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

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Urban District of Finchley.

Annual Reports

FOR

1914

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

TOGETHER WITH THE

Annual Report

OF THE

SANITARY INSPECTOR.

Finchley.

Warden & Co., Ltd, "Finchley and Hendon Times" Office,
11 Regents Parade, Finchley, N.

1915.

INDEX.

Finchley Urban District Council.

Members of the Public Health Committee.

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

Councillor C. S. Syrett (*Chairman of the Council*).

Councillor Mrs. Hardie.

Councillor W. C. Cope.
Councillor C. F. Day.

Councillor S. Pulham.
Councillor C. A. Matthews

Councillor E. T. Gibbs.

Health Officials.

Medical Officer of Health—

J. R. Prior, M.D., LL.B.

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. (O.H.M.S)

Clerks—

C. W. Newbery.
H. J. Harland (O H.M.S.)

Miss E. Turner.
F. J. Angers.

Health Visitor—Miss Francis.

Special Officer—

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

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

Mr. Chairman, Mrs. Hardie, and Gentlemen,—

I beg to present the report on the health of the Finchley Urban District for the year 1914.

The vital statistics continue to be very favourable.

The question of further isolation hospital accommodation has received much consideration during the year, and the Council has adopted a scheme for the erection of a hospital in conjunction with the Urban District of Hendon.

There have been several changes in the staff. Mr. Harland was appointed clerk to the place of Mr. Legg, who resigned; and Mr. Newbery was appointed to the place of Mr. Perry, who left to take up the appointment of Assistant Sanitary Inspector at Ipswich. Mr. Harland and Mr. Eldred are at present on leave, having joined the Military Forces.

I am greatly indebted to Mr. Overed, your Veterinary Inspector, for his co-operation with the work of the department.

I have again to thank Mr. Franklin for his excellent assistance; and the other members of the staff for the large amount of work so willingly undertaken.

Your obedient servant,

J. R. PRIOR.

Statistical Summary, 1914.

Area of District	3,384 acres		
Estimated Population at June, 1914 ...	45,868		
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 ...	20.99		
Death Rate per 1,000 of Population ...	9.24		
Factor for correction of Death Rate ...	1.016		
Infantile Death Rate per 1,000 Births ...	66.45		
Zymotic Death Rate per 1,000 Population	.43		
Tuberculosis (all forms) Death Rate per 1,000 Population	.71		
Phthisis Death Rate per 1,000 Population	.59		
Cancer Death Rate per 1,000 Population	1.2		
Rateable Value (Poor Rate), 1914-1915 ...	£309,698	0	0
Assessable Value (Gen. Dist. Rate) 1914-1915	£305,567	0	0
A Rate of 1d. in the £ is estimated to produce	£1,211	0	0

The General District Rate for the year 1914-15 was 3/3 in the £

Table I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1914 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
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
1914	45,868	941	963	20·99	361	7·83	20	82	64	66·45	423	9 24

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 Occupiers	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	Ordinary Dwelling Houses	Shops	Hotels, &c.	Offices, &c.	Institutions	Other Blgs.	Flats
No. Inhabited ...	7642	6946	379	28	13	18	18	240
Separate Occup.	8919	7933	433	28	13	27	20	465
Population ...	39419	34623	1978	177	61	835	79	1666

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 1914 as 45,868.

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 1914, is 963; of these 941 were registered in the district, and 22 elsewhere.

The Birth-Rate is 20.99 per 1,000 of the population, as compared with 21.03 in 1913.

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 ...	302	23.44
East Finchley ...	340	21.63
West Finchley ...	299	11.53

During the past 12 years the birth-rate in England and Wales, as a whole, has gradually declined from 28.0 in 1902, to 23.8 in 1914.

In Finchley it was 24.7 in 1902, and 20.99 in 1914.

Illegitimate Births.—29 illegitimate births were registered, *i.e.* 3.01 per cent. of the total births, as compared with 3.0 in 1913.

Deaths.

The number of deaths registered in the district was 361, as compared with 358 in 1913. To arrive at the number of deaths belonging to Finchley, however, it is necessary to deduct 20 deaths which occurred among persons temporarily residing here, and to add 82 deaths which occurred in other places among persons who usually reside in this district; this nett total is 423, and equals a crude death-rate of 9.24 per 1,000 of the population, as compared with 8.86 in 1913.

I explained in a previous 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 9.24, and the corrected death-rate is 9.38; which means that out of every 1,000 of the population 9.24 deaths actually occurred, and that if the population had had the same age and sex distribution as the whole of England and Wales combined, 9.38 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 ...	13898	147	10.5
East Finchley ...	15715	150	9.5
West Finchley ...	17251	126	7.3

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. 27.1 per cent. of the total number of deaths occurred after the age of 65 years, as compared with 39.0 in 1913.

Deaths Among Young Children.—25 deaths occurred among children between the ages of 1 and 5 years. The number last year was 22. Four were due to Measles, 3 to Whooping Cough, 1 to Diphtheria, 1 to Influenza, 2 to Tubeculous Diseases, 8 to Respiratory Diseases, 2 to Meningitis, 1 to Debility, 1 to Accident, and 2 to other causes.

The following table shows the principal causes of death in the years 1913 and 1914. A diagrammatic representation of their comparative incidence is given on page

	1913.	1914.	Increase.	Decrease.
Measles	—	4	4	—
Enteric Fever ...	1	—	—	1
Scarlet Fever ...	2	—	—	2
Whooping Cough ...	3	4	1	—
Diphtheria	1	1	—	—
Influenza	10	1	—	9
Phthisis	16	27	7	—
Other Tuberculous Diseases	10	6	—	4
Cancer	48	58	10	—
Rheumatic Fever ...	1	—	—	1
Respiratory Diseases other than Phthisis ...	48	58	10	—
Diarrhœa	14	11	—	3
Cirrhosis of Liver and Alcoholism ...	9	13	4	—
Organic Disease of Heart	48	29	—	19
Accidents	15	14	—	1
Suicides	5	8	3	—
Congenital Debility and Premature Birth ...	18	32	14	—
Diseases of Parturition ...	4	2	—	2

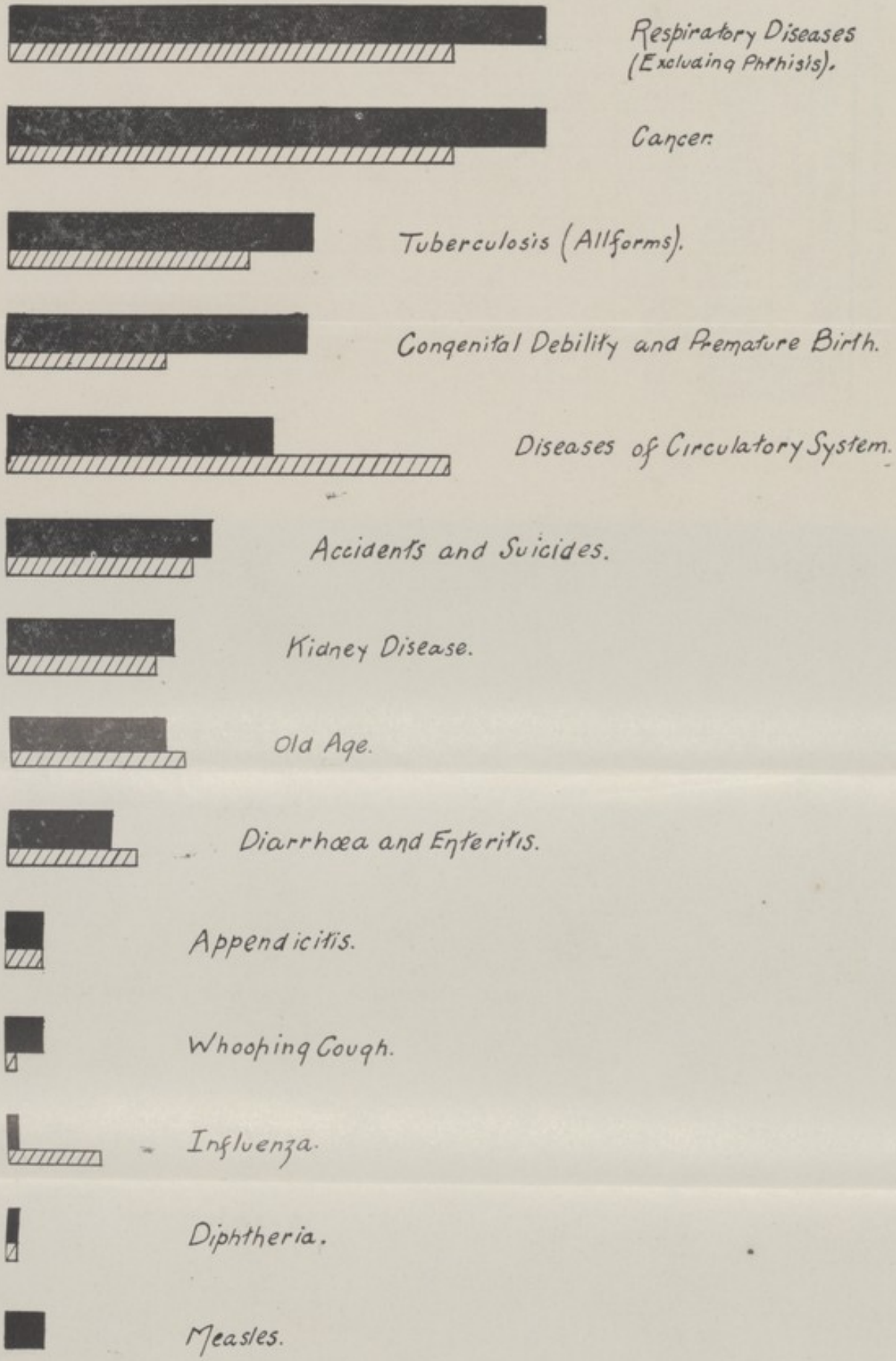
The number of deaths occurring at different ages is set out in Table III., and also the number due to each cause. More than 27 per cent. occurred after the age of 65 years, and 13.9 per cent. occurred under the age of 1 year.

Deaths from Epidemic (or Zymotic) Diseases.

The following table shows the number of deaths due to Zymotic Diseases during the years 1913 and 1914:—

	1913.	1914.
Measles	—	4
Scarlet Fever ...	2	—
Whooping Cough ...	3	4
Diphtheria ...	1	1
Diarrhœa	14	11

Diagrammatic Representation of the Relative Incidence of the Principal Causes of Death during the Years 1913 and 1914.



The deaths during 1914 are represented by the Solid Columns; those during 1913 by the shaded ones.

Table III.

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1914.

CAUSES OF DEATHS	Nett Deaths at the Subjoined Ages of "Residents" whether occurring within or without the District.									Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District
	All ages	Under 1	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	
1	2	3	4	5	6	7	8	9	10	11
All causes { Certified ...	423	64	17	8	8	14	53	102	157	45
All causes { Uncertified ...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...
Measles	4	...	2	2	...	...	...	..	...	2
Scarlet Fever	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	4	1	2	1	...	...	...	...	...	2
Diphtheria and Croup ...	1	...	1	...	...	...	..	...	...	1
Influenza	1	...	1	...	...	...	...	...	...	1
Erysipelas	3	..	...	...	...	...	...	2	1	...
Phthisis (Pulmonary Tuberculosis)	27	...	...	...	3	6	10	8	...	1
Tuberculous Meningitis	1	...	...	...	...	...	1	...	...	...
Other Tuberculous Diseases	5	..	1	1	...	...		1	2	...
Cancer, Malignant Disease	58	...	...	...	...	...	4	29	25	3
Rheumatic Fever ...	...	...	...	...	...	...		..	..	...
Meningitis	2	...	2	...	...	...	...	...	...	...
Organic Heart Disease...	29	1	..	...	1	...	5	2	20	1
Bronchitis	23	1	1	1	..	...	...	2	18	...
Pneumonia (all forms)...	28	5	4	3	...	...	3	6	8	3
Other Diseases of Respiratory Organs ...	7	1	...	...	2	...	1	1	2	2
Diarrhœa and Enteritis	11	10	...	...	...	...	...	1	...	3
Appendicitis & Typhlitis	4	...	...	...	...	...	3	1	..	2
Cirrhosis of Liver ...	9	...	..	...	...	...	2	7	...	1
Alcoholism	4	...	...	...	...	...	2	2	...	...
Nephritis and Bright's Disease	18	...	...	...	1	2	2	4	8	...
Puerperal Fever... ...	...	...	.	...	...	...	...	...	.	...
Other Accidents and Diseases of Pregnancy and Parturition ...	2	...	...	...	...	...	2	...	...	...
Congenital Debility and Malformation, including Premature Birth...	32	31	1	...	...	...	...	...	...	1
Violent Deaths (excluding Suicide)	14	1	1	...	1	3	4	2	2	7
Suicide	8	...	...	...	..	...	2	4	2	...
Other Defined Diseases	126	12	2	...	...	3	12	30	67	15
Diseases, ill defined or unknown	2	1	...	...	...		...	...	1	...
Totals...	423	64	17	8	8	14	53	102	157	45

TABLE SHOWING THE WARD MORTALITY FOR EACH QUARTER OF THE YEAR 1914.

CAUSES OF DEATH.	NORTH WARD.					EAST WARD.					WEST WARD.				
	Quarters.				Total	Quarters.				Total	Quarters.				Total
	1	2	3	4		1	2	3	4		1	2	3	4	
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	1	...	1	...	...	...	...	...	...	...	2	1	3
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	1	1	...	2	...	...	...	...	...	...	...	2	...	2
Diphtheria and Croup	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Erysipelas	...	...	...	1	1	...	...	...	1	1	...	...	...	1	1
Phthisis (Pulmonary Tuberculosis)	3	3	2	...	8	2	1	4	3	10	1	4	2	2	9
Tuberculous Meningitis	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	1	2	...	3	1	...	...	1	2	...	...	...	...	...
Cancer—Malignant Disease	6	7	1	4	18	9	4	3	8	24	2	6	5	3	16
Rheumatic Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis	...	1	...	...	1	...	...	...	...	...	...	...	1	...	1
Organic Heart Disease	1	1	3	3	8	4	3	3	2	12	3	3	2	1	9
Bronchitis	2	2	2	1	7	2	2	1	4	9	2	1	1	3	7
Pneumonia (all forms)	2	4	3	1	10	5	...	...	2	7	6	1	2	2	11
Other Diseases of Respiratory Organs	1	...	...	1	2	3	...	...	1	4	...	1	...	...	1
Diarrhœa and Enteritis	...	...	3	...	3	...	...	3	...	3	1	...	2	2	5
Appendicitis and Typhlitis	1	...	...	...	1	...	...	...	...	...	...	...	2	1	3
Cirrhosis of Liver	2	1	1	3	7	...	...	...	...	...	1	...	1	...	2
Alcoholism	...	1	1	...	2	...	...	...	...	...	1	...	1	...	2
Nephritis and Bright's Disease	2	1	1	2	6	3	3	2	1	9	1	...	...	2	3
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Accidents and Diseases of Pregnancy and Parturition	...	...	...	...	...	...	1	...	...	1	1	...	...	...	1
Congenital Debility, Malformation and Premature Birth	1	1	2	5	9	4	4	3	4	15	...	2	1	5	8
Violent Deaths (excluding Suicides)	...	3	2	1	6	1	...	...	1	2	...	2	2	2	6
Suicides	3	...	...	...	3	1	1	...	1	2	...	...	2	1	3
Other Defined Diseases	11	15	9	11	46	14	10	17	7	48	7	8	8	9	32
Diseases ill-defined or unknown	1	...	...	...	1	...	...	...	1	1	...	...	...	...	...
Totals...	36	42	35	24	147	49	28	36	37	150	26	28	36	36	126

ENGLAND AND WALES.

Birth-rates and Death-rates in the Year 1914 (Provisional Figures).

	Annual rates per 1,000 living			Deaths under One Year to 1,000 Births
	Births	Deaths		
		Crude	*Standardized	
England and Wales ...	23·6	13·9	13·6	105
97 great towns, including London	24·9	14·6	14·9	113
145 smaller towns ...	23 6	12 8	12·9	104
England and Wales, less the 242 towns... ...	21·9	13·3	12·2	93
London	24 6	14·4	14·4	103
Finchley	20·99	9·27	9·38	66.45

* 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 1914.

Infantile Mortality.

64 deaths occurred among children under one year of age; this is equal to a death-rate of 66.45 per 1,000 births, as compared with 64.5 in 1913. The infantile death-rate for the whole of England and Wales was 105, and 103 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 considerable decrease in numbers due to diarrhœa, and comparatively larger increase due to prematurity.

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

	No. of Births.	No. of Deaths.	Percentage of Deaths.
Legitimate ...	934	59	6.3
Illegitimate ...	29	5	17.2

Table IV.

Infant Mortality During the Year 1914.

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 M'ths.	3-6 Months	6-9 Months	9-12 Months	Total Deaths under 1 Year
All Causes { Certified ...	17	7	6	...	30	13	11	4	6	64
All Causes { Uncertified ...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	1	1
Diphtheria and Croup ...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis ...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis ...	..	...	...	...	...	...	..	...	...	...
Other Tuberculous Diseases ...	...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous) ...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	...	...	...	...	...
Laryngitis	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	1	...	...	1	...	...	...	...	1
Pneumonia (all forms) ...	...	...	...	...	...	1	2	...	2	5
Diarrhœa	...	...	...	...	...	1	...	1	...	2
Enteritis	...	...	1	...	1	2	1	...	2	6
Gastritis	...	...	1	...	1	...	1	...	...	2
Syphilis	1	...	...	..	1	...	1	...	...	2
Rickets	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying ...	1	...	...	...	1	...	...	...	...	1
Injury at Birth	...	...	...	...	...	...	...	...	...	...
Atelectasis	...	...	...	...	...	..	...	...	...	...
Congenital Malformations ...	1	...	...	...	1	1	3	...	...	5
Premature Birth	13	5	1	...	19	1	...	...	...	20
Atrophy, Debility and Marasmus	...	...	1	...	1	3	1	1	...	6
Other Causes	1	1	2	...	4	4	2	2	1	13
Totals ...	17	7	6	...	30	13	11	4	6	64

Nett Births in the year { Legitimate 934. Illegitimate 29.

