

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

Contributors

Friern Barnet (London, England). Urban District Council.

Publication/Creation

[1958?]

Persistent URL

<https://wellcomecollection.org/works/qupt42ph>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

AC. 439 (3)

1 in Office
2 Library

FRI 35

30 AUG 58
S.R. 25

Friern Barnet Urban District Council

Thompson

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1957



WM. CLUNIE HARVEY, M.D., D.P.H.
Medical Officer of Health

Ban



FRIERN BARNET URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the Year

1957.

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

Medical Officer of Health.

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

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report
for the year 1957.

The year under review was once more relatively uneventful. No epidemics or outbreaks of infectious diseases occurred, apart from the usual biennial measles visitation. The matter of infectious diseases will be discussed in greater detail in the section of the report dealing with prevalence and control.

The vital statistics were also satisfactory. The birth rate fell very slightly, from 11.6 in 1956 to 11.2 in 1957. The death rate, apart from those deaths which occurred in Friern Hospital, rose very slightly, from 8.9 to 9.5. It is once again very satisfactory to report that no maternal death occurred during the year. Indeed only one maternal death has been recorded in Friern Barnet within the past 11 years, during which period 4,006 births have taken place. The Infant Mortality Rate, i.e. the number of infants dying under one year per thousand live births, was 3.1. representing one infant death. This is, so far as we can ascertain, by far the lowest figure yet recorded in Friern Barnet, although it must be pointed out that statistics covering only one year can be most misleading.

Health Education remains a feature of the health services provided in Friern Barnet. Whenever an invitation is received to give a talk to a local organisation this invitation is gladly accepted. Articles on matters relating to health continue to appear in the local press, by courtesy of the editors, to whom I would pay a most grateful tribute. The magazine "Better Health" once again circulated throughout the district, the magazine being provided by the Middlesex County Council. Use is also made of posters, pamphlets and leaflets on a wide variety of subjects relating to communal and personal health. Particular mention must be made of the displays

which have been arranged by Mr. Jackaman and members of the Public Health staff in the kiosk outside the Town Hall. The subjects covered during 1957 include: Home Safety, Food Hygiene, Rodent Control, Dental Health.

It is difficult to estimate the impact of these displays on the general public, but I have personally no doubt that they are playing quite a significant part. The same remarks could, indeed, apply to health education as a whole. The results are never readily apparent, but the cumulative effect must surely be worth the very limited sum being expended on what must be one of the most logical avenues along which positive health should be approached.

Arrangements have recently been made whereby the Friern Barnet Social Service Council set up a special committee dealing with Safety in the Home. The Public Health Department offered its willing co-operation, this being a topic in which the Council has always shown a keen and active interest. The Area Health Office Staff are also playing their part in this significant work. Apart from the continuous advice to mothers in connection with safety in the home, given at our clinics in Friern Barnet, special arrangements have been completed whereby health visitors will demonstrate the use of non-inflammable clothing material, both in our clinics and at Old People's Clubs in the district. This aspect of home safety has only recently come into prominence, but is one from which a great deal of good can be expected.

The work of slum clearance if that indeed, is the correct expression to use is continuing in Friern Barnet. Further details will be found in the body of the Report.

The question of Clean Air belongs more properly to the Annual Report for 1958, as this matter was considered very carefully by the Public Health Committee early in that year. Mr. Jackaman, however, has been most active in taking steps to estimate the amount of deposition of grit, etc., in various parts of the district, so that we may be in a better position to evaluate our needs.

I have now had the privilege of acting as Medical Officer of Health for Friern Barnet for approximately five years. During these five years it has become increasingly obvious that the fact of my being Area Medical Officer for Area No. 2 in addition to Medical Officer of Health for the Urban District, has been of the greatest possible value. In this way, I am able to correlate the personal and communal health services, to integrate the work of the Public Health Department with the work of the Area Health Office; in a word, to view the whole field of preventive medicine as it affects Friern Barnet. I am happy to think that our relations with the County Council have always been most happy, and that all members of my staff work in the closest harmony. The same remarks must also apply to the close and cordial co-operation which exists between the Public Health Department and voluntary organisations. Although I would specially mention the close ties we have with the Social Service Council, we always try to make ourselves acquainted with the work of voluntary organisations and to assist them in every possible way. I am entirely convinced that this side of our work is extremely significant.

I would conclude this report by once again expressing my very sincere thanks to the Public Health Committee and to the Urban District Council for the courtesy and assistance extended to me throughout the year. I would also extend my thanks to every member of the Public Health Department. Although I would particularly mention my Deputy, Dr. Janet Campbell, the Chief Public Health Inspector, Mr. W. Jackaman, and Mr. J. Wilson, Chief Clerk in the Public Health Department, every member of the Department has played a truly significant part in the work carried out during 1957.

I remain, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

W. C. Harvey,

Medical Officer of Health.

August 1957.

PUBLIC HEALTH COMMITTEE.

at 31st. December, 1957.

Councillor A. C. Henry	(Chairman)
" J. Foley, F.F.S., F.V.I.	(Vice-Chiarman)
" Mrs. E. Constable, J.P.	(Chairman of the Council)
" W. H. Tangye, F.R.I.C.S., F.A.I.	(Vice-Chairman of the Council).
" Miss J. H. Damant.	
" R. H. Mann.	
" K. J. Norman.	
" R. F. Pugh, J.P.	
" Miss M. J. Richards, J.P., B.A.	
" E. Fergusson Taylor, F.V.I.	

PUBLIC HEALTH STAFF.

