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# PUBLIC HEALTH

in

## South East Essex

### 1964



Annual Report of the Medical Officer of Health for the Urban  
Districts of Benfleet, Canvey Island and Rayleigh and the  
Rural District of Rochford





# Annual Report of the Medical Officer of Health for the Year 1964

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Tel. Rayleigh 6101

PUBLIC HEALTH DEPARTMENT,  
134, HIGH STREET,  
RAYLEIGH, ESSEX.

To the Chairman and Members of the Urban District Councils of  
Benfleet, Canvey Island and Rayleigh and the Rural District of  
Rochford.

Ladies and Gentlemen,

I have the honour to present for your consideration the Annual  
Report on the health and sanitary circumstances of each of your  
Districts for the year 1964.

The rise in population continues unabated. Whereas it had been  
forecast that this rise would continue at about 5,000 per annum until  
1966 and then level off sharply in fact the rise from 1963 to 1964 (mid-  
year population figures) was 5,970, the highest since 1960. This was in  
part due to continued inward movement of population and partly to  
the continuing rise in the number of births, a share in a national  
phenomenon which the planners could not foresee. The resultant  
continued pressure on facilities has imposed great problems for the  
local government services.

While the total number of births again showed a rise the birth  
rate itself, while rising, did so less sharply than in recent years to 21.4  
per 1,000 as against a national average of 18.4. The illegitimacy rate  
which had showed a disquieting rise in 1963 rose only very slightly in  
1964 and remains well below the national average.

It is pleasant to be able to record that after a bad year in 1963  
the perinatal mortality rate (stillbirths and deaths in the first week of  
life) fell to 22.2 per 1,000 total births, well below the national average  
of 28.2 per 1,000 and the lowest figure recorded locally.

In the field of infectious disease control there were fewer excite-  
ments than in 1963. However there was an epidemic of infective  
hepatitis which Rayleigh largely escaped; this disease is not at present  
subject to control measures when in a widespread epidemic form.  
There was also a rise in mortality and morbidity in pertussis which  
receives comment at some length in the body of the report.



The disquieting rise in morbidity from tuberculosis in 1963 was followed by a special Mass Radiography Campaign in Canvey Island in the Spring of 1964, a moderately successful exercise in health education which would bear repeating elsewhere in the light of lessons learned. Fortunately the notification rate fell in 1964 but is still too high.

A beginning was made in 1964 with the registration of shops and offices under the new Act controlling these premises, a very formidable task. It is pleasant to be able to record the passing into law of the Children's Nightdress Regulations, 1964 compelling the use of materials safer from fire-risk. The Composite Public Health Committee has pushed hard for action on these lines.

Once again I have included as an addendum to this report the Annual Report of the Area Medical Officer and Divisional School Medical Officer so as to give a more complete picture of the local authority health services. 1964 was in this field a year of consolidation rather than of progress giving us also a welcome breathing space to prepare for the expected expansion of facilities in 1965-1966.

Finally, I should like to express my thanks to Dr. Batham for his help during the year and for assistance in writing this Report. Mr. Stripp's help has, as always, been invaluable in compiling this Report, as in other respects. The customary thanks are also due to the Chief Public Health Inspectors and other officers of the District Councils for their contributions and comments. I am also grateful to the Members of each Council for their unfailing encouragement and support.

I am, Ladies and Gentlemen,

Your obedient Servant,

ALFRED YARROW  
Medical Officer of Health.

August, 1965.

## PUBLIC HEALTH COMMITTEES

### *Benfleet Urban District*

Dr. D. I. Acres, J.P., M.R.C.S., L.R.C.P. (Chairman)  
W. Dellow  
Mrs. C. J. Evans  
C. L. Evans  
C. W. Glithero  
T. E. Loxton  
W. R. Marrison  
R. A. Williams  
R. M. Williams, J.P. (Chairman of Council)  
Mrs. M. E. Willis (Vice-Chairman of Council)  
K. W. Wilson

### *Canvey Island Urban District*

Mrs. E. A. White (Chairman)  
Mrs. A. R. Blackwell  
Mrs. C. M. Davis  
Lieut. Col. H. P. Fielder, T.D.  
Mrs. B. V. Littlewood  
G. G. Wall  
H. C. Whitcomb, J.P. (Chairman of Council)  
A. C. Yorwarth

### *Rayleigh Urban District*

Miss E. C. Flack (Chairman)  
W. H. Bessant  
R. G. J. Foley (Vice-Chairman of Council)  
A. W. Green  
A. W. Hardwick  
Mrs. D. S. Hawtree (Vice-Chairman)  
G. St. J. Higgins  
L. E. Streak  
Mrs. C. K. Tagg  
D. V. Wilson, J.P. (Chairman of Council)

### *Rochford Rural District*

Miss E. M. Leggatt (Chairman)  
P. W. Ball  
A. B. Barren (Vice-Chairman of Council)  
P. Belton  
C. A. H. Blundell  
J. S. Dobson, J.P.  
Mrs. R. L. P. Fox (Vice-Chairman)  
A. G. Gardner  
E. W. Mumford, B.E.M.  
C. E. O'Leary  
W. J. Rodwell  
D. K. Rollitt, O.B.E., J.P. (Chairman of Council)  
H. E. Smith  
Miss D. M. Stow  
W. J. Tracey  
D. J. Twomey  
R. M. Warren  
D. C. Wood



## COMPOSITE PUBLIC HEALTH COMMITTEE

### *Benfleet Urban District*

Dr. D. I. Acres, J.P., M.R.C.S., L.R.C.P., Mrs. C. G. Evans, Mrs. M. E. Willis.

### *Canvey Island Urban District*

Mrs. A. R. Blackwell, Mrs. B. V. Littlewood, Mrs. E. A. White (Chairman).

### *Rayleigh Urban District*

Miss E. C. Flack (Vice-Chairman), Mrs. D. S. Hawtree, Mrs. C. K. Tagg.

### *Rochford Rural District*

Mrs. R. L. P. Fox, Miss E. M. Leggatt, Miss D. M. Stow.

## PUBLIC HEALTH STAFF

*Medical Officer of Health* Alfred Yarrow, M.B., Ch.B., D.P.H. (also Area Medical Officer and Divisional School Medical Officer, South East Essex).

*Deputy Medical Officer of Health* W. H. G. Batham, M.R.C.S., L.R.C.P., D.P.H. (also Departmental Medical Officer, Essex County Council).

*Secretary to Medical Officer of Health* R. F. Stripp.

### *Public Health Inspectors:*

*Benfleet U.D.* J. E. Gilbert, M.R.S.H., M.A.P.H.I. (Chief).  
P. Sanders, M.A.P.H.I.  
D. F. Edge, M.A.P.H.I.  
J. Griffin, M.A.P.H.I. (commenced 6.7.64).

*Canvey Island U.D.* Donald J. Legg, M.R.S.H., M.A.P.H.I. (Senior).  
A. P. J. Cook, M.R.S.H., M.A.P.H.I.

*Rayleigh U.D.* E. H. Lloyd, M.R.S.H., M.A.P.H.I. (Senior).  
D. R. Cotgrove, A.R.S.H., M.A.P.H.I.

*Rochford R.D.* H. Jepson, M.R.S.H., M.A.P.H.I. (Chief).  
J. R. Bullock, M.A.P.H.I.

*Pupil Public Health Inspectors:* D. Britt.  
P. Hodges (commenced 1.4.64).

### *Clerical Assistants:*

*Benfleet U.D.* A. J. Hart, A.C.C.S.

*Canvey Island U.D.* Mrs. D. H. Terry.  
Miss D. Lock (commenced 13.8.64).

*Rayleigh U.D.* Miss V. French.

*Rochford R.D.* Mrs. Z. Sargent.

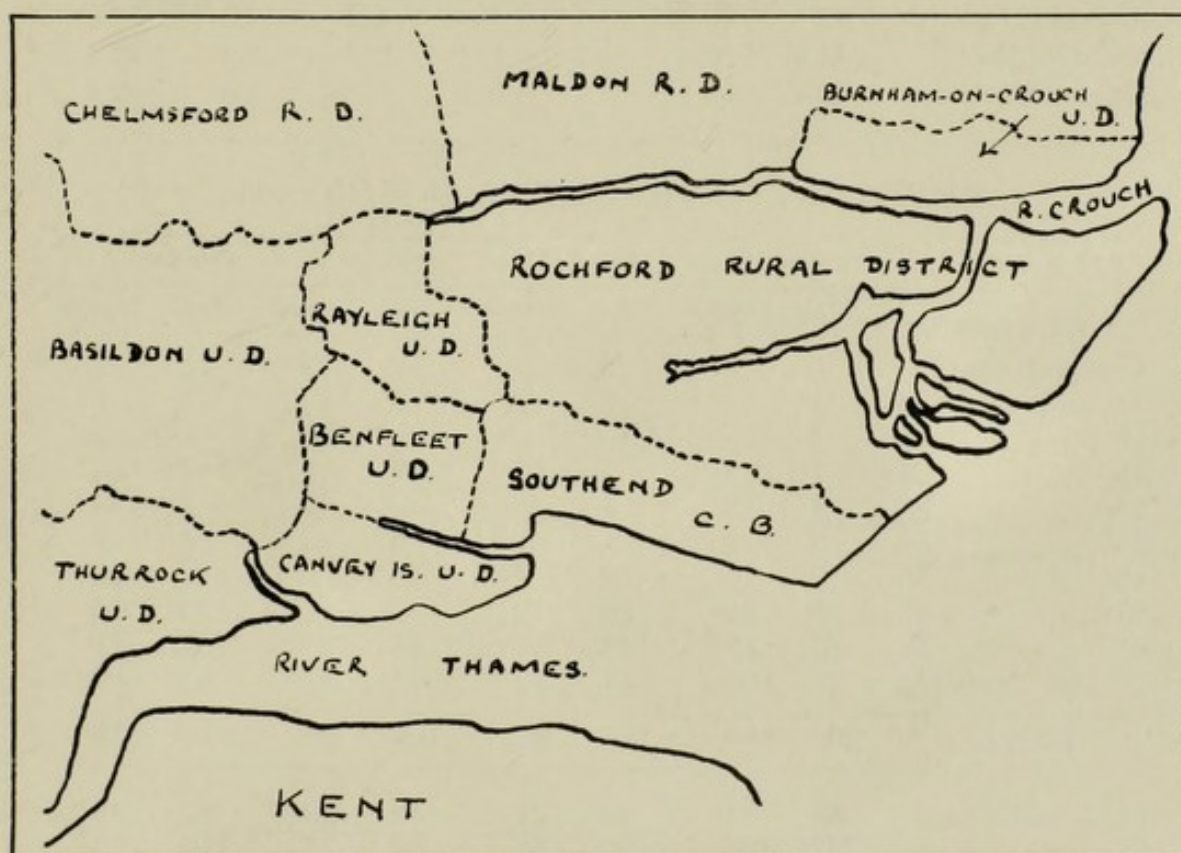
*M.O.H. Dept.* Mrs. S. Clarke (Part-time).



## LOCAL STATISTICS

	<i>Benfleet</i>	<i>Canvey Is.</i>	<i>Rayleigh</i>	<i>Rochford</i>
Area (in acres) ..	6,371	4,421	5,758	36,220
Number of Habitable Houses ..	13,670	7,143	6,976	11,618
Number of Inhabited Houses ..	13,420	6,974	6,858	11,394
Population (1961 Census) .. ..	32,372	15,599	19,032	30,258
Population (Mid-year estimate 1964) .. ..	38,740	19,350	21,800	35,140
Rateable Value ..	£1,299,064	£588,036	£802,342	£1,173,367
Sum represented by a Penny Rate	£4,891	£2,400	£3,216	£4,781

## LOCAL AUTHORITY AREAS



# VITAL STATISTICS

			<i>Benfleet U.D.</i>			<i>Canvey Is. U.D.</i>			<i>Rayleigh U.D.</i>			<i>Rochford R.D.</i>		
			<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
<i>Live Births :</i>														
Total	..	..	467	436	903	201	193	394	205	196	401	402	366	768
Illegitimate	..	..	11	17	28	9	12	21	10	6	16	17	12	29
<i>Stillbirths :</i>														
Total	..	..	8	3	11	2	4	6	2	2	4	10	5	15
Illegitimate	..	..	—	—	—	—	1	1	—	—	—	—	—	—
<i>Deaths :</i>														
Total	..	..	202	189	391	126	95	221	109	96	205	214	225	439
Infants under 1 year			6	4	10	3	—	3	3	2	5	11	2	13
„	„	4 wks.	4	4	8	3	—	3	1	2	3	6	2	8
„	„	1 week	4	4	8	3	—	3	1	1	2	6	2	8

	<i>Birth Rate</i>	<i>Illegitimate Birth Rate</i>	<i>Stillbirth Rate</i>	<i>Death Rate</i>	<i>Infant Mortality Rate</i>	<i>Neonatal Mortality Rate</i>	<i>Perinatal Mortality Rate</i>
England & Wales	.. 18.4	72.0	16.4	11.3	20.0	13.8	28.2
Benfleet U.D.	.. 23.3	33.0	12.0	10.1	11.1	8.9	20.8
Canvey Island U.D.	.. 20.4	53.3	15.0	11.4	7.6	7.6	22.5
Rayleigh U.D.	.. 18.4	39.9	9.9	9.4	12.5	7.5	14.7
Rochford R.D.	.. 21.9	37.8	19.2	12.5	16.9	10.4	29.4
South East Essex	.. 21.4	38.1	14.4	10.9	12.6	9.0	22.2

## DEATHS AT VARIOUS AGES DURING 1964

<i>Age Group</i>		<i>Benfleet U.D.</i>		<i>Canvey Is. U.D.</i>		<i>Rayleigh U.D.</i>		<i>Rochford R.D.</i>	
		<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Under 1 year		6	4	3	—	3	2	11	2
1 and under 5		1	—	2	1	1	—	—	1
5 „ „ 15		1	—	—	—	—	—	—	1
15 „ „ 25		1	2	3	1	4	1	1	—
25 „ „ 35		1	2	1	—	—	—	1	—
35 „ „ 45		3	6	2	—	4	4	7	3
45 „ „ 55		9	10	6	7	13	5	12	16
55 „ „ 65		33	20	23	12	17	11	30	12
65 „ „ 75		70	45	43	24	25	20	62	41
75 and upwards		77	100	43	50	42	53	90	149
Totals	..	202	189	126	95	109	96	214	225
Under 65 years		55	44	40	21	42	23	62	35
65 years & over		202	189	126	95	67	73	152	190



## COMMENTS ON VITAL STATISTICS

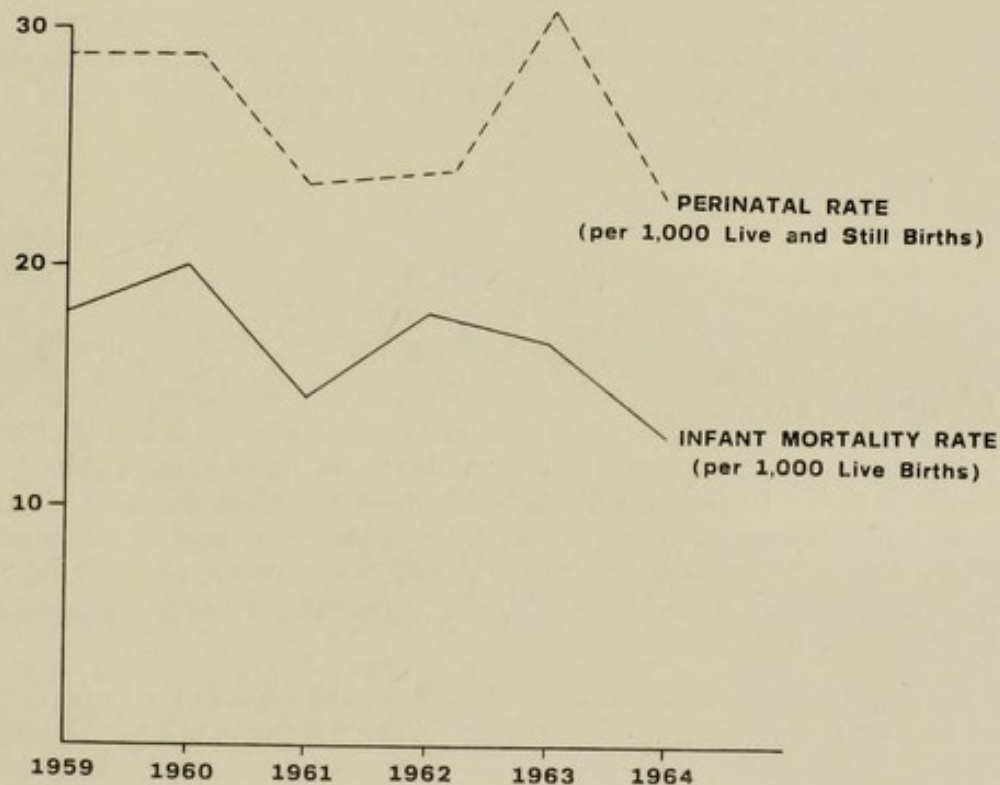
### *Births*

Live births in the four districts during the year numbered 2,466 representing an increase of 191 over the previous year. It was pointed out in last year's Annual Report that the birth rate for England and Wales while continuing to rise was doing so at a slower rate. The same phenomenon may now be showing itself in South East Essex although the rate itself is much higher than that for England and Wales. Thus the increase in England and Wales over the past three years has been from 18 per 1,000 (1962) to 18.2 per 1,000 (1963), and to 18.4 per 1,000 (1964); that for South East Essex has been 20 per 1,000 (1962), 20.9 per 1,000 (1963), and 21.4 per 1,000 (1964). A respite would not be unwelcome either to the hospital or the domiciliary services although the total number of births is bound to increase because of continued immigration and a consequent rapid rise in the size of the population.

