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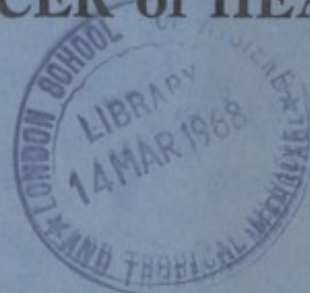
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Borough of Edmonton



Town Hall, Edmonton, N.9.

REPORT of the MEDICAL OFFICER of HEALTH 1957.



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REPORT OF THE NATIONAL COMMISSION ON THE REORGANIZATION OF THE JOURNAL OF EDUCATION

1927

BOROUGH OF EDMONTON

1957

His Worship the Mayor ALDERMAN J. REID, J.P.,
Deputy Mayor COUNCILLOR A. J. TANNER

PUBLIC HEALTH COMMITTEE

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Vice-Chairman: ALDERMAN MRS. F. LONG, J.P.

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STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health:

D.A. Smyth, M.B., B.S., D.P.H. (Commenced 15.8.57)
D. Regan, B.A., B.Sc., M.B., Ch.B., B.A.O., D.P.H. (Liverpool) (Retired 31.5.57).

Deputy Medical Officer of Health:

Catherine A. Goggin, M.B., B.Ch., B.A.O., D.P.H.

Senior Public Health Inspector:

ABC John P. Farrar.

Public Health Inspectors:

ABC	F. Beilby
ABC	H.W. Grieves
ABCD	V.C. Quin
ABCD	J.H. Willis
AC	L.T. Woolford (left 30.6.57)
AC	T.C. Oliver (commenced 1. 9.57)
AC	L.C. Hibbs (commenced 1.12.57)
	1 Vacancy

Trainee Public Health Inspectors:

T.C. Oliver (until 31. 8.57)
L.C. Hibbs (until 30.11.57)
B.J. English (commenced 28.10.57)

Senior Clerk:

A F.J. Nash.

Clerical Staff:

H.J. Weldon
Mrs. I. Weldon (nee Holloway) (left 30.9.57)
A. Ballantine
Mrs. E.J. Richards
Mrs. I. Kavanagh
Mrs. G.W. Cully
B.J. English (until 27.10.57)
D.H. Ratliff (left 9.11.57)

Shops Act and Street Trading Inspector:

A. Robinson.

- A. Certificated Public Health Inspector
- B. Certificate of Meat and Food Inspector
- C. Inspector under the Petroleum Acts
- D. Certificate of Smoke Inspector

Public Health Department,

Town Hall,

Edmonton, N. 9.

HIS WORSHIP THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE BOROUGH OF EDMONTON

Your Worship, Ladies and Gentlemen,

This is a report on the work of the Public Health Department during 1957. Though I have prepared and presented the report, it is a report on the work of the department under three different officers.

For the first five months of 1957 Dr. Regan remained in charge of the department; from 1st June to the 14th August inclusive, the Deputy Medical Officer of Health, Dr. Goggin, was in sole charge, and I myself became your Medical Officer of Health on the 15th August.

The health record of the community during the year was a good one and so far as any credit is due to the Chief of the Public Health Department for this, the main credit must go to Dr. Regan and Dr. Goggin. When you turn to the tables that follow you will see that the Infantile Mortality was very low, and the Death Rate, even when corrected to allow for the ways in which Edmonton's population differs from that of the Country at large, was below the National level. The deaths from Tuberculosis were few and not one Mother died in Childbirth. These are signs of health and show what good work has been carried out during the past 20 years or so. Much still remains to be done, however, and I shall now comment on the Social and Vital Statistics in detail.

PART I - SOCIAL AND VITAL STATISTICS

The statistical tables follow overleaf. Some may wish to digest them before turning to my comments. Others, I expect, will turn to my comments on Page 12 turning back to the tables as occasion demands.

TABLE I

SOCIAL STATISTICS

Area (in acres)	3,896
Population -	
Census of 1921	66,809
Census of 1931	77,652
Census of 1951	104,270
Estimated by the Registrar-General for mid-year 1957	96,530
Number of inhabited houses and separate dwellings at the end of 1957	28,158
Number of inhabited houses and separate dwellings at the end of 1956	28,108
Rateable Value, April 1957	£1,444,394
Estimated product of 1d. in the £ for the year ending 31st March, 1958 ...	£5,895
Rates in the £ for the year ending 31st March, 1958	17s. 5d.

TABLE II

VITAL STATISTICS

Births and Deaths

	M.	F.	Total	Grand Total
Live Births				
Legitimate	588	617	1205	
Illegitimate	30	15	45	1,250
Birth-rate per 1,000 of population	12.94			
Corrected birth-rate	12.68			
Still Births				
Legitimate	13	11	24	
Illegitimate	2	2	4	28
Total of live and stillbirths				1,278
Rate per 1,000 total births	21.90			
Deaths				
Number	512	433	945	
Rate per 1,000 population	9.78			
Corrected death-rate per 1,000 population	11.05			

TABLE III

COMPARATIVE STATISTICS

	Birth-Rate		Death Rate	Infant Mortality Rate
	Live	Still		
England and Wales	16.10	22.40	11.50	23.00
Middlesex	14.10	18.60	10.00	17.70
Edmonton (Crude)	12.94	21.90	9.78	13.60
Edmonton (Corrected)	12.68		11.05	

TABLE IV

DEATHS BY AGE-GROUPS

Causes of Death	All Ages	- to 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 and over
Tuberculosis, respiratory	4	-	-	-	-	-	-	-	2	1	1	-
Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-
Syphilitic disease	3	-	-	-	-	-	-	-	-	1	1	1
Diphtheria	1	-	-	-	-	-	-	-	-	-	1	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	2	-	-	-	-	1	-	-	-	-	1	-
Malignant neoplasm, stomach	36	-	-	-	-	-	-	-	4	11	13	8
Malignant neoplasm, lung, bronchus	57	-	-	-	-	-	-	-	4	21	24	8
Malignant neoplasm, breast	17	-	-	-	-	-	1	-	5	3	6	2
Malignant neoplasm, uterus	8	-	-	-	-	-	-	1	-	3	1	3
Other malignant and lymphatic neoplasms	83	-	-	-	1	-	-	6	9	21	23	23
Leukæmia, aleukæmia	5	-	-	-	-	-	-	1	1	1	1	1
Diabetes	5	-	-	-	-	-	-	1	-	3	1	-
Vascular lesions of nervous system	109	-	-	-	-	-	-	2	7	11	33	56
Coronary disease, angina	169	-	-	-	-	-	-	4	16	40	55	54
Hypertension with heart disease	26	-	-	-	-	-	-	-	1	6	9	10
Other heart diseases	114	-	-	-	-	-	1	3	6	10	23	71
Other circulatory disease	50	-	-	-	-	1	1	-	5	7	17	19
Influenza	5	-	-	-	-	-	-	-	-	-	2	3
Pneumonia	57	2	-	-	1	-	1	-	4	8	17	24
Bronchitis	51	-	-	-	-	-	-	1	6	8	19	17
Other disease of respiratory system	7	-	-	-	-	-	-	-	1	2	3	1
Ulcer of stomach and duodenum	9	-	-	-	-	-	-	-	1	2	3	3
Gastritis, Enteritis and Diarrhœa	6	-	-	-	-	-	-	-	1	2	1	2
Nephritis and nephrosis	8	-	-	1	-	1	-	-	2	1	2	1
Hyperplasia of prostate	3	-	-	-	-	-	-	-	-	-	-	3
Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-
Congenital malformations	5	3	-	1	-	-	-	-	-	-	1	-
Other defined and ill-defined diseases	63	13	-	1	1	1	3	2	5	8	14	15
Motor vehicle accidents	12	-	-	-	-	3	1	-	-	-	4	4
All other accidents	20	-	-	-	1	-	1	2	1	2	2	11
Suicide	8	-	-	-	-	-	-	1	3	2	2	-
Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-
Totals:	943	18	-	3	4	7	9	24	84	174	280	340

TABLE V

DEATHS BY SEX-GROUPS

Cause of Death	M.	F.	TOTAL
Tuberculosis, respiratory	4	-	4
Tuberculosis, other	-	-	-
Syphilitic disease	1	2	3
Diphtheria	-	1	1
Whooping Cough	-	-	-
Meningococcal infections	-	-	-
Acute Poliomyelitis	-	-	-
Measles	-	-	-
Other infective and parasitic diseases	-	2	2
Malignant neoplasm, stomach	20	15	35
Malignant neoplasm, lung, bronchus	55	3	58
Malignant neoplasm, breast	-	17	17
Malignant neoplasm, uterus	-	8	8
Other malignant and lymphatic neoplasms	47	37	84
Leukæmia, aleukæmia	2	4	6
Diabetes	2	3	5
Vascular lesions of nervous system	44	65	109
Coronary disease, angina	107	62	169
Hypertension with heart disease	12	13	25
Other heart disease	39	74	113
Other circulatory disease	31	21	52
Influenza	4	1	5
Pneumonia	30	22	52
Bronchitis	35	14	49
Other diseases of the respiratory system	7	2	9
Ulcer of stomach and duodenum	6	5	11
Gastritis, Enteritis and Diarrhoea	3	2	5
Nephritis and nephrosis	5	2	7
Hyperplasia of prostate	4	-	4
Pregnancy, childbirth, abortion	-	-	-
Congenital malformations	3	2	5
Other defined and ill-defined diseases	28	39	67
Motor vehicle accidents	9	3	12
All other accidents	8	12	20
Suicide	6	2	8
Homicide and operations of war	-	-	-
Totals:	512	433	945

TABLE VI

MALES - DEATHS BY AGE-GROUPS

Causes of Death	All Ages	- to 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 and over
Tuberculosis, respiratory	4	-	-	-	-	-	-	-	2	1	1	-
Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-
Syphilitic disease	1	-	-	-	-	-	-	-	-	-	1	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm, stomach	20	-	-	-	-	-	-	-	3	8	5	4
Malignant neoplasm, lung, bronchus	54	-	-	-	-	-	-	-	4	21	22	7
Malignant neoplasm, breast	-	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	-	-	-
Other malignant and lymphatic neoplasms	47	-	-	-	-	-	-	4	3	10	18	12
Leukæmia, aleukæmia	2	-	-	-	-	-	-	-	1	1	-	-
Diabetes	2	-	-	-	-	-	-	1	-	1	-	-
Vascular lesions of nervous system	44	-	-	-	-	-	-	2	3	5	12	22
Coronary disease, angina	107	-	-	-	-	-	-	4	14	31	32	26
Hypertension with heart disease	13	-	-	-	-	-	-	-	1	4	4	4
Other heart diseases	38	-	-	-	-	-	-	1	1	5	11	20
Other circulatory disease	30	-	-	-	-	1	1	-	3	4	12	9
Influenza	4	-	-	-	-	-	-	-	-	-	2	2
Pneumonia	33	-	-	-	-	-	-	-	4	7	13	9
Bronchitis	35	-	-	-	-	-	-	1	4	6	13	11
Other disease of respiratory system	4	-	-	-	-	-	-	-	-	2	2	-
Ulcer of stomach and duodenum	4	-	-	-	-	-	-	-	-	1	2	1
Gastritis, Enteritis and Diarrhœa	4	-	-	-	-	-	-	-	-	2	1	1
Nephritis and nephrosis	7	-	-	1	-	1	-	-	2	1	1	1
Hyperplasia of prostate	3	-	-	-	-	-	-	-	-	-	-	3
Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-
Congenital malformations	3	3	-	-	-	-	-	-	-	-	-	-
Other defined and ill-defined diseases	29	10	-	-	1	1	2	-	2	2	5	6
Motor vehicle accidents	9	-	-	-	-	2	1	-	-	-	3	3
All other accidents	8	-	-	-	1	-	-	2	1	1	-	3
Suicide	6	-	-	-	-	-	-	1	2	1	2	-
Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-
Totals:	511	13	-	1	2	5	4	16	50	114	162	144

