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The Urban Sanitary District

OF

FINC 6

FINCHLEY.

REPORT

OF THE

Medical Officer of Health FOR THE YEAR 1906,

BY

GERARD C. TAYLOR,

M.A., M.D., B.C. (CANTAB.), D.P.H.,

MEDICAL OFFICER OF HEALTH,

TOGETHER WITH

THE REPORT

OF THE

SANITARY INSPECTOR.

-):-0-:(-----

Finchley :

J. H. WARDEN AND Co., "Finchley and Hendon Times" Office, 11, Regents Parade, North Finchley.



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TO THE CHAIRMAN AND MEMBERS OF THE FINCHLEY DISTRICT COUNCIL.

GENTLEMEN,

In drafting my report on the sanitary condition of Finchley during the past year, I have endeavoured to give a clear statement of the principal circumstances affecting the public health of the District, and to point out to what extent certain of the adverse conditions appear to be remediable.

The chief items to note in the statistics for 1906 are :---

- A slight increase in the birth-rate and in the death-rate as compared with the corresponding average rate of the preceding ten years.
- (2) A comparatively high rate of infantile mortality, due to a severe epidemic of summer diarrhœa in the third quarter of the year.
- (3) An infectious sickness rate rather below the average, though amongst the cases of scarlet fever notified were some of an exceptionally malignant type.

Good progress has been made with the laborious task of recording the infectious disease history and physical condition of the children attending the public elementary schools, and much credit is due to the school staff for the interest and trouble they have taken in the work.

The appended report of your Sanitary Inspector, Mr. Franklin, contains a detailed record of the work carried out under his supervision, and I am glad to acknowledge his able assistance and the good work of the Assistant Inspector, Mr. Robinson, and the other members of the Public Health Staff.

I am, Gentlemen,

Your obedient Servant,

GERARD C. TAYLOR.

Council Offices, Finchley.

14th February, 1907.

Vital Statistics.-Population and Acreage.

In order to permit of comparison with previous years and other districts, it is obviously necessary to express the birth and mortality returns in the form of rates per thousand of population, but unless the yearly estimates of population on which these rates are based are approximately true, one's deductions are apt to be incorrect. The population of Finchley at the census of 1891 was 16,647, and at the census of 1901, Assuming that the same rate of increase persisted 22,126.to the middle of last year, the population would then have amounted to 25,690. The extent of recent building operations leads one to believe that the population is in reality considerably in excess of this figure, and the number of occupied houses on the rate books supports this view. Under the circumstances I have, as on previous occasions, calculated the population from the number of houses in occupation, allotting to each the average number of inhabitants found at the time of the last census. And it is the figure thus obtained that I have made use of throughout my report. As the rate books are made up at the end of the first and third quarter, and the population has to be estimated for the middle of the year, a further source of error is introduced, but in the absence of a more frequent census enumeration I know of no method likely to give more accurate results.

The population and number of occupied houses in each of the sub-districts estimated for the end of June, 1906, is as follows:---

	Occupied Houses.	Estimated Population.
East Finchley	2,057	. 11,519
North Finchley	1,295	7,252
West Finchley	1,726	9,666
Whetstone	413	2,313
Total	5,491	30,750

THE NATURAL INCREASE OF THE POPULATION by excess of births over deaths during the year was 773-360=413, compared with 458 in 1905, 296 in 1904, and 412 in 1903.

NUMBER OF PEOPLE TO THE ACRE.—The area of the District is 3,384 acres, and the average number of persons to each acre is 9.1.

The estimate for each sub-district is as follows :---

East Finchley (1,219	acres),	9.4	people to	the acre.
North Finchley (788	,,),	9.2	,,	,,
West Finchley (1,002	,,),	9.6	"	"
Whetstone (373	,,),	6.2	"	,,

The average density of population per house at the last census was 5.6 for the whole district.

Birth-Rate.

During the year 1906 there were 773 births of parishioners registered (including nine that occurred in the Union Infirmary, at Barnet), of these 404 were males and 369 were females. The birth-rate per 1,000 of population was 25.1, showing a slight decrease as compared with 25.9 in 1905. The average for the ten years 1896 to 1905 was 24.7.

The rate for England and Wales for 1906 was 27.0 and that for the 76 Great Towns 27.9.

Death-Rate.

GENERAL MORTALITY.—The deaths of 360 Finchley residents occurred during the year, which number includes 169 females and 191 males. The actual number of deaths that took place in the district was 337, but from this must be deducted 22, *i.e.*, the number of non-residents dying in various institutions in the district, whilst 45 must be added to account for the deaths of parishioners in the Union Infirmary and other outlying institutions (337-22+45=360). A list of the institutions for which corrections have been made is set out in the latter portion of Table A7 on page 26.

THE RECORDED GENERAL DEATH-RATE was therefore 11.7 per 1,000 of population; in 1905 the rate was 9.9; the average for the ten years 1896—1905 being 10.7.

The rate of England and Wales in 1906 was 15.4.

THE CORRECTED DEATH-RATE.—In comparing different districts due allowance should, whenever possible, be made for the effect that mere differences in the sex and age-distribution of the respective populations must have on their rates of mortality. The figures by which the recorded death-rate of any particular district should be multiplied in order to correct for differences in the sex and age-distribution of that population as compared with the population of England and Wales as a whole is known as the "factor for correction."

In the case of Finchley, this figure is about 1.05. In other words, the sex and age-distribution of the population of Finchley slightly favours a low mortality, and the death-rate corrected for age and sex-distribution would be $11.7 \times 1.05 = 12.28$.

RECORDED DEATH-RATE FOR EACH SUB-DISTRICT :---

	Number of Deaths,	Rate per 1000 of population.
East Finchley	151	13.1
North Finchley	94	12.9
West Finchley	95	9.8
Whetstone	20	8.6
District as a whole	360	11.7

The most unsatisfactory feature in the death returns for 1906 was the heavy mortality from diarrhœa amongst infants during the third quarter of the year. The occurrence of five deaths from scarlet fever, although exceptional, is not a matter for surprise, as the type of many of the cases notified was unusually severe. The number of deaths due to phthisis, and those ascribed to old age, were above the average, and combined with the factors already mentioned are sufficient to account for the rise in the general death-rate.

After making allowance for the relative number of the population in each Sub-District, it is found that the heaviest mortality was again recorded in East Finchley, and that the rate in North Finchley was only slightly less. Judging merely from these facts it might be thought that these areas were for some reasons less healthy than West Finchley and Whetstone. But in this connection it must be remembered that East Finchley contains relatively, as well as actually, a greater proportion of persons verging on poverty than any of the other Sub-Districts. The association of poverty with sickness and excessive mortality is specially noticeable during the early years of life, and will be referred to again when considering the infantile mortality.

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Table A.

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1906.

				_	_	_			_	_		
	Di		IN SUBJ			STRIC S.	т			IN LO		PUBLIC JTIONS.
CAUSES OF DEATH	All ages	Under 1.	I and under 5.	5 and under 15.	15 and under 25.	25 and under 65	65 and Upwards.	Finchley.	East Finchley.	West Finchley.	Whet stone.	DEATHS IN PUBL INSTITUTIONS.
Swall war												
Small pox Measles	7	1	6					1	5	1		
Clark L. Dance	5		3	1		1		2	1	2		
Wheening Couch	1	1						1				
	-	-										
1 1	3		2	1				1	1	1		
(language)												
1 / Bushing												
Fever Enteric												
Other continued												
Enidamia Influenza	7	1				5	1	1	3	2	1	
Chelena												
Discus												
Diarrhœa	31	29	2					6	13	10	2	
Enteritis	1		1						1			
Puerperal Fever	2					2			1	1		
Erysipelas												
Other Septic Diseases	7	1	1	2	1	2		2	3	2		
Phthisis	30		1	1	4	24		3	19	6	2	1
Other Tubercular Diseases	15	6	5	1	3			2	8	4	1	1
Cancer, Malignant Diseases	24		1		1	12	10	6	11	6	1	2
Bronchitis	16	1	1			3	11	3	6	6	1	
Provincia	28	7	8	1		3	9	14	10	3	1	
Pleurisy											***	
Other Diseases of Respira			100000									
tory Organs												
Alcoholism)	2				1000	2			1	1		1
Cirrhosis of Liver J	2			••••		-	•••					
Venereal Diseases	1	1						1				
Premature Birth	19	19						8	6	5		
Diseases and Accidents of									0			
Parturition						2			2			
Heart Disease	29	1				15	13	10	9	10		1
Accidents	6	1				3	2	3	2	1		
Suicides						1			10	1		
Old Age	23						23	3	12	6	$\frac{2}{9}$	10
All other causes	100	21	9	4	1	27	38	27	37	27	9	19
All causes	360	90	40	11	10	102	107	94	151	95	20	25
				J]	1		

Table A1.

Showing the Causes of Death amongst Parishioners in the District of Finchley during each of the Four Quarters of the Year 1906.

CAUSES OF DEATH.	1st. Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Totals.	1905.
Small-pox Measles Scarlet Fever Whooping-cough Diphtheria & Membranous Croup Croup Fevers Typhus Enteric Other continued Epidemic Influenza Cholera Other continued Plague Diarrhœa Puerperal Fever Erysipelas Other Septic Discases Phthisis Other Tubercular Discases Bronchitis Pneumonia Pleurisy Other Diseases of Respiratory Organs Alcoholism, Cirrhosis of Liver Venereal Diseases	··· 4 ··· 1 ··· 5 ··· 1 ··· 5 ··· 1 ··· 36 57 4 12 ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	$ \begin{array}{c} 3 \\ 4 \\ 1 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	$ \begin{array}{c} $	$ \begin{array}{c} $	$\begin{array}{c} & \ddots & & \ddots \\ & & \ddots & & \ddots \\ & & & \ddots & & \ddots \\ & & & &$	$\begin{array}{c} & \ddots & & & \\ & & & & \\ & & & & \\ & & & &$
Premature Birth Diseases & Accidts. of Parturition Heart Diseases Accidents Suicides Senile Decay All Other Causes	1 8 2 1 8	$5 \\ 1 \\ 9 \\ \\ \\ 8 \\ 24$	$ \begin{array}{c c} 6 \\ \\ 3 \\ 4 \\ \\ 1 \\ 22 \\ \end{array} $	5 9 6 27	$ \begin{array}{r} 19 \\ 2 \\ 29 \\ 6 \\ 1 \\ 23 \\ 100 \end{array} $	$ \begin{array}{r} 19 \\ 1 \\ 35 \\ 4 \\ 2 \\ 16 \\ 69 \end{array} $
Totals	98	85	93	84	360	285

			1	Vort	п.				East					WES	эт.			WH	ETST	ONE.	
			Qua	rtor.		Total.	Quarters.					Quarters.					Quarters.				
		1	2	3	4	To	1	2	3	4	To	1	2	3	4	Total.	1	2	3	4	Total.
Small pox																					
Measles			1			1	4	1			5		1			1					
Scarlet Fever			2			2		1			1		1	1		2					
Whooping Cough			1			1															
Diphtheria and Memb	ranous Croun	1				1			1		1		1			1					
Croup																					
Enteric																					
Epidemic Influenza		1			···· 1	1	3				3	1	1			2	1				1
Diarrhœa				6		6	1		12		13	- 1	-		1	10		•••	2		2
77	••• ••										1										-
	***			***							1										
Puerperal Fever					•••				T		1			1		1		***	•••		••••
Erysipelas	••• •••																		••		
Other Septic Diseases					•••	2	1		1	1	3				2	2					
Phthisis		. 1	2			3	2	4	4	9	19	3	1	1	1	6			1	1	2
Other Tubercular Dise	ases	. 4				2	2	2	3	1	8		1	1	2	4	1	•••			1
Cancer		2	1	2	1	6	4	3	3	1	11	1	1	1	3	6			1		1
Bronchitis			1	1	1	3	4			2	6		3		3	6				1	1
Pneumonia		6	4	3	1	14	4	3	1	2	10	2		1		3				1	1
Pleurisy																					
Other Respiratory Dis	seases																				
Alcholism and Cirrhos	sis							1			1				1	1					
Venereal					1	1															
Premature Birth		2	2	4		8		2	1	3	6	1	1	1	2	5					
Diseases & Accidents	of Parturition						1	1			2										
Heart Diseases		0	5		3	10	4	2	1	2	9	2	2	2	4	10					
Accidents		Ĩ		2		3	î		î		2			ĩ		1					
Suicides	••• •••	1										1		-		î					••••
Old Age	••• ••	1	1			3	 5	5	1		12	2	2			6			••••	2	2
All Other Causes		5	8	7	7	27	10	7	7	13	37	9	7	···· 6	25	27	3	2	2	2	9
An Other Gauses		0	0	1	1	21	10	'	'	10	01	9	1	0	0	21	0	2	2	2	9
Totals		25	28	25	16	94	46	33	37	35	151	22	22	25	26	95	5	2	6	7	20

Table A2.-Showing the District Mortality for each Quarter of 1906.