Nett Deaths in the year of { Legitimate Infants 59. Illegitimate Infants 5.

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 ...	20	27	17	64
All causes { Uncertified ...	..	..	..	...
Small-pox	..	..	..	..
Chicken-pox	..	..	..	..
Measles	..	..	..	..
Scarlet-fever	..	..	..	..
Whooping-Cough	..	..	1	1
Diphtheria and Croup ...	..	..	..	..
Erysipelas	..	..	..	..
Tuberculous Meningitis ...	..	..	..	..
Abdominal Tuberculosis ..	..	..	.	..
Other Tuberculous Diseases	..	..	..	..
Meningitis (*not Tuberculous*)	..	..	..	..
Convulsions	..	..	..	..
Laryngitis	..	..	..	..
Bronchitis	..	1	..	1
Pneumonia (all forms) ...	1	1	3	5
Diarrhœa	..	1	1	2
Enteritis	3	1	2	6
Gastritis	1	1	..	2
Syphilis	..	1	1	2
Rickets	..	..	..	..
Suffocation, overlying ...	1	..	..	1
Injury at birth	..	..	..	..
Atelectasis	..	..	..	..
Congenital Malformations ..	1	2	2	5
Premature birth	6	10	4	20
Atrophy, Debility and Marasmus	2	2	2	6
Other Causes...	5	7	1	13

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 agan 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 Diarrhœa 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 three 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 Authorities.

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 diarrhœal 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 diarrhœal diseases; whilst in other towns the continuance of conservancy systems has been associated with continued high diarrhœal 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 uncleanliness.

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

Poverty, uncleanliness, 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 all right 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 Diarrhœa, 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 Creche 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.

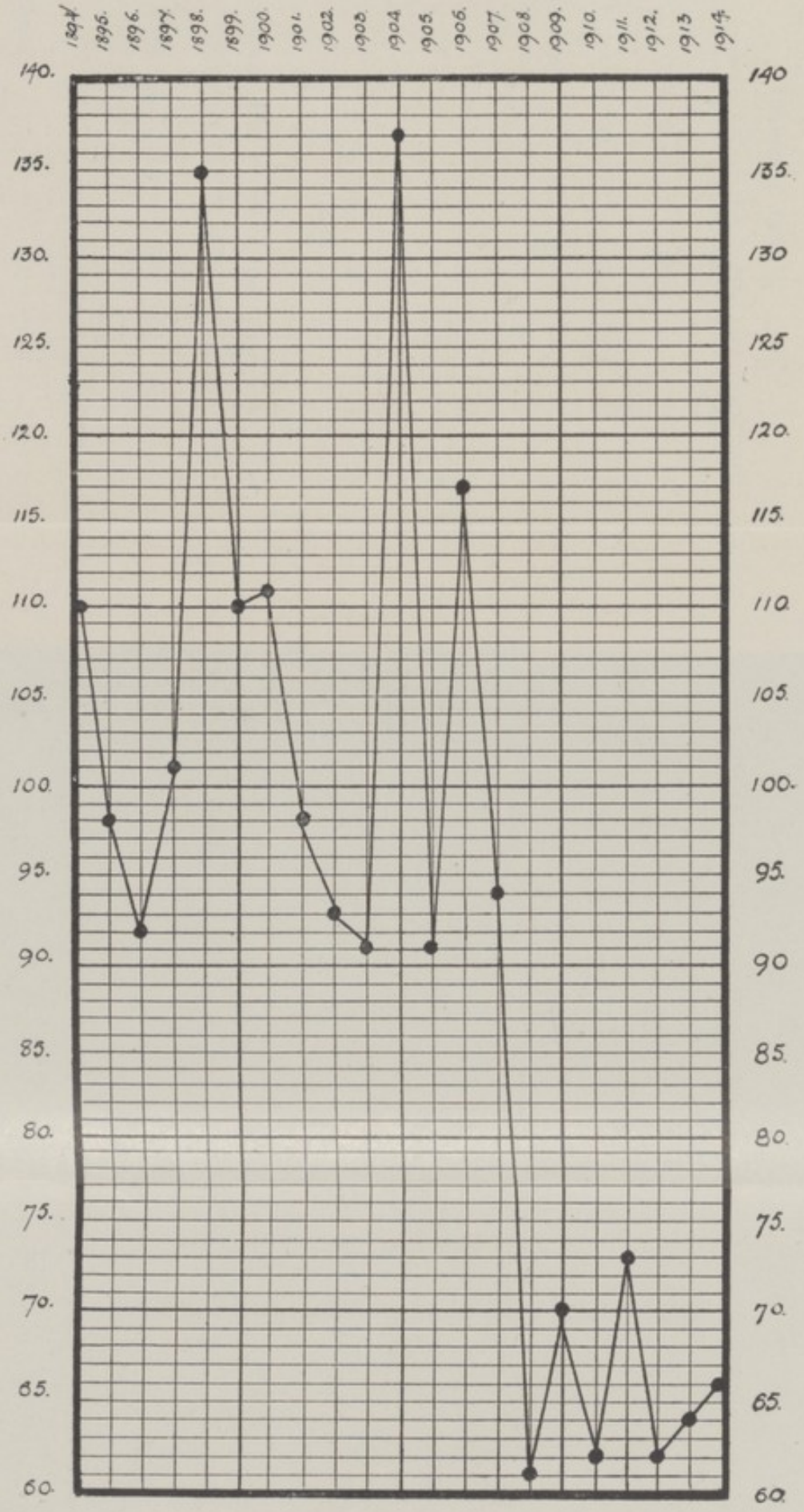
East Finchley 75.0 ,, ,, ,, ,,

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 the fluctuations in the Infantile Mortality Rate during the past 20 years.



The Public Mortuary.

38 Bodies were deposited during the year in the Public Mortuary in Summers Lane, as against 38 in the preceding year; 34 of these had been residents of Finchley, and 4 of Friern Barnet.

Inquests, 1914.

Cause of Death.	1st quarter.	2nd quarter.	3rd quarter.	4th quarter.	Total.
Heart Disease ...	4	—	—	—	4
Accident	1	1	1	1	4
Suicide	1	1	3	1	6
Asphyxia	—	1	1	—	2
Cerebral Hæmorrhage ...	1	—	—	—	1
Tuberculous Disease ...	1	—	—	—	1
Pneumonia	—	1	—	—	1
Syncope	—	1	1	1	3
Misadventure	—	—	5	4	9
Natural Causes ...	—	1	1	4	6
	8	6	12	11	37

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	2
Syncope	—	1	—	—	1
Heart Disease ...	—	—	1	—	1
Broncho-Pneumonia ...	—	1	—	—	1
Suicide	3	—	—	1	4
Other Causes ...	2	1	1	—	4
	5	3	3	2	13

Deaths in various Institutions within the District.

Institution.	1st quarter.	2nd quarter.	3rd quarter.	4th quarter.	Total.
Finchley Cottage Hospital	2	7	5	4	18
Woodside Home, Whetstone	3	—	2	—	5
National Hospital Convalescent Home, East Finchley	—	—	2	1	3
Home of the Good Shepherd, East Finchley ...	—	—	3	1	4
Home for Homeless Children, Fallow Corner ...	—	2	4	1	7
Netherbrook, Nether Street	—	1	2	1	4
Claverley, Woodhouse Road	2	—	2	—	4
Totals ...	7	10	20	8	45

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. 274 such letters were sent during the year 1914, and 216 during 1913.

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

Ignorance of the Act	121
Thought someone else had notified ...	54
Quite overlooked it	17
Thought notification had been sent	3
No reason given	63
No reply to letter (removals) ...	11
Outstanding at end of year ...	5

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

Birth Notifications, 1914.

Number of births registered in district—941.

No. of Parents who notified.	No. of Doctors who notified	No. of Cert. Nurses who notified.	No. of other people who notified.
Before letter—370			
After letter—258	957	12	28
Total .. 628			

Total number who notified—925.

Number of people who notified without a letter—667 =70.8 per cent. of all births (last year 74.1 per cent. were notified).

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

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—186.

Number of visits paid—301.

Proportion of births visited to total births—approximate, 19.7 per cent. (last year 17.4 per cent).

Of the 186 infants visited, 135 (72.5 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.

On February 9th, 1914, a Circular was issued by the Local Government Board intimating that from 1st April, 1914, the disease known as Ophthalmia Neonatorum was to be compulsorily notifiable throughout the Kingdom. The description of Ophthalmia Neonatorum is "a purulent discharge from the eyes of an infant commencing within twenty-one days of its birth."

Under this Order it is the duty of any Medical Practitioner on first becoming aware of the child upon whom he is in professional attendance is suffering from Ophthalmia Neonatorum, to sign a notification and to transmit it to the Medical Officer of Health. It is also the duty of every certified midwife, who has reasonable grounds for supposing that the child upon whom she is called in to visit in the course of her practice, is suffering from Ophthalmia Neonatorum, to forward a similar notification to the Medical Officer of Health.

During the year 4 such notifications were received. All of the cases were in receipt of proper medical attendance.

The late Dr. Bywater made careful enquiries from all available sources as to the occurrence of this disease in Finchley. He came to the conclusion that very few cases actually occurred, and, judging from the absence of corneal opacity among school children, that these must be of a very mild type, and with this I concur.

Prevalence and Control over Acute Infectious Disease.

The total number of cases of acute infectious disease notified during the year was 245, which is equal to an attack rate of 5.3 per 1,000 of the population, as compared with 160 cases, and an attack rate of 3.6 in 1913.

Table II., on page 45 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, with the exception of an outbreak of diphtheria at Squires Lane School during the autumn, and it was found necessary to close the school on account of Notifiable Infectious Disease for a period of two weeks.

The provision for Hospital isolation, etc., is stated on pages 73 and 74. Disinfection is at present carried out at the disinfecting station at the Small-pox Hospital at Summers Lane.

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 1914 were spread through the agency of water, milk, or other food.

Scarlet Fever.

120 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 120 cases represent infection in 93 houses, as 27 of the cases were "secondary." 86 cases were removed to hospital: this equals 71.6 per cent. of number notified.

"Return Cases" of Scarlet Fever.

7 cases of Scarlet Fever occurred in 5 houses to which convalescents had recently returned from the Isolation Hospital. 2 of these occurred within 7 days of the home-coming of the alleged infecting patient, 1 within 8 days, 1 within 10 days, 1 within 11 days, and 2 within 14 days. All

the cases were investigated, and there was no doubt whatever that every care had been taken by the hospital authorities.

Upon the discharge of a patient from Hospital, most careful instructions are given to parents as to what precautions should be taken on the return home of their child. Upon enquiry into these return cases it was generally ascertained that these precautions were not, or could not, be followed. It may be interesting to state how fallacious it is to draw an inference that when a case of scarlet fever occurs in a house upon the discharge of a patient from hospital, that it is due to the infectivity of the patient. The following example shews how a case of Scarlet Fever occurred in a child who was sent to Hospital on August 17th. The brother, who was staying in the country suffering from Scarlet Fever, returned home on August 21st. Had this child returned a few days earlier the case sent to Hospital would undoubtedly have been put down as a return case.

Infective Illness (Exceptional Cases).

The following history of Infective Sore Throat, which went through a family, is of much interest.

In April a child suffered from sore throat, headache and swollen glands. She was in bed for two or three days. She got up for three days and then went to bed again with a sore throat. No vomiting, no rash, but a high temperature. The following week a second child fell ill with exactly the same symptoms. She was in bed for a week with a high temperature. A few days after a third occupant of the house became ill with sore throat and headache. There was an absence of vomiting or rash. She was ill for several days. At the same time a fourth occupant fell ill with sore throat and swollen and tender glands in the neck. No vomiting or any sign of rash. The following week a fifth occupant fell ill with sore throat, headache and tender glands. No vomiting or rash, but a high temperature. He was laid up for two days, got better and attended his business for a few days, when he again fell ill with the same symptoms. After being in bed for three days he again returned to business, but fell ill three days after with a Quinsy, which burst.

A sixth occupant fell ill with exactly the same symptoms, and 10 days later a seventh case occurred with severe headache, sore throat, a high temperature, and swollen glands. No vomiting or rash.

These cases were most carefully enquired into, but no evidence of scarlet fever could be detected or any signs of diphtheria.

Another instance of an apparent infective illness running through a family occurred during the summer. The children and the mother fell ill almost at the same time. All suffered from severe sore thoat, and the children were also affected with considerable vomiting. There was no rash in any case, and the diagnosis of Scarlet Fever could not be made, nor was there any evidence of diphtheretic infection, but the children, however, suffered from otorrhœa.

Diphtheria and Croup.

87 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 87 cases represent infection in 71 houses, as 16 of the cases were "secondary." 63 of the cases were removed to hospital, which equals 72.4 per cent. of the number notified. In the majority of instances the diagnosis was verified by bacteriological examination.

One death occurred during the year, this giving a fatality rate of 1.14 per cent. of all cases notified.

Provision of Diphtheria Antitoxin.

A supply of Antitoxin is kept at the Public Health 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 overwhelming proof of the increase in fatality the

longer its administration is delayed. 122,000 units of Anti-toxin 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.

5 cases of Enteric Fever were notified. All were "primary" infections. The cases were thoroughly investigated, and 2 of them appeared to have been infected outside the district, while the source of infection of the remaining 3 was uncertain. The 5 cases represent infection in 4 houses.

Sanitary defects were discovered upon 3 of the premises: all the cases were removed to Hospital.

The serum of 4 of the patients was examined for Widal's reaction by the Lister Institute, and was found to be positive in each instance.

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.

No cases of these diseases were notified during the year 1914.

Small-Pox.

No case was notified.

Puerperal Fever.

No case was notified.

Erysipelas.

29 cases were notified and 3 deaths occurred. The cases occurred in different households.

Non-Notifiable Infectious Diseases.

Measles.

No unusual prevalence of this disease was noticed, and 4 deaths were registered as due to this cause.

Whooping Cough.

Whooping Cough was rather prevalent in the late spring and early summer, and 4 deaths occurred. All were children under 5 years of age.

Table II.—Cases of Infectious Disease Notified During the Year 1914.

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)	87	3	22	45	7	10	...	...	11	40	36	5	30	28	63
Erysipelas	29*	...	...	2	1	5	15	4	11	14	4	...	...	...	...
Scarlet Fever	120*	1	29	59	21	6	2	...	38	35	47	29	30	27	86
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	5	...	...	...	3	1	1	...	1	1	3	1	1	3	5
Relapsing Fever / Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-spinal Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	4	4	...	...	...	...	...	...	1	3	...	...	...	...	...
Pulmonary Tuberculosis	68	...	...	4	16	39	8	1	21	25	22	...	...	...	...
Other forms of Tuberculosis	16	...	5	5	2	4	...	...	5	9	2	...	...	...	...
Totals	329	8	56	115	50	65	26	5	88	127	114	35	61	58	154

Isolation Hospital or Hospitals, Sanatoria, etc. — The Borough of Hornsey Isolation Hospital, Muswell Hill, N.; The Small Pox Hospital, Summers Lane, North Finchley.

* In four of these cases the ages of the patients could not be ascertained, and therefore cannot be allocated.

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

	Scarlet Fever.	Diphtheria.	Enteric Fever.	Erysipelas.	Ophthalmia Neonatorum.	Totals.
North Finchley ...	38	11	1	11	1	62
East Finchley ...	35	40	1	14	3	93
West Finchley ...	47	36	3	4	—	90
	120	87	5	29	4	245

Of these 245 cases 154 were removed to the Isolation Hospital, or 62.85 per cent., as compared with 78.1 per cent. last year.

