

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

Contributors

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ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1959



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

ANNUAL REPORT

MEDICAL OFFICER OF HEALTH

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 beg to present my Annual Report
for 1959.

It is almost becoming a standard introduction to this Report for me to say that the year under review was more or less uneventful. At the risk of repetition, however, I must once again state that this was, in fact, the case. I hasten to add, of course, that this does not mean that the Public Health Department was able to go into a state of coma, or to rest on its oars. The same amount of patient, unpublicised work has to be done year after year if the fruits of the past are to be properly garnered and if adequate safeguards are to be laid down for the future. This is the aim towards which the Public Health Department continually works.

To deal first of all with the incidence of infectious disease, 1959 was a particularly happy year in this respect. A full report on this subject will be found in the section which deals specifically with infectious diseases. I will therefore leave any further remarks until I have dealt with this particular problem.

The vital statistics for 1959 were satisfactory, although I must once again enter a caveat against placing too much emphasis on the vital statistics which apply to only one year and to a population of approximately twenty-nine thousand. None the less, the figures give rise for satisfaction, especially when studied over a period of several years. The death rate, apart from those deaths which occurred in Friern Hospital, fell slightly from 10.4 to 10.2. The birth rate rose from 11.2 in 1958 to 13.4 in 1959. In actual fact the birth rate was relatively constant from 1955 to 1958, the only significant rise having taken place last year. Once again, there were no

Public Health Department

deaths from puerperal sepsis, and it is very pleasing to report that no maternal death has been recorded in Friern Barnet within the past 13 years. The infant mortality rate, i.e. the number of infants who died during the first year of life per thousand live births, was 43.6 as against 12.2 in 1958. These matters will, however, be discussed in greater detail in the part of the Report which deals with statistics and social conditions of the Area.

Housing still plays a very important part in the programme of Public Health. Indeed, as has been so often said, there can be few aspects of preventive medicine with which a Council such as Friern Barnet is more intimately concerned.

We have already dealt with part of our slum clearance programme, and are still continuing this work. The problem of houses in multiple occupation is at present under review throughout the country, as this presents quite a serious problem in many parts. It is already clear, however, that this is not a serious problem in Friern Barnet. As the matter is still under careful investigation, however, this would appear to be a matter which would better be reported at a later date. The specific problem of the provision of suitable accommodation for the elderly is dealt with in the section of the Report which deals with the care of the aged.

The position with regard to the setting up of smoke control areas in Friern Barnet is proceeding according to the plan submitted to the Public Health Committee and to the Council and duly agreed. This, of course, is a long term policy, but I think it can be said that Friern Barnet has not in any way neglected its obvious duties.

Food hygiene has once again received considerable attention during the year. The Chief Public Health Inspector and his staff of Public Health Inspectors have carried out many visits to food premises and have investigated all complaints arriving at the Public Health Department.

Talks on clean food were given to local organisations throughout the year, stressing particularly the part which members of the public can play in what is undoubtedly a sizeable problem. Although the Council possesses the powers of law enforcement in regard to infringement of the Clean Food Acts, and although the Council has taken action in this field when action was required, this only represents a comparatively minor solution to the problem. In the United States of America, they have adopted an excellent slogan "Protect yourself, yourself." This means, of course, that unless and until we all work together to effect much-needed improvement in food hygiene, we cannot expect success. No one would suggest that we should become a nation of priers or snoopers. None the less, it will readily be realised that Public Health Inspectors, with their multifarious duties and small numbers can, with the best will in the world, only devote a limited time to food hygiene. The general public can and should insist on the highest standards at all times and in all places, and should cease to trade with those establishments where conditions are in any way below standard, and should let us know of any condition which they consider represent a danger to the consumer. If this co-operation was one hundred per cent, there can be little doubt that conditions would improve. This is merely a matter of simple common sense, yet we know that conditions are still tolerated by the general public which should never be allowed to exist and which may never come to our notice. The relations between the Public Health Department and the residents of Friern Barnet have always been good. Our aim is to try and impress upon the public that we are here to help, but that we need their help. The fact that conditions in Friern Barnet are good, should never be allowed to stand in the way of further progress. We all know that Friern Barnet is a place in which it is pleasant to live; we would also like to think that it is equally a place in which food hygiene is beyond reproach. But, as I have already said, until we can be assured of the fullest co-operation from every resident in the district, this happy state of affairs will still remain beyond our reach.

My remarks this year on health education have been incorporated in Appendix 1, at the end of this Report.

It has been very rightly said that a Medical Officer of Health must concern himself with every known factor in his Area which may affect the health of the community. For this reason, the Public Health Department has been intimately connected with campaigns to promote clean food, to control the spread of infectious diseases, to remedy housing defects, indeed all matters which come within the purview of environmental hygiene. As will also be known, we have associated ourselves with the prevention of accidents in the home, a very urgent and increasing problem, with health education, a function which we share with the Middlesex County Council, and have also keenly watched the very rapid progress made in the field of vaccination and immunisation. But there is one other health hazard which has recently been given considerable prominence, and in which the Public Health Department must of necessity be interested. I refer to radiation.

Radiation, in other words, the hazards which can arise from the use or disposal of radioactive substances, has presented a problem not only in this country but throughout the civilised world. It has been said that the hazards associated with radioactive substances are not nearly so great as those associated either with accidents on the road or accidents in the home. While this may well be true, there is a vast difference between accidents which occur on the road or in the home and accidents or even fatalities due to radiation. We can all see the disastrous results of careless driving, burns, scalds or falls in the home; but radiation still remains a vast, complicated and somehow terrifying subject which yet remains beyond the understanding of many, even highly intelligible people. When a child pulls a kettle of water on himself and is scalded we can see the unhappy result; when someone is knocked down by a car, the result is again only too obvious. But the effect of gamma or beta rays or even electrons on our body may not be known for a very long period. We

cannot see these rays, we cannot smell them, we do not know that they are in the vicinity. Yet we are told that they are highly dangerous either to ourselves or to our progeny. Is it therefore any wonder that the general public are becoming alarmed, are asking to know the full facts, and are demanding adequate protection.

I have attended a number of conferences which discussed this intriguing subject. On the whole, these conferences have produced statements to the effect that the Central Government has the matter well under control, that the public need have no fear, and that adequate steps would be taken if the permissible limits of radio-activity were ever passed. One has no reason to doubt these statements, or to doubt that the government has set up an efficient system to keep the situation under constant review. There are, however, two aspects of the problem about which many people still feel certain misgivings.

The Radio-active Substances Bill, which is at present going through Parliament, has made provisions for the passing on of essential information, especially regarding the disposal of radio-active waste, to local authorities. This is certainly a step in the right direction, but many Medical Officers of Health would still like to see provision made for the training of their staff, or at least a proportion of their staff, in all matters pertaining to the use or disposal of radio-active substances. It may be that the Radio-active Substances Bill will cover this point adequately, but that is a matter which still remains to be seen.

The second point about which many of us feel certain misgivings is the constant use of the term "re-assurance" when any discussion takes place on radiation. I have little doubt that this word is used in the best possible sense, but none the less, when one is constantly told that the public must be re-assured, there is still of necessity a

doubt left in the public's mind that they are not being given all the facts of the case. Indeed, the public should either be told quite clearly that the whole subject of radiation is one which is best left in the hands of those most competent to deal with it, or they should be given the fullest possible information and be allowed to judge for themselves. Whether we like it or not, the problems of radiation are with us, and are causing a good deal of perturbation among those who take the trouble to think about the problems raised by radiation. And, after all, who does not fall within this category?

The fact that the Royal Commission for Local Government in Greater London sat for many months during 1959 and is expected to make its Report in the Autumn of 1960, may well affect the future of Public Health in a District such as Friern Barnet. It would be unwise to anticipate the contents of this Report, but one must envisage the possibility that, some time in the relatively near future, such matters as mental health and the operation of the personal health services might well come within the ambit of the District Council. Until the Report is received, however, it would certainly be injudicious to make any such assumptions. The fact that, for the past 12 years, I have been Area Medical Officer for No. 2 Health Area under the Middlesex County Council, and that this Area includes the District of Friern Barnet, has certainly helped me in establishing the necessary liaison between the environmental health services undertaken by the Urban District Council and the personal health services under the control of the County Council. I also hope that this dual appointment has been of use to the Council in integrating work which is of the greatest importance to the residents of Friern Barnet.

