

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

Contributors

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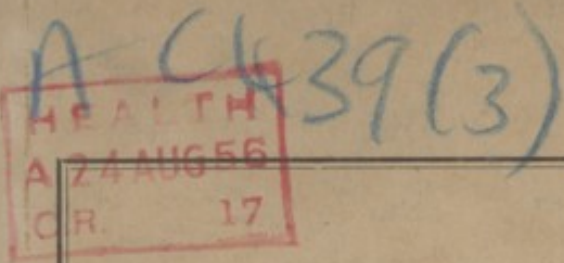


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FRIERN BARNET

Friern Barnet Urban District Council

ANNUAL REPORT

of the

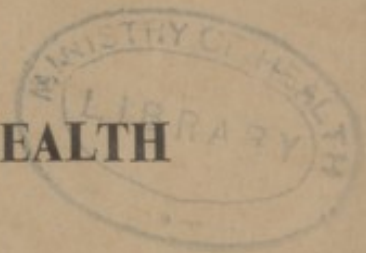
MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1955

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

1955.

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

Medical Officer of Health.

REPORT OF THE

ANNUAL REPORT

1900

DEPARTMENT OF HEALTH

FOR THE YEAR

1900

BY CHARLES M. HAYES, M.D., D.P.H.

CHIEF OF BUREAU

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

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

Madam Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report
of the Medical Officer of Health for the year 1955.

The period under review was uneventful. No major
epidemics or outbreaks of infectious diseases occurred;
indeed, I did not have to report any untoward happenings to
the Public Health Committee during the year.

The vital statistics make pleasing reading. The
birth rate 11.1 rose slightly from 9.6 in 1954, while the
death rate 9.1 (apart from deaths which occurred in Friern
Hospital - 240) remained more or less stationary. The still-
birth rate 15.4 fell from 35.2 in 1954. Although the
totals which make up this rate were much too small to allow
of any significant conclusions being drawn, it is none the
less pleasing to note the drop. No deaths of women in
childbirth occurred during the year; indeed, only one
maternal death has been recorded in Friern Barnet within
the past nine years, during which time 2788 births have
taken place. I need scarcely make mention of the fact
that this is vastly different from conditions which held
not so many years ago, and is an index of the various
factors which have been at work to produce this happy state.
These factors include stringent ante-natal control, first-
class midwifery and the introduction of the new antibiotics.
The infantile mortality rate, i.e. the number of infants
who died under one year per thousand live births, was 25.2,
an increase over the figure for 1954 which was 21.9. When
one remembers that the total number of infants who died
was only eight, the variation in rate can be accorded its
proper significance. I feel that mention should also be
made of the fact that of the total of eight infants under
one year who died during 1955, no fewer than six died
during the first four weeks of life. This is known as
the neo-natal mortality, and is generally reckoned to
include those deaths which were virtually unpreventable.

Vital statistics are notoriously open to various interpretations, especially when they cover a comparatively short period and when they relate to small totals. None the less, the vital statistics of Friern Barnet will, I think, compare favourably with any district of similar size, particularly a district which is virtually surrounded by a highly organised series of communities.

There is much in Friern Barnet for which the inhabitants should be grateful, about which they should feel extremely proud. The dormitory character of the district, with an almost entire absence of factory development, has obviously played a very real part in our history. But that is not the end of the story. Statistics will seldom, if ever, reveal the effect on the health of a community of delightful amenities, of generous parks and open spaces, of wide, well-cared-for streets and intelligent planning. But there is not the slightest doubt that this effect has been and still is, material. As time passes, and as the character and standard of the district are jealously maintained, this effect will become even more apparent. It is surely here that the destiny of Friern Barnet lies. Those who live in Friern Barnet to-day have been vouchsafed a wonderful heritage from those who made the district what it is; so long as past policy is maintained the future will surely be adequately safeguarded.

Health education is still being continued in Friern Barnet. As the Council will be aware, I make a point of asking local editors to insert articles of topical interest and importance in their papers. In this connection I would pay a most sincere tribute to the co-operation invariably extended to me by local editors, co-operation which I very greatly appreciate and which helps me substantially in my work. The magazine "Better Health" continues to circulate and seems to be well received. A number of talks have been given to local organisations by members of the Public Health Department staff. I am glad to be able to record that requests for such talks appear to be on the increase.

It must be admitted that Friern Barnet is a district in which one would expect health education to flourish. It may be said that the inhabitants of Friern Barnet are not in great need of education. On the other hand, none of us, within reason, can know too much

about our health and how it can be safeguarded. We have endeavoured to fill this want. We try to make quite sure that the importance of health and not disease is continually stressed, so that we will not foster a community of hypochondriacs, but rather a community which appreciates positive health at its true value and is prepared to learn how this priceless boon can be ours.

I would conclude these few paragraphs on health education by making reference to two specific points. The first concerns the kiosk outside the Town Hall. Permission was obtained from the Public Health Committee during 1955 to use this kiosk for health education purposes. Mr. Jackaman and the Public Health Staff have been most diligent in preparing exhibits on various aspects of health. These exhibits are changed approximately once every month, and seem to have attracted attention. Here again, we stress the value of positive health, eschewing any alarmist propaganda which might create alarm and so destroy the value of the display.