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

	Scarlet Fever.	Diphtheria.	Enteric Fever.	Total.
North Finchley ...	29	5	1	35
East Finchley ...	30	30	1	61
West Finchley ...	27	28	3	58
	86	63	5	154

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

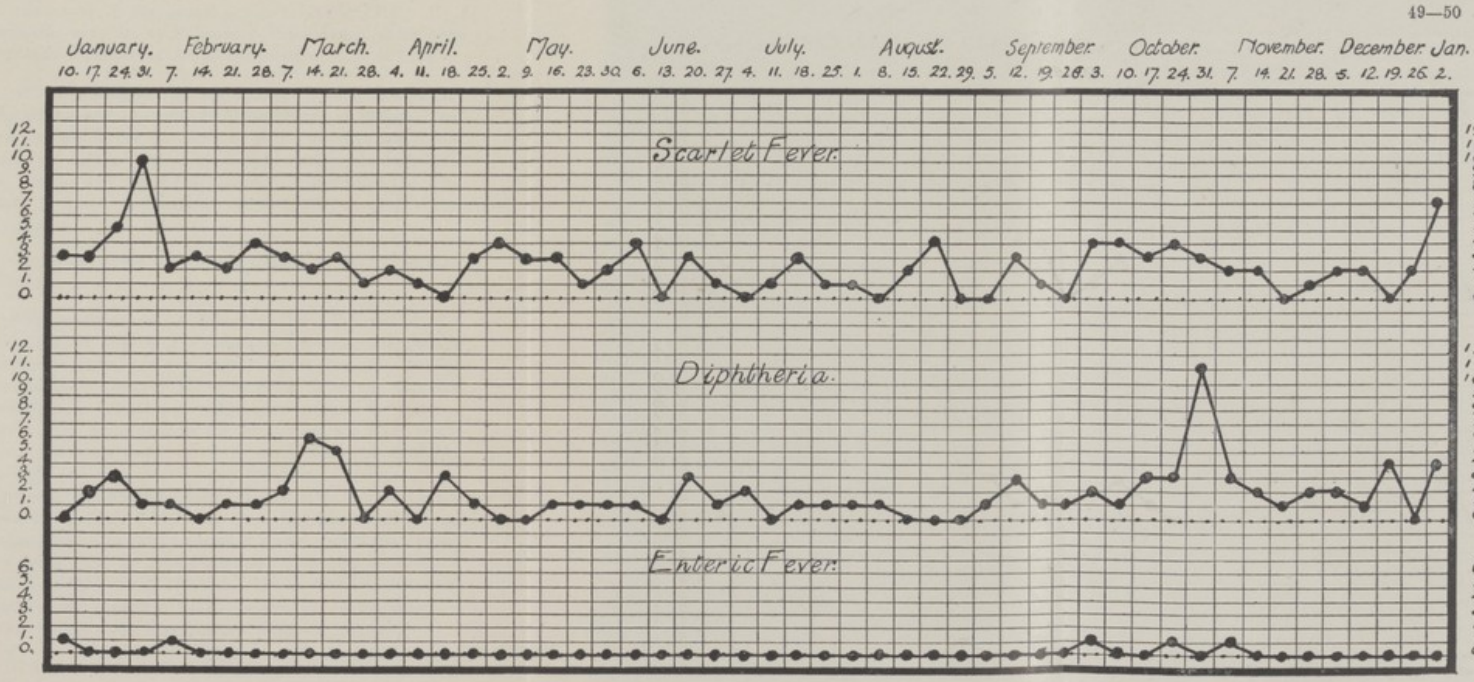
	Number of Deaths.	Death-rate per 1,000 population.
Scarlet Fever ...	—	—
Diphtheria ...	1	02
Enteric Fever ...	—	—
Erysipelas ...	3	06
Measles ...	4	08
Whooping Cough ...	4	08
Diarrhœa ...	11	23

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 1894—1914 (inclusive).

	Small-pox		Scarlet Fever.		Diphtheria and Croup.	
	Cases.	Deaths	Cases.	Deaths.	Cases.	Deaths.
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
1914	...	...	120	...	87	1

	Erysipelas.		Puerperal Fever.		Typhoid Fever.	
	Cases.	Deaths.	Cases.	Deaths	Cases.	Deaths
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
1914	29	3	...	...	5	...


January. February. March. April. May. June. July. August. September. October. November. December. Jan.
10. 17. 24. 31. 7. 14. 21. 28. 7. 14. 21. 28. 4. 11. 18. 25. 2. 9. 16. 23. 30. 6. 13. 20. 27. 4. 11. 18. 25. 1. 8. 15. 22. 29. 5. 12. 19. 26. 3. 10. 17. 24. 31. 7. 14. 21. 28. 5. 12. 19. 26. 2.
Scarlet Fever.
Diphtheria.
Enteric Fever.

Prevalence and Control over Tuberculosis.

33 deaths were due to some form of Tuberculosis, which is equal to a death-rate of .71 per 1,000 of the population, as compared with 26 deaths and a rate of .58 in 1913. 27 of the deaths were due to Pulmonary Tuberculosis, which gives a Phthisis death-rate of .59, as compared with .36 in 1913.

151 notifications in respect of 68 cases of Pulmonary Tuberculosis and 16 cases of "Other Forms of Tuberculosis" were received during the year. 68 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 163 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 41 rooms and 397 articles were disinfected in connection with the control of this disease.

35 of the 84 patients notified obtained treatment as inpatients at Sanatoria or in Hospital.

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		Total Deaths from all Forms of Tuberculosis	Rate per 1,000 Phthisis	Rate per 1,000 for other Forms of Tuberculosis	Total rate per 1,000
		Male	Female	Male	Female				
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	32,065	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	38,273	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
1914	45,868	15	12	4	2	33	·59	·13	·72
Average for the 13 years		11·5	11·7	6 1	4·9	34·3	.64	·34	·92

PHTHISIS.

No. of Deaths in relation to Occupation.

MALES.

Year	Estimated Population	Children			Professional	Clerical	Sedentary	Indoor Workers	Outdoor Workers	Domestic	Shop Assistants	Occupations not stated	Independent means	Total
		Under school age	At school age	Over school age										
1902	23,400	...	...	1	2	...	1	3	5	...	...	...	...	12
1903	24 125	...	...	...	...	...	...	3	4	...	...	...	...	7
1904	25 564	...	...	2	1	...	...	4	6	1	1	...	...	15
1905	28,716	...	...	...	2	3	...	1	8	...	...	...	...	14
1906	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 2 8	...	...	...	1	2	...	...	3	...	...	...	1	7
1914	45 868	...	2	...	..	4	1	3	6	...	...	...	...	16
Totals ...		2	3	3	11	25	6	30	54	2	9	1	5	151

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
1914	45,868	...	...	1	...	...	...	2	...	6	2	...	..	11
Totals ...		3	4	4	...	3	6	3	...	98	7	16	8	152

Other Forms of Tuberculosis.—No. of Deaths in Relation to Occupation.

Year	Estimated Population	CHILDREN			MALES.									
		Under School Age	School Age	Over School Age	Professional	Clerical	Sedentary	Indoor Workers	Outdoor Workers	Domestic	Shop Assistants	Occupation not Stated	Independent Means	Total
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
1914	45,868	2	...	...	...	1	...	...	...	...	...	...	...	3
Total in 13 years ...		53	8	3	...	4	...	1	7	...	...	1	1	78

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
1914	45,868	...	...	...	...	...	...	...	...	2	...	...	1	3
Total in 13 years ...		41	6	1	...	...	1	1	...	9	...	3	3	65

Other Diseases.

Cancer.

58 deaths were due to Cancer, this being equal to a death-rate of 1.2 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.

21 of the deaths in Finchley occurred among males and 37 among females. The mean age at death was 59 years in the males and 64 years in the females.

The organs affected were as follows:—

Urinary system	3
Respiratory organs	5
Alimentary canal	36
Breast	11
Ileum	1
Pelvis	1
Scalp	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.

Six of the percolating filters are circular, 69 feet in diameter and 5 feet deep. Two of the percolating filters are below ground level, rectangular, 5 feet deep, with open jointed herring-bone pipes for taking off the effluent and for ventilation.

The sludge from the tanks is collected in a sludge well, discharged thence by automatic ejectors (actuated by air pressure) upon the higher part of the farm, 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 a number of 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 closets 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 it is expected that it will be in course of erection before long.

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. Owing to an outbreak of Diphtheria it was found necessary to close one School (Squires Lane Infants') during the year, for a period of three weeks.

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 137 cows come under inspection.

During 1914 the following additions and alterations to the Register were made:—

4 Dairymen and Purveyors.

The proprietorship of 3 premises changed hands, and 1 dairy was closed.

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 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 beg to report that I have made the usual quarterly inspection of the dairy cows (112) in the district during the past year, and have found the udders generally free from disease, and, as a whole, the animals are well kept.

In one or two instances the attention of owners had to be called to the somewhat dirty condition of their cows, generally with satisfactory results.

Yours faithfully,

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. 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 obser-

vation 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.

Slaughterhouses and Meat Inspection.

At the present time there are 11 slaughterhouses in the district, all of which are now licensed. During the year these have been constantly inspected, and 296 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 diseased or unsound food was condemned and destroyed:—

1 Carcase of Sheep.
1 Carcase of Pig (Tuberculosis).
3 Pigs' Plucks.
6 Sheep's Livers.

Bakehouses.

All the Bakehouses (20 in number) were inspected frequently during the year. There are at present in the district 2 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 37 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 are concerned.

From the records relating to the 442 houses visited in the house-to-house inspections during the year, the remarkable fact emerges that only 58 (or 13.1 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 1914:—

Article.		Samples Taken.	Adulterated.
Milk	...	111	19
Butter	...	5	—
Cream	...	5	1
Tincture of Iodine	...	4	1
Liquid Paraffin	...	3	1
Coffee	...	6	—
Castor Sugar	...	2	1
Totals	...	136	23

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 Act. 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 1914) ...	442
Number of dwelling-houses found to be unfit for human habitation	—
Number of representations made to the Local Authority	—
Number of Closing Orders made	—
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	—

Of the 442 houses above referred to—

156	were let at an annual rental of			£16 or under
106	,,	,,	,,	£16 to £26
152	,,	,,	,,	£26 to £40
6	,,	,,	,,	over £40
22	were owned by occupiers.			
442				

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.

Overcrowding.

The number of overcrowded tenements found in Finchley at the last Census was 230. For the purposes of the Census an "overcrowded 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 dangerous 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 1914, 22 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.

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 lay-out 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:—

314 new houses were erected and completed for occupation during 1914. In addition to these, there were on December 31st, 1914, no less than 198 houses in course of construction. I am informed that only 41 of the above houses would be let at an annual rental of £26 or under.

Sanitary Inspection of the District.

The staff is shown on page 5 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 (134), Slaughterhouses (296), Workshops and Factories including Bakehouses (422), 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 9,522 inspections and re-inspections were made, and 1890 nuisances discovered.

As a result of these inspections, 221 Intimation and 174 Statutory Notices were sent to persons in default.

122 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 302 visits were made to such premises in the course of the year.

332 rooms were sprayed and fumigated after infectious disease, 10 verminous rooms were fumigated, and 4,961 articles were disinfected in the steam disinfector.

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

41 patients were removed to hospital in the Finchley ambulance.

632 articles (61 stovings) were disinfected in the Finchley steam disinfector.

The Lady Health Visitor made 301 visits in connection with the Notification of Births Act, and 163 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, Bye-laws, 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 a record of the work done in the Council's Laboratory during the year:—

Diphtheria.

458 swabs were examined.

107 were positive.

340 were negative.

1 was sterile.

10 were indefinite.

4 "Immediate" examinations were made, of which 3 were found positive and 1 negative. The stain used is Toluidine Blue.

Phthisis.

77 specimens of sputum were examined.

18 were positive.

59 were negative.

Ringworm.

56 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, 40 specimens were examined by the Lister Institute, viz.:—

22	Diphtheria swabs ...	7	positive,	15	negative.
11	Sputa	5	,,	6	,,
7	Blood (Widal) tests...	4	,,	3	,,

The facilities for the prompt examination of bacteriological specimens in connection with infectious diseases 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.

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

Sewage Effluents.

A number of 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)	8	—	—
Workshops ... ... (Including Workshop Laundries)	370	11 letters	—
Total	378	11	—

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 ...	14	14	—	—
Want of ventilation ...	—	—	—	—
Overcrowding	1	1	—	—
Want of drainage of floors ...	4	4	—	—
Other nuisances	8	7	—	—
‡ Sanitary accommodation insufficient... ...	—	—	—	—
unsuitable or defective	9	8	—	—
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) ...	12	12	—	—
Other offences—				
(Excluding offences relating to out-work which are included in part 3 of this Report) ...	—	—	—	—
Total . ..	48	46	—	—

* 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 Oct. 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	Outworkers			
Wearing Apparel—Making, &c. ...	6	6	33	4	22

4.—Registered Workshops.

Workshops on the Register (S. 131) at the end of the Year	Number
Dressmakers and Milliners	39
Laundries	19
Bootmakers	29
Bakers	21
Restaurant Kitchens	14
Motor and Cycle Engineers	21
Stonemasons	6
Saddlers	3
Ironmongers	4
Farriers	8
Tailors	16
Upholsterers	3
Coachbuilders and Wheelwrights	3
Other Workshops	8
Total number of Workshops on Register ..	194

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. 5 1901)	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		2

Finchley Urban District Council.

Annual Report

OF THE

Sanitary Inspector

For the Year 1914.

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

Mrs. Hardie and Gentlemen,—

I have the honour to present to you my Thirteenth Annual Report dealing with the work carried out by your Sanitary Inspectors during the year 1914, 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 9,522, as compared with 9,361 in 1913. On 855 of the premises visited, nuisances to the number of 1,890 were discovered, and in dealing with the sanitary defects from which they arose 221 "Intimation" Notices with respect to 442 premises and 174 "Statutory" Notices were served. The numbers of letters written and received with reference to the business of the department were respectively 999 and 990. At the end of the year 1,611 of the nuisances discovered had been abated, the work of remedying 160 was in hand, and the

remaining 119 were outstanding. In order to ascertain that the sanitary defects were being properly remedied 2,104 visits were paid to the respective premises while the work was in progress.

The customary systematic inspection of the district has been well maintained, and all insanitary conditions discovered in connection with house property and other premises which come under the control of the Department have been promptly dealt with. The various trade premises, which are subject to periodical inspection, have been kept under observation, and steps have been taken to maintain as far as practicable a pure food supply.

Recent legislation has considerably extended the scope of sanitary administration, and it is necessary to apply carefully organised effort in order that each branch or section of work receives the attention which its importance demands.

Among the sanitary operations which received special attention are the following:—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, slaughter-houses, 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 Acts, 1912 and 1913.

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 notified, and the disinfection of the premises occupied by infectious patients has been promptly carried out.

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 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 addition to the matters mentioned herein, 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 in this report.

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	442
Special Inspections	1702
Re-Inspections after Order or Notice	2270
Visits to Works in progress	2104
Visits to Factories and Workshops (including Bakehouses)	422
Visits to Slaughterhouses	296
Visits to Cowsheds, Dairies, and Milkshops ...	134
Visits to Ice Cream Premises	39
Visits to Food Shops	551
Visits *re* Infectious Disease	1066
Miscellaneous	496
Total number of inspections and re-inspections ...	9522

Summary of Sanitary Improvements carried out.

Drainage.

Number of Houses and Premises re-drained ...	86
Repairs or Amendments to existing Drains ...	36
Drains or Gullies unstopped and cleansed ...	28
Length in yards of Stoneware Drains laid ...	1738
Length in yards of Heavy Cast-iron Drains laid ...	335
Manholes provided	88
Manholes altered and repaired	11
Intercepting traps fixed	36
Fresh Air Inlets repaired	11
New Gully Traps fixed	439
New Soil Pipes and Ventilating Shafts fixed ...	72
Soil Pipes and Ventilating Shafts repaired ...	13
Water Tests applied	436
Smoke Tests applied	76
Air Tests applied	74

Water Closets and Sanitary Fittings.

New w.c. basins fixed	147
W.C.'s unstopped, cleansed or repaired... ...	18
New Flushing Boxes fitted to W.C.'s	14
Existing Flushing Boxes repaired	53
New W.C. Apartments provided	11
W.C. Apartments lighted, repaired and ventilated	10
Lavatory Basin provided	1
Baths provided	2
New Impervious Sinks provided	50
New Waste Pipes fixed	61
Waste Pipes repaired or unstopped	16
Existing Waste Pipes trapped	62

Sanitary Conveniences.

New Urinal constructed	1

Miscellaneous.

Roofs repaired	44
Eaves Guttering renewed	5
Eaves Guttering cleansed and repaired ...	13
New Stack Pipes provided	2
Existing Stack Pipes repaired or unstopped ...	18
Existing Stack Pipes disconnected from Drains ...	65
Damp Walls remedied	11
Ventilation under floors provided	35
Yards paved	26
Paving of Yards repaired	61
Floors of Rooms repaired	27
Floors of Rooms relaid	7
Rooms repaired, cleansed and limewashed ...	182
Windows repaired and made to open	45
Workrooms cleansed and repaired	10
Cisterns repaired, cleansed and covered ...	72
Water Pipes repaired	3
Movable sanitary dustbins provided	82
Nuisances from overcrowding abated	17
Nuisances from animals abated ...	7
Manure receptacles provided	5
Stables cleansed	2
Accumulations of manure and refuse removed ...	7
Miscellaneous	19

Infectious Disease and Disinfection.

Cases of infectious disease notified (excluding Phthisis)	245
Number of rooms fumigated after infectious disease	332
Verminous rooms fumigated	10
Number of articles disinfected	4961

N.B.—In addition to the above work of disinfection, 61 stovings of bedding, etc. (632 articles) were carried out, and 41 patients were removed to Hospital for the Friern Barnet District Council.

Drainage of Existing Buildings.

The existing drains of dwelling houses and other premises, which for various reasons are believed to be in a defective condition, are subjected to either the smoke or air tests. In all 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 the Acts amending the same, and a number of 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, 122 were found to be more or less defective.

In all, the drains of 86 houses were entirely reconstructed and the existing drains of 36 other premises were properly repaired. No less than 47 of the premises re-drained were provided for by means of 8 combined systems of drainage.

This work involved the laying of 1694 yards of stoneware and 335 yards of heavy cast-iron coated pipe drains, 427 gully traps, a large number of which were of a self-cleansing type, and 33 intercepting traps were fixed, 83 manholes were built, and 11 existing manholes were altered or repaired. In connection with this work 436 water tests, 76 smoke tests, and 74 air tests were applied.

New drains are, in all cases, required to be constructed with salt-glazed stoneware or heavy cast-iron *coated* pipes, laid on a solid bed of Portland cement concrete. Heavy cast-iron pipes are invariably used when the drain passes under a building, and, in many instances, owners wisely select this material for the whole drainage system, thereby securing practically permanent watertight drains, a condition which cannot be guaranteed when stoneware pipes are used.

