

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

Contributors

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Friern Barnet Urban District Council

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the Year

1954

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

Medical Officer of Health.

FRIERN BARNET URBAN DISTRICT COUNCIL.

ANNUAL REPORT

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MEDICAL OFFICER OF HEALTH

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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 1954, the first full year during which I have had the great privilege of acting as Medical Officer of Health for Friern Barnet.

The form of this year's Annual Report is broadly speaking the same as that of recent years. Certain minor amendments have been made, especially in the re-arrangement of material and inclusion of new tables. As before, uncritical reference has been made to the work carried out in Friern Barnet by the Middlesex County Council. This allows the health picture to be presented as a whole, and not in isolated fragments.

It will be remembered that, last year, I included as an Appendix to my Annual Report a statement which I submitted to Area Committee No. 2 on the Personal Health Services relating to the Area, of which Friern Barnet forms a part. As my Area report will not be ready by the time my report to the Friern Barnet Urban District Council is circulated, I propose, with the County Council's permission, to send a copy of my Area Report to all members of the Urban District Council as soon as it is ready.

So far as the vital statistics for 1954 are concerned, these are complicated by the fact that figures applicable to Friern Hospital are included in the totals. The result of this may be seen in the fact that the death rate for Friern Barnet (14.2) was the highest recorded in any Middlesex district last year, while the Tuberculosis death rate per 1,000 population was also the highest in the County. Further reference will be made to these figures in the body of the report, when it will be shown that the rates applicable to the population of Friern Barnet, excluding Friern Hospital, are by no means alarming.

A much happier position is shown when the Infantile Mortality Rate is concerned. The Infantile Mortality Rate for 1954 is 21.9. The corresponding rate for 1953 was

23.3, and for 1952, 37.5. There has thus been a satisfactory decline over the past three years. I would again stress, however, that it would be extremely dangerous to draw any far-reaching conclusions from these figures. Both the period and totals are much too small to warrant any such action.

It has been my custom to include in my Annual Report, a brief statement on health education. This year, I should like to incorporate a more lengthy statement in the introductory section of the report, since it is becoming more and more obvious that health education is playing an essential part in preventive medicine and therefore deserves priority.

The significance of health education in the vast field of public health is now accepted. It has been stated that we are still only in the experimental phase of health education. We certainly have much to learn, both as to method and content. Be that as it may, we would do well to study and review from time to time the part which health education can play, the contribution it has to offer, and the uses to which it can be put.

I should now like to return to a subject which I have ventilated on several occasions, but which cannot be stressed too often or too strongly. Preventive medicine is and always will appear unspectacular to the general public, unless in those isolated instances where the discovery of a new vaccine or the introduction of important legislation are focussed in the national press. The day-to-day measures designed to erect a barrier against the spread of infection and to encourage positive health, are still taken for granted by too many people. This, of course, is both illogical and unfortunate, but the facts are to some extent understandable and must be accepted.

When a child develops poliomyelitis, or when an adult is rushed to hospital with acute appendicitis, the whole family is acutely aware of the emergency, and equally grateful for the remedial measures undertaken. It is not so with preventive medicine. Too often the public is supremely oblivious of the work being carried out on its behalf in the realm of public health. It is here that health education can and should play such a vital part. There are certainly pitfalls. We must avoid creating a nation of hypochondriacs who are constantly dwelling on the ills which might befall them. We must equally avoid placing too much stress on aspects of health which have comparatively little significance. Our duty must be to

enlighten the public on matters which vitally concern them, to choose our material with loving care, to establish and review from time to time a programme of priorities. This can be done in several ways.

We should make quite certain that the services available to the public are fully known and understood. We should draw attention to factors which have topical interest and are of immediate significance, e.g. measles and influenza outbreaks, the existence of food poisoning or dysentery. We should endeavour by every means available to stress the fundamental principles upon which a healthy individual and community are based. Lastly, we should try to concentrate on those age groups and sections of the community which are most in need of education in its widest sense, without making the cardinal mistake of always preaching to the converted and so neglecting those groups which are most difficult to reach.

Our health education programme in Friern Barnet is, I venture to suggest, reasonably comprehensive. Apart from the work carried out from day to day by our Sanitary Inspectors and, so far as the County Council is concerned, by the Health Visitors both in the Clinic and in the home, the Council will be aware that numerous talks and health film shows are given during the year; while articles appear from time to time in the local press. We are extending our work in the schools, a field of paramount importance; while we undertake special campaigns from time to time designed to focus attention on important aspects of health and the prevention of disease.

It must be realised that the results of our efforts are not readily discernible. We cannot say that, for a certain expenditure, we can guarantee certain results. Nor, although we believe this to be the case, can we say that our expenditure on health education has saved the community a given sum of money. What we can and do claim most emphatically is that a progressive policy of health education will be followed, either immediately or over the years, by results which have quite incalculable value. If these results are sometimes intangible, at least for a period, their value is not thereby diminished. When one remembers the infinitesimal sums being spent on health education as compared with other branches of local government expenditure, and when one realises that health education lies at the very root of a healthy community, the arguments in its favour are surely undeniable.

It must also be clear that Friern Barnet is in many

ways the type of district in which to put into operation an enlightened and enlightening programme of health education. It may be said that most of our citizens are quite capable of knowing what to do and that, in fact, they require the minimum of guidance. On the other hand, it must equally be realised that, for one reason or another, mistakes are made and errors committed. Too often these mistakes or errors are not deliberate, or even accidental. They stem from lack of true knowledge, from the inherent apathy which has always beset the human race until something goes wrong.

I make no apology for once again stressing this point. If we were to neglect health education, either because the cost was considered exhorbitant or because it was not thought to be worth the trouble, the effects might not be immediately seen, but without the slightest doubt they would, in time, be felt.

Since taking up my appointment as Medical Officer of Health of Friern Barnet, a feature of the district has struck me very forcibly. This has to do with what one might describe as the outward appearance of the Urban District. There is not the slightest doubt that the appearance of any district has an effect, sometimes a profound effect, on those who live and work within its confines.

So far as parks, open spaces, grass verges and excellent planning are concerned, we have much for which to be thankful. But that is not the end. Pleasant gardens, tidy streets, houses whose exteriors are pleasing to the eye - these factors are also quite important. We are indeed fortunate that, in Friern Barnet, anyone passing through the district could not help but be impressed by what they saw. I am fully convinced that this feeling of pride is also engendered among our citizens, that it has a psychological effect on health which, although perhaps not of major significance, should never be overlooked. It also shows - and this is equally important - that there is, in Friern Barnet, a sense of civic responsibility, of pride in one's possessions and in one's locality, which augers well for the future. Just as the mind can affect the body, so does the appearance of the place which we regard as our communal home exercise a distinct influence on our outlook.

I would again stress that this may not be a factor of profound importance, but its effect is none the less woven into the pattern which makes up the health of Friern Barnet.

