

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

Contributors

Enfield (London, England). London Borough.

Publication/Creation

[1966?]

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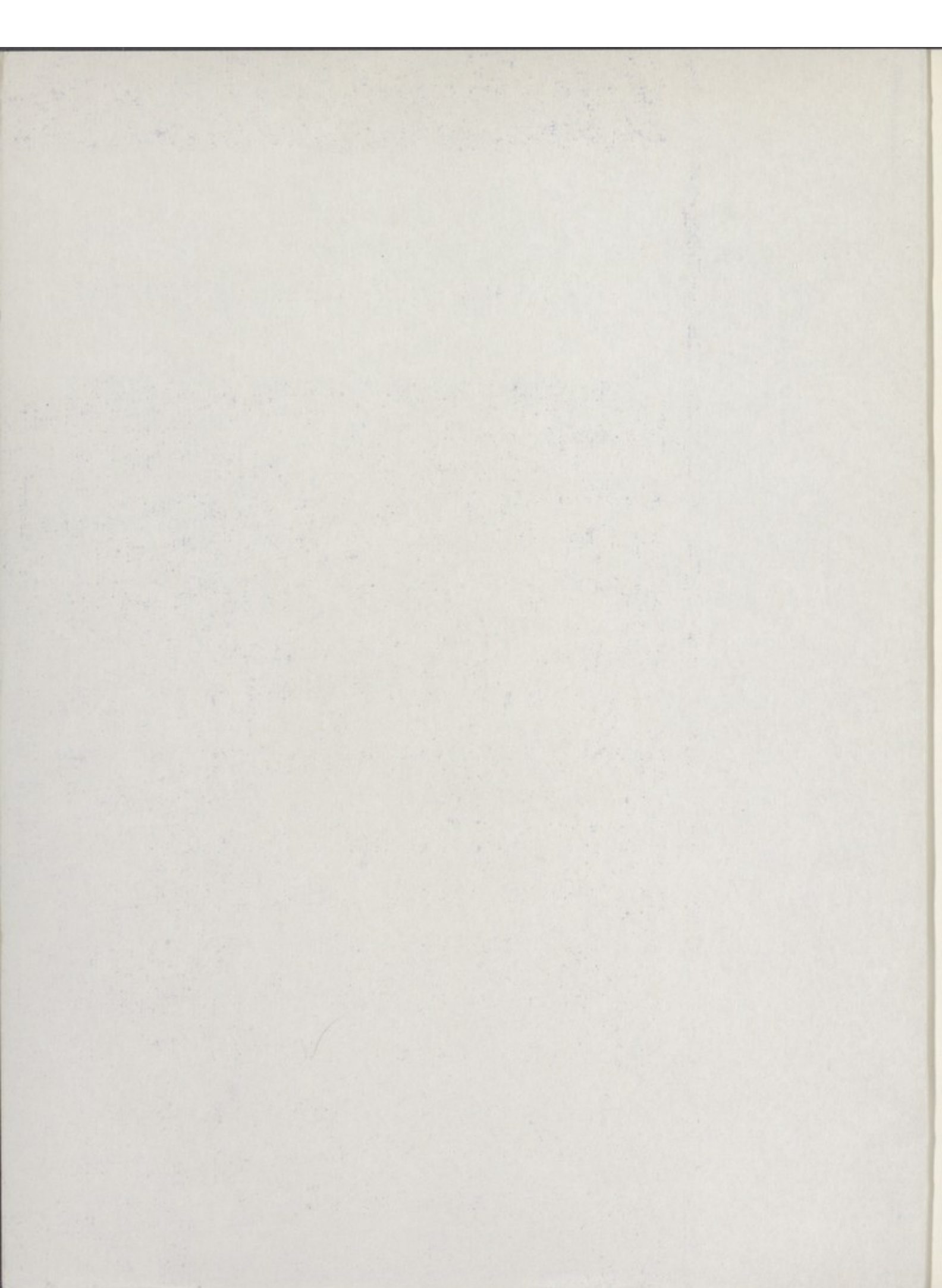
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**THE COUNCIL OF THE
LONDON BOROUGH OF ENFIELD**



**ANNUAL REPORT
1965**

**of the
Medical Officer of Health
and
Principal School Medical Officer
William D. Hyde, M.B., Ch.B., D.P.H.**



LONDON BOROUGH OF ENFIELD

With the Compliments
of the
Medical Officer of Health
Principal School Medical Officer

HEALTH OFFICE, GENTLEMAN'S ROW, ENFIELD, MIDDLESEX.
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Health Office,
Gentleman's Row,
Enfield,
Middlesex.

THE COUNCIL OF THE
LONDON BOROUGH OF ENFIELD

To the Mayor, Aldermen and Commissioners of the London Borough of Enfield.

I have pleasure in presenting my report on the health of the Borough for the year 1965.

This is the first Annual Report since the incorporation of the London Borough of Enfield on the 1st April, 1965, and the Minister of Health has instructed that the Report for the complete year should be for the area as at that date, using information supplied by the Borough Councils for the first three months of the year.



It will be appreciated that it was a very heavy task to create and operate one viable health service from so many sources of the Health Departments of the Boroughs of Edmonton, Enfield and Southgate, and the central, divisional and area Health Services (Personal, Mental and School) of the Middlesex County Council, as well as accepting responsibility for various functions, including Food and Drug Control, of the Middlesex County Council.

ANNUAL REPORT

Health Departments being amalgamated in two large areas, was being defined by a very busy main road and this, together with the need to provide information services at the former Town Halls of Edmonton and Enfield, has not made the task easier. However, careful allocation of resources and accommodation has enabled the Department to overcome these difficulties in a remarkable degree with a minimum loss of efficiency.

1965

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The immediate essential task of the new Health Department, which, of course, consisted not only of persons who had not previously worked in the area, but also many who had, was to be adjusted to the new conditions.

MEDICAL OFFICER OF HEALTH

services should continue undisturbed and efficiently, and that any immediately possible improvements in new services be incorporated. All the objectives I believe that this has been achieved, and that the services provided during the year were no less satisfactory.

and

PRINCIPAL SCHOOL MEDICAL OFFICER

It may be said that a considerable expansion of services was necessary to a limited extent, to ensure that the

WILLIAM D. HYDE, M.B., Ch.B., D.P.H.

The willing services of many individual voluntary workers and the support of the voluntary organisations, who have aligned their services to the needs of the new Borough, provided continuity, and were much appreciated.

As this is the first Report on the Health services of the Borough the opportunity has been taken to record in some detail the Council's statutory powers and duties in regard to local health services, and information has also been included on other statutory health and allied services and voluntary medico-social organisations concerned in the general matters of health and social welfare.

**Health Office,
Gentleman's Row,
Enfield,
Middlesex.**

To the Mayor, Aldermen and Councillors of the London Borough of Enfield.

I have pleasure in presenting my report on the health of the Borough for the year 1965.

This is the first Annual Report since the inception of the London Borough of Enfield on the 1st April, 1965, and the Minister of Health has instructed that the Report for the complete year should be based on the area as at that date, using information supplied by the Borough's predecessors for the first three months of the year.

It will be appreciated that it was no easy task to endeavour to create and operate one viable health service from an amalgamation of the Health Departments of the Boroughs of Edmonton, Enfield and Southgate, and the central, divisional and area Health Services (Personal, Mental and School) of the Middlesex County Council, as well as accepting responsibility for various functions, including Food and Drugs Control, of the Public Control Department of the Middlesex County Council.

Lack of suitable office accommodation has resulted in the Health Department being accommodated in two unsatisfactory buildings divided by a very busy main road and this, together with the need to provide information services at the former Town Halls of Edmonton and Southgate, has not made the task easier. However, careful allocation of the available accommodation has enabled the Department to overcome these difficulties to a remarkable degree with a minimum loss of efficiency.

The immediate essential task facing the new Health Department, which, of necessity, consisted not only of persons who had not previously worked in the area, but also many whose varying experience, methods, and outlook had to be adjusted to new procedures and objectives, was to ensure that all former services should continue undisturbed and efficiently, and that any immediately possible improvements or new services be inaugurated. In spite of all the difficulties I believe that this has been achieved, and that the services provided during the year were no less satisfactory or comprehensive than formerly. Indeed, I think it is true to say that a considerable measure of progress has been achieved, particularly in the expansion of certain services, and time has been made available to partake, to a limited degree, in research projects.

The willing service of many individual voluntary workers and the support of the voluntary organisations, who have aligned their services to the needs of the new Borough, provided continuity, and were much appreciated.

As this is the first Report on the Health Services of the Borough the opportunity has been taken to record in some detail the Council's statutory powers and duties in regard to local health services, and information has also been included on other statutory health and allied services and voluntary medico-social organisations concerned in the general pattern of health and social welfare.

The vital statistics for the Borough show that the Birth Rate was somewhat lower than that for England and Wales, as was also the Death Rate. It is satisfactory to note that there were no maternal deaths. There were only 7 deaths from respiratory tuberculosis, but in contrast to this, there were 191 deaths from cancer of the lung and bronchus, of which no less than 164 were males. The total deaths from cancer amounted to the disquieting figure of 698 and there were 713 deaths from coronary disease (angina). The Infant Mortality Rate of 18.12 compares favourably with that of 19 for England and Wales which is the lowest ever recorded for the country as a whole.

With regard to the Department's responsibilities for the care of mothers and young children, this report shows the successful continuation of the basic traditional services provided in the home, at the clinics and in the nurseries; moreover, the statistical tables emphasize the continuing demand and need for these services.

Although the Borough is fortunate in the number and standard of its various clinic premises, the Ten-Year Plan makes provision for securing completely adequate modern facilities, including health centres. Indeed, a new clinic was constructed at Hadley Wood during the year, and progress was made with plans for a health centre and two new clinics to replace inadequate or rented accommodation.

The Council expressed some concern over the registration of child minders and private day nurseries, and undertook a survey and review of the position.

The health and welfare of long-stay immigrants received particular attention during the year and limited success was achieved in this direction.

By the end of the year, all arrangements had been made for the inauguration of a service for population screening for cancer of the cervix of the uterus, from which disease thirteen women in the Borough died during the year.

The Health Visiting, Midwifery, Home Nursing and Home Help Services continued at full pressure during the year. The Midwifery Service, in addition to normal maternity care, successfully participated in "planned early hospital discharge" schemes, and undertook effective care of premature babies at home. A notable volume and variety of work was undertaken by the home nurses. The serious shortage of health visitors has been a continuing source of concern, and a critical stage is approaching. The number of home helps seems never to be quite adequate to meet demand.

The prevailing emphasis on community care in the mental health field is clearly seen in the Council's Ten-Year Plan for the Health Service, and should adequately demonstrate the Council's determination that this branch of the service will develop as quickly as possible.

Excellent provision has already been made in many directions as evidenced by the acceptance of a realistic establishment of officers (including two part-time Consultant Psychiatrists in an advisory capacity) and the opportunities provided by the Council for staff to take special training in their duties.

The present local facilities include a junior training school with special care unit, an adult training centre with sheltered workshop, industrial employment,

recuperative hostel and social clubs. Perhaps one of the most encouraging aspects is the increasing co-operation and co-ordination of the work of the Department with that of the psychiatric hospitals, and the emphasis on preventive and supportive activities in the community.

Health Education plays an ever increasing and important part in the Health Department's activities. This work is undertaken by the professional and technical officers in the course of their duties in their respective spheres of specialty, and in talks to various groups of people and organisations, and an impetus has been given by the appointment of a health education organiser.

In the School Health Service, routine medical inspection and dental inspection at appropriate intervals, with arrangements for any necessary medical and dental treatment, continued to be the basis of the service.

The method of selective medical examination, favoured by some authorities, and largely based on referrals by teachers and the completion of a medical questionnaire by parents, has not been adopted, although the arguments for and against such a system have had careful consideration.

Under our present arrangements, each child receives a routine medical inspection four times during school life, with the result that over one third of the children on the school roll were examined during the year.

The commonest defects found at routine and special examinations, to require treatment or continued observation were those of vision and other eye defects, hearing and other ear disorders, nose and throat conditions, skin diseases, chest disorders and developmental and orthopaedic conditions.

The emphasis placed on colour vision testing and audiometric testing has proved most valuable, whilst the specialist clinics continued to provide a most important service.

The consultative clinic for students at one of the technical colleges, which was commenced during the year, appears to be fulfilling a useful purpose, and the arrangement will probably be extended to other colleges.

As detailed in the text of the report, a number of handicapped children in several categories, were placed in special schools where, in their interests, treatment and education according to their needs, could best be provided. This is a particularly important provision for handicapped children.

It is our endeavour to provide a comprehensive and adequate dental service, and during the year we have almost reached our first objective of an annual dental inspection with any necessary treatment, including orthodontic treatment, of each child on the school roll.

Amongst what are usually referred to as the Environmental Health functions of the Department, a great amount of work has been accomplished. This work has been largely directed towards control of infectious disease, rodent and insect pest control, provision and maintenance of fit dwellings, health and welfare in offices, shops, factories and workplaces, sound drainage, pure and wholesome food and water, clean air and freedom from excessive noise. This has entailed a very great

deal of inspectorial activity and full reference to these multifarious duties is made in the text of this report.

There was no major outbreak of infectious disease, although the expected high incidence of cases of measles occurred; and the number of notifications of respiratory tuberculosis emphasized that this disease must not be viewed with complacency, in spite of the remarkable progress in recent years in prevention and cure.

Efforts were continued with considerable success to secure a high acceptance rate for vaccination and immunisation, but we must increase our endeavours to reach our objective of maximum acceptance.

Food control and hygiene is of special importance, and the transference to the Borough of full responsibilities under Food and Drugs and related legislation, has enabled the Department to deal comprehensively with the problems of food hygiene, food poisoning, unfit food, composition and labelling, preservatives, sampling and also registration of premises and hawkers.

Much effort is involved in pursuance of the Clean Air Act, but our aim continues to be to make the whole of the Borough a smoke control area by 1970. The serious shortage of public health inspectors and other staff has unfortunately made it impossible to carry out fully all the environmental activities which we would have wished.

There were, inevitably, many changes of staff during the year, including the resignation of Dr. D. A. Smyth, formerly Medical Officer of Health of the Borough of Edmonton for eight years, and the retirement of Mr. A. E. Gooday, formerly Chief Public Health Inspector for the Borough of Southgate, who had served that authority for no less than thirty years.

At the coming into operation in 1948 of the National Health Service Act, 1946, I deplored the division it made in Enfield of local authority health services between two authorities. However, I pointed out that the gap was to some extent bridged by the fact that I continued to have responsibility for these services in my dual capacity of Medical Officer of Health and County Area Medical Officer, and found no difficulty in keeping myself informed of my activities in both capacities. Affairs have now turned full circle and I need suffer no longer a Jekyll and Hyde dichotomy.

The contents of this Report show the wide variety and volume of the work of the Health Department during its first year and I wish to offer my thanks to so many people who have wholeheartedly worked with enthusiasm under considerable pressure and many difficulties to ensure that the service functioned successfully.

I therefore record my grateful appreciation of the support and encouragement of the Chairman, Vice-Chairman and Members of the Health and Education Committees, the loyal service of my Deputy and all members of the Department, and the willing co-operation of my colleagues in other Departments.

WILLIAM D. HYDE,

Medical Officer of Health
Principal School Medical Officer

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**SUMMARY OF STATISTICS RELATING TO THE
LONDON BOROUGH OF ENFIELD**

Area	(acres) 20,061
Population (Registrar General's Mid-1965 Estimate)	...	...	...	...	...	...	...	268,870
Number of structurally separate dwellings, including flats	...	...	...	...	...	...	...	86,884
Number of dwellings constructed during the year	...	...	...	...	...	...	...	834
Rateable Value	...	...	...	...	...	...	...	£17,564,170
Product of a 1d Rate	...	...	...	...	...	...	...	£71,800
LIVE BIRTHS								
Number	...	...	...	...	...	...	...	4,248
Rate per 1,000 population (crude)	...	...	...	...	...	...	...	15.80
Rate per 1,000 population (standardised)	...	...	...	...	...	...	...	16.43
								(E & W) 18.0
Illegitimate live births per cent of total live births	...	...	...	...	...	...	...	6.12
STILLBIRTHS								
Number	...	...	...	...	...	...	...	49
Rate per 1,000 total live births and stillbirths	...	...	...	...	...	...	...	11.4
								(E & W) 15.7
Total live and stillbirths	...	...	...	...	...	...	...	4,297
Infant deaths (deaths under the age of 1 year)	...	...	...	...	...	...	...	77
INFANT MORTALITY RATES								
Total infant deaths per 1,000 total live births	...	...	...	...	...	...	...	18.12
								(E & W) 19.0
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	...	...	...	...	18.05
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	...	...	...	...	19.23
Neo-natal mortality rate (deaths under age of 4 weeks per 1,000 total live births)	...	...	...	...	...	...	...	12.71
								(E & W) 13.0
Early neo-natal mortality rate (deaths under the age of 1 week per 1,000 total live births)	...	...	...	...	...	...	...	11.53
Peri-natal mortality rate (stillbirths and deaths under the age of 1 week combined per 1,000 total live and stillbirths)	...	...	...	...	...	...	...	22.80
MATERNAL MORTALITY (including abortion)								
Number of deaths	...	...	...	...	...	...	...	Nil
Rate per 1,000 total live and still births	...	...	...	...	...	...	...	—
								(E & W) 0.25
DEATHS								
Death rate per 1,000 home population (crude)	...	...	...	...	...	...	...	3,098
Death rate per 1,000 home population (standardised)	...	...	...	...	...	...	...	11.52
								10.94
								(E & W) 11.5
Deaths from cancer (all forms)	...	...	...	...	...	...	...	698
Death rate from cancer (all forms) per 1,000 population	...	...	...	...	...	...	...	2.596
								(E & W) 2.227

Note: (E & W) = England and Wales.

STATISTICS

GENERAL

The London Borough of Enfield, which comprises the former Boroughs of Edmonton, Enfield and Southgate, covers an area of 20,061 acres and has an estimated population of 268,870.

Of the 32 newly constituted London Boroughs, Enfield, which is the most northerly situated, has the sixth largest area, the ninth biggest population and the eleventh highest rateable value. It is well balanced in development with its wide variety of environmental conditions, ranging from open country, through residential property of all kinds, commercial premises, and shopping centres to industrial areas.

The transport network serving the Borough comprises an underground, three suburban and two main railway lines and numerous bus routes.

Two trunk roads cross the Borough, one from east to west and the other from north to south. One first class road runs north to south and important metropolitan roads run east to west.

The Borough is well provided with both educational and recreational facilities. Not only is there Green Belt land, but Enfield is also fortunate in its possession of parks and open spaces.

The main public building is the Civic Centre, Silver Street, Enfield, which contains the Mayor's Suite, the Council Chamber, Committee rooms and the department of the Town Clerk. The other departments of the Council are housed separately in premises throughout the Borough.

VITAL STATISTICS

Births

The total number of live births during the year was 4,248, giving a crude birth rate of 15.8 and a standardised birth rate of 16.43, compared with the rate for England and Wales of 18.0.

The percentage of illegitimate live births at 6.12 is roughly about the national average.

Deaths

The number of deaths during the year was 3,098 (1,551 males and 1,547 females) giving a crude death rate of 11.52 and a standardised death rate of 10.94 (England and Wales 11.5).

The more prevalent causes of death were cardio-vascular system, 1,606; malignant neoplasm, 698; and diseases of the respiratory system (excluding malignant neoplasm), 318.

Of the cardio-vascular causes, 713 were due to coronary disease (angina), 397 to vascular lesions of the nervous system, 259 to other heart disease, 190 to other circulatory disease, and 47 to hypertension with heart disease.

Of the malignant neoplasm causes of death, 191 involved the lung and bronchus (of which 164 were males), 73 the stomach, 64 the breast, and 13 the cervix of the uterus.

Of the diseases of the respiratory system, bronchitis accounted for 154 deaths, pneumonia 132 deaths, and tuberculosis only 7 deaths.

There were no deaths during the year from diphtheria, whooping cough, poliomyelitis or measles.

46% of all deaths, i.e. 559 males and 865 females, were of persons aged 75 years or more.

31%, i.e. 343 males and 617 females, were of persons aged 80 years or more.

Three males and seventeen females were aged 95 years or more, and three females were over 100 years of age—one reaching the age of 104 years.

I am pleased to report that there were no maternal deaths.

Deaths of Infants

During the year, there were 77 deaths of infants under the age of one year, of which 54 (70%) were under the age of four weeks and 49 (64%) under the age of one week.

The Infant Mortality Rate for the Borough was 18.12, compared with 19.0 for England and Wales, which is the lowest ever recorded for the country as a whole.

Most of the infant deaths occurred, as usual, under the age of one week. The most common causes of death at this age were prematurity and congenital malformations. It is in the reduction in the numbers of these neo-natal deaths and stillbirths that we must hope for greater success in the future.

Several children died during the later months, also from congenital malformations but the most common cause was pneumonia and bronchitis.

Fatal Accidents

During the year under review, 27 (19 male, 8 female) Enfield residents died as a result of motor vehicle accidents, and 52 (34 male, 18 female) from other accidents. In addition, there were 34 (18 male, 16 female) deaths from suicide, and 4 cases of homicide. A considerable number of deaths occurred from accidents in the home, mainly amongst elderly people, and the most common causes were asphyxia due to accidental coal gas poisoning, barbiturate poisoning, and injuries due to falls which in several cases led to lung complications.

Most of the cases of suicide were by means of coal gas poisoning or barbiturate poisoning, although other more violent means were also used.

It is disquieting to note the sum total of human misery recorded in these paragraphs and to ponder over the fact that so much could and should be avoided.

Road Accidents

I am grateful to the Borough Engineer and Surveyor for the following information on road accidents which occurred within the Borough during the year 1965.

The total number of casualties for the year is approximately 7% up on the number for 1964 compared with the national increase of approximately 3%.

	1965	1964
Total number of Accidents	1,859	1,760
Total number of Casualties	2,387	2,215
Fatal	26	28
Serious	423	369
Slight	1,938	1,818

It is significant in Britain today that the number of road vehicles and the mileage travelled are increasing annually by roughly 10%. The total number of registered vehicles at present exceeds 13 million. The annual cost to the nation of road accidents is estimated at about £270 million.

It will be noted that the 27 fatalities due to road accidents in the table, Causes of Death, relate to residents of the Borough of Enfield, irrespective of where the fatality occurred.

I am compelled, once again, to wonder if the real cause of most road accidents is not linked with haste, impatience, selfishness and downright bad manners by all categories of road users—all factors well within the bounds of prevention.

Inquests

118 inquests, and 477 post-mortem examinations without inquests were held during the year.

Of these, 480 deaths were due to natural causes, 63 to accidental causes, 34 to suicide, 1 to homicide, 3 to manslaughter, 3 to misadventure, and in 11 cases an open verdict was recorded.

Marriages

The Registrar General reports that the provisional figure for the number of marriages solemnised in the London Borough of Enfield during the year 1965, was 2,244.

(Statistical Tables, 1, 2, 3, 4, 5—see pages 105 - 110).

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

Under Section 144 of the Public Health Act, 1936, and Regulations thereunder, the following diseases are notifiable by medical practitioners to the Medical Officer of Health :—

scarlet fever, erysipelas, diphtheria and membranous croup, smallpox, enteric fever, typhoid fever, typhus fever, relapsing fever, cholera, acute poliomyelitis, acute encephalitis, meningococcal infection, measles, whooping cough, ophthalmia neonatorum, puerperal pyrexia, malaria, dysentery, acute primary pneumonia, acute influenzal pneumonia, anthrax, tuberculosis, leprosy, food poisoning (Food and Drugs Act, 1955) and plague (L.G.B. Order 1900).

Provisions in relation to the control of infectious diseases by local authorities are contained in Sections 145 to 180 of the Public Health Act, 1936, as amended by both the National Health Service Act, 1946, and the Public Health Act, 1961. Special provisions in relation to food poisoning are contained in the Food & Drugs Act, 1955.

Further provisions are contained in Regulations made under these various Acts.

The most prevalent infectious disease during the year was measles, making up nearly 70% of the notifications received. This was not unexpected in view of its biennial periodicity of prevalence.

Sonné dysentery was fairly prevalent, but the prompt application of rigid hygiene control in schools appeared to be effective.

It is pleasing to report again the absence of the former common infections such as diphtheria, poliomyelitis and enteric fever.

Less satisfactory were the 99 notified cases of respiratory tuberculosis and the 22 cases of tuberculosis of other organs, including genito-urinary tract, lymph glands and meninges. There were only seven deaths from the disease, all respiratory cases, and all occurred in persons over the age of 45 years, four being over 65 years of age.

Although remarkable progress has been made in the prevention and treatment of tuberculosis, the disease still requires relentless vigilance. Investigation of any local factors affecting the incidence continues to be made.

Of all notified cases of infectious disease, 1,407 were school children, and head teachers informed us of 429 children absent from school due to infectious or suspected infectious disease.

Measles

There were 2,283 cases of measles notified and the attack rate was 8.49 per 1,000 of the population.

There were no deaths.

Scarlet Fever

There were 188 cases of scarlet fever notified and the attack rate was 0.66 per 1,000 of the population.

There were no deaths.

Other cases of haemolytic streptococcal infection of the throat became known to the department, and in those infected with type 12, which may be associated with nephritis, special investigations of the patients' urine were advised.

Erysipelas

There were 24 cases of erysipelas notified and the attack rate was 0.08 per 1,000 of the population.

There were no deaths.

Whooping Cough

There were 73 cases of whooping cough notified and the attack rate was 0.27 per 1,000 of the population.

There were no deaths.

Dysentery

There were 467 cases of dysentery notified and the attack rate was 1.73 per 1,000 of the population.

There were no deaths.

There were a few outbreaks amongst children in nurseries and primary schools and in two instances a food handler was found to be infected. The prompt visiting of such premises, on the occurrence of cases, by the Director of the Laboratory, the Principal Medical Officer (School Health), and the Public Health Inspector, resulted in the immediate institution of successful rigid specific hygienic measures, based on bacteriological and other findings.

Food Poisoning

There were 26 cases of food poisoning notified and the attack rate was 0.09 per 1,000 of the population.

There were no deaths.

Two cases occurred simultaneously in one family, but all the others were single cases.

The causative organism was salmonella typhi-murim in nine cases, other salmonellae in eight cases, and the cause was unknown in nine cases.

Nine samples of food were examined bacteriologically in connection with suspected food poisoning incidents, but no intestinal pathogens were found.

Acute encephalitis

Two young children, aged one-and-a-half and four years, suffered from this illness, but neither case was fatal.

Meningococcal infection

One little girl, aged two years, died of this disease.

Respiratory tuberculosis

There were 99 cases of respiratory tuberculosis notified and the attack rate was 0.36 per 1,000 of the population.

There were seven deaths.

Other forms of tuberculosis

There were 22 cases of other forms of tuberculosis notified and the attack rate was 0.08 per 1,000 of the population.

There were no deaths.

Public Health (Ships) Regulations, 1952 - 63

Public Health (Aircraft) Regulations, 1952 - 63

During the year 20 persons were notified by Port authorities as arriving from declared smallpox endemic areas, without a valid certificate of vaccination.

These persons were kept under surveillance for the statutory period and in no case did smallpox develop.

Disinfection

Powers of local authorities to provide a cleansing station and to order or themselves to cleanse and disinfect premises and articles are contained in Sections 166 to 168 of the Public Health Act, 1936.

Terminal disinfection of rooms and contents after most infectious diseases can usually be accomplished by a thorough "spring cleaning" involving the use of soap and water, fresh air and sunshine. Where sterner measures are deemed necessary, as in the case of serious infectious disease, the premises are subjected to treatment with formalin or white fluid disinfectant. Disinfection of clothing, bed-clothing and other suitable articles is effected by steam sterilisation, at the Council's Disinfecting Station. Library books, leather articles, certain fabrics and other articles liable to damage by steam, are treated by formalin in a disinfecting chamber.

A large number of articles were disinfected during the year and some of these were parcels of used clothing for despatch abroad to those countries which require a certificate that this treatment has been carried out.

No charge is made by the Council for disinfection.

Public Health Laboratory Services

Specimens for bacteriological examinations are submitted to the Public Health Laboratory Service at the branch laboratory situated at the Town Hall, Edmonton.

For the convenience of general practitioners and the public, there are several specimen collection boxes situated throughout the Borough.

The specimens are collected from the boxes daily and delivered to the Branch Laboratory.

Throughout the year we have enjoyed the invaluable advice and assistance of the director of the Branch Laboratory, Dr. Mair Thomas, in the control of outbreaks of disease. She has, whenever necessary, included field-work in her bacteriological investigations.

A total of 13,090 clinical specimens submitted by general practitioners and this department were examined.

It was estimated that 58% of the general practitioners are regular users of the laboratory services.

(Statistical Tables, 6, 7, 8, 9—see pages 111 - 114).

HEALTH CENTRES

Under Section 21 of the National Health Service Act, 1946, it is the duty of every local health authority to provide, equip and maintain premises at which facilities shall be available for all or any of the following purposes :—

- (a) for the provision of general medical services under Part IV of this Act by medical practitioners;
- (b) for the provision of general dental services under Part IV of this Act by dental practitioners;
- (c) for the provision of pharmaceutical services under Part IV of this Act by registered pharmacists;
- (d) for the provision or organisation of any of the services which the local health authority are required or empowered to provide;
- (e) for the provision of the services of specialists or other services provided for out-patients under Part II of this Act; or
- (f) for the exercise of the powers conferred on the local health authority by section one hundred and seventy-nine of the Public Health Act, 1936, or section two hundred and ninety-eight of the Public Health (London) Act, 1936, for the publication of information on questions relating to health or disease, and for the delivery of lectures and the display of pictures or cinematograph films in which such questions are dealt with.

Since the appointed day, the 5th July, 1948, when this Act came into force only 18 health centres (Ministry of Health, 1963 Report) have been provided in England and Wales, and there is at present no health centre in the Borough of Enfield.

At the instigation of the Council of the Borough of Edmonton, the Local Medical Committee ascertained that general practitioners in the area were in favour of health centres.

A site for a proposed health centre was envisaged in Hertford Road, where an existing inadequate and unsatisfactory welfare clinic was to be replaced, and six of the general practitioners in that area expressed interest in the project.

At this stage the project was inherited by the new London Borough of Enfield and proceeded with in an equally enthusiastic way. The Council, the six general practitioners (one of whom intends to take a partner), and the interested professional bodies have reached agreement in principle. Planning and costing of the premises are at an advanced stage.

It will be seen in the Ten-Year Plan that a further two health centres are proposed.

(Statistical Table 29—see page 124).

CARE OF MOTHERS AND YOUNG CHILDREN

Under Section 22 of the National Health Service Act, 1946, it is the duty of every local health authority to make arrangements for the care, including in particular dental care, of expectant and nursing mothers and of children who have not attained the age of five years and are not attending primary schools maintained by a local education authority.

Ante-natal and Post-natal Sessions :—A total of 1,063 women attended the ante-natal clinics during the year and 481 attended for a post-natal examination. Many women attend their family doctor or hospital for their post-natal examination.

Mothercraft and relaxation classes for expectant mothers, held in clinics throughout the Borough, were attended by 809 women. These classes, held by the health visitors, and consisting of 4—6 sessions, are extremely popular. There is an increasing demand by women for ante-natal education and training in preparation for labour, particularly in relation to the control of posture and breathing.

Expectant fathers were invited to attend the last session, when a film of a confinement was shown.

Child Welfare Sessions :—The 1,941 sessions during the year were attended by 10,601 children. The total number of attendances was 100,460. At two clinics an extra session per week was started.

At the ages of 3 months, 7 months, 1 year, 18 months, 2, 3 and 4 years, each child in the Borough is invited to attend a clinic for the purpose of being examined by the doctor to see if he is keeping well and to arrange immunisation if such arrangements are not being made through the general practitioner. In this way it is hoped to achieve regular supervision of the health of the child as well as routine immunisation.

Specialist Clinic Sessions :—Children suffering from defects were referred to specialist clinics as follows :—

Ophthalmic	...	...	...	...	127 new cases
					375 attendances
					34 spectacles prescribed
Ear, Nose and Throat	...	...	...	...	34 new cases
					84 attendances
Orthopaedic	...	...	...	...	88 new cases
					212 attendances
Physiotherapy	...	...	...	...	53 new cases
					66 attendances

CLINICS

Of the twenty clinics in the Borough, twelve are purpose built, five are in adapted premises and three in rented premises. The general standard of clinic premises is high and in fact no fewer than four were built within the past five years.

A new clinic built in the Hadley Wood area, to replace one of the rented premises, was completed by the end of the year, ready to open early in 1966.

The replacement of two inadequate clinic premises, one adapted and the other rented, by purpose built premises, and additions to two of the purpose built clinics were deferred this year in accordance with Ministry of Health Circular 20/65, "Deferment of Expenditure on Capital Projects, etc."

It is hoped that these clinics and the additions will be built during 1966.

In the Ten Year Plan it is intended to replace the last of the rented premises and another of the adapted premises in 1970.

Welfare Foods, Vitamin Supplements and Medicaments

The distribution of dried milk, cod liver oil, orange juice and vitamin tablets, obtained through the Ministry of Health, has been continued at the Council's clinics throughout the year, involving the collection of nearly £10,000 in sales and the issue of 20,518 tins of National Dried Milk, 4,396 bottles of cod liver oil, 5,741 packets of vitamins A & D, and 86,506 bottles of orange juice. In addition, various brands of proprietary dried milk, cereals and vitamin preparations, recommended by the medical officers in particular cases, have also been sold in the clinics.

Dental Care

Provision of dental care is made in combination with the service provided for school children, but the use of the word "care" in the Act appears to suggest a wider provision than inspection and treatment referred to in the legislation dealing with school children.

Combined use is made of staff and premises of all the dental clinics in the Borough, and during the year 1,236 attendances of mothers and children for treatment were made. Every possible opportunity was taken to instruct mothers on diet and tooth cleaning, both individually and at group talks, including sessions of mothercraft classes. The distribution of appropriate pamphlets and the display of posters at dental clinics acted as supplementary health education.

The Chief Dental Officer refers to a trend which was noted within the County of Middlesex in previous years for expectant and nursing mothers increasingly to obtain dental treatment from general dental practitioners whilst young children attended the clinics in increasing numbers, a tendency which appears to have continued, particularly with young children.

Care of the Unsupported Mother and her Child

This work has been carried out by a medical social worker, whose services are shared with the London Boroughs of Barnet and Haringey.

As there is no local authority mother and baby home in the Borough, use is made of those of other authorities, and voluntary society homes.

During the year, a total of 58 unsupported mothers were maintained, 47 in local authority homes and 11 in voluntary society homes. Of the babies born to these women, 33 were kept by their mothers, 22 were adopted, 2 went into voluntary society homes and 1 was taken into care.

In addition to actual placements, many women were interviewed and other appropriate arrangements made.

