

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

Contributors

Finchley (London, England). Urban District Council.
Bywater, F. W.

Publication/Creation

1912.

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Urban District Council of Finchley.



ANNUAL REPORTS

FOR YEAR 1911

OF THE

MEDICAL OFFICER OF HEALTH

AND

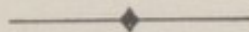
SCHOOL MEDICAL OFFICER

TOGETHER WITH THE

ANNUAL REPORT

OF THE

SANITARY INSPECTOR.



Finchley, R.

WARDEN & Co., LTD., "Finchley and Hendon Times" Office,
11, Regents Parade.

1912.

1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

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Finchley Urban District Council.

Members of the Public Health Committee.

Councillor F. J. Bloomfield, *Chairman.*

Councillor W. C. Cope (*Chairman of the Council.*

Councillor J. Boggon (*Vice-Chairman of the Council.*)

Councillor C. F. Day. Councillor S. Pulham,

Councillor C. Rabbidge. Councillor C. J. Richardson.

Councillor S. Sanders.

Health Officials.

Medical Officer of Health—

F. W. Bywater, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Chief Sanitary Inspector—

E. J. Franklin, A.R. San. Inst.

Assistant Sanitary Inspectors—

C. M. Robinson, Cert. R. San I.

E. F. Eldred.

Health Visitor—Miss Francis.

Clerks—

H. T. Perry. F. D. Legg.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be clearly documented and verified. The second part outlines the procedures for handling discrepancies and ensuring that all accounts are balanced. It also mentions the need for regular audits and the role of the accounting department in providing detailed reports to management.

The document further details the various methods used for data collection and analysis, including the use of statistical software and manual calculations. It highlights the importance of data integrity and the need for a robust system to prevent errors. The final section discusses the future plans for improving the accounting system, including the implementation of new technologies and the training of staff.

In conclusion, the document stresses the need for a comprehensive and reliable accounting system to support the organization's financial goals. It calls for a commitment to accuracy and transparency in all financial reporting.

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

GENTLEMEN,—

I have the honour to present this report upon the health of the district during 1911. The report covers the whole year, for the first half of which Dr. Prior acted as your Medical Officer of Health.

The vital statistics compare very favourably with other districts, and had it not been for the excessive mortality from Diarrhoea both the Infantile and Zymotic Death-Rates would have been even lower than last year. The Birth-Rate is somewhat higher than 1910.

Your decision to combine with the Urban District Council of Hendon in the erection of a conjoint hospital will settle the question of isolation of cases of infectious disease on a satisfactory and permanent basis. The modern refuse destructor, which you have decided to provide, will be a valuable asset to the district. I have to thank the Chairman and Members of the Health Committee for their invaluable assistance and encouragement, and it is a great pleasure to record my high appreciation of the excellent work done by the Chief Sanitary Inspector, Mr. Franklin, the Assistant Inspectors and the Clerical Staff. The Veterinary Surgeon to the Council, Mr. Overed, M.R.C.V.S., has co-operated most loyally in connection with efforts to control Tuberculosis, and the department is indebted to him for valuable advice and assistance. I am happy to say that the most cordial relationship continues to exist between this department and the medical men practising in the district, to the great advantage of all concerned.

I am, Gentlemen,

Your obedient Servant,

F. W. BYWATER.

Public Health Department,
Council Offices,
Finchley, N.

Statistical Summary, 1911.

Area of District	...	...	...	3384 acres.
Population (Census 1911)	...	...	...	39,425
Increase since 1901	...	...	15,625 (=65.6 per cent.)	
Estimated population to middle of 1911	...	...	...	39,815
Density of population	...	...	...	11.7 per acre.
Number of occupied houses	...	...	...	8,349
Increase since 1901	...	...	...	4,400
Average number of persons per house	...	...	...	4.7
Birth-Rate	...	...	24.1 per 1,000 of population.	
Death-Rate	...	...	8.9	„ „
Infantile Death-Rate	...	...	73.9 per 1,000 births.	
Zymotic Death-Rate	...	...	...	1.2
Phthisis Death-Rate	...	...	...	.58
Tuberculosis (all forms) Death-Rate	...	...	...	.86
Cancer Death-Rate	...	...	...	.76
Rateable Value	...	...	...	£274,072 6 0
Assessable Value	...	...	...	£269,775 0 2

A Rate of 1d. in the £ is estimated to produce £1,124.

The General District Rate in 1911 was 3s. 5d. in the £.

Vital Statistics.

POPULATION.—The population of Finchley at the Census taken in April of 1911 was 39,425, giving a density of population of 11.7 per acre. In common with a large number of Urban Districts, the population at the middle of 1910, as *estimated* by the Registrar-General and by the Medical Officer of Health, was found to be in excess of the Census figure. The Registrar-General bases his calculations on the assumption that the population is increasing in the same ratio as in the previous intercensal period. In a growing district this is frequently erroneous, and Dr. Prior used the more common

method of multiplying the number of occupied houses (as ascertained from the Rate Books) by the average number of persons per house found at the previous Census. The estimate Dr. Prior arrived at was over 4,000 in excess of the Census figure, and probably over 5,000 in excess of the actual population at the middle of 1910. The explanation is that the average number of persons per house is now less than it was at the 1901 Census. The population of many of the large towns was over-estimated by many thousands, this being caused to a great extent by the migration towards the suburban districts. The disadvantage of these inaccuracies is that, if the error is considerable, many of the Vital Statistics are misleading, and the farther we get from the Census year the greater the chance of this. I have pointed out in the substance of the report how this affects Finchley. The importance of an accurate determination of the Vital Statistics in each district is so great that on more than one occasion a strong plea has been made for a quinquennial Census, and no doubt this will one day be obtained. The rapidity with which Finchley has grown during the past thirty years is shewn by the following Tables:—

Census.	Population.	Decennial Increase, per cent. population.	Density of population per acre.	Occupied Houses.	Average Number of persons per House.
1881	10,942	53.1	3.2	1886	5.8
1891	16,344	49.3	4.8	2909	5.6
1901	23,805	45.6	7.03	3949	5.6
1911	39,425	65.6	11.6	8349	4.7

For estimating the population of the Wards the number of occupied houses in each Ward is multiplied by the average number of persons per house (Census 1911), and it may be assumed that the following figures are approximately correct:—

Ward.	Area in Acres.	Number of Occupied Houses		Estimated population.		Density of population.	
		1901	1911	1901	1911	1901	1911
North	1161	Not estimated for each ward.	2470	8936	11779	7·6	10·1
East	1219		2787	8592	13291	7·0	10·9
West	1002		3092	6277	14745	6·2	14·7

Births.

Nine hundred and thirty-nine births were registered in the district during the year, and 21 which were registered in outside districts were transferred to Finchley by the Registrar-General. Most of the latter took place in the Workhouse. The total number is therefore 960 (471 males and 489 females). Of these births 26 were illegitimate. The Birth-Rate for the year is 24.1 per 1,000 of the population. The Birth-Rate for the whole of England and Wales for 1911 was 24.4.

During 1911 the number of births exceeded those of 1910 by 50.

The Birth-Rate for 1910 was estimated to be 20.4, but this was calculated upon too high an estimate of the population, and it must have been at least 22.5, and was probably about 23. The real increase in the rate therefore appears to be about 1.1—a pleasing thing to note, seeing that the Birth-Rate for England and Wales is .4 per 1,000 less than last year.

The number of births and birth-rate (not including transferred births) for each quarter is shewn in the following table:—

		No. of Births.	Birth Rate.
1st Quarter	...	196	4.9
2nd „	...	240	6.0
3rd „	...	275	6.9
4th „	...	228	5.7
		939	23.5

The following table shews the number of births recorded and the birth-rate for each Ward of the District:—

		No. of Births	Birth Rate.
North Finchley	...	297	24.3
East Finchley	...	363	27.3
West Finchley	...	279	18.9

As regards the birth-rate in the different Wards, there has been a marked increase in East Finchley as compared with 1910.

ILLEGITIMATE BIRTHS.—Twenty-six illegitimate births were registered, *i.e.*, 2.7 per cent. of the total births.

Deaths.

The number of deaths registered in the district during the year was 304, as compared with 321 in 1910. From these 304 deaths, 17 must be deducted as not belonging to Finchley, being the deaths which occurred in the various institutions in the district among non-residents. The Registrar-General notified to me 68 deaths of Finchley residents which were registered outside the district; these, of course, have to be added. Therefore the nett total of deaths assignable to this district is 355, which is equal to a death-rate of 8.9. In 1910 the nett total of deaths was 367, *i.e.*, 12 more than this year, but as the rate was calculated upon an over-estimated popula-

tion the death-rate for the year appears as less than that of 1911. In any case the death-rate for 1910 could not have been less than 9, and I estimate it at 9.5. It will be seen, therefore, that actually the death-rate is less than last year.

In comparing death-rates of different districts allowance has to be made for the varying composition of the population as regards age and sex. Districts such as Finchley have an unduly large proportion of young adults, while others may have a higher proportion of persons at the two extremes of life, where the chance of death is greater. On the basis of the Census, a "factor" is obtained for each district, and when comparing death-rates the recorded rates must be multiplied by this factor. The "factor" for Finchley (based on the 1901 Census) is 1.05, and corrected in the manner indicated the death-rate for 1911 becomes 9.3. This is the figure which must be considered when comparing the death-rate of Finchley with those of England and Wales and the County of London, which for 1911 are 14.6 and 15.8 respectively.

Several improvements in the statistical methods have been effected during the year by the Registrar General and the Local Government Board, and it will be observed that the classification of deaths in Table I. differs from that in last year's report. The present classification is what is known as the "International," and will allow of more correct comparisons both in this country and abroad. Further, very desirable additional "age periods" have been made, viz.:—1 to 2; 2 to 5; 25 to 45. Moreover, in order that all deaths may be correctly assigned to the districts to which they really belong, the Registrar-General has devised a scheme by which this can be brought about, and whereby many errors will be avoided.

The following Table I. gives the causes and number of deaths at the various age periods and is self-explanatory:—

Table I.
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1911.

CAUSES OF DEATH.	NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.									TOTAL DEATHS WHETHER OF "RESIDENTS" OR "NON- RESIDENTS" IN INSTITUTIONS IN THE DISTRICT.
	All ages.	Under 1.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and Upwards.	
All causes } Certified ...	355	71	22	6	6	14	55	76	105	30
} Uncertified ...	..	..	..	..	..	..	..	..	..	..
Enteric Fever ...	..	..	..	..	..	..	..	..	..	..
Small-pox ...	..	..	..	..	..	..	..	..	..	..
Measles ...	3	1	1	1	..	..	..	..	..	..
Scarlet Fever ...	..	..	..	..	..	..	..	..	..	..
Whooping Cough ...	10	4	5	1	..	..	..	..	..	..
Diphtheria and Croup ...	4	1	..	..	1	..	1	1	..	1
Influenza ...	5	..	..	..	..	..	..	3	2	..
Erysipelas ...	..	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Fever ...	..	..	..	..	..	..	..	..	..	..
Phthisis (Pulmonary Tuberculosis) ...	23	..	..	..	..	4	12	6	1	..
Tuberculous Meningitis ...	5	2	1	..	1	1	..	..	..	..
Other Tuberculous Diseases ...	6	1	2	..	1	1	..	1	..	2
Rheumatic Fever ...	3	..	..	..	..	..	2	..	1	..
Cancer, Malignant Disease ...	30	..	..	..	..	2	5	12	11	1
Bronchitis ...	17	1	..	..	..	..	2	7	7	..
Broncho-Pneumonia ...	10	3	4	..	..	..	1	1	1	..
Pneumonia (all other forms) ...	10	..	1	1	..	..	2	3	3	2
Other Diseases of Respi- ratory Organs ...	..	..	..	..	..	..	..	..	..	..
Diarrhoea and Enteritis... Appendicitis and Typhlitis ...	31	24	4	..	..	..	..	1	2	..
Alcoholism ...	4	..	..	2	1	..	1	..	..	1
Cirrhosis of Liver ...	5	..	..	..	..	..	2	3	..	..
Nephritis and Bright's Disease ...	12	..	..	..	1	..	3	5	3	2
Puerperal Fever ...	..	..	..	..	..	..	..	..	..	..
Other Accidents and Diseases of Pregnancy and Parturition ...	1	..	..	..	..	..	1	..	..	..
Congenital Debility and Malformation, includ- ing Premature Birth ...	26	25	1	..	..	..	..	..	..	..
Violent Deaths, exclud- ing Suicide ...	9	1	..	..	..	1	5	..	2	1
Suicides ...	4	..	..	..	..	..	3	1	..	1
Valvular Heart Disease ...	12	..	..	..	..	..	1	5	6	1
Other Defined Diseases ...	121	7	3	1	1	5	14	26	64	15
Diseases, ill-defined or unknown ...	4	1	..	..	..	..	..	1	2	3

The following comparison of the operation of the principal causes of death during 1910 and 1911 may be of interest. The marked decrease in Cancer and Valvular Disease of the Heart and the increase in Diarrhœa are the outstanding features:—

	1910.	1911.	Increase.	Decrease.
Measles	1	3	2	—
Scarlet Fever	1	—	—	1
Whooping Cough	4	10	6	—
Diphtheria	4	5	1	—
Enteric Fever	3	—	—	3
Influenza	4	5	1	—
Phthisis	30	23	—	7
Other Tuberculous Diseases...	10	11	1	—
Cancer	50	30	—	20
Respiratory Diseases other than Phthisis	40	37	—	3
Diarrhœa	5	31	26	—
Cirrhosis of Liver—				
Alcoholism	2	5	3	—
Valvular Disease of Heart	20	12	—	8
Accidents	9	8	1	—
Suicides	6	4	—	2
Premature Birth	12	8	—	4
Diseases of Parturition	3	1	—	2

Table shewing death-rate for each Ward:—

Ward.	Estimated Population.	Number of Deaths.	Death Rate.
North Finchley	11,779	121	10.2
East Finchley	13,291	124	9.2
West Finchley	14,745	110	7.4

Ages at Death.

The number of deaths occurring at the different age periods are set out in Table I., and also the number due to each cause. More than 30 per cent. of the total deaths occurred after the age of 65.

Deaths from Epidemic (or Zymotic) Diseases.

The seven chief epidemic diseases are: Smallpox, Measles, Scarlet Fever, Whooping Cough, Diphtheria, Enteric Fever and Diarrhœa. During the year there were 48 deaths from one or other of the above diseases, which is equal to an epidemic death-rate of 1.2 per 1,000 of the population, as compared with 20 deaths and an epidemic death-rate of .43 for 1910.

This increase is entirely accounted for by the deaths from Diarrhœa.

The epidemic death-rate in 1911 for England and Wales is

The incidence and fatality of the epidemic diseases are dealt with separately.

Diagrammatic Representation of the Relative incidence of the Principal Causes of Death During 1911.

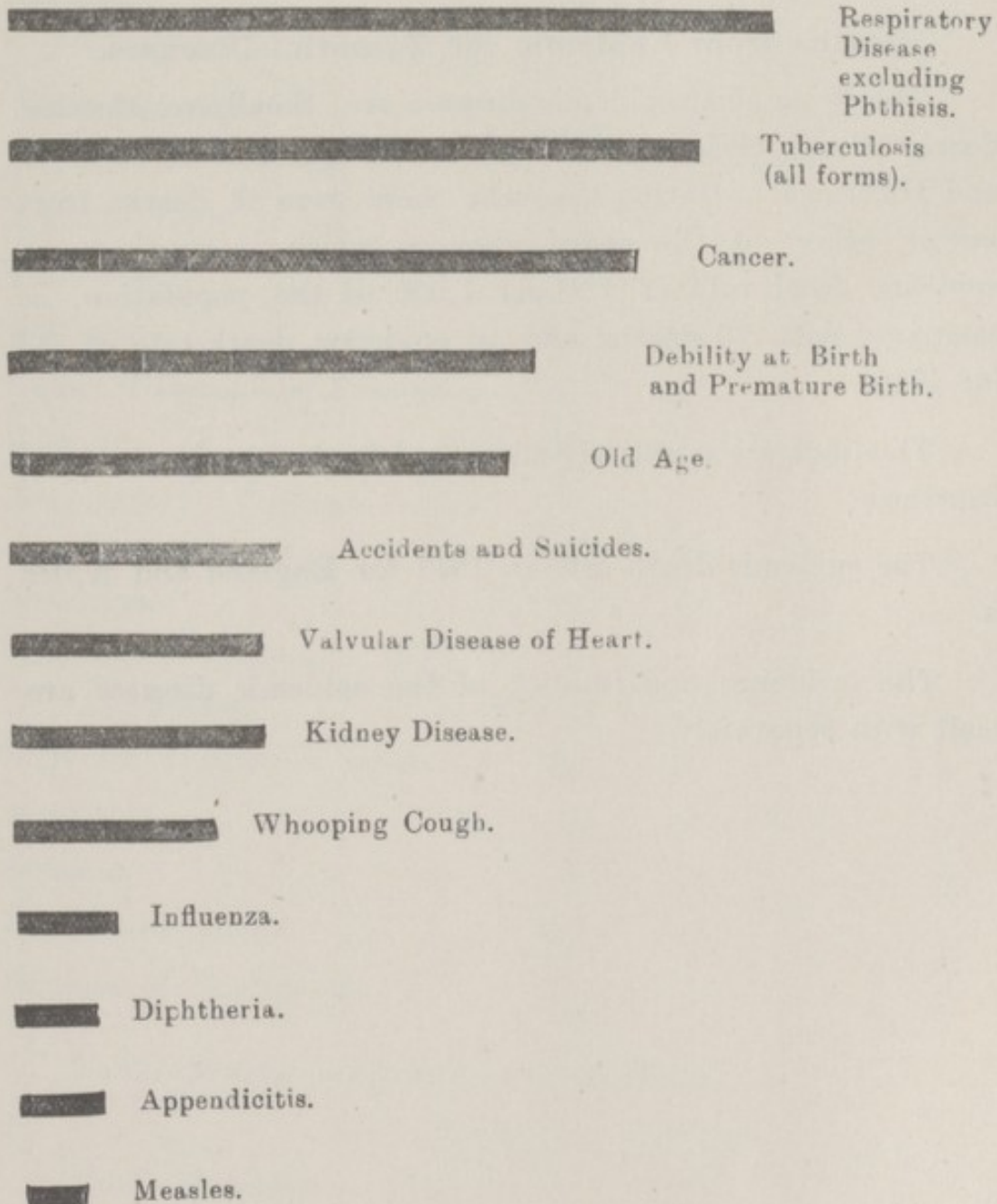


Table II.—TABLE SHOWING THE WARD MORTALITY FOR EACH QUARTER OF THE YEAR 1911.

CAUSES OF DEATH.	NORTH WARD.					EAST WARD.					WEST WARD.				
	Quarters.				Total	Quarters.				Total	Quarters.				Total
	I	2	3	4		I	2	3	4		I	2	3	4	
Enteric Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	3	...	...	...	3	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	2	I	...	...	3	3	I	2	...	6	...	...	I	...	I
Diphtheria and Croup ...	I	I	...	...	2	I	...	...	...	I	I	...	...	...	I
Influenza ...	...	...	...	2	2	...	...	...	...	...	I	...	I	I	3
Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro Spinal Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis (Pulmonary Tuberculosis)...	3	...	...	2	5	5	...	2	3	10	I	4	I	2	8
Tuberculous Meningitis ...	I	...	2	...	3	...	I	...	I	2	...	...	...	...	...
Other Tubercular Diseases ...	I	...	I	I	3	I	...	...	2	3	I	...	...	...	...
Rheumatic Fever ...	I	...	...	...	I	...	...	...	...	...	...	...	...	2	2
Cancer—Malignant Disease ...	4	4	3	3	14	2	...	3	I	6	I	4	3	2	10
Bronchitis ...	4	...	4	I	9	4	...	...	...	4	2	I	I	...	4
Broncho-Pneumonia ...	3	...	...	3	6	I	...	...	I	2	I	...	...	I	2
Pneumonia (all other forms) ...	I	I	...	...	2	...	I	2	...	3	2	I	I	I	5
Other Diseases of Respiratory Organs	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea and Enteritis ...	I	I	4	2	8	...	...	14	I	15	2	...	4	2	8
Appendicitis and Typhlitis ...	I	...	...	...	I	...	...	...	I	I	...	I	I	...	2
Alcoholism ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cirrhosis of Liver ...	...	I	I	I	3	...	...	I	...	I	...	I	...	...	I
Nephritis and Bright's Disease ...	I	I	...	...	2	I	I	I	3	6	I	I	I	I	4
Puerperal Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Accidents and Diseases of Parturition ...	...	...	...	I	I	...	...	...	...	...	...	...	...	...	...
Congenital Debility, Malformation and Premature Birth ...	2	I	3	3	9	3	2	2	3	10	I	...	3	3	7
Violent Deaths (excluding Suicides)...	I	...	I	...	2	I	3	...	I	5	...	2	...	...	2
Suicides ...	...	...	...	...	...	...	I	I	I	3	...	...	...	I	I
Other Defined Diseases ...	12	11	8	8	39	9	5	9	17	40	6	11	10	15	42
Valvular Heart Diseases... ..	I	I	...	...	2	2	I	...	2	5	2	2	...	I	5
Diseases ill-defined ...	I	...	...	...	I	I	...	...	...	I	I	I	...	...	2
Totals	44	23	27	27	121	34	16	37	37	124	22	29	27	32	110

Causes of Death.

INFANTILE MORTALITY.