Infantile Mortality.

By rate of infantile mortality is understood the ratio of the annual number of deaths of infants under one year of age to every thousand births during the same period.

During the year 1906 there were 91 deaths of infants under one year of age registered in the district, including one infant not belonging to Finchley (this death has been excluded in the estimation of the general nett death-rate), as compared with 773 births. The proportion which the deaths under one year of age bear to 1,000 registered births is therefore 117.7. The average for the preceding ten years was 105.9.

The corresponding rate for England and Wales in 1906 was 133, and that for the 76 Great Towns 145.

In Finchley the deaths under one year of age formed 25 per cent. of the total nett deaths at all ages. The percentage in the preceding year was 22.4.

The rise in the rate of infantile mortality during 1906, as compared with 1905, was due to the large number of deaths from diarrhœa in the third quarter of the year. So far as I have been able to ascertain, the recorded mortality from diarrhœa was considerably above the average in a large number of districts, and this increase is only in part accounted for by the new grouping adopted in the Local Government Board tables. (The notes accompanying the tables issued for 1906 state that, as regards deaths of children under one year of age, under the heading "Diarrhœa," are to be included all deaths from "diarrhœal diseases." Formerly deaths certified as due to Enteritis were grouped separately, whether occurring above or under one year of age.)

Deaths from diarrhœa amongst breast-fed infants are of rare occurrence, but from one cause or another a very large proportion of infants, even during the first few months of life, are only partially, it at all, breast-fed, and the troubles of bottle-feeding are accentuated during every spell of hot weather by the difficulty of keeping milk and other food in a perfect sound condition.

Even under the most favourable surroundings a considerable number of infantile deaths must be looked upon as inevitable, such for example as the majority of those from premature birth, always a large factor in the total mortality, and if we fairly regard the circumstances of the parents in individual cases we shall find that many of the adverse causes at work are as yet rather theoretically than practically preventable. In order to indicate the effect of "social conditions," by which term I intend to apply income, house accommodation, education, and other dependent conditions, I have grouped the deaths under one year of age, and also the births, according to the rateable value of the houses occupied.

In Class 1 only a few of the houses appear to be occupied by more than one family, but in both Class 2 and 3 the number is considerable.

	Births registered.	Deaths under 1 year.	Deaths under ^I yeau per 1,000 births.
Class 1, over £50	 81	7	84
Class 2, £30 to £50	 282	32	113
Class 3, under £30	 410	52	127
Entire District	 773	91	118

The differences between the above infantile mortality rates is very noticeable, and if we exclude from Class 1 all houses occupied by more than one family and compare the infantile mortality rate of the remaining group of houses with that of the rate in houses valued at under £30, and in which two or more families are living, the contrast is even greater, *i.e.*, 71 deaths per 1,000 births in the former, and 157 per 1,000 births in the latter. Incidentally, I would draw attention to the relative number of births in each of the groups set out above.

The sub-divisions of Class 3, being of special interest, are given below :---

		Births registered.	Deaths under 1 year.	Infantile Mor- tality Rate.
One family		223	25	112
Two or more familie	s	140	22	157
Tenements with sepa	rate			
entry		47	5	106
Total		410	52	127

Rateable Value under £30.

The ignorance of many mothers as to an average healthy infant's requirements is undoubtedly answerable for much needless suffering, and if it could be overcome, the problem of lowering the rate of infantile mortality would be in a great measure solved. This ignorance is not limited to one section of the community, but the time and opportunities amongst the poor for gaining knowledge are far less, and they are seldom in a position to devote the same amount of care and attention to their children, even when they have the means to buy the requisite food and clothing, and to house their children under suitable conditions.

Any general improvement in the conditions of employment, such as would obviate the necessity for married women working away from their homes, can only be brought about by slow degrees, and even then much must depend on the thrift and industry of the individual worker. In the meantime much may be done to remedy defective knowledge, firstly at the schools by instruction in the practice and principles of personal hygiene, and secondly by teaching the mothers at their homes and by lectures given at Mother's Meetings and other gatherings. Instruction in hygiene is already being given in the public elementary schools in the district, and I find that during the past year a course of lectures to mothers was given at Stanhope Hall, North Finchley. It is to be hoped that similar classes will be held at other centres.

The question of home instruction is a much more difficult problem to face. The distribution of memoranda on infant management is in itself insufficient, and requires to be supplemented from time to time by verbal instruction. An attempt has been made in some districts to meet this by the appointment of lady health visitors, but very special qualifications are necessary for success in the work; besides practical knowledge, the health visitor needs to be endowed with exceptional tact, or she is regarded as an additional infliction, on a par with the endless procession of canvassers and advertisement distributors.

It is a question whether better results would not in most instances be obtained by augmenting the staff of district nurses with women specially qualified for the dual duties; as district nurses they would be sent by the doctors to the patients' homes, and by keeping in touch with the mothers would be able to advise them to call in medical help before too late, as is now so frequently the case.

Table A3.

Showing the Causes of Infantile Mortality in the District during Each of the Four Quarters of the Year 1906.

	Cause of Death.	1st Quar.	2nd Quar.	3rd Quar.	4th Quar	Totals.
All Causes }	Certified Uncertified	16 	13 	41	21	91
Common Infectious Diseases Diarrhoeal Diseases	Small-pox Chicken-pox Measles Scarlet Fever Diphtheria : Croup Whooping Cough Diarrhoea, all forms Enteritis (not Tuberculosis) Gastritis, Gastro-intestinal Catarrh	··· ·· ·· ·· ·· ·· ··	··· ·· · · · · · · · ·	··· ·· ·· 28 ··		 1 1 29
Wasting Diseases	Premature Birth Congenital Defects Injury at Birth Want of Breast-milk Atrophy, Debility, Maras- mus (Tuberculous Meningitis	3 1 1	5 1 	6 3 1	5 2 4 1	19 6 1 6 2
Tuberculous Diseases	Tuberculous Peritonitis :Tabes MesentericaOther Tuberculous DiseasesErysipelasSyphilisRicketsMeningitis (not Tuberculous)Convulsions	1 1 2	··· ·· ·· ·· ·· 2	1	1 1 1 2	$ \begin{array}{c} 3 \\ 1 \\ \cdot \\ 3 \\ 4 \\ 1 \end{array} $
	Bronchitis Laryngitis Pneumonia Suffocation over-laying Other Causes	··· 3 1 2	··· 1 ··· 1	··· 2 ···	1 1 2	1 7 1 5
	Total	16	13	41	21	91

Table A4.-INFANTILE MGRTALITY DURING THE YEAR 1906.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUS	E OF DEATH.		Under I Week.	I-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under I month.	I 1-2 Months.	3	3 4 Months.	4.5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8 9 Months.	9-IO Months.	IO II Months.	II I2 Months.	Total Deaths under One Year.
All (rtified		18	I	3	4	26	16	9	8	6	4	2	7	2	6	3	2	91
Causes. (Un	certified											••••							
	, Small-pox																		
Comment	Chicken pox																		
Common Infectious	Measles															I			I
Diseases.	Scarlet Fever										•••	• • •			• • •		•••		• • • •
Diseases.	Diphtheria : Croup							• • •		•••		•••	•••	•			• • • •		
	Whooping Cough											I	•••		• •	• •			I
	(Diarrhœa, all forms		••		I	I	2	5	5	4	4	3		2	I	2	I		29
Diarrhœal	Enteritis	1																	
Diseases.	(not Tuberculous))																	
	Gastritis, Gastro-	1																	
	intestinal Catarrh Premature Birth)	14		T	т	17	2											19
	Congenital Defects					I	3												6
Wasting	Injury at Birth		Ĩ		•		J												I
Diseases.	Want of Breast milk																		
	Atrophy, Debility)																	6
	Marasmus	;		•••	I	•••	I	2	1		••••	••••	I	•••		**	••••	I	0
	Tuberculous Meningitis													I				I	2
	(Tuberculous Peritonitis									T						т			3
Tuberculous	Tabes Mesenterica	ij	••	••••				-		-						-			5
Diseases.	Other Tuberculous	3													I				I
	Diseases	5)																	
	Erysipelas			••••	•••	т.	····												
	Syphilis Rickets		• • •	***	•••	-													
	Meningitis	5	••••																
	(not Tuberculous)	18				• • • •		••••	••••		••	••••	I	1		I	••••		3
	Convulsions	1	I				I	I	I								I		4
	Bronchitis									I					+				I
	Laryngitis																		
	Pneumonia							1		I	I			2		I	I		7
	Suffocation, overlaying									I									
	Other causes							3	I				!	I					5
		1977								1									
		-	-	-		-		-	-	-		-		-	-	-		-	
			18	1	3	4	26	16	9	8	6	4	2	7	2	6	3	2	91
District of I Births in th	(Legitimate, 75	1	77.		pu														30,750. : s , 360.

Senile Mortality.

Of the 360 deaths of Finchley parishioners, 83 were of persons over 70 years of age. The proportion of deaths occurring amongst those over 70 years of age to the total deaths was therefore 23 per cent., the same figure as last year.

Any inference drawn from this figure as to the healthiness or otherwise of the neighbourhood must be made with some caution, as the proportion borne by the deaths of old people must depend mainly on the age-distribution of the population, this in turn depending on a very large number of contributory causes. The indication, however, is on the whole favourable.

	65 and under 70	70 and under 80.	80 and under 90	90 and upwards,	Total.
First Quarter	 8	16	6	1	31
Second Quarter	 5	12	12	2	31
Third Quarter	 11	5	5	-	21
Fourth Quarter	 -	16	8	_	24
	-	-			-
Total	 24	49	31	3	107

Epidemic or Zymotic Mortality.

The diseases grouped together in the Registrar General's Reports under the term *Principal Epidemic Diseases* are Smallpox, Measles, Scarlet Fever, Whooping Cough, Diphtheria, "Fever" (including Typhus, Enteric or Typhoid Fever, and Simple Continued Fever), and Diarrhœa.

The Epidemic Death-Rate for 1906 was 1.53, as contrasted with 0.63 in 1905, and 1.72 in 1904. The average for the ten years, 1896 to 1905, was 1.21. The high rate of 1906 is accounted for by the severe epidemic of summer diarrhœa already mentioned.

The incidence and fatality of the above-named diseases are dealt with later in this report, see pages 32-37.

DEATHS IN VARIOUS INSTITUTIONS WITHIN THE

DISTRICT.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total.
Home for Homeless Children, Fallow Corner	_	_	_	1	1
National Hospital Con- valescent Home,					
East Finchley	-	4	6	2	12
Woodside Home, Whetstone	1	-	_	3	4
Home of the Good Shepherd, East	1				
Finchley St. Joseph's Home, Convent of the Good Shepherd, East	1	—	1	1	3
Finchley		1	1	_	2
The Grange, East					
Finchley	1	—		-	1
Bibbsworth House Nursing Home					
Church End	-		-	2	2
	-	-	_	-	
	3	5	8	9	25

The Public Mortuary.

During the year twenty-five bodies were taken to the Public Mortuary in Summers Lane, nineteen of these from various parts of Finchley, and six from Friern Barnet. The total number during the preceding year was nineteen.

INQUESTS, 1906.

	ıst Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total.
Meningitis	1	-	_	-	1
Suicide	1	1		_	2
Heart Disease	2	2	_	3	7
Pneumonia	1	1	_	1	3
Accidental Suffocation in bed (infant)	ion 1	_		_	1
Phthisis	_	1	_	_	1
Accident	_	-	1	-	1
Burns		—	1	-	1
Intestinal obstruc- tion	_	_	1		1
Fractured thigh an bed sores	nd	_	1	_	1
Fractured skull		-	1	_	1
Atelectasis	-	-	_	1	1
	-	-		-	-
	6	5	5	5	21
				-	

Table A5.