The second point concerns co-operation with general practitioners. This is not, strictly speaking, health education, since members of the medical profession are not likely to be in need of this service. I have, however, always felt it my duty to keep in the closest touch with general practitioners, without whose valuable assistance the work of a Public Health Department would at once be stultified. I communicate from time to time with general practitioners, either as Medical Officer of Health or as Area Medical Officer, letting them know of any conditions which exist in a district, and which I think should be brought to their notice. I invariably offer the full co-operation of the Public Health Department, and ask for the same co-operation in return. I am very happy to be able to state that this co-operation has never been refused but is forthcoming in generous measure. I have been sufficiently long in Friern Barnet to realise that the district is extremely fortunate in its general practitioners. Liaison between the practitioner and the Public Health Department is as I have just said, close and cordial. So long as it remains so, we can at least be sure that we are working together as a co-ordinated team.

There is every hope that a Public Health Handbook setting out the health services available in Friern Barnet, will shortly be available. Proofs have been received,

checked and returned to the publishers. The Handbook is being produced free of charge, and should prove of interest and value to residents.

Two events in the field of preventive medicine, which belong more properly to the Annual Report for 1956, were begun in 1955. These were the preparations for the housing survey to be undertaken under the Housing Repairs and Rents Act, 1954, and the preliminary work called for by the passing of the Food and Drugs Act 1955. It will only be necessary here to state that the Public Health Department has been laying its plans, so to speak, so that, when the proper time arrives, we hope to be able to go immediately into action.

My work as Medical Officer of Health for Friern Barnet has again been made easy by the continued support and encouragement which I have received from the Public Health Committee and from all members of the Urban District Council. In my Annual Report for 1954, I stated that this courtesy and assistance lightens the work of the Medical Officer of Health and of the Public Health Department generally. I can add nothing to these remarks, although I am more conscious of their meaning year by year.

I would again express my very sincere thanks to all members of the Public Health Department staff for their continued loyalty and devotion to duty. I would make particular reference once again to the work of Mr. W.R. Jackaman, Chief Sanitary Inspector, who has been of the greatest help to me on all occasions.

I am, Madam Chairman, Ladies and Gentlemen,

Your obedient servant,

W. C. HARVEY.

Medical Officer of Health.

August 1956.

PUBLIC HEALTH COMMITTEE.

at 31st. December, 1955.

Councillor A. C. Henry,	(Chairman)
" J. Foley, F.F.S., (Eng), F.V.I.	(Vice-Chairman)
" D. C. Wright, J.P., A.I.B.	(Chairman of the Council).
" W. H. Tangye, F.R.I.C.S., F.A.I.	(Vice-Chairman of the Council).
" K. J. Allan	
" E. Fergusson-Taylor, F.V.I.	
" R. F. Pugh, J.P.	
" Miss M. J. Richards, J.P., B.A.	

PUBLIC HEALTH STAFF.

Medical Officer of Health.	W. Clunie Harvey, M.D., Ch.B., D.P.H.
Chief Sanitary Inspector.	W. R. Jackaman.
Sanitary Inspector.	S. Caine (Resigned 1.12.55)
Sanitary Inspector.	E. A. Kottman (Resigned 31.7.55)
Sanitary Inspector.	J. K. Harris (Appointed 5.9.55)
Sanitary Inspector.	A. C. Bamping (Appointed 30.1.56)
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 1955)..	28,560
(District - 26,030)	
(Friern Hospital - 2,530)	
Number of inhabited houses according to the rate-books (31st. December, 1955).....	7,862
Rateable Value (31st. December, 1955).....	£300,351
Sum represented by a penny rate.....	£1,220

EXTRACTS FROM VITAL STATISTICS.

LIVE BIRTHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
(Legitimate)	161	145	306
(Illegitimate)	6	6	12
	-----	-----	-----
Total	<u>167</u>	<u>151</u>	<u>318</u>

BIRTH RATE per 1000 of the estimated population.... 11.1

STILL BIRTHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
(Legitimate)	2	3	5
(Illegitimate)	-	-	-
	-----	-----	-----
Total	<u>2</u>	<u>3</u>	<u>5</u>

STILL BIRTH RATE per 1000 Births (Live and Still)... 15.4

DEATHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
District	113	125	238
Friern Hospital	90	150	240
Total	<u>203</u>	<u>275</u>	<u>478</u>

<u>DEATH RATE per 1000 of the estimated population</u>	
<u>including Friern Hospital.....</u>	16.6
<u>District only.....</u>	9.1

DEATHS OF WOMEN IN CHILDBIRTH.

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

<u>DEATH RATE per 1000 Births (Live and Still).....</u>	0.0
---	-----

DEATHS OF INFANTS (under 1 year of age).

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
(Legitimate)	7	1	8
(Illegitimate)	-	-	-
Total	<u>7</u>	<u>1</u>	<u>8</u>

<u>DEATH RATE OF INFANTS (under 1 Year per 1000 Births) ..</u>	25.2
--	------

POPULATION.

The Registrar General estimated the population of the district at the middle of the year to be 28,560 This was 120 less than the estimate for 1954. The population at the 1951 Census was 29,164.

BIRTHS.