Illegitimacy in the four districts rose fractionally from 37.8 to 38.1 per 1,000 births, an increase of 0.3 per 1,000 as compared to an increase of 4.1 per 1,000 the previous year. We are still fortunately a long way behind the distressing national figure of 72 per 1,000.

### *Perinatal Mortality* (stillbirths and deaths in the first week of life)

After the disappointing figure reached in 1963 (29.3 per 1,000 births), it is gratifying to be able to report that in 1964 the perinatal mortality rate fell to 22.2 per 1,000 births; the lowest figure ever reached. The following graph shows the fall over the past few years.





As in previous years an attempt has been made to analyse the "causes" of perinatal mortality where known, as shown by the following table which covers all but a handful of cases in each year.

<i>Cause</i>	1963	1964
Idiopathic prematurity, intra-uterine death, and placental insufficiency	18	7
Toxaemia of pregnancy	14	9
Accidents of pregnancy and labour	15	8
Congenital defects	13	11
Erythroblastosis (rhesus factor sensitisation)	8	8
Other	2	3

It is noted that there has been a gratifying fall in several categories although congenital defects and erythroblastosis, at present largely uncontrollable, continue to exact their toll. It has been said that the irreducible minimum of perinatal mortality is 15 infants per 1,000 and in South and East England we are within striking distance of this figure. Discussions continue at the local Maternity Liaison Committee to hasten this day.

### *Infant Mortality Rate*

While the perinatal mortality rate is the most useful indicator of experience at or about the time of birth, the infant mortality rate is used to measure experience in the first year of life and is the indicator of maternal and community care. It does, however, include deaths in the first week and bearing in mind that numbers of deaths are very small only cautious conclusions can be reached from the study of this rate. In 1964 it was 12.6 for South East Essex as compared with 20.0 for England and Wales and this figure was the lowest reached for many years (see graph).

### *Deaths*

These decreased by 104 during 1964 to 1,256, representing a death rate of 10.9 per 1,000, just below the national average. Rayleigh again had the lowest rate (9.4), and Rochford the highest (12.5), owing to the presence there of a large welfare establishment for the aged from a neighbouring local authority.

The usual summary of causes of death is shown in Table 1 of Appendix "A". From this it will be observed that diseases of the heart and blood vessels again account for more than half of all deaths (53.3%). The next highest mortality group was cancer, accounting for 18.9%. Respiratory diseases, excluding lung cancer, were responsible for 10.8% of the total.

One hundred and sixty-four or 13% of all deaths occurred under the age of 55 years. 31 of these were infants in the first year of life (two from whooping cough and one as the result of an accident), and eight were

children over one and under 15. (Two homicide and one as the result of an accident). Of the remaining 125 of working productive age the principal causes of death were as follows:—

	<i>Male</i>	<i>Female</i>
<i>Malignant Neoplasms:</i>		
Stomach	4	—
Lungs	11	2
Breast	—	9
Other sites	5	21
Cerebral Haemorrhage	2	8
Coronary and other heart diseases	22	2
Other diseases	11	6
Suicide	2	4
Accidents (motor and other)	12	4
	<hr/> 69	<hr/> 56

### *Population*

The following table shows the population of the combined area, over the past five years, together with the figure of the annual increase and on the basis of the 1959 population being 86,050, the increase during the period amounts to 28,980 or 33.7%.

<i>Year</i>	<i>Estimate of Registrar General</i>	<i>Annual Increase</i>
1960	93,050	7,000
1961	98,170	5,120
1962	103,750	5,580
1963	109,060	5,310
1964	115,030	5,970

### *Comparability Factor*

The age structure of the four areas is adjusted to the national average by the application of the Registrar General's comparability factor. The table below shows this factor for both births and deaths, and for the purposes of comparison, the corrected birth and death rates per 1,000 of the population alongside the crude rates.

		<i>Births</i>			<i>Deaths</i>		
		<i>Comparability Factor</i>	<i>Crude Rate</i>	<i>Corrected Rate</i>	<i>Comparability Factor</i>	<i>Crude Rate</i>	<i>Corrected Rate</i>
Benfleet U.D.	...	95	23.3	22.1	102	10.1	10.3
Canvey Island U.D.		109	20.4	22.2	97	11.4	11.1
Rayleigh U.D.	...	90	18.4	16.6	119	9.4	11.2
Rochford R.D.	...	91	21.9	19.9	85	12.5	10.6



## Accidents

There were eight fatal accidents on local roads during 1964 (12 in 1963) and a total of 1,613 road accidents officially recorded in the four Districts. Accidents not associated with the highways accounted for 23 deaths (28 in 1963) and all accidental deaths accounted for 3.2% of the total deaths in the four areas, as compared with 3.5% for the whole of England and Wales. It should be noted that those killed in fatal accidents on local roads were not necessarily local residents. Of local residents 17 were killed in road accidents (anywhere in the country) in 1964 as compared with 10 in 1963.

The Chief Constable of Essex in his report on Road Accidents in 1964 provides a table of selected 'B' roads with the incidence of accidents. The following local roads are included:—

B.1006.	Tarpots to South Benfleet (1.85 miles)	..	74 accidents
B.1014.	Hadleigh to Leigh Beck (6.93 miles))	..	195 accidents
B.1013.	Rayleigh to Rochford (7.12 miles)	..	138 accidents

The peak hour for accidents in the County during 1964 was 4-5 p.m., and the peak day Saturday, and the peak month July.

## WELFARE OF THE AGED

I am indebted to Dr. Batham for the following report:

" During the year 34 elderly folk were referred to the Department for assistance, as well as a further four cases from previous years being reviewed. Nearly three-quarters of these were elderly females and of the total 20 were over 80 and one was 90. Twenty were living alone; 26 were widowed, seven married and five were single.

When an aged person is brought to the notice of the Department as being in some form of need a visit is invariably made either by the Health Visitor, the Public Health Inspector, Domestic Help Organiser, or by myself, according to the evidence available. Invariably we find that the assistance of the domiciliary services is required, such as the Home Help or the District Nurse, but where admission to a welfare home is desired the Area Welfare Officer is informed. Often cases are referred to the voluntary services, particularly as regards Meals-on-Wheels. And then, the condition of the property quite often comes into the picture and where the occupant is the tenant the assistance of the Local Authority, through the Public Health Inspector, is sought to negotiate with the landlord for any necessary repairs.

A considerable amount of follow-up work is entailed when dealing with the elderly, and as far as it has been possible to ascertain, the following summary shows the way in which many of the cases were finally dealt with.

Admitted to hospital	7
Admitted to welfare homes	3
Admitted to private homes	1
Re-housed by Local Authority	1
Other private arrangements	2
Died	8
Remained at home with assistance from domiciliary services,	16



Where an aged person is living in insanitary circumstances and is not receiving proper care and attention, and is unwilling to go into a welfare home or hospital, compulsory removal may be authorised, through a Magistrates Order, under Section 47 of this Act or the amendment Act, 1951. Naturally, close liaison is necessary with the family doctor who is responsible for securing a hospital bed if he considers hospital, and not welfare accommodation, is required. One of the cases admitted to hospital was removed under a Magistrates Order under this Act, as amended. This was an elderly man suffering from advanced tuberculosis, who, apart from refusing treatment, was a source of infection to other members of the household. He died three days after admission. "

I am particularly indebted to Dr. R. G. Benians, the Consultant Geriatrician at Rochford Hospital, to Mr. W. R. Shipman, the Area Welfare Officer, and his staff, and also my own staff concerned, for their consideration and help in many difficult cases during the year.

In respect of privately-run old people's homes there are three in the Benfleet Urban District, one at Canvey Island and one in the Rochford Rural District. Also, in Rayleigh there is a large old people's home (Eastwood Lodge) run by the Field Lane Institution of London and another (Harris Lodge) run by the West Ham Corporation.

Details of Local Authority housing for the elderly will be found under the Housing Section of the Report on page 22.

Valuable and necessary assistance from voluntary organisations continues, in particular the various Old People's Welfare Committees who co-ordinate and encourage various activities for the elderly. Special reference must again be made to the Meals-on-Wheels Service operated by the Women's Voluntary Services.

## GENERAL PROVISION OF HEALTH SERVICES

### *Local Health Authority Services*

Details of the services provided by the Local Health Authority through the Health Area Sub-Committee appear as Appendix 'B' to this report. The Mental Health and Ambulance Services are administered centrally by the County Medical Officer of Health.

### *Laboratory Services*

The General Hospitals at Southend and Rochford provide a Pathology Laboratory Service.

The Public Health Laboratory Service undertakes the bacteriological examination of water, milk, ice cream and other foodstuffs, as well as other specimens, at the Southend Public Health Laboratory in Balmoral Road, Westcliff-on-Sea. I am particularly indebted to the Director, Dr. J. A. Rycroft, and his staff, for valuable co-operation and assistance during the year.



### *Hospital Services*

Normally, local residents requiring hospital in-patient treatment, are admitted either to the Southend or Rochford General Hospitals at the request of the family doctor to the hospitals concerned. Where out-patient treatment only is required, both hospitals have facilities. The specialist hospitals in the Metropolitan area are easy of access to patients from these Districts. An Emergency Obstetric Unit (Flying Squad) is based at Rochford General Hospital. Facilities for the treatment and alleviation of deafness and the provision of hearing aids are provided at the Southend General Hospital.

Cases of infectious disease, except tuberculosis, usually go to Westcliff Hospital, but complicated cases of poliomyelitis can be sent to the Poliomyelitis Unit at Rush Green Hospital, Romford. There is a special wing for tuberculous patients at the Rochford General Hospital.

Out-patient investigations and treatment for persons suspected of, or suffering from, tuberculosis and other respiratory conditions, is provided at Lancaster House Chest Clinic, 207, Southchurch Road, Southend-on-Sea.

Confidential out-patient treatment for persons suffering from Venereal disease is provided for both men and women at Westcliff Hospital.

The hospitals serving this area are grouped under the Southend-on-Sea Hospital Management Committee (Secretary: J. C. Field, F.H.A.), with offices at the General Hospital, Rochford.

The Public Health Department is indebted to Dr. H. D. Crosswell, M.D., M.R.C.P., Physician Superintendent of Westcliff Hospital, and Dr. E. G. Sita-Lumsden, M.A., M.D., M.R.C.P., Consultant Physician at Lancaster House Chest Clinic, and their respective staffs, for help and co-operation throughout the year.

## INFECTIOUS DISEASES

After the excitements of 1963 it is pleasant to be able to record a quieter year in 1964. Two outbreaks of importance occurred however; a widespread epidemic of infective hepatitis and a disturbing rise both in the incidence and mortality from whooping cough. These are reported on as follows, together with some notes on the other common communicable diseases.

### *Infective Hepatitis*

During April the number of cases of hepatitis, which is always with us in South East Essex in a sporadic form, began to rise, coincidentally with a similar rise in the neighbouring County Borough of Southend-on-Sea. Whereas the disease is usually most prevalent in Rochford, in 1964 the incidence was also high in Benfleet and Canvey Island though for some obscure reason Rayleigh was largely spared. Altogether 112 cases were notified.



Experience with gamma-globulin in 1963 had led one to believe that this substance was a valuable protective for family contacts of a case. After consultation with the Public Health Laboratory Service gamma-globulin was made available to family doctors for contacts of cases both in Southend-on-Sea and South East Essex. The number of contacts given gamma-globulin was 96 and of these none contracted the disease. Of 304 contacts not protected 13 contracted hepatitis, an incidence of 4.3%.

The epidemic gradually died down after mid-summer although sporadic cases continued to occur, mainly in Rochford, Benfleet and Canvey Island until the end of the year. It is not claimed that gamma-globulin played any substantial part in the epidemic control of this disease.

### *Whooping Cough*

The number of cases of pertussis rose in 1964 to 102 as compared with 51 in 1963 and 20 in 1962. Unfortunately two fatalities occurred in babies aged one month and three months respectively. Most of the mortality in pertussis is confined to the first year of life. Table 11 shows that 79 of the 102 cases notified occurred in children aged 1-9 years inclusive while 10 cases occurred in children under one. Acceptance rates for pertussis vaccination are very high in South East Essex, but of course it is extremely difficult to ensure the protection of infants aged less than three months. Most frequently these are infected by older siblings and it has been suggested that the practice of giving booster doses to older siblings which has been discontinued should be resumed. There is also some evidence to suggest deterioration in the efficiency of vaccines at present being used and this is receiving attention from the immunologists.

### *Poliomyelitis and Other Virus Infections of the Nervous System*

For the second year running there were no cases of poliomyelitis notified. Three cases of acute encephalitis occurred, two being caused by the mumps virus. All cases made a good recovery.

### *Food Poisoning, Typhoid and Paratyphoid*

One case of typhoid was reported in January. This case was secondary to the cases occurring at Christmas 1963 and was fully reported on in last year's Annual Report. One case of paratyphoid B occurred in a boy of two, the onset of symptoms occurring four days after his arrival at a South Coast resort where it is possible the infection was acquired. This boy made a good recovery.

Ten cases of food poisoning were notified and three others came to our attention other than by notification two of whom were symptomless contact carriers. An organism was incriminated in six cases (two carriers), the organisms being *Salmonella typhimurium* (four cases), *Salmonella brandenberg* (one case), and *Salmonella muenchen* (one case). It is noteworthy that the number of cases of food poisoning notified in these districts has shown a tendency to fall over the past few years and



there is less variety in the type of Salmonella notified. Whether these changes are due to our clean food campaign of 1961, the steady implementation of the Clean Food Act of 1955, or to the pasteurisation of imported food products, especially egg products, is a matter for conjecture.

### *Scarlet Fever*

One hundred and fifteen cases were notified, an increase of 66 over the previous year. Fortunately the disease continues to occur in a mild form.

### *Tuberculosis*

The number of cases on the tuberculosis register rose by 42 to 548 at the 31st December, 1964, the rise being partly due to excess of inward over outward transfers and partly to improved prognosis. Thirty-seven new cases were notified (32 pulmonary) a welcome improvement over the 44 new cases reported in 1963. Table B overleaf demonstrates this return to a figure more in line with previous years but there is no room for complacency because with improved control over the infectivity of the disease one might have hoped for a progressive fall in the notification rate. There were in 1964 nine deaths of patients on the register but of these only four actually died of tuberculosis.

Table A gives a brief summary of these figures and a detailed analysis may be found in Table 10 of Appendix A.

Because of the somewhat higher incidence of tuberculosis in Canvey Island during 1963, particularly marked in the age-group sixty-five and over, it was decided to undertake a special Mass Radiography Campaign in the Spring of 1964. In order to attract this particular age-group, who are notoriously chary of attending for X-ray, the Canvey Island Urban District Council offered 'prizes' of three television sets to selected persons drawn from the pensioners group attending for chest X-ray. The co-operation of voluntary bodies and family doctors was sought and as much newspaper and radio publicity as possible was obtained. The result was moderately satisfactory, some 15% of this group attending, over three times as many as at the previous visit of the Mass Radiography Unit: nor did this influence adversely the reaction of younger persons as they also attended in slightly increased numbers. Of the pensioners X-rayed, one old lady was found to be a case of open tuberculosis and the discovery of this case was sufficient to make the project worth while.

Preparations for this campaign had to be made in a few short weeks. It is felt that given more time, more careful planning would have been possible; the work of a Health Education Officer 'on the ground' would have been invaluable. Given these circumstances better results could be obtained.

This project demanded and obtained the closest possible co-operation of Chest Clinic, Mass Radiography Unit and Local Authority.

The Mobile Unit also visited a number of sites in the Benfleet, Rayleigh and Rochford Districts. Here too, co-operation was excellent.



In two instances during the year food handlers were notified as cases of open tuberculosis, one a baker and the other a milkman. In both cases extensive follow-up of fellow employees was necessary and all contact members of staff were X-rayed. In one of these cases where a multiple organisation was involved discussions were held with the firm concerned who decided to make chest X-ray a condition of employment for dairy staff.

