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LXI.
1950

ADMINISTRATIVE COUNTY OF ESSEX

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1950

H. KENNETH COWAN, M.D., D.P.H.

COUNTY MEDICAL OFFICER OF HEALTH

CONTENTS

HEALTH COMMITTEE

Established as required by the National Health Service Act, 1946—Chairman and Vice-Chairman of the Council (*ex-officio*), 34 other members of the Council and 18 other persons.

Chairman—K. E. B. GLENNY

Vice-Chairman—P. PORTER

Acres, H. G.
*Ashton, H., M.P.
Ball, Mrs. M.
Barratt, A.
Berry, A. C.
Blackmore, C. E. S.
Bredo, Mrs. M.
Brooks, A., *O.B.E.*, J.P.
Burrell, Mrs. A. M. M.
Collischon, Major S. W.
Cooper, Mrs. C. A.
Cottis, P. G.
Cullen, F.
Custerson, Mrs. C., J.P.
Cuthbe, K.
Dovey, F. J. H.
*Foster, F. S., *C.B.E.*, J.P.
Freeman, J. H., J.P.
Green, A. W., *M.B.E.*, J.P.
Herridge, W. H.
Hollis, Mrs. E. F. M.
Milburn, Mrs. E. F.
Oxley, O. L.
Plumb, J. S.
Portway, C.
Riley, Q. T. P. M.
Saywood, Mrs. E. C.
Smith, E. W.
Smith, F. D., J.P.
Stonebank, K.
Tilbury, G. S., J.P.
Vaizey, Brigadier J. T. de Horne
Wade, W. J.
Waller, Major A. J. R., J.P.

Nominated Members :

Mrs. F. M. Cottee, J.P., 21, Castle Road, Rayleigh, Essex.
Capt. G. E. McCreary Kemball, Keelars Tye, Elmstead, Essex.
G. A. Malyon, Ellerdene, Rickstones Road, Witham, Essex.
Mrs. J. H. Engwell, 138, Ripple Road, Barking, Essex.
Mrs. A. E. Prendergast, J.P., 53, Western Avenue, Dagenham, Essex.
H. E. Martin, 16, Etchingham Road, Leyton, London, E.15.
The Dowager Lady Rayleigh, *O.B.E.*, Aldenham Park, Bridgnorth, Salop.
Mrs. J. Swire, Hubbards Hall, Harlow, Essex.
Miss E. M. Western, Avenue Chambers, Market Road, Chelmsford, Essex.
Lt.-Col. C. L. Wilson, *M.C.*, 46, Park Road, Chelmsford, Essex.
J. K. Wiseman, 143, Whipps Cross Road, Leytonstone, London, E.11.
Dr. J. D. Wells, *O.B.E.*, Billericay, Essex.
Lt.-Cdr. H. Denton, R.N. (Retd.), J.P., Roydene, Main Road, Dovercourt, Essex.
Mrs. M. L. Watts, 26, Stonehall Avenue, Ilford, Essex.
J. W. R. Nation, 36, Pole Hill Road, Chingford, London, E.4.
Mrs. M. Clark-Lewis, 9, Junction Road, Romford, Essex.
Mrs. C. McEntee, J.P., 57, Hillcrest Road, Walthamstow, London, E.17.
Mrs. R. J. Reynolds, Jersey House, Church Road, Harold Wood, Essex.

**Ex-officio* member

STAFF OF HEALTH DEPARTMENT

31st December, 1950

As printed in the Annual Report for 1949, with the following amendments :—

1. CENTRAL OFFICE

Senior Medical Officer :

R. C. Cunningham, M.B., Ch.B., D.P.H., D.P.M. (Mental Health) (Commenced 17–4–50).

County Health Inspector :

A. Marsh, *M.B.E.*, F.R.San.I., F.S.I.A. (Resigned 29–7–50).
F. A. Irving, B.Sc. (Est. Man.), D.P.A. (Lond.), M.R.San.I. (Commenced 1–9–50).

Health Education Organiser :

E. Gilbertson (Resigned 22–4–50).
W. Penn (Commenced 3–7–50).

2. CENTRALLY ADMINISTERED SERVICES

Ambulance Service :

Head Drivers	16
Driver/Attendants	334
Attendants	17

Mental Health Service :

Occupation Centre Supervisors	7
Occupation Centre Assistants	21

Training Homes :

Superintendents	2
Other Nursing Staff	62
Part II Pupils	24
Queen's Candidates	14

3. AREA STAFFS

Area Medical Officers :

W. T. G. Boul, *M.B.E.*, M.D., Ch.B., D.P.H. (South Essex) (Appointment confirmed 22–11–50).
F. G. Brown, M.B., B.Ch., B.A.O., D.P.H. (Forest) (Appointment confirmed 25–10–50).

Acting Area Medical Officers :

J. H. Weir, M.D., B.S., B.Hy., D.P.H. (Ilford) (Resigned 26–2–50).
I. Gordon, M.D., Ch.B., D.P.H., M.R.C.P. (Ilford) (Appointed 27–2–50).

Assistant County Medical Officers :

North-East Essex :

Bessie Howarth, M.B., Ch.B. (Resigned 31–3–50).
J. Ramsbottom, M.B., Ch.B., D.P.H. (Resigned 31–5–50).
A. Golledge, M.R.C.S., L.R.C.P. (Commenced 3–4–50 ; resigned 30–9–50).
Barbara Jennings, M.B., B.Ch., D.C.H. (Commenced 23–10–50).
F. L. Groarke, M.B., B.Ch., L.M., D.P.H., D.C.H., R.C.P. & S. (Commenced 1–6–50).

Mid-Essex :

J. A. Herd, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.M. (part-time) (Resigned 30–4–50).
Mabel A. Wyatt, M.D., B.S., L.R.C.P., M.R.C.S. (Commenced 1–2–50).
Mary Ryan, M.B., B.Ch., B.A.O., D.C.H., C.P.H. (Commenced 1–2–50).
Joyce W. Brown, M.B., Ch.B., D.P.H. (Commenced 1–5–50).

South-East Essex :

Doris I. Mart, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (Resigned 30–9–50).
P. P. M. Brown, M.R.C.S., L.R.C.P. (Commenced 15–5–50 ; resigned 10–12–50).
Margaret Goudie, M.B., Ch.B. (Commenced 16–10–50).
J. Reach, M.D. (Prague) (Commenced 11–12–50).

South Essex :

Ivy Nicholls, M.B., Ch.B. (Resigned 30–3–50).
Lilian Kerr, M.B., Ch.B. (Resigned 29–4–50).
Mary Sutcliffe, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H. (Resigned 26–11–50).
R. D. Pearce, M.R.C.S., L.R.C.P. (Commenced 20–2–50 ; resigned 31–5–50, but continued to undertake one session weekly at Grays Open Air School).
J. D. Murray, M.D., Ch.B. (Commenced 1–6–50).
Aniela A. Szwede, M.B., Ch.B. (Commenced 11–4–50).
E. M. Hargraves, M.B., Ch.B., D.P.H. (Commenced 4–9–50).
Linde E. Davidson, M.D., B.Ch., D.C.H. (Commenced 11–12–50).
Mary M. E. Rutter, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H. (Commenced 4–9–50).

Forest :

Eirwen M. Jones, M.B., Ch.B., D.P.H. (Resigned 18–11–50).
Mary Collins, M.B., B.S., D.R.C.O.G. (Commenced 20–11–50).
Oileas Maclean, M.B., Ch.B. (Resigned 28–2–50, but continued to undertake part-time duty).

Barking :

A. C. McLeish, M.A., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (Resigned 31–10–50).

Assistant County Medical Officers—*continued*

Dagenham :

Jeanne C. Lister, M.B., B.S. (Resigned 28–5–50).
T. H. Harrison, M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H. (Resigned 30–11–50).
Catherine Fitzpatrick, M.B., B.Ch. (Commenced 10–7–50).
Fannie Hirst, M.B., Ch.B., D.P.H. (Commenced 2–10–50).
Elizabeth Summerhayes, M.B., B.S., D.C.H. (temporary) (Commenced 1–9–50).

Ilford :

I. Gordon, M.D., Ch.B., D.P.H., M.R.C.P. (Resigned 26–2–50).
F. L. Groarke, M.B., B.Ch., L.M., D.C.H., D.P.H., R.C.P. & S. (Resigned 31–5–50
Helen B. Grange, M.B., B.S. (Commenced 23–1–50).
Joan M. Pooley, M.B., B.S., D.C.H. (Commenced 1–6–50).

Leyton :

Ethel R. Emslie, M.D., Ch.B., D.P.H., D.C.H. (Commenced 3–1–50).

Walthamstow :

Dorothy B. Hudson, M.B., Ch.B., D.P.H. (Resigned 10–6–50).
Roshan A. Irani, M.D., M.S., M.R.C.O.G. (Commenced 12–6–50).

Dental Surgeons :

North-East Essex :

S. N. Manning, L.D.S. (Resigned 17–10–50).

Mid-Essex :

F. V. Maguire, L.D.S. (Retired 4–12–50, but continued to undertake part-tim
duties).

South-East Essex :

L. Lavender, L.D.S. (Resigned 30–1–50).
H. D. Cockram, L.D.S. (part-time) (Commenced 29–3–50).

South Essex :

Omula Saunders, D.D.S. (Latvia) (Commenced 24–4–50).

Forest :

Catherine M. Lane, L.D.S. (part-time) (Resigned 30–6–50).

Ilford :

M. J. K. Soutter, L.D.S. (part-time) (Resigned 7–6–50).
M. Snipper, L.D.S. (part-time) (Commenced 2–8–50).

Leyton :

C. Shamash, L.D.S., B.Ch.D. (part-time) (Commenced 20–3–50).

Walthamstow :

C. Shamash, L.D.S., B.Ch.D. (part-time) (Resigned 31–8–50).
D. Anklesaria, L.D.S., R.C.S. (part-time) (Commenced 12–6–50).

Health Visitors, Midwives, Medical Auxiliaries, etc. :

	Whole-time	Part-time
Superintendent or Senior Health Visitors	9	2
Non-Medical Supervisors of Midwives	1	8
Supervisors of Home Nurses	—	8
Domestic Help Organisers	11	—
Health Visitors, Tuberculosis Visitors and School Nurses	183	22
Clinic Nurses	5	17
Midwives	77	2
Home Nurse-Midwives	174	12
Home Nurses	34	11
Dental Technicians	7	—
Dental Attendants	31	8
Domestic Helps	91	1,342
Chiropodists	17	1
Day Nursery Matrons	30	—
Deputy Matrons	27	—
Nursery Nurses	83	—
Enrolled Assistant Nurses	4	—
Wardens	29	—
Nursery Students in training	144	—
Orthoptists	2	2
Speech Therapists	13	2
Audiometricians	1	—
Psychiatric Social Workers	5	—

PREFACE

County Hall,
Chelmsford.

July, 1951.

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the health services of the Administrative County for the year 1950. The report is again divided into a series of main sections, each dealing in detail with a particular part of the health service and including all its related activities. It is my purpose to comment briefly in this preface on certain matters of particular interest and to call attention to new activities and developments.

Vital Statistics

The death rate for the Administrative County was 10.0 per 1,000 compared with 10.4 per 1,000 in 1949. The birth rate of 14.7 again showed a marked decline on that of previous years and is now only a little above the pre-war average figure of 14.5 per 1,000. The tables in the report show the variability of the birth rates in different parts of the County.

A pleasing feature of the statistics is the continued reduction in the infant mortality rate to a figure of 23.4 per 1,000 live births, but the neo-natal death rate i.e. in the first four weeks of life, shows a tendency to increase after the sharp drop in the two post-war years. The connection between prematurity and death in the first few hours, days or weeks of life is dealt with on pages 20 to 22 and from the figures available as to the deaths of infants in the first 28 days of life it will be seen that the neo-natal death rate of premature infants was 163 per 1,000 as compared with only 9.3 per 1,000 in the case of mature infants. These figures point to the need for measures designed to afford special care for the premature infant and for an intensification of ante-natal supervision and treatment directed to the prevention of prematurity. The measures in force in the County to deal with this problem are outlined on page 48.

The mortality statistics in relation to infectious and parasitic diseases show a remarkable improvement over those of pre-war years. For the first time no death from diphtheria occurred in the County. On page 24 is a comparison of the number of deaths from infectious diseases in 1950 and 1938 which shows that in 1938 the number of deaths under 15 years from diphtheria was 60; from measles 42 as compared with four in 1950; from whooping cough 24 as compared with five in 1950; and from tuberculosis 69 in 1938 and 15 in 1950.

An important feature of the mortality tables is the high death rate from accidents among youths and young men between 15 years and 25 years. There were 51 fatal accidents among males of this age accounting for 40 per cent. of the total deaths in the age group, and 35 of these involved motor vehicles. The comparable number

amongst females were six and four, which points particularly to the greater risk to young men of the hazards of the road. The total number of deaths from accidents of all kinds at all ages was 393 and when it is remembered that deaths from respiratory tuberculosis numbered 416, it will be realised that accidents are rapidly becoming one of the major causes of death in the community comparable with the great killing diseases. The increased mechanisation of our times and particularly the greatly increased road traffic, are producing problems in the prevention of death and major disability as great as those associated with diseases like tuberculosis, and merit the intensification of measures designed to minimise the dangers. It is ironical that the whole resources of health authorities should be mobilised to prevent deaths amongst young men from all forms of tuberculosis which numbered 19 between 15 and 25 years, and yet 35 deaths from motor vehicle accidents occurred at the same ages. Apart from general measures to curb the exuberance of youth, particularly on motor cycles, specific action like that proposed by Professor Cairns of Oxford [1] of preliminary training for civilian motor cyclists, and the wearing of crash helmets, as is the case in the Services, would help to reduce deaths.

In the home, in industry, and on the road, people must be made aware of the dangers to children, youths, men and women from accidents, and of the increasing amount of crippling and of death, through carelessness or lack of appreciation of the continuous dangers of our complex mode of life.

Provision of Clinics and Health Centres

The growth of population in certain areas of the County has been rapid owing to the development of London County Council and other housing estates, and the provision of adequate health services for the inhabitants is a matter of urgency. Considerable progress in this direction was made during the year 1950 and the building of two semi-permanent combined clinics on large housing estates at Chigwell (Hainault) and Chingford (Friday Hill) was commenced. The buildings, which are of prefabricated construction, will provide complete facilities for all the services required for attention to the health of mothers and children, together with accommodation for health visitors and clerical staff. Two similar buildings are projected for similar housing estates in south Hornchurch and Loughton, and the plans for these were sufficiently far advanced by the end of the year to justify the hope that construction will commence early in 1951. Work was also commenced on the adaptation of premises at Walthamstow for clinic purposes, and plans are in preparation for new clinics in other Areas.

It is a matter for regret that in none of these instances was it possible to provide health centres as envisaged in the future plan of the National Health Service, but plans have been made for health centres at Romford (Harold Hill) and in the new town of Harlow. The former plan is now in an advanced stage of preparation and final negotiations are in progress with the Ministry of Health ; the latter plan will be developed as the new town develops and temporary provision on health centre lines will be made for the growing population pending the final provision of a series of four complete health centres embodying general medical and dental services and those of the local health authority.

