

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

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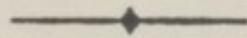
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Urban District of Finchley.



Annual Reports

FOR

1913

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

TOGETHER WITH THE

Annual Report

OF THE

SANITARY INSPECTOR.

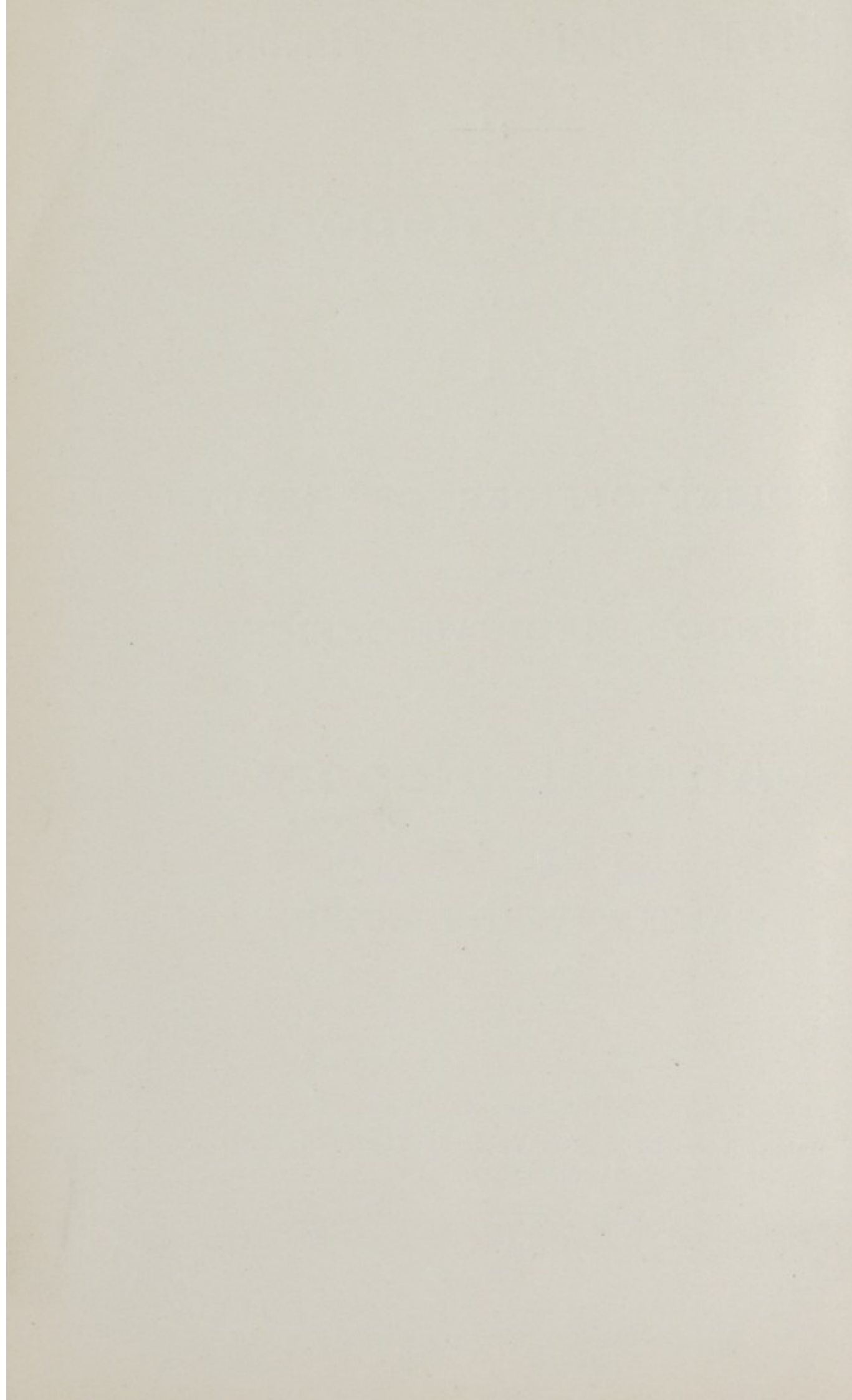


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1914.



HEALTH REPORT.

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Finchley Urban District Council.

Members of the Public Health Committee.

Councillor F. J. Bloomfield (*Chairman*).

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

Councillor H. G. Eckert (*Vice-Chairman of the Council*).

Councillor S. Butcher,

Councillor W. C. Cope.

Councillor C. F. Day.

Councillor S. Pulham.

Councillor C. A. Matthews.

Health Officials.

Medical Officer of Health—

F. W. Bywater, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (1913).

J. R. Prior, M.D., LL.B. (1914).

Chief Sanitary Inspector—

E. J. Franklin, M.R.San.I.

Assistant Sanitary Inspectors—

F. Hudson, Cert.R.San.I.

E. F. Eldred, Cert.R.San.I.

Clerks—

H. T. Perry.

H. J. Harland.

*Health Visitor—*Miss Francis.

Special Officer—

J. E. Overed, M.R.C.V.S., Veterinary Inspector of Dairy Cows.

THEORY OF THE EARTH

CHAPTER I. OF THE ORIGIN OF THE EARTH.

The origin of the earth is a subject of great importance, and one which has attracted the attention of philosophers and naturalists from the earliest times. The various theories which have been proposed, and the arguments in support of them, will be the subject of the following chapters.

The first theory which is mentioned by the ancients is that of spontaneous generation. This theory is now generally rejected, but it was once very prevalent. The second theory is that of creation, which is still maintained by many people. The third theory is that of evolution, which is now the most generally accepted.

The theory of evolution is based on the fact that all living beings are descended from a common ancestor. This theory is supported by many facts, and it is now generally accepted by the scientific community.

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

MR. CHAIRMAN, MRS. HARDIE, AND GENTLEMEN,—

I beg to present the report for the year 1913 on the health and sanitary conditions of the district in accordance with the instructions of the Local Government Board.

My duties have only consisted in completing the report, as the late Dr. Bywater was in office during the whole period under review.

The Vital Statistics continue to be very favourable, as will be seen from the report.

The question of providing a new disinfecting station and refuse destructor has now practically reached completion, and it is confidently anticipated that the buildings will be under construction during the next twelve months.

One of the most important matters for discussion during the forthcoming year will be the question of the Isolation Hospital, which it is proposed to erect in conjunction with the neighbouring district of Hendon. The site has been fixed upon and the preliminary arrangements are almost completed.

It is difficult to exaggerate the loss the district has sustained by reason of the death of Dr. Bywater in the early part of the present year, whose administrative ability, energy and clear foresight, were equalled by few. I have every reason to know that I shall be expressing the feelings of the late Dr. Bywater when I say how greatly he valued the cordial relationship which existed between him and the members of the Public Health Committee, whom he was so proud to serve.

I also desire to add how greatly he appreciated the co-operation of your Chief Sanitary Inspector, Mr. Franklin, to whom is so largely due the excellent standard of work which obtains in the district.

Your obedient servant,

J. R. PRIOR.

Public Health Department,
Council Offices,
Finchley, N.

June 23rd, 1914.

Statistical Summary, 1913

Area of District	...	...	3,384 acres
Estimated Population at June, 1913	...		44,208
Population at Census, 1911	...	...	39,419
Increase of Population, 1901 to 1911	...		17,293
Density of Population at Census, 1911	...		11.6 per acre
Average number of persons per house	...		5.1
Average number of persons per separate rating	...	...	4.8
Birth Rate per 1,000 of Population	...		21.03
Death Rate per 1,000 of Population	...		8.86
Factor for correction of Death Rate	...		1.016
Infantile Death Rate per 1,000 Births	...		64.5
Zymotic Death Rate per 1,000 Population			.36
Tuberculosis (all forms) Death Rate per 1,000 Population	...	...	.58
Phthisis Death Rate per 1,000 Population			.36
Cancer Death Rate per 1,000 Population			1.08
Rateable Value (Poor Rate), 1913-1914	...	£310,384	6 0
Assessable Value (Gen. Dist. Rate) 1913-1914		£305,048	0 7
A Rate of 1d. in the £ is estimated to produce		£1,211	0 0
The General District Rate for the year 1913-14 was 3/3 in the £			
Outdoor Relief (Poor Law), 1913	...	£2,224	12 0

Table I.**VITAL STATISTICS OF WHOLE DISTRICT DURING 1913 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.						Under 1 Year of Age.		At all Ages.	
			Number.	Rate.	Number.	Rate.	Of Non-residents registered in the District.	Of Residents not registered in the District.	Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1908	35,129	...	888	22·2	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
1912	41,899	952	973	23·2	319	7·6	15	75	61	62·6	379	9·0
1913	44,208	918	930	21·03	358	8·09	23	57	60	64·5	392	8·86

Area of District in acres (land and inland water) 3,384.

At Census of 1911. { Total population at all ages 39,419.
 Number of inhabited houses 7,642.
 Average number of persons per house 5·1.

Vital Statistics.

POPULATION.—The population at the last Census was 39,419 (corrected figure), which was an increase of 78.1 per cent. on the previous Census. Further details of the 1911 Census relating to the distribution of the Finchley population have been kindly provided by the Registrar-General, and are as follows:—

		Families or Separate Occu- piers.	Persons.	Males.	Females.	Density of population per acre.
East Ward ...	...	3072	13499	6095	7404	11
North Ward	...	2662	11933	5297	6636	10.2
West Ward	...	3185	13987	5800	8187	13.9
Totals ...	...	8919	39419	17192	22227	

The density of the population for the whole area, 11.6 persons per acre.

BUILDINGS USED AS DWELLINGS.

	Total.	Ord. Dwell. Houses.	Shops	Hotels etc.	Offices etc.	Insti- tutions	Other Blgs.	Flats.
No. Inhabited	7642	6946	379	28	13	18	18	240
Separate Occupiers	8919	7933	433	28	13	27	20	465
Population...	39419	34623	1978	177	61	835	79	1666

These figures are slightly different to the provisional estimates set out in last year's report.

In calculating the population I have adopted the method of multiplying the number of separate ratings by the average number of persons per separate occupation. The census returns of "Separate Occupiers" in a district such as this are not the same as separate "Ratings" as obtained from the Rate Books, and I have therefore considered it advisable as affording a more reliable basis for subsequent estimations. to divide the population at the last Census by the number of "Separate Ratings" on the books at the time the Census was taken, and to use the figure obtained for future calculations.

The number of persons per rating was 4.8, and upon this basis I estimated the population at the middle of 1913 as 44,208.

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 watersheds, 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."

Social Conditions.

The district is of a purely residential character: its growth and development are proceeding at a very rapid rate, as will be seen by a perusal of the sections of this report referring to Population and Housing.

Births.

The number of births belonging to Finchley, for the year 1913, is 930; of these 918 were registered in the district, and 12 elsewhere, most of the latter occurring in the Barnet Union Workhouse.

The Birth-Rate is 21.03 per 1,000 of the population, as compared with 23.2 in 1912.

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	...	282	22.0
East Finchley	...	363	25.3
West Finchley	...	285	16.7

During the past 11 years the birth-rate in England and Wales, as a whole, has gradually declined from 28.0 in 1902, to 23.9 in 1913.

In Finchley it was 24.7 in 1902, and 21.03 in 1913.

ILLEGITIMATE BIRTHS.—28 illegitimate births were registered, *i.e.* 3.0 per cent of the total births, as compared with 2.7 in 1912.

Deaths.

The number of deaths registered in the district was 358, as compared with 319 in 1912. To arrive at the number of deaths belonging to Finchley, however, it is necessary to deduct 23 deaths which occurred among persons temporarily residing here, and to add 57 deaths which occurred in other

places among persons who usually reside in this district; this nett total is 392, and equals a crude death-rate of 8.86 per 1,000 of the population, as compared with 9.0 in 1912.

I explained in my last report how the age and sex distribution of the population varied in different districts. The tendency to death varies at different ages, and in both sexes, therefore if a fair comparison of the death rates of two districts is to be made, due allowance must be made for any difference in the composition of the populations. Upon the basis of the most recent Census the Registrar-General makes a correcting "factor" for each district. If the age and sex distribution is the same as that of the whole of England and Wales combined, this factor is 1, and is lower or higher in inverse ratio to the degree of vulnerability of the population of each district. The crude death-rate is multiplied by this factor, and the "corrected" death-rate thus obtained. The factor for Finchley was 1.05 on the basis of the 1901 Census, but the distribution of the ages and sexes in Finchley is now more approximate to the average and the factor calculated on the 1911 census is 1.016. Finchley's crude death-rate is 8.86, and the corrected death-rate is 9.0; which means that out of every 1,000 of the population 8.86 deaths actually occurred, and that if the population had had the same age and sex distribution as the whole of England and Wales combined, 9.0 deaths ought to have occurred, even under the conditions which prevailed in Finchley.

The following table shows the death-rate for each Ward:

Ward.		Estimated Population.	Number of Deaths.	Death-rate.
North Finchley	...	12816	134	10.4
East Finchley	...	17054	127	7.4
West Finchley	...	14338	131	9.1

Table III. on page 19 gives the causes and number of deaths at each age period. Compared with last year, the deaths in the first two years of life were the same, but there

were more in the total number. 39.0 per cent. of the total number of deaths occurred after the age of 65 years, as compared with 31.1 in 1912.

DEATHS AMONG YOUNG CHILDREN.—22 deaths occurred among children between the ages of 1 and 5 years. The number last year was 23. There were none due to Measles, but 1 to Scarlet Fever, 2 to Whooping Cough, none to Diphtheria, 5 to Tuberculous Diseases, 5 to Respiratory Diseases, 3 to Meningitis, 1 to Debility, 2 to Accident, and 3 to other causes.

The following table shows the principal causes of death in the years 1912 and 1913. A diagrammatic representation of their comparative incidence is given on page

	1912.	1913.	Increase.	Decrease.
Measles ...	2	—	—	2
Enteric Fever ...	3	1	—	2
Scarlet Fever ...	1	2	1	—
Whooping Cough ...	7	3	—	4
Diphtheria ...	9	1	—	8
Influenza ...	2	10	8	—
Phthisis ...	28	16	—	12
Other Tuberculous Diseases ...	6	10	4	—
Cancer ...	37	48	11	—
Rheumatic Fever ...	—	1	1	—
Respiratory Diseases other than Phthisis ...	57	48	—	9
Diarrhœa ...	4	14	10	—
Cirrhosis of Liver and Alcoholism ...	1	9	8	—
Organic Disease of Heart ...	44	48	4	—
Accidents ...	11	15	4	—
Suicides ...	3	5	2	—
Congenital Debility and Premature Birth ...	32	18	—	14
Diseases of Parturition ...	3	4	1	—

It will be observed that the greatest increase has occurred in deaths from Cancer, there being 11 more than in the previous year.

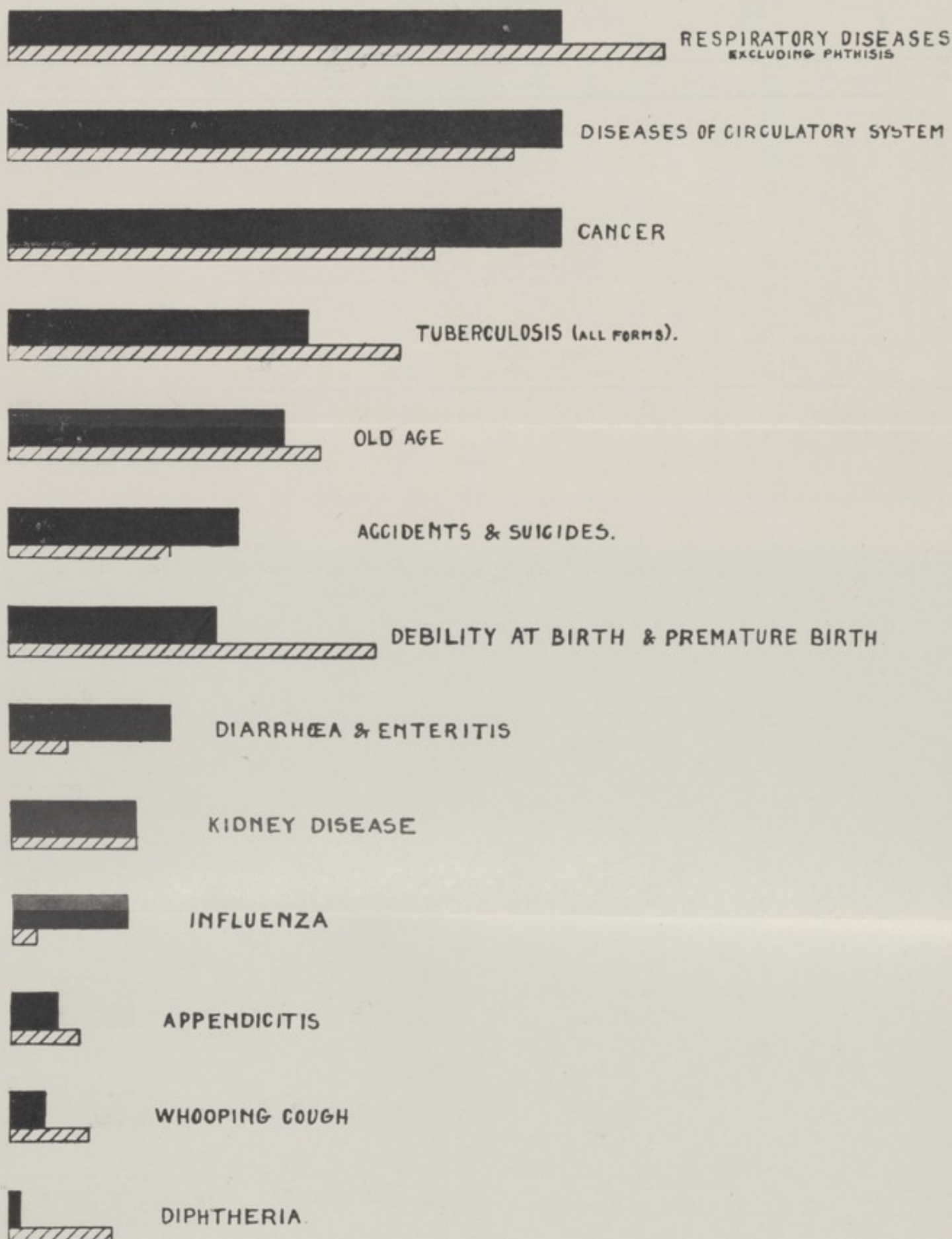
The number of deaths occurring at different ages is set out in Table III., and also the number due to each cause. More than 39 per cent. occurred after the age of 65 years, and 15.3 per cent. occurred under the age of 1 year.

Deaths from Epidemic (or Zymotic Diseases).

The following table shows the number of deaths due to Zymotic Diseases during the years 1912 and 1913:—

			1912.	1913.
Enteric Fever	...		3	1
Measles	...	...	2	—
Scarlet Fever	...		1	2
Whooping Cough	...		7	3
Diphtheria	...	...	9	1
Influenza	...	...	2	10
Diarrhoea	...	...	4	14

**Diagrammatic Representation of the Relative Incidence of the
Principal Causes of Death during the Years 1912 and 1913.**



The deaths during 1913 are represented by the Solid Columns ; those during 1912 by the shaded ones.

Table III.

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1913.

CAUSES OF DEATH. 1	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. 11
	All ages. 2	Under 1. 3	1 and under 2. 4	2 and under 5. 5	5 and under 15. 6	15 and under 25. 7	25 and under 45. 8	45 and under 65. 9	65 and upwards. 10	
All causes } Certified ...	392	60	10	12	9	17	44	87	153	31
} Uncertified ...	..	..	..	..	..	..	..	..	..	..
Enteric Fever ...	1	..	..	..	..	1	..	..	..	..
Small-pox ...	..	..	..	..	..	..	..	..	..	..
Measles ...	..	..	..	..	..	..	..	..	..	..
Scarlet Fever ...	2	1	1	..	..	..	..	..	..	..
Whooping Cough ...	3	1	..	2	..	..	..	..	..	..
Diphtheria and Croup ...	1	..	..	..	..	..	..	..	1	..
Influenza ...	10	..	..	..	..	1	2	2	5	..
Erysipelas ...	..	..	..	..	..	..	..	..	..	..
Phthisis (Pulmonary Tuberculosis) ...	16	..	..	..	..	3	8	5	..	2
Tuberculous Meningitis ...	5	1	2	..	1	1	..	..	..	..
Other Tuberculous Diseases ...	5	..	1	2	..	2	..	..	..	3
Cancer, Malignant Disease ...	48	..	..	..	..	..	4	18	26	3
Rheumatic Fever ...	1	..	..	..	..	..	1	..	..	..
Meningitis ...	5	2	1	2	..	..	..	..	..	..
Organic Heart Disease ...	48	..	..	..	1	2	3	17	25	6
Bronchitis ...	23	3	2	..	..	..	1	5	12	1
Pneumonia (all forms) ...	18	4	1	2	..	..	1	4	6	1
Other Diseases of Respi- ratory Organs ...	7	1	..	..	..	1	1	2	2	..
Diarrhoea and Enteritis... Appendicitis and Typhlitis ...	14	13	..	..	1	..	..	..	..	..
... 4	4	..	..	..	2	..	..	1	1	1
Cirrhosis of Liver ...	9	..	..	..	1	..	1	5	2	..
Alcoholism ...	..	..	..	..	..	..	..	..	..	..
Nephritis and Bright's Disease ...	11	..	..	..	..	..	1	3	7	1
Puerperal Fever ...	2	..	..	..	..	..	2	..	..	..
Other Accidents and Diseases of Pregnancy and Parturition ...	4	..	..	..	..	..	4	..	..	1
Congenital Debility and Malformation, includ- ing Premature Birth ...	18	17	1	..	..	..	..	..	..	..
Violent Deaths (exclud- ing Suicide) ...	15	1	..	2	1	4	1	2	4	5
Suicide ...	5	..	..	..	..	..	2	3	..	..
Other Defined Diseases ...	117	16	1	2	2	2	12	20	62	7
Diseases, ill-defined or unknown ...	..	..	..	..	..	..	..	..	..	..
Totals ..	392	60	10	12	9	17	44	87	153	31

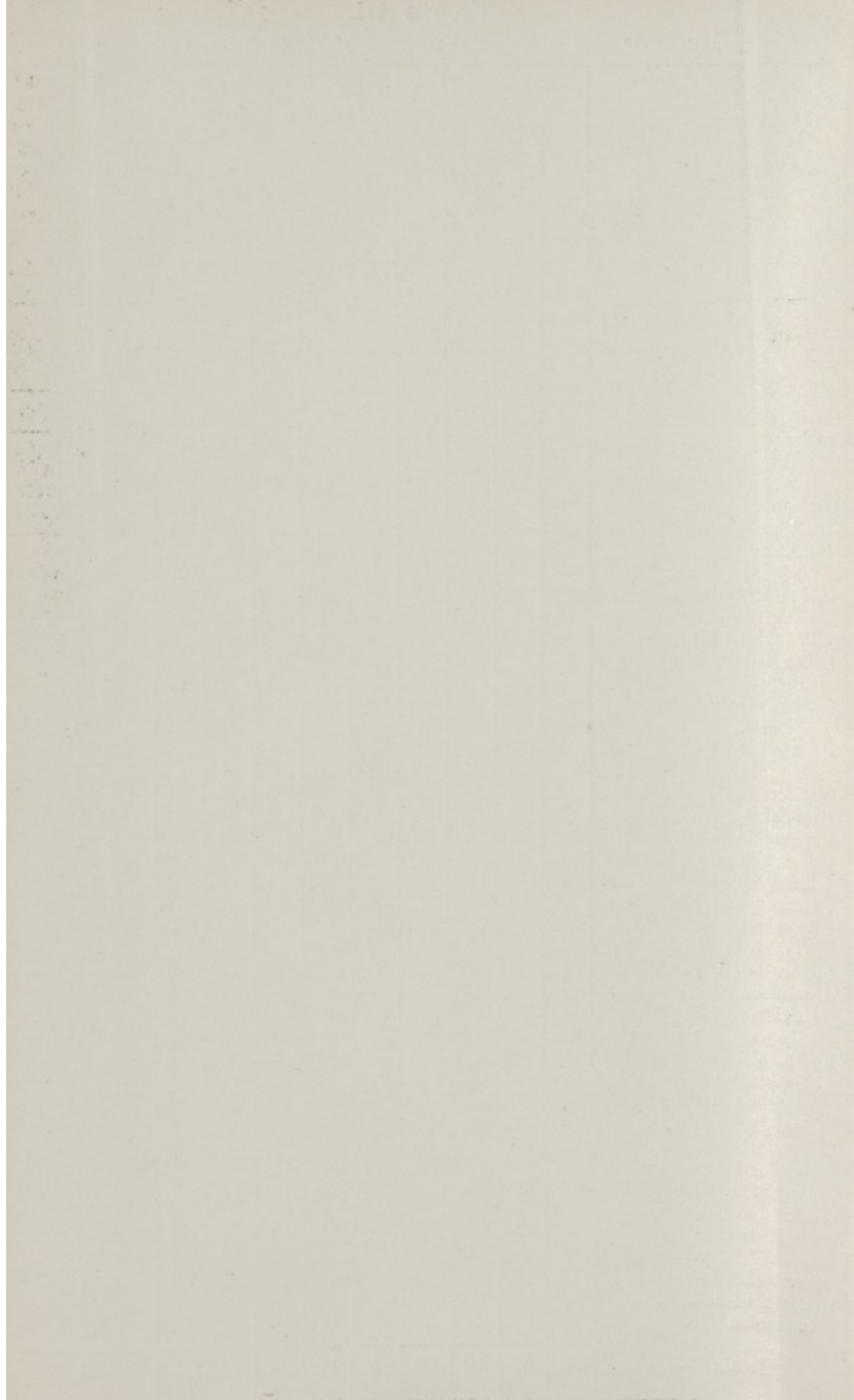


TABLE SHOWING THE WARD MORTALITY FOR EACH QUARTER OF THE YEAR 1913.