Medical Officer of Health	W. Clunie Harvey, M.D., Ch.B., D.P.H.
Deputy Medical Officer of Health	J. R. Campbell, M.B., Ch.B., D.P.H.
Chief Public Health Inspector	W. R. Jackaman.
Public Health Inspector	J. K. Harris.
Public Health Inspector	A. C. Bamping (Resigned 18.2.57)
Public Health Inspector	R. L. R. Beswick (Appointed 23.4.57)
Chief Clerk	J. Wilson.
Assistant.	Miss E. M. Glasscock.
Rodent Operative	E. T. Crawshaw.

STATISTICS OF THE AREA.

Area (in acres).....	1,340
Population (Registrar General's estimate 1957)....	28,490
(District - 26,010)	
(Friern Hospital - 2,480)	
Number of inhabited houses according to the rate-books (31st. December, 1957).....	8,025
Rateable Value (31st. December, 1957).....	425,281
Sum represented by a penny rate.....	£1,715

EXTRACTS FROM VITAL STATISTICS

LIVE BIRTHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
(Legitimate)	140	165	305
(Illegitimate)	5	8	13
	—	—	—
Total	145	173	318
	—	—	—

BIRTH RATE per 1000 of the estimated population..... 11.2

STILL BIRTHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
(Legitimate)	3	3	6
(Illegitimate)	-	-	-
	—	—	—
Total	3	3	6
	—	—	—

STILL BIRTH RATE per 1000 Births (Live and Still)..... 18.5

DEATHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
District	119	130	249
Friern Hospital	63	171	234
	<hr/>	<hr/>	<hr/>
Total	<u>182</u>	<u>301</u>	<u>483</u>

<u>DEATH RATE per 1000 of the estimated population</u>	
<u>including Friern Hospital.....</u>	16.9
<u>District only.....</u>	9.5

DEATHS OF WOMEN IN CHILDBIRTH.

From Puerperal Sepsis.....	0
From other Maternal Causes.....	0
	<hr/>
	0

<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)	-	1	1
(Illegitimate)	-	-	-
	<hr/>	<hr/>	<hr/>
Total	<u>-</u>	<u>1</u>	<u>-</u>

<u>DEATH RATE OF INFANTS (Under 1 year per 1000 Births)...</u>	3.1
--	-----

POPULATION.

The Registrar General estimated the population of the district at the middle of the year to be 28,490. This was 60 less than the estimate for 1956. 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 11.2 per 1000 of the population. The correcting factor for age and sex distribution so far as Friern Barnet is concerned is 1.12, so that the rate for comparative purposes was 12.5. The corresponding Birth-Rate for England and Wales was 16.1.

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>
1953	343	13.8	15.5
1954	274	10.1	15.2
1955	318	11.7	15.0
1956	332	12.2	15.6
1957	318	12.5	16.1

DEATHS.

There were 483 deaths during the year. Of these, 234 occurred in Friern Hospital and 249 in the district. This provides an un-corrected Death-Rate of 16.9 per 1000 for the total population, and 9.5 per 1000 for the district excluding Friern Hospital.

The correcting factor for age and sex distribution is 0.57, providing a Death-Rate for comparative purposes of 9.6. The corresponding rate for England and Wales was 11.5.

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

From this table it will be seen that deaths due to diseases of the heart and circulation make up more than 50% of the total deaths recorded during 1957. This, of course, is

in keeping with recent trends, although it is alarming to find, year after year, that diseases of the heart and circulatory system produce an increasing number of deaths in what might be termed the group of middle-aged males. One cannot say that any factors applicable to Friern Barnet have come to light which have either caused or contributed to this cause of death. Indeed, it cannot be said that there are any local conditions peculiar to Friern Barnet which represent a health hazard of any real significance.

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>
1953	450	14.9	11.4
1954	434	14.2	11.3
1955	474	15.6	11.7
1956	505	9.7	11.7
1957	483	9.6	11.5

As already noted, only one infant death was reported during the year. This is, of course, extremely satisfactory, and marks what must surely be a record. Two points must, however, be carefully borne in mind. First, as I have already indicated, figures relating to only one year can be most misleading. Second, no matter how satisfactory the infant mortality rate for Friern Barnet may be, each death will continue to be scrutinised with the most meticulous care, in an effort to eliminate those preventable causes of death which give rise to fatalities within the first few days or even the first few hours of life. I need scarcely say that infant life protection comes within the province of the Middlesex County Council. I know, however, how interested the Urban District Council is in all matters appertaining to health, and therefore felt that the Council would wish this topic to be included in my report.

GENERAL PROVISION OF HEALTH SERVICES.

Hospitals.

The situation in regard to the availability of hospital beds has not altered from the statement set out in recent Annual Reports. Although there has been a tendency for difficulty to be encountered in the admission of maternity cases to hospital, especially on social rather than medical grounds, this problem has not arisen in Friern Barnet to any material extent. The same remarks might apply to the admission of chronic elderly sick. We are fortunate in Friern Barnet in having excellent geriatric services available in the hospitals to which our elderly chronic sick are normally admitted. This has very greatly eased the problem, although it cannot yet be said that the existing difficulties have been overcome. The whole question of geriatrics is one which requires review, not on a local but rather on a national level. When one remembers that the number of persons over the age of 65 years in Middlesex is estimated to rise by approximately 30% within the next ten years, it will be seen that this is a problem which is almost certain to grow. The Council can rest assured that the need for more geriatric beds will be constantly reviewed, and that I will not hesitate to raise this matter at any time and in any place.

Care of the Aged.