I cannot close this introduction without making special reference to a subject which has always been very close to my heart, the matter of harmonious co-operation. In Friern Barnet, it has always been my pleasure to think that the co-operation established between the Public Health Department and other bodies

and organisations, not to mention individuals, has been close and harmonious. Thus, we have exerted the utmost efforts to promote the closest liaison between the Department and general practitioners, a liaison without which success in the field of Public Health can never be fully attained. We have also co-operated to the full with the Area Health Office, with other branches of the Middlesex County Council such as the Welfare Department, the Children's Department, Food and Drugs Department, etc., and with the many excellent voluntary organisations within the district which are carrying out such wonderful work. I would also refer here to the very happy relations which have always existed between the Public Health Department and the local press. I cannot speak too highly of the wonderful help we have received from the local press on so many occasions, and would pay my humble tribute to the invaluable assistance. The lack of this cordial co-operation, which still seems to exist in some areas has always surprised me. It seems so much easier to co-operate with other people, rather than to act in a non-co-operative manner. I am completely satisfied that the extension of this co-operation in Friern Barnet over the years during which I have acted as Medical Officer of Health for the District, has played no little part in achieving results which would otherwise have been impossible.

I also like to think that the residents of Friern Barnet know that the Public Health Department exists for one reason only, to help promote better health in the community. I think one can honestly say that this is the case, and that no resident feels that a visit or letter to the Public Health Department will ever be neglected.

Accidents in the home - a menace which is assuming quite alarming proportions - has continued to occupy our attention. I have contributed articles on the subject to the local press,

while we have mentioned the importance of accidents in the home and the ways in which these accidents can be avoided, at various talks given throughout the year. It will be appreciated, however, that this is a matter which affects the personal health services rather more than the environmental health services. Most of the work has therefore been carried out by members of the Area Health Office Staff, particularly Health Visitors at clinics. Apart from the display of posters and leaflets and exhibits in the Kiosk outside the Town Hall, a comparatively minor contribution to this enormous subject, we have particularly stressed the importance of the use of non-flammable material. I have been particularly concerned in trying to persuade the makers of non-flammable material to have this material stocked at as many stores in the district as possible. In order to encourage mothers to use non-flammable material for the making of children's frocks, we have had several frocks made by voluntary workers and staff at our clinics, so that the mothers could see how attractive the material is and how it can be made up into suitable dresses, particularly party dresses for their young children. Although this may not seem at first sight to be a subject which could come under the heading of Public Health, it is none the less a vital issue. When one considers what is being done in the field of immunisation and vaccination, and when one remembers the quite appalling number of serious, often fatal accidents which occur in the home, due either to burns or to other types of accident, one realises that anything we can do to reduce this great and increasing risk will be well worth while.

In conclusion, I would express my sincerest thanks to the Public Health Committee and to the Urban District Council for the continued courtesy and assistance which I have come to expect as Medical Officer of Health. I would also express my grateful thanks to every member of the Public Health Department, and in particular to my

PUBLIC HEALTH COMMITTEE

at 31st December, 1952.

Deputy, Dr. Janet Campbell and to Mr. W. Jackaman,
Chief Public Health Inspector. Any Medical
Officer of Health is fortunate when he knows
that he has a loyal, conscientious and efficient
staff. That, I am extremely glad to say,
has always been my own position.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

W. C. Harvey,

Medical Officer of Health.

PUBLIC HEALTH COMMITTEE.

at 31st. December, 1959.

Cr. J. Foley, F.F.S., F.V.I.	(Chairman)
Cr. K. J. Allan	(Vice-Chairman)
Cr. W. H. Tangye, J.P., F.R.I.C.S., F.A.I.	(Chairman of the Council)
Cr. E. Fergusson Taylor, F.V.I.	(Vice-Chairman of the Council)
Cr. E.W.A. Chapman.	
Cr. S. P. Esom, M.I.M.I.	
Cr. Mrs. W.D.M. Mockrill.	
Cr. K. J. Norman.	
Cr. R. F. Pugh, J.P.	
Cr. 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.
Deputy Medical Officer of Health	Janet R. Campbell M.B., Ch.B., D.P.H.
Chief Public Health Inspector	W. R. Jackaman.
Public Health Inspector	J. K. Harris. (Resigned 21.11.59)
Public Health Inspector	R.L.R. Beswick. (Resigned 11.3.60)
Public Health Inspector	R. N. Hedges.
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 1959).	28,660
(District - 26,410)	
(Friern Hospital - 2,250)	
Number of inhabited houses.....	8,194
Rateable Value (31st. December, 1959).....	£449,958
Sum represented by a penny rate.....	£1,820

EXTRACTS FROM VITAL STATISTICS.

LIVE BIRTHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
(Legitimate)	162	167	329
(Illegitimate)	10	5	15
	<hr/>	<hr/>	<hr/>
Total	172	172	344
	<hr/>	<hr/>	<hr/>

BIRTH RATE (live births per 1000 population)..... 13.4

STILL BIRTHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
(Legitimate)	3	3	6
(Illegitimate)	1	-	1
	<hr/>	<hr/>	<hr/>
Total	4	3	7
	<hr/>	<hr/>	<hr/>

STILL BIRTH RATE (per 1000 total (live and still) births)..... 19.9

TOTAL BIRTHS. 351

INFANT DEATHS. (under 1 year of age.)

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
(Legitimate)	5	8	13
(Illegitimate)	2	-	2
	<hr/>	<hr/>	<hr/>
Total	7	8	15
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

INFANT DEATH RATE (per 1000 live births)..... 43.6

INFANT DEATH RATE (per 1000 legitimate births)..... 39.5

INFANT DEATH RATE (per 1000 illegitimate births).... 133.3

NEO-NATAL DEATH RATE (under 4 weeks per
1000 live births)..... 40.7

NEO-NATAL DEATH RATE (under 1 week per
1000 live births)..... 37.8

PERINATAL DEATH RATE (stillbirths and deaths under
1 week per 1000 total live
and still births)..... 56.9

PERCENTAGE OF ILLEGITIMATE LIVE BIRTHS OF
TOTAL BIRTHS..... 4.3%

MATERNAL DEATHS (excluding abortion)..... 0.0

MATERNAL DEATH RATE (including abortion per 1000
births live and still)..... 0.0

<u>DEATHS.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
District	135	134	269
Friern Hospital	42	114	156
	<hr/>	<hr/>	<hr/>
Total	177	248	425
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

DEATH RATE (per 1000 population including
Friern Hospital)..... 14.8
(" " " District only)..... 10.2

BIRTHS.

The number of births assigned to the district was 344, giving a Birth-Rate of 13.4 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 15.0. The corresponding Birth-Rate for England and Wales was 16.5.

Birth 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>
1955	318	11.7	15.0
1956	332	12.2	15.6
1957	318	12.5	16.1
1958	328	12.9	16.4
1959	344	15.0	16.5

DEATHS.

There were 425 deaths during the year. Of these, 156 occurred in Friern Hospital and 269 in the district. This provides an un-corrected Death-Rate of 14.8 per 1000 for the total population, and 10.2 per 1000 for the district excluding Friern Hospital.

The correcting factor for age and sex distribution is 0.71, providing a Death-Rate for comparative purposes of 10.5. The corresponding rate for England and Wales was 11.6

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

Death-Rates.

<u>Year.</u>	<u>No. of Deaths.</u>	<u>Friern Barnet.</u>	<u>England & Wales.</u>
1955	474	15.6	11.7
1956	505	9.7	11.7
1957	483	9.6	11.5
1958	404	9.0	11.7
1959	425	10.5	11.6

MORTALITY.

General Mortality.

