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

**ANNUAL REPORT
1967**

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

THE COUNCIL OF THE
LONDON BOROUGH OF ENFIELD



ANNUAL REPORT

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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 1967.

This report follows the pattern set during the first year of the new borough. The main sections of the report deal with the three major aspects of the work of the department — personal health, environmental health, and school health.

The general trend revealed by the vital statistics is satisfactory showing a reduction, compared with last year, in the death rate, infant mortality rate, neonatal mortality rate and perinatal mortality rate. These compare favourably with the national rates.

In keeping with the national figures the birth rate was somewhat lower than last year but the illegitimate rate (6.8% of total live births) unfortunately was higher.

The number of deaths from diseases of the respiratory system showed quite a marked reduction of 72, but deaths from diseases of the cardio-vascular system showed an increase of 47, and deaths from cancer of all forms showed a very small increase of two.

In the field of infectious disease control no outstanding events or alarming incidents occurred. Several of the commoner infections showed reductions and there were 12 fewer cases of respiratory tuberculosis and five less of other tuberculous conditions. Measles was, once again, by far the most common notifiable infectious disease but the hope of an effective vaccine for use in 1968 became a reality.

The considerable time and effort devoted to securing as healthy an environment as possible may not be fully realised; nor is there apparently wide recognition of the very large amount of work and skilled attention required to protect our food supplies, by ensuring that all legislation dealing with food is used effectively to achieve this end.

In the field of personal health, mention should be made of the new domiciliary family planning service for the giving of contraceptive advice to families with special need. Also, the progress in regard to the development of playgroups in certain areas and social situations is of interest.

Some amendments were required to be made to the Ten-Year Plan but the former emphasis on the development of the Mental Health Services was accentuated. No major capital development projects were completed during the year but planning was advanced in regard to several projects, and modest extensions and alterations were effected at two clinics.

There was considerable national publicity on drug dependency but, whilst we in the Health Department had no evidence that it was a problem of any magnitude in the borough, it is recognised that evidence is difficult to secure.

The School Health Service followed the pattern of previous years and a large volume of effective preventive work was undertaken in a quiet and unobtrusive manner.

In the absence of a Student Health Service we have endeavoured to meet within our limitations the requirements of the technical colleges.

The contribution of material for, and the compilation of, this report has been dependent upon the combined efforts of many people, and I wish to record my thanks to my deputy and other members of the department for their invaluable help in preparing this report and for their loyal and diligent service during the year. I would also like to voice my grateful appreciation of the support and encouragement of the Chairman, Vice-Chairman and Members of the Health and Education Committees, and the willing co-operation of my colleagues in other departments.

WILLIAM D. HYDE

Medical Officer of Health

Principal School Medical Officer

THE COUNCIL

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Enfield Group Hospital Management Committee :

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Councillor Mrs. R. A. Smythe

London and Home Counties Clean Air Advisory Council :

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Councillor M. Kahn

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Councillor Mr. E. J. Jones

Councillor Mr. A. J. Jones

Social Service Committee of the London Borough Association:

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Councillor

London Group Hospital Management Committee: J. J. OBE, J.P.

Chairman Mr. G. M. J. OBE, J.P.

Councillor Mr. R. A. Smythe

Councillor

London and Home Counties Urban Sanitary Council:

Councillor Mr. R. A. Smythe

Councillor Mr. J. Jones

Councillor Mr. J. Jones

Health Services Council:

Councillor Mr. R. A. Smythe

Councillor Mr. J. Jones

Councillor Mr. J. Jones

Standing Conference on Investigation of Atmospheric Pollution:

Chairman Mr. G. M. J. OBE, J.P.

Councillor

Councillor

Councillor

Councillor

Area 10 Health Services Committee:

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Councillor Mr. A. J. Jones

National Hospital Board Bureau:

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Councillor Mr. E. J. Jones

Councillor Mr. E. J. Jones

Councillor Mr. E. J. Jones

National Society for Clean Air:

Chairman Mr. G. M. J. OBE, J.P.

Councillor Mr. R. A. Smythe

Councillor Mr. R. A. Smythe

Councillor Mr. R. A. Smythe

National Society of Children's Hospitals:

Councillor Mr. R. A. Smythe

Councillor Mr. R. A. Smythe

Councillor Mr. R. A. Smythe

Councillor Mr. R. A. Smythe

London Accident Prevention Council:

Councillor Mr. C. Jones

Councillor Mr. C. Jones

Councillor Mr. C. Jones

Councillor Mr. C. Jones

Association of Hospital Committees—Health Committee:

Councillor Mr. R. A. Smythe

Councillor Mr. R. A. Smythe

Councillor Mr. R. A. Smythe

Councillor Mr. R. A. Smythe

SUMMARY OF STATISTICS RELATING TO THE LONDON BOROUGH OF ENFIELD

Area ... 20,061
Population (Registrar General's Mid-1967 Estimate) ... 88,737
Number of structurally separate dwellings, including flats ... 922
Number of dwellings constructed during the period 1955-1966 ... 118,409
Rateable value ... 272,200
Product of a lb. rate ...

LIVE BIRTHS
Rate per 1,000 population (crude) ... 14.137
Rate per 1,000 population (standardised) ... 14.1
Rate per 1,000 population (England and Wales) ... 13.2
Estimated live births per cent. of total live births ... 6.2

STILLBIRTHS
Rate per 1,000 total live births and stillbirths ... 14.0
Rate per 1,000 total live births and stillbirths (England and Wales) ... 14.2
Total live and stillbirths ... 4,183

STATISTICS AND SOCIAL CONDITIONS

Infant deaths (deaths under the age of 1 year) ... 37
Total infant deaths per 1,000 total live births and stillbirths ... 13.8
Estimated infant deaths per 1,000 live births (England and Wales) ... 13.0
Estimated infant deaths per 1,000 live births ... 13.0
Neonatal mortality rate (deaths under age of 1 week per 1,000 total live births) ... 12.2
Infant neonatal mortality rate (deaths under age of 1 week per 1,000 total live births) ... 12.2

Perinatal mortality rate (stillbirths and deaths under the age of 1 week combined per 1,000 total live and stillbirths) ... 20.2
Perinatal mortality rate (England and Wales) ... 20.2

MATERNAL MORTALITY (including abortion)
Rate per 1,000 total live and stillbirths ... 0.2
Rate per 1,000 total live and stillbirths (England and Wales) ... 0.2

Number of deaths from all causes per 1,000 home population (crude) ... 11.2
Ratio of local adjusted death rate to national rate ... 10.8
Death rate per 1,000 home population (standardised) ... 11.2
Deaths from cancer (all forms) per 1,000 population ... 2.6
Deaths from cancer (all forms) (England and Wales) ... 2.3

SUMMARY OF STATISTICS RELATING TO THE LONDON BOROUGH OF ENFIELD

Area	(acres) 20,061
Population (Registrar General's Mid-1967 Estimate)	266,640
Number of structurally separate dwellings, including flats	88,727
Number of dwellings constructed during the year	922
Rateable value	£18,167,400
Product of a 1d. rate	£73,500

LIVE BIRTHS

Number	4,137
Rate per 1,000 population (crude)	15.5
Ratio of local adjusted birth rate to national rate	0.94
Rate per 1,000 population (standardised)	16.1
<i>England and Wales</i>	17.2
Illegitimate live births per cent. of total live births	6.8

STILLBIRTHS

Number	46
Rate per 1,000 total live births and stillbirths	11.0
<i>England and Wales</i>	14.8
Total live and stillbirths	4,183

INFANT MORTALITY

Infant deaths (deaths under the age of 1 year)	57
Total infant deaths per 1,000 total live births	13.8
<i>England and Wales</i>	18.3
Legitimate infant deaths per 1,000 legitimate live births	13.0
Illegitimate infant deaths per 1,000 illegitimate live births	24.9
Neo-natal mortality rate (deaths under age of 4 weeks per 1,000 total live births)	11.4
<i>England and Wales</i>	12.5
Early neo-natal mortality rate (deaths under the age of 1 week per 1,000 total live births)	9.9
<i>England and Wales</i>	10.8
Perinatal mortality rate (stillbirths and deaths under the age of 1 week combined per 1,000 total live and stillbirths)	20.8
<i>England and Wales</i>	25.4

MATERNAL MORTALITY (including abortion)

Number of deaths	1
Rate per 1,000 total live and stillbirths	0.2
<i>England and Wales</i>	0.2

DEATHS

Number of deaths from all causes	2,974
Death rate per 1,000 home population (crude)	11.2
Ratio of local adjusted death rate to national rate	0.95
Death rate per 1,000 home population (standardised)	10.6
<i>England and Wales</i>	11.2
Deaths from cancer (all forms)	685
Death rate from cancer (all forms) per 1,000 population	2.6
<i>England and Wales</i>	2.3

SOCIAL CONDITIONS

The London Borough of Enfield covers an area of 20,061 acres and has an estimated population of 266,640 and a rateable value of £18,167,400.

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.

A welcome improvement to the amenities of the borough should result from the activities of the newly created Lee Valley Regional Park Authority. The functions of this authority are concerned with the improvement of riverside areas throughout the course of the River Lea and the provision of facilities for leisure pursuits. The ensuing benefits should enhance the well-being of the community and the progress of this new authority will be observed with interest.

Housing development included the erection of six tower blocks containing in all 428 dwellings. Further 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. The opening of the further stretch of dual carriageway to the northern boundaries on the latter road has brought about a considerable improvement in the traffic flow through Enfield. 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.

Reference should be made to the improvements which have been brought about jointly by the Council and the Enfield Preservation Society in the Gentleman's

Row area of Enfield. These improvements have been recognised in the form of a commendation by the Civic Trust. The main office building of the Health Department was included in the scheme, and the noteworthy architectural features of the buildings in the area are enhanced by the pleasing colour schemes which were used.

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 4,137, giving a crude birth rate of 15.5 and a standardised birth rate of 16.1, compared with the rate for England and Wales of 17.2.

The percentage of illegitimate live births at 6.8 is roughly about the national average.

Deaths

The number of deaths during the year was 2,974 (1,520 males and 1,454 females) giving a crude death rate of 11.2 and a standardised death rate of 10.6 (England and Wales 11.2).

The more prevalent causes of death were cardio-vascular system, 1,515; malignant neoplasm, 685; and diseases of the respiratory system (excluding malignant neoplasm), 356.

Of the cardio-vascular causes, 699 were due to coronary disease (angina), 389 to vascular lesions of the nervous system, 217 to other heart disease, 172 to other circulatory disease, and 38 to hypertension with heart disease.

Of the malignant neoplasm causes of death, 171 (of which 139 were males) involved the lung and bronchus, 71 the stomach, 64 the breast, and 12 the cervix of the uterus.

Of the diseases of the respiratory system, bronchitis accounted for 136 deaths, pneumonia 192 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. 508 males and 814 females, were of persons aged 75 years or more.

Thirty per cent., i.e. 313 males and 583 females, were of persons aged 80 years or more.

Eight males and 28 females were aged 95 years or more, including one male and one female of 100 years.

I regret to report that there was one maternal death.

Deaths of Infants

During the year, there were 57 deaths of infants under the age of one year, of which 47 were under the age of four weeks and 41 under the age of one week.

The Infant Mortality Rate for the borough was 13·8, compared with 18·3 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, and the most common cause was pneumonia.

Fatal Accidents

During the year under review, 36 (22 male, 14 female) Enfield residents died as a result of motor vehicle accidents, and 43 (23 male, 20 female) from other accidents. In addition, there were 25 (12 male, 13 female) deaths from suicide compared with 39 last year. 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.

Road Accidents

I am grateful to the Borough Engineer and Surveyor for the following report on road accidents occurring within the borough.

“The accident rate has again fallen in 1967 by 9%. Figures are :

			1965	1966	1967
Total number of Accidents ...	...	...	1,859	1,685	1,532
Total number of Casualties ...	...	...	2,387	2,206	1,986
	Fatal ...	...	26	34	28
	Serious ...	...	423	365	364
	Slight ...	...	1,938	1,807	1,594

“This reduction has come about in the face of increasing traffic. I feel it can be said with some certainty that the general public are becoming more aware of their responsibilities. This has been brought about by the increasing amount of propaganda and education both nationally and locally, the introduction of new legislation and improvement to roads. The introduction of the new drink and driving laws was a matter of great controversy during 1967 and obviously brought the problem to the public's attention and this awareness no doubt had some effect on the accident situation even before the Breathalyser Test came into operation on the 9th October, 1967. It is worthy of note that immediately following the introduction of this law the reduction of road accidents has been particularly pronounced during the period 10 p.m. to 1 a.m. In October 1967 accidents in the Metropolitan Police Area during these hours were 41.9% less than in 1966 and in November 41% less than 1966.

“Although it is a little early to draw any firm conclusions from these startling reductions, they do show that this new law had an immediate effect upon the accident situation. It still remains to be seen what this reduction will amount to over a longer period of time.

“Whilst this reduction in adult casualties is very encouraging, it is not reflected in the child casualty rate in our borough—only 16 fewer children under the age of 15 years being injured in 1967 than in 1966.

“The parked vehicle is probably one of the greatest hazards to children on the roads. In 1967, 23 children were injured, whilst running into the road from behind a stationary vehicle. This problem is particularly dangerous outside school entrances and in consequence most schools have ‘No Waiting’—‘School Entrance’ markings outside their gates. However, the parents who bring the children to school by car do as a general rule ignore these markings and stop their vehicles within the

restricted area, causing danger to the children crossing the road.

“Of the 28 fatal casualties, five were children under 15 years and five were over 60 years of age. Of the nine car occupants who were killed, two were drivers and seven were passengers. These figures substantiate the need for safety belts, particularly in respect of passengers. It is an accepted fact that 75% of severe and fatal injuries to car occupants are sustained by the front-seat passengers.”

The 36 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.

Inquests

One hundred and eleven inquests and 477 post-mortem examinations without inquests were held during the year.

Of these, 477 deaths were due to natural causes, 71 to accidental causes, 23 to suicide, four to misadventure, three to homicide, two to manslaughter, and in eight 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 1967 was 2,213.

(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 67% 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 has risen.

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

Sixty-one cases of respiratory tuberculosis and 11 cases of tuberculosis of other organs, including genito-urinary tract, lymph glands and meninges, were notified. There were seven deaths from the disease. The six deaths from respiratory tuberculosis and the one death from tuberculosis of other organs all occurred in persons over the age of 35 years, five being persons over 65 years of age.

Of all notified cases of infectious disease 2,471 were school children; and head teachers informed us of 678 children absent from school due to infectious or suspected infectious disease. A number of the cases notified by head teachers were pupils suffering from diarrhoea and vomiting.

Measles

One thousand, nine hundred and fifty-five cases of measles were notified and the attack rate was 7.35 per 1,000 of the population. There were no deaths.

Scarlet Fever

One hundred and eighteen cases of scarlet fever were notified, and the attack rate was 0.44 per 1,000 of the population. There were no deaths.

Erysipelas

Fourteen cases of erysipelas were notified, and the attack rate was 0.05 per 1,000 of the population. There were no deaths.

Whooping Cough

Two hundred and eighty-five cases of whooping cough were notified, and the attack rate was 1.07 per 1,000 of the population. There were no deaths.

Dysentery

Two hundred and ninety-nine cases of Sonné dysentery were notified, and the attack rate was 1.12 per 1,000 of the population. There were no deaths.

Food Poisoning

Thirty-four cases of food poisoning were notified, and the attack rate was 0.13 per 1,000 of the population.

Fifteen cases occurred in five family outbreaks and the rest were single sporadic cases.

The causative organism was salmonella typhi-murium in 11 cases, other salmonellae in 15 cases, and in the remaining eight cases the cause was unknown. There were no deaths.

Meningococcal Infection

Only one notification was received but two deaths from the disease were registered.

Respiratory Tuberculosis

Sixty-one cases of respiratory tuberculosis were notified, and the attack rate was 0.23 per 1,000 of the population. There were six deaths.

Other Forms of Tuberculosis

Eleven cases of other forms of tuberculosis were notified and the attack rate was 0.04 per 1,000 of the population :

Glands	...	...	...	...	3
Endometrium	...	...	...	...	2
Epididymis	...	...	...	...	2
Kidney	...	...	...	...	3
Wrist	...	...	...	...	1

There was one death (tuberculous kidney).

Typhoid Fever

One case was notified. It was probable that the patient became infected during a visit abroad. There were no deaths.

Public Health (Leprosy) Regulations, 1966

One notification was received. The case was hospitalised outside the area.

Public Health (Ships) Regulations, 1966

Public Health (Aircraft) Regulations, 1966

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

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

Disinfection

Powers of local authorities to provide a disinfecting 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 118 premises were treated. Disinfection of clothing, bed-clothing and other suitable articles is effected by steam disinfection at the council's disinfecting station. Library books, leather articles, certain fabrics and other articles liable to damage by steam are treated by formaldehyde in a disinfecting chamber.

Among the articles disinfected during the year were 2,603 articles of bed-clothing, 2,219 articles of clothing (including used clothing for despatch abroad to those countries which require a certificate that this treatment has been carried out), 868 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.

Late in the year notification was received from the Public Health Laboratory Service Board that plans had been completed for the institution of a new public health laboratory at Whipps Cross Hospital, Leytonstone, London, E.11.

The new laboratory was required to provide a much-needed comprehensive public health laboratory service in north-east London and it was intended to close the branch laboratory at Edmonton. As a result of this situation accommodation was no longer required for a laboratory in the new health centre, Hertford Road, Edmonton. The laboratory at Whipps Cross should open early in 1968.

For the convenience of general practitioners and the public, several specimen collection boxes are situated at various points throughout the borough. The specimens are collected from the boxes daily and delivered to the branch laboratory.

A total of 11,389 clinical specimens submitted by general practitioners and this department was examined.

The number of general practitioners who are regular users of the laboratory services remains constant at about 75%.

Throughout the year we have continued to enjoy the invaluable advice and assistance of the director of the branch laboratory, Dr. Mair Thomas, and her staff, in the control of outbreaks of diseases.

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

PERSONAL HEALTH SERVICES

SUMMARY OF STATISTICS RELATING TO THE PERSONAL HEALTH SERVICES

Clinics

Number of attendances at:

Ante-natal clinics	5,302
Post-natal clinics	729
Relaxation and Mothercraft classes	3,539
Child Welfare clinics	97,199

Dental Care

Number of Expectant and Nursing Mothers examined	42
Number of Children under five years of age examined	711

Midwifery

Number of Midwives who notified their intention to practise in the borough	171
Number of Premature Babies born at home	55

Health Visiting

Number of home visits	39,574
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Home Nursing

Number of home visits	104,484
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Vaccination and Immunisation (persons under 16 years of age)

Diphtheria, Whooping Cough, Tetanus, Poliomyelitis :

Number of persons who completed primary courses of immunisation against one or more of these diseases	8,737
Reinforcing doses	10,774
Smallpox: number of persons vaccinated	2,597
re-vaccinated	206

Prevention of Illness, Care and After-Care

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

Respiratory	1,912
Non-respiratory	202
Attended at Mass Radiography	8,586

Cases of Pulmonary Tuberculosis found at Mass Radiography ... (figure not yet available)

Number of attendances at Chiropody clinics	7,878
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Mental Health

Number of patients under Local Authority Care	724
Number of patients referred to the Local Authority	740
Number of visits and interviews by Mental Welfare Officers	6,971

Home Help

Number of cases in which Domestic Help was provided	2,422
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Number of Registered Blind and Partially Sighted Persons	678
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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.

Ministry of Health Circular 7/67 on Health Centres referred to the recent considerable upsurge of interest in the provision of health centres and gave advice on the planning, preparation and submission of schemes for health centres with a view to standardising procedures and so reduce the time needed for processing each scheme. New arrangements for direct payments to general medical practitioners practising at health centres in respect of expenditure on rent and rates and on ancillary staff were set out in Circular E.C.L. 30/67 to encourage the presentation of plans for expansion in health centre provision.

Stress was laid on the importance of early consultations with Executive Councils, local professional committees, Regional Hospital Boards, Boards of Governors and the Ministry in considering the provision of health centres, and it was hoped that whenever doctors, dentists or pharmacists expressed a desire to practise from a health centre, the local health authority would do all it could to meet their wishes. The views of the general practitioners concerned on the design of the centre should be taken into account, and their desires as regards private practice had to be considered. A "Design Note" for the guidance of local health authorities was being prepared.

A general review of plans for health centre provision in this borough was made in association with the Executive Council who provided lists of doctors interested in health centres, those requiring more data regarding health centres and those not interested in health centres. This information together with information on the future housing development in the borough was borne in mind when the Ten-Year Development Plan was revised during the year when provision was made for a total of 11 health centres to be built by 1977.

At present there are no health centres in the borough, but Ministry approval was received in 1967 to provide one in Hertford Road and plans are nearing completion. These plans included accommodation for a laboratory for the use of the Public Health Laboratory Service Board. However, notification has recently been received from the Public Health Laboratory Service that this accommodation will not now be required. An alternative use for that part of the building the laboratory service would have occupied has been found, in that the Welfare Department of this council will use the accommodation as a social rehabilitation unit for blind and physically handicapped persons.

There has been, to date, no demand for use of the dental suite by private practitioners and it is proposed that the accommodation will be used alternatively for family planning and cervical cytology services, speech therapy and by medical specialists generally.

This part of the health centre will, however, be equipped with all necessary services during building, in order that a dental service can be provided should the need arise in future. It is hoped that construction of this centre will be started in 1968.

A proposal to provide a health centre in the Old Road Development area, which will replace the existing Green Street Clinic, is under consideration and has been provisionally approved by the Ministry for 1968/9. Information relating to other proposed health centres is given elsewhere in this report under the heading "Ten-Year Plan for Health Services".

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 894 women attended the ante-natal clinics and 540 attended for a post-natal examination. Many women attend their family doctor or hospital for their post-natal examination. The further drop in numbers compared with last year seems indicative of the continuing tendency for expectant mothers to be cared for by the general practitioner and hospital services.

Mothercraft and relaxation classes for expectant mothers, held in clinics throughout the borough, were attended by 645 women. These classes continue to be popular and many of the general practitioners who undertake the ante-natal care of their patients still refer their patients to the clinics for relaxation classes.

Child Welfare Sessions

The 2,067 sessions held during the year were attended by 12,168 children. The total number of attendances was 97,199 compared with 101,925 last year. It is significant that although the number of attendances is contrary to the trend of recent years, the actual number of children brought to the clinics remains virtually the same.

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 purposes of medical examination and immunisation and vaccination if this is not being arranged through the family doctor. In this way it is hoped to achieve regular supervision of the health of the child as well as routine immunisation.

Child Welfare Centres

Towards the end of the year the report of the sub-committee of the Standing Medical Advisory Committee on Child Welfare Centres was published by the Minister of Health. This thorough and valuable report represents the first *ad hoc* review of the Child Health Service administered by local authorities. The report makes a number of recommendations for improving the service but firmly endorses the basic principles of routine medical inspections and health education which have been adhered to since the days of the pioneer child welfare centres.

The report and its recommendations were still under consideration at the end of the year.

Specialist Clinic Sessions

Children suffering from defects were referred to specialist clinics as follows :

Ophthalmic	171 new cases
	578 attendances
	51 spectacles prescribed
Ear, Nose and Throat	26 new cases
	96 attendances
Orthopaedic	42 new cases
	154 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.

The health centre to be built in Hertford Road will replace one of the clinics in adapted premises, and work on this new health centre is expected to commence in 1968.

Under the Ten-Year Plan, which was revised during the year, it is proposed to replace another of the clinics in adapted premises in 1968 and one of the clinics in rented premises in 1969. The plan also provides for the replacement of a clinic in rented premises in 1971 and one in adapted premises in 1972; the two remaining clinics in adapted premises are planned to be replaced between 1973 and 1977. It is intended that, wherever possible and desirable, these clinics should be replaced by the provision of accommodation in new health centres.

The minor improvements to St. Stephen's and Rosemary Avenue Clinics were completed in 1967.

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 £7,250 in sales and the issue of 9,901 tins of National Dried Milk, 3,411 bottles of cod liver oil, 3,743 packets of vitamins A and D, and 80,567 bottles of orange juice. In addition, various brands of proprietary dried milk, cereals and vitamin preparations, recommended by medical officers in particular cases, were available in the clinics, and the total sales amounted to some £19,780.

In Circular L.H.A.L. 23/67 the Minister of Health drew attention to the many families in the low income groups who were not taking advantage of the free supplies to which they are entitled under the welfare foods scheme. Consequently, the appropriate staff of this department were asked to encourage and assist any such families to do so.

In Circular L.H.A.L. 26/67 the Minister gave details of a new pack for National Dried Milk and re-emphasised the importance of using a dried milk fortified with extra Vitamin D, such as the National Dried Milk, in preference to ordinary liquid milk, where breast feeding was not possible.

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 130 attendances for treatment were made by mothers and 907 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.

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 some reason or another find herself without support. The services of a fully qualified social worker are shared by the borough with two neighbouring boroughs.

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.

Of the 71 cases referred through various channels such as social workers, general practitioners, health visitors, voluntary social workers, the National Council for the Unmarried Mother and Her Child, etc., 62 were admitted to mother and baby homes and arrangements were made for most of the remainder to be admitted in due course.

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

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

Of the 63 babies born to 62 unmarried girls admitted to mother and baby homes during 1967, 25 were kept by their mothers, 17 were adopted or awaiting adoption, four were taken into care of the local authority, one child was stillborn, and the final placement of the rest has not been decided yet.

Fortunately, the illegitimate birth rate which had been rising steeply up to 1964, has fallen steadily since then and it seems probable that this trend will continue with the increased use of birth control methods by unmarried women.

"At Risk" Register

A register is kept 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 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.

Notification of a child "at risk" is made by the doctor, health visitor, or midwife concerned and 488 such notifications were received during the year. Five hundred and fifty-four children were removed from the register in 1967, leaving a total of 1,054 children on the register at the end of the year.

Of 319 children on the register who had hearing tests at infant welfare clinics, only one appeared to have some hearing loss. This child was found to have partial hearing and arrangements were made for her to be fitted with a hearing aid.

During 1967, 73 children were reported to be suffering from congenital abnormalities, and at the end of the year there were 71 children in the handicapped section of the register.

Incidence of Congenital Abnormalities Detectable at Birth

Babies born with a detectable abnormality are notified by the doctor or midwife in charge of the confinement with details of the abnormality, and a return of these notifications, amounting to 62 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. Stewart of the Department of Social Medicine, Oxford University. Doctors from all over the country have participated and one assistant medical officer of this borough continued to take part in the survey during 1967. 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 this 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 3,960 regular screening tests of the urine of babies for phenylketonuria were carried out. Although no tests proved positive, the knowledge that children may be saved mental deterioration by this means of early detection continues to be sufficient incentive to the health visitors who willingly carry out the large number of tests involved.

"Battered Babies" Syndrome

I am glad to say that again this year no incidents of young children with unexplained injuries have been reported to the department or discovered by departmental doctors and nurses, who continue to be on the alert.

The National Society for the Prevention of Cruelty to Children intends to set up a team of social workers to specialise in the "battered baby" syndrome and following an initial study of the subject, is expected to work in conjunction with local authorities and hospitals in the London area.

Consumer Protection

The Home Office Circular 93/1967 advised local authorities that the Night-dresses (Safety) Regulations, 1967, had been made under the Consumer Protection Act, 1961, and asked that publicity be given to the provisions of the new regulations. The medical officers, health visitors, midwives and home nurses were asked to draw the attention of expectant mothers and the mothers of young children to the requirement that no person may sell a child's nightdress unless it is made of material which is of "low flammability". These staff were also advised that night-dresses for adults must either be of low flammability or carry the label "Warning — keep away from fire", and that this was of particular importance for the elderly.

A circular letter from the Ministry of Health dated 8th November, 1967, drew attention to the deaths of babies caused by suffocation by bedclothes when their cots slipped off the supporting stands. It also referred to the Stands for Carry-Cots (Safety) Regulations, 1966, made under the Consumer Protection Act, 1961, which require that, as from 1st February, 1967, all carry-cot stands sold must effectively retain the cot in position. The attention of the medical and nursing staff concerned was drawn to the potential dangers of mothers using stands which do not do so.

Family Planning

The arrangements by the council for advice and treatment without charge through the Family Planning Association for women to whom pregnancy would be detrimental to health continued and 22 women were referred.

The council also continues to make available, free of charge, clinic premises to the Family Planning Association, and 13 sessions a week were held at six local

authority clinics. In addition, an annual financial contribution was again made to the association, which provides a service to meet the wider need for planned parenthood. The association continued to hold one session a week at the War Memorial Hospital and two at Chase Farm Hospital for the fitting of intra-uterine devices.

General medical practitioners provide family planning services under the National Health Service Act, 1946.

Following discussions begun in 1966 with the Family Planning Association concerning a domiciliary service for women unable or unwilling to attend a clinic, a service was started on 28th April, 1967, with a team comprising doctor, nurse and secretary. Patients were referred mainly by health visitors, although a few were referred through the Children's Department. Initial visits to these patients are undertaken by a doctor, who sees both husband and wife, and discusses the various methods of family planning with them. When a satisfactory method is established under the supervision of the doctor, further visiting is carried out by a nurse. Later in the year, the council agreed to accept financial responsibility for this service. During 1967, 72 patients were referred for this service: 64 on medical grounds and eight on social grounds.

The National Health Service (Family Planning) Act, 1967, received the Royal Assent on 28th June, 1967. It extends the existing powers of local authorities to enable them to provide contraceptive advice and supplies for any person who seeks such advice, and not, as previously, only in medical cases. This service is, of course, already being provided in this borough by the Family Planning Association, which has agreed to become the agent of the council when the Act is implemented in Enfield.

