

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

Contributors

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

**ANNUAL REPORT
1966**
of the
**Medical Officer of Health
and
Principal School Medical Officer**
William D. Hyde, M.B., Ch.B., D.P.H.

Health Office,
Gentlemen's Row,
Enfield,
Middlesex.

THE COUNCIL OF THE
LONDON BOROUGH OF ENFIELD



ANNUAL REPORT

1966

of the

MEDICAL OFFICER OF HEALTH

and

PRINCIPAL SCHOOL MEDICAL OFFICER

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

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**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 1966.

The immediate difficulties in the creation of one viable health service from several health departments, on the formation of the London Borough of Enfield, were more or less overcome by the beginning of 1966, and the year saw not only the consolidation of the results of the extensive preparatory work but also a continued expansion of the services.

This report follows the pattern set last year and includes sections on the main aspects of the work of the Department — personal health, environmental health, and school health. The general picture presented is one of considerable achievement, as evidenced by the development of the services and borne out by the vital statistics.

Although the birth rate was very slightly higher, the national figure showed a slight decrease; and while the infant mortality rate fell to 15.6 the national figure remained at 19.

There was no serious outbreak of infectious disease, and the notifications of all forms of tuberculosis showed a welcome reduction of 32 cases (26 respiratory and 6 other forms). I find it most encouraging to record this year a greater awareness on the part of parents of the need for immunisation against various diseases. This may be related to our greater publicity efforts and to the extension to the whole Borough of our system of sending to children, at appropriate ages, invitation cards to attend convenient infant welfare centres for medical examination and immunisation.

As will be seen from the text of the report, much effort continued to be devoted to rodent and pest control; the maintenance of fit dwellings and sound drainage; the promotion of health and welfare in offices, shops, factories and workplaces; the provision of pure and wholesome food and water; and the creation of an environment of clean air with freedom from excessive noise.

Most of the well-established personal services coped adequately with the increased demands made upon them, but the continued shortage of health visitors hampered consideration of the development of general medical practitioner attachment schemes; although additional supportive clerical assistance to health visitors was arranged in order to relieve them of such duties, and make more time available for professional duties.

Home helps are never available in quite sufficient numbers to meet all demands but this year they were able to provide a service for a greater proportion of persons over the age of 65 years. The lack of popularity of the Neighbourly Help Scheme continues to surprise me.

The chiropody service is one of the most rapidly expanding of our services and has fully justified itself not only by giving relief from pain but also by enabling many persons to remain mobile.

A new service which started during the year, and for which there was considerable public demand, was population screening for cancer of the cervix of the uterus. Throughout the year specimens were taken to the full capacity of the laboratory service.

The year saw the opening of Windsmill Recuperative Hostel for the rehabilitation of psychiatric patients, and also the opening of a new clinic building in Hadley Wood.

The School Health Service has progressed along the lines indicated last year. The dental part of this service was reviewed by a dental officer of the Department of Education and Science who reported favourably on the comprehensive nature of the service and the high standard of premises and equipment. Nevertheless, it has to be recorded with regret that, because of staff shortage, we were unable this year to inspect as high a percentage of children as last year, although reaching a figure well above the national figure. However, based on the number of children on the school roll, the percentage treated was not much below last year's figure.

In the field of health education, the opportunity was taken to raise the question of the possibility of greater participation by the Health Department in health education on school premises.

The compilation of a report covering so great a variety and volume of work as this can be achieved only by the whole-hearted efforts of a large number of people and I take this opportunity of recording my grateful appreciation of the support and encouragement of the Chairman, Vice-Chairman and Members of the Health and Education Committees, the loyal and diligent service of my Deputy and members of the Department, as well as the willing co-operation of my colleagues in other Departments.

WILLIAM D. HYDE

Medical Officer of Health

Principal School Medical Officer

MEMBERS

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Mr. P. J. Lee, J.P.
Mr. P. J. Lee, J.P.

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(1965/66 : Councillor Miss K. J. Harvey)

Deputy Mayor :

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(1965/66 : Councillor C. E. Wright)

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| | |
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Councillors :

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John L. Lindsay

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W. A. A. Poole

M. Kahn

P. A. Thomas

F. B. Varney

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Vice-Chairman :

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Alderman :

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A. H. Roullier, M.B.E., J.P.

J. E. Lightfoot

A. H. Rowson

E. L. Mackenzie, J.P.

M. Simpson

Councillors :

| | |
|--------------------------|-------------------|
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Alderman :

M. Simpson

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| | |
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| Mrs. P. L. Hawkins | E. P. Lomer |

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| | |
|-----------|-------------------|
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Councillor A. P. Daines
Councillor A. J. Tanner

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Councillor Mrs. R. A. Smythe
Councillor M. Kahn

National Society for Children's Nurseries :

Councillor Mrs. R. A. Smythe

London Accident Prevention Council :

Councillor L. C. Merrion, M.B.E.
Alderman M. Simpson

Association of Municipal Corporations — Health Committee :

Councillor Mrs. R. A. Smythe

GENERAL STATISTICS AND SOCIAL CONDITIONS
 SUMMARY OF STATISTICS RELATING TO
 THE LONDON BOROUGH OF ENFIELD

STATISTICS

AND

SOCIAL CONDITIONS

| LIVE BIRTHS | |
|-------------|-----------------------------------|
| Year | Rate per 1,000 population (crude) |
| 1951 | 15.2 |
| 1952 | 14.8 |
| 1953 | 14.5 |
| 1954 | 14.2 |
| 1955 | 13.9 |
| 1956 | 13.6 |
| 1957 | 13.3 |
| 1958 | 13.0 |
| 1959 | 12.7 |
| 1960 | 12.4 |
| 1961 | 12.1 |
| 1962 | 11.8 |
| 1963 | 11.5 |
| 1964 | 11.2 |
| 1965 | 10.9 |
| 1966 | 10.6 |
| 1967 | 10.3 |
| 1968 | 10.0 |
| 1969 | 9.7 |
| 1970 | 9.4 |
| 1971 | 9.1 |
| 1972 | 8.8 |
| 1973 | 8.5 |
| 1974 | 8.2 |
| 1975 | 7.9 |
| 1976 | 7.6 |
| 1977 | 7.3 |
| 1978 | 7.0 |
| 1979 | 6.7 |
| 1980 | 6.4 |
| 1981 | 6.1 |
| 1982 | 5.8 |
| 1983 | 5.5 |
| 1984 | 5.2 |
| 1985 | 4.9 |
| 1986 | 4.6 |
| 1987 | 4.3 |
| 1988 | 4.0 |
| 1989 | 3.7 |
| 1990 | 3.4 |
| 1991 | 3.1 |
| 1992 | 2.8 |
| 1993 | 2.5 |
| 1994 | 2.2 |
| 1995 | 1.9 |
| 1996 | 1.6 |
| 1997 | 1.3 |
| 1998 | 1.0 |
| 1999 | 0.7 |
| 2000 | 0.4 |
| 2001 | 0.1 |

| MATERIAL MORTALITY (including abortion) | |
|---|---|
| Year | Rate per 1,000 total live and stillbirths |
| 1951 | 0.8 |
| 1952 | 0.7 |
| 1953 | 0.6 |
| 1954 | 0.5 |
| 1955 | 0.4 |
| 1956 | 0.3 |
| 1957 | 0.2 |
| 1958 | 0.1 |
| 1959 | 0.1 |
| 1960 | 0.1 |
| 1961 | 0.1 |
| 1962 | 0.1 |
| 1963 | 0.1 |
| 1964 | 0.1 |
| 1965 | 0.1 |
| 1966 | 0.1 |
| 1967 | 0.1 |
| 1968 | 0.1 |
| 1969 | 0.1 |
| 1970 | 0.1 |
| 1971 | 0.1 |
| 1972 | 0.1 |
| 1973 | 0.1 |
| 1974 | 0.1 |
| 1975 | 0.1 |
| 1976 | 0.1 |
| 1977 | 0.1 |
| 1978 | 0.1 |
| 1979 | 0.1 |
| 1980 | 0.1 |
| 1981 | 0.1 |
| 1982 | 0.1 |
| 1983 | 0.1 |
| 1984 | 0.1 |
| 1985 | 0.1 |
| 1986 | 0.1 |
| 1987 | 0.1 |
| 1988 | 0.1 |
| 1989 | 0.1 |
| 1990 | 0.1 |
| 1991 | 0.1 |
| 1992 | 0.1 |
| 1993 | 0.1 |
| 1994 | 0.1 |
| 1995 | 0.1 |
| 1996 | 0.1 |
| 1997 | 0.1 |
| 1998 | 0.1 |
| 1999 | 0.1 |
| 2000 | 0.1 |
| 2001 | 0.1 |
| 2002 | 0.1 |
| 2003 | 0.1 |
| 2004 | 0.1 |
| 2005 | 0.1 |
| 2006 | 0.1 |
| 2007 | 0.1 |
| 2008 | 0.1 |
| 2009 | 0.1 |
| 2010 | 0.1 |
| 2011 | 0.1 |
| 2012 | 0.1 |
| 2013 | 0.1 |
| 2014 | 0.1 |
| 2015 | 0.1 |
| 2016 | 0.1 |
| 2017 | 0.1 |
| 2018 | 0.1 |
| 2019 | 0.1 |
| 2020 | 0.1 |

| DEATHS | |
|--------|-----------------------------------|
| Year | Rate per 1,000 population (crude) |
| 1951 | 10.5 |
| 1952 | 10.2 |
| 1953 | 9.9 |
| 1954 | 9.6 |
| 1955 | 9.3 |
| 1956 | 9.0 |
| 1957 | 8.7 |
| 1958 | 8.4 |
| 1959 | 8.1 |
| 1960 | 7.8 |
| 1961 | 7.5 |
| 1962 | 7.2 |
| 1963 | 6.9 |
| 1964 | 6.6 |
| 1965 | 6.3 |
| 1966 | 6.0 |
| 1967 | 5.7 |
| 1968 | 5.4 |
| 1969 | 5.1 |
| 1970 | 4.8 |
| 1971 | 4.5 |
| 1972 | 4.2 |
| 1973 | 3.9 |
| 1974 | 3.6 |
| 1975 | 3.3 |
| 1976 | 3.0 |
| 1977 | 2.7 |
| 1978 | 2.4 |
| 1979 | 2.1 |
| 1980 | 1.8 |
| 1981 | 1.5 |
| 1982 | 1.2 |
| 1983 | 0.9 |
| 1984 | 0.6 |
| 1985 | 0.3 |
| 1986 | 0.0 |
| 1987 | 0.0 |
| 1988 | 0.0 |
| 1989 | 0.0 |
| 1990 | 0.0 |
| 1991 | 0.0 |
| 1992 | 0.0 |
| 1993 | 0.0 |
| 1994 | 0.0 |
| 1995 | 0.0 |
| 1996 | 0.0 |
| 1997 | 0.0 |
| 1998 | 0.0 |
| 1999 | 0.0 |
| 2000 | 0.0 |
| 2001 | 0.0 |
| 2002 | 0.0 |
| 2003 | 0.0 |
| 2004 | 0.0 |
| 2005 | 0.0 |
| 2006 | 0.0 |
| 2007 | 0.0 |
| 2008 | 0.0 |
| 2009 | 0.0 |
| 2010 | 0.0 |
| 2011 | 0.0 |
| 2012 | 0.0 |
| 2013 | 0.0 |
| 2014 | 0.0 |
| 2015 | 0.0 |
| 2016 | 0.0 |
| 2017 | 0.0 |
| 2018 | 0.0 |
| 2019 | 0.0 |
| 2020 | 0.0 |

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

| | | |
|---|---------|------------|
| Area | (acres) | 20,061 |
| Population (Registrar General's Mid-1966 Estimate) | | 267,660 |
| Number of structurally separate dwellings, including flats | | 87,934 |
| Number of dwellings constructed during the year | | 912 |
| Rateable value | £ | 17,798,367 |
| Product of a 1d. rate | £ | 73,500 |
| LIVE BIRTHS | | |
| Number | | 4,241 |
| Rate per 1,000 population (crude) | | 15.8 |
| Rate per 1,000 population (standardised) | | 16.5 |
| | (E & W) | 17.7 |
| Illegitimate live births per cent. of total live births | | 6.0 |
| STILLBIRTHS | | |
| Number | | 52 |
| Rate per 1,000 total live births and stillbirths | | 12.1 |
| | (E & W) | 15.4 |
| Total live and stillbirths | | 4,293 |
| INFANT MORTALITY | | |
| Infant deaths (deaths under the age of 1 year) | | 66 |
| Total infant deaths per 1,000 total live births | | 15.6 |
| | (E & W) | 19.0 |
| Legitimate infant deaths per 1,000 legitimate live births | | 14.8 |
| Illegitimate infant deaths per 1,000 illegitimate live births | | 27.6 |
| Neo-natal mortality rate (deaths under age of 4 weeks per 1,000 total live births) | | 11.6 |
| | (E & W) | 12.9 |
| Early neo-natal mortality rate (deaths under the age of 1 week per 1,000 total live births) | | 11.1 |
| | (E & W) | 11.1 |
| Peri-natal mortality rate (stillbirths and deaths under the age of 1 week combined per 1,000 total live and stillbirths) | | 23.1 |
| | (E & W) | 26.3 |
| MATERNAL MORTALITY (including abortion) | | |
| Number of deaths | | 1 |
| Rate per 1,000 total live and stillbirths | | 0.2 |
| | (E & W) | 0.3 |
| DEATHS | | |
| Number of deaths from all causes | | 3,027 |
| Death rate per 1,000 home population (crude) | | 11.3 |
| Death rate per 1,000 home population (standardised) | | 10.7 |
| | (E & W) | 11.7 |
| Deaths from cancer (all forms) | | 683 |
| Death rate from cancer (all forms) per 1,000 population | | 2.6 |
| | (E & W) | 2.3 |

Note : (E & W) = England and Wales

GENERAL STATISTICS AND SOCIAL CONDITIONS

The London Borough of Enfield covers an area of 20,061 acres and has an estimated population of 267,660 and a rateable value of £17,798,367.

Development is well balanced with a wide variety of environmental conditions, ranging from open country, through residential property of all kinds, commercial premises, and shopping centres to industrial areas.

Considerable advances were made in providing improved and additional amenities throughout the Borough. Reference is made elsewhere in this report to the opening early in the year of Hadley Wood Clinic and the Windmill Recuperative Hostel, which are valuable additions to the planned development of local health services. Housing development included the erection of four tower blocks containing in all 250 dwellings. Much needed new car parks have been provided.

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 educational, cultural and recreational facilities.

Considerable works of renovation have been undertaken at Forty Hall. This fine seventeenth century mansion, the house of a former Lord Mayor of London, was acquired by the former Enfield Urban District Council in 1951 and adapted for use as a museum. It is now developing into a centre for cultural activities within the Borough. The new swimming bath in Winchmore Hill Road, Southgate, is modern in design and construction, completely up to date in equipment and may well be regarded with no little satisfaction and local pride by the people of Enfield. The Borough is well provided with parks and open spaces and at its northern border is Green Belt land.

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 4,241, giving a crude birth rate of 15.84 and a standardised birth rate of 16.47, compared with the rate for England and Wales of 17.7.

The percentage of illegitimate live births at 5.98 is roughly about the national average.

Deaths

The number of deaths during the year was 3,027 (1,579 males and 1,448 females) giving a crude death rate of 11.31 and a standardised death rate of 10.74 (England and Wales 11.7).

The more prevalent causes of death were cardio-vascular system, 1,468; malignant neoplasm, 683; and diseases of the respiratory system (excluding malignant neoplasm), 428.

Of the cardio-vascular causes, 665 were due to coronary disease (angina), 333 to vascular lesions of the nervous system, 268 to other heart disease, 164 to other circulatory disease, and 38 to hypertension with heart disease.

Of the malignant neoplasm causes of death, 195 (of which 163 were males), involved the lung and bronchus, 73 the stomach, 65 the breast, and 13 the cervix of the uterus.

Of the diseases of the respiratory system, bronchitis accounted for 173 deaths, pneumonia 227 deaths, and tuberculosis only six deaths.

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

Forty-four per cent. of all deaths, i.e. 524 males and 801 females, were of persons aged 75 years or more.

Thirty per cent., i.e., 309 males and 590 females, were of persons aged 80 years or more.

Six males and 17 females were aged 95 years or more.

I regret to report that there was one maternal death.

Deaths of Infants

During the year, there were 66 deaths of infants under the age of one year, of which 49 (74%) were under the age of four weeks and 47 (71%) under the age of one week.

The Infant Mortality Rate for the Borough was 15.56, compared with 19.0 for England and Wales.

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, 37 (27 male, 10 female) Enfield residents died as a result of motor vehicle accidents, and 47 (22 male, 25 female) from other accidents. In addition, there were 39 (23 male, 16 female) deaths from suicide. 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 occurring within the Borough.

| | 1965 | 1966 |
|-----------------------------------|-------|-------|
| Total number of Accidents | 1,859 | 1,685 |
| Total number of Casualties | 2,387 | 2,206 |
| Fatal | 26 | 34 |
| Serious | 423 | 365 |
| Slight | 1,938 | 1,807 |

That there should be a 9% reduction in the total number of accidents compared with last year is especially gratifying in view of the fact that not only has there been a 6% increase in the number of vehicles licensed in this country during 1966, but also residential development adjoining the Borough has increased the flow of traffic on the main roads running through the Borough.

A very disturbing feature, however, is an increase of 30% in the number of fatalities over last year. All occurred on the main roads and over half of the fatalities were aged between 16 and 20 years or over 60 years — perhaps reflecting the exuberance of youth and the frailty of the aged.

The 37 fatalities due to road accidents in Table 4, Causes of Death, relate to residents of the Borough of Enfield, irrespective of where the fatality occurred.

I must repeat my opinion that the real cause of many road accidents is associated with haste, impatience, selfishness and downright bad manners by all categories of road users — all factors well within the bounds of prevention.

Inquests

One hundred and twenty-seven inquests and 443 post-mortem examinations without inquests were held during the year.

Of these, 447 deaths were due to natural causes, 74 to accidental causes, 39 to suicide, four to misadventure, and in six 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 1966, was 2,207.

(See Statistical Tables 1, 2, 3, 4 and 5.)

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, 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 and Drugs Act, 1955.

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

The most prevalent infectious disease during the year was again measles, which made up nearly 80% of notifications received. In recent years the biennial periodicity of prevalence of this disease has become blurred by the winter epidemic carrying over from one year to the next.

Compared with last year the number of cases of dysentery is considerably down.

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

Seventy-three cases of respiratory tuberculosis and 16 cases of tuberculosis of other organs, including genito-urinary tract, lymph glands and meninges were notified. There were eight deaths from the disease. The six deaths from respiratory tuberculosis and the two deaths from tuberculosis of other organs all occurred in persons over the age of 45 years, three being persons over 75 years of age.

Of all notified cases of infectious disease, 1,241 were school children, and head teachers informed us of 509 children absent from school due to infectious or suspected infectious disease. A number of these cases notified by head teachers were pupils suffering from diarrhoea and vomiting.

Measles

Two thousand five hundred and sixty cases of measles were notified, and the attack rate was 9.55 per 1,000 of the population.

There were no deaths.

Scarlet Fever

One hundred and forty-eight cases of scarlet fever were notified, and the attack rate was 0.55 per 1,000 of the population.

There were no deaths.

Erysipelas

Four cases of erysipelas were notified, and the attack rate was 0.015 per 1,000 of the population.

There were no deaths.

Whooping Cough

Ninety-two cases of whooping cough were notified, and the attack rate was 0.34 per 1,000 of the population.

There were no deaths.

Dysentery

Eighty-seven cases of Sonné dysentery were notified and two cases of amoebic dysentery believed to have been contracted abroad occurred giving an attack rate of 0.33 per 1,000 of the population.

There were no deaths.

Food Poisoning

Twenty-two cases of food poisoning were notified and the attack rate was 0.08 per 1,000 of the population.

Two cases occurred in one family and the rest were single sporadic cases.

The causative organism was salmonella typhi-murium in 11 cases, other salmonellae in seven cases and the cause was unknown in the remaining four cases.

There were no deaths.

Meningococcal Infection

One notification was received, a male aged 27 years, who subsequently recovered.

Respiratory Tuberculosis

Seventy-three cases of respiratory tuberculosis were notified, and the attack rate was 0.27 per 1,000 of the population.

There were six deaths.

Other forms of Tuberculosis

Sixteen cases of other forms of tuberculosis were notified, and the attack rate was 0.06 per 1,000 of the population.

There were two deaths.

Public Health (Leprosy) Regulations, 1966

These Regulations came into operation on the 1st March, 1966, and, *inter alia*, revoke the provisions of the 1951 Regulations, and now make leprosy notifiable by medical practitioners to the Medical Officer of Health instead of direct to the Chief Medical Officer of the Ministry of Health.

No notifications were received.

Public Health (Ships) Regulations, 1966

Public Health (Aircraft) Regulations, 1966

The 1966 Regulations which came into operation on the 1st April, 1966, consolidate the 1952/63 Regulations and also make minor amendments which ensure compliance with current International Sanitary Regulations of the World Health Assembly.

During the year, 16 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, and during the year 148 premises were treated. 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.

Among the articles disinfected during the year were 3,016 articles of bed-clothing, 2,611 articles of clothing (including used clothing for despatch abroad to those countries which require a certificate that this treatment has been carried out), 626 library books and a quantity of leather articles and fabrics.

No charge is made by the Council for disinfection.

Public Health Laboratory Service

Specimens for bacteriological examination are submitted to the Public Health Laboratory Service at the branch laboratory which is situated at the Town Hall, Edmonton, and serves an area greater than that of the Borough. Provision has been made in the proposed health centre in Hertford Road for new accommodation for the branch laboratory.

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.

The branch laboratory, under its director Dr. Mair Thomas, has provided the Borough with a prompt and efficient service. I should like to record my appreciation of the ready advice and assistance offered by Dr. Thomas in the control of infectious diseases and food hygiene.

A total of 6,476 clinical specimens submitted by general practitioners and this department was examined.

It is estimated that 75% of the general practitioners are regular users of the laboratory services compared with 58% last year.

(See Statistical Tables 6, 7, 8 and 9.)

Among the articles dismantled during the year were 3,010 articles of clothing, 1,441 articles of clothing, including most clothing for children, and 1,000 articles of clothing for children. A quantity of leather articles and fabrics were also dismantled. No change is made by the Council for dissection.

Public Health Laboratory Service structure to meet needs. Specimens for bacteriological examination are submitted to the Public Health Laboratory Service at the Borough, which is situated in the Town Hall. Provision has been made in the proposed health centre in Herford Road for the new bacteriological laboratory. The new laboratory will be situated on the same site as the old laboratory. The new laboratory will be situated on the same site as the old laboratory. The new laboratory will be situated on the same site as the old laboratory.

The branch laboratory, under its director Dr. Mair Thomas, has provided the Borough with a prompt and efficient service. A special list of specimens is submitted to the ready advice and assistance offered by Dr. Thomas in the control of infectious diseases and food hygiene. A special list of specimens is submitted to the ready advice and assistance offered by Dr. Thomas in the control of infectious diseases and food hygiene.

It is estimated that 75% of the general practitioners are regular users of the laboratory service compared with 58% for the year ending 31.1.1951. It is estimated that 75% of the general practitioners are regular users of the laboratory service compared with 58% for the year ending 31.1.1951.

Dissection

Power of local authorities to require a person to dissection local to control themselves to change and dissection power and which are contained in Sections 166 to 168 of the Public Health Act, 1936.

Provisional dissection of man and animals. Provisional dissection of man and animals can usually be accomplished by a dissection power. Provisional dissection of man and animals can usually be accomplished by a dissection power. Provisional dissection of man and animals can usually be accomplished by a dissection power.

SUMMARY OF STATISTICS RELATING TO THE PERSONAL HEALTH SERVICES

Clinics

Number of attendances at :

| | |
|---|---------|
| Ante-natal clinics | 5,852 |
| Post-natal clinics | 603 |
| Relaxation and Mothercraft classes | 3,589 |
| Child Welfare clinics | 101,925 |

Dental Care

| | |
|--|-----|
| Number of Expectant and Nursing Mothers examined | 64 |
| Number of Children under five years of age examined | 720 |

Midwifery

| | |
|--|-----|
| Number of Midwives who notified their intention to practise in the Borough | 182 |
| Number of Premature Babies born at home | 46 |

Health Visiting

| | |
|------------------------------|--------|
| Number of home visits | 37,147 |
|------------------------------|--------|

Home Nursing

| | |
|------------------------------|---------|
| Number of home visits | 109,228 |
|------------------------------|---------|

Vaccination and Immunisation (persons under 16 years of age)

Diphtheria, Whooping Cough, Tetanus, Poliomyelitis :

| | |
|---|--------|
| Number of persons who completed primary courses of immu- nisation against one or more of these diseases | 8,190 |
| Reinforcing doses | 10,549 |
| Smallpox: number of persons vaccinated | 2,961 |
| re-vaccinated | 281 |

Prevention of Illness, Care and After-Care

Number of cases of Tuberculosis under treatment or supervision at
chest clinics :

| | |
|--|-------|
| Respiratory | 2,088 |
| Non-respiratory | 212 |
| Attended at Mass Radiography | 7,370 |
| Cases of Pulmonary Tuberculosis found at Mass Radiography | 1 |
| Number of attendances at Chiropody clinics | 7,357 |

Mental Health

| | |
|---|-------|
| Number of patients under Local Authority Care | 863 |
| Number of patients referred to the Local Authority | 678 |
| Number of visits and interviews by Mental Welfare Officers | 6,962 |

Home Help

| | |
|---|-------|
| Number of cases in which Domestic Help was provided | 2,298 |
| Number of Registered Blind and Partially Sighted Persons | 664 |

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 179 of the Public Health 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.

Approval in principle to the provision of a health centre in Hertford Road in 1967/68 has been obtained from the Ministry, and following consultations with the Executive Council and the Local Medical Committee, plans are near completion. An early meeting is to take place with officials of the Ministry of Health to finalise details of this project, and it is hoped that the health centre will be ready for use in 1969.

Also under consideration is a proposal to provide a health centre or clinic in the Green Street area, to replace the existing clinic, and this has been provisionally approved by the Ministry for 1968/69.

The provision of another two health centres is proposed in the Council's Ten-Year Plan but there may well be others in view of recent developments.

Throughout the country only 21 health centres were built between 1948 and 1964. In making this statement recently, the Minister of Health referred to the present surge of interest in the provision of health centres as revealed in the revised plans of local authorities for the development of the health and welfare services during the next ten years. He spoke, also, of the growing readiness of the family doctor and the local health services to work together to their mutual advantage and for the benefit of the community.

Despite the requirements of the Ministry of Housing and Local Government Circular 42/66, which, in connection with the Government's economy drive, imposed cuts on projects which, though desirable, are not essential to the development of the economy or the fulfilment of the Government's priority programmes, no applications for loan sanction in respect of health centres have been deferred. It would appear, therefore, that the Hertford Road project will not be adversely affected and that, as mentioned above, 1969 may well see the opening of the Borough's first health centre.

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 1,024 women attended the ante-natal clinics during the year and 471 attended for a post-natal examination. Many women attend their family doctor or hospital for their post-natal examination. The slight drop in numbers compared with the previous year reflects the continuing tendency for general practitioners to undertake the care of expectant mothers in their own surgeries.

Mothercraft and relaxation classes for expectant mothers, held in clinics throughout the Borough, were attended by 747 women. These classes continue to be popular and many of the general practitioners who undertake the ante-natal care of their patients themselves, still refer their patients to the clinics for relaxation classes.

Child Welfare Sessions

The 2,046 sessions during the year were attended by 12,247 children. The total number of attendances was 101,925. At two existing clinics an extra session per week was started and at the new clinic in Hadley Wood opened in January, 1966, one child welfare session a week was held instead of once a fortnight in the rented premises previously used. In contrast with the ante-natal sessions, the child welfare sessions showed an increase in the number of attendances.

At the ages of three months, seven months, one year, eighteen months, two, three and four 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 | ... | ... | ... | ... | ... | 128 new cases 474 attendances 48 spectacles prescribed |
| Ear, Nose and Throat | ... | ... | ... | ... | ... | 32 new cases 83 attendances |
| Orthopaedic | ... | ... | ... | ... | ... | 61 new cases 165 attendances |

Clinic Premises

Of the 20 clinics in the Borough, 12 are purpose-built, five are in adapted premises and three are in rented premises. A new clinic built in the Hadley Wood area, to replace rented premises, was opened early in 1966.

The provision of purpose-built premises to replace two inadequate clinic premises (one adapted, the other rented), and also additions to two existing purpose-built premises, were deferred in 1965 in compliance with Ministry of Health Circular 20/65 "Deferment of Expenditure on Capital Projects, etc."

It was not possible to proceed with the two replacement projects in 1966 due to Government policy but it is expected that minor alterations to the two purpose-built clinics will be completed in 1967.

In the Ten-Year Plan it is intended in 1970 to replace a rented property by a health centre and another of the adapted premises by a purpose-built clinic.

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 £8,400 in sales and the issue of 14,809 tins of National Dried Milk, 4,036 bottles of cod liver oil, 4,734 packets of vitamins A and D, and 85,898 bottles of orange juice. In addition, various brands of proprietary dried milk, cereals and vitamin preparations, recommended by the medical officers in particular cases, were available in the clinics. The total sales in 1966 amounted to some £21,800.

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 171 attendances for treatment were made by mothers and 966 by children.

While advice on care of the teeth is given on a personal basis, not only by dentists but also by doctors and nurses, use is made of all the armamentary of health education. It is pleasing to note that this advice appears to be having some effect as a decrease was shown in the number of extractions for children under five years of age.

An effort is being made to ensure that an increasing number of children under school age enter school with a reasonably sound set of teeth.

Care of the Unsupported Mother and her Child

Although the majority of unsupported mothers are unmarried, occasionally a married woman may for one reason or another find herself without support. The services of a fully qualified medical social worker are shared by this Borough with two neighbouring boroughs. This officer unfortunately sustained a serious road accident and has been off duty for some months. However, an acting social worker was detailed to cover the work during this period.

As there is no local authority mother and baby home in the Borough, use is made of those of other authorities and of voluntary society homes, one of which caters especially for the very young expectant mother. With these resources a satisfactory service has been possible.

Of the 84 cases referred through various channels such as medical social workers, general practitioners, health visitors, voluntary social workers, the National Council for the Unmarried Mother and Her Child, etc., 54 were admitted to mother and baby homes and the balance was mostly comprised of incomplete cases at the year's end.

From her first contact with the medical social worker the patient is supported and cared for throughout this difficult period. Much time is also spent in reassuring and advising shocked parents, and this often results in a re-assessment of the situation with the result that the problem is handled within the family which is, of course, often the most happy and satisfactory solution.

Where it is the wish of the unsupported mother to have the baby adopted application is made on her behalf only to registered adoption agencies.

Of the 55 babies born to the 54 unmarried girls admitted to mother and baby homes during 1966, 22 were kept by their mothers, 28 were adopted, one went into a voluntary society home, three were taken into care of the local authority and one child was stillborn.

Every help possible is given to the unsupported mother who decides to keep her child, for the road she chooses is not an easy one.

"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. These children are kept under observation by the assistant medical officers until it is established that development is normal. Children are usually removed from the register between the ages of two and three years if no defect has been detected by then.

The form of notification is completed by the doctor, health visitor or midwife and 499 such notifications were received during the year. Three hundred and seventy-three children were removed from the register, leaving a total of 1,120 children on the register at the end of the year.

Of the 629 children on the register who had hearing tests at infant welfare clinics, seven appeared to have some hearing loss. Two of these children were still under observation at the end of the year and of the remaining five who were referred for further investigation, no hearing defect was found in two cases. One child was found to be severely deaf and the other two children were found to have partial hearing; arrangements were made for all three to be fitted with hearing aids. In addition, two children on the register and under the care of hospitals were found to be deaf and were issued with hearing aids.

During 1966, 46 children were reported to be suffering from congenital abnormalities, making a total of 70 children in the handicapped section of the register.

Incidence of Congenital Abnormalities Detectable at Birth

There is a procedure of standard 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 52 for the year, was made to the Registrar General.

The figures for the country as a whole should, when available, 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 one assistant medical officer of the London Borough of Enfield continued to take part in the survey during 1966. 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 3,438 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

I am glad to be able to say again this year that no incidents of young children with unexplained injuries have been reported.

The continued concern of the Home Office with this aspect of child welfare was expressed in the Home Office Circular No. 134/1966, in which the Secretary of State requested local authority children's departments, in consultation with the Medical Officer of Health, to review their arrangements for the provision of medical reports on children in care, to ensure that doctors examining children on their behalf are aware of the need to report fully on each child's condition. As suggested, action was taken through the Local Medical Committee for this purpose and the forms of report were amended appropriately.

The health department's doctors and nurses were re-alerted during the year to be on the look-out for cases.

The Barrow and Geraldine S. Cadbury Trust, which is supporting an investigation into the psychopathology of the parents of "battered babies", has invited any practitioner who has records of such cases during the last ten years, to communicate with Professor F. E. Camps, Professor of Forensic Medicine, at the London Hospital Medical College, London, E.1.

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. Eleven women were referred during the year.

The wider need of planned parenthood, where no specific danger to health exists and which at present falls outwith 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 continued to make available, free of charge, clinic premises to the Family Planning Association, and four new sessions at clinic premises were approved during 1966. In addition, an annual financial contribution is made to the Association.

The Family Planning Association also started a session at Chase Farm Hospital, Enfield, for the supply and fitting of intra-uterine devices, and one woman referred by the local authority was treated at this clinic in 1966.

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

Ministry of Health Circular 5/66 advised local health authorities that the Minister had had under consideration the present and future development of family planning services which he regarded as an essential aspect of family welfare. He urged local health authorities to review their present arrangements for family planning in the light of these considerations and of the suggestions also contained in the circular. This was done and the authority's arrangements were found to be developing along the lines suggested in the circular. The following further action was taken:—

- (a) An additional contribution of £100 was made to the local branch of the Family Planning Association to enable the Association to extend their work to problem families in the Borough.
- (b) Discussions were arranged with the Family Planning Association resulting in further facilities being offered at our clinics. As a result, additional clinic premises were made available and extra sessions at other clinics were approved.
- (c) Arrangements were made to overprint the Association's publicity leaflets with information about local sessional facilities at our clinics and at hospitals.
- (d) Discussions were started with the Family Planning Association regarding a domiciliary service for women unable or unwilling to attend a clinic.