I would conclude my introductory remarks by expressing my very sincere thanks to the members of the Urban District Council, especially including members of the Public Health Committee, for the continuous support and encouragement which I received during the past year. This means a very great deal to someone who occupies the position of Medical Officer of Health. I am more than ever conscious of the courtesy and assistance which is always so evident in Friern Barnet, and which makes the work of administering public health not only much easier than it otherwise would be, but much more pleasant.

I would again express my very sincere thanks to the entire staff of the Public Health Department for their continued loyalty and devotion to duty. In this connection, I would make particular reference to the excellent assistance rendered by Mr. W. R. Jackaman, Chief Sanitary Inspector, a colleague in the truest sense of the word.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

W. C. HARVEY.

Medical Officer of Health.

July 1955.

PUBLIC HEALTH COMMITTEE

at 31st. December, 1954.

Councillor A. C. Henry	(Chairman)
" A. C. S. Meynell	(Vice-Chairman and Vice-Chairman of the Council)
" D. C. Wright J.P.	(Chairman of the Council)
" K. J. Allan	
" J. Foley	
" R. F. Pugh	
" Miss M. J. Richards J.P.	

PUBLIC HEALTH STAFF.

Medical Officer of Health.	W. C. Harvey, M.D., Ch.B., D.P.H.
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 1954).. (District - 26,220) (Friern Hospital - 2,460)	28,680
Number of inhabited houses according to the rate-books (31st. December, 1954).....	7,795
Rateable Value (31st. December, 1954).....	£297,582
Sum represented by a penny rate.....	£1,200

EXTRACTS FROM VITAL STATISTICS.

LIVE BIRTHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
(Legitimate)	129	139	268
(Illegitimate)	5	1	6
	-----	-----	-----
Total	<u>134</u>	<u>140</u>	<u>274</u>

BIRTH RATE per 1000 of the estimated population.... 9.6

STILL BIRTHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
(Legitimate)	3	6	9
(Illegitimate)	1	-	1
	-----	-----	-----
Total	<u>4</u>	<u>6</u>	<u>10</u>

STILL BIRTH RATE per 1000 Births (Live and Still).... 35.2

DEATHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
District	109	112	221
Friern Hospital	89	123	212
	<hr/>	<hr/>	<hr/>
Total	<u>198</u>	<u>235</u>	<u>433</u>

<u>DEATH RATE per 1000 of the estimated population</u>	
<u>including Friern Hospital.....</u>	15.1
<u>District only.....</u>	8.4

DEATHS OF WOMEN IN CHILDBIRTH.

From Puerperal Sepsis.....	0
From other Maternal causes.....	0
	<hr/>
Total	<u>0</u>

<u>DEATH RATE per 1000 Births (Live and Still).....</u>	0.0
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DEATHS OF INFANTS (under 1 year of age).

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
(Legitimate)	2	4	6
(Illegitimate)	-	-	-
	<hr/>	<hr/>	<hr/>
Total	<u>2</u>	<u>4</u>	<u>6</u>

<u>DEATH RATE OF INFANTS (under 1 year per 1000 Births)..</u>	21.9
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POPULATION.

The Registrar General estimated the population of the District at the middle of the year to be 28,680, an increase of 420 compared with 1953. The Census figure was 29,164.

BIRTHS.

The number of births assigned to the district during the year was 274, sixty-nine or 20% less than last year. This is the lowest number of births assigned to Friern Barnet for over twenty years. The Birth-Rate was 9.6 per 1000 of the population. The correcting factor for age and sex distribution so far as Friern Barnet is concerned is 1.05, and this provides a rate for comparative purposes of 10.1. The corresponding Birth-Rate for England and Wales was 15.2.

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

<u>Year.</u>	<u>No. of Births.</u>	<u>Birth-Rates.</u>	
		<u>Friern Barnet.</u>	<u>England & Wales.</u>
1950	397	15.3	15.8
1951	332	12.9	15.5
1952	346	13.7	15.3
1953	343	13.8	15.5
1954	274	10.1	15.2

DEATHS.

The number of deaths during the year was 433. Of these, 212 occurred in Friern Hospital and 221 in the District. Since the preparation of the Death-Table the Registrar General has assigned 434 deaths to the District. This provides an un-corrected Death-Rate of 15.1 per 1000 for the total population, and 8.4 per 1000 for the District excluding Friern Hospital.

The correcting factor for age and sex distribution is 0.94; this provides a Death-Rate for comparative purposes of 14.2. The corresponding rate for England and Wales was 11.3.

Prior to 1953, most of the deaths that occurred in Friern 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. A mental

hospital has now to be regarded as the usual place of residence of the inmates and all deaths occurring therein are assigned to the District in which the Hospital is situated. This explains the apparent sharp increase in the Death Rates noted in the last two years.

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 & Wales.</u>
1950	267	9.8	11.6
1951	284	10.5	12.5
1952	290	10.8	11.3
1953	450	14.9	11.4
1954	434	14.2	11.3

GENERAL PROVISION OF HEALTH SERVICES.

Hospitals.

The provision of hospital beds for Friern Barnet residents has shown no material alteration since my last report was issued. On the whole, from what I can learn the admission of acute cases to hospital, both medical, surgical and gynaecological, has shown a tendency to ease, although it could not yet be said that the situation is entirely satisfactory. Until recently, most hospitals had comparatively lengthy waiting lists for children requiring admission to hospital for the removal of tonsils and adenoids. I am informed that these waiting lists have been quite drastically reduced, although it must be admitted that many of us are still not satisfied that the removal of tonsils and adenoids is always confined to those cases where operative treatment is definitely indicated. That, however, is a matter over which I have little control, either as Medical Officer of Health or as Area Medical Officer. The demand for maternity beds in hospitals has

started to fall, and will continue to fall in almost direct proportion to the availability of adequate housing. Where a hospital bed was required, little difficulty was found during the year in arranging for this to be provided.

When it comes to the admission to a chronic hospital or to an institution of elderly, infirm persons, the position is still extremely gloomy. It must be appreciated that, when hospital beds are at a premium, these beds should rightly be available for acute cases who require careful nursing and supervision, possibly with an operation. On the other hand, we know only too well that numbers of elderly, infirm persons have to remain at home, receiving only such attention as can be provided by the Home Nursing and Home Help Services and by charitable neighbours and voluntary organisations. We are quite aware that our domiciliary services are designed to reduce the demand on hospital beds; indeed, that is the principle on which we have always worked. There must still, however, be a percentage of elderly persons who should be in a chronic hospital because they cannot receive adequate attention in their own homes. In many cases these unfortunate individuals are virtually left alone for lengthy periods, both by day and by night, since the most that can be arranged is periodic visits from one or more of the sources indicated above. This is far from satisfactory, and must surely be regarded as a stigma on the social services available to the most vulnerable section of our community.

