Contributors

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4411 (3) 2 Library **Urban District of Brentwood Annual Report** of the **Medical Officer of Health** and the **Chief Public Health Inspector** for 1960



Urban District of Brentwood

MEMBERS OF THE COUNCIL (as at the 31.12.60)

Chairman: Mr J. M. Smith J.P. Vice-Chairman: Mr. G. C. Green

		O I D M. Thul	(1)
J. S. Alderton		G. A. D. McTurk	(1)
C. Barber		B. L. Muller	
H. E. Brownett		Mrs. M. S. Parsons	
A. V. Cave C.C.	(1)	J. W. E. Reddell	(1)
J. W. Cole	(1)	J. S. Rowe	
H. E. Collins	(1)	F. W. C. Salway	(2)
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C. J. L. Fox		A. R. Scrivener	(1)
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J. A. Isgrove	(1)	H. Van den Branden, J.P.	(1)
r. W. Kenner		A. A. West	
H. L. Lansdell	(1)	L. B. Wicks	(1)
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(1) Member of the Health and Sewerage Committee

(2) Chairman of the Health and Sewerage Committee

(3) Vice-Chairman of the Health and Sewerage Committee

PUBLIC HEALTH DEPARTMENT STAFF (as at 31.12.60)

Medical Officer of Health

T. Mackinell-Childs, B.A., M.B., B.Chir., D.P.H.

Deputy Medical Officer of Health

R. G. Newberry, M.B., B.S., (Lond), D.P.H. (until 31.5.60) D. T. Jones, B.Sc., M.B., B.Ch., D.C.H., D.P.H. (from: 1.8.60)

Chief Public Health Inspector

P. T. Shelton. M.A.P.H.I., M.R.S.H., Public Health Inspector, Meat and Food Inspector, Royal Society of Health's Certificate in Sanitary Science as applied to Buildings and Public Works, Final Examination Chartered Auctioneers' and Estate Agents Institute.

Deputy Chief Public Health Inspector

E. A. Sheppard, M.A.P.H.I., C.R.San.I., Public Health Inspector, Meat and Food Inspector, Royal Society of Health's Certificate in Sanitary Science as applied to Buildings and Public Works.

District Inspector:

J. K. Blakeley, M.A.P.H.I., C.R.San.I., Public Health Inspector, Meat and Food Inspector.

District Inspector:

D. H. Gilkes, M.A.P.H.I., Certificate of the Royal Society of Health, Meat and Food Inspector.

Clerk: Miss E. P. Turff Part-time Clerk: Mrs. J. M. Smith

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1960

To the Chairman and Members of the Urban District Council of Brentwood.

Mr. Chairman, Ladies and Gentlemen,

I have much pleasure in presenting my Annual Report for 1960.

It may seem redundant on my part to point out that Dr. T. MacKinnell- Childs was Medical Officer of Health for the Urban District of Brentwood until the 31st December, 1960. This means that I was not actually concerned with the environmental Health Services of the district during that time. I regret, therefore, that this report will of necessity tend to be rather a mechanical presentation of facts and figures. It may be of interest to you to know that in future I intend that my Annual Report shall be much more detailed and informative than has been, perhaps, the case in previous years. Opinions in my profession differ as to the wisdom of this step. I am, however, of the opinion that unless you understand some of the details of my problems then I cannot expect you to see the reasons why I may want to take a certain course of action. This is particularly important when the financial estimates and staff dificulties are being discussed. This attitude may appear to you to be rather on the lines of "to know all is to forgive all," but I feel that future demands may be such that an expansion in staff will be necessary. This Department will be committed to a considerable amount of extra work under the Offices Act, 1960, and it may be that there will be additional Smoke Control areas set up under the Clean Air Act. 1956. In addition to these, the Urban District may seek increased powers under the Food and Drugs Act, 1955. I have heard further that a large slaughterhouse may be built in this area, and this in itself would necessitate an addition to the Chief Public Lastly, we must consider a general Health Inspector's staff. trend which has been obvious for some years. The population of Brentwood is increasing year by year; also the numbers of people who eat away from their homes either at lunch-time or in the evenings is increasing. This brings about an increased risk of food poisoning about which I shall have something to say in the text of my Report. This increased risk means increased vigilance on the part of the Public Health Department and this again may necessitate extra staff.

In conclusion, I am quite certain that Dr. T. MacKinnell-Childs would wish me to express his thanks to the staff of the Public Health Department and to the members of the Urban District Council for their help and support during his term of office as Medical Officer of Health.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant, DILWYN T. JONES. Rat

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Section A

STATISTICS AND SOCIAL CONDITIONS

Area in Acres			 	·	18,166
Estimated (mid-year) Resider	it Pop	ulation	 		47,450
(Registrar General's figu	res)				
Rateable Value			 		£595,399
Sum represented by a Penny	Rate		 		£2,570
Number of Inhabited Houses			 		13,969

VITAL STATISTICS

Live Births:	M.	F.	Total
Total Number of Births	411	436	847
Number of Legitimate Births	393	423	816
Legitimate Births (Percentage of total live	births)		96.34%
Number of Illegitimate Births	18	13	31
Illegitimate Births (Percentage of total live	births)		3.66%
Crude Birth Rate per 1,000 population			17.85
Area Comparability Factor			0.93
Corrected Birth Rate			16.6

THE REAL PROPERTY LAND IN THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY ADDRESS OF THE REAL PR	Brent	wood	England	& Wales
-0.00 0.50 00.00 70.00	1959	1960	1959	1960
Live Birth Rate per 1,000				
population	15.31	16.6	16.5	17.1
Illegitimate Births (Percentage				
of total Live Births)	2.86	3.66	5.12	5.4
Still Births:		M	l. F.	Total
		0		10tal 12
Number of Still Births		-	3 4	
Legitimate			4	
Illegitimate				-
Stillbirth Rate per 1,000 total	Live and			10.07
Still Births		410	140	13.97
Total Live and Still Births		418) 440	859
second of the local sport in 195	Brent	wood	England	& Wales
interest to see the with series	1959	1960	1959	1960
Stillbirths Rate per 1,000 total				
Live and Still Births	9.28	13.97	21.0	19.7
Deaths:		м	. F .	Total
Tatal Jestha			274	
				11.2
Crude Death Rate				0.83
Area Comparability Factor	••••			
Corrected Death Rate				9.30
Delta estata bit la charter and find	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		England	& Woles
and a state of the	Brenty	wooa .	England	a wates
references boulder the population	Brenty 1959	1960 ·		