Means of access for cleansing and inspecting purposes are provided by inspection chambers built in suitable postions; the drains are disconnected from the public sewer by means

of approved intercepting traps and efficient means of ventilation are provided. A steel device attached to rods is passed through each drain to remove any cement which may have been left inside the pipes and the water test is applied to all new drains both *before* and *after* the ground has been filled in.

On completion of each re-drainage scheme, a survey is made by your inspectors and a block plan of the new drain is prepared and filed for future reference, together with a tabulated statement of the works executed. This practice has been carried out since the year 1902, and forms a complete and valuable record of the re-drainage of existing buildings within the district. Necessary references to these records have been frequently made during the year, and the information obtained therefrom proved to be of great practical use.

Several very useful legal provisions are in force within the district which enable your Council to exercise a reasonable measure of control over the construction, repair, and maintenance of the drains of existing buildings. Under Section 43 of the Finchley Urban District Council Act, 1908, notice must be given to the Council 12 hours previous to carrying out any work of repair in connection with a drain which connects with a sewer of the Council. Sections 40 and 41 of the same Act provides for the infliction of heavy penalties upon any persons who may be convicted of improperly constructing or wilfully damaging any drain, water-closet, or soil pipe.

Water Closets.

One hundred and forty-seven insanitary water-closet basins and traps were removed and pedestal or other suitable basins and traps of the "Wash-down" type fixed in lieu thereof. Eighteen existing water-closets were repaired or unstopped and cleansed.

Fourteen new water-closet flushing cisterns were fixed and 53 existing flushing cisterns were repaired and put into proper working order.

Eleven water-closet apartments were abolished as they were structurally unfit for the purpose, and in each instance a new apartment was erected.

Ten existing w.c. apartments were properly repaired, lighted and ventilated.

Soil Pipes and Ventilating Shafts.

Sixty-nine new soil pipes and ventilating shafts were fixed, these being constructed with either (*a*) strong cast-iron pipes, "coated" or galvanised, to prevent corrosion, and the joints thereof run with lead and caulked, or (*b*) solid drawn lead pipe with wiped solder joints. A permanent and reliable joint between each w.c. apparatus and soil branch is rigidly enforced. In cases of necessity water-closet traps are ventilated by suitable anti-syphonage pipes.

Thirteen existing soil pipes and ventilating shafts were properly repaired.

There are several legal provisions in force within the district which deal expressly with soil pipes.

Section 36 of the Public Health Acts Amendment Act, 1907, prohibits the use of rain-water pipes as soil pipes, and Section 37 of the same Act provides that a rain-water or stack-pipe shall not be permitted to serve or to act as a ventilating shaft to *any* drain.

The Finchley Urban District Council Act, 1908, section 29, enacts that the soil pipe of any water-closet within a house or building shall be properly ventilated by means of a pipe caried up therefrom or by such other method as the Council shall direct.

Baths, Lavatory Basins and Sinks.

Sixty-one new trapped waste pipes were fixed in connection with baths, lavatory basins, and sinks, and seventy-eight existing waste pipes were repaired or properly trapped.

Fifty new glazed stoneware or fireclay sinks were fixed, a number of these being provided in lieu of old existing York stone sinks which had become badly worn and insanitary. Several sinks were provided at houses where no such provision previously existed.

The Council may, if it appears to them, upon the report of their responsible officer, that any building is not provided with a proper sink, require the owner or occupier to provide such a sink under section 49 of the Public Health Acts Amendment Act, 1907. Unfortunately the phraseology of this section is somewhat vague and its practical value is, moreover, considerably reduced by reason of the fact that no provision is made for enforcing the laying on of a water supply to any sink which an owner may be required to provide. In this connection it may be observed that a sink without a water supply and draw-off cock over the same is as inconvenient to the householder as a water-closet without a flushing apparatus.

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 inspections made under this heading are classified as "House-to-House Inspections," and each house is carefully surveyed. 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 conditions 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 exist-

ence 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-two house-to-house surveys were made during the period under review, as compared with 443 in 1913, and 407 in 1912.

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

Brackenbury Road	77	houses.
Hutton Grove	48	,,
William Street	22	,,
Grove Road	30	,,
Park Road, East Finchley	8	,,
The Walks, East Finchley	17	,,
Market Place, East Finchley	4	,,
Church Lane	12	,,
Chapel Street	12	,,
Lodge Lane	62	,,
Solomons Terrace	8	,,
Ballards Lane	8	,,
High Road, Whetstone	29	,,
Belgrave Terrace, Stanhope Road ...	3	,,
Dollis Road	1	,,
Summers Row	2	,,
Friern Lane	1	,,
Green Road	2	,,
Swan Place, High Road, Whetstone ...	9	,,
Rasper Road	13	,,
Totteridge Lane	4	,,
Winifred Place	15	,,
Stanhope Road	4	,,
Swan Lane	8	,,
High Road, North Finchley	4	,,
Prospect Place	6	,,
East End Road	8	,,
Lichfield Grove	1	,,
Red Lion Hill	21	,,
High Road, East Finchley	3	,,
Total ...	442	houses.

As a result of these inspections, no less than 975 nuisances were discovered and dealt with, and these are enumerated in the appended summary:—

Defective drains	6
Defective and short ventilating shafts to drains ...	17
Blocked drains and w.c.'s	8
Defective and insanitary w.c. basins	21
W.C. flushing boxes out of order	38
Defective Fresh Air inlets to drains ...	9
Defective house roofs	83
Dirty and defective ceilings and walls of rooms ...	196
Defective floors of rooms	48
Insanitary stone troughs	23
Defective and untrapped waste pipes	39
Defective or insufficient yard paving	38
Rain water stack pipes in direct connection with drains	24
Absence of or defective eaves guttering and stack pipes	43
Nuisances from dampness	44
Absence of ventilation under floors	82
Windows not made to open	51
Dirty and uncovered service water cisterns ...	65
Defective ashbins	47
Overcrowding	9
Absence of or defective gully curbs	27
Nuisances from Animals	4
Miscellaneous	53

The House-to-House records prepared in 1914 have been carefully analysed, and the following statistical information compiled therefrom:—

DWELLING HOUSES.

Number of Houses inspected ...			442
,, ,,	Sublet by Landlord	8	
,, ,,	Sublet by Tenant	93	
		—	101 or 22.8 %
Number of Rooms.	Living Rooms	882	
,, ,,	Sleeping Rooms	1033	
,, ,,	Bed-living Rooms	24	
		——	1939

RENTS.

*Annual Rental of £16 or under ...	156
,, ,, £16 to £26 ...	106
,, ,, £26 to £40 ...	152
,, ,, over £40 ...	6
Owned by Occupiers	22
	442

*Number of houses in regard to which Section 15 of the Housing, Town Planning, etc Act 1909, applies, by reason of contracts for letting having been made after the passing of the Act (3rd December, 1909 ... ... 53 or 33 9%

OCCUPANTS.

Number of Occupants.—Adults ...	1409
Children ...	908
Average number of persons per house	5.2
,, ,, ,, per room	1.18
,, ,, ,, per bedroom	2.19

OVERCROWDING.

Number of Houses overcrowded ...	16

SANITATION.

Number of Houses where defects were found 337 or 76.2%

FOOD STORAGE.

Number of Houses not provided with larder accommodation	384 or 86.8%
Number of Houses provided with larder accommodation	58 or 13.1%

Housing of the Working Classes Acts.

Early in the year an application was received from the Local Government Board for certain particulars as to the inspection of houses and housing conditions within the district. A copy of the information supplied is contained in the appended tabulated statement.

HOUSING OF THE WORKING CLASSES ACTS.

Particulars as to Inspection of Houses, and Housing Conditions.

(Dated 17th March, 1914.)

QUERY.	ANSWER.
Name of Local Authority ...	Finchley.
1. The estimated number of dwelling-houses in the district of the Local Authority	9210 (Separate Ratings).
2. The estimated number of dwelling-houses within the limit of rent applicable to the District under Section 14 of the Housing, Town Planning, etc., Act, 1909 (viz.: –£16 per annum) ...	195.
3. The number of dwelling-houses which have been inspected under and for the purposes of Section 17 of that Act and the particulars required by the Housing (Inspection of District) Regulations, 1910, duly recorded:—	House to House inspection has been carried out for many years and records kept in a similar manner to that required by the Housing (Inspection of District) Regulations, 1910. The provisions of Section 17 of the Act of 1909 are now put into force if a house is found to be unfit for human habitation.
	The following figures refer to inspections carried out since 1908:—
(*a*) Within the limit of rent applicable to the District under Section 14	195.
(*b*) Above that limit ...	1351.
	N.B.—Records are also available with respect to more than one inspection in regard to a number of the houses included in the above figures.
4. By what date can the inspection of dwelling-houses within the limit of rent above referred to be completed and the necessary records made?	Inspection already complete and re-inspection constantly proceeding as time permits.

QUERY.	ANSWER.
5. (1) How many of the dwelling-houses inspected were found to be in a state so dangerous or injurious to health as to be unfit for human habitation?—	
(*a*) Within the limit of rent above referred to.	Four.
(*b*) Above that limit.	None.
(2) And how many of those houses are still in that state:—	
(*a*) Within the limit of rent referred to.	One—The Cottage, Water Cress Beds, Regents Park Road.
(*b*) Above that limit.	None.
	N.B.—One building formerly occupied as two tenements made fit and converted into one dwelling-house.
	One dwelling demolished.
	One dwelling recently closed but not yet demolished.
6. (1) How many of the dwelling-houses inspected, though not found to be in a state so dangerous or injurious to health as to be unfit for human habitation, were seriously defective from the point of view of danger to health or structural faults?—	Sanitary defects varying in their nature from comparatively trivial to grave were found as follows:—
(*a*) Within the limit of rent referred to.	(*a*) No. of houses where defects were found 166 No. of houses where defects were not found 29 —— 195
(*b*) Above that limit.	(*b*) No. of houses where defects were found 962 No. of houses where defects were not found 337 ——1299
	No. of houses occupied by owners:— (1) Defects found 21 (2) Defects not found 31 —— 52
	Total 1546

QUERY.	ANSWER.
(2) And how many of those houses are still in such defective condition ?—	The defects above referred to have been remedied, excepting the items which are in hand in connection with inspections which have been recently made.
(*a*) Within the limit of rent referred to.	
(*b*) Above that limit.	
7. The number of vacant houses suitable for persons of the working classes and in all respects reasonably fit for human habitation.	None.
8. The number of houses which are overcrowded on the basis adopted in the Census Returns, viz. :—more than two persons to a room.	Of 1,546 houses, the records show that 66 houses have an average of more than two persons per room.
9. Number of new houses which in the opinion of the Local Authority is required to provide any necessary accommodation for persons of the working classes in the district and the nature and extent of such accommodation, *e.g.*, separate houses, tenements, number of rooms.	In answer to this query detailed information was given respecting your Council's proposed scheme for the erection of 300 dwellings for the working classes on the Woodhouse Road Estate.

Houses Unfit for Human Habitation.

No Dwelling-house was reported as being unfit for human habitation during the year.

Overcrowding in Dwelling Houses.

The number of Dwelling Houses found to be overcrowded was twenty-two. In seventeen instances the overcrowding was abated, and the remaining five cases are being dealt with.

In order to provide the necessary air space required to avoid overcrowding, many occupiers of dwellings have adopted the common expedient of using kitchens and sitting rooms as bedrooms.

Factory and Workshop Act, 1901.

The Factories, Workshops or Workplaces on the Register number 241. 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 78—80 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.

Bakehouses.

There are twenty Bakehouses in the district, and of these two are underground. The use of one underground Bakehouse at No. 10, The Broadway, Church End, Finchley, has been discontinued, and the premises are now used for purposes not connected with the food supply.

Two new Bakehouses have been established during the year, one of these being larger than any other in the district.

From a structural point of view, many of the Bakehouses do not reach a high standard, but every endeavour is made by periodical inspection to require the premises to be kept in a reasonable sanitary condition.

It is to be regretted that only in two instances has outside stoking been adopted in connection with the fireplaces attached to the ovens.

Some difficulty is occasionally experienced in securing the thorough cleansing of the floors of Bakehouses and the prevention of accumulation of rubbish under the troughs, and, in cases of necessity, the occupiers have been requested to deal with these matters more effectually.

Dairies, Cowsheds and Milkshops.

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

The usual periodical visits have been paid to the registered premises in the district, and the necessary steps have been taken to ensure compliance with the provisions of the Regulations. In addition to action being taken in regard to certain minor infringements, structural alterations were carried out in connection with certain existing buildings adjoining Burton Cottage, Ballards Lane, in order to render them fit for carrying on a dairy business.

During the year four dairymen and purveyors of milk were registered under the Dairies, Cowsheds and Milkshops Order, 1885. The proprietorship of three premises changed hands, one dairy 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
	57

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 37.

Slaughterhouses.

The number of private Slaughterhouses in the district remains the same as last year, namely, eleven, and the occupier of each of the premises is licensed by the Council for a period of 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. Three of the slaughterhouses are now very little used.

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.

The question of adopting some measure to provide for the more humane slaughtering of animals has been deferred for the present, as the Local Government Board are likely to issue at an early date a model bye-law dealing with this problem.

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 was dealt with and structurally improved.

In addition to the inspection of slaughterhouses, the other food premises have been inspected, and the following diseased or unsound food has been destroyed, viz.:—One carcase of sheep, one carcase of pig (tuberculosis), 3 pigs' plucks, and 6 sheep's livers.

The following table contains a tabulated list of the premises within the district which are more or less concerned with the food supply, and which are subject to inspection by the officers of this department:—

Grocers and Provision Merchants	77
Butchers	35
Greengrocers and Fruiterers	41
Fishmongers	15
Dairies and Milkshops	41
Bakers and Confectioners	71
Restaurants and Refreshment Rooms	22
	302

Water Supply—Storage Cisterns.

Seventy-two storage cisterns were cleansed and repaired or provided with suitable covers. The latter provision is one of some importance, as evidenced by the fact that in the course of inspection one not infrequently finds the decomposed bodies of birds or mice in uncovered cisterns, especially those situated in the space immediately below the roof. Soot and dust are also constantly falling into uncovered cisterns, and during the summer months an objectionable green vegetable growth accumulates on the surface of the water in cisterns placed in an external position.

Legal power to control the storage of water for domestic use was expressly given for the first time in the Public Health Acts Amendment Act, 1907, section 35 (1), which enacts as follows:—

> "Any cistern used for the supply of water for "domestic purposes so placed, constructed, or kept as "to render the water therein liable to contamination, "causing or likely to cause risk to health, shall be "deemed to be a nuisance within the meaning of the "said Act." (Public Health Act, 1875.)

Sanitary Conveniences at Licensed Premises.

In my Annual Report for the year 1913 I gave some detailed particulars of the type of urinals which existed at the various licensed premises within the district, and of the systematic steps which had been taken up to the end of the period then under review, with the object of securing the reconstruction of many of these conveniences.

The structural work required to be carried out is now practically complete, and I append a list of the licensed premises in the district with particulars of the type of each urinal provided thereat:—

Name of Licensed Premises.	Type of Urinal.
The Hand and Flower, W. ...	Four glazed fireclay stalls in brick apartment.
The Torrington Hotel, N.F. ...	Four do. do.
The Malt and Hops, N.F. ..	Three do. do.
The Duke of Cambridge, E.F. ...	Three do. do.
The Joiners' Arms, C.E.F. ...	Three do. do.
The Queen's Head, C.E.F. ...	Two do. do.
The Manor Cottage, E.F. ...	Two do. do.
The Triumph, N.F. ...	Three in underground convenience
The Three Horse Shoes, W. ...	Two glazed fireclay stalls; internal walls of apartment covered with white tiles.
The Cricketers, N.F. ...	Do. do. do.
The Bull and Butcher, W. ...	Glazed fireclay slabs on walls of brick apartment.
The Green Man, E.F. ...	Do. do. do.
The Alexandra, E.F. ...	Do. do. do.
The Old White Lion, E.F. ...	Do. do. do.
The Swan and Pyramids, N.F. ...	Do. do. do. (and an iron urinal).
The Moss Hall Tavern, N.F. ...	Slate slabs on walls of brick apartment.
The Five Bells, E.F. ...	Do. do. do.
The George Inn, E.F. ...	Slate slabs on walls of white glazed brick apartment.
The King of Prussia, C.E.F. ...	Cement dado on walls of brick apartment.
The Windsor Castle, E.F. ...	Do. do. do.
The Dick Turpin, E.F. ...	Do. do. do.
The Red Lion, E.F. ...	Do. do. do.
The Swan with Two Necks, W. ...	Do. do. do.
The Railway Hotel, C.E.F. ...	Three glazed fireclay stalls in brick apartment now in course of construction.
The Bald Faced Stag, E.F. ...	Existing urinal about to be abolished, and new public convenience erected to provide accommodation for both sexes.
The Park Road Hotel, N.F. ...	Old urinal abolished. Premises abuts on to public convenience.
The Belgrave Tavern, N.F. ...	Old urinal abolished. Premises opposite public convenience.

Nuisances—Keeping of Animals.

Fowls, Rabbits, etc.—Judging from the number and variety of domestic live-stock, such as fowls, rabbits, pigeons, etc., kept in the yards or gardens in connection with a large number of small houses in the district, the occupiers appear to possess an unusual propensity for keeping animals, with but little regard for the suitability of the premises. In many instances the limited air-space within the curtilage of their dwellings does not permit of the keeping of these animals under proper sanitary conditions, and, in some cases, they are housed in a manner which is strongly suggestive of the infliction of actual cruelty upon the victims of the householders' "hobby." If a remonstrance is made at the time of an inspection, the reply often received is to the effect that a profit is obtained, especially in regard to the keeping of fowls. That such a result is possible in view of the pitiable condition in which these birds are occasionally kept is impossible of belief.