21—22

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...	...	...	...	...	...	I	...	...	...	I	...	...	...	...	...
Small-pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever...	...	...	I	...	I	...	...	...	...	...	7	...	...	...	I
Whooping Cough ...	I	...	...	...	I	...	...	...	...	...	2	...	...	...	2
Diphtheria and Croup ..	...	...	...	...	...	...	...	...	...	...	...	...	...	I	I
Influenza ...	I	2	...	2	5	I	...	...	2	3	...	2	...	...	2
Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis (Pulmonary Tuberculosis)...	I	2	2	4	9	2	2	...	...	4	I	2	...	...	3
Tuberculosis Meningitis ...	I	...	...	...	I	I	...	2	...	3	I	...	...	...	I
Other Tuberculous Diseases ...	I	I	...	2	4	...	I	...	...	I	...	...	...	...	...
Cancer—Malignant Disease ...	6	3	3	I	13	...	6	I	5	12	8	I	6	8	23
Rheumatic Fever ...	...	...	...	...	...	...	...	I	...	I	...	...	...	...	...
Meningitis ...	...	...	...	...	...	I	I	...	...	2	...	I	I	I	3
Organic Heart Disease ...	7	...	6	7	20	4	I	I	6	12	5	2	3	6	16
Bronchitis ...	5	2	I	3	11	2	I	...	...	3	7	2	...	...	9
Pneumonia (all forms) ...	2	...	I	I	4	I	2	I	I	5	4	5	...	...	9
Other Diseases of Respiratory Organs ...	...	3	...	...	3	...	2	2	...	4	...	...	...	...	...
Diarrhoea and Enteritis ...	...	I	I	...	2	...	...	4	4	8	I	I	2	...	4
Appendicitis and Typhlitis ...	...	...	...	...	...	...	I	...	I	2	...	I	...	I	2
Cirrhosis of Liver ...	I	...	3	...	4	...	I	...	3	4	...	...	I	...	I
Alcoholism ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nephritis and Bright's Disease ...	2	...	I	...	3	2	I	...	I	4	2	I	...	I	4
Puerperal Fever ...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...
Other Accidents and Diseases of Pregnancy and Parturition ...	I	I	...	...	2	...	I	...	...	I	...	I	...	...	I
Congenital Debility, Malformation and Premature Birth ...	...	2	...	2	4	...	...	5	3	8	I	5	...	...	6
Violent Deaths (excluding Suicides)...	2	I	I	I	5	...	...	3	I	4	I	...	I	4	6
Suicides ...	...	...	I	...	I	...	I	I	...	2	I	...	I	...	2
Other Defined Diseases ...	9	9	10	11	39	11	11	4	17	43	14	7	9	5	35
Diseases ill-defined or unknown ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals ...	40	27	31	36	134	26	32	25	44	127	49	31	24	27	131

ENGLAND AND WALES.

Birth-rates and Death-rates in the Year 1913 (Provisional Figures).

	Annual rates per 1,000 living.			Deaths under One Year to 1,000 Births.
	Births.	Deaths.		
		Crude.	*Standard ized.	
England and Wales ...	23.9	13.7	13.4	109
96 great towns, including London	25.1	14.3	14.7	116
146 smaller towns ...	23.9	12.8	13.0	112
England and Wales, less the 241 towns... ..	22.2	13.1	12.1	96
London... ..	24.8	14.2	14.2	104
Finchley	21.03	8.86	9.0	64.5

*The Standardized death rates (formerly called corrected death rates) are the rates which would have been recorded had the age and sex constitution of the populations of the several areas been identical with that of England and Wales as enumerated in 1901. The corrections applied to the crude rates have been necessarily based upon the constitution of the populations of the areas as enumerated in 1901, and are therefore only approximately applicable to the conditions of 1913.

Infantile Mortality.

60 deaths occurred among children under one year of age; this is equal to a death-rate of 64.5 per 1,000 births, as compared with 62.6 in 1912. The infantile death-rate for the whole of England and Wales was 109, and 104 for the administrative County of London.

Table IV. shows the causes and the number of deaths at the various ages under one year. Comparing this table with last year, the most striking facts noticeable are the considerably larger numbers due to diarrhoea, and comparatively few due to prematurity.

The comparative mortality among legitimate and illegitimate children was as follows:—

	No. of Births	No. of Deaths	Percentage of Deaths.
Legitimate ...	902	56	6.2
Illegitimate ...	28	4	14.2

Table IV.

Infant Mortality During the Year 1913.

Nett Deaths from stated causes at various ages under 1 year of age.

CAUSES OF DEATH.			Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	4 weeks and under 3 Months	3-5 Months	6-9 Months.	9-12 Months	Total Deaths under One Year.
All Causes.	Certified	...	20	4	3	1	28	9	11	6	6	60
	Uncertified	...	...	...	...	...	...	...	...	...	...	...
{ Small pox ...			...	...	...	...	...	...	...	...	...	...
{ Chicken pox ...			...	...	...	...	...	...	...	...	...	...
{ Measles ...			...	...	...	...	...	...	...	...	...	...
{ Scarlet Fever ...			...	...	...	...	...	...	1	...	...	1
{ Whooping Cough ...			...	...	...	...	...	...	...	...	1	1
{ Diphtheria and Croup ...			...	...	...	...	...	...	...	...	...	...
{ Erysipelas ...			...	...	...	...	...	...	...	...	...	...
{ Tuberculous Meningitis...			...	...	...	...	...	...	...	1	...	1
{ Abdominal Tuberculosis ...			...	...	...	...	...	...	...	...	...	...
{ Other Tuberculous Diseases ...			...	...	...	...	...	...	...	...	...	...
{ Meningitis (not Tuberculous) ...			...	...	...	...	...	...	...	...	1	1
{ Convulsions ...			...	1	...	...	1	...	...	1	...	2
{ Laryngitis ...			...	...	...	...	...	...	...	...	...	...
{ Bronchitis ...			1	...	...	...	1	2	1	...	...	4
{ Pneumonia (all forms) ...			...	...	...	1	1	1	1	1	1	5
{ Diarrhœa ...			...	...	...	...	...	2	4	1	1	8
{ Enteritis ...			...	...	2	...	2	1	2	...	...	5
{ Gastritis ...			...	...	...	...	...	...	...	...	...	...
{ Syphilis ...			...	...	...	...	...	1	...	...	...	1
{ Rickets ...			...	...	...	...	...	...	...	1	...	1
{ Suffocation, overlying ...			1	...	...	...	1	...	...	...	...	1
{ Injury at Birth ...			4	...	...	...	4	...	...	...	...	4
{ Atelectasis ...			1	...	...	...	1	...	...	...	...	1
{ Congenital Malformations ...			3	...	1	...	4	...	...	1	...	5
{ Premature Birth ...			9	2	...	...	11	1	...	...	...	12
{ Atrophy, Debility and Marasmus ...			1	...	...	...	1	1	...	...	1	3
{ Other Causes ...			...	1	...	...	1	...	2	...	1	4
Totals ...			20	4	3	1	28	9	11	6	6	60

Nett Births { Legitimate, 902
in the year { Illegitimate, 28

Nett Deaths { Legitimate Infants, 56
in the year o. { Illegitimate Infants, 4

TABLE SHOWING THE WARDS IN WHICH INFANTILE DEATHS
OCCURRED.

CAUSE OF DEATH.	North Ward.	East Ward	West Ward.	Total Deaths under 1 year.
All causes { Certified. { Uncertified.	18 ...	23 ...	19 ...	60 ...
Small-pox ... ..	...	...	...	..
{ Chicken-pox ... ..	...	..	...	..
{ Measles ... ..	...	...	...	..
{ Scarlet-fever	1	...	...	1
{ Whooping-Cough	1	...	...	1
{ Diphtheria and Croup ..	..	..	...	...
{ Erysipelas ... ..	..	...	...	..
{ Tuberculous Meningitis ... ..	..	1	...	1
{ Abdominal Tuberculosis ..	..	...	...	...
{ Other Tuberculous Diseases ..	..	...	...	..
Meningitis (<i>not Tuberculous</i>) ..	..	...	1	1
Convulsions ... ..	..	1	1	2
Laryngitis ... ..	..	..	..	..
Bronchitis	2	..	2	4
Pneumonia (all forms) ...	1	1	3	5
{ Diarrhoea	1	6	1	8
{ Enteritis	2	1	2	5
Gastritis ... ..	..	..	..	...
Syphilis	1	..	..	1
Rickets ... ..	..	..	1	1
Suffocation, overlying ...	..	...	1	1
Injury at birth	1	3	1	4
Atelectasis ... ..	..	..	1	1
{ Congenital Malformations ..	1	2	2	5
{ Premature birth	4	6	2	12
{ Atrophy, Debility and Marasmus ... ..	..	2	1	3
Other Causes... ..	3	..	1	4

The following special report on Infantile Mortality was issued by the late Dr. Bywater in the early part of January, 1914:—

Infant Mortality.

“In my Monthly Report for October, 1913, I set out an extract from the Report on Infant and Child Mortality, which has recently been issued by the Local Government Board. This Report deals with facts relating to 241 urban areas whose populations vary from 20,000 to 750,000. Data for this Report were obtained from the Medical Officers of Health of the various towns who were requested to supply information under certain headings. This mass of information has been analysed by the Medical Officer of the Board, with the result that it is now possible to ascertain the relative position in respect of Infantile Mortality of any of the 241 districts comprised within the scope of the Report. That of Finchley is so favourable that I thought it worthy of remark.

The Medical Officer requested figures relating to the Infant Death-Rate (*a*) in the 4 years immediately preceding 1911 (*i.e.*, 1907-1910); and (*b*) in the year 1911; the idea being to get the general level of Infant Mortality in the districts *before* and *in* the year 1911, in which, as you may recall, the prolonged spell of hot and dry weather placed infant life in such jeopardy.

For this year (1911) detailed information was also requested as to any variation of the Infant Mortality in the various wards or divisions of each district.

I need not again set out the extract in full, but it will suffice for my purpose to say that the average Infant Death Rate in Finchley, for the 4 years preceding 1911, was 72.3 per 1,000 births; and in 1911 (the Diarrhoea year) actually below the average of the preceding 4 years but, of course, considerably higher than in 1910.

The variation of the Rate in the 3 Wards in 1911 was as follows:—

North Finchley	...	70.7
East Finchley	...	96.4
West Finchley	...	53.7

It is the high Rate in the East Ward which caused some discussion in the Council when the extract was under consideration, and the report of this in the local Press, which was the cause of letters on the subject addressed by the Women's Municipal Association and the School for Mothers to the Chairman of the Council, and referred to you for consideration.

That our Infant Mortality Rate is the *3rd lowest* of 111 "small towns" (population 20,000 to 50,000); that it is *actually the lowest as regards* deaths attributable to "premature birth, congenital defects, injury at birth, want of breast milk, or debility"; that our comparative position on all other points is wonderfully good, were facts not dealt **with by** the writers of letters, and the comparatively high but *not* "appallingly high" rate in East Finchley, the only item referred to, is somewhat unfortunate, as it is calculated to give quite the opposite impression to the one I wished to convey, viz.:—That, although we must not abate any of our energy in attempting to reduce still further the Infant Mortality Rate, yet, where we stand at present is a position of which we might be justly proud.

It will be well if I here indicate the main factors which operate in the production of a high Infant Mortality, and I do not think it is possible to improve upon the concise summary which the Medical Officer gives in that part of the Report which deals with the Special Conditions associated with high Infant Mortality.

1. The relative importance of the many factors concerned in causing excessive infant and child mortality is difficult to assess; these factors are not identical for all districts. In this part of the present report special stress has been laid upon the factors of defective sanitation and housing, the removal of which is within the control of Sanitary

2. The industrial employment of married women must necessarily involve some neglect of the home, and especially of any young children.

3. Conservancy systems of disposal of excreta are very commonly associated with excessive infant mortality.

4. The smallest incidence of disease, especially of diarrhoeal diseases, occurs usually in districts supplied with water-closets.

5. In the history of several towns the conversion of a conservancy into a water-carriage system has been associated with a great reduction of mortality from diarrhoeal diseases; whilst in other towns the continuance of conservancy systems has been associated with continued high diarrhoeal mortality.

6. Unpaved yards and streets and inefficient scavenging favour excessive infant mortality.

7. In towns where the general conditions are more satisfactory, excessive infant mortality occurs in tenement and other small dwellings, especially where water is distant to fetch and remove, where cleanliness is consequently difficult, and where food cannot be satisfactorily stored.

8. Such relationship between large families and high infant mortality as is frequently found is in the main indirect, large families being most common among the poorest, who live under conditions unfavourable to child life.

9. Infant mortality is excessive among the poor; it is low among well-to-do. So far as is known, this proposition is chiefly applicable to those living under the usual conditions of town life.

10. Poverty is a direct cause of infant mortality where it induces malnutrition of mother or infant, or where it implies that the mother cannot give adequate care to the infant.

11. Poverty is also an important indirect cause of infant mortality. Its influence is exercised in the following, among other ways:—

- (a) Poverty is not infrequently associated with ignorance and carelessness.

(b) With these are commonly associated overcrowding and uncleanness.

(c) Alcoholic habits frequently result from living under conditions of poverty, the converse also being true.

Poverty, uncleanness, overcrowding, alcoholic indulgence and disease are closely inter-related in vicious circles, the starting point leading to excessive infant mortality not always being the same.

12. The importance of the personal factor in the prevention of infant mortality is very great.

13. The abandonment of breast-feeding without adequate cause is a most important factor of excessive infant mortality.

Considering the items, separately, in so far as they affect our own district, I make the following annotations:—

(1). DEFECTIVE SANITATION AND HOUSING.—

No effort is spared by this Council or its Officers to see that a high standard of sanitation prevails; not only are all the provisions in every available Act of Parliament brought to bear, but *special* provisions to this end are contained in the Finchley Urban District Council Act, 1908—a private Act obtained by the Council.

The maintenance and improvement of existing dwellings is a subject to which the greatest possible attention is paid, and your action as regards the provision of Houses for the Working Classes is an earnest of your interest in the housing conditions generally and, so far as I know, has called forth the only adverse criticism that you are likely to do too much rather than too little.

(2). Ours is not an industrial population, but the fact is not generally appreciated that even in districts such as this a *very large number of women by adverse hap become the bread-winners of the family and have to leave their homes*, in many cases, every day of the week to follow such occupations as washerwomen, charwomen, and other menial employment.

(3). The water-carriage system of excrement disposal is *universal* in our district, and this must undoubtedly tend to a low Infant Mortality Rate.

(4). See above—all the conveniences, even in the poorer parts of our district are water-closets.

(5). See remarks (3) and (4).

(6). Our Byelaws provide for the paving of yards, not only of new but existing houses, and any one critically inspecting our district must be struck by the use that is made of these provisions—For several years most excellent work has been carried out in this respect.

As regards the scavenging, I can only say that if the way it is carried out can be judged by the absence of complaint both from householders themselves and from the inspectors then we are alright as regards No. 6.

(7). A statement which admits of no denial. In my last Annual Report in speaking of the insufficiency of Housing Accommodation for the Working Classes, I drew attention to the practice of converting into "Flats," or "Tenements," houses which were originally intended for one family in more affluent circumstances. I remarked that very little is done in the way of providing additional sanitary accommodation (and indeed it is usually almost impossible to do all that is necessary), with the result that a low standard of cleanliness prevails.

I must also draw attention to my remarks in the same report on the comparative absence of suitable larder accommodation in dwellings of all classes, but especially the cheaper ones.

I must state that statutory powers enabling us to deal with the matters referred to under this heading are rather meagre, but such as they are we use to the full.

(8, 9, 10 and 11). Which deal with the question of poverty, state a case which is self-evident. Poverty being due to economic conditions outside the direct control of the Sanitary Authority, calls for no further discussion here.

(12 and 13). Are matters of common experience.

Now, having shown that you have used all your powers to deal with general sanitation, etc., I should like to indicate what other steps you have taken to protect Infant Life.

(1) In 1907 you adopted the Notification of Births Act, which provides for your Medical Officer of Health being notified of every birth within 36 hours of its occurrence. A lady Health-Visitor who is a trained and experienced Nurse was then appointed; she visits those homes where a birth has occurred in cases where the Medical Officer of Health considers it would be desirable, gives personal and printed instructions as regards Infant Feeding and Management, and reports any insanitary conditions which may be present. At times when there appears to be especial danger to Infant Life from Diarrhoea, she and the Sanitary Inspectors make frequent visits to those parts of the district where such cases are occurring, and for the time being the greatest attention is directed to these.

(2). Premises where milk is sold are under constant supervision, and you are one of the few Authorities who have obtained powers to make periodical inspection of the dairy cattle by a Veterinary Surgeon and Medical Officer. These inspections are made quarterly by your Veterinary and Medical Officers.

Although this cannot affect anything more than a small part of the milk consumed in Finchley, yet it is all you can do, and you thereby set an example to other Authorities.

Realising the great wastage of Infant and Child Life which is due to ignorance of Infant Care and Welfare, your Education Committee have long included this subject in the excellent course on Domestic Subjects which is given to the elder girls in our Elementary Schools, and have recently extended this by subsidising the Crechè Committee to permit the Creche to be used for giving *practical* instruction in this vitally important subject. I have used my position as your Medical Officer to assist and co-operate in the voluntary

inauguration of the Creche in Squires Lane, and the School for Mothers in North Finchley, and I have instructed the Health Visitor to do all in her power to interest young mothers in these institutions.