**TABLE "A"**  
**Summary of Cases of Tuberculosis for 1964**

	<i>Male</i>	<i>Female</i>	<i>Total</i>
On Register at 31st Dec. 1963...	293	213	506
Notified during year ... ..	24	13	37
Inward transfers during year ...	25	30	55
Cases recovered ... ..	10	8	18
Cases removed elsewhere ... ..	14	9	23
Died ... ..	7	2	9
Remaining at 31st Dec. 1964 ...	311	237	548

**TABLE "B"**  
**Incidence of Tuberculosis per 10,000 Population**

<i>Year</i>	<i>Mid-year Population S.E. Essex</i>	<i>New notifications of tuberculosis</i>			<i>Notifications per 10,000 population</i>
		<i>Male</i>	<i>Female</i>	<i>Total</i>	
1959	86,050	17	12	29	3.37
1960	93,050	17	19	36	3.87
1961	98,170	25	6	31	3.16
1962	103,750	26	8	34	3.28
1963	109,060	30	18	48	4.41
1964	115,030	24	13	37	3.2

## PUBLIC HEALTH ENGINEERING

### *Water Supply*

Approximately 95% of the mains water supplied by the Southend Waterworks Company throughout these Districts comes from the Rivers Chelmer, Ter and Blackwater and treatment is undertaken at the Company's main works at Langford near Maldon, or at the works at the Hanningfield Reservoir. Samples of the treated water going into supply are tested daily by resident chemists and bacteriologists. The remaining 5% of mains water comes from the Company's wells and boreholes in various localities in their supply area. All reports on laboratory tests during the year have shown that the water from the Company's mains is of normal chemical character and good bacteriological quality, and consequently pure and wholesome and suitable for public supply purposes. A copy of a typical report is shown as Table 2 of Appendix A. The waters in supply are not liable to have any plumbo-solvent action.

Concern continues to be felt about the future adequacy of water supplies in Essex. The continuing rise in the population together with the rising standard of living and increased industrialisation add to the problem.



The following details are provided relating to the water supply in these Districts:—

	<i>No. of connections during year</i>	<i>Length of extensions during year</i>	<i>Total extensions over past five years</i>
Benfleet U.D.	913	15,068 yds.	46,839 yds.
Canvey Island U.D.	405	1,685 yds.	32,429 yds.
Rayleigh U.D.	251	5,714 yds.	21,124 yds.
Rochford R.D.	581	4,084 yds.	26,322 yds.

The usual details in respect of water supplied in the Rural District of Rochford are found in Table 3 of Appendix A.

### *Drainage and Sewerage*

The rapid development in South East Essex since the war, with the population increasing largely by immigration, between 5,000 and 6,000 every year, has created serious problems in many aspects of Local Government. One of these is that of sewage disposal. New sewage works are in course of construction at Canvey Island, major extensions have been carried out at the two sewage disposal works at Rayleigh, relief sewers have been installed in Benfleet, and Rochford are discussing the best means to deal with their present problem of the surcharging of sewers during periods of heavy rainfall. The respective Engineers and Surveyors have provided the following information on the subject as far as 1964 is concerned.

The **Benfleet** Urban District is divided roughly into eastern and western areas for the purposes of sewage disposal. The eastern area is further divided into a smaller north-eastern section draining by gravity to the Rayleigh Urban District, and a south-eastern section by gravity to the County Borough of Southend-on-Sea. The western area is also subdivided into a north-western section which gravitates to a pumping station in Rushbottom Lane at Great Tarpots, and a south-western section which flows to the pumping station in South Benfleet. This latter pumping station also receives the sewage which is pumped from the Rushbottom Lane pumping station. Sewage is pumped from the South Benfleet pumping station to the Sewage Disposal Works in the extreme south-west corner of the District where it undergoes treatment. The works comprise a balancing tank, two continuous flow settlement tanks, and two percolating filters. There is one storm overflow tank to deal with over six times the Dry Weather Flow. The effluent, after treatment, flows into Benfleet Creek. Samples are taken from time to time by the Port of London Health Authority to ensure that the requisite standard is maintained.

Additional foul water sewers, 363 yards in length, were constructed in streets throughout the district, during the year, and about 2½ miles of relief sewer constructed in a westerly direction from Kenneth Road.

Sewage is disposed of at **Canvey Island** by means of a gravity system with pumping stations sited at appropriate points to raise the sewage and produce the necessary head. On reaching the main pumping



station at Southwick Farm sewage is pumped direct into tidal waters via the two pumping mains, the original 18 in. main and the new 24 in. main which was installed in 1962, together with new storm pumps. This new work, representing the first phase of the Council's new Sewage Disposal Works proposal, has been designed by their Consulting Engineers, Messrs. Sandford, Fawcett & Partners. Construction work on the new sewage works which commenced in 1963, proceeded through 1964 and it is anticipated that the new works will be in operation by December, 1965. At the main pumping station two variable speed pumps have been installed to pump sewage at the required velocity to the Sewage Works.

The Council have instructed their Consulting Engineers to prepare a scheme involving a relief sewer from the High Street Pumping Station (which deals with the eastern part of the district) linking to the main pumping station at Southwick Farm, this scheme to include provision for the future sewerage of Harvest Road area, the Winter Gardens and Sixty Acres areas, and the vacant land to the south which is likely to be incorporated for residential use at the forthcoming Town Planning Review. The scheme will include the provision of three pumping stations to deal with those parts of the area referred to above which fall in the First Phase of the Development Schemes or provision of the Private Street Works Code.

Some 95% of the district is covered by main drainage and all but a very few of the residences in this area are connected and the outstanding properties being old and likely to be subject to demolition for minor redevelopment at an early date. No extensions to the main sewer have been carried out during the year except by developers and this to deal with new properties.

**Rayleigh**, like Benfleet, is divided into Eastern and Western areas for sewage disposal purposes. The original drainage system, first brought into use in 1932, with the continued development, proved incapable of coping with the flows in recent years, and since 1960 a comprehensive programme of work in respect of the renewal and enlargement of all the main sewers and the modernisation and enlargement of the two Sewage Disposal Works have been proceeding. In August, 1960, work commenced on the extension of the Western Area Sewage Disposal Works which discharges effluent into the River Crouch and the new works was substantially completed by 31st December, 1962. Work on the enlargement of the Eastern Area Sewage Disposal Works was commenced in August, 1961, and all the new treatment plant was in operation early in 1963. The provision of the new trunk sewers to serve both Eastern and Western areas has progressed satisfactorily, such that the whole of the Eastern drainage area is now drained by new trunk sewers, whilst in the Western drainage area the main trunk sewer leading from London Road to the Sewage Disposal Works was completed during the summer of 1963. The design work for the extension of this sewer towards the centre of the town was generally completed by Christmas 1964 and a tender for the carrying out of the work has been accepted by the Council subject to Ministry approval. The design work on the Rawreth Sewerage Schemes is now generally complete and acquisition for the necessary land for pumping stations is proceeding. Having regard to the continual growth of the Town, further consideration has had to be given to the two



Sewage Disposal Works and the flows being dealt with by these works. The Council have therefore appointed Consultants to investigate the matter and it is anticipated that further modernisation and enlargement work will be carried out during the next five years.

In the **Rochford** Rural District there is one Sewage Disposal Unit at Stambridge and one at Great Wakering. The Stambridge Works provide for most of the Rural District, serving a population of approximately 27,250. The outfall from these works is to the tidal waters of the River Roach. The works at Great Wakering deal with sewage from a population of over 3,300 and the effluent is discharged into Havengore Creek. By the end of 1964 some 758 properties in the Hullbridge area were being served by the main sewer extension which drains to the Western Area Sewage Works of the Rayleigh Urban District Council by mutual agreement. During 1964 a sewerage system was constructed to cater for approximately 400 persons in the Barling area, part of which drains to a works constructed by the Council at Silchester Corner and the remainder by agreement with Southend Corporation to their sewerage system.

The following table shows certain details concerning sanitation arrangements in each of the four Districts during the year:—

	<i>Benfleet U.D.</i>	<i>Canvey Is. U.D.</i>	<i>Rayleigh U.D.</i>	<i>Rochford R.D.</i>
Percentage of premises served by main drainage	98.1	95	95	82
Number of premises connected to main sewer during year ... ..	899	444	365	651
Extensions of main sewer during year ... ..	363 yds	230 yds.	3,900 yds.	3,025 yds
Number of premises served by cesspools ... ..	77	25	229	400
Number of premises served by earth or chemical closets	188	100	118	1,530
Number of premises served by night soil collection ...	—	—	50	262*

\* 184 twice weekly and 78 once weekly.

#### *Refuse Collection and Disposal*

By the end of the year there were nearly 39,000 privately occupied dwellings in the four Districts requiring refuse to be collected. There is a door to door collection in all the Districts, but the paper sack system has been introduced in the Rochford Rural District so as to do away with communal bins at the end of unmade roads. In addition, trade refuse was collected from a large number of shops and industrial premises. Apart from the problems of expansion, there is the permanent problem of labour and the difficulty of attracting and retaining reliable men. By the end of the year there were 22 vehicles and 95 men engaged on collection and disposal.

In the **Benfleet** Urban District six vehicles and 28 men undertake the collection of refuse and salvage. A weekly collection is made throughout the District apart from a few unmade roads in the more remote parts. Disposal is by means of controlled tipping on the Benfleet Marshes and three men and a bulldozer are regularly employed on this. The sale of materials salvaged during the year amounted to £729.



At **Canvey Island** collection was on a fortnightly basis for most of the year and disposal by controlled tipping at Newlands. A weekly collection commenced at the latter part of 1964 and was in full operation throughout the District in the early months of 1965. The increase in the tonnage of domestic and trade refuse handled continued, and in addition, contractors' building site debris was accepted.

In an endeavour to deal with the problem of the irresponsible dumping of unwanted material the Public Health Department make a collection of such on request, free of charge, in connection with the "Keep Canvey Tidy" campaign.

The **Rayleigh** Urban District is served with a regular weekly collection of house refuse with the exception of premises on unmade roads when the collection is fortnightly. Three vehicles and 16 men are used for this purpose. Materials salvaged during the year amounted to some 211 tons and realised on sale £1,777. Refuse was disposed of at the tip in Hambro Hill, Rayleigh.

Throughout the **Rochford** Rural District there is a weekly collection of refuse from domestic premises. The paper sack scheme for collection from unmade roads commenced in January, 1964, and at the end of the year, 840 premises were being served in this way. All bins provided at the ends of unmade roads have been abolished. Throughout 1964, eight vehicles and 32 men were regularly engaged in collecting, and one man on salvage baling. Material salvaged during the year amounted to 112 tons and realised the sum of £1,188. The site of an adjoining Authority where provision is made for long-term disposal, is used for refuse disposal.

## GENERAL PUBLIC HEALTH MATTERS

### *Atmospheric Pollution*

#### *National Survey*

Readings of smoke and sulphur dioxide depositions from the Atmospheric Pollution Recording Station at Rayleigh which commenced to be taken in March, 1963, were continued throughout the year. The following is a summary of the results obtained.

	<i>Smoke Results</i>		<i>SO<sub>2</sub> Results</i>		<i>Smoke/SO<sub>2</sub> Ratio</i>
	<i>Average</i>	<i>Highest</i>	<i>Average</i>	<i>Highest</i>	
January	†*	212	†	390	—
February	89*	285	94	177	.95
March	57*	145	52	100	1.10
April	33	107	78	192	.42
May	17	31	53	98	.32
June	13	26	40	119	.33
July	9	23	41	68	.22
August	N	24	N	108	N
September	11	39	25	51	.44
October	N*	170	N	159	N
November	70*	164	105	279	.67
December	66*	206*	77	189	.86

\* At least one daily reading below 50.

† Insufficient number of results.

N Indicates that the absence of a figure is accounted for by insufficient readings associated with technical difficulties with the apparatus.



### *Proposed Oil Refinery*

During the year United Refineries Limited (AGIP) applied for planning permission to erect an Oil Refinery at Canvey Island. For some years past the presence of oil refineries and the resultant smell nuisance therefrom, has been a matter of comment in this report; less so in the recent past owing to remedial measures taken by the oil companies.

The application was supported by the Canvey Island Urban District Council and resisted by Benfleet Urban District Council. My advice was sought and I, therefore, in turn consulted a number of experts in this field to whom I am indebted, particularly Dr. P. J. Lawther of the Air Pollution Research Unit, at St. Bartholomew's Hospital and Mr. D. H. Lucas of the Central Electricity Research Laboratories. The result of my investigations were the conclusions that in general (a) there was no problem of sulphur dioxide pollution which could not be substantially overcome by emitting gases from very high chimneys and (b) that the problem of smells arising from mercaptan compounds could be substantially overcome but it would be unwise to aver that they could be entirely eliminated. The application was made the subject of a public enquiry, the result of which is still awaited.

### *Factories Act, 1961*

The following details have been taken from the records of the Public Health Inspectors:—

	<i>Benfleet U.D.</i>	<i>Canvey Is. U.D.</i>	<i>Rayleigh U.D.</i>	<i>Rochford R.D.</i>
Number of Premises registered	108	51	62	69
Number using mechanical power	106	51	62	67
Number of Inspections made	197	48	10	50
Defects found	39	2	2	5
Number of Outworkers	51	35	38	121

Information required in accordance with Section 153(1) of the Act will be found in Table 5 of Appendix A.

### *Petroleum Storage*

Routine inspections were made in each of the four Districts respecting applications to store petroleum spirit and other inflammable substances coming within the regulations. Licences issued and inspections made are summarised as follows:—

	<i>Benfleet U.D.</i>	<i>Canvey Is. U.D.</i>	<i>Rayleigh U.D.</i>	<i>Rochford R.D.</i>
Petrol Licences	43	14	24	58
Carbide of Calcium licences	1	—	—	1
Petroleum Mixture	7	—	6	4
Inspections	57	49	76	57

The Canvey Island Council issued licences (included in table on previous page) for bulk petroleum storage; one being for 170,400 tons and the other for 18,128,000 gallons. Inspections of these large over-ground tank installations involved static water areas, sprinkler systems and fire retaining areas. Also, a further 30 visits were made under the Methane Order to the Methane Installation of the North Thames Gas Board at Canvey Island the enlargement of which was completed during the year. The necessary licence was issued on 1st August 1964.

#### *Pet Animals Act, 1951*

Licences respecting the keeping of pets for sale under the above Act were issued during the year as follows:—Benfleet U.D. 3; Rayleigh U.D. 2; and Rochford R.D. 3.

#### *Public Health Inspections*

A summary of the 15,068 inspections and visits carried out by the Public Health Inspectors of the four Districts will be found in Table 6 of Appendix A.

#### *Pest Control*

##### *(a) Rats and Mice*

In the Benfleet area 165 complaints concerning rats and mice were received during 1964 and 665 visits and inspections made. Infestations at Canvey Island necessitated 52 visits and inspections. At Rayleigh 115 premises were treated on account of rat and mice infestations. In the Rochford Rural District 114 minor infestations of rats and mice were notified and 487 inspections of various premises were made. Pre-packed bait for householders' use is provided free of charge.

##### *(b) Brown-tail Moth*

Control measures against this pest at Canvey Island continued during the year, necessitating 89 visits and inspections. Through experience, long-standing residents have become familiar with the problem and in general co-operate well, but the influx of immigrant residents from other areas who find it hard to appreciate the whole problem, makes effective control a little more difficult.

##### *(c) General*

In the Benfleet area 86 visits and inspections were made during the year in respect of various other pests. Similarly 80 visits were made at Canvey Island and eight at Rochford. Mosquitoes are quite a problem in these areas, particularly at Canvey Island where a good deal of work is done in spraying with D.D.T.

#### *Establishments for Massage or Special Treatment*

During the year the Essex County Council, on the recommendation of the District Councils, issued four licences to chiropodists practising in Benfleet, Canvey Island, Rayleigh and Rochford areas. One chiropodist in Benfleet ceased to practise and the licence was not renewed.



## HOUSING

Information relating to new house building, demolitions, and the repair and improvement of dwelling houses in all four Districts will be found in Table 7 of Appendix A.

### *Medical Classification for Re-housing*

During the year 54 new cases referred to the Department were investigated, and in addition, seven cases dealt with in previous years were again reviewed. Of the total, 34 were from Canvey Island, 16 from Rochford, eight from Benfleet, and three from Rayleigh. In the majority of these cases visits were made by my Deputy, with the following results:

(a)	Extreme urgency (taken outside points scheme where applicable) .. .. .	3
(b)	High medical priority .. .. .	6
(c)	Definite, but not serious medical factor .. .. .	25
(d)	Minimal medical involvement .. .. .	13
(e)	Medical need not relevant to re-housing .. .. .	3
(f)	Consideration for specially adapted accommodation (handicapped persons) .. .. .	2
(g)	Social grounds (urgent) .. .. .	1
(h)	Unclassified .. .. .	8

The most important reasons for referral include tuberculosis, other respiratory conditions, disabilities associated with old age, including blindness, arthritis and vascular disorders, and also mental ill-health.