I have been very privileged during the year to take part in the work of the Friern Barnet Old People's Welfare Committee, of which I am a member. I have spoken about the work of this Committee in previous Annual Reports, but do not hesitate to ventilate the subject again. There is no doubt that the Friern Barnet Old People's Welfare Committee is an extremely active, vigorous and far-thinking body. The programme relating to care of the aged in Friern Barnet has been very well planned, and, I am convinced, will compare extremely favourably with similar programmes in other districts of comparable size. It cannot, of course, be said that the problem has yet been solved. Much work remains to be done before we can honestly say that the needs, sometimes the very desperate needs, of the old people in our district are being met. But it can at least be said that

the Friern Barnet Old People's Welfare Committee has made a magnificent start, that steady progress is being maintained, and that everything which seems at the moment possible is being done to ease the many burdens which are so often the lot of our old people to-day.

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 1957.

Laboratory Facilities.

Once again, we did not have to call upon the Laboratory to any extent during 1957, owing to the absence of major outbreaks of infectious disease or any other untoward happenings.

Summary of work carried out at Public Health Laboratories for the year 1956.

Throat and nose swabs.....	55
Faeces.....	78
Sera.....	1
Ice cream.....	45
Milk.....	65

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES.

From the table of infectious diseases set out in Table 1, it will be noted that 587 cases of infectious disease were notified during the year as against 193 in the previous year. The rise in the number of cases of infectious diseases recorded during 1957 was due almost entirely to the increase in measles notifications, from 80 to 441. As already noted of course, 1957 was what we have come to know as a "measles year".

It must be admitted that, so far as measles notifications are concerned, we merely receive these notifications and do little more, unless we are specifically asked to do so by a general practitioner or a parent. And this, I may say, is an extremely rare occurrence.

In the case of scarlet fever we do, of course, control food handlers who have been in intimate contact with the disease; while we still carry out disinfection when and where this is requested or desired. Here again, however, it must be remembered that what we do now is very little compared with what we did not so many years ago. Indeed, in my submission, having regard to all the circumstances, the only justification for continuing the notification of the disease which we call scarlet fever is the fact that, at any time, the more severe type may arrive back in this country and will require regular supervision. In other words, the continuation of scarlet fever among the list of notifiable infectious diseases, although achieving very little in itself, does keep in existence the machinery which might be all-important if the type of scarlet fever which so many of us remember, should return. It is also worth while noting that streptococcal infection of the throat without a rash is not notifiable, although this condition can be just as infectious as scarlet fever itself. It must also be borne in mind that many cases of the present mild type of scarlet fever are never notified. Indeed, in quite a number of instances it would seem that the existence of the disease is never even suspected.

Whenever I study infectious disease tables, I am more than ever convinced that our whole system of notification should be completely overhauled. At the moment we receive notifications of diseases such as measles, where we act virtually as a post office only; erysipelas, which has little or no clinical import these days; puerperal pyrexia, which may very well be due merely to constipation or slight cold during the puerperium; malaria, where the significance of notification entirely escapes me; and several other diseases which, although admittedly infectious, have extremely little communal or epidemiological significance. One must admit that the collection of information is always valuable. But when the collection of this information means that other work must either be neglected or pushed into the background, when the cost involved might very well be devoted to other, more important projects, it would seem that the time has come to act. And there is yet another aspect of the problem to consider. The diseases which I have just mentioned are no longer killing agents, with the possible exception of pertussis, (whooping cough) in very young children, and paralytic poliomyelitis. Even here, the death rate is not at all excessive. Yet the death rate for such diseases as coronary thrombosis and lung cancer is steadily rising among important age groups of the population, while the aggregation of diseases commonly grouped under the term 'rheumatism' continue to take an extremely heavy toll, not perhaps of life, but of well-being and the ability to carry on a useful even a bearable existence. But in none of these instances is notification required. This would surely seem a fruitful field in which the modern epidemiologist might play a truly significant part.

Diphtheria.

No cases of diphtheria were notified in the district during 1957. The last death took place approximately ten years ago.

The remarks set out in my Annual Report for 1956 relating to immunisation apply equally to-day. We have now implemented the suggestions which I set out in my report for 1956, replacing immunisation against diphtheria and pertussis (whooping cough) combined

immunisation by immunisation against diphtheria and vaccination against pertussis (whooping cough) separately.

It must be admitted that our new system calls for more visits to clinics or to private doctors by mothers who wish their infants protected against diphtheria and pertussis (whooping cough), as well as being vaccinated against smallpox. We are keeping very careful records, but it is, of course, not yet possible to evaluate the full impact which the change-over from combined inoculations to separate inoculations has had or is likely to have. We believe, however, that mothers are, in fact, accepting the advice given at clinics to the effect that one or two additional visits are much more than compensated for by the very full measure of protection thereby conferred upon their children.

In this connection, the Council will be interested to know that very careful records kept in the Area Health Office show that 85% of Friern Barnet children who had reached the age of two years by the end of 1955 had been immunised against diphtheria. The last figures available at the end of 1957 show that this percentage had risen to the very satisfactory level of 89%. However satisfactory this percentage may be, we must obviously do our utmost to ensure that the level is at least maintained if not definitely raised.

When vaccination against poliomyelitis assumes the proportions which immunisation against diphtheria has now reached we hope that it will be safe once more to resume protection against diphtheria and pertussis (whooping cough) by the combined method. Indeed, one might even hope that a triple or even quadruple antigen will eventually be available, an antigen which would afford protection against diphtheria, pertussis (whooping cough), poliomyelitis and possibly tetanus, in a single series of inoculations.

In 1957 a very careful time-table was drawn up in the Area Health Office in order that we might offer immunisation and vaccination to mothers at properly spaced intervals. I am pleased to say that this

time-table has been working very well. Although this work is carried out by the County Council, I know that the Urban District Council will wish to know what has been arranged.

