

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

Contributors

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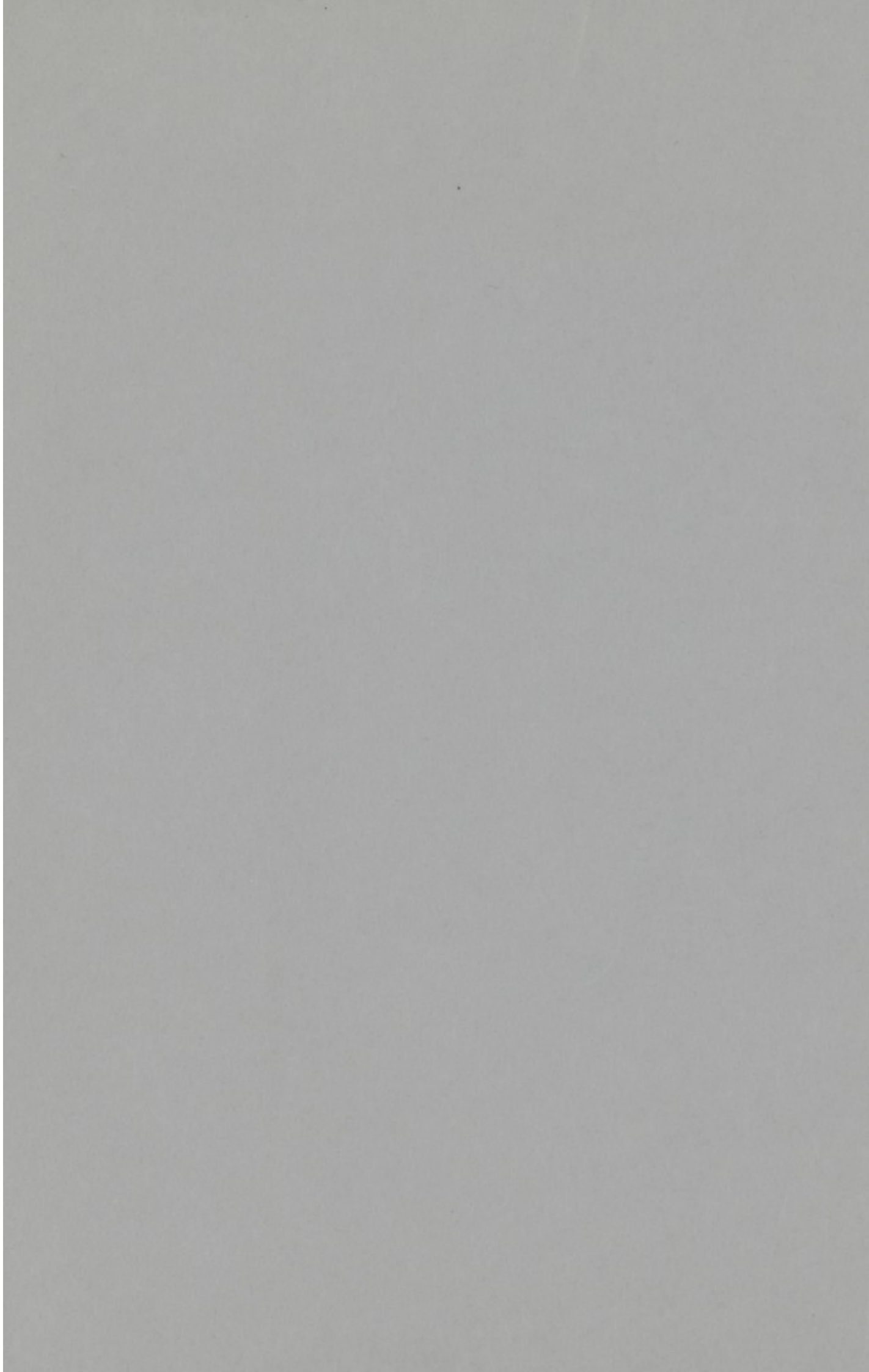
HARINGEY

HEALTH IN 1970



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

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



Honourable The Mayor, Aldermen and Councillors
of the London Borough of Haringey

HARINGEY

Gentlemen,
I have the honour to present the report on the health of the Borough of Haringey for the year ended 31 December 1970.

The report for 1969 described the introduction of the Directorate system and the effect of the new Social Services legislation which transferred the responsibility for Mental Health Services, Day Nursery care and Home Help to the new Social Services Directorate, so that this report for 1970 divides the work of the Health Department into three sections - Environmental Health; Personal Health and Infectious Diseases Control; and School Health.

Faced with this reorganisation the Health Department nevertheless made a good progress. The work of the Environmental Health Section increased considerably when the Council decided to accelerate the rate of inspection of premises under Part III of the 1957 Housing Act with a view to completion of the inspection area programme for the Borough by mid 1972. The improvement of houses under the Housing Act 1969 has proceeded apace. We were pleased to note that the London Boroughs Association adopted as code of fire precautions for day nurseries and child minders that was prepared by this Council's officers in consultation with the London Fire Service. Progress has been made, too, with the arrangements for midwives to work in close association with the hospital, and with the attachment of a health visitor to the Council's staff.

HEALTH IN 1970

The Council's interest in Family Planning, and especially in the Contraceptive Pill, Planning scheme should produce long-term benefits. In a world of ever-increasing population the catch-phrase for the future may well be "every child a wanted child" or as a recipe for the successful democrat instead of "the man one vote" we may one day say "one man one child". The recent history of developing countries has shown that increasing national prosperity can be used either to increase the population or to give a better quality of life to the individual; but increasing prosperity seldom permits both.

The Health Committee opened the William C. Harvey School on the Broadway Farm Estate in September where accommodation was made available for 108 pupils. The school fills an important need because Haringey was the only authority in the former Middlesex County Council without a junior training school. The new school was transferred to the Education Department on 1 April 1971.

During last year the Health Department has seen the transfer of many valuable officers to the Social Services Directorate and at this stage of our history I must thank them for the loyal and conscientious service which they have given to Haringey during its first six years, probably one of the most productive periods of public health history in this part of London, and I would wish them every success in their new spheres of activity. I would like to convey my thanks, too, to the Chief Executive and Directors, to the Heads of Management Services and other Heads of Service for their co-operation and assistance during the year.

In conclusion I wish to record my thanks to Councillor Mrs. Levinson, Chairman of the Health Committee and the Members of the Committee for their encouragement and support. My thanks are especially due to the staff of the Health Department for their hard work and for the difficulties they have met by reorganisation and frequent

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

I have the honour to be your obedient servant,

D. S. TATTON,

Medical Officer of Health



HARINGEY

HEALTH IN 1970

The Annual Report of the Haringey Council
Health & Welfare Department

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,

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Faced with this reorganisation the Health Department nevertheless made notable progress. The work of the Environmental Health Section increased considerably when the Council decided to accelerate the rate of inspection of premises under Part III of the 1957 Housing Act with a view to completion of the inspection area programme for the Borough by mid 1972. The improvement of houses under the Housing Act 1969 has proceeded apace. We were pleased to note that the London Boroughs Association adopted the code of fire precautions for day nurseries and child minders that was prepared by this Council's officers in consultation with the London Fire Services. Progress has been made, too, with the arrangements for midwives to work in better association with the hospitals, and with the attachment of nursing staff to general practitioners. The Chairman of the Health Committee, Councillor Mrs. Levinson, arranged a series of useful meetings between general practitioners and Health Department staff.

E.C. Godfrey

The Council's interest in Family Planning and especially in the Domiciliary Family Planning scheme should produce long-term benefits. In a world of ever-increasing population the catch-phrase for the future may well be "every child a wanted child" or as a recipe for the successful democrat instead of "one man one vote" we may one day say "one man one child". The recent history of developing countries has shown that increasing national prosperity can be used either to increase the population or to give a better quality of life to the individual; but increasing prosperity seldom permits both.

Dr. Robert Williams, M.B., M.A.

The Health Committee opened the William C. Harvey School on the Broadwater Farm Estate in September where accommodation was made available for 108 pupils. The school fills an important need because Haringey was the only authority in the former Middlesex County Council without a junior training school. The new school transferred to the Education Department on 1 April 1971.

During last year the Health Department has seen the transfer of many valuable officers to the Social Services Directorate and at this stage of our history I must thank them for the loyal and conscientious service which they have given to Haringey during its first six years, probably one of the most productive periods of public health history in this part of London, and I would wish them every success in their new spheres of activity. I would like to convey my thanks, too, to the Chief Executive and Directors, to the Head of Management Services and other Heads of Service for their co-operation and assistance during the year.

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I have the honour to be your obedient servant,

J.L. PATTON,

Medical Officer of Health

STAFF

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

Joan F. Nicholls, M.B., B.S., D.C.H., D.P.H.
Z. Zubrzycki, Med. Dipl., D.P.H.

Departmental Medical Officers

E.H.C. Alles, M.B., B.S., D.T.M. & H. (Ceylon), D.P.H.
Manju Chakrabarti, M.B., B.S., M.Sc. (Calcutta)
Kyvelie Chlouverakis, Med. Dip., M.D. (Athens), L.A.H.
Avery B. Cooper, M.R.C.S., L.R.C.P.
T.H. Elias, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
S.R. Lund, M.B., B.S. (Pakistan)
Isobel M. Pine, M.B., B.S., 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.
8 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.
Diana J. Bullock, B.D.S.
Alison G. Little, L.D.S., R.C.S.
A.H. Landsman, L.D.S., R.C.S.
Part Time:- Mrs. M.P. Antoniewicz, B.D.S.
Miss D. Saxon, L.D.S., R.C.S.
R.P. Bacon, R.D.S.
6 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.
3 specialist dental surgery assistants
11 dental surgery assistants

Public Analyst

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

Superintendent Health Visitor

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

Deputy Superintendent Health Visitor

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

Senior Health Visitors

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

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

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

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

Jeannette 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.

Doreen Witton, S.R.N., H.V.

18 health visitors; 2 student health visitors; 3 tuberculosis visitors; 12 clinic nurses.

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. (until 31.8.70)

Deputy Non-Medical Supervisor of Midwives

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

14 midwives

Deputy Superintendent of Home Nurses

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

29 home nurses: 3 part-time home nurses: 3 bath attendants.

Medical Auxiliaries

Physiotherapists

Nancy W. Allardice, M.C.S.P., S.R.N.

Elizabeth Marcus

Occupational Therapist

Judith Hunt, M.A.O.T.

Senior Speech Therapist

Eleanor R.P. McKeown, L.C.S.T.

Speech Therapists

Joan D. Came, L.C.S.T.
Jane C. Froud, L.C.S.T.
Stella E. Lyne, L.C.S.T. (until 31.3.70)
Lindy V. Peacey, L.C.S.T.
Ruby Sewell, L.C.S.T.

Orthoptists

Diana R. Kiverstein, D.B.O.
Senga Conn, D.B.O.

Screening Technicians

Hilda M. Bristow
Frances M. Jenner
Philomena C. Ward

Sessional Chiropodists – 20

Health Education Officer

Sheila M.P. Frost, S.R.N., S.C.M., H.V., D.H.E.

Chief Public Health Inspector

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

Deputy Chief Public Health Inspector

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

Senior Public Health Inspectors

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

25 public health inspectors: 8 pupil public health inspectors:
6 technical assistants.

Food and Drugs Officer

A.J.C. Roker

Meat Inspector

J.K. Baker-Smith

Shops Inspectors

T.E. Goodwin
T. Robinson (until 11.10.70)

Mortuary Attendant

S.J. Twinn
1 assistant

ADMINISTRATIVE STAFF

Chief Administrative Officer

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

Accounts, Wages, Supplies
 Building and Transport Division:
 N.P. Child (Divisional Head)
 L.E. Wells (Section Head)
 J.W. Bailey (Section Head)
 8 clerical assistants:

Child Health and Domiciliary Care Division:
 H.J. Dunham, B.A. (Divisional Head)
 S.E. Woodroffe (Section Head)
 30 administrative and clerical assistants:
 8 part-time clerical assistants:

Prevention, Care and After Care and
 Mental Health Division:
 P.V. Ingram (Divisional Head)
 Hazel Gill (Section Head)
 Hetty L. Somers (Section Head)
 9 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)
 12 administrative and clerical assistants:

Secretariat

A. Balls (Section Head)
 Florence Wetherall (M.O.H.'s Secretary)
 4 administrative and clerical assistants:
 Mrs. S. Hogan (Acting Supervisor of Typing Section)
 12 shorthand typists and copy typists
 1 machine operator

VITAL STATISTICS

	1969	1970
Area of District (in acres)	7,491	7,491
Population — Mid-year: Registrar General's estimate	242,300	238,410
Rateable Value as at 1st April	£13,696,189	£13,733,152
Sum represented by penny rate	£54,500	£54,750
Approximate number of separately rated dwellings in district	72,395	72,169
Registered live births: Males	2,436	2,188
Females	2,317	2,154
Total	<u>4,753</u>	<u>4,342</u>
Birth Rate per 1,000 estimated population	19.62 (16.3)*	18.21 (16.0)*
No. of live births which were illegitimate	645	611
Illegitimate live births as percentage of all live births	13.57% (8%)*	14.07% (8%)*
Stillbirths: Males	41	33
Females	18	18
Total	<u>59</u>	<u>51</u>
Stillbirth rate per 1,000 total (live and still) births	12.26 (13)*	11.61 (13)*
No. of stillbirths which were illegitimate	10	4
Stillbirths as a percentage of all stillbirths	16.95%	7.84%
Deaths: Males	1,484	1,356
Females	1,436	1,428
Total	<u>2,920</u>	<u>2,784</u>
Death rate per 1,000 estimated population	12.05 (11.9)*	11.68 (11.7)*
Maternal Mortality: Deaths from Puerperal Causes	2	4
Death rate per 1,000 total (live and still) births	0.416	0.915
Deaths of infants under 1 year of age (Infant Mortality)		
(a) Legitimate: Males	44	51
Females	34	33
Total	<u>78</u>	<u>84</u>
Death rate per 1,000 legitimate live births	18.99	22.51
(b) Illegitimate: Males	10	9
Females	11	8
Total	<u>21</u>	<u>17</u>
Death rate per 1,000 illegitimate live births	32.56	27.82
(c) Total: Males	54	60
Females	45	41
Total	<u>99</u>	<u>101</u>
Death rate per 1,000 total live births	20.83 (18)*	23.05 (18)*
Deaths of Infants under 4 weeks (Neo-natal Mortality)	62	72
Rate per 1,000 live births	13.04 (12)*	16.58 (12)*
Deaths of Infants under 1 week (Early Neo-natal Mortality)	50	58
Rate per 1,000 live-births	10.52 (10)*	13.36 (11)*
Stillbirths and deaths under 1 week (Perinatal Mortality)	109	109
Rate per 1,000 live and still births	22.65 (23)*	24.81 (23)*

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

Comparability Factors

To enable local vital statistics to be compared with other districts or with national figures, the Registrar General issues comparability factors for correcting crude birth and death rates. These factors make allowance for the way in which the sex and age distribution of the local population differs from England and Wales as a whole. The death rate comparability factor has been adjusted specifically to take account of the presence of residential institutions in the area.

To compare the crude 1970 rates for Haringey with the national rates, Haringey's figures must be multiplied by the appropriate comparability factors, which are 0.92 for births and 0.96 for deaths.

The adjusted birth rate for Haringey is 16.75, and the death rate 11.51, compared with national rates of 16.0 and 11.7.

Classification of Deaths

The Registrar General has analysed the 1970 deaths by causes which are classified according to the International Abbreviated List of 50 causes (B. List) of the Eighth Revision of the International Classification of Diseases but with some sub-divisions, to improve comparability with the classification used before 1968.

ICD	Disease	Age Group										Total		
		0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49			
001	Abuse of drugs													
002	Abuse of alcohol													
003	Abuse of drugs and alcohol													
004	Abuse of drugs and alcohol, unspecified													
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ICD-10: INTERNATIONAL CLASSIFICATION OF DISEASES, TENTH REVISION

CLASSIFIED DEATHS OF HARINGEY RESIDENTS SHEWING AGE GROUP AND SEX DISTRIBUTION 1970

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	
	B4 Enteritis and Other Diarrhoeal Diseases	4	1	-	-	2	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1
B5 Tuberculosis of Respiratory System	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-
B11 Meningococcal Infection	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B14 Measles	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B18 Other Infective and Parasitic Diseases	2	3	1	-	1	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	1	-	-	-	-
B19(1) Malignant Neoplasm, Buccal Cavity etc.	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1	-
B19(2) Malignant Neoplasm Oesophagus	8	9	-	-	-	-	-	-	-	1	-	-	-	-	-	2	-	2	1	-	1	-	3	7	
B19(3) Malignant Neoplasm, Stomach	28	28	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	10	4	9	3	8	20		
B19(4) Malignant Neoplasm, Intestine	18	41	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	7	7	3	8	6	25		
B19(5) Malignant Neoplasm, Larynx	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	4	-		
B19(6) Malignant Neoplasm, Lung, Bronchus	127	33	-	-	-	-	-	-	-	-	-	-	-	-	-	8	4	42	7	49	11	28	11		
B19(7) Malignant Neoplasm, Breast	2	64	-	-	-	-	-	-	-	-	-	-	-	-	3	-	10	-	22	1	10	1	19		
B19(8) Malignant Neoplasm, Uterus	-	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	5	-	3		
B19(9) Malignant Neoplasm, Prostate	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	6	-	6	-		
B19(10) Leukaemia	11	6	-	-	-	-	-	-	-	1	-	1	2	1	1	2	-	2	1	3	2	1	-		
B19(11) Other Malignant Neoplasms	75	76	-	-	-	-	1	-	-	1	-	1	1	5	1	7	12	23	17	23	19	14	26		
B20 Benign and Unspecified Neoplasms	1	4	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-	2	-	-		
B21 Diabetes Mellitus	10	15	-	-	-	-	-	-	-	-	-	-	-	-	2	1	-	1	-	2	5	6	3	5	
B22 Avitaminosis, etc.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-		
B46(1) Other Endocrine etc. Diseases	5	4	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	-	1	1	3		
B23 Anaemias	4	7	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-	1	7		
B46(2) Other Diseases of Blood etc.	1	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1		
B46(3) Mental Disorders	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1		
B24 Meningitis	3	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
B46(4) Multiple Sclerosis	1	6	-	-	-	-	-	-	-	-	-	-	1	1	-	-	3	-	2	-	-	-	-		
B46(5) Other Diseases of Nervous System, etc.	21	14	-	-	-	1	-	-	1	-	1	-	1	-	1	-	-	3	1	7	5	8	7		
B26 Chronic Rheumatic Heart Disease	11	27	-	-	-	-	-	-	-	-	1	-	1	-	2	3	5	2	6	-	5	5	9		
B27 Hypertensive Disease	19	29	-	-	-	-	-	-	-	1	-	-	-	2	-	1	-	5	1	5	5	5	23		
B28 Ischaemic Heart Disease	362	260	-	-	-	-	-	-	-	-	-	-	-	6	2	44	8	91	23	123	52	98	175		

B29	Other forms of Heart Disease	60	93	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	4	3	2	2	20	12	33	74
B30	Cerebrovascular Disease	98	216	-	-	-	-	-	-	-	-	-	-	-	2	1	1	2	2	6	15	13	16	37	37	39	143
B46(6)	Other Diseases of Circulatory System	38	87	1	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	6	6	9	10	21	70
B31	Influenza	7	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	1	1	2	4	2	5
B32	Pneumonia	104	145	4	2	7	2	-	-	-	-	-	-	-	-	-	-	-	4	1	5	4	30	23	54	113	
B33(1)	Bronchitis and Emphysema	134	53	-	-	1	-	-	-	1	-	-	-	-	-	-	-	1	-	2	1	20	5	46	12	64	34
B33(2)	Asthma	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
B46	Other Diseases of Respiratory System	18	16	-	-	9	2	1	1	-	-	-	-	-	-	-	-	-	-	1	5	2	1	3	2	7	
B34	Peptic Ulcer	16	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4	2	6	1	6	7	
B35	Appendicitis	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
B36	Intestinal Obstruction and Hernia	9	13	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	1	-	3	-	1	4	4	7	
B37	Cirrhosis of Liver	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	1	-	-	1	1	
B46(8)	Other Diseases of Digestive System	16	14	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	2	1	4	-	5	4	4	8	
B38	Nephritis and Nephrosis	4	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	1	2	
B39	Hyperplasia of Prostate	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	
B46(9)	Other Diseases, Genito-Urinary System	4	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	1	1	1	4	
B40	Abortion	-	2	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	
B41	Other Complications of Pregnancy etc.	-	2	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	
B46(10)	Diseases of Skin, Subcutaneous Tissue	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	
B46(11)	Diseases of Musculo-Skeletal System	3	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	2	3	1	9	
B42	Congenital Anomalies	12	12	6	8	2	-	-	3	1	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	
B43	Birth Injury, Difficult Labour, etc.	13	9	13	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
B44	Other Causes of Perinatal Mortality	11	15	11	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
B45	Symptoms and Ill Defined Conditions	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	3	
BE47	Motor Vehicle Accidents	17	9	-	-	-	1	-	2	1	4	3	1	-	2	-	1	-	1	-	1	1	-	1	5	3	
BE48	All Other Accidents	22	24	-	-	-	-	-	2	4	1	-	1	2	1	6	1	4	4	2	4	2	6	4	8		
BE49	Suicide and Self-Inflicted Injuries	14	7	-	-	-	-	-	-	-	-	1	3	3	4	2	4	2	1	4	2	1	4	2	1	4	
BE50	All Other External Causes	4	3	-	-	-	-	-	-	2	-	1	1	-	-	-	-	-	-	1	-	-	-	2	-	-	
TOTAL ALL CAUSES		1,356	1,428	37	35	23	6	7	3	7	6	15	11	12	12	31	21	104	79	269	147	406	264	445	844		

NOTIFICATIONS OF INFECTIOUS DISEASES DURING 1970 BY SEX AND AGE GROUPS

	Under 1		1		2		3		4		5-9		10-14		15-19		20-34		35-44		45-64		65+		UNK		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Scarlet Fever	1	-	4	1	6	4	5	3	8	5	19	28	1	3	6	3	1	2	-	-	-	-	-	-	-	
Measles	33	24	104	97	83	124	112	102	111	88	268	275	7	12	11	7	4	6	-	1	-	-	-	-	6	9	1484
Whooping Cough	14	8	2	5	10	4	7	3	5	3	18	21	-	2	-	1	-	3	-	1	-	-	-	-	-	1	108
Food Poisoning	4	1	1	-	3	1	1	-	-	-	1	1	2	1	1	-	3	6	1	1	5	1	1	-	-	-	35
Ophthalmia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A. Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Post Infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paralytic	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Non-Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Acute Meningitis	1	3	-	-	1	1	2	-	2	-	3	-	1	-	1	-	-	-	-	-	-	3	2	-	-	-	20
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Para-Typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	2
Dysentery	2	-	1	1	3	2	-	3	-	3	3	3	-	3	-	1	3	5	2	1	-	1	-	-	-	-	2
Scabies	3	-	2	2	3	2	7	7	3	1	15	13	10	7	5	15	33	47	7	7	3	3	2	3	1	2	39
Tuberculosis Respiratory	-	-	-	1	1	-	1	-	1	1	-	-	1	-	3	2	16	12	7	5	15	6	8	4	-	-	84
Tuberculosis Meninges & Central Nervous System	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis Others	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	4	7	4	1	2	1	1	1	-	1	24
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Jaundice	1	-	-	-	-	-	1	-	2	-	-	4	-	-	4	-	14	10	2	3	1	3	-	1	-	1	2
																											47

PART 1

ENVIRONMENTAL HEALTH

W.J. Wilson, Chief Public Health Inspector

The scope of the work of the Environmental Health Division is solely limited by the availability of staff to meet the many diverse and pressing problems in this sphere of the Council's responsibilities. Although there was some improvement in the staffing situation in 1970 we were still three Public Health Inspectors below the establishment at the end of 1970. The build-up in the amount of work under the Housing Act 1969 has resulted in very heavy pressure upon the staff, and the added work has more than outweighed the small increase in staff.

The work of inspection in environmental health is progressively more complex. Increasing use is made of scientific instruments and close-co-operation with the Scientific Branch of the G.L.C. is maintained.

Drainage and Sewerage

There are two systems of sewerage operative in the Borough. Surface water is collected and conveyed to water courses, rivers etc. Soil sewage is conveyed to the sewage disposal works. Occasionally it is found that the water courses are being polluted, particularly with detergent scum and soap solution. A continuous programme of investigation is carried out by a technical assistant who reports all suspected contraventions to the public health inspectors. Close co-operation with the Greater London Council (Department of Public Health Engineering) is maintained.

During the year 2,289 premises were inspected in this way and drainage corrections were requested in 63 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 full 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 1970:-

I refer to the Department of Health and Social Security Circular No. 1/71 and have pleasure in giving below and on the attached sheets the required information as far as it relates to the Board's direct supply to your administrative area and its several parts. You will understand that this information does not relate to private supplies or to supplies derived from or through other Water Undertakings (if any).

1. (a) *The supply was satisfactory both as to (i) quality, and (ii) quantity throughout 1970.*
- (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 the analytical 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, 1970, was 237,786.*
- (ii) *No houses were permanently supplied by standpipe.*
- (d) *No artificial fluoride is being 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 with River Thames-derived water. The remainder of the borough is supplied with New River-derived water. During the summer months, the Northumberland Park area receives well water from Park pumping station.

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 shown to be not 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.

