

**[Report of the Medical Officer of Health for Friern Barnet].**

**Contributors**

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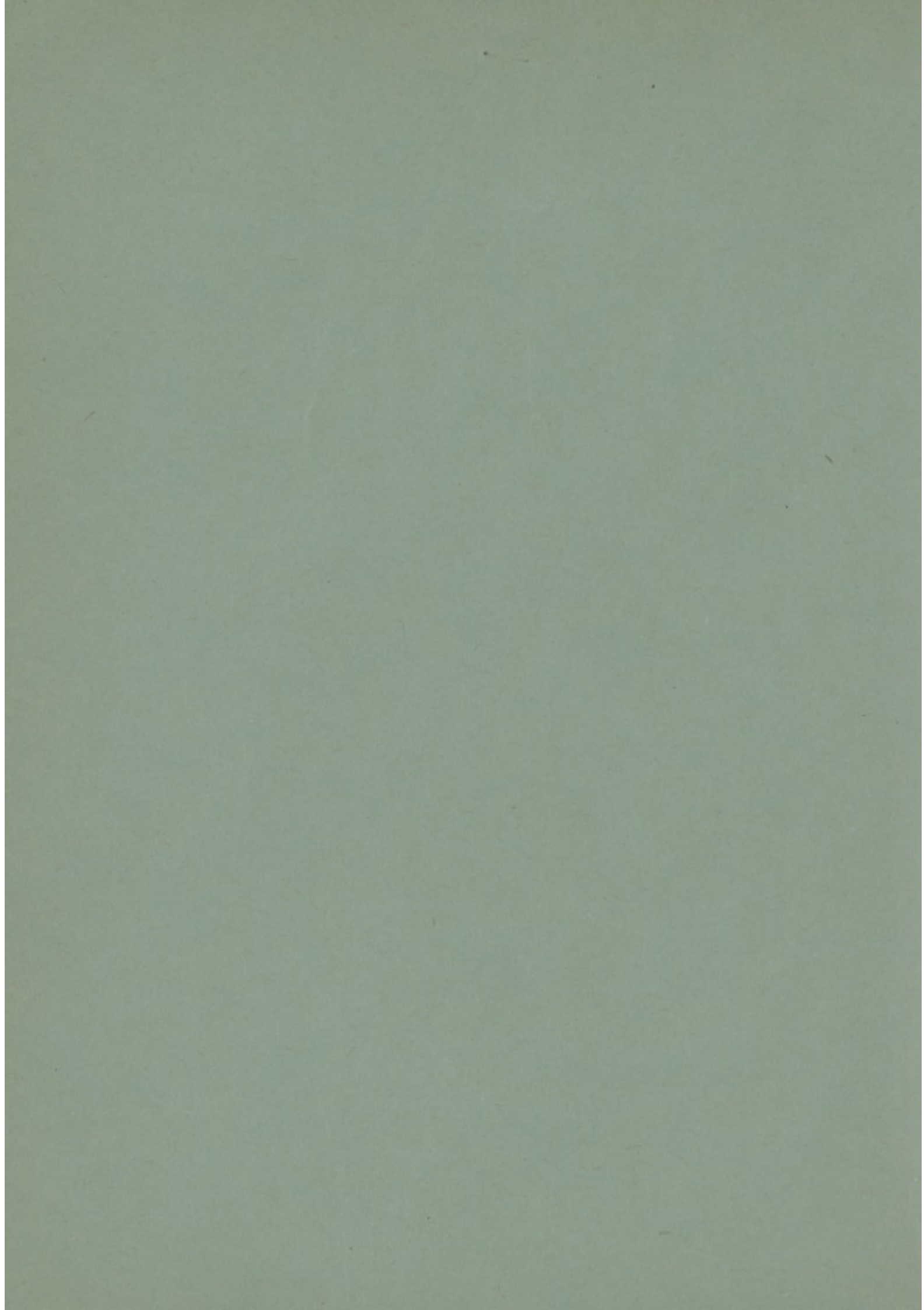
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ANNUAL REPORT  
of the  
MEDICAL OFFICER OF HEALTH  
for the Year  
1953

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WM. CLUNIE HARVEY, M.D., D.P.H.

*Medical Officer of Health.*



FRIERN BARNET URBAN DISTRICT COUNCIL.

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the Year

1953.

WM. CLUNIE HARVEY, M.D., D.P.H.

Medical Officer of Health.



Public Health Department,  
Town Hall,  
Friern Barnet,  
Middlesex.

The Chairman and Members of the  
Friern Barnet Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of  
the Medical Officer of Health for the year 1953.

It will be appreciated that, as I did not take up  
my duties until October 1953, most of the matters dealt with  
in this report refer to the work supervised by my predecessor.  
For that reason, I have confined my remarks to such matters  
as should be brought to the attention of the Council, since  
the few months of 1953 during which I had the privilege of  
acting as a chief officer in Friern Barnet did not provide  
me with sufficient opportunity to elaborate on such changes  
as I had in mind to institute. I hope to be in a position  
to report more fully on the work carried out during 1954,  
since I am very conscious of the fact that the Annual Report  
of the Medical Officer of Health is a valuable document,  
which should present the health picture of the district as  
a comprehensive and, one hopes, an attractive whole.

As the Council will be aware, it has the duty of  
initiating and controlling the work of what is usually known  
as environmental hygiene, including epidemiology. The  
personal health services, which are operated under Part 3  
of the National Health Service Act, 1946, come under the  
jurisdiction of the Middlesex County Council, and are not  
therefore the direct concern of the Urban District Council.  
None the less, I am certain that the Council would wish to  
know what is being done in the Area No.2, of which Friern  
Barnet is a constituent district, as without this informa-  
tion the picture will remain incomplete. Fortunately, I  
am Area Medical Officer to Area No. 2, and therefore have  
the great advantage of dealing with both types of service.  
Recently, I presented to my Area Health Committee a brief  
report on the work carried out in the Area during 1953.  
With the permission of the County Council, I am including  
this document as Appendix 1 to this Report.

Apart from this Appendix the work carried out in  
Friern Barnet by the Middlesex County Council is referred  
to in an uncritical fashion. It will readily be appreciated  
that any other approach would be wholly undesirable.

On the whole, 1953 was uneventful. The vital statistics of the district were satisfactory. The Birth Rate remains virtually unaltered; the Death Rate rose, but only by reason of the fact that deaths which occurred in Friern Hospital now have to be included in our figures. More pleasing is the fact that the Infantile Mortality Rate fell from 37.5 to 23.3, while there has been a comparable fall in the Still-birth Rate from 30.8 to 20.0. It should be borne in mind that it would be illogical, indeed dangerous, to draw significant conclusions from these figures. For instance, it only requires, quite literally, one or two infant deaths to raise the Infantile Mortality Rate out of all proportion. It is none the less pleasing to be able to report statistics which are a credit to the district.

The total number of infectious diseases notified during the year rose from 357 to 540. This increase was almost entirely made up of measles notifications, due to the fact that Friern Barnet shared in the nation-wide epidemic which was anticipated and in fact occurred during the latter part of 1952 and the greater part of 1953. In this connection, it is important to note that, quite apart from the number of cases recorded, the type of infectious illness met with was extremely mild.

Admission to hospital was seldom necessary, while complications and sequelae were almost negligible. It is also pleasing to be able to record that only two cases of poliomyelitis were reported during the year.

The whole field of epidemiology has changed within recent years. The older infectious diseases have either largely disappeared, e.g., diphtheria and typhoid fever, or are declining, while others have completely altered in character. This is particularly noticeable in the case of scarlet fever. Not so long ago scarlet fever was quite a serious disease, with many complications and an appreciable death rate. Nowadays, this disease has little more than nuisance value, so much so that many children suffering from scarlet fever are never even seen by the family doctor. This should not give rise to any sense of complacency. We know, for instance, that scarlet fever has changed its character before; there is no reason to believe that the same phenomenon will not happen again. In addition, we now have to face the arrival of new infectious diseases, especially those caused by the virus family. Foremost amongst these is, of course, poliomyelitis, although there is abundant evidence that other virus diseases are beginning to make their appearance.

We must also realise that epidemiology itself has taken on a new and broader outlook. We are no longer

concerned merely with infectious illnesses. Our duty must be to survey the whole field of health. We must try to remove such conditions as are prejudicial to health and which encourage disease itself. This means that we should study the causes of such ailments as diseases of the heart and circulation, cancer and rheumatism. It is admittedly difficult to deal with these problems in any one district, since the issue is national rather than local. None the less, the new conception of epidemiology must not be forgotten, since it provides a fruitful field for study and investigation.

As the Council will be aware, I am particularly keen on health education, and have already instituted measures designed to explore to the full this totally important field. I have already endeavoured to establish close and cordial contact with general practitioners practising in the district, since I am fully satisfied that such co-operation is vital to success. These matters will be referred to more specifically in Appendix 2 of this Report, which deals with health education.

I would complete this introduction by expressing my sincere thanks to the members of the Urban District Council and Public Health Committee for the unfailing support and encouragement which I have received since I took up my duties as Medical Officer of Health. I have been very conscious of this support and courtesy, both of which have assisted me greatly in my work. I should also like to express my thanks to the entire staff of the Public Health Department. It is quite obvious that I have a loyal and conscientious team who are prepared to give of their best in the interests of the community. I would particularly thank Mr. W.R. Jackaman, Chief Sanitary Inspector, who has been of the greatest help at all times, and who has never failed to give me the benefit of his local knowledge and experience. I would also thank all other departments of the Urban District Council for their unfailing co-operation.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant

W. C. HARVEY.

Medical Officer of Health.

June 1954.

PUBLIC HEALTH COMMITTEE.

at 31st. December, 1953.

