

[Report of the Medical Officer of Health for Southgate].

Contributors

Southgate (London, England). Municipal Borough.

Persistent URL

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

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 (1)
Cot

BOROUGH OF SOUTHGATE



ANNUAL REPORT

of the

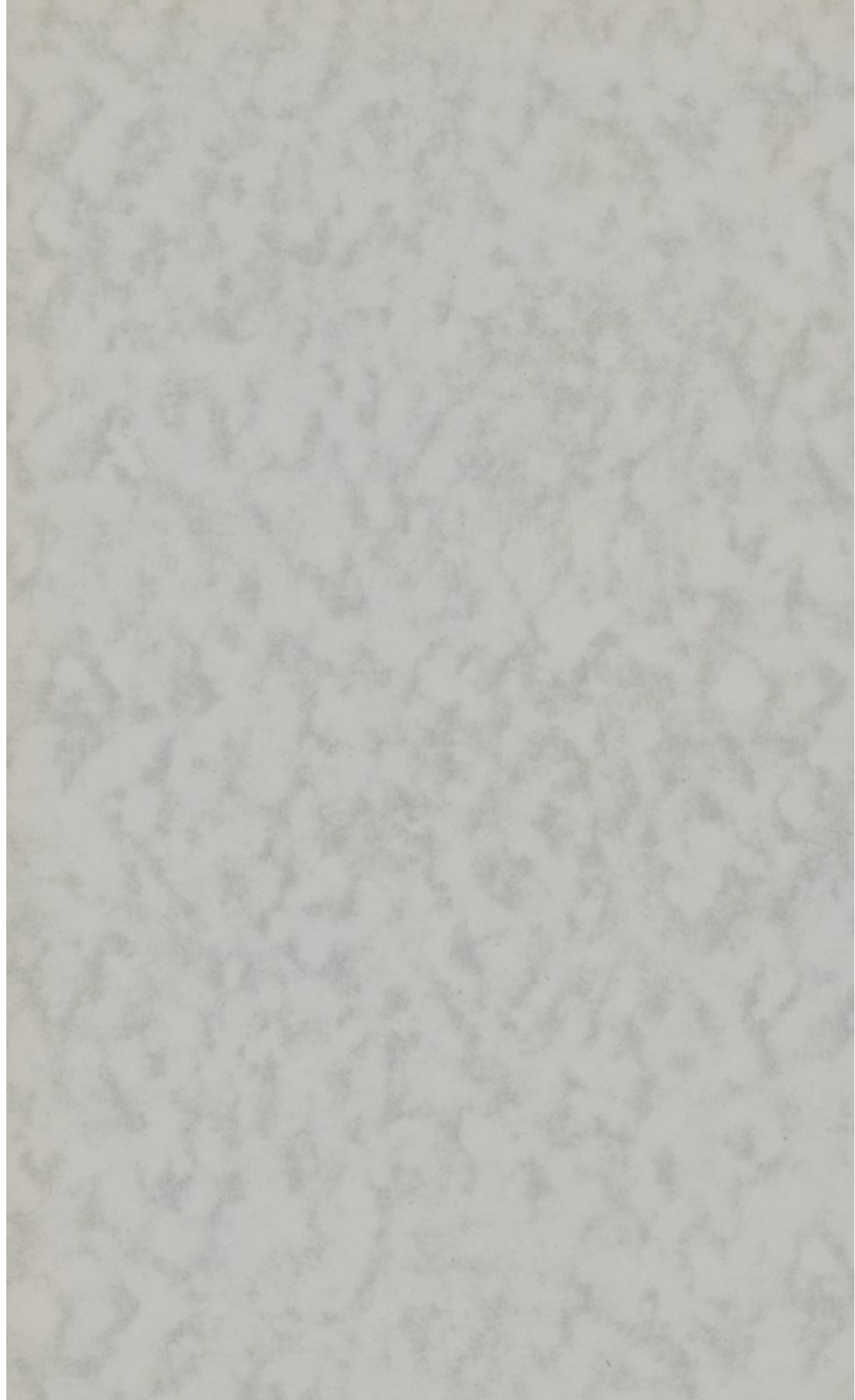
Medical Officer of Health

for the Year

1955

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

Medical Officer of Health



BOROUGH OF SOUTHGATE



ANNUAL REPORT

of the

Medical Officer of Health

for the Year

1955

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

Medical Officer of Health

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYSICS 311

LECTURE 1

TO THE
MAYOR, ALDERMEN AND COUNCILLORS
OF THE
BOROUGH OF SOUTHGATE

MR. MAYOR, LADIES AND GENTLEMEN,

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

I have now had the honour of acting as Medical Officer of Health of Southgate for 25 years. This gives me the opportunity, in the present report, of drawing a comparison between the facts set out in the first Annual Report which I presented to what was then the Urban District Council in May, 1931, and conditions as we find them to-day. It so happens that the Annual Report for the year 1930 was what was then known as a "survey report," i.e. a report which was intended to review in detail the health services available in the district. A useful comparison can therefore be made with some degree of accuracy.

In my report for 1930 I stated that : " The district is essentially a residential one, the greater part of the inhabitants being engaged in a professional or business capacity in the metropolis." The report went on to enumerate nine factories to be found in the district, the largest being the Metal Box Factory in North Circular Road. How many districts could claim that ,after a lapse of 25 years, an extremely critical 25 years, the district has shown so very little alteration in character or amenities ? Yet this is precisely what Southgate can claim. We are still essentially residential. What is more, the essential basic character of the district has not appreciably altered, if, indeed, it has not been in certain measure improved.

The Piccadilly railway came to Southgate in 1933. With it came rapid development and the inevitable disappearance of rural landmarks. But—and this is the significant point—meticulous care was taken to marry the new with the old, to preserve fundamental characteristics, to ensure for future generations a pleasant oasis in which young and old might live happily and enjoy to the full their hours of leisure. There can be no clearer evidence of the foresight and wisdom of the Councils which shaped the policy of Southgate, and jealously guarded its growth to maturity over the past quarter of a century. This fact is too often forgotten or taken for granted ;

yet those who live in Southgate to-day have every reason to be grateful to the members of the Urban District and Borough Councils who have been responsible for Southgate as we now know it.

The **vital statistics** relating to 1930 and 1955 are illuminating and worth a moment's thought. The population of Southgate in 1930 was 51,590 ; in 1955 it was 71,870. The birth rate was 11.76 in 1930 ; last year it was 11.8. The death rate fell from 9.07 in 1930 to 8.9 in 1955. These figures are interesting, but it is only when one comes to compare the Infantile Mortality Rate, Maternal Mortality Rate and the deaths from zymotic (infectious) diseases that one fully appreciates the transformation. The infantile Mortality Rate, i.e. the number of infants dying under one year of age per thousand live births, was 36.24 in 1930, with an average of 43.3 for the preceding ten years. The corresponding rate in 1955 was 19.3, the average for the ten years 1946/1955 being 22.39.

This fall, of course, is part of the national trend. In recent Annual Reports I have enumerated the various causes to which this spectacular decline can be attributed. There will therefore be no need to reiterate them here.

In 1930, four mothers died as a result of child-birth. During the preceding five years, 14 mothers died during or after child-birth. In 1955 there were no deaths in this category. The change which has come about will be more apparent when it is remembered that only one Southgate mother has died during or after pregnancy since 1949, since which time 5,769 births have been recorded. Here again, I have dealt with the reasons underlying these great advances, in recent Annual Reports.

In 1930, and for several succeeding years, deaths which could be directly attributed to infectious diseases were enumerated. When I compiled my first Annual Report, I had to record seven deaths from infectious diseases, two from diphtheria, two from measles, one from pertussis (whooping cough) and two from diarrhoea. Within recent years, deaths following an infectious disease have been, by comparison, rare. Indeed, for the past ten years, our figures show that only 12 deaths could be attributed to infectious diseases (excluding tuberculosis).

Finally, a statement in my Annual Report for 1930 read as follows : " It is of interest to note that amongst children of one to two years of age, there were nine deaths during 1930." In 1955, the figure had dropped to nil. This is further evidence of the saving which has taken place within the last 25 years, in the lives of infants, toddlers and mothers during and after child-birth.

Altogether, a study of the vital statistics over the past 25 years has shown a remarkable drop in deaths occurring in what used to be regarded as particularly vital age groups and sections of the community. I must again emphasize that this drop is by no means confined to Southgate. We have played our part, and although it sometimes seems difficult to visualise continued progress in the same direction and at the same rate, we must still strive to ensure that the next 25 years are equally fruitful.

It is often said that statistics are dull and lifeless, that they can be presented, even twisted, to mean almost anything. It can surely be claimed, however, that the figures set out above are worth recording. Whatever they may mean in themselves, between the lines we can read a tale of human lives being saved, of steady, quite remarkable progress, progress which 25 years ago would have seemed outwith our grasp.

The next section of my Annual Report for 1930 dealt specifically with **hospital provision**. Here, the present position is not so satisfactory. It is certainly a fact that, in my 1930 Report, I made mention of the charge made for the admission of mothers to maternity hospitals, while it will be well known that a charge was usually made for treatment in a general hospital. All this, of course, has now gone by the board ; but in its place we have the most unfortunate position of hospital beds, no matter how much a patient would be willing to pay for the privilege, being almost at a premium. Patients very rightly consider that it is not a privilege to be admitted to hospital ; it is more often a vital necessity, something which may well mean the difference between life and death, or at least between speedy recovery and a lengthy, painful illness.

I will make more detailed mention of the hospital situation in the body of this report. Meantime it is nostalgic, and in many ways disturbing, to re-read the Report for 1930 and to realise that admission to hospital did not then present what is now quite a serious problem.

Quite a substantial part of my 1930 Annual Report was devoted to the work carried out in our Isolation Hospital. This hospital is now, of course, under the control of the North-West Metropolitan Regional Hospital Board, and is used for quite a different purpose. It would be true to say, however, that long before the change-over, which took place in 1947, the Southgate Isolation Hospital had made its mark on the history of Southgate. When I ceased to be Medical Superintendent of the Isolation Hospital, I lost what was virtually my last direct link with clinical medicine, a link which I very greatly prized. But I still have the privilege of meeting patients whom I treated as children in the Isolation Hospital, and who still remember the delightful institution in Tottenham Road with no little affection.

Incidentally, the 1930 Annual Report makes mention of five nursing homes operating in Southgate. Of these nursing homes, only one now remains. This is an index of the economic change brought about by the introduction of the National Health Service. I feel, however, that it would be fitting here to pay tribute to the nursing homes in Southgate. Their standard was high, and many residents still look back with gratitude to the care and attention which they provided.

It is, in fact, difficult to compare the overall situation in regard to **infectious diseases** as it presented itself in 1930 and in 1955, although the position has radically altered. In 1930, measles and pertussis were not notifiable. These two diseases have now been added to the list of notifiable infectious diseases, so that the totals for the various years between 1930 and 1955 cannot be accurately set one against the other.

So far as individual infectious diseases are concerned, however, much can and should be said.

The incidence of **scarlet fever** has scarcely altered. One hundred and twenty-one cases were notified in 1930; the corresponding total in 1955 had dropped to 30, but the figures for the previous three years were 188, 133 and 51 respectively. In other words, although scarlet fever has declined over the past few years, the period over which the decline has shown itself is not sufficiently long to warrant any definite conclusions being drawn. We do know, however, that the character of scarlet fever has materially altered. In 1930, scarlet fever was quite a serious disease. Deaths were still being recorded from this disease, while complications were numerous and often prolonged. Nowadays, scarlet fever holds few terrors. The illness is normally of short duration; complications and sequelae are extremely rare. Thus, we have a clear example of an infectious disease which has not decreased appreciably in incidence, but where severity has shown a marked, very welcome diminution.

Seventy-nine cases of **diphtheria** were notified during 1930, with two deaths. During the period 1926/30, 215 cases were recorded, with 10 deaths. What is the position today? No case of diphtheria has been reported in Southgate since 1947, while the last death from this disease took place approximately 13 years ago. This, of course, is very largely due to the widespread adoption of immunisation, although the more general methods of prevention applicable to all infectious diseases have also played their part.

Measles still presents itself every second year, as has been the case for a very long time. Here again, however, severity has very greatly altered. Complications and deaths from measles are extremely rare. In other words, this disease is closely allied to scarlet

fever, inasmuch as its incidence has not declined although its powers of killing and crippling have been immeasurably reduced.

I would make special mention of two other infectious diseases which illustrate the part which the introduction of the new antibiotics has played in treatment. Eleven cases of **erysipelas** were notified in 1930; two of these cases were removed to hospital, one of which died. Sixty-five cases of **pneumonia** were notified during the same year, with no less than 23 deaths. Nowadays, erysipelas has little more than nuisance value, although it is still with us in virtually the same form and to the same extent. Pneumonia seldom kills, except in the very young and very old. As I have remarked, these two diseases show very clearly the tremendous influence exerted on treatment by the revolutionary therapeutic discoveries made within the last two decades.

I still have vivid recollections of the years I spent as Medical Superintendent of our Isolation Hospital treating, inter alia, cases of such diseases as erysipelas, pneumonia, puerperal fever, cerebrospinal meningitis, diphtheria, scarlet fever, measles and pertussis.

When a child or an adult suffering from any of these infectious diseases was admitted to hospital, one would never attempt to forecast the sequence of events. Our armamentarium was limited, although we did try to make the fullest use of available resources. Indeed we claimed, and I think with justification, that the complication and death rates in our small Isolation Hospital were as satisfactory as could be presented by any hospital, even hospitals of much greater size. But, as I have just said, our resources were limited. Nowadays, with the great advances in treatment, particularly the antibiotics and chemotherapy in general, the position is almost unrecognisable. In fact, most cases of such diseases as erysipelas, pneumonia, measles and even scarlet fever seldom require admission to hospital. When they are admitted, the illness is usually slight and of short duration. Such is the march of modern medicine.