From the table which sets out the causes of death for 1959 (page 46), it will once again be seen that diseases of the heart and circulation made up by far the greatest single cause of death. This is in keeping with the national situation, and is a most disturbing feature of modern life. The causes of coronary occlusion - the disease with which we are particularly concerned - are complex and not yet fully understood. It was formerly thought that the stresses and strains associated with life to-day was the main factor. Now-a-days, although this factor is still believed to play a significant part, the role of essential fatty acids in producing atheromata or plaques in the tiny coronary arteries which feed the heart, are also considered to have great significance. Much work is being done in this field, in order to establish more clearly the precise causes of coronary diseases and the steps which can be taken to reduce the appalling loss of life which occurs in middle and late middle age, especially among males. Once again, deaths from cancer of the lung and cancer of the bronchus have increased, another factor which gives rise to much anxiety. So much has been said and written on this subject that it would appear unnecessary to dwell on the factors which may be contributing to this unhappy rise. One certainly cannot say that there are any specific factors existing in Friern Barnet which encourage coronary thrombosis

GENERAL PROVISION OF HEALTH SERVICES

or lung cancer. But as I said in my Report for 1958, it is quite clear that health education has an important part to play in providing advice and guidance which will help to reduce the two most serious types of fatality which our generation has to face.

Infant Mortality.

There were 15 deaths of infants under 1 year of age, which gives an infant death rate of 43.6 per 1,000 live births, as compared with 4 deaths and a rate of 12.2 in the preceeding year. Last year, however, was an exceptionally high rate as the average of the last five years is 16.7.

Among the 15 infants who died in Friern Barnet during 1959 before they had reached the age of twelve months, 14 were under the age of one month. Of these, 13 failed to survive one week. Although these figures are satisfactory, at least when one considers the comparable position not so many years ago, we must still strive, are indeed striving to discover the precise factors which produce these infant deaths. To this end, every infant death is accordingly scrutinised and examined in all its aspects.

Still Births.

7 still-births, 6 legitimate and 1 illegitimate were accredited to the District for 1959. This is equal to a death rate of 19.9 (live and still births), the corresponding figures for 1958 being 6 still-births with a rate of 18.3.

Maternal Mortality.

As mentioned in the introduction to this Report, no maternal death was reported during 1959.

GENERAL PROVISION OF HEALTH SERVICES.

There is little I can add to the remarks which I made last year in regard to the Hospital Services available to the residents of Friern Barnet.

The position in regard to the Medical Officer of Health, however, so far as admissions to hospitals are concerned, is still not entirely clear either to patients or even to certain members of the medical profession. Briefly, the Medical Officer of Health has no power to admit a person to hospital, except in special circumstances. We can certainly arrange for the admission of a case of infectious disease to hospital, where admission to hospital is required, as this eventuality seldom arises, unless in cases of overcrowding or where both bread-winners go out to work, this is a problem which presents no difficulties. I should, however, like to express my thanks to Coppetts Wood Hospital for the help which they invariably provide in arranging for a case to be taken into hospital when asked to do so. The other step which can be taken by a Medical Officer of Health is for the admission to hospital of patients who are in need of care and attention, and may be a danger to themselves or to other persons and who refuse admission to hospital. Such action is taken under Section 47 of the National Assistance Act 1948. Fortunately, as action under this Act is by no means a pleasant procedure, and seldom yields satisfactory results, we have so far always been able to deal with the matter in other ways. Tact and persuasion can do a lot, and have invariably enabled us to secure the consent of even the most stubborn patient who, up till then, has adamantly refused the care and attention required in hospital.

There still seems to be a very live belief, however, that the Medical Officer of Health can arrange for the admission of cases to hospital in any circumstances. That is far from being the case. The duty of arranging the removal to hospital of a patient lies fairly and squarely with the family doctor, and not with the local authority. I have, however, been able to help in many cases, by supporting the general practitioner with removal to hospital, especially in the case of the chronic sick, usually

difficult to arrange. I can only do so, however, when the family doctor has made an application for the removal of a patient to a specific hospital and has been told that this removal could not be affected. I then add my weight and have, as I have just said, secured the co-operation of the hospital concerned in almost every case with which I deal.

I am always only too happy to take this action as, although it is not a duty of the Medical Officer of Health to arrange for the admission of a patient to hospital, other than those already mentioned, we obviously cannot dissociate ourselves from such an important aspect of preventive medicine. This, of course, is one of the drawbacks produced by the National Health Act 1948, when hospitals previously under the control of local authorities were brought under the direction of Regional Hospital Boards. Previous to 1948, our relations with local authority hospitals were close and cordial. I must add, of course, that my own relations with the staff of surrounding hospitals leave nothing to be desired. But there must come a time when the present generation of Medical Officers of Health have passed, and when, presumably, the gap between the local authorities and the hospitals serving their districts is not so close as it still is to-day. One can only hope that this day is still distant, but it is a possibility which one cannot avoid.

Care of the Aged.

It would indeed be a truism to say that care of the aged is assuming a significance which demands the most urgent attention. In a district such as Friern Barnet, with its aging population - the fact that 71.53% of total deaths occurred in persons over the age of 65 is evidence of this situation - care of the aged assumes particular importance.

The Public Health Department is always prepared to help in every way possible while, of course,

the Area Health Office is intimately associated through its Health Visitors, Home Helps and Home Nursing Service, in continuing their efforts to alleviate distress and ill-health among the aged. It is quite obvious that much remains to be done. Housing for the aged - and Friern Barnet is already making its contribution - admission of the chronic sick to hospital, an adequate service of Home Helps, by no means an easy matter, the provision of Home Nurses, visits from Health Visitors and Public Health Inspectors - these are the obvious ways in which we can be of practical help. I would make it clear, however, that care of the aged is a problem intimately associated with public health and preventive medicine, and that we are always ready and willing to be of assistance at any time and in any way.

Laboratory Facilities.

As in past years, the Central Public Health Laboratory Service has been of the greatest assistance to us, not only the Central Laboratory at Colindale, but also the Laboratory at Coppetts Wood Hospital. I gratefully acknowledge the assistance afforded throughout the year, and the close co-operation which has continued for so many years between the Public Health Department and the Laboratory Service.

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

Throat and nose swabs.....	1
Faeces.....	136
Sputum.....	4
Ice cream.....	33
Milk.....	59
Coconut.....	1
Meat.....	1

National Assistance Act 1948.

Section 50. Burial or cremation of the dead.

No action was necessary under this section during 1959.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES.

From the table of infectious diseases set out on page 42, it will be seen that 305 cases of infectious diseases were notified during the year as against 193 in 1958. The Infectious Sickness Rate for the year was therefore 10.64 as compared with 6.76 during the previous years.

The rise in the number of infectious diseases during the year was due almost entirely to the fact that 1959 was a "measles year".

As regards the infectious diseases picture as a whole, I cannot do better than to quote in full the report which I made to the meeting of the Public Health Committee held on 10th. March 1960.

The following table sets out the infectious diseases notified during 1959, as compared with the notifications received during 1958:

	1959.	1958.
Measles	241	106
Pertussis		
(Whooping Cough)	-	16
Scarlet Fever	17	39
Pneumonia	18	7
Dysentery	14	6
Food Poisoning	4	3
Tuberculosis	8	15
Erysipelas	3	-
Typhoid	-	1
Total	<u>305</u>	<u>193</u>

It is always dangerous to draw any lasting conclusions from limited statistics relating only to a two-yearly period. None the less, it is extremely interesting to compare the Friern Barnet figures relating to 1958 and 1959, since very obvious differences are immediately apparent.

The number of cases of measles notified during 1959 was very much higher than the figure for 1958. It has long been known that measles appears in epidemic form approximately every two years. The substantial increase in measles notifications during 1959 was due to the fact that that year was a "measles year".

It is most encouraging to note that not a single case of pertussis (whooping cough) was notified during 1959. Although no statistical evidence is yet available, I am personally convinced that the intensive campaign for the protection of Friern Barnet children against pertussis (whooping cough) by inoculation is having a beneficial effect.

Scarlet fever notifications dropped to a very low level. As is the case with measles, it is perhaps more important to remember that the type of scarlet fever which we have met with since the war, is fortunately much more mild than the disease which we remember so well some twenty-five years ago. Neither measles nor scarlet fever has much more than nuisance value these days, removal to hospital being almost entirely confined to those children who have to be sent to hospital because both parents are at work. None the less, as I have pointed out before, we must be on guard against the return of the more virulent type of infection which we had to face between the wars.