### *Housing for Old People*

Sheltered accommodation for old people, whereby they rent, furnish and occupy their own bed-sitting room, equipped with separate kitchen and toilet facilities, and with a warden provided, continues to be increasingly supported as a practical method of providing a measure of supervision for the aged and at the same time not depriving them of their independence. By the end of the year 71 units of such accommodation were provided in three of the Districts. This includes 18 units at Grested Court, Rochford, which was officially opened on the 23rd May. In May, 1964 work commenced on a new project at Rayleigh which will provide a further 32 units.

Furthermore an additional 400 units (mostly one bedroomed bungalows) are provided in the four Districts for persons of pensionable age who are able to look after themselves, sometimes with the assistance of the domiciliary services, but without the necessity for supervision by a warden.

### *Slum Clearance*

Since 1956, the following number of properties have been demolished as a result of action taken by the several Authorities under the Housing Act:—

Benfleet U.D. . . .	65
Canvey Island U.D. . .	94
Rayleigh U.D. . . .	41
Rochford R.D. . . .	180



Being a rapid development area, where available building land dwindles daily, redevelopment is taking care of a fair proportion of older dwellings which sooner or later would rank for demolition order procedure. This is particularly so at Canvey Island where the legacy of pre-war shack development is still a problem.

#### *Common Lodging Houses*

There are no Common Lodging Houses in these Districts.

#### *Houseboats*

The mooring of houseboats on the foreshores and in the creeks saltings and water courses in this area, as in other parts of the County, is prohibited under the Essex County Council Act, 1952 (Section 110), unless written consent is given by the Local Authority concerned.

Arising from the enforcement of this Act over the past 12 years the houseboat problem has largely been resolved. By the end of 1964 only three permanently occupied houseboats remained in the Benfleet and Small Gains Creeks. There are, however, a number of houseboats in these Creeks which are only occupied occasionally. The demolition and removal of derelict hulks in the various Creeks continues. There is only one houseboat on the River Crouch in the area of the Rochford Rural District licensed annually for part-time occupation.

#### *Caravan Sites*

The only municipal caravan site in the area is at Hart Road, Thundersley, operated by the Benfleet U.D.C. Here accommodation is provided for 233 caravans with all necessary amenities, including electricity, main drainage, roadways and community hall. There is a continual waiting list for pitches.

At Canvey Island there are five private sites licensed by the District Council providing for 1,800 caravans and chalets, with amenities. Most of these are seasonal. One of these sites (Newlands Caravan and Camping Park) is owned by the Council and leased to a private company. This site was extended during the year and now accommodates 345 caravans and chalets, besides a tenting area.

There are no communal caravan sites in the Rayleigh Urban District but four site licences were granted for individual caravans.

In the Rochford Rural District there are nine privately owned sites licensed by the Council. Six of these are residential providing for 600 caravans with amenities. The other three sites accommodate 250 caravans and are in seasonal use only.

## INSPECTION AND SUPERVISION OF FOOD

#### *Meat Inspection*

Details of the 27,031 food animals killed and examined in slaughterhouses within the Urban Districts of Benfleet and Rayleigh and the Rural District of Rochford will be found in Table 4 of Appendix A. There are no slaughterhouses at Canvey Island.

It should be noted that 100% inspection of food animals at the slaughterhouses has been maintained. This reflects credit to the Public Health Inspectors who are often required to carry out work after normal office hours, including week-ends.

Samples of meat and offal from 8 animals slaughtered at Cross Farm Slaughterhouse, Hadleigh were submitted for laboratory examination.



### *Food Inspection*

A summary of the 775 food premises in the four Districts at the end of the year, and of the various foodstuffs condemned during the year as unfit for human consumption, will be found in Tables 8 and 9 of Appendix A.

All unsound food is disposed of at the refuse tips of the various Authorities, apart from condemned meat from slaughterhouses which is dyed before disposal to processors for animal food. Local Authorities in the areas where such firms operate are advised.

Under Section 16 of the Food and Drugs Act, 1955 a total of 91 premises in the four Districts are registered for the manufacture of sausages and preserved foods.

### *Ice Cream*

At the close of the year retailers of ice cream in the various areas were registered with the respective Local Authorities as follows:—

Benfleet U.D. ...	...	54
Canvey Island U.D. ...	...	22
Rayleigh U.D. ...	...	45
Rochford R.D. ...	...	85

There are two manufacturers of ice cream in the area—one at Canvey Island and one at Rayleigh—both of whom are registered. Cinemas, schools, clubs and premises used wholly for catering are exempt from registration.

During the year 38 samples of ice cream were submitted to the Public Health Laboratory for examination. Results were as follows:—

Grade I ...	18	} Satisfactory
Grade II ...	4	
Grade III ...	8	} Unsatisfactory
Grade IV ...	8	

Energetic measures were taken to improve the quality of ice cream being sold by retailers producing unsatisfactory samples.

## APPENDIX A.

TABLE 1.  
CAUSES OF DEATH DURING 1964

	Benfleet U.D.		Canvey Is. U.D.		Rayleigh U.D.		Rochford R.D.	
	Male	Female	Male	Female	Male	Female	Male	Female
Tuberculosis, respiratory	1	—	1	—	1	—	1	—
Syphilitic disease	—	—	—	—	—	—	—	—
Whooping Cough	1	—	—	—	—	—	1	—
Other infective and parasitic diseases	1	—	—	—	—	—	—	—
Malignant neoplasm, stomach	11	1	3	1	—	3	4	1
Malignant neoplasm, lung, bronchus	17	1	12	5	10	2	7	2
Malignant neoplasm, breast	—	9	—	—	—	4	—	5
Malignant neoplasm, uterus	—	1	—	1	—	1	—	3
Other malignant & lymphatic neoplasms	17	25	8	8	5	11	27	18
Leukaemia, aleukaemia	—	2	—	1	—	—	—	1
Diabetes	1	1	—	1	—	—	—	—
Vascular lesions of nervous system	29	39	12	21	19	20	2	1
Coronary disease, angina	54	24	33	17	32	14	44	82
Hypertension with heart disease	1	3	1	1	1	2	49	38
Other heart disease	14	23	6	10	6	12	1	7
Other circulatory disease	4	8	1	5	2	2	6	15
Influenza	—	1	1	—	—	—	7	4
Pneumonia	8	13	9	4	4	2	1	—
Bronchitis	15	5	12	3	7	4	8	7
Other diseases of respiratory system	3	—	1	1	1	—	16	8
Ulcer of stomach and duodenum	2	—	—	1	—	—	1	1
Gastritis, enteritis and diarrhoea	1	1	—	2	—	2	2	1
Nephritis and nephrosis	2	2	2	—	—	—	1	2
Hyperplasia of prostate	2	—	3	—	—	—	2	2
Pregnancy, childbirth, abortion	—	1	—	—	—	—	—	—
Congenital malformations	2	2	—	—	—	—	—	—
Other defined and ill-defined diseases	10	15	14	8	4	2	2	2
Motor vehicle accidents	3	2	2	1	7	10	19	13
All other accidents	3	5	4	3	—	1	1	3
Suicide	—	5	1	1	—	2	2	5
Homicide and operations of war	—	—	—	—	—	—	—	3
Totals	202	189	126	95	109	96	214	225
	391	221	205	439				



# TABLE 2

## WATER ANALYSIS

Report by the Counties Public Health Laboratories on a sample of water taken from tap at Rayleigh Council Offices on 25th August, 1964

### *Chemical results in parts per million*

Appearance .. ..	Bright with few particles	Alkalinity as Calcium Carbonate ..	25
Turbidity .. ..	Less than 3	Nitrate Nitrogen ..	0.8
Colour .. ..	8	Nitrite Nitrogen ..	Absent
Odour .. ..	Nil	Ammoniacal Nitrogen	0.02
Reaction of pH ..	8.0	Albuminoid Nitrogen	0.12
Free Carbon Dioxide ..	Trace	Chlorine present as Chloride ..	70
Electric Conductivity	560	Residual Chlorine at time of sampling ..	Absent
Dissolved solids dried at 180°C. .. ..	390	Oxygen absorbed ..	1.4
Hardness—		Metals—	
Total .. ..	150	Iron, Zinc, Copper and Lead ..	Absent
Carbonate .. ..	25		
Non-carbonate ..	125		

### *Bacteriological Results*

				1 day at 37°C. 2 days at 37°C. 3 days at 20-22°C		
Number of colonies developing on Agar .. ..				8 per ml.	8 per ml.	170 per ml.
Presumptive	Coliform	Re-		Present in	Absent from	Probable number
action .. ..	..	..		*100 ml.	50 ml.	1 per 100 ml.
Bact. coli. (Type I) ..	..	..		— ml.	100 ml.	0 per 100 ml.
Cl. welchii Reaction ..	..	..		100 ml.	10 ml.	

\* *False presumptive reaction—non lactose fermenters.*

This sample is practically clear and bright in appearance, has a reaction on the alkaline side of neutrality and is free from metals. The hardness of the water is very moderate and it contains no excess of mineral or saline constituents in solution. It is of satisfactory organic quality and bacterial purity.

These results are indicative of a pure and wholesome water suitable for drinking and domestic purposes.

3rd September, 1964.

(Sgd.) ROY C. HOATHER

TABLE 3.  
MAIN WATER SUPPLIES — ROCHFORD RURAL DISTRICT  
Habitable houses and population in each Parish on main supply at 31st December, 1964

Parish	Acreage	Houses on main supply	Estimated population on main supply	Houses supplied by stand-pipes	Estimated population supplied by stand-pipes
Ashington (including South Fambridge) ..	2,503	854	2,458	1*	2
Barling Magna (including Little Wakering)	2,747	420	1,143	—	—
Canewdon .. .. .	6,845	266	760	—	—
Foulness Island** .. .. .	7,235	100	300	—	—
Great Wakering .. .. .	3,314	1,170	3,510	—	—
Hawkwell .. .. .	1,408	2,774	8,114	—	—
Hockley .. .. .	1,758	2,217	6,664 + 72	—	—
Hullbridge .. .. .	2,195	1,154	3,433 + 1,092	—	—
Paglesham .. .. .	1,687	103	319	—	—
Rochford .. .. .	2,988	2,289	†8,317 + 180	2	7
Stambridge .. .. .	2,202	165	512	—	—
Sutton .. .. .	1,520	64	196	—	—
TOTALS .. .. .	36,402	11,576	35,726 + 1,344	3	9

\* Stand-pipe provided by Council on road-side.

\*\* Water mains on Foulness Island are owned by the War Department although water is supplied by the Southend Waterworks Company

† This figure includes 499 residents of Hospital and Welfare Institution.

The added figures against Hockley, Hullbridge and Rochford are in respect of residential caravan dwellers.  
Population estimates are as at 31st December, 1964.



TABLE 4.

## CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Number killed	Number inspected	All diseases (except tuberculosis and cysticerci)				Tuberculosis only †			Cysticercosis *	
			Whole carcasses condemned	Carcasses of which some part or organ was condemned	Percentage affected with disease other than tuberculosis & cysticerci	Whole carcasses condemned	Carcasses of which some part or organ was condemned	Percentage affected with tuberculosis	Carcasses of which some part or organ was condemned	Carcasses submitted to treatment by refrigeration	Generalised and totally condemned
<i>Benfleet Urban District :</i>											
Cattle (excluding cows)	3,294	3,294	7	1,163	35.52	—	1	0.03	30	8	—
Cows .. ..	145	145	9	73	56.55	—	—	—	—	—	—
Calves .. ..	424	424	20	2	5.19	—	—	—	—	—	—
Sheep & Lambs ..	8,361	8,361	11	550	6.71	—	—	—	—	—	—
Pigs .. ..	9,766	9,766	14	1,531	15.82	—	197	2.02	—	—	—
<i>Ravleigh Urban District :</i>											
Cattle (excluding cows)	409	409	—	71	17.4	—	—	—	2	2	—
Cows .. ..	127	127	2	29	24.4	—	—	—	—	—	—
Calves .. ..	60	60	—	2	3.33	—	—	—	—	—	—
Sheep & Lambs ..	1,229	1,229	3	6	0.49	—	—	—	—	—	—
Pigs .. ..	2,262	2,262	3	160	7.2	—	10	0.44	—	—	—
<i>Rochford Rural District :</i>											
Cattle (excluding cows)	196	196	—	21	10.71	—	—	—	2	1	—
Sheep & Lambs ..	215	215	—	—	—	—	—	—	—	—	—
Pigs .. ..	543	543	—	50	9.21	—	7	1.28	—	—	—

No horse slaughtering took place during the year in any of the Districts.

† One tuberculous specimen in cattle was sent to the Ministry of Agriculture, Fisheries and Food Centre, at Chelmsford.

\* Cysticercus bovis cysts from 40 animals were sent for examination to the Veterinary Investigation Centre, Cambridge

TABLE 5

PRESCRIBED PARTICULARS ON THE ADMINISTRATION  
OF THE FACTORIES ACT, 1961

BENFLEET, CANVEY ISLAND AND RAYLEIGH URBAN DISTRICTS AND  
ROCHFORD RURAL DISTRICT

Part I of the Act

1. INSPECTIONS for purposes of provisions as to health :

<i>Premises</i>	<i>Number on Register</i>	<i>Number of Inspections</i>	<i>Number of written Notices</i>
(i) Factories in which Sections 1, 2, 3, 4, & 6 are to be enforced by Local Authorities :			
Benfleet .. .. .	2	2	—
Rochford .. .. .	2	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority :			
Benfleet .. .. .	106	176	7
Canvey Island .. .. .	51	48	—
Rayleigh .. .. .	62	10	—
Rochford .. .. .	67	48	3
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) :			
Benfleet .. .. .	110	19	—
Rochford .. .. .	23	2	—

2. Cases in which DEFECTS were found :

<i>Particulars</i>	<i>Number of cases</i>			
	<i>Found</i>	<i>Remedied</i>	<i>Referred</i>	
			<i>To H.M. Inspector</i>	<i>By H.M. Inspector</i>
Sanitary conveniences: (Sec. 7)				
(b) Unsuitable or defective :				
Benfleet .. .. .	29	22	—	—
Canvey Island .. .. .	2	—	—	2
Rayleigh .. .. .	1	—	—	—
Rochford .. .. .	4	4	—	—
(c) Not separate for sexes :				
Canvey Island .. .. .	1	1	1	—
Rayleigh .. .. .	1	1	—	—
Rochford .. .. .	1	1	—	1
Other offences against the Act (not including offences relating to Outworkers) :				
Benfleet .. .. .	10	2	—	—
Rochford .. .. .	1	—	1	—



Part VII of the Act

Outwork

<i>Nature of work</i>	<i>Number of Out-workers in August list required by Section 133 (1) (c)</i>
Wearing apparel:	
Benfleet .. ..	49
Canvey Island .. ..	30
Rayleigh .. ..	38
Rochford .. ..	86
The making of boxes or other recep- tacles or parts thereof made wholly or partially of paper:	
Benfleet .. ..	2
Canvey Island .. ..	1
Rochford .. ..	5
Brush making:	
Canvey Island .. ..	1
Rochford .. ..	2
Carding, etc., of buttons, etc:	
Rochford .. ..	1
Basket making:	
Rochford .. ..	1
Cosaques, Christmas stockings, etc:	
Canvey Island .. ..	1
Lampshades, plastic goods:	
Canvey Island .. ..	2
Rochford .. ..	6
Artificial Flowers:	
Rochford .. ..	1
Curtains/Furniture Hangings:	
Rochford .. ..	1
Electrical Goods:	
Rochford .. ..	19

No contraventions of this Part of the Act were reported.

Headings that would normally show a Nil return have been omitted from the above table.