Before completing this brief survey of infectious diseases, there are two points which call for special mention. There can now be little doubt that the practice of immunisation represents the greatest single factor in the control of certain infectious diseases. One would particularly mention diphtheria, pertussis and, to a lesser extent, the typhoid fevers. Also, and this is most important, we can look forward in 1956 to the introduction of vaccination against polimyelitis, when yet another powerful weapon will be placed in our hands. It is also noteworthy that vaccination against smallpox, which had fallen to a dangerously low level in the years between 1930 and 1955, is at last showing much-needed improvement. It is certainly a fact that no case of major smallpox occurred

in Southgate between 1930 and 1955, although, as will be known, outbreaks did occur in other parts of Great Britain. Until the vaccination state of the inhabitants of Southgate can be raised to a sufficiently high level, the danger of smallpox will still continue. Happily, as I have just said, there is present evidence that this result is slowly being achieved.

The second point to which I would draw attention concerns **disinfection**. In 1930, disinfection played quite an important part in our campaign against infectious diseases. In that year, no less than 551 rooms were fumigated, 1,244 articles were disinfected by steam, while 150 articles had to be destroyed. We still carry out disinfection, especially what is known as "terminal disinfection" i.e. the type of disinfection which is undertaken when a case ceases to be infectious, or when a patient is removed to hospital. Nowadays, however, we do not press disinfection, leaving it to the parent or household to decide for themselves, following suitable advice. Indeed, I am firmly convinced that disinfection, except in isolated cases, has little more than a psychological effect, at least so far as the ordinary infectious diseases are concerned.

I was coming round to that view in 1930, and gradually altered our policy. Having had 25 years additional experience, I am more than ever convinced that we were right, that disinfection does very little to limit infectious disease, unless in exceptional circumstances e.g. the control of a disease such as smallpox.

In a number of previous Annual Reports I have mentioned the change which has come about in our approach to epidemiology. Apart from the fact that we now have to contend with new virus diseases, including but by no means confined to poliomyelitis, the horizon of the modern epidemiologist has now broadened appreciably. We take the term epidemiology to include all the divergent factors which influence the occurrence and spread of disease, whether infectious or non-infectious. This is very right. It must be admitted that bacteria or viruses are still responsible for the great proportion of illnesses among our child and adult populations, but organisms of any kind are not the only factors which produce disease. We are gradually coming to realise that unless and until these various factors can be more accurately assessed, there will still be a gap, a very significant gap, in our defences.

What of **housing**? The following extracts are taken from the Annual Report for 1930. They will, I think, prove illuminating:

"There exists a shortage of houses of all classes, particularly those suitable for working class families capable of paying an inclusive rent or not more than 10s. to 17s. per week."

"Extensive building operations have been carried out during the past 5 years . . . during this period no fewer than 3,124 houses have been erected and occupied."

"In the past, little or no difficulty has been experienced in obtaining suitable land for the erection of Council houses . . . recently, however, particularly since the commencement of negotiations for the extension of the electric railway, very great difficulty has been met in the purchase of further land for housing sites, owing to the prohibitive cost of such land."

"Out of 500 inspections carried out amongst small property, no case of overcrowding was met with during 1930, and few cases in all during the past few years . . . we must not stop until overcrowding, which is a social menace, becomes entirely a thing of the past."

It is doubtful whether any facet of public health, in its broadest sense, so clearly illustrates the effect of 25 years, 25 years which included the most disastrous war in history. If it was true to say—and who can deny the fact?—that housing was a social problem and overcrowding a social menace in 1930, how much has that problem and that menace been magnified in the last quarter of a century? One can only assume that the tremendous increase in housing problems with which people are faced today has been at least partly balanced by the equally great improvements in other fields of preventive medicine.

The Council will be aware that I have often stressed the vital importance of maintaining our housing standards, to the best of our ability. Southgate is, in this respect, in many ways unique. Foresight and vision have given us a district in which it is still a joy to live, where amenities are lavish and bountiful, where the housing standards are surely as high as in any other part of the country. It would, however, be foolish to assume that this has come about by chance. The battle has not been spectacular, but it has been none the less hard; it must be continued with unabated vigour if we are to guarantee future generations the benefits which the present generation enjoys. In the meantime, we should at least be thankful that the dramatic, often tragic change which has come over the face of so many districts during the past two decades has so little affected our own Borough.

When I became Medical Officer of Health of Southgate, housing did not present a difficult problem. The situation as it then was and as it remained for several years, is clearly shown by the result of the housing survey which we were asked to carry out in 1935. Following that survey, Southgate was classified in the national press as a "White Town," i.e., a town in which overcrowding was negligible. Although one knows only too well that the events of the past 15 years have brought with them the joint use of many houses, sometimes by as many as three or four families, it can still be said that there is some justification in the statement that housing conditions in Southgate will bear comparison with

those which exist in any place of comparable size. Thus, in the survey which was called for in 1955, a careful evaluation of inhabited houses within the Borough could only show 84 which were not estimated to have a life of more than five years. This represents 0.38 per cent. of the total houses in Southgate, and is surely an index of the standard of housing maintenance within the Borough.

I feel that I should make special mention here of the close and cordial co-operation which has always existed between the Public Health Department and the Housing Section. I have brought the housing needs of families with a medical background before the Housing Committee on very many occasions, particularly the needs of families in which there is an open case of tuberculosis. Never once have my representations failed to meet with sympathetic consideration and practical support. I know that the Finchley Chest Clinic, which deals with cases of tuberculosis occurring in Southgate, appreciates to the full the help which the Housing Committee and the Borough Council have been able to give, especially having regard to the very difficult circumstances existing for so many years. There can be no doubt that adequate housing represents the main contribution which a Borough Council can make to the control of tuberculosis. Southgate, which was a pioneer in the provision of a block of flats specially designed for tuberculosis families, has established a reputation in this respect which is widely known and must be regarded as a great and lasting credit to our Borough.

It will be remembered that, every year for many years, I have stressed the importance of **health education**. Yet, in my Annual Report for 1930, this quite vital subject was never mentioned. Since that report appeared, the Council has purchased a sound film apparatus. In the course of time this apparatus was quite literally worn out by repeated use, and had to be replaced. Many hundreds of film shows, mostly accompanied by a health talk, have been given since 1930, so much so that this method of health education is now accepted willingly, one might say with gratitude, by local organisations. In addition, I have had the privilege of asking editors of local newspapers to publish very many articles dealing with various aspects of health. I am indeed pleased to be able to record, not by any means for the first time, my sincere thanks to these editors who have been so generous of their space and co-operation during all those years. In this respect, as in so many other ways, the Public Health Department has truly been fortunate. The part which the magazine "Better Health" has played in our campaign of health education need not be stressed here.

Since taking up my duties as Medical Officer of Health in Southgate, I have kept a very full scrap book containing extracts from the local press, relating to public health happenings in the

Borough and other matters connected generally with the Public Health Department. It is extremely interesting to peruse this scrap book and to note what has been happening in the field of preventive medicine locally over the years. I give below a selection of headlines in the local press, from 1931 to 1955 :

“Fortunate Southgate: One of the Select Districts of the Metropolis”; “Measles Epidemic Expected: Warning and Advice by M.O.H.”; “Southgate Council to resist Slum Danger”; “Tetanus Germ in Southgate Soil”; “Southgate on the Health ‘White List’”; “To set you free from Diphtheria; Southgate Council inaugurate new Health Service (Immunisation)”; “Broomfield Lake closed: Not safe for Swimming”; “Smallpox in Southgate: five cases in one house”; “Diphtheria Outbreak in Southgate: 2 deaths”; “Southgate is like a Health Resort”; “£174,000 Extensions Proposed at the Southgate Isolation Hospital”; “Southgate’s 66,000 people have Enviably Health Record”; “Swimming Bath water you can drink”; “In A.R.P. Southgate is a ‘Model District’”; “Inspector was a Nuisance: Old Attitude passing”; “Health officials not ‘busybodies’”; “Borough may lose Ambulance Service”; “Councils to lose more of their powers”; “Borough at the cross roads”; “We can be proud of our Welfare Services”; “Child Welfare Foundations firmly laid — Southgate hands over.”

It would certainly be a gross exaggeration to say that Southgate has had a tumultuous health history. On the other hand, when one reads the headlines about the five cases of smallpox in Southgate (even though these were variola minor and not major smallpox!), the closure of the lake in Broomfield Park for swimming, the proposed extension of our excellent little Isolation Hospital, and the solitary case of tetanus which occurred within the Borough, vivid memories are revived.

Finally in regard to health education, we have held several specific functions such as health weeks, clean food exhibitions and campaigns designed to encourage immunisation and other ventures.

It is extremely difficult to assess the true value of health education, even over such a period as 25 years. I am, however, convinced that our work has been worth while, that it has exerted a substantial influence on health and welfare. The cost, of course, has been minimal. Apart from the advice and information which we have been permitted to extend to the burgesses of Southgate, it has given the Public Health staff the opportunity of meeting all classes and age-groups, of taking a closer more intimate part in local activities. This, I need scarcely say, is as it should be.

It would be a truism to say that, if a Public Health Department is not prepared to make its presence known in this way, if it does not receive or will not accept the co-operation of local organisations and burgesses generally, its activities will of necessity be curtailed. I have already thanked local editors for their magnificent co-operation. It would indeed be churlish if I did not extend the same thanks to the burgesses of Southgate for entering into the spirit of health education, and affording the Public Health Department their moral and very welcome support. The support which the Public Health Department has always received from the Public Health Committee and the Borough Council has been mentioned many times in my Annual Reports. Never once since I came to Southgate have I failed to receive this support in generous measure. That is something for which a Medical Officer of Health must feel immeasurably satisfied.

Of necessity, the Annual Report of the Medical Officer of Health has to deal with the activities of the Borough Council, the Public Health Department in particular. This report, briefly reviewing as it does the events of the past 25 years, gives me an opportunity, however, to make mention of an aspect of our civic life in Southgate which is truly significant. The work of health education in the Borough, and not only health education, has been very greatly assisted by the existence in the community of so many live, active and extremely progressive voluntary organisations. It is difficult to assess at its true value the part which these organisations have played in our health history. I am, however, perfectly sure that their impact has indeed been powerful. I have spoken at many meetings of local organisations in Southgate; I have asked for their help on all sorts of matters over the years; I have communicated with them so often, I am sure that some must have become rather tired of hearing from me. None-the-less, I have never asked for the help of a voluntary organisation without receiving that help in generous measure.

In the days before 1948, before our Child Welfare services were transferred to the County Council, we had in Southgate what must surely have been one of the most magnificent bodies of voluntary helpers operating within the country. I still thank these ladies—who continue their work week by week—in reports to my Area Health Committee, as Area Medical Officer. Although they have not worked under the aegis of the Southgate Borough Council since the change-over, they are still giving the same great service to Southgate mothers and children. It therefore gives me peculiar pleasure to thank them once again in this my twenty-fifth Annual Report as Medical Officer of Health for Southgate.

Another matter with which the present Public Health Department is closely concerned, but which received scant mention in the Annual Report for 1930, deals with the problems of **old age**. In

1930 this was a comparative minor problem, which could be solved with relative ease. Today, as will be known, the problem has increased in magnitude year by year, almost month by month. It has grown out of all proportion, a hydra-headed monster which assails us on all sides and against which our efforts are too often unavailing. Who would have thought, in 1930, that the year 1955 would have seen the inception of an Old People's Co-ordinating Committee? The formation of a co-ordinating Committee became necessary, not because old people were being neglected—that has never happened in Southgate. Co-ordination became imperative because the problem was so vast and complicated that some kind of over-all control had to be superimposed on the existing structure. The Co-ordinating Committee has started its work, and means to continue until some solution is found to what is at present virtually an insuperable problem. It would almost seem as though some form of national control has now become necessary. Old age and its problems will not diminish ; almost certainly they will increase. The time has surely come when the whole question of old age should be thoroughly reviewed, not as a series of local problems, a disturbingly uneven patchwork quilt, but what is truly a national emergency. Until this is done, the needs of a growing section of the community will never be adequately met. And is there any section of the community which has a greater claim on our help, which has well and truly earned that help, after a lifetime spent in the service of that same community?

The changes which have taken place in the structure of local government, particularly as it affects the work of the Public Health Department, need little emphasis. My Annual Report for 1930 covered a much wider field than its counterpart for 1955. We were then a Maternity and Child Welfare authority ; we operated our own Infectious Diseases Hospital. Nowadays the personal health services have been transferred from the Borough Council to the County Council, our hospital is only a memory. We are left to deal with environmental problems, and the very wide and expanding field of epidemiology. But perhaps the words "left to deal with" convey a wrong impression. Environmental hygiene, as the term is understood today, together with epidemiology, make a vast and vital contribution to the welfare of any community. It may be that the Annual Report of the Medical Officer of Health has been, in certain measure, stultified ; that we can no longer paint word pictures around the health or the ills of the individual. But then Public Health—preventive medicine, personal, familial or communal—has never been spectacular. It is at least extremely satisfactory that, in a Borough such as Southgate, the work which the Public Health Department is attempting to do has always been accorded its true significance and value.

There is one other aspect of preventive medicine which I have made it my business to develop and foster over the years. This is the matter of **co-operation**, a very tangible asset to any undertaking. I have made a particular point of establishing close and cordial relations with my colleagues in general practice. No one is more conscious than I am that the help of general practitioners is quite literally invaluable. I am only too well aware that the Public Health Department has had this co-operation; on our part we hope that we have co-operated equally with general practitioners. Not long after arriving in Southgate, I instituted the system of writing to general practitioners. I did so in order that they might be aware of any general changes in policy and also that they could know as soon as possible of any local conditions which might affect them in their practice. I have never believed in sending routine bulletins to general practitioners, extremely busy individuals who have little time to read the enormous mass of paper which comes their way. On the other hand, I have every reason to believe that my periodic communications have been acceptable, mainly because they are only sent when the need is topical or urgent. Without co-operation — co-operation with all other branches engaged in medicine, with other departments, with the general public, with the local press and with local organisations — the Public Health Department would either find itself working at cross purposes, or to no purpose at all. Co-operation has certainly been easy in Southgate. That, however, does not in any way lessen its value.

