

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

### **Contributors**

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

**ANNUAL REPORT**  
**1968**

of the

**Medical Officer of Health**

and

**Principal School Medical Officer**

**William D. Hyde, M.B., Ch.B., D.P.H.**







**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 1968.

It has again been found convenient to present it in three main sections : namely personal health, environmental health and school health, each of which has shown a steady progression with a general increase in the volume and scope of work.

The vital statistics of the borough compare favourably with the national rates. In keeping with the national figures, the birth rate was somewhat lower than last year and the illegitimate rate (6.6% of total live births) was also slightly lower. The percentage of persons dying at or over the age of 75 years rose to 46% (550 males and 942 females).

In the past I have on occasions commented on the appalling loss of life and the amount of disability resulting from road accidents. I have expressed the view that the real cause of many road accidents is associated with haste, impatience, selfishness and downright bad manners by all categories of road users—all factors well within the bounds of prevention. To this formidable list must now be added what has come to be referred to as "motorway madness"—apparently a form of suicidal and homicidal indifference to obvious road dangers in spite of adequate warning.

My views would appear to be confirmed in the foreword to the Report, issued during the year, of the Medical Commission on Accident Prevention. Dealing with medical aspects of fitness to drive vehicles it states that the causation of accidents appears to be largely in the field of human behaviour although a great reduction can undoubtedly be obtained by improvement in the environment.

Further confirmation appears in a statement in the Report that present evidence suggests that medical conditions in a driver are responsible for only a small proportion of road accidents, possibly of the order of one per cent or less, whereas personality and behavioural abnormalities may be responsible for large numbers.

The Commission was of the opinion that only a very small percentage of road accidents is due to defective visual acuity or other ocular abnormalities such as restricted field of vision, defects in stereoscopic vision and depth perception, defective colour vision or dark adaptation, and muscle imbalance. In Enfield, however, we have always paid particular attention to possible medical conditions, including

defective eyesight, in candidates for Council appointments involving vehicle driving. In this connection, as mentioned elsewhere in this report, the opportunity was taken during the year to utilise a "vision screener" which became available, and which appears to be helpful in this aspect of the work.

With regard to the incidence of infectious disease the picture is one of some satisfaction in that the number of cases of every notifiable disease continued either to be nil or was less than last year.

The epidemic of measles which otherwise would have been expected during the winter of 1968/69 had not materialised by the end of December, 1968, but notifications began to rise steeply thereafter and this tendency seemed to suggest that the initial acceptance rate for immunisation had not been sufficient for effective control. The particularly low number of notifications during the year may well be related to the comparatively high incidence of measles over the previous three years, especially unexpected in 1966.

It will take some time before a reliable and clear evaluation can be made of the impact of the present scale of measles vaccination on the incidence of the disease.

Enfield parents have always shown a greater interest in vaccination and immunisation than have parents generally throughout the country and I am glad to be able this year to report a further improvement not only in the numbers but also in the percentages of children vaccinated and immunised during the year, the increase being in most cases between three and four per cent. Statistics again this year, as shown in Table 19, detail the favourable local position in relation to the country as a whole.

Nationally and locally, highlights in the field of mental health were the third and final annual Mental Health Week, which took place in June and which was promoted by the National Association for Mental Health and the National Society for Mentally Handicapped Children, and the seventh International Congress on Mental Health, held in London from the 12th to the 17th August, the National Association for Mental Health acting as host. On both of these occasions members and officers of the Borough Council played an active part.

The importance of the School Health Service must not be underestimated in the absence of spectacular developments. An increased amount of valuable basic health promotion was undertaken and it was gratifying to find most school children in a generally satisfactory condition of health.

Nevertheless, there was a timely reminder in a circular letter from the Ministry of Health in which attention was drawn to the importance of the early detection of

physical, mental and emotional defects, and the vital part to be played by assessment centres for handicapped children in which there would be close liaison between hospital staff, local health and education authority staff, and the family doctor.

We have continued to take part in research projects in co-operation with family doctors, the Medical Research Council and other research units.

Two such investigations relate to those distressing conditions, anencephalus and spina bifida, into which several concurrent investigations are taking place in various countries to try, *inter alia*, to explain the marked national variations in incidence which would appear to be due to genetic as well as intra-uterine and environmental influences.

The year saw attention focussed on a plethora of significant reports on local government management, social services re-organisation, health service administration and medical education.

Whatever one's views may be on the contents and conclusions of these documents, I am firmly convinced that each must not be considered in isolation and that it would be unwise to come to any final conclusions on their implementation before all the relevant repercussions and implications of these inter-related documents have been fully assessed and considered as a whole. Only by such comprehensive evaluation can a profitable and coherent plan for the future be fully realised.

Indeed, in support of this opinion, there were indications at the end of the year that revised ideas were being considered in high quarters. Whatever emerges, it is to be hoped that re-organisation will be such that reliance will not require to be placed on the multitude of liaison committees which have prevailed in the past in an attempt to uphold an inadequate re-organisation.

Of the new legislation during the year, the Health Services and Public Health Act, 1968, and the Public Health (Infectious Diseases) Regulations, 1968, were of particular interest. The Act, much of which came into operation during the year, dealt with aspects of the hospital service; services provided by local health authorities, such as midwifery, health visiting, district nursing, prophylaxis, care and after-care, home helps, laundry facilities, and charges for various services; general medical, dental, ophthalmic and pharmaceutical services; welfare of old people; notifiable diseases and food poisoning; registration of nurseries and child minders; finance and miscellaneous provisions. The Regulations consolidated with amendments all previous Regulations relating to the notification and prevention of infectious disease except the Public Health (Prevention of Tuberculosis) Regulations, 1925. Reference to particular provisions of this legislation is made in the text of my report.

During the compilation of this report, the sad news of the death of His Worship the Mayor, Alderman John Clarricoats, O.B.E., J.P., has been received. Especially during his year of office, His Worship showed a keen interest in matters affecting the health of the Borough and I would like, on behalf of the department, to record our appreciation of his interest and encouragement.

Once again, the contribution of material for, and the compilation of, this report have been dependent on the combined efforts of many people and I am indeed grateful to my deputy and to the other members of the department for their invaluable help in preparing this report and their loyal and diligent support 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**



## Mayor

Alderman JOHN CLARRICOATS, O.B.E., J.P.

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Alderman W. H. COOK

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Councillor A. E. L. Moulder, D.S.M.

**Enfield Group Hospital Management Committee :**

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**Invalid Children's Aid Association :**

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Councillor Mrs. P. E. Joel

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**National Association for Maternal and Child Welfare :**

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Councillor Mrs. P. E. Joel

Councillor E. G. McNern

**National Hospital Service Reserve :**

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**National Society of Children's Nurseries :**

Councillor A. Jay

**National Society for Clean Air :**

Councillor A. Jay

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**Southgate Social Services Council :**

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Councillor J. L. Lindsay

**Standing Conference on Investigation of Atmospheric Pollution :**

Councillor Mrs. P. E. Joel

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Eastern Gas Consumers' Council:

Councillor A. E. L. Moulder, D.S.M.

English Group Hospital Management Committee:

Alberman I. J. Clerk

Alberman Mrs. G. M. Clerk

Job R. W. Clerk

English Marriage Guidance Council:

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Gas Councils—Councillor Mr. M. M. Hargrave

Health Planning Association: Councillor Mr. R. E. Job

Health Planning Association: Councillor Mr. R. E. Job

Local Children's Aid Association:

Councillor A. Job

Councillor Mr. R. E. Job

Local Government Actinon Board:

Councillor D. G. Fisher

Councillor A. Job

London Medical Practitioners' Society:

Councillor R. G. Fisher

Councillor G. G. Fisher

London Boroughs Association—Social Services Committee:

Alberman Mr. R. E. Clerk

London and Home Counties Clean Air Action Council (elected November 1954):

Councillor A. Job

Councillor Mr. R. E. Job

Middlesex Executive Council:

Councillor Mr. R. E. Job

National Association for Maternal and Child Welfare:

Councillor Mrs. A. Job

Councillor Mr. R. E. Job

Councillor E. G. McKee

National Hospital Service Board:

Councillor Mrs. R. E. Job

Councillor Mr. G. M. Job, O.B.E., J.S. (Deputy)

National Society of Children's Nurses:

Councillor A. Job

National Society for Clean Air:

Councillor A. Job

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Councillor J. E. Lindsay

Standing Committee on Investigation of Atmospheric Pollution:

Councillor Mr. R. E. Job



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

Area	...	...	...	...	...	...	...	(acres)	20,061
Population (Registrar General's Mid-1968 Estimate)	...	...	...	...	...	...	...		267,830
Number of structurally separate dwellings, including flats	...	...	...	...	...	...	...		89,764
Number of dwellings constructed during the year	...	...	...	...	...	...	...		1,828
Rateable value	...	...	...	...	...	...	...	£18,375,146	
Product of a 1d. rate	...	...	...	...	...	...	...	£75,000	
<b>LIVE BIRTHS</b>									
Number	...	...	...	...	...	...	...		3,966
Rate per 1,000 population (crude)	...	...	...	...	...	...	...		14.8
Ratio of local adjusted birth rate to national rate	...	...	...	...	...	...	...		0.91
Rate per 1,000 population (standardised)	...	...	...	...	...	...	...		15.4
							<i>England and Wales</i>		16.9
Illegitimate live births per cent. of total live births	...	...	...	...	...	...	...		6.6
<b>STILLBIRTHS</b>									
Number	...	...	...	...	...	...	...		51
Rate per 1,000 total live births and stillbirths	...	...	...	...	...	...	...		12.7
							<i>England and Wales</i>		14.0
Total live and stillbirths	...	...	...	...	...	...	...		4,017
<b>INFANT MORTALITY</b>									
Infant deaths (deaths under the age of 1 year)	...	...	...	...	...	...	...		60
Total infant deaths per 1,000 total live births	...	...	...	...	...	...	...		15.1
							<i>England and Wales</i>		18.0
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	...	...	...	...		14.3
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	...	...	...	...		26.8
Neo-natal mortality rate (deaths under age of 4 weeks per 1,000 total live births)	...	...	...	...	...	...	...		9.6
							<i>England and Wales</i>		12.3
Early neo-natal mortality rate (deaths under the age of 1 week per 1,000 total live births)	...	...	...	...	...	...	...		8.9
							<i>England and Wales</i>		10.5
Peri-natal mortality rate (stillbirths and deaths under the age of 1 week combined per 1,000 total live and stillbirths)	...	...	...	...	...	...	...		21.4
							<i>England and Wales</i>		25.0
<b>MATERNAL MORTALITY (including abortion)</b>									
Number of deaths	...	...	...	...	...	...	...		1
Rate per 1,000 total live and stillbirths	...	...	...	...	...	...	...		0.2
							<i>England and Wales</i>		0.2
<b>DEATHS</b>									
Number of deaths from all causes	...	...	...	...	...	...	...		3,224
Death rate per 1,000 home population (crude)	...	...	...	...	...	...	...		12.0
Ratio of local adjusted death rate to national rate	...	...	...	...	...	...	...		0.96
Death rate per 1,000 home population (standardised)	...	...	...	...	...	...	...		11.4
							<i>England and Wales</i>		11.9
Deaths from cancer (all forms)	...	...	...	...	...	...	...		683
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 267,830 and a rateable value of £18,375,146.

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 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 authority will be observed with interest.

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. Forty Hall, a 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 has now been developed into a centre for cultural activities within the borough. The works of restoration to the Maiden's Bridge, near Forty Hall, were completed during the year. This bridge of historic interest was partly demolished as a result of a road accident and since then measures have been taken to restrict the use of the bridge by heavy traffic, which can use alternatively the dual carriageway, Great Cambridge Road.

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 3,966, giving a crude birth rate of 14.8 and a standardised birth rate of 15.4 compared with the rate for England and Wales of 16.9.

The percentage of illegitimate live births at 6.6 is very slightly less than last year.

### Deaths

Consequent upon the Eighth Revision of the International Statistical Classification of Diseases, Injuries and Causes of Death, adopted by the Nineteenth World Health Assembly in 1966, the General Register Office has brought a new classification into use in relation to records and statistics for 1968. The new classification differs from the old in a number of ways, some of which are fundamental. This has resulted in creating difficulties in comparing statistics for 1968 with previous years and although broadly equivalent categories are available, exact comparability cannot be assumed.

The number of deaths during the year was 3,224 (1,594 males and 1,630 females) giving a crude death rate of 12.0 and a standardised death rate of 11.4 (England and Wales 11.9).

The more prevalent causes of death were cardio-vascular system 1,646, malignant neoplasm 683, and diseases of the respiratory system (excluding malignant neoplasm) 480. Of the cardio-vascular causes 818 were due to ischaemic heart disease, 385 to cerebro-vascular disease, 67 to hypertensive disease, 42 to chronic rheumatic heart disease, 160 to other forms of heart disease, and 174 to other diseases of the circulatory system.

Of the malignant neoplasm causes of death, 174 (of which 141 were males) involved the lung and bronchus, 95 the stomach, 71 the breast and ten the cervix of the uterus.

Of the diseases of the respiratory system, bronchitis and emphysema accounted for 165 deaths, pneumonia 251 deaths and tuberculosis ten deaths.

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

Forty-six per cent of all deaths i.e. 550 males and 942 females, were of persons aged 75 years or more.

Thirty-one per cent. i.e. 319 males and 670 females, were of persons aged eighty years or more.

Ten males and 29 females were aged 95 years or more including one female of 100 years.

I regret to report that there was one maternal death.

### Deaths of Infants

During the year, there were 60 deaths of infants under the age of one year, of which 38 were under the age of four weeks, and 35 under the age of one week.

The Infant Mortality Rate for the borough was 15.1 compared with 18.0 for England and Wales.

Most of the infant deaths occurred, as usual, under the age of one week. The most common causes of death at this age were prematurity, birth injury and congenital anomalies.

Of the children who died during the later months, the most common causes of death were pneumonia and diseases of the respiratory system.

### Fatal Accidents

During the year under review, 39 (28 male, 11 female) Enfield residents died as a result of motor vehicle accidents, and 24 (11 male, 13 female) from other accidents. In addition, there were 33 (20 male, 13 female) deaths from suicide compared with 25 last year and 39 the year before. A considerable number of deaths occurred from accidents in the home, mainly amongst elderly people. Amongst the causes were asphyxia due to accidental coal gas poisoning, barbiturate poisoning, burns 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 statistics, report and opinions on road accidents occurring within the Borough.

		1966	1967	1968
Total number of Accidents	... ..	1,685	1,532	1,560
Total number of Casualties	... ..	2,206	1,986	1,968
	Fatal	34	28	25
	Serious	365	364	354
	Slight	1,807	1,594	1,589

"The slight rise in accidents and the small decrease in casualties may not appear to be very encouraging but these figures must be considered in the light of the ever-increasing volume of traffic on our roads.

Education, engineering improvements and the new laws which have been introduced all contribute to reduce the accident toll.

The effect of the Breathalyser tests which played a big part in the reduction of accidents in 1967 levelled off in 1968 but new legislation regarding the use of tyres, the use of dipped headlamps in built-up areas and the recent introduction of the new Highway Code, will, it is felt, help to make the individual more aware of his or her responsibilities.

Much has been written about the adoption of British Standard Time. This has, no doubt, had some effect on the accident rate, particularly during the morning rush hours and has caused concern for children who have to travel in the dark.

It is rather early to draw any firm conclusions on the introduction of British Standard Time and it will remain to be seen how it may affect accidents during a full year.

The reduction in adult casualties is most encouraging but it is sadly offset by the increase of 36 child casualties. Their impulsiveness, particularly at school dismissal times, is hard to repress. Parked vehicles are also a great danger to the young and education is continuing on these lines.

Of the fatal casualties, two were children under 15 years. Eight were vehicle occupants (7 drivers and 1 passenger), 2 were pedal cyclists, 1 motor cyclist, 1 scooter rider and 1 moped rider; 13 pedestrians".

The 39 fatalities due to road accidents in Table 4, Causes of Death, relate to residents in the Borough of Enfield, irrespective of where the fatality occurred.

### **Inquests**

One hundred and two inquests and 543 post-mortem examinations without inquests were held during the year.

In respect of the inquests 63 deaths were due to accidental causes, 33 to suicide, one to misadventure, and in five 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 1968 was 2,182.

(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, certain diseases were notifiable by medical practitioners to the Medical Officer of Health.

On the 15th June, 1968, Infective Jaundice became notifiable under the Public Health (Infective Jaundice) Regulations, 1968.

However, from the 1st October, 1968, all provisions governing the notification of infectious disease and food poisoning are now to be found in Sections 47 to 49 of the Health Services and Public Health Act, 1968, and the Public Health (Infectious Diseases) Regulations, 1968.

Consequently, in addition to food poisoning, the infectious diseases now to be notified to the Medical Officer of Health from the 1st October, 1968, are :—

Acute encephalitis	Ophthalmia neonatorum
Acute meningitis	Paratyphoid fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery (amoebic or bacillary)	Tetanus
Infective jaundice	Tuberculosis
Leprosy	Typhoid fever
Leptospirosis	Typhus
Malaria	Whooping cough
Measles	Yellow fever

Notification of the diseases listed below is no longer required :—

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia

By an order made under Section 50 of the Act of 1968 the notification fee payable to medical practitioners was increased to 5/- from the 1st October, 1968.

The most prevalent disease during the year was again measles, which made up just over 31% of notifications received, although only 334 cases were notified compared with 1,955 last year.

Compared with last year the number of cases of every notifiable disease either continued to be nil or were less than last year.

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

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

Of all notified cases of infectious disease 566 were school children; and head teachers informed us of 407 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.

### **Dysentery**

Two hundred and thirteen cases of Sonné dysentery were notified, and the attack rate was 0.79 per 1,000 of the population. There were no deaths.

### **Erysipelas**

Seven cases of erysipelas were notified, and the attack rate was 0.03 per 1,000 of the population. There were no deaths. Not notifiable after 30th September, 1968.

### **Food Poisoning**

Twenty-five cases of food poisoning were notified, and the attack rate was 0.09 per 1,000 of the population.

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

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

### **Infective Jaundice**

Since this disease became notifiable on the 15th June, 1968, 44 cases were notified, of which only three were cases of serum hepatitis. Of the remaining 41 cases of infective hepatitis contact with a known case was established in fourteen instances, while five of the remaining cases were known to have consumed shellfish; in addition one of the persons who was a contact with a case, was also known to have eaten shellfish.

These few notified cases presented a significant difference in incidence between the sexes in the age group 20-29 years, as shown in the following table.

## Infective Hepatitis

Age in Years	No. of Cases		Totals
	M	F	
Under 10	5	4	9
10 —	7	5	12
20 —	11	2	13
30 —	3	2	5
40 —	—	—	—
50 —	1	—	1
60 —	1	—	1
<b>TOTAL (Age Range 5-76 years of age)</b>	<b>28</b>	<b>13</b>	<b>41</b>

There were no deaths.

### Measles

Three hundred and thirty-four cases of measles were notified and the attack rate was 1.25 per 1,000 of the population. There were no deaths.

### Meningococcal Infection

Two notifications were received and two deaths from the disease were registered.

### Scarlet Fever

Ninety-nine cases of scarlet fever were notified, and the attack rate was 0.37 per 1,000 of the population. There were no deaths.

### Respiratory Tuberculosis

Fifty-four cases of respiratory tuberculosis were notified, and the attack rate was 0.20 per 1,000 of the population. There were ten deaths.

### Other Forms of Tuberculosis

Twelve cases of other forms of tuberculosis were notified and the attack rate was 0.05 per 1,000 of the population.

Cervical glands	9
Kidney	3

There was one death from tuberculous meningitis.

### Whooping Cough

One hundred and seventy-one cases of whooping cough were notified, and the attack rate was 0.64 per 1,000 of the population. There were no deaths.

### Public Health (Ships) Regulations, 1966

### Public Health (Aircraft) Regulations, 1966

Public Health (Ships) (Amendment) Regulations, 1968, came into operation on the 15th October, 1968, and re-defines the word "Ship".

During the year 25 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 106 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 1,698 articles of bed-clothing, 1,528 articles of clothing (including used clothing for despatch abroad to those countries which require a certificate that this treatment has been carried out), 639 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.

The new public health laboratory at Whipps Cross Hospital, Leytonstone, London, E.11, referred to in last year's report, had not opened by the end of the year and the precise date for opening is still not known.

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 8,034 clinical specimens submitted by general practitioners and this department were examined.

The number of general practitioners who are regular users of the laboratory service 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 staff, in the control of outbreaks of diseases.

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





## HEALTH CENTRES

Section 21 of the National Health Service Act, 1946, requires local health authorities to provide, equip and maintain health centres.

Although at present there are no health centres in the borough, Ministry approval to provide one in Hertford Road was received in 1967; the background information for a second one in the Old Road Redevelopment area has been forwarded to the Department of Health and Social Security requesting approval in principle; and five others are included in the current ten year development plan.

Preparatory planning in connection with the Hertford Road Health Centre continued in 1968 with a view to the commencement of building early in 1969.

## 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 742 women attended the ante-natal clinics and 417 attended for a post-natal examination. Many women attend their family doctor or hospital for their post-natal examination. The trend for expectant mothers to be cared for by the general practitioner and hospital services continues. In August, a domiciliary midwife was attached to group practice with a busy ante-natal clinic. This arrangement has been welcomed both by the general practitioners and the midwife, and it is hoped to make further attachments to group practices in 1969.

Mothercraft and relaxation classes for expectant mothers, held in clinics throughout the borough, were attended by 616 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 Health Sessions

The 2,082 sessions held during the year were attended by 13,483 children. The total number of attendances was 91,335 compared with 97,199 last year.

During 1968 the scheme was continued whereby at the age 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 for immunisation and vaccination if arrangements are not being made 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 Health Centres

Towards the end of 1967 the report on 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.

Ministry of Health Circular 34/68 indicated that the Minister had considered the Report in consultation with the local authority associations and professional bodies concerned, and that he was in full agreement with the conclusions reached in the Report that there was a continuing need for a preventive service to safeguard the health of children, in which family doctors would play an increasing part. The Circular stated that certain of the recommendations in the report had long-term implications and would require further consideration (e.g. future medical staffing, medical training, standardisation of records) but that the Minister wished particularly to draw the Council's attention to those recommendations concerned with more limited aspects of the local service.

The Report included a recommendation that the early detection of physical, mental and emotional defects should be a major function of a modern preventive health service for the child, but that more comprehensive assessment is a matter for referral through the family doctor to the hospital service, and that hospital authorities should be asked to review their present arrangements for comprehensive assessment centres for handicapped children. In June, 1968, the Chief Medical Officer of the Ministry of Health issued a circular enclosing a memorandum giving advice on the setting up of such centres.

In December the Council considered the report in detail and while finding that most of the recommendations were already being implemented in Enfield, made the following decisions :

- (a) The name of the Child Welfare Service to be changed to that of Child Health Service.
- (b) Routine dental examinations, as well as medical examinations, to be undertaken so far as available staff will allow.
- (c) To develop health education as an integral part of the Child Health Service.
- (d) To make no change in the existing arrangements for the sale at clinics of National Dried Milk and proprietary brands of infant foods.
- (e) To continue discussions with local hospitals with a view to achieving closer liaison between the welfare and other social services and to review the position relating to assessment centres for handicapped children.

At the end of the year the question of assessment centres was under discussion with the Consultant Paediatrician at the North Middlesex Hospital.

### Specialist Clinic Sessions

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

Ophthalmic	...	...	...	...	...	238 new cases
						738 attendances
						77 prescribed spectacles
Ear, Nose and Throat	...	...	...	...	...	46 new cases
						125 attendances
Orthopaedic	...	...	...	...	...	48 new cases
						121 attendances
Orthoptic	...	...	...	...	...	60 new cases
						614 attendances
Speech	...	...	...	...	...	43 new cases
						451 attendances
Audiometric testing	...	...	...	...	...	78 special tests
						43 found to have a hearing loss (5 of whom were already known)

### Clinic Premises

Of the twenty clinics in the borough, twelve 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 early in 1969.

Early in 1968, advice was received from the Minister of Health that, in the light of the national restriction on capital investment in Health and Welfare Services, no clinics could, at that time, be included in the schemes approved for this Council for the three years up to 1971. However, local health authorities were advised that as in previous years, health centres are not listed but will be dealt with as proposals arise.

Proposals for the early replacement of two clinics at present in adapted premises, and of one clinic at present held in rented premises, by the provision of purpose-built health centres or clinics were retained in the Ten-Year Plan in the course of its revision by the Council during the year. There is also provision in the later years of the plan for a new health centre or clinic in the Winchmore Hill area and for the replacement, also by purpose-built health centres or clinics, of two more clinics now held in adapted premises.

## **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 £6,500 in sales and the issue of 7,668 tins of National Dried Milk, 3,002 bottles of cod liver oil, 3,577 packets of vitamins A and D, and 75,162 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 £18,265.

In 1967 the Ministry 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 were entitled under the welfare foods scheme. However, in spite of the subsequent publicity given to this, there has been little change in the issues of free National Dried Milk, cold liver oil, vitamin tablets and orange juice.

Ministry of Health Circular 11/68 drew attention to the Welfare Foods Order, 1968, which came into effect on 31st March, 1968. The main provisions were as follows :

- (a) The minimum price of liquid milk for welfare milk beneficiaries was increased from 4d to 6d a pint. The price of National Dried Milk was not changed.
- (b) The entitlement to free liquid or National Dried Milk was extended so that, if there were three or more welfare milk beneficiaries in any family, all but two could have their supplies free.
- (c) All beneficiaries who were allowed free supplies of National Dried Milk were authorised to receive their supplementary supplies free of charge, also.

Circular L.H.A.L. 11/68 issued by the Ministry of Health dealt with the replacement of the welfare orange juice leaflet by a revised one which emphasised the risk of dental decay which is likely to result from the use of orange juice and other fruit syrups in undiluted form or in dummies or hollow comforters. The attention of the appropriate staff of the department was drawn to this risk. The circular also referred to a new and more attractive bottle made of lightweight toughened glass in which welfare orange juice would be supplied in future.

## **Dental Care**

During the year, 159 attendances for treatment were made by mothers, and 836 by children under five years of age. Combined use was made of staff and premises of all dental clinics in the borough, in order to provide a service for those who desired to take advantage of it.

Of 700 children in this age group who attended at the dental clinics during the year, 355 were found to be in need of treatment.

It is desirable that pre-school children should receive early attention should they require it, in order that they may enter school with their teeth in a reasonably sound condition.

To this end efforts continued to be made to encourage parents of children under school age to accept dental advice or treatment for their children.

### **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 58 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., 47 were admitted to mother and baby homes and arrangements were made for most of the remainder to be admitted at an appropriate time.

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 distressed parents, and this often results in a re-assessment of the situation so that the problem is handled within the family—often the most 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 47 babies born to the girls admitted to mother and baby homes during 1968, 21 were kept by their mothers, 22 were adopted or awaiting adoption, two were taken into care of the local authority, one child died, and the final placement of the other was still under consideration at the end of the year.

### **“ At Risk ” Register**

A register is kept of children who, because of some factor noted either before, during, or after birth, may be thought to 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 777 such notifications were received during the year. Six hundred and twenty-eight children were removed from the register in 1968, leaving a total of 1,203 children on the register at the end of the year.

Of 397 children on the register who had hearing tests, six appeared to have some hearing loss. Three of these children are still under the observation of the medical officer at the Child Health Centre and the other three children were referred to Tottenham Audiology Unit. One of these children was found to have normal hearing and discharged from the Unit, and two are still under observation by the consultant of the unit.

In addition, one child on the register, under the care of a consultant at a local hospital, was referred to the Audiology Unit because of a suspicion of hearing loss. Serious deafness was excluded but the child is still under observation.

During 1968, 60 children were reported to be suffering from congenital abnormalities, and at the end of the year there were 81 children in the section of the register dealing with handicapped children.

#### **Incidence of Congenital Abnormalities Detectable at Birth**

Babies, live and stillborn, 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 66 for the year, was made to the Registrar General.

The national figures may, in due course, 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 the assistant medical officers of this borough continued to take part in the survey during 1968. A complete medical and family history is obtained from the parents of children who have died of a 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.

## **Phenylketonuria**

Three thousand two hundred and eighty-nine regular screening tests of the urine of babies for phenylketonuria were carried out. Although no test 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.

In a circular letter from the Chief Medical Officer of the Ministry of Health (Ref. CMO 12/68) attention was drawn to a recommendation of the panel of the working party on phenylketonuria of the Medical Research Council that consideration should be given to phenistix testing for phenylketonuria being replaced by the more reliable Guthrie blood test. At the end of the year the recommendation was still under consideration in consultation with the Regional Hospital Board, as a routine Guthrie test carried out on all babies would involve a considerable increase of work for the staff, particularly in the pathological department of whichever hospital carried out the test.

## **“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.

## **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 39 women were provided with this service during 1968.

The Council makes available to the Family Planning Association the use of clinic premises, free of charge. During 1968 it made available an additional session at one of these premises. The Council also agreed to the Association holding at one of its clinics a regular counselling session for the unmarried. At the end of the year fourteen weekly sessions and one fortnightly session were being held in six local authority clinics. 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.

The arrangement continued whereby women who are unable or unwilling to attend a clinic and to whom pregnancy would be detrimental to health were referred by the Health Department to the Family Planning Association for the provision of a domiciliary service. Seventy-one women were referred under this scheme during 1968. The Council pays an annual fee for each case treated.

Circular 42/68 issued by the Department of Health and Social Security drew particular attention to the provisions of the Poisons (No. 2) Rules, 1968, concerning the prescription, labelling, storage, and inspection of oral contraceptives. Confirmation that the Association's arrangements met the requirements of these provisions was obtained from the local branch of the Family Planning Association, who act as agents for the Council as far as medical cases are concerned.

### **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 where this arrangement is more appropriate and use is made of day nurseries in the neighbouring authorities of Haringey, Barnet and Hertfordshire.

In the Ten-Year Plan, provision is made for two new 55-place day nurseries and for the replacement of the present day nursery in Fore Street, which is housed in adapted premises. Each nursery will incorporate a 10-place nursery unit for mentally sub-normal infants. Regrettably, however, the Minister of Health was not able to include any day nursery projects in the schemes approved for the years 1968 to 1971.

