

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

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The Urban Sanitary District  
OF  
**FINCHLEY.**

**ANNUAL REPORT**  
OF THE  
**Medical Officer of Health**  
FOR THE YEAR 1907,

BY  
**GERARD C. TAYLOR,**  
M A., M D., B.C (CANTAB.), D.P.H.,  
MEDICAL OFFICER OF HEALTH,

TOGETHER WITH THE  
**ANNUAL REPORT**  
OF THE  
**SANITARY INSPECTOR,**

BY  
**E. J. FRANKLIN, A.R., San.I.**

—:O:—

**Finchley:**

WARDEN AND CO., LTD., "Finchley and Hendon Times" Office,  
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*TO THE CHAIRMAN AND MEMBERS OF THE  
FINCHLEY DISTRICT COUNCIL.*

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GENTLEMEN,—

In presenting my report for the past year I would specially draw your attention to the need for additional isolation hospital accommodation to meet the requirements of a population that has increased from 24,000 to over 36,000 since the present arrangements in regard to isolation were made in 1903.

Other matters that have become urgent owing to the growth of the District are the preservation of open spaces and the adoption of some better method for dealing with house refuse.

The work of the Public Health Department has been very heavy at times, and before long additional help will probably be required.

It is with much pleasure I record the thoroughly efficient manner in which your Sanitary Inspector, Mr. Franklin, has carried out his duties, and also the satisfactory work of the Assistant Inspector, Mr. Robinson.

I am, Gentlemen,

Your Obedient Servant,

GERARD C. TAYLOR,

Council Offices,  
Finchley.  
25th March, 1908.

### Vital Statistics—Population and Acreage.

The Registrar-General's method of estimating the population of a district in the intervals between the census years is based on the assumption that the same rate of increase or decrease will hold good as in the previous intercensal period. The population of Finchley at the census of 1891 was 16,647, and at the census of 1901, 22,126. Assuming that the same rate of increase persisted to the middle of the year 1907, the population would then have amounted to 26,432. But the rapid development of the District during recent years renders this method inapplicable, and I have therefore, 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 quarters, 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 at the end of June, 1907, was as follows:—

	Occupied Houses.	Estimated Population.
East Finchley ...	2,577	14,431
North Finchley ...	1,520	8,512
West Finchley ...	1,960	10,976
Whetstone ...	429	2,402
	<hr/>	<hr/>
Total ...	6,486	36,321
	<hr/>	<hr/>



THE NATURAL INCREASE OF THE POPULATION by excess of births over deaths during the year was  $889-357=532$ , compared with 413 in 1906, 458 in 1905, 296 in 1904, and 412 in 1903.

The estimated actual increase in the population of Finchley during recent years has been due chiefly to migration into the District, the actual increase having been very considerably in excess of the so-called natural increase.

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 10.7, at the census of 1901 it was 6.5.

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

East Finchley (1,219 acres),	11.8	people to the acre.
North Finchley (788 „ ),	10.8	„ „
West Finchley (1,002 „ ),	10.9	„ „
Whetstone (373 „ ),	6.4	„ „

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

### Birth-Rate.

During the year 1907 there were 889 births of parishioners registered (including three that occurred in the Union Infirmary at Barnet, and one in the Salvation Army Maternity Home at Hackney), of these 452 were males and 437 were females. The birth-rate per 1,000 of population was 24.48, compared with 25.1 in the preceding year. The average for the ten years 1897 to 1906 was 24.7.

The birth-rate in England and Wales in 1907 was 26.3 per 1,000 of the population, which is lower than the rate in any other year on record. The rate in the 76 Great Towns was 27.0, and in the 142 Smaller Towns 25.7.

### Death-Rate.

GENERAL MORTALITY.—The deaths of 357 Finchley residents occurred during the year, which number includes 183 females and 174 males.

The actual number of deaths that took place in the District was 313, but from this must be deducted 10, that is, the number of non-residents dying in various institutions in the District, whilst 54 must be added to account for the deaths of parishioners in the Union Infirmary and other outlying institutions ( $313 - 10 + 54 = 357$ ). A list of the institutions for which corrections have been made is set out in the latter portion of Table A7 on page 25.

THE RECORDED GENERAL DEATH-RATE was therefore 9.83 per 1,000 of population; in 1906 the rate was 11.7; the average for the ten years 1897—1906 being 10.8.

The death-rate in England and Wales in 1907 was 15.0 per 1,000 of the population, which was lower than the rate in any other year on record. The rate in the 76 Great Towns was 15.4, and in the 142 Smaller Towns 14.5.

THE CORRECTED DEATH-RATE.—In comparing different districts due allowance should be made, whenever possible, for the effect that differences in the sex and age-distribution of the respective populations must have on their rates of mortality. The number 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 is  $9.83 \times 1.05 = 10.32$ .



When calculating the nett death-rate of the District, it has been the custom to exclude deaths occurring in the Convent of the Good Shepherd, East Finchley, and the two associated homes, namely, the Home of the Good Shepherd and St. Joseph's Home, and I have hitherto also excluded the deaths of infants under a year old which have occurred in the Home for Homeless Children, Fallow Corner; but on looking very carefully into the matter I have come to the conclusion that all the residents in the above-named institutions must be regarded as parishioners, and in the returns for 1907 I have included all deaths occurring amongst them.

On comparing Table A with the corresponding table of the preceding year one notes a very marked diminution in the number of deaths of infants from diarrhœa. This was undoubtedly due in the main to the wet summer and autumn, and generally low temperature of these seasons, both of which factors were inimical to the multiplication of disease producing organisms in milk and other food stuffs. The high rates of mortality from Measles and Whooping Cough will be dealt with later in this report.

There was very little difference between the general mortality rate of North Finchley and that of East Finchley, the former rate being 10.4 and the latter 10.2 per 1,000 of estimated population. Whetstone followed with a death-rate of 9.6, and West Finchley with a death-rate of 8.8.

#### RECORDED DEATH-RATE OF EACH SUB-DISTRICT.

	No. of Deaths.	Rate per 1000 of estimated population.
East Finchley ...	148	10.2
North Finchley ...	89	10.4
West Finchley ...	97	8.8
Whetstone ...	23	9.6
District as a whole ...	357	9.83

Table A.

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1907.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							DEATHS IN LOCALITIES (AT ALL AGES).				DEATHS IN PUBLIC INSTITUTIONS.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and Upwards.	North Finchley.	East Finchley.	West Finchley.	Whet- stone.	
Small-pox .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Measles .. ..	16	7	7	2	..	..	..	..	14	2	..	..
Scarlet Fever ..	2 <sup>1</sup> <sub>2</sub>	..	1	1	..	..	..	1	..	1	..	..
Whooping Cough ..	14	7	7	..	..	..	..	2	10	1	1	..
Diphtheria and Mem- branous Croup ..	4	..	2	2	..	..	..	2	2	..	..	..
Croup .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Fever } Typhus .. ..	..	..	..	..	..	..	..	..	..	..	..	..
} Enteric .. ..	2	..	..	..	..	2	..	1	1	..	..	..
} Other continued ..	..	..	..	..	..	..	..	..	..	..	..	..
Epidemic Influenza ..	9	1	..	1	2	2	3	1	4	4	..	3
Cholera .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Plague .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhoea .. ..	7	7	..	..	..	..	..	2	3	1	1	..
Enteritis .. ..	1	..	..	1	..	..	..	..	1	..	..	..
Puerperal Fever ..	1	..	..	..	1	..	..	..	1	..	..	..
Erysipelas .. ..	1	..	..	..	..	1	..	1	..	..	..	..
Other Septic Diseases ..	10	..	..	2	2	5	1	3	2	3	2	..
Phthisis .. ..	21	1	..	..	5	15	..	5	10	5	1	2
Other Tubercular Diseases	9	4	4	..	..	1	..	3	3	3	..	..
Cancer, Malignant Diseases .. ..	32	..	..	..	1	21	10	4	18	9	1	1
Bronchitis .. ..	32	8	1	..	..	4	19	9	12	7	4	2
Pneumonia .. ..	26	11	5	1	1	4	4	9	8	7	2	2
Pleurisy .. ..	2	..	..	..	1	1	..	..	..	2	..	..
Other Diseases of Respi- ratory Organs ..	3	..	..	..	..	1	2	1	..	2	..	..
Alcoholism .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Cirrhosis of Liver } ..	4	..	..	..	..	3	1	2	1	1	..	1
Venereal Diseases ..	1	1	..	..	..	..	..	..	1	..	..	..
Premature Birth ..	14	14	..	..	..	..	..	6	4	4	..	..
Diseases and Accidents of Parturition .. ..	2	..	..	..	1	1	..	..	2	..	..	..
Heart Disease .. ..	38	1	..	..	3	18	16	13	12	11	2	3
Accidents .. ..	2	..	..	..	1	..	1	..	..	2	..	..
Suicides .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Old Age .. ..	20	..	..	..	..	..	20	5	9	3	3	..
All other causes ..	84	22	6	3	1	18	34	19	30	29	6	8
All causes .. ..	357	84	33	13	19	97	111	89	148	97	23	22



Table A1.

SHOWING THE CAUSES OF DEATH AMONGST PARISHIONERS IN THE DISTRICT OF  
FINCHLEY DURING EACH OF THE FOUR QUARTERS OF THE YEAR 1907.