It has only been possible in this review to make mention of what might be described as the highlights in the Public Health history of Southgate over the past 25 years. Thus, no mention has been made of the work carried out by the Public Health Staff at the Laboratory which I set up at "The Garth," and which operated from 1934 to 1946. The fact that Southgate became an "accepted district" in 1946, when the Public Health Department had the very pleasant task of organising and putting into operation a local School Health Service, has also not been mentioned. I hope, however, that enough has been said to indicate the changes which have taken place, and the general trends. I feel that we can at least claim that when, in 1948, the personal health services of Southgate were transferred to the County Council, we handed over a going concern which had been lovingly built up over many years and which, in point of fact, required little amendment or alteration.

It is of interest to note that only one member of the Public Health Staff who was present when I came to Southgate in 1931 still remains. This is Mr. B. Latter, who is now the Department's General Assistant. I remember with gratitude past members of the staff, two of whom (Mr. L. Skeeles, Senior Sanitary Inspector

and Mr. G. Bates, Disinfectors) have since died, together with other members of the staff who left to take up other appointments. Miss B. Wellman, for many years Public Health Health Visitor to the Public Health Department, is now Superintendent Health Visitor in Area No. 2, while one of my first Public Health clerks, Miss M. Munch, is also working in Area No. 2 in a more senior capacity. Both are, of course, still members of my staff as Area Medical Officer.

It is perhaps worth while recording that Southgate was one of the first authorities of its size to appoint a Public Health Health Visitor. This appointment, among other advantages, allowed us to institute and enlarge our scheme of immunisation, and to discharge patients, under supervision, from our Isolation Hospital much earlier than might otherwise have been the case. Southgate was also one of the early authorities to institute the service then known as the Home and Domestic Help Service, our Home and Domestic Help Organiser being appointed in October, 1947. We also appointed two Health Assistants about the same time, posts which proved of the greatest use in many fields of Public Health. It is not claimed that our services were in any way unusual or unique; nevertheless, the encouragement I received from the Southgate Borough Council in suggesting these and other appointments was, in part at least, responsible for enabling us to transfer our personal health services to the County Council in good shape.

The Public Health Staff of Southgate has always been a happy one; after 25 years the present staff, ably headed by Mr. Gooday, Chief Sanitary Inspector to whom I owe a very great debt of gratitude for loyalty and efficiency, continue to make my task much easier than might otherwise be the case.

May I conclude this Report by repeating what I have so often stated the fact that I cannot speak with sufficient gratitude of the courtesy invariably extended to me by the Public Health Committee and by the Borough Council. I am only too conscious of this courtesy, which has done so much to make my long stay in Southgate memorable, at least to me.

It has indeed been a nostalgic pleasure to look back over the years, the very happy years which I have spent in Southgate.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

W. C. HARVEY,

Medical Officer of Health.

Town Hall,

Palmers Green, N.13.

PUBLIC HEALTH COMMITTEE

From 1st January to 16th May, 1955

Councillor R. Prior (*Chairman*)
Councillor G. D. Payne (*Vice-Chairman*).
Alderman G. Peverett
Councillor H. S. Beardow
Councillor R. A. Clarke
Councillor S. C. Jenner
Councillor Miss Dorothy M. Wells

From 24th May to 31st December, 1955

Councillor R. Prior (*Chairman*)
Councillor G. D. Payne (*Vice-Chairman*)
Alderman G. Peverett
Councillor H. S. Beardow
Councillor R. A. Clarke
Councillor S. C. Jenner
Councillor P. W. Lansten

PUBLIC HEALTH STAFF

Medical Officer of Health : W. Clunie Harvey, M.D., Ch.B.,
D.P.H.

*Chief Sanitary Inspector : A. E. Gooday, M.R.S.H., M.S.I.A.,
Cert.R.S.H. Meat Inspection.

*Sanitary Inspector (No. 1 District) : R. L. Burkill, A.R.S.H.,
M.S.I.A., Cert.R.S.H. Meat Inspection, Cert.R.S.H. Smoke
Inspector.

*Sanitary Inspector (No. 2 District) : E. T. Jephcott, M.S.I.A.,
Cert.R.S.H., Cert.R.S.H. Meat Inspection.

*Sanitary Inspector (No. 3 District) : W. Shackcloth, M.R.S.H.,
M.S.I.A., Cert.R.S.H. Meat Inspection.

*Sanitary Inspector (No. 4 District) : D. G. Oliver, M.S.I.A.,
Cert.R.S.H., Cert.R.S.H. Meat Inspection.

(Appointed 21st February, resigned 26th October.)

Senior Typist : Miss E. W. Barratt.

Clerk : Miss A. G. Alcock.

Junior Clerk : D. Beanlands (appointed 8th March, 1955).

General Assistant : B. Latter.

Driver : J. L. Arnold.

Rodent Operator : W. Dowsett.

* These Officers' salaries are repaid to the Council in part by the Middlesex
County Council.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres)	3,765
Registrar-General's Estimate of Resident Civilian Population, 1955	71,870
Number of Inhabited Houses (end of 1955) according to Rate Books	21,967
Rateable Value	£956,104
Sum represented by 1d. rate (1955)	£3,950

I have little to add to the remarks made in the introduction to this Report. There is much, very much in Southgate for which we should give thanks, about which we can feel extremely proud. The dormitory character of the Borough, with an almost entire absence of factories has quite obviously played a profound part in our history. But there is something more. Bald statistics can seldom, if ever, reveal the effect on the health of a community of amenities, of delightful parks and open spaces, of wide, well-cared-for streets and intelligent planning; but there can be no doubt that this effect has been and still is material. As time passes and as—what we have every reason to expect—the character and standard of the Borough are maintained, this effect will become even more obvious. This is surely where the destiny of Southgate lies. We have been granted an exceptional heritage from those who made Southgate what it is; so long as past policy is maintained, the future should be adequately safeguarded.

EXTRACT FROM VITAL STATISTICS OF THE YEAR

	Male	Female	Total	
Live Legitimate Births	385	366	751	
Live Illegitimate Births	13	12	25	
	398	378	776	
				Birth Rate per 1,000 of the esti- mated population 11.8
Still Legitimate Births	8	7	15	
Still Illegitimate Births	—	—	—	
	8	7	15	
				Rate per 1,000 (live and still) births 18.83
Deaths from all causes and at all ages			809	Death Rate per 1,000 of the esti- mated population 8.9
Deaths from puerperal causes :				Rate per 1,000 total (live and still) Deaths Births
From puerperal sepsis	.....	.....	—	—
From other causes	.....	.....	—	—
Deaths of Infants under 1 year of age :				Male Female Total
Legitimate	.....	.....	.....	7 8 15
Illegitimate	.....	.....	.....	— — —
				7 8 15
Infant Death Rate :				
All infants per 1,000 births				19.3
Legitimate—per 1,000 legitimate live births				19.84
Illegitimate—per 1,000 illegitimate live births				nil
Deaths from Measles—all ages				nil
Deaths from Pertussis—all ages				nil

POPULATION

The Registrar-General's estimated civilian population of the Borough at the middle of 1955 was 71,870, a decrease of 420 as compared with 1954.

BIRTHS—BIRTH RATE

The total nett births for the year accredited to the district was 776, a decrease of 39 on the preceding year. Of these, 398 were males and 378 were females (13 males and 12 females being illegitimate).

The birth rate for the year was 11.8 per 1,000 of the population. The birth rate for England and Wales for 1955 was 15.00.

The births and birth rates for the past five years were as follows :

Year	No. of Births	Birth Rates	
		Southgate	England and Wales
1951	839	11.17	16.7
1952	775	10.37	15.3
1953	760	11.48	15.5
1954	815	12.3	15.2
1955	776	11.8	15.00

During the year, the number of births recorded was 33 less than the number of deaths, as compared with 2 more in 1954.

The total number of births actually recorded in the district during the year amounted to 739, of which 3 were unnotified. The percentage of births notified was therefore 99.45, as compared with 97.96 in 1954.

MORTALITY

General Mortality and Death-rate.

The nett number of deaths accredited to this district was 809, 4 less than in 1954.

This gives a crude death rate of 11.3 per 1,000 of the population and a corrected death rate of 8.9 (the rate for 1954 was 8.8)

Year	No. of Deaths	Death Rates	
		Southgate	England and Wales
1951	951	11.09	12.5
1952	900	11.55	11.3
1953	838	9.18	11.4
1954	813	8.8	11.3
1955	809	11.3	11.7

So far as can be ascertained, there are no factors operating in Southgate which have an appreciable effect on the death rate, particularly in regard to specific causes of death. One must exclude, of course, such controversial contributory causes as pollution of the atmosphere by the various types of impurity to which town dwellers are systematically subjected. Atmospheric pollution, however, is not so heavy in Southgate as in many neighbouring districts. That does not mean, of course, that we should not take all possible steps to deal with this possible cause of morbidity and mortality, whether the offending agent be a factory chimney, household chimneys or road transport. There can be little doubt that this subject will have to be tackled on a national scale in the foreseeable future, more especially in such an enormous, sprawling metropolis as Greater London. In the meantime, it does not appear practicable to take any steps in Southgate itself which might minimise these dangers, although the question of our housing estates and the emission of smoke from domestic chimneys is one which might well repay more careful study. If, of course, a smokeless zone were to be considered for a workable portion of North London, Southgate might then be able to make its contribution.

The other causes of death to which reference is so often made—diseases of the heart and lung cancer—are again national rather than local problems. I have personally tried to bring these problems to the notice of Southgate residents by articles and talks. I do not consider that anything more need, meantime, be done locally, although it may not be long before special clinics to deal with such problems, particularly in middle-aged males, become not

only desirable but virtually a necessity. This, of course, will presumably come within the scope either of the Hospital Service or of the County Council, although the Public Health Department will naturally be interested in projects which are at any time suggested.

Infant Mortality.

There were 15 deaths of infants under 1 year of age, which gives an infant death rate of 19.3 per 1,000 births, as compared with 13 deaths and a rate of 16.20 in the preceeding year.

The infant deaths and rates for the past five years were as follows :

Year	No. of Deaths	Death Rates	
		Southgate	England and Wales
1951	13	15.49	29.6
1952	9	11.61	27.6
1953	21	27.63	26.8
1954	13	16.00	25.5
1955	15	19.30	24.9

Once again the Infant Mortality Rate for Southgate is less than 20 per thousand live births. This is satisfactory, and is, of course, as already noted, in keeping with the national trend.

In this connection, I would refer once again to what is known as the neo-natal mortality. That is the number of infants who died during the first four weeks of life.

Of the 15 deaths recorded for this year, 11 occurred in the first four weeks of life (neo-natal mortality) and of these, 9 died within seven days of birth. The progressive fall in Infant Mortality has been accomplished almost entirely by the prevention and treatment of those diseases to which the young child is particularly vulnerable. Quite other factors, however, come into play in deaths occurring within seven days of birth—factors closely related to those giving rise to still-births.

Perinatal Mortality.

The term Perinatal mortality is used to include still-births and deaths within seven days of birth.

In order to reduce this perinatal mortality, every effort must be directed to the careful and meticulous supervision of the expectant mother from the earliest months of pregnancy.

Still-Births.

Fifteen still-births, all legitimate, were accredited to the Borough for 1955. This is equal to a death rate of 18.83 (live and still-births), the corresponding figures for 1954 being 10 still-births with a rate of 12.12.

The rate per 1,000 of the population was 0.20, the rates for England and Wales being 23.1.

Maternal Mortality.

No maternal deaths were reported during 1955. As noted in the introduction to this Report, only one maternal death has been recorded in Southgate since 1949, during which time 5,769 births have occurred. All maternal deaths continue to be carefully scrutinised and investigated.

Mortality of Persons over the Age of 65.

Six hundred and nine, or 75.21 of the total deaths during the year occurred in persons over the age of 65. Of these, 239 died between the ages of 80 and 90, while a further 19 females and 11 males were over the latter age, the oldest being 99.

Following the trend of previous years, diseases of the heart and circulation were responsible for more deaths in this age group than any other cause.

TABLE I.

Causes of Death during the year 1955.

Causes of Death	Male	Female	Total	Rates per 1,000 of population
All causes (Civilians only)	395	414	809	11.3
1. Tuberculosis, Respiratory	7	1	8	0.11
2. Tuberculosis, Other	—	1	1	0.01
3. Syphilitic Disease	3	—	3	0.04
4. Diphtheria	—	—	—	—
5. Pertussis	—	—	—	—
6. Meningococcal Infection	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—
8. Measles	—	—	—	—
9. Other Infective and Parasitic Diseases	2	2	4	0.05
10. Malignant Neoplasm, Stomach	15	6	21	0.29
11. Malignant Neoplasm, Lung, Bronchus	35	9	44	0.61
12. Malignant Neoplasm, Breast	—	19	19	0.26
13. Malignant Neoplasm, Uterus	—	5	5	0.07
14. Other Malignant and Lymphatic Neoplasms	42	37	79	1.09
15. Leukaemia, Aleukaemia	2	1	3	0.04
16. Diabetes	—	2	2	0.02
17. Vascular Lesions of Nervous System	34	69	103	1.43
18. Coronary Disease, Angina	83	55	138	1.92
19. Hypertension with Heart Disease	4	14	18	0.20
20. Other Heart Disease	37	66	103	1.43
21. Other Circulatory Diseases	21	25	46	0.64
22. Influenza	1	1	2	0.02
23. Pneumonia	20	21	41	0.57
24. Bronchitis	27	16	43	0.59
25. Other Diseases of Respiratory System	6	4	10	0.14
26. Ulcer of Stomach and Duodenum	7	1	8	0.11
27. Gastritis, Enteritis and Diarrhoea	1	1	2	0.02
28. Nephritis and Nephrosis	—	—	—	—
29. Hyperplasia of Prostate	6	—	6	0.08
30. Pregnancy, Childbirth, Abortion	—	—	—	—
31. Congenital Malformations	6	2	8	0.11
32. Other Defined and Ill-defined Diseases	23	41	64	0.89
33. Motor Vehicle Accidents	2	1	3	0.04
34. All Other Accidents	7	10	17	0.23
35. Suicide	4	4	8	0.11
36. Homicide and Operations of War	—	—	—	—

TABLE II.

