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



**ANNUAL REPORT  
1969**  
of the  
**Medical Officer of Health  
and  
Principal School Medical Officer**  
**William D. Hyde, M.B., Ch.B., D.P.H.**





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LONDON BOROUGH OF ENFIELD



# ANNUAL REPORT

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MEDICAL OFFICER OF HEALTH

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PRINCIPAL SCHOOL MEDICAL OFFICER

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

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

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

I have pleasure in presenting my report on the health of the borough for the year 1969.

This report follows the pattern set during previous years, the main sections dealing with the three major aspects of the work of the department — personal health, environmental health, and school health.

The general trends revealed by the vital statistics for the borough are satisfactory, and compare favourably with the national figures. The Birth Rate, slightly lower than last year, is also lower than the national rate. The Infant Mortality Rate and the Death Rate, continuing low, are also somewhat lower than the national figures.

Five deaths from pulmonary tuberculosis occurred. This low figure focuses attention on the 190 deaths from cancer of the lung and bronchus — an increase of sixteen over last year's figure. No other organ of the body shows so much cancerous involvement, and, of respiratory diseases, only pneumonia shows a greater incidence: and this only by a small margin.

The Illegitimate Live Birth Rate remained stationary and was somewhat lower than the National Rate. Included in the local figures were births to some very young teenage girls.

With regard to infectious disease, notifications of measles were considerably greater in number than during the previous year, but there were significant reductions in the number of cases of whooping cough, food poisoning and dysentery.

Two cases of poliomyelitis — the first for some years — were notified. In each case, however, and also in the one case of paratyphoid fever notified, the infection had been contracted abroad. These cases, and the increasing number of persons requiring surveillance for smallpox, serve to highlight the epidemiological problems inherent in modern holiday customs and expanding business travel.

In the field of the personal health services (including school health), a vast amount of activity took place, and details will be found in the body of the report. One particularly satisfactory development has been the progress, albeit slow, in implementing the policy of attachment of field and nursing staff to general medical practice. This progress has been made despite the many difficulties, caused mainly by the shortage of staff, with which the department has had to contend for so long.



Last year I referred to the plethora of significant reports on local government management, social services re-organisation, health service administration and medical education.

It was expected that government policy would become evident during the year; and soon after the end of the year the Local Authority Social Services Bill and the second Green Paper on the National Health Service were issued.

The coming year may well clarify the lines along which re-organisation of the Health Services and Social Services will proceed; and my fears of continued reliance on a multitude of liaison committees which have prevailed in the past in an attempt to uphold an inadequate re-organisation, may be ill-founded.

In June, we learned with regret of the death of Alderman Mrs. G. M. Jay, O.B.E., J.P., member and former chairman of the Health Committee. Mrs. Jay had given over forty years of service to the community, her particular interests being in the fields of Health and Education, and especially the Maternity and Child Health and Hospital services. The Health Department is grateful for her interest, enthusiasm and guidance in the department's activities over many years.

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



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\* Until her death in June, 1969.



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L. F. Lafitte

J. L. Posner

Mrs. E. C. Cousins  
(from October 1969)

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R. F. Simmons

Mrs. M. M. Hawkins

Mrs. A. R. Lindsay

A. Jay

Mrs. P. Lyon

\* Until her death in June, 1969.



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### Deputy Mayor :

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H. S. Newman

W. A. A. Poole  
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D. A. Cox  
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Revd. Frank S. Burton,  
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R. St. John  
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\* Until her death in June, 1969.

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R. W. Fenn

Mrs. Hanna Lewis  
J. G. Payne

C. B. Warren  
C. E. Wright, J.P.

### Co-opted Member :

Mrs. M. Jepson

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Chairman: Mr. J. E. Jones

Hospital Group Hospital Administrators Committee:  
Chairman: Mr. J. E. Jones

Hospital Administration Committee:  
Chairman: Mr. J. E. Jones

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# THE LONDON BOROUGH OF ENFIELD SUMMARY OF STATISTICS RELATING TO

## STATISTICS AND SOCIAL CONDITIONS



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

Area ... ..	(acres)	20,061
Population (Registrar General's Mid-1969 Estimate) ... ..		265,600
Number of structurally separate dwellings, including flats ... ..		90,457
Number of dwellings constructed during the year ... ..		1,168
Rateable Value ... ..		£18,573,975
Product of a 1d. rate ... ..		£75,500

### LIVE BIRTHS

Number ... ..	3,890
Rate per 1,000 population (crude) ... ..	14.6
Ratio of local adjusted birth rate to national rate ... ..	0.93
Rate per 1,000 population (standardised) ... ..	15.2
<i>England and Wales</i> ... ..	16.3
Illegitimate live births per cent. of total live births ... ..	6.6
<i>England and Wales</i> ... ..	8.0

### STILLBIRTHS

Number ... ..	51
Rate per 1,000 total live births and stillbirths ... ..	13.0
<i>England and Wales</i> ... ..	13.0
Total live and stillbirths ... ..	3,941

### INFANT MORTALITY

Infant deaths (deaths under the age of 1 year) ... ..	65
Total infant deaths per 1,000 total live births ... ..	16.7
<i>England and Wales</i> ... ..	18.0
Legitimate infant deaths per 1,000 legitimate live births ... ..	16.8
<i>England and Wales</i> ... ..	17.0
Illegitimate infant deaths per 1,000 illegitimate live births ... ..	15.0
<i>England and Wales</i> ... ..	25.0
Neo-natal mortality rate (deaths under age of 4 weeks per 1,000 total live births) ... ..	9.5
<i>England and Wales</i> ... ..	12.0
Early neo-natal mortality rate (deaths under the age of 1 week per 1,000 total live births) ... ..	7.0
<i>England and Wales</i> ... ..	10.0
Perinatal mortality rate (stillbirths and deaths under the age of 1 week combined per 1,000 total live and stillbirths) ... ..	20.0
<i>England and Wales</i> ... ..	23.0

### MATERNAL MORTALITY (including abortion)

Number of deaths ... ..	2
Rate per 1,000 total live and stillbirths ... ..	0.5

### DEATHS

Number of deaths from all causes ... ..	3,135
Death rate per 1,000 home population (crude) ... ..	11.8
Ratio of local adjusted death rate to national rate ... ..	0.94
Death rate per 1,000 home population (standardised) ... ..	11.2
<i>England and Wales</i> ... ..	11.9
Deaths from cancer (all forms) ... ..	681
Death rate from cancer (all forms) per 1,000 population ... ..	2.6

## SOCIAL CONDITIONS

The London Borough of Enfield covers an area of 20,061 acres and has an estimated population of 265,600 and a rateable value of £18,526,145.

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.

The proposals included in the Lee Valley Park Plan to improve facilities for leisure pursuits in the borough are already under way, and the development of the Picketts Lock Centre, Edmonton, started in March 1969 with the construction of an 18-hole golf course. The Centre and the all-weather floodlit playing areas are due to be completed in 1972. The Centre includes a large multi-purpose leisure building providing space for a great variety of indoor sports and social amenities. The potential activities are many, varying from roller skating to indoor bowls, from recreational bathing to indoor tennis, from archery to concerts, exhibition, social and spectator gatherings. There will be squash courts, rooms for judo and weight training, a rifle range, sauna bath, children's creche, discotheque and club rooms. The large concourse will be a place at which to meet, eat, drink and see what is happening.

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. An experimental traffic management scheme was introduced in Enfield Town at the end of August, 1969, and has to date effected a considerable improvement in easing the traffic congestion in the Town Centre.

The borough is well provided with educational, cultural and recreational facilities.

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 3,890, giving a crude birth rate of 14.6 and a standardised birth rate of 15.2 compared with the rate for England and Wales of 16.3.

### 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 brought a new classification into use in relation to records and statistics from 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 from 1968 onwards with previous years and although broadly equivalent categories are available, exact comparability cannot be assumed.

The number of deaths during the year was 3,135 (1,559 males and 1,576 females) giving a crude death rate of 11.8 and a standardised death rate of 11.2 (England and Wales 11.9).

The more prevalent causes of death were cardio-vascular system 1,542, malignant neoplasm 681, and diseases of the respiratory system (excluding malignant neoplasm) 484. Of the cardio-vascular causes 810 were due to ischaemic heart disease, 360 to cerebro-vascular disease, 54 to hypertensive disease, 32 to chronic rheumatic heart disease, 133 to other forms of heart disease, and 153 to other diseases of the circulatory system.

Of the malignant neoplasm causes of death, 190 (of which 153 were males) involved the lung and bronchus, 88 the stomach, 79 the breast and 15 the cervix of the uterus.

Of the diseases of the respiratory system, bronchitis and emphysema accounted for 194 deaths, pneumonia 216 deaths and tuberculosis five deaths.

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

Forty-four per cent. of all deaths, i.e. 525 males and 859 females, were of persons aged 75 years or more.

Twenty-nine per cent., i.e. 326 males and 580 females, were of persons aged 80 years or more.

Six males and 32 females were aged 95 years or more including two females of 100 years.

I regret to report that there were two maternal deaths.

### Deaths of Infants

During the year, there were 65 deaths of infants under the age of one year, of which 37 were under the age of four weeks, and 28 under the age of one week.

The Infant Mortality Rate for the borough was 16.7 compared with 18.0 for England and Wales.

Of the twenty-eight infant deaths which occurred under the age of one week, the most common cause of death was prematurity.

Of those children who died during the later months, the most common cause was disease of the respiratory system.

### Fatal Accidents

During the year under review, 26 (11 male, 15 female) Enfield residents died as a result of motor vehicle accidents, and 44 (21 male, 23 female) from other accidents. In addition, there were 36 (18 male, 18 female) deaths from suicide compared with 33 last year. A considerable number of deaths occurred from accidents in the home, mainly amongst elderly people, and the most common causes were asphyxia due to accidental coal gas poisoning, barbiturate poisoning, and injuries due to falls which in several cases led to lung complications.

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

### Road Accidents

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

		1966	1967	1968	1969
Total number of Accidents	...	1,685	1,532	1,560	1,529
Total number of Casualties	...	2,206	1,986	1,968	1,977
Fatal	...	34	28	25	27
Serious	...	365	364	354	275
Slight	...	1,807	1,594	1,589	1,675



“ As can be seen the casualty rate is slightly higher but the accident rate is the lowest for the last four years. The reduction of child casualties is very encouraging; a breakdown of the child casualties shows that —

63 were pedal cyclists  
78 were passengers in motor vehicles  
and 167 were pedestrians.

The most vulnerable types of road users are the young and the aged:

<i>The Pedestrian under 9 years of age:</i>	123 casualties including 1 fatal
<i>The Pedestrian 60 years and over:</i>	113 casualties including 12 fatal
<i>The Motor Cyclist 15-19 years:</i>	104 casualties
<i>The Car Driver 18-24 years:</i>	237 casualties.

It is fair to say that youthful exuberance and lack of experience is responsible for the high accident rate to the young car driver and young motor-cyclist. It is because of these figures that many insurance companies require higher premiums when insuring vehicles owned by persons of this age.

The accident rate to young children of nine years and under is a matter which should concern each and every one of us. Of the 123 casualties, 32 were children of four years of age and under. It is obvious that little improvement can be made in this area unless greater parental control is exercised. Children of this age are not able to make the decisions necessary when crossing a road and should therefore not be allowed out on the highway on their own.

The approximate cost to the nation of the accidents which occurred in our borough during 1969 was £500,000.”

The 26 fatalities due to motor vehicle accidents in Table 4, Causes of Death, relate to residents of the Borough of Enfield, irrespective of where the fatality occurred.

### **Inquests**

One hundred and twenty-seven inquests and 431 post-mortem examinations without inquests were held during the year.

In respect of the inquests, eleven deaths were attributed to natural causes, 72 to accidental causes or misadventure, 36 to suicide, one to murder, two to manslaughter, and in five cases an open verdict was recorded.

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

## PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

Provisions governing the notification by medical practitioners to the Medical Officer of Health of infectious disease and food poisoning are to be found in Part V of the Public Health Act, 1936, Sections 47 to 49 of the Health Services and Public Health Act, 1968, and the Public Health (Infectious Diseases) Regulations, 1968.

The most prevalent disease during the year was again measles, which made up just over 78% of the 1,969 notifications received; 1,536 cases were notified compared with 334 last year.

Fifty-six cases of respiratory tuberculosis and eleven cases of tuberculosis of other organs, including genito-urinary tract, lymph glands and meninges, were notified — figures very similar to those for the previous year. There were eight deaths from the disease.

Of all notified cases of infectious disease 710 (36%) were school children, and head teachers informed us of 490 children reputed to be absent from school due to infectious or suspected infectious disease. A number of the cases reported by head teachers were pupils suffering from diarrhoea and vomiting.

### Dysentery

One hundred and sixteen cases of sonne dysentery were notified, and the attack rate was 0.44 per thousand of the population. There were no deaths.

### Encephalitis (Acute)

One case of acute encephalitis was notified. There were no deaths.

### Food Poisoning

Twelve cases of food poisoning were notified, and the attack rate was 0.05 per thousand of the population. All notifications were single sporadic cases.

The causative organism was salmonella typhi-murium in five cases, other salmonellae in two cases, and in the remaining five cases the cause was unknown.

There were no deaths.

### Infective Jaundice

Sixty-four cases were notified, of which only one was a case of serum hepatitis. Of the remaining 63 cases of infective hepatitis contact with a known case was established in eight instances, while six of the remaining cases were known to have consumed shellfish.

As infective jaundice only became notifiable on the 15th June, 1968, for analytical purposes the total number of notifications since then are shown in the following table. Although the numbers are relatively small they show that the disease is one affecting mainly comparatively young persons and suggest a significant difference in incidence between the sexes in the age groups 20-39 years.



## Infective Hepatitis 1968 and 1969

Age in Years	No. of Cases		Totals
	M	F	
Under 10 ... ..	10	9	19
10 — ... ..	17	14	31
20 — ... ..	17	9	26
30 — ... ..	11	4	15
40 — ... ..	4	3	7
50 — ... ..	3	1	4
60 — ... ..	1	1	2
TOTAL (Age range 2-84 years of age)	63	41	104

There were no deaths.

### Measles

One thousand, five hundred and thirty-six cases of measles were notified and the attack rate was 5.78 per thousand of the population.

There were no deaths.

### Meningitis (Acute)

Nine cases of acute meningitis were notified, and the attack rate was 0.03 per thousand of the population.

There were three deaths.

### Paratyphoid Fever

One case of paratyphoid fever was notified — in a woman who had returned from holiday in Tangier.

### Poliomyelitis (Acute)

Two cases of poliomyelitis were notified, both having been infected abroad.

There were no deaths.

### Scarlet Fever

One hundred and six cases of scarlet fever were notified, and the attack rate was 0.40 of the population.

There were no deaths.



## **Tetanus**

One case of tetanus was notified.

## **Respiratory Tuberculosis**

Fifty-six cases of respiratory tuberculosis were notified, and the attack rate was 0·21 per thousand of the population.

There were five deaths.

## **Other Forms of Tuberculosis**

Eleven cases of other forms of tuberculosis were notified and the attack rate was 0·04 per thousand of the population. There were three deaths.

## **Whooping Cough**

Fifty-four cases of whooping cough were notified, and the attack rate was 0·20 per thousand of the population. There were no deaths.

## **Public Health (Ships) Regulations, 1966/68**

## **Public Health (Aircraft) Regulations, 1966**

During the year twenty-eight 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 75 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 1,019 articles of bed-clothing, 629 articles of clothing (including used clothing for despatch abroad to those countries which require a certificate that this treatment has been carried out), 428 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 continued to be submitted to the Public Health Laboratory Service at the branch laboratory which was situated at the Town Hall, Edmonton, but which, from the 22nd December, was transferred to Whipps Cross Hospital, Leytonstone, London, E.11.

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 laboratory.

A total of 6,057 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 service and assistance of the director of the branch laboratory, Dr. Mair Thomas, and her successor, Dr. Thom, and staff, in the control of outbreaks of diseases.

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







## SUMMARY OF STATISTICS RELATING TO THE PERSONAL HEALTH SERVICES

### Clinics

Number of attendances at:

Ante-natal clinics ... ..	3,940
Post-natal clinics ... ..	386
Relaxation and Mothercraft classes ... ..	3,805
Child Welfare clinics ... ..	83,413

### Dental Care

Number of Expectant and Nursing Mothers examined ... ..	39
Number of Children under five years of age examined ... ..	623

### Midwifery

Number of Midwives who notified their intention to practise in the borough ... ..	151
Number of Premature Babies born at home ... ..	41

### Health Visiting

Number of home visits ... ..	48,810
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### Home Nursing

Number of home visits ... ..	121,842
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### Vaccination and Immunisation (persons under 16 years of age)

Diphtheria, Whooping Cough, Tetanus, Poliomyelitis:

Number of persons who completed primary courses of immunisation against one or more of these diseases ... ..	5,681
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Reinforcing doses ... ..	11,679
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Measles: number of persons immunised ... ..	2,476
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Smallpox: number of persons vaccinated ... ..	2,554
re-vaccinated ... ..	377

### Prophylaxis, Care and After-Care

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

Respiratory ... ..	1,685
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Non-respiratory ... ..	201
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Attended at Mass Radiography ... ..	3,172
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Cases of Pulmonary Tuberculosis found at Mass Radiography ... ..	6
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Number of attendances at Chiropody clinics ... ..	7,755
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### Mental Health

Number of patients under Local Authority Care ... ..	565
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Number of patients referred to the Local Authority ... ..	836
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Number of visits and interviews by Mental Welfare Officers ... ..	7,314
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### Home Help

Number of cases in which Domestic Help was provided ... ..	2,523
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Number of Registered Blind and Partially Sighted Persons ... ..	743
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## **HEALTH CENTRES**

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

The construction of the Hertford Road Health Centre — the first in the Borough — commenced in 1969, and its completion is anticipated in 1970. This establishment will provide accommodation for seven general practitioners and facilities for certain welfare functions, as well as providing the full range of local health authority clinic services.

Details of future establishments are given in the Development Plan Statistical Table 27.

## **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 553 women attended the ante-natal clinics and 284 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.

Mothercraft and relaxation classes for expectant mothers, held in clinics throughout the borough, continued to be popular, and were attended by 746 women. Many general practitioners who undertake the ante-natal care of their patients refer them to these classes.

### **Child Health Sessions**

The 2,099 sessions held during the year were attended by 13,405 children. The total number of attendances was 83,413 compared with 91,335 last year.

During the year the scheme was continued whereby at various ages between three months and four and a half 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.



## Assessment Centres

The Report on Child Health Centres accompanying Ministry of Health Circular 34/68 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 December, 1968, the Council decided to review the position relating to assessment centres for handicapped children, and during 1969 further discussions were held with the Consultant Paediatrician at the North Middlesex Hospital regarding setting up an assessment centre, but no tangible result has yet emerged.

## Specialist Clinic Referrals

Children suffering from defects were referred to clinics as follows:

Ophthalmic	...	...	...	...	...	243 new cases 773 attendances 71 prescribed spectacles
Ear, Nose and Throat	...	...	...	...	...	40 new cases 125 attendances
Orthoptic	...	...	...	...	...	59 new cases 563 attendances
Orthopaedic	...	...	...	...	...	42 new cases 99 attendances
Speech	...	...	...	...	...	54 new cases 651 attendances
Audiometric testing	...	...	...	...	...	78 special tests 29 found to have a hearing loss (two 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 being built in Hertford Road, and expected to be completed in 1970, will replace one of the clinics in adapted premises.



Proposals for the 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 premises, are contained in the Ten-Year Plan. There is also provision in the later years of the plan for new health premises in the Winchmore Hill area and for the replacement, also by purpose-built health premises, of two more clinics now held in adapted premises.

### **Welfare Foods and Vitamin Supplements**

The distribution of dried milk, cod liver oil, orange juice and vitamin tablets on behalf of the Department of Health and Social Security, as part of the Welfare Foods Service, continued at the Council's Clinics and at a W.R.V.S. Centre. The following issues (total value nearly £6,700) were made:

National Dried Milk ... ..	6,701 tins
Cod Liver Oil ... ..	2,754 bottles
Vitamin Tablets ... ..	3,502 packets
Orange Juice ... ..	78,643 bottles

In addition, various brands of proprietary dried milk, cereals, and vitamin preparations, recommended by medical officers and health visitors in particular cases, were available at clinics, and the total sales amounted to £17,140.

### **Dental Care**

During the year under review, 91 attendances for treatment were made by mothers, and 518 by children under five years of age.

Of the 623 children under five years of age who attended the clinics, 302 were found to require treatment. It is desirable that pre-school children should receive early attention and instruction in oral hygiene so that they may enter school life with their teeth in a sound state and have elementary knowledge for keeping them in a good condition.

All clinics encourage the parents to accept dental advice or treatment for their children. Staff and premises of all dental clinics in the borough provide a full comprehensive service for those who wish to utilize it.

With greater concentration on dental health education, it is hoped that the amount of treatment required for this group will be decreased.

### **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 other find herself without support.



The services of a fully qualified social worker are shared with a neighbouring borough.

As there are no local authority mother and baby homes 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 78 cases referred during 1969 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., 25 were admitted to mother and baby homes and arrangements were made for some of the remainder to be admitted at an appropriate time. In addition, eight of the cases referred during the previous year were admitted in 1969.

From her first contact with the medical social worker the patient is supported and cared for through a 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 33 babies born to the girls admitted to mother and baby homes during 1969, sixteen were kept by their mothers, eleven were adopted or awaiting adoption, three were taken into care of the local authority, one child died, and the final placement of the other two 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.

Information concerning a child who may be “ at risk ” is received from the doctor, health visitor or midwife concerned and in consequence 832 children were placed on the register during 1969. Five hundred and forty-six children were removed from the register in 1969, leaving a total of 1,489 at the end of the year.

Of the 693 children on the register who had hearing tests, eight appeared to have some loss. Three of these children are still under the observation of the medical officer at the Child Health Centre, and two were already under the care of a hospital consultant. 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, one who was being kept under observation died before the end of the year, and



the other was found to be partially hearing and was recommended to be fitted with a hearing aid.

In addition, two children on the register under the care of a consultant at a local hospital were referred to the Audiology Unit because of suspicion of a hearing loss. They are still under observation.

Forty-eight children were reported to be suffering from abnormalities of significance and at the end of the year there were 45 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 60 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 Council's medical officers continued to take part in the survey during 1969. 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 possible relationship between diagnostic X-ray procedures on the foetus and the development of leukaemia in early childhood. This survey is now closed, and publication of the results is awaited.

### **Phenylketonuria**

Following the receipt of circular 15/69 issued by the Department of Health and Social Security in September, which was based on advice from the Medical Research Council, the phenistix method of testing for phenylketonuria was replaced by the more reliable Guthrie blood test method. Arrangements were made for the Neonatal Screening Laboratory at the Hospital for Sick Children, Great Ormond Street, W.C.1, to undertake the tests for children born in the areas of the North East and North West Metropolitan Regional Hospital Boards, and blood for testing was accepted by the Laboratory from 1st October, 1969.



As this test is carried out between the sixth and fourteenth day after birth, hospital authorities were made responsible for collecting the blood from infants born in hospital and not discharged on or before the sixth day. Domiciliary midwives take specimens from infants born in hospital and discharged on or before the sixth day, and also from those born at home or elsewhere than in a National Health Service Hospital.

Health visitors continued to undertake phenistix tests in the limited number of cases where for any reason it was not possible to do a Guthrie blood test.

During the year 3,092 phenistix tests and 260 Guthrie tests were carried out but none of these tests proved positive.

### **“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.

### **Non-Fatal Accidents to Young Children in their Homes**

Towards the end of 1968 the Department of Health and Social Security drew attention, in circular LHAL 28/68, to the report by a joint sub-committee of the Central and Scottish Health Services Councils entitled “Hospital Treatment of Acute Poisoning”. Although the report was concerned primarily with the treatment of persons suffering from drug poisoning, it contained a number of references to the importance of prevention, especially of the accidental self-poisoning of children.

The main points emerging from this report were circulated early in 1969 to all staff in a position to further public awareness of the dangers arising from inadequate storage of drugs, medicines and domestic fluids such as disinfectants and cleaning materials. Arrangements were also made for cases of accidental poisoning in children, treated at the Enfield Group of Hospitals, to be notified to the Health Office so that a health visitor might visit the home to discuss with the parents precautions to prevent a recurrence. Twenty-eight children were notified as admitted to hospital with suspected poisoning between 21st July (the date notifications were commenced) and 31st December, 1969. All the children were under five years of age. Ten of these had swallowed aspirin tablets, six had swallowed tablets other than aspirins, six had drunk household cleaning fluids, five had swallowed miscellaneous substances and one was reputed to have drunk two cans of beer! Fortunately, none of these children suffered any serious after-effects.

The Council also has an arrangement with the Ambulance Service, whereby the Health Office is notified whenever an ambulance is called to take to hospital a child suffering from a burn or scald.

During 1969, two children were admitted to hospital with burns, and two with scalds. The children were all under three years of age, and each recovered without ill-effects.



## **Family Planning**

Under the Council's scheme, free advice and treatment continued to be available through the Family Planning Association, to women in whom pregnancy would be detrimental to health. Sixty-six women were provided with this service.

Clinic premises are made available, without charge, to the Family Planning Association, one of the clinics being used for 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 of the Council's 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. Forty-eight women were referred under this scheme during 1969. The Council pays an annual fee for each case treated.

In December a circular letter was received from the Department of Health and Social Security about the development of family planning services in hospitals and it is hoped to have consultations with local hospitals and the Family Planning Association about this in 1970.

## **Day Care for Priority Groups**

The Council provides day care for children under five years in the priority groups (a) at its own day nursery, (b) in the day nurseries of other local authorities in appropriate cases, and (c) with suitable registered private day nurseries, playgroups, and child minders.

At the end of the year there were 59 children on the roll of the Council's 55-place day nursery and ten placed in day nurseries of other local authorities. There were 27 children in the priority groups on the waiting list for day nursery places. The children of unsupported mothers continued to occupy by far the largest number of places. Five mothers who applied for places had made other arrangements by the time vacancies could be offered.

The Council's day nursery, which is approved for the training of student nursery nurses, is housed in adapted premises where the standard of accommodation conforms, as far as the structural limitations of the building and site area allow, to that recommended by the Department of Health and Social Security. During the next few years it is hoped to provide two new 55-place day nurseries and to replace the present day nursery by a third purpose-built building. It is intended that each nursery should incorporate a 10-place unit for mentally sub-normal children.



During the year the Council extended the scheme which it had introduced in 1968 for the placement at its expense of handicapped children with private day nurseries and playgroups where it was considered that this would be of benefit to them.

The extended scheme enables a child in any of the priority groups to be placed in this way and it also authorises placement with suitable child minders where this is appropriate. At the end of the year, 26 children were placed under the revised scheme which provides that no charge be made to the parents for sessional care; but, for all-day care, a charge is made using the assessment scale for admission to a local authority day nursery, unless the child qualifies for free placement because of handicap.

With regard to handicapped children, ten such children were placed in playgroups under this scheme during 1969. Three were suffering from behaviour disorders, four were retarded in their general development, two had retarded speech, and one had congenital dislocation of the hip.

Four handicapped children who first attended playgroups in 1968 left during 1969, three to attend school; the other moved out of the borough. One child with spina bifida who was placed with a playgroup in 1968 was still in attendance at the end of 1969.

Most of the children have made good progress in the playgroups: mentally retarded children in particular seem to do well in the playgroup environment. The children were distributed among ten playgroups, eight of which are members of the Enfield Branch of the Pre-School Playgroups Association.

### **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, as amended by the Health Services and Public Health Act, 1968, a local health authority shall make arrangements for the keeping of registers and the supervision of nurseries and child minders.

During 1969 the number of registered premises (private day nurseries and playgroups) increased from 48, with places for 1,440 children, to 60, with places for 1,675 children; and the number of registered child minders increased from 27, approved to take 200 children, to 176, approved to take 387 children. The large increase in the number of child minders arose from the new requirement that persons minding only one or two children must also register. This requirement also meant the discontinuation of the daily guardian scheme which had enabled persons caring for less than three children to register voluntarily with the Council.



Applications for registration as child minders were received also from 85 persons who, for various reasons, decided to withdraw their applications after discussion with the officers concerned.

The Council is very much aware of the increasing demand for the day care of pre-school children and during the year a further four playgroups were permitted to use clinic premises free of charge, making a total of seven playgroups using clinic premises at the end of the year. In addition, the newly created part-time post of pre-school playgroup organiser was filled early in 1969 and a grant was made to the local pre-school playgroup association with whom negotiations continued on ways of improving and augmenting this service. The course for playgroup leaders, lasting one academic year during which attendance is made on one day a week, continued to be very popular; and a third course, arranged by the Education Committee, started in September. Arrangements were also made to start a similar course at a second centre in April, 1970.