Seventy-one deaths occurred among infants under 1 year of age, which equals a death-rate of 73.9 per 1,000 under the age of one year, as compared with 56 deaths and a death-rate of 62.9 for the year 1910. The Infantile Death-Rate for the whole of England and Wales was 130, and for the County of London was 128.

The increase both in this district and throughout the country is largely attributable to Diarrhœa. During 1910 the number of deaths in Finchley from this cause was 5, whereas the number rose to 24 during 1911. If these 19 extra deaths are subtracted from the total deaths among infants it brings the number below that of 1910. I refer to the subject of Diarrhœa later in the report.

The following table shews the number of deaths under one year of age, and the infantile death-rate for each Ward in the district:—

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total Number of Deaths	Mortality Rate per 1,000
North Finchley ...	5	3	9	4	21	70.7
East Finchley ...	5	7	15	8	35	96.4
West Finchley ...	3	1	7	4	15	53.7

Table II. sets out all the particulars regarding the Infantile Mortality.

One death occurred from overlaying. The child was under one week old. The Health Visitor always strongly advocates the provision of separate cots for all infants, and it is quite easy to improvise one out of an old orange box. I am informed that the majority of mothers do provide these cots.

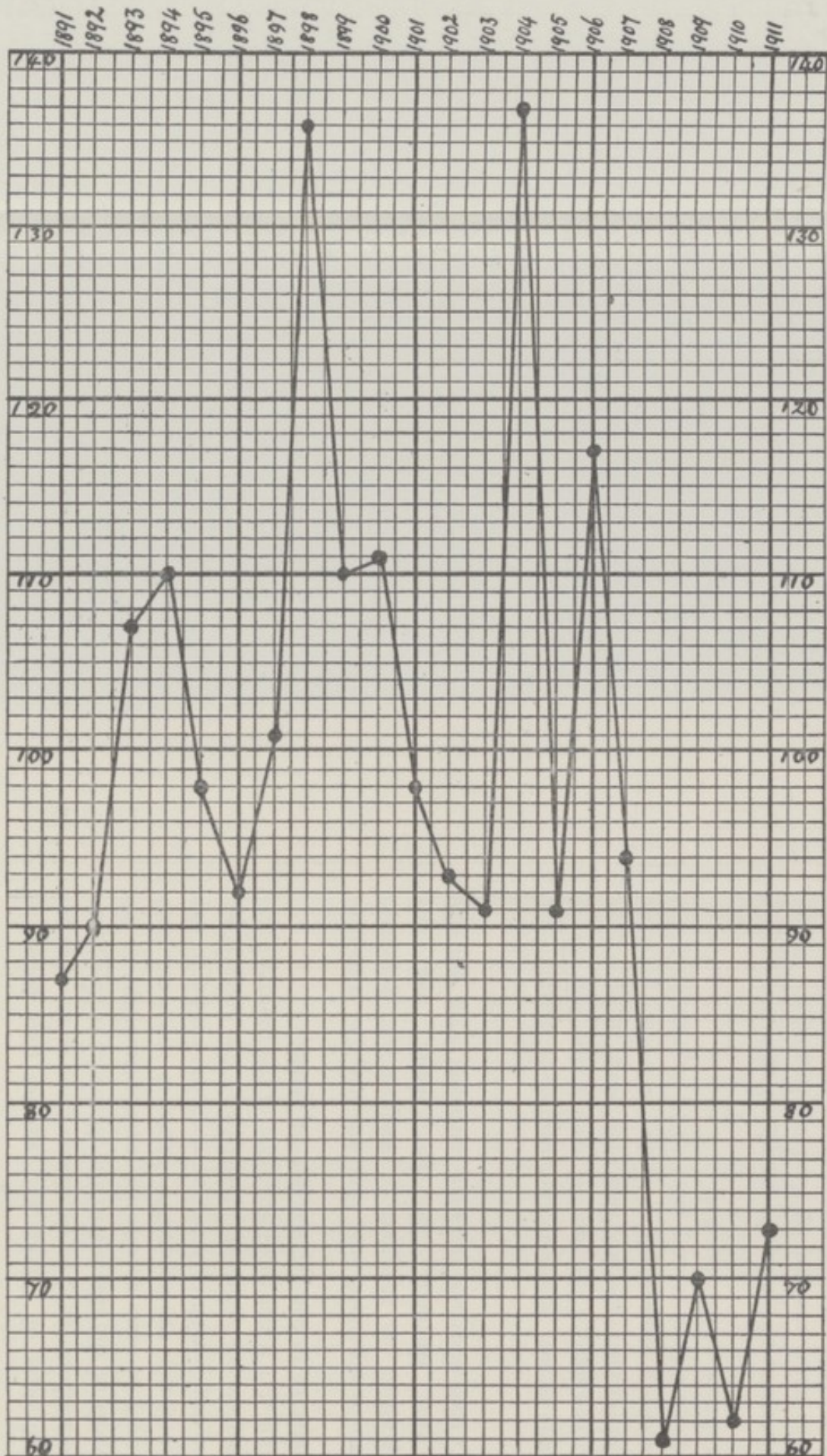
Table shewing the comparative mortality among legitimate and illegitimate children:—

		Number of Births	Number of Deaths	Percentage of Deaths
Legitimate	...	934	65	6.9
Illegitimate	...	26	6	23.0

DEATHS OCCURRING BETWEEN THE AGES OF 1 AND 5 YEARS.

—There were 28 deaths at this age-period as compared with 20 during 1910. Measles and Whooping Cough accounted for 8, Diarrhœa for 4, Appendicitis for 2. Although no death occurred from burns during the year it may not be out of place to utter a warning about the use of fire-guards. These are not always provided and the Health Visitor has been instructed to make a special report in cases where she finds young children are thereby endangered. It does not appear to be generally known that the Children Act, 1908, provides for a penalty being imposed on persons allowing children to be in rooms containing insufficiently protected fire-grates.

CHART I.—Showing the fluctuations in the Infantile Mortality Rate for the past 20 years.



Notification of Births Act.

This Act has now been in force in the district for nearly four years, and yet it is surprising how many people there are who are quite ignorant of its main provisions.

The Notification of Births Act requires that notice in writing of the birth of the child should be given to the Medical Officer of Health of the district within 36 hours of its occurrence. The duty of such notification rests primarily on the father if he actually resides in the house at the time, and secondly, upon any person in attendance on the mother at the time of, or within six hours of, the birth. The notification required by this Act is not in substitution of the requirements of any Act relative to the registration of births.

There can be no doubt that this Act has met with considerable opposition on the part of medical men generally throughout the kingdom, as they state, and not unreasonably, that they are unfairly burdened with a statutory duty.

I am bound to say, however, that neglect to comply with the Act upon the part of the medical men is due now not so much to opposition, as to the fact that it is one of those obligations that are easily forgotten by a doctor in a busy practice, and my efforts have been mainly directed to impress upon the parents their duties under this Act.

The notifications of births are compared with the weekly returns of births which are sent by the local Registrar. When it is found that a birth has not been notified a letter is sent to the parents calling their attention to the omission and requesting them to notify at once. In the poorer parts of the district the Nurse calls at the home, whether the birth has been notified or not. In some cases the first letter has had to be followed by one of more peremptory wording, which usually has the desired effect.

The following shews how the Act has been observed during the year:—

Birth Notifications, 1911.

Number of births registered—940.

No. of parents who notified.	No. of Doctors who notified.	No. of Cert. Nurses who notified.	No. of other people who notified.
515	292	46	53

Total number who notified.—906.

Number of people who notified without a letter—708 = 75 per cent. of all births (last year 74 per cent. were notified).

Number of letters sent—198.

Number of people who had not notified up to and including December 31st, 1911—34.

The Health Visitor usually makes her call about 10 days after the birth of the child. In this way I find that all friction is avoided, as by this time the midwife has usually ceased her attendance, and there is no complaint of interference. Enquiry is made as to the methods of feeding, etc., and a printed card is left giving detailed directions as to how to feed the infant, etc. The personal advice and supervision of the Nurse is, however, of the greatest value, as very often the people for whom these cards are prepared are too indifferent to read them.

The earlier these visits of the Nurse can be made the better, but in the very cases where they are most necessary information first reaches us through the weekly returns of the Registrar, and by then the child, if it has survived, is usually six or seven weeks' old.

I feel bound to admit that these two duties of notification and registration are most confusing to the public mind, and, personally, I should like to see the Notification of Births Act repealed and it made compulsory to *register* the birth of the child *within 5 days* of the event. This would remove all confusion, and I believe would be found to be of greater usefulness to health officials than the present dual method.

Work of the Health Visitor.

In connection with the Notification of Births Act a much larger number of visits has been made during 1911 than in previous years. During 1911 the number of homes visited by the Nurse was 208, and the number of visits was 272. The Nurse shewed great zeal in visiting these homes during the period when diarrhœa was so prevalent.

Knowing the greater chances of survival among breast-fed infants this most desirable method of feeding is advocated wherever possible. The Nurse reports that, out of the 208 visited, 139 of the babies were breast-fed.

In addition to her work in connection with the Notification of Births Act the Health Visitor made 41 visits after notification of Phthisis.

Table III.

SHOWING THE CAUSES OF INFANTILE MORTALITY IN THE DISTRICT DURING EACH OF THE FOUR QUARTERS OF THE YEAR 1911.

CAUSE OF DEATH.	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Totals.
All causes { Certified Uncertified.	13	9	33	16	71
Small-pox	—	—	—	—	—
Chicken-pox	—	—	—	—	—
Measles	1	—	—	—	1
Scarlet Fever	—	—	—	—	—
Diphtheria and Croup	—	1	—	—	1
Whooping-cough	1	1	2	—	4
Diarrhœa	—	1	9	2	12
Enteritis	1	—	11	—	12
Tuberculous Meningitis	—	1	—	—	1
Abdominal Tuberculosis	—	—	1	—	1
Other Tuberculous Diseases	—	—	—	1	1
Congenital Malformation	—	—	1	—	1
Premature birth	3	—	2	5	10
Atrophy, Debility and Marasmus... ..	—	3	2	4	9
Atelectasis	—	—	—	—	—
Injury at Birth... ..	1	—	—	1	2
Erysipelas	—	—	—	—	—
Syphilis	—	—	—	—	—
Rickets	—	—	—	—	—
Meningitis (<i>not Tuberculous</i>)	—	—	1	—	1
Convulsions	2	1	3	—	6
Gastritis	—	—	—	—	—
Laryngitis	1	—	—	—	1
Bronchitis	1	—	—	—	1
Pneumonia (all forms)	2	—	1	1	4
Suffocation, overlying	—	1	—	—	1
Other causes	—	—	—	2	2
TOTAL.	13	9	33	16	71

Table IV.—INFANTILE MORTALITY DURING THE YEAR 1911.

CAUSE OF DEATH.		Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One Year.
All Causes.	Certified	16	4	6	3	29	4	13	13	12	71
	Uncertified										
{ Small pox ... ..	...	...	...	...	...	...	...	...	...	...	...
{ Chicken pox ... ..	...	...	...	...	...	...	...	...	...	...	...
{ Measles ... ..	...	...	...	...	...	...	...	...	...	...	...
{ Scarlet Fever ... ..	...	...	...	...	...	...	...	...	...	...	...
{ Diphtheria and Croup ...	...	...	...	...	...	...	1	...	...	...	1
{ Whooping Cough ... ..	...	...	...	...	...	...	...	...	2	2	4
{ Diarrhœa ... ..	...	...	3	...	3	2	6	4	3	...	18
{ Enteritis ... ..	...	...	1	...	1	...	3	1	2	...	7
{ Tuberculous Meningitis...	...	...	...	...	...	...	1	...	...	...	1
{ Abdominal Tuberculous...	...	...	...	...	...	...	...	...	1	...	1
{ Other Tuberculous Diseases	...	...	...	...	...	...	...	1	...	...	1
{ Congenital Malformations ...	...	2	...	...	2	...	...	...	...	...	2
{ Premature Birth ... ..	...	8	2	2	...	12	...	...	...	...	12
{ Atrophy, Debility and Marasmus	...	3	1	...	1	5	...	2	1	...	8
Atelectasis ... ..	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth ... ..	...	2	...	...	...	2	...	...	...	...	2
Erysipelas ... ..	...	...	...	...	...	...	...	...	...	...	...
Syphilis ... ..	...	...	...	...	...	...	...	...	...	...	...
Rickets ... ..	...	...	...	...	...	...	...	...	...	...	...
Meningitis (<i>not Tuberculous</i>)	...	...	...	...	...	...	1	...	...	...	1
Convulsions ... ..	...	...	1	1	...	2	...	...	1	...	3
Gastritis ... ..	...	...	...	...	...	...	...	...	...	...	...
Laryngitis ... ..	...	...	...	...	...	...	...	...	1	...	1
Bronchitis ... ..	...	...	...	1	1	...	...	...	...	...	1
Pneumonia (all forms)	...	...	...	...	...	...	...	...	3	...	3
Suffocation, overlying	...	1	...	...	...	1	...	...	...	...	1
Other Causes ... ..	...	...	...	...	...	...	...	3	...	...	4
		16	4	6	3	29	4	13	13	12	71

Nett Births in the year { Legitimate, 934
 { Illegitimate, 26

Nett Deaths in the year of { Legitimate Infants, 65
 { Illegitimate Infants, 6

Deaths in Various Institutions within the District.

	1st Qr.	2nd Qr.	3rd Qr.	4th Qr.	Total.
Home for Homeless Children, Fallow Corner	—	1	—	—	1
National Hospital Convalescent Home, East Finchley	2	—	—	1	3
Woodside Home, Whetstone	6	2	—	2	10
Home of the Good Shepherd, East Finchley	—	1	—	1	2
St. Joseph's Home, East Finchley	—	—	—	1	1
Finchley Cottage Hospital	1	3	4	4	12
Barrymore, Bow Lane ...	1	—	—	—	1
Totals ...	10	7	4	9	30

The Public Mortuary.

Thirty-three bodies were deposited during the year in the Public Mortuary in Summers Lane, as against 48 in the preceding year; 25 of these had been residents of Finchley, 5 of Friern Barnet, 1 of Leytonstone, 1 of Clapham, and 1 unknown.

Inquests, 1911.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Heart Disease	2	1	1	—	4
Convulsions	1	1	—	—	2
Accident	—	1	—	—	1
Suicide	—	1	—	1	2
Meningeal Hæmorrhage	—	1	—	—	1
Asphyxia	—	1	—	1	2
Chronic Bronchitis	—	—	1	—	1
Diarrhœa	—	—	1	—	1
Intussusception	—	—	2	—	2
Cirrhosis of Liver	—	—	1	—	1
Cerebral Hæmorrhage	—	—	—	1	1
Murder	—	—	—	1	1
Dilated Stomach	—	—	—	1	1
Apoplexy	1	—	—	—	1
Syncope	1	—	—	—	1

INQUESTS HELD UPON FINCHLEY RESIDENTS WHO DIED OUTSIDE THE DISTRICT.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Accident	2	1	1	—	4
Suicide	—	1	1	—	2
Heart Failure	—	1	—	—	1

Table V.

A COMPARISON OF THE RATES OF THE FINCHLEY DISTRICT WITH THOSE OF ENGLAND AND WALES, THE 77 GREAT TOWNS, AND LONDON GENERALLY, FOR THE YEAR, 1911.

	General Death Rate	Rate of Infantile Mortality.	Birth-Rate.
England and Wales ...	14·6	130	24·4
The 77 Great Towns ...	16·4	140	25·6
London Generally ...	15·8	128	25·0
The Finchley District ...	8·57	73·9	24·1

Table VI.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1911 AND PREVIOUS YEARS.

YEAR.	Population estimated to middle of each year.	BIRTHS			Total Deaths Registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
		Uncorrected Number.	Nett.		Number.	Rate.	Of Non-residents registered in the District.	Of Residents not registered in the District	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1906...	30,750	—	773	25·1	337	11 0	22	45	91	117·7	360	11·7
1907...	36,321	—	889	24·5	313	8·6	10	54	84	94·5	357	9·8
1908...	39,499	—	888	22·2	289	7·3	6	56	54	60·8	339	8·58
1909...	41,627	—	848	20·3	309	7·42	8	53	60	70·7	354	8·50
1910...	43,489	—	889	20·4	321	7·33	14	60	56	62·9	367	8·4
1911...	39,815	939	960	24·1	304	7·6	17	68	71	73·9	355	8·9

Area of District in acres (exclusive of area covered by water) 3,384.

At Census of 1911.

Total population at all ages 39,425.

Number of inhabited houses 8,349.

Average number of persons per house 4·7.

Table VIa.

Table VI. gives the comparison of various rates with those of previous years. The estimated population of the District at the middle of each year has lately been sufficiently inaccurate to materially affect the rates calculated thereon. I have therefore thought it advisable to issue Table VIa, in which the population at the middle of each year has been revised in accordance with the Census data. The population has increased 15,620 in the last ten years, i.e. at the average rate of 1,562 each year. I have estimated the population for the past five years on this basis, and this gives figures that are very much more reliable than those in Table I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		Total Deaths Registered in the District		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE DISTRICT.				
		Uncorrected Number.		Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 year of age.		At all Ages.		
		Number.	Rate.					Number.	Rate per 1 000 Nett. Births.	Number.	Rate.	
1906	32 005	...	773	24·1	337	10·5	22	45	91	117·7	360	11·2
1907	33,567	...	889	26·1	313	9·3	10	54	84	94·5	357	10·6
1908	35 129	...	888	25·2	289	8·2	6	56	54	60·8	339	9·6
1909	36,691	...	848	23·1	309	8·4	8	53	60	70·7	354	9·7
1910	38,253	...	889	23·2	321	8·3	14	60	56	62·9	367	9·5
1911	39,815	939	960	24·1	304	7·6	17	68	71	73·9	355	8·9

Table VII.

Area of district in acres (exclu- sive of area covered by water).	} 3,384	Total population at all ages — 39,425	} At Census of 1911.
		Number of Inhabited Houses — 8,349	
		Average number of persons per house ... — 4.7	

¹ Institutions within the District receiving sick and infirm persons from outside the District.	² 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. Middlesex County Asylum, Napsbury. Middlesex County Asylum, Wandsworth. Friedenhiem Hospital, Hampstead. St. Pancras Workhouse. Royal Free Hospital. London Hospital. Islington Infirmary.

The Union Workhouse is situated in the Barnet Urban District.

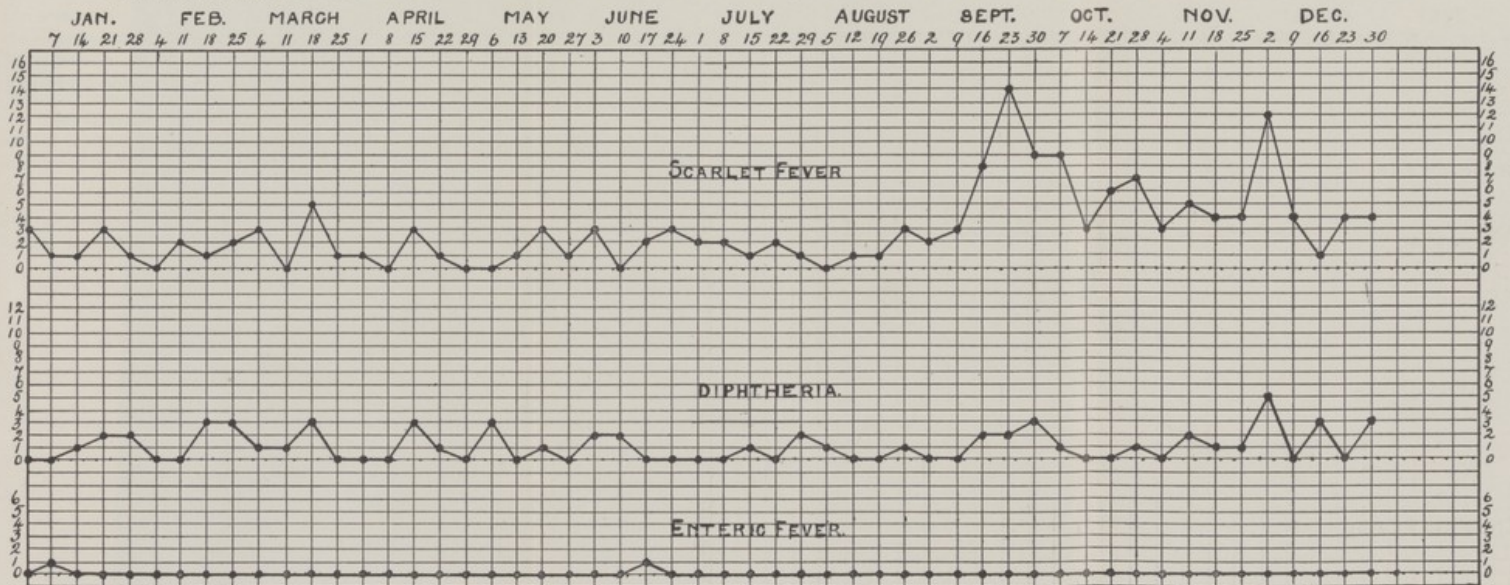
Table 1

Year	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
1	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
2	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
3	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
4	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
5	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
6	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
8	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
9	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
10	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
11	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
12	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
14	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
15	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
16	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
17	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
18	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
19	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
20	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
21	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
22	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
23	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
24	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
25	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
26	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
27	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
28	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
29	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
30	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
31	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
32	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
33	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
34	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
35	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
36	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
37	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
38	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
39	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
40	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
41	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
42	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
43	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
44	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
45	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
46	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
47	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
48	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
49	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
50	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0

Source: Author's calculations based on data from the U.S. Census Bureau, Current Population Reports, Series P20-505, 1980-1990.