Day Nurseries

There is one 55-place day nursery in the borough and this is approved for the training of student nursery nurses. Children can also be placed at other local authority day nurseries, including Haringey, Barnet and Hertfordshire, where this arrangement would be more appropriate.

In the revision of the Ten-Year Plan carried out this year provision is made for two new 55-place day nurseries and the replacement of the present day nursery in Fore Street, Edmonton, which is housed in adapted premises: each nursery incorporating, in addition, a 10-place nursery unit for mentally subnormal infants. Regrettably, however, in Ministry of Health letter dated 17th March, 1967, the Minister did not recommend loan sanction for the first of these projects which was scheduled for the year 1968.

The standard of accommodation 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.

At the end of the year, 58 children were on the attendance roll, and details of the categories into which they fell are given below. At that time 22 children were on the waiting list. Fourteen mothers, who had applied for places for their children in a day nursery, had made other arrangements by the time places could be offered.

Unsupported mothers	...	...	...	...	...	32
Mother's ill-health	...	...	...	...	...	5
Financial circumstances	...	...	...	...	...	6
Handicapped children	...	...	...	...	...	8
Unsatisfactory home conditions	...	...	...	...	...	3
Motherless children	...	...	...	...	...	4

In Ministry of Health Circular 18/67 it was indicated that the recommendations regarding the protection of organised groups of children — such as children cared for in a local health authority's day nurseries — against the risk of infection by adults suffering from tuberculosis, had been reviewed and authorities were recommended to require a routine schedule of chest X-rays of staff. An extension only of the present requirements of the council in respect of chest X-rays of staff would be necessary in order to comply with these recommendations and this was still under consideration at the end of the year.

Crèches

No crèches are provided by the council in the borough. It is proposed to provide a crèche at the new health centre in Hertford Road, Edmonton.

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 1967 there were 13 applications for registration of premises as day nurseries, and all were approved, making a total of 33 day nurseries providing places for 873 children at the end of the year.

Three of the new applications were for council clinic premises, which were made available to members of the Enfield and District Pre-School Playgroups Association without charge.

Applications for registration as child minders were received from 12 persons during the year and all were approved making a total of 20 registered child minders in the borough at the end of the year, providing care for 147 children.

The council are very much aware of the big and growing demand in the community for day placement of children.

Continuing negotiations between the council and the Enfield and District Pre-School Playgroups Association have been taking place throughout the year concerning the ways in which, by a joint approach, the service can be augmented and improved.

Daily Guardians

The daily guardian scheme enables persons caring for children outwith the scope of the Nurseries and Child Minders Regulation Act, 1948, voluntarily to register as daily guardians with the Health Department and to receive from the council a small weekly fee for each child minded. The children are required to attend the neighbouring child welfare clinic. By these means, supervision of those who would otherwise be subject to no control is possible and standards can be kept at an optimum level.

At the end of the year 45 children were being cared for by 37 registered daily guardians. These figures show that, compared with the preceding year, both the number of children cared for and the number of registered daily guardians had more than doubled.

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 practitioners provide general medical services.

Children placed with foster parents are given statutory, supervisory and general medical care by general medical practitioners but in some cases the statutory medical examination and the examinations for certification of freedom from infection are carried out by assistant medical officers.

Problem Families

In order to co-ordinate the personal services of the various departments of the council, there is a co-ordinating committee, consisting of a nominated officer from each of the departments concerned — Town Clerk's, Health, Children's, Welfare, Housing, and Education. The Health Department is represented by the Principal Medical Officer for Maternity and Child Welfare. The committee met regularly throughout the year and the "Problem Families" register which was established in 1966 was maintained. Each family was the subject of a conference between the case workers of the departments concerned. At the end of the year 12 families were on the register compared with five last year.

It is not always possible to achieve results which are immediately apparent, but as a result of these conferences, two families were re-housed, and domiciliary family planning service was arranged in four cases. Unnecessary duplication of visiting was eliminated.

Two further meetings were held in 1967 to enable the local field workers to meet and discuss their work. One meeting in Enfield was attended by the paediatric-

cian from Chase Farm Hospital, and the other, in Southgate, was attended by the paediatrician from North Middlesex Hospital. The meetings provided a useful exchange of information between officers of the various departments, and it is intended to hold further meetings in 1968.

Population Screening for Carcinoma of the Cervix of the Uterus

This service, which commenced in 1966 for women between the ages of 35 and 60 years, was continued during 1967 at the special weekly sessions held at three suitably situated clinics. It is emphasised that this test is for apparently healthy women only and no examination, apart from the cervical smear, is carried out. The patient and her family doctor are informed of the result and any treatment which is necessary is arranged or carried out by the family doctor. Women are recommended to have this test at five-yearly intervals.

Early in 1967 the North East Metropolitan Regional Hospital Board was able to increase the number of smears which could be examined from 60 to 90 per week and this, coupled with a falling off in demand, resulted in the waiting time for a test being virtually eliminated. At the end of February, this service was made available at all ante-natal and post-natal sessions in the borough both for women attending post-natally and also certain ante-natal patients and for those attending for routine tests.

The falling off in demand continued during the year despite considerable publicity and the fact that a high proportion of women "at risk" have still not had this test. New publicity measures were planned for the coming year, including a direct approach to factory employees.

Two thousand five hundred and ninety cervical smears were taken during ante-natal sessions and at the 117 special clinic sessions. Cancer cells were found in five cases, all of them married women between 37 and 43 years of age. Treatment in each case was arranged by their general medical practitioner at local hospitals.

There were four doubtful cases requiring further examination and 622 other findings of a non-cancerous nature.

Thus, since the service began a total of 5,052 smears have been taken and seven positive cases found.

Population Screening for Breast Cancer

An approach was made by a local hospital as to the possibility of the council co-operating with the provision of thermographic apparatus for population screening tests for breast cancer. This apparatus would also be used to provide other diagnostic tests in the hospital service. The suggestion was favourably received by the council and the matter is being pursued.

Research

Participation by medical staff at certain ante-natal clinics in the research project sponsored by Dr. A. G. Mezey, Consultant Psychiatrist, North Middlesex Hospital, with the object of finding out if the mental breakdown which occasionally occurs after childbirth could be anticipated during pregnancy with a view to preventive treatment, continued throughout the year.

Medical staff also took part in another project, a survey of children with spina bifida, which was initiated by the Research and Intelligence Unit of the Greater London Council. Modern treatment of this congenital abnormality has resulted in many children surviving with varying degrees of handicap and the project is intended to discover more about the numbers of such children and about the severity of their handicap, in order that plans can be made for their future needs.

During 1967 the Health Department co-operated with the Medical Research Council in obtaining volunteer mothers in the borough to take part in a research project investigating the activities of mothers of young children. The heart rate of each mother was to be measured throughout one day and night, during which she undertook her usual activities, and this was to be done by fitting her beforehand with a "Socially Acceptable Monitoring Instrument". The results of the investigation are not yet available.

(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 1,072 confinements during the year and also undertook the care of 418 patients discharged home after hospital confinement before the 10th 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 some who were booked for a home confinement but had to be admitted to hospital as an emergency.

A new booklet entitled *The Baby Book*, which gives information regarding health during pregnancy and advice on rearing young children, is issued to each expectant mother when she books a midwife for a domiciliary confinement. Expectant mothers who are booked for a hospital confinement normally receive a similar book when attending the hospital for ante-natal purposes. All patients under the care of a domiciliary midwife are issued with a maternity pack shortly before the expected date of confinement.

Safer Obstetric Care

Circular L.H.A.L. 19/67 issued by the Ministry of Health referred to the publication of a booklet entitled *Safer Obstetric Care* and prepared by the Operational Research Unit, Oxford Regional Hospital Board. This booklet summarised the reports on the confidential enquiries into maternal deaths in England and Wales during the period 1952 to 1963, gave an analysis of the causes of death, and listed the avoidable factors contributing to these maternal deaths.

At the request of the Standing Maternity and Midwifery Advisory Committee, a copy of this informative booklet, together with a copy of a letter from the Ministry of Health's Chief Medical Officer, was distributed to general medical practitioners, hospital and local authority medical officers, midwives and health visitors.

Episiotomies and Local Anaesthesia

The Central Midwives Board issued a statement of policy on the performance of episiotomy by midwives and arrangements were made for domiciliary midwives to attend a lecture on the subject given by a consultant obstetrician and gynaecologist at a local hospital.

Medical Aid Fees

In Circular 12/67 the Ministry of Health advised local authorities that the scale of fees payable to general practitioners called in to the assistance of midwives in cases of emergency, and the conditions subject to which these are payable, had been revised, and that the responsibility for the payment of such fees in nearly all cases had been transferred from local authorities to executive councils.

Planned Early Discharge of Maternity Patients

Planned early discharge schemes for suitable patients are in operation in conjunction with North Middlesex and Chase Farm Hospitals in order to ensure, in the present shortage of maternity beds, a maximum number of admissions to hospitals for those who require hospital delivery on medical or social grounds. Cases were also accepted from other hospitals within our quota of planned early discharges. 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 295, of which 55 were born at home. Midwives cared for 43 of these babies at home for the full statutory period of 28 days. Forty-two of the children survived.

Portable Incubators

During the year the portable incubators held at main ambulance depots were used on 40 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 North Middlesex Hospital and the other at Chase Farm Hospital.

The squads, each of which is in the charge of an obstetrician, provide a 24-hour emergency service for women in labour. During 1967 the squads answered 12 emergency calls. In the case of two babies death occurred.

Analgesia

The Central Midwives Board, which still has the matter under active review, approves the use of trichloroethylene (trilene) inhalers. These are used by all the domiciliary midwives.

Co-operation of Midwives with General Practitioners

A close liaison between midwives and family doctors is maintained throughout the borough, and it is hoped to arrange for one or two preliminary attachment schemes to start in 1968. Three midwives attended 53 ante-natal sessions conducted by general medical practitioners at their own surgeries.

Notification of Intention to Practise

Thirty-two domiciliary midwives employed by the borough council and 139 institutional midwives employed at hospitals notified their intention to practise as midwives within the borough during 1967.

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 health and social services provided for each and every member of the family. Continuing well below full establishment, health visitors each had a heavy case load of between 600 and 700 families.

The total number of effective visits was 39,574 — a marked increase on last year — which included 36,392 to mothers, babies and children under five years of age; 2,331 to the elderly; 162 to mentally disordered persons; 91 to discharged hospital patients (other than mental cases); and 53 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.

Liaison with Hospitals and General Practitioners

Health visitors have attended the paediatric clinic at Chase Farm Hospital, where advice and instructions given by the consultant paediatrician are passed on, by those attending, to their colleagues in respect of the children in their areas.

Health visitors have also commenced attending the Maternity Unit at South Lodge Hospital, as well as the unit at Chase Farm Hospital where they have attended for a number of years.

Arrangements were made for two health visitors each to have closer liaison with a medical group practice. Under this scheme, the health visitor attends the local authority clinic as usual, but her visiting covers the families of the medical group practice instead of a geographical area. The arrangement appears to be working well and has resulted in an increased number of elderly people being visited.

Relaxation and Mothercraft

Seventy-five courses on relaxation and mothercraft for expectant mothers were held at clinics. Each course consists of six sessions and during the year 450 sessions were held. Three thousand five hundred and thirty-nine attendances were made by 645 women.

Health Education

Classes in schools were continued as last year and several films were shown. Afternoon and evening talks have been given to young wives' groups and to the Riverside Club, Lamb's Institute, Edmonton, which is run by the Children's Department.

Ancillary Help

Clinic nurses continued to be employed to replace health visitors during school inspections, for clinic duties, and to assist at infant welfare sessions where voluntary workers also continue to give valuable service. To reduce the time spent by health visitors on clerical work, clerical staff are employed at clinics.

(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 2,906 and of these 1,904 were 65 years of age or over and 23 under five years of age. The total number of visits made was 104,484.

Disposable Equipment

The extended use of disposable equipment in the home nursing service maintained the improvement in efficiency and safety. All nurses use disposable syringes and enemata. There continues to be widespread use of disposable incontinence pads, which are a valuable adjunct to the nursing facilities. Protective clothing in the form of waterproof pants or knickers with disposable linings was provided for 14 ambulant patients during the year.

Marie Curie Memorial Foundation

The Marie Curie Memorial Foundation meets the cost of a service run by this department which provides day and night nursing and sitter-in care for cancer patients. The Foundation also provides for extra comforts, special needs, items of diet and equipment to assist the nursing of these cases. During the year 26 patients were provided with this service. At the end of the year there were three nurses available under this scheme.

Liaison with General Practitioners

Although none of the Home Nurses is attached to any of the general medical practices, a close liaison is maintained, in the case of individual patients, with the doctors responsible for their care. In such cases the work of the home nurse is performed under the personal direction of the doctor concerned.

Use of Ancillary Help

A survey in 1966 showed that a large number of visits for bathing patients could be undertaken by less skilled staff working under the supervision of home nurses and one full-time and two part-time nursing auxiliaries were appointed to undertake this work. This arrangement is working very well.

(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 two years ago for the vaccination against anthrax of workers in specified industries but there are no such workers known to be at risk in this borough.

The Ministry of Health Circular CMO 20/67 gave notice that the Joint Committee on Vaccination and Immunisation had recently reviewed the existing schedules of immunisation in childhood, and were reconsidering their replacement by a single schedule. Circulars were expected to be sent to Local Health Authorities and Executive Councils early in 1968.

Vaccination and immunisation is provided jointly by the general medical practitioner and local health authority services.

The Statement of Fees and Allowances payable to General Medical Practitioners in England and Wales, prepared by the Minister of Health under Regulation 22 of the National Health Service (General Medical Pharmaceutical Services) Regulations, 1966, included vaccination and immunisation as an item of service for which fees are directly payable to a practitioner by Executive Councils. On the 1st April this method of payment superseded the arrangement whereby a fee was

paid by local health authorities to general medical practitioners for records of completed courses and reinforcing doses of immunisation and vaccination of persons under 16 years of age. Copies of immunisation and vaccination records completed by general medical practitioners are now sent to local health authorities by the Executive Councils.

In the case of persons under 16 years of age a total number of 8,737 primary courses (lines 1 - 9 of Table 17) were given, of which 2,985 were undertaken by general medical practitioners and 5,752 by the council's medical officers. Of the total number of 10,774 reinforcing doses (lines 1 - 9 of Table 17) 3,269 were given by general medical practitioners and 7,505 by the council's medical officers. With regard to smallpox, general medical practitioners undertook 1,015 primary vaccinations and 203 re-vaccinations of persons under the age of 16 years, compared with 1,582 primary vaccinations and three re-vaccinations by the council's medical officers.

Publicity

The evaluation by the Ministry of Health of the national publicity campaign mounted last year is still awaited. However, the Minister did issue Ministry of Health Circular CMO 15/67 suggesting various methods of increasing acceptance rates for immunisation and vaccination, having in mind the low levels found in some parts of the country. Enfield is in the happy position of having a high acceptance rate and having already implemented most of the methods advocated.

Immunisation and vaccination was featured in the Health Education Programme in the third quarter of the year.

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.

Vaccination against Smallpox

The recorded number of persons under 16 years of age who received primary vaccination was 2,597, and 206 persons were re-vaccinated.

Of the children born in 1965 (4,248) 2,659 had received primary vaccination by the end of 1967, representing an acceptance rate of 62.5% (England and Wales (provisional) 38%).

Immunisation against Diphtheria

The recorded number of persons under 16 years of age who received a primary course of immunisation was 3,912, and 7,237 received a reinforcing dose.

Of the children born in 1965, 3,501 had received primary immunisation by the end of 1967, representing an acceptance rate of 82.4% (England and Wales (provisional) 73%).

Immunisation against Whooping Cough

The recorded number of persons under 16 years of age who received a primary course of immunisation was 3,435, and 2,692 received a reinforcing dose.

Of the children born in 1965, 3,253 had received primary immunisation by the end of 1967, representing an acceptance rate of 76.5% (England and Wales (provisional) 72%).

Immunisation against Tetanus

The recorded number of persons under 16 years of age who received a primary course of immunisation was 4,649, and 6,764 received a reinforcing dose.

Of the children born in 1965, 3,501 had received primary immunisation by the end of 1967, representing an acceptance rate of 82.6% (England and Wales (provisional) 73%).

Immunisation against Poliomyelitis

The recorded number of persons under 16 years of age who received a primary course of immunisation was 4,082, and 3,381 received a reinforcing dose.

Of the children born in 1965, 3,544 had received primary immunisation by the end of 1967, representing an acceptance rate of 83.4% (England and Wales (provisional) 68%).

Immunisation against Measles

Advice was given in Ministry of Health Circular CMO 20/67 that the accepted procedure for measles immunisation that an injection of killed measles vaccine followed four weeks later by an injection of live measles vaccine (K+L), or one injection of live measles vaccine given alone (L) was superseded by a single dose of live attenuated measles vaccine, preferably given in the second year of life. It was still not recommended that authorities generally should make arrangements to offer immunisation against measles but trials were continuing.

Distribution of Smallpox Vaccine

In accordance with the Ministry of Health Circular 6/67 the Public Health Laboratory Service ceased to distribute supplies of vaccine direct to hospitals and general practitioners from the 12th June.

Instead, manufacturing laboratories supplied local health authorities who were then responsible for its distribution to hospitals and general practitioners in accordance with their requirements.

For this purpose three lymph collection centres were prepared and set up in the borough at the Central Clinic, Edmonton; the Town Hall, Palmers Green; and the Health Office. If requested, the lymph is sent by post.

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 and disinfectors together with their immediate families. The practice of offering and encouraging vaccination annually was continued, and during the year 48 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. The council again continued to offer vaccination against tetanus to these groups and by the end of the year 134 staff had commenced a course of immunisation.

International Certificates of Vaccination

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

Vaccination against any disease other than yellow fever may be performed by a person's own doctor. The International Certificates against smallpox and cholera must be obtained by the traveller himself and taken to the doctor for completion. These forms are usually obtainable, free of charge, from the company arranging the traveller's 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. As in previous years thousands of International Certificates were stamped in this department authenticating the signature of the vaccinator.

A new type of certificate for vaccination against smallpox was introduced on 1st April, 1966, and the old one ceased to be valid on the 1st January, 1967.

(See Statistical Tables 17, 18 and 19)

AMBULANCE SERVICE

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

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

Ambulance stations situated within the London Borough of Enfield are :

Main Station 101, The Ridgeway, Enfield.

Main Station 102, Windmill Road, Edmonton.

Sub-Station 111, High Street, Ponders End.

Service is provided in addition from stations sited outside the borough. A main control at The Mall, Kenton, covers the whole of the North West Division of the London Ambulance Service for both emergency and non-emergency work. Ambulances are directed from that control by radio and by direct telephone and teleprinter lines to ambulance stations.

Guidance on how to obtain an ambulance is contained in the following notes :

For accidents (wherever occurring) and sudden illness in streets, public places and places of employment :

Dial " 999 " and ask for " Ambulance ".

For urgent illness in the home :

Call a doctor, NOT an ambulance. If admission to hospital is arranged the doctor or the hospital authorities will order the ambulance.

For other illnesses, infectious diseases, etc. :

Application will usually be made by the hospital concerned, or by a doctor through the Emergency Bed Service.

Maternity patients not booked at a hospital should call a doctor or midwife.

For booked patients, dial " 999 " ask for ambulance and, when connected, give name and address and state the hospital at which the patient is booked.

Enquiries on general matters :

Telephone 01-928 5000, extension 8933, or write to the Chief Ambulance Officer, London Ambulance Service Headquarters, 150 Waterloo Road, S.E.1.

The foregoing information was provided by Dr. A. B. Stewart, Medical Adviser to the Greater London Council, and by Mr. W. E. Cooke, Chief Ambulance Officer, to both of whom I record my thanks.

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 Metropolitan Regional Hospital Board and are now based on the Edmonton Chest Clinic, situated at the North Middlesex Hospital. The chest physician, who supervises the work of the four tuberculosis health visitors employed by the council, is responsible not only for all matters concerning diagnosis and treatment but also for the local health authority care and after-care services. A change in arrangements during the year was the closure, at the end of August, of Finchley Chest Clinic, in the London Borough of Barnet, which formerly served those living in Southgate. The Edmonton Chest Clinic now serves the whole of the London Borough of Enfield.

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

During the year 4,615 persons attended the chest clinic for the first time and were investigated for various chest conditions.

Of these new patients 206 were cases of suspected respiratory tuberculosis and 331 were their personal contacts. Fifty-nine of the suspected cases were confirmed and notified while the remainder are still under observation. Two cases of respiratory tuberculosis were found among the contacts.

Thirty-three cases of respiratory tuberculosis required treatment in hospital.

Eleven cases of non-respiratory tuberculosis were notified.

At the end of the year there were 2,114 patients on the tuberculosis register.

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, whilst encouraging, affords no justification for complacency.

Home Visiting

The tuberculosis health visitors employed by the council continue to attend the Edmonton Chest Clinic.

Their duties are principally concerned with home visiting, but in addition they perform clinical duties at the chest clinic. Whilst the number of tuberculous cases requiring domiciliary supervision has declined, an increasing number of patients with bronchial carcinoma and chronic chest diseases are now seen at the chest clinic and visits to this type of case form a large part of the health visitor's work. During 1967 the tuberculosis visitors made a total of 4,263 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 clinic 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.

The past year has seen great changes in the structure of social security as regards tuberculous patients. Patients who have been in regular work receive earnings related benefit for six months and if they have been diagnosed early, they are well on the way to recovery before this benefit ceases. For those who have had a good deal of chronic sickness, special application may be made to the Ministry of Social Security for an extra nourishment allowance.

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 Ministry of Health Circular C.M.O. 1/65. In consultation with representatives of the medical profession and of local authorities, the Minister decided that the following steps be taken :

- (a) At ports of arrival long-stay immigrants, both Commonwealth and alien, who are referred to medical inspectors, will be given a hand-out printed in languages which they are likely to understand, the aim of which is to encourage them to get on to the list of a medical practitioner in their place of residence so that (if he thinks it desirable) he can arrange for them to go to a mass radiography unit, a chest clinic or a hospital for X-ray.
- (b) Long-stay immigrants who are referred to medical inspectors at the ports will also be asked to provide their destination addresses and these will be sent to the Medical Officer of Health of the county or county borough concerned (including also Scotland and Northern Ireland) with a request that he should try to persuade the immigrants to act on the advice they have been given in the hand-out. Medical Officers of Health and local officers of the 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) Arrangements are 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.

The Middlesex Local Medical Committee agreed in 1966 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, and this is becoming established practice.

During the year, the names of 243 long-stay immigrants, resident in the London Borough of Enfield, were notified. Successful visits were made to 134 of these but 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 who can be called upon when necessary.

Grant Aid in respect of Commonwealth Immigrants

In February 1967, Circulars L.H.A.L. 5/67 and 15/67 were received from the Ministry of Health and the Home Office respectively about the administration of grants made under Section 11 of the Local Government Act, 1966.

Figures were submitted to the Home Office by the council in support of claims for grants in respect of staff employed in consequence of immigrants from the Commonwealth whose language or customs differ from those of the rest of the community. In this connection the Home Office defined a Commonwealth immigrant as, normally : a person, adult or child, who has been ordinarily resident in the United Kingdom for less than 10 years, and the child of such a person. The London Borough of Enfield was identified (by the criteria of having more than a 2% proportion of Commonwealth immigrant pupils in the total school population) as being among the 20 Greater London Boroughs with substantial numbers of Commonwealth immigrants and so regarded as having a *prima facie* case for claiming grant. The council's claim for grant in this regard was allowed.

The main effect of the increasing immigrant population on the work of the Health Department, in addition to initial visits to newly arrived families described above, is in respect of visits by public health inspectors to homes in multiple occupation.

Occupational Therapy

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

Rehabilitation

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

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

During the training period patients are paid training allowances by the Ministry of Labour, and on completion of training they are appointed to the establishment. Fourteen places out of a total of 52 were occupied by Enfield residents at the end of 1967. Four Enfield patients died during the year and one left the workshop on retirement.

The council sponsored the admission of two men to the Papworth Village settlement, near Cambridge, during the year.

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

Mass Radiography Unit 6A of the North East Metropolitan Regional Hospital Board visited the Edmonton area of the borough when sessions were held on the premises of six large industrial concerns as well as public sessions held at four different sites in the area.

A total of 8,586 persons, of whom 847 were council employees, were X-rayed and 72 of these required further investigation. This survey took place at the end of the year and the results of investigations of those referred are still awaited.

Vaccination against Tuberculosis

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

During the year, 1,169 persons were vaccinated. Vaccination of contacts is carried out by the staff of 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.

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 offset the cost of replacement of equipment when necessary. If a patient is unable to meet the hire charge, this is paid by the council which also arranges transport where required. During the year, 3,423 items of nursing equipment were loaned to patients under this scheme, including 311 wheelchairs and 17 hospital beds.

In addition, a ripple bed was provided by the council for loan to a patient suffering from disseminated sclerosis. The electric hoist and ripple chair seat provided in 1966 for a severely paralysed patient continued to be needed by the same 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.

Incontinence Pads and Clothing

The council makes free provision of incontinence pads to suitable cases at the request of general practitioners and home nurses. Three hundred and eleven patients were supplied with 33,900 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 are provided.

Protective clothing in the form of waterproof pants and knickers with disposable linings are available free of charge for persons who are incontinent by day but are not confined to bed and who need this service. Fourteen patients were provided with this service.

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, 5.7 whole-time equivalent including a Chief Chiropodist, provide the service in 10 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, 1,843 patients made 7,878 attendances for treatment at 1,494 clinic sessions, whilst a further 651 patients received 2,900 domiciliary visits for treatment.

In addition, 999 patients received 5,893 treatments at centres, chiropodists' surgeries, or in their own homes, through the service provided by the voluntary organisations.

That this is an expanding service is evidenced by the increased work done again this year by both the voluntary and the department's services.

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 Peoples' 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 :

"The chiropody service continues to expand and two new clinics were opened at the Angel Community Centre and the Laurels Clinic. Suitable premises for a foot clinic in the Bush Hill Park area have not yet been found although several possibilities were explored. In addition, an extra weekly session was introduced at each of the following clinics — St. Stephen's, Green Street, and Bowes Road. The domiciliary service has also expanded.

"A facility much appreciated is the one session each week at the Angel Community Centre which has been made available to the Welfare Department, who find it difficult to provide chiropody at some Old Peoples' Homes. These patients are transported by the Welfare Department."

Venereal Disease

There is no special clinic in the borough, the nearest being that at the Prince of Wales' Hospital in Tottenham at which a majority of Enfield patients appear to attend. In their efforts to preserve anonymity, however, some patients tend to present themselves at clinics far removed from their home district but figures of incidence are available from London hospitals in respect of Enfield patients. A total of 440 known new patients attended these hospital clinics during the year.

Since time immemorial venereal diseases with their dread attendant consequences have been a public health problem. Although the general prevalence remains high today the more serious consequences are not so common because of the success of modern therapy.

The disease 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. The importance of contact-tracing cannot be over-emphasised since a low rate of contact-tracing combined with a high rate of defaulters for treatment produces a reservoir of infection in the community.

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.

Despite health education carried out over a number of years the incidence of venereal disease continues to cause anxiety.

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. 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 35 persons made a total of 197 attendances.

Smokers' Clinic

Five courses of five weekly evening sessions were held. One hundred and forty-six persons paid 429 visits, an average of three visits per person.

Thirty persons achieved full attendance and 26 attended four sessions. The average attendance per session was 17.

Twenty-six 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.

An analysis of the results obtained by the smokers' clinics was made again this year by means of a questionnaire. This was sent to persons who had attended the clinics during 1966, one year prior to the questionnaire, to discover their subsequent smoking habits.

The questionnaire was sent to 113 men and 43 women, of whom 54 men and 17 women replied. Of those who replied, 14 men (25%), and four women (25%), were non-smokers one year subsequent to attendance at the course; six men and one woman had substantially reduced the amount smoked; and four men had changed from cigarette to pipe smoking. One man had died of lung cancer.

Although the results of these surveys continue to be disappointing there is comfort in the small success obtained and a salutary significant reminder in the death reported from lung cancer.

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 the stay is limited to two weeks. The majority of holiday homes used are situated on the south coast.

During the year 111 adults had a holiday and were observed to have derived definite benefit from their stay.

Fluoridation of Public Water Supplies

In 1966 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 then prepared 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 still no unanimity of opinion among the local health authorities in the area of their supply.

Of the 33 local health authorities wholly or partly within the board's area of supply, 23 Greater London Boroughs and one County Council have notified the board that they are in favour of a policy of fluoridation. Six Greater London Boroughs and one County Council are opposed. The remaining authorities, both County Councils, had not reached a final decision at the end of the year.

For practical purposes, therefore, the position is unchanged since my previous report.

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.

In February, the Minister of Health announced his acceptance of the Cohen Committee's recommendations that a new and stronger central organisation for health education should be established, and he therefore proposed to set up a new Health Education Council. Baroness Serota was subsequently named as Chairman of the Health Education Council which during 1968 will take over responsibility from the Central Council for Health Education.

Health education is part of the day-to-day activities of the professional and technical staff. The health education organiser provides these officers with the technical assistance and expertise required to execute the various health education projects. In the field of publicity we have continued to enjoy the co-operation of Mr. A. W. Bax, the council's Press and Publicity Officer.

Programme of Health Education

The health education programme, which was organised in quarterly phases, received considerable publicity through the Enfield Borough Bulletin.