Medical Arrangements for Long-Stay Immigrants

Arrangements to cover the rather special problems which arise in connection with the health and treatment of long-stay immigrants to this country were set out in the Ministry of Health Circular C.M.O. 1/65. In consultation with representatives of the medical profession and of local authorities, the Minister decided that the following steps be taken :

- (a) At ports of arrival long-stay immigrants, both Commonwealth and alien, who are referred to medical inspectors, will be given a hand-out printed in languages which they are likely to understand, the aim of which is to encourage them to get on to the list of a medical practitioner in their place of residence so that (if he thinks it desirable) he can arrange for them to go to a mass radiography unit, a chest clinic or a hospital for X-ray.
- (b) Long-stay immigrants who are referred to medical inspectors at the ports will also be asked to provide their destination addresses and these will be sent to the Medical Officer of Health of the county or county borough concerned (including also Scotland and Northern Ireland) with a request that he should try to persuade the immigrants to act on the advice they have been given in the hand-out. Medical Officers of Health and local officers of the Ministries of Labour and Pensions and National Insurance will also be supplied with copies of the hand-out in case they come into contact with immigrants who have not received one or apparently lost it.
- (c) In the near future it is hoped that arrangements can also be made in respect of those dependants who obtain entry certificates in their country of origin for their names and destination addresses to be entered on a tear-off slip in their passports. This slip will be detached by the immigration authorities and passed to the medical inspectors so that the port medical officer can send the address on to the appropriate Medical Officer of Health in the same way as in the case of holders of Ministry of Labour vouchers.

It was hoped that these procedures would help to ensure that long-stay immigrants would register with general practitioners at an early stage of their life in this country and would not wait until they fell ill. It was also hoped that those for whom it was appropriate, would have an X-ray at an early stage.

In April, a further Ministry of Health Circular C.M.O. 7/65, was issued and dealt with detailed specific arrangements for the detection and prevention of tuberculosis.

During the year 252 families were notified to the department and 179 were successfully visited, which not infrequently involved more than one visit per family. Some families were not known at the addresses given and others, despite repeated visits, have not been contacted to date.

“ At Risk ” Register

There is a register of children who, because of some factor noted either before, during or after birth, may be more liable than other children to suffer a mental or physical abnormality.

The form of notification is completed by doctor or midwife and 382 such notifications were received during the year, making a total of 994 children on the register, of whom 111 had hearing tests at infant welfare clinics during the year.

These children are kept under observation by the assistant medical officers until it is certain either that development is normal or that a defect is detected. Some abnormality was found in three children, one had a malformed auricle and webbed toes, one had significant hearing loss and cataracts, and one had a cleft palate and was mentally subnormal. In addition, three other children were referred to the audiology unit, but no hearing defect was found.

Incidence of Congenital Abnormalities Detectable at Birth

There is a procedure of standardised notification by the doctor or midwife in charge to the Medical Officer of Health of all babies born with a detectable abnormality. A return of all notifications (amounting to 62 for the year) was made to the Registrar General. The figure for the country as a whole should prove a valuable means of indicating hereditary, geographical, seasonal and other factors, hitherto unknown, which may influence the development of congenital abnormalities.

Survey of Childhood Malignancies

An investigation into the causes of leukaemia and other malignant diseases in childhood was started in 1955 by Dr. Alice Stewart, of the Department of Social Medicine, Oxford University. Doctors from all over the country have participated, and assistant medical officers of the London Borough of Enfield continued to take part in the survey during 1965. A complete medical and family history is obtained from the parents of children who have died of malignant disease, and a similar history is completed for a series of carefully matched healthy children.

The main result of the survey so far has been to establish a relationship between diagnostic X-ray procedures on the foetus and the development of leukaemia in early childhood. The work is continuing and a further report is expected in due course.

Phenylketonuria

During the year 3,877 regular screening tests of the urine of babies for phenylketonuria were carried out. Although no positive cases were found, the knowledge that children may be saved mental deterioration by this means of early detection is sufficient incentive to the health visitors, who willingly carry out the large number of tests.

"Battered Babies" Syndrome

The attention of medical officers and health visitors has been drawn by the National Society for the Prevention of Cruelty to Children and by a principal medical officer of the Ministry of Health to the "battered baby" syndrome. A number of incidents of young children, mostly under one year of age who have been taken to hospital with unexplained multiple injuries, have been described. In a number of cases the cause of the injuries was found to be due to physical cruelty by the parents. The health visitor, particularly with her close contact with families, is in the best position to recognise home conditions which might lead to such tragedies, and to report on actual cases. I am glad to say no incidents were reported this year.

Family Planning

The Council has made arrangements for advice and treatment (including supplies) without charge through the Family Planning Association for women to whom pregnancy would be detrimental to health. Two women were referred during the year.

The wider need of planned parenthood, where no specific danger to health exists and which falls outside the statutory scope of a local health authority, is met by the Family Planning Association and general medical practitioners.

Nevertheless, a local health authority, recognising this important aspect of family welfare, can assist a voluntary association.

The Council makes available, free of charge, clinic premises to the Family Planning Association.

In addition, annual financial contribution is made to the Association.

Family planning is also included in the health education activities of the Health Department.

Day Nurseries

There is one 55 place day nursery approved for training in the Borough. Other provisions include up to twelve places in a day nursery in the London Borough of Haringey and a few places in one in the London Borough of Barnet.

The Council has made provision in the Ten Year Plan for two new day nurseries, each incorporating a ten place nursery unit for mentally subnormal infants. One is scheduled for 1967 and the other for 1969. In 1971 it is intended to replace the present day nursery at Fore Street with another purpose-built 55 place day nursery, also incorporating a 10 place nursery unit for mentally handicapped children.

Admission to the day nurseries is governed by a scheme of priorities laid down by the Council and based on medico-social need.

Charges are in accordance with a general assessment scale, but certain categories are admitted free of charge, e.g. handicapped children and children over one year of age of deaf and dumb mothers.

At the end of the year, 58 children were on the attendance roll at the Fore Street Day Nursery, and these fell within the following priority categories :

Unsupported mothers	...	...	...	...	...	38
Mother's ill-health	...	...	...	...	...	7
Financial circumstances	...	...	...	...	...	7
Handicapped children	...	...	...	...	...	4
Unsatisfactory home conditions	...	...	...	...	...	2

Two children were on the waiting list.

The standard of accommodation and care in the Council's day nursery conforms as far as the structural limitations of the building and site area allow, to that recommended by the Ministry of Health.

Creches

There are no crèches provided by the Council in the Borough. It is intended to provide a crèche in the proposed Health Centre in Hertford Road.

Residential Nurseries

There are two residential nurseries in the Borough under the control of the Children's Department.

Each child is on the list of a general medical practitioner, but by arrangement with the Children's Officer, a medical officer of the Health Department medically examines the children on admission, every three months approximately, and prior to discharge. Arrangements are also made for immunisation.

Nurseries and Child Minders

Under the Nurseries and Child Minders Regulations Act, 1948, a local health authority shall make arrangements for the keeping of registers and the supervision of nurseries and child minders.

During the year, there were five applications for registration of premises as day nurseries and all were approved, making a total of 22 day nurseries providing places for 538 children in the Borough at the end of the year. The majority of day nurseries take children only during the morning or afternoon, but two day nurseries receive children for both the morning and afternoon.

Applications for registration as child minders were received from three persons during the year, two of which were approved, making a total of 17 child minders in the Borough at the end of the year, providing care for 176 children. Children are received for 3½ hours a day or less by 13 of the child minders.

In the Ministry of Health Circular 5/65, the Council was asked to review the arrangements under the Nurseries and Child Minders Regulations Act, 1948, for the keeping of registers and supervision of premises and persons.

The Council decided to express to the local Members of Parliament its concern about the limited powers available to local authorities under the Act in respect of child minders, and to elicit the support of the Association of Municipal Corporations to amend legislation.

The Council further decided :

1. That in respect of child minders there be one staff (excluding domestic staff) to each five children and that all child minders and nurseries be registered, irrespective of the number of hours per day during which children are to be received;
2. That a ratio of one staff (excluding domestic staff) to six children be required in nurseries in the Borough where no children under the age of two years are admitted, and in other cases the rates be one staff to five children. (Some relaxation may be agreed where the Council is satisfied that, on the merits of a particular case, it is reasonable to do so, provided that in no circumstances shall the ratio of staff to children be less than 1 to 8;—March, 1966); and
3. That in respect of day nurseries certain specified records shall be kept.

The nurseries and child minders were visited by medical staff and health visitors and the general standard was in all cases satisfactory and in many commendably high.

Daily Guardians

A scheme is in being whereby persons caring for children outwith the scope of the Act voluntarily register as daily guardians with the health department and are paid a small weekly fee for each child minded. The children are required to attend the neighbouring child welfare clinic. By these means, supervision to ensure that standards are kept at optimum level is possible for those who otherwise would be subject to no control. At the end of the year, there were 80 registered daily guardians caring for some 18 children.

Population Screening for Carcinoma of the Cervix of the Uterus

The Council resolved in September to establish a service for screening for the early detection of cancer of the cervix as part of its arrangements for the prevention of illness under Section 28 of the National Health Service Act, 1946.

In December, the Minister of Health approved the addition of the following paragraph to the Council's existing approved proposals :—

“ The Council will provide a service for the collection of cervical smears for cytological diagnostic investigation by hospital authorities.”

The service commenced early in 1966 with one session per week at three suitably situated clinics for the taking of 60 specimens a week until further diagnostic facilities could be provided. This was a culmination of negotiations and co-operation between the Borough Council, the North East Metropolitan Regional Hospital Board, the Middlesex Executive Council and the Middlesex Local Medical Committee.

No one doubts to-day the value of this service, for which there has been considerable public demand, and for which the Family Planning Association has recently been making limited provision.

The scheme itself is based upon that approved by the Ministry of Health. At present, women between the ages of 35 and 60 years are eligible and check-ups are recommended at five-yearly intervals. The patient and her family doctor are informed of the result and where treatment is necessary, this will be arranged or carried out by the family doctor.

It is emphasised that the clinics are for apparently healthy women only, and no examination, apart from the cervical smear, will be carried out.

(Statistical Tables 10, 11, 12—see pages 115 - 116).

MIDWIFERY

Under Section 23 of the National Health Service Act, 1946, it is the duty of every local health authority to provide a domiciliary midwifery service.

Domiciliary midwives attended 1,318 confinements this year and undertook the care of 329 patients discharged home after hospital confinement before the tenth day. The latter figure, which included those who took their own early discharge, and those who, though booked for home confinement, were admitted to hospital as an emergency, consisted mainly of those cared for under the Council's planned early discharge scheme. All patients under the care of a domiciliary midwife were issued with a maternity pack, and all patients having their first baby, whether at home or in hospital, received a booklet, “ To Mothers and Fathers ”, which gives information regarding health during pregnancy and advice on the rearing of a young child.

Planned Early Discharges of Maternity Patients

Planned schemes of early discharge for suitable patients are in operation in conjunction with the North Middlesex and Chase Farm hospitals in order to ensure, in the present circumstances of shortage of maternity beds, a maximum number of admissions to hospital for those who, on medico-social grounds require hospital delivery. As a temporary measure, in conjunction with University College Hospital, a few patients were accepted under this scheme when part of the maternity ward at the hospital was closed.

Care of Premature Infants

The number of babies notified during the year who weighed $5\frac{1}{2}$ lb. or less at birth (the accepted criterion for prematurity) was 274 of which 71 were born at home. Midwives cared for 42 of these babies at home for the full statutory period of 28 days and all the children survived.

Portable Incubators

This year, portable incubators held at the main ambulance depots were used on 29 occasions to transport premature or sick babies to hospital.

Analgesia

The question of the best apparatus for analgesia to use in domiciliary midwifery is under review by the Central Midwives Board. At present, trilene and gas and air equipment is in use.

Midwifery Staff Refresher Courses

The Rules of the Central Midwives Board require midwives from time to time to attend a course of instruction approved by the Board. During the year, four midwives attended such courses arranged by the Royal College of Midwives.

Training of Pupil Midwives

Two pupil midwives were placed for their domiciliary training with a midwife teacher.

Co-operation of Midwives with General Practitioners

One domiciliary midwife attends ante-natal sessions held by a general practitioner at his own surgery and a close liaison between midwives and family doctors is maintained throughout the Borough.

Disposal of Placentae and Offensive Dressings

Disposal points are conveniently situated throughout the Borough. Means have been provided in newly-built tall blocks of Council flats for disposal by incineration. (Statistical Tables, 13, 14—see page 117).

HEALTH VISITING

Under Section 24 of the National Health Service Act, 1946, it is the duty of every local health authority to make provision in their area for the visiting of persons in their homes by health visitors for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection.

Health visitors, working as they do in close liaison with family doctors, hospitals and other statutory and voluntary bodies, satisfactorily carried out their multifarious duties in the community during the year. Well below full establishment, they had a heavy average case load of nearly 700 families.

The total number of effective visits was 35,851, of which 33,976 were to mothers, babies and children under five years of age, 1,266 to the elderly, 86 to mentally disordered persons, 37 to discharged hospital patients (other than maternity) and 30 to households on account of infectious diseases.

Their other duties included attendance at ante-natal, post-natal and child welfare clinics, running mothercraft and relaxation classes, and the important function of health education practised in homes, clinics and schools.

Staff

At the end of the year, the staff consisted of the Superintendent and her deputy, two group advisers, two field work instructors, 20.9 full-time equivalent health visitors, and four tuberculosis health visitors attached to the chest clinic at the North Middlesex Hospital, the work of whom is dealt with elsewhere in this report under the section headed Prevention of Illness, Care and After Care, page 28.

The full-time equivalent of 10.9 clinic nurses is employed to assist the health visiting staff in duties for which the Health Visitor's Certificate is not essential, such as nursing duties in clinics and schools.

Students

One student attending the course on health visitor training at the Chiswick Polytechnic qualified as a health visitor on completion of her training in July and was appointed to the established staff. One student, sponsored by the Council, commenced her training there in September.

Training Courses

Two health visitors attended the Field Work Instructors Course and became qualified to undertake the field work aspect of the training of student health visitors. The Deputy Superintendent Health Visitor was seconded to attend a twelve month course for superintendents, and four health visitors attended refresher courses during the year.

The training of health visitors and health visitor tutors was the subject of the Ministry of Health Circular 8/65, which promised a substantially increased number of training places for the training of health visitors, and measures to stimulate recruitment to health visiting as a profession over the United Kingdom as a whole. Local health authorities were asked to give practical support to these aims in the following ways :

- (a) By sponsoring suitably qualified students for training. Many authorities already do this, but the increase in staff that is planned implies a corresponding increase in the number of new recruits sponsored for training.
- (b) By increasing the facilities available for the practical instruction of trainee health visitors by sponsoring suitable health visitors to take a course qualifying them to act as field work instructors, and by providing, in co-operation with training centres, the facilities required for field work instruction in their area.
- (c) By ensuring the successful carrying out of the national training programme by sponsoring the training of suitably qualified health visitors (those with at least three years experience) who wish to train to take posts as tutors at training centres. At present the number of qualified health visitor tutors in relation to training places available is less than the Council for the Training of Health Visitors consider to be satisfactory, and there are no reserves to call on, either to staff the existing training courses or the new training courses that will be necessary.

Use of Ancillary Help

Minister of Health Circular 12/65 dealt with the use of ancillary help in the local authority general nursing services. The essence of the matter was to ensure that the best use is made of the skills of a qualified nurse in her capacity as a health visitor or home nurse. Enclosed was a copy of the Report of a Sub-Committee appointed by the Standing Nursery Advisory Committee to consider the use of ancillary help in the local authority nursing services.

A study of the content and methods of the work done by the Council's nursing staff was carried out and further scope for the employment of ancillary staff was found to exist. Some improvement of the position was effected and the process is a continuing one.

Liaison with Hospitals and General Practitioners

The closest possible co-operation with general practitioners, hospital medical and social workers exists and is actively pursued.

No health visitor is fully attached to the practice of a general practitioner and in the light of present staff shortages it is not a practical proposition at the moment.

An arrangement exists, however, whereby a health visitor attends the surgery of one group practice weekly, in order to effect as close liaison as possible in present circumstances.

Health Education

The health visitors play a dominant role in health education, mainly at a personal and group level.

They gave a number of talks on a variety of health subjects at afternoon and evening meetings of various groups and clubs.

Four courses of eight sessions each were given in Home Safety and Mothercraft to members of the British Red Cross Society.

Relaxation and Mothercraft

The courses on relaxation and mothercraft for expectant mothers, which are held in the clinics, continued to be popular. Each course consists of six sessions, and during the year, 506 sessions were held, attended by 809 women, who made a total of 4,102 attendances.

(Statistical Tables, 10, 15—see pages 115, 117).

HOME NURSING

Under Section 25 of the National Health Service Act, 1946, it is the duty of every local health authority to make provision in their area for securing the attendance of nurses on persons who require nursing in their own homes.

At the end of the year, the full establishment of 40 whole-time nurses was employed and, in addition, one part-time supernumerary nurse. The latter appointment was made in special circumstances arising from the nursing care needed by a patient who was paralysed following a road accident.

The number of patients attended was 3,123, and of these 1,956 were 65 years of age or over, and 44 were under five years of age. The total number of visits made was 116,704.

Training Courses

The District Nurse training course at the Chiswick Polytechnic was attended by four nurses, all of whom were successful in obtaining the National Certificate of District Nurse Training. Refresher courses of one week's duration, organised by the Queen's Institute of District Nursing, were attended by four nurses.

Disposable Equipment

The extended use of disposable equipment in the home nursing service has materially improved efficiency and safety, and all nurses now use disposable syringes and many use disposable enemata. The use of disposable incontinence pads has proved to be of great value.

Marie Curie Memorial Foundation

The Marie Curie Memorial Foundation has set up a fund to pay for a Council run service providing day and night nursing and sitter-in care for cancer patients. The fund also provides for extra comforts, special needs, items of diet and equipment to assist nursing in these cases.

Cancer patients, often terminal ones, require all the care and attention they can get and this valuable contribution to their health and welfare is greatly appreciated by patients and their relatives.

During the year, 15 patients benefited from this service.

At the end of the year, there were two Marie Curie nurses on our register, available within the Borough to nurse cancer patients under this scheme.

Liaison with General Practitioners

The work of the home nurse is under the personal direction of the family doctor responsible for the patient, but an arrangement of attachment of nurses to particular general medical practices has not been established.

(Statistical Table 16—see page 117).

VACCINATION AND IMMUNISATION

Under Section 26 of the National Health Service Act, 1946, every local health authority is required to make arrangements with medical practitioners for the vaccination of persons in the area of the authority against smallpox, and the immunisation of such persons against diphtheria.

The Minister of Health has also approved proposals for immunisation against whooping cough, poliomyelitis and tetanus.

In addition to vaccination and immunisation by general medical practitioners, facilities are also available at welfare centres and other clinics by the Council's own medical staff. A fee is paid by the Council to general medical practitioners for records of completed courses of immunisation or vaccination of persons under the age of 16 years.

With regard to children under the age of 16 years, during the year, general medical practitioners undertook a total of 3,267 primary courses and 3,069 reinforcing doses against diphtheria, whooping cough, poliomyelitis and tetanus, compared with 5,224 primary courses and 6,936 reinforcing doses by Council Medical Officers. General medical practitioners also undertook 1,138 primary vaccinations against smallpox and 106 re-vaccinations, compared with 1,478 primary vaccinations and no re-vaccinations by Council Medical Officers.

The programme of vaccination and immunisation which we have adopted is as follows, and each parent is given a card on which is recorded the immunisation received by each child :

Age	Visit	Vaccine	Dose	Interval
3 months	1	Triple (Diphtheria, Whooping Cough & Tetanus)	0.5 ml (Half volume antigen)	4 weeks
	2	Triple ..	0.5 ml ..	4 weeks
	3	Triple ..	0.5 ml ..	
7 months	4	Oral Poliomyelitis	3 drops	4 weeks
	5	Oral Poliomyelitis	3 drops	4 weeks
	6	Oral Poliomyelitis	3 drops	
12 months	7	Smallpox		
18 months	8	Triple (Diphtheria, Whooping Cough & Tetanus)	0.5 ml (Half volume antigen)	
4 years or at school entry	9	Diphtheria & Tetanus (DT/VAC/FT)	0.5 ml (Half volume antigen)	May be given at the same time
		Oral Poliomyelitis	3 drops	
8 years	10	Diphtheria & Tetanus	0.5 ml (Half volume antigen)	
Over 12 years	11	B.C.G. at discretion		

Mindful of the importance of maintaining a high rate of immunity to the specified infectious diseases, every effort has been made to encourage the community to make full use of the immunisation programme available to them through their family doctors and our clinics.

At appropriate ages, as per the schedule, a card is sent to each child, inviting him to be immunised either by his family doctor or by attendance at our clinics. This invitation is combined with the periodic or birthday card in which we invite children to attend the clinic for general health purposes. It is considered that the provision of immunisation facilities at each child welfare session, rather than at specially organised sessions, has resulted in a more successful acceptance rate.

Although the figures for vaccination and immunisation show that a large number of parents have accepted these protective measures for their children, it is only by constant education and persuasion that we can try to ensure that a maximum protective rate is achieved.

Vaccination against Smallpox

The recorded number of persons under 16 years of age who received primary vaccination was 2,616, and 106 persons were re-vaccinated. Of the children born in 1963 (3,959) 2,160 had received primary vaccination by the end of 1965, this representing an acceptance rate of 54.5%.

Immunisation against Diphtheria

The recorded number of persons under 16 years of age who received a primary course of immunisation was 3,674 and 6,819 received a reinforcing dose.

Of the children born in 1963, 3,266 had received primary immunisation by the end of 1965, this representing an acceptance rate of 82.5%.

Immunisation against Whooping Cough

The recorded number of persons under 16 years of age who received a primary course of immunisation was 3,310 and 2,555 received a reinforcing dose.

Of the children born in 1963, 3,043 had received primary immunisation by the end of 1965, this representing an acceptance rate of 76.8%.

Immunisation against Tetanus

The recorded number of persons under 16 years of age who received a primary course of immunisation was 4,220 and 5,412 received a reinforcing dose.

Of the children born in 1963, 3,230 had received primary immunisation by the end of 1965, this representing an acceptance rate of 81.5%.

Vaccination against Anthrax

Ministry of Health Circular 19/65 stressed the desirability of making arrangements for vaccination against anthrax and the Minister gave his prior approval to such arrangements. The persons concerned are workers in establishments such as tanneries, glue, gelatine, soap and bone meal factories and woollen mills, who are regularly handling such raw materials as goat hair, wool, alpaca, camel hair, horse hair, hides, bones, bone-meal, etc. The Council resolved to make the arrangements. An investigation revealed that there were no premises in the Borough in which persons were engaged in this type of employment.

Vaccination of Staff

It is important to ensure that persons most liable to come into contact with an undiagnosed case of smallpox and those required to deal with an outbreak should maintain a high level of immunity against smallpox. Members of the Health Department staff, such as doctors, nurses, health visitors, public health inspectors, disinfectors, etc. (and their immediate families) come within this category, and the practice of offering and encouraging vaccination of these members of the staff annually was continued, and 58 members of the staff were vaccinated during the year.

Certain categories of Council staff, e.g. labourers, gardeners, motor mechanics and sewage and refuse disposal workers, because of the nature of their work, are particularly exposed to the risk of developing tetanus following injury—even quite minor lacerations. The Council resolved to offer vaccination against tetanus to those groups and by the end of the year 97 employees had received a full course of immunisation and 124 will complete the course next year.

Research

The measles vaccine trial organised by the Medical Research Council started in 1964 in areas throughout the country and included the County of Middlesex and the area now constituting the new London Borough of Enfield. The trial was continued in the Borough by Council Health Department staff throughout the year. Parents were invited to register children aged ten months to two years to take part in the trial. One third of the children registered received one injection of killed vaccine followed by one injection of live vaccine, one third received an injection of killed vaccine only, and the remaining third acted as controls. The year was most opportune, as the incidence of measles reached its expected high level. The report on the trial will be published next year.

Another investigation organised by the Medical Research Council and carried out by the Council Health Department staff commenced during the year. It involved the collection of data to compare the degree of reaction to three brands of triple antigen in common use. The investigation will continue next year.

International Certificates of Vaccination

Only three forms of International Certificates of Vaccination have been prescribed, namely, for smallpox, cholera and yellow fever.

Yellow fever vaccination must, for international and technical reasons, be done only at a centre designated by the Government, and an International Certificate of Vaccination against yellow fever is supplied at the Centre.

Vaccination against any disease other than yellow fever can be done by a person's own doctor. The international forms for smallpox and cholera (for completion by the doctor) must be obtained by the traveller himself and taken to the doctor; it is not for the doctor, or a Local Authority or their Medical Officer of Health, to supply them. The forms can usually be obtained by the traveller (free) from the company arranging his transport or otherwise from the Ministry of Health.

If the vaccinator is not an authorised user of an approved stamp, the person vaccinated must have the certificate stamped by the Local Authority in whose area the vaccinator practices. Some thousands of International Certificates were stamped in this department during the year.

Health Education

A publicity campaign to promote acceptance of immunisation and vaccination was run during September and October.

(Statistical Tables, 17, 18—see page 118).

AMBULANCE SERVICE

The duty of local health authorities to provide an ambulance service under Section 27 of the National Health Service Act, 1946, was, in the case of the new London Boroughs, vested in the Greater London Council by Section 45 of the London Government Act, 1963.

I am indebted to Dr. A. B. Stewart, Medical Adviser to the Greater London Council, for the following information about this service.

As the operational organisation of the London Ambulance Service is not based on the geographical areas of the new London Boroughs, statistical information is not correlated in respect of individual Boroughs.

The London Borough of Enfield comprises part of the North West Division of this service and the movement of all ambulance resources within the division is the responsibility of one control, situated at The Mall, Kenton. Although within the Borough boundaries there are two main stations equipped to deal with all types of ambulance removals and one sub-station primarily engaged on accident and emergency work, these resources are utilized to meet demands arising over a somewhat larger area. Conversely, assistance can be channelled into our Borough from elsewhere should these resources at any time be unable to meet local demands.

The following statistical information relating to the overall volume of work carried out by the three local stations during the year is of interest :—

	Accident & Emergency		Others	
	Patients	Mileage	Patients	Mileage
MAIN STATION 101				
The Ridgeway, Enfield ...	2,867	22,390	37,470	129,270
MAIN STATION 102				
Windmill Road, Edmonton .	4,659	29,489	70,787	226,262
SUB-STATION 111				
High Street, Ponders End .	1,070	8,726	16	115
Totals :	8,596	60,605	108,273	355,647

In viewing these figures, it should be noted that the main station at Edmonton also serves the London Borough of Haringey.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Under Section 28 of the National Health Service Act, 1946, a local health authority may make arrangements for the purpose of the prevention of illness, for the care of persons suffering from illness and the after-care of such persons. Proposals adopted by the Council cover a wide variety of services. Mental health services provided under the Mental Health Act, 1959, are subject to provisions of this Section and are dealt with in a later section of this Report.

Tuberculosis

The Council's arrangements for this service are based on the chest clinics where the chest physician is responsible for carrying out the provisions of the Council's scheme and for the general supervision of the tuberculosis health visitors employed by the Council.

The residents of the former Boroughs of Edmonton and Enfield are cared for by the Edmonton Chest Clinic, situated at the North Middlesex Hospital, and those of the former Borough of Southgate are cared for by the Finchley Chest Clinic in the London Borough of Barnet.

There were 121 primary notifications of cases of tuberculosis, of which 22 were non-pulmonary.

The number of deaths from tuberculosis during the year was seven, all of which were due to pulmonary tuberculosis.

The number of persons examined for the first time at the chest clinics was 2,171 and of this number, 121 were found to be suffering from tuberculosis.

The number of contacts of these cases examined was 458 and 8 of these were found to be suffering from tuberculosis.

At the end of the year, there were 1,777 patients on the tuberculosis registers.

Consultant Chest Physicians annually draw attention to the fact that tuberculosis is still a dangerous and unpredictable disease, and that efforts to prevent it are still capable of some improvement.

Home Visiting

The four tuberculosis health visitors stationed at the Edmonton Chest Clinic are employed by this Council, whilst the three at the Finchley Chest Clinic are employed by the London Borough of Barnet.

Apart from the duty of home visiting, these officers perform clinical duties at the chest clinics. Their work is primarily concerned with tuberculosis but also embraces all kinds of chest diseases. During the year they made 2,377 home visits to tuberculous households.

The visits are undertaken for the purpose of contact tracing, supervision of persons under treatment, encouraging defaulters to attend clinic sessions, giving advice on prevention of spread of infection and on facilities available for care and after care and for reporting on the home conditions of patients.

Medical Arrangements for Long Term Immigrants

Although these arrangements are largely concerned with the detection and prevention of tuberculosis, the work involved is carried out by the health visitors and is described on page 13.

Welfare

The medico-social work undertaken at the chest clinics is integrated with the hospital almoning service. Nowadays, most tuberculous patients return to their employment after a few months' treatment. Special consideration is given by the Council as a housing authority to tuberculous patients with a housing need.

Occupational Therapy

This service, which offers a wide range of handicrafts, is provided by the hospital authorities for selected patients who are referred by the chest physician for guidance and training.

Rehabilitation

The Tottenham Rehabilitation and Sheltered Workshop was established in 1948 to make available rehabilitation through training, and subsequent sheltered employment, to tuberculous patients who were fit for part-time or full-time employment, though severely disabled by tuberculous chest disease and who were therefore deemed to be unfit to take their place in open industry without the likelihood of relapse.

The scheme has been approved by the Ministry of Labour, under the Disabled Persons (Employment) Act, 1958, for training selected patients to become journeymen cabinet makers.

During the training period patients are paid training allowances by the Ministry of Labour, and on completion of training they are appointed to the establishment. Out of an establishment of 52 places, 16 were occupied by Enfield persons at the end of 1965.

The Council's powers permit the admission of suitable patients to colonies such as Preston Hall and Enham Alamein, but the need has not arisen.

Hostels

The Council is empowered to provide hostel accommodation for homeless tuberculous persons. Two persons were resident at a hostel for homeless tuberculous men provided by the London Borough of Richmond-upon-Thames at Twickenham, at the end of the year.

Mass Radiography

The Mass Radiography Unit 5D of the North West Metropolitan Regional Hospital Board paid two visits to the Borough during the year, stationing the mobile units on 22 different sites.

A total of 17,309 persons were X-rayed and 207 of these required further investigation. Only 12 persons (0.07%) were found to be suffering from active pulmonary tuberculosis and a further 69 showed some signs of the disease.

Vaccination against Tuberculosis

The Council's scheme provides for the vaccination with B.C.G. (Bacillus Calmette Guérin) of individuals who are contacts of tuberculosis, long term immigrants, school children and students attending establishments for further education.

The number of persons vaccinated during the year was 2,690. Vaccination of contacts is carried out at the chest clinics and vaccination of others is carried out by staff of this department. A further report on B.C.G. vaccination appears in the School Health section, page 88.

Loan of Nursing Equipment

The Middlesex Branch of the British Red Cross Society operates a loan of nursing equipment scheme on behalf of the Council. The Society collects a small hire charge from patients to help offset the cost of replacement of equipment as required. If a patient is unable to meet the hire charge, it is paid by the Council. The Council also provides the necessary transport of articles.

During the year, a total of 3,341 items of nursing equipment were loaned to patients, including 242 wheel-chairs and 12 hospital beds. One large item, a special adjustable bed, was purchased and provided by the Council for a severely paralysed patient.

Loan of Bed Linen

To supplement the laundry service for incontinent persons, bed linen is loaned to those who might otherwise be unable to take advantage of the laundry facilities.

During the year eight single bed sheets and one double sheet were loaned. The laundry service for the incontinent is described on page 48.

Incontinence Pads

The Council makes free provision of incontinence pads to suitable cases at the request of general practitioners. Two hundred and eighty-four patients were supplied with these during the year. Disposal of soiled pads is largely by means of the ordinary household refuse disposal service. Where refuse is incinerated no problems have arisen, but where sorting of rubbish for salvage is practised there have been occasional complaints from the sorters. No difficulties have been experienced with the pads where controlled tipping takes place.

In the newly built tall blocks of Council flats facilities for disposal by incineration of pads are provided.

Problem Families

It is difficult to define just what is meant by a problem family.

One definition used is simply a family with a problem for which they need outside assistance, but the more commonly accepted picture is one of a family with a poor standard of hygiene, and who are either struggling vainly against or apathetically accepting overwhelming difficulties.

Often there is an acute housing need, but experience has shown that rehousing in a new home is not always the whole answer.

Such a family may need the help of a number of council services, especially that of the Children's Department, for the care of the children is paramount.

The health visitor gives advice and support to these families and co-ordinates the needs for family help, home help, child guidance, and family planning, etc.

There are in the Borough some 30 problem families.

Chiropody

This service is provided partly by the direct employment of chiropodists by the Council and partly by arrangement with voluntary organisations.

At the end of the year, there were three and eight elevenths equivalent whole-time chiropodists employed by the Council including a whole-time chief chiropodist.

The number of clinic sessions held was 1,164, the number of patients treated was 1,395 and the total number of attendances was 5,882. A domiciliary service for patients unable to attend a clinic required 1,310 visits.

Chiropody treatment for school children was provided under the Education Act, 1944.

The chief chiropodist reports that, "The year 1965 has shown a continued demand for chiropody. This is a vital and expanding service and much benefit is derived by all who avail themselves of it. It can be said that the various foot conditions of many elderly people, in particular, are eased considerably by this service, thereby contributing greatly towards their well-being; indeed, a great number would be completely housebound without regular chiropody treatment. Where treatment cannot, because of the patient's age or handicap, be given in a clinic, arrangements are made for the chiropodist to visit the patient's home. Requests for domiciliary treatment are normally made by the patient's general practitioner.

"Foot Clinic sessions are held at seven of the Council's clinic premises and it is planned in 1966 to start a Foot Clinic session at the Combined Clinic in New Southgate, to cater for people living in that area.

"There is an average waiting period of 6 - 8 weeks between treatments. Every effort is made to see new patients as soon as possible.

"Fees for treatment have remained unaltered during the year."

The two local divisions of the British Red Cross Society provide a clinic and domiciliary service. The Southgate Social Service Council provide a service at chiropodists' own surgeries.

These voluntary organisations treated some 820 patients, who received about 5,220 treatments. It is estimated that they augmented the directly provided service by the employment of the equivalent of approximately 1½ whole-time chiropodists.

Venereal Disease

The medical social worker attends sessions at venereal disease clinics at hospitals serving the Borough for the purposes of tracing contacts, following up treatment defaulters, and assisting patients in meeting social problems.

Advice for the Elderly

Each month, sessions are held at three Council clinic premises and at the premises of an Old Persons' Welfare Committee.

The local branch of the Ministry of Pensions and National Insurance send a letter to persons granted retirement pension informing them of the clinic facilities available. Cases are also referred from a wide variety of sources.

The function of these clinics is to offer advice to retired persons or persons about to retire on how to maintain good health and how to lead a happy and worthwhile life when they are no longer in full employment and have to undergo what is usually a major change in their way of living. Advice is given on such matters as diet, budgetting on a smaller income, exercise, accommodation, loneliness, and the need for activities such as hobbies, social work and suitable employment.

New cases are medically examined and persons requiring treatment are referred to their family doctor.

The medical officer who conducts these clinics reports that "During the past year those who attended the Retired Persons Advisory Clinics were those who had retired at 60 years of age to those well over 80 years old. On their first attendance at the clinic each person had a medical examination.