TABLE 6.  
SUMMARY OF INSPECTIONS

			<i>Benfleet U.D.</i>	<i>Canvey Is. U.D.</i>	<i>Ravleigh U.D.</i>	<i>Rockfor R.D.</i>
Atmospheric pollution .. ..			101	18	372	11
Caravan and Camping Sites ..			38	47	15	27
Drainage and Sewerage .. ..			1,059	63	305	316
Factories and Outworkers ..			197	58	10	50
Flooding and Watercourses ..			715	13	—	—
Food Premises .. .. .			805	232	291	236
Houseboats .. .. .			6	3	—	1
Housing : Demolition Order						
	Procedure		159	219	44	2
	Repairs .. ..		347	424	114	195
	Improvement Grants		274	26	128	—
	Rehousing .. ..		9	18	91	—
	Overcrowding ..		3	4	—	—
Ice Cream .. .. .			68	10	—	6
Infectious Disease and						
	Food Poisoning		314	174	81	126
Noise Abatement .. ..			75	2	38	1
Nuisances .. .. .			274	64	118	119
Offices and Shops .. ..			518	6	75	125
Pest Control .. .. .			86	89	5	8
Petroleum Storage .. ..			57	49	76	57
Public Conveniences .. ..			—	—	—	102
Rats and Mice .. .. .			665	52	157	487
Refuse Collection and Disposal ..			163	545	290	194
Slaughterhouse & Meat Inspection			862	125	53	284
Swimming Pools .. .. .			25	14	32	23
Water Supplies .. .. .			30	24	10	17
Unclassified .. .. .			210	305	409	326



TABLE 7  
HOUSING STATISTICS

	<i>Benfleet U.D.</i>	<i>Canvey Is. U.D.</i>	<i>Rayleigh U.D.</i>	<i>Rochford R.D.</i>
Council-owned dwellings at end of year .. .. .	705	1,003	455	1,359
New Council Houses (or Units) built during year .. .. .	16	17	—	34
New Council Houses (or Units) under construction at end of year .. .. .	48	33	33	59
New private dwellings built during year .. .. .	873	356	359	560
New private dwellings under construction at end of year ..	607	291	371	508
Demolition Orders made ..	7	10	7	1
Closing Orders .. .. .	—	4	—	1
Unfit houses demolished ..	8	10	2	12
Unfit houses repaired .. ..	26	109	14	8
Undertakings accepted under Housing Act .. .. .	—	5	2	—
Applications for Improvement Grants .. .. .	44	23	21	43
Improvement Grants approved ..	40	20	21	42
Improvements carried out during the year .. .. .	33	20	17	47
Total number on Housing List at end of year .. .. .	610	46	371	522
Number of Pensioners on Waiting List ... .. .	210	73	196	121
Number of units specially provided for Pensioners:				
(a) without Warden Services	60	74	50	121
(b) with Warden Services ..	31	22	—	18
Number of Pensioners as tenants in Council Dwellings .. .. .	120	140	50	161

TABLE 8.  
FOOD ESTABLISHMENTS

	<i>Benfleet</i> <i>U.D.</i>	<i>Canvey Is.</i> <i>U.D.</i>	<i>Rayleigh</i> <i>U.D.</i>	<i>Rochford</i> <i>R.D.</i>
Bakers .. .. .	3	2	2	7
Butchers .. .. .	22	17	17	18
Cafés and Restaurants .. .. .	17	31	11	15
Canteens—Industrial .. .. .	9	10	7	7
School .. .. .	7	5	5	17
Confectioners .. .. .	35	15	22	34
Cooked Meat Manufacturers .. .. .	6	6	1	—
Fishmongers—Wet, Fried & Shell	11	12	3	7
General Provisions .. .. .	63	34	32	65
Greengrocers .. .. .	29	17	19	13
Licensed Premises .. .. .	23	17	15	46
Pickle Factory .. .. .	—	—	—	1
Unclassified .. .. .	18	—	—	2

TABLE 9.  
CONDEMNED FOOD

	<i>Benfleet U.D.</i>	<i>Canvey Is. U.D.</i>	<i>Rayleigh U.D.</i>	<i>Rochford R.D.</i>
Bacon .. .. .	—	360 lbs.	—	61 lbs.
Fish—Fresh .. .. .	—	126 lbs.	126 lbs.	21 lbs.
Tinned .. .. .	194 tins	24 lbs.	3 tins	13 tins
Frozen Foods .. .. .	1,302 pkts.	378 pkts.	375 pkts.	963 pkts.
Fruit—Preserved .. .. .	833 tins	200 lbs.	4 tins	64 tins
Jams .. .. .	—	71 lbs.	—	9 tins
Meat—Fresh .. .. .	128 lbs.	410 lbs.	245 lbs.	42 lbs.
Tinned .. .. .	380 tins	—	1,153 lbs.	40 tins
Milk and milk products	289 tins	12 pts.	—	16 tins
Offal .. .. .	46 lbs.	—	—	10 lbs.
Poultry .. .. .	145 lbs.	8 lbs.	—	—
Soup .. .. .	54 tins	—	—	3 tins
Vegetables—preserved	483 tins	124 lbs.	10 tins	48 tins
Cereals .. .. .	—	15 lbs.	—	—
Cider .. .. .	—	5 btls.	—	—
Cornflour .. .. .	—	—	—	31 lbs.
Unclassified .. .. .	4 tins	86 lbs.	15 tins	—



TABLE 10

## SUMMARY OF CASES ON TUBERCULOSIS REGISTERS AT 31st DECEMBER, 1964

	Age Groups											
	0-4		5-14		15-24		25-44		45-64		65 & over	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<b>Benfleet U.D.</b>												
Respiratory ..	3	1	2	2	2	4	48	47	21	10	15	4
Non-Respiratory ..	—	—	—	1	—	3	2	4	—	—	1	2
Totals ..	3	1	2	3	2	7	50	51	21	10	16	6
<b>Canvey Is. U.D.</b>												
Respiratory ..	1	1	2	6	6	6	24	21	19	8	10	3
Non-Respiratory ..	1	—	—	1	—	—	1	3	2	2	2	1
Totals ..	2	1	2	7	6	6	25	24	21	10	12	4
<b>Rayleigh U.D.</b>												
Respiratory ..	—	—	2	1	3	1	23	18	15	11	5	3
Non-Respiratory ..	—	—	1	—	1	—	1	3	1	1	—	—
Totals ..	—	—	3	1	4	1	24	21	16	12	5	3
<b>Rochford R.D.</b>												
Respiratory ..	2	2	3	4	3	5	43	39	23	8	17	3
Non-Respiratory ..	—	1	2	—	—	3	2	4	—	2	—	—
Totals ..	2	3	5	4	3	8	45	43	23	10	17	3

TABLE 11

## SUMMARY OF NOTIFIABLE DISEASES (EXCLUDING TUBERCULOSIS) OCCURRING DURING 1964

Disease	Ages										Totals
	Under 1	1—4	5—9	10—14	15—19	20—34	35—44	45—64	65 & Over		
BENFLEET U.D.											
Acute Encephalitis ..	—	—	—	1	—	—	—	—	—	1	
Acute Primary Pneumonia ..	—	—	—	—	—	1	2	—	1	4	
Dysentery ..	1	5	2	—	2	4	—	—	—	14	
Erysipelas ..	—	—	—	—	—	—	—	1	—	1	
Food Poisoning ..	—	—	—	—	—	1	—	—	—	1	
Infective Hepatitis ..	—	—	6	5	4	5	3	—	—	23	
Measles ..	4	27	4	1	—	—	—	—	—	36	
Meningococcal Infection ..	—	—	—	—	—	1	—	—	—	1	
Paratyphoid Fever ..	—	1	—	—	—	—	—	—	—	1	
Scarlet Fever ..	—	2	4	1	—	—	—	—	—	7	
Typhoid Fever ..	—	—	—	—	—	—	—	1	—	1	
Whooping Cough ..	—	—	5	—	1	—	—	—	—	6	
CANVEY ISLAND U.D.											
Acute Primary Pneumonia ..	—	—	1	—	—	—	—	—	2	3	
Dysentery ..	4	5	2	—	—	—	—	—	—	11	
Food Poisoning ..	—	—	—	—	—	1	1	—	—	2	
Infective Hepatitis ..	—	1	7	4	2	11	—	—	1	26	
Measles ..	2	36	36	—	—	—	—	—	—	74	
Puerperal Pyrexia ..	—	—	—	—	—	1	—	—	—	1	
Scarlet Fever ..	1	5	13	3	—	1	1	—	—	24	
Whooping Cough ..	6	15	16	3	—	2	1	—	—	43	



TABLE 11—continued

SUMMARY OF NOTIFIABLE DISEASES (EXCLUDING TUBERCULOSIS) OCCURRING DURING 1964

Disease	Ages									Totals
	Under 1	1-4	5-9	10-14	15-19	20-34	35-44	45-64	65 & Over	
RAYLEIGH U.D.										
Acute Encephalitis	..	..	1	..	..	3	4	9	8	1
Acute Pneumonia	3	11	5	..	..	2	1	..	1	43
Erysipelas	..	..	..	..	..	1	..	..	..	4
Food Poisoning	..	..	..	..	..	..	..	..	..	1
Infective Hepatitis	..	..	3	..	1	1	3	..	..	8
Measles	4	101	62	1	..	..	1	..	..	169
Scarlet Fever	..	8	8	1	1	..	..	..	..	18
Whooping Cough	1	1	2	1	..	..	..	..	..	5
ROCHFORD R.D.										
Acute Encephalitis	..	..	..	..	..	..	1	..	..	1
Acute Primary Pneumonia	..	..	..	..	..	..	..	2	1	3
Dysentery	..	3	1	..	1	..	1	1	..	7
Food Poisoning	..	..	..	..	..	4	1	1	..	6
Infective Hepatitis	..	6	4	20	9	10	3	3	..	55
Measles	9	98	77	1	1	2	..	..	..	188
Ophthalmia Neonatorum	1	..	..	..	..	57	8	..	..	1
Puerperal Pyrexia	..	..	..	..	8	2	2	..	..	73
Scarlet Fever	..	20	35	6	1	..	..	..	..	66
Whooping Cough	3	30	10	1	1	4	..	..	..	49

## APPENDIX B

### ANNUAL REPORT OF THE AREA MEDICAL OFFICER AND DIVISIONAL SCHOOL MEDICAL OFFICER FOR SOUTH-EAST ESSEX FOR THE YEAR 1964

Members of the Area Health Sub-Committee as at 31st December, 1964:

#### *Members of Essex County Council*

County Alderman K. E. B. Glenny, O.B.E., J.P. (Ex-officio member)  
County Alderman Mrs. S. M. Bovill (Ex-officio member)  
County Alderman E. Trippier  
County Councillor Mrs. E. Coker, B.Sc.  
County Councillor H. R. Turner  
County Councillor E. T. Wootton  
County Councillor W. R. Wright

#### *Urban District Councils*

##### *Members of the Benfleet Urban District Council*

Councillor D. I. Acres, M.R.C.S., L.R.C.P., J.P. (Vice-Chairman)  
Councillor C. W. Glithero  
Councillor W. R. Marrison  
Councillor Mrs. M. E. Willis

##### *Members of Canvey Island Urban District Council*

Councillor Mrs. A. R. Blackwell  
Councillor H. T. George  
Councillor Mrs. E. A. White

##### *Members of Rayleigh Urban District Council*

Councillor W. V. Curtis, O.B.E.  
Councillor Mrs. D. S. Hawtree  
Councillor W. H. Bessant  
Councillor D. V. Wilson

#### *Rural District Council:*

##### *Members of Rochford Rural District Council*

Councillor Mrs. R. L. P. Fox  
Councillor Miss E. M. Leggatt  
Councillor H. E. Smith  
Councillor Mrs. D. M. Stow

Members nominated by:

##### *Southend-on-Sea Group Hospital Management Committee*

Mr. W. W. Kiddell

##### *Executive Council for Essex*

County Councillor Mrs. A. M. M. Burrell

##### *Local Medical Committee for Essex*

Dr. J. M. Frew

##### *Voluntary Organisations*

Mrs. F. M. Cottey, J.P. (Chairman)  
Mr. B. E. Goodbody  
Mrs. P. Stevens  
Mrs. F. Priestley, B.E.M.



## AREA HEALTH STAFF

<i>Area Medical Officer and Divisional School Medical Officer</i>	A. Yarrow, M.B., Ch.B., D.P.H.
<i>Area Dental Officer</i>	Mr. I. H. Masson, D.F.C., L.D.S., R.C.S. (part-time)
<i>Superintendent Health Visitor</i>	Miss K. Perryer, S.R.N., S.C.M., H.V. Certificate
<i>Non-Medical Supervisor of Midwives</i>	Miss P. Bulwer, S.R.N., S.C.M., H.V. Certificate
<i>Domestic Help Organisers</i>	
Mrs. V. Omer	
Mrs. B. Willis, S.R.N. (part-time)	
<i>Area Chief Clerk</i>	
Mr. J. W. Hurst, A.R.S.H.	

### *Classification of Staff as at 31st December 1964*

	(i) <i>Full Time</i>	(ii) <i>Part time</i>	(i) & (ii) <i>Full time Equivalent</i>
Medical Officers	3	4	4.95
Dental Officers	—	8	3.6
Supervisory Nursing Staff	—	2	1.0
Domestic Help Organisers	1	1	1.7
Administrative & Clerical Staff	15	—	15
Health Visitors/School Nurses	14	—	14
Clinic Nurses	—	5	2.46
Nursery Nurses	—	2	.18
Clinic Clerks	—	11	4.45
Midwives	18	3	19.34
Home Nurse/Midwives	7	—	7
Home Nurses	11	5	13.54
Speech Therapists	1	2	1.5
Chiropodists	2	5	3.55
Domestic Helps	—	155	52
Manual Workers	—	9	6.3

## HEALTH SERVICES CLINICS AND FACILITIES

The following is a list of Clinics in the area with a summary of the Services provided:—

### *Benfleet U.D.*

- |                                 |   |
|---------------------------------|---|
| *49, London Road, Hadleigh      | (a), (b), (c), (d), (e), (f), (h), (i), (j) & (k) |
| *513, High Road, South Benfleet | (a), (b), (c), (e), (f), (h), (i), (j), (k) & (n) |
| *8, Kenneth Road, Thundersley   | (a), (b), (c), (e), (f), (h), (j) & (k)           |

### *Canvey Island U.D.*

- |                   |   |
|-------------------|---|
| *Furtherwick Road | (a), (b), (c), (d), (e), (f), (h), (i), (j) & (k) |
|-------------------|---|

### *Rayleigh U.D.*

- |                          |  |
|--------------------------|--|
| *Eastwood Road, Rayleigh | (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l) & (n) |
| Parish Hall, Rawreth     | (b) & (k)  |

### *Rochford R.D.*

- |                              |   |
|------------------------------|---|
| *Spa Road, Hockley           | (a), (b), (c), (e), (f), (h), (j), (k), (m) & (n) |
| Village Hall, Hullbridge     | (b), (j) & (k)                                    |
| *Rocheway, Rochford          | (a), (b), (c), (d), (e), (h), (i), (j) & (k)      |
| Ashingdon Road, Rochford     | (c)   |
| *High Street, Great Wakering | (a), (b), (c), (e), (h), (i), (j), (k) & (m)      |
| Village Hall, Canewdon       | (b), (c) & (k)                                    |

\* Denotes permanent Health Services Clinic buildings.

- |       |                                |                                  |
|-------|--------------------------------|----------------------------------|
| Key:— | (a) Ante-natal                 | (h) Speech Therapy               |
|       | (b) Child Welfare              | (i) Dental                       |
|       | (c) Chiropody                  | (j) Vaccination and Immunisation |
|       | (d) Ophthalmic                 | (k) Welfare Foods                |
|       | (e) Minor Ailments             | (l) Women's Welfare              |
|       | (f) Mothercraft and Relaxation | (m) Child Development            |
|       | (g) Psychiatry                 | (n) Health Visitors' Advisory    |

Note:—Dates and times of the various sessions can be obtained from the Health Visitor at the nearest Health Services Clinic. Hearing Aid batteries are issued from most of the permanent clinics.



## INTRODUCTION

In the introductory paragraphs of these reports over the past three years reference has been made to the growth of population and the comparative population figures shown indicate that this upward trend continues to keep in line with housing development. Population increase leads inevitably to an increase in attendances at clinics as will be seen from the several tables presented later in the report and to the consequent establishment of additional sessions. The ten year development programme was revised during the year and details are referred to on page 44.

Although no new buildings were erected for this Sub-Committee during 1964 the groundwork of several projects was further prepared and two new clinics and three extensions should be completed or started in 1965. The process of modernisation of the older clinics continues.

Two new departures in 1964 were (1) the very successful child development sessions (reported on page 43), a useful contribution to preventive mental health and (2), the introduction of a follow-up register to enable your staff to observe the development of infants born after a disturbed pregnancy or labour.

I am indebted to my colleagues, both clinical and administrative for their support during the year and for their contributions to this report.

## CARE OF MOTHERS AND YOUNG CHILDREN

### (Section 22)

*Notification of Births and Stillbirths* (Figures in brackets relate to 1963)

Once again there was an increase in the number of live births in the area, which totalled 2,466 (2,275) giving a birth rate per 1,000 of the population of 21.4 (20.9). As in previous years, this is well above the national average of 18.4 (18.2). Hospital cases accounted for 1,122 (1,096) home confinements being 1,185 (1,131), 122 (48) births taking place elsewhere. There were 36 (48) stillbirths, 32 (43) in hospital and 4 (5) at home. The peri-natal mortality rate which is arrived at by combining the stillbirth rate with infant deaths in the first week of life, was 22.2 (29.3) per 1,000. Members will be pleased to note that the unusually high peri-natal mortality rate of 1963 was not repeated in 1964. Indeed the rate in 1964 was one of the lowest ever.

