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ANNUAL REPORT
ON THE
SANITARY CONDITION

OF THE
Rural District of Hendon,
FOR THE YEAR 1904

BY
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MEDICAL OFFICER OF HEALTH.

Hendon :

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THE RURAL DISTRICT COUNCIL

OF THE

HENDON UNION.

Area, 11,055 Acres.

Estimated Population, 11,046.

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to present for your consideration my Annual Report upon the health and sanitary condition of your District.

It is the tenth of the new series, and covers the year 1904.

I may congratulate you upon the health and the sanitary condition of the District, both of which are shown by the returns to be in a very satisfactory state.

Acting upon the suggestion of the County Medical Officer of Health, Dr. C. W. F. Young, the scheme of this Report will differ somewhat from that of my former reports. This scheme was suggested by Dr. Young, and adopted at a meeting of twenty-six out of the thirty-six Medical Officers representing the thirty-six districts which constitute the County of Middlesex. I am glad that I was able, though at considerable personal inconvenience, to attend this meeting, which was held on the afternoon of January 13th, at the Guildhall, Westminster. The object of the scheme is to secure uniformity in the production of the reports.

SECTION 1.

Area and General Description of the District.

Topography

The area of the district is 11,055 acres. It lies upon the southern and western slopes of the spur of highland running from the Barnet District, and jutting out into the Weald of Harrow.

The dividing lines of the five parishes run approximately North and South, the northern portion of the parishes resting on the hill, the southern lying in the valley.

The highest point in the district, 502 feet above ordnance datum, is on the Watford Road, at the Hertfordshire boundary.

The lowest point, about 150 feet, is to be found at south-east corner of Pinner Parish.

The District is distinctly a residential one, somewhat heavily timbered, and has but a very small acreage of arable land. The agricultural portion of it is laid down in grass, and the chief agricultural product is hay..

Geology.

Running from east to west, the parishes come in the order shown in Table A.

The District lies upon the great London clay bed, which is capped on the higher land by patches of gravel of varying thickness. In some places, notably in the north-east corner of Harrow Weald, the subsoil water rises to within a foot or eighteen inches of the surface of the gravel.

Public Open Spaces.

Besides the Great Stanmore Cricket Ground (7 acres), Stanmore Marsh (14 acres), The Little Common, Stanmore ($6\frac{1}{4}$ acres), and the Pinner Beds (10 acres), the principal common lands are those of Harrow Weald and Great Stanmore. The area of the former is $34\frac{3}{4}$ acres, of the latter $121\frac{1}{2}$ acres.

SECTION 2.

Vital Statistics.

It is no longer possible to estimate the population, on the old basis of the natural increase, by the excess of the births over the deaths. Hitherto I have adopted this method, but the increase of the population by immigration has, of late years, been so great, that it is now quite useless and misleading. Population,
11,046.

In estimating the population up to the middle of 1904, I have adopted the plan suggested by Dr. Young, of basing the estimate upon the number of inhabited houses, and the average number of inhabitants per house, as ascertained by the census of 1901. In order to do this I have had to apply to the Assistant Overseers of each parish for a return of the number of inhabited houses in their respective parishes.

The Assistant Overseers for Great Stanmore and Harrow Weald very kindly and promptly sent in their returns. The Pinner return has also been received. In the case of the other two parishes I have had to obtain from your Surveyor an estimate of the number of new houses built, and to add the results obtained from these to the population estimated to the middle of 1901 (census). You will note that there is a considerable increase, not only in the total population, but in that of one or two parishes, notably Pinner.

This increase is not due *alone* to the rapid development of new estates in these parishes, but also to the fact that, in former years, and by the old method, the population had been very materially under-estimated.

My present estimate of the population, 11,046, gives a ratio of just one person to the acre.

The classes to which the new inhabitants belong, the nature of their occupations, and their environment, have naturally an important bearing upon the vital statistics of the District.

In the absence of any positive knowledge on this point, which it is difficult, if not impossible, to obtain, and judging only by the class of house that is being largely built, one is inclined to think that those in comfortable circumstances greatly predominate, and that the artisan and labourer who feel the pinch of uncertain and irregular employment are in a small minority. If these premises be correct, it is reasonable to anticipate that the new-comers will not only swell our population and increase the prosperity of the district, but that they may constitute an important factor in keeping our death-rate down to its present very satisfactory level.

The subjoined Table A shows the estimated population to the middle of 1904, the deaths, and the death-rate in each of the five parishes:—

TABLE A.

PARISH.	Estimated population middle of 1904.	Deaths.	Death-rate.
Edgware ..	1033	14	13·5
Little Stanmore ..	1500	13	8·6
Great Stanmore ..	2118	20	9·4
Harrow Weald ..	1732	10	5·7
Pinner	4663	30	6·4
Total	11046	87	7·8

Births 208.

Birth-rate 18·83.

Infantile Mortality 91·34.

Births and Birth-Rate.

Two hundred and eight births were registered, as against one hundred and eighty-four last year, and two hundred and five in 1902. There is, therefore, a further fall in the birth-rate from 20·5 to 18·83.

This sudden fall in the birth-rate, though it is probably exaggerated by the under estimate of the population in former years, is, none the less, to be deplored. It marks a tendency of the age, which has recently been much commented upon, to limit the size of families, and to shirk the burden and the responsibilities of parentage.

Deaths and Death Rate.

Only 87 deaths were registered, as against 82 last year, and 80 in 1902.

The death-rate for the whole district is 7.14, as against 9.14 last year.

This is a very satisfactory figure, and is one which, I hope, may be long maintained. The death-rate of Pinner, with its large population, has receded to its normal level. Its average for the ten years immediately preceding 1903 was, as I pointed out in my last Report, only 7.70. This year's rate of 6.4 is the lowest I have had to record for this parish in the past 15 years, though it is closely approached by that of 6.59, recorded in 1895.