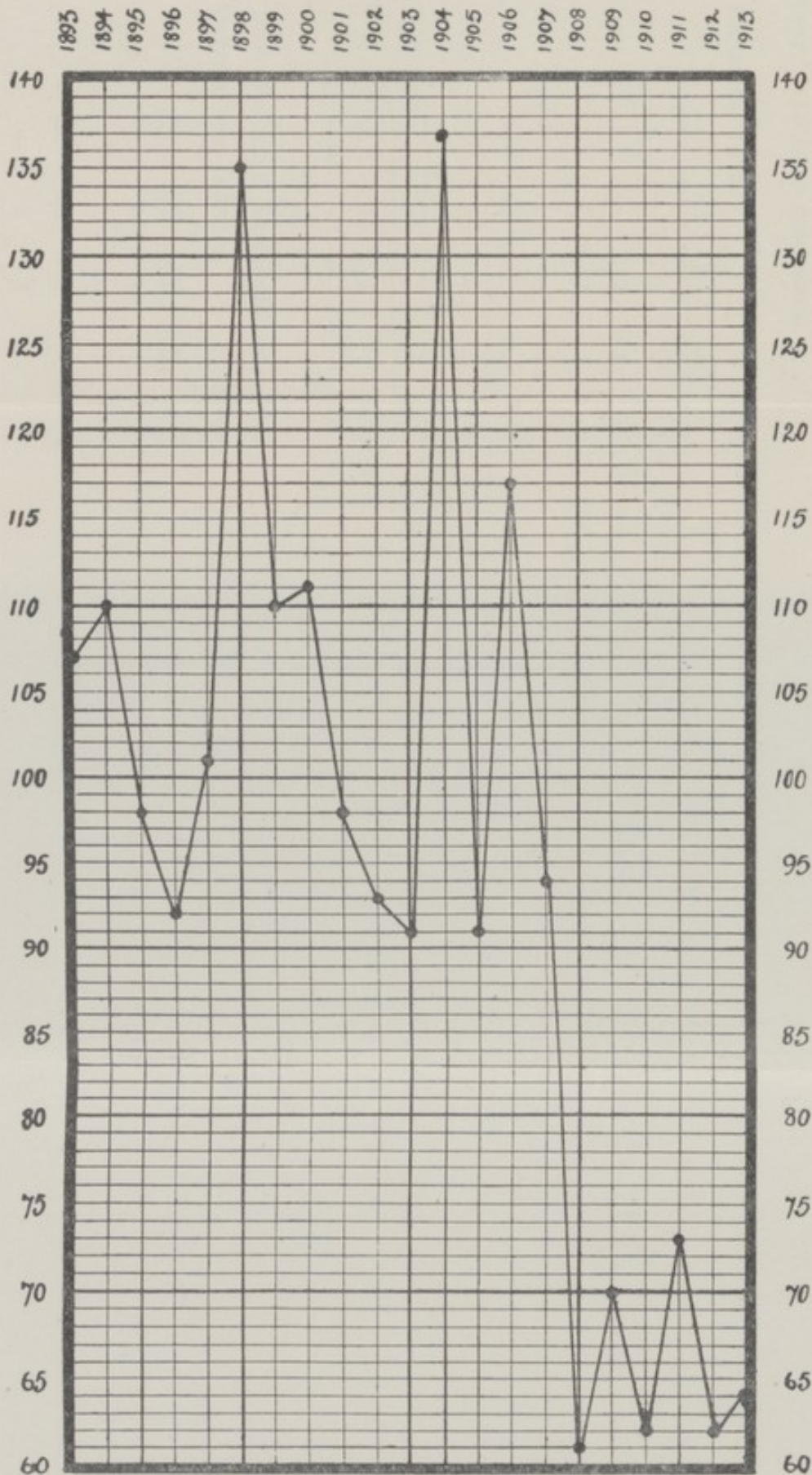
The appended chart shows how the Infant Mortality Rate has fluctuated in Finchley during the past 20 years. The average Infant Mortality Rate in the 3 different Wards during the years 1909, 1910, 1911 and 1912 was as follows:—

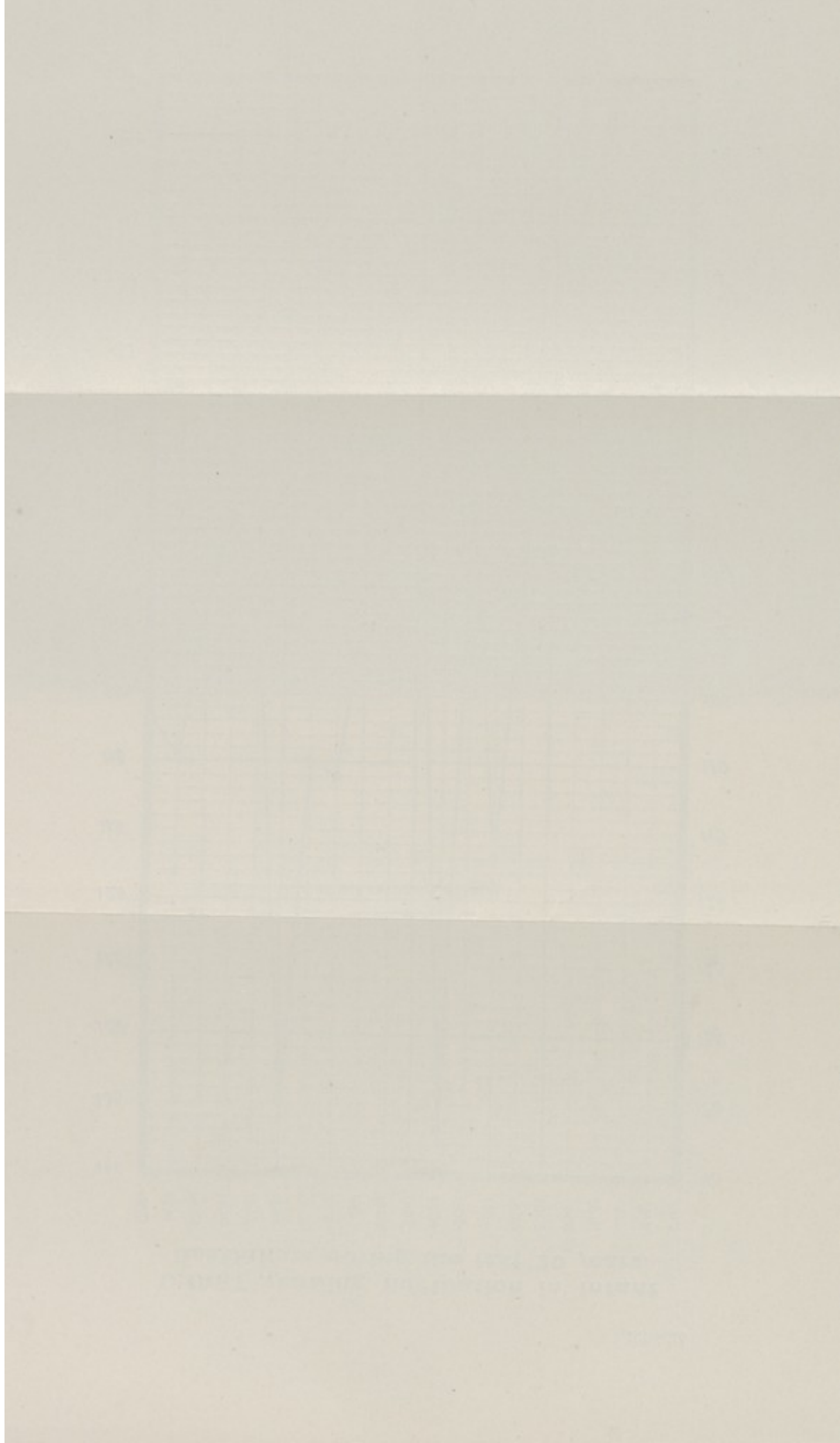
North Finchley	69.9	deaths	per	1,000	births.
East Finchley	75.0	„	„	„	„
West Finchley	57.4	„	„	„	„

A little reflection upon what has been said as to the causes of Infant Mortality will explain why these differences exist.

To sum up I might say that in my opinion, you as a Sanitary Authority have done, and are doing, everything possible to reduce mortality among Infants, and I will go so far as to state that I believe any further reduction in our already low rate will only be effected by the education of the parents and future parents, not only in Infant Care and Management, but in the fundamental principles of cleanliness and hygiene, thereby ensuring their co-operation in all the efforts made to protect the babies. In this I look for much help to the influence of the schools and of those excellent institutions, Schools for Mothers and Creches, of which we fortunately possess excellent examples in Finchley.

**CHART showing fluctuation in Infant
Death Rate during the last 20 years.**





The Public Mortuary.

38 Bodies were deposited during the year in the Public Mortuary in Summers Lane, as against 36 in the preceding year; 29 of these had been residents of Finchley, 4 of Friern Barnet, 1 Willesden Green, 1 Kentish Town, 1 Camden Town, 1 Holloway, and 1 of no fixed abode.

Inquests, 1912.

Cause of Death			1st quarter	2nd quarter	3rd quarter	4th quarter	Total
Heart Disease	...	...	4	—	1	2	7
Accident	...	...	1	—	3	6	10
Suicide	...	...	1	1	2	1	5
Asphyxia	...	...	—	1	—	1	2
Cerebral Hæmorrhage	...	...	1	—	—	—	1
Tuberculous Disease	...	...	1	1	—	—	2
Other Causes	...	...	—	—	—	1	1
			8	3	6	11	28

INQUESTS HELD UPON FINCHLEY RESIDENTS WHO DIED OUTSIDE THE DISTRICT.

Cause of Death			1st quarter	2nd quarter	3rd quarter	4th quarter	Total
Accident	...	...	—	1	1	1	3
Phthisis	...	...	1	—	—	—	1
Syncope	...	...	—	—	—	1	1
Pneumonia	...	...	—	1	1	—	2
Other Diseases	...	...	—	1	—	—	1
			1	3	2	2	8

Deaths in various Institutions within the District.

Institution.	1st quarter	2nd quarter	3rd quarter	4th quarter	Total
Finchley Cottage Hospital	2	5	4	4	15
Woodside Home, Whetstone	1	—	1	2	4
National Hospital Convalescent Home, East Finchley	2	—	2	1	5
Home of the Good Shepherd, East Finchley ...	1	—	—	—	1
Home for Homeless Children, Fallow Corner ...	1	—	—	—	1
Children's Home, Nether Street	—	—	—	1	1
Nursing Home, Gainsborough Road ...	1	—	—	—	1
The Grange, East Finchley	—	1	—	1	2
Claverley, Woodhouse Road	—	—	—	1	1
Totals ...	8	6	7	10	31

Means taken to prevent Mortality in Infancy.

Notification of Births' Act.

This Act was adopted in Finchley on January 8th, 1908. It 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 rests primarily upon the father if he actually resides in the house at the time, and secondly, upon any person in attendance upon 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.

The notification of births are compared with the weekly return 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 warning them of their liability. 216 such letters were sent during the year 1913, and 151 during 1912.

The reasons given for omitting to notify were as follows:—

Ignorance of the Act	...	...	119
Thought someone else had notified	...	...	52
Quite overlooked it	...	...	17
No reason given	...	...	12
No reply to letter (removals)	...	...	6
Outstanding at end of year	...	...	10

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

Birth Notifications, 191.3

Number of births registered in district—918.

No. of Parents who notified	No. of Doctors who notified	No. of Cert. Nurses who notified	No. of other people who notified
Before letter— 422			
After letter— 200	241	9	10
Total .. 622			

Total number who notified—882.

Number of people who notified without a letter—682.
= 74.1 per cent. of all births (last year 82.4 per cent. were notified). Number of letters sent, 216.

The Health Visitor usually makes her call about 10 days after the birth of a child; in this way I find that all friction is avoided, as by that 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

booklet is left giving detailed directions as to the care of the infant. Any obvious sanitary defect on the premises is reported at once. The personal advice of the nurse is, however, of the greatest value, as very often the people for whom these booklets are prepared are too indifferent to read them. This booklet has been revised during the year 1912, and it contains the same advice which is given in all the Metropolitan Boroughs. This uniformity I consider most desirable.

The visits of the nurse are best made fairly early, 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 am still of the opinion that better results would be obtained if the Notification of Births Act was repealed and the Registration Act so amended as to make all births registerable within, say, five days.

The nurse has instructions to report at once any collection of rubbish or manure which would form a breeding ground for flies, or in any other way cause a nuisance.

While making her domiciliary visits in connection with the Notification of Births Act and the treatment of School Children, the nurse has an eye to any other children that may be in the home, and if there is any defect calling for notice the parent is advised what to do, or the matter is brought to the notice of the Children's Care Committee, of which the nurse is a member. Should the case be necessitous, relief, or other help, is given.

Summary of the work done in this connection by the lady health visitor:—

Number of houses visited—160.

Number of visits paid—240.

Proportion of births visited to total births—approximate, 17.4 per cent. (last year 15 per cent).

Of the 160 infants visited, 125 (about 78.1 per cent.) were breast fed.

MOTHER CRAFT.—A Creche has now been opened in Squires Lane. Special instruction is given to the elder girls in the Public Elementary Schools, and it is proposed to use the Creche for practical demonstrations in the very important matters relating to the care of young children.

Ophthalmia Neonatorum.

During the year 1912 the late Dr. Bywater made careful enquiries from all available sources as to the occurrence of this disease in Finchley. From these he came to the opinion that very few cases occur, and judging from the absence of corneal opacities among our school children, even these must be of a very mild type. He further stated in his report that although he would like to see the disease made compulsorily notifiable throughout the country, he did not feel it necessary to urge the Council to anticipate this so far as Finchley is concerned.

Prevalence and Control over Acute Infectious Disease.

The total number of cases of acute infectious disease notified during the year was 160, which is equal to an attack rate of 3.6 per 1,000 of the population, as compared with 168 cases, and an attack rate of 4.0 in 1912.

Table II., on page 44 gives other details relating to these cases.

All cases are carefully investigated, and efforts made to discover contacts. The school arrangements for the exclusion of individual children, who have been in contact with cases of infectious disease, work satisfactorily, there being the closest co-operation with the Education Department for this purpose.

There was no special grouping of cases in any particular school or class, and it was not necessary to close any of the Public Elementary Schools on account of Notifiable Infectious Disease.

The provision for Hospital isolation, etc., is stated on pages 79 and 80. Disinfection is at present carried out at the disinfecting station at the Small-pox Hospital at Summers Lane. Plans are being prepared for the erection of a new disinfecting station in connection with the new dust destructor, which is shortly to be provided.

Wherever infectious disease occurs in the families of persons connected with the preparation for sale or distribution of articles of food, especially milk, the greatest care is exercised to prevent the spread of disease in this way. There was nothing to suggest that any of the cases which occurred during 1913 were spread through the agency of water, milk, or other food.

Scarlet Fever.

93 cases of Scarlet Fever were notified during the year. A reference to the chart will show that the cases were fairly evenly spread over the whole year. There was no particular grouping in any district, and the "spot map" shows that the cases were scattered throughout the district. The 93 cases represent infection in 77 houses, as 16 of the cases were "secondary." 83 cases were removed to hospital: this equals 89.2 per cent. of number notified.

"Return Cases" of Scarlet Fever.

5 cases of Scarlet Fever occurred in 4 houses to which convalescents had recently returned from the Isolation Hospital. 3 of these occurred within 4 days of the home-coming of the alleged infecting patient, 1 within 21 days, and 1 within 14 days. All the cases were investigated, and there was no doubt whatever that every care had been taken by the hospital authorities. All the patients had been isolated over six weeks, and were free from all abnormal conditions when they left hospital. The number of Finchley cases discharged from the hospital during the year was 73.

Diphtheria and Croup.

50 cases were notified during the year. The weeks in which they occurred are shown on the chart. Like the Scarlet Fever cases, these were scattered throughout the district. Although a large percentage of the primary cases occurred among children attending the public elementary schools, it did not appear that the latter played much part in spreading the infection. The 50 cases represent infection in 42 houses, as 8 of the cases were "secondary." 40 of the cases were removed to hospital, which equals 80.0 per cent. of the number notified. In the majority of instances the diagnosis was verified by bacteriological examination.

1 death occurred during the year, this giving a fatality rate of 2.0 per cent. of all cases notified.

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. 120,000 units of Antitoxin were supplied by the Council during the year, which shows that the practitioners of the district make good use of the facilities provided.

Enteric Fever.

6 cases of Enteric Fever were notified. All were "primary" infections. The cases were thoroughly investigated, and 2 of these cases appeared to have been infected outside the district, while the source of infection of the remaining 4 was uncertain. The 6 cases represent infection in 6 houses.

Sanitary defects were discovered upon 3 of the premises: 2 of the cases were removed to Hospital and 1 to a Nursing Home.

The serum of 5 of the patients was examined for Widal's reaction by the Lister Institute, and was found to be positive in each instance. Of the 6 cases, 1 ended fatally.

Notification of Cerebro-Spinal Meningitis and Acute Poliomyelitis.

The Council decided to make both these diseases compulsorily notifiable in Finchley, and they became so in February, 1912. By the order of the Local Government Board, issued August 15th, 1912, these diseases were made compulsorily notifiable throughout the whole country. Acute Poliomyelitis, the cause of "Infantile Paralysis," is now proved to be a contagious disease, and although very erratic in its infectivity there have been several somewhat alarming epidemics in various parts of England during the last two or three years. It is always desirable to isolate the patient in the acute stage of the illness. Arrangements have been made by the Council for cases requiring hospital isolation to be sent to the Hornsey Borough Fever Hospital.

Cerebro-Spinal Meningitis.

One case was notified in July, 1912. The patient was a boy of 15 years. The cerebro-spinal fluid was examined on two different occasions, but it was clear and sterile. Clinically the case was such as to leave no doubt as to the Meningitis, but the cause could not be discovered. The patient made a tedious but complete recovery, and was nursed at home.

No case was notified during the year 1913.

Small-Pox.

No case was notified.

Puerperal Fever.

4 cases of Puerperal Sepsis were notified during the year, resulting in 2 deaths.

Erysipelas.

7 cases were notified. No death occurred. The cases occurred in different households.

Non-Notifiable Infectious Diseases.

Measles.

No unusual prevalence of this disease was noticed, and no deaths were registered as due to this cause.

Whooping Cough.

Whooping Cough was rather prevalent in the late spring and early summer, and 3 deaths occurred. All were children under 5 years of age.

Table II.
CASES OF Infectious Disease NOTIFIED DURING THE YEAR 1913.

NOTIFIABLE DISEASE.	No. of Cases Notified.								Total Cases Notified in Each Ward.			Removed to Hospital from Each Ward.			Total cases removed to Hospital
	At all Ages.	At Ages—Years.							1 North Ward	2 East Ward	3 West Ward	4 North Ward	5 East Ward	6 West Ward	
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards.							
Small-pox. . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera—Plague ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous croup)	50	1	11	26	7	3	1	1	6	33	11	1	33	6	40
Erysipelas ..	7	1	..	..	..	1	2	3	4	2	1	..	..	..	..
Scarlet Fever ..	93	1	16	68	3	5	..	..	48	27	18	46	23	14	83
Typhus Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever ..	6	..	..	1	1	4	..	..	..	1	5	..	..	2	2
Relapsing Fever Continued Fever }	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever ..	4	..	..	..	..	4	..	..	4	..	..	..	..	..	..
Cerebro-spinal Meningitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pulmonary Tuberculosis ..	55	1	..	4	14	30	6	..	19	18	18	..	..	..	..
Other forms of Tuberculosis ..	35	1	7	17	5	3	2	..	9	18	8	..	..	..	..
Totals ..	250	5	34	116	30	50	11	4	90	99	61	47	56	22	125

Isolation Hospital or Hospitals, }
 Sanatoria, etc. }

The Borough of Hornsey Isolation Hospital, Muswell Hill, N., the Small-Pox Hospital, Summers Lane, North Finchley.

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

	Scarlet Fever	Diph- theria	Enteric Fever	Ery- sipelas	Puerperal Fever	Totals
North Finchley ...	48	6	—	4	4	62
East Finchley ...	27	33	1	2	—	63
West Finchley ...	18	11	5	1	—	35
	93	50	6	7	4	160

Of these 160 cases 125 were removed to the Isolation Hospital, or 78.1 per cent., as compared with 70.0 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 ...	46	1	—	47
East Finchley ...	23	33	—	56
West Finchley ...	14	6	2	22
	83	40	2	125

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

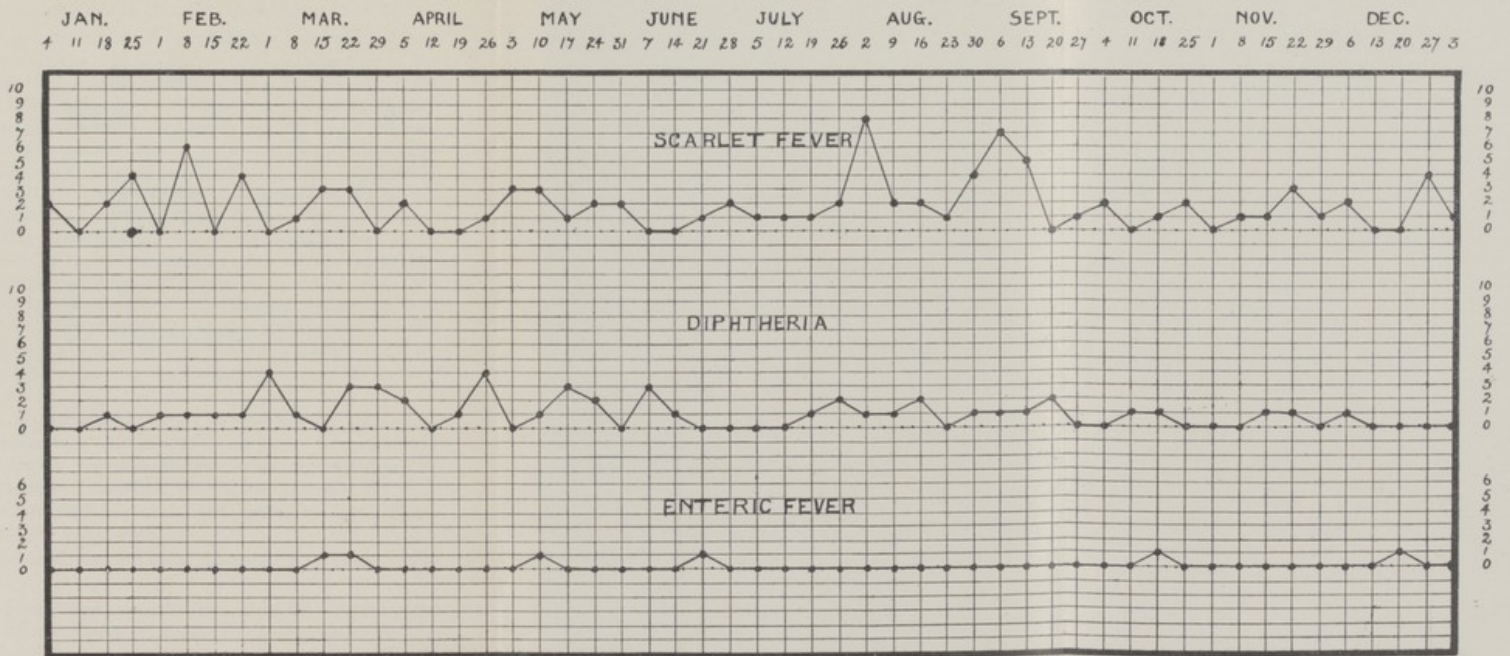
	Number of Deaths	Death-rate per 1,000 population
Scarlet Fever ...	2	.04
Diphtheria ...	1	.02
Enteric Fever ...	1	.02
Erysipelas ...	—	—
Measles ...	—	—
Whooping Cough ...	3	.06
Diarrhoea ...	14	.31

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

TABLE SHOWING THE NUMBER OF CASES AND DEATHS FROM THE PRINCIPAL INFECTIOUS DISEASES NOTIFIED FROM AMONG RESIDENTS DURING THE YEARS 1893—1913 (INCLUSIVE).

	Small-pox.		Scarlet Fever.		Diphtheria and Croup.	
	Cases.	Deaths	Cases.	Deaths.	Cases.	Deaths.
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
1912	...	...	70	1	75	9
1913	...	...	93	2	50	1
	Erysipelas.		Puerperal Fever.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths	Cases.	Deaths
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	...
1912	17	...	...	...	5	3
1913	7	..	4	2	6	1

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



Prevalence and Control over Tuberculosis.

26 deaths were due to some form of Tuberculosis, which is equal to a death-rate of .58 per 1,000 of the population, as compared with 34 deaths and a rate of .81 in 1912. 16 of the deaths were due to Pulmonary Tuberculosis, which gives a Phthisis death-rate of .36, as compared with .66 in 1912.

In connection with Tuberculosis, the past year has been a noteworthy one. It has seen a very great increase in the administrative activity directed towards the control of the disease. The compulsory notification of all cases of Phthisis was brought into effect on January 1st, 1912, and the conception of a national scheme for dealing with this scourge has taken place. Arrangements will, of course, take time to effect, but there can be no doubt of the great part this scheme will play in the crusade. With a rapidity that is somewhat astonishing, though nevertheless welcome, further regulations were made at the end of the year 1912 for the compulsory notification of *all forms* of Tuberculosis, and these came into operation in February, 1913. By this last measure we shall be able to obtain definite and reliable information as to the distribution and extent of those forms of Tuberculous disease which we know cause such a wastage of life and efficiency in the young.

