compared with 64.4% in the previous year.*

*I am afraid that the reduction is by chance and not statistically meaningful, but should very much like succeeding years to show that this was the beginning of a trend towards a better level of dental health among our child population.*

*One thing which figures of the past several years have convinced me is being achieved, albeit very slowly, is that we are arousing greater interest in obtaining treatment. The numbers rendered dentally fit who then, at the usual sort of interval such as six months approach their clinic for re-inspection and necessary treatment, is increasing. In some ways we are making a rod for our own backs in creating an even greater demand, but perhaps I can be forgiven for feeling pleased if our message is getting over.*

*Whatever slight improvement may have occurred, it does little to reduce the appalling amount of treatment needed by our children, and only in future fluoridation of the water supplies can I foresee a real answer to the problem.*

### Blood Testing of Certain Ethnic Groups

*Recent years have brought increasing awareness that blood abnormalities found among people from certain overseas countries, of whom there are many resident in the Borough, may present a threat to life or health when a general anaesthetic needs to be administered for any purpose. As well over one thousand are administered each year in our dental service, it would be less than reasonably careful if no account was taken of the risk and steps taken to avoid danger to our patients.*

*Children suffering from the most severe types of these abnormalities may be expected already to be known to us, unless they have very recently arrived in England, because of the effect on health already having been recorded. If any such information came to the notice of the Health Department, it would be passed to the dental clinic responsible for that particular patient through the 'Dental At Risk' register which contains details of patients with any defect needing to be noted on the dental record card as a permanent warning. However, it is always possible that a small number of even serious abnormalities remain unknown, and it was certain that less serious and obvious conditions were to be found deserving of particular care, and use of a modified technique if general anaesthesia was necessary.*



The size and extent of the problem was unknown, but it could not reasonably be ignored; the fact that serious results were rare in this country was not sufficient guarantee for the future.

We have been able to enlist the help of Dr. J. Reeve, Consultant Pathologist at the Prince of Wales's Hospital, who agreed to examine and report upon blood samples which we take from the patients and deliver to the hospital. These samples are taken at sessions arranged for the purpose at the clinic usually attended by the child concerned, so as to avoid both travelling and being seen in unfamiliar surroundings, and the small specimen required is obtained from a finger-prick, which simple procedure is well accepted by the children without upset in almost all instances.

The level of haemoglobin is measured for all samples, and the test appropriate to the abnormality which might be found for that particular patient is carried out. In cases of doubt, a more sophisticated test follows the first, to make doubly sure that the essential information is obtained.

Also, although not of concern as regards dental treatment, the opportunity is taken to make an additional test which might prove of value to the medical service in ensuring a good standard of general health.

After being under consideration for some long time, it became possible to start this routine testing in March 1969 for all patients concerned and, up to the end of the year under review, 448 such tests had been carried out with findings of interest and value for 98 of these, which seems abundantly to justify the work involved.

It is not, of course, possible to know or even theorise as to whether or not any serious difficulties associated with general anaesthesia have been avoided by possession of knowledge derived, but certainly we have been enabled to take particular care and use a modified technique in appropriate cases for the greater safety of the patients concerned."

#### Dental Inspections and Treatment

Pupils first inspected at school	12,452
Pupils first inspected at clinic	3,849
Pupils re-inspected	2,197
Number found to require treatment	11,305
Number of fillings:	
Permanent teeth	12,834
Temporary teeth	8,865
Number of teeth filled:	
Permanent teeth	10,893
Temporary teeth	8,072
Extractions:	
Permanent teeth unsavable	361
Permanent teeth orthodontia	388
Temporary Teeth	3,518
General anaesthetics	1,191
Number of dentures supplied	28
Number of crowns and inlays	35
Number of teeth root filled	27
Number of prophylaxes	1,549
Number of teeth otherwise conserved	708
Other operations	4,350

#### Orthodontic Treatment

Cases remaining from previous year	192
New cases commenced during year	127
Number of appliances fitted:	
Removable	328
Fixed	27
Number of impressions, adjustments etc.	4,277
Number of radiographs	2,545

### Appointments and Sessions

Attendances for treatment	25,592
Appointments not kept	6,118
Number of half-day sessions devoted to:	
Inspections in schools	144
Treatment	3,977

### APPENDIX

### SCHOOL HEALTH SERVICE STATISTICS FOR 1968





# SCHOOL HEALTH SERVICE STATISTICS 1969

Pupils found to require treatment at Medical Inspections

Number of individual Pupils found at periodic medical inspections to require treatment (excluding spinal diseases and infestation with vermin)