Although I am a member of several committees which are intimately concerned with the hospital service, and although my numerous protests have always been sympathetically received, it is still obvious that liaison between the services provided by the Regional Hospital Board and the needs of the local authority presents many serious gaps. The situation has certainly improved, while we must remember that the present system has only been in operation since 1948. Those of us engaged in the public health service feel very strongly that the emphasis placed on curative rather than preventive medicine in the National Health Service Act is not entirely in the national interest. No one would deny the wonderful work being carried out by Hospital Boards throughout the country, nor can one shut one's eyes to the obvious difficulties presented by the post-war social system. One would have hoped, however, that during the seven years over which the National Health Service has been operating, the obvious drawbacks might have been noted and an adequate remedy devised.

A freer change of information is quite obviously

required, together with frank discussions, where the problems on both sides might be thoroughly ventilated. Few would deny that this could do other than good.

I must conclude this section by paying a personal tribute to the hospitals serving this Area. The broad principles may require adjustment, but my personal relations with the hospital staffs concerned and the co-operation which I invariably receive, have always been most cordial. This, however, is not enough. So long as the principles are suspect, the machinery set up to put these principles into operation cannot be expected to function smoothly.

The admission of cases of infectious disease to hospital has continued to work very satisfactorily throughout the year. From my monthly reports to the Public Health Committee, it will be obvious that the infectious diseases picture has changed materially during the past few years. This has eased the strain on hospital beds. The principles which we adopt in regard to the admission of cases of infectious disease have remained unaltered. Broadly speaking, we recommend the admission to hospital of all cases in which continuous nursing and medical advice are required, or where the danger of complications or sequelae is likely to arise. So far as mild infectious diseases are concerned e.g. measles, scarlet fever and the like, we do not press for 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" might be defined as the provision of a room for the patient's sole use. It is worth recording that the general practitioners co-operate most cordially in the application of these principles, as do Coppetts Wood Isolation Hospital and the other hospitals to which our cases are from time to time admitted.

Care of the Aged.

Few subjects have received more attention within recent years than the care of the aged. We know that two new words have been introduced into our vocabulary, geriatrics and gerontology, both having to do with the process of growing old and the afflictions which old age brings with it. We also know that people's minds have been increasingly turned, not only to the urgent, often tragic problems which face an elderly individual, but to the broader picture as it relates to the community and even to the country as a whole.

I would require an entire Annual Report to do justice to this enormous problem. That is not possible, although I feel that the Annual Report of the Medical Officer of Health should contain detailed reference to an aspect of health which affects a large and growing section of the community.

Old age comes to many people in many ways. Some are relatively unaffected, retaining both their mental and physical powers until an advanced age, and remaining in the care of relatives or sympathetic friends. Others are affected by old age at a relatively early period, and may require medical and nursing care either in the home or in a hospital or institution. To some elderly patients money is no object; others are wholly dependent on national assistance. Some elderly persons prefer to eat out, where they can be assured of company; others are confined to their houses or to one room, and welcome the meals provided by the Meals-on-Wheels Service.

These various examples are given, merely to show the diverse factors which go to make up the quite gigantic problem contained within the two words "old age".

No one would be so stupid or so churlish as to deny that much has been done in Friern Barnet for elderly persons. Apart from help provided by such statutory bodies as the Urban District Council, the Middlesex County Council through the Area Medical Officer, the Area Welfare Officer, and the National Assistance Board, the help furnished by voluntary organisations, churches and by charitable individuals, is too generous and covers much too wide a field to mention in any detail.

This is all very well, but it is by no means enough. It has long been obvious that the problem must be studied as a whole, not as an aggregation of individual units. In this way and in this way only can we be reasonably certain that all aspects of the problem are receiving attention, that energy is not being uselessly expended, that there is no duplication and re-duplication, that gaps are not being left unclosed.

The problem of the aged was considered at a meeting convened by the Chairman of the Council in the Town Hall on the 16th. December, 1954. The meeting, which was attended by representatives of a large number of voluntary organisations, and also by officials, discussed the whole problem in detail and eventually decided to ask the existing

Old People's Welfare Committee to deal with the various points at issue. There the matter was left for the time being.

I have no doubt that, when the needs have been fully assessed, the Committee will be able to integrate the various activities already being carried out, directing efforts into the most effective channels and expanding or even creating new services as and where these seem to be required.

From a humanitarian point of view it is a truism to say that the aged are our responsibility, both as individuals and as a community. There is surely no slur, no stigma in growing old; it is and always should be considered an honoured state, deserving of privilege, demanding our sympathetic understanding and assistance. If we are to look on the matter from the most mundane angle, it is equally true to say that, unless the problem of the aged can be solved, the national economy is quite certain to suffer. Our country has an ageing population, a fact which is all too apparent in Friern Barnet.

But surely there is no need to cast our net so wide. Let us think of those aged individuals, alone in their tiny rooms, without friends, without company, sometimes without comforts, without even the barest necessities of life. Such thoughts will surely awaken in us a sense of responsibility, a sense of justice, a determination to ensure that everything possible is being done for a section of the community which, through no fault of its own, has lagged behind in the race of life.

Laboratory Facilities.

I would again record my appreciation of and thanks to the staff of the Central Public Health Laboratory, both at Colindale and at Coppetts Wood, for their unfailing assistance throughout the year. Once again, we did not have to call upon the Laboratory to any great extent during 1954, owing to the absence of major outbreaks of infectious disease. It is, however, very satisfactory to know that the Public Health Laboratory Service is available to us, and that any calls we make upon it will be readily and sympathetically met.

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 and Nose Swabs.....	23
Faeces.....	119
Sputum.....	4
Ice Cream.....	58
Milk.....	43

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 during the year.

Section 50. Burial or cremation of the dead.

No action was necessary under this section during 1954.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

Details of cases of infectious disease notified during the year will be found in the table set out at the end of this report.

The total of 289 is considerably less than that for 1953, which was 540. This was due very largely to the decrease in measles notifications (108 as against 395).

In the introduction to this report, I once again mentioned the fact that the term epidemiology has taken on a new significance. We must no longer confine our attention to infectious diseases per se, but must concern ourselves with any disease or contributory cause of disease which makes itself apparent among the population. So far as Friern Barnet is concerned, this more or less reduces itself to the investigation of unusual illnesses which may have sprung from quite unexpected sources. Here, of course, one is very largely dependent on the information received from general practitioners. Thus, in the past I have been informed of cases of infective hepatitis among school children, some time before the information could have been obtained from the schools concerned; while family doctors and schools have been very helpful in letting us know of outbreaks of such diseases as winter vomiting. I am most grateful for this assistance, and have communicated my thanks both to general practitioners and to head teachers.

Although, as I say, Friern Barnet is not the type of district in which it could be said that conditions especially favourable to the spread of disease exist, we must continue to search for such conditions, which may well be latent. We must also strive to take such measures as are possible to prevent these disease-producing factors from arising, to destroy any weeds which may take root, however tenuous, in our garden. This is the true meaning of epidemiology in its widest, its most modern sense.