In those cases in which action could reasonably be taken under the Public Health Act or the Bye-laws made thereunder, the person responsible was required to discontinue keeping the animals or poultry, or, where possible, to keep them in such a manner as not to create a nuisance.

Pigs.—Several nuisances have been dealt with in regard to the keeping of swine. One piggery which has been particularly troublesome for some years past, has been inspected practically once in each week throughout the year. This piggery was established many years ago, and dwelling houses of the villa type have now been erected in close proximity thereto. The difficulties associated with the premises are increased by the problem of properly disposing of the sewage, as owing to the low level of the site it is not possible to connect the drains with the public sewer.

Horses.—The stables throughout the district have been inspected and steps taken to enforce compliance with the Bye-laws in regard to the provision of manure receptacles and the periodical cleansing and limewashing of stables, etc.

The frequent removal of stable manure and other refuse is a matter of considerable importance as these accumulations are ideal breeding places for the common house-fly. It is now generally recognised that these insects may be carriers of disease germs, especially of Typhoid, Cholera, Tuberculosis, Diarrhœa, etc. It may be interesting to mention that the latter disease was, according to statistical information, responsible for no less than 1811 deaths amongst children in London alone during 1910.

It is, of course, desirable to adopt measures to kill flies, but it will be conceded that the logical procedure is to destroy their breeding places. This is done, as far as possible, by the frequent removal of stable manure and other refuse.

The number of stables in the district is diminishing on account of the increased use of motor vehicles.

Storage and Collection of House Refuse.

There were formerly a considerable number of brick ashpits in the district, but practically the whole of these receptacles have now been abolished and movable galvanized iron dustbins provided in lieu thereof. During the year 82 dustbins were found to be in a defective condition, and were replaced with new galvanised iron receptacles. Many of the dustbins provided are made with very light gauge metal, and consequently they are easily damaged. I have seen the sides of such a dustbin badly "buckled" by its own weight when placed on a man's shoulder in the act of removing the same for emptying purposes. The life of these dustbins is also considerably reduced by being made the depositories for wet and sodden refuse, much of which could be more sanitarily disposed of by burning in the kitchen range. Many householders also fail to realise that the cover is made for the purpose of closing the top of the dustbin when it is not in use.

With respect to the strength of dustbins, your Council possess considerable power, as Section 22 of the Finchley Urban District Council Act, 1908, provides (*inter alia*) that "dustbins shall be of such size and construction as may be approved by the Council."

The house refuse is removed by a contractor who carries out his work under the direction and supervision of the Council's Surveyor.

Paving of Yards.

The paving and drainage of yards in connection with, and exclusively belonging to, dwelling houses, is enforceable in the district under Section 25 of the Public Health Acts Amendment Act, 1907. The owners of court-yards and passages used in common by two or more occupiers may also be required to properly flag, asphalte, 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, 87 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 26 yards, while in 61 instances satisfactory repairs were executed.

Complaints.

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

Alleged defective drains	22
Blocked drains	8
Insanitary w.c.'s	13
Flushing boxes out of order	3
Insanitary condition of mews and passages ...	1
Insanitary condition of houses	18
Water supply	7
Nuisance from dampness	6
Nuisance from overcrowding	12
Nuisance from animals	10
Accumulations of refuse or manure	18

Burning of refuse	3
Nuisance on unfenced building land	6
Non-removal of house refuse	25
Absence of or defective ashbins	9
Smoke nuisances	2
Foul ponds and ditches	1
Smells from public sewers	20
Insanitary condition of piggeries	1
Nuisance from rats	1
Other complaints	42
	228

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.

One complaint was made by a resident to the Local Government Board with respect to an alleged plague of flies, said to be due to neglect to remove manure from stables situated near the house in the complainant's occupation. The stables in question had been under routine inspection for a considerable period, and were well kept. The Bye-laws were also reasonably observed. A reply to this effect was sent to the Board by the Clerk of the Council.

Enquiries and Inspections after Infectious Disease.

One thousand and sixty-six 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 4,961 articles were removed to the Council's disinfecting station and passed through the steam disinfecting apparatus; 332 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 under-mentioned defects were discovered and satisfactorily remedied by the owners or occupiers:—

Defective drains	5
Defective and insanitary w.c.'s	7
Defective soil pipes and ventilating shafts ...	3
Defective manholes and covers	5
Defective fresh air inlets to drains	5
Blocked drains, w.c.'s or gullies	3
Defective connections between w.c. basins and flush pipes	2
W.C. flush boxes out of repair	8
Insanitary stone trough	1
Defective and untrapped waste pipes	24
Defective roofs	4
Defective rain water guttering and stack pipes ...	5
Absence of or defective yard paving	4
Dirty ceilings and walls of rooms	17
Defective floors	2
Rainwater pipe connected direct to drain ...	1
Dirty and uncovered service water cisterns ...	14
Defective ashbins	9
Miscellaneous defects	13

In addition to the above work of disinfection 61 stovings of bedding, etc. (632 articles) were carried out, and 41 patients were removed to Hospital for the Friern Barnet 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-six 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 three 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 5,804 gallons.

In two instances the petroleum spirit is stored in bulk in large metal tanks placed underground; the use of one other storage tank of some 2,000 gallons capacity has been discontinued. At the remaining 24 licensed premises the petroleum is kept in the standard two gallon tins in quantities ranging from 20 to 500 gallons, and it is chiefly retailed for use on motor cars.

As evidence of the increased demand for this commodity the amount which can now be kept for sale in pursuance of your Council's licences is *five times greater than it was in 1905*.

Shops Acts, 1912 and 1913.

Periodical inspection of the district has been maintained during the year, and the provisions of the above Acts continue to be generally well observed.

In addition to general inspection of the district, some 304 special visits were made under the Shops Acts, and these visits are not included in the total number of inspections recorded elsewhere in this report in relation to sanitary work.

Infringements.—The chief infringements dealt with were in relation to the affixing of certain prescribed notices in shops. Some difficulty was experienced in many instances in securing compliance with the provisions of the Shops Acts, in this respect, but ultimately the necessary notices were provided. The following are particulars of the infringements in regard to which action was taken:—

Failure to affix in shop prescribed notice "Form I" respecting the week day on which assistants are not employed after 1.30 p.m. 109

Failure to affix in shop the prescribed notice "Form IV" in regard to "mixed shops" being closed for the sale of non-exempted goods 45

Closing Order.—The question of making a Closing Order fixing the hour on each day of the week at which shops are to close was considered by the General Purposes Committee, and I was instructed to report fully on the matter. Owing, however, to the conditions which prevailed on account of the war, the issue of this report was temporarily deferred.

Kitchenmaids and other Assistants Employed in Restaurants, etc.—The decision given in the High Court in May, 1914, removed any doubt as to Kitchenmaids and similar employees being shop assistants within the meaning of the Shops Act, 1912. All the restaurants and refreshment stalls in the district were dealt with, and action taken to ensure that this class of assistant enjoyed the benefits conferred upon them by the provisions of the Acts of 1912 and 1913.

Employment of Young Persons.—In no case was it discovered that any young person had been employed for longer than the specified period of 74 hours, including meal times, in any one week.

Seats for Shop Assistants.—In a few instances the requisite number of seats, namely, one seat for every three female assistants, was not provided, and these cases were satisfactorily dealt with.

Complaints.—Only three complaints were received, and these were promptly investigated.

Fabrics (Misdescription) Act, 1913.

This Act is intended to prevent the sale of inflammable textile fabrics to which is attributed, expressly or inferentially, the quality of non-inflammability or safety from fire. I have been requested to carry out the administrative duties under this Act by the General Purposes Committee, and samples of textile fabrics will be purchased and tested when and as required.

Legal Proceedings.

It was not necessary to institute any legal proceedings during the year.

Execution of Work in Default.

In one instance an owner failed to comply with a notice served by the Council requiring him to pave the yard at the rear of a dwelling house, and the necessary work was therefore executed by the Council. The costs incurred were subsequently recovered from the owner.

It is with much pleasure that I take this opportunity to express my appreciation of the excellent manner in which the assistant sanitary inspectors, Messrs. F. Hudson and E. F. Eldred, have carried out their duties. A change in the clerical staff took place during the year, a more experienced clerk, Mr. H. J. Harland, being appointed in place of the junior clerk, who resigned through illness. By this arrangement I hope to secure more effective clerical assistance in future. In common with other departments, our staff has been affected by the war, Mr. Harland having enlisted and Mr. Perry, who was senior clerk, having obtained an appointment as assistant inspector under another local authority. He received his sanitary training and obtained the necessary qualifying certificates while in this office.

I wish to again thank the Chairman and Members of the Council for their kindly consideration and support, and also the officers of other departments, who are always very willing to render all possible assistance.

I am, Mrs. Hardie and Gentlemen,

Your obedient servant,

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

Chief Sanitary Inspector

Public Health Department,
3, The Hawthorns,
Regents Park Road,
Church End, Finchley, N

February, 1915.

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, 1914,

BY

J. R. PRIOR, M.D.,
School Medical Officer.

SCHOOL MEDICAL OFFICER'S REPORT.

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Members of the Education Committee.

Councillor W. E. Martin, J.P. (Chairman),
„ W. C. Cope (Vice-Chairman),
„ C. S. Syrett (Chairman of the Council),
„ Mrs. Hardie,
„ C. F. Day,
„ G. Durnford,
„ T. Griffiths,
„ C. A. Matthews.

Mr. H G. Eckert,
Mr. A. L. McMaster, } Co-opted Members.

Miss Shoults,
Mr. F. Goodyear, C.C.
Mr. B. Todd, J.P., C.C. } Ex Officio Members.

Secretary of Education : J. F. Alder.

TO THE EDUCATION COMMITTEE

OF THE

FINCHLEY URBAN DISTRICT COUNCIL.

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,—

I beg to present the report for the year 1914 on the medical work in connection with the children attending the elementary schools.

The primary object of the medical inspection is to discover physical and mental defects amongst the children so that suitable and adequate treatment may be obtained as early as possible.

The Finchley Education Authority very early recognised the absolute necessity of providing medical treatment for certain defects; firstly, the treatment of ringworm was adopted, followed by the treatment of defective teeth.

During the year 1914 an Ophthalmic Clinic was started for the treatment of diseases of the eye and errors of refraction. This appears to have been exceedingly successful, in fact the number of children dealt with has been much in excess of that anticipated.

It is hoped that before long it will be possible to inaugurate "an admission day" in every school, and to deal with minor ailments more thoroughly.

As in past years I have received the greatest possible assistance from your Secretary for Education, and my best thanks are due to him for making things work so smoothly. I have also to state again how much indebted I am to Miss Francis, the School Nurse, for her untiring efforts in all the medical work in connection with the schools.

Your obedient servant,

J. R. PRIOR,

School Medical Officer.

ANNUAL REPORT

OF THE

MEDICAL OFFICER, FOR 1914.

The Urban District of Finchley comprises an area of 3,384 acres, with an estimated population in 1914 of 45,868.

There are 8 Public Elementary Schools (4 Council and 4 Non-provided), organised in 17 departments. These provide accommodation for 5,627 children. The present number on the registers is 4,660, with an average attendance of 4,132. The number of scholars on the roll in each department is as follows:—

Long Lane Infants	...	...	367
Ditto Mixed	...	...	487
Albert Street Infants	...	...	297
Ditto Mixed	...	...	549
Squires Lane Infants	...	...	360
Ditto Juniors	...	...	320
Ditto Seniors	...	...	250
North Road Junior	...	...	280
Ditto Senior	...	...	323
St. Mary's Infants	...	...	184
Ditto Mixed	...	...	313
St. John's Infants	...	...	97
Ditto Mixed	...	...	175
Holy Trinity Infants	...	...	115
Ditto Mixed	...	...	216
Christ Church Infants	...	...	91
Ditto Mixed	...	...	236
			4660

The following table shows the cost of medical inspection and treatment per head of average attendance since the inauguration of the Administrative Provisions Act, 1907 :—

Year ending	31st March,		1908	—
,,	31st	,,	1909	9d.
,,	31st	,,	1910	1/3
,,	31st	,,	1911	1/6
,,	31st	,,	1912	1/10
,,	31st	,,	1913	1/10
,,	31st	,,	1914	1/8
,,	31st	,,	1915	2/3 (estimated)

Development of the Work.

The past year has been one of considerable progress, not only by the inauguration of an Ophthalmic Clinic, but also by extending the drug treatment of ringworm. In connection with the former, Dr. Pritchard was appointed in a consultative capacity for a period of one year. The following branches of treatment work are now undertaken by the Local Education Authority :—

Ringworm by X-Ray and by drugs.

Defective teeth.

Diseases of the eye and errors of refraction.

Full details of the work carried out in each of these branches appear in the report.

The staff consists of a School Medical Officer (who is also Medical Officer of Health), a School Nurse, a Dentist, who attends one afternoon a week (occasionally two), a Radiographer (who attends when required), an Ophthalmic Surgeon, who also attends as occasion may arise. It is becoming apparent that the Nursing Staff is inadequate: hence the Local Education Authority have under consideration the appointment of an additional Nurse.

During the period under review, legislative and departmental matters of great importance have arisen as will be seen from the following brief references to new Acts of Parliament and Departmental Regulations:—

(*a*) The Mental Deficiency Act, 1913, by which, as from 1st April, 1914, the obligation devolves upon the Local Education Authority to ascertain what children in their area are suffering from mental defects.

(*b*) Regulations under the Mental Deficiency Act by which these unfortunate children are divided mainly into two classes: (1) those educable, and (2) those non-educable. With regard to the latter, the cases are reported to the Board of Education, and the County Council, who then deal with them, and they thus pass out of the hands of the Local Education Authority. With regard to the former, a new Act came into operation.

(*c*) The Elementary Education (Defective and Epileptic Children) Act, 1914, by which mentally defective children capable of education must be sent to a special school or class. The Local Education Authority is at present in treaty with neighbouring authorities for the erection and maintenance of a joint institution for the suitable education of these unfortunate children.

(*d*) The Education (Provision of Meals) Act, 1914, which removes the limit placed upon the expenditure of the Local Education Authority in the provision of food for elementary school children. With regard to Finchley, this work has always been undertaken by voluntary means, and I have every reason to believe that all requirements have been met.

General Review of Routine Medical Inspection.

The Code of Regulations for Elementary Schools has hitherto only made obligatory the medical inspection of "entrants" (children just commencing their school career),

and "leavers" (children just completing their school course). In future, a third group must also be medically inspected ("intermediates") (children half-way through the course) about the age of 8½. So far as Finchley is concerned, this will make no difference, as the "intermediates" have been examined during the past 2 years. It should be pointed out in passing that a considerable number of children who have been examined as "entrants" in Finchley have already been previously examined elsewhere, though it has been impossible to obtain their medical inspection records. The districts from which they came have been asked to supply these records, but have either been unable to comply, or have stated that it has been impossible to attend to such requirements owing to the large amount of clerical work entailed. Another point worthy of comment is the great number of abbreviation signs used on the medical inspection records of various districts. To such an extent is this carried, that it is often quite impossible to understand their meaning. It is to be hoped that some means may be devised whereby a universal system of making and keeping records may be put into operation.

Special Records for Children with Defects.

During the year your Secretary and Medical Officer have devised a scheme for keeping a more complete and more efficient record of children with defects. The basis of the scheme is the use of coloured cards, one colour for eye cases, another for ears and throat, another for chest diseases, another for ringworm, another for uncleanliness, etc. The work certainly involved duplication and extra clerical work, but the extra time and labour have been more than repaid by the ease with which children suffering from a particular defect can be kept under constant observation until the defect is remedied.

Special Enquiries and Special Examinations.

Apart from the routine Medical Inspection, a large amount of time has been spent in making special enquiries into, and additional examination of, cases in which the time given at an ordinary examination was insufficient. A fuller description of this work appears in the body of the report.

Statistical Tables.

During the year 1914, 1,641 children have been medically examined, as set out in the table below. The word "entrants" includes all children from 5 to 7 years of age. The word "intermediates" denotes children between the ages of 8 and 12, and the word "leavers" is used in the same sense as in the Code of Regulations for Elementary Schools:—

School.	Entrants.		Intermediates		Leavers.		Total		Gross
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Tl.
Sq. Lane	110	91	91	84	29	33	230	208	438
Long Lane	93	97	6	9	30	46	129	152	281
North Rd.	4	22	9	14	12	17	25	53	78
Albert St.	64	64	28	55	60	75	152	194	346
St. Mary's	5	2	43	32	33	26	81	60	141
St John's	9	27	21	12	13	19	43	58	101
Christ Ch.	20	28	20	24	27	19	67	71	138
Holy Triny.	32	29	19	12	11	15	62	56	118
	337	360	237	242	215	250	789	952	1641

The following table sets out the number of "leavers" at each school who were actually receiving their first examination. This apparently is due to two causes—either they had been examined elsewhere, but no record could be obtained, or, the children had come from private schools:—

School.	Boys.	Girls.	Totals.
Squires Lane	5	6	11
Long Lane	1	6	7
North Road	5	9	14
Albert Street	2	4	6
St. Mary's	3	1	4
St. John's	5	3	8
Christ Church	—	2	2
Holy Trinity	4	3	7
	25	34	59

The following table gives the number of children of different age periods examined at the various Schools :—

	5		6		7		8		9		10		11		12		13		14		Over 14	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
Sq. Lane	50	35	48	45	12	11	12	7	25	31	36	35	18	11	20	21	9	11	—	1	—	—
Long ,,	53	46	34	42	6	9	1	3	2	1	2	3	1	2	10	15	16	30	4	1	—	—
North Rd.	—	—	1	7	3	15	5	5	3	6	1	—	—	3	8	8	4	6	–	3	—	—
Albert St	28	19	27	35	9	16	12	6	4	17	8	14	4	12	28	37	25	30	7	7	—	1
St. Mary's	3	2	—	–	2	—	10	11	12	14	13	5	8	2	19	16	13	9	1	1	—	—
St. John's	5	11	3	13	1	3	4	2	3	4	8	4	6	2	8	11	5	7	—	1	—	—
Christ Ch.	16	22	4	5	—	1	7	11	3	10	6	—	4	3	14	9	13	10	—	—	—	—
Holy Trin.	7	8	18	14	7	7	5	4	3	5	10	3	1	—	7	9	4	6	—	—	—	—
	162	143	135	161	40	62	56	49	55	88	84	64	42	35	114	126	89	109	12	14	—	1

The following table shows which of the children examined received their first, second, or third inspection :—

School.	1st Insp. B	1st Insp. G	2nd Insp. B.	2nd Insp. G.	3rd Insp B	3rd Insp G.	Gross Total.
Squires Lane ...	154	122	66	73	10	13	438
Long Lane ...	98	109	29	41	2	2	281
North Road ...	18	44	6	9	1	—	78
Albert Street ...	69	81	66	104	17	9	346
St. Mary's ...	27	15	54	45	—	—	141
St. John's ...	25	39	18	19	—	—	101
Christ Church	22	35	45	36	—	—	138
Holy Trinity ...	47	37	8	14	7	5	118
	460	482	292	341	37	29	1641

The following tables shew the number of children examined in the second, third and fourth quarter of the year, together with the number of children treated for various defects :—

For the Quarter ending 30th June, 1914.