Day Nurseries

There is one 55-place day nursery approved for the training of student nursery nurses in the Borough. Other provisions include up to 12 places in a day nursery in the London Borough of Haringey and a few places in a day nursery in the London Borough of Barnet. Children may also be placed in a day nursery in Hertfordshire in cases where this arrangement would be more appropriate, subject to vacancies being available.

The Council has made provision in the Ten-Year Plan for two new day nurseries, each incorporating a 10-place nursery unit for mentally sub-normal 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, Edmonton, 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, 61 children were on the attendance roll at the Fore Street Day Nursery, and these fell within the following priority categories:—

| | | | | | | |
|--------------------------------|-----|-----|-----|-----|-----|----|
| Unsupported mothers | ... | ... | ... | ... | ... | 42 |
| Mother's ill-health | ... | ... | ... | ... | ... | 6 |
| Financial circumstances | ... | ... | ... | ... | ... | 7 |
| Handicapped children | ... | ... | ... | ... | ... | 2 |
| Unsatisfactory home conditions | ... | ... | ... | ... | ... | 3 |
| Motherless child | ... | ... | ... | ... | ... | 1 |

Fourteen 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.

Crèches

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

Children in Care

There are two residential nurseries, providing places for 31 children, situated in the Borough and under the control of the Children's Department.

By arrangement with the Children's Officer each child is medically examined on admission, every three months and on discharge by the assistant medical officers.

Dental care and immunisation are also arranged by the Health Department. In the ordinary way general medical services are provided by general medical practitioners.

Children placed with foster parents are medically examined by assistant medical officers or general medical practitioners, who also, of course, provide the general medical service.

Special attention has been drawn to the "Battered Babies" Syndrome, which is described under that heading in this section.

Nurseries and Child Minders

Under the Nurseries and Child Minders Regulation 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 24 day nurseries providing places for 623 children at the end of the year.

Applications for registration as child minders were received from six persons during the year, five of whom were approved, making a total of 15 registered child minders in the Borough at the end of the year, providing care for 124 children.

The circumstances in respect of all new applications are thoroughly investigated and reported in detail to the Health Sub-Committee. This work, together with routine supervision and inspection of existing nurseries and child minders, is carried out by medical officers and health visitors. The general standards throughout are at least satisfactory and in most cases very good indeed.

In December, 1966, the Council decided as follows concerning the staffing of private day nurseries :—

" That the ratio of staff (excluding domestic staff) to children in Day Nurseries, where children are received for part of the day only, and subject to variation in special circumstances, be as follows :—

| | |
|-------------------|---------|
| Up to 12 children | 1 : 6 |
| 13 to 21 children | 1 : 7 |
| 22 to 40 children | 1 : 8 " |

Appeals by some child minders and proprietors of nurseries against the Council's decisions in respect of registration provisions are due to be heard early in 1967.

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 by the Council 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 19 children being cared for by 16 registered daily guardians. A large number of registered daily guardians have not had any children in their care.

Problem Families

In order to co-ordinate the personal services of the various departments of the Council, a co-ordination committee, consisting of a nominated officer from each of the departments concerned — Town Clerk's, Health, Children's, Welfare, Housing, and Education — was established. The Health Department is represented by the Principal Medical Officer for Maternity and Child Welfare. The committee met regularly throughout the year and one of the main outcomes of these meetings was the establishment of a "Problem Families" register. Each family was the subject of a conference between the caseworkers of the departments concerned, and at the end of the year there were five families on the register. In addition, the co-ordination committee arranged for a meeting to be held in each part of the Borough for the local field workers to get to know each other. These meetings, which proved very successful, were held at various clinics, and by the end of the year meetings had been held in Lower Edmonton and Enfield Wash; it was proposed to hold further meetings in other areas in 1967.

The committee also discussed Joint Circular 7/66 and 9/66 of the Department of Education and Science and the Ministry of Health regarding the co-ordination of the Education, Health and Welfare Departments' services for handicapped children and this is reported in the section on the School Health service.

Population Screening for Carcinoma of the Cervix of the Uterus

The Council received in December, 1965, Ministerial approval for this scheme as part of its arrangements for the prevention of illness under Section 28 of the National Health Service Act, 1946.

The service commenced early in 1966 with one session per week at three suitably situated clinics for the taking of a total of 60 specimens a week until further diagnostic facilities could be provided by the North East Metropolitan Regional Hospital Board.

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 treatment where necessary is 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, is carried out.

One hundred and thirty-three sessions were held and 2,462 cervical smears were taken. Cancer cells were found in two cases — married women aged 39 years and 43 years. There was one doubtful case and there were 510 other abnormal findings of a non-cancer nature.

In Ministry of Health Circular 18/66 the Minister hoped that local health authorities would co-operate fully with the hospital and general practitioner services in developing screening services for cancer of the cervix on the lines recommended in the memorandum enclosed with the circular. This advice was found to be in conformity with the scheme the Council had already started.

The Hospital Board expected to be able early in 1967 to increase the number of smears which would be examined from 60 to 90 per week.

Research

During 1966 the Council gave approval to medical staff at certain ante-natal clinics participating in a research project into the emotional changes which take place during pregnancy and the puerperium. The project was sponsored by Dr. A. G. Mezey, Consultant Psychiatrist, North Middlesex Hospital, and the object is to find out if the mental breakdown which occasionally occurs after childbirth could be anticipated during pregnancy, with a view to preventive treatment. The project was still proceeding at the end of the year.

(See Statistical Tables 10, 11 and 12.)

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. The local health authority is also the local supervising authority for the purposes of the Midwives Act, 1951.

Domiciliary midwives attended 1,167 confinements during the year and also undertook the care of 389 patients discharged home after hospital confinement before the tenth day. The latter figure consists mainly of those cared for under the Council's planned early discharge scheme. Also included in this figure are those who took their own early discharge from hospital and those who were booked for a home confinement but had to be admitted to hospital as an emergency.

All patients under the care of a domiciliary midwife were issued with a maternity pack. The booklet, *To Mothers and Fathers*, which gave information regarding health during pregnancy and advice on the rearing of a young child, was, until it went out of print, issued to mothers having their first child. A new publication is in course of preparation and it is hoped it will be a suitable replacement.

Planned Early Discharge of Maternity Patients

Planned early discharge schemes 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 require hospital delivery on medical or social grounds. The temporary arrangement with University College Hospital for a few patients to be accepted under this scheme whilst part of the maternity ward at the hospital was closed, continued during 1966. Cases were also accepted from other hospitals provided our quota of planned early discharges was not exceeded. Patients who are discharged home early under this scheme are usually cared for by the part-time midwives.

Care of Premature Infants

The number of babies notified during the year who weighed 5½ lb. or less at birth (the accepted criterion for prematurity) was 217, of which 46 were born at home. Midwives cared for 38 of these babies at home for the full statutory period of 28 days and all the children survived.

Portable Incubators

During the year the portable incubators held at the main ambulance depots were used on 35 occasions to transport premature or sick babies to hospital.

Hospital "Flying Squad" Service

There are two Flying Squads serving the Borough of Enfield, one based at the North Middlesex Hospital and the other at Chase Farm Hospital.

The squads, which are in the charge of an obstetrician, provide a 24-hour emergency service for women in labour. During 1966 the squads answered 12 emergency calls.

Analgesia

The question of the best apparatus to use in domiciliary midwifery is still under review by the Central Midwives Board. At present, trilene equipment is used by all the domiciliary midwives.

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.

Notification of Intention to Practise

Thirty-four domiciliary midwives employed by the Borough Council and 148 institutional midwives employed at hospitals notified their intention to practise as midwives in the London Borough of Enfield.

Disposal of Placentae and Offensive Dressings

Disposal points are conveniently situated throughout the Borough for use by authorised persons. Means have been provided in recently-built tall blocks of Council flats for disposal of offensive dressings, etc., by incineration.

(See Statistical Tables 13 and 14.)

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.

The work of health visitors has many facets, embracing as it does directly or indirectly all the Social Services provided for each and every member of the family. Continuing well below full establishment the Department's Health Visitors each had, as in the preceding year, a heavy case load of nearly 700 families.

The total number of effective visits was 37,147, which included 34,803 to mothers, babies and children under five years of age; 1,712 to the elderly; 106 to mentally disordered persons; 41 to discharged hospital patients (other than maternity); and 31 to households on account of infectious disease.

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 the home, clinics and schools.

Use of Ancillary Help

For some years now clinic nurses have replaced health visitors during school inspections and for clinic work, and have assisted at infant welfare clinics where voluntary workers also give valuable service.

A survey carried out during the year showed that, on average, health visitors spent their time as follows :—

| | Percentage of time |
|---|-----------------------|
| Visiting (including travelling) | 49 |
| Attendance at clinics | 26 |
| Clerical work | 15 |
| Other duties (e.g. health education) | 10 |

To reduce the amount of time spent by health visitors on clerical work it has been arranged that clerical officers spend two to three hours a week at the clinics, and to date this is proving effective.

Liaison with Hospitals and General Practitioners

Co-operation with general practitioners, hospital medical staff and social workers continued satisfactorily throughout the year.

Although one health visitor attends a group practice weekly it has not been possible to progress further in the field of health visitor attachment because of the acute staff shortage. The position is under continual review and a further partial attachment may eventuate next year.

Health Education

Health education, at the personal group level, is the highly specialised task of the health visitor. Talks were given on health subjects at afternoon and evening meetings of various groups and clubs.

Relaxation and Mothercraft

Seventy-six courses on relaxation and mothercraft for expectant mothers were held at the clinics. Each course consists of six sessions and during the year 456 sessions were held. Three thousand five hundred and eighty-nine attendances were made by 747 women.

(See Statistical Tables 10 and 15.)

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.

The number of patients attended was 2,864; of these 1,892 were 65 years of age or over and 37 were under five years of age. The total number of visits made was 109,228.

Disposable Equipment

The extended use of disposable equipment in the home nursing service has materially improved efficiency and safety. All nurses now use disposable syringes and many use disposable enemata. There continues to be widespread use of disposable incontinence pads, which are proving to be a valuable adjunct to the nursing facilities. In addition, protective clothing in the form of waterproof pants or knickers with disposable linings was provided during the year.

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 of these cases.

Cancer patients — often terminal cases — require all the care and attention they can get and the valuable contribution made under this scheme is greatly appreciated by patients and relatives. During the year, 28 patients were provided with this service.

At the end of the year, there were on the Health Department's Register three Marie Curie nurses available under the scheme to nurse patients within the Borough. These nurses receive a retaining fee when not actually employed. In addition, two other nurses, who were not on the register, expressed their willingness to undertake nursing duties under this scheme if required.

Liaison with General Practitioners

The work of the home nurse is under the personal direction of the family doctor responsible for the patient's care. Home nurses maintain a very close liaison with the doctors concerned although none is at present attached to a particular general medical practice.

Use of Ancillary Help

A survey of the work of home nurses carried out during the year showed that about 250 of a total of 300 visits a week for bathing patients could be undertaken by less skilled staff. Consequently two nursing auxiliaries have been added to the establishment for next year.

(See Statistical Table 16.)

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. Approval was given last year for the vaccination against anthrax of workers in specified industries but there are no such workers known to be at risk in this Borough.

Vaccination and immunisation is provided jointly by the general medical practitioner and local health authority services. A fee is paid by the Council to general medical practitioners for records of completed courses and reinforcing doses of immunisation and vaccination of persons under 16 years of age. Of the total number of 8,190 primary courses (lines 1 - 9 of Table 17(a)) 2,849 were undertaken by general medical practitioners and 5,341 by the Council's medical officers. Of the total number of 10,549 reinforcing doses (lines 1 - 9 of Table 17(b)) 2,711 were given by general medical practitioners and 7,838 by the Council's medical officers. With regard to smallpox, general medical practitioners undertook 1,249 primary vaccinations and 248 revaccinations compared with 1,712 primary vaccinations and 33 revaccinations by the Council's medical officers.

The acceptance rates of immunisation procedures are even better than last year and are considerably higher than those for England and Wales.

Immunisation Publicity Campaign

Following proposals by the Health Education Co-ordinating Committee for London and the Home Counties, an immunisation publicity campaign was held from 19th to 30th September. Advertising was undertaken by means of posters and leaflets, and notices in the local Press. The success of the campaign is to be evaluated by the Ministry of Health.

Immunisation in Clinics

At appropriate ages, a card is sent to each child, inviting him to be immunised either by his family doctor or by attendance at a clinic, and a leaflet giving information about immunisation accompanies it. This is combined with the periodic or birthday card in which children are invited 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, results 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 2,961, and 281 persons were re-vaccinated.

Of the children born in 1964 (4,155) 2,280 had received primary vaccination by the end of 1966, representing an acceptance rate of 54.9% (England and Wales 38%).

Immunisation against Diphtheria

The recorded number of persons under 16 years of age who received a primary course of immunisation was 3,739, and 6,827 received a reinforcing dose.

Of the children born in 1964, 3,798 had received primary immunisation by the end of 1966, representing an acceptance rate of 91.4% (England and Wales 76%).

Immunisation against Whooping Cough

The recorded number of persons under 16 years of age who received a primary course of immunisation was 3,327, and 2,568 received a reinforcing dose.

Of the children born in 1964, 3,567 had received primary immunisation by the end of 1966, representing an acceptance rate of 85.8% (England and Wales 74%).

Immunisation against Tetanus

The recorded number of persons under 16 years of age who received a primary course of immunisation was 4,089, and 5,679 received a reinforcing dose.

Of the children born in 1964, 3,790 had received primary immunisation by the end of 1964, representing an acceptance rate of 91·2% (England and Wales 76%).

Immunisation against Poliomyelitis

The recorded number of persons under 16 years of age who received a primary course of immunisation was 4,162, and 3,810 received a reinforcing dose.

Of the children born in 1964, 3,700 had received primary immunisation by the end of 1966, representing an acceptance rate of 89·1% (England and Wales 72%).

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. Included in this category, among Health Department staff, are doctors, nurses, health visitors, public health inspectors, disinfectors (and their immediate families). The practice of offering and encouraging vaccination annually was continued, and during the year 126 members of the staff were vaccinated.

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. Last year the Council resolved to offer vaccination against tetanus to those groups and by the end of this year a further 99 employees had received a full course of immunisation, making a total of 196 employees in all since the scheme started.

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 centres designated by the Government, and International Certificates of Vaccination against yellow fever are supplied at these centres.

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. The forms can usually be obtained (free) by the traveller 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 practises. Some thousands of International Certificates were stamped in this department during the year, authenticating the signature of the vaccinator.

The Public Health (Aircraft) Regulations, 1966, and The Public Health (Ships) Regulations, 1966, which came into operation on the 1st April, made provision, *inter alia*, for a new type of International Certificate of Vaccination against small-pox. The new certificate requires that the origin and batch number of the vaccine be stated and that the vaccine be a freeze-dried or liquid vaccine certified to fulfil the recommended requirements of the World Health Organisation.

From the 1st January, 1967, the existing certificate of vaccination, which bears on the front the words "For completion in the United Kingdom only" ceases to be valid.

(See Statistical Tables 17, 18 and 19.)

RESEARCH

Measles Vaccine Trials

The report of the Medical Research Council on the trial of measles vaccines organised in 1964 and 1965 was received early in 1966. The trials showed that immunisation against measles was an effective and acceptable procedure, but the duration of protection will remain uncertain for some years and is the subject of further study. In view of this, it was stated in Ministry of Health Circular 6/66, that the Minister did not suggest that authorities generally should make arrangements under Section 26 of the National Health Service Act to offer measles vaccination. The Health Committee concurred and resolved that a further report be submitted in due course.

Investigation of Reaction to Triple Vaccines (Diphtheria, Tetanus, Pertussis)

Council Health Department staff took part in an investigation organised by the Medical Research Council to compare the degree of reaction to three brands of triple antigen in common use.

The investigation revealed that the clinical results agreed very closely with laboratory findings in that more reactions occurred in children who had been given vaccine with a high bacterial count, and that methods of making the vaccine were not important. The Medical Research Council reported that the clinical trial had helped considerably towards producing a non-toxic pertussis vaccine.

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 utilised 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 shows that there has been a considerable increase in the overall volume of work this year compared with last year.

| | Accident & Emergency | | Others | |
|------------------------------|----------------------|----------|-----------|-----------|
| | Patients | Mileage | Patients | Mileage |
| MAIN STATION 101 | | | | |
| The Ridgeway, Enfield ... | 2,970 | 22,678 | 50,752 | 193,864 |
| MAIN STATION 102 | | | | |
| Windmill Road, Edmonton ... | 5,731 | 36,043 | 87,951 | 273,975 |
| SUB-STATION 111 | | | | |
| High Street, Ponders End ... | 1,943 | 16,697 | 35 | 241 |
| | — | — | — | — |
| Totals : | 10,644 | 75,418 | 138,738 | 468,080 |
| | — | — | — | — |
| 1965 Totals : | (8,596) | (60,605) | (108,273) | (355,647) |

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

Arrangements for the provision of this service are shared between the Council and the North East and North West Metropolitan Regional Hospital Boards and are based on the Chest Clinics. The Chest Physicians who supervise the work of the four tuberculosis health visitors employed by the Council, one of whom resigned in March, are responsible not only for all matters concerning diagnosis and treatment but also for the local health authority care and after-care services. At present, persons resident in Enfield and Edmonton are the responsibility of the Edmonton Chest Clinic, situated at the North Middlesex Hospital, and those living in Southgate are cared for by the Finchley Chest Clinic in the London Borough of Barnet. This latter clinic will, however, be closed during 1967, and preparations have been made for the Edmonton Clinic to serve the whole of the Borough.

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

During the year 3,983 persons attended the chest clinics for the first time and were investigated for varying chest conditions.

Of these new patients 161 were cases of suspected respiratory tuberculosis and 488 were their personal contacts. Sixty-nine of the suspected cases were confirmed and notified while the remainder are still under observation. Four cases of respiratory tuberculosis were found among the contacts.

Fifty-three cases of respiratory tuberculosis required treatment in hospital and all but one were admitted to local hospital beds allocated to the chest clinics.

Sixteen cases of non-pulmonary tuberculosis were notified.

At the end of the year there were 2,300 patients on the tuberculosis registers.

It must be stressed that tuberculosis remains a serious disease and that the present level of general improvement in its control and prevention in this country affords no justification whatever for complacency.

Home Visiting

The tuberculosis health visitors employed by this Council continue to attend the Edmonton Chest Clinic while health visitors employed by the London Borough of Barnet attend the Finchley Chest Clinic. Their duties are principally concerned with home visiting, but in addition they perform clinical duties at the chest clinics. Although their work primarily relates to tuberculosis, it in fact embraces all types of chest disease. During 1966 the tuberculosis visitors made a total of 3,794 visits to patients' homes.

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.

Welfare

The medico-social work of the Chest Clinics is fully integrated with the hospital almoning service. Modern methods of treatment are such that many tuberculous patients are able to 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.

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 or 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 Ministry of Social Security 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 May the Middlesex Local Medical Committee agreed that health visitors may refer immigrants for chest X-ray direct to the chest clinics at the time of their visit, on the grounds of expediency and expedition.

During the year, the names of 185 long-stay immigrants, resident in the London Borough of Enfield, were notified to the health department. Successful visits were made to 172 of these. Some of the immigrants listed were unknown at the addresses they had given and others, despite repeated visits, have not yet been contacted.

A useful register has been compiled and issued by the Immigrants Advisory Committee of the London Council of Social Service. The register lists interpreters and social workers with special knowledge of overseas groups in the Greater London area.

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 tuberculosis 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.

This scheme has been approved by the Ministry of Labour, under the Disabled Persons (Employment) Act, 1958, for training selected patients to become journey-men 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, 17 were occupied by Enfield persons at the end of 1966.

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 5B of the North West Metropolitan Regional Hospital Board visited the Southgate area of the Borough, when sessions were held at a College and on the premises of four large industrial concerns, as well as public sessions held at eight different sites in the area. A total of 7,370 persons, of whom 823 were Council employees, were X-rayed and 34 of these required further investigation, which resulted in the discovery of a case of respiratory tuberculosis and two cases of lung cancer.

Vaccination against Tuberculosis

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

During the year 2,435 persons were vaccinated. Vaccination of contacts is carried out at the chest clinics and of others by the medical staff of this department. A further report on B.C.G. vaccination appears in the section of this report devoted to the School Health Service.

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 under Section 28 of the National Health Service Act, 1946, 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 Central Council in consideration of its services.

The Minister of Health announced the acceptance of the report of the Joint Committee of the Central and Scottish Health Services Council under the Chairmanship of Lord Cohen to the House in February. The prime recommendation of the report, now quoted, has not yet been implemented.

"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."

Health education is the warp and woof of the work of a public health department in its practice of the Science of preventive medicine. It is part of the day to day activities of the professional and technical staff and also exists as an entity to be pursued for its own sake.

The health education organiser provides the technical assistance and expertise required to execute the various health education projects. In the field of publicity we have enjoyed the co-operation of Mr. A. W. Bax, appointed by the Council in February to the new post of Press and Publicity Officer.

Programme of Health Education

During the first six months of the year the programme was organised as last year, on bi-monthly phases devoted to topical health subjects and the continued issue of the Health Education Bulletins.

- | | | |
|-------------|----------------------|---|
| Bulletin 1. | January and February | Respiratory Diseases |
| 2. | March and April | Dental Health, and Immunisation and Vaccination |
| 3. | May and June | Personal and Food Hygiene |

In the latter half of the year coincident with the publication of the new quarterly Civic Bulletin, the programme was re-arranged on a three-monthly basis. Edited by the Press and Publicity Officer the Civic Bulletin not only publicised matters relating to the Borough as a whole but devoted no less space to health education than previously available in our bulletins.

- | | | |
|-------------------|---------------------|---|
| Civic Bulletin 1. | July to September | Water Safety, Care of the Feet, Vaccination and Immunisation |
| 2. | October to December | Atmospheric pollution, Smoking and Health, Home Safety, Fire Prevention |

Talks and Lectures

At the majority of nearly 100 talks and lectures given by the professional staff to some 2,500 people belonging to various groups and organisations, a film was also shown. It is appreciated, of course, that the audiences consist largely of the "converted" but surely information is passed on to others by individual members of the audience.

Mass Media

During the year 1,000 posters depicting the current health subject were displayed on the public notice boards throughout the Borough. Posters were also displayed in public buildings, shops, factories, doctors' and dentists' surgeries, etc.

Thousands of leaflets and booklets were distributed, many of which were provided by the Ministry of Health without charge.

Supportive Publicity

The visits to the Borough by the Blood Transfusion Service and the Mass Miniature Radiography Service were marked by joint publicity efforts.

Exhibitions and Displays

We organised a health exhibition in a marquee during the two-day Enfield Annual Show which had an estimated attendance of 23,000.

The exhibit projected five aspects of the work of the health department: Smoking and Health, Mental Health, Health Visitors' Recruitment, House Improvements and Clean Air.

Presentation was by means of photographs and posters, animated displays and modern appliances, and traditional and pre-fabricated buildings. The public were invited to test their lung function on the Wright Peak Flow Meter. The whole display was colourful and well lit.

Members of the staff manned the exhibition to answer inquiries and distribute leaflets, pamphlets, etc.

During the early part of the year a dental health exhibition was mounted at nine different clinics in succession for a period of a week each.

For two weeks in July a smoking and health exhibition was held at the Albany clinic.

(See Statistical Tables 20, 21, 22, 23 and 24.)

OTHER SERVICES

Loan of Nursing Equipment

The local 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 the patient to help offset the cost of replacement of equipment as required. If a patient is unable to meet the hire charge, this is paid by the Council which also arranges the transport of equipment where required. During the year, a total of 3,564 items of nursing equipment was loaned to patients under this scheme, including 280 wheel-chairs and 20 hospital beds.

In addition, an electric hoist and ripple chair seat were provided by the Council for a severely paralysed patient.

Loan of Bed Linen

To supplement the laundry service for incontinent persons bed linen is available on loan 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.

Incontinence Pads and Clothing

The Council makes free provision of incontinence pads to suitable cases at the request of general practitioners and home nurses. Some 350 patients, that is 23% more than last year, were supplied with a total of nearly 33,000 pads during the year. Soiled pads are disposed of mainly by means of the ordinary household refuse disposal service. In the newly-built tall blocks of Council flats facilities for disposal by incineration of pads are provided.

Ministry of Health Circular 14/66 commended to local health authorities the provision of protective clothing in the form of waterproof pants or knickers with disposable linings for persons who are incontinent by day but are not confined to bed and who need this service. Arrangements were made to supply these items free of charge to all those to whom they can be of benefit. Since its introduction, six patients were provided with this service up to the end of the year.

Chiropody

This service is provided partly by the direct employment of chiropodists by the Council, and partly by arrangement with voluntary organisations whose expenditure on chiropody is reimbursed by the Council.

The chiropodists directly employed by the Council, of which there were, at the end of the year, 4.8 whole-time equivalent including a Chief Chiropodist, provide the service in eight Council clinics as well as providing a domiciliary service for those patients unable through age or ill-health to attend the clinics. During the year, 1,527 patients made 7,357 attendances for treatment at 1,403 clinic sessions, whilst a further 484 patients received 2,150 domiciliary visits for treatment.

In addition, 911 patients received 5,403 treatments at centres, chiropodists' surgeries, or in their own homes, through the service provided by the voluntary organisations. The voluntary organisations involved are the two local divisions of the British Red Cross Society who provide the service at centres and in the patients' homes, the Southgate Social Service Council who provide the service in chiropodists' surgeries, and the Southgate Old People's Welfare Committee who provide the service at a centre and in the patients' homes.

The service provided for school children under the Education Act, 1944, is described elsewhere.

The following is an extract from the report of the Chief Chiropodist:

"With the opening of a new clinic in July at the Combined Clinic in New Southgate the number of foot clinics at the Council's clinic premises has risen to eight. Plans are also under consideration for the provision of two further clinics in the Winchmore Hill and Edmonton areas.

"The year has once again demonstrated the need for the chiropody service, and I am sure that this service has continued to be of particular benefit to the elderly. Without it many would be completely housebound."

Venereal Disease

The Borough shares with two of its neighbours the services of a medical social worker, whose duty it is to trace contacts, follow-up treatment defaulters and assist patients in meeting social problems.

There is no special clinic in the Borough and the majority of patients attend the Prince of Wales' Hospital in Tottenham. In their efforts to preserve anonymity patients tend to present themselves at clinics far removed from their home district but figures of incidence are available from three London Hospitals in respect of Enfield patients. A total of 465 new patients attended these hospital clinics during the year.

Since time immemorial there has been a high prevalence of venereal diseases with their dread attendant consequences. Although the prevalence remains high today the consequences, due to modern therapy, are rarely seen.

In no disease is control of spread more difficult. It is not notifiable but treatment must be readily available, contacts must be traced and treated, ignorance must be eradicated and all must be strictly confidential.

Health education especially in schools and youth organisations has been carried out over a number of years with seemingly little effect.

Advice Clinics for the Elderly

Four sessions are held each month; three of these take place in Council clinics and one at the premises of the Old Persons' Welfare Committee, Southgate. All persons entitled to retirement pensions are informed by their local branch of the Ministry of Social Security that these facilities exist. Referrals are also received from general practitioners, health visitors, and from a variety of other sources.

The aim of the clinics is to provide advice to retired persons, or those about to retire. This includes advice regarding the preservation of good health, the achievement of a balanced diet, budgeting on a small income, exercise, accommodation, the problems of loneliness and the importance of recreational activities.

The clinics are staffed by one of the Council's assistant medical officers, and a health visitor or clinic nurse. Persons attending the clinic for the first time are medically examined and those requiring treatment are referred to their family doctor. During the year 34 persons made a total of 106 attendances.

Smokers' Clinic

Four courses, two of six weekly evening sessions and two of five weekly sessions, were held at two clinics in the Borough during the year. The reduction to five sessions followed the resignation of the physiotherapist and some streamlining of the course.

One hundred and sixty-five persons made 511 attendances at the 22 sessions, making an average attendance per session of 23 persons.

Nineteen persons claimed to have stopped smoking, and 31 claimed to have reduced the amount they smoked, at the end of their course.

The sessions of approximately two hours' duration are devoted to lectures, film shows, group discussions, and the use of the Wright Peak Flow Meter.

The Principal Medical Officer for maternity and child welfare conducts the sessions, aided by health visitors, the health education organiser and visiting medical specialists.

In my report for 1965 I analysed the results of an inquiry into the subsequent smoking habits of those who had attended the course a year previously, i.e. January, 1965. I reported that, of the 39 persons concerned, 16 replied to the questionnaire, and of these 16, four (25%) had been non-smokers for one year.

During 1966 a further attempt was made to assess the value of the work of the clinic by means of a questionnaire to persons who had attended the clinic during subsequent sessions in 1965, one year prior to the questionnaire.

The questionnaire was sent to 58 men and 52 women, of whom 26 men and 24 women replied. Of these, 10 men (i.e. 38% of those who replied) and six women (i.e. 25% of those who replied) claimed to have been non-smokers for one year subsequent to attendance at the course. Of the 58 men and 52 women who attended the courses, only 11 men (19%) and 13 women (26%) attended a complete course and of the eight men who replied four (50%) had not smoked for one year, and of the nine women who replied, five (55%) had not smoked for one year.

As was to be expected the analysis showed that the fewer the number of attendances, the less the success in overcoming the smoking habit, if abstinence for one year can be called success.

Although the results of the inquiry are somewhat disappointing, it would appear that the clinic does at least help a few people in their efforts to stop smoking.

Recuperative Holidays

This scheme provides holidays for persons who are recovering from illness or operation but who do not require nursing care. Normally application is made by general practitioners on behalf of their patients, who make some contribution towards the cost according to their means. Except in special cases the period of stay is limited to two weeks. The majority of holiday homes are situated on the south coast.

During the year 138 adults had a holiday and were observed to have derived definite benefit from their stay.

Fluoridation of Public Water Supplies

The Council supported the London Boroughs Committee in their approach to the Minister of Health for the introduction of legislation enabling the fluoridation of water supplies to be decided nationally. The Minister was not prepared, however, to accede to their wishes.

The Metropolitan Water Board still adhere to the view that the time is not opportune to decide their policy as there is no unanimity of opinion among the local health authorities in the area of their supply.

The London Boroughs Association, formerly the London Boroughs Committee, announced in September that in the Greater London Area, 26 authorities were in favour of fluoridation, six were opposed and one undecided.

At the end of the year no further progress had been made and I can only repeat what I said last year, that I am sure the measure will ultimately be accepted practice throughout the country but in the meantime a considerable amount of preventable dental caries will afflict the younger generation.

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 shift of emphasis from hospital care to community care, introduced by the Mental Health Act, is a continuing process, and coupled with an ever-increasing incidence in mental ill-health constitutes a growing demand for these services.

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. During the year the psychiatric unit was moved to other premises in the hospital, which had been modernised and re-equipped.

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

A 24-hour mental health community service is provided throughout the year by the Council.

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 the patient but also his family requires support. 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.

A social history provided by a mental welfare officer on a patient attending out-patient clinic for the first time is desirable. An arrangement exists only with the North Middlesex Hospital for the referral of patients to us for this purpose and 57 new cases were referred during the year. It is hoped that with an increased establishment of mental welfare officers next year, it will be possible to extend this service to other hospitals.

The demand for psycho-geriatric admissions for elderly confused patients remained high and there has been some delay in arranging such admissions. Domiciliary assistance was provided for the patient and his family during the waiting period.

Contact is maintained with patients admitted to hospital for treatment. The mental welfare officers endeavour to establish an unbroken relationship with the patient. Where necessary, advice and assistance are given to the patient's family whilst he is in hospital. Hospitals notify us when patients are discharged. During the year under review 341 discharges were notified, and of these 187 were referred for supportive after-care.

The number of home visits to mentally ill patients totalled 5,328 and there were 530 office interviews.

Hospital Admissions

Every effort is made to arrange the admission of patients to hospital on an informal basis. This year 43 patients were admitted informally and 132 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. Four patients attended the day centre at the North Middlesex Hospital. Since my last report, the centre at Clapton organised by the Psychiatric Rehabilitation Association has removed to new premises in Tottenham, in the London Borough of Haringey. Thirteen Enfield residents now attend this centre and the cost of their fares is met by the Council.

Social Centres or Clubs

A second club which is held every Thursday evening from 7.30 to 10.00 p.m. was opened at the Central Clinic, Plevna Road, Edmonton. The average weekly attendance is between 20 and 28 persons. Our other club continues to be held every Monday evening from 7.30 to 10.00 p.m. at the Junior Training School, Waverley Road, Enfield, with a weekly attendance of between 25 and 30 persons.

Mental welfare officers supervise the running of both clubs and report a most satisfactory year's activities.

Residential Accommodation

In January, 1966, the "Windmill" Recuperative Hostel was opened for the reception of 26 persons, men and women, discharged from psychiatric hospitals and in need of supportive and supervisory care in a sheltered environment. In this manner they are encouraged to take up their places in society again with increased confidence.

Applications for the admission of their patients are made by consultant psychiatrists. A mental welfare officer, the Warden and the Principal Medical Officer, with whom the final decision rests, consider the suitability of the patient for admission. It is in respect of the hostel residents that Dr. Kelsey, our psychiatric adviser on mental illness, makes an important contribution.

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

During the year there were 21 admissions and 10 discharges and the number in residence at the end of the year was 11, eight of whom were in gainful employment.

The Council continued to accept financial responsibility for the care and maintenance of Enfield psychiatric patients, resident in mental after-care hostels administered by voluntary associations. These included the S.O.S. Society and the Mental After-Care Association. All these cases were thought to be unsuitable for acceptance in the Council's own hostel. At the end of the year there were 16 such patients resident in voluntary association hostels.