### *Ante-Natal Clinics*

Over the years a change has taken place in the character of the ante-natal clinics held in local authority premises in South-East Essex. At four of the eight clinics consultant sessions are held once monthly. At five clinics a local authority medical officer is in attendance, but attendances are declining slowly as the general practitioners take over this work and eventually it is envisaged that such clinics will come to an end.



During the year a slight alteration was made in the arrangements in operation whereby Mrs. F. Bridge, F.R.C.S., Consultant Obstetrician at the Rochford General Hospital, attends monthly ante-natal sessions at various local authority clinics in the area. It was felt that the sessions at the Rochford clinic could be terminated as patients in the Rochford district could easily attend consultant sessions at the hospital. This arrangement allowed Mrs. Bridge to devote her services to another Health Services Clinic and with her consent and co-operation, she now attends a monthly session at South Benfleet as well as at Canvey Island, Rayleigh and Hadleigh. The advantage of such an arrangement is that the consultant obstetrician is able to see hospital booked cases at the clinic, avoiding the need for the patient to travel to the hospital and also allows general practitioners to refer other cases to the clinic for a consultant's opinion.

In the report for the year 1963, reference was made to the attendance of general practitioner obstetricians at the Hockley clinic for the holding of ante-natal sessions and this arrangement has proved most successful. Weekly afternoon sessions are held with two general practitioner obstetricians in attendance, one for the first part of the afternoon and one for the remainder and in addition, two County Council midwives are also in attendance. During the year 53 sessions were held at which 176 patients were seen who made 1,464 attendances.

For the assistance of family doctors arrangements are also in operation at some of the ante-natal sessions for routine ante-natal blood tests from any mother referred to the clinic.

Table I at the end of this report gives statistical information regarding these clinics with comparable figures for the preceding year.

#### *Relaxation Classes*

During the year relaxation and mothercraft classes were established at the Rochford Health Services Clinic. These classes which are now held at seven clinics in the area, are attended by Health Visitors and Midwives. The main benefit received from these classes is psychological as women expecting their first baby gain a feeling of confidence—a valuable asset at the time of the birth, whether the confinement takes place at home or in hospital. As it is only possible for mothers to attend in small numbers, it allows for individual attention which is fully appreciated by the mother.

In addition, relaxation classes are held twice a week at the maternity unit of the Rochford Hospital attended by a qualified physiotherapist.

#### *Midwives' Ante-Natal Clinics*

The two clinics at which midwives hold ante-natal sessions at Rayleigh and Thundersley continued during the year, at which 424 attendances were made. Patients attend for periodic examination and can, if necessary, be booked by the appropriate midwife for a domiciliary confinement. In addition, joint sessions are held by many family doctors at which midwives attend, an arrangement which is now becoming widespread, improving liaison between midwife and doctor as well as being convenient to the patient. An attempt is being made, where arrangements are geographically possible, to attach midwives to a practice rather than to an area, subject, of course, to the wishes of the practitioners concerned.



### *Health Services Clinics*

With the development of the area, increased attendances at clinics, and the introduction of new services, it has been necessary to ensure that the accommodation at Health Services Clinics is used to the fullest extent. In addition to the periodic visits to clinics by Members of the Committee, yearly inspections are carried out by the Area Medical Officer, senior nursing staff and the Divisional Building Surveyor, and as a result, it has been possible by re-arrangement of certain rooms to provide extra accommodation. During the past two or three years additional accommodation has been provided mainly for (1) chiropody sessions and (2) office space for clinic clerks and during the year under review, a movable screen was provided at the Rayleigh clinic, thus enabling relaxation classes to be held at the same time as other sessions. At the time of preparing this report, the conversion of rooms at the South Benfleet Clinic was being undertaken to provide a health visitor's room, an office for the clinic clerk and a chiropody room. Other improvements include replacement of the boiler at the Rochford Clinic, provision of car park and a new boiler at South Benfleet. The new boilers are of the automatic variety.

### *Child Welfare Clinics*

The child welfare sessions held at all of the eight Health Services Clinics in the area and at certain hired premises continue to be well attended. During the year, as a result of increased attendances at Hockley and Hadleigh, it was necessary to establish fortnightly health visitors' advisory sessions, and at Hullbridge an additional monthly session was brought into operation. In the report for the year 1963, reference was made to the erection of two additional rooms at Canewdon School to be used jointly by the Education and Health Departments, the latter for the holding of child welfare centre sessions. Whilst this project did not materialize during the year, tenders for the work to be carried out were invited at the end of the year and it is hoped to make a start early in 1965.

It became evident during the year that in view of the large number of attendances at the South Benfleet child welfare centre some action was necessary to relieve the situation by making enquiries for suitable premises to serve the Southern part of South Benfleet. Information was received that the County Council were purchasing the Westminster Bank premises at South Benfleet which was very conveniently situated for the purpose required. As it was likely to be some years before the site on which the Bank was built would be required, authority was obtained to utilize these premises for an additional child welfare centre and also for other health purposes. Certain minor alterations were necessary and sessions commenced early in 1965. Statistical information concerning attendances at all centres in the area is contained in Table II at the end of this report with comparable figures for the year 1963.



### *Child Development Clinics*

This innovation, referred to in last year's report, commenced with the establishment of sessions at the Great Wakering Health Services Clinic in January 1964 and has proved very successful. Initially, the sessions were attended by a trained nursery nurse and, as the clinic developed, an assistant was appointed. At the end of the year there were 17 children on the books. Dr. Ingold, the medical officer in attendance at the Great Wakering clinic, reports as follows:—

"Since the inauguration of the sessions in January 1964, 38 children have been admitted to the clinic for various reasons, e.g. enuresis, asthma, inability to mix or speak with other children, general backwardness and jealousy of other children, etc. and, in some cases, on account of domestic difficulties in the home. During the year 21 children were discharged for the following reasons:—

eight were much improved and left upon reaching school age

three removed to other areas

nine where there was an improvement in the child and in the domestic life of the parents

one removed by mother on account of child's asthmatic condition.

At the sessions free play and self-expression are encouraged. Children with a destructive nature are allowed to vent their feelings on expendable objects which cost nothing and are easily replaced, but generally speaking this does not last very long and usually the child becomes an acknowledged member of the group. Initially, sand and water play and painting is the curriculum which most of the children follow and later as children become more confident, group play, i.e. wendy house and dolls, singing and play with constructive toys is introduced. It is found that most children respond very well to love and reassurance."

The Child Psychiatrist, Dr. Runes, who maintains overall supervision of the clinic, considers the service one of the utmost value in the field of preventive mental health. Consequently, it is proposed to extend it by the establishment of sessions at Hockley, South Benfleet and Canvey Island.

### *Co-operation with Voluntary Organisations*

In connection with the County Council's proposals for health services, it was felt that as far as voluntary organisations were concerned there was room for greater co-operation at local level. With this object in view, conferences with local voluntary bodies were held on the 22nd April and 21st October 1964. These meetings produced a useful interchange of ideas and discussions on common problems and a number of points were raised, upon which appropriate action was taken. Such conferences ensure that on the one hand local authorities are aware of the help which voluntary bodies can give and on the other, that the authorities make known to the organisations the specific tasks for which their services can be utilized, and keep them in touch with future developments, indicating the scope and nature of the provision to be made.



### *County Council Development Programme*

Each year the development programme is revised and the programme for the area is as follows:—

<i>Project</i>	<i>Year</i>
Health Services Clinic and Flat, Hullbridge ... ..	1964-65
Extensions to Health Services Clinic, Hockley ... ..	1965-66
Extensions to Health Services Clinic, Rayleigh, to provide audiology unit ... ..	1965-66
Alterations and extensions to Health Services Clinic, Thundersley ... ..	1965-66
Health Services Clinic and Flat, Canvey Island ... ..	1966-67
Health Services Clinic, Rayleigh ... ..	1966-67
Day Nursery, Rayleigh/Thundersley ... ..	1966-67
Day Nursery, Benfleet/Canvey Island ... ..	1968-69
Day Nursery, Rochford/Hockley ... ..	1969-70

Provision has also been made for a number of nurses' houses.

At the time of preparing this report a tender for the erection of the Health Services Clinic at Hullbridge had been accepted and it is anticipated that the clinic will be in operation towards the end of the year 1965.

### *Liaison Between Hospitals and the Health Services*

The scheme which commenced in 1961 for the attendance of an Assistant County Medical Officer at the Paediatric Outpatient Department of the Southend General Hospital continues on a very successful basis, largely due to the excellent co-operation with the paediatrician at the hospital. This close liaison in dealing with sick and handicapped children in the area is a valuable asset to the county health staff, who consequently are fully aware of the advice and instructions given by the specialist.

Co-operation between the hospital and the domiciliary health visiting service continues to ensure as far as possible that the various services for the elderly are made available to them, such as domestic help, chiropody, home nursing and meals on wheels, the latter by co-operation with the voluntary bodies concerned. Generally speaking, there is a waiting period for the admission of an elderly person to hospital. In such cases the health visitor visits to see what interim help is required and at the same time submits a report giving details of the social background which is forwarded to the geriatric department of the Rochford General Hospital. This arrangement not only ensures that the patient is provided with any kind of special assistance needed during the waiting period, but also ensures the use of hospital geriatric accommodation to the best advantage. During the year, 81 cases were visited and appropriate reports sent.

At nearly all the Health Services Clinics, hearing aid batteries are distributed, by arrangement with the Hospital Management Committee, to people who have been supplied with hearing aids.



## *Congenital Abnormalities*

### *(i) Incidence*

In accordance with a request from the Ministry of Health arrangements were made at the commencement of the year for reporting all cases of congenital abnormalities immediately after a child is born, (a) for epidemiological purposes and (b) in order to be able to arrange for the provision of any necessary treatment and education for the child concerned. All midwives in the area together with the midwifery staff attached to the Rochford General Hospital Maternity Unit now indicate on the notification of birth card whether or not a congenital malformation was present at the birth. On receipt of such information a special report is compiled, where necessary, in conjunction with the general practitioner, giving precise details of the abnormality, for onward transmission to the Registrar General. From this information a register has been compiled of all children with congenital malformations and arrangements made in each case for the health visitor to follow-up and at the same time consideration is given to the question of what assistance can be provided by the local health authority.

### *(ii) Follow-up Register*

In order to include infants where there might be a risk of developing an abnormality not visible at birth, the notification of birth card now includes a certain number of categories of ante-natal and birth complications which might eventually result in some abnormality of the child. All midwives in the area have been requested to indicate on the card whether the mother has, during her pregnancy, suffered from any of the complications referred to. For those mothers confined in hospital the discharge reports received are scrutinised by a medical officer for the same purpose. In this way it is hoped that every type of handicap will be detected at an early date. Details of all cases are sent to the health visitor for follow-up and periodic visiting, as it is essential that the child is under regular supervision to ensure that appropriate attention is available as early as possible.

## *Audiology Service*

The County Council having agreed in principle to the establishment of a comprehensive audiology service throughout the administrative county to serve all children under the age of five years, has suggested that initially, three audiology clinics be brought into operation, one to be set up in this area. The service will be provided jointly by the County Council and the Regional Hospital Board, the latter providing the audiologist.

It was agreed that as a temporary expedient, the Rayleigh Clinic, with some minor adaptation, would lend itself to the setting up of an audiology unit and that as a long term policy it would be possible to build an extension to the Rayleigh clinic to provide a permanent unit. Unfortunately, there is a shortage of specialists to perform this work and although the minor adaptations at the Rayleigh clinic were completed, inability to obtain the services of an audiologist prevented the temporary unit being brought into operation during the year.



### *Nurseries and Child Minders*

In co-operation with the Basildon Delegatee Authority, arrangements were made for persons operating as child minders in this area to attend a study seminar at the Training Centre, Church Road, Basildon, dealing with the various aspects of organising and administering a nursery play group. Thirteen such persons attended from this area and all were most appreciative of the arrangements made, and for the valuable knowledge gained. The seminar included a visit to the newly opened day nursery at Basildon.

During the year there has been a steady increase in the number of persons and premises registered under the Nurseries and Child Minders Regulation Act 1948 with a consequent increase in the number of children cared for, as will be seen from the following information:—

	1963	Accommodation Provided	1964	Accommodation Provided
No. of persons registered	15	95	22	127
No. of premises registered	5	96	5	100

At the end of the year 197 children were being cared for.

### *Daily Guardian Scheme*

This scheme is in operation in an effort to maintain supervision of persons who look after one or two children only as these do not come under the provision of the Nurseries and Child Minders Regulation Act 1948. At the end of the year there were six persons registered under the scheme. The financial arrangements under this scheme are for the registered person to receive 1/- per day per child and 6d. per child for the half day, any additional payment being a matter of agreement between the registered guardian and the parent of the child. During the year seven children were cared for at a total cost to the County Council of £27. 1s. 0d.

### *Distribution of Welfare Foods, Medicaments and Nutrients*

In the scheme for distribution of government welfare foods it is essential to provide as far as possible, distribution centres convenient for mothers to attend. In this connection the services provided by chemists and private traders who have agreed to participate are very much appreciated and during the year additional centres were established, one in Rochford and two on Canvey Island. These arrangements are supplementary to the distribution points at Health Services Clinics and hired premises where child welfare sessions are held.

There has been an increase in the various commodities provided under the government scheme as will be seen from the figures given below. The bracketed figures denote the uptake during 1963:

National Dried Milk	...	18,278	(17,584)
Cod Liver Oil	...	2,826	( 2,525)
Vitamin A & D Tablets	...	3,392	( 3,012)
Orange Juice	...	38,866	(30,193)

In addition to the welfare foods distributed certain medicaments and nutrients were also provided on the recommendation of medical officers, medicaments according to the approved list being supplied free of charge and nutrients at fixed prices.



### *Convalescence*

During the year one mother with three children was provided with a period of convalescence under Section 22 of the National Health Services Act.

### *Mothers' Clubs*

Although no new Mothers' Clubs were established during the year, those in operation at Canvey Island, Hadleigh, Hullbridge, Rayleigh, Thundersley and Gt. Wakering clinics continue to play an important part in the health service through the various activities with which they are concerned, i.e. talks, film shows, demonstrations, etc. Various social activities are also undertaken by the clubs, which carry out a valuable social, educational and recreational function for the mothers concerned.

### *Dental Treatment*

The clinical strength of dental officers remains more or less the same as for the year 1963 (see page 38).

Whilst it has not yet been possible to replace the Area Dental Officer who left in 1963, an arrangement was entered into with the South Essex Area for Mr. I. H. Masson, the full time area dental officer for South Essex to assist in the supervision of the dental service in South-East Essex for one session a week.

The administrative assistance given by Mr. Masson has been of great value to the service. All the dental surgeries at the clinics in the area have been visited enabling him to maintain a close contact with his colleagues and much time and labour has been saved by this personal approach.

One dental officer attended a post graduate study course organised by the British Dental Association and during the year dental surgery assistants were given instruction in the handling of dental anaesthetic emergencies.

Table III at the end of this report gives details of the work carried out during the year (with comparative figures for the year 1963), in connection with the priority dental services available for mothers and children under the age of five years.

## MIDWIFERY AND HOME NURSING SERVICE (SECTIONS 23 AND 25)

This year has been a busy one, eased by a steady increase of staff; co-operation by the staff to ensure the smooth running of the service has been well maintained.

With the establishment of the five day working week arrangements were made for rotas to be issued from time to time giving details of the nurses on-and-off duty periods for the information of general medical practitioners, members of the public and the maternity unit at the Rochford General Hospital. In the latter case the rota was particularly useful as it enabled the hospital authorities to inform the appropriate midwife of early discharge cases at week-ends.

During the year, meetings were held with some of the general medical practitioners and staff which resulted in re-arrangement of areas for midwives and nurses so as to correspond closely with the practices of the doctors concerned and as a result thereof, to spread more



widely the custom of holding joint ante-natal clinics. An opportunity was also taken to arrange for the newly appointed Superintendent Midwife at the Rochford General Hospital to visit a number of midwives in their own homes in order to obtain some idea of the areas covered and perhaps more important, strengthen the happy relationship which already exists between the members of the County Staff and the Hospital. At a staff meeting held during the year, Mrs. F. Bridge, F.R.C.S., Consultant Obstetrician to the Southend Group of Hospitals, gave a very interesting talk to the staff in regard to the use of syntometrine in the practice of midwifery, which was exceedingly well received and a most interesting and helpful discussion followed. An innovation as far as lectures are concerned was a talk given by a rehabilitated stroke patient giving first hand information of his experiences in rehabilitation, at which Dr. A. G. Benians, the consultant geriatric physician, Southend Group of Hospitals, attended.