Estimated Population.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria and Membranous Croup.	Whooping-cough.	Fever.	Diarrhoea.	Total Deaths.	Rate to every 1000 Persons.
Mean of 1871-1880 Ditto of 1881-1890 Ditto of 1891-1900									$2.13 \\ 1.60 \\ 1.53$
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	··· ·· ·· ·· ·· ·· ·· ·· ·· ··	$\begin{array}{c} & & & \\ & & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & &$	··· 2 4 ·· ·· ·· ·· ·· ·· ·· ·· ··	$\begin{array}{c} 3 & 6 \\ 12 & 4 & 2 \\ 5 & 1 \\ \cdot & 6 & 1 \\ 2 & 4 & 3 \\ 3 & 2 \end{array}$	$ \begin{array}{c} 10 \\ \\ 10 \\ 11 \\ 11 \\ 5 \\ 4 \\ 6 \\ 7 \\ 9 \\ 1 \\ 9 \\ 5 \\ 10 \\ 8 \\ \end{array} $	$ \begin{array}{c} 1\\1\\1\\1\\2\\2\\3\\.\\.\\6\\3\\1\\.\\.\\1\end{array} $	$ \begin{array}{r} 6 \\ 11 \\ 4 \\ 4 \\ 5 \\ 11 \\ 16 \\ 24 \\ 16 \\ 8 \\ 6 \\ 7 \\ 4 \\ 13 \\ 7 \\ 7 \end{array} $	$ \begin{array}{c} 20\\24\\49\\26\\22\\24\\34\\39\\30\\27\\24\\13\\44\\18\end{array} $	$\begin{array}{c} 1 \cdot 21 \\ 1 \cdot 41 \\ 2 \cdot 80 \\ 1 \cdot 44 \\ 1 \cdot 18 \\ 1 \cdot 24 \\ 1 \cdot 69 \\ 1 \cdot 86 \\ 1 \cdot 37 \\ 1 \cdot 18 \\ 1 \cdot 06 \\ 1 \cdot 02 \\ 0 \cdot 54 \\ 1 \cdot 72 \\ 0 \cdot 63 \end{array}$
Mean of 1896 -1905 22,904	0.1	5.1	0.4	2.7	6.4	1.8	11.2	27.7	1.21
1906 30,750		7	5	3	1		31	47	1.53

Showing the Mortality in Finchley from the Principal Epidemic Diseases during a Series of Years.

Table A6.

A COMPARISON OF THE RATES OF THE FINCHLEY DISTRICT WITH THOSE OF ENGLAND AND WALES, THE 76 GREAT TOWNS, AND LONDON GENERALLY, FOR THE YEAR, 1906.

	Gene Dea rat	th-	Rate o Infanti Mortal	le B	irth-rate	. D	motic eath- ate.
England and Wales	 15	6.4	133		27.0		1.73
The 76 Great Towns	 15	5.9	145		27.9		2.24
London Generally							
The Finchley District	 11	.7	117	7	25.1		1.53
	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	"Fever."	Diphtheria.	Diarrhœa and Dysentery.
England and Wales	 0.00	0.27	0.10	0.23	0.09	0.17	0.87
London Generally							
The 76 Great Towns	 0.00	0.40	0.12	0.28	0.09	0.19	1.16
The Finchley District	 0.00	0.23	0.16	0.03	0.00	0.10	1.01

	0	1		To ter	tal Dea ed in th	ths R	egis trict.		1	1		TIS AT AGES
	ear.	BI	RTHS.		er one	1			nts	-		ETT.
	nate v			Y	ear.	au	Ages.	lic	he	nd		
Year.	Population estimated to middle of each year.	Number.	* Rate.	Number.	Rate per 1,000 Births registered.	Number.	* Rate.	Deaths in Public fustitutions in the District.	Deaths of Non residents registered in the District.	Deaths of Residents registered beyond District.	Number.	* Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{r} 16,419\\ 17,002\\ 17,500\\ 18,015\\ 18,598\\ 19,218\\ 20,064\\ 20,907\\ 21,800\\ 22,750\\ 22,500\\ 23,400\\ 24,125\\ 25,564\\ 28,716\\$	$\begin{array}{c} 484\\ 477\\ 486\\ 515\\ 466\\ 496\\ 501\\ 498\\ 507\\ 522\\ 540\\ 578\\ 646\\ 634\\ 743\\ \hline\end{array}$		$\begin{array}{c} 42\\ 43\\ 52\\ 57\\ 46\\ 46\\ 51\\ 68\\ 56\\ 58\\ 53\\ 54\\ 59\\ 87\\ 68\end{array}$	$\begin{array}{r} 86.8\\ 90.1\\ 107.0\\ 110.7\\ 98.7\\ 92.7\\ 101.8\\ 136.5\\ 110.4\\ 111.1\\ 98.1\\ 93.4\\ 91.3\\ 137.2\\ 91.5\\ \end{array}$	$\begin{array}{c} & \dots \\ & \ddots \\ & 224 \\ & \ddots \\ & 220 \\ 197 \\ 204 \\ 216 \\ 244 \\ 216 \\ 244 \\ 211 \\ 269 \\ 220 \\ 325 \\ 266 \\ \hline \end{array}$	$\begin{array}{c} & & \\ 12 \cdot 4 & \\ 11 \cdot 8 \\ 10 \cdot 2 \\ 10 \cdot 1 \\ 10 \cdot 4 \\ 11 \cdot 3 \\ 10 \cdot 7 \\ 9 \cdot 4 \\ 11 \cdot 5 \\ 9 \cdot 1 \\ 12 \cdot 7 \\ 9 \cdot 3 \end{array}$	···· ··· ··· ··· ··· ··· ··· ··· ··· ·	$\begin{array}{c} \dots \\ \dots \\ 17 \\ 21 \\ 9 \\ 11 \\ 10 \\ 19 \\ 17 \\ 12 \\ 27 \\ 15 \\ 14 \\ 11 \end{array}$	$\begin{array}{c} & \cdots \\ & \cdots \\ & 14 \\ 11 \\ 12 \\ 12 \\ 12 \\ 12 \\ 12 \\ 12 \\$	$\begin{array}{r} 182\\ 207\\ 231\\ 221\\ 210\\ 200\\ 205\\ 218\\ 249\\ 244\\ 219\\ 259\\ 234\\ 338\\ 285\end{array}$	$\begin{array}{c} 11 \cdot 1 \\ 12 \cdot 2 \\ 13 \cdot 2 \\ 12 \cdot 2 \\ 11 \cdot 3 \\ 10 \cdot 4 \\ 10 \cdot 2 \\ 10 \cdot 4 \\ 10 \cdot 2 \\ 10 \cdot 4 \\ 11 \cdot 4 \\ 10 \cdot 7 \\ 9 \cdot 7 \\ 11 \cdot 0 \\ 9 \cdot 7 \\ 13 \cdot 2 \\ 9 \cdot 9 \\ \hline \end{array}$
Averages for years 1896-1905	22,904	566	24.7	60	105.9	240	10.2		15	20	245	10.7
1906	30,750	773	25.1	91	117.7	?37	11.0	25	22	45	360	11.7

Table A7

VITAL STATISTICS OF WHOLE FISTRICT DURING 1905 AND PREVIOUS YEARS.

Note. — The deaths included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths included in column 12 are the number in Column 7, corrected by the substraction of the number in Column 10 and the addition of the number in column 11.

By the term "non-residents" is meant persons brought into the district on account of illness and dying there; and by the term "residents" is meant persons who have been taken out of the district on account of illness, and have died elsewhere.

The "Public Institutions" taken into account for the purpose of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals workhouses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made is appended.

* Rates calculated per 1,000 of estimated population.

Table A7-Continued.

in acres (ex- clusive of area - 3,384. Nur	al population at all ages-22,126 mber of Inhabited Houses-3,949 erage number of persons per House - 5.6
t Institutions within the District receiving sick and infirm persons from o uside the District.	s Institutions outside the District receiving sick and infirm persons from the District.
St Joseph's Home Convent	of Union Infirmary, Barnet.

St. Joseph's Home, Convent Hornsey Isolation Hospital. the Good Shepherd. Northern Hospital, Great Home of the Good Shepherd. Holloway. Woodside Home, Whetstone. Hospital, Great Children's National Hospital Convalescent Ormond Street. Home, East Finchley. St. Thomas' Hospital. Home for Homeless Children, University College Hospital. Fallow Corner, North Finch Brompton Consumption Hosley. pital. Small pox Isolation Hospital. King's College Hospital. The Grange, East Finchley. Middlesex Hospital. Bibsworth House, Nursing St. Bartholomew's Hospital. Home, Church End. Charing Cross Hospital. London Hospital. St. Luke's House. Middlesex Asylum, Wandsworth. Office in the City.

The Union Workhouse is situated in the Barnet Urban District.

Infectious Diseases and the Measures Taken to Prevent their Spread.

During the year 1906 the number of notification certificates received from medical practitioners was 190, as against 140 in the preceding year, 265 in 1904, and 159 in 1903.

The Infectious Sickness Rate of the District was 6.2 to each 1,000 of the population, compared with 4.9 in 1905, and 10.3 in 1904. The average for the ten years, 1896 to 1905, was 6.4.

The 190 cases represented infection in 151 different houses.

The cases removed to Hospital numbered 125, *i.e.*, 65 per cent. of those notified, a rather higher proportion than usual.

The actual number of Finchley patients in the Isolation Hospital on various dates during the year is given in the following table :---

	Scarlet Fever.	Diphtheria.	Enteric.	Total.
January 20th, 1906	8	1	2	11
February 10th	8 .	2	2	12
March 3rd	7	6		13
March 24th	6	4	-	16
April 14th	18	3	1	22
May 5th	15	2	1	18
May 26th	14	2		16
June 16th	21	2	-	23
July 14th	22	_	-	22
September 22nd	14	1		17
October 13th	17	1	2	20
November 3rd	16	2	2	20
November 24th	13	-	2	15
December 15th	14	1	_	15

At the census of 1901 the number of children in Finchley under 15 years of age was 6,642, and at the present time is probably over 9,000. We have therefore a large population at an age specially liable to infection, and considering the proximity of London, where epidemic disease of one kind and another is constantly present, it is evident that Finchley stands little chance of any prolonged freedom from an epidemic, or at least the occurrence of sporadic cases of some infectious disease.

Much may, however, be done by isolation of cases and thorough disinfection to hold a threatened epidemic in check, and the individual gain to a child if he can be guarded from an attack is considerable. It is not merely the immediate consequences of the illness one wishes to avoid, but the chronic ill-health or enfeebled constitution that so frequently results.

DISINFECTION OF PREMISES, ETC.—On the removal of a patient to Hospital, or, if the patient is nursed at home, as soon as the medical attendant sends word that the patient is free from infection, the room is fumigated with formic aldehyde vapour, and the bedding, blankets, and all clothing which cannot be washed without injury to the material are passed through an "Equifex" steam-disinfector. Whenever considered necessary, directions are given to have the wall paper stripped and the ceiling whitewashed.

NOTIFICATION OF SCHOOL AUTHORITIES.—In order to enable the School Authorities to exclude from school all children living in infected houses, and to prevent the return to school of contacts before a sufficient period of quarantine has passed, a notice is forwarded to the Secretary of the Council's Education Committee or to the head of a private school, according as the circumstances require.

ISOLATION HOSPITAL.—An agreement with the Hornsey Borough Council with reference to the conjoint use of their Isolation Hospital for Hornsey and Finchley patients came into operation on April 1st, 1903. By this arrangement 25 beds are reserved for the use of Finchley residents, and cases of three different infectious diseases (scarlet fever, diphtheria, and enteric) can be isolated. The agreement holds good until April 1st, 1913.

OTHER PRECAUTIONARY MEASURES.—Enquiries are in every case made to ascertain if possible the source of infection, and an examination is made into the sanitary condition of the premises.

Especial care is taken to prevent the spread of infection through the agency of those engaged in the milk trade, the preparation of food, laundry work, or the manufacture of wearing apparel.

Bacteriological Diagnosis.

During the year 1906 53 Bacteriological Examinations were made in order to determine the existence of diphtheria, phthisis, and enteric fever in doubtful cases. The results were as follows:—

	Positive.	Negative.	Total.
Diphtheria	 9	29	38
Enteric	 7	1	8
Phthisis	 2	5	7

Arrangements for the free examination of specimens forwarded by medical practitioners in the District have been in force for the past eight or nine years, and the increasing number of specimens sent to the Lister Institute each year for bacteriological examination prove the value which is set on this aid to diagnosis in doubtful cases.