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, the categories into which they fell being: unsupported mothers, 35; mother's ill-health, 4; financial circumstances, 8; handicapped children, 6; unsatisfactory home conditions, 2; and motherless children, 3. At that time sixteen children were on the waiting list. Twenty mothers, who had applied for places for their children in a day nursery, had made other arrangements by the time places could be offered.

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 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. In order to comply with these recommendations it was necessary only to extend the requirements of the Council in respect of chest X-rays of staff, and arrangements were made accordingly.

In May the Council initiated a scheme for the placement of handicapped children with private pre-school play groups and day nurseries, free of charge to the parents. Seven children were placed in this way.

In Ministry of Health Circular 37/68 the provision of day care facilities for children under five was reviewed and local health authorities were asked to consider the extent to which these facilities could be expanded for children in the priority

groups. A detailed review of the position in the borough was undertaken and the Council resolved—

- (1) that such children in the priority groups as are approved by the Medical Officer of Health be placed in all-day care in private nurseries or with child-minders and the Council be responsible for the payment of charges;
- (2) that the Council seeks the approval of the Minister to the recovery of charges from parents, according to means, for placements made under the foregoing resolution;
- (3) that the Medical Officer of Health be authorised to extend, at his discretion, the placing of children in the priority groups in private day nurseries and with child-minders and be asked to report in due course upon any such extension;
- (4) that daily guardians (who will in future be required to register under the Nurseries and Child Minders Regulation Act, 1948, as amended) be notified that the Council's present scheme of payment will cease on 31st March, 1969; and
- (5) that the ratios of staff to children in regard to nurseries and child-minders be as recommended by the Minister.

### **Creches**

No creches are provided by the Council but it is proposed to provide a creche at the Health Centre being built 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.

This Act was amended from 1st November, 1968, by Section 60 of the Health Services and Public Health Act, 1968, as follows :

- (a) The most important change was the extension of the penalties for unlawful minding to include persons who received less than three children for reward.
- (b) The period of part-time care during the day above which registration was required, was defined as two hours or longer.
- (c) Extended powers were given to refuse registration on grounds concerning equipment; previously registrations could only be refused on the grounds that the person or the premises were unfit.

- (d) The maximum penalties for offences were considerably increased.
- (e) Applicants for registration were required, in future, to state whether they, their staff, and anyone else aged sixteen years or more living on the premises, had ever been disqualified from taking foster children under the Children Act, 1958, or had ever had a child removed from their care under the Adoption Act, 1958.
- (f) For Child Minders, local authorities were empowered,
  - (i) in fixing the maximum number of children who could be cared for, to disregard other children in the household who, when present, do not place an extra burden on the Child Minder,
  - (ii) to make requirements as to staff, safety and the maintenance of the premises and equipment, arrangements for feeding and diet, and record keeping,
  - (iii) to undertake inspections on the same basis as that already authorised for premises registered as Day Nurseries.

Ministry of Health Circular 36/68 gave advice on the day to day operation of the 1948 Act (as amended).

The Council considered the matters arising from the amended legislation and the Ministry Circular, and decided :

- (1) to authorise certain officers, including all Health Visitors, to have power of entry and inspection in respect of Child Minders;
- (2) that each applicant for registration be required—
  - (a) to complete a declaration of health for each person employed, or proposed to be employed, in looking after the children (including the child minder herself) and each person who has attained the age of 16 years and who is normally resident at the premises;
  - (b) to undertake to inform the Council of the occurrence of any subsequent mental or physical illness;
- (3) that persons specified in the recommendations above be required to present a satisfactory report of an X-ray examination of the chest prior to registration and at 3-yearly intervals;
- (4) that references on behalf of an applicant be not required;
- (5) that certain records should be kept in respect of each child by child minders and the proprietors of nurseries;
- (6) that publicity be given to the amended provisions throughout the borough.

As a result sixty applications for registration under the amended Act were received, mostly from registered Daily Guardians and others who had been previously exempt because of the small number of children cared for. At the end of the year these were still under consideration.

During 1968 there were seventeen applications for registration of premises as day nurseries, and all were approved, making a total of 48 day nurseries providing places for 1,440 children at the end of the year.

Applications for registration as child minders were received from twelve persons during the year. All except one were approved, making a total of 27 registered child minders in the borough at the end of the year providing care for 200 children.

The Council are very much aware of the big and growing demand in the community for day placement of children and during the year it approved a further two of its clinic premises being made available without charge for use by play groups.

Continuing negotiations between the Council and the Enfield and District Pre-School Playgroups Association took place throughout the year concerning the ways in which, by a joint approach, the service could be augmented and improved.

In December the Council decided to appoint a part-time Pre-School Playgroups Organiser whose duties would include liaison with the Association, assisting in the setting-up of new playgroups and the visiting of existing playgroups to advise on such matters as activities and equipment and the best use of the Council's financial grant.

The first course extending over a year arranged by the Education Committee for playgroup leaders was completed in July, 1968, and proved very popular. Students attended for one day a week over a period of one academic year and a certificate was awarded to those who completed the course successfully. A second course started in September, 1968, and there were more applicants than places available.

### **Daily Guardians**

The daily guardian scheme was introduced many years ago to enable persons caring for children outside the scope of the Nurseries and Child Minders Regulation Act, 1948, (as originally enacted), 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 were required to attend the neighbouring child welfare clinic. By these means, supervision of those who would otherwise be subject to no control was possible and standards were kept at an optimum level.

At the end of the year 65 children were being cared for by 52 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 increased by nearly 50%.

The amendment of the Nurseries and Child Minders Regulation Act, 1948, to which reference has already been made, extended the compulsory registration of persons who look after children to include those who care for only one or two children and this meant the end of the Daily Guardian Scheme as such. However, the Council decided to continue the payment of Daily Guardian fees until 31st March, 1969. All daily guardians were informed of these changes and advised that they must apply for registration as child minders if they wished to continue looking after children.

### **Children in Care**

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

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.

### **Co-ordination of Personal Health Services**

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 Health. The committee met regularly throughout the year.

A "brains trust" was arranged at Southbury Clinic, to which were invited representatives from a large number of voluntary and other organisations in the borough. The Deputy Medical Officer of Health was in the chair and the panel consisted of the nominated officer for each department. The meeting was very well attended, and a wide variety of questions were asked.

### **Problem Families**

Once more, a number of case conferences were held and at the end of the year eighteen families were on the "Problem Families" register. As a result of the case conferences an elderly person was admitted to Part III accommodation, and another to warden-controlled accommodation; one family was re-housed; seven cases were closed after their difficulties had been resolved as far as possible; and one family moved out of the borough.

## **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. The research was completed by the end of the year, but the results have not yet been fully evaluated.

Medical staff also continued to take part in the 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 the year the Health Department agreed to co-operate in a study of the mothers of children born with anencephalus or spina bifida cystica which was being made by the Clinical Genetics Research Unit of the Medical Research Council. The objects of this survey were to estimate the recurrence risk of a second child with major neural tube malformation and to build up a panel of mothers of such children who would be willing to give a blood sample early in their next pregnancy. The study was still in progress at the end of the year.

Dr. Crawford, Principal Medical Officer for Maternity and Child Health, inaugurated a survey into the effect on the incidence of breast feeding of the growing practice of discharging patients home from hospital within forty-eight hours of hospital confinement under a planned early discharge scheme.

Comparisons were made of the percentages of children breast fed at various ages in the groups of children born at home, born in hospital with a normal period of hospitalisation, and born in hospital under the planned early discharge scheme.

The preliminary findings appeared to show a statistically significant high percentage of breast fed children at ten days of age in the hospital group and also amongst first babies, wherever born. The fact that most first babies are born in hospital must be taken into consideration in assessing the significance of this finding.

There was also a statistically significant high percentage of breast fed babies in social classes I and II at ten days of age, six weeks and three months, most noticeable in the planned early discharge group.

## **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 1968 at the special sessions held at three suitably situated clinics, and at ante-natal sessions. 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 at present recommended to have this test at five-yearly intervals.

Two thousand eight hundred and forty cervical smears were taken during ante-natal sessions and at the 135 special clinic sessions. Cancer cells were found in thirteen cases, a higher proportion than previous years. All were married women between 28 and 56 years of age. Treatment in each case was arranged by their general medical practitioners at local hospitals.

There were eight doubtful cases requiring further examination and 973 other findings of a non-cancerous nature. Of the eight doubtful smears three were found to be non-malignant on repeat examination, and five are still being followed up.

Thus, since the service began a total of 7,892 smears have been taken and twenty positive cases found, i.e. 2.5 per 1,000 examinations.

The increase in the number of smears taken in 1968 was partly due to special arrangements which were made with certain factories by which almost 300 women were examined, and to special general publicity in the early part of the year.

**(See Statistical Tables 10, 11 and 12)**

## MIDWIFERY

Under Section 23 of the National Health Service Act, 1946, it is the duty of every local health authority to provide a domiciliary midwifery service. The local health authority is also the local supervising authority for the purposes of the Midwives Act, 1951.

Ministry of Health Circular 31/68 drew attention to Section 10 of the Health Services and Public Health Act, 1968, and indicated that it enabled local health authorities to make provision for midwives to attend women elsewhere than in their own homes or in hospitals vested in the Minister, the aim being to obtain greater flexibility on the deployment of midwives and promote greater co-operation between the local authority midwifery service and general practice. The section also provides for arrangements between local health authorities for the services of midwives employed by one authority to be used by another authority on agreed terms and conditions. Similar arrangements can be made between a local health authority and a hospital authority. The Circular also stated that the reference to the "lying in period" in the 1946 Act has not been renewed in the new Act in order to remove any doubt as to the propriety of a local health authority sending in a health visitor or home nurse rather than a midwife if the latter is not required in a particular case.

The number of births has steadily decreased since 1965, and the percentage of hospital confinements has increased from 61.7% to 64.5%, the percentage of planned early discharge cases has increased from 7.6% to 11.3%, and the percentage of domiciliary births has decreased from 30.7% to 24.2%.

Domiciliary midwives attended 964 confinements.

They also undertook the care of 452 patients discharged home after hospital confinement before the tenth day, the majority being patients for whose care arrangements had been made under the Council's planned early discharge scheme. The figure includes, however, those who took their own early discharge from hospital and also some who were booked for home confinement but who were subsequently admitted to hospital as emergency cases.

Each patient under the care of a domiciliary midwife is issued with a maternity pack shortly before the expected date of confinement.

Each expectant mother booked for domiciliary confinement receives a copy of "The Baby Book", which contains information and advice on health during pregnancy and guidance on the rearing of young children. Those booked for hospital confinement and who attend the hospital during the ante-natal period normally receive a similar book.

### **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 are also accepted on occasions from other hospitals. 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  $5\frac{1}{2}$  lb. or less at birth (the accepted criterion for prematurity) was 261. Thirty-five were born at home, and midwives cared for 21 of them at home for the full statutory period of 28 days. All the children born at home survived.

### **Liaison with General Practitioners**

A close liaison between midwives and family doctors continued to be maintained and midwives attended 29 ante-natal sessions conducted by general medical practitioners at their surgeries. One midwife was attached to a busy group practice with a heavy ante-natal clinic.

### **Portable Incubators**

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

### **Hospital "Flying Squad" Service**

There are two "Flying Squads" serving the borough, 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 1968 the squads answered sixteen emergency calls. All the mothers and babies survived.

### **Analgesia**

The domiciliary midwives all use trichloroethylene inhalers which are regularly tested in accordance with the rules of the Central Midwives' Board.

### **Notification of Intention to Practise**

Thirty-three domiciliary midwives employed by the borough council, 131 institutional midwives employed at hospitals and one privately employed domiciliary midwife, notified their intention to practise as midwives within the borough during 1968.

### **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.

### **Training of Staff of Other Agencies**

Student nurses from two local hospitals continued to spend time accompanying midwives on visits to patients and at ante-natal clinics as part of their training and these visits were arranged once a month during 1968.

In addition, lectures on the domiciliary midwifery service continued to be given periodically to student nurses at North Middlesex Hospital by the Supervisor of Midwives.

(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.

Ministry of Health Circular 31/68 drew attention to Section 11 of the Health Services and Public Health Act, 1968, and indicated that it enables local health authorities to make provision for the visiting by health visitors of persons elsewhere than in their homes, the aim being to promote the more effective deployment of staff and to facilitate co-operation between general practice and local health authority services. The section also provides for arrangements between local health authorities for the services of health visitors employed by one authority to be used by another authority on agreed terms and conditions.

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.

The total number of effective visits was 45,654, a marked increase on last year due to increased numbers of staff resulting from the policy of sponsoring and training students. These visits included 40,941 to mothers and children under five years of age; 3,277 to the elderly; 188 to mentally disordered persons; 219 to discharged hospital patients (other than psychiatric cases); and 38 to households on account of infectious disease.

Other duties included attendance at ante-natal, post-natal and child health 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 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 North Middlesex Hospital, as well as the units at South Lodge Hospital and Chase Farm Hospital, which they have attended for a number of years.

Arrangements continued for health visitors to have closer liaison with medical group practices. 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.

A group adviser health visitor now works in close liaison with geriatricians at both St. Michael's and North Middlesex Hospitals, so that services needed by the aged on discharge are arranged and follow-up visits made by health visitors.

## **Relaxation and Mothercraft**

Seventy-five courses on relaxation and mothercraft for expectant mothers were held at clinics. Each course consisted of six sessions and during the year 3,278 attendances were made by 616 women.

## **Health Education**

Classes in schools were continued as last year and several films were shown. Afternoon and evening talks were given to young wives' groups.

## **Ancillary Help**

State registered nurses not holding the health visitor's certificate continued to be employed as clinic nurses to replace health visitors during school inspections, for school clinic duties, and to assist at child health clinic sessions. To reduce the time spent by health visitors on clerical work, clerical staff were employed part-time at clinics.

Ministry of Health Circular 32/68 on the use of ancillary help in local authority nursing services drew attention to the advantage obtained by the employment of state registered nurses, voluntary workers and clerical staff, in order to make the best use of qualified health visitors.

We are fortunate to have no less than 120 voluntary workers to help us at the child health clinics.

## **Training of Staff of other Agencies**

Student nurses from the three major local hospitals continued to spend time with health visitors, learning about the preventive services by visiting homes with the health visitor and seeing the work done in the clinics. Lectures were given by the Medical Officer of Health, the superintendent and deputy superintendent health visitors at the hospital.

Student nurses from the Middlesex Hospital continued to visit the borough periodically for practical training in community services.

The Children's Department and the technical colleges also were given opportunities for their students to learn about the work of the health visitors and the department generally.

**(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.

Ministry of Health Circular 31/68 drew attention to Section 11 of the Health Services and Public Health Act, 1968, and indicated that it enables local health authorities to make provision for the attendance of home nurses on persons who require nursing elsewhere than in their own homes, the aim being to facilitate co-operation between general practice and local health authority services. The section also provides for arrangements between local health authorities for the services of home nurses employed by one authority to be used by another authority on agreed terms and conditions.

The number of patients increased to 3,011 and of these 2,151 were 65 years of age or over and 29 under five years of age. The total number of visits made also increased considerably to 112,026.

### **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 thirteen 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 24 patients were provided with this service.

At the end of the year, owing to difficulties in recruitment, nurses were no longer directly employed by the Council under this scheme and instead, arrangements were made, when necessary, for the provision of a nurse through a Nurses Agency. Our own home nurses also worked a late evening rota to give morphine injections to certain cancer patients not being provided with a nursing service under the Marie Curie Memorial Foundation's scheme.

### **Liaison with General Practitioners**

During 1968, five home nurses were attached to group practices, the nurse concerned attending only the patients of the practice to which she had been attached.

The nurse attends the surgery daily for consultation, and in some cases treats ambulant patients there. The arrangement is proving satisfactory, although in most cases it is resulting in an increased case load for the nurse.

In the case of patients of the other practices, home nurses continued to maintain a close liaison with the general medical practitioner responsible for the patient's care. Here again, the work of the home nurse is performed under the personal direction of the doctor concerned.

### **Use of Ancillary Help**

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

Ministry of Health Circular 32/68 on the use of ancillary help in local authority nursing services drew attention to the advantages of employing staff such as nursing auxiliaries in order to make the best use of qualified home nurses, and confirmed our conclusions of 1966.

### **Training of Staff of Other Agencies**

Student nurses from the three major local hospitals and the Middlesex Hospital, W.C.1, continued to spend time accompanying home nurses on visits to patients as part of their training.

In addition, lectures on the home nursing service continued to be given to student nurses at the hospitals periodically by the Superintendent of the Home Nursing Service.

(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 also approved proposals for immunisation against whooping cough, poliomyelitis, tetanus and measles. Approval was given three 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.

Following the completion of the measles vaccine trials carried out by the Medical Research Council, the Ministry of Health Circulars 9/68 and C.M.O. 5/68 advised that Local Health Authorities should offer vaccination against measles to all susceptible children up to and including the age of fifteen years by means of a single injection of live attenuated measles vaccine and that arrangements be brought into operation by the beginning of May, 1968.

Ministry of Health Circular C.M.O. 20/67 gave notice that the Joint Committee on Vaccination and Immunisation had reviewed the schedules of immunisation in childhood, and were considering their replacement by a single schedule. Subsequently, Ministry of Health Circular 9/68 was issued, setting out a revised schedule, and following consultation with representatives of the general practitioners arrangements were made to start the new schedule early in 1969.

Vaccination and immunisation is provided jointly by the general medical practitioner and local health authority services. The advice given in Ministry of Health Circular 3/67 that local authorities should notify general medical practitioners of patients on their list who had been immunised or vaccinated in local authority clinics, was implemented.

In the case of persons under sixteen years of age 13,934 primary courses were given, of which 4,971 were undertaken by general medical practitioners and 8,963 by the Council's medical officers. Of the total number of 13,010 reinforcing doses, 4,464 were given by general medical practitioners and 8,546 by the Council's medical officers. With regard to smallpox, general medical practitioners undertook 1,100 primary vaccinations and 292 re-vaccinations of persons under the age of sixteen years, compared with 1,906 primary vaccinations and two re-vaccinations by the Council's medical officers.

### **Publicity**

Publicity for immunisation procedures continued in all clinics and in general practitioners' surgeries during the year in the form of posters and leaflets which were varied from time to time.

Special publicity for measles vaccination was undertaken, of course, to inaugurate the scheme, but the initial response to the campaign was disappointing.

### **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 health session, rather than at specially organised sessions, results in a more successful acceptance rate, an opinion substantiated by the gratifyingly satisfactory acceptance rates the borough has enjoyed since its inception.

### **Vaccination against Smallpox**

The recorded number of persons under sixteen years of age who received primary vaccination was 3,006, and 294 were re-vaccinated.

Of the children born in 1966 (4,241), 2,780 had received primary vaccination by the end of 1968, representing an acceptance rate of 65.5%. (England and Wales 38%).

### **Immunisation against Diphtheria**

The recorded number of persons under sixteen years of age who received a primary course of immunisation was 4,173 and 8,245 received a reinforcing dose.

Of the children born in 1966, 3,649 had received primary immunisation by the end of 1968, representing an acceptance rate of 86%. (England and Wales 79%).

### **Immunisation against Whooping Cough**

The recorded number of persons under sixteen years of age who received a primary course of immunisation was 3,658, and 2,981 received a reinforcing dose.

Of the children born in 1966, 3,395 had received primary immunisation by the end of 1968, representing an acceptance rate of 80%. (England and Wales 77%).

### **Immunisation against Tetanus**

The recorded number of persons under sixteen years of age who received a primary course of immunisation was 4,748 and 7,968 received a reinforcing dose.

Of the children born in 1966, 3,645 had received primary immunisation by the end of 1968, representing an acceptance rate of 85.9%.

### **Immunisation against Poliomyelitis**

The recorded number of persons under sixteen years of age who received a primary course of immunisation was 4,335, and 4,551 received a reinforcing dose.

Of the children born in 1966, 3,560 had received primary immunisation by the end of 1968, representing an acceptance rate of 83.9%. (England and Wales 77%).

### **Immunisation against Measles**

In May, June and July, owing to a national shortage of vaccine, immunisation was offered only to susceptible children between their fourth and seventh birthdays and to susceptible children in day or residential nurseries, or attending nursery schools, who were between their first and seventh birthdays.

Further supplies of vaccine became available in the early autumn and immunisation was then offered to all susceptible children over the age of one year and up to and including the age of fifteen years.

By the end of the year, 4,834 children had been immunised and of these 4,074 were in the age group one to seven years.

During the last quarter of 1968, 62 cases of measles were notified, compared with 82 during the last quarter of 1967 and 699 during the last quarter of 1966. The epidemic of measles which would otherwise have been anticipated for the winter of 1968/69 had thus not materialised by the end of December, 1968.

Measles immunisation is now offered as part of the routine immunisation schedule, in the second year of life.

### **Distribution of Vaccines**

The Health Department is responsible for providing the distribution of vaccines to general medical practitioners. For this purpose collection centres are located at the Health Office; the Town Hall, Palmers Green; and the Central Clinic, Edmonton. If requested, smallpox vaccine 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 are certain members of the Health Department and their immediate families. The practice of offering and encouraging vaccination annually was continued, and during the year 104 members of the staff were vaccinated.

Certain categories of the Council's 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 continued to offer vaccination against tetanus to these groups and by the end of the year 93 staff had completed a course of immunisation.

In view of the possibility of an epidemic of influenza due to Hong Kong Virus A2 it was decided to offer vaccination to certain staff in the priority group, e.g. doctors, midwives, health visitors, nursery nurses, home nurses and home helps. By the end of the year 81 staff had been vaccinated. A further 171 were vaccinated early in 1969.

### **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 Certificate 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 Department of Health and Social Security.

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.

**(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 outwith 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 tele-printer 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 for 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. The relevant sections of both Acts were consolidated, with amendments, by the Health Services and Public Health Act, 1968.

## **TUBERCULOSIS**

Arrangements for the provision of this service are shared between the Council and the North East Metropolitan Regional Hospital Board and, since the closure of the Finchley Chest Clinic in 1967, are based on the Edmonton Chest Clinic, situated at the North Middlesex Hospital. 1968 was the first full year wherein the chest service for the whole of the London Borough of Enfield was provided at the Edmonton Chest Clinic. Dr. Vernon Davies, to whom I am indebted for the detailed information given in this part of the report, and Dr. R. H. Elphinstone, continued to be responsible for the consultant work for the Edmonton and Enfield areas and Dr. E. N. O'Brien took up a part-time appointment as Consultant Chest Physician for the Southgate area.

The chest physician, who supervises the work of the 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. The chest clinic service provides facilities for investigation and treatment of all forms of chest disease. With the smaller amount of work necessary to deal with tuberculosis nowadays, more time is given to other chest diseases, particularly bronchitis, asthma, and carcinoma of the lung.

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

During the year 4,789 persons attended the chest clinic for the first time and were investigated for various chest conditions.

Of these new patients, 325 were cases of suspected respiratory tuberculosis and 346 were their personal contacts. Fifty-two 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.

Fifty-four cases of respiratory tuberculosis required treatment in hospital. Twelve cases of non-respiratory tuberculosis were notified.

At the end of the year there were 2,098 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**

Out of an establishment of four tuberculosis health visitors, only two are in post and although they continue to attend the Edmonton Chest Clinic, the duties which they formerly undertook in the chest clinic are now carried out by hospital nursing staff, so that they spend all their time on home visiting in relation to tuberculous and non-tuberculous patients; a total of 2,753 visits were made to patients' homes.

The visits were 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. The medical social worker saw 288 patients in the chest clinic during the year, of which sixteen were new tuberculosis cases. As well as visiting the chest wards in North Middlesex Hospital, she also goes to those in Highlands Hospital, so that patients can discuss their problems and future plans well in advance of their discharge. The patients are then followed-up in the chest clinic and various required services are obtained for them. Close touch is kept by the medical social worker with Council departments and their help was frequently obtained during the year. Special consideration is given by the Council, as housing authority, to tuberculous patients with a housing need.

## **The Future of the Chest Services**

A copy of a report on the chest services by a sub-committee of the standing advisory committee of the Central Health Services Council was enclosed with Ministry of Health Circular 27/68.

The report mainly endorsed and expanded the advice of an earlier report, and organisation on the lines recommended and the suggested evolution of chest clinics into chest departments of general hospitals have already been implemented in Enfield.

The report gave advice on routine chest radiography during the ante-natal period.

## **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 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 became 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.

Ministry of Health circular 8/68 drew attention to the Commonwealth Immigrants Act, 1968.

The Act provides new powers to control immigrants from the Commonwealth. In particular, it implements paragraph 30 of the White Paper on immigration from the Commonwealth (Command 2739) which reads :—

“ The Government have now decided that an additional power should be taken so that at the discretion of the Immigration Authorities any immigrant, including dependants, may be medically examined at the port of entry and may be required as a condition of entry to this country to report to a Medical Officer of Health with a view to necessary medical treatment being arranged ”.

Medical inspectors at ports of entry may now examine Commonwealth immigrant dependants and if they think warranted in the interests of public health, can recommend that admission to this country be conditional on the immigrants reporting to the Medical Officer of Health at the destination area, with a view to further examination and, if necessary, medical treatment.

Failure to comply with this requirement, when imposed, is in contravention of the Act. Powers have not been taken to apply to immigrants measures of compulsion which do not apply to the general public in the matter of accepting medical treatment. If an immigrant refuses to accept treatment he is in the same position as any member of the public.

In Enfield, the existing procedure, in practice, already met the new situation but more detailed guidance from the Department of Health and Social Security is awaited.

During the year, the names of 324 long-stay immigrants, resident in the London Borough of Enfield, were notified. Successful visits were made to 172 of these but some of the immigrants listed were unknown at the addresses given and others, despite repeated visits, have not yet been contacted. In no case has a condition of entry been imposed under the new Act.

Dr. Vernon Davies has noted that tuberculosis in immigrants to the borough has not been found to be a problem, but strict attention is given to contact examination in any cases which do arise. In one instance more than 60 contacts of an immigrant tuberculous patient were examined, but no other case was found among them.

One 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. The Council received grant aid in respect of the proportion of Commonwealth immigrants in the borough, under Section 11 of the Local Government Act, 1966.

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.

### **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 tuberculosis 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 Department of Employment and Productivity, and on completion of training they are appointed to the establishment. Thirteen places out of a total of 38 were occupied by Enfield residents at the end of 1968. One Enfield resident left the workshop during the year.

The Council continued to sponsor the maintenance of two men at 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.

### **Non-Tuberculous Chest Disease**

Chest clinic work in this field continued at a high level and covered a wide variety of non-tuberculous conditions. To mention three of the most common: new cases of bronchitis number 389, of asthma 228 and of carcinoma of the lung 112.

## Mass Radiography

Mass Radiography Unit 6A of the North East Metropolitan Regional Hospital Board visited the Enfield area of the borough when sessions were held on the premises of seven large industrial concerns and two colleges as well as public sessions held at three different sites in the area.

A total of 10,832 persons, of whom approximately 450 were Council employees, were X-rayed, and 126 of these required further investigation. These surveys took place towards the end of the year and the result of investigations of those referred are still awaited.

My report for the year 1967 mentioned that results were still awaited of investigation of a number of persons referred from 8,586 X-rayed in the Edmonton area at the end of that year. I am indebted to the Organising Secretary of Mass Radiography Unit 6A for the information subsequently made available in regard to the outcome of further investigation, as follows:—

<b>Pulmonary Tuberculosis</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Requiring immediate treatment ... ..	1	—	1
Requiring close clinic supervision ... ..	1*	—	1*
Requiring occasional clinic supervision ...	1	—	1
Presumed healed—no further action required	5 (1*)	2 (1*)	7 (2*)

\*Previously known.

<b>Other abnormalities discovered included:—</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Bronchial carcinoma ... ..	4	—	4
Sarcoidosis ... ..	2	—	2
Congenital abnormalities of the heart and vessels ... ..	1	—	1
Acquired abnormalities of the heart and vessels ... ..	7	8	15
Benign tumours of the lungs and mediastinum	—	2	2
Bronchiectasis ... ..	1	—	1
Bacterial and virus infections of the lungs ...	1	2	3
Emphysema ... ..	1	—	1
Pulmonary fibrosis—non-tuberculous ...	5	5	10
Pleural thickening or calcification—			
Non-tuberculous ... ..	3	1	4
Abnormalities of the diaphragm and oesophagus ... ..	5	3	8
Congenital abnormalities of the bony thorax and soft tissues ... ..	1	—	1
<b>TOTAL</b>	<b>31</b>	<b>21</b>	<b>52</b>

Did not attend for further investigation or repeat miniature film ... ..	3	4	7
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## **Vaccination against Tuberculosis**

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

During the year, 3,485 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 scheme for the loan of nursing equipment 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 3,465 items of nursing equipment were lent to patients under this scheme, including 308 wheel-chairs and 40 hospital beds.

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. Four hundred and four patients were supplied with 51,780 pads during the year. 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. Thirteen 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, 5.1 whole-time equivalent including a chief Chiropodist, provide the service in ten 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, 2,128 patients made 8,699 attendances for treatment at 1,663 clinic sessions, whilst a further 781 patients received 3,219 domiciliary visits for treatment.

In addition, 1,024 patients received 6,511 treatments at centres, chiropodists' surgeries, or in their own homes, through the service provided by the voluntary organisations.

The voluntary organisations involved are the two local divisions of the British Red Cross Society who provide the service at centres and in the patients' homes; the Southgate Social Service Council who provide the service in chiropodists' surgeries; and the Southgate Old People's Welfare Committee who provide the service at a centre and in the patients' homes.

Because this is an expanding service, as evidenced by the increased work done again this year by both the voluntary and the department's services, the Council agreed to an extension of the services provided by two of the voluntary organisations. The Southgate Old People's Welfare Committee increased their clinic sessions from two to three per week and the Southgate Division of the British Red Cross Society undertook a monthly session additional to the three clinic sessions held each week. Unfortunately, it has not proved possible to recruit sufficient chiropodists to meet the demand for the service. Indeed, this staff shortage is but a reflection of a national problem. Treatment at one clinic was suspended for two months during the year and there was concern generally over the waiting periods for new patients and between treatments.

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 demand on the chiropody service continues to increase but due to the dearth of chiropodists, some of the clinic sessions have had to be curtailed. This also applies to domiciliary treatments.