Councillor A. C. Henry	(Chairman)
" A. C. S. Meynell	(Vice-Chairman)
" R. P. Matthews, J.P.	(Chairman of the Council)
" L. W. McClane, J.P.	(Vice-Chairman of the Council)
" J. Foley	
" R. F. Pugh	
" A. Richardson	
" Miss M. J. Richards, J.P.	

PUBLIC HEALTH STAFF.

Medical Officer of Health.	W. W. Millen, M.B., Ch. B. (until 30. 9. 53)
Medical Officer of Health.	W. C. Harvey, M.D., Ch.B., D.P.H. (Appointed 1.10. 53).
Chief Sanitary Inspector.	W. R. Jackaman.
Sanitary Inspector.	S. Caine.
Sanitary Inspector.	E. A. Kottman.
Chief Clerk.	J. Wilson.
Assistant.	Miss E. Glasscock.
Rodent Operative.	E. T. Crawshaw.

## STATISTICS OF THE AREA.

Area (in acres).....	1,340
Population (Registrar General's estimate 1953)..	28,260
(District - 25,915)	
(Friern Hospital - 2,345)	
Number of inhabited houses according to the rate-books (31st. December, 1953).....	7,710
Rateable Value (31st. December, 1953).....	£295,029
Sum represented by a penny rate.....	£1,195

## EXTRACTS FROM VITAL STATISTICS.

### LIVE BIRTHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
(Legitimate)	165	171	336
(Illegitimate)	2	5	7
	<hr/>	<hr/>	<hr/>
Total	167	176	343
	<hr/>	<hr/>	<hr/>

BIRTH RATE per 1000 of the estimated population.. 13.2

### STILL BIRTHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
(Legitimate)	4	3	7
(Illegitimate)	-	-	-
	<hr/>	<hr/>	<hr/>
Total	4	3	7
	<hr/>	<hr/>	<hr/>

STILL BIRTH RATE per 1000 Births (Live and Still). 20.2

## DEATHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
District	118	119	237
Friern Hospital	85	126	211
	—	—	—
Total	203	245	448
	==	==	==

DEATH RATE per 1000 of the estimated population. 15.9  
(District only)... 9.1

## DEATHS OF WOMEN IN CHILDBIRTH.

From Puerperal Sepsis.....	0
From other Maternal causes.....	0
	—
Total	0
	==

DEATH RATE per 1000 Births (Live and Still)..... 0.0

## DEATHS OF INFANTS (under 1 year of age).

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
(Legitimate)	5	3	8
(Illegitimate)	—	—	—
	—	—	—
Total	5	3	8
	==	==	==

DEATH RATE OF INFANTS (under 1 year per 1000 Births) 23.3

## POPULATION.

The Registrar General estimated the population of the District at the middle of the year to be 28,260, a decrease of 70 compared with 1952. The provisional Census figure was 29,164. The present estimate is the lowest since 1946.

## BIRTHS.

The number of births during the year was 343, three less than last year. Of these births, 167 were males, and 176 females. The Birth-Rate for the District was 13.2 per 1000 population. As the correcting factor for age and sex distribution is 1.05, this provided a Birth-Rate for comparative purposes of 13.8. The corresponding Birth-Rate for England & Wales was 15.5 and for London 17.5.

There were 7 still-births, giving a still-birth rate of 20.0 per 1000 births. In 1952, the still-birth rate was 30.8.

Births and Birth-Rates for the past five years have been as follows:

<u>Year.</u>	<u>No. of Births.</u>	<u>Birth-Rates.</u>		
		<u>Friern Barnet.</u>	<u>England &amp; Wales.</u>	<u>London.</u>
1949	388	14.4	16.7	18.5
1950	397	15.3	15.8	17.8
1951	332	12.9	15.5	17.8
1952	346	13.7	15.3	17.6
1953	343	13.8	15.5	17.5

## DEATHS.

The number of deaths which occurred during the year was 448, but since the preparation of the Death-Table the Registrar General has assigned 450 deaths to the District. Of these, 211 occurred in Friern Hospital, and 239 in the District. This gave an uncorrected Death-Rate of 15.9 per 1000 for the total assigned deaths, and 9.1 per 1000 for the District only.

If the populations of all areas were similarly constituted as regards the proportions of their sex and age groups their crude Death-Rates could be accepted as valid comparative measures of the mortalities experienced. In practice, however, populations are not similarly constituted. Their crude Death-Rates fail as true comparisons because the variations are not due to mortality alone but arise also from differences in population constitution. In order to

provide a rate which can be compared with England & Wales and with other districts, a factor is obtained, which, when multiplied into the crude Death-Rate, makes allowances for differences of sex and age distribution. This correcting factor for Friern Barnet is 0.94.

There is also another population variable which affects this District. This is Friern Hospital. Previous to 1st. January, 1953, almost all the deaths which took place in the hospital were what are known as "outward transfers", i.e., they were assigned to the districts in which the deceased were normally resident before admission. In accordance with the memorandum issued with G.R.O. Circular (M.O.H.) No. 4/1952, relating to Births, Deaths and Stillbirths, a mental hospital is now to be regarded as the usual place of residence of the inmates. Deaths have therefore to be treated as "non-transferable". The population of the District excluding Friern Hospital is 25,915. On applying the age and sex distribution factor of 0.94, the Death-Rate for general comparative purposes is 8.5 per 1000, the figure for the District including Friern Hospital is 14.9 per 1000.

Affections of the heart and circulatory system were again the principal causes of death.

There were 8 deaths of infants under one year of age, giving an Infantile Mortality Rate of 23.3 per 1,000 live births. This compares with a total of 13 deaths and a rate of 37.5 in 1952, and is the second lowest for more than twenty years. Too much significance should not be given to this mortality figure as the numbers on which it is founded in a district the size of Friern Barnet are small, and slight fluctuations are more critically reflected than in areas of larger populations. Of the 8 infant deaths 6 occurred during the first week of life. The comparative rates for England & Wales and for London were 26.8 and 24.8 respectively.

No deaths from causes connected with childbirth occurred during the year. Indeed, the last recorded maternal death was in 1947, since when there have been 2181 births.

An analysis of the various causes of death will be found at the end of the Report.

The deaths and Death-Rates for the past five years have been:

<u>Year.</u>	<u>No. of Deaths.</u>	<u>Death-Rates.</u>		
		<u>Friern Barnet.</u>	<u>England &amp; Wales.</u>	<u>London.</u>
1949	252	9.2	11.7	12.2
1950	267	9.8	11.6	11.8
1951	284	10.5	12.5	13.1
1952	290	10.8	11.3	12.6
1953	450	14.9	11.4	12.5
	239 x	8.5 x		

x Excluding Friern Hospital.

#### PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

Details of the cases of infectious disease notified during the year will be found in the Tables set out at the end of the Report. The total of 540 is higher than in 1952, due mainly to the high incidence of measles in the first two months of the year, when 395 cases were notified. These were part of a larger total resulting from an epidemic which started in the last weeks of 1952, during which period 195 cases were reported. Fortunately the disease was of a mild type and only in four instances was hospital treatment necessary.

##### Whooping Cough.

There was a decrease in the number of cases of this disease, 32 being notified compared with 65 in the previous year. None of the cases required hospital treatment.

##### Scarlet Fever.

Thirty-one notifications were received, an increase of five over 1952. All the cases were of a mild type. For a number of years patients have been removed to hospital only when circumstances have made it desirable either for treatment or to control the risk of infection. In 1953, six cases were admitted. The infection was not limited to any particular period of the year or part of the District. In two instances members of the patient's family, who were employed in the food trade, were excluded from work for short periods as a precautionary measure.

### Acute Anterior Poliomyelitis.

Two cases were notified during the year, both girls, aged 3½ years and 12 years respectively. In both cases there was some paralysis, in the younger child the right arm being affected, and in the other a foot. There were a number of contacts of cases occurring in other areas. These contacts were visited and kept under surveillance throughout the incubation period. The supervision of contacts is a necessary safeguard, but every care is taken to avoid creating any sense of alarm or anxiety among members of the families affected or the general public.

### Dysentery.

Ten of the thirteen cases notified occurred in the Friern Hospital, and were caused by organisms of the Flexner group of dysentery bacillus. The three cases in the District were Sonne dysentery. In one instance, a child aged 2 years, the mother was admitted to hospital with an internal complaint. Specimens of faeces taken from the four children in the family were positive in the case of this child. This "carrier" condition persisted for some six weeks.

In the other instance a boy aged 8 years was discharged from hospital wherein an outbreak of dysentery had occurred. Specimens of faeces obtained from the boy and his sister were both positive.

### Diphtheria.

There have been no cases of diphtheria in Friern Barnet for five years. During the year, 403 children were immunised against diphtheria or diphtheria and pertussis (whooping cough) combined, under the scheme arranged by the Middlesex County Council, 284 at the local clinics and 119 by their family doctor. A further 664 children, between the ages of 5 and 15 years, were given a re-inforcing injection.

### Tuberculosis.

Thirty-eight cases of tuberculosis (33 pulmonary and 5 non-pulmonary) were notified during the year, as against thirty-three during 1952. In addition, eighteen persons, who had previously been notified as suffering from tuberculosis whilst living in other areas, took up residence in the District during the year. The total number of cases added to the Register was fifty-six, fourteen more than in the previous year.