The number of births assigned to the district was 318, giving a Birth-Rate of 11.1 per 1000 of the population. The correcting factor for age and sex distribution so far as Friern Barnet is concerned is 1.05, so that the rate for comparative purposes was 11.7. The corresponding Birth-Rate for England and Wales was 15.0.

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>
1951	332	12.9	15.5
1952	346	13.7	15.3
1953	343	13.8	15.5
1954	274	10.1	15.2
1955	318	11.7	15.0

DEATHS.

There were 478 deaths during the year. Of these, 240 occurred in Friern Hospital and 238 in the district. Since the preparation of the Death-Table the Registrar General has assigned 474 deaths to the area. This provides an un-corrected Death-Rate of 16.6 per 1000 for the total population, and 9.1 per 1000 for the district excluding Friern Hospital.

The correcting factor for age and sex distribution is 0.94, providing a Death-Rate for comparative purposes of 15.6. The corresponding rate for England and Wales was 11.7.

Until 1953, the majority of the deaths that occurred in Friern Hospital were "outward transfers", that is to say, they were assigned to the districts in which the deceased were resident before admission. A mental hospital is now regarded as the usual place of residence of the patients so that all deaths occurring therein are assigned to the district in which the Hospital is located. This is the explanation for the apparent increase in the

Death Rates recorded in the last three 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>
1951	284	10.5	12.5
1952	290	10.8	11.3
1953	450	14.9	11.4
1954	434	14.2	11.3
1955	474	15.6	11.7

GENERAL PROVISION OF HEALTH SERVICES.

Hospitals.

The position regarding the availability of hospital beds has altered very little within the past twelve months. On numerous occasions and in various quarters, I have stressed the obvious and urgent need for geriatric beds to be made available for the elderly of Friern Barnet. One must admit that the position, although very unsatisfactory does not allow of our concern, but one can at least say that the matter has been thoroughly ventilated and that the position has been very clearly made known to those concerned. One can only hope that sympathy, which is always expressed, will shortly be translated into practical help. Until that comes about, general practitioners will still experience the greatest difficulty in getting their elderly chronic sick into hospital, even when this presents the only solution to a tragic difficulty.

Friern Barnet may be a prosperous, delightful district, but it still remains a fact that we have many old people who are in need from time to time of a stay in hospital. The Council can rest assured that I will continue to press this point whenever and wherever possible until conditions improve.

So far as hospital provision for other types of cases is concerned, infectious diseases, maternity cases and acute illnesses, the position is much more satisfactory. Coppetts Wood Hospital, to which cases of infectious disease occurring in Friern Barnet are admitted, is most co-operative. So far as I can ascertain from general practitioners, there is seldom, if ever, difficulty in securing prompt admission of a case of infectious disease to hospital, if and when this is required.

It is still not possible to secure admission to hospital in the case of all women who would like to be confined in hospital. Staffing difficulties still limit maternity beds to a certain degree, although there has been considerable betterment since the very difficult days immediately following the war. Broadly speaking, cases are only accepted for confinement in hospital where a difficult labour can reasonably be anticipated, or where home conditions are such that it would not be safe, or at least desirable, for the confinement to take place at home.

Primipara, i.e. women expecting their first baby, are given preference over women who have already borne children, for the obvious reason that first pregnancies are notoriously unpredictable.

I am given to understand by local practitioners that they occasionally experience difficulty in obtaining the admission to hospital of an acute medical or surgical case. This is again due entirely to shortage of staff, a difficulty with which every hospital is to-day urgently confronted. This is a matter which is receiving considerable attention, although a ready solution will obviously be difficult to find.

Care of the Aged.

Quite apart from the admission to hospital of the aged infirm, there are many other problems associated with old age which increasingly demand more and more attention. Steps were taken during the year by the Chairman of the Urban District to call a meeting of all those organisations interested in the welfare of the aged. This was followed by a second meeting, when it was decided to reconstitute the existing Old People's Committee and to widen its scope. There can be no doubt that the most urgent need is still that of co-ordinating the work of all those various organ-

isations concerned with the welfare of old people, so that effort can be properly channelled in order to prevent overlapping and to fill existing gaps. It would be a truism to say that the problem is increasing. Indeed, as with other matters, e.g. pollution of atmosphere, it looks very much as though the problem will have to be dealt with on a national basis, if it is not to assume proportions which will be quite beyond our resources to meet. We cannot afford to neglect our old folk, either on a humanitarian or economic basis. They deserve our help; if that help is not forthcoming, we will surely deserve the consequences.

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 1955.

Laboratory Facilities.

Once again, we did not have to call upon the Laboratory to any extent during 1955, owing to the absence of major outbreaks of infectious disease or any other untoward happenings. None the less, I would place on record my personal appreciation of the great help extended to the Public Health Department by the Director and staff of the Central Public Health Laboratory at Colindale, and the Branch Laboratory at Coppetts Wood Hospital. This help has invariably been forthcoming in generous measure. It has not only been of practical assistance, but remains as a safeguard upon which we know we can always rely.

Summary of work carried out at Public Health Laboratories for the year 1955.

Throat and Nose Swabs.....	4
Faeces.....	39
Sputum.....	3
Ice Cream.....	47
Milk.....	33
Others.....	7

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES.