Leaving aside the important question of epidemiology as we know it today, the picture in regard to infectious disease is still relatively fluent. In my Annual Report for 1953, I mentioned the reduction in severity, particularly as it affects a disease such as scarlet fever. These remarks still apply. We also know that virus diseases, many indeterminate, are still being investigated, that they have shown a definite tendency to increase. Among these diseases the complaint known as winter vomiting is particularly apparent. This disease has little more than nuisance value, and has not shown itself capable of producing either a serious illness or dangerous after-effects. None the less, the appearance of new virus diseases must be treated with great caution, since we know only too well the ravages which a virus disease such as poliomyelitis can and do produce. Unfortunately, only a proportion, virtually an unknown proportion, of virus infections are at present notifiable. This is inevitable, as many of these diseases are extremely mild; while their relationship to other diseases and their precise position in the general pattern has not yet been fully established. In the meantime, therefore, we continue to hold a watching brief, prepared to change our attitude in the light of experience and information.

I would conclude this section by making reference to influenza. Towards the end of 1953 the Ministry of Health asked us to supply information on the prevalence of influenza, particularly the specific type of influenza complicated by pneumonia and by cerebral sequelae. I communicated on several occasions with general practitioners, and obtained a miscellaneous bag of information which I then correlated and transmitted to the Ministry. At that time, there did not appear any evidence that influenza was unduly prevalent. Later, however, the number of cases did increase, so much so that we might have had to put into operation certain emergency domiciliary nursing measures for which we were fully prepared. Fortunately, the number of serious complications and deaths gave no cause for alarm. This, however, is an example of the type of co-operation

which one heartily endorses. Only when the central authority, the local authority and the body of general practitioners concerned is prepared to work together, interchanging information to the fullest possible extent, can we say that we are ready to cope with any situation. The fact that special measures were never necessary in this particular instance should not be allowed to militate against this excellent principle.

Diphtheria.

For the sixth year in succession no case of diphtheria was notified in the district. The last death took place approximately seven years ago.

Our immunisation programme is, broadly speaking, the same as that set out in previous reports. Various minor modifications have been introduced, particularly to ensure the use of the most efficient antigen and to lay down special precautions relating to infants and children who are likely to be allergic. I intend to embody our immunisation time-table in a memorandum which will set out in detail the programme upon which we have decided, together with those precautions considered necessary. When the time-table is ready, I will furnish each general practitioner with a copy, so that we will, so far as is possible, be working along the same lines.

It was not necessary during 1954 to suspend the use of the combined type of antigen for immunisation against diphtheria and pertussis. As will be remembered, this was done during 1953 because of the occurrence of cases of poliomyelitis in the neighbourhood.

The immunisation figures relating to Friern Barnet for 1954 might be summarised as follows:

471 children were immunised against diphtheria or diphtheria and pertussis (whooping cough) combined, under the scheme arranged by the Middlesex County Council, 299 at the local clinics and 172 by their family doctor. A further 598 children between the ages of 5 and 15 years, were given a re-inforcing injection.

I think it can fairly be said that our scheme of immunisation, either against diphtheria alone or against diphtheria and pertussis, is comprehensive, and that, so long as the present level of immunisation is maintained, diphtheria will continue to be a comparatively rare disease.

For some time past I have been anxious to use the new triple antigen which protects children against diphtheria, pertussis and tetanus. The Ministry of Health has still not given its blessing to the use of the triple antigen, however, and we must therefore wait until approval is forthcoming.

It will not be necessary for me to say that the work of immunisation in Friern Barnet is carried out by the County Council. I know, however, that the Urban District Council is extremely interested in this vital weapon, and that it would wish to be fully informed on the precautions now being taken in Friern Barnet.

As regards propaganda, we have not been entirely satisfied with the literature available in respect of immunisation, particularly immunisation against diphtheria. This especially applies to the time table advocated in the various pamphlets and leaflets at present at our disposal. Indeed, it was becoming more and more obvious that the suggested time table very often conflicted with the advice issued from the Area Health Office and given at our clinics.

I raised this matter at the Middlesex Medical Advisory Committee, and was invited to produce an up-to-date pamphlet which would be generally acceptable throughout the county. I duly prepared a statement, after which I had several consultations with the Principal of the Ealing School of Art, where most attractive illustrations have been drawn up. The general lay-out and wording is now awaiting consideration and will, it is hoped, provide us with a pamphlet which should be acceptable and of practical use to parents.

Scarlet Fever.

Scarlet fever notifications during 1954 showed a slight increase over the figures for the previous year. The notifications for the past three years were 40, 31 and 26 respectively.

The type of disease met with was again mild. Indeed, it is extremely doubtful whether more than a percentage of all the cases which occurred were ever seen by a doctor.

I would, however, say that scarlet fever may be going through a temporary phase of reduced virulence. We

must therefore continue to watch the trend, and be prepared for a return at any moment of the more severe type of infection previously encountered.

Acute Anterior Poliomyelitis.

No case of poliomyelitis was notified in Friern Barnet during 1954, as against two cases during the previous year.

Shortly before this report was written, the news was received that an efficient vaccine against poliomyelitis was at last available in the United States. Since then, of course, further news has come to hand of actual cases of poliomyelitis occurring very shortly after vaccination; while it has been stated that parents have been affected, presumably as the result of intimate contact. I think it would be safe to say, however, that we can now look forward to the day, in the relatively near future, when a safe and efficient vaccine will be available in this country to protect children against poliomyelitis, just as they have been protected against diphtheria, and, to a lesser extent, against pertussis. In the meantime, we must continue our general measures of protection, basing our actions on the knowledge available to us. I need scarcely point out that propaganda in regard to poliomyelitis is regularly carried out, mainly through the schools. I also make a point of informing general practitioners of undue occurrences. This propaganda is extremely valuable, the one proviso being that any feeling of alarm must at all costs be avoided.

Measles.

One hundred and eight cases of measles were notified during the year as against 395 in 1953, which was an epidemic year.

It is an interesting fact that Friern Barnet showed more measles cases in 1954 than any surrounding district, even districts with a much higher population. This is an epidemiological curiosity, but fortunately has little or no epidemiological significance, since the disease was very mild, admission to hospital being required in only six cases.

Pertussis(Whooping Cough).

Eighty-six cases of pertussis were notified during the year, as against 32 in 1953.

Once again, Friern Barnet showed a relatively high proportion of pertussis notifications. This is not surprising, as the level of measles and pertussis notifications often, indeed almost invariably go hand in hand.

We have continued our policy of immunisation, both against pertussis alone and diphtheria and pertussis combined. Although pertussis immunisation does not give a full guarantee of protection, it is generally agreed that efficient immunisation will modify an attack. This modified attack, which represents a merely trifling illness, is then followed by life-long immunity. Although there is an obvious danger that these modified attacks may go unnoticed, thus helping to keep infection alive and so passing the infection on to other children, available evidence would seem to show that our present programme of immunisation coupled with health education, are correct, and that it should be vigorously pursued.