Year of birth	For defective vision (excluding squint)	For any of the other conditions recorded	Total individual Pupils
1965 & later	7	32	39
1964	54	262	276
1963	98	374	440
1962	35	86	122
1961	27	48	68
1960	23	61	76
1959	15*	214	229*
1958	131*	221*	352*
1957	277	373	652
1956	133	188	282
1955	214	246	404
1954 & earlier	224	240	404
<b>TOTALS</b>	<b>1,318</b>	<b>2,366</b>	<b>3,726</b>

**APPENDIX**

\*Signifies "selective" medical examinations

Defect Code No.	Defect or Disease	SCHOOL HEALTH SERVICE STATISTICS FOR 1969							
		Elementary		Lower		Total including all other age groups inspected		Special inspections	
		T	O	T	O	T	O	T	O
4	Skin	76	127	94	75	419	300	523	83
5	Eyes (a) Vision	152	180	379	61	1281	494	182	138
	(b) Squint	68	26	19	8	159	69	5	5
	(c) Other	13	16	4	14	53	62	30	22
6	Ears (a) Hearing	60	30	32	19	199	110	67	45
	(b) Otitis Media	22	46	5	6	55	109	4	6
	(c) Other	4	13	19	7	42	36	101	25
7	Nose and Throat	113	231	12	36	222	471	71	78
8	Speech	39	29	3	10	71	61	23	10
9	Lymphatic Glands	4	76	2	4	7	157	-	12
10	Heart	7	62	8	13	41	114	21	43
11	Lungs	58	83	10	28	132	212	40	60
12	Developmental:								
	(a) Hemia	5	28	4	4	36	67	8	16
	(b) Other	19	88	59	42	301	282	78	164
13	Orthopaedic:								
	(a) Posture	15	8	30	14	105	47	2	7
	(b) Feet	120	94	68	34	420	252	50	29
	(c) Other	20	22	22	23	128	116	67	29
14	Nervous System:								
	(a) Epilepsy	4	14	8	8	26	32	8	10
	(b) Other	5	3	3	1	20	27	14	41
15	Psychological:								
	(a) Development	10	85	4	3	34	105	117	57
	(b) Stability	44	180	21	55	156	484	165	119
16	Abdomen	9	16	4	6	29	56	20	22
17	Other	25	5	33	5	100	34	152	64

T - Requiring Treatment      O - Requiring Observation





## SCHOOL HEALTH SERVICE STATISTICS 1969

### Pupils found to require treatment at Medical Inspections

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
1965 & later	7	32	33
1964	54	252	279
1963	98	374	440
1962	33	96	122
1961	27	48	68
1960	23	61	75
1959	95*	161*	227*
1958	131*	285*	352*
1957	277	373	582
1956	133	198	292
1955	214	246	404
1954 & earlier	224	240	404
<b>TOTALS</b>	<b>1,316</b>	<b>2,366</b>	<b>3,278</b>

\*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	76	127	94	75	416	390	923	83
5	Eyes (a) Vision	152	180	379	61	1291	484	182	138
	(b) Squint	68	26	19	8	159	69	5	9
	(c) Other	13	16	4	14	53	62	32	22
6	Ears (a) Hearing	60	30	32	19	199	110	67	45
	(b) Otitis Media	22	46	5	5	55	109	4	6
	(c) Other	4	13	19	7	42	36	101	25
7	Nose and Throat	113	231	12	36	222	471	71	78
8	Speech	39	29	3	10	71	81	23	12
9	Lymphatic Glands	4	76	2	4	7	157	—	12
10	Heart	7	62	8	13	41	114	21	43
11	Lungs	56	83	10	28	132	212	49	60
12	Developmental:								
	(a) Hernia	6	26	4	4	28	62	9	15
	(b) Other	19	88	69	43	301	282	79	184
13	Orthopaedic:								
	(a) Posture	15	8	30	14	105	47	2	7
	(b) Feet	120	94	68	34	420	252	50	29
	(c) Other	20	23	22	23	128	106	87	23
14	Nervous System:								
	(a) Epilepsy	4	14	6	8	20	32	8	10
	(b) Other	5	8	3	1	20	27	14	41
15	Psychological:								
	(a) Development	10	55	4	3	34	105	117	57
	(b) Stability	44	180	21	55	156	444	155	119
16	Abdomen	9	16	4	6	29	56	20	22
17	Other	20	5	33	5	100	34	192	54