"The introduction of appliance work in selected cases has had a very beneficial effect.

"I carried out a survey of 'Nail conditions in the elderly' and it was revealed that of 100 patients, 84 had some kind of nail abnormality requiring treatment in addition to other chiropodial conditions.

"During the year I spoke to two elderly people's clubs on the care of feet. Both were very well attended and the talks much appreciated".

## **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 701 known new patients attended these hospital clinics during the year, a considerable increase over the figure of 440 last year.

Ministry of Health Circular 38/68 enclosed a memorandum on the Control of Venereal Disease which had been prepared with the agreement of the Standing Medical Advisory Committee. The memorandum discussed and analysed the problems of treatment and control of venereal disease and emphasised, with advice as to procedure, the vital importance of swift tracing of contacts to break the chain of infection. Responsibility for epidemiological control by contact tracing rests with the medical officer of health, and the Ministry Circular asked local health authorities to co-operate with hospital authorities in making effective arrangements for contact tracing.

These arrangements were strengthened by the National Health Service (Venereal Disease) Regulations, 1968, which came into operation on 2nd December, 1968. Similar regulations made twenty years previously and concerned with confidentiality were amended to permit disclosure of information to authorised persons and so facilitate treatment and contact tracing.

During the year the borough continued to share with two of its neighbours the services of a medical social worker based on the Special Clinic at the Prince of Wales' Hospital. Her duties are 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; in this connection the Chief Medical Officer of the Department of Health and Social Security wrote to Medical Officers of Health in November to draw attention to the worsening incidence of venereal disease and the need to intensify health education and contact tracing.

## **Advice Clinics for the Elderly (Geriatric Clinics)**

Four sessions are held each month, three of these taking place in council clinics and one at the premises of the Old People's Welfare Committee, Southgate. Persons entitled to retirement pensions are informed by their local branch of the Department of Health and 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, living 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 41 persons made a total of 182 attendances.

### **Smokers' Clinics**

Five courses of five weekly evening sessions were held. One hundred and twelve persons paid 315 visits, an average of three visits per person.

Thirty-three persons achieved full attendance and thirteen attended four sessions. The average attendance per session was thirteen.

Thirty persons claimed to have stopped smoking, and twenty-one claimed to have reduced the amount they smoked, at the end of their course.

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

The Principal Medical Officer for Maternity and Child Health conducted the sessions, aided by health visitors, the health education organiser and visiting medical specialists.

An analysis of the results obtained by the smokers' clinic was made again this year by means of a questionnaire. This was sent to persons who had attended the clinics during 1967, one year prior to the questionnaire, to discover their subsequent smoking habits.

The questionnaire was sent to 96 men and 50 women, of whom 41 men and 18 women replied. Of those who replied, eleven men and two women were non-smokers one year subsequent to attendance at the course; three men and three women had substantially reduced the amount smoked; and six men had changed from cigarette to pipe smoking.

In view of the number of people who resume smoking a few weeks after the end of the course, follow-up meetings have now been started to try to encourage successful attenders to remain non-smokers.

### **Recuperative Care**

This scheme provides holidays for persons who are recovering from recent illness or operation, who do not need medical or nursing care and who require only rest, fresh air and good food to complete treatment. 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.

Under the scheme holidays were arranged for 150 adults.

### **Adaptation of Homes to Install Artificial Kidney Machines**

Ministry of Health Circular 2/68 was received during the year. This circular described the increasing use of artificial kidney machines in patients' homes in the treatment of chronic renal failure. The service is being developed as rapidly as possible and the circular offered guidance to local authorities on the measures that can be taken to assist patients for whom hospitals are able to provide this form of treatment in the home.

Hospital authorities will provide and maintain the intermittent haemodialysis equipment and will provide the relevant medical services. They will also pay for the extra cost of electricity and for the installation and rental of a telephone where this is necessary. They have not, however, powers to make adaptations to the home.

A patient being treated in this way requires a room with space for a single bed and the dialysis equipment, and a sink with a good supply of water. The walls and ceiling of the room should be made crack-free and washable, and the floor covering should be waterproof. Special storage space for one month's supply of sterile dressings and of containers of concentrated fluids are required, together possibly with special electrical wiring and plumbing. In some cases, it may be necessary to build an extension to the house.

The circular explained that some local health authorities were already carrying out adaptations approved individually by the Minister under Section 28 of the National Health Service Act, 1946. To save time, the Minister had already approved the making of arrangements by all local authorities for these purposes and also the making of reasonable charges.

Immediately following receipt of this circular the Council was requested by the Royal Free Hospital to use the new powers to facilitate the installation of an artificial kidney machine in the home of a young adult patient. The necessary work was promptly put in hand and completed by the Borough Architect and Planning Officer in collaboration with the hospital technicians so that the patient was enabled to return home and resume work. Regrettably, this satisfactory arrangement was of short duration as the patient died a few months later.

### **Hypothermia**

In anticipation of severe winter weather, steps were taken to combat hypothermia in babies and old people, the latter constituting the main problem. Representatives

of local hospitals, voluntary organisations, the Ministry of Social Security, and the Housing, Welfare and Health Departments met on 1st January, 1968. As a result of this meeting, full co-ordination of voluntary and statutory agencies was achieved to give practical help to all cases of suspected hypothermia.

A store of bagged fuel is available through the Welfare Department to meet urgent short-term need in circumstances where other supplies are not immediately available.

The British Red Cross Society provide kits containing blankets, hot water bottles and a thermos flask for hot beverages.

To reduce as far as possible the incidence of this condition, elderly people are persuaded, where necessary, to conserve heat by temporary use of the living room for sleeping. The British Red Cross Society assists in moving beds downstairs where this is expedient.

Towards the end of the year, detailed advice based on the arrangements agreed earlier in the year was circulated to general practitioners, the Council's field staff and associated agencies as a further measure of prevention.

No instances of morbidity or mortality due to hypothermia were reported.

### **Fluoridation of Public Water Supplies**

Ministry of Health Circular 24/68 was received in June. In this Circular the Minister referred to his previous request in 1965 that local health authorities should make arrangements for the fluoridation of public water supplies, and stated that he had decided to extend the terms of the indemnity which he is prepared to give to local health authorities and water undertakings. The previous indemnity against costs arising from proceedings on the ground of injury to health was limited to action started before August, 1970, because it was expected that fluoridation would be common practice by then. This time limit is now removed altogether.

The Metropolitan Water Board hold the view that the time is not opportune to decide their policy as there is still a minority of opinion in the Greater London area opposed to fluoridation but have called for a full report on the financial, legal and medical considerations involved, and it is expected that this report will be before the Board early in the new year.

For practical purposes, therefore, the situation remains unchanged from 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 1967 the Minister of Health accepted the recommendation of the Joint Committee on Health Education that a new and stronger central organisation should be established, and proposed the setting up of a new Health Education Council, its purpose being to plan and promote national programmes of health education, and to assist in the development of local programmes in co-operation with local authorities, professional organisations, voluntary bodies, industry and commerce. Baroness Serota was subsequently named as Chairman.

In October, 1968, advice was received from the Health Education Council that it had taken over the health education promotional activities of the Ministry of Health and the work of the Central Council for Health Education, and that it had appointed as its first Director-General, Dr. W. T. Jones, Medical Director of the West Midlands Industrial Health Service.

The professional and technical officers of the Borough Council, an integral part of whose activities concern health education, lost the services of the health education organiser in May, 1968. The latter post was not filled during the year because of intended staff reorganisation of the section. It is hoped that we will have a qualified health education officer, supported by a technician, in 1969. In the field of publicity we 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 was organised in quarterly phases as follows :

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

## **Talks and Lectures**

Talks and lectures were given by the professional staff to groups and organisations on a variety of subjects, including cervical cytology, home safety, child care and food hygiene. References to talks and film shows given at schools and technical colleges will be found under the School Health Services Section, and a report on local activities during Mental Health Week appears under the item in this report dealing with the Mental Health Service.

## **Mass Media**

Posters dealing with health subjects were displayed on public notice boards throughout the borough and in public buildings, shops, factories, doctors' and dentists' surgeries, etc. Leaflets and booklets were distributed.

## **Supportive Publicity**

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

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

## **MENTAL HEALTH**

It is the duty of the 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 relevant sections of both Acts were consolidated, with amendments, by the Health Services and Public Health Act, 1968, with the intention of putting beyond doubt the power of local authorities to provide residential accommodation, training centres, and other ancillary or supplementary services for the prevention of all types of illness, including mental disorder, and for the care and after-care of persons suffering from illness.

The shift of emphasis from hospital care to community care, introduced by the Mental Health Act, 1959, is a continuing process and, coupled with an ever-increasing incidence of 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 continues to be made of the Council's "Windmill" Recuperative Hostel with proportionately less recourse to voluntary homes and hostels. The Council has, as yet, no home or hostel for the mentally sub-normal, for which there is an increasing need, but considerable progress was made towards the provision of hostel accommodation for children and adults.

At the end of the year the total number 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 77. The corresponding figures for previous years were 80 (1967), 59 (1966) and 44 (1965).

### **Mental Health Week**

Mental Health Week (9 - 15th June, 1968)—the third and final annual week in the series—was promoted by the National Association for Mental Health and the National Society for Mentally Handicapped Children with support from many professional and voluntary organisations, hospitals and local authorities concerned with Mental Health.

The theme "Targets for Tomorrow" was designed to cover the five areas in the Mental Health field most needing support and improvement. The targets chosen were Research, Education, Prevention, Treatment, and Care.

The aim was to encourage everyone to learn more, and do more, in the cause of Mental Health.

Publicity material, which was widely distributed, included reference to the need for foster-parents to care for mentally handicapped persons in the community. Regrettably, no enquiries were received from persons interested in this work.

The staff of the Health Department were available during the week to give talks and to show films on Mental Health to voluntary organisations, clubs and schools, on request. The staff attended seventeen meetings for these purposes during the week and subsequently. The Enfield Society for Mentally Handicapped Children co-operated, once again, with the Council in Mental Health Week arrangements and the public were also invited to visit the Society's shop, at which there was a special display of educational toys and literature.

The Adult Training Centre was open to the public on Monday, 10th June, when 44 persons signed the visitors' book. His Worship the Mayor and the Vice-Chairman of the Health Committee visited the Centre during the afternoon.

The Junior Training School was open to the public during the morning of Wednesday, 12th June, when there were approximately 60 visitors. The afternoon garden party was favoured by very fine, warm weather, and approximately 150 parents and guests, including the Deputy Mayor and Chairman of the Health Committee, watched the programme of entertainment and displays organised by the Supervisor and staff.

Good weather also prevailed on the afternoon of Friday, 14th June, when a Sports Day took place at Henry Barrass Stadium, Edmonton, organised by the Manager and staff of the Adult Training Centre. About 180 adult trainees from the London Boroughs of Haringey, Waltham Forest and Enfield took part. Teams of eight from each borough took part in the inter-centre competitions. More than 200 parents, visitors and trainees watched the events with Councillor Mrs. P. E.

Joel, Chairman of the Health Committee, and Councillor Mrs. M. M. Hawkins, who jointly presented medals to the winners. The Chairman also presented the plaque to the Waltham Forest team, which won the team competition.

### **International Congress**

In 1968, the National Association for Mental Health acted as host for the seventh International Congress on Mental Health held in London from 12th to 17th August. Those in attendance included professional workers in psychiatry, psychology, education, nursing, social work, public health administration and allied fields, and non-professional people interested in the promotion of mental health and the improvement of human relations throughout the world.

The 1968 Congress marked the climax of a three-year scientific programme on Mental Health and Education initiated by the World Federation for Mental Health. Its theme was "Keys to Progress" and attention was focussed on new developments in research and their practical application.

The London Borough of Enfield sent delegates to the Congress and acted as host to several delegates, representing the Mental Health Services of other countries, who asked to see the range of services in Enfield. These visitors included eight doctors from Canada, Holland, the United States of America, and Yugoslavia.

### **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 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 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 the facilities provided for people in need of this type of help become better known. 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 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. 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 enable the patient to remain in the community, thereby avoiding the necessity for admission to hospital. As it is desirable for a social history to be provided by a mental welfare officer on a patient attending an out-patient clinic for the first time, an arrangement exists with the local hospitals for the referral of patients to the mental welfare officer for this purpose, and 53 social histories were supplied on request during the year. In addition, 113 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 domiciliary support was provided for patients and their families during the waiting period.

The mental welfare officers endeavour to establish an unbroken relationship with all classes of patients admitted to hospital and, where necessary, advice and assistance are also given to the patient's family whilst he is in hospital. During the year the number of patients referred for supportive after-care was 291, and the number of home visits to mentally ill patients totalled 6,440 in addition to 523 office interviews.

### **Hospital Admissions**

Part IV of the Mental Health Act, 1959, provides for the compulsory admission of patients to hospital and also their placement under guardianship. The principal features of this procedure is that application is made by the nearest relative or a mental welfare officer, and is supported by a medical recommendation.

An 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, one of which should, if possible, 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, three medical practitioners were approved by the Council for this purpose and nine were listed in the borough as having been so approved at the end of the year.

Every effort is made to arrange for admission of patients to hospital informally, and 143 patients were so admitted in addition to 109 compulsorily removed to hospital by the mental welfare officers under Part IV of the Mental Health Act, 1959.

All the mental welfare officers are approved by the London Boroughs of Barnet and Redbridge to facilitate dealing with Enfield patients at Friern Hospital, which is within the administrative area of Barnet, and at Claybury and Goodmayes hospitals, which are within the administrative area of Redbridge.

### **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 commenced attendance during the year, nine ceased and six were in attendance at the end of the year, the cost being borne by the Council. During the year arrangements were agreed for sponsorship of four Enfield residents at the Association's Industrial Education Unit at Bethnal Green but only one person was in daily attendance at the Unit at the end of the year. Mention is made later in this report of the use for the mentally ill of the facilities at the Council's Adult Training Centre.

### **Social Centres or Clubs**

Mental Welfare Officers supervise the running of two clubs and report a satisfactory year's activities.

One club is held every Thursday from 7.30 p.m. to 10 p.m. at the Central Clinic, Plevna Road, Edmonton, the weekly attendance being between ten and twenty persons. The other club is held every Monday from 7.30 p.m. to 10 p.m. at the Junior Training School, with a weekly attendance of between 25 and 50 persons.

### **Residential Accommodation**

The "Windmill" Recuperative Hostel, opened in January, 1966, 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. Commencing in August, to meet the demands of an increased occupancy at the hostel, arrangements were made for Dr. Sheila D. Miles, Assistant Psychiatric Adviser to attend

on alternate Thursday evenings to see residents needing advice. During the year there were 24 admissions and in addition, one person was admitted for a few days in an emergency. Twenty-four persons ceased to reside at the hostel during the year for the following reasons : fifteen returned to home or relatives; five returned to hospital; one was admitted to residential employment; one was admitted to an Industrial Rehabilitation Unit; one was transferred to another local authority's hostel; and one died.

The number of residents at the end of the year was nineteen, including three from other authorities. Thirteen were in gainful employment. The Council continued to accept financial responsibility for the care and maintenance of Enfield patients, who were considered to be unsuitable for acceptance in the Council's own hostel, in mental after-care hostels administered by voluntary associations such as the S.O.S. Society and the Mental After-Care Association.

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

## MENTAL SUB-NORMALITY

The borough is within the catchment area of South Ockendon and Harperbury Hospitals, which admit patients requiring hospital care for mental sub-normality.

### **Domiciliary Service**

The number of subnormal persons in community care was 441. The mental welfare officers paid 1,440 home visits, and 52 office interviews were carried out.

Much time was 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 work that is within their capabilities, the co-operation of the Careers Officer and the Disablement Resettlement Officer of the Department of Employment and Productivity is sought. A co-operative attitude on the part 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.

Three trainees left the supervision of the Adult Training Centre to enter ordinary employment.

## **Junior Training Schools**

These schools are provided for 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 Junior Training School there is provision for 144 children of both sexes, including a small nursery group and a special-care unit. All the children in the special care unit have a dual handicap such as spasticity or other physical defects, as well as subnormality.

The school normally accepts children from four to sixteen years of age, but a number of young persons over the age of sixteen years continue in attendance and special provision is made for them. The majority of those reaching sixteen years of age transfer to the Adult Training Centre. The school is open during ordinary school terms and the children are conveyed to and from the school by coaches provided or hired by the Council.

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

Parents are invited to attend the routine medical and dental inspections. 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 94, plus 33 in the special care unit; and there were five awaiting admission to the special care unit.

Some children from the London Borough of Haringey are admitted to the school and five 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, visits were paid on various occasions to the school by representatives of other local authorities, professional bodies and voluntary organisations.

## **Enfield Society for Mentally Handicapped Children**

Throughout the year close contact was maintained between the Council and the Society, and opportunity was taken at meetings between members and officers of the Council 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 Health Department for inclusion in the Society's monthly bulletin.

## **Play Centre**

The Junior Training School being closed for re-decoration during the summer holiday, St. Paul's C.E. Primary School was made available by the school governors to the Society 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 sixteen voluntary workers each day to supervise the children. The Council provided mid-day meals on the same basis as during term time. The average daily attendance was eighteen. 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, once again, to take this opportunity of acknowledging the valuable work that the Society has continued to undertake on behalf of handicapped children. Their generosity, enterprise and co-operation are greatly appreciated.

## **Adult Training Centre**

The Adult Training Centre at Claverings Industrial Estate, run on similar lines to an ordinary factory, has accommodation for 165 trainees over the age of sixteen years, who are paid a weekly allowance. The scheme of incentive payments, which was revised from 1st April, 1968, provides for a minimum payment to each trainee in a full week of 10/- and a maximum of 40/-.

The number of trainees on the roll on 31st December, 1968, was 143, and there were no names on the waiting list.

A proportion of places is reserved for trainees from the London Boroughs of Barnet and Haringey but a large contingent from Haringey was withdrawn mid-year on transfer to a new centre opened by that authority in April. The opportunity was taken from the resulting under-occupancy of the Adult Training Centre to extend its role to include selected mentally ill persons medically recommended to attend a day occupation centre. At the end of the year eight such persons were in attendance, having been successfully integrated into the working pattern of the centre.

At the same time, it was decided to supplement the hired coach transport service by reimbursing bus fares since, in appropriate cases, it is an important feature of the training of the mentally subnormal and the rehabilitation of the mentally ill, to use public transport on their own initiative.

A circular letter was received during the year from the Ministry of Health (LHAL 24/68) together with a booklet entitled "Local Authority Training Centres for Mentally Handicapped Adults: Model of Good Practice". A study of this document revealed that the Adult Training Centre operates in conformity with the practices outlined.

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 possible. Some trainees are engaged on assembly work sent to the centre by local firms while others work in the well-equipped laundry section. The latter handles approximately 8,000 to 9,000 articles of clothing and linen each week, collected from more than a hundred establishments. A special feature of the laundry work is the daily "nappy service" provided for the residential nursery run by an adjoining local authority. Approximately 500 to 600 nappies are laundered each week. The laundry service for incontinent persons provided by the Council without charge is also undertaken at the centre.

Laundry work was subjected to a comprehensive review during the year. The Council decided on a policy of rationalisation of the scope of the Adult Training Centre laundry to ensure its greater use by the Council's establishments and to discontinue or reduce the service to other authorities which had amounted to half the work done.

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 for a total of seventeen hours per week. Nearly all trainees have benefited from this service.

The scheme in which twenty selected trainees work in a local factory under supervision continued to be successful.

Another highly successful enterprise is the garden maintenance contract with a local firm obtained in 1966. This work is undertaken by a group of trainees under the 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 and 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 Manager and staff continued the club for trainees which is held on the premises from 3 p.m. onwards every Friday. Activities include : dancing, singing, games and ten-pin bowling.

On 6th September a civic welcome was extended by His Worship the Mayor to the Lord Mayor of Cork and seven senior members of the Cork Polio and General After-Care Association. The party was shown round the Centre by the Chairman of the Health Committee and a visit was also paid to the trainees working at the nearby factory.

Representatives of other local authorities and voluntary bodies, as well as students and sociologists from the Universities in this country and from overseas,

also visited the centre in addition to the party from Cork and the special visitors mentioned earlier in this report in connection with Mental Health Week and the International Congress. Visitors' comments indicated that they were favourably impressed by the many facets of the training programmes carried out and the level of attainment reached.

### **Hospital Admissions**

There is an acute shortage of hospital beds for severely subnormal patients and South Ockendon Hospital has a long waiting list. Four Enfield patients were admitted for permanent hospital care during 1968 but at the end of the year sixteen were on the waiting list including eight particularly urgent cases. To relieve this unhappy situation, the Council continued the maintenance of two severely subnormal children in residential homes pending their eventual transfer to hospital, but both children died during the year.

### **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, such as control over the patient's place of residence and his everyday 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 fourteen years.

Three persons were 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 and local authority hostels are used for the informal accommodation of selected cases. So far as is 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 twenty Enfield residents, eleven of whom attend training centres in the Brighton area.

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 nine children.

## **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. Thirty-seven subnormal persons were admitted to hospital and nine to voluntary homes under this scheme.

Four of these hospital admissions were to the Northaw House Children's Hospital, near Potters Bar, provided by the North West Metropolitan Regional Hospital Board, which continued to accept mentally subnormal children up to the age of five years. During the year, the Ministry of Health approved arrangements for the closure of Northaw House by the Regional Hospital Board, subject to certain conditions in regard to the substitution by the Board of an equivalent number of beds for mentally subnormal children at Winifred House pre-convalescent hospital for children, Barnet Gate, Arkley, Barnet.

## **Holiday Camps**

The Council undertook to arrange summer camps for subnormal children and adults on behalf of the London Boroughs of Barnet and Haringey as well as for Enfield residents. These were held at St. Mary's Bay Holiday Camp, Dymchurch, Romney Marsh, Kent. Thirty-six children attended camp for two weeks, seventeen adult females attended for one week, and 32 adult males also attended for one week.

These camps, which were staffed mainly by volunteers from the Council's training centres, were very successful and thoroughly enjoyed by all concerned. The Principal Medical Officer for Mental Health inspected the children's camp in the course of routine visits in the area.

Families who were unable to meet the full cost contributed according to an assessment scale.

## **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.

## **DRUG DEPENDENCY**

The abuse of all drugs of dependence is expressly forbidden by law. Previous legislation had been strengthened in 1967 by the Dangerous Drugs Act, 1967, which empowered the Secretary of State to make further regulations (under the Dangerous Drugs Act, 1965) for preventing the improper use of drugs.

The Act sought 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 set out the procedure for dealing with contravention of the new regulations, and penalties. There were also powers to make new regulations in regard to the safe custody of drugs. An important section of the Act gave 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.

The Dangerous Drugs (Notification of Addicts) Regulations, 1968, require all medical practitioners to notify the Chief Medical Officer at the Home Office, within seven days, particulars of any person whom he has attended and suspected of addiction to drugs. Notification is not required when this has already been done by a doctor within twelve months or where the continual administration of the drugs concerned is required for relieving pain due to organic disease or injury. Ministry of Health Circular 5/68 asked for the regulations to be brought to the notice of all medical staff and this was done. A memorandum (HM (68)6) was also issued by the Ministry of Health, describing the procedure for notifying drug addicts, and advising that where a doctor is in doubt whether a person is to be regarded as addicted for the purpose of the regulations, he may consult an advisory panel of doctors appointed by the Minister for this purpose.

The Dangerous Drugs (Supply to Addicts) Regulations, 1968, prohibit the administration to addicts of heroin and cocaine except under Home Office Licence. These regulations do not interfere with the right of a doctor to administer drugs to relieve pain due to organic disease or injury, but since the Home Office do not intend to issue licences for use in general practice the treatment of addicts will be centralised on hospital treatment centres. Ministry of Health Circular 10/68 asked for the regulations to be brought to the notice of all medical staff and this was done. A memorandum (HM (68)11) was also issued by the Ministry of Health, describing the arrangements for dealing with addicts at hospital treatment centres at which there was expected to be an increased demand following the issue of the regulations. This memorandum included details of the London Information Service, a twenty-four hour special service set up to provide information by telephone only to general practitioners and hospital medical staff on the availability in London of out-patient services for the treatment of heroin addicts.

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

## ALCOHOLISM

Ministry of Health Circular 16/68 forwarded a memorandum containing further advice from the Standing Mental Health Advisory Committee on the treatment of

alcoholism, in particular the need for the statutory and voluntary agencies to work closely together to provide a comprehensive service. Local authorities were asked to take this advice into account in planning their services and to co-operate with hospital authorities and the voluntary organisations concerned.

The memorandum referred to the need for more hostels specifically for alcoholics which might be provided by local authorities or by voluntary bodies.

The extent of alcoholism in the borough is not known and hostel provision specifically for this purpose is not included in the Council's Ten-Year Plan. This category of patient would not normally be admitted to the Council's "Windmill" hostel, but one of the persons maintained by the Council in a voluntary home is so placed for rehabilitation following hospital treatment for alcoholism.

After consultation with hospital departments concerned, it is felt that the use of voluntary hostels for the after-care of persons previously addicted to alcohol is the most appropriate provision 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.

The former Middlesex County Council made proposals to provide a Home Help Service under this Section when it became operative in July, 1948, and the London Borough of Enfield has continued the service since its formation.

Now Section 13 of the Health Services and Public Health Act, 1968, imposes on local health authorities a duty to provide or arrange to provide a home help service adequate to the needs of their area. This replaces the former permissive power to provide this service under the National Health Service Act, 1946. This Section of the new Act specifically includes persons handicapped by injury or congenital deformity amongst those who may qualify for assistance from the home help service. In addition, power is given to provide or arrange for the provision of laundry facilities for households for which home help is being or can be provided under the home help service. However, Ministry of Health Circular 31/68 states that, in the light of the economic situation, it has been decided to defer for the time being the bringing into force of Section 13 of the 1968 Act.

Difficulty was still experienced in recruiting suitable staff for the home help service, but an improved figure of 150 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 2,437 cases, compared with 2,422 last year, were provided with domestic help and, of these, 1,850 were aged 65 years or over, 117 were maternity cases, 243 were chronic sick or tuberculous and three were mentally disordered. The remaining 224 cases were assisted for various reasons, such as post-operative hospital discharge, ante-natal conditions, and acute illness. Compared with last year, these figures show a decrease in the demand for help in maternity cases, with a corresponding 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 eight 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. However, it is essential for the neighbourly help to live nearby, and, mainly for this reason, it is not always possible to link offers of help with persons in need.

During the year seven families received assistance under this scheme, and at the end of the year four neighbourly helps were employed.

### **In-Service Training**

During 1968 an in-service training scheme was started for home helps and details of the courses arranged are given in the section of this Report on staff training.

(See Statistical Table 28)

## **TEN-YEAR PLAN FOR HEALTH SERVICES**

Ministry of Health Circular 10/67, gave notice of the Minister's intention to ask for revised plans for the development of the health services, towards the end of 1968, to cover the ten-year period up to and including 1978/79.

Ministry of Health Circular 19/68 requested the submission of a programme of capital works, for which loan sanction was expected to be sought from the Minister, for the three financial years 1969/70, 1970/71 and 1971/72. The circular also pointed out that it had been decided to defer asking authorities to undertake a revision of their ten-year development plans until 1969.

The three-year programme of capital works was prepared, and at the same time, for the sake of efficiency in continuity, the ten-year plan was revised and included the three-year programme of capital works. (See Table 29).

Some progress with current projects was made in 1968. Following the necessary approval from the Ministry of Health, application was made to the Ministry of Housing and Local Government for consent to the borrowing of the amounts required for the capital works programmes for the construction, furniture and equipment of the Hostel for Mentally Sub-Normal Children, Baker Street, and for the Hertford Road Health Centre.

In addition, a site for a further health centre to replace the existing Green Street Clinic was approved in the Old Road Redevelopment Area, as were also sites for two hostels for mentally sub-normal adults in Montagu Road.

(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. Matters discussed with the proprietor included a re-assessment of fire precautions following an inspection by a fire prevention officer. As a result of this review, all outstanding matters were dealt with satisfactorily.

### Maternity Homes

There are no maternity homes registered in the borough.

No private premises in the borough have been approved by the Secretary of State for Health and Social Security as places for treatment for the termination of pregnancy, under the Abortion Act, 1967, which came into operation on 27th April, 1968.

## **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.

One hundred and thirteen 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. Towards the end of the year, notification was received from the Department of Health and Social Security of a revision of Form B.D.8.

The Chief Welfare Officer arranges for social welfare officers 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 a 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, and I am pleased to report that no action under the above legislation was necessary during the year.

## 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 nine patients were being provided with this service, involving the handling of approximately 55 articles per week.



## SUMMARY OF STATISTICS RELATING TO ENVIRONMENTAL HEALTH SERVICES

### Water Supply :

Number of chemical and mineral samples ... ..	353
Number of bacteriological samples :	
Before treatment ... ..	695
After treatment ... ..	3,218

### Smoke Control Areas :

Number of premises (total to end of 1968) ... ..	61,913
Acreage (total to end of 1968) ... ..	15,339

### Food and Drugs :

Number of samples analysed ... ..	672
Number of samples of ice cream bacteriologically examined ... ..	55
Number of samples of milk bacteriologically examined ... ..	259
Number of samples of milk analysed in Department's own laboratory ... ..	184

### Housing :

Number of dwelling houses inspected ... ..	9,816
Number of housing defects remedied ... ..	3,152

### Shops and Offices :

Number of visits to registered premises ... ..	2,356
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### Factories and Workshops :

Number of inspections ... ..	548
Number of defects found ... ..	69
Number of defects remedied ... ..	48

### Inspections and Complaints :

Number of inspections and visits ... ..	55,433
Number of complaints and requests for visits ... ..	5,088

## 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.

Of nine samples submitted for bacteriological examination, five, from a private well, were unsatisfactory. An investigation disclosed that the external storage tank had been polluted by birds. After thorough sterilisation and the provision of a new cover, satisfactory samples were obtained.

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 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 1968.

- “ 1. (a) The supply was satisfactory both as to quality, and quantity throughout 1968.
- (b) All new and repaired mains are disinfected with chlorine; after a predetermined period of contact the pipes are flushed out and refilled; samples of water are then collected from these treated mains; and the mains are returned to service only after results are found to be satisfactory.