Infant Mortality:

Infant Mortality Rate (total infant deaths per 1,000 total live births)	14.17
Legitimate Infant Mortality Rate (total legitimate infant deaths per 1,000 legitimate live births)	14.7
Illegitimate Infant Mortality Rate (total illegitimate infant deaths per 1,000 illegitimate live births)	Nil
Neo-natal Mortality Rate (deaths of infants under 4 weeks per 1,000 total live births)	8.26
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	7.08
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still-	Po'Fine -
births)	20.95

	Bren	twood	England	d & Wales			
	1959	1960	1959	1960			
Infant Mortality Rate	18.56	14.17	22.2	21.7			
Illegitimate Infant Mortality Rate	Nil	Nil					
Neo-natal Mortality Rate	14.59	8.26	15.8	15.6			
Perinatal Mortality Rate	23.65	20.95	34.2	32.9			

Maternal Mortality (including abortion):

Number of deaths du	ue to	pregnancy	or confinen	nent	Nil
Maternal Mortality	Rate	per 1,000	total live	and	
stillbirths					Nil

	Bren	twood	England	land & Wales		
	1959	1960	1959	1960		
Maternal Mortality Rate	 1.3	Nil	0.38	0.39		

Although it is always of interest to see the Vital Statistics figures for each year, I feel that I should point out that the only really important figures are those giving accurate numbers of actual occurrences.

The Rates which I have calculated above, such as the Birth Rate, Still Birth Rate, Death Rate, etc., are of importance in that one can use them to compare the vital statistics of Brentwood with those of other areas. It is necessary to remember, however, that in order for the Rates of this kind to be significant, a certain number of people at risk must be considered. In my opinion, certain of the Rates that I have given cannot be considered significant because the population at risk and the number of cases affected are not large enough.

I would point out for your especial attention the fact that the Birth Rate has risen quite considerably since last year. As this rate s a large number of cases based on the total population it can be onsidered significant. The percentage of illegitimate births also has isen since last year, but as this is a small number of cases based n the total number of live births, it should not be accepted as sigificant except, possibly, as an indication of trend. The same care hould be used in interpreting the figures for the Still Birth Rate nd the various Infant Mortality Rates. The trend in the Still Birth ate is definitely upwards, although it is still well below the figures or the whole of England and Wales, and where such small numbers re concerned there is bound to be a large fluctuation from year to ear. We may well find, therefore, that next year the Still Birth Rate vill drop again.

The Death Rate, however, is in a different class, as it is a sigificant number of occurrences based on a large population at risk. herefore, as in the case of the Birth Rate we can accept the Death ate as a significant statistic, and I feel that it is a source of satisaction that the Death Rate is reduced this year, and is considerably ower than the England and Wales figure. It might well be said that his is due to the high proportion of young people living in our new ousing estates. I would point out, however, that this is taken into ccount in the Area Comparability Factor and that the Corrected Peath Rate, which I have used for this comparison, is in fact a direct ointer to the state of health of the community.

The Perinatal Mortality Rate is becoming a most important gure and one which is of concern to Public Health workers. Advances modern medicine have made it possible to reduce the deaths in fants over one week old very considerably. For instance, the Infant ortality Rate for Brentwood in 1951, as quoted in the Medical Officer F Health's Annual Report for that year, was 34.2. It has proved ery much more difficult, however, to reduce numbers of deaths of fants under one week old and numbers of still births, and it is in is field that an enormous amount of work is now being done. Despite y previous warning that the numbers of Perinatal Mortality Rate 由 iven above must not be accepted as having too much significance, I s nink that the persisting low level of the past two years as compared rith the figures for England and Wales should provide some small egree of satisfaction, but not, let me hasten to add, any degree whatpever of complacency. There is a lot of work to be done here, and I ope that the future will see a still greater reduction in this very aportant statistic.

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CAUSES OF DEATH

Infectious:	
Tuberculosis-Respiratory and other	5
Syphilitic disease	1
Other infective and parasitic diseases	2
ould be uneddin minneeting the highway for and will night thate	rde.
Cancer:	
Malignant neoplasm, stomach	7
Malignant neoplasm, lung, bronchus	14
Malignant neoplasm, breast	9
Malignant neoplasm, uterus	2
Other malignant and lymphatic neoplasms	56
Leukaemia, aleukaemia	2
erofore, as in the rate of the firth flate we can accept the Douth	-975
Heart and Circulation:	n.s
the state the first bar of the set of the state of the st	61
Vascular lesions of nervous system	87
Coronary disease, angina	100
Hypertension with heart disease	9
Other heart diseases	75
Other circulatory diseases	16
Pneumonia	69
Bronchitis	25
Other diseases of the respiratory system	4
Ulcer of stomach and duodenum	7
Gastritis, enteritis and diarrhoea	6
Nephritis and nephrosis	1
Hyperplasia of prostate	2
Congenital malformations	4
Other defined and ill-defined diseases	40
Motor Vehicle accidents	11
All other accidents	12
Suicide	2
Diabetes	3