### **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 Council's 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 the Council's medical officers.

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

The co-ordinating committee, consisting of nominated officers for each of the departments concerned — Town Clerk's, Health, Children's, Welfare, Housing and Education — continued to meet throughout the year.

A meeting of field staff from each department, to which representatives of a number of voluntary organisations were invited, was held at Bowes Road (Combined) Clinic, and a panel of officers was present to answer questions. A further meeting was held at Chase Girls' School and Miss J. Barrow, a member of the Community Relations Commission, spoke on the problems of immigrants. Her talk was followed by a lively discussion.

### **Problem Families**

By the end of the year, there were 25 families on the "problem families" register. Continuing supportive help was given to them. Two families were re-housed during the year, and one boy with severe behaviour problems was placed in a suitable school.



## **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, ended in 1968. The results of the research were evaluated by Dr. K. Dalton, with assistance from certain other general practitioners and the Council's medical officers who had taken part in the survey. A significant finding was that women who suffered from puerperal breakdown had tended to be anxious when they first saw the doctor early in pregnancy, but that later on they tended to be rather elated and free from minor complaints so common in pregnancy.

## **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 1969 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.

One thousand two hundred and sixty-seven cervical smears were taken during ante-natal sessions and at the 63 special clinic sessions. There was one doubtful case which required further investigation and this was later diagnosed as cancer of the cervix; treatment was given and a subsequent cervical smear indicated no active malignant cells. There were 424 other findings of a non-cancerous nature.

Since the service began a total of 9,159 smears have been taken and twenty-one positive cases found, i.e. 2.3 per 1,000 examinations.

**(See Statistical Tables 9, 10 and 11)**

## **MIDWIFERY**

Under Section 10 of the Health Services and Public Health Act, 1968, it is the duty of every local health authority to provide a domiciliary midwifery service. The Section enables 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 in 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 made available in another authority's area on agreed terms and conditions and for a similar arrangement to be made between a local health authority and a hospital authority.



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

The number of births, as well as the percentage of domiciliary births, has steadily decreased since 1965, whilst the percentage of hospital confinements and planned early discharge cases has increased.

Domiciliary midwives attended 858 confinements.

They also undertook the care of 605 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.

### **Care of Premature Infants**

The number of babies notified during the year who weighed 5½ lb. or less at birth (the accepted criterion for prematurity) was 260. Forty-one were born at home and midwives cared for 38 of them at home. One child, with mongolism and congenital defects, died, aged three weeks.

### **Liaison with General Practitioners**

A close liaison between midwives and family doctors continued to be maintained and at the end of the year five midwives were attached to group practices.

### **Portable Incubators**

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



Heat insulating swaddlers were introduced as a standard item of equipment for use by midwives when premature and small babies have to be transported 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. They answered twelve emergency calls.

### **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**

Twenty-five domiciliary midwives employed by the borough council and 126 institutional midwives employed at hospitals notified their intention to practise as midwives within the borough during 1969.

### **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 Pupil Midwives**

During 1969 arrangements were made with North Middlesex Hospital to undertake the Part II training of pupil midwives after they had completed their Part I training at that Hospital, and two pupils at a time were taken under this scheme as from 1st September, 1969.

### **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 1969.

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 12 and 13)**

## **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.



Section 11 of the Health Services and Public Health Act, 1968 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 made available in another authority's area 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 48,810, a marked increase on last year due to increased numbers of staff resulting from the policy of sponsoring and training students. These visits included 42,915 to mothers and children under five years of age; 3,080 to the elderly; 262 to mentally disordered persons; 249 to discharged hospital patients (other than psychiatric cases); and 44 to households on account of infectious disease.

Other duties included attendance at ante-natal, post-natal and child health clinics, 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 also continued to attend the Maternity Units at North Middlesex Hospital, Highlands Hospital and Chase Farm Hospital.

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. At the end of the year three health visitors were attached to three group practices.

A group adviser health visitor continued to work 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**

Eighty-six courses on relaxation and mothercraft for expectant mothers were held at clinics. Most courses consisted of six sessions and during the year 3,805 attendances were made by 746 women.



### **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.

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 also given to the nurses by the Medical Officer of Health, the superintendent and deputy superintendent health visitors.

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 9 and 14)

## **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.

Section 11 of the Health Services and Public Health Act, 1968, 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 made available in another authority's area on agreed terms and conditions.

The number of patients increased from 3,011 to 3,733 and of these 2,274 were 65 years of age or over and 120 under five years of age. The total number of visits made also increased considerably from 112,026 to 121,842.

### **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, dressing forceps and enemata.



## **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 ten patients were provided with this service. At the end of the year one Marie Curie nurse was employed by the Council under this scheme.

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 1969 the number of home nurses attached to group practices was increased from five to seventeen, 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**

Experience has shown that a large number of visits solely for the bathing of patients can be undertaken by less skilled staff working under the supervision of home nurses, and one full-time and two part-time nursing auxiliaries were appointed to undertake this work. This arrangement continued to work very well, but the number of auxiliaries employed is inadequate and does not yet permit full advantage to be gained from the scheme.

## **District Training**

A change has been made in the arrangements for the district training of our home nurses and, since January, 1969, courses at North Western Polytechnic have been used instead of those at Chiswick Polytechnic. Two of our nurses usually attend at a time and they receive the practical part of their training on the district in Enfield under the general supervision of the Superintendent of the Home Nursing Service and under the day-to-day direction of two of our home nurses who have been trained as practical work instructors. This new scheme has produced a reduction in the time spent in travelling to and from the training centre.



## 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 15)

## VACCINATION AND IMMUNISATION

Vaccination and immunisation is provided jointly by the general medical practitioner and local health authority services 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 subsequently approved similar arrangements for immunisation against whooping cough, poliomyelitis, tetanus and measles. Approval has also been given for the vaccination against anthrax of workers in specified industries but there are no such workers known to be at risk in the borough.

Ministry of Health Circular 9/68 gave details of a new immunisation schedule and this was adopted in January, 1969:

AGE	VACCINE
6 months	Diphtheria/Tetanus/Pertussis Oral Poliomyelitis
8 months	Diphtheria/Tetanus/Pertussis Oral Poliomyelitis
14 months	Diphtheria/Tetanus/Pertussis Oral Poliomyelitis
15 months	Measles
18 months	Smallpox
4 years	Diphtheria/Tetanus Oral Poliomyelitis
4½ years	Smallpox (Re-vaccination only)
13 years	B.C.G.
15 years	Tetanus Toxoid Oral Poliomyelitis
15 years 1 month	Smallpox (Re-vaccination only)

The new schedule delays the start of the first Triple injection until the child has reached the age of six months and also recommends poliomyelitis vaccine to be administered concurrently. This means that the primary courses of Triple and poliomyelitis immunisation are not completed until the child is at least fourteen months of age. This explains the reduction from the 1968 numbers in the completion of primary Triple and poliomyelitis courses.

In the case of persons under sixteen years of age 8,157 primary courses of immunisation against diphtheria, whooping cough, tetanus, poliomyelitis and measles were given, of which 2,648 were undertaken by general medical practitioners and 5,509 by the Council's medical officers. Of the total number of 11,679 reinforcing doses, 4,101 were given by general medical practitioners and 7,578 by the Council's medical officers. With regard to smallpox, general medical practitioners undertook 1,026 primary vaccinations and 368 re-vaccinations of persons under the age of sixteen years, compared with 1,528 primary vaccinations and nine re-vaccinations by the Council's medical officers.

Also, in January, in accordance with the advice of the Department of Health and Social Security that vaccination should be carried out "by or with the knowledge of the family doctor", a scheme was introduced whereby, before vaccination against smallpox is undertaken by a medical officer of the Council, the general practitioner concerned is in each case asked to sign a form to the effect that to his knowledge there is no contra-indication to vaccination.

It is recommended by the Department of Health and Social Security that local authorities should inform general medical practitioners of patients on their lists who had been immunised or vaccinated in local authority clinics and accordingly 10,663 notifications of immunisation were sent to general practitioners.

### **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.

### **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 2,554, and 377 were re-vaccinated.



Of the children born in 1967 (4,137) 2,289 had received primary vaccination by the end of 1969, representing an acceptance rate of 55.3% (England and Wales (1968) 38%).

### **Immunisation against Diphtheria**

The recorded number of persons under sixteen years of age who received a primary course of immunisation was 2,276, and 6,457 received a reinforcing dose.

Of the children born in 1967, 3,822 had received primary immunisation by the end of 1969, representing an acceptance rate of 92.4% (England and Wales (1968) 79%).

### **Immunisation against Whooping Cough**

The recorded number of persons under sixteen years of age who received a primary course of immunisation was 1,959, and 2,816 received a reinforcing dose.

Of the children born in 1967, 3,633 had received primary immunisation by the end of 1969, representing an acceptance rate of 87.8% (England and Wales (1968) 77%).

### **Immunisation against Tetanus**

The recorded number of persons under sixteen years of age who received a primary course of immunisation was 2,672, and 6,515 received a reinforcing dose.

Of the children born in 1967, 3,822 had received primary immunisation by the end of 1969, representing an acceptance rate of 92.4%.

### **Immunisation against Poliomyelitis**

The recorded number of persons under sixteen years of age who received a primary course of immunisation was 3,007, and 4,919 received a reinforcing dose.

Of the children born in 1967, 3,619 had received primary immunisation by the end of 1969, representing an acceptance rate of 87.5% (England and Wales (1968) 77%).

### **Immunisation against Measles**

The recorded number of persons under sixteen years of age who received primary immunisation was 2,476.

Of the children born in 1967, 1,300 had received primary immunisation by the end of 1969, representing an acceptance rate of 31.4%.

### **Distribution of Vaccines**

The Health Department is responsible for 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 44 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 31 staff had completed a course of immunisation.

A widespread outbreak of influenza began to develop towards the end of the year and certain categories of staff were offered vaccination. One hundred and fifty-four persons accepted the offer and their subsequent health records appeared to indicate that a significant degree of protection was given by vaccination.

### **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 16, 17 and 18)**



## 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:

Chase Farm (Main Station 101), The Ridgeway, Enfield.

Edmonton (Main Station 102), Windmill Road, Edmonton.

Ponders End (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 teleprinter lines to ambulance stations.

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

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

Dial " 999 " and ask for " Ambulance ".

*For urgent illness in the home :*

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

*For other illnesses, infectious diseases, etc. :*

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

*Maternity patients* not booked at a hospital should call a doctor or midwife. For booked patients, dial " 999 ", ask for ambulance and, when connected, give name and address and state the hospital at which the patient is booked.

*Enquiries on general matters :*

Telephone 01-633 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.



## PROPHYLAXIS, CARE AND AFTER-CARE

Under Section 12 of the Health Services and Public Health Act, 1968, 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. Mental Health Services provided under the Mental Health Act, 1959, as amended by this section, are dealt with in a later section of this report.

### TUBERCULOSIS

Arrangements for the provision of this service are shared between the Council and the North-East Metropolitan Regional Hospital Board and are based on the Edmonton Chest Clinic, situated at the North Middlesex Hospital. Dr. Vernon Davies, Dr. R. H. Elphinstone and Dr. E. N. O'Brien continued to be responsible for the consultant work. I am indebted to Dr. Elphinstone who, in Dr. Vernon Davies' absence due to illness, supplied the detailed information given in this part of the report.

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 the 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 eight, of which five were due to pulmonary tuberculosis.

During the year 4,184 persons attended the Chest Clinic for the first time and were investigated for various chest conditions.

Of these new patients, 184 were cases of suspected respiratory tuberculosis and 205 were their personal contacts. Fifty-six of the suspected cases were confirmed and notified while the remainder are still under observation. Ten cases of respiratory tuberculosis (of whom eight were children) were found among the contacts.

Forty-five cases of respiratory tuberculosis required treatment in hospital. Eleven cases of non-respiratory tuberculosis were notified.

At the end of the year there were 1,886 patients on the tuberculosis register.

The numbers of attendances at the chest clinic last year were the lowest for many years and may reflect the beneficial effects on chest patients of the exceptionally fine weather during the summer months.

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



## **Home Visiting**

The two tuberculosis health visitors continue to work from the Edmonton Chest Clinic, visiting tuberculous and non-tuberculous patients at home; a total of 1,575 visits were paid to 289 tuberculous households; patients suffering from other conditions such as bronchial carcinoma were also visited.

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. The help and advice given by tuberculosis health visitors in home nursing save many days of hospital treatment for patients.

## **Welfare**

The medico-social work of the chest clinic is fully integrated with the service provided by hospital medical social workers. 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 75 tuberculous patients in the chest clinic during the year; of these, sixteen were new cases. She also visited the chest wards in the North Middlesex Hospital and Highlands Hospital, a most useful arrangement in planning the rehabilitation of patients on discharge. Special consideration is given by the Council, as housing authority, to tuberculous patients with a housing need.

## **Medical Arrangements for Long-Stay Immigrants**

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

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



of the hand-out in case they come into contact with immigrants who have not received one or apparently lost it.

- (c) Arrangements are made in respect of those dependants who obtain entry certificates in their country of origin for their names and destination addresses to be entered on a tear-off slip in their passports. This slip will be detached by the immigration authorities and passed to the medical inspectors so that the port medical officer can send the address on to the appropriate Medical Officer of Health in the same way as in the case of holders of Ministry of Labour vouchers.

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

The Middlesex Local Medical Committee agreed in 1966 that health visitors may refer immigrants for chest X-ray direct to the chest clinics at the time of their visit on the grounds of expediency and expedition, and this is becoming established practice.

During the year, the names of 294 long-stay immigrants, resident in the London Borough of Enfield, were notified. Successful visits were made to 166 of these but some of the immigrants listed were unknown at the addresses given and others, despite repeated visits, have not yet been contacted.

Under the Commonwealth Immigrants Act, 1968, Medical Inspectors at ports of entry may now examine Commonwealth immigrant dependants and if they think warranted in the interest 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 medical examination and, if necessary, medical treatment. During the year, two persons came into Enfield subject to this procedure and both reported to the Health Department in compliance with the law. In each case, arrangements were immediately made for them to be X-rayed at Edmonton Chest Clinic, with satisfactory results.

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 Services. 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.

In September, the Department of Health and Social Security issued a list of leaflets produced by the department and by local authorities on various health matters in languages appropriate to non-English speaking immigrants.



## **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 unfit to take their place in open industry without the likelihood of relapse.

This scheme was approved by the Ministry of Labour, under the Disabled Persons (Employment) Act, 1958, for training of 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 completing their training, they are appointed to the establishment. Nine places out of a total of 38 were occupied by Enfield residents at the end of 1969, including one who suffers from bronchiectasis and bronchitis. Two Enfield patients died during the year, one left the workshop on retirement, one terminated employment due to ill-health, and one resigned.

The Council continued to sponsor the maintenance of one man at the Papworth Village Settlement, near Cambridge, at the end of 1969, the other Enfield patient there having died 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 until 11th December, when, due to staff shortages, the hostel was closed. Suitable alternative arrangements were made for the two Enfield residents previously sponsored at the hostel.

## **Non-Tuberculous Chest Disease**

The Edmonton Chest Clinic continued its work in the larger field of non-tuberculous chest disease. To mention three of the most common conditions, new cases of bronchitis numbered 329, of asthma 170, and of bronchial carcinoma 84.

## **Mass Radiography**

Mass Radiography Unit 6A of the North East Metropolitan Regional Hospital Board visited the borough when sessions were held on the premises of six large industrial concerns, two colleges and one municipal establishment.

A total of 3,172 persons were X-rayed, of whom 32 required further investigation. My report for the year 1968 mentioned that results were still awaited of investigation of a number of persons referred from 10,832 X-rayed in the Enfield area towards the end of that year. I am indebted to the Organising Secretary of Mass

Radiography Unit 6A for the information made available in regard to the outcome of the further investigations from the 1968 and 1969 surveys, as follows:

	1968 Survey			1969 Survey		
	Male	Female	Total	Male	Female	Total
Pulmonary Tuberculosis						
Requiring immediate treatment	5	—	5	1	1	2
Requiring close clinic supervision	1	1	2	—	—	—
Requiring occasional clinic supervision	13(1*)	5	18(1*)	4	—	4
Presumed healed, no further action required	4	7	11	3	3*	6
* Previously known						
Other abnormalities discovered included:						
Primary carcinoma of lung	4	—	4	1	—	1
Secondary carcinoma	2	—	2	—	—	—
Sarcoidosis	1	—	1	1	—	1
Congenital abnormalities of heart and vascular system	1	1	2	—	—	—
Acquired abnormalities of heart and vascular system	7	4	11	1	1	2
Bacterial and virus infection of lung	2	3	5	—	1	1
Bronchiectasis	1	1	2	—	—	—
Pneumoconiosis	1	—	1	—	—	—
Pulmonary Fibrosis (non-tuberculous or industrial)	—	—	—	2	—	2
Spontaneous pneumothorax	1	—	1	—	—	—
Non-Malignant tumour	—	1	1	—	—	—
Pleural effusion (non-tuberculous)	2	—	2	—	—	—
Abnormalities of the Diaphragm and Oesophagus	3	2	5	—	1	1
Miscellaneous abnormalities	21	8	29	4	1	5
Not yet classified	—	—	—	1	—	1
<b>TOTAL</b>	<b>46</b>	<b>20</b>	<b>66</b>	<b>10</b>	<b>4</b>	<b>14</b>
Did not attend for further investigation or repeat miniature film	3	5	8	4	12	16



## **Vaccination against Tuberculosis**

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

During the year, 2,489 persons were vaccinated. Vaccination of contacts is carried out by the staff of the chest clinic, 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 3,199 items of nursing equipment were lent to patients under this scheme, including 286 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 and a ripple bed provided in 1967 continued to be used.

### **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 fifty-five patients were supplied with 55,416 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 are available free of charge for persons who are incontinent by day but are not confined to bed and who need this service. Sixteen 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, six 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, 1,937 patients made 7,755 attendances for treatment at 1,554 clinic sessions, whilst a further 755 patients received 2,703 domiciliary visits for treatment.

In addition 1,102 patients received 6,668 treatments at centres, chiropodists' surgeries, or in their own homes, through the service provided by the voluntary organisations.

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

The Council agreed to an extension of the service provided by the Southgate Old People's Welfare Committee who increased their clinic sessions from three to four per week and their domiciliary sessions from one to one-and-a-half per week.

Unfortunately, it has not proved possible to recruit sufficient chiropodists to meet the increasing demand. The approved staff establishment for the Council's service was increased from six-and-a-half to seven equivalent whole-time chiropodists but for the greater part of the year the department was under strength by the equivalent of two chiropodists. It would appear that the staff shortage is but a reflection of a national problem; demand for chiropody privately and through municipal services has outstripped the supply of trained chiropodists. Treatment at one clinic was suspended for six months during the year and there was continuing concern 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 biggest change in chiropody in recent years has been the emphasis on appliance work. A correctly made appliance not only improves the foot condition but helps to keep the patient comfortable over a longer period, thereby reducing the number of treatments required. Our staff carry out this work whenever time is available.

"During the year I attended an appliance course at the London Foot Hospital. I also attended a Chief Chiropody Officers' Conference held in Exeter where the theme was mainly on appliance work."



## **Venereal Disease**

There is no special clinic in the borough. It would, however, appear that most patients attend the Prince of Wales' Hospital in Tottenham. In their efforts to preserve anonymity 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 979 new patients attended hospital clinics during the year, an increase over the figure of 701 last year.

The borough shares with a neighbouring borough the services of a medical social worker based at 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.

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

Four sessions are held each month; of these, three take place in council clinics and the other at the premises of the Old People's Welfare Committee, Southgate. Referrals are received from general practitioners, health visitors, and from other sources.

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

The clinics are staffed by one of the Council's 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 38 persons made a total of 179 attendances. At the end of the year the future role and objective of these clinics was under review.

## **Smokers' Clinics**

Five courses of five weekly evening sessions were held. Ninety-four persons paid 263 visits, an average of three visits per person.

Nineteen persons achieved full attendance and ten attended four sessions. The average attendance per session was eleven.

Twenty-one persons claimed to have stopped smoking and ten 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 officer, the health education technician 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 1968, one year prior to the questionnaire, to discover their subsequent smoking habits.

The questionnaire was sent to 76 men and 41 women, of whom 31 men and 16 women replied. Of those who replied, eleven men and four women were non-smokers one year subsequent to full or partial attendance at the course; three men and two women had substantially reduced the amount smoked; and two men had changed from cigarette to pipe smoking.

Of the thirty-three persons who achieved full attendance in 1968, nine were known to be non-smokers after a year.

### **Recuperative Care**

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

Under this scheme holidays were arranged for 79 adults.

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

There is increasing use of artificial kidney machines in patients' homes in the treatment of chronic renal failure.

Hospital authorities provide and maintain the intermittent haemodialysis equipment and provide the relevant medical services. They 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 and, in 1968, the Minister of Health approved the making of arrangements by all local authorities for these purposes and also the making of reasonable charges.

The 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 electric wiring and plumbing. In some cases it may be necessary to build an extension to the house.



During the year, applications were made by hospitals in three cases for adaptations to be made to patients' homes for this purpose. In each case, the necessary work was promptly put in hand and the patient was enabled to return home and resume work.

### **Hypothermia**

The measures taken in 1968 to combat hypothermia in babies and old people were maintained during the year and, early in December, a reminder on this subject was circulated to general practitioners, the Council's field staff and associated agencies as a measure of prevention.

There is full co-ordination of voluntary and statutory agencies to give practical help in 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.

Home Nurses and staff visiting the elderly carry a low-reading thermometer.

The domiciliary midwives are continually aware of the danger of cold injury in the new-born, and advise expectant mothers in the measures necessary to prevent this.

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

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

Department of Health and Social Security Circular 8/69 was received in July. In this circular the Secretary of State invited attention to the report compiled by the Committee on Research into Fluoridation entitled "Fluoridation Studies in the United Kingdom and the Results Achieved after Eleven Years". This report confirmed the findings of the 1962 five-year report on the Conduct of Fluoridation Studies in the United Kingdom, which had demonstrated that fluoridation led to a substantial reduction of dental decay in temporary teeth. The new report found a substantial reduction in the number of decayed permanent teeth among children in the study areas and confirmed the complete safety of adjusting the natural fluoride content of water to a level of one part per million. All local health authorities which had not yet decided in favour of fluoridation were asked to consider the matter further in the light of the additional evidence contained in the report.



The Metropolitan Water Board received in July a report on the financial, legal and medical considerations involved. Since eleven of the thirty-three local health authorities wholly or partly within the Board's area were then against fluoridation and it is virtually impossible to confine artificially fluoridated water to any particular area, the Board resolved that no decision be taken until all the authorities involved reach agreement or until legislation was enacted on the subject.

In October, the Council advised the Department of Health and Social Security that it had confirmed its earlier decision in favour of fluoridation and that the Council supported the London Boroughs' Association's request for an early government decision as to whether or not fluoridation should be nationally implemented since there seemed little prospect of total unanimity. The Secretary of State regarded it as premature to adopt the proposals submitted by the London Boroughs' Association.

For practical purposes, the situation remains unchanged from my previous reports.

### HEALTH EDUCATION

Health Education activities are undertaken by virtue of Section 179 of the Public Health Act, 1936 and Section 28 of the National Health Service Act, 1946. During the year the intended staff reorganisation of the Health Education section took place, a qualified Health Education Officer and also a Technician being appointed. They set about their duties with enthusiasm and initiated a wide variety of health education activities, with special emphasis on the younger age groups.

Talks and lectures were also given by the professional staff to groups and organisations on a variety of subjects including cervical cytology, home safety, child care and food hygiene.

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.

### MENTAL HEALTH

It is the duty of a local health authority to provide Mental Health Services under the Mental Health Act, 1959, and subject to the provisions of Section 12 of the Health Services and Public Health Act, 1968.

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. The Council's "Windsmill" Recuperative Hostel is now an established feature of the provision for those recovering from



mental illness, but recourse to voluntary homes and hostels for this class of patient continues to be necessary. The Council has, as yet, no home or hostel for the mentally subnormal — for which there is an increasing need — but considerable progress has been made towards the provision of hostel accommodation for children and adults. Indeed, the construction of a 20-place hostel for mentally subnormal children will be completed in 1970.

At the end of the year, the total of all classes of the mentally disordered maintained in residential accommodation, whether local authority hostels, homes run by voluntary associations or in private households, was 82.

## MENTAL ILLNESS

The London Borough of Enfield is within the catchment area of Claybury and Friern Hospitals, to which patients requiring hospital treatment for mental disorder are admitted. The North Middlesex Hospital provides psychiatric beds in a modern unit to which suitable patients are admitted for short-term observation and treatment.

Out-patient clinics are held at 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 continues to increase as the facilities provided become better known, but expansion of the community care service for the mentally disordered was limited during the year by staff shortage. The department has established close liaison with the other social work departments and with the consultants at the local hospitals.

### 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 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, coupled if necessary with out-patient psychiatric treatment, can enable many patients to remain in the community without recourse to hospital admission. 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. For this purpose an arrangement exists with the local hospitals for the referral of patients to the mental welfare officer. During the year this service was restricted by shortage of staff, but 23 social histories were supplied on request. In addition, 229 social reports were supplied to Friern and Claybury Hospitals on new admissions.

The demand for psycho-geriatric admission 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 443 compared with 291 in 1968, and the number of home visits to mentally ill patients totalled 5,379 in addition to 752 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 are 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 an emergency, two medical certificates are required, one of which must 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, 1959, 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, one medical practitioner was approved by the Council for this purpose and ten 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 120 were so admitted in addition to 142 compulsorily removed to hospital by mental welfare officers under Part IV of the Mental Health Act, 1959. The proportion of compulsory admissions to hospital has increased recently and this may well be related to inadequate preventive social work support due to staff shortage.

Certain of the mental welfare officers are approved by the London Boroughs of Barnet and Redbridge in order 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. Nine Enfield residents commenced attendance during the year and four were in attendance at the end of the year, the cost being borne by the Council. In addition, the Council sponsored the attendance of four Enfield residents at the Association's Industrial Education Unit at Bethnal Green and two persons were 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 Edmonton Adult Training Centre.

### **Social Centres or Clubs**

Mental welfare officers supervise the running of clubs, one of which is held every Monday from 7.30 p.m. to 10 p.m. at the Junior Training School, Waverley Road, Enfield, with a weekly attendance of between 25 and 50 persons. The other club, held on Thursday evenings at the Central Clinic, Plevna Road, Edmonton, was suspended during the year because of lack of staff, but a number of members accepted transfer to the Waverley Road Club.

### **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. Dr. Sheila D. Miles, Assistant Psychiatric Adviser, attends on alternate Thursday evenings to see residents needing advice. During the year there were thirteen admissions and, in addition, five persons were admitted for a few days in an emergency. Twenty-one persons ceased to reside at the hostel during the year for the following reasons: Twelve returned to home or relatives; six returned to hospital; one was admitted to residential employment; two were admitted to an industrial rehabilitation unit.

The number of residents at the end of the year was eighteen, including five from other authorities. Fourteen 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 Richmond Fellowship, the S.O.S. Society, and the Mental After-Care Association.

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



## MENTAL SUBNORMALITY

The borough is within the catchment area of South Ockendon and Harperbury Hospitals to which patients requiring hospital care for mental subnormality are admitted.

### **Domiciliary Service**

The number of subnormal persons in community care was 345 compared with 441 in 1968. This reduction is a reflection of the curtailment of domiciliary social work necessitated by shortage of staff. The actual number of subnormal persons in the community is of course much higher than those receiving visits. The mental welfare officers paid 1,087 visits and 96 office interviews were carried out.

Time was devoted to the parents in an endeavour to help them 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 mental welfare officers play an important part.

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

In September, arrangements were made with the Council's adviser in sub-normality, Dr. W. Livingston, to hold a monthly out-patient clinic at the offices of the Health Department for the purpose of assessment and review of mentally subnormal patients in the community. Cases are presented by mental welfare officers in circumstances where specialist medical advice is required. By the end of the year, three out-patient clinics had been held and twelve patients seen by the consultant. This arrangement has the double advantage of saving patients and relatives journeying to and from hospitals, and facilitates immediate liaison between all those concerned with the community care services.

### **Junior Training Schools**

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



At the Enfield Junior Training School, there is provision for 144 children of both sexes, including a small nursery group and a 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.