The quality control from these laboratories is carried out by means of daily sampling from sources of supply, from the treatment works or well stations, from the distribution system, and through to

the consumer. Any sign of contamination or any other abnormality is immediately investigated.

(c) (i) The Board has no record of the number of structurally separate dwellings supplied in your area, but the population supplied direct according to the Registrar General's estimates at 30th June, 1968, was 263,318.

(ii) No houses were permanently supplied by standpipe.

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

2. (a) The supply was derived from the following works and pumping stations :—

The West and North of the borough are supplied with River Thames-derived water, and some water from wells at Hoe Lane, Hadley Road and Waltham Abbey pumping stations. The south-east portion receives New River-derived water.

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

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

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

Special tests for lead have been carried out during 1968 on 100 premises where a lead supply pipe is installed. The premises were chosen to give an even distribution of samples throughout the whole of the Board's area. Two samples were collected from each premises; one was the first running of water standing in the lead pipe overnight and the other was a sample of water after running the tap for a few minutes. The results are set out in the following table :—

## Lead Content of water from main taps in consumers' premises

Lead content (mg/1 Pb)	Samples of water standing in lead pipe overnight	Samples of water after running the tap
Less than 0.01	10	37
0.01	31	57
0.02	21	4
0.03	8	1
0.04	9	0
0.05	5	0
0.06	5	0
0.07	4	1
0.08	1	0
0.09	3	0
0.10	1	0
0.12	1	0
0.16	1	0
	100 premises	100 premises

The above results are very satisfactory and the figures are within the limits of the World Health Organisation European Standards for Drinking Water Quality. This states that the upper limit for lead in running water in the supply should not be more than 0.1 mg/1 (Pb); but where water undertakings continue to use lead piping the concentration of lead (as Pb) should not exceed 0.3 mg/1 after 16 hours contact with the pipes."

Information received from the Lee Valley Water Company indicates that a total of 212 bacteriological and thirty 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 four 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 75 slipper baths are provided. Children's paddling pools are sited at two of the pools and 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 the baths at regular intervals during the day for the presence of free chlorine which is indicative of the effectiveness of the treatment. Samples are also regularly submitted to the laboratory for bacteriological examination and chemical analysis. The results of these examinations were satisfactory in all but six of the 69 samples tested. All the unsatisfactory samples were bacteriological samples.

The presence of even small numbers of organisms makes a sample unsatisfactory when judged by the high standard of purification demanded in drinking water and such was the case with the unsatisfactory samples in question. The chlorine dosage was increased and all later samples proved to be satisfactory.

The total attendances at the public swimming pools and the slipper baths were respectively 741,374 and 56,817.

## 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 a new foul sewer was laid in Theobalds Park Road, a surface water relief sewer was laid in Crown Road/Duck Lees Lane, and three connections were made to the Greater London Council sewer in the Grange Park area.

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 1,806 stoppages were cleared.

Repair of drains and private sewers is the responsibility of the users, and ten notices were served for the repair of drains and thirteen for the repair of private sewers. By the end of the year eight of the former had been complied with, and ten 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 have remained in operation during the year but the diversion of this flow is intended when extension and improvements in sewage pumping capacity have been completed at the Deephams works. The construction of works in phase one of this extension which includes eight final settling tanks which are nearing completion, four additional primary sedimentation tanks, and a curvation tank, are scheduled for early 1969. 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 56 public conveniences, including those sited in parks and open spaces. Staffing, cleansing and maintenance of these conveniences are the responsibility of the Health Department. By arrangement with the London Transport Board and with the brewers concerned, conveniences are also available for use by the public at Southgate and Oakwood Stations and at seven public houses in the borough. Formerly, eight public houses afforded this facility, but agreement was terminated in respect of one of them.

During the year, staffing facilities were provided at a further convenience, making a total of thirteen which are fully staffed, while the remainder receive regular attention from a mobile team of cleaners or from part-time cleaners. Because of the structural condition of two of the conveniences it was decided to close them temporarily pending works of reconstruction.

During 1968 two mobile conveniences were purchased to provide temporary facilities at The Green, Edmonton, when work commenced on the new road system for The Town Centre Redevelopment. This work necessitates demolition of the old conveniences but at the end of the year the road works had not proceeded as anticipated and the old conveniences remained in use.

## 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.

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 250 men operating 46 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. It has been agreed that due to the longer haul required to the new Greater London Council Deephams Incineration Plant, new vehicles to be purchased in 1969 are to be of fifty cubic yards capacity instead of thirty-five cubic yards as at present.

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

There were two refuse disposal incineration plants in the borough, one at Carterhatch Lane, Enfield, and the other, soon to be demolished, at Montagu Road, Edmonton, N.18. In addition, a bulk refuse transfer station is sited at Barrowell Green, N.21.

Work continued on the construction of the large new refuse disposal works at Deephams for the Greater London Council. 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.

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 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.

The Council has pursued an active smoke control programme but because of the difficult economic situation in recent years, it has had to modify its programme. Only one Smoke Control Order came into operation during the year. This Order, the No. 15 Smoke Control Order, included 6,111 premises and covered 604 acres. Two other areas were surveyed during 1968 and the proposals submitted to the Minister for confirmation, but they do not come into operation until 1969 and 1970.

By the end of 1968 there were twenty-two Smoke Control Orders in operation, covering 15,339 acres and including 61,913 premises. Redevelopment within the areas covered by these Orders has increased the number of premises further and it is estimated that about 70% of the premises in the borough are now smoke controlled. The original programmed date for the whole of the borough to be smoke controlled was 1970 but this is now likely to be delayed until 1972/73.

The year saw the passing of the Clean Air Act, 1968, by Parliament, but the implementation of the provisions of the Act are deferred until a date to be appointed by the Minister. The new Act widens the provisions of the principal Act and makes it an offence to sell or acquire unauthorised fuels in a Smoke Control Area. The Minister is also given power to require a local authority to prepare a smoke control programme for his approval and to make regulations prescribing limits on emissions of grit and dust from the chimneys of certain furnaces.

Smoke is produced by incomplete combustion. It is wasteful of heat as well as unsightly and costly in the damage it causes. With the high cost of fuels there is a financial incentive for the large users to ensure their complete combustion. Little trouble is experienced from the majority of industrial plants but a few, particularly the metallurgical processes, can cause problems in localised areas. Domestic chimneys make the major contribution to the atmospheric pollution, discharging smoke at low level from a large number of outlets. Unfortunately, the older domestic appliances are not capable of burning bituminous fuels without producing smoke

and the majority do not burn the smokeless fuels satisfactorily. For these reasons suitable appliances which have the merit of burning the fuel more efficiently have to be installed.

There has been considerable support for smoke control from the general public and the number of objections or criticisms has been remarkably small. Some criticisms have concerned the availability of particular types of solid smokeless fuel. Indeed, the rapid technological changes in the gas industry have meant that reduced quantities of gas cokes are available. Additional smokeless fuels have been introduced by the National Coal Board and the production of other carbonised fuels has increased. Before the Minister will agree to the confirmation of a Smoke Control Order, he must be satisfied that adequate supplies of smokeless fuels are available in the area. So far as the solid smokeless fuels are concerned, this does not mean ample supplies of all the different types but a sufficient supply of some suitable varieties. Consequently, the customer may not be able to obtain the fuel of his choice, but a suitable alternative will be available. Where solid fuels are preferred householders are advised to install appliances which are capable of burning a wide range of smokeless fuels.

Many people still refer to smokeless zones. The areas are Smoke Control Areas and the effect of a Smoke Control Order is to require householders within the area to burn "authorised" fuels. These are: anthracite, cokes, manufactured smokeless fuels, e.g. Warmglo, Rexco, Coalite, etc., Welsh dry steam coal, electricity, gas and oil. The Order deals only with fuels and the emission of smoke from chimneys. This excludes the burning of garden rubbish and similar materials in the open air, but action may be taken under other provisions of the Act if nuisance is caused thereby.

### **Industrial Atmospheric Pollution**

Although the borough contains several large industrial concentrations the amount of smoke from these areas is comparatively small. The principal sources of pollution are processes which are registered by the Alkali Inspectorate under the provisions of the Alkali, Etc. Works Regulations Act, 1906. The processes originally covered by this Act were mainly chemical plants but since that date the control has extended to a wide range of industrial processes. These processes usually present complex chemical problems and are known as "registered processes". They may be the whole activity of a factory or merely one of several within the one establishment. The enforcement of the provisions of the Act are the responsibility of the Alkali Inspector with whom a close liaison is maintained concerning all registered processes in the borough.

Factory chimneys are kept under observation and any emission of dark smoke which exceeds the permissible limits is immediately dealt with. The discharge of dark smoke from industrial chimneys usually arises from a mechanical mishap,

rather than from inadequate plant, or inefficient boiler management. In cases of obdurate technical difficulty owners can avail themselves of the services of the National Fuel Efficiency Service, who will survey plant and diagnose faults.

The needs of public health necessitate the proper dispersion of the gaseous effluents from combustion and this can only be achieved by adequate chimney heights. To ensure a satisfactory chimney height for this purpose provision is made in Section 10 of the Act that when plans for industrial premises, incorporating the construction of a chimney for the dispersal of smoke, grit, dust or gases are submitted for Building Regulation approval, the Council must be satisfied that the height of the chimney will be sufficient to prevent nuisance, having due regard to the height and proximity of neighbouring buildings, etc. Aesthetic considerations may be a complicating factor and if the high chimney is unacceptable, an alternative form of providing heat will have to be considered.

Chimney heights are calculated in accordance with the advice given in a Ministry memorandum and there is general acceptance of these standards which apply to all new chimneys. Unfortunately, there is at present no similar requirement where new furnaces are installed using the existing chimney. The new plant may be considerably larger than the former plant and may discharge into a chimney which was already too low. Every effort is made to achieve improvements but high chimneys are expensive and power to enforce an increase in the height of the chimney in such circumstances is lacking in existing legislation.

During the year 28 plans incorporating chimneys were submitted and all were approved—eight 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, twenty-one plans were submitted for approval. Following slight amendments in some cases, approval was granted in all but two instances.

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

This circular, entitled "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 was one of the participating authorities in the National Survey of Air Pollution which was completed during 1968. The measurements of smoke and sulphur dioxide have covered a period of six years and there has been substantial reduction in the amounts of these pollutants in the atmosphere over this period.

In the survey, four smoke filter and sulphur dioxide volumetric measuring instruments were sited in selected areas of the borough and measurements taken daily. The results were forwarded to the Fuel Research Station of the Ministry of Technology at Stevenage.

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

Station 2 was sited at Stockingswater Lane, Brimsdown, Enfield.

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

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

At the commencement of the survey, Station 1 was in a smoke control area; Station 2 in an industrial area; Station 3 in a residential area with a low population density; and Station 4 in a residential area with a high population density. Stations 1, 3 and 4 are now in Smoke Control Areas.

In addition to the sites approved for the National Survey, three other sites were in use until early 1968 at the following locations :

- (a) Latymer Grammar School, Hazelbury Road, Edmonton, N.9.
- (b) Huxley Secondary Modern School, Silver Street, Edmonton, N.18.
- (c) Mandeville Secondary Modern School, Cuckoo Hall Lane, Edmonton, N.9.

The measurements obtained from these instruments were also sent to the Fuel Research Station.

All the instruments have been withdrawn from these sites and have been re-located in the area surrounding the new refuse disposal plant at Deephams, Edmonton. This plant, one of the largest of its type in Europe, is expected to begin operation in part in 1969, and to be in full operation in 1970. The plant will employ the most modern equipment available for reducing atmospheric pollutants and, although no difficulties are anticipated, the measuring instruments have been sited to measure the level of pollution before and after the plant commences operations.

During 1968 the infra-red gas analyser sited in Church Street, Enfield, continued to check the level of carbon monoxide in this confined busy thoroughfare. The

survey is being carried out for the Ministry of Technology to ascertain the concentrations of this gas in busy populated shopping areas and similar information is being obtained from Manchester, Birmingham, Glasgow, Cardiff and Luton. The results are not likely to be publicly available until fully collated and presented to the Minister.

(See Statistical Table 34)

## 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 Imported Food Regulations, 1968, which came into force on the 1st August, 1968, altered the provisions for inspection to cope with the increased use of bulk containers from the continent. Instead of a necessity for inspection at the port of entry, with the delays inherent in the system, sealed containers may now be routed to their destination and inspection carried out on arrival. Thus, many inland authorities may in effect become 'port health authorities' in this respect. During the year only one consignment of canned food and one of packeted food was routed to Enfield.

The Fish and Meat Spreadable Product Regulations, 1968, will come into operation on the 15th March, 1971. They will replace the Food Standards (Fish Paste) Order, 1951, as amended, and the Food Standards (Meat Paste) Order, 1951, as amended, and in so doing they will raise the content of meat in meat paste from 55% to 70%, the same standard as is applied to fish paste.

The Skimmed Milk with Non-Milk Fat (Amendment) Regulations, 1968, came into operation on the 26th September, 1968, and added to the list of proprietary foods in respect of which the words "Unfit for Babies" (or "Not to be used for Babies") may be omitted from the label.

The Canned Meat Product (Amendment) Regulations, 1968, came into force on the 4th January, 1969. They will amend the principal regulations by exempting canned sliced bacon from the requirement as to lean meat content; by setting a separate standard for the meat content of a product suitable for slicing; and by restricting the use of the expression "ready meal".

The Sausage and Other Meat Product (Amendment) Regulations, 1968, also came into force on the 4th January, 1969. They amend the principal regulations by exempting a meat product after removal from its container and restricting the use of the expression "ready meal".

The Medicines Act, 1968, will come into force on a day to be appointed by the responsible Ministers. The Act makes new provisions with respect to medicinal products and will be enforceable by the Pharmaceutical Society, or the Food and Drugs Authority, or both, as will be specified. The parts of the Act which would appear to be appropriate to the functions of the Food and Drugs Authority relate to the adulteration of medicines, the sale to the prejudice of the purchaser of medicines not of the nature or quality demanded, the labelling of containers, false or misleading advertisements, general requirements as to construction of premises and hygiene, and provisions relating to the sale of medicinal products on a general sales list.

### **Composition and Labelling of Food and Drugs**

A total of 672 samples of food and drugs were submitted to the Public Analyst and 184 samples of milk were examined in the department's own laboratory, representing a sampling rate of 3.2 per 1,000 population.

The Public Analyst reported adversely on 84 samples (12.5%). Fifty-four were 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 of the packer, the name of the food and the ingredients of which it is composed. Twenty-seven samples were unsatisfactory, inferior or adulterated, and in three cases both labelling infringements and unsatisfactory conditions were found.

A manufacturer of milk chocolate for diabetic patients agreed to rectify an ambiguity of wording on the label so that the calorific value per ounce is clear to the consumer.

A blackcurrant health drink was stated to be triple vitamin C enriched but the vitamin C content was very little in excess of that obtainable in a better class product of this type. The manufacturer has now ceased this claim. A sample of celery showed a pronounced blue discolouration in the heart, due to a copper spray applied

late in development to combat an infestation. Whilst the copper content was within safety limits, the importer was advised that the colour rendered the food unsatisfactory.

A sample of imported clover honey contained 55% clover pollen grains, the remainder being mostly brassica species. Close consideration is being given to honeys, where a flower source is specified, and it may be that the opinion that not less than 80% of the pollen grains should be from the named flower will have to be accepted.

Two samples of imported fish delicatessen products contained benzoic acid which is not a permitted preservative in this type of product. The importer was warned that future infringements would lead to prosecution. The onus for ensuring compliance with United Kingdom food and drugs legislation is placed squarely on importers who regrettably, on occasions, fail to discharge this obligation, particularly with continental and North American delicacies, where the volume of trade is small.

Objection was raised to the description of two "shandy" type products where the content of proof spirit was 0.5% or less. The manufacturers of both commodities have agreed to amendments.

A sample of "all butter" chocolate rolls was found to be filled with an imitation cream containing non-milk fat. Amalgamations in the bakery trade had resulted in responsibility for advertising and marketing on one hand and baking on the other resting with two separate divisions of a group of companies. The firm concerned took instant steps to adhere to the original "all butter" specification and withdrew existing stocks from the retail market.

The attention of a number of manufacturers of "patés" has been drawn to the necessity to designate the prime ingredients properly in the title. The original paté was Paté de Foie Gras but it is conceded nowadays that a genuine paté may be made from pork liver.

The description "Farmhouse Paté" where pork is the ingredient is misleading and the product should be described as pork paté.

Two samples of "liver paté" containing more pork than liver should be redesignated "pork and liver paté".

A sample of "Pork and Beef Paté" containing more beef than pork should be described as "Beef and Pork Paté".

All milk samples during the year proved satisfactory, the average analysis being :—

Fat	...	...	...	...	3.60%
Solids not Fat	...	...	...	...	8.83%

The number of food complaints received was 46. Following investigation, warning letters were sent in the majority of incidents but in fourteen cases, legal proceedings were instituted with the following results:—

Item	Fine			Costs		
	£	s.	d.	£	s.	d.
Dirty milk bottle ... ..	20	0	0	5	5	0
" " " ... ..	30	0	0	5	5	0
" " " ... ..	40	0	0	5	5	0
" " " ... ..	40	0	0	5	5	0
Cigarette in bun ... ..	15	0	0	5	5	0
Cigarette end in cake ... ..	10	0	0	2	2	0
Rat excreta in bread ... ..	30	0	0	5	5	0
Unfit lambs' tongues ... ..	10	0	0	3	3	0
Edible oil in bread ... ..	10	0	0	5	5	0
Nail in loaf of bread ... ..	20	0	0	5	5	0
Mouldy corned beef ... ..	10	0	0	10	10	0
Mouldy sausage rolls ... ..	20	0	0	5	5	0
Mouldy sausages ... ..	30	0	0	5	5	0
Mouldy yoghurt ... ..	30	0	0	5	5	0
	<hr/>			<hr/>		
	£315	0	0	£73	10	0
	<hr/>			<hr/>		

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 were 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 helpful hygienically if the sale of milk to casual purchasers was limited to milk in disposable cartons.

A national survey, 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 food storage, was completed during the year. For this

survey, commenced in 1966, England and Wales was divided into seven zones, and, in the Greater London Zone, No. 1, twenty-four authorities including Enfield, submitted 432 samples during each 12-month period.

Twelve samples were submitted by this authority during the year, making a total of 36 for the scheme as a whole. All samples, which were as follows, were satisfactory :

Eggs; Belly of Pork; Duck; Canned Infant Vegetable Food; White Sugar; Lettuce; Onions; Pasteurised Milk; South African Pears; Canned Prunes; Pork Sausages; Cucumber.

An interim report, issued at the end of the year, indicated that there was no cause for concern, the levels of the residues being within the internationally recognised safety limits.

The Merchandise Marks Acts, 1887 - 1953 were repealed by the Trade Descriptions Act, 1968, which came into force on the 1st November, 1968. The various orders requiring the place of origin to be marked on certain designated foodstuffs continue in force under the new Act.

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

Unmarked goods are deemed to be home produced and administrative action was taken in seven cases where retailers had 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, 15 tons 3 cwt. 3 qtr. 19 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, together with the Food Hygiene (General) Regulations, 1960, lay down requirements in respect of cleanliness of food premises and stalls, etc. Prosecutions for offences in respect of three premises were taken, and fines and costs totalling £214 13s. 6d. 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. Thirteen 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 631 premises in the borough registered in respect of ice-cream and 359 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 vehicles and food storage arrangements are inspected and must be satisfactory before a licence is granted.

At the end of the year there were 45 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 55 samples of loose or soft ice-cream was submitted to the public health laboratory for bacteriological examination. The seventeen samples falling within the grades III or IV as determined by the methylene blue test were considered unsatisfactory but after advice to traders on proper methods of sterilising equipment and utensils, satisfactory results were obtained.

Pre-packed ice-cream is now mainly in the hands of two large national manufacturers who exercise strict quality and hygiene control and it is generally agreed to be a safe food.

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 disease.

### **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 1968 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 Borough Council as Food and Drugs Authority.

There are two establishments in the borough licensed for the treatment of milk to provide Pasteurised and Sterilised milks. Eleven premises were licensed for the storage and distribution of milks during the year, making a total of 264 licensed premises in the borough.

The dealers' licences were issued as follows :—

Pasteurised milk	...	...	...	...	148
Sterilised milk	...	...	...	...	209
Ultra heat treated milk	...	...	...	...	51
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 fifty nine samples of milk were submitted to the Public Health Laboratory for the appropriate tests and in only eight instances were the results unsatisfactory.

All schools are supplied with Pasteurised milk and the quality continued 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 35, 36 and 37)

## **HOUSING**

### **General Housing Provisions**

The number of units of housing accommodation under the control of the council at the 31st December was 17,996 which shows an increase of 1,362 over last year's figure. The accommodation comprises 372 bed-sitting room, 2,258 one-bedroom, 6,408 two bedroom, 8,671 three-bedroom and 287 other categories.

During the year 1,133 applicants on the housing list were rehoused.

At the end of the year the number of applicants on the waiting list was 6,246 which includes new applicants of less than 12 months' standing.

Forty-six 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 these are gradually being brought up to standard, although it has not been possible to make house-to-house inspections.

Four hundred and fifty-three visits were made by the public health inspectors to houses in multiple occupation and action was taken to enforce the standards in sixteen properties, involving 49 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.

## **Slum Clearance and Individual Unfit Houses**

Two clearance areas comprising 23 dwelling houses were reported to the Council as unfit for human habitation. These areas formed part of the larger areas of proposed redevelopment included in the Council's Clearance and Redevelopment Programme and were dealt with by Compulsory Purchase Orders.

Six Orders comprising 67 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 298.

A Closing Order was made on the basement rooms of one property.

## **Acquisition and Improvement of Houses**

The Housing Acts, 1958-64, 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 299 applications were approved, the sum advanced amounting to £1,041,240.

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 fifteen years.

The Council provides Standard and Discretionary Grants for the improvement of dwellings. During 1968, 223 applications for grants were received and 223 houses were improved, twenty with Discretionary Grants and 203 with Standard Grants. All the Standard Grants were for the full standard of amenities.

Powers are provided in the Housing Act, 1964, for local authorities to declare suitable areas as Improvement Areas. In such areas the Council may require the owners of tenanted properties to provide the five standard amenities and the opportunity can be taken to improve the general environment in the area. It is hoped that this will encourage all householders in the area to make other improvements to their properties resulting in a general improvement of the area. The properties in the areas selected are usually structurally sound houses which lack one or more of the standard amenities and which have a minimum life of fifteen years, but usually considerably longer.

Many of the houses in Improvement Areas are owner occupied but no provision is made in the Act for enforcing the improvement of such properties. Every effort is made to persuade those owners who have not already provided a bathroom to do so. Elderly tenants are often reluctant to suffer the inconvenience and disturbance involved in installing a bathroom but the advantages of an inside water closet and a bathroom with hot water are very important to the elderly. Where they are not willing to have the work carried out a Suspended Notice is served. Whatever the circumstances considerable time has to be spent discussing the proposals with householders, public relations being a very important part of this work. Nevertheless, although the procedures are very time consuming, the results can give considerable satisfaction to all concerned.

During the year the Council made the London Borough of Enfield Improvement Areas Nos. 3, 4 and 1A (No. 1A was an extension of area No. 1). In these areas the following action was taken.

Number of Improvement Notices served — Preliminary	...	161
Suspended	...	85
Immediate	...	51
Final	... ..	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 twelve months within which to do the works.

A Final Notice is served following the service of a Suspended Notice, either when the tenant agrees to the improvement of his dwelling or upon a change of tenancy.

By the end of the year 41 houses had been improved.

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 fifteen years or more. The council may assist owners with loans and grants in these circumstances.

Twenty-seven representations were received from tenants and negotiations were commenced with the owners of the properties concerned.

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

One Certificate of Disrepair was issued and two undertakings by owners to carry out works were accepted. One certificate of cancellation was issued.

The Rent Act, 1965, included provision for the regulation of tenancy and rents, and 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, has been appointed in accordance with the provisions of the Act.

The Rent Act, 1968, which was passed on the 8th May, 1968, is a consolidating act. It repeals many of the provisions of the 1957 and 1965 Acts together with Rent and Mortgage Interest Restriction Acts; The Furnished Houses (Rent Control) Act, 1946; The Landlord and Tenant (Rent Control) Act, 1949; Part II of The Housing Repairs and Rents Act, 1954; and other related enactments: and consolidates their provisions in one statute.

**(See Statistical Tables 38 and 39)**

## **LAND CHARGES**

In pursuance of the provisions of the Land Charges Act, 1925, 7,592 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.

The Caravan Sites Act, 1968, with the exception of Part II of the Act, came into force on the 26th August. This is an Act to restrict the eviction from caravan sites of occupiers of caravans and makes other provision for the benefit of such occupiers. Part II of the Act which comes into operation on a day to be appointed by the Minister provides for the establishment by local authorities of sites for the use of gipsies and other persons of nomadic habit, and controls in certain areas the unauthorised occupation of land by such persons.

The Act also amends the definition of "caravan" as defined in Part I of the 1960 Act to include mobile homes which fall below prescribed measurements.

Apart from site licences for individual caravans associated with horticulture, there is only one licensed residential caravan site in the borough. This well run site is situated in the Green Belt area and provides semi-permanent living accommodation. A proposal for the establishment of a fully equipped residential site provided and controlled by the Council was not proceeded with.

Open spaces and the wide grass verges on some of the main roads in the borough continue to attract itinerant caravanners but as the spaces are developed it is hoped that this problem will become less serious and that the problem will be solved completely when Part II of the 1968 Act is implemented.

Under the North West London (General Powers) Act, 1965, court proceedings may be instituted to effect the removal of itinerants from sites. The taking of such action, however, results merely in movement from one site to another, and every effort is therefore made to encourage voluntary, albeit reluctant, removal.

Although no increase in the number of itinerants is apparent, much of the inspectors' time is devoted to what is still a current problem.

## 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 the standards of working conditions in such premises so as to promote the health, welfare and safety of the employees.

Broadly, the Act gives to the office and shop worker protection similar to that afforded to the industrial worker by the Factories Acts. Enforcement of the provisions of the Act is divided between Her Majesty's Factory Inspectorate and local authorities. Her Majesty's Factory Inspectorate enforce the provisions in Crown property, local authority premises, railway premises, and offices and shops in factories covered by the Factories Act, 1961. Responsibility in respect of all other shops and offices is vested in local authorities.

Since the passing of this Act in 1963, the Minister of Labour has made several Orders and Regulations prescribing standards for the provision of washing facilities, sanitary accommodation, first aid equipment, etc. Numerous explanatory circulars have also been issued.

The most common fault found is inadequate lighting, for which there is no standard prescribed by regulation. The Minister has now issued a circular and an advisory booklet recommending a minimum standard for lighting, but, regrettably, this is appreciably lower than the one adopted by the Council, i.e. the suggested standard of the Illuminating Engineers Society. Whether the new standard is "suitable and sufficient" in any particular premises is a matter for the enforcing authorities and ultimately for the Courts.

By the end of the year a total of 2,892 premises had been registered. This represents about 95% of the total in the borough and it is anticipated that registration of all premises will be completed in the near future. A total of 2,356 visits were made and 440 premises registered during the year. Two hundred and sixty-one notices were served drawing the attention of occupiers of premises to contraventions of the Act. All but one of these contraventions were of a minor character. In the one instance legal proceedings were instituted but the necessary work had been carried out before the case was heard, and the case was dismissed.

Fifty accidents were reported but none was of a serious nature. The majority still appear to result from carelessness on the part of employees in handling goods or equipment. Instruction in the best methods of handling goods and maintaining equipment is needed in many shops and warehouses.

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. Four prosecutions were taken under this Act resulting in fines of £62 with £68 15s. 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 for the substitution of 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. Four prosecutions were taken for unlicensed trading, resulting in fines of £41 and costs of £8 8s. 0d. Two of these prosecutions were taken for Sunday Trading, one for obstruction of a shops inspector and one for failure to close for a half-day.

The recorded number of shops in the borough is 1,829. A street market with forty licensed sites trades six days a week. A further six licensed street traders are situated in other parts of the borough.

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

During the year, 2,848 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 40)**

### **HAIRDRESSERS' AND BARBERS' PREMISES**

Bye-laws for securing the cleanliness of any premises used for these businesses and of instruments, towels and materials used in such premises, were made by the former Borough of Enfield in 1937 and by the former Borough of Edmonton in 1963.

In 1968 the Council obtained approval of bye-laws for the whole of the borough under Section 77 of the Public Health Act, 1961.

Under Section 21 of the Greater London Council (General Powers) Act, 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 adopted the section for the London Borough of Enfield from the 1st April, 1968.

Each applicant for registration received a copy of the bye-laws.

Three hundred and thirty-three visits were made during the year. Some minor defects found on initial surveys for registration were on re-inspection found to be remedied.

### **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-seven applications for renewal were received and approved, and one new licence was 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.

Sixty-five applications were referred, necessitating 69 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.

Forty-nine applications were referred, necessitating 68 visits by the public health inspectors. Forty-four applications were approved, one was withdrawn and four were refused.

### **NURSES AGENCIES**

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

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

### **EMPLOYMENT AGENCIES**

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

Thirty-one applications were referred, necessitating thirty-nine visits by the public health inspectors. All the applications were approved.

## 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 856 factories and workshops are registered.

Five hundred and forty-eight inspections were made. A number of minor defects were found, of which the majority were remedied by the end of the year, and in no case was it necessary to institute legal proceedings.

(See Statistical Tables 41 and 42)

## OUTWORKERS

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

Artificial flowers	...	...	...	...	...	11
Bed linen, etc.	...	...	...	...	...	6
Boxmaking, etc., wholly or partially of paper	...	...	...	...	...	15
Brass and brass articles	...	...	...	...	...	4
Cabinet furniture, etc.	...	...	...	...	...	1
Carding, etc., of buttons	...	...	...	...	...	15
Christmas stockings, etc.	...	...	...	...	...	4
Curtains	...	...	...	...	...	1
Electrical cables	...	...	...	...	...	247
Handbags	...	...	...	...	...	2
Lampshades	...	...	...	...	...	2
Paint boxes and paint brushes	...	...	...	...	...	20
Toys and games	...	...	...	...	...	35
Wearing apparel	...	...	...	...	...	293
						656

The Council has a duty under Section 134 of the Factories Act, 1961, to determine whether any place where outwork is done is injurious or dangerous to the health of the persons employed therein.