From the table of infectious diseases set out in Table 1, pages 28/29 it will be noted that 560 cases of infectious disease were notified during the year as against 289 in the previous year. This total is, I have remarked before, extremely misleading. A large percentage of cases is taken up by measles, which appears in epidemic form every second year. Thus, if the number of measles cases which occurred in 1955 were deducted from the total of 560, 98 cases of other infectious diseases would remain. If the total of the measles cases which occurred in 1954 were taken from the total for the year (289), 181 cases would remain. Thus, although the total for 1955 is almost twice as great as that for 1954, the incidence of infectious diseases other than measles was approximately twice as low.

Diphtheria.

One case of diphtheria was notified in the district during the year. This occurred in Friern Hospital and cannot, therefore, be regarded as a true indication of the presence of diphtheria in Friern Barnet. It merely means that our record of six previous years in succession, during which no case of diphtheria was notified, has now been broken. It still remains a fact, however, that diphtheria has not appeared outside Friern Hospital; that, indeed, it has virtually ceased to be an important factor in the infectious disease picture.

Immunisation has continued in Friern Barnet along the lines mentioned in previous reports, with minor alterations to bring our programme into line with scientific advances. The figures relating to Friern Barnet might be summarised as follows:-

Children immunised against diphtheria or diphtheria and whooping cough combined.....	328
(a) At County Council Clinics.....	192
(b) By family doctors.....	136
Children given re-inforcing injection.	456

Scarlet Fever.

Twelve cases of scarlet fever were notified during 1955 as against 40 in 1954. The notifications for the previous three years were 40, 31 and 26 respectively. These totals are much too small to allow of any lasting conclusions being drawn. I would again stress, however, the fact that the severity of scarlet fever has substantially decreased. Indeed, this disease has little more nowadays than nuisance value, complications and sequelae being almost entirely absent. I would remind the Council, however, that this may only be a passing phase. This means that we must still continue to investigate all cases, to control contacts and carry out our normal procedure designed to safeguard the population, particularly the children, against scarlet fever.

Acute Anterior Poliomyelitis.

Two cases of poliomyelitis were notified in Friern Barnet during 1955 (one of which was paralytic). No case was notified in 1954.

It will now be common knowledge that a scheme for inoculating certain age groups against poliomyelitis has been arranged, using the British-type vaccine which is said to be in advance of any vaccine yet used in other parts of the world. At the time of writing this report ninety-one Friern Barnet children have already been inoculated, with no untoward effects of any kind. Inoculations are, of course, being carried out by the staff of the Area Health Office, but I know that the Council will await with interest the results of the first batch of inoculations, when this has been completed.

Measles.

As already noted, 462 cases of measles were notified during the year, as against 108 in 1954. As with scarlet fever, severity was extremely mild, admission to hospital being only required in seven cases.

Measles is a classic example of a disease which has not altered its epidemiological character. It still appears in epidemic form with monotonous regularity every second year, in spite of all measures designed to check its spread. On the other hand, severity has markedly decreased, so that the illness, although distressing enough at the time, does not leave behind it the stigmata with which it was so long associated.

Pertussis.

Forty-seven cases of pertussis were notified during the year, as against 86 in 1954.

The fall in the incidence of this disease will be shown when the figures relating to the past five years are considered. These were 47, 86, 32, 65 and 91 respectively.

It may be that the widespread adoption by parents of the combined method of immunisation for their children is having an effect. This combined method, whereby children can be inoculated against diphtheria and pertussis at the same time, has been more or less accepted by parents attending County Council clinics as standard procedure. I understand from general practitioners that they are finding the same thing. It would certainly be dangerous, however, to draw any lasting conclusion from the figures set out above. But they are at least heartening, and would seem to show that the policy which we adopted in Friern Barnet was justified.

Food Poisoning (including Sonne Dysentery.)

One case of dysentery and three cases of food poisoning were reported during the year, as against 17 cases of dysentery and 3 cases of food poisoning during the previous year.

As I have mentioned on several occasions, the only thing which can be said about these figures is that they almost certainly represent only a fraction of the cases which have occurred during the period under review. Many cases, both of food poisoning and of dysentery are extremely slight, and are never seen by a doctor. Even when seen by a doctor they are sometimes well on the way to recovery, so that notification would merely be a waste of time. For this reason, we merely hear about dysentery and food poisoning when either of these diseases are present in large numbers, e.g. in a school. Having regard to the mild character of the common dysentery, i.e. Sonne dysentery and food poisoning as it usually occurs, it does not seem that any more stringent action is at the moment necessary.

As District School Medical Officer, I have recently tried out a scheme for the exclusion of all children from school for one week who are reported to be suffering from diarrhoea and/or sickness. The children are only allowed to return on the production of a clearance certificate, signed either by the family doctor, a clinic doctor or health visitor. The system is working out very well

indeed, and has considerably reduced the burden previously laid upon our Sanitary Inspectors, who have been required to take many specimens of faeces from time to time. In addition, the present method has already cut down exclusions from school. It must be admitted that children are sometimes excluded when they are not carrying dangerous, disease-producing germs. On the other hand, it has been proved that the week's exclusion does not disrupt a school programme to any extent, and that, on the whole, children and parents both benefit considerably. I therefore propose to continue this policy until any fresh evidence comes to hand.