[1] *The Times* July 9th, 1951

It is the general desire of authorities and individuals concerned with the successful operation of the health services that investigation shall proceed into the working of health centres with group practice amongst doctors and the integration of family doctor practice with the preventive and social services of the local authority. There is a certain and understandable reluctance amongst doctors to change the existing methods of private practice for the untried fields of health centre practice, and although in theory the integration of medical services at local level is a worthy objective, many doctors feel it desirable to prove that in practice there will be an improvement in the services offered to the patient by a change-over to health centres. It is important, therefore, that notwithstanding the numerous difficulties which are inherent in attempts to establish health centres, every effort should be made to show in a variety of different circumstances and in differing surroundings whether or not this variation in the presentation of medical assistance to the public will be an improvement.

It is unnecessary during this stage of trial to provide elaborate premises even if it were financially possible, and provided that certain minimum requirements as to the building and equipment are made available it should be possible to gain sufficient knowledge to guide future policy. Bearing these points in mind the Health Committee in their planning of the centre at Harold Hill have suggested relatively modest requirements which will provide good accommodation for doctors and their patients but will, to start with, meet the needs of only a proportion of the doctors. Provision is included for extensions if the project is successful. The temporary centre at Harlow is designed to meet the needs of a population of approximately seven thousand people and it is hoped to proceed with the first permanent health centre to cater for a population of fifteen thousand at a later date.

Plans are in course of preparation for the provision of health centres in other parts of the County and detailed consideration has been given to the acquisition of sites in most Areas. If and when the time comes to make general provision for health centre practice throughout the County, the preliminary steps which have been taken will enable rapid progress to be made.

Mental Health

The local health authority has two fairly distinct responsibilities in the field of mental health, that relating to persons suffering from mental illness and that which is concerned with certain aspects of the care and control of mentally defective persons. In the former category a complete arrangement for meeting these responsibilities must include preventive measures.

(*a*) Mental Illness. As a result of the National Health Service Act the local administration of the Lunacy and Mental Treatment Acts has been split between the Hospital Management Committees responsible for the administration of mental hospitals, and Local Health Authorities responsible for the procedure in connection with ascertainment and admission ; for the prevention of mental illness ; and for the after-care of patients. It is still necessary, however, in the interests of the individual patient to ensure that there is the closest possible working arrangement between the hospitals and the local authority, particularly in regard to after-care.

In the sphere of prevention and in the care and rehabilitation of patients discharged from hospital there is a wide field of responsibility which as yet has not been met by most local authorities.

The stress, difficulty and frustration of modern living conditions are calculated to lead to an increase of mental strain, more numerous cases of neurosis, and symptoms of early mental illness amongst an increased number of persons. It is at this early stage that arrangements for dealing with the potential patient will assist in the prevention of more serious mental disturbance. The provision of trained psychiatric social workers available to afford advice and assistance in conjunction with adequate psychiatric out-patients clinics will play an important part in reducing the number of patients who eventually may need to be admitted to hospital. Moreover, such workers have an important function in the community care of patients discharged from hospital. It will be obvious that the arrangements for prevention of mental illness and after-care of patients concern both the hospital authority and the local authority intimately and that their responsibilities intermingle and overlap. In the formulation, therefore, of any scheme for prevention and after-care the two authorities must work closely together and the officers of the mental hospitals and of the local authority must co-operate closely in the case of each individual patient. It seems desirable in these circumstances and in view of the shortage of trained psychiatric social workers that arrangements should be made for their joint employment by hospitals and the local health authority. Difficulties which might otherwise arise in the case of patients requiring further psychiatric treatment on leaving hospital and who are the responsibility of the hospital authority, and those who require only social care or assistance and are the responsibility of the local authority, would be avoided.

In so far as the local health authority is concerned, the facilities which are required for the welfare of the patient will include the provision of periods of convalescence for selected patients, occupational and social clubs, and advice and help in adjustment to life in the community. On the preventive side, practical assistance in meeting domestic and industrial difficulties, early referral for expert medical advice and privacy in relationships with the psychiatric social worker are important factors. In the latter connection it will be desirable for the office of the psychiatric social worker to be divorced both from hospital and local authority buildings in order that the patient, self referred or otherwise, will have confidence in the privacy of his visits.

The organisation of a scheme of community care for the potential or actual patient can in present circumstances be developed only in stages and it is hoped next year to commence in one area of the County as a first stage.

(*b*) Mental Deficiency. The problem of the mentally defective person differs in many respects from that of the mentally ill person, but the fundamental responsibility of caring adequately for the patient is the same. The total number of patients found to be mental defectives, subject to be dealt with, as at the end of 1950 was 3,391, and of these 1,312 are in institutions. The remainder, with the exception of three who are in " places of safety ", live in the community either under guardianship or under statutory supervision. In addition, 1,214 defectives are under voluntary supervision in the community.

One of the greatest problems facing the local health authority is their inability to secure admission to institutions of defectives requiring institutional care, owing to shortage of hospital beds. At the end of the year over three hundred mental defectives were awaiting admission to institutions and in a large number of instances the home conditions or the condition and behaviour of the defective were such as to make admission to an institution a matter of urgency. The difficulties which face the Hospital Boards in the provision of beds are fully realised ; but the shortage has the effect of increasing to an almost impossible degree the problems of the local health authority in the provision of adequate community care for the mental defectives in their area. However frequent the supervision at home ; however great is the number of occupation centres provided, there is no alternative but an institution for the mental defective with filthy habits, ill behaviour or frequent epilepsy, particularly where the home is overcrowded and there are other children in the family. It is to be hoped that before long it will be possible to increase the number of places in institutions and thus relieve the severe burden on many households in the County.

There are certain general considerations in connection with the application of the Mental Deficiency Acts which merit consideration. In order to secure the admission of a defective to an institution it is necessary to " certify " him and he is deprived of his liberty, whether or not this is necessitated by his circumstances. Only a proportion of defectives require control in this form for their own benefit or that of the community, and the whole procedure of certification and of the means for the admission of defectives to institutions requires careful re-examination. Anomalies continually arise in connection with the admission of defectives to institutions where, for example, it is desirable that a defective should be admitted for a short period owing to domestic difficulty at home, and he must either be placed under order or the law must be stretched to secure his admission, under Section 15 of the Act, to an institution as a place of safety. It would be an advantage to relax the requirements relating to certification prior to admission except where they are needed to secure power of removal or detention in justifiable circumstances. It is, moreover, an unwarranted interference with the liberty of the subject that in most cases a defective must be placed under order to enable him to have institutional care or the benefits of guardianship.

It is particularly desirable in the case of children that the stigma of certification as mentally defective should be applied as sparingly as possible and the relationship of the defective child, particularly the high grade feeble-minded defective, to the educational system requires reconsideration. Power is now available under the Education (Miscellaneous Provisions) Act, 1948, for the cancellation of a report that a child is incapable of receiving education at school owing to a disability of mind, and it is therefore possible to return a child being dealt with under the Mental Deficiency Acts to the educational system. This is an advantage but the whole process of reporting children to the authority under the Mental Deficiency Act, 1913, by means of Section 57 of the Education Act, 1944, requires reconsideration, particularly where the report is made on the grounds of inexpediency (Section 57 (4)). The object of the Mental Deficiency Acts should be to ensure that all defective children who will benefit should be provided with education and instruction, and it is more than doubtful that the stigma of certification is necessary to achieve this end. It is anomalous that a child suffering from a disability of mind as defined in the Education Act, 1944,

is kept within the educational system and may go to a special school, whilst a child who is a little more backward will be placed under order by a judicial authority before being sent to an institution where he will receive instruction compatible with his mental capabilities.

The figures relating to the incidence of mental deficiency would appear to indicate that there has been an increase in incidence over the past twenty years. In Essex the ascertained number of mental defectives in 1930 was 2.85 per thousand of the population and in 1949 this had increased to 3.02. The corresponding figures for England and Wales are 2.17 in 1930 and 3.0 in 1949. There are, however, marked discrepancies in the numbers of ascertained defectives in different areas of the country. In 1930 the ratio per 1,000 of the population in one county was 6.01 and in another county 0.23 per 1,000. In 1946 the corresponding maximum and minimum figures were 8.48 in one county borough and 1.17 in the county which had an incidence of 0.23 in 1930. It is likely, therefore, that although there may have been some overall increase in the true incidence of mental deficiency, much of the increase is due to better ascertainment and the vigour of ascertainment in different areas. This has a bearing on the problem of the delinquent defective. Burt found that of the juvenile delinquents whom he tested, eight per cent. were mentally defective. Among girls, particularly older girls drifting into sex delinquencies, the proportion of defectives is perceptibly higher than among boys, and in convicted adults, particularly the habitual inmates of prisons, it may be higher still.[2] Early and thorough ascertainment of all defectives residing in the community is an important measure in the prevention of delinquency amongst defectives, and the discrepancies in the numbers of defectives ascertained in different parts of the country would appear to justify an examination of the methods employed and of the vigour of their application.

Tuberculosis

The number of notifications of respiratory tuberculosis in 1950 was 1,379, an increase of 25 over the preceding year. There has therefore been an arrest in the post-war downward trend of notifications since 1947 and the figures continue at a higher level than in the immediate pre-war years. The death rates from all forms of tuberculosis have again decreased but the disease still ranks as one of the chief causes of death with a rate in its respiratory form of 262 per million population. Whilst it would be unwise to be dogmatic on the evidence of statistics relating to a year or two, it might be inferred from these figures that whilst modern methods of treatment are influencing favourably the numbers of deaths, the measures for the prevention of tuberculosis are not producing a like result in relation to its incidence. In the latter connection, however, it must be remembered that owing to shortages of hospital beds a high proportion of patients suffering from tuberculosis, infectious and non-infectious, are living at home for several months whilst awaiting admission to hospital, and that the continuing housing shortage with concurrent overcrowding encourages the spread of infection.

Active measures for the prevention of tuberculosis have continued, including the boarding out of child contacts and the use of B.C.G. vaccination. Difficulties associated

[2] Sir Cyril Burt: The Young Delinquent. 4th edition. p. 300

with the segregation of children undergoing vaccination have kept the numbers low but the project for the provision of a hostel for these children and for contacts from tuberculous households has now been approved by the Ministry of Health and the hostel will commence to receive children in August, 1951. Arrangements have been completed with chest physicians for undertaking this important preventive measure, and with the facilities for a hostel in the background it should be possible to protect increasing numbers of children as time goes on.

Every effort is made to prevent the spread of infection to other members of the family in the home of the sufferer, including the provision of shelters, beds, equipment etc., to enable the patient to sleep away from his family and use his own utensils. Visits are paid frequently by tuberculosis visitors or health visitors to the patient and all possible advice and assistance is afforded, both as to the well-being of the sufferer and the home contacts. The chest physicians in the course of their duties undertake the examination at regular intervals of all contacts and collaborate closely with the tuberculosis visitors and health visitors in relation to each individual patient and family. Behind all these direct measures, continuous health education is conducted some of it directed specifically to the prevention of tuberculosis but the bulk being concerned with the promotion of healthy living and the maintenance of a high standard of health, each in itself a bulwark against infection by tuberculosis. It will be evident that the Authority is engaged through its officers in a day-to-day campaign against this disease and although the results may not be spectacular the continuous effort over a period of years is having and will have its effect and must remain our main method of attack until a specific and effective preventive agent is available.

The after-care of the tuberculous patient is of major importance and presents a series of problems concerned with the economic condition of the family, the living conditions of the sufferer and his contacts, the availability of suitable employment, freedom from anxiety and worry, the provision of a background which enables the regimen taught in the sanatorium to continue in the more difficult environment of home, and the study of the needs of each patient as an individual with his own particular problems and difficulties.

It is essential to recognise that the onset of tuberculosis presents an immediate and long continuing financial problem to the sufferer and the family, whether the former is the wage-earner, the wife or child. The difficulties are aggravated when the victim is the wage-earner, and although benefits are available from national and local sources which will at least provide a minimum living standard, the ever-present fear of recurrence or breakdown, with the possibility of difficulties in securing employment either in the previous job or in an alternative occupation, may present a constant source of anxiety to the patient and militate against his full recovery. The amount and nature of the assistance made available is of the utmost importance and wherever possible the fullest range of such help should be afforded to the patient, both from official and voluntary sources. It is anomalous that whilst the patient is in a sanatorium the whole range of treatment services costs him nothing ; when he is sufficiently recovered to return to his home he may have to pay for services rendered to him and his family at a particularly critical stage of his progress. Pattison points out in "The Rehabilitation of the Tuberculous" that in America "Some of the larger

insurance companies have recognised the dollar and cents value of continuing insurance benefits and waiving premiums until the policy holder is rehabilitated. The taxpayers' representatives must gain the same wisdom". The moral for our own country is that having progressed so far in the provision of major items of assistance in the case of tuberculosis, at least further concessions are a business-like proposition in our national economy.

The National Health Service

After almost three years' experience of the National Health Service certain practical points in its working are emerging, some of them illustrative of the difficulties associated with its present shape. The person who is ill may require and will receive treatment in hospital and eventually will return to his home either fully recovered and in need of no further treatment or assistance, or he may be discharged incompletely cured and requiring much further help either in the form of medical treatment or social assistance to enable him to readjust himself fully to his environment. In the latter case it is imperative that all the resources available—family doctor, home nurse, official and voluntary agencies—shall be at his disposal and shall immediately be applied to assist in his complete return to normal or, if that is not possible, in the greatest amelioration of his condition.

In theory the machinery exists to enable these things to happen but in fact, through misunderstanding, or lack of full appreciation of the patient's needs, it does not always work. It would appear to be an elementary axiom that if help is available for the patient from any source every person associated with the promotion of his well-being should be willing and indeed anxious to see that he gets it. It is disconcerting, therefore, when difficulty is encountered in obtaining information as to the needs of a patient discharged from hospital and in need of further assistance. The local health authority have the responsibility of providing care and after-care for persons who are ill and obviously if they are to meet their responsibilities, must have knowledge of the requirements of the patients. Discussions have taken place between members and officers of the Regional Hospital Boards and the local health authority as to the information which should be available to the latter about patients discharged from hospital, and the Boards have advised Hospital Management Committees to supply local health authorities with such information. Notwithstanding the obvious need, and the advice of the Regional Hospital Boards, not all Management Committees have agreed to furnish information to local authorities about patients who may require further care or social assistance on discharge to their homes. There has been reluctance on the part of certain hospitals and in one case a refusal to give any information whatsoever. There may, admittedly, be administrative difficulties but where the interests of the patient are in question there does not appear to be any legitimate reason why such difficulties should not be overcome.

The sooner it is recognised by hospital authorities that during an illness the stay in hospital of a patient is only an incident in the course of his illness and that he has a home and a social environment which may affect causation, treatment and recurrence of the illness, the better will it be for those whom the health service is intended to benefit. It is possible through close co-operation with the family doctor to over-

come some of the disadvantages of lack of co-ordination with the hospital service, bu this does not cover all the instances where the busy private practitioner must go ou of his way to find assistance which would be readily available from official or voluntar sources. Moreover, close touch with the family doctor is facilitated in those area where hospital authorities are co-operative and where every assistance can be offere immediately from the health authority to facilitate the doctor and benefit the patient

Another of the points emerging from the working of the National Health Servic is the continued reduction in the numbers of mothers confined in their own homes Easier access to maternity hospitals and the undoubted financial advantage to the mother of a confinement in hospital have resulted in a considerable reduction in domiciliary midwifery, and in some Areas midwives are under-employed whilst in others it has been necessary to combine their duties with home nursing in order to provide a full day's work. Without entering into a comparison of the merits o hospital as opposed to domiciliary confinement, it is becoming urgently necessary for action to be taken as to future policy. If it is intended that where home conditions are suitable confinements should take place there and that selected cases only should be admitted to hospital, consideration should be given to amendment of the National Insurance Act to secure greater financial parity as between hospital and home confinement. In addition, local health authorities should be consulted by Regional Hospital Boards when new or alternative hospital provision for maternity cases is being planned. It is obviously wasteful of scarce nursing services to have domiciliary nurses under-employed whilst hospital maternity units are fully occupied, and urgent attention to the concerted planning and organisation of hospital and domiciliary midwifery is necessary.