MENTAL SUBNORMALITY

The Borough is within the catchment area of South Ockendon and Harperbury Hospitals, which admit patients requiring hospital care for mental subnormality.

Domiciliary Service

The reported number of subnormal persons residing in the Borough was 426. The mental welfare officers paid 1,064 home visits and 40 office interviews were carried out.

Much time is devoted to the parents in an endeavour to help them to come to terms with the problems with which they are faced, and in assisting them to provide an environment in which both the child and the family are more fitted to enjoy a fuller life within the community.

A close liaison at all levels has been maintained during the year with the School Health Service. This is well illustrated in the "School Leavers" conferences, concerning the educationally sub-normal boys and girls leaving school. Many of these young persons need help and guidance in respect of job selection, and benefit considerably from the service provided for them. In order to find them work that is within their limited capabilities, the co-operation of the Youth Employment Officer and the Disablement Resettlement Officer of the Ministry of Labour is sought. A co-operative attitude of employers is of considerable importance in developing an understanding of the problems of the subnormal and in this field the mental welfare officers play an important part. A wider scope of activity can be achieved in a work situation with an enlightened approach to the matter.

Four trainees left the supervision of 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 Enfield Junior Training School provides facilities for the training of such children. There is provision for 144 children of both sexes at the school, which includes 24 places in a special care unit. All the children in the special care unit have a dual handicap such as spasticity or other physical defects, as well as subnormality.

The school normally accepts children from about four years up to 16 years of age. It is open during ordinary school terms and the children are conveyed to and from the school by coaches provided by the Council.

The work scheme provided by the staff is adaptable and imaginative. Casework with families is carried out by the mental welfare officers, who help in maintaining a bridge between the home and the school.

At the routine medical and dental examinations carried out on all the children the parents are invited to attend. Those children in whom defects are found, or where there are matters requiring further investigation, are referred to the school health services or to their general practitioner.

The number on the roll at the end of the year was 115, plus 36 in the special care unit, and there were eight on the waiting list.

A number of places at the school are reserved for children from the London Borough of Haringey. A few Enfield children are placed at the Friern Barnet Junior Training School in the London Borough of Barnet to facilitate transport arrangements.

As in previous years a number of visits were paid on various occasions to the school by representatives of other local authorities and voluntary organisations.

There was a good attendance of parents at the Open Day at the school held on 9th June. The children gave a display, and the handicraft work carried out by the children during the year was on exhibition. His Worship the Mayor, Chairman and Vice-Chairman of the Health Committee, the Medical Officer of Health and senior officers of the department, attended. The Chairman and other executive members of the Enfield Society for Mentally Handicapped Children were also present.

Play Centre

Again this year, part of the Junior Training School was made available to the Enfield Society for Mentally Handicapped Children for use as a play centre for four weeks during the month of August, on every Tuesday, Wednesday and Thursday. The average daily attendance was 20. The Society provided some ten voluntary workers each day to supervise the children. The Council provided mid-day meals. His Worship the Mayor, the Chairman of the Health Committee and representatives of voluntary bodies visited the play centre and commented favourably on the work being done and the happy atmosphere that prevailed. The project proved to be most useful and several parents were thus provided with relief from the constant care of their children, for a number of hours each day. The amenity was of particular benefit to the parents of children with multiple handicaps, since they can make heavy demands on the family during the long summer vacation.

Once again I should like to take this opportunity of thanking the Society for the most valuable work they have continued to undertake on behalf of the sub-normal children. Their enterprise is greatly appreciated.

Adult Training Centre

The Edmonton Adult Training Centre at Claverings Industrial Estate continues to provide several training programmes in a most enthusiastic and imaginative manner. Run on lines similar to an ordinary factory, it has accommodation for 165 trainees over the age of 16 years, who are paid a weekly allowance. A proportion of places are reserved for trainees from the London Boroughs of Barnet and Haringey.

The aim of this purpose-built centre is to train mentally subnormal persons to become as independent as their comprehension allows, and to assist them to lead as full a life as is possible. Some trainees are engaged on assembly work sent to the centre by local firms while others work in the fully equipped laundry section. The latter handles approximately 8,000 to 9,000 articles of clothing and linen each week collected from over 100 different establishments in and around Enfield. The Council's laundry service for incontinent persons is an important part of the work of the laundry.

Formal education received a setback when the Education Department was unable to replace the visiting teacher who retired early in the year.

The scheme in which 20 selected trainees work in a local factory under supervision was started in 1964 and is proving to be a successful venture. Four of these trainees, in fact, have been now successfully absorbed into the factory's routine and are working as full-time employees.

During the summer a further development has been the acquisition of a garden maintenance contract with a local firm. The work is undertaken by a group of trainees under the supervision of an instructor. I am pleased to report that the company concerned has written expressing great satisfaction with the work done.

The centre was open to the parents and friends of the trainees all day on Friday, 10th June, and again on the morning of Saturday, 11th June. A most interesting exhibition of the work accomplished by the trainees, both at the centre and during their leisure hours at home, was on display. It covered a wide range of activities, from light engineering assembly work to photography and art, etc. The exhibition demonstrated the high quality of the work achieved by the trainees under the supervision of the manager and his staff. The visitors expressed approval of the many facets of the training programmes carried out and the level of attainment reached.

During the year representatives of other local authorities and voluntary bodies, as well as students and sociologists from universities in this country and from overseas, visited the centre. Their comments indicated that they were favourably impressed.

The number of trainees on the roll on 31st December, 1966, was 177 and there were 10 names on the waiting list.

Hospital Admissions

Some severely subnormal persons are handicapped to such an extent that only hospitals can provide the type of care that they require. During the year six patients were admitted to hospital. The number awaiting admission at the end of the year was 18. These cases are under constant review.

Guardianship and Informal Foster Care

No new patients were placed under guardianship but two patients were still under the formal guardianship of the Council at the end of the year.

There are no homes or hostels in the Borough but it is hoped that work will start next year on the provision of a hostel for mentally subnormal children.

Wherever practicable, informal foster care placements are made in homes and hostels run privately or by voluntary organisations. The Guardianship Society, Hove, has been most co-operative in providing suitable homes for about two-thirds of the patients and this assistance is greatly appreciated. The number of patients placed in care at the end of the year was 33. The Principal Medical Officer for Mental Health visited each case and reported that all of the placements were satisfactory.

Temporary Care

The stress that the care of a subnormal child exerts on a family sometimes makes it necessary for the parents to be given relief by arranging short-term residential care for the child. The parents can thereby enjoy some respite and are enabled to take a holiday. Fifteen patients were admitted to hospital, and a further six persons were temporarily placed in privately run establishments.

Holiday Camps

Summer camps for subnormal children and adults were held. The Council accepted financial responsibility in a certain proportion of cases for those attending the camps. Families who were unable to meet the full cost contributed according to an assessment scale.

Thirteen children and 30 adults went to camps at St. Mary's Bay Holiday Camp, Romney Marsh, Kent, and the Suntrap Residential School, Hayling Island.

RESEARCH

We agreed to co-operate in an investigation into the incidence of certain types of infection in mentally subnormal children initiated by Professor S. D. Elek, of the Bacteriology Department of St. George's Hospital Medical School (University of London), and a number of parents of mentally handicapped children gave consent for their children to participate.

No report has been made to date on this investigation.

(See Statistical Tables 25, 26 and 27.)

HOME HELP SERVICE

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.

Although there was improvement in the number of home helps recruited during the year the amount of help available continued to be below demand. A determined recruitment drive resulted in 138.3 whole-time equivalent home helps being in post at the end of the year, a figure still well below the full establishment of 160.

By a feat of organisation the Home Help Organiser supported by her deputy and two assistants managed to provide home help for most cases but frequently the hours of help supplied were limited. However, I feel that an equitable and reasonable service has been provided by the application of the priority scheme laid down by the Council.

During the year, 2,298 cases were provided with domestic help and of these 1,624 were aged 65 years or over, 223 were maternity cases, 166 were chronic sick or tuberculous, and three were mentally disordered. The remaining 282 were assisted for various reasons, such as post-operative hospital discharge, ante-natal, and acute illness.

Mothers suffering from toxæmia of pregnancy are provided with the service free of charge, as it is important to ensure early and complete rest during the ante-natal period. Domestic help was provided for eight such cases during the year.

Neighbourly Help Scheme

Under this scheme neighbours may be paid a small weekly sum to provide limited domestic help to those in need. The neighbourly help keeps a friendly eye on the patient and undertakes or helps with certain household duties, such as fire lighting, preparing meals, shopping and cleaning. The scheme operates on a relatively small scale as many prefer to be truly neighbourly and give their services without charge, whilst others are unwilling to accept the responsibility.

Every effort is made to foster the scheme, thereby easing a little the demand on the limited home help staff resources. During the year seven families received assistance under this scheme, and at the end of the year six neighbourly helps were employed.

(See Statistical Table 28.)

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, 1965, and described in my report last year.

Negotiations are now reaching finality with regard to the provision of a health centre in Hertford Road, Edmonton, and the Minister has intimated that loan sanction will be considered for the year 1967/68. He has also included the hostel for mentally subnormal children for consideration in the same year. Informal discussions have taken place with regard to further health centres, and also the proposed clinic at Green Street, Enfield, which is being planned to allow for ultimate expansion into a health centre. The Minister of Health has stated that loan sanction will be considered for 1968/69.

As a result of the Government's deferment of expenditure on capital projects announced in July 1965, the schedule has been delayed. A notable exception to any restriction has been health centre provision.

In accordance with the plan the Council has approved the appointment to the establishment for the year 1967 of the following additional staff: two home nurses, two nursing auxiliaries, four health visitors/school nurses, one health visitor group adviser, one field work instructor, one chiropodist and two mental welfare officers.

The Minister of Health did not call for a review of the plan this year.

NURSING HOMES

Local health authorities have a duty under Part VI of the Public Health Act, 1936, the Nursing Homes Act, 1963, and the Mental Health Act, 1959, and regulations made under the latter two Acts, to register and inspect nursing homes established in their areas.

General Nursing Homes

One nursing home, approved for the care of 100 general patients of both sexes, is registered by the Council. It has been inspected regularly and conditions have been found to be generally 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 has been regularly inspected during the year and conditions have been found to be generally satisfactory.

Maternity Homes

There are no maternity homes registered in the Borough.

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.

Ninety-five 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.

(See Statistical Table 29.)

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.

The social welfare officers of both the health and welfare departments direct their efforts towards preventing such circumstances ever arising. Health visitors too play an important part in this work. Nevertheless, cases do arise from time to time but seldom is it necessary to invoke these compulsory powers.

Usually supportive home care provided by the two departments enables the person to remain at home. In those cases, where admission is imperative, the officers generally manage to persuade the person to agree to this course. On two occasions during the year it was only at the very last moment that the old persons were persuaded to enter hospital of their own volition.

I am pleased to report that no action under the above legislation was necessary this year in respect of the small number of cases referred.

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.

The laundry at the Adult Training Centre provides this service for the whole of the Borough.

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

At the end of the year 32 patients were being provided with this service, involving the handling of approximately 240 articles per week.

The social welfare officers of the Department of Health and Social Security have been directed to their efforts towards providing such circumstances as may be required. Health visitors also play an important part in this work. In addition, the Department has been directed to ensure that the necessary arrangements are made for the care of the elderly and infirm.

Usually supportive home care provided by the two departments is available to persons to remain at home. In those cases where admission is imperative, the officers generally manage to persuade the person to agree to this. However, in cases where the person is unable to do so, the Department has been directed to ensure that the necessary arrangements are made for the care of the person.

I am pleased to report that no action under the above legislation was necessary in this year in respect of the small number of cases referred.

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.

The laundry at the North Training Centre provides this service for the whole of the Borough.

THE SERVICE MAY BE OBTAINED ON THE RECOMMENDATION OF THE PATIENT'S GENERAL PRACTITIONER OR THE HOME NURSE IN CONSULTATION WITH THE PATIENT'S GENERAL PRACTITIONER. THE SERVICE IS PROVIDED FREE OF CHARGE.

At the end of the year 55 patients were being provided with this service involving the handling of approximately 200 articles per week.

The Chief Welfare Officer arranges for home visits for the blind to hold the correct badge-issued has held in consultation with the Registrar for the blind and the relevant authorities.

(See Statistical Table 25)

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 institutions) for persons who are:

- (a) suffering from mental illness or being aged, infirm, or physically or mentally handicapped, and
- (b) are unable to look after themselves or are in need of care and attention.

SUMMARY OF STATISTICS RELATING TO ENVIRONMENTAL HEALTH SERVICES

| | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|--------|
| Water Supply: | | | | | | | |
| Number of chemical and mineral samples | ... | ... | ... | ... | ... | ... | 353 |
| Number of bacteriological samples: | | | | | | | |
| Before treatment | ... | ... | ... | ... | ... | ... | 578 |
| After treatment | ... | ... | ... | ... | ... | ... | 3,055 |
| Smoke Control Areas: | | | | | | | |
| Number of premises (total to end of 1966) | ... | ... | ... | ... | ... | ... | 44,380 |
| Acreage (total to end of 1966) | ... | ... | ... | ... | ... | ... | 12,830 |
| Food and Drugs: | | | | | | | |
| Number of samples analysed | ... | ... | ... | ... | ... | ... | 731 |
| Number of samples of ice-cream bacteriologically examined | ... | ... | ... | ... | ... | ... | 28 |
| Number of samples of milk bacteriologically examined | ... | ... | ... | ... | ... | ... | 268 |
| Number of samples of milk analysed in Department's own laboratory | ... | ... | ... | ... | ... | ... | 184 |
| Housing: | | | | | | | |
| Number of dwelling houses inspected | ... | ... | ... | ... | ... | ... | 8,911 |
| Number of housing defects remedied | ... | ... | ... | ... | ... | ... | 2,848 |
| Shops and Offices: | | | | | | | |
| Number of visits to registered premises | ... | ... | ... | ... | ... | ... | 4,426 |
| Factories and Workshops: | | | | | | | |
| Number of inspections | ... | ... | ... | ... | ... | ... | 439 |
| Number of defects found | ... | ... | ... | ... | ... | ... | 24 |
| Number of defects remedied | ... | ... | ... | ... | ... | ... | 19 |
| Inspections and Complaints: | | | | | | | |
| Number of inspections and visits | ... | ... | ... | ... | ... | ... | 47,897 |
| Number of complaints and requests for visits | ... | ... | ... | ... | ... | ... | 5,287 |

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.

Twelve samples were submitted for bacteriological examination, only one of which was unsatisfactory. A bacteriological report on this sample of well water used for drinking purposes indicated faecal pollution. This was traced to contamination by birds due to a faulty cover to the storage tank. The cover was renewed and further samples proved satisfactory. The owner is now investigating the possibility of connecting to the mains supply.

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

The Metropolitan Water Board supplies almost 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. 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 1966:

“The supply was satisfactory both as to quality and quantity throughout 1966.

“The supply was derived from the following works and pumping stations:

“River Thames derived water to the west and north with some water from wells at Hoe Lane, Hadley Road and Waltham Abbey Pumping Stations. The south-east portion in Edmonton receives New River water. Part of the western boundary of the Borough is supplied by the Lee Valley Water Company.

“No new sources of supply were instituted.

“The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown in the statistical tables. No fluoride was added, and where the fluoride content is indicated it represents the naturally occurring fluoride in the water.

“The supply being hard in character is not liable to be plumbo-solvent.

“All new and repaired mains are disinfected with chlorine, after a pre-determined period of contact the pipes are flushed out and refilled; samples of water are then collected from these treated mains; and the mains are returned to service only after results are found to be satisfactory.

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

"No houses were permanently supplied by standpipe.

"There were no changes to the general scheme of supply in your area.

"The following addition to the mains in your area took place:—
960 yards of new main."

Detailed information is not yet available from the Lee Valley Water Company but figures provided by the Company indicate that a total of 198 bacteriological samples was taken during the period under review.

(See Statistical Tables 30 and 31.)

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 three covered swimming pools, one of which was opened during the year; a swimming pool for the exclusive use of school children; and four swimming pools situated within school premises. At three of the public swimming pools a total of 76 slipper baths is provided. Children's paddling pools are sited in a number of Council parks.

The new covered swimming bath providing facilities up to regional competition standards, was opened at Winchmore Hill Road, Southgate. The bath measuring 110 ft. x 42 ft. is equipped with the most up-to-date treatment plant and is the first to be equipped with television cameras for scanning the underwater area of the deep end of the pool. The popularity of the pool exceeded all expectations with over 140,000 people attending the pool between the opening date of 21st August and the end of the year.

Some early troubles with the automatic chlorinating plant caused a number of complaints to be made to the Health Department concerning smarting of the eyes, and adjustments to the plant were required.

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 supplied by a deep well.

Bathing water samples are tested at regular intervals during the day 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 examinations were satisfactory in all but one of the 29 tests made.

Following the receipt of this unsatisfactory sample the older style chlorination plant at the bath was renewed and subsequent samples proved satisfactory.

The total attendance at the public swimming pools during the year was 633,638, an increase of more than 152,000 over last year.

SEWERAGE AND SEWAGE DISPOSAL

It is the general duty of the local authority to provide for the 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, 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, 1956 and 1961.

The Borough Engineer and Surveyor is responsible for sewers under the highways, apart from trunk sewers. During the year, further connections of foul water sewers to the deep main trunk sewers within the Borough have been made. Various works for the prevention of flooding have been carried out in three areas.

The Health Department undertakes the clearance of sewers on private property and 1,305 stoppages were cleared.

Repair of drains and private sewers is the responsibility of the users, and during the year 23 notices were served for the repair of drains and 27 for the repair of private sewers. By the end of the year 20 of the former had been complied with, and 22 private sewers had been 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 another at Ponders End. Large sludge drying beds handling the sludge from the Deephams works are sited in the North of the Borough at Enfield Lock. The Ponders End works are 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.

The Northern Main Foul Sewer (Southgate Area) was completed and will be taken over by the Greater London Council as a trunk sewer.

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 has provided 56 public conveniences and in addition has arranged by agreement with the London Transport Board and the brewers concerned for the use of conveniences at the Southgate and Oakwood Underground Stations and at eight public houses in the Borough.

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

Eleven of the public conveniences are staffed whole-time, the remainder receiving regular attention from mobile teams of cleaners, or from part-time cleaners. It is the Council's intention to provide a first-class service throughout the Borough and several conveniences which are unattended were to have been staffed full-time during the year. Unfortunately, prevailing economic circumstances have caused a temporary postponement of this proposal.

Unattended conveniences, particularly those sited in open spaces, are frequent targets for the activities of vandals and often present a battle-scarred appearance due to the damage and the protective measures taken to limit damage. Regrettably, the general public has to suffer for the anti-social behaviour of the few.

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, authority is given for the provision 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. Over 190 men operating 35 vehicles are employed on refuse collection. The present fleet of vehicles comprises a mixed variety of types but it is ultimately intended to have all the larger compression type vehicles to cope with the modern bulky, lightweight refuse. The scheme for dustless refuse collection, which is more hygienic and improves the working conditions of refuse collectors, has been continued and extended.

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

The arrangement whereby the London Borough of Enfield performed the duty on an agency basis for the Greater London Council ceased on 1st May, 1966.

There are two refuse disposal incinerator plants in the Borough—one at Carterhatch Lane and the other at Montagu Road—in addition to a transfer station at Barrowell Green. During the year, discussions took place with the Greater London Council concerning the provision of a refuse disposal plant at Deephams which would be the most modern in the World and would cater not only for this Borough but for several adjoining authorities. Consideration was given, during discussions, to the nuisance factors and road traffic problems which may follow but agreement was reached and the proposals were approved.

I am grateful to the Borough Engineer and Surveyor for much of the information contained in this report.

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 II 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 1966 the first Smoke Control Order of the new Borough came into operation—The London Borough of Enfield No. 11 Order. The area affected by this order included 3,337 premises and covered 335 acres. The second Order due to become operative in December was delayed for seven months because of an objection but subsequently was confirmed. Two further Orders made early in 1966 will come into operation on the 1st July and 1st September, 1967, respectively. A total of 14,759 premises was thus included in Smoke Control Orders made in 1966 to fulfil the annual Smoke Control programme of approximately 15,000 premises a year.

By the end of 1966, 18 Smoke Control Orders covering 12,830 acres and affecting 44,380 premises were in operation. At the present rate of progress the Borough will be wholly smoke controlled by 1970.

Domestic chimneys make the major contribution to atmospheric pollution except where industry is concentrated and may be the cause of local concern. The Clean Air Act is mainly concerned with the emission of grit and smoke from chimneys. In steam raising plants, smoke is waste and with the high cost of fuels there is considerable financial incentive for the large users of bituminous fuels to be smokeless. Little trouble is experienced from these industrial plants but unfortunately the normal domestic appliances are not capable of burning bituminous fuels smokelessly and smokeless fuels must be used.

There has been a ready acceptance of smoke control by the general public and the number of objections or criticisms has been remarkably few. Concern has been expressed about the availability of solid smokeless fuels and the rapid technological changes in gas production have increased the difficulties for adherents to the solid fuel open fire. Although fewer gas cokes are available, other fuels are being introduced and production of other carbonised fuels increased. The Minister of Housing and Local Government will not confirm a Smoke Control Order unless he is satisfied that supplies of smokeless fuels are adequate. Adequacy does not mean ample supplies of all types of fuel but means sufficient supplies of a particular type of fuel. Although the customer may not be able to obtain the fuel of his choice, a suitable alternative will be available where solid fuel is preferred. Every effort is made to encourage the installation of appliances which are capable of burning any solid smokeless fuel.

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 now apply to all areas. The increased maximum cost gives 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, Etc. Works Regulation Act, 1906. The Minister of Housing and Local Government brought into operation the Alkali Etc. Works Order 1966 which further extended the list of noxious and offensive gases mentioned in the Alkali Etc. Works Regulation Act, 1906. The order consolidated the various orders previously made and added two additional processes. 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 Building Regulations 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, etc. 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, 17 plans incorporating chimneys were submitted and all were approved — 12 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 36 notifications of intended installations were received. In respect of these, 30 plans were submitted for approval. Following slight amendments in some cases, approval was granted in all but two instances.

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 from electric 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.

(See Statistical Tables 32, 33 and 34 (graph).)

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.

The Butter Regulations, 1966, come into operation in September 1967. They supersede the Butter and Margarine Regulations, 1955, in so far as these apply to butter. They specify compositional requirements regulating the amount of milk fat, curd, salt, and moisture, in salted and unsalted butter, and specify requirements for the labelling and advertisement of butter. The Regulations do not, however, apply to butter sold for export, or to caterers or manufacturers.

The Cheese (Amendment) Regulations, 1966, come into force on 1st February, 1967. They redefine "compound products" containing 10% or more cheese, and require processed cheese to be described by its varietal name, to comply with the compositional standards prescribed for the variety, or with the principal regulations, and add to the varieties of cheese subject to the fat and moisture control.

The Antioxidant in Food Regulations, 1966, came into operation on 9th December, 1966. These Regulations ban the use of antioxidants in infant foods. They permit the use of a new antioxidant for use on apples and pears and lay down specifications of purity for all antioxidants.

The Salad Cream Regulations, 1966, came into force in September, 1966. They include mayonnaise as salad cream and regulate the amount of vegetable oil and egg yolk solids contained in such creams. Requirements are also prescribed for the labelling and advertisement of salad cream, but the Regulations do not apply to salad cream for export or catering.

The Mineral Hydrocarbons in Food Regulations, 1966, came into force on 27th August, 1966. The chief amendment to these Regulations lies in the compositional control of the purity of hydrocarbons used for food purposes. These Regulations can be enforced for foods manufactured in this country, but offer little control for imported products.

The revised Colouring Matter in Food Regulations, 1966, will come into operation on 26th June, 1967. They revise the list of colouring matters which may be added to food sold for human consumption, and prohibit or limit the use of such colouring matters in certain named foods, especially fresh meat, fruit or vegetables. They also regulate the amount of arsenic, lead, and copper contained not only in permitted colouring matters but also in colouring compounds.

The Food Standards Committee Report on Claims and Misleading Descriptions dealt with claims on labels and in advertisements and also covered misleading descriptions, but the extent to which it will be possible to control advertising ingenuity remains to be seen.

The Food Additives and Contaminants Committee issued a Report on the use of Cyclamates and concluded that the ingestion of cyclamates is unlikely to present any hazard to health, though they may have a laxative effect if consumed in substantial amounts.

The Food Additives and Contaminants Committee also issued a Report on Solvents in Foods. The Committee considered eight of the best known solvents would satisfy the needs of the food trade, and proposed only these should be permitted.

The second Report by the Committee on Safety of Drugs was issued in May, 1966, and made suggestions for the safer use of drugs by stricter precautions over the control of new drugs, and the sale and labelling of medicines generally.

Composition and Labelling of Food and Drugs

A total of 731 samples of food and drugs were submitted to the Public Analyst and 184 samples of milk were examined in the Department's own laboratory representing a sampling rate of 3.4 per 1,000 population. The Public Analyst reported adversely on 70 samples (9.6%): in 41 cases for infringements of the Labelling of Food Order, 1953, which 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; in 25 cases the samples were unsatisfactory, inferior or adulterated; and, in four cases, for both labelling infringements and unsatisfactory conditions.

There is an increase in the use of the term "solution of acetic acid" amongst the ingredients of pickled products. The Labelling of Food Order requires the declaration of the basic ingredients in a food in descending order of magnitude and the Public Analyst is of the opinion that a technical offence exists in these cases. This constituent should be shown as "acetic acid" in a lower position in the list of ingredients or "solution of acetic acid 'X' per cent." Either method would solve the difficulty in assessing the order of the remaining constituents in the list.

The Dried Milk Regulations, 1965, introduced for the first time a maximum moisture content of 5%. One sample showed an excessive moisture content of 6.5%. The packers have agreed to insert an inner polythene container to overcome this fault.

The Public Analyst reported that a tin of prawns should, in fact, have been labelled shrimps. There are numerous distinct varieties of shrimps and prawns which are indistinguishable when shelled and the packers described their product, in correspondence, as a small variety of *Pandalus borcalis*, the deep water prawn.

The Analyst feels that size should be the only criterion and that the public is misled when buying a product of this nature. Representations have been made to the Ministry of Agriculture, Fisheries and Food on this matter.

Objection was raised to the use, on the label and in television advertisements, of the phrase "the chocolates with the less fattening centres". Analyses of the centres of a wide range of chocolate confections revealed that, on a weight for weight comparison, approximately 66% of the other confectionery centres had a lower calorific value. Taking the whole chocolates, bearing in mind that the centres cannot be eaten separately, approximately 90% of the other chocolate confections had a lower calorific value per gram than the product under investigation.

Counsel's opinion supported the Public Analyst's point of view and, following further representations, the manufacturers have changed their advertising and labelling.

All the milk samples proved satisfactory, the average analysis being:

| | |
|----------------|-------|
| Fat | 3.64% |
| Solids not Fat | 8.77% |

The number of food complaints received was 98. Following investigation, warning letters were sent in the majority of incidents but in 12 cases legal proceedings were instituted with the following results:

| Complaint | Fine Imposed | Costs Awarded |
|--------------------------------------|--------------|---------------|
| Metal filings in a tin of coffee ... | £25 0 0 | £ 5 5 0 |
| Mouldy chocolate sponge cake ... | £10 0 0 | £ 5 5 0 |
| Cigarette end in Swiss roll ... | £ 5 0 0 | £ 5 5 0 |
| Foreign matter in loaf of bread ... | £10 0 0 | £ 6 15 0 |
| Hessian fibre in loaf of bread ... | £10 0 0 | £10 10 0 |
| Screw in loaf of bread ... | £10 0 0 | £ 5 5 0 |
| Rodent droppings in cake ... | £ 5 0 0 | £ 5 5 0 |
| Mouldy sponge cake ... | £ 5 0 0 | £ 5 5 0 |
| Sausage containing hook ... | £ 5 0 0 | £ 5 5 0 |
| Glass in tin of coffee ... | £ 5 0 0 | £10 10 0 |
| Mouldy pork pie ... | £ 5 0 0 | £ 5 5 0 |
| Insect in meat pie ... | £10 0 0 | £10 10 0 |
| | <hr/> | <hr/> |
| | £105 0 0 | £80 5 0 |
| | <hr/> | <hr/> |

Several complaints concerned imported foods and correspondence with the manufacturers' agents was followed by correspondence with the appropriate Embassy or High Commissioner's Office. One complaint concerned a tin of fruit salad which externally was apparently normal. When opened the can was found to contain fruit salad but in addition an unexpected ingredient — a layer of beans. The explanation for the presence of the beans became more difficult when the manufacturers explained that no vegetables are handled at the canning factory where the fruit salad is packed.

Most of the complaints concern mouldy foods and much of this is due to unsatisfactory stock rotation in the purveyors' premises. Many purveyors fail to code their goods and this is particularly important in the self-service stores where customers may remove articles and subsequently return them to the shelves out of rotation.

A number of complaints are received concerning the unsatisfactory condition of milk bottles. The number is extremely small when related to the vast number delivered within the Borough every day, but the dairies have a responsibility to ensure that food is delivered to the consumer in a sound and wholesome condition. Regrettably, milk bottles receive considerable misuse by some members of the general public, particularly casual purchasers who leave them lying around for long periods and use them for substances which should never be placed in milk bottles. It would be an advantage to all concerned if the sale of milk to casual purchasers was limited to milk in non-returnable cartons.

Routine sampling of cooked meats, which are highly perishable and a common cause of food poisoning, was carried out.

A total of 40 samples from grocers' and butchers' shops was examined bacteriologically and a general picture of hygienic standards began to emerge.

Two samples were excellent (no bacterial growth), five were good (up to 10,000 organisms/grm.), eight were fair (up to 100,000 organisms/grm.) and 25 were poor (over 1,000,000 organisms/grm.).

In the shops where "good" or "excellent" results were obtained it was noted at the time of sampling that the staff were adept at slicing the meat without handling it in any way and a regular sterilising and cleaning routine was used for utensils.

Advice on handling and cleansing procedures was given in all cases where a fair or poor result was obtained.

A national scheme, instituted by the Local Authority Associations, for the testing of foodstuffs for the presence of residues of pesticides and other toxic chemicals used in agriculture and storage, commenced towards the end of the year.

England and Wales have been divided into seven zones for the survey and in the Greater London zone, No. 1, 23 authorities including Enfield will submit 432 samples in a 12-months period.

Six samples were submitted from this Authority consisting of home produced brown bread, porridge oats, Red King potatoes, spring onions, custard powder and imported corned beef. All were satisfactory.

Of the samples of drugs and medicines the large majority were satisfactory. One complaint concerned a well-known remedy for coping with the after-effects of the night before, which had lost its efficacy. This was due to a missing foil seal which is normally present and prevents the contents absorbing moisture from the atmosphere.

A sample of "Sal Volatile" was 46% deficient in ammonium carbonate and 76.8% deficient in free ammonia. It was not possible to trace whether the stock had deteriorated in the hands of the retailer or the wholesaler but warning was given that, with a reduced demand for the old established medicines evident today, smaller quantities should be held and renewed regularly.

A sample of "slow release vitamin C tablets" was found to disintegrate within one minute. The manufacturer agreed to incorporate an improved binding agent in new tablets.

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 seven cases where retailers have omitted to mark foreign goods.

The Pharmacy and Medicines Acts, 1852 to 1941, make provision to prohibit certain advertisements relating to medical matters, and amend the law relating to medicines. Formal samples are only taken following the finding of an unsatisfactory informal sample and where the circumstances indicate the necessity. There were no infringements.

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. In all, 73 tons 1 cwt. 45½ lb. 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 food handlers 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 staff shortages.

Prosecutions for offences in respect of four premises were taken and fines and costs totalling £275 10s. 0d. were imposed.

There are two food manufacturers within the Borough who export food, and to comply with the regulations of the importing countries a certificate of fitness must accompany the food. Seven certificates were issued.

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 783 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 293 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 28 samples of loose or soft ice-cream was submitted to the public health laboratory for bacteriological examination. The two samples falling within the grades III or IV as determined by the methylene blue test are considered unsatisfactory.

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

The poor summer and some curtailment of laboratory facilities resulted in fewer ice-cream samples being submitted for bacteriological examination.

Pre-packed ice-cream is now in the hands of two large national manufacturers who exercise strict quality and hygiene control and it is generally agreed to be one of the safest foods on the market.

Emphasis in sampling is placed, therefore, on the individual manufacturers of loose ice-cream from the continuous extruder type of machine.

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 regulations, two premises are licensed for the processing of milk, and 238 premises for the sale and distribution of milk.

The designation "Ultra Heat Treated" was prescribed under the Milk (Special Designations) (Amendment) Regulations, 1965, for milk which had been processed by the ultra high temperature method, i.e., heated to not less than 270 deg. F. for not less than one second. The milk is required to satisfy the prescribed colony count test.

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

| | | | | |
|-------------------------|-----|-----|-----|-----|
| Untreated milk | ... | ... | ... | 12 |
| Pasteurised milk | ... | ... | ... | 132 |
| Sterilised milk | ... | ... | ... | 195 |
| Ultra heat treated milk | ... | ... | ... | 36 |

Of the 268 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 four.

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.

Five samples of cream substitutes examined were satisfactory.

Markets, Slaughterhouses and Knackers' Yards

There are no markets, slaughterhouses or knackers' yards within the Borough.

(See Statistical Tables 35, 36 and 37.)

PHARMACY AND POISONS

Part II of the Pharmacy and Poisons Act, 1933, and the Poison Rules, 1964 and 1965, 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 Poisons 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 235 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.

During the year 358 visits were made to premises of authorised sellers 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 lay down standards for declaration of compositional quality of fertilisers and feeding stuffs.

The Public Analyst is also the Agricultural Analyst and certain public health inspectors are inspectors under the Act.

During the year 15 samples were submitted for analysis. Of these, 13 samples were completely satisfactory, and in the remaining two cases — samples of imported bonemeal — the standard analysis declared by the retailer did not correspond with that supplied by the wholesaler on his invoice, resulting in adverse reports by the analyst. Warning letters were sent to the retailers concerned.