It can at least be said that Friern Barnet parents show a decided preference for combined immunisation, as against immunisation against diphtheria and pertussis at different times. The choice is left entirely to the parent, although we do recommend the combined method, unless any contra-indications exist.

Food Poisoning (including Sonne Dysentery).

Three cases of food poisoning and 17 of dysentery were reported during the year, none of these cases being severe. I must again point out that these cases represent notifications, and do not fully indicate the incidence either of food poisoning or of dysentery within the district. None the less they are extremely useful for comparative purposes, as it can presumably be accepted that the factors which militate against the complete notification of food poisoning and dysentery do not materially alter from year to year.

Altogether, this has been an extremely quiet year so far as food poisoning and dysentery were concerned. No outbreaks of food poisoning were reported, while Sonne dysentery remained at a low level.

Puerperal Pyrexia.

No case of puerperal pyrexia was notified during the year.

Having regard to the fact that, in the vast

majority of cases, puerperal pyrexia is no longer a disease which either kills or even incapacitates, it has been claimed that notification is no longer required. It would certainly be true to say that most cases of puerperal pyrexia are due to such simple causes as constipation or a common head cold occurring shortly after childbirth. Against this we know that there are other causes for a rise in temperature during the puerperium, and that these causes may be highly significant. As midwives must be prevented at all costs from moving from one infected mother to another, it would seem highly proper that even the mild conditions now known as puerperal pyrexia should continue to be brought to our notice.

Smallpox.

No case of smallpox occurred in Friern Barnet during 1954. Once again I have not been asked to see any doubtful rashes.

I am glad to be able to report that the number of mothers seeking vaccination at Child Welfare clinics in Friern Barnet shows a definite increase. I have communicated with general practitioners, asking them to advocate vaccination as strongly as possible, because of the extremely low vaccination state prevailing throughout the country. Practitioners will shortly be supplied with an attractive display-card urging vaccination as well as immunisation. I have asked them to display this card in their waiting rooms, and have little doubt that they will co-operate.

Tuberculosis.

Twenty-four cases of tuberculosis (23 pulmonary and 1 non-pulmonary) were notified during the year, as against 33 cases during 1953.

In addition 14 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 38, eighteen less than during the previous year.

The distribution of 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>
7	4	3	-	4	6

A broad classification of the cases notified during the past two years (excluding those notified from Friern Hospital) in relation to employment was:-

	1953.	1954.
Clerical.....	4	4
Housewives.....	4	2
Children.....	1	-
Professional Classes....	1	-
Factory Workers.....	6	1
Manual Workers.....	5	4
Hairdressing.....	-	1
Food Trades.....	2	-
Nurses.....	1	-
Unclassified.....	2	6

Mass Radiography Unit 5B did not visit the district during 1954; but has given an undertaking to return in the near future.

I would conclude by making a special plea for the re-housing of families in which an open case of tuberculosis is known to exist. I fully appreciate the difficulties which confront the Housing Committee and the Council in providing adequate housing accommodation, as well as the fact that housing needs are by no means confined to tuberculous families. On the other hand, the needs of a patient suffering from tuberculosis are not the only desideratum. If a tuberculous family occupies premises which are overcrowded, the risk of spreading the infection very greatly increases. No one can say how far the net will spread, or what the ultimate effect will be. Thus, not only on humanitarian, but on strictly epidemiological lines, it is of paramount importance that the re-housing of families from which a case of tuberculosis has been notified, especially where the patient continues to live at home, should be granted high priority. I am very happy to think that the Housing Committee has always given the most sympathetic consideration to my representations. I am fully convinced that this is the proper course to adopt, and that not only the family but the district as a whole will very definitely benefit.

SANITARY SERVICES.

Summary of Inspections.

Visits to premises on complaint.....	497
Visits in connection with infectious disease.....	87
Visits to shops and places where food is prepared, stored or sold.....	572
Visits to other shops.....	180
Visits to factories.....	110
Visits to petroleum installations.....	77
Visits in connection with housing and the repair of dwelling-houses.....	2094
Appointments and special visits.....	486
Visits re infestations and disinfestations.....	17
Visits in connection with rodent control.....	1399
Visits to piggeries.....	36
Visits re Pet Animals Act.....	8
Visits re Rag Flock Act.....	5
Smoke observations.....	75

HOUSING.

In the year under review 2094 visits were made in connection with housing conditions. A considerable proportion of these inspections were for the purpose of obtaining information to enable the Council to formulate proposals for dealing with the local problem of unfit houses. Following these visits, and as a result of notices served, repairs were carried out to 250 dwellings.

The Housing Repairs and Rents Act 1954 came into operation during the latter part of the year. Amongst other matters the Act modifies the conditions under which financial grants are available to property owners for carrying out improvements to houses, such as the provision of a bathroom, a hot water supply, and other works to raise the standard of accommodation provided by the older dwellings. It is to be hoped that the revised arrangements will make such schemes more attractive to property owners. By the end of the year, however, no applications for grants had been received although a number of preliminary enquiries, mostly by owner occupiers, had been dealt with.

The Act also enables a landlord to increase the rent of his property if he is able to shew that he has spent certain sums of money on maintenance and the property is in good repair. Applications were received from the tenants of 15 houses, who

had received notices of increase of rent, for certificates that the dwellings were not in good repair. The applications were approved in each case.

Housing Statistics.

1. Inspection of Dwelling-houses during the year:-

1. (a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts).....	582
(b)	Number of inspections made for the purpose.....	631
2. (a)	Number of dwelling-houses (included under sub-head (1) above,) which were inspected and recorded under Housing Consolidated Regulations, 1925.....	295
(b)	Number of inspections made for that purpose.....	327
3.	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.	0
4.	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation.....	265

2. Remedy of defects without service of formal notices:-

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers.....	233
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3. Action under Statutory Powers:-

A. Proceedings under sections 9, 10 & 16 of the Housing Act 1936.

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs.	3
(2)	Number of dwelling-houses which were rendered fit after service of formal notices:-	
(a)	By owners.....	1
(b)	By Local Authority in default of owners.....	0

B. Proceedings under Public Health Acts:-

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied.....	19
(2) Number of dwelling-houses in which defects were remedied after service of formal notice	
(a) By owners.....	16
(b) By Local Authority in default of owners.....	0

C. Proceedings under sections 11 & 13 of the Housing Act 1936.

(1) Number of dwelling-houses in respect of which Demolition Orders were made.....	0
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders.....	0

D. Proceedings under section 12 of the Housing Act 1936.

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made.....	0
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, they having been rendered fit.....	0