The programme was as follows :

1st Quarter :	Respiratory Diseases Dental Hygiene
2nd Quarter :	Food Hygiene Mental Health
3rd Quarter :	Sun Burn Care of the Feet Water Safety Immunisation and Vaccination Smoking and Health Atmospheric Pollution Improvement Grants
4th Quarter :	Home Safety Fire Prevention Fireworks Venereal Diseases Promotion of Sex Education Obesity Care of the Elderly Misuse of Drugs Cervical Cytology

Talks and Lectures

Nearly 100 talks and lectures were given by the professional staff to some 3,150 people belonging to various groups and organisations. A film was also usually shown.

Mass Media

During the year some 800 posters depicting current health subjects 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

Undoubtedly the highlight of the year in health education was the display stands erected in the "Our Enfield Exhibition '67". One stand depicted the work of the environmental health section relating to food hygiene and testing, noise abatement, smoke control and improvement grants, and another showed the personal health services and the location of Health Department premises on an illuminated visitor-participation map.

The Health Department provided the Home Safety section and the "Accident Prevention" stand, which also depicted road and industrial safety. Health education films were included in the film show programme given in the exhibition cinema.

Nearly 50,000 people visited the exhibition, which was open from 10.30 a.m. to 9 p.m. every week-day from the 16th to the 30th September, and was adjudged a highly successful venture. Certainly the great interest shown in the health exhibits was gratifying, and I am particularly grateful to the volunteer professional and technical staff who manned the stands throughout the exhibition.

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

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.

Nowhere is the development of community care services more evident than in the provision of residential accommodation. For those recovering from mental illness, increasing use is now made of the council's "Windmill" Recuperative class of patient. The council has, as yet, no home or hostel for the mentally sub-Hostel with proportionately less recourse to voluntary homes and hostels for this normal for which there is an increasing need. It is hoped, during 1968, to commence building a 20-place short-stay hostel for children. In recognition of the need to extend this form of care for adults, the council's Ten-Year Plan in this regard was amended to advance to 1969 a hostel planned for 1972 in addition to the hostel listed for 1968.

At the end of the year, the total of all classes of the mentally disordered maintained in residential accommodation, whether local authority hostels, homes run by voluntary associations or in private households, was 80 of both sexes. The corresponding figures for the end of 1966 and 1965 were 59 and 44 respectively.

These figures together with approaches by hospitals indicate that the substitution of hostel accommodation for long-term hospital care, in appropriate cases, is now gathering momentum.

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 provides psychiatric beds in a recently modernised and re-equipped unit to which suitable patients are admitted for short-term observation and treatment.

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.

The demand for services is increasing as residents of the borough become more and more aware of the facilities provided for people in need of this type of help. The department has established close liaison with the other social work departments and the consultants at the local hospitals. Requests for social histories for patients attending out-patient psychiatric clinics continue to increase. Staff also attend ward meetings at the various hospitals and, in this way, can provide a continuous link between the patient, hospital and community.

Domiciliary Service

Persons who are, or who 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 social history provided by a mental welfare officer on a patient attending out-patient clinic for the first time is desirable. An arrangement exists with the North Middlesex Hospital for the referral of patients to us for this purpose and 56 new cases were referred during the year. In addition 100 social reports were supplied to Friern and Claybury Hospitals on new admissions.

The demand for psycho-geriatric admissions for elderly confused patients remained high and there is delay in arranging such admissions. Domiciliary assistance is 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. During the year the number of patients referred for supportive after-care was 266.

The number of home visits to mentally ill patients totalled 5,179 and there were 655 office interviews.

Hospital Admissions

Every effort is made to arrange the admission of patients to hospital informally. This year, 111 patients were admitted informally and 108 were compulsorily removed to hospital under Part IV of the Mental Health Act, 1959, by the mental welfare officers.

During the year, all the mental welfare officers were approved by the London Borough of Barnet to facilitate dealing with Enfield patients at Friern Hospital which is within the administrative area of Barnet.

Part IV of the Mental Health Act provides for the compulsory admission of patients to hospital and also their placement under guardianship. The principal feature of this procedure is that application is made by the nearest relative or a mental welfare officer, and is supported by a medical recommendation.

Admission for observation in emergency (for up to 72 hours) requires one medical certificate. For admission for observation or for treatment other than in emergency, two medical certificates are required. If possible, one of these should be given by a doctor approved by the local health authority as having specialist knowledge of the type of mental disorder from which the patient is suffering.

In approving medical practitioners for this purpose under Section 28 of the Mental Health Act, local health authorities are required to consult not less than two members of the local advisory panel for the area as to the experience of the doctor concerned, and shall not approve the application for such purposes unless two doctors of the panel so consulted are satisfied that he possesses such special experience. The local advisory panel consists of consultant psychiatrists appointed by the North East Metropolitan Regional Hospital Board.

During the year, two medical practitioners were approved by the council for this purpose and six were listed in the borough as having been so approved at the end of the year.

Day Rehabilitation Centres

No provision exists in the borough at present. The demand has been considered in the Ten-Year Plan, in which three workshops or occupation centres and a day centre for the elderly mentally disordered are scheduled. The day centre organised by the Psychiatric Rehabilitation Association continues at premises in Tottenham, in the London Borough of Haringey. Eleven Enfield residents now attend this centre and the cost is borne by the council.

Social Centres or Clubs

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

One club is held every Thursday evening from 7.30 p.m. to 10.00 p.m. at the Central Clinic, Plevna Road, Edmonton. The average weekly attendance is between 10 and 15 persons. Our other club is held every Monday evening from 7.30 p.m. to 10.00 p.m. at the Junior Training School, Waverley Road, Enfield, with a weekly attendance of between 30 and 40 persons.

Residential Accommodation

The "Windmill" Recuperative Hostel was opened in January 1966 and has places for 26 persons, men and women. The residents are normally referred from psychiatric hospitals and are usually considered to be capable of working. They are encouraged to resume their places in society with increased confidence.

The Principal Medical Officer, the Principal Mental Welfare Officer and the Warden consider the suitability of each patient for admission usually in consultation with Dr. Kelsey, the council's psychiatric adviser on mental illness.

During the year, there were 22 admissions. Seventeen were discharged; eight of these were returned to hospital, eight to their homes and one to lodgings. The number in residence at the end of the year was 16, including one from another authority; 13 of these 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 include the S.O.S. Society and the Mental After-Care Association. These cases were considered to be unsuitable for acceptance in the council's own hostel.

At the end of the year, there were 13 patients maintained in voluntary hostels and one in a private household.

MENTAL SUBNORMALITY

The borough is within the catchment area of South Ockendon and Harperbury Hospitals, which admit patients requiring hospital care for mental subnormality. During the year, we received notice of an eventual adjustment to catchment areas of the North East and North West Metropolitan Regional Hospital Boards whereby Harperbury Hospital will cease to have responsibility for those patients residing in the area of the former Borough of Southgate.

Domiciliary Service

The reported number of subnormal persons residing in the borough was 413. The mental welfare officers paid 1,080 home visits, and 57 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.

The "School Leavers" conferences, concerning the educationally subnormal boys and girls leaving the special schools, continue to be held. 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 Careers 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.

Six 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 found 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.

At the Enfield Junior Training School there is provision for 144 children of both sexes, including a small nursery group and a 24-place 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 four to sixteen years of age. However, a number of young persons over the age of 16 years continue in attendance and special provision is made for them. The majority of those reaching 16 years of age transfer to the Edmonton Adult Training Centre. The school 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. Case-work 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 inspections 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 dealt with by the school health service or are referred to their general medical practitioner.

The number on the roll at the end of the year was 104 plus 40 in the special-care unit, and there were 38 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, professional bodies and voluntary organisations.

There was a good attendance of parents at the Open Day at the school held on Wednesday, 7th June, 1967. The children gave a concert and handicraft work carried out by the children during the year was on exhibition. His Worship the Mayor, and the Chairman and Vice-Chairman of the Health Committee attended. Executive members of the Enfield Society for Mentally Handicapped Children were also present.

Enfield Society for Mentally Handicapped Children

During the year close contact was maintained between the council and the society, and opportunity was taken at meetings between officers of the Health Department and the society to exchange information, particularly in regard to the development of services through the Ten-Year Plan.

Informatory items were submitted by the department for inclusion in the society's monthly bulletin.

Play Centre

The Junior Training School being closed for re-decoration during the summer holiday, Chase Primary School was made available by the Education Committee 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 society provided the necessary transport and some 10 voluntary workers each day to supervise the children. The council provided mid-day meals. The average daily attendance was 29. Once again, this 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.

I should like to take this opportunity of acknowledging the valuable work that the society has continued to undertake on behalf of the handicapped children. Their enterprise and co-operation is greatly appreciated.

Adult Training Centre

The Edmonton Adult Training Centre at Claverings Industrial Estate, run on lines similar to an ordinary factory, has accommodation for 165 trainees over the age of 16 years, who are paid a weekly allowance. A proportion of places is 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 and 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 98 different establishments. A recent extension of the laundry work is the daily "nappy service" provided for a residential nursery run by an adjoining local authority. Approximately 500 to 600 nappies are laundered per week. The laundry service for incontinent persons provided by the council without charge is also undertaken at the centre.

I am pleased to report that during the year, the Education Department was able to supply two part-time visiting teachers who provided formal education to a total of 16 hours per week. Nearly all trainees have benefited from this resumed service.

The scheme in which 20 selected trainees work in a local factory under supervision continues to be successful. Two of these trainees were successfully absorbed into the factory's routine and are working as full-time employees, bringing the total placed in open employment to six since the scheme started in 1964.

A highly successful enterprise is the garden maintenance contract with a local firm obtained in 1966. The work is undertaken by a group of trainees under supervision of an instructor. I am pleased to report again this year that the company has expressed satisfaction with the work done.

All trainees are medically inspected annually when parents are invited to attend. Matters requiring further investigation are referred to the general medical practitioner concerned. The visiting medical officer also acts in the capacity of Her Majesty's Appointed Factory Doctor.

The centre was open to the parents and friends of the trainees all day on Friday, 9th June, and the morning of Saturday, 10th 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. This covered a wide range, from light engineering, assembly work and wood work, to photography and art, etc. The exhibition demonstrated the high quality of the work done 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.

An informal sports day was held at a local stadium on Friday afternoon, 21st July. A full programme of competitions and team events was organised and 37 trainees received prizes which were awarded on a points basis.

During the year, the Manager and staff opened a club for trainees in attendance. It is held from 3.00 p.m. onwards every Friday afternoon and activities include dancing, singing and games.

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.

Ministry of Health Circular 21/67, suggested that local health authorities review incentive payments to adult trainees generally and commented that it would normally seem inappropriate for payments to individuals to be less than those which would be given in open employment for the work done, notwithstanding that in some cases this would mean payment above the disregard limit for Ministry of Social Security supplementary benefit, with consequent loss of incentive. After full consideration it was decided to make adjustments, commencing on 1st April, 1968, to the scheme of incentive payments whereby, at the Manager's discretion, the minimum payment to each trainee in a full week will be 10s. and the maximum 40s. Any payment above 40s. per week would mean a deduction, shilling for shilling, from supplementary benefit which all trainees are entitled to claim.

The number of trainees on the roll on 31st December, 1967, was 167 and there were 27 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 they require. There is an acute shortage of beds for such patients and South Ockendon Hospital has a long waiting list. Only three Enfield patients were admitted for permanent hospital care during 1967 and at the end of the year 16 were on the waiting list including 12 urgent cases. To relieve this unhappy situation, the council undertook the maintenance of three severely subnormal children in residential homes pending their eventual transfer to hospital.

Guardianship

Placing a patient under guardianship does not confer extra powers to provide services that are available to mentally disordered persons within the community under Section 28 of the National Health Service Act, 1946. It merely provides powers of control, e.g. over the patient's place of residence and his every-day life, which may be necessary in the case of a small minority of patients for their own welfare.

In general, the duties of guardians are to act in the absence or unsuitability of the parents, and their powers are similar to those of a father over a child under the age of 14 years.

It was found necessary to place two mentally subnormal persons under the council's guardianship during the year and three persons were still under the formal guardianship of the council at the end of the year, suitable accommodation being provided in each case.

Residential Accommodation and Informal Foster Care

Since there are, as yet, no homes or hostels in the borough for the mentally subnormal, various voluntary homes, convents and local authority hostels are used for the informal accommodation of selected cases. Ministerial approval has been given for the provision of a 20-place hostel for mentally subnormal children, the site has been allocated and plans are at an advanced stage. So far as possible, contact is maintained between patients and their families. Arrangements are made with the local health authority in which the homes are situated to ensure continuity of supervision, and, in addition, the Principal Medical Officer for mental health visits each case and reports on the placement. The Guardianship Society, Hove, continues to provide suitable foster homes for 20 Enfield residents, 12 of whom attend training centres in the Brighton area.

New placements during the year included three men, for whom the council accepted responsibility at a hostel run by Bristol Corporation, on transfer from a mental hospital.

At the end of the year, the number of mentally subnormal persons maintained in residential homes and hostels and in informal foster care was 52, including 10 children, three of whom were awaiting permanent hospital care.

Temporary Care

Short-term residential care of subnormal persons is arranged to offer relief to parents and guardians, usually at holiday times to allow them to take a carefree vacation. Twenty-two subnormal persons were admitted to hospital and two to voluntary homes under this scheme.

The Northaw House Children's Hospital, near Potters Bar, provided by the North West Metropolitan Regional Hospital Board, accepts mentally subnormal children up to the age of five years. Seven of the hospital admissions were to this hospital.

When the board announced during the year its intention to close Northaw House and offer similar accommodation at Winifred House pre-convalescent hospital for children, Barnet Gate, Arkley, Barnet, concern was widely expressed at the possibility of fewer beds, when more are needed. Together with neighbouring authorities the council made representations to the board and the Ministry of Health against the closure of this hospital.

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.

Forty-three adults and 43 children went to camps at St. Mary's Bay Holiday Camp, Romney Marsh, Kent, and the Suntrap Residential School, Hayling Island, respectively.

RESEARCH

We continued 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), a number of parents of mentally handicapped children having given consent for their children to participate.

No report has been made to date on this investigation.

DRUG DEPENDENCY

The abuse of all drugs of dependence is expressly forbidden by law. The existing legislation was strengthened during the year by the Dangerous Drugs Act, 1967, which empowers the Secretary of State to make further regulations (under the Dangerous Drugs Act, 1965) for preventing the improper use of drugs.

The new regulations, which were awaited at the end of the year, will require all medical practitioners to notify to a central authority particulars of anyone suspected of addiction to drugs and will prohibit the administration to addicts of certain drugs except under Government licence.

The Act seeks to implement two important recommendations of the second Brain Committee (1965), namely, that all addicts to dangerous drugs should be notified and that the prescribing of "hard" drugs to addicts (i.e. cocaine and heroin) should be limited to doctors on the staff of treatment centres.

It also sets out the procedure for dealing with contravention of the new regulations, and penalties. There are also powers to make new regulations in regard to the safe custody of drugs.

An important section of the Act gives further powers to the police to search premises and vehicles and to search and detain persons where there are reasonable grounds to suspect illegal possession of drugs.

Information on the extent of drug dependency is, of course, notoriously difficult to obtain and evaluate. However, the Health Department has no evidence pointing to this being a problem in the borough at present.

(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.

Difficulty was still experienced in recruiting suitable staff for this service, but an improved figure of nearly 147 whole-time equivalent home-helps was reached at the end of the year. It was, however, still necessary to limit the hours of help given in individual cases in order to assist as many applicants as possible.

During the year 2,422 cases, compared with 2,298 last year, were provided with domestic help and, of these, 1,745 were aged 65 years or over, 171 were maternity cases, 239 were chronic sick or tuberculous and three were mentally disordered. The remaining 264 were assisted for various reasons, such as post-operative hospital discharge, ante-natal, and acute illness. Compared with last year these figures show a small percentage decrease in the demand for help in maternity cases, with a corresponding small percentage increase for help in the case of the aged and chronic sick, etc.

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 five such cases.

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 nine families received assistance under this scheme, and at the end of the year seven 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 the health services from 1st April, 1966, to 31st March, 1976, was prepared and details were included in the annual report for 1965. As a result of the Government's deferment of expenditure on capital projects, the schedule has been delayed. No review of the programme has yet been called for but Ministry of Health Circular 10/67 referred to local health authorities' programmes for the long-term development of their services and gave notice of the Minister's intention to ask for revised plans towards the end of 1968 to cover the 10-year period up to and including 1978/9.

It was appreciated that the Ten-Year Plan prepared in 1965 was intended only as a guide to future development and would be subject to periodical review. The effect of various factors, including the financial restrictions, is shown on the revised programme (Table 29). A significant exception to restrictions imposed by the Government has been health centre provision and this is reflected in the revised plan which makes provision for a total of 11 health centres to be built by 1977.

For the purposes of programming individual capital projects the Minister invited authorities to send to him by the 1st October detailed returns (for each of the next three financial years) of all projects for which plans (including the selection or acquisition of sites) were sufficiently well advanced to anticipate a request for loan sanction (or to finance out of revenue or special funds) in those years. These returns showed the following projects for the financial years 1968/69, 1969/70 and 1970/71.

- 1968/69 Health Centre (Green Street or Old Road Development Area).
 Day Nursery, incorporating Day Centre for Mentally Subnormal Infants.
 (New Southgate Redevelopment Area or other suitable site in
 Southgate or Enfield.)
 Hostel for Mentally Subnormal Adults. (Site conveniently placed for
 attendance at Adult Training Centre.)
 (Note: Provision for this project deleted from estimates and is
 now in the programme for 1969/70.)
- 1969/70 Health Centre. (On site south of Angel Road near junction of Angel
 Road and Fore Street.)
 Hostel for Mentally Subnormal Adults. (Site conveniently placed for
 attendance at Adult Training Centre.)
 Occupational Centre for Mentally Ill. (Suitable site.)
- 1970/71 Health Centre, incorporating Social Centre Rooms for Mentally Ill.
 (Enfield Town Area.)
 Day Nursery, incorporating Day Centre for Mentally Subnormal Infants.
 (Suitable site in Southgate or Enfield.)
 Day Centre for Elderly Mentally Ill. (Suitable site.)

The Redevelopment and Town Planning Committee has been advised of the land requirements for these and other projects in the Ten-Year Development Plan.

During 1967 considerable progress was made in connection with two current projects — the Health Centre at Hertford Road, and the Hostel for Mentally Subnormal Children at Baker Street.

Progress regarding the Hertford Road Health Centre has been reported elsewhere in this report in the section concerning Health Centres. It is hoped construction will be started in 1968.

In addition to this centre the initial steps to acquire a site in the Old Road Development area to build a second health centre there have been taken, and the possibility and advisability of its construction on this site is being considered. This centre will replace Green Street Clinic and it is understood that loan sanction during 1968/69 is likely to be approved.

The hostel is not so far advanced but the scheme has been approved in principle by the Ministry and plans acceptable to the Ministry have been completed.

The estimated future needs for staff set out when the original Ten-Year Plan was produced were based on the population projection estimate and the need for expansion of services to meet anticipated future requirements. Variations in the Development Plan directly affect the numbers of staff required and re-assessment of the need will be calculated when the Development Plan is next required by the Ministry.

(See Statistical Table 29)

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 nursing home in the borough approved for the care of 27 mentally disturbed and chronic sick 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.

The Abortion Act, 1967, which received the Royal Assent on the 27th October, and will come into force on the expiration of the period of six months, amends and clarifies the law relating to termination of pregnancy by registered medical practitioners. It states that subject to certain provisions, a person shall not be guilty of an offence under the law relating to abortion when a pregnancy is terminated by a registered medical practitioner if two registered medical practitioners are of the opinion, formed in good faith :

- (a) That the continuance of the pregnancy would involve risk to the life of the pregnant woman, or of injury to the physical or mental health of the pregnant woman or any existing children of her family, greater than if the pregnancy were terminated; or
- (b) that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

The Act requires that any treatment for the termination of pregnancy must be carried out, except in a case of extreme necessity, in a hospital vested in the Ministry of Health or the Secretary of State under the National Health Service Acts, or in a place for the time being approved for the purposes of Section I of the Act by the Minister or the Secretary of State. Treatment carried out otherwise than in such a hospital or approved place would constitute an offence under the law relating to abortion.

By public notice in the Press, proprietors of private hospitals, registered nursing homes and other establishments wishing to apply for approval as places for treatment for the termination of pregnancy under the Act were invited to apply to the Ministry of Health for application forms not later than 24th November and to complete and return application forms to the Ministry by the 15th December, 1967. The Ministry of Health Circular 24/67 sought the co-operation of local health authorities in dealing with applications for approval by nursing homes registered under the Public Health Act, 1936, by offering information and advice to the Ministry.

It would appear to date that no applications in respect of premises in the borough have been made.

CERTIFICATION OF BLINDNESS AND PARTIAL SIGHT

Arrangements for examination and certification 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-four 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 30)

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 and home nurses 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 three 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 and I am pleased to report that no action under the above legislation was necessary.

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 17 patients were being provided with this service, involving the handling of approximately 81 articles per week.

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- (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 and home nurses 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 three 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 and I am pleased to report that no action under the above legislation was necessary.

LAUNDRY SERVICE FOR INCONTINENT PERSONS

Under the provisions of Section 84 of the Public Health Act, 1936, and Section 42 of the Midday's 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 utilized 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 17 persons were being provided with this service involving the handling of approximately 21 articles per week.

ENVIRONMENTAL

ENVIRONMENTAL HEALTH SERVICES

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404
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SUMMARY OF STATISTICS RELATING TO ENVIRONMENTAL HEALTH SERVICES

Water Supply :

Number of chemical and mineral samples	...	...	...	...	460
Number of bacteriological samples :					
Before treatment	...	...	...	...	666
After treatment	...	...	...	...	3,190

Smoke Control Areas :

Number of premises (total to end of 1967)	...	...	...	...	55,802
Acreage (Total to end of 1967)	...	...	...	...	14,735

Food and Drugs :

Number of samples analysed	...	...	...	...	720
Number of samples of ice cream bacteriologically examined	...				33
Number of samples of milk bacteriologically examined	...	...			240
Number of samples of milk analysed in Department's own laboratory	...	...	...	...	168

Housing :

Number of dwelling houses inspected	...	...	...	...	9,167
Number of housing defects remedied	2,591

Shops and Offices :

Number of visits to registered premises	1,371
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Factories and Workshops :

Number of inspections	343
Number of defects found	21
Number of defects remedied	...	...	...	...	18

Inspections and Complaints :

Number of inspections and visits	...	...	...	...	52,287
Number of complaints and requests for visits	...	...	...	...	5,273

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.

With one exception 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 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 1967.

- “1. (a) The supply was satisfactory both as to quality and quantity throughout 1967.
- (b) All new and repaired mains are disinfected with chlorine and after a predetermined period of contact the pipes are flushed out and re-filled; samples of water are then collected from these treated mains; and the mains are returned to service only after results are found to be satisfactory.

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

- (c) (i) The Board has no record of the number of structurally separate dwellings supplied in your area, but the population supplied direct according to the Registrar General's estimates at 30th June, 1967, was 262,148.
- (ii) No houses were permanently supplied by standpipe.

- (d) No fluoride was added, and where the fluoride content is indicated in the analyses it represents the naturally occurring fluoride in the water.

2. (a) The borough is in supply with 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-derived water. From May to September the supply to south-east Edmonton is supplemented by the interim output from the new Coppermills Works. Part of the western boundary of the borough is supplied by the Lee Valley Water Company.

The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown on the attached sheets. (Statistical Tables 31 and 32).

- (b) The board's river and well sources have not been considered to have a plumbo-solvent action on account of their hardness content and alkaline reaction. It should, however, be appreciated that all types of water pick up varying amounts of metal from piping, particularly when it is newly installed; this applies to copper, zinc, iron and also lead.

Tests for lead have been carried out in connection with chemical analyses of samples of running water collected from premises in the distribution system and I set out below the information obtained over the period 1st January to 31st December 1967 :

**Lead Content (mg./l. Pb) water from main taps
in consumers' premises**

	Number of Samples	Per Cent
Less than 0.01	64	66.7
0.01	22	22.9
0.02	3	3.1
0.03	4	4.2
0.04	2	2.1
0.05	0	—
0.06	1	1.0
	96	100.0

The above figures apply to the whole of the board's area but it should be pointed out that the general characteristics of the water are similar throughout the area so that the findings are applicable to individual boroughs.

The regular system of examination for lead in water in domestic premises will continue during 1968."

Information received from the Lee Valley Water Company indicates that a total of 212 bacteriological and 30 chemical samples were taken during the period under review and all conformed to standards of purity considered suitable for public supply.

(See Statistical Tables 31, 32 and 33)

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 for the general public, 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 75 slipper baths is provided. Children's paddling pools are sited in a number of council parks.

All bathing water is subjected to regular chlorination. Automatic filtration and chlorination plants are installed at the public baths, at the swimming pool used exclusively by school children and at two of the school pools. 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 51 samples tested.

Even the presence of small numbers of organisms makes a sample unsatisfactory when judged by the high standard of purification as demanded in drinking water. Such was the case with the one unsatisfactory sample. However, the chlorine dosage was increased and all later samples were satisfactory.

The total attendance at the public swimming pools during the year was 826,291, an increase of 192,653 over the previous 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 made 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, which are the responsibility of the Greater London Council. During the year, two connections of foul water sewers to the deep main trunk sewers were made at Brimsdown. Various works for the prevention of flooding have been carried out in three areas and improvements have been made to Salmons Brook at Church Lane, Edmonton.

Some rural parts of the borough are not sewered, the houses having water carriage systems discharging to cesspools or septic tank disposal systems. The council provides a cesspool emptying service at a nominal charge.

The Health Department undertakes the clearance of sewers on private property and 1,502 stoppages were cleared.

Repair of drains and private sewers is the responsibility of the users, and 17 notices were served for the repair of drains and 16 for the repair of private sewers. By the end of the year 15 of the former had been complied with, and 12 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 the other 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, which are scheduled to be taken out of operation in due course, are the only remaining local authority works in the East Middlesex drainage area. The diversion of the flow is not intended to take place until improved pumping capacity is available at Deephams and the first phase of the extensions to the Deephams Works is completed. A full report on sewage disposal is made in the Annual Report of the Director of the Department of Public Health Engineering of the Greater London Council.

For certain 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 sanitary conveniences in proper and convenient situations.

The council provides 58 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.

New conveniences were opened at Winchmore Hill Road, North Enfield Recreation Ground and Bush Hill Park. The latter two were replacement buildings for old and dilapidated structures, while the other was incorporated in a new multi-storey car park development at Southgate Circus.

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

Twelve of the public conveniences are staffed, while the remainder receive regular attention from either mobile teams of cleaners or part-time cleaners.

Again this year proposals to staff more conveniences whole-time had to be abandoned in the light of the national economic situation, while on the other hand vandalism continued unabated.

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.

Circular 34/67 issued by the Minister of Housing and Local Government deals with the Report of the Working Party on Refuse Collections. The recommendations and conclusions of the report, which related to choice of method, were endorsed by the Minister, but those recommendations requiring legislation or other Government action were deferred for further discussions.

The Civic Amenities Act, 1967, makes provision, *inter alia*, for the orderly disposal of disused vehicles and equipment and other rubbish. The Removal of Refuse Regulations, 1967, made under Section 23 of this Act, empowers local authorities to remove anything in their area, other than a motor vehicle, which is abandoned without lawful authority on any land in the open air or on any other land forming part of a highway.

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 intended ultimately to use only the large compression type vehicles to cope with the bulky, lightweight refuse of the present day. The scheme for dustless refuse collection, which is more hygienic and improves the working conditions of refuse collectors, was extended to cover a further collection round.

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

There are two refuse disposal incineration plants in the borough, one at Carter-hatch Lane, Enfield, and the other at Montagu Road, Edmonton, N.18. In addition, a bulk refuse transfer station is sited at Barrowell Green, N.21.

A start was made on the construction of the large new refuse disposal works at Deephams, for the Greater London Council, at a cost of about £10,000,000. This plant will be one of the largest and most modern refuse disposal works in the world and will serve several adjoining boroughs in addition to Enfield. Completion of the works will take another three years or more.

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 but it deals solely with the visible pollutants, e.g. smoke and grit.

Smoke Control Areas

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

During 1967 three new Smoke Control Orders came into operation — The London Borough of Enfield Nos. 12, 13 and 14 Orders. The areas affected by these Orders included 11,422 premises and covered 1,905 acres. Two further Orders made during the year are due to come into operation in 1968. The London Borough of Enfield No. 15 Order has been confirmed and will come into operation on the 1st December, 1968.

By the end of 1967, 21 Smoke Control Orders covering 14,735 acres and affecting 55,802 premises were in operation. At the present rate of progress the borough will be wholly smoke controlled by 1970 but economic circumstances threaten to delay this programme.

Domestic chimneys make the major contribution to atmospheric pollution except where industry is concentrated. 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 ensure their complete combustion. 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 have to be used.

There has been a ready acceptance of smoke control by the general public and the number of objections or criticisms has remained remarkably few. Concern has been expressed about the availability of solid smokeless fuels having in mind both the rapid technological changes in gas production and the discovery of natural gas sources. 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 smokeless fuel but means sufficient supplies using suitable alternatives. The customer may not always be able to obtain the fuel of his choice, but a suitable alternative will be available. Every effort is made to encourage the installation of appliances which are capable of burning any of the solid smokeless fuels.

There appears to be some misunderstanding about the effect of a Smoke Control Order and many people still refer to a Smokeless Zone. The effect of the Order is to require the householders within the area to use "authorised" fuels. These fuels are : anthracite, cokes, manufactured smokeless fuels, Welsh dry steam coal, electricity, gas and oil. The Order refers only to the emission of smoke from chimneys. This excludes bonfires, etc., but action may be taken under the provisions of the Clean Air Act if the bonfire is causing nuisance.