The distribution of the new cases amongst the various wards was as follows:

<u>North.</u>	<u>South.</u>	<u>Central.</u>	<u>East.</u>	<u>West.</u>	<u>Friern Hospital.</u>
---------------	---------------	-----------------	--------------	--------------	-------------------------

9

7

5

-

5

12

A broad classification of the cases notified (excluding those notified from Friern Hospital) during the year, in relation to their employment, was:

Clerical	4
Housewives	4
Children	1
Professional class	1
Factory workers	6
Manual workers	5
Food trades	2
Nurses	1
Unclassified	2

During the last two weeks of December, Mass X-Ray Unit No. 5b of the North West Regional Hospital Board paid another visit to the District. As on previous occasions the staffs of local factories, shops and other organisations were invited to attend, as were members of the general public. Altogether, a total of 2071 persons was X-rayed.

#### Food poisoning.

Four cases were notified during the year. In two instances, which occurred in the same household, the causative agent was an organism of the salmonella group, although the source of infection was not traced. In the other cases, neither the causative agent nor the source of infection could be definitely established, although one was associated with a small outbreak of food poisoning in an adjoining district, where a number of employees were ill after a meal in a canteen.

A small outbreak of sickness affecting three members of the staff of a school kitchen and the school caretaker was investigated. With one exception the duration of the sickness was short, medical attention not being sought. The most thorough investigation failed to reveal the cause of the sickness, but there were indications that this was a food infection and that the food responsible was ham which had been boiled the previous day and allowed to cool at room temperature overnight. The circumstances emphasise the importance of rapid cooling of food cooked and not eaten immediately, and for its storage at a temperature which will prevent the multiplication of germs. They also shew that in many cases of food poisoning sickness may not be so severe as to require medical attention. As a consequence such cases are not normally notified. It can be assumed, therefore, that the number of cases of food poisoning notified does not accurately reflect the full extent of food infection.

## GENERAL PROVISION OF HEALTH SERVICES.

### Hospitals.

So far as admissions to hospital are concerned, most difficulty is being experienced in regard to the chronic elderly sick. Admission to hospital of such cases has become more and more difficult each year, due almost entirely to acute staffing difficulties in hospitals. To the substantial number of cases met with almost every week, we must add the growing number of infirm, elderly persons who require care and attention in some type of institution or home, although they may not be suffering from any specific illness and may therefore not require actual treatment in hospital. It will be appreciated, of course, that the admission to hospital of sick persons, and the admission to a home or institution of an elderly individual, is not a matter which rests with the District Council, unless we have to take action under Section 47 of the National Assistance Act, 1948.

The Public Health Department is nevertheless keenly interested in the welfare of these most unfortunate individuals and never hesitates to take such action as is possible to alleviate their unhappy position. Thus, we co-operate very closely with the Area Health staff in arranging for the provision of Home Helps and Home Nurses. We also co-operate with voluntary bodies, particularly the Friern Barnet Social Service Council, and support general practitioners in their approach to hospitals.

What we can do at the moment is almost entirely palliative, and does not present any hope of a permanent solution. The answer seems to lie very largely in the setting up of more geriatric units in our large hospitals, and the attraction of more recruits to the nursing profession. Further homes to be provided either by the County Council or by voluntary bodies are also required. As I have already stated, these are not matters over which the Urban District Council has any direct control. The Council will still obviously be interested in the solution, and will, I feel sure, be only too glad to press for measures which should assist perhaps the most unfortunate section of the community.

There is also the obvious need for an ad hoc committee which will correlate the various activities being carried on in the district in relation to the welfare of the aged. Evidence exists that energy is being expended which could be more properly and more effectively channelled.

As this report is being written, it is learned that the Middlesex County Council intends to call a conference on this subject. The outcome of this conference is eagerly awaited, as the welfare of the aged represents a problem which is increasing year by year.

It is pleasing to be able to record that the difficulty in obtaining admission to hospital of confinement cases has now very appreciably eased, since the difficult days immediately following the war. Indeed there is now evidence that the number of mothers having their children in hospital is too high than too low. It is equally satisfactory to place on record the fact that admission to hospital of cases of infectious disease has worked very smoothly. This does not apply wholly to tuberculosis, where although the position has improved, the waiting lists for the admission of patients to sanatoria and hospitals are still too long. When one remembers that the methods applied to the early discovery of tuberculosis are improving year by year, the importance of finding an early solution to this problem will be appreciated.

As already noted, the infectious disease picture has changed materially over the past few years. This has eased the strain of hospital beds, although staffing problems are still acute. The principle which we now adopt in regard to the admission of cases of infectious disease to hospital can be briefly stated. Broadly speaking, admission to hospital is recommended in the case of patients for whom continuous nursing and medical attention are required, or where the danger of complications and sequelae is likely to arise. So far as mild infectious diseases are concerned, we do not press with admission to hospital unless suitable isolation cannot be provided in the home, or unless the employment of a breadwinner is affected. For practical purposes, 'suitable isolation' is defined as the availability of a room for the patient's sole use. General practitioners in the district co-operate most cordially in the application of these principles.

#### Laboratory Facilities.

These services are provided by the Central Public Health Laboratory, Colindale, and the Branch Laboratory, Coppetts Wood Hospital, Coppetts Road, N.10.

Both these laboratories are directed by the Medical Research Council, on behalf of the Ministry of Health. Not only can we send specimens to the laboratories at any time, the advice and assistance of the laboratory service is available in investigating and controlling outbreaks of infectious disease or food poisoning.

The Public Health Department is a collecting centre for specimens, which are called for daily. The following specimens were sent for examination during the year:

Throat or Nose swabs.....	59
Faeces.....	74
Sputum.....	7
Post-nasal swabs for Pertussis....	1
Ice Cream.....	45
Milk.....	42
Miscellaneous.....	24

#### NATIONAL ASSISTANCE ACT. 1948.

##### Section 47. Removal to suitable premises of persons in need of care and attention.

No formal action was taken under this section whereby the Council is enabled to secure the removal to suitable accommodation of persons who being aged, infirm, or suffering from chronic disease are living in insanitary conditions and who are unable to devote to themselves and are not receiving from other persons proper care and attention.

##### Section 50. Burial or cremation of the dead.

No action was necessary under this section by which it is the duty of the Council to arrange for the burial or cremation of any person who has died or been found dead, and where it appears that no suitable arrangements for the disposal of the body have been made.

## SANITARY SERVICES.

### Summary of Inspections.

Visits to premises on complaint.....	417
Visits in connection with infectious disease.....	229
Visits to shops and places where food is prepared, stored or sold.....	590
Visits to other shops.....	236
Visits to factories.....	146
Visits to petroleum installations.....	63
Visits in connection with housing and the repair of dwelling-houses.....	1860
Appointments and special visits.....	367
Visits re infestations and disinfestations.....	34
Visits in connection with rodent control.....	1155
Visits to piggeries.....	40
Visits re Pet Animals Act.....	5
Visits re Rag Flock Act.....	4

### Service of Notices.

Number of informal notices served.....	233
Number of informal notices complied with.....	175
Number of statutory notices served.....	34
Number of statutory notices complied with.....	31

### Summary of sanitary improvements and of defects remedied during the year as a result of action by the department.

<u>Water.</u>	Store cisterns provided, repaired or covers provided.....	12
	Fittings and services repaired.....	12
<u>Drainage.</u>	Drains cleared or repaired.....	23
	Inspection chambers reconstructed or repaired.....	2
	Inspection covers provided.....	2
	Soil and vent pipes provided or repaired	4
	New sinks provided.....	3
	Sink waste-pipes provided or repaired..	6
<u>W.C.'s.</u>	W.C.pans and traps provided or repaired	15
	W.C. seats, doors, windows, floors renewed or repaired.....	12
	Walls and ceilings repaired & redecorated	21
	Flushing cisterns provided, repaired or regulated.....	11

<u>Floors.</u>	Floors renewed or repaired.....	37
<u>Roofs.</u>	Roofs repaired.....	108
	Gutters and downspouting renewed or repaired.....	51
<u>Cleansing.</u>	Walls repaired, cleansed and redecorated..	113
	Ceilings renewed or repaired.....	104
<u>Windows.</u>	Sashes and frames renewed or repaired.....	25
	Sills renewed or repaired.....	20
	Sashcords provided (number of houses).....	16
<u>Brickwork.</u>	Brickwork rebuilt.....	11
	Chimney stacks rebuilt or repaired.....	10
	Walls re-pointed or rendered.....	43
<u>Woodwork.</u>	Doors renewed, repaired or re-hung.....	12
	Staircases repaired.....	7
<u>Yards.</u>	Yard paving renewed or repaired.....	6
<u>Refuse.</u>	Dustbins provided.....	12
	Accumulations of refuse removed.....	2
<u>Heating.</u>	Ranges or grates renewed or repaired.....	26
	Wash-boilers renewed or repaired.....	4
<u>General.</u>	Other defects (unclassified) remedied.....	52

### HOUSING.

1860 inspections were made in connection with housing. These visits were for the purpose of investigating and recording housing conditions, following complaints by occupiers, or as a result of statements made by applicants for housing accommodation. This work continues to account for a substantial amount of the Department's efforts.

A report was submitted to a special Committee of the Council on the housing circumstances in some of the older parts of the District. Active consideration is being given to proposals to relieve the unsatisfactory conditions in these areas where many of the dwellings are worn out and would undoubtedly have been dealt with long ago but for the difficult circumstances of the last 14 years.

There are many other houses in the District which are structurally sound but without the amenities considered

necessary by modern standards. These houses are reasonably fit for habitation and will form a large part of the available housing accommodation for some years to come. It is therefore most desirable that every effort should be made to bring these properties up to modern standards. The improvement grants available under the Housing Act 1949 have obviously not proved sufficiently attractive to property owners to embark on such schemes. It is therefore to be hoped that the revision of the conditions attached to such grants proposed in the new Repairs and Rents Bill will provide sufficient incentives for this work to be undertaken on an appreciable scale.