Deaths from all causes, divided as to sex and certain age groups, and showing a percentage of total deaths and death-rates per 1,000 of population for each age group.

1955

Age	FEMALES			MALES			TOTALS		
	No.	% of total deaths	Rate per 1,000	No.	% of total deaths	Rate per 1,000	No.	% of total deaths	Rate per 1,000
0-1 year	7	0.88	0.09	8	0.98	0.11	15	1.85	0.20
1-5 years	—	—	—	—	—	—	—	—	—
5-15 years	—	—	—	—	—	—	—	—	—
15-25 years	—	—	—	3	0.40	0.04	3	0.40	0.04
25-45 years	8	0.98	0.11	12	1.48	0.16	20	2.47	0.27
45-65 years	63	7.84	0.86	99	12.23	1.37	162	20.07	2.23
Over 65 years	336	41.53	4.60	273	33.68	3.69	609	75.21	8.29
Totals	414	51.23	5.66	395	48.77	5.37	809	100.00	11.03

TABLE III

Infantile Mortality.

1955. Nett Deaths from stated causes at various periods
under 1 year of age.

Causes of Death	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
	1. Smallpox									
2. Chickenpox										
3. Measles										
4. Scarlet Fever										
5. Pertussis										
6. Diphtheria and Croup										
7. Erysipelas										
8. Tuberculous Meningitis										
9. Abdominal Tuberculosis										
10. Other Tuberculosis										
11. Meningitis (Not Tuberculous)										
12. Convulsions										
13. Laryngitis										
14. Bronchitis	—	2	1	—	3	—	1	1	—	5
15. Pneumonia										
16. Diarrhoea										
17. Enteritis										
18. Gastritis										
19. Syphillis										
20. Rickets										
21. Suffocation										
22. Want of Attention and Injury at Birth										
23. Atelectasis	2	—	—	—	2	—	—	—	—	2
24. Congenital Malformation	1	—	—	—	1	3	—	—	—	4
25. Premature Birth	3	—	—	—	3	—	—	—	—	3
26. Atrophy, Debility and Marasmus	—	—	—	—	—	—	—	—	—	—
27. Other causes	—	—	—	—	—	—	—	1	—	1
Total	6	2	1	—	9	3	1	2	—	15

TABLE IV.

Vital Statistics of Whole District during 1955
and Eight Previous Years

Year	Population estimated at Middle of each Year	Nett Births belonging to District		Nett Deaths belonging to the District			
				At all ages		Under 1 year of age	
		Number	Rate per 1,000 Population	Number	Rate per 1,000 Population	Number	Rate per 1,000 Population
1947	74,320	1,246	16.76	836	11.25	41	32.90
1948	74,030	1,014	13.69	770	10.40	23	22.68
1949	74,350	944	12.69	820	11.04	24	25.42
1950	74,180	860	11.46	868	11.70	20	23.25
1951	72,840	839	11.17	951	11.09	13	15.49
1952	72,480	775	10.37	900	10.55	9	11.61
1953	72,110	760	10.54	838	11.62	21	27.63
1954	72,290	815	11.3	813	11.2	13	16.00
1955	71,870	776	10.8 (crude) 11.8 (corrected)	809	11.3 (crude) 8.8 (corrected)	15	19.3

Comparison of the Rates of Southgate with those of
England and Wales and London for the year 1954

GENERAL PROVISION OF HEALTH SERVICES

Hospitals.

The position in regard to the availability of hospital beds has altered very little within the past twelve months. As Medical Officer of Health for Southgate, I have stressed on numerous occasions and in various quarters, the obvious and urgent need for more geriatric beds to be made available for elderly folk in Southgate. I am glad to be able to say that I have received the whole-hearted support of the various Committees of which I am a member, and on which I have raised this most important point. So long as the only general hospital in Southgate, i.e. Highlands Hospital, caters for elderly people requiring hospitalisation who are resident in South Islington, and so long as Southgate residents in need of this type of accommodation have to rely on such beds as are available in various surrounding hospitals, the position will remain critical.

One must admit that the position, although very unsatisfactory, does not allow of easy solution. It is at least something that the matter has been thoroughly ventilated within the past year, that the position has been very clearly made known to those concerned, and that the need seems now to be appreciated. One can only hope that sympathy will shortly be translated into practical help. Until that comes about, general practitioners will still experience the greatest difficulty in getting their elderly chronic sick into hospital, even when this presents the only solution to a tragic difficulty. I would not like it to be thought that these words are written in a spirit of angry, unreasonable criticism. As I have just remarked, we all know the difficulties, the almost insuperable difficulties, under which our hospitals are working today. None the less Southgate seems to be in a particularly unfavourable position, at least so far as its old people are concerned. We do not expect more than our fair share of beds; Southgate may be a prosperous, delightful borough, but we still have many old people who are in need, from time to time, of a stay in hospital. The Council can rest assured that I will continue to press this point whenever and wherever possible, until conditions improve.

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

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

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

Care of the Aged.

Quite apart from the admission to hospital of the aged infirm, there are many problems associated with old age which increasingly demand attention. The Old People's Co-ordinating Committee recently set up continues to function, while the many organisations operating within the Borough, either partly or wholly for the benefit of the aged, are giving valuable service. There can be no doubt that the most urgent need is still that of co-ordinating the work of all these various organisations, so that effort can be properly channelled to prevent over-lapping and fill existing gaps. It would be a truism to say that the problem is increasing. Indeed, as with the matter of pollution of the atmosphere, to which reference has been made in another part of the Report, it looks very much as though the problem will have to be dealt with on a national basis, if it is not to get right out of hand. We cannot afford to neglect our old folk, either on a humanitarian or even on an economic basis. They deserve our help; if that help is withheld, we will surely deserve the consequences.

As I write this report, I hear that a suggestion which was voiced in 1955 should come to fruition very shortly. This is the holding of a Waggon Week, when Youth Organisations within the Borough are making a determined effort to raise sufficient money to present a station waggon to the Southgate W.V.S. Quite apart from the value to which a vehicle of this kind can be put by the W.V.S. in assisting old folk, the principle behind the scheme merits our grateful appreciation. I have always contended that the young should help the old, that among our youth, both individually and collectively, there is a potent source of assistance which has not yet been adequately tapped. It is indeed pleasing to think that our youth organisations have themselves come forward with a practical scheme, without being approached or canvassed by anyone. Whatever the financial result of Waggon Week, the very fact that the youth organisations of Southgate have thought it fit to help the old folk in the Borough is something of which we can justifiably feel proud.

Laboratory Facilities.

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

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

			Positive	Negative
Swabs for diphtheria bacilli	.....	.....	—	161
Sputa for tubercle bacilli	.....	.....	—	87
Throat and Nose	.....	390		
Faeces	.....	648		
Blood	.....	88		
Urine	.....	78		
Others	.....	115		

Mortuary.

The position in regard to the Council mortuary at the rear of the Town Hall is still as set out in the Report for 1946, except that we now have a firm agreement with the Prince of Wales Hospital to accept Southgate bodies. Up to the present, no difficulties have arisen.

Scabies and Lice.

I reported fully on this aspect of our work in the Report for 1951. The remarks set out in that Report still apply.

NATIONAL ASSISTANT ACT 1948

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

No action was taken by the Council in 1955 under this Section.

SANITARY SERVICES

Summary of Visits, 1955.

Inspections re complaints received	1,143
Visits in connection therewith	4,629
Visits to Food Premises (including butchers, bake- houses, cafes, restaurants, grocers and fish shops)	1,785
Inspections re Shops Act, 1950	654
Inspections re Factories	258
Visits re housing conditions and overcrowding (appli- cations for housing accommodation)	67
Visits re Infectious Diseases	591
Visits re Places of Public Entertainment	40
Visits re Prevention of Damage by Pests Act, 1949	1,465
Visits re Smoke Observations	62
Miscellaneous Visits	3,340
	14,034

Service of Notices.

Total Informal Notices served	534
Total Informal Dustbin Notices served	255
Total Informal Notices served	789
Total Informal Notices complied with	697
Total Statutory Notices served	81
Total Statutory Notices complied with	79

Repairs to Houses.

Considerable work has been carried out by the Sanitary Inspectors during the year in connection with repairs to houses. As a result of their efforts, repairs were carried out to 507 houses. Of these, the repairs to 115 were of a major character. At the remaining 392 houses, the repairs were not of such an extensive nature but were necessary to abate specific nuisances.

It is, I think, worthy of note that the repairs referred to were carried out mainly as a result of informal action on the part of the Inspectors. Reference to the summary concerning the service of notices will show that in only 81 instances was it found necessary to follow up informal notices by the service of Statutory Notices.

Owing to non-compliance with one of the Statutory Notices above referred to, legal proceedings were instituted against the owner. A Nuisance Order was made by the Court, and the works required were subsequently carried out.

Unfit Houses.

During 1955, one house, viz. 61 Ivy Road in respect of which the Council in 1954 made a Demolition Order under the Housing Act 1936, was demolished.

The Council made Demolition Orders in 1955 in respect of 5 Crown Terrace, N.14, 78 Vicars Moor Lane and 52 Eversley Park Road, N.21, and a Closing Order in respect of two basement rooms at 8 Upper Park Road, N.11, following inspections which revealed them to be unfit for habitation

Early in 1955, a survey of the Borough, which had been commenced towards the close of 1954, for the purpose of ascertaining the number of houses unfit for habitation in accordance with the standard laid down in the Housing Repairs and Rents Act 1954 and fit only for clearance and demolition, was completed. A special report was made to the Council on this matter in March, 1955. This Report, being of a confidential nature, has not been reproduced as an appendix to my Annual Report. After consideration of the report, the Council informed the Minister of Housing and Local Government that it was proposed to deal with 84 unfit houses in the next five years by clearance and demolition in accordance with the provisions of Parts II and III of the Housing Act 1936. A preliminary report was submitted to the Public Health Committee in November, 1955, outlining, for consideration, proposals for dealing with 38 of the 84 houses referred to above.

Increase of Rent Certificates.

During 1955, thirty applications were received from tenants for Certificates of Disrepair following notices from their landlords concerning increases of rents. Following inspections of the houses, thirty Certificates of Disrepair were granted.

During the year, twenty-nine applications were received from landlords for Notices of Revocation of Certificates of Disrepair on the grounds that they had put their houses into good repair. Twenty-eight Notices of Revocation were granted and one was refused.

Housing Applications.

Visits by the Sanitary Inspectors to applicants for housing accommodation and the preparation of reports as to living conditions were continued in 1955. The number of visits for this purpose was 67, as against 75 in 1954.

The close liaison between the Public Health Department and the Housing Department has been maintained in 1955, as in previous years. On many occasions I have been asked by the Town Clerk to advise as to the degree of urgency on medical grounds applicable to particular applications.

Food Hygiene.

During the year, 1,785 visits were made to food premises in the Borough, as against 1,567 in 1954. As a result of these visits, it was found possible to bring about improvements and generally to encourage a higher standard of food hygiene.

A special Clean Food Campaign was held from May 23rd to June 3rd. A full report of the Campaign will be found in Appendix 2 to my Report. The following, however, is a brief summary of the main items of interest :

(i) Clean Food Exhibition.

The Exhibition, although quite modest and inexpensive, proved of considerable interest to visitors. The exhibits portrayed various aspects of food hygiene, including food poisoning, constant hot water supplies, refrigeration, mechanised dish-washing, first-aid equipment, food pests, etc. Nearly 600 members of the general public visited the Exhibition during the fortnight.

(ii) Talks and Film Shows.

In conjunction with the Exhibition and using the exhibits as a background, the Sanitary Inspectors gave talks and film shows each afternoon and evening during the fortnight. These were attended by 130 food handlers from local food premises, 180 school children, and 60 school meals staff, a total of 370.

(iii) Afternoon Meeting of Women's Organisations.

This meeting, from the point of view of attendance was disappointing. From the point of view of the interest shown and the brisk discussions between a panel of experts and the ladies present, it was undoubtedly a worthwhile afternoon.

(iv) Visits to Schools.

In addition to film shows and talks given at the Exhibition to 180 school children in the upper age groups from the secondary modern schools, visits were made to our two grammar schools where talks and film shows were given to 315 pupils.

Towards the close of 1955, information was received indicating that the Food and Drugs Act, 1955, would come into operation on 1st January, 1956, together with new Food Hygiene Regulations. Comment and report concerning the provisions of this new legislation are not within the purview of my present Report. A full report, however, will be included in my Annual Report for 1956.

INSPECTION AND SUPERVISION OF FOOD

Food Inspection.