Infant Mortality	Rate per	1,000	live births	24.26	18.29	12.10	9.34	18.56	14.28		ver Total	16	172	40	06	16	03	-	5	17	365
Infant		Deaths		23	22	14	7	11	12		65 & over	1	1	1	1	3	1	1	. 1	1	4
	Rate per	1,000	Population	11.64	9.64	8.20	9.27	9.39	9.30	GROUPS	45-64	1	1	1	1	00	2	1	1	5	11
	Rat		Pop	1		~	0.		0.	t AGE	25 - 44	1	2	1	30	5	2	1	1	9	46
		Deaths		492	482	413	488	530	532	S UNDER AGE	15-24	1	1	1	6	1	1	1	1	2	14
										ISEASES	10-14	2	13	2	10	1	61	1	1	00	32
	Rate per	1,000	Population	15.32	14.32	15.00	15.93	15.31	17.85	BLE D	69	∞	78	24	21	1	\$	1	١	1	135
	I		P(TIFIA	3-4	5	33	7	4	2	1	I	1	١	51
		Births		577	656	661	749	754	847	OF NC	1-2	1	36	5	12	1	1	1	1	1	55
		Population		38,040	41,030	42,330	44,170	46,270	47,450	ANALYSIS OF NOTIFIABLE DISEASES	Under 1 yr.		9	2	4		1				15
		Year		1955	1956	1957	1958	1959	1960		Diseases:	Scarlet Fever	Whooping Cough	Measles	Dysentery	Pneumonia	Food Poisoning	Erysipelas	Infective Hepatitis	Tuberculosis	

TABLE OF BIRTH AND DEATH RATES

INFECTIOUS DISEASES

The following is a comparative table of notification of infectious diseases:

			1960	1959
Scarlet Fever		 	16	32
Pneumonia		 	16	42
Poliomyelitis		 	_	3
Whooping Cough		 	172	25
Measles		 	40	756
Food Poisoning		 	9	1
Suspected Food Poisonin	g	 	_	2
Dysentery		 	90	1
Infective Hepatitis		 	2	2
Puerperal Pyrexia		 	_	5
Meningococcal infection		 		1
Erysipelas		 	1	_
Tuberculosis		 	17	12
	200			8
			363	882
				001

Whooping Cough:

There were 172 cases of whooping cough during the year under review. This compares most unfavourably with the previous year when there were only 25 cases. I am glad to say there were no deaths from this disease, but, as is also the case with measles, whooping cough can be followed by various complications, which although not necessarily fatal can be the cause of prolonged, if not permanent ill health. It cannot be stressed too strongly that whooping cough is a dangerous illness and that advantage should be taken of the County Health Services' and General Practitioners' Clinics in order that all children should be protected, as far as possible, against it.

I would draw your attention to the analysis of notifiable diseases under age groups in which you will see the effect of the first few years in School on the incidence of infectious diseases. You will see that there were 78 cases of whooping cough in the age group for 5-9 years and this is by far the highest number given for the disease. It might be thought from this that immunisation against whooping cough might be carried out any time in the first five years of a child's life in order to produce maximum protection. I would point out, however, that a table of deaths from whooping cough divided by age groups would show a very different picture. The younger the child the more likely he is to die if he contracts whooping cough. Therefore, immunisation should be carried out as early as possible in the first year of life.

Measles:

1960 was an "intermediate" year and, as expected, there were very few cases.

Poliomyelitis:

There were no cases of poliomyelitis in the area during 1960. Dysentery:

Study of the comparative table of notifications of infectious

diseases will show you a sharp rise in the number of cases of dysentery during the year under review. This is due to an outbreak which occurred in the Hutton and Shenfield area during the months of April and May, 1960. During these two months there was a total of 78 cases, 48 in children and 30 in adults.

Dr. T. MacKinnell-Childs, your Medical Officer at that time, held a thorough investigation into the outbreak, but there appears to have been no common factor which would lead to the discovery of the cause and therefore to control of the outbreak. Six swabs were taken, of which five proved positive and one was negative.

Food Poisoning:

I have already dealt with the matter of the increased number of cases of dysentery. This is a disease which might well come under he heading of Food Poisoning. There is, however, increasing concern amongst Public Health workers over the increasing number of cases of food poisoning in general. You will see in the table of infectious liseases that in 1959 there were three cases, two of which were only suspected. In 1958, I would add, there were only two cases altogether. In 1960 there were nine cases of definite food poisoning. These figures may appear to you to be small and insignificant. They assume, however, a very much greater importance when one realises that they are simply a reflection of an increase which is affecting the whole country. Many reasons for this have been put forward. They include the greater number of people eating out, the greater number of people relying largely on processed and frozen foods to nake up their diets, an increasing laxity of hygiene in shops and atering establishments and a greater willingness on the part of the reneral public to put up with conditions in these shops and establishnents which would not have been endured some years ago. These are all theories. There is no proof of any of them except the fact that more people are eating away from home. What does emerge is undeniable from all that has been said on the subject is that there s an increasing Public Health problem here, and one which will have to be treated very seriously if it is not to get out of control.

Cuberculosis:

It will be noted that the number of deaths from all forms of Cuberculosis is less this year than in 1959. I would point out, however, that the number of deaths due to this disease in 1958 was only our and in 1957 only two.

I cannot emphasize too strongly, that despite spectacular dvances in treatment of the established disease, the incidence of Tuberculosis is not showing the improvement for which one had oped. I give below a report from the Chest Physician, Dr. Woolf. This gives figures relating to Tuberculosis for the year 1960, and I yould draw your particular attention to the numbers of new notifiations; as you will see during this year there was a total of eleven ew cases of Tuberculosis seen at the Chest Clinic. Seventeen new ases were notified from all sources.