Visits for this purpose are carried out when a new address appears on submitted lists.

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

### **RAG FLOCK AND OTHER FILLING MATERIALS**

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

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

At the end of the year, 23 premises were registered to use filling materials. Thirty-three 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. Fourteen 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 living.

A total of 55,433 visits, an increase of about 6% over the previous 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 informally without the necessity of serving notices but arising from defects and shortcomings found on these visits, 667 informal and 245 statutory notices were served resulting in repairs and sanitary improvements being carried out. Legal proceedings were instituted in nine instances resulting in fines of £10 with £29 8s. 0d. costs.

Requests and complaints on a wide range of matters numbered 5,088. Of this total, 1,806 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 43 and 44)**

## 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.

There is an increasing general interest in noise. The controversy over the selection of airport sites has undoubtedly aroused interest in this subject and the Minister of Housing and Local Government has called on local authorities to make a determined attack on the problem. In 1967 local authorities were asked to arrange for appropriate officers to receive technical instruction in the measurement and reduction of noise. In November, 1968, the Ministry of Housing and Local Government asked for reports on the action taken by councils on technical instruction for their staff and on educating the public.

Courses on noise have been arranged at several universities and colleges throughout the country and nine of the Council's public health inspectors attended a course during 1968. In addition, several other inspectors had already received training in noise measurement and it is anticipated that soon all inspectors will have received adequate instruction.

Circular 59/68, issued by the Ministry of Housing and Local Government, dealt with noise from concrete breakers and was accompanied by an advisory booklet "Noise control on building sites". The circular and booklet give examples of relatively simple methods of reducing noise.

In factories, where it may affect the workers, the reduction of noise is enforced by H.M. Factory Inspectorate but where the noise causes nuisance outside the factory, enforcement is the responsibility of the local authority. The Secretary of State for Employment and Productivity has agreed that the Factory Inspectorate will make their knowledge and experience available to local authorities if requested to do so, but it was not necessary to take advantage of this offer.

The major noise problems arise from the close proximity of dwellinghouses to industrial premises, especially where operations continue through the night. The

introduction of any new noise source at night usually results in complaint even if the noise level is only just audible. Many visits may have to be made to establish the existence of a statutory nuisance. Householders in properties adjacent to one another often have very different opinions about a noise and these differences sometimes lead to friction between neighbours.

Much noise could be avoided if a little thought were given to other people and if relatively simple precautions were taken, but sometimes it can present very complex problems and remedial measures may be expensive.

Although recent surveys have shown that traffic noise is now a major noise problem in urban areas, many people seem to accept it. It is frequently much greater than the noise from industrial premises but so long as industrial noise can be heard between lulls in the traffic noise, complaints continue.

Following the receipt of complaints, 884 visits were made to investigate allegations of noise nuisance. In a few instances there was no evidence of nuisance, and the majority were remedied by ready co-operation, although not always as promptly as desired. On no occasion was it necessary to take legal proceedings.

### **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, 184 persons were treated, the majority of whom were suffering from scabies.

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 and clothing were 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 properties involved in any infestation are 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 7,435 visits to premises by the rodent control staff, 1,212 visits in connection with rats and mice were made by the public health inspectors. In all, 2,698 premises were visited.

For surface treatments anti-coagulant poisons which, when properly applied, present no hazard to human beings or domestic animals, are used almost exclusively. Developed immunity to this type of poison is evident in some local authority areas but there is no evidence of this in the Borough of Enfield.

Unfortunately, because of staff shortages due to sickness and the difficulty of recruiting rodent operatives, the treatment of sewers for the destruction of rats has been very limited. Direct poisoning without pre-baiting, using sodium fluoracetamide, is carried out in the treatment of sewers. To be fully effective, the treatments should be carried out at three-monthly intervals.

There are several thousand soil sewer manholes in the borough but the rat population in them varies considerably from one part of the district to another. Any substantial increase of rats in sewers usually results in increased surface activity and although no major infestations were found during 1968 it is regretted that it has not been possible to carry out systematic treatment of the sewers. Many complaints concerned the sighting of a single rat which may be an indication of a major infestation so that prompt reporting is appreciated.

With a large rural area within the borough it is to be expected that complaints will be received concerning a variety of wild life. From time to time complaints are made to the Department concerning squirrels, rabbits, moles and pigeons. It is our policy to help wherever possible either in a practical way or by advice and, if necessary, by the loan 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. In some cases there is active opposition to attempts to reduce their numbers.

Thirty treatments were carried out on twenty-five 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, pigeons, starlings or sparrows.

Garden pests continue to be the cause of complaint by householders and 257 wasps' nests together with four bees' nests were destroyed and 100 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 any of these services.

## ANIMAL CARE

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

The widespread outbreak of foot and mouth disease in the Midlands and the North West, which resulted in the Minister of Agriculture, Fisheries and Food declaring the whole of England, Wales and Scotland to be a Controlled Area during 1967, continued through to the early part of the year. On the 14th February the Minister revoked these Orders and declared a reduced Controlled Area which excluded this borough. In consequence, the movement of cloven-footed animals and animal wastes in this area no longer required a licence; the last one, issued on the 8th February, being the 27th since the beginning of the year.

No Orders were issued during 1968 for areas affected with swine fever. Nine movement licences giving notice of animals being moved into the borough were received.

No case 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 are used for the boiling of waste foods for animal feeding. There are sixteen 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 they are duly licensed.

The Riding Establishments Act, 1964, empowers a local authority to inspect premises used as riding establishments 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 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, 1968.

Under the Pet Animals Act, 1951, no person may keep a pet shop without an annual licence granted by the 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 thirteen. 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 the 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. Three 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, 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 eighteen 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 occurring to containers 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.

## **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. The bodies of five persons were dealt with under this section during the year.

## **EXHUMATIONS**

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

One exhumation took place at a cemetery within the borough. A public health inspector was present to ensure that the conditions of the Home Office Exhumation Certificate were observed.

## MORTUARY

Under Section 198 of the Public Health Act, 1936, a local authority may, and if directed by the Minister shall, provide a mortuary and a post-mortem room. The Council provides a service through arrangement with the Hospital Management Committee for the use of the facilities at the Prince of Wales Hospital, Tottenham, at an agreed charge. The mortuary facilities were made available on 749 occasions.

SUMMARY OF STATISTICS RELATING TO

THE SCHOOL HEALTH SERVICE

Under Section 17 of the Education Act, 1944, local education authorities are required to provide for their schools a school health service. This is intended to be a service which will be available to all children in the school and to their parents. It is intended to be a service which will be available to all children in the school and to their parents. It is intended to be a service which will be available to all children in the school and to their parents.

Number of children examined  
Number found to be satisfactory  
Number found to be unsatisfactory  
Total attendances at clinics

as the Director, A. J. ...  
The general ...  
Bar, ... and ...

SCHOOL HEALTH SERVICES

Orthopaedic  
Orthopaedic  
Speech  
Child Guidance  
Total number of children

Number attending Day Special Schools  
Number attending Residential Special Schools

The Mass Radiography Unit ...  
Number of school children vaccinated  
Number of children examined

Number found to need treatment  
Number attending ...

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

SCHOOL POPULATION ... .. 38,793

**ROUTINE MEDICAL INSPECTION**

Number of children examined ... .. 10,651  
 Number found to be satisfactory ... .. 10,651  
 Number found to be unsatisfactory ... .. —

**MEDICAL TREATMENT**

Total attendances at clinics :

Minor Ailments ... .. 20,133  
 Ear, Nose and Throat ... .. 1,185  
 Ophthalmic ... .. 4,731  
 Orthoptic ... .. 1,751  
 Orthopaedic ... .. 127  
 Speech ... .. 3,124  
 Child Guidance ... .. 1,539

**HANDICAPPED CHILDREN RECEIVING SPECIAL EDUCATION**

Total number of children ... .. 446  
 Number attending Day Special Schools ... .. 336  
 Number attending Residential Special Schools ... .. 110

**B.C.G. VACCINATION**

Number of school children vaccinated ... .. 3,296

**ROUTINE DENTAL INSPECTION AND TREATMENT**

Number of children examined ... .. 25,120  
 Number found to need treatment ... .. 11,072  
 Number treated by School Dental Officers ... .. 6,236

## 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 by 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, at ten years of age and at school leaving age. Children in nursery classes are examined twice a year.

Medical officers also visit the Borough's two technical colleges, mainly in a consultative capacity. At the Enfield College, seventeen students consulted the medical officer during the year—some of them on several occasions. Of those interviewed, six were on account of psychiatric disorder. The College has now appointed its own consultant psychiatrist.

At Southgate College, 189 students availed themselves of the service, advice being sought on various medical conditions, and, to a lesser extent, emotional problems. Indeed, only two students were suffering from some emotional disorder. The majority of enquiries came from overseas students.

During the year 358 audiometric hearing tests were carried out. Four students, who were found to have a hearing deficiency, were referred to their family doctors for treatment.

The Mass Radiography Unit visited both colleges in the autumn, and 356 students from the Enfield College and 352 from Southgate College availed themselves of this opportunity for a chest X-ray. Of these numbers only five students were recalled for further X-ray examination, the results of which showed two to be normal; one to be suffering from cardiac enlargement; one to be suffering from fibrosis; and one requiring occasional chest clinic supervision, which has been arranged.

In December, 1968, the number of pupils on the register of maintained primary and secondary schools, including nursery and special schools, was 38,793.

During the year 10,651 children were examined at routine medical inspection and none 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.

There are ten 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 ten years of age includes a colour vision test by the Ishihara method. Those found by the Ishihara plates to have a defect are re-tested by Giles Archer Lantern Test. In certain occupations it is essential that those employed are able to discriminate between colours accurately, and ten years of age is an appropriate age at which to discover any colour defect likely to debar a child's entry to such employment.

Ninety-nine children were found on the Ishihara test at routine medical inspection to have a degree of colour blindness. Of the 138 tested by Giles Archer Lantern, sixteen were found to be normal, 66 were found to be safe and 56 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 twelve or thirteen 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 1968, 14,036 children were routinely tested in school, and 528 were found to have a hearing loss; of this number 176 were already known cases.

At the request of family doctors or school medical officers, 576 children had special tests at clinics, and of the 248 found to have a hearing loss, 31 were known cases. In addition, 2,234 re-tests were carried out for various reasons.

Many children had minor treatment for conditions affecting their hearing, while of the 71 referred to the Ear, Nose and Throat Clinics, 22 were kept under observation; eleven were referred to hospital for tonsillectomy/adenoidectomy; six were referred to hospital for other treatment; 21 were treated at the clinic; ten required no treatment and one child did not keep appointments.

There were 358 audiometric hearing tests carried out at Southgate Technical College, and four students were found to have a hearing loss.

During the year, a joint circular was issued by the Ministry of Health (Circular 6/68) and the Department of Education and Science (Circular 9/68) regarding head-worn hearing aids. It is intended to issue these through hospital hearing aid centres to school children aged seven years and upwards, for whom they are suitable. When they are available, they will be supplied first to children over fourteen years of age, then to those aged eleven to fourteen years, and finally, to those aged seven to eleven years.

### **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 this year, 65,479 foot inspections were carried out and 1,287 new cases of plantar warts were found.

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

### **INSPECTIONS FOR CLEANLINESS**

Under Section 54 of the Education Act, 1944, a local education authority may authorise a medical officer to cause examinations of the persons and clothing of pupils at school 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. Certain families are kept under constant observation because of repeated infestations.

Of the 80,261 children examined for infestation, 65 were found to be in a verminous condition and 22 required formal action in order to secure cleanliness.

(See Statistical Table 49)

### **MEDICAL TREATMENT**

Under Section 48 of the Education Act, 1944, it is the duty of every local education authority to make 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 treatment or observation, are referred to the minor ailments clinics. Children with minor ailments and slight injuries are also referred by parents and teachers for treatment or observation, and advice is given for a wide variety of conditions. The total number of attendances at the minor ailments clinics was 20,133—a slight increase on last year.

The number of automatic enuresis alarm buzzers available for treatment was increased to twenty and 62 children used the alarms.

The progress of each case is checked every two months and also six months after a reported cure. At the two-monthly check, success was reported in 23 cases, nine were unsuccessful and seven were improved. At the six-monthly checks of reported cured cases, eleven were still dry; two relapsed, one of whom was put back on the waiting list; nine did not keep appointments and one had moved away.

Although twice as many children were treated this year compared with last year, the number on the waiting list increased from 66 to 79.

### **Ear, Nose and Throat Clinics**

There are three clinics in the borough which are attended by ear, nose and throat consultants, two of whom have local hospital appointments. This is a convenient and beneficial arrangement for those cases requiring operative treatment. Weekly sessions are held at Southbury Clinic and Broomfield Park Clinic and two sessions a month at Edmonton Central Clinic. The majority of cases referred are children with hearing difficulties, or who require advice or treatment regarding tonsils and adenoids. Other conditions referred include otitis media, rhinitis and chronic catarrh.

Of the 451 children who attended the clinics 232 were new cases. Total attendances were 1,185.

### **Ophthalmic Clinics**

There are three ophthalmic clinics in the borough. Three sessions a week are held at the Edmonton Central and Southbury Clinics and two every other week at Bowes Road Clinic.

Of the 2,636 children who attended the clinics during the year, 1,050 were prescribed glasses. The total number of attendances was 4,731.

### **Orthoptic Clinics**

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

Three hundred and eighty-three 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 attendances was 127 and the number of new cases was 58. The type of cases seen included foot deformities, knock knee, scoliosis, kyphosis and chest deformities.

Again, this year, efforts to recruit a physiotherapist or a remedial gymnast have been unsuccessful, so that the children requiring physiotherapy were referred to hospital.

### **Speech Clinics**

Twenty clinic sessions are held each week at eight clinic premises situated throughout the borough.

There were 464 children, of whom 118 were new cases, who received treatment or who were kept under observation. The total attendance was 3,124. The various defects treated included stammer, dyslalia, sigmatism and delayed development of speech.

In addition to their work at the clinics, the speech therapists held sessions at Durants and Oaktree Schools for Educationally Sub-normal Children and at the Junior Training School for Mentally Handicapped Children.

### **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), two psychiatric social workers, three 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.

Owing to a continued staff shortage, there is still a considerable delay for diagnostic interview and subsequent therapy.

In conjunction with the centre and clinic, there is a Special Selection Unit at Chase Side School for children aged eight to eleven years who have shown gross emotional instability. They are admitted on the recommendation of the psychiatrist. These children have behaviour problems which make it impossible for them to be taught in association with ordinary children and 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 children up to eleven years of age, who have not been formally ascertained. This allows them to be taught in a small group, an arrangement found to be of great benefit. There are remedial classes at Eastfield and Croyland Schools and at the Child Guidance Clinic for special tuition for children who have specific difficulties such as reading. They attend in groups for two half-days a week.

### **Recuperative Holidays**

Recuperative holidays of two to four weeks' duration are arranged under Section 48 of the Education Act, 1944, and arrangements were made for ten children to go away.

Summer holidays were arranged by the British Epileptic Association for children who have epilepsy and one boy was able to have a holiday through this scheme.

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

### **DENTAL SERVICE**

Under Section 48 of the Education Act, 1944, it is the duty of the local education authority to provide medical inspection at appropriate intervals for pupils in attendance at any school or county college maintained by them, and every local education authority shall have power to provide for such inspection of senior pupils in attendance at any other educational establishment maintained by them.

Medical inspection, which is compulsory for such pupils, is deemed to include dental inspection.

Under Section 4 of the Education (Miscellaneous Provisions) Act, 1953, the local education authority has duties and powers in regard to the provision of free dental treatment, similar to those for medical treatment, but dental treatment may only be provided by the authority through persons employed by the authority or under arrangements made with the hospital service and not through the general dental service.

Of the 38,793 children on the school roll, 25,120 were inspected, this being 65% of the total. Of those inspected, 11,072 (44%) were found to require treatment and of these 9,802 (88%) were offered treatment. Of those offered treatment, 6,236 (64%) accepted treatment through the school dental service. During the year, therefore, the school dental service treated 16% of the children on the school roll; it must be remembered, however, 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 sub-normal girls.

In addition to ordinary dental treatment, the orthodontic service continued to be much in demand. Treatment was commenced on 259 new cases, 115 cases completed treatment, and a total of 5,589 attendances were made.

In March, a letter was received from the Department of Education and Science regarding the risk of crises in children with sickle cell anaemia under general anaesthesia with nitrous oxide and oxygen. On the advice of that Department, arrangements were made with the local hospitals for all coloured children (who may be at greater risk to this condition) to have a preliminary blood screening test before general anaesthesia.

The Borough is fortunate in the standard of its premises and equipment. There are nine clinics providing dental suites with a total of thirteen dental surgeries, one surgery being used exclusively for orthodontics and three surgeries being of dual purpose for dentistry and orthodontics. Four of the premises are of very recent construction and modern design, and all premises are fitted with up-to-date equipment, including air turbine high speed instruments. For greater convenience, all anaesthetic apparatus is standard throughout (Walton) as also are the X-ray machines.

All dental prosthetic and orthodontic appliances are made at the dental laboratory maintained by a neighbouring authority, and ten dentures, 497 removable appliances and 68 fixed appliances were supplied.

A review of the dental service was undertaken by a dental officer of the Department of Education and Science and the following is an extract from a letter received from the Department in July: "Ministers are pleased to note that this efficient dental service continues to function in a satisfactory manner. A high acceptance rate is a prominent feature, whilst the treatment pattern indicates the correct bias towards conservation rather than extraction of teeth. A large amount of successful orthodontic treatment is being provided . . . ."

Comment was made on the absence of dental auxiliaries. It was also suggested that it would be a sensible economy to employ one dental surgery assistant more than the number of dental officers. These matters are under consideration.

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 57)**

## HANDICAPPED CHILDREN

It is the duty of the local education authority under Section 34 of the Education Act, 1944, to ascertain what children in their area require special educational treatment and to provide special education. Places are provided for Enfield children in day or residential special schools maintained by the London Borough of Enfield, other local education authorities or voluntary bodies. Enfield special schools also accommodate some children from adjoining boroughs.

There are 336 Enfield pupils in day special schools and 110 in residential schools. Children attending residential schools are medically examined annually. 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 sub-normal, 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. At the end of the year there were two children in special schools.
- (b) **Partially sighted** — pupils who by reason of defective vision cannot follow the normal requirements of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight. At the end of the year, there were nine 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 day special school and one left the district before being placed. At the end of the year there were sixteen children in special schools.
- (d) **Partially hearing** — pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils. During the year six children were ascertained: three were admitted to a day special school, one to a day nursery, and two are awaiting placement. At the end of the year there were 26 children in special schools, two attending play groups, three attending day nursery and three at ordinary school.

- (e) Educationally sub-normal — pupils who by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education, wholly or partly in substitution for the education normally given in ordinary schools. During the year, seven children were ascertained, of whom one was admitted to a residential school, two to day schools, one to a play group, and three are awaiting admission. At the end of the year, there were 104 children in special schools. In accordance with the Ministry of Education Circular 11/61, another 88 children were attending Durants and Oaktree Schools on an informal basis.
- (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. One new case was ascertained during the year and was admitted to a day special school. At the end of the year five children were in special schools.
- (g) Maladjusted — pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational re-adjustment. During the year fourteen children were ascertained, of whom two were placed in residential schools, one in the selection unit; eleven are awaiting placement. At the end of the year there were 55 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 five children were ascertained, of whom four were admitted to a day special school, and one to a residential nursery. At the end of the year there were 43 children in special schools.
- (i) Speech — pupils who on account of defect or lack of speech not due to deafness require special educational treatment. Over the year, one child was ascertained and admitted to a residential special school. At the end of the year there was one child in a special school.
- (j) Delicate — pupils not falling within 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 23 children were ascertained, 17 of whom were admitted to the day open air school, five to residential schools, and private arrangements were made for one. At the end of the year there were 86 children in special schools.

In addition, there were eleven children having more than one defect who were placed in schools primarily 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, 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. Remedial exercises and visits to the swimming bath are 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 sub-normal pupils is provided in each of these day special schools, which are maintained by the Education Committee. In view of the special needs of these children they are medically examined annually and, where thought necessary, more frequently by an assistant medical officer, who regularly visits the schools.

The educational psychologist paid 22 visits to the schools for the purpose of educational assessment.

### **Wavendon House Residential School for Educationally Sub-normal Children**

This school, which is maintained by the Education Committee, is situated in the country, near Woburn Sands, Buckinghamshire, with provision for ninety girls from eleven to sixteen years of age. Children from various parts of the country are accommodated at the school. A general medical practitioner, who visits the school once a week, looks after the general health of the children. Full medical examinations of Enfield children are carried out annually during the school holidays by the assistant medical officers.

The children from this school will be transferred during 1969 to Clay Hill House, Enfield, and will attend the local schools for educationally sub-normal children.

Wavendon House School will then become a residential school for maladjusted boys, and it is hoped this will ease the long waiting period for admission to this type of school.

**(See Statistical Table 58)**

## HOME AND HOSPITAL TUITION

The local education authority has power under Section 56 of the Education Act, 1944, in special circumstances, to provide primary and secondary education otherwise than at school. Home and hospital tuition was provided as required.

## 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.

Before recording a decision under this section with respect to any child, the local education authority shall give to the parent of the child not less than twenty-one days' notice in writing of their intention to do so, and if within that period the parent refers to the Secretary of State for Education and Science the question whether such a decision should be recorded, the decision shall not be recorded except by the direction of the Secretary of State.

Of the twenty-two cases dealt with under this section, one was referred by the parent to the Secretary of State for Education and Science, who upheld the decision of the Education Committee.

Provision is also made under this section for a review of ascertainment by the local education authority and two children were examined under this section. In one case, it was recommended the child should continue to be ascertained and in the other it was recommended that the ascertainment be cancelled and the child be admitted to a day special school for educationally sub-normal children.

## 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 should have received primary immunisation by the time they are admitted to school but consent forms for diphtheria, tetanus and poliomyelitis immunisation are issued to all school entrants so that all children whose parents have not by then taken advantage of the facilities available may have this further opportunity. In addition, consent forms for diphtheria and tetanus immunisation 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 thirteenth and fourteenth birthdays.

Of the 4,832 children eligible for B.C.G. vaccination, the parents of 3,801 children (78.7%) consented to have a tuberculin skin test carried out, and B.C.G. vaccination if necessary. A total of 3,718 children had a tuberculin skin test and 3,304 (89.9%) were found to require vaccination; of these 3,296 (99.8%) were vaccinated.

Owing to the re-organisation of the senior schools, the usual vaccination programme could not be carried out in the Autumn term of 1967. The number vaccinated in 1968 is, therefore, considerably greater than in the previous year.

In September, B.C.G. was offered to students at both the technical colleges and 63 students completed consent forms. Eighteen attended for skin testing of whom eleven were negative and were vaccinated; six were found to be positive and one failed to attend.

(See Statistical Table 59)

### EMPLOYMENT OF CHILDREN

In accordance with the Bye-laws made under the Children and Young Persons Act, 1933 (amended by the Education Acts), it is necessary for a certificate to be issued by a medical officer in the service of the local authority that employment will not be prejudicial to the health or physical development of the child, and will not render him unfit to obtain proper benefit from his education. The 401 children examined for employment certificates and four for entertainment certificates were found to be fit.

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 during the year.

### CHILDREN IN CARE

There are five homes, with accommodation for 69 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.

Children from the two homes in Brownlow Road, which were closed during the year, are now accommodated at Brownlows, The Ridgeway. 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

### Sonné Dysentery

All schools are asked to notify the department immediately there are more than two or three children in one class showing symptoms of digestive upset with or without diarrhoea. An outbreak of Sonné Dysentery at a primary school at the beginning of December resulted in the absence of a large number of children from school. 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 was found in a senior school and investigation of contacts — 67 children and five teachers — was undertaken by the Chest Clinic. No further cases were revealed.

The Mass Radiography Unit visited both technical colleges and 356 persons had chest X-rays at the Enfield College and 352 at Southgate College. Five students were recalled for further X-ray examination, the results of which showed two to be normal; one to be suffering from cardiac enlargement; one to be suffering from fibrosis; and one requiring occasional chest clinic supervision, which has been arranged.

### Scabies

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

### Notification of Infectious Diseases

Head teachers notified the department of 407 cases of suspected infectious disease occurring in school children.

## HEALTH EDUCATION

At the special request of the head teachers at three senior schools and Oaktree Special School, health visitors gave regular talks on a variety of subjects, including mothercraft and personal hygiene, to children in class. Visits were also arranged to infant health and dental clinics and to a dairy and sewage works for parties of school children.

Films dealing with such subjects as smoking, drug addiction and growing-up were shown at a school and one of the technical colleges. Fourteen film shows were performed in all.

## 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 for Education and Science.

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. Applications 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 the Modern Physics Reports, 1962 and 1964.

The only development during the last year was that one school (Winchmore School) was authorised to use open radioactive material.

The distinction is that these are substances that are not contained in a plastic or other closed container when in use. The material used is very short lived and will decay to a very low level of activity within a few days. It may only be used by a teacher who has attended a course approved by the Department of Education and Science, and only for an experiment which has been approved by the Department. As in all school use of radioactive substances the radioactive strength used is very low, and the dose of ionising radiation received by the pupils will be far less than that arising from cosmic radiation.

The Enfield College of Technology has been visited by members of the Advisory Information Unit of the Department of Employment and Productivity in order to review progress in meeting the recommendation of the Code of Practice for the protection of persons exposed to Ionising Radiation in Research and Teaching.

As a result of this visit, valuable suggestions have been made to the College in relation to their use of X-ray Crystallography equipment, electron microscopes and unsealed radioactive materials.

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 1,506 X-ray exposures were taken: 1,246 were for orthodontic purposes and the remainder were taken during the course of general dental treatment. A total of 532 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 thirteen 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.

### **GAS LASERS**

It is understood that the Department of Education and Science is preparing a Code of Practice for the use of laser light in schools. The main safety factor will be to keep the power output very low, below 0.5 milliwatts. The output of the laser should not be viewed even when reflected without diffusing it in some way, nor should the beam be allowed to fall on any part of the body.

A gas laser has been purchased by Winchmore School.

The code applies to all persons who are exposed to ionizing radiation arising from dental practice and there are thirteen such persons employed by the consultant. As the overall rate of radiation exposure is low, the consultant has not been designated as radiation worker and individual dose-walkers have not been made every six months. The consultant has also arranged for the consultant to be monitored by the Health Physics Unit of the Health Research Council.

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The only gas laser has been purchased by the consultant for use in the dental practice. The laser should be allowed to fall on any part of the body.

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The Code of Practice applies to the use of ionizing radiation arising from X-ray machines in the dental clinic. There are eight clinics using X-ray machines and approximately 1,200 X-ray examinations were taken for orthodontic purposes and the remainder were taken during the course of general dental treatment. A total of 120 X-ray examinations were taken.

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Deputy Medical Officer of Health and Deputy Principal School Medical Officer  
J. D. RUSSELL, M.B., B.S., D.P.H.

Principal Medical Officers

Leonora A. Crawford, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.

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ROSA MERZER, L.R.C.P. & S.D.S.  
M.D. (1948)  
MORAT U. O'CALLAGHAN, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.  
ANN I. WISEMAN, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Consultant Psychiatrist Adviser

Mental Illness : F. D. KEIRSEY, M.B., B.S., D.P.M.  
SHEILA G. MILLS, M.B., B.S., D.P.M.  
W. LIVINGSTON, M.B., B.S., M.R.C.P., D.P.M.  
J. YERON DAVIES, M.D., M.S., D.P.M., M.A. (1948)

## STAFF

### Medical Officer of Health and Principal School Medical Officer

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

### Deputy Medical Officer of Health and Deputy Principal School Medical Officer

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

### Principal Medical Officers

#### Maternity and Child Health Service :

LEONORA A. CRAWFORD, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.

#### Mental Health Service :

H. GOUGH-THOMAS, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.

#### School Health Service :

M. L. GRAEME, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H. (*Aptd. 29.4.68*)

### Assistant Medical Officers

GRACE J. ADAM, M.B., Ch.B.(Edin.)	JOYCE S. PARISH, M.B., B.Ch.
ISOBEL H. CADDY, M.B., Ch.B., D.P.H.	ESTELLA G. POLLOCK, M.B., B.S., D.C.H.
JANET F. CAMBELL, M.B., Ch.B., D.C.H.	MARY ROLAND, M.R.C.S., L.R.C.P., D.P.H.
THERESA M. CHAN KIN, M.B., B.Ch., B.A.O., D.P.H. ( <i>Aptd. 8.4.68</i> )	GWENETH TURNBULL, M.B., B.Ch. ( <i>Retired 31.3.68</i> )
SYLVIA J. DARKE, M.B., Ch.B., M.R.C.S., L.R.C.P., B.Sc., M.Sc.(Physiology) ( <i>Resigned 31.3.68</i> )	MONICA E. WATKINS, M.B., B.S., M.R.C.S., L.R.C.P.
ROSA MERZER, L.R.C.P. & S.(Edin.), M.D.(Bologna)	ANN J. WISEMAN, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
NORA T. U. O'CALLAGHAN, M.B., B.Ch., B.A.O., D.P.H.	

### Consultant Psychiatric Advisers

Mental Illness : F. D. KELSEY, B.M., B.Sc., D.P.M.  
SHEILA D. MILES, M.B., B.S., D.P.M.  
(*Aptd. 15.8.68 Part-time*)

Mental Subnormality : W. LIVINGSTON, B.A., M.R.C.P., L.R.C.P., D.P.M.

### Consultant Chest Physician

J. VERNON DAVIES, M.D., M.B., B.S., M.R.C.P.

## Hospital Consultants and Specialists

(Undertaking sessions at Council Clinics)

### Ear, Nose and Throat :

D. LATHAM BROWN, M.D., D.P.H., D.L.O. (*Retired 31.12.68*)

F. P. M. CLARKE, B.Sc., B.A., L.R.C.P., L.R.C.S.

R. T. S. GOODCHILD, M.B., B.S., F.R.C.S.(Ed.), D.T.M.&H., D.L.O.

### Orthopaedic :

R. C. FARROW, M.A., B.M., B.Ch., F.R.C.S.

### Ophthalmic :

MARGARET T. CHALLIS, M.B., B.S., M.R.C.S., L.R.C.P., D.O., F.R.C.S.