CHART II.

GRAPHIC REPRESENTATION OF NUMBER OF CASES OF SCARLET FEVER, DIPHThERIA & ENTERIC FEVER NOTIFIED DURING EACH WEEK.





Incidence of Infectious Disease.

The total number of cases notified during 1911 (excluding Chicken Pox and Phthisis) was 239 as compared with 212 during the year 1910.

Chicken Pox was temporarily added to the list of Notifiable Diseases for three months from April 13th. This course was taken as a precautionary measure on account of the occurrence of Small Pox in an adjoining district; in all 18 notifications were received. Phthisis is considered under a separate heading.

Chart II. gives a graphic representation of the number of cases of Scarlet Fever, Diphtheria and Enteric Fever notified during each week of the year.

Table VIII. shews the number of cases notified at the different ages—the number occurring in each Ward, and the number removed to hospital.

Table VIII.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1911.

NOTIFIABLE DISEASE.	NO. OF CASES NOTIFIED IN WHOLE DISTRICT.								TOTAL CASES NOTIFIED IN EACH LOCALITY			NO. OF CASES REMOVED TO HOSPITAL FROM EACH WARD.			Total cases removed to Hospital.	
	At all Ages.	At Ages—Years.							1 East Ward.	2 West Ward.	3 North Ward.	4 East Ward.	5 West Ward.	6 North Ward.		
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards.								
Small-pox...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous croup)	57	1	15	28	4	8	1	..	30	12	15	16	3	12	31	31
Erysipelas ..	23	..	1	1	6	11	1	3	4	12	7	..	..	..	..	..
Scarlet Fever ..	153	..	36	99	10	8	..	..	46	28	79	38	11	63	112	112
Typhus Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever ..	3	..	1	1	..	..	..	1	1	..	1	..	1	..	1	1
Relapsing Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever ..	3	..	..	..	1	2	..	..	2	1	..	2	..	..	2	2
Plague ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Phthisis {	Under Tuberculosis Regulations, 1908 ..	7	..	..	..	5	2	..	3	..	4	..	..	..	..	..
	Under Tuberculosis Regulations, 1911 ..	26	..	..	1	9	15	1	12	4	10	..	..	..	..	..
	Others	9	..	..	1	6	1	1	5	3	1	..	..	..	..	..
Chicken Pox ..	18	..	8	10	..	..	..	..	3	9	6	..	..	..	..	..
Totals ..	299	1	61	140	31	55	6	5	106	70	123	56	15	75	146	146

Isolation Hospital—Name and Situation } Hornsey Isolation Hospital, Coppets Road, Muswell Hill, N. Total available beds 25 Number of Diseases that can be concurrently treated } 3

Table IX. shews the incidence of the principal infectious diseases and the number of deaths from each during a series of years.

Table IX.

SHOWING THE NUMBER OF CASES AND DEATHS FROM THE PRINCIPAL INFECTIOUS DISEASES NOTIFIED FROM AMONG RESIDENTS DURING THE YEARS 1890—1911 (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
1908	...	...	143	4	42	4
1909	...	...	97	2	77	4
1910	...	...	89	1	89	5
1911	...	...	153	...	57	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
1908	17	...	2	1	25	...
1909	21	1	3	...	7	...
1910	19	...	3	1	12	3
1911	23	...	3	...	3	...

The following table shews the number of cases of infectious disease which occurred in each Ward:—

	Scarlet Fever	Diph- theria	Enteric Fever	Erysipelas	Puerperal Fever	Total
North Finchley	79	15	1	7	0	102
East Finchley	46	30	1	4	2	83
West Finchley	28	12	1	12	1	54
—	—	—	—	—	—	—
	153	57	3	23	3	239
—	—	—	—	—	—	—

Of these 239 cases, 146 were removed to the Isolation Hospital, or 61.0 per cent., as compared with 58.4 per cent. last year.

The following table shews the number of cases removed to the Hospital from each Ward of the district:—

	Scarlet Fever	Diph- theria	Enteric Fever	Total
North Finchley	63	12	0	75
East Finchley	38	16	0	54
West Finchley	11	3	1	15
—	—	—	—	—
	112	31	1	144
—	—	—	—	—

The number of deaths and death-rate from the following diseases is shown in the table below:—

	Number	Death Rate per 1,000 of population
Scarlet Fever	—	—
Diphtheria	4	.1
Enteric Fever	—	—
Erysipelas	—	—
Measles	3	.07
Whooping Cough	10	.25
Diarrhoea	31	.78

Scarlet Fever.

Scarlet Fever was somewhat prevalent during 1911. The number of cases notified being 153, as compared with 89 during the year 1910. The largest number of notifications was received in September. A reference to Chart II. will shew that up to about the first week in September the number of cases notified per week did not fluctuate much. During the week ending September 16th eight cases were notified in North Finchley, and a second crop of 14 during the following week. From this time onwards this number kept well above the normal until December 9th.

The type of the disease was unusually mild, as will be seen by the fact that out of the whole number of cases notified not a single death occurred. During the outbreak the Schools were almost daily visited by the Medical Officer of Health or the School Nurse, and owing to the excellent way in which the Teachers and Attendance Officers co-operated in the matter of exclusion of children from infected houses and of children showing any suspicious symptom of the disease, the necessity for school closure did not arise.

Scarlet Fever is often a most difficult disease to control in towns, and where the type is a mild one the difficulty increases. In these mild cases the patient is often not appreciably ill, perhaps not even "out of sorts"—the rash may be so slight or evanescent as to be entirely overlooked, and the case is only discovered (if discovered at all) when "peeling" has commenced. In the interval the patient may have been the means of infecting his associates. In order to detect any such "missed" case, the Teachers were most alert, and rendered valuable assistance in controlling the disease.

The 153 cases represent infection in 127 houses.

The cases removed to hospital were 112, equal to about 75 per cent. of the cases notified.

The fatality of Scarlet Fever, taking the country as a whole, is about 3 per cent. It is considerably less than it used to be three or four decades ago, and even in recent years epidemics have occurred where the fatality has been considerably greater than 3 per cent. A glance at Table IX. will show how it has varied in Finchley during the past 20 years. In 1906 the fatality was approximately 4 per cent. and 1911 establishes a pleasing record of the other extreme.

The average fatality rate in Finchley during the last 20 years was 1.2 per cent.

Diphtheria and Membranous Croup.

The number of cases of Diphtheria notified during 1911 was 57, as compared with 89 in 1910. The 57 cases represent infection in 44 houses. Five deaths occurred, which is equal to a case fatality of 8.7. This is by no means a high rate for so treacherous a disease, and I am confident this is to a large extent due to the promptness which the local medical practitioners show in using the Antitoxin.

In the majority of the cases the diagnosis was verified by bacteriological examination.

During the year the Education Committee, upon the advice of the medical officer of health, made a rule that no convalescent from Diphtheria should be permitted to return to school until the throat had been proved by bacteriological examination to be free from the germs of the disease. Such examinations are made as a routine before a patient leaves the Isolation Hospital, and where a case is isolated at home the medical attendant invariably complies with the request that a swab should be taken. Increasing use is being made of the Council's Laboratory, and during the year 168 throat and nose swabs were received for examination.

Provision of Diphtheria Antitoxin.

A supply of Antitoxin is kept at the Council Offices, where it can be obtained at any hour day or night. The immense importance of the prompt use of this remedy in the treatment of Diphtheria cannot be over-estimated, statistics furnishing over-whelming proof of the increase in fatality the longer its administration is delayed. 86,000 units of Antitoxin were supplied by the Council during the year.

Measles.

Measles was very prevalent in the spring of the year, and 3 deaths were registered. It is a highly infectious disease and spreads rapidly in schools. The rash of measles does not appear until three or four days after the commencement of the infectious period; during the interval the child often has the appearance of merely suffering from "a cold in the head." It became necessary to resort to closure of departments in six schools.

Whooping Cough.

More than the usual number of cases of Whooping Cough occurred, and 10 deaths were registered, as compared with 4 in the year 1910. All the deaths were among children under the age of 5 years.

Enteric Fever.

Three cases of Enteric Fever were notified. Two of them gave positive Widal reactions. In the other, although several specimens of blood were examined, the positive reaction was not obtained. Careful investigation in each case failed to discover the source of infection, and the patients resided in quite different parts of the district. The water supply in all three houses was from the public supply, and no suspicion rested upon any food which had been taken. No serious sanitary defect was found on any of the premises. All the patients made a good recovery.

Puerperal Fever.

Three cases were notified. All were carefully investigated and the necessary precautions taken to prevent the spread of infection. None of these cases were attended by a registered midwife.

Erysipelas.

Twenty-three cases were notified. No death occurred. The cases all occurred in different houses.

Small Pox.

No case of Small Pox was notified during 1911.

Vaccination.

An average of over 900 children are born in the district each year, and allowing for deaths, removals, etc., about 720 should have been vaccinated. The following are the Vaccination Returns for the year ending December 31st, 1911, in so far as they affect Finchley. They have been kindly extracted from the Returns for the whole Union by the Vaccination Officer of the Barnet Union, to whose courtesy I am much indebted:—

Certificates of successful vaccination of children				
under the age of 14	...	...	...	481
Certificates of insusceptibility	...	...	...	8
Statutory declaration of conscientious objection				
to vaccination	...	...	...	230

Cancer.

Cancer and allied malignant disease was the cause of 30 deaths during the year. This is equal to a death-rate of .76 per 1,000, as compared with 1.1 for 1910.

The following table gives the number of deaths and the death-rate from cancer for the last 10 years:—

	No. of Deaths.	Death Rate per 1,000.
1900	19	.82
1901	20	.84
1902	16	.64
1903	22	.91
1904	19	.74
1905	23	.80
1906	24	.78
1907	32	.88
1908	21	.53
1909	34	.81
1910	50	1.1
1911	30	.76
Average for last 10 years	24.1	.79

The Cancer death-rate for England and Wales for the year 1909 (the last for which complete figures are at present available) was .95 per 1,000.

It is at least satisfactory to record so low a rate for Finchley, but it would be too much to hope that the fall in the death-rate was anything but temporary. For the past half century the death-rate from Cancer for the country generally has steadily increased, and has more than doubled in the last forty years.

Some of this increase is due to altered death classification, some malignant diseases not formerly grouped with cancer being now included under that heading. Making liberal allowance for any such discrepancy, however, Cancer stands out as a disease which exhibits a very definite increase of mortality. Notwithstanding the fact that for years the

most patient researches have been made by men of the greatest skill, little is at present known of its cause, and thus it is impossible to direct any special preventive measures against it.

Diarrhœa.

Thirty-one deaths were due to diarrhœa—24 among children under one year of age, and 28 among children under two years of age. Last year the total number of deaths from this cause was five. The mortality from diarrhœa varies very considerably from year to year, being at its highest in hot and dry summers, and the exceptionally hot and dry weather experienced during the summer of 1911 exacted a heavy toll on the child life of the whole country. Epidemic diarrhœa makes its greatest ravages in crowded areas, and especially where insanitary conditions prevail. There is considerable evidence to show that infantile diarrhœa is a form of food-poisoning, breast-fed infants being remarkably exempt. Milk, the staple food of the child, is readily contaminated by flies, exposure to dust or filth, not only before being delivered, but by careless storing in the home, and where the climatic conditions are favourable the rapidity with which the organisms multiply in the fluid is astounding.

The greatest mortality from diarrhœa usually coincides with the highest reading of the earth-thermometer placed four feet below the surface. This is a less sensitive indicator than the air-thermometer. The average temperature recorded by this instrument in the London district during July and August was 64.2 degrees Fahrenheit.

Early in August the Local Government Board addressed a circular letter to all Sanitary Authorities urging upon them the necessity of using every means to avert or minimise the excessive child mortality that was occurring. All possible zeal was shewn by the Inspectors in securing prompt removal of manure and other refuse from the vicinity of dwellings,

and extra attention was given to the premises in the poorer parts of the district. The Health Visitor was also indefatigable in her efforts to secure cleanliness inside the houses, and carefulness in the feeding of children.

It may be assumed that practically all the increase in the infantile mortality throughout the country was due to diarrhoea, and the following table shews the Infantile Mortality Rates for 1910 and 1911, and the percentage of increase upon the former year.

Infantile Mortality.

	1910.	1911.	Increase on 1910.
England and Wales ...	106	130	22·6 per cent.
London Generally ...	103	128	24·2 ..
Finchley	62	73	17·7 ..

That Finchley compares so favourably with other districts is due to a great extent to the natural advantages which it possesses, but not a little, also, to the fact that the policy of the Council has for years been directed to securing a high standard of sanitation throughout the district.

Isolation Hospital for Small Pox.

This is situated in Summers Lane, and is capable of accommodating about 26 patients. The older block is constructed of brick, and contains two separate wards, each containing 4 beds. The newer block is of corrugated iron lined with match-boarding, and comprises two separate wards, each containing 8 beds. Bath-room and w.c. is attached to each ward.

At present there is an agreement with the Hornsey Borough Council whereby Finchley guarantees to accommodate a certain number of Small Pox cases which may occur in Hornsey. This agreement terminates in March, 1913.

During the year one case of Small Pox was isolated, the patient being a Hornsey resident. The patient was admitted to the hospital on March 21st, 1911, and discharged on May 17th, 1911.

Isolation of Patients suffering from Other Infectious Diseases.

The arrangement with the Hornsey Borough Council for the reception of Finchley patients suffering from Scarlet Fever, Diphtheria, or Enteric Fever expires on March 31st, 1913. The number of beds which were guaranteed by this agreement has of late years frequently proved inadequate, but by the courtesy of the Hornsey Authorities more beds have been at times placed at our disposal whenever the accommodation at Coppett's Road Hospital has warranted it. Patients have also been sent to other institutions outside the district and the difficulty of isolation overcome in various ways. After considering the terms and conditions on which the Hornsey Borough Council were prepared to continue to receive Finchley patients after March, 1913, the Council decided to approach the Urban District Council of Hendon with a view to combining to build a joint-hospital for the two authorities under the powers conferred by Section 131 of the Public Health Acts, 1875. It was considered that the latter scheme offered more advantages than the former, and the arrangements between the two Councils are being concluded.

Refuse Removal and Destruction.

The Council contract for the weekly removal of house refuse, which, after collection, is burnt at the Sewage Farm. A small charge is made for the removal of trade refuse. The method of dealing with the refuse at the Sewage Farm has many disadvantages, and the Council have decided to erect a modern destructor. The Engineer has the matter well in hand and the work should soon be in progress. Some nuisance is occasionally caused by overloading the carts in which the refuse is being collected, and thus littering the roadway; also, unless care is taken during windy weather, some of the contents of the carts are liable to be scattered. I do not think the covering-sheets are always used carefully, and there is no doubt that properly covered dust carts would be desirable.

Pulmonary Tuberculosis (Phthisis: Consumption),

Twenty-three deaths from Phthisis occurred, which is equal to a death-rate of .58 per 1,000 of the population. During 1910 the number of deaths from this cause was 30. The Phthisis death-rate for Finchley is considerably below that for England and Wales.

Forty-three notifications of the disease were received during the year.

In March, 1911, the Local Government Board issued Regulations by which the notification of all cases of Phthisis treated in general hospitals was made compulsory, and during the year 26 notifications were received thereunder.

These Regulations marked the second stage in the Board's scheme of bringing Consumption under control by making it a notifiable disease. The third and final stage was reached in November of the year, when the Public Health (Tuberculosis) Regulations, 1911, were made. Under one or other of these Regulations it is made compulsory for medical practitioners to notify to the Medical Officer of Health the name and address of any patient upon whom he is attending and whom he finds to be suffering from the disease. The notification must be made in prescribed form and transmitted within 48 hours.

In addition to imposing the duty of notification upon medical practitioners the Regulations confer special powers upon Councils, and direct the Medical Officer of Health to carry out certain duties.

All the Regulations provide that nothing shall be done which is likely to render the patient, or a person in charge of the patient, liable to a penalty, or to subject the patient to any restriction, prohibition or disability on the ground that he is suffering from Pulmonary Tuberculosis.

A system of *voluntary* notification of Consumption has been in force in Finchley for over seven years, but only a small proportion of the cases were notified. This has been the

experience of the few districts where such a system was adopted. The pioneer work, which has been undertaken by progressive sanitary authorities has had the result of awakening the public to the urgent need of using every possible means to control the scourge and has undoubtedly influenced the Local Government Board in arriving at their decision.

The prevention of Tuberculosis is perhaps the most important public health question of the present day, accounting as the disease does, for about one out of every ten deaths. It is true that the death-rate from Phthisis has decreased markedly during the past thirty years or so, and this decrease has coincided with a marked increase in the activities of Sanitary Authorities. Although not directed especially against Phthisis, all the efforts to control other infectious diseases and to obtain better housing conditions and good sanitation have had a salutary effect in this direction. It was felt, however, that the time had arrived when the general measures directed against the spread of Consumption should be backed up by attention to the individual case and his immediate environment, and this is the reason for notification.

The Local Government Board have arrived at this end by stages which have given the public time to become accustomed to the idea and has allowed Sanitary Authorities to slowly organise the administrative machinery for carrying the scheme into effect.

The control of Phthisis presents special features which raise new administrative problems, and some of the measures which are applicable to such diseases as Scarlet Fever or Enteric Fever would be inappropriate to Phthisis. The disabilities which involve no hardship in the former would be intolerable in the latter. Moreover, unlike most infectious diseases *infection can be prevented by the patient himself when*

he has learnt, and is not too ill, to practice elementary precautions. All these considerations have been taken into account in framing the Regulations, and the position of the sufferer has been adequately safe-guarded.

Administration of the Regulations.

Soon after the receipt of a notification a visit is made to the home of the patient, unless for special reasons the Medical Officer of Health thinks this inadvisable. Information under certain headings is obtained and recorded on a special form. Advice is given as to the best means of preventing infection, and a card is left giving a few simple rules for the patient to observe. Pocket spittoons are provided gratis if necessary. Wherever it appears that disinfection is desirable this is carried out by the Council, and when any sanitary defect or nuisance is observed steps are at once taken to remedy the same.

The special powers given to Councils, set forth in Article IX. of the Order of November, 1911, include the provision, on the advice of the Medical Officer of Health, of all such facilities and articles as may be necessary for (a) the detection, (b) preventing the spread of infection, (c) medical or other assistance.

All facilities have been provided under (a) and (b). No institutional treatment (sanatorium or otherwise) is at present provided by the Council, but the matter is having the careful consideration of the Health Committee who in due course will report upon it. In the meantime the recommendations of the Special Committee recently appointed in connection with the National Insurance Scheme will be awaited with interest.

Deaths from Tuberculosis.

Year	Popula- tion	Deaths from Phthisis.		Deaths from other forms of Tuberculosis.		Total.	Rate per 1,000 Phthisis.	Rate per 1,000 for other forms of Tubercu- losis.	Total rate per 1,000.
		Male.	Female.	Male.	Female.				
1902	23,400	12	12	8	11	43	1.02	.81	1.83
1903	24,125	7	7	4	4	22	.58	.33	.91
1904	25,564	15	12	5	9	41	1.05	.54	1.6
1905	28,716	14	10	7	3	34	.8	.38	1.18
1906	30,750	17	15	9	7	48	1.04	.52	1.56
1907	36,321	6	15	5	5	31	.57	.27	.85
1908	39,499	9	12	7	2	30	.53	.22	.75
1909	41,627	10	5	7	5	27	.36	.28	.64
1910	43,489	14	17	10	3	44	.71	.29	1.01
1911	39,815	5	10	3	7	25	.37	.25	.63
Average for the 10 years...		10.9	11.5	6.5	5.6	34.5	.71	.38	1.09

PHTHISIS.

No. of Deaths in relation to Occupation.

MALES.

YEAR.	Population	Children			Professional.	Clerical.	Sedentary.	Indoor Workers.	Outdoor Workers.	Domestic.	Shop Assistants.	Occupations not stated.	Independent means	Total.
		under school age	at school age	over school age										
1902	23,400	-	-	1	2	-	1	3	5	-	-	-	-	12
1903	24,125	-	-	-	-	-	-	3	4	-	-	-	-	7
1904	25,564	-	-	2	1	-	-	4	6	1	1	-	-	15
1905	28,716	-	-	-	2	3	-	1	8	-	-	-	-	14
1906	30,750	2	-	-	1	4	-	3	4	-	1	1	1	17
1907	36,321	-	-	-	-	1	-	1	4	-	-	-	-	6
1908	39,499	-	-	-	2	-	-	1	3	-	2	-	1	9
1909	41,627	-	1	-	-	1	1	5	-	-	2	-	-	10
1910	43,489	-	-	-	1	2	-	1	5	1	3	-	1	14
1911	39,815	-	-	-	-	-	-	2	2	-	-	-	1	5
		2	1	3	9	11	2	24	41	2	9	1	4	109
		FEMALES.												
1902	23,400	-	-	-	-	-	-	-	-	10	-	1	1	12
1903	24,125	-	1	-	-	-	1	-	-	4	-	1	-	7
1904	25,564	2	-	-	-	1	-	-	-	8	-	1	-	12
1905	28,716	-	1	1	-	-	-	-	-	6	-	1	1	10
1906	30,750	-	1	1	-	-	1	-	-	10	-	2	-	15
1907	36,321	-	-	-	-	-	1	-	-	10	-	3	1	15
1908	39,499	1	-	1	-	1	-	-	-	7	-	1	1	12
1909	41,627	-	-	-	-	-	-	-	-	4	-	1	-	5
1910	43,489	-	-	-	-	1	-	-	-	12	2	2	-	17
1911	39,815	-	-	-	-	-	-	-	-	7	1	1	1	10
		3	3	3	-	3	3	-	-	78	3	14	5	115

OTHER FORMS OF TUBERCULOSIS—NO. OF DEATHS IN RELATION TO OCCUPATION.