83 notifications in respect of 55 cases of Pulmonary Tuberculosis were received during the year. 60 were visited by the Health Visitor or Medical Officer of Health, and in the remainder the medical practitioner expressed the wish that no visit should be made, and assured me that all precautions were being taken.

The Nurse made 201 visits in connection with these notifications.

Our procedure is as follows:—Upon the receipt of a notification in respect of Pulmonary Tuberculosis a visit is made to the home, and various particulars obtained. Wherever necessary general advice is given as to the hygienic measures to be taken; a pamphlet giving advice to consumptives is left. Arrangements for disinfection are made if the

patient has gone away, or if it seems otherwise desirable. "Spitting-flasks" and "Special Cardboard Spittoons" are supplied to all suitable cases. If any other person in the house is suspected of suffering from the disease an urgent recommendation to obtain advice is made; should the contact be a young child the School Medical Officer may see the case when inspecting school children. If the nurse reports any unsatisfactory condition in the house or surroundings, a further visit is made by one of the Sanitary Inspectors.

If a removal or death occurs, the premises are disinfected by fumigation and spraying of the walls and floors with a disinfecting solution. If the wall-paper is old and dirty it is stripped. The bedding, etc., is removed and disinfected at the disinfecting station.

During the year 37 rooms and 401 articles were disinfected in connection with the control of this disease.

18 of the 55 patients notified obtained treatment as in-patients at Sanatoria supported by voluntary contributions.

A Tuberculosis Dispensary has been established in Finchley as the centre for the district. This is under the control of the Middlesex County Council, and the Tuberculosis Officer is an official of that authority.

Deaths from Tuberculosis.

Year	Estimated Population	Deaths from Phthisis		Deaths from other forms of Tuberculosis			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	32,005	17	15	9	7	48	.99	.49	1.48
1907	33,567	6	15	5	5	31	.62	.29	.91
1908	35,129	9	12	7	2	30	.59	.25	.84
1909	36,691	10	5	7	5	27	.41	.32	.73
1910	38,253	14	17	10	3	44	.81	.33	1.14
1911	39,815	9	14	4	7	34	.58	.27	.85
1912	41,899	15	13	4	2	34	.66	.14	.81
1913	44,208	7	9	6	4	26	.36	.22	.58
Average for the 12 years		11.2	11.7	6.3	5.1	34.5	.7	.36	1.07

PHTHISIS.

No. of Deaths in relation to Occupation.

MALES.

YEAR.	Estimated Population.	Children.			Profesional.	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	32,005	2	...	...	1	4	...	3	4	...	1	1	1	17
1907	33,567	..	...	...	...	1	...	1	4	...	...	..	...	6
1908	35,129	...	...	...	2	...	...	1	3	...	2	...	1	9
1909	36,691	...	1	...	...	1	1	5	...	...	2	...	...	10
1910	38,253	...	...	...	1	2	..	1	5	1	3	...	1	14
1911	39,815	..	...	...	...	2	...	4	2	...	...	...	1	9
1912	41,899	...	...	...	1	6	3	1	4	...	...	...	...	15
1913	44,208	...	...	...	1	2	..	...	3	...	...	...	1	7
Totals	...	2	1	3	11	21	5	27	48	2	9	1	5	135
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	32,005	...	1	1	...	...	1	...	...	10	...	2	...	15
1907	33,567	...	...	...	...	...	1	...	...	10	...	3	1	15
1908	35,129	1	...	1	...	1	...	...	...	7	...	1	1	12
1909	36,691	...	...	...	...	...	...	...	...	4	...	1	...	5
1910	38,253	...	...	..	...	1	...	..	...	12	2	2	...	17
1911	39,815	1	7	2	3	1	14
1912	41,899	...	1	1	1	...	8	2	13
1913	44,208	1	6	1	...	1	9
Totals	...	3	4	3	...	3	6	1	...	92	5	16	8	141

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THE NATIONAL ARCHIVES COLLEGE PARK, MARYLAND

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

Year.	Estimated 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	32,005	8	..	..	..	..	..	..	1	..	..	..	..	9
1907	33,567	5	..	..	..	..	..	..	..	..	..	..	..	5
1908	35,129	5	..	..	..	..	..	..	2	..	..	..	..	7
1909	36,691	5	1	..	..	..	..	..	1	..	..	..	..	7
1910	38,253	6	3	..	..	..	..	..	..	..	..	..	1	10
1911	39,815	2	..	..	..	1	..	..	..	..	..	..	..	3
1912	41,899	1	1	..	..	1	..	1	..	..	..	..	..	4
1913	44,208	3	1	1	..	..	..	..	1	..	..	..	..	6
Total in 12 years		51	8	3	..	3	..	1	7	..	..	1	1	75
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	32,005	5	1	..	..	..	..	..	..	1	..	..	..	7
1907	33,567	4	..	..	..	..	..	..	..	..	..	1	..	5
1908	35,129	1	..	1	..	..	..	..	..	..	..	..	..	2
1909	36,691	4	..	..	..	..	..	..	..	..	..	..	1	5
1910	38,253	2	1	..	..	..	..	..	..	..	..	..	..	3
1911	39,815	3	1	..	..	..	..	..	..	2	..	..	1	7
1912	41,899	1	1	..	..	..	..	..	..	..	..	..	..	2
1913	44,208	3	..	..	..	..	..	..	..	1	..	..	..	4
Total in 12 years		41	6	1	..	..	1	1	..	7	..	3	2	62

Cancer.

48 deaths were due to Cancer, this being equal to a death-rate of 1.08 per 1,000 of the population. The average Cancer death-rate in this district during the 10 previous years was .89.

The report of the Registrar-General for the year 1910 states that the Cancer death-rate for the whole of England and Wales during that year was .967 per 1,000. It appears from this report that the ratio of increase is somewhat greater among males than females.

After making allowances for the possible inclusion of some deaths not formerly placed under this heading, and for greater precision in diagnosis, the Registrar-General states that "Cancer stands out as the one cause of death accounting for a really important and significant increase in mortality." It is impossible at present to say what is the reason for this: conjectures and theories are numerous, but nothing definite is known.

15 of the deaths in Finchley occurred among males and 33 among females. The mean age at death was 66 years in the males and 64½ years in the females.

The organs affected were as follows:—

Urinary system	...	...	4
Alimentary canal	...	...	19
Breast	...	...	11
Uterus and appendages	...	...	4
Liver	...	...	4
Kidney	...	...	—
Lung	...	...	1
Larynx	...	...	—
No position stated	...	...	1
Jaw	...	...	1
Chest	...	...	2
Lip	...	...	1

Water Supply.

The public water supply is from the mains of the Barnet District Gas and Water Company. The water is derived from deep wells in the chalk, and is of a very high degree of purity. The supply is constant, and the Company's Engineer informs me that the average quantity of water supplied to residents in this district is about 25 gallons per head per day. The Company have recently constructed a new Pumping Station at Tyttenhanger, and the public water supply may be regarded both for the present and for the future as satisfactory in quantity and quality. The only complaint one gets is that the water is rather hard.

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.

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.

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 systems of 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 outfalls of both sewers are at the sewage works near Summers Lane.

Sewage Disposal.

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 settling tanks is dried on the land, and is afterwards ploughed in; the land, after a considerable interval, is cropped with cabbages, etc. At times a portion of the “low level” sewage has to be pumped up and discharged into the “high level” outfall.

About six 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 through the automatic screen, flows into a detritus tank, where the gross solids are deposited. From the detritus tank the sewage flows into “Dortmund” tanks, from the bottom of which sludge is drawn off at frequent intervals. The detritus and “Dortmund” tanks are in duplicate. From the “Dortmund” tank the

sewage flows into the septic tanks, the flow through 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." The septic liquid is then taken through "equalising channels" to the various filters. There are four "primary" and four "secondary" filters; two of the latter are rectangular. The sewage is distributed on to the circular filters by revolving sprays, and on to 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.

6 of the percolating filters are circular, 69 feet in diameter and 5 feet deep. 2 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, 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 17 samples were analysed.

Chemically the effluent is a good one: the nitrates are usually high, and very stable. The amount of solids in suspension is, however, frequently in excess of the standard laid down by the Royal Commission, and the Council are considering the best methods of improving the effluent in this respect. On account of the rapid development of the district, the amount of sewage to be dealt with is an ever-increasing one, and the Council are now completing arrangements for the

construction of further circular percolating filters of similar capacity to the present ones. The Council have during the past three years had under their serious consideration the question of discharging their sewage into the tidal waters of the Thames through the London County Council system of sewers. There can be no doubt that the accomplishment of such an arrangement would be of great advantage to the district.

Closet Accommodation.

Practically all the houses in the district are connected with the public sewers, the closet being arranged on the water-carriage system.

Stable and Manure Receptacles.

Every endeavour is made to prevent nuisance arising from accumulation of manure. The provision of wire cages for holding the manure together with a daily removal of the contents is obtained wherever possible.

Scavenging.

The Council contracts for the weekly removal of house refuse, and the work appears to be executed with regularity. The carrying out of the contract is supervised by the Council's Surveyor.

All vehicles are now provided with wooden covers, which are in sections and hinged at the top. It is still possible to overload the vans, and thereby cause nuisance.

Movable galvanized iron ashbins are in general use throughout the district, and the Finchley Urban District Council Act, 1908, gives power to compel owners to provide same. All newly-built houses are provided with these movable receptacles.

Destruction of Refuse.

The refuse collected from houses, etc., is burnt on land adjoining the sewage works in Summers Lane. For some years the Council have felt that a proper dust destructor was

necessary, and have now definitely decided to install one of the Meldrum type. Plans have been prepared, and I hope the construction will be carried out within the next few months. It is certainly much needed now that the population of the district has so increased.

Public Elementary Schools.

The Medical Officer of Health carries out the duties of School Medical Officer.

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. It was not found necessary to close any School during the year.

All the Schools are provided with tap water, and have proper w.c. accommodation.

The sanitation of the public elementary schools is constantly under supervision.

Further details of the school hygiene appear in the annexed report to the Education Committee.

Food.

Milk Supply.

57 premises are occupied by persons registered under the Dairies, Cowsheds and Milkshops Order. Of these persons 10 are cowkeepers and dairymen; 34 have dairies but do not keep cows in the district; and 13 are purveyors of milk who retail milk in Finchley but whose business premises are situated elsewhere. An average number of 127 cows come under inspection.

During 1913 the following addition to the Register was made:—

1 Dairyman and Purveyor.

Frequent visits are made to all premises, and every effort made by the Council's officers to ensure a clean and wholesome milk supply. The older cowsheds are not well constructed, but the use of one of these will, I understand, be discontinued in the near future.

The Council's Veterinary Inspector (Mr. Overed, M.R.C.V.S.) and your Medical Officer made periodical inspections of all the dairy cows in the district under the powers conferred by the Finchley Urban District Council Act, 1908.

With one or two exceptions the state of the cowsheds was satisfactory, but on more than one occasion we had to severely comment upon the dirty condition of the cows' udders and hind quarters.

The following is Mr. Overed's report for last year:—

"Gentlemen,—

"I have made the usual quarterly examinations of
 "the cows (137) in the district during the past year and
 "found their udders generally free from disease. There
 "are one or two owners whose cows might be kept in a
 "more cleanly condition. Their attention was drawn to
 "the fact, and they promised to exercise more care in
 "the future.

"Your obedient servant,

"J. E. OVERED."

I notice with much pleasure the ever-increasing use of sealed bottles for the delivery of milk. Practically all the large companies adopt it to a greater or less extent. Plans were passed during the year 1912 for the erection in this district of another factory specially designed and equipped with all the latest machinery for cleansing, Pasteurising and bottling milk. The advantages of this method of delivering milk are so obvious as to need no further comment.

During the year 1912 the Local Government Board issued a report on "The Value of Boiled Milk as a Food for Infants and Young Animals." This report, based upon careful observation and experiment, clearly indicates that the alleged disadvantages of boiled milk are so problematical that they may be neglected, and that since the danger from unboiled milk is so very real, it is wise to boil all milk before it is given to an infant. As one familiar with the unsavoury conditions under which milk is often produced, I have always felt that, even if the disadvantages of boiled milk were as great, or greater, as some have stated, these are trivial compared with the risks children run who consume the raw article.

The increasing use of Pasteurised milk shews that the public are slowly becoming alive to the danger above indicated, but even here it is necessary to utter a word or two of warning.

The Milk Bill.

The long hoped-for Milk and Dairies Bill was introduced into the House of Commons on December 10th, 1912, but was dropped, and a new Bill is anticipated shortly.

In the Memorandum it was stated that the main objects of the Bill of 1912 were to provide:—

- 1.—For the more efficient registration of dairies and dairymen.
- 2.—For the inspection of dairies and examination of the cows.
- 3.—For the prohibition of milk supplies suspected of causing, or *likely to cause* infectious diseases, including Tuberculosis.
- 4.—For the prevention of sale of Tuberculous milk.
- 5.—For the regulation of imported milk.
- 6.—For the issue of Regulations having for their object the securing the supply of pure and wholesome milk.
- 7.—For the establishment in populous places of milk depots for the sale by local authorities of milk specially prepared for infants.

With regard to (1) the Bill provided that an authority *may refuse to register*, or may remove from the register, any dairyman whose premises do not comply with the provisions of the Bill, or with Orders made thereunder.

This will remedy what is at present unsatisfactory in the Dairies, Cowsheds and Milkshops Order, but as has already been pointed out by the Medical Press, it makes it more than ever important that the position of the Medical Officer of Health should be strengthened by giving him that security of tenure which is enjoyed by Medical Officers of Health of Counties and Metropolitan Boroughs.

The production and sale of milk is to be controlled by the local authorities through the Medical Officers of Health, who are invested with new powers. It is a notorious fact that many authorities have been exceedingly lax in their administration of the Dairies, Cowsheds and Milkshops Order, and a considerable number have not availed themselves of the powers conferred by that Order enabling them to make regulations. By the provisions of this Bill, however, the Local Government Board is empowered to make Orders for carrying the enactment into effect, which Orders will be applicable to the *whole country*, and the scandal of a local authority composed to a large extent of interested persons refusing to regulate an industry of such vital importance to the whole community will no longer be possible.

The prevention of the sale of milk from Tuberculous cows is dealt with on the lines of the "Model Milk Clauses," which are incorporated in many Local Acts, the Finchley Urban District Council Act, 1908, being an instance. Provision is made for the appointment of Veterinary Inspectors by the Councils of County, Borough, or Urban Districts, and it is left to the Board of Agriculture to issue an Order under the Diseases of Animals Act, 1894, to provide for compensation of affected animals. I trust that in one of the Orders made by the Local Government Board or the Board of Agriculture, some clause will be inserted providing for the notification to the Medical Officer of Health of the destination of a

Tuberculous cow, if such is not forthwith slaughtered. It is to be hoped that, subject to all prudent means being taken to prevent fraud, the provision of compensation for the slaughter of Tuberculous cattle will be on generous lines, as it would be a cause of great regret if the means taken to ensure purity and wholesomeness increased the price of milk, and so prevented the poor obtaining a cheap supply of an indispensable article of food.

In conclusion, I would say that in my opinion one of the essential conditions for the control of the milk supply is the granting of security of tenure to the Medical Officers of Health and Sanitary Inspectors. The fact should not be lost sight of that no individual district, however strict in its supervision of the milk business, can protect itself, since milk is sent from all parts of the country; and if good is to accrue the Act must be enforced with the same rigour throughout the country. It is also certain that lax administration in some districts and strictness in others will be a source of irritation to the milk trade generally, and will tend to alienate the sympathy of those public-spirited members of it who welcome this proposed new legislation.

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 294 visits have been paid. Several of these premises are old and have been in use for many years, but generally speaking they are kept in a clean and satisfactory condition. When possible these visits of the Inspector are made at a time of slaughtering and preparing the meat for sale.

The Chief Sanitary Inspector holds a certificate in meat inspection, and is excellently trained in this respect. Owing to the close proximity of the district to the large cattle markets of London, only a small proportion of meat 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 the Health Department to cultivate a feeling of confidence amongst the butchers trading in the district. Frequently they seek the advice of the health officials when in doubt as to whether meat is diseased, and every possible assistance is very readily extended to them; 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 by the occupiers.

A full statement of the unsound meat surrendered and destroyed during the year is set out in the Sanitary Inspector's Report.

The following was condemned on account of being Tuberculous:—

1 Carcase of Pork..

Bakehouses.

All the Bakehouses (19 in number) were inspected frequently during the year. There are at present in the district 3 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, lighting, ventilation, and all other respects. The minimum requirements of the Council's certificate included provisions against the entry of ground air and moisture and for ventilation, lighting 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 I am convinced that 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.

Ice Cream Premises.

There are 39 persons registered as ice-cream vendors in this district.

These premises are kept under careful supervision, especially during the summer months. The County Council of Middlesex (General Powers), Act, 1906, contains provisions applicable to these premises.

Other Foods.

Shops in which fish, poultry, fruit, or other perishable food is exposed for sale are frequently visited, and the articles carefully examined.

Larder Accommodation.

The provision of a suitable larder for the storage of perishable food is a very important matter in relation to health, especially where milk and meat is concerned.

From the records relating to the 443 houses visited in the house-to-house inspections during the year, the remarkable fact emerges that only 189 (or 42.6 per cent.) were provided with any larder accommodation. In the remaining houses food was kept in cupboards, etc.

Whilst much is done to protect the public food supply before reaching the consumer, it is surprising what little care is taken to provide proper arrangements for storage in connection with the dwellings. In the warm weather this deficiency is one that thrusts itself upon one's notice in the visits made to premises where cases of Diarrhœa occur, the Health Visitor frequently reporting unfavourably upon this matter. It is a pity that Sanitary Authorities have no power to make a Byelaw compelling the provision of sufficient larder accommodation, properly lighted and ventilated, in every new house; the defect is by no means confined to those built years ago.

Sale of Foods and Drugs Acts.

The County Council of Middlesex is the Executive authority for administering the main provisions of the above Acts. I am indebted to the courtesy of Mr. Richard Robinson (the responsible official) for the following statement as to samples purchased in Finchley during 1913:—

Article		Samples Taken	Adulterated
Milk	...	58	11
Butter	...	8	—
Cream	...	9	3
Drugs	...	9	2
		—	—
Totals	...	84	16
		—	—
Number of Prosecutions	...		3

Housing.

Finchley is a rapidly-developing good-class residential district on the outskirts of London and the housing question, in so far as the structure of the old houses is concerned, is not such a serious one as it is in many parts of the country.

For years past careful and systematic house to house inspections have been conducted practically upon the lines now laid down by the regulations made under the Housing, Town Planning, etc., Act, 1909. Persistent efforts have always been made to compel owners to carry out any alterations or repairs which appeared to be necessary. The result is that although we have a fair amount of old cottage property, the houses are generally found reasonably fit for occupation, and it is uncommon to find one so dilapidated as to justify any drastic action under Section 17 of the 1909 Act. 2 representations were made in the year 1912 under this Section in respect of two adjoining cottages in King Street, East Finchley, but after an interview with the Public Health Committee the owner agreed to execute works mentioned in a specification, and to make certain structural alterations whereby the premises might be made reasonably fit for occupation. The work was completed in 1913. During last year

2 representations were made respecting a cottage at The Water Cress Beds, Regents Park Road and Cromwell Cottage, East End Road. In the case of the former a closing order was made, and the use of the cottage as a dwelling has now been discontinued. A closing order was also made for Cromwell Cottage, but before it was served, the owner intimated his intention of demolishing the house, and this was completed during the year. Very little use could be made of the powers conferred by Section 15 of the 1909 Act, and the provisions of the Public Health Acts are resorted to when it becomes necessary to enforce the remedy of any defect discovered in the routine inspections. The Report of the Sanitary Inspector sets out in detail what has been done in this respect.

The following is a tabulated statement made in accordance with Article V. of the Regulations under the Housing, Town Planning, etc., Act, 1909:—

Number of dwelling-houses inspected (during 1913) ...	443
Number of dwelling-houses found to be unfit for human habitation	2
Number of representations made to the Local Authority	2
Number of Closing Orders made	2
Number of dwelling-houses, the defects in which were remedied without the making of Closing Order	None.
Number of dwelling-houses which after the making of Closing Orders were put into a fit state for human habitation	None.
Number of dwelling-houses demolished	1

Of the 443 houses above referred to—

21	were let at an annual rental of	£16 or under
127	„ „ „ „ „	£16 to £26
244	„ „ „ „ „	£26 to £40
29	„ „ „ „ „	over £40
22	were owned by occupiers.	

Dirty and defective ceilings and walls; defective floors; dampness; insanitary w.c.'s; windows not made to open; insufficient wash-house accommodation; insanitary yards, etc., were amongst the most common of the defects discovered.

It is a common complaint by owners that after they have done what they can to put a house into proper repair, the indolence and dirty habits of tenants often stultifies all the good that has been effected; and I feel sure there is no one with much experience of house-to-house inspection who would refuse to endorse this. We bring the greatest pressure to bear upon tenants whenever they are the persons at fault, but reform in the habits of the people is a slow process, although possibly if more attention were given to the teaching of personal and domestic hygiene during the school curriculum the pace might be quickened.

Damp Houses.

Action was taken during the year 1912 in respect of some new villas which had been let and occupied before the walls were reasonably dry. The walls of the houses in question were so wet as to render the dwellings, in my opinion, quite unfit for habitation, and a representation to that effect was made under Clause 90 of the Byelaws with respect to New Streets and Buildings. Representatives of the owners appeared before the Public Health Committee to show cause why the buildings should not be closed, but it was eventually agreed that the owners should take immediate steps to obtain vacant possession of the premises and not to allow them to be re-occupied until the Medical Officer of Health certified that the walls were reasonably dry.

During last year only 1 such case was dealt with, the premises in question being some new flats erected in High Street, North Finchley. The owner of the premises was communicated with on the matter, and he agreed not to allow tenants to occupy the premises until the walls were reasonably dry.

The Committee takes a serious view of the practice of owners and agents allowing new dwellings to be occupied before they are fit for occupation, and are prepared to vigorously enforce the provisions of Byelaw 90. In the cases mentioned the arguments put forward by the persons at fault were principally, that tenants are, as a rule, so anxious to move into the house, and they are not deterred by the damp state of the walls; that the question of the walls being "reasonably" dry was one about which there could be a difference of opinion; and that in the case in point they had taken due care to ensure the house being reasonably fit before being occupied. The Committee did not agree with the latter contention, but as this was the first case before them they decided that in consideration of the house being promptly vacated, they would take no further action.

The length of time the walls of a new building will take to become reasonably dry depends upon various circumstances; for instance, the state of the weather during the erection of the building, the nature of the prevailing winds, and whether or not these are allowed to blow freely through the building after the roof is completed.

Accordingly, a house may be quick in drying, or it may be slow, but the point is—what *is* the condition at the time of occupation? If the walls are then decidedly damp, it is reasonable to hold that Byelaw 90 has been contravened, and the Council would be justified in enforcing its provisions.

Overcrowding.