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 to 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 Oil Heaters Regulations, 1966, make more detailed provision for testing the performance of an oil heater when tested out of level and impose a limit on the proportion of carbon monoxide which may be emitted by it. These regulations ensure that from the 1st June, 1966, the 1962 Regulations as amended apply to all oil heaters, irrespective of date of manufacture.

The Children's Nightdresses Regulations, 1964, were made with a view to preventing or reducing the 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.

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

HOUSING

General Housing Provisions

The number of units of housing accommodation under the control of the Council at the 31st December was 15,635, which shows an increase of 727 over last year's figure. The accommodation comprises 249 bed-sitting room, 1,445 one-bedroom, 4,721 two-bedroom, 8,998 three-bedroom and 222 other categories.

During the year 826 applicants on the housing list, 292 from clearance areas and one Greater London Council nominee were rehoused, making a total of 1,119.

At the end of the year the number of applicants on the waiting list was 3,703 and there were 2,131 on the supplementary list, which includes new applicants of less than 12 months standing.

Ninety-five applicants during the year were awarded priority for rehousing on the grounds of ill-health.

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

Overcrowding

The statutory standard for overcrowding, based on the number of persons related to the size and number of living rooms, is laid down in the Housing Act, 1957.

It was not found necessary to serve notices for the abatement of statutory overcrowding.

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 the 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 where necessary.

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

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

The Council have adopted standards of overcrowding and amenities in dwelling-houses to be observed in the Borough.

Although an appreciable number of dwelling houses in the Borough are occupied by two or more families, the number of over-occupied properties is small. Many of the properties occupied by several families are believed to lack the full Standard of Amenities adopted by the Council but, due to staff shortages, it has not been possible to make house-to-house inspections to enforce uniform standards.

Following complaints to the Health Department from tenants, action was taken to enforce the standards in 35 properties involving 113 families.

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 under this Act was required.

Slum Clearance and Individual Unfit Houses

Nineteen clearance areas comprising 327 dwelling houses were reported to the Council as unfit for human habitation. These areas formed part of larger areas of proposed redevelopment and were dealt with by Compulsory Purchase Orders.

One order comprising 171 properties represented as unfit before 1966 was confirmed by the Minister of Housing and Local Government.

The number of dwelling-houses in confirmed Compulsory Purchase Orders demolished was 121.

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

Closing orders were made on the basement rooms of three properties and a closing order on one dwelling-house was determined.

Acquisition and Improvement of Houses

The Housing Acts 1958-1964, and amending Regulations provide, *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 537 applications were approved, the sum advanced amounting to £1,712,797.

The Health Department supplies the Borough Valuer with any known history of a property and any other information which may assist in the valuation. Where claims of overcrowding are made in support of an application for mortgage these claims are investigated by the department.

Owners of dwelling-houses may obtain a loan or grant from the local authority towards the cost of works of alteration or improvement but such loans or grants are at the discretion of the local authority.

The House Purchase and Housing Acts 1958 and 1959, designed to supplement the previous grant provisions, enable local authorities to make advances for house purchase up to the full value of the property. These Acts also place a duty on them to make standard grants towards the cost of provision of a fixed bath or shower in a bathroom, a wash hand basin, a hot water supply, a water closet and satisfactory facilities for storing food where these are not provided in houses which have a minimum life of 15 years.

The Council is prepared to give Standard and Discretionary grants for the improvement of properties. During 1966, 160 applications for grants were received, and 158 grants (46 discretionary, 112 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.

The Housing Act, 1964, gives local authorities powers for the declaration of improvement areas. These areas must satisfy prescribed conditions regarding the life of the properties and the lack of amenities in houses in the area.

During this year the Council made the London Borough of Enfield Improvement Area No. 1 in the Edmonton Area.

Many of the properties are owner-occupied and every effort is being made to persuade these owners to provide the standard amenities in their premises.

The Housing Act, 1964, also gave to tenants of houses lacking any of the standard amenities the right to require the owner to provide such amenities if the house has a life expectancy of 15 years or more. The Council may assist owners with loans and grants in these circumstances.

Seven representations were received from tenants and negotiations were commenced with the owners of the properties concerned.

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 carried out.

One Certificate of Disrepair was issued and six undertakings by owners to carry out works were accepted. No certificates of cancellation were issued.

The Rent Act, 1965, included provision for the regulation of tenancy 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.

A Rent Officer, 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 was appointed in accordance with the provision of the Act.

(See Statistical Tables 38 and 39.)

LAND CHARGES

In pursuance of the provisions of the Land Charges Act, 1925, 7,275 inquiries were received from the Town Clerk concerning outstanding notices, smoke control areas and clearance programmes, in relation to all types of property in the Borough. The necessary searches were made and information supplied.

The Local Land Charges Rules, 1966, came into operation on the 1st June and consolidate with minor amendments the rules governing the registration of local land charges, and increase the fees payable for registrations and related matters.

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. In September the Minister held a public inquiry into the Council's proposals and at the end of the year the result was still awaited. Meanwhile, the Minister is not prepared to agree to Discontinuance Orders on the existing unsatisfactory sites.

Open spaces and wide grass verges on the arterial road in the area continue to attract itinerant caravans, particularly during the Spring and Summer months, when they are en route from one place of casual employment to another.

Complaints continue to be received from residents in the vicinity concerning the annoyance caused by these itinerants and their dogs and the deplorable state in which they invariably leave the site.

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.

Considerable time is spent by the public health inspectors in dealing with these itinerants. Summonses were served on four occasions but before prosecutions could be taken the caravans were gone.

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., but the issue of Regulations for the prescribing of standards for lighting and ventilation is still awaited.

By the end of the year 2,731 premises had been registered and this figure is now estimated to be near the total of premises required to be registered. Systematic surveys of these premises are continuing and 1,315 premises received a general inspection, entailing 4,426 visits, and 495 notices were served drawing the attention of occupiers to contraventions of the Act. These contraventions were of a minor character, the most common being unsatisfactory lighting standards, followed by poor decorative conditions which contribute in no small way to the lighting standard.

Fifty accidents were reported but none was of a serious nature. It is probable that many occupiers of premises are still unaware of their responsibility under the Act to report accidents, and there were probably quite a number of unreported accidents.

The majority of accidents reported were mainly the result of negligence in handling goods and equipment. There appears to be in the majority of cases a lack of instruction in the best methods of handling goods and maintaining equipment.

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.

The Shops (Early Closing Days) Act, 1965, provides, *inter alia*, for an early closing day to be selected by the occupier of the premises and to substitute the expression "early closing day" for the expression "weekly half-holiday".

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 1,776 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 2,754 visits were made to shops and stalls. Many of these were primary inspections and any minor contraventions noted were found to have been remedied on re-inspection.

No prosecutions were taken during the year.

(See Statistical Table 40.)

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 Borough of Enfield in 1937 and by the former Borough of 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.

The former London County Council had powers requiring licensing of all hairdressers' establishments and proposals were made by some of the London Boroughs for these powers to be provided in a new Act. Up to the end of 1966 the statutory provision was still as set out above.

Twenty-seven visits were made to hairdressing establishments and no defects were noted.

MASSAGE AND SPECIAL TREATMENT ESTABLISHMENTS

Privately run establishments carrying on business for the purposes of providing massage and other special treatments may be required by the Council to be licensed under the provisions of the Middlesex County Council Act, 1944, as amended by an Order made under the London Government Act, 1963.

Licensing, in past years confined to the former Boroughs of Southgate and Edmonton, has, since 1st June, 1966, been required throughout the whole of the London Borough of Enfield.

Licences expire on 31st March each year. Twenty-four applications for renewal were received and approved, and two new licences were granted.

All the premises were visited by a principal medical officer and a public health inspector and were found to be satisfactory.

LICENSED PREMISES

The Licensing Act, 1964, provides that applications be 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.

Thirty-six applications were referred, necessitating 48 visits to premises by the public health inspectors. Conditions found were satisfactory and no adverse reports were made.

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.

Thirty-eight applications were referred, necessitating 80 visits by the public health inspectors. Thirty-three applications were approved and five 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.

A licence was granted to a nurses' agency, which at the end of the year had not yet come into operation. There is no other agency licensed 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 23 applications was referred, necessitating 33 visits by the public health inspectors. In no instance was a licence refused.

FACTORIES AND WORKPLACES

The Factories Act, 1961, is a consolidating Act which repeals 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 and 773 factories and workshops are registered.

During the year 439 inspections were made. Minor defects found during these inspections were remedied and in no case was it found necessary to institute legal proceedings.

(See Statistical Tables 41 and 42.)

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 in the district :

| | |
|---|-----|
| Wearing apparel | 145 |
| Brass and brass articles | 5 |
| Electrical cables | 292 |
| Handbags | 2 |
| Boxmaking, etc., wholly or partially of paper | 21 |
| Carding, etc., of buttons | 3 |
| Paint boxes and paint brushes | 25 |
| Toys and games | 44 |
| Artificial flowers | 10 |
| Umbrellas | 1 |
| Bed linen, etc. | 1 |
| | 549 |

Ten 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. Twenty-seven visits were made during the year and conditions found 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. Nineteen visits were paid to this establishment and conditions were found to be satisfactory.

INSPECTIONS AND COMPLAINTS

The work of the public health inspectors based on principles of good environmental hygiene remains the same: pure water, clean food, clean air, adequate shelter and the removal of conditions inimical to healthy surroundings.

Forty-seven thousand, eight hundred and ninety-seven visits were made to a variety of premises including dwelling-houses, business and industrial premises and places in which food is handled. Arising from defects and shortcomings found on these visits, 802 informal and 345 statutory notices were served resulting in repairs and sanitary improvements being carried out; legal proceedings were instituted in ten instances resulting in fines of £18 with £48 6s. 0d. costs.

Requests and complaints which totalled 5,287 were received on a wide range of matters. There were 1,300 blocked or defective drains notified, and this large number is no doubt due to the widely-known fact that a skilled service is available free of charge. This service is essentially a public health service intended to prevent hazards to public health, but it is also 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 infestation by rats and mice.

(See Statistical Tables 43 and 44.)

NOISE

The Noise Abatement Act, 1960, makes provisions in respect of the control of noise and vibration and enables a local authority to deal with it as a statutory nuisance in accordance with the procedure in the Public Health Act, 1936. It makes specific provisions to deal with loudspeakers in the street, and also enables 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 Good Rule and Government Bye-Laws made under the Local Government Act, 1933.

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

The most common cause of complaint arises from the proximity of dwelling-houses to industrial premises and many cases receive and require several visits, frequently at night, to establish whether a nuisance exists.

Noise can often be eliminated by relatively simple measures involving only the co-operation of the persons responsible, but sometimes it can present an extremely complex problem. In such cases the attention of an acoustics consultant rather than a system of trial and error is the wiser course because a considerable amount of money can easily be spent without any real improvement.

Noise and vibration at night, which often passes unnoticed during the day, causes particular annoyance.

Several complaints were received regarding nuisances from noise at newly established self-service laundrettes. Investigations were carried out and recommendations made to the owners regarding the placing of pumps on sound absorbent pads, flexible couplings on water pipes and general use of sound absorbing materials which resulted in the abatement of the nuisance.

Following complaints of noise 392 visits were made and most of the problems were ameliorated by ready co-operation. Industrialists are conscious of their responsibilities and usually most co-operative but there are always exceptions.

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 cleaning of verminous and scabetic persons. Facilities are also available at this clinic for the disinfestation of their clothing. During the year, 150 persons were treated, mainly for scabies.

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

PEST 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. No charge is made 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 8,150 visits to premises by the rodent control staff, 1,023 visits in connection with rats and mice were made by the public health inspectors who visited 2,635 premises.

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.

Again due to staff sickness and shortages, the treatment of sewers has been considerably curtailed. This is 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 man-holes 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 1966. 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 of 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 continue to rise. Many people consider them attractive and encourage their presence by feeding them, and oppose any attempt to reduce their numbers.

During the year five treatments were carried out on three occasions under Section 74 of the Public Health Act, 1961, which empowers a local authority to take steps for the purpose of abating or mitigating any nuisance, annoyance or damage caused by the congregation in any built-up area of house doves or pigeons or of starlings or sparrows.

Garden pests are increasingly the cause of complaints by householders and 429 wasps' nests together with 30 bees' nests were destroyed by Council staff, and 97 other insect infestations were treated.

Although their control is the responsibility of the householder, it is appreciated that some people are nervous of stinging insects and that others may have difficulty, because of age or infirmity, in destroying these pests.

No charge is made by the Council for these services.

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.

The Ministry of Agriculture, Fisheries and Food made nine Orders during the year controlling the movement of livestock in areas affected by foot and mouth disease and 11 for areas affected with swine fever. In consequence, 15 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 within the Borough 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 five riding establishments in the Borough at 1st April, 1966. Following inspections, the Council issued licences for the five.

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 11. All premises were inspected and found to be satisfactory.

The Animal 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. These premises were visited and found to be satisfactory.

IONISING RADIATIONS

The Atomic Energy Authority was established under the Atomic Energy Act, 1954, which made it the duty of the Authority to secure that no ionising radiations from waste discharged "caused 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 is 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 14 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.

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

The responsibility for the training of the Ambulance and First Aid Section of the Civil Defence Corps continued to be delegated to this Authority by the Greater London Council pending the publication of the section of the *Home Defence Review* dealing with Civil Defence.

Because of this forthcoming re-organisation there was no national or local recruiting campaign during the year and the Ambulance Section in this Division has accordingly decreased in numbers since normal wastage is not being replaced.

However, the Section has continued active training during this period and Ambulance Section members have obtained:

- 1 Standard Training Certificate.
- 5 Advanced Training Certificates.
- 2 Home Office Ambulance and First Aid Instructors' Certificates (one a "Credit" pass).

Five members have qualified in Extended First Aid (this course deals with the sorting and classification of casualties).

Two large-scale week-end exercises arranged by the Greater London Council, in which Ambulance Section members from this Division participated, were held during the year. A local Sunday exercise was held in Theobalds Park in which Ambulance and Rescue Section members practised life-saving techniques.

The present strength of the Section is as follows:—

| | |
|---|----|
| Class "A" (Officers, Instructors and those who have passed the necessary Home Office Tests) ... | 56 |
| Class "B" (Limited number of annual training hours) | 2 |
| Recruits | 5 |
| Reserves | 20 |
| | — |
| | 83 |
| | — |

Of these, 77 hold the First Aid Certificates of the voluntary aid societies, either standard or advanced.

Civil Defence Peacetime Emergency Scheme

Fifty-five 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

During the year three Ministry of Health short courses in First Aid and Home Nursing were held for council staff at the Civil Defence Headquarters: 54 members of the administrative staff have been trained in these subjects to date.

This initial response was encouraging and it is felt that future numbers attending are likely to be limited only by the lack of departmental time which can be allocated.

A further series of courses has been planned for both council staff and members of local organisations.

British Red Cross First Aid Certificate Courses

Under the Offices, Shops and Railway Premises Act, 1963, it is a requirement that a person trained in first aid treatment to a certain standard be available in premises with over 150 employees. In meeting this requirement for the Council's premises a full first aid course was arranged for certain nominated officers.

Council employees in parks and on building sites swelled the numbers taking the course to 22, and five persons from private industry made the full complement. I am pleased to report that all passed the examination and were duly awarded the certificate.

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 circumstances 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. Ten 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."

One exhumation took place at a cemetery within the Borough. 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. The mortuary facilities were made available on 517 occasions.

Of case 77 held the First Aid Certificate... for the removal of human remains under the Public Health Act... 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 for the purposes of public health.

One examination took place at a concert within the Borough. A public health inspector was present to ensure that the conditions of the Home Office Examination Certificate were observed. (The Registrar General is advised that during the year three Ministry of Health inspectors visited the area and saw 54 certificates issued. It has been found that very few certificates issued at the Public Health Act 1936 are issued to persons and it directed by the Minister shall provide a morning and a post-graduate course. The Council receive a report through agreement with the Hospital Board. A Committee for the use of the facilities at the Prince of Wales Hospital, Tottenham, at an agreed charge. The necessary facilities were made available on 17 October. The Council had for a long time been desirous of securing a site for a new hospital building.

Under Section 50 of the National Burial Act, 1951, 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 circumstances 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. The bodies were dealt with under this section during the year.

British Red Cross First Aid Certificate Courses

Under the Offices, Shops and Railway Premises Act, 1953, it is a requirement that a person trained in first aid treatment be available in premises where there are 150 employees. In meeting this requirement for the Council's premises a full first aid course was arranged for certain administrative officers.

Council employees in parks and on buildings are advised to hold a certificate in first aid. The course is held on 22 and 23 November and 24 and 25 November. The course is held on 22 and 23 November and 24 and 25 November. The course is held on 22 and 23 November and 24 and 25 November.

Emergency Planning

Responsibility for the issue of warning signals and the carrying out of emergency procedures which would be needed in an emergency is vested in the Ambulance Service of the Greater London Council.

DEATHS AND CREMATIONS

Under Section 50 of the National Burial Act, 1951, 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 circumstances 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. The bodies were dealt with under this section during the year.

SUMMARY OF STATISTICS RELATING TO
THE SCHOOL HEALTH SERVICE

The primary reason for medical inspection of schools is to ensure that all children are fit to attend school. The school health service is a part of the public health service and is under the control of the School Health Service.

Under Section 42 of the Education Act 1944, it is the duty of the local education authority to provide for the medical inspection of all children of compulsory school age. The purpose of the medical inspection is to detect any physical defects which may be a hindrance to the child's education and to advise the parent and the child on the steps to be taken to remedy them.

The arrangements for medical inspection of children are set out in the following table. The table shows the number of children inspected, the number of children found to be defective, and the number of children referred to the School Health Service for treatment.

SCHOOL HEALTH SERVICES

The following table shows the number of children inspected, the number of children found to be defective, and the number of children referred to the School Health Service for treatment. The table is divided into two parts: (a) children inspected in 1952, and (b) children inspected in 1953.

During 1952, 1,234,567 children were inspected, of whom 123,456 were found to be defective. Of these, 56,789 were referred to the School Health Service for treatment.

During 1953, 1,345,678 children were inspected, of whom 134,567 were found to be defective. Of these, 67,890 were referred to the School Health Service for treatment.

B.C.G. VACCINATION

The following table shows the number of children vaccinated with B.C.G. in 1952 and 1953. The table is divided into two parts: (a) children vaccinated in 1952, and (b) children vaccinated in 1953.

During 1952, 1,234,567 children were vaccinated with B.C.G. During 1953, 1,345,678 children were vaccinated with B.C.G.

**SUMMARY OF STATISTICS RELATING TO
THE SCHOOL HEALTH SERVICE**

SCHOOL POPULATION 35,967

ROUTINE MEDICAL INSPECTION

Number of children examined 12,221
 Number found to be satisfactory 12,221
 Number found to be unsatisfactory NIL

MEDICAL TREATMENT

Total Attendances at:

Minor Ailments Clinics 20,904
 Ear, Nose and Throat Clinics 1,295
 Ophthalmic Clinics 2,847
 Orthoptic Clinics 1,427
 Orthopaedic Clinics 2,172
 Speech Clinics 3,375
 Child Guidance Clinic 1,427

HANDICAPPED CHILDREN RECEIVING SPECIAL EDUCATION

Total number of children 374
 Number attending Day Special Schools 264
 Number attending Residential Special Schools 110

B.C.G. VACCINATION

Number of school children vaccinated 2,220
 Number of students at Technical Colleges vaccinated 4

ROUTINE DENTAL INSPECTION AND TREATMENT

Number of children examined 26,259
 Number found to need treatment 9,921
 Number treated by School Dental Officers 6,668

MEDICAL INSPECTION

The primary reason for medical inspection is to ensure the fitness of school children to benefit from the education provided. This is achieved by the early detection of any defect with subsequent referral for treatment either by the family doctor or the School Health Service.

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 inspection 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. Notes of the facilities available at clinics under the School Health Service are now issued, for the information of parents, to all school entrants at their first medical inspection. A medical officer visits Southgate Technical College fortnightly to interview students seeking advice about their health; 221 were interviewed. During the year a similar scheme was introduced at the Enfield College of Technology, and 87 students were interviewed. The only other establishment for further education in the Borough is Trent Park College which is a teachers' Training College. Students are medically examined before admission and a general practitioner is available for consultation.

In December, 1966, the number of pupils on the register of maintained primary and secondary schools, including nursery and special schools, was 35,967.

During the year, 12,221 children were examined at routine medical inspection and none was found to come within the official category of unsatisfactory physical condition, which is based upon the summing up of the medical officers' 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. Ten years of age is an appropriate age at which to discover any colour vision defect likely to be of disadvantage or a bar to the child's entry to certain occupations. One hundred and fifty-two children were found on the Ishihara test to have a degree of colour blindness, and 101 were tested by the Giles Archer Lantern. Of these, 18 were found to be normal, 35 were found to be safe and 48 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 12 or 13 years of age. Those children who fail the test are generally referred to the school medical officer for investigation. Children requiring further investigation and treatment are referred to the family doctor or to the ear, nose and throat consultant. During 1966, 12,246 children were routinely tested in school, and 520 of these were found to have a hearing deficiency. In addition 451 tests were carried out on specially referred children and 226 of these were found to have a hearing deficiency. A further 2,387 re-tests were carried out for various reasons. As a result of this many children had minor treatment for conditions affecting their hearing. Of the 110 referred to the Ear, Nose and Throat Clinic, 63 were kept under observation; 22 were referred to hospital for tonsillectomy/adenoidectomy; three were referred to hospital for other treatment; seven were treated at the clinic; eight required no treatment; in six cases no treatment was possible; and one appointment was not kept. Two of the 110 children were issued with hearing aids.

At the Technical Colleges 324 audiometric tests were carried out, and 13 students were found to have a hearing deficiency. Of these, two were already having treatment, six were advised to consult their family doctor, and one, when referred to hospital, was provided with a hearing aid. Four had left before appropriate action could be taken.

Foot Inspections

School nurses make regular foot inspections to discover the presence of plantar warts and other contagious skin conditions of the feet. Plantar warts can be contracted wherever children walk barefooted, particularly in damp conditions. A reputed increased prevalence of these warts amongst school children attending one of the swimming baths in the Borough was not substantiated on investigation, but it was recommended that foot inspections of children by swimming instructors be further encouraged, that an iodine footbath preparation be used at the baths, and that other hygienic measures be instituted. At the request of the Education Committee an illustrated pamphlet was prepared for issue to school children and consideration was given to the display of an appropriate poster within the baths.

(See Statistical Tables 45, 46, 47 and 48.)

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 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 80,784 children examined for infestation, 162 were found to be in a verminous condition and 64 required formal action in order to secure cleanliness.

(See Statistical Table 49.)

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 or any other educational establishment 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.

Minor Ailments Clinics

Defects found at routine or special medical inspections, which only require minor treatment or observation, 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 attendance for the year was 20,904, an increase of almost 30% on the previous year.

At the beginning of 1966 three automatic enuresis alarm devices — buzzer apparatus for the treatment of enuresis — were already in use; seven children were on the waiting list, to which 93 names were added during the year. Nine additional alarms were purchased. The progress of each case is checked every two months and also six months after a reported cure.

During the year 33 children were issued with the alarms with the following results in 22 completed trials.

No success was reported in six cases; there was no co-operation in four cases; a complete cure within periods ranging from three to four weeks was reported in 11 cases; and one alarm was returned after eight weeks, it having transpired that the boy had refused to use it but had been completely dry while it was in the house.

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. This is 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 who require advice or treatment regarding tonsils and adenoids. Other conditions referred include otitis media, rhinitis, chronic catarrh, etc.

Of the 538 children who attended the clinics 260 were new cases. Total attendances were 1,295.

Ophthalmic Clinics

There are three ophthalmic clinics in the Borough. Three sessions a week are held at the Edmonton Central Clinic and at Southbury Clinic, and two sessions at Bowes Road Combined Clinic. During the year 2,847 school children were examined and 1,115 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 remedial treatment or post-operative exercises. A total of 458 children received orthoptic treatment.

Orthopaedic Clinic

The orthopaedic surgeon, who attends twice a month at Edmonton Central Clinic, is a consultant at a local hospital and this enables close liaison with the hospital. It has not been possible to replace the physiotherapist who left the service in May and consequently the amount of physiotherapy undertaken is considerably less than last year. The number of attendances at the consultant's sessions was 171, and the number of new cases 69. The type of cases seen included foot deformities, knock knee, scoliosis, kyphosis, chest deformities, etc.

Speech Clinics

One of the full-time speech therapists and a part-time speech therapist left during the year, but since September there has been a full establishment of three full-time speech therapists. In addition to their work in the clinic, they undertake sessions at Durants and Oaktree Schools for educationally subnormal children, and two sessions a week at the Junior Training School for mentally subnormal children. There were 303 children, of whom 116 were new cases, who received treatment or were kept under observation, and who made 3,375 attendances at the speech clinics. The various defects treated included stammer, dyslalia, stigmatism, delayed development of speech, etc.

Child Guidance Centre and 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 psychotherapists. 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 psychotherapist, the psychiatric social worker and the psychotherapist working in conjunction with the psychiatrist.

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 psychotherapist. 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. 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 11 years who have shown gross emotional instability. They are admitted on the recommendation 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 at Chase Side School a special full-time class for maladjusted children up to 11 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. There are remedial classes at Eastfield Road School, Croyland Road School and the Child Guidance Centre, 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 arranged under Section 48 of the Education Act, 1944, and medical examination showed considerable benefit was experienced by the 14 children who went on holiday. Summer holidays were arranged by the British Epileptic Association for children with epilepsy and one boy was able to have a holiday through this scheme.

(See Statistical Tables 50, 51, 52, 53, 54, 55 and 56.)

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.

During the year there was issued a joint circular from the Department of Education and Science (Circular 23/66) and the Ministry of Health (22/66) on the Local Authority Dental Services. The aim of the Circular was to describe the action taken by the Department and the Ministry consequent upon the First Report of the Estimates Committee in Session 1962/63, and to suggest ways in which authorities might wish to develop and strengthen local dental services in the future. The proposed future lines of development covered the recruitment of staff; co-ordination of inspection and treatment for expectant and nursing mothers, for pre-school children and for school children; frequent dental inspections; dental health education; provision of modern, attractive and well-equipped dental clinics.

The circular also reproduced *A Draft Model Scheme for the School Dental Service* which was first published in *The Health of the School Child 1962/63* and outlined in my report last year.

In March a review of the Borough Council Dental Services was undertaken by a dental officer of the Department for Education and Science, in which the Secretary of State commended the Authority on the high standard of its dental services. The main points referred for consideration were a graded staff structure for dental officers, the possible appointment of a dental auxiliary, the greater development of the service for children under the age of five years and certain minor structural improvements to premises and renewal of equipment.

During the year under review, of the 35,967 children on the school roll, 26,259 were inspected, this being 73% of the total (1965 National Figure 55%). Of those inspected 9,921 (38%) were found to require treatment (1965 National Figure 53%) and 9,519 (96%) were offered treatment (1965 National Figure 87%). Of the 9,519 offered treatment 6,668 (70%) accepted treatment through the school dental service (1965 National Figure 61%). During the year, therefore, the school dental service treated 19% of the children on the school roll (1965 National Figure 17%), but it must be remembered 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 subnormal girls.

In addition to the ordinary dental treatment described, the orthodontic service continued to be much in demand. Treatment was commenced on 203 new cases, 153 cases completed treatment, and a total of 6,275 attendances were made.

The Borough is fortunate in the standard of its premises and equipment. There are nine clinics providing dental suites with a total of 13 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 13 dentures, 569 removable appliances and 107 fixed appliances were supplied. The Principal School Dental Officer reports:—

“It is unfortunate that the school dental service continues to remain understaffed, despite advertising. By mid-1967 the salaries of National Health Service dentists will have increased appreciably, and this may well cause a repeat of the disastrous situation of 1948-1951 when the school dental service lost one-fifth of its effective strength. This would be most unfortunate at a time when parents are making a greater demand for treatment.

“Dental Health Education has undoubtedly influenced this greater interest. An intensified campaign was held during March and April, when a small dental health exhibition was displayed for a period of one week at each of the clinics, and posters were prominently displayed on hoardings, in clinics and schools.

“Owing to fluctuations in the staffing situation the number of sessions devoted to general dental treatment was 424 less than in the previous year. The result of this fall in the number of sessions was a reduction in the total output of work in general compared with 1965. This was inevitable in the circumstances. Nevertheless, the average output of dental officers per session had slightly improved, the number of attendances and of fillings and the ratio of permanent teeth filled to those extracted, all have shown an upward trend.

"I would like to thank all those who helped to make the service run smoothly and effectively, in particular our colleagues in the teaching profession, without whose co-operation our work would be so much more difficult."

(See Statistical Table 57.)

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 day special or residential schools maintained by the London Borough of Enfield, other local education authorities or voluntary bodies, and children from adjoining boroughs are accommodated in Enfield special schools.

There are 264 Enfield pupils in day special schools and 110 in residential schools. Children attending residential schools are medically examined annually, and those at residential schools for maladjusted children are also seen annually at the child guidance clinic.

Joint Circulars 9/66 and 7/66 of the Department of Education and Science and the Ministry of Health referred to the co-ordination of Education, Health and Welfare Services for handicapped children and young people with the object of establishing arrangements which would ensure co-ordination in the care of every handicapped child; and that essential information would be available to all departments and services which might have a contribution to make.

The newly formed Co-ordination Committee mentioned earlier considered the circulars and decided that the present arrangements, which are subject to constant review, were basically sound and working well.

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 the end of the year there were 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. One new case was ascertained during the year. At the end of the year there were 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 a day special school. At the end of the year there were 13 children to a special day school. At the end of the year there were 13 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 four children were ascertained, one child was admitted to a day special school, one to a day nursery and two are awaiting placement. At the end of the year there were 22 children in special schools.
- (e) Educationally subnormal — pupils who by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education, wholly or partly in substitution for the education normally given in ordinary schools. During the year nine children were ascertained, one of whom was admitted to a residential school, six to day schools, one is awaiting admission and one left the district. At the end of the year there were 115 children in special schools. Forty-eight children were placed in Durants and Oaktree Schools on an informal basis, in accordance with the Ministry of Education Circular 11/61.
- (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 at the end of which one child was in a special school.
- (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 18 children were ascertained, of whom three were placed in residential schools, 13 are awaiting placement, and in two cases parents refused placement. At the end of the year 55 children were 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 eight children were ascertained, of whom three were admitted to a day special school, three to residential schools, one is remaining in an ordinary school, and one is awaiting admission to a residential school. At the end of the year there were 40 children in special schools.

- (i) **Speech** — pupils who on account of defect or lack of speech not due to deafness require special educational treatment. At the end of the year there were 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 51 children were ascertained, 36 of whom were admitted to the day open air school, nine to residential schools, and six children are awaiting admission. At the end of the year there were 107 children in special schools.

In addition, there are nine 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 140 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 conditions. 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 post-prandial rest period. They are medically examined every term, undertake remedial exercises under the supervision of the physiotherapist and some also attend an indoor swimming bath under supervision.

Durants and Oaktree Schools

These schools, which provide accommodation for 160 pupils each, are maintained by the Education Committee for children who are educationally subnormal. The schools are visited fortnightly by a principal medical officer and each child receives an annual medical inspection. Speech therapy is provided for those who require it.

Wavendon House Residential School for Educationally Subnormal Children

This school, which is maintained by the Education Committee, is situated in the country, near Woburn Sands, Buckinghamshire, with accommodation for 60 girls from 11 to 16 years of age. Extensions providing a further 30 places are finished but not yet occupied. The school, which provides places for children from all parts of the country, is visited and inspected once a term by a principal medical officer and an educational psychologist. A general medical practitioner visits the school once a week and looks after the general health of the children. Annually, during school holidays, the Enfield children have a full medical examination carried out by assistant medical officers.

(See Statistical Table 58.)

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 which 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. Eleven such cases were notified.

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 this 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 immunisations are issued for children of eight years of age for reinforcing doses.

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, certain groups of children and students attending establishments of further education. Included in these groups are school children between their 13th and 14th birthdays. It is at this time of life, when the adolescent faces the years during which he is both susceptible and most likely to be exposed to infection, that the protection afforded by B.C.G. vaccination proves so valuable.

During the year 2,220 pupils about 13 years of age attending maintained and independent schools were given B.C.G. vaccination.

Of the 3,181 children eligible for B.C.G. vaccination, the parents of 78.21% consented to have a tuberculin skin test carried out. 88.65% of the children so tested were found to require B.C.G. vaccination and 88.20% of those tested were vaccinated.

In September B.C.G. was offered to students at both the technical colleges.

A case of pulmonary tuberculosis was found at the Enfield Technical College in November and steps were taken, in conjunction with the staff of the chest clinic, to test immediate contacts of the student. Of the 77 students, lecturers and staff who were skin tested, 66 were found to be positive and nine negative. They were then referred to the chest clinic for X-ray and further investigation if necessary. No further cases of tuberculosis were discovered. Arrangements were made for the Mass X-ray Unit to visit the College in March, 1967.

(See Statistical Table 59.)

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 to be issued by 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. Four hundred and ninety-six children were examined for employment certificates and nine 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. No action was needed under this Section.

CHILDREN IN CARE

There are six homes accommodating 71 school children under the control of the Children's Officer. These are visited about six times a year during the school holidays by a medical officer who advises on diet, general health matters and hygiene of the homes, and medically examines children on admission, annually, and on discharge. Each child is on the list of a general medical practitioner for medical treatment. At the request of the London Borough of Barnet, two of that authority's homes which are situated in this Borough and which provide accommodation for 24 children are also medically supervised by our medical officers.

Statutory medical examinations and general medical care of children placed in foster homes are dealt with by general medical practitioners.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

Winter (Epidemic) Vomiting

A number of schools again reported minor outbreaks of epidemic vomiting. No cause for this type of illness has yet been found but it is thought to be a virus infection, although this has not yet been confirmed bacteriologically.

The children usually appear to be quite well after 48 hours but are excluded from school for one week to try to limit the spread of infection.