A new toilet block adjoining the external classroom at the Junior Training School, providing additional toilet and washing facilities for boys and girls, was completed during the Summer term.

The school normally accepts children from four to sixteen years of age, but a number of 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 teaching staff is adaptable and imaginative. Casework with families is carried out by the mental welfare officers, thus maintaining a bridge between the home and the school. During the year the Supervisor and Deputy Supervisor were re-designated Head Teacher and Deputy Head Teacher respectively; the Assistant Supervisors responsible for classes were re-designated Teachers.

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.

Speech therapy is provided at the school for children with defective speech who are likely to benefit. During the year it was possible to resume physiotherapy, one session per week, for children medically recommended for treatment at the school.

The number on the roll at the end of the year was 99, plus 42 in the special care unit, and there were 23 on the waiting list for admission.

Some children from the London Borough of Haringey are admitted to the school and four 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.

There was a good attendance of parents at the Open Day at the school on Thursday, 26th June. The children gave an activity display, and examples of cookery undertaken by the older children were on exhibition. The Chairman of the Health Committee and Members of the Council attended as well as executive members of the Enfield Society for Mentally Handicapped Children. A successful Sports Day was held on Friday, 18th July.



## **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 was made available by the Health Committee to the Enfield Society for Mentally Handicapped Children for use as a play centre for four weeks, during the month of August, on every Tuesday, Wednesday and Thursday. The Society provided the necessary transport and some fourteen voluntary workers each day supervised the children. The Council provided mid-day meals on the same basis as during term time. The average daily attendance was 22. 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 provides a minimum payment to each trainee in a full week of 10s. and a maximum of 40s.

The number of trainees on roll on 31st December was 150, 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. The centre now also caters for selected mentally ill persons medically recommended to attend a day occupation centre. At the end of the year fifteen such persons were in attendance, having been successfully integrated into the working pattern of the centre.

The majority of trainees are conveyed to and from the centre by hired coaches but there is also an arrangement of reimbursement of 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.

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 fully-equipped laundry section. The latter handles approximately 6,000 to 7,000 articles of clothing and linen each week collected from more than 100 different establishments of the Council. The laundry service for incontinent persons provided by the Council without charge is also undertaken at the centre.

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

The scheme in which 20 selected trainees work in a local factory under supervision continues to be successful. Another two of these trainees were successfully absorbed into the factory's routine during the year and are working as full-time employees.

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.

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.

During the year, a Works Safety Committee, on lines suggested by H.M. Factory Inspectorate, was formally constituted at the centre — comprising a Principal Medical Officer, the Manager, representative members of the staff, and the Council's Industrial Safety Officer. Four meetings were held and detailed consideration given to various aspects of safety in regard to trainees and staff. This development has served to stimulate a preventive approach to matters of safety — of great importance at this industrially-orientated centre, having regard to the work undertaken at the centre and the machinery in use.

The centre was open to the parents and friends of trainees all day on Wednesday, 10th September, 1969. A record number of over 130 visitors attended on this very successful occasion. Guests included the Chairman of the Health Committee, Members of the Council, executive members of the Enfield Society for Mentally Handicapped Children, and representatives of local firms with which the centre has contact. A most interesting exhibition of the work accomplished by the trainees, both at the centre and during their leisure hours at home, was on display. This covered a wide range from light engineering, assembly work and woodwork, to photography and art, etc. The exhibition demonstrated the high quality of the work done by the trainees under the supervision of the Manager and his staff.

The third Annual Sports Day was held at Henry Barrass Stadium, Edmonton, on Friday afternoon, 6th June. A full programme of competitions and team events was organised by the Manager and staff of the centre. About 180 adult trainees from the London Boroughs of Haringey, Waltham Forest and Enfield took part. Teams of



ten from each borough took part in the inter-centre competitions. Many 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 the medals to the winners. The Chairman also presented a plaque for the tug-of-war, and the Sports Trophy, to the Haringey team, which won the team competition.

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, ten pin bowling and other games.

Representatives of other local authorities and voluntary bodies, as well as students and sociologists from universities in this country and overseas, visited the centre. Their 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**

Some severely subnormal persons are handicapped to such an extent that only hospitals can provide the type of care they require. There is an acute shortage of beds for such patients and South Ockendon Hospital has a long waiting list. During the year an embargo was laid on admissions to South Ockendon Hospital because of the severe overcrowding there. Only one Enfield patient was admitted for permanent hospital care during 1969 and at the end of the year nineteen were on the waiting list, including six particularly urgent cases. To relieve this unhappy situation, the Council undertook the maintenance of three severely subnormal children in residential homes pending their eventual transfer to hospital.

### **Guardianship**

Placing a patient under guardianship does not confer extra powers to provide services that are available to mentally disordered persons within the community under Section 12 of the Health Services and Public Health Act, 1968. 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.

It was found necessary to place one severely subnormal person under the Council's guardianship during the year and four persons were still under the formal guardianship of the Council at the end of the year, suitable accommodation being provided in each case.

### **Residential Accommodation and Informal Foster Care**

Since there are, as yet, no homes or hostels in the borough for the mentally subnormal, various voluntary homes 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, ten 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 informal foster care was 55, including ten 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. Twenty-four subnormal persons were admitted to hospital and five to voluntary homes under this scheme. Five of the hospital admissions were to Winifred House pre-convalescent hospital for children, Barnet Gate, Arkley, Barnet.

### **Holiday Camps**

A summer camp for mentally subnormal children was held for two weeks at St. Mary's Bay Holiday Camp, Dymchurch, Romney Marsh, Kent. Thirty-six children from the London Boroughs of Haringey, Barnet and Enfield attended this camp which was staffed by volunteers from the Council's junior training school; it was very successful and thoroughly enjoyed by all concerned. The Principal Medical Officer for Mental Health inspected the camp in the course of routine visits in the area.

Five adult females and seven adult males from Enfield attended the summer camp arranged for mentally subnormal adults by the London Borough of Haringey at Walmer, near Deal, Kent, for one week in July.

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

## **RESEARCH**

Professor S. D. Elek, of the Department of Medical Microbiology, St. George's Hospital Medical School (University of London), published results of an investigation into the role of prenatal infections as a cause of mental retardation. The Council co-operated in this research, in which mentally handicapped children, including a number from the borough whose parents had given consent for their participation, were studied for evidence of congenital infection.

A significant association was found between a rare virus infection and microcephalic mental deficiency. The full extent of its contribution will require further investigation.



## DRUG DEPENDENCY

The abuse of all drugs of dependence is expressly forbidden by law. Earlier 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 Dangerous Drugs (Notification of Addicts) Regulations, 1968, require medical practitioners to notify the Home Office of all new cases suspected of addiction to drugs. The Dangerous Drugs (Supply to Addicts) Regulations, 1968, prohibit the administration of heroin and cocaine to addicts except under Home Office licence. This has meant, in effect, that the treatment of addicts has been centralised on hospital treatment centres since 1968.

Department of Health and Social Security Circular 7/69 was received in May and drew attention to a report by the Advisory Committee on Drug Dependency on "The Rehabilitation of Drug Addicts". The Secretary of State asked Regional Hospital Boards to keep local health authorities informed of the numbers of in-patients and out-patients undergoing treatment for heroin addiction.

The Advisory Committee also commented on the need for suitable lodgings or hostel care for patients who cannot suitably be discharged home after treatment.

Although the Health Department has no definite evidence pointing to drug dependency being a major problem in this borough at present, information as to the illicit use of addictive drugs is, of course, notoriously difficult to obtain and evaluate, notwithstanding the more stringent regulations now in force and the vigilance of the police.

## ALCOHOLISM

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.

(See Statistical Tables 23, 24 and 25)

## 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.

The Secretary of State has not yet made use of the powers provided by Section 13 of the Health Services and Public Health Act, 1968 (a) to impose on local health authorities the duty to provide or arrange to provide a home help service adequate to the needs of their area and (b) to enable local health authorities to provide or arrange for the provision of laundry facilities for households for which home help service is being or can be provided.

Difficulty continued to be experienced in recruiting adequate staff for the home help service and a total of 142 whole-time equivalent home helps were employed at the end of the year, compared with the previous year's figure of 150. It was necessary to continue the limitation of the hours of help provided in individual cases in order to assist as many applicants as possible. A re-organisation and augmentation of the supervisory staff was undertaken during the year, and the provision of transport for home helps between districts of the borough was introduced to encourage recruitment and improve the service.

During the year 2,523 cases were provided with help, and, of these, 1,942 were persons aged 65 years and over, 104 were maternity cases, 239 were chronic sick or tuberculous, and two were mentally disordered. The remaining 236 cases were assisted for various reasons, such as post-operative hospital discharge, ante-natal conditions, and acute illness. These figures show a continuing decrease in the demand for help in maternity cases and an increase in help for the aged.

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

## **In-service Training**

During 1969 the in-service training scheme for home helps continued on a larger scale, and details of the courses arranged are given in the section of this Report on staff training.

(See Statistical Table 26)

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

A programme of the capital works for which loan sanction was expected to be sought for the three financial years 1970/71, 1971/72 and 1972/73 was prepared and submitted to the Department of Health and Social Security in accordance with Circular 10/69. At the same time the opportunity was taken to revise the Ten-Year Plan and details of both programmes are shown in the statistical table.

The Ten-Year Development Plan includes health centres, day nurseries, clinics, a cleansing station, a hostel for mentally subnormal adults, day centres for mentally subnormal infants, a day centre for elderly mentally ill, and occupation centres for the mentally ill.

Construction of the Hertford Road Health Centre continued and its completion is anticipated in 1970. The hostel for mentally subnormal children is expected to be completed in the Spring of 1970. Necessary approvals to the provision of a hostel for mentally subnormal adults have also been obtained.

(See Statistical Table 27)

## **NURSING HOMES**

Under Part VI of the Public Health Act, 1936; the Nursing Homes Act, 1963; the Mental Health Act, 1959; and Regulations made under the latter two Acts, local health authorities have a duty 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 satisfactory.

### **Mental Nursing Homes**

There is one registered mental nursing home, approved for the care of 27 mentally disturbed and chronic sick patients. The home has been regularly inspected during the year, and certain improvements carried out.



## **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 under the Abortion Act, 1967, as places for treatment for the termination of pregnancy.

## **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 four reports on Form B.D.8 were received in respect of cases dealt with under the scheme for the registration of blind and partially sighted persons.

The Chief Welfare Officer arranges for social welfare officers to visit all registered persons and follow up on the treatment and advice recommended by the ophthalmic surgeons.

(See Statistical Table 28)

## **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 sustained efforts of the social welfare officers of the health and welfare departments are directed towards reducing to a minimum the likelihood of such circumstances arising, and supportive home care provided by the two departments usually enables the unfortunate persons to remain in their homes.

Despite these efforts, which are aided substantially by the health visitors and home nurses, cases sometimes arise which cannot be dealt with in this way; and where removal to suitable premises becomes imperative, persuasiveness generally produces agreement to this course.

It is seldom necessary to invoke compulsory powers, but this proved unavoidable in the case of one elderly man during the year under review.

## **LAUNDRY SERVICE FOR INCONTINENT PERSONS**

Under 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, by means of the laundry at the Adult Training Centre.

The service is provided 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 six patients were being provided with this service involving the handling of approximately 56 articles per week.



## LAUNDRY SERVICE FOR INCONTINENT PERSONS

Under Section 24 of the Public Health Act, 1936 and Section 25 of the Health Act, 1937 a free laundry service is provided for incontinent persons in receipt of the laundry at the Adult Training Centre, Day Centre and Night Centre. The service is provided on the recommendation of the patient's general medical practitioner or the nurse in charge, and a receipt will be issued for delivery of laundry to patients.

At the end of the service patients are provided with the service including the following approximately to ensure personal hygiene and to ensure the health of the patient's family and the community.

The service is provided for patients who are in receipt of the laundry at the Adult Training Centre, Day Centre and Night Centre.

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For further details see

## LAUNDRY SERVICE FOR INCONTINENT PERSONS

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## SUMMARY OF STATISTICS RELATING TO ENVIRONMENTAL HEALTH SERVICES

### Water Supply:

Number of chemical and mineral samples	...	...	...	...	520
Number of bacteriological samples:					
Before treatment	...	...	...	...	10,435
After treatment	...	...	...	...	5,202

### Smoke Control Areas:

Number of premises (total to end of 1969)	...	...	...	...	66,671
Acreage (total to end of 1969)	...	...	...	...	15,812

### Food and Drugs:

Number of samples analysed	...	...	...	...	691
Number of samples of ice cream bacteriologically examined	...				51
Number of samples of milk bacteriologically examined	...	...			199
Number of samples of milk analysed in Department's own laboratory					180

### Housing:

Number of dwelling houses inspected	...	...	...	...	12,182
Number of housing defects remedied	...	...	...	...	2,616

### Shops and Offices:

Number of visits to registered premises	...	...	...	...	4,232
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### Factories and Workshops:

Number of inspections	...	...	...	...	420
Number of defects found	...	...	...	...	26
Number of defects remedied	...	...	...	...	18

### Inspections and Complaints:

Number of inspections and visits	...	...	...	...	58,245
Number of complaints and requests for visits	...	...	...	...	7,439

## 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.

Ten samples were submitted for bacteriological examination, and all were satisfactory.

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 and Cockfosters area, which is supplied by the Lee Valley Water Company.

Both water undertakings 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 undertakings.

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

“ 1. (a) The supply was satisfactory both as to (i) quality, and (ii) quantity throughout 1969.

(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, 1969, was 261,126.

(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:

River Thames derived (Northern) water to the west and north of the Borough, with some well water from Hoe Lane, Hadley Road and Waltham Abbey pumping stations. The south-east portion of the borough in Edmonton 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.

- (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. Surveys carried out between 1966 and 1968 on analyses of water from consumers' premises confirmed this statement."

(See Statistical Tables 29, 30 and 31)

### **BATHS, WASHHOUSES, BATHING PLACES, ETC.**

Part VIII of the Public Health Act, 1936, empowers local authorities to provide and control baths, washhouses and bathing places.

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.

A total of 75 slipper baths is provided at three of the public swimming pools. 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 three of the 52 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 658,508 and 55,765.

### **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 number of foul and surface water sewers have been reconstructed to cope with the ever increasing flows due to the development of residential and industrial areas.

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. However, during the year Theobalds Park Road foul sewer was completed and to it were connected a number of properties in the vicinity hitherto drained to cesspools. Schemes are envisaged to drain further properties in the borough where it is economical to do so.

The Health Department undertakes the clearance of sewers on private property, and 1,606 stoppages were cleared.

Repair of drains and private sewers is the responsibility of the users, and ten formal 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. Several old sludge drying beds were sited at Deephams, Edmonton, and construction of the new refuse disposal plant necessitated the removal of the sludge from these beds during the year, and this was tipped on land north of Ordnance Road, Enfield. Transportation of the sludge resulted in sludge being spilt on the highway in the area. This, together with the dust created by the vehicles during dry weather, caused considerable annoyance to residents in the area. Discussions with the Greater London Council and the contractor resulted in considerable improvements in the situation, and also in the fencing of the tipping area, followed by the complete cessation of tipping in November. The Ponders End Works will continue until extensions have been completed at the Deephams Works. 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 fifty-five 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 (the London Transport Executive since 1st January, 1970 when the responsibility for London's transport was transferred to the Greater London Council) and with the brewers concerned, conveniences are also available for use by the public at Southgate and Oakwood Underground Stations, and at five public houses in the borough, one agreement having been terminated during the year and the facilities having been removed at another.

Thirteen conveniences are staffed, while the remainder receive regular attention from a mobile team of cleaners or from part-time cleaners. The two conveniences closed during the previous year because of damage remained closed, and a further convenience was closed and demolished because of its unsatisfactory condition and proximity to another convenience.

The two mobile conveniences purchased in 1968 were brought into use at The Green, Edmonton, where work on the Town Centre Redevelopment is proceeding. It is hoped that the new convenience being constructed in this scheme will be available for use later in 1970, allowing the mobile conveniences to be removed.



## 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. There was one prosecution under this Act during the year which resulted in a fine of £10 0s. 0d. with £2 12s. 6d. costs being imposed.

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. Two hundred and fifty-five men are employed on refuse collection and 123 on road sweeping. The cleansing fleet consists of 86 vehicles, 30 of which are street sweepers' vehicles, pedestrian controlled. 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 are to be of fifty or seventy cubic yards capacity instead of thirty-five cubic yards as at present.

In the autumn there was a withdrawal of labour by local authority manual staff resulting in a breakdown in the refuse collection service. During the emergency plastic sacks were made available to the public, and the use of these sacks considerably reduced the public health risk.

Refuse disposal is a function of the Greater London Council under Schedule XI of the London Government Act, 1963. The Greater London Council decided upon complete incineration as the best method of refuse disposal and a new incinerator, one of the largest and most modern plants in the world, is being installed in the borough at Deephams, Edmonton, N.18. It is expected to be fully operative in 1970.

The refuse disposal incineration plant at Montagu Road has now been demolished by the Greater London Council and the use of similar plant at Carterhatch Lane has been discontinued. These depots, together with Barrowell Green, are now



bulk refuse transfer stations at which facilities are also provided for the public to dispose of unwanted items. Old vehicles can be left free of charge at Barrowell Green Depot, Carterhatch Lane Depot or Park Road Depot for disposal.

The Public Cleansing Committee agreed to provide a new centralised waste paper baling depot at Montagu Road. Apart from the salvage from Enfield it will also be handling paper from the London Boroughs of Haringey and Waltham Forest and will be the largest municipal plant of this type in the United Kingdom.

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

## **CLEAN AIR**

Since the passing of the Clean Air Act, 1956, the public have become increasingly aware of the dangers of air pollution. The relationship between pollution and lung disease is generally realised, and the damage to buildings, materials, agriculture and horticulture has been extensively publicised.

The Clean Air Act, 1956, is described as an Act to make provision for abating the pollution of air. Its scope has been extended by the Clean Air Act, 1968, and there is now some control over fumes in addition to smoke and grit. Changes have also been made in powers to deal with dark smoke, grit and dust, chimney heights and Smoke Control Orders.

### **Smoke Control Areas**

Section 11 of the 1956 Act gives local authorities power to establish smoke control areas in which, subject to certain conditions, it is an offence to emit smoke from any chimney.

The greater part of the borough is now covered by Smoke Control Orders, but the completion of the programme has been affected by various factors including the economic situation. During 1969 the No. 16 Smoke Control Order came into operation. This Order includes 4,758 premises, and covers 473 acres. Also, during the year, the No. 17 Order was confirmed by the Ministry of Housing and Local Government, and the adaptation of fireplaces in this area was commenced. The Order (which includes 7,579 premises and covers 1,008 acres) will come into force in 1970. In pursuance of the Council's programme a further Order was made and submitted to the Minister, but it was later found necessary to delay this Order.

The completion of smoke control programmes is of primary importance in reducing smoke from domestic sources, and under the 1968 Act the Minister may now direct a local authority to make Smoke Control Orders. The apparent inconsistency which permitted the sale of coal in a smoke control area was a matter of frequent comment and the new Act prohibits the sale, purchase or delivery of coal and similar smoky fuels in smoke control areas.



Garden bonfires continue to be a frequent cause of complaint to the Department. There is no direct prohibition of such fires, but action can be taken under Section 16 of the Clean Air Act, 1956, if they cause nuisance to the inhabitants of the neighbourhood. Much could be done to reduce complaints by composting as much of the rubbish as possible, and confining fires to reasonable times and when weather conditions are suitable. Advice on composting of garden refuse, etc., is available from the Department.

There has been considerable support for smoke control from the general public, and the number of objections or criticisms has been remarkably small. There have, however, been some criticisms regarding availability of particular fuels. Before the Minister will agree to the confirmation of a Smoke Control Order, he must be satisfied that adequate supplies of smokeless fuel are available in the area. The rapid technological changes in the gas industry have meant reduced quantities of gas cokes, but additional supplies of smokeless fuels are being made available from the National Coal Board and other manufacturers of carbonised fuels. It is to be hoped that the increased production of these smokeless fuels will be expedited to deal adequately with existing and new commitments.

Many people still refer to smokeless zones. The areas are Smoke Control Areas and the effect of a Smoke Control Order is to require fuel users (householders) within the area to burn "authorised" fuels, or to use plant capable of burning other fuels smokelessly. The authorised fuels 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.

### **Industrial Atmospheric Pollution**

Although the borough contains several large industrial concentrations the amount of smoke from chimneys in these areas is comparatively small. The principal sources of pollution are processes which are registered by the Alkali Inspectorate under the provision 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 is the responsibility of the Alkali Inspector with whom we maintain a close liaison concerning all registered processes in the borough.

There is a wide range of industries within the borough, many of which have their own particular problems of combustion, steam raising or processing. Of these the registered processes form only a small part, but even so they cover a surprisingly wide range. They include works where the following substances are manufactured, or where specified processes are carried on: aluminium, arsenic, benzene, bisulphite, bromine, cadmium, ceramic, chlorine, copper, fluorine, hydrofluoric acid, hydrogen



cyanide, lead, muriatic acid, nitric acid, paraffin oil, selenium, sulphide, zinc, and metal recovery. Electricity generating stations and gas works also are dealt with by the Alkali Inspector.

Recent years have brought a big change in regard to the emission of smoke from factory chimneys. Smoke results from inefficient combustion, and the current cost of fuel makes waste a costly matter. Labour costs are also a major factor for industrialists, and it is generally uneconomic to employ stokers to feed furnaces by hand. As a result most modern furnaces are fitted with controls which automatically adjust fuel and air supply, and ensure optimum combustion conditions.

Observations are made on factory chimneys, and any emission of smoke which exceeds the permissible limits is investigated. It is usually found that such smoke arises from mechanical failure in the plant, and that conditions can be quickly remedied. In difficult cases, technical advice can be obtained from the National Coal Board, the major oil companies or the National Industrial Fuel Efficiency Service.

The power in the 1956 Act to deal with dark smoke has been extended by a provision in the 1968 Act. With certain exemptions it is now an offence to emit dark smoke from any industrial or trade premises. The former power referred only to dark smoke from chimneys.

With modern plant the main pollution problem is the emission of sulphur dioxide, the amount depending not only on the size of the furnace but on the sulphur content of the fuel. In heating of factories and warehouses there is a trend towards warm-air heaters which burn a light distillate oil with low sulphur content. There is also an increase in the proportion of boiler plant using this fuel. The higher cost of distillate oil is in some measure off-set by easier maintenance, cleaner handling and simpler equipment. A change to low sulphur content fuel would be a major contribution towards reduction in air pollution. It is interesting to note that in New York there is a local statute which limits the sulphur content of fuel used in the City, and that within a few years a sulphur content of not more than 1% will be required for both coal and residual fuel oil.

An important factor in air pollution is the ground level concentration of sulphur dioxide. This is dependent on chimney height and the degree of dispersion of flue gases before they reach the ground. Changes in legislation incorporated in the 1968 Act apply control of chimney height to furnaces burning 100 lb. or more of solid fuel per hour, or burning liquid or gaseous matter at a rate equivalent to  $1\frac{1}{4}$  million or more British Thermal Units per hour. Formerly control was exercised when plans were submitted for Building Regulation approval. Under Section 6 of the 1968 Act, the control is now more direct, and it is an offence to use a furnace above those capacities unless the height of the chimney has been approved by the local authority. The provision applies to new furnaces, new chimneys to existing furnaces, furnaces with increased combustion space, and furnaces replacing smaller installations.



Chimney heights are calculated in accordance with the advice given in a Ministry memorandum, and there is general acceptance of these standards, but local conditions may occasionally call for heights greater than those suggested in the memorandum. Aesthetic considerations may be a complicating factor, and a high chimney may be unacceptable from the Town Planning aspect. This may mean that an alternative fuel or form of heating may have to be considered.

During the year 43 plans incorporating chimneys were submitted and were approved after amendment in certain cases. Of these, two were dealt with under the new provisions of the 1968 Act.

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.

Forty-five notifications of intended installations were received. After modification of some proposals, these were all approved.

### **Measurement of Air Pollution**

Since 1967 the Ministry of Technology has been carrying out a study of the level of carbon monoxide in the atmosphere, with special reference to the concentration of this gas in busy streets where large numbers of people congregate. The investigation was completed during 1969. An infra-red gas analyser was installed for this purpose in Church Street, Enfield, and daily measurements were recorded by this Department. Similar investigations were made in Birmingham, Manchester, Cardiff, Glasgow, Luton and Portsmouth. Motor vehicles are the main source of this type of pollution in streets, and the concentration of carbon monoxide showed a wide fluctuation following closely the rise and fall of traffic flow. Full details of the investigation are not yet available for publication, but it is reassuring to note that in Enfield the maximum concentrations of carbon monoxide were only of very brief duration. The swifter flow of traffic resulting from the one-way system in Enfield Town should have some beneficial effect in respect of this type of pollution.

The London Borough of Enfield was one of the participating authorities in the National Survey of Air Pollution which was completed in 1968, but details of the investigation are not yet available for publication. Four smoke filtration and sulphur dioxide volumetric measuring instruments were used in connection with this, and three instruments were used at other sites.

At the end of 1968 location of the instruments was re-arranged. The former three National Survey sites at Honilands School, Brimsdown, and Bush Hill Park were kept in operation to give continuity of measurement in these areas. An instrument was installed at Southgate Town Hall, Green Lanes, N.13. This location is within the No. 16 Smoke Control Area which came into operation in July, 1969,



and close to the eastern boundary of the No. 17 Smoke Control Area which will operate from November, 1970. This should give some basis for comparison when all that part of the borough is covered by Smoke Control Orders.

A further five instruments were located at sites in the area surrounding the new refuse disposal plant at Deephams, Edmonton, to monitor the level of pollution before this unit comes into operation. This plant will be fitted with the most modern equipment, and it is hoped that it will produce no material increase in air pollution. This group of instruments will, however, enable readings to be made before and after the plant comes into operation. Delays have held up completion of this refuse disposal works, and it may not be in operation before mid-1970.

There is no doubt that the implementation of smoke control, particularly in the London area, is producing an appreciable reduction in air pollution. The trend over the years has shown a steady decline, and records for the central London area indicate a decrease in smoke concentration of 80% between 1958 and 1969. The reduction in the Enfield area from 1962 (when measurement was commenced) until 1969 is more than 50%. In spite of fears to the contrary, there has also been a reduction in recent years in the ground level concentration of sulphur dioxide. The reduction is not as dramatic as for smoke, the figure for central London being 40% and for Enfield 30% over the more limited period.

(See Statistical Table 32)

## 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 the hygienic handling of food and food standards.

The Food (Control of Irradiation) (Amendment) Regulations, 1969, came into force on 1st December, 1969, and amend the 1967 Regulations, which limit the amount of radiation to which food may be exposed, to provide that the maximum radiation may be exceeded where the food is certified by a registered medical practitioner to be intended for patients who require a sterile diet as an essential factor in their treatment. The Regulations specify that notification shall be given to the Department of Health and Social Security and that detailed records shall be kept.



The Artificial Sweeteners in Food Regulations, 1969, and The Soft Drinks (Amendment) Regulations, 1969, give legislative effect to the total ban on the use of cyclamates announced by the Minister of Agriculture, Fisheries and Food. These Regulations come into force on 1st January, from which date saccharin and its sodium and calcium salts become the only permitted artificial sweeteners. The labels of soft drinks will be required to declare the presence of "saccharin" specifically, but, in order to provide the necessary time for labels to be changed, the term "permitted artificial sweetener" will be allowed until 31st December, 1970.

Representations were made by the Council to the Ministry of Agriculture, Fisheries and Food regarding the lowering of standards in corned beef since the introduction of the Canned Meat Product Regulations, 1967. It is contended that the meat content specified is too low.

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

Six hundred and ninety-one samples of food and drugs were submitted to the Public Analyst and 180 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 122 samples (17.7%). Seventy-five 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.

Forty-two samples were unsatisfactory, inferior or adulterated, and in five cases both labelling infringements and unsatisfactory conditions were found.

The ingredients of a packet "ready meal" included "chunks of beef". The lumps of meat were found on examination to have been fragmented, reconstituted with albumen, machine extruded and cut in "chunks" before dehydration to the finished form.

The opinion is held that the use of the word "chunks" could imply that the pieces of meat are in the natural state and the manufacturer was asked to amend the description on the label, but at the end of the year this matter was still in dispute.

A sample of "Extra energy tablets" was found to rely on the presence of caffeine to produce its effect.

Caffeine is a stimulant and does not provide extra energy. It may, actually, produce an "extra fatigue" after-effect.

Considerable correspondence has ensued with the manufacturers on the pharmacological properties of caffeine and at the end of the year this matter remained unresolved.