While the population of Harrow Weald is steadily increasing, the death-rate shows a tendency to remain remarkably low; but, as I have often stated in previous reports, too much stress must not be laid upon statistics based upon small numbers. As a good illustration of this fact, I may cite the case of Edgware, where, with a very slight increase of the population, the rate has risen from 6.55 last year to 13.5 this year—an increase of more than 100 per cent.

Of the 87 deaths, 5 were due to premature birth. The average duration of life in these cases was 50 hours; the shortest was a few minutes. There were 19 deaths of children under one year of age, 12 between the ages of one and five

years, and 35 deaths of persons over sixty-five years. Of these 35 persons, 13 attained the ages between seventy and eighty; 13 others were between eighty and ninety years old; and 1 was ninety-four.

In ten cases death was attributed to Broncho-pneumonia (6) or Pneumonia (4).

In ten cases Bronchitis was given as the primary cause of death, and four cases of Phthisis terminated fatally.

Thus, diseases of the respiratory organs accounted for twenty deaths, the same number as last year, and about the normal number for the District. Of the principal zymotic diseases, only Measles proved fatal, and this accounted for two deaths.

There were no deaths from Scarlet Fever, Enteric Fever, Small-Pox, Diphtheria, Whooping Cough or Diarrhœa.

Cancer caused five deaths, as compared with nine last year; and Influenza three death, as compared with none last year. This latter disease was very prevalent during November and December.

Once more I am glad to be able to report that no death from Rheumatic Fever was recorded in your District. Quite recently I have been assured that our clay subsoil *must* be conducive to Rheumatic affections. I can only say that my experience, as Medical Officer of Health, and as a private practitioner in the District, now covering a period of over 15 years, entirely negatives this assertion. In my recent reports I have pointed out to you that Rheumatic Fever is a bacterial disease, and is due to a bacterium, the primary habitat of which is the immediate subsoil. A stiff subsoil prevents the subsoil water from forcing this bacterium to the surface, and thus our clay bed protects us against the very disease which it is supposed to produce. Of the few cases

of which I have had personal experience, the great majority either lived or worked upon the *gravel* deposits on the higher lands of the district, where the subsoil water is near the surface and its pumping action is unrestrained.

Infantile Mortality.

The 19 deaths of infants under one year of age compare favourably with 21 recorded last year, and the infantile mortality is reduced from 114.13 to 91.34.

Of these 19 deaths, two were due to Bronchitis, four to Broncho-pneumonia, five to premature birth, three to accidents (1 at birth), two to convulsions, and three to other causes.

An analysis of the returns show that 94 per cent. of these cases occurred among the children of the working classes, amongst whom there has, unfortunately, been much suffering during the winter.

Principal Epidemic (Zymotic) Disease Rate.

Of the principal zymotic diseases, only Measles proved fatal, two deaths from this cause being recorded.

This gives a zymotic death-rate of 0.18. The rate last year was 0.00.

SECTION 3.

Infectious and other Diseases.

Notification of a case of Small-Pox was received from Pentonville Gaol early in December, The prisoner had, *five days previously*, occupied a cell at Edgware Police Station. The Station, Court House, and the clothes of certain Police Constables were disinfected by the Sanitary Inspector. Small Pox.

Scarlet Fever was not epidemic, and no death resulted from this disease. Twenty-one cases were notified in four of the five parishes, viz.: Little Stanmore, 2; Great Stanmore, 6; Harrow Weald, 4; and Pinner, 9. Scarlet Fever.

Of these, nine were removed to the Isolation Hospital. In one instance the patient declined to be removed, with the result that three other cases in the same house were contracted from the first.

Edgware had no case of Scarlet Fever. The number of notifications received from the Commercial Travellers' Schools Pinner, has dwindled from 26 in 1902 and 24 in 1903, to 3 in 1904.

This salutary improvement has been largely brought about by the proper disinfection of the bedding, in the Disinfector at the Isolation Hospital, and the adoption of certain other suggestions made by your Officers. The three cases occurred in the first two months of the year, and they proved to be the last.

Diphtheria.

Only five cases of Diphtheria were reported, two of which were removed to the Hospital. One occurred in Great Stanmore and four in Harrow Weald. All these cases recovered, though some were of a severe type. No notifications were received from Edgware, Little Stanmore or Pinner.

Of the four cases in Harrow Weald, the first possibly contracted the disease in a neighbouring district in which he went to work, and in which district several cases of the disease were known to exist.

This case occurred in June; it was removed to the Hospital, and no extension of the disease resulted. It was not until the last day of November that another case was reported, in a young child. Here it was impossible to trace the source of the infection. From this case, however, the third no doubt contracted the disease, which, in each case, was of a severe type. The fourth case probably became infected in another district, where he went to school, as he had no intercourse with either of the recent cases, and was living in a very isolated situation. The origin of the Stanmore case I was unable to trace. As a precautionary measure, the other occupants of the house received injections of Antitoxin, and no further case was reported. The patient was removed to the Hospital.

Two cases of Typhoid Fever, neither fatal, were reported from Harrow Weald. It is practically certain that they contracted the disease outside the district. Enteric Fever
(Typhoid).

No case of Puerperal Fever was reported. It is interesting to note how much the mortality and suffering from this once dreaded scourge has been reduced by the adoption of Antiseptic and Aseptic methods in midwifery, by the provision of trained monthly (district) nurses for the poor and by the more careful supervision of the untrained women. Only a few years ago, while attending a case for an absent friend, I caught the "nurse"!! applying a poultice of cow-dung to the patient's breast. Needless to say that the "nurse" was bundled out of the house "neck and crop," but not in time to save the patient from a foul abscess and a painful illness. Puerperal
Fever.