The following is a summary of the food condemned during the year as unfit for consumption. The method of disposal of this condemned food was by incineration at the Council's Refuse Destructor Works :

Fish	.....	.....	.....	.....	39 stone
Carcase Meat	.....	.....	.....	.....	915 lbs.
Offal	.....	.....	.....	.....	32 lbs.
Sausages	.....	.....	.....	.....	13 lbs.
Bacon	.....	.....	.....	.....	22 lbs.
Canned Meats (various)	.....	.....	.....	.....	890 lbs.
Canned Foods (various)	.....	.....	.....	.....	604 lbs.
Cheese	.....	.....	.....	.....	49 lbs.
Processed Foods	.....	.....	.....	.....	24 cartons
Cereals	.....	.....	.....	.....	2 lbs.
Fruit (Dried)	.....	.....	.....	.....	2 lbs.
Jam and Marmalade	.....	.....	.....	.....	37 lbs.
Pickles	.....	.....	.....	.....	4 jars
Christmas Pudding	.....	.....	.....	.....	2 lbs.
Rice	.....	.....	.....	.....	3 lbs.
Puff Pastry	.....	.....	.....	.....	2 lbs.

Number and Classes of Food Premises in the Borough.

Below is a summary of the food premises classified under type of business :

Bakers and Confectioners	.....	.....	.....	.....	36
Butchers	.....	.....	.....	.....	60
Grocery and Provisions	.....	.....	.....	.....	121
Fruit and Greengrocery	.....	.....	.....	.....	59
Wet Fish	.....	.....	.....	.....	14
Fried Fish	.....	.....	.....	.....	9
Restaurants and cafes (including school canteens, works canteens, clubs, etc.)	.....	.....	.....	.....	102
Confectionery and Sweets	.....	.....	.....	.....	71
				-----	472

In the Borough there are 288 premises registered under Section 14 of the Food and Drugs Act 1938, 199 in respect of ice-cream and 89 in respect of preserved foods.

There is one dairy in the Borough registered under the Milk and Dairies Regulations, 1949.

Under the provisions of the Middlesex County Council Act 1950, relating to hawkers of food and their premises, there were 80 hawkers on the register at the end of 1955. Of these, 18 have storage premises in the Borough and 62 have their storage premises in other areas.

Post-Mortem Inspection of Animals.

No slaughtering of animals took place in the Borough during 1955.

Milk Regulations and Milk Sampling.

During the year under review, 40 samples of milk were obtained and submitted to the Public Health Laboratory for bacteriological examination. Two of the samples taken gave unsatisfactory results on examination. This was taken up immediately with the respective purveyors. Check samples were taken and proved satisfactory.

Ice Cream Sampling.

During the year under review, 42 samples of ice cream were obtained and submitted for bacteriological examination. The results of examination of the samples were :

Grade 1	.....	.....	36
„ 2	.....	.....	2
„ 3	.....	.....	1
„ 4	.....	.....	3
			<hr/>
			42

Investigations were made by the Sanitary Inspectors concerning the four samples giving Grade 3 and 4 results. As a result of the advice the Inspectors were able to give, subsequent samples gave Grade 1 results.

Establishments for Massage or Special Treatment.

Under the Middlesex County Council Act, 17 existing licences were renewed, and 1 new licence was granted.

Swimming Bath.

The figures for attendances at the Barrowell Green Open Air Swimming Bath for the last two years were :

	1954	1955
Adults (Mixed and Spectators)	9,720	26,041
Children (Mixed and Spectators)	19,593	45,697
From Schools	2,468	2,058
Season Tickets	5,797	7,692
	<hr/>	<hr/>
	37,578	81,488
Costumes, etc., hired	76	228

As in the past, samples of water were taken at regular intervals from the swimming bath. The results were uniformly satisfactory. In order that the public might be reassured as to the quality of the water, reports on the samples taken, couched in general terms, were displayed at the Bath.

Attendances at the Bath of members of the St. John Ambulance Brigade during crowded sessions and hot week-ends has been continued. This assistance is very greatly appreciated.

As hitherto, the Superintendent of the Swimming Bath and her staff have shown a very keen appreciation of their duties in relation to public health. The condition of the Bath was always found to be excellent on inspection, while co-operation has been close and cordial as in past years.

Altogether Barrowell Green Swimming Bath provides the district with a valuable amenity which must have an appreciable effect on health, particularly on the health of children.

Rivers and Streams.

There is nothing particular to report under this heading. Three complaints were received during the year concerning minor nuisances from streams. These were immediately dealt with. The position in regard to Pymmes Brook will be well known to the Council.

Prevention of Damage by Pests Act 1949.

During 1955, 531 complaints of rats and mice were received and dealt with, as against 465 in 1954.

In April, 1955, a baiting and poisoning treatment was carried out by the Borough Engineer's Department on the Council's soil sewers. 403 manholes were baited. In 112 of these, complete or part takes of bait were noted.

In October, 1955, test baiting was carried out by the Borough Engineer's Department to 204 manholes representing approximately 11.5 per cent of the total manholes on the Council's soil sewers. On the results obtained from this test, a baiting and poisoning treatment followed, during which 274 manholes were baited. Of these, 113 showed complete or part takes of bait.

All work done in the sewers was carried out in accordance with the recommendations of the Ministry of Agriculture and Fisheries (Infestation Control Division). An official of the Ministry visited the Borough on both occasions, and was given facilities for inspecting the work while in progress. He expressed himself entirely satisfied with the way in which the work was carried out.

Public Conveniences.

18 public conveniences are available in the Borough, situated as follows :

Broomfield Park (3)
Arnos Park
Bramley Sports Ground
Oakwood Park
Grovelands Park
Tottenham Sports Ground
North Circular Road, Palmers Green
Triangle, Palmers Green
Fords Grove, Winchmore Hill
Southgate Tube Station, N.14
"Cherry Tree" Hotel
"Crown", Chase Side, N.14
"White Hart", Chase Road, N.14
"King's Head", Wades Hill, N.21
"Orange Tree", Highfield Road, N.21
"Fox" Hotel, Green Lanes, N.13

Conveniences provided by London Transport Executive at Southgate and Oakwood Underground Stations are also available to the public.

All public conveniences in the district are inspected by members of the Public Health Department Staff. This inspection includes conveniences provided for the use of the public in public houses and hotels. Defects are brought to the notice of the Borough Surveyor's Department, or are notified to the proprietors of the premises in which the public conveniences are situated.

Ponds and Rubbish Dumps.

These continue to be kept under observation. During the summer months, spraying was carried out where and when necessary to prevent insect breeding.

As in 1954, improvement in respect of the dumping of rubbish on undeveloped land was effected.

Fumes and Noise.

Long and continued observations were made by the Sanitary Inspectors during the year concerning complaints of fumes and noise from the Metal Box Company's factory, Chequers Way, N.13. The position in regard to this matter will be well-known to the Council. Observations are continuing.

Water Supply.

The water supply of the district, which is almost entirely supplied by the Metropolitan Water Board, remains satisfactory in quality and quantity. The supply is from high-pressure mains.

All houses in the district are provided with a direct pipe supply, the few wells which previously existed having now been discontinued. It was not considered necessary to carry out any bacteriological or chemical examination of drinking water during the year. There is no evidence of any plumbo-solvent action in the water.

Collection and Disposal of Refuse.

The Borough Engineer and Surveyor, who is responsible for this service, reports that, in spite of an acute shortage of labour towards the end of the year, a weekly collection service was maintained. The tonnage of refuse dealt with at the Refuse Disposal Works amounted to 19,471 tons.

Items such as tins, rags, bottles, etc., which are normally recovered as the refuse passes through the plant were unfortunately lost during this period. The following table gives tonnage of salvaged materials sold during the year :

	Tons	Cwts.	Qrs.
Paper	989	1	0
Cullet	2	18	3
Metals	2	4	0
Rags	26	17	2
Carpets and Gunny	23	9	3
Tins	740	10	1
Bottles	14	3	3
Mixed Scrap Iron	84	13	1

The value of this material amounted to £14,335 6s. 1d.

Waste Paper.

Waste paper is the material from which most of the income is derived, and in this direction our efforts as a Council depend to a great extent on the co-operation of the burgesses. Household-ers are urged to keep clean waste paper and cardboard separate from refuse. A sack will be supplied on application to the Borough Engineer, and this will be emptied and returned by the Refuse Collector on his weekly call.

FACTORIES ACTS, 1937 AND 1948

Details of Work Carried Out During the Year 1955

1. INSPECTIONS for purposes of provisions as to health (including Inspections made by Sanitary Inspectors).

Premises	M/c. line No.	Number on Register	Number of			M/c. line No.
			Inspections	Written Notices	Occupiers Prosecuted.	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	59	72	7	—	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2	160	186	10	—	2
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	3	—	—	—	—	3
Total		219	258	17	—	

2. Cases in which DEFECTS were found. (If defects are discovered at the premises on 2, 3 or more separate occasions, they should be reckoned as 2, 3 or more cases).

Particulars	M/c. line No.	No. of cases in which defects were found					M/c. line No.
		Found	Remedied	Referred		Number of cases in which prosecutions were instituted	
				To H.M. Inspector	By H.M. Inspector		
Want of Cleanliness (S.1)	4	12	12	—	—	—	4
Overcrowding (S.2)	5	—	—	—	—	—	5
Unreasonable temperature (S.3)	6	—	—	—	—	—	6
Inadequate ventilation (S.4)	7	—	—	—	—	—	7
Ineffective drainage of floors (S.6)	8	—	—	—	—	—	8
Sanitary Conveniences (S.7)							
(a) insufficient	9	1	1	—	—	—	9
(b) unsuitable or defective	10	10	10	—	2	—	10
(c) not separate for sexes	11	—	—	—	—	—	11
Other offences against the Act (not including offences relating to Outwork)	12	—	—	3	—	—	12
Total	60	23	23	3	2	—	60

OUTWORK—(Sections 110 and 111)

Nature of Work	Section 110			No. of prosecutions for failure to supply lists	Section 111			M/c. Line No.
	M/c. Line No.	No. of out-workers in August list required by Sec. 110 (1) (c)	No. of cases of default in sending list to the Council		No. of instances of work in unwholesome premises	Notices Served	Prosecutions	
Wearing Apparel—								
Making, etc.	13	91	—	—	—	—	—	13
Cleaning and washing	14	—	—	—	—	—	—	14
39 Curtains & Furniture Hangings	17	—	—	—	—	—	—	17
Furniture and Upholstery	18	—	—	—	—	—	—	18
Fur Pulling	22	1	—	—	—	—	—	22
Artificial Flowers	28	4	—	—	—	—	—	28
Paper Bags	33	—	—	—	—	—	—	33
Making of boxes or other receptacles or parts thereof made wholly or partially of paper	34	2	—	—	—	—	—	34
Feather sorting	37	2	—	—	—	—	—	37
Carding, etc. of Buttons, etc.	38	28	—	—	—	—	—	38
Stuffed Toys	39	3	—	—	—	—	—	39
Lampshades	44	1	—	—	—	—	—	44
Total	—	132	—	—	—	—	—	—

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

From the table of infectious diseases set out on page 48, it will be noted that 1,073 cases of infectious disease were notified during the year, as against 276 in 1954. The Infectious Sickness Rate for the district was therefore 14.92, as compared with 3.81 during the previous year. As I have mentioned on several occasions in the past, it is virtually useless to compare either the yearly totals of infectious diseases or the Infectious Sickness Rate. Nowadays, apart from any spasmodic epidemic or outbreaks which are reported, the Infectious Sickness Rate is more or less governed by the number of measles cases which occur in any twelve months. During 1955, for instance, the total of 1,073 cases of infectious disease notified during the year contained no less than 889 cases of measles, i.e. 83 per cent. of the total. The fact that measles occurs in epidemic proportions every second year, and the effect which this has on the Infectious Sickness Rate will be further seen when it is remembered that the total number of infectious diseases notified during 1954 was 276; in 1953, which was an epidemic year so far as measles was concerned, it was 1,579.

This is one of the ways in which the Annual Report of the Medical Officer of Health has materially altered since I presented my first report in 1931. Then, neither measles nor pertussis was notifiable, so that it was quite possible to draw fair and accurate comparisons between the infectious sickness rate produced each year. That has now gone by the board, although, of course, it is still possible, and sometimes very illuminating, to compare the individual totals of the various notifiable infectious diseases as they occur year by year. This is especially valuable when one compares these totals over a period of 10, 15 or 20 years. The trend can then be very clearly seen.

As Appendix 3 to this Report, I have set out several such graphs which show what has been happening to the more common notifiable infectious diseases over the past 25 years. In this connection, I must again point out, however, that mere numbers can be most deceptive. The fact that cases of scarlet fever are still occurring in approximately the same proportions as was the case some 20 years ago means very little compared with the known fact that the severity of the disease has materially diminished. In the same way, the fact that we have almost a thousand cases of measles one year and very few indeed the next has nowadays little more than nuisance value, since the toxicity and after-effects have both been substantially mitigated.

The Council will also remember that, on more than one occasion, I have remarked that the general significance of infectious diseases has completely altered in the last few decades. When I came to Southgate in 1931, the word "fever" was dreaded by all mothers, who knew only too well the type of illness, which might result in quite disastrous consequences. Nowadays, although an infectious disease can visit a child or an adult with considerable severity, and although some infectious diseases, especially the new virus diseases and particularly poliomyelitis are still fraught with considerable peril, the whole pattern has been reassembled. Infectious diseases have ceased to bring dread to a family; indeed there is actual danger that parents may tend to treat them too lightly. Although it is certainly a fact that today, and at least in Southgate, infectious diseases have ceased to be a killing or even an incapacitating factor in more than a minute proportion of the population, they should still be treated with due respect. We do not know when virulence may change, we cannot say how long we will remain immune from serious illness or harmful effects. For that reason, although it sometimes appears as though we were spending an unnecessary amount of time on precautionary measures and on investigating contacts and "carriers", this is not really the case. We have been able to modify our standard procedure to a certain degree, especially in the matter of intestinal infections such as Sonne dysentery; but the basic principles upon which our control of infectious diseases has its foundation cannot, should not yet be altered.