As a result of notices served, repairs were carried out to 206 dwellings. Of these, the repairs to 60 houses were of an extensive character. In most instances the works were undertaken as a consequence of informal action, but in a few instances it was necessary to serve statutory notices under the Housing or Public Health Acts. No legal proceedings were necessary in order to enforce these notices. An appeal to the Courts by a property owner against a notice under the Housing Act requiring certain repairs was not proceeded with and the works were carried out.

### FOOD.

#### Inspection of food premises.

590 inspections of the various premises in which food is prepared, stored or sold were made during the year. A number of improvements either to the premises or to equipment were requested. In most instances these requests met with a ready response on the part of the occupiers, and although some were more tardy it was not necessary to take formal action in order to secure the necessary improvement. It was apparent from these inspections that there has been an improvement in the general standard of premises. If we claim that this improvement is in part due to the efforts of the Department it is only proper to say that the occupiers of many premises have set themselves a standard on which one can only make favourable comment.

#### Food Hygiene.

Good standards of premises are not by themselves sufficient to ensure a safe food supply. An understanding of food hygiene and the practical application of the

principles involved are of more importance, although the two are complementary inasmuch as a well-designed and equipped food premise aids and encourages the food handler and makes his work easier. Opportunity was taken in the course of visits to food premises to talk with food handlers on the various aspects of food hygiene. It is hoped that these informal discussions on matters concerning the safe handling of food will have had beneficial results.

There is undoubtedly a need for a better understanding of the subject, and it may be that further stimulus will be provided by the proposed Friern Barnet Clean Food Guild. The Steering Committee, composed of representatives of the Council and of the food traders, has met and agreed on the main issues. Progress has been temporarily suspended so that full consideration can be given to impending food legislation now before Parliament.

In the meantime we are continuing to emphasise the importance of this subject whenever the opportunity can be created; both to the food handler and public alike. I have given a number of talks to local organisations, while the Council has under consideration the purchase of a sound film apparatus. A kiosk in front of the Town Hall is being converted to provide a display window to facilitate a programme of health education which will, of course, include food hygiene.

### Food Inspection.

There are no slaughterhouses in use in the District. The last private slaughterhouse was closed several years ago and has been adapted and used for other purposes. There are, however, three piggeries. Animals are occasionally slaughtered at these premises in an emergency such as injury or sickness, when it is not practicable for them to be removed to a slaughterhouse. Twenty pigs were slaughtered in these circumstances during the year - eighteen in emergency and two under the self-suppliers scheme sponsored by the Ministry of Food. The carcasses of six of the pigs slaughtered in emergency, which were associated with an outbreak of swine fever, were totally condemned.

Of the foodstuffs examined at the various shops and stores the following were condemned as unfit for human consumption:

Beef.....	1954 lbs.
Lamb.....	57 lbs.
Pork.....	45 lbs.
Chickens/Turkeys.....	58 lbs.
Bacon.....	7 lbs.
Sausages/Sausage meat.....	199 lbs.
Flour.....	12 lbs.
Cooking fat.....	19 lbs.
Sweets.....	85 lbs.
Fish.....	28 stones.
Tinned Meat/Ham/Veal.....	364 tins.
" Vegetables.....	57 tins.
" Milk.....	22 tins.
" Fish.....	9 tins.
" Apricot pulp.....	2 tins.
" Fruit.....	341 tins.
" Soup.....	10 tins.
" Jam/Marmalade.....	5 tins.
Biscuits.....	20 packets.
Cereals.....	6 packets.
Pickles/Chutney.....	5 jars.
Fruit.....	5 bottles.
Coffee essence.....	1 bottle.

### Food Hawkers.

There was no change in the position relating to persons selling food from vehicles etc., who are required to be registered by the Council under the provisions of the Middlesex County Council Act 1950. There were no new applications for registration. The number of registrations at the end of the year was:

	<u>Persons.</u>	<u>Premises.</u>
Fruit and Vegetables	11	8
Fish	3	-
Groceries.	1	-

These traders are subject to the same provisions for the safeguarding of food supplies as are other food traders. Registration may be revoked if public health is endangered by any act or default on their part in relation to the quality, storage or distribution of the food, or if the storage premises are unsuitable.

Because of their mobility supervision of this type of trader presents obvious difficulties, but most of those operating in this District have established rounds

and no serious problem exists. There is, however, a need for some provision to be made for handwashing for those engaged in hawking or delivering food.

### Ice Cream.

Certificates of registration for the sale of ice cream were granted in respect of seven premises during the year, bringing the total of premises in the District which are registered for the manufacture, storage or sale of ice cream to fifty-six. Inspections of these premises were made to ensure that the requirements of the Food and Drugs Act and the Ice Cream (Heat Treatment, etc.) Regulations were being observed. Where ice cream was sold from vehicles these were examined as to suitability. Generally, the standards were good and call for little comment.

Sampling of ice cream for bacteriological examination was continued. The results were again satisfactory. Samples are placed into one of four grades, following a test as to their bacterial purity. Grades 1 and 2 are considered to indicate a satisfactory standard, grades 3 and 4 are unsatisfactory. The 45 samples taken were placed in the following grades:

<u>Grade 1.</u>	<u>Grade 2.</u>	<u>Grade 3.</u>	<u>Grade 4.</u>
39	3	2	1

The three unsatisfactory samples were obtained from one shop where the ice cream was sold wrapped as supplied by the manufacturer. Conditions at the shop were found to have no bearing on the grading of the samples. The local authority of the district in which the ice cream was manufactured was informed. Subsequent samples were satisfactory.

### Milk.

The milk supplied throughout the District is either pasteurised, sterilised or tuberculin-tested.

Forty-two samples were taken during the year, all of which were satisfactory.

One complaint was investigated, where milk was supplied in an unclean bottle. The results of the enquiries suggested that the bottle had been misused and contained a substance other than milk. The bottle had thereafter

evaded the system of inspection at the bottle-washing depot, where such bottles are usually taken out of use and destroyed. If milk bottles were used only for the purpose for which they were intended and were rinsed immediately after being emptied, this difficulty would, to a large extent, be abated.

No complaints were received concerning the quality of the milk supplied.

One person was registered under the Milk and Dairies Regulations 1949. There are now 20 companies or persons registered as distributors of milk in the District, and one dairy engaged in the pasteurising and bottling of milk.

The following licences were granted:

	<u>Dealer's</u> <u>Licence.</u>	<u>Supplementary</u> <u>Licence.</u>
To sell Pasteurised Milk	3	9
To sell Sterilised Milk	13	10
To sell Tuberculin-Tested Milk	4	10

#### WATER SUPPLY.

The bulk of the water supply of Friern Barnet is obtained from deep wells sunk into the chalk and is provided by the Barnet District Water Company. A small part of the District, in the South Ward, is supplied from the mains of the Metropolitan Water Board.

The supply has been satisfactory both in quantity and quality. The water has no plumbo-solvent action. All the houses in the District have a piped supply.

Bacteriological and chemical examinations of the water were carried out at frequent intervals. The following is characteristic of the reports received:

"This is a very satisfactory sample. It is clear and bright in appearance and of the highest standard of bacterial purity indicative of a wholesome water suitable for public supply purposes".

## PESTS AND VERMIN.

An active campaign for the elimination of rats was carried out during the year. Some 351 premises were examined. Of these, 135 were found to be infested in varying degree. Treatments were carried out using one or other of the methods recommended by the Ministry of Agriculture and Fisheries. In a number of instances the infestations were associated with defects in the drainage system, which required attention. As usual there was a frequent connection with the keeping of fowls. The Sewage Works, Depots, Parks and other open spaces were regularly inspected, treatments being carried out whenever necessary. In addition to this campaign against rats on the surface, two treatments of the sewers were carried out in the months of June and December. The number of manholes shewing signs of use by rats was 18 and 19 respectively. When these treatments were first started in 1947, 55 manholes were found to be infested. As a result of these various activities, it is estimated that some 1074 rats have been destroyed.

A further 29 premises were treated and shewed infestations by mice. A total of 1107 visits were made by the rodent operative in connection with these operations.

It was not necessary to take any legal proceedings under the Prevention of Damage by Pests Act 1949, in order to free premises or land or to secure the structural repairs which were found necessary.

The reduction in the number of premises found to be in a verminous state previously noted has continued. Only two dwellings were shewn to be infested, one by bed bugs and one by fleas. Both were successfully treated.

There was a decrease in the number of wasp nests in respect of which assistance was sought. Nineteen such nests were destroyed.

The Department received numerous requests for advice and assistance in connection with other infestations, notably by ants, moths and furniture beetles, and, to a lesser extent, by the many types of insects which infest foodstuffs or invade the home.

## FACTORIES.

The Council administers certain of the provisions of the Factories Act 1937, mainly relating to health. These provisions deal with cleanliness, overcrowding, temperature, ventilation, drainage of floors, and sanitary conveniences, and are enforced by the Council in factories where no mechanical power is used. Where mechanical power is used, the Council's responsibility is limited to securing the provision of adequate sanitary conveniences, the other measures being enforced by H.M. Inspectors of Factories who also deal with the provisions of the Act relating to welfare and safety.

The Council also has the duty of ensuring that certain classes of factory are provided with satisfactory means of escape for use by employees in case of fire. Two certificates to this effect were issued during the year.

There are 73 factories of various types and sizes in the District, mainly engaged in light industry. Inspections of these premises revealed few matters to which it was necessary to draw attention. A number of complaints were investigated of nuisance either of noise or of odours arising from the use of cellulose. With the wholehearted co-operation of the managements concerned it was possible to eliminate the causes for complaint or to reduce them to reasonable proportions. Such problems are bound to arise in circumstances where a factory has an established user in an area which is subsequently developed for residential purposes. In one such case the noise began early in the morning and often continued into the night. The neighbouring residents complained that their rest was seriously impaired. The management took all practical measures to restrict the noise, but without success. Fortunately, the problem was solved when, for other reasons, the factory moved to premises in another district.