Another important practical outcome of the National Health Service is the departmentalism involved in the work of medical officers of both hospitals and the local authority in certain branches of the work, particularly pædiatrics and obstetrics. Doctors working in children's and midwifery departments of hospitals generally speaking restrict their activities to the confines of the hospital, apart from special domiciliary visits, and medical officers of the local authority have little or no opportunity of widening their experience and adding interest to their work by visiting hospitals or taking part in their activities. Much of the work of child welfare centres is of a clinical nature and local authority medical officers examine many thousands of infants and young children each year and advise parents as to the care and management to be afforded in their upbringing. Preventive pædiatrics in this and other forms is an important part of the child health services and should be closely integrated with the work of the hospitals. It is as important that registrars and senior officers of children's departments of hospitals should have a knowledge of and take part in the preventive work of the area as that medical officers of the local authority should have access to the hospitals, and arrangements made towards this end will improve the whole of the services in an area with consequent benefit to the children.

Through the courtesy of certain pædiatricians, it has been possible in some parts of the County to initiate unofficial arrangements whereby some medical officers have been enabled to play a part in the children's departments of the hospitals. This arrangement has proved so successful that proposals are now being prepared for its

official recognition, and it is hoped to institute a system of two-way traffic from the hospitals to the child welfare centres and *vice versa* with mutual benefit to each. An extension of such a system to all areas where it is practicable would be of immense value and enhance the usefulness of both branches of the child health services throughout the County.

Discussions have also taken place with a consulting obstetrician with a view to the closer integration of the hospital and domiciliary midwifery services by the interchange of patients between hospital and local authority ante-natal clinics in certain parts of the County. It is more difficult in the case of obstetrics to arrange hospital work for medical officers of the local authority, but closer working relationships between ante-natal clinics is a step in the direction of a pooling of the medical resources available and can be developed further with benefit to the whole service.

Conclusion

In the text of this annual review of the health services will be found reports on the County Ambulance Service which is in process of reorganisation and which will be equipped with two-way radio communication to facilitate its smooth operation; on the Domestic Help Service which after its rapid expansion since the appointed day is now well established and providing assistance in those households where domestic difficulty has arisen through illness; on the Midwifery and Home Nursing Services, and on other features of the work of the Department which vary from the supervision of rivers pollution to the immunisation of children against diphtheria. The diversity of duties undertaken is an indication of the continuing importance of the work of the Local Health Authority in the spheres of environmental, preventive and social medicine.

The senior medical officers and their respective senior administrative assistants are responsible for the compilation of the reports of the various sections; technical officers have prepared their statistical and special items, and the whole report is a product of the team work which is a feature of the Department. Once again I would like to express a special word of appreciation for the work of Dr. Stewart and Mr. Clarke, Senior Lay Administrative Assistant, and to thank all members of the staff for their continued efforts during the year.

I am most grateful also to the Chairman for his genuine understanding of the problems dealt with and his ready support in all difficulties encountered, and to the members for their sympathetic approach to suggestions designed to improve the services to the public.

I have the honour to be,

Your obedient Servant,

Kenneth Jordan.

County Medical Officer of Health.

SECTION I—STATISTICAL

ACREAGE, POPULATION AND SOCIAL CONDITIONS

THERE were no changes in the area of the Administrative County during 1950 it remained at 959,464 acres. The estimated home population (which includes non-civilians stationed in the County) was 1,589,810, an increase of 23,940 over the population in 1949. The natural increase of population during the year was 7,386 and thus the balance of inward over outward migration was more than 16,000.

In the Administrative County there are 43 County Districts. These are combined for the purposes of the administration of the Health Services which are the responsibility of the County Council, into eleven Health Areas. Table I gives the acreage, population and the principal vital statistics of each County District and Health Area. Comparison of births with deaths and of the estimated populations with those for 1949 shows that the balance of inward over outward migration was greatest in respect of the Chigwell Urban District and the Borough of Romford, being about 7,000 and 5,500 respectively in these two districts.

There were no important developments in the social conditions of the Health Areas which remain as stated in the Annual Report for the year 1948.

VITAL STATISTICS

The principal vital statistics of the Administrative County are given in Table I. For convenience of comparison with previous years, the principal annual rates are set out below for the last four years :—

	1947	*1948*	*1949*	*1950*	
Live Birth Rate ..	21.2	17.4	16.0	14.7	per 1,000 population
Still-birth Rate ..	20.3	20.1	19.3	20.3	,, ,, total births
Illegitimate Birth Rate	40.0	40.6	38.9	39.2	,, ,, live births
Death Rate (all causes)	10.7	9.4	10.4	10.0	,, ,, population
Infant Mortality Rate ..	28.3	25.1	24.7	23.4	,, ,, live births
Infant Mortality Rate .. (illegitimate infants)	42.1	35.1	44.3	39.2	,, ,, illegitimate live births
Neo-natal Mortality Rate	17.7	15.4	16.5	16.9	,, ,, live births
Maternal Mortality Rate	0.81	0.96	0.75	0.67	,, ,, total births

Live Births

There were 23,354 live births to Essex residents registered during the year, giving a birth-rate of 14.7. There has been a steady fall in the birth-rate since the peak rate of 1947 and there is no indication at the moment of the level at which it will stabilise itself. The figure for 1950 is a little above the pre-war average for the years 1934–38 of 14.5. The Registrar-General has provided this year comparability factors which by allowing for the age distribution of each local population, enable valid comparisons to be made between local birth-rates. In view of the small number of births in some districts in one year it has seemed best to use the experience of several years to determine the levels of childbearing in different districts relative to the County as a whole.

Table IV shows for each County District and Health Area the number of births during the years 1948–50, the average birth-rate for these years, the comparability factor and the adjusted birth-rate expressed as a percentage of that in the County

This shows that, after allowance for age, the birth-rates in the Boroughs of Chingford, Wanstead and Woodford and Ilford were more than 10 per cent. less than the County rate, and that several districts had rates more than 20 per cent. in excess. Owing to small numbers, some of the rates are subject to considerable variation and the last column shows which rates may be considered as significantly different from the County rate, the criterion of significance being that such a rate would be likely to occur by chance not more than once in 100 times.

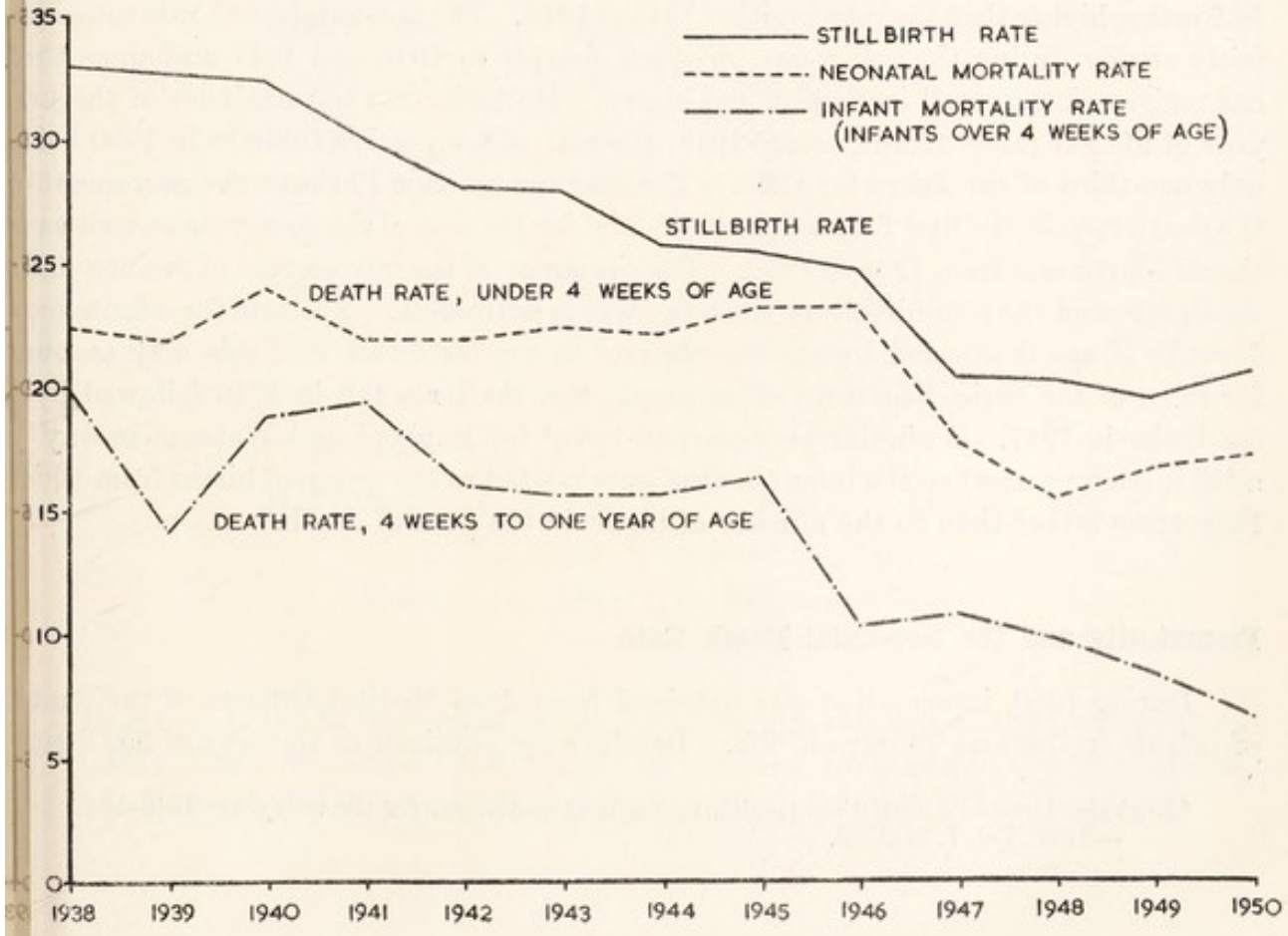
We see that seven out of the eleven Rural Districts had significantly high rates. On average, the Rural Districts had birth-rates 14 per cent. above that of the County as a whole. Among the Boroughs significantly high rates were registered in Dagenham, Maldon and Romford, and among the Urban Districts, in Billericay, Brentwood, Burnham-on-Crouch, Canvey Island and Thurrock. Thus the south and east of the County outside the area adjacent to the Metropolis have predominantly high birth-rates.

The Boroughs of Colchester, Leyton and Walthamstow and the three Boroughs mentioned above as having rates less than 90 per cent. of that of the County, had significantly low rates.

Still-births

Four hundred and eighty-three still-births were registered during 1950 giving a still-birth rate of 20.3 per 1,000 births. This is a slightly higher rate than in 1948 or

STILLBIRTHS AND INFANT MORTALITY
1938 – 1950



1949 and the same as in 1947. Still-births fell in the decade following 1937 fro 3.4 per cent. to 2.0 per cent. of the total number of births and this percentage h remained fairly steady since then. The diagram on page 19 shows the movement the still-birth rate since 1938.

An examination of the average still-birth rates in County Districts and Heal Areas for the last five years shows that in none of them is the rate sufficiently differe from the County rate for it to be statistically significant.

Illegitimacy

Illegitimate births numbered 944 of which 29 were still-births, a still-birth ra of 31 compared with a rate of 20 for legitimate births. The percentage of live birt which were illegitimate was 3.92 per cent., very slightly higher than the figure 3.89 per cent. in 1949.

Infant Mortality

There were 546 deaths of infants under the age of one year giving an infa mortality rate of 23.4 compared with 24.7 in 1949 continuing the fall in this rate whic has been noted each year since 1946. The mortality of illegitimate infants was heavie namely 39.2. This rate has remained fairly steady since 1947.

The Registrar-General has provided this year, the number of deaths of infants i the first four weeks of life. There were 394 of these giving a neo-natal death rate 16.9 rather higher than the rate in either 1948 or 1949. The neo-natal death rate remaine fairly steady during the war years, dropped sharply in 1946 and 1947 and since the has registered the small increase noted above. Mortality in the remainder of the fir year of life has fallen steadily since 1945, the rate of 6.5 per 1,000 births in 1950 bei only one-third of the figure for 1938. The diagram on page 19 shows the movement the death rate in the first four weeks of life and for the rest of the first year as well as the still-birth rate from 1938 to 1950. The similarity of the movements of the neo-nat death rate and the still-birth rate since the war is noticeable. The rate for infants ov 4 weeks of age is affected by the fluctuations in the birth-rate and this may accou for some of the curious features of its graph, e.g. the large fall in 1946 followed by small rise in 1947. A similar phenomenon noted for England and Wales gave way t a fall in each year, when the infant deaths were related to the group of births from whic they arose rather than to the number of births in the year of death.*

Prematurity and the Neo-natal Death Rate

During 1950, information was obtained from Area Medical Officers of the deat of infants in the first 28 days of life. Details were obtained in this way of 332 deat

*Registrar-General's Statistical Review of England and Wales for the two years 1946–1947 —Text, Vol. I, Medical.

but of the 394 credited to the County by the Registrar-General. The deficiency is probably caused mostly by lack of information of the deaths of infants which occurred in hospitals away from the area of residence. This is confirmed by noting that the deficiencies are largest in those Health Areas where a substantial number of births is known to take place outside the Area. Of the 332 infants who died, 186 weighed 5½ lbs. or under at birth. If we assume that the missing deaths were all of mature infants (it is likely that the information on premature babies is more complete than on mature ones) we may compare the neo-natal death rate of premature and mature babies to the best advantage of the former. With this assumption, the neo-natal death rate of premature infants was 163 per 1,000 and of mature infants 9.3 per 1,000. The importance of prematurity in the problem of reducing the deaths of very young infants is very clearly shown by these figures even though they probably understate the neo-natal mortality rate among premature infants.

In the following analysis it has been assumed that the 186 deaths of premature infants were a representative sample of the premature deaths and the 146 deaths of mature infants a representative sample of the mature deaths which occurred during the year. This is not likely to be strictly true but it may be sufficiently so to enable some general conclusions to be drawn. The table gives the number of complete days of life of the 332 infants and shows that rather over one-third of them died in the first 24 hours and more than one-half in the first 48 hours. Fifty-seven per cent. of the deaths of premature infants and 49 per cent. of those of mature babies occurred in the first 48 hours.

Age.	Over 5½lbs.	Under 5½lbs.	Total.
Under 1 day	52	65	117
1 day	20	41	61
2 days	9	32	41
3 days	9	9	18
4 days	8	6	14
5 days	11	3	14
6 days	4	4	8
7–13 days	20	14	34
14–20 days	9	5	14
21–27 days	4	7	11
Total	146	186	332

The causes of death were classified as far as the information allowed according to the "International Statistical Classification of Diseases, Injuries and Causes of Death, 1948", and are tabulated on page 22 according to the Intermediate List.