Notifications of dysentery and food - poisoning rose, although not to an alarming extent. I would again draw attention to the fact that these notifications mean very little. We know that many cases of Sonnei dysentery and food poisoning are never reported to the Public Health Department; many cases are never even treated by a doctor. Dysentery and

food poisoning as we know them to-day are comparatively mild diseases, except in the very old and very young. For that reason they receive little attention. Here, as in the case of so many infectious diseases, the remedy lies in intensive and continuous health education.

It is pleasant to note that the notifications of tuberculosis fell from 15 to 8 during 1959. The case of tuberculosis is a particular instance where it would be extremely unwise to state that this drop is in any way significant.

Although as I have said, comparison between the infectious diseases figures relating to two consecutive years can be misleading, it is, in my opinion, extremely important that we maintain these figures carefully over a period. This should allow us to note any trends which may be significant, and which may indicate the appearance of a new factor in the community.

In concluding this review of infectious diseases, I should make mention of the immunisation and vaccination programme which the Area Health staff and family doctors carry out in Friern Barnet.

Inoculation against diphtheria, pertussis and tetanus is now available at our three clinics. The use of this new 'triple antigen' began on 1st. January 1960, and is already proving extremely popular with mothers. Less visits are now required either to a clinic or to the family doctor, while protection against tetanus is now available. As several cases of tetanus have occurred in North London within recent months, this appeared to be a logical addition to our preventive armour. The latest figures for Friern Barnet show that 91.8% of children up to the age of two years were protected against diphtheria at the end of 1959, while approximately the same number were protected against pertussis. Figures for tetanus protection are, of course, not yet available. I think it would be right to claim

that these figures could scarcely be bettered in any part of the country.

Vaccination against smallpox is also available at our clinics. Our latest figures show that 80.3% of children up to the age of two years were vaccinated against smallpox at the end of 1959. This figure is quite remarkable, especially when it is remembered that, not so many years ago, little more than 20-25% of children were so protected.

Our scheme for vaccination against poliomyelitis among children and adults is comprehensive. Vaccination against poliomyelitis is available at all our clinics, while special clinics have been arranged on Saturday mornings to cope with young adults up to the age of 26. We know that approximately 90% of children up to the age of 15 were protected against poliomyelitis by vaccination up to the end of 1959. The figures relating to the age group 15/26 is not fully known, since many young adults were protected at their place of work in the City. We have every reason to believe, however, that at least 50% of adults in this age group have been protected by vaccination. Here again I think it can be claimed with some confidence that these figures are as good as those produced in any other part of England and Wales. We are now, of course, offering vaccination to all adults up to the age of 40.

Our publicity scheme in relation to all types of immunisation and vaccination is very complete in Friern Barnet. This includes primary vaccination or immunisation, in addition to reinforcing injections given at schools. I think it could be said that we do more in this direction than most other areas in Middlesex; indeed, some of my colleagues seem to think that we do too much! None the less, I am firmly convinced that this type of publicity - a valuable piece of health education - is very largely responsible for producing the excellent results which we can show in Friern Barnet. We also work in the closest harmony with general practitioners. I have made it a practice to keep general practitioners

informed of the latest developments in this field. I also try to ensure that we are all working along the same lines. I am very happy to be able to say that these efforts appear to have been successful.

One or two other points regarding infectious diseases might be mentioned. No cases of diphtheria were notified in the District during 1959. The last death took place approximately 12 years ago. We must not, however, allow ourselves to be lulled into any sense of false security by such a happy statement. Only this year, a number of cases of diphtheria occurred in a Borough not many miles from Friern Barnet. This limited outbreak was particularly interesting from two aspects.

In the first place, it was found that those few children who had been immunised and who still developed the disease in a mild form, recovered quickly and with no ill-effects. On the other hand, the single death which occurred took place in a child who had not been immunised at any time. In other words, the value of immunisation was strengthened since, although only a few cases were involved, it was clearly shown that the few children who developed diphtheria after immunisation came to no harm; but merely suffered a comparatively minor illness.

The second lesson to be learnt from this outbreak of diphtheria - and it was not the only outbreak of diphtheria which occurred in England and Wales during 1959 - points to the fact that the organism which causes diphtheria still exists and is quite able to strike. In short, although it may be true to state that many recently qualified general practitioners have never seen a case of diphtheria, our campaign of immunisation must be continued relentlessly.

Tuberculosis.

A broad classification of the new cases of tuberculosis notified during the past 3 years (excluding those notified from Friern Hospital) in relation to employment was:-

1957. 1958. 1959.

Clerical	3	1	-
Housewives	3	-	2
Children	-	2	2
Professional Classes	2	-	-
Factory Workers	1	5	1
Manual Workers	1	1	1
Shop Assistants	-	-	-
Food Trades	-	-	-
Nurses	-	-	-
Unclassified	4	2	-

I have already mentioned the fact that tuberculosis notifications have shown a steady drop over the past few years. This is highly satisfactory, although it must be admitted that the figures involved are too small to carry any great significance.

Our scheme for the B.C.G. vaccination of Friern Barnet school children continues, and is working very well. As I explained in my Annual Report for 1958, of course, this work is undertaken by the School Health Service.

Mass X-ray Unit 5B did not visit Friern Barnet during 1959. As Friern Barnet cannot be said to be a district in which tuberculosis presents a very serious problem, it is doubtful whether we can expect a visit from the Mass Radiography Unit more than once every three years. We therefore hope that arrangements can be made for the Unit to visit Friern Barnet during 1961.

Satisfactory as the infectious diseases picture is, not only in Friern Barnet but throughout the country as a whole, few Medical Officers of Health are entirely happy on the question of notification. Notifications is, and must remain an essential part of our defence mechanism against the spread of infectious diseases. But times change, and infectious diseases with them. Recommendations have been made by the Public Health Committee of the British Medical Association and by the Society of Medical Officers of Health, relating to suggested changes in the general pattern of notification design to bring our procedure into line with

modern conditions. As this matter is being taken up and will presumably be considered by the Ministry of Health in due course, there would seem to be little point in discussing it further here. I would merely mention, once again, the anomaly which exists in regard to scarlet fever. As has been said, it is thoroughly illogical that a legal distinction continues to be drawn between a streptococcal infection which includes a rash, i.e. scarlet fever, and a streptococcal infection which does not include a rash. It may be that until everyone concerned is completely satisfied that the present mild form of scarlet fever is here to stay - and this is by no means certain - notification should continue. On the other hand, one cannot see why notification should be necessary so long as scarlet fever retains its present mild form, since steps could be very quickly taken to reintroduce notification of scarlet fever if and when there was any indication that its virulence had changed. In the meantime, we continue to carry out the instructions which govern the notification of infectious diseases so far as lies within our power. The fact that quite a number of especially mild cases of scarlet fever never seem to come to our notice, and the fact that an even greater number of cases of food poisoning and dysentery never even reach the doctor's surgery, does not seem to have made any appreciable impact upon the occurrence or spread of these diseases.

SANITARY SERVICES.

Summary of inspections.

Visits to premises on complaint.....	745
Visits in connection with infectious disease.....	364
Visits to shops and other places where food is prepared, stored or sold.....	430
Visits to other shops.....	159
Visits to factories.....	135
Visits to petrol installations.....	123
Visits in connection with housing and the repair of dwelling-houses.....	1654
Visits in connection with the Rent Act.....	63
Visits in connection with the Clean Air Act.....	617
Appointments and special visits.....	331
Visits re infestations and disinfectations.....	22
Visits in connection with rodent control.....	2152

Summary of complaints.

Housing defects.....	84
Defective drainage.....	23
Defective dustbins.....	3
Offensive accumulations or smells.....	36
Insect pests.....	290
Rat or mouse infestations.....	278
Unsound food.....	10
Nuisances from the keeping of animals.....	2
Smoke, ash or grit nuisances.....	8
Other complaints.....	11

Total..... 745

HOUSING.

Sixteen houses which were reported to the Council as being unfit for habitation ceased to be so used and with one exception the 26 families living therein were provided with other and improved accommodation.

By the end of the year fifty of the seventy-six houses included in the Council's five-year programme of 1955 to deal with unfit dwellings in the district had either been demolished or closed.

As a result of other action taken by the Department repairs were carried out to 184 dwellings where the standard of accommodation was found to be unsatisfactory.

Inspection of dwellings during the year.