The number of overcrowded tenements found in Finchley at the last Census was 230. For the purposes of the Census an "over-crowded tenement" is officially defined as one inhabited by more than two persons to a room. It is a definition which is necessarily imperfect, as it does not take into account the cubic capacity of the room; but it is simple, and in the majority of cases could not be regarded as too strict. Section 91 of the Public Health Act, 1875, defines as a nuisance "any house or part of a house so overcrowded as to be danger-

ous or injurious to the health of the inmates, whether or not members of the same family." Unfortunately a precise definition of an overcrowded house (as to cubic space) is not given. In prosecutions under this Section it is usual to take the minimum cubic space per person allowed in common lodging houses, viz., 300 cubic feet per adult and 150 cubic feet per child (a by no means generous amount from the point of view of health) and one has little chance of obtaining a conviction unless the air-space per person falls short of that amount. This is what is sometimes spoken of as overcrowding in a "legal" sense.

In Finchley during the year 1913, 17 such cases were dealt with. If the housing accommodation in the district is inadequate they are difficult cases to deal with, as presumably no one would live under such conditions unless compelled by force of circumstances, and prosecution may savour of persecution to the unfortunate persons concerned.

The Need of Working Class Dwellings.

The question of the sufficiency of housing accommodation for the working classes in this district has lately assumed some prominence. The rapid development of the district has, of course, caused a considerable influx of workpeople, and it would appear that many of them are compelled by the inadequacy of suitable accommodation to live at a considerable distance from their place of employment.

There is no doubt that the growth of working-class dwellings in relation to the growth of the population has been very small.

I have set out on page 11 some particulars obtained at the last census, from which it will be seen that in April, 1911, there were 7,933 families living in 6,946 houses. The number of separate ratings at that date was 8,729. Ordinary dwelling-houses are let off in tenements, and very little is done in the matter of providing additional sanitary accommodation. Even when this is done the houses are usually structurally quite unsuitable for the accommodation of more than one family, and a low standard of cleanliness is the result.

I have, with the help of the Sanitary Inspector, analysed the records of the 443 house-to-house inspections, made during the year. Of these, we have selected those houses which appeared to be most crowded. It must be understood that the numbers refer to ordinary dwelling-houses which were not especially selected for inspection for this report. The average number of persons "*per house*" (for the whole district) formed at the last census was 5.1; other figures are not obtainable. We have considered the average number of persons per room for the whole house and per bedroom, the following being a tabulated statement of the results of this analysis:—

Total number of houses (selected from 443 house-to-house inspections, but not selected localities)	...	...	100
Average number of occupants per house			8.67
Total number of occupants	...	...	867
Total number of rooms (living and bedrooms)			540
Total number of bedrooms	...	...	289
Average number per bedroom	...	...	3.00
Average number per room	...	...	1.6

It should be borne in mind that the number of rooms are those recorded by the Inspectors as a result of the inspection. In the forms used by the Census Officials, the number of rooms is filled in by the occupier, who not infrequently count the scullery and bathroom, and as these figures cannot always be checked, the number of persons per room is probably somewhat under-estimated in the census returns.

I myself am inclined to pay more attention to the average number of occupants per bedroom, as this appears to me to be a very important matter when considering housing in relation to health. An average of 3.0 occupants per bedroom is not by any means a low one. When all the circumstances are considered, there can be little doubt that there is a fair number of crowded, if not actually over-crowded, houses in this district. I must make it quite clear that these inspections were

made before we had any idea of analysing the number of occupants in this way, and it is highly probable that a census of the population of selected houses would show that there is more crowding in some areas than is represented by the before-mentioned figures.

In going about the district it is practically unknown to find any working-class dwelling unoccupied for even a day, and from my own observations, and as a result of conversations upon the subject with inhabitants of the district, I am now quite of opinion that there is a need of further housing accommodation for the working-classes in Finchley, and that private enterprise is not directed towards the erection of houses of this class.

The following particulars of the houses already provided by the Council may be of interest.

Workmen's Dwellings.

In 1902 the Council decided to erect houses for the working classes under the powers granted by the Housing of the Working Classes Act, 1890, Part III. 60 houses of four classes were built, of which the following particulars are given. The houses are much appreciated, are kept continually occupied, and I am informed that the rentals are remunerative.

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.

Particulars of Workmen's Dwellings Scheme— Woodhouse Estate.

The Council have received the sanction of the Local Government Board for the purchase of about 36 acres of land in Woodhouse Road, of which about 24 acres will be occupied by 300 dwellings for the Working Classes.

The sanction includes for the erection of the first 100 of these dwellings, which will be built along the existing road frontages, leaving the interior of the land to be built on at a later date.

The land has a good slope, is well drained, and is eminently suited for the purpose, and is accessible in every direction by tram.

Each dwelling includes a Scullery, Bath, W.C., Coal Store and Larder, the other accommodation being as follows:

CLASS A.

Living Room, 14ft. by 13ft.

Bedroom, 14ft. by 9ft.

Bedroom, 11ft. by 8ft.

CLASS B.

Living Room, 13ft. 6in. by 11ft. 6in.

Parlour, 11ft. 7in. by 9ft.

Bedroom, 13ft. 6in. by 11ft. 3in.

Bedroom, 11ft. 7in. by 9ft.

Bedroom, 10ft. by 6ft. 9in.

The kitchen fireplace openings are so arranged that hot water can be put on at a later date and connected to the bath and sink.

The Council's main sewer passes completely through the site, and causes a considerable saving on the question of drainage.

All the fine trees on the site are preserved, and the layout will be artistic and economical, with plenty of open spaces and good gardens.

The Local Government Board Inquiry in connection with the buildings was held by Mr. Collin on the evenings of the 2nd and 5th days of March, 1914.

New Houses.

The Council's Surveyor has kindly given me the following particulars relating to new houses and to Town Planning:—

394 new houses were erected and completed for occupation during 1913. In addition to these, there were on December 31st, 1913, no less than 304 houses in course of construction. Mr. Jenkin informs me that very few of the above houses would be let at an annual rental of £26 or under. I understand there are at present no *houses* at a rating of £16, or under, upon the rate books.

Town Planning.

On the 4th May, 1911, the Council resolved to Town Plan a considerable area of unbuilt-on land in the Southern portion of their district, formal application being made to the Local Government Board, on the 15th July, 1912, for authority to prepare a scheme. Notices were served on this and other smaller areas, in respect to which an Inquiry was held on the 5th November, 1912, by Mr. Thos. Adams, the Board's Inspector, and authority to prepare a scheme was issued by the Board on the 21st January, 1913.

The area comprised by this scheme (No. 1) is 1,046 acres.

A considerable portion of this area will be developed by the Hampstead Garden Suburb Trust and the Co-partnership Tenants, Ltd., it being anticipated that within the next few years, a very rapid development will take place, the proposed accommodation including a reasonable number of houses for the working classes.

The Council have now instructed their Engineer and Surveyor, Mr. Chas. J. Jenkin, M.I.C.E., M.I.M.E., to prepare a Town Planning Scheme for practically the whole of the rest of the district, with the possible exclusion of certain recently built-on areas, and the matter is still under the consideration of the Council.

Sanitary Inspection of the District.

The staff is shown on page 7 of this report. A classified statement of the premises visited and the defects discovered will be found in the appended report of the Sanitary Inspector.

Inspection of the district has been systematically carried out, including visits to Cowsheds and Dairies (140), Slaughterhouses (294), Workshops and Factories including Bakehouses (409) Insanitary Property, Infected houses, and routine house-to-house inspection.

202 complaints with regard to alleged nuisances were received during the year, and received prompt attention.

A total number of 9,361 inspections were made, and 2010 nuisances discovered.

As a result of these inspections, 211 preliminary and 147 Statutory Notices were sent to persons in default.

82 drains were repaired or re-constructed, the work being thoroughly supervised by the Sanitary Inspector. The custom of preparing and filing a plan of all new systems of domestic drainage is still followed.

Meat, fish, poultry, ice-cream, fruit shops, and other premises where food is sold or prepared for sale, were kept under observation, and 455 visits were made to such premises in the course of the year.

150 rooms were sprayed and fumigated, and 4,117 articles were disinfected in the steam disinfecter.

In addition to the above the following work was carried out for the Friern Barnet District Council:—

27 patients were removed to hospital in the Finchley ambulance.

589 articles (41 stovings) were disinfected in the Finchley steam disinfecter.

The Lady Health Visitor made 240 visits in connection with the Notification of Births Act, and 201 visits to patients' homes after receipt of notifications of Pulmonary Tuberculosis.

She also made frequent visits to the Schools in order to investigate matters relating to the notification of Infectious Diseases.

Isolation Hospital for Small Pox.

This is situated in Summers Lane, and is capable of accommodating about 24 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 terminated in March, 1913.

A new agreement has been entered into whereby Finchley agrees to receive and treat Small Pox cases from Hornsey, the arrangement to continue for a period of five years from

March 31st, 1913. Hornsey agrees to pay to Finchley an annual contribution of £125 towards the establishment expenses, and £2 2s. per week per patient up to the first 50 cases received in any one year, and £3 3s. per week for each patient beyond 50 received in that year. The use of the Finchley ambulance is included. No beds are guaranteed, but patients will be received according to the accommodation available.

Isolation of Patients suffering from Other Infectious Diseases.

The arrangement with the Hornsey Borough Council for the reception in the Coppett's Road Hospital of Finchley patients suffering from Scarlet Fever, Diphtheria, or Enteric Fever expired on March 31st, 1913. On account of the unavoidable delay in commencing the new Joint Hospital which Finchley and Hendon have decided to build, a new agreement has been entered into between Finchley and Hornsey, whereby the latter agrees to take patients suffering from Scarlet Fever, Diphtheria, Enteric Fever, and Acute Poliomyelitis into the Coppett's Road Hospital. No beds are guaranteed, but cases will be received as long as there is available accommodation. Finchley agrees to pay an inclusive charge of seven shillings per day per patient. The use of the Hornsey ambulance is included. The arrangement is to continue for two years at least.

Administration of Local Acts of General Adoptive Acts, Byelaws, etc.

- (a) The Finchley Urban District Council Act, 1908, contains important sanitary provisions, relating to combined drainage, house refuse, etc., and also what are known as the Model Milk Clauses. The Act is of great advantage to the District. The following is a list of the General Adoptive Acts, and also of the Byelaws and Regulations in force:—

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 Small Dwellings Acquisition Act, 1899.

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 (Secs. 78-80 and
82-85 included), and 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, and for the prevention of
the keeping of animals on any premises so as to be
injurious to health—16th November, 1912.

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.

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

Management of Mortuary—31st May, 1904.

Drainage of Buildings—30th November, 1904.

Public Recreation Ground—9th January, 1903.

School Attendance—15th March, 1901.

Employment of Children—24th May, 1906.

The keeping of water closets supplied with sufficient water for flushing—16th November, 1912.

Alteration of Buildings—9th April, 1913.

Conduct of Persons using Sanitary Conveniences, 1913.

Regulations are in force with respect to:—

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

Allotments—11th February, 1897.

Bacteriological and Chemical Laboratory.

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

Diphtheria.

182 swabs were examined.

15 were positive.

113 were negative,

54 were sterile.

14 "Immediate" examinations were made, of which 1 was found positive and 13 negative. The stain used is Toluidine Blue.

Phthisis.

59 specimens of sputum were examined.

11 were positive.

48 were negative.

Ringworm.

89 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.

All the "media" for bacteriological examinations, and most "standard solutions" for chemical analysis, are prepared at the Laboratory; by this means a very considerable saving in cost is effected.

In addition to the above, 50 specimens were examined by the Lister Institute, viz.:—

25 Diphtheria swabs	...	6 positive, 19 negative.
13 Sputa	... ..	3 ,, 10 ,,
11 Blood (Widal) tests	...	6 ,, 5 ,,
1 Special Animal test	...	1 ,,

The facilities for the prompt examination of bacteriological specimens in connection with infectious disease are much appreciated by the medical practitioners of the district, and are of the greatest possible value in the control of the spread of infection.

Chemical Analysis.

Water.

11 samples of tap water were analysed. All were found to be of a high degree of organic purity.

Sewage Effluents.

17 effluents were analysed and reported upon.

Factories and Workshops.

All the workshops and work-places in the district have been inspected during the year, and the various sanitary defects remedied as a consequence.

Very little home-work appears to be given out in the district, and only a few names of *out-workers* have been received from other districts. At some of the Workshops the work done is for firms in London, but the total amount is not large.

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

1. INSPECTION.

INCLUDING INSPECTIONS MADE BY THE SANITARY INSPECTORS

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (Including Factory Laundries).	11	1 letter	...
Workshops (Including Workshop Laundries).	388	32 letters	...
Total	399	33	...

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 ...	19	19	...	...
Want of ventilation ...	...	...	...	...
Overcrowding ...	..	...	...	...
Want of drainage of floors ...	..	..	...	...
Other nuisances ..	18	18	...	...
†Sanitary {insufficient ...	...	...	...	...
accommodation {unsuitable or defective	3	3	...	...
{not separate for sexes	..	...	...	...
Offences under the Factory and Workshop Act—				
Illegal occupation of underground bakehouse (S 101)	...	...	...	...
Breach of special sanitary requirements for bakehouses (ss. 97 to 100) ...	17	13	...	...
Other offences— (Excluding offences relating to out-work which are included in part 3 of this Report).	...	...	...	...
Total ..	57	53	...	...

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

†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.	6	6	23	2	10

4. REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the Year					Number.
Dressmakers and Milliners	..	..	..	..	44
Laundries	..	..	..	..	19
Bootmakers	..	..	..	..	30
Bakers	..	..	..	..	19
Restaurant Kitchens	..	..	..	..	16
Motor and Cycle Engineers	..	..	..	..	13
Stonemasons	..	..	..	..	6
Saddlers	..	..	..	..	3
Ironmongers	..	..	..	..	4
Farriers	..	..	..	..	8
Tailors	..	..	..	..	17
Upholsterers	..	..	..	..	3
Coachbuilders and Wheelwrights	..	..	..	..	3
Other Workshops	..	..	..	..	7
Total number of Workshops on Register					192

5.—OTHER MATTERS.

Class (1)	Number (2)
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Acts (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.	Notified by H.M. Inspector ..
	Reports (of action taken sent to H.M. Inspector ..
Other ... ..	..
Underground Bakehouses (S. 101) :—	
Certificates granted during the year ... ..	.
In use at the end of the year	3

Finchley Urban District Council.



REPORT.

ON THE

Medical Inspection of School Children under
the Education (Administrative Provisions)

Act, 1907,

For the year ended December 31st, 1913.

BY

F. W. BYWATER, M.D.,
School Medical Officer (1913).

J. R. PRIOR, M.D.,
School Medical Officer (1914).

Members of the Education Committee.

Councillor W. E. Martin, J.P. (Chairman),

„ W. C. Cope (Vice-Chairman),

„ J. Boggon (Chairman of the Council),

„ H. G. Eckert (Vice-Chairman of the Council),

„ W. J. Royston,

„ A. H. Farquharson,

„ W. E. Hart,

„ A. L. H. McMaster,

„ C. S. Syrett,

Miss M. Shoults,	}	Co-opted Members.
Mr. C. Rabbidge,		
Mr. C. D. Bray,		

Mr. F. Goodyear, C.C.,	}	Ex-Officio Members.
Mrs. Blake-Odgers,		
Mr. B. Todd, J.P., C.C.		

Secretary of Education: J. F. Alder.

EDUCATION REPORT.

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To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,—

I beg to submit to you the report for the year 1913. The great delay in issuing the report has been due to the lamented death of Dr. Bywater, and to the great difficulty I have experienced in compiling the report, the work for which has been entirely accomplished by another.

As I have just mentioned, the whole of the work concerned in this report has been done by the late Dr. Bywater, the comments are his, with exception of one or two paragraphs.

There are a few points upon which I should like to express an opinion, as I have every reason to know that they represent the late Dr. Bywater's feelings on the matter.

Firstly, I should like to accentuate how much the work of Medical Inspection owes to the co-operation of the Secretary of Education. The medical work in connection with the Schools has progressed very rapidly in Finchley, and it would have been impossible to have advanced so far, but for the great assistance rendered by Mr. Alder and for the sympathy he has always shewn towards this work. I know the late Dr. Bywater realised this very fully.

Secondly, it is earnestly to be desired that the wish expressed by your late Medical Officer may be realised before very long, viz., the inauguration of an admission day in every school. By these means the doctrine of cleanliness can be taught from the very first. I am informed that the result at the North Road School has been most gratifying, and that many parents make use of the school, owing to the very fact that they have little to fear from the dirtiness of other children.

Further, I am sure I shall be only expressing the wish of the late Dr. Bywater when I say how greatly indebted he was for the excellent services rendered by the School Nurse, Miss Francis. The work of a school nurse is by no means always of a pleasant nature, but the way Miss Francis has carried out the duties of her office, gained the greatest confidence and support of your late Medical Officer, and does her very much credit.

Your obedient servant,

J. R. PRIOR.

Annual Report

OF THE

Medical Officer for 1913.

The scheme outlined in Circular 596 of the Board of Education has again been followed in arranging this report. Information as to the general and social conditions of the district will be found in the Health Report, which is bound in the same cover as this, and a summary of the statistics for the year will be found on page 9. I may just repeat, however, that the estimated population of Finchley is now 44,208, and the number of children on the rolls of the public elementary schools is 4,478.

I have endeavoured to keep the report as brief as possible without interfering with its clearness or utility.

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

The School Medical Officer is also the Medical Officer of Health, and co-operation between the Education and Health Departments is very close and friendly.

General Scheme of Medical Inspection.

In the routine medical inspections, three groups of children were examined, viz.:—

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

The numbers examined during 1913 in the various departments are as follows:—

Infants' Departments Boys	...	...	290
	Girls	...	259
Boys' Departments	...	...	542
Girls' Departments	...	...	434
			<hr/> 1525 <hr/>

In addition to the above, 93 children were examined as "Special" cases referred to the Medical Officer by the Teacher, School Nurse or Attendance Officers.

No material departure has been made from the general routine of inspection outlined in last year's Report, which continues to work very satisfactorily.

Assistance by Teachers.

The Teachers continue to take the greatest interest in all the details of the work, and are ever ready to render whatever assistance they can. Many of them take pains to record upon the cards facts about the children, which are very useful to the Medical Examiner, and any recommendation made by the doctor or nurse respecting any particular child at once receives attention.

I can only repeat what I have said before as to the great value of the Teachers' help and interest in the physical welfare of the children, and, I am glad to say, there is no sign of any lack of this among the Finchley Teachers.

Parents and Inspection.

The attendance of the parents has been 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

57 per cent. of the children examined were accompanied by parents, compared with 65 per cent. in 1912, and there is no evidence that the interest of the parents in medical inspection is diminishing.

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

		Children examined.	Parents attending.	Approx. percentage
Squires Lane Council Schools—				
Infants' Department	...	8	6	75
Senior Department	...	123	77	63
Long Lane Council School—				
Infants' Department	...	180	118	66
Senior Department	...	228	97	43
Albert Street Council School—				
Infants' Department	...	112	70	63
Senior Department	...	217	114	53
North Road Council School—				
Infants' Department	...	71	47	66
Senior Department	...	187	106	59
Christ Church Voluntary School—				
Infants' Department	...	61	36	59
Senior Department	...	99	55	56
Holy Trinity Voluntary School—				
Infants' Department	...	66	51	77
Senior Department	...	84	48	57
St. John's Voluntary School—				
Infants' Department	...	32	25	78
Senior Department	...	16	2	13
St. Mary's Voluntary School—				
Infants' Department	...	19	15	79
Senior Department	...	28	8	36

Although the presence of parents somewhat increases the average time spent upon each child at the inspection, every effort is made to encourage their attendance, and it will be seen that the response is very satisfactory. The advantages of the parent being present are obvious, and I believe that in the majority of cases the parents themselves go to much inconvenience to attend, and many of the absentees would come if it were at all possible.

In collaboration with the Secretary of Education, I drew up a booklet containing advice upon matters relating to the health of School Children in 1912. This is given to the parents of all children examined, and to others wherever the Nurse has occasion to visit. Except in cases of trivial defect, absent parents are informed when any abnormal condition of the child is detected.

Schools Inspected.

The estimated population of Finchley is 44,208, and there were 4,478 children on the rolls of the Elementary Schools at the end of 1913. There are eight of these schools, comprising 17 separate departments.

The "Provided" Schools are:—

	Senior.	Junior	Infants.
Squires Lane, average number on roll, 1913	233	315	356
Long Lane " " "	487	—	342
Albert Street " " "	493	—	335
North Road " " "	279	235	

The "Non-Provided" Schools are:—

St. Mary's, average number on roll, 1913	290	176
St. John's " " "	171	110
Holy Trinity " " "	196	132
Christ Church " " "	241	87

The following table shews the number of children examined at each school during 1913 (routine inspection):—

School.	Senior (mixed)		Infants		Total
	Boys	Girls	Boys	Girls	
Squires Lane ...	59	64	—	8	131
Long Lane ...	131	97	109	71	408
Albert Street ...	127	90	51	61	329
North Road ...	112	75	36	35	258
Christ Church ...	52	47	26	35	160
Holy Trinity ...	50	34	34	32	150
St. Mary's ...	4	18	14	5	41
St. John's ...	7	9	20	12	48
	542	434	290	259	1525

Three half-days a week during the school terms are devoted to the routine medical inspection of the children by the Medical Officer, and the average time spent in the actual examination of each child is about seven minutes. A careful examination of each child is made. If the parents were not encouraged to attend, and a less thorough examination made, the time spent might be somewhat curtailed, but this the Committee rightly regard as undesirable. At times 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.

The rule is for a card to be made out for every child immediately upon admission to the school. On this the teacher is expected to record various facts which can be obtained from the parent or other responsible person who brings the child for admission. Previous infectious diseases are then recorded, and it is the teachers' duty to enter upon the card a record of any infectious disease occurring after admission. This card 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. In the case of those who have left, he also sends their medical inspection cards, which are then filed 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 Education Authority of that district for the medical inspection card, and on receipt passes it on to the school in which the child has been enrolled. In many cases, however, where there is good evidence that the child has been previously examined in the schools of other authorities, we have not been successful in obtaining its medical inspection card.

[The question of keeping fuller records of children suffering from various defects is at present under consideration].

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. At the new school a special room has been built for the purposes of medical inspection and treatment.

Prevention of Infectious Disease and School Closure during the Year.

No Schools were closed during the year.

The arrangements for the exclusion of individual children remain the same as last year, and are summarised in the following table which is printed on card-board and hung up in all the departments of the various 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.
WHOOPING 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.
WHOOPING-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.

Height and Weight of Children.

Tables I. and II. shew the average height and weight of the children medically inspected. I have again included in the table the averages of a very large number of children who have been weighed in various parts of the kingdom under conditions identical with those observed by us. It will be seen how favourably our averages compare with the standards obtained. Where only a few have been examined, allowance must be made for the fact that two or three exceptionally developed children may seriously disturb the general average one way or the other.

TABLE I.—Average Heights and Weights of Children examined during 1913
(without boots).