In dealing with a household in which a case of diptheria has occurred it is sometimes advisable to make certain that no one besides the patient is affected with the organism associated with this disease, as occasionally persons in apparently normal health have been found to act as infective centres. Hitherto very few specimens have been sent with this special object in view, but should an epidemic again occur I trust full advantage will be taken of this precautionary measure.

It is rare now for a case of diphtheria to be nursed at home in this District, but when this is done, it is desirable to have the same care exercised as in hospital, and not to permit the patient to mix with others until the examination of at least one swab taken during convalescence has proved the absence of the typical bacillus.

For several years a supply of anti-diphtheritic serum has been kept at the Public Health Offices, and doctors have been supplied with the same at cost price. In December 1905 the Council agreed that the serum should be given free of charge when required for use in a case where the means of the patient did not enable him to pay for it. Advantage of this has been taken in 7 instances during the past year.

	Cases	Noti	FIED	in W	HOLE	Dist	FRICT.			s Noti Localii				s Remo From F LITY.		
Notifiable Disease.	At all Ages.	Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards	East Finchley.	2 West Finchley.	3 North Finchley.	Whetstone.	East Finchley.	2 West Finchley.	North Finchley.	4 Whetstone.	Total.
Small PoxCholeraDiphtheriaMembranous CroupErpsipelasScarlet FeverEnteric FeverTyphus FeverRelapsing FeverContinued FeverPuerperal FeverPlague	30 18 128 11 3	··· 1 ·· ·· 2 ··· ·· ·· ·· ·· ·· ··	··· 14 ··· 43 ··· ··· ···	··· · · · · · · · · · · · · · · · · ·	 1 8 6 	$ \begin{array}{c} $	··· ·· ·· ·· ··	$ \begin{array}{c} $	$ \begin{array}{c} $	 13 48 1 1 	··· 5 4 	 10 34 6 	 0 21 3 	 10 35 1 	···· 4 ··· ··· ··· ···	···· 24 90 10
Total	190	3	57	88	15	26	1	73	40	68	9	50	24	46	5	125

Table B.-CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1906.

Table B1.

SHOWING THE NUMBER OF CASES AND DEATHS FROM THE PRINCIPAL INFECTIOUS DISEASES NOTIFIED FROM AMONG PARISHIONERS DURING THE YEARS 1890 - 1:06 (INCLUSIVE).

	Smal	l-pox.	Scarle	t Fever		theria Croup.
	Cases.	Deaths,	Cases.	Deaths.	Cases.	Deaths.
1890			53	1	31	4
1891			80		32	3
1892			125	2	37	6
1893			189	3	30	9
1894	9	1	57		66	4
1895			27		22	2
1896			33		25	5
1897			54		20	1
1898			91		12	
1899	8	2	58		32	6
1900	1		94		12	1
1901	7	1	98		21	
1902	15	i	115		3	2 3 3
1903			67		72	3
1904			161	1	68	3
1905			85		32	2
1906			128	5	30	3
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1890	16					
	10				7	1
1891	14		 1		$\frac{7}{3}$	1
$ 1891 \\ 1892 $	14 17		$\begin{array}{c} \ddots \\ 1\\ 2 \end{array}$	···· ···	7 3 3	$\begin{vmatrix} 1\\ 1\\ 1 \end{vmatrix}$
1891 1892 1893	14 17 38	•	$\begin{array}{c} \ddots \\ 1 \\ 2 \\ 1 \end{array}$			1 1 1 1
$ 1891 \\ 1892 \\ 1893 \\ 1894 $	$ \begin{array}{c} 14 \\ 17 \\ 38 \\ 22 \end{array} $	• 	$\begin{array}{c} \ddots \\ 1 \\ 2 \\ 1 \\ 4 \end{array}$		$ \begin{array}{c} 7 \\ 3 \\ 3 \\ 14 \\ 12 \end{array} $	1 1 1 1 1
$ 1891 \\ 1892 \\ 1893 \\ 1894 \\ 1895 $	$ \begin{array}{r} 14 \\ 17 \\ 38 \\ 22 \\ 15 \end{array} $	• 	$ \begin{array}{c} 1 \\ 2 \\ $	 	$\frac{14}{12}$	
$ 1891 \\ 1892 \\ 1893 \\ 1894 \\ 1895 \\ 1896 $	$ \begin{array}{r} 14 \\ 17 \\ 38 \\ 22 \\ 15 \\ 14 \end{array} $	• 	4 1 1	 4	14	$ \begin{array}{c} 1 \\ 1 \\ 1 \\ 1 \\ 3 \\ 2 \end{array} $
1891 1892 1893 1894 1895 1896 1897	$ \begin{array}{r} 14 \\ 17 \\ 38 \\ 22 \\ 15 \\ 14 \\ 15 \\ \end{array} $	• 	$ \begin{array}{c} 1 \\ 2 \\ $	 4 1	$ \begin{array}{r} 14 \\ 12 \\ 12 \\ 12 \\ 13 \end{array} $	$ \begin{array}{c} 1 \\ 1 \\ 1 \\ 1 \\ 3 \\ 2 \\ 2 \end{array} $
1891 1892 1893 1894 1895 1895 1896 1897 1898	$ \begin{array}{r} 14 \\ 17 \\ 38 \\ 22 \\ 15 \\ 14 \\ 15 \\ 6 \end{array} $	• 2 		···· ··· 4 1 ····	14 12 12 12 13 9	$ \begin{array}{c} 1 \\ 1 \\ 1 \\ 1 \\ 3 \\ 2 \\ 2 \\ 3 \end{array} $
$1891 \\ 1892 \\ 1893 \\ 1894 \\ 1895 \\ 1896 \\ 1896 \\ 1897 \\ 1898 \\ 1899 $	$ \begin{array}{r} 14 \\ 17 \\ 38 \\ 22 \\ 15 \\ 14 \\ 15 \\ 6 \\ 14 \\ 14 \\ \end{array} $	• 2 		 4 1 	14 12 12 12 13 9	1000
$1891 \\ 1892 \\ 1893 \\ 1894 \\ 1895 \\ 1896 \\ 1897 \\ 1898 \\ 1899 \\ 1900$	$ \begin{array}{r} 14 \\ 17 \\ 38 \\ 22 \\ 15 \\ 14 \\ 15 \\ 6 \\ 14 \\ 16 \\ \end{array} $	• 2 	4 1 1	···· ··· 4 1 ····	$ \begin{array}{r} 14 \\ 12 \\ 12 \\ 12 \\ 13 \\ 9 \\ 12 \\ 7 \end{array} $	1000
$1891 \\ 1892 \\ 1893 \\ 1894 \\ 1895 \\ 1896 \\ 1897 \\ 1898 \\ 1898 \\ 1899 \\ 1900 \\ 1901$	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	• 2 2 2 2		···· ··· ··· ··· ··· ··· ··· ··	$ \begin{array}{r} 14 \\ 12 \\ 12 \\ 12 \\ 13 \\ 9 \\ 12 \\ 7 \\ 15 \\ \end{array} $	1000
$1891 \\ 1892 \\ 1893 \\ 1894 \\ 1895 \\ 1896 \\ 1897 \\ 1898 \\ 1899 \\ 1900 \\ 1901 \\ 1902$	$ \begin{array}{c} 14\\ 17\\ 38\\ 22\\ 15\\ 14\\ 15\\ 6\\ 14\\ 16\\ 10\\ 13\\ \end{array} $	• 2 		 4 1 2 	$ \begin{array}{r} 14 \\ 12 \\ 12 \\ 12 \\ 13 \\ 9 \\ 12 \\ 7 \\ 15 \\ 13 \\ 13 \\ \end{array} $	$ \begin{array}{c} 1 \\ 1 \\ 1 \\ 1 \\ 3 \\ 2 \\ 2 \\ 3 \\ \vdots \\ 3 \\ 1 \end{array} $
$1891 \\ 1892 \\ 1893 \\ 1894 \\ 1895 \\ 1896 \\ 1897 \\ 1898 \\ 1899 \\ 1900 \\ 1900 \\ 1901 \\ 1902 \\ 1903$	$ \begin{array}{c} 14\\ 17\\ 38\\ 22\\ 15\\ 14\\ 15\\ 6\\ 14\\ 16\\ 10\\ 13\\ 15\\ \end{array} $	• ·		 4 1 2 1	$ \begin{array}{r} 14 \\ 12 \\ 12 \\ 12 \\ 13 \\ 9 \\ 12 \\ 7 \\ 15 \\ \end{array} $	1000
$1891 \\ 1892 \\ 1893 \\ 1894 \\ 1895 \\ 1896 \\ 1897 \\ 1898 \\ 1899 \\ 1900 \\ 1900 \\ 1901 \\ 1902 \\ 1903 \\ 1904$	$ \begin{array}{r} 14\\ 17\\ 38\\ 22\\ 15\\ 14\\ 15\\ 6\\ 14\\ 16\\ 10\\ 13\\ 15\\ 30\\ \end{array} $	• 2 2 2 2 1		 4 1 2 1	$ \begin{array}{r} 14 \\ 12 \\ 12 \\ 12 \\ 13 \\ 9 \\ 12 \\ 7 \\ 15 \\ 13 \\ 4 \\ 4 \end{array} $	3 3 1
$1891 \\ 1892 \\ 1893 \\ 1894 \\ 1895 \\ 1896 \\ 1897 \\ 1898 \\ 1899 \\ 1900 \\ 1900 \\ 1901 \\ 1902 \\ 1903$	$ \begin{array}{c} 14\\ 17\\ 38\\ 22\\ 15\\ 14\\ 15\\ 6\\ 14\\ 16\\ 10\\ 13\\ 15\\ \end{array} $	• ·		 4 1 2 1	$ \begin{array}{r} 14 \\ 12 \\ 12 \\ 12 \\ 13 \\ 9 \\ 12 \\ 7 \\ 15 \\ 13 \\ 4 \\ \end{array} $	3 3 1

Table B2.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING EACH MONTH OF THE YEAR 1906.

		Diphtheria.	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Fever.	Tctals.
January February March April May June July August September October November December	•••	 3 5 3 2 2 2 1 3 3 3 3	2122 2131 1133	$ \begin{array}{r} 11 \\ 5 \\ 5 \\ 16 \\ 11 \\ 20 \\ 12 \\ 8 \\ 12 \\ 12 \\ 6 \\ 10 \\ \end{array} $	$2 \\ 1 \\ 0 \\ 2 \\ - \\ 1 \\ 2 \\ - \\ 1 \\ 2 \\ 1 \\ - \\ 2 \\ 1 \\ - \\ - \\ 2 \\ 1 \\ - \\ - \\ 2 \\ 1 \\ - \\ - \\ 2 \\ 1 \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ -$	- - 1 - 1 1 - - -	$18 \\ 12 \\ 11 \\ 22 \\ 13 \\ 25 \\ 16 \\ 14 \\ 15 \\ 18 \\ 10 \\ 16$
Totals		 30	18	128	11	3	190

Scarlet Fever or Scarlatina.

Scarlet Fever was prevalent throughout the year, with a minimum incidence in February and March, and a maximum in June. No cases were notified as having occurred in Whetstone, but there was scarcely any difference in the number of notifications (relative to population) received from each of the other sub-districts, the incidence in West Finchley was only slightly less than in either North or East Finchley.

In a chart indicating the weekly average number of notifications of Scarlet Fever received during the sixteen years 1890-1905, the lowest point in the curve corresponds to the last week in March. From the end of March the curve rises until the highest point is reached in the first week in October, but between these points there is a well-marked rise above the mean lasting from June to July, followed by a considerable fall in the first week of August. This seasonal incidence curve in its main features corresponds with that of London (1861— 1900), but the August fall is not shown on the London chart, and there are some other minor differences.

The Finchley charts for many of these sixteen years individually show marked divergence from the average, and it is quite impossible to say that at any particular period of the year there will be many or few cases, the most one can say is that Scarlet Fever is generally most prevalent in the Autumn, and that epidemics in the Spring are comparatively rare.

The 128 cases notified during 1906 represented infection in 98 houses. The number of notifications shows an increase on the previous year, and is slightly in excess of the average for the ten years 1896—1905, *i.e.*, 4.1 cases per 1,000 of population compared with 3.7.