There is no problem of industrial smoke from the factories in the District.

The Factories Act requires occupiers of factories to forward to the Council, twice yearly, a list of persons employed by them in specified classes of work. This information enables control to be exercised over work carried out in unsatisfactory premises or in conditions likely to lead to the spread of infection. Notification was received of 65 outworkers, who were engaged in the following occupations:

Wearing apparel.....	59
Box making.....	1
Brush making.....	2
Feather sorting.....	2
Making of lampshades.....	1

In one instance it was necessary to restrict outwork by reason of infectious disease.

#### RAG FLOCK AND OTHER FILLING MATERIALS ACT 1951.

This Act, which came into operation on November 1st. 1951, controls the conditions under which rag flock and other filling materials are used in the making of new articles. There is only one trader in the District whose premises come within the scope of the Act. These have been registered.

#### PET ANIMALS ACT. 1951.

This Act, which came into operation on April 1st. 1951, provides that no person may keep a pet shop unless a licence is obtained from the local authority, which may impose conditions in order to secure the objects of the Act. Among other matters the Act makes it illegal to sell an animal as a pet to a child under the age of 12 years. The Council has laid down conditions which conform closely to those recommended by the Royal Society for the Prevention of Cruelty to Animals.

Two licences were issued after premises had been inspected and found to be satisfactory.

#### PETROLEUM REGULATION ACTS. 1928 and 1936.

Legislation controlling the storage of petroleum spirit is contained in the Petroleum (Consolidation) Act 1928 and the Petroleum (Transfer of Licences) Act 1936, which together are referred to as the Petroleum Regulation Acts. The Council is responsible for enforcing these Acts.

Petroleum is defined as "petroleum which when tested in a prescribed manner gives off an inflammable vapour at a temperature of less than 73 degrees Fahrenheit". The Acts have also been applied by Order to compositions or mixtures which contain petroleum spirit. These mixtures

include spraying liquids, quick-drying paint and certain india-rubber solutions.

All proposals for new petrol storage installations and for the renewal of existing licences are submitted to the Council for approval. The construction of new installations is supervised; tanks and pipe lines are tested.

Petrol kept in small quantities and under certain conditions may be stored without a licence.

The quantity of petroleum spirit stored under licence in the District is 22,970 gallons of which 22,800 gallons are stored in underground tanks and 170 gallons in small containers. Twenty-four licences were granted.

REPORT OF MEDICAL OFFICER OF HEALTH REQUIRED  
BY SECTION 128 (3) OF THE FACTORIES ACT.1937.

1. Inspections for purpose of provisions as to health.

Premises	No. on Reg.	Number of		
		Inspec- tions.	Written Notices	Occupiers Prosecuted.
(1) Factories in which Sections 1,2,3,4 & 6 are to be enforced by Local Authorities.	12	38	1	-
(2) Factories not included in (1) in which Sec.7 is enforced by the Local Authority.	61	108	-	-
(3) Other premises in which Sec.7 is enforced by the Local Authority.	2	-	-	-
Total	75	146	1	-

2. Cases in which defects were found.

Particulars.	No. of cases in which defects were found.				
	Found Remedied		Referred		Prosecu- tions.
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	1	1	-	-	-
Sanitary convenien- ces					
(b) Unsuitable or defective	1	1	-	-	-
Total	2	2	-	-	-

### 3. Outwork.

Nature of work.	Section 110.	Section 111.
	No. of outworkers on lists received.	No. of instances of work in unwholesome premises.
Wearing apparel.	59	-
The making of boxes or other receptacles or parts thereof made wholly or partially of paper.	1	-
Brush making.	2	-
Feather sorting.	2	-
Lampshades.	1	-
Total	65	-

TABLE 1.

## ANALYSIS OF CASES OF NOTIFIABLE INFECTIOUS DISEASES.

DISEASE.	All.	NUMBER OF CASES NOTIFIED.						
		Un.1	1-5	5-15	15-25	25-45	45-65	65&O.
Measles.	395	12	189	187	5	2	-	-
Whooping- Cough.	32	4	12	16	-	-	-	-
Scarlet- Fever.	31	-	3	26	-	2	-	-
Pneumonia.	22	-	1	3	-	3	7	8
Dysentery.	13	-	1	-	-	3	5	4
Erysipelas.	3	-	-	-	-	-	2	1
Poliomyelitis.	2	-	1	1	-	-	-	-
Pulm. Tuber- culosis.	33	-	-	1	4	9	14	5
Other Tuber- culosis.	5	-	-	-	-	3	2	-
Food Poison- ing.	4	-	-	1	1	1	1	-
Diphtheria.	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum.	-	-	-	-	-	-	-	-
Puerperal. Pyrexia.	-	-	-	-	-	-	-	-
TOTALS.	540	16	207	235	10	23	31	18

NOTIFIED DURING THE YEAR ENDING 31st. DECEMBER 1953.

CASES IN EACH WARD.					Friern Hospital.	No. Removed to Hospital.
North.	South.	Central.	East.	West.		
138	195	28	5	29	-	4
10	6	6	3	7	-	-
11	13	2	1	4	-	6
10	5	2	1	-	4	1
1	2	-	-	-	10	1
1	-	1	1	-	-	2
-	2	-	-	-	-	2
8	7	5	-	2	11	-
1	-	-	-	3	1	-
-	1	-	2	1	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
180	231	44	13	46	26	16

TABLE 2.

ANALYSIS OF CASES OF TUBERCULOSIS NOTIFIED DURING 1953  
AND THE MORTALITY FROM THE DISEASE OVER THE SAME PERIOD.

AGES.	NEW CASES				DEATHS.			
	PULMONARY.		NON-PULMONARY.		PULMONARY.		NON-PULMONARY.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 - 1	-	-	-	-	-	-	-	-
1 - 5	-	-	-	-	-	-	-	-
5 - 10	-	-	-	-	-	-	-	-
10 - 15	-	1	-	-	-	-	-	-
15 - 20	3	-	-	-	-	-	-	-
20 - 25	-	1	-	-	-	-	-	-
25 - 35	3	2	-	2	-	1	1	1
35 - 45	2	3	-	1	1	1	-	-
45 - 55	7	1	-	-	-	-	-	-
55 - 65	5	-	1	-	2	2	-	-
65 & Over	4	1	1	-	2	2	-	-
TOTALS.	24	9	2	3	5	6	1	1

TABLE 3.

REGISTER OF TUBERCULOSIS.

	PULMONARY.		NON-PULMONARY.		TOTALS.
	Male.	Female.	Male.	Female.	
Cases on Register at 1.1.53.	104	90	5	22	221
Cases notified for first time 1953	24	9	2	3	38
Other cases added to the Register 1953	12	6	-	-	18
Cases removed from Register 1953	16	14	-	1	31
Cases remaining on Register 1953	124	91	7	24	246

TABLE 4.

## ANALYSIS OF THE CAUSES OF AND AGES AT DEATH

CAUSE OF DEATH.	AT-----AGES								
	0 to 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 and Over.
Accident.	-	-	1	-	-	-	1	-	5
Bronchitis.	-	-	-	-	-	-	1	3	1
Cancer.	-	-	-	-	-	1	25	14	3
Congenital Mal- formation.	1	-	-	-	-	-	-	-	-
Diseases of heart and circulatory system.	1	-	-	-	1	4	37	58	106
Enteritis	-	-	-	-	-	-	-	-	1
Leukaemia.	-	-	-	-	-	1	-	1	1
Misadventure.	-	-	-	-	1	-	1	1	-
Nephritis.	-	-	-	-	-	-	-	1	1
Other defined diseases.	5	-	-	1	1	3	4	10	6
Other diseases of Respiratory system.	-	-	-	-	-	-	-	-	1
Other Tubercu- losis	-	-	-	-	-	2	-	-	-
Other infective and parasatic disease.	-	1	-	-	-	-	-	1	-
Pneumonia.	1	1	-	-	1	5	21	39	58
Suicide.	-	-	-	-	-	1	-	2	-
Syphilitic disease.	-	-	-	-	-	-	-	-	1
Tuberculosis (Resp)	-	-	-	-	-	3	4	4	-
TOTAL.	8	2	1	1	4	20	94	134	184

DURING THE YEAR 1953 FOR THE WHOLE DISTRICT.

WARDS.						Male.	Fem.	No. Reg.	In Tran.	TOTAL
North.	South.	Cent.	East.	West.	Friern Hosp.					
4	1	-	1	1	-	6	1	1	6	7
1	-	-	-	-	4	2	3	5	-	5
12	11	7	2	7	4	22	21	20	23	43
-	-	1	-	-	-	-	1	1	-	1
35	38	26	5	27	76	85	122	152	55	207
1	-	-	-	-	-	-	1	1	-	1
-	1	1	1	-	-	1	2	-	3	3
-	-	-	-	1	2	3	-	1	2	3
1	1	-	-	-	-	1	1	-	2	2
8	-	4	-	4	14	14	16	17	13	30
1	-	-	-	-	-	1	-	-	1	1
-	-	1	-	-	1	1	1	1	1	2
-	-	1	-	-	1	-	2	1	1	2
4	7	7	1	6	101	61	65	104	22	126
-	-	1	1	1	-	1	2	2	1	3
1	-	-	-	-	-	-	1	-	1	1
1	-	1	-	1	8	5	6	10	1	11
69	59	50	11	48	211	203	245	316	132	448

TABLE 5.