During the year, the local branch of the Royal College of Midwives arranged a study day for midwives, held at the Rochford General Hospital. For those members of the staff who were able to attend, it proved most interesting and the arrangements made for lectures and films were much appreciated.

The establishment of part II midwifery training school at the Rochford General Hospital referred to in last year's report was brought into operation in September. As far as the district training part of the syllabus is concerned, pupils under the direction of County Council midwives who have been approved as teachers, obtain three months domiciliary experience, and at the end of the year two pupils were undergoing training. Six of the County Council midwives have been approved by the Central Midwives Board to act as teaching midwives.

The use of disposable equipment, i.e. gloves, syringes, mucous extractors and incontinence sheets have proved time-saving to the district nurses and midwives, have improved techniques and sterility and, especially in the case of the pads, eased the lot of patients and their relatives.

A demonstration and explanation of the working of the Sparklet Oxygen apparatus which is used for infant resuscitation purposes, was given to the midwives during the year. Arrangements were made, initially, for five machines to be made available in this area and for the area to be fully equipped in 1965.

At the end of the year a social gathering was arranged at which the Chairman of the Health Area Sub-Committee attended together with general medical practitioners, health visitors, home help organisers and members from the staff of the Rochford Maternity Unit.

Population increases continue to create a high demand on the home nursing service, which in the main is concerned with the needs of the elderly chronic sick. Additionally, many requests were received from general medical practitioners and hospitals for patients who were to be admitted to or discharged from hospital where some nursing attendance was required. In various parts of the area invaluable voluntary assistance has been of great help to the district nursing staff, generally by way of blanket baths, a service which is very much appreciated.

An analysis of the work undertaken by midwives, home nurse midwives and home nurses is given in Table IV at the end of this report.



### *Disposable Pads and Cotton Draw Sheets*

Whilst there has been no call for cotton draw sheets during the year the demand for disposable pads for incontinent persons has increased, 5,700 pads being issued compared with 4,000 for the previous year. There is little doubt that this is a most valuable service and does much to relieve the anxiety and problems which are inevitable in dealing with incontinent persons. An excellent liaison is maintained between the domestic help and the home nursing service and consequently, as far as possible the requests of all patients requiring these pads are being met. The disposal of pads after use has not created any problems, the usual procedure being that where there is a domestic hot water boiler the soiled pads are wrapped in old newspaper and placed on the boiler fire. Where there is no domestic boiler the same procedure is adopted except that they are burnt in the garden.

## HEALTH VISITING (SECTION 24)

There was an over-all increase in the number of visits carried out by health visitors during the past year, although the number of staff was just maintained. Three health visitors left and we were fortunate enough to recruit three, thus maintaining a staff of 15. It is still very difficult to recruit qualified health visitors and it is essential to do so if, with the continued expansion of the area, the work is to be satisfactorily carried on.

It is, however, the quality of the health visiting that is more important than the actual number of visits and it is the quality that suffers when there is a shortage of staff. Much more skill is needed in the handling of cases of mental stress, for supporting problem families, the family with a tuberculous patient and for the understanding of old people. All these cases are time consuming and contact with other departments, statutory, and voluntary workers, is often the only way in which to get results.

With the continuing high birth rate in the Area much of the Health visitor's time must, of necessity, be spent in helping and advising mothers on the care of their babies. Many young mothers are over anxious and worry over quite trivial matters which they are loth to discuss with a busy family doctor and find in the health visitor a sympathetic and helpful confidante. Increasingly, general practitioners are contacting health visitors for their help on social problems, following up of cases, or for supervising a possible feeding problem in a young baby.

As health visitors are based on Health Services Clinics all over the area, they are easily contacted and it is hoped that the family doctor will increasingly call on their services for the benefit of their patients.

Relaxation classes still maintain their popularity for not only does it provide an opportunity for expectant mothers to meet together to discuss health matters, but hidden worries can be ventilated through the discussion group. Prospective fathers and mothers can enjoy seeing the film "To Janet a Son", featuring the birth of a baby and a good attendance is usual when an evening showing is arranged.



During the year the services of the medical and health visiting staffs have been utilized for the giving of lectures to many organisations.

Considerable effort was again made during the year to bring to the notice of the public the harmful effects of smoking. The campaign was run in co-operation with the local District Councils and included a visit by the mobile "Smoking and Lung Cancer" unit sponsored by the Central Council for Health Education. The unit also visited the primary schools in the area and the Canvey Island Youth Club. It is difficult to assess the success or otherwise of the campaign and whether indeed this is the right approach to this very complex problem. Reference to the campaign is shown on page 58 of this report.

### *Vaccination and Immunisation*

Every effort is made to remind parents of the continued importance of vaccination and immunisation. As is so often the case, whilst diseases are quiescent and there is no outbreak it is quite easy for parents to take a somewhat complacent attitude to this aspect of preventive medicine. This is an attitude which must be overcome, and a valuable means of educating parents in the right direction is the health education activities of the medical and nursing staff.

The following table gives information in regard to the number of vaccinations and immunisations carried out during the year under review together with comparable figures for the year 1963. Without wishing ourselves to be complacent it can be said that very high immunisation rates are being achieved.

Course	Primary		Booster	
	1963	1964	1963	1964
Poliomyelitis (oral)	1901	2357	1995	1465
Poliomyelitis (Salk)	103	94	118	70
Diphtheria/Whooping Cough/Tetanus	2218	2344	893	1086
Diphtheria/Tetanus	171	151	89	195
Diphtheria	55	21	409	373
Whooping Cough	53	21	3	—
Tetanus	494	549	368	351
Smallpox	786	1485	336	415
B.C.G.	842	616	—	—

### *Chiropody Service*

Reference was made in last year's report to the fact that except for two small rural areas the County Chiropody Scheme covered the whole of the health area and it is pleasing to be able to report that during the year, with the appointment of Mr. Young for four sessions a week and a re-organisation of certain clinic and domiciliary sessions, it was possible to provide coverage of the entire area. Mrs. Mallet resigned her appointment for two sessions a month at the Hadleigh clinic, but this was compensated by the appointment of Mr. I. R. H. Miller for the same number of sessions. All sessions, both clinic and domiciliary are working under pressure; all are fully booked and the waiting time between treatments varies from seven to eight weeks. Active measures are being taken to reduce this waiting time, particularly at those clinics where the time lag between treatments is too long, i.e. by the establishment of additional



During the year a further number of Health Visitors attended a course held at the Nuffield Hearing and Speech Centre, London, on "The Early Detection of Deafness in Young Children". The majority of the staff have now received this training and are carrying out the tests on young babies who might be "at risk".

Health visitors' duties are wide ranging and include giving talks and showing films to various groups, visits to people requiring convalescence, visits regarding loan of sickroom equipment when no home nurse is attending and it is often in these cases that other help is found to be needed. As the registration of child minders, play groups and people under the guardianship scheme increases, so the amount of time allocated by health visitors to supervision must be increased. It is only by advice and encouragement that standards of care are maintained and in some cases improved.

During the year a number of staff meetings were held and an opportunity was taken to show films and for discussion of various aspects of the work.

#### *Refresher Course*

Two health visitors attended a course and a number also attended a mental health course arranged at Severalls Hospital, Colchester.

Two student health visitors came to the area to obtain practical experience—one spent a period of several months and was most grateful for the help received.

Two social welfare assistants also spent a short time visiting with health visitors to learn about their work and how they, as social workers, of the future, will be able to liaise with them.

### PREVENTION OF ILLNESS—CARE AND AFTER CARE (SECTION 28)

#### *Tuberculosis*

The number of notified cases of tuberculosis residing in the Area at the end of the year was 548. During the year a total of 92 notifications was received, 37 of which were new cases, the remaining 55 being cases already notified who had come to reside in South-East Essex. Extra nourishment by way of a pint of free milk per day on the recommendation of the Chest Physician continues to be provided and during the year there were 18 patients participating in this arrangement.

Active measures for the prevention of tuberculosis by the use of B.C.G. vaccination have been continued. See page 51.

#### *Convalescence*

During the year arrangements were made for 13 persons to receive recuperative holidays under this section of the Act, the average length of stay in each case being two weeks.

#### *Health Education*

Although health education activities have continued on a wide scale throughout the year, there is still some way to go before it is possible to provide a fully integrated service. With this object in view consideration is being given to the appointment of an Area Health Education Officer whose services will be shared on an equal basis between the Health Area and the Composite Public Health Committee.



sessions and by operating a system whereby the chiropodist is notified well in advance of any appointment made which the patient knows he will be unable to keep. Unfortunately, there is a considerable number of broken appointments where no notice has been received and where early notice would enable the chiropodist to fit in another patient. The co-operation of the local old people's welfare committees and old age pensioners' associations has been sought with a view to remedying this matter.

At the beginning of the year, arrangements were made for chiropody treatment to be made available to the residents of the welfare home at Swayne Court, Rayleigh and sessions are held at the home twice a month (as well as at Grosvenor House at Westcliff).

The following report has been received from Mr. Thompson in regard to his attendance at this Home:—

"All 64 residents were examined at the commencement of the sessions 33 being found in need of immediate treatment. Every new resident is examined as soon as possible after admission to the home and any necessary treatment carried out. Routine treatments are at a frequency of once in eight weeks. Emergency treatments are carried out at the end of every session where necessary. The Matron and Assistant Matron should be complimented on the assistance given during these sessions. The frequency of two sessions per month is adequate."

During the year Mr. Thompson attended a post certificate instruction course at the London Foot Hospital.

The number of patients under treatment at the end of 1964 was 2,260 compared with 1,257 at the end of 1962. Other comparative figures are shown in Table V at the end of this report.

### *Home Help Service*

The figures given below will give some idea of the increasing demand for this service over the past five years:

	<i>No. of Cases Provided with Help</i>
1960	705
1961	865
1962	938
1963	952
1964	1,103

I am indebted to the domestic help organisers for the following report:—

"The Home Help Service's case load still continues to increase consequent upon expansion of the population, the heaviest calls relating to attendance on maternity cases and aged persons. During the year several problem families received training from selected home helps with successful results. Progress in such cases is somewhat time-consuming but the results are very rewarding. In some cases where consideration was being given to compulsory removal of an aged patient under the National Assistance Act, Section 47, the provision of a home help has avoided such action being taken. In cases such as these the home help undoubtedly performs a socially useful task, not only from the point of view of cleaning up the home but by the day to day process of care



and education, thus helping these elderly folk to re-establish themselves in the life of the community and to look after and help themselves again.

Assistance to mentally sick patients discharged from hospital has also been provided where requested with good results.

In addition to the training course held at Chelmsford at which four Home Helps from this area attended, monthly discussions have been held in the area with a view to encouraging the home helps in their work and an opportunity to discuss any problems which they might have.

Publicity on the scheme has been obtained by the giving of lectures to various voluntary bodies such as Young Wives' Clubs and Old Age Pensioners' Organisations."

#### *Night Attendance Service*

This scheme, whilst recognised as of great benefit to relations and friends of acutely sick patients, has not been used as extensively as was anticipated. All requests received were provided with assistance and although at times difficulty was experienced in obtaining staff to undertake this work, the fact that the service is an integral part of the domestic help scheme usually results in the services of a domestic help who is not otherwise engaged being obtained. There was a marked decline in the number of cases dealt with during the year. In 1963, 27 patients were helped compared with eight for the year 1964. No special significance should be attached to this reduction as it is considered that this is a fluctuating service. Every effort is made to ensure that the public is aware of this facility.

### SCHOOL HEALTH SERVICE

#### **Introduction**

The rise in the number of births in South-East Essex which began in 1958 is now showing its effect on the school population. The increases of 3% and 4% respectively in previous years was outstripped by a rise of 5.5% from 14,917 to 15,743. This rise is, of course, accompanied by a proportionate increase in the number of handicapped pupils and this effect too, is beginning to show, as mentioned in the body of the report, particularly in connection with physically handicapped and educationally subnormal children.

As far as staffing is concerned we were badly affected by shortage of medical and nursing staff, but on the dental side I am pleased to be able to report a continued growth in the service.

The health of the school children was, on the whole, excellent and there were no epidemics of importance.

1964 was a year of renewed effort in the field of health education. It is important that there be no let-up here. Continued and continuing discussions are taking place with head teachers and it is hoped to stimulate further effects in the field of education for family life. There is a large measure of agreement that such education is a continuous process throughout a child's life and not something that begins with the onset of puberty.

Finally, I should like to express my gratitude to all members of the area staff, clinical and clerical, for their efforts on behalf of the children during the year, and to the teaching staff of the many schools for their co-operation.



## Staff

### *Medical Officers*

This has again been a difficult year with regard to medical staff. There has been a considerable amount of sickness and one medical officer was on maternity leave for 18 weeks. In addition, as mentioned in my last annual report, one medical officer was granted  $2\frac{1}{2}$  days study leave each week for the Diploma of Public Health and I am pleased to report that he was successful in obtaining this Diploma in December. These factors have had their inevitable effect on the service despite the employment of locum tenens wherever possible. The main difficulty with locums arises because whilst there are a number of general practitioners who are able to assist for afternoon sessions, because of commitments to their own practices they can rarely help with morning sessions. As will be seen from statistical information provided later in this report, further ground has been lost in the case of school medical inspections. At the time of preparing this report the prospects appear brighter and it is hoped to make some headway with regard to the backlog during the coming year.

### *Dental Officers*

Despite the issuing of numerous advertisements it has not been possible to recruit an Area Dental Officer to replace Mr. Burton who resigned in February 1963. The position was, however, improved in September when Mr. Masson, Area Dental Officer, South Essex, agreed to undertake one administrative session per week in this area. This has been of considerable value in the organisation and supervision of the service. There were several minor changes in the staff of school dental officers, the outcome of which was an increase from the equivalent of 3.4 whole time officers to 3.6, a not unsatisfactory position.

### *Health Visitors/School Nurses*

The difficulty in recruiting staff in this field continues. For some years past it has been necessary to appoint clinic nurses to undertake certain clinics and school nursing duties so as to deploy the health visiting staff to the best advantage. Despite this, the position worsened during the year under review, three full-time health visitors and the equivalent of 1.75 whole time clinic nurses left the service and by the end of the year it had only been possible to recruit two health visitors and a half-time clinic nurse. In fact, the establishment of 19 health visitors was increased to 20 in April, the growth of the area calling for same; thus the position has deteriorated even further. There were by December, 16.45 posts filled, a deficiency of 3.55.

### *Speech Therapists*

This is another category of staff where we have been hard hit during the year. From January until August the establishment of 1.5 whole time speech therapists was depleted by the resignation of the full-time therapist. A further full-time therapist was appointed in September. From October, a part-time therapist was absent on maternity leave, but it was possible to appoint a locum to cover two of the three sessions involved.



### *School Dental Service*

I am indebted to Mr. Masson, Acting Area Dental Officer, for the following report.

" There were few changes in the dental service during the year and the level of inspection and treatment set in 1963 was maintained.

There are no full-time dental officers on the staff, which at December 1964 consisted of eight part-time officers, a reduction of one on the same time in 1963. This gives a density of 2.2 dental officers per 10,000 school children, but there are indications that this will show a substantial improvement in the coming year.

*Health Education:* no formal programme of dental health education was undertaken but literature and posters were provided to augment chairside instruction in oral hygiene and cost price toothbrushes were made available for sale at all clinics. "

Some 11,864 children (75% of the total school population) were examined at routine school dental inspections and a further 835 children were examined as specials. Of these some 5,767 (45%) were found to require, and were offered treatment. 2,200 children received treatment for the first time and there was a total of 6,700 attendances for treatment.

Although it is the objective to examine all children at least once a year and this target has not yet been achieved, nevertheless, the position has steadily improved over the past few years and the position can be regarded as reasonably satisfactory. The figures for treatment undertaken also reveal a satisfactory position.

The County Policy of maintaining the dental surgeries at the highest standard was continued. An X-ray unit was provided at the Hadleigh Clinic and various other minor improvements were also carried out.

### *School Medical Inspections*

As mentioned earlier in this report, this is a field which has suffered as a result of the difficulties with medical staff. It was not possible to make any progress in this work and in fact the reverse happened, only 3,357 children being examined out of a possible total, excluding the backlog for last year, of approximately 5,300. In the main, it is the intermediate group who have suffered as the main efforts of our depleted staff were concentrated on the new entrants and leavers categories. Whilst staffing difficulties presented the major problem, the position is not helped by the fact that at 11 schools circumstances are such that it is not possible for the inspections to be held, as they should, at the schools and the children have to be seen at clinics instead. Whilst this in itself does not affect the position greatly, the fact that inspections can only take place when a clinic is not being used for other purposes does. Thus, although the staff may be available, if the premises are not, no inspections can be arranged.

Table VI shows the numbers in age groups of children examined during the year. It is pleasing to note that in no case was a child's condition found to be unsatisfactory. It should be noted that the term " Unsatisfactory " relates to a child's general physique and does not mean that defects were not found.