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 listed 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, 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. A new memorandum on the formula for calculating chimney heights was issued during the year.

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 existing legislation.

Twenty-two plans incorporating chimneys were submitted and all were approved — ten 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.

Twenty-five notifications of intended installations were received. In respect of these, 21 plans were submitted for approval. Following slight amendments in

some cases, approval was granted in all but two instances.

Circular 52/67 was issued jointly by the Ministry of Housing and Local Government and the Welsh Office on the reduction of air pollution by grit and dust discharged from boiler and furnace chimneys.

The circular "Grit and Dust" supplements the Explanatory Memorandum on the industrial provisions of the Clean Air Act, 1956, and is based on the report of a working party which the Clean Air Council agreed should be set up to consider ways and means of measuring grit and dust emissions and to advise on appropriate levels of emission.

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 Ministry of Technology.

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

Station 2 is sited at the Brimsdown Pumping Station, Stockingwater 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; station 2 is in an industrial area; station 3 is in a residential area with a low population density; station 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.

Reference to the Graph Representation of Air Pollution substantiates the gradual improvement in the situation over recent years brought about by the establishment of Smoke Control Areas.

During 1967 an infra-red gas analyser was sited in Enfield Town to check automatically and continually the level of carbon monoxide in the atmosphere. The survey is being carried out for the Ministry of Technology to indicate the concen-

trations of this gas in busy populated shopping areas. Similar information is being obtained in Manchester, Cardiff, Glasgow and Luton. The figures are checked daily and records will be maintained for 12 to 18 months.

(See Statistical Tables 34, 35 and 36 (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 Food (Control of Irradiation) Regulations, 1967, came into operation on the 1st June, 1967. They prohibit the use of ionising radiation to food for human consumption and the importation of food so treated. An exception is made in the case of a specified low level of radiation, permitting the use of certain types of nucleonic equipment used as measuring instruments.

The Meat Pie and Sausage Roll Regulations, 1967, come into force on 31st May, 1968. They specify compositional requirements for meat pies, including mixed fillings of meat and vegetables or egg and/or cheese, and sausage rolls. Control is also exercised over labelling and advertisement of these products.

The Canned Meat Product Regulations, 1967, come into operation on 31st May, 1969, and specify compositional, labelling and advertising requirements for a wide range of canned meat products including compounds with cereals or vegetables.

The Sausage and Other Meat Product Regulations, 1967, come into operation on 31st May, 1969.

They specify compositional, labelling and advertising requirements for sausages and meat products used in combination with cereals and vegetables.

The Artificial Sweeteners in Food Regulations, 1967, came into force on 1st August, 1967, with the exception of two regulations which were delayed until 1st December, 1967. They supersede the Food Standards (Saccharin Tablets) Order, 1953, and the Artificial Sweeteners in Food Order, 1953. The main changes are

to permit the use of cyclamates in all foods other than ice-cream (previously the use of this group of chemicals was restricted to soft drinks) and to specify compositional requirements for artificial sweetening tablets.

The Margarine Regulations, 1967, come into operation on the 4th January, 1971. They replace with amendments the Food Standards (Margarine) Order, 1954, the Food Standards (Butter and Margarine) Regulations, 1955 (in so far as they relate to margarine), and the special requirement for margarine in the Labelling of Food Order, 1953.

Restrictions are placed on the use of the words "cream", "milk", and "butter" on labels and in advertisements and, for the first time in any regulations, direct control is exercised over the spoken word in television and radio advertisements. The word "margarine" must be spoken audibly and clearly at least once in each advertisement. A brand name will not suffice.

The Ice Cream Regulations, 1967, come into operation on the 4th January, 1971. They supersede with amendments the Food Standards (Ice-Cream) Regulations, 1959, and certain specific requirements of the Labelling of Food Order, 1953. The regulations specify compositional, labelling and advertising requirements for ice-cream.

The Coffee and Coffee Product Regulations, 1967, come into operation on 4th January, 1971. They supersede with amendments the Food Standards (Liquid Coffee Essences) Order, 1945, the Food Standards (Coffee Mixtures) Order, 1952, and certain specific requirements of the Labelling of Food Order, 1953. The regulations specify compositional, labelling and advertising (including oral) requirements for coffee, decaffeinated coffee and coffee products.

The Labelling of Food Regulations, 1967, come into operation in part on 1st January, 1968, and fully on the 4th January, 1971. They supersede part of the Labelling of Food Order, 1953. The principal changes are that the regulations :

- (a) Amend and extend the provisions relating to the labelling to pre-packed food and the list of foods to which they apply;
- (b) impose requirements as to the labelling and advertising of certain foods for retail sale which are not pre-packed; of food for sale from vending machines; and of tenderised meat;
- (c) impose restrictions on the use of the word "milk" on labels or advertisements; and
- (d) impose restrictions on the height of the printed letters used to name the product and its ingredients on the label.

It will be necessary to describe the commoner types of fish correctly in future and many housewives will be surprised at the names given to various kinds of fish, which they will have previously bought under more respectable names.

The Solvents in Food Regulations, 1967, as amended, come into operation on the 3rd November, 1969. They prohibit the use in food of all solvents except a permitted list of nine and specify the purity of these permitted solvents.

The Minister has issued proposals for regulations to implement most of the recommendations of the Food Standards Committee's Report on Claims and Misleading Descriptions. Observations on certain deficiencies were sent to the Minister at the end of the year.

The Food Standards Committee Report on Cream recommends revised compositional requirements for various types of cream and designations to indicate the treatment the cream has undergone.

The Food Additives and Contaminants Committee issued a report on the quantities of aldrin and dieldrin which should be permitted as residues in foods.

Composition and Labelling of Food and Drugs

A total of 720 samples of food and drugs were submitted to the Public Analyst and 168 samples of milk were examined in the department's own laboratory representing a sampling rate of 3.3 per 1,000 population.

The Public Analyst reported adversely on 92 samples (12.8%). Sixty of these were for infringements of the Labelling of Food Order, 1953, which requires the majority of pre-packed foods to bear a label giving information as to the name and address, the name of the food and the ingredients of which it is composed; 29 samples were unsatisfactory, inferior or adulterated; and in three cases, both labelling infringements and unsatisfactory conditions existed.

The use of the term "solution of acetic acid" amongst the list of ingredients in pickled products, noted last year, continued and considerable correspondence ensued with a number of manufacturers. Towards the end of the year the Public Analyst and the Specialist Public Health Inspector, Food and Drugs, were invited to appear before a committee of the Food Manufacturers' Federation, following which the federation advised the appropriate section of its membership that this constituent should be shown as "acetic acid" in its correct position in the list of ingredients.

Objection was raised to the use of the title "Butter Eccles Cakes" when butter formed less than one-quarter of the fat used in the cake. The bakers agreed to delete the offending reference.

Two samples of Lemon Cheese were adversely reported on, one case being 60% deficient in oil of lemon (Food Standards (Preserves) Order, 1953) and the other case containing no oil of lemon. In both cases the manufacturers have since rectified the errors.

A number of manufacturers of table jellies have been illustrating their cartons

with pictures of the mature fruits although the jellies are flavoured with artificial agents. Representations to the manufacturers on the misleading nature of such illustrations have met with success.

Attention was paid to the labelling of honey which is frequently described as being derived from a specific blossom. Two samples of "Pure Clover Honey" contained 57% and 25% of clover pollen grains respectively whereas the Public Analyst is of the opinion that a minimum of 80% clover pollen grains should be present. The first sample was a Canadian import and the packers in this country have agreed to take pollen counts before deciding on the appropriate label. The second sample was produced in this country, and since it is most unlikely that any British bee-keeper could guarantee that his stocks fed exclusively on clover the producer was advised to confine the wording on his label to "English Honey".

A sample of Turmeric Powder, the vegetable colouring matter used in curries, pickles, etc., was found to be adulterated with tapioca starch and added artificial colour. Legal proceedings were instituted against the person who arranged the importation from India but these were dropped following submission of a warranty implicating a firm who had merely acted on the defendant's behalf. It has been agreed that future imports of this and similar products shall be subjected to analysis before release for sale in this country.

A sample of an imported chocolate novelty was found to contain more than twice the permitted level of lead. The importers co-operated readily with the department in suspending sales and, after further investigation, in recalling supplies for disposal other than for human consumption.

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

Fat	3.67%
Solids not Fat	8.81%

The number of food complaints received was 53. Following investigation, warning letters were sent in the majority of incidents but in 29 cases legal proceedings were instituted with the following results :

Item	Fine			Cost		
	£	s.	d.	£	s.	d.
Maggot in meat pasty				Not guilty		
Black foreign matter in loaf	15	0	0	5	5	0
Mouldy corned beef	15	0	0	5	5	0
Quill in baby food	5	0	0	1	1	0
Mouldy pork pie	15	0	0	5	5	0
Chocolate with oily substance	Discharge			5	5	0
Oil stain in roll				Not guilty		
Glass in jam	10	0	0	10	10	0
Mouse in bottle of lager				Dismissed		

Beetle in fruit loaf	10	0	0	2	2	0
Mouldy fruit pie	20	0	0	10	10	0
Blowfly in mincemeat	5	0	0	3	3	0
Mouldy sausage rolls	15	0	0	3	3	0
Mouldy vinegar	5	0	0	1	1	0
Mouldy bread	10	0	0	5	5	0
Mouldy steak and kidney pies	10	0	0	6	13	0
Insect in bread	5	0	0	3	3	0
Oil in bread	5	0	0	3	3	0
Fly in chip	2	0	0	1	1	0
Flour bug in bread	25	0	0	3	3	0
Mouldy steak and kidney pie	20	0	0	5	5	0
Oil in milk	20	0	0	5	5	0
Mouldy chicken pie	10	0	0	—		
Rubber band in loaf	20	0	0	5	5	0
Foreign matter in loaf	15	0	0	5	5	0
Dirty milk bottle	20	0	0	5	5	0
Mouldy sausages	10	0	0	3	3	0
Cigarette end in loaf	30	0	0	5	0	0
Cigarette in cake	15	0	0	5	0	0
	<hr/> £332 0 0			<hr/> £114 6 0		

Most of the complaints concerned mouldy foods and much of this is due to unsatisfactory stock rotation in the purveyor's 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 99 samples from grocers' and butchers' shops was examined bacteriologically and a general picture of hygienic standards began to emerge.

Sixteen samples were excellent (no bacterial growth). Twenty-seven were good (up to 10,000 organisms/grm.). Ten were fair (up to 100,000 organisms/grm.) and 46 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, was commenced in 1966 and continued through the year. England and Wales have been divided into seven zones for the survey, and, in the Greater London Zone, No. 1, 24 authorities including Enfield will submit 432 samples during each 12-month period.

Eighteen samples were submitted by this authority (listed below). All were satisfactory.

Wholemeal Bread
New Zealand Cheddar Cheese
Pork Chops
French Soft Cheese
Beef Sausages
Danish Ham, Lard and Eggs
Canned Steak
Infant Vegetable Food
Bramley Seedling Apples
January King Cabbages
Tea (cheap blend)
Pasteurised Milk
South African Apples
Dried Apricots
Spanish Potatoes
Lettuce

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, required 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 foodstuffs include honey, apples, tomatoes, dried fruit, eggs, cucumbers, bacon and ham, poultry, meat, butter and margarine.

The Merchandise Marks (Imported Goods) No. 7 Order, 1934, Amendment

Order, 1967, coming into operation on the 20th March, 1968, permits a reduction in size of the lettering used to indicate the country of origin on containers or packages not exceeding 4 lb. net weight.

Unmarked goods are deemed to be home produced and administrative action has been taken in five 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 72 tons 3 cwt. 3 qtr. 10½ lb. of food were condemned by the department. No instances of unfit food offered for sale were found.

Food Hygiene

The Food Hygiene (Market, Stalls and Delivery Vehicles) Regulations, 1966, as amended, came into force on 1st January, 1967, and, together with the Food Hygiene (General) Regulations, 1960, lays down requirements in respect of cleanliness of food premises and stalls, etc.

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 six premises were taken, and fines and costs totalling £328 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 805 premises in the borough registered in respect of ice-cream and 353 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 44 persons licensed as hawkers of food by the council.

In accordance with the provisions of the Ice-cream (Heat Treatment, etc.) Regulations, 1959, a total of 33 samples of loose or soft ice-cream was submitted to the public health laboratory for bacteriological examination. The 15 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.

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

The Milk (Special Designations) Specified Areas Order, 1951, restricts the sale of milk by retail in this borough to the designated milks, i.e. Pasteurised, Sterilised, Ultra Heat Treated and Untreated.

The Milk (Special Designation) Regulations 1963/65 prescribe the specific tests for these milks and require any person carrying out the production, treatment, storage, or distribution of such milks to be licensed, and to comply with all the relevant provisions in these regulations and the Milk and Dairies (General) Regulations, 1959.

At the end of 1967 the number of producers licensed in the borough was four. The licences are issued by the Minister of Agriculture, Fisheries and Food through the County Agricultural Executive Committees. All other milk licences are issued by the Local Food and Drugs Authority, in this case the London Borough of Enfield.

There are two establishments in the borough licensed for the treatment of milk to provide Pasteurised and Sterilised milks. Fifteen premises were licensed

for the storage and distribution of milk during the year, making a total of 253 licensed premises in the borough.

The dealers' licences were issued as follows :

Pasteurised milk	...	...	...	141
Sterilised milk	...	...	...	203
Ultra heat treated milk	...	...	...	48
Untreated milk	...	...	...	13

Milk is delivered in bulk tankers or churns to the processing dairies from all parts of the United Kingdom. The supplies are sampled regularly to check the bacteriological quality of the milk.

Two hundred and forty samples of milk were submitted to the Public Health Laboratory for the appropriate tests and in only five instances were the results unsatisfactory.

Nine samples of fresh cream and eight samples of imitation cream filled cakes were taken from the bakery industry for bacteriological examination. There is no statutory bacteriological standard for these products but on a comparable basis with similar foods, five samples of fresh cream and four samples of imitation cream cakes were unsatisfactory.

Advice on cleansing and sterilising equipment, particularly the piping bags, was given in the unsatisfactory cases.

All schools are supplied with Pasteurised milk and the quality continues to be satisfactory.

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.

Markets, Slaughterhouses and Knackers' Yards

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

(See Statistical Tables 37, 38 and 39)

CONSUMER PROTECTION AND RELATED SERVICES

In July the council resolved :

- (a) That the responsibility for the provisions of the following legislation relating to consumer protection and related services be transferred to the Weights and Measures Inspectorate :

Pharmacy and Poisons Act, 1933.

Fertilisers and Feeding Stuffs Act, 1926.

Consumer Protection Act, 1961.

Fabrics (Misdescription) Act, 1913.

Explosives Acts, 1875 and 1923.

Road Traffic Act, 1960, Section 221.

- (b) That the primary responsibility for enforcing the Merchandise Marks Acts, 1887, 1926 and 1953 and any amending legislation be upon the Weights and Measures Inspectorate subject to the Health Department being entitled, as at present, to deal with any offences relating to foodstuffs discovered by their staff in the course of inspection or sampling.
- (c) That both Inspectorates be given concurrent powers to enforce food labelling laws, each to do so in conjunction with their other duties, subject to the initial responsibility in the case of complaints not related to quantity being upon the Health Department.
- (d) That no change be made in the present system of the Health Department administering Sections 1 to 6 of the Food and Drugs Act, 1955, subject to the Weights and Measures Inspectorate being authorised to deal with cases under Section 2 either relating to the "passing off" of natural foods or otherwise arising in the course of their other duties.

Consumer Protection

Up to the time of transfer of functions six inspections had been made of shop premises to ensure compliance with the legal provisions, and no contraventions had been found.

Pharmacy and Poisons

Part II of the Pharmacy and Poisons Act, 1933, and the Poisons 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 at the time of transfer to the Weights and Measures Inspectorate was 235.

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 ingre-

- dients 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.

Up to the time of transfer of functions 192 visits had been made to premises of authorised sellers and no contraventions of the relevant provisions had been 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 were designated as inspectors under the Act. This designation has now passed with the transfer of functions to the Weights and Measures Inspectorate.

HOUSING

General Housing Provisions

The number of units of housing accommodation under the control of the council at the 31st December was 16,634, which shows an increase of 999 over last year's figure. The accommodation comprises 327 bed-sitting-room, 1,649 one-bedroom, 5,249 two-bedroom, 9,169 three-bedroom and 240 other categories.

During the year 879 applicants on the housing list were rehoused.

At the end of the year the number of applicants on the waiting list was 3,893 and there were 1,941 on the supplementary list, which includes new applicants of less than 12 months' standing.

One hundred and two applicants were awarded priority for rehousing on the grounds of ill-health or disablement.

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 found necessary to serve notices for the abatement of statutory overcrowding in only one instance.

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.

Two hundred and thirty visits were made by the public health inspectors to houses in multiple occupation and action was taken to enforce the standards in eight properties, involving 35 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. During the year one prosecution relating to a fire hazard was taken under Section 16 of the Act which resulted in a fine of £5 with £5 costs.

Slum Clearance and Individual Unfit Houses

Twelve clearance areas comprising 99 dwelling houses were reported to the council as unfit for human habitation. These areas formed part of larger areas of proposed redevelopment included in the council's Clearance and Redevelopment Programme and were dealt with by Compulsory Purchase Orders.

Eleven Orders comprising 75 properties represented as unfit were confirmed by the Minister of Housing and Local Government.

The number of dwelling houses demolished in areas subject to Compulsory

Purchase Orders was 188.

Closing Orders were made on the basement rooms of seven properties.

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 373 applications were approved, the sum advanced amounting to £1,559,735.

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 provides Standard and Discretionary grants for the improvement of properties. During 1967, 169 applications for grants were received, and 192 grants (22 discretionary, 170 standard) were completed. Although the 1964 Act provides for a reduced Standard of Amenity, the council insists that all houses be 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 the year, in the London Borough of Enfield Improvement Area No. 1 in the Edmonton area, which was designated at the end of 1966 and included 263 properties (117 of which were tenanted), the following action was taken :

Number of Improvement Notices Served

Preliminary	...	...	...	...	54
Suspended	...	...	...	...	15
Immediate	...	...	...	...	6

A Preliminary Notice is served on the person having control of the dwelling, specifying the works which in the opinion of the local authority are required for the dwelling to be improved to the full standard with an estimate of the cost of carrying out those works; and stating the date and place at which the future use of the dwelling, the local authority's proposals, and the views and interests of the tenant, and any other matters, may be discussed.

A Suspended Improvement Notice is served in cases where a tenant withholds his consent to the improvement works being carried out. This Notice is valid for five years from the date of the Order or until a change of tenancy.

An Immediate Improvement Notice is served where the tenant has given his consent to the necessary works, and gives the owner of the property a period of 12 months within which to do the works.

By the end of the year 39 houses had been improved and nine undertakings had been received from owners to carry out the improvement works within a period of 12 months.

During this year the council made the London Borough of Enfield Improvement Area No. 2 in the Enfield area.

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

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.

Fifteen 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 three undertakings by owners to carry out works were accepted. Five 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 last year in accordance with the provisions of the Act.

(See Statistical Tables 40 and 41)

LAND CHARGES

In pursuance of the provisions of the Land Charges Act, 1925, 7,975 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 the information supplied.

CARAVANS

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

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

During the year the Minister agreed to Discontinuance Orders on two old established unsatisfactory sites and to the establishment of a fully equipped residential site provided and controlled by the local authority. Plans for this new site were in preparation at the end of the year and were, in fact, formulated early in 1968.

Open spaces and wide grass verges on the arterial road in the area continue to attract itinerant caravans, but because some of the spaces are now being developed and a considerable length of dual carriageway has been completed, the problem is diminishing, and so too the complaints of annoyance caused by these itinerants.

The problem of the itinerant caravanner is a major social problem and a national one. Wherever they go there is a constant pressure to move them. They are not wanted and there is nowhere to go. The Minister of Housing and Local Government promised the provision of sites this year but there is some reluctance on the part of local authorities to provide them.

The suggestion is for a number of small sites spread throughout the country but apart from the financial aspect there is the difficulty of finding sites acceptable

to local ratepayers. The conditions created by many of the "travellers" in areas they frequent has not endeared them to the permanent inhabitants of the area and a co-ordinated programme including rehabilitation is needed to deal with this problem.

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

Because of the diminishing numbers less time is now needed to deal with these itinerants but, nevertheless, the problem still exists.

Summonses were served during the year but the removal of the caravans in question had been effected before the cases came to court.

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 River Lea 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 had 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.

The amount of work done in respect of shops and offices is considerably less than last year for two reasons. Firstly, the majority of initial visits to registered premises have now been carried out and secondly, the technical assistants have been required to spend more time on smoke control duties.

By the end of the year 2,776 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 continued and 399 premises received a general inspection, entailing 1,371 visits. Two hundred and sixty-nine notices were served drawing the attention of occupiers to contraventions of the Act. All but one of 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. However, in one instance legal proceedings relating to these contraventions were instituted, resulting in a fine of £15 15s. 0d. and £5 5s. 0d. costs.

Seventy-five accidents were reported but none was of a serious nature.

The majority of accidents reported still appear to be a result of negligence in handling goods and equipment. In the majority of cases a lack of instruction in the best methods of handling goods and maintaining equipment is evident.

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. One prosecution for trading out of hours was taken under this Act resulting in a fine of £2 with £5 5s. 0d. costs.

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. Three prosecutions were taken for unlicensed trading, resulting in fines of £22 and costs of £8 8s. 0d.

The estimated number of shops in the borough is 1,817. A street market with 38 licensed sites trades 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 2,642 visits were made to shops and stalls. Some of these were primary inspections and minor contraventions noted were found to have been remedied on re-inspection.

No prosecutions were taken.

(See Statistical Table 42)

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. These bye-laws are still operative in the areas of these former boroughs.

The council is seeking the approval of the Minister of Housing and Local Government to bye-laws under Section 77 of the Public Health Act, 1961, in respect of the whole of the borough.

Under Section 21 of the Greater London Council (General Powers) Act, 1967, which came into force on the 14th July, 1967, any London borough may adopt the section requiring the registration of any person who carries on the business of a hairdresser or barber on premises in that borough after a date to be fixed by the council.

The council has made application for the section to be adopted in this borough and the "Appointed Day" for the London Borough of Enfield will be 1st April, 1968.

Twenty-two 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 are 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.

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

Eighty-nine applications were referred, necessitating 95 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.

Sixty-seven applications were referred, necessitating 71 visits by the public health inspectors. All the applications were approved.

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.

At the end of the year there was one licensed agency in operation 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.

Twenty-six applications were referred, necessitating 41 visits by the public health inspectors. In one instance only, the application was refused.

FACTORIES AND WORKPLACES

The Factories Act, 1961, *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 860 factories and workshops are registered.

Three hundred and forty-three inspections were made. Minor defects, the majority of which were remedied, were found during these inspections, and in no case was it necessary to institute legal proceedings.

(See Statistical Tables 43 and 44)

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	...	...	...	249
Brass and brass articles	...	...	...	4
Electrical cables	...	...	...	203
Handbags	...	...	...	2
Boxmaking etc., wholly or partially of paper	...	...	...	22
Carding, etc., of buttons	...	...	...	6
Paint boxes and paint brushes	...	...	...	18
Toys and games	...	...	...	40
Artificial flowers	...	...	...	11
Umbrellas	...	...	...	1
Bed linen, etc.	...	...	...	8
Christmas stockings, etc.	...	...	...	5
Lampshades	...	...	...	2
Curtains	...	...	...	1
Cabinet furniture, etc.	...	...	...	1
				<hr/> 573 <hr/>

Four 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. Thirty-one visits were made to these premises and conditions were found to be 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 butchers' wastes was so declared an offensive trade and is the only such premises in the borough. Twelve 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.

A total of 52,287 visits, an increase of about 9% over last year, was made to a variety of premises including dwelling houses, business and industrial premises and places in which food is handled. Many matters were resolved without the necessity of serving notices but arising from defects and shortcomings found on these visits, 658 informal and 235 statutory notices were served resulting in repairs and sanitary improvements being carried out. Legal proceedings were instituted in 12 instances resulting in fines of £25 with £54 17s. 6d. costs.

Requests and complaints on a wide range of matters numbered 5,273. Of this total 1,502 were notifications of blocked or defective drains. Although the responsibility rests with owners to clear and repair drains the council provides a free service designed to eliminate in the shortest possible time what may constitute a hazard to public health because owners often experience difficulty in obtaining trade labour at short notice.

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 45 and 46)

NOISE

The Noise Abatement Act, 1960, makes provision 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 provision 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 a noise and the reaction to it varies from one person to another.

In April a Joint Circular on Industrial Noise was issued by the Ministry of

Housing and Local Government and the Welsh Office. They were considering the recommendations in the final report of the Committee on the Problem of Noise relating to industrial processes giving rise to specially intractable noise problems. The committee had recommended that these processes should be subject to a statutory control similar to that exercised by the department's Alkali Inspectorate; industrial premises where these noisy processes were carried out would require to be registered and a central inspectorate would be set up to enforce the provision of the best practicable means for counteracting the effect of the noise.

The Ministry of Labour through its Factory Inspectorate has responsibility in regard to noise in factories where it may affect the workers in that factory. The Ministry issued a booklet on the subject entitled *Noise and the Worker*.

Responsibility for taking action against industrial noise which is a nuisance to the public will remain, for the time being at least, with local authorities. They have been told to make arrangements for their officers concerned with this problem to receive instruction in this subject at appropriate colleges. The Ministry of Labour has agreed that H.M. Factory Inspectors will make their knowledge and experience of these problems available to local authorities and the Minister has called on local authorities to make a determined attack on the problem of industrial noise.

Still the most common cause of complaint is the proximity of dwelling houses to industrial premises. Planning errors of the past have resulted in a heritage of dwelling houses adjacent to factories in parts of the borough. Where the factory is working 24 hours of the day complaints invariably follow.

It is not a question of which came first. The houses are occupied and the occupants are entitled to enjoy normal use of the property. These situations require many visits — usually during the evening and night when noise and vibration, which often pass unnoticed during the day, are much more noticeable. Visits are necessary not only to check the extent of the nuisance but subsequently to check the effectiveness of any measures taken to reduce it.

Much noise can be eliminated, or at least reduced, by relatively simple measures; but occasionally it presents extremely complex problems. In such cases expert opinion is needed. Considerable sums of money can be expended if trial and error is adopted and often without any real improvement in the situation.

In some cases there is no acceptable solution to the problem. Legislation provides for a defence where the best practicable means have been adopted to combat noise but often the complainants are not prepared to accept less than its complete cessation.

During the year the council included a condition in its contracts requiring the use of sound mufflers on all pneumatic drills used on council work and requested all the public utility undertakings serving the area to do the same.

As a result of noise complaints 533 visits were made and the majority of problems were ameliorated by ready co-operation. Most industrialists are conscious of their responsibilities and are generally ready and willing to co-operate, but there are still a few 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.

The council provides a treatment centre for the cleansing and treatment of verminous and scabetic persons and during the year 142 persons were treated, the majority of whom suffered from scabies. Facilities are also available at the treatment centre for the disinfestation of clothing.

The incidence of vermin in dwelling houses has been reduced very considerably by the use of modern insecticides, and the formerly common pests such as bed bugs and fleas are now comparatively rare. However, on a few occasions verminous bedding was treated at the disinfecting station.

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 and 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 7,830 visits to premises by the rodent control staff, 1,004 visits in connection with rats and mice were made by the public health inspectors. In all, 2,570 premises were visited.

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

Again due to staff shortages and sickness, the treatment of sewers has been considerably curtailed. This is to be regretted, as a build-up of the rat population quickly takes place unless treatments are maintained. Direct poisoning without

pre-baiting using sodium fluoracetate, is carried out, and to be fully effective should be repeated at three-monthly intervals. There are several thousand soil sewer man-holes in the borough and regular treatments 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 needed to assess the situation generally.

There have been no serious surface infestations during 1967. 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 has now become 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. They oppose any attempt to reduce their numbers.

During the year 12 treatments were carried out on eight 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 continue to be the cause of complaint by householders and 448 wasps' nests together with 23 bees' nests were destroyed and 49 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.

As a result of widespread outbreaks of foot and mouth disease in the Midlands and the North West, the Minister of Agriculture, Fisheries and Food, having designated three Controlled Areas, declared the whole of England and Wales, and later Scotland, to be a Controlled Area. In consequence the movement of cloven-footed animals and animal wastes was only permissible by licence and 20 such licences were issued in the borough.

Up to the end of 1967, a total of 82 Special Orders was made designating Infected Areas. In order to control what was the worst outbreak of the disease ever experienced in the United Kingdom many thousands of animals were destroyed.

No Orders were issued during 1967 for areas affected with swine fever but several orders made in 1966 were still in force during the early part of the year. Fourteen movement licences giving notice of animals being moved into the borough were received.

No cases 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 within the borough and their premises are inspected periodically by 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 inspect premises 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 licensed riding establishments in the borough at 31st December, 1967.

Under the Pet Animals Act, 1951, no person may keep a pet shop without an annual 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 13. 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 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 ensure that no ionising radiations from discharged waste "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 15 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

Again this year I am indebted to the Civil Defence Officer both for his ready co-operation during the year and for much of the following information.

Ambulance and First Aid Section

Details of the re-organisation of Civil Defence were published in February. Under the new arrangements separate sections, including the Ambulance and First Aid Section, were to be abolished at the end of September. In consequence, the corps, whose future role is to assist in manning the local authority control and communication system, was re-organised on a non-sectional basis.

Ministry of Health Circular 14/67, First Aid Services in War, sets out new arrangements for casualty collection and first aid services in war, making maximum use of local authority staff and of the organised assistance which could be provided by the British Red Cross Society and the St. John Ambulance Brigade.