Sonné Dysentery

There were a few cases of Sonné dysentery in two schools towards the end of the year. All schools were asked to notify the Department immediately there were more than two or three children in one class showing symptoms of digestive upset with diarrhoea. Arrangements were made for the prompt visiting of infected schools with the inauguration of rigid hygienic measures, based on the bacteriological and other findings. These measures included regular disinfection of toilet premises and equipment, the institution of strict hand-washing routine with subsequent disinfectant hand-dipping, and the exclusion of suspected cases of dysentery until proved bacteriologically free. The opportunity is taken on such occasions further to stress the need for replacement of out-of-date or doubtfully hygienic equipment, and the provision of modern hand-washing facilities and premises.

Scabies

One secondary school had several cases in the autumn, but following inspection and treatment the incidence was quickly limited.

Notification of Infectious Diseases

Head teachers notified the Department of 509 cases of suspected infectious disease occurring in school children.

HEALTH EDUCATION

The Department of Education and Science published a pamphlet on *Health in Education*. This pamphlet was in accordance with the views expressed by the British Medical Association that professional medical instruction in elementary health and hygiene and first aid, be included in the school curriculum.

It recognised as essential that teachers take part in health education at all levels of the child's school life. For the full integration of health education in the work of the schools the combined efforts of medical, nursing and teaching staff are required.

This has been a subject of consultation between the Chief Education Officer and myself at which it was arranged for me to address a meeting of head teachers in order to seek their views and to discuss further co-operation in this field.

Health visitors have given 136 talks on a variety of subjects including mothercraft and personal hygiene to classes of school children.

An anti-smoking film show for school children was organised in co-operation with the Education Department for teenage pupils at six secondary modern and three grammar schools. An evening in June was chosen for the show, a time considered to be the most convenient for the children. Considerable effort was made by both departments to make it a successful evening.

Out of a possible attendance of 120 pupils, only 13 attended. Although such a response was predictable in the light of past experience here and elsewhere it is of value to the assessment of effectiveness and methods of health education to experience even negative results.

IONISING RADIATIONS

Guidance as to the health and safety of those working with potentially dangerous sources of ionising radiations in schools and colleges is given in the Administrative Memorandum 1/65 issued by the Secretary of State.

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 agent) 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.

Four applications were approved making a total of 11 such approvals comprising over half the secondary schools in the Borough. Each authorised school has been supplied with fireproof notices to identify rooms in which radioactive substances are stored and the local fire brigade service has been advised of the location of these stores.

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.

Approval was sought last year by one of the secondary schools, already approved on form I.R.N. (Certificate), but it has not been granted and the matter is to be held in abeyance.

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 TV 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.

The Radiological Protection Service conducted a survey at a technical college, where servicing of TV receivers is carried out, and established that there was no hazard to the health and safety of the personnel involved. There is a greater potential hazard when working with some colour TV receivers, and the college has been advised by the Radiological Protection Service on the necessary measures to be taken.

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 and the teacher training college fall 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 Radiological Protection Service investigated the need to keep the designated Safety Officer of the college under regular medical supervision and found that this was not necessary.

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.

The Code of Practice applies to the use of ionising radiations arising from X-ray machines in the Council's dental clinics. There are eight clinics using X-ray machines and during the year 1,092 X-ray exposures were taken; 883 were for orthodontic purposes and the remainder were taken during the course of general dental treatment. A total of 561 pupils had an X-ray examination.

The Code applies to all persons who are exposed to ionising radiations arising from dental practice and there are 13 such persons employed by the Council.

For the purpose of the Code they are divided into the following categories:

- (i) Designated persons.
- (ii) Other staff.
- (iii) Patients.
- (iv) Persons not included in (i), (ii) or (iii).

In accordance with the Code, the Science Adviser to the London Boroughs of Enfield and Haringey was appointed Radiological Technical Adviser, the Chief Dental Officer was appointed Radiological Safety Officer and the Deputy Medical Officer of Health was appointed Supervisory Medical Officer, and instructions were given to the appropriate dental staff regarding safety precautions.

In December the Radiological Protection Service reported that the result of film monitoring over the previous six months showed that the overall rate of radiation exposure was low and did not justify the designation of our dental staff as radiation workers. It was accordingly decided that provided the films continued to show satisfactory results and subject to the relevant conditions in the Code of Practice for the Protection of Persons against Ionising Radiations arising from Medical and Dental Use —

- (1) The dental staff should be considered as non-designated persons for whom the maximum permissible dose of whole body radiation is 1,500 millirems per year.
- (2) Further continuous monitoring should be discontinued, but individual four-weekly film tests made every six months to ensure that operating conditions remain satisfactory.

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 : H. GOUGH-THOMAS,
M.A., M.R.C.S., L.R.C.P., M.B., B.Ch., D.R.C.O.G.,
D.P.H. (Appointed 28.2.66)

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., D.P.H. DOROTHY G. STANLEY-ROOSE, M.B.,
B.S.(Locum) (Resigned 31.12.66)

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.

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) (Resigned 18.2.66) A. M. IRENE HALSALL, L.D.S. (Part-time)

ANGELA M. BOWEN, B.D.S., L.D.S., R.C.S. (Part-time) A. LAWSON, L.D.S., R.C.S. (Part-time)
(commenced 15.2.66)

H. COHEN, L.D.S. (Part-time) C. A. MARTINEZ, L.D.S.

J. A. H. EDMOND, L.D.S. (Part-time) EVA J. SALISCH, B.D.S., L.D.S., R.C.S.

CLARA S. EMMER, M.D. MARGARET J. WICKS, B.D.S., R.C.S. (Part-time)

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. (Resigned 31.12.66)

Chief Public Health Inspector
J. C. LIGHTFOOT, F.A.P.H.I.

Deputy Chief Public Health Inspector
G. RAWLINSON, M.A.P.H.I.

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
S. McEVOY, M.S.M.W.O., C.R.S.W.

Deputy Principal Mental Welfare Officer
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
MISS M. A. E. RADFORD, R.F.N., S.R.N., S.C.M., H.V.

Deputy Superintendent Health Visitor
MISS P. Z. M. J. MacLAUGHLIN, 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. (Resigned 26.9.66)
MRS. M. PICKERING, S.R.N. (Appointed 27.9.66)

Home Help Organiser
MRS. G. WEBBER

Deputy Home Help Organiser
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 (Resigned 28.3.66) **MR. A. SHAW**
(died 1.11.66) **MISS A. COOPER** (Commenced 6.6.66)

OTHER STAFF ESTABLISHMENT

| | | |
|---|------------------------------|--|
| Dental Surgery Assts. ... 11 | Senior Admin. Officers ... 2 | Chief Chiropodists ... 1 |
| Health Visitors (incl. 3 Grp. Advrs. & 3 Field Wrk. Instructors) ... 51 | Admin. Officers ... 9 | Chiropodists ... 5 |
| Student Health Visitors ... 6 | Snr. Clerical Officers ... 4 | Medical Social Workers ... 1 |
| Tuberculosis Health Vis. ... 4 | Clerical Officers ... 54 | Spec. Pub. Hlth. Insprs. ... 3 |
| Midwives ... 31 | Shorthand/Typists ... 7 | Dis. Pub. Hlth. Insprs. ... 16 |
| Home Nurses ... 44 | Telephonists ... 2 | Stud. Pub. Hlth. Insprs. ... 6 |
| Nursing Auxiliaries ... 2 | Admin. Trainee ... 1 | Shops & St. Trad. Insprs. ... 3 |
| Asst. Home Help Orgnrs. ... 2 | Health Educn. Orgnr. ... 1 | Technical Assistants ... 4 |
| Mental Welfare Officers ... 9 | Speech Therapists ... 3 | Disinfectant/Convenience Foreman ... 1 |
| Trainee Mental Wel. Off. ... 1 | Senior Orthoptist ... 1 | Rodent Control Officer ... 1 |
| | Audiometer Operators ... 2 | |
| | Snr. Physiotherapist ... 1 | |

Day Nursery

Matron ... 1 Deputy Matron ... 1 Warden ... 1 Nursery Nurses ... 10

Adult Training Centre

Manager ... 1 Assistant Manager ... 2 Senior Instructors ... 1 Laundry Supervisor ... 12
Instructors ... 1 Welfare Assistant ... 1

Junior Training School

Supervisor 1 Deputy Supervisor 1 Assistant Supervisors 10 Trainee Supervisors 2

Recuperative Hostel for Mentally Ill

Warden ... 1 Assistant Warden ... 1

| | | |
|--------------------------------|---|---------------------------------------|
| Home Helps ... 160 | Driver Handyman ... 1 | Clinic Caretakers and Cleaners ... 15 |
| Porter/Messenger ... 1 | Handyman/Storeman ... 1 | Domestic Staff (Day Nry.) ... 6 |
| Rodent Operatives ... 8 | Driver/Cleaners-Conv. ... 4 | Junior Training School ... 14 |
| Sewermen (skilled) ... 3 | Male Cleaners-Conv. ... 4 | Adult Training Centre ... 4 |
| Labourers (Rodent Cont.) ... 2 | Conv. Attendants (Incl. reliefs) ... 96 | Mental Health Hostel ... 3 |
| Disinfectant Drivers ... 2 | | |

STAFF

The following whole-time equivalent personnel comprise the establishment of the Health Department:

| | | | |
|---|-----|-----|-------|
| Administrative, Professional and Technical Officers | ... | ... | 386 |
| Manual workers | ... | ... | 320 |
| | | | <hr/> |
| | | | 706 |
| | | | <hr/> |

The total of individual employees working in the interests of communal health in Enfield is approximately 800 persons.

As would be expected among a staff of this size many changes took place during the 12 months concerned in this report. In February we welcomed Dr. H. Gough-Thomas, who joined us as Principal Medical Officer (Mental Health and Welfare Service).

Mr. Aufranc resigned his position as dental officer in February, after many years' service with Middlesex County Council, and Miss A. Lawson joined us as a part-time dental officer. The satisfactory work of the dental service has been achieved with a fluctuating staff, there being at the end of the year four full-time and ten part-time officers, including orthodontists, giving the full-time equivalent of 7.6, against an establishment of 11 dentists, including orthodontists, which is considered necessary to give a satisfactory service.

Mr. J. Pickup, who served as part-time Veterinary Surgeon, resigned his appointment on the last day of 1966.

Mrs. R. Curtis, who was Deputy Superintendent of the home nursing staff, resigned in September to become a sponsored student health visitor, who, after her course of study, will join our health visiting staff. Her place was taken by Mrs. M. Pickering in September. Home nurses, Mrs. E. M. Knell and Miss E. M. Selby retired after 20 and 10 years' valued service, respectively.

In regard to the midwives, we have seen little change in personnel. A number of women engaged in these duties are from the Commonwealth. Indeed, we would be hard pressed, on occasion, to maintain our nursing service commitments were it not for our colleagues from overseas.

The recruitment of health visitors and public health inspectors proves to be difficult, but these are national problems and are not restricted to any one locality.

At the end of the year, the health visiting staff consisted of the Superintendent and her Deputy, two group advisers, two field work instructors, 23.6 (whole-time equivalent) health visitors, and three tuberculosis visitors whose work is described elsewhere. Clinic nurses (a whole-time equivalent of 12.6) were employed to assist the health visiting staff in duties for which the Health Visitors' Certificate is not essential, such as nursing duties in clinics and schools.

The public health inspectorate has been three short of establishment.

In September the original Warden and Housekeeper at the Recuperative Hostel resigned, and we were unable to replace them until November. During this interim period, that the hostel continued to function was due to the efforts of the Principal Mental Welfare Officer and his deputy and senior mental welfare officers. These officers continue to carry out additional duties to cover off-time periods of the warden. Despite repeated advertisements it was not possible to secure a deputy warden for this hostel.

Mr. A. Shaw was appointed a senior administrative officer to replace Mr. Whitmore, who resigned to take up an appointment in Portsmouth. Of the several other changes which occurred among the clerical and administrative staff two are particularly worthy of comment. Mrs. M. H. Edwards, a clerical officer, retired after 18 years' service and Mrs. N. A. Peddell, an administrative officer, retired after no less than 39 years' service.

It is with regret that I have to report that Miss E. Bowyer died in November. For many years Miss Bowyer had given conscientious service in the Health Department of the Borough, mainly in the field of maternity and child welfare. Her knowledge and devotion to duty were greatly appreciated and she was sorely missed both as a person and a loyal colleague.

The most frequent staff replacements occurred among the manual workers, principally the women engaged in domestic duties in the home help service. This type of employee is very difficult to obtain in a district such as Enfield. Most probably this is due to there being other and more attractive employment available in the many industrial undertakings operating locally.

MEDICAL ASSESSMENT AND EXAMINATION

The London Borough of Enfield is a large employer of many and various types of officer and manual worker.

The following are the approximate numbers of whole-time equivalent staff on the establishment of the Borough:

| | | | |
|---|-----|-----|-------|
| Administrative, Professional and Technical Officers | ... | ... | 2,200 |
| Teacher Establishment | ... | ... | 2,082 |
| Manual Workers | ... | ... | 4,500 |
| | | | 8,782 |

The medical assessments undertaken by the Health Department for all departments of the Borough in the period of this report, totalled 1,978.

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 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. Two hundred and twenty-nine trainees and 105 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 was 230, of whom 30 required medical examination. Two were found to be unfit.

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 1,371 assessments made, 182 required medical examination and only four were found to be unfit.

SICKNESS ABSENCE MEDICAL ASSESSMENTS

Forty-three medical assessments were made in accordance with the schemes of conditions of service relating to prolonged absence due to illness, and of these, 16 were found incapable of discharging efficiently the duties of their present employment by reason of permanent ill-health or infirmity of mind or body.

I wish to record my appreciation of the co-operation of the Staff Welfare Officer, Mr. Moss, which is essential in the performance of this work.

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 and found to be in good health.

TRAINING

In July 1965, the London Boroughs Training Committee was set up to provide and co-ordinate facilities for professional training to meet the great need for more trained staff in London. In December 1965 the London Borough of Enfield became a member of this Committee.

The London Borough of Enfield, through its Establishment Committee, set up an Advisory Committee on Education, Training and Qualifications of Local Government Officers. The committee consists of representatives from each of the main departments of the Borough Council and is convened by Mr. G. M. Noble, Deputy Borough Librarian. Dr. J. D. Russell represents the Health Department.

The Advisory Committee meets regularly to consider and make recommendations concerning applications by officers for approval to attend courses. Consideration of all matters pertaining to the education, training and qualifications of council officers is within the ambit of this committee.

In order to keep abreast of modern trends and tendencies it is necessary for all staff to receive the fullest possible post-entry training that the establishment will allow taking into account the demands and exigencies of the various services administered by this department.

In-service training is an important part of the work of each section of the department and is usually integrated with training provided by outside professional and technical training establishments.

Courses and conferences arranged generally by the professional associations may be of short or long duration and either resident or non-resident.

Dr. I. Caddy was seconded to a one-year's whole-time non-residential course leading to the Diploma in Public Health, which she successfully obtained.

In the case of health visitors, who have to be state registered nurses and hold at least part one of the Midwifery Certificate, an additional course of one year's full-time study is required before they qualify. Many women do not feel able, or are not prepared for domestic and other reasons, to undertake this further whole-time study. Suitable candidates have little difficulty in obtaining an Authority to sponsor them at recognised training colleges and Enfield is not lagging behind in its efforts of recruitment in this respect.

The Council sponsored four nurses for health visitor training this year. These students, together with the normal recruitment will, it is hoped, compensate for the natural wastage which occurs through age, marriage and removal from the area.

One student sponsored by the Council qualified as a health visitor on completing the health visitors' training course at Chiswick Polytechnic in July and was duly appointed to the staff. In September the four students, sponsored by the Council, commenced the health visitors' training course — three at Chiswick Polytechnic and one at the Royal College of Nursing.

The Superintendent Health Visitor attended an introductory course on the functions and work of field work instructors and their training. One health visitor attended the field work instructors' course at Chiswick Polytechnic and another attended Part I of the group advisers' course. In addition, three health visitors attended refresher courses, two clinic nurses attended in-service courses, and one health visitor attended a part-time teaching course. The Superintendent Health Visitor also attended the Health Visitors' Association's Conference.

The rules of the Central Midwives' Board require midwives to attend every five years a refresher course approved by the Board. During the year four midwives attended such courses arranged by the Royal College of Midwives. In addition, three midwives attended a Study Day arranged by the London Boroughs Training Committee. One pupil midwife was placed for her domiciliary training with a midwife teacher employed by the Council.

The district nurses' training course at the Chiswick Polytechnic was attended by four nurses, all of whom were successful in obtaining the National Certificate in District Nursing. Refresher courses of one week's duration organised by the Queen's Institute of District Nursing, were attended by two nurses. In addition, two nurses attended the Study Day for home nurses in London, organised by the London Boroughs Training Committee.

The Home Help Organiser attended a conference arranged by the National Council of Home Help Services and one of the Assistant Home Help Organisers attended a residential Summer School for Home Help Organisers.

Two mental welfare officers are attending full-time two-year qualifying training courses, which commenced in 1965. Two trainee supervisors of mentally handicapped children completed full-time courses during 1966 and one was appointed to the staff as an assistant supervisor.

The Principal Medical Officer for mental health attended a week's intensive course of lectures on psychiatry at the Middlesex and University College Hospitals, London, and one of the senior mental welfare officers attended a week's course of lectures on "The Nature of Mental Disorder" which was held at Bristol University.

The Principal Medical Officer and the Principal Mental Welfare Officer and his deputy have given a series of lectures to student nurses and health visitors, and talks to a variety of organisations and societies during the year on matters relating to mental health.

Regular monthly conferences attended by doctors, health visitors, probation officers, medical social workers and mental welfare officers are held at Chase Farm Hospital.

A joint meeting of social workers from the Boroughs of Enfield and Haringey, and Claybury and Friern Hospitals, is held monthly when problems of mutual interest and benefit to the community are discussed. At these meetings speakers working in other fields are invited to talk about their work.

We also have six student public health inspectors, including two young ladies who are pursuing a three-year "Sandwich" course of study at local technical schools. Two students successfully completed their courses of study and were appointed to the establishment.

Twelve clerical officers are undertaking studies leading to the clerical examination and four of our shorthand/typists are undergoing further advanced training at local technical colleges.

The Borough Council appointed some 30 school leavers as supernumerary officers, who were given the opportunity of working for several weeks in each of the departments of the Council. All these young people were well qualified educationally and the talents of many were brought to light and developed during their sojourn in the various departments. From these trainees the Health Department recruited six young people, who are already making headway in the sections in which they have been placed.

COURSES ATTENDED BY HEALTH DEPARTMENT STAFF

| Officers | Courses | Duration |
|--|---|--|
| <i>Medical Officers</i> | Residential Course in Administration and Management — National and Local Government Officers' Association | 10 days |
| | Obstetrics | 2 days |
| | The Handicapped Child | 2 days |
| | Mental Health Services | 2 days |
| | Symposium on Mental Health | 1 day |
| | Psychiatry | 5 days |
| | Diploma in Public Health | 1 year (full time) |
| | <i>Public Health Inspectors</i> | Refresher Course on Poultry Inspection |
| Estimating for Housing Improvement Grants | | 6 x 1 day |
| Refresher Course — Bacteriology in relation to Food and Food Borne Disease | | 1 week |
| Week-end School | | 3 days |
| Short Course on Noise Control | | 4 x 1 day |
| Bacteriology of Food Inspection and Production | | 1 day |

| | | |
|---------------------------------|--|--------------------------|
| <i>Mental Welfare Officers</i> | Seminar on Consultation in Case Work Service | 8 days |
| | Mental Health Services Conference | 2 days |
| | Nature of Mental Disorder | 5 days |
| | Diploma in Social Administration and Social Work | 2 years (full time) |
| | Refresher Course for Teachers of the Mentally Handicapped | 4 days |
| <i>Midwives and Home Nurses</i> | Refresher Courses for Midwives | 1 week |
| | Refresher Course for Midwives, Health Visitors and Home Nurses | 1 week |
| | District Nurses Training Course | 1 week |
| | Refresher Course for Home Nurses | 1 week |
| | | |
| <i>Health Visiting Staff</i> | Superintendent Health Visitors' Course | 3 days |
| | Nursing Administration (Public Health Course) | 3 academic terms |
| | Refresher Course for Health Visitors | 14 days |
| | Group Advisers' Course (Parts 1 and 2) | 26 days |
| | Course for Field Work Instruction | 12 days |
| | Course in Midwifery (Preparatory to Health Visitor Training) | 3 months (full time) |
| | | |
| <i>Day Nursery Staff</i> | Refresher Courses | 16 days |
| | Course for Nursery Assistants | 3 weeks |
| <i>Chiropodists</i> | Foot Health — Handicapped Child | 2 days |
| <i>Home Help Organisers</i> | Week-end School | 1 week-end |
| <i>Administrative Staff</i> | Summer School for Lay Administrative Officers | 4 days |
| | Day Release for Clerical Examination | $\frac{1}{2}$ day weekly |
| | Day Release for Clerical Examination | 1 day weekly |
| | R.S.A. Examination | $\frac{1}{2}$ day weekly |



School Health: Hearing Test



School Health: A Visit To The Dentist



Infant Welfare: We're Putting On Weight



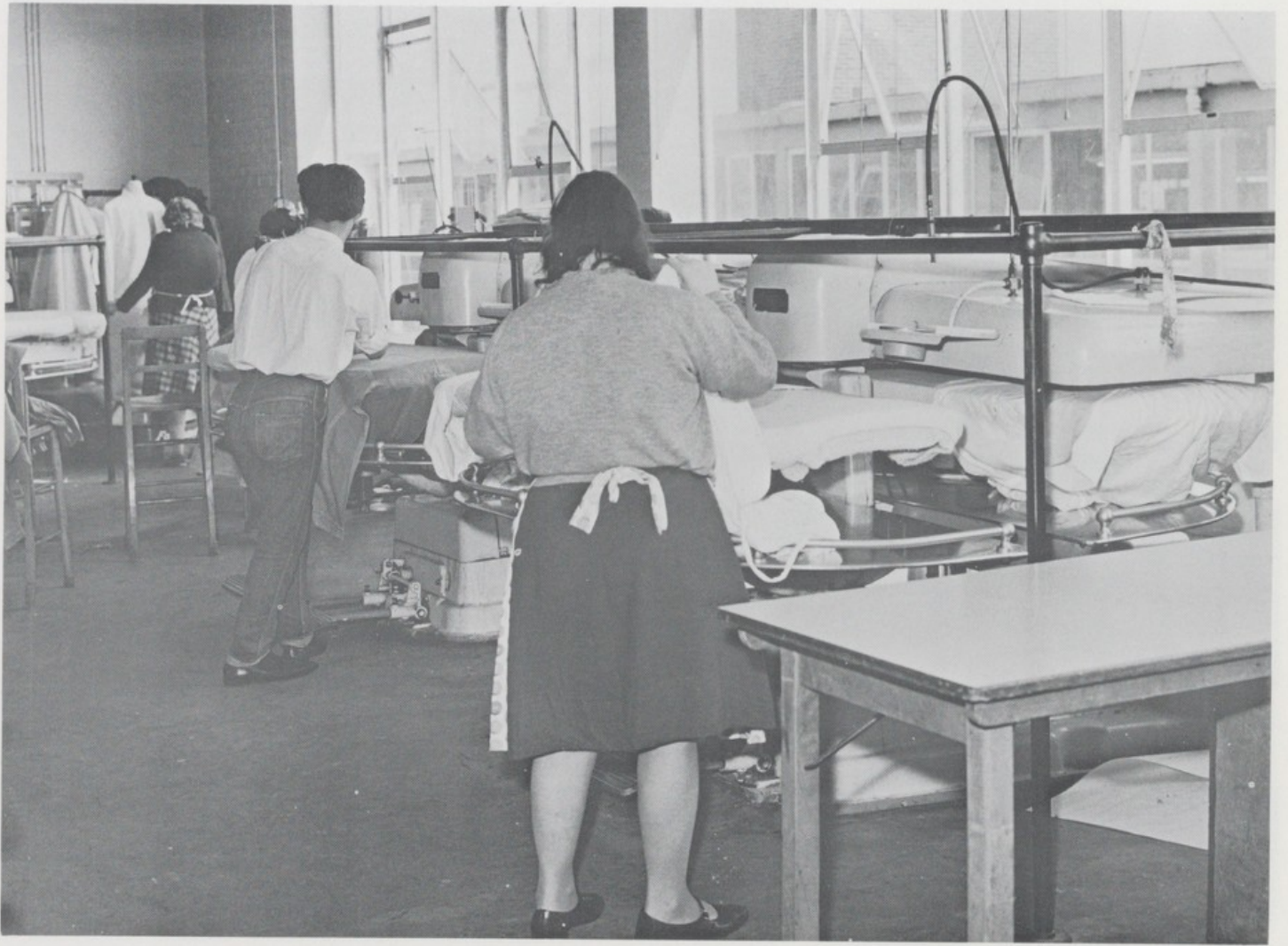
Infant Welfare: Visitors To The Clinic



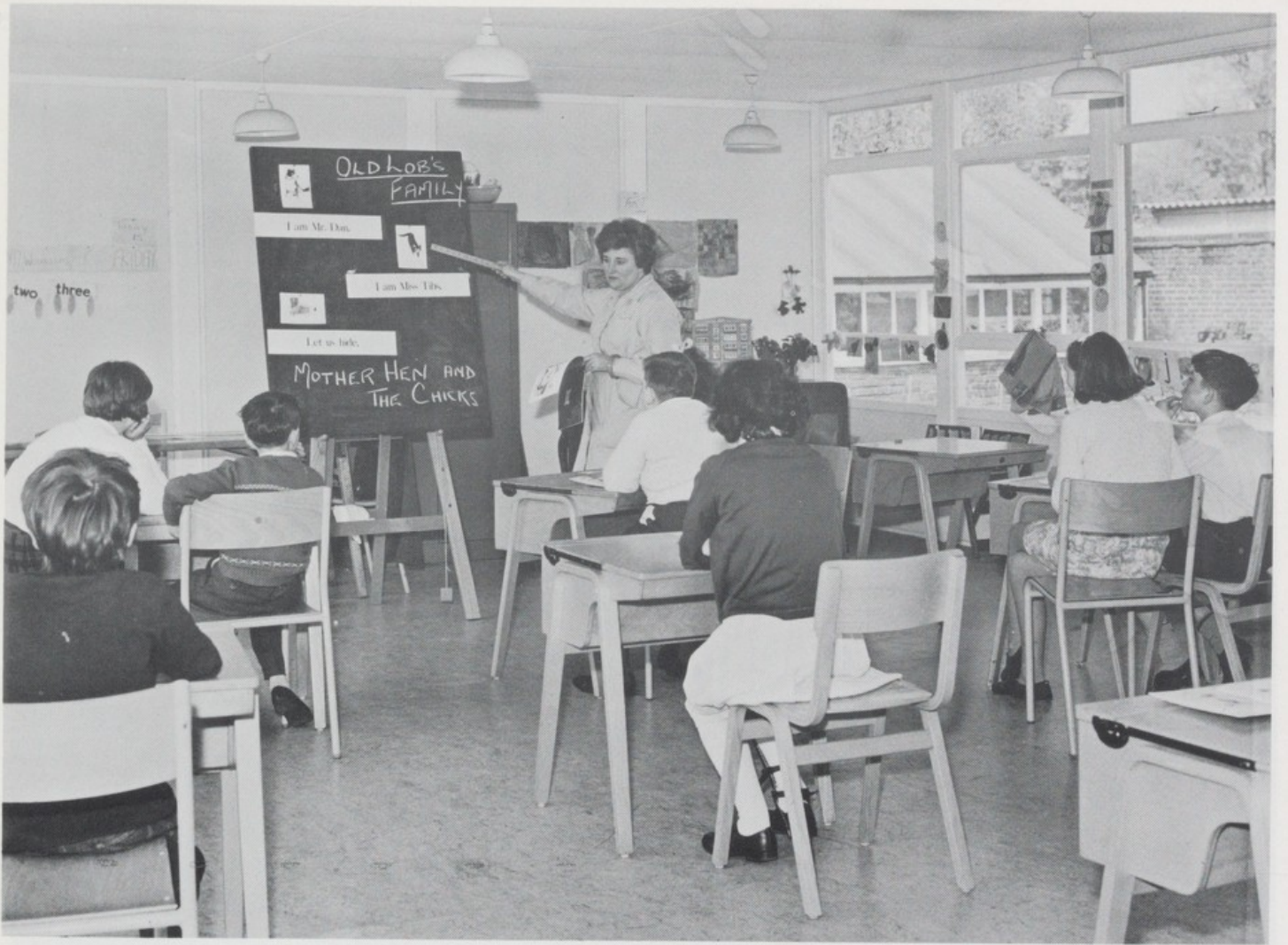
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TABLE 1

GENERAL STATISTICS

| | |
|---|-------------|
| Area: (in acres) | 20,061 |
| Population: (Registrar General's Mid-1966 Estimate) | 267,660 |
| Number of structurally separate dwellings, including flats | 87,934 |
| Number of dwellings constructed during this year | 912 |
| Rateable Value: (at 31st December, 1966) | £17,798,367 |
| Product of a penny rate | £73,500 |

TABLE 2
VITAL STATISTICS 1966

| | | | | | | | | | | | |
|---|-----|-----|-----|-------------------------------------|---------|-------|-------|---------|-------|--|--|
| LIVE BIRTHS | | | | Males | Females | Total | | | | | |
| Legitimate | ... | ... | ... | 2,087 | 1,900 | 3,987 | | | | | |
| Illegitimate | ... | ... | ... | 137 | 117 | 254 | | | | | |
| | | | | 2,224 | 2,017 | 4,241 | | | | | |
| | | | | Rate per 1,000 Population | | | | | | | |
| Enfield (Crude) | ... | ... | ... | ... | ... | 15.84 | | | | | |
| Enfield (Standardised) | ... | ... | ... | ... | ... | 16.47 | | | | | |
| England and Wales | ... | ... | ... | ... | ... | 17.70 | | | | | |
| Illegitimate live births per cent of total live births: 5.98% | | | | | | | | | | | |
| STILLBIRTHS | | | | Males | Females | Total | | | | | |
| Legitimate | ... | ... | ... | 29 | 20 | 49 | | | | | |
| Illegitimate | ... | ... | ... | 1 | 2 | 3 | | | | | |
| | | | | 30 | 22 | 52 | | | | | |
| TOTAL Live and Stillbirths: | | | | 2,254 | 2,039 | 4,293 | | | | | |
| | | | | Rate per 1,000 live and stillbirths | | | | | | | |
| Enfield | ... | ... | ... | ... | ... | 12.11 | | | | | |
| England and Wales | ... | ... | ... | ... | ... | 15.40 | | | | | |
| INFANT DEATHS (deaths under the age of one year) | | | | | | | | | | | |
| | | | | Males | Females | Total | | | | | |
| Legitimate | ... | ... | ... | 35 | 24 | 59 | | | | | |
| Illegitimate | ... | ... | ... | 5 | 2 | 7 | | | | | |
| | | | | 40 | 26 | 66 | | | | | |
| | | | | Rate per 1,000 live births | | | | | | | |
| Enfield: Legitimate | ... | ... | ... | ... | ... | 14.80 | | | | | |
| Enfield: Illegitimate | ... | ... | ... | ... | ... | 27.55 | | | | | |
| Enfield: Combined | ... | ... | ... | ... | ... | 15.56 | | | | | |
| England and Wales: Combined | ... | ... | ... | ... | ... | 19.00 | | | | | |
| NEO-NATAL DEATHS (deaths under the age of 4 weeks) | | | | | | | | | | | |
| | | | | Males | Females | Total | | | | | |
| Legitimate | ... | ... | ... | 25 | 18 | 43 | | | | | |
| Illegitimate | ... | ... | ... | 4 | 2 | 6 | | | | | |
| | | | | 29 | 20 | 49 | | | | | |
| | | | | Rate per 1,000 live births | | | | | | | |
| Enfield | ... | ... | ... | ... | ... | 11.55 | | | | | |
| England and Wales | ... | ... | ... | ... | ... | 12.90 | | | | | |
| EARLY NEO-NATAL DEATHS (deaths under the age of 1 week) | | | | | | | Males | Females | Total | | |
| Legitimate | ... | ... | ... | 24 | 18 | 42 | | | | | |
| Illegitimate | ... | ... | ... | 4 | 1 | 5 | | | | | |
| | | | | 28 | 19 | 47 | | | | | |
| | | | | Rate per 1,000 live births | | | | | | | |
| Enfield | ... | ... | ... | ... | ... | 11.08 | | | | | |
| England and Wales | ... | ... | ... | ... | ... | 11.10 | | | | | |
| PERINATAL DEATHS (stillbirths and deaths under the age of 1 week) | | | | | | | Males | Females | Total | | |
| Legitimate | ... | ... | ... | 53 | 38 | 91 | | | | | |
| Illegitimate | ... | ... | ... | 5 | 3 | 8 | | | | | |
| | | | | 58 | 41 | 99 | | | | | |
| | | | | Rate per 1,000 live and stillbirths | | | | | | | |
| Enfield | ... | ... | ... | ... | ... | 23.06 | | | | | |
| England and Wales | ... | ... | ... | ... | ... | 26.30 | | | | | |
| MATERNAL MORTALITY (including abortion) | | | | | | | | | | | |
| Number of deaths | | | | | | | | | 1 | | |
| | | | | Rate per 1,000 live and stillbirths | | | | | | | |
| Enfield | ... | ... | ... | ... | ... | 0.23 | | | | | |
| England and Wales | ... | ... | ... | ... | ... | 0.26 | | | | | |
| DEATHS FROM ALL CAUSES | | | | | | | | | | | |
| Males | | | | | | | | | 1,579 | | |
| Females | | | | | | | | | 1,448 | | |
| Total | | | | | | | | | 3,027 | | |
| | | | | Rate per 1,000 Population | | | | | | | |
| Enfield (Crude) | ... | ... | ... | ... | ... | 11.31 | | | | | |
| Enfield (Standardised) | ... | ... | ... | ... | ... | 10.74 | | | | | |
| England and Wales | ... | ... | ... | ... | ... | 11.70 | | | | | |
| DEATHS FROM CANCER (all forms) | | | | | | | | | | | |
| Males | | | | | | | | | 379 | | |
| Females | | | | | | | | | 304 | | |
| Total | | | | | | | | | 683 | | |
| | | | | Rate per 1,000 Population | | | | | | | |
| Enfield | ... | ... | ... | ... | ... | 2.551 | | | | | |
| England and Wales | ... | ... | ... | ... | ... | 2.250 | | | | | |
| 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 months | Total deaths under 1 year |
|--|-----------------|------------------------|------------------------|------------------------|------------------------|-------------------------------|-------------------------|-------------------------|--------------------------|--------------------------------------|------------------------------|
| Asphyxia Neonatorum ... | 2 | — | — | — | 2 | — | — | — | — | — | 2 |
| Atelectasis | 2 | — | — | — | 2 | — | — | — | — | — | 2 |
| Bronchitis | — | — | — | — | — | — | 1 | — | — | 1 | 1 |
| Congenital Malformations | 11 | — | — | — | 11 | 3 | — | — | 1 | 4 | 15 |
| Diarrhoea, Enteritis and Gastritis | — | — | — | — | — | — | 1 | — | — | 1 | 1 |
| Injury at Birth | 3 | — | — | — | 3 | — | — | — | — | — | 3 |
| Meningitis (not Tuberculous) | — | — | — | 1 | 1 | — | — | — | — | — | 1 |
| Pneumonia (all forms) ... | 3 | — | — | — | 3 | 2 | 4 | — | — | 6 | 9 |
| Premature Birth | 25 | 1 | — | — | 26 | — | — | — | — | — | 26 |
| Tumours | — | — | — | — | — | — | 1 | — | — | 1 | 1 |
| Other causes | 1 | — | — | — | 1 | 1 | 2 | — | 1 | 4 | 5 |
| TOTALS ... | 47 | 1 | — | 1 | 49 | 6 | 9 | — | 2 | 17 | 66 |