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
<b>GROUP 1. Eye Diseases (e.g. blepharitis, conjunctivitis)</b>		
Defective vision and squint		
(a) External and other, excluding errors of refraction and squint		80
(b) Errors of refraction, including squint		3,036
<b>Total</b>		<b>3,116</b>
(c) Number of pupils for whom spectacles were prescribed		945
<b>GROUP 2. Diseases and Defects of Ear, Nose and Throat</b>		
Received operative treatment for:-		
(a) Diseases of the ear		2
(b) Adenoids and Chronic Tonsillitis		147
(c) Other nose and throat conditions		8
Received other forms of treatment		157
<b>Total</b>		<b>314</b>
Total number of pupils still on the register of schools at 31st December 1969 provided with hearing aids:		
(a) During the current year		12
(b) In previous years (excluding any pupils shown at (a) above who were provided with an aid in a previous year)		72
<b>GROUP 3. Orthopaedic and Postural Defects</b>		
Number of pupils known to have been treated at clinics or at out-patients departments		1,220
<b>GROUP 4. Diseases of the skin (excluding uncleanliness)</b>		
Ringworm (i) Scalp		24
(ii) Body		1
Scabies		—
Impetigo		4
Other skin diseases		832
<b>Total</b>		<b>861</b>
<b>GROUP 5. Child Guidance Treatment</b>		
Number of pupils treated at child guidance clinics (including cases sent to the Tavistock and other hospital clinics)		640
<b>GROUP 6. Speech Therapy</b>		
Number of pupils treated by speech therapists		331
<b>GROUP 7. Other Treatment given</b>		
(a) Number of miscellaneous minor ailments treated by the Council		107
(b) Pupils who received convalescent treatment under School Health Service arrangements		30
(c) Pupils who received B.C.G. vaccination		2,084
(d) Treatment other than (a), (b) and (c) above		253

# EDUCATION ACT 1944 – Section 57

## SOCIAL SERVICES OF HEALTH DEPARTMENT

Cases dealt with under Section 57, Education Act 1944

6

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

—

During the year the Principal Medical Officer for Mental Health has brought closer together the care of the patients both in the hospital setting and then transferred to the community. His time has been increasingly called upon to give advice on psychiatric problems, especially by the School Health and Children's Department.

### MEDICAL EXAMINATION OF TEACHERS

Nationally the spotlight of attention continues to be focused on the services for the mentally

(a) Number of Teachers examined as to fitness for first appointment	98
(b) Number of Students examined as to fitness to undertake training course	183
(c) Number of Students examined on completion of training course at Hornsey College of Art	47

Staff movement has made its own contribution to our difficulties in making progress at the time to be desired this year of appointment and in order to combat these difficulties arising from too little money, I have increasingly encouraged the voluntary services in the area to help wherever possible. I am grateful to the Psychiatric Rehabilitation Association, the Red Cross Society and all those other volunteers who make a valuable contribution to the ongoing social work activities, nevertheless volunteers however willing and able, still do not entirely take the place of the field worker and statutory officer, whose volume of work constantly increases.

Our endeavours to provide adequate community care for those in need have been maintained, and special effort has been directed to the improvement of the facilities associated with the Woodside Club which has now been reopened at Wood Hill Lane, in the old clinic, where patients can recuperate and rehabilitate in a friendly atmosphere while spending some time in suitable educational and occupational activities. It will be remembered that this work is a valuable preventive measure and often obviates hospital admission, or at least, shortens the period of hospitalization.

#### Social Work

The full range of social work for all classes of severely handicapped persons is given, and the duties vary from making arrangements for the reception in private foster homes, or in cases of admitted them to hospital, into residential care, or in the provision of supplementary visits, or getting them to join in the activities of the Psychiatric Social Club.

As close a contact as possible is kept with the hospitals and other statutory and social agencies serving the area.

This has been a difficult year in the social work field owing to the general increase in mental health community care and the fact that there has been a considerable changeover in staff during this period, at one time the total number of Mental Welfare Officers was reduced to four, however, at the end of this report the general position looks rather more hopeful, fresh recruits are coming in, although mostly untrained juniors, which adds to the burden of the existing staff while they are being instructed in their new role.

There have been the usual professional visits of observation to the Mental Health Section and the associated borough services, but among those who visited were from the Association of the Professor of Psychiatry (London University), Professor Fisher, the two other Social Workers, teaching, advisory and nursing students. It will be seen from the following some experience of the community care services, the local community health care services and those now regularly send student parties to the section for a week or more.

#### Psychiatric Rehabilitation Association

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

"The new steady development of community care for the mentally ill. The Mental Welfare Department, the psychiatric hospitals, and the P.R.A. have continued to work closely together developing the rehabilitation facilities in the borough."





## SOCIAL SERVICES OF HEALTH DEPARTMENT

## MENTAL HEALTH SERVICES

During the year the Principal Medical Officer for Mental Health has brought closer together the care of the patients seen in the hospital setting and then transferred to the community. His time has been increasingly called upon to give advice on psychiatric problems, especially by the School Health and Children's Departments.

Nationally the spotlight of attention continues to be focussed on the services for the mentally disordered. In Haringey the Mental Health Services continue to develop and expand and important work has been done in consolidating the progress already made and in strengthening the existing links with the other associated services.