			Respira	atory	Non-R	espir	ratory C. 11 1 - 1 1 - 1	
		М.	F.	C.	M.	F.		
	Cases on Register 1.1.60	186	152	12	10 .	19		
	New Notifications	5	4	2	_	_		
	Transfers In from other							
	clinics	18	27	-	1			
	Died	6	1		1	_		
	Lost sight of or gone				1			
	abroad	5	3	-		5	_	
	Recovered	10	9		1	2	1	
	Transferred Out to				-	-	-	
	other Clinics	10	13	1		1	di Polo	
	Total number removed			-		-		
	from Register	31	26	1	2	8	1	
	Children transferred to	01	20	-	-	0	-	
	adults	1	1			1		
	Cases on Register	-	-			-		
	31.12.60	170	158	11	9	12	11	
								~
+	It may come as a sho							er
n	ifications from the Chest 1950 30 cases				since .			
	1950 50 cases			1955 1956		90	eases	
	1.7.11			27.10		0		

1000	 ou cases		1000	 9	Cases
1951	 50 ,,		1956	 8	,,
1952	 22 ,,		1957	 13	,,
1953	 59 ,,		1958	 9	,,
1954	 31 "		1959	 12	,,
	1960	11	cases		

w

The improvement due to advances in therapy and the mounting of intensive Mass Radiography Campaigns is quite obvious, but it is equally obvious that there is a hardcore of Tuberculosis infection which is not responding to Public Health control. The elimination of this hardcore is an outstanding problem.

Tuberculosis in Warley Hospital:

no

The following figures have been supplied by Sir Geoffrey Nightingale, Bart.

New notifications during 1960 Admissions during 1960 of patients	2 males, 1 female
already notified as T.B.'s	2 males
Discharges during 1960	2 males and 1 female
Deaths in 1960	1 male

Mass Miniature Radiography:

The Mass Radiography Unit from Broomfield Hospital, Chelmsford, carried out a Survey at Ilford Limited in November, 1960. X-rays were taken of 1,188 of their employees of whom 28 were recalled for full-size films to be taken and six were referred to the Chest Clinic.

Tuberculosis After-Care Association:

Your Medical Officer is a member of the Committee of this Association. Its work of providing extra food and nourishment for patients suffering from diseases of the chest continues under the Chairmanship of Councillor A. V. Cave, and is a most valuable addition to the Services provided by the Statutory Authorities. National Assistance Act, 1948:

There are no cases of action under the provisions of this Act to report.

Water Supply:

The sources of water supply for the Brentwood area remain the same as previously.

Home Safety Committee:

The Home Safety Committee has continued its energetic efforts ander the Chairmanship of Mr. A. C. Seager. Its activities have neluded a poster campaign during the early part of the year combined with the showing of slides at the local Cinemas. A "Tidy-up to Prevent Accidents" Campaign was carried out during the months of April to June, 1960, and in November an exhibition was held at the Odeon Cinema in conjunction with the Road Safety Committee, at which a model house, specially constructed for the purpose, was shown.

aundry Service for the Incontent:

At the end of 1960 preparations were made to introduce this Service. All General Practitioners, Health Visitors and District Nurses were circularized and Dr. T. MacKinnell-Childs paid a visit o Walthamstow to see their Service in action.

Overcrowding:

According to departmental records there were three cases of Statutory overcrowding last year in the Brentwood area, and these were brought to the notice of the appropriate Officers for the Comnittee's consideration.

Sewerage and Sewage Disposal:

The following report has been prepared by Mr. D. A. Dallas who was the Urban District Council's Engineer and Surveyor during he year under review.

"During the year schemes have been prepared and approval btained for additional sewers for the village of Herongate, which vill enable approximately 38 houses to have additional sewerage acilities.

A further scheme has been prepared in outline for the main trainage of part of the village of Great Warley for accommodating approximately 40 existing properties. The design of this scheme, including the reconstruction of an existing sewage disposal works, s now being prepared for approval by the Ministry.

Major capital expenditure has been concentrated on the complete reconstruction and extension of the sewage disposal works to accommodate the existing development in Shenfield and Hutton.

Since the proposals for the extension of this work were prepared he contributing population in these two parishes has risen from 0,000 to 16,000 persons, and provision has been made in the design of the works to accommodate 19,000 persons, as allowed for in the Development Plan. Over a quarter of a million pounds has already been spent on this scheme, and it is anticipated that the construcional work will be completed in May of this year. The Sewage Disposal Works, when completed, should be one of the most modern installations in this locality, and has been designed to ensure a high degree of purity of the discharge."

SECTION B

GENERAL PROVISIONS OF HEALTH SERVICES FOR THE AREA National Health Service Act, 1946

Part II-Hospital Services:

I give below a report from Mr. M. L. Daniels, F.H.A., F.C.C.S., the Group Secretary of the Brentwood Group Hospital Management Committee.

"Brentwood District Hospital has continued its work as usual. With regard to High Wood Hospital, this is being developed as a Geriatric Hospital with full services. At present there are three ward blocks for Geriatric patients, one for Tuberculosis patients (men and women), and another block is a Surgical Varicose Veins Unit. In addition, a Physiotherapy Department and an Occupational Therapy Department have been established.

Clinics are also held for the Group of Hospitals weekly by an Orthoptist and an Audiometrician.

The premises of the Brentwood Chest Clinic at High Wood Hospital have been adapted and redccorated and will give greatly improved facilities for the patients.

St. Faith's Hospital has continued as usual, and at the present time the development of the Hospital is under consideration by a Working Party which has been appointed by the Regional Hospital Board.

You will note from the figures given below that the Brentwood Maternity Home has been kept very busy.

BRENTWOOD GROUP HOSPITAL MANAGEMENT COMMITTEE ANNUAL RETURN FOR YEAR ENDED 31st DECEMBER, 1960

	Brentwood	Matern	ity Harol	d High	St. Faith	's
	District	Home	e Wood	Wood	& Alex. A	n. Total
Available staffed beds	62	14	385	104	332	897
Beds unused for						
lack of staff	_	-	30	22	43	95
Beds unstaffed and out of use for					turther a	
structural alteratio	ns		_	82	it interest	82
Fotal Bed Complement (31.12.60)	62		415	208	375	1,074
Average Daily number of beds occupied	r 45.75	11.69	357.84	56.00	243.78	715
Number of discharges and deaths	1,460	379	5,623	530 Chest	135	8,127
Number of Consultativ	7e			Clinic		
Clinic Sessions held	448		1,115	535	Specialist Clinics	2,098 145
(a) New Out-Patients	3 2,513		7,109	1,031	Lines into	10,653 333