(*Resigned 31.8.68*)

E. M. G. GALTON, M.B., B.S., D.O.M.S.

J. JOELS, M.B., Ch.B., D.O.M.S.

K. WAHAB, M.B., B.S., D.O. (*Aptd. 1.9.68*)

### Chief Dental Officer and Principal School Dental Officer

E. UNDERHILL, L.D.S., R.C.S.

### Orthodontists

R. BERGMAN, L.D.S., D.(Orth.), R.C.S.  
(*Part-time*)

HELEN E. BREARLEY, L.D.S., R.C.S.

ELIZABETH C. BIRD, B.D.S., L.D.S.,  
D.(Orth.), R.C.S. (*Part-time*)

I. G. CROSSMAN, B.D.S., L.D.S., D.(Orth.),  
R.C.S. (*Part-time*) (*Resigned 28.8.68*)

### Dental Officers

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

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

CLARA S. EMMER, M.D.

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

A. M. IRENE HALSALL, L.D.S., R.C.S.  
(*Part-time*)

C. POLLOCK, L.D.S., R.C.S.

CLAIRE A. M. LAWSON, L.D.S., R.C.S.  
(*Part-time*)

EVA J. SALISCH, B.D.S., L.D.S., R.C.S.

**Public Analyst**

T. McLACHLAN,  
A.C.G.F.C., F.R.I.C., M.I.Biol.

**Deputy Public Analyst**

S. LANDSMAN,  
F.R.I.C.  
(Resigned 29.6.68)

**Veterinary Surgeon**

J. R. STOCKMAN, M.R.C.V.S.

**Chief Public Health Inspector**

J. C. LIGHTFOOT, F.A.P.H.I.

**Deputy Chief Public Health Inspector**

G. RAWLINSON, M.A.P.H.I.

**Senior Public Health Inspectors**

R. L. BURKILL, F.A.P.H.I. G. E. A. LANEY, M.A.P.H.I. R. E. WILLIAMS, M.A.P.H.I.

**Principal Mental Welfare Officer**

A. DUFF, Dip.S.SS., M.S.M.W.O.

**Deputy Principal Mental Welfare Officer**

Miss A. HARMAN, C.S.W.

**Senior Mental Welfare Officers**

J. H. COTTON, C.P.S.W., M.A.  
(Aptd. 1.4.68)

Mrs. H. M. SMITH, R.M.N., S.R.N.

**Superintendent Health Visitor**

Miss M. A. E. RADFORD,  
R.F.N., S.R.N., S.C.M., H.V.

**Deputy Superintendent Health Visitor**

Miss P. Z. M. J. MacLAUGHLIN,  
S.R.N., S.C.M., H.V., P.H.A.Cert.

**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  
(Retired 31.3.68)

**Non-Medical Supervisor of Midwives**

Miss M. PALMER, S.R.N., S.C.M., R.M.N. (Aptd. 10.7.68)

**Senior Midwife**

Mrs. M. J. FITZJOHN, S.R.N., S.C.M. (Aptd. 10.7.68)

**Superintendent of Home Nursing Service**

Mrs. M. PICKERING, S.R.N., N.D.N.Cert. (Aptd. 10.7.68)

**Senior Home Nurse**

Mrs. E. MAILE, S.R.N. (Aptd. 10.7.68)

**Home Help Organiser**

Mrs. G. WEBBER

**Deputy Home Help Organiser**

Mrs. W. E. A. MITCHELL, A.R.S.H.

**Chief Administrative Officer**

S. N. DANCE

**Deputy Chief Administrative Officer**

D. A. B. HASTINGS

**Senior Administrative Officers**

E. J. A. GOLDING

A. SHAW, D.M.A.

L. G. COE, M.R.S.H., D.M.A.

A. K. CLARK, D.P.A.

Miss A. COOPER

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**OTHER STAFF ESTABLISHMENT**

Health Visitors :	Midwives ... ..	30	Health Educn. Orgnr. ...	1
Group Advisers ...	Home Nurses ...	43	Speech Therapists ...	3
Field Work Instrs. ...	Nursing Auxiliaries ...	2	Senior Orthoptist ...	1
Health Visitors/School Nurses ... ..	Asst. Home Help Organisers ... ..	2	Audiometer Operators ...	2
Tuberculosis Health Visitors ... ..	Dental Surg. Assists. ...	11	Physio/Remed. Gymnast	1
Student Health Visitors	Mental Welfare Offrs. ...	9	Chief Chiropodist ...	1
	Trainee Mental Welfare Officers ...	3	Chiropodists ... ..	5½
			Medical Social Worker	1

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**Public Health Inspectors :**

Specialist ... ..	3
District ... ..	16
Student ... ..	6

**Shops and Street Trading**

Inspectors ... ..	3
Technical Assistants ...	4

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Senior Admin. Officers	2	Senior Clerical Officers	4	Shorthand/Audio Typists	11
Admin. Officers ...	9	Clerical Officers ...	51	Telephonists ... ..	2
				Admin. Trainee ... ..	1

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Home Helps ... ..	160	Disinf./Conv. Foreman	1	Driver/Handymen ...	3
Rodent Control Officer	1	Disinfector Drivers ...	2	Porter/Messenger ...	1
Rodent Control Assts.	3	Conv. Attendants (inc. Reliefs) ...	78	Clinic Caretakers and Cleaners ... ..	15
Sewermen (skilled) ...	7	Driver/Clnrs. Conv. ...	4		
		Male Clnrs. Conv. ...	4		

### Day Nursery

Matron : Miss M. W. BETTERIDGE

Deputy Matron	...	...	1	Nursery Nurses/Students	...	...	10
Warden	...	...	1	Domestic Staff	...	...	5

### Adult Training Centre

Manager : Mr. W. J. REDMOND

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

### Junior Training School

Supervisor : Mrs. E. F. HUDSON

Deputy Supervisor	...	...	1	Trainee Supervisors	...	...	3
Assistant Supervisors	...	...	10	Domestic Staff	...	...	10
				Coach Guides	...	...	3

### 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	...	...	400
Manual workers	...	...	297
			<hr/>
			697
			<hr/>

Dr. M. L. Graeme joined the staff as Principal Medical Officer for the School Health Service on the 29th April, 1968, in succession to Dr. Margaret R. Gilmour who had retired on the 31st December, 1967. Dr. Theresa M. Chan Kin joined the staff as an assistant medical officer also in April in succession to Dr. Sylvia Darke who had resigned to take up a post with the Ministry of Health. Dr. Sylvia Darke had for some years rendered valuable service to the community, and mothers attending her clinics expressed regret that she was leaving our service. Dr. Gweneth Turnbull retired on the 31st March and her very valuable services over nearly eighteen years were greatly appreciated. Her quiet efficiency and conscientious performance of her work will be greatly missed. We wish her improved health in her retirement.

We were sorry to lose the services of Dr. D. Latham Brown, who retired at the end of the year after seventeen years' service at Southbury Ear, Nose and Throat Clinic. No one could have been more suitable for this type of work, not only professionally, but also by virtue of his sympathetic approach to children and co-operative attitude in the clinic. His appointment on the staff of local hospitals ensured the closest liaison between the local authority and hospital services in this branch of the work, an ideal arrangement from all points of view.

The Dental Health Service had by the commencement of the year suffered several resignations and during 1968 we were unable to recruit any new members to this important branch of our service. At the end of the year there were twelve dental officers employed for an equivalent whole-time figure of 8.1 dentists and orthodontists. One long-serving surgery assistant retired owing to ill-health in September, but recruitment of this category of staff improved slightly at the end of the year when 7.6 dental surgery assistants were employed.

In April, Mr. J. H. Cotton, C.P.S.W., M.A., was appointed senior mental welfare officer to replace Miss A. Harman, who had been promoted to the post of deputy last year.

Three of our sponsored student public health inspectors qualified after completing their training courses and were appointed to the staff. The vacant post of specialist public health inspector remained unfilled throughout the year.

Once again the health visiting recruitment position gave rise to concern. This category of officer is generally in short supply and as the older members of this profession retire or leave, difficulties in their replacement arise. Four student health visitors qualified in September and were appointed to the staff.

Although the whole-time equivalent establishment of health visitors is 57, the actual staff consisted of a superintendent, deputy superintendent, three group advisers, three field work instructors, thirty health visitors and school nurses and thirteen clinic nurses. Four of the health visitors are attached to the Chest Clinic but only two were in post on the 31st December, 1968. Miss W. M. Thomas, Tuberculosis Health Visitor, retired in November after serving at the Edmonton Chest Clinic for fifteen years. She had previously served the Middlesex County Council at their Ealing Chest Clinic from 1945, a total of twenty-three years service to the community during which time great strides have been made in the field of prevention and treatment of tuberculosis.

Miss G. E. Payne, who for many years had served the area as non-Medical Supervisor of Midwives and Superintendent of Home Nursing Service, was due to retire in December, 1967, but remained in post until the 31st March, 1968, in order to assist the continuity of the service pending the appointment of a successor. We were, however, unable to fill this position, so it was decided to discontinue the joint appointment and to substitute principal officers in both branches of these services, each with separate responsibility, by promoting the deputies. Miss Palmer was appointed non-Medical Supervisor of Midwives and Mrs. M. Pickering was appointed Superintendent of the Home Nursing Service. At the same time two new posts were created of Senior Midwife and Senior Home Nurse which were filled by, respectively, Mrs. M. J. Fitzjohn and Mrs. E. Maile. The year ended with nine unfilled posts for midwives and two for home nurses. Two whole-time posts of nursing auxiliaries were added to the establishment to assist generally with certain types of cases not requiring the services of a home nurse.

Mrs. F. N. Galvin, speech therapist, left our service in May. Mrs. M. J. Holmes was appointed in her stead and took up her duties in October.

Throughout the year no application was received for the vacant post of senior physiotherapist/remedial gymnast, despite re-advertising.

Among the clerical and administrative staff there were no changes in the senior posts but a number of young members left us for various reasons. Replacements have been obtained including the appointment to the permanent staff of seven from the annual pool of trainees appointed by the Council.

The most frequent staff replacements occurred among the manual workers. The recruitment of a relatively high number of home helps, a total of 150.5 whole-time equivalent, was achieved, at least in part, by a sustained and vigorous recruitment drive.

Again this year it has not been possible to secure the services of an assistant warden at the recuperative hostel. The arrangement, too, whereby a social science student from Brunel University filled this post during the summer holiday period was repeated, but not very satisfactorily.

It is with regret I have to report that Mrs. V. Stanton, who served as an assistant supervisor at the Junior Training School, died on the 23rd November, after a long illness.

## 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 2,012.

## 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. One hundred and one teachers and 283 trainees were medically examined and all 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 296, and of this number eleven 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 1,332 assessments made, 70 required medical examination and seven were found to be unfit.

## SICKNESS ABSENCE MEDICAL ASSESSMENTS

Forty medical assessments were made in accordance with the schemes of conditions of service relating to prolonged absence due to illness, and of these 29 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. C. D. 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 great 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 borough council is also a member of the London Boroughs Training Committee, which provides centrally organised opportunities for training which develop and sustain the skills of workers in the Health, Welfare and Children's Departments.

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. 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.

Of the eight student public health inspectors undergoing training for the Public Health Inspector's Diploma of the Public Health Inspectors' Education Board, five were engaged on sandwich courses and three were day release students. These

courses are undertaken at Tottenham Technical College. One student is attending Aston University, Birmingham, after completing his first year at Tottenham.

Three of the students who were in their final year and passed the final examination have been appointed to the permanent staff.

Mrs. H. M. Smith, a senior mental welfare officer, began the second year of a two-year course at the North Western Polytechnic for the Certificate in Social Work. A supernumerary trainee who was selected as a trainee mental welfare officer is now at college in Ipswich. Mr. D. Doyle, a mental welfare officer, began a two-year course at Portsmouth College, also leading to a Certificate in Social Work.

The four student health visitors who began their training at the beginning of the year qualified in September and joined the staff as health visitors. Four other health visitor students were sponsored for training and began their courses in September.

Eight midwives attended statutory five-yearly refresher courses and three home nurses, as required by the Council, attended three-yearly refresher courses. A further eight home nurses undertook the District Nurse Training Course at Chiswick Polytechnic.

In the administrative section, Mr. S. N. Dance, the Chief Administrative Officer, attended a two-day computer appreciation course organised by the Local and Public Authorities Computer Panel, County Hall, Hertford, and Mr. A. K. Clark, one of the senior administrative officers, attended a five-day course organised by the Royal Institute of Public Administration.

Six clerical officers were approved for attendance at the day release course for the Local Government Clerical Examination at Tottenham Technical College. Three shorthand typists attended this college for Royal Society of Arts certificates, and a junior officer completed a thirteen week Local Government Induction Course.

Two nursery nurse students at the day nursery began, and two other students continued, their two-year day release course at Tottenham Technical College for the Nursery Nurses Examination Board Certificate.

One of the senior instructors at the Adult Training Centre completed a year's full-time course of training for teachers of mentally handicapped adults, and a second instructor began a one-year course at Birmingham. From the Junior Training School two assistant supervisors attended a five-day refresher course. The Warden of the Recuperative Hostel attended a one-day course in the Management of Hostels.

The first in-service training course for selected groups of home helps took place in September. It consisted of six talks, each followed by a discussion and lasting altogether about an hour. Talks were given by a health visitor, a midwife, a home nurse and a principal medical officer, while the introductory and final talks were given by the Home Help Organiser. Subjects included food values, co-operation

with midwifery and nursing staff, needs of the aged and handicapped, and the prevention of accidents. Two courses, each attended by about twenty home helps, were held during the year, and it is proposed to hold similar courses in subsequent years, as there was no doubt that the home helps found them to be of interest and benefit.

Last year the Borough appointed some thirty 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 seven to established posts.

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



The Health Office, Gentleman's Row, Enfield



Maternity and Child Health Service : "The Weigh-in"



School Health Service—Speech Therapy: “I’m for ever . . . . .”



School Health Service—Hazelbury Open-Air School: “Sh-h-h-h”



Home Help Service : Home Help In-service Training



The Chiropody Service : Treatment at the Clinic



Environmental Health Service—Food and Drugs : Taking a Formal Sample



Mental Health Service: The Lord Mayor of Cork visits the Adult Training Centre.

THE PICTURE SHOWS (from left, standing): Dr. R. A. McCarthy, Resident Medical Superintendent, Our Lady's Hospital, Cork; Councillor Mrs. Patricia Joel, Chairman, Health Committee; Dr. W. D. Hyde, Medical Officer of Health; and the Lord Mayor of Cork.

## COURSES ATTENDED BY HEALTH DEPARTMENT STAFF

Officers	Course and Numbers Attending	Duration
<i>Medical Officers</i>	The Practice of Health Education	(4) 2 days
	Obstetrics and Paediatrics	(2) 5 days
	G.P. Refresher Course	(1) 5 days
	Developmental Paediatrics	(2) 5 weeks
	M. & C.W. Group Refresher Course	(1) 5 days
	Paediatrics	(2) 2 days
	Mentally Sub-Normal Children	(1) 5 days
	Assessment of Hearing Loss	(1) 3 days
	Family Planning Symposium	(1) 1 day
	Diagnosis and treatment of visual defects in children	(1) 2 days
<i>Public Health Inspectors</i>	Week-end Seminar	(4) 5 days
	Noise Abatement	(1) 5 days
	Civil Defence	(1) 4 days
	Noise and Noise Control	(2) 5 days
	B.Sc./Environmental Health	(1) Full-time
	Public Health Inspectors Diploma of Public Health Inspectors Education Board	(9) Sandwich course for 3 years (5) 2 days weekly for 4 years (4)
<i>Mental Welfare Officers</i>	Certificate in Social Work	(3) 2 years
<i>Health Visitors</i>	Introductory Course for School Nurses	(4) 4 days
	Refresher Course	(3) 2 weeks
	Training Course for Nursing Officers	(2) 1 day
	Short Course for Health Visitors	(1) 3 days
	Hearing Loss	(2) 2 days
	Health Visitors Course	(8) 1 year—(full-time)

<b>Officers</b>	<b>Course and Numbers Attending</b>	<b>Duration</b>
<i>Midwives and Home Nurses</i>	Midwives, Health Visitors and Social Workers	(1) 2 days
	Refresher Courses—Midwives	(8) 1 week
	Refresher Courses—Home Nurses	(3) 1 week
	District Nurse Training	(8) 1 week
	Practical Work Instructors	(2) 5 days
	Refresher Course—District Nurses	(1) 5 days
	Nursing Attendants	(1) 2 weeks
	Study Day for Domiciliary Midwives	(3) 1 day
<i>Home Help Organiser and Deputies</i>	Week-end School	(2) 3 days
<i>Speech Therapists</i>	Introductory Course	(1) 3 days
<i>Administrative Officers</i>	Computer Course	(1) 2 days
	Senior Administrative Officers Course	(1) 5 days
	Shorthand Typists Course	(3) Day Release
	Clerical Examination Course	(6) ½ day weekly
<i>Day Nursery Staff</i>	Matrons Course	(1) 5 days
	Nursery Nurses Examination	
	Board Certificate Course	(4) 1 day weekly
<i>Instructors— Adult Training Centre</i>	Diploma Course for Staff of Training Centres for Mentally Sub-Normal Adults	(2) 1 year—(full-time)
	Refresher Course for Teachers of Mentally Handicapped	(1) 4 days
	Staff of Industrial Centres	(1) 14 day release
	Movement Training for the Mentally Handicapped	(1) 6 sessions
<i>Supervisors— Junior Training School</i>	Day Release for Teaching Staff	(2) 13 days
	The Mentally Sub-Normal Spastic	(1) 4 days
	Residential Refresher Course	(2) 5 days
	Diploma Course for Teachers of Mentally Handicapped	(1) 1 year—(full-time)
<i>Hostel Warden</i>	Management of Hostels	(1) 1 day

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**TABLE 1**  
**GENERAL STATISTICS**

Area : (in acres) ... ..	20,061
Population : (Registrar General's Mid-1968 Estimate) ... ..	267,830
Number of structurally separate dwellings, including flats ... ..	89,764
Number of dwellings constructed during the year ... ..	1,828
Rateable Value : (at 31st December, 1968) ... ..	£18,375,146
Product of a penny rate : (1968/69 revised estimate) ... ..	£75,000

TABLE 2  
VITAL STATISTICS 1968

<b>LIVE BIRTHS</b>		Males	Females	Total				
Legitimate	...	1,886	1,819	3,705				
Illegitimate	...	128	133	261				
		2,014	1,952	3,966				
Rate per 1,000 Population								
Enfield (Crude)	...			14.8				
Enfield (Standardised)	...			15.4				
England and Wales	...			16.9				
Illegitimate live births per cent. of total live births:				6.6%				
<b>STILLBIRTHS</b>		Males	Females	Total				
Legitimate	...	31	15	46				
Illegitimate	...	3	2	5				
		34	17	51				
<b>TOTAL LIVE AND STILLBIRTHS</b>		2,048	1,969	4,017				
Rate per 1,000 live and stillbirths								
Enfield	...			12.7				
England and Wales	...			14.0				
<b>INFANT DEATHS (deaths under the age of 1 year)</b>		Males	Females	Total				
Legitimate	...	32	21	53				
Illegitimate	...	4	3	7				
		36	24	60				
Rate per 1,000 live births								
Enfield: Legitimate	...			14.3				
Enfield: Illegitimate	...			26.8				
Enfield: Combined	...			15.1				
England and Wales: Combined	...			18.0				
<b>NEO-NATAL DEATHS (deaths under the age of 4 weeks)</b>		Males	Females	Total				
Legitimate	...	19	13	32				
Illegitimate	...	4	2	6				
		23	15	38				
Rate per 1,000 live births								
Enfield	...			9.6				
England and Wales	...			12.3				
<b>EARLY NEO-NATAL DEATHS (deaths under the age of 1 week)</b>		Males	Females	Total				
Legitimate	...	18	12	30				
Illegitimate	...	3	2	5				
		21	14	35				
Rate per 1,000 live births								
Enfield	...			8.9				
England and Wales	...			10.5				
<b>PERINATAL DEATHS (stillbirths and deaths under the age of 1 week)</b>		Males	Females	Total				
Legitimate	...	49	27	76				
Illegitimate	...	6	4	10				
		55	31	86				
Rate per 1,000 live and stillbirths								
Enfield	...			21.4				
England and Wales	...			25.0				
<b>MATERNAL MORTALITY (including abortion)</b>								
Number of deaths	...			1				
Rate per 1,000 live and stillbirths								
Enfield	...			0.2				
England and Wales	...			0.2				
<b>DEATHS FROM ALL CAUSES</b>								
Males	...			1,594				
Females	...			1,630				
Total	...			3,224				
Rate per 1,000 Population								
Enfield (Crude)	...			12.0				
Enfield (Standardised)	...			11.4				
England and Wales	...			11.9				
<b>DEATHS FROM CANCER (all forms)</b>								
Males	...			378				
Females	...			305				
Total	...			683				
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 month	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
Benign and Unspecified Neoplasm ... ..	1	—	—	—	1	—	—	—	—	—	1
Birth Injury, Difficult Labour, etc. ... ..	12	1	—	—	13	—	—	—	—	—	13
Cirrhosis of Liver ... ..	—	—	—	—	—	1	—	—	—	1	1
Congenital Anomalies ... ..	3	—	—	—	3	4	—	—	—	4	7
Enteritis and other Diarrhoeal Diseases ... ..	—	—	—	—	—	—	—	2	—	2	2
Other Infective and Parasitic Diseases ... ..	—	1	—	—	1	—	—	—	—	—	1
Intestinal Obstruction and Hernia ... ..	1	—	—	—	1	—	—	—	—	—	1
Diseases of Nervous System, etc. ... ..	—	—	—	—	—	—	—	1	1	2	2
Pneumonia ... ..	1	—	—	—	1	4	1	1	—	6	7
Other Diseases of Respiratory System ... ..	—	—	—	—	—	4	3	—	—	7	7
Other Causes of Perinatal Mortality ... ..	17	1	—	—	18	—	—	—	—	—	18
<b>TOTALS</b> ... ..	35	3	—	—	38	13	4	4	1	22	60

TABLE 4  
CAUSES OF, AND AGES AT, DEATH

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	1—	5—	15—	AGE IN YEARS					
								25—	35—	45—	55—	65—	75 and over
Enteritis and other Diarrhoeal Diseases ...	M	1	—	1	—	—	—	—	—	—	—	—	—
	F	1	—	1	—	—	—	—	—	—	—	—	—
Tuberculosis of Respiratory System ...	M	7	—	—	—	—	—	—	1	—	1	3	2
	F	3	—	—	—	—	—	—	—	1	1	—	1
Other Tuberculosis, including late effects ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	1	—
Meningococcal Infection ...	M	1	—	—	1	—	—	—	—	—	—	—	—
	F	1	—	—	—	1	—	—	—	—	—	—	—
Syphilis and its sequelae ...	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases ...	M	4	1	—	—	—	1	—	—	2	—	—	—
	F	1	—	—	—	—	—	—	—	—	1	—	—
Malignant Neoplasm—Stomach ...	M	53	—	—	—	—	—	—	2	2	19	18	12
	F	42	—	—	—	—	—	—	—	2	8	12	20
Malignant Neoplasm—Lung, Bronchus ...	M	141	—	—	—	—	—	2	2	16	46	54	21
	F	33	—	—	—	—	—	—	1	6	9	12	5
Malignant Neoplasm—Breast ...	F	71	—	—	—	—	—	—	2	11	22	20	16
Malignant Neoplasm—Uterus ...	F	18	—	—	—	—	—	—	1	5	5	3	4
Leukaemia ...	M	18	—	—	1	—	1	—	2	3	2	3	6
	F	7	—	—	—	—	—	1	—	1	1	2	2
Other Malignant Neoplasms, etc. ...	M	166	—	—	—	—	—	1	6	16	39	57	47
	F	134	—	—	—	1	—	2	3	10	34	46	38
Benign and Unspecified Neoplasms ...	M	4	1	—	—	—	—	—	—	2	1	—	—
	F	7	—	—	—	—	1	—	—	3	3	—	—
Diabetes Mellitus ...	M	12	—	—	—	—	—	—	—	—	2	5	5
	F	14	—	—	—	—	—	1	—	—	2	3	7
Other Endocrine, etc., Diseases ...	M	1	—	—	—	—	—	—	—	1	—	—	—
	F	9	—	—	1	—	—	—	—	1	4	1	2
Anaemias ...	M	4	—	—	—	1	—	—	—	1	—	1	1
	F	8	—	—	—	—	—	—	—	—	1	2	5
Mental Disorders ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	2	—	—
Meningitis ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	1	—	—
Other Diseases of Nervous System, etc. ...	M	21	—	—	—	1	2	—	—	2	3	6	7
	F	29	—	2	1	—	2	—	—	3	3	7	11
Chronic Rheumatic Heart Disease ...	M	17	—	—	—	—	—	—	2	2	3	5	5
	F	25	—	—	—	—	—	—	—	4	5	8	8
Hypertensive Disease ...	M	23	—	—	—	—	1	1	—	3	5	5	8
	F	44	—	—	—	—	—	—	—	—	6	7	31
Ischaemic Heart Disease ...	M	480	—	—	—	—	—	3	8	32	140	160	137
	F	338	—	—	—	—	—	—	1	2	29	82	224
Other forms of Heart Disease ...	M	58	—	—	—	—	—	2	—	3	6	14	33
	F	102	—	—	—	—	—	1	1	1	5	15	79
Cerebrovascular Disease ...	M	139	—	—	—	—	—	—	1	5	25	34	74
	F	246	—	—	—	—	—	—	3	8	24	48	163

Other Diseases of Circulatory System ...	M	68	—	—	—	—	—	—	—	—	1	11	19	37
	F	106	—	—	—	—	—	—	—	—	1	4	12	89
Influenza ... ..	M	14	—	—	—	—	—	—	1	—	—	—	8	5
	F	16	—	—	—	—	—	—	1	—	—	3	1	11
Pneumonia ... ..	M	91	1	5	—	—	—	—	—	1	1	13	19	51
	F	160	—	1	1	—	—	—	2	2	2	4	23	127
Bronchitis and Emphysema ... ..	M	111	—	—	—	—	—	—	—	1	3	23	31	53
	F	54	—	—	—	—	—	—	—	—	1	8	16	29
Asthma ... ..	M	1	—	—	—	—	—	—	—	—	—	—	—	1
	F	1	—	—	—	—	—	—	—	—	—	—	—	1
Other Diseases of Respiratory System ...	M	11	—	4	—	—	—	—	—	—	—	—	2	5
	F	11	—	3	—	—	—	—	—	—	—	—	4	4
Peptic Ulcer ... ..	M	10	—	—	—	—	—	—	—	—	—	2	3	5
	F	10	—	—	—	—	—	—	—	—	1	—	—	9
Appendicitis ... ..	M	2	—	—	—	—	—	—	—	—	—	—	1	1
	F	2	—	—	—	—	—	—	—	1	1	—	—	—
Intestinal Obstruction and Hernia ... ..	M	5	1	—	—	—	—	—	—	—	1	—	1	2
	F	11	—	—	—	—	—	—	—	—	1	3	1	6
Cirrhosis of Liver ... ..	M	2	—	—	—	—	—	—	—	1	—	—	—	—
	F	1	—	1	—	—	—	—	—	—	—	—	—	—
Other Diseases of Digestive System ... ..	M	14	—	—	—	—	—	—	—	1	—	3	5	5
	F	16	—	—	—	—	—	—	—	—	—	2	1	13
Nephritis and Nephrosis ... ..	M	6	—	—	—	1	—	—	—	1	—	—	1	3
	F	5	—	—	—	—	—	—	—	—	1	—	3	1
Hyperplasia of Prostate ... ..	M	9	—	—	—	—	—	—	—	—	—	—	—	9
Other Diseases, Genito-Urinary System ...	M	4	—	—	—	—	—	—	—	—	1	—	1	2
	F	20	—	—	—	—	—	—	—	1	—	2	4	13
Other Complications of Pregnancy, etc. ...	F	1	—	—	—	—	—	—	1	—	—	—	—	—
Diseases of Skin, Subcutaneous Tissue ...	M	2	—	—	—	—	—	—	—	—	—	—	2	—
	F	2	—	—	—	—	—	—	—	—	—	—	1	1
Diseases of Musculo-Skeletal System ...	M	2	—	—	—	—	—	—	—	—	—	—	2	—
	F	11	—	—	—	—	—	1	—	—	—	2	2	6
Congenital Anomalies ... ..	M	8	1	3	1	1	1	—	—	—	—	1	—	—
	F	4	2	1	—	—	—	—	—	1	—	—	—	—
Birth Injury, Difficult Labour, etc. ... ..	M	6	6	—	—	—	—	—	—	—	—	—	—	—
	F	7	7	—	—	—	—	—	—	—	—	—	—	—
Other causes of Perinatal Mortality ... ..	M	12	12	—	—	—	—	—	—	—	—	—	—	—
	F	6	6	—	—	—	—	—	—	—	—	—	—	—
Symptoms and Ill-defined Conditions ...	M	2	—	—	—	—	—	—	—	—	—	—	—	2
	F	4	—	—	—	—	—	—	—	—	—	—	—	4
Motor Vehicle Accidents ... ..	M	28	—	—	—	2	9	2	—	2	5	2	6	6
	F	11	—	—	—	1	2	1	—	2	2	1	2	2
All Other Accidents ... ..	M	11	—	—	—	—	—	—	—	3	6	1	1	7
	F	13	—	—	1	—	1	—	1	—	1	2	7	—
Suicide and Self-Inflicted Injuries ... ..	M	20	—	—	—	—	—	3	3	6	4	2	2	2
	F	13	—	—	—	—	—	1	2	2	2	5	1	1
All Other External Causes ... ..	M	4	—	—	—	—	—	1	1	—	1	—	—	—
	F	8	—	—	1	—	2	1	—	—	1	1	1	2
<b>TOTAL ALL CAUSES</b>	<b>MALE</b>	<b>1,594</b>	<b>23</b>	<b>13</b>	<b>3</b>	<b>6</b>	<b>16</b>	<b>16</b>	<b>32</b>	<b>109</b>	<b>361</b>	<b>465</b>	<b>550</b>	
	<b>FEMALE</b>	<b>1,630</b>	<b>15</b>	<b>9</b>	<b>5</b>	<b>4</b>	<b>9</b>	<b>10</b>	<b>19</b>	<b>70</b>	<b>201</b>	<b>346</b>	<b>942</b>	

**TABLE 5**  
**ROAD ACCIDENTS**

	Jan.	Feb.	Mar.	Apr.	May	Jun.	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total 1968	Total 1967
<b>Total Accidents</b> ... ..	107	113	134	120	128	104	124	124	144	155	156	151	1,560	1,532
<b>Total Casualties</b> ... ..	123	138	166	157	165	132	157	164	189	184	196	197	1,968	1,986
Fatal ... ..	3	1	4	3	3	1	3	1	1	1	2	2	25	28
Serious ... ..	22	28	19	36	33	21	31	31	28	35	39	31	354	364
Slight ... ..	98	109	143	118	129	110	123	132	160	148	155	164	1,589	1,594
<b>LOCATION</b>														
Trunk Roads ... (10-12 miles)	29	22	29	25	17	14	26	27	34	33	30	33	319	327
Metropolitan Roads ... (13-97 miles)	22	22	23	21	25	12	23	16	29	30	18	25	266	252
Class I Roads ... (18-16 miles)	20	30	35	26	31	36	27	38	29	44	42	34	392	392
Class II Roads ... ( 6-20 miles)	3	2	2	5	8	3	10	2	6	5	5	8	59	56
Class III Roads ... (33-58 miles)	15	21	20	15	19	16	23	21	26	22	34	17	249	200
District Roads (228-77 miles)	18	16	25	28	28	23	15	20	20	21	27	34	275	305
													1,560	1,532
<b>TYPES OF ROAD USER</b>														
Pedestrians ... ..	35	34	39	45	42	31	37	39	41	36	49	34	462	414
Pedal Cyclists ... ..	8	9	18	18	16	17	20	15	15	17	21	24	198	233
Motor Cyclists and Passengers ...	9	16	20	14	19	11	20	11	14	18	23	19	194	199
Scooters, Mopeds ... ..	3	10	13	10	10	13	7	12	20	16	9	12	135	153
P.M.C. Drivers and Passengers ...	52	54	54	63	68	53	57	64	85	78	85	88	801	805
Goods and Other Vehicles, Drivers and Passengers ... ..	16	15	22	7	10	7	16	23	14	19	9	20	178	182
													1,968	1,986
<b>AGE GROUPS</b>														
Under 5 years ... ..	5	2	4	8	4	3	10	6	6	5	6	2	61	59
5 - 14 years ... ..	13	22	24	32	32	20	24	19	23	15	21	26	271	237
15 - 60 years ... ..	88	99	125	104	114	98	111	132	147	140	154	151	1,463	1,525
Over 60 years ... ..	17	15	13	13	15	11	12	7	13	24	15	18	173	165
													1,968	1,986

**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) ...	34	6	251*
Dysentery ... ..	213	3	—
†Erysipelas ... ..	7	2	—
Food Poisoning ... ..	25	—	—
‡Infective Jaundice ... ..	44	20	—
Measles ... ..	334	—	—
Meningococcal Infection ... ..	2	2	2
†Puerperal Pyrexia ... ..	77	70	—
Scarlet Fever ... ..	99	13	—
Tuberculosis :			
(a) Respiratory ... ..	54	14	10
(b) Other Forms ... ..	12	2	1
Whooping Cough ... ..	171	2	—

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

† Non-notifiable from 1st October, 1968.