Staff movement has made its own contribution to our difficulties in making progress at the rate to be desired less easy of attainment and in order to combat those difficulties arising from too little money, I have increasingly encouraged the voluntary services in the area to help wherever possible. I am grateful to the Psychiatric Rehabilitation Association, the Red Cross Society and all those other volunteers who make a valuable contribution to the on-going social work in Haringey, nevertheless volunteers however willing and able, still do not entirely take the place of the field-worker and statutory officer, whose volume of work constantly increases.

Our endeavours to provide adequate community care for those in need have been maintained, and special effort has been directed to the improvement of the facilities associated with the Woodside Club which has now been rehoused at White Hart Lane, in the old clinic, where patients can recuperate and rehabilitate in a friendly atmosphere, while spending some time in suitably interesting and occupational activities. It will be appreciated that this work is a valuable preventive measure and often obviates hospital admission as well as reducing social stress and isolation.

#### Social Work

The full range of social work for all classes of mentally disordered persons is given, and the duties vary from making arrangements for the specialists to assess these people, or to assist in admitting them to hospital, into residential care, or in the provision of domiciliary visits, or getting them to join in the activities of the Psychiatric Social Clubs.

As close a contact as possible is kept with the hospitals and other statutory and social agencies serving the area.

This has been a difficult year in the social work field owing to the general increase in mental health community care and the fact that there has been a considerable changeover in staff during this period, at one time the total number of Mental Welfare Officers was reduced to four, however, at the time of this report the general position looks rather more hopeful, fresh recruits are coming in, although mostly in-service trainees, which adds to the burden of the existing staff while they are being instructed in their new role.

There have been the usual professional visits of observation to the Mental Health Section and the associated borough services, and among those welcomed have been an Assistant to the Professor of Psychiatry Istanbul University, Probation, Child Care and other Social Workers, teaching, midwifery and nursing students. In order to give those in training some experience of the community care services, our local catchment hospitals both Claybury and Friern now regularly send student nurses to the section for a short placement.

#### Psychiatric Rehabilitation Association

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

*"1969 saw steady consolidation of community care for the mentally ill. The Mental Welfare Department, the psychiatric hospitals, and the P.R.A. have continued to work closely together developing the rehabilitation facilities in the Borough.*



The P.R.A. Day Centre at Mitchley Road has had another successful year providing relief from isolation for selected patients and also a climate conducive to rehabilitation. During the year there were 49 referrals from Haringey and 11 from Enfield. As in the past, the cost has been shared between the User Authorities on a per capita basis.

14 patients moved on to full time employment during the year, one moved out of the area, and one moved on to a sheltered employment scheme; some returned to work direct from the Day Centre and some went via the Industrial Education Unit – an extension of the Day Centre. Bearing in mind the chronicity of the illness of most of the patients, this was no mean achievement.

The importance of the Centre and the need that it fills is evidenced by the excellent attendance record, even in the most inclement weather.

#### The Work

Whilst the work is the basis for group interaction, it is not the main purpose of the Centre. The objective is to enable patients in a group situation to interact constructively with each other, thereby regaining self-confidence to participate effectively in normal society. The availability of appropriate work is governed by the amount of space available. However, in spite of these difficulties, the situation is improving since the appointment of a Supervisor who has introduced toy design and manufacture. The developing relationships with local industrialists have enabled two sheltered employment schemes to provide short periods of employment in real factory conditions, as preparation for full time employment in industry. This particular scheme is being carefully watched by many interested bodies.

#### The Future

Day Centres are a means by which chronic patients can be helped towards greater self-expression and are a preparation for more realistic work situations. From experience, it is clear that a large number of participants will be unable to return to full time employment, without the availability of additional rehabilitative situations or protective environments such as sheltered workshops. In this connection, the Psychiatric Rehabilitation Association is experimenting with thermoplastic welding equipment, and will shortly be venturing into the plastics industry through their Industrial Education Unit.

Selection for attendance at the P.R.A. Centres has been largely at the discretion of the Mental Health Section, Psychiatrists at Claybury Hospital, and at the North Middlesex Hospital.

#### Community Housing Association

The Group Home in Tottenham completed its first year very successfully. Here again, close links with Claybury Hospital and with the Mental Welfare Department have been of vital importance to the scheme. The G.P. who looks after the residents has also been invaluable. The four original residents are still living there, and have been joined by two more. This highly successful project is proving to be an effective way of providing residential care with rehabilitative value at an economic cost.

#### The Evening Centre

Situated at the Lutheran Church Hall, Antill Road, this centre reinforces the will of the ex-patient intent on re-integration into society, and stimulates constructive self-assertion.