SUPPLIED TO THE CORPORATION OF HAVINGHAM FOR THE YEAR 1930
 ANALYSE REPORT IS OF THE CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF THE WATER

Source	Number of samples	Bacteriological	Chemical	Notes
Muswell Hill	10	0	0	Thames water
New River	10	0	0	New River water
Park	10	0	0	Well water
Total	30	0	0	

**AVERAGE RESULTS OF THE CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF THE WATER
SUPPLIED TO THE LONDON BOROUGH OF HARINGEY FOR THE YEAR 1970**

(Milligrams per litre (unless otherwise stated))

Description of the Sample	No. of samples	Ammoniacal Nitrogen	Albuminoid Nitrogen	Nitrate Nitrogen	Chlorides as Cl	Oxygen abs. from Permanganate 4 hrs. at 27° C	Turbidity Units	Colour (Burgess Units)	Hardness (Total) Ca CO ₃	Hardness (non-carbonate) Ca CO ₃	pH Value	Phosphate as PO ₄	Silicate as SiO ₂	Sulphate as SO ₄	Natural Fluoride as F	Magnesium as Mg.	Sodium as Na	Potassium as K	Surface Active Material as Manoxol OT	Electrical Conductivity (micro-mhos)
New River derived	104	0.008	0.061	5.2	46	0.61	0.0	8	304	79	7.8	1.9	10	71	0.20	5	30.9	4.9	0.02	620
Thames derived	363	0.026	0.083	4.8	40	1.02	0.1	11	274	79	7.9	2.7	9	70	0.20	5	27.7	5.6	0.03	570
Park Well	3	0.135	0.025	0.4	24	0.19	0.1	2	276	68	7.5	-	-	-	0.65	-	-	-	-	510

BACTERIOLOGICAL RESULTS – YEARLY AVERAGES 1970

	BEFORE TREATMENT							AFTER TREATMENT				
	Number of samples	Agar plate count per ml.		Coliform count		Escherichia Coli count		Number of samples	Agar plate count per ml.		Coliform count	Escherichia Coli count
		20–24 hours at 37° C	3 days at 22° C	Per cent samples negative in 100 ml.	Count per 100 ml.	Per cent samples negative in 100 ml.	Count per 100 ml.		20–24 hours at 37° C	3 days at 22° C	Per cent samples negative in 100 ml.	Per cent samples negative in 100 ml.
New River derived	1,510	46.1	-	42.91	8.1	60.79	2.2	516	10.9	-	100.0	100.0
Thames derived	8,259	31.9	-	37.91	17.3	53.58	4.7	3,710	8.0	-	99.92	99.97
Park Well	95	0.4	31	93.68	0.1	100.0	-	96	0.5	15	100.0	100.0

Swimming Baths and Paddling Pools

Public health control of the public and privately owned pools is maintained on behalf of the Public Health Department by regular sampling 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 Borough Council's swimming baths is highly efficient and the analyses generally give very good results. The Baths Department is advised of the results of the tests in respect of the Council controlled establishments and these results are supplementary to the tests undertaken by the staff of that Department.

Smoke Control Areas

The whole of the Borough became smoke controlled on 1st December 1968. In the report for 1969 mention was made of the general concern regarding the diminishing supplies of gas coke consequent upon the rapid changeover by the gas industry to the utilisation of oil and natural gas in place of gas generated from coal. It was hoped that the production of other solid smokeless fuels would be stepped up sufficiently to off-set the loss of gas coke, but in 1970 the forecast of supplies for the winter of 1970/71 left little doubt that a shortage of solid smokeless fuel would arise that winter. After consultations with the manufacturers, distributors and the other London Boroughs it became evident that in order to avoid hardship because of the lack of suitable fuel it would be necessary temporarily to relax the smoke control orders in part of the Borough for that winter period. The Council advised the Department of the Environment that the smoke control orders relating to the north-eastern part of the borough and affecting approximately 40% of the dwellings in the borough should be suspended from the 1st December 1970 until 31 March 1971.

It was fortunate that the winter weather was comparatively mild and the amount of bituminous coal which was burnt was small so that the suspension of the orders did not give rise to any marked increase in the smoke content of the atmosphere.

During the year it was necessary to take informal action on two occasions in respect of the sale and delivery of unauthorised fuels in smoke control areas.

Furnace Installations

In accordance with Section 3 of the Clean Air Act 1956 notifications were received in respect of 34 premises where it was proposed to install new furnaces. These were examined and in 7 cases it was necessary to suggest modifications to 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

10 applications were received under Section 6 of the Clean Air Act 1968. Informal discussions took place with respect of certain of these and of chimneys not requiring approval under that section. Advice was given and agreement reached in each such case by which chimney terminal heights were fixed to allow for adequate dissipation of the exhaust gases to avoid the risk of harmful local concentrations of air pollutants.

Control of Atmospheric Pollution

The emission of excessive amounts of smoke were noted in respect of five industrial plants. Advice was given to the management on the need to maintain adequate control measures to prevent a recurrence of the nuisance.

The burning of timber on demolition sites has from time to time lead to discomfort to people in the vicinity. Whilst it is often desirable to destroy this old wood on site as it is commonly infested with woodworm it is essential to ensure that the burning is properly controlled so that it does not give rise to a nuisance to the neighbourhood.

During the year a complaint was received of nuisance from the diesel exhausts of delivery vehicles at a large food depot in the borough. These vehicles were kept running on the company's vehicle park which immediately adjoins and is about three feet above a public footpath where a bus stop is situated. The vans were so parked that their exhausts discharged directly over the footpath making it almost impossible for persons to pass along the footpath or to wait at the bus stop. Discussions with the management lead to alternative parking arrangements being made and the switching off of the engines when the vans were stationary.

Investigation of Atmospheric Pollution

Haringey continued to co-operate with the Department of Trade and Industry to which the Warren Spring Laboratory is attached 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 Laboratory to show national distribution and trends in atmospheric pollution. The readings obtained depend to some extent on varying local meteorological conditions which at times may give rise to deviations from the general trend.

TABLE A

Average Daily Readings of Smoke and Sulphur Dioxide in the Atmosphere 1969/70
(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)
Classification	A.3	A.1	A.2	D.2
(a) Smoke				
July 1969	23	21	21	16
August	28	28	28	33
September	33	27	33	32
October	62	62	73	67
November	59	58	92	62
December	73	78	88	81
January 1970	63	69	76	67
February	34	36	38	36
March	43	41	48	37
April	31	28	N	25
May	31	24	25	N
June	18	17	23	N
(b) Sulphur Dioxide				
July 1969	89	83	95	95
August	99	92	101	86
September	87	82	99	80
October	171	138	181	158
November	165	149	115	53
December	247	224	263	236
January 1970	264	239	266	232
February	172	173	187	164
March	198	176	204	148
April	N	125	N	105
May	76	77	68	N
June	79	73	85	N

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 1970

MONTH	Hornsey Town Hall Site				Hampden Road, N.8. Site			
	Rainfall (litres)	Deposits-mgs. per m ²			Rainfall (litres)	Deposits-mgs. per m ²		
		Dissolved	Undissolved	Total		Dissolved	Undissolved	Total
January	5.0	70	118	188	5.4	72	130	202
February	3.6	67	67	134	3.7	112	38	150
March	4.1	58	118	176	3.8	59	67	126
April	7.2	111	149	260	6.9	112	133	245
May	N	N	N	N	N	N	N	N
June	1.3	32	55	87	1.4	35	72	107
July	4.6	54	92	146	4.4	37	70	107
August	4.2	28	14	42	4.1	32	14	46
September	4.4	56	145	201	4.4	52	137	189
October	2.2	42	76	118	2.3	67	47	114
November	11.0	365	119	484	10.8	259	72	331
December	2.6	58	64	122	2.2	67	62	129
TOTAL (11 months)	50.2	941	1,017	1,958	49.4	904	842	1,746

Rodent Control

Details of the rodent control measures employed in the sewers in Haringey are set out on the following page. In addition to the routine sewer baiting programme, various measures to control the number of rats and mice are carried out wherever they are found. An aspect of this work which has increased during the past year arises from the spread of strains of rats and mice resistant to the poisons which have previously been effective. People no longer keep cats in anything like the numbers previously experienced and this has made other control measures more necessary. Close liaison is maintained with the Pest Control Unit, Ministry of Agriculture, Fisheries and Food and with the Pest Control 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 1970.

1.	Dwelling houses	—	2065
2.	Factory premises	—	69
3.	Shops and Cafes	—	83
4.	Schools	—	18
5.	Miscellaneous	—	40
6.	Total charge for 2 - 5 above	—	£589.00

RODENT CONTROL — SEWER BAITING 1970

AREA	Total manholes	WARFARIN							SODIUM FLUORACETAMIDE	
		Baited manholes	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	2141	2059	78	4	2106	30	5	2141	2141
East	1256	1256	1136	106	14	1199	52	5	1256	*Not completed in 1970
TOTAL	3397	3397	3198	184	18	3305	82	10	3397	2141
PERCENTAGE		100.0	94.2	5.3	0.5	97.3	2.4	0.3	100	63.0

* NOTE: This treatment was completed February 1971. 1256 manholes were treated.

Cleansing and Disinfecting Station

The treatment of affected materials by cleansing, disinfection and/or disinfestation was carried out at the Department's Depot in Hornsey High Street, N.8. In addition to routine disinfection work to infected bedding or soft furnishings, bundles of articles were disinfected prior to despatch abroad. Supervised bathing and treatment of verminous persons and scabies patients was also carried out at the Station.

The reorganisation of the Depots, as mentioned in the Annual Report for 1969, took place during the year and the Health Department Depot was moved to Wightman Road, N.4. on 1st April 1970.

Laundry Service for the Incontinent

During the year 2,467 bundles of soiled articles were cleaned and laundered. With the co-operation of the Tottenham Group Hospital Management Committee, the laundering of these articles was undertaken by the St. Anns Hospital laundry until a fire destroyed the hospital laundry on 21 October 1970. Alternative arrangements were made for the work to be carried on at the Council's laundry in the Hamilton Hogben Training Centre. Care is taken to ensure that the laundry is treated separately from the normal work undertaken at the Centre. Collections and deliveries are made twice weekly by the Department's general assistants.

The names of persons requiring this service are normally referred to the Department by general medical practitioners, home nurses or home help organising staff. Fifty-nine people were helped by this service in 1970, the average number on the "active list" at any one time is about thirty.

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 1970

Insect Pest	Houses	Other Premises
Ants	71	12
Beetles and Cockroaches	128	26
Bugs	131	-
Fleas	134	3
Flies, Bluebottles and Maggots	38	1
Wasps and Bees	444	24
Other pests or precautionary treatment	108	4
TOTAL	1054	70

Where requests for assistance are received in respect of non-domestic premises a charge is made to cover the cost of the service. During 1970 £70.00 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 1970, 392 bodies were received into Hornsey mortuary and a post-mortem examination was carried out in every case.

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

		Statutory Nuisances	7,459
		Drainage	1,403
		Drain Tests	19
		Surface Water Pollution	2,289
		Vermin and Pests	483
		Rodents	478
		Accumulation of Refuse	698
		Smoke Observations	201
		Smoke Control	1,410
		Noise	484
		Disrepair Certificates	12
		Housing Surveys	1,025
		Multiple Occupation	9,438
		Overcrowding	110
		Other inspections under Housing Acts	961
		Mortgage Advance	7
		Improvements Grants	2,895
		Infectious Disease (Not food borne)	382
		Food Poisoning and food borne disease	197
		Factories with Mechanical Power	371
		Factories without Mechanical Power	9
		Outworkers	79
		Offices etc.: General Inspection	248
		Offices etc.: Other visits	442
		Shops Act	3,158
		Employment of Young Persons	575
		Bakehouses	113
		Bakers and Flour Confectioners	204
		Butchers	507
		Canteens and Kitchens	178
		Confectioners - Sugar	248
		Fishmongers	90
		Fried Fish Shops	135
		Greengrocers and Fruiterers	482
		Grocers	929
		Hawkers of Food	53
		Prepared Food Premises	28
		Public Houses and Off Licences	212
		Restaurants and Cafes	930
		Slaughterhouses	310
		Other Food Premises	218
		Street Traders	2,091
		Food and Drugs Sampling	868
		Ice Cream Sampling	87
		Milk Sampling	63
		Surrender of Unsound Food	292
		Investigation of Food Complaints	322
		Bacteriological examination of Food	141
		Hairdressers	54
		Old People's Welfare	44
		Pet Animals Act	66
		Other visits	3,965
		No access	4,265

Defects remedied as a result of action by District Public Health Inspectors

Drains repaired	62 premises
W.C. cisterns repaired or renewed	80 "
W.C. pans renewed or cleansed	24 "
Flush pipes repaired	15 "
Waste pipes repaired or renewed	66 "
Rain water pipes repaired or renewed	88 "
Roofs repaired or renewed	451 "
Eaves gutters repaired or renewed	166 "
Drinking water cisterns renewed or covered	2 "
Water service pipes repaired	19 "
Yards repaired or reconstructed	17 "
Floors repaired or renewed	132 "
Dampness remedied	420 "
Window frames and sashes repaired, renewed or painted	323 "
Fire places, stoves and ovens repaired or renewed	6 "
Flues and chimney stacks repaired	3 "
Brickwork of walls repaired and walls rebuilt	79 "
Wallplaster repaired	307 "
Ceiling plaster repaired	185 "
Rooms cleansed	12 "
Staircases, balconies and steps repaired or renewed	34 "
Noxious accumulations removed	79 "
Nuisances from animals abated	4 "
Miscellaneous defects remedied	300 "

Statutory Notices Served

Housing Act 1957

Section 78 (Overcrowding)	17
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(A summary of the statutory provisions with regard to overcrowding is shown on page 30)

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)	20
Section 19 (Limitation of number of occupants)	4

Public Health Act 1936

Section 39 (Drainage)	49
Section 45 (Repairs of W.C.'s)	16
Section 79 (Accumulations of refuse)	2
Section 83 (Cleansing premises)	1
Part III (Statutory nuisances)	238

Public Health Act 1961

Section 17 (Drainage)	27
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Tottenham Corporation Act 1952

Section 43 (Urgent Repairs)	109
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Work Executed by the Council;—

Work carried out in default of or by agreement with the owners during 1970

Public Health Act 1936

Section 39 (Drainage)	1 premises
Section 45 (Water Closets)	1 "
Part III (Statutory Nuisances)	3 "

Public Health Act 1961

Section 17 (Drainage Clearance)	15 "
Section 18 (Drainage repair)	1 "

Tottenham Corporation Act 1952

Section 43 (Emergency Repairs)	37 "
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Housing Act 1961

Section 14 (Houses in Multiple Occupation: Management)	1 "
Section 15 and 16 (Houses in Multiple Occupation: Amenities and Fire Precautions)	4 "

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

No rag flock is 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 now very 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 any way prejudicial to health or a nuisance. Investigations are also made following observations 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, and 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 magistrates' court.

During 1970 7,459 visits were made to investigate complaints and 842 informal notices were sent requesting action to remedy unsatisfactory conditions. In 238 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 12 occasions resulting in fines totalling £75.00 and costs £70.00. In 109 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 owner's default at 37 premises.

Noise

484 visits were made in connection with complaints of noise.

Usually the noise comes into two categories. Firstly noise emanating from business premises where an informal approach to the management usually achieves the desired co-operation. Frequently a good deal of technical research and experiment is necessary to decide the best and most economical method by which the legal requirement that the "best practicable means shall be used to minimise the effect of the noise or vibration", can be achieved. The second category involves noise which is generated by people working in private houses as outworkers

to the clothing trade where noise arises from the use of such machinery as sewing machines. Practical measures are recommended with the object of reducing the transmission of noise and vibration and if necessary the opinion of the town planning department is sought to ascertain whether the use is permissible in certain domestic premises. Sometimes complainants must be advised that the proper course of action would be to seek legal advice with a view to taking a civil action in the Courts Local bye-laws concerning noisy loudspeakers and also noisy animals are a great help in dealing with 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 Public Health general assistants free of charge. In the event of the stoppage being more resistant, 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. In these cases 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 whereby the Council does any necessary works and recovers the cost thereof from the owner of the premises. During the year 980 drains were cleared by the Public Health Department and 383 jobs were passed to the Borough Engineer's Department. It was also necessary to serve 27 notices under Section 17, Public Health Act, 1961 and in 15 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 inspection and administrative 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 are two licensed animal boarding establishments in the Borough. Regular inspections are made by the public health inspectors to ensure compliance with the Council's licensing conditions, and arrangements have been made for veterinary supervision of the premises and animals to be carried out by Mr. F.G. Buxton, F.R.C.V.S.

HOUSING

Unfit Houses

Progress continued, but because of the limitations on the Council's resources, at a reduced pace, in the representation of areas of houses considered to be unfit for human habitation and in the confirmation for clearance of such areas. Areas of houses listed in the Council's Inspection Area Programme for 1970 were examined in detail and reports and recommendations were made appropriate to the conditions found upon examination. Targets for the year as to number of areas inspected and the anticipated dates of reports on the areas were not fully achieved, partly due to staff shortages and also in some measure due to the pressure of activity under the Housing Act 1969 in relation to sounder houses and to a lowering of emphasis upon the urgency of dealing with houses already unfit for habitation.

Observations were made during the year of progress in the clearing of sites of confirmed clearance areas. At five confirmed areas clearance of the site was completed and work proceeded at seven other confirmed areas.

Four areas were confirmed for clearance during the year. These comprise a total of 222 houses which were occupied by 291 families.

Two areas which were represented during 1969 still await confirmation. These comprise a total of 340 houses which are occupied by 394 families.

Eight areas were represented for clearance during 1970. These covered 190 houses and 298 families.

Public Local Inquiries were held in respect of three areas for clearance under Part III Compulsory Purchase Orders. Contrary to the expectation that the increased compensation in respect of unfit houses under the Housing Act, 1969, would tend to reduce the number of objections, many objections were made to the classification of houses in the clearance areas. These objections were accompanied by claims for good maintenance and much time of the Minister's Inspectors were taken up in dealing with these claims.

The figures above relate to houses within clearance areas. Numbers set out in the tables below show houses and families in clearance areas and also the total numbers of houses and families in the related Compulsory Purchase Orders.

1. Areas Demolished and Sites Cleared during 1970

- Suffolk Road/Sutton Road/St. Ann's Road, N.15.
- Langham Road/West Green Road, N.15.
- Clyde Road/Lawrence Road, N.15.
- Western Road, N.22.
- Station Road/Brograve Road, N.17.

2. Areas confirmed before 1970 and not yet cleared

- The Grove, N.8.
- Brunswick Road, N.15.
- West Green Road/Stanley Road, N.15.
- Upper Tollington Park, N.4.
- Park Lane, N.17.
- Chesnut Road/Welbourne Road/Colsterworth Road, N.15. & N.17.
- High Cross Road, N.17.

3. Areas Confirmed during 1970

	In Clearance Areas		In Compulsory Purchase Orders	
	Houses	Families	Houses	Families
Paxton Road, N.17	11	12	15	14
Kings Road, N.22	21	24	28	31
Birkbeck Road/St. Joseph's Road, N.8	185	250	249	299
Craven Park Road, N.15	5	5	5	5
	<u>222</u>	<u>291</u>	<u>297</u>	<u>349</u>

4. Areas Represented before 1970 and not yet confirmed

Russell Road/Victoria Crescent, N.15	186	240	196	250
Beaufoy Road/Tenterden Road, N.17	154	154	202	200
	<u>340</u>	<u>394</u>	<u>398</u>	<u>450</u>

5 Areas Represented during 1970

	In Clearance Areas		In Compulsory Purchase Areas	
	Houses	Families	Houses	Families
Eade Road/Vale Road, N.4	39	88	40	88
Boyton Road/Eastfield Road, N.8	44	62	48	66
Tebworth Road, N.17	9	8	10	9
Philip Lane, N.15	13	15	16	18
Summerhill Road, N.15	18	20	21	24
Clarendon Road, N.15	36	54	60	84
Lealand Road, N.15	11	24	11	24
Westerfield Road, N.15	20	27	28	35
	<u>190</u>	<u>298</u>	<u>234</u>	<u>348</u>

The Compulsory Purchase Orders which were confirmed during the year were confirmed without modification except for 4 "Grey" houses where the sites were held to be unnecessary for the proper redevelopment of the area. Four houses were re-classified as "not unfit", three of these being owner occupied.

The considerations upon which the fitness or unfitness for habitation of a house is assessed remains as indicated in Section 4(1) of the Housing Act, 1957 with the amendment of the Housing Act, 1969 concerning the internal arrangement added. There is some evidence however that, for various reasons, the general expectation in regard to quality of dwelling accommodation is at a higher level than heretofore. Rising incomes, the widespread publicity relating to the housing stock, the example of new building projects both public and private where houses are in good condition, dry and with modern and convenient facilities all influence the outlook of people presently obliged to live in poor housing conditions and tends to make them less tolerant of sub-standard accommodation with the attendant inconvenience and frustrations. It is clear that, for example, disrepair which might have been tolerated by the occupants of houses years ago is now regarded as unreasonable and its continuance a matter of resentment. A further example is the outside water closet which 10 years ago might have been considered readily accessible, now it is not.

The "twilight" house, that is, the sub-standard house which is structurally of poor quality or is of unsuitable design for rehabilitation and not yet so unsound as to warrant immediate Part III clearance, remains a problem not discernably diminished as the years pass.

The constant deterioration of buildings, the lack of adequate maintenance and a heightening expectation in regard to quality of accommodation give rise to the continued existence of a large body of unsatisfactory dwellings in which people must live for many years with a doubt as to a successful outcome of remedial efforts within the foreseeable future. Many dwelling units of long term good quality are urgently required and with the strengthening interpretation of Section 4(1) of the Housing Act, 1957 on the one hand and the provisions for rehabilitation outlined in the Housing Act, 1969 on the other, the way is indicated leading to a reduction of the "Twilight" band of houses and to a line of demarcation between buildings suitable for clearance and those for early repair and improvement.

The following dwellings were the subjects of closing orders or demolition orders made during the year. These were houses or parts of houses which were unfit for human habitation which could not be made fit at reasonable expense:—

157 Hornsey Park Road N.8	16 Ennis Road N.4
140 Cornwall Road N.15	48 Endymion Road N.4
67 Lothair Road N.4	88 Upper Tollington Park N.4
1 & 2 Francis Place N.6	4 Northwood Road N.6
587 Seven Sisters Road N.15	81 West Green Road N.15

As adequate repair works had been executed, the closing order relating to part of the under-noted house was determined during the year:—

28 Avenue Road N.15

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 can 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.

437 applications for Certificates were received in 1970.

Applications for Qualification Certificates

Dwellings having amenities at 25th August 1969

No. of Applications received since 25th August 1969	701
No. of Qualification Certificates Granted	21
No. of Qualification Certificates Refused	112
No. of Applications withdrawn	6
No. of Applications where owners notified of repairs needed	326
No. of Applications under investigation at 31st December 1970	236

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 indicate the fair rent for the improved dwelling if and when the improvements and repairs have been completed. When the fair rent has been fixed and the tenant advised, the owner must then request the tenant to consent to the improvements being carried out: and only if this consent is given can the owner be entitled to a Qualification Certificate upon the satisfactory completion of the work. This enables him to request the Rent Officer to register the fair rent.

122 applications were received in 1969.

Applications for Qualification Certificates

Missing Amenities to be provided

No. of Applications received since 25th August 1969	136
No. of Certificates of Provisional Approval issued	50
No. of Qualification Certificates issued	4
No. of Applications withdrawn	9
No. of Applications under investigation or negotiation at 31st December 1970	77

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 supplemented by general environmental improvements to the area to make it a more pleasant area 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 wholly upon their co-operation and active participation.

The house condition surveys of two prospective areas were completed in 1970 and these were declared General Improvement Areas on the dates shown:

Durban Road, G.I.A. (115 Dwellings)	6th July 1970
Clonmell Road, G.I.A. (289 Dwellings)	30th November 1970

General Improvement Area Surveys 1970 Conditions Found

	Durban Road Area	Clonmell Road Area	TOTAL
No. of Premises (Building/S/C dwellings)	110(115)	289	399(404)
Tenure: Owner-occupied sole	28	146	174
" " " part	1	18	19
Controlled tenants	43	94	137
Regulated	36	83	119
Service	-	2	2
Total: Households	108	343	451
Occupation: Single household	96	230	326
Two	6	46	52
Three	-	7	7
Vacant	8(13)	6	14(19)
Part Vacant	-	2	2
Type: Terraced	108	289	397
Semi-detached	2	-	2
Of above Part-Shop (or business)	3	10	13
Self-contained flats	5(10)	-	5(10)
External Condition: Structure			
Poor	2	2	4
Fair	35	88	123
Good	68	199	267
Repair			
Poor	17	6	23
Fair	64	157	221
Good	24	126	150
Decoration			
Poor	35	10	45
Fair	43	142	185
Good	27	137	164
Internal Condition: Structure			
Poor	3	3	6
Fair	35	86	121
Good	67	200	267
Repair			
Poor	12	4	16
Fair	65	145	210
Good	28	140	168
Decoration			
Poor	22	12	34
Fair	44	135	179
Good	39	142	181
Existing Facilities: Bath	43	243	286
Hot water	40	218	258
Cold water	42	243	285
Wash Hand basin	32	158	190
Hot water	29	146	175
Cold water	32	158	190
Sink	106	336	442
Hot water	58	224	282
Cold water	106	336	442
Internal W.C.	44	233	277
No. improvement required	22	117	139
Cars: Number	27	102	129
Parking facilities	1	-	1
Garages	-	1	1
Repair Costs (Estimated) (£)	36,050	46,280	82,330
Improvement Costs (Estimated) (£)	52,930	83,740	136,670
Total Costs (Estimated) (£)	88,980	130,020	219,000
Repairs needed to already improved houses (£)	1,470	5,270	6,740
Attitude of residents to proposals			
For	54	108	162
Against	27	59	86
Overspill (Units/Persons)	3(6)	24(59)	27(65)
Housing Gain (Units)	1	-	1
Council owned - Improved	7	2	9
" " - Improvement in hand	3	-	3
" " - Not improved	5	-	5

Improvement Grants

During the year applications for improvement and standard grants under the Housing Act 1969 were lodged at a continually increasing rate so that by 31st December applications had been received in respect of 550 dwellings, as follows:-

Standard Grant	213
Improvement Grant	194
Conversion Grant	140
TOTAL	550

Grants approved during the year amounted to £148,297 in respect of 331 dwellings and details are set out in the accompanying Table and graphs. To provide a complete picture since the inception of the Housing Act 1969, the months of September to December 1969 have been included in the two graphs.