There is also the known fact that the term epidemiology which, broadly speaking, covers the incidence and spread of disease, is no longer concerned only with the infectious element. I have mentioned this fact before but do not apologise for mentioning it again. We want to know — and how desperate our need for knowledge is—the complete reason behind the comparatively sudden increase in the incidence of cardiac illness, and the even more tragic increase in deaths from the same type of disease. We also lack information on the types of illness which are more particularly prevalent among the population, in different age groups, in both sexes and in different occupations. At present, our information is available only from general practitioners, from death certificates and, in part at least, from the Ministry of Employment and National Insurance. On paper, this may sound very well. Actually, the information we receive can only be fragmentary and is often out-of-date before it comes to hand. When and only when this problem is tackled as it deserves to be tackled, as it **must** be tackled, can it be truly said that we are covering the field of epidemiology in an adequate manner.

I have already remarked that, so far as Southgate is concerned, it does appear, at least on the surface, that there are no specific conditions within the Borough which encourage special diseases. This, however, is not enough. A health programme which is to be successful can only be planned and brought to fruition if the fullest possible information is in the hands of those whose duty it is to perform this quite momentous task. Need I say that this problem has not escaped notice, that only the gigantic nature of the problem itself, and the obvious difficulties which present themselves in surmounting the known obstacles, have so far prevented a ready solution. It is to be hoped, however, that the part which the epidemiologist of the future can play in regulating health and preventing disease will soon be recognised by all.

I have said that there are no factors specific to Southgate which adversely affect the health of its inhabitants. This is perhaps not entirely true. There is, in fact, one health hazard to which a substantial proportion of the population of Southgate is subjected, even admitted that this hazard does not operate, at least to maximum effect, within the Borough. I refer to the manner in which many thousands of Southgate citizens have to travel to and from work in London every day. Indeed when one travels in a crowded tube train or a bus during the rush hours, one wonders how it is that those who undergo this form of modern torture retain a reasonable measure of health. It may be that they develop some sort of immunity, in the same way that we protect ourselves naturally against so many organisms and viruses. It may also be that the period of risk at any one time is not sufficiently prolonged to produce a serious or cumulative effect. Finally, we might even go so far as to assume that conditions in Southgate are sufficiently good to counteract the possible effect of the daily journey to and from work. Whatever the facts may be, travel to and from the Metropolis is still a hazard which those who live in the suburbs have to accept. This is one example of the expanding horizon which the epidemiologist of to-day and tomorrow may find well worthy of exploration.

Diphtheria.

For the eighth year in succession no case of diphtheria was notified in the Borough. The last death took place approximately 13 years ago.

The immunisation programme carried out in Southgate by the Middlesex County Council has only been altered in minor respects to ensure that maximum advantage is being taken of scientific advances. Although it is difficult to obtain precise figures as to the percentage of children protected against diphtheria by immunisation in Southgate, it is clear that this figure must be well over 60% so far as children up to the age of two are concerned. When it is

remembered that every child in Southgate attending a private or maintained school is offered a reinforcing or a "boosting" dose of immunising material when he or she enters school, and that the invitation is repeated when the child reaches the age of ten, and when it is further remembered that the percentage of parents taking advantage of these offers is very high indeed, it can, I think, be claimed that the possibility of a diphtheria epidemic or even a limited outbreak among Southgate children is definitely low.

Scarlet Fever.

Thirty cases of scarlet fever were notified during the year, as against 51 in 1954. The totals for the past four years have been 188, 133, 51 and 30 respectively. It is too soon yet, however, to say that the incidence of scarlet fever is on the decline. We may at least be grateful that the disease is showing a remarkable drop in severity, so much so that scarlet fever is now more of a nuisance than a disrupting factor in childhood.

Acute Anterior Poliomyelitis.

Three cases of acute anterior poliomyelitis were notified in 1955, the same as during the previous year. Of these three cases, 1 was paralytic and 2 were non-paralytic. The number of cases notified during each of the previous five years was : 1, 4, 4, 3 and 3.

It will now be common knowledge that a scheme for inoculating certain age groups against poliomyelitis has been commenced, using the British type vaccine, which is said to be in advance of any vaccine yet used in other parts of the world. At the time of writing this report, 307 children have received either one or two injections with minimal untoward effects. Inoculations are, of course, being carried out by the staff of the Area Health Office, but I know that the Council will await with interest the results of the first batch of inoculations, when these are to hand.

Measles.

As noted elsewhere, 888 cases of measles were notified during the year, as against 20 cases in 1954. Admission to hospital was only required in 7 cases, again an indication of the mild character of the disease.

Pertussis.

Twenty-five cases of pertussis were notified during the year, as against 55 in 1954.

The fall in the incidence of this disease will be shown when the figures appertaining to the past five years are considered. These were 126, 40, 138, 55 and 25 respectively.

It may be that the widespread adoption by parents of the combined method of immunisation for their children, is having an effect. This combined method, whereby children can be inoculated against diphtheria and pertussis at the same time, has been more or less accepted by parents attending County Council clinics as standard procedure. I understand from general practitioners that they are finding the same thing. It would certainly be dangerous to draw any lasting conclusion from the figures set out above. But they are at least heartening and would seem to show that the policy which we adopted in Southgate many years ago, and which has been continued and extended by the Middlesex County Council since 1948, was justified.

Food Poisoning (including Sonne Dysentery).

Seventeen cases of food poisoning and 17 cases of dysentery were reported in 1955, as against totals of 11 and 52 respectively during the previous year. I would, however, repeat the warning which I have sounded on several occasions, that these totals may be highly deceptive. We can be sure of only one thing, that they really do not represent the total number of cases of food poisoning and dysentery which have occurred during the period under review. On the other hand, they are useful for comparative purposes, and should show at least the average incidence of these diseases within the Borough.

The scheme set out in my Annual Report for 1954 relating to the exclusion of cases of diarrhoea, with or without sickness, from school has worked very well indeed. I am now satisfied that it does allow us to control the spread of such diseases as dysentery and winter vomiting, without in any way dislocating the time-table of a school. Minor difficulties have been encountered from time to time, but on the whole the present system seems to be a great improvement on older methods, which took up a great deal of the time of Sanitary Inspectors and resulted, in most instances, in what was sometimes an alarming degree of absences from school. I have therefore had no hesitation in continuing our present procedure, at least for the time being.

Paratyphoid Fever.

Four cases of paratyphoid fever were notified during the autumn of 1955. So far as we can ascertain, these cases were associated with Chinese Egg Products.

The Council will remember that I reported the incidence of these cases fully to the Public Health Committee, and that the necessary investigations, including the supervision of contacts, threw a considerable additional burden on the Public Health staff, especially the Sanitary Inspectors. The matter was taken up with

the Ministry of Health and with the Central Public Health Laboratory, from whom we received the greatest assistance in typing the responsible organisms.

Although this does not strictly fall under the heading "Paratyphoid fever", it may be mentioned here that other batches of Chinese Egg Products were found which contained Salmonella organisms of various types. Altogether, the occurrence of these Salmonella organisms (among which the organism responsible for paratyphoid fever is included) was, to say the least, disturbing. Since the first cases were reported, we have made a strict point of investigating all batches of Chinese Egg Products which we were informed had been sent into the district. In several instances, we asked that the products which, after examination, were found to contain salmonellae, should be sent back to the point of distribution. I am glad to say that, in every case, we received the full co-operation of the local firms using the products. I further understand that steps are now being taken to ensure that all Chinese Egg Products are heat-treated, if there is reason to believe that they contain disease-producing organisms. No further cases of paratyphoid fever, or of any other type of food poisoning traceable to Chinese Egg Products, were reported in Southgate. It cannot yet be said, however, that the last has been heard of this matter.

Puerperal Pyrexia.

No case of puerperal pyrexia was notified during the year, as was the case in 1954. This is a very happy indication of the tremendous improvement which has taken place within recent years in ante-natal supervision, midwifery, and the timely and effective use of antibiotics.

Smallpox.

No case of smallpox occurred in Southgate during 1955. Indeed, for the first time in many years, no doubtful cases were reported.

Once again, I am happy to be able to report that the number of mothers seeking vaccination for their infants at Child Welfare centres in Southgate shows a very welcome increase. The latest figures which I have prepared for submission to the County Council show that the number of children under the age of one who have been protected against smallpox either at clinics or by the family doctor, is now more than 50 per cent. of those born in 1955. This figure is very much higher than could have been claimed only a few years ago and shows, I feel, the value of true health education. It also points to the fact that, in Southgate, we are extremely fortunate in having the type of mother who appreciates to the full the value of such scientific measures as vaccination.

Tuberculosis.

Forty-seven cases of tuberculosis (45 pulmonary and 2 non-pulmonary) were notified during the year, as against 42 in 1954. Distribution of cases notified among the various wards was as follows :

North-east	North-west	Middle	South
11	8	6	22

A broad classification of the cases notified during the past five years in relation to employment was :

	1951	1952	1953	1954	1955
Clerical	9	19	17	7	12
Housewives	24	10	12	6	5
Children	7	5	3	1	4
Manual Labour	—	5	8	6	—
Factory Workers.....	5	—	5	2	1
Professional Classes	3	5	2	1	3
Armed Forces	1	1	—	—	1
Domestic Service	—	1	—	3	—
Food Trades	—	—	—	—	2
Students	—	1	1	3	2
Shop Assistants.....	—	4	1	—	3
Nurses	—	3	2	1	2
Non-manual Trades, other than food	7	15	7	9	7
Teachers	—	2	—	—	—
Unclassified	13	8	7	3	5
	—	—	—	—	—
	69	79	65	42	47
	—	—	—	—	—

It will be seen that the total number of tuberculosis cases notified each year over the past five years has dropped, from 69 in 1951 to 47 in 1955. I would again emphasize, however, that these totals are much too small to allow of any significant conclusions being drawn. It may be thought that the total cases of tuberculosis notified from the South Ward (22) is high, as compared with the totals of the other Wards, and more especially when it is remembered that in 1953 the South Ward again had approximately 100% more cases than either the North-east, North-west or Middle Wards. It remains a fact, however, that if one scrutinises the returns from each Ward over the past eight years, when the system of reporting each Ward separately was first started, it will be noted that the total number of cases notified from the South Ward was very often lower than that in other Wards. Until further evidence is available, it would therefore be extremely unwise to lay any stress on Ward totals.

We still continue to work in very close harmony with the Finchley Chest Clinic. All families in which a case of tuberculosis or suspected tuberculosis has occurred, and where the Chest Clinic considers that adequate housing is essential, both from the point of prevention and cure, are brought to my notice. I place the facts before the Housing Section, and am particularly happy to be able to report that, in every instance my submissions have been carefully and most generously considered. Although I know how difficult the housing situation is in Southgate, I feel that I must bring the needs of these families to the notice of the Housing Committee. It must always be remembered that not only is it humane to treat a case of tuberculosis with special consideration ; there is the remaining and most important desideratum, the possible spread of infection from a case of tuberculosis living in unsatisfactory and overcrowded conditions.

As I have said so often, this is the most effective way in which the Borough Council can be of practical assistance to the Chest Clinic in limiting the spread of infection ; apart, that is, from the well-ordering of the Borough and the provision of parks, open spaces and the like. I recently had the pleasure of attending before the Housing Committee and stating my views, which had already been set out in a memorandum to the Town Clerk, as Housing Officer. As always, I was given a most sympathetic hearing.

Although Mass Radiography Unit 5B visited Southgate on two occasions during 1955, we have had a promise that it will return during 1956. On this occasion it is hoped that five points will be set up within the Borough, so that residents wishing to be X-rayed will not have to make an unnecessary long journey.

REGISTER OF TUBERCULOSIS CASES

Year	Number of cases				Total
	M	F	M	F	
1955	177	124	20	20	341
1954	19	18	1	1	39
1953	—	—	—	—	0
1952	20	18	2	—	40
1951	83	41	18	22	164
1950	119	177	22	28	346

NOTIFICATION OF INFECTIOUS DISEASES, 1955

	Jan.— March	April— June	July— Sept.	Oct.— Dec.	Totals
Scarlet Fever	19	9	1	1	30
Pertussis	15	6	4	—	25
Poliomyelitis :					
Paralytic	—	—	—	1	1
Non-paralytic	1	—	1	—	2
Measles	67	602	215	4	888
Diphtheria	—	—	—	—	—
Pneumonia	14	11	1	6	32
Dysentery	3	9	2	3	17
Smallpox	—	—	—	—	—
Encephalitis	—	—	—	—	—
Typhoid	—	1	—	—	1
Erysipelas	1	3	2	1	7
Meningococcal Infection	1	—	1	1	3
Food Poisoning	8	—	9	—	17
Puerperal Pyrexia	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—
Paratyphoid B.	—	—	4	—	4
Tuberculosis :					
Pulmonary	14	13	7	9	43
Non-Pulmonary	1	—	3	—	4
Total	144	653	250	26	1073

REGISTER OF TUBERCULOSIS CASES

	Pulmonary		Non-Pulmonary		Totals
	M.	F.	M.	F.	
Cases on Register at 1/1/55	353	284	50	50	737
Cases notified for first time in 1955	29	16	1	1	47
Cases Restored to Register	—	1	—	—	1
Other Cases added	20	16	2	—	38
Cases Removed from Register	83	42	18	22	165
Cases remaining on Register at 31/12/55	319	275	35	29	658

TUBERCULOSIS—1955

	* New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	—	—	—	—	—	—	—
1-5 years	—	1	—	—	—	—	—	—
5-10 years	1	1	—	—	—	—	—	—
10-15 years	1	—	1	—	—	—	—	—
15-20 years	5	2	—	—	—	—	—	—
20-25 years	7	12	—	—	—	—	—	—
25-35 years	15	10	1	—	—	1	—	—
35-45 years	7	3	—	1	—	—	—	—
45-55 years	8	1	—	—	2	—	—	—
55-65 years	3	1	1	—	2	—	—	—
Over 65 years	2	1	—	—	3	1	—	—
Unknown	—	—	—	—	—	—	—	—
Total	49	32	3	1	7	2	—	—

* These figures include all cases previously notified and noted by the Tuberculosis Officer and others as having removed into the district.