CAUSES OF DEATH.	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Totals.	1906.
Small-pox ... ..	...	...	...	...	...	...
Measles ... ..	1	13	1	1	16	7
Scarlet Fever ... ..	...	1	...	1	2	5
Whooping-cough ... ..	1	9	2	2	14	1
Diphtheria & Membranous Croup	3	...	...	1	4	3
Croup ... ..	...	...	...	...	...	...
Fevers { Typhus ... ..	...	...	...	...	...	...
{ Enteric ... ..	...	...	...	2	2	...
{ Other continued ... ..	...	...	...	...	...	...
Epidemic Influenza ... ..	6	3	...	...	9	7
Cholera ... ..	...	...	...	...	...	...
Plague ... ..	...	...	...	...	...	...
Diarrhoea ... ..	2	...	2	3	7	31
Enteritis ... ..	...	...	1	...	1	1
Puerperal Fever ... ..	1	...	...	...	1	2
Erysipelas ... ..	...	...	...	1	1	...
Other Septic Diseases ... ..	5	2	...	3	10	7
Phthisis ... ..	6	5	7	3	21	30
Other Tubercular Diseases ... ..	2	2	3	2	9	15
Cancer, Malignant Disease ... ..	12	3	10	7	32	24
Bronchitis ... ..	15	6	3	8	32	16
Pneumonia ... ..	16	5	...	5	26	28
Pleurisy ... ..	1	1	...	...	2	...
Other Diseases of Respiratory Organs ... ..	...	1	...	2	3	...
Alcoholism, Cirrhosis of Liver ... ..	2	2	...	...	4	2
Venereal Diseases ... ..	...	1	...	...	1	1
Premature Birth ... ..	6	2	4	2	14	19
Diseases & Accidents of Parturition ... ..	...	2	...	...	2	2
Heart Diseases ... ..	16	9	8	5	38	29
Accidents ... ..	...	1	1	...	2	6
Suicides ... ..	...	...	...	...	...	1
Old Age ... ..	7	3	4	6	20	23
All Other Causes ... ..	37	19	14	14	84	100
Totals ... ..	139	90	60	68	357	360

Table A2.—SHOWING THE DISTRICT MORTALITY FOR EACH QUARTER OF 1907.

				NORTH.					EAST.					WEST.					WHETSTONE.						
				Quarters.				Total	Quarters.				Total	Quarters.				Total	Quarters.				Total		
				1	2	3	4		1	2	3	4		1	2	3	4		1	2	3	4			
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	1	13	...	...	14	...	...	1	1	2	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	1	...	...	1	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	2	2	...	9	1	...	10	1	...	...	...	1	...	...	1	...	...	1	...	1
Diphtheria and Membranous Croup	...	2	...	...	...	...	2	1	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric	...	...	...	...	1	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Epidemic Influenza	...	1	...	...	...	1	3	1	...	...	4	2	2	...	...	4	...	...	...	...	...	...	...	...	...
Diarrhoea	...	1	...	...	1	2	1	...	1	1	3	...	...	...	1	1	...	...	1	...	...	1	...	1	1
Enteritis	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Septic Diseases	...	...	2	...	1	3	2	...	...	...	2	2	...	...	1	3	1	...	...	...	1	...	...	1	2
Phthisis	...	1	2	1	1	5	3	3	3	1	10	2	...	2	1	5	...	...	1	...	...	...	...	1	1
Other Tubercular Diseases	...	...	...	3	...	3	1	1	...	1	3	1	1	...	1	3	...	...	...	...	...	...	...	...	...
Cancer	...	1	2	1	...	4	8	1	4	5	18	2	...	5	2	9	1	...	...	...	...	...	...	1	...
Bronchitis	...	5	1	1	2	9	4	2	2	4	12	4	2	...	1	7	2	1	...	...	1	...	1	4	...
Pneumonia	...	5	1	...	3	9	5	2	...	1	8	4	2	...	1	7	2	...	...	...	...	...	...	...	2
Pleurisy	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...	...	...	...	...	...	...
Other Respiratory Diseases	...	...	...	...	1	1	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...
Alcoholism and Cirrhosis	...	1	1	...	...	2	1	...	...	...	1	...	1	...	...	1	...	...	...	...	...	...	...	...	...
Venereal	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Premature Birth	...	1	1	3	1	6	2	...	1	1	4	3	1	...	...	4	...	...	...	...	...	...	...	...	...
Diseases and Accidents of Parturition	...	...	...	...	...	...	...	2	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heart Diseases	...	4	4	3	2	13	7	1	3	1	12	4	4	2	1	11	1	...	...	...	...	1	...	1	2
Accidents	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	...	...	...	...	...	...	...	...	...
Suicides	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Old Age	...	3	...	1	1	5	1	3	2	3	9	2	...	...	1	3	1	...	1	...	1	1	...	1	3
All Other Causes	...	7	7	2	3	19	13	5	5	7	30	16	4	7	2	29	1	3	...	2	...	...	...	...	6
Totals	...	32	22	15	20	89	54	44	23	27	148	44	20	18	15	97	9	4	4	6	23	...	...	...	...



### 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 1907 there were 84 deaths of infants under one year of age registered in the District, as compared with 889 births. The proportion which the deaths under one year of age bear to 1,000 registered births is therefore 94.49. The average for the preceding ten years was 115.28.

The corresponding rate in England and Wales in 1907 was 118, in the 76 Great Towns it was 127, and in the 142 Smaller Towns it was 122.

On comparing the infantile mortality returns of Finchley in 1906 and 1907 one notes a satisfactory falling off in the number of deaths during the latter year, amounting to 23.2 per 1,000 births. Very few deaths from diarrhoeal diseases occurred in 1907, and had there been no serious outbreak of Measles or Whooping Cough the total mortality rate would have been the lowest recorded in the District, though still considerably in excess of the low rate which should be attainable.

Intentional neglect appears to be comparatively rare, but in all efforts to reduce the rate of infantile mortality one has to contend with much unconscious ignorance on the part of many parents in regard to the proper feeding and care of their children. Inadequate housing undoubtedly has an injurious effect on children's health, but is relatively of secondary importance.

In the following table the deaths under one year of age are grouped according to the rateable value of the houses occupied by the parents. This particular grouping has been adopted as a means of indicating the effects of "social conditions" generally, including not only income, house accommodation, and education, but other dependent conditions.



In Class 1 only a few of the houses are 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 1 year per 1000 births.
Class 1, over £50 ...	56	6	107
Class 2, £30 to £50 ...	132	8	61
Class 3, under £30 ...	701	70	100
Entire District ...	889	84	94

In Classes 1 and 2 the numbers dealt with are small, consequently a few deaths more or less must make a very considerable difference in the rates of mortality, and any deductions based on the figures of a single year are apt to be misleading.

In Class 3 we find nearly 80 per cent. of the births in the District and over 80 per cent of the deaths under one year of age. The contrast between the infantile mortality rate in houses occupied by one family and the similar rate in houses occupied by more than one family is specially worth noting.

Sub-Division of Class 3, rateable value under £30.

Houses occupied by	Births registered.	Deaths under 1 year.	Deaths under 1 year per 1000 births.
One family ...	333	26	78
Two or more families	295	41	139
Tenements with separate entry ...	73	3	44
Total ...	701	70	100

The NOTIFICATION OF BIRTHS ACT, 1907, makes provision for a notice of every birth (including still-births) in a district to be sent to the Medical Officer of Health within thirty-six hours after the birth. The father of the child, if actually

residing in the house where the birth takes place at the time of its occurrence, and any person in attendance upon the mother at the time of, or within six hours after the birth, are responsible for the notification being sent. The Act is adoptive by any District Council, but the adoption can only become effective with the sanction of the Local Government Board.

This Act in no way supersedes the Registration of Births and Deaths Act, 1874, which requires information concerning the birth of every child born alive to be given to the Registrar within forty-two days next after the birth.

The Act of 1907 is intended to assist local authorities in their endeavours to reduce the rate of infantile mortality. It has been found that the advice of properly trained health visitors is of much assistance to mothers in the poor districts of some of the large towns; but in many cases news of a birth only reaches the Health Department through the Registrar's returns, hence there may be a delay of two months, and in many instances the birth of the infant is not registered until after its death.

Although the rate of infantile mortality in Finchley is comparatively low, many of the deaths are due to preventable causes, and I had consequently no hesitation in recommending the adoption of the Act in this District, and also the appointment of a lady to act jointly as health visitor and school nurse. The proposed duties of the lady were very fully discussed at an unofficial meeting held at the Council Offices in November last, to which all the doctors residing in the District were invited, and I gladly acknowledge the assistance given me not only by the doctors who were present but also by several who were unable to attend the meeting.

The Council has since agreed to adopt the Act, and the Local Government Board has given consent for the resolution of adoption to take effect at an early date (April 1908).



Following the lines recommended at the meeting in November last, I would suggest that—

1. The form of notice which must be supplied to any medical practitioner or midwife residing or practising in the District, who applies for the same, should not be printed on a post card but on a sheet of paper capable of being securely closed before being returned to the Medical Officer of Health, so as to ensure privacy.

2. The doctors should be asked to intimate whether a visit by the Health Visitor is or is not desirable.

3. In cases where no note is made as to the desirability or otherwise of a visit, the decision should in every instance be made by the Medical Officer of Health, and not be left to the judgment of the Health Visitor.

Table A3.

SHOWING THE CAUSES OF INFANTILE MORTALITY IN THE DISTRICT DURING  
EACH OF THE FOUR QUARTERS OF THE YEAR 1907.

Cause of Death.				1st Quar.	2nd Quar.	3rd Quar.	4th Quar.	Totals.
All Causes	{ Certified ...	...	...	24	26	15	19	84
	{ Uncertified	...	...	...	..	..	..	..
Common Infectious Diseases	{ Small-pox	...	..	..	..	..	..	..
	{ Chicken-pox	...	...	..	..	..	..	..
	{ Measles ...	...	...	..	5	1	1	7
	{ Scarlet Fever	...	...	..	..	..	..	..
	{ Diphtheria : Croup	...	...	..	..	..	..	..
Diarrhoeal Diseases	{ Whooping Cough ...	...	...	1	3	2	1	7
	{ Diarrhoea, all forms	...	...	..	..	1	2	3
	{ Enteritis (not Tuberculosis)	...	...	1	..	1	1	3
	{ Gastritis, Gastro-intestinal	...	...	..	..	..	..	..
Wasting Diseases	{ Catarrh	...	...	1	..	..	..	1
	{ Premature Birth ...	...	...	6	2	4	2	14
	{ Congenital Defects	...	...	..	3	1	2	6
	{ Injury at Birth ...	...	...	1	..	..	..	1
	{ Want of Breast-milk	...	...	..	..	..	..	..
Tuberculous Diseases	{ Atrophy, Debility, Maras-	...	...	..	..	..	..	..
	{ mus ...	...	...	1	2	..	2	5
	{ Tuberculous Meningitis	...	...	..	1	1	..	2
	{ Tuberculous Peritonitis	...	...	..	..	..	..	..
	{ Tabes Mesenterica	...	...	..	1	..	...	1
	{ Other Tuberculous Diseases	...	...	..	..	1	1	2
	{ Erysipelas	...	...	..	..	..	..	..
	{ Syphilis ...	...	...	..	1	..	..	1
	{ Rickets ...	...	...	..	1	..	..	1
	{ Meningitis (not Tuberculous)	...	...	1	1	..	..	2
	{ Convulsions	...	...	..	..	..	2	2
	{ Bronchitis	...	...	2	2	2	2	8
	{ Laryngitis	...	...	..	..	..	..	..
	{ Pneumonia	...	...	6	2	..	3	11
	{ Suffocation over-laying	...	...	..	..	..	..	..
	{ Other Causes	...	...	4	2	1	..	7
Total ...				24	26	15	19	84