Month of age

1st	No injections
2nd	Pertussis vaccine - first dose
3rd	" " - second dose
4th	No injections
5th	Smallpox vaccination
9th	Formol diphtheria toxoid (F.T.) - first dose
10th	" " " second dose
5th year	- Formol diphtheria toxoid (F.T.) - 1st re-inforcing dose
10th year	- Formol diphtheria toxoid (F.T.) - 2nd re-inforcing dose

Immunisation figures for 1957

Children immunised against diphtheria or diphtheria and whooping cough combined.....	350
(a) At County Council Clinics.....	222
(b) By family doctors.....	128
Children given re-inforcing injections.....	629

Scarlet Fever.

Thirty-seven cases of scarlet fever were notified during 1957 as against 22 in 1956. The notifications for the previous three years were 22, 12 and 2 respectively.

We no longer consider it necessary to exclude home contacts of scarlet fever from school. This is in keeping with modern practice, which is based on the known fact that the exclusion of home contacts of most infectious diseases from school makes little or no difference to the infectious sickness rate of the district. Thus, virtually the only common infectious disease for which there is still an exclusion period for contacts is poliomyelitis. One must, of course, continue to exclude contacts of such dangerous contagious diseases as smallpox, where the role of the intimate contact is rather different. We also continue to exclude known 'carriers' of disease-producing germs, when this fact has been definitely established.

Acute Anterior Poliomyelitis.

One paralytic case of poliomyelitis and 3 non-paralytic cases were notified in Friern Barnet during 1957. One case was notified in 1956.

The Council will be aware of the programme of vaccination against poliomyelitis which was in progress throughout 1957. The Council will also be aware of the hold-up in vaccine which occurred early in 1958, and of the corresponding interruptions which have taken place in our schedule of inoculations. Although this is a matter which more properly belongs to the Annual Report for 1958, it can happily be said that vaccine is now becoming available in increasing quantities. During 1957, approximately 668 Friern Barnet children were given two injections of polio vaccine of the British type as American vaccine was not then being used in this country. 149 children were given one injection, but should have had their second injection during the early months of 1958. It will be appreciated that these figures must be approximate, as we have very limited information relating to children who attend boarding schools outside Friern Barnet and who presumably

received their inoculations in other parts of the country. It is much too soon, of course, to estimate the effect which the programme of vaccination against poliomyelitis will have on the incidence of the disease, or indeed, whether a third inoculation will still be required. This is a matter which must rest with the future, although we are all sanguine of the very real benefits which we hope will derive.

Measles.

Four hundred and forty-one cases of measles were notified during the year as ~~against~~ 80 in 1956. As with scarlet fever, severity was extremely mild, admission to hospital being only required in six cases.

Pertussis. (Whooping Cough).

Forty-two cases of pertussis were notified during the year, as against 18 in 1956. As noted elsewhere, we are continuing our policy of offering inoculation against pertussis (whooping cough). Again, as noted elsewhere, these injections are being given quite apart from diphtheria immunisation.

As pertussis (whooping cough) is most serious during the first six months of life, our programme is designed to protect children as soon as practicable after birth, having due regard to the need for vaccination against smallpox during the same period.

Puerperal Pyrexia.

One case of puerperal pyrexia was notified during the year.

Smallpox.

No case of smallpox occurred during 1957. 1957, however, did see the occurrence of three cases of smallpox in the nearby Borough of Tottenham. This

produced two Friern Barnet contacts, neither of them, fortunately, close contacts of the Tottenham cases. It was, however, necessary to keep these contacts under the closest surveillance in order to ensure that, should a case arise, all essential steps to prevent spread of the disease could be taken without delay. It was not considered necessary to call on the services of the smallpox consultant for the Area.

I would take this opportunity here of expressing my sincere thanks to the Public Health Inspectors, who did so much useful work during this period in tracing contacts and keeping careful watch on houses from which contacts had been reported.

The occurrence of definite contacts of a disease such as smallpox requires urgent and immediate attention. No gaps must be left in our defences; nothing must be left to chance. Fortunately, as I have already stated, the smallpox interlude passed without incident. This was very largely due to the excellent way in which the limited outbreak in Tottenham was handled. During this period we persuaded several persons, either known contacts or members of households in which contacts were residing to be vaccinated.

The incidence of the smallpox cases in Tottenham points all too clearly to the fact that the risk of smallpox is still with us. When it is remembered that the state of vaccination in Great Britain as a whole is anything but satisfactory, the danger will be even more apparent. It is not so many years ago that the percentage of infants being vaccinated in Friern Barnet was less than 10. By the end of 1955 we knew that 44% of Friern Barnet children who had reached the age of two years were protected by vaccination against smallpox.

By December 1957, this figure had reached the very satisfactory level of 65%. This, of course, is almost entirely due to the advice constantly given to parents attending our clinics, by our Assistant Medical Officers and Health Visitors, who by their continual persuasive efforts have encouraged mothers to take the fullest advantage of the facilities for vaccination now provided at all our clinics.

Food Poisoning (including Sonne Dysentery).

Seven cases of dysentery and two cases of food poisoning were reported during the year, as against 38 cases of dysentery and seven cases of food poisoning during the previous year.

One might almost say that the figures relating to the incidence of food poisoning (including Sonne Dysentery) reported in the Urban District over the past few years, always remembering that many cases are presumably never reported to us, indicate that this type of infection can now be regarded as virtually endemic in the resident population. Having regard to the increasing number of food poisoning outbreaks which are occurring throughout the country each year, even taking into account the much more accurate recording system now practised, it must be realised that the commoner organisms which cause food poisoning, particularly the salmonellae, seem to have established themselves throughout the population, especially the urban population of these islands. Fortunately, we can at least say that the simpler, non-fatal form of food poisoning has now taken the place of such diseases of the gastrointestinal tract as cholera and the enteric fever group. In other words, killing diseases which formerly swept the population in vast, over-whelming waves, have now been replaced by comparatively mild attacks of food poisoning caused by some of the germs apparently introduced within recent years into this country.