TABLE 4
VITAL STATISTICS 1966

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 and over |
|--|-----|----------------|---------------|--------------------------|----|----|-----|-----|-----|-----|-----|-----|-------------|
| Tuberculosis, Respiratory | M | 3 | — | — | — | — | — | — | — | — | 2 | — | 1 |
| | F | 3 | — | — | — | — | — | — | — | 1 | 1 | 1 | — |
| Tuberculosis, other forms | M | 1 | — | — | — | — | — | — | — | — | — | — | 1 |
| | F | 1 | — | — | — | — | — | — | — | — | — | — | 1 |
| Syphilitic Disease | M | 4 | — | — | — | — | — | — | — | 1 | — | 2 | 1 |
| | F | 1 | — | — | — | — | — | — | — | — | 1 | — | — |
| Other Infective and Parasitic Diseases ... | M | 7 | — | — | — | — | — | 1 | 1 | — | 5 | — | — |
| | F | 5 | — | 1 | — | — | — | — | — | 1 | 1 | — | 2 |
| Malignant Neoplasm, Stomach | M | 46 | — | — | — | — | — | — | 1 | 2 | 10 | 18 | 15 |
| | F | 27 | — | — | — | — | — | — | — | 1 | 5 | 9 | 12 |
| Malignant Neoplasm, Lung, Bronchus ... | M | 163 | — | — | — | — | — | — | 1 | 15 | 58 | 61 | 28 |
| | F | 32 | — | — | — | — | — | — | 1 | 4 | 9 | 9 | 9 |
| Malignant Neoplasm, Breast | M | 3 | — | — | — | — | — | — | — | 1 | 1 | 1 | — |
| | F | 62 | — | — | — | — | 2 | 2 | 11 | 17 | 17 | 17 | 13 |
| Malignant Neoplasm, Uterus | M | 24 | — | — | — | — | — | — | 2 | 1 | 8 | 6 | 7 |
| | F | 155 | — | — | 1 | 1 | — | 2 | 5 | 15 | 41 | 41 | 49 |
| Other Malignant and Lymphatic Neoplasms | M | 151 | — | — | — | 1 | — | 2 | 1 | 8 | 41 | 40 | 58 |
| | F | 12 | — | — | — | 1 | — | — | — | 4 | 1 | 4 | 2 |
| Diabetes | M | 8 | — | — | 1 | — | 1 | 1 | — | — | 1 | 3 | 1 |
| | F | 4 | — | — | — | — | — | — | — | — | 1 | 1 | 2 |
| Vascular Lesions of Nervous System ... | M | 9 | — | — | — | — | — | — | — | — | 2 | 3 | 4 |
| | F | 121 | — | — | — | — | — | 1 | 1 | 8 | 24 | 38 | 49 |
| Coronary Disease, Angina | M | 212 | — | — | — | — | 1 | — | 1 | 8 | 19 | 48 | 135 |
| | F | 419 | — | — | — | — | — | — | 10 | 44 | 124 | 136 | 105 |
| Hypertension with Heart Disease | M | 246 | — | — | — | — | — | — | — | 11 | 25 | 59 | 151 |
| | F | 11 | — | — | — | — | — | — | 2 | — | 1 | 3 | 5 |
| Other Heart Disease | M | 27 | — | — | — | — | — | — | — | 1 | 3 | 6 | 17 |
| | F | 111 | — | — | — | — | — | 1 | 1 | 3 | 17 | 25 | 64 |
| Other Circulatory Diseases | M | 157 | — | — | — | — | — | — | 5 | 3 | 8 | 35 | 106 |
| | F | 68 | — | — | — | — | — | 1 | 2 | 3 | 12 | 11 | 39 |
| Influenza | M | 96 | — | — | — | — | — | — | — | 2 | 8 | 15 | 71 |
| | F | 2 | — | — | — | — | — | — | — | 1 | — | 1 | — |
| Pneumonia | M | 2 | — | — | — | — | — | — | — | — | — | 1 | 1 |
| | F | 89 | 2 | 5 | 1 | — | — | 1 | 2 | 1 | 10 | 15 | 52 |
| | F | 138 | 1 | 1 | — | 2 | — | — | 2 | — | 8 | 23 | 101 |

131

How Age Comprehensibility Factor is defined in the context of the process of any statistical operation in the area.
The Comprehensibility Factor for English is 1.54, Deaths 0.75.

| | | | | | | | | | | | | | | |
|--|---------------|--------------|-----------|-----------|----------|----------|-----------|-----------|-----------|------------|------------|------------|------------|----|
| Bronchitis | M | 132 | — | — | — | — | — | — | — | — | 5 | 25 | 42 | 60 |
| | F | 41 | — | 1 | — | — | — | — | — | — | 3 | 6 | 7 | 24 |
| Other Diseases of Respiratory System ... | M | 10 | — | — | — | — | — | — | — | — | 1 | — | 6 | 3 |
| | F | 8 | — | — | — | — | — | — | — | — | 1 | 2 | 2 | 3 |
| Ulcer of Stomach and Duodenum | M | 11 | — | — | — | — | — | — | — | — | 1 | 4 | 2 | 4 |
| | F | 8 | — | — | — | — | — | — | — | — | — | — | — | 8 |
| Gastritis, Enteritis and Diarrhoea | M | 9 | — | 1 | — | — | — | — | 1 | — | — | 3 | 3 | 1 |
| | F | 12 | — | — | — | — | — | — | — | 1 | — | 2 | 1 | 8 |
| Nephritis and Nephrosis | M | 12 | — | — | — | — | — | — | 1 | — | — | 5 | 5 | 1 |
| | F | 9 | — | — | — | — | — | — | — | — | 1 | 1 | 3 | 4 |
| Hyperplasia of Prostate | M | 6 | — | — | — | — | — | — | — | — | — | — | 1 | 5 |
| Pregnancy, Childbirth and Abortion ... | F | 1 | — | — | — | — | — | 1 | — | — | — | — | — | — |
| Congenital Malformations | M | 10 | 5 | 2 | 1 | — | — | 1 | 1 | — | — | — | — | — |
| | F | 12 | 6 | 2 | 1 | 1 | — | — | — | — | — | 1 | — | 1 |
| Other Defined and Ill-defined Diseases ... | M | 98 | 22 | 3 | 2 | — | 2 | 2 | 2 | 6 | 14 | 19 | 19 | 26 |
| | F | 105 | 13 | 1 | 1 | — | 2 | 2 | 2 | 6 | 12 | 21 | 21 | 45 |
| Motor Vehicle Accidents | M | 27 | — | — | — | 4 | 11 | 2 | — | 3 | 1 | 2 | 2 | 4 |
| | F | 10 | — | — | — | — | 2 | — | — | — | 2 | 3 | 3 | 3 |
| All Other Accidents | M | 22 | — | — | 2 | — | 3 | 3 | 1 | 2 | 3 | 3 | 3 | 5 |
| | F | 25 | — | — | — | 1 | 1 | — | 2 | 2 | 2 | 1 | 4 | 14 |
| Suicide | M | 23 | — | — | — | — | 3 | 5 | 2 | 5 | 4 | 2 | 2 | 2 |
| | F | 16 | — | — | — | — | — | 1 | 2 | — | 9 | 2 | 2 | 2 |
| TOTAL ALL CAUSES | MALE | 1,579 | 29 | 11 | 7 | 6 | 19 | 22 | 32 | 121 | 366 | 442 | 524 | |
| | FEMALE | 1,448 | 20 | 6 | 3 | 5 | 7 | 9 | 21 | 65 | 193 | 318 | 801 | |

BOYD YCIDEVAR
LVRE 1

**TABLE 5
ROAD ACCIDENTS**

| | Jan. | Feb. | Mar. | Apr. | May | Jun. | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total 1966 | Total 1965 |
|--|------|------|------|------|-----|------|------|------|------|------|------|------|---------------|---------------|
| Total Accidents | 120 | 126 | 150 | 156 | 147 | 128 | 125 | 122 | 120 | 175 | 153 | 163 | 1,685 | 1,859 |
| Total Casualties | 147 | 187 | 193 | 203 | 196 | 167 | 167 | 144 | 154 | 220 | 202 | 226 | 2,206 | 2,387 |
| Fatal | 1 | 3 | 1 | 5 | 3 | 4 | 2 | 1 | 4 | 3 | 3 | 4 | 34 | 26 |
| Serious | 18 | 37 | 25 | 42 | 23 | 30 | 30 | 27 | 26 | 42 | 30 | 35 | 365 | 423 |
| Slight | 128 | 147 | 167 | 156 | 170 | 133 | 135 | 116 | 124 | 175 | 169 | 187 | 1,807 | 1,938 |
| LOCATION | | | | | | | | | | | | | | |
| Trunk Roads ... (10-20 miles) | 36 | 32 | 33 | 34 | 40 | 26 | 27 | 35 | 24 | 45 | 47 | 31 | 410 | 397 |
| Metropolitan Roads ... (13-97 miles) | 17 | 17 | 25 | 28 | 20 | 14 | 22 | 19 | 26 | 29 | 25 | 35 | 277 | 298 |
| Class I ... (18-16 miles) | 35 | 32 | 36 | 46 | 36 | 41 | 30 | 24 | 37 | 35 | 35 | 35 | 422 | 484 |
| Class II ... (6-20 miles) | 4 | 9 | 9 | 5 | 4 | 2 | 4 | 2 | 6 | 9 | 10 | 5 | 69 | 88 |
| Class III ... (33-58 miles) | 15 | 19 | 22 | 20 | 22 | 21 | 22 | 19 | 13 | 21 | 18 | 30 | 242 | 285 |
| District Roads (227-98 miles) | 13 | 17 | 25 | 23 | 25 | 24 | 20 | 23 | 14 | 36 | 18 | 27 | 265 | 307 |
| | | | | | | | | | | | | | 1,685 | 1,859 |
| TYPES OF ROAD USER | | | | | | | | | | | | | | |
| Pedestrians | 35 | 27 | 47 | 38 | 33 | 36 | 29 | 31 | 34 | 45 | 39 | 38 | 432 | 456 |
| Pedal Cyclists | 16 | 20 | 21 | 20 | 30 | 18 | 18 | 24 | 22 | 34 | 24 | 19 | 266 | 302 |
| Motor Cyclists and Passengers ... | 13 | 17 | 25 | 29 | 25 | 16 | 18 | 11 | 19 | 32 | 20 | 14 | 239 | 300 |
| Scooters, Mopeds and Passengers ... | 22 | 11 | 25 | 33 | 24 | 24 | 13 | 26 | 13 | 18 | 10 | 10 | 229 | 307 |
| P.M.C. Drivers and Passengers ... | 43 | 96 | 61 | 66 | 66 | 52 | 72 | 40 | 57 | 79 | 94 | 124 | 850 | 760 |
| H.G.V. Drivers and Passengers ... | 2 | 1 | 4 | 2 | 2 | 4 | 2 | 1 | 2 | 3 | 2 | 4 | 29 | 20 |
| Drivers and Passengers of other vehicles | 16 | 15 | 10 | 15 | 16 | 17 | 15 | 11 | 7 | 9 | 13 | 17 | 161 | 242 |
| | | | | | | | | | | | | | 2,206 | 2,387 |
| AGE GROUPS | | | | | | | | | | | | | | |
| Under 5 years | 1 | 8 | 10 | 7 | 7 | 2 | 7 | 1 | 6 | 7 | 2 | 3 | 61 | 52 |
| 5 - 14 years | 17 | 15 | 24 | 23 | 26 | 20 | 17 | 26 | 21 | 25 | 20 | 17 | 251 | 249 |
| 15 - 60 years | 115 | 149 | 139 | 161 | 146 | 132 | 131 | 106 | 115 | 171 | 167 | 187 | 1,719 | 1,881 |
| Over 60 years | 14 | 15 | 20 | 12 | 17 | 13 | 12 | 11 | 12 | 17 | 13 | 19 | 175 | 205 |
| | | | | | | | | | | | | | 2,206 | 2,387 |

TABLE 6
PREVALENCE AND CONTROL OF INFECTIOUS DISEASE
Notification and Deaths

| DISEASE | Number notified | Known to be treated in hospital | Deaths |
|---|-----------------|---------------------------------|--------|
| Acute Pneumonia (Primary or Influenzal) ... | 45 | 7 | 227* |
| Dysentery | 89 | 2 | — |
| Erysipelas | 4 | 1 | — |
| Food Poisoning | 22 | — | — |
| Measles | 2,560 | — | — |
| Meningococcal Infection | 1 | 1 | — |
| Puerperal Pyrexia | 132 | 121 | — |
| Scarlet Fever | 148 | 17 | — |
| Tuberculosis: | | | |
| (a) Respiratory | 73 | 14 | 6 |
| (b) Other forms | 16 | 2 | 2 |
| Whooping Cough | 92 | — | — |

* Registrar General's figure includes non-notifiable cases.

TABLE 7
PREVALENCE AND CONTROL OF INFECTIOUS DISEASE
Tuberculosis

| Age in Years | New Cases | | | | Deaths | | | |
|---------------|-------------|-----------|-------------|-----------|-------------|----------|-------------|----------|
| | Respiratory | | Other Forms | | Respiratory | | Other Forms | |
| | M | F | M | F | M | F | M | F |
| Under 1 | — | — | — | — | — | — | — | — |
| 1 - | — | — | — | — | — | — | — | — |
| 5 - | 1 | 2 | — | 2 | — | — | — | — |
| 10 - | — | 1 | — | — | — | — | — | — |
| 15 - | — | — | — | — | — | — | — | — |
| 20 - | 1 | 2 | — | 1 | — | — | — | — |
| 25 - | 1 | 6 | 2 | — | — | — | — | — |
| 35 - | 10 | 8 | — | 1 | — | — | — | — |
| 45 - | 7 | 3 | — | 2 | — | 1 | — | — |
| 55 - | 6 | — | — | 3 | 2 | 1 | — | — |
| 65 - | 14 | 1 | — | — | — | 1 | — | — |
| 75 and over | 8 | 1 | — | 5 | 1 | — | 1 | 1 |
| Age unknown | 1 | — | — | — | — | — | — | — |
| TOTALS | 49 | 24 | 2 | 14 | 3 | 3 | 1 | 1 |

During the year there were inward transfers to the Borough of 24 notified cases of respiratory tuberculosis and four of other forms of tuberculosis.

TABLE 8
PREVALENCE AND CONTROL OF INFECTIOUS DISEASE
Public Health Laboratory Service
Clinical and Environmental Specimens — Findings

| 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 ... | 45 | 977 | 1,022 (Approx. 45% from new cases) | Group A haemolytic streptococci | 69 | 6.0 |
| Faeces, general ... | 611 | 2,284 | 2,895 (Approx. 35% from new cases) | Sonnei dysentery ... | 146 | 5.0 |
| | | | | Salmonellosis ... | 74 | 2.5 |
| | | | | Infantile gastro-enteritis coli | 23 | 0.8 |
| | | | | Giardiasis ... | 29 | 1.0 |
| | | | | Helminths ... | 5 | 0.2 |
| Faeces, occult blood ... | — | 372 | 372 | Blood ... | 28 | 7.5 |
| Kahn tests ... | 112 | 34 | 146 | Gonorrhoea ... | — | 0.0 |
| ENVIRONMENTAL | | | | | | |
| Milk ... | 268 | — | 268 | Failed Methylene Blue Test ... | 1 | 0.4 |
| Water ... | † 41 | — | 41 | Faecal coli found ... | 2 | 4.9 |
| Food ... | 52 | — | 52 | Pathogenic organisms found ... | — | 0.0 |
| Ice-cream ... | 28 | — | 28 | Failed Methylene Blue Test ... | 2 | 7.1 |

* These figures indicate % positives of the total specimens sent including screening and follow-up.

† Includes 29 samples taken from swimming baths.

TABLE 9
PREVALENCE AND CONTROL OF INFECTIOUS DISEASE
Public Health Laboratory Service
Clinical Specimens — Type and Number

| Type of Specimen | Number of Specimens submitted | | |
|--|-------------------------------|--------------------------|-------|
| | by Local Authority | by General Practitioners | Total |
| CLINICAL | | | |
| Sputa, urines, genital, eye, ear, pus swabs, and miscellaneous ... | 12 | 1,088 | 1,100 |
| Blood counts ... | 395 | 400 | 795 |
| Rhesus and A.B.O. blood grouping ... | 112 | 34 | 146 |

TABLE 10
CARE OF MOTHERS AND YOUNG CHILDREN
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 and Post-natal (combined sessions) | Relaxation and Mothercraft | Ante-natal | Post-natal | Relaxation and Mothercraft | Ante-natal | Post-natal | Relaxation and Mothercraft |
| 15 | 871 | 456 | 1,024 | 471 | 747 | 5,852 | 603 | 3,589 |

TABLE 11
CARE OF MOTHERS AND YOUNG CHILDREN
Child Welfare Clinics

| Number of Clinics | Number of Sessions | Number of children who attended | | | Total number of children who attended | Total number of attendances |
|-------------------|--------------------|---------------------------------|-------|-----------|---------------------------------------|-----------------------------|
| | | Year of birth | | | | |
| 20 | 2,046 | 1966 | 1965 | 1961-1964 | 12,247 | 101,925 |
| | | 3,693 | 3,400 | 5,154 | | |

TABLE 12
CARE OF MOTHERS AND YOUNG CHILDREN

Dental Care

| Dental Services | Expectant and Nursing Mothers | Children under 5 years of age |
|------------------------------------|-------------------------------|-------------------------------|
| Examined | 64 | 720 |
| Commenced treatment | 66 | 431 |
| Courses of treatment completed ... | 32 | 394 |
| Treatments provided: | | |
| Extractions | 30 | 163 |
| Fillings | 111 | 759 |
| Teeth otherwise conserved | — | 767 |
| Crowns and Inlays | 3 | — |
| Other operations | 77 | — |
| Radiographs | 11 | — |
| General Anaesthetics | 5 | 99 |
| Dentures provided: | | |
| Full upper or lower | 3 | — |
| Partial upper or lower | 3 | — |

TABLE 13
MIDWIFERY

Midwives who Notified their intention to Practise within the Borough during 1966

| Domiciliary | | Institutional | | Total |
|-------------------------|---------------------|---------------|---------------|-------|
| Employed by the Borough | In Private Practice | Hospitals | Nursing Homes | |
| 34 | 0 | 148 | 0 | 182 |

TABLE 14
MIDWIFERY

Care of Premature Infants

| Number of Premature Babies Born at Home | Premature Babies Born and Nursed at Home | | |
|---|--|----------------------------|----------------------------|
| | Number | Died during first 24 hours | Survived to end of 28 days |
| 46 | 38 | 0 | 38 |

TABLE 15
HEALTH VISITING

Visits to Homes made by Health Visitors

| Home Visits to : | * Number of Visits | |
|--|--------------------|---------------|
| | First Visits | Total Visits |
| Expectant Mothers | 831 | 1,305 |
| Children | | |
| born in 1966 | 4,340 | 10,708 |
| born in 1965 | 3,539 | 9,108 |
| born in 1961-64 | 5,387 | 13,682 |
| Persons aged 65 years and over ... | 367 | 1,712 |
| Mentally Disordered Persons ... | 20 | 106 |
| Patients discharged from Hospitals (other than Mental and Maternity) | 24 | 41 |
| Infectious disease Households ... | 23 | 31 |
| Miscellaneous | 224 | 454 |
| TOTALS ... | 14,755 | 37,147 |

* This Table excludes visits by Tuberculosis Health Visitors.

TABLE 16
HOME NURSING

Work Undertaken by the Home Nurses

| 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 |
|------------------|--------------------|---|--|--|
| 109,228 | 2,864 | 37 | 1,892 | 2,264 |

TABLE 17

VACCINATION AND IMMUNISATION

Immunisation against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis

Persons aged under 16 years

(a) Completed Primary Courses

| Type of Vaccine | Year of Birth | | | | | Others Under Age 16 | Total |
|-----------------------------------|---------------|-------|------|------|---------|---------------------|-------|
| | 1966 | 1965 | 1964 | 1963 | 1959-62 | | |
| 1. Quadruple DTPP | 16 | 75 | 4 | 1 | 1 | — | 97 |
| 2. Triple DTP | 1,562 | 1,553 | 63 | 22 | 22 | 8 | 3,230 |
| 3. Diphtheria/Pertussis | — | — | — | — | — | — | — |
| 4. Diphtheria/Tetanus | 97 | 119 | 12 | 7 | 66 | 75 | 376 |
| 5. Diphtheria | — | 1 | 1 | — | 2 | 32 | 36 |
| 6. Pertussis | — | — | — | — | — | — | — |
| 7. Tetanus | — | — | 1 | — | 31 | 354 | 386 |
| 8. Salk | 5 | 21 | 24 | 4 | 9 | 6 | 69 |
| 9. Sabin | 621 | 2,510 | 279 | 95 | 345 | 146 | 3,996 |
| 10. Lines 1+2+3+4+5 (Diphtheria) | 1,675 | 1,748 | 80 | 30 | 91 | 115 | 3,739 |
| 11. Lines 1+2+3+6 (Wh. Cough) ... | 1,578 | 1,628 | 67 | 23 | 23 | 8 | 3,327 |
| 12. Lines 1+2+4+7 (Tetanus) ... | 1,675 | 1,747 | 80 | 30 | 120 | 437 | 4,089 |
| 13. Lines 1+8+9 (Polio) | 642 | 2,606 | 307 | 100 | 355 | 152 | 4,162 |

(b) Reinforcing Doses

| Type of Vaccine | Year of Birth | | | | | Others Under Age 16 | Total |
|-----------------------------------|---------------|------|-------|------|---------|---------------------|-------|
| | 1966 | 1965 | 1964 | 1963 | 1959-62 | | |
| 1. Quadruple DTPP | — | 14 | 31 | 4 | 22 | 41 | 112 |
| 2. Triple DTP | — | 752 | 1,150 | 95 | 368 | 87 | 2,452 |
| 3. Diphtheria/Pertussis | — | — | — | — | 1 | 3 | 4 |
| 4. Diphtheria/Tetanus | — | 84 | 164 | 23 | 1,916 | 904 | 3,091 |
| 5. Diphtheria | — | — | 1 | — | 36 | 1,131 | 1,168 |
| 6. Pertussis | — | — | — | — | — | — | — |
| 7. Tetanus | — | — | — | — | 11 | 13 | 24 |
| 8. Salk | — | — | — | — | 44 | 2 | 46 |
| 9. Sabin | — | — | — | — | 3,359 | 293 | 3,652 |
| 10. Lines 1+2+3+4+5 (Diphtheria) | — | 850 | 1,346 | 122 | 2,343 | 2,166 | 6,827 |
| 11. Lines 1+2+3+6 (Wh. Cough) ... | — | 766 | 1,181 | 99 | 391 | 131 | 2,568 |
| 12. Lines 1+2+4+7 (Tetanus) ... | — | 850 | 1,345 | 122 | 2,317 | 1,045 | 5,679 |
| 13. Lines 1+8+9 (Polio) | — | 14 | 31 | 4 | 3,425 | 336 | 3,810 |

TABLE 18

VACCINATION AND IMMUNISATION

Smallpox Vaccination

Persons aged under 16 years

| Age at Date of Vaccination | Number of Persons | |
|-------------------------------------|-------------------|---------------|
| | Vaccinated | Re-vaccinated |
| Under 3 months | 61 | — |
| 3 months and under 6 months | 26 | — |
| 6 months and under 9 months | 30 | — |
| 9 months and under 12 months | 31 | — |
| 1 year | 2,310 | — |
| 2-4 years | 310 | 22 |
| 5-15 years | 193 | 259 |
| | 2,961 | 281 |

TABLE 19
VACCINATION AND IMMUNISATION

**Completed Primary Courses of Immunisation by end of 1966
of Children born in 1964**

| Number of Children in Enfield born in 1964 : 4,155 | | | |
|--|-------------------------------------|-------------------|-----------------|
| Immunisation against | No. of Children Immunised (Enfield) | Acceptance Rate % | |
| | | Enfield | England & Wales |
| Diphtheria | 3,798 | 91.4 | 76 |
| Whooping Cough ... | 3,567 | 85.8 | 74 |
| Tetanus | 3,790 | 91.2 | 76 |
| Poliomyelitis | 3,700 | 89.1 | 72 |
| Smallpox | 2,280 | 54.9 | 38 |

TABLE 20
PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis
Statistics of Chest Clinics

| | | | | | | | | | |
|----|--|-----------|-----------|-----------|-----------------------------|-----------|----------|----------|-----------|
| 1. | Number of cases of tuberculosis under treatment or supervision at 31st December, 1966. | | | | | | | | |
| | Respiratory | | | | Non-Respiratory | | | | |
| | Men | Women | Children | Total | Men | Women | Children | Total | |
| | 1,156 | 852 | 80 | 2,088 | 79 | 122 | 11 | 212 | |
| 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, 1966. | | | | | | | | |
| | Non-Bacteriologically Confirmed | | | | Bacteriologically Confirmed | | | | |
| | Classification* | Men | Women | Children | Total | Men | Women | Children | Total |
| | Group I ... | 27 | 30 | 20 | 77 | 8 | 4 | — | 12 |
| | Group II ... | 29 | 21 | — | 50 | 11 | 2 | — | 13 |
| | Group III ... | — | 2 | — | 2 | 7 | — | — | 7 |
| | ... | <u>56</u> | <u>53</u> | <u>20</u> | <u>129</u> | <u>26</u> | <u>6</u> | <u>—</u> | <u>32</u> |
| 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, 1966. | | | | | | | | |
| | | Men | Women | Children | Total | | | | |
| | | 2 | 12 | 2 | 16 | | | | |
| 4. | Number of cases included in 1 above, whose broncho-pulmonary secretion was positive during the year 31. | | | | | | | | |
| | * 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 one third of one lung in aggregate. | | | | | | | | |
| | Group II— | | | | | | | | |
| | Total area of disease not exceeding two thirds of one lung in aggregate. | | | | | | | | |
| | Group III— | | | | | | | | |
| | Total area of disease exceeding (including miliary disease) two thirds of one lung in aggregate. | | | | | | | | |
| | Tuberculous pleural effusions, pleural thickening without obvious lung involvement and enlarged hilar glands are placed in Group I. | | | | | | | | |

TABLE 21
ATTENDANCE AT MASS RADIOGRAPHY

| | Male | Female | Total |
|--|--------------|--------------|--------------|
| General public | 2,628 | 3,500 | 6,128 |
| Organised groups | 645 | 597 | 1,242 |
| TOTAL | 3,273 | 4,097 | 7,370 |
| Requiring further investigation | | | 34 |

TABLE 22
CHIROPODY SERVICE

(a) Attendances at Clinics

| Category of Patient | New Cases first attendances | Old Cases first attendances | Re-attendances | Total attendances for treatment |
|---|-----------------------------|-----------------------------|----------------|---------------------------------|
| Elderly Persons (over 65 years of age) | 345 | 938 | 5,018 | 6,301 |
| Physically Handicapped | 2 | 6 | 42 | 50 |
| Expectant and Nursing Mothers | 7 | 7 | 14 | 28 |
| School Children | 28 | 13 | 133 | 174 |
| Pre-school Children | 3 | 4 | 11 | 18 |
| Others | 40 | 134 | 612 | 786 |
| TOTAL | 425 | 1,102 | 5,830 | 7,357 |
| Number of Clinic Sessions — 1,403 | | | | |

(b) Domiciliary Chiropody Service

| Number of Patients | Number of Treatments |
|--------------------|----------------------|
| 484 | 2,150 |

(c) Services Provided by Voluntary Organisations

| | Number of Patients | Number of Treatments |
|-------------------------------------|--------------------|----------------------|
| Treated at Centres | 639 | 3,878 |
| Domiciliary Cases | 238 | 1,195 |
| At Private Surgeries | 34 | 330 |
| TOTAL | 911 | 5,403 |
| Number of Sessions at Centres — 436 | | |

TABLE 23
PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Venereal Diseases

| Hospital | Number of New Cases | | | Totals |
|-------------------------|---------------------|------------|------------------|------------|
| | Syphilis | Gonorrhoea | Other conditions | |
| Prince of Wales' | 4 | 52 | 308 | 364 |
| The Middlesex | — | 7 | 57 | 64 |
| The London | 2 | 5 | 30 | 37 |
| TOTALS | 6 | 64 | 395 | 465 |

TABLE 24
SMOKERS CLINIC, 1965

| Series | | Attended All Sessions (6) | | | | Attended 3 - 5 Sessions | | | | Attended less than 3 Sessions | | | |
|-----------------------------|---|---------------------------|----------|-------------|---------|-------------------------|----------|-------------|---------|-------------------------------|----------|-------------|---------|
| | | Total | No Reply | Not Smoking | Smoking | Total | No Reply | Not Smoking | Smoking | Total | No Reply | Not Smoking | Smoking |
| 23/2/65 - | M | 3 | 2 | 1 | — | 4 | 4 | — | — | 9 | 5 | 3 | 1 |
| 30/3/65 | F | 5 | 1 | 2 | 2 | 4 | 2 | — | 2 | 8 | 8 | — | — |
| 27/4/65 - | M | 2 | 1 | — | 1 | 4 | 1 | 2 | 1 | 5 | 3 | — | 2 |
| 1/6/65 | F | 5 | 1 | 2 | 2 | 6 | 5 | — | 1 | 4 | 2 | — | 2 |
| 21/9/65 - | M | 4 | — | 1 | 3 | 11 | 6 | 1 | 4 | 7 | 5 | — | 2 |
| 26/10/65 | F | 3 | 2 | 1 | — | 8 | 3 | 1 | 4 | 8 | 3 | — | 5 |
| 9/11/65 - | M | 2 | — | 2 | — | 4 | 2 | — | 2 | 3 | 3 | — | — |
| 14/12/65 | F | — | — | — | — | — | — | — | — | 1 | 1 | — | — |
| TOTAL | M | 11 | 3 | 4 | 4 | 23 | 13 | 3 | 7 | 24 | 16 | 3 | 5 |
| | F | 13 | 4 | 5 | 4 | 18 | 10 | 1 | 7 | 21 | 14 | — | 7 |
| Percentage of Total Replies | M | | | 50% | | | | 30% | | | | 37% | |
| | F | | | 55% | | | | 12% | | | | 0% | |

TABLE 25
MENTAL HEALTH

Patients under Local Health Authority Care at 31st December, 1966

| | Mentally Ill | | | | | | Subnormal and Severely Subnormal | | | | | |
|---|-------------------|---|-------------------------|-----|-----------------------|----|----------------------------------|-------------------|----|-----------------------|-----|-------|
| | Under age 16 yrs. | | Aged 16 yrs. to 64 yrs. | | Aged 65 yrs. and over | | Total | Under age 16 yrs. | | Aged 16 yrs. and over | | Total |
| | M | F | M | F | M | F | | M | F | M | F | |
| 1. Number of patients under care at 31st December, 1966 ... | 2 | — | 129 | 153 | 12 | 41 | 337 | 86 | 68 | 138 | 134 | 426 |
| 2. (a) Attending day training centre ... | — | — | — | — | — | — | — | 56 | 47 | 41 | 33 | 177 |
| (b) Awaiting admission ... | — | — | — | — | — | — | — | 5 | 3 | 5 | 5 | 18 |
| 3. (a) Resident in L.H.A. home/hostel ... | — | — | 2 | 8 | — | — | 10 | — | — | — | — | — |
| (b) Awaiting residence in L.H.A. home/hostel ... | — | — | — | — | — | — | — | — | — | — | — | — |
| (c) Resident at L.H.A. expense in other residential homes/hostels ... | 2 | — | 13 | 5 | — | — | 20 | — | — | 1 | — | 1 |
| (d) Resident at L.H.A. expense by boarding out in private household ... | — | — | — | — | — | — | — | 13 | 19 | — | — | 32 |
| 4. Receiving home visits and not included in (2) or (3) ... | — | — | 114 | 140 | 12 | 41 | 307 | 24 | 17 | 79 | 78 | 198 |
| 5. No. of patients in L.H.A. area on waiting list for admission to hospital at 31.12.66: | | | | | | | | | | | | |
| (a) In urgent need of hospital care ... | — | — | — | — | — | — | — | — | — | — | — | — |
| (b) Not in urgent need of hospital care ... | — | — | — | — | — | — | — | 5 | 3 | 5 | 5 | 18 |
| 6. No. of admissions for temporary residential care (e.g. to relieve the family) during 1966: | | | | | | | | | | | | |
| (a) To N.H.S. Hospitals ... | — | — | — | — | — | — | — | 7 | 5 | 1 | 2 | 15 |
| (b) Elsewhere ... | — | — | — | — | — | — | — | 2 | 2 | 1 | 1 | 6 |