1. (a) Number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)..... 161
- (b) Number of inspections made for the purpose..... 175
2. (a) Number of dwelling houses which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932.... 56
- (b) Number of inspections made for the purpose..... 66
3. Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for habitation..... 16
4. Number of dwelling houses (exclusive of those referred to in para. 3 above) found not to be reasonably suitable for occupation..... 201

Remedy of defects during the year without the service of formal notices.

Number of defective dwelling houses rendered fit as a consequence of informal action..... 160

Action under statutory powers during the year.

- (1) Proceedings under sections 9,10 and 16 of the Housing Act 1957.
 - (a) Number of dwelling houses in respect of which notices were served requiring repairs..... -

- (2) Proceedings under Public Health Act 1936.
- (a) Number of dwelling houses in respect of which notices were served requiring defects to be remedied..... 26
 - (b) Number of dwelling houses in which defects were remedied after service of formal notices:
 - (1) By owners..... 24
 - (11) By Council in default of owners.... -
- (3) Proceedings under section 17 of the Housing Act 1957.
- (a) Number of dwelling houses in respect of which Demolition Orders were made..... 6
 - (b) Number of dwelling houses demolished..... -
 - (c) Number of dwelling houses in respect of which Closing Orders were made..... 3
 - (d) Number of dwelling houses closed..... -
 - (e) Number of dwelling houses in respect of which Closing Orders were determined, the dwellings having been rendered fit..... -
- (4) Proceedings under sections 42 and 43 of the Housing Act 1957.
- (a) Number of Clearance Areas declared..... 1
 - (b) Number of unfit dwellings included in Clearance Areas..... 7
 - (c) Number of unfit dwellings in Clearance Areas demolished..... -

Certificates of disrepair.

Ten applications for certificates of disrepair were dealt with under the provisions of the Rent Act 1957 and the following action ensued:-

(1)	Applications received.....	10
(2)	Landlords notified of intention to issue a certificate of disrepair:	
	(a) in respect of all defects.....	4
	(b) in respect of some defects.....	6
(3)	Undertakings by landlords to remedy defects accepted.....	9
(4)	Certificates of disrepair issued.....	1

In addition seven certificates were issued to the effect that defects of repair included in undertakings previously given had been remedied and three certificates that the defects included in such undertakings had not been remedied.

Improvement Grants.

A number of persons made enquiries concerning the two schemes of grant aid for the improvement of dwellings and twenty-three tentative proposals were investigated. In the end, however, few of these proposals were proceeded with. Eight applications were submitted to the Council, of which five were approved and the improvements effected.

INSPECTION AND SUPERVISION OF FOOD.

Food premises.

There are some 156 food premises in Friern Barnet, and, classified according to the principal business carried on, these are engaged in the following trades:-

Type.	Number.	Registered under Food and Drugs Act 1955.	
		For sale of ice cream.	For manufacture of sausages or preserved food.
Bakers	9	1	-
Butchers	13	-	9
Cafes and Restaurants	25	9	-
Confectioners	31	31	-
Fishmongers	6	-	-
Greengrocers	23	3	-
Grocers	45	27	11
Milkshops	4	4	-
Total	156	75	20

There are also fourteen food hawkers registered under the Middlesex County Council Act who are carrying on the following trades:-

Fishmongers.....	3
Greengrocers.....	10
Grocers.....	1

Visits were made to the food premises as frequently as possible so as to enforce the Food Hygiene Regulations and the byelaws relating to the handling of food, and generally to encourage higher standards of food hygiene. Posters and leaflets on various aspects of this important subject were made available to food handlers and to the general public and displays were exhibited on five occasions during the year in the Kiosk at the Town Hall. Copies of codes of practice for hygiene in the retail meat trade, published in the latter part of the year by the Ministries of Health and Food, were issued to all the local butchers.

The following list briefly summarises the defects remedied and improvements carried out to food premises:-

Structurally improved.....	7	premises
Cleanliness improved.....	13	"
Floors provided or repaired.....	2	"
Sinks provided.....	2	"
Washbasins provided.....	4	"
Hot water provided.....	3	"
Lighting improved.....	2	"
Ventilation improved.....	3	"
Sanitary accommodation improved.....	4	"
Lockers for clothing provided.....	2	"
First-aid equipment provided.....	4	"
Equipment improved.....	12	"

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 inspection of food animals.

Of the food examined at the various food shops and stores the following was certified to be unfit for human consumption:-

Beef.....	232	lbs.
Pork.....	150	lbs.
Liver.....	11	lbs.
Fish.....	32	lbs.
Lard.....	36	lbs.
Cheese.....	24	boxes
Tinned meat.....	119	tins
Tinned fish.....	20	tins
Tinned vegetables.....	78	tins
Tinned fruit.....	134	tins.

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

Milk.

There are twenty firms or persons registered as distributors of milk in the district and one dairy at which milk is pasteurised and bottled.

The milk sold in Friern Barnet is either pasteurised or tuberculin-tested since the district is in an area in which all milk is required to be of one or other of these grades.

The undermentioned licences were granted by the Council:-

	<u>Dealers' Licence.</u>	<u>Supplementary Licence.</u>
To sell pasteurised milk	3	9
To sell sterilised milk	19	11
To sell tuberculin-tested milk	4	10

A dealer's licence authorises the distributor to sell milk from premises in Friern Barnet, and a supplementary licence to sell milk in Friern Barnet from premises outside the district.

Fifty-nine samples of the various grades of milk were examined and all were satisfactory. Samples were also taken of the washed bottles from the dairy bottling milk and these were of a satisfactory standard.

Ice cream.

Seventy-five premises are registered to sell ice cream. This number includes three premises which were approved for the purpose for the first time during the year.

In no instance was the ice cream made on the premises. Generally the ice cream was sold in the pre-wrapped or packed state as supplied by the manufacturers so that handling and thereby risk of contamination was reduced to the minimum.

All the thirty-three samples examined were of a satisfactory standard.

WATER SUPPLY.

The water supply of the district is provided by the Barnet District Water Company (now the Lee Valley Water Company) with the exception of part of the South Ward which 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 carried out at frequent intervals which shewed that the water was of a high standard of bacterial purity indicative of a wholesome water suitable for public supply purposes.

The water is not plumbo-solvent.

CLEAN AIR.

Smoke Control Areas.

The detailed survey of premises within Friern Barnet's first smoke control area was carried out during the year. This area is bounded by Pinkham Way, Colney Hatch Lane, Coppetts Road, George Crescent, Colney Hatch Lane, Coppetts Road, George Crescent, The Vale, and Halliwick Recreation Ground and includes 250 dwellings, and a school. Each property was visited. The heating arrangements were examined and occupiers were advised as to the purpose of the scheme and of any alterations which would be necessary.

Occupiers generally seemed to welcome the idea of smoke control and many queries, including a number from residents outside the area, were received and dealt with. Many of these residents, who were considering installing new fireplaces asked advice as to suitable appliances and fuels.

The Council's properties in the smoke control area are already fitted with modern grates but 18 old fashioned fireplaces in the other houses in the area need conversion in order to burn solid smokeless fuel.

Most of the occupiers prefer inset open grates but electrical or gas appliances may be fitted if desired.

No objections were lodged when the Council made the Friern Barnet Smoke Control Order No. 1 formally creating the area a smoke control area, and the Order was confirmed by the Minister of Housing and Local Government on the 19th. February 1960 without modification. It comes into force on 1st. September 1960.

In response to a Circular from the Minister of Housing and Local Government a phased programme for establishing smoke control areas was prepared. It is anticipated that three areas in addition to the first will be in operation by 1964 each area representing 18 months work. The area in aggregate is bounded on the North by Friern Barnet Lane, Myddleton Park, Pollard Road and Russell Lane, on the South by Torrington Park, Friern Barnet Lane, The Ridgeway, Bethune Avenue, Crescent Road, and The Crescent and extending to the District boundaries on the East and West.

Measurement of Atmospheric Pollution.

Continuous measurement of suspended matter (i.e. smoke) and sulphur gases in the atmosphere was made throughout the year with the recording apparatus installed in the Town Hall.

The results shown on the accompanying graphs, indicate that pollution in Friern Barnet is high, as might be expected in a fully built up area. The benefit of extending smoke control to cover the whole of the district will in time be manifested by these measurements.