Intermediate List No.		*Age at death.*			*Birth weight.*		*Total*
		Under 1 day.	*1–6 days.*	*7–27 days.*	*Over 5½lbs.*	*Under 5½lbs.*	
A127	Spina bifida and meningocele	1	4	3	8	—	8
A128	Congenital malformations of the circulatory system	5	11	6	18	4	22
A129	Other congenital malformations	7	16	2	20	5	25
A130	Birth injuries	18	12	3	21	12	33
A131	Post-natal asphyxia and atelectasis	25	29	5	31	28	59
A132	Infections of the newborn ..	3	10	16	14	15	29
A133	Hæmolytic disease of the newborn	6	9	2	11	6	17
A134	All other defined diseases of early infancy	3	9	1	3	10	13
A135	Ill-defined diseases peculiar to early infancy and immaturity unqualified	46	51	10	5	102	107
Remainder	All other causes	3	5	11	15	4	19
	All causes	117	156	59	146	186	332

Congenital malformations were responsible for the deaths of 55 infants, i.e. 17 per cent. of the 332 neo-natal deaths. Table II shows that, in all, 95 deaths of infants under the age of one year were due to congenital malformations giving a rate of 4 per 1,000 live births. The cause of death with the highest proportion of deaths on the first day was birth injuries with 55 per cent. This was followed by post-natal asphyxia and atelectasis and ill-defined diseases peculiar to early infancy and immaturity unqualified both with 43 per cent. Fifty-five per cent. of the deaths of premature infants were classed to this last group. Infections of the newborn (mostly pneumonia) accounted for 29 deaths (9 per cent. of the total). As might be expected, this cause became relatively more important with age and accounted for 27 per cent. of the deaths after the first week. In all, 44 deaths due to pneumonia and 16 due to gastritis, enteritis and diarrhoea occurred among infants under one year of age. For both these causes the rate per 1,000 births was lower than ever before. The other specified cause (hæmolytic disease of the newborn) accounted for 17 deaths (5 per cent. of the total).

Maternal Mortality

The deaths of 16 women during the year due to disorders of pregnancy and childbirth or to abortion give a maternal mortality rate of 0.67 per 1,000 births, a lower rate than in any previous year.

Mortality at all ages

The general mortality rate for the Administrative County was 10.0 per 1,000 compared with 10.4 in 1949 and 9.4 in 1948. Table III sets out the number of deaths for various causes in the County, in County Districts and in Health Areas.

This year, the causes of death have been classified by the Registrar-General according to the " International Statistical Classification of Diseases, Injuries and Causes of Death, 1948 ". Alterations have also been made in the 36 causes of death for which the Registrar-General provides local statistics. As a result it is not always possible to give figures for earlier years, strictly comparable with those for 1950. The following table gives for 1950 and where possible for the previous three years, death rates per million of the population from some of the principal causes of death :—

	1947	1948	1949	1950
Tuberculosis (Respiratory) ..	372	352	336	262
,, (Non-Respiratory)	54	50	37	26
Syphilitic disease	53	39	33	31
Malignant and lymphatic neoplasms	1,825*	1,754*	1,786*	1,834
Diabetes	62	61	70	70
Vascular lesions of the nervous system	1,261	1,099	1,191	1,198
Heart disease	2,980*	2,697*	3,164*	3,437
Influenza	91	27	127	54
Pneumonia	490	334	443	330
Bronchitis	642	459	617	501
Ulcer of stomach and duodenum	113	99	107	120
Nephritis and nephrosis ..	Not available			112
Motor vehicle accidents ..	,,			94
All other accidents	,,			153
Suicide	87	99	89	97

*Only approximately comparable with 1950.

Causes to show increases were malignant and lymphatic neoplasms, heart disease and ulcers of the stomach and duodenum. The first two of these are affected by the change of classification but there is little doubt that the fairly considerable increases noted are at least partly due to real increases.

The death rates from both respiratory and non-respiratory tuberculosis showed a marked improvement, and the death rate from syphilitic disease showed a further small decline. Death rates from the respiratory diseases, influenza, pneumonia and bronchitis were considerably less than in 1949 but, except for pneumonia, above those for 1948.

Mortality by age and sex

Table II gives the number of deaths in various age-groups and for each sex for the several causes of death. The number of age-groups identified has been increased by two by dividing the 15–44 group to distinguish deaths between 15 and 25 and by giving deaths over the age of 75 separately from those between 65 and 75.

Comparing the number of deaths at each age in 1949 and 1950 we notice that there has been a decrease of 30 in the number of deaths of children between the ages of one and 15 : 228 compared with 258 in 1949. Specially noticeable is the small number of deaths from infectious and parasitic diseases. Including infants, there were 45 such deaths of children under 15 classified as follows by age and cause :—

	0–	1–	5–	Total.
Tuberculosis	4	7	4	15
Acute Poliomyelitis ..	1	3	3	7
Meningococcal Infections ..	1	6	—	7
Whooping Cough ..	5	—	—	5
Others	4	2	5	11
Total ..	15	18	12	45

This is a very good record when compared with the deaths registered only a few years ago. In 1938, there were 69 deaths of children under 15 from tuberculosis, 60 from diphtheria, 42 from measles and 24 from whooping cough, to mention only four diseases. In 1950 for the first time, there was no death from diphtheria.

The number of deaths between the ages of 15 and 45 remained about the same as in 1949. The separate identification of deaths between 15 and 25 reveals the fact that the most important causes of death of this age-group were tuberculosis and accidents. Tuberculosis was important for both sexes but accidents exacted their toll especially on young men. There were 51 fatal accidents among men of this age, accounting for 40 per cent. of the total deaths. Motor vehicles were involved in 35 of them.

There were rather fewer deaths than in 1949 between the ages of 45 and 65. Over 64 years of age, the number of deaths of males increased while that of females remained steady. Individual causes to show markedly different movements in these two age-groups for men were cancer, vascular lesions of nervous system and ulcers of stomach and duodenum, all of which remained steady at ages under 65 and increased over that age and pneumonia which decreased at ages under 65 and remained steady over that age. Cancer behaved differently for women, where the largest increase was in the age-group 45–64, each site identified in 1949 as well as " other sites " showing a small increase. Over 64 years of age the overall increase was negligible, increases in deaths for cancer of the stomach and " other sites " being counterbalanced by decreases from cancers of the breast and uterus. Other causes for females showed no markedly different movements in the two age-groups.

MORBIDITY STATISTICS.

The department has continued to receive from the Regional Offices of the Ministry of National Insurance at London and Cambridge details of the number of new claims to sickness benefit received at the various offices of the Ministry in Essex. During the 52 weeks ended 2nd January, 1951, these totalled 206,188 representing an average of 130 new claims per 1,000 of the population. Since children, housewives and retired persons are not entitled to claim benefit, the average number of claims per 1,000 people who are eligible for benefit will be much higher than this, perhaps

about 300. This may be put in another way by saying that in a period of three years with illness at about, or slightly above, the 1950 level, each person eligible for benefit would on the average make just one claim.

The figure of 130 new claims per 1,000 of the population may be compared with similar figures for England and Wales and for the regions, each of which covers part of Essex.

England and Wales	147
London and South-East Region	135
Eastern Region	113

The year 1950 was not marked by a large scale epidemic of influenza but the number of new claims varied quite considerably. The incidence of new claims was highest in the first quarter of the year, when for a period of nine weeks the average number of claims was 40 per cent. above the weekly average for the year. Following the sharp drop at Easter due to the holiday, the incidence of new claims fell slowly from the average for the year in April to nearly 40 per cent. below the average at the end of July. After the August bank holiday, the incidence of new claims rose until, by the end of September, the yearly average had once more been reached. In the last quarter of the year claims remained at or rather above the average figure. In the week ended 2nd January, 1951, however, there was an exceedingly sharp rise to 150 per cent. above the average. This was the start of the increased prevalence of sickness during January and February, 1951.

This general picture did not vary very much throughout the County. There was, however, some difference in the part of the first quarter when the incidence of illness was at its highest. In the rural part of Essex, the peak period was February, but in the more urbanised parts on the outskirts of London it was some three weeks or more later in the middle of March.

To estimate the incidence of sickness in different parts of the County, we need to know the areas served by the various offices, but no precise information is available on this point. The best plan appears to be to use large areas and to try to choose the boundaries to coincide with the likely boundaries of the areas served by the various offices. The offices at Colchester, Clacton-on-Sea and Harwich may be taken together and related to the population in the North-East Essex Health Area with the exception of the Urban and Rural Districts of Halstead as it seems more likely that people in these districts will use the office at Braintree or one in Suffolk in preference to the Colchester office. On the other hand it is quite possible that some people living in Suffolk will use the Colchester office. The offices in Mid-Essex together with the new office at Harlow may be related to the population in the Mid-Essex Health Area with the addition of the Epping Rural District and the Halstead Urban and Rural Districts. In this area, there are uncertainties arising from the likelihood that some Essex residents use offices in another county and *vice versa*. An example of an office outside Essex probably used by Essex people is Bishops Stortford and one in Essex used by residents of another county is Harlow. The South-East Essex Health Area with the Brentwood and Thurrock Urban Districts forms another distinct area though probably some of the residents of this area will use the office in Southend-on-Sea. The remainder of the County has been split into South Metropolitan (the Boroughs of Ilford, Barking,

Dagenham and Romford and the Urban District of Hornchurch served by offices a North and South Ilford, Barking, Becontree, Romford and the new office at Dagenham and West Metropolitan (the Boroughs of Leyton, Walthamstow and the Forest Healt Area, except the Epping Rural District, served by offices at Leytonstone, Walthamstow Wanstead and Buckhurst Hill).

The estimated number of persons eligible for benefit in these areas and the numbe of claims received are given in the following table together with the number of claim per 1,000 eligible persons :—

	Estimated population eligible for benefit.	No. of new claims received.	Claims per 1,000 eligible population.
North-East	64,640 ..	15,066 ..	233
Central	103,720 ..	20,336 ..	196
South-East	86,620 ..	27,950 ..	323
South Metropolitan ..	248,780 ..	90,381 ..	363
West Metropolitan ..	175,010 ..	52,455 ..	300
County	678,770 ..	206,188 ..	304

The high figures for South Metropolitan and South-East are noticeable. They should represent the facts fairly well though South Metropolitan might be inflated b claims from outside the area by persons who work in it and the incidence in South-East might well be an understatement owing to its contiguity to Southend-on-Sea. Whether the difference between North-East and Central means anything is doubtful and i might be better to take these two areas together giving a rate of 210, about 62 per cent of that for the two metropolitan regions taken together. The low rate in West Metropolitan compared with the rate in South Metropolitan is interesting and probably represents a true difference in the incidence of sickness in these areas.

SECTION II—GENERAL

STAFF

ALTHOUGH the difficulties in recruiting professional and technical staff, referred to in last year's report, still remained during 1950—particularly in relation to maintaining the dental and physiotherapy services—the position became somewhat better in one or two instances, e.g. the midwifery service. Further reference to this is made in the appropriate paragraphs below.

Area Medical Officers

Negotiations were successfully completed with the County District Councils concerned in connection with the permanent appointment of four Area Medical Officers as from 5th July, 1948. Formal letters of appointment were accepted early in 1951.

In the Ilford Health Area, Dr. J. H. Weir (who had acted as Area Medical Officer since 5th July, 1948) resigned his appointment as Medical Officer of Health to the Borough of Ilford on 26th February, 1950, and from that date Dr. I. Gordon, his deputy, took over the duties of Acting Area Medical Officer pending the appointment of a successor.

Arrangements were also made with the Hornchurch Urban District Council for its Medical Officer of Health, Dr. J. Gorman, to act, in a temporary capacity, as part-time Assistant in the South Essex Health Area, which duties he had been undertaking since November, 1949.

Senior Medical Staff

Dr. R. C. Cunningham was appointed as the first whole-time Senior Medical Officer to the Mental Health Section of the Central Office, and joined the staff on 17th April, 1950.

Dr. Helen Campbell, who had undertaken certain administrative duties in connection with the Midwifery and Home Nursing Services, relinquished her appointment with the County Council on 23rd May, 1950, on obtaining a permanent appointment on the staff of the Ministry of Health, to which department she had been seconded since May, 1949.

Combined Medical Services

TENDRING, BRIGHTLINGSEA, CLACTON-ON-SEA AND FRINTON AND WALTON DISTRICT. Dr. J. Ramsbottom continued to act as temporary Medical Officer of Health for the Tendring Rural District and the Brightlingsea, Clacton and Frinton and Walton Urban Districts until 31st May, 1950, when he relinquished his appointment after completing nearly 30 years in various posts under the County Council's Combined Medical Service. His successor, Dr. F. L. Groarke, commenced duties on 1st June, 1950, the arrangement, at the request of the County District Councils concerned, being for an experimental period of one year.

Saffron Walden District. Dr. S. R. Richardson, who was due to retire on 20th December, 1950, after 27 years' service, continued to serve as Medical Officer of Health for the Borough and Rural District of Saffron Walden until such time as his successor was able to take up her appointment.

Chelmsford and Maldon District. Negotiations with the County District Councils concerned regarding the proposal for the appointment of a whole-time Medical Officer of Health for the Borough of Maldon, the Urban District of Burnham-on-Crouch and the Rural Districts of Chelmsford and Maldon and also to act as Assistant County Medical Officer continued, but no further progress was made towards agreement.

Following the resignation, in November, 1949, of Dr. T. H. Harrison, Deputy Medical Officer of Health for the Borough of Dagenham and the retirement, in October, 1950, of Dr. R. W. Cushing, Deputy Medical Officer of Health for the Borough of Colchester—both of whom also acted as Assistant County Medical Officers—arrangements were made with the respective Borough Councils for filling the posts on a permanent basis. Dr. H. T. H. Robinson commenced duties on 1st October, 1950, as Deputy Medical Officer of Health for the Borough of Dagenham and part-time Assistant County Medical Officer. Pending the appointment of his successor, the services of Dr. Cushing were retained until January, 1951.

Assistant County Medical Officers

Although it was not always possible to recruit officers of the right calibre or with appropriate higher qualifications, it was possible to fill all vacant posts of Assistant County Medical Officer and the establishment at the end of the year, viz., 47, was complete.

Other Staff

The position with regard to dental staff unfortunately deteriorated still further during 1950. At the end of the year, the equivalent of only 21 whole-time dental surgeons was employed out of an establishment of 66—seven less than at the end of the previous year.

The recruitment of physiotherapists again presented a big problem and it was possible to maintain a minimum service only during the year.

Having regard to the continued dearth of qualified health visitors, it was not possible to put forward any recommendations for a comprehensive development of the health visiting service as envisaged in the Proposals made under Section 24 of the National Health Service Act, 1946.

The fall in the birth-rate resulted in fewer demands being made on the midwifery service and, towards the end of the year, consideration was being given to changing the designation and duties of a number of midwives to enable them to devote part of their time to home nursing, the demand for which is constantly increasing.

The decentralisation of certain of the health services having been virtually completed during the year steps were taken to review the establishments of administrative and clerical staffs in each of the Health Areas.

TRANSPORT FOR STAFF

The arrangements whereby certain members of the staff of the Health Department are provided with cars belonging to the County Council for use in connection with their official duties continued as in previous years. Although it was possible to allocate cars to an increased number of officers—217 on 31st December, 1950, as compared with 205 at the end of 1949—the continued restriction of the supply of new cars for the home market resulted in the average number of staff (including midwives, health visitors and medical auxiliaries) awaiting the provision of such vehicles remaining fairly constant at 30 throughout the year.

Application was made to the Ministry of Health in accordance with the terms of Circular 21/49 for priority in the delivery of 7 cars—all required by midwives who desired to purchase their own vehicles for use in connection with their professional duties—and 25 cars had been received by the end of 1950. (This last figure includes the balance of 20 county cars ordered in 1949 under these special arrangements).