**Table A 4.**—INFANTILE MORTALITY DURING THE YEAR 1907.

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

CAUSE OF DEATH.				Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes.	Certified	..	... All	18	3	5	4	30	12	3	3	4	3	7	9	2	4	5	2	84
	Uncertified	...	... None	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Common Infectious Diseases.	Small pox	...	...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Chicken pox	...	...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Measles	...	...	..	..	1	1	2	..	1	..	..	2	..	1	..	1	..	..	7
	Scarlet Fever	...	...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Diphtheria (including Membranous Croup)	...	...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Whooping Cough	...	...	..	..	..	..	..	..	1	..	1	1	2	1	1	..	..	..	7
	Diarrhœa, all forms	...	...	..	..	..	..	..	..	1	..	1	..	1	..	..	..	..	..	3
Diarrhœal Diseases.	Enteritis, (not Tuberculous)	...	...	..	..	..	..	..	2	..	1	..	..	..	..	..	..	..	..	3
	Gastritis, Gastro intestinal Catarrh	...	...	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
	Premature Birth	...	...	11	..	..	..	11	2	1	..	..	..	..	..	..	..	..	..	14
Wasting Diseases	Congenital Defects	...	...	1	..	3	..	4	1	..	1	..	..	..	..	..	..	..	..	6
	Injury at Birth	...	...	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
	Want of Breast milk	...	...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Starvation	...	...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculous Diseases	Atrophy, Debility	...	...	1	1	..	..	2	2	..	..	..	..	1	..	..	..	..	..	5
	Marasmus	...	...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Tuberculous Meningitis	...	...	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	2
	Tuberculous Peritonitis	...	...	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
	Tabes Mesenterica	...	...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Other Tuberculous Diseases	...	...	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	2
	Erysipelas	...	...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(not Tuberculous)	Syphilis	...	...	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
	Rickets	...	...	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
	Meningitis	...	...	..	1	..	..	1	..	..	..	..	..	1	..	..	..	..	..	2
	Convulsions	...	...	1	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	2
	Bronchitis	...	...	..	..	..	3	3	1	..	..	..	..	1	1	..	1	1	..	8
	Laryngitis	...	...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Pneumonia	...	...	..	..	..	..	..	3	..	2	..	..	1	..	2	2	1	..	11
	Suffocation, overlying	...	...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Other Causes	...	...	3	..	1	..	4	..	1	..	..	..	1	..	..	1	..	..	7
				18	3	5	4	30	12	3	3	4	3	7	9	2	4	5	2	84

District of Finchley

Population estimated to middle of 1907 36,321.

 Births in the Year { Legitimate, 873 }  
                               { Illegitimate, 16 }

Deaths from all Causes at all Ages, 357.



### Senile Mortality.

Of the 357 deaths of Finchley parishioners, 90 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 25.2 per cent. In 1906 the percentage was 23.1, and in 1905, 23.0.

	65 and under 70.	70 and under 80.	80 and under 90.	90 and upwards.	Total.
First Quarter	10	23	14	3	50
Second Quarter	5	14	1	—	20
Third Quarter	3	8	3	1	15
Fourth Quarter	3	14	9	—	26
	—	—	—	—	—
Total	21	59	27	4	111
	—	—	—	—	—

### 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 in 1907 was 1.22, as contrasted with 1.53 in 1906, and 0.63 in 1905. The average for the ten years 1897 to 1906 was 1.25.

The incidence and fatality of the above-named diseases are dealt with later in this report.

## Deaths in Various Institutions within the District.

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Total.
Home for Homeless Children, Fallow Corner	—	1	—	1	2
National Hospital Con- valescent Home, East Finchley	3	—	2	2	7
Woodside Home, Whetstone	3	—	1	2	6
Convent of the Good Shepherd, East Finchley	1	—	1	—	2
Home of the Good Shepherd, East Finchley	1	1	3	—	5
St. Joseph's Home, East Finchley	—	—	—	—	—
	—	—	—	—	—
	8	2	7	5	22
	—	—	—	—	—

### The Public Mortuary.

Twenty-seven bodies were deposited during the year in the Public Mortuary in Summers Lane, as against nineteen in the preceding year; seventeen of these had been parishioners of Finchley, six of Friern Barnet, one of High Barnet, one of Newcastle-on-Tyne, and in the case of two infants found dead the home was unknown.

#### INQUESTS, 1907.

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Total.
Heart disease ...	7	1	1	1	10
Phthisis ...	1	—	—	—	1
Pneumonia ..	2	—	—	—	2
Acute bronchitis ...	—	—	—	1	1
Found drowned ...	1	—	—	—	1
Fractured thigh ...	—	1	—	—	1
Cerebral hæmorrhage	—	1	—	1	2
Under anæsthetic ...	—	—	1	—	1
Convulsions ...	—	—	—	1	1
Persistent thymus ..	—	—	—	1	1
Infants found dead	—	—	1	1	2
	—	—	—	—	—
	11	3	3	6	23
	—	—	—	—	—



Table A5.

SHOWING THE MORTALITY IN FINCHLEY FROM THE PRINCIPAL EPIDEMIC DISEASES DURING A SERIES OF YEARS.

Estimated Population.				Small-pox.	Measles.	Scarlet Fever.	Diphtheria and Membranous Croup.	Whooping-cough.	Fever.	Diarrhoea.	Total Deaths.	Rate to every 1,000 Persons.
Mean of 1871—1880				...	...	...	...	...	...	...	...	2.13
Ditto of 1881—1890				...	...	...	...	...	...	...	...	1.60
Ditto of 1891—1900				...	...	...	...	...	...	...	...	1.53
1891	...	...	16,419	...	...	...	3	10	1	6	20	1.21
1892	...	...	17,002	...	4	2	6	...	1	11	24	1.41
1893	...	...	17,500	...	18	4	12	10	1	4	49	2.80
1894	...	...	18,015	1	5	...	4	11	1	4	26	1.44
1895	...	...	18,598	...	1	...	2	11	3	5	22	1.18
1896	...	...	19,218	...	1	...	5	5	2	11	24	1.24
1897	...	...	20,164	...	11	...	1	4	2	16	34	1.69
1898	...	...	20,907	...	6	...	...	6	3	24	39	1.86
1899	...	...	21,800	1	...	...	6	7	...	16	30	1.37
1900	...	...	22,750	...	1	2	1	9	6	8	27	1.18
1901	...	...	22,500	...	12	...	2	1	3	6	24	1.06
1902	...	...	23,400	...	2	1	4	9	1	7	24	1.02
1903	...	...	24,125	...	1	...	3	5	...	4	13	0.54
1904	...	...	25,564	...	17	1	3	10	...	13	44	1.72
1905	...	...	28,716	...	...	...	2	8	1	7	18	0.63
1906	...	...	30,750	...	7	5	3	1	...	31	47	1.53
Mean of 1897 - 1906 24,057				0.1	5.7	0.9	2.5	6.0	1.6	13.2	30.0	1.24
1907	...	...	36,321	...	16	2	4	14	2	7	45	1.22

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, 1907.

		General Death Rate.	Rate of Infantile Mortality.	Birth-Rate.	Zymotic Death- Rate.
England and Wales	...	15·0	118	26·3	1·26
The 76 Great Towns	...	15·4	127	27·0	1·54
London Generally	...				
The Finchley District	..	9·8	94·5	24·5	1·22

  

		Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	"Fever."	Diphtheria.	Diarrhoea and Dysentery.
England and Wales	...	0·00	0·36	0·09	0·29	0·07	0·16	0·29
London Generally	...							
The 76 Great Towns	...	0·00	0·43	0·12	0·35	0·07	0·17	0·40
The Finchley District	...	0·00	0·44	0·05	0·38	0·05	0·11	0·19



Table A7.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1907 AND PREVIOUS YEARS.

YEAR.	Population estimated to middle of each year.	BIRTHS.		Total Deaths Registered in the District.				Deaths in Public Institutions in the District.	Deaths of Non residents registered in the District.	Deaths of Residents registered beyond District	DEATHS AT ALL AGES NETT.	
		Number	* Rate	Under one year.		All Ages.					Number.	* Rate.
				Number.	Rate per 1,000 Births registered.	Number.	* Rate.					
1	2	3	4	5	6	7	8	9	10	11	12	13
1891 ...	16,419	484	29.5	42	86.8	...	...	...	...	...	182	11.1
1892 ...	17,002	477	28.0	43	90.1	...	...	...	...	...	207	12.2
1893 ...	17,500	486	27.7	52	107.0	224	12.4	...	...	...	231	13.2
1894 ..	18,015	515	28.6	57	110.7	...	...	...	17	14	221	12.2
1895 ...	18,598	466	25.0	46	98.7	220	11.8	...	21	11	210	11.3
1896 ...	19,218	496	25.8	46	92.7	197	10.2	...	9	12	200	10.4
1897 ...	20,064	501	24.4	51	101.8	204	10.1	...	11	12	205	10.2
1898 ...	20,907	498	23.8	68	136.5	216	10.4	...	10	12	218	10.4
1899 ...	21,800	507	23.2	56	110.4	246	11.3	...	19	22	249	11.4
1900 ...	22,750	522	23.9	58	111.1	244	10.7	...	17	17	244	10.7
1901 ...	22,500	540	24.0	53	98.1	211	9.4	...	12	20	219	9.7
1902 ...	23,400	578	24.7	54	93.4	269	11.5	...	27	17	259	11.0
1903 ...	24,125	648	26.8	59	91.3	220	9.1	...	15	29	234	9.7
1904 ...	25,564	614	24.8	87	137.2	325	12.7	14	14	27	338	13.2
1905 ...	28,716	743	25.9	68	91.5	266	9.3	19	11	30	285	9.9
1906 ..	30,750	773	25.1	91	117.7	337	11.0	25	22	45	360	11.7
Averages for years 1897-1906	24,057	594	24.7	64	107.7	253	10.5	...	15	23	261	10.8
1907 ...	36,321	889	24.5	84	94.5	313	8.6	22	10	54	357	9.8

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 subtraction 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 these 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.