TABLE VII

FEMALES - DEATHS BY AGE-GROUPS

Causes of Death	All Age s	- to 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 and over
Tuberculosis, respiratory	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-
Syphilitic disease	2	-	-	-	-	-	-	-	-	1	-	1
Diphtheria	1	-	-	-	-	-	-	-	-	-	1	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	2	-	-	-	-	1	-	-	-	-	1	-
Malignant neoplasm, stomach	16	-	-	-	-	-	-	-	1	3	8	4
Malignant neoplasm, lung, bronchus	3	-	-	-	-	-	-	-	-	-	2	1
Malignant neoplasm, breast	17	-	-	-	-	-	1	-	5	3	6	2
Malignant neoplasm, uterus	8	-	-	-	-	-	-	1	-	3	1	3
Other malignant and lymphatic neoplasms	36	-	-	-	1	-	-	2	6	11	5	11
Leukæmia, aleukæmia	3	-	-	-	-	-	-	1	-	-	1	1
Diabetes	3	-	-	-	-	-	-	-	-	2	1	-
Vascular lesions of nervous system	65	-	-	-	-	-	-	-	4	6	21	34
Coronary disease, angina	62	-	-	-	-	-	-	-	2	9	23	28
Hypertension with heart disease	13	-	-	-	-	-	-	-	-	2	5	6
Other heart diseases	76	-	-	-	-	-	1	2	5	5	12	51
Other circulatory disease	20	-	-	-	-	-	-	-	2	3	5	10
Influenza	1	-	-	-	-	-	-	-	-	-	-	1
Pneumonia	24	2	-	-	1	-	1	-	-	1	4	15
Bronchitis	16	-	-	-	-	-	-	-	2	2	6	6
Other disease of respiratory system	3	-	-	-	-	-	-	-	1	-	1	1
Ulcer of stomach and duodenum	5	-	-	-	-	-	-	-	1	1	1	2
Gastritis, Enteritis and Diarrhœa	2	-	-	-	-	-	-	-	1	-	-	1
Nephritis and nephrosis	1	-	-	-	-	-	-	-	-	-	1	-
Hyperplasia of prostate	-	-	-	-	-	-	-	-	-	-	-	-
Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-
Congenital malformations	2	-	-	1	-	-	-	-	-	-	1	-
Other defined and ill-defined diseases	34	3	-	1	-	-	1	2	3	6	9	9
Motor vehicle accidents	3	-	-	-	-	1	-	-	-	-	1	1
All other accidents	12	-	-	-	-	-	1	-	-	1	2	8
Suicide	2	-	-	-	-	-	-	-	1	1	-	-
Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-
Totals:	432	5	-	2	2	2	5	8	34	60	118	196

TABLE VIII

ALL DEATHS BY WARDS

Ward	Deaths	
	Male	Female
Bury Street	141	112
Church Street	109	125
Angel Road	95	77
Silver Street	166	118
Vagrants	-	-
Totals:	511	432

TABLE IX

YEARS OF LIFE LOST IN ENGLAND AND WALES DURING 1957
BY DEATHS FROM CERTAIN CAUSES

Cause of Death	Total Deaths		Mean Age at Death	Years of Life Lost Per 10,000 Population	
	Number	Rate Per 10,000 Population		Ages 15-64	Total to Age 85
All causes	M. 266,407 F. 248,463	123 107	65.3 70.0	756 482	2,422 1,600
Tuberculosis of respiratory system	M. 3,150 F. 1,099	1 0	59.1 50.6	12 7	35 15
Cancer (all sites)	M. 50,056 F. 43,961	23 19	65.1 65.9	113 94	434 327
Cancer of lung, bronchus	M. 16,430	8	62.7	39	156
Cancer of breast	F. 8,613	4	63.5	21	72
Vascular lesions of C.N.S.	M. 30,537 F. 43,132	14 19	72.5 74.6	29 28	185 188
Coronary disease	M. 47,809 F. 28,515	22 12	67.3 73.2	79 18	368 126
Other cardiac diseases	M. 37,406 F. 51,970	17 22	74.2 76.8	33 32	216 213
Bronchitis and pneumonia	M. 31,007 F. 19,446	14 8	66.1 69.4	79 45	269 133
Ulcer of stomach and duodenum	M. 3,568 F. 1,461	2 1	67.1 72.3	7 2	28 7
Accidents	M. 9,470 F. 6,428	4 3	46.7 65.4	87 24	164 56

ACCIDENTS

Deaths due to accidents are not numerically the most important, but they are very important as a cause of premature death, particularly in males. This is shown particularly clearly in Table IX. It will be seen from this table, that males lost more years of working life from death by accidents than from any other cause. Accidents were a less important cause of death in women, but still rank fourth in order of importance.

The excessive loss of life in men and boys is mainly due to road accidents. Table V shows that in Edmonton there were 17 deaths by accident in men and boys; 15 in women and girls. Over a half of the male deaths were due to road accidents, but only one fifth of the female deaths occurred on the roads. Three out of the four under the age of 35 killed on the roads were males. Road accidents are, to some extent, an engineering problem. Sounder and safer vehicles, better lighting, and better roads would undoubtedly reduce the toll of deaths. The main causes of road accidents, however, are carelessness and selfishness. Road Safety education in schools is, therefore, particularly important and were it not for the good work done by education in the past, the number of road deaths in Edmonton would probably be greater.

About two-thirds of the deaths from other accidents are due to accidents in the home. Here again, death occurs, quite often, fairly early in life. Home accidents are occasionally due to bad building, but most are again due to carelessness or selfishness. A badly designed house, with steep stairs and many dark corners, makes falls and trips easier, but even in these conditions a careful housewife can avoid accidents. Many accidents, however, occur in quite well-designed houses and are due to such things as the absence of a fireguard, loose carpets, highly polished floors, overhanging tablecloths, toys or household equipment left on the floor or stairs.

The toll is considerable. More boys and men under the age of 65 (in England and Wales) died from home accidents during the month of June 1958 than died from Poliomyelitis during the whole of 1957. The actual figures are 223 from home accidents during June 1958 and 84 from Poliomyelitis during 1957. In the same month 206 girls and women under the age of 65 died from home accidents, compared with 84 deaths from Poliomyelitis during the whole of 1957. In the winter months the female deaths outnumber the male deaths, due to the greater number of women and girls who die as a result of their clothing catching fire. The use of flameproof fabrics, now becoming more generally available and increased use of fixed fireguards should greatly reduce this risk.

There is no vaccine that can be used against home accidents. Each householder can protect his own family by seeing that the house is safe and sound. Fires must be guarded, lights must be adequate, carpets and rugs fixed firmly in place, floors and stairs kept free from obstructions. The household steps must be in good condition and over-enthusiastic polishing of floors must be discouraged. All electrical repairs must be done by a qualified electrician and tin openers and similar weapons must be of a safe type.

It is over 100 years since Florence Nightingale first drew attention to the dangers in the home. Progress in this field has, to say the least of it, been slow.

A more detailed casualty list follows:-

Date	Sex	Age	Cause of Death
5th January, 1957.	M	28	Fractured skull when hit by car while riding motor cycle.
14th January, 1957.	M	69	Multiple injuries as a result of being run over by an omnibus.
16th January, 1957.	F	74	Fracture of the femur when struck by a car.
8th February, 1957.	F	76	Fracture of the femur in fall at home.
12th February, 1957.	F	71	Coal gas poisoning at home.
27th February, 1957.	F	18	Fractured skull following collision with motor car when riding a pedal cycle.
27th February, 1957.	F	84	Fractured skull when knocked down by a car.
12th March, 1957.	M	76	Accidental poisoning by barbiturate drug.
16th March, 1957.	M	5	Rupture of kidney when struck by a train.
15th May, 1957.	M	47	Blow by cricket ball.
3rd June, 1957.	F	64	Accidental poisoning by barbiturate drug.
21st June, 1957.	F	86	Fracture of the femur in fall at home.
28th June, 1957.	F	75	Fracture of the femur in fall at home.
11th July, 1957.	M	80	Contusion of the kidney as a result of being struck by car.
24th July, 1957.	M	91	Fracture of the pelvis when struck by motor cycle.
25th July, 1957.	F	77	Fracture of femur in fall at hospital.
17th August, 1957.	M	72	Lacerated liver when knocked down by car.
27th August, 1957.	F	90	Fracture of femur in fall at home.
2nd September, 1957.	M	68	Multiple fractures when struck by motor cycle.
26th September, 1957.	F	89	Fracture of femur in fall at home.
8th October, 1957.	M	58	Fractured spine in fall from mobile crane.
10th October, 1957.	F	69	Fracture of femur in fall at home.
11th October, 1957.	M	75	Fracture of skull when struck by lorry.
29th October, 1957.	M	23	Fracture of skull when struck by car while riding motor scooter.
1st November, 1957.	M	79	Lacerated kidney following fall in street.
6th November, 1957.	M	78	Pneumonia following fall in street.
21st November, 1957.	F	89	Fracture of the femur in fall at home.
10th December, 1957.	F	77	Coal gas poisoning.

ANGINA (Coronary Disease)

This cause of death is next in alphabetical order and is also the next most important cause of premature death in males. After Cancer it is responsible for more deaths per year than any other disease group. Table IV shows the considerable impact of Coronary disease in Edmonton. Disease of the Coronary arteries or Angina carried off 60 people before they reached the age of 65. Four of the men died before the age of 45 and 14 more before the age of 55. Not many women died so early; only two died before the age of 55 and nine more before the age of 65. This group of diseases has been investigated by many people and various suggestions have been put forward. One is that the disease is more common in the "chairborne" than in the active,

and that this is one of the reasons why Coronary disease affects women less often than men. It is probably true to say that housework requires more physical exertion than office work; others have noted that the disease is more common in the bulkier members of the community and have suggested, therefore, that the disease is more common in those who over-eat. Others say that it is what is eaten that is important. A diet rich in fat, they say, is dangerous. Experimental work on rats suggests that too high a proportion of certain phosphates in the diet will cause damage to the heart and that if disease of the Coronary arteries is already present before the phosphate intake reaches a dangerous level, the later high level of phosphates will considerably increase the amount of Coronary disease and damage.