#### Annual Holiday

The P.R.A. booked a hotel at Clacton-on-Sea enabling eight Haringey patients to enjoy a holiday at the seaside. This included a range of additional activities and outings, and was largely paid for by the patients themselves – partly subsidised by the Mayor's Fund and P.R.A. projects.

*There is much that can be done, and will be done, as financial resources become available."*



### **Psychiatric Social Club**

The Oakleaf Club in N.8. and the Psychiatric Rehabilitation Association's evening club in N.15. have both continued to function very well throughout the year offering social activities to their members covering a wide range. The attendance at both these clubs is very good. The Oakleaf Club draws its membership in the main from the western side of the borough and from patients at Friern and Halliwick Hospitals. The Psychiatric Rehabilitation Association Club caters for all the eastern side of the borough and those patients who have been in Claybury, although all are free to go to either or both. These Clubs perform a very useful service in supplying a link between those patients in hospital and the community as patients while still in hospital may attend the Clubs and groups are at times conveyed there and in giving support to those who are in the community and thereby helping to reduce the re-admission factor.

### **Hamilton Hogben Adult Training Centre**

Now in its second full year the Adult Training Centre continues to function in a most satisfactory manner and progress is such that a further extension is proposed for the year 1970/71 when an extra forty trainees will be admitted. Plans are going ahead to establish an horticultural unit on a piece of waste land recently acquired from the Council's Estates Department. Other than providing a most valuable training facility, it is intended that the site will provide an excellent "fair weather" recreational area for the benefit of the trainees not actively engaged in horticulture.

Close co-operation is maintained with local industry and accordingly the light industrial work carried out in the Centre covers a very wide field from roller skates to motor car components, and from television components to plastic toys. The type of work accepted for processing is kept as varied as possible in order that the maximum benefit is available to all the trainees irrespective of their mental ability and/or dexterity.

The laundry still continues to expand and has recently accepted a contract to launder the blankets for the North Eastern and North Western Divisions of the London Ambulance Service. The increased volume of work necessitated a re-deployment of machinery and space within the laundry. This has now been started and we look forward to further expansion in the future.

A more direct approach is being made to the medical, social and educational aspects of the day to day life of the Centre, commencing with a complete assessment of all trainees in the light of past, present and future training requirements.

The annual Christmas concert was held in December in which some thirty per cent of the trainees took part. The show was very well patronised by parents and other interested parties. It is anticipated that the concert will become firmly established as an important annual fixture.

The Centre athletic team won the Inter Training Centre sports trophy and medals; they intend to win again in 1970.

Six trainees have been placed in open employment and several others are under consideration.

### **Services for the mentally subnormal**

The Authority sponsors 30 children at the Hornsey Centre for Handicapped Children on two days per week. In most of these children a marked improvement has been noted and they are becoming more socially competent. The Hornsey Centre fills a serious gap in the Borough's services until the new Special Care unit at the Junior Training School is open.

### **Linden House Hostel**

This hostel is for 16 adult male working subnormals, now it has had some time to settle down, there are very few changes taking place in the residency of the Home, six men are working in open employment, one is employed at the T.B. Workshop and the rest attend the Adult Training Centre. In the summer the Warden and his deputy took the residents on a holiday for one week to Walmer in Kent.

### **Junior Training School and Special Care Unit**

Work on the building of the Junior Training School commenced this year, and the school will be opened at the beginning of the September 1970 term. This means that every child at present attending a Junior Training School in either Enfield or Barnet will now be able to attend a Junior Training School within the borough.



### Holiday Camp for the Mentally Subnormal

The Enfield Health Department undertook the organisation of the Junior Camp and children from Enfield and Haringey attended this holiday at St. Mary's Bay, Dymchurch. This Authority made the necessary arrangements for the adult holiday for the two boroughs. The venue chosen was a private hotel at Walmer in Kent, both of these holidays were most successful.

### Residential Long Term Accommodation for Mentally Subnormal Patients

This Authority maintained 38 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 placements during the year.

### Social Clubs for the Mentally Handicapped

I regret to say that during the period under review the Golden Gateway Club had through force of circumstances to close its doors, the leader having left the district and the secretary was unable to carry on owing to personal ill health, however, the Roundabout Club still meets on Monday evenings at the Hornsey Centre for Handicapped Children and is supported by the Haringey West Society for Mentally Handicapped Children. The Doddy Club meets on Tuesday evenings at Earlsmead School, Broad Lane, and serves the eastern side of the borough and receives the support of the Haringey East Society. Both of these clubs put on a full social programme for their members, organising a number of outside visits and interests throughout the year.

### Hospital Placements for the Mentally Subnormal

As in previous years the difficulties in placing mentally subnormal persons in permanent care in catchment hospitals still exists, and this situation has shown no signs whatsoever of improving during the year.