APPENDIX 1

MISCELLANEOUS

(a) Letters to Doctors.

The following letters were written to Southgate practitioners during 1955 :

- 6th January : Influenza—type.
- 17th January : Influenza—incidence.
- 19th January : Notification of Puerperal Pyrexia.
- 1st April : Collection of Laboratory Specimens during Easter Holiday Period.
- 24th May : Mass Radiography Unit 5B—Visit.
- 24th May : Collection of Laboratory Specimens during Whitsun Holiday Period.
- 13th July : Notification of Infectious Diseases.
- 26th July : Collection of Laboratory Specimens during August Holiday Period.
- 26th August : Paratyphoid " B. "
- 27th August : Paratyphoid " B. "
- 30th August : Poliomyelitis.
- 2nd September : Paratyphoid " B " Fever.
- 15th September : Laboratory Specimens.
- 6th December : Exclusion from Work—Infectious Diseases.
- 13th December : Collection of Laboratory Specimens during Christmas Holiday Period.

I would refer to the remarks which I made in the introduction to this Report relating to the excellent co-operation in the Borough between the Public Health Department and the general practitioners.

(b) Medical Examinations.

During 1955, seventeen medical examinations were carried out in respect of entrants to the Council's service.

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

(c) Accidents in the Home.

It will be remembered that I included, as an Appendix to my Annual Report for 1954, a few paragraphs relating to accidents in the home. Since then, it has been more and more obvious that this is a subject which has a very distinct bearing on the welfare of children. Indeed, when it is remembered that more children are hurt, sometimes fatally, in the home than are injured on the roads : and when it is remembered that more children die of accidents in the home than from all the common infectious diseases put together, the vital importance of this topic will be still further appreciated.

Arrangements have therefore been made for the publication of a handbook to be entitled "Home Health and Safety." The booklet, which is a joint effort covering Wood Green and Southgate, is being published without cost to the Council. It will include, in addition to precautions relating to accidents in the home, certain aspects of home health, which should be of interest and importance to parents.

SPECIAL REPORTS TO PUBLIC HEALTH COMMITTEE

(a) Clean Food Campaign.

As the Committee will be aware, our Clean Food Campaign was officially held from 23rd May to 3rd June, apart from visits to schools which had to be arranged at other times owing to examinations and holidays. Set out below is a brief resume of the activities included in this campaign :

Publicity.

Full publicity was given to the campaign by way of posters, advertisements and articles in the local press, cinema slides, letters to local organisations and to the head offices of local food shops, the distribution of bookmarks through the libraries and labels on all envelopes leaving the Public Health Department and the Area Health Office. In addition to the measures set out above, the Sanitary Inspectors paid personal visits to approximately 500 food shops and premises.

Clean Food Exhibition.

The Clean Food Exhibition was arranged in Committee Room M.1 from 23rd May to 3rd June, being open from 10 a.m. to 9 p.m. daily with the exception of Sundays and Whit Monday. The room in which the exhibition was held was available to the general public, and was also used for the holding of film shows and talks. Approximately six hundred members of the general public viewed the exhibition.

Film Shows and Talks.

A film show and talk was given each afternoon and evening, the total being eighteen. Attendances at these shows were as follows :

Food Handlers	.....	.....	130
School Children	.....	.....	180
School Meals Staff	.....	.....	60

370

Eight different films were shown during the campaign.

Meeting of Women's Organisations at Arnos School, 1st June.

The attendance at this meeting was poor, only fifty people being present. The meeting was opened by Councillor Prior, Chairman of the Public Health Committee, and was also

addressed by His Worshipful the Mayor, who attended with the Mayoress. Questions submitted by members of the audience were answered by a panel which included Dr. W. A. Letham, Principal Medical Officer of Health of the Ministry of Food, and Dr. Betty Hobbs, Director Food Hygiene, Central Public Health Laboratory. The film "Good Housewife in the Kitchen" was shown at the end of the meeting. The discussion was brisk and although, as already stated, the attendance was disappointing, those present seemed to derive both pleasure and profit from the afternoon.

Visits to Schools.

Talks and film shows have already been given to children in the upper age groups at three of our secondary modern schools. Three hundred and fifteen children attended the meetings arranged. Arrangements have been made to give similar talks and film shows at our two grammar schools.

Expenditure.

The total expenditure incurred in connection with the campaign was £98 9s. 2d. This is within the original estimate.

I am satisfied that the Clean Food Campaign was justified and that the results warranted the very modest expenditure incurred. The attention of the burgesses was drawn to the principles of food hygiene while the fact that 130 food handlers received special instruction must surely have a beneficial effect. I am also glad that we were able to make contact with so many senior school children.

All those who helped in any way have already been thanked, but I should like to take this opportunity of expressing my personal appreciation to the Head Teachers of the various schools who offered generous co-operation, the editors of the local press and to the other committees and departments of the Borough Council who helped our effort. I would particularly thank the Sanitary Inspectors, under the very able leadership of Mr. Gooday, Chief Sanitary Inspector. It will be obvious that a great deal of thought and time had to be spent not only in preparing the campaign and exhibition, but also in giving the talks and demonstrations. All the Sanitary Inspectors undertook a substantial amount of evening duty, this time being willingly and cheerfully offered.

12th July, 1955.

(b) Mass Radiography Unit.

As the Committee will be aware, Mass Radiography Unit 5B is visiting Southgate on June 6th, 7th, 8th and 9th. In connection with this visit, the Public Health Department has been directly responsible for arranging the following publicity :

- (i) Letters have been written to all general practitioners asking for their co-operation, and requesting them to make handbills available in their waiting rooms.
- (ii) A letter has been written to the Manager or Proprietor of all factories in Southgate, large or small, inviting them to send as many as is practicable of their employees to a session of the Radiography Unit. Handbills and posters have also been sent to these firms.
- (iii) Arrangements have been made to hire a special film pointing out the advantages of visiting a Mass Radiography Unit, and for this film to be shown at the Odeon and Gaumont Cinemas. Slides, advertising the visit of Mass Radiography Unit 5B to Southgate, have been sent to the Odeon ; in the case of the Gaumont where there are no arrangements for showing cinema slides, posters and handbills have been sent to the Manager.
- (iv) Arrangements have been made for the display of 50 posters sent to us by the Radiography Unit. It is unfortunate that the visit of the Unit coincides with our Clean Food Campaign, and also, to a lesser extent, with the General Election. None the less, I have every hope that we will be able to display these posters to advantage.
- (v) 5,000 hand-bills have been distributed, mainly through our clinics, the Public Health Department, Area Health Office, libraries and doctors' waiting rooms.
- (vi) I have sent an article to the local press, drawing attention to the forthcoming visit of Mass Radiography Unit 5B and indicating the advantages of a chest check-up. I also asked the Radiography Unit to insert an advertisement in both our local papers. This has already been done.
- (vii) A special letter has been written to the six individuals who complained that they had not been able to be X-rayed during the Unit's previous visit because of having to wait too long.

In addition to the visit of Mass Radiography Unit 5B in June, I have been able to make special arrangements for the Unit to visit a factory on the borders of Southgate in the near future, for reasons which I will disclose to the Committee.

Unit 5B is also returning to Southgate on the 12th, 13th and 14th July, when school leavers attending our five secondary schools will be X-rayed. When this was done last year, the Unit was stationed at one school, children attending the other schools having to proceed to this school to be X-rayed. Now, I am happy to be able to report that the Unit will be set up at various times in three schools, so that the movement of children will be considerably reduced.

Although, it may seem that we have spent a good deal of time on having various sections of our community, including the public as a whole, X-rayed, I am convinced that this is a very well worthwhile effort, and am extremely happy to be able to report the close and cordial relationship which exists between the Mass Radiography Unit and the Public Health Department.

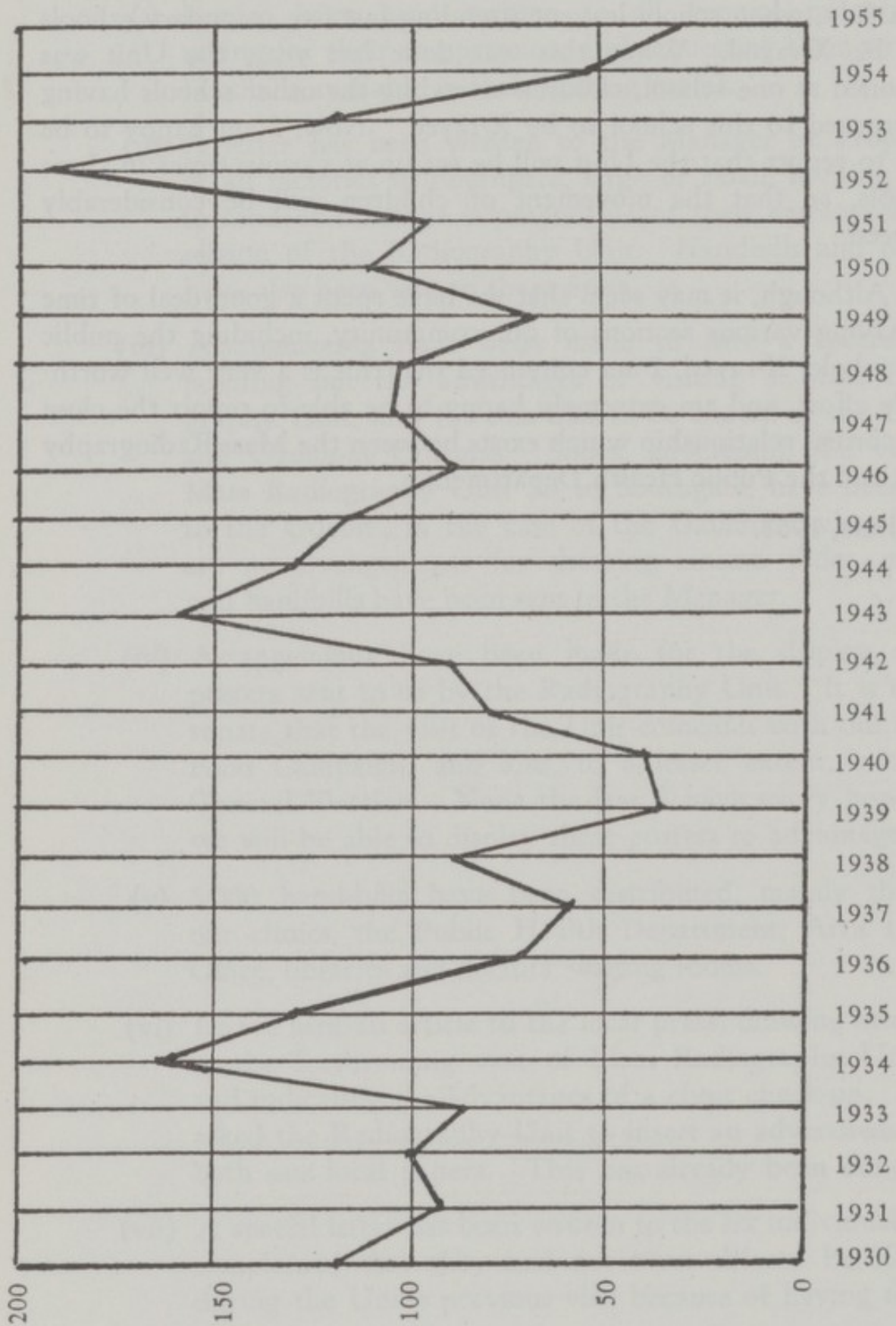
3rd June, 1955.