The majority of the secondary cases followed close on the primary notifications, and were evidently infected prior to the isolation of the first patient, but in several instances the secondary cases in a house occurred shortly after the term of isolation of the first patient was completed, and were what is known as "return cases." In nearly every one of these latter cases there was evidence of nasal or ear discharge having recurred a few days after the patient had returned from hospital, or had been released from home isolation (in the case of patients nursed at home), and the inference was that infection had spread from this source. At the same time one must not forget that there were other possible sources of infection, for instance :- Either intentionally or through inadvertence, some of the child's clothing or toys may not have been handed over for disinfection, and consequently would in all probability still have retained infection when again brought into use.

It is especially in the case of Scarlet Fever that difficulty arises in deciding how soon to dispense with isolation. Bacteriological examinations as yet are no guide, and the not infrequent recurrence of infective discharges after the patient has apparently quite recovered, renders absolute security impracticable. The wisest plan undoubtedly is to continue home isolation for a fortnight after the child leaves the hospital, but this is seldom possible. If we had a convalescent hospital to which every child could be sent for a few weeks before returning home, I believe that "return" cases would be of very rare occurrence. But to efficiently maintain a convalescent hospital on the lines needed would entail a heavy additional charge. It is, however, a matter that should be considered when the time comes for the provision of a local isolation hospital.

In my last annual report I drew attention to the mild type of Scarlet Fever that appeared to have prevailed in Finchley for many years, but at the same time noted the high case mortality occasionally reported from various localities. Dur-
ing 1906 a considerable number of the cases in the District were of a malignant type, with high fever and delirium, and in five instances the disease ended fatally. These severe cases occurred in various parts of the District, and no reason could be assigned for the disease having run an exceptional course. All the cases notified during the last few months of the year were of the normal type.

Diphtheria.

The number of cases notified was 30, a figure well below the average of recent years. In two instances the disease ended fatally. The number of different houses invaded was 28.

In a few instances direct infection from an already notified case seemed probable, but in the majority it was impossible to ascertain any evidence as to the source. Gross sanitary defects on the premises were seldom noted, and even when present it was matter for conjecture whether they were more than predisposing causes.

The cases were distributed fairly evenly throughout the year, and the only point to note about the incidence in different parts of the district was the occurrence of 5 cases at Whetstone, an undue proportion considering the relative population and the fact that no connection could be traced between these cases.

Typhoid or Enteric Fever.

Eleven cases of Enteric Fever were notified during the year, each occurred on different premises, and no connection could be traced between any two of the cases.

It was impossible to ascertain the source of infection in any instance.

No case proved directly fatal, but one patient died shortly afterwards from Tuberculosis.

Measles and Whooping Cough.

Seven deaths from measles occurred during the first half of the year, but Whooping-Cough was considerably less prevalent than during the two preceding years, and only one death was recorded.

During the fifteen years, 1891 to 1905, the deaths from Measles numbered 79, and those from Whooping-Cough 106, together making a total of 185, that is just over twice the number of deaths (*i.e.*, 91) from Scarlet Fever, Diphtheria, Enteric Fever, and Smallpox combined.

Almost the whole of the mortality from Measles and Whooping Cough is due to lung complications, and where care is taken from the first onset of illness serious trouble only rarely occurs. Unfortunately, both Measles and Whooping-Cough are very generally regarded by parents as calling for little attention, and so soon as the acute symptoms are passed, the child is allowed out without any special precaution to avoid cold. With a view to drawing attention to the above facts, and to the advisability of seeking medical advice at an early stage in these complaints, before grave complications have supervened, a handbill will be delivered at every house where the School Attendance Officers learn there is a case of either disease.

Smallpox.

No case of this disease was notified in Finchley during the year.

The Hospital in Summers Lane, which has accommodation for 24 patients, has been kept in readiness for immediate use. By an agreement with the Hornsey Borough Council this hospital is available for cases from their district, but it was not called into requisition during 1906.

Consumption (Phthisis).

A voluntary system of notification of cases of Phthisis has now been in force within the district for rather more than three years. During 1906 seven notification certificates were received from medical practitioners, and eight during each of the two preceding years.

As cases can only be notified with the consent of the patient or those in charge of the patient, the certificates received represent only a small proportion of those affected, and give no indication of the actual prevalence of the disease. Judging from the recorded mortality, there must be close on 180 persons in the district suffering from pulmonary tuberculosis, and of this number probably some seventy or more with the disease in an acute form. These figures will doubtless appear over-estimated to many, but I have good reason to believe they do not err in that direction. It must not be imagined that a person once attacked with consumption will not recover, in many instances the prognosis is decidedly good, provided the patient can be placed under suitable conditions.

A hopeful sign is found in the steadily declining deathrate from Phthisis. Improved sanitation has undoubtedly contributed largely to bring this about, and with further improvements in the conditions of housing and work, and the more general practice of simple precautionary measures by those affected with the disease, statistics in the future may be expected to show a progressive fall in mortality.

The various Housing and Public Health Acts have in the past proved valuable aids in combating this disease, but, in order to deal effectually with the special conditions associated with Tuberculosis, Local Authorities require further powers. Amongst these I would draw attention to the following :—

- 1. Compulsory notification of Consumption. Many of the objections raised against compulsory notification of Consumption would be negatived if the certificate form contained questions to be answered where a private doctor was in regular attendance. This would in many cases obviate the necessity for a call on the part of the Medical Officer of Health, and prevent unnecessary interference by the Sanitary Authority.
- 2. Power on the part of the Sanitary Authority to insist on efficient isolation, either at home or in hospital, for so long as necessary, in special cases when both the medical practitioners in attendance and the medical officer of health are agreed as to the necessity. This would apply mainly to patients on the verge of pauperism, but who not infrequently refuse to seek admission to the Poor Law Infirmaries and are a constant source of danger to their own families and the public.
- 3. Expressly stated powers to insist on the cleansing and disinfection of premises occupied by Consumptive persons, and on the proper disposal of sputum.
- 4. Prohibition from engaging in certain employments *e.g.*, milk vendor, baker.
- 5. The vendor of milk containing tubercle bacilli should be liable to prosecution. The Dairies, Cowsheds, and Milkshops Order of 1885, as amended by the Order of 1899, prohibits the sale for human food of milk from a cow certified by a veterinary surgeon to be suffering from tubercular disease of the udder. In pratice it is frequently impossible to ascertain the

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source of samples purchased from retail dealers; moreover, the tubercle bacilli may possibly be of human origin, having gained access to the milk owing to careless handling.

Middlesex Open-Air Sanatorium.

At the present time it is extremely difficult to find accommodation in any of the existing special hospitals, and even when a patient is fortunate enough to obtain an admission order, it is usually only after a long wait, and not infrequently the disease has by then advanced to a stage at which permanent benefit can scarcely be expected to result from any treatment. Further provision is urgently needed, and it should be on a scale sufficient to permit of patients being admitted at an early stage and given prolonged treatment. It should also be possible to admit patients in a comparatively advanced stage, with a view to teaching them the simple and necessary precautionary measures they should observe so as to avoid being a source of infection.

As yet there seems little likelihood of the proposed Open-Air Sanatorium for Middlesex becoming an accomplished fact. More than two years ago certain public authorities, including the Finchley Council, agreed to establish and maintain beds in the event of sufficient money being subscribed to enable the Sanatorium to be started, but the support given to the scheme has proved quite inadequate.

School Hygiene.

Each week reports are sent to me of all fresh cases of nonnotifiable infectious disease, and when an epidemic is prevalent my visits to the schools are frequent. At other times the general sanitary condition of the buildings is kept under observation, but only under special circumstances are any of the children medically examined. With the object of systematic records being kept of the infectious disease history and physical condition of the children attending the public elementary schools, I have drafted the accompanying schedule at the request of the Education Committee. At present no attempt is made to record the weight, height, or girth of chest, but these measurements are of very considerable value, and it is proposed to include them later. The particulars are printed on thin cards 5 by $6\frac{1}{4}$ inches in size, perforated in one corner for filing, and coloured differently for each school.

Finchley Urban District Council: Education Committee.

Particulars with regard to School Children.

A

where there is the particular and another and an thing said	
Name of School :	
Name of Pupil :	
Date of Birth :	
Home Address :	
Date of filling in the form : School Std. : Age	:
Does pupil work before school hours ?	
Does pupil work after school hours ?	
If so, at what occupation ?	
Teacher's opinion of mental capacity.	

DATE.	
State of Nutrition	
Cleanliness of Clothing	
Cleanliness of Body	
Weight	
Height	
Girth of Chest	

Name of Pupil :

Age when vaccinated :

Age when re-vaccinated :

Infectious diseases from which pupil has suffered give date of attack :

DISEASE	DATE.
Measles :	
Whooping Cough :	
Scarlet Fever :	want many
Diphtheria :	-
Chickenpox :	
Mumps :	Nº 194
Eyes.	
Eyes. Keenness of vision (smal type read at 20-ft).	llest Snellin'
Keenness of vision (sma)	llest Snellin' Both
Keenness of vision (smal type read at 20-ft).	
Keenness of vision (smal type read at 20-ft). Right, Left.	
Keenness of vision (smal type read at 20-ft). Right, Left. Refraction of eyes :	
Keenness of vision (smal type read at 20-ft). Right, Left. Refraction of eyes : Right :	

Ears.

Keenness of hearing (extreme distance at which watch can be heard).

Normal distance being feet. Right Ear, Left Ear,

Diseases :

Teeth.

Nose and Throat.

Is pupil a mouth-breather ?

Diseases (enlarged tonsils, cacarrhal tonsilitis, ulceration, pharyngitis, adenoids or other nasal obstruction, elongation of uvula, enlarged cervical glands).

Other Observations:

Speech.

Posture.

Thanks to the interest taken in the matter by the School Staff, good progress has already been made with the work of compiling the records. The parents, with few exceptions, appear to have been glad to afford information, and to have appreciated the fact that the School Authorities had originated the enquiry with a view to the children's welfare. Owing to the short time that has elapsed since the cards were issued, it has been found impossible to obtain full particulars, but as an example of the results so far tabulated, I give the following, relating to St. John's Mixed School (163 children):

Percentage of Children known to have suffered from certain Infectious Diseases.

Standard	 1	2	3	4	5 (6 & 7	Whole School,
Measles	 63	63	70	55	67	67	64
Whooping Cough	 44	17	43	32	33	33	34
Searlet Fever	 	3	10	6	4	5	5
Diphtheria	 	-	7	3	-		2
Chickenpox	 22	17	33	16	13	33	22
Mumps	 33	23	33	32	33	48	33

ACUTENESS OF VISION.

(Percentage of normal and defective.)

Standard	 1	2	3	4	5 6	5 & 7	Whole School.
Good, 6/6	 79	70	70	69	65	90	74
Fair, 6/9 or 6/12	 21	20	13	28	13	5	17
Bad, $6/18$ or worse	 	10	17	3	22	5	9

SCHOOL CLOSURE.— Owing to the presence of epidemic disease and the increasing number of absentees, it was found necessary to close the following schools during the course of the year :—

School,	Diseas	æ.	Inclusive Dates of Closure.		
Holy Trinity Infants		Mumps		20th March	to 12th April
Holy Trinity Mixed		,,		,,	,,
Long Lane Infants		Mumpsand	Measles	,,	,,
Long Lane Mixed		,,	• • •	,,	,,
St. Mary's Infants		Mumps		15th June to	6th July

Water Supply.

The District is supplied from the mains of the Barnet Water Company. From evidence given before the Parliamentary Bills Committee, it appears that the Company pump from five deep wells in the chalk—three in Barnet, one at Potters Bar, and one at East Barnet—and, in addition can obtain a certain quantity of water from the New River Company.

The service is at present intermittant to the greater portion of Finchley, but the Company are under an obligation to afford a constant supply by the 15th August, 1907, throughout so much of the District as can be supplied by gravitation from their existing reservoirs at New Barnet.

The quantity of water supplied has been estimated at about twenty gallons per head per day. No water-softening process is in use.

Housing.

Building operations have been actively continued during the past year in all parts of the District, and several new estates are in course of development.

The number of new houses passed between December 31st, 1905, and December 31st, 1906, as fit for occupation was 442.

The new buildings for the most part comprise rows of villa residences, flats, shops, and a comparatively small number of detached houses.

There is no lack of house accommodation for artisans, but the same complaint is heard here as in other suburban districts, namely, that house rents are, as a rule, in excess of what the working man can afford. I believe it is mainly in consequence of this difficulty in meeting the rent of an entire house that a considerable amount of sub-letting exists.