Smokers' Clinic

During the year, five courses, each consisting of six weekly evening sessions, were held at the Central Clinic, Edmonton, the average attendance at each session being 19, 20, 16, 27 and 6 respectively. Sessions consisted of lectures by Doctors, group discussions, and film shows, followed by group physiotherapy under the direction of a physiotherapist assisted by a health visitor.

The physiotherapy was mainly directed towards mobilising exercises for the chest and breathing exercises, in groups at the Clinic, with subsequent exercises at home. Assessment of the success of these procedures was made by the use of the Wright Peak Flometer and the Vitalograph.

In an attempt to assess the success or otherwise of the Smokers' Clinic, a questionnaire was sent at the end of the year to thirty-nine persons (twenty-two females and seventeen males) who had attended any of the sessions of the course held in January and February.

Only sixteen persons (eight females and eight males) returned the questionnaire, and of these, only three had attended the full six sessions of the course. Two others had attended sessions of other series to make attendances of six or more, and the remaining eleven made attendances averaging between three and four. It is not possible to come to any firm conclusion on the success or otherwise of the Smokers' Clinic from the inadequate data available, but an analysis of the questionnaires in this small survey suggests that, after a year's interval, about 25% of smokers who replied to the questionnaire have been non-smokers for about one year subsequent to attendance at the clinic.

It is intended to continue this system of follow-up in an endeavour to secure more adequate information about the success or otherwise of the Smokers' Clinic.

Cervical Cytology Clinics

Plans for this service are described in the section on the care of mothers and young children, page 18.

Recuperative Holidays

This scheme is for patients recovering from an illness or an operation who do not require any nursing care but who require a short holiday to complete their recovery. Patients are placed for a fortnight at various recuperative holiday homes in the south of England, mostly on the coast. This period can be extended in special circumstances.

During 1965, 121 adults and 2 children under school age were admitted.

Fluoridation of Public Water Supplies

It is now thirty years since an inverse relationship between the fluoride content of drinking water and the incidence of dental caries was found.

The first study of the addition of fluoride to drinking water started in Grand Rapids, Michigan, U.S.A., in 1945 and the first study in this country started in 1955.

Over these years, every recognised scientific body in the world that has studied fluoridation has come to the conclusion that it is an effective and safe method of preventing dental caries.

There are in the world 40 other countries where communities are served by a water supply with controlled fluoridation.

The Council, at its meeting on 6th July, 1965, resolved that the local water undertakers be informed that the Council supports the fluoridation of water supplies and be requested to implement a scheme of fluoridation as soon as possible.

The Metropolitan Water Board replied that as there was yet no unanimity in the views of local health authorities in the Board's area, it was not considered that the time was opportune for the Board to decide upon their policy in this important matter.

In October this year Circular 15/65 was received from the Ministry of Health stating that the Government's view that a water supply authority has the power under English law to add fluoride to the water it supplies has been considerably strengthened by a recent decision of the Judicial Committee of the Privy Council. In the Minister's view fluoridation is now an established and well proven public health measure which confers benefit to dental health greatly exceeding the cost of introducing it. He is convinced that it is completely safe, and hopes that all local authorities will take steps to make arrangements for its introduction.

The Minister will indemnify local health authorities or statutory water undertakers against any costs or damages in consequence of any legal proceedings herein, and any expenditure incurred in connection with the maintenance of equipment if Councils are prevented by legal proceedings from carrying out their arrangements.

In November, the Council resolved that the Metropolitan Water Board be informed that this Council are of the opinion that fluoridation should be introduced as soon as possible.

The Board replied that to date only six London Boroughs had agreed to fluoridation. It is now known that the great majority of London Boroughs favour fluoridation.

This is how the matter stands at present, but I am sure that fluoridation of public water supplies will ultimately be accepted practice throughout the country. In the meantime, a considerable amount of preventable dental caries will afflict the younger generation.

HEALTH EDUCATION

Under Section 179 of the Public Health Act, 1936, a local authority may arrange for the provision of health education in its area. Proposals made by the Middlesex County Council under Section 28 of the National Health Service Act, 1946, which were adopted by this authority, provide for health education for the area in consultation and co-operation with the Central Council for Health Education and for agreed payments to the Council in consideration of its services.

The report of the Joint Committee of the Central and Scottish Health Services Councils under the Chairmanship of Lord Cohen was published in 1964. It listed no fewer than 43 recommendations. While most of the recommendations dealt with items of detail, the gist of the report is largely contained in recommendation 19, which is :—

“The Government should establish a strong Central Board in England and Wales which would promote a climate of opinion generally favourable to health education, develop ‘blanket’ programmes of education on selected priority subjects, securing support from all possible national sources, commercial and voluntary as well as medical and assist local authorities and other agencies in the conduct of programmes locally. It would foster the training of specialist Health Educators; promote the training in health education of doctors, nurses, teachers and dentists; and evaluate the results achieved by health education.”

The acceptance of the report announced by the Minister of Health to the House (in February, 1966) was welcome indeed.

Workers in the field have long recognised the need for a confident approach to health education based on professional expertise and reliable evaluation of results, which the implementation of this report should go a long way to achieve.

Health Education Bulletin

Health education was organised in bi-monthly phases to coincide with seasonal and topical matters in order to ensure the maximum educational impact. A single sheet bulletin indicating the topics for current publicity was therefore produced and distributed every two months, and the Department's activities were directed to these topics during the appropriate periods with supporting publicity and educational material.

Teaching of Health Education

Health education is undertaken by the professional and technical officers of the Department on a personal basis in the course of their normal duties in their respective spheres of specialty. This is perhaps the most effective method, but these officers also give talks and take part in discussions and demonstrations to various organisations or groups of interested persons.

These talks, numbering over 100 in all, have covered a wide variety of subjects such as the work of the Health Department, the medical services, smoking and health, food inspection and hygiene, safety in the home, and venereal diseases. Special groups, such as senior school children, as recorded in the School Health Section of this report, have received over 140 talks on suitable subjects, including mothercraft; personal hygiene; dental hygiene; care of the hair, hands and feet; posture; food hygiene; and smoking.

Mass Media

Substantial quantities of publicity material on a wide variety of topics have been displayed as posters on public notice boards and in Council premises throughout the Borough; and hand-bills, pamphlets, bookmarks, etc., have been distributed through many avenues.

Attractive and informative displays have been regularly provided at clinics, health establishments, waiting rooms and other suitable places, on health matters of particular seasonal interest and significance.

The Ministry of Health produce a number of posters and pamphlets and provide these free of charge to local authorities. This is most helpful and greatly appreciated. Many voluntary societies also produce attractive publicity material for which a charge is made.

Exhibition and Displays

The visit to the Borough of the Ministry of Housing and Local Government Mobile Exhibition on House Improvement Grants on various sites in the Borough, as well as the Enfield Show, gave further opportunities for co-operation in health education, as did the Edmonton Welfare Association's Handicraft Exhibition, at which was organised a poster and leaflet display in addition to the showing of a film on Home Safety on seventeen occasions over the three days of the exhibition.

Films and Filmstrips

These, the most popular forms of visual aids, have been widely employed in helping to present effectively and entertainingly the message of health. The accolade for the film of the year should probably be awarded to the film "To Janet a Son?"

Smoking and Health

Special emphasis on the casual relationship between smoking and ill-health, particularly lung cancer, has been a feature of the health education programme for the year.

Although the accent has rightly been directed to preventing young persons taking up the habit, a special effort in the form of a Smokers' Clinic has been made to persuade smokers to give it up.

The work of the Smokers' Clinic is described on page 32.

Relaxation and Mothercraft

Relaxation and mothercraft classes, which are in effect a facet of health education, are described under the section on the Care of Mothers and Young Children on page 10.

Geriatric Clinics

The work done at these Clinics, which is also described elsewhere on page 32, is primarily concerned with health education.

Vaccination and Immunisation

Particularly conscious of the necessity to keep at a high level immunity in children to the diseases for which active immunisation is available, a publicity campaign was run during the year.

Supportive Publicity

The visits of the Mass Radiography Unit and the National Blood Transfusion Service gave opportunities for co-operation in publicity and other ways.

Staff

The Council appointed a health education organiser to assist the professional and technical officers by gathering, arranging and presenting publicity material and showing films.

(Statistical Tables, 7, 19, 20, 21, 22, 23—see pages 112, 119, 120, 121).

MENTAL HEALTH

It is the duty of a local health authority to provide mental health services under the Mental Health Act, 1959, and subject to the provisions of Section 28 of the National Health Service Act, 1946.

The change of emphasis from hospital to community care introduced by the Mental Health Act, 1959, has continued and is now well advanced. The amount of mental illness, not only in this country, but throughout the world, is increasing year by year. These factors account for the volume of work of the community mental health service and underline the importance of it.

Staff

It was only by the end of the year that a full establishment of mental welfare officers, three of whom are qualified psychiatric social workers, consisting of a principal, his deputy, two senior and seven officers, was accomplished. Dr. D. A. Smyth, originally appointed principal medical officer for the mental health services, resigned at the end of the year.

Dr. W. Livingston, Consultant Psychiatrist, South Ockenden Hospital, and Dr. F. D. Kelsey, Consultant Psychiatrist, Claybury Hospital, accepted the appointments of part-time adviser in subnormality and part-time adviser in mental illness, respectively, by arrangement with the North East Metropolitan Regional Hospital Board.

The hope that these latter appointments would result in a close liaison between the hospital and the local health authority services has been fully realised.

MENTAL ILLNESS

The London Borough of Enfield is within the catchment area of Claybury and Friern Hospitals which admit patients requiring hospital treatment for mental disorder. The North Middlesex Hospital also provides psychiatric beds to which suitable patients can be admitted for short periods for medical observation and treatment.

Out-patient clinics are held at the North Middlesex, Chase Farm, Highlands and the War Memorial Hospitals.

The Council provide a twenty-four hour, seven days a week, mental health community service.

Domiciliary Service

Persons who are, or have been, suffering from mental disorder are referred from a number of sources to the health department for care and support in their own homes. In many cases it is found that not only does the patient require support, but also his family. The majority of the cases are referred by general practitioners, who recognise the early symptoms of emotional and psychiatric disorders. Psychiatric help and advice given by the mental welfare officers, sometimes coupled with out-patient psychiatric treatment, often enables the patient to remain in the community and prevents the necessity for his admission to hospital. A special arrangement exists whereby emergency out-patient consultations at the North Middlesex and Chase Farm Hospitals can be arranged in a matter of hours.

Another arrangement with the North Middlesex Hospital is the referral of out-patients attending for the first time, to our mental health section for a social history report on the patient and his family and 71 new cases were referred during the year. This arrangement is proving to be of mutual benefit and it is hoped may be extended to other hospitals when the growth of our service, as envisaged in the Ten-Year Plan, permits.

There is a national awareness of the relatively high incidence of mental disorder in students at establishments of further education. During the year a number of students received counsel, advice and support to assist them in coming to terms with their various problems.

Due to increasing demand on psycho-geriatric hospital beds there has been some delay in admissions, necessitating domiciliary assistance to the patient and his family during the waiting period.

The mental welfare officers maintain contact with patients in hospital and endeavour to establish, where possible, an unbroken relationship with the patient. Hospitals notify this department when patients are discharged home. A total of 254 discharges were notified and of these 156 were referred for after-care. This is often a crucial period and the patient and his family require all the help and support they can get.

A total of 4,512 visits was paid this year and there were 331 office interviews.

Compulsory Hospital Admissions

Where admission to hospital is advisable in the patient's own interests, or for the safety of others, every effort is made to arrange such admission on an informal and voluntary basis. There are, however, those cases where compulsion must be used, often in an emergency, and during the year 122 patients were compulsorily removed to hospital by the mental welfare officers.

Day Rehabilitation Centres

No provision exists in the Borough at present but account has been taken of possible demand in the Ten-Year Plan, in which three workshops or occupation

centres and a day centre for the elderly mentally disordered are scheduled. At present one patient attends the day centre at the psychiatric unit at the North Middlesex Hospital and two patients attend the Psychiatric Rehabilitation Association day centre at Clapton. The Council has approved the payment of fares to patients attending day centres.

Social Centres or Clubs

There is a very active and successful club operating in the Borough, which is held on the premises of the Junior Training School. The club meets every Monday evening from 7.30 p.m. to 10.0 p.m.

The mental welfare officers who run the club endeavour to create an atmosphere that engenders amongst the members feelings of reassurance and security. The average attendance at the club is between 25 - 30 persons.

Further clubs, two in existing Council premises and three in proposed new premises, are in our plans for the future, one being envisaged early in 1966.

Residential Accommodation

During the year work has proceeded on the adaptation and equipping of a fine house, in spacious grounds, as a hostel for men and women, providing 26 places. The intention is to provide accommodation for persons, discharged from psychiatric hospitals, who require living accommodation with supportive and supervisory care.

The hostel will be in charge of a married couple, with the positions of warden and housekeeper, who, with a resident assistant warden, a part-time cook and a part-time cleaner, will comprise the full staff.

In 1965, the Council accepted financial responsibility for nine patients resident in hostels provided by voluntary associations.

MENTAL SUBNORMALITY

The Borough is within the catchment area of South Ockenden and Harperbury Hospitals, which admit patients requiring hospital care for mental subnormality. The work of the service provided by the Council for the mentally subnormal is undertaken by the same staff who deal with the mentally ill.

Domiciliary Service

The total number of subnormal persons in community care by the end of 1965 was 428. The mental welfare officers paid 955 visits and held 57 office interviews, and, by their supervision and support of the patient and the family, facilitated their integration with and enjoyment of community life.

The importance of providing an adequate and continuous counselling service for parents of subnormal children from the time when a diagnosis of subnormality is first made is stressed in Ministry of Health Circular 24/65.

Close co-operation and communication with the School Health Service has proceeded during the year, particularly regarding school leavers from the schools for the educationally subnormal, who are likely to need assistance at the commencement of their adult life. These school leavers and young adults benefit particularly from the community care service provided and this is reflected in the number who, with the co-operation of the Juvenile Employment Officer and the Disablement Resettlement Officer of the Ministry of Labour, are able to obtain and maintain work in the community. Experience has shown that the attitude of employers and employees is very important, and that with a better understanding of the problems of the subnormal, wider fields of activity in which these patients can be employed are opened up.

During 1965 a total of six trainees left the Adult Training Centre to enter ordinary employment.

Junior Training Schools

These schools are provided for those children who under Section 57 of the Education Act, 1944, are deemed to be suffering from a disability of mind of such a nature or to such an extent as to make them incapable of receiving education at a school provided by the Local Education Authority.

The London Borough of Enfield inherited the Enfield Junior Training School, situated within the Borough at Waverley Road, and at which, places are reserved for children from the London Borough of Haringey. In the same way, there are some Enfield children placed at the Friern Barnet Junior Training School in the London Borough of Barnet.

The present provision at the Enfield Junior Training School of 120 places, plus 24 places in a special care unit, is thought to be adequate for the Borough's immediate future needs. The building, which has been adapted for the purpose, is not, however, adequate and its replacement by a new one, providing a total of 150 places, is scheduled in the Ten-Year Plan.

This year, in order to provide more room in the main building for the special care unit, an additional general class-room was erected in the grounds.

The Junior Training School is open for the ordinary school terms and coaches are used to convey the children to and from school.

The number on the roll at the end of the year was 123, plus 24 for the Special Care Unit. The waiting list was 6.

Regular local authority medical and dental care, including speech therapy and physiotherapy, is provided for the children.

The work done at the school by the Supervisor and her staff is both impressive and commendable, and the whole pattern is completed by the mental welfare officers, who maintain a bridge between the home and the school, by their supportive community work.

Part of the Junior Training School was made available to the Enfield Society for Mentally Handicapped Children for use as a play centre during the summer holidays.

The venture was successful and will be repeated in 1966. I should like to mention here that the co-operation of this active and enterprising society in all aspects of the work concerned with sub-normal children is greatly appreciated.

A number of visits were paid to the school by representatives of other local authorities and voluntary organisations during the year.

Adult Training Centres

We were fortunate to inherit the 165-place Edmonton Adult Training Centre at Claverings Industrial Estate, at which places are reserved for trainees from the London Boroughs of Barnet and Haringey.

A feature of this purpose built centre is the large well-equipped laundry where some 45 of the trainees are employed, handling about 8,000 articles a week from 105 local authority establishments in and surrounding Enfield. Early in the year, the Council's laundry service for incontinent persons became part of the work of this laundry.

The other trainees are engaged in simple assembly work.

The aim of the centre is to help the trainees, who are persons unable to undertake ordinary employment by reason of mental subnormality, to become more independent and to lead as full a life as possible. Factory conditions are therefore simulated, and an allowance is made in the form of a weekly wage packet.

The Education Department supply a teacher, who holds classes to further the educational attainments of trainees.

The Manager and his staff do a difficult job very well, and as with the Junior Training School, the mental welfare officers provide the link with the home.

The number of trainees on the roll at the 31st December was 176.

The centre is thought to be sufficient for the Borough's future needs and no further provision is made in the Ten-Year Plan.

Further provision is made by the employment of 20 high grade trainees working under supervision in a local factory. The co-operation of a private firm in this way is greatly appreciated and it is hoped to make similar arrangements with other firms in the future.

A number of visits were paid to the Centre by representatives of other local authorities, voluntary bodies and interested persons, some of whom came from overseas. Delegates from Aberdeen and Dumbarton were amongst those who visited during the year.

There is little doubt that our many visitors were favourably impressed with what they saw.

Admission to Hospital

Six mentally sub-normal persons were admitted to hospital, as needing the care that only hospitals can provide.

The number awaiting admission at the end of the year was 14.

Guardianship and Informal Foster Care

No new patients were placed under guardianship during the year and at the end of the year only two patients were under the formal guardianship of the Council.

Wherever practicable informal placements are made, and at the end of the year 35 persons were placed in foster care in homes and hostels run privately or by voluntary organisations. About two-thirds of these cases were placed with the Guardianship Society, Hove, which has been most helpful in finding suitable homes for patients, and their co-operation is greatly appreciated.

Temporary Care

To afford parents a measure of relief from the constant stresses that the care of a subnormal child may cause, short term residential care is arranged, thereby often allowing parents a well-earned holiday away from home. During 1965, such care was provided for 24 patients by hospitals, and for 10 privately run establishments.

Homes and Hostels

There are no homes or hostels in the Borough at present, but provision for two homes for adults and one for children is made in the Ten-Year Plan.

Holiday Camps

During the summer camps are held for children and adults. The Council accepts financial responsibility for those attending, but each family makes a payment. Council staff are released to supervise the campers.

This year, 8 children and 10 adolescents and adults had a holiday in this way, at St. Mary's Bay Holiday Camps, at Romney Marsh, Kent, and Park Place Residential School, Henley-on-Thames.

TRAINING

Mindful of the type of work to be done in the mental health field, and with a wise eye to the future, the Council seconded two mental welfare officers to attend the two year whole-time training course leading to qualification as a psychiatric social worker.

Two Council-sponsored trainee assistant supervisors of mentally handicapped children are attending a full-time two year course.

The deputy principal mental welfare officer and one of the seniors attended a two-day course on mental health.

During the year two trainee mental welfare officers were trained in the department, and on reaching the required standard were appointed to the establishment as mental welfare officers.

The principal mental welfare officer and his deputy give lectures to student nurses and health visitors.

Monthly conferences are held at Chase Farm Hospital, under the direction of Dr. Kelsey, when cases are presented and discussed. Health visitors, probation officers, medical social workers and the mental welfare officers attend.

RESEARCH

An investigation into the incidence of certain types of infection in mentally subnormal children, following evidence in recent years that certain viruses may be a significant factor in the causation of congenital abnormalities and mental retardation, was initiated by Professor S. D. Elek, of the Bacteriology Department of St. George's Hospital Medical School (University of London). We agreed to co-operate in this field of research and a number of parents of mentally handicapped children gave consent for their children to participate.

A study of services of the mentally sub-normal, sponsored by the National Association for Mental Health, the National Society for Mentally Handicapped Children and the Spastics Society, is being undertaken. The Borough of Enfield is readily participating in this study, so far as the services in its area are concerned. **(Statistical Tables, 24, 25, 26—see pages 121, 122).**

HOME HELP

Under Section 29 of the National Health Service Act, 1946, a local health authority may make arrangements for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, aged, or a child not over compulsory school age within the meaning of the Education Act, 1944.

The Council has approved a home help service setting out regulations and priorities, including the provision of a free service for mothers suffering from toxæmia of pregnancy, for whom it is important to ensure the early and complete rest so essential during the ante-natal period.

Ministry of Health Circular 25/65 stressed the importance of the Home Help Service and gave general advice on the assessment of local need, recruitment and training of staff, charges for the service and use of a "good neighbour" scheme. This advice was, in fact, in conformity with existing Council policy.

The home help service makes a valuable contribution to the health and welfare of the community and for the foreseeable future the demand is likely to be greater year by year. Recruitment of home helps has continued to be difficult this year and has not kept pace with the demands on the service. Although help was very seldom unavailable, the number of hours able to be offered to individual cases sometimes fell short of requirements.

In addition to the Home Help Organiser, her Deputy and two Assistant Home Help Organisers, the number of home helps employed at the end of the year was 123.65 whole-time equivalent compared with the full establishment of 160, but for the greater part of the year the number employed was much lower than the end of the year figure.

During the year, 2,294 cases were provided with domestic help and of these 1,587 were aged 65 years or over. Of those under 65 years of age, 249 were maternity lying-in cases, 159 were chronic sick, 7 were tuberculous, 4 were mentally disordered, and 288 were miscellaneous, such as post-operative hospital discharged, ante-natal, and acute illness.

Family Help Service

This service provides specially selected home helps to do work of a specialised nature with problem families, and the home helps are paid at a special rate. Five families were assisted under this scheme during the year.

Neighbourly Help Scheme

This is a scheme whereby neighbours are employed to provide limited domestic help to those in need. The neighbourly help is expected to keep a friendly eye on the patient and undertake or help with certain household duties such as lighting fires, preparing meals, shopping and cleaning. The scheme has not met with great success. Many prefer to be truly neighbourly and give their service free of charge, while others are unwilling to accept the responsibility.

Every effort is made to foster the scheme, thereby easing a little the strain on home help staff resources.

During the year, four families received assistance and four neighbourly helps were enrolled under this scheme.

Training Courses

The Home Help Organiser attended a Residential Summer School for Home Help Organisers during the year.

(Statistical Table 27—see page 122).

TEN-YEAR PLAN FOR HEALTH SERVICES

In accordance with Ministry of Health Circular 14/65, a Ten-Year Plan outlining the proposed development of their Health Services from 1st April, 1966, to 31st March, 1976, was approved by the Council on the 21st December.

Plans for the London Borough of Enfield were, of course, included in the original general plan formulated by the Middlesex County Council in 1962 and revised in 1963. The present ten-year plan is the first to be specifically related to Enfield as an independent Local Health Authority.

Due regard has been paid to previous proposals involving the London Borough of Enfield and various official bodies were informed of anticipated proposals. It is felt that the plan provides an outline for a balanced development of the personal health services in Enfield over the next ten years.

The Borough is fortunate in having a good number of excellent modern maternity and child welfare clinics throughout its area and the plan provides for the completion of the necessary provision in this direction. Negotiations are

proceeding with regard to a Health Centre in Hertford Road, Edmonton, and informal discussions have taken place with regard to further health centres.

The need for further day nursery provision has also been catered for.

The plan shows quite an emphasis on provision of establishments for the Mental Health Service. Community care of patients within this service has been given an impetus under recent legislation and it is generally accepted that the service requires to be greatly expanded, although at present very adequate provision for certain care is provided at the Junior Training School, Adult Training Centre and a hostel for adults. A wide variety of facilities have therefore been planned. They include day centres and a hostel for mentally sub-normal children, occupation centres for the mentally ill, a day centre for elderly mentally ill, hostels for mentally sub-normal adults and social centres for mentally ill, etc.

Apart from the staff that will be required for the various establishments to be provided under the plan, provision is also made for other staff increases based on the population projection estimate and the need for expansion of certain services to meet present and future requirements, e.g. midwives, home nurses, home helps, mental welfare officers, chiropodists, etc.

Although the plan covers the next ten years, it is expected that the Minister of Health will each year call for a review of the plan, and therefore the opportunity will be given to amend the proposals annually in the light of experience and varying circumstances.

(Statistical Tables 28, 29—see pages 123, 124).

NURSING HOMES

Under Part VI of the Public Health Act, 1936, The Nursing Homes Act, 1963, and Regulations made thereunder, and The Mental Health Act, 1959, and Regulations made thereunder, it is the duty of local health authorities to register and inspect nursing homes.

General Nursing Homes

There is one nursing home, approved for the care of 100 general patients male and female, registered in the Borough. Visits have been paid during the year and conditions found to be satisfactory.

Mental Nursing Homes

There is one registered mental nursing home in the Borough, approved for the care of 26 chronic sick and mentally disturbed patients. The home, which has a physician superintendent, has been visited during the year and found to be satisfactory.

Maternity Homes

There are no maternity homes registered in the Borough.

MEDICAL ASSESSMENT AND EXAMINATION

This branch of the Health Department's work is concerned with the medical fitness of staff including pupils and trainees.

A total of 1,425 medical assessments were carried out during 1965.

PRE-EMPLOYMENT MEDICAL ASSESSMENTS

Teachers

Medical reports are made on statutory forms to the Department of Education and Science in respect of candidates for admission to teacher training colleges and on those teachers taking up their first appointment who have not been appointed direct from a training college. The result of these reports is subject to confirmation by the Department of Education and Science.

In this way, the medically fit are admitted to a national superannuation scheme at the commencement of their careers as teachers. During the year, 144 trainees and 80 teachers were medically examined and all were found to be fit.

Teachers, who have held a previous teaching appointment on entering the service of this Council, are subject to medical assessment including, where necessary, medical examination.

The total number of assessments this year was 225 of whom 21 required medical examination and again all were found to be fit.

Others

In accordance with the schemes of conditions of service laid down by the National Joint Council for Local Authorities' Administrative, Professional, Technical and Clerical Services, the Greater London Joint Council for Local Authorities' Services (Manual Workers), and the Whitley Councils for the Health Services, candidates for employment are medically assessed for fitness for admission to the Council's Sickness Pay and Superannuation Schemes.

Of the 938 assessments made this year, 103 required medical examination and only 6 were found to be unfit.

SICKNESS ABSENCE MEDICAL ASSESSMENTS

A total of 38 medical assessments were made in accordance with the schemes of conditions of service relating to prolonged absence due to illness, and of these, 13 were found incapable of discharging the duties of their present office with efficiency by reason of permanent ill-health.

During the year, the Council appointed a Staff Welfare Officer and included in his many duties were the following:—to visit staff and employees absent through sickness and to give guidance on retirement, resignation or sick pay problems; to report on those employees who through circumstances of illness are unable to continue in their employment and should be advised to retire on early superannuation or gratuity; to advise Council departments as to suitable employment of and

for disabled persons; to make recommendations to Council departments and appropriate committees as to the particular needs of employees, who, unfit for their normal duties, may be transferred to other council employment in a suitable capacity.

All these duties are performed in conjunction with medical officers of this department and I am pleased to report that as a result of wholehearted co-operation, the work is proceeding well.

REMISSION OF PENSION

Contributory employees are subject to medical examination when they wish on retirement to remit part of their pensions under the schemes of conditions of service. Two persons were examined during the year and found to be in good health.

CERTIFICATION OF BLINDNESS AND PARTIAL SIGHT

Standards of examination and certifications on Form B.D.8 of applicants for admission to the Register of the Blind or the Register of the Partially-Sighted maintained by local authorities under Section 29 of the National Assistance Act, 1948, are in accordance with the Council's approved scheme.

During the year, 79 reports on Form B.D.8 were received in respect of cases dealt with under the scheme for the registration of blind and partially sighted persons.

The Chief Welfare Officer arranges for home teachers for the blind to visit all registered persons and follow up on the treatment and advice recommended by the ophthalmic surgeons.

(Statistical Table 30—see page 125).

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION

Provision is made under Section 47 of the National Assistance Act, 1948, as amended by the National Assistance (Amendment) Act, 1951, for securing the necessary care and attention in suitable hospital or other place (e.g. residential accommodation provided under Part III of the Act) for persons who :—

- (a) are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions, and
- (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

It is seldom necessary to invoke the provisions of this Section of the Act. In most cases we found that local authority home care, such as home help, meals on wheels, home nursing, chiropody, etc., solved the problem. Where admission to hospital or some other residential care was essential, it was possible to convince the person to enter voluntarily.

During this year, no person was dealt with under the above legislation.

LAUNDRY SERVICE FOR INCONTINENT PERSONS

Under the provisions of Section 84 of the Public Health Act, 1936, and Section 42 of the Middlesex County Council Act, 1956, a free laundry service is provided for incontinent persons.

In June this year, the service, which was previously only available in the former boroughs of Edmonton and Southgate, was extended to the whole of the Borough. This was made possible by utilising the laundry at the Adult Training Centre with but slight modification of procedure.

The service may be utilised on the recommendation of the patient's general practitioner or the home nurse in attendance and a weekly collection and delivery of laundry is provided by the Health Department's transport service.

At the end of the year, 28 patients were being provided with this service, involving the handling of approximately 150 articles per week.

WATER SUPPLY

Part IV of the Public Health Act, 1936, as amended by Section 28 of the Water Act, 1945, and Section 78 of the Public Health Act, 1961, makes it the duty of every local authority to take such steps as are necessary for ascertaining the sufficiency and wholesomeness of water supplies within their district.

During 1965, the Public Health Inspectors submitted nine samples for bacteriological examination and all reports were satisfactory.

With one exception the water supply to all dwellings in the Borough is direct from the public water mains.

The Metropolitan Water Board supplies the whole of the Borough apart from the Hadley Wood, Cockfosters, area, which is supplied by the Lee Valley Water Company.

Both the Water Companies take frequent samples for chemical analysis and bacteriological examination and no adverse reports were made during the year, all samples conforming to the standards of purity considered suitable for public safety.

The waters are not liable to have plumbo-solvent action and the fluoride content is insignificant.

Full details of water supply are published annually by the two Water Companies.

I am grateful to the Director of Water Examination of the Metropolitan Water Board for the following report on the water supply to the London Borough of Enfield for 1965.

“ the water supply to your Borough has been adequate in quality and quantity during 1965.

The water is mainly River Thames-derived filtrated water together with some New River-derived filtrated water supplying the south east portion of the Borough. There is also a contribution from the Board's wells at Hoe Lane, Hadley Road and Waltham Abbey.

Samples of water are collected at least five times a week from all stages of purification and of the water passing into supply. These waters are not plumbo solvent.

There are no new sources of supply instituted by the Board or any extensions of important trunk mains in your area during 1965. A new service reservoir at Sewardstone Green was, however, brought into use in June of that year, and the length of new service mains laid during 1965 amounted to 2,522 yards. All new and repaired mains are disinfected with chlorine before being restored to supply and the water in them is tested to ensure that it is up to the quality normally supplied. The quality control from these Laboratories is carried out on the water from source to consumer through the treatment works and the distribution system, and any sign of contamination or any other abnormality is immediately investigated."

(Statistical Tables 31, 32, 33, 34—see pages 126, 127, 128).

BATHS, WASHHOUSES, BATHING PLACES, ETC.

Provisions exist under Part VIII of the Public Health Act, 1936, for the provision and control of baths, washhouses and bathing places by local authorities.

The Council provides three open air and two covered swimming pools, a swimming pool for the exclusive use of schools and four swimming pools situated within school premises. At three of the public swimming pools a total of 79 slipper baths is provided.

A number of children's paddling pools are sited in Council parks.

All bathing water is subjected to regular chlorination. Automatic filtration and chlorination plants are installed at the public baths. Water supply is from the public water mains, except for a school swimming pool supply supplied by a well.

Bathing water samples are regularly tested daily for free chlorine, the presence of which is indicative of the effectiveness of the dosage. Samples are also regularly submitted for bacteriological examination and chemical analysis. The results of these tests were satisfactory in all cases throughout the year.

The total attendance at the public swimming pools during the year was 481,054.

SEWERAGE AND SEWAGE DISPOSAL

It is the general duty of a local authority to provide for sewerage of their district under Part II of the Public Health Act, 1936, certain sections of which deal with the various provisions relating to sewerage, as amended and supplemented by Sections 12 to 23 of the Public Health Act, 1961.

The Rivers (Prevention of Pollution) Act, 1961, and regulations made thereunder, make further provisions for maintaining or restoring the wholesomeness of the rivers and other inland or coastal waters of England and Wales in respect, inter alia, of sewerage and sewage disposal.

Certain other provisions in respect of drains and sewers are provided in the Middlesex County Council Acts of 1956 and 1961.

The Borough Engineer and Surveyor is responsible for sewers under the highways. During the year, further connections of foul water sewers to the deep main trunk sewers within the Borough have been made.

The Health Department is responsible for the clearance of certain drains and sewers on private property and a total of 966 stoppages were cleared during the year.

Repair of drains and private sewers is the responsibility of the users and during the year 38 notices were served for the repair of drains and 32 for the repair of private sewers. By the end of the year, 26 of the former had been complied with and 12 of the latter. These twelve private sewers were repaired by the Council in default of the owners, from whom the cost was recovered.

The function of sewage disposal was vested in the Greater London Council by Part V of the London Government Act, 1963. Two Disposal Works are within the Borough, one at Deephams and the other at Ponders End. The latter is scheduled to be taken out of operation in due course. A full report on sewage disposal is made in the Annual Report of the Director of the Department of Public Health Engineering of the Greater London Council.

For certain of the information in this report I am indebted to the Borough Engineer and Surveyor.

PUBLIC CONVENIENCES

Under Section 87 of the Public Health Act, 1936, a local authority may provide public conveniences in proper and convenient situations.

The Council provides 49 public conveniences. In addition, the conveniences at Southgate and Oakwood Underground stations and nine conveniences attached to public houses are available to the general public, by agreement with London Transport Executive, and the Brewers concerned.

The Health Department is responsible for the staffing, cleansing and maintenance of all public conveniences, including those situated in parks and open spaces.

Eleven of the public conveniences are staffed and the remainder are cared for by mobile teams of part-time attendants. The unmanned premises suffer considerable damage from vandals, with consequent inconvenience and annoyance to the general public. The Council, desirous of providing a first class service, intends to staff four more conveniences in the coming year.

REFUSE COLLECTION AND DISPOSAL

Under Section 72 of the Public Health Act, 1936, a local authority may, and if required by the Minister shall, undertake the removal of house refuse. Other provisions relating to refuse collection and disposal are made under other sections of Part II of the Act.

Powers to deal with accumulations of rubbish on a vacant site in a built-up area are provided under Section 34 of the Public Health Act, 1961.

Under Section 51 of this Act, provision is made for the providing of receptacles for refuse and litter in any street or public place and the emptying of such receptacles.

Certain provisions in respect of refuse are also contained in the Middlesex County Council Act, 1956.

Refuse collection is a function of the Department of the Borough Engineer and Surveyor and is directly provided by the Council staff and vehicles.