APPENDIX 3

INFECTIOUS DISEASES

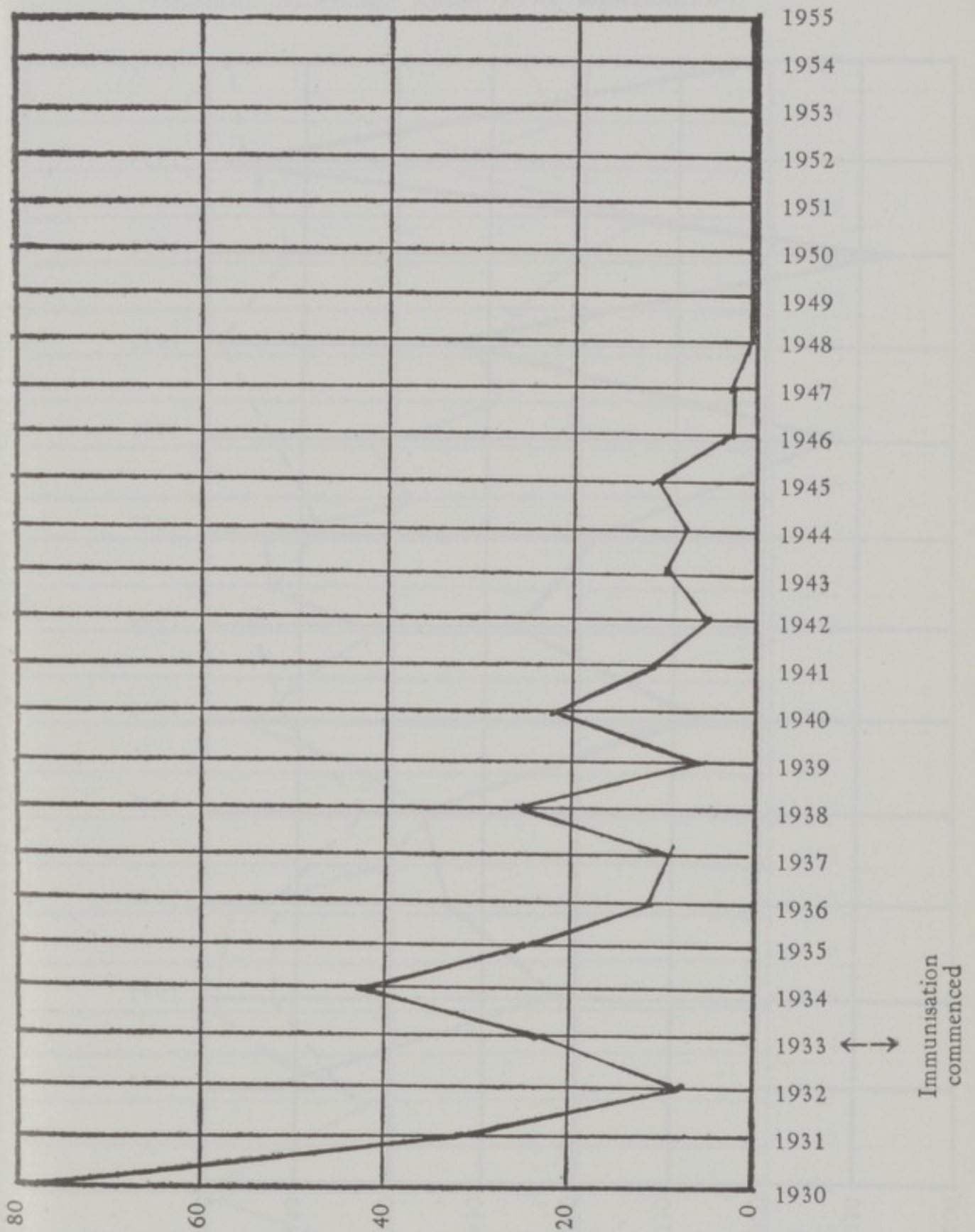
Graph No. 1

Scarlet Fever Notifications 1930—1955



Graph No. 2

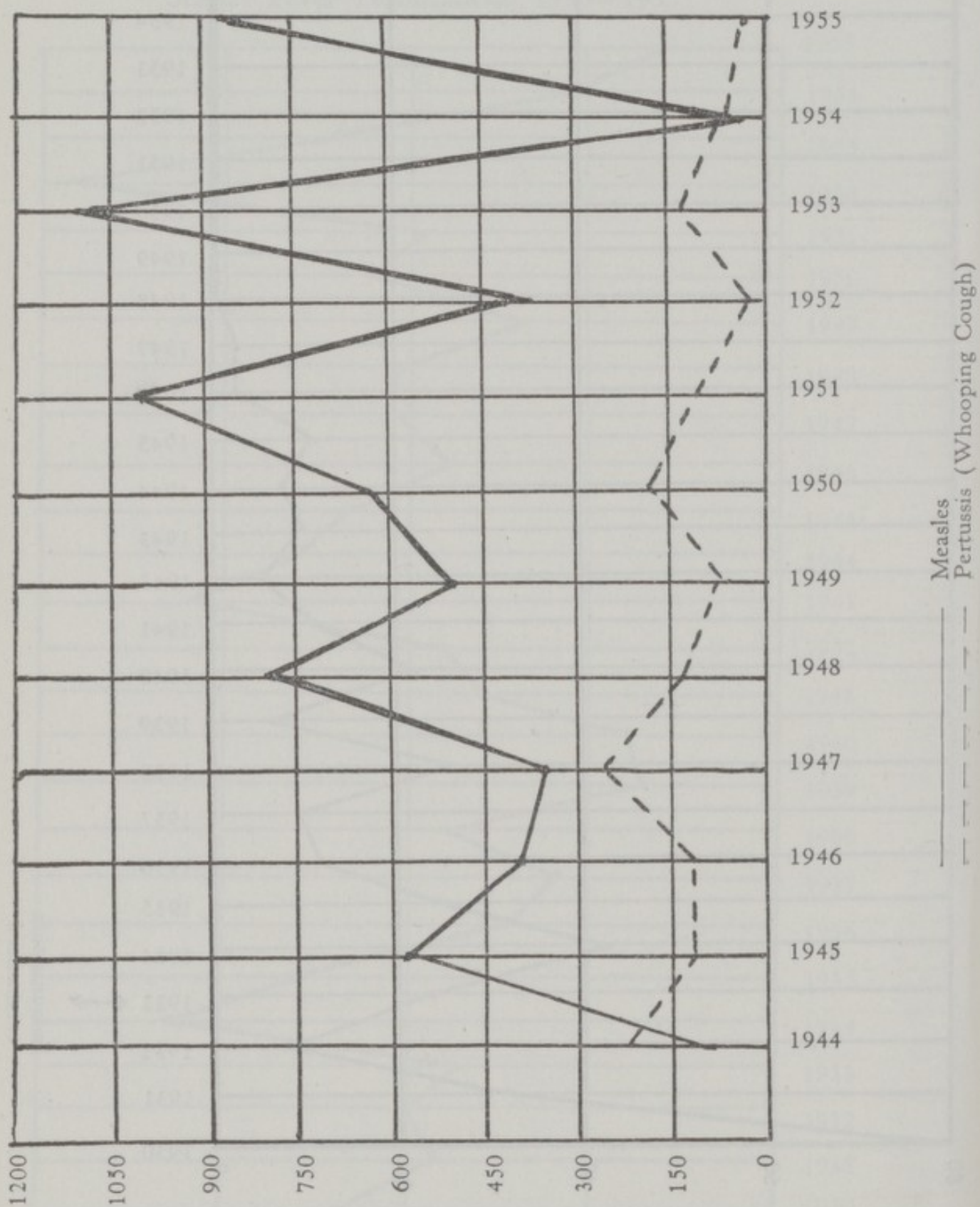
Diphtheria Notifications 1930—1955



Graph No. 3

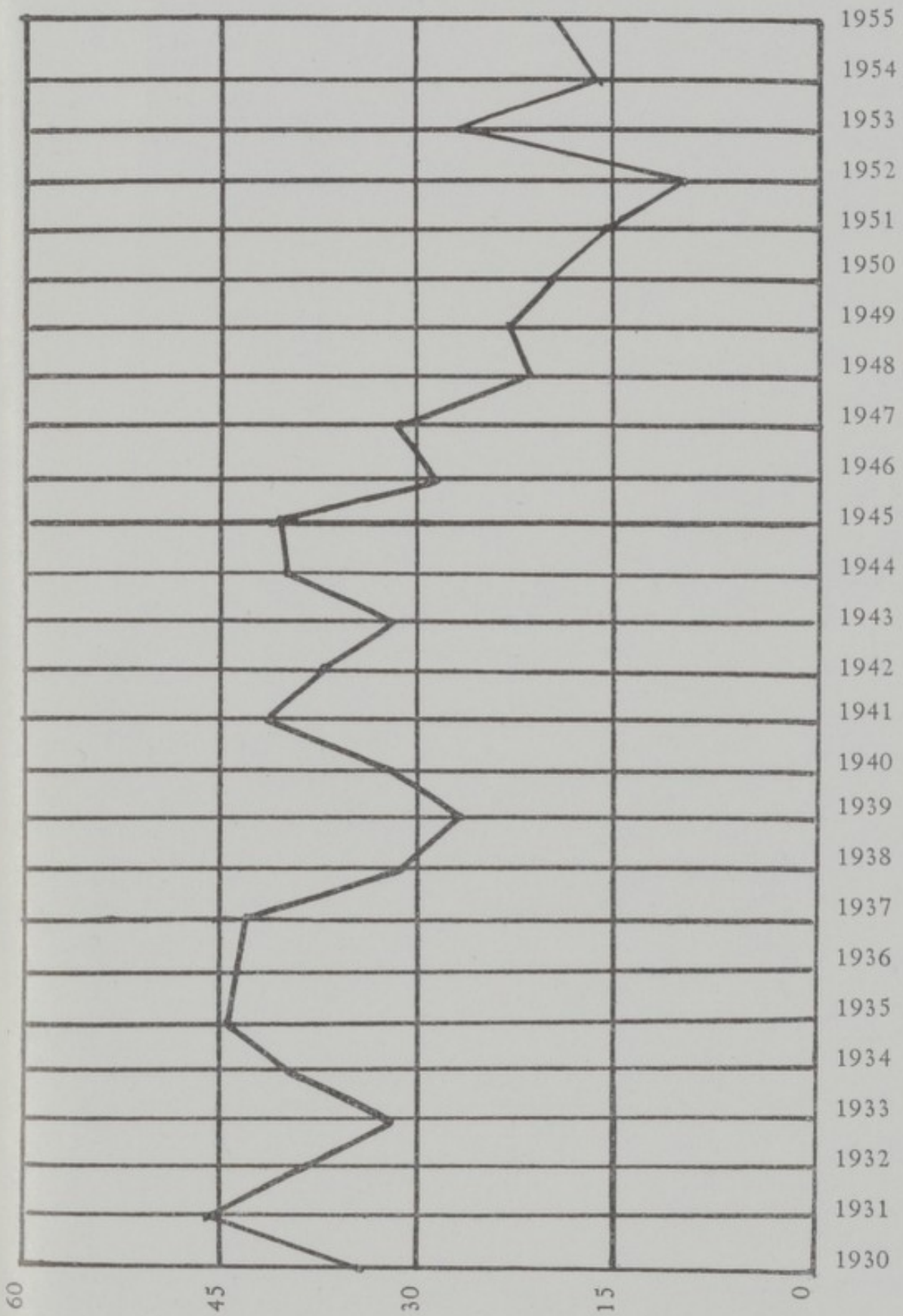
Measles and Pertussis (Whooping Cough)

Notifications 1944—1955



APPENDIX 4

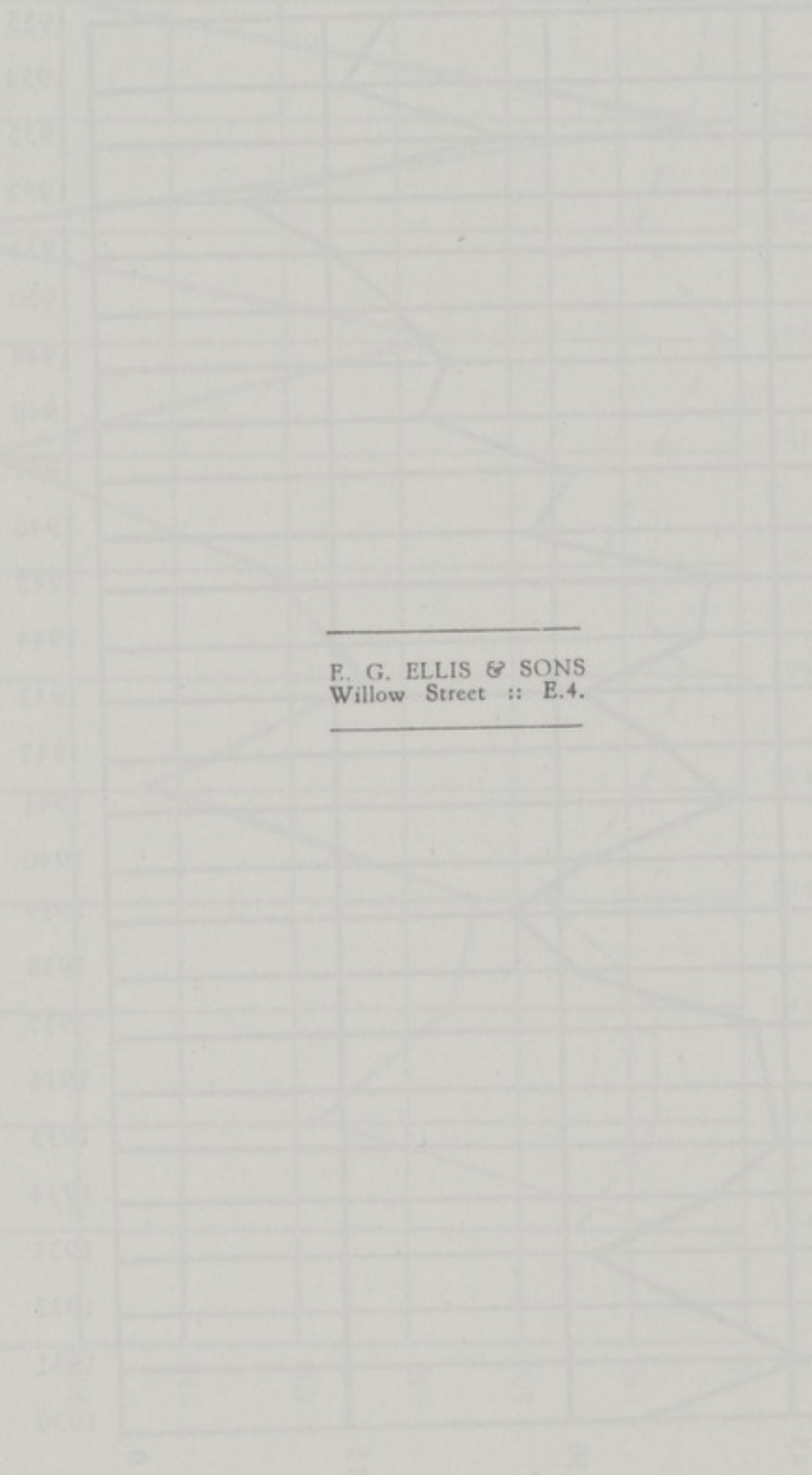
Graph showing
Infantile Mortality Rates 1930—1955



Graph No. 1 - XICMPLIA

Males and Females (1910-1915)

Infantile Mortality Rates 1910-1915



F. G. ELLIS & SONS
Willow Street :: E.4.