### *Chiropody*

The position in this field has not, I regret, changed since my last annual report in that this service remains unavailable to school children. It is still necessary to refer children requiring chiropody treatment to school clinics, general practitioners, hospital or private chiropodists. I can only repeat what I said last year that with the increasing provision of swimming pools at Schools, the incidence of verruca must be expected to increase bringing a healthy physical activity into disrepute. Again, it is hoped that something can be done to improve matters in the not too distant future.

### *Infectious Diseases*

There has been no undue incidence of infectious diseases amongst school children during the year.

### *Handicapped Pupils*

Table VII shows the position with regard to handicapped pupils in this area at the end of the year.

### *Educationally Sub-Normal*

As will be seen from Table VII, there are now 25 children awaiting admission to special schools against 21 at the same time last year. The fact that the position has not deteriorated by a greater number is entirely attributable to transfers from the area. Of the children at present on the waiting list, six have been waiting one to two years, three two to three years and three three to four years. There would appear to be little likelihood of the position improving until the Day Special School in this area is opened in April 1966. By this time at least one of the children on the waiting list will have reached school leaving age and will have left school without having had the benefit of attendance at a special school—a most regrettable event.

### *Physically Handicapped/Delicate*

There are now 40 children from this area attending the Southend Day Special School and I am indebted to Dr. Logan, Medical Officer of Health, Southend County Borough and his deputy, Dr. Preston, for their invaluable assistance in this connection. Because of this, placement of children in these categories has been very satisfactory. Thirteen children were newly ascertained and 12 were admitted to special schools, seven of these to the Southend Open Air School. Inevitably, there must be a limit to the number of cases that can be accepted at this school and there is a serious risk of a build-up of the waiting list during the coming year. The only alternative at the present time would be to send children to residential special schools, an undesirable and medically unnecessary practice in a large number of cases. It may be that consideration will have to be given to the provision of day special school facilities in the County for pupils from this area. A close eye will be kept on the position.

I must also express my appreciation to Dr. Dobbs, Consultant Paediatrician at the Southend General Hospital for his advice and assistance in dealing with handicapped children.



I am indebted to Dr. J. Runes for the following report:

" During the year 1964 the staff situation improved considerably. For the second part of the year we had both appointments for Educational Psychologists filled and our Social Worker managed to cope with the most urgent demands. The two other vacancies for Psychiatric Social Workers could not be filled for lack of proper applicants. The increasing load of work required some additional psychiatric sessions and Dr. Crocket was appointed as a locum consultant for two sessions; but even with her considerable help we could not effect a substantial reduction in the waiting list. It has to be kept in mind that there is a continuous increase of population in our entire area.

We moved into our new premises at the end of March; this move was bound to cause a temporary dislocation in the service provided by us, but I am pleased to say that very soon after settling in, we managed to keep up our full schedule of work. The new premises may prove insufficient in the foreseeable future, viz. when all vacant appointments are filled. Our old premises were handed over to the tutorial teaching department. This department is a great help to us in dealing with many of the children who would otherwise require placement at schools for maladjusted children.

We have continued our regular sessions at Rayleigh Health Services Clinic, and the tutorial teaching department has resumed the sessions which were interrupted for a time owing to shortage of staff. We are looking forward to the opening of a temporary clinic in Hadleigh, which should eventually be supplanted by a permanent establishment.

We have had several visits from groups of students from the Thurrock Technical College and also from student nurses from Runwell Hospital. There have been group discussions with the house mothers in charge of various L.C.C. Homes in Basildon and the L.C.C. Children's Department referred some of their children, who reside in our area, to this clinic. During the year we had again the isolated, intractable case of persistent school refusal in our older group, and hospital placement had to be sought outside the region, as we are still not in a position to refer cases to an Adolescent Ward in our region. The problem of younger children is not so acute in view of the help offered by Whipps Cross Hospital as well as the children's ward at St. Andrew's and Southend Hospitals.

We continued our contacts with Probation Officers, Health Visitors, Child Care Officers and Speech Therapists, usually in connection with cases referred by them. The proposed pilot scheme for training School Medical Officers and Health Visitors appears to have been abandoned. We nevertheless have initiated a meeting with the School Medical Officers of this area and we hope that this will develop into a regular routine to the benefit of both sides."



### *Cleanliness Surveys*

As in the past, cleanliness surveys continue to be carried out at all schools (with the exception of Swayne Grammar/Technical School and King John School) by school nurses at the commencement of each term. Altogether, 20,373 were examined at these inspections and 25 were found to be infested for the first time and 11 of them were found to be infested on subsequent examination. Formal notices were issued in 16 cases and five children were cleansed at a health services clinic by the school nurse. In no case was it found necessary to issue a cleansing order—a tribute to the tact and understanding of the school nurses dealing with this problem.

### *Health Education*

The predominant feature of work undertaken in this field was again on the subject of "Smoking and Health" and the mobile unit of the Central Council for Health Education again visited secondary schools in the area. One junior school was also visited and the campaign is being extended to all such schools throughout the area. The unit was supported by the distribution of leaflets to parents and the display of suitable publicity materials throughout the area. The success of such campaigns depends to a large extent on the continuity of the work and medical officers are continuing to give lectures to children on this subject and with the support of a national campaign by the Ministry of Health, it is hoped to keep the undoubted dangers of smoking to the forefront throughout the coming year as well. There can be no doubt that the ban on television advertising will assist in this work.

Health Visitors have continued throughout the year to give talks to senior girls on personal hygiene and mothercraft and at the request of headteachers, lectures have been given to senior pupils on the work of the local health authority which has included visits to health services clinics.

Further work was also undertaken in the sphere of verrucas and leaflets were distributed to parents giving advice on this condition at schools where swimming pools were in operation.

There is no doubt that there is a need for health education to be more fully exploited and it is hoped during the coming year to appoint a health education officer in conjunction with District Councils, to co-ordinate and organise health education throughout the area.

### *Speech Therapy*

The loss of the full time speech therapist referred to earlier in this report has had its inevitable effect on this service. During the year 98 children were referred for treatment and 84 children received treatment for the first time. With the appointment of another full-time speech therapist in September the position improved, but there were still 42 children awaiting treatment at the end of the year. At the time of preparing this report it is hoped to appoint a further part-time therapist shortly which should do much to retrieve the position.



I am indebted to Mrs. B. R. Smith, speech therapist, for her comments on the service as she has found it in her first few months :—

" Since September, a therapist has again been holding sessions at Rayleigh, Rochford, Hockley and Canvey Island. A number of children have remained on waiting lists longer than is desirable due to the difficulty of maintaining a continuous service; some schools evidently hesitate to refer children for this reason. A high proportion of the children treated in this area suffer from speech and language defects involving serious social and educational handicap.

It has been noticed that parents in the area are wisely seeking advice about their children's speech at an early stage in development. This is thought to be due to (1) the previous therapist's policy of encouraging early consultation, (2) the medical officer's understanding of the need for such consultation (3) the interest of health visitors and (4) the co-operation of local general practitioners. It is seldom necessary or advisable for children under the age of 4½ years to receive regular treatment. However, much valuable preventive work can be accomplished when parents have the opportunity to discuss their anxieties about a child's speech development with a therapist and thus avoid wrong handling. It should be stressed that whereas many young children require only to be kept under observation, those suffering from cerebral palsy, serious abnormality of the organs of articulation, hearing loss or mental subnormality may require therapy or special teaching well before the inception of speech. When this need is not recognised much harm may result.

From the speech therapist's point of view, positive features of the facilities available in this area include ease of contact between departments, provision for school and home visiting in the therapist's timetable, the introduction of the Pitman Initial Teaching Alphabet in some schools and possibly, child development sessions, although as to these it may be a little early to comment.

Negative features must also be noted. These include the shortage of nursery schools, inadequate provision for the social training of young mentally subnormal children and the absence of senior speech therapists who would be able to attract young therapists to the County."

#### *Hygienic Conditions in Schools*

It is pleasing to record that of the two remaining schools mentioned in my report last year as still having pail closets, one has now been converted to a modern disposal system and the conversion of the other was virtually complete by the end of the year. There are still other problems to be tackled and possibly not the least of these is the task of the Education Authority in obtaining the necessary finance to effect the recommendations of the various public health improvements still required, i.e. replacement of badly sited external toilets, provision of adequate and suitably sited washing facilities, in fact, general modernisation of the facilities at present available at some of the older schools. At the time of preparing the report a detailed survey is being undertaken at the request of the Schools Committee of the toilet facilities at all schools throughout the area. It is hoped that as a result of this, a phased programme of replacement over several years will be possible.



Another recommendation made during the year and yet to be implemented is for the provision of sanitary towels and suitable disposal units at all junior girls' schools, a step made necessary by the progressively earlier average age of onset of the menarche.

In most other respects, the Public Health Inspectors report that conditions generally at schools are satisfactory. It has been suggested, however, that the housing of dustbins might be improved by the provision of compounds and this is being looked into at the present time by the Education Authority.

### *Audiometric Testing*

The routine hearing testing of all new entrants to school continued throughout the year. 1,319 children were tested at routine sweep tests and a further 160 as specials. Of these 493 or 33% failed the first test and 181 or 12% failed the re-test. Following examination and treatment where necessary by school medical officers, 57 children had normal hearing and 46 were referred for E.N.T. consultation. Following E.N.T. consultation and treatment where necessary a further 27 children had normal hearing. One child proved to require special consideration in class in ordinary school and one was ascertained as handicapped and recommended for admission to a special school.

At the end of the year there were 49 children awaiting further examination or under treatment by the E.N.T. consultant.

### *The Child with Loss of Hearing*

The Nursery Unit for deaf children at Rayleigh continued to prove its worth, although labouring under considerable difficulties owing to inability to recruit a second teacher. These difficulties were relieved to some extent by the success of two of the children who had reached infant school age in being able to go into an infant reception class for at least half their time, thus validating the original purpose of the nursery unit. Similarly, one child found to be too deaf to take this step was, as forecast in my last report, moved to a special school and another, having made good progress, returned to her ordinary day school. Nevertheless, if education of the deaf is not to suffer a serious setback special efforts will have to be made by the local education authorities in co-operation with the Department of Education and Science to recruit and train teachers of the deaf. It is comparatively easy to put up and equip buildings, but it is not of the slightest value if the children cannot be admitted owing to shortage of staff.

The ascertainment of pre-school children in South-East Essex at a comparatively early age continues and there are now seven such children known to the department compared to an expected number of 11. At the time of writing the prospects of having our own audiology unit loom appreciably nearer. This would enable easier staff instruction in diagnostic techniques and ensure closer co-ordination of medical and teaching needs.

In addition to children attending special schools there are 14 in the South-East Essex Division attending ordinary schools while wearing hearing aids. These children are under the close supervision of Mr. Head, peripatetic teacher of the deaf.

I am indebted to Mr. Head and to Miss Bayley (Head Teacher, Glebe School) and Miss Golland (Nursery Teacher, Deaf Unit) for their constant assistance and co-operation throughout the year.

### *Swimming Pools*

As was anticipated in my last report, four new pools were opened during the year. These were all of the Purley Olympic type, two No. 5—41' x 17', one No. 6—49' x 17' 3" and one No. 8—41' x 25'. This brings the total number of swimming pools in the area to twelve. All pools are provided with filtration and chlorination apparatus and chlorination by the break-point method has been recommended to the Divisional Executive as the only satisfactory way of safeguarding health. This is to come into effect during the 1965 swimming season.



TABLE I—LOCAL AUTHORITY ANTE NATAL CLINICS

Clinic	Sessions		New Cases				Total Attendances				Average attendance per session	
	1963	1964	Ante Natal		Post Natal		Ante Natal		Post Natal		1963	1964
			1963	1964	1963	1964	1963	1964	1963	1964		
Canvey Island	52	52	354	489	24	28	600	775	34	29	12	15
Hadleigh	12	10	86	212	—	—	134	212	—	—	11	21
Rayleigh	51	52	274	280	32	29	838	884	37	43	16	17
Rochford	90	77	134	64	106	65	989	497	111	69	11	7
Thundersley	36	52	175	189	28	41	401	574	32	38	12	12
Gt. Wakering	49	49	64	38	16	12	196	172	17	15	4	4
TOTALS	307	292	1,144	1,272	208	175	3 240	3,114	233	185	12	10

TABLE II—CHILD WELFARE CENTRE ATTENDANCES

Centre	No. of sessions held		No. of first attendances under one year		Total attendances		Average attendance per session	
	1963	1964	1963	1964	1963	1964	1963	1964
Benfleet	102	104	279	394	4,223	6,305	41	60
Canvey Island	51	52	262	363	3,330	3,866	65	74
Hadleigh	49	54	122	214	1,868	2,708	38	50
Hockley	52	67	196	341	3,008	4,380	58	65
Rayleigh	100	103	242	489	2,964	3,747	30	36
Rochford	49	49	277	307	3,506	3,292	71	67
Thundersley	82	49	188	339	3,521	3,648	43	74
Gr. Wakering	51	52	136	172	2,011	2,435	39	46
Canewdon	11	12	9	13	119	137	11	11
Rawreth	12	12	11	24	124	198	10	16
Hullbridge	51	61	129	239	2,358	2,613	46	43
TOTALS	622	615	1,856	2,895	27,091	33,329	43	54



TABLE III.

Dental Treatment for Expectant and Nursing Mothers,  
and Children under the age of 5 years.

Category		No. Examined	No. referred for Treatment	New patients commenced Treatment	Patients made dentally fit	No. of attendances	Forms of Dental Treatment Provided							Dentures Provided	
							Teeth extracted	Fillings	General Anaesthetics	Scaling and gum treatment	Silver nitrate treatment	Dressings	X-ray Examinations	Full	Partial
Expectant & nursing Mothers	1963	57	48	43	29	106	67	60	28	25	—	14	4	2	2
	1964	44	43	34	29	82	16	58	3	13	—	7	9	4	1
Children under the age of 5 years	1963	327	203	167	137	374	116	209	50	6	120	50	—	—	—
	1964	418	231	195	147	339	61	332	29	4	69	20	2	—	—

TABLE IV  
Analysis of Work undertaken by Midwives, Home Nurse/  
Midwives and Home Nurses.

Year	No. of deliveries attended	No. of Hospital confinements discharged before 10th day	No. of visits paid. ante-natal nursing and post-natal	No. of cases in which medical aid was sought	No. of cases where the following were administered			Total No. of visits by home nurses
					Gas & Air analgesia	Trilene	Pethidene	
1963	1,131	406	30,747	191	487	439	644	46,360
1964	1,175	485	32,662	211	399	466	735	51,469



TABLE V—CHIROPODY SERVICE

Category of patient	New cases during year		Cases being treated at end of year		Clinic attendances		Domiciliary treatment		Old People's Welfare Homes (Sweyne Court Grosvenor House)	
	1963	1964	1963	1964	1963	1964	1963	1964	1963	1964
Aged (over 65 years)	553	608	1,767	2,254	6,283	8,749	1,050	1,429	224	409
Physically Handicapped	3	9	3	6	5	20	—	—	—	—
Expectant Mothers	2	6	—	—	2	8	—	—	—	—

TABLE VI—SCHOOL MEDICAL INSPECTIONS

Year of Birth	No. Inspected	Pupils whose condition was classified		% Satisfactory	% Unsatisfactory
		Satisfactory	Unsatisfactory		
1960	—	—	—	—	—
1959	674	674	—	100	—
1958	825	825	—	100	—
1957	107	107	—	100	—
1956	17	17	—	100	—
1955	4	4	—	100	—
1954	134	134	—	100	—
1953	460	460	—	100	—
1952	166	166	—	100	—
1951	1	1	—	100	—
1950	152	152	—	100	—
1949	817	817	—	100	—
TOTALS	3,357	3,357	—	100	—



TABLE VII—HANDICAPPED PUPILS.  
as at 31st December 1964

	Type of Special School	Blind	Partially Sighted	Deaf	Partially hearing	Delicate	Physically Handicapped	E.S.N.	Mal-adjusted	Epileptic	Speech
Waiting Admission 1.1.64	DAY	—	—	1	—	2	—	18	—	—	—
	RES.	—	—	1	—	2	1	3	4	—	1
Newly Ascertained	DAY	—	—	—	1	3	4	13	—	—	1
	RES.	—	—	—	—	4	2	5	6	—	—
Newly Admitted	DAY	—	—	—	—	4	3	7	—	—	1
	RES.	—	—	1	—	5	—	4	4	—	1
Attending Special Schools	DAY	—	—	—	1	22	18	58	—	—	—
	RES.	1	3	4	2	9	5	12	10	2	4
Awaiting Admission 31.12.64	DAY	—	—	—	—	—	1	20	—	—	—
	RES.	—	—	—	—	1	1	5	4	—	—
Receiving Home Tuition		—	—	—	—	1	2	3	2	—	1

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