ne oj	(b) Number of Out-						
gned	Patients						
	attendances	8,907	3	0,013 6	,319		45,239
	1202 120 00					,,	2,393
DEA	Casualty Dept.						,
REA	attendances	3,747	2	1,666			25,413
			Maternit;		High	Specialis	
	Physiotherapy:	District	Home	Wood		Clinics	Total
.C.S.	(a) New In-Patients	107	329	1,040	51	chines	1,527
ment	Attendances	1,017	951	24,618		an allow	27,966
	(b) New Out-Patient	100 100 100 100 100 100 100 100 100 100	210	1,178	127	139	2,634
Isual	Attendances	11,350	553	16,760		2,153	32,384
as a	(c) Total Treatments		2,057	53,737		2,452	81,852
Ward			St. Faith's		1,000	2,102	01,002
and	Occupational Therapy (a) New In-Patients	•	6		90		401
L L	(a) New In-Patients Attendances			405	20	_	431
erapy			11,169	46,248	747		58,164
	(b) New Out-Patients	-	and Totat	151			151
ly at	Attendances	_	Cur Dec.	6,112		_	6,112
	(a) New In-Patients		3	23			26
Hos	Attendances	_	1,544	141		_	1,685
/ im-	(b) New Out-Patients	_	1,011	30		elon i	1,085
	Attendances	M. COM	30 100.0	474			474
esezt bv a	Electrocardiography:			111			111
stoita	(a) New Patients			685	_		685
STORM.	(b) Attendances			1,599			1,599
w000	Speech Therapy:			-,			-,
	(a) New In-Patients			22		-	22
	(b) Attendances	-		126	-	-	126
TEL	(c) New Out-Patients	-		38	-	_	38
1964	(d) Attendances		-	278	-	-	278
	Surgical Appliances:						
Tota	(a) New Patients	391		387			778
891	(b) Attendances	893	-	679	-	-	1,572
	Audiometry:						
95	Attendances	-	-	-	179	—	179
	Dietetics:						
0.5	Attendances	-	-	15,674	-	_	15,674
81	Orthoptics:						
107	Attendances	-		-	735	308	1,043
1,074	X-Ray Units:	4.15		15 075	015		10 505
	(a) In-Patients	445		15,875	245		16,565
715	(b) Out-Patients	10.949		97 999			27 471
175	and Others (c) Chest Clinic Work	10,248	_	27,223	5,712	1910	37,471 5,712
8 127	(c) Chest Chille work	and the second			0,112	-	0,112
and the second se				and the second			

WARLEY HOSPITAL:

I have extracted the following information from the Annual

						ATALONAU	A CHIMAN	A O DEDE
(1)	Number	on	Books	at	31.12.59	781	1,063	1,844

145

(2) Number admitted up to 31.10.60 (includ-			Walkale
ing 189 Sec. 20 patients-80 M, 109 F)	404	652	1,056
(3) Number admitted from 1.11.60-31.12.60			38
(including 27 Sec. 29 patients-6 M, 21 F)	66	139	205
		Trans to	THE OWNER
Total Admissions	470	791	1,261
firenteend Material Harald Maint Science State			
N.B. The Admission and Discharge figures		2	
re-gradings of Sec. 20 patients, as was the	e case	last ye	ar.
Discharges, etc., 1.1.60-31.10.60			1 Alerta Carl
(4) Number discharged and left (including 8	Paties		M. HALL
Sec. 20 patients Dis. B.O.L4 M, 4 F)	370	598	968
(5) Transferred to other hospitals	2	2	4
(6) Died (including 1 M Sec. 20 patient)	66	80	146
Discharges, etc., 1.11.60-31.12.60			and the second second
(7) Number discharged and left	72	130	202
(8) Transferred to other hospitals	1	-	1
(9) Died	11	13	24
TITTO DECKA THE SHOT MITTO IN THE PLANE AND THE			
Total Discharges, etc.	522	823	1,345
(10) On Books at 31.12.60	729	1,031	1,760
Of these:—			
(11) Under Certificate	43	51	94
(12) Under Sec. 25 M.H.A. 1959		9	9
(13) Under Sec. 26 M.H.A. 1959	2	-	2
(14) Under Sec. 29 M.H.A. 1959		1	1
(15) Informal Patients	684	970	1,654
Section 20 L.A. 1890			
Outstanding at 31.12.59			6
Admitted 1.1.60-31.10.60			189
Re-graded to Sec. 20 from Informal			4
			199
These were dealt with as follows:			
Certified			20
Transferred to Informal status			170
Discharged			8
Died			1
			100
			199
Section 29 M.H.A. 1959			0.14
The 28 admissions between 1.11.60 and 31.1	2.60 u	nder S	ec. 29
were dealt with as follows:			10 (3)
Transferred to Informal status			11
Transferred to Sec. 25 M.H.A. 1959			15
Transferred to Sec. 26 M.H.A. 1959			1
Discharged B.O.L			1
			28

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Deaths % :---

205

1,261

1.

968

203

24

1.761

94

654

188

170

29

11

		10.6%	Average Age:	Male	68.2	Female	72.4
5	Female Fotal	9.0%	Deaths over 70	,,	58.4%	,,	64.5%
-	Fotal	9.7%	Deaths 70/79 group	,,	35.1%	"	34.4%

During the year there were 170 deaths, of which 47 were within the age group 65/74 years; 31 in age group 75/79; 45 in age group 80/89 years and 2 aged 90 or over; thus a total of 125 (73.5%) were e the over 65 years of age at death.

Sir Geoffrey Nightingale's report gives pride of place, as the highlight of the year, to the opening of the new Social Therapy buildng by Her Royal Highness The Duchess of Kent, on the 11th July, 1960. Later in his report he comments on the working of the Mental Health Act, 1959, and says "The new Mental Health Act has come upon us during the year under review, and has caused little beyond minor teething troubles. In anticipation of its implementation, a full scale review was made of all long-stay patients, with the result that only some 5% remain under any form of compulsory detention-a igure that shows signs of even further reduction."