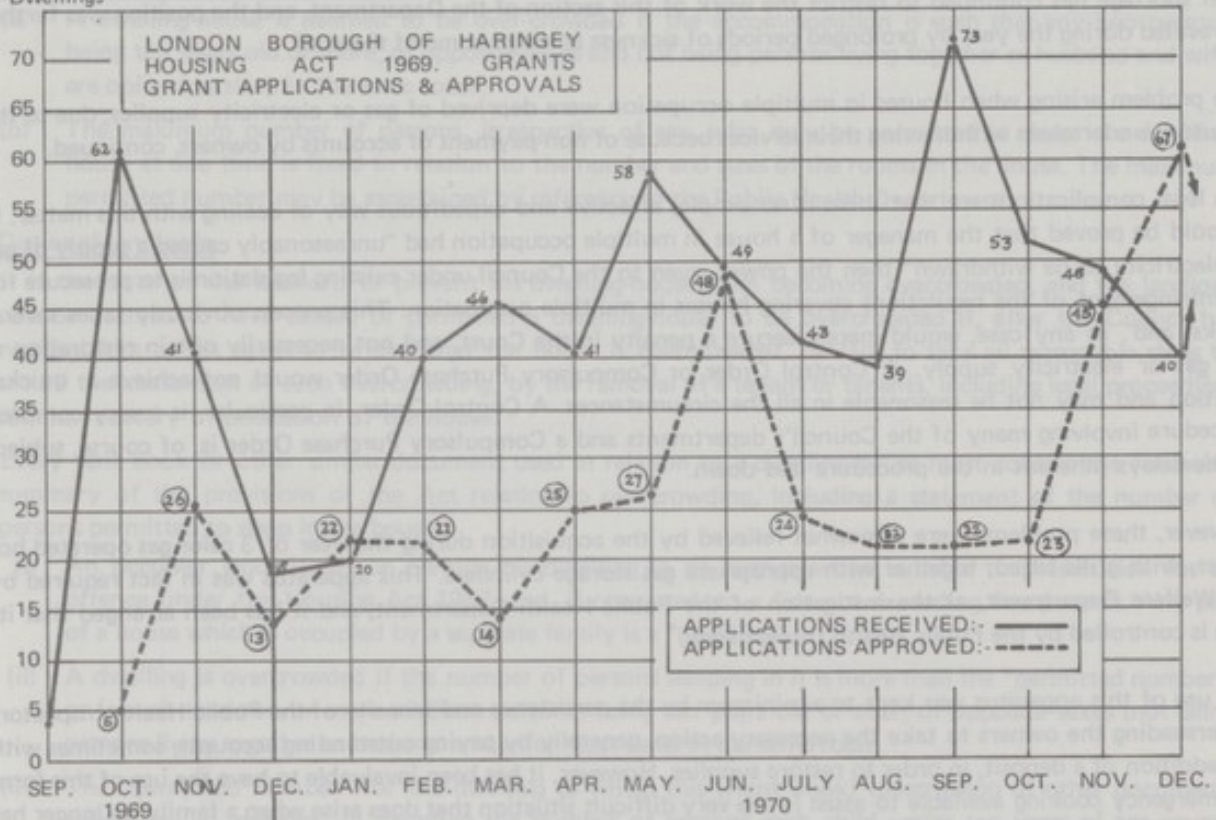
As public awareness and understanding of the availability and scope of grants has become more widespread, so has a trend of increasing complexity become apparent in the applications received in respect of conversions and works of improvement. This has placed an ever increasing burden upon both the technical and administrative staff. By the end of the year there appeared to be indications of a near-deluge of enquiries and applications. Very limited office accommodation is a hampering factor in dealing with the intricacies of improvement grant work plus the fact that the technical and administrative sections are physically separated from one another in different buildings.

LONDON BOROUGH OF HARINGEY HOUSING ACT 1969 DETAILS OF GRANTS

1970 Month	CONVERSIONS					IMPROVEMENT GRANTS					STANDARD GRANTS				
	No. Received	No. Approved	Amount of Grants £	No. Paid	Amount Paid £	No. Received	No. Approved	Amount of Grants £	No. Paid	Amount Paid £	No. Received	No. Approved	Amount of Grants £	No. Paid	Amount Paid £
JAN	—	6	3,139	2	346	6	6	2,936	5	1,790	14	10	1,215	7	909
FEB	5	7	3,020	—	—	15	4	2,559	—	—	20	11	1,925	2	470
MAR	11	—	—	2	488	13	2	1,250	4	1,352	22	12	1,467	6	688
APR	7	7	3,489	—	—	12	10	4,680	4	983	22	8	800	13	1,636
MAY	15	3	999	2	941	14	15	5,174	4	2,169	29	9	2,225	6	820
JUN	15	31	27,550	3	1,786	18	2	479	6	1,758	16	15	3,217	9	1,000
JULY	11	3	2,015	1	288	21	10	2,953	6	2,323	11	11	1,280	1	185
AUG	7	3	1,859	—	—	24	11	4,112	7	2,738	8	8	1,442	7	1,921
SEP	24	8	6,109	3	1,081	23	8	3,142	7	3,441	26	6	1,045	3	305
OCT	17	8	4,244	—	—	19	11	4,719	5	1,421	17	4	963	5	882
NOV	14	15	8,841	3	1,464	17	16	5,132	8	3,376	17	14	1,649	5	928
DEC	14	28	17,922	6	4,152	15	27	12,404	2	809	11	47	1,342	3	399
TOTALS	140	119	79,187	22	10,546	197	122	49,540	58	22,160	213	155	19,570	67	10,143

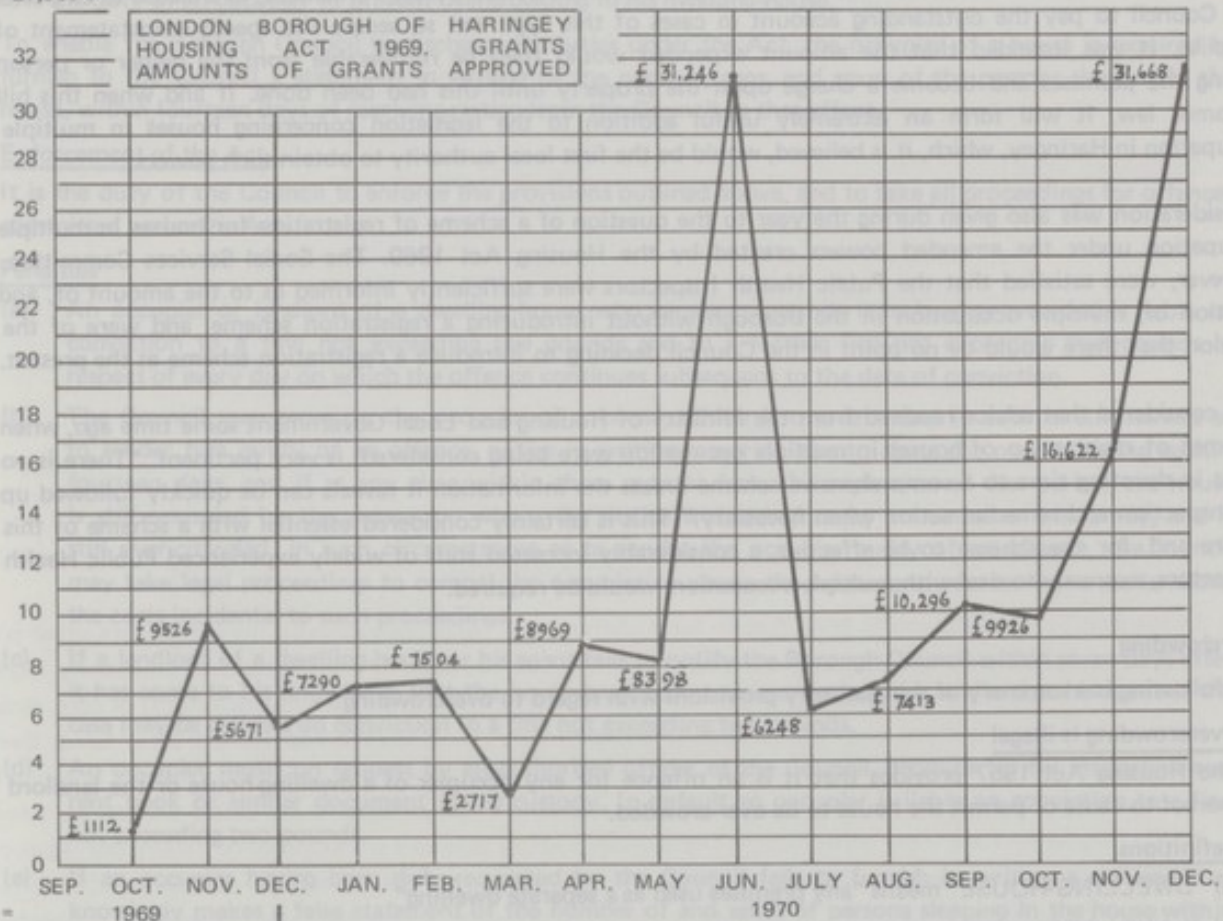
No. of Dwellings

LONDON BOROUGH OF HARINGEY
HOUSING ACT 1969. GRANTS
GRANT APPLICATIONS & APPROVALS



£1,000's

LONDON BOROUGH OF HARINGEY
HOUSING ACT 1969. GRANTS
AMOUNTS OF GRANTS APPROVED



HOUSES IN MULTIPLE OCCUPATION

Staff shortage has continued to restrict the work of this section of the Department, and the position was further aggravated during the year by prolonged periods of sickness amongst some of the staff.

The problem arising when houses in multiple occupation were deprived of gas or electricity supplies, due to the statutory undertakers withdrawing their services because of non-payment of accounts by owners, continued.

The legal complications are that there is no simple, effective and expeditious way of dealing with this matter. If it could be proved that the manager of a house in multiple occupation had "unreasonably caused a supply of gas or electricity to be withdrawn" then the power given to the Council under existing legislation is to prosecute for an infringement of the regulations covering houses in multiple occupation. This process obviously takes several weeks; and, in any case, would merely secure a penalty in the Court, and not necessarily obtain restoration of the gas or electricity supply. A Control Order or Compulsory Purchase Order would not achieve a quicker solution and may not be reasonable in all the circumstances. A Control Order, in particular, is a very complex procedure involving many of the Council's departments and a Compulsory Purchase Order is, of course, subject to the delays inherent in the procedure laid down.

However, these problems were somewhat relieved by the acquisition during the year of 3 calor gas operated hot plates, with grills fitted, together with appropriate gas storage cylinders. This apparatus was in fact required by the Welfare Department, at the instigation of the Public Health Department, and it has been arranged that its loan is controlled by the Public Health Inspectorate.

The use of this apparatus was kept to a minimum by the persistence and tenacity of the Public Health Inspectors in persuading the owners to take the necessary action, generally by paying outstanding accounts, sometimes with the addition of a deposit, in order to restore supplies. However, it has been invaluable to have the use of this form of emergency cooking available to assist in the very difficult situation that does arise when a family no longer has facility for the cooking of food. This does not, of course, solve the problem of either space heating or of artificial lighting when these are affected by the withdrawal of supplies; so, during the year, consideration was given as to what other effective action could be taken in these situations.

The result was the inclusion in the Haringey Corporation Bill, to be laid before Parliament, of a clause to empower the Council to pay the outstanding account in cases of this type and so secure the speedy reinstatement of supplies. It was intended that the amount expended would then be recoverable from the owner or person letting the premises and become a charge upon the property until this had been done. If and when this bill becomes law, it will form an extremely useful addition to the legislation concerning houses in multiple occupation in Haringey, which, it is believed, would be the first local authority to obtain such powers.

Consideration was also given during the year to the question of a scheme of registration for houses in multiple occupation under the amended powers created by the Housing Act 1969. The Social Services Committee, however, were satisfied that the Public Health Inspectors were sufficiently informed as to the amount of, and location of, multiple occupation in the Borough without introducing a registration scheme, and were of the opinion that there would be no point in the Council deciding to introduce a registration scheme at the present.

It is considered that advice received from the Ministry of Housing and Local Government some time ago, when schemes of registration of houses in multiple occupation were being considered, is very pertinent. "There is no point in devoting time to a comprehensive scheme unless the information it reveals can be quickly followed up by inspection and remedial action when necessary." This is certainly considered essential with a scheme of this nature and, for the scheme to be effective, a considerably increased staff of widely experienced Public Health Inspectors, expressly to deal with multiple occupation, would be required.

Overcrowding

The following is a summary of the statutory provisions with regard to overcrowding:—

1. Overcrowding is illegal

The Housing Act 1957 provides that it is an offence for any occupier of a dwelling-house or the landlord thereof to cause or permit the house to be over-crowded.

2. Definitions

(a) "DWELLING-HOUSE" means "any premises used as a separate dwelling".

(b) "LANDLORD" means "the immediate landlord of an occupier"

3. Minimum standard of accommodation

- (a) A dwelling-house is deemed to be over-crowded if the accommodation is such that any two persons, being ten years old or more, of opposite sexes and not being persons living together as husband and wife, are obliged to sleep in the same room.
- (b) The maximum number of persons, irrespective of sex, who may be permitted to sleep in a dwelling-house at one time is fixed in relation to the number and sizes of the rooms in the house. The maximum permitted number may be ascertained by reference to the Public Health Department.

4. Duties of landlords

It is the duty of the landlord to prevent his dwelling-house from becoming overcrowded, and the landlord will be deemed to have caused or permitted a dwelling-house to be overcrowded if, after the Council has notified him or his agent in writing that the house is overcrowded, he fails to take all reasonable steps to secure the abatement of such overcrowding, by the removal of a tenant or tenants, including legal proceedings for the recovery of possession of the house.

Every rent book or other similar document used in relation to a dwelling-house must contain the following summary of the provisions of the Act relating to overcrowding, including a statement of the number of persons permitted to sleep in the house.

- (i) An occupier who causes or permits his dwelling to be over-crowded is liable to prosecution for an offence under the Housing Act 1957, and, if convicted, to a fine not exceeding five pounds. Any part of a house which is occupied by a separate family is a "dwelling".
- (ii) A dwelling is overcrowded if the number of persons sleeping in it is more than the "permitted number", or is such that two or more of those persons, being ten years old or over, of opposite sexes (not being persons living together as husband and wife) must sleep in the same room.
- (iii) The "permitted number" for the dwelling to which this (Rent Book) (description of other document) relates is.....persons. In counting the number of persons each child under ten years of age counts as half a person, and a child of less than one year is not counted at all.

Failure to insert this summary is punishable on conviction by a fine not exceeding ten pounds.

5. Duties of occupier

It is the duty of an occupier to prevent overcrowding in his dwelling-house.

To enable the Borough Council to discharge its duties under the Act, the occupier of a house is required to furnish to the Council a statement in writing of the number, ages, and sexes of the persons sleeping in the house, within fourteen days of receiving notice from the Council to that effect.

6. Enforcement of the Act

It is the duty of the Council to enforce the provisions outlined above, and to take all proceedings for offences committed under the Act.

7. Penalties

- (a) An occupier or landlord of a dwelling-house who causes or permits it to be over-crowded is liable on conviction to a fine not exceeding five pounds and to a further fine not exceeding two pounds in respect of every day on which the offence continues subsequent to the date of conviction.
- (b) The Council may serve on the occupier of a house, which is over-crowded in such circumstances as to render him guilty of an offence, notice in writing requiring him to abate the over-crowding within fourteen days, and if at any time within three months from the expiration of that period, the house is still occupied by the person on whom the notice was served or by a member of his family, and is still over-crowded, in such circumstances as to render the occupier guilty of an offence, the Council may take legal proceedings to compel the occupier to vacate the house, and recover from the landlord the costs incidental to such proceedings.
- (c) If a landlord of a dwelling-house or his agent fails to notify the Borough Council within seven days after it has come to his knowledge that the house has become over-crowded, the landlord or his agent as the case may be is liable on conviction to a fine not exceeding two pounds.
- (d) An occupier must, on request by an authorised officer of the Council, produce for his inspection any rent book or similar document in his custody. In default an occupier is liable on conviction to a fine not exceeding two pounds.
- (e) If an occupier having been duly requested by the Council fails to furnish in writing a statement or knowingly makes a false statement of the number of and sexes of persons sleeping in the house within fourteen days of such request he is liable on summary conviction to a fine not exceeding two pounds.

HOUSES IN MULTIPLE OCCUPATION

Summary of action taken in 1970

No. of separately occupied parts of houses visited for first time	951
No. of revisits to above	8,487
No. of inspections where multiple occupation would exist upon completion of mortgage advances being contemplated by this Council	87
No. of houses completely inspected	301
No. of houses where informal notices sent relative to S.15 (Amenities)	208
No. of houses where informal notices sent relative to S.16 (Fire Precautions)	198
No. of houses where items of inadequate management notified to owners	135
No. of cases of penal overcrowding	76
No. of cases of penal overcrowding abated	38
No. of cases of non-penal overcrowding	25
No. of cases of non-penal overcrowding abated	19
No. of formal S.14 Notices (Management)	6
No. of formal S.15 Notices (Amenities)	15
No. of formal S.16 Notices (Fire Precautions)	20
No. of formal S.78 Notices (Overcrowding)	17
No. of houses where S.19 Directions made	4
No. of houses where S.12 Management Orders made	2
Other Notices served	241
Other visits including discussions with owners, bullders etc. at premises	1,268

Completed work

W.C.'s provided	11
Baths>Showers provided	12
Sinks/lavatory basins provided	19
Water heaters provided	73
Space heating provided	4
Fire precautions work	78
Repairs: External	138
Internal	217

FOOD HYGIENE

In the past, it was common to note that in food premises, the parts observable by the public were often brought to a reasonable standard, whereas the rooms at the rear and not seen by the public were frequently neglected. However, the standard of hygiene generally has steadily improved and the different standards of care, order and hygiene between the front and rear of such premises is now much less marked. On the other hand, there is a greater contrast between the highest and lowest standard in any particular area, in other words, it appears that because of the general improvement, the isolated cases where the conditions fall below the standard required by the Regulations are more conspicuous. These unsatisfactory premises are found to be mainly the result of lack of knowledge and experience in the particular trade, undue emphasis being put on the profit motive, or occasionally to people obtaining a business with limited capital which has been expended in opening the premises leaving nothing for work required to achieve satisfactory arrangements and working conditions.

If the premises for any reason are not brought to a standard indicated by the Food Hygiene (General) Regulations, formal proceedings are the only answer and during the year under review, several such cases have been taken to the Courts by the Department, a procedure which was very rarely necessary in the past.

A more encouraging fact is that more persons who intend taking control of food premises are asking for advice from the department whilst the work required to adapt the premises is in the planning stage. Others seek advice when alterations are contemplated with the result that many such premises are brought to a standard higher than could be enforced by the Regulations.

Generally, the number of persons from overseas in control of food shops and restaurants has continued to increase during the year and it is also noted that there is a tendency for these people to set up in certain areas.

Some of these shops tend to stock a very large variety of foods which range from paraffin to vegetables or butchers meat, resulting in overstocking in a limited space with its inevitable difficulties of stock rotation and cleansing procedures.

The education in food hygiene of such persons is an uphill job which can only be achieved after many visits by the Public Health Inspectors attached to the Food Section.

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

Trade	No. of Shops	No. of Inspections
Bakers and Flour Confectioners	98	204
Butchers	114	507
Cafes and restaurants	241	930
Confectioners, Sugar	375	248
Fishmongers	34	90
Fruiterers and greengrocers	171	482
Grocers	429	929
Off licences and public houses	200	212

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	820
Manufacture and sale of ice cream	11
Storage of ice cream	1
Cooking of hams and other meat	65
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	23
Pickling meat	3
Total	1,089

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

Trade	No. of Hawkers registered	No. of storage premises
Fruit and vegetables	129	93
Shellfish	14	5
Fish	13	4
Ice cream	31	5
Light refreshments	21	6
Peanuts	4	2
Eggs	3	—
Groceries	10	3
Confectionery	1	1
Total	226	119

Milk and Dairies Regulations

The number of distributors registered at the end of 1970 was 285. There are no dairies in the Borough where loose milk is bottled.

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	233
Sterilised Milk	221
Untreated Milk	28
Ultra Heat Treated Milk	60

Imported Food Regulations 1968

Consignments of frozen liquid whole egg and egg whites have been imported direct to cold stores for some years, but since the advent of the above-mentioned Regulations and particularly during the year under review, the amount of food imported in sealed containers direct to the warehouses in the Borough without prior examination by the Port Health Authority has considerably increased.

In addition to the eggs already mentioned, such 'container' consignments include meat, bacon, cheese, tinned milk, fruit juices and confectionery.

Consignments of Imported Food examined under Imported Food Regulations

Type of Food	No. of consignments
Egg, Frozen or dried	20
Cheese	21
Confectionery, Sugar	3
Meat and offal	32
Tinned milk or Fruit Juices	6
Total	<u>82</u>

Food Sampling

A large number of samples over a wide range of foodstuffs was submitted to Mr. W.B. Chapman, The Council's Public Analyst, who gave invaluable advice regarding all aspects of the Food and Drugs Act and the Regulations made thereunder. In no case where deficiencies or minor irregularities were revealed was it necessary to take formal action as the manufacturers concerned were in each case anxious to comply with the law on the subject and in some cases, appreciated the advice we were able to offer.

A number of articles of food were submitted to the Analyst as the result of complaints made by members of the public with regard to apparently unsatisfactory food purchased within the Borough and legal proceedings were instituted where the facts justified such action. In these cases, the Certificates issued by the Council's Analyst were of material assistance and in every case, proceedings were successful.

Monthly samples of all designations of milk were submitted to the Analyst for chemical and bacteriological examination. It was frequently found that the percentage of milk fat or percentage of solids not fat were lower than the presumptive standard, but there was no evidence of added water. These results were sent to the dairy company concerned and also to the Chief Public Health Inspectors of the Boroughs in which the milk was bottled for their information and any action they considered necessary.

Food samples were also collected regularly for submission to the Central Public Health Laboratory at Colindale. These are bacteriological investigations of food stuff which are normally intended for consumption without further cooking (cooked meat, meat pies, etc.)

FOOD SAMPLES

Articles	No. of Samples provided	Unsatisfactory	
		Analysis	Labelling
Alcoholic Beverages	3	—	2
Cereal and Starch Products	3	—	—
Cheese and Cheese preparations	13	—	1
Confectionery (Flour)	4	—	—
Drugs	89	3	1
Fish and fish products	5	—	—
Flour and flour products	8	—	—
Foods — miscellaneous	1	—	—
Herbs and herb preparations	7	—	—
Jam and preserves	3	—	—
Meat and meat preparations	57	3	—
Milk	177	34	—
Milk, Dried and condensed	1	—	—
Milk preparations	7	1	—
Oils, fats and fatty foods	1	1	—
Soft Drinks	27	3	1
Soup and soup mixes	15	—	—
Spices and condiments	4	—	1
Sugar confectionery	40	—	—
	465	45	6

Details of unsatisfactory samples

Sample	Irregularity	Comments and Action Taken
Beef casserole	Total meat content — 25 per cent deficient of legal minimum of 35 per cent	Old stock, thought to have been withdrawn by manufacturer
Kidney Rissotto	Total meat content deficient	A letter was sent to manufacturer who gave their assurance that this line has been discontinued. This explanation was accepted
Beef casserole	Sample contained approximately 9 small hairs + 2 small fragments of skin	Identified as calf hairs or similar and reported to the manufacturer
Cherry Yoghourt	Contained benzoic acid, the addition of which is not permitted	Manufacturer informed. No further action pending clarification of legal position
Lemon drink tablets	Sample contained cyclamic acid	A letter was sent to the food importers, who gave their assurance that they have no more of this product in stock and that this situation will not recur. Remainder of stock surrendered
Lemon squash	Sample contained cyclamic acid	Old stock — remainder uplifted by manufacturer
Drugs	(a) Contained light green S.F., unsuitable for internal use (b) Contained colour ponceau SX (c) Deficient in Vitamin A	Manufacture discontinued Manufacturer's attention drawn to the matter Manufacturer's attention drawn — Further samples satisfactory — No further action taken

Sample	Irregularity	Comments and Action Taken
Almond flavoured drink	The sample was in an active state of fermentation	Warning letters to manufacturer and shop-keeper. Appropriate Local Authorities informed
Cotton seed oil	Consisted of ground nut oil	Miscalled by Staff of Factory. Both cotton seed oil and ground nut oil referred to by staff as ground nut oil
34 Samples of Milk	Samples were deficient of the presumptive minimum standard of 3 per cent milk-fat laid down by the Sale of Milk Regulations. Deficiency due to natural causes	Letters were sent to the dairies concerned and Local Authorities where bottling took place informing them

Labelling

The following labelling irregularities, noted in respect of 6 samples, were brought to the attention of the manufacturers or distributors responsible.

Misleading Description	— 1 case
Insufficient information	— 1 case
No list of ingredients	— 1 case
Incorrect list of ingredients	— 4 cases

Food Complaints

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

Commodity	No. of Complaints		Action Taken		Formal action not justified
	Foreign bodies found	Other Reasons	Official warning letter	Prosecution	
Baby Food	2	—	1	1	—
Bacon	2	—	1	1	—
Biscuits	1	1	1	1	—
Bread	10	9	13	5	1
Cereal	2	1	1	1	1
Cheese	—	1	1	—	—
Chicken	—	2	—	—	2
Confectionery (Flour)	5	1	2	4	—
Confectionery (Sugar)	3	2	3	1	1
Corned Beef	2	1	3	1	—
Cream	—	1	—	1	—
Crispbread	1	—	—	—	1
Fish	3	1	1	—	3
Fruit (Fresh)	—	1	1	—	—
Fruit (Tinned)	1	1	1	1	—
Honey	1	—	—	1	—
Meat (Cooked)	5	1	3	—	3
Meat Pies	1	5	2	3	1
Milk	3	5	1	1	6
Oil	—	1	—	1	—
Peanuts	1	—	—	—	1
Prepared Food	3	2	—	5	—
Vegetables (Tinned and Frozen)	1	2	1	—	2
Yoghourt	—	2	1	1	—
	47	40	37	29	22

Prosecutions were instituted in 29 cases where it was judged that the circumstances warranted such action. In two cases, although found guilty, the defendants were granted absolute discharges. In the remaining 27 cases the offences were found to be proved and fines totally £625 were imposed with £212.25p costs.

Seizure of Unsound Food

Whilst conducting a routine food hygiene inspection of a self-service grocers shop the Public Health Inspector observed a quantity of groceries contaminated with mouse droppings. The contaminated foodstuff was seized and taken before a Magistrate who condemned it as unfit for human consumption.

Proceedings were taken against the shopkeeper in respect of contraventions of the Food Hygiene Regulations and for having unsound food deposited for sale. He was found guilty on all six charges and fined a total of £115 and £8 costs.

Surrender of Unsound Food

1,212 Certificates were issued in 1970 in respect of unsound foodstuffs which were surrendered by wholesale and retail distributors.

Meat Inspection

The abattoir in the Markfield Road, N.15, constructed in 1969 increased its throughput during 1970, and in September 1970, an authorised meat inspector was appointed by the Council to assist in the inspection services which the Public Health Inspector is statutorily required to provide.