Six cases of Erysipelas were reported—one in Edgware, two in Little Stanmore, and three in Great Stanmore. All occurred in people in or beyond the middle period of life, when the proneness to this affection is increased by lowered vitality. All recovered. Erysipelas.

Owing to the absence of Small-Pox, Chicken-Pox is no longer notifiable in your District. Several cases came under observation, but I have no means of ascertaining the extent to which it prevailed. Chicken Pox.

Towards the end of the year, Measles was prevalent in Great Stanmore, and two fatal cases occurred, due to Broncho-pneumonia. Measles.

This disease, which is infinitely more fatal and to be dreaded than Scarlet Fever, is still looked upon by the majority of parents as a trivial and necessary ailment. As a consequence of this mental attitude, medical assistance is often only sought when the case is in a critical or hopeless condition, a condition which it is pitiable to witness. It cannot be too widely known that, apart from the actual danger to life, the sufferings of a child who is very ill with measles

are most distressing and acute. Moreover, it is one of the commonest causes of chronic Middle Ear disease, a disease which, even after twenty years of discomfort and partial deafness, may become acute, and place the patient's life in jeopardy.

The only way to afford a measure of protection to children is to make the disease notifiable. Your predecessors once tried the experiment, but, after nearly 600 notifications had been received, and finding that the plan was futile in checking the spread of infection, I was obliged to advise its discontinuance.

Whooping
Cough.

Whooping Cough is not notifiable in this District, so that I am unable to say to what extent it has prevailed. From the fact that no death was attributed to it I presume that it did not exist to any great extent.

Diarrhœa.

No death was ascribed to Diarrhœa, and no cases of Epidemic Diarrhœa were reported.

The Summer months were moderately hot and dry, but flies were not over abundant. The milk supply was very carefully watched by your Sanitary Inspector, and the water supply was not likely to conduce to the disease.

Phthisis.

We have not yet adopted the voluntary notification of Phthisis, but it would be a step in the right direction if we rectified the omission. Sooner or later, as the density of the population increases, we shall be bound to adopt it; and the time will come when the disease will be compulsorily notifiable. Voluntary notification, already in force in many districts, is slowly but surely paving the way for the more drastic measure. Phthisis is an infectious and contagious disease, but, unlike most of the infectious diseases, its infectivity is very prolonged. It is not a question of weeks or months, but

one of years; and herein lies the chief difficulty. On the other hand, the restrictions placed upon the freedom of the Consumptive are nothing like so onerous as those applied to sufferers from other infectious maladies which are of briefer duration.

Certain occupations should be barred to him, especially those which bring him into contact with milk and other food supplies. The problem is one which bristles with difficulties, both practical and sentimental, and for the present I must be content to advise you to be prepared to adopt the voluntary system of notification as soon as that system has proved its efficiency in the hands of those who are putting it to the test of practical experience.

Upon the subject of Cancer, I have little that is new to Cancer. tell you. Research is being stimulated by reported discoveries, but no very material progress has yet been made. The method of multiplication, or reproduction, of the Cancer cells has been discovered; but *the reason why* normal cells become Cancerous and then multiply so as to constitute a growth or tumour is still unknown; and this, after all, is what we most want to know. Personally, my belief in the parasitic origin of the disease is firm, though it has from time to time received some rude shocks. Almost every other known disease is now recognised to be due directly or *indirectly* to parasitic invasion of the tissues or fluids of the living body.

Why should Cancer be exempt from the laws which govern most of the other "ills to which the flesh is heir?"

The deaths from this cause in your District numbered five only, as against nine last year. Four out of these five occurred in the lower lying portions of the District. This fact is in keeping with many other recorded observations, which tend to prove that, even in hilly districts, the Cancer death-rate is highest in the valleys, and least on the hills.

Bacteriological
Examinations
for suspected
Infectious
Disorders.

Up to the present time no arrangements have been made for the bacteriological examinations of material from cases of suspected infectious disorders.

In the case of the very poor who cannot pay for these examinations, this is a distinct hardship upon the medical man, as the results of these examinations have a direct bearing upon the public health, and the doctor alone has to bear the expense. I propose submitting a plan to you for the purpose of remedying this anomaly.

SECTION 4.

Isolation Hospital Accommodation.

- (1) For ordinary Infectious Complaints. Our Isolation Hospital has a nominal accommodation for 14 cases for Scarlet Fever, and Diphtheria. This can be expanded to 20, including cot cases.
- (2) Small Pox For Small-Pox we have two beds reserved, one at South Mimms, and one at Hendon.
- (3) Ambulance Arrangements. Our Ambulance is intended, and used, only for Scarlet Fever and Diphtheria cases.

Methods of Disinfection.

- (1) As to rooms. *Rooms.*—Walls, floors and ceilings are disinfected by Formalin Spray and Formalin Lamp. Floors washed over, after fumigation, with solution of Pynerozone.
- (2) Articles of Clothing. Articles of clothing, sheets, blankets, etc., are sprayed with Formalin, and fumigated with Formalin Lamp. In some instances they are disinfected in the disinfector (Lyon's) at Hospital.
- (3) Means of Transport, &c. By special bed van.

SECTION 5.

General Sanitary Circumstances and Administration.

During the past year 200 houses have been built, the majority of them of the villa type. Very few artisans' dwellings have been erected, and these few are rented at a high figure. There is great need for a vastly increased number of the latter dwellings.

Houses and
Housing
Accommodation

Under the Housing of the Working Classes Act, no proceedings have had to be taken.

Several cases of overcrowding have been dealt with by the Sanitary Inspector, but none of them were of a very bad type. Considering the scarcity of accommodation, it is surprising that there are not more cases to be dealt with.

Overcrowding.

There is only one Common Lodging House in the District. This one is in Little Stanmore, and is now in good condition.