A pilot scheme for dustless refuse collection, which is more hygienic and improves the working conditions of refuse collectors, was inaugurated by the former Borough of Edmonton. Since the amalgamation the scheme has been continued and extended.

The function of refuse disposal was transferred to the Greater London Council under Schedule 11 of the London Government Act, 1963.

Arrangements were made whereby the London Borough of Enfield performed the duty on an agency basis for the Greater London Council from the first of April, 1965, to the first of May, 1966.

There are three refuse disposal plants in the Borough. Those at Carterhatch Lane and Montagu Road are incinerator plants and that at Barrowell Green is a transfer station.

I am grateful to the Borough Engineer and Surveyor for the information on this matter.

CLEAN AIR

The relationship in this country between atmospheric pollution and lung disease is generally accepted.

Pollution of the atmosphere also causes extensive damage to buildings, materials, agriculture, and horticulture. The Clean Air Act, 1956, is described simply as an Act to make provision for abating the pollution of the air.

Smoke Control Areas

Section 11 of the Act gives local authorities the power to establish smoke control areas in which, subject to any exemptions and limitations and certain conditions, if, on any day, smoke is emitted from a chimney of any building within the area, the occupier of that building shall be guilty of an offence.

During 1965 four Smoke Control Orders submitted by the former Boroughs came into operation :—Edmonton No. 6 and No. 7; Enfield No 5; Southgate No. 5. These areas included a total of 14,671 premises and covered 1,645 acres. Two areas, covering 1,270 acres and including 7,229 premises, were submitted to the Minister for confirmation towards the end of 1965, the dates for the coming into operation of these Orders being in 1966.

By the end of 1965, 17 Smoke Control Orders covering 12,495 acres and including 41,043 premises, were in operation. A programme of approximately 15,000 premises a year has been agreed by the Council and it is anticipated that the whole Borough will be covered by 1970.

Of the total air pollution, the major contribution is considered to be from domestic premises, but industrial sources are usually concentrated and may be the cause of considerable local concern. The Act is mainly concerned with smoke and grit emission from chimneys and the proper combustion of fuels, including bituminous coal which may be quite suitable in industrial furnaces. Unfortunately, the domestic appliances are not so adaptable and smokeless fuels must be used, necessitating the installation of appliances capable of burning solid smokeless fuels, or the provision of gas, electricity or oil heating appliances.

Most people have readily accepted the introduction of smoke control areas and few complaints have been received. These have usually concerned the availability of fuels, but the Ministry will not confirm an Order unless satisfied that adequate supplies of fuel are available. This does not mean that supplies of one particular fuel will always be available, but there will always be an alternative and it is advisable to install an appliance capable of burning any of the "authorised" fuels.

There appears to be some misunderstanding about the effect of a Smoke Control Order and many people still refer to a Smokeless Zone. The effect of the Order is to require the householders within the area to use "authorised" fuels. These fuels are :—anthracite, cokes, manufactured smokeless fuels, Welsh dry steam coal, electricity, gas and oil. The order refers only to the emission of smoke from

chimneys. This excludes bonfires, etc., but action may be taken under the provisions of the Clean Air Act if the bonfire is causing nuisance.

Circular 51/65 of the Ministry of Housing and Local Government, introduced increased maximum costs for appliances required to be installed in Smoke Control areas. The Council has accepted the list without modification and these costs will apply to the 1966 programme. The increased maximum cost will give householders a wider choice of appliance and fuel.

Industrial Atmospheric Pollution

Although the Borough contains several large industrial concentrations with heavy industries, the amount of smoke from these areas is comparatively small. The principal sources of concern are processes registered under the provisions of the Alkali, &c. Works Regulation Act, 1906. These industries, which usually have complex combustion problems associated with their processes, are the responsibility of the Alkali Inspectorate. Close liaison and full co-operation is maintained with the District Inspector.

Factory chimneys are kept under observation and any emission of dark smoke which exceeds the permissible limits in the Dark Smoke (Permitted Periods) Regulations, 1958, is immediately dealt with. The discharge of dark smoke from a chimney usually arises from a mechanical mishap rather than from inadequate plant or inefficient boiler management. In cases of obdurate technical difficulty, boiler plant owners can avail themselves of advice from the National Industrial Fuel Efficiency Service.

A further objective designed to ensure adequate dispersion of flue emissions is contained in Section 10 of the Act, which requires that, when building plans for industrial premises incorporating the construction of a chimney for carrying smoke, grit, dust or gases are submitted for bye-law approval, the Council must be satisfied that the height of the chimney will be sufficient to prevent nuisance.

The height of chimneys is calculated in accordance with the Ministry's memorandum on chimney heights and there is general acceptance of these standards.

Aesthetic considerations may be a complicating factor, but public health requires the proper dispersion of the gaseous effluents of combustion and this can only be achieved by adequate chimney heights, having due regard to surrounding buildings, &c. If a high chimney is unacceptable, an alternative method of heating should be used.

Existing chimneys into which a new plant is connected cause some difficulties. The new plant may be considerably larger than the former plant and may discharge into a chimney which was already too low for the equipment used. Much can be and is achieved by persuasion, but powers to enforce an increased chimney height in such circumstances are lacking in the present legislation.

During the year, 28 plans incorporating chimneys were submitted and all were approved, but some only after amendment.

Section 3 of the Act requires that new furnaces (except those of domestic capacity) must, as far as practicable, be capable of being operated without emitting smoke when burning fuel of a type for which the furnace is designed; it is an offence to install such furnaces without previously notifying the local authority, but whilst notification is obligatory, the submission of plans for approval is optional.

During the year, 42 notifications of intended installations were received. In respect of these, 40 plans were submitted for approval, which, following in some cases slight amendments, was granted to all but one.

Nuisances from smoke, apart from that emitted from chimneys, can arise in industry where the open air burning of material is done as part of a reclamation process, such as the burning off of insulating material to salvage the metal cable. This can be dealt with under Section 16 of the Act, when it is deemed to be a statutory nuisance for the purposes of Part III of the Public Health Act, 1936.

Measurement of Atmospheric Pollution

The London Borough of Enfield is one of the participating authorities in the National Survey of Air Pollution. Four smoke filter and sulphur dioxide volumetric measuring instruments are sited in selected areas of the Borough and the measurements taken daily. The results are forwarded to the Fuel Research Station of the Department of Scientific and Industrial Research.

Station 1 is sited at Honilands School, Bullsmoor Estate, Enfield.

Station 2 is sited at the Brimsdown Pumping Station, Stockingswater Lane, Enfield.

Station 3 is sited at Merryhills School, Worlds End Lane, Enfield.

Station 4 is sited at Bush Hill Park Library, Fourth Avenue, Bush Hill Park.

Station 1 is in a smoke control area; 2 is in an industrial area; 3 is in a residential area with a low population density; 4 is in a residential area with a high population density.

Separate from the National Survey are three other instrument stations, which are sited as follows :

(a) Latymer Grammar School, Hazelbury Road, N.9.

(b) Huxley Secondary Modern School, Silver Street, N.18.

(c) Mandeville Secondary Modern School, Cuckoo Hall Lane, N.9.

The measurements from these instruments are also forwarded to the Fuel Research Station.

(Statistical Tables 35, 36, 37—see pages 129, 130, 131).

FOOD AND DRUGS

Part I of the Food and Drugs Act, 1955, deals with the composition and labelling of food and drugs, food unfit for human consumption, hygiene in connection with the sale, etc., of food, registration of certain food premises and food poisoning.

Part II deals with milk, dairies and cream substitutes.

Part III regulates the provision and management of markets.

Part IV has to do with slaughterhouses and knackers' yards and the power to provide cold stores in public slaughterhouses.

Parts V and VI relate to administration.

Regulations and Orders made under this Act make further provisions in relation to food and drugs.

Composition and Labelling of Food and Drugs

A very large number of natural foods were examined during the course of visits to food premises, but no defects were noted. A total of 136 samples of milk were examined in the department's laboratory and all were found to be satisfactory. Of the 484 samples of food and drugs submitted to the Public Analyst, 52 were reported as unsatisfactory.

A number of meat products were deficient in meat content by reference to the established codes of practice, and the manufacturers, after warning, withdrew the stocks from sale.

An ever widening variety of imported foods is available to the shopper to-day. Some of these foods are from countries with a lower standard of food production than our own and samples are sometimes found to be unsatisfactory. Adulteration of food by the addition of fraudulent ingredients, or the abstraction of natural constituents is most unusual. The sophistication of foodstuffs and a complexity of standards for additions such as emulsifiers, improvers, preservatives, colouring matter, etc., require constant supervision.

The Labelling of Food Order, 1953, requires the majority of pre-packed food to bear a label giving information as to the name and address of the packer, the name of the food and the ingredients of which it is composed. Most cases of infringements of this Order have been corrected by the co-operation of the firms concerned. Four cases were under consideration at the end of the year in respect of possible misleading labelling.

The Public Analyst has been particularly concerned about possibly exaggerated nutritional and slimming claims made by some national food producers.

A tin of imported vitaminised apple juice was re-labelled following representations after it was found to be 86% deficient in vitamin content claimed.

A concentrated fruit sauce supplied to a large store for use in the catering department was inadvertently offered for sale in the store's food department. The sauce was found to contain 950 ppm. of benzoic acid and 70 ppm. of sulphur dioxide. Benzoic acid is no longer permitted as a preservative in sauces, but is allowed to be added to fruit syrups up to a maximum amount of 800 ppm. Imported fruit pulp is preserved for shipment by the addition of benzoic acid and manufacturers must exercise great care to ensure conformity with food standards in the preparation of products for sale to the public. In this case, the manufacturer reduced the amount of the preservative and re-labelled the product, fruit syrup.

The Merchandise Marks Act of 1887, as amended by the Merchandise Marks Act, 1953, prohibits the application of certain types of written false trade descriptions to goods, while the Merchandise Marks Act, 1926, requires in the case of a number of foodstuffs designated in orders made under the Act, that the place of origin shall be marked on those goods. Such designated food stuffs include honey, apples, tomatoes, dried fruit, eggs, cucumbers, bacon and ham, poultry, meat, butter and margarine.

Unmarked goods are deemed to be home produced and administrative action has been taken in 15 cases where retailers have omitted to mark foreign goods.

During the year, a circular letter was sent to retailers of fruit and vegetables, reminding them of their responsibilities under this legislation.

The Pharmacy and Poisons Acts, 1852 to 1941, make provision to prohibit certain advertisements relating to medical matters, and amend the law relating to medicines.

A minor infringement relating to the labelling of a medicine was noted during the year. The attention of the manufacturer was drawn to this, and the label was amended.

Many complaints have been received concerning a wide variety of foods relating to deterioration of the food and the presence of foreign bodies in the food. Every complaint is investigated and, where it is considered appropriate, action is taken. In many cases this takes the form of a warning letter and in other cases, legal proceedings are instituted.

During the year, 37 warning letters were sent to retailers and manufacturers and legal proceedings were taken in 23 instances. The complaint was found proved in respect of 17 cases and fines totalling £175 were imposed, plus total costs of over £80. In one case, one guinea costs only were awarded and five cases were dismissed.

Formal samples are only taken following the finding of an unsatisfactory informal sample and where the circumstances indicate the necessity. Only five were taken during the year and were found to be satisfactory.

Food Unfit for Human Consumption

All kinds of foods are inspected for fitness for human consumption and frequent requests are received for the inspection of canned goods at wholesale depots. During 1965, 21 tons, 3 cwts., 38 lbs. of food were condemned by the Department. No instances of unfit food offered for sale were found.

Food Hygiene

The Food Hygiene (General) Regulations 1960, lay down requirements in respect of cleanliness of food premises and stalls and of apparatus and equipment, the hygienic handling of food, cleanliness of persons engaged in the handling of food and their clothing, and the action to be taken where they suffer from or are carriers of certain infections; the construction of food premises, their repair and maintenance and the facilities, including sinks and washbasins, to be provided, and the temperature at which certain foods are to be kept.

Although it is well appreciated that the most effective way to achieve high standards of hygiene in food premises is by frequent inspection, this has not been possible this year due to the acute staff shortages.

During the year prosecutions for offences in respect of seven premises were taken and fines totalling £140 were imposed with total costs of fifteen guineas awarded.

Registration of Food Premises

All premises used for the sale, or the manufacture for the purpose of sale of ice-cream, or the storage of ice-cream intended for sale, or the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale, must be registered for that purpose by the local authority.

There are 779 premises in the Borough registered in respect of ice-cream and 352 in respect of sausages, etc.

Under the provisions of the Middlesex County Council Act, 1950, all hawkers of food must be licensed by the local authority. In all cases the vehicle and food storage arrangements are inspected and must be satisfactory before a licence is granted.

There are 288 persons licensed as hawkers of food by the Borough.

In accordance with the provisions of the Ice-cream (Heat Treatment, etc.) Regulations, 1959, a total of 61 samples of ice-cream was submitted to the public health laboratory for bacteriological examination. The 12 samples falling within the grades III or IV as determined by the methylene blue test are considered unsatisfactory.

It will be noticed that the unsatisfactory ice-creams were all loose or soft ice-cream.

After advice to traders on proper methods of sterilising equipment and utensils, satisfactory results were obtained.

Food Poisoning

This aspect of food control is described in the section of this report on the Prevalence and Control of Infectious Diseases.

Milk, Dairies and Cream Substitutes

In accordance with the Milk (Special Designation) (Specified Areas) Order, 1951, as amended by the Milk (Special Designations) Regulations, 1963, only sterilised, pasteurised or untreated milk may be retailed in the Borough. Under these 1963 regulations, two premises are licensed for the processing of milk, and 221 premises for the sale and distribution of milk.

From 1st October, 1965, a new special designation "Ultra Heat Treated" was prescribed under these Regulations for milk which had been processed by the ultra high temperature method, i.e. heated to not less than 270°F. for not less than one second. The milk is required to satisfy the prescribed colony count test.

Since these Regulations came into force, three dealers have been licensed to use the designation "Ultra Heat Treated" milk.

Dealers' licences under the Regulations were issued as follows:—

Untreated milk	...	...	...	...	...	...	12
Pasteurised milk	...	...	...	...	...	...	98
Sterilised milk	...	...	...	...	...	...	178
Ultra heat treated milk	...	...	...	...	...	...	3

Of the 192 samples of milk submitted to the public health laboratory for bacteriological examination, only one was unsatisfactory.

The number of registered producers of milk in the Borough at the end of the year was eight.

The Milk and Dairies (General) Regulations, 1959, make provisions in respect of hygiene, construction, equipment and cleansing of premises where milk is produced, processed, handled or stored. Regular inspections of the premises were carried out and conditions found to be satisfactory.

The five samples of cream substitutes examined were satisfactory.

Markets, Slaughterhouses and Knackers' Yards

There are no markets, slaughterhouses or knackers' yards within the Borough. (Statistical Tables 38, 39, 40—see pages 132, 133).

PHARMACY AND POISONS

Part II of the Pharmacy and Poisons Act, 1933, and the Poison Rules, 1964, made thereunder, make provision, inter alia, for the keeping of a register by the Local Authority of persons who, not being entitled to sell poisons included in Part I of the Poison List, are, subject to the provisions of this Act, entitled to sell poisons included in Part II of the Poisons List from premises in the area of the authority. The number on the register was 252 on the last day of the administrative year for the purposes of the Act.

The Act makes it unlawful for a person to sell any poison, whether included in Part I or Part II of the Poisons List, unless the container of the poison is labelled in the prescribed manner :—

- (i) with the name of the poison; and
- (ii) in the case of a preparation which contains a poison as one of the ingredients thereof with the prescribed particulars as to the proportion which the poison contained in the preparation bears to the total ingredients; and
- (iii) with the word “ poison ” or other prescribed indication of the character of the article; and
- (iv) with the name of the seller of the poison and the address of the premises on which it was sold.

Routine visits were made to premises of authorised sellers from time to time and no contraventions of the relevant provisions were found.

FERTILISERS AND FEEDING STUFFS

The Fertilisers and Feeding Stuffs Act, 1926, and the Fertilisers and Feeding Stuffs Regulations, 1960 to 1964, make provision for the appointment of an agricultural analyst, and inspectors by the Borough, and lays down standards for declaration of compositional quality of fertilisers and feeding stuffs.

The Public Analyst was appointed to the post of Agricultural Analyst, and certain public health inspectors were appointed inspectors under the Act.

During the year, no infringements were noted.

CONSUMER PROTECTION

Under Section 1 of the Consumer Protection Act, 1961, regulations may be made imposing safety requirements in respect of any prescribed class of goods or component parts, and also secure that such goods or parts are marked in the prescribed manner. Section 2 of the Act prohibits the sale of goods not complying with the regulations made under Section 1.

The Consumer Protection Act, 1961, repealed the Heating Appliances (Fireguards) Act, 1952, and the Oil Burners (Standards) Act, 1960. The Heating Appliances (Fireguards) Regulations, 1953, however, remain in force and require that fireguards be fitted to gas fires, electric fires and oil heaters. The Oil Heaters Regulations, 1962, made under the 1961 Act, relate to domestic space heaters which burn kerosene (paraffin oil) and, inter alia, impose requirements concerning their construction, design and performance.

The Children's Nightdresses Regulations, 1964, were made with a view to preventing or reducing risk of death or injury through the ignition of children's nightwear made from flammable materials. Subject to certain exceptions no person may sell or have in his possession to sell a child's nightdress not complying with the regulations.

Checks were made during inspections of shop premises to ensure compliance with the legal provisions and no contraventions were found.

HOUSING

General Housing Provisions

At the 31st December, there were 14,908 units of housing accommodation under the control of the Council, comprising 191 bed-sitting room, 1,323 one-bedroom, 4,453 two-bedroom, 7,703 three-bedroom and 1,238 other accommodation.

There were 4,791 applications on the waiting list for re-housing on 1st April, 1965, and 4,557 on 31st March, 1966.

Where a housing application is supported on the grounds of certified ill-health, insanitary conditions and/or overcrowding, the health department investigates and reports to the Housing Department.

I am grateful to the Housing Manager for supplying the above figures.

The number of newly constructed units of accommodation during the year was 834, making a total of 86,884 units for the Borough by the end of the year.

Overcrowding

Statutory overcrowding is prescribed by the standard laid down in the Housing Act, 1957. A number of complaints received were found on investigation not to constitute statutory overcrowding. Other cases arose from natural increase in the number or ages of the occupants and did not therefore constitute an offence under the Act. As mentioned above, overcrowding is a factor in determining priority for the provision of Council housing. Notices to abate overcrowding were served on one property owner and one occupier and in both cases the overcrowding was abated.

Houses in Multiple Occupation

The Local Authority is empowered by the Housing Acts, 1957 and 1961, to serve a notice on a person having control of a house in multiple occupation where, in its opinion, the house is defective with respect to natural and artificial lighting, ventilation, water supply, personal washing facilities, drainage and sanitary conveniences, facilities for storage, preparation and cooking of food and for the disposal of waste water, etc.; the provision of proper means of escape from fire may be required when necessary.

The number of persons who may occupy a house can be stipulated.

A notice may be withdrawn if the number of occupants is reduced to a point where the existing facilities are adequate.

Early in the year, the Council adopted standards of over-crowding and amenities to be observed in the Borough.

Although an appreciable number of dwellinghouses in the Borough is occupied by two or more families, the number of houses over-occupied is small.

The only notice served under the Act was complied with by the owners.

Part IV of the Housing Act, 1964, gave considerable additional powers to local authorities, including the making of Management Orders where the Council is satisfied that proper standards of management are not being observed. No action was required under this Act.

Slum Clearance and Individual Unfit Houses

Slum clearance programmes were initiated under the provisions of the Housing Act, 1957. No clearance areas were represented during 1965, but the Minister of Housing and Local Government confirmed three Compulsory Purchase Orders reported to the Councils in the previous year, comprising 193 dwelling houses, 5 houses and shops and two public houses and included eleven clearance areas.

The Ministry of Housing and Local Government Circular 11/65 asked local authorities to make a final estimate of the total number of houses considered to be unfit for human habitation by the standard which they now apply (Housing Act, 1957), when considering whether property should be condemned.

A five year programme of the clearance of 1,188 properties during the period 1966 to 1970 was approved by the Council and forwarded to the Ministry.

In considering individual unfit properties, closing orders were made on the basement rooms of four properties.

Acquisition and Improvement of Houses

The Housing (Financial Provisions) Act, 1958, provides, inter alia, that a local authority may (a) make advances for the purpose of acquiring houses and for altering, enlarging, repairing or improving houses; (b) make grants for the provision of houses by the conversion of buildings and for the improvement of dwellings.

The Town Clerk, in co-operation with the Borough Treasurer and the Borough Valuer, deals with applications for advances for house purchase and I understand from him that 249 applications were approved, the sum advanced amounting to £880,021. The Health Department supplies the Borough Valuer with any known history of a property which may assist him in his valuation.

An owner may seek an advance or grant towards the cost of substantial alterations which may involve structural work, but the power to make such advances of grants is exercised at the discretion of the local authority.

The House Purchase and Housing Act, 1959, designed to supplement the previous grant provisions, enables local authorities to make advances for house purchase up to the full value of the property. It also places a duty on them to make standard grants towards the cost of the provision of a fixed bath or shower in a bathroom, a wash-hand basin, a hot water supply, a W.C. and satisfactory facilities for storing food where these are not provided.

The Council is prepared to give Standard and Discretionary grants for the improvement of properties. During 1965, 178 applications for grants were received, 5 were subsequently withdrawn and 142 grants (63 discretionary, 115 standard) were completed. Although the 1964 Act provides for a reduced standard of amenity, the Council is not prepared to agree to a reduced standard and all of these houses were improved to the full standard.

Although a considerable number of houses are improved annually, the number is still small in relation to the number considered to be suitable for improvement. It is estimated that about 11,000 houses are suitable and the present rate of improvement must be accelerated appreciably if the occupants are to enjoy the amenity of a bathroom in the foreseeable future. The use of prefabricated bathrooms is being explored and it is hoped that this method can be used in the improvement areas.

The Housing Act, 1964, Part III is aimed at making grants more attractive and thus to encourage more owners to improve their dwellings. There is included a provision for a reduction from ten years to three years in the period during which rent or other conditions attach to a house improved with grant.

Part II of the Act provides another new device enabling the local authority to make improvement areas. The Act provides, inter alia, that "If a local authority are satisfied that any area in their district contains dwellings lacking one or more of the standard amenities and that, of the dwellings in that area which are so lacking, at least one half—

- (a) are so constructed that it is practicable to improve them to the full standard, and
- (b) will, after they have been improved to the full standard, be in such condition as to be fit for human habitation, and will be likely, subject to normal maintenance, to remain in that condition and available for use as dwellings for a period of not less than fifteen years,

the local authority may cause the area to be defined on a map and may pass a resolution declaring the area so defined to be an improvement area for the purposes of this Part of this Act."

The effect of this is to compel owners to improve tenanted dwellings in such areas.

In Circular No. 53/64, the Minister of Housing and Local Government states, inter alia, that "The choice of areas suitable for improvement will require careful consideration. The main point the Minister wishes to emphasise is that area improvement is something more than a means of providing amenities in individual houses. It is part of the process of urban renewal. So, in choosing areas for early action, and in implementing their schemes of improvement, local authorities should consider all the measures which are open to them to fit areas for the requirements of modern living and for improving the quality of the environment—for example, the provision of new street furniture, tree planting, more parking facilities, better

open spaces. Where the local authority is implementing, or intends to implement, a smoke control programme, it may be practicable to make an improvement area also a smoke control area."

Two improvement areas, one comprising 264 dwellings and the other 261 dwellings, were designated, and preliminary surveys made during the year.

The Rent Act, 1957, has amongst other objectives the aim of enabling landlords, by means of an increase of rent, to keep houses still the subject of rent control in a fair state of repair. Tenants have the right to apply to a local authority for a Certificate of Disrepair which, when issued, enables the tenant to abate the increased rent until the required repairs have been done.

During 1965, twelve Certificates of Disrepair were issued and seven undertakings by owners to carry out repairs accepted. No cancellations of certificates were issued during the year.

The Rent Act, 1965, came into force during the latter part of the year and included provision for the regulation of tenancies and rents, security of tenure and restrictions from eviction without due process of the law.

Provision for the registration of rents is made in Part II, and the London Borough of Enfield is a registration area for the purposes of the Act.

Rent Officers, whose function it is to determine a fair rent and register it as the rent of a dwelling house, on receipt of an application on the prescribed form, are to be appointed for each registration area.

(Statistical Tables 41, 42—see pages 134, 135).

LAND CHARGES

In pursuance of the provisions of the Land Charges Act, 1925, 7,418 enquiries were received from the Town Clerk concerning outstanding notices and smoke control areas in relation to all types of property in the Borough. The necessary searches were made and information supplied.

CARAVANS

The Caravan Sites and Control of Development Act, 1960, makes provision for the licensing and control of sites by local authorities and the imposition by them of standards of amenity and hygiene.

There is only one licensed caravan site in the Borough. This well run site is situated in the Green Belt area and provides semi-permanent living accommodation.

Two old established but unsatisfactory sites within the Borough are scheduled to be replaced by a fully equipped residential site provided and controlled by the Council.

The considerable number of open spaces and the wide grass verges of the A.10 Trunk Road in the Borough have attracted all types of caravan dwellers to set up unauthorised caravan sites especially during the Spring and Summer months, when they are en route from one place of casual employment to another.

Complaints are received from residents about the annoyance caused by these caravan dwellers and their dogs and their poor standard of hygiene. The camping site is often left in a deplorable state.

Under the provisions of the North West London (General Powers) Act, 1965, Court proceedings can be instituted to effect their removal from the site, with the consequence, of course, that they move to another unauthorised site in the Borough or neighbouring authority.

This is a social problem, affecting the country as a whole, and needs a regional or national approach to the problem on the basis of permanent housing for those willing and able to give up their nomadic existence, and officially controlled sites for others.

CANAL BOATS

Provisions in relation to health are made in Sections 249 - 258 of the Public Health Act, 1936, as amended by Section 79 of the Public Health Act, 1961.

The Lee Navigation runs through the eastern extremity of the Borough from north to south.

The canal boats using this waterway for the transport of goods are not residential and do not therefore require registration for public health purposes.

SHOPS and OFFICES

The Offices, Shops and Railway Premises Act, 1963, is designed to raise standards of working conditions so as to promote the health, welfare and safety of the employees.

Broadly, it gives to these workers protection similar to that already afforded the factory worker by the Factories Acts.

Enforcement of the provisions of the Act, in relation to Crown property, local authority premises, railway premises, and offices and shops in factories covered by the Factories Act, 1961, is the responsibility of Her Majesty's Factory Inspectorate. Responsibility in respect of all other shops and offices is vested in local authorities.

Since the passing of the Act, the Minister of Labour has made several Orders and Regulations prescribing standards for the provision of washing facilities, sanitary accommodation, first aid equipment, etc. It is proposed to issue further Regulations prescribing standards for lighting.

The Act gave a period of twelve months for the occupiers of premises to register with the appropriate enforcing authority, but of an anticipated 4,000 registrable premises, only 2,199 had registered by the end of the year. Surveys have been carried out street by street, and during 1965, 1,507 premises received a general inspection, entailing 2,880 visits, and 46 notices were served drawing the attention of occupiers to contraventions of the Act. Many contraventions were of a minor character, but the most common defect was unsatisfactory lighting standards. The next most common fault was the poor decorative condition of premises, a factor which contributes substantially to the lighting standard. Many shops have bright attractive premises for display to the general public, but the premises to the rear

are sometimes shabby and urgently in need of decoration. There is a lack of adequate ventilation in many shop premises. Unfortunately, security demands securely fixed windows and there is a reluctance to provide mechanical ventilation. There is a serious shortage of storage space in many shops, storage having been sacrificed to enlarge the shop area.

47 accidents were reported during the year, but none was of a serious nature. It is probable that more accidents occurred but were not reported. Many occupiers of offices and shops still appear to be unaware of their responsibilities under this requirement of the Act.

Accidents occur in warehouses principally due to bad driving of fork-lift trucks and bad stocking of goods. Every opportunity is taken during inspections to advise on accident prevention. Some occupiers have marked thoroughfares with white lines, giving a carriageway of not less than twice the width of the widest vehicle, and have agreed to one-way traffic systems in the warehouses. Reversing mirrors have been fitted to vehicles, but a certificate of competency to drive would be a useful requirement for drivers of fork-lift vehicles.

The Shops Act, 1950, is a consolidating Act, re-enacting the existing law on hours of closing, certain conditions of employment, Sunday trading and general matters relating to these subjects.

Provisions relating to street trading are included in the Middlesex County Council Acts and Bye-laws made thereunder.

The estimated number of shops in the Borough is 1,712 and there is one street market with 38 licensed sites trading six days a week. A further eight licensed street traders are situated throughout the Borough.

A privately owned covered market trades six days a week and another private market is held in the Enfield market square every Saturday.

During the year, 2,437 visits were made to shops and stalls. In two instances warning letters were sent following contraventions of the Sunday trading provisions.

(Statistical Table 43—see page 135).

HAIRDRESSERS' AND BARBERS' PREMISES

Bye-laws for securing the cleanliness of any premises used for these businesses and of instruments, towels and materials used in such premises, were made by the former Boroughs of Enfield in 1937 and Edmonton in 1963. The Bye-laws are still operative in the areas of these former Boroughs and as under the Public Health Act, 1961, Section 77, local authorities may make Bye-laws to secure similar hygienic standards in hairdressers' and barbers' premises, new Bye-laws will, in due course, secure that uniform standards will apply to these premises in the area of the new Borough.

During the year, 15 visits were paid to these premises and no defects were noted.

MASSAGE AND SPECIAL TREATMENT ESTABLISHMENTS

Under the provisions of the Middlesex County Council Act, 1944, as amended, the Council may require the licensing of massage and special treatment establishments.

Prior to the 1st April, 1965, certain private establishments for massage and special treatment (including chiropody) in the former Boroughs of Southgate and Edmonton were required to be licensed but those in the former Borough of Enfield were not.

An order made under the London Government Act, 1963, transferred these licensing powers to the London Borough of Enfield and authorised the continuation of the licensing arrangements previously in force.

In December this year the Council resolved to extend the requirements to the whole of the Borough as from 1st June, 1966.

During the year, 26 premises were inspected, with the result that 24 licences were renewed and two new licences were granted.

LICENSED PREMISES

The Licensing Act, 1964, which came into force on 1st January, 1965, repealed the whole of the Licensing Act, 1961.

The new Act includes similar provisions in that applications are made to the Licensing Justices for licences to retail intoxicating liquors and for the registration of club premises.

Section 45 requires that when a club applies for the issue of a first registration certificate in respect of any premises, an officer of the local authority may, on giving due notice to the applicant, enter and inspect the premises.

There were 93 applications referred during the year which necessitated 123 visits being made to premises by the public health inspectors.

In no instance was a licence refused.

BETTING AND GAMING PREMISES

Applications for licences under the Betting and Gaming Act, 1960, are dealt with by the Town Clerk, who refers to this department for a report on the suitability of the site, the sanitary conditions and, in the case of food premises, on compliance with the Food Hygiene Regulations.

A total of 66 applications were referred, necessitating 68 visits by the public health inspectors. Three applications were refused.

NURSES AGENCIES

Under the provisions of the Nurses Agencies Act, 1957, and the Nurses Agencies Regulations, 1961, such agencies are required to be licensed by the Borough Council.

There are no licensed agencies in the Borough.

EMPLOYMENT AGENCIES

Applications for licences under the Middlesex County Council Act, 1944—Part 14, are dealt with by the Town Clerk, who refers to this department for a report on the suitability of the facilities and accommodation.

A total of 18 applications were referred, necessitating 95 visits by the public health inspectors. In no instance was a licence refused.

PLACES OF PUBLIC ENTERTAINMENT

Prior to the 1st April, 1965, the public health inspectors made 15 visits to inspect the sanitary conditions of places of public entertainment on behalf of the licensing authority, the Middlesex County Council. Since the London Government Act, 1963, made the Greater London Council the licensing authority, our services in this respect have not been required.

FACTORIES AND WORKPLACES

The Factories Act, 1961, is a consolidating Act which repeals and replaces the Factories Acts, 1937 to 1959, without significant amendment. The Act came into force on 1st April, 1962 and, inter alia, places on local authorities the responsibility for the enforcement of the provisions relating to cleanliness, overcrowding, temperature, ventilation, drainage of floors and sanitary conveniences in respect of any factory where mechanical power is not used, and the provisions concerning sanitary conveniences in powered factories.

In accordance with Section 8 (5) of the Act, a register is kept of all factories situated in the district 772 factories and workshops are registered.

Sixty-eight inspections were made. A number of defects were found, of which the majority were remedied during the year and in no case was it found necessary to institute legal proceedings.

(Statistical Tables 44, 45—see page 136).

OUTWORKERS

Section 133 (1) (c) of the Factories Act, 1961, requires occupiers of factories to notify local authorities of the names and addresses of persons employed by them in their own homes. The following table shows, by trades, the number of outworkers residing in the district:—

Wearing apparel	...	...	...	...	...	...	111
Brass and brass articles	...	...	...	...	...	...	37
Electrical cables	...	...	...	...	...	...	225
Handbags	...	...	...	...	...	...	1
Box-making, etc., wholly or partially of paper	...	...	...	...	...	...	3
Carding, etc., of buttons	...	...	...	...	...	...	24
Stuffed toys	...	...	...	...	...	...	32
							<hr/>
							433
							<hr/>

Forty-one visits were made by the public health inspectors to the houses of these outworkers and conditions were found to be satisfactory.

RAG FLOCK AND OTHER FILLING MATERIALS

The purpose of the Rag Flock and Other Filling Materials Act, 1951, and the Rag Flock and Other Filling Materials Regulations, 1961 and 1965, is to secure the use of clean filling materials in upholstered articles and other articles which are stuffed or lined.

Local authorities are required to register premises where filling materials are used for upholstering, the stuffing or lining of bedding, toys or baby carriages, other than upholstering (etc.) in the remaking or reconditioning of any article, or in connection with railway carriages, road vehicles, ships or aircraft.

At the end of the year, 23 premises were registered to use filling materials and one was registered to store rag flock. All were visited and conditions were satisfactory.

OFFENSIVE TRADES

Section 107 of the Public Health Act, 1936, defines a list of "offensive trades", which can only be established with the consent of a local authority. In addition to the trades listed, a local authority, by Order confirmed by the Minister, may declare other trades offensive. The business of a dealer in butcher's wastes was so declared an offensive trade and is the only such premises in the Borough. During the year, 17 visits were paid to this establishment and conditions were found to be satisfactory.

INSPECTIONS AND COMPLAINTS

The work of the public health inspectors encompasses a widening field, and the principles upon which good environmental hygiene is built remain the same; pure water, clean food, clean air, adequate shelter and the removal of conditions inimical to healthy surroundings. The achievement of these desiderata is the aim of the department. In pursuit of this objective, a total of 43,426 visits were made to houses, business and industrial premises and places in which food is handled. Arising from these visits, numerous defects and short-comings were found. In consequence, 265 informal and 311 statutory notices were served, resulting in repairs and sanitary improvements being carried out; in no case was it necessary for the Council to take legal proceedings or carry out work in default of owners.