Area of district in acres (exclusive of area covered by water),	3,384	Total population at all ages — 22,126	At Census of 1901.
		Number of Inhabited Houses — 3,949	
		Average number of persons per house ... — 5.6	

<sup>1</sup> Institutions within the District receiving sick and infirm persons from outside the District.	<sup>2</sup> Institutions outside the District, receiving sick and infirm persons from the District
Woodside Home, Whetstone National Hospital, Convalescent Home, East Finchley. Small pox Isolation Hospital.	Union Infirmary, Barnet. Hornsey Isolation Hospital. Great Northern Hospital, Holloway. Children's Hospital, Great Ormond Street. St. Thomas' Hospital. University College Hospital. Middlesex Hospital. St. Bartholomew's Hospital. Charing Cross Hospital. West London Hospital. Tottenham Hospital. Barnet Cottage Hospital. Middlesex County Asylum, Napsbury. Her Majesty's Hospital, Stepney. Friedenhiem Hospital, Hampstead. Salvation Army Maternity Home, Hackney. St. Pancras Workhouse.

The Union Workhouse is situated in the Barnet Urban District.



## Infectious Diseases and the Measures taken to Prevent their Spread.

During the year 1907 the number of notification certificates received from medical practitioners was 216, as against 190 in the preceding year, 140 in 1905, and 265 in 1904.

The Infectious Sickness Rate of the District was 5.9 to each 1,000 of the population, compared with 6.2 in 1906, 4.9 in 1905, and 10.3 in 1904. The average for the ten years 1897 to 1906 was 6.5.

The 216 cases represented infection in 167 different houses.

The cases removed to Hospital numbered 117, that is 54 per cent. of those notified, which is about the average proportion for recent years.

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 9th, 1907	10	2	—	12
January 30th	12	4	—	16
February 19th	13	8	—	21
March 13th	17	6	—	23
April 29th	13	7	—	20
May 17th	10	5	—	15
June 10th	3	8	—	11
July 1st	3	8	1	12
July 19th	6	6	1	13
August 31st	5	3	—	8
October 14th	11	4	1	16
November 1st	20	4	—	24
November 23rd	21	4	—	25
December 12th	18	5	1	24



DISINFECTION OF PREMISES, ETC.—As soon as possible after a patient is removed to Hospital, or, when the patient is nursed at home, directly the medical attendant notifies that the patient is free from infection, the room is fumigated with formic aldehyde vapour, and the bedding, blankets, and wearing apparel which cannot be conveniently washed 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.—This is done in order to assist the School Authorities in excluding children coming from an infected house.

ISOLATION HOSPITAL.—The 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.

The rapid growth of the District has rendered the present hospital provision altogether inadequate, and it is very desirable to obtain additional accommodation as soon as possible. According to the generally accepted standard of at least one bed per 1,000 of population, we should have close on 40 beds available at the present time, even without making any allowance for further growth of the District.

OTHER PRECAUTIONARY MEASURES.—At least one visit is paid to every infected house by either the Medical Officer of Health or Sanitary Inspector, and the opportunity taken to examine the sanitary condition of the premises.

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

### Bacteriological Diagnosis.

During the year 1907, 61 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	...	21	25	46
Enteric	...	4	3	7
Phthisis	..	3	5	8

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

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 was taken in 15 instances during the past year, compared with 7 in 1906.



Table B.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1907.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							TOTAL CASES NOTIFIED IN EACH LOCALITY.				NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.				
	At all Ages.	At Ages—Years.						1 East Finchley.	2 West Finchley.	3 North Finchley.	4 Whetstone.	1 East Finchley	2 West Finchley.	3 North Finchley	4 Whetstone.	Total.
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards.									
Small-pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria ..	59	..	24	23	10	2	..	26	12	20	1	15	5	17	1	38
Membranous Croup	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas..	24	1	2	3	..	12	6	12	4	6	2	..	..	..	..	..
Scarlet Fever ..	125	..	36	76	4	9	..	32	58	24	11	17	32	17	10	76
Enteric Fever ..	6	..	..	..	1	5	..	5	..	1	..	3	..	..	..	3
Typhus Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Relapsing Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever ..	2	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..
Plague ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	216	1	62	102	16	29	6	76	75	51	14	35	37	34	11	117



Table B1.

SHOWING THE NUMBER OF CASES AND DEATHS FROM THE PRINCIPAL  
INFECTIOUS DISEASES NOTIFIED FROM AMONG PARISHIONERS  
DURING THE YEAR 1890—1907 (INCLUSIVE).

	Small-pox.		Scarlet Fever.		Diphtheria and 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	2	12	1
1901	7	1	98	...	21	2
1902	15	1	115	1	31	3
1903	...	...	67	...	72	3
1904	...	...	161	1	68	3
1905	...	...	85	...	32	2
1906	...	...	128	5	30	3
1907	...	...	125	2	59	4
	Erysipelas.		Puerperal Fever.		Typhoid Fever.	
	Cases	Deaths.	Cases	Deaths	Cases.	Deaths.
1890	16	...	...	...	7	1
1891	14	...	1	...	3	1
1892	17	...	2	...	3	1
1893	38	...	1	..	14	1
1894	22	...	4	4	12	1
1895	15	2	1	1	12	3
1896	14	...	1	...	12	2
1897	15	...	2	...	13	2
1898	6	...	...	...	9	3
1899	14	2	2	2	12	...
1900	16	2	1	...	7	3
1901	10	...	...	...	15	3
1902	13	1	1	1	13	1
1903	15	...	1	...	4	...
1904	30	2	2	2	4	...
1905	15	...	...	...	8	1
1906	18	...	3	2	11	...
1907	24	1	2	1	6	2

Table B2.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING EACH MONTH  
OF THE YEAR 1907.

		Diphtheria.	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Fever.	Totals.
January .. ..	..	4	3	12	—	—	19
February .. ..	..	8	1	16	—	1	26
March .. ..	..	5	3	8	—	—	16
April .. ..	..	8	1	8	—	—	17
May .. ..	..	7	2	1	—	—	10
June .. ..	..	2	—	4	1	—	7
July .. ..	..	3	—	9	1	—	13
August .. ..	..	2	2	1	—	—	5
September .. ..	..	6	3	9	1	—	19
October .. ..	..	6	4	15	2	—	27
November .. ..	..	4	3	23	—	1	31
December .. ..	..	4	2	19	1	—	26
Totals .. ..	..	59	24	125	6	2	216



### **Scarlet Fever or Scarlatina.**

With the exception of the months of May and June, scarlet fever was prevalent throughout the year, and every part of the district was affected. Relative to population, as well as actually, the largest number of cases occurred in West Finchley.

The 125 cases notified in the whole of Finchley during 1907 represented infection in 83 different houses. So far as could be ascertained, the disease was spread by direct infection from one patient to another. The school attendances were never seriously affected.

The year was one in which scarlet fever was exceptionally prevalent in London, and this probably accounted in no small degree for the large number of cases notified in surrounding areas.

The great majority of the cases were of a mild type, but in a few instances the symptoms were serious from the commencement of the illness, and two children died.

### **Diphtheria.**

The number of cases notified in 1907 was 59, giving a rate per 1,000 of population slightly above the average of the preceding ten years. In four instances the disease terminated fatally. The number of different houses invaded was 52. No serious outbreak occurred in any of the schools.

### **Typhoid or Enteric Fever.**

Six 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.

Two of the six patients died.



### Measles.

For many years the experience of Finchley has been similar to that of other urban districts containing a large number of children, and having intimate daily communication with big centres of population, that is, the occurrence of localised outbreaks at frequent intervals, and every few years an outbreak tending to assume epidemic prevalence.

From the accompanying table, covering a period of seventeen years, it will be seen that in every third or fourth year the mortality from measles in this district has risen considerably above the average:—

#### Mortality from Measles during a period of 17 years.

	Estimated Population.	Number of Deaths.	Rate per 1000 of Population.
1891	16,419	0	...
1892	17,002	4	.23
1893	17,500	18	1.03
1894	18,015	5	.28
1895	18,598	1	.05
1896	19,218	1	.05
1897	20,064	11	.55
1898	20,907	6	.29
1899	21,800	0	...
1900	22,750	1	.04
1901	22,500	12	.53
1902	23,400	2	.08
1903	24,125	1	.04
1904	25,554	17	.66
1905	28,718	0	...
1906	30,750	7	.23
Average of 16 years 1891—1906	21,708	5.4	.25
1907	36,321	16	.44

These mortality rates may be taken as a fairly approximate indication of the relative prevalence of measles in various years, though the absence of deaths does not necessarily point to the absence of an outbreak—thus in 1905, although no deaths were recorded, it was considered advisable to close the infants' department of one school, and both departments of another, owing to the large number of families affected.

Reviewing the reports of the past three years, I find that Measles was very prevalent in all parts of Finchley during the first half of the year 1904. In the following year the disease gave rise to little trouble. In 1906, seven deaths from Measles occurred during the first half of the year, but none in the second half.

On December 17th, 1906, after a considerable interval of apparent freedom from cases of Measles, a case came to my notice in a family attending the East Finchley Council School, the next case I heard of was in North Finchley on January 25th, 1907. By the end of February cases had occurred at each of the eight public elementary schools in the District, with the exception of the Higher Elementary School. The existence of a considerable number of cases of Whooping Cough, German Measles, and Chicken-pox also helped to reduce the school attendances, and between the end of February and beginning of June five out of seven infants' departments and three of the mixed schools were closed for various periods, in each instance mainly on account of Measles or Measles associated with Whooping Cough. St. John's School was closed all through March on account of Chicken-pox, and when re-opened Measles made but little headway in the school till towards the close of the year; at the beginning of November, however, Measles was spreading rapidly and it was found necessary to close the Infants' Department.



The chief incidence of the disease occurred in East Finchley, but the outbreak was not limited to that Sub-District, nor to families attending the public elementary schools. The epidemic appears to have reached its height about the end of May.

There were sixteen deaths from Measles during the year, in two instances complicated by Whooping Cough.

In February there was 1 death.

In April there were 7 deaths.

In May there were 3 deaths.