‡ Notifiable from 15th June, 1968.

**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	—	—	—	—	—	—	—
15—	...	...	1	2	—	—	—	—	—	—
20—	...	...	3	—	—	—	—	—	—	—
25—	...	...	2	3	—	3	—	—	—	—
35—	...	...	7	2	1	2	1	—	—	—
45—	...	...	8	1	—	2	—	1	—	—
55—	...	...	10	2	—	1	1	1	—	—
65—	...	...	6	3	—	—	3	—	—	1
75 and over	...	...	2	—	—	2	2	1	—	—
Age unknown	...	...	—	—	—	—	—	—	—	—
<b>TOTALS</b>	...	...	<b>40</b>	<b>14</b>	<b>2</b>	<b>10</b>	<b>7</b>	<b>3</b>	<b>—</b>	<b>1</b>

During the year there were inward transfers to the borough of 18 notified cases of respiratory 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			
<b>CLINICAL</b>						
Nose and throat swabs ...	8	898	906	Group A haemolytic streptococci	70	8.00
Faeces, general ...	857	3,854	4,711	Shigella sonnei ...	510	11.00
				Salmonella ...	93	2.00
				Infantile gastro-enteritis coli	26	0.50
				Giardiasis ...	46	1.00
				Helminths ...	15	0.30
Faeces, occult blood ...	—	326	326	Blood ...	49	15.00
Kahn tests ...	73	31	104	Gonorrhoea ...	—	—
<b>ENVIRONMENTAL</b>						
Milk ...	259	—	259	Failed Methylene Blue Test .	8	3.00
Water ...	78	—	78	Faecal coli found ...	11	14.00
Food ...	84	—	84	Pathogenic organisms found .	—	—
Ice-Cream ...	55	—	55	Failed Methylene Blue Test .	17	30.90

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

**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 ... ..	25	1,282	1,307
Blood counts ... ..	281	295	576
Rhesus and A.B.O. blood grouping ...	73	31	104

**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	764	450	742	417	616	4,372	587	3,278

**TABLE 11**

**CARE OF MOTHERS AND YOUNG CHILDREN**

**Child Health Clinics**

Number of Clinics	Number of Sessions	Number of children who attended			Total number of children who attended	Total number of attendances
		Year of birth				
20	2,082	1968	1967	1963-66	13,483	91,335
		3,462	3,882	6,139		

TABLE 12

## CARE OF MOTHERS AND YOUNG CHILDREN

## Dental Care

Dental Services	Expectant and Nursing Mothers	Children under 5 years of age
Examined ... ..	51	700
Commenced treatment ... ..	54	387
Courses of treatment completed ...	17	393
Treatments provided :		
Extractions ... ..	88	238
Fillings ... ..	55	658
Teeth otherwise conserved ... ..	—	694
Crowns and Inlays ... ..	4	—
Other operations ... ..	5	159
Radiographs ... ..	4	1
General Anaesthetics ... ..	1	104
Dentures provided :		
Full upper or lower ... ..	6	—
Partial upper or lower ... ..	5	—

**TABLE 13  
MIDWIFERY**

**Midwives who Notified their intention to Practise within the Borough during 1968**

Domiciliary		Institutional		Total
Employed by the Borough	In Private Practice	Hospitals	Nursing Homes	
33	1	131	—	165

**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
35	21	—	21

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

Home Visits to :	* Number of Visits	
	First Visits	Total Visits
Expectant Mothers ... ..	1,016	1,496
Children		
born in 1967 ... ..	4,080	11,913
born in 1966 ... ..	3,706	9,588
born in 1963-65 ... ..	7,592	17,944
Persons aged 65 years and over ...	945	3,277
Mentally Disordered Persons ...	46	188
Patients discharged from Hospitals (other than Mental and Maternity) ...	172	219
Infectious disease Households ...	32	38
Miscellaneous ... ..	499	991
<b>TOTALS ...</b>	<b>18,088</b>	<b>45,654</b>

\* 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
112,026	3,011	29	2,151	1,031

**TABLE 17**  
**VACCINATION AND IMMUNISATION**

**Immunisation against Diphtheria, Whooping Cough, Tetanus, Poliomyelitis  
and Measles**

**Persons aged under 16 years**

**(a) Completed Primary Courses.**

Type of Vaccine	Year of Birth					Others under age 16	Total
	1968	1967	1966	1965	1961/64		
1. Quadruple ... ..	—	—	—	—	—	—	—
2. Triple DTP ... ..	1,541	1,952	102	26	34	3	3,658
3. Diphtheria/Pertussis ... ..	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ... ..	59	80	59	16	144	140	498
5. Diphtheria ... ..	—	1	1	1	11	3	17
6. Pertussis ... ..	—	—	—	—	—	—	—
7. Tetanus ... ..	—	—	—	2	10	580	592
8. Salk ... ..	—	14	5	4	7	1	31
9. Sabin ... ..	702	2,707	265	81	334	215	4,304
10. Measles ... ..	3	486	699	612	2,274	760	4,834
11. Lines 1+2+3+4+5 (Diphtheria)	1,600	2,033	162	43	189	146	4,173
12. Lines 1+2+3+6 (Wh. Cough) ...	1,541	1,952	102	26	34	3	3,658
13. Lines 1+2+4+7 (Tetanus) ...	1,600	2,032	161	44	188	723	4,748
14. Lines 1+8+9 (Poliomyelitis) ...	702	2,721	270	85	341	216	4,335

**(b) Reinforcing Doses**

Type of Vaccine	Year of Birth					Others under age 16	Total
	1968	1967	1966	1965	1961/64		
1. Quadruple ... ..	—	—	—	—	—	—	—
2. Triple DTP ... ..	—	771	1,377	132	556	145	2,981
3. Diphtheria/Pertussis ... ..	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ... ..	—	83	177	34	2,649	1,830	4,773
5. Diphtheria ... ..	—	—	1	—	19	471	491
6. Pertussis ... ..	—	—	—	—	—	—	—
7. Tetanus ... ..	—	3	9	9	45	148	214
8. Salk ... ..	—	—	—	—	4	1	5
9. Sabin ... ..	—	106	264	60	3,407	709	4,546
10. Measles ... ..	—	—	—	—	—	—	—
11. Lines 1+2+3+4+5 (Diphtheria)	—	854	1,555	166	3,224	2,446	8,245
12. Lines 1+2+3+6 (Wh. Cough) ...	—	771	1,377	132	556	145	2,981
13. Lines 1+2+4+7 (Tetanus) ...	—	857	1,563	175	3,250	2,123	7,968
14. Lines 1+8+9 (Poliomyelitis) ...	—	106	264	60	3,411	710	4,551

**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 ... ..	25	—
3 months and under 6 months ... ..	5	—
6 months and under 9 months ... ..	19	—
9 months and under 12 months ... ..	39	—
1 year ... ..	2,378	—
2 - 4 years ... ..	436	54
5 - 15 years ... ..	104	240
<b>TOTAL</b>	<b>3,006</b>	<b>294</b>

**TABLE 19**  
**VACCINATION AND IMMUNISATION**  
**Completed Primary Courses of Immunisation by end of 1968**  
**of Children born in 1966**

Number of Children in Enfield born in 1966 : 4,241			
Immunisation Against	No. of Children Immunised (Enfield)	Acceptance Rate per cent	
		Enfield	England & Wales
Diphtheria ... ..	3,649	86.0	79
Whooping Cough ...	3,395	80.0	77
Tetanus ... ..	3,645	85.9	Not Available
Poliomyelitis ... ..	3,560	83.9	77
Smallpox ... ..	2,780	65.5	38
Measles ... ..	699	16.5	Not Available

**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, 1968 :									
	Respiratory				Non-Respiratory					
	Men	Women	Children	Total	Men	Women	Children	Total		
	1,060	744	97	1,901	67	119	11	197		
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, 1968 :									
	Non-Bacteriologically Confirmed				Bacteriologically Confirmed					
	Classification *		Men	Women	Children	Total	Men	Women	Children	Total
	Group I ...		52	29	23	104	5	1	—	6
	Group II ...		99	87	—	186	6	4	—	10
	Group III ...		5	2	—	7	9	3	—	12
			156	118	23	297	20	8	—	28
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, 1968 :									
	Men	Women	Children	Total						
	1	10	1	12						
4	Number of cases included in Section 1 above, whose broncho-pulmonary secretion was positive during the year ... .. 40.									
	* 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 ... ..	2,364	3,013	5,377
Organised groups ... ..	4,154	1,301	5,455
<b>TOTAL ...</b>	<b>6,518</b>	<b>4,314</b>	<b>10,832</b>
Requiring further investigation ... ..			126

**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) ... ..	406	1,418	5,738	7,562
Physically Handicapped ...	8	11	66	85
Expectant and Nursing Mothers	13	11	40	64
School Children ... ..	27	10	55	92
Pre-School Children ... ..	1	1	1	3
Others ... ..	58	164	671	893
<b>TOTAL ...</b>	<b>513</b>	<b>1,615</b>	<b>6,571</b>	<b>8,699</b>
Number of Clinic Sessions — 1,663				

**(b) Domiciliary Chiropody Service**

Number of Patients	Number of Treatments
781	3,219

**(c) Services Provided by Voluntary Organisations**

	Number of Patients	Number of Treatments
Treated at Centres ... ..	713	4,679
Domiciliary Cases ... ..	276	1,500
At Private Surgeries ... ..	35	332
<b>TOTAL ...</b>	<b>1,024</b>	<b>6,511</b>
Number of Sessions at Centres — 559		

**TABLE 23**  
**PREVENTION OF ILLNESS, CARE AND AFTER-CARE**

**Venereal Diseases**

Hospital	Number of New Cases			Totals
	Syphilis	Gonorrhoea	Other conditions	
Prince of Wales' ... ..	4	101	396	501
The Middlesex ... ..	—	23	68	91
The London ... ..	1	8	40	49
Seamen's, Greenwich ...	—	2	1	3
St. Bartholomew's ... ..	—	1	28	29
Royal Free ... ..	—	—	2	2
St. Thomas' ... ..	—	5	21	26
Royal Northern ... ..		no figures available		
<b>TOTAL ...</b>	<b>5</b>	<b>140</b>	<b>556</b>	<b>701</b>

**TABLE 24**  
**SMOKERS CLINIC 1967**

Dates	Sex	Attended 5 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
16.1.67-13.2.67	M	6	3	2	1	5	3	—	3	12	2	1	1
	F	3	1	1	—	4	1	—	1	8	1	—	1
22.2.67-22.3.67	M	3	3	2	1	7	3	—	3	6	1	—	1
	F	2	1	—	1	4	2	—	2	2	1	—	1
6.4.67-4.5.67	M	4	2	1	1	5	—	—	—	5	—	—	—
	F	—	—	—	—	3	3	—	3	6	2	—	2
3.10.67-31.10.67	M	10	7	3	4	10	8	—	8	6	3	—	3
	F	1	—	—	—	4	2	1	1	1	—	—	—
14.11.67-12.12.67	M	3	3	1	2	5	1	—	1	9	2	1	1
	F	1	—	—	—	2	1	—	1	9	3	—	3
<b>TOTAL</b>	M	26	18	9	9	32	15	—	15	38	8	2	6
	F	7	2	1	1	17	9	1	8	26	7	—	7
% Replies (of Total Attended)	M		69				47				22		
	F		29				53				27		
% Non-Smokers (of Replies Received)	M			50				—				25	
	F			50				11				—	

TABLE 25

## MENTAL HEALTH

Patients under Local Health Authority Care at 31st December, 1968

	Mentally Ill							Subnormal and Severely Subnormal				
	Under aged 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, 1968 ...	1	1	121	213	—	—	336	102	90	120	129	441
2. (a) Attending day training centre ...	—	—	10	5	—	—	15	53	35	57	59	204
(b) Awaiting admission ...	—	—	—	—	—	—	—	3	2	—	—	5
3. (a) Resident in L.H.A. home/hostel ...	—	—	4	11	—	—	15	—	—	6	1	7
(b) Awaiting residence in L.H.A. home/hostel ...	—	—	—	—	—	—	—	—	—	3	—	3
(c) Resident at L.H.A. expense in other residential homes/hostels ...	—	—	5	4	—	—	9	5	3	7	8	23
(d) Resident at L.H.A. expense by boarding out in private household ...	—	—	—	1	—	—	1	—	1	6	15	22
4. Receiving home visits and not included in (2) or (3) ...	1	1	102	192	—	—	296	41	49	41	46	177
5. No. of patients in L.H.A. area on waiting list for admission to hospital at 31.12.68												
(a) In urgent need of hospital care ...	—	—	—	—	—	—	—	1	4	—	3	8
(b) Not in urgent need of hospital care ...	—	—	—	—	—	—	—	4	—	3	1	8
6. No. of admissions for temporary residential care, e.g. to relieve the family, during 1968												
(a) To N.H.S. Hospitals ...	—	—	—	—	—	—	—	13	12	5	7	37
(b) Elsewhere ...	—	—	—	1	—	—	1	2	3	4	—	9

**TABLE 26**

**MENTAL HEALTH**

**Patients referred to Health Department during year ended 31st December, 1968**

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 ... ..	—	—	95	164	259	—	—	—	—	—
Hospitals, on discharge from in-patient treatment ... ..	—	3	33	66	102	—	—	—	1	1
Hospitals, after or during out-patient or day treatment ... ..	—	1	55	88	144	—	—	—	—	—
Local Education Authority ... ..	1	—	3	—	4	9	5	—	—	14
Police and Courts ... ..	—	—	16	15	31	—	—	—	—	—
Other Sources ... ..	—	—	92	146	238	3	—	8	11	22
<b>TOTAL ...</b>	<b>1</b>	<b>4</b>	<b>294</b>	<b>479</b>	<b>778</b>	<b>12</b>	<b>5</b>	<b>8</b>	<b>12</b>	<b>37</b>

**TABLE 27**

**MENTAL HEALTH**

**Work of Mental Welfare Officers**

(a) Mental Illness :			
Compulsory admissions to psychiatric hospitals ... ..	...	...	109
Informal admissions to psychiatric hospitals ... ..	...	...	143
Number of visits and office interviews ... ..	...	...	6,963
(b) Mental Subnormality :			
Number of visits and office interviews to those under the Council's community care ... ..	...	...	1,492

**TABLE 28**

**DOMESTIC HELP**

**Number of Cases in which Domestic Help was Provided during 1968**

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	
1,850	117	234	9	3	224	2,437

TABLE 29

DEVELOPMENT PLAN

Year	Section	Premises	No. of places or Pop. served	Address
1969	21 21 (or 22)	1. Health Centre 2. Health Centre (or Clinic)	10,000-20,000 10,000-20,000	Carterhatch Lane/Hertford Road In or near Broomfield Park or West side of Green Lanes
	Mental Health	3. Hostel for Mentally Sub-normal Adults	20	Montagu Road / Picketts Lock (allotments)
1970	21 (or 22) Mental Health	4. Health Centre (or Clinic) 5. Occupational Centre for Mentally Ill	10,000-20,000 20	Angel Road/Fore Street New Southgate Redevelopment Area
	22 Mental Health	6. Day Nursery incorporating Day Centre for Mentally Sub-normal Infants	55 10	In Southgate
1971	21 (or 22)	7. Health Centre (or Clinic)	10,000-20,000	Winchmore Hill area
	22 Mental Health	8. Day Nursery incorporating Day Centre for Mentally Sub-normal Infants	55 10	Green Street Clinic site or more suitable site
	Mental Health	9. Day Centre for Elderly Mentally Ill	25	Suitable site
1972	Mental Health	10. Occupational Centre for Mentally Ill	20	Suitable site
	22 Mental Health	11. Day Nursery incorporating Day Centre for Mentally Sub-normal Infants	55 10	Near Fore Street to replace pre- sent Nursery
1973	Mental Health	12. Junior Training Centre with Special Care Unit	150 24	Waverley Road
	Mental Health	13. Occupational Centre for Mentally Ill	20	Suitable site
1974 to 1979	21 (or 22)	14. Health Centre (or Clinic)	10,000-20,000	The Grange
	21 (or 22)	15. Health Centre (or Clinic)	10,000-20,000	Barrowell Green

**TABLE 30**  
**CERTIFICATION OF BLINDNESS AND PARTIAL SIGHT**  
**Follow-up of Registered Blind and Partially Sighted Persons in 1968**

	Cause of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Myopia	Others
(i) Number of cases registered during the year in respect of which Forms B.D.8. recommended :					
(a) No treatment ... ..	3	2	—	1	22
(b) Treatment (medical, surgical, optical or ophthalmic medical supervision) ... ..	18	13	—	2	52
(ii) Number of cases at (i) (b) above which on follow-up action :					
(a) Have completed treatment ...	2	—	—	—	—
(b) Treatment started, but not completed ... ..	8	10	—	1	49
(c) Awaiting treatment ... ..	6	1	—	1	2
(d) Refused treatment ... ..	1	1	—	—	—
(e) Died or removed from the borough ... ..	1	1	—	—	1
(iii) Number of new cases registered during 1968 ... ..	21	15	—	3	74
(iv) Total number of cases registered as at 31st December, 1968 ...	718				

**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	Hoe Lane Well Derived	Hadley Road Well Derived	Waltham Abbey Well Derived
Number of Samples ... ..	207	104	4	4	4
Albuminoid Nitrogen ... ..	0.019	0.013	0.110	0.145	0.170
Ammoniacal Nitrogen ... ..	0.085	0.063	0.034	0.023	0.040
Nitrate Nitrogen ... ..	3.8	4.8	—	—	0.2
Oxygen abs. from KMnO <sub>4</sub> , 4 hrs. at 27°C. ... ..	1.19	0.67	0.28	0.11	0.18
Hardness (total) CaCO <sub>3</sub> ... ..	287	306	438	272	286
Hardness (non-carbonate) CaCO <sub>3</sub> ...	78	76	192	36	76
Magnesium as Mg ... ..	5	5	—	—	—
Sodium Potassium as Na ... ..	23.4	29.9	—	—	—
Sodium Potassium as K ... ..	5.2	5.2	—	—	—
Chloride as Cl ... ..	32	40	32	22	27
Phosphate as PO <sub>4</sub> ... ..	1.9	1.7	—	—	—
Silicate as SiO <sub>2</sub> ... ..	9	10	—	—	—
Sulphate as SO <sub>4</sub> ... ..	62	66	—	—	—
Natural Fluoride as F ... ..	0.30	0.30	0.70	1.20	0.75
Surface-active material as Manoxol OT ... ..	0.02	0.01	—	—	—
CO <sub>2</sub> ... ..	—	—	—	—	—
Turbidity units ... ..	0.1	0.1	0.4	0.3	0.5
Colour (Burgess units) ... ..	14	7	9	5	8
pH Value ... ..	8.0	7.9	7.3	7.4	7.5
Electrical Conductivity (micromhos)	570	630	770	570	550

**TABLE 32**

**WATER SUPPLY**  
**Metropolitan Water Board**  
**Average Bacteriological Results**

	Results before Treatment				
	Thames Derived North of River	New River Derived	Hoe Lane Well Derived	Hadley Road Well Derived	Waltham Abbey Well Derived
Number of Samples	—	—	194	247	245
Agar Plate Count per ml.					
20-24 hrs. at 37°C.	—	—	6.3	0.4	0.1
3 days at 22°C.	—	—	16	44	6
Coliform Count					
Percentage of samples in neg. 100 ml	—	—	99.48	85.43	99.59
Count per 100 ml	—	—	—	0.6	—
Escherichia coli Count					
Percentage of samples in neg. 100 ml	—	—	99.48	88.26	100.0
Count per 100 ml	—	—	—	0.3	—
	Results after Treatment				
Number of Samples	1,720	514	199	252	252
Agar Plate Count per ml.					
20-24 hours at 37°C.	12.1	11.9	0.1	2.0	0.0
3 days at 22°C.	—	—	24	19	16
Coliform Count					
Percentage of samples in neg. 100 ml	99.94	100.0	100.0	100.0	100.0
Escherichia coli Count					
Percentage of samples in neg. 100 ml	99.94	100.0	100.0	100.0	100.0

**TABLE 33**

**WATER SUPPLY**  
**Lee Valley Water Company**  
**Representative Sample**

Chemical Results Expressed in Milligrams per Litre			
Appearance	Clear and Bright	Ammoniacal Nitrogen	0.01
Colour (Burgess)	Less than 5	Albuminoid Nitrogen	0.01
Odour/Taste	Nil/Nil	Nitrate Nitrogen	7.0
Turbidity	0	Nitrite Nitrogen	0.00
Conductivity	590	Oxygen Absorbed	0.02
Total Solids	405	Fluoride	less than 0.2
pH	7.2	Silica	12
Free CO <sub>2</sub>	31	Iron	less than 0.02
Alkalinity (CaCO <sub>3</sub> )	220	Other Metals :	
Carbonate Hardness	220	Copper/Zinc/Lead	Absent
Non-Carbonate Hardness	90	Phosphate	0.16
Total Hardness	310	Residual Chlorine	Nil
		Temperature (°C.)	12
Bacteriological Examination			
No. of Colonies developing on Agar	1 day at 37°C. 0 per ml.	2 days at 37°C. 1 per ml.	3 days at 20°C. 5 per ml.
Presumptive Coli-Aerogenes	Present in — ml.	Absent from 100 ml.	Probable No. 0 per 100 ml.
E. Coli	— ml.	100 ml.	0 per 100 ml.
Cl. Welchii	— ml.	— ml.	

**TABLE 34 CLEAN AIR**

Area of the borough (in acres) ... .. 20,061  
 Total number of premises as at 31st December, 1968 103,526

<b>(a) Areas in Operation</b>		<b>No. of</b>	<b>Acreage</b>
	<b>Area</b>	<b>Premises</b>	
<b>ENFIELD</b>			
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 Rd., Hertford Rd.	2,017	525
4.	Cheshunt Boundary, Barnet Boundary, Enfield Road, The Ridgeway, Lavender Hill, Forty Hill ... ..	3,046	6,690
5.	Lancaster Rd., The Ridgeway, Church Street, Baker Street	3,600	405
<b>EDMONTON</b>			
1.	Gt. Cambridge Road, Church Street, Latymer Road ...	417	93
2.	Bury St. West, Firs Lane, Hedge Lane, Gt. Cambridge Rd.	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
<b>SOUTHGATE</b>			
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
<b>LONDON BOROUGH OF ENFIELD</b>			
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
15.	Old Enfield/Edmonton Boundary, Enfield Town Railway Line, Southbury Road, Nags Head Road, Lea Valley Road, Ponders End Railway Line ... ..	6,111	604
<b>TOTAL ...</b>		<b>61,913</b>	<b>15,339</b>

**(b) Orders made 1968 to come into operation in 1969/70**

<b>LONDON BOROUGH OF ENFIELD</b>		<b>No. of</b>	<b>Acreage</b>
	<b>Area</b>	<b>Premises</b>	
16.	Hedge Lane/Palmers Green Railway Line/Enfield/Haringey Boundary/Chequers Way and Connaught Gardens ...	4,758	473
17.	Ashfield Parade, The Bourne, Bourne Hill, Palmers Green Railway Line, Enfield/Haringey Boundary, Enfield/Barnet Boundary ... ..	7,579	1,008
<b>TOTAL ...</b>		<b>12,337</b>	<b>1,481</b>

**TABLE 35**  
**FOOD AND DRUGS**

**Samples Submitted to Public Analyst**

Sample	Total Number Procured	Number Unsatisfactory
Baby Foods ... ..	2	—
Beverages, fruit juices, syrups, etc. ... ..	24	7
Biscuits ... ..	32	1
Bread ... ..	10	2
Butter and Margarine ... ..	35	3
Cakes ... ..	13	2
Cereals ... ..	13	5
Cheese ... ..	24	4
Coffee ... ..	3	—
Confectionery ... ..	37	3
Cooking fats, including lard, etc. ... ..	11	1
Cooking oil ... ..	1	—
Cream ... ..	7	—
Dessert Products ... ..	17	—
Drugs ... ..	25	2
Fish and Fish Products ... ..	26	9
Flour ... ..	1	—
Fruit (all kinds) ... ..	43	4
Jams and preserves ... ..	38	5
Jelly ... ..	3	2
Meat and meat products ... ..	92	12
Milk (various) ... ..	8	—
Nuts ... ..	5	—
Puddings ... ..	2	—
Salt, mustard and pepper ... ..	4	—
Sauces and pickles ... ..	48	3
Soup ... ..	26	—
Spices, etc. ... ..	24	4
Spirits ... ..	1	1
Sugar ... ..	9	—
Tea ... ..	7	—
Vegetables (fresh and canned) ... ..	53	7
Miscellaneous ... ..	28	7
<b>TOTAL</b>	<b>672</b>	<b>84</b> <b>(12.5%)</b>

**TABLE 36**  
**FOOD AND DRUGS**  
**Bacteriological Examination of Ice-Cream**

**Methylene Blue Test**

Vendor	Type of Ice Cream	Results			
		Grade			
		1	2	3	4
Shop Premises	Loose or Soft	14	15	8	5
Mobile Traders	Loose or Soft	7	2	2	2

**TABLE 37**  
**FOOD AND DRUGS**  
**Bacteriological Examination of Milk**

**1. Methylene Blue Test (for keeping quality)**

Designation	Number of Samples	Results		
		Satisfactory	Void	Unsatisfactory
Pasteurised	198	176 (88.9%)	14 (7.1%)	8 (4%)

**2. Phosphatase Test (for efficiency of pasteurisation)**

Designation	Number of Samples	Results		
		Satisfactory	Void	Unsatisfactory
Pasteurised	198	189 (95.5%)	9 (4.5%)	—

**3. Turbidity Test (for efficiency of sterilisation)**

Designation	Number of Samples	Results		
		Satisfactory	Void	Unsatisfactory
Sterilised	52	52 (100%)	—	—

**4. Colony Count (for efficiency of treatment)**

Designation	Number of Samples	Results		
		Satisfactory	Void	Unsatisfactory
Ultra Heat Treated	9	9 (100%)	—	—

**TABLE 38**  
**HOUSING**  
**Inspections and Defects**

1.	Inspection of Dwelling-houses :	
	(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ..	9,816
	(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 ...	67
	(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 ... ..	676
2.	Remedy of defects during the year without service of formal notices : Number of defective dwelling-houses rendered fit in consequence of informal action ... ..	562
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 ... ..	NIL
	(2) Number of dwelling-houses which were rendered fit after service of formal notices :	
	(a) By owners ... ..	NIL
	(b) By Local Authority in default of owners ... ..	NIL
	B. Proceedings under Public Health Acts	
	(1) Number of dwelling-houses in respect of which informal notices were served requiring defects to be remedied ...	649
	Number of dwelling-houses rendered fit ... ..	562
	(2) Number of dwelling-houses in respect of which formal notices were served requiring defects remedied ... ..	247
	Number of dwelling-houses rendered fit after service of formal notice :	
	(a) By owners ... ..	184
	(b) By Local Authority in default of owners ... ..	10
	C. Proceedings under Section 17 of the Housing Act, 1957	
	(1) Number of dwelling-houses in respect of which Demolition Orders were made ... ..	NIL
	(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ... ..	NIL