There is a diversified range of matters upon which people seek advice or assistance and 7,035 such requests and complaints were received. There were 880 blocked or defective drains notified, and this large number is no doubt due to the widely known fact that a skilled service is available which is free of charge. This service is of great benefit to owners who experience difficulty in obtaining trade labour at short notice to deal with the considerable nuisance which arises from obstructed drains.

Reference is made elsewhere in the Report to the number of requests for the destruction of wasps' nests and complaints of infestations of rats and mice.

(Statistical Tables 46, 47—see pages 137, 138).

NOISE

The Noise Abatement Act, 1960, made "provisions in respect of the control of noise and vibration and enabled a local authority to deal with it as a statutory nuisance in accordance with the procedure in the Public Health Act, 1936." It made specific provisions to deal with loudspeakers in the street, and also enabled three or more persons aggrieved by a noise nuisance to make a complaint to a Justice of the Peace.

Powers for local authorities to deal with the playing of noisy musical instruments, amplifiers, etc., and the keeping of noisy animals and noisy hawking, are given by the Good Rule and Government Bye-laws made under the Local Government Act, 1933.

Noise is an increasing problem and often a difficult one to resolve, especially as any unwanted sound may be described as noise.

Apart from the chimes of the itinerant ice-cream vendor, the most common cause of complaints arises from the proximity of dwelling houses to industrial premises.

The desire for increased industrial productivity by mechanisation often results in noise problems. The installation of a continuous dough-making machine in a large bakery resulted in complaints of noise from nearby residents. Remedial measures to reduce the sound from the machine and the building were carried out with partial success.

Noise measurements disclosed that the cause of the trouble was sound at a certain pitch emanating from the meshing of the high speed gears. The manufacturers of the machine are experimenting with gears made of different materials, with a view to eliminating the noise.

Careless handling of goods in factories, especially on delivery and despatch, give rise to noise complaints.

Noise and vibration at night cause particular annoyance. Often noise which passes unnoticed during the day causes complaint at night.

Cessation of noise for a period followed by a further incident commonly causes a spate of complaints alleging that things are worse than ever.

During the year, 168 visits were made following complaints of noise and most of the problems were resolved or greatly ameliorated by ready co-operation.

DISINFESTATION

Powers to deal with filthy or verminous premises or articles, and verminous persons, are contained in Sections 83 to 86 of the Public Health Act, 1936, as amended by Sections 35 to 37 of the Public Health Act, 1961.

Bathing facilities are provided at the Council's Treatment Centre for the cleansing of verminous and scabetic persons. Facilities are also available at this clinic for the disinfestation of their clothing. During the year, 82 persons were treated, mainly for scabies.

Modern insecticides have reduced very considerably the incidence of domestic infestation. Fleas, bed-bugs, etc., are comparatively rare to-day.

It is the garden pests which are increasingly the cause of complaints by householders. Ants are a common cause for complaint, but during the year an extraordinary number of complaints were made about wasps' nests. In all, some 2,500 wasps' nests were destroyed by Council staff.

The control of garden pests is the responsibility of the householder, but many people expect the Council to remedy their problems, and some are most demanding. It is appreciated that some people are nervous of stinging insects and others may have difficulty because of age or infirmity in destroying these pests. The Department is always willing to assist, as the number of wasp's nests destroyed indicates, but it should be emphasized that it is not the Council's responsibility.

No charge is made by the Council for disinfestation.

RODENT CONTROL

The Prevention of Damage by Pests Act, 1949, requires an occupier to notify the local authority if his premises are infested by rats or mice, but it is the responsibility of the occupier himself to take steps to destroy them. It is the Council's duty to see that he does this. Nevertheless, best results are usually achieved where the local authority undertakes rodent control as a public health service. In Enfield, householders and occupiers of business premises can have the assistance of trained Council staff, which ensures that suitable material and reliable techniques are used, and that all the property involved in any infestation is dealt with and the Council make no charge for this Service to householders.

Most of the complaints received are attributable to defective drains and sewers. When complaints are received adjoining premises are surveyed and, where necessary, the drains tested. In addition to 7,179 visits to premises by the Rodent Control Staff, 571 visits in connection with rats and mice were made by the Public Health Inspectors during 1965. A total of 2,278 premises were visited.

Warfarin, which when properly used presents little hazard to man or domestic animals, is used almost exclusively for surface treatments. Although there is evidence of a developed immunity to this poison in some local authority areas, there is no evidence of this happening in Enfield.

Due to staff sickness and shortages, the treatment of sewers has been considerably curtailed during 1965. This is to be regretted, as a build-up of the rat population quickly takes place unless treatments are maintained. Direct poisoning without pre-baiting, using sodium fluoracetate, is carried out and to be fully effective should be repeated at three-monthly intervals. There are several thousand soil sewer manholes in the Borough and regular treatment of all these would involve a prodigious amount of work. The rat population in the sewers varies very considerably from one part of the district to another. In many parts, the sewers are completely free from rats and so regular treatments are confined to areas known to be infested, but from time to time overall checks are made to assess the situation generally.

There have been no serious surface infestations during 1965. The ubiquitous rat usually initiates complaints from several sources in the infested area. Many complaints concern the sighting of a single rat but quick action is required to prevent an infestation, and prompt reporting of the presence of rats is appreciated.

With a large area of rural countryside within the Borough, it is to be expected that complaints will be received concerning other wild life. From time to time complaints are received concerning squirrels, rabbits, moles and pigeons. It is the policy of the Department to help wherever possible, either by practical means or by advice and loaning equipment.

The pigeon is fast becoming a serious nuisance and the amount of damage to growing crops and buildings is considerable. The feral pigeon, and in some cases the wood pigeon, have adapted themselves to urban life and their numbers are increasing. Many people consider them attractive and encourage their presence by feeding them, and oppose any attempt to reduce their numbers.

ANIMAL CARE

The Diseases of Animals Act, 1950, deals inter alia with the enforcement of general orders relating to the movement of animals; the cleansing and disinfection of places and vehicles occupied by animals; the protection of animals from suffering during transit; the importation, exportation and quarantine of animals; the keeping of records by owners and others relating to animals and poultry; and during outbreaks of specified diseases, the enforcement of special orders relating to the control of the movement of animals and disinfection of places, vehicles and articles, etc.

During the year, 17 Movement Orders were received, giving notice of animals being moved into the Borough and three were issued by the Health Department for the movement of livestock out of the Borough.

No incidents of notifiable disease in animals occurred during the year.

The Diseases of Animals (Waste Foods) Order, 1957, requires licensing where plant and equipment is used for the boiling of waste foods for animal feeding.

There are 16 pig keepers' establishments within the Borough and these receive routine inspections from the public health inspectors. Only three of these use plant and equipment for the boiling of waste foods and are duly licensed.

The Riding Establishments Act, 1964, empowers a local authority to authorise any of its officers or a registered veterinary surgeon to inspect any premises believed to be used as a riding establishment and to license them if satisfactory. Riding Establishment means any stables or other premises whatsoever at which horses are kept for the purpose of being let out on hire for riding or of being used in providing in return for payment instruction in riding.

It is an offence for any person to let out on hire or use for providing instruction any horse in such a condition that its use for that purpose will be likely to cause suffering to the horse, or to keep a horse for these purposes in so neglected a state or in such conditions that suffering is, or is likely to be, caused to the horse.

There were six riding establishments in the Borough at 1st April, 1965. Following inspections, the Council issued licences for five and refused to license the sixth because of unsatisfactory conditions.

Under the Pet Animals Act, 1951, no person may keep a pet shop without a licence granted by a local authority; the licence contains conditions relating to suitable accommodation, provision of food and drink, avoidance of sale of mammals at too early an age, prevention of infectious disease and fire precautions.

The number of persons licensed at the end of the year was eleven. All premises were inspected and found to be satisfactory.

The Animals Boarding Establishments Act, 1963, provides that no person may keep a boarding establishment for dogs or cats without a licence from a local authority. In addition to provisions similar to those required by the Pet Animals Act, 1951, the person licensed must keep a register of the animals and their owners.

Two persons were licensed to keep a boarding establishment during 1965. The premises were visited and found to be satisfactory.

IONISING RADIATIONS

The Atomic Energy Authority was established under the Atomic Energy Authority Act, 1954, and made it the duty of the Authority to secure that no ionising radiations from waste discharged "cause any hurt to any person or any damage to property whether he or it is on any such premises (occupied by the Authority) or elsewhere".

Certain provisions respecting waste disposal were to have effect for seven years.

The Nuclear Installations (Licensing and Insurance) Act, 1959, made the provisions of the Atomic Energy Authority Act of 1954 in respect of waste disposal apply to any licensed site.

The Radioactive Substances Act, 1960, which came into operation on the 1st December, 1963, made permanent the provisions of the 1954 and 1959 Acts mentioned above. As regards radioactive waste disposal it provides for:—

- (i) The registration of all users of radioactive materials, and the appropriate public health authority to be notified.
- (ii) The control of radioactive wastes from any premises using radioactive materials.
- (iii) The setting up of a National Waste Disposal Service.
- (iv) The appointment of inspectors.

Users of radioactive materials are required to register with the Ministry of Housing and Local Government, and to obtain authorisation for waste disposal in the same way as it required of the Atomic Energy Authority and licensees under the 1959 Act. Local and Public Authorities are given no direct responsibilities in respect of radiation hazards from such wastes but are given full information.

There are at present 21 users of radioactive materials in the Borough registered with the Ministry of Housing and Local Government.

National arrangements for dealing with incidents involving radioactive substances are laid down in the Ministry of Health Circular 3/64 and the memorandum H.M. (64) 11.

The arrangements are intended to cover incidents such as damage to containers occurring on premises where expert assistance is not immediately available or accidents to vehicles carrying radioactive substances.

All requests for assistance are channelled through the police, who have been told where to apply for expert advice and assistance. Instructions have also been given to the police to notify the Medical Officer of Health. It is his duty to appraise the extent of the hazard to the public. In the event of contamination of food supplies, he should take appropriate steps to ensure that it does not reach the consumer.

No such incidents were reported during the year.

In 1964 the Department of Education and Science, the Ministry of Health, the Scottish Home and Health Department and the Ministry of Health and Local Government for Northern Ireland, jointly produced a Code of Practice for the Protection of Persons against Ionising Radiations arising from Medical and Dental use.

In respect of those persons exposed to ionising radiations arising from dental practice in council clinics, the Controlling Authority is the Borough Council.

X-ray machines are used in eight clinics and thirteen persons are involved. Personnel monitoring by the use of film badges has been carried out for the past five years. The staff have been advised about the hazards they may meet and about the precautions to be observed.

Formal compliance with the Code has not yet been achieved, but the necessary consultations and investigations are continuing.

CIVIL DEFENCE

I am indebted to the Civil Defence Officer for his co-operation during the year and for supplying the detailed information included in this report.

Ambulance and First Aid Section

Under the London Government Act, 1963, responsibility for the Ambulance and First Aid Section was vested in the Greater London Council on the 1st April, 1965. The training of this Section was delegated by them to the London Borough of Enfield as a Corps Authority until 1st April, 1966, and they have requested further delegation for another six months, pending the outcome of the Government's Home Defence review, when the Ambulance Service of the Greater London Council will have more knowledge of the future training requirements for this section.

During the year 1965, the whole of Civil Defence has been overshadowed by the forthcoming Home Defence Review and by the fact that there has been no national recruiting and publicity campaign since 1964.

In spite of this, the section has continued vigorous training and during the year the Ambulance Section members have obtained :—

10 Standard Training Certificates.

19 Advanced Training Certificates.

2 Ambulance and First Aid Instructors' Qualifications.

In addition, 35 members have qualified in Extended First Aid. This course deals with the classification of casualties into order of priority.

The present strength of the Section is as follows :—

Class 'A' (Officers and Instructors and those who have passed the necessary Home Office Tests)	62
Class 'B' (limited number of training hours per year)	2
Recruits	7
Reserves	21
	—
	92
	—

Of these, 81 hold the First Aid Certificates of the voluntary aid societies, either standard or advanced.

Civil Defence Peacetime Emergency Scheme

Sixty-three members of the Ambulance and First Aid Section have agreed to participate in the Civil Defence Peacetime Emergency Scheme.

Civil Defence (Training in Nursing) Regulations, 1963

The Ministry of Health has authorised short courses in Basic First Aid and Home Nursing to be held for members of local groups and associations who are not volunteers of the Civil Defence Corps in order that as many as possible of the public have some knowledge of these subjects in an emergency.

Courses have been held for members of two organisations and talks have been given by the Civil Defence staff to three organisations in an endeavour to interest them in such courses.

The Council has agreed that members of the staff be granted leave to take part in these short courses, or full first aid courses, and it is proposed to commence such courses in 1966.

Emergency Planning

Responsibility for the siting of forward medical aid units and the earmarking of auxiliary ambulance depots which would be needed in an emergency is vested in the Ambulance Service of the Greater London Council.

BURIAL AND CREMATION

Under Section 50 of the National Assistance Act, 1948, it is the duty of this authority to cause to be buried or cremated the body of any person who has died or been found dead in the Borough, in any case where it appears to the Council that no suitable arrangements for the disposal of the body have been or are being made otherwise than by the Council.

Two bodies were dealt with under this section during the year.

EXHUMATIONS

Licences for the removal of human remains under the Burial Act, 1857, state, inter alia, " It is considered advisable that the Medical Officer of Health should be notified whenever such a licence is granted in order that he may be in a position to take (under his general powers) any action that may appear to him to be necessary in the interests of public health ".

During the year, three exhumations took place at the cemeteries within the Borough. On each occasion, a public health inspector was present to ensure that the conditions of the Home Office Exhumation Certificate were observed.

MORTUARY

Under Section 198 of the Public Health Act, 1936, a local authority may, and if directed by the Minister shall, provide a mortuary and a post-mortem room. The Council provides a service through arrangement with the Hospital Management Committee for the use of the facilities at the Prince of Wales Hospital, Tottenham, at an agreed charge. During the year there were 898 admissions to the mortuary.

SCHOOL HEALTH

EXHIBITIONS

License for the removal of human remains under the Burial Act, 1857, state. It is considered advisable that the Medical Officer of Health should be notified whenever such a license is granted in order that he may be in a position to take further his general powers may be exercised in order to be in a position in the interests of public health.

During the year three examinations took place at the cemetery within the Borough. On each occasion a Public Health Inspector was present to ensure that the conditions of the Home Office Examinations Certificate were observed.

MONUMENTARY

Under Section 198 of the Public Health Act 1902, a local authority may, and is directed by the Minister shall, provide a monument and a post-mortem room. The Council provides a service through arrangement with the Hospital Management Committee for the use of the facilities at the Prince of Wales Hospital, Tottenham. During the year there were 898 admissions to the hospital at an agreed charge.

During the year 1934-35 the Council has been engaged in the construction of a new post-mortem room and a monument. The work is now well advanced and is expected to be completed during the year 1935-36.

The Council has also been engaged in the construction of a new mortuary. The work is now well advanced and is expected to be completed during the year 1935-36.

The Council has also been engaged in the construction of a new crematorium. The work is now well advanced and is expected to be completed during the year 1935-36.

The Council has also been engaged in the construction of a new cemetery. The work is now well advanced and is expected to be completed during the year 1935-36.

The Council has also been engaged in the construction of a new hospital. The work is now well advanced and is expected to be completed during the year 1935-36.

The Council has also been engaged in the construction of a new school. The work is now well advanced and is expected to be completed during the year 1935-36.

The Council has also been engaged in the construction of a new park. The work is now well advanced and is expected to be completed during the year 1935-36.

The Council has also been engaged in the construction of a new road. The work is now well advanced and is expected to be completed during the year 1935-36.

Under Section 48 of the Education Act, 1944, the following information is required to be furnished to the Board of Education:

RELATIVE TO THE LONDON BOROUGH OF ENFIELD

The Board of Education requires to be furnished with a return in respect of the following matters:—
SCHOOL POPULATION
ROUTINE MEDICAL INSPECTION

The arrangements in Enfield for the inspection of children in connection with the following matters:—
Number found to be satisfactory
Number found to be unsatisfactory

The return should be submitted to the Board of Education in the form of a separate sheet for each of the following matters:—
MEDICAL TREATMENT

During the year ending 31st March 1954, the following information is required to be furnished to the Board of Education:—
Ear, Nose and Throat Clinics
Optical Clinics
Dental Clinics
Child Guidance Clinics
Handicapped Children

SCHOOL HEALTH

The following information is required to be furnished to the Board of Education in respect of the following matters:—
Total Number of Children
Number attending Day Special Schools
L.C.C. VACCINATION
ROUTINE DENTAL INSPECTION & TREATMENT

Number found to need Treatment
Number treated by School Dental Officer

**SUMMARY OF STATISTICS
RELATING TO THE LONDON BOROUGH OF ENFIELD**

SCHOOL POPULATION 35,573

ROUTINE MEDICAL INSPECTION

Number of Children Examined 11,937

Number found to be Satisfactory 11,936

Number found to be Unsatisfactory 1

MEDICAL TREATMENT

Total Attendances at :

Minor Ailments Clinics 16,216

Ear, Nose and Throat Clinics 1,089

Ophthalmic Clinics 5,526

Orthoptic Clinics 2,062

Orthopaedic Clinics 4,529

Speech Clinics 3,106

Child Guidance Clinic 672

HANDICAPPED CHILDREN

Total Number of Children 374

Number attending Day Special Schools 254

Number attending Residential Special Schools 120

B.C.G. VACCINATION

Number of children vaccinated 2,506

ROUTINE DENTAL INSPECTION & TREATMENT

Number of Children Examined 29,937

Number found to need Treatment 11,329

Number treated by School Dental Officers 6,874

MEDICAL INSPECTION

Under Section 48 of the Education Act, 1944, it is the duty of every local education authority to provide for the medical inspection, at appropriate intervals, of pupils in attendance at any school or county college, maintained by them. The local education authority also has power to provide inspection of senior pupils in any other educational establishment maintained by them. The authority may require pupils to undergo medical inspection in the absence of reasonable excuse.

The arrangements in Enfield are for medical inspections to be carried out on school entry, at eight years of age, ten years of age, and also at school leaving age. Children in nursery classes are examined twice a year. A medical officer visits Southgate Technical College fortnightly to interview students who wish to have advice regarding their health.

The number of pupils on the register of maintained primary and secondary schools including nursery and special schools in December, 1965, was 35,573.

During the year, 11,937 children were examined at routine medical inspection and only one was found to come within the official category of unsatisfactory physical condition, which is the summing up of the medical officer's opinion of the child's physical fitness.

Colour Vision

The medical examination at ten years of age includes a colour vision test by the Ishihara method. Those found by the Ishihara plates to have a defect are re-tested by the Giles Archer Lantern test. It is felt that this colour vision testing at ten years of age is an appropriate age at which to discover any defect likely to be of disadvantage or bar to the child's entry to certain occupations. 108 children were found on the Ishihara test to have a degree of colour blindness, and 81 were tested by the Giles Arches Lantern, of whom two were found to be normal, 39 were found to be "safe" and 40 "unsafe" in relation to certain practical standards for employment.

Hearing

All children have their hearing tested in school by sweep pure-tone audiometer three times during their school life, i.e. at school entry, at eight or nine years of age and at twelve or thirteen years of age. Those children found to have a hearing deficiency are referred to the family doctor or school medical officer for investigation, and, if necessary, to the ear, nose and throat consultant. During 1965, 12,671 children were routinely tested in school, and 451 were found to have a hearing deficiency. In addition, 582 tests were carried out on specially referred children and 250 were found to have a hearing deficiency. A further 1,620 re-tests were carried out for various reasons. As a result of this scheme, during 1965, four children were recommended hearing aids and many children had minor treatment for conditions affecting their hearing.

(Statistical Tables 48, 49, 50, 51—see pages 139, 140)

INSPECTIONS FOR CLEANLINESS

Under Section 54 of the Education Act, 1944, a local education authority may authorise a medical officer to cause examinations of the persons and clothing of pupils at schools to be made whenever in his opinion such examinations are necessary in the interests of cleanliness, and to take appropriate action to secure the cleansing of the person and clothing of pupils. School nurses, or other authorised persons, make head inspections of children, mainly to discover verminous head conditions. There are certain families which are kept under constant observation because of repeated infestations. Of the large number of children examined for infestation, few were found to be in a verminous condition and very few indeed required formal action in order to secure cleanliness. School nurses also make regular foot inspections to discover the presence of verrucae and other contagious skin conditions of the feet.

(Statistical Table 52—see page 140).

MEDICAL TREATMENT

Under Section 48 of the Education Act, 1944, it is the duty of every local education authority to make such arrangements for securing the provision of free medical treatment for pupils for whom primary, secondary or further education is provided by them at any school or county college maintained by them as are necessary for securing that comprehensive facilities for free medical treatment are available to them either under the Education Act, 1944, or otherwise.

The authority also has power to make similar arrangements with respect to senior pupils for whom secondary or further education is provided by them at any other educational establishment maintained by them. Medical treatment does not, in relation to any pupil other than a pupil receiving primary or secondary education otherwise than at school under arrangements made by the local education authority, include treatment in that pupil's home.

Minor Ailments Clinics

Defects found at routine or special medical inspections, which only require minor treatment or observations, are referred to the minor ailments clinics. Children with minor ailments and slight injuries are also referred by parents and teachers for treatment or observation, and advice is given for a wide variety of conditions. The total attendances for the year were 16,216.

Ear, Nose and Throat Clinics

There are three clinics in the Borough which are attended by ear, nose and throat consultants, two of whom have local hospital appointments, a convenient and beneficial arrangement for those cases requiring operative treatment. Weekly sessions are held at Southbury Clinic and Broomfield Park Clinic and two sessions a month at Edmonton Central Clinic. The majority of cases referred are children with hearing deficiency or requiring advice or treatment regarding tonsils and adenoids. Other conditions referred include otitis media, rhinitis, chronic catarrh, etc. Total attendances for the year were 1,089 school children, of which 296 were new cases.

Ophthalmic Clinics

There are three ophthalmic clinics in the Borough. Three sessions a week are held at the Edmonton Central Clinic and also at the Southbury Clinic, and two sessions at Bowes Road Combined Clinic. 2,867 school children were examined during the year and 1,097 were prescribed glasses.

Orthoptic Clinics

The orthoptist attends at each clinic where ophthalmic sessions are held. She works in close conjunction with the ophthalmologists, and children who have strabismus are referred to her for treatment. Post-operative exercises are given when the condition has necessitated operation. 536 children received orthoptic treatment or were kept under observation during the year.

Orthopaedic Clinic

In view of the decreasing attendance and the infrequency of clinic sessions, it was decided to discontinue the session held at Chase Farm Hospital. There is now only one session, which is held fortnightly at the Edmonton Central Clinic. Exercises, electric baths, radiant heat and infra-red treatment and ultra-violet light therapy recommended by the orthopaedic surgeon are given by the physiotherapist, who also undertakes treatment at the special school. He takes parties of children from the Open Air School, who suffer from chest complaints, for regular remedial swimming activities at the swimming baths. The number of attendances at the consultant's session was 224 school children and the number of new cases was 80. The type of cases seen includes foot deformities, knock knee, scoliosis, kyphosis, chest deformities, etc.

Speech Clinics

After a long period of being understaffed, we have had two full-time and one part-time speech therapist since September, 1965.

The speech therapists, in addition to their work in the clinics, also hold sessions at Durants and Oaktree Schools for Educationally Sub-normal Children and a weekly session at the Junior Training School for Mentally Handicapped Children. There were 3,106 attendances and 104 new cases during the year. 310 children received treatment or were kept under observation. The various defects treated included stammer, dyslalia, stigmatism, cleft palate, hyponasality, delayed development of speech, etc.

Child Guidance Clinic

The Child Guidance Centre and Clinic is situated at Garvary, Dryden Road, Bush Hill Park. There is staffing provision for a part-time psychiatrist (eight sessions per week), four psychiatric social workers, four educational psychologists and two psycho-therapists. The Education Committee is responsible for appointing staff other than psychiatrists, who are appointed by the North East Metropolitan Regional Hospital Board.

The present staff consists of one part-time psychiatrist (eight sessions per week), one psychiatric social worker, two educational psychologists and one psycho-therapist; the psychiatric social worker and the psycho-therapist working in conjunction with the psychiatrist.

Miss Best, Educational Psychologist, who also undertook psycho-therapy and had served the district most efficiently and loyally for twenty-three years, unfortunately died in March, 1965.

Although the Centre and Clinic are housed in one building the work is divided, the educational psychologists dealing mainly with educational problems and the assessment of intelligence. If the problem appears to be basically emotional and psychiatry is indicated, the case is referred through the School Health Service to the psychiatrist, for diagnosis and treatment by the psychiatrist and psycho-therapist. Cases are also referred to the psychiatrist by assistant medical officers and general medical practitioners, or parents may enlist the help of the clinic directly. Assistant medical officers and health visitors meet the psychiatric staff once a month to discuss general problems arising in their work. The types of cases dealt with in the clinic, some of whom are referred to as maladjusted and unable to conform to ordinary everyday behaviour, present problems of psychosis, neurosis, brain damage, and character disorder.

Owing to staff shortage, there is a considerable delay for diagnostic interview and subsequent therapy.

In conjunction with the Centre and Clinic, there is a Special Selection Unit at Chase Side School for children aged eight to eleven years who have shown gross emotional instability. They are admitted on the approval of the psychiatrist. These children are usually of high or average intelligence but have behaviour problems which make it impossible for them to be taught in association with ordinary children. While at the Unit an endeavour is made to assess their potentialities and needs so that they may be placed in a suitable school. There is also a special full-time class for maladjusted children up to eleven years of age, who have not been formally ascertained. This allows them to be taught in a small group, an arrangement found to be of great benefit. It is hoped to expand this arrangement to include school children of all ages. Elsewhere there are two remedial classes for special tuition for children who have specific difficulties such as reading. They attend in groups for two half-days a week.

Recuperative Holidays

Recuperative holidays of two to four weeks duration are also arranged under Section 48 of the Education Act, 1944, and medical examination showed considerable benefit was experienced by the 27 children who went on holiday. Summer holidays are arranged by the Invalid Children's Aid Association for physically handicapped children and five children were able to have a holiday through this scheme.

(Statistical Tables 53, 54, 55, 56, 57, 58, 59—see pages 141 - 142).

DENTAL SERVICE

Under Section 48 of the Education Act, 1944, it is the duty of the local education authority to provide medical inspection at appropriate intervals for pupils in attendance at any school or county college maintained by them, and every local education authority shall have power to provide for such inspection of senior pupils in attendance at any other educational establishment maintained by them.

Medical inspection, which is compulsory for such pupils, is deemed to include dental inspection.

Under Section 4 of the Education (Miscellaneous Provisions) Act, 1953, the local education authority has duties and powers in regard to the provision of free dental treatment, similar to those for medical treatment, but dental treatment may only be provided by the authority through persons employed by the authority or under arrangements made with the hospital service and not through the general dental service.

The Chief Medical Officer of the Department of Education and Science has made it clear what should be a model scheme for the school dental service.

He points out that it is the duty of the school dental service to make dental treatment available for all children attending maintained schools, or otherwise the responsibility of the local education authority; so that through dental health education and a high standard of dental care, children shall leave school free from dental disease and irregularity, and with an understanding of the importance of good natural teeth and an enthusiasm to look after them.

The scheme should begin as regards each child, with its entrance into school life and should provide at least for an annual re-examination, together with arrangements for recall inspections up to the end of school life, with the opportunity for treatment if necessary after each inspection. An essential part of a satisfactory scheme should be the proper organisation of orthodontic treatment, the less complex cases by school dental officers, the more complex cases by orthodontists in the school health service, and severe cases by consultant orthodontists in the hospital service.

Every scheme should include provision for dental health education programmes involving not only the dental staff but also other relevant staff.

Detailed application of a model scheme is included in the Chief Medical Officer's Report and the arrangements in Enfield comply with the scheme in so far as staff recruitment permits.

It would probably be accepted that an ideal scheme would provide for every child to have a dental inspection, with any necessary treatment, every six months. At present, however, we are endeavouring to reach in the near future, the position where every child will have an inspection every year.

In fact, during the year under review, of the 35,573 children on the school roll, 29,937 were inspected, this being 84% of the total (1963 National Figure 57%). 11,329 (38%) of those inspected were found to require treatment (1963 National Figure 62%) and 10,945 (97%) of those requiring treatment were offered treatment (1963 National Figure 87%). Of the 10,945 offered treatment, 6,874 (63%) accepted treatment through the school dental service (1963 National Figure 59%). During the year, therefore, the school dental service treated 19% of the children on the school roll (1963 National Figure 18%) but one must remember that some parents arrange dental treatment through the general dental service. The scope of the service included not only the day special schools but also Wavendon Residential Special School for educationally sub-normal girls.

These results have been achieved with a dental staff of 7.6 (full time equivalent) including orthodontists, against an establishment of 11 dentists, including orthodontists, which is considered necessary to give a satisfactory service.

The Borough is fortunate in the standard of its premises and equipment. There are nine clinics providing dental suites with a total of thirteen dental surgeries, one surgery being used exclusively for orthodontics and three surgeries being of dual purpose for dentistry and orthodontics. Four of the premises are of very recent construction and modern design, and all premises are fitted with up-to date equipment, including air turbine high speed instruments. For greater convenience, all anaesthetic apparatus is standard throughout (Walton) as are also the X-ray machines.

All dental prosthetic and orthodontic appliances are made at the Dental Laboratory, maintained by a neighbouring authority, and 19 dentures, 690 removable appliances and 122 fixed appliances were supplied.

The Principal School Dental Officer reports :—

“Dental disease is the most common of all diseases, the price we have to pay for living in the kind of society that we have come to expect. A high intake of fermentable carbohydrate in the diet, brings about destruction of the tooth enamel, and triggers off a chain of events, resulting in the eventual loss of one or more teeth, unless it is checked before it is too late.

“Sweets, confections, and sticky fluids are the prime offenders where children and young people are concerned, as the customary crop of emergency toothaches amply testify after Christmas each year.

“There is no doubt that there is a much greater degree of tooth consciousness and that dental treatment is far more readily accepted than in the past. But there has not been the same acceptance of the need for a reasoned and well balanced diet to try to eliminate, as far as possible, the need for dental treatment.

“It can be said that today the teeth of the population in general are much better than in the past. This is not because the incidence of decay is necessarily less than it was, but rather because of the greater amount of treatment that has been received.

“Parents and teachers can do much to cut down the evil effects of residual and harmful food debris clinging to the teeth after meals, by giving a portion of apple to finish the meal with. This stimulates the flow of saliva, and has a cleansing effect on the teeth.

“ With regard to inspection and treatment during the year, 10,270 fillings were inserted in permanent, and 6,709 fillings in milk, teeth. Against this, only 447 permanent teeth were extracted as a result of dental decay, giving a ratio of 18.1 permanent teeth filled for every one extracted for this purpose.

“ Enfield is fortunate to have a good and flourishing orthodontic service. During the year, treatment was commenced on 233 new cases, 145 were completed, and 6,484 attendances were made for treatment.

“ Gross anomalies of the teeth are not now as prevalent as in the past. This is due to a large extent to the greater concentration on the conservation of the milk teeth at the present time.

“ In conclusion, I wish to thank all of my colleagues, both professional and lay, for their loyalty and support throughout the year ”.

(Statistical Table 60—see page 143).

HANDICAPPED CHILDREN

It is the duty of the local education authority under Section 34 of the Education Act, 1944, to ascertain what children in their area require special educational treatment and to provide special education. Places are provided for Enfield children in special day or residential schools maintained by the London Borough of Enfield, other local education authorities or voluntary bodies. Children from adjoining boroughs are accommodated in Enfield day special schools.

There are 254 Enfield pupils in day special schools and 121 in residential schools. Children attending residential schools are medically examined annually, and children at residential schools for maladjusted children are also seen annually at the Child Guidance Clinic.

The categories of handicapped pupils defined under the Handicapped Pupils and Special Schools Regulations, 1959 and 1962, are blind, partially sighted, deaf, partially hearing, educationally subnormal, epileptic, maladjusted, physically handicapped, pupils suffering from speech defect, and delicate.

- (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. No new cases were ascertained during the year. At present there are two children in special schools.
- (b) Partially sighted—pupils who by reason of defective vision cannot follow the normal requirements 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. No new cases were ascertained during the year. There are at present ten children in special schools.
- (c) Deaf—pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language. During the year, one child was ascertained and was admitted to the nursery class of a special day school. There are at present 14 children in special schools.

- (d) Partially hearing—pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities, though not necessarily all the educational methods used for deaf pupils. During the year three children were ascertained and have been admitted to the Partially Hearing Unit attached to Devonshire Hill School, Haringey. There are at present 24 children in special schools.
- (e) Educationally sub-normal—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. During the year, 23 children were ascertained, four of whom have been admitted to residential schools, 17 to day schools and two are awaiting admission. At present there are 125 children in special schools.
- (f) Epileptic—pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to the interests of themselves or other pupils. No new cases were ascertained during the year and at present two children are in special schools.
- (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 re-adjustment. During the year, 17 children were ascertained, of whom eleven were placed in residential schools and six are awaiting placement. At present 54 children are in special schools.
- (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. During the year, six children were ascertained, of whom four have been admitted to a special day school, one is remaining in an ordinary school, and one is awaiting admission to a residential school. At present there are 42 children in special schools.
- (i) Speech—pupils who on account of defect or lack of speech not due to deafness, require special educational treatment. There are at present no children in special schools for this category.
- (j) Delicate—pupils not falling under any other category in this regulation, 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. During the year, 25 children were ascertained, 17 of whom were admitted to the day open air school and eight to residential schools. At present there are 90 children in special schools. In one very severe case of asthma, arrangements were made in conjunction with the British Red Cross for a child to go to the Pro Juvenile Sanatorium in Davos, Switzerland, where he is making good progress.

In addition, there are twelve children who have more than one defect and are placed in schools suitable for their greater disability.

Hazelbury Open Air School

This school is maintained by the Education Committee for the accommodation of children who are considered unable to manage the regime of an ordinary school because of their medical condition and who would benefit from the open air condition. A large proportion of these children suffer from chest complaints. Some have a minor physical handicap which does not warrant admission to the school for physically handicapped children. All the children are provided with three meals a day and have a definite rest period. They are medically examined every term and are supervised in remedial exercises, and some attend the swimming bath under the supervision of the physiotherapist.

Durants and Oaktree Schools

These are two schools for educationally sub-normal children maintained by the Education Committee. Oaktree was opened in May, 1965. Durants admits educationally sub-normal children who also have a second handicap.

Speech therapy and physiotherapy are provided at both schools. Children are medically examined annually by a medical officer, who visits each school once a fortnight.

Wavendon Residential School for Educationally Sub-normal Children

This school, maintained by the Education Committee, is situated in the country, near Woburn Sands, Buckinghamshire, with accommodation for sixty girls from eleven to sixteen years of age. It is proposed to enlarge the school to accommodate ninety senior and junior educationally sub-normal girls. The children are medically examined annually during the school holidays.

(Statistical Table 61—see page 144)

HOME AND HOSPITAL TUITION

Under Section 56 of the Education Act, 1944, a local education authority has power to provide primary and secondary education otherwise than at school, and home and hospital tuition was provided for a number of children because of special circumstances.