Year.	Population.	CHILDREN.			MALES.									Total.
		Under School Age.	School Age.	Over School Age.	Professional.	Clerical.	Sedentary.	Indoor Workers.	Outdoor Workers.	Domestic.	Shop Assistants.	Occupation not Stated.	Independent Means.	
1902	23,400	6	..	..	..	..	..	..	2	..	..	..	..	8
1903	24,125	2	..	1	..	..	..	..	..	..	..	1	..	4
1904	25,564	2	2	..	..	1	..	..	..	..	..	..	..	5
1905	28,716	6	..	1	..	..	..	..	..	..	..	..	..	7
1906	30,750	8	..	..	..	..	..	..	1	..	..	..	..	9
1907	36,321	5	..	..	..	..	..	..	..	..	..	..	..	5
1908	39,499	5	..	..	..	..	..	..	2	..	..	..	..	7
1909	41,627	5	1	..	..	..	..	..	1	..	..	..	..	7
1910	43,489	6	3	..	..	..	..	..	..	..	..	..	1	10
1911	39,815	2	..	..	..	1	..	..	..	..	..	..	..	3
		47	6	2	..	2	..	..	6	..	..	1	1	65
FEMALES.														
1902	23,400	9	..	..	..	..	..	..	..	2	..	..	..	11
1903	24,125	1	1	..	..	..	..	..	..	1	..	1	..	4
1904	25,564	6	1	..	..	..	1	1	..	..	..	..	..	9
1905	28,716	2	..	..	..	..	..	..	..	..	..	1	..	3
1906	30,750	5	1	..	..	..	..	..	..	1	..	..	..	7
1907	36,321	4	..	..	..	..	..	..	..	..	..	1	..	5
1908	39,499	1	..	1	..	..	..	..	..	..	..	..	..	2
1909	41,627	4	..	..	..	..	..	..	..	..	..	..	1	5
1910	43,489	2	1	..	..	..	..	..	..	..	..	..	..	3
1911	39,815	3	1	..	..	..	..	..	..	2	..	..	1	7
		37	5	1	..	..	1	1	..	6	..	3	2	56

School Hygiene.

The Medical Officer of Health carries out the duties of School Medical Officer, this arrangement having obvious advantages.

A School Nurse was appointed in April, 1908. In addition to her duties in the Schools she also acts as Health Visitor. The arrangements made for exclusion of scholars on account of infectious disease and for obtaining early information from the teachers and attendance officers work admirably.

When such cases occur in a school the Medical Officer and the School Nurse make frequent visits whenever it seems desirable.

A full statement upon the school hygiene appears in the annexed Report to the Education Committee.

Water Supply.

The public water supply is from the mains of the Barnet Water Company. The Company derive their water from five deep wells in the chalk in the Barnet District, and in addition obtain a certain quantity of water from the New River.

The Company's Engineer informs me that the average quantity of water per head per day supplied to residents in this district for 1911 was 25 gallons. It is a constant supply of great purity, and the Engineer states that, even during the continued drought in the summer of 1911, the full constant supply was given throughout the whole area served by the Company.

On account of the unprecedented draft on the mains and services which was occasioned by the excessive supply demanded during the hot weather, the increased velocity of the water possibly had the effect of detaching some of the oxidation inside the pipes, and this, no doubt, was the cause

of one or two complaints which reached me. One of the samples taken for analysis from the main at a school in North Finchley gave evidence of this.

Periodical analyses of the water were made during the year. Samples are taken from the mains in various parts of the district. All the samples shewed a high degree of organic purity.

The following is a recent analysis of water taken from the main at the Laboratory:—

				Parts per 100,000
Total solids	...	...	...	40
Solids in suspension	...	...	...	nil.
Free ammonia	...	...	...	.001
Albuminoid	...	...	...	.003
Chlorine	...	...	...	3.3
Nitrates (as Nitrogen)	...	...	...	.04
Oxygen absorbed in 4hrs. at 80°F	...	...	...	.008
Total hardness	...	...	...	17.0
Permanent hardness	...	...	...	7.0
Temporary hardness	...	...	...	10.0
Odour when heated to 100°F	...	...	...	None.
Microscopic examination	...	...	...	No deposit.

Physical Features of the District.

Finchley is situated in the County of Middlesex, and to the north of London. It is a somewhat straggling district, covering an area of 3,384 acres. It is bounded

on the north by Barnet;

on the south by Hampstead and St. Pancras;

on the east by Hornsey and Friern Barnet;

on the west by Hendon and Totteridge.

The Surveyor (Mr. Chas. Jenkin, C.E.) has kindly supplied me with the following statement:—

“The district of Finchley, is, generally speaking, composed of two water-sheds, with a high ridge, roughly along the centre of, and for almost the entire length of the district.

“The land on either side drains respectively into the valleys of the Lea and Brent.

“The soil is, for the most part, boulder clay, overlying London clay, at depths varying from 12 feet to 30 feet.

“The boulder clay is interspersed with glacial drift, there being pockets of clean ferruginous sand, mixed with clean gravel.

“The altitude of the district varies from 200 to 400 feet above sea level.”

Meteorological Statement, Year ending December 31st, 1911.

The year 1911 was chiefly remarkable for the spells of dry weather in April, and in the months of July, August and September, the drought during the latter period being accompanied by very high temperatures.

The winter temperature, generally, was also high, the minimum in the earlier months being 18 degrees on the 31st January and the 1st February, and 25 degrees on the 21st November.

From the 30th June to the 11th September the rainfall (deducting 1.52in. which fell on the 25th July) amounted to 0.94, there being during that period, 59 days without rain.

	Thermometer.		Rain greatest Daily Fall.	Rain Total for Month.
	Max.	Min.		
January	53	18	.40	1.56
February	55	19	.44	1.78
March	61	27	.49	1.99
April	66	25	.62	1.80
May	79	33	.28	1.11
June	82	36	.90	2.47
July	91	45	1.52	1.80
August	96	45	.25	.66
September	92	36	.40	1.43
October	64	30	1.32	4.26
November	58	25	.60	3.62
December	53	26	.58	5.12

The air in Finchley, during the wetter and winter months, contained a very high percentage of moisture, largely explainable, doubtless by the nature of the sub-soil, and, in a lesser degree, by the altitude of the District.

Bacteriological and Chemical Laboratory.

The following is the record of the work done in the Council's Laboratory during the year:--

Diphtheria.

One hundred and forty-seven swabs were examined. Of these 147:

36 were positive

102 were negative

9 were sterile.

35 "Immediate" examinations were made, of which two were found positive and 33 negative. Of the latter 4 of the cultures proved to be positive. The stain used is Toluidine Blue.

Phthisis.

Thirty-eight specimens of sputum were examined. Of the 38:—

16 were positive
22 were negative.

Enteric Fever.

Five specimens of blood were examined for Widal's reaction. One was positive, four negative.

Miscellaneous.

Five specimens of pus were examined for various germs.

Milk.

Four specimens of milk were examined for Tubercle Baccili, but no "acid-fast" micro-organisms were found in any.

Ringworm.

One hundred and sixty-nine specimens of diseased hairs were examined for the spores of Ringworm. Most of these were from children in the public elementary schools, but many were sent by medical practitioners.

Chemical Analysis.

Water.

Sixteen samples of water were analysed, and one was found to be polluted.

Sewage Effluents.

Fifty-nine effluents were analysed and reported upon to the Surveyor.

Air Analysis.

The air from School class rooms was analysed on several occasions during the year.

The work in this department is greatly increasing in volume. All the "media" for bacteriological examinations are prepared, and most of "standard solutions" for chemical analysis made up at the Laboratory. By this means a very considerable saving in cost is effected.

In addition to the above, 29 specimens were examined by the Lister Institute during the absence of the Medical Officer, viz.:—

21 Diphtheria swabs	...	20 negative, 1 positive.
2 Sputa	... ..	1 ,, 1 ,,
1 Blood (Enteric Fever)	0	,, 1 ,,

Milk Supply.

Fifty-four persons are registered in accordance with the provisions of the Dairies, Cowsheds and Milk Shops Order, 1885, eleven of these being purveyors of milk who reside outside the district, but retail milk in Finchley. Frequent visits are made to all the premises, and before any new cowsheds, etc., are sanctioned rigid compliance with the requirements of the Order is insisted upon. Practically no opposition is met with, as it is realized that the efforts of the department to secure the cleanliness of the milk supply are ultimately of as much benefit to the dairyman as to the general public.

Several dairy companies have big depots in the district, in which a large volume of milk received from outside sources is dealt with and distributed. As the district grows, less of the milk supply of the district is produced locally. At present there are 10 cowsheds and about 130 dairy cows under inspection.

The methods of dealing with the milk as practised by the large companies are characterised by extreme care and cleanliness.

The cowsheds vary: some of them are of modern and up-to-date construction. In the older ones, the alterations that have been gradually effected have ensured that as far as possible the milk produced therein shall be exposed to the minimum amount of contamination. The inspection of all the premises concerned in the milk production is zealously carried out.

As pointed out in last year's report, the Council decided to appoint a Veterinary Inspector under the powers vested in them by the Finchley Urban District Council Act, 1908. Mr. Overed, M.R.C.V.S., holds this appointment, and makes periodical inspections of the dairy cows in the district. The Medical Officer of Health accompanies the Veterinary Inspector on most occasions. No case of Tuberculosis was discovered, nor were Tubercle Baccilli found in any sample of milk examined. The cowkeepers have invariably given every facility for these examinations, as it is recognised that milk consumers are becoming more alive to the importance of pure milk, and unless the undoubted anxiety on the point can be removed, the business of the dairyman must certainly suffer.

It will be recalled that in 1901, at the London Congress on Tuberculosis, Professor Koch made the important announcement that in his opinion human tuberculosis differs from bovine, and cannot be transmitted to cattle, and that bovine tuberculosis was scarcely, if at all, transmissible to man. This statement, emanating from such an authority, came as an intense surprise to many other workers in the same field of research, and as a result of the wide difference of opinion revealed, Special Commissions of enquiry were instituted in this country and abroad. The terms of reference of the Royal Commission appointed in Great Britain were precise in all important details. Interim reports were issued in 1904, 1907, and 1909. The Final Report issued in the early part of 1911 concluded that Bovine and Human Tubercle Bacilli

are varieties of the same bacillus, and the lesions which they produce in man or animal are manifestations of the same disease. Further, that mammals and man can be reciprocally infected with the disease, and that a considerable proportion of Tuberculosis in children is of bovine origin, and is derived from cow's milk.

These conclusions have been arrived at after the most exact experiments conducted by highly skilled investigators, and the Commission "urge action in order to avert or minimise the present danger arising from the consumption of infected milk." Considerable action has already been taken by some of the large cities, but only the fringe of the work has been touched. It is expected that the promised Pure Milk Bill will contain provisions facilitating further and united action. The Council of Finchley has already done all that, up to the present, has been possible, and in 1908 obtained certain powers under the Milk Provisions of the Finchley Urban District Council Act.

Under the provisions of this Act, the Medical Officer of Health may take samples of milk for examination for Tubercle Bacilli, and secondly, if accompanied by a Veterinary Surgeon, may enter any dairy and inspect the cows therein, and if he suspects that any cow is suffering from tuberculosis of the udder, he may require the cow to be milked in his presence and may take samples of milk from any particular teat.

If the Medical Officer of Health has reason to believe that milk from any dairy situated outside the district is likely to cause tuberculosis in persons residing within the district, the Medical Officer of Health, accompanied by a Veterinary Surgeon, may enter such dairy and inspect the cows therein, provided an Order from a Justice having jurisdiction where the dairy is situated is first obtained.

Regular inspections have been carried out under these provisions, and samples of milk have also been taken and examined for the presence of tubercle bacilli.

The Veterinary Surgeon (Mr. Overed) carries out his examinations with the greatest thoroughness, and he reports that on all his periodical examinations of the cows in the district he found the animals in good condition and their udders free from disease.

Slaughterhouses and Meat Inspection.

At the present time there are 12 slaughterhouses in the District, all of which are now licensed. During the year these have been constantly inspected, and 272 visits have been paid. Several of these houses have been in use for many years, but as far as practicable, are kept in a clean and satisfactory condition. When possible these visits of the Inspectors are made at the time of slaughtering and preparing the meat for sale.

Both the Chief Sanitary Inspector and the Assistant Sanitary Inspector hold a certificate in meat inspection, and are excellently trained in this respect. Owing to the close proximity of the district to the large cattle markets of London, a small proportion only of meat which is sold is prepared locally, and much has been carefully inspected before coming into the district.

It may be added that it has always been the object of this department to cultivate a feeling of confidence amongst the butchers trading in the district. Frequently they are the first to bring to the notice of the health authority the question whether meat is sound and fit for food, and every possible assistance is very readily extended to them, and the consequence is, I believe, that the majority of butchers are really anxious to meet the requirements.

No difficulty has been met with in inspecting any of these premises, and every assistance has always been given.

A dealer who brings pork into the district was proceeded against under Section 117 of the Public Health Act, 1875, for selling two loins of pork which were unfit for the food of man, and the Magistrates imposed a fine of 20s. and costs.

A full statement of the unsound food destroyed during the year is included in the Sanitary Inspector's Report. The following were condemned on account of Tuberculosis:—

1 Carcase of Beef.

1 Carcase of Pork.

With the exception of the case referred to above, no legal proceedings were necessary in respect of unsound food, but three prosecutions were necessary in connection with slaughtering on unlicensed premises, and fines were imposed in each case.

The necessity of preventing such offences is of obvious importance in protecting the food supply, and the zeal the Inspectors show in devoting attention to this matter is highly commendable.

Fishmongers' and Fruiterers' shops, and any other premises where foods are prepared, stored or exposed for sale are kept under observation, and frequent visits made to them.

Ice Cream.

A register is kept of the premises where ice cream is prepared or sold, and these number no less than 42. The County Council of Middlesex (General Powers) Act, 1906, contains provisions applicable to these premises, and these are enforced.

The importance of safeguarding this delicacy is apparent, as it is very liable to contamination both before and after manufacture. Typhoid Fever is not infrequently spread by its agency, and not long ago a very serious out-

break of this disease in a Northern town was definitely traced to infected ice cream. The public will do well to beware of itinerant dealers unless they are assured of their carefulness.

Bakehouses.

All the Bakehouses (19 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 of the Council's certificate included provisions against the entry of ground-air and moisture, and provision for ventilation, light and cleanliness of the premises.

The condition of some of these premises is not all that could be desired. Every effort is made to ensure the sanitary condition of bakehouses, etc., but what is really needed is power to make Byelaws to regulate all the conditions of the bakery business in so far as they affect the wholesomeness of the bread.

Sale of Food and Drugs Acts.

The County Council of Middlesex is the executive authority for carrying into effect the main provisions of the above acts. I am indebted to the courtesy of Mr. Richard Robinson (the official responsible for the work) for the following statement as to samples purchased in Finchley:—

	Taken.	Adulterated.
Milk ...	53	8
Glycerine ...	7	—
Crushed Linseed	7	—
	—	—
	67	8
	—	—
Number of Prosecutions ...		8
Number of Convictions ...		4
Number Dismissed ...		4
Fines inflicted ...		£4

House Drainage.

A great many house drains were entirely re-constructed and a large number repaired. This work was carried out under the supervision of the Sanitary Inspectors, and thoroughly tested before being passed. A block plan of each new drain is prepared by the Inspector upon the completion of the work, and this is filed and kept for future reference. This system of keeping graphic records has been in operation for some years, and constantly proves its value. Increasing use is being made of heavy cast-iron pipes in place of stoneware, and there can be no doubt of the advantage of such construction. A detailed statement of the work done is set out in the Inspector's Report.

Sewerage and Sewage Disposal.

The drainage of the district is nominally on the dual system, but the Council's Engineer has found that in past years a number of surface water connections have been made to the soil sewers, and there is also a considerable influx of sub-soil water into some of the older ones. The flow of sewage is therefore considerable after periods of heavy rain. All surface water not discharging into the soil sewers discharges into the natural watercourses—the Western district draining into Dollis Brook, or Brent water-shed, and the Eastern portion of the district draining into the Strawberry Vale, or Lea water-shed.

The district of Finchley is drained by two sewers, the higher portion of the district draining into an outfall known as the "high level" sewer, and the lower portion of the district draining into a sewer known as the "low level" sewer. The sewage discharged from the "high level" sewer, after screening, is mixed with lime and proto-sulphate of iron, and then passes into settling tanks, where the grosser solids are deposited. The super-natant liquid is drawn off and treated on rough filters before passing on to the grass land, and thence into the Strawberry Vale Brook. The sludge from the

above settling tanks is dried on the land, and is afterwards ploughed in; the land, after a considerable interval, is cropped with cabbages, etc. A portion of the "low level" sewage is pumped up from the low level outfall and mixed with the "high level" sewage at the high level outfall.

About four years ago the Council completed the first instalment of a system of septic tanks and bacterial percolating filters for dealing with a portion of the "low level" sewage. The result proved so satisfactory that the Council decided to extend the installation, and further septic tanks and bacterial percolating filters were put down.

The sewage, after passing from the primary screen, falls into a detritus tank, where the gross solids are deposited. From the detritus tanks the sewage flows into "Dortmund" tanks, from the bottom of which the sludge is drawn off at frequent intervals. From the "Dortmund" tank it flows into the septic tanks, the flow from these tanks being varied as required by the conditions arising from time to time. The scum on the septic tanks is held back by scum boards, and forms a complete covering over the whole of the tanks. The septic liquid is then taken through equalising channels into the various filters. The sewage is distributed on the circular filters by revolving sprays, and on the rectangular beds by fixed distributors designed by the Council's Engineer.

Measures have also been taken by means of special hydraulic tanks to intercept the solids in suspension both between the septic tanks and filters, and between the primary and secondary filters.

Six of the percolating filters are circular, 60 feet in diameter, and 5 feet deep. Two of the percolating filters are below ground level, rectangular, 5 feet deep, with open jointed herring-bone pipes for taking off the effluent and for ventilation.

The sludge from the tanks is collected in a sludge well, discharged thence by automatic ejectors (actuated by air pressure) upon the higher part of the farm, is there dried in small lagoons, and afterwards ploughed into the land.

The whole of the new works have been designed and carried out by the Council's Engineer and Surveyor, C. J. Jenkin, M.I.C.E.

The working of the installation is tested by frequent analyses of the effluent, and during the year 59 samples were analysed.

New Streets and Buildings.

The rate at which the district is growing may be gathered from the fact that at the last Census the number of occupied houses was considerably more than twice that at the 1901 Census. Many new streets are laid out every year, and their construction supervised by the Surveyor in order that they may be made up in a proper manner before being adopted by the Council.

The erection of new buildings is also supervised by the Surveyor's Department.

Housing.

There appears to be no lack of accommodation to meet the needs of most of the working classes in Finchley. It is true that many of the newer small houses are only obtainable at rents which are somewhat beyond the means of ordinary artisans, but the difficulty seems to have been solved by the landlords letting off some of the houses in tenements. This occupation of ordinary dwelling houses by more than one family is certainly open to many objections, but every effort is made to induce the owners to provide reasonably adequate sanitary accommodation for all the families housed.

During the year 1902 an inquiry was held by the Local Government Board with reference to an application for a loan proposed to be raised for the erection of Workmen's Dwellings under the Housing of the Working Classes Act, which application was granted.

The scheme involved the erection of 60 houses:—

Class I.—There are 12 Cottages of this class having the following accommodation:—

1 Kitchen and 1 Scullery, 2 Bedrooms.

The Cottages of this class are let at 5s. 9d. per week.

Class II.—There are 12 Cottages of this class containing the following rooms:—

Kitchen, Scullery, Front Room, 2 Bedrooms.

These Cottages are let at 7s. 6d. per week.

Class III.—There are 18 Cottages of this class having the following accommodation, the alternate cottages having a frontage of 14ft. 3in. and 16ft. 9in.:—

Front Room, Kitchen, Scullery, 3 Bedrooms.

These Cottages are let at a rental of 8s. 6d. per week.

Class IV.—There are 18 Cottages of this Class having the following accommodation:—

Front Room, Kitchen, Scullery, 4 Bedrooms.

These Cottages are let at a rental of 10s. 6d. per week.

The Surveyor informs me that 399 houses were erected in the course of the year. The erection of these was supervised by members of the Surveyor's staff.

Housing, Town Planning Act, 1909.

The Regulations made under this Act and which were issued by the Local Government Board in 1910 require that periodical and detailed inspections of the district shall be made in order to bring to light insanitary conditions in or

around dwellings. Certain records of these inspections must be kept. The systematic house-to-house inspection which for some years has been carried out in the district by the Sanitary Inspectors and the care with which the records were compiled rendered it unnecessary to make any alteration in procedure as the requirements of the Regulations were already fully met.

During the early part of the year your late Medical Officer of Health and the Sanitary Inspector made a number of inspections of houses in certain parts of the district, and submitted a report to the Public Health Committee in which they stated that with one or two doubtful exceptions, there are, at present, no houses in Finchley which are in an uninhabitable condition. From what I have seen up to now I should certainly concur in that opinion.