This would appear to be highly satisfactory when the picture presented less than 100 years ago with regard to such diseases as cholera and typhoid fever is placed against the food poisoning and dysentery situation as we know it to-day. This, however, is only part of the story. So long as outbreaks or even individual cases of food poisoning occur, so long must it be realised that these attacks are neither haphazard nor the result of some unfortunate coincidence. Food poisoning is the logical result of faulty methods in the selling, handling, preparation and cooking of food. The fact that the number of food poisoning outbreaks reported each year from England and Wales, however small these outbreaks may be, is very much

higher than medical officers would like to see, continue to cause concern. As I have just remarked, it indicates that conditions are being allowed to exist which act to the prejudice of the public, and which place the health and sometimes even the life of our people in danger. It would be dangerous to argue that food poisoning to-day is mild, that drastic action is not required, that an illness seldom lasting more than a few days need cause no very great concern. This is surely a policy of stark despair. In this country, with its history second to none in the realm of promoting health, we should not rest content until our reputation in the world of food hygiene has been completely re-established.

In Friern Barnet, with our limited number of Public Health Inspectors, all of whom have many other duties to perform, we do our best by periodic visits, selected inspections, advice, guidance and where necessary legal action, to improve the standard of food hygiene in food premises operating within the Urban District. This seems a never-ending task, as it must be admitted that we are still far from approaching that ideal which all of us so fervently desire. The Public Health Department also takes every opportunity to address local organisations on the subject of clean food, the part played by the housewife in this great effort, and the attitude which should be adopted by ratepayers. It is impossible to say what impact these talks have. It is hoped, however, that the cumulative effect will eventually be felt.

As I write this report, I have just agreed to a suggestion made by the Central Public Health Laboratory that Friern Barnet should co-operate in a scheme for the investigation of all cases of Salmonellae food poisoning. This investigation is being carried out, not only in Friern Barnet but in many other districts, to try to establish the reason why Salmonellae food poisoning has become so much more prevalent during the past few years.

Tuberculosis.

Twenty-one cases of tuberculosis (20 pulmonary and one non-pulmonary) were notified during the year, compared with 17 cases during 1957.

In addition 12 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 was therefore 33, six more than in the previous year.

The distribution of the new cases throughout 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>
2	5	1	1	6	6

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

	1955.	1956.	1957.
Clerical	2	2	3
Housewives	3	2	3
Children	-	1	-
Professional Classes	-	1	2
Factory Workers	1	-	1
Manual Workers	3	2	1
Hairdressing	-	-	-
Food Trades	-	-	-
Nurses	1	1	-
Unclassified	2	1	4

It must be stressed that the totals which make up the tables set out above are not sufficiently large to warrant any significant conclusions being drawn. The figures merely allow us to keep an eye on trends, so that we can take or suggest any action which might appear necessary.

The scheme for the B.C.G. vaccination of children in the 13 age group, referred to in my Annual Report for 1956, is making excellent progress. This work, is,

of course, carried out by Middlesex County Council staff as part of the personal health and school health services provided by the local health authority in Friern Barnet. No difficulties have been encountered in administering or carrying out the B.C.G. scheme, which undoubtedly marks a very significant step in the protection of our susceptible adolescents against tuberculosis.

Mass Radiography Unit 5B did not visit Friern Barnet during 1957. Arrangements have however, been made for the Unit to visit the Urban District during the early autumn of 1958.

SANITARY SERVICES.

Summary of Inspections.

Visits to premises on complaint	435
Visits in connection with infectious disease.....	291
Visits to shops and other places where food is prepared, stored or sold.....	598
Visits to other shops.....	283
Visits to factories.....	119
Visits to petrol installations.....	118
Visits in connection with housing and the repair of dwelling-houses.....	1675
Visits in connection with the Rent Act.....	182
Visits in connection with the Clean Air Act.....	267
Appointments and special visits.....	382
Visits re infestations and disinfestations.....	25
Visits in connection with rodent control.....	2469

Notices served.

Informal Notices.....	203
Statutory Notices.....	20

HOUSING.

There was some further progress in the programme to deal with unfit dwellings approved by the Council in 1955.

A group of 10 houses (89-109 Oakleigh Road South) was declared to be a Clearance Area and by the end of the year a Compulsory Purchase Order in respect of these properties had been confirmed by the Minister of Housing and Local Government.

During the year, also, the occupants of the 25 houses included in the three clearance areas dealt with in 1956 were rehoused and the buildings demolished.

The investigation of housing conditions generally was continued and a result of the action taken by the Department was that repairs were carried out to 186 dwellings where the standard of accommodation was found to be unsatisfactory. A summary of the works involved is given later.

By the Rent Act 1957 new procedures relating to rents and repairs came into operation in the middle of the year and shortly afterwards the first applications for certificates of disrepair were received. By the end of 1957, fifty-six applications had been dealt with, as follows:-

Undertakings to remedy defects given by landlords.....	37
Certificates of disrepair granted.....	15
Applications withdrawn.....	4

Summary of improvements and of defects remedied as a result of action by the Department.