**TABLE 39**

**HOUSING**

**Housing Defects Remedied**

Nature of Defect	Action Taken	Number
Accumulation of refuse ...	Removed	7
Brickwork, pointing and wallplaster defective ...	Repaired or renewed	323
Dampness ... ..	Remedied	221
Doors — defective ... ..	Repaired or renewed	14
Drains — stopped up ...	Cleared	1,806
Drains—Defective or broken	Repaired or renewed	58
Dustbins — defective or missing ... ..	Provided or renewed	8
Floor — defective ... ..	Repaired	56
Guttering and rainwater pipes defective ... ..	Repaired or renewed	142
Roofs — defective ... ..	Repaired	183
Sink wastes — defective ...	Repaired	21
Verminous and dilapidated conditions ... ..	Cleansed or repaired	137
Water — not provided or disconnected ... ..	Laid on or restored	4
Water-closets — defective ...	Repaired or renewed	27
Water-closets — defective or broken pans ... ..	Renewed	20
Windows — defective or broken ... ..	Repaired or renewed	125

**TABLE 40**  
**SHOPS AND OFFICES**  
**Visits Under Offices, Shops and Railway Premises Act, 1963**

Class of Premises	Number of Registered Premises receiving a general inspection	Total visits of all kinds to Registered Premises
Offices ... ..	81	447
Retail Shops ... ..	316	1,748
Wholesale Shops, Warehouses ... ..	14	76
Catering Establishments open to public, Canteens ... ..	29	82
Fuel Storage Depots ... ..	—	3
	<u>440</u>	<u>2,356</u>

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

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	54	23	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	755	484	57	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding Outworkers' premises) ...	47	41	—	—
	<u>856</u>	<u>548</u>	<u>57</u>	—

**TABLE 42**  
**FACTORIES AND WORKSHOPS**  
**Cases in which Defects were found**

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of Cleanliness (S.1) ...	46	31	—	—	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable Temperature (S.3) ... ..	—	—	—	—	—
Inadequate Ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ... ..	—	—	—	1	—
Sanitary Conveniences (S.7)					
(a) Insufficient ... ..	—	—	—	1	—
(b) Unsuitable or defective	23	17	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outworkers) ...	—	—	—	—	—
	<u>69</u>	<u>48</u>	<u>—</u>	<u>2</u>	<u>—</u>



**TABLE 45**  
**MEDICAL INSPECTION**  
**Routine Medical Inspection**

School Population ... ..	38,793
Number of Entrants examined ... ..	3,191
Number of Leavers examined ... ..	2,627
Number of other age groups examined ... ..	4,833
<b>TOTAL ...</b>	<b>10,651</b>
Number found to be satisfactory ... ..	10,651

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

Defect or Disease	Requiring Treatment	Requiring Observation
Skin ... ..	289	4
Eyes (a) Vision ... ..	1,319	614
(b) Squint ... ..	85	42
(c) Other ... ..	27	—
Ears (a) Hearing ... ..	46	44
(b) Otitis media ... ..	32	2
(c) Other ... ..	26	3
Nose and Throat ... ..	308	32
Speech ... ..	42	22
Lymphatic Glands ... ..	14	4
Heart ... ..	27	5
Lungs ... ..	79	7
Developmental (a) Hernia ... ..	9	—
(b) Other ... ..	79	74
Orthopaedic (a) Posture ... ..	10	10
(b) Feet ... ..	39	20
(c) Other ... ..	45	16
Nervous System (a) Epilepsy ... ..	19	1
(b) Other ... ..	6	2
Psychological (a) Developmental ... ..	14	1
(b) Stability ... ..	77	60
Abdomen ... ..	45	2
Other ... ..	62	25

**TABLE 47**  
**MEDICAL INSPECTION**

**Defects found at Special Inspections**

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

Defect or Disease							Requiring Treatment	Requiring Observation
Skin	...	...	...	...	...	...	69	2
Eyes	(a) Vision	...	...	...	...	...	185	89
	(b) Squint	...	...	...	...	...	17	3
	(c) Other	...	...	...	...	...	57	1
Ears	(a) Hearing	...	...	...	...	...	124	37
	(b) Otitis media	...	...	...	...	...	2	—
	(c) Other	...	...	...	...	...	46	—
Nose and Throat	...	...	...	...	...	...	79	6
Speech	...	...	...	...	...	...	28	7
Lymphatic Glands	...	...	...	...	...	...	—	—
Heart	...	...	...	...	...	...	1	2
Lungs	...	...	...	...	...	...	10	4
Developmental	(a) Hernia	...	...	...	...	...	1	2
	(b) Other	...	...	...	...	...	23	44
Orthopaedic	(a) Posture	...	...	...	...	...	1	7
	(b) Feet	...	...	...	...	...	5	5
	(c) Other	...	...	...	...	...	29	6
Nervous System	(a) Epilepsy	...	...	...	...	...	2	—
	(b) Other	...	...	...	...	...	1	2
Psychological	(a) Developmental	...	...	...	...	...	2	—
	(b) Stability	...	...	...	...	...	48	59
Abdomen	...	...	...	...	...	...	9	6
Other	...	...	...	...	...	...	226	41

**TABLE 48**  
**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	14,036	228	138	162	528
No. of children specially tested	576	124	58	66	248
No. of re-tests	2,234				
No. of children in schools who have hearing aids (excluding special schools for deaf and partially hearing)	51				

**TABLE 49**  
**INSPECTIONS FOR CLEANLINESS**  
**Infestation with Vermin**

(a) Total number of individual examinations of pupils in school ...	80,261
(b) Total number of individual pupils found to be infested ...	65
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) ...	22

**TABLE 50**  
**MEDICAL TREATMENT**  
**Defects treated at Minor Ailments Clinics**  
(Classified in accordance with the requirements of the Department of Education and Science)

Skin : Ringworm	(i) Scalp	...	...	...	...	...	...	1
	(ii) Body	...	...	...	...	...	...	—
Scabies	...	...	...	...	...	...	...	1
Impetigo	...	...	...	...	...	...	...	4
Other	...	...	...	...	...	...	...	2,306
Eye Disease	...	...	...	...	...	...	...	109
Ear Defects	...	...	...	...	...	...	...	78
Miscellaneous	...	...	...	...	...	...	...	1,751
Total attendances at Minor Ailments Clinics ...								20,133
Number of Special Inspections at Minor Ailments Clinics ...								1,826
Number of other Special Inspections ...								495
Number of Re-examinations ...								2,129
Freedom from Infection examinations prior to school journeys ...								1,736

**TABLE 51**  
**EAR, NOSE AND THROAT CLINICS**

Total attendances ...	1,185
New cases ...	232
Number of individual children seen ...	451
Number who received treatment at E.N.T. Clinics ...	143
Number referred to hospital for Tonsillectomy and/or Adenoidectomy ...	79
Number referred to hospital for other treatment ...	41
Number referred for X-ray ...	44

**TABLE 52**  
**OPHTHALMIC CLINICS**

Total attendances ... ..	4,731
New cases ... ..	581
Number of individual children seen ... ..	2,636
Number of children who were prescribed glasses ... ..	1,050

**TABLE 53**  
**ORTHOPTIC CLINICS**

Total attendances ... ..	1,751
New cases ... ..	61
Number of individual children treated ... ..	383
Number discharged :	
Orthoptically satisfactory with operation ... ..	5
Orthoptically satisfactory without operation ... ..	25
	30
Not orthoptically satisfactory but :	
1. Intermittent Binocular single vision ... ..	5
2. Appearance satisfactory	
(a) with improved visual acuity ... ..	15
(b) without improvement in visual acuity ... ..	7
3. Treatment not completed	
(a) Left school ... ..	—
(b) Left district ... ..	28
(c) Failed to attend ... ..	10
(d) Referred elsewhere ... ..	10
	75

**TABLE 54**  
**ORTHOPAEDIC CLINIC**

Attendances at Orthopaedic Surgeon's Clinic ... ..	127
Number of new cases seen by Orthopaedic Surgeon ... ..	58

**TABLE 55**  
**SPEECH CLINICS**

Total attendances ... ..	3,124
New cases ... ..	118
Children under treatment or observation for the following :	
Athetosis ... ..	2
Cleft Palate ... ..	8
Deafness ... ..	5
Delayed development of speech ... ..	36
Dysarthria ... ..	3
Dyslalia ... ..	216
Dysphasia ... ..	4
Dyspraxia ... ..	5
Emotional disorder ... ..	61
Hyponasality ... ..	4
Sigmatism ... ..	65
Stammer ... ..	55
	464
Discharged	
Cured ... ..	82
Improved ... ..	5
Defaulted ... ..	11
Left district ... ..	15
	113

**TABLE 56**  
**CHILD GUIDANCE CLINIC**

Number of individual children seen by psychiatrist	
New cases (including 14 pre-school children) ... ..	154
Follow-ups ... ..	37
Annual revisions ... ..	28
Treatment ... ..	15
Total attendances for diagnosis and treatment by psychiatrist ... ..	655
Number of individual children treated by psychotherapist ... ..	37
Total attendances for treatment by psychotherapist ... ..	884

TABLE 57

## DENTAL SERVICE

## Dental Inspection and Treatment

	5-9 years	10-14 years	15 years and over	TOTAL
<b>Attendances and Treatment</b>				
First visit for treatment ... ..	3,225	2,576	435	6,236
Subsequent visits ... ..	4,464	3,912	817	9,193
Total visits ... ..	7,689	6,488	1,252	15,429
Additional courses of treatment commenced	893	417	59	1,369
Fillings in permanent teeth ... ..	1,384	5,409	1,435	8,228
Fillings in deciduous teeth ... ..	5,934	1,067	—	7,001
Permanent teeth filled ... ..	1,209	4,722	1,248	7,179
Deciduous teeth filled ... ..	5,207	892	—	6,099
Permanent teeth extracted ... ..	81	689	90	860
Deciduous teeth extracted ... ..	2,120	867	—	2,987
General anaesthetics ... ..	1,015	389	30	1,434
Emergencies ... ..	245	90	40	375
Number of pupils X-rayed ... ..	...	...	...	532
Prophylaxis ... ..	...	...	...	846
Teeth otherwise conserved ... ..	...	...	...	2,734
Number of teeth root filled ... ..	...	...	...	17
Inlays ... ..	...	...	...	3
Crowns ... ..	...	...	...	43
Courses of treatment completed ... ..	...	...	...	6,486
<b>Orthodontics</b>				
Cases remaining from previous year ... ..	...	...	...	660
New cases commenced during year ... ..	...	...	...	259
Cases completed during year ... ..	...	...	...	115
Cases discontinued during year ... ..	...	...	...	48
Number of removable appliances fitted ... ..	...	...	...	497
Number of fixed appliances fitted ... ..	...	...	...	68
Pupils referred to hospital consultant ... ..	...	...	...	5
Total attendances at clinics ... ..	...	...	...	5,589
<b>Prosthetics</b>				
Pupils supplied with full upper or full lower dentures (first time) ... ..	—	—	—	—
Pupils supplied with other dentures (first time) ... ..	—	4	6	10
Number of dentures supplied ... ..	—	4	6	10
<b>Anaesthetics</b>				
General Anaesthetics administered by Medical Officers ... ..	...	...	...	1,434
<b>Inspections</b>				
(a) First inspection at school. Number of pupils ... ..	...	...	...	21,343
(b) First inspection at clinic. Number of pupils ... ..	...	...	...	3,777
Number of (a)+(b) found to require treatment ... ..	...	...	...	11,072
Number of (a)+(b) offered treatment ... ..	...	...	...	9,802
(c) Pupils re-inspected at school clinic ... ..	...	...	...	2,340
Number of (c) found to require treatment ... ..	...	...	...	1,319
<b>Sessions</b>				
Sessions devoted to treatment (incl. 679 orthodontic sessions) ... ..	...	...	...	3,186
Sessions devoted to inspection ... ..	...	...	...	181
Sessions devoted to Dental Health Education ... ..	...	...	...	8

**TABLE 58**  
**HANDICAPPED CHILDREN**  
**Children in Special Schools**

Category	Day	Residential
Blind ... ..	1	1
Partially sighted ... ..	6	3
Deaf ... ..	12	4
Partially hearing ... ..	24	3
Educationally sub-normal (ascertained)	94	14
(not ascertained)	88	—
Epileptic ... ..	3	3
Maladjusted ... ..	7	51
Physically handicapped ... ..	35	9
Speech ... ..	—	1
Delicate ... ..	66	21

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

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

Number of parents approached for consent ... ..	4,832
Number of parents who consented ... ..	3,801
Number of children given Tuberculin Test (Heaf Gun) ... ..	3,714
Number of children found to be positive ... ..	371
Number of children found to be negative ... ..	3,302
Number of Tuberculin Tests not read ... ..	41
Number of children given B.C.G. vaccination ... ..	3,296
Number of children found to be negative but not vaccinated ... ..	6
Doubtful first degree positives in 1967 retested ... ..	4
Number found to be positive ... ..	2
Number found to be negative ... ..	2
Number given B.C.G. vaccination ... ..	2



TABLE 58  
HANDICAPPED CHILDREN  
Children in Special Schools

Category	Day	Residential
Blind	1	1
Partially sighted	6	3
Deaf	12	6
Partially hearing	24	3
Educationally sub-normal (ascertained)	94	14
(not ascertained)	88	—
Epileptic	3	3
Maladjusted	7	51
Physically handicapped	25	6
Speech	—	1
Definite	66	21

**APPENDIX — CONTENTS**

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

Members of Parliament

Members of Greater London Council  
for London Borough of Enfield

Other Departments of the Council

Health Department Premises

Number of parents approached	Executive Council Services	4,837
Number of parents who consented	Hospital Services	3,201
Number of children given B.C.G. (Qua)	Government and Public Offices	3,714
Number of children found to be positive	Voluntary Associations	371
Number of Tuberculin Tests not read		41
Number of children given B.C.G. (Qua)		3,202
Number of children found to be positive (not vaccinated)		6
Doubtful first degree positive in 1967 re-test		4
Number found to be positive		2
Number found to be negative		2
Number given B.C.G. vaccination		2

## OTHER DEPARTMENTS OF THE COUNCIL

01 - 363 3011 Town Clerk's Department: Civic Centre, Silver Street, Enfield  
Town Clerk and Solicitor: Cyril E. C. Patten, LL.B., F.A.M.I.C.T.  
Deputy Town Clerk and Solicitor: A. D. Harold  
01 - 363 4033 Weights and Measures: Main Bazaar Street, Enfield  
Chief Inspector: D. K. Ellis, D.M.A., M.I.W.M.A., D.S.A.A.  
01 - 363 3000 Borough Treasurer's Department: Town Hall, Edmonton, N3  
Borough Treasurer: C. G. Gasky, F.I.M.T.A., A.A.C.C.A.  
Deputy Borough Treasurer: N. E. Baker, F.I.M.T.A., F.C.A.  
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Town Hall, Green Lane, Palmers Green, N13  
Borough Engineer and Surveyor:  
F. E. Laddy, M.B.E., F.R.D., C.Eng., M.I.Mech.E., M.I.A.S.T.E.  
Deputy Borough Engineer and Surveyor:  
D. I. Towser, M.A.C.O.S., D. T.P.O., C.Eng., A.M.I.C.E.,  
M.I.Mech.E.

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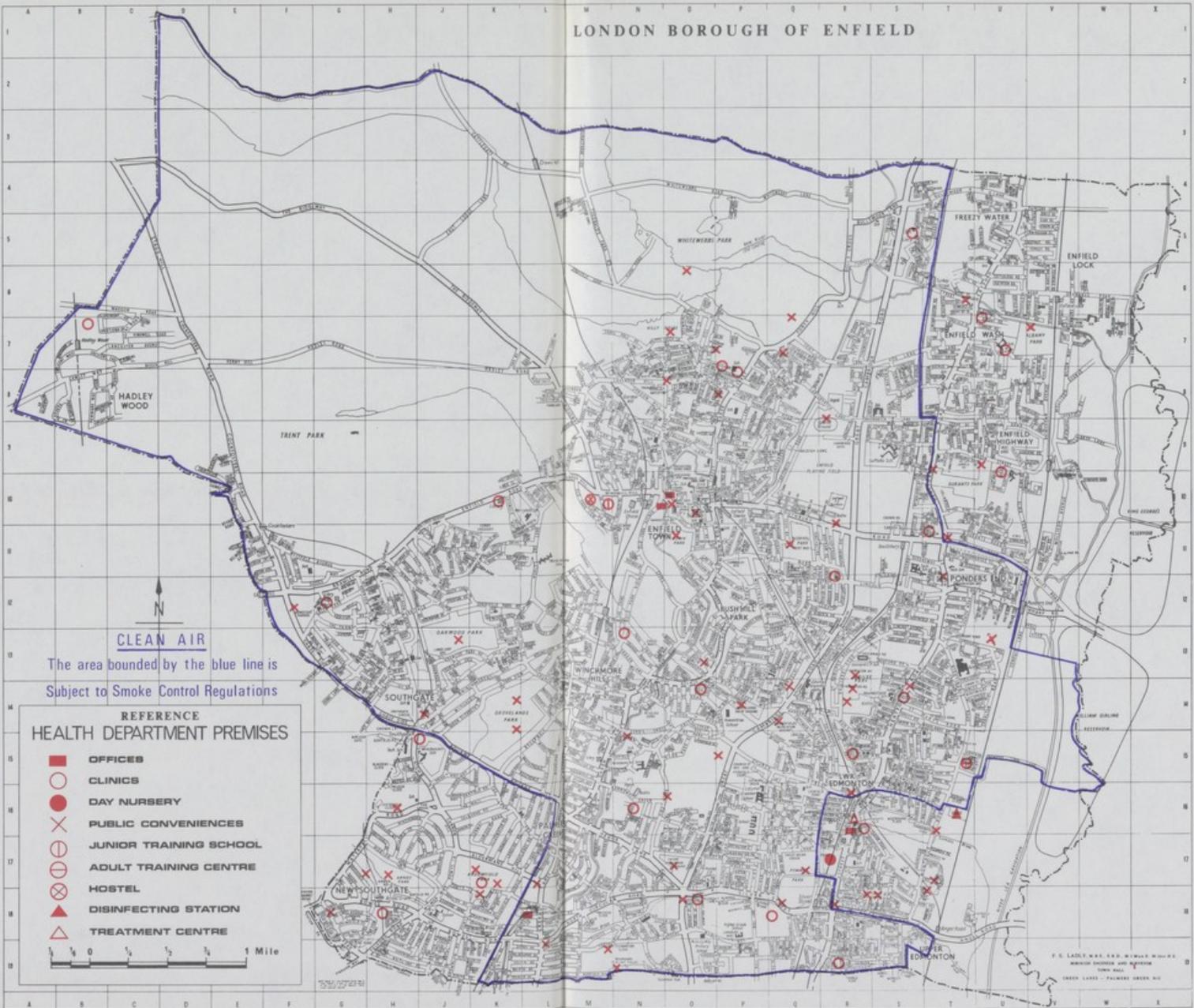
Sir Stanley Graham Rowlandson, M.B.E., J.P., F.C.A.

## 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.T.P.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.V.A.  
 Deputy Housing Manager : T. A. Dunning, A.A.I., A.I.H.M., M.R.S.H.
- Libraries, Arts and Entertainments.** Central Library, Enfield 01 - 366 1511  
 Director : A. E. Brown, F.L.A.  
 Deputy Borough Librarian : G. M. Noble, F.L.A.
- Parks, Cemeteries and Allotments.** 7 Little Park Gardens, Enfield 01 - 363 5311  
 Chief Superintendent of Parks, Cemeteries and Allotments :  
 J. 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.** Kimberley Gardens, Enfield 01 - 363 4057  
 Borough Valuer : N. E. Chambers, A.R.I.C.S.  
 Deputy Borough Valuer : W. L. Mincendorf, 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 : J. T. Benson, D.M.A., S.I.F.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



# LONDON BOROUGH OF ENFIELD



F. E. LADY, MAPS, E.T.O. WIMBORNE  
WHICH CHURCH AND WIMBORNE  
TOWN HALL  
GREEN LANE - FALMER GREEN, SUSSEX



## 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

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)

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)

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 General 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 General Ophthalmic Services.

Copies of these lists can be viewed by the general public at main post offices and libraries and offices of the Department of Health and Social Security.

The following information, provided by the Middlesex Executive Council, relates to the area of the London Borough of Enfield:

Principal general medical practitioners	...	...	...	...	...	102
Assistant general medical practitioners	...	...	...	...	...	7
Principal general dental practitioners	...	...	...	...	...	77
Pharmacists	...	...	...	...	...	71
Ophthalmic medical practitioners	...	...	...	...	...	18
Ophthalmic opticians	...	...	...	...	...	50
Dispensing opticians	...	...	...	...	...	4

### Middlesex Executive Council Offices:

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**

*Group Secretary : C. A. R. Evans,*

*North Middlesex Hospital, Silver Street, Edmonton, N.18*

01 - 807 3071

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 8242/3

Greentrees Hospital, Tottenham Road, N.13

01 - 889 1041/2

Highlands 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

Tower Maternity Annexe, The Bishop's Avenue, N.2

01 - 455 3612

**Claybury Hospital Management Committee**

*Group Secretary : W. C. Mitchinson, F.H.A., A.I.A.C.,*

*Claybury Hospital, Woodford Bridge, Essex*

01 - 504 7171/6

Claybury Hospital, Woodford Bridge, Essex

01 - 504 7171/6

**South Ockendon Group Hospital Management Committee**

*Group Secretary : M. N. Harrison, A.H.A.,*

*Leytonstone House, High Road, E.11*

01 - 989 7701/3

South Ockendon Hospital, South Road, South Ockendon, Essex

700 2335/6

**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

Group Secretary : C. H. Pearsall, A.H.A.,

Friern Hospital, New Southgate, N.11

01 - 368 3461

Friern Hospital, New Southgate, N.11

01 - 368 3461

Halliwick Hospital, New Southgate, N.11

01 - 368 8484

#### Verulam Group Hospital Management Committee

Group Secretary : R. H. T. Walters, F.H.A.,

Harperbury Hospital, Harper Lane, Shenley

779 4861

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 :

Brentwood Regional Blood Transfusion Centre,

Crescent Drive, Brentwood, Essex

Brentwood 3545

### EMERGENCY BED SERVICE

Emergency Bed Service, Fielden House, 28 London Bridge Street, S.E.1

01 - 407 7181

## GOVERNMENT AND PUBLIC OFFICES

<b>Department of Education and Science</b> Richmond Terrace, Whitehall, S.W.1	01 - 839 6371
<b>Department of Employment and Productivity</b> 8 St. James's Square, S.W.1	01 - 930 6200
<b>Department of Health and Social Security</b> Alexander Fleming House, Elephant and Castle, S.E.1	01 - 407 5522
London North Regional Office, Olympic Way, Wembley	01 - 902 8822
National Insurance Offices :	
Embassy Buildings, Eaton Road, Enfield	01 - 363 4104
2-16 Burleigh Parade, Burleigh Gardens, N.14	01 - 886 6853
Supplementary Benefits Offices :	
St. Mark's Road, Enfield	01 - 363 1275
15 Western Parade (Raydean House), Barnet, Herts.	01 - 449 5522
<b>General Register Office</b> Somerset House, W.C.2	01 - 836 2407
Superintendent Registrar (Births, Deaths and Marriages)	
Register Office :	
Town Hall, Edmonton, N.9	01 - 807 3000
Sub-Offices :	
Chase — Chase Farm Hospital, The Ridgeway, Enfield	01 - 363 1370
Enfield — Cecil Court, 49 London Road, Enfield	01 - 363 5506
Edmonton and Southgate—	
Town Hall, Edmonton, N.9	01 - 807 3000
Town Hall, Green Lanes, N.13	01 - 886 6555
Pymmes Park — North Middlesex Hospital	01 - 807 3071
<b>H.M. District Inspector of Factories</b> North London District	
52-54 Fore Street, Edmonton, N.18	01 - 807 4988
Mr. R. Mantle, H.M. Factory Inspector	
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 Road, 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
<b>Health Education Council</b> Lynton House, Tavistock Square, W.C.1	01 - 387 0581
Secretary : G. W. H. Woodman	
<b>Home Office</b> Whitehall, S.W.1	01 - 930 8100
<b>Medical Research Council</b> 20 Park Crescent, W.1	01 - 636 5422
<b>Ministry of Agriculture, Fisheries and Food</b> Whitehall Place, S.W.1	01 - 839 7711
<b>Ministry of Housing and Local Government</b> Whitehall, S.W.1	01 - 930 4300
<b>Probation Service</b> The Courthouse, Windmill Hill, Enfield	01 - 363 5500
Senior Probation Officer : Mr. G. W. Hemsley	
<b>Public Health Laboratory Service</b> 24 Park Crescent, W.1	01 - 636 2223
Central Laboratory, Colindale	01 - 205 7041
Branch Laboratory, Town Hall, Edmonton	01 - 807 7625
<b>Rent Officer for the Rent Act</b> The Rent Officer, Registration Area of the London Borough of Enfield, First Floor, 470 Fore Street, Edmonton, N.9	01 - 807 3000
<b>World Health Organisation (United Kingdom Committee)</b> London School of Hygiene and Tropical Medicine, Keppel Street, W.C.1	01 - 636 8636

## 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.)

### Chest and Heart Association\*

Concerned with all aspects of chest, heart and stroke illnesses. Publishes helpful leaflets for patients and their families.

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

(Does not deal with personal enquiries)

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 - 803 9737

### Enfield and District Pre-School Playgroups Association\*

Arranges training courses for staff and assists generally in the formation and running of pre-school playgroups.

Chairman : Mr. J. R. Price

Honorary Secretary : Mrs. D. Hutt, 27 Charcroft Gardens, Enfield 01 - 804 4820

### Enfield Deanery Moral Welfare 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. A. Taylor, 109 The Chine, N.21 01 - 360 7454

### Enfield First Aid League

Arranges the loan of first aid equipment and sick-room requisites to the public free of charge.

Joint Organisers : Mr. and Mrs. E. R. Martin, 15 Drapers Road, Enfield 01 - 363 1554

**Family Planning Association\***

Provides Family Planning Services.

Head Office: 27/35 Mortimer Street, London, W.1

01 - 636 9135

North London Branch (Enfield, Barnet, Haringey):

Organising Secretary:

Mrs. J. Scott, 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. G. A. Phalp, C.B.E., T.D., B.Com., F.H.A.,

14 Palace Court, London, W.2

01 - 727 0581

**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 - 387 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. Information and advisory service available.

1a Golders Green Road, London, N.W.11

01 - 458 4375

**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: Mrs. R. Edwards, 6 Drayton Gardens, London, N.21

01 - 360 6880

**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: 20 Elmer Close, Enfield

01 - 366 2345

(Inspector: J. P. Dennison)

**National Society of Children's Nurseries\***

Seeks to improve and extend day nursery provision.

45 Russell Square, London, W.C.1

01 - 580 6061

**Noise Abatement Society\***

Concerned with the elimination of excessive and unnecessary noise from all sources.

Chairman: Mr. John Connell, 6 Old Bond Street, London, W.1

01 - 493 5877

**Old People's Welfare**

Helps old people in numerous ways. These include entertainment and recreation, summer holidays, meals on wheels, a welfare food service, essential transport for the housebound, a radio repair service, emergency fuel supplies and assistance with gardening.

Edmonton: Secretary, Welfare Office, Town Hall, Fore Street, Edmonton, N.9

01 - 807 3000

Enfield: Secretary, Horseshoe Lane (off Chase Side), Enfield

01 - 366 2770

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 (The Home Safety Division)**

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 2246

**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 Clinic: 85 Church Street, Edmonton, N.9

01 - 807 3807

**St. John Ambulance Association and Brigade**

Provides first aid and nursing assistance where required.

District Headquarters : 29 Weymouth Street, London, W.1

01 - 580 6762

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 Canteens, Trolley Shops, clerical assistance in ante-natal clinics, etc.

Headquarters : 17 Old Park Lane, London, W.1

01 - 499 6040

Enfield Borough Office :

2a Ridge Avenue, Winchmore Hill, N.21

01 - 360 7820

(Organiser : Miss B. M. Seabrook)

\* In receipt of Council Grant.

INDEX

**National Council for the Deaf**  
 Concerned with all aspects of deafness and deafness education.  
 Local Office: Mr. P. Kears, 1 Law Court, London, E.C.4.  
 01-495 3333

**National Society for Acute Children**  
 Concerned with the care of children with acute conditions.  
 Local Office: 11 W. Nile Street, London, W.1.  
 01-495 3333

**National Society for Clean Air**  
 Concerned with the improvement of air quality.  
 Local Office: 11 W. Nile Street, London, W.1.  
 01-495 3333

**National Society for Mentally Handicapped Children**  
 Concerned with the care of mentally handicapped children.  
 Local Office: 11 W. Nile Street, London, W.1.  
 01-495 3333

**National Society of Children's Nurses**  
 Concerned with the care of children.  
 Local Office: 11 W. Nile Street, London, W.1.  
 01-495 3333

**Noise Abatement Society**  
 Concerned with the abatement of noise.  
 Local Office: 11 W. Nile Street, London, W.1.  
 01-495 3333

**Old People's Welfare**  
 Concerned with the welfare of old people.  
 Local Office: 11 W. Nile Street, London, W.1.  
 01-495 3333

**Queen's Institute of Deaf People**  
 Concerned with the education of deaf people.  
 Local Office: 11 W. Nile Street, London, W.1.  
 01-495 3333

**Richard Fellowship**  
 Concerned with the care of Richard Fellowship members.  
 Local Office: 11 W. Nile Street, London, W.1.  
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**Royal Society for the Prevention of Accidents (The Home Safety Division)**  
 Concerned with the prevention of accidents.  
 Local Office: 11 W. Nile Street, London, W.1.  
 01-495 3333

**Royal Society for the Prevention of Cruelty to Animals**  
 Concerned with the prevention of cruelty to animals.  
 Local Office: 11 W. Nile Street, London, W.1.  
 01-495 3333

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