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 ...	147	3	5 $\frac{1}{4}$	2	12 $\frac{1}{2}$	3	4 $\frac{1}{2}$	2	10 $\frac{3}{4}$
6 " ...	78	3	7	3	1 $\frac{1}{2}$	3	6 $\frac{1}{2}$	3	0 $\frac{1}{2}$
7 " ...	33	3	10	3	7 $\frac{1}{4}$	3	9	3	4 $\frac{3}{4}$
8 " ...	80	3	11	3	8 $\frac{3}{4}$	3	11	3	8 $\frac{1}{4}$
9 " ...	109	3	11 $\frac{3}{4}$	4	1	4	1	3	13 $\frac{1}{2}$
10 " ...	112	4	2 $\frac{1}{2}$	4	5 $\frac{3}{4}$	4	3	4	4 $\frac{1}{4}$
11 " ...	73	4	4 $\frac{3}{4}$	4	9 $\frac{1}{4}$	4	4 $\frac{3}{4}$	4	9 $\frac{3}{4}$
12 " ...	74	4	7 $\frac{1}{4}$	5	4	4	7	5	2 $\frac{3}{4}$
13 " ...	100	4	7 $\frac{3}{4}$	5	12	4	8	5	7 $\frac{1}{4}$
14 " ...	5	4	7 $\frac{1}{4}$	5	5 $\frac{1}{4}$	4	10	6	0
15 " ...	2	5	1 $\frac{1}{4}$	7	6 $\frac{1}{2}$	...	...	...	...

TABLE II.—Average Height and Weights of Children examined during 1913
(without boots).

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 ...	110	3	5 $\frac{1}{2}$	2	11	3	4 $\frac{1}{2}$	2	9 $\frac{1}{2}$
6 „ ...	87	3	7 $\frac{1}{4}$	3	0 $\frac{3}{4}$	3	6 $\frac{1}{2}$	2	13
7 „ ...	34	3	9 $\frac{3}{4}$	3	5 $\frac{3}{4}$	3	8 $\frac{3}{4}$	3	4
8 „ ...	52	4	0	3	10	3	10 $\frac{1}{4}$	3	6 $\frac{3}{4}$
9 „ ...	84	4	2	4	13 $\frac{1}{4}$	4	0 $\frac{3}{4}$	3	12 $\frac{1}{2}$
10 „ ...	86	4	2 $\frac{1}{2}$	4	4 $\frac{1}{4}$	4	3	4	23 $\frac{1}{4}$
11 „ ...	59	4	5 $\frac{3}{4}$	4	10 $\frac{1}{4}$	4	4 $\frac{1}{2}$	4	9 $\frac{3}{4}$
12 „ ...	61	4	7 $\frac{1}{2}$	5	3 $\frac{1}{2}$	4	6 $\frac{1}{2}$	5	33 $\frac{1}{4}$
13 „ ...	93	4	10 $\frac{1}{4}$	6	23 $\frac{1}{4}$	4	8 $\frac{3}{4}$	5	9 $\frac{3}{4}$
14 „ ...	7	5	1	6	11 $\frac{1}{2}$	4	10 $\frac{3}{4}$	6	31 $\frac{1}{2}$

Nutrition.

The term is used in a wide sense, and under-nourished must not be taken to mean that the child is necessarily obtaining insufficient or unsuitable food. All children who, for some reason or other, not quite definable, are not "thriving" are classed as under-nourished. Of the 1,525 children examined, 64, or 4.2 per cent., were noted as "under-nourished," as compared with 4.8 for last year, and 3.1 per cent. for 1911. Respecting "Nutrition" Dr. Bywater made the following remarks some time back, which are well worth recalling:—

"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 3645 children examined during the last three years 151 (4.14 %) 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 this year (4.2%) 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 I. 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 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 showing 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.

General Defects Discovered.

Table III. sets out the number of children examined in the course of routine inspection in the various schools and departments, and the number of children found with certain

defects. A single child may, of course, be suffering from more than one defect for which medical treatment is desirable, but from the nurse's "following up" register I find that 214 children were recommended for medical treatment, this number being approximately 14.0 per cent of those examined, as compared with 14.9 for the year 1912. Some further particulars of diseases and defects are given in the following paragraphs. The booklet already mentioned gives some brief notes upon these ailments, which I think it unnecessary to reproduce here.

Visual Defects.

Of the 976 children examined in the Senior Departments 110 (=11.3%) had defective vision to a greater extent than 6/9 in one or both eyes. In 42 of these cases the children were already provided with spectacles, although some of these required alteration of the lenses. 51 other children had slight visual defect, not calling for immediate treatment unless causing headache, etc. Of the 110 cases of marked defect, 3 were due to corneal opacity, the result of early inflammation of the eye. 11 cases of myopia were found, 6 amongst the senior boys and 5 amongst the girls. The percentages were as follows:—

542 senior boys examined, 6 were Myopic = 1.1%

434 senior girls examined, 5 were Myopic = 1.1%
as compared with 1.1% in the senior boys, and 2.8% in the senior girls in the year 1912.

Myopia or "short sight" is the kind of visual defect that is liable to be progressive. Although, no doubt, many factors enter into its causation, there is strong evidence in support of the view that eye-strain, especially of the young eye, is a potent one. Every effort is made to eliminate this factor while the children are at school, and parents are always warned to see that the same care is taken at home. If a child is "short-sighted," it is of the greatest importance that the eyes should be used as little as possible after school hours,

and home study in these cases at any rate while the child is young, is usually attended with bad results. I might add that the percentage of Myopic cases among our children is comparatively low, and I believe this is to some extent the result of the care taken during the school regime.

Squint.

30 of the children examined were observed to have a squint. 17 of these were in the senior departments and 13 in the infants'. Of the former, the majority had been treated at some time or other with correcting glasses, but of the 13 infants only eight wore glasses. In nearly all of the cases the sight of the squinting eye was very defective, and in some there was hardly any acuity of vision at all. Squint is a defect which requires early treatment and subsequent care on the part of those looking after the child. The rather unfavourable results now obtained in the treatment of squint, even when the spectacles (which are nearly always necessary) are supplied, are in a large measure due to the fact that in existing circumstances proper supervision is hardly possible. When the services of a school oculist are available, I anticipate that the question of squint will receive special attention, and his services should be available for those children who are suffering from this defect, but who are not yet old enough to attend school. Delay in treating a squint is the greatest obstacle to a successful result, and the earlier treatment is begun the better. All cases of squint should have properly supervised exercises under the control of the teacher and oculist.

Provision of Spectacles.

Of the 110 cases of serious visual defect 42 (=about 38 per cent.) were found wearing spectacles, not all of which had been properly prescribed by a skilled oculist. Of the 13 cases of squint among the infants, 8 were found wearing spectacles. Of the remaining 73 cases notified to the parents as requiring treatment 58 obtained it.

In those cases too poor to consult a private oculist, and if the parent is sufficiently persistent, a child with defective sight can usually obtain the proper prescription at one or other of the London Hospitals; if unable to afford the necessary spectacles, they are assisted by the Children's Care Committee. In the year under review, this Committee helped to provide 7 pairs of spectacles. I notice with regret that in several instances the children have been taken to opticians instead of a properly qualified oculist. It has been stated that some doctors have advised parents to do this, and have gone so far as to put atropine into the eyes for the convenience of an optician. Although this statement has been very definitely made to me, I am still incredulous, as I cannot easily believe that any doctor would give this advice or assist in such irregular treatment. To prescribe the correct glasses requires special training on the doctor's part, and I usually find that if the parents cannot afford the oculist's fee their doctor recommends them to take the child to a hospital. When we have the services of a school oculist many of the difficulties in connection with this important matter of eyesight will be solved.

External Eye Disease (Inflammatory).

47 cases were found; a very large proportion being mild cases of slight inflammation at the margins of the lids (Marginal Blepharitis). There were two cases of ordinary catarrhal conjunctivitis, and 3 of corneal opacity due to previous inflammation, and 1 case of cataract.

Discharging Ears.

Of the 976 senior children examined, 14 (=1.44 %) were found to be suffering from chronic discharge from the ears, and of the 549 infant children, 10 (=1.82 %) were found to be suffering from the same defect. The whole being equal to 1.58%. The necessity of having this condition attended to cannot be insisted upon too strongly.

Deafness.

40 children (=2.62%) were found to be suffering from deafness, which includes 24 of those suffering from discharge from the ears. Of these 40 cases, 29 (=72.5 %) were found in the Senior Department, and 11 (=27.5%) were found in the Infants' Department. The majority of these, however, were only defective in one ear. No child was so deaf as to render education in the ordinary class impossible. The existence of Adenoids, either present or in the past, was an important causative factor in many of the cases noticed.

Enlarged Tonsils and Adenoids.

Of the 976 children examined in the Senior Departments 28, 16 boys and 12 girls (= about 3 per cent.) had tonsils considerably enlarged, many of these being associated with Adenoids, and of the 549 children examined in the Infants' Departments 33, 15 boys and 18 girls (=3.4 %) were found suffering from similar defects. 41 boys and 34 girls of the Senior Departments, and 31 boys and 30 girls of the Infants' Departments, had some slight enlargement, but not to a sufficient degree to necessitate treatment unless associated with other conditions.

30 children, 13 boys and 17 girls, in the upper departments, and 24, 5 boys and 19 girls, in the lower departments, had obvious symptoms of Adenoids, and 90 children had been operated upon for enlargement of tonsils and adenoids previous to inspection. 68 children were found to be distinct mouth-breathers, that is, 4.46% of the children had some pathological condition affecting proper nasal breathing. Of 86 cases recommended for treatment, 64 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. 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.

Organic Heart Disease.

8 children were found to have definite disease of the valves of the heart. In each instance it was the Mitral valve which was the valve affected. Nearly all these children appeared to be in good health, and the disease was unsuspected in the majority of them. Rheumatism, St. Vitus's Dance, and Scarlet Fever are the commonest causes. The existence of heart disease has a very important bearing upon both the school life and the choice of a suitable occupation. In all cases these matters were discussed with the parents and the necessary instructions given to the teachers where a modification of school regime seemed desirable.

Functional Heart Disease.

This was found in 19 instances, 12 boys and 7 girls. By this term is meant some alteration in the action of the heart which is not apparently due to organic disease of that organ; for instance, irregularity or undue rapidity of the heart-beat. It is not infrequently due to a temporary disturbance of the nervous mechanism of the heart caused by an attack of acute

infectious disease. Occasionally this condition is very transitory, and caused by nervousness. Usually all that is required is rest and carefully graduated exercise.

Tuberculosis,

Among the 1,525 children examined, 5 cases of Phthisis were discovered, 4 boys and 1 girl. Two cases were taken in hand by the guardians and have now left the district and lost sight of. Of the remaining, one is being attended at the City Road Hospital and two are under medical treatment at home. All these cases have been notified. It may be of interest to note that at the present time 6 cases of children under the age of 14 are at present on our register notified as suffering from Phthisis, and 22 cases as suffering from other forms of Tuberculosis.

Mentally Dull or Backward.

44 of the children were thus described, 40 of them being in the Senior Departments and 4 in the Infants' Department. No physical cause to account for the backwardness could be discovered. This large increase in the numbers, as compared with last year, is due to the fact that the teachers have been asked to bring to the notice of the Medical Officer those children considered dull and backward.

Mentally Deficient.

8 children, 6 in the upper and 2 in the lower department, were provisionally described as mentally deficient; they were rather too young for the condition to be definitely determined. There was nothing in their habits or behaviour to render them objectionable to the teachers or other pupils, and they are at present attending school.

Deformities.

14 children were found to be suffering from some deformity, either congenital or acquired, these included:—

Pigeon chested	5	Rickets	2
Talipes	1	Spinal caries	3
Torticollis	1	Harelip	1
Deformity of Sternum	1		

Infantile Paralysis.

Two children had paralysis affecting ~~one~~ or more limbs. The cause of the disease appeared to have been Poliomyelitis occurring in each case at an early age.

Infectious Disease.

During the course of inspection 2 cases of Mumps were discovered, both being of such a mild degree as to be readily overlooked.

Clothing and Footgear.

Speaking generally, the clothes and boots are good, but in 83 instances this was not so.

[This much larger number is probably due to the fact that during 1912 the number of children examined at one of our poorest schools was many less than in the year 1913].

In these, although the children were not actually in rags and tatters, the condition of their garments or boots was seriously defective. The cleanliness of the children's clothes is not always all that can be desired, but at the routine inspections a little "tidying up" is evident. The use of pins to fasten the children's garments shows no sign of decreasing, and the Nurse has many occasions to regret that they are not even of the "Safety" variety.

An excellent plan was inaugurated some years ago of establishing a "Boot Club" in connection with the Schools. By this means the parents are enabled to keep the children well shod, and the cost is spread over a period of weeks or months. I am told that over 300 pairs of boots were obtained in this way during the year. A bonus of 2d. is given for every shilling saved and spent on boots.

Feeding of Children.

Owing to moving trade and the consequent small amount of unemployment, it was found unnecessary to undertake the provision of meals last year.

Swimming and Sports.

Instruction in swimming is given to the children from all the Schools, and many proficient swimmers are among the scholars. Organised games and sports are in vogue in all the schools, and two large playing fields for the use of the children in the Elementary Schools are being provided.

Physical and Breathing Exercises.

These are included in the Curricula of all the Schools, in accordance with the recommendation of the Board of Education, and special attention is given to those children who have any tendency to mouth-breathing.

Children's Care Committee.

Friendly visits are made to the homes by the members of this Committee in those cases referred to them, and every effort is made to induce or assist the parents to obtain the proper advice and to follow it. This Committee also endeavours to secure the welfare of children under school age, and I believe much useful work is done in this connection.

Uncleanliness—Head and Body.

Of the 1,525 children examined by the Medical Officer, 19 were noted as having dirty bodies, and 52 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; 142, that is about 9.3 per cent., were found to have nits in the hair. The cases were distributed in the departments as follows:—Of the 542 boys examined in the upper schools, 8 had nits in the hair (=1.4 per cent.); of the 434 girls in the upper schools 87 had nits (=20 per cent.); of the 290 infant boys, 5 (=1.7 per cent.); and of the 259 infant girls, 49 (or 19 per cent.), had nits in the hair. These figures are a considerable improvement on last year, when 14 per cent. of the children were shewn to have dirty heads.

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.

I wish to emphasise again that the subject is treated in a downright way, and a child is marked as "nitty" if only a few nits are observed. This should be made clear because when making comparison with other figures the strictness of the inspecting nurse is a factor to be taken into account.

The nurse computes that considerably more than 50 per cent. of the cases have only a *very few nits*, and the really bad ones are few and are at once excluded. It is pleasing to remark, however, that even without taking any account of these qualifications the condition of the children's hair in our schools compares very favourably indeed with other districts, and, what is more, is very rapidly improving.



School Attendance Prosecutions.

(Verminous Heads).

At the Highgate Police Court, September 24th, 1913. Case of a boy, aged 7 (Infants), 30 attendances out of a possible 48. Boy had been excluded by the Nurse and Medical Officer on account of "verminous condition." Case taken under School Attendance Bye-laws. The mother said she was quite willing for the child to go to school, but he was refused admittance. The Bench were satisfied that the child was excluded on reasonable grounds, and that the child had not made attendance in point of fact.—Fined 5s.

On November 26th a similar case was brought before the same Bench of Magistrates. The father appeared, and the case was adjourned for one month. A satisfactory result was obtained during the interim, and the prosecution was withdrawn.

"Admission Day" for Entrants.

A suggestion appears in the recently published Annual Report of the Chief Medical Officer of the Board of Education as to the possibility of fixing an "Admission Day" for each school in order that every child could be passed under review by the School Nurse before being enrolled. This has been carried into effect at the new school at East Finchley. The School Nurse attends at the school every Monday morning, upon which day only are any new-comers admitted. The Chief Attendance Officer is usually present, and at once follows up the cases in which the Nurse finds any condition which makes it undesirable for the child to mix with others. I look forward to the experiment proving so successful that the Committee will consider it possible to extend the arrangements to the other schools. [I may add, that this experiment has proved eminently successful, as anticipated by the late Dr. Bywater. I am informed that when this school was inspected by the late Medical Officer no instance was found of

children suffering from dirty heads. It is to be earnestly hoped that this most desirable procedure will be adopted in all the Finchley Schools in course of time.—J.R.P.].

“ Following Up.”

Tactful but persistent efforts are made to ensure that every child suffering from any physical defect shall receive appropriate treatment. Much of the work of the School Nurse is devoted to this important matter. A special register is kept for each school in which is written the name of the child and particulars of any defect discovered. The result of whatever action is taken is recorded, and no case is lost sight of. The Nurse also endeavours to keep in mind those children who have been recommended for treatment in previous years.

It has not been necessary to take any proceedings under the Children Act for the enforcement of treatment for a serious defect.

The Work of the School Nurse.

The following is an outline of the duties carried out by the School Nurse:—

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 uncleanness, 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 other defects in order to point out the advisability of obtaining 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. 5th.—She attends with the School Dentist at the dental clinic.

The Nurse keeps a diary of all her work, and also careful records of each case visited. The Nurse's work is at times exceedingly irksome and monotonous. The following is a brief summary of her work during 1912:—

SCHOOL VISITS:—

Attendance at Medical and Dental Inspection	...	156
Additional visits to Schools in connection with examinations as to general cleanliness, hair, etc.		433
Total number of visits to Schools	...	589

"DOMICILIARY" VISITS:—

Visits <i>re</i> cases of ringworm	...	...	149
Visits <i>re</i> defects found at time of Medical Inspection and general "following up"	...	...	371
Visits <i>re</i> uncleanness of head, etc.	...	...	384
Total number of visits to homes	...		904

Skin Diseases (Non-parasitic).

14 cases of skin disease were noticed, viz.:—Impetigo 2, Herpes Zoster 1, Eczema 7, Ichthyosis 3, Seborrhœa 1. The impetiginous cases were excluded, and were in most cases able to resume attendance after a few days.

Special Cases.

In addition to the 1,525 children examined in the course of the routine inspections, 111 special examinations at the request of the Nurse, Teachers, Attendance Officer, or the Parents themselves. 18 of the children were brought to the office and 93 were examined at the different schools. The cases were as follows:—

Ringworm	59	Debility	3
Glands (enlarged)	2	Colic	1
Adenoids and Tonsils	4	Incontinence	2
Alapecia	2	Accident	2
Phthisis	2	Dirty Heads	2
Phthisis (Query)	2		
Heart Disease	7	Dirty Heads	2
Eyesight	5	Mentally Deficient	2
Deafness	1	Injury	1
Sore Toe	1	Colitis	2
Skin Disease	9	Chorea	1
Sore Throat	1		1

**Ringworm and means taken to control
its spread.**

At the beginning of 1913 the number of children excluded on account of Ringworm of the Scalp was 13. During the year 22 additional cases were excluded, making a total number of 35 cases dealt with during 1913. At the end of the year 9 children were on the exclusion list. A large proportion of the 22 new cases were among new-comers to this district.

The following is a tabulated analysis of the cases:—

	No. of cases on exclusion list during 1913.	No. of cases readmitted during 1913	No of cases on exclusion list at Dec 31, 1913.
A	2	2	—
B	—	—	—
C	11	11	1
D	22	—	8
Totals	35	13	9

(A) Refers to cases excluded during 1910.

(B) Refers to cases excluded during 1911.

(C) Refers to cases excluded during 1912.

(D) Refers to cases excluded during 1913.

The steps taken to deal with this disease in the schools are, briefly, 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, and the necessary precautions taken to prevent the disease spreading to other children of the household.
- (c) Insistence upon some form of medical treatment being given. Facilities offered for X-Ray Treatment.
- (d) Examination by the School Medical Officer of every child excluded before being allowed to return to school. This is most frequently carried out at the Council Offices.

Every effort is made to prevent affected children being sent to Sunday School, but not always can this be ensured.

During 1913 the School Nurse made 149 visits to the homes in connection with cases of Ringworm, and 89 specimens of hair were microscopically examined by the School Medical Officer.

That success is attending our efforts is shewn by a comparison of the number of Ringworm cases on the Exclusion List at the following dates since the system has been completed.

Number of children on Exclusion List, Dec. 1909	48
„ „ „ Dec. 1910	28
„ „ „ Dec. 1911	19
„ „ „ Dec. 1912	13
„ „ „ Dec. 1913	9

[I doubt whether this number will be reduced.—J.R.P.]

Treatment.

During the year 1913 14 children received X-Ray treatment; 3 of these were excluded during the latter part of 1912, the remaining 11 in 1913. All have returned to school. The remaining 11 cases excluded in 1913 have been treated by drugs, 3 of which only had returned to school by 31st December, 1913.

Tables A and B set out particulars for each child. The most interesting point that emerges is that the average number of school attendances lost by children suffering from ringworm of the scalp was 447.3, as compared with 129.4 for the year 1912, in the case of those treated by ointment, etc., and 77.9 as compared with 79 for last year (1912), in those treated by X-Rays.

[It will be noticed that the average number of days lost amongst the former group is very much larger than in the year 1912, but the late Dr. Bywater particularly mentioned that this number was abnormally low owing to a number of slight and early cases, and was far below the number for 1911, when the average loss of attendances was 454.4, and in 1910 the average loss of school days was 153.3.—J.R.P.]

The sum of 12s. 6d. was received from the parents in respect of this treatment.

Table A.

123—124

Cases of Ringworm treated by X-rays (by Dr. Knox, at Highgate) at the expense of the Education Committee.

No. of case.	Date of exclusion.	Date of X-ray treatment.	Date of return to school.	No. of calendar days from exclusion to re-admission.	Total No. of School Attendances lost from exclusion to re-admission.	No. of calendar days from commencement of treatment to re-admission to school.	No. of School Attendances lost from time of treatment and re-admission to school.
1	3-5-12	18-6-12	4-2-13	275	300	231	253
2	21-9-12	17-10-12	4-3-13	164	179	138	151
3	1-10-12	8-1-13	29-3-13	179	196	80	87
4	2-10-13	14-11-13	5-12-13	64	70	21	23
5	4-1-13	30-5-13	12-7-13	189	208	42	46
6	23-4-13	30-4-13	14-7-13	82	89	75	82
7	22-4-13	16-5-13	5-7-13	74	81	50	56
8	22-4-13	16-5-13	19-7-13	88	96	64	70
9	2-6-13	7-6-13	1-9-13	91	100	86	94
10	3-6-13	7-6-13	14-7-13	41	45	37	41
11	3-6-13	9-7-13	18-8-13	76	83	40	44
12	3-6-13	9-7-13	18-8-13	76	83	40	44
13	1-7-13	6-9-13	4-10-13	95	104	28	31
14	17-9-13	21-10-13	23-12-13	97	106	63	69
Total ...	...	..	...	1591	1740	995	1091
Averages...	...	...	...	113.6	124.3	71.1	77.9

Table B.
Cases of Ringworm treated by Chemical Applications
(Ointment, Iodine, etc.)