Several samples of instant dried-milk powder were found to contain moisture levels in excess of the 5% legal maximum. These were packed in this country from



bulk imported supplies containing 4 to 4.5% moisture. The packaging materials were not sufficiently impervious to prevent hygroscopic action taking place and representations were made to improve both the moisture content of the bulk supply and the quality of the packing. Legal action in one case resulted in a fine of £20 0s. 0d. and £9 19s. 0d. costs.

Blue V.R.S., an artificial colouring matter removed from the permitted list in 1966, was found in a sample of imported confectionery. Stocks were removed from retail distribution.

The decoration on an imported Easter egg was fixed in position with a small piece of wire. This is a hazard, particularly for a small child, and representations to the importer have resulted in an assurance that the manufacturers will cease this practice.

Some samples of liqueur flavoured chocolates were found to be of a quality below the generally accepted standard of 8% proof spirit and this was drawn to the attention of the importers.

A jar of yoghurt was displayed with a hand-written notice that it contained three times higher protein. There is no statutory standard for this commodity but this brand contained no greater quantity of protein than the normal protein content. The retailer was convicted of the offence, but the manufacturer of several other brands of yoghurt on whose literature the notice was based could not be brought before the Court, and an absolute discharge was given to the retailer on payment of costs totalling £15 4s. 0d.

A liquid sweetening product, for cooking, contained Benzoic Acid which is not permitted in this type of food. A summons was withdrawn on payment of costs and withdrawal of the stocks from retailers.

A number of warnings have been given to bakers/confectioners for displaying "cream" tickets on buns and cakes containing imitation cream.

Each year sees an increase in the number and variety of products designed for the "slim conscious" and extreme vigilance needs to be exercised to ensure that advertising and labelling do not mislead. A recent survey suggests that many adults are in some degree overweight and nutritional and dietary claims aimed at them are becoming commonplace. The year saw the introduction of a national periodical for the overweight, and in the U.S.A. the production of slimming foods and dietary supplements is reported to have become a large industry. Implementation of the report of the Food Standards Committee on Claims and Misleading Descriptions, issued in 1966, is still awaited and it is hoped that regulations will be laid before Parliament shortly. These should do much to strengthen the hands of Food and Drugs Authorities who, at the moment, have to rely mainly on persuasion.

Obesity may be a complex problem and sufferers would be well advised to consult their general medical practitioner.

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

Fat	...	...	...	...	...	...	3.72%
Solids not fat	...	...	...	...	...	...	8.85%

The number of food complaints received was 113. Following investigation, warning letters were sent in the majority of incidents but in twenty-seven cases legal proceedings were instituted with the following results:

Item	Fine			Costs		
	£	s.	d.	£	s.	d.
Dirty milk bottle ...	50	0	0	10	10	0
" " " ...	20	0	0	5	5	0
" " " ...	10	0	0	3	3	0
" " " ...	20	0	0	5	5	0
" " " ...	50	0	0	10	10	0
" " " ...	50	0	0	5	5	0
Foreign body in milk bottle ...	20	0	0	5	0	0
Glass in milk bottle ...	100	0	0	10	10	0
Beetles in crisps ...	15	0	0	3	3	0
Beetle in cereal ...	10	0	0	2	2	0
Fly in bread ...	20	0	0	5	0	0
Maggots in bacon ...	20	0	0	5	5	0
Bolt in bread pudding ...	50	0	0	5	5	0
Metal bolt in cake ...	25	0	0	5	5	0
Metal in cake ...	25	0	0	5	5	0
Foreign body in cheese ...	10	0	0	3	3	0
Cigarette end in cake ...	30	0	0	5	0	0
Unfit sausages ...	10	0	0	2	2	0
Sour milk from vending machine ...	30	0	0	5	5	0
Mouldy bread rolls ...	20	0	0	5	5	0
Mouldy cornish pasty ...	20	0	0	5	5	0
Mouldy gateau ...	20	0	0	2	0	0
Mouldy meat pie ...	20	0	0	2	2	0
Mouldy meat pie ...	15	0	0	5	0	0
Mouldy pancakes ...	10	0	0	2	2	0
Mouldy sausages ...	30	0	0	5	0	0
Mouldy steak pies ...	40	0	0	5	0	0
	£740	0	0	£134	2	0

Most of the complaints received 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. The number of complaints received concerning dirty milk bottles would be reduced appreciably if the sale of milk to casual purchasers was limited to milk in non-returnable containers.

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, 40 tons 0 cwt. 3 qtr. 11 lb. of food were condemned by the Department. No instance of unfit food offered for sale was found.

### **Food Hygiene**

The Food Hygiene (General) Regulations, 1960, and the Food Hygiene (Market, Stalls and Delivery Vehicles) Regulations, 1966, as amended, lay down requirements in respect of cleanliness of food premises and stalls, etc. Prosecutions for offences in respect of two premises were taken, and fines and costs totalling £55 5s. 0d. were imposed.

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

## **Registration of Food Premises**

All premises used for the sale or the manufacture for the purpose of sale of ice-cream, or the storage of ice-cream intended for sale, or the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale, must be registered for that purpose by the local authority. There are 721 premises in the borough registered in respect of ice-cream and 362 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 48 persons licensed as hawkers of food by the Council.

In accordance with the provisions of the Ice-cream (Heat Treatment, etc.) Regulations, 1959, samples of loose or soft ice-cream were submitted to the public health laboratory for bacteriological examination. The 20 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 1969 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 Committee. 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. One was licensed for the storage and distribution of milks during the year, making a total of 265 licensed premises in the borough.

The dealers' licences were issued as follows:

Pasteurised milk	...	...	...	156
Sterilised milk	...	...	...	215
Ultra heat treated milk	...	...	...	55
Untreated milk	...	...	...	13

Milk is delivered in bulk tankers to the processing dairies from a very wide area. The supplies are sampled regularly to check the bacteriological content of the milk. Two hundred and fifty eight samples of milk were submitted to the Public Health Laboratory for the appropriate tests and in only 14 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 33, 34 and 35)

## **HOUSING**

### **General Housing Provisions**

The number of units of housing accommodation under the control of the Council at the 31st December was 18,907 which shows an increase of 911 over last year's figure. The accommodation comprises 367 bed-sitting room, 2,686 one-bedroom, 6,870 two-bedroom, 8,682 three-bedroom and 302 units in other categories.

During the year 701 applicants on the housing list were rehoused. In addition, there were 101 cases of homeless families rehoused and 105 applicants were approved for more suitable accommodation following representations in connection with disablement, health and social problems.



At the end of the year the number of applicants on the waiting list was 6,861 which includes new applicants of less than twelve months' standing.

Twenty-eight 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.

The Housing Act, 1969 (with the exception of Sections 80 to 82) came into operation on the 25th August and makes, *inter alia*, further provision for grants by local authorities to improve houses and the environment; it confers powers to improve living conditions by improving the amenities of areas or dwellings therein; amends the law with regard to rents payable for certain dwellings in good repair and provided with the standard amenities, or improved with the assistance of local authorities; makes further provision for houses in multiple occupation.

Ministry of Housing and Local Government Circulars 63 to 68/69 were published shortly after the Act and give detailed guidance about the use of powers relating to improvement, repairs, control of multiple occupation and good maintenance payments available in connection with slum clearance. Ministry of Housing and Local Government Circular 92/69 issued in November deals with Slum Clearance and requests local authorities to step up their attack on unfit housing and also to return a clearance programme for the next four years.

### **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 one instance.

### **Houses in Multiple Occupation**

The local authority is empowered by the Housing Acts, 1957, 1961 and 1969, to serve a notice on a person having control of a house in multiple occupation where, in its opinion, the house is defective in respect of any of the following matters: 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. The provision of a proper means of escape from fire may be required.

The 1961 Act empowers a local authority to make a direction order on a house in multiple occupation, limiting the number of persons who may occupy it, or part of it. The notice may be varied or withdrawn if the number of occupants is reduced to a point where the existing facilities are adequate for the number of persons occupying the house.

The Council have adopted standards of overcrowding and amenities in such houses 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 relatively small. Some of these properties are believed to lack the full Standard of Amenities adopted by the Council but they are gradually being brought up to standard.

Six hundred and sixty-eight visits were made by the public health inspectors to houses in multiple occupation and formal action was taken to enforce the standards in three properties involving ten 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.

The Housing Act, 1969, gave further powers for dealing with these houses. A new definition of a house in multiple occupation was provided, i.e. "a house which is occupied by persons who do not form a single household". This definition was designed to overcome the difficulties in the previous definition which referred to more than family. Considerable difficulty has been experienced in proving that occupants were not of one family. The Act also strengthens the powers of local authorities to deal with unsatisfactory conditions in these houses and gives further powers to control their occupation.

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

Three Compulsory Purchase Orders comprising 26 properties represented as unfit were confirmed by the Minister of Housing and Local Government during the year.

The number of dwelling houses demolished in areas subject to Compulsory Purchase Orders was 391.

No new areas were reported to the Council as unfit for human habitation. Three individually unfit properties were dealt with. A Closing Order was made on the basement rooms of one property and Demolition Orders were made on the remaining two.

### **Acquisition and Improvement of Houses**

The Housing Acts, 1958 to 1969 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) provide grants for the conversion of buildings to provide additional units of accommodation, 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 96 applications were approved, the sum advanced amounting to £356,013 13s. 4d.



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 and/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 Act, 1959 and The Housing (Financial Provisions) Act, 1958, supplement the previous grant provisions and enable local authorities to make advances for house purchase up to the full value of the property.

The Housing Act, 1969, makes further provision for the improvement of houses and makes available grants for the environmental treatment of general improvement areas. Improvement grants, formerly known as discretionary grants, are increased substantially to a maximum grant of £1,000 per dwelling, and include works of repair necessary to ensure the life of the property. In the case of the conversion of three storey dwellings, the maximum grant is £1,200 per dwelling.

Financial limits for standard grants are increased and the standard amenities are amended. A food store is no longer required but the provision of a sink with hot and cold water has been added. Provision is made for including a piped main water supply to a house where one did not previously exist.

The Council provides these grants for the improvement of dwellings and during the year 221 houses were improved, 208 of these receiving Standard Grants. All the Standard Grants were for the full standard 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 of 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 in the appearance 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 inconvenience 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. When 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.



The powers in the 1964 Act are superseded by the provisions of the 1969 Act but action taken on the five areas is to continue and a further two areas were made by the Council during the year, the London Borough of Enfield Improvement Areas Nos. 2A and 2B which are extensions to existing areas. In the seven areas the following action was taken:

#### Number of Improvement Notices Served

Preliminary	...	...	...	...	219
Suspended	...	...	...	...	119
Immediate	...	...	...	...	71
Final	...	...	...	...	6
Default	...	...	...	...	29

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 these works; and stating the date, place and time 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 when the tenant has given his consent to the necessary works and allows 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.

A Default Notice is served on the owner if the conditions of previous notices have not been fulfilled and the works are then carried out in default.

By the end of the year 79 houses in these areas had been improved.

The Housing Act, 1964, also gave 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.

Twelve 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.

Two Certificates of Disrepair were issued and four 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 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, 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.

The Housing Act, 1969, amended the law with regard to rents payable for certain dwellings in good repair, and provided with certain amenities or improved with the assistance of local authorities. The provisions of the Act enable owners to apply to the local authority for Certificates as to the fitness of the property and the amenities provided, which, if issued, they could present to the Rent Officer who would declare it a "regulated" tenancy and fix a fair rent. The Act came into force in the autumn of the year and by the 31st December, 164 applications for qualification certificates had been received and 20 issued. With wider publicity it is anticipated that a substantial number of applications will be received in the coming year.

**(See Statistical Tables 36 and 37)**

## **LAND CHARGES**

In pursuance of the provisions of the Land Charges Act, 1925, 7,164 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 subject to satisfactory standards of amenity and hygiene.



The Caravan Sites Act, 1968, restricts 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 is to come into operation on a day to be appointed by the Minister, provides for the establishment by local authorities of sites for the use of gypsies and other persons of nomadic habit, and controls in certain areas the unauthorised occupation of land by such persons.

In the borough there is one privately owned licensed residential caravan site accommodating twenty caravans. In addition there are licensed sites for sixteen caravans at nurseries for the use of employees.

The Council own a further site which is to be closed down. The occupiers are being offered housing accommodation by the Council, and several have been rehoused. At the end of the year fourteen caravans remained on this site which, being in the Green Belt, will be left as open land.

The problem of itinerant caravan dwellers necessitated 437 visits by the public health inspectors.

Gypsies and itinerants who moved into the borough were formerly dealt with by procedure under the provisions of the North-West London (General Powers) Act, 1965. To effect the speedy removal of caravans from roadside verges and waste land, use was made of the Magistrates' Courts Act, 1952, whereby a warrant for arrest of the offenders was obtained and the person brought to Court and usually fined. This resulted in early and effective action being taken to prevent a build-up of caravans. However, the Criminal Justice Act, 1967, precluded warrants being issued for other than indictable offences. The Court, having regard to the new legislation, decided that use of the Magistrates' Courts Act, 1952, was not appropriate and inspectors had to revert to the previous lengthy procedure.

In the early months of the year twelve gypsy vans moved on to vacant land under the control of the Greater London Council in Eastern Enfield. Protracted negotiations and finally forcible eviction eventually secured the removal of these gypsy vans from the site. They then moved on to land owned by this Council and were again forcibly removed.

In May, a number of these gypsies entered land in Turkey Street. This land, the property of the Council, was due for redevelopment in August; and, attempts to negotiate with the gypsies failing to produce satisfactory results, the Council decided to seek an injunction on the grounds of trespass.

Meanwhile, summonses had been served on some of the persons occupying the land, and in due time three men appeared in the magistrates' court and were fined, two others being fined in their absence. During this period, too, the gypsies had enlisted local support and had also obtained the backing of the Gypsy Council. Demonstrations took place. Later, a deputation was received by the Borough Council.



The injunction granted was subject to the Council undertaking to find an alternative site for the gypsy caravans. The Council was subsequently released from this undertaking on the understanding that the case went for trial early in the new term. By this time, however, the Council had considered the possibility of providing a site in the borough, and had decided to use for that purpose, and as a temporary measure, part of the land which was not required for immediate redevelopment in Turkey Street.

In October, by agreement with the gypsies concerned, twelve caravans were transferred to the new site at which a water supply, water-closets and drainage were provided. The site being of a temporary nature, no access roads or hard standings were made available. This made conditions difficult, particularly in winter months. The general level of hygiene has been poor. The Housing Manager is responsible for the collection of rents.

Other itinerants appearing in the borough in isolated numbers have been persuaded to move on.

### **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 the Act several Orders and Regulations have been made prescribing standards for the provision of washing facilities, sanitary accommodation, first aid equipment, etc.; and explanatory circulars have been issued.

Still the most common fault is inadequate lighting. The minimum standard recommended by the Government department is, regrettably, appreciably lower than the one adopted by the Council, i.e. the suggested standard of the Illuminating Engineers Society.



By the end of the year a total of 2,902 premises had been registered. This represents the total register of premises in the borough and subsequent registrations will be in respect of change of occupancy and/or new premises. A total of 4,232 visits were made and 84 new registrations were received during the year. One hundred and thirty-five 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 remaining case proceedings were taken which resulted in a fine of £20 0s. 0d. with £5 5s. 0d. costs.

Fifty-three accidents were reported but none was of a serious nature. In the majority of these cases — cuts from sharp instruments, bruising and sprains from slipping and falling on wet or uneven surfaces — carelessness appears to have been a contributory factor. More thought and care in the handling of goods and equipment and instruction on the best and most effective methods would probably lead to a reduction in the number of these minor accidents.

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. No prosecutions were taken under this Act.

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 were included in the Middlesex County Council Acts and Byelaws made thereunder. These provisions were extended by Local Law (North-West London Boroughs) Order, 1965. There were no prosecutions in relation to street trading during the year.

The recorded number of shops in the borough is 1,841. A street market with originally 40 licensed sites trades six days a week. By the end of the year this number had been reduced to 36. This licensed market is situated in the Edmonton Green Redevelopment Area and it is anticipated that in the Autumn of 1970 these traders will be moved to a new market square which is being included in the Redevelopment scheme. A further five 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, 2,925 visits were made to shops and stalls. Some of these were primary inspections to premises where a change in use had occurred. Minor contraventions noted were found to have been remedied on re-inspection. No prosecutions were taken.

(See Statistical Table 38)



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

Byelaws made under Section 77 of the Public Health Act, 1961, for securing the cleanliness of any premises used for these businesses and of instruments, towels and materials used in such premises are in force.

Four hundred and thirty-one visits were made and conditions found were generally satisfactory.

Section 21 of the Greater London Council (General Powers) Act, 1967, requires the registration of any person who carries on the business of a hairdresser or barber on premises in the Borough. Two hundred and seventeen persons are so registered.

## **MASSAGE AND SPECIAL TREATMENT ESTABLISHMENTS**

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

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

All premises were visited by a public health inspector and were found to be satisfactory. New premises were visited, in addition, by a principal medical officer.

## **LICENSED PREMISES**

The Licensing Act, 1964, provides that applications be made to the Licensing Justices for licences to sell intoxicating liquors for consumption on or off the premises 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-seven applications were referred, necessitating 114 visits to premises by public health inspectors, and conditions found were generally satisfactory.

## **BETTING AND GAMING PREMISES**

Applications for permits for amusements with prizes under the Betting, Gaming and Lotteries Act, 1963/64 and the Gaming Act, 1968, are dealt with by the Town Clerk, who requests from this Department a report on the suitability of the premises, the sanitary conditions, and, in the case of food premises, on compliance with the Food Hygiene Regulations.



Fifty-three applications were referred, necessitating 55 visits by public health inspectors. Forty-seven applications were approved, one case is still under consideration, one was withdrawn and four were refused.

The Council may object to the grant of applications for Betting Office Licences made to the Betting Licensing Committee under the Betting, Gaming and Lotteries Act, 1963. The Town Clerk seeks the observations of the Department on the conditions obtaining at the premises concerned.

Fifteen applications were referred. Seventeen visits by public health inspectors were made and the Council's requirements were met in all cases.

### **NURSES AGENCIES**

Under the provisions of the Nurses Agencies Act, 1957, and the Nurses Agencies Regulations, 1961 and 1968, such agencies are required to be licensed by the Borough Council.

During 1969 an additional agency was licensed, making a total of two licensed agencies in the borough at the end of the year.

### **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-four applications were referred, necessitating 50 visits by public health inspectors. Thirty re-applications and four new 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 849 factories and workshops are registered.

Four hundred and five 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 39 and 40)

## OUTWORKERS

Section 133 (1) 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 ... ..	6
Bed linen, etc. ... ..	3
Boxmaking, etc., wholly or partially of paper ...	5
Brass and brass articles ... ..	2
Carding, etc., of buttons ... ..	2
Christmas stockings, etc. ... ..	4
Curtains ... ..	6
Electrical cables ... ..	383
Handbags ... ..	2
Lampshades ... ..	2
Paint boxes and paint brushes ... ..	4
Toys and games ... ..	35
Wearing apparel ... ..	155
	<hr/>
	609

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.

Fifteen visits were made by 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-nine 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 "offensive trades". The business of a dealer in butchers' wastes was so declared to be an offensive trade as such a business was operating in the borough, but this business ceased in 1969. Fifteen 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 58,245 visits, an increase of about 5% 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.

The Public Health (Recurring Nuisances) Act, 1969, which came into operation on the 25th June, enables local authorities to deal more effectively with nuisances which may be remedied but which are likely to recur.

During the summer of 1969 considerable annoyance was caused to residents in the north-east part of the borough by the pollution of a large area of water in an excavated gravel pit. The water, covering an area of more than two acres to an average depth of twelve feet, was being filled with rubble and general débris. The filling material included a considerable quantity of cellulosic material and the free oxygen in the water was used up resulting in very offensive odours being emitted from the polluted water. Unsuccessful attempts were made to treat the water chemically and it was finally decided that the excavated area be filled as quickly as possible with inorganic material. To speed up the filling of the pit, tipping was made free of charge to anyone carrying suitable material. Several hundred loads were tipped daily but in spite of these measures it took several weeks to remedy the nuisance.

Many matters were resolved informally without the necessity of serving notices but arising from defects and shortcomings found on visits, 233 informal and 173 statutory notices were served resulting in repairs and sanitary improvements being carried out. Legal proceedings were instituted in nine cases resulting in fines totalling £20 0s. 0d. and costs of £22 1s. 0d. being obtained.

Requests for visits, and complaints on a wide range of matters, numbered 7,439. Of this total, 1,944 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 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 41 and 42)

## 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 excessive noise as a statutory nuisance in accordance with the procedure in the Public Health Act, 1936. It makes specific provision to deal with loudspeakers in the street, and also enables three or more persons aggrieved by a noise nuisance to make a complaint to a Justice of the Peace. Powers for local authorities to deal with the playing of noisy musical instruments, amplifiers, etc., and the keeping of noisy animals, and noisy hawking, are given by Good Rule and Government Bye-Laws made under the Local Government Act, 1933.

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

To assist in dealing with complaints, a Sound Level Meter and Octave Band Analyser was purchased by the department during the year. This instrument measures the sound level in decibels, with "weightings" applied to approximate to the sensitivity of the human ear under varying conditions. Current practice tends to confine readings of over-all sound to the "A" weighting, results being expressed in decibels A (dBA.). In addition, readings can be taken of the sound level in different frequency ranges, from 31 cycles per second to 8,000 cycles per second. This is useful in identifying the particular component of a noise which is causing nuisance.

There are no legal standards for noise, other than those which apply to road vehicles, which are enforced by the police. The Wilson Report and the British Standard 4142, Method of Rating Industrial Noise, suggest certain criteria above which complaints may be expected. Applying these criteria involves measuring the ambient or background noise and the noise complained of, and making certain corrections to allow for local conditions. Experience in the borough has shown, however, that with many complaints the noise falls below the level of these criteria, although the complaints seem reasonable and well-founded. This may in part be due to the increasing publicity given to noise nuisance, and the rising standards in matters affecting environment. The Wilson Report was published in 1966 and the British Standard in 1967.



Reaction to noise is governed not only by loudness, but by the type of noise, i.e. its frequency. If a noise is confined to a narrow waveband, so that the sound is on a fairly definite pitch, it is much more intrusive than a sound of mixed frequencies. As a result, the whine from a fan motor or ventilating duct may be a source of complaint, although the actual level of noise is comparatively low, and conditions will be aggravated if the appliance operates twenty-four hours a day. Such complaints often require investigation during the evening or even during the night to establish the source of the noise and the sound level in relation to background noise.

There is no universal cure for noise nuisance. Each case must be considered individually, for in addition to abating the nuisance, any work carried out must be compatible with the operation of the plant. With established machinery, this is often difficult and expensive. More consideration should be given to the question of noise when new equipment or factories are planned, and there is much to be said in favour of prior approval of potential sources of noise.

One case involved new air extraction plant installed in an existing factory in close proximity to dwelling houses. The noise from this brought complaints from a number of residents. These complaints were fully justified, and after long negotiation with the firm concerned, silencers were designed and fitted to the extraction plant. This resulted in the noise level at the houses being reduced by 10 dBA; in common parlance, the noise was cut by half. A great deal of time, money and inconvenience could have been saved if the question of noise in relation to adjoining buildings had been considered before the plant was installed, and an alternative position for the extractors would probably have avoided any complaints.

In recent years there have been a number of complaints of noise and vibration from self-service laundrettes which operate till late evening or throughout the night. Every endeavour is now made to see this type of premises when installation is in progress, and to ensure that machines, pipe work and pumps are efficiently insulated or isolated.

A more recent development is the installation of cold store motor rooms, for supermarkets, in the roofs of the buildings. Motor and fan noise has already proved to be a nuisance to adjoining householders during the night, and remedial measures were necessary on two installations during 1969.

The Council includes a condition in its contracts requiring the use of mufflers on all pneumatic drills used on Council work, and the public utility undertakings have agreed to do the same. Mufflers do make some improvement but the noise from pneumatic drills is resented by householders, shopkeepers and everyone within range of their operation. There is a great need for an alternative method of breaking concrete and opening up roads which will at the same time be efficient, economic and acceptable to the public.

During the year 885 visits were made in connection with noise complaints and an encouraging feature was the degree of co-operation from those responsible for the operation of machinery and plant. It may not be possible to eliminate noise completely, but every effort is made to have it reduced to a reasonable level.



## 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 scabetic and verminous persons and during the year 233 persons were treated, 226 for scabies and seven for pubic lice.

There were 41 requests for treatment of verminous premises but the number remains relatively small, no doubt due to the efficiency of modern insecticides.

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 concerning rats are attributable to defective drains and sewers. When complaints are received, adjoining premises are surveyed and, where necessary, the drains tested. In addition to 7,910 visits to premises by the rodent control staff, 1,561 visits in connection with rats and mice were made by the public health inspectors. In all, 3,164 premises were visited.

For surface treatments anti-coagulant poisons which, properly applied, present no hazard to human beings or domestic animals, are used almost exclusively. In some parts of the country developed immunity to this type of poison in causing concern and the position in Enfield is being closely watched.

The systematic treatment of the several thousand soil sewer manholes in the borough was commenced during the year and is progressing favourably.

Treatment of sewers is carried out firstly by test-baiting sewer manholes to ascertain the extent of the rodent infestation. Those manholes in which the test bait is taken are recorded and are then treated with a quick acting poison, sodium fluoracetamide, at four-monthly intervals during the next twelve months after which the testing and poisoning cycle is repeated. No sign of any major infestation has been indicated.



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.

Twenty-eight treatments were carried out on twenty-two 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.

Four of these treatments were carried out where large congregations of pigeons had accumulated under the arches of bridges. Nets were draped over the parapets of the bridges and the birds picked off. In this way approximately 250-300 birds were destroyed humanely.

Garden pests continue to be a common cause of complaint by householders, and 416 wasps' nests together with 46 bees' nests were destroyed and 321 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 Special Committee of Inquiry on Foot and Mouth Disease which was set up as a result of the widespread outbreak of the disease in 1967/68, reported, and some of its recommendations have been implemented by the Minister of Agriculture, Fisheries and Food. Close liaison has been maintained between representatives of the Ministry and local authorities, useful information has been disseminated, and arrangements made for co-ordinated action in any future outbreak.



No Orders were issued during 1969 for areas affected with swine fever. Three 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 fourteen 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, 1954, 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, 1969.

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 the 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 sixteen. 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 an animal 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 nineteen 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 body of one person was dealt with under this section during the year.

### EXHUMATIONS

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

Two exhumations took place at cemeteries 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 712 occasions.



that no suitable arrangements for the disposal of the body have been made or being made otherwise than by the Council. The body of one person was dealt with under this section during the year.

The Burial Act, 1857, was amended by the Burial Act, 1894 and the Burial Act, 1904.

Under Section 18 of the Public Health Act, 1936, a local authority may, if directed by the Minister, provide a mortuary and a post-mortem room. The Council provides a service through agreement with the Hospital Management Committee for the use of the facilities at the Prince of Wales Hospital, Tottenham. The mortuary facilities were made available on 11 occasions.

Under Section 18 of the Public Health Act, 1936, a local authority may, if directed by the Minister, provide a mortuary and a post-mortem room. The Council provides a service through agreement with the Hospital Management Committee for the use of the facilities at the Prince of Wales Hospital, Tottenham. The mortuary facilities were made available on 11 occasions.

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# SUMMARY OF STATISTICS RELATING TO

UNDER THE SCHOOL HEALTH SERVICE IN 1957

The following statistics are presented in this report to show the progress of the School Health Service in 1957. The statistics are presented in the form of percentages of the total population of the State of New York.

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## SUMMARY OF STATISTICS RELATING TO THE SCHOOL HEALTH SERVICE

SCHOOL POPULATION	...	...	...	...	...	...	39,845
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### ROUTINE MEDICAL INSPECTION

Number of children examined	...	...	...	...	...	...	11,887
Number found to be satisfactory	...	...	...	...	...	...	11,885
Number found to be unsatisfactory	...	...	...	...	...	...	2

### MEDICAL TREATMENT

Total attendances :

Minor Ailments	...	...	...	...	...	...	18,652
Ear, Nose and Throat	...	...	...	...	...	...	988
Ophthalmic	...	...	...	...	...	...	4,983
Orthoptic	...	...	...	...	...	...	1,611
Orthopaedic	...	...	...	...	...	...	69
Speech	...	...	...	...	...	...	3,288
Child Guidance	...	...	...	...	...	...	1,664

### HANDICAPPED CHILDREN RECEIVING SPECIAL EDUCATION

Total number of children	...	...	...	...	...	...	451
Number attending Day Special Schools	...	...	...	...	...	...	341
Number attending Residential Special Schools	...	...	...	...	...	...	110

### B.C.G. VACCINATION

Number of school children vaccinated	...	...	...	...	...	...	2,349
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### ROUTINE DENTAL INSPECTION AND TREATMENT

Number of children examined	...	...	...	...	...	...	24,337
Number found to need treatment	...	...	...	...	...	...	10,332
Number treated by School Dental Officers	...	...	...	...	...	...	6,160

## MEDICAL INSPECTION

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

The primary reason for medical inspection is to ensure fitness of school children to benefit from the education provided. This is achieved by the early detection of any defect with subsequent referral for treatment, either by the family doctor or the School Health Service. It also provides an opportunity for parents to discuss with the medical officer any problems regarding behaviour or difficulty at school or at home and for the medical officer to suggest preventive measures against predictable illness.