In June there were 3 deaths.

In September there was 1 death.

In November there was 1 death.

Two other deaths were certified as due to Measles and Whooping Cough, but as Whooping Cough was the primary cause of death in both instances, these deaths have been grouped under the latter heading instead of Measles.

All the deaths were of children under seven years of age:—

7 were under one year of age.

2 were between one and two years.

2 were between two and three years.

1 was between three and four years.

2 were between four and five years.

1 was between five and six years.

1 was between six and seven years.

Fifteen of the deaths occurred in the East Finchley Sub-District, and one in Church End.

Ten of the deaths were of children of day labourers. The conditions of housing were on the whole fairly satisfactory. There were two deaths in fairly good-class flats,



seven in small houses not usually sub-let, six in small houses usually sub-let, and one in the Council's workmen's dwellings.

Throughout the epidemic I paid frequent visits to the schools, and found that great care and judgment were exercised by the teachers in the exclusion of children suspected to be sickening for Measles. Lists containing the names and addresses of all children excluded from school on account of infectious disease were sent to me every few days from the Education Office, and proved of considerable assistance.

Considering the most important point in dealing with an outbreak of Measles was to induce parents to realise the danger of lung complications and the need for care throughout the illness and convalescence, I drafted a short leaflet for distribution, and arranged for a copy to be left at each house where the School Attendance Officers learnt there was a case of Measles. This method of gaining the attention of the parents was begun in January, and later on when it was found necessary to close several schools, copies were given to the children to take home to their parents.

The question of the compulsory notification of Measles came before the Public Health Committee on September 7th, 1906, and my report on the matter was as follows:—

“ In regard to Measles much of the benefit of notification is negatived by the initial symptoms being often identical with those of a severe cold in the head, and by the fact that the disease is communicable for several days before the rash appears, thus allowing ample opportunity for the disease to spread before it is even suspected.

“ Basing my figures on the experience of a few districts in which Measles is a notifiable disease, and on the average mortality of the disease, it is probable that in epidemic years we should have to deal with from 500 to 1,000 cases per annum. If any attempt were made to see that the best

practicable means of isolation were adopted in every instance, it would be quite impossible during an epidemic for the present staff to carry out the work. Moreover, efficient isolation in the homes of the working class is seldom practicable, and the provision of hospital accommodation on a sufficient scale to meet an epidemic would entail an expenditure out of all proportion to the probable benefit.

“ From the point of view of the prevention of epidemics I do not consider very much would be gained by including Measles in the list of notifiable diseases, and I therefore do not recommend this step to be taken.”

### **Whooping Cough.**

Judging from the mortality returns, epidemics of Whooping Cough recur with much greater frequency in Finchley than do epidemics of Measles, though there is very little difference in the yearly average number of deaths from each of these diseases when taken over a long period. See Table A 5, page 22.

There were altogether fourteen deaths certified as due primarily to Whooping Cough, in two instances complicated by Measles. Ten of these deaths were recorded in East Finchley, one each in West Finchley and Whetstone, and two in North Finchley towards the close of the year.

In March there was 1 death.

In April there were 7 deaths.

In May there were 2 deaths.

In September there were 2 deaths.

In October there was 1 death.

In November there was 1 death.

In addition to the above, two deaths were certified as due primarily to Measles and secondarily to Whooping Cough. These have both been grouped under the former cause of death.



The death-rate from Whooping Cough was 0.38 per 1,000 of population.

All the deaths were of children under five years of age:—

7 were under one year of age.

4 were between one and two years.

2 were between two and three years.

1 was between four and five years.

The conditions of housing and attendant circumstances were similar to those noted in my report on the Measles epidemic; and the precautions taken to prevent the spread of infection and as far as possible limit the case mortality followed the lines indicated under the same heading.

### **Smallpox.**

No case of this disease has been notified in Finchley since August 1902.

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 1907.

### **Cerebro-Spinal Meningitis.**

In consequence of the severe outbreaks of Cerebro-Spinal Meningitis at Glasgow and Belfast, and the fact that cases had been reported in London as well as in other towns in various parts of England, a resolution was passed by the Finchley District Council on the 3rd June, 1907, ordering that the Infectious Disease (Notification) Act, 1889, should apply within their area to Cerebro-Spinal Meningitis and that the Order should come into operation on the 10th June and remain in force for a period of one year from that date.

No case of this disease was notified during 1907.

### Consumption (Phthisis).

A voluntary system of notification of cases of phthisis has been in force in the District for rather more than four years. During 1907, four notification certificates were received from medical practitioners; in 1906 the number was seven, and in each of the two preceding years, eight. As cases can only be notified with the consent of the patient, the certificates received represent only a small proportion of those affected.

Improved sanitation has undoubtedly assisted in bringing about a decline in the death-rate from Phthisis during the past few decades, and as the spread of infection can be controlled to a great extent if simple precautionary measures are taken by those affected with the disease, there is every reason to anticipate a further considerable reduction in the mortality.

The vexed question of the possible transference of bovine tuberculosis to man has been the subject of careful investigation under the Royal Commission appointed in 1901. In their second Interim Report, issued in 1907, the Commissioners stated as follows:—

“ There can be no doubt but that in a certain number of  
“ cases the tuberculosis occurring in the human subject,  
“ especially in children, is the direct result of the intro-  
“ duction into the human body of the bacillus of bovine  
“ tuberculosis; and there also can be no doubt that in the  
“ majority at least of these cases the bacillus is introduced  
“ through cow's milk. Cow's milk containing bovine tubercle  
“ bacilli is clearly a cause of tuberculosis and of fatal tuber-  
“ culosis in man.”

Better control over the conditions under which the milk-supply of the country is produced and distributed is generally recognised as necessary, and a Government Bill dealing with the subject has been promised. Meanwhile the powers



possessed by local authorities for dealing with milk containing tubercle bacilli are extremely limited and of little practical value unless amplified by special local Acts. Several milk clauses have been inserted in the Finchley General Powers Bill of 1908, and these, if passed, should prove a considerable safeguard.

### **Open-Air Sanatorium.**

The great difficulty in obtaining admission to any of the special hospitals and sanatoria for phthisical patients lead to the proposal that public authorities in Middlesex should combine to establish an Open-Air Sanatorium. It is now more than three years since several Boards of Guardians and District Councils, including Finchley, 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 proved inadequate. Probably some arrangement will be arrived at by which two beds in some existing Sanatorium will be reserved for patients belonging to this District.

### **School Hygiene.**

Up to the present time any medical examination of school children has been on an entirely voluntary system, so far as the local Education Authorities were concerned, but the Education (Administrative Provisions) Act, 1907, has made it the duty of every local Education Authority to provide in future for the periodical medical inspection of all children in Public Elementary Schools.

In Finchley the work of medical inspection will be carried out by the Medical Officer of Health, and the Council has also decided to appoint a lady to act as School Nurse and Health Visitor.

The custom in this District in regard to the exclusion of children living in homes where there is non-notifiable in-

fectious disease has been modified, and the rule is now as follows:—

“No child should attend an Infants' School from a house where there is a case of Measles, German Measles, Whooping Cough, Chicken-pox or Mumps, but in departments for older scholars, children who have previously suffered from the disease in question need not be excluded under similar circumstances, if the Medical Officer of Health is satisfied that proper precautions for isolation have been taken.”

Under the old system of excluding all children coming from a house where infectious disease existed, the attendances in the mixed schools were frequently quite needlessly affected. The experiment of admitting children from infected houses to the school was tried in the case of St. John's last November, and appeared fully justified, the weekly average attendance remaining at about 88 per cent.

SCHOOL CLOSURE.—Owing to the presence of epidemic disease the closure of one or both departments of most of the schools was found necessary in the course of the year.

SCHOOL	DISEASE.	INCLUSIVE DATES OF CLOSURE.
St. John's Infants and Mixed ..	Chicken-pox	28 Feb. to 6 Ap.
Holy Trinity, Infants .. ..	Whooping Cough and Measles	5 Mar. to 6 Ap.
“ “ “ “ “ “ .. ..	ditto.	30 Ap. to 21 My.
“ “ “ “ “ “ .. ..	ditto.	9 Mar. to 6 Ap.
St. Mary's Infants and Mixed ..	Measles.	“ “ “ “ “ “
Squire's Lane, Infants and Mixed	Whooping Cough and Measles	30th April to 21st May.
Long Lane, Infants .. ..	ditto.	8 My. to 21 My.
Albert Street, Infants .. ..	ditto.	“ “ “ “ “ “
St. John's Infants .. ..	Measles.	6 Nov. to 29 Nv.

The Infants' and Mixed Departments of Long Lane School were closed owing to drainage work from 15th to 26th May.



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

By the first of January, 1908, a constant water supply had been provided to 2,903 houses, that is, to about 46 per cent of the houses in the District.

#### SURVEYOR'S METEOROLOGICAL OBSERVATIONS FOR THE YEAR ENDING DECEMBER 1907.

1907.	Barometer		Therm'r.		Rain-fall.	Prevailing Winds.
	Lowest	Highest	Min	Max		
January ..	28·8	30·4	20	50	1·18	W. & N.E.
February ..	28·7	30·2	22	52	1·22	W. & S.W.
March ..	29·1	30·2	25	67	1·13	N.W. & S.W.
April ..	28·9	30·0	30	73	3·14	N.W. & W.
May ..	29·2	29·9	32	79	2·06	N.W. & W.
June ..	29·2	29·8	42	74	2·14	S.W. & W.
July ..	29·3	30·1	42	77	3·7	S.W. & W.
August ..	29·3	30·0	42	76	2·11	S.W. & W.
September ..	29·4	30·1	34	80	74	N.W. & N.
October ..	28·8	29·7	28	68	3·45	S.W. & N.W.
November ..	28·9	30·1	29	62	2·17	S.W. & W.
December ..	28·5	29·9	28	58	4·03	S.W. & N.W.

Total Rainfall 27·07.

### Housing.

With the continued rapid development of the District the question of the preservation of open spaces has become a matter for serious consideration. Comparatively few of the houses erected during recent years are even semi-detached, and hundreds of small houses have been built in continuous long rows.

The rents of even the smaller houses are in many instances beyond what a working man can afford, and consequently houses quite unsuited for the purpose of providing accommodation for more than one family are let off in tenements.