(*a*) Number of children from each School (ordinary examination):—

	Boys.	Girls.	Total.
St. Mary's ...	81	60	141
St. John's ...	43	58	101
Squires Lane ...	230	208	438
Albert Street ...	56	72	128
	410	398	808

(*b*) Number of children medically inspected (special examination):—

Boys.	Girls.	Total.
31	34	65

(*c*) Number of children from each School (special examination):—

	Boys.	Girls.	Total.
St. Mary's ...	1	2	3
St. John's ...	13	1	14
Squires Lane ...	15	28	43
Albert Street ...	2	3	5
	31	34	65

(*d*) Number of children treated at Dental Clinic ... 62

(*e*) Number of children treated at Eye Clinic ... 6

(*f*) Number of children treated for Ringworm ... 6

(*g*) Number of children excluded for Ringworm ... 11

(*h*) Number of children at present absent for Ringworm 14

(*i*) Number of children followed up by Nurse for uncleanliness 101

(*j*) Number of children followed up by Nurse for general defects 161

(*k*) Total number of children followed up by Nurse ... 262

(*l*) Number of children excluded for uncleanliness ... 82

For the Quarter ending September 30th, 1914.

(*a*) Number of children from each School (ordinary examination):—

	Boys.	Girls.	Total.
Christ Church ...	67	71	138
Albert Street ...	96	122	218
	163	193	356

(*b*) Number of children from each School (special examination):—

St. Mary's	12
St. John's	9
Squires Lane	24
Albert Street	9
Christ Church	7
	61

(*c*) Number of children treated at Dental Clinic ...	41
(*d*) Number of children treated at Eye Clinic ...	28
(*e*) Attendances at Eye Clinic	47
(*f*) Number of children treated for Ringworm ...	14
(*g*) Attendances at Ringworm Clinic	63
(*h*) Number of children excluded for Ringworm (new cases)	6
(*i*) Number of children at present absent for Ringworm	11
(*j*) Number of children followed up for uncleanliness ...	91
(*k*) Number of children followed up for general defects	121
(*l*) Total number of children followed up	212
(*m*) Number of children excluded for uncleanliness ...	48

For the Quarter ending December 31st, 1914.

(*a*) Number of children from each School (ordinary examination):—

	Boys.	Girls	Total.
Holy Trinity ...	62	56	118
North Road ...	25	53	78
Long Lane ...	129	152	281
	216	261	477

(*b*) Number of children from each School (special examination):—

Christ Church	5
Holy Trinity	15
Long Lane	14
North Road	11
	45

(*c*) Number of children treated at Dental Clinic (new cases) 46

(*d*) Number of children treated at Eye Clinic (new cases) 50

(*e*) Attendances at Eye Clinic 139

(*f*) Number of children treated for Ringworm (X-Ray) 3

(*g*) Attendances at Ringworm Clinic 119

(*h*) Number of children excluded for Ringworm (new cases) 5

(*i*) Number of children at present absent for Ringworm 11

(*j*) Number of children followed up for uncleanliness 86

(*k*) Number of children followed up for general defects 144

(*l*) Total number of children followed up 230

(*m*) Number of children excluded for uncleanliness ... 27

The Presence of Parents at Medical Inspection.

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

School	1st. Insp. Parents	%	2nd Insp. Parents	%	3rd Insp. Parents	%	Total Parents	%
Squire's Lane	233	85	88	64	15	65	336	77
Long Lane	141	68	35	50	3	75	179	64
North Road	39	63	11	73	1	100	51	66
Albert St.	86	57	110	65	12	46	208	60
St. Mary's	20	48	43	44	—	—	63	45
St. John's	48	75	20	55	—	—	68	67
Christ Church	35	62	42	52	—	—	77	56
Holy Trinity	64	76	16	73	7	58	87	74
Total	666	71	365	58	38	58	1069	65

Sixty-five per cent. of the parents attended the examination of their children as compared with 57 per cent. last year. If the attendance of parents is any guide to their interest in the general welfare of the children, the figures for Squires Lane and Holy Trinity are remarkably satisfactory, though one or two Schools are somewhat disappointing.

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.

Facilities for Inspection.

As a general rule the medical inspection is held in one of the classrooms of the schools. In one instance, however, the Headmaster's private room is placed at the disposal of the School Medical Officer. At Christ Church School the cloak-room was formerly used, but excellent accommodation has now been obtained in the Church Hall. At the new school an excellent room has been built specially for medical inspection and treatment.

Prevention of Infectious Disease and School Closure 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 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	Until **14** days after discharge from Hospital has been notified by Education Office.
(*b*) Home Cases ...	Until **14** days after disinfection of premises has been notified by Education Office.
DIPHTHERIA	
(*a*) Hospital Cases	Until **28** days after discharge from Hospital has been notified by Education Office.
(*b*) Home Cases ...	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.

Report by Medical Officer on Outbreak of Diphtheria at Squires Lane School—November, 1914.

There was an outbreak of importance at Squires Lane School during the Autumn. This outbreak presented some rather unusual features, and fortunately was found to be very easily controlled. On October 27, on hearing of the occurrence of two cases of diphtheria on the same day, a visit was made to the school. Both cases arose in the same family, one attending the Infants' Department the other the Junior Department. The history of the first case is most instructive, as showing how easily an infectious disease may spread before the Health Department becomes aware of the fact. The child had returned home after a holiday. Two days later he suffered from sore throat, for which he was kept at home for a few days. He then returned to school. After two days attendance he began to suffer from bleeding from the nose, but still continued at school. He was then taken to a medical man who took a swab, and the diagnosis was then made. In this case the child had actually been attending school whilst the disease was spreading from the fauces to the naso-pharynx. In the meantime, another child of the same family fell ill. She was ill for a day or two and kept at home and then returned to school when she also was found to be suffering from Diphtheria. Three other children of this family became affected. Enquiries were then made to ascertain what children were away from the two affected classes, and the homes visited. In this way two other cases of Diphtheria were discovered—quite unsuspected by the parents. Further investigations were made as to the children who had been away with sore throats recently. Seven children at once came under suspicion, all of whom gave a history of having suffered from sore throat; 3 at the time were affected with some rhinitis. Of these 7 children 4 gave a pure culture of Diphtheria organisms from the throat, and of the 3 children suffering from rhinitis, 2 gave a pure culture of the same organism. These 6 children all gave a very definite history of having suffered from sore throat. All these children were attending the same class. Two days later another child from this class was notified as

being ill. On visiting the home she was found to be suffering from Diphtheria. In another classroom another child was found to be suffering from a sore throat. She also shewed the presence of diphtheria organism. In the Infants' Department 1 case was notified on October 22nd and 1 on October 26th. On enquiry it was discovered that another child was away with a sore throat. She was also found to be a carrier, and a second child was found to be harbouring diphtheria bacilli in the nose, but had no other symptoms of diphtheria. All the relevant facts having been ascertained and full enquiries made, the affected classes were closed from November 2 to November 20, and it was advised that no child who had suffered from a sore throat during the period of closure should be re-admitted till he had been examined. This was found to be fully justified by the fact that 3 children who presented themselves for re-admission were found to have suffered from sore throats during the period of exclusion, all of whom on bacteriological examination were found to be harbouring the diphtheria bacillus.

In all some 14 cases of diphtheria were notified from this school between October 26th and November 20th, 6 in the Junior School and 8 in the Infants' Department. In addition to these, some 17 were excluded as carriers, none of whom were re-admitted till found to be bacteriologically free. Some of the latter had I believe actually suffered from an attack of diphtheria, but of so mild a type as to rouse no suspicions of the true nature of the disease, and if this assumption be correct, there would appear to be little doubt that mild diphtheria had been somewhat prevalent in the school, till a typical case arose which at once enabled the disease to be diagnosed.

OUTBREAK OF EPIDEMIC CATARRHAL JAUNDICE.

An outbreak of epidemic catarrhal jaundice occurred during the last three months of 1914 and January of this year, 1915. Details of 40 cases have been obtained, the great majority of these relating to children attending the elementary schools, as it is much easier to get information concerning these. It is known, however, that many other cases occurred during the same period, and that in quite a number of instances adults were affected. Epidemics of catarrhal jaundice are not very frequent, although it is not very uncommon for several children of a family to fall ill of this disease at the same time.

The aetiology of the disease is obscure. There is no evidence that it is spread by any particular food, etc., and the infectivity does not appear to be very marked judging from the number of instances where more than one case occurred in a household.

Although, as will appear below, some schools were much more affected than others, considerable trouble was taken to ascertain whether any connection could be traced to any common food or milk supply, but this appears to be directly or definitely negatived, and this line of enquiry led to no result.

It must be assumed that the cause is a specific organism, and it has been suggested that this may possibly gain access to the body through the pharynx, and it has been stated that preliminary pharyngitis may occur. In one case only was this symptom sufficiently well marked to be complained of, but I know of several other cases which occurred at this time where children convalescent from scarlet fever or diphtheria had fallen ill with jaundice.

Symptoms.—The preliminary symptoms vary somewhat. Vomiting at the commencement was very common: of the 40 cases, 30 were taken ill with this symptom, and this was usually accompanied by severe headache. Diarrhœa was

present in only two cases. Giddiness was present in 14 instances, and in 5 of these this symptom was very pronounced, and in 2 instances the patient suffered from attacks of faintness, and in 1 case the child was taken suddenly ill in the street with fainting. In 3 cases the child was stated to be delirious at night-time, and in 4 the most pronounced symptom was great drowsiness. Abdominal pain was pronounced in 9 cases, and in 1 instance was said to be very acute.

Incubative Period.—It has been found impossible to arrive at any conclusion as to the incubative period of this disease. Of the 40 persons affected 31 were single cases. 3 occurred in one family, and in 3 instances 2 occurred in a family. Of the 3 cases in one family, there was 16 days' interval between the first symptoms of the first patient and the illness of the second child, and 7 days later the third child fell ill, but it is obviously impossible to say whether the third patient contracted it from the first or second. Of the 3 other instances where more than one member of a family was affected, the interval between the first and second case was 3 days in one, 14 in a second, and about 3-4 weeks in a third.

In one instance it was possible to trace definite contact between four children belonging to 3 different families. A, B, C, D, four girls (A and B sisters), aged respectively 10, 8, 10, 5, were in the habit of playing together; C and D lived next door to each other. A first fell ill at the commencement of October, C fell ill on October 19th, having been ill for a few weeks previous to this date, and had been away from school, but she used to associate with D. B, the sister, then became affected 14 days later. Possibly this may point to an incubative period varying from about 14 days to 3 weeks. With these exceptions, however, it was found impossible to trace the sources of infection apart from the possibility of school infection.

The Latent Period, that is the period between the first symptoms of the disease and the yellow appearance, varied considerably. Too much stress must not be put upon this, as in several instances enquiries were made some time after the illness, and the parents had forgotten the exact day of illness.

The following table shows the latent period as given. It will be seen that 4 days appears to be by far the most common period.

Days between the premonitory symptoms and jaundice.

Days	1	2	3	4	5	6	7	8	9	10	No history of
No. of cases	1	3	3	13	5	2	2	—	1	1	premonitory symptoms

It is noticeable that in 2 cases after the first premonitory symptoms were over the child returned to school, and after an attendance of 2 days in on ecase and one day in another, again fell ill. Such an abatement of symptoms is not at all unknown in other acute infectious diseases.

Incidence of the Disease.—As before stated, it is known that this outbreak was not entirely confined to children. Judging from the details obtained of the 40 cases, the disease appears to have been much more frequent among the girls than the boys. Of these patients 25 or 62.5% were girls, and 15 or 37.5% were boys. This greater incidence amongst girls has been observed in previous epidemics. It will be seen also from the table set out below that the disease appears to attack chiefly the younger children. 72.5% occurred under the age of 10 and 85% under the age of 11.

TABLE SHOWING THE INCIDENCE OF AGE AND SEX.

Ages—	5-6.	6-7.	7-8.	8-9.	9-10.	10-11.	11-12.	12-13.	13-14.	Total.
Females ...	3	2	5	3	3	5	—	2	2	25
Males ...	1	3	4	4	1	—	—	—	2	15
Total ...	4	5	9	7	4	5	—	2	4	40

Local Incidence.—The disease was much more prevalent in East Finchley than elsewhere. 29 cases came from this district, 7 from North Finchley, and 4 from Church End. But the disease was not more conspicuous amongst the poor.

Of these 40 cases, 32 occurred in good houses, 6 in the poorer, and in 2 the houses are noted as "fair." On referring to the next table, it will be observed that the disease affected some schools much more than others, Squires Lane and North Road having by far the largest number of cases.

SCHOOLS AND AGES.

	Males.			Females.			
	Under 7.	7-10.	10-14.	Under 7.	7-10.	10-14.	Total.
St.J. ...	—	—	—	1	—	—	1
N.R. ...	3	2	1	1	4	2	13
H.T. ...	—	1	—	—	1	—	2
S.L.J. ...	—	2	—	—	2	4	8
S.L.S. ...	—	—	2	—	1	1	4
S.L.I. ...	—	—	—	—	2	—	2
A.S. ...	—	1	—	—	2	0	3
L.L. ...	1	1	—	2	—	—	4
C.C. ...	—	1	—	—	—	—	1
Cty. Sch. ...	—	—	—	—	—	1	1
No. Sch. ...	—	—	—	1	—	—	1
Total ...	4	8	3	5	12	8	40

With regard to the seasonal incidence, it will be seen that 33 of the cases occurred during the last quarter of the year, and 7 in January of this year. This greater incidence during the last quarter of the year has been noticed on previous outbreaks:—

Oct.	Nov.	Dec.	Jan. 1915.
13	12	8	7

With regard to the infectivity of the disease, an effort has been made to ascertain whether any particular classroom was affected. The results were practically unconclusive, and no deduction can be drawn from them, although possibly they may be of some interest. The two cases from Holy Trinity

School came from the same class, but there was a month's interval between them. Of the 4 cases from Long Lane, 3 were from the same class, the first being on December 5; the second December 12th; the 3rd December 14th. Of the cases at North Road School, 2 occurred in one class, but there were many weeks' interval between them. Three occurred in a second class—the first occurring on November 4th, the second December 23rd and the 3rd January 8th. Of the cases that occurred at Squires Lane School, 3 occurred in one class, first October 8th, the second November 12th, and the third November 30th. 3 occurred in a second class, first October beginning 1st week, second October 14th, and the third November 30th, and 2 occurred in a 3rd class—1 November 2nd and the second November 3rd. 2 occurred in a 4th class—1 October 14th, and the second October 26th.

Altogether, it appears impossible to draw any conclusion that the infection was due to contact at school.

Heights and Weights 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 1914 (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 ...	162	3	$4\frac{3}{4}$	2	11	3	$4\frac{1}{2}$	2	$10\frac{3}{4}$
6 ,, ...	135	3	$7\frac{1}{4}$	2	$13\frac{1}{4}$	3	$6\frac{1}{2}$	3	$0\frac{1}{2}$
7 ,, ...	40	3	10	3	$5\frac{1}{4}$	3	9	3	$4\frac{3}{4}$
8 ,, ...	56	4	1	4	5	3	11	3	$8\frac{1}{4}$
9 ,, ...	55	4	$1\frac{1}{2}$	3	13	4	1	3	$13\frac{1}{2}$
10 ,, ...	84	4	$2\frac{1}{4}$	4	$2\frac{1}{2}$	4	3	4	$4\frac{1}{4}$
11 ,, ...	42	4	$4\frac{1}{4}$	4	$7\frac{1}{4}$	4	$4\frac{3}{4}$	4	$9\frac{3}{4}$
12 ,,	114	4	$7\frac{3}{4}$	5	2	4	7	5	$2\frac{3}{4}$
13 ,, ...	89	4	$7\frac{3}{4}$	5	$2\frac{1}{2}$	4	8	5	$7\frac{1}{4}$
14 ,, ...	12	4	$5\frac{1}{2}$	5	$9\frac{1}{2}$	4	10	6	0

TABLE II.—**Average Height and Weights of Children examined during 1914 (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 ...	143	3	5¼	2	10¾	3	4½	2	9½
6 „ ...	161	3	6¼	3	3½	3	6½	2	13
7 „ ...	62	3	9½	3	6¾	3	8¾	3	4
8 „ ...	49	3	11¾	3	8½	3	10¼	3	6¾
9 „ ...	88	4	0¾	3	11½	4	0¾	3	12½
10 „ ...	64	4	6½	4	5½	4	3	4	2¾
11 „ ...	35	4	2¾	4	8½	4	4½	4	9¾
12 „ ...	126	4	9½	5	2½	4	6½	5	3¾
13 „ ...	109	4	8¾	5	12¼	4	8¾	5	9¾
14 „ ...	14	4	11½	7	1¾	4	10¾	6	3½
15 „ ...	1	5	1¼	7	6½	...	...	...	...