The arrangements in Enfield are for medical inspection to be carried out on school entry, at ten years of age, and at school leaving age. There is also a vision test at eight years of age. Children in nursery classes are examined twice a year.

Although there is no statutory duty for the local education authority to provide medical services in technical colleges, medical officers are available to visit, mainly in a consultative capacity, the two colleges in the borough. Regular visits on request were made to Southgate Technical College and 217 students consulted the medical officer, had medical examinations, or vision tests. In addition, the audiometer operator tested 207 students and advised two students to consult their general practitioners regarding hearing loss.

The Mass Radiography Unit visited both colleges in the autumn, and 271 students from the Enfield College and 290 from Southgate College availed themselves of this opportunity for a chest X-ray. Of these, six students were recalled for further X-ray examination. One was found to be normal, one is still under investigation and not yet classified, one had scoliosis, one a diaphragmatic abnormality, one requires occasional clinic supervision, and one failed to attend for further X-ray.

In December, 1969, the number of pupils on the register of maintained primary and secondary schools, including nursery and special schools, was 39,845.

During the year 11,887 children were examined at routine medical inspection and two were 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. Both children were grossly obese and were referred for further medical attention. In addition to those examined at routine medical inspection, 3,686 children had vision tests.



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.

At routine medical inspection, 120 boys and seven girls were found on the Ishihara test to have a degree of colour blindness; of the 102 boys and one girl tested by Giles Archer Lantern, six were found to be normal, 37 were found to be safe and 58 boys and one girl unsafe in relation to certain standards for employment. In the case of one boy the result was considered to be unreliable owing to language difficulties and a further test was being arranged.

### **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 1969, 11,365 children were routinely tested in school, and 411 were found to have a hearing deficiency; of this number 143 were already known cases.

At the request of family doctors or school medical officers, 471 children had special tests at clinics, and of the 191 found to have a hearing loss, twenty-five were known cases. In addition, 2,249 re-tests were carried out for various reasons.

Many children had minor treatment for conditions affecting their hearing, while of the forty-six referred to the ear, nose and throat clinics, nine were kept under observation; ten underwent operation in hospital; a further nine underwent operation followed by observation at the clinic; nine were treated at the clinic; seven required no treatment; and two children did not keep appointments. The operations undertaken included tonsillectomy, adenoidectomy, myringotomy, myringoplasty, sinus wash-outs and mastoidectomy.



There were 207 audiometric hearing tests carried out at Southgate Technical College, and two students were found to have a hearing loss. Eight students from Enfield Technical College requested a hearing test and of these six had a hearing loss.

Now that effective head-worn hearing aids are being issued under the National Health Service, fewer commercial aids are being prescribed. During the year twelve children received fourteen of these new aids, ten through Tottenham Audiology Unit and four from Chase Farm Hospital. Only one commercial aid was supplied, compared with fifteen in 1968.

### **Foot Inspections**

School nurses make regular foot inspections to discover the presence of plantar warts and other contagious skin conditions of the foot. Plantar warts can be contracted wherever children walk barefooted, particularly in damp places. During the year, 75,190 foot inspections were carried out and 1,267 new cases of plantar warts were found.

(See Statistical Tables 43, 44, 45, 46 and 47)

## **INSPECTIONS FOR CLEANLINESS**

Under Section 54 of the Education Act, 1944, a local education authority may authorise a medical officer to cause examinations of the persons and clothing of pupils at schools to be made whenever, in his opinion, such examinations are necessary in the interests of cleanliness, and to take appropriate action to secure the cleansing of the person and clothing of pupils. School nurses make head inspections of children, mainly to discover verminous head conditions. Certain families are kept under constant observation because of repeated infestation.

Of the 74,171 children examined for infestation, 167 were found to be in a verminous condition and 31 required formal action in order to secure cleanliness.

(See Statistical Table 48)

## **MEDICAL TREATMENT**

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



### **Minor Ailments Clinics**

Defects found at routine or special medical inspection, which only require minor 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 attendances at the minor ailments clinics was 18,652 — nearly 1,500 less than last year.

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

There are in the borough three clinics 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 one or two sessions a month at Edmonton Central Clinic varying with the number of patients to be seen. 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 327 children who attended the clinics, 162 were new cases. Total attendances were 988.

### **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 2,714 children who attended the clinics during the year, 1,002 were prescribed glasses. The total number of attendances was 4,983.

### **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 fifty-four children received orthoptic treatment or were kept under observation during the year.

### **Orthopaedic Clinic**

A decreasing number of referrals to the sessions held at the Edmonton Central Clinic has meant that during the last quarter of the year, instead of a fortnightly session, only one session a month has been required.



The number of attendances was 69 and the number of new cases was 33. The type of cases seen included foot deformities, knock knee, scoliosis, kyphosis and chest deformities.

Children attending this Clinic and requiring physiotherapy continue to attend hospital for this purpose, owing to the difficulty experienced in making the appointment of a physiotherapist.

However, a part-time physiotherapist was appointed during the year, and she provides a service on two mornings a week at Hazelbury Day Open Air School, one morning a week at Durants Day School for Educationally Sub-Normal Children, and one morning a week at the Junior Training School. One hundred and eighteen children with postural defects, cerebral palsy, asthma and other respiratory defects received a total of 2,465 treatments.

### **Speech Clinics**

In addition to the twenty sessions normally held each week at eight clinic premises, the speech therapists undertake sessions at Durants and Oaktree Schools for educationally sub-normal children, and at the Junior Training School for mentally handicapped children. In all, 462 children, of whom 109 were new cases, received treatment or were kept under observation, the total attendance being 3,288. Defects treated included stammer, dyslalia, sigmatism, and delayed development of speech.

Six students from the Oldrey-Fleming School of Speech Therapy each attended Central Clinic for one session a week. Of these, three were third year students, who took and passed their practical examination at the clinic.

### **Child Guidance Centre and Clinic**

The Child Guidance Centre and Clinic is situated at 8 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 workers 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 referred to the psychiatrist by hospitals, 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 include children of all ages whose symptoms indicate that they may suffer from an emotional disorder.

Owing to a continued staff shortage, there is a waiting list for diagnostic interview and subsequent therapy.

In conjunction with the centre and clinic there is the Enfield Selection Unit at Chase Side School for twenty young children suffering gross emotional disorder. They are admitted on the recommendation of the psychiatrist. The Unit provides a therapeutic environment in which further assessment of the problems and abilities of these children is possible. Many of them are non-speaking and in other ways inaccessible. This unit is not suitable for adolescents.

Remedial classes are provided for very small groups of children with specific learning difficulties, who attend part-time.

The recent provision by the Education Committee of Aylands, a day school for 50 maladjusted children of all ages, and the conversion of Wavendon House to a school for maladjusted boys requiring residential schooling, has greatly improved the prospects of satisfactory placement for many of the children seen at the Child Guidance Clinic.

### **Enuresis**

The number of automatic enuresis alarms available for treatment is 22. Fifty-seven children were issued with alarms during the year.

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 37 cases, twelve were unsuccessful and two were improved. At the six-monthly checks of reported cured cases, fifteen were still dry, three had relapsed and sixteen failed to keep appointments.

The number on the waiting list at the end of the year was 59.

### **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 seven children to go away.

Summer holidays were arranged by the British Diabetic Association for children who have diabetes, and two children were able to have a holiday through this scheme.

(See Statistical Tables 49, 50, 51, 52, 53, 54 and 55)



## 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 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. Dental treatment, however, 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.

Mr. T. J. H. Phillips, Chief Dental Officer and Principal School Dental Officer, who commenced duty towards the end of the year, reported that he found the borough fortunate in the standard of its premises and equipment.

Of the 39,845 children on the school roll, 24,337 pupils were inspected. This is approximately 62% of the total. Of those inspected, 10,332 (42%) were found to require treatment and of these 9,035 (87%) were offered treatment. A number of children, of course, receive treatment through the general dental service.

In addition to ordinary dental treatment, the orthodontic service remained in great demand. At the commencement of 1969 there were 368 cases still undergoing treatment, while during the year 168 new cases started treatment and 158 cases were completed. In all, 6,354 attendances were made for orthodontic treatment during the period under review.

All dental prosthetic and orthodontic appliances are made at the dental laboratory maintained by a neighbouring authority, and 577 removable and 62 fixed appliances were made for Enfield residents.

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

Several major staff changes during the year had their inevitable effect on the continuity of the dental service and this is reflected in the slight drop in the number of sessions devoted to inspections and treatment.



So far as the future of the service is concerned, the Chief Dental Officer has already been in consultation with the Health Education Officer to inaugurate a Dental Health Programme for 1970, and contact has also been made with the Oral Hygiene Service for the purpose of giving talks to dental officers and nurses on the techniques of conveying advice on dental health to mothers and children.

Both Mr. Phillips and his predecessor, Mr. Underhill, wish to record their appreciation of the work and loyalty of the staff.

(See Statistical Table 56)

### 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 341 Enfield pupils in day special schools and 110 in residential schools. Children attending residential schools are medically examined annually, and those at residential schools for maladjusted children are also seen annually by a psychiatrist.

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 likely to become so defective that they require education by methods not involving the use of sight. During the year, one child was ascertained and admitted to the play group of a day special school. At the end of the year, there were four 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. During the year, one child was ascertained and admitted to a day special school. At the end of the year, there were eight children in special schools.

(c) Deaf — pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language. During the year, one child was ascertained and admitted to a play group. At the end of the year, there were fourteen children in special schools, one in a day nursery and one in a play group.



(d) Partially Hearing — pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils. During the year, five children were ascertained; three were admitted to a day special school, one to a day nursery and one to a play group. At the end of the year there were thirty children in special schools, one attending a day nursery, one a play group and four 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, nine children were ascertained; two were admitted to a day special school, one of these being placed in Clay Hill Hostel, one was admitted to a residential special school, one attends a play group, two left the district before being placed and three are awaiting placement. At the end of the year, there were ninety-four children in special schools, one in a play group, and one at ordinary school. In accordance with the Ministry of Education Circular 11/61, another ninety-eight 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. During the year, one child was ascertained and admitted to a residential special school. At the end of the year, four children were in special schools and one was receiving home tuition.

(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, forty-one children were ascertained, of whom eleven were admitted to residential special schools, nineteen to a day special school, ten are awaiting placement and one left the district before being placed. At the end of the year there were seventy-eight children in special schools, twenty-four at ordinary schools and one in hospital.

(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 and were admitted to day special schools. At the end of the year, there were forty children in special schools and four at ordinary schools.



(i) Speech — pupils who on account of defect or lack of speech not due to deafness require special educational treatment. During the year, one child was ascertained and is awaiting placement in a residential special school. At the end of the year one child was in a special school and one at ordinary 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 twenty-two children were ascertained, nineteen of whom were admitted to the day open air school, one to a residential school and two are awaiting placement. At the end of the year, there were sixty-eight children in special schools and four at ordinary schools.

In addition, there were twelve 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 aged between five and sixteen years 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, three meals a day, a hygienic way of life and medical care and treatment; the children are medically examined once a term.

Since March, a physiotherapist has visited the school twice a week and 92 children received a total of 1,933 treatments. Three of the children, with cerebral palsy, have had individual treatment; the other children are treated in groups. Visits to the swimming baths, found to be particularly beneficial to many of the children in this school, have continued under the supervision of the school nurse.

### **Durants and Oaktree Schools**

Accommodation for 160 educationally sub-normal boys and girls 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 a medical officer who regularly visits the schools.

Since March, a physiotherapist has visited Durants School once a week and sixteen children have received a total of 324 treatments.



The educational psychologists paid 41 visits to the schools for the purpose of educational assessment.

### **Wavendon House Residential School**

This school, situated in the country, near Woburn Sands, Buckinghamshire, and maintained by the Education Committee, was until the end of the summer term a school for educationally sub-normal girls, accommodating pupils from various parts of the country, in addition to Enfield children. In September, many of these pupils were transferred to Clay Hill House Hostel, Enfield, newly opened for this purpose, and from there they attend either Durants or Oaktree Schools for educationally sub-normal pupils.

From September, Wavendon House School was approved by the Secretary of State as a boarding school for fifty maladjusted boys between the ages of seven and sixteen years.

A general medical practitioner looks after the health of the children. Those from Enfield have a full medical examination annually during school holidays, and are also examined annually by a psychiatrist.

The provision of a residential school for maladjusted boys, supplemented by the Borough's newly opened day school for maladjusted boys and girls, should reduce the long waiting period for admission to this particular type of special school.

### **Aylands School**

This day school for fifty maladjusted boys and girls was opened in 1969 by the Education Committee. Initially, twenty children have been placed there and this number will be increased gradually.

(See Statistical Table 57)

## **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. During the year, home tuition was provided for fourteen children who, for various reasons, were not attending school. At the end of the year, three children were still having home tuition.

Tuition is also provided in the paediatric wards at the North Middlesex Hospital and Chase Farm Hospital.

## **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.

Not less than twenty-one days notice in writing of intention to record a decision must be given to the parent of the child concerned. If within that period the parent refers the question to the Secretary of State for Education and Science, the decision may not then be recorded except by direction of the Secretary of State.

Of the twelve 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 authorities, but no children were examined under this provision.

## **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 children whose parents have not by then taken advantage of the facilities available may have this further opportunity. In addition, consent forms for poliomyelitis and tetanus immunisation and smallpox re-vaccination are issued for pupils of fifteen 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 3,567 children eligible for B.C.G. vaccination, the parents of 2,740 children (76.82%) consented to have a tuberculin skin test carried out, and B.C.G. vaccination, if necessary. A total of 2,628 children had a tuberculin skin test and 2,360 (89.8%) were found to require vaccination; of these, 2,349 (99.53%) were vaccinated.

In September, B.C.G. was again offered to students at the technical colleges, but no student took advantage of the service.

(See Statistical Table 58)



## **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 332 children examined for employment certificates and fourteen 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 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 67 school children, under the control of the Children's Officer. These are visited about six times a year—during school holidays—by a medical officer who advises on diet, general health matters and hygiene of the homes, and medically examines children on admission and annually. Each child is on the list of a general medical practitioner for medical treatment.

At the request of the London Borough of Barnet, two of that authority's homes which are situated in this Borough and which provide accommodation for 21 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**

### **Sonne 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. There were outbreaks of Sonne dysentery in two primary schools affecting twelve and fifteen children respectively and sporadic cases occurred in thirteen other schools during the year.

### **Pulmonary Tuberculosis**

The Secretary of State for Education and Science issued further guidance, in Circular 3/69, on the need to protect school children against infection by adults suffering from tuberculosis. Although existing practice was largely consistent with



the advice in the Circular, the following additional recommendations were made :—

- (a) That teachers and other adults whose work brings them in contact with school children be required to have an X-ray examination of the chest at three-yearly intervals.
- (b) That the Principal School Medical Officer should, however, be enabled to require more frequent examinations where in his view this is desirable.
- (c) That the present arrangements for referral of such persons to the Miniature Mass Radiography Service for X-ray examination of the chest be approved.

### **Scabies**

There was an increase in the incidence of scabies among school children during the year and 75 attended the treatment centre.

### **Notification of Infectious Disease**

Four hundred and ninety cases of suspected infectious disease occurring in school children were notified by head teachers.

## **HEALTH EDUCATION**

Following requests from head teachers, talks and film shows were arranged by health visitors in three comprehensive schools. The talks and film shows covered such subjects as mothercraft, first aid, home safety, community health, sex education, smoking and drugs. Health visitors also arranged for pupils from these schools to visit infant welfare clinics, St. Michael's Hospital and some housebound elderly people.

## **RESEARCH**

### **National Child Development Study (1958 Cohort)**

The second follow-up study of children born 3rd - 9th March, 1958, was carried out during the year. It consisted, as in 1965, of an interview of the parents by a health visitor, a medical examination and an audiometric test. Forms in respect of fifty-four out of the sixty children involved were fully completed. In the other six cases, parental interviews by the health visitor took place and audiometric tests were carried out, but medical examination was refused.

### **Special Education for Children Handicapped by Spina Bifida**

Circular 11/69, dated 28th May, 1969, from the Department of Education and Science to local education authorities, requested information on the expected



incidence of spina bifida and assessment of the adequacy of existing and proposed educational provision. It was found that there were 35 known cases of spina bifida (a figure well below the national average), 21 of these being pre-school children. All the school children were satisfactorily placed in ordinary or special schools, according to their needs.

### **The National Council of Social Service**

In March, this Council sought information on the incidence of school children of small stature, in the belief that there might be a need for some form of advisory group or self-help organisation to deal specifically with the social needs of dwarfs and miniatures. The parents of six children were approached. Interest was shown in four cases, and the parents asked that their names be given to the National Council.

### **National Deaf Children's Society**

This Society requested assistance in a survey to determine how help could best be given to alleviate the difficulties of children with impaired hearing. A questionnaire was completed giving numbers, by age groups, of hearing impaired children; the types of schools they attend; the means by which hearing loss is detected; the provision of hearing aids; the guidance and help given the parents; and nursery and peripatetic teaching provision.

## **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. Application on Form I.R.N. (Certificate) is required when closed sources up to 10 micro-curies each, and up to 30 micro-curies in aggregate, are to be used as set out by the Association for Science Education and the Nuffield Foundation in the Modern Physics Reports, 1962 and 1964.

During the year, two further schools (Bishop Stopford and Minchenden) have been authorised to use closed sources, so that there is now only one secondary school not so authorised.

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 1,433 X-ray exposures were taken: 1,298 were for orthodontic purposes and the remainder were taken during the course of general dental treatment. A total of 592 pupils had an X-ray examination.

## **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.

During the year, another school, St. Ignatius College, purchased a gas laser.

## STAFF AND TRAINING

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## 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., D.P.H., D.C.H.

#### Mental Health Service:

H. GOUGH-THOMAS, M.A., M.B., B.Ch., D.Obst.R.C.O.G., D.P.H. (*Resigned 31.10.69*)

MONICA E. WATKINS, M.B., B.S. (*Aptd. Senior Medical Officer 17.11.69*)

#### School Health Service:

M. L. GRAEME, M.A., M.B., B.Ch., D.P.H.

### Medical Officers in Department

GRACE J. ADAM, M.B., Ch.B.

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.

THERESA M. CHAN KIN, M.B., B.Ch.,  
B.A.O., D.P.H.

MARY ROLAND, M.R.C.S., L.R.C.P.,  
D.P.H.

ROSA MERZER, L.R.C.P. & S.(Edin.),  
M.D.(Bologna)

MONICA E. WATKINS, M.B., B.S.  
(*Promoted to Senior Medical Officer*)

NORA T. U. O'CALLAGHAN, M.B.,  
B.Ch., B.A.O., D.P.H.

ANN J. WISEMAN, M.B., B.S., 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.

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., B.S., M.R.C.P.

## Hospital Consultants and Specialists (Undertaking sessions at Council Clinics)

### Ear, Nose and Throat :

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.

M. B. STANTON, M.B., B.S., F.R.C.S., D.L.O. (*Aptd. 7.1.69*)

### Orthopaedic:

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

### Ophthalmic:

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.

### Chief Dental Officer and Principal School Dental Officer

E. UNDERHILL, L.D.S., R.C.S. (*Retiring February, 1970*)

T. J. PHILLIPS, L.D.S., R.C.S. (*Aptd. 1.12.69*)

### 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*)

### Dental Officers

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

CLARA S. EMMER, M.D.

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

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

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

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

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

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**

VACANT

**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. (*Resigned 13.4.69*)

Mr. S. S. ROBINSON, C.S.W. (*Aptd. 1.1.70*)

**Senior Mental Welfare Officers**

J. H. COTTON, M.A., C.P.S.W.

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

**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**

Miss M. PALMER, S.R.N., S.C.M., R.M.N.

**Senior Midwife**

Mrs. M. J. FITZJOHN, S.R.N., S.C.M.

**Superintendent of Home Nursing Service**

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

**Senior Home Nurse**

Mrs. E. MAILE, S.R.N.

**Home Help Organiser**

Mrs. G. WEBBER

**Deputy Home Help Organiser**

Mrs. W. E. A. MITCHELL, A.R.S.H.  
(*Retired 3.4.69*)

**Area Home Help Organisers**

Miss A. ALCOCK

Mrs. H. I. TARRANT  
Mrs. B. I. GRAHAM (*Aptd. 23.6.69*)

**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 (*Retired 30.4.69*)**OTHER STAFF ESTABLISHMENT**

Health Visitors :		Midwives ... .. 30	Health Educ. Officer ... 1
Group Advisers ... 3		Home Nurses ... 43	Health Educ. Techn. ... 1
Field Work Instr. ... 3		Nursing Auxiliaries ... 2	Speech Therapists ... 3
Health Visitors/School Nurses ... .. 45		Asst. Area Home Help Organisers ... .. 3	Senior Orthoptist ... 1
Tuberculosis Health Visitors ... .. 4		Dental Surg. Assts. ... 11	Audiometer Operators ... 2
Student Health Visitors 6		Mental Welfare Offrs. 9	Physio/Remed. Gymnast 1
		Trainee Mental Welfare Officers ... 3	Chief Chiropodist ... 1
			Chiropodists ... .. 6
			Medical Social Worker 1
			Pre-school Playgroup
			Organiser ... .. 1

**Public Health Inspectors :**

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

**Shops and Street Trading**

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

Senior Admin. Officers 2
Admin. Officers ... 9

Senior Clerical Officers ... .. 4
Clerical Officers ... 51

Shorthand/Audio Typists 11
Telephonists ... .. 2
Admin. Trainee ... 1

Home Helps ... .. 160
Rodent Control Officer 1
Rodent Control Assts. ... 3
Sewermen (skilled) ... 7

Disinf./Conv. Foreman 1
Disinfector Drivers ... 2
Conv. Attendants (inc. Reliefs) ... 78
Driver/Clnrs. Conv. ... 4
Male Clnrs. Conv. ... 4

Driver/Handymen ... 3
Porter/Messenger ... 1
Clinic Caretakers and Cleaners ... .. 15



### 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

Head Teacher : Mrs. E. F. HUDSON

Deputy Head Teacher	...	...	1	Trainee Supervisors	...	...	2
Teachers	...	...	10	General Assistant	...	...	1
Assistant Supervisors	...	...	6	Domestic Staff	...	...	3
				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	...	...	405
Manual workers	...	...	302
			<hr/>
			707
			<hr/>

For their many years of devoted service I record my thanks to those officers who retired during the course of the year under review:

To Mr. E. Underhill, Chief Dental Officer and Principal School Dental Officer, who retired officially in November after 35 years, but remained in service in an advisory capacity for a short period.

To Miss A. Cooper, Senior Administrative Assistant, School Health Service, after 34 years' service.

To Miss D. A. Watson, after more than 23 years' service as a dental surgery assistant.

To Mrs. W. Mitchell, Deputy Home Help Organiser, after 21 years' service.

Dr. Gough-Thomas (Principal Medical Officer for Mental Health), Miss A. Harman (Deputy Principal Mental Welfare Officer) and five mental welfare officers left the service of the Council during the year, to take up other appointments.

Dr. Monica E. Watkins was promoted and made Senior Medical Officer in the Mental Health Section. Mr. W. Crossley, Public Health Inspector, was re-appointed to a position in the Public Health Inspectorate.

The supervisory staff of the Home Help Department was re-organised to include three posts of Area Home Help Organiser and three posts of Assistant Area Home Help Organiser.

Miss T. Bamford, Health Visitor, who had been sponsored for a one year course of training for the Health Education Certificate, was appointed Health Education Officer on the completion of her course.

One of our recently qualified student health visitors, Miss J. Crouch, was offered a scholarship by the London Boroughs' Training Committee for training at the Royal College of Nursing as a health visitor tutor and she has been seconded by the Borough for the duration of the course.

Once more I regret to report that we were unable to engage the services of an assistant warden at the recuperative hostel and continued to rely on more temporary means of relief for the warden.



## MEDICAL ASSESSMENT AND EXAMINATION

The London Borough of Enfield is a large employer of many categories of officers and 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 2,093.

### 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. Eighty-two teachers and 249 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 304 and of this number eight required medical examination. One was found unfit.

#### Others

In accordance with the schemes of conditions of services 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 1,458 assessments made, 63 required medical examination and two were found to be unfit.

### SICKNESS ABSENCE MEDICAL ASSESSMENTS

Sixteen medical assessments were made in accordance with the schemes of conditions of service relating to prolonged absence due to illness, and of these ten 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 qualification, but also to see that officers keep abreast of modern developments.

Facilities for training are offered by a large number of educational bodies throughout the country, and London is particularly fortunate.

The Education Committee of the Greater London Whitley Council, of which the borough council is a member, provides vocational courses of benefit 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 borough council has 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 represented 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.

Miss Eva J. Salisch, B.D.S., L.D.S., R.C.S., dental officer, began a course at London University leading to the Diploma in Dental Public Health.

Of the five students undergoing training for the Public Health Diploma of the Public Health Inspectors' Education Board, one was engaged on a sandwich course and four were day release students. These courses are taken at the Tottenham Technical College. Another student is attending Aston University, Birmingham. All these courses extend over three or four years.

Mrs. H. M. Smith, senior mental welfare officer, completed a two-year course for the Certificate in Social Work at the North Western Polytechnic. Mr. D. Doyle, mental welfare officer, and Miss A. Hosang, trainee, began their second year of training, and Mr. J. Conboy began his first year of training for this Certificate.



Four student health visitors qualified and in September joined the staff as health visitors. Four other students were selected and sponsored and began their training in September.

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

Mr. S. N. Dance, Chief Administrative Officer, attended a course in Management for senior professional and administrative staffs in Health, Welfare, and Children's Departments.

One clerical officer was approved for attendance at a day release course for the Local Government Clerical Examination at Tottenham Technical College. Two officers were approved by the Council to go forward on studies leading to the Diploma in Municipal Administration.

Three shorthand typists attended the Tottenham Technical College for Royal Society of Arts certificates. Four new junior members of the staff completed the thirteen-week Local Government Induction Course.

Two nursery students at the day nursery began their two-year day-release Course at Tottenham Technical College, for the Nursery Nurses Examination Board certificate. Two nursery students continued, and two further students completed this course.

Three half-day meetings were organised by the Principal Medical Officer for School Health. Between seventy and ninety members of the Health, Education, Children's and Welfare Departments were present, as well as colleagues from neighbouring boroughs such as Barnet and Haringey. Those attending included doctors, nurses, mental welfare officers, psychologists, teachers, child care and welfare officers, and administrative officers. With the kind permission of the Chief Education Officer, all the meetings were held at the Teachers' Centre, Craddock Road, Enfield. At the first meeting, on Monday, 14th April, 1969, Dr. R. Greenberg (Principal Medical Officer for Mental Health, London Borough of Barnet), spoke on "Drug Addiction". On Tuesday, 15th April, Dr. Esther Simpson (Principal Medical Officer, Department of Education and Science), spoke on "The School Health Service and Its Future". Both these lectures were followed by group and general discussion. On Thursday, 29th May, lectures were given on "The Deaf Child" by Dr. L. Fisch (Consultant Audiologist, Hospital for Sick Children, and Heston and Tottenham Audiology Clinics), and Miss Brinson (a peripatetic teacher of the deaf). They subsequently led a discussion and answered questions. The purpose of these symposia on aspects of School Health is to bring together people of different disciplines concerned with school children — and particularly handicapped pupils — as well as to instruct in technicalities.

The success of the in-service training course in 1968 for selected groups of home helps allowed us to expand the scope of the training which we were offering. The course consisted of five separate talks, followed by discussions, each session lasting altogether about two-and-a-half hours.