Common
Lodging Houses

About 75 vans were inspected during the year, mostly in the Pinner district, and many of them in connection with the old-established Pinner-Fair and the Stanmore Fete. Fifteen vans were sent out of the District on the ground that their presence created a nuisance of an insanitary nature.

Movable
Dwellings,
Caravans

Over 90 per cent. of the inhabitants are supplied by Colne Valley water. This supply has not been quite up to its usual high standard. I have frequently found a chalky deposit giving the water a milky appearance. The water from the well recently sunk for the supply of "The Green Man," Stanmore Marsh, proved, on analysis, to be hopelessly bad. It was promptly condemned, and the well closed. The house is now supplied with Colne Valley water, as well as the four Green Man Cottages close by.

Water Supply.

The whole district is supplied with main and branch sewers.

Sewerage and
Sewage Disposal

The mains from Edgware and Little Stanmore discharge on to the Lower Sewage Farm in Honeypot Lane. The main from Great Stanmore discharges on to the Upper Sewage Farm in Honeypot Lane.

The Harrow Weald sewers connect with the Wealdstone system, under special agreement with the Wealdstone Urban Council.

The Pinner main discharges on to the Sewage Farm at Cannon's Lane. This sewer is now being relaid. The system of treatment is by settling tanks, bacteria beds, and filtration of the effluent. The results continue to prove satisfactory.

Slaughterhouses

The Slaughterhouses, though not inspected at any fixed periods, are kept under constant supervision, as will be seen by the fact that the Sanitary Inspector paid no less than 94 visits to the nine Slaughterhouses in the District, which gives an average of 9.4 visits per Slaughterhouse.

During the year there were three contraventions of the Bye-laws, all of which were promptly remedied. These places are now in a very good condition.

Cowsheds,
Dairies and
Milkshops.

There are 16 registered Cowsheds and four registered Dairies and Milkshops.

These have been frequently inspected, altogether over 104 visits having been made.

Eighteen contraventions of the Bye-laws were discovered; some of a serious nature. In one case, at Pinner, a prosecution became necessary, which resulted in the granting of an order, with costs, for the necessary alterations to be carried out at once.

Two cases in Harrow Weald Parish have given a good deal of trouble, and are still under observation. The remaining Cowsheds, Milkshops and Dairies are in a good condition.

There are no offensive trades carried on in the District. Offensive Trades

Three sheep which had been worried by a dog, at Pinner, Unsound Food. were shown to your Sanitary Inspector, who advised that the carcasses should not be used for human food. This advice was followed by the owner. My assistance was sought by the Sanitary Inspector *re* a box of fish in Edgware. I unhesitatingly condemned the fish, and they were buried.

In all parts of the District the House Refuse is collected, House Refuse Collection. weekly, by contractors. It is conveyed to various tips. In Great Stanmore it is treated at the Sewage Farm.

There have been several complaints, principally from Pinner, owing to the imperfect manner in which the work was carried out by the contractor. These complaints have been attended to, and the contractor warned.

There is only one *Public Mortuary* in the district, and this is situated in Pinner Churchyard. The Cottage Hospital and the Isolation Hospital, Great Stanmore, have each a Mortuary of their own. Mortuary Accommodation

Various nuisances have been dealt with by the Sanitary Nuisances Inspector, but only in the Pinner case above reported, and one case at Little Stanmore, was it found necessary to take legal proceedings. In each case the order applied for was granted, with costs. Three hundred and twenty-three cautionary notices and twenty-four statutory notices were served.

The Cemetery accommodation, to the insufficiency of Cemeteries which I drew your attention last year, has not been increased, and the value of all the lands in the District has distinctly appreciated during the past twelve months.

Twelve Workshops are on the register, and to these 33 visits Factory and Workshops Act, 1901. of inspection have been made. Three contraventions of the Factory Act were detected, and promptly dealt with. One

Workshop in Harrow Weald was reported to the Factory Inspector, by the Sanitary Inspector, for non-registration. The w.c. accommodation in the Factories was found to be sufficient and good.

Bakehouses.

There are eight Bakehouses in the District. These were, with one exception, all in good order. The defective one referred to was immediately put into proper condition.

SECTION 6.

Adoptive Acts, Byelaws, and Regulations in force in the District.

The Council have made Bye-laws with respect to:

- (a) New Streets and Buildings.
- (b) Common Lodging Houses.
- (c) Houses let in Lodgings.
- (d) Slaughterhouses.
- (e) Removal of House Refuse.
- (f) Nuisances and the Cleansing of Footways and Pavements.

The Council have adopted the following Acts:—

- (a) The Infectious Disease (Prevention Act), 1890.
- (b) Part 3 of the Public Health Acts, Amendment Act, 1890.

House to House Inspection.

House-to-house Inspections were made in 566 instances in the whole District. The total number of inspections and reinspections, after notice, amounted to 1854. You will see that your Sanitary Inspector has not let any grass grow under his feet.

Complaints.

Fifty-four Complaints, chiefly referring to non-removal of house refuse, were received. Immediate action was taken in each case.

Sixty-five drains were unstopped or repaired. The drainage of 21 houses was condemned and afterwards reconstructed. This includes an old-standing trouble at Harrow Weald. The whole property in question is now connected to the sewer, and a nuisance, which threatened to assume considerable dimensions, has been abated.

Defective
Drains, Etc.

Three premises, including two cowsheds, previously not drained, were provided with efficient means of drainage.

On several occasions the Brook at Little Stanmore was found to be polluted by house and garden refuse. On each occasion the stream was cleared, and the only two offenders detected were warned against a repetition of their offence.

The Brook at
Little Stanmore.

Eight houses—two in Great Stanmore and six in Harrow Weald—condemned and closed last year, have now been demolished.

Condemned
Property.