## INFANTILE MORTALITY.

NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER  
1 YEAR OF AGE. 1953.

	Under 1 week.	1 - 2 weeks.	2 - 3 weeks.	3 - 4 weeks.	Total under 4 weeks.	4 weeks and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total under 1 Year.
All Causes:-										
Certified.	6	1	-	-	7	-	1	-	-	8
Un- Certified.	-	-	-	-	-	-	-	-	-	-
Atelectasis.	2	-	-	-	2	-	-	-	-	2
Congenital mal- formation.	-	1	-	-	1	-	-	-	-	1
Other Heart disease.	-	-	-	-	-	-	1	-	-	1
Pneumonia.	1	-	-	-	1	-	-	-	-	1
Prematurity.	3	-	-	-	3	-	-	-	-	3

COUNTY COUNCIL OF MIDDLESEX.

(Area No. 2)

(Friern Barnet, Potters Bar, Southgate, Wood Green)

REPORT OF AREA MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1953.

1. INTRODUCTORY.

The purpose of this report is to present to the Committee an over-all picture of the work carried out in the Area during 1953.

It will be appreciated that the report is, of necessity, brief, and that it has only been possible to touch on the more important aspects and statistics relating to each section of the Area work. It will also be appreciated that, to include the work of the School Health Service, would call for a separate document. For this reason mainly, the matter of the School Health Service has been for the moment deferred, although I hope to be able to present a statement to the Committee at a later date.

It would be true to state that the work carried out by the Area Health Staff in Area No. 2 last year was relatively uneventful. Opportunity has been taken to improve and extend our services wherever possible, and to introduce newer and more up-to-date methods. Minor changes in administration have also taken place; the more important of these will be referred to in the body of the report. Altogether, the picture can, I think, be justly claimed to be one of steady progress.

2. AREA STATISTICS.

Population 169,050

Friern Barnet	28,260
Potters Bar	17,210
Southgate	72,110
Wood Green	51,470

Area (in acres) 12,840

Friern Barnet	1,340
Potters Bar	6,129
Southgate	3,764
Wood Green	1,607

Birth Rate 11.52  
(per 1,000 population)

Friern Barnet	13.23
Potters Bar	14.18
Southgate	10.54
Wood Green	11.65

Infantile Mortality Rate 25.68  
(per 1,000 live births)

Friern Barnet	23.33
Potters Bar	16.39
Southgate	27.63
Wood Green	28.33

Maternal Mortality Rate 0.51  
(per 1,000 births).

### 3. MEDICAL STAFF.

The medical staff in Area No. 2 consists of myself, as Area Medical Officer, my Deputy, the Senior Assistant Medical Officer, and six Assistant Medical Officers. Dr. Campbell, my Deputy, assists me generally in my work, and is particularly responsible for the day-to-day administration of the School Health Service. The duties of the Senior Assistant Medical Officer are mainly those of supervising the health visiting, home nursing and domiciliary midwives services, although she undertakes many other duties, including those of supervising nursing homes and work under the Child Minders Regulations. Each of the six Assistant Medical Officers is based at a Clinic, and has a number of schools allocated to her. These medical officers are directly responsible for the work carried out at the clinic, and for the school health service duties undertaken in their district.

I would like to pay a warm tribute to our medical staff, who have co-operated whole-heartedly in the efforts made to maintain and improve the standard of the services provided in the Area. I would particularly refer to Dr. Janet Campbell, my Deputy, who has been my unfailing ally in all aspects of my work. In the same way, Dr. E.S. Stephen, the Senior Assistant Medical Officer, has played a notable part in co-ordinating the services for which she is responsible.

### 4. CLERICAL SECTION.

The Clerical Section is housed at the Area Health Office, Town Hall, Palmers Green, N.13., and at White Hart Lane (Old) School, N.22. This dichotomy is still necessary,

as it has not yet been possible to obtain central accommodation which could be made available as an Area Health Office. The separation of members of the staff in this way is unfortunate, and is a problem which we hope will one day be solved. Clerks are also stationed at most of the Maternity and Child Welfare Centres in the Area. This arrangement facilitates the clerical work carried out at these Centres.

The clerical staff employed in the Area consists of the following:

- 1 Chief Clerk
- 1 Deputy Chief Clerk
- 2 APT IV
- 1 Higher Clerical Division
- 4 Clerical Division
- 20½ General Division
- 1 Telephonist

The work is, to a certain extent sectionalised, although the setting-up of watertight compartments has been carefully avoided. Minor changes in the administrative pattern take place from time to time, in the light of experience. During the year, five members of the clerical staff resigned for various reasons, their places being filled in each instance.

As the Committee will be aware, Mr. P.E. Barber, the Chief Clerk, suffered a heart attack in November last. The Committee will also be aware that Mr. Barber has not returned to work, but has expressed his intention to retire. I should like to pay a sincere tribute to Mr. Barber, who has been associated with me personally, first as Chief Clerk in the Southgate Public Health Department and later as Area Chief Clerk, for the past 23 years. No one could have wished for a better or more zealous and conscientious colleague, although we are extremely happy to have, in Mr. G.W. Jones, a very worthy successor.

##### 5. ANTE-NATAL, POST-NATAL and CHILD WELFARE CLINICS.

By the end of 1953, Ante-natal Clinics, at which post-natal cases also attended, were provided in eight premises throughout the Area, approximately nine sessions being held every week, with an average attendance of 14.

Both Health Visitors and Midwives attended these clinics, acting under the direction of an Assistant Medical Officer. In addition, one session was held each week in Southgate, at which midwives only attended. The average attendance at this session was nine.

During the year considerable extension of our Ante-Natal Relaxation Classes took place, so that, by the end of the year, each district in the Area could take advantage of these excellent facilities. 81 sessions were held during 1953, with an average attendance of 12. This average is steadily increasing.

Child Welfare Clinics were held at 13 premises throughout the Area, special toddler sessions being a feature at most of these premises. A total of 26 sessions on an average was held each week, with an average attendance of 37.

During the earlier part of 1953, approval was given to provide vaccination against smallpox at our clinics, where immunisation against diphtheria, pertussis(whooping cough) or diphtheria and pertussis combined has been supplied for many years. Vaccination facilities are now available at most clinics in the Area.

Graphs are kept of the quarterly figures relating to attendances at each of our welfare centres. These graphs allow us to judge the usefulness of our clinics, both on a geographical and numerical basis, and enable us to formulate our policy in advance. The graphs will be available for inspection by the Committee.

A feature of the work carried out at our Child Welfare Clinics during the past few years has been the holding of special Birthday Sessions. Approximately one Birthday Session is held each month at all our Clinics. Birthday letters are sent to parents of children up to the age of five, who have at any time attended the Clinic. Special pre-school record cards are kept, so that an accurate record can be maintained of progress. When a child reaches its fifth birthday, these cards are attached to the routine school medical cards, and are available throughout the child's school life. These clinics are definitely appreciated by mothers, and allow us to pick up stragglers whose attendances have been irregular.

Of the thirteen premises used as comprehensive clinics throughout the Area, four are church halls, two in Friern Barnet, one in Wood Green and one in Potters Bar. It will readily be understood that the use of church halls is not entirely satisfactory, since they compare unfavourably with ad hoc premises. Within recent years, we have transferred clinics from two church halls in Southgate to our own premises, with advantage to the services and to the mothers and children who take advantage of them.

Plans are now being prepared to erect two new comprehensive centres, one in Friern Barnet and one in Potters Bar. It will presumably be some time before these centres are available, but we look forward eagerly to their inception.

With regard to the number of mothers who use our infant welfare centres, we made a very careful check of approximately half the Area, over a five year period from 1947 to the end of 1951. This census was completed in 1952, but the Committee might be interested to see the results, which are illuminating. The mothers attending our clinics were divided into the five income classes used for Census purposes. The results of our enquiry were as follows:

<u>Southgate.</u>		<u>Potters Bar.</u>	
Class 1	- 65.25%	Class 1	- 72.22%
" 2	- 81.36%	" 2	- 82.99%
" 3	- 87.84%	" 3	- 82.52%
" 4	- 84.93%	" 4	- 76.03%
" 5	- 76.92%	" 5	- 95.45%
Average	- 85.51%	Average	- 81.76%

The time occupied in compiling these figures was not inconsiderable, but was deemed worth while, as we were able to judge the class of population upon which we should concentrate, and were also able to compare the work of one health visitor with another. If time permits, we hope to extend the analysis to the whole of the Area.

In concluding this section of the report, I would pay great tribute to the help afforded at our clinics by the Voluntary Helpers who attend so regularly. These ladies give unstintingly of their services, many having attended our clinics for a great number of years. We consider them part of the Area team, and we are delighted to think that they not only represent the continuance of voluntary service in the community, but are able to assist us materially in our work.

## 6. SPECIAL CLINICS.

Children under five may be referred for treatment to the following clinics established in Area 2:

Ophthalmic  
 Ear, Nose and Throat  
 Orthoptic  
 Speech Therapy  
 Orthopaedic (including physiotherapy)

## 7. HEALTH VISITING.

With one exception, Health Visitors employed in the Area occupy a combined post, being also School Nurses. In addition,

we have two Health Assistants, both of whom perform most useful work.

Our average strength of Health Visitors in the Area during the year has been as follows:

20 Health Visitors and School Nurses  
1 School Nurse  
2 Health Assistants

During the year, four members of the staff left our service. Fortunately, although Health Visitors are in very short supply, it was possible to recruit three whole-time Health Visitors and one part-time Health Visitor to take their places.

During the year 1,318 visits were paid to expectant mothers; 20,872 to children under 5; 2,684 to school children, and 1,976 to other cases, including old persons. In making these visits, approximately 15,500 households were visited.