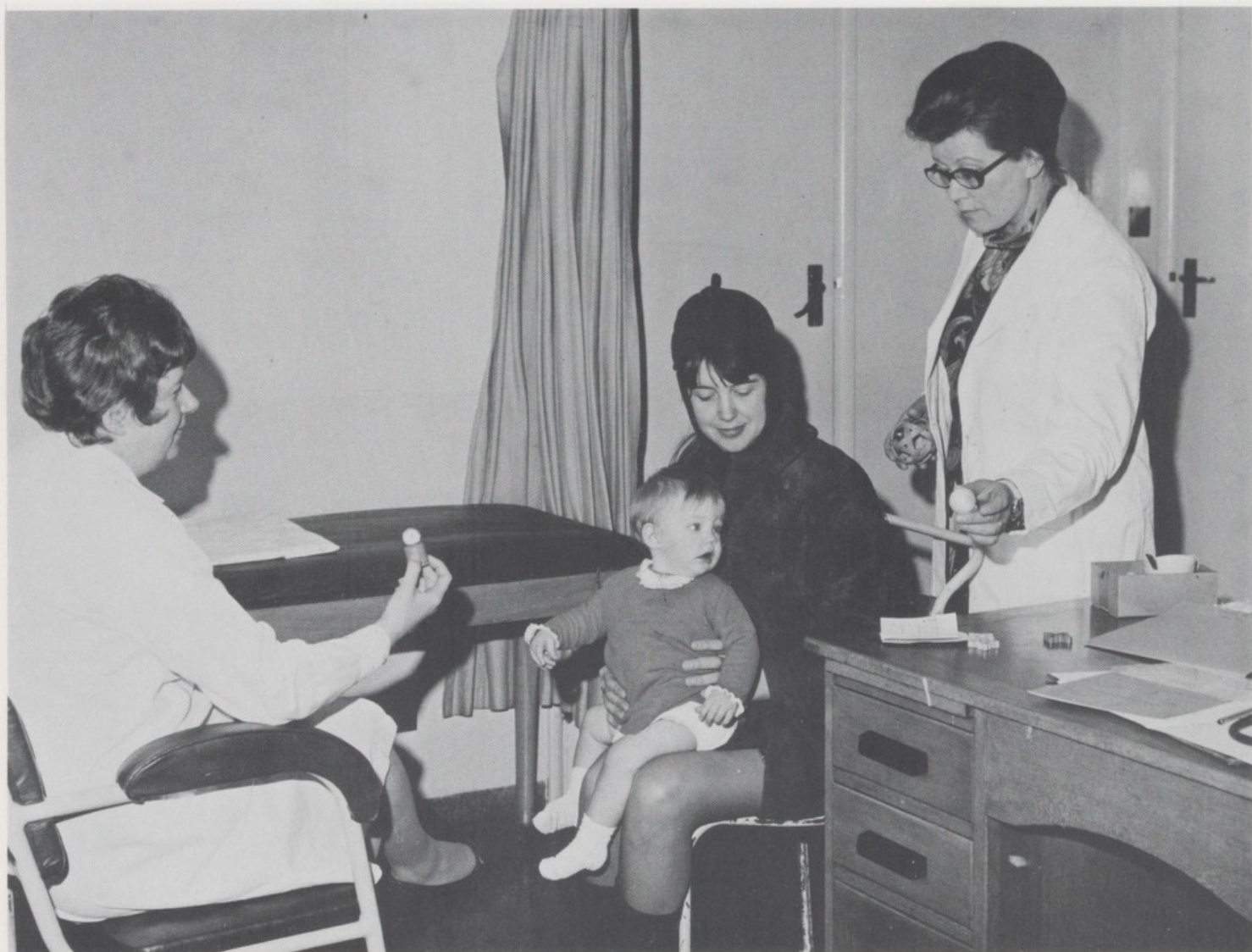
The Home Help Organiser gave the introductory and final talks. During the sessions a principal medical officer, a mental welfare officer, a welfare officer, a midwife and a home nurse all gave addresses. The Health Education Officer gave a practical demonstration on the prevention of accidents in the home. A further demonstration was given with the help of the Casualties Union, during the Home Nursing sessions. The talk on mental welfare included the showing of the film "Stress".

The continued success of this in-service training is most encouraging.



## COURSES ATTENDED BY HEALTH DEPARTMENT STAFF

Officers	Course and Numbers Attending	Duration
<i>Medical Officers</i>	Developmental Paediatrics	(1) 6 weeks
	Dental Anaesthetics	(1) 5 days
	Study days in Health Education	(1) 2 days
<i>Dental Officers</i>	Diploma in Dental Public Health	2½ days per week for (1) 3 terms of 10 weeks
<i>Public Health Inspectors</i>	Chemical review of food and food additives	1 day weekly (1) 10 weeks
	Poultry Hygiene and Inspection	(2) 3 days
	Advances in food inspection	(3) 3 days
	Bacteriology of food inspection and preservation	10 consecutive (2) Tuesdays
	Air Pollution	(1) Day release for one year
	O.N.C. Building	(1) Day release 4 year course
	B.Sc. Environmental Health	(1) Full time
	Public Health Inspectors Diploma of Public Health	Sandwich course for 3 years (2)
	Inspectors Education Board	(6) Day release for 4 years (4)
<i>Mental Welfare Officers</i>	Seminar in Social Case Work	(2) 2 days
	Report of the Seebohm Committee — Seminar	(1) 1 day
	Certificate in Social Work	(3) 2 years full time
<i>Health Visitors</i>	Detection of hearing defects in the infant and pre-school child	(4) 2 days



“WHAT’S THAT ?” An informal hearing test at a child health clinic.

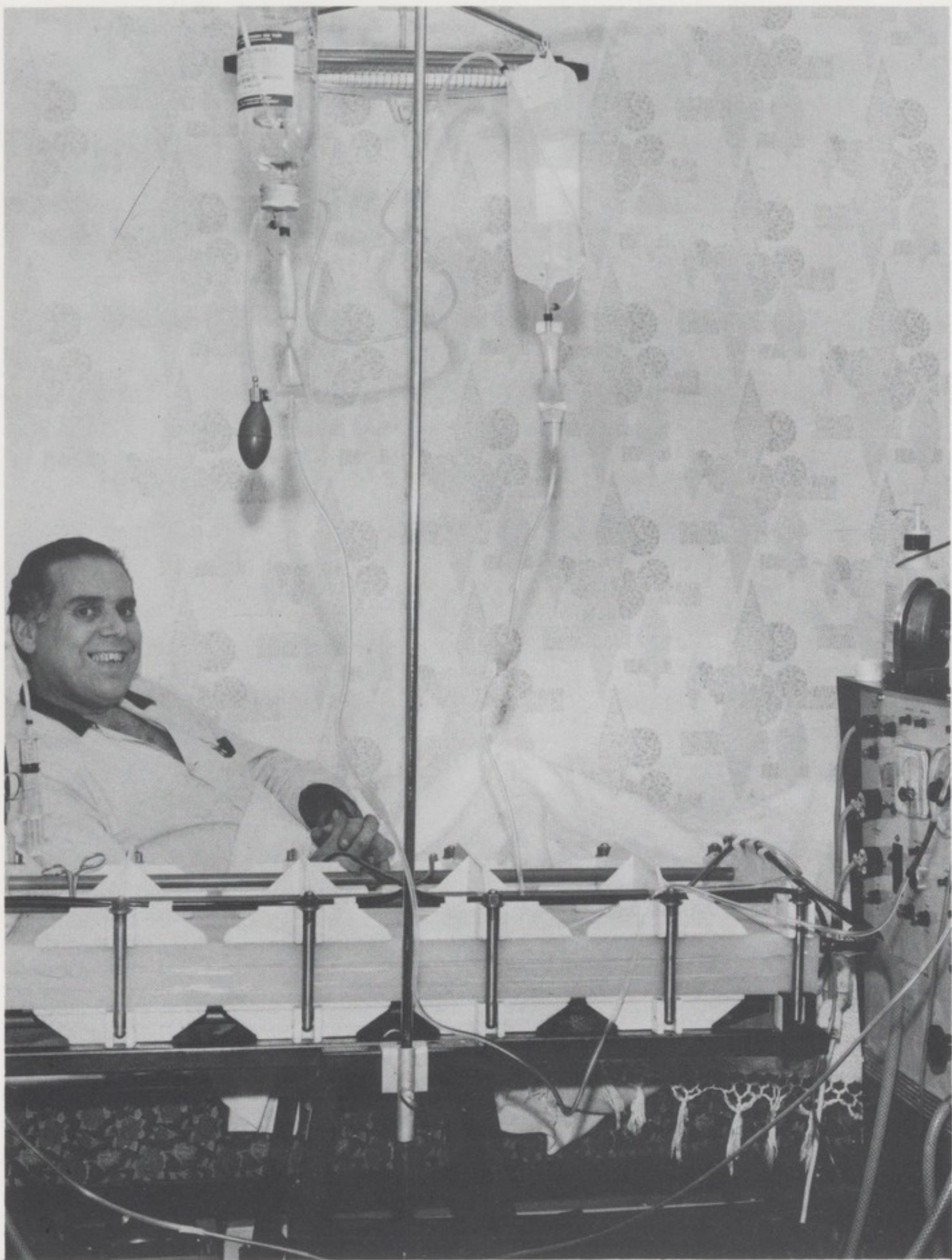




"DELIVERING THE WASHING".

The Adult Training Centre laundry van at The Grove Old People's Home.





ARTIFICIAL KIDNEY MACHINE. Patient's home adapted by Council.

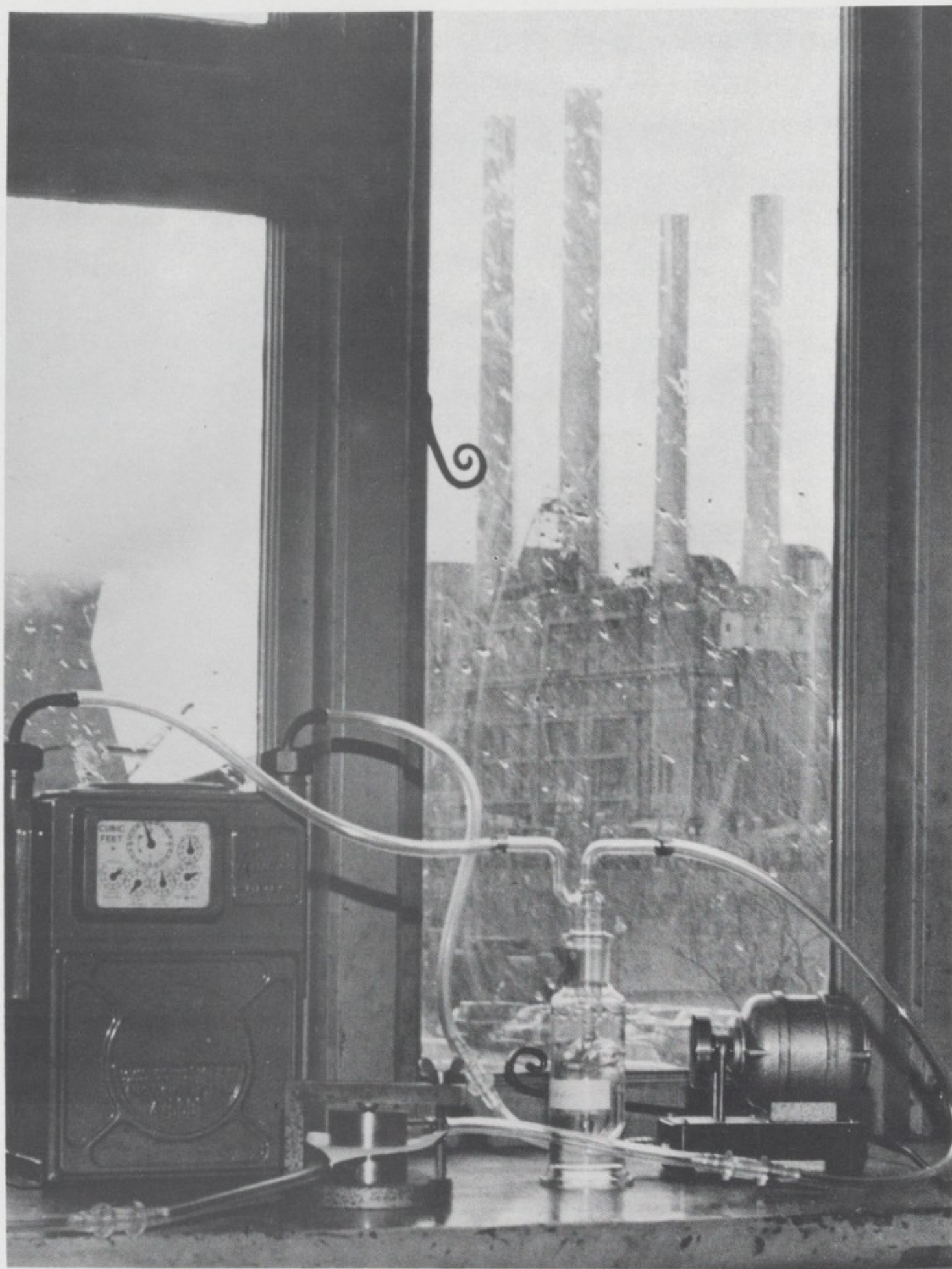




### WINTER WITHOUT SMOKE.

A view of snow-covered roofs in smoke control areas shows complete absence of smoke emission.





MEASURING AIR POLLUTION (smoke and sulphur dioxide).  
The small electric pump draws air from a sampling point outside the window.





HOME HELP IN-SERVICE TRAINING.







<b>Officers</b>	<b>Course and Numbers Attending</b>	<b>Duration</b>
	Co-operation in Child Care (2)	1 day
	Study day, Genetic Counselling (5)	1 day
	Health Education in Schools (2)	3 days
	Health Surveillance of the Older Age Groups (2)	2 days
	Special follow-up course for Field Work Instructors (1)	10 days first part 12 days second part
	Field Work Instructors, further training (2)	3 days
	Supervision of Child Minders and the Pre-school Play Groups (2)	4 days
	Introductory Course for School Nurses (1)	4 days
	Pre-school visually handicapped child (3)	1 day
	Family Planning Association (1)	8 days
	Report of Seebohm Committee Seminar (2)	1 day
	Health Visitors Training Course (8)	1 year full-time
<i>Midwives and Home Nurses</i>	Refresher Course for Midwives (4)	1 week
	Refresher Course for Home Nurses (4)	1 week
	Study Day for Health Visitors and Midwives (2)	1 day
	District Nurses Training (2)	13 weeks full-time
	Course in Nursing Admin. (1)	1 week



<b>Officers</b>	<b>Course and Numbers Attending</b>	<b>Duration</b>
<i>Home Help Organisers</i>	Week-end School (2)	3 days
<i>Health Education</i>	Practical Study Course (1)	5 days
	Study Day (2)	1 day
	Intensive Course G.C.E. " A " Level (1)	Day release for 1 year
<i>Chiropodist</i>	Course in simple appliance making for geriatric patients (1)	4 days
<i>Administrative Officers</i>	Course in management for senior professional, and administrative staff in Health, Welfare and Children's Departments (1)	3 separate weeks in 6 months
	Diploma in Municipal Administration (2)	Day release
	R.S.A. shorthand typing (3)	Day release
	Induction Course (4)	Day release
	First Aid Course for Council Employees (2)	Day release
	Local Government Clerical Examination (1)	Day release
<i>Day Nursery Staff</i>	Nursery Nurses Examination Board Certificate Course (6)	Day release
<i>Adult Training Centre Instructors</i>	Diploma Course for Staff of Training Centres for Mentally Subnormal Adults (1)	1 year full-time
<i>Junior Training School Teachers</i>	Course for Teachers of Mentally Handicapped (1)	1 year full-time
	Course for Staff of Special Care Unit (1)	Day release
	Day release for teaching staff (2)	6 days

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**TABLE 1**  
**GENERAL STATISTICS**

Area: (in acres)	...	...	...	...	...	...	20,061
Population: (Registrar General's Mid-1969 Estimate)	...	...					265,600
Number of structurally separate dwellings, including flats	...	...					90,457
Number of dwellings constructed during the year	...	...	...				1,168
Rateable Value: (at 31st December, 1969)	...	...	...	...			£18,573,975
Product of a penny rate: (1969/70 revised estimate)	...	...					£75,500



**TABLE 2**  
**VITAL STATISTICS 1969**

<b>LIVE BIRTHS</b>				<b>Males</b>	<b>Females</b>	<b>Total</b>	<b>EARLY NEO-NATAL DEATHS</b> (deaths under the age of 1 week)				<b>Males</b>	<b>Females</b>	<b>Total</b>
Legitimate	...	...	...	1,866	1,759	3,625	Legitimate	...	...	...	12	15	27
Illegitimate	...	...	...	127	138	265	Illegitimate	...	...	...	—	1	1
				1,993	1,897	3,890					12	16	28
Rate per 1,000 Population							Rate per 1,000 live births						
Enfield (Crude)	...	...	...			14.6	Enfield	...	...	...			7.0
Enfield (Standardised)	...	...	...			15.2	England and Wales	...	...	...			10.0
England and Wales	...	...	...			16.3							
Enfield Illegitimate live births per cent. of total live births	...	...	...			6.6	<b>PERINATAL DEATHS</b> (stillbirths and deaths under the age of 1 week)				<b>Males</b>	<b>Females</b>	<b>Total</b>
England and Wales Illegitimate live births per cent. of total live births	...	...	...			8.0	Legitimate	...	...	...	37	38	75
							Illegitimate	...	...	...	1	3	4
<b>STILLBIRTHS</b>				<b>Males</b>	<b>Females</b>	<b>Total</b>					38	41	79
Legitimate	...	...	...	25	23	48	Rate per 1,000 live and stillbirths						
Illegitimate	...	...	...	1	2	3	Enfield	...	...	...			20.0
				26	25	51	England and Wales	...	...	...			23.0
Rate per 1,000 live and stillbirths							<b>MATERNAL MORTALITY (including abortion)</b>						
Enfield	...	...	...			13.0	Number of Deaths	...	...	...			2
England and Wales	...	...	...			13.0	Rate per 1,000 live and stillbirths	...	...	...			
<b>INFANT DEATHS (deaths under the age of 1 year)</b>				<b>Males</b>	<b>Females</b>	<b>Total</b>	Enfield	...	...	...			0.5
Legitimate	...	...	...	30	31	61	<b>DEATHS FROM ALL CAUSES</b>						
Illegitimate	...	...	...	2	2	4	Males	...	...	...			1,559
				32	33	65	Females	...	...	...			1,576
Rate per 1,000 live births							Total	...	...	...			3,135
Enfield: Legitimate	...	...	...			16.8	Rate per 1,000 Population	...	...	...			
Enfield: Illegitimate	...	...	...			15.0	Enfield (Crude)	...	...	...			11.8
Enfield: Combined	...	...	...			16.7	Enfield (Standardised)	...	...	...			11.2
England and Wales: Combined	...	...	...			18.0	England and Wales	...	...	...			11.9
<b>NEO-NATAL DEATHS (deaths under the age of 4 weeks)</b>				<b>Males</b>	<b>Females</b>	<b>Total</b>	<b>DEATHS FROM CANCER (all forms)</b>						
Legitimate	...	...	...	15	21	36	Males	...	...	...			344
Illegitimate	...	...	...	—	1	1	Females	...	...	...			337
				15	22	37	Total	...	...	...			681
Rate per 1,000 live births							Rate per 1,000 Population	...	...	...			
Enfield	...	...	...			9.5	Enfield	...	...	...			2.6
England and Wales	...	...	...			12.0							

**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 week and under 4 weeks	Total under 4 weeks	4 weeks and under 12 months	Total deaths under 1 yr.
Anaemia ... ..	—	—	—	1	1
Birth Injury, Difficult Labour, etc.	9	—	9	—	9
Congenital Anomalies ... ..	2	6	8	6	14
Diseases of Digestive System ...	—	1	1	—	1
Endocrine Diseases ... ..	—	—	—	1	1
Enteritis and other Diarrhoeal Diseases ... ..	—	—	—	1	1
Intestinal Obstruction ... ..	—	—	—	1	1
Diseases of Nervous System ...	—	—	—	1	1
Pneumonia ... ..	1	1	2	6	8
Other Diseases of Respiratory System ... ..	1	—	1	8	9
Prematurity and Other Causes of Perinatal Mortality ... ..	15	1	16	3	19
TOTALS ...	28	9	37	28	65



TABLE 4  
CAUSES OF, AND AGES AT, DEATH

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
					1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
Enteritis and Other Diarrhoeal Diseases ...	M	1	—	1	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Respiratory System ...	M	5	—	—	—	—	—	—	—	1	—	2	2
	F	—	—	—	—	—	—	—	—	—	—	—	—
Other Tuberculosis, incl. Late Effects ...	M	3	—	—	—	—	—	—	—	2	1	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis and its Sequelae ...	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	1	—	—	—	—	—	—	—	—	—	1	—
Other Infective and Parasitic Diseases ...	M	3	—	—	—	—	—	—	2	—	—	1	—
	F	6	—	—	—	—	—	—	1	1	2	1	1
Malignant Neoplasm, Buccal Cavity, etc. ...	M	1	—	—	—	—	—	—	—	—	1	—	—
	F	4	—	—	—	—	—	—	—	—	—	1	3
Malignant Neoplasm, Oesophagus ...	M	6	—	—	—	—	—	—	—	—	1	3	2
	F	12	—	—	—	—	—	—	—	1	4	3	4
Malignant Neoplasm, Stomach ...	M	30	—	—	—	—	—	—	1	3	12	8	6
	F	28	—	—	—	—	—	—	1	—	7	9	11
Malignant Neoplasm, Intestine ...	M	43	—	—	—	—	—	—	1	5	13	12	12
	F	46	—	—	—	—	—	—	—	3	5	17	21
Malignant Neoplasm, Larynx ...	M	4	—	—	—	—	—	—	—	—	—	2	2
	F	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm, Lung, Bronchus ...	M	153	—	—	—	—	—	1	1	13	48	65	25
	F	37	—	—	—	—	—	—	—	2	13	12	10
Malignant Neoplasm, Breast ...	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	78	—	—	—	—	—	—	2	18	19	27	12
Malignant Neoplasm, Uterus ...	F	23	—	—	—	—	—	—	—	4	4	6	9
Malignant Neoplasm, Prostate ...	M	14	—	—	—	—	—	—	—	—	1	4	9
Leukaemia ...	M	10	—	—	—	1	—	—	—	—	3	3	3
	F	7	—	—	—	—	—	—	1	—	—	3	3
Other Malignant Neoplasms ...	M	82	—	—	2	—	—	3	4	7	30	21	15
	F	102	—	—	—	—	2	—	2	11	24	24	39
Benign and Unspecified Neoplasms ...	M	3	—	—	—	—	—	—	—	2	1	—	—
	F	7	—	—	—	—	—	—	1	2	1	—	3
Diabetes Mellitus ...	M	6	—	—	—	—	—	—	—	—	—	2	4
	F	17	—	—	—	—	—	—	—	—	1	6	10
Avitaminoses, etc. ...	M	2	—	—	1	—	—	—	—	—	—	—	1
	F	—	—	—	—	—	—	—	—	—	—	—	—
Other Endocrine, etc. Diseases ...	M	3	—	—	1	—	—	—	1	—	—	1	—
	F	7	—	1	—	—	—	—	—	2	—	3	1
Anaemias ...	M	3	—	1	1	—	—	—	—	—	—	1	—
	F	6	—	—	—	—	—	—	—	—	—	3	3
Other Diseases of Blood, etc. ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
Mental Disorders ...	M	2	—	—	—	—	1	—	—	—	—	1	—
	F	3	—	—	—	—	—	—	1	—	—	—	2
Meningitis ...	M	1	—	—	—	—	—	—	—	—	1	—	—
	F	2	—	—	—	—	—	—	—	—	—	—	1
Other Diseases of Nervous System, etc. ...	M	12	—	1	—	—	—	—	—	—	5	2	4
	F	18	—	—	—	—	—	—	—	2	3	7	6
Chronic Rheumatic Heart Disease ...	M	13	—	—	—	—	—	—	—	5	4	—	4
	F	19	—	—	—	—	—	1	—	4	4	5	5
Hypertensive Disease ...	M	19	—	—	—	—	—	1	—	—	7	5	6
	F	35	—	—	—	—	—	—	—	1	3	8	23

Ischaemic Heart Disease ... ..	M	463	—	—	—	—	—	—	—	9	45	125	147	137
	F	347	—	—	—	—	—	—	—	1	6	46	104	190
Other Forms of Heart Disease ... ..	M	53	—	—	—	—	—	—	—	—	4	3	15	31
	F	80	—	—	—	—	—	1	—	—	—	4	9	66
Cerebrovascular Disease ... ..	M	139	—	—	—	—	—	—	2	5	21	42	69	69
	F	221	—	—	—	—	—	—	2	4	20	40	155	155
Other Diseases of Circulatory System ...	M	75	—	—	—	—	—	—	—	1	11	22	41	41
	F	78	—	—	—	—	—	—	—	—	4	5	69	69
Influenza ... ..	M	12	—	—	—	—	—	1	1	1	3	2	4	4
	F	14	—	—	—	—	—	1	1	4	4	3	2	2
Pneumonia ... ..	M	101	1	6	1	—	—	1	1	1	15	20	55	55
	F	115	1	—	—	—	—	1	1	—	5	11	96	96
Bronchitis and Emphysema ... ..	M	130	—	—	—	—	—	—	2	3	21	57	47	47
	F	64	—	—	—	—	—	—	—	2	9	18	35	35
Asthma ... ..	M	5	—	—	—	—	—	—	—	—	2	2	1	1
	F	6	—	—	—	—	—	—	—	1	1	3	1	1
Other Diseases of Respiratory System ...	M	20	—	5	1	—	—	—	1	2	3	1	7	7
	F	12	1	3	—	—	—	—	—	1	—	3	4	4
Peptic Ulcer ... ..	M	18	—	—	—	—	—	—	—	1	6	4	7	7
	F	13	—	—	—	—	—	—	—	—	2	3	8	8
Appendicitis ... ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1	1
Intestinal Obstruction and Hernia ... ..	M	4	—	—	—	—	—	—	—	1	—	2	1	1
	F	11	—	1	—	—	—	—	—	—	—	3	7	7
Cirrhosis of Liver ... ..	M	4	—	—	—	—	—	—	—	3	1	—	—	—
	F	3	—	—	—	—	—	—	—	—	2	—	1	1
Other Diseases of Digestive System ... ..	M	13	—	—	—	—	1	—	1	—	2	3	6	6
	F	23	1	—	—	—	—	—	—	3	1	5	13	13
Nephritis and Nephrosis ... ..	M	4	—	—	—	—	—	—	—	—	1	1	2	2
	F	6	—	—	—	—	—	—	—	—	—	1	5	5
Hyperplasia of Prostate ... ..	M	8	—	—	—	—	—	—	—	—	1	2	5	5
Other Diseases, Genito-Urinary System ...	M	8	—	—	—	—	—	—	—	—	—	3	5	5
	F	8	—	—	—	1	—	—	1	—	1	1	4	4
Other Complications of Pregnancy, etc. ...	M	2	—	—	—	—	—	2	—	—	—	—	—	—
Diseases of Skin, Subcutaneous Tissue ...	M	3	—	—	—	—	—	1	—	—	—	—	1	1
	F	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of Musculo-Skeletal System ...	M	1	—	—	—	—	—	—	—	1	—	—	—	—
	F	14	—	—	—	—	—	—	1	1	—	3	9	9
Congenital Anomalies ... ..	M	8	3	1	1	1	1	1	—	—	—	—	—	—
	F	15	5	5	2	—	1	—	—	—	1	—	1	1
Birth Injury, Difficult Labour, etc. ... ..	M	6	6	—	—	—	—	—	—	—	—	—	—	—
	F	3	3	—	—	—	—	—	—	—	—	—	—	—
Other Causes of Perinatal Mortality ... ..	M	5	5	—	—	—	—	—	—	—	—	—	—	—
	F	11	11	—	—	—	—	—	—	—	—	—	—	—
Symptoms and Ill-defined Conditions ...	M	3	—	—	—	—	1	—	—	—	—	1	1	1
	F	7	—	—	—	—	—	—	—	—	—	1	5	5
Motor Vehicle Accidents ... ..	M	11	—	—	—	1	1	1	—	2	1	4	1	1
	F	15	—	—	1	1	1	—	—	1	1	6	4	4
All Other Accidents ... ..	M	21	—	1	—	1	3	2	1	2	1	3	7	7
	F	23	—	1	1	1	—	1	—	—	2	3	14	14
Suicide and Self-inflicted Injuries ... ..	M	18	—	—	—	—	1	1	2	2	7	4	1	1
	F	18	—	—	—	—	—	3	2	3	6	3	1	1
All Other External Causes ... ..	M	5	—	1	—	—	—	1	—	—	1	1	1	1
	F	7	—	—	1	—	—	3	—	1	1	1	—	—
<b>TOTAL ALL CAUSES</b>	<b>MALE</b>	<b>1,559</b>	<b>15</b>	<b>17</b>	<b>8</b>	<b>4</b>	<b>9</b>	<b>14</b>	<b>28</b>	<b>114</b>	<b>353</b>	<b>472</b>	<b>525</b>	
	<b>FEMALE</b>	<b>1,576</b>	<b>22</b>	<b>11</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>12</b>	<b>18</b>	<b>78</b>	<b>202</b>	<b>362</b>	<b>859</b>	



### TABLE 5

#### ROAD ACCIDENTS

[illegible]

**TABLE 6**  
**PREVALENCE AND CONTROL OF INFECTIOUS DISEASE**  
**Notification and Deaths**

DISEASE						Number Notified	Known to be treated in hospital	Deaths
Acute Encephalitis	...	...	...	...	...	1	1	—
Acute Meningitis	...	...	...	...	...	9	9	3
Acute Poliomyelitis	...	...	...	...	...	2	2	—
Dysentery	...	...	...	...	...	116	12	—
Food Poisoning	...	...	...	...	...	12	—	—
Infective Jaundice	...	...	...	...	...	64	18	—
Measles ...	...	...	...	...	...	1,536	—	—
Paratyphoid Fever	...	...	...	...	...	1	1	—
Scarlet Fever	...	...	...	...	...	106	14	—
Tetanus	...	...	...	...	...	1	1	—
Tuberculosis:								
(a) Respiratory	...	...	...	...	...	56	13	5
(b) Other Forms	...	...	...	...	...	11	2	3
Whooping Cough	...	...	...	...	...	54	1	—



**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 — ... ..	2	1	—	—	—	—	—	—
5 — ... ..	2	2	—	—	—	—	—	—
10 — ... ..	—	2	—	—	—	—	—	—
15 — ... ..	1	2	—	1	—	—	—	—
20 — ... ..	—	2	—	—	—	—	—	—
25 — ... ..	4	2	—	2	—	—	—	—
35 — ... ..	6	6	—	2	—	—	—	—
45 — ... ..	7	2	1	1	1	—	2	—
55 — ... ..	7	2	—	2	—	—	1	—
65 — ... ..	2	1	2	—	2	—	—	—
75 and over ... ..	1	2	—	—	2	—	—	—
Age unknown ...	—	—	—	—	—	—	—	—
TOTALS ...	32	24	3	8	5	—	3	—

During the past year there were inward transfers to the Borough of 32 notified cases of respiratory tuberculosis.