In accordance with Article V. of the Regulations above referred to the following table is set out:—

Number of dwelling-houses inspected	...	...	415
Number of dwelling-houses found to be unfit for human habitation	...	...	None
Number of representations made to the Local Authority with a view to the making of Closing Orders	...	...	None
Number of Closing Orders made	...	...	None
Number of dwelling houses, the defects in which were remedied without the making of Closing Orders	...	...	See below
Number of dwelling-houses which after the making of Closing Orders were put into a fit state for human habitation	...	...	None

General Character of Defects Found to Exist.—These are fully set out in the appended report of the Sanitary Inspector. Many of them were of minor significance. Dirty and defective ceilings and walls, defective floors and dampness, insanitary

w.c.'s, windows not made to open, absence of eaves guttering, etc., and defective yard-paving were amongst the most numerous of the defects found. They were all promptly dealt with. Structural alterations were made in one instance to convert two undesirable premises into one dwelling, and in three cottages structural alterations were carried out to improve the lighting and ventilation. Over-crowding is not very common, but eleven nuisances from this cause came under notice.

Summary of the 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 7,763 inspections were made, and nuisances to the number of 2,449 were discovered.

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

297 rooms were fumigated; and 7,030 articles, chiefly bedding and wearing apparel, were disinfected in the Council's steam apparatus. In addition to the above, 29 stovings (527 articles) of bedding, etc., were carried out, and 8 patients were removed to hospital from the Friern Barnet District Council.

138 drains were re-constructed or repaired, 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.

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.

Adoptive Acts, Bye-Laws 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 Notification of Births Act, 1907.
- The Finchley Urban District Council Act, 1908.
- The Public Health Acts Amendment Act, 1907 (excepting Parts 1, 4 Sec. 66), 7, 8, 9, 10 (Secs. 92, 93 and 94).

The following Byelaws are in force:—

(The date when sanctioned by the 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.
- 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.

1. INSPECTION.

INCLUDING INSPECTIONS MADE BY THE SANITARY INSPECTORS.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (Including Factory Laundries).	26	1 letter	...
Workshops (Including Workshop Laundries).	} 285 {	13 letters	} ...
		2 notices	
Total	311	16	...

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 ...	26	26	...	...
Want of ventilation ...	...	...	...	...
Overcrowding ...	...	...	...	...
Want of drainage of floors ...	...	...	...	...
Other nuisances ..	29	29	...	...
†Sanitary accommodation { insufficient ...	1	...	...	...
{ unsuitable or defective	15	15	...	...
{ not separate for sexes	2	2	...	...
Offences under the Factory and Workshop Act—				
Illegal occupation of underground bakehouse (S 101)	...	...	...	...
Breach of special sanitary requirements for bakehouses (ss. 97 to 100) ...	7	7	...	...
Other offences— (Excluding offences relating to out-work which are included in part 3 of this Report)	...	...	...	...
Total ..	79	78	...	...

*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 sending twice 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.	8	8	17	2	11

4. REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the year	Number.
Dressmakers and Milliners	54
Laundries	19
Bootmakers	30
Bakers	19
Restaurant Kitchens	16
Motor and Cycle Engineers	16
Stonemasons	6
Saddlers	4
Ironmongers	4
Farriers	8
Tailors	15
Picture Framers	2
Upholsterers	5
Coachbuilders and Wheelwrights	5
Other Workshops	12
Total number of Workshops on Register	215

5.—OTHER MATTERS.

Class. (1)	Number (2)
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (s. 133)	—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5).	Notified by H.M. Inspector 2
	Reports (of action taken) sent to H.M. Inspector 2
Other	—
Underground Bakehouses (s. 101) :—	
Certificates granted during the year	—
In use at the end of the year	—

**Report of School Medical Officer for the
Year ended December 31st, 1911.**

FINCHLEY URBAN DISTRICT COUNCIL.

*To the Chairman and Members of the Education
Committee.*

MISS SHOULTS AND GENTLEMEN,—

In accordance with the provisions of the Education (Administrative Provisions) Act, 1907, I beg to present this Report upon the Medical Inspection, etc., carried out at the Public Elementary Schools during 1911. This work was under the control of Dr. Prior until July, and I took up my duties as School Medical Officer on August 1st, 1911. The Report covers the whole of the year.

The subjects to which the Board of Education require that attention shall be directed are considered under the various headings. Owing to the fact that Dr. Prior was unable to devote much time to the routine inspection during the spring, and also to the interruption of the work caused by his resignation, the number of children examined at the various ages is considerably less than in 1910. It is perhaps unnecessary to remind you, however, that this routine inspection only represents a portion of the work of the Medical Officer, and that a large number of "special" cases were examined and special investigations made throughout the year.

I am pleased to report that the Dental Clinic at Squires Lane is now in operation, and excellent work is being done there by Mr. Heydon, the School dentist. I hope that a Cleansing Station will soon be available for use in connection with our efforts to raise the standard of personal cleanliness among some of the children. It is with pleasure that I

record the great interest you, as a Committee, take in the health of the school children, and the sympathetic way in which you support any effort made to safeguard it. The inevitable result of placing health before every other consideration must be, at times, a considerable reduction in the attendance, and financially there is much temptation, at present, to concentrate attention on the latter. In common with all School Medical Officers, I deplore the fact that, under present conditions, enlightened Education Authorities who firmly resist that temptation are penalised for their good sense by some loss of grant, and I trust that, in the interests of all children throughout the country, some means will be found of removing this anomaly.

The work of the School Nurse continues to give the greatest satisfaction, and is much appreciated.

In conclusion, I should like to thank the Secretary of Education, the Attendance Officers, and all the Teachers, for their kind assistance and co-operation.

I have the honour to be, Miss Shoults and Gentlemen,

Your obedient servant,

F. W. BYWATER.

Annual Report, 1911.

I have somewhat re-arranged the report this year in conformity with the suggestions of Circular 596 of the Board of Education. Some degree of uniformity in these Annual Reports is desirable and is of great convenience to supervising Departments, who require detailed information under different headings.

Co-relation of the School Medical Service with the Public Health Service,

In this district this is secured by the duties of School Medical Officer and Medical Officer of Health being carried out by the same officer. The advantages of this arrangement were pointed out by the Board of Education at the very outset, and are so manifest that these dual appointments are made by the great majority of all the Local Authorities in the country.

General Scheme of Medical Inspection.

The Education Administrative (Provisions) Act, 1907, requires that at least two groups of children shall be examined, viz. :—

- (1) All children who have been admitted to the Infants' Departments during the year ("Entrants").
- (2) Senior children expected to leave within a year of the date of inspection ("Leavers").

In addition to these two groups it is the custom in Finchley to examine children at intermediate ages. The period selected is the one at which the children reach the middle classes of the Senior Department, as it was felt that just about

then defects not previously noticed become manifest. The numbers examined during 1911 in the various departments are as follows:—

Infants' Departments	...	...	301
Boys' Departments	...	...	207
Girls' Departments	...	...	286
			<hr/>
Total	...	...	794
			<hr/>

That fewer have been examined this year than last is due to the unavoidable circumstances of which you are aware.

It must be understood that these figures only refer to those children examined under the Act, and do not include the large numbers who are examined for special reasons.

The average number of children on the rolls in the Elementary Schools of the Council was 4,201. Children under five years of age are not admitted. The general arrangements for the examinations remain the same as described in previous reports. The Secretary of Education sends out notices to the parents giving particulars as to time and place of examination, inviting them to be present. The School Nurse attends at the examination of the child, and assists the Medical Officer.

Assistance by Teachers.—The Teachers fill in many details upon the Inspection Card, *e.g.*, Infectious Diseases from which the child has suffered, general observations on mental capacity, cleanliness, etc., and generally assist in the carrying out of the suggestions made as to special attention needed. I should say that the greatest interest in the physical welfare of the children is taken by the Teachers, and they are ever ready to give any assistance possible. I regard this interest as a most valuable asset of the children under their care, and I am more than ever convinced that it is of paramount importance in securing permanent results from efforts made by officials who are not constantly in touch with the children.

Parents and Inspection.—The attendance of the parents is usually fairly good, especially when the younger children have to be examined, and I have no doubt many are kept from attending by having to go out to work, or by duties which cannot be omitted. Altogether 50 per cent. of the children examined were accompanied by parents.

The following table shows the numbers and percentages of parents who attended at the different Schools:—

	Number invited.	Number attending.	Approx. percentag
Squires Lane Council School—			
Infants' Department	149	88	60%
Senior Department	117	73	62%
Long Lane Council School—			
Infants' Department	—	—	—
Senior Department	130	40	30%
Albert Street Council School—			
Infants' Department	37	18	50%
Senior Department	106	39	37%
Christ Church—			
Infants' Department	40	18	45%
Senior Department	50	17	34%
Holy Trinity—			
Infants' Department	75	45	60%
Senior Department	90	46	50%

The presence of parents is encouraged, as it is decidedly helpful, both from the point of view of obtaining the previous medical history of the child (a matter frequently of importance), but more, perhaps, because special instructions and advice can be so much more conveniently given in this than in any other way. In only a few instances during the year has any objection to the examination of the child been raised by the

parent, and when such have been made they have usually been due to misunderstanding or, in one or two cases, to the desire of the parents to avoid a too critical inspection as to the child's cleanliness. It is, however, unnecessary to obtain the parents' consent to examine any child attending the schools if the latter is suspected. The value of medical inspection is becoming more and more appreciated, especially where persistent efforts are made to see that defects are remedied.

Schools Inspected.

The population of Finchley at the recent Census was 39,425, and there are about 4,201 children on the rolls of the Elementary Schools. There are 7 of these schools, comprising 15 separate departments.

The "Provided" Schools are:—

Squires Lane	Average number on roll, 1911	880
Long Lane	„ „ „	1008
Albert Street	„ „ „	837

The "Non-Provided" Schools are:—

St. Mary's	Average number on roll, 1911	454
St. John's	„ „ „	274
Holy Trinity	„ „ „	423
Christ Church	„ „ „	325
		<hr/>
		4201

The following table shews the number of children examined at each school during 1911:—

School.	Senior (Mixed).	Infants.	Total.
Squires Lane	... 117	149	266
Long Lane	... 130	—	130
Albert Street	... 106	37	145
Christ Church	... 50	40	90
Holy Trinity	... 90	75	165
	<hr/>	<hr/>	<hr/>
	493	301	794
	<hr/>	<hr/>	<hr/>

The schools that do not appear on the above list were examined late in the year 1910, and as it was found quite impossible to inspect all the schools these two were omitted from the year's list.

Three half-days a week during the school terms are devoted to the routine medical inspection of the children by your Medical Officer, and the average time spent in the actual examination of each child averages about seven minutes. This does not take into account the large number of "special" examinations that are made at the schools for particular ailments, such as Infectious Disease, Ringworm, etc., and for uncleanliness. Many children are also seen at the Council Offices.

Preservation of Records, Etc.

In connection with the Medical Inspection a "record card" is kept for every child examined, and considering how often it happens that a child leaves a school to go to another in or outside the district, a careful method of dealing with the cards is necessary. The idea is that a child shall have a card with a complete medical record from the time of beginning school life to the time he leaves school altogether, and this often implies an interchange of the results of individual examinations between two Education Authorities. Unless the organisation is very good, the difficulty of finding any particular card of a child who has left school appears to be great, and application for such is not always successful. The Secretary of Education has evolved a very good method, and he is able to at once put his hand upon the record card of any child who has been examined.

Upon admission to the school every child has a medical inspection card made out, and upon this is recorded the infectious diseases from which the child has already suffered. This is kept in the folio for the class to which he goes. Each week the Head Teacher sends to the Education Office a return of all the children who have been admitted to, or who have

left, the school during the week. With regard to those who have left, he also sends their medical inspection cards, which are filed into a cabinet in alphabetical order. If the child has gone to another of the Council's schools the card is sent there, or upon receipt of a request from another Education Authority into whose district the child has gone the card is forwarded.

With regard to those children who have been admitted from other districts, the return also shows the school from which they have come. The Education Office thereupon makes application to the old school for the medical inspection card, and on receipt passes it on to the school in which the child has been enrolled.

Facilities for Inspection.

In most instances the Head Teacher's private room is placed at the disposal of the Medical Officer. At Squires Lane the Cookery Department is frequently used for the examination. At Christ Church the Cloak-room seems to be the only available accommodation. In one or two instances Class-rooms are used.

Prevention of Infectious Disease and School Closure during the Year.

The following schools were closed during 1911:—

School.	Department.	Closed from	To	Reason for Closure.
Squires Lane	Infants	Feb. 13th	March 3rd	Measles.
„ „	Junior	Feb. 17th	March 3rd	ditto.
St. Mary's	Infants	Feb. 20th	March 3rd	ditto.
Long Lane	Infants	Mar. 20th	April 14th	ditto.
„ „	Mixed	Mar. 27th	April 14th	ditto.
Holy Trinity	Infants	May 1st	May 12th	ditto.

(Both dates are inclusive).

Measles was very prevalent throughout the district in the early part of the year and occasioned considerable mortality throughout the country. It is peculiarly troublesome to deal with in schools on account of the difficulty of diagnosing the disease in its early stages. What appears to be an ordinary "cold" is often the onset of Measles, the characteristic rash appearing about the fourth day of the disease. It thus frequently happens that a whole class is infected by the patient with the supposed "cold" before the true nature of the case is made apparent. School closure is more frequently required for Measles than any other disease and on account of the greater danger of the complaint among young children one hesitates less in the Infants' Department than others. For various reasons school closure is often quite ineffectual in controlling the spread of Measles, and whether it is worth while resorting to it in any particular case depends upon many circumstances, which have to be carefully weighed by the Medical Officer advising closure.

Scarlet Fever became unduly prevalent in the northern part of the district in the latter part of the year. There was a considerable incidence of the disease amongst the children of Albert Street Schools, and, to a less extent, Christ Church. The cases were extremely mild, and to this very fact was largely due the spread of the disease. Scarlet Fever possesses two features which render it difficult to control: (1) The liability of mild cases to be missed altogether or only detected in the "peeling" stage; and (2) in some cases the patients remain infectious for considerable periods after they have to all appearance completely recovered. At present we have no bacteriological means of detecting these cases, as the germ of Scarlet Fever is undiscovered.

The schools were visited daily by myself or the Nurse; the Teachers and Attendance Officers rendered most valuable assistance.

Diphtheria.—No serious outbreak occurred during the whole year. There were 34 cases among children of school age distributed fairly evenly over the district.

Two cases of Diphtheria were notified to me on November 24th. Upon investigation it was discovered that they both attended the same school, and a visit to the school elicited the fact that they were in the same class. I examined all the children in the class, and took swabs from the throat and nose of six. These six had all been absent from school for short periods and had recently returned to school. Typical Diphtheria Bacilli were found in one case. This child had been away from school from the 6th to the 17th November suffering with "a cold," and had no doubt on return infected the two children mentioned above. The child in question was isolated until free from infection and no further case occurred in the school.

Arrangements for Exclusion of Individual Children on Account of Infectious Disease.

Upon a report of the School Medical Officer the Committee had this matter under consideration and passed a resolution that where children had suffered from Diphtheria they should not be re-admitted to school until 28 days after discharge from hospital or disinfection of their homes, and not then unless Bacteriological evidence of freedom from infection was forthcoming. This is, of course, always carried out before a child is discharged from hospital, and I am pleased to say that all the local doctors send swabs for examination in those instances where the child has been nursed at home. The arrangements for notifying the Teachers was also simplified and the exclusion notices revised. The following is a copy of a card that is given to all the schools:—

Regulations regarding the Exclusion of School-Children on account of Infectious Disease.

Part 1.—CONTACT.

DISEASE.	CHILDREN INVOLVED	PERIOD OF EXCLUSION.
SCARLET FEVER	ALL Children must be excluded	Until 14 days after disinfection of premises has been notified by the Education Office.
DIPHTHERIA ...	Ditto.	Ditto.
SMALL-POX ...	Ditto.	Until M.O.H. certifies that they may attend.
MEASLES ...	ALL INFANT Children must be excluded and SENIORS WHO HAVE NOT HAD THE DISEASE.	Until 16 days after the commencement of the LAST case in the house. The Attendance Officers will notify Head Teacher when excluded children may return
CHICKEN-POX ...	Ditto.	Ditto.
WHOOPIG COUGH ...	Ditto.	Ditto.
MUMPS ...	CONTACTS NEED NOT BE EXCLUDED, PROVIDED THEY HAVE NO ENLARGED GLANDS. Head Teachers should examine glands daily	

Part 2.—PATIENTS.

SCARLET FEVER (a) Hospital Cases (b) Home Cases	Until 14 days after discharge from Hospital has been notified by Education Office. Until 14 days after disinfection of premises has been notified by Education Office.
DIPHTHERIA ... (a) Hospital Cases (b) Home Cases	Until 28 days after discharge from Hospital has been notified by Education Office. Until 28 days after disinfection of premises has been notified by Education Office.
SMALL-POX ...	Until M.O.H. certifies that child may attend.
MEASLES ...	Until 28 days after commencement of illness.
MUMPS ...	Ditto.
CHICKEN-POX ...	For at least 21 days after commencement of illness, and longer if scabs have not fallen off HEAD AND BODY.
WHOOPIG-COUGH ...	For at least 6 WEEKS after commencement of illness, and so long as characteristic cough continues.

N.B.—In certain cases these periods may be modified by M.O.H. but a special certificate will be sent to the Head Teacher by the Education Office.

School Hygiene.

VENTILATION.—All the schools are ventilated by what are known as “natural” means. In some of the schools means of ventilation are excellent, and in most they are fairly good. Every effort is made by the Committee to remedy any defect, but in some of the older schools this is not always easy, the construction of the schools not lending itself to any satisfactory scheme. During the year improvement has been effected in some schools by making it possible to open more windows and also providing for through ventilation of classrooms. Generally speaking the Teachers are watchful that the air in the Class-rooms is kept fresh and wholesome, and are alive to the great importance of proper ventilation. The old idea that all that is necessary is to flood the Class-rooms with fresh air in the short intervals when the children are out of the room, and keep most, if not all, of the windows closed when work is in progress dies harder in some minds than others. I do not deny that in some conditions of the weather it is impossible to always use the natural means of ventilation to their full effect, and I am also aware that some parents attribute every “cold” the child has to “sitting in a draught” at school, but I do maintain that, where it is impossible to keep the atmosphere of the Class-rooms reasonably sweet and wholesome and without injurious draughts (provided there is no overcrowding) either the means of ventilation are badly arranged or they are not being properly used.

The need for this abundance of fresh air is no “fad,” but is of vital importance, not only from the point of view of health, but also of education. Most interesting experiments have established the fact that the brain works far better in a pure atmosphere than in a vitiated one, and it is not difficult to demonstrate that the “mental response” as it is called, is materially affected by even slight degrees of inefficient ventilation.

WARMING.—With few exceptions the heating arrangements in the schools appear to be satisfactory. In the three largest schools low-pressure hot water systems, combined with open fireplaces, are in use, but in the non-provided schools the heating is effected by open fires or stoves. Improvement in some of the latter has been carried out during the year.

LIGHTING.—There is no serious defect in natural lighting in any of the schools, and in most of them it is very good. For the most part the desks are correctly placed with regard to the source of illumination, and where this is not possible the best means are taken to approximate to this standard. In some schools the artificial lighting is by electricity, and where this is not provided incandescent gas burners are used.

EQUIPMENT.—In the majority of cases dual desks of an approved type are used, and where others are in use they are gradually being replaced by the former.

SANITARY CONVENIENCES.—A sufficient number of these are supplied for each department, and they are generally well kept and in good condition. During the year reconstructions have been made at Albert Street and Long Lane Schools, and most of the improvements recommended in last year's report of the School Medical Officer have been carried into effect. Water closets are provided at all the schools. At Holy Trinity School pedestal closets with movable seats and separate flushing arrangements for each closet are in use. In all the other schools (with the exception of St. Mary's) w.c. basins of an approved type are installed. They are provided with fixed seats, and are automatically flushed four or five times a day. I am bound to say that they are all well kept, but I do not like the arrangement so much as the movable seat and separate flushing. In St. Mary's the closets are of the trough variety, constructed of earthenware, and automatically flushed. Although fairly satisfactorily, I should like to see these reconstructed on the same plan as at Holy Trinity.

The boys' urinals are mostly of slate, without separate stalls, and in the majority of cases flushed by hand. I am told that the latter method has given better results than the automatic flush, but, personally, I favour the glazed earthenware urinals with separate stalls automatically flushed.

CLOAK-ROOMS.—In some schools these are excellent, but only fairly good in others. As a rule the cloak-rooms are light and well-ventilated. Some improvements should be effected at St. John's and St. Mary's. Constant through ventilation is important; if this is provided damp clothes dry much more quickly, and the objectionable odour of an ill-ventilated cloak-room is avoided.

LAVATORY ACCOMMODATION in most cases is good and sufficient. More basins are about to be provided in the Infants' Department at Long Lane Schools and at Christ Church. It is desirable also that at least another basin should be provided for the Infants' Department at St. John's School. It is difficult, especially in the Infants' and Boys' Departments, to insure the cleanliness of the roller-towels, but some improvement would result from a more frequent renewal.

PLAYGROUNDS.—Excellent playgrounds with covered areas are provided in connection with most of the schools. A great improvement would be effected by tar-paving the playground at St. Mary's School, and also by some extension of the paving at the rear of Christ Church Schools.