Puerperal Pyrexia.

No case was notified during the year. This is in keeping with what has been happening over the past decade, when puerperal fever has ceased to be a major killing or incapacitating disease. As I have stated elsewhere in this Report in regard to maternal deaths, this is almost certainly due to strict ante-natal supervision, the recent advances in midwifery and the introduction of antibiotics.

Smallpox.

Once again, no case of smallpox occurred in Friern Barnet during 1955, while I was not asked to see any doubtful rashes.

The number of mothers seeking vaccination for their infants at Child Welfare centres in Friern Barnet again shows an increase. The latest figures which I have prepared for the County Council would make it appear that upwards of 50% of infants born in Friern Barnet were vaccinated before the end of their second year. This is a great advance on the position which held not so long ago. Although no case of smallpox has occurred in Friern Barnet so far as I am aware, we know only too well that limited outbreaks have occurred in other parts of the country. We must not, therefore, relax our efforts until, as is the case with immunisation against diphtheria, we can say that we are using the powerful weapon placed in our hands to maximum advantage.

Tuberculosis.

Fifteen cases of tuberculosis, (14 pulmonary and one non-pulmonary) were notified during the year, compared with twenty four cases during 1954.

In addition eighteen persons who had previously been notified as suffering from tuberculosis whilst living in other areas, came to live in the district during the year. The total number of cases added to the register, therefore, was 33, five fewer than the previous year.

The distribution of the new cases in 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>
5	2	3	1	-	4

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

	1953.	1954.	1955.
Clerical.....	4	4	2
Housewives.....	4	2	3
Children.....	1	-	-
Professional Classes.....	1	-	-
Factory Workers.....	6	1	1
Manual Workers.....	5	4	3
Hairdressing.....	-	1	-
Food Trades.....	2	-	-
Nurses.....	1	-	-
Unclassified.....	2	6	2

Arrangements have been made for the Mass Radiography Unit 5B to visit the district in 1956, after a lapse of approximately 3 years, apart from the work carried out last year in X-raying school leavers.

SANITARY SERVICES.

The following table summarises the visits and inspections made by the Department during the course of the year:

Visits to premises on complaint.....	548
Visits in connection with infectious disease.....	80
Visits to shops and other places where food is prepared, stored or sold.....	586
Visits to other shops.....	313
Visits to factories.....	129
Visits to petroleum installations.....	87
Visits in connection with housing and the repair of dwelling-houses.....	1638
Appointments and special visits.....	413
Visits re infestations and disinfestations.....	13
Visits in connection with rodent control.....	2411
Visits to piggeries.....	33

Arising out of these visits the following Notices were served requiring the remedy of defects or other action to relieve unsatisfactory conditions:

Informal Notices.....	201
Statutory Notices.....	35

It should be explained that the service of a Notice does not automatically follow the discovery of some defect or other unsatisfactory circumstance. Whenever possible the particular matter is first discussed with the person or persons concerned and very often a satisfactory conclusion can be obtained without any need for the matter to be brought to the attention of the Council.

As a consequence of the various actions taken the following defects were remedied:-

<u>Water Supply.</u>	Store cisterns provided, repaired or covers provided.....	3
	Fittings and services repaired.....	15
<u>Drainage.</u>	Drains cleared or repaired.....	63
	Inspection chambers reconstructed or repaired.....	11
	Soil and vent pipes provided.....	11
	New sinks provided.....	6
	Sink waste-pipes provided or repaired.....	7
<u>Sanitary accommo- dation.</u>	W.C. pans and traps provided or repaired....	13
	W.C. seats, doors, windows, floors repaired or renewed.....	12
	Walls and ceilings repaired and redecorated.	21
	Flushing cisterns provided, repaired or regulated.....	23
<u>Floors.</u>	Floors renewed or repaired.....	32
<u>Roofs.</u>	Roofs repaired.....	92
	Gutters and downspouting renewed or repaired.....	62
<u>Cleansing.</u>	Walls repaired, cleansed and redecorated....	103
	Ceilings renewed or repaired.....	82
<u>Windows.</u>	Sashes and frames renewed or repaired.....	27
	Sills renewed or repaired.....	26
<u>Brickwork.</u>	Brickwork rebuilt.....	15
	Chimney stacks rebuilt or repaired.....	3
	Walls re-pointed or rendered.....	53
<u>Woodwork.</u>	Doors renewed, repaired or re-hung.....	16
	Staircases repaired.....	5
<u>Yards.</u>	Yard paving renewed or repaired.....	12
<u>Heating.</u>	Ranges or grates renewed or repaired.....	17
	Wash-boilers renewed or repaired.....	3
<u>General.</u>	Other defects(unclassified) remedied.....	67

HOUSING.

1,638 inspections were made in the course of the year in connection with housing conditions in Friern Barnet. The programme included the completion of a survey, commenced last year, to establish the number of dwellings unfit for human habitation and liable to be demolished. From the facts revealed by this survey it was estimated that 76 houses, accommodating 90 families, fell into this category, and the Council approved a programme to secure the demolition of these properties during the next five years. The initial steps have since been taken to deal with the first group of ten houses.