The abattoir is constructed to deal with many types of animals where the flesh is intended for human consumption but the bulk of the work covers bovines and horses, the flesh of some of which is intended for export. The Company is licensed by the Ministry of Agriculture, Fisheries and Food to export to countries within the European Economic Community and such a licence is only granted to an abattoir which complies with the stringent requirements of the E.E.C.

The whole or parts of carcasses which are rejected as unsuitable for human consumption are passed directly for processing, sterilization and manufacture into pet food within a separate building in the same complex. This arrangement is regarded by the Public Health Department as eminently satisfactory since the rejected meat is not removed from the direct supervision and control of this department.

SUMMARY OF CARCASSES INSPECTED 1970

	Goats	Donkeys	Bovines	Horses	Calves	Sheep and Lambs	Cows
Number killed	5	3	210	467	172	29	2,043
Number inspected	5	3	210	467	172	29	2,043
All diseases except Tuberculosis							
Whole carcasses condemned	—	—	16	5	3	3	98
Carcasses of which some part or organ was condemned	—	2	109	338	47	14	1,631
Percentage of number inspected affected with disease other than tuberculosis	—	66.6	59.5	73.4	29.0	58.6	84.6
Cysticercosis only							
Whole carcasses condemned	—	—	—	—	—	—	7
Carcasses of which some part or organ was condemned	—	—	1	—	—	—	3
Percentage of number inspected affected with cysticercosis	—	—	0.5	—	—	—	0.5

Note: There were no cases of tuberculosis reported during the year

The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966

The Middlesex County Council Act 1950 – Section 11

On the Tottenham Hotspur Football Club match days, regular visits were paid by members of the Department to the streets in the vicinity of the ground to check whether the vendors of "hot dogs" and other foodstuffs were complying with the above-mentioned Regulations. Although the standard has appreciably risen over the years and the vast majority of vendors offer no threat to public health, satisfactory standards are difficult to enforce, especially in regard to the itinerant vendors who appear at the important matches for the first and sometimes the only time.

Offices, Shops and Railway Premises Act 1963

Special attention has been paid to the inspection of lifts under the Offices, Shops and Railway Premises (Hoists and Lifts) Regulations 1968. The advice of the Deputy Superintending Factory Inspector was sought with regard to hand-operated lifts, especially those used in public houses. These present many problems, including practicability of complying with the regulations and the question is still being considered by central government and technical and legal officers.

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	17	475	224
Retail Shops	23	1,098	488
Catering establishments and canteens	2	153	38
Wholesale shops and warehouses	2	69	2
Fuel Storage Depots	—	3	—
	44	1,798	752

Analysis of Contraventions Found

Section	Type of contravention	No. found	Section	Type of contravention	No. found
4	Cleanliness	10	12	Clothing accommodation	2
5	Overcrowding	—	15	Easing Facilities	—
6	Temperature	48	16	Floors, Passages, Stairs	49
7	Ventilation	1	17	Fencing machines	13
8	Lighting	4	23	Heavy work	—
9	Sanitary conveniences	13	24	First Aid	35
10	Washing facilities	14	50	Abstract	41
11	Supply of drinking water	—			

Persons employed in registered premises

Class of workplace	No.
Offices	6,965
Retail Shops	6,571
Wholesale Shops, Warehouses	1,477
Catering establishments	1,088
Canteens	238
Fuel Storage Depots	35
Total	16,374
Males	7,330
Females	9,044

Reported Accidents

Workplace	No. Reported	Total No. investigated	Prosecution	Formal warning	Informal warning	No Action
Offices	5	2	—	—	—	2
Shops, Retail	52	31	—	—	9	22
Wholesale Shops	5	2	—	—	—	2
Catering establishments	2	2	—	1	1	—
Fuel Storage depots	2	2	—	—	—	2
Total	66	39	—	1	10	28

Analysis of Reported Accidents

	Offices	Retail Shops	Wholesale Warehouses	Catering Establishments Canteens	Fuel Storage depots
Machinery	—	6	1	—	—
Transport	—	4	—	—	—
Falls of persons	3	16	2	2	—
Stepping on or striking against object or person	—	4	—	—	—
Handling goods	2	13	—	1	—
Struck by falling objects	—	2	2	—	—
Fires and explosions	—	1	—	—	—
Electricity	—	1	—	—	—
Use of hand tools	—	2	—	—	—
Not otherwise specified	—	3	—	1	—

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 with 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. 184 premises were registered at the end of the year. All are inspected from time to time based on an assessment of conditions found at the times of previous inspections.

Shops Act 1950 – 1966

A total of 3,158 shops inspections were made during the year. The following contraventions were noted:—

General

Section 17(2) Assistants weekly half holiday notice not displayed	302
Section 32(2) Notice of hours of employment of young persons not displayed	61
Section 32(2) Abstract of provisions of employment of young persons not displayed	56

Closing Hours

Section 2(1) Failed to close at prescribed hour	9
Section 1(1) Failed to close at 1pm on early closing day	7
Section 1(2) Failed to exhibit early closing day notice	124
Section 13(1) Failed to exhibit exempted trade notice	177

Sunday Trading

Section 22(3) Failed to keep record of hours of employment	3
Section 57 Failed to exhibit Sunday Trading Notice	38
Section 53 Persons observing Jewish Sabbath: Contraventions	Nil

Street Trading

Although there is no street market in the Borough, 27 sites on the public highway are licensed for street trading. The majority of these are in side roads off the Tottenham and Wood Green High Roads and off West Green Road, N.15.

The Council also license 19 small sites on the public footpath for trading. These are occupied mainly by news-vendors 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	Prosecutions
(1) Factories in which sections 1, 2,3,4 and 6 are enforced by the local authority	58	9	—	—
(2) Factories not included in (1) in which section 7 is enforced by local authority	1,014	361	11	—
(3) Other premises in which section 7 is enforced by local authority excluding outworkers	17	—	—	—
Total	1,089	370	11	—

Summary of defects found in factories

Particulars	No. of cases in which defects were found			
	Found	Remedied	Referred to Factories Inspector	Referred by Factories Inspector
Sanitary conveniences (S7)				
(a) want of cleanliness	19	8	—	—
(b) unsuitable or defective	21	6	—	—
(c) not separate for sexes	1	—	—	1
(d) no intervening lobby	6	2	—	—
(e) w.c's not labelled	2	—	—	—
Abstract	6	—	6	—
	55	16	8	1

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 any necessary steps can be taken to prevent work being undertaken in unwholesome premises, or to stop the spread of infectious disease.

Outworkers Trades	No. employed
Making of wearing apparel	183
Making of curtains and furniture hangings	4
Making of handbags	1
Making of Sacks	1
Umbrellas	4

Outworkers Trades	No. employed
Artificial flowers	7
Cardboard boxes	10
Brushes	4
Fancy Goods	1
Christmas crackers	9
Total	224

174 visits were made to outworkers premises.

RADIOACTIVE SUBSTANCES ACT 1960

Only one additional notification of the holding of radioactive material at premises within the Borough was received during the year. This related to the use of tritium in a gaseous form for the purpose of carrying out tests in connection with the manufacture of fluorescent lamps.

Premises using radioactive materials are visited 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 an establishment of 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.

Category	Number	Category	Number
Private	161	Home	121
Public	33	Home	88
C.P.	488	Home	28
F.P.A. Transfer	3	Home	20
Legal Lodge	47	Home	11
Workshops	438	Home	31
Hospital		Total	

The number of priority cases dealt with under previous arrangements up to July 1970 was 184. The domiciliary service continued to function as previously and 203 cases were dealt with by this service in 1970. In October the Family Planning Association opened an additional U.D. Clinic at Herby Canal Hospital. From August 1970 the Borough agreed to pay the consultation and advice fee for all clients. Per capita fees were agreed with the Family Planning Association for two types of case - priority cases in certain medical and social categories; the Council paying consultation and advice fee and necessary supplies of contraceptives; and non-priority cases. The Council paying consultation and advice fee only. The number of cases for whom response duty was accepted under these arrangements to the end of the year were - priority cases 131; non-priority cases 1,101.

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PART II

PERSONAL HEALTH SERVICES AND INFECTIOUS DISEASE CONTROL

Co-ordination and Co-operation with Hospital and Family Doctor

The Health Service now moves towards the unification of the tripartite organisation with the anticipated establishment of the Area Health Authorities in 1974. We must work towards this evolution in an attempt to visualise the new concept of community physician.

The Health Departments of the Local Authorities have over many years evolved a very highly efficient approach to epidemiology and it is to be hoped that some of these practices can be adapted to the needs of the new Area Health Authorities. In Haringey we have been particularly fortunate in a long and useful association with the hospital services in the specialties of chest disease, paediatrics, infectious and venereal diseases. Elsewhere in the report reference is made to our more recent involvement with the dermatologist to establish a warts clinic, with a haematologist to ensure safer dental anaesthesia in children with sickle cell anaemia, and with a surgeon in a long-term research project into the problem of breast cancer.

In our links with general practice the outward sign of growth and co-operation can be seen in the Health Centre at Stuart Crescent where staff of both share the same roof to develop together a more comprehensive service to the communities in which they work. The Health Department's weekly bulletin has been a useful vehicle of communication with general practitioners. Primarily a communication for information on infectious disease it has developed into a many-sided publication dealing with a variety of problems, and a useful section about medical meetings and hospitals has helped to give an effective boost to the attendance at academic centres and so improve the links between general practitioner and consultant. Appreciation of the bulletin would appear to be indicated in that requests are made for it from many authorities from the Elephant and Castle downwards. Indeed, publications of this kind may have a vital part to play in the improvement of the services provided by future Area Health Authorities.

During the year arrangements were made for different groups of general practitioners to meet up with their associated nursing teams together with other staff of the Health Department and at these meetings a variety of problems were considered.

CARE OF MOTHERS AND YOUNG CHILDREN

Notification of Births

	Reminded	Referred to Factory Inspector	Referred by Factory Inspector
(a) west of Islington	Live Births (a) Domiciliary		332
(b) unsuitable or defective	(b) Hospital or Nursing Home		4,056
(c) not aware of	Still Births (a) Domiciliary		3
(d) no intervening injury	(b) Hospital or Nursing Home		47
(e) w.o.'s not labelled	Total		<u>4,438</u>

Family Planning

From August 1970 the Borough agreed to pay the consultation and advice fee for all clients. Per capita fees were agreed with the Family Planning Association for two types of case — priority cases in certain medical and social categories, the Council paying consultation and advice fee and necessary supplies of contraceptives; and non-priority, the Council paying consultation and advice fee only. The number of cases for whom responsibility was accepted under these arrangements to the end of the year were — priority cases 131; non-priority cases 1,101.

The number of priority cases dealt with under previous arrangements, up to July 1970, was 184.

The domiciliary scheme continued to function as previously and 203 cases were dealt with by this service in 1970.

In October the Family Planning Association opened an additional I.U.D. Clinic at Hornsey Central Hospital, and there are now 11½ weekly family planning clinic sessions held in the Borough.

Family Planning – for Unmarried Girls

I am indebted to Dr. Christopher for her statistics on the work of the Family Planning Clinic for unmarried girls and below is an extract from her comments:-

"We have very few West Indian patients and those that are seem to come from the nearby Home for unmarried mothers.

A point of note is the 'problems', They are not necessarily having treatment for them or even admit that they have them; this is an assessment by the clinic doctor. It would seem that Fortis Green is largely a clinic for 'middle-class' girls and there are quite a number of unplanned pregnancies among them, though they tend to seek termination of the pregnancy, whereas the girls from poorer homes tend to have the babies and may get them adopted or may keep them".

Fortis Green Clinic for Young People

Total No. of cases December 1968 – October 1970 500

Regular Attenders	314
Transfers	66
Non-attenders	120 (58 of these attended once only)

Ages of Girls

15 years	5
16	23
17	48
18	42
19	56
20	86
21-25	204
26 +	36

Nationalities

England	449
Europe	16
West Indian	16
Australia, New Zealand, S. Africa	9
Eire	5
India	2
Chinese (Hong Kong)	1
U.S.A.	1
Greek Cypriot	1

Referring Agent

Friend	161
Reading about it	127
G.P.	88
F.P.A. Transfer	62
Beacon Lodge	30
Social Worker	17
Hospital	15

Occupation

Clerical (secretaries, typists)	190
Students	94
Teacher	40
Schoolgirl	21
Nurse	12
Unemployed	20
Factory	} 123
Hairdresser	
Shop Assistant	
Musician	
Artist	
Librarian	
Dental Nurse	
Lab. Assistant	
Other	123

Total No. Unplanned Pregnancies 116

<u>Abortions</u>	Termination	37	
	Spontaneous	3	
	Criminal	3	43
<u>Illegitimate Children</u>	Adopted	38	
	Kept Baby	31	73 (4 children died)

Girls from Beacon Lodge accounted for 38 of the above children
and 3 abortions.

14 of 16 West Indian girls had illegitimate children. They came from Beacon Lodge.

Methods chosen:-

Oral Contraceptive	401
Cap	66
I.U.D.	5
Nil	28

Methods used before attending clinic:-

Withdrawal
Safe period
Sheath
Nil

Problems: Sexual 33
Relationship (and Sexual in some cases) 121 (of these 64 had had unplanned pregnancy)

Ante-Natal Clinics

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

Clinic	Total Attendances			Average attendance per session
	Sessions held	Ante-natal	Post-natal	
Burgoyne Road	48	480	41	10.8
Chestnuts	93	809	60	9.3
Church Road	44	158	5	3.7
Fortis Green	50	676	33	14.1
Gordon Road	52	589	51	12.3
Lordship Lane	50	468	44	10.2
Mildura Court	52	672	32	13.5
Park Lane	52	658	68	14
Stroud Green	51	413	21	8.5
Weston Park	102	916	50	9.5
Stuart Crescent	51	231	25	5.0
TOTAL	645	6,070	430	10

A Midwives' Ante-Natal Clinic was held at Park Lane Centre on 34 occasions. 50 attendances were made for ante-natal consultations. There were no post-natal attendances.

Cervical Cytology

Clinics continued to be held at centres, as part of the routine ante-natal clinic sessions. One weekly evening session solely for cervical cytology continued at Mildura Court Centre, Hornsey, where 36 sessions were held. 6 evening sessions were held at Burgoyne Road Centre in connection with a special campaign.

Attendances at clinic sessions were as follows:-

Clinic	Attendances
Burgoyne Road	106
Chestnuts	218
Church Road	24
Fortis Green	84
Gordon Road	109
Lordship Lane	141
Mildura Court	287
Park Lane	167
Stroud Green	44
Stuart Crescent	82
Weston Park	151
TOTAL	1,413

Nine sessions were held at four local factories, 2 for staff at a local hospital, and 10 at a local telephone exchange. At these sessions 296 smears were taken.

In all, 4 "positive" cases requiring further investigation were found, of whom 2 were subsequently diagnosed as cancer, and 2 are still under investigation.

I should once more like to express my gratitude to the Haringey Cancer Control Committee for their continued help, by public meetings and publicity displays.

Child Health Clinics

The following table of attendances during the year indicates the continuing need and use of the service:-

Clinic	Sessions	Attendances	Average attendance per session	Number of cases seen by M.O.	Number of cases referred elsewhere
Alexandra Park Road	53	1,877	35.4	531	39
Burgoyne Road	153	5,188	33.4	996	2
Chestnuts	198	4,960	25	1,923	47
Church Road	153	2,568	16.8	1,054	10
Fortis Green	105	3,616	34.4	1,609	17
Gordon Road	104	2,621	25.2	994	79
Lordship Lane	204	4,784	23.4	1,614	13
Mildura Court	100	3,242	32.4	1,215	46
Park Lane	155	5,035	32.5	2,177	44
Somerset Road	148	2,010	13.6	969	76
Stroud Green	103	4,381	42.5	1,213	20
Weston Park	152	5,559	36.6	2,080	33
Stuart Crescent	154	5,201	33.8	1,629	31
TOTAL	1,782	51,042	29.2	18,004	457

Mothercraft and Relaxation Classes

These classes are considered to be one of the important branches of health education, health visitors and midwives co-operating together in the weekly courses of instruction and discussion.

The following table shows attendances during the year:-

Clinic	Sessions	Attendances	Average attendance per session
Burgoyne Road	37	149	4
Chestnuts	40	192	4.8
Church Road	16	84	5.2
Fortis Green	43	228	5.3
Gordon Road	35	170	4.8
Lordship Lane	48	248	5.1
Mildura Court	28	71	2.5
Park Lane	46	305	6.6
Somerset Road	10	20	2
Stroud Green	36	211	5.8
Weston Park	41	181	4.4
Stuart Crescent	10	24	2.4
TOTAL	390	1,883	4.8

Toddlers' Clinics – (2-5 years age group)

Children attending toddlers sessions do so by special appointment at six to twelve month intervals. Because of the difficulty of meeting the need additional weekly sessions were introduced during the year at the Chestnuts, Lordship Lane and Park Lane clinics and twice monthly additional sessions at Weston Park. These additional sessions proved worth while, there being an increased attendance of 1,228 over the previous year. The following table gives details of attendance:-

Clinic	Sessions	Attendances	Average Attendance per session	No. of Cases seen by M.O.	No. of cases referred elsewhere
Burgoyne Road	51	710	14	709	19
Chestnuts	89	769	8.6	769	66
Church Road	23	281	12.2	269	2
Fortis Green	51	585	11.5	585	16
Gordon Road	50	455	9.1	452	55
Lordship Lane	102	923	9	923	22
Mildura Court	50	738	14.8	603	44
Park Lane	98	1,088	11.1	1,088	43
Somerset Road	52	449	8.6	448	63
Stroud Green	52	610	11.7	604	34
Weston Park	94	971	10.3	969	51
Stuart Crescent	49	541	11	541	25
TOTAL	761	8,120	10.6	7,960	440

Congenital Malformations

Details of children born with a congenital abnormality continued to be passed to the Registrar General. During the year 91 cases were notified, suffering from abnormalities as detailed below:-

Diagnostic Group	Congenital Malformation	Number
0.1	Anencephalus	8
0.8	Spina Bifida	8
0.4	Hydrocephalus	8
0.6	Other specified malformations of brain or spinal cord	1
1.1	Anophthalmos and microphthalmos	1
1.0	Unspecified malformations of eye	1
2.1	Cleft lip	5
2.2	Cleft palate	4
2.6	Malformations of tongue	1
2.7	Rectal and oral atresia and stenosis	2
2.9	Other unspecified malformations of alimentary system	1
3.0	Unspecified malformations of heart and circulatory system	1
5.7	Hypospadias, epispadias	6
5.4	Malformations of male external genitalia	1
5.3	Hydrocele	1
5.5	Malformations of female vagina and external genitalia	2
5.0	Unspecified malformations of urino-genital organs (including pseudo hermaphroditism)	1
6.0	Polydactyly	4
6.1	Syndactyly	2
6.4	Unspecified reduction deformity of limbs	1
6.5	Talipes	25
6.6	Congenital dislocation of hips	3
6.8	Other unspecified malformations of leg or pelvis	3
6.9	Unspecified limb malformations	2
7.1	Malformations of skull or face bones	1
7.5	Chondrodystrophy	1
7.0	Other malformations of musculo-skeletal system (including congenital hernias except hiatus hernia)	1
8.3	Pigmented naevus	5
8.6	Unspecified malformations of hair, nails or teeth	1
9.0	Other and unspecified congenital malformations	2
9.6	Down's syndrome (mongolism)	3
	Total	106

Analysis of Pre-School Children on Observation Register at 31st December 1970

Categories of Observations

Deafness of genetic origin in parents or siblings	46
History of maternal rubella in first four months of pregnancy	15
Gestation 36 weeks or less	272
Birthweight under 4lbs	24
Moderate or severe birth asphyxia	322
Difficulty in sucking or swallowing	6
Failure to thrive not explained by simple feeding problem	74
Convulsions	7
Cyanotic attacks or severe apnoeic spells	29
Abnormal neurological signs in neo-natal period	35
Haemolytic disease of the newborn	169
Congenital abnormalities	211
Late or late intake	202
Mother in care of mental health service	26
Total	1,438

Number of children born during year	4,438
Number placed on observation register (16% approx.)	708

Where there is a particular risk of deafness children are examined at the audiology unit as well as at the normal child health sessions. 134 children were seen at the unit during the year.

Analysis of Pre-School Children on Handicapped Register at 31st December 1970

Categories of Handicap

Partially sighted	1	Physically handicapped	35
Deaf	1	Mental handicap	59
Partially hearing	4	Miscellaneous	18
Epileptic	1		
		Total	119

Health Visiting Service

Students

The four sponsored student health visitors, on completion of their training in September, were successful in obtaining the health visitors' certificate. Two students commenced the academic year's training in September 1970.

However, in spite of these four additional health visitors and the recruitment of a fifth health visitor, staff shortage persists (6.4 out of an establishment of 36). It is depressing to note that the number of health visitors at present working in the Borough is the same number in employment before the amalgamation with Wood Green. We are therefore grateful to the three health visitors who are able and willing to continue in service, although they have reached retirement age.

The number of visits made by health visitors are:—

Number of visits paid by Health Visitors working in the Borough

Expectant mothers — First visits	1,195
Total visits	1,824

Children under 1 year of age — First visit	4,872
Total visits	10,346

Children aged 1—2 years	9,718
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Children aged 2—5 years	16,102
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Other cases	2,654
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Total effective visits as Health Visitors	40,644
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Total No. Ineffective visits	10,676
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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)
8,419	55,801	4,578	3,407

Dental Care for the Priority Classes

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

The number of sessions employed in the priority service was lower by 69 than in the previous year and the numbers of patients seen and the items of treatment provided correspondingly fell.

As we have continued to accord real priority to this class of patient and have not sought to reduce the demand, it seems that the many dental practitioners in the borough providing treatment under National Health Service arrangements are at last finding it possible to accept more of these patients in their practices. This changing pattern of supply and demand is being reported in many authorities and, particularly for the expectant and nursing mothers, is to be welcomed as indicating continuing regular dental care with a "family dentist" instead of a temporary arrangement with one of our clinics, which must cease as soon as the eligibility for treatment expires. When a parent is a regular patient, a likely natural consequence is for children in the family also to receive their treatment from the same practitioner, thus giving regular and continuing attention for a highly vulnerable section of the community.

We are, however, concerned for the pre-school children who do not receive treatment from any source and whose dentition is seriously affected when we have the opportunity of seeing them after they have first entered school. All too frequently, if the dental defects of the child have not caused pain to a degree which has resulted in loss of sleep or family upsets affecting the parents, treatment is not sought. It is particularly for such families that we must pin our hopes for future fluoridation of the water supplies, to bring protection and benefits in better dental health without any effort on the part of those concerned.

The statistics are as follows:-

	Expectant and nursing mothers	Pre-school children
Number examined	120	789
Requiring treatment	117	567
Attendances for treatment	433	1815
Treatment completed	68	430
Number of fillings	263	1625
Teeth filled	239	1444
Number of extractions	47	385
General anaesthetics	7	149
Number of prophylaxes	91	77
Teeth otherwise conserved	-	87
Other operations	194	551
Number of radiographs	62	17
Crowns and inlays	4	-

Total number of dentures 15

Number of treatment sessions 311

Midwifery Service

There were 15 full-time midwives on the establishment at the commencement of the year 1970. The number has decreased to 13 midwives and 1 acting supervisor from 1st September, 1970.

A scheme for attaching midwives to General Practitioner Obstetricians was introduced during the year and 11 midwives are attached. The scheme is working satisfactorily.

The Health Services and Public Health Act, 1968, makes it legal for midwives employed by the local authority to go into hospitals to deliver patients, and from 1st February, 1970 a pilot scheme has been working whereby domiciliary midwives go into hospital with their own booked planned early discharge patients, deliver them and accompany them home by ambulance. 51 patients have been delivered successfully by domiciliary midwives.

The number of domiciliary bookings during the year was 508. 324 were actually delivered at home. 48 were transferred to hospital for varying reasons and 136 moved out of the area. 51 patients were delivered by domiciliary midwives in North Middlesex Hospital and transferred home for nursing within 6 hours making a total of 375 deliveries by domiciliary midwives during the year.

Source of request	Number of requests received			
	1967	1968	1969	1970
Requested by hospitals in North West Metropolitan Region	187	267	233	268
Requested by hospitals in North East Metropolitan Region	143	137	201	254
Requested by London Teaching Hospitals	39	44	50	63
TOTAL	369	448	484	585

Number accepted	491	Unplanned	136
Actual number discharged and attended	762	Self discharges	151

The number of visits, i.e. Ante-natal, labour calls, post natal visits and Guthrie re-tests from various hospitals during the year was 16,645.

This figure is less than for 1969 owing to the reduced number of deliveries during the first six months. However there was an increase during the last half-year and the trend as the year closed was upwards.

Self discharges rose to 151 compared with 116 in 1969.

Student Midwives Training

61 students were in training during the year, 12 from the Alexandra Maternity Home, 19 from the North Middlesex Hospital, and 30 from the Whittington Hospital.

Obstetric Nurse Training

There were 40 students from the City of London Hospital and 26 students from the Whittington Hospital who spent a day on the district and were given an insight into the work of the district midwife.

HOME NURSING SERVICE

The work load for district nurses continued to increase, especially after the introduction of group and general practitioner attachment on 1st May 1970. Nurses visit the doctors to whom they are attached at least once weekly, one nurse attends an afternoon clinic weekly, one a morning session twice weekly and another attends a group practice each morning, treating an average of six patients at each visit.

Four nurses obtained the National Certificate for District Nurses. Two attended the course at Chiswick Polytechnic and two the course at the North Western Polytechnic. These are day release courses over a period of thirteen weeks, including a two week block.

Five nurses attended Practical Work Instructors' Courses, two attended refresher courses and one attended an administration course.

The Marie Curie Memorial Foundation gave full night nursing for eleven patients suffering from terminal carcinoma and gave financial aid for extra nutrition to one patient.

During the year the Prince of Wales's Hospital sent thirty student nurses for instruction on community nursing and the Middlesex Hospital sent nine.