I have a full report on file in my office and it is available should any member wish to read it.

THE NATIONAL BLOOD TRANSFUSION SERVICE

I have received the following report from the Regional Donor Organiser of the Service.

"The National Blood Transfusion Service is administered by the Regional Hospital Boards under the National Health Service and there are thirteen Regional Transfusion Centres in England and Wales.

"The Centre serving this area is situated at Crescent Drive, Brentwood, and is responsible for the collection of whole blood and plasma at donor sessions, and its distribution to hospitals in an area - of over 1,600 square miles comprising the County of Essex, East 1% London, City of London and parts of Middlesex and Hertfordshire. - Area Blood Banks are held at the large General Hospitals in this Region and are replenished every week, or more frequently if the need 2 arises, from the Regional Transfusion Centre at Brentwood.

"Blood transfusions may be necessary as part of the treatment f accidents, haemorrhage, burns, anaemia, and after childbirth and perations. The development of the Service and the ready availability - of blood has made possible the performance of certain surgical operaions which could not otherwise be undertaken. Hospitals are now using about eighty times as much blood as before the War and the otal number of donations required in a full year throughout the ountry is over 900,000. In the area served by the Regional Transusion Centre at Brentwood over 73,000 blood donations were required ast year by the hospitals for the treatment of their patients.

"Regular blood donor sessions are held in Brentwood at St. Thomas' Parish Hall, Eastfield Road (off Queen's Road) and the Royal - Artillery T.A. Drill Hall, Chestnut Grove (at the rear of White Hart Hotel), High Street, throughout the year and more volunteers are - required in order to maintain this essential service. Those who are

betwen the ages of 18 and 65 and are in good health are eligible to become blood donors and further informations regarding the Service can be obtained from the Regional Donor Organiser, National Blood Transfusion Centre, Crescent Drive, Brentwood."

Part III—Local Health Authority Services:

The following is a list of the Clinical Sessions provided by the South Essex Area Health Committee and held at the BRENTWOOD COMBINED TREATMENT CENTRE, 39 Queens Road, Brentwood, Essex. Telephone: Brentwood 1863.

Type of Service	Day and Time
Child Welfare	Monday afternoons—2 p.m. till 4 p.m.
Immunisation and vaccination (Section 26)	First Monday afternoon in the month.
Dental Inspection	Monday afternoons, 2 p.m. till 3.30 p.m.
Midwives Clinic	Tuesday afternoons
Minor Ailment (School Health	the news to employ ewonds that equipate in
Service)	Wednesday mornings
Relaxation Classes	Thursday afternoons
Ante-Natal and Women's Welfare (Section 22)	2nd and 4th Fridays, 9 a.m. till 11.30 a.m.
Ophthalmic Clinic (School Health	intwolfed and payment wand the
Service)	By appointment only.
Dental Treatment	By appointment only.
Speech Therapy	By appointment only.
Chiropody (for Old Age Pensioners	
and expectant mothers only)	By appointment only.
The following is a list of Clinical ARCH BRIDGE CLINIC, Cherry A	Sessions provided at the THREE
phone: Brentwood 767.	

Type of Service Child Welfare (Nurse only) Minor Ailment Speech Therapy Child Welfare (Doctor in attendance) Immunisation, including polio vaccination Women's Welfare Subsidiary Centres: Bentley Child Welfare, held at the 1st Village Club (Doctor in attendance)

- Bentley Child Welfare (Health Visitor's Session)
- Hutton Child Welfare (held at St. 1st, 2nd and 5th Wednesday Peter's Church Hall)

Day and Time

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Monday afternoons

1st, 3rd and 5th Tuesday mornings in month.

Wednesday mornings

- Wednesday afternoons (1st and 3rd in month).
- Thursday afternoons (3rd in month).

Friday mornings (1st and 3rd in month).

Thursday afternoon in month.

1st and 3rd Thursday afternoons in month.

afternoons.

West Horndon Clinic (held in the Canteen of Rotary Hoes Ltd.)

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sdal

Childerditch Clinic (held at Little Warley School)

South Weald Clinic (held at 85 London Road) 2nd and 4th Thursdays in the month.

2nd and 4th Wednesdays in the month.

2nd and 4th Tuesdays in the month.

The Area Medical Officer, Dr. W. T. G. Boul, has been kind enough to let me have some statistics on the number of people seen at the Brentwood Foot Clinic and the number of people given various protective immunisations during the year:—

Brentwood Foot Clinic:	New Patients-Adults	128
Contract Change	Children	89
Territory, at 52	Attendances —Adults	4,243
Ethores	Children	499
Billio County (Billion many)	Number of Sessions	530
A LONG AND A	Number of Domiciliary visits	108
Diphtheria Immunisation:	Attendances — Primary	502
Balantina	Booster	397
Whooping Cough Immunisation:	Attendances — Primary	516
Manimum (Phanama)	Booster	4
Comhbined Diphtheria /Pertussis	Attendances — Primary	2,265
Injections:	Booster	68
Vaccination against Smallpox:	Attendances Vaccinated	726
	Re-vaccinated	184
B.C.G. Vaccination:	Attendances — Tuberculin	
Second Street Street	tested	585
Complete Officer Street in	Number receiv	ved
PEL-IL CAL DE	B.C.G.	540
Poliomyelitis Vaccination:	Attendances — Primary	6,028
County Ambulance Services:	Booster	4,325

The following figures have been very kindly provided by the County Medical Officer, Dr. G. G. Stewart. The ambulance Services are controlled centrally and are the responsibility of the Essex County Council.