No. of cases	Date of exclusion	Date of return to School	No. of calendar days lost from exclusion to return.	No. of Attendances lost from exclusion to return
1	8-7-10	14-2-13	951	1042
2	8-7-10	14-2-13	951	1042
3	23-2-12	16-7-13	508	557
4	3-3-12	23-12-12	296	324
5	6-5-12	22-9-13	504	552
6	3-9-12	13-5-13	252	276
7	3-9-12	1-9-13	363	402
8	19-9-12	3-3-13	165	180
9	1-11-12	10-11-13	374	409
10	3-3-13	6-10-13	217	237
11	3-4-13	23-8-13	142	155
12	30-6-13	23-12-13	176	192
Totals ...	...	...	4899	5368
Averages	...	...	408.3	447.3

Facilities for Treatment.

The arrangements made by the Committee for the X-Ray treatment of ringworm, and also the work of the Dental Clinic, are set out in this report. Advice is given by the School Medical Officer in some cases for slight ailments which the parents think too trivial for the expense of private medical advice, and, if necessary, the Nurse supervises treatment. A great many children obtain operative treatment of Tonsils and Adenoids at the various London Hospitals, and an increasing number appear to resort to the Finchley Cottage Hospital.

Most of the children who were wearing spectacles had had these prescribed at the eye hospitals. A large number of children from this district obtain treatment at the Great Northern Central Hospital, Holloway Road, N.

The following table refers to those children who were found to have defects at the time of the *routine* medical inspection by the School Medical Officer, *and who had not then obtained treatment*. It does not include children recommended to obtain dental treatment, nor the number of minor ailments which were not specially "followed up" given during 1913:—

Result^m of Advice to obtain Treatment.

Nature of Defect for which treatment was advised	Number of Cases	RESULT		Percentage obtaining Treatment
		Obtained Treatment	Nothing Done	
Defective Vision, Squint, etc.	83	58	25	Approx. 70
Diseases of the Ear ...	24	24	—	„ 100
Diseases of the Circulatory System	8	8	—	„ 100
Enlarged Tonsils and Adenoids	86	64	22	„ 67
Anæmia, Debility, etc. ...	13	13	—	„ 100
Total	214	167	47	—

The “special cases” recorded on page 120 are not included in the above table.

Dental Clinic.

I referred in my last report to the Dental Clinic which the Committee had established. This has been in existence for over two years.

It will be recalled that it was decided to institute a Dental Clinic in connection with the public elementary schools, and Mr. Heydon, L.D.S., of Finchley, was appointed in the autumn of 1911 to undertake the work and to devote one half-day per week to it.

A room at Squires Lane School was fitted with the necessary apparatus and first used in October, 1911, and in 1913 was transferred to the special room at the new school.

The arrangements are briefly these:—All the children under nine years old in each school are first examined by the dentist, and the names of those who require treatment of the *permanent* teeth entered in a register with details as to the treatment required. A letter is then sent to the parents informing them that the child's teeth require treatment, and giving them the opportunity of interviewing the School Medical Officer on a date stated. (See Form A in Appendix.) The doctor then attends at the appointed time and place, explains to the parents what is required and if it is decided to treat the child at the Clinic the parent signs the necessary form. (See Form B in Appendix.) The contribution towards the cost of treatment which each parent makes varies from 6d. to 2s. 6d. per child, and is fixed according to the circumstances of the case; the doctor is helped in assessing this by a report upon the social condition of the parents, which is supplied by the Attendance Officers through the Education Department. The average amount recovered is a little under one shilling per child. Arrangements are subsequently made for the children to be treated and a card is posted to the parents two or three days before the appointment. (See Form C in Appendix.) The School Nurse attends on all days of examinations or treatment.

The *examination of the children* is made at their own schools, and the dentist uses mirrors and probes. They go out of their classes one at a time and are not in the least alarmed. No trouble whatever has been experienced.

The *interview with the parents*. The doctor has found it suits parents better to attend the school rather than the office. About 60 per cent. attended, another 5 per cent. sent word to say that they could not attend for various reasons (principally "work"). In the latter cases the Nurse visited the

homes. A few sent word to say they would have the matter attended to, but practically 35 per cent. ignored the question. Of those who attended, 7 decided to take the child to their own dentist, and the others wished for the treatment to be carried out at the Clinic.

In practically all the cases the parents had to be convinced by the doctor that the child had any "permanent" teeth. It was urged that they were all "milk teeth" and "would soon be coming out." After they had been convinced on that point they not infrequently insisted that the teeth in question were sound—the truth being that in the majority of cases the decay is so slight that it can only be detected by the aid of the mirror and probe. I surmise that many of the 35 per cent. who ignored the letter were influenced by some such consideration and that it was not all simple parental indifference.

As to treatment. As stated above, in most cases the decay was so slight that the "stopping" caused no pain whatever, and the children have behaved splendidly. In one or two cases only did the child show any alarm, and in these it was merely nervousness, which was easily overcome.

The success and smooth working of the Clinic has been almost entirely due to the keen interest Mr. Heydon has taken in the work, and especially to his kindness and tact in dealing with the children, by which he has secured their confidence.

APPENDIX.

Statement of Work carried out at the Dental Clinic during the 12 months ended September 30th, 1913.

Number of children examined by the dentist	...	1740
Number of children found to have defective "second" teeth	... ..	307
Number of children whose parents interviewed the doctor with respect to treatment	... ..	184
Number of children whose parents wished arrangement to be made for treatment at Dental Clinic		163
Number of children who actually received treatment		181
Number of teeth "filled"	... ..	314
Percentage of children under nine years of age who had one or more defective "second" teeth was		17.6
The average number of defective teeth per child with such was	... ..	2.4

FORM A.

Finchley Urban District Council.

Education Committee.

Medical Officer's Department,

Council Offices,

Church End, Finchley, N.

To the Parent or Guardian of
191.....

Dear Sir (or Madam)

Medical Inspection of Children.

Our dentist advises that your child's teeth require attention. If you will call at.....on.....
 at.....o'clock I shall be glad to speak with you on the matter, and see whether I can arrange for the treatment to be carried out at a reasonable cost.

Yours faithfully,

F. W. BYWATER, M.D.,

School Medical Officer.

FORM B.

To the Finchley Urban District Council.
Education Committee.

I hereby request that arrangements be made for the dental treatment of my child..... as explained to me by your Medical Officer.

I hereby agree to pay the sum of..... shillings and.....pence towards the cost thereof.

(Signed).....

(Parent or Guardian).

Address.....

Date.....

FORM C.

Finchley Education Committee.

To Mrs.....

On presenting this Card to our Dentist (Mr. A. G. Heydon, L.D.S.), at the Dental Clinic at Squires Lane School on Friday afternoon the..... at.....your child's teeth will be attended to.

F. W. BYWATER, M.D.

School Medical Officer.

Financial Statement.

ESTABLISHMENT—

	£	s.	d.
Total cost of establishment and equipment of dental clinic	65	14	8

WORKING AND MAINTENANCE DURING THE 12 MONTHS—

Dentist's salary (57 half-days at £1 1s. per half-day)	59	17	0
Equipment	14	2	5

The amount recovered from the parents in respect of treatment was £9 13s., or an average of 1s. 0 $\frac{3}{4}$ per child.

North Road Council School.

During the year a new Council School accommodating 500 Senior and 500 Junior Children was opened. It is fitted with a school clinic at which eyes, teeth and small ailments will be dealt with. In connection with the Junior Department an open-air class room has also been provided. A special feature has been made of cross ventilation and lighting, and the windows are so geared that practically the whole of one side of a class room can be thrown open to the air. At this school children are only admitted on one day in the week, when the School Nurse is in attendance; this has resulted in a marked effect upon the cleanliness and general condition of the children.

Sanitation of the School Premises.

Practically all the recommendations made in my last report have been carried into effect.

The sanitation and hygiene of the school premises is kept up to a high standard in all the "Provided" schools, and so far as the structure will allow, every effort is made to bring the older "Non-Provided" schools up to as high a pitch as is possible. No serious defect exists upon any of the school premises, and what improvements are necessary are usually concerned with better provision for ventilation or warming.

Ventilation and Warming.

I do not think it necessary to add much to my general remarks upon these matters made in last year's report. Wherever possible efforts have been made to secure through ventilation of the class-rooms, and to improve existing means of ventilation in all the school premises. I find that most of the teachers are very anxious to keep the air of the class-rooms as pure as possible, and in the few cases where I have expressed dissatisfaction with the condition of the atmosphere it has been due to some defect in warming, which it has been attempted to remedy at the expense of ventilation.

In a varying climate such as ours any natural means of ventilation require to be used with discretion, but in no case ought the air of a class-room to appear close or stuffy to anyone entering it. It is easy, however, to understand how anyone working in the room may be so occupied with other matters as not to notice this, and that is why the head teacher, who goes from room to room, is in a good position for supervising the ventilation of the whole school. The question of warming is intimately associated with that of ventilation; where the former is deficient it is impossible to use the means of ventilation to their full effect.

Lighting.

Natural and artificial lighting is good in nearly all the class-rooms, and where the light is in any way defective those parts of the room are not used by children when doing "near" work.

Washing and Drinking Arrangements.

These appear to be sufficient in most of the schools. The daily renewal of all roller-towels is now provided for in all departments.

Drinking cups of smooth aluminium are provided in most of the schools and seem to be quite satisfactory. I believe it would be possible to educate all children to just rinse the cup inside and out before drinking from it. This would tend to diminish any danger of infection by these appliances. No case of impetigo or other skin disease occurred during the year in which there was any evidence that it had been contracted by the use of the common drinking cup.

Cloak Rooms.

In the newer schools the accommodation appears sufficient and the rooms are well ventilated. Improvements have been carried out in some of the older ones and there is now less to complain of. It appears difficult to obtain good cloak-room accommodation in schools built long ago.

Sanitary Conveniences and Urinals.

There are sufficient sanitary conveniences of an approved type in connection with all the schools and these are clean and well kept.

Playgrounds.

The extent and surface of the playgrounds are an excellent feature in most of the schools. The recent pavement of the playground at St. Mary's has made a very great improvement there. I should like to see some extension of the tarpaving at the rear of Christ Church School; if only some broad paths were so paved it would be acceptable.

Cleaning of the Schools.

The general arrangements for school cleaning remain as stated in the last report, and I have not heard any complaint of negligence upon the part of the caretakers. Whenever I have visited the schools I have always found the school premises, offices, etc., clean and well kept. The dust preventing solution which is applied to the floors in some of the schools is reported upon favourably.

Fire Drill.

A complete system of fire alarms is installed in all the schools and fire drill is carried out at least once in three months. On these occasions I have noticed that the arrangements for rapidly emptying the schools work very smoothly, and all the children are out and filed up in the playground in a surprisingly short time.

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Annual Report

OF THE

Sanitary Inspector

For the Year 1913.

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

GENTLEMEN,—

I have the honour to present to you my Twelfth Annual Report dealing with the work carried out by your Sanitary Inspectors during the year 1913, in connection with the administration of the numerous Acts of Parliament and bye-laws in force within the district.

The total number of inspections made during the year was 9,361, as compared with 8,763 in 1912. On 984 of the premises visited, nuisances to the number of 2,010 were discovered, and in dealing with the sanitary defects from which they arose 211 "Intimation" Notices with respect to 418 premises and 147 "Statutory" Notices were served. The numbers of letters written and received with reference to the business of the department was respectively 1,115 and 937. At the end of the year 1,855 of the nuisances discovered had been abated, the work of remedying 63 was in hand, and the remaining 92 were outstanding. In order to ascertain that the sanitary defects were being properly remedied 1,824 visits were paid to the respective premises while the work was in progress.

The necessity for a thorough system of inspection of sanitary works in progress is exemplified by the number of defects which are constantly discovered as the result of the examinations and tests which are made. Alterations and amendments, which are not infrequently required, can also be made with the minimum amount of trouble and expense, if dealt with before the work is far advanced.

The customary systematic inspection of the district has been well maintained, and a large number of insanitary conditions have been removed. It will be observed from the items enumerated in the summary of improvements carried out that a considerable amount of structural work has been executed, which should prove beneficial to the health and comfort of the inmates of the dwelling houses dealt with.

As hitherto, the inspectorial work has been carefully organised with a view to devoting sufficient time to each particular matter which comes within the jurisdiction of the department. The total number of inspections recorded shows a considerable increase above that of any previous year, and special attention has been devoted to the following matters, viz., house to house inspection; special inspections for the investigation of complaints and other reasons; supervision and testing of all drainage and general sanitary works executed in connection with existing buildings; inspection of dairies, cowsheds, milkshops, factories, workshops, slaughterhouses, bakehouses, restaurants, butchers', fruiterers' and fishmongers' shops; the inspection of meat and other foods and of premises where foodstuff is deposited or prepared for sale. Visits have also been made in connection with the administration of the Petroleum Acts, and the Shops Act, 1912.

In accordance with the instructions of your Medical Officer of Health the necessary enquiries have been made in respect to each case of infectious disease, and his directions have been promptly carried out in respect of the disinfection of the premises.

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. In a few instances some little delay occurred before the needful work was proceeded with, but, with these exceptions, owners and others have readily complied with the suggestions made to them in respect to the sanitary improvement of their property.

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.

Inspections.

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

House to House Inspections	...	...	...	443
Special Inspections	...	...	...	1897
Re-Inspections after Order or Notice	...	...	...	2841
Visits to Works in progress	...	...	...	1824
Visits to Factories and Workshops (including Bake-houses)	...	...	...	409
Visits to Slaughterhouses	...	...	...	294
Visits to Cowsheds, Dairies, and Milkshops (excluding visits of M.O.H. and Veterinary Inspector)	...	...	...	140
Visits to Ice Cream Premises	...	...	...	47
Visits to Food Shops	...	...	...	408
Visits <i>re</i> Infectious Disease	...	...	...	714
Miscellaneous	...	...	...	344
Total number of inspections and re-inspections				9361

Drainage.

Number of old Drains examined, tested, exposed, etc.	115
Number of Houses and Premises re-drained ...	73
Repairs or Amendments to existing Drains ...	9
Drains or Gullies unstopped and cleansed ...	40
Length in yards of Stoneware Drains laid ...	1868
Length in yards of Heavy Cast-iron Drains laid ...	280
Manholes provided	101
Manholes altered and repaired	36
Intercepting traps fixed	51
Fresh Air Inlets repaired	21
New Gully Traps fixed	245
New Soil Pipes and Ventilating Shafts fixed ...	71
Soil Pipes and Ventilating Shafts repaired ...	22
Water Tests applied	487
Smoke Tests applied	121
Air Tests applied	74
Chemical Tests applied	3

Water Closets and Sanitary Fittings.

New w.c. basins fixed	137
W.C.'s unstopped, cleansed or repaired	21
New Flushing Boxes fitted to w.c.'s	17
Existing Flushing Boxes repaired	51
Flush Pipe connections repaired	10
New w.c. Apartments provided	3
W.C. Apartments lighted, repaired and ventilated	2
Lavatory Basins provided	12
New Impervious Sinks provided	54
New Waste Pipes fixed	44
Waste Pipes repaired or unstopped	30
Existing Waste Pipes trapped	101

Sanitary Conveniences.

New Urinals constructed	...	...	...	6
Insanitary Urinals closed	...	...	...	2
Urinals cleansed and repaired	...	...	...	4
Urinals altered and amended	...	...	...	2

Miscellaneous.

Roofs repaired	...	...	...	43
Eaves Guttering renewed	...	...	...	16
Eaves Guttering cleansed and repaired	...	...	...	35
New Stack Pipes provided	...	...	...	3
Existing Stack Pipes repaired or unstopped	...	...	...	62
Existing Stack Pipes disconnected from Drains	...	...	...	70
Damp Walls remedied	...	...	...	26
Ventilation under floors provided	...	...	...	76
Yards paved	...	...	...	91
Paving of Yards repaired	...	...	...	48
Mews or Stables Paved	...	...	...	6
Floors of Rooms repaired	...	...	...	29
Floors of Rooms relaid or paved	...	...	...	8
Bakehouses cleansed and limewashed every six months.				
Improvements to Dairies and Cowsheds	...	...	...	5
Cowsheds cleansed and limewashed every six months.				
Slaughterhouses cleansed and limewashed every three months.				
Rooms repaired, cleansed and limewashed	...	...	...	249
Windows repaired and made to open	...	...	...	26
Additional Ventilation to Rooms	...	...	...	19
Workrooms cleansed and repaired	...	...	...	20
Cisterns repaired, cleansed and covered	...	...	...	101
Movable sanitary dustbins provided	...	...	...	136
Nuisances from overcrowding abated	...	...	...	17
Nuisances from animals abated	...	...	...	9
Accumulations of manure and refuse removed	...	...	...	11
Miscellaneous	...	...	...	45

Infectious Disease and Disinfection.

Cases of infectious disease notified (excluding Phthisis)	168
Number of rooms fumigated after infectious disease	150
Verminous rooms fumigated	3
Number of articles disinfected	4117

N.B.—In addition to the above work of disinfection, 41 stovings of bedding, etc. (589 articles) were carried out, and 27 patients were removed to Hospital for the Friern Barnet District Council. Fifteen stovings of bedding, etc. (208 articles) were also carried out for the Hendon District Council.

House Drainage.

Existing house drains, which for various reasons 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 was the subject of special investigation, and, as a result, 120 were found to be more or less defective.

In all, the drains of 73 houses were entirely reconstructed during the year, and the existing drains of 9 other premises were properly repaired. No less than 39 of the premises re-drained were provided for by means of 13 combined systems of drainage.

This work involved the laying of 1,868 yards of stoneware and 280 yards of heavy cast-iron coated pipe drains, 71 soil pipes and ventilating shafts, 51 intercepting traps, 245 stoneware gullies, 137 w.c. basins, and 17 flushing cisterns were fixed, and 101 manholes were built. In regard to the existing sanitary fittings, 51 flushing cisterns, 21 water closets, 22 soil pipes and 36 manholes were repaired, and 40 drains or gullies

were unstopped and cleansed. Some 131 bath, lavatory and sink waste pipes were repaired or trapped, and 44 new waste pipes and 54 new glazed sinks were fixed. A large number of other miscellaneous items were also properly dealt with. In connection with this work 487 water tests, 121 smoke tests, and 74 air tests were applied.

The practice which has been adopted in this department in past years of passing a steel device through the pipes on completion of the work, and of testing all new drains with water *after* the ground has been filled in, has been continued.

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.

House-to-House Inspection.

The provisions of Section 17 of the Housing, Town Planning, etc., Act, 1909, and the regulations made thereunder by the Local Government Board, impose upon every local authority the duty of causing to be made from time to time inspection of their district, 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 system of house-to-house surveys which was instituted in Finchley many years prior to the passing of the above-mentioned Act has been continued as heretofore, and fully complies with the requirements of the Act and regulations referred to.

Every house visited under this system is subjected to a most careful inspection. The scope of the investigations is of a comprehensive character, including all matters connected with the dwelling houses which are likely to prove prejudicial to health, such as the structure of the houses generally, the condition of the drains and sanitary appliances, water supply

and storage, yard paving, storage of refuse, condition of the dwelling houses in regard to light, free circulation of air, dampness and cleanliness, overcrowding and as to the existence of miscellaneous sanitary defects. The register of house-to-house surveys is kept on the card index principle, and in conjunction with references to other registers, drainage plans, etc., which are also kept in the department, constitute a complete and reliable record of the inspections made and the result of action taken.

Four hundred and forty-three house-to-house surveys were made during the period under review, as compared with 407 in 1912, and 415 in 1911.

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

Birkbeck Road, North Finchley	...	29 houses
Theobalds Avenue, North Finchley	...	21 „
Fredericks Place, North Finchley	...	19 „
Stanhope Road, North Finchley	...	59 „
Summers Lane, North Finchley	...	14 „
Avenue Road, North Finchley	...	55 „
Woodside Lane, North Finchley	...	5 „
Dale Grove, North Finchley	... ..	34 „
Albion Cottages, Great North Road, North Finchley	... ..	2 „
East End Road, East Finchley	...	20 „
Hamilton Road, East Finchley	...	42 „
High Road, East Finchley	... ..	18 „
Bedford Road, East Finchley	... ..	92 „
Manor Cottages, East Finchley	...	21 „
Albert Place, Church End, Finchley	...	5 „
Ballards Lane, Church End, Finchley	...	5 „
Dollis Road, Church End, Finchley	...	2 „
		<hr/> 443 „ <hr/>

As a result of these inspections, no less than 988 nuisances were discovered and dealt with, and these are enumerated in the appended summary:—

Houses unfit for human habitation	...	...	2
Defective drains	...	...	14
Defective and short ventilating shafts to drains			30
Defective manhole covers	...	...	6
Blocked drains and w.c.'s	...	...	8
Defective and insanitary w.c. basins	...	...	39
W.C. flushing boxes out of order	...	...	28
Defective connections between w.c. flush pipes and basins	...	...	3
Defective house roofs	...	...	37
Dirty and defective ceilings and walls of rooms			161
Defective floors of rooms	...	...	24
Insanitary stone troughs	...	...	59
Defective and untrapped waste pipes	...	...	52
Defective or insufficient yard paving	...	...	82
Rain water stack pipes in direct connection with drains	...	...	48
Absence of or defective eaves guttering and stack pipes	...	...	57
Nuisances from dampness	...	...	63
Absence of ventilation under floors	...	...	110
Windows not made to open	...	...	10
Dirty and uncovered service water cisterns	...		63
Defective ashbins	...	...	37
Accumulations of refuse	...	...	5
Nuisances from Animals	...	...	16
Miscellaneous	...	...	59

Houses Unfit for Human Habitation.

During the year two dwellings were found to be in such a state as to be unfit for human habitation, and, as a result of representations made by the Medical Officer of Health, the Council made closing orders under Section 17 of the Housing, Town Planning, Etc., Act, 1909, in respect of these premises. One of the dwellings known as Cromwell Cottage, East End Road, East Finchley, has been demolished, and the other premises known as The Cress Beds, Regents Park Road, are no longer used for human habitation.

A small one-storey detached building at East Finchley, called Luckville and Oxford Cottages, which was represented as being unfit for human habitation towards the end of last year, has since been put into habitable condition, a considerable amount of work having been carried out and the building adapted for the occupation of one family only.

Operation of Sections 14 and 15 of the Housing, Town Planning, etc., Act, 1909.

Under Sections 14 and 15 of the Housing, Town Planning, Etc., Act, 1909, any contract made after the passing of that Act, for letting for habitation, a house or part of a house at a rent not exceeding £16 per annum, in a district of less than 50,000 population, there shall be implied a condition that the house shall be kept and maintained by the landlord in all respects reasonably fit for human habitation. The local authority has power to enforce this condition by the service of notices in regard to sanitary defects, to execute remedial work in default and to recover any expenses thus incurred.

The estimated number of houses within the district of Finchley let at a rent not exceeding £16 per annum is 193, and, according to the house inspection records, the provisions of Sections 14 and 15 apply with respect to 35 of these houses, the tenancy of which commenced subsequent to the passing

of the Act. So far, however, it has not been necessary to initiate any proceedings under the above-mentioned Sections. All the houses let at the specified rent, independent of the existence of any implied contract between landlord and tenant, have been thoroughly inspected from time to time, and the simple procedure of communicating with the owners by letter, or in a few instances the serving of statutory notices under the Public Health Act, 1875, has proved quite sufficient to secure the prompt remedy of all sanitary defects discovered.