The following tabular statement showing the number of houses passed each year (ending March) has been kindly supplied to me by the Assistant Surveyor, Mr. Catchpole, and gives some idea of the rapid growth that has been taking place in the District:—

1894	 47 47	
1895	 60	
1896	 101	
1897	 123	
1898	 142	
1899	 189	
1900	 213	
1901	 289	
1902	 323	
1903	 340	
1904	 338	
1905	 361	
1906	 450 (to end of January	

1907.)

Drainage and Sewage Disposal.

A dual system of drainage is in force in the District, the surface water sewers discharging into the streams.

Sewage reaches the farm in Summers Lane by either the low or high level sewer. The sewage from the low level sewer passes through a screen, and is then pumped to join the high level sewage. The mixed sewage is screened, and, after the addition of lime and sulphate of iron, passed into one of three precipitation tanks (each having a capacity of 226,260 gallons). The tank effluent is next treated in a double set of bacterial contact beds, in each of which it remains standing about five hours. The effluent is finally run over several acres of meadow before entering the brook at the bottom of the valley.

The sludge is drawn off after a precipitation tank has been used one week, and is pumped on to the land at the highest level of the farm. It is there left to drain and evaporate, and is then ploughed in, the land being used for crops of cabbages, etc.

The dry weather flow of sewage is estimated at about 700,000 gallons per diem. In wet weather a portion of the sewage is treated in the ordinary way, and the remainder by broad irrigation. The subsoil of the farm is clay, and there is only a shallow surface soil over most of the area, so that considerably more land has to be utilised than would be required with more suitable soil.

The total area of the farm comprises close upon 80 acres belonging to the Council, and 33 acres rented from the Burial Board.

The filter beds number 16, and cover a total area of about 27,000 square yards. Many of the beds are in a far from satisfactory condition, and require thorough reconstruction before efficient work can be expected from them. In their

present state they are incapable of sufficiently purifying the sewage, consequently the effluent from them has to be treated by surface irrigation over a large area of land, with a view of further purification, before being discharged into the brook.

Having regard to the rapid growth of the District, and the condition of the existing works, it has been evident for some time past that further expenditure would be necessary. Various schemes have been considered by the Public Health Committee, and on November 12th, 1905, the Council resolved to proceed with the extension of the low level sewer and the construction of storm water filters, for which a loan had been sanctioned as far back as February, 1903. In addition, the Council decided to construct works capable of dealing with a portion of the low level sewage, and thus greatly relieve the present filter beds and heavy daily pumping.

The extension of the low level, or tunnel, sewer was carried out by direct labour, and completed in March last. The remainder of the work is being executed by contract, according to the plans and under the superintendence of the Council's Surveyor, Mr. C. J. Jenkin. Good progress has been made, and it is anticipated that the whole of the additions will be finished early this year.

The outfall channel of the low level sewer has been formed in such a way that all storm-water from four to six times the average dry weather flow will be deflected on to the stormwater beds, whilst any quantity over six times the dry weather flow will be discharged direct into the brook. These storm-water beds are four in number, constructed of clinker, and intended to be used as percolating filters.

The remainder of the new installation will consist of a coarse screen, detritus and Dortmund sludge tanks in duplicate, an open septic tank, and two primary and secondary percolating filter beds.

Disposal of House Refuse.

The Council contract for a weekly removal of all house refuse. The refuse is burnt in the open on the Sewage Farm.

A small charge, based on the estimated cost of removal, is made for the removal of trade refuse.

Analyses Performed during the Year.

The samples examined during the year included :--

A sample of the public water supply taken each month. The samples were drawn from standpipes in various parts of the District, and on chemical analysis were found to conform in each instance to a high standard of organic purity.

During the Summer and Autumn several complaints were received on account of the cloudy appearance of the water when freshly drawn. In the samples examined the cloudiness was due to the presence of carbonate of lime in suspension, and there was no excess of organic matter.

Analyses were also made of 16 samples of sewage effluent, several samples from Dollis Brook and various shallow wells, and samples of mortar.

The samples of effluent were generally satisfactory, but on three occasions the percentage of incompletely purified organic matter was above the normal.

Notes upon Sanitary Work performed during the Year.

Inspection of the District has been systematically carried out, including visits to the dairies, cowsheds, slaughterhouses, bakehouses, workshops, houses in which epidemic disease had broken out, insanitary property, and routine house to house inspection. In all, some 5,839 inspections were made, and nuisances to the number of 1,476 were discovered. 179 complaints with regard to alleged nuisances were received during the year, and prompt attention was given to each.

217 rooms were fumigated after infectious disease; and 3,608 articles, chiefly bedding and wearing apparel, were disinfected in the Council's steam apparatus.

A large number of house drains were reconstructed, the work being supervised in a thorough and satisfactory manner by the Sanitary Inspector. A plan of each drain re-laid is made by the Inspector, and this, together with all necessary particulars, is filed for future reference. It is satisfactory to be able to report that increasing use is being made of heavy cast iron pipes in place of stoneware. The latter, although their initial cost is less, have not infrequently proved more expensive in the end, owing to defects arising through fracture of the collars from expansion of the cement used in making the joints.

The meat, fish, poultry, and fruit shops, and premises where food is prepared for sale, have been kept under observation, and the need for this supervision was evidenced on several occasions by the finding of unsound food either deposited or exposed for sale. The sanitary condition of the premises also received attention.

A full statement of the work done under the Nuisance Sections of the Public Health Acts, together with notes regarding the dairies, slaughterhouses, etc., will be found in the appended report of the Sanitary Inspector.

Factories and Workshops.

All the Workshops and Work-places in the District have been inspected during the year, and various sanitary defects remedied as a consequence. Very little home work appears to be given out in the District, and only a few names of *out-workers* have been received from other districts. At some of the Workshops the work done is for firms in London, but the total amount is not large.

The following Tables are on the lines of those issued by the Secretary of State. Tables 1 and 2 are printed in full, the remaining Tables only so far as the particulars affect this District.

1. INSPECTION.

INCLUDING INSPECTIONS MADE BY THE SANITARY INSPECTORS.

	Number of				
Premises.	Inspections	Written Notices.	Prose- cutions.		
Factories (Including Factory Laundries).	13				
Workshops (Including Workshop Laundries).	319	16			
Workplaces (other than outworkers' premises included in part 3 of this Report).					
Total	362	16	·		

2. DEFECTS FOUND.

No. of Prosecutions. Number of Defects. Particulars. Referred Found, Remedied, to H.M. Inspect'r Nuisances under the Public Health Acts:* Want of cleanliness 27 27. Want of ventilation Overcrowding ... 1 1 . . Want of drainage of floors ... 2 2 Other nuisances ... 9 9 insflicient +Sanitary 20 20 unsuitable or defective . . accommodation . . not separate for sexes Offences under the Factory and Workshop Act :-Illegal occupation of underground bakehouse (S 101) Breach of special sanitary requirements for bakehouses(S.S. 97 to 100) 4 4 . . . Other offences :-(Excluding offences relating to outwork which are included in part 3 of this Report). • • Total 63 63 . .

* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act as remediable under the Public Health Acts.

+ Public Health Acts Amendment Act 1890, Part 3 adopted October, 1890.

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3. HOME WORK.

	Outwo			
Nature of Work.	Lists receiv from Employer once in th Year.	Numbers of Addresses of Outworkers received from other t- Councils	Numbers of Addresses of Outworkers forwarded to other Councils.	Number of Inspections of Outworkers premises.
Wearing Apparel- Making, &c.	1	2 5	2	5

4. REGISTERED WORKSHOPS.

Workshops on the Regis	ster (S.	. 131) at the en	d of the	Year.	Number.
Dressmakers and Milli	ners				31
Laundries					20
Bootmakers					20
Bakers					16
Restaurant Kitchens		A 200			15
Cycle Makers					10
Stonemasons					6
Saddlers					4
Ironmongers					4
Farriers					9
Tailors					8
Picture Framers					2
Upholsterers					2
Other Workshops					13
	of We	orkshops on Re	gister		160

Milk Supply.

Each year a smaller proportion of the milk purveyed in Finchley is produced locally, and the actual number of dairy cows kept in the District appears to be diminishing. Towards the latter end of the year, the number was 177, as compared with 227 in the previous year, and I have no reason to doubt that considerably more than half the milk consumed is brought in by rail.

Many improvements have been effected in the condition of the local cowsheds and dairy premises, but the trade is one requiring the constant supervision of both dairy managers and sanitary officials. Absolutely cleanly work on the part of the milkers and other employees is not easy to enforce, and there is an unfortunately prevalent idea amongst some dealers that milk from which all coarse particles of dirt have been filtered is just as wholesome and unobjectionable as milk which has been obtained under clean conditions. The fallacy of this is evident from the fact that during hot weather pure milk will keep good for many more hours than milk carelessly handled, even though the former has not been treated with preservatives.

I fully recognise the difficulties involved in further amending the conditions nnder which milk is collected and distributed, and the likelihood that the stringent enforcement of precautionary measures may lead to an increase in the retail price, but the matter is of such importance that the additional cost must, if necessary, be incurred. The veterinary inspection required by most of the large dairy companies has already lead to marked improvement in many rural as well as urban districts, still, constant personal supervison by the dairy farmers must remain the only certain method of ensuring satisfactory conditions, without their active co-operation there must always be a probability that due precautions will not be exercised.

Bakehouses.

All the Bakehouses (16 in number) were inspected frequently during the year. There are at present in the District three underground bakehouses. After certain structural alterations had been made these were certified by the Sanitary Authority at the commencement of 1904 as suitable in regard to construction, light, ventilation, and all other respects. The minimum requirements for the Council's certificate included provisions against the entry of ground-air and moisture, and provision for ventilation, light and cleanliness of the premises.

Sale of Food and Drugs Acts.

The County Council is the responsible executive authority for carrying into effect the main provisions of the Sale of Food and Drugs Acts in this District, and during the year ending 31st March, 1906, 260 samples were taken by their inspector, a number that should with careful selection prove ample. Five samples were found to be adulterated, and convictions in each case were obtained.

Adoptive Acts, Byelaws and Regulations.

The following Adoptive Acts are in force in the District :---

The Infectious Diseases (Prevention) Act, 1890.

- The Public Health Acts Amendment Act, 1890, Parts 2, 3 and 5.
- The Housing of the Working Classes Act, 1890, Part 3.

The following Byelaws are in force :---

(The date when sanctioned by Local Government Board is given.)

- The cleansing of footways and pavements, the removal of house-refuse; and the cleansing of earth closets, privies, ashpits, and cesspools—24th November, 1879.
- The prevention of nuisances arising from snow, filth, dust, ashes and rubbish—24th November, 1879.
- The Keeping of Animals—24th November, 1879, and 6th July, 1897.

Common Lodging Houses-24th November, 1879.

New Streets and Buildings—19th January, 1884; 1st December, 1888; and 30th November, 1904.

Paving of Yards and Open Spaces-8th August, 1903.

Slaughterhouses.- 24th November, 1879.

Houses let in Lodgings-17th January, 1884.

Offensive Trades-17th January, 1884.

Management of Mortuary-31st May, 1904.

Public Recreation Ground--9th January, 1903.

School Attendance—15th March, 1901.

Employment of Children-24th May, 1906.

Regulations are in force with respect to :---

Dairies, Cowsheds and Milkshops-26th November, 1900.

Allotments-11th February, 1897.

The Revenue Act of 1903.

The Revenue Act of 1903 (sec.11) provides that where a house, so far as it is used as a dwelling-house, is used for the sole purpose of providing seperate dwellings,

- (a) The value of any dwelling in the house which is of an annual value below £20 shall be excluded from the annual value of the house for the purpose of inhabited house duty;
- (b) The rate of inhabited house duty in respect of any dwelling in the house of an annual value of £20 but not exceeding £40 shall be reduced to 3d.; and
- (c) The rate of inhabited house duty in respect of any dwelling in the house of an annual value exceeding £40 but not exceeding £60 shall be reduced to 6d.

The proviso of this section as respects dwellings of an annual value not exceeding £40 shall not take effect with regard to any such dwelling unless a certificate is given by the Medical Officer of Health to the effect that the house is so constructed as to afford suitable accommodation for each of the families or persons inhabiting it, and that due provision is made for their sanitary requirements.



REPORT

OF THE

SANITARY INSPECTOR

For the Year 1906.