4. Housing Act 1936 - Part-4-Overcrowding.

A.	
(1) Number of dwelling-houses overcrowded at end of year.....	7
(2) Number of families dwelling therein.....	7
(3) Number of persons dwelling therein.....	44

B.	
(1) Number of new cases of overcrowding reported during the year.....	2

C.	
(1) Number of cases of overcrowding relieved during the year.....	3
(2) Number of persons concerned in such cases....	11

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.....	10
	Fittings and services repaired.....	25
<u>Drainage.</u>	Drains cleared or repaired.....	62
	Inspection chambers reconstructed or repaired.....	8
	Soil and vent pipes provided.....	5
	New sinks provided.....	3
	Sink waste-pipes provided or repaired.....	13
<u>W.C's.</u>	W.C. pans and traps provided or repaired.....	21
	W.C. seats, doors, windows, floors renewed or repaired.....	12
	Walls and ceilings repaired and redecorated.....	23
	Flushing cisterns provided, repaired or regulated.....	26
<u>Floors.</u>	Floors renewed or repaired.....	43
<u>Roofs.</u>	Roofs repaired.....	86
	Gutters and downspouting renewed or repaired.....	54
<u>Cleansing.</u>	Walls repaired, cleansed and redecorated....	106
	Ceilings renewed or repaired.....	101
<u>Windows.</u>	Sashes and frames renewed or repaired.....	72
<u>Brickwork.</u>	Brickwork rebuilt.....	13
	Chimney stacks rebuilt or repaired.....	7
	Walls re-pointed or rendered.....	36
<u>Woodwork.</u>	Doors renewed, repaired or re-hung.....	18
	Staircases repaired.....	5
<u>Yards.</u>	Yard paving renewed or repaired.....	5
<u>Heating.</u>	Ranges or grates renewed or repaired.....	16
	Wash-boilers renewed or repaired.....	2
<u>General.</u>	Other defects(unclassified) remedied.....	75

INSPECTION AND SUPERVISION OF FOOD.

Food Hygiene.

Inspections of the various premises in which food is prepared, stored or sold were made to see that the provisions of the Food and Drugs Act relating to food premises, and the Byelaws relating to the handling of food, were being observed. In the course of the year 572 visits were made for these purposes. As a consequence it was possible to bring about improvements to premises and equipment and generally to encourage a higher standard of food hygiene.

The position in regard to the proposed Friern Barnet Clean Food Guild remained unchanged. The regulations and codes of practice dealing with food hygiene, which were expected to accompany new legislation and to which it was considered desirable to have regard in preparing any scheme, did not materialise. It was thought wise to delay embarking on the project until the intentions of the legislation are clear.

It will be appreciated that we continue to emphasise the importance of food hygiene whenever the opportunity occurs, to the food handler and the public alike. I have given a number of talks on the subject to local organisations, while a continuous campaign is carried out in the course of the visits to food premises.

Food Inspection.

There are no slaughterhouses in the District. Following the end of meat rationing and Government control of slaughtering, local authorities were asked to ascertain what slaughtering facilities would be required in their areas in order to maintain the smooth distribution of home-killed meat pending the implementation of the future policy of moderate concentration of slaughterhouses. The last slaughterhouse to be used in Friern Barnet was closed down some years before the war and the local meat supplies now, as then, are obtained from the various meat markets.

There are three piggeries in the District, and animals are occasionally slaughtered at these premises in an emergency such as sickness or injury, when it is not practicable for them to be removed to a slaughterhouse. During the year 10 pigs were slaughtered in these circumstances and the carcasses of three, associated with an

outbreak of swine fever, were totallly condemned.

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

Beef.....	757 lbs.
Lamb.....	59 lbs.
Pork.....	176 lbs.
Tinned Meat.....	117 tins.
" Vegetables.....	62 tins.
" Milk.....	37 tins.
" Fish.....	13 tins.
" Tomato Puree.....	8 tins.
" Fruit.....	132 tins.
" Soup.....	7 tins.
" Jam.....	1 tin.
Cream Powder.....	26 packets
Junket Powder.....	8 packets
Almond Powder.....	2 packets
Fruit.....	2 jars.
Butter Beans.....	4 jars.

Food Hawkers.

There was little change in the position with regard 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. Two new applications for registration were approved. The number of registrations at the end of the year was:-

	<u>Persons.</u>	<u>Premises.</u>
Fruit and Vegetables.	11	9
Fish.	3	-
Groceries.	1	-
Ice Cream.	2	1

Food hawkers are subject to the same provisions for the safeguarding of food supplies as are other food traders. In addition registration may be revoked if the 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. Most of those operating in this District have established rounds.

Ice Cream.

Certificates of registration for the sale of ice cream were granted in respect of three premises during the year. This brings the total of premises in the District registered for the manufacture, storage or sale of ice cream to fifty-nine. Most of the traders sell only pre-packed ice cream as supplied by the manufacturers.

Fifty-eight samples were taken for bacteriological examination. They were placed into one of four grades following a test as to their bacterial cleanliness. Grades 1 and 2 are an indication of a satisfactory standard, and grades 3 or 4 unsatisfactory. The 58 samples taken were placed in the following grades:

<u>Grade 1.</u>	<u>Grade 2.</u>	<u>Grade 3.</u>	<u>Grade 4.</u>
55	1	2	-

In the case of one of the unsatisfactory samples the trader sold the ice cream loose and advice was given on the efficient sterilisation of the serving utensils. In the other instance the ice cream was sold pre-packed as supplied by the manufacturers. In both instances subsequent check samples were satisfactory.

Milk.

The milk supply of Friern Barnet is either pasteurised, sterilised or tuberculin-tested.

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

There are 20 companies or persons registered as distributors of milk in the District, and one dairy where milk is pasteurised and bottled.

The following licences were granted:

	<u>Dealer's Licence.</u>	<u>Supplementary Licence.</u>
To sell pasteurised milk	3	9
To sell sterilised milk	13	10
To sell tuberculin-tested milk	4	10

WATER SUPPLY.

The greater part 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 in quality and quantity.

All the houses in the District have a piped supply. A few complaints received concerning the supply were found to be due to domestic storage cisterns in need of cleansing or covering.

PESTS AND VERMIN.

Some 451 premises were examined as a result of complaints or during the normal survey of the District to find and eliminate rats. One hundred and forty of these premises were found to be harbouring rats to varying extent and were treated by one or other of the methods recommended by the Ministry of Agriculture and Fisheries. Whenever possible the cause of a particular infestation was sought and eliminated in order to prevent re-infestation. As in previous years the presence of rats was often associated with defective drains or the keeping of fowls.

The Council's undertakings such as the Sewage Works, Depots and Parks, and the open spaces in the District were inspected throughout the year and treatments were carried out as necessary. Surveys and treatments of the sewers were also conducted in the months of June and December. The number of manholes shewing use by rats was 15 on each occasion. When these sewer treatments were started in 1947, 55 manholes were found to be infested.