<u>Water Supply.</u>	Store cisterns provided, repaired or covers provided.....	14
	Fittings or services repaired.....	11
<u>Drainage.</u>	Drains cleared or repaired.....	45
	Inspection chambers reconstructed or repaired.....	4
	Soil and vent pipes provided.....	6
	New sinks provided.....	12
	Sink waste-pipes provided or repaired.....	11
<u>Sanitary accommo-</u> <u>dation.</u>	W.C. basins and traps provided or repaired.	10
	W.C. seats, doors, windows, floors repaired or renewed.....	12
	Walls and ceilings repaired & redecorated..	16
	Flushing cisterns provided, repaired or regulated.....	12
<u>Floors.</u>	Floors repaired or renewed.....	17
<u>Roofs.</u>	Roofs repaired.....	51
	Gutters and downspouting renewed or repaired.....	32
<u>Cleansing.</u>	Walls repaired, cleansed and redecorated...	42
	Ceilings renewed or repaired.....	34
<u>Windows.</u>	Sashes and frames renewed or repaired.....	22
	Sills renewed or repaired.....	18
	Sashcords provided (number of houses).....	16
<u>Brickwork.</u>	Brickwork rebuilt.....	8
	Chimney stacks rebuilt or repaired.....	13
	Walls re-pointed or rendered.....	21
<u>Woodwork.</u>	Doors renewed, repaired or re-hung.....	15
	Staircases repaired.....	12
<u>Yards.</u>	Yard pavings renewed or repaired.....	13
<u>Heating.</u>	Ranges or grates renewed or repaired.....	27
	Wash-boilers renewed or repaired.....	2
<u>Refuse.</u>	Dustbins provided.....	25
	Accumulations of refuse removed.....	8
<u>General.</u>	Other defects (unclassified) remedied.....	55

INSPECTION AND SUPERVISION OF FOOD.

Food premises.

There are 160 premises in Friern Barnet which are used for the storage, preparation or sale of food. A number of these are small general stores and family businesses in which trading is not limited to the sale of food. Classified according to the principal business carried on these food premises are engaged in the following trades:-

Type.	Number.	<u>Registered under Food and Drugs Act 1955.</u>	
		<u>For sale of Ice Cream.</u>	<u>For manufacture of Sausages or preserved food.</u>
Bakers	9	1	-
Butchers	13	-	9
Cafes and Restaurants	26	8	-
Confectioners	32	30	-
Fishmongers	7	-	-
Greengrocers	23	2	-
Grocers	46	25	11
Milkshops	4	4	-
Total	160	70	20

In addition to the traders carrying on their businesses at established premises there are a few persons who sell food in the streets from vehicles. These food hawkers, as they are called, must be approved and registered by the Council, under the provisions of the Middlesex County Council Act. Most of the food hawkers operating in Friern Barnet have established rounds. There have been no substantial changes in their numbers in recent years. Fourteen persons and four storage premises are registered, as follows:-

	<u>Persons.</u>	<u>Premises.</u>
Fishmongers	3	-
Greengrocers	10	4
Grocers	1	-

Attention was given to the subject of food hygiene in all these food trades, substantially on the same lines as in previous years. Visits were made to the premises as often as possible, not only to see that the Food Hygiene Regulations and Byelaws relating to the handling of food were complied with, but generally to encourage higher standards of hygiene. A consequence of these visits was that premises and equipment were improved and, no doubt, benefit also resulted from the contacts and conversations with the food handlers.

The following is a brief summary of defects repaired and improvements effected to premises:-

Structurally improved.....	20	premises
Cleanliness improved.....	17	"
Floors improved or repaired.....	9	"
Sinks provided.....	10	"
Washbasins provided.....	9	"
Hot water supplies provided.....	14	"
Lighting improved.....	8	"
Ventilation improved.....	12	"
Sanitary accommodation improved.....	7	"
Lockers for clothing provided.....	4	"
First-aid equipment provided	11	"
Equipment improved.....	31	"

Food Inspection.

There are no licensed slaughterhouses in Friern Barnet and, except after the occasional emergency slaughter of a sick or injured animal at one or other of the piggeries in the District, no post-mortem examination of food animals.

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

Beef.....	354 lbs.
Lamb.....	190 lbs.
Liver.....	13 lbs.
Bacon.....	6 lbs.
Sausages.....	2 lbs.
Fish.....	7 lbs.
Pies.....	2
Tinned Meat.....	16 tins
Tinned Vegetables.....	77 tins
Tinned Soup.....	1 tin
Tinned Fish.....	8 tins
Tinned Fruit.....	184 tins

This unsound food was disposed of by incineration or by burial at the Sewage Works.

Ice cream.

There are seventy premises registered to sell ice cream. This number includes seven premises approved for the purpose for the first time during the year.

At none of these premises is ice cream manufactured. In most instances it is obtained from the larger producers and is sold in the wrapped condition as supplied. In these circumstances handling, and therefore the risk of contamination, is at a minimum.

Forty-five samples of the different kinds of ice cream were examined. Three of these, from one manufacturer, were not satisfactory. The matter was taken up with the manufacturer and production of the ice cream was stopped until the source of the trouble, a fault in the plant, was found and remedied.

Milk.

The milk supplied in Friern Barnet is either pasteurised, sterilised, or tuberculin tested, the district being in a 'specified area' within which all milk sold must be of one or other of these grades.

Twenty-two companies or persons are registered as distributors of milk in the district, and there is one registered dairy at which milk is pasteurised and bottled.

The following licences were granted by the Council.

	<u>Dealer's Licence.</u>	<u>Supplementary Licence.</u>
	(To sell milk from premises in Friern Barnet).	(To sell milk in Friern Barnet from premises outside the district).
To sell pasteurised milk	3	9
To sell sterilised milk	18	11
To sell tuberculin-tested milk	4	10

Sixty-five samples of the various grades of milk were examined in order to check bacterial cleanliness or the efficiency of the heat-treatment process. All of these samples were satisfactory.

WATER SUPPLY.

The water supply of the district is provided by the Barnet District Water Company, except for a few houses in the South Ward which are supplied from the mains of the Metropolitan Water Board. The supply was satisfactory in quality and quantity, and no complaints were received.