CHILDREN UNSUITABLE FOR EDUCATION AT SCHOOL

Under Section 57 (amended) of the Education Act, 1944, it is the duty of the local education authority to ascertain what children in their area are suffering from a disability of mind of such a nature or to such an extent as to make them unsuitable for education at school and cause the decision to be recorded and to furnish to the local health authority a report of the decision. Five such cases were notified during the year.

VACCINATION AND IMMUNISATION

Details of the arrangements for vaccination and immunisation under Section 26 of the National Health Service Act, 1946, are given elsewhere in the report. Under these arrangements children by the time they are admitted to school, should have received primary immunisation; but consent forms for diphtheria, tetanus and poliomyelitis immunisations are issued to all school entrants in order to try to ensure that all children whose parents have not yet taken advantage of the facilities available may have this further opportunity. In addition, further consent forms for diphtheria and tetanus immunisation are issued for children of eight years of age for a reinforcing dose.

Under Section 28 of the National Health Service Act, 1946, authority has been given to local health authorities to offer B.C.G. vaccination against tuberculosis to contacts, staff likely to be exposed to infection, and certain groups of children and students, including school children between their thirteenth and fourteenth birthdays, as at this age it offers protection during those years in which the adolescent is both susceptible and most likely to be exposed to infection.

During the year, 2,506 pupils about 13 years of age attending maintained and independent schools were given B.C.G. vaccination.

Of the 3,753 children eligible for B.C.G. vaccination, the parents of 76.9% consented to have a tuberculin skin test carried out. 88.7% of the children so tested were found to require B.C.G. vaccination and 88.3% of those tested were vaccinated.

(Statistical Table 62—see page 144)

EMPLOYMENT OF CHILDREN

In accordance with the Bye-laws made under the Children and Young Persons Act, 1933 (amended by the Education Acts), it is necessary for a certificate from a medical officer in the service of the local authority that employment will not be prejudicial to the health or physical development of the child, and will not render him unfit to obtain proper benefit from his education. 450 children were examined for employment certificates and three for entertainment certificates. Power also exists under Section 59 of the Education Act, 1944, to prohibit or restrict the employment of a child if it appears that such employment is prejudicial to his health or is rendering him unfit to obtain the full benefit from his education.

CHILDREN'S HOMES

There are six homes accommodating school children under the control of the Children's Officer. These are visited at regular intervals by a medical officer who advises on diet, general health matters and hygiene of the homes, and medically examines children on admission, annually, and also prior to discharge. Each child is on the list of a general medical practitioner for medical treatment.

IONISING RADIATIONS

Experience gained prior to, and following, the coming into operation on the 1st December, 1963, of the Radioactive Substances Act, 1960, and the issue by the Minister of Labour of the Code of Practice for the Protection of Persons Exposed to Ionising Radiations in Research and Teaching, made necessary fresh guidance to schools and colleges by the Secretary of State of the Department of Education and Science.

The principal concern of the Secretary of State in issuing Administrative Memorandum 1/65, which gives this guidance to schools, establishments of further education and teacher training colleges, is with the health and safety of those working with these potentially dangerous sources of ionising radiations.

The Memorandum states that it is the responsibility of local education authorities, in the case of maintained and assisted establishments, and of governing bodies of establishments not maintained or assisted by local education authorities, to take precautions to protect those who might be affected by exposure to ionising radiations while on the establishment's premises, whether in the course of their work or otherwise.

In respect of schools, the approval of the Secretary of State is required before radioactive sources (other than potassium, uranium and thorium compounds normally used as a chemical reagent) are used. Application on form I.R.N. (Certificate) is required when closed sources up to 10 micro curies each, and up to 30 micro curies in aggregate, are to be used as set out by the Association for Science Education and the Nuffield Foundation in their Modern Physics Reports, 1962 and 1964.

Three applications were approved this year, making a total of seven such approvals in the Borough.

Application on form I.R.N. is required when closed sources over 10 micro curies or any open sources are to be used, and the Principal School Medical Officer is consulted, or, in the case of private schools, the Medical Officer of Health.

One such application was received during the year, but approval is still pending. There are no other schools in the Borough granted such approval.

Application on form I.R.X. is required for the use of X-ray sources in which electrons are accelerated by a potential over 5,000 volts. The only exception to this is a T.V. receiver used in the normal way for viewing. It should be noted that this rule would exclude the use of an induction coil to operate a discharge tube. There are no schools in the Borough using X-ray sources.

A technical college notified the Department of Education and Science of their use of potentials up to 25 kilovolts when servicing T.V. receivers. The Radiological Protection Service is at present carrying out a survey at the college.

Establishments of further education and teacher training colleges need not obtain the approval of the Secretary of State if work at "school level" only is being performed. One technical college in the Borough falls within this category.

For all establishments of Education the full provision set out in the "Code of Practice" (H.M.S.O., 1964) must be applied if work of a higher level than the "school level" is undertaken and the Principal School Medical Officer is consulted when application for approval is made to the Secretary of State.

There is one technical college in the Borough within this category. The designated Safety Officer of the College is kept under regular medical supervision.

SUMMARY OF STATISTICS RELATING TO THE
LONDON BOROUGH OF ENFIELD

Year	Members of the Council	Aldermen	Councillors	Members of Health Committee	Members of Health Sub-Committee	Members of Education Committee	Co-opted Members of Education Committee	Members of Education Sub-Committee	Co-opted Members of Education Sub-Committee	Members of Council appointed to various bodies concerned with Health Services	Health Department Staff Establishment	Council Staff Establishment	Health Department Buildings	Clinics	Junior Training School	Adult Training Centre	Recreative Home	Day Nursery	Treatment Centre (Dental)	Dispensing Station	Public Conveniences	Hospitals serving the Area	General Practitioners in the Area	Voluntary Association concerned with Health Services
1950	11	1	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1951	11	1	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1952	11	1	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1953	11	1	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1954	11	1	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1955	11	1	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1956	11	1	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1957	11	1	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1958	11	1	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1959	11	1	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1960	11	1	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	

APPENDIX

**SUMMARY OF STATISTICS RELATING TO THE
LONDON BOROUGH OF ENFIELD**

Members of the Council :	...	...	...	...	...	...	...	...	70
Aldermen	...	...	...	...	...	...	...	...	10
Councillors	...	...	...	...	...	...	...	...	60
Members of Health Committee	...	...	...	...	...	...	...	...	13
Members of Health Sub-Committee	...	...	...	...	...	...	...	...	7
Members of Education Committee	...	...	...	...	...	...	...	...	40
Co-opted Members of Education Committee	...	...	...	...	...	...	...	...	11
Members of Education Special Services Sub-Committee	...	...	...	...	...	...	...	...	9
Co-opted Members of Education Special Services Sub-Committee	...	...	...	...	...	...	...	...	2
Members of Council appointed to Various Bodies concerned with Health Services	...	...	...	...	...	...	...	...	7
Health Department Staff Establishment	...	...	...	...	...	...	...	...	384
Council Staff Establishment	...	...	...	...	...	...	...	...	2,200
Health Department Premises :									
Clinics	...	...	...	...	...	...	...	...	23
Junior Training School	...	...	...	...	...	...	...	...	}
Adult Training Centre	...	...	...	...	...	...	...	...
Recuperative Hostel	...	...	...	...	...	...	...	...
Day Nursery	...	...	...	...	...	...	...	...
Treatment Centre (Cleansing)	...	...	...	...	...	...	...	...
Disinfecting Station	...	...	...	...	...	...	...	...	6
Public Conveniences	...	...	...	...	...	...	...	...	49
Hospitals serving the Area	...	...	...	...	...	...	...	...	14
General Practitioners in the Area	...	...	...	...	...	...	...	...	132
Voluntary Associations concerned with Health Services	...	...	...	...	...	...	...	...	20

COUNCIL

Mayor :

Councillor Miss K. J. Harvey, J.P.

Deputy Mayor :

Councillor C. E. Wright.

Aldermen :

F. C. Cuneen
J. J. Cusack
Mrs. G. M. Jay, J.P.
A. E. Kerr, M.B.E.
J. E. Lightfoot
E. L. Mackenzie, J.P.
H. S. Newman
A. H. Roullier, M.B.E., J.P.
A. H. Rowson
M. Simpson

Councillors :

Mrs. G. Y. Agran
K. V. Balding
J. A. G. Beattie
S. Bercow
J. R. Boast
J. R. Bowyer
C. Brown
A. H. Chambers
Mrs. S. G. Child
John Clarricoats, O.B.E.
V. H. Clements
W. H. Cook
J. E. Cooke
D. A. Covill
A. P. Daines
R. Daultry
P. G. Elvidge
Mrs. A. L. Emsden
G. G. Eustance
E. C. Francis

F. S. Furneaux, M.B.E., T.D.

L. I. Genn
T. E. Graham
B. G. Grayston
Mrs. P. L. Hawkins
Anthony J. Hayes
E. T. Hendrick
Mrs. P. E. Joel
Mrs. R. E. Jones
T. H. Joyce, O.B.E.
M. Kahn
C. G. Lacey
H. E. Latty
R. H. Leach
J. L. Lindsay
E. P. Lomer
E. G. McNern
L. C. Merrion
J. A. Pepper
W. A. A. Poole
E. J. Prickett
R. Prior
E. J. Rayment
W. Robinson
E. J. C. Smythe
Mrs. R. A. Smythe
A. J. Tanner
E. S. Taylor
G. Heaton Taylor
G. W. Taylor
P. A. Thomas
F. B. Varney
K. V. Vaughan
A. D. Veitch
L. J. D. Warren
Mrs. F. E. Watson
W. J. Watson
A. J. Young

HEALTH COMMITTEE

Chairman :

Alderman Mrs. G. M. Jay, J.P.

Vice-Chairman :

Councillor Mrs. R. A. Smythe

Aldermen :

J. J. Cusack
J. E. Lightfoot

Councillors :

Mrs. G. Y. Agran
Mrs. P. E. Joel
Mrs. R. E. Jones
M. Kahn
John L. Lindsay
J. A. Pepper
W. A. A. Poole
P. A. Thomas
F. B. Varney

HEALTH SUB-COMMITTEE

Chairman :

Councillor Mrs. R. A. Smythe

Vice-Chairman :

Alderman Mrs. G. M. Jay, J.P.

Alderman :

J. J. Cusack

Councillors :

Mrs. G. Y. Agran
Mrs. R. E. Jones
M. Kahn
J. A. Pepper

EDUCATION COMMITTEE

Chairman :
Councillor A. J. Tanner

Vice-Chairman :
Alderman H. S. Newman

Mayor :
Councillor Miss K. J. Harvey, J.P.

Deputy Mayor :
Councillor C. E. Wright

Aldermen :
Mrs. G. M. Jay, J.P.
J. E. Lightfoot
E. L. Mackenzie, J.P.
A. H. Roullier, M.B.E., J.P.
A. H. Rowson
M. Simpson

Mrs. A. L. Emsden
L. I. Genn
Mrs. P. L. Hawkins
Mrs. R. E. Jones
M. Kahn
C. G. Lacey
H. E. Latty
E. P. Lomer
E. G. McNern
J. A. Pepper
W. A. A. Poole
E. J. Prickett
E. J. Rayment
Mrs. R. A. Smythe
E. S. Taylor
P. A. Thomas
A. D. Veitch
L. J. D. Warren
Mrs. F. E. Watson

Councillors :
J. A. G. Beattie
S. Bercow
J. R. Boast
C. Brown
A. H. Chambers
Mrs. S. G. Child
John Clarricoats, O.B.E.,
V. H. Clements
W. H. Cook
D. A. Covill
A. P. Daines

Co-opted Members :
Mrs. D. Barnes
Mr. A. D. Bates
Mr. A. J. Bullock
Mr. S. Carter
Mr. E. Cudworth
Mrs. D. L. Graham
Mr. A. Herbert
Reverend F. Lampen
Reverend D. O'Sullivan
Mr. D. H. Palmer
Mr. R. W. Taylor

EDUCATION SPECIAL SERVICES SUB-COMMITTEE

Chairman :
Councillor J. A. G. Beattie

Vice-Chairman :
Mrs. D. L. Graham

Chairman of Education Committee :
Councillor A. J. Tanner

Vice-Chairman of Education Committee :
Alderman H. S. Newman

Alderman :
M. Simpson

Councillors :
S. Bercow
Mrs. P. L. Hawkins
Mrs. R. E. Jones
E. P. Lomer

Co-opted Members :
Mr. A. Herbert
Mrs. D. Barnes

MEMBERS OF THE COUNCIL APPOINTED TO VARIOUS BODIES CONCERNED WITH HEALTH SERVICES

Standing Conference on Investigation of Atmospheric Pollution :
Alderman Mrs. G. M. Jay, J.P.
or Deputy

Area 10 Home Safety Committee :
Councillor Mrs. G. Y. Agran
Councillor J. A. Pepper

National Hospital Service Reserve :
Councillor Mrs. R. A. Smythe
Councillor Mrs. P. E. Joel (Deputy)

National Association for Maternal and Child Welfare—Executive Committee :
Alderman Mrs. G. M. Jay, J.P.
Councillor A. P. Daines
Councillor A. J. Tanner

STAFF

Medical Officer of Health and Principal School Medical Officer

W. D. HYDE, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer

J. D. RUSSELL, M.B., B.S., D.P.H.

Principal Medical Officers

Maternity and Child Welfare Service : LEONORA A. CRAWFORD,
M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.
Mental Health Service : D. A. SMYTH, M.B., D.P.H. (resigned 2.1.66.)
School Health Service : MARGARET R. GILMOUR, M.B., Ch.B., D.P.H.

Assistant Medical Officers

GRACE J. ADAM, M.B., Ch.B. (Edin.)	ESTELLA G. POLLOCK, M.B., B.S., D.C.H.
MARIAN BROWN, M.B., Ch.B., M.D., D.C.H.	MARY ROLAND, M.R.C.S., L.R.C.P., D.P.H.
ISOBEL H. CADDY, M.B., B.Ch.	DOROTHY G. STANLEY-ROOSE, M.B., B.S. (Locum)
SYLVIA J. DARKE, M.B., Ch.B., M.R.C.S., L.R.C.P., B.Sc., M.Sc. Physiology	GWENETH TURNBULL, M.B., B.Ch.
ROSA MERZER, L.R.C.P.&S. (Edin.), M.D. (Bologna)	MONICA E. WATKINS, M.B., B.S., M.R.C.S., L.R.C.P.
NORA T. U. O'CALLAGHAN, M.B., B.Ch., B.A.O., D.P.H.	ANN J. WISEMAN, M.B., B.S., M.R.C.S., L.R.C.P.
JOYCE S. PARISH, M.B., B.Ch.	

Psychiatric Advisers

Mental Illness : F. D. KELSEY, B.M., B.Sc., D.P.M.
Mental Subnormality : W. LIVINGSTON, B.A., M.R.C.S., L.R.C.P., D.P.M.

Chest Physicians

B. A. BUTTERWORTH, M.R.C.P., M.R.C.S., L.R.C.P.	J. VERNON DAVIES, M.D., M.B., B.S., M.R.C.P.
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Chief Dental Officer and Principal School Dental Officer

E. UNDERHILL, L.D.S., R.C.S.

Orthodontists

R. BERGMAN, L.D.S., R.C.S. (Part-time)	HELEN E. BREARLEY, L.D.S., R.C.S.
ELIZABETH C. BIRD, B.D.S., D.(Orth.), R.C.S. (Part-time)	I. G. CROSSMAN, L.D.S., B.(Orth.), R.C.S., B.D.S. (Part-time)

Dental Officers

D. A. R. AUFRANC, M.R.C.S., L.R.C.P., L.D.S. (Part-time)	A. M. IRENE HALSALL, L.D.S. (Part-time)
ANGELA M. BOWEN, B.D.S., L.D.S., R.C.S. (Part-time)	C. A. MARTINEZ, L.D.S.
H. COHEN, L.D.S. (Part-time)	EVA J. SALISCH, B.D.S., L.D.S., R.C.S.
J. A. H. EDMOND, L.D.S. (Part-time)	MARGARET J. WICKS, B.D.S., R.C.S. (Part-time)
CLARA S. EMMER, M.D.	

Public Analyst (Part-time)

T. McLACHLAN, A.C.G.F.C., F.R.I.C.,
M.I.Biol.

Deputy Public Analyst (Part-time)

S. LANDSMAN, F.R.I.C.

Veterinary Surgeon (Part-time) J. PICKUP, M.R.C.V.S.

Chief Public Health Inspector
J. C. LIGHTFOOT, F.A.P.H.I.

Deputy Chief Public Health Inspector
G. RAWLINSON, M.A.P.H.I.

Advisory Public Health Inspector
A. E. GOODAY, M.R.S.H., F.A.P.H.I. (Retired 16.7.1965.)

Senior Public Health Inspectors
R. L. BURKILL, F.A.P.H.I. G. E. A. LANEY, M.A.P.H.I. R. E. WILLIAMS, M.A.P.H.I.

Principal Mental Welfare Officer **Deputy Principal Mental Welfare Officer**
S. McEVOY, M.S.M.W.O., C.R.S.W., D. C. PEPPER, S.R.N., Cert. Mental Health, A.A.P.S.W., M.S.M.W.O., Queen's Nurse.

Senior Mental Welfare Officers
MISS A. HARMAN, M.S.M.W.O. MRS. H. M. SMITH, R.M.N., S.R.N.
Superintendent Health Visitor **Deputy Superintendent Health Visitor**
MISS M. A. E. RADFORD, MISS P. Z. M. J. MacLAUGHLIN,
R.F.N., S.R.N., S.C.M., H.V. S.R.N., S.C.M., H.V.

Non-Medical Supervisor of Midwives and Superintendent of Home Nursing Service
MISS G. E. PAYNE, S.R.N., S.C.M., N.D.N., Cert. Queen's Nurse.

Deputy Non-Medical Supervisor of Midwives
MISS M. PALMER, S.R.N., S.C.M., R.M.N.

Deputy Superintendent of Home Nursing Service
MRS. R. CURTIS, S.R.N., Part 1 Midwifery Certificate, N.D.N. Cert.

Home Help Organiser **Deputy Home Help Organiser**
MRS. G. WEBBER MRS. W. E. A. MITCHELL, A.R.S.H.

Chief Administrative Officer S. N. DANCE

Deputy Chief Administrative Officer D. A. B. HASTINGS

Senior Administrative Officers
E. J. A. GOLDING R. W. G. WHITMORE A. K. CLARK, D.P.A.
MISS E. BOWYER MISS A. COOPER

OTHER STAFF ESTABLISHMENT

Dental Hygienist ...	1	Clerical Officers ...	17	Chief Chiropodist ...	1
Dental Surgery Assts. ...	11	Clerks ...	39	Chiropodists ...	3
Health Visitors ...	54	Shorthand/Typists ...	5	Medical Social Workers ...	2
Student Health Visitors ...	4	Telephonists ...	2	Spec. Pub. Health Insprs. ...	3
Tuberculosis Health Vis. ...	4	Admin. Trainee ...	1	Dis. Pub. Health Insprs. ...	14
Midwives ...	30	Health Educn. Organiser ...	1	Stu. Pub. Health Insprs. ...	6
Home Nurses ...	40	Health Educn. Tech. ...	1	Shops & St. Trading Ins. ...	3
Asst. Home Help Org. ...	2	Speech Therapists ...	3	Technical Assistants ...	4
Mental Welfare Officers ...	7	Senior Orthoptist ...	1	Disinfectant/Convenience Foreman ...	1
Senior Admin. Officer ...	1	Orthoptists ...	3	Rodent Control Officer ...	1
Administrative Officers ...	10	Audiometer Operators ...	2		
Senior Clerical Officers ...	5	Physiotherapists ...	2		

Day Nursery

Matron ...	1	Deputy Matron ...	1	Warden ...	1	Nursery Nurses ...	10
		Student Nursery Nurses ...			4		

Adult Training Centre

Manager ...	1	Senior Instructor ...	1	Laundry Supervisor ...	1	Instructors ...	12
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Junior Training School

Supervisor ...	1	Deputy Supervisor ...	1	Assistant Supervisors ...	10	Trainee Supervisors ...	2
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Recuperative Hostel for Mentally Ill

Warden ...	1	Assistant Warden ...	1
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Home Helps ...	160	Driver Handyman ...	1	Clinic Caretakers	
Porter/Messenger ...	1	Handyman/Storeman ...	1	and Cleaners	15
Rodent Operatives ...	8	Driver/Cleaners—Conv. ...	4	Domestic Staff (Day Nry.)	5
Sewermen (skilled) ...	3	Male Cleaners—Conv. ...	4	Junior Training School ...	14
Labourers (Rodent Cont.) ...	2	Conv. Attendants		Adult Training Centre ...	4
Disinfectant Drivers ...	2	(inc. reliefs) ...	96	Mental Health Hostel ...	3

HEALTH DEPARTMENT PREMISES
Health Office : GENTLEMAN'S ROW, ENFIELD

ANNEXE

100 Church Street, Enfield.

SUB-OFFICES

Edmonton Central Clinic, Plevna Road, N.9.
Southgate Town Hall, Green Lanes,
Palmers Green, N.13.

CLINICS

Enfield :

Bullsmoor—Kempe Road, Enfield.
Grange Park—Church-in-the-Orchard, N.21.
Green Street—Green Street, Enfield Highway.
Hadley Wood—Courtleigh Avenue,
Hadley Wood.
Lincoln Road—Lincoln Road,
Bush Hill Park, Enfield.
Merryhills—Enfield Road, Enfield.
Rosemary Avenue—Rosemary Avenue,
Enfield.
St. Stephen's—St. Stephen's Road,
Enfield Wash.
Southbury—Glyn Road, Ponders End.

Edmonton :

Central—Plevna Road, N.9.
Hertford Road—Hertford Road, N.9.
Ridge House—Church Street, N.9.
St. John's—Claremont Street, N.18.
Silver Street—Silver Street, N.18.
Weir Hall—Silver Street, N.18.

Southgate :

Bowes Road (Combined)—269 Bowes Road,
N.11.
Broomfield—Broomfield House,
Broomfield Park, N.13.
The Grange—The Bourne, N.14.
The Laurels—Barrowell Green, N.21.

EDUCATION PREMISES

Albany—Bell Lane, Enfield.
Lavender—Lavender Road, Enfield.
Croyland—Croyland Road, N.9.
DeBohun—Green Road, N.14.

OTHER PREMISES

Disinfecting Station: Montagu Road, N.9.
Treatment Centre (Cleansing): Town Hall,
N.9.
Day Nursery: Fore Street, N.9.
Junior Training School: 3 Waverley Road,
Enfield.
Adult Training Centre: 12 Centre Way,
Claverings Industrial Estate,
Montagu Road, N.9.
Recuperative Hostel: The Hostel,
"Windmill," 84 Windmill Hill, Enfield.

PUBLIC CONVENIENCES

Edmonton :

The Green, N.9.
Victoria Road, N.9.
Angel Road, N.18.
Bush Hill Park Parade, Enfield.
Tramway Avenue, N.9.
Weir Hall, Silver Street, N.18.
Church Street, Gt. Cambridge Road, N.9.
Silver Street, N.18.

Enfield :

Sydney Road, Enfield.
Church Street, Enfield.
Southbury Road, Enfield.
Nags Head Road, Ponders End, Enfield.
Turkey Street, Enfield.
Carterhatch Lane, Enfield.
Russell Road, Forty Hall, Enfield.
Brigadier Hill, Enfield.
Lancaster Road, Enfield.
Green Street, Brimsdown.
Lincoln Road, Enfield (Bush Hill Park).
High Street, Ponders End
(Ponders End Rec. Ground).
Hertford Road, Enfield (Durants Park).
Hilly Fields (Junction of Browning Road
and Phipps Hatch Lane).
Town Park, Enfield.
Forty Hall, Forty Hill, Enfield.
Albany Park, Albany Road, Enfield.
Hawthorn Grove,
Enfield (North Enfield Rec.).
Whitewebbs Park (Central), Enfield.

Southgate :

North Circular Road, Bowes Road, N.13.
The Triangle, Palmers Green, N.13.
Fords Grove, Winchmore Hill, N.21.
High Road, Southgate, N.11.

Toilets in Parks :

Broomfield Park, N.13 (3).
Grovelands Park, N.21 (2).
Arnos Park, N.11 (2).
Oakwood Park, N.14.
Bramley Sports Ground, N.14.
Tottenham Sports Ground, N.13.
Boundary Playing Fields, N.13.
Southgate Cemetery, N.14.
Bury Street West, N.9.
Jubilee Park, N.9 (2).
Craig Park, N.18 (2).
Tatem Park (Cambridge Roundabout), N.13.
Barras Stadium, N.9.
Montagu Road Playing Field, N.9.
Cuckoo Hall Ground, N.9.
Church Fields, N.9.
King George Playing Fields, Bush Hill Park.
Firs Farm, N.21 (Firs Lane Sports Ground).

EXECUTIVE COUNCIL SERVICES

Executive Councils are entrusted with the General Medical and Dental Services, Pharmaceutical Services and Supplementary Ophthalmic Services under Part IV of the National Health Service Act.

The area administered by the Middlesex Executive Council is co-terminous with the areas administered by the London Boroughs of Barnet, Brent, Ealing, Enfield, Haringey, Harrow, Hillingdon and Hounslow.

Middlesex Executive Council prepares and publishes lists of General Medical Practitioners; lists of persons who undertake to provide pharmaceutical services; lists of Dental Practitioners; and lists of Medical Practitioners, Ophthalmic Opticians and Dispensing Opticians who undertake to provide supplementary ophthalmic services.

Copies of these lists can be viewed by the general public at post offices and libraries.
Middlesex Executive Council Headquarters:—

North West House, 119/127 Marylebone Road, N.W.1.

Telephone: PADdington 1277.

Clerk to the Council:—Gerard Madden. LL.B., D.P.A.

HOSPITAL SERVICES

NORTH EAST METROPOLITAN REGIONAL

HOSPITAL BOARD AREA

North East Metropolitan Regional Hospital Board

40 Eastbourne Terrace, W.2.

AMBassador 8011

Senior Administrative Medical Officer: T. A. Ramsay, F.R.C.S.(Glas.), B.Sc., M.B., Ch.B.

HOSPITAL MANAGEMENT COMMITTEES, HOSPITALS, CHEST CLINIC

Enfield Group Hospital Management Committee

Chase Farm Hospital, The Ridgeway, Enfield.

ENField 3211

Group Secretary: L. E. Holdstock.

Chase Farm Hospital, The Ridgeway, Enfield.

ENField 3211

Cheshunt Cottage Hospital, Church Lane, Cheshunt.

Waltham Cross 22157

Enfield War Memorial Hospital, Chase Side, Enfield.

ENField 8242

St. Michael's Hospital, Chase Side Crescent, Enfield.

ENField 0034

South Lodge Hospital, Worlds End Lane, N.21.

LABurnum 4271

Edmonton Group Hospital Management Committee

North Middlesex Hospital, Silver Street, Edmonton, N.18.

EDMonton 3071

Group Secretary: C. A. R. Evans, D.P.A., F.H.A.

North Middlesex Hospital, Silver Street, Edmonton, N.18.

EDMonton 3071

Tower Maternity Annexe, The Bishop's Avenue, N.2.

SPEedwell 3612

Greentrees Hospital, 130 Tottenham Road, N.13.

BOWes Park 3401

St. David's Hospital, Silver Street, Edmonton, N.18.

EDMonton 7126

Claybury Hospital Management Committee

Claybury Hospital, Woodford Bridge, Essex. Buckhurst 7171
 Group Secretary : W. C. Mitchinson, A.H.A., A.I.A.C.
 Claybury Hospital, Woodford Bridge, Essex. Buckhurst 7171

South Ockenden Group Hospital Management Committee

Group Secretary : W. G. Wilson, F.H.A., M.R.S.H.
 Leytonstone House, High Road, E.11. WANstead 7701
 South Ockendon Hospital, South Road, South Ockendon, Essex. South Ockendon 2335

Chest Clinic

Edmonton Chest Clinic
 North Middlesex Hospital, Silver Street, Edmonton, N.18. EDMonton 3071
 Chest Physician : J. Vernon Davies, M.D., M.B., B.S., M.R.C.P.

NORTH WEST METROPOLITAN REGIONAL HOSPITAL BOARD AREA**North West Metropolitan Regional Hospital Board**

40 Eastbourne Terrace, W.2. AMBassador 8011
 Senior Administrative Medical Officer : F. J. Fowler, O.B.E., T.D., M.B., Ch.B.

HOSPITAL MANAGEMENT COMMITTEES, HOSPITALS, CHEST CLINIC**New Southgate Group Hospital Management Committee**

Friern Hospital, New Southgate, N.11. ENTerprise 3461
 Group Secretary : C. H. Pearsall, A.H.A.
 Friern Hospital, New Southgate, N.11. ENTerprise 3461
 Halliwick Hospital, New Southgate, N.11. ENTerprise 8484

Verulam Group Hospital Management Committee

Harperbury Hospital, Harper Lane, Shenley. Radlett 5661
 Group Secretary : D. T. James, A.H.A.
 Harperbury Hospital, Harper Lane, Shenley. Radlett 5661

Chest Clinic

Finchley Chest Clinic, 980 High Road, N.20. HILLside 1136
 Chest Physician : B. A. Butterworth, M.R.C.P., M.R.C.S., L.R.C.P.

EMERGENCY BED SERVICE

Emergency Bed Service, Fielden House, 28 London Bridge Street, S.E.1. HOP. 7181

MASS RADIOGRAPHY

Mixed X-ray sessions are held for both men and women at the static X-ray centre, 32 Drayton Park, W.5. (Telephone : NOR 2450) as follows :

Mondays	...	2.00 p.m. - 4.15 p.m.	...	5.00 p.m. - 7.15 p.m.
Tuesdays	...	9.45 a.m. - 12.30 p.m.	...	2.00 p.m. - 5.30 p.m.
Wednesdays	...	9.15 a.m. - 12.30 p.m.	...	2.00 p.m. - 5.30 p.m.
Thursdays	...	2.00 p.m. - 4.15 p.m.	...	5.00 p.m. - 7.15 p.m.

BLOOD TRANSFUSION SERVICE

North East Metropolitan Regional Hospital Board area served by :

Brentwood Regional Blood Transfusion Centre,
 Crescent Drive, Brentwood, Essex. Telephone : Brentwood 3545

North West Metropolitan Regional Hospital Board area served by :

North London Blood Transfusion Centre,
 Deansbrook Road, Edgware, Middx. Telephone : EDG. 5511

OTHER COUNCIL DEPARTMENTS, ETC.

- Town Clerk's Department.** Civic Centre, Silver Street, Enfield. (ENField 5311)
Town Clerk and Solicitor: Cyril E. C. R. Platten, LL.B., L.A.M.P.T.I.
Deputy Town Clerk and Solicitor: B. D. Harrold.
Consultant Town Clerk: Gordon H. Taylor, M.A., LL.B. (Cantab.).
- Legal Adviser (Redevelopment and Planning).** Fir Tree House, Silver Street, Enfield.
H. Backhouse, B.Sc. (ENField 5311)
- Borough Treasurer's Department.** Town Hall, Edmonton, N.9. (EDMonton 3000)
Borough Treasurer: C. G. Gadsby, F.I.M.T.A.
Deputy Borough Treasurer: N. E. Butler, F.I.M.T.A., F.S.A.A.
Associate Treasurer: L. S. Jones, F.I.M.T.A.
- Borough Engineer and Surveyor's Department.**
Town Hall, Green Lanes, Palmers Green, N.13. (PALmers Green 6555)
Borough Engineer and Surveyor: F. E. Ladly, M.B.E., E.R.D., M.I.Mun.E., M.R.S.H.
Deputy Borough Engineer and Surveyor: D. J. Treweek, M.A., A.M.I.C.E., M.I.Mun.E.,
A.M.Inst.H.E.
- Borough Architect and Planning Officer's Department.**
Town Hall, Green Lanes, Palmers Green, N.13. (PALmers Green 6555)
Borough Architect and Planning Officer: T. A. Wilkinson, A.R.I.B.A.
Deputy Borough Architect: J. T. W. Peat, F.R.I.B.A., M.Inst.H.E.
Deputy Borough Architect for Education and Special Buildings: D. R. Duncan, A.R.I.B.A.
Deputy Borough Planning Officer: A. G. Booth, Dip.Eng., Dip.T.P.(Leeds), A.M.T.P.I.
- Education Department.** Church Street, Edmonton, N.9. (EDMonton 1060)
Chief Education Officer: D. B. Denny, M.A.
Deputy Education Officer: M. Healey, M.A. (Oxon.).
- Housing Department.** 7 Little Park Gardens, Enfield. (ENField 5311)
Housing Manager: F. R. G. Hester, A.I.H.M., A.A.L.P.A.
Deputy Housing Manager: T. A. Dunning, A.A.I., A.I.H.M., M.R.S.H.
- Libraries.** Central Library, Cecil Road, Enfield. (KEAts 1511)
Borough Librarian: A. E. Brown, F.L.A.
Deputy Borough Librarian: G. M. Noble, F.L.A.
- Parks, Cemeteries and Allotments.** 7 Little Park Gardens, Enfield. (ENField 5311)
Chief Superintendent of Parks, Cemeteries and Allotments: J. Findlay, D.I.P.A., F.Inst.P.A.
Deputy Chief Superintendent of Parks, Cemeteries and Allotments: J. E. Farmer, A.Inst.P.A.
- Borough Valuer's Department.** 269 Bowes Road, New Southgate, N.11. (ENTterprise 4451)
Borough Valuer: Miss J. D. Naish, B.Sc., A.R.I.C.S.
Deputy Borough Valuer: N. E. Chambers, A.R.I.C.S.
- Welfare Department.** Cecil Court, 49-55 London Road, Enfield. (ENField 5311)
Chief Welfare Officer: H. P. Hayes, A.I.S.W.
Deputy Chief Welfare Officer: Miss J. R. Cliffe, A.I.S.W.
- Children's Department.** Nicholas House, River Front, Enfield. (KEAts 1456/9)
Children's Officer: S. H. Pitt, B.Com.
Deputy Children's Officer: Miss M. R. Buckby, Dip. Soc. Studies.
- Civil Defence.** 97 Russell Road, Palmers Green, N.13. (BOWes Park 4204/6)
Civil Defence Officer: R. M. Coles.
- Entertainments.** Entertainments Office, 84 Silver Street, Enfield. (ENField 1235)
- Weights and Measures.** 341a Baker Street, Enfield. (ENField 4052/3)
Chief Inspector: D. K. Ellis.

GENERAL INFORMATION

Superintendent Registrar (Births, Deaths and Marriages)

Register Office :

Town Hall, Fore Street, Edmonton, N.9. EDM 3000

Sub-Offices :

Cecil Court, 49 London Road, Enfield. ENF 5506

Town Hall Fore Street, Edmonton, N.9. EDM 3000

Town Hall, Green Lanes, N.13. PAL 6555

North Middlesex Hospital, Silver Street, N.18. EDM 3071

Chase Farm Hospital, The Ridgeway, Enfield. ENF 3211

Ministry of Pensions and National Insurance

Local Offices :

Embassy Building, Eaton Road, Enfield. ENF 4104

Burleigh Parade, Southgate, N.14. PAL 6853

National Assistance Board

National Assistance Officer : Mr. J. Mustard.