### Conclusion

Work in the mental health field has progressed quite rapidly over the past two or three years, in the first five years since the borough was formed, community facilities will have been provided for 80 adult subnormals in Training Centres, Junior Training School placements for 108 children, this of course includes special care and nursery placements; a hostel for 15 adult male subnormals; a psycho-geriatric Day Centre for 12 elderly mentally ill persons. The establishment in liaison with the P.R.A. of a Day Centre for the mentally ill and the setting up of the various Clubs for the mentally ill. At times requests are made for preventive work to be undertaken where the person has not yet needed hospital treatment but without casework and psychiatric aid may well break down. The provision of mental health community care for these people, illustrates how positive preventive work may be done, but to develop this aspect of service more staff are required.

### NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31ST DECEMBER 1969

Referred by	MENTALLY ILL					SUBNORMAL AND SEVERELY SUBNORMAL				
	Under age 16		Aged 16 and over		TOTAL	Under age 16		Aged 16 and over		TOTAL
	M	F	M	F		M	F	M	F	
General practitioners	1	—	59	86	146	2	—	1	—	3
Hospitals, on discharge from in-patient treatment	—	1	31	37	69	—	—	4	—	4
Hospitals, after or during out-patient or day treatment	—	2	22	43	67	—	—	—	1	1
Local education authorities	—	1	3	3	7	2	1	6	3	12
Police and courts	—	—	21	18	39	—	—	—	—	—
Other sources	1	1	110	154	266	14	15	6	5	40
<b>TOTALS</b>	<b>2</b>	<b>5</b>	<b>246</b>	<b>341</b>	<b>594</b>	<b>18</b>	<b>16</b>	<b>17</b>	<b>9</b>	<b>60</b>

**NUMBER OF PATIENTS UNDER LOCAL HEALTH AUTHORITY CARE  
AT 31ST DECEMBER 1969**

Referred by	MENTALLY ILL					SUBNORMAL AND SEVERELY SUBNORMAL				
	Under age 16		Aged 16 and over		TOTAL	Under age 16		Aged 16 and over		TOTAL
	M	F	M	F		M	F	M	F	
1. Total Number	-	1	48	152	201	73	68	190	167	498
2. Attending workshops, day centres or training centres (including special units)	-	-	3	8	11	55	49	55	51	210
3. Awaiting entry to workshops, day centres, or training centres (including special units)	-	-	-	-	-	25	22	6	8	61
4. Receiving home training	-	-	-	-	-	-	-	-	-	-
5. Awaiting home training	-	-	-	-	-	-	-	-	-	-
6. Resident in L.A. home/hostel	-	-	3	5	8	-	-	9	-	9
7. Awaiting Residence in L.A. home/hostel	-	-	2	1	3	-	-	-	-	-
8. Resident in other home/hostel	-	-	12	13	25	2	4	9	9	24
9. Boarded out in private household	-	-	-	-	-	1	1	4	8	14
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	28	125	154	2	2	107	91	202

**NUMBER OF PATIENTS AWAITING ENTRY TO HOSPITAL ADMITTED FOR  
TEMPORARY CARE DURING 1969**

	SEVERELY SUBNORMAL OR SUBNORMAL				TOTAL
	Under age 16		Aged 16 and over		
	M	F	M	F	
Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.69					
(a) In urgent need of hospital care	2	8	1	1	12
(b) Not in urgent need of hospital care	8	6	8	7	29
(c) Total	10	14	9	8	41
Number of admissions for temporary residential care (e.g. to relieve the family)					
(a) To N.H.S. hospitals	7	18	9	8	42
(b) To L.A. residential accommodation	-	-	1	-	1
(c) Elsewhere	4	4	2	4	14
(d) Total	11	22	12	12	57

**Work of Mental Welfare Officers (1969)**

(a) Mental Illness

Visits made by mental welfare officers	5,757
Compulsory admissions to psychiatric hospital by mental welfare officers	167
Informal admissions to psychiatric hospitals by mental welfare officers	132

(b) Mental Subnormality

Visits to those under community care by mental welfare officers	2,271
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**Rehabilitation Workshops**

On the 31st December 1969, 31 men were employed at the workshops, excluding the manager and the instructor. Of the three men who entered for training during the year, one was transferred to the staff upon completion of the training, one left before completing the course and the training was terminated in the third case. Two high grade mentally subnormal adults were employed as porters in the workshops and one of these later left to take up employment in open industry. Although there was a falling off of orders received during 1969 the goods supplied during the year showed an increase due to outstanding orders at the beginning of the year. Orders received in 1969 amounted to £9,547 compared with £13,413 for 1968, and the value of goods delivered was £16,246 compared with £12,619 the previous year.