CLEANSING OF THE SCHOOL PREMISES.—The Secretary of Education informs me that each caretaker has printed instructions as to his duties in this matter. The rooms are swept every night (damp sawdust being used) and "damp-dusted" every morning ready for occupation at 9 o'clock. Each room is washed at least once a fortnight and the halls once a month. Definite times are assigned for the cleansing of lavatories, w.c.'s, gullies, etc., and each caretaker is held responsible for the cleanliness of all the sanitary appliances. When infectious

disease is prevalent special care is given and extra cleansing undertaken. Upon the whole this work is efficiently carried out, the head teachers carefully supervising it.

Height and Weight and the General Nutrition of the Children.

In considering the "nutrition" of a child, the height and weight are of great importance. A child may be small, and yet be well nourished; on the other hand, with fair average height and weight he may be badly nourished, but generally speaking, children who are under-sized and below normal weight present other evidences of defective nutrition. The ill-nourished child is usually thin and pallid and weakly looking, often with a dull and apathetic expression. It must be understood that by the term ill-nourished, it is not necessarily implied that the child is not given sufficient food, but that for some reason the organism is not assimilating nourishment in such a manner as to ensure normal growth and development.

Of the 794 children examined, 25 (= 3.1 per cent) showed signs of defective nutrition. These were children exhibiting no other sign of disease, but who were below the normal standard of health, and were under weight. The percentage is approximately the same as last year, and compared with many districts is very low indeed. In some of the instances I have been rather of the opinion that the cause was insufficient rest.

As indicated above, the height and weight are very important guides, both in estimating the "nutrition" and in ascertaining to what extent improvement is taking place, and I always like to see the teachers interested on this point. In children the relation between the three factors—age, height and weight—is of more importance than merely considering any two of them, in fact, no proper conclusion can be arrived at otherwise. Table A will be found of very great interest in this connection, as side by side with the figures referring to

Finchley children I have placed the averages which were obtained by Drs. Glegg and Tuxford from actual figures supplied by School Medical Officers relating to over half-a-million school children. They also extracted the figures so as to get averages for urban and rural districts, and also for different areas, and they are to be congratulated upon such a useful piece of work. All the children were weighed under the same conditions, and a very reliable standard has been obtained. It is particularly interesting to observe that Finchley children of all ages are in almost every instance taller and heavier than the average, and although Drs. Glegg and Tuxford show that the children in the Southern Counties are also heavier than the average, the Finchley children are appreciably higher than even these. The numbers of Finchley children from which our averages are taken are of course few, but in future it will be possible to compare increasing numbers each year.

From all the above considerations I am strengthened in the belief that the general nutrition and physique of the Finchley children is good. I attach great importance to the excellent teaching of cookery and the comparative value of foods which is now included in the school curriculum. The Table shewing the comparative heights and weights of school children in different areas of England is so interesting that I have obtained Dr. Glegg's kind permission to reproduce it.

The following Tables set out the averages expressed in the metric system as requested by the Board of Education.

Heights and weights of children examined during 1911 :—

Boys.

Age.	No. of Children examined.	Height in Centimetres.	Weight in Kilograms.
5 years	... 87	... 104.8	... 18.75
6 ,,	... 38	... 111.8	... 20.45
7 ,,	... 25	... 116.9	... 21.60
8 ,,	... 23	... 121.3	... 24.43
9 ,,	... 27	... 126.3	... 26.13
10 ,,	... 18	... 130.1	... 28.64
11 ,,	... 47	... 135.7	... 30.57
12 ,,	... 52	... 142.8	... 33.63
13 ,,	... 54	... 144.1	... 36.13
14 ,,	... 2	... 154.9	... 40.11

GIRLS.

5 years	... 66	... 104.1	... 18.07
6 ,,	... 61	... 107.9	... 19.21
7 ,,	... 25	... 117.5	... 22.39
8 ,,	... 23	... 118.7	... 22.84
9 ,,	... 14	... 124.5	... 24.66
10 ,,	... 26	... 129.5	... 27.39
11 ,,	... 58	... 137.1	... 31.59
12 ,,	... 82	... 142.8	... 33.75
13 ,,	... 62	... 147.3	... 37.73
14 ,,	... 6	... 154.4	... 43.18

Provision of Meals at the Schools.

During the past year 4,333 meals were supplied to poor children, 1,538 of which were free, and the others charged for at $\frac{1}{2}$ d. each.

Uncleanliness—Head and Body.

Of the 794 children examined by the Medical Officer, 10 were noted as having dirty bodies, and 32 bore witness to the chronic attention of fleas. In the routine inspections of heads and general cleanliness by the School Nurse these proportions are higher, as in many cases it is quite obvious that there has been a little cleaning up for the doctor's examination; 164, that is about 20 per cent., were found to have nits in the hair. The cases were distributed in the departments as follows:—Of the 207 boys examined in the upper schools 11 had nits in the hair (=5 per cent.); of the 286 girls in the upper schools 97 had nits (=34 per cent.); of the 301 infants (boys and girls) 56 had nits (=18 per cent.). About 40 per cent. of the infant girls had nits in the hair. Except in the case of the boys the percentages for this year are practically the same as in 1910, but numbers do not afford quite a fair basis of comparison, because I am told that the degree of uncleanliness is much less than formerly. It is at least a comfort to know that these percentages are considerably below those for the country generally, but this is not enough, we must aim at perfection. Determined efforts have been and are being made to remedy this state of things. It means a great amount of irksome labour and is the most unpleasant task the School Doctors, Nurses and Teachers have to do, but in the interests of the children the duty has to be faced unflinchingly. The presence of children with verminous heads is a constant menace to the others, and the committee have always taken a firm attitude in their endeavour to check it. The Nurse makes constant visits to the schools and the homes, and her efforts have borne much fruit, but it is now felt that the provisions of the Children

Act, 1908, must be put into operation, and the erection of a cleansing station is under consideration. In those cases where other means fail, notice will be served upon the parent or guardian requiring the child to be cleansed to the satisfaction of the School Doctor within 24 hours. If this notice is not complied with the child may be taken and properly cleansed. When a child so cleansed is allowed again to get into a verminous or filthy state the parent or guardian becomes liable to a summary conviction and fine.

Clothing and Footgear.

The condition of the clothing is, generally speaking, good, and one rarely comes across children insufficiently clad. In some cases the footgear was seen to be defective. It is not uncommon, however, to see children who are over-clad, many parents apparently thinking that once a child has suffered from a cough or cold it must never be without two or three thick flannel vests, etc. This "coddling" often is prejudicial to the child's health, and must be very uncomfortable. The cleanliness of the clothing often leaves something to be desired, but there is evidence that considerable improvement is being effected in this respect. The Secretary of Education informs me that during the year about 80—90 pairs of boots were provided through the boot fund.

Defects Discovered

Of the 794 children examined, 113 (=approximately 14 per cent.) had defects requiring medical treatment. This number does not include cases already treated: these averaged about 5 per cent. Ignoring for the moment the question of teeth and cleanliness, it appears that about 30 per cent. had minor defects not requiring skilled treatment.

Table V. shews the number of children examined in each department and the number with defects of various nature. Further particulars of the defects are given in the text under the separate headings as a multiplicity of tables and figures is simply bewildering.

Defective Teeth—Dental Treatment.

Over 40 per cent. of all the children examined had one or more decayed teeth, the average number of decayed teeth per case being about three.

It has become increasingly apparent from the results of medical inspection throughout the country that the care of the teeth must occupy a premier place in any scheme of medical treatment adopted by School Authorities. The importance of the subject needs no emphasis, but when the amount of work to be done is considered, one is tempted to think that, on account of the very great expense, the proposition is impossible. To at once begin treatment of cases of dental defect at all ages would require a large staff of dentists, but to attack the problem more from a preventative than curative standpoint is the course that has been adopted. With this end in view the Committee appointed Mr. Heydon, L.D.S., as their part-time School Dentist, and he took up the duties of the office in August. It has been decided to confine treatment to the younger children, under the age of 9 years. It does not appear to be generally known that the first "permanent" teeth appear at the age of six. They are known as the "six-year molars," and appear behind the "milk" teeth. A child often has 24 teeth at the age of six, 20 of these being the "milk" set and 4 the first of the "permanent" ones. It is frequently contested by parents, however, that they are *all* the first set and decay does not matter.

Children between six and eight years are being examined by the Dentist in all the schools, and if any of the permanent" teeth need "stopping" the parents are notified and given an opportunity of conferring with the School Medical Officer as to the provision of treatment, and an appointment with the Dentist may be subsequently made. A dental room has been equipped at Squires Lane School, and Mr. Heydon gives one afternoon a week to this work. Records of every child treated

are carefully kept and subsequent examinations of these children's teeth will be made at certain periods throughout their attendance at the Council's schools.

It is felt that the examination of all the children's teeth at the period when attention is most valuable, will be the means of preventing many of the disabilities and much ill-health occasioned in after years by defective teeth. It will gradually educate the parents and the children in the importance of the subject, and, there can be no doubt, will amply repay the cost incurred. A full report will be issued after the Clinic has been at work a year.

I might add that in all the schools every effort is made to induce the children to use their tooth brushes effectively and regularly.

Enlarged Tonsils and Adenoids.

Of the 794 children examined 47 (= about 6 per cent.) had Tonsils considerably enlarged, many of these being associated with Adenoids. Ninety-seven had some slight enlargement, but not of sufficient degree to necessitate treatment unless associated with other conditions.

Thirty-nine of the children had obvious symptoms of Adenoids and 18 had symptoms highly suggestive of their presence. That is 57 (= about 8 per cent.) had some condition affecting proper nasal breathing. Of 42 cases recommended for treatment, 26 had obtained this at the end of the year, and the parents of most of the others have promised to attend to the matter in the Spring. In the cases where mouth-breathing or other symptoms suggested the presence of Adenoids instructions are given to Teachers to pay special attention to the child in the breathing exercises, and the parents are also advised of the necessity of obtaining a thorough examination of the back of the child's nose. I attach great importance to the breathing exercises which are in vogue at all the schools, and much good is done by this means. The importance, from the point of

view of bodily and mental development, of proper nasal breathing is gradually becoming more recognised by parents, and one has much less difficulty than formerly in persuading them to overcome the natural reluctance to a surgical operation which the removal of these obstructive post-nasal growths (Adenoids) entails. Medical inspection has done a great deal of good in this respect, and it is pleasing to note that 42 of the children examined had already had Tonsils and Adenoids removed and were breathing correctly. Many of these had been "special" cases examined in previous years, and the treatment had been advised by the school doctor.

It cannot be too strongly insisted upon that, in the interest of the child mentally and physically, to say nothing of the increased liability to contract serious attacks of Scarlet Fever and Diphtheria, it is the undoubted duty of the parent to obtain the requisite treatment if there is any obstruction to the entry of air through the normal passage, namely, the nose.

Diseases of the Skin.

Apart from Ringworm and conditions due to lack of cleanliness, only 9 cases of skin disease were noted. Most of these were slight cases of Impetigo, and exclusion for a short time was necessary.

Ringworm.

Before the days of the adoption of the X-Ray Treatment this disease was very prevalent in all the elementary schools throughout the country; now, wherever rigid inspection and exclusion followed by the X-Ray treatment is adopted, it is rapidly being pushed into a position of minor significance.

At the beginning of the year 1911, the number of children absent on account of Ringworm of the head was 28, eight of these having been excluded for two years. At the end of the year 1911 there were 19 children absent on this account, one of whom was excluded during 1909, four during 1910, and fourteen during the year.

In 1911 32 additional cases of Ringworm were excluded from the schools, *i.e.*, during the year, 60 children were absent from school for varying periods on this account. Of this number 41 had returned to school at the end of the year, leaving the 19 mentioned above.

Shown in tabular form the statement is as follows:—

	No. of cases on exclusion list during 1911.	No. of cases readmitted during 1911.	No. of cases on exclusion list at Dec. 31, 1911.
A	8	7	1
B	20	16	4
C	32	18	14
Totals ...	60	41	19

(A) Refers to cases excluded during 1909.

(B) Refers to cases excluded during 1910.

(C) Refers to cases excluded during 1911.

The steps taken to deal with this troublesome disease were detailed by Dr. Prior in his last report. Briefly stated they are as follows:—

- (a) Periodical examinations of the heads of all children in the school—hairs are taken for microscopic examination and all cases verified by this means.
- (b) Rigid exclusion from school of children affected, frequent visits to home to see that treatment is being carried out.
- (c) Examination by the School Medical Officer of every child excluded before being allowed to return to school.

In addition to the inspections at school, the Nurse, during the year, made 212 visits to the homes in connection with these cases, and 192 specimens of hair were examined by the School Medical Officer.

TREATMENT.—The disease is very chronic and resistive to the usual methods of treatment, the X-Rays, however, effect a rapid destruction of the fungus in the hair and cure the disease in a comparatively short time. On account of its somewhat costly nature the Education Committee in 1910 obtained permission to carry out this treatment (under certain conditions) in the case of children attending their elementary schools. A full statement on the subject is set out in Dr. Prior's report for 1910. Dr. Knox carries out the treatment on behalf of the Committee, and during the year 22 of the cases have been dealt with by him. In addition to these, 11 of the cases have been treated by X-Rays at one or other of the London Hospitals.

Of the 41 cases re-admitted during the year 33 had been treated by this method.

In no case has there been any untoward result from such treatment, and the accumulating experience all over the country proves that the risk is negligible.

It may be mentioned that a large proportion of the 32 cases excluded during the year were fresh admissions to our schools.

Defective Vision.

Of the 493 children examined in the senior departments 48 (9.5 per cent.) were found to be suffering from defective sight of such a degree as to necessitate treatment. In 27 (=about 60 per cent.) of these, treatment had already been obtained (in many instances upon previous advice given at the schools), and spectacles were being worn. Thirty-two cases of minor visual defect were found. These minor defects, although not usually calling for treatment, are not infrequently the unsuspected cause of headaches, and this was constantly kept in view in determining the advice to be given. A large number of other children in both infants' and senior departments were examined for defective vision as "special" cases, but these do not appear in the above list.

With all the care that is taken to prevent injury to the child's sight at school I am quite certain that much mischief is brought about by the parents allowing young children to read and do needlework by artificial light. When not under the observation of the teacher, the attitude assumed while writing or sewing is frequently prejudicial to the child's sight, and also favours spinal deformities. I am very strongly of the opinion that home lessons should not be given to the children until they have reached the higher standards, and then only such as can be easily finished in half-an-hour or so. If there is the least suspicion of defective sight, or whenever it is thought that the home conditions are unfavourable, home-work should be absolutely forbidden.

PROVISION OF SPECTACLES.

Of the 48 children found with serious defect of vision 27 (=about 56 per cent.) wore spectacles at the time of examination. Of 59 children advised to obtain eye treatment on account of defective sight, or constant headaches (and including revision of spectacles) 44 obtained it.

There appears to be no serious difficulty in getting treatment at one or other of the special hospitals in town, but it not infrequently happens that the parents cannot afford to pay for the necessary spectacles. The Children's Care Committee assist in such cases, and during the year five pairs of spectacles were partly provided in this way.

It may not be out of place to here emphasise the great importance of obtaining skilled *medical* treatment in all cases of defective vision occurring among children. The function of the optician should be to provide lenses which have been prescribed by the medical oculist after a careful consideration of all the circumstances of the individual case, and parents are always advised accordingly.

EXTERNAL DISEASES OF THE EYE.

Thirty-one children were suffering from external diseases of the eye. Most of these were slight cases of conjunctivitis

or inflamed lids, which required simple treatment. Seven cases of squint were noted, and in those which had not had treatment this was urged.

Cases of Squint should be treated as early as possible. All of the cases noted had "squinted" for some time. Squint is often due to defective sight, and the early provision of the proper spectacles will, in many cases, remedy the defect, and resort to operation be unnecessary. If, however, useful sight in the squinting eye is to be retained, the earlier treatment is obtained the better.

Deafness and Diseases of the Ear.

Four cases of chronic purulent discharge from the ears, and 12 cases of appreciable deafness were discovered. The cases of deafness are therefore less than 2 per cent. of the whole number examined. Discharge from the ears, in each instance due to Measles, was the cause of four cases of deafness; most of the others were due to the presence of Adenoids, or to these growths having been present at an earlier period of the child's life.

In all the cases of Otorrhœa (ear discharge) careful attention was being given and the ears kept constantly clean—a most important consideration.

Tuberculosis.

Only one case of Pulmonary Tuberculosis was discovered, and three cases of Tuberculous glands in the neck. All were of a mild degree, the case of Phthisis being in a very early stage. Consumption of the Lungs is not common among the Finchley school children, and during the past five years only two deaths from this cause have been registered between the ages of 5 and 15 years.

Heart Disease.

Six cases of organic valvular heart disease were discovered. In each case the mitral valve was the one affected. In three instances the disease had not been suspected by the

parents. Rheumatism or St. Vitus's Dance was the cause of one, Scarlet Fever of two, in the others no definite cause could be ascertained. If care is taken this defect may be compatible with long and useful life, but the question of occupation has to be considered, and in each case the parents were interviewed and suitably advised. Exercises, etc., need regulation, and some sports have to be prohibited. Of this the teacher was made aware. The seven cases of "functional disease" of the heart were those where the action of the heart was disordered from some cause or other, but where no definite organic disease was present. Severe Whooping Cough was the probable cause of one case and Diphtheria of another. In most cases this is only temporary, and with simple care the nervous mechanism of the heart rights itself.

Defective Speech.

Thirteen children of the 794 examined had defective speech. One or two were bad cases of stammering, but five, among the infants, were not very marked and were said to be improving

Diseases of the Nervous System.

One case of minor epilepsy in a boy was met with. Cases where the child would be described as "highly nervous" were not very uncommon. If any instability of this nature is present it usually makes itself very apparent at the time of examination, a very rapid cardiac action being frequently produced. The remarks *re* homework made in connection with defective vision apply with equal force to these cases.

Mentally Dull.

Two cases were noted, both of them being of the nature of dormant mental attributes rather than actual deficiency.

Facilities for Treatment.

The district is within easy access of the great London Hospitals, and many parents who are unable to provide private treatment for their children avail themselves of the opportunities afforded by these institutions. There is also an excellent Cottage Hospital in Finchley where many of the children have received treatment for defects discovered at school. No treatment is carried out by the School Medical Officer, but appropriate advice is given and general directions as to securing treatment are explained to the parents either by him or the School Nurse.

The Committee have an arrangement with an X-Ray specialist whereby cases of Ringworm occurring in the Elementary Schools are treated (*vide* page 100). Dental treatment of a conservative nature is also undertaken in the case of children in the Infants' Department (*vide* page 96), and where extractions are necessary this treatment is usually easily obtained at the London Hospitals. There appears to be no difficulty in getting the necessary treatment for the more serious ailments, and where such have not been obtained, the fault has seemed to be with the parents or guardians. The following table shows the number of cases referred for treatment and to what extent the advice was followed. It will be seen that this table does not include dental treatment or Ringworm, and only has reference to the defects discovered during the routine inspections. The special cases examined are referred to elsewhere.

Nature of Defect for which treatment was advised.	Total Number of Cases.	RESULT.		Percentage obtaining treatment.
		Obtained Treatment.	Nothing Done.	
Defective Eyesight, etc.	59	44	15	Approx. 75 p.c.
Tonsils and Adenoids	39	19	20	„ 50 p.c.
Deafness ...	5	5	—	100 p.c.
Defective Circulation ...	9	9	—	100 p.c.
Other Conditions ...	1	1	—	100 p.c.
Totals ...	113	78	35	Approx. 70 p.c.

N.B.—This table only refers to the condition found at the routine inspection, which had not already received proper MEDICAL attention. It does not include cases recommended for Dental treatment or Ringworm. Neither does it take account of the minor ailments for which treatment was advisable nor the cases of uncleanliness.

The Work of the School Nurse and the Procedure known as "Following Up."

The School Nurse also acts as Health Visitor and this arrangement has many advantages.

Respecting her duties as School Nurse, these may be classified as follows:—

1st.—She attends with the Medical Officer at the schools at the routine medical inspection. 2nd.—She examines the children of certain classes periodically for uncleanliness, presence of ringworm, and other parasitic skin diseases. She takes specimens of hair for examination in doubtful cases in order to have them submitted to microscopical examination. Any matter of doubt or difficulty is referred to the Medical Officer. 3rd.—She visits the parents at home whose children have been found to be suffering from physical or mental defects in order to point out the advisability of obtaining further treatment. She is also able to bring pressure to bear upon obdurate parents, and to obtain further family history where necessary. 4th.—The School Nurse is frequently requested to undertake some special investigation, and by this means is often able to prepare the ground for more detailed investigation by the Medical Officer.

The duty of properly "following up" cases is one of great importance, and requires a good deal of tact and judgment. If a parent persists in neglecting to obtain advice or treatment for some obvious defect, a letter is sent to the father threatening legal proceedings under the Children Act, if some step is not taken to remedy the matter.

The Nurse keeps a diary of all the work undertaken, and a "following up" book is prepared for each school.

The following is a brief statement of the work of the School Nurse during the year 1911:—

Attendances at Medical Inspection	... ..	50
Additional visits to schools in connection with routine inspections of the hair, scalp and general cleanliness	... ..	260
		<hr/>
Total number of visits to schools	... ..	310
		<hr/>
Visits to homes <i>re</i> cases of ringworm	... ..	212
Visits to homes <i>re</i> cases of uncleanliness	... ..	361
Visits to homes in connection with "following up" of conditions found at times of medical inspection by the Medical Officer	... ..	259
		<hr/>
Total number of visits to homes	... ..	832
		<hr/>

Defective and Epileptic Children.