Area Office : St. Mark's Road, Enfield. ENF 1275

Probation Service

The Courthouse, Windmill Hill, Enfield. (Mr. G. W. Hemsley). ENF 5500

H.M. District Inspector of Factories

Mr. R. Mantle, H.M. Factory Inspectorate, North London District,
52-54 Fore Street, Edmonton, N.18. EDM 4988-9

Ambulance Services

Chief Ambulance Officer : Mr. W. E. Cooke, 150 Waterloo Road, London, S.E.1.
WATERloo 5000, Ext. 6950 or 6960

Appointed Factory Doctors

Enfield : Dr. J. Firth, 66 South Street, Enfield. HOW 1729

Edmonton : Dr. M. G. Peters, 53 Dysons Road, Edmonton, N.18. EDM 3339

Dr. Gough-Thomas, 5 Springfield Court, St. John's Wood, N.W.8
(for Adult Training Centre). MAI 2262

Southgate : Dr. J. Almeyda, 109 North Circular Road, Palmers Green, N.13. EDM 2045

Alcoholics Anonymous

A following of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

Service Offices :

England and Wales : 11 Redcliffe Gardens, London, S.W.10. FLA 9669 and 9779

London Inter-Group : FLA 1626

Local Address : Wayfarer House, 248 High Road, N.22. BOW 9273

British Red Cross Society

Provides a nursing aid service, medical requisites and a variety of services for the aged and handicapped.

Head Office : 14/15 Grosvenor Crescent, S.W.1. BEL 5454

Middlesex Branch : 10 Collingham Road, S.W.5. FRO 3001

(Deputy President and Branch Director : Mrs. D. Balsom, O.B.E.).

Local Office, Edmonton and Enfield : 93 Church Street, Edmonton, N.9. EDM 5801

(Divisional Director : Mrs. D. M. Dixon).

Citizens' Advice Bureau

An advisory service to the public.

Headquarters—Greater London:

London Council of Social Service, 4 Gower Street, W.C.1.

MUS 4864

Local Offices:

Edmonton: Central Hall, Fore Street, N.9.

EDM 4253

Enfield: 84 Silver Street, Enfield.

ENF 0928

Southgate: Town Hall, Palmers Green, N.13.

PAL 6555

Church Army

Provides hostels and homes for the elderly, and recuperative care accommodation for mothers and children.

Headquarters: 185 Marylebone Road, N.W.1.

AMB 3211

Edmonton Aid in Sickness and Nursing Fund

Assist the needy referred by doctors and social workers. Help provided to meet fuel costs, extra nourishment, appliances and transport.

Secretary: Mrs. M. P. K. Menon, 77 Church Street, Edmonton, N.9.

Enfield Deanery and Moral Welfare Association

Provides moral welfare assistance in the spheres of both preventive and rescue work.

Secretary: Miss E. Pryke, 19 The Chine, N.21.

LAB 4027

Welcare Hostel: 1 The Ridgeway, Enfield.

Enfield First Aid League

Arrange the loan of first aid equipment and sick room requisites to the public free of charge.

Joint Organisers: Mr. and Mrs. E. R. Martin, 15 Drapers Road, Enfield.

ENF 1554

Family Planning Association

Provides Family Planning Services.

Head Office: 231 Tottenham Court Road, W.1.

MUS 9135

North London Branch (Enfield, Barnet, Haringey):

Organising Secretary: Mrs. M. Bayley, 133 Wood Street, Barnet.

BAR 5345

Invalid Children's Aid Association

Provision of care to invalid, delicate and physically handicapped children, including case-work and admission to residential establishments.

Secretary: Miss Rattenbury, 4 Palace Gate, Kensington, W.8.

KNI 8222

King Edward Hospital Fund for London

Provides information regarding hospital services and makes grants for purposes not covered by the National Health Service. Gives guidance and advice concerning convalescent and recuperative care accommodation.

Secretary: Mr. R. E. Peers, 14 Palace Court, W.2.

PAR 0581

Marie Curie Memorial Foundation

Maintains a comprehensive service for cancer sufferers, including the provision of residential homes; special night nursing and research programmes.

Secretary: Group Captain Philpott, 124 Sloane Street, S.W.1.

SLO 1095

Marriage Guidance Council

Local Appointments Secretary: Mr. W. Kingsland, 52a Chase Side, N.14.

PAL 1615

Middlesex Association for the Blind

Work in association with the Borough to meet the needs of blind and partially sighted people.

83 Cambridge Street, S.W.1.

TAT 8250

Mental After-Care Association

Assists persons requiring preventive care, suitable permanent chronic patients and provides convalescent holidays.

110 Jermyn Street, S.W.1.

TRA 5953

National Association for Mental Health

Offers case work service, advises on mental health problems and provides certain residential services.

39 Queen Anne Street, W.1.

WEL 1272

National Society for Mentally Handicapped Children

A service to benefit handicapped children and their families.

5 Bulstrode Street, W.1.

WEL 2513

Enfield Branch:

Secretary: Councillor Mrs. J. Watson, 19 Bazile Road, N.21.

LAB 3152

Richmond Fellowship

Provides residential centres for people who are emotionally or mentally disturbed.

16 The Green, Richmond, Surrey.

RIC 4051

The Society for Autistic Children

Provides and promotes day and residential centres for the treatment and education of autistic or psychotic children.

100 Wire Lane, Mill Hill, N.W.7.

Rent Officer for The Rent Act, 1965

The Rent Officer, Registration Area of the London Borough of Enfield,
First Floor, 470 Fore Street, Edmonton, N.9.

EDM 3000

National Society for the Prevention of Cruelty to Children

Concerned with cases of physical neglect, ill treatment, and other matters inimical to children's health and welfare.

Head Office: 1 Riding House Street, W.1.

LAN 8812

Local Office: 19 Woodfield Drive, East Barnet.
(Inspector Greenwood).

ENT 4154

Old People's Welfare

Edmonton: Secretary, Welfare Office, Town Hall, Fore Street, Edmonton, N.9. EDM 3000

Enfield: Secretary, Cecil Court, 49-55 London Road, Enfield.

ENF. 5311

Southgate: Secretary, Ruth Winston House, 190 Green Lanes, Palmers Green, N.13.

PAL 5346

Royal Society for the Prevention of Cruelty to Animals

Concerned with the promotion of animal welfare and the management of clinics.

Head Office: 105 Jermyn Street, S.W.1.

WHI 7177

Local Office: 85 Church Street, Edmonton, N.9.

EDM 3807

St. John Ambulance Brigade

Provides first aid and nursing assistance where required.

Headquarters: 8 Grosvenor Crescent, S.W.1.

BEL 5231

Local Officer: Mr. F. Keefe, 1 Lawn Close, Edmonton, N.9.

LAB 4095

The Samaritans

Exist to help those tempted to suicide or despair, and immediate contact can be made at any hour.

Emergency calls: MANSion House 9000.

Other calls: MANSion House 2277.

Women's Voluntary Service

Augments the welfare services, visiting the elderly and the homebound and providing non-medical help in hospital. Provides a Meals-on-Wheels service.

Headquarters: 41 Tothill Street, S.W.1.

WHI 7383

Local Organiser: Mrs. O. Fisher, 2a Ridge Avenue, N.21.

LAB 7820

STATISTICAL TABLES — PUBLIC HEALTH

Table 1

GENERAL STATISTICS

Area : (in acres)	20,061
Population : (Registrar General's Mid-1965 Estimate)	268,870
Number of structurally separate dwellings, including flats	86,884
Number of dwellings constructed during the year	834
Rateable Value : (at 31st December, 1965)	£17,564,170
Product of a penny rate : (1965/6 revised estimate)	£71,800

Table 2

VITAL STATISTICS

LIVE BIRTHS				Males	Females	Total
Legitimate	...	...	2,058	1,930	3,988
Illegitimate	...	...	138	122	260
			<u>2,196</u>	<u>2,052</u>	<u>4,248</u>	
Rate per 1,000 Population						
Enfield (Crude)	...	...	...	...	15.80
Enfield (Standardised)	...	...	...	...	16.43
England and Wales	...	...	...	...	18.0

Illegitimate live births per cent of total live births : 6.12%.

STILLBIRTHS				Males	Females	Total
Legitimate	...	...	21	23	44
Illegitimate	...	...	3	2	5
			<u>24</u>	<u>25</u>	<u>49</u>	

TOTAL LIVE AND STILLBIRTHS : 2,220 2,077 4,297

Rate per 1,000 live and still births

Enfield	...	...	...	...	...	11.4
England and Wales	...	...	...	...	...	15.7

INFANT DEATHS (deaths under the age of one year)

				Males	Females	Total
Legitimate	...	...	37	35	72
Illegitimate	...	...	3	2	5
			<u>40</u>	<u>37</u>	<u>77</u>	

Rate per 1,000 live births

Enfield : Legitimate	...	...	...	...	...	18.05
Enfield : Illegitimate	...	...	...	...	...	19.23
Enfield : Combined	...	...	...	...	...	18.12
England and Wales : Combined	...	...	...	...	...	19.0

NEO-NATAL DEATHS (deaths under the age of 4 weeks)

				Males	Females	Total
Legitimate	...	...	24	27	51
Illegitimate	...	...	2	1	3
			<u>26</u>	<u>28</u>	<u>54</u>	

Rate per 1,000 live births

Enfield	...	...	...	...	...	12.71
England and Wales	...	...	...	...	...	13.0

EARLY NEO-NATAL DEATHS (deaths under the age of 1 week)

	Males	Females	Total
Legitimate	22	25	47
Illegitimate	1	1	2
	<hr/>	<hr/>	<hr/>
	23	26	49
			Rate per 1,000 live births
Enfield			11.53

PERINATAL DEATHS (stillbirths, and deaths under the age of 1 week)

	Males	Females	Total
Legitimate	43	48	91
Illegitimate	4	3	7
	<hr/>	<hr/>	<hr/>
	47	51	98
			Rate per 1,000 live and stillbirths
Enfield			22.80

MATERNAL MORTALITY (including abortion)

Number of Deaths	Nil
	Rate per 1,000 live and stillbirths
Enfield	—
England and Wales	0.25

DEATHS FROM ALL CAUSES

Males	1,551
Females	1,547
	<hr/>
Total	3,098
	Rate per 1,000 Population
Enfield (Crude)	11.52
Enfield (Standardised)	10.94
England and Wales	11.5

DEATHS FROM CANCER (all forms)

Males	378
Females	320
	<hr/>
Total	698
	Rate per 1,000 Population
Enfield	2.596
England and Wales	2.227

Comparability Factors

In view of the differing sex and age distribution of local populations, the General Register Officer supplies factors for adjusting the birth and death rates to enable comparisons to be made with the rates for other areas and the country as a whole. In addition, the Death Rate Area Comparability Factor is adjusted to take account of the presence of any residential institution in the area.

The Comparability Factors for Enfield are: Births 1.04. Deaths 0.95.

Table 3
INFANT MORTALITY

Deaths from stated causes at various ages under one year of age

CAUSE OF DEATH	Under 1 week	1 and under 2 weeks	2 and under 3 weeks	3 and under 4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 and under 6 months	6 and under 9 months	9 and under 12 months	TOTAL 4 weeks and under 12 month	TOTAL DEATHS UNDER ONE YEAR OF AGE
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—
Diphtheria and Croup	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis	—	—	—	—	—	—	—	—	—	—	—
Meningitis (not Tuberculous)	—	—	—	—	—	—	—	2	—	2	2
Convulsions	—	—	—	—	—	—	—	—	—	—	—
Laryngitis	—	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	—	—	—	—	1	—	—	—	1	1
Pneumonia (all forms)	3	—	—	1	4	4	3	1	1	9	13
Diarrhoea, Enteritis and Gastritis	—	—	—	—	—	2	—	—	1	3	3
Syphilis	—	—	—	—	—	—	—	—	—	—	—
Rickets	—	—	—	—	—	—	—	—	—	—	—
Suffocation, Overlying	—	—	—	—	—	—	—	—	—	—	—
Asphyxia Neonatorum	14	—	—	—	14	—	—	—	—	—	14
Injury at Birth	4	—	—	—	4	—	—	—	—	—	4
Atelectasis	3	—	—	—	3	—	—	—	—	—	3
Congenital Malformations	8	3	1	—	12	5	—	1	1	7	19
Premature Birth	14	—	—	—	14	—	—	—	—	—	14
Atrophy, Debility and Marasmus	—	—	—	—	—	—	—	—	—	—	—
Accidents	—	—	—	—	—	—	—	—	—	—	—
Leukaemia	—	—	—	—	—	—	—	—	—	—	—
Tumours	—	—	—	—	—	—	—	—	—	—	—
Other Causes	3	—	—	—	3	1	—	—	—	1	4
TOTALS	49	3	1	1	54	13	3	4	3	23	77

Table 4
CAUSES OF, AND AGES AT, DEATH

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	75 & over
Tuberculosis, Respiratory	M	4	—	—	—	—	—	—	—	1	1	1	1
	F	3	—	—	—	—	—	—	—	1	—	2	—
Tuberculosis, other forms	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Syphilitic Disease	M	4	—	—	—	—	—	—	—	—	3	1	—
	F	1	—	—	—	—	—	—	—	—	1	—	—
Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	1	—	—	—	—	—	—	—	—
Acute Poliomyelitis	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Measles	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases	M	1	—	—	—	—	1	—	—	—	—	—	—
	F	5	—	—	—	—	—	—	1	1	—	3	—
Malignant Neoplasm, Stomach	M	40	—	—	—	—	—	—	1	3	10	14	12
	F	33	—	—	—	—	—	—	—	2	5	12	14
Malignant Neoplasm, Lung, Bronchus	M	164	—	—	—	—	—	—	1	13	58	57	35
	F	27	—	—	—	—	—	—	—	2	8	8	9
Malignant Neoplasm, Breast	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	63	—	—	—	—	—	—	1	2	9	18	20
Malignant Neoplasm, Uterus	F	26	—	—	—	—	—	—	2	4	7	3	10
Other Malignant and Lymphatic Neoplasms	M	162	—	—	—	—	6	4	2	14	41	40	55
	F	161	—	—	—	—	—	1	5	18	29	42	66
Leukaemia, Aleukaemia	M	11	—	—	—	—	1	—	—	2	2	6	—
	F	10	—	—	—	—	—	—	—	2	1	4	1
Diabetes	M	10	—	—	—	1	1	—	—	1	1	3	5
	F	16	—	—	—	—	—	—	—	1	1	5	9
Vascular Lesions of Nervous System	M	144	—	—	—	—	—	1	2	7	25	37	72
	F	253	—	—	—	—	—	—	—	7	30	43	171
Coronary Disease, Angina	M	420	—	—	—	—	—	1	8	46	129	111	125
	F	293	—	—	—	—	—	—	1	12	22	92	166

Hypertension with Heart Disease	M	12	—	—	—	—	—	—	—	—	2	4	6
	F	35	—	—	—	—	—	—	—	—	4	8	23
Other Heart Disease	M	99	—	—	—	—	—	1	2	3	10	12	71
	F	160	—	—	—	—	—	—	2	4	10	23	121
Other Circulatory Diseases	M	85	—	—	—	—	—	—	1	1	12	21	50
	F	105	—	—	—	—	—	—	—	3	5	10	87
Influenza	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	2	—	—	—	—	—	—	—	—	—	1	1
Pneumonia	M	54	3	5	—	—	—	—	1	1	4	10	30
	F	78	1	4	1	—	—	—	—	2	1	13	56
Bronchitis	M	112	—	—	2	—	—	1	1	3	23	42	40
	F	42	—	1	—	1	—	—	—	1	4	12	23
Other Diseases of Respiratory System	M	15	—	—	2	—	—	—	—	1	—	6	5
	F	7	—	—	—	—	—	—	1	—	—	1	3
Ulcer of Stomach and Duodenum	M	15	—	—	—	—	—	—	—	—	5	7	3
	F	13	—	—	—	—	—	—	—	—	1	2	10
Gastritis, Enteritis and Diarrhoea	M	12	—	1	—	1	—	—	—	—	3	2	5
	F	16	—	2	—	—	—	—	—	—	3	3	8
Nephritis and Nephrosis	M	7	—	—	—	1	1	—	1	1	1	1	1
	F	3	—	—	—	—	—	1	—	—	1	—	1
Hyperplasia of Prostate	M	11	—	—	—	—	—	—	—	—	—	2	9
Pregnancy, Childbirth and Abortion	F	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Malformations	M	12	4	6	—	—	—	—	—	2	—	—	—
	F	16	8	1	4	1	—	—	—	1	1	—	—
Other Defined and Ill-Defined Diseases	M	83	19	2	1	1	1	2	—	10	13	7	27
	F	133	19	1	1	—	2	3	5	7	16	19	60
Motor Vehicle Accidents	M	19	—	—	—	3	3	4	2	2	4	—	1
	F	8	—	—	—	—	1	—	—	2	2	2	1
All Other Accidents	M	34	—	—	1	2	6	3	2	3	5	7	5
	F	18	—	—	—	—	—	1	—	4	2	7	4
Suicide	M	18	—	—	—	—	—	2	—	2	4	4	5
	F	16	—	—	—	—	—	1	4	3	5	2	1
Homicide and Operations of War	M	1	—	—	—	—	—	—	—	1	—	—	—
	F	3	—	—	1	1	—	—	—	—	1	—	—
TOTAL ALL CAUSES	MALE	1,551	26	14	6	8	21	17	29	116	362	393	559
	FEMALE	1,547	28	9	9	4	3	8	26	85	179	331	865
		3,098	54	23	15	12	24	25	55	201	541	724	1,424

Table 5

ROAD ACCIDENTS

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total 1965
No. of Accidents	146	111	129	156	201	165	172	144	163	156	168	148	1,859
Total Casualties	186	140	154	202	251	211	213	178	214	209	224	205	2,387
Fatal	5	1	2	2	1	6	—	—	2	1	3	3	26
Serious	33	21	22	40	39	38	30	40	45	38	38	39	423
Slight	148	118	130	160	211	167	183	138	167	170	183	163	1,938
Where They Happened													
Trunk Roads (10.12 mls.)	16	19	29	36	45	37	43	33	35	32	30	42	397
Met. Roads (13.86 mls.)	24	17	16	28	38	22	30	25	28	19	21	30	298
Class I Roads (18.16 mls.)	41	33	42	39	44	50	39	36	36	38	51	35	484
Class II Roads (5.25 mls.)	7	7	5	8	7	7	5	7	8	9	10	8	88
Class III Roads (36.13 mls.)	29	17	25	18	28	20	26	21	26	31	23	21	285
District Roads (225.88 mls.)	29	18	12	27	39	29	29	22	30	27	33	12	307
													1,859
Types of Road User													
Pedestrians	37	26	27	30	52	39	37	39	37	43	50	39	456
Pedal Cyclists	20	11	24	23	32	32	24	31	25	28	35	17	302
Motor Cyclists and Passengers	25	19	10	31	35	30	37	23	28	31	14	17	300
Scooters, Mopeds and Passengers	22	18	19	28	33	34	29	24	39	22	24	15	307
P.M.C. Drivers and Passengers	57	51	52	69	71	54	64	46	55	67	76	98	760
H.G.V. Drivers and Passengers	4	—	1	—	3	—	1	3	—	—	7	1	20
Drivers and Passengers of other vehicles	21	15	21	21	25	22	21	12	30	18	18	18	242
													2,387
Age Groups													
Under 5 years	3	3	1	4	8	4	5	7	6	6	1	4	52
5 - 14 years	8	10	10	18	37	22	30	33	18	25	25	13	249
15 - 60 years	162	117	128	167	187	162	168	127	168	157	176	162	1,881
Over 60 years	13	10	15	13	19	23	10	11	22	21	22	26	205
													2,387

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

Table 6
Infectious Diseases, Notification and Deaths

DISEASE	Number Notified	Known to be treated in Hospital	Deaths
Scarlet Fever	188	19	—
Erysipelas	24	3	—
Diphtheria (including membranous croup) ...	—	—	—
Whooping Cough	73	1	—
Measles	2,283	1	—
Acute Poliomyelitis :			
(a) Paralytic	—	—	—
(b) Non-paralytic	—	—	—
Acute Encephalitis :			
(a) Infective	1	1	—
(b) Post-infectious	1	1	—
Meningococcal Infection	—	1	1
Tuberculosis :			
(a) Respiratory	99	12	7
(b) Meninges and C.N.S.	2	2	—
(c) Other forms	20	2	—
Acute Pneumonia (Primary or Influenzal) ...	35	4	132*
Dysentery	467	2	—
Food Poisoning	26	1	—
Paratyphoid Fever	—	—	—
Typhoid Fever	—	—	—
Puerperal Pyrexia	155	132	—
Ophthalmia Neonatorum	1	1	—
Smallpox	—	—	—
Malaria	—	—	—
Cholera	—	—	—
Plague	—	—	—
Anthrax	—	—	—
Typhus Fever	—	—	—
Relapsing Fever	—	—	—

* Registrar General's figure included non-notifiable cases.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

Table 7

Age in Years		Tuberculosis							
		New Cases				Deaths			
		Respiratory		Other Forms		Respiratory		Other Forms	
M	F	M	F	M	F	M	F		
Under 1	...	—	—	—	—	—	—	—	—
1 -	...	2	—	—	—	—	—	—	—
5 -	...	—	1	1	—	—	—	—	—
10 -	...	—	—	—	—	—	—	—	—
15 -	...	2	2	2	—	—	—	—	—
20 -	...	1	6	—	2	—	—	—	—
25 -	...	13	10	2	4	—	—	—	—
35 -	...	10	3	—	—	—	—	—	—
45 -	...	10	5	5	1	1	1	—	—
55 -	...	16	1	2	—	1	—	—	—
65 and over	...	11	5	2	1	2	2	—	—
TOTALS		65	34	14	8	4	3	—	—

During the year there were inward transfers to the Borough of 33 notified cases of respiratory tuberculosis and 4 of other forms of tuberculosis.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

Table 8

Public Health Laboratory Service

Type of Specimen	Number of Specimens submitted			Findings	Number of Positives	% of Positives
	by Local Authority	by General Practitioners	Total			
CLINICAL						
Nose and throat swabs ...	700	1,200	1,900	Group A haemolytic streptococci	290	15%
Faeces, general ...	5,651	1,884	7,535	Sonnei dysentery ...	505	
				Salmonellosis ...	16	
				Infantile gastro-enteritis coli ...	4	7%
				Giardiasis ...	24	
				Salmonella typhi (known carrier)	1	
Faeces, occult blood ...	431	—	431	Blood ...	11	2.5%
Kahn tests ...	238	—	238	Gonorrhoea ...	—	0%
ENVIRONMENTAL						
Milk ...	192	—	192	1 failed Methylene Blue Test ...	—	0.52%
Water ...	9	—	9	Nil ...	—	0%
Food ...	9	—	9	Nil ...	—	0%

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

Table 9

Public Health Laboratory Service

Type of Specimen	Number of Specimens submitted		
	by Local Authority	by General Practitioners	Total
CLINICAL			
Miscellaneous, sputa, urines, genital, eye, ear and pus swabs, etc.	316	1,784	2,000
Blood counts	403	343	746
Rhesus and ABO blood grouping	240	—	240
ENVIRONMENTAL			
Ice cream	61	—	61

A quarter of the ice-cream samples fell below grade 3.

These included soft ices and wrapped ices, some from reputable mass producers.

CARE OF MOTHERS AND YOUNG CHILDREN

Table 10

Ante-Natal and Post-Natal Clinics; Relaxation and Mothercraft Classes

Number of Clinics	Number of Sessions			Number of Women in Attendance			Total Number of Attendances		
	Ante-natal	Post-natal	Relaxation and Mothercraft	Ante-natal	Post-natal	Relaxation and Mothercraft	Ante-natal	Post-natal	Relaxation and Mothercraft
15	828	828	506	1,063	481	809	6,615	581	4,102
	Combined sessions								

Table 11

Child Welfare Clinics

Number of Clinics	Number of Sessions	Number of children who attended			Total number of children who attended	Total number of attendances
		1965	1964	1960-63		
20	1,941	3,573	2,774	4,254	10,601	100,460

CARE OF MOTHERS AND YOUNG CHILDREN

Table 12

Dental Care

	Dental Services	Expectant and Nursing Mothers	Children under 5 years of age
Examined	95	817
Commenced treatment	80	518
Courses of treatment completed	51	419
Treatments provided :			
Extractions	51	209
General Anaesthetics	8	124
Fillings	147	712
Silver Nitrate	—	821
Crowns and Inlays	1	—
Scalings and gum treatment	46	—
Radiographs	21	2
Dentures provided :			
Full upper or lower	4	—
Partial upper or lower	8	—

MIDWIFERY

Table 13

Midwives who Notified their intention to Practise within the Borough during 1965

Employed by the Borough	Domiciliary In Private Practice	Hospitals	Institutional Nursing Homes	Total
32	1	111	0	144

Table 14

Care of Premature Infants

Number of Premature Babies Born at Home	Premature Babies Number	Born and Nursed at Home	
		Died during first 24 hours	Survived to end of 28 days
71	42	0	42

HEALTH VISITING

Table 15

Visits to Homes made by Health Visitors during 1965

Home Visits to :	Number of Visits *	
	First Visits	Total Visits
Expectant Mothers	815	1,221
Children,		
born in 1965	4,353	10,708
born in 1964	3,388	8,538
born in 1960 - 63	5,755	13,509
Persons aged 65 years and over	287	1,266
Mentally Disordered Persons	26	86
Patients discharged from Hospitals (other than Mental and Maternity)	21	37
Infectious disease Households	29	30
Miscellaneous	298	456
Totals	14,972	35,851

* This Tables excludes visits by Tuberculosis Health Visitors.

HOME NURSING

Table 16

Work Undertaken by the Home Nurses during 1965

Number of Visits	Number of Patients	Number of Patients under the age of 5 years	Number of Patients aged 65 years or over	Number of Visits of over one hour duration included in the Total
116,704	3,123	44	1,956	2,616

VACCINATION AND IMMUNISATION

Table 17

Immunisation against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis
Persons aged under 16 years

Type of Vaccine or Dose	Year of Birth					Others Under Age 16	Total
	1965	1964	1963	1962	1958-61		
	1. Quadruple DTPP	73	49	8	—			3	1	134
2. Triple DTP	1426	1612	72	24	31	3	3168
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	82	111	16	9	68	53	339
5. Diphtheria	—	5	—	—	5	23	33
6. Pertussis	—	4	4	—	—	—	8
7. Tetanus	—	30	2	4	238	306	580
8. Salk	1	49	16	1	23	7	97
9. Sabin	551	2612	338	120	346	166	4133
10. Lines 1+2+3+4+5 (Diphtheria)	1581	1777	96	33	107	80	3674
11. Lines 1+2+3+6 (Wh. Cough)	1499	1665	84	24	34	4	3310
12. Lines 1+2+4+7 (Tetanus)	1581	1802	98	37	340	363	4221
13. Lines 1+8+9 (Polio)	625	2710	362	121	372	174	4364

Re-inforcing Doses

Type of Vaccine or Dose	Year of Birth					Others Under Age 16	Total
	1965	1964	1963	1962	1958-61		
	1. Quadruple DTPP	—	33	47	8			57	6	151
2. Triple DTP	—	725	994	101	403	172	2395
3. Diphtheria/Pertussis	—	—	—	—	1	8	9
4. Diphtheria/Tetanus	—	80	133	24	1882	691	2810
5. Diphtheria	—	8	1	—	157	1288	1454
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	2	—	9	45	56
8. Salk	—	19	37	11	70	16	153
9. Sabin	—	—	—	—	2848	129	2977
10. Lines 1+2+3+4+5 (Diphtheria)	—	846	1175	133	2500	2165	6819
11. Lines 1+2+3+6 (Wh. Cough)	—	758	1041	109	461	186	2555
12. Lines 1+2+4+7 (Tetanus)	—	838	1176	133	2351	914	5412
13. Lines 1+8+9 (Polio)	—	52	84	19	2975	151	3281

Table 18

Smallpox Vaccination
Persons aged under 16 years

Age at Date of Vaccination	Number of Persons Vaccinated or Re-Vaccinated	
	Number Vaccinated	Number Re-Vaccinated
Under 3 months	71	—
3 months and under 6 months	30	—
6 months and under 9 months	28	—
9 months and under 12 months	58	—
1 year	1753	3
2 - 4 years	583	7
5 - 15 years	93	96
Total	2616	106

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Table 19

Tuberculosis Statistics of Chest Clinics

1. Number of cases of tuberculosis under treatment or supervision at 31st December, 1965.

Men	Respiratory			Men	Non-Respiratory		
	Women	Children	Total		Women	Children	Total
1,207	901	76	2,184	80	123	12	215

2. Number of cases of respiratory tuberculosis under Section 1 above, new to the clinic (but excluding transfers from other clinics) during the year ended 31st December, 1965.

Classification *	Non-Bacteriologically Confirmed				Bacteriologically Confirmed			
	Men	Women	Children	Total	Men	Women	Children	Total
Group I ...	14	14	27	55	8	7	—	15
Group II ...	62	37	—	99	28	5	—	33
Group III ...	2	—	—	2	8	—	—	8
Totals ...	78	51	27	156	44	12	—	56

3. Number of cases of non-respiratory tuberculosis included in 1 above, new to the clinic (but excluding transfers from other clinics) during the year ended 31st December, 1965.

Men	Women	Children	Total
10	7	1	18

4. Number of cases included in 1 above, whose broncho-pulmonary secretion was positive during the year 61.

- * The three sub-divisions of new respiratory cases are estimated as follows from the standard P.A. film :—

Group I—

Total area of disease not exceeding $\frac{1}{3}$ of one lung in aggregate.

Group II—

Total area of disease not exceeding $\frac{2}{3}$ of one lung in aggregate.

Group III—

Total area of disease exceeding (including miliary disease) $\frac{2}{3}$ of one lung in aggregate.

Tuberculous pleural effusions, pleural thickening without obvious lung involvement and enlarged hilar glands are placed in Group I.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Table 20

Attendance at Mass Radiography

Persons Attending	Male	Female	Total
General Public	2,243	2,768	5,011
Organized groups	8,335	3,383	11,718
Contact groups	385	195	580
Totals	10,963	6,346	17,309
Requiring further investigation	155	52	207

Table 21

Cases of Pulmonary Tuberculosis found at Mass Radiography

Classification	Male	Female	Total
Requiring immediate treatment	8	2	10
Requiring close clinic supervision	2	—	2
Requiring occasional clinic supervision	29 (3pk)	13 (5pk)	42
Presumed healed—no further action	16 (2pk)	11 (4pk)	27
Totals	55	26	81

(pk) = previously known.