In consultation with the local branches of the Voluntary Aid Societies the council is preparing new emergency plans for submission to the Ministry of Health.

The Civil Defence (Casualty Services) Regulations, 1967

These regulations require the council to make plans for setting up a wartime service for the collection and first aid care of casualties.

The Greater London Council, the peacetime ambulance authority for this borough, is required to make plans for the expansion of the peacetime ambulance service to meet wartime needs and to maintain sufficient training vehicles.

Both authorities are required to train persons who will be engaged in these services.

Civil Defence (Training in Nursing) Regulations, 1963

Three Ministry of Health short courses in First Aid and Home Nursing were

held, one for council staff and the other two for members of the public. The total number attending these courses was 52.

British Red Cross First Aid Certificate Courses

Seventeen members of staff completed the course and all were successful in obtaining the certificate.

Civil Defence (Public Protection) Regulations, 1967

The regulations make it the explicit duty of local authorities to provide training in Civil Defence matters for their staff. The first course is scheduled to commence early in 1968.

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. Seven 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."

Two exhumations 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 491 occasions.

will be the same and the other two for members of the public. The total number attending this course was 210. The course was held at the same time as the other two courses and was held at the same time as the other two courses.

The regulations make it the explicit duty of local authorities to provide training in Civil Defence matters for their staff. The first course is scheduled for completion in 1968.

REVIEW AND CREATION

Under Section 198 of the Public Health Act 1936, a local authority may, and it is the duty of the 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 authority that the public interest requires that the body should be so disposed of. The authority may also 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 authority that the public interest requires that the body should be so disposed of.

EXAMINATIONS

Examinations for the purpose of human remains under the Public Health Act 1936, shall be conducted by the authority. The authority may also 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 authority that the public interest requires that the body should be so disposed of.

The authority may also 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 authority that the public interest requires that the body should be so disposed of.

Under Section 198 of the Public Health Act 1936, a local authority may, and it is the duty of the 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 authority that the public interest requires that the body should be so disposed of.

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HEALTH SERVICES

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SUMMARY OF STATISTICS RELATING TO THE SCHOOL HEALTH SERVICE

SCHOOL POPULATION	37,305
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ROUTINE MEDICAL INSPECTION

Number of children examined	12,612
Number found to be satisfactory	12,611
Number found to be unsatisfactory	1

MEDICAL TREATMENT

Total attendances at clinics :

Minor Ailments	19,201
Ear, Nose and Throat	1,138
Ophthalmic	5,299
Orthoptic	2,231
Orthopaedic	110
Speech	4,047
Child Guidance	1,540

HANDICAPPED CHILDREN RECEIVING SPECIAL EDUCATION

Total number of children	452
Number attending Day Special Schools	339
Number attending Residential Special Schools	113

B.C.G. VACCINATION

Number of school children vaccinated	1,045
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ROUTINE DENTAL INSPECTION AND TREATMENT

Number of children examined	21,791
Number found to need treatment	9,288
Number treated by School Dental Officers	6,998

MEDICAL INSPECTION

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

The primary reason for medical inspection is to ensure 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. It also provides an opportunity for parents to discuss with the medical officer any problems regarding behaviour or difficulty at school or at home and for the medical officer to suggest preventive measures against predictable illness.

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.

Medical officers also visit the Enfield College of Technology and Southgate Technical College, mainly in a consultative capacity. At the Enfield College, 42 students consulted the medical officer during the year, some of them on several occasions. Of those interviewed, 14 were on account of psychiatric disorder. In the last group many were anxiety states or examination stress and needed more than one consultation, two students being referred to a consultant psychiatrist.

At Southgate College, 219 students availed themselves of the service, advice being sought on various medical conditions, and, to a lesser extent, emotional problems. The majority of enquiries came from overseas students. Drug-taking did not seem, on the surface, to be a problem.

During the year 287 audiometric hearing tests were carried out, and eight students were found to have a hearing deficiency. Advice was given regarding treatment.

At the beginning of the academic year a medical officer visited each college and outlined the facilities available for students.

The Mass Radiography Unit visited both colleges in October, and 291 students from the Enfield College and 234 from the Southgate College availed themselves of this opportunity for a chest X-ray. In no case was any significant abnormality found.

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 the number of pupils on the register of maintained primary and secondary schools including nursery and special schools, was 37,305.

During the year 12,612 children were examined at routine medical inspection and one was found to come within the official category of unsatisfactory physical condition, which is a summing-up of the medical officer's opinion of the child's physical fitness. This was a case of gross obesity and was referred to a special endocrine clinic.

There are 10 independent schools in the borough. An independent school is any school at which full-time education is provided for five or more pupils of compulsory school age (whether or not such education is also provided for pupils under or over that age), not being a school maintained by a local education authority or a school in respect of which grants are made by the Secretary of State to the proprietor of the school. Medical inspection is not provided by the borough at such schools but they are included in the scheme for B.C.G. vaccination.

Colour Vision

The Medical Examination at 10 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 Giles Archer Lantern Test. In certain occupations it is essential that those employed are able to discriminate between colours accurately and 10 years of age is an appropriate age at which to discover any colour defect likely to debar a child's entry to such employment.

One hundred and thirteen children were found on the Ishihara test to have a degree of colour blindness. Of the 107 tested by Giles Archer Lantern, 15 were found to be normal, 37 were found to be safe and 55 unsafe in relation to certain 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 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 consultants.

During 1967, 12,904 children were routinely tested in school, and 503 were found to have a hearing defect; of this number 172 were already known cases. A further 1,986 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 66 referred to the ear, nose and throat clinics, 16 were kept under observation; 13 were referred to hospital for tonsillectomy/adenoidectomy; nine were referred to hospital for other treatment; 14 were treated at the clinic; seven required no treatment; in three cases no treatment was possible; one was referred to the Audiology Unit; one was issued with a hearing aid; and two children did not keep appointments.

There were 287 audiometric hearing tests carried out at Southgate Technical College, and the eight students found to have a hearing loss were referred to their family doctors.

Foot Inspections

School nurses make regular foot inspections to discover the presence of plantar warts and other contagious skin conditions of the foot. Plantar warts can be contracted wherever children walk barefooted, particularly in damp places. During the year, 70,720 foot inspections were carried out and 1,401 new cases of plantar warts were found.

(See Statistical Tables 47, 48, 49 and 50)

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 71,439 children examined for infestation, 135 were found to be in a verminous condition and 82 required formal action in order to secure cleanliness.

(See Statistical Table 51)

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 inspection, which only require minor ailment 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. As the number of attendances at Hadley Wood Clinic was so small, it was decided to discontinue the holding of regular sessions. The total number of attendances at the minor ailments clinics was 19,201 — less than last year.

Although the number of automatic enuresis alarm buzzers was increased during the year from 12 to 15, only the same number of children, 33, were provided with this treatment owing to the unco-operative attitude of some parents. The waiting list was considerably reduced but nevertheless still stands at 66.

The progress of each case is checked every two months and also six months after a reported cure. At the two-monthly checks 17 cases were reported cured, four showed some improvement, and 10 were without benefit. At the six-monthly checks of 16 reported cured cases, nine were still completely dry at night, one had occasional lapses, two had relapsed and were put back on the waiting list, two failed appointments and two had left the district.

Ear, Nose and Throat Clinics

Three clinics in the borough 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 difficulties, or who require advice or treatment regarding tonsils and adenoids. Other conditions referred include otitis media, rhinitis and chronic catarrh.

Of the 507 children who attended the clinics, 234 were new cases. The total number of attendances was 1,138.

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. The number of sessions at Bowes Road Clinic was changed from two a week to two a fortnight owing to the decrease in the number of children attending.

Of the 2,699 children who attended the clinics during the year, 1,164 were prescribed glasses. The total number of attendances was 5,299.

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 531 children received orthoptic treatment or were kept under observation during the year.

Orthopaedic Clinic

The fortnightly session held by the consultant orthopaedic surgeon at Edmonton Central Clinic has continued. The number of children referred to the clinic for the first time was 54 and the total number of attendances was 110. The type of cases seen included foot deformities, knock knee, scoliosis, kyphosis, chest deformities, etc. It has not been possible to replace the physiotherapist so where treatment has been necessary, the patients have been referred to hospital.

Speech Clinics

During 1967 the speech clinics were fully staffed by three whole-time speech therapists.

In addition to their work at the clinics, the speech therapists also hold sessions at Durants and Oaktree Schools for educationally subnormal children and two sessions at the Junior Training School for mentally handicapped children.

There were 437 children, of whom 141 were new cases, who received treatment or who were kept under observation. The total number of attendances was 4,047. The various defects treated included stammer, dyslalia, stigmatism, and delayed development of speech.

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 full-time and one part-time educational psychologists and one psychotherapist. The psychiatric social worker and the psychotherapist work in conjunction with the psychiatrist.

Although the centre and clinic are housed in one building, the work falls broadly into two categories. The educational psychologists deal 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, which include children who are maladjusted, present problems of psychosis, neurosis, brain damage, and character disorder.

There is still a considerable delay for diagnostic interview and subsequent therapy owing to a continued shortage of staff.

Working in conjunction with the centre and clinic, there is a Special Selection Unit at Chase Side School for children aged eight to eleven years who have shown gross emotional instability. They are admitted on the 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. 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 still intended to expand this arrangement to include school children of all ages. There are remedial classes at Eastfield Road School and Croyland Road School and the Child Guidance Clinic where special tuition is given to 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 in each case medical examination showed that considerable benefit was derived by the 10 children who went on holiday.

In addition, one epileptic child, two diabetic children and two physically handicapped children were able to have summer holidays which were arranged respectively by the British Epileptic Association, the British Diabetic Association and the Invalid Children's Aid Association.

(See Statistical Tables 52, 53, 54, 55, 56, 57 and 58)

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 under review, of the 37,305 children on the school roll, 21,791 were inspected, this being 58% of the total (National Figure 57%). Of those inspected 9,288 (43%) were found to require treatment (National Figure 57%) and of these 8,301 (89%) were offered treatment (National Figure 87%). Of the 8,301 offered treatment, 6,998 (84%) accepted treatment through the school dental service (National Figure 62%). During the year, therefore, the school dental service treated 19% of the children on the school roll (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 House Residential Special School for Educationally subnormal girls.

Owing to various changes in the establishment during the year under review, the number of sessions devoted to treatment were again fewer than in the previous year, yet once again the output of work per dental officer improved on the previous year, in particular with the average number of fillings per session.

In addition to the ordinary dental treatment described, the orthodontic service continued to be much in demand. Treatment was commenced on 251 new cases, 150 cases completed treatment, and a total of 4,990 attendances was made.

The fewer attendances than last year were due to the absence of Mrs. Brearley who spent two months special leave in Australia.

Statistically, the service provided compares more than favourably with the national figures but falls short of the optimum because of the difficulty in recruiting dental officers.

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 19 dentures, 476 removable appliances and 55 fixed appliances were supplied.

The recommendations made by the dental officer for the Department of Education and Science last year were all considered and while the minor structural improvements, the replacement of certain equipment and the greater development of the service for children under five years of age have been carried out, the implementation of recommendations in respect of staff has not been possible. The addition of a recovery room to the dental suite at one of the clinics is scheduled for next year.

A dental health education campaign was held early in the year lasting over a period of three months, during which posters were prominently displayed, and pamphlets were distributed at schools, clinics and offices.

Mr. Underhill, the Chief Dental Officer and Principal School Dental Officer, wishes to record his appreciation of the work and loyalty of his staff.

(See Statistical Table 59)

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

There are 339 Enfield pupils in day special schools and 113 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.

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. Two new cases were ascertained during the year. One was admitted to a day special school and one to a residential special school. At the end of the year there were three 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. Two new cases were ascertained during the year, one was admitted to a day special school and one to a residential special school. At the end of the year there were 10 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, two children were ascertained, one was admitted to a play group and one was placed on the waiting list for a day special school. At the end of the year there were 15 children in special schools and one was attending a play group.
- (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 seven children were ascertained, one child was admitted to a day special school, two to a day nursery, one to a play group; three are awaiting placement. At the end of the year there were 22 children in special schools and two attending play groups.
- (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 five children were ascertained, one of whom was admitted to a residential school, two to day schools; two are awaiting admission. At the end of the year there were 189 children in special schools. This figure includes 75 children attending Durants and Oaktree Schools on an informal basis in accordance with 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. Two new cases were ascertained during the year and are awaiting admission. At the end of the year 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 21 children were ascertained, of whom three were placed in residential schools, one in a play group; 17 are awaiting placement. At the end of the year there were 53 children 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 seven children were ascertained of whom five were admitted to a day special school; two are awaiting placement. At the end of the year there were 45 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 31 children were ascertained, 22 of whom were admitted to the day open air school, four to residential schools, four children are awaiting admission and one refused a vacancy. At the end of the year there were 104 children in special schools.

In addition, there are 10 children who have more than one defect and are placed in schools suitable for their greater disability.

Hazelbury Open Air School

This school, maintained by the Education Committee, accommodates 140 children who are considered unable to manage the regime of an ordinary school because of their medical condition or because of a minor physical handicap which does not warrant placement in a school for physically handicapped children. The school provides fresh air, rest, a well-balanced diet, a hygienic way of life and medical care and treatment. A large proportion of the children suffer from chest

complaints and hydrotherapy is found to be beneficial in such cases. Since we have been unable to recruit a physiotherapist, remedial exercises and visits to the swimming bath have been supervised by the school nurse. The children are provided with three meals a day and have a rest period. They are medically examined once a term.

Durants and Oaktree Schools

Accommodation for 160 educationally subnormal pupils is provided in each of these schools, which are maintained by the Education Committee. In view of the special needs of these children not only do they receive an annual medical inspection, but also the schools are visited fortnightly by a medical officer. The educational psychologist paid 19 visits to the schools for the purpose of educational assessment.

Wavenden House Residential School for Educationally Subnormal Girls

This school, which is maintained by the Education Committee, is situated in the country, near Woburn Sands, Buckinghamshire, with provision for 90 girls from 11 to 16 years of age. Children referred by other education authorities are also accommodated at the school. The school is visited once a week by a general medical practitioner who looks after the general health of the children. Full medical examinations of Enfield children are carried out annually by assistant medical officers during the school holidays.

During the Christmas holidays, 1966 - 67, East Quinton School for maladjusted junior boys was badly damaged by fire and arrangements were made for the boys and staff from this school to be temporarily accommodated at Wavendon House. They returned to East Quinton in September 1967.

(See Statistical Table 60)

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. Home and hospital tuition was provided for 17 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. Nineteen such cases were dealt with under this section.

VACCINATION AND IMMUNISATION

Details of the arrangements for vaccination and immunisation under Section 26 of the National Health Service Act, 1946, are given elsewhere in the report. Under these arrangements children, by the time they are admitted to school, should have received primary immunisation; but consent forms for diphtheria, tetanus and poliomyelitis immunisations are issued to all school entrants in order to try to ensure that all children whose parents have not yet taken advantage of the facilities available may have this further opportunity. In addition, further consent forms for diphtheria and tetanus 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, to staff likely to be exposed to infection, and to certain groups of children and students including school children between their 13th and 14th birthdays.

During the year 1,045 pupils about 13 years of age attending maintained and independent schools were given B.C.G. vaccination.

For various reasons the usual autumn term vaccination programme was delayed. The number vaccinated in 1967 is, therefore, less than half the previous year's total.

Of the 1,446 children offered B.C.G. vaccination, the parents of 1,195 children (82.62%) consented to have a tuberculin skin test carried out. 1,051 (88.28%) of the 1,188 children so tested were found to require B.C.G. vaccination and 1,045 (87.96%) of those tested were vaccinated.

In September B.C.G. was offered to students at both the technical colleges but there was no response.

(See Statistical Table 61)

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. The 457 children examined for employment certificates and the nine for entertainment certificates were found to be satisfactory. 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 and annually. 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

Epidemic (Winter) Vomiting

Yet again this year a number of schools 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 are usually quite well after 48 hours but are excluded from school for one week to try to limit the spread of infection.

Sonné Dysentery

Towards the end of the year there was rather a severe outbreak of dysentery at a junior school and it was decided to close the school two days before the end of term. 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 or without diarrhoea. To stop the spread of infection parents of children suspected of suffering from the disease were asked to consult their family doctor and to keep their children away from school until they were found by bacteriological examination to be clear of infection.

Pulmonary Tuberculosis

A case of pulmonary tuberculosis in a teacher was detected at one of the technical colleges in May. An investigation of all contacts undertaken by the Chest Clinic revealed no further cases.

Another case occurred in a school child at a junior school and again no spread of the disease was found on investigation.

Scabies

There were a few isolated cases of scabies during the year.

Notification of Infectious Diseases

Head teachers notified the department of 678 cases of suspected infectious disease occurring in school children.

HEALTH EDUCATION

Sixty-four talks were given by health visitors on a variety of subjects, including mothercraft and personal hygiene, to classes of school children. Some of the older children were shown round the infant welfare and dental clinics. In addition, at secondary schools and at the Southgate Technical College 15 film shows were given on dental care, food poisoning, water safety, child development, child birth, and drug addiction.

A meeting of the head teachers was held with the object of finding out what part the health department staff should play in health education in schools; to consider the desirability of producing a co-ordinated plan for health education in schools; and to consider setting up a body to produce a plan and programme. After much discussion it was agreed that the present arrangement whereby advice is given by health staff on request should continue. It was also agreed that I should give head teachers information on drug addiction and subsequently a pamphlet was prepared and distributed to head teachers of secondary schools, principals of technical colleges and youth club leaders.

In July head teachers and youth leaders were invited to a showing of the film *Narcotics — The Decision*.

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.

As the re-organisation of secondary schools has changed the staffing position in many schools, the council is in the process of obtaining authority for the use of radioactive substances in almost all of the re-organised secondary schools in the borough. As in the past, the level of radioactivity used is extremely low,

comparable with that from a luminous watch, and experimental procedures are adopted to reduce exposure to a minute level. In practice, no pupil would receive a dose of ionising radiation above one-tenth of that arising from cosmic radiation.

A few schools have obtained authority to use an X-ray unit recently developed for school use and approved by the Department of Education and Science. This unit also gives a very low rate of emission and does not create any hazard to health.

Further education courses involving repair and maintenance of colour television receivers have now been running for over 12 months. Monitoring of radiation hazards to staff and students has established that there is no hazard to health. The services of the Radiological Protection Service have been valuable in establishing suitable operational procedures.

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.

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 approximately 1,315 X-ray exposures were taken; 1,112 were for orthodontic purposes and the remainder were taken during the course of general dental treatment. A total of 542 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. As the overall rate of radiation exposure is low our dental staff have not been designated as radiation workers and individual four-weekly film tests made every six months have ensured that operating conditions remain satisfactory.

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STAFF

Medical Officer of Health and Principal School Medical Officer

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

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J. D. RUSSELL, M.B., B.S., D.P.H.

Principal Medical Officers

Maternity and Child Welfare Service :

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School Health Service :

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Ear, Nose and Throat :

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Chief Dental Officer and Principal School Dental Officer

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Dental Officers

ANGELA M. BOWEN, B.D.S., L.D.S.,
R.C.S. (Part-time) (Resigned 5.9.67)

MYRTLE L. LOVATT, L.D.S., R.C.S.
(Commenced 31.5.67) (Part-time)

H. COHEN, L.D.S. (Part-time)
(Resigned 5.6.67)

C. A. MARTINEZ, L.D.S.(U.Liv.)

J. A. H. EDMOND, L.D.S.(U.Durh.)
(Part-time)

C. POLLOCK, L.D.S., R.C.S.
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CLARA S. EMMER, M.D.

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A. M. IRENE HALSALL, L.D.S., R.C.S.
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MARGARET J. WICKS, B.D.S., L.D.S.,
R.C.S. (Part-time) (Resigned 24.2.67)

CLAIRE A. M. LAWSON, L.D.S., R.C.S.
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A. DUFF, Dip.S.SS., M.S.M.W.O.
(Commenced 18.8.67)

Miss A. HARMAN, M.S.M.W.O.
(Commenced 9.12.67)

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Miss A. HARMAN, M.S.M.W.O.
(Promoted Deputy 9.12.67)

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

Deputy Superintendent Health Visitor
Miss P. Z. M. J. MacLAUGHLIN,
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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.

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Mrs. M. PICKERING, S.R.N.

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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 OfficersE. J. A. GOLDING
A. K. CLARK, D.P.A.A. SHAW
Miss A. COOPERP. F. W. VICK (*Commenced*
6.2.67) (*Resigned 21.3.67*)
L. G. COE, D.M.A.
(*Commenced 8.5.67*)**OTHER STAFF ESTABLISHMENT**

Health Visitors :		Midwives	32	Health Educn. Orgnr. ...	1
Group Advisers ...	3	Home Nurses	44	Speech Therapists ...	3
Field Work Instr. ...	3	Nursing Auxiliaries ...	2	Senior Orthoptist ...	1
Health Visitors/School		Asst. Home Help		Audiometer Operators ...	2
Nurses	45	Organisers	2	Physio/Remed. Gymnast	1
Tuberculosis Health		Dental Surg. Assists.	11	Chief Chiropodist ...	1
Visitors	4	Mental Welfare Offrs.	11	Chiropodists	5
Student Health Visitors	6	Trainee Mental		Medical Social Worker	1
		Welfare Officer ...	1		

Public Health Inspectors :

Specialist	3
District	16
Student	6

Shops and Street Trading	
Inspectors	3
Technical Assistants ...	4

Senior Admin. Officers	2	Senior Clerical		Shorthand/Audio Typists	9
Admin. Officers ...	9	Officers	4	Telephonists	2
		Clerical Officers ...	52	Admin. Trainee ...	1

Home Helps	160	Disinf./Conv. Foreman	1	Driver/Handyman ...	1
Rodent Control Officer	1	Disinfector Drivers ...	2	Handyman/Storeman ...	1
Rodent Operatives ...	7	Conv. Attendants		Porter/Messenger ...	1
Sewermen (skilled) ...	3	(inc. Reliefs)	96	Clinic Caretakers and	
		Driver/Clnrs. Conv. ...	4	Cleaners	15
		Male Clnrs. Conv. ...	4		

Day Nursery

Matron: Miss M. W. BETTERIDGE

Deputy Matron	...	1	Nursery Nurses/Students	...	10
Warden	...	1	Domestic Staff	...	6

Adult Training Centre

Manager: Mr. W. J. REDMOND

Assistant Manager	...	1	Senior Instructors	...	2
Laundry Supervisor	...	1	Welfare Assistant	...	1
Instructors	...	12	Domestic Staff	...	4

Junior Training School

Supervisor: Mrs. E. F. HUDSON

Deputy Supervisor	...	1	Assistant Supervisors	...	10
Trainee Supervisors	...	2	Domestic Staff	...	9

Mental Health Hostel

Warden: Mr. H. DUTTON

Assistant Warden	...	1	Domestic Staff	...	3
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STAFF

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

Administrative, Professional and Technical Officers	...	...	392
Manual workers	...	...	320
			<hr/>
			712
			<hr/>

The total of individual employees working in the interests of communal health in the Health Department of the London Borough of Enfield is over 800 as many of the manual workers, such as the home helps and convenience attendants, work part-time.

A staff of this size must undergo many changes in the course of a year and 1967 was no exception.

Dr. M. Gilmour, Principal Medical Officer, School Health Service, retired on 31st December, 1967, after several months' absence through ill-health. Dr. Gilmour's service extended over 20 years in Enfield, and parents, teachers and all her colleagues wish her well in her retirement.

Our best wishes also go to Dr. M. Brown, Assistant Medical Officer, who retired in August after 20 years' service in the area and who was replaced by Dr. J. F. Cambell whom we welcomed in September.

In the dental health service a great deal of fluctuation took place in the staffing situation during the year. Three part-time dental officers and three dental surgery assistants, two of them full-time, left the service, and it was some time before replacements were appointed to fill these vacancies.

At December 31st, the staff consisted of a full-time equivalent of eight dental officers including orthodontists and 8.4 dental surgery assistants. The full establishment consistent with a wholly satisfactory service is 11 dental officers.

The importance of the services of a dental surgery assistant to a dental officer cannot be over-emphasised. The dentist is dependent upon her for making appointments, making and receiving telephone calls, keeping records and making arrangements for routine school inspections, etc.

Preparation for a school inspection involves a considerable amount of work and it was here that the loss of three experienced assistants within a short time of

each other had the most damaging effect, there being 25 fewer sessions during the year with a consequent drop of about 4,500 first inspections at schools.

Three part-time dental officers left the service during the year. Miss M. J. Wicks left in February and Mr. H. Cohen and Mrs. A. M. Bowen left in June.

In May Mrs. M. Lovatt was appointed part-time dental officer and in September Mr. C. Pollock was appointed full-time dental officer.

Mr. J. R. Stockman was appointed to the vacant post of part-time veterinary surgeon for the borough.

Two public health inspectors were recruited and one of our sponsored students qualified after her training and was appointed to a full-time post in December. One of the specialist public health inspectors emigrated to Australia while another inspector obtained employment in a neighbouring borough.

In August the Principal Mental Welfare Officer, Mr. S. McEvoy, retired after nearly 40 years' service in the mental health sphere. We wish him a long and happy retirement in his country cottage. Mr. A. Duff, Deputy Principal Mental Welfare Officer for the London Borough of Hounslow, was appointed in his place. The Deputy Principal Mental Welfare Officer, Mr. D. Pepper, terminated his appointment in September when he emigrated to Canada. He was replaced in December by Miss A. Harman who was already in our service as a Senior Mental Welfare Officer.

Two of our mental welfare officers returned to service after the completion of a two-year course during which they obtained their professional qualifications. One additional mental welfare officer was appointed and a trainee mental welfare officer selected from the supernumerary recruits.

Three student health visitors completed their sponsored training courses and were appointed as full members of our staff in September, but five health visitors resigned or retired during the period under review. One of those who retired was Miss M. Maddock, Group Adviser, who had served the area for 30 years. We did not completely lose her valuable services as she remained with us for part-time health visiting duties. A group adviser and a field work instructor were added to the establishment.

Two health visitors and one tuberculosis visitor were appointed so that at the end of the year the staff consisted of the Superintendent and her deputy, three group advisers, three field work instructors, 23.2 whole-time equivalent health visitors and four tuberculosis visitors. The clinic nurse staff comprised 13.4 whole-time equivalent. The total staff was drastically short of the required establishment of 57.

The Non-medical Supervisor of Midwives and Superintendent of Home Nursing Service, Miss G. E. Payne, reached the normal age of retirement in December and was due to leave our service. As we were unable to appoint a successor Miss Payne agreed to continue in post.

We were able to recruit seven home nurses to our service but six left us for various reasons.

Miss Johnson, after 22 years' service as a midwife in the area, retired in October, and we wish her a long and happy retirement. Five midwives left the service and three were recruited.

Mrs. J. D. Beacall commenced duty on 3rd May as a Senior Orthoptist. Her predecessor, Miss C. Hughes, had served for four years and left us upon her marriage.

Throughout the year no applications were received for the vacant post of senior physiotherapist/senior remedial gymnast despite repeated advertisements.

In February, Mr. Vick, one of the senior administrative officers, resigned after a short stay in the department, and it was not until May that Mr. L. G. Coe was appointed to replace him. Otherwise in the administrative section, apart from the retirement of a long-serving clerical officer, there have been few other changes with the marked exception of eight appointments filled by supernumerary recruits.

As might have been expected, the most frequent staff replacements occurred among the manual workers. The recruitment of a relatively high number of home helps (which gave us a total of 146.7 whole-time equivalent) was achieved, at least in part, by a sustained and vigorous recruitment drive.

Even after repeated advertisements it has not been possible to fill the post of assistant warden at the recuperative hostel. However, a social science student from Brunel University acted in this capacity during the summer as part of his practical training programme.

MEDICAL ASSESSMENT AND EXAMINATION

The London Borough of Enfield is a large employer of many categories of officers and manual workers.

The administrative, professional and technical officers equal in number the total teaching staff while these together are equalled by the number of manual

workers. In all some 9,000 persons are in the employ of the borough.

Medical assessments undertaken by the Health Department for all departments of the council totalled 1,944.

PRE-EMPLOYMENT MEDICAL ASSESSMENTS

Teachers

The Department of Education and Science requires that, in respect of all 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, a medical report shall be submitted on statutory forms. The result of these reports is subject to confirmation by the Department of Education and Science.

Those medically fit are in these circumstances admitted to a national superannuation scheme at the commencement of their careers as teachers. Ninety teachers and 263 trainees were medically examined and all but one were passed as 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 334: of this number 27 required medical examination. None was found 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 1,257 assessments made, 130 required medical examination and eight were found to be unfit.

SICKNESS ABSENCE MEDICAL ASSESSMENTS

Forty-seven medical assessments were made in accordance with the schemes of conditions of service relating to prolonged absence due to illness, and of these, 15 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 once again to record my appreciation of the co-operation of Mr. Moss, Staff Welfare Officer.

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.

No such cases arose during the year.

TRAINING

The training of staff is a matter of major importance, not only to ensure that administrative, professional, technical and clerical officers obtain at least basic qualifications, but also to see that officers keep abreast of modern developments.

Facilities for training are offered by a large number of educational bodies up and down the country, but we, in London, are particularly fortunate in that the vast majority of our needs are met in the area.