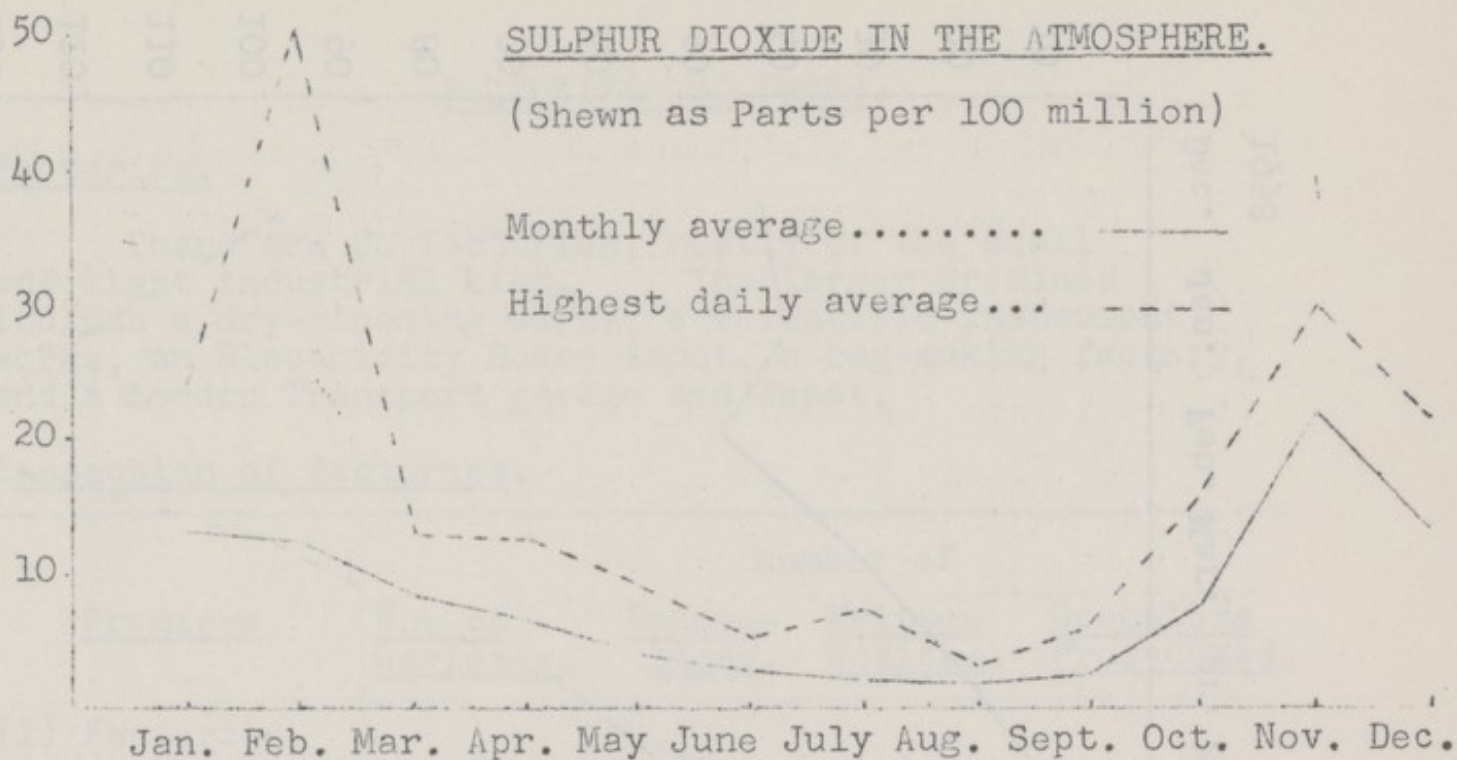
Measurements of deposited matter (i.e. grit) was carried out by means of two deposit gauges situated in the Council's Nursery in Colney Hatch Lane, and at premises in the High Road. The results are shown in the graph.

SULPHUR DIOXIDE IN THE ATMOSPHERE.

(Shewn as Parts per 100 million)

Monthly average.....

Highest daily average....

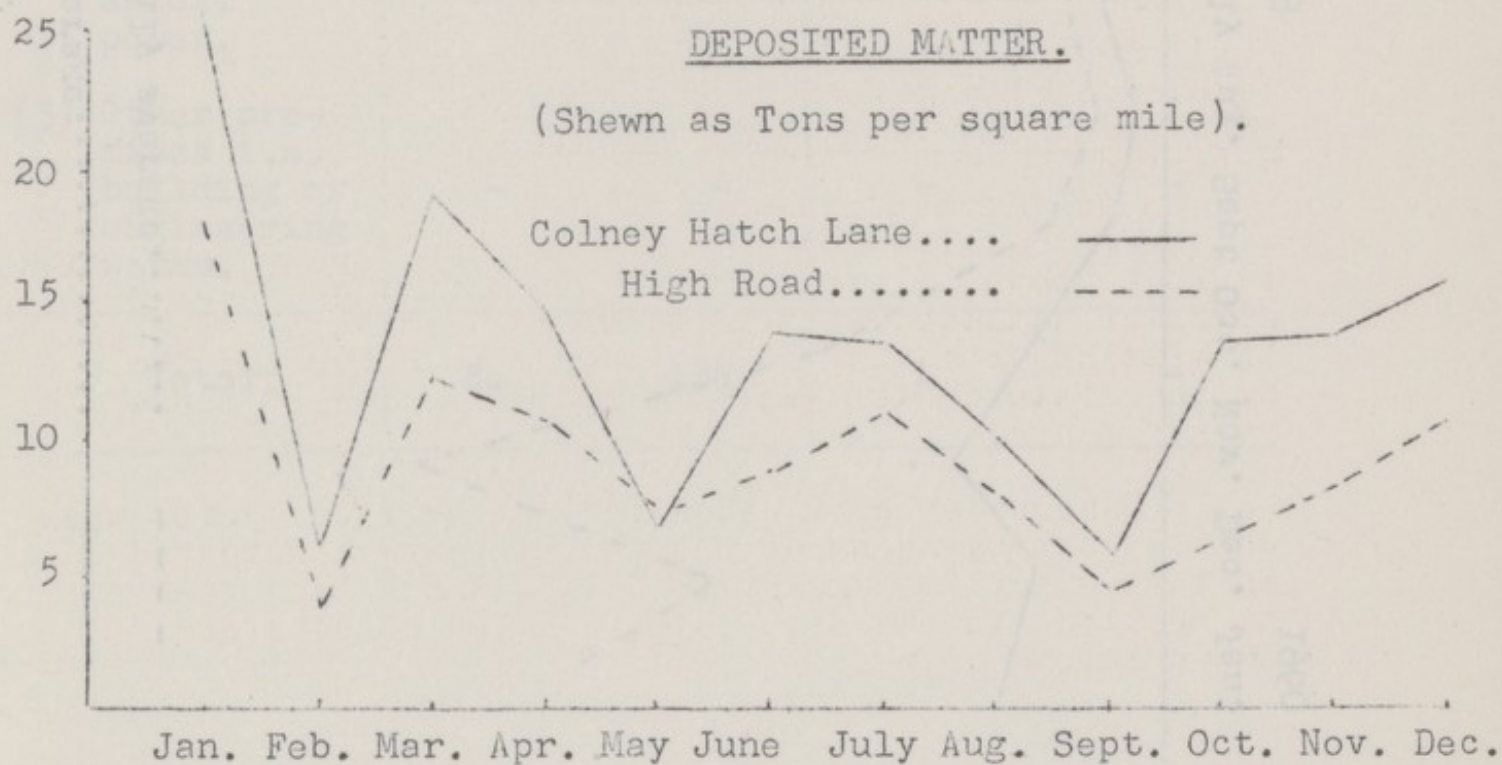


DEPOSITED MATTER.

(Shewn as Tons per square mile).

Colney Hatch Lane.....

High Road.....