Our Health Visitors, School Nurses and Health Assistants are supervised by an Area Superintendent of Health Visitors and by a Deputy Superintendent. Both ladies are under the immediate control of the Senior Assistant Medical Officer.

In supplying the figures set out above, it is quite impossible to present an adequate picture of the work of a Health Visitor. The duties of the modern Health Visitor have been greatly extended since the coming into force of the National Health Service Act. Thus, their duties are no longer confined to the care of mothers and children under the age of five; they are now expected to undertake much wider duties, including the care of the aged and close liaison with general practitioners working in the districts for which they are responsible. The influence which Health Visitors can bring to bear on mothers during visits to the home or during talks at the clinic, is invaluable. Their work in regard to schools and school children is of equal importance.

Our Health Visitors are allocated to main clinics, from which they operate. They are thus enabled to get to know their district, and to establish close and cordial relationship with the mothers with whom they come into contact. In like way, each Health Visitor is allocated several schools in the same district, so that their work among children under five and school children can be closely integrated and will follow on as a natural sequence. We encourage Health Visitors to visit schools, to consult with Head Teachers, and to be aware of problems as they arise.

We are fortunate in the fact that many of our Health Visitors have worked in this Area for a number of years. We are thus able to build on a solid foundation, which is of the very greatest help to us in our work.

#### 8. MIDWIFERY SERVICE.

The number of births which occurred in Area No.2 during 1953 was just over 2,000. Of these, approximately 80% took place in hospitals and nursing homes; the remainder were domiciliary cases. Almost all the domiciliary cases were attended by our own midwives, 242 in the capacity of midwife, 153 as maternity nurse. In attending these cases, more than 7,000 visits were made, an average of approximately 18 visits per case. In addition, a percentage of the children born in hospitals and nursing homes were discharged sufficiently early to become, for a time, the responsibility of a domiciliary midwife. These cases accounted for a total of 225 visits.

At the beginning of 1953 there were nine midwives on the staff. During the year two midwives left, one to be married and the other to take up a post in Indonesia. The approval of the County Council was obtained to replace these midwives, although considerable difficulty was experienced in filling both vacancies. Thanks to the generosity of the Potters Bar Urban District Council, we have obtained the provision of a flatlet, which has recently been occupied by a full-time midwife. We are equally grateful to the Urban District Council of Friern Barnet, where similar provision has been made.

In addition to the nine midwives mentioned above, we usually have two pupil midwives undergoing part of their training in the Area. These are normally resident at 'Osidge' where there is a resident approved midwife teacher responsible for their training.

All our domiciliary midwives are subject to the supervision of the Senior Assistant Medical Officer and the non-medical Supervisor of Midwives. Our midwives are all qualified to administer gas and air analgesia. All have the use of portable apparatus for the administration of gas and air. In just over three out of four cases attended by our midwives, gas and air analgesia was given by a midwife; in approximately three out of five cases, pethidine was administered, again by a midwife.

The availability of transport for our midwives has been adequate, due in large measure to the excellent fleet of cars handed over to the County Council in 1948 by the Southgate Queens Nursing Association. . Communication by telephone is provided in the homes of all those midwives who are not resident at 'Osidge'.

#### 9. HOME NURSING SERVICE.

In addition to the Superintendent of Home Nurses, who is also Non-Medical Supervisor of Midwives, and the Superintendent at 'Osidge', 21 whole-time and six part-time Home Nurses were employed at the end of 1953. Owing to the sharp rise in the demands on this service, the approved establishment for the Area was increased during the year from 24 to 26.

During the year, our nurses paid a total of 77,335 visits to 3,140 cases. These cases were divided as follows:

Medical	2,612
Surgical	301
Infectious diseases	45
Tuberculosis	112
Maternal complications	45
Others	25

The local arrangements for operating the Home Nursing Service vary from district to district. In Potters Bar, the Urban District Council has provided a Council house, from which one full-time and one part-time nurse operate. In Southgate, 'Osidge' is the administrative centre for the service, although not all the home nurses are resident there. In Wood Green, a central office is provided in a room in the branch Area Health Office. In Friern Barnet, a small headquarters is housed in an ad hoc building in Wetherill Road.

These arrangements are not entirely satisfactory. The room used by the nurses in Wood Green is inadequate, since it is shared by two clerks and is not provided with a running water supply. We have made representations for the use of an extra room in this building.

Our administrative arrangements for the supply of a Home Nurse following the request of a general practitioner

appear to be working satisfactorily. There is no evidence that the service is being abused or that unnecessary visits are being requested. This matter is kept under close review, and I would have no hesitation in making representations to the Committee if I thought that alterations should be made.

With regard to transport, five nurses are provided with County cars, and one with a County auto-cycle. 11 nurses receive an allowance for using their bicycles; the remainder use public transport.

Recent experience has shown that the services of a Male Home Nurse would be advantageous. We are therefore taking steps to make such an appointment.

#### 10. HOME HELP SERVICE.

The equivalent number of whole-time Home Helps at the end of 1953 was 63 $\frac{1}{2}$ , the actual number being 86. During the year 671 cases were provided with help, as follows:

Maternity	121
Tuberculosis	33
Chronic sick(including aged and infirm)	214
Others	303

There is an Organiser of Home Helps and an Assistant Organiser. The Organiser is provided with transport on one day each week, with occasional extra transport to assist in urgent visiting.

The County Council regulations as to priorities are strictly observed in operating the Home Help Service. This is one of the most difficult services to organise and run, since the number of Home Helps available is seldom, if ever, able to meet requirements. It will also be appreciated that our Home Helps come and go with disturbing frequency, being drawn from that section of the community which is not particularly interested in long-term employment. This will be seen from the fact that the number of resignations from the Home Help Service during 1953 was 27. Yet another difficulty lies in the fact that most of our Home Helps are married and have their own children, all of whom are liable to the illnesses associated with childhood. When this happens, the Home Help Organiser is liable to find herself without a number of Home Helps, at a time when these are most required. Continuous steps are taken to implement the number of women used in this service, since there can be no doubt that the Home Help Service does supply a very definite need.

The matter of payment for services rendered is dealt with by the Finance Department, while there is a Panel which meets regularly to consider appeals.

#### 11. DAY NURSERIES.

Two Day Nurseries were available in the Area at the beginning of 1953. Both were 50 place Nurseries, and comprised a training Nursery in Wood Green (White Hart Lane) and a non-training Nursery in Southgate (Hoppers Road).

Changes in Policy relating to conditions of admission and charges resulted in a continued fall in the number of cases attending these Nurseries. It was therefore decided to close Hoppers Road Day Nursery, closure taking place on 30th. October, 1953.

At the end of the year five children under the age of two and 35 children between the ages of two and five were on the register of White Hart Lane Day Nursery. At that time, the Nursery employed an equivalent of  $6\frac{1}{2}$  whole-time non-domestic staff, together with three part-time domestic staff.

Having regard to all relevant circumstances, I am of opinion that one Day Nursery will continue to be required in the Area. The site on which White Hart Lane Day Nursery stands - the site is owned by Wood Green Borough Council - is eminently suited to this purpose.

#### 12. IMMUNISATION.

I have already reported in some detail in a previous report on the position in regard to immunisation against diphtheria, pertussis(whooping cough) or diphtheria and pertussis combined. I will therefore confine myself to stating that, during 1953, 1,953 children were protected for the first time against diphtheria alone or against diphtheria and pertussis combined. In addition, 4,372 children were given reinforcing injections, mostly in the schools. Approximately 58% of infants in Area No. 2 were fully immunised before reaching their second birthday.

The results which can be attributed to immunisation will be too well-known to require re-emphasis. The state of immunisation, both in infants and in school children, is high. This must not encourage complacency, as continued efforts will be required to maintain our present standards. I think it can be said that these efforts are being made, and that they might be regarded as adequate.

Reference has already been made to the yearly campaign for immunisation against diphtheria, in which Area No. 2 plays its part. This campaign includes the showing of slides in local cinemas, advertisements and articles in local newspapers, special talks at clinics, and the display of posters.

Members of our staff are constantly bringing the need for immunisation to the notice of parents, especially stressing the fact that immunisation should be complete some time before the end of the first year. We also make a point of acquainting general practitioners with our policy from time to time, so that the work of immunisation can be properly integrated. Thus, we notify general practitioners of changes in procedure as, for instance, when we discontinued immunisation against diphtheria and pertussis for a short time during the summer months because of the local prevalence of poliomyelitis.

The Committee will be aware that health education in Middlesex is shared between the areas and the district councils which make up these areas. We co-operate very closely with the Borough and Urban District Councils concerned, so that maximum benefit can be expected. The work of health education in Area No. 2 includes:

The circulation of the magazine "Better Health"; health talks and film shows at clinics and to local organisations; the display of posters; the supply of leaflets and pamphlets in the Area Health Office, libraries and at clinics; articles in the local press, and special efforts designed as periodic stimuli, e.g., a yearly immunising campaign.

Apart from these activities, it must always be remembered that the basis of health education lies in the advice given to mothers in the home and at Clinics by Medical Officers, Health Visitors, Midwives, Home Nurses and other members of the staff.

We have also tried to make it known that the Area Health Office is to be regarded as an information bureau, to which any special problem can be brought and where advice and assistance will readily be forthcoming.

Although the effects of health education are not readily discernible, I am convinced that we must always consider this to be an integral part of our work. Without health

education, little progress of lasting value can be anticipated. It is for this reason that we have concentrated on health education, and that no avenue will be left unexplored.