In experimental animals exceedingly large doses of Adrenalin will produce heart damage very similar to that produced by narrowing or blocking of the Coronary arteries. If the animal is worked into a state of panic, the same kind of damage to the heart may be produced. If the same holds good of the human, the heart damage that appears to be precipitated by sudden physical or mental stress, (the classic case is that of the previously healthy soldier who dies in battle from sudden heart failure), is due to an excessive outpouring of Adrenalin into the blood stream. The work on experimental animals suggests that this is a direct effect on the heart muscle rather than an indirect effect as a result of excessive speeding of the heart rate, and heightening of the blood pressure. It is not, therefore, surprising that there is less of this form of heart disease in the country, where life is quieter, than in the busy and traffic-laden town. There is as yet no firm proof that lack of sleep, hurried meals, and worry have adverse effect on the heart, but since they are undoubtedly bad for patients suffering from Coronary Thrombosis, they may well play a part in causing it. The disease is more common in smokers than in non-smokers but tobacco products, so far, have not been shown to cause Coronary Thrombosis in animals. Chimney smoke does not seem to play a part in causing the disease, but it tends indirectly to shorten the life of the sufferer from Angina by damaging the Lungs and so increasing the load on the heart. Though the disease is not infectious, it may be that the time has now come when it should be notifiable. Investigation of non-fatal cases over a number of years throughout the country would probably show how it is usually caused and how it could be avoided. Though the prevention of 60 premature deaths would only reduce the crude death rate by .62 (to 9.16), the postponement of bereavement in 60 families is well worthwhile from every point of view.

BRONCHITIS AND PNEUMONIA

Not all Pneumonia follows Bronchitis but the two diseases are frequently associated and the Registrar General, therefore, groups them together in his table of premature mortality. Table IV shows this group to be as important a cause of premature death in men as Coronary disease and to be the most important cause of premature death in women.

In Edmonton the picture is similar to that in the country as a whole. Male deaths exceed female deaths (Table V). The diseases are more common very early in life and fairly late in life.

Bronchitis is a very common cause of death in England and Wales as a whole and the Edmonton

death rate is not very far behind that for England and Wales. The crude death rate for Bronchitis for England and Wales is about 59 per 100,000 and Table IV shows that 51 of Edmonton's population of 96,530 died from Bronchitis. The death rate from Bronchitis in Denmark is about one-seventh of the Anglo-Welsh rate. The two populations are similar in age distribution and in the distribution of income. The two main differences between the two countries are that twice as many cigarettes are smoked per head in England and Wales as in Denmark, and that the amount of smoke in Danish air is on average about one-third of that in English air. Smoke and Bronchitis are, therefore, probably closely associated.

There is a similar death gradient between the smokier and cleaner towns in England and Wales and even in some areas between the different parts of the same town. The death rate from Bronchitis in the industrial West Midlands, for instance, is considerably higher than in Edmonton, and in Tyneside, where air pollution is very high, the Bronchitis death rate is higher still. I confidently expect that as Edmonton's air becomes cleaner, the death rate from Bronchitis and other diseases of the Lungs will gradually fall.

CANCER OF THE LUNG

This dread disease becomes ever more common. Table IV shows that it carried off 57 people in 1957 and that 25 of these were under the age of 65. Most were men. Only 3 women, in fact, died from Lung Cancer in 1957. Four men died before they were 55; 21 more before they were 65. It is impossible to say dogmatically, which particular factors precipitated Cancer in these unfortunate men and women. Cancer of the Lung, however, is rare in the non-smoker and it is reasonable to guess that cigarette smoke in association with dirty air was responsible for most of the deaths.

It is difficult to say how we can best reduce the use of the Tobacco drug. In parts of India, I understand, one can only obtain Alcohol if one agrees to wear a placard which states: "I am an Alcohol addict". That is one possible course. Another is to treat tobacco as a dangerous drug and only allow its use on a doctor's prescription. I suspect that this might lead to many family doctors developing writer's cramp. A more useful method might be to increase the tobacco tax considerably. If a packet of cigarettes cost 10/-, deaths from Bronchitis would fall in a few years and deaths from Lung Cancer would probably show a drop in ten years or so after the tax.

It is well-known that in my own profession, the Lung Cancer death rate in the heavy smokers (25 or more a day) is more than twenty times that in the non-smokers. In the population as a whole, the gap in the death rates is probably wider.

One of the constituents of cigarette smoke, however, which is known to produce Cancer in experimental animals (Benz Pyrene) is also present in chimney smoke and comparative studies in North Wales and Liverpool suggest that it is as dangerous to be a non-smoker in a heavily polluted area as to be a light smoker living in the country. The Clean Air Act can play its part here too, but the abolition of the cigarette would be the most effective means of reducing Lung Cancer deaths.

DIABETES

This is now not an important cause of death, but it will be seen from Table IV that one Diabetic died quite early in life and that three more died in their late fifties. The disease still shortens life.

DIPHTHERIA

This death was only indirectly due to Diphtheria. This elderly lady developed Pneumonia and it was thought that the Tracheotomy scar which she had carried since childhood, as a result of Diphtheria then, had contributed to her death.

GASTRITIS, ENTERITIS AND DIARRHŒA

The deaths in this group were all due to infection, although in two cases the inflammatory response was of a chronic nature. Death before the age of 65 occurred in three cases. This little group represents a pocket of resistance to medical advance which needs to be mopped up.

HYPERTENSIVE HEART DISEASE

Hypertension is more generally known as high blood pressure and a person is said to be hypertensive when he or she has an arterial blood pressure permanently above the highest limit known to be normal, for a person of that age and physique. No definite cause has yet been incriminated, but one type of hypertension is partially due to fatty change in the lining of the arteries, accompanied by a raised blood Cholesterol (Cholesterol is an important constituent of many fats). Lack of sleep, worry and lack of exercise have also been incriminated here as in Coronary disease. Deaths from hypertension with heart disease are generally deaths from heart failure. The heart, in the end, is unable to cope with the output of work. Hypertension, however, does not kill only by overstraining the heart; it may kill by rupturing the blood vessels, particularly in the brain. Most of the deaths from Vascular Lesions of the nervous system were due to this catastrophe. A high arterial blood pressure may restrict the supply of blood to vital organs, such as the Kidneys, and some of the deaths due to other circulatory disease are due to this type of circulatory failure. It is unnecessary for the ordinary man to worry about his blood pressure, but clear answers to the problems of hypertension would enable us to prevent much premature death.

INFLUENZA

Edmonton was hit by the pandemic of Asian Influenza as much as elsewhere, but the permanent

effects were not serious in most cases. Five deaths from Influenza during an epidemic is not a large number.

LEUKÆMIA

In most parts of the country the death rate from Leukæmia is rising. This does not appear to be the case in Edmonton. Irradiation of the body by very large doses of X-rays, and by the emanations from radio-active materials, can undoubtedly cause Leukæmia, but there is no evidence, so far, that the use of X-rays and radio-active substances in moderate doses has any permanent effect of this nature. Much more remains to be known about this distressing disease.

MALIGNANT NEOPLASMS

Malignant Neoplasms are more commonly known as Cancers. I have already referred to one group of Cancer which is at least partially preventable, i.e., Cancer of the Lung. Neoplasms simply means new growth and a new growth can be anything from a wart upwards. Malignant means in this context, dangerous.

Cancers are frequently associated with irritation, particularly chronic irritation. Examples of this in the past have been Mule Spinners Cancer, a Cancer of the Scrotum which was found to be almost directly related to irritation by the oil-soaked Spinning Mule, and Kangri Cancer, a Cancer of the skin of the abdomen, as a result of repeated burns from a Kangri, (a Kangri is a basket of glowing coals which, in parts of North India, is worn next to the skin as a source of heat).

The four main sites listed are all easily exposed to chronic irritation and the miscellaneous group includes Cancers of the Skin and Bowel, also obviously sites where chronic irritation can occur.

Cancer of the Stomach appears to be more common in the more poorly paid sections of the community and this suggests that this Cancer, if not others, may be related to nutritional defects. Cancer of the bladder is much more common in smokers than in non-smokers. Here presumably, the irritation is chemical rather than mechanical.

Study of Table IV shows that Cancer is not wholly or even mainly a disease of the elderly. As many women died of Cancer of the Breast below the age of 65 as above it, and between one-third and one-half of the deaths from Cancer of the Stomach, occurred below the age of 65. Though there may be an hereditary factor in some cases, it seems probable that a great many cancers are preventable.

NEPHRITIS AND NEPHROSIS

This group of diseases, it will be observed, though small, accounts for quite a slice of

the premature deaths. One young boy and one teenager died from Nephritis and three middle-aged men also died. Although Nephritis does not necessarily or even often follow Scarlet Fever, it is caused by an organism which may cause Scarlet Fever. The organism in question is the Hæmolytic Streptococcus. Where Nephritis follows Streptococcal infection, it is usually found that the Streptococci isolated from the throat are Griffith Type 12 and during the early months of 1957 epidemics of Nephritis due to these organisms were investigated in Northamptonshire and the North Riding of Yorkshire. Scarlet Fever was not associated with these outbreaks to any extent, but like Scarlet Fever outbreaks they occurred mainly among school-children. As far as I know, the Edmonton cases were sporadic. It is interesting to note that the death rate for Nephritis in the neighbouring Borough of Southgate was .15 per 1,000, as against .08 in Edmonton. If this difference is not fortuitous, it probably relates to differing rates of Streptococcal infection in the two Boroughs 10 years ago or more.

VITAL STATISTICS

SYPHILITIC DISEASE

Though there are only 3 deaths in this disease, it is easily preventable at a personal level. One death occurred before the age of 65 and was, therefore, a partially wasted life.

TUBERCULOSIS

There were only 4 deaths from Tuberculosis but three were under the age of 65 and therefore represent a waste of life. This disease continues to be an important Public Health problem. I shall discuss the epidemiology of Tuberculosis in the epidemiological section of the report.

SUICIDE

Eight deaths from Suicide is quite a number, and all but two of these deaths were before the age of 65. One man died between the age of 25 and 35, and one man and one woman between the ages of 35 and 45. Two men and one woman died between the ages of 55 and 65. Prevention of deaths of this nature is a mental health problem and advances in community mental health should in time, reduce the toll of Suicide.