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:—

1894	47	1902	323
1895	60	1903	340
1896	101	1904	338
1897	123	1905	361
1898	142	1906	374
1899	189	1907	436
1900	213	1908	411
1901	289		

### Drainage and Sewage Disposal.

A dual system of drainage is in force in most parts of the District, the surface water sewers discharging into the natural water-courses.

The present general sewerage scheme was commenced in 1885. Previous to this a considerable portion of the sewage appears to have passed directly into the streams, though most



of the Church End sewage was chemically treated in tanks before being allowed to enter Dollis Brook. A large amount of the North End sewage was at the time being treated by irrigation on a farm lying west of Nether Street, and another portion was being treated both chemically and by filtration through coke on a piece of land at the lower end of Stanhope Road, but apparently without much success.

The two principal intercepting sewers, namely, those of the Mutton Brook Valley and the Dollis Valley, were nearly completed before the close of 1885, and three quarters of a mile were also constructed of the tunnel sewer, which takes the sewage of the western and southern sides of the district. The year 1889 saw the completion of the scheme.

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, passes 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 the proportion of about 4 of low level sewage to 3 of high level sewage. The storm flow may be any volume up to ten times the above. 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 on the old portion of the works number 16, and cover a total area of about 27,000 square yards (about  $5\frac{1}{2}$  acres). 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, 1906. The remainder of the work has been executed by contract, according to the plans and under the superintendence of the



Council's Surveyor, Mr. C. J. Jenkin. The new installation consists of a coarse screen, detritus and Dortmund sludge tanks in duplicate, an open septic tank, and two primary and secondary percolating filter beds. The Public Health Committee has had under consideration the extension of this installation, so as to deal with the whole of the low level sewage, and the Surveyor is now (March, 1908) preparing the necessary particulars.

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 storm-water 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.

#### **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. The question of adopting some better means of dealing with the refuse is under consideration by the Public Health Committee.

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.

Analyses were also made of 44 samples of sewage and sewage effluent, six samples from shallow wells and several samples from various water courses in the District.

### 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 6,665 inspections were made, and nuisances to the number of 1,665 were discovered.

154 complaints with regard to alleged nuisances were received during the year, and prompt attention was given to each.

237 rooms were fumigated after infectious disease; and 3,936 articles, chiefly bedding and wearing apparel, were disinfected in the Council's steam apparatus. In addition to the above, 69 stovings of bedding, etc., were carried out and 45 patients were removed to hospital for the Friern Barnet District Council.

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.

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.

Premises.	Number of		
	Inspec- tions.	Written Notices.	Prose- cutions.
Factories (Including Factory Laundries).	13	3	...
Workshops and Workplaces (Including Workshop Laundries).	252	5	...
Total ..	265	8	...

**2. DEFECTS FOUND.**

Particulars.	Number of Defects.			No. of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
Nuisances under the Public Health Acts*—				
Want of cleanliness ...	9	9	...	...
Want of ventilation ...	...	...	...	...
Overcrowding ...	...	...	...	...
Want of drainage of floors ...	...	...	...	...
Other nuisances ...	10	10	...	...
+Sanitary { insufficient ...	...	...	...	...
accommo- { unsuitable or defective ...	11	11	...	...
dation { not separate for sexes ...	1	1	...	...
Offences under the Factory and Workshop Act—				
Illegal occupation of under- ground bakehouse (S 101) ...	...	...	...	...
Breach of special sanitary requirements for bake- houses (SS. 97 to 100) ...	6	6	...	...
Other offences— (Excluding offences relating to out-work which are included in part 3 of this Report) ...	...	...	...	...
Total ...	37	37	...	...

\* 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.



## 3. HOME WORK.

Nature of Work.	Outworkers' List, Section 107.				Number of Inspections of Outworkers' premises.
	Lists received from Employers once in the Year.		Numbers of Addresses of Outworkers received from other Councils.	Numbers of Addresses of Outworkers forwarded to other Councils.	
	Lists.	Out-workers.			
Wearing Apparel— Making, &c.	7	9	6	2	14

## 4. REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the year.					Number.
Dressmakers and Milliners	..	..	..	..	33
Laundries ..	..	..	..	..	18
Bootmakers	..	..	..	..	26
Bakers ..	..	..	..	..	17
Restaurant Kitchens ..	..	..	..	..	14
Cycle Makers	..	..	..	..	9
Stonemasons	..	..	..	..	6
Saddlers ..	..	..	..	..	4
Ironmongers	..	..	..	..	5
Farriers ..	..	..	..	..	12
Tailors ..	..	..	..	..	9
Picture Framers	..	..	..	..	2
Upholsterers	..	..	..	..	4
Other Workshops	..	..	..	..	14
Total number of Workshops on Register					173

## 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 168, as compared with 177 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.

With a view to dealing more effectively with the milk-supply, additional powers are being sought in the Finchley General Powers Bill now before Parliament.

## 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.

### **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.





**R E P O R T**  
OF THE  
**SANITARY INSPECTOR**  
For the Year 1907.

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

GENTLEMEN,

I beg to submit to you my sixth Annual Report in which is recorded particulars of the work done in connection with the sanitary inspection of the district during the year 1907.

The total number of inspections made in reference to the business of the department was 6,665, this number being higher than that recorded in any previous year. On 790 of the premises visited, nuisances to the number of 1,665 were discovered, and, in dealing with the sanitary defects from which they arose, 180 "Intimation" and 286 "Statutory" notices were served. The number of letters written and received were 1051 and 1187 respectively. At the end of the year 1420 of the nuisances had been abated, the work of remedying 129 was in hand, and the remaining 116 were outstanding. In order to ascertain that the sanitary defects above referred to were being properly remedied, 1,726 visits were paid to the respective premises while the necessary work was in progress.



I am pleased to report that a great many owners and other responsible parties have readily complied with suggestions made by the department for the improvement of the sanitary condition of their property. As a result, a considerable number of nuisances have been abated without the necessity of serving statutory notices. The supervision of all works carried out for the abatement of nuisances has been well maintained, and, while no attempt was made to exercise unreasonable control, the efficient execution of the work was insisted upon.

Legal proceedings were taken in three cases, a conviction or an Order being obtained in each instance.

The sanitary operations of the immediate future will be greatly facilitated by the additional powers conferred on your Council by their adoption of the Public Health Acts Amendment Act, 1907. This Act is one of the most important measures of sanitary reform that has been placed on the Statute Book during recent years, and it contains several provisions which will prove of material aid to your sanitary department. Hitherto the yards in connection with houses erected prior to the year 1883 have been exempt from the operation of the paving bye-laws, with the result that it has not always been possible to deal with all yards which it was desirable should be paved. Under the new Act, however, authority is given to deal with any dwelling, irrespective of age, provided the existing conditions are such as to render paving necessary, and the Council is also empowered to execute the works in the owners' default at the latter's expense. The extension of the nuisance section of the Public Health Act, 1875, so as to include the proper supervision of drinking water cisterns is also of great importance. Until recently this district had to depend on an intermittent water supply, and, as a consequence, every house is provided with a storage cistern. A large number of these are placed in most unsuitable situations, rendering periodical cleansing a diffi-

cult and expensive matter. It is essential that all cisterns or similar receptacles for the storage of drinking water should be periodically cleansed and kept properly covered. On numerous occasions, however, your inspectors have found them to be in an extremely dirty condition, and in one or two instances to contain dead mice, birds, and other animals. Owing to the difficulty of access to many of the existing cisterns, regular cleansing is neglected, and it is, therefore, highly satisfactory that more effective action can now be taken in respect to any cistern which is so *placed, constructed or kept* as to render the water liable to contamination. Other important sanitary provisions in the new Act deal with the examination and testing of drains, etc., the provision of sinks and urinals, and the Registration of certain businesses as offensive trades.

That portion of the routine work of your inspectors and disinfectors which can be conveniently set out in tabulated form is included in the following summary.

#### SUMMARY OF WORK DONE. INSPECTIONS.

House to House Inspections	...	...	...	150
Re-Inspection after Order or Notice	...	...	...	1663
Special Inspections	...	...	...	1466
Visits to Works in Progress	...	...	...	1726
„ „ Ice Cream Premises	...	...	...	33
„ „ Factories, Workshops and Bakehouses	...	...	...	252
„ „ Slaughterhouses	...	...	...	236
„ „ Cowsheds, Dairies and Milkshops	...	...	...	88
„ „ Foodshops	...	...	...	175
Visits <i>re</i> Infectious Disease	...	...	...	443
Miscellaneous	...	...	...	433
Total number of inspections and re-inspections	...	...	...	6665
Total number of different houses and premises inspected	...	...	...	1710



## NOTICES, Etc.

## Number of Notices served—

Intimation	...	...	...	180
Statutory	...	...	...	286
			----	466
Letters written	...	...	...	1051
Letters received and dealt with			...	1187
Complaints received		...	...	154

## DRAINAGE.

Number of old Drains examined, tested, exposed, etc.	153
Number of Houses and Premises re-drained	97
Defective Drains repaired	9
Drains unstopped and cleansed	58
Length in yards of Stoneware Drains laid	1877
Length in yards of Heavy Cast-iron Drains laid	486
Manholes provided	110
Manholes altered and repaired	18
New Manhole Covers provided	5
Intercepting Traps fixed	65
New Fresh Air Inlets provided to Drains	26
Stoneware Gully Traps fixed	189
New Soil Pipes and Ventilating Shafts fixed	94
Soil Pipes and Ventilating Shafts repaired	23
New Impervious Sinks provided	12
New Waste Pipes fixed	16
Waste Pipes repaired	14
Waste Pipes trapped	38
New Gully Curbs	13
Water Tests applied	246

Smoke Tests applied	...	...	...	139
Number of Plans of Drainage drawn	...	...	...	76

#### WATER CLOSETS AND SANITARY CONVENIENCES.

New W.C. Basins of the "Washdown" type fixed	...	...	...	158
W.C.'s cleansed and repaired	...	...	...	25
Flush Pipe connections repaired	...	...	...	7
New Flushing Boxes fitted to W.C.'s	...	...	...	39
Existing Flushing Boxes repaired	...	...	...	67
Urinals improved	...	...	...	18
New W.C. Apartments provided	...	...	...	2

#### MISCELLANEOUS.

Roofs repaired	...	...	...	...	62
Eaves Guttering renewed	...	...	...	...	10
Eaves Guttering cleansed and repaired	...	...	...	...	26
New Stack Pipes provided	...	...	...	...	5
Existing Stack Pipes unstopped, repaired and cleansed	...	...	...	...	19
Existing Stack Pipes disconnected from Drains	...	...	...	...	5
Old Surface Wells filled in	...	...	...	...	5
Yards paved	...	...	...	...	106
Paving of Yards repaired	...	...	...	...	10
Dirty Yards cleansed	...	...	...	...	12
Stable Floors repaved	...	...	...	...	4
Mews paved	...	...	...	...	1
Floors of Rooms repaired	...	...	...	...	11
Floors of Rooms relaid	...	...	...	...	13
Bakehouses cleansed and limewashed every six months	...	...	...	...	
Improvements to Dairies and Cowsheds	...	...	...	...	4
Cowsheds cleansed and limewashed every six months.	...	...	...	...	
Improvements to Slaughterhouses	...	...	...	...	5



Slaughterhouses cleansed and limewashed every three months.