The Education Committee of the Greater London Whitley Council, of which the borough council is a member, provides vocational courses of interest to local government officers. The scope of the work of this committee may be summarised as follows :

- (a) The preparation of model schemes for recommendation to local authorities.
- (b) The regular review of the extent to which individual authorities are providing basic training schemes.
- (c) Securing the provision of suitable training facilities for examinations with which local government officers are concerned.
- (d) The organisation of lectures, conferences and courses related to the training of local government officers, both directly and in co-operation with local education and university authorities, other educational organisations, etc.
- (e) To make representations to the National Joint Council for Local Authorities' Administrative, Professional, Technical and Clerical Services, subject to the approval of the Whitley Council; and to the Local Government Examinations Board.
- (f) To co-operate with other Provincial Councils and with other bodies dealing with matters of common interest.

The borough council is also a member of the London Boroughs Training

Committee, which provides centrally organised opportunities for training which develops and sustains the skills of workers in the Health, Welfare and Children's Departments.

Its policy has been developed in full partnership with member boroughs to meet the following needs :

- (a) To obtain and retain for London the necessary number of skilled workers.
- (b) To ensure that existing trained and untrained field workers will have the opportunity to develop and acquire knowledge and new techniques.
- (c) To put forward constructive proposals for providing new training courses and extending existing facilities to ensure that the London boroughs maintain and increase their share of available workers.
- (d) To see that knowledge gained from work done in the London boroughs social services is spread throughout the country, particularly to the universities and training establishments of all kinds; and
- (e) To use its resources to ensure that facilities for practical work placements and visits of observation are made as effectively as possible. It will not in any sense wish to act as an unnecessary intermediary where direct links operate, but will help establish these links.

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 leading to recognised qualifications.

Dr. Gough-Thomas, the Principal Medical Officer for Mental Health, sponsored by both the council and the Enfield Society for Mentally Handicapped Children, attended the First Congress of the International Association for the Scientific Study of Mental Deficiency which was held in Montpelier.

Of the eight trainee public health inspectors undergoing training for the Public Health Inspector's Diploma of the Public Health Inspectors' Education Board, six were engaged on sandwich courses and two were day release students. These courses are undertaken at Tottenham Technical College, but one student was successful in his application for admission to Aston University, Birmingham, after completing his first year at Tottenham.

Two of the students were in their final year and one who passed her final examination has been appointed to our permanent staff. It will be necessary for the other trainee to present himself for further examination.

Two public health inspectors who qualified in 1966 further qualified for the Smoke Inspector's Diploma during this year.

Mrs. Smith, Senior Mental Welfare Officer, commenced a two-year course at the North Western Polytechnic for the Certificate in Social Work. A supernumerary trainee was selected as a trainee mental welfare officer. Two mental welfare officers on day release courses were studying for G.C.E. "A" levels in Sociology.

Of the four student health visitors who began their training at the beginning of the year, one withdrew for personal reasons and the remainder qualified in September and joined our staff as health visitors. Two of the four sponsored student health visitors, who started their training in September, were home nurses on our staff.

Two clinic nurses attended a four-day Introductory Course for School Nurses organised by the London Boroughs' Training Committee.

Two midwives attended statutory five-yearly refresher courses and seven home nurses attended three-yearly refresher courses as prescribed by the council. A further five home nurses undertook the District Nurse Training Course at Chiswick Polytechnic.

Both the audiometer operators attended a three-day refresher course.

In the administrative section, Mr. Dance, the Chief Administrative Officer, attended the four-day Summer School organised by the Association of Health Administrative Officers, and Mr. Golding, one of the senior administrative officers, attended the five-day Royal Institute of Public Administration Course.

Nine clerical officers were approved for attendance at the day release course for the Local Government Clerical Examination at Tottenham Technical College. Four shorthand typists are also training at this college for Royal Society of Arts certificates and a junior officer completed a 13-week Local Government Induction Course.

Two nursery nurse students at the day nursery began their two-year day release course at Tottenham Technical College for the Nursery Nurses Examination Board Certificate and two, having completed their two-year course, were successful in obtaining their certificates. As there were no vacancies at our day nursery both these young people sought other employers.

One of the senior instructors at the Adult Training Centre began a year's full-time course of training for teachers of mentally handicapped adults. From the Junior Training School an assistant supervisor attended a four-day refresher course. The Warden of the Recuperative Hostel attended a course under day release arrangements in the Management of Hostels for Mentally Disordered Adults.

Last year the borough appointed some 30 school-leavers as supernumerary officers in the service of the council. These young people, all of whom were well qualified, visited the various departments for short periods with a view to career selection and training. Of these trainees the Health Department finally appointed nine to established posts and one, as previously mentioned, is now training as a mental welfare officer.

A further intake of 31 trainees occurred in September and they started their in-service training programme in council departments.

COURSES ATTENDED BY HEALTH DEPARTMENT STAFF

Officers	Courses and Numbers Attending	Duration
<i>Medical Officers</i>	Education and Medicine	3 days
	The Practice of Health Education	2 days
	Annual Refresher Course	
	M. & C. W. Group of the Society of Medical Officers of Health	5 days
	Diagnosis and Treatment of the Deaf Child	3 days
	Obstetrics and Paediatrics	5 days
	Obstetrics and Gynaecology	1 term (Part-time)
	Child Health	3 parts, each of 26 days
	Spastics	1 day
	First Congress	
	International Association for the Scientific Study of Mental Deficiency	9 days
<i>Public Health Inspectors</i>	Public Health Inspectors Diploma of Public Health Inspectors Education Board (8)	Sandwich course for 3 years (6) 2 days weekly for 4 years (2)
	Bacteriology of Food Inspection and Production (2)	1 day
	Radiological Health and Safety	5 days
	Applied Entomology	1 day
	Radiation in Health	5 days
	Smoke Inspector's Diploma (2)	2 hours weekly for 9 months
	Noise (4)	5 days
	Week-end Seminar	3 days
<i>Mental Welfare Officers</i>	The Prevention of Mental Ill-health by Public Health Programmes	5 days
	Certificate in Social Work Seminar, Principles and Practice of Social Work (3)	1967 (Full-time) 1 day weekly for 2 months
	G.C.E. "A" Level in Sociology (2)	$\frac{1}{2}$ day weekly, for 3 terms

Officers	Courses and Numbers Attending	Duration
<i>Health Visitors</i>	Health Visitor Course (8)	1 year (Full-time)
	Introductory Course for School Nurses (2)	4 days
	Living with Disability	1 day
	Hearing Test Techniques	3 days
	Study Day for Health Visitors and Social Workers	1 day
	Refresher Course — Health Visitors' Association	2 weeks
	Part-time Course in Health Education	4 terms
<i>Midwives and Home Nurses</i>	Refresher Course for Midwives (2)	1 week
	London Boroughs Refresher Course for Midwives	2 days
	District Training for Home Nurses (5)	1 week
	Refresher Courses for Home Nurses (7)	1 week
<i>Home Help Organiser</i>	Institute Course for Home Help Organiser	3 days
<i>Audiometer Operators</i>	Refresher Course, London Borough of Hounslow (2)	3 days
<i>Health Education Organiser</i>	Health Education Techniques	2 days
<i>Administrative Officers</i>	Concept of Staff Developments	1 day
	Association of Health Administrative Officers — Summer School	4 days
	Day Release for Clerical Examination (9)	$\frac{1}{2}$ day weekly
	Day Release for Shorthand Typing (4)	1 day weekly
	Study Course for Senior Administrative Officers	5 days
<i>Day Nursery Staff</i>	Nursery Nurses Examination Board Certificate Course (2)	1 day weekly, for 2 years
<i>Instructors at Adult Training Centre</i>	Training Course for Teachers of Mentally Handicapped Adults	1 year (Full-time)
<i>Supervisors Junior Training School</i>	Annual Refresher Course for Teachers of the Mentally Handicapped	4 days
<i>Hostel Warden</i>	Day Release Course — Management of Hostels	2 months
	Management of Hostels for Mentally Disordered Adults	1 day



Infant Welfare: Carriages await



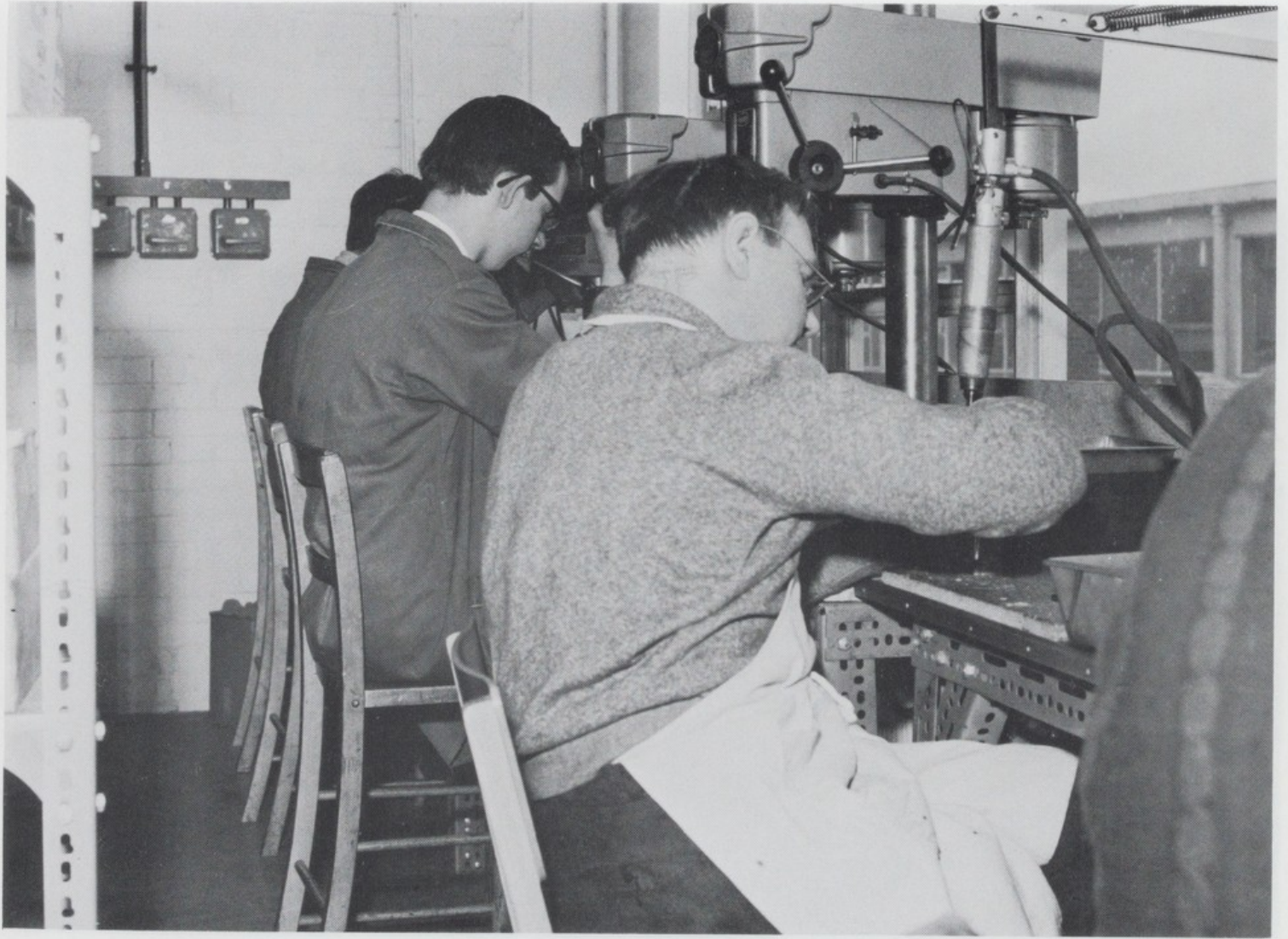
Our Enfield Exhibition: Environmental Health Stand



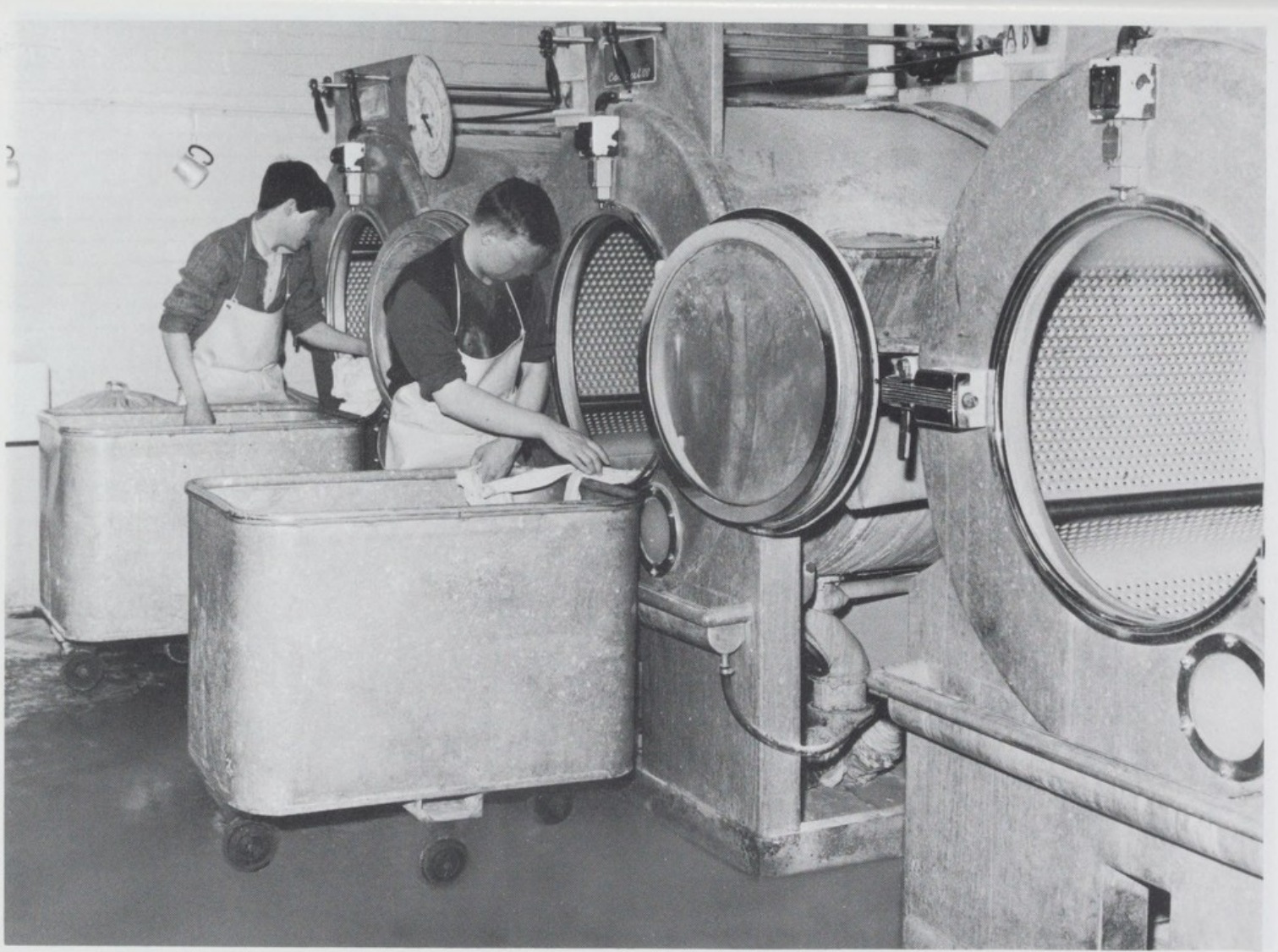
Junior Training School: A Day in May



Junior Training School: Play time



Adult Training Centre: Light Engineering



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TABLE 1
GENERAL STATISTICS

Area : (in acres)	20,061
Population : (Registrar General's Mid-1967 Estimate)	266,640
Number of structurally separate dwellings, including flats	88,727
Number of dwellings constructed during the year	922
Rateable Value : (at 31st December, 1967)	£18,167,400
Product of a penny rate : (1967/68 revised estimate)	£73,500

TABLE 2
VITAL STATISTICS 1967

LIVE BIRTHS				Males	Females	Total	EARLY NEO-NATAL DEATHS (deaths under the age of 1 week)				Males	Females	Total
Legitimate	...	...	...	2,017	1,839	3,856	Legitimate	...	...	...	23	13	36
Illegitimate	...	...	...	130	151	281	Illegitimate	...	...	...	3	2	5
				2,147	1,990	4,137					26	15	41
Rate per 1,000 Population							Rate per 1,000 live births						
Enfield (Crude)	...	...	...			15.5	Enfield	...	...	...			9.9
Enfield (Standardised)	...	...	...			16.1	England and Wales	...	...	...			10.8
England and Wales	...	...	...			17.2							
Illegitimate live births per cent. of total live births: 6.8%													
STILLBIRTHS				Males	Females	Total	PERINATAL DEATHS (stillbirths and deaths under the age of 1 week)				Males	Females	Total
Legitimate	...	...	...	26	16	42	Legitimate	...	...	...	49	29	78
Illegitimate	...	...	...	1	3	4	Illegitimate	...	...	...	4	5	9
				27	19	46					53	34	87
TOTAL LIVE AND STILLBIRTHS				2,174	2,009	4,183	Rate per 1,000 live and stillbirths						
Rate per 1,000 live and stillbirths							Enfield	...	...	...			20.8
Enfield	...	...	...			11.0	England and Wales	...	...	...			25.4
England and Wales	...	...	...			14.8							
INFANT DEATHS (deaths under the age of 1 year)				Males	Females	Total	MATERNAL MORTALITY (including abortion)						
Legitimate	...	...	...	31	19	50	Number of deaths	...	...	...			1
Illegitimate	...	...	...	5	2	7	Rate per 1,000 live and stillbirths	...	...	...
				36	21	57	Enfield	...	...	...			0.2
Rate per 1,000 live births							England and Wales	...	...	...			0.2
Enfield: Legitimate	...	...	...			13.0							
Enfield: Illegitimate	...	...	...			24.9	DEATHS FROM ALL CAUSES				Males		1,520
Enfield: Combined	...	...	...			13.8				Females			1,454
England and Wales: Combined	...	...	...			18.3				Total			2,974
NEO-NATAL DEATHS (deaths under the age of 4 weeks)				Males	Females	Total	Rate per 1,000 Population						
Legitimate	...	...	...	27	14	41	Enfield (Crude)	...	...	...			11.2
Illegitimate	...	...	...	4	2	6	Enfield (Standardised)	...	...	...			10.6
				31	16	47	England and Wales	...	...	...			11.2
Rate per 1,000 live births													
Enfield	...	...	...			11.4	DEATHS FROM CANCER (all forms)				Males		376
England and Wales	...	...	...			12.5				Females			309
										Total			685
							Rate per 1,000 Population						
							Enfield	...	...	...			2.6
							England and Wales	...	...	...			2.3

Comparability Factors

In view of the differing sex and age distribution of local populations, the General Register Office 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 ...	4	—	—	—	4	—	—	—	—	—	4
Atelectasis ...	1	—	—	—	1	—	—	—	—	—	1
Congenital Malformations	7	1	—	—	8	—	—	—	—	—	8
Diarrhoea, Enteritis and Gastritis ...	—	—	—	1	1	—	—	—	—	—	1
Injury at Birth ...	1	—	—	—	1	—	—	—	—	—	1
Meningitis (not Tuberculous)	—	—	—	—	—	—	—	—	1	1	1
Pneumonia (all forms) ...	—	—	—	1	1	4	3	—	1	8	9
Premature Birth ...	26	1	—	—	27	—	—	—	—	—	27
Tumours ...	—	—	1	—	1	—	—	—	—	—	1
Other causes ...	2	—	1	—	3	1	—	—	—	1	4
TOTALS ...	41	2	2	2	47	5	3	—	2	10	57

VITAL STATISTICS 1967

TABLE 4
CAUSES OF, AND AGES AT, DEATH

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS									
					1—	5—	15—	25—	35—	45—	55—	65—	75 and over	
Tuberculosis, Respiratory	M	4	—	—	—	—	—	—	1	—	—	3	—	
	F	2	—	—	—	—	—	—	—	1	—	—	1	
Tuberculosis, other forms	M	1	—	—	—	—	—	—	—	—	—	1	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
Syphilitic Disease	M	3	—	—	—	—	—	—	—	—	1	2	—	
	F	1	—	—	—	—	—	—	—	—	—	—	1	
Meningococcal Infections	M	1	—	1	—	—	—	—	—	—	—	—	—	
	F	1	—	—	1	—	—	—	—	—	—	—	—	
Other Infective and Parasitic Diseases ...	M	8	—	—	—	—	1	—	—	2	3	1	1	
	F	4	—	—	—	—	—	—	—	—	3	1	—	
Malignant Neoplasm, Stomach	M	40	—	—	—	—	—	—	1	2	16	14	7	
	F	31	—	—	—	—	—	—	—	5	4	7	15	
Malignant Neoplasm, Lung, Bronchus ...	M	139	—	—	—	—	—	—	—	1	10	55	18	
	F	32	—	—	—	—	—	—	3	4	7	9	9	
Malignant Neoplasm, Breast	M	1	—	—	—	—	—	—	—	—	—	1	—	
	F	63	—	—	—	—	—	—	3	9	23	13	15	
Malignant Neoplasm, Uterus	F	21	—	—	—	—	—	3	1	3	3	5	6	
Other Malignant and Lymphatic Neoplasms	M	185	—	—	3	—	1	3	6	13	50	60	49	
	F	154	—	—	—	2	1	—	6	12	42	36	55	
Leukaemia, Aleukaemia	M	11	—	—	1	1	—	—	1	1	3	3	1	
	F	8	—	—	—	1	—	—	1	—	1	1	4	
Diabetes	M	5	—	—	—	—	—	—	—	1	2	1	1	
	F	11	—	—	—	—	—	—	—	1	1	4	5	
Vascular Lesions of Nervous System ...	M	144	—	—	—	—	1	—	3	6	26	34	74	
	F	245	—	—	—	—	—	1	3	9	21	51	160	
Coronary Disease, Angina	M	417	—	—	—	—	—	1	6	46	110	146	108	
	F	282	—	—	—	—	—	—	—	5	38	76	163	
Hypertension with Heart Disease	M	17	—	—	—	—	—	—	—	3	2	3	9	
	F	21	—	—	—	—	—	—	—	1	—	6	14	
Other Heart Disease	M	81	—	—	—	—	1	—	2	4	13	20	41	
	F	136	—	—	—	—	—	2	4	2	9	15	104	
Other Circulatory Disease	M	69	—	—	—	—	—	—	—	2	7	15	45	
	F	103	—	—	—	—	—	—	—	3	4	14	82	
Influenza	M	3	—	—	—	1	—	—	—	—	—	—	2	
	F	1	—	—	—	—	—	—	—	—	—	1	—	
Pneumonia	M	77	1	3	—	1	—	—	—	2	13	14	43	
	F	115	—	5	—	—	—	—	—	—	4	26	80	

Bronchitis	M	108	—	—	—	—	—	—	—	—	1	20	35	52
	F	28	—	—	—	—	—	—	—	1	1	1	6	19
Other Diseases of Respiratory System ...	M	11	—	—	—	—	—	—	—	—	—	5	1	5
	F	7	—	—	1	—	—	—	—	—	1	—	1	4
Ulcer of Stomach and Duodenum	M	12	—	—	—	—	—	—	—	—	2	2	4	4
	F	13	—	—	—	—	—	—	—	—	2	1	3	9
Gastritis, Enteritis and Diarrhoea	M	8	1	—	—	—	—	—	—	—	—	2	3	2
	F	18	—	—	1	1	—	—	—	5	—	—	3	8
Nephritis and Nephrosis	M	12	—	—	—	—	1	—	—	2	3	5	1	3
	F	4	—	—	—	—	—	—	—	—	—	—	1	3
Hyperplasia of Prostate	M	10	—	—	—	—	—	—	—	—	—	1	1	8
Pregnancy, Childbirth, Abortion	F	1	—	—	—	—	—	1	—	—	—	—	—	—
Congenital Malformations	M	7	6	—	—	—	—	—	—	—	—	—	1	—
	F	5	2	—	—	—	2	—	—	—	—	1	—	—
Other Defined and Ill-defined Diseases ...	M	88	23	1	3	2	—	2	3	2	14	13	25	—
	F	98	14	—	1	—	—	1	1	4	14	17	46	—
Motor Vehicle Accidents	M	22	—	—	—	4	5	5	2	2	1	2	1	—
	F	14	—	—	1	1	5	1	1	3	1	—	1	—
All Other Accidents	M	23	—	—	—	2	—	—	3	2	6	1	9	—
	F	20	—	—	1	—	—	—	1	—	3	4	9	—
Suicide	M	12	—	—	—	—	—	1	2	1	5	1	2	—
	F	13	—	—	—	—	2	—	1	5	2	2	1	—
Homicide and Operations of War	M	1	—	—	1	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	1	—	—	—	—	—	—	—
TOTAL ALL CAUSES	MALE	1,520	31	5	8	11	10	12	31	104	360	440	508	
	FEMALE	1,454	16	5	6	5	13	9	26	74	184	302	814	

TABLE 5
ROAD ACCIDENTS

	Jan.	Feb.	Mar.	Apr.	May	Jun.	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total 1967	Total 1966
Total Accidents	136	92	133	108	138	117	134	131	139	138	141	125	1,532	1,685
Total Casualties	165	118	173	149	169	141	181	182	182	175	185	166	1,986	2,206
Fatal	3	3	2	1	1	4	3	3	3	1	—	4	28	34
Serious	24	30	28	27	35	23	27	31	31	37	35	36	364	365
Slight	138	85	143	121	133	114	151	148	148	137	150	126	1,594	1,807
LOCATION														
Trunk Roads ... (10·12 miles)	33	26	27	12	29	25	40	27	27	33	24	24	327	410
Metropolitan Roads ... (13·84 miles)	19	11	24	17	19	23	17	18	24	30	27	23	252	277
Class I ... (18·16 miles)	38	20	33	38	38	29	33	31	35	27	31	39	392	422
Class II ... (6·20 miles)	5	3	5	1	7	4	7	3	8	5	6	2	56	69
Class III ... (33·58 miles)	15	13	21	14	21	12	14	20	16	15	25	14	200	242
District Roads (227·80 miles)	26	19	23	26	24	24	23	32	29	28	28	23	305	265
													1,532	1,685
TYPES OF ROAD USER														
Pedestrians	43	22	38	37	34	25	31	32	41	43	44	24	414	432
Pedal Cyclists	15	10	23	11	23	27	23	23	22	21	20	15	233	266
Motor Cyclists and Passengers ...	20	12	14	13	13	15	21	11	26	21	16	17	199	239
Scooters, Mopeds and Passengers ...	9	13	11	13	13	10	14	14	16	8	17	15	153	229
P.M.C. Drivers and Passengers ...	66	47	60	62	63	52	86	85	66	68	63	87	805	850
H.G.V. Drivers and Passengers ...	2	2	5	2	2	4	1	1	6	10	10	3	48	29
L.G.V. and other vehicle users ...	10	12	22	11	21	8	5	16	5	4	15	5	134	161
													1,986	2,206
AGE GROUPS														
Under 5 years	5	1	5	3	11	3	5	7	10	3	5	1	59	61
5 - 14 years	14	10	21	18	24	21	22	27	27	27	15	11	237	251
15 - 60 years	133	90	137	120	115	104	142	135	132	131	149	137	1,525	1,719
Over 60 years	13	17	10	8	19	13	12	13	13	14	16	17	165	175
													1,986	2,206

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) ...	21	4	192*
Dysentery	299	4	—
Erysipelas	14	2	—
Food Poisoning	34	—	—
Measles	1,955	—	—
Meningococcal Infection	1	1	2
Ophthalmia Neonatorum	1	1	—
Puerperal Pyrexia	130	119	—
Scarlet Fever	118	14	—
Tuberculosis :			
(a) Respiratory	61	15	6
(b) Other Forms	11	2	1
Typhoid Fever	1	1	—
Whooping Cough	285	2	—

* 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 —	...	...	...	1	—	—	—	—	—	—	—
5 —	...	...	...	—	1	—	—	—	—	—	—
10 —	...	...	...	1	2	—	—	—	—	—	—
15 —	...	...	...	—	2	—	—	—	—	—	—
20 —	...	...	...	5	1	1	—	—	—	—	—
25 —	...	...	...	13	6	—	1	—	—	—	—
35 —	...	...	...	5	2	3	2	1	—	—	—
45 —	...	...	...	6	3	1	—	—	1	—	—
55 —	...	...	...	5	—	—	1	—	—	—	—
65 —	...	...	...	2	3	—	—	3	—	1	—
75 and over	...	...	...	3	—	—	1	—	1	—	—
Age unknown	...	...	...	—	—	—	1	—	—	—	—
TOTALS				41	20	5	6	4	2	1	—

During the year there were inward transfers to the borough of 20 notified cases of respiratory tuberculosis and two 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 ...	98	910	1,008	Group A haemolytic streptococci	99	9·00
Faeces, general ...	1,119	5,285	6,404	Shigella sonnei ...	433	7·00
				Salmonella ...	57	0·90
				Infantile gastro-enteritis coli	9	0·10
				Giardiasis ...	44	0·70
				Helminths ...	2	0·03
Faeces, occult blood ...	1	374	375	Blood ...	47	12·00
Kahn tests ...	141	32	173	Gonorrhoea ...	—	—
ENVIRONMENTAL						
Milk ...	240	—	240	Failed Methylene Blue Test ...	5	2·00
Water ...	† 51	—	51	Faecal coli found ...	1	2·00
Food ...	177	—	177	Pathogenic organisms found	—	—
Ice-cream ...	33	—	33	Failed Methylene Blue Test ...	15	49·00

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

† All 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
Sputa, urines, genital, eye, ear, pus swabs, and miscellaneous	87	2,395	2,482
Blood counts	294	480	774
Rhesus and A.B.O. blood grouping ...	141	32	173