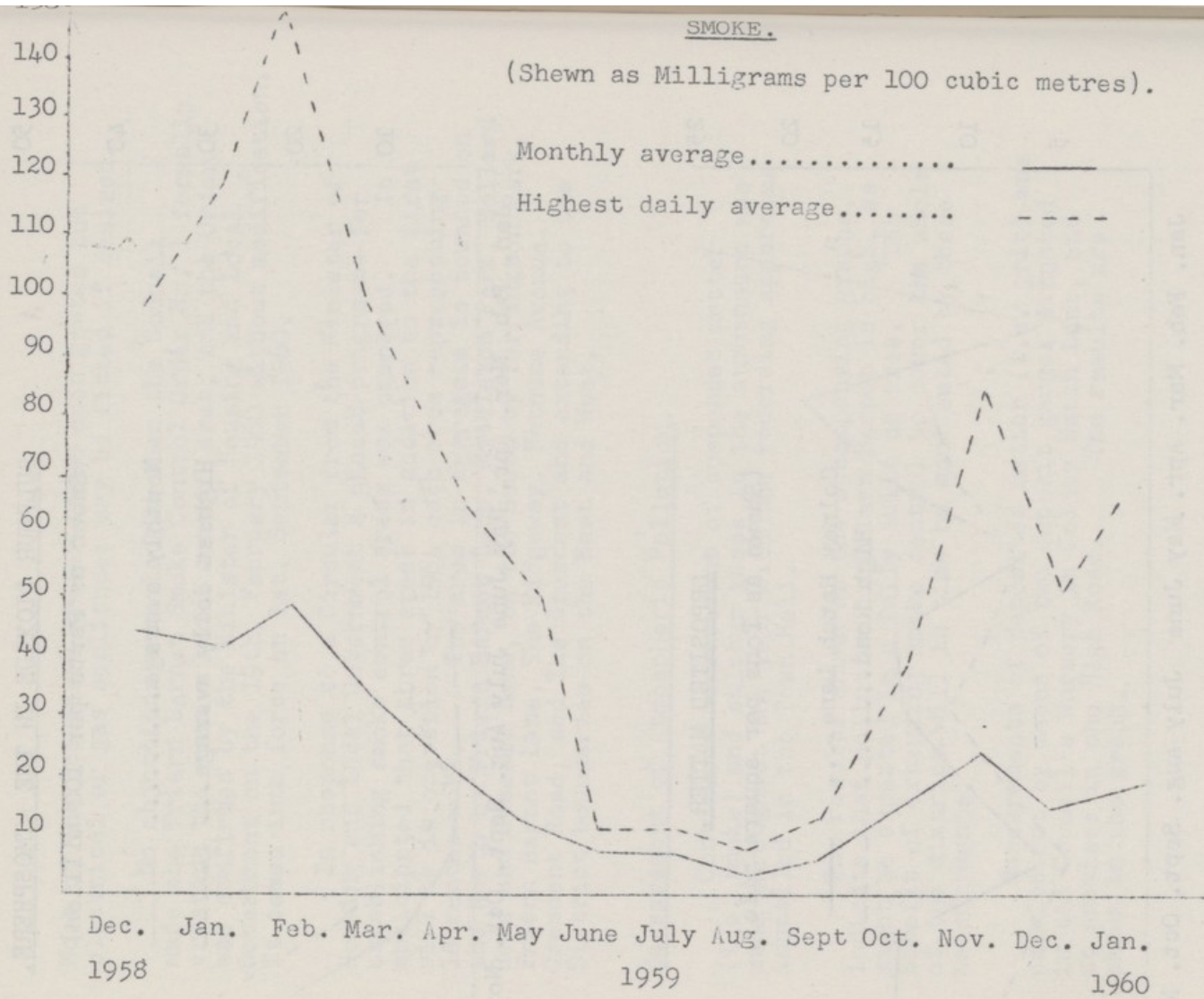


SMOKE.

(Shewn as Milligrams per 100 cubic metres).

Monthly average.....

Highest daily average.....



FACTORIES AND SHOPS.

Factories.

There are 84 factories, mostly of the small and light industrial kind. The larger premises include a dry-cleaning works, a scientific-instrument works, an Electricity Board depot, a bag-making factory, and a London Transport garage and depot.

Inspection of factories.

<u>Premises.</u>	Number of			
	<u>No. on Register.</u>	<u>Inspection.</u>	<u>Written Notices.</u>	<u>Occupiers Prosecuted.</u>
(1) Factories without mechanical power.	18	25	1	-
(2) Factories with mechanical power.	66	110	3	-
(3) Other premises i.e. building or engineering works.	-	-	-	-
Total.	84	135	4	-

Defects found in factories.

<u>No. of cases in which defects were found.</u>			
<u>Particulars.</u>	<u>Found.</u>	<u>Remedied.</u>	<u>Prosecution</u>
Want of cleanliness.	2	2	-
Sanitary conveniences unsuitable or defective.	1	1	-
Other offences against the Act.	2	2	-
Total.	5	5	-

Outworkers.

Occupiers of factories are required to send to the Council lists of the persons employed by them as outworkers in certain kinds of work. This information enables control to be exercised over work carried out in unsatisfactory premises or in conditions which are likely to lead to the spread of infection.

Notification was received of 55 outworkers who were engaged in the following occupations:-

Making wearing apparel.....	32
Making artificial flowers.....	3
Box making.....	17
Brush making.....	1
Carding buttons.....	1
Making lampshades.....	1

It was not necessary in any instance to restrict work.

Shops.

There are 315 shops, including a number in which no assistants are employed. The Shops Act 1950, which is administered by the Council, deals with such matters as hours of closing, the early closing day, Sunday trading, the employment of young persons, and the comfort and welfare of shop assistants.

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

PESTS AND VERMIN.

Of the 587 premises examined during the year, either in connection with rat complaints received or during the routine inspection of the district for unreported or unsuspected infestations, 217 were found to be infested to some extent. All these infestations were dealt with. So far as infestations at private dwelling-houses were concerned, there was no charge to the occupiers except in respect of any structural or other works which were found to be needed to make good damage caused by rats or to reduce the possibility of subsequent re-infestations. Charges, based on the labour and material used, were made in respect of the treatments carried out at business premises.

Treatments of the district sewers were undertaken, as is usual, twice during the year. The number of manholes found to be used by rats on these two occasions was 24 and 16 respectively, considerably fewer than last year.

Nineteen premises were cleared of mice.

Requests for advice and assistance to deal with pests such as ants, moths, furniture beetles etc., were numerous and in addition no less than 267 wasp nests were destroyed.

HEATING APPLIANCES AND FIREGUARDS.

The Heating Appliances (Fireguards) Act 1952 makes it compulsory for all gas, electric and oil fires which are offered for sale to the public to be fitted with guards so as to prevent risk of injury by burns. Standards for these guards are prescribed by regulations made under the Act.

Visits were made to the shops selling heating appliances to ensure that the fires were adequately protected.

RAG FLOCK AND OTHER FILLING MATERIALS.

The conditions under which rag flock and other filling materials are used in the making of mattresses, chairs, and like articles, and particularly the cleanliness of the materials, are controlled by the Rag Flock and other Filling Materials Act 1951.

There is only one trader in the district whose business comes 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 SPIRIT AND MIXTURES.

Except for small quantities kept in accordance with special regulations, petroleum spirit and mixtures may only be stored under licence granted by the local authority and subject to such conditions as may be considered necessary for its safe keeping.

These conditions were revised at the end of 1958 and are now based on models suggested by the Home Office which include the latest recommendations in regard to electrical equipment associated with petrol pumps.

Twenty-five licences were granted during the year for the storage of a total quantity of 29,470 gallons.

of which 29,300 gallons were kept in underground tanks, each holding 500 gallons or more, and 170 gallons in smaller containers.

One hundred and twenty-three visits were made to the various stores to see that the modifications needed to bring the installations to the standard required by the revised conditions were satisfactorily completed and generally to ensure that safety precautions were observed.

TABLE 1.