The development of the tramway system as far as Edgware Village suggests the necessity for the provision of some Public Convenience, and this is emphasised practically by the condition of the totally inadequate private accommodation at the Inn opposite to the terminus of the line.

Public
Conveniences.

ISOLATION HOSPITAL.

Cases 41, Mortality *nil*.

The record of the Hospital for the year is entirely satisfactory. The total number of cases treated was 41; and I am happy to be able to state that, though some of them gave occasion for the greatest anxiety, all recovered and left the Hospital in a state of health which, in most instances, was much better than that which they had enjoyed prior to admission.

At the beginning of the year there remained in Hospital eight cases, which had been admitted during 1903. Thirty-three fresh cases were received, of which eight were unfit to be discharged on the 31st December, and remained in Hospital.

All of the patients remaining over from 1903 were Scarlet Fever cases, most of them still in the early stage of the disease.

Of the 33 fresh cases, 23 were suffering from Scarlet Fever, 8 from Diphtheria, and 2 from Mixed infection—that is to say, from both Diphtheria and Scarlet Fever.

In neither of the two latter cases was the second disease contracted in the Hospital. In one instance the certificate received stated that the case was one of mixed infection, and in the other instance the nature of the case was recognised immediately after admission. Fortunately I was able to devote a small ward to these cases, otherwise we should have found ourselves in a very awkward predicament.

It is a well-known fact that, in spite of all rules and precautions, it is very difficult to prevent occasional outbreaks of Scarlatina among the Diphtheria cases in Hospital. So far we have been lucky enough to escape this complication, and I hope that our good fortune may prove enduring.

Of the Scarlet Fever cases admitted, two came from Little Stanmore, five from Great Stanmore, two from Harrow Weald, and the remainder from Wealdstone, under the agreement with the Wealdstone Council.

Of the Diphtheria cases, one came from Great Stanmore, one from Harrow Weald, and the remainder from Wealdstone.

Of the Mixed cases, one came from Great Stanmore and one from Wealdstone.

The average stay in Hospital of the Scarlet Fever cases was 48.2 days.

The longest stay was 98 days. In this case complete secondary peeling from head to foot commenced just as the patient was about to be discharged.

The shortest stay was 37 days. In this case the patient was well advanced in the peeling stage before admission. Opinions differ very widely as to the amount or degree of infection which may or may not exist in the shed scarf skin (peel); but there is one thing about which there are no two opinions, and that is that the public will not believe that a Medical Officer has done his duty if he allows a patient, who is still peeling, to leave the Hospital and return to his friends; and if within a week another case should develop in the house of the returned patient, the friends will hold the Medical Officer responsible for the return case, no matter from *what* source the second case may have arisen.

The average stay in Hospital of the Diphtheria cases was 47.3 days. The longest stay was 84 days. This patient, a very delicate child (the only one of his parents), was admitted in a very critical condition, with his heart already seriously affected. After a period of much anxiety for the Staff, he rallied and made fair progress, only, however, to relapse into a condition of the gravest danger—indeed, so hopeless did his condition appear, that I allowed his mother to stay in an adjoining unoccupied ward, she being quite willing to take the risk, in order to be near her child in what we all thought must be his last moments. His heart was failing, paralysis was increasing, and he could not retain any food, even water being rejected. Artificial feeding also failed for a time. To the unremitting and self-sacrificing care and skill of our Matron, and the special Diphtheria Nurse, he owes his life, and to them we are indebted for our clean record for the year's work.

Diphtheria
Cases.

Another case, whose stay extended to 73 days, was found, on admission, to be complicated by the most severe type of acute Nephritis (Inflammation of the Kidneys). This case did not tend to lessen the strain upon the nursing staff, but I am pleased to say that it ultimately made a complete recovery. It is pleasant to be able to place upon record that the parents of these children, and many others, have expressed, in many ways, their unbounded gratitude to Miss Streeter (the Matron), and to her Nurses, to whom they very properly consider they owe so much.

The shortest stay was that of one of the Council's employees, who had a milder form of the disease, and whom I was able to discharge in 28 days.

The ten cases admitted (including the two mixed cases), represented almost every type of the disease, from the very mild to the very severe.

In every instance Antitoxin was administered either before or after admission, or both before and after.

While I have no longer any doubt as to the efficacy of this treatment combined with the Ewchlorine throat and nose spray, I am quite certain that the number of cases of heart failure one sees is considerably increased, and I believe this increase is due, largely, to the treatment. With the argument that under the new treatment many severe cases recover, which would otherwise have succumbed, and that the post Diphtheritic paralyses are due to the severity of the disease alone, I do not entirely agree. There is some hope that an antitoxin may be produced which will be free from the objection I have indicated

The Usefulness
of the Hospital.

The number of cases of infectious disease admitted from our own District was small. You must not infer from this that the Hospital was not required, but that, on the contrary, it has fulfilled the purpose for which it was erected. The

object of an Isolation Hospital is to prevent infectious disease from spreading and becoming epidemic, and this object your Hospital has certainly attained.

You have an illustration already referred to, when three cases arose from one unremoved case. Here complete isolation of the household was possible, though the cost must have been heavy, and the isolation irksome. What would have happened had the cases *removed* to Hospital, and in which isolation was practically impossible, remained in their homes? Well, Gentlemen, we should have had an epidemic of Scarlet Fever and possibly of Diphtheria also, and there would have been an outcry about our unpreparedness to deal with the diseases.

I may, in this connection, remind you that in the days of the Old Rural Sanitary Authority an epidemic of Scarlet Fever arose in the district *from an imported case*. Questions upon the subject were actually asked in Parliament, and the Local Government Board was moved to send down an Inspector to investigate the matter.

Experience of
the Council's
Predecessors.

The Inspector exonerated the Authority and its officers from blame, but pointed out that the inability to arrest the spread of the disease was mainly due *to the want of Isolation Hospital accommodation*.