Total patients conveyed	 19,860
Total emergency cases	 1,165
Total mileage	 114,294
Average miles per patient	 5.8

SECTION C

DEPARTMENT OF THE CHIEF PUBLIC H	EALTH	INSPECTOR
Inspection of Area:	Inspec- tions	
Housing Acts, 1936-1957 (Demolition	0000	
or Closure)	23	134
Housing Act, 1957. Sec. 9 (Repair of	Uhe enfor	
Housing Defects)	23	196
Housing Acts (Overcrowding)	. 18	3
Public Health Act, 1936 (Remedy of	- notreller	
Sanitary Defects)	. 111	593
Housing Acts-Improvement Grants	45	440

Housing Acts-Standard Grants	14	58
Rent Act, 1957	4	19
Housing Inquiries (Re grants, etc.)	159	rialite (1.03)
Public Health Act (General)	160	85
Infectious Disease	89	30
Food Poisoning Investigation	10	3
Verminous or Dirty Premises	6	6
Disinfestation (Pests, etc.)		14
Water Supplies		30
Drainage and Sewerage	020	210
Cesspools and Pail Closets		37
Ponds, ditches, etc	60	58
Keeping of swine, fowl, etc	18	1
Accumulation of Refuse		27
Refuse Tips		
Rats and Mice (General)		566
Rats and Mice (Sewer baiting)	~ ~	_
Factories (Power)	and the second sec	5
Endering (New Dens)	-	_
Outworkers	16	Witnessing Co
Shops Act		1
Massage Establishments	11	County ined D
Pet Shops		1
Merroehle Dauellin an	41	281
~	14	201
Swimming Bath Visits Swimming Bath Samples		B.C.G. Vacal
Diseases of Animals Act (Waste Foods		-
		2
Order)		13
Clean Air Act, 1956 Smoke Observations	30	19
		5
Schools (Washing and Sanitary Facilities)		3
Miscellaneous Visits		3
Miscellaneous Interviews		Pore - non
Agriculture Act, 1956 (Safety, Health and		ALCONDOL STR
Welfare)	15	4
H/Cyanide Regulations		riaday Treater
Mosquito Control		_
Public Conveniences	1	1
	0.110	0.000
	2,442	2,826
		Martin Constant
Number of Complaints received		491
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FOOD PREMISES AND FOOD INSPECTION

During the course of the year some 1,131 visits were made in connection with the enforcement of the Food Hygiene Regulations. The general standard of food premises in the district was reasonably satisfactory, but constant routine visits continue to be necessary to ensure that the Regulations are properly complied with. During the course of the year it became necessary to institute Court proceedings against the owner of a Cafe in respect of dirty premises and food equipment. One case of smoking in food premises was also dealt with by the Courts. Convictions were obtained in both cases. Nevertheless cooperation with food trades is of far greater value than legal action and the advice of the department was always available to any food traders who desired it.

FOOD INSPECTION

Number of Visits Made

		THE COULD		
Slaughterhouses			 	170
Knackers' Yards			 	3
Meat Shops			 	96
Ewind Fich Shone				56
Other Food Chang			 	
		• • •	 	238
Cafes, etc			 	68
Licensed Premises			 	110
Ice-Cream Premises			 	110
Dairies and Milk Shops			 	35
Food Factories			 	4
Bakehouses			 	43
Canteens (School)			 	47
Canteens (Factory)			 	9
Canteens (Institutional)			 	12
Mobile Shops			 	8
Milk and Ice-Cream Vehicles			 	14
Samples (Milk)			 	48
Samples (Ice-Cream)				48
	~		 	10
Samples (Water)			 	
Samples (Miscellaneous)			 	2
Shell-fish Stalls			 	3

1,131

Milk Supplies:-

18

19

35

30

3

6

30

37 58 1

36

5

1

1

2 3

5

3

4

26

91

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y satis ensu cours agains iomet As the district continues to grow the amount of milk produced and sold direct to consumers diminishes and most supplies continue to be obtained by local dairymen from producers and processors outside the area.

During the course of the year a good proportion of milk sold in the area was delivered experimently in disposable waxed paper containers. After some "consumer resistance" the experiment looks like being a success and has, undoubtedly, led to fewer complaints being received in the Department regarding unsatisfactory or dirty milk bottles.

Dairies and milk shops in the area were visited regularly, and monthly check samples were taken from milk roundsmen in the area. The results of these were as set out below:—

The results of these were as set out below.—

Pasteurised Milk:

Number of samples taken	?	 	29
Number of samples satisfactory Sterilised Milk:		 	26
Number of samples taken		 	2
Number of samples satisfactory		 	2

Tuberculin Tested (Pasteurised):				Dan man
Number of samples taken			H	10
Number of samples satisfactory				10
Tuberculin Tested:				Line advice
Number of samples taken			50	7
Number of samples satisfactory				7
Ice-Cream Samples:				
One hundred and ten visits were	made	to ic	e-cream	premises
during the course of the year and forty				
The results of these were as set of	ut belo	w:		Anna Alla
Number of samples taken				48
Number of samples taken Number of samples satisfactory	···· ···	···· ···	···· ···	48 48

was:--

17 cwts. 23 lbs.

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MEAT INSPECTION

	ected a Cattle cluding	nd cor	demned	in who Sheep and	le or in	part.
	Cows	Cows	Calves	Lambs	Pigs	Horses
Number killed & inspected		-	21	375	370	-
All diseases except Tubercu	losis a	nd Cys	ticerci:			2
Whole carcases condemned Carcases of which some part or organ was con-	-		1	10	2	-
demned Percentage of the number inspected, affected with	31	-	-	71	118	-
disease other than T.B. or Cysticerci 1	7.22%	-	4.76%	18.93 % :	32.43%	A mark
Tuberculosis only: Whole carcases condemned Carcases of which some part or organ was con-	D A			-		
demned Percentage of the number inspected, affected with	1		te -i ba tinen m Linnton		4	-
Tuberculosis	0.56%	-			1.08%	
Cysticercosis: Carcases of which some part or organ was con-						tinone -
demned Carcases submitted to	4	-	-	-		
treatment by refrigeration Generalised and totally	4	-	1		and the second	-
condemned	-	-	-	-	-	-

It wil be seen that the incidence of tuberculosis was almost nil.

slaughterhouses:

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Up to the end of 1960 two small licensed slaughterhouses emained in the district. In both cases slaughtering was carried out luring normal office hours and a hundred per cent inspection of all nimals slaughtered was carried out.