To the Chairman and Members of the Finchley Urban District Council.

GENTLEMEN,

I beg to submit to you my fifth Annual Report dealing with the sanitary work accomplished during the year 1906.

Upon reference to the tabulated statement of work done it will be observed that there is a falling off in the number of notices served. This is explained by the fact that a large amount of work was carried out as the result of verbal notices, and owing to the use of a revised form of written "Intimation" notice which, if occasion requires, permits of any number of houses being referred to on one notice. The number of sanitary improvements actually carried out compared favourably with previous years.

The execution of all works undertaken for the suppression or removal of nuisances, whether it be a small matter of repair or reconstructional work, is carried out under the supervision of your Inspectors, this arrangement being in accordance with the Order of the Local Government Board and the directions of your Council.

The occurrence of defects, especially in connection with the poorer class properties, is continuous, and it is only by a systematic and periodical re-inspection of such premises that they can be kept in anything approaching a good sanitary condition. In practise it is found that by taking full advantage of the facilities afforded by the Public Health Acts fairly ample powers are provided for securing the abatement of nuisances which arise from defects in connection with the premises, but, on the other hand, it is unfortunate that the Law does not provide such ready means for dealing with many matters which arise from the personal neglect and abuse of the tenants.

In all communications sent to responsible persons with respect to the remedying of sanitary defects, every care is taken to state clearly exactly what work is required to be executed. Information of this nature prevents any misunderstanding as to what, in the opinion of the department, is really required, and is undoubtedly much appreciated. I feel sure that any time taken up in this way is fully repaid by the improved class of work which results.

The number of complaints received with respect to alleged nuisances was 179, and, as hitherto, prompt attention was given to each. Two complaints were made by residents to the Local Government Board, one being forwarded to the Board at the end of the previous year. In one instance the complainant felt aggrieved at the manner in which certain defective drains had been dealt with under Section 41 of the Public Health Act, 1875, and in the other case it was alleged that a serious nuisance was caused by the keeping of fowls at the rear of a dwelling house. With respect to the former complaint, the requirements of the Act had been properly and judiciously carried out, and in regard to the latter, the view held by your Medical Officer of Health and myself was that the premises, although capable of improvement, were not in such a condition as to be a nuisance. Your Council's observations on these matters were duly forwarded to the Local Government Board, from whom no further communication was received.

No occasion arose in which it was necessary to institute legal proceedings, either to enforce the abatement of any nuisance, or to recover expenses incurred for works executed in default. It is perhaps worth mentioning that during the last five years it has only been needful to take legal proceedings in regard to five cases, two of which were for overcrowding, although at the same time there has been a marked improvement in the standard of work carried out.

The respective owners of certain premises failed to comply with the Council's notices requiring them (a) in five instances to relay defective house drains; (b) in two cases to empty an overflowing cesspool; and (c) in another instance to provide a dwelling house with an ashpit. The necessary works were therefore carried out by your Council, and the costs incurred charged to the defaulting owners.

At the beginning of the year the work of the department was somewhat interfered with owing to the Assistant Inspector and the Clerk having both resigned at about the same time, they having secured appointments elsewhere. The Assistant Inspector's position was subsequently filled by Mr. C. M. Robinson, of York, and Mr. A. A. Jack, of East Finchley, was appointed Clerk, and it is with much pleasure that I take this opportunity to express my thanks to these officers for the loyal and earnest manner in which they have at all times assisted me in carrying out my duties.

Summary of Work Done.

INSPECTIONS.

House to	House In	spections				294
Re-Inspec	tions after	r Order or 1	Notice			1704
Special In	spections					1278
Visits to	Works in	Progress				1324
" "	Ice Crean	n Premises				31
""	Factories,	Workshops	and Bake	ehouses		362
,, ,,	Slaughterl	iouses				234
3 3 3,1	Cowsheds,	Dairies and	Milkshop	os		90
,, ,,	Foodshop	s				177
Visits re		Disease				131
Miscellane	eous					214
Total num	ber of ins	pections and	re-inspec	tions		5839
Total num	ber of diff	erent houses	and prem	ises insp	ected	1386
			-			
		NOTICES	S, &c.			
Number o	f Notices s	erved-				
Intim	ation .				208	
Statu	tory .				97	
						305
Letters wi	ritten					1038
Letters red	ceived and	dealt with				1063
Complaint	s received					179

DRAINAGE.

Number of old Drains examined, tested, exposed, etc., 153 Number of Houses and Premises re-drained ... 95

. .

Defective Drains repaired			 6
Drains unstopped and cleansed			 36
Length in yards of Stoneware Dr	ains lai	d	 2102
Length in yards of Heavy Cast-in			300
Manholes provided			 71
Manholes altered and repaired			 14
New Manhole Covers provided			 1
Intercepting Traps fixed			 61
Stoneware Gully Traps fixed			 200
Gullies repaired			 2
New Soil Pipes and Ventilating	Shafts	fixed	 60
Soil Pipes and Ventilating Shafts			 36
Old Disused Drains disconnected			 2
New Impervious Sinks provided			 13
Sinks repaired			 1
New Waste Pipes fixed			 13
Waste Pipes repaired			 9
Waste Pipes trapped			 53
Waste Pipes disconnected from Dr			1
Gully Curbs repaired			8
Water Tests applied			
Smoke Tests applied			 133
Number of Plans of Drainage di			98

WATER CLOSETS AND SANITARY CONVENIENCES.

New W.C. Basins of the "Washdown'	' type fixed		131
W.C.'s cleansed and repaired			30
Flush Pipe connection repaired			1
New Flushing Boxes fitted to W.C.'s		· · · ·	62

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Flushing Boxes repaired		 	74
New Urinals provided		 	1
Urinals cleansed and repaired		 	3
New W.C. Apartments provided		 	3
Insanitary W.C. Apartments aboli	shed	 	4
Nuisance from Temporary Privy	abated	 	1
New Lavatory basin fixed		 	1

MISCELLANEOUS.

Roofs repaired	46		
Eaves Guttering renewed	33		
Eaves Guttering cleansed and repaired	21		
New Stack Pipes provided	12		
Existing Stack Pipes unstopped, repaired and cleansed	12		
Existing Stack Pipes disconnected from drains	7		
Old Surface Wells filled in	3		
Foul Rain-water butts removed	3		
Damp Walls remedied	4		
Ventilation under floors provided	7		
Yards paved	133		
Paving of Yards repaired	17		
Dirty Yards cleansed	7		
Stable Floors repaved or repaired	10		
Mews paved	1		
Paving of Mews repaired	1		
Floors of rooms repaired	33		
Floors of rooms relaid	8		
Bakehouses cleansed and limewashed every six months			
Cowsheds cleansed and limewashed every six months			

Slaughterhouses cleansed and limewashed months			
Manure pits provided			2
Rooms repaired, cleansed and limewashed			194
Workrooms cleansed and repaired			37
Dirty houses cleansed			9
New Water Service Pipes provided			4
Public Water Supply laid on to houses			3
New cisterns provided			1
Cisterns repaired, cleansed and covered			76
Movable Sanitary Dustbins provided			60
Nuisances from Overcrowding abated			8
Nuisances from Animals abated			8
Smoke nuisances abated			1
Accumulations of Manure and Refuse rem	loved		13
Foul Ponds filled in			3
Cesspools Emptied			
Foul Ditch or Watercourse cleansed			1
Temporary Sanitary Convenience provided	••••	•••	1
Miscellaneous	- SAINE	•••	2
			14

INFECTIOUS DISEASE AND DISINFECTION

Cases of Infectious Disease notified	 197
Number of Rooms fumigated after infectious disease	 217
Verminous Rooms fumigated	 11
Number of Infected Rooms stripped and cleansed	21
Number of Articles disinfected	 3608

UNSOUND FOOD DESTROYED.

Portions of 2 carcases of mutton.
1 Ox Liver, 1 Ox Head.
7 Sets of Lungs (oxen, sheep and pigs).
18 Herrings.
82lbs. Pears, 2 Parcels Bananas.

3lbs. Apples, 8lbs. Strawberries.

2 Parcels of Cherries and 8lbs. Tomatoes.

INSPECTIONS.

The total number of Inspections made in connection with the work of the department was 5,839. In 803 of the houses and premises visited, nuisances to the number of 1,476 were discovered, and, in dealing with the sanitary defects from which they arose, 208 "Intimation" and 97 "Statutory" notices were served. The number of letters written and received with reference to the business of the department was respectively 1,038 and 1,063. At the end of the year 1,178 of the nuisances had been abated, the work of remedying 177 was in hand, and the remaining 121 were outstanding. In order to ascertain that the sanitary defects above referred to were being properly remedied, 1,324 visits were paid to the respective premises while the necessary work was in progress.

As compared with the figures submitted last year, it will be seen on reference to the summary of work done that there has been an increase in the number of inspections made under the various headings.

Of the inspections made 294 were systematic house-tohouse visits. It is to be regretted that more time cannot be devoted to this particular work, as it is of considerable importance that the department should be kept well informed as to the general sanitary condition of the dwelling houses throughout the district, but further attention given to this matter would necessitate the neglect of other equally urgent work.

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A considerable number of sanitary improvements have been carried out in connection with properties in accordance with the requirements of notices served from the department, and appended hereto is a table of the principal works executed during the last five years :—

WORK DONE FOR THE IMPROVEMENT OF HOUSES AND PREMISES IN FINCHLEY DURING THE FIVE YEARS ENDING DECEMBER 31st, 1906.

Number of	Old Drains examined, tested, exposed, e	etc.	738
,,	House Drains reconstructed with manhe	oles,	
	intercepting traps, etc		570
,,	Drains repaired, unstopped or cleansed		281
,,	Gully Traps fixed		1349
,,	Soil Pipes and Ventilating Shafts fixed		522
,,	Soil Pipes and Ventilating Shafts repair		
,,	New Waste Pipes fixed, repaired or trap		
,,	New W.C. Apartments erected against		
1	ternal walls		21
,,	New W.C. Basins fixed		769
,,	Existing W.C.'s repaired		84
,,	New Flushing Boxes fitted to W.C.'s		442
	Existing Flushing Boxes repaired		402
"	Defective Roofs, Eaves Gutters, or Sta	ack	
	Pipes repaired		825
,,	Back Yards, Stables or Mews paved		462
,,	Existing Paved Surfaces repaired		202
· ,,]	Rooms in houses and workshops repair	ed.	
	cleansed and limewashed		1352
,, (Cisterns provided, repaired, cleansed,	or	
	covered		262

Number of	Movable Sanitary Dustbins pro	ovided		381
	Nuisances from Overcrowding a	abated		51
,, ,,	Miscellaneous Nuisances abated			693
	Houses closed as unfit for huma	in habit	tation	7
**	Inspections made		20	5883
,,	Notices served			2663
	Letters written		1	
	Letters received and dealt with			1339

HOUSE DRAINAGE.

One of the most important duties which devolves upon your Inspectors is the testing and examination of existing house drains, and the supervision of the reconstruction of such drains when they are found to be defective.

Old drains which for some reason or other are suspected to be in a defective condition are frequently tested with an "Eclipse" smoke machine. While this means of testing is very convenient, it has to be used with caution, for in many cases in which a positive result was not obtained, 1 found upon subsequent examination that the drains were in a dangerously defective condition. It is therefore my practice to deal with a large number of old drains under Section 41 of the Public Health Act, 1875, under which the Local Authority may, subject to certain specified conditions being strictly observed, empower their inspector to enter premises, open up the ground, and examine drains, the state of which is in When the formalities demanded by the section question. above referred to can be observed it is far better to examine drains in this way, because the existing conditions can be accurately determined, and, as a consequence, the work necessary to remedy any defects definitely specified. One serious disadvantage, however, from a public health standpeint, in dealing with defective drains under the section above referred to, is the considerable delay which often unavoidably occurs before statutory notices can be served.

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During the year the old drains of 153 houses and premises were tested and examined by your Inspectors, and, as a result, 116 of these were found to be more or less defective.

The work of reconstructing the drains of 95 houses and premises, and the repairing of 6 existing drains was supervised by your Inspectors. This work involved the laying of 2,102 yards of stoneware, and 300 yards of heavy cast-iron coated pipe drains, 200 stoneware gullies, 61 intercepting traps, 131 w.c. basins, and 60 soil pipes and ventilating shafts were fixed and 71 manholes were built; the whole necessitating the application of 262 water tests and 133 smoke tests.