Table 22

Other Abnormalities found at Mass Radiography

Type	Male	Female	Total
Bronchial Carcinoma	6	1	7
Metastases in the lung and mediastinum	1	1	2
Pleural effusion—not tuberculous	—	1	1
Pleural thickening or calcification—non tuberculous	14	1	15
Congenital abnormalities of the heart and vessels	3	5	8
Acquired abnormalities of the heart and vessels ...	15	2	17
Sarcoidosis	4	1	5
Pneumoconiosis	1	—	1
Bacterial and virus infections of the lungs	6	2	8
Bronchiectasis	4	—	4
Congenital malformation of the lungs	2	—	2
Emphysema	2	—	2
Pulmonary fibrosis—non tuberculous	11	4	15
Abnormalities of the diaphragm and oesophagus ...	7	5	12
Congenital abnormalities of the bony thorax and soft tissues	3	—	3
Acquired abnormalities of the bony thorax and soft tissues	5	—	5
Miscellaneous abnormalities	1	2	3
Totals	85	25	110
Did not attend for further investigation	4	2	6

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Table 23

Attendance at Chiroprody Clinics

Category of Patient	New Cases	Old Cases	Re-attendances	Total
	First attendances	First attendances		
Elderly Persons	238	927	3,814	4,979
Physically Handicapped	4	4	17	25
Expectant and Nursing Mothers	10	8	22	40
School Children	47	31	107	185
Pre-school Children	4	3	17	24
Others	33	86	510	629
Totals	336	1,059	4,487	5,882

MENTAL HEALTH

Table 24

Patients under Local Health Authority Care at 31st December, 1965

	Mentally Ill					Sub-normal and Severely Sub-normal				Total
	Under age 16		Aged 16 and over		Total	Under age 16		Aged 16 and over		
	M	F	M	F		M	F	M	F	
1. Number of patients under care at 31st December, 1965	—	1	74	124	199	66	48	157	157	428
2. (a) Attending day training centre	—	—	2	1	3	46	30	47	41	164
(b) Awaiting entry thereto	—	—	—	—	—	3	3	1	3	10
3. (a) Resident in L.H.A. home/hostel	—	—	—	—	—	—	—	—	1	1
(b) Awaiting residence in L.H.A. home/hostel	—	—	1	6	7	—	—	—	—	—
(c) Resident at L.H.A. expense in other residential homes/hostels	—	—	5	4	9	2	—	6	7	15
(d) Resident at L.H.A. expense by boarding out in private household	—	—	—	—	—	1	1	5	13	20
4. Receiving home visits and not included in (2) or (3)	—	1	66	113	180	14	14	98	92	218
5. No. of patients in L.H.A. area on waiting list for admission to hospital at 31.12.65 :										
(a) In urgent need of hospital care	—	—	—	—	—	2	2	5	4	13
(b) Not in urgent need of hospital care	—	—	—	—	—	—	1	—	—	1
6. No. of admissions for temporary residential care (e.g. to relieve the family) during 1965 :										
(a) To N.H.S. Hospitals	—	—	—	—	—	6	4	6	8	24
(b) Elsewhere	—	—	—	—	—	3	1	2	4	10

MENTAL HEALTH

Table 25

Number of Patients referred during year ended 31st December, 1965

Referred by	Mentally III					Sub-normal and Severely Sub-normal				
	Under age 16		Aged 16 and over		Total	Under age 16		Aged 16 and over		Total
	M	F	M	F		M	F	M	F	
General Practitioners	2	1	93	156	252	2	—	1	—	3
Hospitals, on discharge from in-patient treatment	—	1	62	69	132	—	—	1	1	2
Hospitals, after or during out-patient or day treatment	—	—	75	107	182	—	1	1	—	2
Local Education Authority	—	—	—	—	—	5	1	3	—	9
Police and Courts	—	—	7	5	12	—	—	—	—	—
Other Sources	—	—	45	66	111	4	1	9	3	17
Total	2	2	282	403	689	11	3	15	4	33

Table 26

Work of Mental Welfare Officers

(a) Mental Illness :

Compulsory admissions to psychiatric hospitals	122
Informal admissions to psychiatric hospitals	84
No. of Visits and Office Interviews	4,843

(b) Mental Sub-normality :

No. of Visits and Office Interviews to those under the Council's community care	1,012
--	-------

DOMESTIC HELP

Table 27

Number of Cases in which Domestic Help was Provided during 1965

Aged 65 years or over at time of first visit	Aged Under 65 years on First Visit					Total
	Maternity	Chronic Sick	Tuberculous	Mentally Disordered	Others	
1,587	249	159	7	4	288	2,294

TEN YEAR PLAN

Table 28

Health Service Staff

Staff (whole-time equivalent)	Actual at Dec. 31st, 1965	Estimated Requirements of Paid Staff in whole-time equivalents (W.T.E.) at 31st December					
		1966	1967	1968	1969	1970	1975
Doctors: Clinical	7.9	8	8	8	8	8	8
M.O.H. and Deputy	1.7	1.7	1.7	1.7	1.7	1.7	1.7
Dentists	0.2	0.3	0.4	0.5	0.9	0.9	1
Administrative and Supervisory Nursing Staff	4.2	4.2	4.2	4.2	4.2	4.2	4.2
Domiciliary Midwives	30	31	32	32	33	34	36
Health Visitors and T.B. Visitors	18	22	26	30	38	40	45
Home Nurses	41	42	44	46	48	50	53
Day Nursery Staff	15	15	29	29	43	43	42
Other Health Service Nursing Staff	8	8	8	8	8	8	8
Home Help Organisers	4	4	4	4	4	4	5
Home Helps	112	120	135	150	170	180	221
Staff for Training Centres for Men- tally Sub-normal	26	28	28	30	30	30	32
Home Teachers for Mentally Sub- normal	0	0	0	0	0	0	0
Staff in Mental Health Residential Accommodation	2	3	8	8	8	8	16
Social Workers (Mental Health) with relevant University or Equivalent Profess. Training .	1	1	2	2	3	3	4
With the Certificate in Social Work of the Council for Training in Social Work	2	2	3	4	5	6	7
Other Social Workers	8	8	8	9	9	10	10
Welfare Assistants (Mental Health) in Training	0	1	1	2	2	3	3
Others	0	0	0	0	0	0	0
Social Workers (other than Mental Health)	0.3	0.5	1	1	1	1	2
University, etc.	0	0	0	0	0	0	0
Certificate	0	0	0	0	0	0	0
Others	0	0	0	0	0	0	0
Welfare Assistants (other than Mental Health in Training) ...	0	0	0	0	0	0	0
Others	0	0	0	0	0	0	0
Chiropodists	3.7	5	5	5	6	6	6
Admin. and Clerical	55	55	55	59	67	67	67
Manual and Domestic	30	31	40	42	50	51	59
Other Health Staff (e.g. Physio- therapist, Health Educ. Organ.)	1.0	1.6	7.6	11	16	16	23
Grand Total of Items	371	392	451	486	556	575	654

TEN YEAR PLAN

Table 29

Premises

Year	Section	Premises	No. of Places or Pop. Served	Address	Capital Cost £
1966	22	1. Clinic	7,000 - 10,000	Dysons Road	19,000
		2. Clinic	13,000	Green Street	35,750
		3. (Clinic) Add 2 Rooms		St. Stephen's	2,800
		4. (Clinic) Add 1 Room		Rosemary	2,000
	21 Mental Health	5. Health Centre Incorp. Social Centre Room, Mentally Ill	10,000 - 20,000 50	Hertford Road	120,500
1967	22 Mental Health	6. Day Nursery Incorporating Day Centre— Mentally Sub-normal Infants	55 10	Suitable Site	94,500
		7. Occupation Centre—Mentally Ill	20	Suitable Site	63,000
		8. Hostel—Mentally Sub-normal Children	15	Suitable Site	40,250
		9. Day Centre—Elderly Mentally Ill	25	Suitable Site	63,000
1968	22 Mental Health	10. Day Nursery Incorporating Day Centre— Mentally Sub-normal Infants	55 10	Suitable Site	94,500
		11. Health Centre or Clinic—both Incorporating Social Centre Room—Mentally Ill	10,000 - 20,000 50	Enfield Town	180,500 74,000
1969	21 Mental Health	12. Health Centre Added to Clinic, Incorp. Social Centre Room—Mentally Ill	50 50	Bowes Road New Southgate	58,500
		13. Clinic	10,000 - 20,000	Grange Park, Winchmore Hill	59,500
1970	22	14. Clinic	10,000 - 20,000	Nr. Broomfield Park	54,500
		15. Day Nursery Incorporating Day Centre— Mentally Sub-normal Infants	55 10	Nr. Fore Street	93,000
1971	22 Mental Health	16. Occupation Centre—Mentally Ill	20	Suitable Site	63,000
		17. Hostel—Mentally Sub-normal Adults	20	Suitable Site	59,000
		18. Junior Training Centre and Special Care Unit	150 (24)	Waverley Road	80,000
1972 to March, 1976	21	19. Hostel—Mentally Sub-normal Adults	20	Suitable Site	59,000
		20. Occupation Centre—Mentally Ill	20	Suitable Site	63,000

CERTIFICATION OF BLINDNESS AND PARTIAL SIGHT

Table 30

Follow-up of Registered Blind and Partially Sighted Persons in 1965

	Cause of Disability				
	Cataract	Glaucoma	Retrolental fibroplasia	Myopia	Others
(i) Number of cases registered during the year in respect of which Forms B.D.8 recommend :					
(a) No treatment	2	5	—	3	29
(b) Treatment (medical, surgical, optical, or ophthalmic medical supervision)	11	3	1	8	17
(ii) Number of cases at (i) (b) above which on follow-up action :—					
(a) Have completed treatment ...	1	1	1	—	—
(b) Treatment started, but not completed	—	2	—	8	15
(c) Awaiting treatment	10	—	—	—	2
(d) Refused treatment	—	—	—	—	—
(e) Died or removed from the Borough	—	—	—	—	*4
(iii) Number of cases registered as at 31st December, 1965			657		

* 3 deaths/removals are included in "No treatment".

1 death is included in "Others—treatment started".

WATER SUPPLY

Table 31

Metropolitan Water Board Chemical and Mineral Analysis

Average Results in Milligrammes per litre where applicable						
	Thames derived North of River	New River derived	Hoe Lane Well derived	Hadley Road Well derived	Waltham Abbey Well derived	
No. of Samples	207	104	3	4	4	
Albuminoid Nitrogen	0.091	0.065	0.043	0.023	0.042	
Ammoniacal Nitrogen	0.060	0.053	0.155	0.150	0.190	
Nitrate Nitrogen	4.2	5.7	0.1	0.2	0.1	
Oxygen abs. from $KMnO_4$, 4hrs at 27°C	1.20	0.72	0.38	0.22	0.42	
Hardness (total) $CaCO_3$	272	302	440	276	274	
Hardness (non-carbonate) $CaCO_3$	68	66	144	34	50	
Magnesium as Mg.	4	5	—	—	—	
Chloride as Cl	41	42	32	23	26	
Phosphate as PO_4	1.9	1.4	—	—	—	
Silicate as SiO_2	10	12	—	—	—	
Sulphate as SO_4	64	60	—	—	—	
Natural Flouride as F	0.25	0.25	0.55	1.15	0.65	
Surface-active material as Manoxol OT	0.11	0.7	—	—	—	
Turbidity Units	0.1	0.1	1.1	1.2	0.6	
Colour (Burgess units)	15	7	14	5	8	
pH Value	7.6	7.7	7.2	7.4	7.3	
Electrical Conductivity (micromhos)	570	610	770	560	540	

Table 32

Metropolitan Water Board Average Bacteriological Results

	Thames derived North of River	New River derived	Hoe Lane Well derived	Hadley Road Well derived	Waltham Abbey Well derived	
Results before Treatment						
Number of Samples	—	—	134	273	247	
Agar Plate Count per ml.						
20-24 hrs. at 37°C.	—	—	0.1	0.1	0.0	
3 days at 22°C.	—	—	5	9	2	
Coliform Count						
% samples neg. in 100 ml. ...	—	—	98.51	94.14	96.36	
Count per 100 ml.	—	—	0.2	0.3	0.1	
Escherichia coli Count						
% samples neg. in 100 ml. ...	—	—	100.0	95.24	92.57	
Count per 100 ml.	—	—	—	0.3	—	
Results after Treatment						
Number of Samples	2,046	514	138	239	252	
Agar Plate Count per ml.						
20-24 hrs. at 37°C.	7.4	6.4	—	0.2	0.2	
3 days at 22°C.	—	—	2	4	2	
Coliform Count						
% samples neg. in 100 ml. ...	99.95	100.0	100.0	99.58	100.0	
Escherichia coli Count						
% samples neg. in 100 ml. ...	100.0	100.0	100.0	99.58	100.0	

WATER SUPPLY

Table 33

Chemical and Mineral Analysis

Lee Valley Water Company

North Mimms Pumping Station with
Coagulation/Filtration Plant
Average Results in Milligrammes per litre
where applicable

	Raw Maximum	Raw Minimum	Treated Average
pH	7.3	6.9	7.0
Burgess Colour	20	0	0
Turbidity	28	2	0
Total Solids	545	400	445
Free CO ₂	50	26	44
Nitrate Nitrogen	20.0	3.0	6.4
Nitrite Nitrogen	0.01	0.00	0.01
Ammoniacal Nitrogen	0.16	0.00	0.01
Aluminoid Nitrogen	0.17	0.00	0.04
Oxygen Absorbed	2.60	0.50	0.70
Carbonate Hardness	255	145	195
Non-Carbonate Hardness	220	60	130
Calcium	134	109	109
Magnesium	12.5	1.0	5.8
Sodium	44.0	15.3	20.3
Potassium	7.2	4.3	5.3
Chloride	69	25	38
Fluoride	<0.2	<0.2	<0.2
Sulphate	148	62	100
Carbonate	154	86	114
Phosphate	0.90	0.12	<0.05
Silica	17	8	10
Iron	0.40	0.02	0.02

WATER SUPPLY

Table 34

Lee Valley Water Company Average Bacteriological Results

Results before Treatment	North Mimms Pumping Station	Borough of Enfield Supply
Escherichia Coli Positive		
Number of samples examined	51	—
E. Coli absent/100 mls.	—	—
E. Coli present in 100 mls.	—	—
E. Coli present in 50 mls.	2	—
E. Coli present in 10 mls.	21	—
E. Coli present in 1.0 mls.	17	—
E. Coli present in 0.1 mls.	10	—
E. Coli present in 0.01 mls.	1	—
Presumptive Coli Aerogenes Positive		
Number of samples examined	51	—
Presumptive Coli Aerogenes absent/100 mls.	—	—
Presumptive Coli Aerogenes present in 100 mls.	—	—
Presumptive Coli Aerogenes present in 50 mls.	—	—
Presumptive Coli Aerogenes present in 10 mls.	13	—
Presumptive Coli Aerogenes present in 1.0 mls.	19	—
Presumptive Coli Aerogenes present in 0.1 mls.	14	—
Presumptive Coli Aerogenes present in 0.01 mls.	2	—
Presumptive Coli Aerogenes present in 0.001 mls.	3	—
Results after Treatment		
Presumptive Coli Aerogenes Positive		
Number of samples examined	365	—
Presumptive Coli Aerogenes positive in 100 mls.	1	—
Presumptive Coli Aerogenes positive in 50 mls.	—	—
Presumptive Coli Aerogenes positive in 10 mls.	—	—
Presumptive Coli Aerogenes positive in 1.0 mls.	—	—
Presumptive Coli Aerogenes positive in 0.1 mls.	—	—
Presumptive Coli Aerogenes positive in 0.01 mls.	—	—
E. Coli and Presumptive Coli Aerogenes Negative		
Number of samples examined	—	50

CLEAN AIR

Table 35 Smoke Control Areas

Area of the Borough (in acres) 20,061
Total number of properties as at 31st Dec., 1965 ... 98,839

Areas in Operation

Area	No. of Premises	Acreage
ENFIELD		
1. Turkey Street, Cambridge Road, Hoe Lane, New River	516	68
2. Cheshunt Boundary, Bulls Cross Caterhatch Lane, Turkey Street, Railway Line	2,831	604
3. Carterhatch Lane, New River, Southbury Road, Hertford Road	2,017	525
4. Cheshunt Boundary, Barnet Boundary, Enfield Road, The Ridgeway, Lavender Hill, Forty Hill	3,046	6,690
5. Lancaster Road, The Ridgeway, Church Street, Baker Street	3,600	405
EDMONTON		
1. Gt. Cambridge Road, Church Street, Latymer Road ...	417	93
2. Bury Street West, Firs Lane, Hedge Lane, Gt. Cambridge Road	2,092	353
3. Church Street, Gt. Cambridge Road, Westerham Avenue, Victoria Road	1,786	213
4. Bury Street, Gt. Cambridge Road, Latymer Road, Church Street, Hertford Road	1,951	152
5. North Circular Road, Chequers, Haringey Boundary, Bull Lane	3,933	425
6. Old Enfield Boundary, Carrs Lane, Ridge Avenue, Gt. Cambridge Road	5,661	639
7. Angel Road, Fore Street, Park Lane, Bull Lane, Haringey Boundary, Kimberley Road	4,160	388
SOUTHGATE		
1. Old Enfield Boundary, Barnet Boundary, Bramley Rd.	980	502
2. Bramley Rd., Barnet Boundary, Oakwood Railway Line	2,943	416
3. Old Enfield Boundary, Oakwood Railway Line, Winchmore Hill Road	2,095	392
4. Winchmore Hill Road, Bourne Hill, Winchmore Hill Railway Line	1,765	417
5. Carrs Lane, Old Enfield Boundary, Grange Park Railway Line, Station Road, Bush Hill	1,250	213
Total ...	41,043	12,495

Orders made during 1965/66. To come into operation 1966/67

LONDON BOROUGH OF ENFIELD

Area	No. of Premises	Acreage
11. Myddleton Avenue, Birkbeck Road, Baker Street, Southbury Road, New River	3,337	335
12. Church Street, Windmill Hill, Enfield Road, Lonsdale Drive, Green Dragon Lane, Old Edmonton Boundary, The Town Railway Lane	3,892	935
13. Sandhurst Road, Hertford Road, Town Road, Picketts Lock Lane, William Girling Reservoir	4,635	668
14. Fords Grove, Station Road, Winchmore Hill Railway Line, Hedge Lane, Firs Lane	2,895	302
Total ...	14,759	2,240

CLEAN AIR

Table 36

National Survey of Air Pollution

A. Smoke. (Micrograms per cubic metre). Average daily amounts.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
National Survey Sites :												
Honilands	38	65	52	30	31	16	10	26	55	129	61	108
Brimsgdown	92	101	96	63	38	35	19	38	63	167	95	131
Merryhills	56	47	57	45	21	26	9	29	49	117	72	105
Bush Hill Park	127	129	90	71	39	44	17	41	63	158	121	145
Other Sites												
Mandeville	N	N	137	37	N	19	22	31	61	117	109	N
Huxley	105	N	83	N	50	20	17	33	43	N	61	52
Latymer	N	N	N	140	29	11	20	N	53	N	70	82

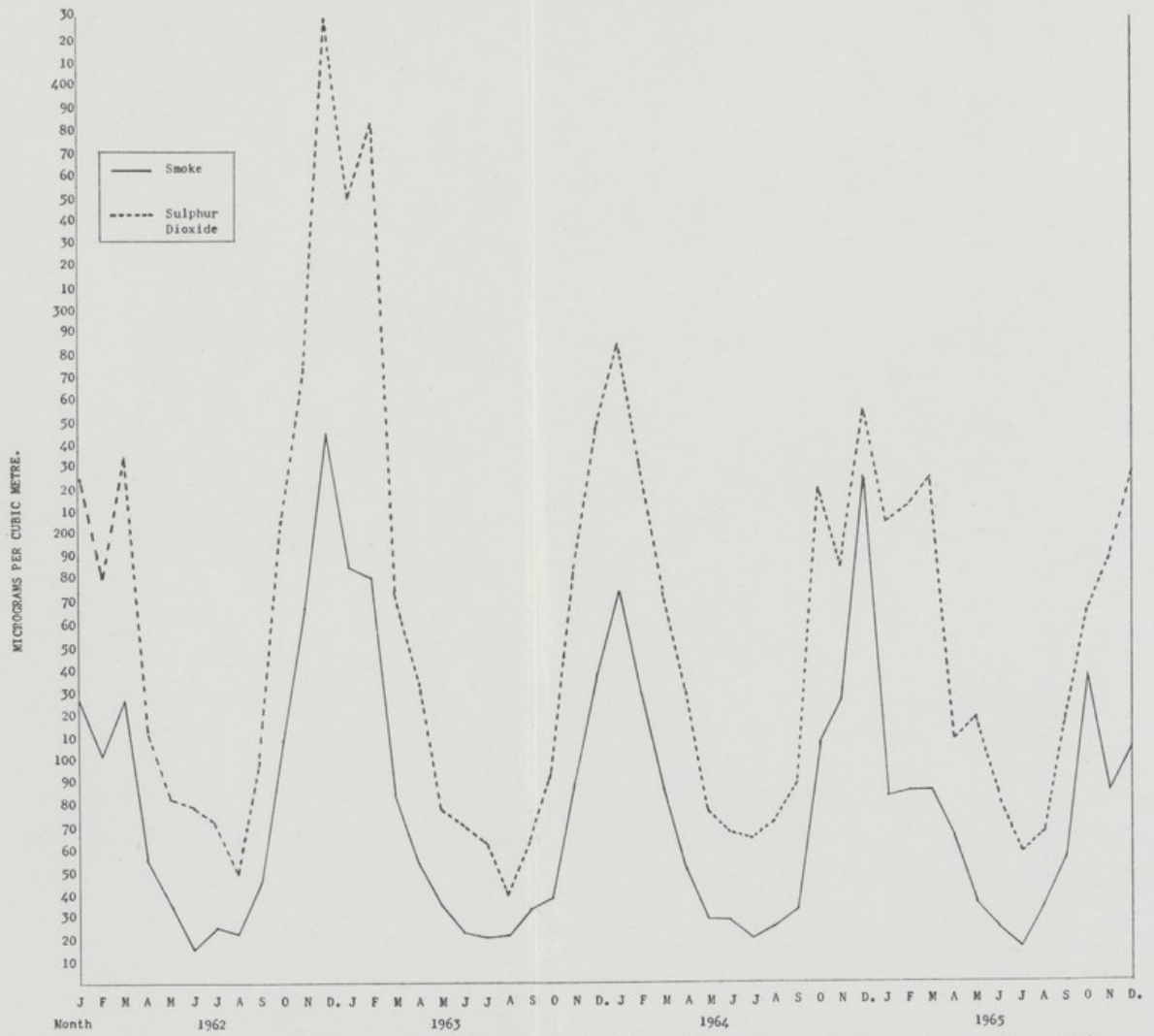
B. Sulphur Dioxide (Micrograms per cubic metre). Average daily amounts.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
National Survey Sites :												
Honilands	152	135	175	83	84	59	41	48	91	130	162	206
Brimsgdown	289	306	250	197	154	115	53	62	111	221	274	255
Merryhills	149	138	166	72	76	94	35	54	94	148	161	205
Bush Hill Park	205	213	236	141	103	81	57	81	131	201	229	259
Other Sites												
Mandeville	N	266	217	110	N	54	65	56	119	120	131	N
Huxley	227	N	233	N	93	60	47	101	101	N	180	274
Latymer	N	N	299	146	192	121	112	N	162	N	191	165

N : No Return.

CLEAN AIR

Table 37 Graphic Representation of Air Pollution



The monthly measurements from the seven recording sites in the Borough have been averaged to give the above graph.

FOOD and DRUGS

Table 38

Samples Submitted to Public Analyst

Samples	Total No. Procured	No. Unsatisfactory
Milk (various) ...	15	0
Cream substitutes ...	5	0
Butter and margarine ...	16	0
Ice cream ...	3	0
Yoghurt ...	2	0
Cheese and cheese spreads ...	16	1
Lard and cooking fat ...	3	0
Cooking oil ...	3	0
Cakes and biscuits ...	35	2
Baby foods ...	9	7
Breakfast cereals ...	5	1
Custard or blancmange powder ...	6	0
Cocoa and cocoa foods ...	3	0
Coffee (instant/essence) ...	8	0
Tea ...	6	0
Fruit juices, syrups and soft drinks ...	51	8
Jelly and gelatine ...	10	0
Sugar ...	6	0
Sweets and chocolates ...	15	2
Honey ...	1	0
Lemon curd ...	1	0
Preserves and mincemeat ...	22	0
Meat and meat products ...	43	6
Fish and fish products ...	24	2
Sausages ...	14	1
Fruit (all kinds) ...	22	0
Vegetables (fresh and canned) ...	25	4
Soups and soup mixes ...	9	0
Sauces and pickles ...	49	9
Salt, mustard and pepper ...	5	0
Drugs ...	32	2
Miscellaneous ...	20	5
	484	50 (10.3%)

FOOD AND DRUGS

Table 39

Bacteriological Examination of Ice-Cream

Methylene Blue Test

Vendor	Type of Ice-Cream	Results, Grade			
		i	ii	iii	iv
Shop	Pre-packed	17	1	0	0
Premises	Loose or soft	18	7	3	6
Mobile	Pre-packed	1	0	0	0
Traders	Loose or soft	4	1	2	1

Table 40

Bacteriological Examination of Milk

1. Methylene Blue Test (for keeping quality)

Designation	No. of Samples	Results Satisfactory	Results Void	Results Unsatisfactory
Pasteurised	119	115 (96.64%)	3 (2.52%)	1 (0.84%)

2. Phosphatase Test (for efficiency of pasteurisation)

Designation	No. of Samples	Results Satisfactory	Results Void	Results Unsatisfactory
Pasteurised	119	119 (100%)	0	0

3. Turbidity Test (for efficiency of sterilisation)

Designation	No. of Samples	Results Satisfactory	Results Void	Results Unsatisfactory
Sterilised	73	73 (100%)	0	0

HOUSING

Table 41

Inspections and Defects

1. Inspection of Dwelling-houses :		
(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)		8,272
(2) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925		NIL
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation		NIL
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation		NIL
2. Remedy of defects during the year without service of formal notices : Number of defective dwelling-houses rendered fit in consequence of informal action		146
3. Action under Statutory Powers during the year :		
A. Proceedings under Sections 9, 10 and 12 of the Housing Act, 1957 :		
(1) Number of dwelling-houses in respect of which notices were served requiring repairs		1
(2) Number of dwelling-houses which were rendered fit after service of formal notices :		
(a) By owners		NIL
(b) By Local Authority in default of owners		NIL
B. Proceedings under Public Health Acts :		
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied		311
(2) Number rendered fit after service of formal notice :		
(a) By owners		214
(b) By Local Authority in default of owners		17
C. Proceedings under Section 17 of the Housing Act, 1957 :		
(1) Number of dwelling-houses in respect of which Demolition Orders were made		NIL
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders		NIL

HOUSING

Table 42

Housing Defects Remedied

Nature of defect remedied	No.
Houses or parts of houses cleansed, repaired, etc. ...	147
Roofs repaired	184
Gutters and downpipes repaired	155
Dampness remedied	152
Floors repaired	60
Yards paved or made good	9
Dustbins provided or renewed	21
Drains—examined	1,368
—cleared by Health Department	966
—repaired, etc.	68
Sink wastes repaired	29
Water-closets—new pans provided	68
—apparatus repaired or renewed	60
Water—water laid on or restored	23
Other nuisances—stoves, etc., repaired or renewed	19
—windows, repaired or renewed	69
—doors, repaired or renewed	26
—accumulations of refuse removed	27

SHOPS and OFFICES

Table 43

Visits Under Offices, Shops and Railway Premises Act, 1963

Class of Premises	Number of Registered Premises receiving a general inspection	Total Visits of all kinds to Registered Premises
Offices	312	
Retail Shops	1,029	
Wholesale Shops, Warehouses	55	2,880
Catering Establishments		
Open to Public, Canteens	106	
Fuel Storage Depots	5	
	1,507	2,880

FACTORIES AND WORKSHOPS

Table 44

Inspections for purposes of provisions as to health made during the year

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local Authorities	55	21	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	673	47	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	44	—	—	—
Total ...	<u>772</u>	<u>68</u>	<u>2</u>	—

Table 45

Cases in which Defects were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecu- tions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ...	17	13	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable Temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	21	15	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	—	—	—	—	—
Total ...	38	28	—	—	—

INSPECTIONS AND COMPLAINTS

Table 46

Inspections and Visits of the Public Health Inspectorate

Initial Inspections under Housing and Public Health Acts	...	...	8,272
Other Inspections under Housing and Public Health Acts	...	...	2,661
Interviews	...	...	817
Houses Let in Multiple Occupation	...	...	148
Infectious Diseases	...	...	1,562
Rodent Control	...	...	571
Clean Air Act	...	...	16,057
Factories and Workplaces	...	...	153
Food and Drugs Act	...	...	1,055
Food Premises	...	...	1,506
Milk Distributors and Dairymen	...	...	235
Bacteriological Samples	...	...	473
Animal Welfare	...	...	131
Shops Act	...	...	2,437
Offices, Shops and Railway Premises	...	...	2,880
Hawkers, Vehicles and Stores	...	...	107
Caravans	...	...	411
Explosives Act	...	...	289
Betting and Gaming, Licensing Acts, Employment Agencies	...	...	286
Pharmacy and Poisons	...	...	406
Drainage Works	...	...	1,368
Noise Nuisances	...	...	168
Miscellaneous	...	...	1,433
			43,426

INSPECTIONS AND COMPLAINTS

Table 47

Summary of Complaints

Defective Roofs	131
Insanitary or Defective Condition of Premises	249
Damp Premises	128
Blocked or Defective Drains	880
Defective W.C.'s	96
Defective Water Fittings	10
Flooding	37
Unsatisfactory Housing Conditions, Including Overcrowding	21
Dustbins, Defective or Absence of	28
Accumulation of Refuse	149
Refuse Collection	5
Smoke Nuisance	72
Bonfires	83
Noise	49
Animals Improperly Kept	56
Verminous Premises	38
Wasps	2,487
Bees	31
Insect Infestations	162
Rats or Mice	1,601
Squirrels	8
Pigeons	39
Unsound Food	339
Foreign Matter in Food	61
Dirty Milk Bottles	15
Unsatisfactory Water Supply	28
Miscellaneous	232
	7,035

STATISTICAL TABLES—SCHOOL HEALTH
MEDICAL INSPECTION

Table 48

Routine Medical Inspection

School Population	...	...	...	...	...	...	...	...	35,573
Number of Entrants examined	...	...	...	...	...	...	...	...	3,246
Number of Leavers examined	...	...	...	...	...	...	...	...	2,921
Number of Other Age Groups examined	...	...	...	...	...	...	...	...	5,770
								Total	11,937
Number found to be satisfactory	...	...	...	...	...	...	...	...	11,936

Table 49

Defects found at Periodic Inspections

(Classified in accordance with the requirements of the Department of
Education and Science)

Defect or Disease	Requiring Treatment	Requiring Observation
Skin	365	49
Eyes (a) Vision	1,527	440
(b) Squint	49	8
(c) Other	50	4
Ears (a) Hearing	109	40
(b) Otitis Media	46	6
(c) Other	35	7
Nose and Throat	442	197
Speech	76	35
Lymphatic Glands	40	18
Heart	45	23
Lungs	118	42
Developmental (a) Hernia	10	3
(b) Other	102	104
Orthopaedic (a) Posture	15	14
(b) Feet	114	44
(c) Other	73	35
Nervous System (a) Epilepsy	21	3
(b) Other	16	2
Psychological (a) Development	19	5
(b) Stability	75	89
Abdomen	29	11
Other	56	20

MEDICAL INSPECTION

Table 50 Defects found at Special Inspections at Minor Ailment Clinics
(Classified in accordance with the requirements of the Department of
Education and Science)

Defect or Disease	Requiring Treatment	Requiring Observation
Skin	430	6
Eyes (a) Vision	155	61
(b) Squint	6	—
(c) Other	63	9
Ears (a) Hearing	139	23
(b) Otitis Media	5	—
(c) Other	98	2
Nose and Throat	79	15
Speech	21	3
Lymphatic Glands	—	—
Heart	—	1
Lungs	5	9
Developmental (a) Hernia	2	1
(b) Other	3	14
Orthopaedic (a) Posture	2	1
(b) Feet	6	5
(c) Other	38	11
Nervous System (a) Epilepsy	—	—
(b) Other	2	1
Psychological (a) Development	2	—
(b) Stability	16	29
Abdomen	2	2
Other	442	57

Table 51 Hearing Tests by Audiometer

		No. found to have a hearing loss			
		Both Ears	Right Ear	Left Ear	TOTAL
No. of children tested in school	12,671	192	128	131	451
No. of children specially tested	582	114	52	84	250
No. of re-tests	1,620	—	—	—	—
No. of children at ordinary schools who have hearing aids	34	—	—	—	—

INSPECTIONS FOR CLEANLINESS

Table 52 Infestation with Vermin

(a) Total number of individual examinations of pupils in schools ...	54,231
(b) Total number of individual pupils found to be infested ...	116
(c) Number of individual pupils in respect of whom cleansing notices were issued (Sec. 54 (2) Education Act, 1944) ...	38

MEDICAL TREATMENT

Table 53 Defects Treated at Minor Ailment Clinics

Skin :	Ringworm	(i) Scalp	...	...	...	...	...	...	1
		(ii) Body	...	...	...	...	...	...	—
	Impetigo	...	...	...	...	...	...	...	11
	Other	...	...	...	...	...	...	...	1,845
Eye Disease	...	...	...	...	...	...	...	...	183
Ear Defects	...	...	...	...	...	...	...	...	137
Miscellaneous	...	...	...	...	...	...	...	...	1,693
—————									
Total Attendances at Minor Ailment Clinics								...	16,216
Number of Special Inspections at Minor Ailment Clinics								...	2,791
Number of other Special Inspections								...	498
Number of Re-examinations								...	1,841
Freedom from Infection examinations prior to school journeys								...	1,214

Table 54 Ear, Nose and Throat Clinics

Total attendances	...	...	...	...	...	...	...	1,089
New cases	...	...	...	...	...	...	...	296
Number of individual children seen	...	...	...	...	...	...	...	697
Number who received treatment at clinics	...	...	...	...	...	...	...	145
Number referred for Tonsillectomy and/or Adenoidectomy	...	...	...	...	...	...	...	120

Table 55 Ophthalmic Clinics

Total attendances	...	...	...	...	...	...	...	5,526
New Cases	...	...	...	...	...	...	...	644
Number of individual children seen	...	...	...	...	...	...	...	2,867
Number of children who were prescribed glasses	...	...	...	...	...	...	...	1,097

Table 56 Orthoptic Clinics

Total attendances	...	...	...	...	...	...	...	2,062
New cases	...	...	...	...	...	...	...	228
Number of individual children treated	...	...	...	...	...	...	...	536
Number discharged—								
Satisfactory with operation	...	...	...	...	...	...	...	6
Satisfactory without operation	...	...	...	...	...	...	...	50
Cosmetic—Binocular vision improved	...	...	...	...	...	...	...	5
Binocular vision not improved	...	...	...	...	...	...	...	20
								81
Treatment discontinued—								
Left school	...	...	...	...	...	...	...	3
Left district	...	...	...	...	...	...	...	29
Refused treatment	...	...	...	...	...	...	...	6
Failed to attend	...	...	...	...	...	...	...	25
Referred elsewhere	...	...	...	...	...	...	...	5
								68

MEDICAL TREATMENT

Table 57

Orthopaedic Clinic

Total attendances	4,529
Number of new cases seen by Orthopaedic Surgeon	80
Attendances at Orthopaedic Surgeon's Clinic	224
Attendances for Physiotherapy	4,305
Number of children who received physiotherapy at Clinic	60
Number who had breathing exercises	47
Number who had Ultra Violet Light for skin conditions	7
Number who had Ultra Violet Light for other conditions	69
Number who attended swimming classes	43

Table 58

Speech Clinics

Number of children seen by Speech Therapists :—	
New cases	104
Treatment and observation	310
Total attendances	3,106

Table 59

Child Guidance Clinic

Number of individual children seen by psychiatrist :—	
New cases	147
Follow-ups	49
Annual revisions	37
Treatment	16
	— 249
Number of individual children treated by psychotherapist	40
Total attendances	672

DENTAL SERVICE

Table 60

Dental Inspection and Treatment

Attendances and Treatment	5 to 9 years	10 to 14 years	15 years and over	TOTAL
First Visit for treatment	3,710	2,683	481	6,874
Subsequent visits	4,274	4,319	1,171	9,764
Total visits	7,984	7,002	1,652	16,638
Additional courses of treatment commenced	426	339	86	851
Fillings in permanent teeth	1,797	6,562	1,911	10,270
Fillings in deciduous teeth	5,792	917	—	6,709
Permanent teeth filled	1,436	5,171	1,507	8,114
Deciduous teeth filled	4,828	765	—	5,593
Permanent teeth extracted	84	565	122	771
Deciduous teeth extracted	1,768	703	—	2,471
General anaesthetics	891	365	23	1,279
Emergencies	160	68	19	247
Number of Pupils X-rayed ... ..	...	...	...	152
Prophylaxis ... ..	...	...	...	862
Teeth otherwise conserved ... ..	...	...	...	808
Number of teeth root filled ... ..	...	...	...	36
Inlays ... ..	...	...	...	1
Crowns ... ..	...	...	...	8
Courses of treatment completed ... ..	...	...	...	6,638
Orthodontics				
Cases remaining from previous year ... ..	...	...	...	731
New cases commenced during year ... ..	...	...	...	233
Cases completed during year ... ..	...	...	...	145
Cases discontinued during year ... ..	...	...	...	27
Number of removable appliances fitted ... ..	...	...	...	690
Number of fixed appliances fitted ... ..	...	...	...	122
Pupils referred to Hospital Consultant ... ..	...	...	...	29
Total attendances at Clinics ... ..	...	...	...	6,484
Prosthetics				
Pupils supplied with F.U. or F.L. (first time)	—	1	2	3
Pupils supplied with other dentures (first time)	1	13	2	16
Number of dentures supplied	1	14	4	19
Anaesthetics				
General Anaesthetics administered by Dental Officers ... ..	...	...	...	Nil
Inspections				
(a) First inspection at school. Number of Pupils ... ..	...	...	...	26,994
(b) First inspection at clinic. Number of Pupils ... ..	...	...	...	2,943
Number of (a) + (b) found to require treatment ... ..	...	...	...	11,329
Number of (a) + (b) offered treatment ... ..	...	...	...	10,945
(c) Pupils re-inspected at school clinic ... ..	...	...	...	1,622
Number of (c) found to require treatment ... ..	...	...	...	1,218
Sessions				
Sessions devoted to treatment ... ..	...	...	...	2,788
Sessions devoted to inspection ... ..	...	...	...	225
Sessions devoted to Dental Health Education ... ..	...	...	...	2

HANDICAPPED CHILDREN

Table 61

Children in Special Schools

Category	Day	Residential
Blind	—	3
Partially sighted	6	4
Deaf	12	2
Partially hearing	19	7
Educationally sub-normal	108	21
Delicate	69	23
Epileptic	1	1
Physically Handicapped	35	8
Maladjusted	4	52

The figures include 12 children with more than one defect.

VACCINATION AND IMMUNISATION

Table 62

B.C.G. Vaccination Scheme

Number of parents approached for consent	3,753
Number of parents who consented	2,887
Number of children given Tuberculin Test (Heaf Gun)	2,838
Number of children found to be positive	266
Number of children found to be negative	2,515
Number of Tuberculin Tests not read	57
Number of children given B.C.G. vaccination	2,506