The report required to be submitted to the Ministry of Agriculure, Fisheries and Food was duly submitted to them during the course of the year and the "appointed day" for Brentwood has now been fixed as October 1st, 1961. At the time of writing this report it is known hat one of these slaughterhouses failed to apply for a licence as from December 31st, 1960. The occupier of the other one has not yet taken final decision in regard to the work required to bring this slaughterouse up to the standard required by the Ministry.

By far the greatest amount of meat consumed in the area is btained from the London markets or markets in the County of Essex. 'he report submitted to the Ministry indicated that the provision of public slaughterhouse in the Urban District was not considered ecessary.

Vater Sampling:

Samples of water from the two main sources of public supply were gain taken regularly throughout the year. Results in all cases were atisfactory.

Very few houses in the Urban District are now without a supply f water from public mains.

wimming Baths:

The summer of 1960 was a very wet one and consequently the ublic swimming baths and school swimming baths were not in use to ne same extent as in 1959, nevertheless regular samples were taken, ne results of which are given below:

A State of the sta	No. of samples taken	Number of samples satisfactory
rentwood U.D.C. Public Swimming		
Bath	6	5
rentwood Boys' School	2	2
rentwood Girls' County High School	01 2	2
rsuline High School for Girls	2	2

loveable Dwellings:

The work of supervising and inspecting caravan sites was somehat reduced late in the year by the operation of the Caravan Sites nd Control of Development Act, 1960. The Site at "Creasey's Farm", utton, had only a few vans on it at the end of 1960 and it is hoped hat this site will be almost completely "run down" by the end of 961. The number of visits made to all sites was 322 as against 484 in 959. No trouble was experienced from individually occupied sites uring the course of the year.

PREVENTION OF DAMAGE BY PESTS ACT, 1949 RAT AND MICE DESTRUCTION

The Council's free rat destruction service for domestic premises ontinued to operate fully and the number of visits made under this heading was somewhat increased over last year. The sewers in the district were twice treated for rat infestation during the year.

SCHOOLS

Twenty-seven visits were made to schools in connection with the inspection of washing and sanitary facilities. It is found that the condition of these facilities at schools for children and staff can by no means be taken for granted. In cases where unsatisfactory conditions were found these were brought to the attention of the Authorities concerned.

HOUSING

The Urban District still contains many old houses which are by no means all in good repair and which lack modern amenities. Owing to the difficulties of rehousing the occupants, progress with the demolition or closure of individual unfit houses continues to be slow, but 20 houses were closed and/or demolished in the year and numerous others were made fit as a result of the service of formal and informal notices. The supervision of work in connection with improvement grants continued to be carried out by the Public Health Department and once again it was found that frequent inspections were necessary as the works proceeded. The results however continue to be rewarding and there is no doubt that considerable scope remains in this field with many of the structurally sound older houses in the district.

Housing statistics for the year are given below:-

HOUSING STATISTICS

SHRATION OF THE FACTORIES

Houses in clearance areas and unfit houses elsewhere:

(a)	Houses demolished during the year:	
	In clearance areas	Nil
	Not in clearance areas. (As a result of formal or	
	informal procedure under Section 17 (i) Housing	
	Act, 1957	14
(b)	Unfit Houses closed during the year:	
	Under Section 16 (4), 17 (1) and 35 (1) Housing Act,	
	1957	6
	Parts of Buildings closed	2
(c)	Unfit houses made fit and houses in which defects	
	were remedied:	
	(a) After informal action by Local Authority	76
	(b) After formal notice under:	aldana
	(i) Public Health Acts	8
	(ii) Sections 9 and 16 Housing Act, 1957	15
(d)	Unfit houses in temporary use	Nil
(e)	Purchase of houses by agreement	Nil

CLEAN AIR ACT, 1956

Two areas in the Urban District, comprising a total of over 800 houses, are now smoke controlled. So far the working of the Act has been confined to Local Authority Housing Estates in the District, but at the time of final drafting of this report the Council have agreed, in principle, to make the whole of the Urban District a smoke control area progressively by stages extending over a period of ten years in accordance with a programme outlined to the Health and Sewerage Committee. 1 ti

THE ADMINISTRATION OF THE FACTORIES ACT, 1937

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(1) INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Number of:	Written Occupiers notices prosecuted			Contraction of the second seco		15 —			15 —
N	Inspections	(3)		3		122		1	126
Number	on Register	(2)		15		115		1	131
	Premises	(1)	(i) Factories in which Sections 1, 2, 3, 4	and 6 are to be enforced by Local Authorities	(ii) Factories not included in (i) in which Section 7 is enforced by the Local	Authority	(iii) Other Premises in which Section 7 is enforced by the Local Authority (ex-	cluding out-workers' premises)	Total:

.(2) Cases in which DEFECTS were found.

(If defects are discovered at the premises on two, three or more separate occasions they

Particular	Nun	Number of cas Found Remedied	es in wh were for	ich defects und Referred	Number of cases in which prosecutions
(1)	(2)	(3)	To H.M. Inspecto (4)	By H.M. Inspector (5)	(6)
				L and Section	
Want of cleanliness (S.1)	1	1	15	the second second	Nil
Overcrowding (S.2)	1	1	1	1	Nil
Unreasonable temperature (S.3)	1	1	1	1	Nil
Inadequate ventilation (S.4)	1	1		Manual Day	Nil
Ineffective drainage of floors (S.6)	1	1	1	ACCULA INCING	Nil
Sanitary Conveniences (S.7)			1	1	Nil
(a) Insufficient	1				
(b) Unsuitable or defective	14	8	-	1	Nil
(c) Not separate for sexes	1			-	Nil
Other offences against the Act					
to Out-work)	1	1		-	Nil
Total:	15	8	J	1	Nil

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