Two hundred officers employed in the Council's Health Services were authorised to use their privately owned cars and auto-cycles in connection with their work. This is an increase of 20 on the previous year and makes a total of 417 officers provided with motor transport.

Upon the termination of petrol rationing, the day-to-day administrative work in connection with the provision of transport for staff was decentralised to the Health Area Offices as from 1st August. This change, which has a number of advantages, has worked well.

SITES AND BUILDINGS

In spite of the continued restrictions, some progress was made during the year under review in the provision of premises for the Council's Health Services. Details are given below under the appropriate headings. Unfortunately the total amount of work carried out was very small when compared with the large programme of building work which will be necessary to meet the minimum requirements of Part III of the National Health Service Act, 1946, e.g. Health Centres and Ambulance Stations for the County as a whole and in particular for the five large housing estates being erected in Essex by the London County Council and the two new towns of Harlow and Basildon.

Circular 55/50, issued by the Ministry of Health on 19th May, 1950, introduced a new procedure for dealing with the capital building projects of Local Authorities. Details of the programmes which have been approved for submission to the Minister covering (*a*) the period which ended on 31st March, 1951, and (*b*) the financial year 1951–52, will be found on pages 31 and 32.

Health Centres

A draft master plan showing the broad outline of the proposed development of the new town of Basildon was received in July from the Development Corporation, and agreement has been reached as to the allocation of sites required for health service purposes.

The development of the Harlow New Town proceeded during the year, and to meet the growing need for health centre accommodation, negotiations with the

Development Corporation were commenced in October, 1950, with a view to th allocation of two houses in the Mark Hall neighbourhood which could be adapted t meet the requirements of the Council's clinic services as well as the general medic and dental services.

Preliminary plans were prepared in October for the erection of a Health Centr to serve the London County Council's Harold Hill Housing Estate, Romford, and step have been taken with a view to obtaining early approval to the scheme.

In connection with the provision of a Health Centre on the London County Council Aveley Housing Estate negotiations were commenced with the London County Counc for the acquisition of a site.

Clinics

The erection of prefabricated clinic premises, at a total cost of approximatel £25,000 each (including £4,500 for equipment) on the Hainault, Chigwell and Frida Hill, Chingford, London County Council Housing Estates commenced in Septembe 1950, and October, 1950, respectively. Negotiations for the early provision of simil clinics in south Hornchurch and on the Loughton Hall Housing Estate of the Londo County Council were continued.

As mentioned last year, two houses on the London County Council's Hainau Estate were, with the co-operation of that Authority, furnished, equipped and opene as temporary clinic premises in January, 1950.

To meet the urgent needs of residents on the Loughton Hall (Debden) Housin Estate of the London County Council two houses, viz. Nos. 29 and 31, Rochford Avenu were allocated by that Authority for similar use during the year and preparation for their opening were almost completed by the end of the year.

In December, work was commenced on the adaptation of premises at West Avenu Walthamstow, for use as a combined clinic. Schemes were also in hand for adaptin premises in Great Dunmow and in Leyton for clinic purposes.

Day Nurseries

The erection in Stevens Road, Ilford, of a prefabricated day nursery to accom modate 50 children was completed, and the nursery opened on 16th March, 1950 this new building was required to replace the Becontree Avenue Nursery, the site which was required by the owners (the London County Council) for housing purposes.

Work was commenced in October on the erection of another prefabricated 50-plac day nursery in Goodmayes Lane, Ilford, to replace the existing nursery in Green Lan the site of which is also required by its owners for housing purposes.

Adaptations for the conversion and equipment of the Castle School, Barkin for use as a day nursery to accommodate 66 children were completed and the nurser opened on 28th August, 1950.

Houses for Staff

Considerable attention was again given to the provision of housing accommodatio for home nurse-midwives, home nurses and midwives, and negotiations were undertake

with the owners of 20 properties occupied by such members of the nursing staff; 12 were acquired and four leases completed. Applications to local housing authorities resulted in the allocation of eight houses and similar accommodation was promised in five more instances.

The Minister of Health gave approval in principle to the erection of houses at Kirby Cross, Brightlingsea, Tiptree and Chappel for four home nurse-midwives, and a similar application was made in respect of accommodation proposed to be provided at Thundersley.

Office Accommodation

The undermentioned properties were purchased and adapted for use as Area Offices to serve the Mid-Essex, South-East Essex and South Essex Health Areas respectively :—

(i) 195, Springfield Road, Chelmsford (August) ;
(ii) 153, High Street, Rayleigh (October) ; and
(iii) 34, Cresthill Avenue, Grays (October).

Negotiations were continued with the Wanstead and Woodford Borough Council for the provision of a suite of rooms in the proposed new Municipal Offices to accommodate the staff of the Forest Health Area.

Capital Building Programme

The capital building programme for the financial year 1950–51 included the following projects :—

Provision of—

(*a*) Housing accommodation for two home nurse-midwives at Langdon Hills.

(*b*) Day nursery at Elm Park, Hornchurch.

(*c*) Day nursery on Hainault Estate (London County Council).

(*d*) Day nursery at Woodford Bridge.

(*e*) Day nursery at St. Annes Road, Barking.

(*f*) Additional clinic and residential accommodation at the Nurses' Training Home, York House, Dagenham.

(*g*) Hostel at Ardmore, Buckhurst Hill, to accommodate children undergoing B.C.G. vaccination.

Purchase and extension of—

(*h*) Existing day nursery at 91, Western Road, Romford.

Extension of—

(*i*) Nurses' Training Home, Beachcroft Road, Leytonstone.

Furniture and equipment for clinics at—

(*j*) South Hornchurch.

(*k*) Loughton Hall Estate (London County Council).

(*l*) Friday Hill Estate (London County Council).

The estimated total cost of these projects amounted to £91,300 and at the time writing this Report, approval had been received to schemes (*a*), (*g*), (*h*) and (*i*), and the Minister had indicated he was unable to give his approval in regard to projects (*b*), (*c*), (*d*) and (*e*). A decision is still awaited in respect of the remaining four items.

A provisional building programme for the financial year 1951–52 estimated at a total cost of £408,700, as follows, was submitted to the Minister of Health early in December :—

Provision of—

(*a*) Health Centre, Harold Hill Housing Estate (London County Council).

(*b*) Health Centre, Aveley Housing Estate (London County Council).

(*c*) Clinic, Oxlow Lane, Dagenham.

(*d*) Clinic, Springfield Gardens, Upminster.

(*e*) Clinic, Great Wakering.

(*f*) Ambulance station and control centre, Chelmsford.

(*g*), (*h*), (*i*), (*j*), (*k*) } Five ambulance stations in the area adjacent to the Metropolis.

(*l*) Branch nurses' home, Ilford.

Housing accommodation for home nurse-midwives at—

(*m*) Tiptree.

(*n*) Boxted.

(*o*) Thundersley.

Provision of—

(*p*) Day nursery at Harold Wood.

(*q*) Day nursery, Hurst Road, Walthamstow.

(*r*) Day nursery, Hainault Estate (London County Council).

(*s*) Day nursery, Berther Road, Hornchurch.

An indication has been received from the Minister of Health that he is unable to approve schemes (*p*), (*q*) and (*r*), but to date no decision has been received in regard to any other items.

County Development Plan

In accordance with the provisions of the Town and Country Planning Act, 1947, steps were taken during the year by the County Planning Adviser to prepare draft town maps and a draft County map indicating the anticipated development during the next 20 years. These draft maps were under review at the end of the year.

MEDICAL EXAMINATIONS

The number of medical examinations of County staff carried out showed an increase on the previous year, i.e. 1,918 compared with 1,748 during 1949, and included 1,720 new entrants to the County Council's service.

As from 1st September, 1950, revised arrangements were brought into operation whereby a limited number of medical officers employed in each Health Area was approved to undertake medical examinations and also to sign revised forms of certificates which were adopted at the same time.

LABORATORY SERVICE

There have been no changes in the laboratory services of which details were given in the Annual Report for 1949.

The Supplementary Laboratory Service provided by agreement with the Counties Public Health Laboratories was continued during the year and samples were examined as follows :—

Water	678
Sewage effluents	583
Milk	707
Ice cream	1,587
Other foods	3
Total	3,558

Field work carried out by the Counties Public Health Laboratories included advisory inspections of the water supplies to the Borough of Colchester and Urban District of Burnham-on-Crouch and an investigation into the efficacy of various proprietary brands of detergents used in connection with the School Meals Service.

MILK SUPPLY

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949

The County Council are responsible for the licensing and supervision of milk pasteurisation and sterilisation establishments in that part of the County for which the County Council is a Food and Drugs Authority. At the end of the year 15 pasteurising plants were so licensed. Frequent inspections were made of these plants and routine samples of milk were obtained as follows :—

	Pasteurised Milk.	T.T. (Pasteurised) Milk.
Phosphatase Test—		
No. submitted	643 ..	47
No. failed	10 ..	1
Methylene Blue Test—		
No. submitted	643 ..	46
No. failed	Nil ..	Nil

Unsatisfactory reports are investigated immediately and, in addition, are reported to the Ministry of Food.

Biological Sampling

Extensive biological milk sampling was again undertaken and during the year reports were received on 505 samples of milk taken from farms, etc., giving the following results :—

34 inconclusive
460 free from tubercle bacilli
11 (2.1 per cent.) contained tubercle bacilli

The percentage of positive samples (i.e. those containing tubercle bacilli) for the year 1949 was 1.6.

Every positive case was reported to the Divisional Inspector of the Ministry of Agriculture and Fisheries.

Milk-in-Schools Scheme

The milk supplies to schools have been reviewed during the year. As far as possible all milk supplied is either pasteurised or tuberculin tested, and at the end of the year out of a total of 522 schools only four were supplied with raw accredited or raw undesignated milk.

During the year, responsibility for the biological and bacteriological sampling of school milks has been transferred from the Weights and Measures Department to the Health Department, and samples have been taken as follows :—

(a) *Biological Examinations*—

17 inconclusive
322 free from tubercle bacilli
None contained tubercle bacilli. (The percentage of positive samples for 1949 was 1.2)

(b) *Bacteriological Examinations*—

473 samples obtained
16 inconclusive
14 (3.1 per cent.) failed to pass the prescribed tests

The principle adopted is that the milk from every school supplier is sampled once per term. The biological sampling of school milk is co-ordinated with the general biological sampling of milk which is carried out by the Department. The figures for biological samples of school milks are additional to those already given under the heading of " Biological Sampling ".

ICE CREAM

The arrangements for the examination of samples of ice cream have been continued upon the same lines as outlined in my Annual Report for 1949. The following is a summary of the results of samples of ice cream which have been graded in accordance with the provisional grading scheme of the Ministry of Health :—

	1949.	Per cent.	1950.	Per cent.
Grade 1 ..	1,016	(52.0) ..	1,121	(54.87)
Grade 2 ..	500	(25.6) ..	521	(25.5)
Grade 3 ..	241	(12.3) ..	208	(10.18)
Grade 4 ..	188	(9.6) ..	155	(7.58)
Ungraded ..	10	(.5) ..	38	(1.86)
Total ..	1,955		2,043	

In addition to grading the ice cream in accordance with the Ministry of Health grades, as mentioned above, the Counties Public Health Laboratories also carry out a plate count, a coliform test and a B. coli test, and during the year consideration was given to the grading of results on the basis of these additional tests. The graphs on page 97 show the improvement in the bacterial quality of ice cream which has taken place since the making of the Ice Cream (Heat Treatment, etc.) Regulations, 1947. Examination of the graphs shows that it is reasonable to expect ice cream to fall within Ministry of Health Grades 1 or 2, for the ice cream not to contain B. coli in 0.1 ml. and to have a plate count of less than 100,000.

FOOD AND DRUGS

I am indebted to the Chief Inspector of Weights and Measures, whose Department is responsible for the execution of the Food and Drugs Act, 1938, for the following report :—

The Weights and Measures Department of the Administrative County of Essex has during 1950 continued to devote a substantial portion of its time to the enforcement of the Food and Drugs Act.

The samples taken can be divided into two sections, firstly, milk samples and secondly, samples of other foods and drugs.

Dealing with the latter group of samples first it is pleasing to report that only fourteen samples were found to be unsatisfactory out of a total of 716.

This low percentage illustrates the increased care of production and packing which has undoubtedly been influenced by the growing practice of prepacking food on manufacturers' premises. Despite continued shortages it is evident that every effort is being made by the trade to supply the public with the best available foodstuffs. There is, however, a class of trader, the market vendor, which, unfortunately, not infrequently foists on the public goods which are shown on closer examination to fall short of the standard expected by the purchaser.

The fourteen unsatisfactory samples referred to earlier included the following :—

BUTTER .. Contamination on one side by an area of mould growth. Butter had normal taste and was free from acidity or rancidity.

ALMONDS .. Consisted of a mixture of wheaten and soya flour.

HERBS .. Two samples of dried rubbed thyme were found to contai sand in excess of the maximum quantity.

OATMEAL .. One sample of oatmeal was found to be tainted wit camphor and a second was contaminated with roden excretion.

PEPPER .. Two samples sold as genuine white pepper were found t consist of a mixture of black pepper, white pepper an wheaten flour.

Turning now to milk, a total of 1,944 samples were analysed and of thes 98 were found to be unsatisfactory thus indicating that milk is still the artic of food most frequently found adulterated or impoverished.

Of the 98 samples referred to above 43 were found to contain added wate in quantities ranging from 1 to 21 per cent.

It is the practice of this Department in cases where milk is found to b deficient in fat or adulterated by the presence of added water, to trace the mil back to the cows and to this end, 117 " Appeal to Cow " samples were take In 84 instances the cows themselves were found to be giving milk below th recognised standard of 3 per cent. milk fat and 8.5 per cent. of solids other tha milk fat.

This fall in the quality of milk is to be deprecated, and it is felt that unt milk is sold on a quality basis there will be a continued tendency to breed anima which produce large quantities of milk quite irrespective of quality.

PROSECUTIONS. A total of 14 prosecutions were undertaken during the yea and fines and costs totalling £94 8s. 0d. were imposed.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944

Under Section 2 of this Act, if the Minister of Health undertakes to make contribution for either a water or sewage scheme, the County Council concerned is als required to contribute. Consequently, Local Authorities must obtain for submissio to the Ministry of Health the County Council's observations on all schemes for whic applications are to be made for grants.

During the year, the Ministry of Health undertook provisionally to allocate lum sum grants towards the following schemes :—

	Estimated Cost.	Provisional Grant by Ministry of Health.
	£	£
Chelmsford Rural Water Mains Extension Scheme	629	200
Ongar Rural Water Mains Extension Scheme	39,127	7,300
Do.	8,820	2,000
Lexden and Winstree Rural Water Mains Extension Scheme	3,300	850
Tendring Rural Water Mains Extension Scheme	4,300	1,750

PUBLIC HEALTH ACT, 1936—SECTION 307

In accordance with the provisions of the County Council's approved Scheme to give effect to Section 307 of the Public Health Act, 1936, and the Rural Water Supplies and Sewerage Act, 1944, the County Council agreed to make to the undermentioned Rural District Councils payment of the following amounts, being the approved estimated grants payable in respect of the financial year 1950–51 :—

Rural District Council.	Amount.
	£
Braintree	6,985
Dunmow	2,797
Epping	1,580
Halstead	1,638
Lexden and Winstree	1,443
Ongar	828
Rochford	1,808
Saffron Walden	3,254
Tendring	1,572
Total	£21,905

The following schemes were approved by the County Council for revenue grant purposes under Section 307 of the Public Health Act, 1936, during the year under review :—

Braintree Rural Water Mains Extension Scheme ..	Black Notley, Rayne, Wethersfield, Faulkbourne and Fairstead
Ongar Rural	Provision of additional sluice valves upon existing water mains at Blackmore, Doddinghurst, Norton Mandeville and Willingale.
Saffron Walden Rural	Provision of new pump at Hempstead and the conversion of pump at Henham to electricity.
Ongar Rural	Extension of water main to Mount Farm, Theydon Mount.
Rochford Rural Water Mains Extension Scheme	Ashingdon, Barling Magna, Hawkwell and Hockley.
Rochford Rural Water Mains Extension Scheme	Canewdon to Wallasea Island.