All the houses in the district have a piped supply.

RODENT CONTROL.

There were 215 complaints concerning rats. Of the 574 premises examined in connection with these

complaints or during a survey of the district for unreported or unsuspected infestations 242 were found to be infested to some extent. All the infestations were dealt with, in the case of private dwellings without cost to the occupiers, except so far as structural or drainage works were found to be necessary to make good damage caused by rats, or to prevent re-infestation. Charges, based on labour and material used, were made in respect of treatments carried out at business premises.

Two treatments of the district sewers were undertaken during the year. This work involved the laying of baits in the sewer manholes, followed by poisoning. The number of manholes found to be used by rats on these occasions was 36 and 38 respectively. This is a slight increase compared with last year but considerably fewer than when we first started these treatments in 1947.

Thirty-eight premises were cleared of mice.

CLEAN AIR.

Parts of the Clean Air Act 1956 came into operation at the commencement of the year, including provisions enabling local authorities to establish smoke control areas in their districts.

A Report was presented to the Council on the administration of the Act, particularly in relation to local circumstances, and it was decided that the establishment of a smoke control area in Friern Barnet should be investigated.

A start was made on the preliminary survey and gathering of facts and information to enable an outline plan to be put before the Council.

FACTORIES AND SHOPS.

Factories.

There are 87 factories, mainly of the small and light industrial type. The larger premises include a dry-cleaning works, scientific instrument works, an Electricity Board depot, a bag-making factory, and a London Transport garage and depot.

The Council administers some of the provisions of the Factories Act 1937 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 enforces all these provisions but where mechanical power is used the Council's function is limited to securing the provision of adequate sanitary conveniences, the remaining provisions being enforced by H.M. Inspectors of Factories who also deal with the other provisions of the Act relating to safety and welfare.

The Council has the duty also to see that certain classes of factory are provided with satisfactory means of escape in case of fire for the use of their employees and of issuing certificates to that effect. One certificate was granted during the year.

The occupiers of factories are required to notify the Council, twice yearly, of the outworkers employed by them in certain classes of work. This information enables control to be exercised over work carried out either in unsatisfactory premises or in conditions likely to lead to the spread of infection. Notifications were received of 60 outworkers engaged in the following occupations.

Making wearing apparel.....	34
Making artificial flowers....	3
Box making.....	19
Brush making.....	1
Carding buttons.....	1
Stuffing toys.....	1
Making lampshades.....	1

It was not necessary to restrict work in any instance.

Inspection of Factories.

Premises.	Number of			
	<u>No. on Register.</u>	<u>Inspection.</u>	<u>Written Notices.</u>	<u>Occupiers Prosecuted.</u>
(1) Factories without mechanical power.	20	28	5	-
(2) Factories with mechanical power.	67	86	3	-
(3) Other premises i.e. building or engineering works.	-	5	-	-
Total	87	119	8	-

Cases in which defects were found.

Particulars.	No. of cases in which defects were found.		
	Found.	Remedied.	Prosecutions
Want of cleanliness.	6	6	-
Sanitary conveniences unsuitable or defective.	4	4	-
Other offences against the Act.	2	2	-
Total	12	12	-

Shops.

There are 317 shops in the district, a number of them being family businesses in which no assistants are employed. The whole of the Shops Act 1950 is administered by the Council, including such matters as closing hours, early closing day, Sunday trading, and the comfort and welfare of shop assistants.

Two hundred and eighty-three visits were made to shops in connection with these various matters. A number of minor infringements were found and remedied, and it was not necessary to take any legal proceedings under the Act.

HEATING APPLIANCES (FIREGUARDS) ACT 1952.

The purpose of this Act is to prevent risk of injury by burning. Gas fires, electric fires and oil heaters, sold for use in residential premises are now required to be fitted with adequate guards, the standards for which are laid down in regulations made under the Act.

Inspections were made of the various shop premises to see that no unsatisfactory appliances were being offered for sale. In two instances second-hand dealers were found to be offering for sale electric fires which did not have the standard guards. The offenders were warned and the fires were withdrawn from sale.

The requirements as to guards do not apply to fires sold before the Act came into operation and we therefore took the opportunity of calling the attention of the public to the risks of injury from inadequately protected fires in a display in the Town Hall Kiosk in conjunction with general publicity on Safety in the Home.

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, and particularly with the cleanliness of the materials used.

There is one trader whose premises come within the scope of the Act. The premises have been registered and were visited during the year to ensure that the requirements of the Act were being observed.

PETROLEUM REGULATIONS ACTS 1928 and 1936.

These Acts deal with the conditions under which petroleum spirit and petroleum mixtures are stored, and, with the exception of small quantities kept in compliance with special regulations, prohibit the storage of petroleum except under licence granted by the Council. During the course of the year the Council revised the conditions under which licences are granted and brought them into line with the latest recommendations of the Home Office.

Twenty-five licences were issued in respect of 29,470 gallons, of which 29,300 gallons were stored in underground tanks and 170 gallons in other containers.

One hundred and eighteen visits were made to the different stores to ensure that the conditions of the licences were complied with.

APPENDIX 1.

MISCELLANEOUS.

(a) Letters to Doctors.

Letters on the following subjects were circulated to Friern Barnet practitioners during 1957, some being sent under my signature as Medical Officer of Health and others either as Area Medical Officer, District School Medical Officer or jointly. As all the matters covered in these letters had a direct bearing on the health of at least a section of the community, and as it is extremely difficult to divide one's responsibility in such a vital matter as that of health, I have included all the topics covered:

- Antitoxins and Antigens
- Asian Flu
- Infectious Disease Regulations
- Poliomyelitis
- Smallpox
- Collection of Laboratory Specimens
(Holiday periods)

The remarks set out in my Annual Report for 1956 relating to the value of close co-operation with general practitioners holds as firmly to-day as it did then. I am still very happy to think that the relationship of the Public Health Department with the family doctor is close and cordial, and that this cordial bond is playing a truly significant part in helping to maintain the health of the district.