TABLE 26
MENTAL HEALTH

Patients referred to Health Department during year ended 31st December, 1966

| Referred by | Mentally Ill | | | | | Subnormal and Severely Subnormal | | | | |
|---|--------------|----------|------------------|------------|------------|----------------------------------|----------|------------------|----------|-----------|
| | Under age 16 | | Aged 16 and over | | Total | Under age 16 | | Aged 16 and over | | Total |
| | M | F | M | F | | M | F | M | F | |
| General Practitioners | 2 | 1 | 79 | 134 | 216 | — | — | — | — | — |
| Hospitals, on discharge from in-patient treatment | — | — | 83 | 119 | 202 | — | — | — | — | — |
| Hospitals, after or during out-patient or day treatment ... | — | — | 36 | 81 | 117 | — | — | — | — | — |
| Local Education Authority ... | — | — | — | — | — | 1 | 1 | — | — | 2 |
| Police and Courts | — | — | 7 | 2 | 9 | — | — | — | — | — |
| Other Sources | — | — | 48 | 61 | 109 | 9 | 8 | 2 | 4 | 23 |
| TOTAL ... | 2 | 1 | 253 | 397 | 653 | 10 | 9 | 2 | 4 | 25 |

TABLE 27
MENTAL HEALTH

Work of Mental Welfare Officers

| | | | |
|---|-----|-----|-------|
| (a) Mental Illness : | | | |
| Compulsory admissions to psychiatric hospitals | ... | ... | 132 |
| Informal admissions to psychiatric hospitals | ... | ... | 43 |
| Number of visits and office interviews | ... | ... | 5,858 |
| (b) Mental Subnormality : | | | |
| Number of visits and office interviews to those under the Council's community care | ... | ... | 1,104 |

TABLE 28
DOMESTIC HELP

Number of Cases in which Domestic Help was Provided during 1966

| 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 | |
| 1,624 | 223 | 160 | 6 | 3 | 282 | 2,298 |

TABLE 29
CERTIFICATION OF BLINDNESS AND PARTIAL SIGHT
Follow-up of Registered Blind and Partially Sighted Persons in 1966

| | 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 recommended: | | | | | |
| (a) No treatment | 3 | 2 | — | 1 | 23 |
| (b) Treatment (medical, surgical, optical, or ophthalmic medical supervision) | 11 | 18 | — | 7 | 30 |
| (ii) Number of cases at (i)(b) above which on follow-up action: | | | | | |
| (a) Have completed treatment ... | — | — | — | — | 1 |
| (b) Treatment started, but not completed | 2 | 16 | — | 5 | 25 |
| (c) Awaiting treatment | 5 | 1 | — | 2 | 3 |
| (d) Refused treatment | 3 | — | — | — | — |
| (e) Died or removed from the Borough | 1 | 1 | — | — | 1 |
| (iii) Number of new cases registered as at 31st December, 1966 | 14 | 20 | — | 8 | 53 |
| (iv) Total number of cases registered as at 31st December, 1966 ... | 664 | | | | |

TABLE 30
WATER SUPPLY
Metropolitan Water Board
Chemical and Mineral Analysis

| | Average results in milligrams per litre where applicable | | | | |
|---|--|-------------------|-----------------------|--------------------------|----------------------------|
| | * Thames derived North of River | New River derived | Hoe Lane Well derived | Hadley Road Well derived | Waltham Abbey Well derived |
| Number of samples | 207 | 104 | 3 | 5 | 4 |
| Albuminoid Nitrogen | 0.087 | 0.071 | 0.036 | 0.050 | 0.046 |
| Ammoniacal Nitrogen | 0.031 | 0.027 | 0.160 | 0.150 | 0.221 |
| Nitrate Nitrogen | 3.9 | 5.5 | 0.2 | 0.1 | 0.1 |
| Oxygen abs. from $KMnO_4$, 4 hrs. at $27^\circ C$ | 1.26 | 0.76 | 0.44 | 0.32 | 0.38 |
| Hardness (total) $CaCO_3$ | 289 | 315 | 419 | 285 | 294 |
| Hardness (non-carbonate) $CaCO_3$ | 78 | 83 | 159 | 46 | 69 |
| Magnesium as Mg | 5 | 4 | 23 | 27 | 21 |
| Chloride as Cl | 32 | 36 | 30 | 23 | 25 |
| Phosphate as PO_4 | 1.6 | 1.5 | — | — | — |
| Silicate as SiO_2 | 7 | 10 | 17 | 25 | 19 |
| Sulphate as SO_4 | 68 | 64 | 159 | 84 | 85 |
| Natural Fluoride as F | 0.20 | 0.20 | — | — | — |
| Surface-active material as Manoxol OT | 0.01 | 0.01 | — | — | — |
| Turbidity Units | 0.1 | 0.1 | 1.5 | 0.9 | 0.8 |
| Colour (Burgess units) | 15 | 9 | 12 | 5 | 7 |
| pH Value | 7.9 | 7.7 | 7.0 | 7.4 | 7.4 |
| Electrical Conductivity (micromhos) | 570 | 630 | 760 | 580 | 570 |

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

Area of the Borough (in acres) 21,061
Total number of properties 100,590

TABLE 31

December, 1966

100,590

(a) Areas in Operation

WATER SUPPLY

Metropolitan Water Board

Average Bacteriological Results

| Area | Results before Treatment | | | | |
|---------------------------|---------------------------------|-------------------|-----------------------|--------------------------|----------------------------|
| | * Thames derived North of River | New River derived | Hoe Lane Well derived | Hadley Road Well derived | Waltham Abbey Well derived |
| Number of samples | — | — | 80 | 246 | 249 |
| Agar Plate Count per ml. | — | — | 0.0 | 0.1 | 0.1 |
| 20-24 hrs. at 37°C | — | — | 4 | 11 | 4 |
| 3 days at 22°C | — | — | 99.75 | 82.52 | 100 |
| Coliform Count | — | — | 0.2 | 1.2 | — |
| % samples neg. in 100 ml. | — | — | 100 | 84.55 | 100 |
| Escherichia coli Count | — | — | — | 0.9 | — |
| % samples neg. in 100 ml. | — | — | — | — | — |
| Count per 100 ml. | — | — | — | — | — |
| | Results after Treatment | | | | |
| Number of samples | 1,744 | 513 | 81 | 254 | 253 |
| Agar Plate Count per ml. | — | — | — | — | — |
| 20-24 hrs. at 37°C | 17.5 | 9.6 | 0.1 | 0.7 | 0.7 |
| 3 days at 22°C | — | — | 1 | 49 | 5 |
| Coliform Count | 99.71 | 100 | 100 | 99.61 | 100 |
| % samples neg. in 100 ml. | 100 | 100 | 100 | 100 | 100 |
| Escherichia coli Count | — | — | — | — | — |
| % samples neg. in 100 ml. | — | — | — | — | — |
| Count per 100 ml. | — | — | — | — | — |

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

| | | |
|---|-----------------|---------------|
| Area | No. of Premises | Acreage |
| 1. Old more Hill Road | 2,095 | 392 |
| 2. Winchmore Hill Road, Bourne Hill, Winchmore Hill Railway Line | 1,765 | 417 |
| 3. Carr Lane, Old Enfield Boundary, Grange Park Railway Line, Station Road, Bush Hill | 1,250 | 213 |
| LONDON BOROUGH OF ENFIELD | | |
| 11. Myddleton Avenue, Birkbeck Road, Baker Street, Southbury Road, New River | 3,331 | 335 |
| TOTAL | 44,580 | 12,830 |

(b) Orders made 1965 to 1967. To come into operation 1967/68

| Area | No. of Premises | Acreage |
|---|-----------------|--------------|
| 12. Church Street, Windmill Hill, Enfield Road, Liondale Drive, Green Dragon Lane, Old Edmonton Boundary, The Town Railway Line | 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, Hodge Lane, Fir Lane | 2,895 | 302 |
| 15. Old Enfield/Edmonton Boundary, Enfield Town Railway Line, Southbury Road, Nags Head Road, Lee Valley Road, Ponders End Railway Line | 6,111 | 604 |
| TOTAL | 17,533 | 2,509 |

**TABLE 32
CLEAN AIR**

Smoke Control Areas

Area of the Borough (in acres) 20,061
Total number of properties as at 31st December, 1966 100,590

(a) Areas in Operation

| ENFIELD | Area | No. of Premises | Acreage |
|----------------------------------|--|------------------|---------------|
| 1. | Turkey Street, Cambridge Road, Hoe Lane, New River | 516 | 68 |
| 2. | Cheshunt Boundary, Bulls Cross, Carterhatch 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 Way, 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 |
| LONDON BOROUGH OF ENFIELD | | | |
| 11. | Myddleton Avenue, Birkbeck Road, Baker Street, Southbury Road, New River | 3,337 | 335 |
| | | TOTAL ... | 44,380 |
| | | | 12,830 |

(b) Orders made 1965 to 1967. To come into operation 1967/68

| LONDON BOROUGH OF ENFIELD | Area | No. of Premises | Acreage |
|---------------------------|--|------------------|---------------|
| 12. | Church Street, Windmill Hill, Enfield Road, Lonsdale Drive, Green Dragon Lane, Old Edmonton Boundary, The Town Railway Line | 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 |
| 15. | Old Enfield/Edmonton Boundary, Enfield Town Railway Line, Southbury Road, Nags Head Road, Lee Valley Road, Ponders End Railway Line | 6,111 | 604 |
| | | TOTAL ... | 17,533 |
| | | | 2,509 |

TABLE 33

CLEAN AIR

National Survey of Air Pollution

A. Smoke (Micrograms per cubic metre). Average daily amounts

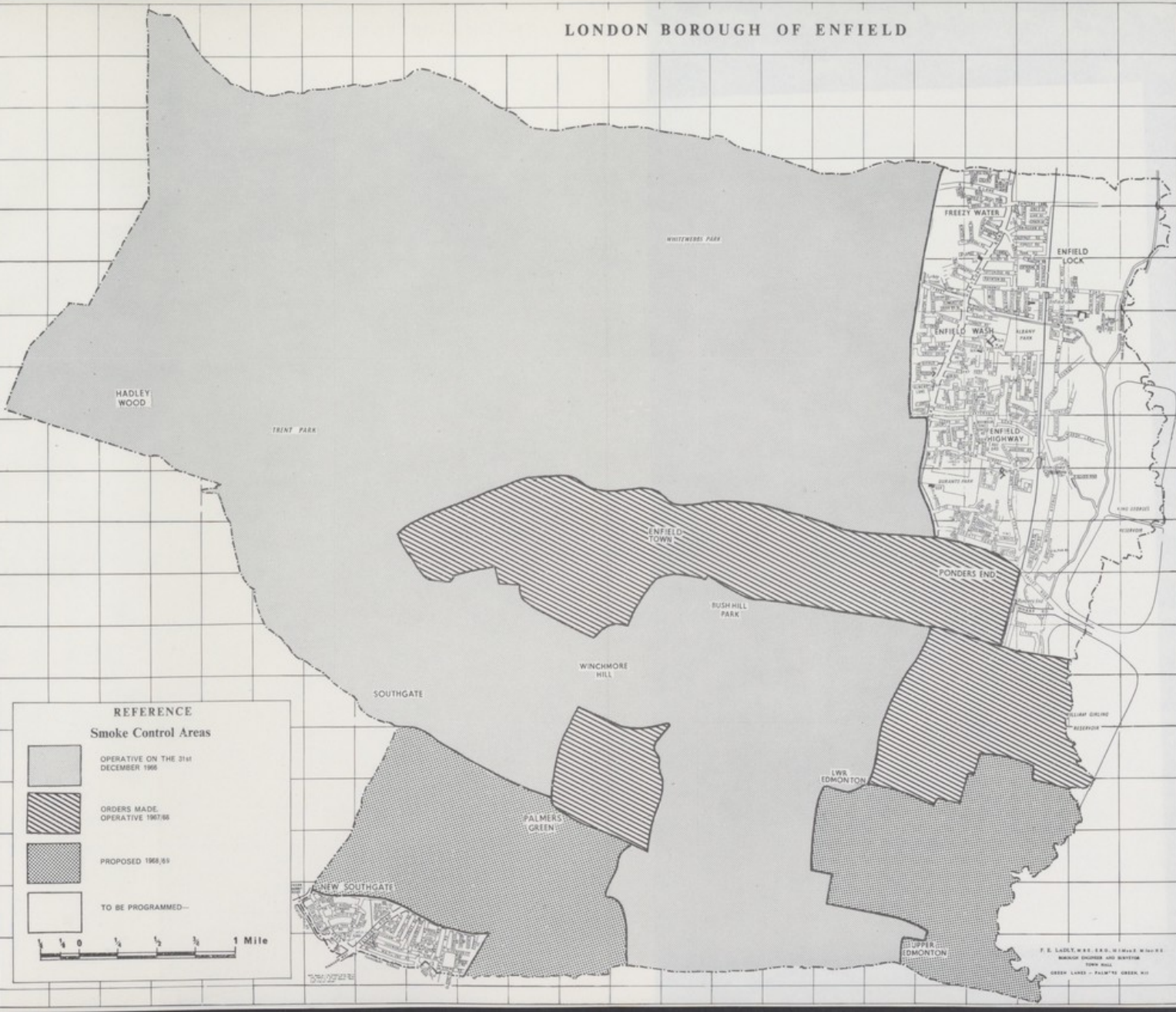
| National Survey Sites : | | | | | | | | | | | | |
|-------------------------|------|------|------|------|-----|------|------|------|------|------|------|------|
| | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. |
| Honilands | 96 | 37 | 38 | 31 | 24 | 21 | 15 | 21 | 41 | 21 | 22 | 75 |
| Brimsdown | 127 | 67 | 68 | 45 | 47 | 47 | 47 | 32 | 74 | 52 | 75 | 77 |
| Merryhills | 90 | 35 | 72 | 23 | N | N | 7 | 19 | 57 | 21 | 37 | 55 |
| Bush Hill Park ... | 139 | 66 | 37 | 54 | 34 | 41 | 24 | 21 | 88 | 35 | 73 | 100 |
| Other Sites : | | | | | | | | | | | | |
| Mandeville | N | 53 | 66 | 140 | N | N | 18 | N | 114 | N | N | 104 |
| Huxley ... | 83 | N | N | 85 | 39 | N | 12 | 36 | 55 | 62 | 29 | 38 |
| Latymer ... | 101 | 51 | 41 | 57 | 36 | 20 | N | N | N | N | N | N |

B. Sulphur Dioxide (Micrograms per cubic metre). Average daily amounts





| National Survey Sites : | | | | | | | | | | | | |
|-------------------------|------|------|------|------|-----|------|------|------|------|------|------|------|
| | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. |
| Honilands | 238 | 113 | 120 | 116 | 76 | 61 | 43 | 54 | 62 | 96 | 76 | 108 |
| Brimsdown | 394 | 233 | 157 | 226 | 121 | 84 | 66 | 100 | 106 | 222 | 217 | 187 |
| Merryhills | 225 | 126 | 103 | 120 | N | N | 34 | 49 | 53 | 90 | 95 | 44 |
| Bush Hill Park ... | 356 | 168 | 141 | 196 | 95 | 78 | 58 | 86 | 105 | 145 | 189 | 202 |
| Other Sites : | | | | | | | | | | | | |
| Mandeville | N | 165 | 171 | N | N | N | 100 | N | 78 | N | N | 264 |
| Huxley ... | 314 | N | N | N | 86 | N | 49 | 125 | 88 | 143 | 228 | 155 |
| Latymer ... | 217 | 137 | 142 | N | 87 | 84 | N | N | N | N | N | N |

N : No Return

LONDON BOROUGH OF ENFIELD

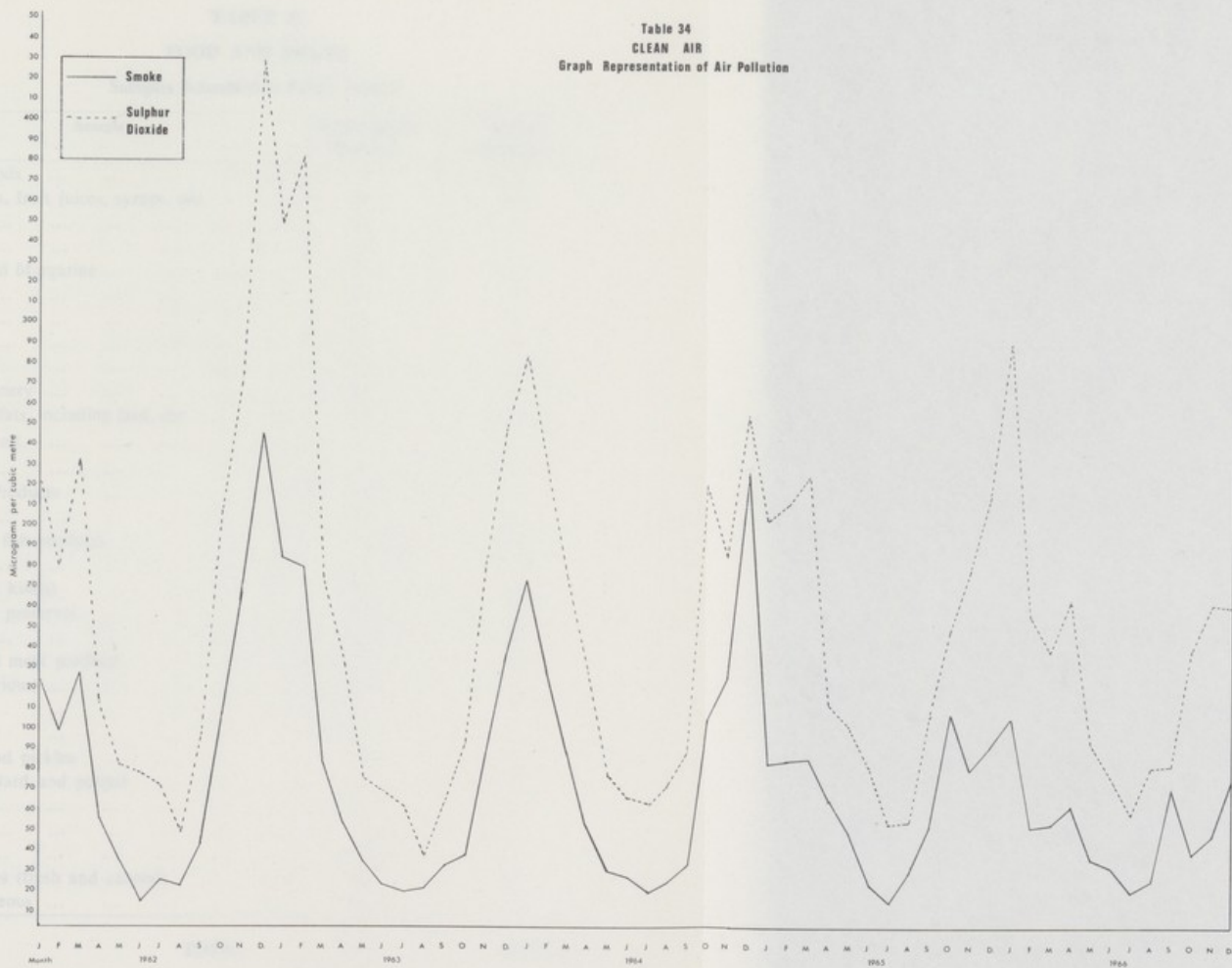


REFERENCE Smoke Control Areas

-  OPERATIVE ON THE 31st DECEMBER 1966
 -  ORDERS MADE OPERATIVE 1967/68
 -  PROPOSED 1968/69
 -  TO BE PROGRAMMED—
- 1/4 0 1/4 1/2 3/4 1 Mile

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MUNICIPAL ENGINEER AND SURVEYOR
TOWN HALL
GREEN LANE - PALMER'S GREEN, N11

Table 34
CLEAN AIR
 Graph Representation of Air Pollution



The monthly measurements from the seven recording sites in the Borough have been averaged to give the above graph

TABLE 35
FOOD AND DRUGS

Samples Submitted to Public Analyst

| Sample | Total Number Procured | Number Unsatisfactory |
|--|--------------------------|--------------------------|
| Baby Foods | 3 | — |
| Beverages, fruit juices, syrups, etc. | 39 | 4 |
| Biscuits | 25 | 4 |
| Bread | 8 | 1 |
| Butter and Margarine | 52 | 2 |
| Cakes | 14 | 4 |
| Cereals | 18 | 2 |
| Cheese | 17 | 7 |
| Coffee | 12 | 1 |
| Confectionery | 36 | 5 |
| Cooking fats, including lard, etc. | 27 | — |
| Cooking oil | 5 | — |
| Cream | 8 | — |
| Dessert Products | 11 | — |
| Drugs | 53 | 1 |
| Fish and fish products | 34 | 4 |
| Flour | 9 | — |
| Fruit (all kinds) | 52 | 7 |
| Jams and preserves | 42 | 1 |
| Jelly | 7 | — |
| Meat and meat products | 72 | 7 |
| Milk (various) | 14 | 1 |
| Nuts | 14 | 1 |
| Puddings | 3 | — |
| Sauces and pickles | 47 | 9 |
| Salt, mustard and pepper | 15 | 3 |
| Soup | 11 | 1 |
| Sugar | 7 | — |
| Tea | 11 | — |
| Vegetables (fresh and canned) | 46 | 4 |
| Miscellaneous | 19 | 1 |
| TOTAL ... | 731 | 70 (9·6%) |

TABLE 36

FOOD AND DRUGS

Bacteriological Examination of Ice-Cream

Methylene Blue Test

| Vendor | Type of Ice-Cream | Results Grade | | | |
|----------------|-------------------|---------------|---|---|---|
| | | 1 | 2 | 3 | 4 |
| Shop Premises | Loose or soft | 13 | 7 | — | — |
| Mobile Traders | Loose or soft | 4 | 2 | 1 | 1 |

TABLE 37

FOOD AND DRUGS

Bacteriological Examination of Milk

1. Methylene Blue Test (for keeping quality)

| Designation | Number of Samples | Results | | |
|-------------|-------------------|--------------|------------|----------------|
| | | Satisfactory | Void | Unsatisfactory |
| Pasteurised | 170 | 158 (92.94%) | 11 (6.47%) | 1 (0.59%) |

2. Phosphatase Test (for efficiency of pasteurisation)

| Designation | Number of Samples | Results | | |
|-------------|-------------------|--------------|------|----------------|
| | | Satisfactory | Void | Unsatisfactory |
| Pasteurised | 170 | 170 (100%) | — | — |

3. Turbidity Test (for efficiency of sterilisation)

| Designation | Number of Samples | Results | | |
|-------------|-------------------|--------------|------|----------------|
| | | Satisfactory | Void | Unsatisfactory |
| Sterilised | 90 | 90 (100%) | — | — |

4. Colony Count (for efficiency of treatment)

| Designation | Number of Samples | Results | | |
|--------------------|-------------------|--------------|------|----------------|
| | | Satisfactory | Void | Unsatisfactory |
| Ultra heat treated | 8 | 7 | — | 1 (12.5%) |

TABLE 38

HOUSING

Inspections and Defects

| | | |
|-----|--|-------|
| 1. | Inspection of Dwelling-houses : | |
| (1) | Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) | 8,911 |
| (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 ... | 327 |
| (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 | 730 |
| 2. | Remedy of defects during the year without service of formal notices : Number of defective dwelling-houses rendered fit in consequence of informal action | 322 |
| 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 | 1 |
| B. | Proceedings under Public Health Acts | |
| (1) | Number of dwelling-houses in respect of which informal notices were served requiring defects to be remedied ... | 790 |
| | Number of dwelling-houses rendered fit | 322 |
| (2) | Number of dwelling-houses in respect of which formal notices were served requiring defects remedied | 435 |
| | Number of dwelling-houses rendered fit after service of formal notice : | |
| (a) | By owners | 191 |
| (b) | By Local Authority in default of owners | 23 |
| 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 |

TABLE 39

HOUSING

Housing Defects Remedied

| Nature of Defect | Action Taken | Number |
|--|-------------------------------|--------|
| Accumulation of refuse | Removed | 9 |
| Brickwork, pointing and wall plaster defective | Repaired or renewed | 103 |
| Dampness | Remedied | 339 |
| Doors — defective | Repaired or renewed | 42 |
| Drains — stopped up | Cleared by Department | 1,305 |
| Drains — defective or broken | Repaired or renewed | 45 |
| Dustbins — defective or missing | Provided or renewed | 20 |
| Floors — defective | Repaired | 52 |
| Guttering and rain water pipes defective | Repaired or renewed | 84 |
| Houses — verminous and dilapidated conditions | Cleansed or repaired | 272 |
| Roofs — defective | Repaired | 237 |
| Sink wastes — defective | Repaired | 32 |
| Stoves — defective | Repaired or renewed | 9 |
| Water — not provided or disconnected | Laid on or restored | 42 |
| Water closets — defective | Apparatus repaired or renewed | 49 |
| Water closets — defective or broken pans | New pans provided | 27 |
| Windows — defective or broken | Repaired or renewed | 181 |

TABLE 40
SHOPS AND OFFICES
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 | 226 | 1,026 |
| Retail Shops | 970 | 3,007 |
| Wholesale Shops, Warehouses ... | 13 | 210 |
| Catering Establishments open to public, Canteens | 99 | 175 |
| Fuel Storage Depots | 7 | 8 |
| ... | 1,315 | 4,426 |

TABLE 41
FACTORIES AND WORKSHOPS
Inspections for Purposes of Provisions as to Health

| 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 | 26 | — | — |
| (ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority | 669 | 359 | 1 | — |
| (iii) Other premises in which Section 7 is enforced by the Local Authority (excluding Outworkers' premises) | 49 | 54 | — | — |
| | 773 | 439 | 1 | |

TABLE 42
FACTORIES AND WORKSHOPS
Cases in which Defects were found

| Particulars | Number of cases in which defects were found | | | | Number of cases in which prosecutions were instituted |
|--|---|----------|-------------------|-------------------|---|
| | Found | Remedied | Referred | | |
| | | | To H.M. Inspector | By H.M. Inspector | |
| Want of Cleanliness (S.1) ... | 13 | 10 | — | — | — |
| Overcrowding (S.2) ... | — | — | — | — | — |
| Unreasonable temperature (S.3) | — | — | — | — | — |
| Inadequate ventilation (S.4) | — | — | — | — | — |
| Ineffective drainage of floors (S.6) | — | — | — | — | — |
| Sanitary Conveniences (S.7) | | | | | |
| (a) Insufficient | 2 | 1 | — | 2 | — |
| (b) Unsuitable or defective | 9 | 8 | — | — | — |
| (c) Not separate for sexes | — | — | — | — | — |
| Other offences against the Act (not including offences relating to Outworkers) ... | — | — | — | — | — |
| | 24 | 19 | | 2 | |

TABLE 43
INSPECTIONS AND COMPLAINTS

Inspections, Interviews and Visits of the Public Health Inspectorate

| | |
|--|--------|
| Animal Welfare | 31 |
| Bacteriological Samples | 647 |
| Betting and Gaming, Licensing Acts, Employment Agencies | 161 |
| Caravans | 329 |
| Clean Air Act | 13,543 |
| Drainage Works | 1,195 |
| Explosives Act | 373 |
| Factories and Workplaces | 439 |
| Food and Drugs | 1,321 |
| Food Premises | 2,422 |
| Hawkers, Vehicles and Stores | 1,305 |
| Housing and Public Health Acts — Initial Inspections | 8,911 |
| Housing and Public Health Acts — Other Inspections | 3,671 |
| Houses in Multiple Occupation | 315 |
| Infectious Diseases | 1,004 |
| Interviews | 916 |
| Milk Distributors and Dairymen | 345 |
| Noise Nuisances | 392 |
| Offices, Shops and Railway Premises Act | 4,426 |
| Pharmacy and Poisons | 358 |
| Rodent Control | 1,023 |
| Shops Act | 2,754 |
| Miscellaneous | 2,016 |
| | <hr/> |
| | 47,897 |

TABLE 44
INSPECTIONS AND COMPLAINTS

Summary of Complaints and Requests for Visits Received

| | |
|---|-------|
| Accumulation of Refuse | 57 |
| Bees | 30 |
| Blocked or Defective Drains | 1,300 |
| Bonfires | 42 |
| Dampness in Premises | 257 |
| Defective Water Closets | 199 |
| Defective Water Fittings | 32 |
| Defective Roofs | 136 |
| Improvement Grants | 86 |
| Insanitary or Defective Condition of Premises | 192 |
| Insect Infestations | 97 |
| Noise Nuisance | 76 |
| Pigeons | 22 |
| Rats or Mice | 1,630 |
| Scabies | 23 |
| Smoke Nuisance (Including Clean Air Act inquiries) | 293 |
| Squirrels | 18 |
| Unsatisfactory Housing Conditions Including Overcrowding | 16 |
| Unsound Food | 85 |
| Verminous Premises | 36 |
| Wasps | 230 |
| Miscellaneous | 430 |
| | <hr/> |
| | 5,287 |

TABLE 45
MEDICAL INSPECTION
Routine Medical Inspection

| | | | | | | | | | |
|-------------------------------------|-----|-----|-----|-----|-----|-----|-----|--------------|--------|
| School Population | ... | ... | ... | ... | ... | ... | ... | ... | 35,967 |
| Number of Entrants examined | ... | ... | ... | ... | ... | ... | ... | ... | 3,213 |
| Number of Leavers examined | ... | ... | ... | ... | ... | ... | ... | ... | 2,541 |
| Number of Other Age Groups examined | ... | ... | ... | ... | ... | ... | ... | ... | 6,467 |
| | | | | | | | | TOTAL | 12,221 |
| Number found to be satisfactory | ... | ... | ... | ... | ... | ... | ... | ... | 12,221 |

TABLE 46
MEDICAL INSPECTION
Defects found at Periodic Inspection
(Classified in accordance with the requirements of the Department of
Education and Science)

| Defect or Disease | | | | | | | | Requiring Treatment | Requiring Observation |
|-------------------|-------------------|-----|-----|-----|-----|-----|-----|------------------------|--------------------------|
| Skin | ... | ... | ... | ... | ... | ... | ... | 312 | 6 |
| Eyes | (a) Vision | ... | ... | ... | ... | ... | ... | 1,440 | 614 |
| | (b) Squint | ... | ... | ... | ... | ... | ... | 99 | 26 |
| | (c) Other | ... | ... | ... | ... | ... | ... | 54 | — |
| Ears | (a) Hearing | ... | ... | ... | ... | ... | ... | 79 | 80 |
| | (b) Otitis media | ... | ... | ... | ... | ... | ... | 36 | 8 |
| | (c) Other | ... | ... | ... | ... | ... | ... | 58 | 6 |
| Nose and Throat | ... | ... | ... | ... | ... | ... | ... | 321 | 84 |
| Speech | ... | ... | ... | ... | ... | ... | ... | 48 | 32 |
| Lymphatic Glands | ... | ... | ... | ... | ... | ... | ... | 9 | 9 |
| Heart | ... | ... | ... | ... | ... | ... | ... | 55 | 26 |
| Lungs | ... | ... | ... | ... | ... | ... | ... | 124 | 18 |
| Developmental | (a) Hernia | ... | ... | ... | ... | ... | ... | 18 | 4 |
| | (b) Other | ... | ... | ... | ... | ... | ... | 127 | 140 |
| Orthopaedic | (a) Posture | ... | ... | ... | ... | ... | ... | 14 | 20 |
| | (b) Feet | ... | ... | ... | ... | ... | ... | 32 | 34 |
| | (c) Other | ... | ... | ... | ... | ... | ... | 81 | 26 |
| Nervous System | (a) Epilepsy | ... | ... | ... | ... | ... | ... | 22 | 1 |
| | (b) Other | ... | ... | ... | ... | ... | ... | 14 | 1 |
| Psychological | (a) Developmental | ... | ... | ... | ... | ... | ... | 37 | 1 |
| | (b) Stability | ... | ... | ... | ... | ... | ... | 94 | 38 |
| Abdomen | ... | ... | ... | ... | ... | ... | ... | 43 | 16 |
| Other | ... | ... | ... | ... | ... | ... | ... | 35 | 15 |

TABLE 47

MEDICAL INSPECTION

Defects found at Special Inspections at Minor Ailments Clinics

(Classified in accordance with the requirements of the Department of Education and Science)

| Defect or Disease | Requiring Treatment | Requiring Observation |
|--|---------------------|-----------------------|
| Skin | 249 | 8 |
| Eyes (a) Vision | 192 | 63 |
| (b) Squint | 8 | 1 |
| (c) Other | 78 | 4 |
| Ears (a) Hearing | 157 | 34 |
| (b) Otitis media | 8 | — |
| (c) Other | 48 | 5 |
| Nose and Throat | 84 | 17 |
| Speech | 29 | 2 |
| Lymphatic Glands | — | — |
| Heart | 1 | 4 |
| Lungs | 6 | 6 |
| Developmental (a) Hernia | 1 | — |
| (b) Other | 13 | 22 |
| Orthopaedic (a) Posture | 3 | 5 |
| (b) Feet | 10 | 1 |
| (c) Other | 52 | 24 |
| Nervous System (a) Epilepsy | 4 | 1 |
| (b) Other | 3 | 5 |
| Psychological (a) Developmental | 2 | — |
| (b) Stability | 53 | 36 |
| Abdomen | 6 | 2 |
| Other | 399 | 65 |

TABLE 48

HEARING TESTS BY AUDIOMETER

| | No. found to have a hearing loss | | | |
|--|----------------------------------|-----------|----------|-------|
| | Both Ears | Right Ear | Left Ear | TOTAL |
| Number of children tested in school ... 12,246 | 204 | 156 | 160 | 520 |
| Number of children specially tested ... 451 | 107 | 42 | 77 | 226 |
| Number of re-tests 2,387 | — | — | — | — |
| Number of children in schools who have hearing aids (excluding children in special schools for the deaf and partially hearing) 38 | — | — | — | — |