Condition of the
Hospital.

The condition of the buildings and plant is good, though the Scarlet Fever wards are showing signs of wear. They have been in constant use since the day the Hospital was opened, and are naturally in need of repair.

The appearance of the grounds might be much improved by the expenditure of a small amount.

Some excellent vegetables were grown in the garden, and were much appreciated by the patients and Nurses. I have to thank the many kind friends who, remembering that isolation is a concrete fact as well as a name, have sent us presents

of books, toys, magazines, fruits and flowers. I wish, also, to thank the Rector of Great Stanmore and his Curate for their kindly ministrations to the spiritual welfare of the patients.

Before leaving this subject, I would like to record my appreciation of the assistance given me at all times by the Matron and the staff she has so thoroughly trained. My instructions have been carefully and intelligently carried out, and complete and accurate reports have been made to me daily of the condition and progress of every case.

CONCLUSION.

That the Report which I now place before you is, from a sanitary point of view, satisfactory, is, in a measure, due to the favourable climatic conditions which prevailed during the year under review. If such a term may ever be applied to our English climate, it may be said to have been normal.

Compared with other districts similar in type, the sanitary condition of your District is certainly good.

Your Sanitary Inspector has justified the favourable opinion I formed of him last year, and I am indebted to him for much valuable assistance and for the careful reports he has made to me in the matter of infectious diseases, and in those cases in which our combined action was requisite.

In conclusion, Gentlemen, let me again thank you for your kindness to me personally, for the attention you have given to my recommendations, and for your confidence in my endeavours to assist you by the discharge of my duty.

I have the honour,

Gentlemen,

To remain,

Very truly yours,

B. CAMPBELL GOWAN,

Medical Officer of Health.

TABLE I. Vital Statistics of whole district during 1904 and Previous Years.

Year.	Popula- tion esti- mated to middle of each year	Births.		Total Deaths Registered in the District.				Total Deaths in Public Insti- tutions in the District.	Deaths of Non- residents regis- tered in Public Insti- tutions in the District.	Deaths of residents regis- tered in Public Insti- tutions be- yond the District.	Nett Deaths at all Ages belonging to the District.		Institutions within the District receiving sick and infirm persons from outside the District.	Institutions outside the District receiving sick and infirm persons from the District.		
		Number	Rate.	Under 1 Year of Age		At all ages.					Number.	Rate.			Number.	Rate.
				Number.	Rate per 1000 Births regis- tered.	Number.	Rate.									
1895	7,535	154	20.30	17	104.8	96	12.65	96	12.65	Isolation Hospital, Honey Pot Lane, Great Stanmore. Mary Wardell Home, Brockley Hill, Little Stanmore.	Hendon Union Work- house and Infirmary, Hendon.		
1896	7,679	173	22.52	19	109.8	79	10.28	...	...	...	79	10.28	
1897	7,755	153	19.72	11	71.9	77	9.93	...	...	...	77	9.93	
1898	7,859	194	24.68	26	134.0	90	11.45	...	...	...	90	11.45	
1899	7,951	172	21.64	16	93.1	80	10.06	...	...	...	80	10.06	
1900	8,049	170	21.36	17	109.0	72	8.94	...	...	...	72	8.94	
1901	8,740	178	20.65	12	67.41	82	9.37	...	...	...	82	9.37	
1902	8,865	205	23.12	19	92.68	80	9.02	...	...	...	80	9.02	
1903	8,967	184	20.51	21	114.13	82	9.14	1	...	...	82	9.14		
Averages for years 1895-1903	8,161.11	175.88	21.61	17.55	98.64	82	10.09	82	10.09				
1904	11,046	208	18.83	19	91.34	87	7.8				87	7.8				

Area of District in acres (exclusive of area covered by water), 11,055.

Total population at all ages, 11,946

TABLE II.

Vital Statistics of Separate Localities in 1904 and previous years.

NAMES OF LOCALITIES.	GREAT STANMORE.				LITTLE STANMORE.				EDGWARE.				HARROW WEALD.				PINNER.				
	YEAR.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.
1895	...	1546	..	30	5	960	..	12	0	870	..	16	4	1327	..	19	5	2882	..	19	3
1896	...	1564	..	16	6	966	..	13	4	895	..	7	1	1338	..	19	5	2916	..	24	3
1897	...	1587	..	19	2	982	..	9	2	905	..	11	2	1342	..	18	4	2939	..	20	1
1898	...	1603	..	25	4	988	..	16	7	916	..	15	2	1370	..	13	5	2982	..	21	8
1899	...	1613	..	21	2	998	..	15	6	940	..	5	2	1384	..	12	3	3016	..	26	3
1900	...	1635	..	19	4	1008	..	10	3	945	..	15	4	1413	..	7	1	3048	..	21	5
1901	...	1850	40	17	3	1089	31	10	2	885	30	13	3	1532	28	12	2	3384	49	30	2
1902	...	1870	38	18	4	1107	28	10	3	904	24	5	4	1558	44	18	3	3426	71	29	5
1903	...	1882	28	16	3	1128	30	9	1	916	18	6	4	1582	37	13	4	3459	71	33	9
Averages of Years, 1894 to 1903.	...	1683.33	35.33	20.33	3.66	1025.11	29.66	11.55	3.11	908.33	24	10.33	2.88	1427.22	36.33	14.55	3.55	3116.88	63.66	25.33	4.33
1904	...	2118	35	20	5	1500	48	13	5	1033	23	14	3	1732	34	10	2	4663	68	30	4

TABLE III. CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1904.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							TOTAL CASES NOTIFIED IN EACH LOCALITY.					NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.				
	At all Ages	At Ages—Years.						Edgware.	Little Stannmore.	Great Stannmore.	Harrow Weald.	Pinner.	Edgware.	Little Stannmore.	Great Stannmore.	Harrow Weald.	Pinner.
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards.										
Small-pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria ..	5	..	2	1	1	1	..	..	..	1	4	..	..	..	1	1	..
Membranous Croup ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas ..	6	..	..	..	..	4	2	1	2	3	..	..	..	..	..	..	..
Scarlet Fever ..	21	..	6	13	1	1	..	..	2	6	4	9	..	2	5	2	..
Typhus Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever ..	2	..	..	..	2	..	..	..	..	..	2	..	..	..	..	..	..
Relapsing Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	34	..	8	14	4	6	2	1	4	10	10	9	..	2	6	3	..