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
14	810	450	894	540	645	5,302	729	3,539

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
20	2,067	Year of birth			12,168	97,199
		1967	1966	1962-65		
		3,582	3,569	5,017		

TABLE 12
CARE OF MOTHERS AND YOUNG CHILDREN

Dental Care

Dental Services	Expectant and Nursing Mothers	Children under 5 years of age
Examined	42	711
Commenced treatment	53	432
Courses of treatment completed ...	18	345
Treatments provided :		
Extractions	47	204
Fillings	72	907
Teeth otherwise conserved	—	723
Crowns and Inlays	1	—
Other operations	9	185
Radiographs	6	1
General Anaesthetics	3	122
Dentures provided :		
Full upper or lower	5	—
Partial upper or lower	5	—

TABLE 13**MIDWIFERY****Midwives who Notified their intention to Practise within the Borough during 1967**

Domiciliary		Institutional		Total
Employed by the Borough	In Private Practice	Hospitals	Nursing Homes	
32	0	139	0	171

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
55	43	1	42

TABLE 15**HEALTH VISITING****Visits to Homes made by Health Visitors**

Home Visits to :	* Number of Visits	
	First Visits	Total Visits
Expectant Mothers	869	1,286
Children		
born in 1966	4,296	11,368
born in 1965	3,848	8,864
born in 1961-64	6,743	14,874
Persons aged 65 years and over ...	524	2,331
Mentally Disordered Persons ...	40	162
Patients discharged from Hospitals (other than Mental and Maternity) ...	74	91
Infectious disease Households ...	36	53
Miscellaneous	361	545
TOTALS ...	16,791	39,574

* 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
104,484	2,906	23	1,904	1,542

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
	1967	1966	1965	1964	1960/63		
1. Quadruple DTPP	—	—	1	—	—	—	1
2. Triple DTP	1,594	1,714	78	17	26	4	3,433
3. Diphtheria/Pertussis	—	1	—	—	—	—	1
4. Diphtheria/Tetanus	69	95	37	7	124	139	471
5. Diphtheria	—	2	—	—	1	3	6
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	2	12	730	744
8. Salk	1	30	18	4	2	1	56
9. Sabin	656	2,618	270	80	271	130	4,025
10. Lines 1+2+3+4+5 (Diphtheria)	1,663	1,812	116	24	151	146	3,912
11. Lines 1+2+3+6 (Wh. Cough) ...	1,594	1,715	79	17	26	4	3,435
12. Lines 1+2+4+7 (Tetanus) ...	1,663	1,809	116	26	162	873	4,649
13. Lines 1+8+9 (Polio)	657	2,648	289	84	273	131	4,082

(b) Reinforcing Doses

Type of Vaccine	Year of Birth					Others under age 16	Total
	1967	1966	1965	1964	1960/63		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	—	705	1,201	97	477	212	2,692
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	2	84	175	27	2,310	1,318	3,916
5. Diphtheria	—	—	1	—	14	614	629
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	6	4	33	113	156
8. Salk	—	1	1	—	14	1	17
9. Sabin	—	74	48	16	2,620	606	3,364
10. Lines 1+2+3+4+5 (Diphtheria)	2	789	1,377	124	2,801	2,144	7,237
11. Lines 1+2+3+6 (Wh. Cough) ...	—	705	1,201	97	477	212	2,692
12. Lines 1+2+4+7 (Tetanus) ...	2	789	1,382	128	2,820	1,643	6,764
13. Lines 1+8+9 (Polio)	—	75	49	16	2,634	607	3,381

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	32	—
3 months and under 6 months ...	16	—
6 months and under 9 months ...	18	—
9 months and under 12 months ...	46	—
1 year	1,967	—
2-4 years	407	22
5-15 years	111	184
	2,597	206

TABLE 19
VACCINATION AND IMMUNISATION

**Completed Primary Courses of Immunisation by end of 1967
of Children born in 1965**

Number of Children in Enfield born in 1965 : 4,248			
Immunisation against	No. of Children Immunised (Enfield)	Acceptance Rate per cent Enfield	England & Wales (Provisional)
Diphtheria	3,501	82.4	73
Whooping Cough ...	3,253	76.5	72
Tetanus	3,501	82.6	73
Poliomyelitis	3,544	83.4	68
Smallpox	2,659	62.5	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, 1967 :

Respiratory				Non-Respiratory			
Men	Women	Children	Total	Men	Women	Children	Total
1,076	744	92	1,912	73	119	10	202

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, 1967 :

Classification *	Non-Bacteriologically Confirmed				Bacteriologically Confirmed			
	Men	Women	Children	Total	Men	Women	Children	Total
Group I ...	43	64	13	120	7	1	—	8
Group II ...	40	29	—	69	5	2	—	7
Group III ...	—	—	—	—	2	—	—	2
	83	93	13	189	14	3	—	17

3

Number of cases of non-respiratory tuberculosis included in Section 1 above, new to the clinic (but excluding transfers from other clinics) during the year ended 31st December, 1967 :

Men	Women	Children	Total
6	2	—	8

4

Number of cases included in Section 1 above, whose broncho-pulmonary secretion was positive during the year ... 21.

* 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	2,420	2,357	4,777
Organised groups	3,037	772	3,809
TOTAL	5,457	3,129	8,586
Requiring further investigation ... ..	...	...	72

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)	447	1,095	5,248	6,790
Physically Handicapped	2	5	27	34
Expectant and Nursing Mothers	16	6	27	49
School Children	38	14	97	149
Pre-school Children	2	1	3	6
Others	88	129	633	850
TOTAL	593	1,250	6,035	7,878
Number of Clinic Sessions — 1,494				

(b) Domiciliary Chiropody Service

Number of Patients	Number of Treatments
651	2,900

(c) Services Provided by Voluntary Organisations

	Number of Patients	Number of Treatments
Treated at Centres	732	4,393
Domiciliary Cases	235	1,179
At Private Surgeries	32	321
TOTAL	999	5,893
Number of Sessions at Centres — 511		

TABLE 23
PREVENTION OF ILLNESS, CARE AND AFTER-CARE
Venereal Diseases

Hospital	Number of New Cases			Totals
	Syphilis	Gonorrhoea	Other conditions	
Prince of Wales'	2	70	189	261
The Middlesex	1	16	76	93
The London	—	7	29	36
Dreadnought Seamen's	—	—	3	3
St. Bartholomew's	—	5	28	33
Royal Free	—	—	1	1
St. Thomas'	—	4	9	13
Royal Northern	—	—	—	—
TOTAL	3	102	335	440

TABLE 24
SMOKERS CLINIC 1966

Dates of Series	Sex	Attended All Sessions				Attended 3 - 4 Sessions				Attended 1 - 2 Sessions			
		Replies to Questionnaire				Replies to Questionnaire				Replies to Questionnaire			
		Total Attended	No. of Replies	Not Smoking	Smoking	Total Attended	No. of Replies	Not Smoking	Smoking	Total Attended	No. of Replies	Not Smoking	Smoking
11.1.66-15.2.66 (6 Sessions)	M	7	3	1	2	10	1	—	1	9	4	—	4
	F	2	—	—	—	1	1	—	1	4	1	—	1
1.3.66-5.4.66 (6 Sessions)	M	6	2	—	2	1	1	1	—	6	—	—	—
	F	2	1	—	1	—	—	—	—	—	—	—	—
27.9.66-25.10.66 (5 Sessions)	M	8	7	5	2	14	5	1	4	20	8	1	*6
	F	4	2	1	1	2	—	—	—	11	5	2	3
15.11.66-13.12.66 (5 Sessions)	M	14	9	3	6	7	5	1	4	18	9	1	8
	F	4	2	1	1	3	1	—	1	10	4	—	4
TOTAL (All four series)	M	35	21	9	12	32	12	3	9	53	21	2	*18
	F	12	5	2	3	6	2	—	2	25	10	2	8
% Replies (of Total Attended)	M		60.0				37.5				39.6		
	F		41.6				33.3				40.0		
% Non Smokers (of Replies Received)	M			42.8				25.0				9.5	
	F			40.0				—				20.0	

* 1 Died of Lung Cancer

TABLE 25
MENTAL HEALTH
Patients under Local Health Authority Care at 31st December, 1967

	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 on 31st December, 1967 ...	—	3	115	159	7	27	311	106	82	107	118	413
2. (a) Attending day training centre ...	—	—	7	4	—	—	11	46	36	45	50	177
(b) Awaiting admission ...	—	—	1	—	—	—	1	10	4	4	8	26
3. (a) Resident in L.H.A. home/hostel ...	—	—	8	6	—	—	14	—	—	5	1	6
(b) Awaiting residence in L.H.A. home/hostel ...	—	—	4	4	—	—	8	—	—	—	—	—
(c) Resident at L.H.A. expense in other residential homes/hostels ...	—	—	7	6	—	—	13	5	4	6	8	23
(d) Resident at L.H.A. expense by boarding out in private household ...	—	—	—	1	—	—	1	—	1	7	15	23
4. Receiving home visits and not included in (2) or (3) ...	—	3	88	138	7	27	263	45	37	40	36	158
5. No. of patients in L.H.A. area on waiting list for admission to hospital at 31.12.67												
(a) In urgent need of hospital care ...	—	—	—	—	—	—	—	4	6	1	1	12
(b) Not in urgent need of hospital care ...	—	—	—	—	—	—	—	—	—	3	1	4
6. No. of admissions for temporary residential care, e.g. to relieve the family, during 1967												
(a) To N.H.S. Hospitals ...	—	—	—	—	—	—	—	12	7	1	2	22
(b) Elsewhere ...	—	—	—	—	—	—	—	—	2	—	—	2

TABLE 26
MENTAL HEALTH

Patients referred to Health Department during year ended 31st December, 1967

Referred by	Mentally Ill					Subnormal and Severely Subnormal				
	Under age 16		Aged/16 and over		Total	Under age 16		Aged/16 and over		Total
	M	F	M	F		M	F	M	F	
General Practitioners	1	1	116	154	272	—	1	1	4	6
Hospitals, on discharge from in-patient treatment	—	—	62	119	181	—	—	2	2	4
Hospitals, after or during out-patient or day treatment	—	—	30	55	85	—	—	3	1	4
Local Education Authority	—	—	—	—	—	1	7	—	—	8
Police and Courts	—	—	3	5	8	—	—	—	—	—
Other Sources	—	7	56	106	169	—	—	1	2	3
TOTAL ...	1	8	267	439	715	1	8	7	9	25

TABLE 27
MENTAL HEALTH
Work of Mental Welfare Officers

(a) Mental Illness :			
Compulsory admissions to psychiatric hospitals	...	...	108
Informal admissions to psychiatric hospitals	...	...	111
Number of visits and office interviews	...	...	5,834
(b) Mental Subnormality :			
Number of visits and office interviews to those under the Council's community care	...	...	1,137

TABLE 28
DOMESTIC HELP

Number of Cases in which Domestic Help was Provided during 1967

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	
1,745	171	232	7	3	264	2,422

TABLE 29
DEVELOPMENT PLAN

Year	Section	Premises	No. of Places or Pop. Served	Address
1967	21 Mental Health	1. Health Centre incorporating social centre room for mentally ill	10,000-20,000	Hertford Rd. Site under consideration
		2. Hostel for Mentally Subnormal Children (Min. of Hlth. approval for 1967)	50 20	
1968	21	3. Health Centre	10,000-20,000	Green St. Clinic Site or Hertford Rd. near Old Rd. Redevelop. Area
	22 Mental Health	4. Day Nursery incorporating day centre for mentally subnormal infants	55	New Southgate Redevelop. Area or other suitable site in Southgate or Enfield Site conveniently placed for attendance at Adult T.C.
		5. Hostel for Mentally Subnormal Adults	10 20	
1969	21	6. Health Centre	10,000-20,000	On site south of Angel Rd. near junction Angel Rd. /Fore St. (instead of Dyson's Rd. Clinic) Site conveniently placed for attendance at Adult T.C. Suitable site
		7. Hostel for Mentally Subnormal Adults	20	
		8. Occupation Centre for Mentally Ill	20	

1970	21 Mental Health 22	9. Health Centre incorporating social centre room for mentally ill	10,000-20,000	Enfield Town Area
		10. Day Nursery incorporating day centre for mentally subnormal infants	55 } 10 }	Southgate or Enfield
		11. Day Centre for Elderly Mentally Ill	25	Suitable site
1971	21 Mental Health 21 or 22	12. Health Centre incorporating social centre room for mentally ill 13. Health Centre or Clinic	50 10,000-20,000	Bowes Rd., Southgate, by extension to present Clinic Grange Park, Winchmore Hill
1972	Mental Health	14. Occupation Centre for Mentally Ill	20	Suitable site
	21	15. Health Centre	10,000-20,000	Near Broomfield Park
	22 Mental Health	16. Day Nursery incorporating day centre for mentally subnormal infants	55 } 10 }	Near Fore St. to replace present nursery
1973 to 1977	Mental Health 21 or 22 21	17. Junior Training Centre and Special Care Unit	150 (24)	Waverley Rd.
		18. Occupation Centre for Mentally Ill 19. Health Centre	20	Suitable site St. Stephens Rd. by ext. to present Clinic
		20. Health Centre or Clinic 21. Health Centre or Clinic 22. Health Centre	10,000-20,000 10,000-20,000	The Bourne Barrowell Green Plevna Rd. (Town Hall site) by ext. to present Clinic

TABLE 30
CERTIFICATION OF BLINDNESS AND PARTIAL SIGHT
Follow-up of Registered Blind and Partially Sighted Persons in 1967

	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	2	—	—	2	23
(b) Treatment (medical, surgical, optical or ophthalmic medical supervision)	7	15	—	5	40
(ii) Number of cases at (i) (b) above which on follow-up action :					
(a) Have completed treatment ...	2	1	—	—	—
(b) Treatment started, but not completed	—	11	—	4	38
(c) Awaiting treatment	4	2	—	—	1
(d) Refused treatment	1	—	—	1	—
(e) Died or removed from the borough	—	1	—	—	1
(iii) Number of new cases registered as at 31st December, 1967	9	15	—	7	63
(iv) Total number of cases registered as at 31st December, 1967	678				

TABLE 31
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	Copper-mills Works	Hoe Lane Well Derived	Hadley Road Well Derived	Waltham Abbey Well Derived
Number of samples	207	104	7	4	4	4
Albuminoid Nitrogen	0.090	0.068	0.123	0.043	0.034	0.046
Ammoniacal Nitrogen	0.026	0.018	0.028	0.149	0.135	0.175
Nitrate Nitrogen	4.1	5.2	4.3	—	—	0.2
Oxygen abs. from KMnO ₄ , 4 hrs. at 27°C.	1.12	0.60	1.21	0.39	0.13	0.42
Hardness (total) CaCO ₃	289	309	319	419	287	281
Hardness (non-carbonate) CaCO ₃	75	76	100	170	53	62
Magnesium as Mg	5	5	7	23	27	25
Sodium Potassium as Na	22.3	28.9	33.4	19.5	27.5	26
Sodium Potassium as K	5.0	4.8	7.2	5.1	8.3	5.7
Chloride as Cl	30	35	41	30	22	24
Phosphate as PO ₄	1.9	1.4	2.3	—	—	—
Silicate as SiO ₂	10	10	7	—	—	—
Sulphate as SO ₄	62	64	104	160	68	84
Natural Fluoride as F	0.30	0.30	0.35	0.65	1.15	0.70
Surface-active material as Manoxol OT	0.01	0.01	0.03	—	—	—
CO ₂	—	—	—	30	21	16.5
Turbidity units	0.1	0.1	0.1	0.9	0.6	1.1
Colour (Burgess units)	12	6	10	9	4	6
pH Value	7.9	7.8	8.3	7.2	7.4	7.5
Electrical Conductivity (micromhos)	600	660	730	770	600	580

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

TABLE 32
WATER SUPPLY
Metropolitan Water Board
Average Bacteriological Results

	Results before Treatment					
	*Thames Derived North of River	New River Derived	Copper- mills Works	Hoe Lane Well Derived	Hadley Road Well Derived	Waltham Abbey Well Derived
Number of Samples	—	—	—	170	246	250
Agar Plate Count per ml.						
20-24 hrs. at 37°C	—	—	—	0·2	10·5	0·1
3 days at 22°C	—	—	—	5	46	8
Coliform Count						
Percentage of samples in neg. 100 ml	—	—	—	98·82	80·89	100
Count per 100 ml.	—	—	—	—	10	—
Escherichia coli Count						
Percentage of samples in neg. 100 ml	—	—	—	98·82	84·55	100
Count per 100 ml	—	—	—	—	9·5	—
	Results after Treatment					
Number of Samples	1,691	510	48	172	251	255
Agar Plate Count per ml.						
20-24 hrs. at 37°C	16·0	6·7	92·4	0·0	4·5	0·0
3 days at 22°C	—	—	—	1	88	13
Coliform Count						
Percentage of samples in neg. 100 ml	100	99·61	100	100	100	99·61
Escherichia coli Count						
Percentage of samples in neg. 100 ml	100	99·8	100	100	100	100

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

TABLE 33
WATER SUPPLY
Lee Valley Water Company
Representative Sample

Chemical Results Expressed in Milligrams per Litre			
Appearance	Clear and Bright	Ammoniacal Nitrogen ...	0·00
Colour (Burgess)	Less than 5	Albuminoid Nitrogen ...	0·00
Odour/Taste	Nil/Nil	Nitrate Nitrogen ...	6·0
Turbidity	0	Nitrite Nitrogen ...	0·00
Conductivity	570	Oxygen Absorbed ...	0·00
Total Solids	385	Fluoride	less than 0·2
pH	7·0	Silica	19
Free CO ₂	22	Iron	less than 0·02
Alkalinity (CaCO ₃) ...	245	Other Metals :	
Carbonate Hardness ...	245	Copper/Zinc/Lead ...	Absent
Non-Carbonate Hardness	60	Phosphate	0·12
Total Hardness	305	Residual Chlorine ...	Nil
		Temperature (°C) ...	16
Bacteriological Examination			
No. of Colonies developing on Agar	1 day at 37°C	2 days at 37°C	3 days at 20°C
	0 per ml.	2 per ml.	0 per ml.
	Present in	Absent from	Probable No.
Presumptive Coli-Aerogenes ...	— ml.	100 ml.	0 per 100 ml.
E. Coli	— ml.	100 ml.	0 per 100 ml.
Cl. Welchii	— ml.	— ml.	

TABLE 34 CLEAN AIR

Smoke Control Areas

Area of the borough (in acres) ... 20,061

Total number of premises as at 31st December, 1967 102,171

(a) Areas in Operation		No. of	
	Area	Premises	Acreage
ENFIELD			
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 Road	980	502
2.	Bramley Road, 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
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
TOTAL		55,802	14,735

(b) Orders made 1967 to 1968. To come into operation in 1968

LONDON BOROUGH OF ENFIELD			
	Area	No. of	
		Premises	Acreage
15.	Old Enfield/Edmonton Boundary, Enfield Town Railway Line, Southbury Road, Nags Head Road, Lee Valley Road, Ponders End Railway Line	6,111	604
16.	Hedge Lane/Palmers Green Railway Line/Enfield/Haringey Boundary/Chequers Way and Connaught Gardens	4,758	473
TOTAL		10,869	1,077

TABLE 35
CLEAN AIR
National Survey of Air Pollution

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

National Survey Sites :												
	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
Honilands	62	39	21	31	25	16	18	22	27	25	43	70
Brimsdown	132	101	35	54	39	26	26	17	30	29	61	66
Merryhills	52	39	14	12	37	11	14	11	21	24	29	37
Bush Hill Park ...	83	112	27	29	24	31	13	17	24	24	69	101
Other Sites :												
Mandeville	81	59	22	35	23	21	15	15	25	27	38	77
Huxley	35	24	17	33	16	18	13	N	N	N	N	64
Latymer	N	N	N	N	16	13	13	19	N	N	N	N

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

National Survey Sites :												
	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
Honilands	136	87	39	47	66	45	80	79	48	75	161	203
Brimsdown	259	176	107	186	140	87	103	88	100	92	245	255
Merryhills	97	84	45	37	36	38	50	53	46	60	130	166
Bush Hill Park ...	233	204	85	78	100	53	88	84	83	106	244	262
Other Sites :												
Mandeville	270	177	104	101	104	77	86	78	83	141	243	271
Huxley	183	197	85	80	99	93	76	N	N	N	N	232
Latymer	N	N	N	N	68	28	37	42	N	N	N	N

N : No Return

(a) Areas in Operation

TABLE 32

No. of
Premises

ENFIELD

CLEAN AIR

1. Turkey Street, Cambridge Road, New River

315

68

2. Chestnut Boundary, Chestnut Lane, New River

315

68

3. Chestnut Boundary, Chestnut Lane, New River

315

68

4. Chestnut Boundary, Chestnut Lane, New River

315

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5. Chestnut Boundary, Chestnut Lane, New River

315

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6. Chestnut Boundary, Chestnut Lane, New River

315

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7. Chestnut Boundary, Chestnut Lane, New River

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8. Chestnut Boundary, Chestnut Lane, New River

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9. Chestnut Boundary, Chestnut Lane, New River

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10. Chestnut Boundary, Chestnut Lane, New River

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11. Chestnut Boundary, Chestnut Lane, New River

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12. Chestnut Boundary, Chestnut Lane, New River

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13. Chestnut Boundary, Chestnut Lane, New River

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14. Chestnut Boundary, Chestnut Lane, New River

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15. Chestnut Boundary, Chestnut Lane, New River

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16. Chestnut Boundary, Chestnut Lane, New River

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17. Chestnut Boundary, Chestnut Lane, New River

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18. Chestnut Boundary, Chestnut Lane, New River

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19. Chestnut Boundary, Chestnut Lane, New River

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20. Chestnut Boundary, Chestnut Lane, New River

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21. Chestnut Boundary, Chestnut Lane, New River

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22. Chestnut Boundary, Chestnut Lane, New River

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57. Chestnut Boundary, Chestnut Lane, New River

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58. Chestnut Boundary, Chestnut Lane, New River

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59. Chestnut Boundary, Chestnut Lane, New River

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60. Chestnut Boundary, Chestnut Lane, New River

315

68

(b) Orders made 1967 to 1981. To come into operation in 1982

LONDON BOROUGH OF ENFIELD

Area

No. of
Premises

11. Old Enfield, Enfield Road, Enfield Road, Enfield Road

1,111

604

12. Enfield Road, Enfield Road, Enfield Road, Enfield Road

1,111

604

13. Enfield Road, Enfield Road, Enfield Road, Enfield Road

1,111

604

14. Enfield Road, Enfield Road, Enfield Road, Enfield Road

1,111

604

15. Enfield Road, Enfield Road, Enfield Road, Enfield Road

1,111

604

16. Enfield Road, Enfield Road, Enfield Road, Enfield Road

1,111

604

17. Enfield Road, Enfield Road, Enfield Road, Enfield Road

1,111

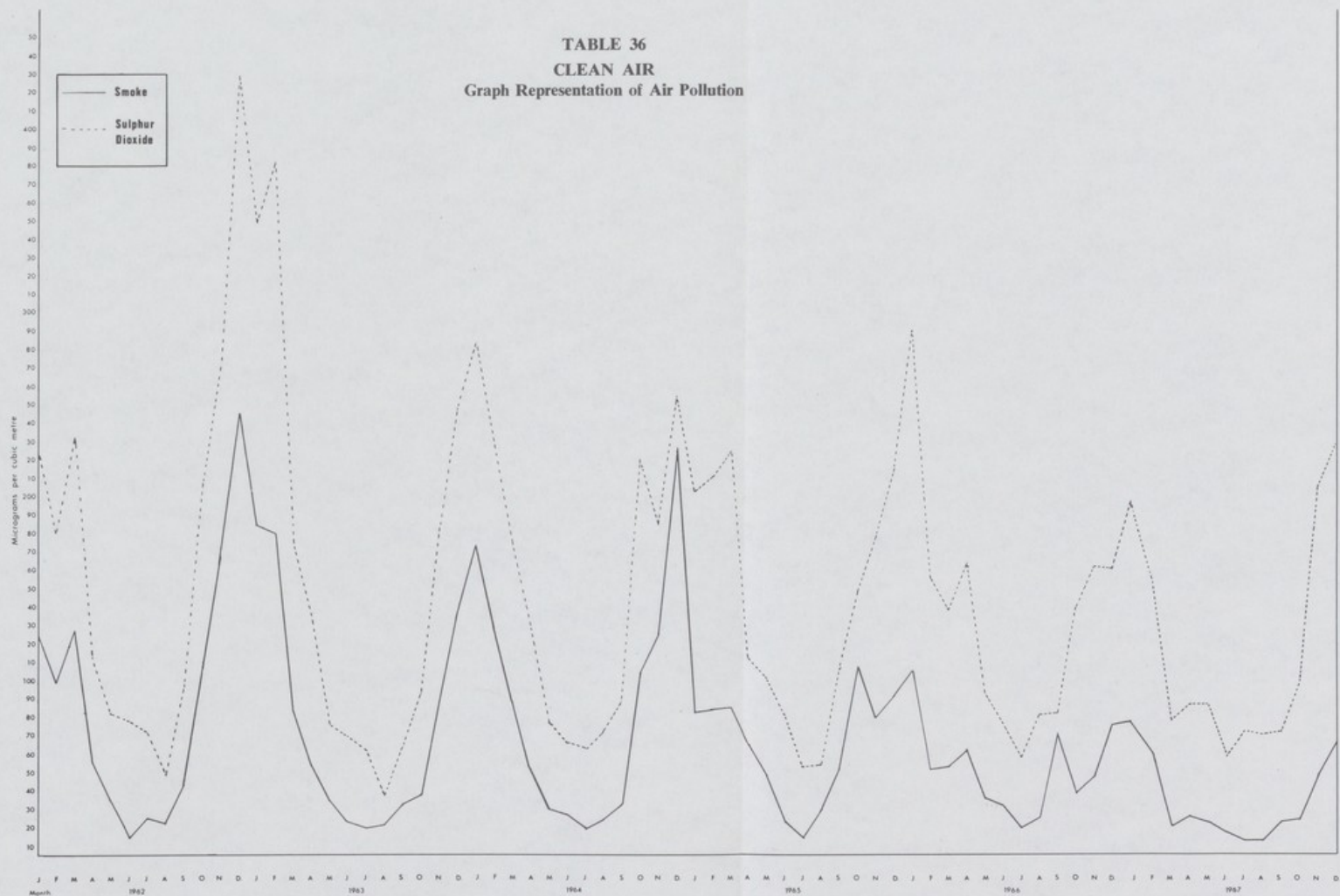
604

18. Enfield Road, Enfield Road, Enfield Road, Enfield Road

1,111

604

TABLE 36
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 3
FOOD AND DRUGS
Samples Submitted to Public Analyst

Sample	Total Number Forwarded	Number Unsatisfactory
Baby Food	2	0
Beverages (all kinds except stout, etc.)	30	0
Biscuits	32	1
Bread	10	0
Butter and Margarine	63	0
Cakes	14	0
Cornstarch	13	0
Cheese	47	0
Coffee	2	0
Confectionery	18	0
Cooking fat, including lard, etc.	15	0
Cooking oil	2	0
Cream	8	0
Essential Products (all kinds)	19	1
Flour	22	1
Fruit (all kinds)	15	0
Jams and preserves	63	0
Liquors	19	0
Fish and fish products	22	0
Flour	15	0
Fruit (all kinds)	63	0
Jams and preserves	19	0
Liquors	22	0
Fish and fish products	15	0
Milk (various)	11	0
Milk	9	0
Preserves	11	0
Sauces and pickles	11	0
Salt, mustard and pepper	11	0
Soup	11	0
Spices, etc.	11	0
Sprouts	11	0
Sugar	11	0
Vegetables (fresh and canned)	11	0
Miscellaneous	11	0
TOTAL	750	92 (12.8%)

TABLE 37
FOOD AND DRUGS
Samples Submitted to Public Analyst

Sample	Total Number Procured	Number Unsatisfactory
Baby Foods	3	—
Beverages, fruit juices, syrups, etc. ...	30	9
Biscuits	32	6
Bread	10	1
Butter and Margarine	63	6
Cakes	14	2
Cereals	13	2
Cheese	47	4
Coffee	5	—
Confectionery	18	4
Cooking fats, including lard, etc. ...	13	1
Cooking oil	2	—
Cream	9	—
Dessert Products	2	1
Drugs	19	1
Fish and fish products	33	—
Flour	12	1
Fruit (all kinds)	63	2
Jams and preserves	29	5
Jelly	8	—
Meat and meat products	68	11
Milk (various)	11	2
Nuts	9	1
Puddings	7	—
Sauces and pickles	34	11
Salt, mustard and pepper	9	—
Soup	19	6
Spices, etc.	23	3
Spirits	3	1
Sugar	9	3
Tea	10	—
Vegetables (fresh and canned) ...	60	4
Miscellaneous	33	5
TOTAL ...	720	92 (12·8%)

TABLE 38
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	6	6	5	6
Mobile Traders	Loose or Soft	4	2	4	—

TABLE 39
FOOD AND DRUGS
Bacteriological Examination of Milk

1. Methylene Blue Test (for keeping quality)

Designation	Number of Samples	Results		
		Satisfactory	Void	Unsatisfactory
Pasteurised	160	147 (91·88%)	8 (5%)	5 (3·12%)

2. Phosphatase Test (for efficiency of pasteurisation)

Designation	Number of Samples	Results		
		Satisfactory	Void	Unsatisfactory
Pasteurised	160	160 (100%)	—	—

3. Turbidity Test (for efficiency of sterilisation)

Designation	Number of Samples	Results		
		Satisfactory	Void	Unsatisfactory
Sterilised	67	67 (100%)	—	—