## DOMESTIC HELP SERVICE

The total number of cases provided with home help during the year was 2,689. 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 6,052. Of this number 1,374 were in respect of new cases.

The number of home helps in employment at the end of the year was 212 (equivalent to 124.3 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 1968	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	615	1,717	2,332	1,762
Aged under 65 on first visit during year:-				
Chronic sick and tuberculosis	45	151	196	141
Maternity	41	1	42	3
Others	89	30	119	41
<b>TOTALS</b>	<b>790</b>	<b>1,899</b>	<b>2,689</b>	<b>1,947</b>

The following cases still continue to make heavy demands on the service.

### Case 1

Problem Family, mother, father and 9 children aged 11, 10, 9, 7, 6, 5, 3, 2 and 1 year. Family continues to get into debt and have to be guided along by Health Department Social Worker.

Home Help attends three hours daily.

### Case 2

Widowed mother who had disseminated sclerosis. She has three sons, the eldest aged 20 years by her first marriage and two other aged 6 and 7 years.

Home help attends four hours daily.

### Case 3

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

The children are now aged 17, 15, 13, 12, 10 and 9 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).

Two of the children are at present in care.

The accommodation comprises three bedrooms – one occupied by the father, one by the two eldest boys and the third by the other children, a living room and a 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.

### Case 4

Triplets aged 2 years and two other children aged 5 and 3½ years.

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

## Neighbourly Help Service

This service continues to function satisfactorily and during the year 12 cases were served. Six cases were still receiving service at the end of year.

## DAY NURSERIES

The pressing needs and demands for day nursery placement continue. It is a matter of some concern that places are not immediately available when children are exposed to the risk of traumatic experience, because of extreme stress and crisis within the home.

Although during the year there has been an unusual number of staff shortage and changes the level of admission has been fairly constant.

Nursery nurses are trained at an early age, usually between 16 and 18 years. It is understandable that at times it is difficult for them to appreciate the problems of some of the parents and at the same time take full responsibility for a group of young children immediately after completion of their two year training. 8 students who commenced training in September 1967 were successful in obtaining the N.N.E.B. certificate.

Many children admitted to a day nursery are emotionally disturbed – the demand for admission of these children is continually increasing. Help for emotionally disturbed children, requiring specialised attention, became possible, when Mrs. Phillips, Play Therapist, commenced her appointment in May 1969.

It is appropriate to include some of the comments made by Mrs. Phillips in an article written by her for the Nursery Journal.

*Play therapy as a treatment for emotionally disturbed children has long been accepted in hospitals and child guidance clinics. Since the war the Day Nursery has been used to fill the growing needs for placement of under-fives whose parents are unable to care for them during the day because of social, financial or medical reasons. It is therefore not surprising that there is a higher percentage of emotional disturbance among Day Nursery children than among those coming from a more stable home background.*

*The Medical Officer of Health for the London Borough of Haringey and his staff had long been aware of this increasing intake of emotionally disturbed children into their Day Nurseries. As an Occupational Therapist who has specialised in the treatment of psychiatric patients and worked in a Children's Unit in a Psychiatric hospital it was a great challenge to take up the newly appointed post of Play Therapist with the Borough of Haringey. There are four Day Nurseries in this Borough and two more will be opening in the not too distant future.*

*With no predecessor in whose steps to follow, it was necessary to find myself a place in the nursery setting in which to discover my role as the Play Therapist. The first month was spent learning the details of the nursery routine and getting to know the staff and children. The Matrons were most helpful as regards providing details of the children's behaviour in the nursery and their family backgrounds. With two hundred children to observe and make friends with I was and still am grateful for their continued support.*

*I work under the guidance of the Consultant Psychiatrist at the Tottenham Child Guidance Clinic who sees some of the more severely disturbed children herself and is always ready with expert advice concerning the other children.*

*I divide my time between the four nurseries so that I can spend at least a day a week at each. After discussions with the Matrons and their staff at each nursery we were able to agree upon the particular children that we considered to be in need of help.*

*Insecurity is a big problem with children of this age and some become withdrawn perhaps refusing to eat, play or even speak. Others less severely affected are nevertheless timid, anxious or lacking in self confidence. The rather "flat" expressionless child often proves depressed either at being parted from its mother at the nursery or for some deeper cause.*



All these children it was thought would benefit from attending a weekly, or more often, at twice weekly play group of five children. The first stage in starting these small play groups was to develop a good relationship with the children and create an atmosphere in which they would feel free to express themselves as they were not previously able to do. Some of these children develop a strong dependence upon the therapist which when managed correctly can provide a basis for developing their emotional stability and later for gaining more confidence and independence in their everyday dealing with adult and children alike.