Apart from this special survey the normal and routine function of the Department to obtain the repair of unfit houses continued. As a result of action taken, both informal and formal, repairs of varying nature were effected to 236 dwellings. In one instance the Council considered making a Closing Order in respect of part of a house which was unfit for habitation. The accommodation was not occupied at the time and on the owner giving an undertaking that it would not be let until it had been made fit no further action was taken. The accommodation remains unoccupied.

There was some conjecture as to what additional work might be entailed in dealing with applications for certificates of disrepair under the Housing Repairs and Rents Act 1954, which came into operation at the latter part of last year. This Act enables a landlord to increase the rent of his property if he is able to shew that he has spent certain moneys on its maintenance and it is also in good repair. Tenants who have had the rents of their accommodation increased under the Act are entitled to apply to the Council for a certificate of disrepair if they do not agree that the premises are in good repair. Should a certificate be granted payment of the increase of rent may be withheld until the defects of repair specified in the certificate have been remedied. In the event only eleven applications for certificates were received and of these eight were granted.

INSPECTION AND SUPERVISION OF FOOD.

Food Hygiene. The programme of activity followed very substantially the same lines as in previous years. Visits were made to the various food shops and premises, not only to ensure that the provisions of the Food and Drugs Act and the Byelaws were being complied with, but at the same time to encourage high standards of food hygiene. A consequence of these visits was that various defects and deficiencies in the premises were made good, whilst there is no doubt that some benefit resulted from the contacts and conversations with the food handlers.

In order to draw attention to the subject of food hygiene displays were exhibited from time to time in the Kiosk outside the Town Hall. Consideration was also given to ways of stimulating further interest in this important matter and with the full approval of the Council it was decided to stage a Clean Food Exhibition in the Town Hall. Later, as it became apparent that new Food Hygiene Regulations would come into effect at the beginning of 1956, it was decided to hold the Exhibition in that year.

Food Inspection. There are no slaughterhouses in Friern Barnet. There are, however, three piggeries where animals are occasionally slaughtered in an emergency such as sickness or injury, when it is not possible for them to be removed to a slaughterhouse. There was no such emergency slaughter of animals in 1955.

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

Beef.....	998 lbs.
Lamb.....	332 lbs.
Liver.....	11 lbs.
Fish.....	84 lbs.
Cereals.....	76 lbs.
Fruit.....	3 lbs.
Tinned Meat.....	15 tins.
" Ham.....	3 tins.
" Vegetables.....	60 tins.
" Milk.....	11 tins.
" Fish.....	6 tins.
" Tomato Puree.....	5 tins.
" Soup.....	8 tins.
" Fruit.....	217 tins.
" Apricot/Peach Pulp.....	48 tins.

This condemned food was disposed of by burying at the Sewage Works.

Food Hawkers. Three applications to be registered as hawkers of food in the Friern Barnet district were approved under the provisions of the Middlesex County Council Act 1950. At the end of the year there were 20 persons and 9 storage premises registered under the Act, as follows:-

	<u>Persons.</u>	<u>Premises.</u>
Fruit and vegetables	14	8
Fish	3	-
Groceries	1	-
Ice cream	2	1

Ice cream. Sixty premises are registered for the sale of ice cream, including three premises which were approved for this purpose during the course of the year. There are no premises in the district registered to manufacture ice cream.

For the most part the traders sell the ice cream pre-packed as supplied by the manufacturers so that handling and any risk of contamination is thereby reduced.

All the 47 samples which were submitted to bacteriological examination were satisfactory.

Milk.

Friern Barnet is within a 'specified area' that is to say an area in which all the milk sold must be of one or other of the specified designations- pasteurised, sterilised or tuberculin-tested.

Twenty-two companies or persons are registered as distributors of milk in the district, including 11 persons who sell modest quantities of sterilised milk in conjunction with their main occupations as proprietors of grocery stores. There is one dairy at which milk is pasteurised and bottled.

The following licences were issued during the year:-

	<u>Dealer's Licences.</u>	<u>Supplementary Licences.</u>
To sell pasteurised milk	3	9
To sell sterilised milk	16	10
To sell tuberculin-tested milk	4	10

Thirty-three samples of milk were taken to check either bacterial cleanliness or the efficiency of the heat-treatment processes. All these samples were satisfactory.

There were very few complaints with regard to the milk supply. One complaint was investigated concerning the finding of pupae cases of the fruit fly in a bottle of milk, whilst another related to a bottle containing a deposit of plaster of paris. These incidents were resolved after meetings and discussions with the dairy companies concerned.

We also investigated the circumstances in which a number of bottles of milk delivered in a neighbouring district from premises in Friern Barnet contained a quantity of sediment. This sediment was identified as consisting of cotton fibres, miscellaneous organic matter, and fragments of mould hyphae and spores, and although bacteriological examination of the milk shewed no significant organisms the sediment clearly should not have been present. This experience did not recur and although a thorough examination of the entire plant was carried out no certain explanation was found for what was happily a temporary defect. We did, however, find the filtering arrangements for the raw milk of doubtful quality and these were subsequently improved.

WATER SUPPLY.

The water supply has been satisfactory in quantity and quality. It is provided by the Barnet Water Company and is obtained from deep wells sunk into the chalk. A small portion of the district, in the South Ward, is supplied from the mains of the Metropolitan Water Board.