INFANT MORTALITY

As I have said the Infant Mortality is low and indicates that the health of the community is fairly good. The statistics of Infantile Mortality are shown in detail in the tables that follow:-

Table 8

The deaths of infants under one year of age were as follows:-

	M	F	Total
Legitimate	11	4	15
Illegitimate	2	-	2
	13	4	17

The death rate of all infants per 1,000 live births was 13.6. The death rate of all infants under one month of age per 1,000 live births was 12.00.

The detailed sub-division of the causes, etc., of these DEATHS is as follows:

Table 9

MALES

Causes of Death	One Week	Second Week	Third Week	Fourth Week	Total under 1 Month	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total under 1 Year
Myeloid Leukæmia (Atelectasis)	2	-	-	-	2	-	-	-	-	2
Erythroblastosis	1	-	-	-	1	-	-	-	-	1
Premature Birth	4	-	-	-	4	-	-	-	-	4
Birth Injury	2	-	-	-	2	-	-	-	-	2
Other causes	1	-	-	-	1	-	-	-	-	1
Congenital Malformations	2	-	-	-	2	-	-	-	1	3
Totals:	12	-	-	-	12	-	-	-	1	13

Table 10

FEMALES

Causes of Death	One Week	Second Week	Third Week	Fourth Week	Total under 1 Month	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total under 1 Year
Pneumonia	1	-	-	-	1	-	1	-	-	2
Premature Birth	3	-	-	-	3	-	-	-	-	3
Totals:	4	-	-	-	4	-	1	-	-	5

It will be seen that nearly half of the infant deaths were as the result of premature birth. Most of the other causes were also due to insufficiently healthy pregnancy and adequate ante-natal care is, therefore, the only answer. Only two deaths were due to causes which may have been operating after birth. These were the two deaths from Pneumonia.

Perhaps I should explain that atelectasis is inadequate expansion of the baby's lung and that erythroblastosis is a disease of the red cells of the blood.

The prevention of Pneumonia involves many factors, improved nutrition is one, education

of mothers as to danger signals is another. Prevention of overcrowding of dirty air and of damp houses will also reduce the incidence of Pneumonia. Incidence of Pneumonia in infancy has decreased in recent years and there is a hope that it may disappear altogether in future.

Even where it has not been possible to prevent premature birth by adequate ante-natal care, many premature babies can be salvaged. In England and Wales as a whole it is probable that more could be done in this field. In 1956 an enquiry into the facilities available for the care of premature infants was carried out and Sir John Charles, Chief Medical Officer of the Ministry of Health, comments on this as follows:-

"The survey revealed a wide variation in the facilities available for the care of the premature infant in hospital and domiciliary practice. Some hospitals do not use incubators, while incubator provision in other hospitals is in excess of requirements. A wide range of make of incubator, including locally constructed models, is used. There are no breast milk bank facilities in three regional hospital areas. The status of nursing staff engaged in the care of premature infants in hospital ranges from fully-trained nurses to nursing auxiliaries and nursing cadets. The shortage of nursing staff with special training in the experiences is a serious problem in hospital. Although many County Boroughs employ specially trained full-time premature baby nurses, this is impracticable in county areas. It is evident that to a very great extent the domiciliary care of the premature infant is carried out by domiciliary midwives or district nurse midwives as part of their ordinary duties.

The transport arrangements in some areas are unsatisfactory in that the ambulances are not heated and heated carriers and oxygen are not available because of the high mortality of transported infants a satisfactory ambulance service with personnel skilled in First-Aid during transit is of special importance."

Edmonton's health experience is roughly similar to that of England and Wales as a whole. The table below, based on England and Wales experience during 1955-1957, therefore gives a rough indication of the expectations of the children born in Edmonton during those years.

Age	MALES		FEMALES	
	Number of Survivors	Expectation of Life	Number of Survivors	Expectation of Life
0	10,000	67.71	10,000	72.39
1	9,731	68.58	9,793	73.84
2	9,715	67.69	9,778	72.95
3	9,706	66.75	9,769	72.02
4	9,698	65.80	9,763	71.06
5	9,691	64.85	9,758	70.10
10	9,668	60.00	9,741	65.21
15	9,648	55.12	9,726	60.31
20	9,606	50.35	9,707	55.42
25	9,552	45.62	9,680	50.57
30	9,499	40.86	9,645	45.75
35	9,437	36.11	9,595	40.97
40	9,346	31.44	9,524	36.26

(Continued)

Age	MALES		FEMALES	
	Number of Survivors	Expectation of Life	Number of Survivors	Expectation of Life
45	9,204	26.89	9,413	31.66
50	8,959	22.55	9,243	27.19
55	8,529	18.56	8,989	22.89
60	7,819	15.02	8,609	18.79
65	6,791	11.92	8,019	14.99
70	5,447	9.24	7,118	11.57
75	3,870	6.99	5,784	8.66
80	2,246	5.24	4,047	6.31
85	943	4.02	2,167	4.61

ENVIRONMENTAL HEALTH

HOUSING

Table A shows that 358 houses were made fit at least for a time as a result of the efforts of the Public Health Inspectors. In addition to this 150 houses were dealt with as Clearance Areas. The West Street Clearance Area comprising 1 to 67, 2 to 18 and 22 to 72, West Street; 4 to 12 and 34 to 40, Maldon Road, was declared on the 29th January, 1957 and a Public Inquiry was held in July. The Order was subsequently confirmed by the Minister of Housing and Local Government.

The Kenninghall Road Area comprising 1 to 13, Derby Road, 14 to 30, Montagu Road, 1 to 17, Florence Road, 2 to 18, Florence Road, 2 to 12, Derby Road and 2 and 4, Kenninghall Road, and in addition 10 to 28, Kenninghall Road, was declared on the 26th February, 1957 and a second area comprising 19 to 29, Florence Road and 33 to 47, Kenninghall Road was declared on the 26th March, the Public Inquiry was held in October 1957, and the Minister of Housing and Local Government subsequently confirmed the Orders.

The Plevna Road Area comprising 3 to 13, Plevna Road was declared on 22nd October, 1957 and the Order was confirmed by the Minister following an Inquiry in 1958.

TABLE A.

Action taken under the Housing and Public Health Acts

Number of houses repaired in consequence of informal action ..	288
Number of notices served under Section 9 Housing Act	24
Number of houses rendered fit after service of notices:-	
(a) by owner	30
(b) by Local Authority	3
Number of notices served under Public Health Acts	122
Number of houses repaired after service of notices:	
(a) by owner	130
(b) by Local Authority in default	7

TABLE B.

RENT ACT, 1957

The above Act came into force on 6th July, 1957, and set out over page are details of the applications received for the period 6th July to 31st December, 1957:-

Part I - Applications for Certificates of Disrepair

(1)	Number of applications for Certificates	115
(2)	Number of decisions not to issue Certificates	Nil
(3)	Number of decisions to issue Certificates	96
	(a) in respect of some but not all defects	47
	(b) in respect of all defects	49
(4)	Number of undertakings given by Landlords under paragraph 5 of the First Schedule	62
(5)	Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	Nil
(6)	Number of Certificates issued	25

Part II - APPLICATIONS FOR CANCELLATION OF CERTIFICATES

(7)	Applications by Landlords to Local Authority for cancellation of Certificates	2
(8)	Objections by tenants to cancellation of Certificates ..	Nil
(9)	Decisions by Local Authority to cancel in spite of tenants' objection	Nil
(10)	Certificates cancelled by Local Authority (1957 Act) ..	Nil
	(1954 Act) ..	7

TABLE C.

Defects Remedied

Roofs repaired	408
Gutters and rainwater pipes repaired	309
Brickwork or pointing repaired	127
Chimney stacks, etc., repaired or rebuilt	42
Yards or forecourts repaved or repaired	62
Drains examined, tested or exposed	642
Drains cleared, trapped or repaired	455
Drains reconstructed	87
Chambers inserted or built up to ground level	54
Soil and vent pipes, new fixed or repaired	78
W.C's repaired or improved	184
Flushing cisterns repaired or new fixed	64
Sink waste pipes repaired or new fixed	33
New sinks fixed	14
Drinking water cisterns covered, cleansed, repaired	1
Water fittings repaired	30
Water taken off main or restored	3
Internal walls	320
Ceilings repaired, cleansed, etc	191
Door frames repaired	Nil
Floors repaired	141
Floors ventilated	47
Dampness remedied	248
Window frames or sashes repaired or renewed	436
Fireplaces, stoves repaired	6

Much remains to be done in this field. As a result of what I have so far seen of the housing conditions in Edmonton it is my opinion that about 1,000 families are at present sleeping in overcrowded bedrooms and that a further 1,500 families are living in houses unfit for habitation as the result of dampness and other defects. In addition to this, special consideration needs to be given to families in which there are cases of subacute pulmonary tuberculosis or of other chronic infectious diseases.

The need for specially designed houses for old and elderly persons also increases each year.

It is unlikely that Edmonton's housing situation will become really satisfactory until about 1970.

FOOD HYGIENE CONTROL

SLAUGHTERHOUSES

Nine visits were paid and the carcasses and organs of 19 pigs killed were inspected during or shortly after slaughter. None was found to be affected with tuberculosis. Four carcasses of which some part or organ was condemned showed a percentage of the number inspected affected with disease, other than tuberculosis, of 21.05.

The following organs were surrendered:-

Four sets of lungs.

MILK SUPPLY

Various licences were granted as under:-

	Primary	Supplementary
Pasteurised	41	18
Tuberculin Tested	24	15
Sterilised	96	17
	161	50

Supplementary licences are granted to retailers who live outside the Borough, but who sell milk in the Borough; the Primary licence is granted by the Authority in which the premises are situate.

The number of Dairies registered at 31st December, 1957 was 9.

FOOD AND DRUGS ACT, 1955 - Section 16

During the year 14 premises were registered for the Sale and Storage of Ice Cream.

Number on Register at end of year:-

Manufacturers and Vendors	.....	5
Vendors only	.....	188

During the year no premises were registered for the Preparation or Manufacture of Preserved Food, etc.

Number on register at end of year:- 40

UN SOUND FOOD

The following is a list of the food surrendered for examination and retained as unfit for human consumption:-

Meat	2,543 tins	Lamb	133½ lbs.
Milk	3,579 do.	Mutton	7 do.
Fish	750 do.	Pork	34 do.
Jams, etc.	660 do.	Offal	113½ do.
Soups	582 do.	Eggs (dried)	3½ do.

(Continued.)