4. Colony Count (for efficiency of treatment)

Designation	Number of Samples	Results		
		Satisfactory	Void	Unsatisfactory
Ultra Heat Treated	13	13 (100%)	—	—

TABLE 40

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)	9,167
	(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 ...	99
	(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	667
2.	Remedy of defects during the year without service of formal notices : Number of defective dwelling-houses rendered fit in consequence of informal action	309
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	2
	(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	2
	B. Proceedings under Public Health Acts	
	(1) Number of dwelling-houses in respect of which informal notices were served requiring defects to be remedied ...	657
	Number of dwelling-houses rendered fit	309
	(2) Number of dwelling-houses in respect of which formal notices were served requiring defects remedied	235
	Number of dwelling-houses rendered fit after service of formal notice :	
	(a) By owners	157
	(b) By Local Authority in default of owners	5
	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 41

HOUSING

Housing Defects Remedied

Nature of Defect	Action Taken	Number
Accumulation of refuse ...	Removed	15
Brickwork, pointing and wallplaster defective ...	Repaired or renewed	361
Dampness	Remedied	152
Doors — defective	Repaired or renewed	13
Drains — stopped up ...	Cleared by department	1,502
Drains — defective or broken	Repaired or renewed	27
Dustbins — defective or missing	Provided or renewed	6
Floor — defective	Repaired	26
Guttering and rainwater pipes defective	Repaired or renewed	97
Houses — verminous and dilapidated conditions ...	Cleansed or repaired	90
Roofs — defective	Repaired	165
Sink wastes — defective ...	Repaired	8
Water — not provided or disconnected	Laid on or restored	20
Water closets — defective ...	Apparatus repaired or renewed	56
Water closets — defective or broken pans	New pans provided	11
Windows — defective or broken	Repaired or renewed	42

TABLE 42
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	134	387
Retail Shops	247	886
Wholesale Shops, Warehouses	9	52
Catering Establishments open to public, Canteens	7	43
Fuel Storage Depots	2	3
	<u>399</u>	<u>1,371</u>

TABLE 43
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	54	15	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	763	289	2	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding Outworkers' premises)	43	39	—	—
	<u>860</u>	<u>343</u>	<u>2</u>	<u>—</u>

TABLE 44
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)	9	8	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)	—	—	—	—	—
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	12	10	—	2	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outworkers)	—	—	—	—	—
	21	18	—	2	—

TABLE 45
INSPECTIONS AND COMPLAINTS
Inspections, Interviews and Visits of the Public Health Inspectorate

Animal Welfare	142
Bacteriological Samples	683
Betting and Gaming, Licensed Premises, Employment Agencies	207
Caravans	275
Clean Air	14,257
Drainage Works	958
Explosives	4
Factories and Workplaces	347
Food and Drugs	1,306
Food Premises	2,651
Greater London Council Housing Survey	2,311
Hawkers, Vehicles and Stores	1,964
Housing Purchase Advances	703
Housing and Public Health : Initial Inspections	9,167
Other Inspections	3,892
Houses in Multiple Occupation	230
Infectious Diseases	1,902
Interviews	1,203
Merchandise Marks	1,443
Milk Distributors and Dairymen	347
Noise Nuisances	533
Offices and Shops	1,371
Pharmacy and Poisons	192
Rodent Control	1,004
Shops	2,642
Miscellaneous	2,553
TOTAL ...	52,287

TABLE 46
INSPECTIONS AND COMPLAINTS
Summary of Complaints and Requests for Visits

Accumulation of Refuse	16
Bees	23
Blocked or Defective Drains	1,502
Dampness in Premises	179
Defective Water Closets	40
Defective Water Fittings	15
Defective Roofs	93
Improvement Grants	37
Insanitary or Defective Conditions of Premises	147
Insect Infestation	49
Noise Nuisance	41
Pigeons	8
Rats or Mice	1,566
Scabies	46
Smoke Nuisance and Clean Air Inquiries	280
Squirrels	6
Unsatisfactory Housing Conditions Including Overcrowding	9
Unsound Food	53
Verminous Premises	24
Wasps	448
Miscellaneous	691
TOTAL ...	5,273

TABLE 47
MEDICAL INSPECTION
Routine Medical Inspection

School Population	37,305
Number of Entrants examined	3,153
Number of Leavers examined	3,174
Number of other age groups examined	6,285
TOTAL ...	12,612
Number found to be satisfactory	12,611

TABLE 48
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							322	5
Eyes (a) Vision							1,604	645
(b) Squint							133	43
(c) Other							43	1
Ears (a) Hearing							61	90
(b) Otitis media							34	3
(c) Other							32	—
Nose and Throat							320	55
Speech							58	26
Lymphatic Glands							9	9
Heart							40	16
Lungs							82	13
Developmental (a) Hernia							14	1
(b) Other							90	109
Orthopaedic (a) Posture							8	21
(b) Feet							41	29
(c) Other							55	11
Nervous System (a) Epilepsy							25	3
(b) Other							11	3
Psychological (a) Developmental							3	2
(b) Stability							69	53
Abdomen							41	2
Other							78	37

TABLE 49
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	...	...	...	...	...	...	...	138	5
Eyes	(a)	Vision	...	...	...	...	...	192	87
	(b)	Squint	...	...	...	...	...	23	3
	(c)	Other	...	...	...	...	...	41	2
Ears	(a)	Hearing	...	...	...	...	...	100	31
	(b)	Otitis media	...	...	...	...	...	7	1
	(c)	Other	...	...	...	...	...	49	2
Nose and Throat	...	...	...	...	...	...	...	90	17
Speech	...	...	...	...	...	...	...	23	3
Lymphatic Glands	...	...	...	...	...	...	...	2	—
Heart	...	...	...	...	...	...	...	2	2
Lungs	...	...	...	...	...	...	...	10	4
Developmental	(a)	Hernia	...	...	...	...	...	2	—
	(b)	Other	...	...	...	...	...	16	28
Orthopaedic	(a)	Posture	...	...	...	...	...	1	4
	(b)	Feet	...	...	...	...	...	10	7
	(c)	Other	...	...	...	...	...	34	5
Nervous System	(a)	Epilepsy	...	...	...	...	...	3	1
	(b)	Other	...	...	...	...	...	5	2
Psychological	(a)	Developmental	...	...	...	...	...	—	—
	(b)	Stability	...	...	...	...	...	49	62
Abdomen	...	...	...	...	...	...	...	6	2
Other	...	...	...	...	...	...	...	296	52

TABLE 50
HEARING TESTS BY AUDIOMETER

		No. found to have a hearing loss			
		Both Ears	Right Ear	Left Ear	Total
No. of children routinely tested in school	12,904	201	137	165	503
No. of children specially tested	597	134	66	74	274
No. of re-tests	1,986				
No. of children in schools who have hearing aids (excluding special schools for deaf and partially hearing)	45				

TABLE 51
INSPECTIONS FOR CLEANLINESS

Infestation with Vermin

(a) Total number of individual examinations of pupils in school ...	71,439
(b) Total number of individual pupils found to be infested ...	135
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) ...	82

TABLE 52
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 ...	—
Impetigo ...	18
Other ...	2,187
Eye Disease ...	115
Ear Defects ...	86
Miscellaneous ...	1,685
Total attendances at Minor Ailments Clinics ...	19,201
Number of Special Inspections at Minor Ailments Clinics ...	1,974
Number of other Special Inspections ...	590
Number of Re-examinations ...	2,374
Freedom from Infection examinations prior to school journeys ...	1,683

TABLE 53
EAR, NOSE AND THROAT CLINICS

Total attendances ...	1,138
New cases ...	234
Number of individual children seen ...	507
Number who received treatment at E.N.T. Clinics ...	177
Number referred to hospital for Tonsillectomy and/or Adenoidectomy ...	98
Number referred to hospital for other treatment ...	71
Number referred for X-ray ...	28

TABLE 54
OPHTHALMIC CLINICS

Total attendances	5,299
New cases	700
Number of individual children seen	2,699
Number of children who were prescribed glasses	1,164

TABLE 55
ORTHOPTIC CLINICS

Total attendances	2,231
New cases	170
Number of individual children treated	531
Number discharged :	
Satisfactory with operation	7
Satisfactory without operation	44
Cosmetic — Binocular vision improved	5
Binocular vision not improved	<u>23</u>
	79
Treatment not advised	1
Treatment discontinued :	
Left school	—
Left district	18
Refused treatment	3
Failed to attend	16
Referred elsewhere	<u>7</u>
	44

TABLE 56
ORTHOPAEDIC CLINIC

Attendances at Orthopaedic Surgeon's Clinic	110
Number of new cases seen by Orthopaedic Surgeon	54

TABLE 57
SPEECH CLINICS

Total attendances	4,047
New cases	141
Children under treatment or observation for the following :	
Athetosis	2
Cleft Palate	7
Clutter	4
Deafness	8
Delayed development of speech	18
Dysarthria	2
Dyslalia	217
Dyslexia	3
Dysphasia	4
Dysphonia	3
Dyspraxia	2
Emotional disorder	40
Hyponasality	4
Retarded speech and language	6
Stammer	45
Stigmatism	72
	<hr/>
	437
Discharged	
Cured	100
Defaulted	23
Left district	12
Optimum result	5
To private school	1
Transferred to other clinic	6
	<hr/>
	147

TABLE 58
CHILD GUIDANCE CLINIC

Number of individual children seen by psychiatrist :	
New cases	177
Follow-ups	40
Annual revisions	34
Treatment	14
Total attendances for diagnosis and treatment by psychiatrist	666
Number of individual children treated by psychotherapist	40
Total attendances for treatment by psychotherapist	874

TABLE 59
DENTAL SERVICE
Dental Inspection and Treatment

	5-9 years	10-14 years	15 years and over	TOTAL
Attendances and Treatment				
First visit for treatment	3,297	3,018	683	6,998
Subsequent visits	4,581	6,459	1,694	12,734
Total visits	7,878	9,477	2,377	19,732
Additional courses of treatment commenced	645	310	58	1,013
Fillings in permanent teeth	1,436	5,109	1,854	8,399
Fillings in deciduous teeth	5,924	868	—	6,792
Permanent teeth filled	1,151	4,062	1,495	6,708
Deciduous teeth filled	4,943	688	—	5,631
Permanent teeth extracted	71	616	115	802
Deciduous teeth extracted	1,883	730	—	2,613
General anaesthetics	909	316	22	1,247
Emergencies	224	69	18	311
Number of pupils X-rayed ... ..	...	...	...	542
Prophylaxis ... ..	...	...	...	612
Teeth otherwise conserved ... ..	...	...	...	2,774
Number of teeth root filled ... ..	...	...	...	14
Inlays ... ..	...	...	...	1
Crowns ... ..	...	...	...	14
Courses of treatment completed ... ..	...	...	...	6,152
Orthodontics				
Cases remaining from previous year ... ..	...	...	...	615
New cases commenced during year ... ..	...	...	...	251
Cases completed during year ... ..	...	...	...	150
Cases discontinued during year ... ..	...	...	...	27
Number of removable appliances fitted ... ..	...	...	...	476
Number of fixed appliances fitted ... ..	...	...	...	55
Pupils referred to hospital consultant ... ..	...	...	...	5
Total attendances at clinics ... ..	...	...	...	4,990
Prosthetics				
Pupils supplied with full upper or full lower dentures (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	1	8	10	19
Number of dentures supplied	1	8	10	19
Anaesthetics				
General Anaesthetics administered by Medical Officers ... ..	...	...	...	1,247
Inspections				
(a) First inspection at school. Number of pupils ... ..	...	...	...	18,504
(b) First inspection at clinic. Number of pupils ... ..	...	...	...	3,287
Number of (a)+(b) found to require treatment ... ..	...	...	...	9,288
Number of (a)+(b) offered treatment ... ..	...	...	...	8,301
(c) Pupils re-inspected at school clinic ... ..	...	...	...	445
Number of (c) found to require treatment ... ..	...	...	...	332
Sessions				
Sessions devoted to treatment (incl. 571 orthodontic sessions) ... ..	...	...	...	2,883
Sessions devoted to inspection ... ..	...	...	...	154
Sessions devoted to Dental Health Education ... ..	...	...	...	8

TABLE 60
HANDICAPPED CHILDREN
Children in Special Schools

Category	Day	Residential
Blind	2	1
Partially sighted	7	3
Deaf	12	3
Partially hearing	18	5
Educationally subnormal (ascertained)	99	20
(not ascertained)	75	—
Delicate	84	22
Epileptic	—	2
Physically handicapped	35	10
Maladjusted	7	47

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

TABLE 61
VACCINATION AND IMMUNISATION
B.C.G. Vaccination Scheme

Number of parents approached for consent	1,446
Number of parents who consented	1,195
Number of children given Tuberculin Test (Heaf Gun)	1,182
Number of children found to be positive	114
Number of children found to be negative	1,048
Number of Tuberculin Tests not read	16
Number of children to be retested	4
Number of children given B.C.G. vaccination	1,042
Number of children found to be negative but not vaccinated	6
Doubtful first degree positives in 1966 retested	6
Number found to be positive	3
Number found to be negative	3
Number given B.C.G. vaccination	3

APPENDIX

APPENDIX

APPENDIX — CONTENTS

Members of Parliament

Members of Greater London Council
for London Borough of Enfield

Other Departments of the Council

Health Department Premises

Executive Council Services

Hospital Services

Government and Public Offices

Voluntary Associations

MEMBERS OF PARLIAMENT

Edmonton

Mr. AUSTEN ALBU

Eastern Enfield

Mr. JOHN MACKIE

Western Enfield

The Right Hon. IAIN MACLEOD

Southgate

The Hon. ANTHONY GEORGE BERRY, M.A., J.P.

MEMBERS OF GREATER LONDON COUNCIL FOR LONDON BOROUGH OF ENFIELD

Mr. Gordon L. Dixon, M.A.

Mr. Thos. B. Mitcheson

Sir Stanley Graham Rowlandson, M.B.E., J.P., F.C.A.

OTHER DEPARTMENTS OF THE COUNCIL

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. 341a Baker Street, Enfield	01-363 4052
Chief Inspector : D. K. Ellis, D.M.A., M.I.W.M.A., D.S.A.A.	
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.	
Entertainments. 84 Silver Street, Enfield	01-366 1235
Entertainments Manager : L. A. Fortune, F.I.M.Ent.	
Parks, Cemeteries and Allotments. 7 Little Park Gardens, Enfield	01-363 5311
Chief Superintendent of Parks, Cemeteries and Allotments :	
J. Finlay, 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	

HEALTH DEPARTMENT PREMISES

Health Office : GENTLEMAN'S ROW, ENFIELD

Telephone : 01-363 4142

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,
"Windmill", 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)
Cuckoo 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)

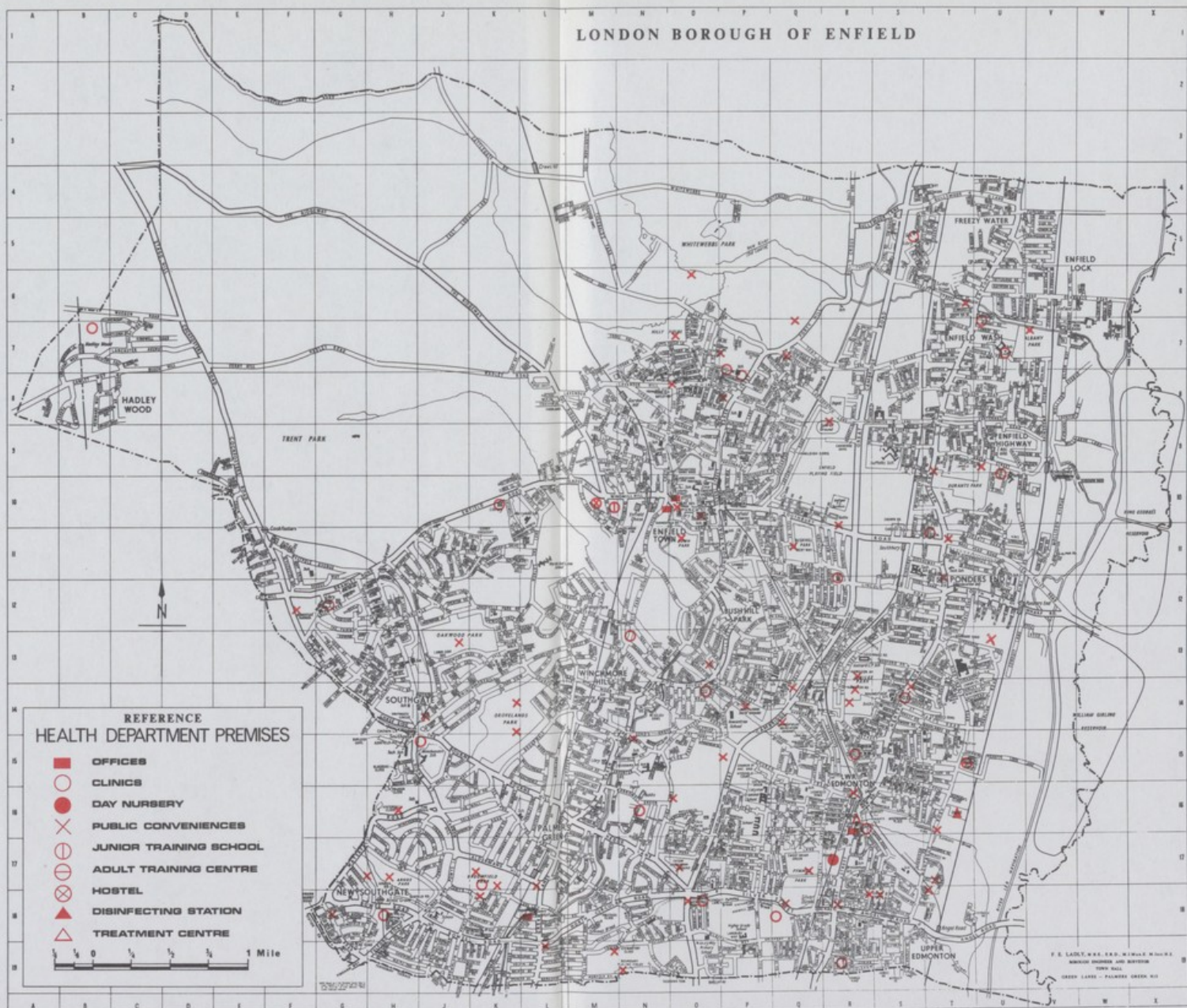
King George Playing Fields, Bush Hill Park
Lancaster Road, Enfield

Lincoln Road, Bush Hill Park
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
Winchmore Hill Road Car Park, N.14



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.

The following information, provided by the Middlesex Executive Council, relates to the area of the London Borough of Enfield :

Principal general medical practitioners	...	...	...	...	...	95
Assistant general medical practitioners	...	...	...	...	...	7
Principal general dental practitioners	...	...	...	...	...	76
Pharmacists	...	...	...	...	...	72
Ophthalmic opticians	...	...	...	...	...	13
Dispensing opticians	...	...	...	...	...	4

Middlesex Executive Council Headquarters :

International Life House, Olympic Way, Wembley, Middx.
Telephone : 01-902 8891

Clerk of the Executive 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, 130 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, World's 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

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

Brentwood 3545

North West Metropolitan Regional Hospital Board area served by :

North London Blood Transfusion Centre

Deansbrook Road, Edgware, Middx.

01-952 5511

EMERGENCY BED SERVICE

Emergency Bed Service, Fielden House, 28 London Bridge Street, S.E.1

01-407 7181

GOVERNMENT AND PUBLIC OFFICES

Ministry of Agriculture, Fisheries and Food Whitehall Place, S.W.1	01-839 7711
Department of Education and Science Curzon Street House, Curzon Street, W.1	01-943 7070
H.M. District Inspector of Factories North London District 52 - 54 Fore Street, Edmonton, N.18 Mr. R. Mantle, H.M. Factory Inspector	01-807 4988
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
Ministry of Health Alexander Fleming House, Elephant and Castle, S.E.1	01-407 5522
Health Education Council <i>Temporary address :</i> Russell Square House, 10-12 Russell Square, London, W.C.1	01-636 6811
Home Office Whitehall, S.W.1	01-930 8100
Ministry of Housing and Local Government Whitehall, S.W.1	01-930 4300
Medical Research Council 20 Park Crescent, W.1	01-636 5422
Probation Service The Courthouse, Windmill Hill, Enfield Senior Probation Officer: Mr. G. W. Hemsley	01-363 5500
Public Health Laboratory Service 24 Park Crescent, W.1 Central Laboratory, Colindale Branch Laboratory, Town Hall, Edmonton	01-636 2223 01-205 7041 01-807 7625
General Register Office Somerset House, W.C.2 Superintendent Registrar (Births, Deaths and Marriages) Register Office : Town Hall, Edmonton, N.9 Sub-Offices : Chase — Chase Farm Hospital, The Ridgeway, Enfield Enfield — Cecil Court, 49 London Road, Enfield Edmonton and Southgate — Town Hall, Edmonton, N.9 Town Hall, Green Lanes, N.13 Pymmes Park — North Middlesex Hospital	01-836 2407 01-807 3000 01-363 3211 01-363 5506 01-807 3000 01-886 6555 01-807 3071
Rent Officer for the Rent Act The Rent Officer, Registration Area of the London Borough of Enfield First Floor, 470 Fore Street, Edmonton, N.9	01-807 3000
Ministry of Social Security London North Regional Office, Olympic Way, Wembley National Insurance Offices : Embassy Buildings, Eaton Road, Enfield 2 - 16 Burleigh Parade, Burleigh Gardens, N.14 Supplementary Benefits Offices : St. Mark's Road, Enfield 15 Western Parade (Raydean House), Barnet, Herts.	01-902 8822 01-363 4104 01-886 6853 01-363 1275 01-449 5522
World Health Organisation (United Kingdom Committee) London School of Hygiene and Tropical Medicine, Keppel Street, W.C.1	01-636 3041

VOLUNTARY ASSOCIATIONS

Alcoholics Anonymous

A fellowship of men and women who share their experiences, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

Service Office :

England and Wales : 11 Redcliffe Gardens, London, S.W.10 01-352 9669 and 1626

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, London, S.W.1 01-235 5454

Middlesex Branch : 10 Collingham Road, London, S.W.5 01-370 3001

(Branch Director : Mrs. H. Bone)

Local Offices :

Edmonton and Enfield : 93 Church Street, Edmonton, N.9 01-807 5801

(Divisional Director : Mrs. D. M. Dixon, M.B.E.)

Southgate : 259 Green Lanes, Palmers Green, N.13 01-886 2251

(Divisional Director : Miss M. Walden, S.R.N.)

Central Council for Health Education*

Aims towards the expansion of the field of health education and towards health education becoming a service more readily available to a larger section of the public.

Tavistock House, Tavistock Square, London, W.C.1 01-387 3341

Chest and Heart Association*

Concerned with all aspects of the heart and lungs including education, research and rehabilitation.

Tavistock House North, Tavistock Square, London, W.C.1 01-387 3012

Church Army

Provides hostels and homes for the elderly, and recuperative care accommodation for mothers and children.

Headquarters : 185 Marylebone Road, London, 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, London, 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 who are sick, referred by doctors and social workers. Help provided to meet fuel costs, extra nourishment, appliances and transport.

Honorary Secretary :

Mrs. M. P. K. Menon, 77 Church Street, Edmonton, N.9 01-807 5363

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

Enfield Wel-Care Association*

Provides practical assistance to unmarried parents and their children, and gives advice on adoption and in general on family and personal problems.

Caseworker : Mrs. E. Leckey, 36 Silver Street, Enfield 01-363 5050

Hostel : Ridge End House, 1 The Ridgeway, Enfield 01-366 1864

(Superintendent : Mrs. G. Ewer)

Honorary Secretary : Mrs. P. S. Hancock, 9 Moreton Crescent, N.14 01-886 6350

Family Planning Association*

Provides Family Planning Services.

Head Office : 231 Tottenham Court Road, London, 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*

Provides a casework service for families with handicapped children; holiday placements; advice by correspondence. The Association has four schools — for children with asthma and for those with communication difficulties — and a word blind centre for research and the treatment of dyslexia.

General Secretary :

Miss Eileen Hilton, 126 Buckingham Palace Road, London, S.W.1

01-730 9891

King Edward's Hospital Fund for London

Provides education in hospital management for various categories and grades of staff; provides information regarding hospital and health services, and sponsors research into these services. Provides grants to hospitals in Greater London, and gives guidance and advice concerning convalescent and recuperative care accommodation.

Secretary : Mr. R. E. Peers, C.B.E., F.H.A., 14 Palace Court, London, W.2 01-727 0581

London and Home Counties Clean Air Advisory Council*

Advises local authorities in London and the Home Counties in connection with their activities under the Clean Air Act.

Honorary Secretary :

E. A. Taylor, Health Department, Westminster City Hall,
Victoria Street, London, S.W.1

01-828 8070

London Diocesan Council for Moral Welfare (Wel-Care)*

Promotes moral welfare assistance in the spheres of both preventive and rescue work.
St. Andrew's, St. Andrew's Street, London, E.C.4

01-583 0910

Marie Curie Memorial Foundation

Maintains a comprehensive welfare service for cancer sufferers including the provision of residential homes and special nursing assistance for patients at home. Its activities also cover research and education.

Secretary (Education and Welfare Department) :

Group Captain M. G. Philpott, R.A.F. (Retd.),
138 Sloane Street, London, 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.

Honorary Secretary: Mrs. P. M. Flower, J.P.

103 Vicars Moor Lane, N.21

01-360 6374

Local Appointments Secretaries :

Mrs. P. M. Turner and Mrs. K. Powell, 52a Chase Side, N.14

01-886 1615

Mental After-Care Association

Provides residential homes for short- or long-term care, also recuperative holidays.

110 Jermyn Street, London, 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, London, S.W.1

01-828 8250

National Association for Maternal and Child Welfare*

The furtherance of education in matters connected with maternal and child welfare; promotion of research; provision of an advisory and consultative service.

Tavistock House North, Tavistock Square, London, W.C.1

01-387 1874

National Association for Mental Health*

Offers case work service, advises on mental health problems and provides certain residential services.

39 Queen Anne Street, London, W.1

01-935 1272

National Bureau for Co-operation in Child Care

Contributes to the building up of an accepted body of knowledge on the welfare, education and treatment of children, normal or handicapped, whether living with their own families or receiving some form of substitute care.

Adam House, 1 Fitzroy Square, London, W.1

01-389 4263

National Council for Home Help Services*

Seeks to build up and maintain relations between all organisations carrying out home help work, or having responsibility for such work, in order to foster and advance the development of this service.

Honorary Secretary : Mrs. Nepean Gubbins, M.R.S.H.,

Hampton Lodge, The Green, Hampton Court, East Molesey, Surrey

01-979 4469

National Council for the Unmarried Mother and Her Child*

Concerned with all aspects of illegitimacy : legislative reform; improvement of Social Services; promotion of public understanding. Assists social workers, individual pregnant girls, unmarried mothers and illegitimate persons.

255 Kentish Town Road, London, N.W.5

01-485 8383

National Society for Autistic Children

The National Society for Autistic Children provides and promotes day and residential centres for the treatment and education of autistic, aphasic and non-communicating children.

1a Golders Green Road, London, N.W.11

01-458 4375

National Society of Children's Nurseries*

Seeks to improve day nursery provision.

45 Russell Square, London, W.C.1

01-580 6061

National Society for Clean Air*

Seeks to create an informed public opinion on the evils of air pollution. Promotes and supports legislation for preventing pollution of the atmosphere.

Field House, Breams Buildings, London, E.C.4

01-242 5038

National Society for Mentally Handicapped Children

A service to benefit handicapped children and their families.

N.S.M.H.C. Centre, 86 Newman Street, London, W.1

01-636 2861

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, mental or emotional neglect and ill-treatment, and family situations inimical to children's health and welfare.

Head Office : 1 Riding House Street, London, W.1

01-580 8812

Local Office : 19 Woodfield Drive, East Barnet, Herts.

01-368 4154

(Inspector N. W. Greenwood)

Noise Abatement Society*

Concerned with the elimination of excessive and unnecessary noise from all sources.

Honorary Secretary : John Connell, 6 Old Bond Street, London, W.1

01-493 5877

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

Queen's Institute of District Nursing

Concerned with the provision in the community of improved means for nursing the sick and securing health.

57 Lower Belgrave Street, London, S.W.1 01-730 0355

Richmond Fellowship

Provides residential centres for people who are emotionally or mentally disturbed.

8 Addison Road, Kensington, London, W.14 01-603 6373

Royal Society for the Prevention of Accidents (Home Safety Section)

Seeks to prevent unnecessary loss of life and suffering through accidents in the home.

Terminal House, 52 Grosvenor Gardens, London, S.W.1 01-730 0394

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, London, 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, London, 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

Winchmore Hill Inter-Church Help

By various little acts of help, aims to be of service to aged, lonely, bedridden, strangers and the bereaved, whether Christian or non-Christian.

Honorary Secretary:

Mr. K. H. Askew, 21 Beverley Close, Winchmore Hill, N.21

Women's Royal Voluntary Service

Augments the welfare services, visiting the elderly and the housebound. Provides Meals on Wheels. Helps the disabled and mentally handicapped, distributes welfare foods and arranges holidays for children. Supplies non-medical help in hospitals — Out Patients Clinics, Trolley Shops, clerical assistance in ante-natal clinics, etc.

Headquarters: 17 Old Park Lane, London, W.1 01-499 6040

Acting Organiser, Enfield Borough: Mrs. B. M. Ingram 01-360 7820

* In receipt of Council Grant.

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