TABLE 49
INSPECTIONS FOR CLEANLINESS

Infestation with Vermin

| | |
|---|--------|
| (a) Total number of individual examinations of pupils in school ... | 80,784 |
| (b) Total number of individual pupils found to be infested | 162 |
| (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) | 64 |

TABLE 50
MEDICAL TREATMENT

Defects treated at Minor Ailments Clinics

(Classified in accordance with the requirements of the Department of Education and Science)

| | |
|--|--------|
| Skin: Ringworm (i) Scalp | — |
| (ii) Body | — |
| Scabies | 3 |
| Impetigo | 10 |
| Other | 2,201 |
| Eye Disease | 228 |
| Ear Defects | 131 |
| Miscellaneous | 1,846 |
| <hr/> | |
| Total attendances at Minor Ailments Clinics | 20,904 |
| Number of Special Inspections at Minor Ailments Clinics | 2,401 |
| Number of other Special Inspections | 560 |
| Number of Re-examinations | 2,341 |
| Freedom from Infection examinations prior to school journeys ... | 1,931 |

TABLE 51
EAR, NOSE AND THROAT CLINICS

| | |
|---|-------|
| Total attendances | 1,295 |
| New cases | 260 |
| Number of individual children seen | 538 |
| Number who received treatment at E.N.T. Clinics | 155 |
| Number referred to hospital for Tonsillectomy and/or Adenoidectomy | 100 |
| Number referred to hospital for other treatment | 42 |
| Number referred for X-ray | 39 |

TABLE 52
OPHTHALMIC CLINICS

| | | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Total attendances | ... | ... | ... | ... | ... | ... | ... | ... | 5,567 |
| New cases | ... | ... | ... | ... | ... | ... | ... | ... | 663 |
| Number of individual children seen | ... | ... | ... | ... | ... | ... | ... | ... | 2,847 |
| Number of children who were prescribed glasses | ... | ... | ... | ... | ... | ... | ... | ... | 1,115 |

TABLE 53
ORTHOPTIC CLINICS

| | | | | | | | | | |
|---------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Total attendances | ... | ... | ... | ... | ... | ... | ... | ... | 1,427 |
| New cases | ... | ... | ... | ... | ... | ... | ... | ... | 117 |
| Number of individual children treated | ... | ... | ... | ... | ... | ... | ... | ... | 458 |
| Number discharged: | | | | | | | | | |
| Satisfactory with operation | ... | ... | ... | ... | ... | ... | ... | 4 | |
| Satisfactory without operation | ... | ... | ... | ... | ... | ... | ... | 32 | |
| Cosmetic — Binocular vision improved | ... | ... | ... | ... | ... | ... | ... | 9 | |
| Binocular vision not improved | ... | ... | ... | ... | ... | ... | ... | 11 | |
| | | | | | | | | — | 56 |
| Treatment discontinued: | | | | | | | | | |
| Left school | ... | ... | ... | ... | ... | ... | ... | 2 | |
| Left district | ... | ... | ... | ... | ... | ... | ... | 13 | |
| Refused treatment | ... | ... | ... | ... | ... | ... | ... | 4 | |
| Failed to attend | ... | ... | ... | ... | ... | ... | ... | 16 | |
| | | | | | | | | — | 35 |

TABLE 54
ORTHOPAEDIC CLINIC

| | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-------|
| Attendances at Orthopaedic Surgeon's Clinic | ... | ... | ... | ... | ... | ... | ... | 171 |
| Attendances at Physiotherapy | ... | ... | ... | ... | ... | ... | ... | 2,001 |
| Total attendances | ... | ... | ... | ... | ... | ... | ... | 2,172 |
| Number of new cases seen by Orthopaedic Surgeon | ... | ... | ... | ... | ... | ... | ... | 69 |
| Number of children who received physiotherapy at clinic | ... | ... | ... | ... | ... | ... | ... | 32 |
| Number who had breathing exercises | ... | ... | ... | ... | ... | ... | ... | 61 |
| Number who had Ultra Violet Light for skin conditions | ... | ... | ... | ... | ... | ... | ... | 16 |
| Number who had Ultra Violet Light for other conditions | ... | ... | ... | ... | ... | ... | ... | 41 |
| Number who attended swimming classes | ... | ... | ... | ... | ... | ... | ... | 42 |

TABLE 55
SPEECH CLINICS

| | | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Total attendances | ... | ... | ... | ... | ... | ... | ... | ... | 3,375 |
| New cases | ... | ... | ... | ... | ... | ... | ... | ... | 116 |
| Children under treatment or observation for the following: | | | | | | | | | |
| Stammer | ... | ... | ... | ... | ... | ... | ... | ... | 49 |
| Dyslalia | ... | ... | ... | ... | ... | ... | ... | ... | 98 |
| Stigmatism | ... | ... | ... | ... | ... | ... | ... | ... | 67 |
| Cleft Palate | ... | ... | ... | ... | ... | ... | ... | ... | 5 |
| Dysphasia | ... | ... | ... | ... | ... | ... | ... | ... | 4 |
| Dyslexia | ... | ... | ... | ... | ... | ... | ... | ... | 5 |
| Clutter | ... | ... | ... | ... | ... | ... | ... | ... | 7 |
| Hyponasality | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Dyspraxin | ... | ... | ... | ... | ... | ... | ... | ... | 6 |
| Cerebral Palsy | ... | ... | ... | ... | ... | ... | ... | ... | 4 |
| Emotional disorder | ... | ... | ... | ... | ... | ... | ... | ... | 21 |
| Delayed development of speech | ... | ... | ... | ... | ... | ... | ... | ... | 28 |
| Dysarthria | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Deafness | ... | ... | ... | ... | ... | ... | ... | ... | 7 |
| | | | | | | | | | — |
| | | | | | | | | | 303 |
| Discharged: | | | | | | | | | |
| Cured | ... | ... | ... | ... | ... | ... | ... | ... | 73 |
| Defaulted | ... | ... | ... | ... | ... | ... | ... | ... | 23 |
| Left district | ... | ... | ... | ... | ... | ... | ... | ... | 20 |
| Transferred to Audiology Unit | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Transferred to other L.A. Clinic | ... | ... | ... | ... | ... | ... | ... | ... | 2 |
| Optimum result | ... | ... | ... | ... | ... | ... | ... | ... | 2 |
| On advice of Child Guidance Clinic | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| | | | | | | | | | 122 |

TABLE 56
CHILD GUIDANCE CLINIC

| | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Number of individual children seen by psychiatrist: | | | | | | | | | |
| New cases | ... | ... | ... | ... | ... | ... | ... | ... | 150 |
| Follow-ups | ... | ... | ... | ... | ... | ... | ... | ... | 50 |
| Annual revisions | ... | ... | ... | ... | ... | ... | ... | ... | 38 |
| Treatment | ... | ... | ... | ... | ... | ... | ... | ... | 16 |
| Total attendances for diagnosis and treatment by psychiatrist | ... | ... | ... | ... | ... | ... | ... | ... | 645 |
| Number of individual children treated by psychotherapist | ... | ... | ... | ... | ... | ... | ... | ... | 46 |
| Total attendances for treatment by psychotherapist | ... | ... | ... | ... | ... | ... | ... | ... | 782 |

TABLE 57
DENTAL SERVICE

Dental Inspection and Treatment

| | 5 to 9 years | 10 to 14 years | 15 years and over | TOTAL |
|---|-----------------|-------------------|----------------------|--------|
| Attendances and Treatment | | | | |
| First visit for treatment | 3,066 | 2,915 | 687 | 6,668 |
| Subsequent visits | 4,658 | 7,679 | 1,609 | 13,946 |
| Total visits | 7,724 | 10,594 | 2,296 | 20,614 |
| Additional courses of treatment commenced | 753 | 432 | 88 | 1,273 |
| Fillings in permanent teeth | 1,630 | 5,408 | 1,834 | 8,872 |
| Fillings in deciduous teeth | 5,443 | 711 | — | 6,154 |
| Permanent teeth filled | 1,312 | 3,259 | 1,452 | 6,023 |
| Deciduous teeth filled | 4,599 | 591 | — | 5,190 |
| Permanent teeth extracted | 74 | 592 | 86 | 752 |
| Deciduous teeth extracted | 1,663 | 770 | — | 2,433 |
| General anaesthetics | 777 | 327 | 46 | 1,150 |
| Emergencies | 433 | 242 | 54 | 729 |
| Number of pupils X-rayed | ... | ... | ... | 571 |
| Prophylaxis | ... | ... | ... | 810 |
| Teeth otherwise conserved | ... | ... | ... | 2,322 |
| Number of teeth root filled | ... | ... | ... | 36 |
| Inlays | ... | ... | ... | 3 |
| Crowns | ... | ... | ... | 7 |
| Courses of treatment completed | ... | ... | ... | 6,120 |
| Orthodontics | | | | |
| Cases remaining from previous year | ... | ... | ... | 786 |
| New cases commenced during year | ... | ... | ... | 203 |
| Cases completed during year | ... | ... | ... | 153 |
| Cases discontinued during year | ... | ... | ... | 32 |
| Number of removable appliances fitted | ... | ... | ... | 569 |
| Number of fixed appliances fitted | ... | ... | ... | 107 |
| Pupils referred to Hospital Consultant | ... | ... | ... | 7 |
| Total attendances at Clinics | ... | ... | ... | 6,275 |
| Prosthetics | | | | |
| Pupils supplied with F.U. or F.L. (first time) | — | — | — | — |
| Pupils supplied with other dentures (first time) | — | 12 | 1 | 13 |
| Number of dentures supplied | — | 12 | 1 | 13 |
| Anaesthetics | | | | |
| General Anaesthetics administered by Medical Officers | ... | ... | ... | 1,150 |
| General Anaesthetics administered by Dental Officers | ... | ... | ... | — |
| Inspections | | | | |
| (a) First inspection at school. Number of pupils | ... | ... | ... | 22,545 |
| (b) First inspection at clinic. Number of pupils | ... | ... | ... | 3,714 |
| Number of (a) + (b) found to require treatment | ... | ... | ... | 9,921 |
| Number of (a) + (b) offered treatment | ... | ... | ... | 9,519 |
| (c) Pupils re-inspected at school clinic | ... | ... | ... | 1,449 |
| Number of (c) found to require treatment | ... | ... | ... | 921 |
| Sessions | | | | |
| Sessions devoted to treatment (incl. 663 orthodontic sessions) | ... | ... | ... | 3,027 |
| Sessions devoted to inspection | ... | ... | ... | 179 |
| Sessions devoted to Dental Health Education | ... | ... | ... | 5 |

TABLE 58
HANDICAPPED CHILDREN
Children in Special Schools

| Category | Day | Residential |
|--------------------------------|-----|-------------|
| Blind | — | 2 |
| Partially sighted | 6 | 4 |
| Deaf | 10 | 3 |
| Partially hearing | 17 | 6 |
| Educationally subnormal | 102 | 17 |
| Delicate | 88 | 21 |
| Epileptic | — | 1 |
| Physically handicapped | 32 | 8 |
| Maladjusted | 9 | 48 |

Nine children with more than one defect are included in the category of their major defect.

TABLE 59
VACCINATION AND IMMUNISATION
B.C.G. Vaccination Scheme

| | | | | | |
|---|--|--|--|--|-------|
| (a) School Children | | | | | |
| Number of parents approached for consent | | | | | 3,181 |
| Number of parents who consented | | | | | 2,488 |
| Number of children given Tuberculin Test (Heaf Gun) | | | | | 2,450 |
| Number of children found to be positive | | | | | 235 |
| Number of children found to be negative | | | | | 2,172 |
| Number of Tuberculin Tests not read | | | | | 43 |
| Number of children given B.C.G. vaccination | | | | | 2,161 |
| Number of children found to be negative but not vaccinated | | | | | 11 |
| Doubtful first degree positives in 1965 retested | | | | | 100 |
| Number found to be positive | | | | | 39 |
| Number found to be negative | | | | | 59 |
| Number given B.C.G. vaccination | | | | | 59 |
| (b) Students at Technical Colleges | | | | | |
| Number given Tuberculin Test | | | | | 8 |
| Number found to be positive | | | | | 2 |
| Number found to be negative | | | | | 4 |
| Number given B.C.G. vaccination | | | | | 4 |

TABLE 27
DENTAL SERVICE

Dental Inspection and Treatment

TABLE 28
HANDICAPPED CHILDREN
Children in Special Schools

| Treatment and Examination | 1967-68 | | 1966-67 | |
|--|---------|-------|---------|-------|
| | No. | % | No. | % |
| First visit for treatment or first visit to Special Schools | 515 | 78.7 | 515 | 78.7 |
| Attendance for treatment | 427 | 65.5 | 427 | 65.5 |
| Blind | ... | ... | ... | ... |
| Partially sighted | 257 | 39.8 | 257 | 39.8 |
| Deaf | 10 | 1.5 | 10 | 1.5 |
| Partially hearing | 17 | 2.6 | 17 | 2.6 |
| Educationally handicapped | 102 | 15.7 | 102 | 15.7 |
| Physical handicapped | 88 | 13.4 | 88 | 13.4 |
| Emotionally handicapped | — | — | — | — |
| Physically handicapped | 32 | 4.9 | 32 | 4.9 |
| Multihandicapped | 9 | 1.4 | 9 | 1.4 |
| TOTAL | 532 | 81.4 | 532 | 81.4 |
| Of these children 175 more than one defect are included in the category of their major defect: | 175 | 27.1 | 175 | 27.1 |
| Orthodontics | 21 | 3.2 | 21 | 3.2 |
| Cases requiring only splint treatment | 87 | 13.2 | 87 | 13.2 |
| New cases requiring treatment | 207 | 31.4 | 207 | 31.4 |
| Cases completed | 151 | 22.7 | 151 | 22.7 |
| Cases pending treatment | 56 | 8.4 | 56 | 8.4 |
| School Children | 40 | 6.0 | 40 | 6.0 |
| Number of patients approached for treatment | 381 | 58.5 | 381 | 58.5 |
| Number of patients who consented to treatment | 283 | 43.5 | 283 | 43.5 |
| Number of children given Tuberculin Test (Heal-Gun) | 2,150 | 327.4 | 2,150 | 327.4 |
| Number of children found to be positive | 252 | 38.6 | 252 | 38.6 |
| Number of children found to be negative | 1,898 | 288.8 | 1,898 | 288.8 |
| Number of Tuberculin Tests not read | 48 | 0.7 | 48 | 0.7 |
| Number of children given B.C.G. vaccination | 101 | 15.4 | 101 | 15.4 |
| Number of children found to be negative but not vaccinated | 11 | 1.7 | 11 | 1.7 |
| Doubtful first degree positives in 1967 retested | 100 | 15.2 | 100 | 15.2 |
| Number found to be positive | 39 | 5.9 | 39 | 5.9 |
| Number found to be negative | 61 | 9.3 | 61 | 9.3 |
| Number given B.C.G. vaccination | 151 | 22.7 | 151 | 22.7 |
| (b) Students at Technical College | 545 | 82.7 | 545 | 82.7 |
| Number given Tuberculin Test | 517 | 78.4 | 517 | 78.4 |
| Number found to be positive | 129 | 19.3 | 129 | 19.3 |
| Number found to be negative | 388 | 59.1 | 388 | 59.1 |
| Number given B.C.G. vaccination | 217 | 33.5 | 217 | 33.5 |
| (c) Pupils in Government Schools | 3,217 | 49.2 | 3,217 | 49.2 |
| Number of pupils in Government Schools | 6,534 | 100.0 | 6,534 | 100.0 |
| Number of pupils in Government Schools | 6,534 | 100.0 | 6,534 | 100.0 |

APPENDIX

HEALTH DEPARTMENT (MISCELLANEOUS)

| PREMISES | ADDRESS | PROPERTY | STATUS |
|---------------------|---------------------------|----------|--------|
| CENTRAL | | | |
| SUB-OFFICES | | | |
| Education Centre | 115 Great North Road, N.1 | | |
| Southgate Town Hall | Great North Road, N.2 | | |
| OTHER PREMISES | | | |
| Central | 115 Great North Road, N.1 | | |
| Croydon | Cheylate Road, N.9 | | |
| Cherford Road | Cherford Road, N.3 | | |
| Bridge House | Church Street, N.5 | | |
| St. John's | Church Street, N.15 | | |
| Silver Street | Silver Street, N.13 | | |
| War Hall | Silver Street, N.13 | | |
| SOUTHGATE | | | |
| SUB-OFFICES | | | |
| Education Centre | 115 Great North Road, N.1 | | |
| Southgate Town Hall | Great North Road, N.2 | | |
| OTHER PREMISES | | | |
| Central | 115 Great North Road, N.1 | | |
| Croydon | Cheylate Road, N.9 | | |
| Cherford Road | Cherford Road, N.3 | | |
| Bridge House | Church Street, N.5 | | |
| St. John's | Church Street, N.15 | | |
| Silver Street | Silver Street, N.13 | | |
| War Hall | Silver Street, N.13 | | |
| NORTHGATE | | | |
| SUB-OFFICES | | | |
| Education Centre | 115 Great North Road, N.1 | | |
| Southgate Town Hall | Great North Road, N.2 | | |
| OTHER PREMISES | | | |
| Central | 115 Great North Road, N.1 | | |
| Croydon | Cheylate Road, N.9 | | |
| Cherford Road | Cherford Road, N.3 | | |
| Bridge House | Church Street, N.5 | | |
| St. John's | Church Street, N.15 | | |
| Silver Street | Silver Street, N.13 | | |
| War Hall | Silver Street, N.13 | | |
| WESTGATE | | | |
| SUB-OFFICES | | | |
| Education Centre | 115 Great North Road, N.1 | | |
| Southgate Town Hall | Great North Road, N.2 | | |
| OTHER PREMISES | | | |
| Central | 115 Great North Road, N.1 | | |
| Croydon | Cheylate Road, N.9 | | |
| Cherford Road | Cherford Road, N.3 | | |
| Bridge House | Church Street, N.5 | | |
| St. John's | Church Street, N.15 | | |
| Silver Street | Silver Street, N.13 | | |
| War Hall | Silver Street, N.13 | | |

APPENDIX — SUMMARY

HEALTH DEPARTMENT PREMISES

| | |
|---|-----|
| Clinics (including Education premises) | 23 |
| Junior Training School | } 6 |
| Adult Training Centre | |
| Recuperative Hostel | |
| Day Nursery | |
| Treatment Centre (Cleansing) | |
| Disinfecting Station | |
| Public Conveniences | 56 |

HOSPITAL SERVICES

| | |
|--|----|
| North East Metropolitan Regional Hospital Board | |
| Number of hospitals serving the area | 12 |
| Chest Clinic | 1 |
| North West Metropolitan Regional Hospital Board | |
| Number of hospitals serving the area | 3 |

EXECUTIVE COUNCIL SERVICES

| | |
|--|-----|
| Number of principal general medical practitioners | 102 |
| Number of assistant general medical practitioners | 6 |
| Number of principal general dental practitioners | 81 |
| Number of pharmacists | 74 |
| Number of ophthalmic opticians | 22 |
| Number of dispensing opticians | 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, N.13

CLINICS

Edmonton :

Central — Plevna Road, N.9
Croyland — Croyland Road, N.9
(Education premises)

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

Enfield :

Albany — Bell Lane, Enfield
(Education premises)

Bullsmoor — Kempe Road, Enfield

Grange Park — Church-in-the-Orchard,
N.21

Green Street — Green Street, Enfield
Highway

Hadley Wood — Courtleigh Avenue,
Hadley Wood

Lavender — Lavender Road, Enfield
(Education premises)

Lincoln Road — Lincoln Road,
Bush Hill Park

Merryhills — Enfield Road, Enfield

Rosemary Avenue — Rosemary Avenue,
Enfield

St. Stephen's — St. Stephen's Road,
Enfield Wash

Southbury — Glyn Road, Ponders End

Southgate :

Bowes Road (Combined)— 269 Bowes
Road, N.11

Broomfield — Broomfield House,
Broomfield Park, N.13

DeBohun — Green Road, N.14
(Education premises)

The Grange — The Bourne, N.14

The Laurels — Barrowell Green, N.21

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,
"Windsmill", 84 Windmill Hill, Enfield

PUBLIC CONVENIENCES

Edmonton :

Angel Road, N.18

Barrass Stadium, N.9

Bury Street West, N.9

Bush Hill Park Parade, Enfield

Church Fields, N.9

Church Street, Gt. Cambridge Road, N.9

Craig Park, N.18 (2)

Cuculo Hall Ground, N.9

First Avenue, N.18 (2)

The Green, N.9

Jubilee Park, N.9 (2)

Montagu Road Playing Field, N.9

Silver Street, N.18

Tatem Park (Cambridge Roundabout) N.13

Tramway Avenue, N.9

Victoria Road, N.9

Weir Hall, Silver Street, N.18

Enfield :

Albany Park, Albany Road, Enfield

Brigadier Hill, Enfield

Carterhatch Lane, Enfield

Church Street, Enfield

Forty Hall, Forty Hill, Enfield

Green Street, Brimsdown

Hawthorn Grove, Enfield

(North Enfield Rec.)

Hertford Road, Enfield (Durants Park)

High Street, Ponders End

(Ponders End Rec. Ground)

Hilly Fields (Junction of Browning Road
and Phipps Hatch Lane)

King George Playing Fields, Bush Hill Park

Lancaster Road, Enfield

Nags Head Road, Ponders End

Russell Road, Forty Hall, Enfield

Southbury Road, Enfield

Sydney Road, Enfield

Town Park, Enfield

Turkey Street, Enfield

Whitewebbs Park (Central) Enfield

Southgate :

Arnos Park, N.11 (2)

Boundary Playing Fields, N.13

Bramley Sports Ground, N.14

Broomfield Park, N.13 (3)

Firs Farm, N.21 (Firs Lane Sports
Ground)

Fords Grove, Winchmore Hill, N.21

Grovelands Park, N.21 (2)

High Road, New Southgate, N.11

North Circular Road, Bowes Road, N.13

Oakwood Park, N.14

Southgate Cemetery, N.14

Tottenham Sports Ground, N.13

The Triangle, Palmers Green, N.13

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.

The 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 : 01-723 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

01-262 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

North Middlesex Hospital, Silver Street, Edmonton, N.18

01-807 3071

(Group Secretary : Mr. C. A. R. Evans)

Chase Farm Hospital, The Ridgeway, Enfield

01-363 3211

Cheshunt Cottage Hospital, Church Lane, Cheshunt

97 22157

Enfield War Memorial Hospital, Chase Side, Enfield

01-363 8242

Greentrees Hospital, 30 Tottenham Road, N.13

01-889 1041

Highlands General Hospital, World's End Lane, N.21

01-360 8151

North Middlesex Hospital, Silver Street, Edmonton, N.18

01-807 3071

St. David's Hospital, Silver Street, N.18

01-807 7126

St. Michael's Hospital, Chase Side Crescent, Enfield

01-363 0034

South Lodge Hospital, Worlds End Lane, N.21

01-360 8151

Tower Maternity Annexe, The Bishop's Avenue, N.2

01-455 3612

Claybury Hospital Management Committee

Claybury Hospital, Woodford Bridge, Essex

01-504 7171

(Group Secretary : W. C. Mitchinson, F.H.A., A.I.A.C.)

Claybury Hospital, Woodford Bridge, Essex

01-504 7171

South Ockendon Group Hospital Management Committee

(Group Secretary : W. G. Wilson, F.H.A., M.R.S.H., Leytonstone House,
High Road, E.11)

01-989 7701

South Ockendon Hospital, South Road, South Ockendon, Essex

700 2335

Chest Clinic

Edmonton Chest Clinic

North Middlesex Hospital, Silver Street, Edmonton, N.18

01-807 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

01-262 8011

Senior Administrative Medical Officer : F. J. Fowler, O.B.E., T.D., M.B., Ch.B.

HOSPITAL MANAGEMENT COMMITTEES AND HOSPITALS

| | |
|--|-------------|
| New Southgate Group Hospital Management Committee | |
| Friern Hospital, New Southgate, N.11 | 01-368 3461 |
| (Group Secretary : C. H. Pearsall, A.H.A.) | |
| Friern Hospital, New Southgate, N.11 | 01-368 3461 |
| Halliwick Hospital, New Southgate, N.11 | 01-368 8484 |
| Verulam Group Hospital Management Committee | |
| Harperbury Hospital, Harper Lane, Shenley | 779 4861 |
| (Group Secretary : D. T. James, A.H.A.) | |
| Harperbury Hospital, Harper Lane, Shenley | 779 4861 |

EMERGENCY BED SERVICE

| | |
|--|-------------|
| Emergency Bed Service, Fielden House, 28 London Bridge Street, S.E.1 | 01-407 7181 |
|--|-------------|

MASS RADIOGRAPHY

Mixed X-ray sessions are held for both men and women at the static X-ray Centre, 32 Drayton Park, N.5 (Telephone : 01-607 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 | ... | 9.45 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 : 01-952 5511 |

OTHER COUNCIL DEPARTMENTS, ETC.

| | |
|--|-------------|
| Town Clerk's Department. Civic Centre, Silver Street, Enfield | 01-363 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 | |
| Weights and Measures, Chief Inspector : D. K. Ellis, D.M.A., M.I.W.M.A., D.S.A.A. | |
| 341a Baker Street, Enfield | 01-363 4052 |
| Borough Treasurer's Department. Town Hall, Edmonton, N.9 | 01-807 3000 |
| Borough Treasurer : C. G. Gadsby, F.I.M.T.A., A.A.C.C.A. | |
| Deputy Borough Treasurer : N. E. Butler, F.I.M.T.A., F.C.A. | |
| Associate Treasurer : L. S. Jones, F.I.M.T.A. | |
| Borough Engineer and Surveyor's Department | 01-886 6555 |
| Town Hall, Green Lanes, Palmers Green, N.13 | |
| Borough Engineer and Surveyor : | |
| F. E. Ladly, M.B.E., E.R.D., C.Eng., M.I.Mun.E., M.Inst.H.E. | |
| Deputy Borough Engineer and Surveyor : | |
| D. J. Treweek, M.A.(Cantab.), Dip.T.P.(Lond.), C.Eng., A.M.I.C.E., M.I.Mun.E., A.M.Inst.H.E. | |
| Borough Architect and Planning Officer's Department | 01-886 6555 |
| Town Hall, Green Lanes, Palmers Green, N.13 | |
| Borough Architect and Planning Officer : | |
| T. A. Wilkinson, A.R.I.B.A., Dip.T.P.(Lond.), A.M.T.P.I. | |
| 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, O.B.E., E.R.D., A.R.I.B.A., Dip.T.P.(Lond.) | |
| Education Department. Church Street, Edmonton, N.9 | 01-807 1060 |
| Chief Education Officer : D. B. Denny, M.A. | |
| Deputy Education Officer : M. Healey, M.A.(Oxon) | |
| Housing Department. 7 Little Park Gardens, Enfield | 01-363 5311 |
| Housing Manager : F. R. G. Hester, F.I.H.M., F.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 | 01-366 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 | 01-363 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 | 01-368 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 | 01-363 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 | 01-366 1456 |
| Children's Officer : S. H. Pitt, B.Com. | |
| Deputy Children's Officer : Miss M. R. Buckby, Dip.Soc.Studies | |
| Civil Defence. Kimberley Gardens, Enfield | 01-366 0927 |
| Civil Defence Officer : R. M. Coles | |
| Entertainments. Entertainments Office, 84 Silver Street, Enfield | 01-366 1235 |
| Entertainments Manager : L. A. Fortune, F.I.M.Ent. | |

GENERAL INFORMATION

Ambulance Service

Chief Ambulance Officer : Mr. W. E. Cooke,
150 Waterloo Road, London, S.E.1 01-928 5000 (Ext. 6266 or 6470)

Appointed Factory Doctors

Enfield : Dr. J. Firth, 66 South Street, Enfield 01-804 1729
 Edmonton : Dr. M. G. Peters, 53 Dysons Road, Edmonton, N.18 01-807 3339
 Dr. H. Gough-Thomas, 5 Springfield Court,
 St. John's Wood, N.W.8 (For Adult Training Centre) 01-624 2262
 Southgate : Dr. J. Almeyda, 109 North Circular Road,
 Palmers Green, N.13 01-807 2045

H.M. District Inspector of Factories

Mr. R. Mantle, H.M. Factory Inspectorate,
North London District, 52-54 Fore Street, Edmonton, N.18 01-807 4988

Ministry of Social Security

Local Offices :

| | |
|---------------------------------------|-------------|
| Embassy Building, Eaton Road, Enfield | 01-363 4104 |
| St. Mark's Road, Enfield | 01-363 1275 |
| 4 Burleigh Parade, Southgate, N.14 | 01-886 6853 |

Probation Service

The Courthouse, Windmill Hill, Enfield
Senior Probation Officer : Mr. G. W. Hemsley 01-363 5500

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 01-807 3000

Superintendent Registrar (Births, Deaths and Marriages)

Register Office :

| | |
|---------------------------------------|-------------|
| Town Hall, Fore Street, Edmonton, N.9 | 01-807 3000 |
|---------------------------------------|-------------|

Sub-Offices :

| | |
|---|-------------|
| Cecil Court, 49 London Road, Enfield | 01-363 5506 |
| Town Hall, Fore Street, Edmonton, N.9 | 01-807 3000 |
| Town Hall, Green Lanes, N.13 | 01-886 6555 |
| North Middlesex Hospital, Silver Street, N.18 | 01-807 3071 |
| Chase Farm Hospital, The Ridgeway, Enfield | 01-363 3211 |

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 01-352 9669 and 9779

London Inter-Group : 01-352 1626

Local Address : Wayfarer House, 248 High Road, N.22 01-888 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 01-235 5454

Middlesex Branch : 10 Collingham Road, S.W.5 01-370 3001

(Branch Director : Mrs. H. Bone)

Local Office, Edmonton and Enfield : 93 Church Street, Edmonton, N.9 01-807 5801

(Divisional Director : Mrs. D. M. Dixon, M.B.E.)

Church Army

Provides hostels and homes for the elderly, and recuperative care accommodation for mothers and children.

Headquarters : 185 Marylebone Road, N.W.1 01-262 3211

Citizens' Advice Bureaux

Give free advice on all subjects to citizens.

Headquarters — Greater London :

London Council of Social Service, 4 Gower Street, W.C.1 01-636 4864

Local Offices :

Edmonton : Central Hall, Fore Street, N.9 01-807 4253

Enfield : 84 Silver Street, Enfield 01-363 0928

Southgate : Town Hall, Palmers Green, N.13 01-886 6555

Edmonton Aid in Sickness and Nursing Fund

Assists 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 Moral Welfare Association

Provides moral welfare assistance in the spheres of both preventive and rescue work.

Hon. Secretary : Mrs. P. S. Hancock, 9 Morton Crescent, N.14 01-886 6350

Welcare Hostel : Ridge End House, 1 The Ridgeway, Enfield

Enfield First Aid League

Arranges 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 01-363 1554

Family Planning Association

Provides Family Planning Services.

Head Office : 231 Tottenham Court Road, W.1 01-636 9135

North London Branch (Enfield, Barnet, Haringey) :

Organising Secretary : Mrs. M. Bayley, 1346B High Road, Whetstone, N.20 01-445 6746

Invalid Children's Aid Association

Provision of care to invalid, delicate and physically handicapped children, including case-work and admission to residential establishments.

General Secretary : Miss Eileen Hilton, 126 Buckingham Palace Road, W.1 01-730 9891

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 01-727 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 (Education and Welfare Department) :

Group Captain M. G. Philpott, 138 Sloane Street, S.W.1 01-730 9157

Marriage Guidance Council

Provides expert guidance on marriage problems to married persons, and gives advice to those contemplating marriage.

Local Appointments Secretary : Mr. W. Kingsland, 52a Chase Side, N.14 01-886 1615

- Mental After-Care Association**
Assists persons requiring preventive care, suitable permanent chronic patients and provides convalescent holidays.
110 Jermyn Street, S.W.1 01-839 5953
- Middlesex Association for the Blind**
Works in association with the Borough to meet the needs of blind and partially sighted people.
83 Cambridge Street, S.W.1 01-828 8250
- 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 01-935 1272
- National Society for Mentally Handicapped Children**
A service to benefit handicapped children and their families.
5 Bulstrode Street, W.1 01-935 2513
Enfield Branch :
Secretary : Councillor Mrs. J. Watson, 19 Bazile Road, N.21 01-360 3152
- 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 01-580 8812
Local Office : 19 Woodfield Drive, East Barnet 01-368 4154
(Inspector Greenwood)
- Old People's Welfare**
Helps old people in various ways, including clubs for men and women, meals on wheels, summer holidays, outings for the housebound, library service and mending service.
Edmonton : Secretary, Welfare Office, Town Hall, Fore Street, Edmonton, N.9 01-807 3000
Enfield : Secretary, Cecil Court, 49-55 London Road, Enfield 01-363 5311
Southgate : Secretary, Ruth Winston House, 190 Green Lanes, Palmers Green, N.13 01-886 5346
- Richmond Fellowship**
Provides residential centres for people who are emotionally or mentally disturbed.
8 Addison Road, Kensington, W.14 01-603 6373
- 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 01-930 0971
Local Office : 85 Church Street, Edmonton, N.9 01-807 3807
- St. John Ambulance Brigade**
Provides first aid and nursing assistance where required.
Headquarters : 8 Grosvenor Crescent, S.W.1 01-235 5231
Local Officer : Mr. F. Keefe, 1 Lawn Close, Edmonton, N.9 01-360 4095
- Samaritans**
Exist to help those tempted to suicide or in despair, and immediate contact can be made at any hour.
Emergency calls : 01-626 9000
Other calls : 01-626 2277
- Society for Autistic Children**
Provides and promotes day and residential centres for the treatment and education of autistic or psychotic children.
100 Wise Lane, Mill Hill, N.W.7 01-959 7020
- Women's Royal 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 : 17 Old Park Lane, W.1 01-499 6040
Acting Organiser, Enfield Borough : Mrs. B. M. Ingram 01-360 7820

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