UNSOUND FOOD - Continued

Beans	3,897 tins	Chickens 4 only and	115 lbs.
Beetroot	30 do.	Ham	617½ do.
Carrots	132 do.	Bacon	112 do.
Mixed Vegetables	138 do.	Haddock	4 stone
Peas	3,152 do.	Cod	1½ stone
Apples	17 do.	Skate	9 do.
Apricots	714 do.	Lobsters	24 lbs.
Blackcurrants	28 do.	Crabs	50
Cherries	648 do.	Sausages	54½ lbs.
Damsons	140 do.	Cheeses 171 packets	43 lbs.
Dates	210 lbs.	Coconut	7 cwt.
Grapefruit	119 tins	Fish Paste	12 jars
Gooseberries	107 do.	Macaroni	38 tins
Greengages	1 tin	Meat Paste	10 jars
Fruit Salad	460 tins	Pickle	454 do.
Oranges	435 do.	Puddings	362 tins
Peaches	471 do.	Sauce	946 bottles
Pears 80 lbs and	250 do.	Suet	3 lbs.
Pineapple	660 do.	Sandwich Spread	44 tins
Plums	1,479 do.	Coffee	5 do.
Prunes	33 do.	Raisins	30½ lbs.
Raspberries	51 do.	Margarine	40½ lbs.
Rhubarb	211 do.	Lard	7 lbs.
Spinach	132 do.	Salad Cream	343 jars
Strawberries 2lbs.	79 do.	Tomatoes	1,403 tins
Tomato Juices	436 do.	Fruit Juices	966 do.
		Beef	926½ lbs.

The food examined and condemned by the Officers of the Public Health Department is disposed of either at the Council's Refuse Disposal Incinerating Plant or the Council's Refuse Disposal Pit.

SUMMARY OF FOOD PREMISES REGISTERED UNDER SECTION 16 OF THE FOOD AND DRUGS ACT, 1955.

Manufacture and Sale of Ice Cream	5
Sale only of Ice Cream	189
Manufacture of Sausages	24
Manufacture of Sausages and Sale of Pressed, Pickled, Preserved, Potted Meats and other foods	14
Manufacture of Cooked Meat	1
Manufacture of Preserved Foods	1
Butchers	62
Fish Shops	31
Grocers and Provision Dealers	191
Bakers and Confectioners	22
Fruiterers and Greengrocers	61
Dairies	9
Retail Purveyors of Milk	132
Cafes	54
Factory Canteens	74

FOOD SAMPLING

The report of the Chief Officer, Public Control Department, Middlesex County Council, on the work carried out in Edmonton during the year 1957 is as follows:-

List of samples procured in the Borough of Edmonton during the year 1957:

Article	Total Samples Procured	Unsatisfactory
New Milks	85	49
Milk (various)	30	..
Beer	4	..
Butter	11	..
Cakes	11	..
Cooked Meat	16	..
Cheese	6	..
Cream	26	..
Drugs	20	..
Fish and Fish Products	3	..
Fruit (Fresh and Canned)	5	2
Fruit Squash	5	..
Ice Cream	6	..
Liver	2	1
Margarine	6	..
Meat and Meat Products	42	..
Non-brewed Condiment	9	1
Peas	6	..
Preserves	3	..
Sausages, etc.	9	..
Soup	3	1
Spirits	17	1
Sweets	8	1
Vinegar	44	6
Miscellaneous	14	..
Totals:	391	62

Vinegar

Four of the unsatisfactory samples of vinegar were all deficient in acetic acid content. Two retailers were concerned and each was prosecuted and fined £2, one being ordered to pay £3. 11. 0d. costs and the other £4. 12. 0d. costs in addition. In each of the above cases both a preliminary sample and a follow-up were found to be unsatisfactory.

A preliminary sample of vinegar obtained from a third retailer was also found to be deficient in acetic acid, but a follow-up sample was found to be genuine. The sixth unsatisfactory sample was again a preliminary purchase and the article supplied was found to be non-brewed condiment. When a follow-up sample was purchased shortly afterwards the retailer disclosed the true nature of the article he was selling.

■MERCHANDISE MARKS ACTS, 1887-1953

Ninety-nine inspections of shops were undertaken to ensure that the Marking Orders relating to certain imported foodstuffs made under the Merchandise Marks Act, 1926, were complied with. 382 separate displays of meat, apples, tomatoes, poultry and dried fruit were examined.

One firm of butchers was found to be exposing for sale imported meat not marked with an indication of origin, and also to be exposing for sale imported meat falsely labelled as "English". Proceedings were instituted and the trader was fined a total of £20 with £5. 5. 0d. costs. Two other butchers were found to be exposing for sale imported meat not marked with an indication of origin. Proceedings were instituted against each, one being fined £6, the other

£2, and each being ordered to pay £2. 2. 0d. costs. Another butcher who both sold and exposed for sale Argentine beef and imported offal not marked with an indication of origin was cautioned for these offences.

THE LABELLING OF FOOD ORDER, 1953

At 64 premises 198 articles of pre-packed food were examined to see that they bore a label which gave a clear statement of the designation of the food and, in the case of compound foods, the ingredients, and also the name and address of the packer or labeller. No infringement of this Order was detected.

FALSE OR MISLEADING DESCRIPTIONS

As in previous years a considerable amount of work has been done in the detailed scrutiny of advertisements and the labels on pre-packed foods, and taking suitable action in those cases where a label or advertisement contained a false or misleading description of the food to which it relates. This work is of benefit to the whole County irrespective of where within the County offences may be detected. During the year under review corrective action has been secured in respect of salmon with potato salad, crystallized jelly pineapple slices, pure egg mundelech, cherry juice, lime juice, imitation cream, cream-filled biscuits, cream-filled Easter eggs and cheese. In every case the person responsible agreed to make necessary suitable amendments to labels as a result of my representations. In no case was it necessary to institute proceedings.

SPECIAL DESIGNATED MILKS

During the year in question three licences were issued by my Council in respect of the use of the special designation "Pasteurised" for milk processed within your area. These premises were regularly inspected and compliance with the requirements of the Act and of the appropriate Regulations was maintained. 60 samples of pasteurised milk were taken, all of which were certified as being satisfactory.

During the year, Public Health Inspectors paid 137 visits to butchers shops, 78 visits to fish shops, 87 visits to cafes and restaurants, 29 visits to dairies and milk shops, 9 visits to slaughterhouses, 43 visits to factory bakehouses, 98 visits to ice cream shops, 59 visits to canteens and 183 visits to other food premises.

Most attacks of food poisoning are not notified to the Medical Officer of Health, in fact most are not treated by a doctor. Nevertheless, the fact that only thirteen cases of food poisoning were notified during the year reflects great credit on the work of the Public Health Inspectors.

WATER

The water supply of the Borough has at all times been satisfactory both in quality and quantity.

The Metropolitan Water Board is responsible for the supply which is piped direct to every dwelling-house throughout the Borough and serves the entire population.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

Eleven samples of rag flock and other filling materials were examined during the year. Nine proved satisfactory; one sample of Cotton Felt exceeded the Dust Index, and one sample of Wool Felt whilst meeting the requirements of the Act, failed to meet the quality standard of Animal Fibre content.

SANITARY CONVENIENCES

There are seven public conveniences in the Borough under the supervision of the Senior Public Health Inspector.

No charge is made for the use of W.C's in the Males and Females Conveniences; free hand-washing facilities are provided and paper towels are supplied.

FACTORIES ACTS, 1937 AND 1948

The following work has been carried out under the above Acts:-

1. Inspections for the Purpose of Provisions as to Health

Premises	Number in Register	Inspections	Written Notices	Occupiers Prosecuted
Factories with mechanical power	203	353	9	..
Factories without mechanical power	13	5	3	
Other premises under the Act (including works of building and engineering and construction but not including out-workers premises)	3	3	..	..
Total:	219	361	12	..

2. Defects found:

PARTICULARS	Number of Defects				Number of defects in respect of which prosecutions were instituted
	Found	Remedied	Referred to H. M. Inspector	by H. M. Inspector	
Want of cleanliness	3	3	..	..	..
Overcrowding	..	..	..	..	..
Unreasonable temperature	..	..	1	..	..
Inadequate ventilation	..	..	..	..	..
Ineffective drainage of floors	..	..	..	..	..
Sanitary Conveniences -					
Insufficient	1	..	..	..	..
Unsuitable or defective	17	34	..	3	..
Not separate for sexes	..	..	..	..	..
Other offences -					
(Not including offences relating to outwork)	2	2	..	..	..
Totals:	23	39	1	3	..

3. Outwork - Sections 110 and 111

NATURE OF WORK	No. of Out-workers in August list	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, making etc.	248	..	..	..	..	..
Artificial flowers	4	..	..	..	..	..
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	19	..	..	..	..	..
Brush making	73	..	..	..	..	..
Cosaques, Christmas crackers, Christmas stockings, etc.	7	..	..	..	..	..
Curtains and furniture hangings	41	..	..	..	..	..
Brass and brass articles	46	..	..	..	..	..
Carding etc., of buttons, etc.	18	..	..	..	..	..
Totals:	456	..	..	..	..	..

MIDDLESEX COUNTY COUNCIL ACT, 1950. SECTION II

Four persons and premises were registered during the year. No persons were registered to trade in the Borough where storage premises are located in other districts.

There were 91 hawkers on the Register at the end of 1957.

ATMOSPHERIC POLLUTION

The Council in April 1957 agreed in principle to the "Edmonton No.1. Smoke Control Area" and this was approved by the Minister of Housing and Local Government. The area was defined as follows:

"The area bounded on the east and north east by Latymer Road, on the north by Harrow Drive, on the west by the Great Cambridge Road and on the south by Church Street."

The survey of all the buildings in the area was completed in December and the Council made the first Smoke Control Order in June 1958.

The area consists of 93 acres and contains 402 dwelling houses, 2 industrial premises and 7 other premises.

During the year 1050 observations of industrial chimneys in the Borough were made by the District Public Health Inspectors and a number of factories have made extensive improvements to their boilers.

In June, three deposit gauges were installed in the Borough at the following sites:-

Site No. 1.	St. David's Hospital, Silver Street, N. 18.
Site No. 2.	Town Hall, Fore Street, N. 9.
Site No. 3.	Cuckoo Hall Lane School, Nightingale Road, N. 9.

The deposit gauges are exposed for periods of one month and the solid and liquid materials are analysed and the amount of rain and solid matter is measured.