All means are taken to bring to light cases of defective and epileptic children. No cases of mental defect or epilepsy of such a degree as to require treatment in Special Schools are at present under the care of the Committee.

Two blind and two deaf children are being educated at the expense of the Committee in duly authorised special institutions.

TABLE I.—HEIGHT AND WEIGHT OF CHILDREN IN DIFFERENT AREAS OF ENGLAND.—GIRLS.
 (DRS. GLEGG AND TUXFORD).

AGE.	ENGLAND.			COUNTY AREAS.			URBAN AREAS.			NORTH OF ENGLAND.			SOUTH OF ENGLAND.		
	No.	Height. ins.	Weight. lbs.	No.	Height. ins.	Weight. lbs.	No.	Height. ins.	Weight. lbs.	No.	Height. ins.	Weight. lbs.	No.	Height. ins.	Weight. lbs.
3	8,478	36·06	31·77	5,343	36·18	31·94	3,135	35·8	31·44	5,256	36·03	32·25	3,222	36·1	31·68
4	21,362	38·62	34·8	11,695	39·06	35·02	9,667	38·07	34·52	12,874	38·5	34·80	8,488	38·81	34·80
5	63,825	40·39	37·55	31,464	40·59	37·88	32,361	40·16	37·32	42,189	40·12	37·36	21,636	40·86	37·95
6	21,238	42·36	40·87	10,101	42·52	41·23	11,137	42·21	40·57	13,686	42·13	40·74	7,552	42·75	41·14
7	36,477	44·84	45·10	14,570	45·11	45·41	21,907	44·65	44·88	17,261	44·44	45·01	19,216	45·19	45·17
8	12,014	46·29	48·82	4,639	46·57	48·88	7,375	46·25	48·80	6,342	64·14	48·60	5,672	46·5	49·08
9	8,138	48·7	54·45	2,886	49·44	55·40	5,252	48·26	54·03	4,578	48·9	54·85	3,560	48·38	53·94
10	21,017	51·1	58·76	8,126	51·26	59·27	12,891	50·95	58·45	15,278	50·87	58·50	5,739	51·61	59·47
11	5,129	52·55	65·10	1,913	53·38	66·68	3,216	52·09	64·15	2,364	52·59	65·10	2,495	52·52	65·10
12	36,577	54·6	73·72	24,909	54·52	74·47	11,668	54·84	72·14	20,607	54·6	73·15	15,970	54·64	74·47
13	50,717	56·88	79·88	21,771	57·14	80·94	28,946	56·69	78·37	28,854	56·57	79·38	21,863	57·33	80·52
14	3,702	58·67	87·58	1,269	58·98	88·26	2,433	58·55	87·23	2,035	58·15	85·8	1,667	59·34	89·74

TABLE II.—HEIGHT AND WEIGHT OF CHILDREN IN DIFFERENT AREAS OF ENGLAND.—BOYS.
(DRS. GLEGG AND TUXFORD).

AGE.	ENGLAND.			COUNTY AREAS.			URBAN AREAS.			NORTH OF ENGLAND.			SOUTH OF ENGLAND.		
	No.	Height. ins.	Weight. lbs.	No.	Height. ins.	Weight. lbs.	No.	Height. ins.	Weight. lbs.	No.	Height. ins.	Weight. lbs.	No.	Height. ins.	Weight. lbs.
3	9,388	36·38	32·69	5,793	36·65	32·85	3,595	35·95	32·43	5,628	36·38	32·69	3,760	36·41	32·67
4	24,047	38·66	35·84	12,898	38·77	36·18	11,149	38·46	35·52	14,062	38·58	35·99	9,985	38·76	35·60
5	65,438	40·55	38·59	32,390	40·63	38·96	33,048	40·43	38·15	43,070	40·39	38·52	22,368	40·82	38·57
6	20,554	42·52	42·52	9,469	42·75	42·57	11,085	42·32	42·48	13,038	42·4	42·88	7,516	42·75	41·89
7	37,515	45·15	46·64	14,784	45·4	47·24	22,731	45·0	46·22	17,271	44·92	46·57	20,244	45·36	46·68
8	9,684	46·97	50·29	1,940	47·04	51·26	7,744	46·85	50·05	3,719	46·58	49·76	5,965	47·25	50·62
9	7,873	49·09	55·34	2,699	49·84	56·89	5,174	48·7	54·41	4,330	49·37	56·01	3,543	48·74	54·36
10	21,579	50·95	60·34	8,234	51·18	61·05	13,345	50·83	59·88	16,447	50·91	60·41	5,132	51·1	60·58
11	5,084	52·84	65·85	1,775	53·23	67·72	3,309	52·63	64·73	2,531	52·76	66·37	2,553	52·95	65·32
12	37,230	55·03	72·71	25,933	55·2	73·28	11,297	54·68	71·39	20,601	54·88	72·36	16,629	55·2	73·13
13	52,232	56·1	77·33	21,632	56·14	77·7	30,600	56·07	77·06	30,649	55·7	76·76	21,583	56·61	78·14
14	4,342	57·92	83·93	1,381	58·19	84·35	2,961	57·8	83·73	2,340	57·29	82·39	2,002	58·67	85·73

TABLE III.—Average Heights and Weights of Children examined during 1911.

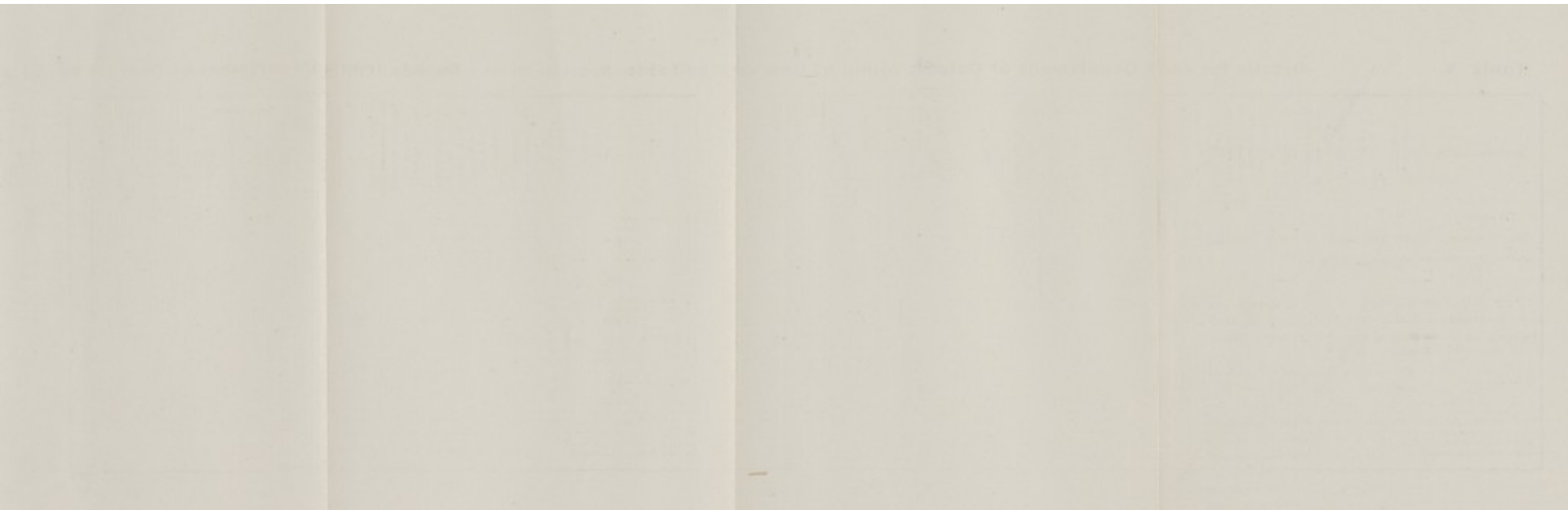
GIRLS.

Age.	No. of children examined.	English Measure.				Standards for the whole of England as calculated from a large number of school children examined in 1910.			
		Height.		Weight.		Height.		Weight.	
		Feet.	Inches.	Stones.	Lbs.	Feet.	Inches.	Stones.	Lbs.
5 years ...	66	3	5	2	11 $\frac{3}{4}$	3	4 $\frac{1}{2}$	2	9 $\frac{1}{2}$
6 " ...	61	3	6 $\frac{1}{2}$	3	0 $\frac{1}{4}$	3	6 $\frac{1}{2}$	2	13
7 " ...	25	3	10 $\frac{1}{4}$	3	7 $\frac{1}{4}$	3	8 $\frac{3}{4}$	3	4
8 " ...	23	3	10 $\frac{1}{4}$	3	8 $\frac{1}{4}$	3	10 $\frac{1}{4}$	3	6 $\frac{3}{4}$
9 " ...	14	4	1	3	12 $\frac{1}{4}$	4	0 $\frac{3}{4}$	3	12 $\frac{1}{2}$
10 " ...	26	4	3	4	4 $\frac{1}{4}$	4	3	4	2 $\frac{3}{4}$
11 " ...	58	4	6	4	13 $\frac{1}{4}$	4	4 $\frac{1}{2}$	4	9 $\frac{3}{4}$
12 " ...	82	4	8 $\frac{1}{4}$	5	4 $\frac{1}{4}$	4	6 $\frac{1}{4}$	5	3 $\frac{3}{4}$
13 " ...	62	4	10	5	13	4	8 $\frac{3}{4}$	5	9 $\frac{3}{4}$
14 " ...	6	4	11 $\frac{1}{2}$	6	11	4	10 $\frac{3}{4}$	6	3 $\frac{1}{2}$

TABLE IV.—Average Heights and Weights of Children examined during 1911.

BOYS.

Age.	No. of children examined.	English Measure.				Standards for the whole of England as calculated from a large number of school children examined in 1910.			
		Height.		Weight		Height.		Weight.	
		Feet.	Inches.	Stones.	Lbs	Feet.	Inches.	Stones.	Lbs
5 years ...	87	3	5 $\frac{1}{4}$	2	13 $\frac{1}{4}$	3	4 $\frac{1}{2}$	2	10 $\frac{3}{4}$
6 „ ...	38	3	8	3	3	3	6 $\frac{1}{2}$	3	0 $\frac{1}{2}$
7 „ ...	25	3	10	3	5 $\frac{1}{2}$	3	9	3	4 $\frac{3}{4}$
8 „ ...	23	3	11 $\frac{3}{4}$	3	11 $\frac{3}{4}$	3	11	3	8 $\frac{1}{4}$
9 „ ...	27	4	1 $\frac{3}{4}$	4	1 $\frac{1}{2}$	4	1	3	13 $\frac{1}{2}$
10 „ ...	18	4	3 $\frac{1}{4}$	4	7	4	3	4	4 $\frac{1}{4}$
11 „ ...	47	4	5 $\frac{1}{2}$	4	11 $\frac{1}{4}$	4	4 $\frac{3}{4}$	4	9 $\frac{3}{4}$
12 „ ...	52	4	8 $\frac{1}{4}$	5	4	4	7	5	2 $\frac{3}{4}$
13 „ ...	54	4	8 $\frac{3}{4}$	5	9 $\frac{1}{2}$	4	8	5	7 $\frac{1}{4}$
14 „ ...	2	5	1	6	4 $\frac{1}{4}$	4	10	6	0



REPORT
OF THE
SANITARY INSPECTOR
For the Year 1911.

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

GENTLEMEN,—

I have the honour to submit for your consideration my Tenth Annual Report dealing with the work carried out in connection with the sanitary inspection of the district during the year ending 31st December, 1911.

The total number of inspections made during the year was 7,767, as compared with 7,064 in 1910. On 1,001 of the premises visited, nuisances to the number of 2,449 were discovered, and in dealing with the sanitary defects from which they arose 198 "Intimation" and 68 "Statutory" Notices were served. The numbers of letters written and received with reference to the business of the department was respectively 987 and 845. At the end of the year 2,160 of the nuisances discovered had been abated, the work of remedying 127 was in hand, and the remaining 162 were outstanding. In order to ascertain that the sanitary defects were being properly remedied 1,293 visits were paid to the respective premises while the work was in progress.

At the end of the year there were no fewer than 571 premises on the registers which are subject to periodical inspection.

Systematic inspection of the district has been maintained with a view to improving the sanitary condition of house property and other premises, and this work should prove a material aid in improving the healthiness of the inhabitants and diminishing outbreaks of preventable disease. House-to-house inspection, supervision and testing drainage and other sanitary work, inspection of cowsheds, dairies, milkshops, factories, workshops, slaughterhouses, bakehouses, restaurants, butchers', fruiterers' and fishmongers' shops; the inspection of meat and other foods and of premises where foodstuff undergoes some special preparation for sale, have each and all received the attention of your inspectors. A large number of visits have also been made under the direction of your Medical Officer of Health to investigate cases of infectious disease, and to carry out the necessary work of disinfection.

It will be seen from the matters already enumerated that the activities of the department cover a wide field, which is being rapidly extended by the development of Public Health Legislation. Every endeavour has, however, been made to devote sufficient time to each particular section of our work. Matters of technical difficulty and questions requiring careful negotiation arise, but, having regard to the considerable expense involved in complying with the demands for the sanitary improvement of property, it is extremely gratifying to record that only on two occasions was it necessary to resort to legal proceedings to enforce compliance with statutory notices. In fact there is continued evidence to show that property owners, their agents and professional advisers, are, in the majority of cases, quite willing to comply with any reasonable requirements which are made from time to time respecting the property under their control. The usual practice has been continued of communicating with the responsible

party immediately upon the discovery of any sanitary defect, and supplying detailed particulars of the work necessary to satisfactorily remedy the same. These particulars are frequently amplified by verbal advice given on the telephone, at the office, or on the property. Assistance of this nature is much appreciated and results in sanitary improvements being more readily carried out. The policy of specifying concisely and clearly what is required also invariably leads to the attainment of a higher standard of work.

With reference to clerical work, it may be specially mentioned that, in dealing with the 2,449 nuisances which were discovered, it was only needful to serve 68 "Statutory" notices. The aim of the department is to mainly rely on ordinary correspondence as a means of communicating to owners the existence of defects on their property, rather than the service of formal notices, and I believe this system tends to remove rather than create opposition.

The sanitary condition of a large number of houses and other premises has been much improved without the necessity of specially reporting the facts to the Public Health Committee, but particulars of all sanitary improvements effected during the year are embodied, as far as possible, in this report.

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

In addition to the matters mentioned in this report, a considerable amount of the time of your sanitary staff is of necessity taken up with clerical routine, interviews and other administrative work that does not call for special comment.

The total number of inspections made in regard to each section of work is recorded in the appended table, together with a summary of the sanitary improvements carried out:—

Inspections.

House to House Inspections	...	...	...	415
Special Inspections	...	...	...	1427
Re-Inspections after Order or Notice	...	...	...	2188
Visits to Works in progress	...	...	...	1293
,, ,, Factories and Workshops (including Bake-				
houses)	...	...	...	322
,, ,, Slaughterhouses	...	...	...	269
,, ,, Cowsheds, Dairies, and Milkshops (exclud-				
ing visits of M.O.H. and Veterinary				
Inspector)	...	...	...	147
,, ,, Ice Cream Premises	...	...	...	42
,, ,, Foodshops	...	...	...	357
Visits <i>re</i> Infectious Disease	...	...	...	1040
Miscellaneous	...	...	...	267
Total number of inspections and re-inspections				7767

Drainage.

Number of old Drains examined, tested, exposed, etc.				138
Number of Houses and Premises re-drained	...	...	...	59
Repairs or Amendments to existing Drains	...	...	...	79
Drains or Gullies unstopped and cleansed	...	...	...	40
Length in yards of Stoneware Drains laid	...	...	...	1576
Length in yards of Heavy Cast-iron Drains laid	...	...	...	160
Manholes provided	...	...	...	55
Manholes altered and repaired	...	...	...	28
Intercepting traps fixed	...	...	...	25

New Fresh Air Inlets provided to Drains	...	...	...	16
Fresh Air Inlets repaired	...	...	...	10
Stoneware Gully Traps fixed	...	...	...	166
New Soil Pipes and Ventilating Shafts fixed	...	...	...	56
Soil Pipes and Ventilating Shafts repaired	...	...	...	17
New Impervious Sinks provided	...	...	...	28
New Waste Pipes fixed	...	...	...	28
Waste Pipes repaired and unstopped	...	...	...	21
Waste Pipes trapped	...	...	...	44
Waste Pipes disconnected from Drain	...	...	...	2
New Gully Curbs	...	...	...	2
Water Tests applied	...	...	...	304
Smoke Tests applied	...	...	...	95
Air Tests applied	...	...	...	44

Water Closets and Sanitary Conveniences.

New w.c. basins of the "Washdown" type fixed	...	...	...	115
W.C.'s unstopped, cleansed and repaired...	...	...	...	28
New Flushing Boxes fitted to w.c.'s	...	...	...	23
Existing Flushing Boxes repaired	...	...	...	87
Flush Pipe connections repaired	...	...	...	18
New w.c. Apartments provided	...	...	...	4
W.C. Apartments lighted, repaired and ventilated	...	...	...	5
New Urinals provided	...	...	...	3
Urinals cleansed and repaired	...	...	...	5

Miscellaneous.

Roofs repaired	...	...	...	77
Eaves Guttering renewed	...	...	...	14
Eaves Guttering cleansed and repaired	...	...	...	39
New Stack Pipes provided	...	...	...	21

Existing Stack Pipes unstopped, repaired and cleansed	35
Existing Stack Pipes disconnected from Drains ...	37
Damp Walls remedied	4
Ventilation under floors provided	134
Existing Ventilating openings unstopped and repaired	9
Yards paved	92
Paving of Yards repaired	27
Dirty Yards or Mews cleansed and repaired ...	4
Floors of Rooms repaired	56
Floors of Rooms relaid or paved	33
Larder Accommodation provided	10
Bakehouses cleansed and limewashed every six months.	
Improvements to Dairies and Cowsheds	4
Cowsheds cleansed and limewashed every six months.	
Slaughterhouses cleansed and limewashed every three months.	
Rooms repaired, cleansed and limewashed ...	322
Windows repaired and made to open	62
Workrooms cleansed and repaired	8
Water service pipes repaired	12
New Cisterns provided	5
Cisterns repaired, cleansed and covered	60
Movable sanitary dustbins provided	175
Nuisances from overcrowding abated	7
Nuisances from animals abated	9
Accumulations of manure and refuse removed ...	24
Miscellaneous	106

Infectious Disease and Disinfection.

Cases of infectious disease notified	...	...	256
Number of rooms fumigated after infectious disease			297
Verminous rooms fumigated	...	...	17
Number of articles disinfected	...	...	7030

N.B.—In addition to the above work of disinfection, 29 stovings of beddings, etc. (527 articles) were carried out, and 8 patients were removed to hospital for the Friern Barnet District Council.

House Drainage.

Existing house drains, which for some reason or other are suspected to be in a defective condition, are subjected to either the smoke or air tests. In cases of necessity the smoke test is supplemented by, or used in connection with an examination of the drains, after the ground has been opened up under Section 41 of the Public Health Act, 1875, and a number of the pipes exposed in different positions. During the year, the condition of a large number of house drains were the subject of special investigation, and, as a result, 138, were found to be more or less defective.

In several instances combined drains of an exceptionally complicated nature were opened up and examined, and, after some negotiation with the owners, they were entirely abolished and new systems of drainage installed.

Section 43 of the Finchley Urban District Council Act, 1908, which requires any person who repairs a drain to give to the Council 12 hours' previous notice in writing of his intention to carry out such work of repair, continues to prove a material aid in the detection of drains which are in a bad condition or require alteration or amendment. I have some reason to believe that persons who undertake the repairing of drains sometimes neglect to give the necessary notice as required by the before-mentioned Act, but as it has now been

in operation in the district for over three years, I regret that it may become necessary to take legal proceedings in order to bring the requirements of the Act more forcibly to the notice of the defaulters.

In all, the drains of 59 houses were entirely reconstructed during the year, and the existing drains of no less than 79 other premises were properly repaired, in some instances the work of repair being of an extensive nature.

This work involved the laying of 1,576 yards of stoneware and 160 yards of heavy cast-iron coated pipe drains, 56 soil pipes and ventilating shafts, 25 intercepting traps, 166 stoneware gullies, 115 w.c. basins, and 23 flushing cisterns were fixed, and 55 manholes were built. In regard to the existing sanitary fittings, 87 flushing cisterns, 28 water-closets, 17 soil pipes and 28 manholes were repaired, and 40 drains were un-stopped and cleansed. Some 65 bath, lavatory and sink waste pipes were repaired or trapped, and 28 new waste pipes, and 28 new glazed sinks were fixed. A large number of other miscellaneous items were also properly attended to. In connection with this work 304 water tests, 95 smoke tests, and 44 air tests were applied. The practice which has been adopted in this department in past years of testing all new drains with water *after* the ground has been filled in, and of passing a steel device through the pipes on completion of the work, has been continued.

New drains are in all cases constructed with salt-glazed stoneware or heavy cast-iron coated pipes, laid in a solid bed of Portland cement concrete, or in the case of cast-iron drains the pipes are occasionally laid on concrete piers. The drains are disconnected from the public sewer by means of approved intercepting traps, and proper means provided for their efficient ventilation, inspection, cleansing and testing.