As a result of these various activities it was estimated that at least 1,100 rats had been destroyed. A total of 1321 visits was made by the rodent operative in connection with these operations.

A further 48 premises were dealt with where there were infestations by mice.

No legal proceedings were necessary under the Prevention of Damage by Pests Act 1949, in order to free premises or land from rats or mice, or to secure the structural repairs found to be necessary.

Five premises were found to be in a verminous state, four being infested by bed bugs, and one by fleas. All were successfully treated.

There was an increase in the number of wasp nests in respect of which assistance was sought. Forty-two nests were destroyed compared with nineteen in 1953.

WATERCOURSES.

Some pollution of the Buxted Road watercourse was found in the area Ashurst Road - Buxted Road - Lewes Road. The sources of the pollution were isolated to sections of the surface water sewers serving these roads and detailed examinations of the individual drainage systems were carried out. In 4 instances defects were found which allowed foul drainage to pass into the surface water drains and thence into the sewers. These defects were remedied.

RAG FLOCK AND OTHER FILLING MATERIALS ACT 1951.

This Act controls the conditions under which rag flock or other filling materials are used in the making of new articles such as mattresses, chairs and similar articles.

There is only one trader in the District whose premises come within the scope of the Act. These premises have been registered.

PET ANIMALS ACT 1951.

This Act makes it unlawful to keep a pet shop unless licensed to do so by the local authority, who can impose conditions to the licence, in the main to prevent cruelty and the spread of infection. Amongst 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 have adopted conditions for the granting of licences which closely conform to those recommended by the Royal Society for the Prevention of Cruelty to Animals.

Two licences were issued during the year.

HEATING APPLIANCES (FIREGUARDS) ACT, 1952.

The purpose of this Act is to prevent likelihood of injury by burning, and gas fires, electric fires and oil heaters, designed for use in residential premises, are now required to be fitted with guards. Standards for construc-

tion and fitting of these guards are laid down. The requirements apply to heating appliances sold after the 1st. October 1954.

In one instance a retailer displayed for sale some electric fires that did not conform to the safety requirements. A warning was issued and the appliances were withdrawn.

PETROLEUM REGULATION ACTS 1928 and 1936.

These Acts deal with the conditions under which petroleum-spirit is stored.

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 Farenheit". The Acts also apply to compositions or mixtures containing petroleum spirit, as for example some spraying liquids, quick-drying paints and certain india-rubber solutions.

All proposals for new petrol installations, and for the renewal of existing storage licences, are submitted to the Council for approval. The construction of new installations is supervised.

Petrol kept in small quantities may be stored without a licence subject to compliance with certain conditions relating to safety.

The quantity of petroleum spirit stored under licence in the District was 29,470 gallons, of which 29,300 gallons were stored in underground tanks and 170 gallons in small containers. Twenty-four licences were granted.

FACTORIES.

There are 74 factories of various kinds and sizes in the District, mainly of a small and light industrial type. The larger premises include a dry-cleaning works, a scientific instrument works, an electricity board depot, a bag making factory, and a London Transport garage and depot.

The Council administer 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. In factories where no mechanical power is used the Council

enforce all these provisions, but where mechanical power is used responsibility is limited to securing adequate sanitary conveniences, the remainder being enforced by H.M. Inspectors of Factories, who also deal with the many other provisions of the Act relating to safety and welfare.

The Council also have the duty of ensuring that certain classes of factory are provided with satisfactory means of escape in case of fire and of issuing certificates to that effect. Four such certificates were issued during the year.

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

Occupiers of factories are required to forward to the Council, twice yearly, lists of outworkers employed by them in certain 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 78 outworkers, who were engaged in the following occupations:

Wearing apparel.....	70
Box making.....	3
Brush making.....	2
Feather sorting.....	2
Lampshade making.....	1

It was not necessary to restrict outwork in any instance.

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

1. Inspections for the purpose of provisions as to health.

Premises.	No. on Reg.	Number of		
		Inspection.	Written Notices	Occupiers Prosecuted
(1) Factories in which Sections 1,2,3,4,& 6 are to be enforced by Local Authorities.	13	21	-	-
(2) Factories not included in(1) in which Sec.7 is enforced by the Local Authority.	61	89	4	-
(3) Other premises in which Sec.7 is enforced by the Local Authority.	-	-	-	-
Total	74	110	4	-

2. Cases in which defects were found.

Particulars.	No. of cases in which defects were found.				
	Found.	Remedied.	Referred		Prosecutions.
			To H.M. Inspector	By H.M. Inspector.	
Want of cleanliness	1	1	-	-	-
Sanitary conveniences					
(b) Unsuitable or defective	2	2	-	1	-
Other offences against the Act	2	2	-	-	-
Total	5	5	-	1	-

3. Outwork.

Nature of work.	Section 110.	Section 111.
	No. of outworkers on lists received.	No. of instances of work in unwhole some premises.
Wearing apparel	70	-
The making of boxes or other receptacles or parts thereof made wholly or partially of paper.	3	-
Brush making.	2	-
Feather sorting.	2	-
Lampshades.	1	-
Total	78	-

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&0
Measles.	108	5	53	50	-	-	-	-
Whooping- Cough.	86	14	34	38	-	-	-	-
Scarlet- Fever.	40	-	5	33	1	1	-	-
Pneumonia.	9	-	2	-	-	2	3	2
Dysentery.	17	-	3	6	3	5	-	-
Cerebral- spinal- fever.	1	-	1	-	-	-	-	-
Pulm.Tuber- culosis.	23	-	-	-	3	11	3	6
Other Tuber- culosis.	1	-	-	-	-	1	-	-
Food Poison- ing.	3	-	-	3	-	-	-	-
Typhoid- Fever.	1	-	-	-	-	-	-	1
Diphtheria.	-	-	-	-	-	-	-	-
Ophthalmia- Neonatorum.	-	-	-	-	-	-	-	-
Puerperal- Pyrexia.	-	-	-	-	-	-	-	-
TOTALS.	289	19	98	130	7	20	6	9

NOTIFIED DURING THE YEAR ENDING 31st. DECEMBER, 1954.

CASES IN EACH WARD.					Friern Hospital.	No. Removed to Hospital.
North.	South.	Central.	East.	West.		
7	63	32	2	4	-	6
7	67	8	-	4	-	9
12	8	7	3	10	-	6
1	3	-	-	1	4	2
-	14	-	2	-	1	2
-	1	-	-	-	-	1
6	4	3	-	4	6	-
1	-	-	-	-	-	-
-	-	-	3	-	-	-
-	-	-	-	-	1	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
34	160	50	10	23	12	26

TABLE 2.