All the houses in the district have a piped supply.

Bacteriological and chemical examinations of the water were made at frequent intervals, and 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.

Some 726 premises were examined for the presence of rats, either as a result of complaints or during survey of the district for this purpose. Two hundred and forty-two premises were found to be infested in varying degree, a considerable increase compared with last year when one hundred and forty premises were affected. These infestations were all dealt with by the rodent operative. The conditions supporting an infestation were invariably sought and eliminated in an effort to prevent re-infestation, nevertheless in a few instances infestations did recur again and again without any apparent explanation. Defective drainage was very often found to be associated with the presence of rats.

It is usual to carry out two poison bait treatments of the sewers during the course of the year, but owing to the shortage of labour it was only possible to undertake one treatment in 1955. The number of manholes shewing use by rats on this occasion was twenty. It may be of interest to note that when sewer treatments were commenced in 1947, the number of manholes affected was fifty-five.

It is estimated that as a result of the various activities of the rodent operative, who made a total of 2,245 visits, some 1,880 rats were destroyed.

Another 50 premises were dealt with where there were infestations by mice.

It was not necessary to take any legal proceedings in connection with rodent control.

Only two premises were found to be in a verminous state, being infested by bed bugs. Both were treated successfully.

Forty-five wasps nests were destroyed.

Innumerable requests for advice and assistance were dealt with in connection with other types of infestation, particularly by ants, furniture beetles or moths, and to a lesser extent the many other types of insects which invade the home or infest foodstuffs.

RAG FLOCK AND OTHER FILLING MATERIALS ACT 1951.

This Act deals with the conditions under which rag flock and other filling materials are used in the making of 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 may impose conditions to the licence, broadly speaking, to prevent cruelty and the spread of infection. 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 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 persons were granted licences, but by the end of the year one shop had been closed.

HEATING APPLIANCES (FIREGUARDS) ACT, 1952.

The intent 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 required to be fitted with guards. Standards of construction and fitting of these guards are laid down.

Visits were made to the various shop premises to ensure that no unsatisfactory appliances were being offered for sale, and no contraventions of the Act were observed.

FACTORIES.

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.	22	28	1	-
(2) Factories not included in (1) in which Sec.7 is enforced by the Local Authority.	67	101	5	-
(3) Other premises in which Sec.7 is enforced by the Local Authority.	-	-	-	-
Total	89	129	6	-

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	3	3	-	-	-
Sanitary conveniences.					
(b) Unsuitable or defective	2	2	-	1	-
Other offences against the Act	3	3	-	1	-
Total	8	8	-	2	-

3. Outwork.

Nature of work.	Section 110.	Section 111.
	No. of outworkers on lists received.	No. of instances of work in un-wholesome premises.
Wearing apparel	67	-
Artificial flowers	2	-
The making of boxes or other receptacles or parts thereof made wholly or partially of paper.	9	-
Brush making.	1	-
Feather sorting.	1	-
Stuffed toys.	1	-
Lampshades.	1	-
Total	82	-

STATISTICAL TABLES.

Table 1.
(Pages 28 & 29)

Analysis of cases of notifiable
infectious diseases notified
during 1955.

Table 2.
(Page 30)

Analysis of cases of Tuberculosis
notified and the mortality from the
disease for 1955.

Table 3.
(Page 31)

Summary of Register of Tuberculosis
for 1955.

Table 4.
(Pages 32 & 33)

Analysis of the causes of and ages
at death for 1955.

Table 5.
(Page 34)

Analysis of deaths of infants under
1 year for 1955.

TABLE 1.

ANALYSIS OF CASES OF NOTIFIABLE INFECTIOUS DISEASES

DISEASE.	NUMBER OF CASES NOTIFIED.							
	All.	Un.1.	1-5	5-15	15-25	25-45	45-65	65&O
Measles.	462	5	172	280	1	4	-	-
Whooping- Cough.	47	1	17	29	-	-	-	-
Scarlet- Fever.	12	-	1	9	1	1	-	-
Pneumonia.	12	-	-	-	-	1	6	5
Diphtheria.	1	-	-	-	-	1	-	-
Poliomyelitis.	2	-	-	1	-	1	-	-
Meningococcal- infection.	1	1	-	-	-	-	-	-
Erysipelas.	4	-	-	-	-	1	2	1
Dysentery.	1	-	-	-	-	1	-	-
Pulm.Tuber- culosis.	14	-	-	-	3	6	4	1
Other Tuber- culosis.	1	-	-	-	1	-	-	-
Food Poison- ing.	3	-	-	-	-	2	-	1
Typhoid- Fever.	-	-	-	-	-	-	-	-
Ophthalmia- Neonatorum.	-	-	-	-	-	-	-	-
Puerperal- Pyrexia.	-	-	-	-	-	-	-	-
TOTAL.	560	7	190	319	6	18	12	8

NOTIFIED DURING THE YEAR ENDING 31st. DECEMBER, 1955.