Manure Pits provided	...	...	...	3
Rooms repaired, cleansed, and limewashed	...	...	...	184
Workrooms cleansed and repaired	...	...	...	20
Dirty Houses cleansed	...	...	...	3
Water service pipes repaired	...	...	...	15
Public water supply laid on to houses	...	...	...	6
New cisterns provided	...	...	...	1
Cisterns repaired, cleansed, and covered	...	...	...	63
Movable sanitary dustbins provided	...	...	...	90
Nuisances from overcrowding abated	...	...	...	7
Nuisances from animals abated	...	...	...	7
Smoke nuisances abated	...	...	...	2
Accumulations of manure and refuse removed	...	...	...	26
Floors of piggeries repaired	...	...	...	5
Miscellaneous	...	...	...	31

#### INFECTIOUS DISEASE AND DISINFECTION.

Cases of infectious disease notified	...	...	216
Number of rooms fumigated after infectious disease	...	...	237
Verminous rooms fumigated	...	...	2
Number of infected rooms stripped and cleansed	...	...	21
Number of articles disinfected	...	...	3936

N.B.—In addition to the above work of disinfection, 69 stovings of bedding, etc., were carried out, and 45 patients were removed to hospital for the Friern Barnet District Council.

## UN SOUND FOOD DESTROYED.

10 Carcases of Pork (13cwt. 1qr. 18lbs.).  
 9½ Pigs' Heads (decomposition), 1 Ox and 1 Sheep's Livers.  
 2 Sets of Sheep's Lungs. 18 Rabbits.  
 1 Calf's Head and 4 Calves' feet.  
 1 Cod Fish, half barrel of Herrings.  
 58½lbs Apples, 3lbs. Tomatoes.

## HOUSE DRAINAGE.

During the year the old drains of 153 houses and premises were examined or tested by your Inspectors, and, as a result, 123 of these were found to be more or less defective.

A large proportion of the drains dealt with were exposed for examination under section 41 of the Public Health Act, 1875, and, as stated in my report for the preceding year, this method is far more reliable than the application of any tests which your Council's officers would be legally justified in applying. Under the above Act, the Council has only been able to authorise their inspectors to enter premises for the purpose of opening the ground to examine drains definitely stated in writing to be in such a condition as to be a nuisance or injurious to health. The Council's authority will be considerably strengthened and extended, however, by Section 34 of the Public Health Acts Amendment Act, 1907, which empowers a local authority to direct their officer to expose and examine drains, provided he first reports that he has *reason to suspect* that such drains are a nuisance or injurious to health.

The work of reconstructing defective drains has, as usual, been carefully supervised by your inspectors, and sufficient attention to all details of the work was secured by frequent visits to the premises while it was in progress.



The drains of some 97 houses and premises were entirely reconstructed during the period under review, and the existing drains of 9 other premises were properly repaired.

This work involved the laying of 1,877 yards of stoneware, and 486 yards of heavy cast iron coated pipe drains, 189 stoneware gullies, 65 intercepting traps, 158 w.c. basins, and 94 soil pipes and ventilating shafts were fixed and 110 man-holes were built; the whole necessitating the application of 246 water tests and 139 smoke tests. As in the past, the water test is applied to all new drains after the ground has been filled in, and a steel disc is passed through the pipe to ensure the removal of any obstructions which may be present in the form of pieces of cement or other rubbish.

It occasionally happens that cases come under our notice which afford striking evidence of the need of supervision of sanitary work by some responsible authority. In one such instance during the year a new line of drain at a vacant house was surreptitiously laid in a new position and connected to an old pipe near a party fence in the side passage. No precaution was taken to ascertain that the old pipe referred to had a suitable outfall. A few days after the house had been occupied I found that the drain was blocked, and upon investigation it was discovered that the pipe to which the new drain was connected merely discharged into the earth near the footings of the adjoining house. It is to be regretted that the Public Health Acts in force in the district do not provide for the prosecution of persons guilty of executing sanitary work in such an extremely negligent manner, or for the giving of notice to the local authority of intention to carry out drainage or other similar work. In order to remedy these omissions, suitable provision has been made in the Finchley Urban District Council Act to be submitted to Parliament during the present Session.

Since the year 1902 a plan of every drain relaid under the direction of your Council has been prepared by your in-

spectors, and the value of these records has been evidenced during the year by the frequency of necessary references to them.

### COMBINED DRAINAGE.

Of the 97 houses re-drained during the year, 60 were provided for by means of 12 combined systems of drainage. This proportion approximates very closely to that recorded in my previous reports. Seven of the main drains, receiving the drainage of some 46 houses, and ten branch drains, were re-constructed by the Council at a total cost of £355 7s. 9d. Of this sum £154 2s. 9d. is recoverable from the owners. With one exception, the whole of the work was carried out under contract, in accordance with the usual practice of the Council, the necessary plans and specifications being prepared by your Inspector.

The remaining five combined drains were relaid by the respective owners at their own expense.

### INTERCEPTING TRAPS.

For many years past the use of intercepting traps (*i.e.*, the trap which prevents aerial communication between the sewer and the house drain) has given rise to a considerable difference of opinion. Whilst one section of sanitarians has strongly advocated their continued use, another has been equally emphatic in recommending their abolition, chiefly on the grounds that they are a frequent cause of blockage, and also that they prevent the ventilation of the public sewer through the house drains.

The model building bye-laws framed by the Local Government Board contain a clause providing for the fixing of intercepting traps on the drains, and it is, doubtless, with a view to ascertaining whether or not it is advisable to retain this clause that the Board recently invited a number of



authorities to assist them in collecting information with regard to the effect of the use of intercepting traps. Finchley being one of the districts communicated with by the Board your Medical Officer of Health and I submitted the following joint report upon the investigations made in this District:—

November 27th, 1907.

SPECIAL REPORT BY THE MEDICAL OFFICER OF HEALTH  
AND THE SANITARY INSPECTOR ON THE USE OF  
INTERCEPTING TRAPS IN FINCHLEY.

In submitting our report on the conditions found associated with the use of intercepting traps in Finchley, we regret that the total number of drains examined for the purpose is relatively small. Owing to the pressure of urgent routine work, it has not been possible to devote much time to the special inspections necessary, but each case dealt with has been carefully investigated. If it is considered desirable, we shall be glad to continue the inquiry with a view to a supplementary report.

SUMMARY OF INSPECTIONS.

Number of traps examined	...	...	...	...	147
Number of cases in which—					
(a) The intercepting trap was blocked	...	...			4
(Cause of blockage:—Two “caps” blown out into mouth of trap; one choked with leaves; and one choked with straw and dung.)					
(b) Presence of accumulation of sewage in chambers	...				2
(c) Though no accumulation existed at time of inspection, appearance of chamber showed that there had been an accumulation	...	...	...	...	17
Cause of previous accumulations:—					
7 unknown.					
8 cement or concrete left in trap.					
2 absence of water supply to flushing box.					
(d) “Cap” of raking or cleansing arm displaced	...				4

It will be seen from the above summary that several of the blockages were caused by the presence of small accumulations of cement or concrete in the intercepting traps, which the workmen had neglected to remove at the time the drains were laid. In addition to this the foul condition of a number of the interceptors, and their consequent tendency to become choked, was, without doubt, largely due to their unnecessarily large size and the careless manner in which they had been fixed. It would appear that in many instances no precaution had been taken to ensure that the traps were correctly set as regards "seal." No less than 22 of those examined were found to have a seal varying from four inches to six inches, that of 59 others varied from three inches to four inches, and the seal of the remaining 66 ranged from one and a half inches to three inches.

It will be seen that in four instances the "cap" on the cleansing arm had been displaced. In this connection we do not consider that an intercepting trap should be passed by the inspecting officer unless some precaution is taken to prevent this mishap. Good locking "caps" are easily obtainable, which are capable of removal from the ground surface, and in cases where expense is a matter of consideration, the practice of the health department here is to have the usual stoneware stopper removed and a slate stopper fixed in lieu thereof, with a fillet of Portland cement round its outer edge. The centre of the slate is thus left bare, and can easily be broken if a blockage should occur.

In respect to size, the unsuitability of six inch traps for houses which have only a small number of w.c.'s, baths, sinks, etc., was clearly demonstrated in a large percentage of cases, the collection of grease and scum about the inlets of the traps having reduced the water way to about four inches in diameter. It might be here mentioned that many 6-in. traps hold as much as 2 or 3 gallons of water, whereas we found that a six inch trap of a good type set with a 2 $\frac{3}{4}$ -in. seal only held 7 $\frac{1}{2}$  pints. (By way of comparison a good type of four inch interceptor with a 2-in seal will retain 4 to 5 pints of water.)

The usual two-gallon flush from the w.c. flushing apparatus is not sufficient to properly change the contents of a good type of six inch trap, and it is, therefore, not surprising that the unnecessarily large traps, especially when carelessly fixed, are liable to become choked. The cleanly condition of the 4-in. traps which came under observation was very marked in comparison with the six inch traps,



and whereas complaints have been dealt with in respect to objectionable smells emanating from the fresh air inlet shafts from the larger traps, no similar complaints have been received in respect to air inlets in connection with 4-in. traps.