(b) Medical Examinations.

During 1957 eleven medical examinations were carried out in respect of entrants to the Council's service.

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

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	441	7	183	245	4	2	-	-
Whooping- Cough.	42	1	16	24	-	1	-	-
Scarlet- Fever.	37	-	12	24	1	-	-	-
Pneumonia.	26	-	-	2	-	3	12	9
Dysentery.	7	-	-	1	-	6	-	-
Poliomyelitis.	4	-	-	2	-	2	-	-
Erysipelas.	4	-	-	-	-	-	3	1
Pulm. Tuber- culosis.	20	-	-	-	3	12	4	1
Other Tuber- culosis.	1	-	-	-	-	1	-	-
Food Poison- ing.	2	-	-	-	-	1	-	1
Typhoid Fever.	1	-	-	-	-	-	1	-
Paratyphoid- Fever.	1	-	-	-	1	-	-	-
Puerperal- Pyrexia.	1	-	-	-	-	1	-	-
Ophthalmia- Neonatorum.	-	-	-	-	-	-	-	-
TOTALS.	587	8	211	298	9	29	20	12

NOTIFIED DURING THE YEAR ENDING 31st. DECEMBER 1957.

CASES IN EACH WARD.						
North.	South.	Central.	East.	West.	Friern Hospital.	No. Removed to Hospital.
124	85	88	57	87	-	6
11	20	3	1	7	-	-
17	8	3	6	3	-	8
8	8	1	1	2	6	5
1	2	-	-	-	4	-
1	2	-	1	-	-	4
1	1	-	-	2	-	1
2	5	-	1	6	6	-
-	-	1	-	-	-	-
-	1	-	-	-	1	-
-	-	-	-	-	1	-
-	-	-	-	1	-	1
1	-	-	-	-	-	-
-	-	-	-	-	-	-
166	132	96	67	108	18	25

TABLE 2.

ANALYSIS OF CASES OF TUBERCULOSIS NOTIFIED DURING 1957
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	3	1	-	-	-	-	-	-
35 - 45	6	2	-	1	-	-	-	-
45 - 55	-	1	-	-	2	-	-	-
55 - 65	3	-	-	-	-	-	-	-
65 & Over	1	-	-	-	-	1	-	-
TOTAL	16	4	-	1	2	1	-	-

TABLE 3.

REGISTER OF TUBERCULOSIS.

	PULMONARY		NON-PULMONARY.		TOTALS.
	Male.	Female.	Male.	Female.	
Cases on Register at 1.1.57.	116	83	5	19	223
Cases notified for first time 1957	16	4	-	1	21
Other cases added to the Register 1957	8	4	-	-	12
Cases removed from Register 1957	23	23	-	2	48
Cases remaining on Register 1957	117	68	5	18	208

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	1	3	1
Bronchitis.	-	1	-	-	-	-	8	12	11
Cancer.	-	-	-	-	-	4	29	11	21
Diabetes.	-	-	-	-	-	-	1	-	1
Diseases of heart and circulatory system.	-	-	-	-	-	3	37	81	162
Influenza.	-	-	-	-	-	-	2	1	1
Leukaemia.	-	-	-	-	-	-	-	1	1
Misadventure.	-	-	-	-	-	-	2	-	-
Nephritis.	-	-	-	-	-	-	3	2	-
Other defined diseases.	-	-	-	-	-	1	11	9	8
Other infective and parasitic diseases.	-	-	-	-	-	-	1	-	-
Other diseases of respiratory system.	-	-	-	-	-	-	-	2	1
Pneumonia.	-	-	-	-	-	2	9	10	15
Prematurity	1	-	-	-	-	-	-	-	-
Senility.	-	-	-	-	-	-	-	-	4
Suicide.	-	-	-	-	-	2	2	-	-
Tuberculosis (Resp)	-	-	-	-	-	-	2	-	1
TOTAL.	1	1	-	-	-	14	108	132	227

DURING THE YEAR 1957 FOR THE WHOLE DISTRICT.

WARDS.						Male.	Fem.	No. Reg.	In Tran.	TOTAL.
North.	South.	Cent.	East.	West.	Friern Hosp.					
3	1	1	-	-	2	5	2	1	6	7
5	2	6	1	2	16	22	10	21	11	32
12	7	8	5	17	16	30	35	31	34	65
-	-	1	-	-	1	1	1	2	-	2
41	18	24	13	39	148	86	197	217	66	283
-	-	-	1	-	3	1	3	4	-	4
-	-	-	-	1	1	1	1	1	1	2
-	1	-	-	-	1	1	1	1	1	2
1	1	-	-	2	1	4	1	3	2	5
4	3	3	2	3	14	16	13	15	14	29
-	-	-	1	-	-	-	1	-	1	1
-	-	1	-	-	2	1	2	2	1	3
2	6	2	1	2	23	10	26	23	13	36
-	-	-	-	1	-	-	1	-	1	1
-	-	1	-	-	3	-	4	3	1	4
-	-	1	1	-	2	2	2	4	-	4
2	-	-	-	-	1	2	1	1	2	3
70	39	48	25	67	234	182	301	329	154	483

TABLE 5.

INFANTILE MORTALITY.

NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER
1 YEAR OF AGE 1957.

	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.	1	1	1	1	1	1	1	1	1	1
Un- Certified.	1	1	1	1	1	1	1	1	1	1
Prematurity.	1	1	1	1	1	1	1	1	1	1