DEFECTS FOUND IN THE COURSE OF INSPECTION.

Nutrition.

It is a matter of some difficulty to say precisely what is connoted by the term "malnutrition." It is used in this report to define children who are obviously under the proper standard of good health, yet, at the same time, those in whom no organic disease can be discovered. For example, chronic tuberculosis may well produce "malnutrition," but the child so suffering is not included under the heading of "malnutrition" but of chronic phthisis. In arriving at a conclusion, height and weight are of great importance, yet are not the predominant factors, for a child may be small yet of excellent nutrition. There can be no doubt that the indefinite use of the term "malnutrition" has been largely the cause of the great diversity in the number of children who are found to be suffering from "malnutrition" by various medical officers. For example, in one Metropolitan district "malnutrition" has been recorded in 30 per cent. of the boys, and in a neighbouring district only 5 per cent. Similar variations are found elsewhere. In a former report, it was pointed out that out of 3,645 children examined, 4.14 per cent. showed signs of defective nutrition. Of the 1,641 children examined, 77 (4.6 per cent.) were found to be suffering from "malnutrition" as defined above, consisting of 11 boys and 22 girls (entrants); 15 boys and 14 girls (intermediates); 9 boys and 6 girls (leavers). On the other hand, of the 1,641 children examined 119 (7 per cent.) are classed as excellent, consisting of 23 boys, 19 girls (entrants); 21 boys, 12 girls (intermediates); 12 boys and 32 girls (leavers).

The following table shows the total results under the heading of each age group:—

	Entrants		Interm.		Leaves		Totals	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
No. examined	337	360	237	242	214	250	789	952
No. Nutrition below normal	11	22	15	14	9	6	35	42
Per Cent.	3·2	6·1	6·3	5·8	4·2	2·4	4·4	4·9

EXCELLENT NUTRITION.

No. Examined	337	360	237	242	214	250	789	852
No. excellent Nutrition	23	19	21	12	12	32	56	63
Per Cent.	6·8	5·2	8·8	4·9	5·6	12·8	7·0	7·3

These figures are of great interest, especially when compared with the districts set out below. In this connection it may be well to repeat the conclusions set out by the Chief Medical Officer of the Board of Education on the question of "malnutrition":—

> "In making allowance for the difference in Standard, it is impossible to doubt the general result of their findings, that taking London as a whole there is evidence that the school child undergoes some amount of physical deterioration as regards nutritional condition during school life. That this does not occur to the same extent in the areas which are under better environmental conditions, suggests that the matter is one which is in a large degree remediable. It may be observed that the areas showing the worst nutritional deterioration are precisely those who show excessive death rates from phthisis, as well as excessive infantile mortality. In view of the evidence of environmental deterioration, it is gratifying to find that a number of Boroughs do not show the general fall."

In support of this the following extraction from the same report may be compared (number in percentages):—

District.	Entrants.		Leavers.	
	B.	G.	B.	G.
Bethnal Green ...	30.6	22.9	51.9	40.7
Chelsea ...	8.5	8.4	7.7	7.5
Bermondsey ...	5.6	5.0	28.5	29.6
Paddington ...	3.9	4.3	4.1	1.9

Too much stress must not be laid upon the small numbers of these districts, and upon such comparison allowance must be made for different standards adopted, yet, at the same time, it would appear that the standard for Finchley is very high, and this is most probably due to the good environmental condition that generally exists. There can be no doubt that there are a large number of factors producing and influencing this condition of "malnutrition." I have not been able to work out the matter in detail, but one cannot but be impressed by the fact that, in answer to an enquiry made of the parent, one is almost invariably told that the child sleeps in a room occupied by several others, and that the mother objects to the "night" air. In other words, there is no proper ventilation to the sleeping room.

Diseases of the Lungs and Tuberculosis.

Amongst the 1641 children examined there were found 8 cases in which pulmonary tuberculosis was suspected. In no instance was an immediate diagnosis of phthisis made. One of these cases was eventually definitely diagnosed to be suffering from consumption. The remaining 7 cases are still under observation.

The diagnosis of pulmonary tuberculosis in children is one of great difficulty, as the ordinary symptoms present in an adult frequently do not apply, and the same tests are not applicable in the case of a child. The practice adopted is to make out a special record card for any suspected cases of

tuberculosis, and to keep this child under constant observation, and if the case appears to be one of phthisis, to refer the parents to their own medical attendant, or to the tuberculosis dispensary.

Surgical tuberculosis, however, is much more frequent, and generally more obvious than pulmonary tuberculosis in the neck. Amongst the upper girls, there were two cases of old tuberculosis of the neck, one case of old spinal trouble which was quite quiescent, and one case of hip joint disease suspected and afterwards corroborated.

Upon reference to the table set out, it will be seen that the cases of suspected tuberculosis amount of .42 per cent. of the children examined, and the cases of surgical tuberculosis amount to 1.2 per cent. If, however, the cases of doubtful phthisis be omitted, the per cent. under this heading amounts to .06 per cent., and if cases of surgical tuberculosis which are now appearing be omitted, together with those cases in which the diagnosis is still in doubt, leaving 6 cases of active tuberculosis—.36 per cent.

It may be of interest to compare these figures with those of other districts near London as set out in the reports for 1913.

The following table shows the number of cases of phthisis together with the number of cases of surgical tuberculosis met with during the course of medical inspection:—

	Entrants.		Interm.		Leavers.		Total		%
	B	G	B	G	B	G	B	G	
Phthisis (surgical)	1	—	—	4	1	1	3	5	·42
Phthisis (definite)	—	—	1	—	—	—	—	—	·06
Surgical Tuberculosis	8	1	3	3	2	4	13	8	1·2
	9	1	4	7	3	5	16	13	

Included in these cases of surgical tuberculosis were (in the infant boys) 3 cases of old tubercular scars, 1 case of tubercular glands in the neck, and one case in which this condition was suspected. In the infant girls, 1 case of suspected

tubercular glands in the neck. In the Intermediate group, there were 2 cases of tubercular glands, and 1 case of old tubercular scars amongst the boys, and 1 case of tubercular glands, 1 case of old tuberculosis of the neck, and 1 case suspected amongst the girls. Of the Leavers, there was 1 case of hip joint disease (already under treatment) and 1 case of old tubercular trouble.

The following table shews the percentage of tuberculosis occurring in other districts:—

	Per cent. of Phthisis.	Per cent of other forms of Tuberculosis.
Enfield ...	.1	1.1
Acton ..	.1	.4
Tottenham ...	.1	.9
Walthamstow ...	.24	.20
Hornsey ...	.31	.21

Of other diseases of the lungs, there were discovered 8 cases of chronic bronchitis, distributed amongst the various groups as follows:—Infant Boys 5, Girls 2, Intermediate Boys 1. Asthma was found in 2 cases, both occurring in the elder boys.

Adenoids and Enlarged Tonsils.

The serious result of this condition has been frequently experienced. The chronic interference with proper and normal nasal breathing produces not infrequently a condition of general bad health, chronic discharge from the ears and deafness—possibly a pre-disposition to tubercular trouble. The general procedure in the schools is to strongly advise parents to obtain further advice whenever a child is found to be suffering from chronic obstruction arising from this cause. It would appear that parents are becoming much more alive to the necessity of having enlarged tonsils and adenoids removed than heretofore. This is shown by the considerable number of children who had already been operated upon previous to inspection. Unfortunately, however, our efforts are sometimes quite in vain, as the following instance will show. A child was seen some years ago both by myself and your late Medical Officer suffering from marked adenoids. The parent has been repeatedly requested to have the matter

dealt with, but all to no purpose. The child is now becoming deaf, and, in course of time, will doubtless become gradually worse. In this connection it may be as well to direct attenton to a case recently decided in the Courts. The parents were summoned by a certain Local Authority for failing to have their child operated upon, and fined. This decision was overruled by a superior Court. It may appear to be unfortunate that some legal pressure cannot be brought to bear upon neglectful parents, but it would certainly appear to be just as reasonable that the ultimate decision as to what treatment the child is to receive should rest with the parent.

	Entrants.		Interm.		Leavers.		Total.	
	B	G	B	G	B	G	B	G
Mouth Breathers	4	4	4	1	1	3	9	8
Slight Enlargement of Tonsils ..	49	45	29	35	20	16	98	96
Marked Enlargement of Tonsils	16	19	12	5	2	6	30	30
Marked Adenoids	2	6	—	3	1	—	3	9
Slight Adenoids	8	2	7	4	1	2	16	8
	(16)	(17)	14)	(8)	(2)	(2)	(32)	(27)
Removed previous to inspection	12	19	22	13	9	8	43	40

The numbers set out in brackets show the number of children in which this condition was suspected, but not sufficiently evident without making a digital examination of the naso-pharynx.

The numbers set out in the table above include 5 boys who had been noted as suffering from much enlarged tonsils at the first examination, and 3 girls who had been discovered before as suffering from much enlargement of the tonsils, and 9 girls who shewed this defect to a lesser degree.

Diseases of the Ear and Defective Hearing.

Of the 1,641 children examined, 43 were found to be suffering from diseases of the ear or defective hearing. 20 occurred amongst the boys (2.5 per cent.), and 23 instances were found amongst the girls (2.4 per cent.), the whole equalling 2.6 per cent., as compared with 2.62 per cent. for 1913.

Of these 43 children, 1 suffered from obstruction, 15 from chronic discharge from the ear—7 from the right, 6 from the left, and in 2 instances the children suffered from double otorrhœa. This is equal to .91 per cent., as compared with 1.58 per cent. for last year. In 8 cases the deafness was due to adenoids, and in the remaining 18 instances to various causes. In one case the child was almost a deaf mute.

The following table sets out more fully the various conditions found.

As has been so frequently pointed out, a chronic discharge from the ear is a matter of grave moment, the seriousness of which would be difficult to exaggerate. Unfortunately, little attention is paid to it. It is hoped that this is one of the complaints which will be dealt with more thoroughly before long.

	Entrants.		Intermediates.		Leavers.		Total.	
	B	G	B	G	B	G	B	G
Obstruction	—	1	—	—	—	—	—	1
Otorrhœa	3	4	1	2	2	1	6	7
Double Otorrhœa ..	—	1	1	—	—	—	1	1
Deaf	2	3	7	5	1	—	10	8
Deaf due to Adenoids ..	2	3	—	1	2	—	4	4
No. Examined ..	697		479		464		1641	
Percentage	2·8		3·5		1·2		2·5	

Of these cases, 1 case had already been noted as suffering from Otorrhœa on the first examination, and 1 case on the first and second examination. 2 cases of Otorrhœa noted on the first examination had cleared up. The numbers set out below include 2 cases of deafness which had been noted on the first examination.

Diseases of the Heart and Circulation.

In 22 instances organic disease of the heart was discovered, 9 amongst the boys and 13 amongst the girls, and in 1 boy this condition suspected. In the majority of cases the Mitral Valve was affected, but Aortic Regurgitation was

found in 3 instances, 1 in the boys and 2 in the girls, and in one case in a boy a presystolic bruit was noted. In one case, that of a girl, the heart shewed congenital defect. All these children are kept under observation. In the majority of cases the heart was well compensated.

Reynaud's disease was met with once in a girl over 12 years of age. Functional disease of the heart was found in 3 cases, 1 in a boy, and girls being affected in the other 2 instances.

Of the numbers set out below, 3 girls had already been noted as suffering from heart disease on their first examination. 4 boys and 2 girls had developed this defect since their first examination, and in 2 instances organic disease had been noted at their first examination which had apparently cleared up, and in 1 instance (boy) the heart had apparently been diseased both at the first and second inspection, and yet appeared normal at the third examination. The same remark applies to a case of dilated heart which was twice found in this condition, and on the third examination appeared to be normal. I may add that the late medical officer had seen these cases, and the same note was made in each case which would tend to exclude an error in diagnosis.

Pronounced anæmia was found in 13 instances, 6 boys and 7 girls. In such cases the parents are referred to their own medical attendant.

The following table gives the number and per cent. of disease of the heart found amongst the 3 groups:—

	Infants.		Interm.		Leavers.	
	Boys	Girls	Boys	Girls	Boys	Girls
Mitral Disease (regurgitation)	3	3	2	6	2	1
,, ,, (Obstruction)...	—	—	—	—	1	—
,, ,, and Aortic Disease	—	1	1	—	—	1
Congenital Heart Disease ...	—	—	—	1	—	—
Functional Heart Disease ...	1	1	—	1	—	—
Reynaud's Disease	—	—	—	—	—	1
Anaemia...	3	1	1	2	2	4
	7	6	4	10	5	7

Rickets.

In 5 instances children were found to be suffering from evidence of former rickets. This was chiefly noticeable in the tibiae and chest, 3 of these cases occurred in boys and 2 in girls.

Deformity.

The following deformities were met with:—

Kyphosis	3
Congenital dislocation of hip ...	1
Goitre	1
Exostosis of femur	1
Spinal caries (curla)	1
Congenital Varicosity of the leg	1
Torticollis	1
Talipes	1
	10

Diseases of the Nervous System.

The chief diseases met with under this heading during the year were cases of epilepsy and infantile paralysis. The latter is generally an affection of young children, and one for which not very much can be done. One very interesting case of pavor diurnus was met with.

Three children presented themselves for medical inspection whose parents gave a distinct history of epilepsy. All these cases occurred in girls. All of these children are kept under careful observation. There are known to be other cases in the schools.

4 cases of Infantile Paralysis were met with, all of some years' standing—2 in the boys and 2 in the girls.

Diseases of the Skin.

In 13 instances children were found to be suffering from an affection of the skin. In one case only was a child found to be suffering from Scabies during the course of inspection. One other case was brought to my notice during the year. The Finchley Schools, fortunately, appear to be very free from this complaint.

2 cases of Ringworm were met with in the course of inspection quite unsuspected. In 19 other instances, however, children suffering from this complaint were discovered by the Teachers or School Nurse.

7 cases of Impetigo were met with in the Infants (3 boys and 1 girl). In the intermediate group 1 boy and 1 girl, and one case of a boy in the upper school.

2 cases of Icthyosis—1 girl in the infants and 1 boy in the intermediate classes, and one case of Psoriasis in a boy of the same group.

As will be seen below, cases of Ringworm are thoroughly dealt with, and in some other instances diseases of the skin have been treated by the school authorities. It is hoped that further treatment will be available for these conditions before long.

Defective Speech.

Of the 1,641 children examined, 16 had marked defects of speech. In 4 instances a pronounced lisp was present—1 in the infant boys and 2 in the upper boys, and 1 in the upper girls.

Marked defect of articulation was present in 6 cases—3 in the boys and 1 in the girls' infants' schools. 1 boy and 1 girl were similarly affected in the intermediate groups.

Stammering more or less severe was present in 6 instances —4 boys and 2 girls.

The aetiology of stammering appears not to be fully understood, although it is no doubt due to the want of harmonic working of the mechanism of speech. No special treatment is available for these children at the present time.

Clothing and Footgear.

The condition of the clothing in the Finchley Schools is generally good, although, of course, varying very considerably at different schools.

The term "unsatisfactory" is used to designate clothing and footgear which is not very good. When worse than this it is described as "bad," as where the clothing is ragged and the boots quite worn out and incapable of keeping out the wet, or where it is insufficient.

It is not at all uncommon to come across instances where the children are much overclad, many parents apparently being under the impression that if the child be the least delicate or out of sorts it is necessary to overload them with clothing, even in the hottest weather.

Some years ago an excellent plan was inaugurated by 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. I understand that the Boot Club has been more successful during the year 1914 than in previous years. The amount of money subscribed by parents totalled £100, the bonus granted in connection therewith amounted to over £20. From these figures it will be seen that 600 pairs of boots were supplied.

The following tables shew the number of children whose clothing or footwear was unsatisfactory or bad:—

Clothing.

	Infts.		Interm.		Leavers.		Total.		per cent.	
	B	G	B	G	B	G	B	G	B	G
Unsatisfactory ...	36	27	27	6	30	9	93	42	11·8	4·9
Bad	21	2	10	2	8	2	39	6	4·9	·7

Footwear.

Unsatisfactory ...	36	34	26	11	26	11	88	56	11·1	6.5
Bad	17	10	12	4	5	3	34	17	4·3	1·9

From the figures it will be seen that of the boys 16.7 per cent. are wearing clothes and 15.4 per cent. are wearing boots which cannot be considered to reach a proper standard. Of the girls, 5.6 have clothes and 8.5 have boots of the same standard. From these figures it will appear that the girls shew to much greater advantage than the boys, as might be expected. As a matter of fact, the figures are probably far in excess of what actually obtain in the schools, as many of the children are "got up" for the occasion.

Uncleanliness.