In respect to the retention or abolition of the trap, from our general experience we are strongly of opinion that, provided the interceptor is selected with reasonable care as regards its shape and size, and fixed with, say, a 2-in. seal, the gradient of the drain being sufficient, it will work well, and that the likelihood of a blockage is remote. When a blockage does occur, a considerable amount of sewage may collect in the manhole before the stoppage is discovered, and for this reason we consider that the trap should not have direct connection with the manhole: *i.e.*, a manhole should be constructed over the trap to provide means of access only, and in order to examine the interior of such trap it would be necessary to remove certain water-tight stoppers provided for the purpose.

In the event of the intercepting trap being abolished we do not consider that the additional ventilation of the sewers would render the air in them as innocuous as the air in house drains, which are disconnected from the sewers, and abolition of the trap would certainly not be justifiable in order to prevent the occurrence of a very small percentage of blockages, many of which are caused through bad workmanship. Moreover, the removal of the interceptor would, in our opinion, be attended with grave risk of sewer gas gaining access to the inside of dwelling houses or their immediate surroundings, and, consequently prove a menace to health. It may be said that if the drains were made perfectly water-tight it would not be possible for sewer gas to escape from them. But experience proves that drains which are constructed with glazed stoneware pipes embedded in concrete cannot be relied upon to remain air or water-tight (even for short periods in many instances) owing to movements of the soil and to the expansion of the cement used for jointing the pipes. (See Annual Reports for Finchley for the years 1902, pages 59 and 60, and 1906, pages 69 and 70.) This difficulty may be largely overcome by constructing drains with heavy cast-iron coated pipes and the soil pipes and ventilating shafts with heavy cast-iron coated pipes or solid drawn lead, but, even in the event of these precautions being taken, there would always be the risk of w.c. traps and gullies being broken, or of such traps becoming unsealed from various causes.

From the convincing experiments recently made by Major Horrocks to determine the conditions under which specific bacteria derived from sewage may be present in the air of ventilating pipes, drains, inspecting chambers, and sewers (see Journal Sanitary Institute, May 1906, page 176), it would appear very desirable to take every precaution to prevent the access of sewer air to the immediate vicinity of dwellings.

### FACTORY AND WORKSHOPS ACT, 1901.

The factories, workshops and workplaces on the Register number 196, as compared with 180 at the end of 1906.

The details of the work done by your Inspectors under the provisions of this Act are recorded in the tabulated statement included in the report of your Medical Officer of Health.

### DAIRIES, COWSHEDS, AND MILKSHOPS.

Six applications for registration as dairymen and purveyors of milk were received during the year, one being in respect to an existing dairy, the proprietorship of which changed hands. Two cowkeepers and one dairyman gave up business, which left 33 dairies and milkshops and 9 cowsheds in the District at the end of the year.

The floors of two dairies and two cowsheds were repaired, and notices given to two dairymen to discontinue storing milk on a part of their premises where a drain opening existed.

A good deal of attention has been given to the cleanliness of the cows, and it has been necessary to request several cowkeepers to take more stringent precautions in regard to the cleansing of the hands of the milkers and the cows' udders. There appears to be a tendency on the part of certain of the smaller cowkeepers to be somewhat neglectful of complying with this provision of your Council's regulations, but its great importance justifies its rigid enforcement.



The number of cows kept in the District at about the end of the year was 168. The premises generally have been kept in a satisfactory condition, and, with the above-mentioned exceptions, the Regulations have been well carried out.

### ICE CREAM PREMISES.

The confectioners' shops and other places where ice cream is manufactured or sold were visited during the summer months in order to see that the provisions of Part 5 of the County of Middlesex (General Powers) Act, 1906, were being properly observed.

In one instance the condition of the premises in which a large quantity of ice cream was manufactured was such as to be likely to render the commodity injurious to health. The occupier was informed that a continuance of the business would not be allowed, and the shop was subsequently closed.

In another case the name and address of the manufacturer was not exhibited on a barrow being used by an itinerant vendor. This omission was promptly rectified, however, upon his attention being called to the requirement of the Act.

The premises now on the Register at which ice cream is sold number 32.

### SLAUGHTERHOUSES AND MEAT AND FOOD INSPECTION.

There are eleven licensed slaughterhouses in the District and the licence of one of these is subject to annual renewal. The usual frequent inspection of these premises has been carried out, and the bye-laws have been generally well observed. The lighting of one slaughterhouse has been improved, and the floors and walls of another properly repaired.

It is an obvious fact that, in districts where a number of private slaughterhouses are in use, only a small proportion of the carcasses can receive the attention which the whole should have. The local butchers, however, have not proved averse to giving information as to the days and approximate time when most of their killing is done, and with the possession of this information the visits to the slaughterhouses have been arranged to take place so that the maximum amount of benefit might accrue from them.

On one occasion the carcasses of two pigs were found to be rather badly affected with Urticaria, and acting upon my suggestion the butcher had them destroyed. In another instance a large carcase of pork was found to be extensively affected with Tuberculosis and was therefore condemned and destroyed.

In the case of three pigs which I examined in two different slaughterhouses one or both of the sub-maxillary lymphatic glands contained several small nodules which, as far as one could judge from the naked eye examination, were practically identical with true tuberculous lesions. As a careful examination of the carcasses, the offal, and the other lymphatic glands revealed no further evidence of anything abnormal, I consulted your Medical Officer of Health, who decided to have the diseased glands microscopically examined at the Lister Institute. As a result it was proved that neither of the pigs had suffered from Tuberculosis, but from one of the diseases known as psuedo-tuberculosis. These cases are of unusual importance as they demonstrate the difficulty one is likely to experience in distinguishing between the lesions of tuberculosis and those of less harmful diseases, which bear a very close resemblance to them.

Towards the latter end of the previous year it was discovered that the business of slaughtering pigs was being carried on at Long Hill Farm, Great North Road. The part



of the premises in which the slaughtering was done was really a portion of the piggery. As the place had never been "Registered" or "Licensed" by the Local Authority for the slaughtering of animals, and was totally unfit for the purpose, the occupier was warned that he had committed an offence under the Public Health Acts and requested to discontinue such slaughtering forthwith. Early in the year, however, I had reason to believe that the warning which had been given had not had the desired effect, and the premises were therefore kept under observation. As the result of a visit made on January 7th, men were found at work scalding the carcasses of two pigs which had just previously been killed, and eight other recently dressed carcasses were found hanging in an adjoining compartment of the shed. Upon examination, seven of the carcasses proved to be affected with Tuberculosis, and these were seized, condemned by a Magistrate, and destroyed. The occupier was summoned for using unlicensed premises and fined £1 and costs.

Occasional inspections have been made of the butchers', fishmongers', and fruiterers' shops and other premises where food is prepared or kept for sale for human food. Attention was given to the condition of the various articles of food, the means of storage and the sanitary condition of the premises. In no case was the food which came under observation found to be unwholesome.

A register of all premises where food is kept for sale has been compiled, and at places where special preparation of the food is carried on, such as sausage making, fish curing, etc., particulars are recorded in respect to the part and nature of the premises used for such purpose.

The number of food premises now on the register is 125.

In two instances, at the request of local traders, I examined a number of rabbits and a parcel of apples, which they considered to be in a doubtful condition. This material

proved to be unsound and was destroyed. In each case I gave the tradesman a certificate stating the date and time when the examinations were made. The production of these certificates to the Market Salesmen was sufficient to obtain the return of the money paid for the goods.

### PUBLIC HOUSE CONVENIENCES.

The urinals in connection with the Public Houses in the District have been periodically inspected, and on several occasions it was necessary to request certain licencees to keep the conveniences in a more cleanly state. In two or three instances nuisances have recurred through lack of attention, but as an improvement immediately followed the cautions given, no further action was taken. Efforts were also made to induce the occupiers to provide proper means of lighting at night, and with a few exceptions this was done.

In order to prevent the occurrence of nuisances arising from structural defects, repairs or alterations have been carried out within the last few years at no less than 21 of the 27 urinals in the District. In nine cases entirely new buildings have been constructed in accordance with modern requirements. There are a few of the older type, however, which, owing to their position and internal arrangements, are not well adapted for their purpose, and as they are probably more frequently used than was formerly the case, it may become desirable for your Council to require some improved accommodation to be provided in the future.

### GAME LICENCES.

Fourteen 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.



## LEGAL PROCEEDINGS.

NATURE OF OFFENCE.	RESULT.
(1) Using unlicensed premises for slaughtering animals.	Fined £1 and costs.
(2) Non-compliance with order of Magistrate to cleanse a filthy bed-living room.	Fined £5, or in default one month's imprisonment.
(3) Non-compliance with notice to repair the defective drains of two houses	Order to execute works in 14 days and to pay 19/6 Court Costs.

## PETROLEUM ACTS, 1871 TO 1881.

Ten applications for licences to keep petroleum spirit were received and reported upon during the year, and in nine instances licences were granted by the Council on the recommendation of the Public Health Committee. In one case the proposed method of storage was considered to be unsuitable and the application was therefore refused. Two tradesmen consulted me with a view to obtaining licences to keep petroleum, but as their premises were not adapted for its safe keeping they acted on my suggestion and did not proceed further in the matter.

One old store has been abolished, the licensee having removed to other premises where a new store was constructed.

Upon inspection at a large garage in the District I found that about 2 cwt. of Carbide of Calcium was being kept in an open drum. No licence had been obtained from the Council, but as the occupier provided suitable means of storage with the least possible delay, and obtained a licence, it was not considered necessary to institute summary proceedings against him.

Small quantities of Carbide of Calcium are also kept at most of the Cycle and Motor shops in the District, and in those instances where it was found that the quantity exceeded 5lbs. but was not greater than 28lbs., the occupiers were requested to carry out the provisions of the Order in Council made in 1897.

No notices were received under the Secretary of State's Regulations from persons keeping motor cars in the District in respect to the storing of petroleum spirit within 20 feet of any building. In order to facilitate an inspection of these premises the Clerk to the Council endeavoured to obtain from the County Authorities a list of the names and addresses of the persons licenced by them, but they refused to supply this information on the grounds that the Local Government Board's Regulations did not give any one save an Officer of Inland Revenue the right to inspect the Register.

In conclusion, it gives me much pleasure to acknowledge the valuable help given by your assistant inspector, Mr. C. M. Robinson, and the other members of the sanitary staff in carrying out the work recorded in this report.

I am, Gentlemen,

Your obedient servant,

E. J. FRANKLIN, A.R.SAN.I., ETC.,

Chief Sanitary Inspector.

February, 1908.