Number of old patients carried forward from 1969 to 1970	1,113
Number of new patients started during 1970	2,364

These new cases were referred from the following sources:-

Source	1970
General Practitioners	1,467
Hospitals	748
Chest Physicians	8
Health and Welfare Departments	113
Old Peoples Welfare	28
Total	2,364

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

	1968	1969	1970
New cases attended	2,004	2,280	2,364
Total visits	88,112	92,053	104,286
Number of visits of over one hour's duration	2,844	2,371	1,781

The work load may be broken down as follows:-

Injections	28,418
Dressings	22,192
General Nursing Care	22,755
Enemata	1,085
Diagnostic preparations	33
Bladder washouts	147
Blanket baths	14,942
Scabies	220
Maternity complications	86
Supervisory	5,802
Other treatments	4,724
Surgeries and miscellaneous	3,882
Total	104,286

Age of patients at time of nurses first visit of the year:-

	1968	1969	1970
0 - 4	35	108	54
5 - 64	971	211	1,205
65 and over	1,885	3,416	2,218

GERIATRIC SERVICES

Primary Prevention

Primary prevention is concerned with elderly who are still active and in good general health. It is designed to lower the incidence of new cases of illness and disability. It aims to further the concept of positive health, an active enjoyment of good health, not merely the absence of disease.

Retirement Advice Clinics in Haringey are intended to further these objects, and this they have continued to do, though to a limited extent. Figures of attendances closely resemble those of previous years, and expansion will not be possible until there is an increase in the community nursing staff, i.e. in the provision of geriatric visitors, so that an adequate domiciliary service can be run in parallel with the clinic sessions.

Advice is given on health and diet and general guidance on making the best of retirement. Two aspects of the life of older people attracted attention. One was the fact that many older men moved to new flats found themselves in difficulty over hobbies, since they no longer had their gardens or a shed in which to do work like carpentry. The other was the rather depressing assumption by many retired people that because they had reached their sixties they must therefore be past all sexual activity.

They were told that this was a fallacy and reminded that retirement was an excellent opportunity of making the most of their married lives.

Secondary and Tertiary Prevention

Secondary prevention aims to reduce the duration of existing illness, and tertiary prevention to limit the severity of any existing disease or defect which cannot be eliminated. In undertaking these aspects of the care of older people the Health Department works in close co-operation with general practitioners, hospitals and social services.

The Department is represented on the North West Metropolitan Regional Geriatric Liaison Committee in which the above meet to discuss the care of the elderly.

The Liaison Committee's first annual report, which was issued during the year, makes some interesting comparisons between the domiciliary services provided by the three local authorities represented on the committee: Camden, Islington and Haringey. The two former have greater financial resources than this borough and this is generally reflected in the figures. While Haringey had in June, 1970, 0.60 home helps per 1,000 population, Islington had 0.68 and Camden 0.80. Haringey, however, had a target of 0.85 for 1975 while Islington's was 0.80; but Camden aimed for 1.36. Where home nurses were concerned, Haringey had 0.14 per 1,000 population compared with 0.18 in Islington and 0.19 in Camden. Neither Haringey nor Islington is proposing to alter the ratio of home nurses, but Camden intends to increase it to 0.25 by 1975. As for health visitors, Haringey had 0.11 per 1,000 population in May, 1970, while Islington had 0.16 and Camden 0.17. Haringey plans to increase its ratio to 0.17 in 1975 and Camden to 0.19, but Islington's will reduce slightly to 0.15.

The most striking difference between the boroughs is with regard to geriatric visitors. Islington had 8 in September 1969, and Camden 21. Haringey had none, a situation which still exists.

There is an urgent need for geriatric visitors in Haringey. A very high proportion of the problems of the elderly are concerned with their health. Social workers do not have the background and training to deal with many of these, while the skills of the state registered nurse are eminently suited to them. It is to be hoped that it will become possible to make appointments of this kind in the near future as the need is considerable.

Not to be confused with the Geriatric Liaison Committee is the Geriatric Co-ordinating Committee, which is a small group of specialised officers in the Health and Social Services Departments formed to exercise surveillance and a degree of control over elderly people in the borough who are in a state of crisis or are likely to become so. Although compulsory removal to a hospital or an old people's home was considered in a number of cases it fortunately did not prove necessary, and the Committee was able to co-ordinate the services so that the old people retained the maximum freedom of action while receiving as much support as was acceptable to them.

The Co-ordinating Committee has with time developed a good deal of experience in this field. It meets monthly and has been deliberately kept small in number to facilitate prompt action. After long deliberation it was decided this year to enlarge it by one, giving a total of six, by including a Medical Social Worker from St. Ann's Hospital who has since made a valuable contribution to its work.

The principal quality required of a member of the Co-ordinating Committee is expertise. Geographical factors are of no importance. Any worker in the field may inform a member of a problem, which is then dealt with by the whole committee.

The Chairman is the Deputy Medical Officer of Health, who takes responsibility for compulsory removal under Section 47 of the National Assistance Act, 1948. A senior Mental Welfare Officer advises on mental health questions, and the remaining four are the Deputy Superintendent Health Visitor, the Supervisor of Home Nurses, a Senior Welfare Officer with considerable knowledge of old people in the community and also of the residential and other services available to them, plus the Medical Social Worker.

Thirty new cases were referred during the year and 28 old cases were kept under review. Nine went into old people's homes, 7 died and 18 were removed from the list with the proviso that they could be returned at any time.

Retirement Advice Clinics

	No. of Sessions	New Patients	Re-attendances	Total Attendances
Hornsey	13	6	42	48
Wood Green	9	7	31	38
Tottenham	43	23	223	246
Totals	65	36	296	332

North West Metropolitan Regional Hospital Board - Geriatric Liaison Committee

The Committee, on which Haringey is represented, has made its first report for the year ended 31st March 1970. It was set up in 1968 by the North West Metropolitan Regional Hospital Board in accordance with the conditions of the Memorandum on "The Care of the Elderly in Hospitals and Residential Homes" and covers a large area of north/north west London including the eastern third of Haringey. The members include senior officers from the Health and Welfare Departments of the London Boroughs of Camden, Islington and Haringey, consultants, general practitioners, administrators and medical social workers from the Teaching and Regional Board hospitals and delegates from the Middlesex and Inner London Medical Executive Councils.

The meetings are held at approximately two-monthly intervals. The Liaison Committee has no executive powers but from time to time it makes recommendations which are transmitted to the constituent authorities for consideration. The Committee use existing administrative channels to promote arrangements for dealing with problems as they arise in the operation of the health and welfare services for the elderly and aims to foster co-operation between the various authorities. The central role which the family doctor plays in the care of elderly is well recognised. General practitioners services and their inter-relation with local authority and hospital services are being discussed at present.

The Committee strongly support the setting up of psychogeriatric assessment units, and was pleased to learn that a small eight-bedded unit is being set up in St. Pancras Hospital. It is hoped that this kind of unit will be developed in the Haringey area.

The Committee also study the provision of health services by the three local authorities concerned. Generally, Haringey's services were smaller than those of the other two. To take, for example, home helps in post on 30th June 1970, Haringey had 0.60 per 1,000 population while Islington had 0.68 and Camden 0.80. Regarding the target for home help services in 1975, Haringey aimed for 0.85 and Islington for 0.80, but Camden expected to have 1.36. Where home nurses were concerned Haringey had 0.14 per 1,000 population in June 1970 and Islington had 0.18. There were no plans to increase these by 1975, but Camden proposed to enlarge the service from 0.19 to 0.25. In health visitor provision Haringey was certainly the lowest, having 0.11 per 1,000 in June 1970. Islington had 0.16 and Camden had 0.17. Haringey proposes to reach the Camden figure by 1975 while Camden itself aims even higher, for 0.19. Islington, on the other hand, proposes to reduce its health visitor strength to 0.15 by this time.

It is on the provision of geriatric visitors that the contrast in services is most marked. At 30th September 1969 Camden had 21, i.e. 0.09 per 1,000 population, and Islington had 8, i.e. 0.03 per 1,000. Haringey had none.

Chiropody

The pressure on this service continued to grow. Its capacity to deal with the increased volume of work was largely made possible in 1969 by the institution of the assessment of applicants for domiciliary chiropody by medical officers and the use of chiropodists' own surgeries.

Domiciliary chiropody was thereby restricted to patients in real need of it while chiropody treatment became more widely available throughout the borough. However, demand for clinic, surgery and domiciliary treatment, increased further in 1970, the numbers of the latter being swelled by some whose health or circumstances had deteriorated with time, and it is becoming evident that further resources will have to be devoted to chiropody if the service is to be able to satisfy the requirements of its patients.

Chiroprody		1968	1969	1970
No. of Applications received				
Clinic				
New Cases		742	802	990
Domiciliary				
New Cases		262	419	474
Transfer from clinics		97	43	80
Waiting for assessment			28	12

Number of Assessments made for Domiciliary treatment during

		1969	1970
Domiciliary treatment all the year	New cases	217	291
	Transferred from clinics	17	12
Domiciliary treatment winter months	New cases	35	16
	Transferred from clinics	3	7
Referred to Home Nursing Department for nail cutting	New cases	70	45
	Transferred from clinics	11	2
Clinic treatment only	New cases	24	55
	Old Cases	4	
Cases that could be dealt with by relatives or friends	New cases	24	
Cases no action taken		57	21
Total		<u>462</u>	<u>449</u>

1,719 clinic sessions were held during the year, including sessions for school children.

	1969	1970
Patients receiving treatment at end of the year at		
Clinics	1,768	1,782
Private Surgeries	941	1,278
Domiciliary treatment	1,116	1,231
Waiting for clinic appointments	235	52
New patients on waiting list - Clinic	61	69
New patients on waiting list - Domiciliary	15	-
Old patients on waiting list - transfer from Clinic	12	2
	1969	1970
Number of patients treated including school children	3,995	4,461
Number of treatments given at Clinics	10,841	10,651
At private surgeries	4,230	6,747
Domiciliary	5,345	5,568
School Children	1,330	1,651
Total Treatments	<u>21,746</u>	<u>24,618</u>

	<u>1969</u>	<u>1970</u>
New patients treated		
at clinics	272	648
at private surgeries	469	272
at domiciliary	190	247
school children	282	269
Totals	<u>1,213</u>	<u>1,436</u>

CHIROPODISTS

- 22 Part-Time Chiropodists
- 12 at Clinic Sessions 3 of whom treat patients at their private surgeries
- 9 Private Surgeries 3 of whom attend clinic sessions
- 10 Domiciliary 5 of whom attend clinic sessions
- 1 clinic chiropodist resigned in 1970

Staff Medical Assessments

There was a further increase in the total number of medical assessments during 1970. In that year 2,409 cases were dealt with as compared with 2,095 in 1969. The increase was partly due to the Borough's Statutory Resolution of 1969 to admit manual employees to the Superannuation Scheme subject to medical assessment.

Medical Assessment of New Applicants without Medical Examination: Shown by Departments

Architect's	11
Cemeteries	1
Chief Executive's	62
Childrens	69
Cleansing and Transport	1
Education	951
Engineer and Surveyor's	28
Health	151
Housing	32
Libraries	33
Town Planning	19
Comptroller and Treasurer's	21
Welfare	39
Tottenham Technical College	59
Hornsey College of Art	46
	<u>1,523</u>

Medical Examination of New Applicants

Education	6
Health	4
Housing	1
Libraries	1
Welfare	1
Tottenham Technical College	1
	<u>14</u>

Medical Examination of:—

1st Appointment Teachers	111
Teacher Trainees	240
Hornsey College of Art End of Term Teachers	64
	<u>415</u>

Medical Assessment of Employees for Admission to Superannuation Scheme: Shown by Departments

Baths	2
Catering	7
Cemeteries	1
Cleansing and Transport	73
Engineer and Surveyor's	66
Parks	35
	<hr/>
	184

Medical Examination of Employees for Admission to Superannuation Scheme

Cleansing and Transport	3
Engineer and Surveyor's	3
Parks	3
	<hr/>
	9

Total number of Medical Assessments 1,730

Reports on Sick Pay Cases without medical examination	86
Reports on Sick Pay Cases with medical examination	46
Special assessments of employees without medical examination	51
Special assessments of employees with medical examination	31
Medical examination of staff over 70 years of age	9
Employee returned to work or resigned before report completed	41

Total number of Medical Examinations 524
 Total number of cases dealt with 2,409

The Changing Vista of Community Mental Health: by Dr. U.P. Seidel

The year 1970 saw the implementation of the Local Authority Social Service Act which based on the Seebohm Committee Recommendations, divorced mental health social work from health, and therefore, from the medical side of community psychiatric care.

This in my view was a mistake and I hope the Hospital Boards will not have to pay dearly for it both in man power and in In and Out Patient facilities.

My reasons for saying this are quite simple. Over the past few years we have tried and to a certain extent succeeded in building up a community psychiatric service whereby mentally disordered persons could remain in the community more often and longer and, if required to enter hospital, earlier discharges were made possible. This was in accord with the true spirit of the Mental Health Act of 1959 which envisaged an expanding community based psychiatric service.

That such a service cannot function without the close participation of medical people trained and experienced in psychological medicine and stationed in the community must have been obvious to anyone who knows anything at all about mental disorders.

The Mental Welfare Officers let alone the new generic social workers will be unable either by qualification, training or experience to carry out this task adequately and efficiently on their own without obvious dangers to the patient.

In this highly specialised field of psychiatric community care, ties between social workers and community psychiatrists should have become closer and not severed altogether as appears to be the case under the new Act.

Furthermore, instead of having a generic social worker deal with psychiatric cases, I would have suggested the very opposite, namely to raise the qualifications, training and experience of all social workers working in mental health to that of the psychiatric social worker we are accustomed to deal with in the hospital setting. Are we turning back the clock to the time of the Duly Authorised Officer whose main function consisted of compulsory disposal of psychiatric patients to mental institutions ?

There are two particular aspects of community mental health which might be mentioned in this context.

About 5,000 people succeed in killing themselves by suicide every year in England and Wales. Almost six times as many again make some suicidal attempt on their own lives. The comparative yearly figures for Haringey are 41, 30 males and 11 females. The considerable burden thrown on the many agencies trying to deal with this problem and the unnecessary wastage of human life could be curbed if appropriate community facilities under medical direction were in existence to recognise, supervise and treat mental illnesses as these appear in the community, for mental disorders are the main cause of consummated suicide and suicidal attempts.

Unfortunately, the breakaway of mental health social work from health departments will make the establishment of such a preventive scheme impossible.

The other point to consider is that of drug dependants which as I see it, can be tackled more successfully by a community-based approach.

There were 123 out-patient and 19 in-patient notifications to us of Haringey residents being "hard" drug addicts during the year which may even constitute an under-estimate as not all drug dependant persons are known to the various official bodies and therefore are lost to all census.

The overall yearly figure for England and Wales amounted to over 5,000 drug addicts with a known death rate of 30, 19 males and 11 females. The dangers of even experimenting with habit-forming drugs should be brought home forcefully to everyone especially young people and school children and advice clinics geared to recognise, advise and suggest management to those likely to fall prey to the temptation of drugs and to those who have already succumbed to them. Additionally, the staff should be experienced enough to spot an underlying personality defect whenever this is the causative factor responsible for the drug dependence. Their management requires a high degree of expert knowledge which must embody medical, psychiatric and social work expertise and should be available right where it is required, namely in the community, as very few of these people once spotted are willing to be sent to any other clinic or department.

In spite of my gloomy forebodings one hopes that a true interest in the welfare of the mentally afflicted will prevail and future approaches shaped in the light of the real needs of the patient.

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

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

The number who completed a full course of primary immunisation

Age at date of Immunisation	Triple	Dip/WC	Dip/Tet	Dip	WC	Tet	Sabin	Measles	Rubella	Total
0-1 years	76	—	1	—	—	—	76	—	—	153
1-2 years	2,100	—	200	1	—	1	2,302	1,051	—	5,655
2-4 years	836	—	103	1	—	2	951	1,571	—	3,464
4-6 years	38	—	134	2	—	22	220	402	1	819
6-16 years	8	—	64	—	—	129	91	83	26	401
Total	3,058	—	502	4	—	154	3,640	3,107	27	10,492

The number who received a reinforcing dose

Age at date of Immunisation	Triple	Dip/WC	Dip/Tet	Dip	WC	Tet	Sabin	Total
0-1 year	—	—	—	—	—	—	—	—
1-2 years	61	—	—	—	—	1	60	122
2-4 years	327	—	222	2	—	2	599	1,152
4-6 years	106	1	1,624	23	—	50	1,793	3,597
6-16 years	12	—	117	1	—	349	857	1,336
Total	506	1	1,963	26	—	402	3,309	6,207

Vaccination against Smallpox

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	65	1,354	849	218	2,486
Number of Re-vaccinations	-	1	210	929	1,140

HEALTH EDUCATION

Tempting though it may be to think of Health Education as a form of advertising, it has at least one difference: the product is not always as attractive at first sight as its commercial equivalent — and we certainly do not have the resources to display it so temptingly before the public. And since what we propose often means giving up some habit to which people are irrationally, albeit dangerously, addicted, it is not surprising that we do not have as much success. The Health Educationalist must resign himself to many years, even decades, of apparently fruitless effort before he begins to see any result; and it is too easily forgotten how long it took and how many setbacks were experienced before such measures as clean water, adequate sewerage and pasteurisation of milk came to be generally accepted.

Perhaps the greatest problem facing Health Education at the present time is that of cigarette smoking. What we have to deal with here is literally the refusal of a large proportion of the general public to face the facts, a silent opposition based on almost pure irrationality. If reason is to have hope of success against this, it will have to have many years in which to work its effect. Probably a change in fashion would achieve more, but there seems to be no prospect of this at the present time; and we are forced to rely increasingly on the force of personal example — which seems feeble enough at the best of times. We can never know how much harm has been done by a parent, a teacher, a doctor or a borough councillor who smokes.

The forces opposed to health education have been known sometimes to assume the forms of pseudo-rationality, and the anti-fluoridation movement is a good example. It is quite futile to point out to many of the general public that the claims of toxicity from fluoridation of water supplies have been shown to be based on faulty experiment and bad reasoning. Sensational claims always have the edge on plain truth where impact on many of the public is concerned, though there remains a longterm solution to this: that all the people can't be fooled for all of the time. But the success of the anti-fluoridation cause so far depends on something much more subtle: their claim that fluoridation of water is an interference with the rights of the individual.

Sex Education is also a controversial subject nowadays, but there is no doubt that it plays an increasing part in school curricula, and we are frequently approached by teachers for information, display materials, films, slides etc. We are sometimes asked to provide expert speakers on subjects like the birth process or venereal disease, and are pleased to find that marriage guidance counsellors are increasingly in demand and sooner or later we must give young people all the information they need on birth prevention.

While it is often claimed that parents should be giving this kind of information it tends to be forgotten that many are too embarrassed to talk it over with their children, or feel that they do not know enough. The matter is discussed first of all at parent-teacher meetings, and the parents frequently see the same films etc. which are later shown to their children. The operative word is "education" not "instruction"; and the subject of sex has a natural place in much wider programmes. Girls tend to receive more, as it often forms a part of their home economics or biology courses. The preference for physics and chemistry in boys' schools has made it harder to fit in, but it is encouraging to find that it is appearing more frequently in mixed classes on social studies or humanities courses.

As a department we have no doubt about the value of sex education. There is no evidence that it is a cause of promiscuity in young people; indeed the national increase in illegitimacy and sexually transmitted diseases was already evident in 1958, before a significant proportion of school children were having sex education. Only too often we have found that promiscuity is associated with abysmal ignorance on sexual matters. The courses that have been evolved over the years are directed towards helping the child towards a more mature understanding of the place of sex in the whole pattern of life, not exaggerating or diminishing its role, but showing that, important as it is to the human being, love matters more.

Another subject on which we are increasingly asked to provide information is the drug problem in young people. Since it is already so much discussed by children we have no hesitation in supplying carefully selected information which gives a balanced view of the whole drug situation.

Health Education is a subject which receives much lip-service nowadays, but even though many people acknowledge the great benefits that it could bring to individuals and the community in general, and the subsequent easing of the strain on the country's health services, surprisingly little of these resources are devoted to this purpose.

Health Education in Schools

Talks and short courses on a variety of health topics continue to be given in schools by the Health Education Officer. It is encouraging that many more teachers ask advice and use the audio-visual aids available from the Health Education section. Pupils increasingly use the service for their health education projects and it is a measure of their interest in the subject. Health topics are being programmed into biology, home economics and social studies courses and vary from human biology, venereal diseases, smoking, drugs, child development, parentcraft to world population.

Health Education sessions by school doctors, were discontinued in 1970 due to frequent changes in staff establishment, and only in isolated cases did the doctors participate in health education talks. It is hoped that these sessions will recommence at a later date.

Stimulated by the B.B.C. radio-vision and television series on primary sex education, talks on menstruation and "growing up" were requested by six primary schools. Parents were very co-operative. Some schools held parent/teachers meetings prior to the talks in schools. In all cases parents were notified by letter of the nature of the talks, and had the option of withdrawing their child. Withdrawals varied from one or two to four in one school.

A short series of talks for school leavers has been initiated in one comprehensive school for separate groups of girls and boys. Topics on development, reproduction, ante-natal care, childbirth, smoking and venereal disease were included in the series.

The amount of health education given in schools by the Health Department is limited by the small percentage of health personnel who are available to give talks in schools compared with the numbers of schools and pupils. The objectives of the Health Education section are therefore aimed at providing audio-visual aids, advising and assisting teachers to introduce health education into the syllabus. With these aims in mind the Health Department in co-operation with the Education Service, are providing a series of lectures at the Teachers' Centre during the Spring Term of 1971.

During the year a total of 65 talks was given in six primary and six comprehensive schools, to a total of 1,170 school children.

The Inter-Services Standing Committee on Youth and Working Party

This Committee consisting of representatives of the education, health and social services and various voluntary organisations concerned with youth, continues to meet at periodic intervals. The Health Education section plays an active part in the working party.

The section was responsible for arranging two symposiums — "The Adolescent in Society" in March 1970 with Dr. Wendy Greengross, from Marriage Guidance, and Mr. Alec Dickson, C.B.E. of Community Service Overseas as Speakers.

At the second symposium, "Youth and the Social Services in the 70's" held in November 1970, Mr. John Ewer, M.A. of the Youth Service Information Centre, Leicester, was the Speaker, followed by a panel of experts from Education, Health and the Juvenile Bureau, Both symposiums were excellently chaired by His Honour, Judge H.B. Grant.

Following the success of these two meetings, it is proposed to hold a similar venture in 1971.

Detection of Hearing Defects in the Infant and Pre-School Child — A two-day Course for Health Visitors

This was the second course organised by the Section, under the direction of Dr. L. Fisch, the Consultant Otologist, at the Audiology Unit, Tottenham

The course is designed to give health visitors an insight into the detection of hearing loss in infants and young children. Forty-two Health Visitors attended from Local Authorities in and near London, in addition three visitors from Holland, a doctor, nurse, and psychologist, who hope to run a similar course, also participated.

Dr. Fisch, Health Department staff and two peripatetic teachers gave lectures and demonstrations. These were held in Tottenham Town Hall, the Audiology Unit and Blanche Nevile School for the Deaf.

The booklet "Talking to the Elderly Deaf" produced by Dr. Fisch in co-operation with the section in 1970, has had wide distribution throughout the country. "Notes on High Frequency Hearing Loss in Children" has been reprinted.

Food Hygiene Courses

Following the talks on personal and food hygiene at the Prince of Wales's Hospital last year, the Health Education Officer was requested to run a similar course for domestic staff at St. Ann's Hospital.

The talks were run in co-operation with the domestic supervisor and pathologist who appreciated that hygiene standards had improved following the previous talks. It is hoped that this programme will be an ongoing series.

Cervical Cytology Publicity Campaign — April—August

One of the functions of the Health Education section is to publicise the local authorities' health services. Cervical cytology tests at local authority clinics had declined as shown in table 1. In the first quarter of 1969, tests were 365, and dropped to 254 in the same quarter of 1970.

At the beginning of the year it was decided to concentrate publicity in a limited geographical area to see whether results could be improved. The area chosen was that served by Burgoyne Road Clinic, consisting of four roads, bounded on one side by Green Lanes and on the other by Wightman Road.

The Haringey Women's Cancer Control Committee were approached and this small active group of six women agreed to distribute application forms and literature.

The roads were divided into three groups (see table II). The 1970 electoral register was used so that the women received a personally addressed envelope containing an application form and explanatory leaflet in English and Greek. A large proportion of women in this area are of Greek-Cypriot origin.

Publicity was given in the local papers on the women's pages. Advertisements were placed in three local papers. A Greek-Cypriot newspaper printed an article written by a Greek doctor on the Department's staff and these papers were distributed in the Burgoyne Road Clinic and to the women in Group 3.

Summary

Results are shown in Tables II and III. Considering the number of leaflets and application forms distributed a greater response might have been expected but if the number of 47 tests of 1968-69 (Table I) is compared with the 154 tests taken during the three months of the campaign, one can consider it a reasonable increase.

Fortunately groups most at risk responded to the campaign, 59% were over 35 years of age, and 95.3% of the total number were married (Table III). No positive smears were obtained but many other disorders were discovered (Table IV) and these women were referred to their own doctors. During the sessions, advice and appointments for family planning were made.

It is proposed to carry out a publicity campaign in 1971 involving the women patients in one particular doctor's practice.

TABLE I Tests in Haringey Clinics

Year	Number of Tests in Haringey	Tests in Burgoyne Road Clinic
1968	1,412	12
1969	1,126	35
Total	2,538	47

TABLE II Distribution of leaflets and applications forms by groups

Groups	Number of Roads	Number of Application Forms Distributed	Appointments Requested	Attendances
1	7	669	52	41
2	7	1,247	77	66
3	7	1,270	50	47
Total	21	3,186	179	154

TABLE III Persons tested: by age groups

Age Groups	Number Tested	Percentage of Totals
20 - 35	59	41
36 - 45	34	59
46 - 74	61	
Total	154	100

TABLE IV Disorders discovered

Disorder	Number
Cervix-erosion	18
Polypus	6
Inflammatory changes	18
Vaginal discharge	38
Trichomonas vaginitis	6
Monilia	1
Cystitis	2
Mastitis	1
Post menopausal haemorrhage	4

Table V Social Class

1. Higher professional and managerial	1
2. Lower professional and managerial	7
3. Skilled manual, supervisory and routine clerical	41
4. Partly skilled	33
5. Unskilled	38
6. Unknown (including retired persons)	34

Health Education to Organisations and Establishments

Talks were given to various organisations usually outside normal working hours, to such groups as parent teachers' associations, a teacher training college and voluntary organisations on such topics as general health, statutory services, child development, sex education, drugs, smoking and first aid.