A survey is made by your Inspectors on the completion of each re-drainage scheme, and a block plan of the new drain is prepared and filed for future reference. These plans,

together with other tabulated particulars, form a complete and valuable record of the re-drainage work carried out in the district.

With respect to the pipes used for house drainage, further experience and observation only serves to strengthen my opinion, which I have expressed in several of my previous reports, that stoneware drains as at present constructed are unreliable, and, in many cases, rapidly develop defects which render them leaky. I consider that property owners will be well advised if they use cast-iron pipes, which can be relied upon, under ordinary circumstances, to provide a more permanent water-tight drain.

Of the 59 houses re-drained during the year, 40 were provided for by means of 11 combined systems of drainage.

House-to-House Inspection.

Four hundred and fifteen house-to-house surveys were made during the period under review, as compared with 181 in 1910.

The house-to-house register, which has been kept for many years, is on the card index principle, and a separate card is allocated for each house. The general condition of each of the properties visited is recorded on these cards, which, together with references to other registers, constitutes a complete and reliable record of the action taken respecting any house which has been inspected under the house-to-house system.

It will be recalled that the Local Government Board in 1910 made regulations under the Housing and Town Planning Act, 1909, entitled "The Housing (Inspection of District) Regulations, 1910," in which Local Authorities are required to arrange for the periodical inspection of their districts with a view to ascertain whether any dwelling-house therein is in a state so dangerous or injurious to health as to

be unfit for human habitation. The inspections and records are required to cover certain definitely specified matters, and are of a comprehensive nature, but, as the Board's Housing Regulations were fully met by the existing system of house-to-house inspection, the Council decided that these inspections should be continued in the same manner as heretofore.

Systematic house-to-house inspection has been carried out in Finchley for many years past, with the result that dwelling-houses in the poorer localities of the district have been kept under constant observation. A large number of sanitary defects have been discovered and remedied, and there can be no doubt that these inspections have served the purpose of preventing many houses from becoming insanitary, and possibly unfit for human habitation.

During the year, a considerable number of houses in specially selected parts of the district were very thoroughly inspected by your late Medical Officer of Health, Dr. Prior, and myself, and a special con-joint report was submitted to the Public Health Committee dealing with the result of our investigations. In the report referred to it was stated that, with one or two doubtful exceptions, there are at present no houses in Finchley which appear to be in an uninhabitable condition.

The houses mentioned in the following list are those which have been dealt with under this heading during the year, viz.:—

High Road, Whetstone	...	...	70 Houses.
Swan Lane,	do.	...	17 do.
Swan Place	do.	...	11 do.
Friern Lane	do.	...	23 do.
Green Road	do.	...	15 do.
Rasper Road	do.	...	36 do.
Sherwood Street	do.	...	15 do.
Totteridge Lane	do.	...	4 do.
Oakleigh Road	do.	...	2 do.
High Road, North Finchley	...	...	10 do.
Coleridge Road	do.	...	44 do.
Winifred Place	do.	...	15 do.
Summers Lane	do.	...	17 do.
Woodside Lane	do.	...	3 do.
Church Path	do.	...	4 do.
East End Road, East Finchley	...	...	11 do.
Red Lion Hill	do.	...	32 do.
Trinity Road	do.	...	48 do.
Prospect Place	do.	...	23 do.
Park Road	do.	...	10 do.
Market Place	do.	...	2 do.
Elmfield Road	do.	...	2 do.
Hamilton Road	do.	...	1 do.

415

As a result of these inspections, no less than 939 nuisances were discovered and dealt with, and these are enumerated in the appended summary:—

Defective drains	...	...	...	5
Defective ventilating shafts to drains	...	...	...	13
Defective fresh air inlets to drains	...	...	...	8
Blocked drains and w.c.'s	...	...	...	3
Defective and insanitary w.c. basins	...	...	...	25
W.C. flushing boxes out of order	...	...	...	37
Defective connections between w.c. flush pipes and basins	...	...	...	11
Service water pipe connected direct to w.c.				1
Defective house roofs	...	...	...	42
Dirty and defective ceilings and walls of rooms	...	...	...	188
Defective floors of rooms	...	...	...	61
Insanitary stone troughs	...	...	...	4
Defective sink waste pipes	...	...	...	9
Defective gully curbs, etc.	...	...	...	16
Defective or insufficient yard paving	...	...	...	68
Rain water stack pipes in direct connection with drains	...	...	...	14
No drain at foot of rain water stack pipes				3
Absence of or defective eaves guttering and stack pipes	...	...	...	50
Nuisances from dampness	...	...	...	14
Absence of ventilation under floors	...	...	...	146
Absence of or blocked gratings to existing ventilating openings	...	...	...	20
Insufficient lighting and ventilation	...	...	...	7
Windows not made to open	...	...	...	59
Dirty and uncovered service water cisterns				12
Defective service water pipes	...	...	...	4
Defective ashbins	...	...	...	56
Accumulations of refuse	...	...	...	5
Nuisance from Animals	...	...	...	1
Miscellaneous	...	...	...	57

Structural alterations were carried out at one property resulting in two undesirable tenements being converted into one dwelling. At three other cottages alterations were made, including the removal of certain partitions, which materially improved the lighting and ventilation of the ground floor rooms.

There is probably no section of inspectional work connected with public health administration which is more important or valuable than house-to-house surveys. Many sanitary defects are discovered in their initial stages and remedied before they become dangerous to the health of the occupants of the premises. Other more serious defects are promptly dealt with, which, but for the official inspection, might have remained unremedied for a long period.

There have been but few instances in which owners have not carried out works suggested by the department within a reasonable time, but the dirty indolent tenant has proved a somewhat difficult problem. These people are always "just going to clean up," whenever the inspector calls, whether it be in the forenoon or afternoon, and the result of our efforts to secure an improvement in the condition of their houses is not encouraging. They often freely complain of the condition of the structure of the house, but they are themselves responsible for its sordid and dirty state, and their conversion to more cleanly habits is one of the most difficult tasks with which we are confronted. Happily, the condition of many cottages and tenements is a credit to their occupants, and the contrast between their homes and those of their dirty neighbours is most marked.

The sub-letting of parts of houses is prevalent in some parts of the district, and is almost invariably accompanied by a lowering of the standard of the sanitary condition of the premises. For this reason, houses of this character are, as far as possible, subjected to more frequent inspection.

Factory and Workshops Act, 1901.

The Factories, Workshops, or Workplaces on the Register number 263.

The sections of the Factory and Workshop Act which your Council has to administer chiefly relate to the following matters:—

- (1) (a) Cleanliness.
 - (b) Air space.
 - (c) Ventilation.
 - (d) Drainage.
 - (e) Provision of Sanitary Conveniences for both sexes.
- (2) The provision of means of escape in case of fire in Factories and Workshops in which more than 40 persons are employed.
 - (3) Sanitary regulations of Bakehouses.
 - (4) Homework.

The details of work done by your Inspectors are recorded, as far as practicable, in the tabulated statement on pages 74 75 and 76 of the report of your Medical Officer of Health. The usual periodical visits have been maintained and the sanitary defects discovered were properly remedied by the persons responsible.

Paving of Yards

The paving and drainage of yards in connection with, and exclusively belonging to dwelling-houses, is enforceable in the district under section 25 of the Public Health Acts Amendment Act, 1907. The owners of court-yards and passages used in common by two or more occupiers may also be required to properly flag, asphalt, concrete or pave such court-yards or passages under the provisions of Section 20 of the Finchley Urban District Council Act, 1908.

In the course of inspection, no less than 145 yards in connection with dwelling houses were found to be in an insanitary condition, either from the absence of paving or from the defective condition of such paving as existed. The owner was in each case requested to pave a sufficient area of the yard, or to properly repair the existing paving, as the necessity of the case demanded. Entirely new paving was, as a result, laid in 92 yards, while in 27 instances satisfactory repairs were executed. The remaining 26 yards were being dealt with at the end of the year.

This work is of indisputable value from a sanitary aspect as, in addition to giving an incentive to cleanliness in every case, it leaves no excuse for those who wilfully allow their yards to get into a dirty and insanitary condition. It also provides for carrying off the rain and waste water which would otherwise stand on the surface or saturate the ground in the immediate vicinity of the house, to the discomfort of the inmates and the detriment of the property.

The importance of yard paving is further exemplified by the provision in the Housing (Inspection of District) Regulations, 1910, which provides that the officer making inspections under the regulations shall examine and report upon the paving, drainage, and sanitary condition of the yard.

Dairies, Cowsheds and Milkshops.

Application for registration under the Dairies, Cowsheds and Milkshops Order, 1885, were received during the year from seven purveyors of milk, two cowkeepers, and one cowkeeper, dairyman and purveyor of milk.

The proprietorship of two milkshops changed hands, two dairies, one milkshop, and one cowshed were closed, and a purveyor of milk, whose premises were outside the district, established a new cowshed and dairy within the district.

At the end of the year business was being carried on by persons registered under the Order of 1885, as follows:—

Dairymen or Purveyors of Milk	...	33
Cowkeepers, Dairymen and Purveyors of Milk		7
Cowkeepers	... ..	3
Purveyors of Milk who reside outside the district, but retail Milk in the district	...	11
		—
	Total	54
		—

The Regulations made by the Council under the Dairies, Cowsheds and Milkshops Order, 1885, provide for proper lighting, air space, ventilation, cleansing, drainage, water supply, and for precautions to be taken to prevent infection and contamination of Milk.

The usual periodical visits have been paid to the registered premises in the district, and the necessary steps have been taken to ensure compliance with the provisions of the Regulations. In addition to a number of minor infringements, the following structural matters were specially dealt with, viz.:—

Conversion of old workshop into a cowshed. The new works included provision of a new impervious floor, glazed stoneware feeding troughs with gangway at head of stalls, additional means of lighting and ventilation, water supply, etc. Construction of brick wall between cowshed and stable. New milk store with smooth impervious floor and walls, and provision for cleansing milk utensils.

Old disused cowshed re-modelled for occupation, including relaying of part of floor, provision of additional means of lighting and ventilation, water supply, new system of drainage, and construction of milk store.

Removal of gulley in floor and drain under building, new paving and cement rendering of walls and construction of new milk store.

Action taken respecting unsuitable premises and their use discontinued.

Construction of a new milk store and can-washing shed at rear of dairy, including drainage and paving of part of yard.

Construction of new iron drain in connection with dairy.

Reconstruction of floor of cowshed, additional means of lighting and ventilation and re-drainage.

Manufacture of Ice Cream.

The confectioners' shops and other places where ice cream is manufactured or sold were visited during the summer months, in order to ascertain that the provisions contained in Section 29 of the County Council of Middlesex (General Powers) Act, 1906, were being properly complied with.

The premises now on Register at which ice cream is sold number 42.

Slaughterhouses and Meat and Food Inspection.

There are twelve private slaughterhouses in the district, the occupier of each of the premises being licensed by the Council for a period of one year. The person who has occupied the slaughterhouse at No. 66, High-street, North Finchley, for a considerable period, retired from business during the year. The change of occupation has been recorded in the register, and the new occupant has been duly licensed.

The slaughterhouses are kept under constant observation, and the necessary steps have been taken to secure proper compliance with your Council's byelaws, especially in respect

to cleanliness, removal of offal, limewashing, etc. Reasonable precautions appear to be taken in all the slaughterhouses to carry out the byelaw which provides that all animals shall be killed in such a manner as to inflict as little suffering as possible.

The visits to these premises, as hitherto, have been timed as far as possible to take place while the animals were killed and dressed, so that the carcasses and the viscera could be properly examined and any abnormal condition more easily detected. The slaughterhouses are, however, situated in different parts of the district, and as killing is carried on at all hours, it is only possible to inspect a small proportion of the carcasses dealt with in the various licensed premises. In several instances the organs of animals were found to be unsound owing to some parasitical or other local affection, and these were accordingly destroyed. The carcase of a heifer and one carcase of pork were found to be affected with tuberculosis, and the disease was sufficiently advanced to involve the total destruction of both carcasses.

A considerable amount of your inspectors' time has been taken up, both during the day and night, in keeping certain premises under observation, in order to ascertain whether the slaughtering of animals was being carried out on *unlicensed* premises.

Offences of this nature were detected in the three following cases, viz. :—

- (a) The killing and dressing of two calves in a stable and the inflating of the carcasses with human breath. The blowing or inflating of carcasses is an offence under Section 38 of the Finchley Urban District Council Act, 1908.
- (b) The killing and dressing of sheep in a retail shop. This offence was committed after the shop had been closed for ordinary business.
- (c) The killing and dressing of a pig at a piggery.

Particulars of the legal proceedings which were taken in each instance are given at the end of this report.

The carcasses of animals which are killed on unlicensed premises entirely escape official inspection at a time when it can be most efficiently carried out, namely, when the viscera can be examined with the carcase. The nature of the premises where surreptitious slaughtering is carried on is also invariably, on sanitary grounds, quite unsuitable for the purpose.

The register of butchers', fishmongers' and fruiterers' shops and premises where food undergoes some preparation for sale, has been kept up-to-date, and these places now number 153. This number does not include the bakehouses, slaughterhouses, and ice cream premises. Inspections have been made with a view to the detection of diseased or unsound food and to ensure, as far as possible, that no condition existed which was likely to endanger the wholesomeness of the food. The processes of preparing food for sale which usually come under observation are sausage or pie-making, fish and bacon curing, fish and potato frying, etc.

In no case has any food purveyor raised any objection to his premises and goods being inspected, and it gives me much pleasure to record the fact that several tradesmen have shown a desire to co-operate with the department by sending for me when they have been in possession of articles of food which they considered were in a doubtful condition.

In one instance legal proceedings were taken in respect to unsound meat which had been sold. The meat consisted of two loins of pork, and they were brought to my house at about 11.30 p.m. on a certain Saturday night by the person who had purchased them from a dealer who brings pork into the district from the country. The meat was moist, flabby, and emaciated, and I was of the opinion that it had been cut from the carcase of an animal which had suffered from

some wasting disease and was probably killed in a dying condition. This opinion was supported by the Medical Officer of Health and the Council's Veterinary Surgeon, who examined the pork on the following morning. Legal proceedings were subsequently taken against the person who sold the meat, and he was convicted by the Magistrates and fined twenty shillings and costs.

Unsound Food.

Appended is a list of the unsound food destroyed during the year:—

- 1 Carcase of beef (tuberculosis).
- 1 Carcase of pork „
- 6 Pieces of beef.
- 10lbs. Pork.
- 5lbs. Mutton.
- 3 Ox livers and 1 sheep's liver.
- 1 Pair of ox lungs and 2 pairs of sheep's lungs.
- 1 Trunk cod.
- 1 Box hake.
- 1 Box plaice.
- 2 Boxes skate.
- 10 Kippers.
- 8 Haddocks.
- 6lbs. Apples.
- 1 Barrel "William" pears.

Complaints.

Two hundred and nine complaints were received with respect to the following matters, viz.:—

Alleged defective drains	...	...	...	19
Blocked drains	...	...	...	10
Insanitary w.c.'s	...	...	...	9
Flushing boxes out of order	...	...	...	4
Insanitary condition of mews and passages	...	...	...	4
Insanitary condition of houses	...	...	...	5
Flooding of cellars	...	...	...	1
Water supply	...	...	...	5
Nuisance from dampness	...	...	...	6
Nuisance from overcrowding	...	...	...	11
Nuisance from animals	...	...	...	22
Accumulations of refuse or manure	...	...	...	22
Burning of refuse	...	...	...	3
Nuisance from smoke	...	...	...	2
Non-removal of house refuse	...	...	...	28
Absence of ashbins	...	...	...	2
Accumulations of surface water	...	...	...	2
Foul ponds	...	...	...	4
Smells from public sewers	...	...	...	17
Absence of w.c. accommodation	...	...	...	2
Nuisance from rats	...	...	...	6
Foul streams and ditches	...	...	...	4
Defective and uncovered cisterns	3
Uncovered and offensive refuse carts	3
Other complaints	15

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The communications in regard to the non-removal of house refuse and smells from the public sewers were acknowledged and handed to your Council's Surveyor, in whose department these matters are dealt with.

The other complaints were promptly investigated, and, in those cases in which the Council had power to interfere, the necessary steps were immediately taken to remove the cause of complaint.

Infectious Disease and Disinfection.

One thousand and forty visits were paid in connection with the cases of infectious disease which occurred in the district during the year. Careful enquiries were made in respect to the history of each case, in accordance with the instructions of your Medical Officer of Health.

In regard to the precautions taken, under the direction of your Medical Officer, to prevent the spread of infectious disease, no fewer than 7,030 articles were removed to the Council's disinfecting station and passed through the steam disinfecting apparatus; 297 rooms were fumigated with formic aldehyde vapour, and the walls of the rooms were stripped and cleansed where necessary. The walls and floors of the infected parts of the premises were also sprayed with a disinfectant fluid.

Disinfection in several special cases has also been undertaken at the request of residents and a small charge made to cover the actual cost of the work.

The drains and sanitary fittings in connection with the infected houses were examined, and, in all cases of necessity, tested. As a result the undermentioned defects were discovered and satisfactorily remedied by the owners or occupiers:—

Defective drains	...	...	...	...	3
Defective and insanitary W.C.'s.	...	...	...	...	13
Defective soil pipes and ventilating shafts	...	...	...	...	3
Defective manholes and covers	...	...	...	...	5
Defective fresh air inlets to drains	...	...	...	...	9
Defective curbs round gully traps	...	...	...	...	10

Blocked drains, W.C.'s or gullies	...	...	3
Dirty W.C. basins	...	...	3
Defective connections between W.C. basins and flush pipes	...	...	8
W.C. flush boxes out of repair	...	...	7
Insanitary stone troughs	...	...	4
Defective and untrapped waste pipes	...	...	14
Defective roofs	...	...	5
Defective rain water guttering and stack pipes	...	...	8
Defective yard paving	...	...	9
Dirty ceilings and walls of rooms	...	...	46
Defective floors	...	...	3
Rain water pipes connected direct to drains	...	...	1
Dirty and uncovered service water cisterns	...	...	10
Nuisances from dampness	...	...	3
Defective ashbins	...	...	13
Miscellaneous defects	...	...	19

In addition to the above work of disinfection 29 stovings of bedding, etc. (527 articles), were carried out, and 8 patients were removed to Hospital for the Friern Barnet District Council.

Game Licences.

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

Petroleum Acts, 1871 to 1881.

These Acts provide for the safe keeping of petroleum, which when tested in a prescribed manner, gives off an inflammable vapour at a temperature below 73 degrees Fahrenheit. Compositions such as varnish, paint, india rubber solution, metal polishes which contain petroleum spirit, etc., come within the provisions of the Petroleum Acts. The ordinary petroleum oil commonly used in lamps, such as

paraffin, kerosine, crystal oil, etc., flashes above the temperature of 73 degrees Fahrenheit, and is therefore exempt from the operations of the Act.

Nineteen applications for licenses to keep petroleum spirit, and two for carbide of calcium were received and reported upon, and in each instance a licence was granted. Seven of the applications were in respect to premises which had not previously been licensed for the keeping of this commodity.

The licensed premises have been occasionally inspected in order to ascertain that the "Conditions" annexed to the licenses were being properly carried out. The quantity of petroleum spirit allowed to be kept varies from 20 to 1,000 gallons.

On one occasion during the year I visited certain private premises in the district, and found thereon nearly 4,000 gallons of petroleum in two gallon tins. The premises were not licensed, and when the occupier was informed that it was not lawful to keep more than 60 gallons in one place of storage for use on light locomotives, he immediately had the petroleum placed in lots of 60 gallons each in the grounds, each lot being more than 20 feet apart. This arrangement complied with the Regulations made by the Secretary of State under Section 5 of the Locomotives on Highways Act, 1896. He also applied at once for a license to keep 1,000 gallons of spirit, and constructed a suitable storehouse. Under these circumstances it was not considered necessary to take proceedings in respect to the infringement of the Petroleum Acts.

Legal Proceedings.

Legal proceedings were taken in the following cases, viz. :—

- (1) For slaughtering on unlicensed premises, namely, in a stable.

The defendant was fined 40s. and costs.

- (2) For inflating the carcasses of two calves with human breath.

The defendant was fined 10s. and costs. The blowing or inflating of a carcass is an offence under Section 38 of the Finchley Urban District Council Act.

- (3) For slaughtering on unlicensed premises, namely, in a retail shop. This offence was committed after the shop had been closed for ordinary business.

The defendant was fined 40s. and costs.

- (4) For slaughtering on unlicensed premises, namely, in a piggery.

The defendant was fined 10s. and costs.

- (5) For selling two loins of pork which were unsound and unfit for the food of man.

The defendant was fined 20s. and costs.

- (6) For failing to provide a movable galvanised iron ashbin.

The defendant was fined 5s. and costs.

- (7) For failing to abate a nuisance arising from a defective w.c. basin and trap, dirty ceiling and walls and a defective floor.

The defendant was fined 10s. and costs, and an Order was made for the work to be carried out within fourteen days.

It is with much pleasure that I again express my appreciation of the valuable help given by the Assistant Inspector, Mr. C. M. Robinson, and other members of the Sanitary Staff in carrying out the work recorded in this report. There has been one addition to the inspecting staff during the year, Mr. E. F. Eldred, who has been connected with the department for about four years, being appointed an assistant inspector. I am convinced that he will carry out his new and more responsible duties in a thoroughly satisfactory manner.

I am, Gentlemen,

Your Obedient Servant,

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

Chief Sanitary Inspector.

March, 1912.