TABLE IV. CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1934.

CAUSE OF DEATH.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.						Deaths at all ages of "Residents" belonging to Localities, whether occurring in or beyond the District.					Total Deaths in Public Institutions in the District.	
	All ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Kdgware.	Little Stanmore.	Great Stanmore.	Harrow Weald.		Pinner.
Small-pox ...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	2	2	...	...	...	...	...	...	2	...	...	...
Scarlat Fever ...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria and Membranous Croup	...	...	...	...	...	...	...	...	...	...	...	...
Croup ...	...	...	...	...	...	...	...	...	...	...	...	...
Fever { Typhus } { Enteric } { Other continued }	...	...	...	...	...	...	...	...	...	...	...	...
Epidemic Influenza ...	3	...	...	1	...	2	1	...	2	...	...	...
Cholera ...	...	...	...	...	...	...	...	...	...	...	...	...
Plague ...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea ...	...	...	...	...	...	...	...	...	...	...	...	...
Euteritis ...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...
Other Septic Diseases	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis (Pulmonary Tuberculosis) ...	4	...	...	...	4	...	...	...	1	2	...	1
Other Tubercular Diseases	...	...	...	...	...	...	...	...	...	...	...	...
Cancer, Malignant Disease ...	5	...	...	...	...	2	3	...	...	1	1	3
Bronchitis ...	10	2	3	...	...	5	...	...	1	2	3	4
Pneumonia ...	10	4	2	1	...	1	2	3	...	3	...	4	
Pleurisy ...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of Respiratory Organs	...	...	...	...	...	...	...	...	...	...	...	...
Alcoholism } Cirrhosis of Liver }	1	...	...	...	...	...	1	...	...	1	...	...
Veneral Diseases	...	...	...	...	...	...	...	...	...	...	...	...
Premature Birth	5	5	...	...	...	...	1	2	...	...	...	2
Diseases and Accidents of Parturition	1	...	...	...	...	1	...	...	1	...	...	...
Heart Diseases ...	5	...	...	...	...	5	...	...	1	...	...	4
Accidents ...	4	3	...	...	...	1	...	...	1	1	...	2
Suicides ...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebral Haemorrhage	3	...	...	...	...	1	2	...	...	1	...	2
Old Age ...	10	...	...	...	...	10	5	2	...	2	...	1
Convulsions ...	4	2	2	...	...	...	...	3	1	...	...	...
All other causes	20	3	3	2	1	6	5	4	3	3	3	7	
All causes ...	87	19	12	3	2	16	35	14	13	20	10	30	

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES AND HOMEWORK.

1.—INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (Including Factory Laundries.)	4		
Workshops (Including Workshop Laundries.)	29		
Workplaces			
Homeworkers' Premises			
Total	33		

2.—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of cleanliness
Want of ventilation
Overcrowding
Want of drainage of floors
Other nuisances (Foul W.C.)
Sanitary accommodation { insufficient unsuitable or defective not separate for sexes }	1		1	
Yes ; good.				
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bakehouse (S. 101)
Breach of special sanitary requirements for bakehouses (SS. 97 to 100).
Failure as regard lists of outworkers (S. 107)
Giving out work to be done in { unwholesome (S. 108) premisses which are { infected (S. 110)
Allowing wearing apparel to be made in premisses infected by scarlet fever or smallpox (S. 109).
Other offences
Total	1		1	..

* Including those specified in Sections 2, 3, 7 and 8, of the Factory Act as remediable under the Public Health Acts.

† For districts not in London state here whether Section 22 of the Public Health Acts Amendment Act, 1890, has been adopted by the District Council ; and if so what standard of sufficiency and suitability of sanitary accommodation for persons employed in factories and workshops has been enforced.

3.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspectors of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133) .. .. .	..
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factory Act (S. 5) } Notified by H.M. Inspector } Reports (of action taken) sent } to H.M. Inspectors.	1
Other unregistered workshop reported to H.M. Inspector of Factories	1
Underground Bakehouses (S. 101) :—	
In use during 1903 .. .. .	..
Certificates granted { in 1903 { in 1904 .. .. .	..
In use at the end of 1904 .. .. .	..
Homework :—	
<i>Lists of Outworkers</i> (S. 107) :—	
Lists Received	Number of
Addresses of outworkers	Outworkers.
.. { forwarded to other Authorities { received from other Authorities ..	
<i>Homework in unwholesome or infected premises</i> :—	
Notices prohibiting homework in unwholesome premises (S. 108)	Wearing Apparel.
Cases of infectious disease notified in homeworkers' premises	Other.
Orders prohibiting homework in infected premises (S. 110)	
Workshops on the Register (S. 131) at the end of 1904.	
Bakehouses	9
Dressmakers	4
Important classes of workshops, such as workshop bakehouses, may be enumerated here.	
Total number of workshops on Register	13



COUNTY OF MIDDLESEX.—SANITARY WORK, 1904.