Health propaganda and displays in Council premises and on public notice boards is part of the day-to-day activity of the section. The section has a wide variety of limited supply of teaching aids which it loans to schools and organisations. An audio-visual aid catalogue is widely distributed and is in the process of being revised and brought up-to-date for 1971.

INFECTIOUS DISEASES – W.T. Orton, Deputy Medical Officer of Health

Diphtheria

There were no cases in Haringey, but there was some anxiety about an outbreak in another part of London, especially since it was known that about a third of the children in this borough who were entitled to immunisation had not been brought to their doctors or clinics to receive it.

There is still a widely held misconception that diphtheria no longer exists, and newspaper reports of outbreaks in other boroughs or other parts of the country have so far largely failed to shake it. But possibly warnings may be reinforced by evidence that the danger can arise from yet another source, the Continent of Europe. In many countries there the infection has not been brought under the same degree of control as it has in the British Isles. For example Italy had 1,724 cases in 1967. In the face of this, parents might wish to check whether their children have been immunised before taking them on their next continental holiday. Although there have been no examples of infection from Europe recently, who wants to be the first?

Cholera

The possibility of this disease occurring in a British tourist has been hinted in this Annual Report a number of times. The first case occurred this year and involved a man from Wales, who was fortunately not seriously ill. But with tourism extending increasingly in developing countries, others may follow, and travel agents and their customers would do well to be on their guard.

In September of this year, because of the international spread of this disease, the Department of Health introduced regulations which required people arriving in this country from cholera endemic areas to be kept under surveillance for five days, unless they had valid certificates stating that they had been vaccinated against it. Six people were followed up in Haringey.

Poliomyelitis

There were no notifications of this illness in Haringey residents. The one case that appears in our records was a child resident in a Middle Eastern country who took ill and was flown here for treatment.

Smallpox

The Health Department undertook the surveillance of 36 people coming into this country from smallpox-endemic areas without valid vaccination certificates. Consultant advice was sought with regard to two patients suffering from illnesses resembling smallpox, but the diagnosis was excluded in both cases.

Smallpox will continue to be a menace in this country as long as it exists in other parts of the world. The low incidence of the infection has in recent years been due largely to the control exercised by our port health authorities. The World Health Organisation Report on smallpox in Europe between January, 1961, and September, 1970, underlines the need for continual vigilance. There were 391 cases of smallpox in Europe during this ten year period arising from the introduction of the disease on 28 occasions. The United Kingdom experienced the greatest number of these, 9, and the Federal Republic of Germany came second with 7. Twenty originated in Asia, 5 in Africa. Almost all the importations were by air – 23 of the 26 for which the

mode of travel was known. Nationals of the country concerned were usually responsible for introducing the disease to their own countries. Since smallpox is extremely rare among people successfully vaccinated in the last preceding three years. It is reasonable to conclude that more than half the outbreaks in Europe could have been prevented if travellers had been adequately vaccinated before going to endemic areas.

Enteric Fever

Both the cases of typhoid which occurred this year originated abroad. We were also involved in the follow-up of contacts of cases in other boroughs. During one of these the family of the case, including a relative who as a carrier of the disease was the source of the infection, moved into Haringey. Measures were taken to prevent further spread.

One paratyphoid case occurred just after the patient had arrived in this country from overseas and certainly had its origins there. The source of the other infection was in this country and remains unknown.

Measles

The withdrawal of one of the measles vaccines in March, 1969, was a serious interruption of a nationwide campaign to reduce the infection to the status of a less common infectious disease. Vaccination was largely suspended for several months until alternative supplies became available. Although an intensive campaign was undertaken to complete vaccination before the autumn of 1970 and the expected biennial measles epidemic, the public response was very disappointing, only about a third of what had been expected. Contrary to the usual experience, measles notifications, which usually are greatest in the wintertime, climbed to a peak of over 60 a week in July then dropped to less than 10 in September. Subsequently the old pattern re-established itself and 60 had again been passed by Christmas.

There can be no doubt that vaccination gives considerable protection, but what appears to have happened is that many children who were not vaccinated during the first campaign did not catch the disease because those who had been vaccinated prevented the easy spread of the disease in the child population. However, since not enough children received the vaccine, the disease then recrudesced and the unvaccinated ones who had previously escaped fell victims to it.

Measles will therefore continue to be a common unpleasant and sometimes dangerous disease until the great majority of parents decide to do something about it.

Whooping Cough

This is a disease with wide variations in annual incidence. Vaccination may not prevent it, but does much to reduce its frequency and severity. In 1967 there were 131 cases notified, 58 in 1968, while in 1969 there were only 17. This year there were 108. Such wide swings are hard to account for, but some factors have been recognised. A few years ago a part of the vaccine had to be modified because a strain of the bacterium had developed which was not susceptible to it. More recently there has been evidence that some viruses may cause an illness closely resembling whooping cough, and information from general practitioners in Haringey suggests that a small proportion of the cases notified may have been of this kind.

Psittacosis

A local veterinary surgeon informed us of his suspicions that an Amazon parrot bought from a local pet shop had died of psittacosis. This virus infection of birds can cause a severe form of pneumonia in humans. The diagnosis was subsequently confirmed.

The stock of birds in the shop was destroyed and the premises were thoroughly cleaned and disinfected.

It was found that members of the staff of the shop had had a mild respiratory infection a week or so before. Blood samples were taken. These showed no evidence of recent attacks of psittacosis, but a low blood titre of antibodies to organisms of the psittacosis group showed that they had been exposed to this kind of infection not sooner than two months before. This had probably occurred in the course of their work.

Tuberculosis

A member of the nursing staff of a maternity unit in the borough was found to be suffering from open pulmonary tuberculosis. On the advice of a chest physician all the mothers who were confined there during the period of infectivity were followed up and given chest X-rays, while their babies were tested for evidence of tuberculosis.

No further cases of infection were found.

Rubella (German Measles)

This disease has been found to be a significant cause of congenital abnormalities in babies when the mothers are infected during early pregnancy. During the year the Department of Health announced that rubella vaccine would become available for girls aged eleven to thirteen years to prevent the disease occurring when they become mothers later in life.

The Haringey Council was reluctant to accept the advice of the Department of Health and decided not to implement this policy on the grounds that it was not known if the immunity would persist into the childbearing years.

The Council reversed this decision in July, 1971, and rubella vaccination will begin in Haringey schools in the autumn of 1971.

Contact Tracing and Health Education in the Control of Venereal Diseases

The tables supplied by the Consultant Venereologist at the Prince of Wales's Clinic show that venereal disease is increasing. As the disease is not notifiable we cannot be sure that this increase is due to the number of Haringey patients or to patients who have attended from elsewhere. The venereal diseases are not notifiable in order to ensure the confidential nature of their treatment and, indeed, anonymity is part of the technical expertise of a successful V.D. Clinic.

During 1970 prior to the passing of the Social Services Act, the Health Department shared with Enfield a social worker who devoted part of her time to the care of unmarried mothers and in the remainder of her time she helped to trace women contacts who were alleged to have infected men patients and who could therefore be advised on the need for treatment for their disease. It is an accepted fact that when contact tracing is functioning well there is a decline in the male : female ratio and the table below shows how this has been achieved.

New Cases of Gonorrhoea

	Gonorrhoea		
	Female	Male	Ratio
1965	56	226	1 : 4
1966	51	224	1 : 4.4
1967	116	298	1 : 2.6
1968	149	388	1 : 2.6
1969	159	387	1 : 2.3
1970	167	430	1 : 2.5

In 1971 the Health Department will have the part-time (0.6) services of a separately appointed contact tracer which will be shared with the Borough of Enfield.

When talks are given in schools, children are advised on the risks of venereal diseases and pregnancy.

Housing Applications - Assessment on Medical Grounds

During 1970 requests were received for 715 cases to be investigated and recommendations to be made on their priority for re-housing as a result of illness or disability. This number was approximately the same as in 1969. All these cases were considered by Senior Medical Officers of the Health Department.

Of the total 715 assessed, 98 were put into a category of "Special medical cases", which are referred to the Housing Tenancy Selection Panel outside the Housing Points Scheme. These may be urgent cases of very severe illness, or those with severe disability that is aggravated by unsuitable accommodation, and with little prospect of being rehoused under the Points Scheme. For example, a person with severe heart disease living in a large, roomy flat at the top of several flights of stairs. Provision of housing on the ground floor, or with a lift, not only makes life more tolerable but will often delay deterioration in health.

The Housing Tenancy Selection Panel was able to allocate top priority to 88 of these disabled applicants in 1970. So far, 19 have actually been rehoused during the year. There were 58 cases given priority in 1969, and 36 of these have so far been rehoused.

Many of these people are elderly, as well as infirm, and any delay in rehousing them is usually due to lack of suitable accommodation on the ground floor being available. Some are also waiting for more specially adapted housing such as warden-assisted accommodation.

These examples illustrate the need for such housing in the Borough.

REHOUSING

Housing Assessment on Medical Grounds

Month	No. of cases *	Source of Request		
		Housing Department	Hospital, G.P. or Clinic	Tenant, H.V. P.H.I. etc.
January	65	36	9	20
February	71	50	7	14
March	31	21	3	7
April	67	56	3	8
May	58	36	13	9
June	60	40	14	6
July	82	63	4	15
August	39	26	7	6
September	63	48	8	7
October	67	38	14	15
November	70	48	9	13
December	42	30	6	6
Total	715	492	97	126

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

Medical Priorities Recommended during 1970

	*No. of cases
Special refer to Panel	98
1st degree	191
2nd degree	167
3rd degree	144
Recommend for transfer	37
Recommend for hostel accommodation	2
Recommend for accommodation to be shared	6
Recommend for priority when Clearance Area is being rehoused	6
Recommend to be referred to other sections	5

32 cases were investigated where no medical recommendation was made.

*These figures include second assessments made during the year.

EDUCATION COMMITTEE 1970/71

Councillor G. Murphy (Chairman)
Alderman A.J.F. Doulton (Vice-Chairman) OBE TD MA
Alderman G.C.H. Chalker
Alderman V.P. Galley BSc AInstP ARIC
Councillor Mrs. L.A. Angell
Councillor S.R. Gaubert BA
Councillor Miss A. Harris TD

Councillor P.E. Hitchens MSc
Councillor Miss C.D. Jackson
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Councillor Miss S.A. Jones
Councillor A.C. Perry BA
Councillor Peter P. Higby JP
Councillor Mrs. P.A. Spratt

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Ray, R.J. Avert
Mr. J.G. Elkington BA
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Schools Sub-Committee

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Alderman V.P. Galley
Councillor Mrs. L.A. Angell
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Mr D.J. Patrick

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SCHOOL HEALTH SERVICE

Co-opted Members

Mrs. J. McGrath
Mr. P.A. Nixon

PRINCIPAL SCHOOL HEALTH STAFF

J.L. Patton MB ChB DPH

Medical Officer of Health and Principal School Medical Officer

REPORT OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR
1970

Mary Douglas MB ChB DPH

Principal Medical Officer (School Health)

G.C.H. Krusee LDS RCS

Chief Dental Officer and Principal School Dental Officer

PART III

SCHOOL HEALTH SERVICE

REPORT OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR
1970

EDUCATION COMMITTEE 1970/71

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 Councillor A.C. Perry BA
 Councillor Peter P. Rigby JP
 Councillor Mrs. P.A. Spratt

Co-opted Members

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 Mr. R.E. Grout
 Mr. J.G. Elkington BA
 Mrs. J. Sondheimer MA PhD

Schools Sub-Committee

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Councillor A.C. Perry BA (Vice-Chairman)	Councillor Mrs. E.M. Donno
Alderman C.C.H. Chalker	Councillor Miss C.D. Jackson
Alderman V.P. Gellay, BSc AInstP ARIC	Councillor D.J. Patrick

Co-opted Members

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

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Medical Officer of Health and Principal School Medical Officer

W.T. Orton MB BCh BAO DPH
Deputy Medical Officer of Health and Deputy Principal School Medical Officer

Mary Douglas MB ChB DPH
Principal Medical Officer (School Health)

G.C.H. Kramer LDS RCS
Chief Dental Officer and Principal School Dental Officer

Periodic Medical Inspection

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

Year of Birth	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number	%	Number	%
1951 & later	154	147	95.5	7	4.5
1951	1,020	1,020	100.0	0	0.0
1950	2,306	2,170	94.1	136	5.9
1949	508	449	88.4	59	11.6
1948	312	312	100.0	0	0.0
1947	227	234	103.1	0	0.0
1946	412	412	100.0	0	0.0
1945	312	312	100.0	0	0.0
1944	323	323	100.0	0	0.0
1943	312	312	100.0	0	0.0
1942	1,200	1,200	100.0	0	0.0
1941 & earlier	1,277	1,274	99.7	3	0.3
TOTALS	8,275	8,248	99.7	27	0.3

*Figures Subjective Medical Examinations

To The Worshipful the Mayor, Aldermen and Councillors of Haringey

I have the honour to present for your consideration the report on the work of the School Health Service for the year ended December 1970.

The Annual Report of the Principal School Medical Officer is not an exercise in public relations but a survey of the work done in the School Health Service and where criticism is expressed by officers and consultants I hope that it will be seen to be constructive.

The Consultative Document on the National Health Service reorganisation states that "future arrangements for the School Health Service will require special consideration" and with that in mind we can look back on the recent years of the School Health Service and realise that the present administrative machine is one which in spite of a shared responsibility between the Health Committee and the Education Committee has nevertheless allowed for adaptation to changing circumstances, although such a machine calls for the continued interest of all concerned.

During recent years the problem of the correct assessment of intelligence has stimulated much thought and we all realise that the well-tried I.Q. test is not so much a measure of competence to succeed in a wide variety of careers as an attempt to measure academic potential. The I.Q. test may not reveal all the combination of qualities that make for future happiness and success, and most of us would agree that there is scope for an improved test. The school doctor plays an important part in this assessment to ensure that no child who appears to be backward is so because of a failure to receive treatment for a defect of hearing or vision or general health.

In Haringey the School Health Service has been particularly fortunate in the inspiration and advice which we have received from our consultant colleagues in the hospital service not only those whose services have been available to us on a sessional basis but from others who are not employed directly by the School Health Service. I refer with appreciation to the advice we have had from Dr. Napier Thorne, consultant dermatologist, on the establishment of a warts clinic and to the assistance from Dr. Jeanne Reeve, consultant haematologist, in connection with the Chief Dental Officer's pioneer investigations into sickle cell anaemia as a hazard in dental anaesthesia.

Once again I am pleased to record thanks to all those who have contributed to the work of the School Health Service, the Chairman and Members of the Education Committee, the Director of Educational Services, the Chief Education Officer and the staff of the Education Department, and the teachers who have always given their support in the interest of their pupils.

J.L. PATTON
Principal School Medical Officer.

SCHOOL HEALTH SERVICE

Dr. Mary Douglas, Principal Medical Officer

School Population

The School population of the Borough on 21 January 1971 was 38,064 as shown in the following table:—

Primary Schools and Nursery Classes	23,519
Nursery Schools	385
Secondary Comprehensive Schools	12,636
Other Secondary Schools	1,125
Special Schools —	
The Vale School (for Physically Handicapped)	97
Blanche Nevile School (for the Deaf) (including classes for partially-hearing)	152
The Moselle School (for Educationally Subnormal)	47
Suntrap Residential Open-Air School	103
TOTAL	38,064

Medical Examinations in School

The medical examination of the school child is directed to eliciting signs of deviation from the normal which may handicap a pupil's learning ability. Therefore very special attention is given to assessing the hearing acuity and the visual acuity of each child, independent of the doctor's visit to a school.

Special importance is attached to the child's first medical examination in school, when the maximum number sent for at each session does not exceed 15, and when a very detailed examination is carried out.

During the final statutory year of school life, each pupil has a leaving interview with the school doctor when the pupil is given the opportunity to discuss his or her own health problems with the doctor and ask advice relevant to health about a future career. Medical examination at other stages in a child's school life is carried out by selection, either by request of the parents or the Head Teacher, or to supervise a child known to have a handicap which could add to his difficulty in making normal school progress.

Endeavours are made to have the school doctor visit his or her primary schools each month, particularly to meet the needs of new entrants. During 1970 efforts were made to increase the visits to secondary schools, at least two of which the doctor visits weekly, so that the medical officer is available for consultation with the Head Teacher and the pastoral heads of the school.

The Blanche Nevile School, including the partially hearing units, is visited by a medical officer once a month and the Vale School for physically handicapped children has bi-weekly visits from a medical officer. In September 1970 the Moselle School for educationally subnormal pupils opened in temporary premises and classes are held for children aged 10-12. It is hoped that these children also will have a monthly visit from the school medical officer. The William C. Harvey School for severely subnormal children was opened in September 1970. There are 108 pupils in the school including 36 children with dual handicaps in the special care unit. Although this school will not officially come under the control of the Education Department until April 1971, medical services equivalent to those in other schools are already being provided and the school has a weekly visit from a senior medical officer of the Child Health Service.

During 1970 children with handicaps either attending Haringey Schools or placed by Haringey in schools outside the Borough were offered an annual medical review.

Periodic Medical Inspection

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

Year of Birth	Number of Pupils inspected	Physical Condition of Pupils inspected			
		Satisfactory		Unsatisfactory	
		Number	%	Number	%
1966 & later	194	192	98.9	2	1.1
1965	1,035	1,028	99.3	7	0.7
1964	2,386	2,370	99.3	16	0.7
1963	656	649	98.9	7	1.1
1962	316	312	98.7	4	1.3
1961	237	234	98.7	3	1.3
*1960	*413	*412	*99.8	*1	*0.2
*1959	*613	*611	*99.7	*2	*0.3
*1958	*425	*423	*99.5	*2	*0.5
1957	215	213	99.1	2	0.9
1956	1,388	1,384	99.7	4	0.3
1955 & earlier	1,627	1,624	99.8	3	0.2
TOTALS	9,505	9,452	99.4	53	0.6

*Signifies Selective Medical Examinations

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

Other Medical Inspections

The following are the numbers of special inspections and re-inspections carried out during 1970. A special inspection is one which is carried out at the special request of a parent, doctor, nurse or a teacher, usually at a school clinic.

Number of special inspections	3,566
Number of re-inspections	1,548
TOTAL	<u>5,114</u>

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

Medical Treatment

Details are given in the Appendix of treatment (excluding uncleanliness and dental defects) of pupils attending maintained primary and secondary schools (including nursery and special schools), whether provided directly by the Council or arranged through other agencies.

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. Although it is the duty of the local Authority to ascertain these children from the age of 2 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 1953 defined the various categories of handicapped pupils as follows:—

- (a) Blind — pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.
- (b) Partially sighted — pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.
- (c) Deaf — pupils who have no hearing or whose hearing is so defective that they require education by methods used by deaf pupils without naturally acquired speech or language.
- (d) Partially hearing — pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.
- (e) Educationally subnormal — pupils who by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.
- (f) Epileptic — pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.
- (g) Maladjusted — pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.
- (h) Physically handicapped — pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.
- (i) Pupils suffering from speech defect — who on account of defect or lack of speech, not due to deafness, require special educational treatment.
- (j) Delicate — pupils not falling under any other category who by reason of impaired physical condition need a change of environment or cannot without risk to their health or educational development be educated under the normal regime of ordinary schools.

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

Children with handicaps in other categories may attend ordinary schools with special consideration where necessary. The vast majority of children with speech defects are educated in ordinary schools and there is no Haringey child at present with a speech defect so severe that attendance at a special school is required. Most children suffering from epilepsy or diabetes are able to be educated in ordinary schools. One epileptic child is at present placed in a special school, but there is no diabetic child at present needing special school placement.

Where appropriate arrangements cannot be made for handicapped children in ordinary schools, or where the child fails to maintain reasonable progress, or is unhappy because of his disability, arrangements are made for education in day or residential special schools.

As the number of children with more than one disability who do not fall clearly in one category is increasing, there is special need for facilities to assess each child's total handicap and to provide the appropriate special educational treatment.

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

Children who are in hospital for prolonged periods are given help from the hospital school.

I should like to make particular comments on two types of handicapped children:—

(a) Maladjusted Children

It follows from the definition given in (g) above that the term 'maladjusted' covers a wide variation of behavioural abnormalities from the very shy, withdrawn child to the very boisterous, aggressive, not easily controlled child.

Autistic children are for the purposes of treatment and placement therefore ascertained as maladjusted but are given special treatment according to their needs. In December 1970 there were 14 autistic children in the borough.

(b) Diabetic children

In 1945 these children were classified as handicapped and given a separate category of their own. There were found to be 150 diabetic children in the country who needed residential care, and 3 residential schools were provided. On review in 1951 it seemed there were roughly the same number of diabetic children and the number of schools provided seemed adequate. It was therefore decided by the Ministry of Education to remove diabetes as a special category and for the future to ascertain these children under the heading "delicate". The position is roughly the same today. The majority of diabetic children are able to have education in a normal day school. There are 24 diabetic children in Haringey. The age range is wide and provision of special classes would not be practical, but there is a case for providing them with special tuition about diet and self-administration of insulin.

The table on the next page, for which I am indebted to the Chief Education Officer, 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 and the number awaiting placement on 21 January 1971.

Partially sighted pupils receiving day special schooling are placed mainly in the James Clark School, Walthamstow, and new blind pupils, including blind pupils mainly at the James Clark School, Walthamstow.

(a) Handicapped Special Schools
The Borough Council has a special school, Gordon School, Haringey, which provides education for children who are physically handicapped or have other special needs. The school staff includes a night nurse and a medical practitioner. There is also a special officer and a social worker.

I am sorry to have to report that the school was closed on 21 January 1971. The school was closed for a period of time in January 1971.

The number of children placed at Gordon School in 1970 was 100, of whom 21 were hearing-impaired and 79 were other handicaps.

The following table shows the details for which the Haringey Children require placement:

Category 1: Emotional disturbance; 2: Epilepsy; 3: Hydrocephalus; 4: Cerebral palsy; 5: Emotional disturbance; 6: Epilepsy; 7: Hydrocephalus; 8: Cerebral palsy; 9: Emotional disturbance; 10: Epilepsy; 11: Hydrocephalus; 12: Cerebral palsy; 13: Emotional disturbance; 14: Epilepsy; 15: Hydrocephalus; 16: Cerebral palsy; 17: Emotional disturbance; 18: Epilepsy; 19: Hydrocephalus; 20: Cerebral palsy; 21: Emotional disturbance; 22: Epilepsy; 23: Hydrocephalus; 24: Cerebral palsy; 25: Emotional disturbance; 26: Epilepsy; 27: Hydrocephalus; 28: Cerebral palsy; 29: Emotional disturbance; 30: Epilepsy; 31: Hydrocephalus; 32: Cerebral palsy; 33: Emotional disturbance; 34: Epilepsy; 35: Hydrocephalus; 36: Cerebral palsy; 37: Emotional disturbance; 38: Epilepsy; 39: Hydrocephalus; 40: Cerebral palsy; 41: Emotional disturbance; 42: Epilepsy; 43: Hydrocephalus; 44: Cerebral palsy; 45: Emotional disturbance; 46: Epilepsy; 47: Hydrocephalus; 48: Cerebral palsy; 49: Emotional disturbance; 50: Epilepsy; 51: Hydrocephalus; 52: Cerebral palsy; 53: Emotional disturbance; 54: Epilepsy; 55: Hydrocephalus; 56: Cerebral palsy; 57: Emotional disturbance; 58: Epilepsy; 59: Hydrocephalus; 60: Cerebral palsy; 61: Emotional disturbance; 62: Epilepsy; 63: Hydrocephalus; 64: Cerebral palsy; 65: Emotional disturbance; 66: Epilepsy; 67: Hydrocephalus; 68: Cerebral palsy; 69: Emotional disturbance; 70: Epilepsy; 71: Hydrocephalus; 72: Cerebral palsy; 73: Emotional disturbance; 74: Epilepsy; 75: Hydrocephalus; 76: Cerebral palsy; 77: Emotional disturbance; 78: Epilepsy; 79: Hydrocephalus; 80: Cerebral palsy; 81: Emotional disturbance; 82: Epilepsy; 83: Hydrocephalus; 84: Cerebral palsy; 85: Emotional disturbance; 86: Epilepsy; 87: Hydrocephalus; 88: Cerebral palsy; 89: Emotional disturbance; 90: Epilepsy; 91: Hydrocephalus; 92: Cerebral palsy; 93: Emotional disturbance; 94: Epilepsy; 95: Hydrocephalus; 96: Cerebral palsy; 97: Emotional disturbance; 98: Epilepsy; 99: Hydrocephalus; 100: Cerebral palsy.

Handicapped children are educated in residential special schools, mainly at Gordon School, Walthamstow.

Children in the Haringey Council category who require residential schooling are placed in residential special schools, mainly at Gordon School, Walthamstow, and in other local authorities or independent bodies, apart from children suffering from severe epilepsy placed in hospital special schools. The only large number of such children are those in the category of emotional disturbance.

Receipts for home tuition are provided for the following children:—

Tuition has continued to be provided by two teachers to children who have been in patients at St. Anne's Hospital, Haringey, since they were first placed in hospital. The age of the children covered ranges from 10 to 15 years. The tuition is provided for a period of 15 weeks in each year, during which the children follow their own curriculum as far as possible.

The number of children who have been placed in special schools during the year is shown in the following table. The number of children who have been placed in special schools during the year is shown in the following table.