During the year 1913, a large proportion of the houses selected for inspection under the house-to-house system were of a higher rental value than usual and of the 443 houses inspected only 21, or 4.74 per cent., were let at a rent not exceeding £16 per annum.

Prevalence and Evils of Sub-Letting in Dwelling Houses.

For many years past the smallest type of dwelling-house erected in Finchley by private enterprise has a rental value which is far beyond the means of the average working man. As a consequence of this, and the considerable influx of work-people due to the development of the district, there is unquestionably a considerable shortage of housing accommodation to meet the demands of the artisan class. The existing small houses, many of which are old and unsatisfactory, are never vacant, and, if the tenant is likely to leave, there is invariably keen competition amongst a number of applicants for the privilege of taking over the tenancy long before the out-going occupant gives up possession. The Council has already taken steps to remedy this evil by the introduction of an excellent housing scheme, which, when fully developed, provides for the erection of 300 dwellings. Detailed particulars of this scheme will be found on pages 76 & 77 of the report of the Medical Officer of Health.

One of the results of the inadequacy of the existing housing accommodation to which I desire to especially refer

is the continual extension of the *sub-letting* system. In order to secure a house in which to live many working men are compelled to rent houses considerably beyond their means and to recoup themselves by sub-letting. In other cases, houses originally constructed for the occupation of one family, are let off by the owners themselves to two or more families according to the size of the premises. In a very small proportion of cases this may not be objectionable owing to special circumstances, but, as a general rule, it is a most important and distinctly unfavourable factor in connection with the sanitary condition of dwelling houses. The responsibility for maintaining certain parts of the house in a proper condition is divided between two or more occupiers, and results in neglect and a reduced standard of cleanliness. Many of the houses are structurally unfit for such occupation, due to the insufficiency and unsuitable position of the sanitary accommodation. Small bath rooms are used as sculleries, the bath being frequently used as a receptacle for miscellaneous rubbish, and domestic refuse is often kept for hours in rooms or on landings to save the trouble of a journey to the ashbin in the common yard. In some cases, cleanliness is discouraged by the inconvenient position of the water supply and the absence of proper provision for carrying off refuse water. A notable feature is also the absence of larders or any proper facilities for the storage of food, especially on the upper floors. This system of housing may also be the means of bringing together in the same house families of widely diverse habits with very bad results, and, generally, it militates against a healthy environment, is inimical to the privacy, morality and usual amenities of the home and also results in a serious depreciation of property. There can be no doubt that occupants of these houses could, in many instances, greatly improve the conditions of their home life, but it cannot be disputed that they are the victims of a housing system which is unquestionably bad and it is extremely difficult, if not impossible, to alter or check the growth of such a system under existing economic conditions in a district such as Finchley without the aid of the local authority.

With respect to the actual prevalence of "sub-letting" according to the Census for 1911, there were in Finchley 7,186 dwelling houses and flats (excluding shops, hotels, institutions and other buildings used as dwellings) and of these there were approximately 1,212 or 16.86 per cent. occupied by more than one family. In this connection I have examined my records of house-to-house surveys in respect of some 500 houses and I find that the number in which one or more rooms were sub-let was 229 or 45.8 per cent.

Overcrowding in Dwelling-Houses.

The number of houses found to be overcrowded during the year was 27.

It is not easy to obtain accurate information respecting the number of occupants of dwellings, as many tenants are averse to giving these particulars when it may result in them being compelled by the local authority to remove from the premises. For this reason many cases of overcrowding, doubtless, escape detection by the inspectors.

To obtain the necessary air space required occupiers of dwellings frequently resort to the permanent occupation of kitchens and sitting rooms as bedrooms.

Factory and Workshop Act, 1901.

The Factories, Workshops or Workplaces on the Register number 244. The provisions of the Factory and Workshop Act, 1901, 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 for bakehouses.
- (4) Homework.

The details of work done by your Inspectors are recorded as far as practicable, in the tabulated statement on pages 84—86 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.

Dairies, Cowsheds and Milkshops.

The Regulations made by the Council under the Dairies, Cowsheds and Milkshops Order, 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 action being taken in regard to certain minor infringements, several structural improvements have been carried out. In one instance better facilities for cleansing an existing cowshed were provided by rendering the whole of the lower part of the walls with Portland cement. In another case a stable building was altered and adapted for use as a cowshed. The alterations included an entirely new floor and drains, new windows and permanent vent openings in walls and roof and cement rendering on lower part of walls.

During the year only one dairyman and purveyor of milk was registered under the Dairies, Cowsheds and Milkshops Order, 1885. In one instance a shopkeeper desired to keep milk for sale, but as the premises were quite unsuitable, a formal application for registration was not made.

The proprietorship of two premises changed hands, one cowshed was closed, and at the end of the year business was being carried on by the persons registered under the Order of 1885, as follows:—

Dairymen or Purveyors of Milk	...	...	34
Cowkeepers, Dairymen and Purveyors of Milk	...		7
Cowkeepers	...	...	3
Purveyors of Milk who reside outside the district			
but retail milk in the district	...	...	13
			<hr/>
			57
			<hr/>

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 39.

In several instances, the conditions under which ice cream was being manufactured were not satisfactory, and these cases were suitably dealt with.

Slaughterhouses.

During the year, the slaughterhouse situated at Lodge Farm, The Bishops Avenue, East Finchley, was permanently closed, the land belonging to this farm having been secured for building purposes in connection with the extension of the Hampstead Garden Suburb.

A change of occupation occurred at No. 55, High Street, North Finchley, for the second time during the last two years, and the new occupant has been duly licensed.

There are now eleven private slaughterhouses in the district, and the occupier of each of the premises is licensed by the Council for a period of not less than one year.

With one or two exceptions, all the slaughterhouses are old buildings, which show little or no evidence of having been expressly designed for the purpose for which they are used.

As a result, these old buildings are, structurally, far below the hygienic standard which is desirable in buildings used for the preparation of human food. They have, however, been in continuous use as slaughterhouses for very long periods, and they are well managed by the present occupiers.

In one instance, a slaughterhouse was improved by rendering the lower part of the walls with Portland cement and the wooden floor of the adjoining shop, which is now used as a cooling chamber, was removed and a floor of impervious material was substituted in lieu thereof.

Several other minor improvements and repairs were carried out at other licensed premises.

The slaughterhouses are, as a routine practice, kept under constant observation, and the necessary steps are taken, as far as practicable, to detect any diseased condition in the carcase or offal of any animal killed therein, and also to secure proper compliance with your Council's bye-laws in respect to cleanliness, removal of offal, limewashing, etc.

Humane Slaughtering of Animals.

Section 9 of your Council's bye-laws with respect to slaughterhouses provides as follows:—

“Every occupier of a slaughterhouse and every servant of such occupier and every other person employed upon the premises in the slaughtering of cattle shall, before proceeding to slaughter any bull, ox, cow, heifer or steer, cause the head of such animal to be securely fastened so as to enable such animal to be felled with as little pain or suffering as practicable, and shall in the process of slaughtering any animal use such instruments and appliances, and adopt such methods of slaughtering and otherwise take such precautions as may be requisite to secure the infliction of as little pain or suffering as practicable.”

During the year, the question of the various methods adopted by the local butchers for the slaughtering of animals was considered by the Public Health Committee, with a view to ascertaining whether the provision of Section 9 of the slaughterhouse byelaws was sufficiently wide and explicit to ensure that all animals were killed in such a manner as to prevent the infliction of unnecessary pain.

The precise and most humane manner in which all food animals should be killed is a somewhat difficult problem, the solution of which will require considerable care and not a little practical experience.

A large number of persons who have devoted much attention to this subject claim, with commendable humanitarian sentiment, that all animals, without exception, should be rendered unconscious, *i.e.*, *stunned*, before blood is drawn. Many, if not the majority of butchers and slaughtermen, however, reject this proposal, and suggest that the modern so-called humane slaughtering implements are imperfect, liable to failure at the critical moment of actual use, and may prove dangerous to men engaged in the slaughterhouse.

That great care requires to be exercised in order to arrive at a satisfactory decision is quite evident to all who have had practical experience of the slaughtering of animals. Any new method which may be hereafter employed to produce insensibility as a preliminary to slaughter, must be certain in action and practically free from risk of failure, or otherwise the suffering of animals may be increased rather than alleviated, especially in the case of sheep and pigs.

Members of the Public Health Committee have wisely decided to witness the operation of the various methods of slaughter, both *old* and *new*, and one demonstration has already taken place.

In due course a report will be issued.

The object of the investigation is the abolition of cruelty and suffering in the slaughterhouse, if it is proved to be inflicted in any unnecessary degree, an object which has the whole-hearted support of every right-thinking member of the community.

It should be a *sine qua non* in every slaughterhouse that the prevailing methods of slaughter should ensure that the infliction of pain is brought down to the irreducible minimum, and should it be found that the bye-laws in force within the district of Finchley require alteration or amendment, no doubt action will be promptly taken by the Council.

Meat and Food Inspection.

During the year systematic inspection has been made with a view to the detection of diseased, unsound or unwholesome food, and to ensure that foodstuff was prepared or stored under proper sanitary conditions.

The sanitary condition of several business premises where food is prepared for sale were dealt with and structurally improved.

In addition to the inspection of slaughterhouses, the other food premises have been inspected, more particularly the fishmongers and fried-fish shops, butchers' shops and sausage-making rooms, fruiterers' premises, cooked-meat shops, etc. A considerable number of inspections have been made in this connection at night after the ordinary office hours.

The slaughterhouses are always visited, as far as possible, while slaughtering is in progress, and a large number of carcasses have been examined.

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

One carcase of pork (tuberculosis), 11 sheeps' livers, 2 pairs of sheeps' lungs, 1 box of skate, and 28lbs. of potatoes.

Sanitary Conveniences at Licensed Premises.

The powers of local authorities with respect to sanitary conveniences at licensed premises, refreshment houses and places of public entertainment were extended by the provisions of Sections 43 and 44 of the Public Health Acts Amendment Act, 1907. Your Council having adopted this part of the Act, have power to require the removal of any sanitary convenience opening on any street, which is so placed or constructed as to be a nuisance or offensive to public decency. The provision of one or more sanitary conveniences may also be enforced, where no such accommodation at present exists.

Early in the year, in accordance with the instructions of the Public Health Committee, I made a complete inspection of the sanitary conveniences provided for the use of customers at the various licensed premises throughout the district, and submitted a detailed report on the matter. Some form of urinal is provided at each of the 26 public houses in the district, and, at the time of the inspection, six of these were of an excellent character, being fitted with glazed fire-clay stalls of suitable type, which may be regarded as the most satisfactory form of urinal. Seven other urinals were, generally, satisfactory, although they were not, structurally, of such a high sanitary standard as the six previously mentioned.

The remaining thirteen were either so placed or constructed as to be unsatisfactory, and their position, existing features, and the alterations and amendments which were required were detailed in my report to the Committee.

Communications were sent to the responsible persons, and it is gratifying to now report that in six instances the old urinals have been abolished and entirely new buildings erected in their place, fitted inside with either glazed fire-clay stalls or slabs with suitable flushing apparatus attached. The internal walls of two of these urinals were also entirely covered with white tiles.

Two other existing urinals have been greatly improved by the fixing therein of glazed fire-clay stalls in one case and glazed slabs in the other.

Two very unsatisfactory urinals which opened on to the public street have been entirely abolished.

The completion of the work arising out of the before-mentioned report will be reached when the conveniences of four other premises have been dealt with. The necessary works will probably be put in hand at an early date.

Paving of Yards.

I am not aware of any specific item of sanitary work which tends to improve the immediate surroundings of dwellings, particularly small houses, to a greater extent than the paving of a sufficient area of the yards with some suitable impervious material.

It is a great incentive to cleanliness and there can be no doubt that the condition of yards in connection with dwellings has an important effect on the health of the occupants, especially during the summer months, when infantile life is more liable to attack.

Considerable attention has been given to this section of work for many years, and when house-to-house surveys are now being made the beneficial effect of the efforts of former years is self-evident, and the contrast between the houses which have already been dealt with and those which yet remain to be improved in this respect is very marked.

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 during the year, no less than 133 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 laid in 91 yards, while in 48 instances satisfactory repairs were executed.

Complaints.

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

Alleged defective drains	...	...	...	14
Blocked drains	...	...	...	20
Insanitary w.c.'s	...	...	...	9
Flushing boxes out of order	...	...	...	4
Insanitary condition of mews and passages	...	...	...	4
Insanitary condition of houses	...	...	...	12
Flooding of cellars	...	...	...	2
Water supply	...	...	...	4
Nuisance from dampness	...	...	...	6
Nuisance from overcrowding	...	...	...	7
Nuisance from animals	...	...	...	6
Accumulations of refuse or manure	...	...	...	16
Burning of refuse	...	...	...	4
Nuisance on unfenced building land	...	...	...	9
Non-removal of house refuse	...	...	...	17
Absence of ashbins	...	...	...	3
Smoke nuisances	...	...	...	6
Foul ponds and ditches	...	...	...	9
Smells from public sewers	...	...	...	16
Insanitary condition of piggeries	...	...	...	2
Nuisance from rats	...	...	...	4
Temporary privy	...	...	...	5
Defective and uncovered cisterns	...	...	...	2
Other complaints	...	...	...	21

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.

It will be observed that nine complaints were received with respect to alleged nuisances on unfenced building land. It appears to be a fairly common practice amongst jobbing gardeners and also the occupiers of the houses in proximity to plots of land which are not built upon, to deposit upon such land their garden refuse. Workmen employed in the building trade and other persons also deposit rubbish on these vacant building plots. It is difficult to deal with these deposits under the provisions of the Public Health Act, 1875, as the accumulations are not, as a rule, noxious or offensive but they undoubtedly make the plots of land very unsightly.

The Council were strongly urged to take action with respect to three such plots of land during the year, and they accordingly communicated with the Local Government Board with a view to an Order being made under Section 31 of the Public Health Acts, Amendment Act, 1907, requiring the owners of the land to properly fence the same.

A local enquiry respecting the Council's application was held on March 19th, by R. C. Maxwell, Esq., LL.D., Barrister-at-Law, one of the Board's inspectors, and he made it perfectly clear that it was the practice of his Board to strictly construe Section 31 of the Act of 1907. To establish a case under this Section it was necessary to prove—*inter alia*—that the result of the land being unfenced was the cause of inconvenience or annoyance to the *public*, and not merely to residents in the immediate neighbourhood of the land.

Evidence was given by a number of ratepayers and by your Medical Officer of Health, Surveyor and Sanitary Inspector.

In one case, the owners agreed to erect a fence within a reasonable time and the work has since been carried out. No further action was taken in regard to the two other plots.

One complaint was made by a resident to the Local Government Board with respect to a watercloset in the house in his occupation. The provisions of the Public Health Acts and the bye-laws in force in the district did not justify the Council in requiring the owner to carry out any structural alteration, and a communication to this effect was, therefore, sent to the Board.

Enquiries and Inspections after Infectious Disease.

Seven hundred and fourteen 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 4117 articles were removed to the Council's disinfecting station and passed through the steam disinfecting apparatus; 150 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 a number of 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	...	...	...	...	6
Defective and insanitary w.c.'s	...	...	...	...	5
Defective soil pipes and ventilating shafts	...	...	...	...	8
Defective manholes and covers	...	...	...	...	3
Defective fresh air inlets to drains	...	...	...	...	3
Blocked drains, w.c.'s or gullies	...	...	...	...	1
Dirty w.c. basins	...	...	...	...	3
Defective connections between w.c. basins and flush pipes	...	...	...	...	3
W.C. flush boxes out of repair	...	...	...	...	5
Insanitary stone troughs	...	...	...	...	10
Defective and untrapped waste pipes	...	...	...	...	16
Defective roofs	...	...	...	...	2
Defective rain water guttering and stack pipes	...	...	...	...	5
Absence of or defective yard paving	...	...	...	...	5
Dirty ceilings and walls of rooms	...	...	...	...	16
Defective floors	...	...	...	...	7
Rain water pipes connected direct to drains	...	...	...	...	5
Dirty and uncovered service water cisterns	...	...	...	...	21
Defective ashbins	...	...	...	...	5
Miscellaneous defects	...	...	...	...	7

In addition to the above work of disinfection 41 stovings of bedding, etc. (589 articles) were carried out, and 27 patients were removed to Hospital for the Friern Barnet District Council. Fifteen stovings of bedding, etc. (208 articles), were also carried out for Hendon District Council.

Game Licences.

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

Petroleum Acts, 1871 to 1881.

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° Fahrenheit. Ordinary petroleum oil, commonly used in lamps, flashes above the temperature of 73° Fahrenheit, and is therefore, exempt from the operations of the Acts.

Petroleum spirit can only be kept in pursuance of a licence granted by the Local Authority, with the following exceptions, viz., (1) when kept in separate vessels, each containing not more than one pint, and the maximum amount does not exceed 3 gallons; (2) when kept for use on light locomotives in accordance with the regulations made by the Secretary of State, and the quantity kept in one store does not exceed 60 gallons.

Carbide of Calcium, to which the Petroleum Acts apply, may also be kept without a licence, provided the amount does not exceed 28lbs. and the conditions contained in an Order in Council made on August 8th, 1911, are complied with.

During the year twenty-nine applications for licences to keep petroleum spirit and five for Carbide of Calcium were received and reported upon and a licence was granted in each instance.

At six premises not previously licensed, new buildings were erected for the storage of petroleum.

The licensed premises have been inspected and the "Conditions" in pursuance of which petroleum and carbide of calcium are kept, have been generally well observed. The total quantity of spirit which may be kept on licensed premises in the district is 5,044 gallons.

Shops' Act, 1912.

The Shops Act, 1912, provides (*inter alia*) that every shop must be closed for the serving of customers after 1 p.m. on one week-day in every week, unless it is a shop in which an *exempted* trade is carried on. Every shop assistant in every class of shop must be allowed a half-holiday once a week, commencing not later than 1.30 p.m.; proper intervals, within certain prescribed periods, must be given by employers for meals and rest; young persons under the age of 18 years must not be employed for a longer period than 74 hours, including meal-times, in any one week; and not less than one seat for every three female assistants must be provided.

On January 20th, 1913, the Council made an Order requiring all shops in which *non-exempted* trades are carried on, to close for the weekly half-holiday on Thursdays at 1 p.m., with the exception of the following trades in connection with which a majority did not vote in favour of an order being made, viz.:—Wardrobe Dealers, Timber Merchants, Metal and General Dealers, Builders' Merchants, Coal Merchants, Photographers, Cycle and Motor Dealers, Electrical Fittings, Tailors, Furrier and Plumassier.

Systematic inspection of the district has been carried out from time to time during the year, and the provisions of the Order appeared to be generally well observed.

With reference to the general administration of the Act, the whole of the shops in which *exempted* trades or businesses are carried on have been visited, and suitable records of all necessary particulars have been compiled. A number of

these shops are voluntarily closed on one half-day each week, although the shopkeepers are specially exempted from closing under the second schedule of the Shops Act, 1912.

In addition to general inspection of the district, some 442 visits were made under the Act, and these visits are not included in the total number of inspections recorded elsewhere in this report in relation to sanitary work.

A number of shop-keepers appear to be very unwilling to comply with the Regulations made by the Secretary of State requiring them to affix certain notices in their shops. These notices have to be printed in a prescribed form and have reference to the week-day on which assistants are not employed after 1.30 p.m., and in regard to "*Mixed Shops*" being closed for the sale of non-exempted goods. The number of infringements of this nature dealt with was 154.

Complaints were received from several shop-keepers and a local tradesmen's association, with reference to the serving of customers after the closing hour, especially at shops in which several different trades are carried on. Instructions were given for the matter to be investigated, and I, therefore, caused an agent acting under my observation, to ascertain whether or not non-exempted goods were being sold after the closing hour at a number of shops situated in various parts of the district. At six shops goods were sold to the agent in contravention of the provisions of the Act, and, the facts were reported to the Council, who directed the Clerk of the Council to warn the offenders that any subsequent breach would be followed by legal proceedings.

The Council has not, up to the present, found it necessary to make a "Closing Order" with respect to any specific trade or trades.

Legal Proceedings.

Power of Entry—Obstruction.

Public Health Act, 1875. Section 41 and 306.

Public Health Acts, Amendment Act, 1907. Section 34.

Legal proceedings were taken in one instance with respect to the owner and occupier of certain premises having refused to allow me to enter the said premises in order to examine a drain.

As this case is of unusual interest, it is, perhaps, desirable to briefly set out the facts in this report.

On my report in writing the Council had resolved that they had reason to suspect that a drain at a certain house in the district, of which the defendant was owner and occupier, was a nuisance and injurious to health, and, in accordance with the provisions of Section 41 of the Public Health Act, 1875, I was empowered by them to enter the said premises and cause the ground to be opened and examine the said drain.

Upon my attending at the premises to carry out my instructions the defendant refused to admit me, and proceedings for obstruction were then commenced against him under Section 306 of the Public Health Act, 1875.

In the course of the hearing it was contended on behalf of the Council that Section 102 of the Public Health Act, 1875, which provides for the obtaining of Justices' orders for admission under certain circumstances, was not applicable; that when Section 41 was brought into operation sufficient power of entry was contained therein, and that it was not necessary to obtain a Justice's Order in this case before proceedings for obstruction could be instituted.

The Justice's decision was in favour of the defendant.

It will be seen that the facts are quite simple, but the point involved therein, and which the Justices were called upon to decide is of far reaching importance to the Council and local authorities generally. Acting on Counsel's advice a case was stated for the opinion of the High Court, but the unfortunate death of the defendant prevented the same being heard.

It is with much pleasure that I again take this opportunity to express my great appreciation of the excellent work done by your assistant sanitary inspectors, Messrs. F. Hudson and E. F. Eldred, and the other members of the sanitary staff. I also desire to thank the Chairman and Members of the Public Health Committee for their kindly consideration and support, and the officers of other departments, who are always very willing to render all possible assistance.

I am, Gentlemen,

Your obedient servant,

E. J. FRANKLIN, M.R. San. I.;
Chief Sanitary Inspector.

March, 1914.

It will be seen that the Indians quite simply, but the point involved therein, and with the Indians were called upon to decide is of the highest importance to the Council and local authorities generally. Acting on Council's advice a case was stated for the opinion of the High Court, but the unfortunate death of the defendant prevented the case being heard.

It is with much pleasure that I again take this opportunity to express my great appreciation of the trouble and anxiety you and your staff have taken in the past, and the other members of the staff. I also desire to thank the Chairman and Members of the Public Health Committee for their kindly consideration and support, and the officers of other departments who are always ready willing to render all possible assistance.

I am, Gentlemen,

Yours obedient servant,

H. J. THOMAS, M.B. B.S., D.

Chief Sanitary Inspector.

March, 1911.