Another type of child who will be known to all whose work is with children is the aggressive child. These children may or may not benefit from a play group. Sometimes unable to cope with sharing the therapist's attention they become too disruptive to be contained beneficially within the group. They may however benefit from regular individual play therapy sessions when a one-to-one relationship can be built up more quickly. They choose their own toys or play equipment or act out their troubles through the medium of their play.

This type of treatment can take a lot of time and patience, and having worked in the nurseries for 8 months now I am conscious that the job is still in its early stages.

The percentage of children in need of some sort of attention to a greater or lesser extent is high and makes it impossible for me to cope with them all. However, I feel encouraged by the results even at this early stage and I am hopeful for the future of play therapy for the under-fives.

The following table shows the attendance at individual nurseries:-

NURSERY	Approved Places at end of year		Number 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	15	43	2,403	8,524	10,927	42.8
Park Lane	20	30	10	37	1,651	8,521	10,178	39.9
Plevna	20	30	10	43	2,593	8,309	10,902	42.8
White Hart Lane	10	30	10	30	1,330	7,602	8,932	35.0
TOTALS	65	133	45	154	7,977	32,956	40,939	160.5

In addition a large number of children were permitted to attend on a casual basis for half or a full day to enable the mother to keep appointments at hospital, family planning clinic or court.

#### Private Day Nurseries and Child Minders

Consequent upon the Health Services and Public Health Act 1968, two part-time child minder visitors were appointed early in 1969 to deal with the increased number of registrations necessary, until a full-time visitor could be appointed. In June 1969, Mrs. F. Lassalle was appointed as full time child minder visitor, and the following is her report of the work carried out during the rest of the year:-

"The number of visits by the child minder visitor has averaged 75 a week, the purpose of visits being as follows:-

- Initial visits to assess the suitability of the prospective child minder for registration.
- Subsequent visits in the course of registration - necessitating in most cases three visits, in some four or five visits.
- Inspections of registered minders.
- Investigations of allegations of child minding by unregistered persons.
- Visits to health centres to consult with health visitors.

There are of course a number of "no access" visits, particularly in the summer months. 158 persons applied for registration but withdrew their applications before registration was completed, in most cases either because the applicant was leaving the district or being rehoused; or because the child minder visitor's recommendations were not acceptable to the applicant.

In 25 cases the child minder ceased to mind after registration, either because she left the area or because she decided that she would be financially better off working".

The following is an analysis of the registrations made in 1969:-

	Day Nurseries		Child Minders		Play Groups	
	Number	Registered Places	Number	Registered Places	Number	Registered Places
1st January 1969	3	114	21	158	23	551
New Registrations	2	40	313	824	4	71
Discontinued	—	—	25	61	1	40
31st December 1969	5	154	309	921	26	582

Activities	...	...	...	...	...	77
Births, Notification of	...	...	...	...	...	42
Breast Cancer, Clinics for early detection	...	...	...	...	...	35
Cancer of the breast, early detection of	...	...	...	...	...	55
Care of Mothers and Young Children	...	...	...	...	...	48
Certificates of Disrepair	...	...	...	...	...	26
Cervical Cytology	...	...	...	...	...	64
Child Guidance Service	...	...	...	...	...	20
Child Health Clinics	...	...	...	...	...	56
Child Minders	...	...	...	...	...	104
Cherry Heights	...	...	...	...	...	20
Chiropractic Services	...	...	...	...	...	62
Cleaning and Disinfection	...	...	...	...	...	24
Clearance Areas	...	...	...	...	...	29
Communicability Factors	...	...	...	...	...	7
Day Nurseries, Local Authority	...	...	...	...	...	103
Private	...	...	...	...	...	104
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Deaths of Haringey Residents	...	...	...	...	...	8
Deaths of School Children	...	...	...	...	...	59
Defects remedied	...	...	...	...	...	26
Dental Care Priority Classes	...	...	...	...	...	36
School	...	...	...	...	...	31
Diseases of Animals Act 1950	...	...	...	...	...	28
Domestic Help Service	...	...	...	...	...	102
Drain stoppages	...	...	...	...	...	28
Drainage and Sewerage	...	...	...	...	...	27
Drug Epidemic and its effect on Community	...	...	...	...	...	65
Dysentery	...	...	...	...	...	12
Egg, Nose and Throat Clinics	...	...	...	...	...	73
Education Committee	...	...	...	...	...	71
Enotic	...	...	...	...	...	11
Factories	...	...	...	...	...	46
Family Planning	...	...	...	...	...	48
Food and Drugs Act	...	...	...	...	...	38
Food Complaints	...	...	...	...	...	41
Food Hygiene	...	...	...	...	...	35
Food Poisoning	...	...	...	...	...	17
Food Premises	...	...	...	...	...	30
Food Samples	...	...	...	...	...	36
Furnace Installations	...	...	...	...	...	25
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