CASES IN EACH WARD.					Friern Hospital.	No. Removed to Hospital.
North.	South.	Central.	East.	West.		
152	85	79	24	122	-	7
15	12	11	2	7	-	2
2	-	1	1	8	-	1
1	1	-	-	2	8	1
-	-	-	-	-	1	-
-	2	-	-	-	-	2
-	-	1	-	-	-	1
-	-	2	1	1	-	1
1	-	-	-	-	-	-
4	2	3	1	-	4	-
1	-	-	-	-	-	-
-	1	-	-	-	2	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
176	103	97	29	140	15	15

TABLE 2.

ANALYSIS OF CASES OF TUBERCULOSIS NOTIFIED DURING 1955
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	1	-	1	-	-	-	-	-
20 - 25	1	1	-	-	-	-	-	-
25 - 35	1	2	-	-	-	-	-	-
35 - 45	1	2	-	-	-	-	-	-
45 - 55	2	1	-	-	1	-	-	-
55 - 65	1	-	-	-	-	-	-	-
65 & Over	1	-	-	-	3	-	-	-
TOTAL.	8	6	1	-	4	-	-	-

TABLE 3.

REGISTER OF TUBERCULOSIS.

	PULMONARY.		NON-PULMONARY.		TOTALS.
	Male.	Female.	Male.	Female.	
Cases on Register at 1.1.55.	120	78	7	24	229
Cases notified for first time 1955	8	6	1	-	15
Other cases added to the Register 1955	6	11	-	1	18
Cases removed from Register 1955	21	11	2	5	39
Cases remaining on Register 1955	113	84	6	20	223

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.	-	-	-	-	-	-	-	-	2
Bronchitis.	1	-	-	-	-	-	9	23	20
Cancer.	-	-	-	-	-	3	25	18	20
Congenital Mal- formation.	-	-	-	-	-	1	-	-	-
Diseases of heart and circulatory system.	2	1	-	-	-	7	32	67	148
Hyperplasia of prostate.	-	-	-	-	-	-	-	-	2
Leukaemia.	-	-	-	-	-	-	1	-	-
Other defined diseases.	3	-	-	-	-	2	8	5	10
Other diseases of respiratory system.	-	1	-	-	-	-	-	2	2
Pneumonia.	1	-	-	-	-	4	8	13	22
Prematurity.	1	-	-	-	-	-	-	-	-
Suicide.	-	-	-	-	-	3	1	1	-
Syphilitic disease.	-	-	-	-	-	-	-	-	1
Tuberculosis(Resp)	-	-	-	-	-	-	1	3	-
Ulcer of Stomach.	-	-	-	-	-	-	-	2	2
TOTAL	8	2	-	-	-	20	85	134	229

DURING THE YEAR 1955 FOR THE WHOLE DISTRICT.

WARDS.						Male.	Fem.	No. Reg.	In Tran.	TOTAL.
North.	South.	Cent.	East.	West.	Friern Hosp.					
-	1	1	-	-	-	1	1	1	1	2
3	4	7	-	3	36	34	19	46	7	53
21	10	6	5	14	10	27	39	30	36	66
-	-	1	-	-	-	1	-	-	1	1
34	22	27	7	32	135	94	163	194	63	257
1	-	1	-	-	-	2	-	-	2	2
1	-	-	-	-	-	-	1	-	1	1
5	1	2	1	4	15	10	18	17	11	28
1	1	-	-	-	3	3	2	3	2	5
1	4	7	-	-	36	19	29	42	6	48
1	-	-	-	-	-	1	-	-	1	1
1	1	-	-	3	-	4	1	2	3	5
-	-	-	-	-	1	1	-	1	-	1
-	-	2	-	-	2	4	-	3	1	4
-	-	1	-	1	2	2	2	2	2	4
69	44	55	13	57	240	203	275	341	137	478

TABLE 5.

INFANTILE MORTALITY.

NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER
1 YEAR OF AGE 1955.

	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	2	1	1	6	1	2	1	1	8
Un- Certified.	1	1	1	1	1	1	1	1	1	1
Atelectasis.	1	1	1	1	2	1	1	1	1	2
Bronchitis.	1	1	1	1	1	1	1	1	1	1
Cerebral-										
Haemorrhage	1	1	1	1	1	1	1	1	1	1
Congenital-										
morbus cordis.	1	1	1	1	1	1	1	1	1	1
Congenital-										
heart disease.	1	1	1	1	1	1	1	1	1	1
Pneumonia.	1	1	1	1	1	1	1	1	1	1
Prematurity.	1	1	1	1	1	1	1	1	1	1

APPENDIX 1.

MISCELLANEOUS.

(a) Letters to Doctors.

The following letters were sent to Friern Barnet practitioners during 1955:-

January 6th.	Influenza.
January 14th.	The Puerperal Pyrexia (Amendment) Regulations 1954.
January 17th.	Influenza.
April 4th.	Collection of Laboratory Specimens Holiday Periods 1955.
April 19th.	Immunisation.
July 14th.	Notification of Infectious Diseases.
September 2nd.	Paratyphoid B. Fever.
October 13th.	Mass Radiography.
December 9th.	Collection of Laboratory Specimens during Christmas Holiday period.
December 9th.	Exclusion from work - Infectious Diseases.

(b) Medical Examinations.

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

In addition eight medical reports were issued relating to employees absent from duty for more than a short period through sickness.