ANALYSIS OF CASES OF TUBERCULOSIS NOTIFIED DURING 1954
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	-	-	-	-	-	-	-	-
15 - 20	2	-	-	-	-	-	-	-
20 - 25	1	-	-	-	-	-	-	-
25 - 35	2	3	1	-	-	-	-	-
35 - 45	4	2	-	-	-	-	-	-
45 - 55	1	2	-	-	-	-	-	-
55 - 65	-	-	-	-	2	1	-	-
65 & Over	4	2	-	-	2	-	-	1
TOTALS	14	9	1	-	4	1	-	1

TABLE 3.

REGISTER OF TUBERCULOSIS.

	PULMONARY.		NON-PULMONARY.		TOTALS.
	Male.	Female.	Male.	Female.	
Cases on Register at 1.1.54.	124	91	7	24	246
Cases notified for first time 1954	14	9	1	-	24
Other cases added to the Register 1954	8	4	-	2	14
Cases removed from Register 1954	26	26	1	2	55
Cases remaining on Register 1954	120	78	7	24	229

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	-
Bronchitis.	-	1	-	-	-	-	7	5	15
Cancer.	-	-	-	1	1	4	22	20	14
Congenital Mal- formation.	1	-	-	-	-	-	-	-	-
Diabetes.	-	-	-	-	-	-	-	1	1
Diseases of heart and circulatory system.	-	-	-	-	-	4	40	65	119
Gastritis.	-	-	-	-	-	1	-	-	-
Leukaemia.	-	-	-	-	-	-	2	1	-
Misadventure.	-	-	-	-	-	-	-	1	1
Nephritis.	-	-	-	-	-	1	1	4	3
Other defined diseases.	4	-	1	-	-	4	13	10	8
Other diseases of respiratory system.	-	-	-	-	-	-	3	1	2
Other Tubercu- losis.	-	-	-	-	-	-	-	-	1
Pneumonia.	-	-	-	-	-	1	7	9	21
Prematurity.	1	-	-	-	-	-	-	-	-
Suicide.	-	-	-	-	1	-	-	-	-
Tuberculosis (Resp)	-	-	-	-	-	-	3	2	-
Ulcer of Stomach.	-	-	-	-	-	-	-	2	1
TOTAL.	6	1	1	1	3	15	98	122	186

DURING THE YEAR 1954 FOR THE WHOLE DISTRICT.

WARDS.						Male.	Fem.	No. Reg.	In Tran.	TOTAL.
North.	South.	Cent.	East.	West.	Friern Hosp.					
-	1	1	-	-	-	1	1	-	2	2
3	-	1	-	6	18	22	6	21	7	28
12	13	7	4	10	16	40	22	35	27	62
-	-	-	1	-	-	1	-	-	1	1
1	-	-	-	1	-	-	2	-	2	2
32	24	25	6	21	120	86	142	165	63	228
-	-	1	-	-	-	1	-	-	1	1
2	-	1	-	-	-	2	1	-	3	3
-	-	1	1	-	-	-	2	-	2	2
2	1	2	-	1	3	6	3	4	5	9
8	9	-	2	4	17	18	22	19	21	40
-	1	1	-	1	3	2	4	6	-	6
-	-	-	-	-	1	-	1	1	-	1
1	1	4	-	1	31	12	26	31	7	38
-	-	1	-	-	-	-	1	-	1	1
-	-	-	1	-	-	-	1	1	-	1
-	-	3	-	-	2	4	1	3	2	5
-	-	1	1	-	1	3	-	2	1	3
61	50	49	16	45	212	198	235	288	145	433

TABLE 5.

INFANTILE MORTALITY.

NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER
1 YEAR OF AGE 1954.

	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.	4	1	-	-	5	-	1	-	-	6
Un- Certified.	-	-	-	-	-	-	-	-	-	-
Atelectasis.	1	-	-	-	1	-	-	-	-	1
Cerebral Birth Injury.	1	-	-	-	1	-	-	-	-	1
Congenital absence of kidney.	-	1	-	-	1	-	-	-	-	1
Hydrocephalus.	-	-	-	-	-	-	1	-	-	1
Hydrops-Foetalis.	1	-	-	-	1	-	-	-	-	1
Prematurity.	1	-	-	-	1	-	-	-	-	1

APPENDIX 1.

MISCELLANEOUS.

(a) Letters to Doctors.

The following letters were sent to Friern Barnet practitioners during 1954:-

February 2nd.	Infection and Exclusion from School.
February 2nd.	Endorsement of Vaccination Certificates.
April 12th.	Collection of Laboratory Specimens during Easter, Whitsun and August Holiday period.
May 8th.	Visit to Central Public Health Laboratory.
June 30th.	Influenza.
September 15th.	Notification of Infectious Disease.
October 29th.	Investigation into Salmonella Infection.
December 13th.	Collection of Laboratory Specimens during Christmas Holiday period.
December 29th.	Influenza.

I cannot emphasize too often or too strongly the need for close co-operation with general practitioners, without whose help the work of the Public Health Department would be so quickly stultified. Just as I try to keep the Public Health Committee informed of all matters in any way affecting health, I feel it my duty to acquaint general practitioners with changes in policy and with new developments, offering and quite frankly asking for co-operation.

I said in my Annual Report for 1953 that we were indeed fortunate in Friern Barnet in so far as this co-operation and exchange of information are concerned. This still represents the happy situation which exists today.

(b) Medical Examinations.

During the year twelve medical examinations were carried out in respect of entrants to the Council's service.

In addition three medical reports were issued relating to employees absent from duty for more than a short period through sickness. Although visits are made on occasion to the homes of sick employees, such visits are only made after contact has been established with the family doctor, so that misunderstandings can be avoided. In these particular instances it was only necessary to get into touch with the general practitioner concerned, when full information was readily forthcoming. This is another example of the valuable co-operation which can and should exist between the Medical Officer of Health and the general practitioner.

(c) Accidents in the Home.

As the Public Health Department is keenly interested in any factors which influence health, or which are likely to be followed by a state of ill-health, the question of accidents in the home has received attention.

After full consideration, I came to the conclusion that accidents in the home was a subject which properly belonged in the main to the personal health services, and which should primarily be considered as part of my duties as Area Medical Officer. Although the Urban District Council has always shown a keen interest in this most important subject, it will be appreciated that, to avoid over-lapping, a problem of this nature and magnitude must of necessity be given the force of single direction. As I am Area Medical Officer as well as Medical Officer of Health for Friern Barnet and could, therefore, easily correlate the campaign, this presented no difficulty.

During the year we accepted the offer of an attractive booklet setting out in considerable detail hazards in the home, what they were and how they could be avoided. This booklet was published on behalf of the Area Health Committee, but had a cover design incorporating the Coat of Arms of the Boroughs and Urban District Councils included in Area No. 2. Distribution of the booklet, which proved most acceptable to parents and residents generally, was undertaken by the Public Health Department, the Area Health Office, clinics and libraries.

I have also taken the opportunity to refer to accidents in the home, indeed to accidents generally, in various articles which I wrote for "Better Health" and which, with the usual courtesy of the Editors of our local press, have appeared from time to time in local papers.