In this connection, it might be mentioned that we have collaborated with Messrs. Marmite Ltd., in the making of a sound film, during which Cranbourne Clinic was used. I would very much like to have the pleasure of arranging a sound film in which the general health activities in Area No. 2 were depicted. The Committee will remember that this has already been discussed and strongly supported by the Committee. As several years have now elapsed since the project was first mentioned, may I put forward the suggestion that it might, with profit, be revived.

13. DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

At the end of 1953 there were four whole-time and five part-time dental officers employed in the Area, representing a total of  $6\frac{1}{2}$  whole-time staff. During the year 232 sessions were allocated to this service. A total of 177 expectant and nursing mothers and 584 children under the age of five were treated.

I need not remind the Committee that great difficulty has been experienced in the past in obtaining the services of sufficient Dental Officers to deal with the priority and school dental services in the Area. The situation did improve during 1953, when our available establishment was higher than has been the case for many years. This allowed us to deal with arrears of work urgently required. The position is so variable that I would not hazard a guess as to how long this happy state of affairs is likely to continue.

Each Dental Officer is provided with the services of a Dental Attendant, who combines chair-side assistance, the keeping of necessary records and the making of appointments. The Dental Service is under the direction of an Area Dental Officer, Mr. G.S. Williams. Mr. Williams has a difficult task to perform, as he also acts as Dental Surgeon at a very busy Clinic. He has carried out his many duties with devotion, and I am glad to have this opportunity of expressing my thanks to him.

#### 14. CARE OF OLD PEOPLE.

The problem of old people, especially the aged and chronic infirm, is one which constantly occupies our attention. This is a problem with numerous facets, in which many bodies and authorities are concerned. Although the problem of old age is predominantly a welfare matter, it will be obvious that it is one which cannot be disassociated with public health.

Up to the moment, our activities have mainly been directed towards the supply of Home Helps and Home Nurses, where admission to hospital is either undesirable or cannot be arranged. We also use our Health Visitors to visit old people in their homes, while we assist at least one large hospital in paying geriatric visits.

I am especially perturbed to think that cases of extreme hardship occur among old people which may never come to our attention. For this reason I recently addressed a letter to general practitioners and to local organisations, asking them to let us know whenever such cases are discovered, so that we might play our part in helping to effect a remedy. I have also instructed my staff to act in a similar capacity.

There is no doubt that the question of old age and its problems is one which is not only here to stay, but which will obviously increase. I am of opinion that steps might be taken to correlate the activities of all the various bodies engaged in this work, so that over-lapping could be avoided and the best practical results achieved in the shortest time.

#### 15. CO-OPERATION.

A feature of our work in Area No. 2 has always been co-operation with other bodies. I am happy to think that we offer and receive cordial co-operation from those other authorities and bodies with whom we come into contact. Thus, our relations with the district councils which constitute the Area, with Hospital Management Committees and hospitals generally, with general practitioners and with voluntary bodies, have been close and cordial. I am completely satisfied that this aspect of our work is important, and that it must never be neglected.

As an instance of what is being done, it might be noted that the Area Health Staff is represented on the Executive Committee of the North Middlesex Division of the British Medical Association, the Liaison Committee

set up by the same Division, the Northern Group Medical Advisory Committee, various Old People's Welfare Committees, local Social Service Councils, and the Executive Committee of the Southgate Physiotherapy Association. The fact that I am Medical Officer of Health for three of the constituent districts making up Area No. 2., and that the Deputy Area Medical Officer is my Deputy in two of these districts, is also of the greatest value.

The Committee will remember that an attempt was made during 1953 to interest general practitioners and head teachers in the work of our clinics, by inviting them to "Open Days" at each clinic. The venture was successful, and it is hoped that it will be repeated during 1954.

Opportunity is taken from time to time to communicate with general practitioners and also with schools, so that matters which seem to call for attention can be brought to their notice. This has become a regular feature of our work and is, I believe, appreciated by the recipients.

#### 16. INVESTIGATION AND RESEARCH.

Although it is not always easy for a fully-occupied staff to carry out research, it is highly desirable that this should be done. We have therefore tried to follow such lines of investigation as lie within our power, and will continue to do so.

All children attending for birthday examination at the welfare centres are given a tuberculin jelly test. These tests are also applied on children before admission to the Day Nursery. After consultation with the Chest Physician at the Finchley Chest Clinic, we have agreed to extend the scheme still further, to include school entrants and school leavers attending certain of our schools. This work gives us valuable information relating to tuberculosis, and allows us to refer cases to the Chest Clinic for further investigation.

We were privileged to take part in an investigation relating to the pre-menstrual syndrome, carried out by a general practitioner in conjunction with a hospital medical officer. This investigation has recently been published and won the Charles Oliver Hawthorne Award of the British Medical Association. We now hope to co-operate with the same general practitioner in a further study relating to the treatment of toxæmia of pregnancy. This is an extension of the previous work and will, it is hoped, produce significant results which should materially advance our knowledge of the cause and treatment of this distressing and serious phenomenon.

Although, as I have already indicated, work under the School Health Service does not properly come within the scope of this report, it might be noted that we co-operated with the Medical Research Council in two schemes of research. One was designed to investigate haemoglobin levels in the blood, with particular regard to seasonal and other variations. The second investigation, which is still proceeding, relates to the possible efficacy of B.C.G. inoculation of school leavers. We were also able to assist in arranging a visit of Mass Radiography Units to Southgate, Wood Green and Friern Barnet, and, for the first time, were permitted to include the examination of school leavers. Our work also involves the carrying out from time to time, of investigations which are requested for County purposes, and also on behalf on the Ministry of Health and other authorities.

As I have already stated, we are not ideally equipped to undertake research on a large scale. None the less, this branch of our work is so important that we feel more than justified in devoting such time as is available to its pursuit.

#### 17. ADDITIONAL.

In addition to the work set out in the foregoing paragraphs we carry out inspections of nursing homes, welfare establishments and childrens homes in the Area. We are also responsible for duties under the Nurseries and Child Minders Regulation Act.

Considerable work is done in regard to the medical assessment of County staff appointed to or resident in Area No. 2, together with the medical examination and assessment of Student Teachers, prior to their entry to training colleges.

We are also responsible for assessing the needs of persons of all ages applying for admission to holiday homes.

So far as these duties are concerned, it may be stated that the Area staff is acting more or less directly on behalf of the County Medical Officer.

#### 18. CONCLUSION.

I would once again stress that this report merely tries to supply a composite picture of the work carried out in the area during 1953. I would conclude by paying tribute to the Area Staff generally for their unfailing

loyalty and sense of duty. I would also most sincerely thank the Chairman and Members of the Area Health Committee for their continuous courtesy and support, which have been of the very greatest help to me in my work.

Finally, I would take this opportunity of expressing my keen appreciation of the generous assistance provided by Dr. Perkins and his staff at head office, together with the equally valuable advice and assistance supplied by all other departments of the County Council.

HEALTH EDUCATION.

As this is the first Annual Report which I have had the privilege of presenting as Medical Officer of Health for Friern Barnet, I should like to take this opportunity of mentioning the various health education activities which are at present being carried out in the Urban District. These might be enumerated as follows:

- (1) Thanks to the generous co-operation of local editors, articles of topical health interest are published from time to time in the local press. I should like to express my personal thanks to the editors concerned for their generous and unfailing courtesy. Without this co-operation, the work of health education in Friern Barnet would undoubtedly suffer.
- (2) The magazine BETTER HEALTH is distributed throughout the Urban District, through the Public Health Department, Infant Welfare Centres, and our Public Libraries. This magazine is supplied by the County Council, and copies are sent to members of the Council and general practitioners. It may be thought desirable in the near future to increase the number of copies available. This could be done by the purchase of additional copies by the Urban District Council.
- (3) Pamphlets and leaflets relating to health are available in the entrance to the Public Health Department, and seem to have been appreciated by members of the general public.
- (4) Matters of current interest and importance are brought to the attention of local general practitioners, by means of letters. These letters are sent as occasion demands, and have been well received. As I have already stated, I am fully convinced that the co-operation of general practitioners is a pre-requisite to success in our work. I am happy to think that this co-operation has been generously provided in Friern Barnet.
- (5) A letter has been sent to local organisations in the district offering a health talk by the Medical Officer of Health or by a member of his staff. This policy enables me to meet the members of local organisations, a privilege which I consider a pleasure rather than a duty. It also enables me to talk on matters of current health interest, with particular reference to the work of the organisation or society concerned.

- (6) Arrangements have been made to make available the kiosk in the precincts of the Town Hall. This space will be used to publicise matters concerning health. The displays will be changed from time to time.
- (7) The proposed formation of a Friern Barnet Clean Food Guild has already received attention. This can be regarded as a true manifestation of health education in its broadest sense.
- (8) It is anticipated that the Urban District Council will permit the hire of a sound film projector as and when required. This is a valuable medium for propaganda, which can be used to excellent advantage.

It will scarcely be necessary for me to say that Health Education is playing a more and more important part in preventive medicine as we know it today. Our aim is to make available to the general public information which can be used to advantage. Our programme must therefore be continuous and up-to-date. In addition to a continuous long-term programme, occasional stimuli can be superimposed. Thus, we hope to arrange a Clean Food Campaign during 1954 or 1955. Our yearly campaign for immunisation against diphtheria comes under the same heading.

The Council will be aware that health education is a function which is shared by the Urban District Council and the County Council. The staffs of the Public Health Department and Area Health Office both undertake the work; each supplements and assists the other. This is one example of the importance of teamwork in health.

In conclusion, I look forward to extending the work of health education in Friern Barnet, as I am convinced that health education, health propaganda, call it what you will, is one of the most powerful weapons placed in our hands. I hope to be able to submit a comprehensive report to the Public Health Committee on this subject when the needs of the district have been more accurately assessed.