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

Type of Specimen	Number of Specimens Submitted			Findings	Number of Positives	* % of Positives
	By Local Authority	By General Practitioners	Total			
CLINICAL						
Nose and throat swabs ...	18	467	485	Group A haemolytic streptococci	25	5.00
Faeces, general ... ..	1,265	2,354	3,619	Shigella sonnei ... ..	390	10.70
				Salmonella ... ..	15	0.40
				Infantile gastro-enteritis coli ...	1	0.02
				Giardiasis ... ..	7	0.19
				Helminths ... ..	2	0.05
Faeces, occult blood ...	3	429	432	Blood ... ..	101	23.00
Sputa, urines, genital, eye, ear, pus swabs and miscellaneous ... ..	19	1,502	1,521			
ENVIRONMENTAL						
Milk ... ..	199	—	199	Failed Methylene Blue Test ...	14	7.00
Water ... ..	62	—	62	Faecal coli found ... ..	3	4.80
Food ... ..	103	—	103	Pathogenic organisms found ...	Nil	Nil
Ice-cream ... ..	51	—	51	Failed Methylene Blue Test ...	10	2.00

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



TABLE 9

## 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	755	506	553	284	746	3,940	386	3,805

TABLE 10

## 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
20	2,099	Year of birth			13,405	83,413
		1969	1968	1964-67		
		3,412	3,492	6,501		

**TABLE 11**  
**CARE OF MOTHERS AND YOUNG CHILDREN**

**Dental Care**

Dental Services	Expectant and Nursing Mothers	Children under 5 years of age
Examined ... ..	39	623
Commenced treatment ... ..	45	307
Courses of treatment completed ...	14	284
Treatments provided:		
Extractions ... ..	35	124
Fillings ... ..	60	429
Teeth otherwise conserved ... ..	3	354
Crowns and Inlays ... ..	—	—
Other operations ... ..	3	79
Radiographs ... ..	1	—
General Anaesthetics ... ..	2	67
Dentures provided ... ..	3	—



**TABLE 12**  
**MIDWIFERY**

**Midwives who Notified their intention to Practise within the Borough during 1969**

Domiciliary		Institutional		
Employed by the Borough	In Private Practice	Hospitals	Nursing Homes	Total
25	—	126	—	151

**TABLE 13**  
**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
41	38	—	37

**TABLE 14**  
**HEALTH VISITING**  
**Visits to Homes by Health Visitors**

Home Visits to :	* Number of Visits	
	First Visits	Total Visits
Expectant Mothers ... ..	1,069	1,746
Children		
born in 1969 ... ..	3,773	11,784
born in 1968 ... ..	3,628	9,561
born in 1964-67 ... ..	8,731	19,824
Persons aged 65 years and over ...	1,066	3,080
Mentally Disordered Persons ...	64	262
Patients discharged from Hospitals (other than Mental and Maternity) ...	193	249
Infectious disease Households ...	36	44
Miscellaneous ... ..	972	2,260
<b>TOTALS ...</b>	<b>19,532</b>	<b>48,810</b>

\* This Table excludes visits by Tuberculosis Health Visitors.

**TABLE 15**  
**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
121,842	3,733	120	2,274	968

**TABLE 16**  
**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
	1969	1968	1967	1966	1962/65		
1. Quadruple ... ..	—	—	—	—	—	—	—
2. Triple DTP ... ..	179	1,621	87	46	22	4	1,959
3. Diphtheria/Pertussis ... ..	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ... ..	5	97	39	9	116	49	315
5. Diphtheria ... ..	—	1	—	—	1	—	2
6. Pertussis ... ..	—	—	—	—	—	—	—
7. Tetanus ... ..	—	—	1	1	18	378	398
8. Salk ... ..	—	1	2	—	—	—	3
9. Sabin ... ..	131	2,284	239	97	190	63	3,004
10. Measles ... ..	4	468	814	490	615	85	2,476
11. Lines 1+2+3+4+5 (Diphtheria) ... ..	184	1,719	126	55	139	53	2,276
12. Lines 1+2+3+6 (Wh. Cough) ... ..	179	1,621	87	46	22	4	1,959
13. Lines 1+2+4+7 (Tetanus) ... ..	184	1,718	127	56	156	431	2,672
14. Lines 1+8+9 (Polio) ... ..	131	2,285	241	97	190	63	3,007

**(b) Reinforcing Doses**

Type of Vaccine	Year of Birth					Others under age 16	Total
	1969	1968	1967	1966	1962/65		
1. Quadruple ... ..	—	—	—	—	—	—	—
2. Triple DTP ... ..	—	678	1,393	186	495	64	2,816
3. Diphtheria/Pertussis ... ..	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ... ..	—	77	160	48	2,846	265	3,396
5. Diphtheria ... ..	—	—	—	—	44	201	245
6. Pertussis ... ..	—	—	—	—	—	—	—
7. Tetanus ... ..	—	1	10	20	44	228	303
8. Salk ... ..	—	—	—	—	1	—	1
9. Sabin ... ..	—	128	214	42	3,789	745	4,918
10. Measles ... ..	—	—	—	—	—	—	—
11. Lines 1+2+3+4+5 (Diphtheria) ... ..	—	755	1,553	234	3,385	530	6,457
12. Lines 1+2+3+6 (Wh. Cough) ... ..	—	678	1,393	186	495	64	2,816
13. Lines 1+2+4+7 (Tetanus) ... ..	—	756	1,563	254	3,385	557	6,515
14. Lines 1+8+9 (Polio) ... ..	—	128	214	42	3,790	745	4,919

**TABLE 17**  
**VACCINATION AND IMMUNISATION**

Smallpox Vaccination

Persons aged under 16 years

Age at Date of Vaccination	Number of Persons	
	Vaccinated	Re-vaccinated
Under 3 months ... ..	30	—
3 months and under 6 months ... ..	12	—
6 months and under 9 months ... ..	19	—
9 months and under 12 months ... ..	18	—
1 year ... ..	2,033	—
2-4 years ... ..	311	54
5-15 years ... ..	131	323
<b>TOTAL</b>	<b>2,554</b>	<b>377</b>



TABLE 18

**VACCINATION AND IMMUNISATION**  
**Completed Primary Courses of Immunisation by end of 1969**  
**of Children born in 1967**

Number of Children in Enfield born in 1967 : 4,137			
Immunisation Against	No. of Children Immunised (Enfield)	Acceptance Rate per cent	
		Enfield	England & Wales (1968)
Diphtheria ... ..	3,822	92.4	79
Whooping Cough ...	3,633	87.8	77
Tetanus ... ..	3,822	92.4	Not available
Poliomyelitis ... ..	3,619	87.5	77
Smallpox ... ..	2,289	55.3	38
Measles ... ..	1,300	31.4	Not available

TABLE 19

**PROPHYLAXIS, CARE AND AFTER-CARE**  
**Tuberculosis**  
**Statistics of Chest Clinic**

1 Number of cases of tuberculosis under treatment, supervision or observation at 31st December, 1969:

Respiratory				Non-Respiratory			
Men	Women	Children	Total	Men	Women	Children	Total
916	673	96	1,685	72	118	11	201

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, 1969:

Classification *		Non-Bacteriologically Confirmed				Bacteriologically Confirmed			
		Men	Women	Children	Total	Men	Women	Children	Total
Group I	...	27	43	13	83	4	6	—	10
Group II	...	33	25	—	58	10	4	—	14
Group III	...	4	1	—	5	1	1	—	2
		64	69	13	146	15	11	—	26

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, 1969:

Men	Women	Children	Total
5	7	—	12

4 Number of cases included in Section 1 above, whose broncho-pulmonary secretion was positive during the year ... .. 32.

\* 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 20**  
**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) ... ..	331	1,335	5,124	6,790
Physically Handicapped ...	8	9	49	66
Expectant and Nursing Mothers	10	3	19	32
School Children ... ..	3	14	33	50
Pre-school Children ... ..	—	—	—	—
Others ... ..	44	180	593	817
<b>TOTAL ...</b>	<b>396</b>	<b>1,541</b>	<b>5,818</b>	<b>7,755</b>
Number of Clinic Sessions — 1,554				

**(b) Domiciliary Chiropody Service**

Number of Patients	Number of Treatments
755	2,703

**(c) Services provided by Voluntary Organisations**

	Number of Patients	Number of Treatments
Treated at Centres ... ..	769	4,750
Domiciliary Cases ... ..	298	1,603
At Private Surgeries ... ..	35	315
<b>TOTAL ...</b>	<b>1,102</b>	<b>6,668</b>
Number of Sessions at Centres — 587		

**TABLE 21**  
**PROPHYLAXIS, CARE AND AFTER-CARE**  
**Venereal Diseases**

Hospital	Number of New Cases			Totals
	Syphilis	Gonorrhoea	Other Conditions	
Prince of Wales' ... ..	6	82	454	542
The Middlesex ... ..	5	20	91	116
The London ... ..	1	7	65	73
Seamen's, Greenwich ...	—	—	5	5
St. Bartholomew's ... ..	—	6	50	56
Royal Free ... ..	—	—	12	12
St. Thomas' ... ..	—	7	26	33
Royal Northern ... ..	3	43	95	141
Oldchurch, Romford ...	—	—	1	1
<b>TOTAL ...</b>	<b>15</b>	<b>165</b>	<b>799</b>	<b>979</b>



**TABLE 22**  
**SMOKERS CLINIC, 1968**  
 Information obtained in 1969 concerning smoking habits of persons one year after attending clinic.

		Attended 5 Sessions				Attended 3 - 4 Sessions				Attended 1 - 2 Sessions			
		Replies to Questionnaire				Replies to Questionnaire				Replies to Questionnaire			
Dates	Sex	Total Attended	No. of Replies	Not Smoking	Smoking	Total Attended	No. of Replies	Not Smoking	Smoking	Total Attended	No. of Replies	Not Smoking	Smoking
8.1.68-12.2.68	M	7	4	1	3*	4	3	2	1	9	3	1	2
	F	3	2	1	1	1	—	—	—	3	1	—	1
19.2.68-18.3.68	M	5	3	1	2	7	2	1	1	11	2	—	2
	F	3	2	1	1	2	—	—	—	7	3	—	3
27.3.68-24.4.68	M	4	1	1	—	3	2	1	1	6	1	—	1
	F	3	2	1	1	—	—	—	—	6	1	—	1
3.10.68-31.10.68	M	5	4	1	3*	3	1	1	—	8	3	—	3
	F	2	2	1	1	2	1	—	1	4	1	—	1
7.11.68-5.12.68	M	1	1	1	—	1	1	—	1	2	—	—	—
	F	—	—	—	—	2	—	—	—	3	1	—	1
TOTAL	M	22	13	5	8	18	9	5	4	36	9	1	8
	F	11	8	4	4	7	1	—	1	23	7	—	7
% Replies (of Total Attended)	M		59				50				25		
	F		73				14				30		
% Non-Smokers (of Replies Received)	M			38				56				11	
	F			50				—				—	

\* including one smoking a pipe only

**TABLE 23**  
**MENTAL HEALTH**  
**Patients under Local Health Authority Care at 31st December, 1969**

	Mentally III							Subnormal and Severely Subnormal				
	Under age 16 yrs.		Aged 16 yrs. to 64 yrs.		Aged 65 yrs. and over		Total	Under age 16 yrs.		Aged 16 yrs. and over		Total
	M	F	M	F	M	F		M	F	M	F	
1. Number of patients under care on 31st December, 1969 ...	3	—	94	122	1	—	220	70	61	104	110	345
2. (a) Attending day training centre ...	—	—	11	8	1	—	20	55	38	58	63	214
(b) Awaiting admission ...	—	—	—	—	—	—	—	5	6	2	—	13
3. (a) Resident in L.H.A. home/hostel ...	—	—	5	7	—	—	12	—	—	6	1	7
(b) Awaiting residence in L.H.A. home/hostel ...	—	—	1	—	—	—	1	—	—	1	—	1
(c) Resident at L.H.A. expense in other residential homes/hostels ...	—	—	8	6	—	—	14	3	6	7	9	25
(d) Resident at L.H.A. expense by boarding out in private household ...	—	—	—	1	—	—	1	—	1	6	16	23
4. Receiving home visits and not included in (2) or (3) ...	3	—	69	100	—	—	172	7	10	24	21	62
5. No. of patients in L.H.A. area on waiting list for admission to hospital at 31.12.69												
(a) In urgent need of hospital care ...	—	—	—	—	—	—	—	1	4	—	1	6
(b) Not in urgent need of hospital care ...	—	—	—	—	—	—	—	7	1	3	2	13
6. No. of admissions for temporary residential care, e.g. to relieve the family, during 1969												
(a) To N.H.S. Hospitals ...	—	—	—	—	—	—	—	11	8	2	3	24
(b) Elsewhere ...	—	—	1	3	—	—	4	1	1	—	3	5



**TABLE 24**  
**MENTAL HEALTH**

**Patients referred to Health Department during year ended 31st December, 1969**

Referred by	Mentally Ill					Subnormal and Severely Subnormal				
	Under age 16 yrs.		Aged 16 yrs. and over		Total	Under age 16 yrs.		Aged 16 yrs. and over		Total
	M	F	M	F		M	F	M	F	
General Practitioners ... ..	5	2	105	183	295	—	1	—	1	2
Hospitals, on discharge from in-patient treatment ... ..	—	—	79	116	195	—	—	7	—	7
Hospitals, after or during out-patient or day treatment ... ..	—	—	28	43	71	—	—	—	—	—
Local Education Authority ... ..	—	—	2	1	3	14	7	7	3	31
Police and Courts ... ..	—	—	8	6	14	—	—	—	—	—
Other Sources ... ..	—	—	90	128	218	—	—	—	—	—
<b>TOTAL ...</b>	<b>5</b>	<b>2</b>	<b>312</b>	<b>477</b>	<b>796</b>	<b>14</b>	<b>8</b>	<b>14</b>	<b>4</b>	<b>40</b>

**TABLE 25**  
**MENTAL HEALTH**

**Work of Mental Welfare Officers**

<b>(a) Mental Illness:</b>				
Compulsory admissions to psychiatric hospitals	...	...	...	142
Informal admissions to psychiatric hospitals	...	...	...	120
Number of visits and office interviews	...	...	...	6,131
<b>(b) Mental Subnormality:</b>				
Number of visits and office interviews to those under the Council's community care	...	...	...	1,183

**TABLE 26**  
**DOMESTIC HELP**

**Number of Cases in which Domestic Help was Provided during 1969**

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	
1,942	104	231	8	2	236	2,523

**TABLE 27**

**DEVELOPMENT PLAN**

Year	Section	Premises	No. of places or Pop. served	Address
1970	21	1. Health Centre	10,000-20,000	Carterhatch Lane/ Hertford Road
	22	Day Nursery	55	
	Mental Health	Day Centre for Men- tally Subnormal In- fants	10	
	Public Health Acts	2. Cleansing Station	270,000	Lower Edmonton Development Area
1971	22	3. Day Nursery	55	Adjacent to Plevna Road Clinic, or Southgate
	Mental Health	Day Centre for Men- tally Subnormal In- fants	10	
	Mental Health	4. Hostel for Mentally Subnormal Adults	20	Montagu Road
1972	22	5. Day Nursery	55	Adjacent to Plevna Road Clinic, or Southgate
	Mental Health	Day Centre for Men- tally Subnormal In- fants	10	
	22	6. Health Clinic	10,000-20,000	Angel Road/ Fore Street
1973	Mental Health	7. Occupation Centre for Mentally Ill	20	Suitable site
	Mental Health	8. Day Centre for Elderly Mentally Ill	25	Suitable site
1974	22	9. Health Clinic	10,000-20,000	Broomfield Park
1975/ 1980	21 or 22	10. Health Centre or Clinic	10,000-20,000	Winchmore Hill area
	Mental Health	11. Occupation Centre for Mentally Ill	20	Suitable site
	Mental Health	12. Occupation Centre for Mentally Ill	20	Suitable site
	21 or 22	13. Health Centre or Clinic	10,000-20,000	The Grange
	21 or 22	14. Health Centre or Clinic	10,000-20,000	Barrowell Green



**TABLE 28**  
**CERTIFICATION OF BLINDNESS AND PARTIAL SIGHT**  
**Follow-up of Registered Blind and Partially Sighted Persons in 1969**

	Causes of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Myopia	Other
(i) Number of cases registered during the year in respect of which Forms B.D.8 recommended:					
(a) No treatment ... ..	5	1	—	2	38
(b) Treatment (medical, surgical, optical or ophthalmic medical supervision) ... ..	14	14	—	4	26
(ii) Number of cases at (i) (b) above which on follow-up action:					
(a) Have completed treatment ...	—	1	—	2	—
(b) Treatment started, but not completed ... ..	8	12	—	2	23
(c) Awaiting treatment ... ..	4	1	—	—	—
(d) Refused treatment ... ..	—	—	—	—	1
(e) Died or removed from the Borough ... ..	2	—	—	—	2
(iii) Number of new cases registered during 1969 ... ..	19	15	—	6	64
(iv) Total number of cases registered as at 31st December, 1969 ...	743				

**TABLE 29**  
**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 ... ..	371	106	4	4	4
Ammoniacal Nitrogen ... ..	0.024	0.012	0.100	0.175	0.195
Albuminoid Nitrogen ... ..	0.083	0.061	0.025	0.031	0.032
Nitrate Nitrogen ... ..	4.4	4.7	—	0.5	0.3
Oxygen abs. from $\text{KMnO}_4$ , 4 hrs. at 27°C. ... ..	1.05	0.60	0.26	0.16	0.33
Hardness (total) $\text{CaCO}_3$ ... ..	282	310	421	278	279
Hardness (non-carbonate) $\text{CaCO}_3$ ...	79	83	182	46	67
Magnesium as Mg ... ..	5	5	—	—	—
Sodium as Na ... ..	24.0	30.8	—	—	—
Potassium as K ... ..	5.4	5.3	—	—	—
Chloride as Cl ... ..	32	41	31	21	24
Phosphate as $\text{PO}_4$ ... ..	2.1	1.6	—	—	—
Silicate as $\text{SiO}_2$ ... ..	9	10	—	—	—
Sulphate as $\text{SO}_4$ ... ..	58	68	—	—	—
Natural Fluoride as F ... ..	0.25	0.25	0.60	1.10	0.70
Surface-active material as Manoxol OT $\text{CO}_2$ ... ..	0.02	0.02	—	—	—
Turbidity units ... ..	0.1	0.1	0.6	0.2	0.4
Colour (Burgess units) ... ..	11	7	6	4	7
pH Value ... ..	7.9	7.9	7.2	7.4	7.5
Electrical Conductivity (micromhos)	550	620	720	550	550

**TABLE 30**  
**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 ... ..	8,196	1,502	249	239	249
Agar Plate Count per ml.					
20-24 hrs. at 37°C. ... ..	66.5	77.6	0.2	0.2	0.1
3 days at 22°C. ... ..	—	—	16	34	9
Coliform Count					
Percentage of samples neg. in					
100 ml. ... ..	39.79	45.27	99.20	89.12	99.60
Count per 100 ml. ... ..	19.0	10.0	—	0.5	—
Escherichia coli Count					
Percentage of samples neg. in					
100 ml. ... ..	53.97	61.78	99.60	90.38	100.0
Count per 100 ml. ... ..	7.0	2.7	—	0.3	—
	Results after Treatment				
Number of Samples ... ..	3,698	514	229	248	253
Agar Plate Count per ml.					
20-24 hrs. at 37°C. ... ..	12.9	13.1	0.5	0.2	0.2
3 days at 22°C. ... ..	—	—	6	16	6
Coliform Count					
Percentage of samples neg. in					
100 ml. ... ..	99.89	100.0	100.0	100.0	99.60
Escherichia coli Count					
Percentage of samples neg. in					
100 ml. ... ..	100.0	100.0	100.0	100.0	100.0

**TABLE 31**  
**WATER SUPPLY**  
**Lee Valley Water Company**  
**Representative Sample**

Chemical Results Expressed in Milligrams per Litre				
Appearance ... ..	Clear and Bright	Ammoniacal Nitrogen ...	0.00	
Colour (Burgess) ... ..	Less than 5	Albuminoid Nitrogen ...	0.00	
Odour/Taste ... ..	Nil/Nil	Nitrate Nitrogen ...	4.7	
Turbidity ... ..	0	Nitrite Nitrogen ...	0.00	
Conductivity ... ..	590	Oxygen Absorbed ...	0.00	
Total Solids ... ..	425	Fluoride ... ..	less than 0.2	
pH ... ..	7.1	Silica ... ..	12	
Free CO <sub>2</sub> ... ..	27	Iron ... ..	less than 0.02	
Alkalinity (CaCO <sub>3</sub> ) ...	230	Other Metals:		
		Copper/Zinc/Lead ...	Absent	
Carbonate Hardness ...	230	Phosphate ... ..	0.08	
Non-Carbonate Hardness	100	Residual Chlorine ...	Nil	
Total Hardness ...	330	Temperature (°C.) ...	13	
Bacteriological Examination				
No. of Colonies developing on Agar ... ..	1 day at 37°C. 0 per ml.	2 days at 37°C. 0 per ml.	3 days at 20°C. 3 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 32**  
**CLEAN AIR**

Area of the Borough (in acres) ... ..	20,061
Total number of premises as at 31st December, 1969	105,651

<b>(a) Areas in Operation</b>		<b>No. of Premises (At date of declaration)</b>	<b>Acreage</b>
<b>Area</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 Road, Hertford Road		2,017	525
4. Cheshunt Boundary, Barnet Boundary, Enfield Road, The Ridgeway, Lavender Hill, Forty Hill ... ..		3,046	6,690
5. Lancaster Road, The Ridgeway, Church Street, Baker Street		3,600	405
<b>EDMONTON</b>			
1. Gt. Cambridge Road, Church Street, Latymer Road ... ..		417	93
2. Bury St. West, Firs Lane, Hedge Lane, Gt. Cambridge Road		2,092	353
3. Church Street, Gt. Cambridge Road, Westerham Avenue, Victoria Road ... ..		1,786	213
4. Bury Street, Gt. Cambridge Road, Latymer Road, Church Street, Hertford Road ... ..		1,951	152
5. North Circular Road, Chequers Way, Haringey Boundary, Bull Lane ... ..		3,933	425
6. Old Enfield Boundary, Carrs Lane, Ridge Avenue, Gt. Cambridge Road ... ..		5,661	639
7. Angel Road, Fore Street, Park Lane, Bull Lane, Haringey Boundary, Kimberley Road ... ..		4,160	388
<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
16. Hedge Lane/Palmers Green Railway Line/Enfield/Haringey Boundary/Chequers Way and Connaught Gardens ... ..		4,758	473
<b>TOTAL</b> ...		66,671	15,812

**(b) Orders made to come into operation in 1970**

<b>LONDON BOROUGH OF ENFIELD</b>		<b>No. of Premises (At date of declaration)</b>	<b>Acreage</b>
<b>Area</b>			
17. Ashfield Parade, The Bourne, Bourne Hill, Palmers Green Railway Line, Enfield/Haringey Boundary, Enfield/Barnet Boundary ... ..		7,579	1,008

TABLE 33

## FOOD AND DRUGS

## Samples Submitted to Public Analyst

Sample	Total Number Procured	Number Unsatisfactory
Baby Foods ... ..	1	—
Beverages, fruit juices, syrups, etc. ...	38	3
Biscuits ... ..	28	3
Bread ... ..	3	1
Butter and Margarine ... ..	32	2
Cakes ... ..	18	5
Cereals ... ..	10	—
Cheese ... ..	28	3
Coffee ... ..	3	—
Confectionery ... ..	50	12
Cooking fats, including lard, etc. ...	9	—
Cooking oil ... ..	3	—
Cream ... ..	6	1
Dessert Products ... ..	15	5
Drugs ... ..	20	3
Fish and fish products ... ..	43	14
Flour ... ..	7	—
Fruit (all kinds) ... ..	38	3
Jams and preserves ... ..	32	5
Jelly ... ..	5	4
Meat and meat products ... ..	88	20
Milk (various) ... ..	32	12
Nuts ... ..	6	—
Puddings ... ..	12	3
Salt, mustard and pepper ... ..	14	—
Sauces and pickles ... ..	65	12
Soup ... ..	12	3
Spices, etc. ... ..	7	1
Sugar ... ..	1	—
Tea ... ..	7	—
Vegetables (fresh and canned) ...	31	1
Miscellaneous ... ..	27	6
<b>TOTAL ...</b>	<b>691</b>	<b>122</b> <b>(17·7%)</b>



**TABLE 34**

**FOOD AND DRUGS**  
**Bacteriological Examination of Ice Cream**

**Methylene Blue Test**

Vendor	Type of Ice Cream	Results			
		Grade 1	Grade 2	Grade 3	Grade 4
Shop Premises	Loose or Soft	19	1	6	5
Mobile Traders	Loose or Soft	10	1	4	5

**TABLE 35**

**FOOD AND DRUGS**  
**Bacteriological Examination of Milk**

**1. Methylene Blue Test (for keeping quality)**

Designation	Number of Samples	Results		
		Satisfactory	Void	Unsatisfactory
Pasteurised	199	179 (90.0%)	6 (3.0%)	14 (7.0%)

**2. Phosphatase Test (for efficiency of pasteurisation)**

Designation	Number of Samples	Results		
		Satisfactory	Void	Unsatisfactory
Pasteurised	199	199 (100%)	—	—

**3. Turbidity Test (for efficiency of sterilisation)**

Designation	Number of Samples	Results		
		Satisfactory	Void	Unsatisfactory
Sterilised	47	47 (100%)	—	—

**4. Colony Count (for efficiency of treatment)**

Designation	Number of Samples	Results		
		Satisfactory	Void	Unsatisfactory
Ultra Heat Treated	12	12 (100%)	—	—