ANALYSIS OF CASES OF NOTIFIABLE INFECTIOUS DISEASES

DISEASE.	NUMBER OF CASES NOTIFIED.							
	All.	Un.l.	1-5	5-15	15-25	25-45	45-65	65&0
Measles.	241	5	117	118	-	1	-	-
Whooping- Cough.	-	-	-	-	-	-	-	-
Scarlet- Fever.	17	-	7	10	-	-	-	-
Pneumonia.	18	-	-	1	-	-	9	8
Dysentery.	14	2	2	4	-	5	1	-
Pulm.Tuber- culosis.	6	-	1	-	-	5	-	-
Other Tuber- culosis.	2	-	1	-	-	-	1	-
Food Poison- ing.	4	-	-	-	1	1	1	1
Erysipelas.	3	-	-	-	-	-	3	-
Puerperal- Pyrexia.	-	-	-	-	-	-	-	-
Ophthalmia- Neonatorum.	-	-	-	-	-	-	-	-
TOTALS	305	7	128	133	1	12	15	9

NOTIFIED DURING THE YEAR ENDING 31st. DECEMBER, 1959.

CASES IN EACH WARD.					Friern Hospital.	No. Removed to Hospital.
North.	South.	Central.	East.	West.		
111	22	43	23	42	-	3
-	-	-	-	-	-	-
3	3	6	2	3	-	3
4	4	2	-	2	6	5
10	2	-	1	1	-	-
1	-	2	-	1	2	-
-	-	2	-	-	-	-
2	1	-	1	-	-	-
-	-	-	2	1	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
131	32	55	29	50	8	11

TABLE 2.

ANALYSIS OF CASES OF TUBERCULOSIS NOTIFIED DURING 1959
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	1	-	-	1	-	-	-	-
5 - 10	-	-	-	-	-	-	-	-
10 - 15	-	-	-	-	-	-	-	-
15 - 20	-	-	-	-	-	-	-	-
20 - 25	-	-	-	-	-	-	-	-
25 - 35	1	1	-	1	1	-	-	-
35 - 45	-	1	-	-	-	-	-	-
45 - 55	1	-	-	-	-	-	-	-
55 - 65	-	1	-	-	-	-	-	-
65 & Over	-	-	-	-	-	-	-	-
TOTALS	3	3	-	2	1	-	-	-

TABLE 3.

REGISTER OF TUBERCULOSIS

	PULMONARY.		NON-PULMONARY.		TOTALS.
	Male.	Female.	Male.	Female.	
Cases on Register at 1.1.59.	111	65	6	18	200
Cases notified for first time 1959.	3	3	-	2	8
Other cases added to the Register 1959.	5	12	1	-	18
Cases removed from Register 1959.	15	21	1	3	40
Cases remaining on Register 1959.	104	59	6	17	186

TABLE 4.

ANALYSIS OF THE CAUSES OF AND AGES AT DEATH.

CAUSE OF DEATH.	AT----- AGES								
	0 to 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 and Over
Accident.	-	-	-	-	1	2	5	1	2
Bronchitis.	-	-	-	-	-	-	4	12	15
Cancer	-	-	-	-	2	2	24	16	17
Congenital Malformations.	4	-	-	-	-	-	-	-	-
Diabetes.	-	-	-	-	-	-	1	-	-
Diseases of heart and circulatory system.	-	-	-	-	-	2	38	49	126
Hyperplasia of Prostate.	-	-	-	-	-	-	-	-	1
Influenza.	-	-	-	-	-	-	1	-	-
Misadventure.	-	-	-	-	-	-	-	1	1
Nephritis.	-	-	-	-	-	-	1	-	-
Other defined diseases.	1	-	-	1	-	3	8	10	6
Pneumonia.	3	-	1	-	1	-	8	12	18
Prematurity.	7	-	-	-	-	-	-	-	-
Senility.	-	-	-	-	-	-	-	2	14
Suicide.	-	-	-	-	-	-	-	-	1
Tuberculosis(Resp)	-	-	-	-	-	1	-	-	-
TOTAL	15	-	1	1	4	10	90	103	201

DURING THE YEAR 1959 FOR THE WHOLE DISTRICT.

WARDS.					Male.	Fem.	No. Reg.	In Tran.	Total.
Sth.	Cent.	East.	West.	Friern Hosp.					
3	2	1	1	4	8	3	5	6	11
3	6	1	3	15	11	20	23	8	31
11	13	2	10	10	32	29	20	41	61
3	1	-	-	-	1	3	-	4	4
-	-	-	1	-	-	1	-	1	1
29	27	14	31	81	73	142	141	74	215
-	-	-	-	1	1	-	1	-	1
-	-	-	-	-	1	-	-	1	1
-	-	-	1	-	2	-	-	2	2
-	1	-	-	-	-	1	-	1	1
3	3	1	5	12	16	13	15	14	29
6	4	1	7	21	21	22	25	18	43
3	2	-	2	-	5	2	-	7	7
1	-	1	1	12	4	12	14	2	16
1	-	-	-	-	1	-	-	1	1
1	-	-	-	-	1	-	1	-	1
64	59	21	62	156	177	248	245	180	425

TABLE 5.

INFANTILE MORTALITY.

NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER
1 YEAR OF AGE 1959.

	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 years.
All Causes:-										
Certified.	13	1	-	-	14	-	-	-	1	15
Un- Certified.	-	-	-	-	-	-	-	-	-	-
Atelectasis.	1	-	-	-	1	-	-	-	-	1
Congenital- malformation.	2	1	-	-	3	-	-	-	-	3
Meningocell.	1	-	-	-	1	-	-	-	-	1
Pneumonia.	2	-	-	-	2	-	-	-	1	3
Prematurity.	7	-	-	-	7	-	-	-	-	7

APPENDIX 1.

HEALTH EDUCATION.

We are proud, and I think very rightly proud, of the work which is being carried out in Friern Barnet in the field of Health Education. The cost of Health Education in Friern Barnet has been infinitesimal, when compared with that of most other public services. Although the effect which health education had had on the occurrence of disease and what is more important still, on the promotion of health is difficult to gauge, I have not the slightest doubt that our programme of health education has contributed in no small measure to the health and well-being of Friern Barnet.

As will be known, of course, we share the duties of health education with the Middlesex County Council, part being carried out by the Public Health Department and part by the staff of the Area Health Office. This is a particularly good example of the benefit which accrues through the Medical Officer of Health being Area Medical Officer for the same Area. I am able to correlate the work to ensure an even distribution, to make use of those officers best qualified and best able to carry out any particular function of health education.

The April issue of the journal "The Medical Officer" contained a most interesting article by a Medical Officer of Health in which the order of preference of various sections of the community in regard to health education was set out. The survey carried out showed that the most popular means of propaganda were television programmes, closely followed by films. At the bottom of the list - and I was not at all surprised at this - came the distribution of pamphlets, a means of health education about which I have had increasing doubts. I was also interested to see that, of the eleven means of health education listed, exhibitions came ninth in the list. Here again, this is what one might expect, since exhibitions, unless they deal with an urgent, topical problem, have singularly little effect upon the public.

In concluding this brief report on health

education, I would make special mention of the great assistance afforded by the District Council in promoting the display of propaganda material relating to vaccination against poliomyelitis. Without the help of the District Council, it is extremely doubtful whether we could have obtained sufficient sites to make known the fact that vaccination against polio was being carried out throughout the district, and that this was a matter in which everyone must of necessity be interested. It would indeed be true to say that co-operation in projects such as this is absolutely essential.

APPENDIX 11.

LETTERS TO DOCTORS.

Letters on the following subjects were circulated to Friern Barnet practitioners in 1959, some under my signature as Medical Officer of Health and others either as Area Medical Officer or District School Medical Officer:

- January 16th. - Old Person's Welfare - Assistance in the Home etc.
- March 25th. - Bank Holiday Arrangements for Laboratory specimens.
- June 5th. - Poliomyelitis - occurrence of cases in Islington.
- June 15th. - Poliomyelitis - continuance of Islington outbreak - vaccine in single dose containers.
- July 16th. - Poliomyelitis - limited outbreak in Wood Green.
- July 23rd. - Poliomyelitis - further information re Wood Green cases.
- December 4th. - Notification of cases of Dysentery.
- December 18th. - Christmas Holiday Arrangements for Laboratory specimens.

MEDICAL EXAMINATIONS.

During 1959, twenty-seven medical examinations were carried out in respect of new entrants to the Council's service.

In addition to these medical examinations, two medical reports were obtained on employees absent from duty for more than a short period, through sickness. These reports were obtained from the family doctor with whom, as I have already said, we have the most happy relations.