Annual inspections are made of all water supply and sewerage schemes in respect of which the County Council makes contributions in accordance with the County Council's grants scheme in order to ensure that the works are in a satisfactory condition. These inspections are carried out by representatives of the County Council usually accompanied by members of my staff and are of considerable assistance to the County Council in connection with the prevention of rivers pollution.

WATER SUPPLIES

The water supplies of Essex have received considerable attention during the year, the subject of outstanding importance being the Hanningfield scheme which the Southend Waterworks Company and the South Essex Waterworks Company propose to carry out to augment their supplies of water by the utilisation of flood waters from the Rivers Chelmer and Blackwater. The construction of this scheme, the estimated cost of which is approximately £4,000,000, will bring the total water available to these Companies to 55,000,000 gallons per day when added to their existing resources and schemes under construction, which already include supplies from the Rivers Stour, Chelmer and Blackwater and wells in the statutory areas of the Companies.

The Borough of Colchester has also prepared a scheme to obtain water from boreholes to be sunk in the Stour Valley, as their existing supplies in the Colne Valley are steadily falling.

During the year the County Council have made representations to the Ministry of Health to endeavour to secure the softening of the water supplied by the Tendring Hundred Waterworks Company, the Hanningfield scheme and the new scheme of the Colchester Borough Council, but owing to existing economic conditions further consideration of this question has had to be deferred.

Samples of water are taken at regular intervals from the sampling taps which the various Waterworks Companies are required to provide by statute. The results have all been satisfactory.

SEWAGE WORKS AND RIVERS POLLUTION

During the year, 735 visits were made by the staff of the Health Department in connection with routine inspections of sewage disposal works and investigations of rivers pollution ; 503 samples were taken and the results obtained revealed that 231 or 45.9 per cent. were unsatisfactory as compared with 41.1 per cent. in 1949.

Copies of all results are supplied to the County District Councils or to the private firms concerned, and observations are asked for in unsatisfactory cases.

During the year, action has been taken to secure improvements at the sewage disposal works at Dunmow, Thaxted, Saffron Walden, Halstead, Coggeshall, Braintree, Epping (Southern), Dedham and various other works. Preliminary discussions have been carried on with regard to the sewerage and sewage disposal at the new town of Basildon.

In particular, investigations have been made into the following rivers pollutions :—

(*a*) Three instances of dead fish in the River Chelmer.
(*b*) River Blackwater at Witham (factory effluent).
(*c*) River Chelmer and Stebbing Brook by the Felstead Beet Sugar Factory.
(*d*) River Brain with oil at Braintree.
(*e*) Rivers Ter, Roding and Rom by the waste waters from pea vining plants.
(*f*) Watercourses at Rayleigh by an excess of phosphates.
(*g*) River Rom by piggery drainage and factory effluents.
(*h*) River Ramsey by sewage effluent.
(*i*) River Roding—investigation for prevalence of Salmonella Paratyphosum B.

Pollution of the Rivers Chelmer and Blackwater and their tributaries has been given special attention owing to these rivers being used as sources of public water supply.

It has continued to be very difficult to secure modernisation of sewage disposal works but there is still much which can be done to improve many unsatisfactory effluents by more careful management of the works. It is easy to claim that, as a sewage works is overloaded, nothing can be done about the pollution which the unsatisfactory effluent is causing, but, on the other hand, there are instances in the County where care in the management of sewage works is producing results which are satisfactory with equipment which is sadly overloaded. What one authority can do, others can do.

A point often overlooked is that from the prevention of pollution of rivers angle an effluent must not only be satisfactory in itself but must also receive adequate dilution in the river or stream into which it is discharged.

During the year a Ministry of Health Inquiry was held to enquire into the question of the drainage of South Essex, in particular as it affects the Boroughs of Romford and Dagenham and the Urban Districts of Hornchurch and Brentwood. There can be little doubt that if this problem is tackled along the lines recommended by the County Council's Consulting Engineers as a long-term policy, the condition of the Rivers Ingrebourne and Beam will be improved.

REFUSE DISPOSAL

The disposal of refuse might be described as ranking amongst the lesser known industries of Essex, as at present some 700,000 tons are brought from London to Essex for disposal annually. The transport and disposal of this large amount of refuse is carried out by private contractors and nine large controlled tips are in use, the tipping rate varying from 500 to 1,000 tons of refuse per tip per day.

Conditions at these tips and twenty other smaller tips are supervised by the County Council, as provided for by the Essex County Council Act, 1933, which applies to all tips where the refuse is brought into the district of a local sanitary authority from the district of another sanitary authority or from outside the County.

Frequent inspections are made of all these tips by the staff of the department and during the year the levels of the larger tips have been taken and, where necessary, the contractors have been requested to reduce the level of their tips to that specified by the Essex County Council Act, 1933. Having regard to the large quantities of refuse being disposed of, the tips have been maintained in a satisfactory condition with a minimum of nuisance, with no large outbreaks of fire and remarkably free from rat infestation.

During the year, assistance has been given to the County Boroughs of East and West Ham and the Boroughs of Barking and Ilford in drawing up proposals for a joint refuse disposal scheme.

RURAL HOUSING

The Joint Advisory Committee on Rural Housing, which held its first meeting in 1944, met three times during the year. Important matters discussed were, ways and

means of securing a reduction in the cost of house building, and information as to the progress being made in the application of the Housing Act, 1949, to the repairing and reconditioning of houses.

The progress report on the rural housing survey covering the period 1945 to the quarter ended 30th September, 1950, revealed the very unsatisfactory conditions of many houses in rural Essex. Of the total number of houses surveyed, 4,656 were shown to be totally unfit, 2,959 appropriate for reconditioning, 11,723 requiring repair, structural alteration or improvement, 17,223 with minor defects only and 12,566 satisfactory in all respects. Whilst the need for additional new houses cannot be overlooked, it is very important that the unsatisfactory and decaying state of many of the houses surveyed should receive attention. Having gone so far in the co-ordination of the rural housing survey, it is now necessary that the Committee should give urgent and careful consideration to the best practical steps which can be taken to alleviate the conditions revealed by the survey.

THE COUNTY AMBULANCE SERVICE

Increase in Demand on the Service

The demand for ambulance transport continued to increase steadily throughout 1950 and only by the most efficient and economic use of available resources was it possible for the service to carry out its statutory obligations. At the end of 1949 the number of patients removed daily was on an average 48 per cent. greater than at the beginning of that year and it was felt that some levelling out of demand might reasonably be expected. In December, 1950, however, the number of patients removed by the County Ambulance Service was 4,241 more than in December, 1949, which represents an increase of 25 per cent.

Vehicles

In view of the increased demands upon the service, particular attention has been given to the best method of securing the utmost efficiency in the transport of the ever-increasing number of sitting cases for out-patient and clinic treatment. To this end investigations were made into the use of special types of vehicles and it was eventually decided to place an order for twenty-four special sitting case vehicles designed to accommodate up to twelve clinic patients in each vehicle. The order was placed in September but at the end of the year, owing to difficulties in connection with deliveries, only the prototype vehicle was in service. However, the object of attaining improved efficiency in operation was achieved as is shown by the figure of 1.8 miles per patient in respect of the new vehicle compared with 7.4 miles per patient when an ambulance was used for the conveyance of sitting cases. This result was only attained with the close co-operation of the Brentwood Group Hospital Management Committee.

Approval was also given during the year for the purchase of nine Bedford ambulances and for these vehicles and the sitting case vehicles previously mentioned to be fitted with automatic chassis lubrication equipment.

On the other hand it was necessary for seventeen vehicles to be disposed of because they were beyond economical repair. No replacement ambulances were received and

he only new vehicle put into service was the prototype sitting case vehicle referred o on the previous page. Consequently at the end of the year there were in service 05 vehicles compared with 121 vehicles at the end of 1949. It must also be borne in nind that a proportion of the vehicle strength is always non-operational because of ay-to-day maintenance service and repairs.

Premises

Difficulties regarding premises for ambulance stations continued throughout the ear, particularly so far as the acquisition of suitable sites was concerned. Nevertheless he erection of a station at Dunmow was completed in December and a garage for one mbulance was built at the Health Clinic at Thundersley where the personnel serving hat area is now accommodated. In certain areas where arrangements existed for he use of Fire Brigade premises for the accommodation of personnel and vehicles, he introduction of a new Fire Brigade call-out system necessitated alternative arrangements being made and at Witham it was possible to use a portion of the Health Clinic remises for ambulance purposes. At Ongar temporary accommodation for the ersonnel was found, although it is still necessary for the vehicle to be accommodated n an open-fronted shed until such time as a permanent ambulance station can be built n this area.

In the area of the County adjacent to the Metropolis the search continued for uitable building sites and at Romford, with the active assistance of the Romford Borough Council, an area of land has been made available in Oldchurch Road. Negotiations were proceeding for the acquisition of this site at the end of the year. n other districts—notably Chelmsford, Maldon, Harwich, Saffron Walden, Thurrock, Walthamstow, Ilford, Barking, Leyton and Loughton—every effort is being made to ecure either suitable existing premises or sites for the erection of new stations. Provision has also been made for the preliminary allocation of sites within the areas f the new towns of Basildon and Harlow.

Reorganisation of the Service

Progress was made during the year in the formulation of a scheme for the reorganisation of the whole Ambulance Service in the County on the basis of the policy laid own late in 1949 and, at the end of the year, a scheme was before the Minister of Health or approval. The scheme provides, *inter alia*, for a revised establishment of staff and ehicles to meet the needs of the County, due allowance being made for the growth of he population, particularly in the areas of the new towns of Basildon and Harlow nd the London County Council housing estates at Harold Hill, Aveley, Hainault and oughton. Provision is also made for central control in both the rural and built up reas of the County in conjunction with the introduction of two-way radio communiation, to which reference is made elsewhere in this report. Revised staffing arrangements at ambulance stations and a 44-hour working week throughout the Service will e introduced as and when sufficient personnel and vehicles are available.

Staff

In January, 1950, Mr. S. Tomlinson, Deputy Ambulance Officer of Warwickshire, as appointed as Assistant County Ambulance Officer. He took up his duties on

6th March, 1950, in place of Mr. W. J. Hodgkinson, a member of the temporary staff of the Health Department who, for a short period, carried out the duties of Temporary Acting Staff Officer prior to the termination of his engagement on 30th June.

Communications

Full scale tests of two-way radio communication equipment were carried out in June, 1950. Very satisfactory results were obtained from an experimental transmitter site at Danbury. As a result of these tests the tender of Pye Telecommunications Ltd. for the provision of a main transmitter and fifty mobile transmitter/receivers was accepted and at the end of the year the first installation was being made in one of the ambulances.

In the meantime negotiations were proceeding for the acquisition of a site at Danbury for the erection of a permanent transmitter house and the aerial mast and of suitable premises in Chelmsford for use as a central control to be coupled to the Danbury installation by land line.

Statistics

The graphs on page 98 indicate the general trends in connection with the operation of the County Ambulance Service during 1951 and show comparisons with previous years.

It will be noted that Graph I shows the mileage run since the inception of the Service on 5th July, 1948, until 31st December, 1950, and it will be seen that the monthly mileage figure during 1950 increased from 169,931 to 192,672 whilst the total mileage covered during the twelve months by the County Ambulance Service and the agency ambulance services increased by 25 per cent. from 1,892,698 in 1949 to 2,361,774. The total number of patients carried during the year as shown on Graph II was 254,549 compared with the previous year's figure of 183,154 which represents an increase of 39 per cent. There has therefore been a greater proportional increase in the number of patients compared with the increase in mileage and this trend is reflected in Graph III showing the miles travelled per patient carried. This shows that at the beginning of the year an average of 9.87 miles was travelled for each patient carried, whereas by the end of the year this figure had been reduced to 8.98 which is indicative of a greater measure of efficiency throughout the Service.

Hospital Car Service

The arrangements for the use of the Hospital Car Service in connection with the conveyance of sitting cases continued throughout the year and 41,942 patients were carried by this means over a mileage of 1,185,000. During the previous year 35,300 patients were carried by this means and the mileage was then 1,048,000—a somewhat similar increase to that experienced in the directly operated Service. There are, however, signs that the steady increase in the number of patients to be carried which has been experienced throughout the whole Service, including the Hospital Car Service, since 5th July, 1948, is levelling out.

The rising costs of petrol, tyres and repairs has resulted in an increased financial burden on the Service generally and so far as the Hospital Car Service was concerned,

egotiations for a revision of the mileage rate payable to voluntary car drivers resulted n an increase in the amount payable to the owners of cars of 15.9 horse power or over.

cope of the Service

It is obvious that in the conveyance of over a quarter of a million patients during y year a number of unusual or outstanding cases are encountered and three incidents re worthy of mention.

The first concerns the railway accident which occurred at Witham on 7th March nd which resulted in the "major disaster" procedure being put into operation. ortunately it transpired that the incident was not so serious as it might have been, ne number of killed and injured being small. However, it proved that the arrangements for the attendance of vehicles at major disasters needed no modification and n fact the whole scheme went into operation without a hitch.

Another major incident which occurred during the year was an explosion at a hemical factory near Harwich on 7th November, which resulted in four people losing heir lives and twenty-one persons being so injured as to require transport to hospital. mbulances from Harwich, Clacton-on-Sea and Frinton were called and dealt with all ne casualties.

A further incident illustrating a totally different type of call concerned a workman t Clacton-on-Sea who, whilst digging in a trench, pierced a gas main and was overcome y the fumes. An emergency call was sent to the Clacton-on-Sea Ambulance Station nd the Supervisor, equipped with resuscitation apparatus, arrived at the scene of the ncident within a very short period. By the use of the resuscitator and the application of artificial respiration the patient's life was saved.

oluntary Organisations

I am happy to report that throughout the year the best possible relations have een maintained with the various voluntary organisations, including the British Red ross Society, the Order of St. John of Jerusalem and the Hospital Car Service and I esire to place on record my appreciation of the co-operation of these organisations.

INTEGRATION OF THE HEALTH SERVICES

An important step towards the integration and co-ordination of the health services rovided in the County was taken on 5th September, 1950, when the National Health ervice Joint Advisory Committee for the County of Essex was established. The ommittee is constituted of representatives (both members and officers) of the County ouncil, the North-East Metropolitan Regional Hospital Board, the Executive Council or Essex, the Essex Local Medical Committee, the Essex Local Dental Committee and he Essex Local Pharmaceutical Committee.

Lt.-Cdr. H. Denton, O.B.E., R.N. (Retd.) of the North-East Metropolitan Regional Hospital Board and Councillor K. E. B. Glenny, the Chairman of the Health Committee, re respectively Chairman and Vice-Chairman.