RETURN OF ASCERTAINED HANDICAPPED PUPILS REQUIRING SPECIAL EDUCATIONAL FACILITIES

CATEGORY	IN THE CALENDAR YEAR				DISTRIBUTION ON 21 JANUARY 1971																				Totals		
	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				
					Maintained Special Schools				Non-Maintained Special Schools				Independent Schools	Day		Boarding											
					Day	Boarding	Day	Boarding	Day	Boarding	Day	Boarding		Day	Boarding	Day		Boarding									
Blind Pupils	2	-	2	-	-	-	3	1	-	-	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	6	2
Partially Sighted Pupils	1	-	5	2	9	5	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	9	7
Deaf Pupils	2	-	2	3	13	12	1	2	-	-	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	17	16
Partially Hearing Pupils	2	1	-	-	10	13	1	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	12	14
Physically Handicapped Pupils	9	3	1	1	34	26	1	-	-	-	4	3	1	-	-	-	2	1	-	-	-	-	-	-	-	42	30
Delicate Pupils	24	14	21	18	26	22	12	14	-	-	-	-	-	-	-	6	4	1	-	-	-	-	-	-	-	45	40
Maladjusted Pupils	29	9	26	7	5	3	9	-	-	-	25	6	13	9	7	-	3	-	14	5	-	-	-	-	-	76	23
Educationally Sub-normal Pupils	47	22	41	15	130	94	13	2	5	6	3	3	1	2	1	-	21	9	2	-	-	-	-	-	-	176	116
Epileptic Pupils	2	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Pupils with Speech Defects	4	1	1	-	-	-	-	-	-	-	-	-	2	1	-	-	2	1	-	-	-	-	-	-	-	4	2
TOTALS	122	50	99	46	227	175	40	19	5	6	39	17	17	12	8	-	35	16	17	5	-	-	-	-	-	388	250
GRAND TOTALS	172		145		402		59		11		56		29		8		51		22		-		-		638		

Special School Provision

(a) Day Special Schools

The following are the day special schools in Haringey —

Name of School	Category of handicapped pupil	Numbers on roll		Totals
		Haringey children	Out-Borough children	
The Vale School	Physically handicapped	59	38	97
Blanche Nevile School (includes units at Risley Avenue Infant and Junior and Drayton Comprehensive Schools for partially-hearing children)	Deaf and partially-hearing	45	107	152
The Moselle School	Educationally subnormal	47	—	47

The children attending the partially-hearing units require special teaching because of their hearing difficulty, but are otherwise fully integrated with ordinary school life.

The opening of the Moselle School in October 1970 facilitated the placement of educationally subnormal children. At the end of the year, however, there were still 177 children in this category attending day special schools out of the Borough, mainly at Durants School, Enfield (29), Oak Tree School, Enfield (23) and Oak Lodge School, Barnet (97). On 21 January 1971 there were 30 educationally subnormal children in the Borough awaiting placement in day special schools. There is still a particular need for the placement of such children under seven years of age.

Partially-sighted pupils requiring day special schooling are placed mainly in the Joseph Clarke School, Walthamstow, or New River School, Islington, and delicate pupils mainly at Hazelbury Open-Air School, Enfield.

(b) Residential Special Schools

The Borough's residential special school — Suntrap Open-Air School, Hayling Island, Hampshire accepts delicate and physically handicapped children — boys of primary school age, i.e. 5 to 11, and girls of all ages. The resident staff includes a night nurse, and a medical practitioner attends twice a week and a dental officer once a week.

I am sorry to have to record that Dr. A.J. May, who retired in September 1969 from his appointment as part-time medical officer to the school, died in January 1971.

The number of children placed at Suntrap at the end of 1970 was 103, of whom 21 were Haringey children and 82 from other Boroughs.

The following were the defects for which the Haringey children required placement —

Asthma 7; Chronic bronchitis 4; Nervous debility 2; Hirschsprung's Disease 1; Recurrent respiratory infection 1; Lead poisoning 1; Emotional disturbance 3; Epilepsy 1; Hydronephrosis 1.

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

Children in other handicapped categories who require residential schooling are placed in schools administered by other local authorities or independent bodies, apart from children suffering from severe epilepsy, who are placed in hospital special schools. The only large number of such children are those in the maladjusted category.

Hospital Classes

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

"Tuition has continued to be provided by two teachers to children who have been in-patients at St. Ann's and the Prince of Wales's Hospitals. The ages of the children concerned range from 5 to 15 years. By close liaison with the day school, every effort is made to ensure that each child follows his own curriculum as far as his condition allows.

The teachers greatly appreciate the co-operation of the hospital staffs, which ensures the smooth running of the classes, and also the help provided by the Haringey Library Service.

The average number of children receiving tuition at any one time was 32."

Special Classes attached to Ordinary Schools

In addition to the units for partially-hearing children, there are seven remedial classes in schools throughout the Borough for children with a normal range of ability, but with learning difficulties. Placement in these classes is temporary. At the end of 1970, the number of children attending such 'Opportunity' classes was 61.

Remedial help by peripatetic teachers is available for children who have a specific reading difficulty.

Home Tuition

During the year 6 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 considerable period.

Day Nurseries – Admission of Handicapped Children

During 1970 the Council's day nursery scheme continued as in previous years. Children in the following categories were admitted on a medical recommendation, without charge to the parents:—

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

The cost of attendance was borne either by the Education Committee under Section 56 of the Education Act 1944, or by the local health authority under Section 22 of the National Health Service Act 1946. Admission may be for the whole or part of the day. During 1970 12 Haringey children and 1 child from another borough were in attendance at day nurseries under these arrangements. At the end of the year, 3 Haringey children were still in attendance, but the child from the other borough left before the end of the year.

In addition, 4 handicapped children were placed in private play groups, without cost to the parents. None of these children was still in attendance at the end of the year.

Recuperative Holidays

During 1970 10 boys and 13 girls were recommended for recuperative holidays in order to assist their recovery after illness. 5 boys and 6 girls were placed in suitable homes for periods of varying length.

THE SCHOOL CLINIC

Medical Officer Sessions

Sessions staffed by school medical officers are held to deal with minor medical problems which occur from day to day, the follow-up of defects found at periodic and other medical examinations, and particular problems brought by parents.

The medical examination which is offered to all school children who are new entrants to the country, including any child who has been out of the country for a year or more and has returned, is proving of great value. It provides an opportunity to have these children's immunisation and vaccination programmes brought into line with other children in the Borough, and also enables parents to meet the school doctor and discuss their child's welfare with him. 357 children who were new entrants to the country were examined during the year under these arrangements.

School clinic sessions also afford opportunity for special work to be carried out by school medical officers, including the weight-watching and warts clinics.

Weight-Watching Clinic

During 1969, the weight-watching clinic session at Somerset Road Clinic had to be discontinued because the medical officer who had been conducting it left the department. In May 1970, the appointment of a new medical officer enabled sessions to be resumed, and later in the year the clinic was transferred to Burgoyne Road Clinic.

The weight-watching clinic at Fortis Green Clinic continued to be held throughout the year.

Plantar Warts

Two clinic sessions continued to be held each week, at Weston Park and Lordship Lane Clinics, to deal with plantar warts.

Dr. K. Shah reports as follows on the year's work at these clinics:—

"The work at the wart clinics has progressed well during the year 1970. Cases are referred to these clinics by the medical officers, school nurses and the general practitioners of the Borough.

The treatment of warts and verrucae by electrocautery gives quite satisfactory results, and most of the parents whose children are treated by this method are very pleased with it, because their children do not have to miss school very much and attend the clinic too often. The children are also happy, particularly the swimmers, because they are able to take part in all the school activities in about a week or ten days.

Warts that are not suitable for electrocautery and those of small children or where the consent for local anaesthesia is not given, are treated by the usual method of paring the warts after application of Chlorosal paste or Collodion salicylic acid.

The attendances at the two clinics during the past year were as follows:—

Clinic	Number of Sessions	Total Attendances	New cases	Number treated with electrocautery
Lordship Lane	48	770	265	94
Weston Park	50	541	206	81
TOTALS	98	1311	471	175

Consultant Sessions

Orthopaedic Clinics

Dr. E.G.M. Palser, Consultant in Orthopaedic and Traumatic Surgery to the Weston Park Clinic, retired at the end of March 1970 and I should like to express my gratitude to Dr. Palser for the valuable work he accomplished at the Hornsey School Orthopaedic Clinic over a period of more than ten years. After Dr. Palser's retirement, children with serious orthopaedic problems were referred to the Whittington Hospital, a school medical officer dealing with minor orthopaedic problems and advising the Physiotherapist on their treatment. It is hoped that early in 1971 a special hospital session staffed by a registrar will be arranged at the Whittington Hospital, for children from the Hornsey part of the Borough. Details of the attendances at the Weston Park Clinic during the year are as follows:—

Consultant sessions (up to 31 March)

	Under 5 years	Over 5 years	Totals
New Cases	64	110	174
Total Attendances	66	113	179

Medical Officer sessions (from 1 April)

	Under 5 years	Over 5 years	Totals
New Cases	37	52	89
Total Attendances	65	99	164

Physiotherapy sessions

	Under 5 years	Over 5 years	Totals
New Cases	18	94	112
Total Attendances	49	310	359

Mr. E. Hambly, FRCS, consulting Orthopaedic Surgeon to the Lordship Lane Clinic, Tottenham, retired because of ill-health towards the end of 1969, after a prolonged absence. I wish to express the appreciation of the department for the excellent work which Mr. Hambly carried out at the Clinic over the past twenty years. Mr. Hambly's successor is Mr. J.P.S. England, FRCS., who commenced sessions at Lordship Lane in January 1970.

Details of attendances at the Lordship Lane Clinic during the year are as follows:—

Consultant sessions

	Under 5 years	Over 5 years	Totals
New Cases	115	238	353
Total Attendances	136	258	394

Physiotherapy Sessions

	Under 5 years	Over 5 years	Totals
New Cases	23	107	130
Total Attendances	44	345	389

Ear, Nose & Throat Clinic

The last Ear, Nose & Throat clinic session at Park Lane Medical Centre, Tottenham, was held in April 1970, and Tottenham children with ear, nose and throat defects are now seen by Mr. William McKenzie, the Consultant, at his clinic at the Prince of Wales's Hospital.

Ophthalmic Clinics

There are three ophthalmic clinics in the Borough, at which seven sessions are held each week.

Towards the end of 1969 Stuart Crescent Health Centre was opened, and the ophthalmic clinic sessions for Wood Green children, which had been held temporarily at Lordship Lane Medical Centre, were transferred to the new Health Centre.

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

Dr. T.G. Kletz, consultant ophthalmologist to the Lordship Lane Clinic, Tottenham, reports as follows on the year's work at the clinic:—

"The ophthalmic clinic at Lordship Lane, as in previous years, sees mainly children referred on account of visual or ocular muscle defects. There are three ophthalmic sessions weekly, and a full-time orthoptist is in attendance.

Continuation of the ethnic survey took place during the year, with the following results —

- 1. Children attending the clinic — 44.9% were native
— 55.1% were immigrant or of immigrant origin.*
- 2. Of the children attending for the first time, the comparative figures are — 36% native; 64% immigrant.
The immigrant section consisted of — 47.9% West Indian
17.9% Cypriot
16.3% Irish
7.1% Indian
10.8% Others.*
- 3. The figures for myopia were — Native — 24.5% of cases seen were myopic
West Indian — 47% of cases seen were myopic
Immigrants as a whole — 31.5% of cases seen were myopic.*
- 4. The incidence of high myopia in young children was again almost totally in the West Indians, with 16 cases out of 54 myopes being over 10 dioptres and up to 18 dioptres. There were 2 cases amongst the Cypriots and 1 case in the native children.*

During the year an exceptionally high number of cases were referred as squints or strabismus, and of these 40 cases had neither squint nor refractive error needing correction. A further 10 cases were found to have refractive errors but no squint. These were out of a total of 370 new cases referred for all reasons."

Mr. E.M.G. Galton, Consulting Ophthalmologist to the Stuart Crescent Clinic, retired in November 1970 and was replaced by Dr. A.Z. Abdeen who started sessions at Stuart Crescent in December 1970. Mr. Galton has kindly furnished the following report on the work at the clinic during 1970:—

"Work at the new Clinic started at the beginning of 1970. It made an immediate appeal to both parents and staff. Attendances have increased considerably.

The new system in which the Orthoptist, Mrs. Conn, visits the schools to assist in sight-testing has had considerable success. Infants with low degrees of squint have been detected and referred to the Clinic for treatment.

In the past these cases have tended to slip through the net with disastrous results to the vision in the affected eye. Mrs. Conn has used the Sheridan-Gardiner vision test, which has been found to be quite accurate from about 3 to 3½ years. I feel this test and orthoptic screening should be more widely used."

Dr. Peswani, Consultant Ophthalmologist for the Weston Park Clinic, Hornsey, reports as follows:—

"The clinic was continued with 2 weekly sessions. During the year the attendances were as under:—

	Under 5 years	Over 5 years	Totals
Total Attendances	129	1159	1288
New Cases	61	380	441
Error of refraction (including squints)	26	668	694

There were 44 amongst the new cases who needed orthoptic investigations and treatment."

Medical Services at the Vale School for Physically Handicapped Children

This school offers day education to physically handicapped children in the borough and also from the London boroughs of Enfield and part of Barnet.

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

Dr. Z. Zubryzcki, Medical Officer to the school, reports as follows:—

"Children attending the Vale School present a wide range of physical disabilities. The largest group, forming one-third of the total, are the cerebral palsied children, sometimes called spastics. This group is under the supervision of Dr. William Dunham, the visiting consultant in Physical Medicine, who holds a weekly session jointly with the school medical officer. The remaining children include cases of spina bifida, muscular dystrophy, bone and joint abnormalities, heart defects, blood disorders, etc.

Nearly every child attends periodically one or sometimes more hospitals where the initial investigation of the handicap had been made before the child started school. In these cases the specialist's recommendations for treatment such as physiotherapy or drugs are carried out by the school medical team, consisting of the school medical officer who visits the school twice a week, a full-time nurse and two full-time therapists. In addition, speech therapy and auditory training by the peripatetic teacher of the deaf are also provided in the school.

Every child has a general medical examination by the school medical officer at least once a year, when the parent is invited to be present. Various complaints and ailments, from which no day in the school is free, are dealt with by the school nurse or medical officer.

Swimming sessions in the municipal baths once a week are of great benefit to these children, and are greatly enjoyed by them. Unfortunately, in some cases, particularly of heart defects, the coldness of the water in the pool is quite prohibitive. It is hoped that when the school gets its own swimming pool as has been planned, more children will benefit from this very useful form of physical exercise."

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 nine new cases seen at the Unit during 1970, five were Haringey children and four from outside the borough. Four of these children were under 5 years of age and five over 5. The recommendations made for the new cases were as follows:—

- Recommended admission to the Vale Special School — 6
- Recommended for later re-assessment — 3

Audiology Unit

The Audiology Unit is within the curtilage of Blanche Nevile School and there is excellent co-operation between the medical and teaching staff. Three sessions are held each week.

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 where 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:—

"The work of the Audiology Clinic proceeded satisfactorily during the past year. By strenuous efforts we managed to reduce the waiting time and no child who needs urgent examination because of a suspicion of deafness has to wait very long. The greatest difficulty still was the lack of a third peripatetic teacher. In spite of efforts by the education authorities no suitable applicant for the post has been found as yet. The two peripatetic teachers on the staff of the clinic worked very hard in order to cover the urgent cases of children. Special attention is paid to the pre-school group. Unfortunately occasional visits to schools, where there are children with hearing impairment, have had to be curtailed. There was an improvement as regards placing children in classes for partially hearing children. The pressure for places has been, to a certain extent, relieved by the establishment of two classes for partially hearing children in the Borough of Brent. We still feel that one of the most important deficiencies is the provision of a nursery for partially-hearing children. The clinic is well equipped. Fortunately more funds were available for purchasing additional equipment, such as an improved model of a free field audiometer which helps with the testing of small children.

Contacts were established with the Hornsey College of Art. Their Industrial Design Section is keen to work on various projects for deaf children and a promising situation is developing in this respect. Several projects are planned, such as the production of a new series of test cards and the construction of new types of equipment for testing.

Unfortunately one deficiency must still be reported. This concerns accommodation. As we have already mentioned in last year's report, the most urgent need as far as accommodation is concerned is for an adequate waiting room, toilet provision, and for a one-way observation room.

Dr. Douglas and the audiometricians carried out an investigation into the possibilities of pre-school audiology and possibility of pre-school screening for speech difficulties. The results of this investigation will be published in a paper which is being prepared.

An improvement can be reported concerning the taking of impressions from the ears of children who need a hearing aid. Our audiometricians have been trained to take the impressions and this has proved to be very successful.

Very satisfactory co-operation can be reported between the clinic and Blanche Nevile School and the Headmaster Mr. Stanway. Children who attend at the school or at one of the classes for partially hearing children are regularly re-assessed. Almost invariably the class teacher of the child attends with the child so that the re-assessment of the child can be carried out jointly. This proved to be very beneficial.

The electronic engineer of the Blanche Nevile School gives us valuable help with some of our technical problems. His work concerns the supervision and repair of hearing aids of all children who attend the Audiology Unit. This is most useful and ensures the effective use of hearing aids.

A successful course for Health Visitors was held. Organisation of this course was in the hands of Miss Frost, the Health Education Officer. Three doctors from Holland attended this course. They had been especially sent to this country for this purpose.

The clinic was frequently visited by various visitors and we provided facilities for observing clinical work to student teachers of the deaf and to student Health Visitors.

The booklet on High Frequency loss, which was published last year, proved to be very successful and contributed significantly to better understanding of this particular type of hearing difficulty and, consequently, to better management of these children. A similar booklet on unilateral deafness was prepared and is ready for printing."

The following is an analysis of the cases seen during 1970:—

Age	-1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
New cases in year	117	24	34	33	26	26	31	23	6	11	9	8	8	5	3	—	—	364
Cases brought forward from previous year	3	7	17	38	22	27	32	40	30	20	22	23	17	30	21	17	8	374
Re-examinations of old and new cases	7	10	17	21	6	15	11	15	7	8	8	6	4	1	7	4	1	148
Total Attendances																		886

Pre-School Children	402
Attending Infant and Junior Schools	339
Attending Senior Schools	145
Total	<u>886</u>

Reason for referral of new cases:—

For diagnosis	197
Known to be deaf, examination before admission to Blanche Nevile School	5
Immigrants to Borough known to be deaf	9
Partially hearing, advice as to placement	3
Auditory training	10
"At risk"	122
Transfer from hospital out-patients departments	15
Advice as to placement where deafness might be the cause of backwardness	3
Total	<u>364</u>

58 of the above referrals were from other boroughs.

Audiometric and Vision Screening

Routine audiometric and vision screening is carried out by three full-time trained audiometrician/vision testers. Vision screening in schools by the Keystone apparatus is combined with audiometric screening in junior and secondary schools, and an additional vision screening test alone is given in the last year at school. Combined testing has not been found to be practicable or time saving in infants' schools.

Audiometry

Audiometric screening is carried out twice in infants' schools – in the first and last year; once in junior schools and once in secondary schools – in the first year. 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.

We are attempting to co-operate closely with family doctors in the investigation of hearing loss following acute ear infection. Audiometry will be carried out for any child referred by his family doctor, and the result will be sent to the doctor, so that he may carry out any further investigations which he considers necessary, unless he specifically asks for these investigations to be carried out at the Audiology Unit.

The tables below give the numbers and results of audiometry tests during 1970:—

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	6,360	87	277	99	103	479	7.5%
Intermediate	3,832	141	111	48	65	224	5.8%
Leavers	3,129	72	69	39	43	151	4.8%
TOTALS	13,321	300	457	186	211	854	6.4%

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	21	2	11	—	1	12	57.1%
5	40	7	16	4	7	27	67.5%
6	43	22	16	9	6	31	72.1%
7	38	16	18	7	6	31	81.5%
8	23	8	9	3	2	14	60.8%
9	16	12	6	2	3	11	68.7%
10	20	8	11	4	1	16	80%
11	28	10	5	9	4	18	64.3%
12	17	6	9	3	1	13	76.5%
13	10	3	4	1	2	7	70%
14	11	2	2	1	—	3	27.3%
Over 14	24	5	3	2	2	7	29.2%
TOTALS	291	101	110	45	35	190	65.3%

Vision Screening

Vision screening by the Keystone apparatus continues to be carried out in junior and secondary schools. In infants' schools, vision testing is carried out by the school nurse at periodic medical inspections, while the orthoptists carry out screening procedures for the discovery of latent squints. We have not yet been able to achieve our ideal of vision testing every second year of school life.

The following report has been supplied jointly by a senior technician and an orthoptist:—

"Screening of vision is carried out on a machine called a Keystone, by means of which a very quick and accurate test can be conducted in a confined space – a great advantage in the schools.

The test consists of Depth and Perception, Distant and Near Vision, Distant and Near Muscle Balance, and Colour Blindness.

The age groups tested on the machine are 9 – 10 years, 11 – 12 years, and 15 – 16 years. The method was tried out on children in the younger age groups, but was found not to be practical or time saving for the orthoptist.

The children who fail are referred to the orthoptist, who recommends further investigation or sees the children concerned again at a later date.

The system whereby the technician using the Keystone and the orthoptist visit senior schools together was extended during 1970. This method avoids disrupting a class twice, and the children can give information there and then, as to whether they are undergoing or have had treatment.

1360 children were Keystone tested in senior schools under these arrangements. Of these, 420 (30.8%) were referred to the orthoptist as Keystone 'failures'. 285 of these children (68%) were confirmed as failures by the orthoptist. The orthoptist referred 49 of these (17.2%) for investigation at the ophthalmic clinic; 150 (52.6%) were found to be already under treatment; and 86 (30.2%) had defects in a minor degree which did not require further action.

This type of vision testing is repetitious and could become very monotonous for the technician to do continuously. However, by alternating these tests with those of hearing, this disadvantage is obviated to some extent."

Speech Therapy

Mrs. E.R.P. McKeown, Senior Speech Therapist, reports as follows:—

"At the end of the year, one full-time and four part-time speech therapists were providing, in all, 31 sessions per week at eight school health clinics, the Vale School and the William C. Harvey Junior Training School, which was opened in September 1970. For six of these sessions student therapists have visited our clinics and received practical training under the supervision of the speech therapist.

Number of attendances made by children in 1970:

Under five years	—	682
Over five years	—	2,999
Total		<u>3,681</u>

In 1970, a senior speech therapist was appointed to concentrate on the co-ordination of the speech therapy service and, in particular, to expedite the counselling service which was established in 1969. Under this service parents are receiving initial advice more quickly with the result that waiting lists have been reduced. Therapists have established regular visiting of schools, and teachers have been most helpful in referring for screening those pupils who appear to need treatment. Therapists aim to see all reception class pupils during the year.

There is an encouraging awareness in this cosmopolitan borough of the importance of speech and language development. But, even so, in certain areas there are ethnic groupings which present diagnostic difficulties for the Speech Therapist because when the children from these groups start school some of them neither understand nor speak English."

Child Guidance Service

The Borough has two Child Guidance Centres — at Lordship Lane, Tottenham, where Dr. Nina Meyer is Medical Director, and at Tetherdown, Hornsey, where the Medical Director is Dr. K. Graf. The administrative director of the child guidance and school psychological service is Mr. B.J. Watkins, Senior Educational Psychologist.

Dr. Meyer reports on the year's work at Lordship Lane —

"Referrals to this Clinic for the years 1968/71, have been broken down into age groups; interesting findings have emerged. The largest number of referrals is in the age group 0—5; in the other two groups, 5—10 and 10—15, the numbers are roughly equal.

It is now eight years since we started seeing pre-school children: many of these infants and toddlers are now at school. Their school reports often describe these children as basically normal, functioning well and happily; teachers constantly express surprise that they were ever referred to the Clinic. The number of re-referrals is in the region of 3%. One feels the future of Child Guidance must increasingly lie in the treatment of the early disturbances of childhood and in the cementing of the first mother/child relationship.

In the last two years Nurseries have been able to contain and help many severely disturbed children. The appointment of an Occupational Therapist working in the Nurseries, with whom the Psychiatrist maintains close weekly contact, has contributed to this. Discussion of children in Nurseries has resulted in greater ability to integrate children who would otherwise be regarded as impossible to help. The work of the Occupational Therapist has now branched out to include Students; the period of their stay in the Nurseries has been raised from four to six weeks — an indication that the Institute of Occupational Therapists regards this part of their training as important and worthwhile. The Hornsey Art College is also contributing by providing creative toys for the children, and we have a voluntary helper, who wishes to become an art therapist.

The Educational Psychologists attached to this Clinic eighteen months ago, have developed increasing skill in helping with the management of disturbances of children at school. This has followed regular weekly discussion at the Clinic with the Psychiatrist, aimed to delineate disturbances of childhood into definite syndromes. These skills have resulted in rewarding counselling of school teaching staff, and in the allocating of resources of Opportunity Classes.

Conferences and discussion with colleagues in the field of child care, teachers, social workers and probation officers, have also aimed at defining social and individual pathology. These colleagues, like members of the team, have increasing awareness and thus greater potential for helping cases which otherwise might need the more specialised care of the psychiatric team. It is only by increasing such awareness that the very small available resources of a part-time psychiatric service can hope to cover the vast extent of disturbance in the child population. Tottenham is a microcosm of all the problems affecting the country as a whole. The need for special provision for disturbed children is the first and paramount priority. The absence of a Day Maladjusted School for the disturbed who cannot be contained in school, of a group for the school phobics who break down under the stress of their lives into depression and withdrawal, is one which must be met, if constructive therapeutic approach is to continue. Research has indicated one in fifteen of women and one in twenty men need to be in institutional or hospital care, because of mental illness. Of these a very great proportion present in early childhood and adolescence as school phobics and refusers.

It remains only to say that the year has been a fruitful one: the numbers indicate the extent of our labours. In this year, 163 children have been referred. The parents of 197 were seen by the Psychiatric Social Workers, many of them regularly over a long period of time. 109 children were seen for diagnostic interview and assessment by the Psychiatrist. Of these the psychotherapist has treated 38 children intensively, by weekly sessions in the first instance, and later fortnightly or monthly. We have closed 155 cases, of which 78 improved with help; of 20 the Health Visitor or Mother reported improvement, 10 moved away, 10 were non-co-operative, and to 14 we received no response for offered appointments; 2 were closed under Educational Psychologist supervision in the last year. In the present year it appears this last number will be far higher."

Dr. K. Graf reports on the year's work at Tetherdown —

"This is my sixth annual report as Medical Director of Tetherdown Child Guidance Clinic. The establishment and the demands made on the sessions of this clinic have progressively increased, but the psychiatric sessions have remained unaltered for the past 20 years. It is now to be hoped that in the near future the North West Metropolitan Regional Hospital Board will agree to an additional appointment of a part-time Senior Psychiatric Registrar.

The number of children referred for child guidance investigation in 1970 was 231. The majority were referred from schools through teachers (with parental consent), the Chief Education Officer and Educational Psychologists (87); the Principal School Medical Officer has sent us 68 children, while we were particularly pleased that 39 children reached us through their parents and 15 from General Practitioners. Other sources of referrals were from hospital specialists, Probation Officers, Children's Officers and the N.S.P.C.C., (including reports for the Court).