Unfortunately, it is still necessary for the School Nurse to devote a large amount of time in inspecting and excluding unclean children, but there can be no doubt whatever that her work is doing an immense amount of good. This is shewn less in number of unclean children, but in the degree to which uncleanliness exists. In some cases, it seems absolutely impossible for some parents to appreciate the necessity of cleanliness. Many are not the least ashamed that their children should be in a verminous condition, and though their children are repeatedly excluded they make no efforts, or sporadic efforts only, to get them clean. Yet despite these drawbacks, the condition of things is certainly improving.

The following tables shew the number of children who gave evidence of their hair being in a verminous condition —column A, badly affected; column B, slight traces only. This refers to those who have come under observation during the course of their routine medical inspection.

	Infts.		Interm.		Leavers.		Total.		Per cent.	
	B	G	B	G	B	G	B	G	B	G
A ...	2	31	1	26	1	39	4	96	·5	11·2
B ...	11	59	6	38	5	45	22	142	2·7	16 6
Body	15	27	10	16	6	11	31	44	3 9	4 6

The following table sets out these figures according to the first, second, or third examination :—

	1st		2nd		3rd		Total		Per cent.	
	B	G	B	G	B	G	B	G	B	G
A ...	3	41	1	49	—	6	4	96	·5	11·2
B ...	12	78	8	62	2	2	22	142	2·7	16·6
Body	17	30	11	22	1	4	29	56	3 6	5 8

From these figures, it will be seen that on admission to school 3.5 per cent. of the boys and 25 per cent. of the girls are affected with nits, and on leaving 7.9 per cent. of the boys and 35.2 per cent. of the girls. This shews the great amount of care required whilst the children are at school. It was hoped that a decreasing amount of uncleanliness might be shewn, according as to whether the children had reached their first, second or third inspection. Unfortunately the figures in the second column do not bear this out, for whereas 3.4 per cent. of the boys and 24.4 per cent. of the girls were found in the condition described on their first inspection, 2.7 per cent. of the boys and 27.8 per cent. of the girls were found in a like condition on their third inspection, but the number of children who have reached their third inspection is very small, and much reliance cannot be placed upon them. In this connection I would refer to the most excellent procedure adopted at North Road School. Here every child is examined by the School Nurse previous to admission, with the astonishing result that of 78 children examined one only was found to have the hair affected, and not one case amongst the infants.

As soon as the staff of the office admits, it is hoped to inaugurate this practice of inspection at every school, as by this means dirty conditions are attacked from its inception so far as the school is concerned.

The following analysis of the history of 155 unclean children, although certainly disappointing, may be of interest. Of 123 children (girls) found to have traces of vermin on the first examination, 77 still shewed unclean on the second

examination; 56 had become quite clean. 33 children who were quite clean on the first examination had become infected by the time of their second examination, and in three instances children were found who were unclean at third examinations. Again, in 3 instances children were found to be unclean at the first two inspections, but clean at the third, the parent having apparently awakened to the necessity of doing something. Many of these children represent "old stagers" whose parents or guardians absolutely refuse to be moved, "because the child has some nits in her hair."

Of 27 boys, 8 were in the same condition on their second examination as in the first. 19 were quite clean. There were 4 who were clean on first examination, but had been infected by the time of the second examination.

Teeth.

The condition of the children's teeth is one of the most unsatisfactory features revealed in the course of medical inspection. In a great many cases, probably the majority, a tooth brush is seldom or ever used, and the teeth are allowed to get into a deplorable condition, with the result that probably the child experiences considerable pain and discomfort, and may well suffer in general health as well. It was the consideration of these facts that led the Education Authority to establish the dental clinic in 1910. Under Mr. Heydon's guidance, this clinic has been doing excellent work. It is a matter of regret, however, to record that many parents refuse to take advantage of the facilities offered to them, and others have to be persuaded to allow their children to be treated. It will be seen by referring to the table set out below that there are discrepancies between the number of parents who have been interviewed, and the actual number of children who have received treatment; yet this, despite the fact that the best treatment can be obtained at the least cost, or entirely free if the parents are unable to pay. The following table sets out in detail the number of children of each group who are suffering from bad teeth with under or over 4 decayed:—

School		ENTRANT				INTERMEDIATES				LEAVERS				TOTALS			
		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls	
		under 4	over 4	under 4	over 4	under 4	over 4	under 4	over 4	under 4	over 4	under 4	over 4	under 4	over 4	under 4	over 4
Squires Lane ...	No. examined ...	— 110 —		— 91 —		— 91 —		— 84 —		— 29 —		— 33 —		— 230 —		— 208 —	
		40	11	30	13	38	15	29	6	17	4	11	3	95	30	70	22
Long Lane ...	No. examined ...	— 93 —		— 97 —		— 6 —		— 9 —		— 30 —		— 46 —		— 129 —		— 152 —	
		37	21	50	13	2	1	3	0	5	1	13	1	44	23	66	14
Great North Road	No. examined ...	— 4 —		— 22 —		— 9 —		— 14 —		— 11 —		— 17 —		— 24 —		— 53 —	
		2	2	5	6	2	4	4	3	6	0	2	1	10	6	11	10
Albert Street ...	No. examined ...	— 64 —		— 64 —		— 28 —		— 55 —		— 60 —		— 75 —		— 152 —		— 194 —	
		17	16	24	18	9	4	19	8	17	12	21	9	43	32	64	35
St. Mary's ...	No. examined ...	— 5 —		— 2 —		— 43 —		— 32 —		— 33 —		— 26 —		— 81 —		— 60 —	
		1	1	0	0	17	8	8	9	8	7	5	2	26	16	13	11
St. John's ...	No. examined ...	— 9 —		— 27 —		— 21 —		— 12 —		— 13 —		— 19 —		— 43 —		— 58 —	
		4	2	9	1	12	3	5	2	7	1	8	1	23	6	22	4
Christ Church ...	No. examined ..	— 20 —		— 28 —		— 20 —		— 24 —		— 27 —		— 19 —		— 67 —		— 71 —	
		3	5	8	3	10	2	11	0	9	3	5	4	22	10	24	7
Holy Trinity ...	No. examined ...	— 32 —		— 29 —		— 19 —		— 12 —		— 11 —		— 15 —		— 62 —		— 56 —	
		13	5	13	2	6	6	1	2	0	1	7	0	19	12	21	4
Totals	—	117	63	139	56	96	43	80	30	69	29	72	21	282	135	291	107
Percentage ...	—	34·7	38·6	18·6	15·5	40·5	33·5	18·1	16·4	32·2	28·8	13·5	·84	35·7	17·2	30·5	11·2

Statement of Work carried out at the Dental Clinic during the 12 months ended December 31st, 1914.

Number of children examined by the dentist ...	1819
Number of children found to have defective "second" teeth	438
Number of children whose parents interviewed the doctor with respect to treatment	212
Number of children whose parents wished arrangement to be made for treatment at Dental Clinic	159
Number of children who actually received treatment	192
Number of teeth "filled"	330
Extractions	61
Dressings	7

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 uncleanliness, presence of ringworm, and other parasitic skin diseases. She takes specimens of hair for examination in doubtful cases in order to have them submitted to microscopical examination. Any matter of doubt or difficulty is referred to the Medical Officer. 3rd.—She visits the parents at home whose children have been found to be suffering from physical or 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 1914:—

School Visits:—

Attendance at Medical, Dental and Eye Inspection ...	198
Additional visits to Schools in connection with examinations as to general cleanliness, hair, etc.	428
Total number of visits to Schools	626

"Domiciliary" Visits:—

Visits *re* cases of ringworm	141
Visits *re* defects found at time of Medical Inspection and general "following up"	326
Visits *re* uncleanliness of head, etc.	298
Total number of visits to homes ...	765

Visual Defects.

Of the 451 boys examined over the age of 8 years, 62 or 13.7% shewed visual defects worse than 6/9, and of the 492 girls over the same age 58 or 11.7% had similar defects. Of the 62 boys 17 had already been supplied with spectacles, and of the girls 24. Seven boys suffered from slight visual defects (6/9), and 13 girls had similar sight defect. In all 120 children, or 12.7%, were found to be suffering from visual defects worse than 6/9, and 20 children suffering from sight defect (6/9.)

Five cases of squint were found amongst these boys, all of which had received treatment at some time or other, and 4 girls were also found to be suffering from squint and had also been under treatment at some period.

Of these, 17 children had already been fitted with glasses, 1 was suffering from myopia, 2 from hypermetropia, and of the remaining 14 no note is made.

Of the 24 girls, 2 were suffering from myopia, 1 from hypermetropia, and of the remaining 21 no note is made.

The following table sets out the varying degrees of visual error met with :—

BOYS.

	6/9	6/12	6/18	6/24	6/36	6/60	6/0	Squint	Wearing Glasses
Intermediate ...	3	8	9	6	2	2	2	3	6
Leavers ...	4	6	1	2	1	4	2	2	11
	7	14	10	8	3	6	4	5	17

GIRLS.

	6/9	6/12	6/18	6/24	6/36	6/60	6/0	Squint	Wearing Glasses
Intermediate ...	6	7	6	3	1	1	2	4	9
Leavers ...	7	5	7	0	0	1	1	0	15
	13	12	13	3	1	2	3	4	24

In cases where the right and left eye differed, the higher error is taken. Of the intermediate group in one case the error of refraction was due to opacity of the cornea, and one due to intertitial keratitis, both in boys; and of the leavers one was due to intertitial keratitis, a boy.

Of the 337 infant boys, 2 were found to be suffering from squint, 1 of which had not received treatment, and 2 others were wearing glasses at the time of inspection.

Of the 360 infant girls, 2 were suffering from squint, both of whom were under treatment; 2 others were wearing glasses at the time of inspection. It was found that hypertropic glasses had been supplied in both cases of girls and boys.

The following table shows the number of infant boys and girls suffering from some visual defect at the time of inspection :—

	BOYS.	GIRLS.
Number examined	337	360
Squint	2 (1 untreated)	2 (treated)
Wearing glasses	3 (hypermetropic)	6 (hypermetropic)

It is a matter of the utmost importance that all children suffering from squint should receive immediate attention, as otherwise the affected children are likely to lose the sight of the squinting eye, and the disease in many cases is quite capable of cure.

Arrangements have been made with the teachers to bring to the Medical Officer's attention any cases of squint found amongst the children entering the schools, and such cases will receive treatment at the clinic at the earliest opportunity.

Of the numbers set out above 6 boys and 7 girls had already been discovered with visual defects to which no attention had been paid. In several instances the error had much increased—one case which, in the first examination showed 6/18, on the second had increased to 6/36. A second had increased from 6/24 to 6/60. A third from 6/18 to 6/60, and in several other cases the vision had decreased from 6/12 to 6/18. As, showing how necessary it is to keep the children's eyesight well under observation, 20 children—14 boys and 6 girls, were examined, in whom the vision had been found normal on the first examination yet had developed defects by the time the second examination was undertaken. In some of these children the vision was quite badly affected, in 4 cases, 6/60, 2 to 6/36, and the remainder showing defects of vision of a less severe character. No doubt some of these cases are due to hypermetropia, and if examined under a mydriatic would probably have shown defects in their first examination. No cases were come across which appeared to be due to severe progressive myopia. In this connection, it

may be mentioned that 3 parents on being questioned why treatment had not been obtained for their children, one stated that he did not believe in glasses, a second that he wanted his child's eyes strengthened not weakened, and a third that the wearing of glasses would prevent his child entering the Civil Service. It would appear that such ignorance as this is impenetrable.

Provision of Spectacles.

Of the 9 children in the lower classes found to be wearing spectacles, all obtained them from hospitals or other medical sources. Of the 41 children in the upper classes already fitted with glasses 19 obtained them from a hospital or similar source, 5 from opticians, and in the remaining 17 instances the source was unknown. I understand that the Children's Care Committee have supplied 6 pairs of spectacles.

Diseases of the Eye.

During the course of inspection, 18 instances of external diseases of the eyes were met with, as compared with 47 for last year. The following table shows the diseases discovered:—

	Infants.		Intermediate.		Leavers.	
	Boys.	Girls.	Boys	Girls.	Boys.	Girls.
Blepharitis ...	—	—	1	1	1	4
Conjunctivitis ...	—	—	—	1	—	—
Ulceration of Cornea	1	—	—	—	—	—
Phlyctenule ...	—	1	—	—	—	—
Intertitial Keratitis	1	1	—	—	—	—
Paralysis ...	—	—	—	2	—	—
Corneal Opacities	—	—	1	—	—	—
Congenital Cataract	—	—	1	—	—	—
Hordeolum ...	—	2	—	—	—	—

Apart from these affections of the eye which have been discovered during the course of inspection, other cases have been sent to the Clinic and dealt with, as will appear more fully below.

Eye Clinic.

One of the most important matters for comment during the past year has been the establishment and inauguration of an Ophthalmic Clinic for the treatment of diseases of the eye and errors of refraction. This was started at the end of June, and is held at the new school on the Great North Road, where all proper facilities are provided In May Dr. Pritchard was appointed to act in a consultative capacity for the period of one year, and my best thanks are due to him for the time and trouble he has taken. This Clinic has been exceedingly successful—in fact the number of children attending it has been far in excess of what was anticipated. It was at first intended to devote one half-day a fortnight to the work. In a very short time, however, it was found necessary to devote one half day a week, and this was then increased to two half days a week. This was largely due to the fact that a very considerable number of children were waiting to be dealt with at the time the Clinic was started, and also to the fact that errors of refraction, especially in children, take a long time to work out. It may be mentioned that all refractions are worked out by the shadow or retinoscopic test after the use of a mydriatic. Simply testing the vision with glasses is not resorted to.

It is necessary for each child to attend the clinic at least twice—sometimes three times, and the more severe cases, such as squint, have to be kept under continuous supervision.

During the year 84 children were attended to at the Clinic — 73 cases of errors of refraction and 11 cases of diseases of the eye. This entailed 192 attendances. The following table shews the number of children seen from each school :—

School.		Error of Refraction.	Disease.
North Road	...	5	—
Squires Lane	...	25	4
Long Lane	...	1	4
Albert Street	...	20	3
St. Mary's	...	11	—
Holy Trinity	...	2	—
St. John's	...	6	—
Christ Church	...	3	—
		—	—
		73	11
		—	—

These 73 cases of errors of refraction included the following defects: Simple hypermetropia 11 cases, and hypermetropic astigmatism 27. Of these 4 also suffered from squint, and in 2 of the children the squinting eye was amblyopic. One was also accompanied by blepharitis and 1 by corneal nebulæ. Simple myopia 16 cases, and myopic astigmatism 3. One of the children suffered from squint, the squinting eye being amblyopic. Mixed astigmatism was found in 6 instances.

The following table shews the diseases of the eyes which were dealt with:—

Intertitial Keratitis	...	...	2
Old injury	...	...	1
Blepharitis	...	...	4
Phlyctenule ulcer	...	...	2
Corneal nebulæ	...	...	2
			—
			11
			- -

Ringworm, and means taken to control its spread.

At the beginning of 1914 the number of children excluded on account of Ringworm of the Scalp was 9. During the year, 21 additional cases were excluded, making a total number of 30 cases dealt with during 1914. At the end of the year 9 children were on the exclusion list. Five of the 21 new cases were among new-comers to this district already suffering from Ringworm.

The following is a tabulated analysis of the cases:—

	No. of cases on exclusion list during 1914.	No. of cases readmitted during 1914.	No. of cases on exclusion list at Dec. 31, 1914.
1912—A...	1	1	—
1913—B...	8	6	2
1914—C...	21	14	7
Totals	30	21	9

(A) Refers to cases excluded during 1912.

(B) Refers to cases excluded during 1913.

(C) Refers to cases excluded during 1914.

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 Offices of the Public Health Deparment.

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

During 1914 the School Nurse made 141 visits to the homes in connection with cases of Ringworm, and 56 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
,,	,,	,,	Dec. 1914	9

Treatment.

During the year 1914, 15 children received X-Ray treatment; 2 of these were excluded during the latter part of 1913, the remaining 13 in 1914. 10 have returned to school. Of the remaining 15 cases 1 was excluded in 1912, and 14 in 1914. These cases have bee ntreated by drugs, 9 of which only had returned to school by 31st December, 1914.

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 237.2, as compared with 447.3 for the year 1913, in the case of those treated by ointment, etc., the year 90.5 as compared with 77.9 for last year in those treated by X-Rays.

Table A.—Cases of Ringworm treated by X-rays.

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	Approx. Total No. of School Attendances lost from exclusion to re-admission	No of calendar days from commencement of treatment to re-admission to school	Approx. No. of School Attendances lost from time of treatment and re admission to school
1	25 10-13	1-2-14	20-4 14	117	194	78	85
2	18-11-13	2-12-13	15-1-14	58	61	44	48
3	5-1-14	6-3-14	5-10-14	273	298	213	235
4	5-6-14	17 6 14	27-8 14	83	90	71	77
5	5-6 14	20 6 14	27-8-14	83	90	68	74
6	12-6 14	1-7 14	29-8-14	78	85	59	62
7	5-7-14	1-10 14	28-12-14	176	192	88	96
8	19-8-14	8-9-14	11-11-14	84	91	64	70
9	19-8-14	8 9-14	11-12-14	114	124	94	103
10	4-4-14	31 10-14	21-12-14	261	286	51	55

Three of these were done at the Middlesex Hospital.

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	Approximate No. of. Attendances lost from exclusion to return
1	19-9-12	4-5-14	592	648
2	30-6-13	8-6-14	343	375
3	16-9-13	5-7-14	292	320
4	24-10-13	5-7-14	254	275
5	27-3-14	8-6-14	73	80
6	27-3-14	8-6-14	73	80
7	24-4-14	17-8-14	116	127
8	14 6-14	13-7-14	29	31
9	20-8-14	28-11-14	100	109