Name of Sanitary District.	Inspections.							Notices.				Dwelling Houses.				Houses let in separate Dwellings or Lodgings.		Common Lodging Houses.		Canal Boats used as Dwellings.		Movable Dwellings, Caravans, Tents, &c.									
	Complaints Received.	Cases of Infectious Disease Notified.	Number of Premises Periodically Inspected.	Houses Inspected from House-to-House.	Total Number of Houses, Premises, etc., Inspected.	Total Number of Re-inspections after Order or Notice.	Total Number of Inspections and Re-inspections.	Letters Written.	Cautionary Notices Given.	Statutory Orders Issued.	Summonses Served.	Convictions Obtained.	Houses, Premises, etc., Cleansed, Re-paired, etc.	Closed as Unfit for Habitation.	Re-opened after Repairs, Alterations, etc.	Demolished.	Illegal Underground Dwellings Vacated.	Number Registered under Bye-laws.	Periodical Frequency or Number of Inspections.	Number of Contraventions.	Number Registered under Bye-laws.	Periodical Frequency or Number of Inspections.	Number of Contraventions.	Number Registered under the Acts.	Periodical Frequency or Number of Inspections.	Number of Contraventions of Regulations.	Number Observed during the Year.	Number of Nuisances therefrom Abated.	Number Removed from District.	Infectious Diseases (Visits).	Miscellaneous Visits.	Notices Served, Infectious Diseases.
Edgware ...	7	...	...	104	168	146	314	276	38	1	...	...	14	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	1	96	...
Little Stanmore ...	1	...	...	84	133	125	258	...	47	7	1	1	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11	41	8
Great Stanmore ...	14	...	Numerous.	141	233	319	552	...	116	10	...	...	8	...	...	2	...	...	...	...	...	...	...	...	...	...	5	...	62	260	44
Harrow Weald ...	6	...	...	130	181	179	360	...	47	3	...	...	7	6	...	6	...	...	...	...	...	...	...	...	...	7	...	3	46	66	11
Pinner ...	26	107	219	151	370	...	75	3	1	1	8	57	...	11	43	60	4
Total ...	54	566	934	920	1854	276	323	24	2	2	47	6	...	8	2	6	2	75	...	15	163	523	67

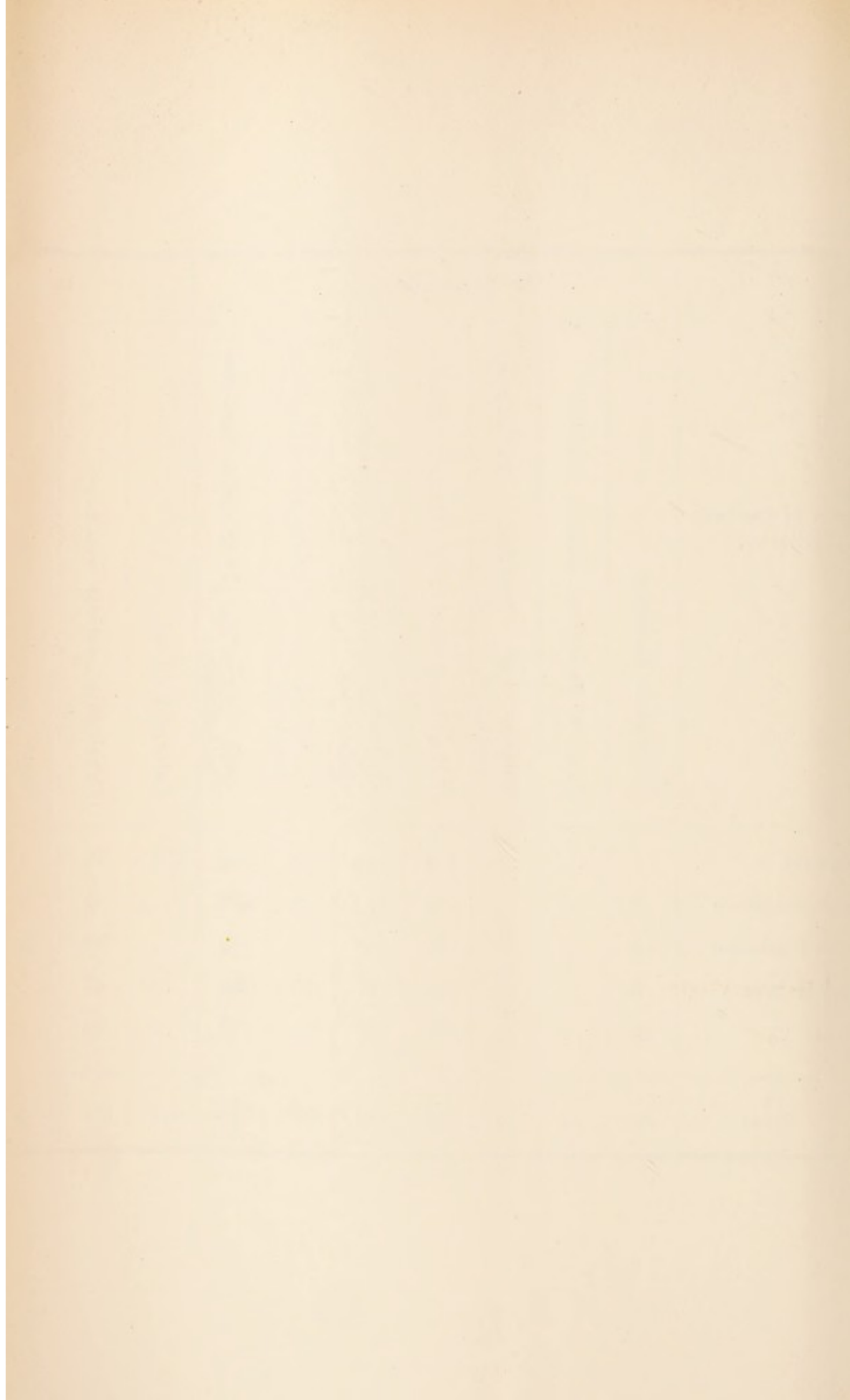






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