A summary of the analyses is shown in the table overleaf:-

SUMMARY OF ANALYSES

1957	Rainfall in inches			DEPOSIT IN TONS PER SQUARE MILE											
				Insoluble Deposits			Ash			Soluble Deposits			Total Solids		
	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)
June	0.54	0.54	0.54	10.87	8.60	7.75	6.16	5.83	4.14	3.26	3.70	4.12	14.13	12.30	11.87
July	3.26	2.99	2.93	4.42	9.67	5.79	1.97	6.32	3.28	5.60	6.45	5.55	10.02	16.12	11.34
August	2.07	2.15	2.06	16.23	6.59	3.68	10.96	4.35	2.22	7.03	5.12	5.02	23.26	11.71	8.70
September	2.28	2.21	1.96	3.55	6.54	3.79	2.45	4.79	2.38	3.49	4.55	4.02	7.04	11.09	7.81
October	1.80	1.80	1.71	4.44	6.14	4.70	2.38	4.21	2.95	5.86	5.50	3.52	10.30	11.64	8.22
November	2.09	1.89	1.85	2.88	7.17	5.63	1.80	4.99	3.76	4.81	4.99	4.47	7.69	12.16	10.10
December	1.55	1.55	1.62	8.12	11.49	10.80	5.46	7.22	7.33	7.30	7.84	8.00	15.42	19.33	18.80

(a) Site No.1. St. David's Hospital

(b) Site No.2. Town Hall

(c) Site No.3. Cuckoo Hall Lane School

RODENT CONTROL

Your Senior Public Health Inspector, as Officer-in-Charge, Rodent Control, reported as follows:-

The Council have an Assistant Rodent Officer, two Rodent Operators, the part-time services of a Clerk and appointed the Public Health Inspectors as Rodent Officers.

During the year the treatment of business premises by "Warfarin" was continued and has proved very successful.

The Public Health Inspectors in cases where there was a possibility of the infestation being due to defective drainage visited the premises and tested the drainage and any defects discovered were dealt with through the usual channels. In 80 per cent of the cases defects were discovered and as one can quite appreciate entailed quite a large amount of work. The following table gives details of the work carried out during the year.

Prevalence of Rats and Mice:

	Type of Property			Total
	Local Authority	Dwelling Houses	All Other including Business and Industrial	
Properties inspected as a result of notification	4	605	22	631
Other properties investigated	6	2,805	23	2,834
Properties found to be infested:				
Rats (a) Major infestations	4	-	5	9
(b) Minor infestations	-	569	7	576
Mice (a) Major infestations	-	-	-	-
(b) Minor infestations	-	53	10	63
Number of properties treated by Rodent Operators	4	620	22	646
Number of inspections	137	6,709	225	7,071

During the year, maintenance treatment of the sewers took place by the Borough Engineer's Department, and I am indebted to the Borough Engineer for the following report:-

RAT DESTRUCTION IN SEWERS

The 21st maintenance treatment was carried out from 15th April, 1957 to 10th July, 1957.

1,063 manholes were baited and 594 pre-bait takes and 592 poison takes were recorded.

These results are a fair average over the last 10 years indicating that the rat population of sewers was just being kept at a level.

The number of bodies observed on the screens at the sewage works did not show any perceptible increase over the normal.

For the Autumn treatment - No. 22 - the Ministry recommended that we should try direct poisoning by the sodium fluoracetate (or '1080') method. This method entails only one visit to each manhole to lay the poison bait. No records of "takes" are made.

The treatment was carried out by Insecta Laboratories Limited, at a cost of approximately £320. During this treatment, over 100 bodies were observed at the sewage works.

A test bait treatment on the "clear" areas was carried out in March 1958. 275 manholes were baited and showed the areas still substantially clear.

The total cost of the year's treatments showed a saving of £91 on the £1000 in the Rate Estimate.

DISINFECTION AND DISINFESTATION

Number of journeys to collect bedding and spray verminous premises	316
Number of journeys to return bedding	178
Rooms disinfected after infectious disease	192
Rooms disinfected after Phthisis	9
Rooms disinfected after other cases	48
Rooms disinfected after vermin	226
Articles	
Bedding, clothing, etc., disinfected after infectious disease ...	1,803
Bedding, clothing, etc., disinfected after Phthisis	42
Bedding, clothing, etc., disinfected after other cases	218
Bedding, clothing, etc., disinfected after vermin	35

The Council distribute a disinfecting powder and fluid to residents who apply for same at the Town Hall Yard. During the year the applicants numbered 14,299. One hour daily is allowed for such distribution with the exception of Fridays and Saturdays. A Formalin Chamber is used for the disinfection of books, leather goods, etc., articles that would be damaged by steam. The number of books and other articles thus disinfected was 448.

31 Council properties and 17 other houses were found to be infested; the total number of rooms disinfested was 239. The whole of the work is carried out by the Department, the materials used being insecticides containing D.D.T. as a base.

INSPECTIONS

The following tabular statement gives the number and the nature of the inspections made during the year:-

Complaints	1630
Infectious Disease	253
Food Poisoning	24
House-to-House	214
Atmospheric Pollution	36
Smoke Control Areas	1496
Factories with mechanical power	353
Factories without mechanical power	9
Rents Act, 1957	259
Housing Act, 1949, Improvement Grants	35
Factories (other)	3
Outworkers	2
Schools	10
Offensive Trades	"
Shops and Stalls	129
Shops Act	"
Pets Act	16
Sanitary conveniences and urinals	258
Smoke observations	1050
Rat infestation	284
Petroleum	278
General Inspections	385
Sundry Visits	1360
Cinemas and Halls	35
Stables and Piggeries	34
Movable Dwellings	19
Sampling Water	"
Sampling Ice Cream	"
Sampling Milk	"
Sampling Rag Flock	12
Re-inspections	4000

INSPECTION OF PLACES WHERE FOOD IS PREPARED

Butchers	137
Fish Shops	78
Cafes and Restaurants	87
Dairies and Milkshops	29
Slaughterhouses	9
Bakehouses (Factory)	43
Bakehouses (Workshops)	"
Ice Cream Shops	98
Canteens	59
Other food premises	183
Sampling other food	"

DEFECTS REMEDIED

Roofs repaired	408
Gutters and rainwater pipes repaired	309
Brickwork or pointing repaired	127
Chimney stacks, etc., repaired or rebuilt	42
Yards or forecourts repaved or repaired	62
Drains examined, tested or exposed	642

Drains cleared, trapped or repaired	455
Drains reconstructed	87
Chambers inserted or built-up to ground level	54
Soil and vent pipes new fixed or repaired	78
W.C's repaired or improved	184
Flushing cisterns repaired or new fixed	64
Sink waste pipes repaired or new fixed	33
New sinks fixed	14
Drinking water cisterns covered, cleansed, repaired ...	1
Water fittings repaired	30
Water taken off main or restored	3
Internal walls	320
Ceilings repaired, cleansed, etc	191
Door frames repaired	-
Floors repaired	141
Floors ventilated	47
Dampness remedied	248
Window frames or sashes repaired or renewed	436
Fireplaces, stoves repaired	61
Coppers repaired	1
New dustbins supplied	14
Premises rat-proofed	34
Improper keeping of animals discontinued	-
Foul accumulations removed	18
Other nuisances abated	260
Movable dwellings removed	5
New boiler house constructed	-
New boiler installed	-
Factory sanitary conveniences inspected	-
Factory sanitary conveniences improved	45
Factory other defects remedied	29
Petroleum installations - defects remedied	48
Petroleum installations tested	26
Smoke Abatement - boiler plants improved	16
Food Regulations - contraventions remedied	5

PETROLEUM (REGULATIONS) ACTS, 1928-1936

During the year 7 new licences and 114 renewals were granted by the Council. The following is a list of particulars of quantities, etc., affected by these licences:-

Petroleum Spirit	486,875 gallons
Petroleum Mixtures	16,378 gallons
Rubber Solution	100 lbs. and 1,600 gallons

PLACES OF PUBLIC ENTERTAINMENT

Thirty-five inspections of cinemas and other places of entertainment were made in accordance with the Circular of the Ministry of Health of 1920. Conditions were found to be generally satisfactory.

EPIDEMIOLOGY

SCARLET FEVER

132 cases of Scarlet Fever were notified in 1957, only one of these was a returned case,

i.e. a case of Scarlet Fever which resulted from a child going into the Isolation Hospital with one variety of Streptococcus and coming out with another. This is quite a good record. Most cases of Scarlet Fever are nowadays fairly mild, and many people wonder why in Edmonton rigorous isolation of cases of contacts continues, whereas in neighbouring areas the disease is treated much more lightly by the Public Health Department. The answer to these queries is simple enough; the bacteria which cause Scarlet Fever can also cause much more serious diseases. Apart from the so-called Streptococcal sore throat (which really amounts to Scarlet Fever without the rash) and infections of the skin and ear, they can also cause Rheumatic Fever and Nephritis. In both these diseases the first attacks, though uncomfortable for the patient, are not severe, but later attacks cause serious damage to the heart or kidneys as the case may be. In England and Wales in 1957, 2,359 people died of Nephritis, 174 people of Rheumatic Fever and 8,270 people of Chronic Rheumatic Heart Disease. If all the Streptococcal infections were grouped together as Streptococcosis, one could say that nearly 11,000 people died in England and Wales in 1957 from Streptococcosis. Tuberculosis in the same year killed just under 5,000 people.

Owing to the fact that it is in the late stages of Rheumatic Heart Disease and Nephritis that death occurs it is difficult to judge the efficacy of control measures.

I have already referred to difference in the death rate from Nephritis in Southgate and Edmonton. Taking the comparison a stage further, the death rate per 10,000 in England and Wales was .96, in Scotland 1.07, in Enfield 1.19, in Southgate 1.5 and in Edmonton .8.

Whatever the reason, the kidneys are safer in Edmonton than in Enfield or Southgate.

INFLUENZA

In Edmonton the epidemic of Asiatic Influenza was first noticed in the middle of September in the Halliwick Cripples' Home. Children in the borough's schools started to go down with Influenza in the same week and by the 27th September about 10 per cent of the school children were away with Influenza. It is possible that the Halliwick Cripples' Home was the original focus since the first case there was actually noticed on 10th September. 36 out of 48 children had been affected by the 23rd. By the first week in October, the absence rate in the schools as a whole was up to 35 per cent. From then it slowly fell and was about 20 per cent at the end of the week ending 18th October. By the middle of November it had fallen to 7 per cent.

SUSPECTED DIPHTHERIA

A suspected Diphtheria outbreak was discovered in November. On the 11th November a barman at a local hotel was removed to hospital as a suspected case of Diphtheria. I was informed by the hospital and arranged for the staff in contact with this man to be examined. Subsequently, the hospital reported that the bacteria found in the throat of the patient closely resembled *C. Diphtheria Mitis* but were of very low virulence; the patient was only suffering from a mild sore throat. After examination of the throat swabs taken from the contacts, the Edmonton Public Health Laboratory reported that one female member of the staff had a similar bacillus in her throat; she was, therefore, also sent to hospital. The other members of the staff were advised

to arrange for their family doctors to immunize. Swabs were taken twice weekly, and on the third swabbing another lady member of the staff was found to be infected and was sent to hospital. A fourth lady member was found after the fourth swabbing, but by then the three other patients had been discharged from hospital completely cured and the remainder of the staff had all been immunised. By then also, guinea-pig virulence tests had been reported negative. No further measures of isolation were found to be required.