A very useful discussion took place at the Committee's first meeting in regard to he needs of the health services so far as the Harlow New Town and the London County

Council Housing Estates were concerned. Later a Sub-Committee met representativ of the Harlow Development Corporation and a general plan which was then agreed h been the basis of subsequent discussions and progress so far as the new town concerned.

DECENTRALISATION OF ADMINISTRATION

The conferences with Area Medical Officers were continued during the year. Fiv meetings were held and questions relating to hygiene in school canteens; the decli in the birth-rate and its effect on the midwifery service; and B.C.G. vaccinati received attention, whilst on the administrative side, the introduction of new financi records at infant welfare centres; attendance of members of the staff at post certifica courses of instruction; the supervision of tuberculosis nurses; and co-operation wit the Children's Department were amongst the subjects discussed.

CIVIL DEFENCE

In order that such officers might be available in the earliest stages for consultati on matters affecting organisation and training it was decided late in 1949 to appoi suitable officers to have charge of each Section of the Essex Division of the Civil Defen Corps and at their first meeting in 1950 the County Council approved and confirm my appointment as Officer in Charge of the Ambulance Section. Later Dr. G. G. Stewa was nominated to act as my Deputy in this capacity and the Assistant Count Ambulance Officer (Mr. S. Tomlinson) was selected to assist.

Considerable progress was made during the year in the formulation of the pla for the extension of the Ambulance Service in the event of hostilities breaking out.

SECTION III—CARE OF MOTHERS AND YOUNG CHILDREN

SO far as the services provided in connection with the Care of Mothers and Young Children are concerned, decentralisation to Health Areas was actually completed on 1st April, 1950, and the smooth taking-over of these functions by all the Areas reflects most creditably on the efforts and co-operation of all concerned. Thus, as envisaged in last year's Report, experience has been gained for the first time during 1950 of the effects of the County Council's policy of decentralisation throughout the whole of the Administrative County.

Child Welfare Centres

The popularity of Child Welfare Centres continues undiminished, and undoubtedly the centres represent the focal point of health education and advice for mothers and young children under five years of age.

Most of the voluntary workers who assisted at the Centres prior to the 5th July, 1948, have continued to devote themselves wholeheartedly to this work and it is true to say that voluntary effort still plays a most important part in the activities of the Centres. In rural areas in particular it would often be very difficult to carry on the work without the help of voluntary workers. As a commentary on the very useful voluntary work undertaken at many Centres it may be noted that the County Council has accorded public recognition to the valuable assistance rendered by a number of such workers at Child Welfare Centres in the Leyton Health Area and two of these ladies—the Misses E. H. and H. S. Holl—whose services commenced in 1926, were presented with an appreciation bearing the Common Seals of the County Council and the Leyton Borough Council.

At the 223 Centres which were in operation during the year, 9,676 sessions were held and 51,045 children attended.

Variations which occurred during the year in the number of Centres and sessions are given below :—

NEW CENTRES.

North-East Essex ..	Egerton Green Institute, Shrub End, Colchester.
Mid-Essex ..	Parish Room, Toothill. Women's Institute Hall, East Hanningfield. Church Hall, Highwood. Victory Hall, Mundon.
Ilford	30/32, Elmbridge Road, Hainault (also serves Forest and Dagenham Health Areas).

CENTRES DISCONTINUED.

North-East Essex ..	Women's Institute Hall, Kirby Cross.

INCREASED SESSIONS.

North-East Essex ..	Walton-on-Naze. Monthly session increased to twice monthly.
Mid-Essex ..	Village Hall, Writtle. Monthly session increased to twice monthly.
Romford	St. George's Hall. Two sessions weekly increased to three sessions weekly.

Weighing Centres

In the more remote parts of the County, weighing centres continued to fulfil a useful function as ancillaries to the Child Welfare Centres and, during 1950, twenty-nine such centres were in operation.

Conveyance of Mothers and Young Children

The arrangements for the conveyance of mothers and young children to Child Welfare Centres were continued. These arrangements are of special value in scattered rural areas where they ensure that the most economical use is made of medical and nursing staffs by bringing together at one Centre mothers and infants from a wide surrounding area.

Ministry of Food—Distribution of Vitamin Preparations

As in previous years, facilities were afforded to mothers attending Child Welfare Centres enabling them to collect orange juice, cod liver oil and vitamin A and D tablets supplied by the Ministry of Food. At some Centres a representative from the local Food Office attended to distribute the various commodities, whilst at other Centres the work of distribution was carried out by voluntary workers or by Health Visitors.

The Ministry of Food have supplied the following details of vitamins issued during the year in the Administrative County :—

Orange Juice (Vitamin C)	1,707,807 bottles
Cod Liver Oil (Vitamins A & D) ..	376,235 bottles
Vitamins A & D Tablets	94,604 packets

County Medicament and Nutrient Scheme

At Child Welfare Centres where adequate storage facilities were available, approved medicaments continued to be supplied free and approved nutrients were supplied at reduced prices or free in accordance with the financial circumstances of the family, all issues being made on the recommendations of Medical Officers.

In many of the hired premises where it was not practicable to hold stocks at Centres, the provision of the same approved medicaments and nutrients was arranged through a system which enabled mothers to obtain supplies from local chemists on production of a voucher signed by a medical officer. As storage facilities at hired premises can be improved, however, arrangements will be made for an increasing number of Centres to stock supplies.

Dental Treatment and Dentures

A full report by the Senior County Dental Officer on the County Dental Service appears on page 56 but it is appropriate to mention here the steps which have been taken to ensure liaison between the County Council and other bodies in regard to dental treatment.

At the request of the North-East Metropolitan Regional Hospital Board, certain members of the County dental staff continued to visit, and when necessary to treat, patients requiring dental care in hospitals. These arrangements are reviewed at intervals of six months and will continue until such time as the Board complete their own arrangements for the dental care of patients in the hospitals concerned.

As a further measure of co-operation, the County Council have agreed, at the request of the Secretary of the Forest Group (No. 11) Hospital Management Committee, to special appliances required by the Consultant in Dental Surgery at the Connaught Hospital being made in the dental workshop in the Walthamstow Health Area, subject to certain fees being paid to the Council.

Approval in principle has also been given to the granting of facilities in Walthamstow for post graduate courses for general dental practitioners which will be arranged by the Local Dental Committee of the Executive Council for Essex.

Dental Prosthetic Service. As a forerunner of arrangements which will be made ultimately for undertaking all prosthetic work required in connection with the County Dental Service in the Council's own dental workshops the work of making and repairing dentures, etc., previously undertaken by dental mechanics in private practices in the South and South-East Essex Health Areas was transferred during the year to the dental workshop in the Barking Health Area. Mechanical work from other Health Areas where workshops are not established will be similarly transferred as opportunity offers, thus securing a more economical prosthetic service for the County. In this connection, approval has been given to extensions being carried out at the dental workshop in the Barking Health Area.

Statistics. The following particulars relate to dental treatment provided for mothers and young children through the County dental service :—

		Expectant or Nursing Mothers.	Children under five years of age.
1.	Patients examined	2,370	3,608
2.	Patients needing treatment	2,217	3,373
3.	Patients treated	2,637	3,435
4.	Patients made dentally fit	1,752	2,749
5.	Extractions—		
	(i) permanent teeth	4,593	—
	(ii) temporary teeth	—	3,795
6.	Fillings—		
	(i) permanent teeth	1,937	—
	(ii) temporary teeth	—	2,255

		Expectant or Nursing Mothers.	Children under five years of age.
7.	Inlays provided	—	—
8.	Crowns provided	2	—
9.	Anæsthetics administered—		
	(i) local	527	121
	(ii) general	1,123	1,660
10.	Scalings or scaling and gum treatment	800	115
11.	Silver Nitrate treatment	13	1,440
12.	Dressings	526	1,626
13.	X-ray examinations	54	9
14.	Dentures provided—		
	(i) full	317	—
	(ii) partial	294	—
15.	Dentures repaired—		
	(i) full	21	—
	(ii) partial	28	—
16.	Dentures re-made—		
	(i) full	5	—
	(ii) partial	7	—
17.	Patients awaiting treatment	343	399

Specialist Services

No settlement had been reached at the end of the year regarding the transfer o responsibility from the County Council to the Regional Hospital Boards of the specialis services. Negotiations are still proceeding, and in the meantime the County Counc are administering the existing specialist services which are accommodated at the clinic premises. During the year, however, the Boards assumed responsibility for th employment of the Specialists attending the clinics.

Orthopaedic Treatment

The arrangements for the treatment of children under five years of age sufferin from orthopædic defects were continued. During the year 208 Ascertainment Clinic were held at which 1,598 children were examined by the surgeon in attendance. C this number 13 received hospital in-patient treatment. Thirty-one after-treatmen Clinics were in operation at which 4,184 children attended.

Care of Premature Infants

Health Visitors continued to keep premature infants under special observatio and to offer advice to mothers who were nursing such infants at home. Whe necessary, cases were admitted to hospitals having special arrangements in thei maternity departments for dealing with these premature babies.

The number of notifications received of premature babies was 1,140, including those born at home and those born in hospitals and nursing homes.

The following table gives particulars relating to each Health Area showing the number of premature births occurring at home or in hospitals or nursing homes of children who are actually resident in the County, together with the incidence of prematurity expressed as the number of premature live births notified per 1,000 registered live births :—

Health Area.	Live Premature Births. At Home.	In Hospital or Nursing Home.	Per 1,000 notified live births.
North-East Essex	36	87	48
Mid-Essex	52	141	61
South-East Essex	26	63	58
South Essex	41	77	35
Forest	30	85	40
Romford	11	32	32
Barking	23	47	58
Dagenham	38	61	55
Ilford	31	99	54
Leyton	25	58	57
Walthamstow	22	55	47
Administrative County ..	335	805	49

At the request of the Ministry of Health particular care is taken to obtain accurate information in regard to the survival rate of premature infants in relation to their weights at birth and the following details were collated during the year in respect of 350 babies born in the County either at home or in private nursing homes. To assist hospitals in maintaining similar records in respect of babies born in hospital, they are notified of any such premature infant who, after discharge from hospital, dies within twenty-eight days of birth.

	Born at Home						
		Nursed entirely at Home					
	Transferred to Hospital	*Died in first 24 hours*	*Died on 2nd–7th day*	*Died on 8th–28th day*	*Survived 28 days*	*Total*	*Grand Total*
Under 3 lbs. ..	11	5	1	1	1	8	19
3–4 lbs. ..	16	2	2	—	11	15	31
4½–5½ lbs. ..	31	6	3	3	229	241	272
Total ..	58	13	6	4	241	264	322

	Born in Private Nursing Homes						
		Nursed entirely in Private Nursing Homes					
	Transferred to Hospital	*Died in first 24 hours*	*Died on 2nd–7th day*	*Died on 8th–28th day*	*Survived 28 days*	*Total*	*Grand Total*
Under 3 lbs. ..	1	—	—	—	—	—	1
3–4 lbs. ..	—	—	—	—	2	2	2
4–5½ lbs. ..	—	2	—	—	23	25	25
Total ..	1	2	—	—	25	27	28

Day Nurseries

On 28th August, 1950, the Rippleside Day Nursery, Barking, was opened as a new nursery with accommodation for 66 children thus bringing the number of day nurseries provided up to 34 with a total of 1,607 approved places for children between the ages of 0–5 years. The Day Nursery at Becontree Avenue, Ilford, was transferred to newly erected premises at Stevens Road on 16th March, 1950.

Visits were made by inspectors of the Ministries of Health and Education during the year to the following nurseries which were subsequently approved as training nurseries by the Ministry of Health :—

Forest .. Spratt Hall Road, Wanstead
Sewardstone Road, Waltham Abbey
Mount Road, Chingford

additional to the following which were already so approved :—

North-East Essex—
Sheepen Road, Colchester
Brook Street, Colchester

South Essex—
London Road, West Thurrock

Forest—
Hatch Lane, Chingford

Barking—
Eastbury House, Barking
Goresbrook Road, Dagenham
Lodge Farm, Dagenham

Dagenham—
Dagenham Avenue, Dagenham
Chadwell Heath, Dagenham

Ilford—
Green Lane, Seven Kings
Stevens Road, Dagenham
Ley Street, Ilford
Sunshine House, Barkingside

Leyton—
Knotts Green, Leyton
Ellingham Road, Leyton

Walthamstow—
Higham Hill, Walthamstow

Prior to the 5th July, 1948, several differing systems of keeping records were in operation at day nurseries administered by the former Welfare Authorities. These systems continued in use after the nurseries were transferred but for reasons of economy and ease of administration a uniform system of records was instituted early in 1950.

A review was also made of the daily cost of meals provided for children at day nurseries, as a result of which the daily charge of one shilling for meals and services was increased to one shilling and sixpence per child, with effect from 1st April, 1950.

In the light of the growing cost of running the existing day nurseries, and the continuing need for more nursery accommodation in the County, every effort was made to ensure that the best use was being made of the accommodation available by a careful assessment of the medical and social needs of each individual child in respect of whom an application was received. The basis used was the list of priorities set out in Ministry of Health Circular 221/45, viz. :—

> Mothers who are employed in industries which are vital to production for essential home needs or for export ; or mothers who are ill or being confined ; or employed unmarried mothers who are anxious to keep their babies with them but cannot do so without some provision for the babies' care during the day.

Throughout the year constant attention was given to the need for the erection of new nurseries either to replace nurseries which are at present held in unsatisfactory or requisitioned premises, or to provide additional accommodation in areas of the County where the need is urgent. Particulars of sites and new nurseries which are under consideration are given on pages 31 and 32.

In order to assist day nursery students in Walthamstow who are too young to commence their studies at the Technical College, a part-time Day Release Course was commenced at the George Gascoigne School on 23rd November, 1950, with provision for six students to attend each Wednesday from 9 a.m. to 4 p.m.

Nurseries and Child-Minders Regulation Act, 1948

Applications continued to be received from persons wishing to be registered under this Act as child-minders and from persons wishing to have their premises registered as day nurseries.

The number of premises and daily minders registered at the end of the year and the numbers at the end of 1949 are given below :—

	Number Registered at 31–12–49.	Number Registered at 31–12–50.	Number of Children provided for at 31–12–49.	Number of Children provided for at 31–12–50.
Premises	3 ..	5 ..	44 ..	131
Daily minders ..	20 ..	40 ..	77 ..	173

Daily Guardians Schemes

In the joint Circular 221/45 (Ministry of Health) and 75 (Ministry of Education), dated 14th December, 1945, relating to nursery provision for children under five years

of age, reference is made to a system of registered and supervised daily guardians. The object of such a system is to supplement the existing provision made by day nurseries, nursery schools or nursery classes.

Daily guardians schemes which existed before 5th July, 1948, have continued in the Forest and Dagenham Health Areas and as a result of a request for the establishment of a scheme in Walthamstow proposals were being considered at the close of the year for the establishment of a uniform County scheme for adoption in these Health Areas and in any other Health Area where the operation of a scheme is subsequently approved by the Health Committee. Details of the scheme will be given in next year's report.

Health Visiting

During the year the Health Visitors' field of activity continued to develop, though priority of place in her work still goes to the care of mothers and young children. The County Council's Proposals under the National Health Service Act, 1946, envisaged the provision of one Health Visitor to each 4,000 of the population, but this is far from full achievement, partly on economic grounds, and partly because there are still not enough qualified Health Visitors to meet the country's needs. There has been an expansion in the service, however, and at the end of the year there were 156 Health Visitors in the County, of whom 138 were undertaking the combined duties of Health Visitor, School Nurse and Tuberculosis Visitor, as compared with 146 and 132 at the end of the previous year.