Our advice, with a view to treatment, was sought for a multiplicity of complaints including emotional disturbance (69); behaviour disorders (67); School phobia, school refusal and truancy (14); delinquency (13); physical complaints explainable by emotional factors, including bed-wetting (11) and learning problems (27). The remaining 30 referrals were mostly cases of minor psychiatric significance. Boys predominated over girls and the peak age for referrals was 11 years (28), the youngest children being 2 years (7) and the oldest 16(3).

The majority of cases required only counselling and advice to the parents or child (71), change of school or educational modification (22), while specialised treatment by one of our highly qualified and experienced child psychotherapists, often more than once weekly and extending over very prolonged periods, was arranged for 27 referrals. There were many other forms of help we were able to provide for the distressed parents and exasperated teachers, but 46 children improved spontaneously, left the district or were prevented by their parents or other circumstances from accepting help we had offered. 18 of the children sent for investigation were still on our diagnostic waiting list at the end of the year. Not every child who was referred required to be seen by all members of the team.

The length of the investigations necessary in dealing with disturbed children is responsible for the long waiting lists for diagnosis and treatment which are common in all Child Guidance Clinics in the country. Nevertheless, we have been able to reduce our diagnostic waiting list to really negligible proportions but unfortunately, owing to the shortage of available psychotherapists and the limited time at the disposal of the psychiatrist for treatment, our treatment waiting list remains quite formidable. We continued to employ the well tried out team approach to our clients' problems, and nearly every child is seen by the Psychiatrist, who investigates his emotional stability, and the Educational Psychologist who is particularly interested in his intellectual endowment and his special needs in school, while the Psychiatric Social Worker explores the situation within the family where she tries to contact the parents and to improve the domestic situation, when necessary, by skilled casework. We are in close co-operation with the school psychological service which is predominantly responsible for educationally subnormal children and educational problems of pupils which are not explainable by emotional disturbance."

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 1970.

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

	School children	
	Number	%
Parents approached	3464	—
Parents accepted	2864	82.7
Number skin tested	2804	—
Number found positive	109	3.9
Number found negative	2449	87.3
Number failed to attend for Mantoux reading	246	8.8
Number vaccinated (% of those approached)	2418	69.8

Cases of Tuberculosis occurring in Teachers or Pupils

Investigations were carried out on the advice of the Chest Physician at two comprehensive schools where cases of pulmonary tuberculosis had occurred amongst the pupils, and at a primary school where a case occurred amongst the non-teaching staff. The details were as follows —

- (a) Comprehensive School — pupils who had not previously been B.C.G. vaccinated were skin tested; pupils already vaccinated, and the staff, were mass x-rayed.

Number of pupils skin tested	114
Number with negative results	
subsequently given B.C.G. vaccination	106
Severe positives referred to Chest Clinic	1
Mild positives	7
Number of pupils x-rayed	412
Number of staff x-rayed	50
Referred to Chest Clinic for further investigation	2

- (b) Comprehensive School — the case was in the age group due to be offered B.C.G. vaccination in 1971, and vaccination of this group was therefore brought forward one year.

Number of pupils skin tested	85
Number with negative results	
subsequently given B.C.G. vaccination	82
Severe positives referred to Chest Clinic for further investigation	1
Mild positives	2

- (c) Primary School — all pupils in the junior and infant age groups were skin tested.

Number of pupils skin tested	581
Number referred to Chest Clinic for further investigation	38

No additional case was discovered at any of the schools concerned.

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 1970:—

"During 1970 only one case of Rheumatic Fever was admitted to the Paediatric Unit at St. Ann's Hospital. This was in fact a relapse. Previous admissions were to the North Middlesex Hospital with Rheumatic Fever in 1964/5.

There were 38 new cases of Congenital Cardiac Lesions seen by Dr. I.M. Anderson during 1970 in his Paediatric Clinics at the Prince of Wales's General Hospital.

*Total number of new cases in 1970 — 39
(Male 20 Female 19)*

In Haringey Borough 32. From other boroughs 7.

50% were referred from child health clinics.

Cases classified as follows:—

	Total	In Haringey	From other areas	Male	Female
Rheumatic Fever	1	1	—	1	—
Congenital Cardiac Lesions	38	31	7	19	19
Innocent murmur	24	20	4	12	12
Aortic Stenosis	1	1	—	1	—
Atrial Septal Defect	2	2	—	1	1
Ventricular Septal Defect	6	4	2	4	2
Falot's Tetralogy with dextro cardia	1	1	—	1	—
Wolff/Parkinson/White Syndrome	1	—	1	—	1
Pulmonary Stenosis	1	1	—	—	1
Mitral Stenosis	1	1	—	—	1
Endocardial Fibroelastosis	1	1	—	—	1

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

Mr. William McKenzie no longer holds consultant sessions at Park Lane Clinic, but a medical officer from the department attends Mr. McKenzie's weekly ear, nose and throat clinic at the hospital, acting as registrar.

Uncleanliness and Verminous Conditions

School nurses continued to carry out regular hygiene inspections in the schools, although a verminous head is now the exception rather than the rule. Careful watch still needs to be kept to prevent the spread of infection. The following are details of the hygiene inspections carried out during 1970:—

Number of individual examinations of pupils in schools	51,926
Number of individual pupils found to be infested	278

Ringworm of the Scalp

During the year 8 cases of ringworm of the scalp occurred in 7 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 six schools involved. No evidence of spread of infection was discovered. Screening at the remaining school was unnecessary as the source of infection was identified outside the school.

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.

Deaths of School children

It is with regret that I include the following details of local school children who died during 1970:—

Sex	Age		Cause of Death
	Years	Month	
F	13	3	Home accident
F	7	7	Purulent bronchitis; hydrocephalus
M	7	2	Myocardial insufficiency
M	9	9	Accidental
M	10	5	Hypertrophic cardiac myopathy
M	11	2	Intestinal obstruction; Hirschsprung's disease
F	11	1	Intestinal obstruction in a diaphragmatic hernia
M	7	7	Broncho-pneumonia; dyshaemopoietic anaemia
F	13	11	Road accident
F	12	4	Accidental carbon monoxide poisoning
M	11	—	Pulmonary embolus; sickle cell disease
F	14	11	Broncho-pneumonia; severe subnormality
F	15	5	Cerebral haemorrhage
F	11	—	Acute tracheo-bronchitis; Down's Syndrome
F	15	2	Subacute myocarditis

Road accidents to School Children

I am indebted to the Accident Prevention Officer for the following details of road accidents involving school children during 1970:—

	Fatal	Serious	Slight	Total
Pedestrians	1	40	194	235
Cyclists	1	1	32	34
TOTALS	2	41	226	269

LIST OF SCHOOL HEALTH CLINICS AS AT 31 DECEMBER 1970

- | | | |
|-------------------|-------------------------|--------------------|
| a — School Advice | e — Orthopaedic | j — Audiology Unit |
| b — Dental | f — Physiotherapy | k — Child Guidance |
| c — Ophthalmic | g — Cerebral Palsy Unit | l — Chiropody |
| d — Orthoptic | h — Speech | |

a	All Saints' Church Hall, 11 Church Road N6
j	Blanche Nevile School for the Deaf, Philip Lane N15
abh	Burgoyne Road Clinic, 58 Burgoyne Road N4
b	Chestnuts Clinic, 268 St. Ann's Road N15
k	Child Guidance Centre, Tetherdown N10
abh	School Clinic, 128 Cornwall Road N15
abh	Medical Centre, 150 Fortis Green N10
ah	Gordon Road Clinic, 1a Gordon Road N11
b	Dental Clinic, 334 High Road N15
abcdefhkl	Medical Centre, 239 Lordship Lane N17
abh	Medical Centre, 131 Park Lane N17
a	Somerset Road Clinic, 370 High Road N17
abcdh	Health Centre, 8 Stuart Crescent N22
abcdfhl	Medical Centre, rear of Hornsey Town Hall, 23a Weston Park N8
dfgh	The Vale School for Physically Handicapped Children N4

SCHOOL DENTAL SERVICE

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

Inspection and Treatment

"The number of pupils on the school rolls as at 21 January 1971, was 38,064, this being a further increase of 2,219 as compared with the previous year. We were at last able to reverse the declining percentage of the total seen at routine dental inspections in the schools, which had been a disappointing feature of the past two years and, although even the present level is far from satisfactory, the future seems more hopeful if the staffing position can at least be maintained.

The number of sessions devoted to school inspections was 185, an increase of 41 over the previous year, at which 16,741 children were examined for the first time in the year, while a further 3,878 were first examined in the clinics. Thus we were able to see a total of 20,619 which represents 54.1% of the school population, as compared with 45.3% in the previous year. Although it has not yet been possible to return to, let alone exceed, the 64% average over the first few years of our dental service, the target now looks again to be within reach.

It is perhaps worthy of mention that since the first report of 1965, the number of children in the schools has risen by no less than 4,908, so that the inspection of even the same number each year produces a declining figure when expressed as a percentage. Unless we were able to increase where they are most needed both the numbers of dental officers and surgeries much above any we have ever had, while the need and demand for treatment continues at the same high level as always, I cannot foresee us ever achieving our real aim of inspecting every child at least once in each year.

Again as in the past two years, as we have been unable to cover the whole school population with inspections, we have concentrated first on the most vulnerable age groups in the primary schools.

A further 2,477 children were re-inspected in the year, and of the total of first or re-inspections numbering altogether 23,096, treatment was needed for 14,404 or 62.2%.

Treatment sessions totalled 3,901, fewer by 76 than in 1969, and of these 734 were for our orthodontic service. The output per session was well maintained and reflects the efforts made by all members of the dental staff to make such inroads as are possible into the large demand for our services.

As would be expected from the lesser number of sessions, there was a small (but only a small) decrease in the number of fillings and of individual teeth filled, and I am delighted to report that there was a reduction in the number of teeth extracted.

The fact that we are able to offer a predominantly conservative service is highlighted by the ratios of teeth extracted to teeth restored. For deciduous teeth this is 1 to 2.4, against a national average of 1 to 0.9, and for permanent teeth 1 to 15.3 as compared with the national 1 to 6.4. Indeed, if the sound teeth necessarily removed as an essential part of orthodontic treatment for certain patients were disregarded, the ratio would be 1 to 26.8. I derive additional encouragement from the fact that the total of extractions reduced by 101 below the 1969 figure required 152 more general anaesthetics, thus showing that, on average, each individual child needing to suffer this procedure required fewer extractions than in the previous year. I shall never cease to be appalled when tiny children require the extraction of up to a dozen teeth, yet this is by no means exceptional, and filling of others not yet beyond hope of restoration.

Staffing

The staffing position in the dental services throughout the country is recorded as on 31 December each year, for the annual returns required by the Department of Education and Science. In fact, to a degree which varies in different Authorities, part of the total is attributable to treatment of the priority classes and not to the school service. In the year under review, 93% of our service is for the schools although the figures which follow relate to the two services together.

On the date mentioned above, in addition to the Chief Dental Officer/Principal School Dental Officer, we had two orthodontists giving service equivalent to 1.7 full-time and eleven dental officers equivalent to 7.4 full-time. These officers work with two specialists and 10 other dental surgery assistants.

Comparing one year with another during the six years that our Borough has been in existence, the bare figure on the last day of each calendar year suggests that the staffing position remains fairly stable. In fact, the figure tends to conceal many changes and shortages at other times throughout the year, when dental officers particularly may leave for one reason or another and cannot be replaced before some time has elapsed. There is, however, no reduction in the unrelenting demand for treatment.

It is deserving of comment that the increase of 4,908 in the school population referred to in the earlier part of this report, would alone require more than the equivalent of another full-time dental officer to meet the extra demand which it has created.

Premises

The dental clinic in the new Stuart Crescent Health Centre in Wood Green could not be brought into use until March, three months after other services there were operating, because of delays in the supply and installation of some items of essential equipment. However, after an interval of over two years, the Wood Green schools were at last returned to a clinic more conveniently placed for them than the various temporary arrangements which had obtained during the building of the new premises. It is a cause for regret that only one of the two surgeries is fully equipped.

If it was financially possible and we could be certain to recruit another dental officer, there is pressing need to have an additional surgery, proper recovery room and separate dental waiting room at Weston Park. The present premises are in no way satisfactory or adequate in this centrally situated and very busy clinic, where there continues to be an enormous demand for our services much in excess of our ability to meet the need.

As financial considerations would make it unrealistic at present to consider any large-scale replacement of major items of equipment, we have succeeded only in maintaining what we have in good order and with minor additions or replacements from time to time. We do meet the reasonable needs of the dental officers, but it must be recognised that obsolete or obsolescent equipment cannot be maintained indefinitely and will require replacement in the not far distant future, and that recruitment of scarce categories of staff is very much influenced by the premises and equipment where they would be working.

Blood Testing of Certain Ethnic Groups

Last year I reported that we had been able in March 1969 to introduce a system for the greater safety of children needing a general anaesthetic for dental treatment, by blood tests to ensure that proper account could be taken if genetic abnormalities were present. An additional benefit deriving from these tests was that information helpful to the medical services could result, even if the information was not relevant to provision of dental treatment.

In the first incomplete year during which the new system was operating, I reported that from a total of 448 tests we had found 98 cases in which the procedure had proved valuable in one way or another.

During the full year 1970, a further 514 tests were done from which useful information was obtained in 106 cases, and it now seems appropriate to comment in a little more detail on the results over the whole 21-month period since testing was started.

From the total of 962, there were findings directly of concern to us when general anaesthetics were involved for 52 children. All but two of these required only the knowledge of the condition to ensure a modified anaesthetic technique, and it was thus possible to avoid a risk which otherwise could have obtained.

The other two, however, would have been put at very serious risk indeed if we had not known of their conditions, and if the avoidance of this had been the only result of 962 tests over the whole period, I should still judge all the work and effort involved to have been fully justified.

The first and less serious of these was a six year old little boy due to have all eight deciduous molars extracted three days after the blood test report showed that he was suffering from a serious iron deficiency anaemia with a haemoglobin level of only 43%. The extraction appointment was cancelled and the condition notified to our medical service who acted immediately. The child needed to be admitted to hospital for blood transfusions and was put onto suitable iron supplements, and was discharged fit three weeks later. The necessary extractions were done when we had reliable information that no risk remained.

The second case was a seven year old boy who, surprisingly, was a hitherto undiagnosed true sickle-cell anemia — although subsequently we discovered that two siblings had died of this condition before the family came to England — and it was possible to avoid the child being put at risk of the most dire consequences.

In my report last year on this subject I wrote "It is not, of course, possible to know or even theorise as to whether or not any serious difficulties with general anaesthesia have been avoided by possession of knowledge gained....". That was true when it was written, but I have no doubts that the reverse is now the case.

In addition to the foregoing findings, results of a further 153 tests have been the concern of the medical service in smaller degree, while not being in any way of significance for dental treatment.

As far as I am aware, we have been the first local authority in the country to have such an established system of precautionary testing before dental anaesthetics, although it has been usual for some time in the hospital services if members of these ethnic groups need an anaesthetic for surgical procedures.

We have now had a number of interested enquiries from various public services as to our methods and the results being obtained and I have recently been told that what I believe to be our pioneering work in Haringey is to be followed in some other places.

Fluoridation

The widespread problems arising from dental decay, either of itself or from its consequences, continue to cause me deep concern.

The average standard of dental health in our Borough is, to put it no higher, poor: yet it would require combined resources of our service and the general dental practitioners far in excess of any possible to envisage, if all necessary treatment were to be provided.

Although some people sincerely feel that there are good reasons why fluoridation of the piped water supplies is not acceptable, in the capacity in which I serve the Borough I must continue to view the matter from a purely professional angle and fervently hope that this measure will be brought into effect.

My own feelings are expressed admirably by some words written in the annual report of the Chief Dental Officer of Sheffield 1969

"Failing to fluoridate the water supplies does not add to our difficulties, it neglects the opportunity of halving them."

Dental Inspection and Treatment

Pupils first inspected at school	16,741
Pupils first inspected at clinics	3,878
Pupils re-inspected	2,477
Number found to require treatment	14,404
Number of fillings:	
Permanent teeth	12,460
Temporary teeth	8,582
Number of teeth filled:	
Permanent teeth	10,539
Temporary teeth	8,278
Extractions:	
Permanent teeth unsavable	393
Permanent teeth orthodontia	297
Temporary teeth	3,476
General anaesthetics administered:	
Total	1,343
By dental officers	858
Number of dentures supplied	15

Number of crowns and inlays	20
Number of teeth root filled	26
Number of prophylaxes	1,320
Number of teeth otherwise conserved	617
Other operations	4,175

Orthodontic Treatment

Cases remaining from previous year	194
New cases commenced during year	128
Number of appliances fitted:	
Removable	305
Fixed	47
Number of impressions, adjustments etc.	3,928
Number of radiographs	3,194

SCHOOL HEALTH SERVICE
STATISTICS FOR
1970

SCHOOL HEALTH SERVICE STATISTICS 1970

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
1966 & later	8	51	59
1965	69	290	359
1964	169	508	677
1963	52	187	239
1962	30	107	137
1961	28	5	33
1960*	90*	127*	217*
1959*	104*	206*	310*
1958*	83*	198*	281*
1957	33	68	101
1956	229	312	541
1955 & earlier	349	383	732
TOTALS	1171	1147	2318

APPENDIX

SCHOOL HEALTH SERVICE STATISTICS FOR 1970

*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	95	239	144	108	341	567	443	94
5	Eyes (a) Vision	235	237	580	148	1171	544	369	115
	(b) Squint	109	41	30	10	197	51	23	11
	(c) Other	31	30	8	35	68	92	52	30
6	Ears (a) Hearing	51	53	25	37	155	191	69	70
	(b) Otitis Media	18	41	7	26	38	87	7	2
	(c) Other	39	51	46	17	183	163	161	54
7	Nose and Throat	117	403	49	93	297	705	75	82
8	Speech	48	103	5	16	75	230	30	18
9	Lymphatic Glands	5	116	1	30	3	167	2	34
10	Heart	23	123	16	25	54	266	55	42
11	Lungs	50	144	33	55	163	352	74	55
12	Developmental:								
	(a) Hernia	9	52	-	5	13	80	5	10
	(b) Other	69	127	131	90	345	336	182	222
13	Orthopaedic:								
	(a) Posture	15	29	47	74	134	148	12	25
	(b) Feet	207	253	94	124	498	529	52	76
	(c) Other	48	50	30	45	154	176	101	58
14	Nervous System:								
	(a) Epilepsy	9	11	7	4	29	27	14	6
	(b) Other	10	17	7	14	36	47	11	50
15	Psychological:								
	(a) Development	3	25	7	23	29	106	110	55
	(b) Stability	133	245	24	50	265	520	162	165
16	Abdomen	26	16	15	17	62	50	30	22
17	Other	51	20	45	21	195	77	398	162

T - Requiring Treatment O - Requiring Observation

SCHOOL HEALTH SERVICE STATISTICS 1970

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
1966 & later	6	51	56
1965	59	290	328
1964	159	608	698
1963	52	187	219
1962	33	107	125
1961	28	83	95
1960*	56*	137*	174*
1959*	104*	206*	274*
1958*	63*	138*	174*
1957	33	58	81
1956	229	312	463
1955 & earlier	349	383	631
TOTALS	1171	2560	3318

*Signifies "Selective" medical examinations

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Total including all other age groups inspected		Special Inspections	
		T	O	T	O	T	O	T	O
4	Skin	99	230	144	188	341	557	440	94
5	Eyes (a) Vision	235	237	550	148	1171	544	249	115
	(b) Squint	100	41	30	10	197	81	23	11
	(c) Other	31	30	9	36	56	93	52	30
6	Ears (a) Hearing	51	53	35	27	156	191	59	70
	(b) Otitis Media	18	41	7	26	36	87	7	2
	(c) Other	77	51	46	17	183	102	167	54
7	Nose and Throat	117	403	43	93	237	705	75	92
8	Speech	46	103	5	15	75	210	30	16
9	Lymphatic Glands	5	115	1	20	8	187	3	24
10	Heart	23	123	16	25	63	206	55	42
11	Lungs	80	144	33	59	163	302	76	66
12	Developmental:								
	(a) Hernia	9	52	—	5	13	80	5	10
	(b) Other	69	127	133	80	346	336	162	222
13	Orthopaedic:								
	(a) Posture	15	29	47	74	134	149	13	26
	(b) Feet	207	243	94	134	468	529	82	76
	(c) Other	48	80	30	45	154	176	101	68
14	Nervous System:								
	(a) Epilepsy	9	11	7	4	29	27	14	6
	(b) Other	10	17	7	14	35	47	11	50
15	Psychological:								
	(a) Development	8	33	2	23	28	108	119	55
	(b) Stability	133	249	24	80	268	520	162	105
16	Abdomen	26	16	15	17	58	59	30	22
17	Other	51	30	45	21	136	77	198	100

T - Requiring Treatment O - Requiring Observation

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

		Number of cases known to have been treated	
GROUP 1	Eye Diseases (e.g. blepharitis, conjunctivitis)		
	Defective vision and squint		
	(a) External and other, excluding errors of refraction and squint		137
	(b) Errors of refraction, including squint		3,171
	TOTAL		3,308
	(c) Number of pupils for whom spectacles were prescribed		1,022
GROUP 2	Diseases and Defects of Ear, Nose and Throat		
	Received operative treatment for:-		
	(a) Diseases of the ear		3
	(b) Adenoids and Chronic Tonsilitis		46
	(c) Other nose and throat conditions		—
Received other forms of treatment		201	
	TOTAL		250
Total number of pupils still on the register of schools at 31 December 1970 provided with hearing aids:			
	(a) During the current year		15
	(b) In previous years (excluding any pupils shown at (a) above who were provided with an aid in a previous year)		70
GROUP 3	Orthopaedic and Postural Defects		
	Number of pupils known to have been treated at clinics or at out-patients departments		904
GROUP 4	Diseases of the skin (excluding uncleanliness)		
	Ringworm (i) Scalp		8
	(ii) Body		1
	Scabies		—
	Impetigo		12
	Other skin diseases		593
	TOTAL		614
GROUP 5	Child Guidance Treatment		
	Number of pupils treated at child guidance clinics (including cases sent to the Tavistock and other hospital clinics)		616
GROUP 6	Speech Therapy		
	Number of pupils treated by speech therapists		309
GROUP 7	Other Treatment given		
	(a) Number of miscellaneous minor ailments treated by the Council		136
	(b) Pupils who received convalescent treatment under School Health Service arrangements		11
	(c) Pupils who received BCG vaccination		2,418
	(d) Treatment other than (a) (b) and (c) above		368

EDUCATION ACT 1944 – Section 57

Cases dealt with under Section 57, Education Act 1944

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

Page No. —

Advice Clinics for the Elderly	51
Anti-natal Clinics	64
Atmospheric Pollution	16
Audiology Unit	77
Audiometry	78
MEDICAL EXAMINATION OF TEACHERS	
(a) Number of teachers examined as to fitness for first appointment	111
(b) Number of Students examined as to fitness to undertake training course	240
(c) Number of Students examined on completion of training course at Hornsey College of Art	64
Births, No.	
Care of Mothers and Young Children	42
Cervical Cytology	64
Publicity Campaign	80
Child Guidance Service	80
Child Health Clinics	46
Chimney Heights	16
Chiropractic Services	83
Cleaning and Disinfection	19
Clearance Areas	23
Compatibility Factors	7
Congenital malformations	40
Deaths of Haringey Residents	8
Deaths of School Children	83
Defects remedied	21
Dental Care: Priority Clinics	48
School	84
Disease of Animals Act 1950	23
Drainage and Sewerage	12
Ear, Nose and Throat Clinics	75
Education Committees	67
Factories	40
Family Doctor, co-operation with	42
Family Planning	42
for unmarried girls	43
Food Complaints	36
Food Hygiene	32
Food Premises	35
Food Sampling	34
Furnace Installations	16
Geriatric Services	81
Hairdressers	38
Handicapped Pupils	70
Requiring special educational facilities	72
Handicapped Register, Children on	48
Health Committee	1
Health Education	58
Health Visiting Service	48

INDEX

	Page No.
Advice Clinics for the Elderly ...	51
Ante-natal Clinics ...	44
Atmospheric Pollution ...	15
Audiology Unit ...	77
Audiometry ...	78
Births, Notification of ...	42
Care of Mothers and Young Children ...	42
Cervical Cytology ...	44
Publicity Campaign ...	60
Child Guidance Service ...	80
Child Health Clinics ...	45
Chimney Heights ...	15
Chiropody Services ...	53
Cleansing and Disinfection ...	19
Clearance Areas ...	23
Comparability Factors ...	7
Congenital malformations ...	46
Deaths of Haringey Residents ...	8
Deaths of School Children ...	83
Defects remedied ...	21
Dental Care: Priority Classes ...	49
School ...	84
Disease of Animals Act 1950 ...	23
Drainage and Sewerage ...	12
Ear, Nose and Throat Clinics ...	75
Education Committee ...	67
Factories ...	40
Family Doctor, co-operation with ...	42
Family Planning ...	42
for unmarried girls ...	43
Food Complaints ...	36
Food Hygiene ...	32
Food Premises ...	33
Food Sampling ...	34
Furnace Installations ...	15
Geriatric Services ...	51
Hairdressers ...	39
Handicapped Pupils ...	70
Requiring special educational facilities ...	72
Handicapped Register, Children on ...	48
Health Committee ...	1
Health Education ...	58
Health Visiting Service ...	48

Home Nursing Service	50
Hospital Services, co-operation with	42
House Drying	33
Houses in Multiple Occupation	21
Housing applications, assessment on medical grounds	64
Improvement Areas	26
Grants	27
of dwellings	26
Infectious Diseases	62
Infectious Diseases, Notification of	11
Insect Pests	19
Inspections carried out by Public Health Inspectors	20
Laundry services for the incontinent	19
Measles	63
Meat Inspection	37
Medical examination of staff	55
Medical examinations in schools	69
Mental Health	56
Midwifery Service	49
Mortuary	19
Mothercraft and Relaxation Classes	45
Multiple occupation, Houses in	30
Noise	22
Observation Register, Children on	47
Offices, Shops and Railway Premises Act 1963	38
Ophthalmic Clinics	76
Orthopaedic Clinics	75
Outworkers	40
Pet Shops and Animal Boarding Establishments	23
Physically Handicapped Children, Medical Services at The Vale School	77
Qualification Certificates	26
Radioactive Substances Act 1960	41
Refuse, Accumulation of	23
Ringworm	83
Road accidents to School Children	84
Rodent Control	17
Rubella	64
School Clinic, The	74
School Dental Service	84
School Health Clinics, list of	84
School Health Service	69
School Health Service Statistics	88