TUBERCULOSIS

In 1935, the number of cases known to be suffering from Tuberculosis in Edmonton, was about 600. It remained around this figure for the next two years and then rose to about 650. In 1943 the number of cases rose again to 766 although the figures were lower in 1944/45, they rose steadily from then on to a maximum of 1309 in 1954. There was a slight drop in 1955 to 1305, but since then the figures have been rising to 1325 in 1956 and 1344 in 1957.

As an infectious disease, Tuberculosis is more important than ever it was and more efforts are needed to drain the pool of unknown infectors. On the other hand, it has become much less important as a cause of death. The deaths in 1957 were less than a fifth of those even in 1951. In fact, it is partly because of the falling death rate that the pool of Tuberculosis cases continues to increase.

The tables following give details of the ages and sex of new cases of Tuberculosis, also deaths from the disease; this latter figure includes the deaths of non-notified cases.

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
Under 1 year	--	--	--	--	--	--	--	--
1-5 years	1	2	--	--	--	--	--	--
5-15 years	--	--	1	3	--	--	--	--
15-25 years	8	15	--	--	--	--	--	--
25-35 years	5	5	1	2	--	--	--	--
35-45 years	8	5	--	1	--	--	--	--
45-55 years	9	4	--	1	2	--	--	--
55-65 years	6	--	1	--	1	--	--	--
65 years upwards	2	1	--	1	1	--	--	--
Totals:	39	32	3	8	4	--	--	--

In addition, 29 cases of Pulmonary Tuberculosis and 2 cases of Non-Pulmonary Tuberculosis previously notified in other areas, moved into Edmonton.

	MALES		FEMALES		TOTAL
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	
Added to Register during 1957	60	5	47	9	121
Number of cases notified for the first time during the year	39	3	32	8	82
Number of cases restored to Register having been previously removed	3	1	3	-	7
Number of cases added to Register other than by formal notification	18	1	12	1	32
Removed from Register during 1957	50	1	45	6	102
Number of deaths from Tuberculosis - Notified cases	3	-	-	-	3
Number of deaths from Tuberculosis - Non-notified cases	1	-	-	-	1
Number of deaths, Other causes - Notified cases	4	-	2	1	7
Number of cases, left district, recovered etc.	42	1	43	5	91

The non-respiratory forms of Tuberculosis notified were:-

Part of Body Affected	Males	Females
Other bones and joints	-	2
Glands	2	3
Nose	-	2
Spine	-	1
Epididymis	1	-

The number of cases of Tuberculosis on the Register at the end of 1957 was:-

	Males	Females	Total
Pulmonary forms	665	511	1,176
Non-pulmonary forms	71	97	168
	736	608	1,344

The corresponding figures at the end of 1956 were:-

	Males	Females	Total
Pulmonary forms	655	509	1,164
Non-pulmonary forms	67	94	161
	722	603	1,325

Corresponding figures for previous years were:-

	Males	Females	Total
1955	706	599	1,305
1954	701	608	1,309
1953	668	598	1,266
1952	635	567	1,202
1951	570	536	1,106
1950	519	498	1,017
1949	509	468	977
1948	500	452	952
1947	442	405	847
1946	417	375	792
1945	389	332	721
1944	370	319	689
1943	411	355	766
1942	348	304	652
1941	355	293	648
1940	349	313	662
1939	357	301	658
1938	363	297	660
1937	336	260	596
1936	315	252	567
1935	330	265	595

MEASLES AND WHOOPING COUGH

1,282 cases of Measles and 97 cases of Whooping Cough were notified during the year; there were no deaths from these diseases.

ENTERIC FEVER

One case of Paratyphoid "B" was notified during the year, after prolonged treatment in and out of hospital the condition eventually cleared up.

DYSENTERY

During the year 44 cases of Dysentery were notified. Of these, 24 were in fact, due to Salmonellosis and only 10 of the remainder to Sonne Dysentery. The 20 of the Salmonellosis cases were due to Salmonella Typhi-Murium, 1 to Salmonella Bredeney, 1 to Salmonella Fee and 2 to unspecified Salmonellæ. The remaining 10 cases of so-called Dysentery were due to Giardial infection which is more in the nature of a parasitic infection than a bacterial infection.

MENINGOCOCCAL INFECTION

Two cases were notified during the year; there were no deaths.

OPHTHALMIA NEONATORUM

38 cases were notified during the year, 34 in the North Middlesex Hospital and 4 at home. 9 of these were Edmonton cases.

PUERPERAL PYREXIA

99 cases were notified during the year, 98 in the North Middlesex Hospital and 1 at home. 23 of the former were Edmonton cases. In 1956, 96 cases were notified.

SMALL-POX

Following notification of a case of Small-pox in one of the Tottenham Hospitals, the Medical Practitioners in the Borough were circularised and all persons in Edmonton who had had contact with the hospital or with the ambulance with this patient were visited and offered vaccination. In general the vaccination was carried out by their own doctors. Local ambulance personnel and also members of the staff of the health department were also vaccinated. No cases of Small-pox occurred at Edmonton throughout the year.

FOOD POISONING

In addition to the 24 cases of Salmonellosis, which might possibly have been due in the first instance to food poisoning, 13 cases of suspected food poisoning were notified during the year as follows:-

Sex	Age	Suspected Cause of Illness	Organism Responsible
Female	34	? Tuna Fish	Unknown
Female	19	Cold Chicken	Staphylococcus Aureus
Male	27	Cold Chicken	Staphylococcus Aureus
Female	35	Re-heated Beef with Gravy	Clostridium Welchii
Female	4	Re-heated Beef with Gravy	Clostridium Welchii
Female	5	Re-heated Beef with Gravy	Clostridium Welchii
Male	32	Cold Pork	Clostridium Welchii
Female	32	Cold Pork	Clostridium Welchii
Male	61	Cold Pork	Clostridium Welchii
Male	12	Cold Pork	Clostridium Welchii
Male	36	Unknown	Salmonellæ Typhi-Murium
Male	35	Unknown	Salmonellæ Typhi-Murium
Female	4½	Unknown	Salmonellæ Typhi-Murium

The second and third cases are interesting. This was a small family outbreak of husband and wife being affected. The story was that they and a friend were at the house of a second friend, were smitten with violent stomach pains, followed rapidly by vomiting and diarrhoea. This happened at 3.30 in the afternoon; on investigation it was found that about 3 hours previously these three people had had a meal which included cold chicken salad. The chicken in question had been roasted two days previously and left in a food cupboard in the kitchen until taken out for slicing in the preparation of the lunch. The fat in which the chicken had been cooked was found to be heavily contaminated with staphylococci and the female patient was found to have numerous staphylococci in her nose. Cold chicken can be dangerous. The second family outbreak (cases forming Item 6) was due to the reheating of cooked beef. In these cases there was vomiting as well as stomach pains and diarrhoea. The meat was cooked on the Saturday night and for lunch on Sunday, the father and the two children had the meat warmed, while the mother had it cold; all the family had gravy. On bacteriological examination both the beef and gravy were found to be grossly contaminated with *Clostridia Welchii*, a bacillus with heat-resistant spores. Reheated meat is even more dangerous than cold cooked meat. The third family outbreak was due to the same spore-bearing bacillus. In this case the vehicle was pork which had been roasted on the Saturday and consumed cold on Sunday and on Monday. The symptoms were again vomiting and diarrhoea coming on in the late afternoon. In the three separate *Salmonella Typhimurium* cases no food stuff could be incriminated, nor could the disease be traced to personal contacts with another infected person.

PNEUMONIA

57 cases were notified during the year.

POLIOMYELITIS

7 confirmed cases of Poliomyelitis were notified during the year. The first was in a man of 46 who developed a paralysis of the face, in the middle of March. The second was a boy of 7 years who developed a paralysed leg on the 20th of June and the third was a boy of 5 years, who lived within ½-mile of the previous boy. He was more fortunate, since his symptoms were mainly headache and sleepiness and discomfort of the neck; the final diagnosis in this case was non-paralytic Poliomyelitis. The symptoms in this last case developed about the 13th of July. On the 19th of July a girl of 5 years complained of weakness of the legs and was listless and had fever; this case also was diagnosed as non-paralytic Poliomyelitis. On the 9th of August a girl of 9 years who attended the school next door to that attended by the third case complained of headache; this case was confirmed as non-paralytic Poliomyelitis. On the 19th of August a boy of 2 years living not far from the fourth case (the girl of 5) developed pain in the left leg and started to limp; he was found to be suffering from paralytic Poliomyelitis. On the 28th of August, a girl of 11½ living near the Enfield boundary complained of headache, sore throat, nausea and aching legs; she had some fever and her family doctor put her to bed; she was kept in bed for five days and all her symptoms having subsided, was then allowed to get up. On the 4th of September however, she complained of pain in her right leg and was found to have a very slight paralysis of the right thigh. This patient subsequently recovered fully.

Four cases were notified in 1956; 16 in 1955 and 1 in 1954. The notification rate for 1956-57 was, therefore, lower than for 1954-55, and it seems highly probable that the incidence for 1958-59 will be lower still. Immunization against the disease is undoubtedly playing a great part in the falling incidence.

Notifications of the main Infectious Diseases are presented in tabular form below:-

Disease	Total Number of Cases	Number Removed to Hospital	Deaths	- to 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and over
Scarlet Fever	132	86	-	-	3	6	8	22	75	16	2	-	-	-	-
Measles	1,282	14	-	25	108	172	131	175	635	26	2	5	3	-	-
Whooping Cough	97	6	-	12	7	13	10	13	38	4	-	-	-	-	-
Pneumonia	57	13	52	1	-	-	-	-	1	3	2	6	4	21	19
Puerperal Pyrexia	99	98	-	-	-	-	-	-	-	-	17	70	12	-	-
Erysipelas	11	5	-	-	-	-	-	-	-	-	-	1	4	3	3
Food Poisoning	13	2	-	-	1	-	-	2	2	-	1	4	2	1	-
Poliomyelitis	7	7	-	-	-	1	-	-	4	1	-	-	-	1	-
Ophthalmia Neonatorum	38	35	-	38	-	-	-	-	-	-	-	-	-	-	-
Dysentery	44	5	-	2	3	2	4	2	3	7	2	11	3	5	-
Meningococcal Infection	2	2	-	-	-	-	-	-	1	1	-	-	-	-	-
Diphtheria	2	2	1	-	-	-	-	-	-	-	-	-	-	2	-
Paratyphoid 'B'	1	1	-	-	-	-	-	-	-	-	-	-	-	1	-

IMMUNIZATION

The Area Medical Officer for Area No.1 Middlesex (Edmonton and Enfield) has kindly given me the following details of immunizations against Diphtheria and Whooping Cough during 1957:

Age (1)	Children who completed a full course of primary immunization			Children given a reinforcing injection		
	Diphtheria only (2)	Combined Diphtheria and Whooping Cough (3)	Whooping Cough only (4)	Diphtheria only (5)	Combined Diphtheria and Whooping Cough (6)	Whooping Cough only (7)
Under 1	85	481	29	-	-	-
1	28	151	10	-	-	-
2 - 4	32	63	1	105	80	-
5 - 14	99	15	2	982	88	-
15 and over	-	-	-	3	-	-
Total:	244	710	42	1,090	168	-

HEALTH EDUCATION

As part of the measures against Influenza, a small anti-sneeze campaign was carried out during October. Posters were exhibited on poster boards urging the public to keep their sneezes to themselves and 5,000 bookmarks bearing the same message were distributed through the Public

Libraries. During November, Home Safety Posters and bookmarks dealing with the dangers of falls and fires were distributed and displayed and in December the dangers of Lung Cancer in particular, and of smoking in general, were dealt with. During December, 15,000 cancer cigarette bookmarks were distributed. Summaries of the facts against smoking were distributed to teachers, youth leaders and voluntary organisations and text and pictorial posters were displayed throughout the Borough showing the dangers of cigarette smoking. I also sent a personal letter to the members of the youth clubs describing in some detail the risks of smoking.