TABLE 36

## 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) ... ..	12,182
	(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 ...	3
	(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 ... ..	724
2.	Remedy of defects during the year without service of formal notices: Number of defective dwelling-houses rendered fit in consequence of informal action ... ..	527
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 ...	579
	Number of dwelling-houses rendered fit ... ..	233
	(2) Number of dwelling-houses in respect of which formal notices were served requiring defects remedied ... ..	237
	Number of dwelling-houses rendered fit after service of formal notice:.	
	(a) By owners ... ..	173
	(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 37****HOUSING****Housing Defects Remedied**

Nature of Defect	Action Taken	Number
Brickwork, pointing and wallplaster defective ...	Repaired or renewed	176
Dampness ... ..	Remedied	162
Doors — defective ... ..	Repaired or renewed	28
Drains — stopped up ...	Cleared	1,606
Drains — defective or broken	Repaired or renewed	10
Dustbins — defective ...	Renewed	1
Floor — defective ... ..	Repaired	61
Guttering and rainwater pipes defective ... ..	Repaired or renewed	108
Roofs — defective ... ..	Repaired	130
Sink wastes — defective ...	Repaired	17
Verminous and dilapidated conditions ... ..	Cleansed or repaired	77
Water — not provided or disconnected ... ..	Laid on or restored	11
Water-closets — defective ...	Repaired or renewed	49
Water-closets — defective or broken pans ... ..	Renewed	8
Windows — defective or broken ... ..	Repaired or renewed	172

**TABLE 38**  
**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 ... ..	184	980
Retail Shops ... ..	420	2,560
Wholesale Shops, Warehouses ... ..	72	414
Catering Establishments open to public, Canteens ... ..	39	278
	<u>715</u>	<u>4,232</u>

**TABLE 39**  
**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 ... ..	60	88	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	751	274	17	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding Outworkers' premises)	38	43	—	—
	<u>849</u>	<u>405</u>	<u>17</u>	<u>—</u>

**TABLE 40**  
**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	To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1) ...	5	4	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable Temperature (S.3) ...	—	—	—	—	—
Inadequate Ventilation (S.4)	1	1	—	1	—
Ineffective drainage of floors (S.6) ...	1	1	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ...	2	2	—	—	—
(b) Unsuitable or defective ...	16	9	—	—	—
(c) Not separate for sexes	1	1	—	—	—
Other offences against the Act (not including offences relating to Outworkers) ...	—	—	—	—	—
	<u>26</u>	<u>18</u>	<u>—</u>	<u>1</u>	<u>—</u>



**TABLE 41**

**INSPECTIONS AND COMPLAINTS**

**Inspections, Interviews and Visits of the Public Health Inspectorate**

Animal Welfare ... ..	195
Bacteriological Samples ... ..	602
Betting and Gaming, Licensed Premises, Employment Agencies ... ..	236
Caravans ... ..	437
Clean Air ... ..	10,785
Drainage Works ... ..	2,140
Factories and Workplaces ... ..	420
Food and Drugs ... ..	1,913
Food Premises ... ..	4,432
Hairdressers' Premises ... ..	431
Hawkers (Vehicles and Stores) ... ..	1,352
Housing Purchase Advances ... ..	179
Housing and Public Health: Initial Inspections ... ..	12,182
Other Inspections ... ..	6,147
Houses in Multiple Occupation ... ..	668
Infectious Diseases ... ..	1,396
Interviews ... ..	921
Merchandise Marks ... ..	1,682
Milk Distributors and Dairymen ... ..	251
Noise Nuisances ... ..	885
Offices and Shops ... ..	4,232
Rodent Control ... ..	1,561
Shops ... ..	2,925
Miscellaneous ... ..	2,273
<b>TOTAL ...</b>	<b>58,245</b>

**TABLE 42**

**INSPECTIONS AND COMPLAINTS**

**Summary of Complaints and Requests for Visits**

Accumulation of refuse ... ..	152
Animal welfare ... ..	2
Bees ... ..	46
Blocked or defective drains ... ..	1,944
Dampness in premises ... ..	192
Defective water-closets ... ..	317
Defective water fittings ... ..	47
Defective roofs ... ..	55
Improvement grants ... ..	298
Insanitary or defective conditions of premises ... ..	115
Insect infestations ... ..	321
Noise nuisance ... ..	116
Pigeons ... ..	55
Rats or mice ... ..	1,619
Scabies ... ..	29
Smoke nuisance and Clean Air inquiries ... ..	573
Squirrels ... ..	16
Unsatisfactory housing conditions including overcrowding ... ..	32
Unsound food ... ..	150
Verminous premises ... ..	41
Wasps ... ..	416
Miscellaneous ... ..	903
<b>TOTAL ...</b>	<b>7,439</b>

**TABLE 43**  
**MEDICAL INSPECTION**  
**Routine Medical Inspection**

School Population ... ..	39,845
Number of Entrants examined ... ..	4,047
Number of Leavers examined ... ..	3,447
Number in other age groups examined ... ..	4,393
<b>TOTAL ...</b>	<b>11,887</b>
Number found to be satisfactory ... ..	11,885

**TABLE 44**  
**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 ... ..							300	8
Eyes (a) Vision ... ..							1,536	773
(b) Squint ... ..							119	61
(c) Other ... ..							27	1
Ears (a) Hearing ... ..							64	60
(b) Otitis Media ... ..							41	3
(c) Other ... ..							20	1
Nose and Throat ... ..							307	35
Speech ... ..							46	21
Lymphatic Glands ... ..							9	3
Heart ... ..							29	14
Lungs ... ..							103	7
Developmental (a) Hernia ... ..							14	6
(b) Other ... ..							83	103
Orthopaedic (a) Posture ... ..							3	6
(b) Feet ... ..							44	19
(c) Other ... ..							62	14
Nervous System (a) Epilepsy ... ..							21	2
(b) Other ... ..							4	2
Psychological (a) Developmental ... ..							—	—
(b) Stability ... ..							73	45
Abdomen ... ..							57	6
Other ... ..							78	32



TABLE 45

## 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	...	...	...	...	...	...	73	10
Eyes	(a)	Vision	...	...	...	...	258	156
	(b)	Squint	...	...	...	...	20	4
	(c)	Other	...	...	...	...	37	—
Ears	(a)	Hearing	...	...	...	...	121	26
	(b)	Otitis Media	...	...	...	...	4	—
	(c)	Other	...	...	...	...	33	7
Nose and Throat	...	...	...	...	...	...	44	10
Speech	...	...	...	...	...	...	26	5
Lymphatic Glands	...	...	...	...	...	...	2	1
Heart	...	...	...	...	...	...	3	8
Lungs	...	...	...	...	...	...	6	3
Developmental	(a)	Hernia	...	...	...	...	3	1
	(b)	Other	...	...	...	...	15	22
Orthopaedic	(a)	Posture	...	...	...	...	1	—
	(b)	Feet	...	...	...	...	7	7
	(c)	Other	...	...	...	...	29	9
Nervous System	(a)	Epilepsy	...	...	...	...	8	—
	(b)	Other	...	...	...	...	5	2
Psychological	(a)	Developmental	...	...	...	...	13	—
	(b)	Stability	...	...	...	...	52	71
Abdomen	...	...	...	...	...	...	2	—
Other	...	...	...	...	...	...	193	45

TABLE 46

## MEDICAL INSPECTION

## Special Inspections and Re-Inspections

Number of Special Inspections (including freedom from infection examination prior to school journeys and special examination at schools, special schools, children's homes, etc.)							2,889
Number of Re-Inspections							1,768

**TABLE 47****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 ... ..	11,365	187	114	110	411
No. of children specially tested ... ..	471	106	37	48	191
No. of re-tests ... ..	2,249				
No. of children in schools who have hearing aids (excluding special schools for deaf and partially hearing) ... ..	48				

**TABLE 48****INSPECTIONS FOR CLEANLINESS****Infestation with Vermin**

(a) Total number of individual examinations of pupils in school ...	74,171
(b) Total number of individual pupils found to be infested ... ..	167
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) ... ..	31

**TABLE 49****MEDICAL TREATMENT****Defects treated at Minor Ailments Clinics**

Department of Education and Science)

(Classified in accordance with the requirements of the

Skin: Ringworm (i) Scalp ... ..	—
(ii) Body ... ..	2
Scabies ... ..	—
Impetigo ... ..	16
Other ... ..	2,070
Eye Disease ... ..	111
Ear Defects ... ..	67
Miscellaneous ... ..	1,522
Total attendances at Minor Ailments Clinics ... ..	18,652
Number of Special Inspections at Minor Ailments Clinics ... ..	1,709
Number of Re-examinations at Minor Ailments Clinics ... ..	733



**TABLE 50****EAR, NOSE AND THROAT CLINICS**

Total attendances ... ..	988
New cases ... ..	162
Number of individual children seen ... ..	327
Number who received treatment at E.N.T. Clinics ... ..	182
Number referred to hospital for Tonsillectomy and/or Adenoidectomy ... ..	72
Number referred to hospital for other treatment ... ..	55
Number referred for X-ray ... ..	25

**TABLE 51****OPHTHALMIC CLINICS**

Total attendances ... ..	4,983
New cases ... ..	722
Number of individual children seen ... ..	2,714
Number of children who were prescribed glasses ... ..	1,002

**TABLE 52****ORTHOPTIC CLINICS**

Total attendances ... ..	1,611
New cases ... ..	42
Number of individual children treated ... ..	354
Number discharged:	
Orthoptically satisfactory with operation ... ..	5
Orthoptically satisfactory without operation ... ..	33
	— 38
Not orthoptically satisfactory but:	
1. Intermittent Binocular single vision ... ..	9
2. Appearance satisfactory	
(a) with improved visual acuity ... ..	12
(b) without improved visual acuity ... ..	2
3. Treatment not completed	
(a) Left school ... ..	2
(b) Left district ... ..	15
(c) Failed to attend ... ..	9
(d) Referred elsewhere ... ..	7
	— 56

**TABLE 53****ORTHOPAEDIC CLINIC**

Attendances at Orthopaedic Surgeon's Clinic ... ..	69
Number of new cases seen by Orthopaedic Surgeon ... ..	33

**TABLE 54****SPEECH THERAPY****Clinics and Special Schools**

Total attendances ... ..	3,288
New cases ... ..	109
Children under treatment or observation for the following:	
Retarded Speech and Language Development ... ..	123
Articulation Difficulties ... ..	302
Stammer ... ..	37
	462
Discharged	
Cured ... ..	75
Improved ... ..	13
Defaulted ... ..	25
Left school ... ..	2
Left district ... ..	6
	121

**TABLE 55****CHILD GUIDANCE CLINIC**

Number of individual children seen by psychiatrist:	
New cases (including 14 pre-school children) ... ..	196
Follow-ups ... ..	35
Annual revisions ... ..	37
Treatment ... ..	14
Total attendances for diagnosis and treatment by psychiatrist ... ..	678
Number of individual children treated by psychotherapist ... ..	41
Total attendances for treatment by psychotherapist ... ..	986



TABLE 56

## 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 ... ..	3,094	2,613	453	6,160
Subsequent visits ... ..	4,621	8,177	1,582	14,380
Total visits ... ..	7,715	10,790	2,035	20,540
Additional courses of treatment commenced	633	277	53	963
Fillings in permanent teeth ... ..	1,410	4,938	1,395	7,743
Fillings in deciduous teeth ... ..	5,058	831	—	5,889
Permanent teeth filled ... ..	1,259	4,347	1,264	6,870
Deciduous teeth filled ... ..	4,547	719	—	5,266
Permanent teeth extracted ... ..	78	661	96	835
Deciduous teeth extracted ... ..	1,980	788	—	2,768
General anaesthetics ... ..	946	394	21	1,361
Emergencies ... ..	248	96	25	369
Number of pupils X-rayed ... ..	...	...	...	592
Prophylaxis ... ..	...	...	...	732
Teeth otherwise conserved ... ..	...	...	...	2,474
Number of teeth root filled ... ..	...	...	...	2
Inlays ... ..	...	...	...	2
Crowns ... ..	...	...	...	19
Courses of Treatment completed ... ..	...	...	...	5,802
<b>Orthodontics</b>				
Cases remaining from previous year ... ..	...	...	...	368
New cases commenced during year ... ..	...	...	...	168
Cases completed during year ... ..	...	...	...	158
Cases discontinued during year ... ..	...	...	...	34
Number of removable appliances fitted ... ..	...	...	...	577
Number of fixed appliances fitted ... ..	...	...	...	62
Pupils referred to hospital consultant ... ..	...	...	...	6
Total attendances at clinics ... ..	...	...	...	6,354
<b>Prosthetics</b>				
Pupils supplied with full upper or full lower dentures (first time) ... ..	—	—	—	—
Pupils supplied with other dentures (first time) ... ..	—	5	4	9
Number of dentures supplied ... ..	—	5	4	9
<b>Anaesthetics</b>				
General Anaesthetics administered by Medical Officers ... ..	...	...	...	1,361
<b>Inspections</b>				
(a) First inspection at school. Number of pupils ... ..	...	...	...	20,005
(b) First inspection at clinic. Number of pupils ... ..	...	...	...	4,332
Number of (a)+(b) found to require treatment ... ..	...	...	...	10,332
Number of (a)+(b) offered treatment ... ..	...	...	...	9,035
(c) Pupils re-inspected at school clinic ... ..	...	...	...	2,188
Number of (c) found to require treatment ... ..	...	...	...	1,106
<b>Sessions</b>				
Sessions devoted to treatment (incl. 841 orthodontic sessions) ... ..	...	...	...	3,180
Sessions devoted to inspection ... ..	...	...	...	164
Sessions devoted to Dental Health Education ... ..	...	...	...	7

**TABLE 57**  
**HANDICAPPED CHILDREN**  
**Children in Special Schools**

Category	Day	Residential
Blind ... ..	2	2
Partially sighted ... ..	8	1
Deaf ... ..	7	7
Partially hearing ... ..	28	3
Educationally subnormal (ascertained)	*87	11
(not ascertained)	98	—
Epileptic ... ..	2	3
Maladjusted ... ..	24	56
Physically Handicapped ... ..	31	10
Speech ... ..	—	1
Delicate ... ..	54	16

\* Includes three girls living in Clay Hill Hostel for educationally subnormal girls. Twelve children with more than one defect are included in the category of their major defect.

**TABLE 58**  
**VACCINATION AND IMMUNISATION**  
**B.C.G. Vaccination Scheme**

Number of parents approached for consent ... ..	3,567
Number of parents who consented ... ..	2,740
Number of children given Tuberculin Test (Heaf Gun) ... ..	2,628
Number of children found to be positive ... ..	235
Number of children found to be negative ... ..	2,360
Number of Tuberculin Tests not read ... ..	33
Number of children given B.C.G. vaccination ... ..	2,349
Number of children found to be negative but not vaccinated ... ..	11





APPENDIX—CONTENTS

Members of Parliament  
Members of the London Council  
For London Borough of Enfield  
Other Local Council

APPENDIX

Executive Council Service

Government and Public Offices

Voluntary Association



## **APPENDIX — CONTENTS**

Members of Parliament

Members of Greater London Council  
for London Borough of Enfield

Other Departments of the Council

Health Department Premises

Executive Council Services

Hospital Services

Government and Public Offices

Voluntary Associations

## MEMBERS OF PARLIAMENT

### Edmonton

Mr. AUSTEN ALBU

### Eastern Enfield

Mr. JOHN MACKIE

### Western Enfield

The Right Hon. IAIN MACLEOD

### Southgate

The Hon. ANTHONY GEORGE BERRY, M.A., J.P.

## MEMBERS OF GREATER LONDON COUNCIL FOR LONDON BOROUGH OF ENFIELD

Mr. T. C. Hudson

Mr. Thos. B. Mitcheson

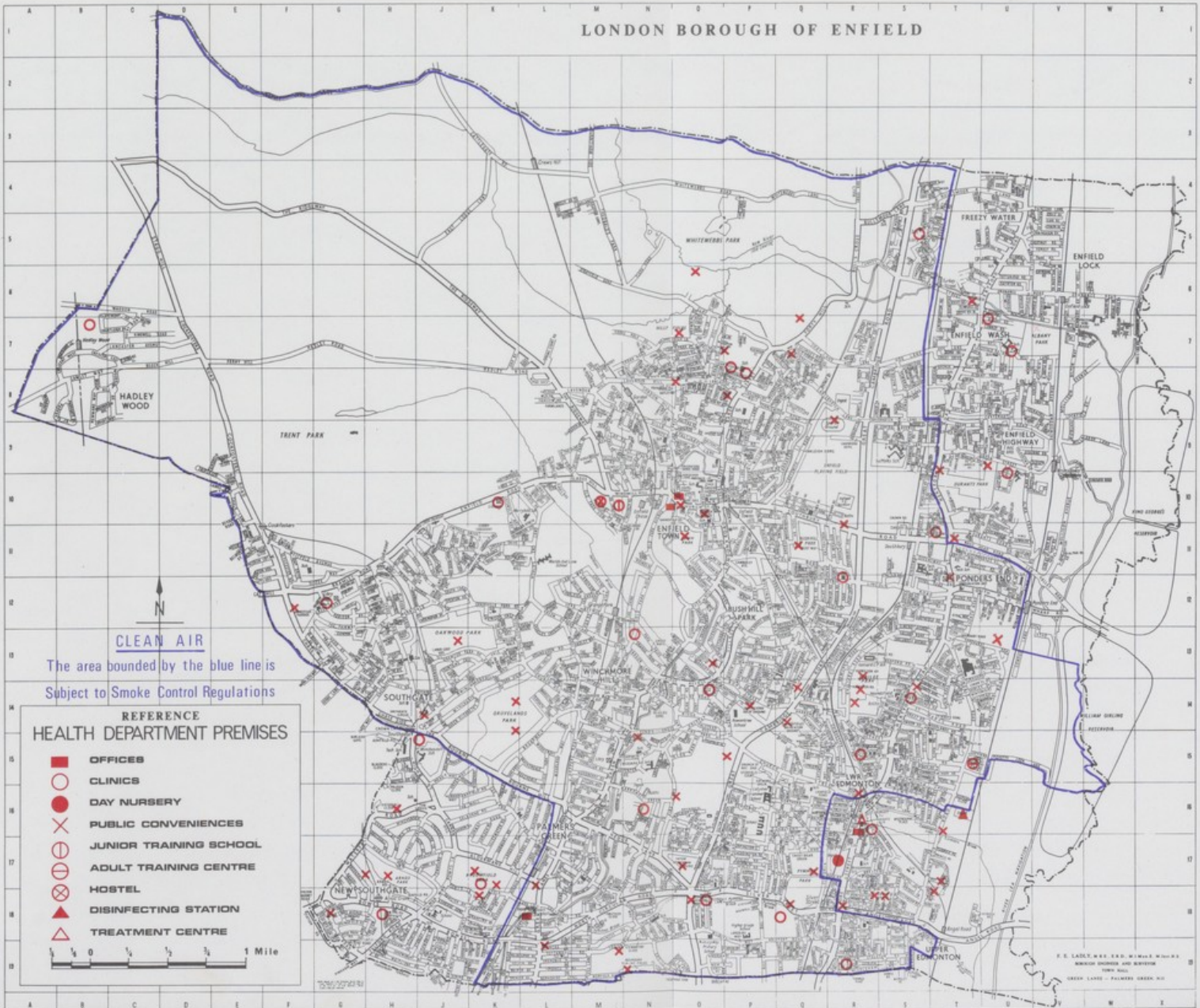
Sir Stanley Graham Rowlandson, M.B.E., J.P., F.C.A.



## OTHER DEPARTMENTS OF THE COUNCIL

<b>Town Clerk's Department.</b> 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	
<b>Weights and Measures.</b> 341a Baker Street, Enfield	01-363 4052
Chief Inspector: A. White, M.I.W.M.A.	
<b>Borough Treasurer's Department.</b> 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.	
<b>Borough Engineer and Surveyor's Department</b>	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., F.I.Mun.E., M.Inst.H.E.	
Deputy Borough Engineer and Surveyor:	
D. J. Treweek, M.A.(Cantab.), Dip.T.P.(Lond.), C.Eng., M.I.C.E., F.I.Mun.E., A.M.Inst.H.E., M.I.B.M.	
<b>Borough Architect's Department</b>	01-886 6555
Town Hall, Green Lanes, Palmers Green, N.13	
Borough Architect: Norman Dowell, A.R.I.B.A.	
Consultant Borough Architect:	
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.)	
<b>Borough Planning Department</b>	01-886 6555
"Hale House", Green Lanes, Palmers Green, N.13	
Borough Planning Officer: N. A. Stonard, Dip.T.P., A.M.T.P.I.	
<b>Education Department.</b> Church Street, Edmonton, N.9	01-807 1060
Chief Education Officer: D. B. Denny, M.A.	
Deputy Education Officer: M. Healey, M.A.(Oxon.)	
<b>Housing Department.</b> 7 Little Park Gardens, Enfield	01-366 2121
Housing Manager: F. R. G. Hester, F.I.H.M., F.S.V.A.	
Deputy Housing Manager: T. A. Dunning, A.A.I., A.I.H.M., M.R.S.H.	
<b>Libraries, Arts and Entertainments.</b> Central Library, Enfield	01-366 1511
Director: A. E. Brown, F.L.A.	
Deputy Borough Librarian: G. M. Noble, F.L.A.	
<b>Parks, Cemeteries and Allotments.</b> 7 Little Park Gardens, Enfield	01-363 5311
Chief Superintendent of Parks, Cemeteries and Allotments:	
J. Finlay, G.M., F.Inst.P.A.(Dip.), M.Inst.B.C.A.	
Deputy Chief Superintendent of Parks, Cemeteries and Allotments:	
J. E. Farmer, A.Inst.P.A., M.Inst.B.C.A.	
<b>Borough Valuer's Department.</b> Kimberley Gardens, Enfield	01-363 4057
Borough Valuer: N. E. Chambers, A.R.I.C.S.	
Deputy Borough Valuer: W. L. Mincedorf, A.R.I.C.S.	
<b>Welfare Department.</b> 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., F.I.S.W.	
<b>Children's Department.</b> 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, LTD., 10, WHITEHALL, LONDON, E.C.4  
ENFIELD BOROUGH AND SUBURBS  
1950-51  
GREEN LANE - PALMERS GREEN RD.





## HEALTH DEPARTMENT PREMISES

Health Office: GENTLEMAN'S ROW, ENFIELD

Telephone: 01-366 1262

### ANNEXE

100 Church Street, Enfield

### SUB-OFFICES

Edmonton Central Clinic, Plevna Road, N.9  
Southgate Town Hall, Green Lanes, N.13

### CLINICS

#### Edmonton :

Central — Plevna Road, N.9  
Croyland — Croyland Road, N.9  
(Education premises)

Hertford Road — Hertford Road, N.9

Ridge House — Church Street, N.9

St. John's — Claremont Street, N.18

Silver Street — Silver Street, N.18

Weir Hall — Silver Street, N.18

#### Enfield :

Albany — Bell Lane, Enfield  
(Education premises)

Bullsmoor — Kempe Road, Enfield

Grange Park — Church-in-the-Orchard, N.21  
Green Street — Green Street,

Enfield Highway

Hadley Wood — Courtleigh Avenue,  
Hadley Wood

Lavender — Lavender Road, Enfield  
(Education premises)

Lincoln Road — Lincoln Road,  
Bush Hill Park

Merryhills — Enfield Road, Enfield

Rosemary Avenue — Rosemary Avenue,  
Enfield

St. Stephen's — St. Stephen's Road,  
Enfield Wash

Southbury — Glyn Road, Ponders End

#### Southgate :

Bowes Road (Combined) —  
269 Bowes Road, N.11

Broomfield — Broomfield House,  
Broomfield Park, N.13

DeBohun — Green Road, N.14  
(Education premises)

The Grange — The Bourne, N.14

The Laurels — Barrowell Green, N.21

### OTHER PREMISES

Disinfecting Station: Montagu Road, N.9

Treatment Centre (Cleansing):  
Town Hall, N.9

Day Nursery: Fore Street, N.9

Junior Training School:  
3 Waverley Road, Enfield

Adult Training Centre: 12 Centre Way,  
Claverings Industrial Estate,

Montagu Road, N.9

Recuperative Hostel: The Hostel,  
"Windmill", 84 Windmill Hill, Enfield

### PUBLIC CONVENIENCES

#### Edmonton :

Angel Road, N.18

Barrass Stadium, N.9

Bury Street West, N.9

Bush Hill Park Parade, Enfield

Church Fields, N.9

Church Street, Gt. Cambridge Road, N.9

Craig Park, N.18 (2)

Cuckoo Hall Ground, N.9

First Avenue, N.18 (2)

The Green, N.9

Jubilee Park, N.9 (2)

Montagu Road Playing Field, N.9

Silver Street, N.18

Tatem Park (Cambridge Roundabout), N.13

Tramway Avenue, N.9

Victoria Road, N.9

Weir Hall, Silver Street, N.18

#### Enfield :

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	101
Assistant general medical practitioners	5
Principal general dental practitioners	18
Pharmacists	67
Ophthalmic medical practitioners	22
Ophthalmic opticians	47
Dispensing opticians	7

### 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, Edmonton, 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

Mass X-ray Units hold sessions as follows (except Public Holidays):

#### (a) Cheshunt

Forecourt of Old Drill Hall,

Fridays 10.00 a.m. - 2.00 p.m.

East Herts. College Annexe,

Crossbrook Street, Cheshunt

#### (b) Islington

32 Drayton Park, N.5

'Phone: 01-607 2450

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. M. E. Silver, 277 Fore Street, Edmonton, N.18	01-807 1215
Edmonton: Dr. M. G. Peters, 53 Dysons Road, Edmonton, N.18	01-807 3339
Dr. M. E. Watkins, 2 Courtleigh Avenue, Hadley Wood, Barnet (For Adult Training Centre)	01-440 1941
Southgate: Dr. J. Almeyda, 109 North Circular Road, Palmers Green, N.13	01-807 2045
<b>Health Education Council Ltd.</b>	
Lynton House, Tavistock Square, W.C.1	01-387 0581
Secretary: Mr. 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	
Senior Probation Officer: Mr. G. W. Hemsley	01-363 5500
<b>Public Health Laboratory Service</b>	
24 Park Crescent, W.1	01-636 2223
Central Laboratory, Colindale	01-205 7041
Laboratory, Whipps Cross Hospital, Leytonstone, E.11	01-539 5223
<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.

Central Service Office:

England and Wales: 11 Redcliffe Gardens, London, S.W.10 01-352 9779

London Inter-Group Office:

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: 9 Grosvenor Crescent, London, S.W.1 01-235 5454

Middlesex Branch: 239 Watford Road, Harrow, Middlesex 01-904 0115/7  
(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" illness.

Publications and details of activities for patients, professional workers and all those interested in health education, are available.

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

### **Cruse**

An organisation, for widows and their children, to assist in the relief of suffering and distress. Trains a panel of counsellors; publishes helpful information; assists in the formation of social clubs; issues educational material; undertakes and publishes results of research into special problems; assists in providing holidays and leisure time and occupational activities.

Hon. Director: Margaret Torrie,

The Charter House, 6 Lion Gate Buildings, Richmond, Surrey 01-940 2660

### **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 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, 34/38 Church Street, Enfield 01-363 5050

Hostel: Ridge End House, 1 The Ridgeway, Enfield 01-366 1864  
(Superintendent: Miss M. Enderby)

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.

National Office: 27/35 Mortimer Street, London, W.1 N8BQ 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 serving Greater London, and gives guidance and advice concerning convalescent and recuperative care accommodation.

Secretary: Mr. G. A. Phalp, C.B.E., T.D., 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.

Education and Welfare Officer:

Mr. G. D. Steward, 138 Sloane Street, London, S.W.1 01-730 9157

**Marriage Guidance Council**

Provides expert guidance on marriage problems to married persons, gives advice to those contemplating marriage and promotes group discussions for younger people.

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 and 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 advisory case work service 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 01-267 1361

**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: Mr. A. J. C. Shaw)

**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

Enfield: Secretary, Horseshoe Lane (off Chase Side), Enfield 01-807 3000

Southgate: Secretary, Ruth Winston House, 190 Green Lanes, 01-366 2770

Palmers Green, N.13 01-886 5346

**Pre-School Playgroups Association\***

Arranges training courses for staff and assists generally in the formation and running of pre-school playgroups; and encourages the maintenance of a high standard.

Enfield Branch

Chairman: Mr. J. Rea Price

Honorary Secretary: Mrs. B. Garner, 30 Acacia Road, Enfield 01-366 3757

**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 short-term residential care for people who are emotionally or mentally disturbed.  
Headquarters: 8 Addison Road, London, W.14 01-603 6373/5

**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.  
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.





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