At the end of the year the work of reconstructing the drains of 21 houses which had been found to be in a defective condition was in progress.

New drains are, in all cases, required to be constructed with salt glazed stoneware, or heavy cast-iron coated pipes, laid on a solid bed of Portland cement concrete. The drains are disconnected from the public sewer by means of approved intercepting traps, and proper means provided for their efficient ventilation, cleansing and testing. As usual, the water test was applied to the drains, both before and after the ground was filled in, and plans were subsequently made by the Inspectors of each drain re-laid, which, together with other necessary particulars, are filed for future reference.

During the year the drains of several houses which were built only a few years ago were found to be in a defective condition, and upon examination, it was discovered that a large number of the collars had become fractured owing to the expansion of the cement used for making the joints. This necessitated the laying of entirely new drains, and under the circumstances, one could not help but sympathise with the owners in respect to the expense they were put to. No difficulty is experienced in making cement joints perfectly water-tight at the time drains are constructed, but experience proves that there is a tendency for Portland cement to expand after the work has been completed and finally tested. It would appear that we have no legal authority to test cement intended to be used for sanitary work, and even if the necessary power could be exercised I very much doubt if it would be practicable to suspend work in connection with occupied houses for a period sufficient to carry out satisfactory tests. It will therefore be apparent that the unreliability of Portland cement as a jointing material for stoneware pipes is a very serious matter, both in the interests of Public Health, and as regards financial considerations to those who have to maintain drains in a sound condition. As stoneware drains cannot be relied upon to remain permanently water-tight I have for some years recommended the use of cast-iron coated pipes, and that this material is becoming increasingly popular is evidenced by the fact that iron pipes were used in several instances during the past year on the initiative of owners themselves.

COMBINED DRAINAGE.

Of the 95 houses redrained during the year 66 were provided for by means of 14 combined systems of drainage. Eight of the main drains, receiving the drainage of some 30 houses, constituted "sewers" within the meaning of the Public Health Acts, and these were reconstructed by the Council at a total cost of £197 1s. 9d. The whole of this work was carried out by contract in accordance with plans and specifications which were prepared by your Inspector.

The relaying of the main drain of 20 houses, for which your Council was also responsible, was in progress at the end of the year, the amount of the tender for the work being $\pounds70$.

Six other combined drains, receiving the drainage of 36 houses, were relaid by the respective owners at their own expense, they being liable for the necessary work.

There are, doubtless, advantages to be derived from constructing house drains on the combined system, and when the houses are in Terraces, and, provided that such drains are arranged with suitable means of access, disconnection, and ventilation, the system has much to recommend it on sanitary grounds. Owing, however, to the interpretation that has been placed on the definitions of "drain" and "sewer" in the Public Health Acts, it is possible, in the event of no alteration being made in the law on the subject, that there will be an increase in the annual expenditure of your Council for the maintenance of certain of these drains as "sewers" within the meaning of the before-mentioned Acts.

In carrying out the examination of combined drains great care has been taken to record, as far as possible, all the facts relating to the question of liability, and the owners have only been requested to execute the necessary works in those cases in which they appeared to be clearly liable. Each of the notices served in this connection has been complied with.

INSPECTION OF WORKSHOPS AND WORKPLACES.

The Workshops and Workplaces on the Register now number 160, as compared with 136 at the of 1905.

Periodical inspections were made during the year to see that the various premises were kept in conformity with the provisions of the Factory and Workshops Act, 1901, and on the occasion of these visits some 62 sanitary defects were discovered. Upon the occupier's attention being called to the before-mentioned defects instructions were given for the execution of the necessary work, which was caried out in due course.

The kitchens and premises in connection with the restaurants have been visited, special attention being given to the food in preparation for sale, the condition of the yards, and provision of suitable impervious receptacles for refuse. A number of the work rooms were measured up by your Inspectors, and the cubical contents of such rooms, together with the number of persons who might be employed in them during ordinary time and overtime, were entered on cards and supplied to the occupiers.

Notices in respect to the occupation of ten workshops were received from His Majesty's Inspector of Factories. Four of these had already been visited by your Inspector, and the other six were inspected and duly registered.

Section 107 of the Factory and Workshops Act requires the occupier of every Factory, Workshop or Place from which any work is given out, to send to the District Council not later than the 1st day of February and the 1st day of August in each year a list furnishing the names and addresses of all outworkers employed by him. As no such lists were received, circular letters were addressed to persons whom it was thought might possibly employ outworkers, and, as a result, only one list was sent in containing two names and addresses. Three other lists were received from outside districts with respect to five outworkers residing in the district.

In one instance permission to inspect a workroom was refused, but on the occupier's attention being called to the fact that he was liable to a penalty for obstructing an Inspector in the execution of his duty under the Act, no further trouble was experienced.

In addition to the Workshops on the Register there are some 20 Factories in the district, most of these being small premises in which few hands are employed, and but little motive power is used. The general provisions of the Act in respect to these premises are administered by H.M. Inspector of Factories, but it is the duty of the local authority under Section 22 of the Public Health Acts Amendment Act, 1890, to see that suitable and sufficient sanitary accommodation is provided.

SLAUGHTERHOUSES AND FOOD INSPECTION.

The number of Slaughterhouses in the district remains the same as last year, namely, eleven. The license of one of these has to be renewed every 12 months, and with this exception, no other application was received during the year for a license for the use or erection of a Slaughterhouse. Frequent inspections of the Slaughterhouses have been made, and the requirements of the byelaws with respect to the cleansing of the premises, removal of offal, quarterly limewashing, etc., have been satisfactorily carried out. The visits, as hitherto, have been timed as far as possible to take place while animals were being killed and dressed for human food, but owing to the Slaughterhouses being situated in different parts of the district, and to the fact that killing is carried on at all hours, it is only possible to inspect a small proportion of the carcases prepared for sale in the different licensed premises. In several instances the organs of animals were found to be unsound owing to some parasitical or other local affection, and these were in each case destroyed. No case of disease involving the destruction of a carcase was discovered, nor was any case of Tuberculosis detected either in bovine animals or pigs. This latter circumstance was somewhat surprising in view of the fact that the existence of Tuberculosis in pigs is common, and for this reason special attention was paid to the carcases coming under the notice of your Inspectors. The lymphatic glands which are most frequently affected were incised, but in every case they were found to be free from disease. In connection with this matter, it is perhaps well to remember that a large proportion of the pork consumed in the district is brought in from the London Markets, where it has already been subjected to expert inspection.

In at least nine of the local Slaughterhouses certain of the carcases are occasionally inflated with air with a view to improving their appearance. This method of dressing, when the blowing is done with the mouth, is a particularly objectionable and filthy practise, and it is to be regretted that Local Authorities have not the legal power to prohibit its use. In four of the Slaughterhouses special pumps, which are obtainable at a low cost, are now in use, and I hope that similar means will be provided in the other premises at an early date.

As the result of an inspection of a farm at North Finchley I found that the occupier was using a portion of his premises for slaughtering pigs for sale. He was, therefore, informed that he was liable to a penalty for using his unlicensed premises for this purpose, and cautioned as to the action the Council would take in the event of the offence being continued.

During the year the butchers', fishmongers', and fruiterers' shops, and other premises where food is prepared or kept for sale for human food, have been inspected from time to time, and whenever insanitary conditions were found to exist, or where food was found to be unsound, or stored in such a manner as to endanger its wholesomeness, such action as was necessary was promptly taken. The number of premises of this character now under inspection is 111, as compared with 63 last year.

The premises now on the Register at which ice cream is sold numbers 28. Part 5 of the County of Middlesex (General Powers) Act, 1906, which came into operation on the 5th November, 1906, will doubtless prove of material aid in dealing with these places. The Act provides that ice cream shall not be stored or sold in any sleeping room, or in any room, cellar, or place which is in a condition likely to render such commodity injurious to health, or in which there is an inlet or opening to a drain. The manufacturer is required to take proper precautions to protect the commodity from infection and contamination, and he must notify the Medical Officer of any outbreak of infectious illness amongst the persons employed in the business. Every itinerant vendor must have the name and address of the manufacturer of such commodity written on a conspicuous part of his barrow.

In one instance, at the request of a local tradesman, I examined four cases of pears, and as they were found to be unsound and unfit for human food they were destroyed.

It is with pleasure that I again acknowledge the ready assistance and the facilities which the various food purveyors in the district have given when their premises have been visited. In one case, however, the proprietor of a fried fish business questioned my authority to inspect the fish which he had in preparation for sale, but upon an explanation being given he withdrew his opposition.

DAIRIES, COWSHEDS, AND MILKSHOPS.

At the end of the year there were 29 Dairies and Milkshops and 11 Cowsheds in the District. The usual periodical inspections of these premises have been maintained, and the necessary steps taken to enforce the observance of the various provisions of your Council's Regulations made under the Dairies, Cowsheds and Milkshops' Order, 1885.

In addition to the dairymen in the district, there are a number of milksellers who come to Finchley to sell milk from neighbouring places, and, as we could exercise but little control over these persons, no steps have as yet been taken to register them as purveyors of milk.

The half-yearly limewashing of the cowsheds and dairies, in cases where their structure is such as to render it desirable, has been carried out, and it has been seldom necessary to call the attention of the occupiers to any contraventions in regard to the cleanliness of the premises or utensils. The condition of the cows, however, in several of the sheds was far from satisfactory, and in these cases the occupiers were warned that they were offending against the requirements of Section 17 of the Council's Regulations, which provides that every purveyor of milk or person selling milk by retail, shall not cause or suffer any cow belonging to him or under his care or control to be milked for the purpose of obtaining milk for sale:

- (a) Unless, at the time of milking, the udder and teats of such cow are thoroughly clean; and
- (b) Unless the hands of the person milking such cow, also, are thoroughly clean, and free from all infection and contamination.

Cautions were also given with respect to cowmen not having washed their hands prior to milking. In this connection it is very satisfactory to note that in one of the larger cowsheds lavatory basins, towels and soap, have been provided for the use of the milkers, and the men who deliver the milk.

The number of cows kept in the district at about the end of the year was 177.

In one of the dairies, the proprietorship of which changed hands, an existing building at the rear of the premises was adapted as a store for milk and other dairy produce, the walls being covered with white tiles and the floor formed with concrete. The drains of one dairy were reconstructed, and the whole of a large yard paved with concrete, and in another dairy a large installation which had been laid down for pasteurising, sterilising and bottling milk was brought into use.

GAME LICENCES.

Twelve applications were received under Section 27 of the Local Government Act, 1894, from tradesmen in the district for licences to deal in game. A licence was granted in each instance.

PETROLEUM ACTS, 1871 TO 1881.

The above Acts provide for the safe keeping of petroleum which, when tested in a prescribed manner, gives off an inflammable vapour at a temperature below 73 degress Fahrenheit.

The ordinary petroleum oil, which is commonly used for burning in lamps, flashes above the temperature of 73 degrees Fahrenheit, and is therefore at present exempt from the operation of the Petroleum Acts.

Eleven applications for licences to keep petroleum were received and reported upon during the year, and in ten instances licences were granted by your Council on the recommendation of the Public Health Committee. In one case the applicant did not carry out his original proposal, but submitted an amended application which was, however, refused, as the method of storage was considered to be dangerous. The applicant thereupon applied for a certificate of the grounds of your Council's objection, in order that he might appeal against the decision to the Secretary of State. He subsequently withdrew his request, and agreed to so arrange his installation that the cause of your Council's objection would be removed. The necessary licence was then granted.

The quantity of petroleum allowed to be kept at each of the licensed stores varies from 20 to 2,000 gallons. These premises have been periodically inspected in order to see that the conditions annexed to the licences were being properly carried out, and it was occasionally necessary to caution several of the licensees with respect to certain infringements.

No application has as yet been received for a licence to keep Carbide of Calcium, which, by an Order in Council made in 1897, was brought within the provisions of the Petroleum Acts. Small quantities of Carbide are, however, kept at most of the Cycle and Motor shops in the district, but in no case was the amount found to be greater than that allowed to be kept without a licence.

Three of the oilmen in the district keep benzine or benzoline for sale, but each of these are exempt from the necessity of having a licence, as the amount kept in each instance does not exceed three gallons, and is stored in the manner prescribed by the Act of 1871.

I am, Gentlemen,

Your obedient servant,

E. J. FRANKLIN.

Chief Sanitary Inspector.