Health Education is a painfully slow progress, but it is extremely effective. A great deal of the improvement in the health of babies and school children is due more to health education than to advances in medical science.

WELFARE OF THE ELDERLY

Apart from the care given by their family doctors the elderly are assisted mainly by the Middlesex County Council's Health Visitors, Welfare Workers and Welfare Officers and members of the voluntary organisations. The work of the voluntary organisations is co-ordinated by the Edmonton Welfare Association and I submit extracts from the last Annual Report of the Association:-

"Meals-on-Wheels Service: During the year this service has broken all previous records by delivering in the twelve months April 1957 to March 1958, no less than 12,759 meals. It is considered that the maximum capacity of this service is 12,000 meals per year, e.g. 1,000 meals per month, but it will be seen from the foregoing figure of 12,759 meals that this number per month had been exceeded several times.

There is no doubt that this service operated by the Women's Voluntary Service on behalf of the Association is one of the most outstanding achievements in the field of social welfare in the Borough. In point of fact, it is one of the most outstanding Meals Services in London. Whilst its further development is limited by the time factor - meals have to be delivered between 12 noon and 1 30 p.m. - and the need for more voluntary workers to deliver the meals, the service has not yet refused a 'priority case' but it is being restricted to 'hospital discharge cases' and medical cases from local doctors. A survey was held, under the control of the Middlesex County Council Area Health Visiting Department, and it was found that no one person could be removed from the service without creating hardship.

The Association acknowledge with very sincere thanks the outstanding work of the Women's Voluntary Service, especially the work of Mrs. E. Everitt, Meals Organiser, who give so much of their time to this service, for without them the Meals-on-Wheels Service would cease to function. Our thanks are also due to the Edmonton Borough Council's catering staff and the transport staff who assist in this excellent service.

Entertainment and Recreation: As in previous years, the Municipal Entertainments Department of the Council have maintained a comprehensive programme of concerts to all the Old People's Clubs in the Borough, and in addition there have been special concerts during the summer months at the Summer Theatre, with a competition for the best artiste from the Old People's Clubs to go forward to the finals of the Old People's Talent Competition for London.

A great attraction has been the special Olde Tyme Dances for the old people; free admission to plays, quiz contests, etc., and the highlights of all this activity are the 'All-Star Variety Concert' and the special Cinema Show. The facilities for entertainment provided by the Edmonton Borough Council are greatly appreciated by the old people.

Two new ventures in this field were the exhibition of work from Old People's Clubs held at the Middlesex Guildhall, Westminster, S.W.1., and the Edmonton Arts and Crafts Exhibition, at which many exhibits were submitted by the old people. The standard of work exhibited was amazing, and in the Edmonton Arts and Crafts Exhibition, one competitor of 75 years won a first prize for needlework. The interest in this work has been stimulated by these two exhibitions and we are hoping for further success.

Visiting: This service continues to receive many demands on the small number of volunteers available for this very important work. Many of the Old People's Clubs operate a 'visiting service' to their sick members, and through the National Assistance Board etc., we have been able to introduce a number of old people to a club near their home. Also in a number of cases, the secretaries of the Old People's Clubs have acted as 'initial visitor' on information from the Welfare Organiser. The Association are greatly appreciative of the work done in this field by Mrs. D.M. Dixon, Divisional Director, British Red Cross Society, Edmonton, who does the 'initial visit' in a number of cases on behalf of the Association. Here is a field of activity that urgently needs more voluntary workers.

Holidays: During the year there have been many more enquiries with regard to the off-season holidays at reduced prices for the old people, and as in previous years full information has been circulated to all the Old People's Clubs and interested organisations of the facilities available. There is urgent need in the Borough of Edmonton for short-stay holiday accommodation for old people whilst their relatives, who have looked after them for fifty weeks of the year, have a much needed rest.

Information and Assistance: It has been clearly established that the Town Hall has become the 'focal point' for people with 'problems'. The number of cases dealt with by the Welfare Organiser has exceeded that of last year, and there is proof of the need of this service by the wide variety of problems, covering all age groups. Many of the cases have been referred by local doctors, hospitals, National Assistance Board, Police, etc., and an endeavour is made to treat each case with courtesy, sympathy and understanding. A number of editions of the 'NEWS-LETTER' have been circulated giving information quickly and briefly to the greatest number of people through its distribution to Old People's Clubs, affiliated Organisations, the Press etc.

Library Service: This admirable and efficient service to physically handicapped and house-bound old people is greatly appreciated, and we record our thanks to the Libraries Staff for their excellent work. To-day, 43 people are in this delivery service.

Welfare Foods Service: The sales of Ovaltine and Bovril continue to maintain a very high level, and last year they reached a total of 2,329. There is no doubt of the need of this service, especially to old people on a 'light diet' and those who are house-bound during the winter months on account of respiratory trouble. We owe the British Red Cross Society, Edmonton,

our very sincere thanks for operating this service, by acting as distributing agents on behalf of the Association.

Hairdressing Service: This service continues to receive many demands upon the members of the London and Provincial Hairdressers Association who operate the scheme in the Borough. The concessions and the work they do for the old people are greatly appreciated.

Radio Repair Service: Once again there has been increased activity in the Radio Repair Service, and to date more than 100 sets have been repaired by the 'Operating Unit' under the direction of Mr. D.C. Jardine, London District Representative of the Radio Society of Great Britain. By the gift of a number of old sets, we are now able to loan a set to the old person when the set is removed for repair. This is greatly appreciated by house-bound old people, especially those who live alone, and the radio is their only companion. The many letters of thanks we receive is some testimony to Mr. Jardine and his colleagues for their wonderful work in the 'pioneer service', and we very sincerely endorse the thanks of the old people.

Clubs:

The William Preye Club: The outstanding success of the William Preye Club is undoubtedly due to the excellent work of the Voluntary Wardens, and they can be justly proud that the Club has become recognised by the London Council of Social Service as one of the show places in London for persons working in the field of social welfare, in all parts of the country, when on a visit to London to see 'how things are done in Edmonton'. This is borne out by the number of 'official visitors' the Club has had during the past year, and the Club has been scheduled as one of the 'visits' for delegates to the National Conference which is being held in London this month.

The outstanding event of the year, so far as the Club is concerned, is the Autumn Fair, which raised over £100, and this was followed by a very successful Christmas Tea Party of the members. The Club has very generously made a donation of £100 to the Association towards the cost of running the Club, and the present financial position is very satisfactory. Special mention must be made of the work of the 'Sewing Corner' at the Club, which provides 'profitable' occupation, and a new development - inter-Club matches with the Pymmes Park Old People's Club which have proved the worth of the billiard table; whist, dominoes and crib; there is a lot of fun in friendly rivalry in these games.

The Association would like to record its thanks and appreciation to the Management Committee and Officers of the Club, the Voluntary Wardens and the members for their excellent work which is giving so much pleasure to a great number of people.

Pymmes Park Club: In its quiet way, the Pymmes Park Club for Old People provides social recreation for its largely male membership which is greatly appreciated. It is evident that the Club is firmly established, and the inter-club matches with the William Preye Club and the Lord Morrison Club at Tottenham have been a stimulating experience for its members. The recent gift of a full size billiard table from Mr. H.W. Townsend is a great acquisition, and it is to be erected and used during the winter months. The club held a very successful Christmas Party, and arrangements are in hand for an outing to Brighton in July. The club are greatly indebted

to the Voluntary Wardens, especially Mrs. Skeel, for their work, and the Association record their thanks to them and the Management Committee for the excellent services they have rendered to the Club since its inception.

Foot Service: The Foot Clinic Service provided alternatively on Mondays at the William Preye Club and the Red Cross Centre, are doing excellent work, and reports that no less than 3,453 treatments were given during the year under review. The increase in this service is sufficient proof of the urgent need for foot treatment to the old people, and there is no doubt that many of them are much happier and healthier as a result of early treatment for foot ailments. As a token of appreciation for the services given in this excellent work, the Association have made a grant to the British Red Cross Society, Edmonton, of £50.

Charter Celebrations: The Association have been invited by the Edmonton Borough Council to take part in the Charter Celebrations to be held in Jubilee Park on the 5th July next, and the invitation has been cordially accepted.

It is proposed to hold an exhibition of the work of the Association and Voluntary Organisations working in the field of social welfare in the Borough, and a small Committee is now working on a detailed plan to show the public some of the achievements of the services provided by the Association and the Voluntary Organisations we all proudly serve.

Other Services: The other services are working satisfactorily, but once again must be emphasised the need for more voluntary workers. An interesting development has been the series of talks on "Prevention of Accidents in the Home" by the Medical Officer of Health, to the Old People's Club, and talks by the staff of the Eastern Gas Board on "The Efficient Use of Gas Appliances in the Home", together with talks on "Nutritional Dishes". These talks have given great pleasure and created a wide interest, and it is a part of our work that should be developed further."

The problem of those who are difficult to help because they are house-bound or excessively solitary or exceptionally cantankerous remains, I am hopeful, however, that ways will be found of dealing with this problem.

COUNCIL'S EMPLOYEES

During 1957, a total of 462 visits were paid to those employees who had been on the sick list for longer than a fortnight and when necessary, at fortnightly intervals. Of these, 89 were "not at home" and 50 had already resumed duty.

Also during the year, the following medical examinations or assessments were made prior to appointment to permanent posts:-

Medical examinations	.....	61
Assessments without medical examinations	.....	90
Medical assessments (not appointed)	.....	105

Edmonton's health remains good and will continue to be so. How far it can improve further is difficult to say. There is room for improvement in the cleanliness of air and food and there are still many preventable accidents. Where there is room for improvement, the Department will strive to help improvement along.

I have the honour to be,

Your Worship, Ladies and Gentlemen,

D. A. SMYTH.

Medical Officer of Health