Such combined appointments continued to prove most satisfactory from the point of view both of the parent whose home she visits, and of the official and voluntary social services and the general public to whom she acts as a link and an interpreter. However, as a health teacher and family adviser with an expert knowledge of the care of children the calls on her time and experience make it increasingly necessary for her to learn to relinquish those duties which can be undertaken satisfactorily by other workers.

Good relations between hospital almoners and the health visitors continue to develop. The family doctor is more and more regarding the health visitor as a co-worker with a useful contribution to make, both in supplying him with additional information of social conditions and in helping to ensure that his advice is clearly understood by the mother. It is a point of interest that the family doctor is in several districts now running a child welfare centre for mothers and infants in his own practice. In this the place of the Health Centre is foreshadowed and it is hoped that the family doctor will increasingly recognise and make use of the Health Visitor as a willing helper in developing this sensible arrangement for strengthening the bond between the family and their doctor.

The duties of the Health Visitor in connection with tuberculosis are more fully developed in Section V of this Report (Preventive Medicine, Care and After-Care), but it may be mentioned here that the co-operation between chest physicians and health visitors is still developing, and the setting up of further Tuberculosis Care Associations in the County gives the Health Visitor ample opportunity for making known the social needs of those families in her area requiring aid which these Associations are able to give.

Home visiting should take first place in the work of the Health Visitor. It is to be regretted that in some places home visiting is being given second place or is almost crowded out by the multiplicity of fixed engagements in the Health Visitor's programme. An average of four fixed engagements each week gives the Health Visitor a reasonable amount of time for home visiting, and every endeavour should be made to avoid any encroachment on the time available for this purpose.

Group teaching on health subjects both in schools and to adult audiences continues, and the Health Education Organiser has been available to advise Health Visitors in regard to up-to-date health education material.

The first training course in Essex for Health Visitor Students began in January, 1950, with twenty students, all of whom passed the qualifying examination of the Royal Sanitary Institute. Eight of these students were sponsored by the Health Committee and are now working as Health Visitors in the County. The first course was of two terms' duration only, but a second course covering an academic year of three terms began in September, 1950, with a further twenty students, ten of whom were Essex sponsored students.

The variety of conditions within the County of Essex makes it of particular value as a practical training ground for Student Health Visitors; both the urban and rural areas have been utilised for such training. There exists the closest possible co-operation between the Tutor who organises the course and the Area Superintendent Health Visitors and a number of other social workers in the field. This co-operation has enabled the students' experience to be planned on a very wide basis with correlation of theory and practice which is so essential for the maintenance of the highest standard of training. Students from other health visiting training institutions have again been sent into Essex for practical experience, and arrangements have also been made for some student teachers and social workers in training to gain an insight into the practical work of the Health Visitor.

During the year the Deputy Medical Director of Thailand visited the County at the close of his attendance at the World Health Organisation Conference at Geneva, in order to gain some knowledge of the health visiting scheme in Essex. With the aid of a grant to his country from the World Health Organisation, he hopes to set up a training school for Health Visitors in Bangkok and gradually to develop a health visiting service in his country. He was able to meet and talk with a number of Health Visitors in the course of his visit. Plans and schemes relating to the training of Health Visitors were given to him which he hoped would form the basis of a scheme adapted to his own country's needs. Later two nurses from Thailand who were in England for the purpose of undertaking a Health Visitors' Training Course, visited the County to see something of the Health Visiting Service in operation.

Convalescent Facilities

There was no variation during the year in the facilities already available for providing convalescence under Section 22 of the National Health Service Act, 1946, for mothers and children under the age of five years. During the year 1950, 171 applications (26 in respect of mothers and 145 in respect of children) were received and institutional convalescence was provided in 143 cases (20 mothers and 123 children).

CHILDREN ACT, 1948

A brief reference was made last year to the co-operation which existed betwee my department and that of the Children's Officer, and to the action taken to ensur that children under the care of her department obtained suitable treatment or wer kept under observation.

In amplification of this short note it may be said that in addition to giving advic on medical matters arising from the care of problem children, either generally or i particular cases, the co-operation between the two Departments consists mainly (a) advising in regard to the appointment of medical staff at children's homes an residential nurseries; (*b*) the medical supervision of remand homes; and (*c*) advisin in regard to reports on routine medical examinations of boarded-out children.

In addition, during the year under review special consideration was given to th formulation of a scheme for the x-ray examination of the staff at children's establish ments for the purpose of protecting children from tuberculosis; the establishment a liaison between health visitors and officers of the Children's Department in regar to boarded-out children; and to the subject of children neglected or ill-treated i their own homes.

Medical staff at children's homes and residential nurseries

The following appointments of visiting medical officers at children's homes an residential nurseries were made during 1950, preliminary advice and assistance havin been given in regard to the method of appointment after consultation with the office c the Executive Council for Essex :—

Boys' Home, Red House, Messing ..	Dr. A. G. Mackenzie, Kelvedon
Rowney Bury Residential Nursery, Sawbridgeworth	Dr. J. C. Busby, Harlow
Raymond Residential Nursery, Clacton-on-Sea	Dr. W. Gillespie, Clacton-on-Sea
Writtle Wick Residential Nursery, Chelmsford	Dr. A. W. P. Stone, Chelmsford

Medical supervision of remand homes

The work in connection with the Great Baddow Remand Home for Girls and th Harold Wood Remand Home for Junior Boys primarily affects children of school age and accordingly full details in regard to the medical supervision of the homes will b found on pages 32 and 33 of my Annual Report as School Medical Officer for the yea 1950.

Boarded-out children

Routine medical examinations of boarded-out children are undertaken annuall by general medical practitioners who furnish their reports on prescribed report form These are carefully perused in my department and where necessary the child is referre

to the appropriate Area Medical Officer for action to be taken in regard to observation or arrangements for treatment. The number of reports dealt with during the year was 327.

Protection of children from tuberculosis

During the year Government Departments drew attention to the recommendations which had been made by the Joint Tuberculosis Council regarding the desirability of protecting organised groups of children against the risk of infection by adults suffering from tuberculosis. As a result of this, arrangements were made which involved staff appointed to children's homes and residential nurseries being required to pass a special medical examination to include an x-ray examination of the chest upon appointment and annually, and regulations were laid down in regard to the action to be taken in cases where members of the staff of such establishments were found to be suffering from respiratory tuberculosis. Area Medical Officers will, in acccordance with these decisions, arrange from time to time for the staff of children's establishments within their Areas to be examined either by miniature mass x-ray units or at local chest clinics, and for this purpose registers of staff employed, together with dates of examinations, are being kept in each Health Area Office.

Liaison between health visitors and officers of the Children's Department

Health visitors were supplied early in the year with copies of the forms used in connection with the boarding-out of foster children in order that they might be in a position to advise and assist foster mothers who consult them from time to time in regard to matters affecting the children placed in their care.

Children neglected or ill-treated in their own homes

On 31st July, 1950, a joint circular was issued by the Home Office, Ministry of Health and Ministry of Education on the subject of children neglected or ill-treated in their own homes. The suggestions contained therein regarding (*a*) the designation of an officer to be responsible under the County Council for enlisting the interest and co-operation of persons in the local statutory and voluntary services concerned with the welfare of children in their own homes; (*b*) arrangements for that officer to hold regular meetings of officers of the Local Authority and other statutory services and local representatives of voluntary organisations; and (*c*) arrangements being made for significant cases of child neglect and ill-treatment to be reported to the designated officer for consideration at these regular meetings, were still receiving consideration by the appropriate members of the County Council at the end of the year.

General

In addition, in company with the Children's Officer, visits were made during 1950 to the residential nurseries at Writtle Wick, Chelmsford; Rowney Bury, Sawbridgeworth; and Raymond, Clacton-on-Sea, and the Senior County Dental Officer has carried out dental inspections of children at the first two of these nurseries.

THE COUNTY DENTAL SERVICE

The Senior County Dental Officer (Mr. S. K. Donaldson, L.D.S., R.F.P.S.) writes :—

In accordance with the requirements of the National Health Service Act, 1946 it is my duty to prepare a report on the Dental Service provided by this Local Authority to priority patients (pre-school children and nursing and expectant mothers). In doing so, I am of the opinion that its brevity will readily be understood in the knowledge that the demonstrated inability to provide an adequate service to school children will inevitably have its repercussions on the Service under discussion. In the proposed arrangements formulated by the County Council for carrying out these functions under Section 22 of the Act relating to the care of mothers and young children, the services of dental officers of the equivalent of three full-time dental officers, if still available, were to be utilised on and from the appointed day, together with the appropriate ancillary staff to carry out this work. In addition, further staff to the equivalent of 32 full-time officers were to be appointed as soon as proved practicable to give effect to an extended service. As in the School Health Dental Service, however, this section of the public so urgently in need of facilities for treatment as to be labelled priority has so far been denied this priority by circumstances beyond our control and Child Welfare Medical Officers have, in my opinion, very correctly refrained from further embarrassing already over loaded dental officers and directed prospective patients to the General Dental Service in the knowledge that such patients have a better chance of exercising their right of treatment in the General Dental Service.

At the close of the year under review, the total weekly sessions devoted to treatment of mothers were approximately 20 or just under the equivalent of 2 full-time officers, and if we make allowance for the young children who are treated for convenience at what might be termed education sessions, the approximate strength of this Service is then raised to the equivalent of two full-time dental officers. I cannot over-emphasise the tremendous repercussions this failure may have on the immediate and future dental and general health of the population.

It requires little imagination to realise that to lose the opportunity to efficiently treat and educate the mother herself, apart from considerations of her own health and the health of her offspring, we lose a valuable ally in furthering the education of the young to accept dental attention as a routine. I shall not attempt to give a dissertation on the ravages of dental decay and its possible effect on health, but I would suggest as an example of obscure ill-health, the so-called nervous child who, I am sure, is in many instances suffering chiefly from over correction by a parent who, during pregnancy or nursing, is herself off colour and irritable, not always from apparent causes, but often from the insidious effects of dental disease.

Turning to the pre-school child, I had hoped that his or her introduction to the dentist would have been under happier circumstances, namely, inspection and a friendly word of encouragement. It is nothing less than tragic that lacking the facilities which have been recommended but unfortunately not implemented,

the introduction should be to violence and trauma because teeth must be extracted to relieve pain and remove sepsis. Such introduction takes many years to be erased from young minds. Viewed in terms of harm this early loss of deciduous teeth is intimately concerned with the cause of irregularities of teeth and development of bones which must follow from overcrowding and lack of self cleansing surfaces. Viewed from the material angle the help of free treatment is welcomed by parents in these difficult times and in regard to the children themselves, dental ill-health at an early age almost certainly may adversely affect the permanent dentition. This in turn may engender poor educational response which may ultimately have a deleterious effect on choice of vocation or even in the production of some form of minor maladjustment. In regard to the dental officers themselves, I would like to record the fact that they welcome this opportunity to carry out a variation in their duties which enables them to give expression to the wider application of dentistry for which they have qualified.

I am confident that I am not alone in wishing for happier times when all priority patients who are in need of and ask for treatment will have their needs attended to. It is many years since dentists advocated the treatment of the now called priorities in the knowledge that this constituted the foundation of national dental fitness.

As a result of an experiment recommended by the Teviot Committee, Oral Hygienists, who are persons instructed in the art of scaling and gum treatment, are being trained by the Ministry of Health at the Eastman Dental Hospital. When more information is available, should it be satisfactory, I hope to be able to report with a view to recommending the inclusion of Oral Hygienists within the establishment of the Service as ancillaries who would relieve the dental officer of those particular duties and leave him free to perform more difficult types of dentistry.

During the year under review, 2,370 mothers and 3,608 children under 5 years of age were inspected and in each case 2,217 and 3,373 patients were found to require treatment, or 96 per cent. and 93.5 per cent. respectively. For the mothers 1,937 permanent teeth and for the children 2,255 temporary teeth were filled, equal respectively to 2.3 and 1.6 fillings for every tooth extracted, most of which extractions were under general anæsthetic necessitating 2,783 administrations.

The high incidence of gum trouble among adults will be noticed in the fact that more than half of the patients referred for treatment required scaling and/or gum treatment. Although caries with its attendant pain and discomfort is responsible for the destruction of teeth with consequent impairment of mastication and the almost inevitable sequence of digestive troubles a greater train of general ailments can be traced to gum troubles which render caries-free teeth unsaveable and by insidious onset are seldom noticed by the patient until too late.

Cosmetic improvement and masticatory function has been provided in the shape of 317 full and 294 partial dentures and it is pleasing to note that the efforts of dental officers have been successful in saving teeth and restoring dental fitness by partial instead of complete dentures. Perusal of the returns of work demonstrate

the volume of work necessary in the stages of making dentures, impressions, bites and try-ins which necessitated approximately 800 visits alone. In the treatment of young children 1,440 applications of silver nitrate to teeth is quite an achievement and although this treatment may not make the teeth look attractive it continues a tooth so treated as functional and retains the correct spacing of the temporary series pending the eruption of the permanent series. This is so very necessary if the child is to be afforded an opportunity to remain trouble free in later years. Throughout the year 1,752 adults were made dentally fit and 2,749 young children. In regard to the latter I cannot agree that the extraction of 3,795 temporary teeth makes children dentally fit and would seek to qualify the statement by saying the child is made comfortable and general fitness is aimed at by the removal of sepsis and discomfort often at great cost to the dental arch and the permanent teeth.

SECTION IV—MIDWIFERY AND HOME NURSING

MIDWIFERY

DURING the year the 271 midwives employed by the County Council attended 6,475 cases as midwives and 2,343 as maternity nurses. Medical aid was called in 35.5 per cent. of the confinements attended by midwives as midwives. In 24 per cent. of such cases to which a general practitioner was called he had arranged to provide the maternity medical services.

The details of attendances of women at ante-natal and post-natal clinics provided by the County Council during the year 1950 are shown in the following table :—

	No. of clinics per month provided at end of year (whether held at Child Welfare Centres or other premises)	*No. of sessions held* **per month** *at clinics included in col. (2)*	*No. of women in attendance*		*Total No. of attendances made by women included in col. (4) during the year*
			No. of women who attended during the year	*No. of new cases included in col. (4) i.e. for A.N. clinics women who had* **not** *previously attended any clinic during current pregnancy and for P.N. clinics women who had* **not** *previously attended any P.N. clinic after last confinement*	
(1)	(2)	(3)	(4)	(5)	(6)
Ante-natal clinics ..	71	418	16,088	12,355	80,607
Post-natal clinics ..	15	30	4,104	4,017	5,856

Whilst there was a decrease of 2,807 in the number of women who attended these ante-natal clinics in 1950 compared with the number attending in 1949, the number attending for post-natal examination actually shows a slight increase of 182.

Of the total of 23,893 births notified in the Administrative County during 1950, 73.4 per cent. were institutional. So long as the woman confined in hospital has a financial advantage over the woman confined at home, the popularity of hospital confinements for normal cases is likely to continue. The following table shows the 11 Health Areas of the County arranged in three groups according to the type of area and it is of interest to note how widely the percentages of hospital confinements vary :—

Areas.	Domiciliary confinements.	Institutional confinements.	Total.	Institutional as percentage of total confinements.
I. ADJACENT TO THE METROPOLIS.				
Romford ..	528 ..	856 ..	1,384 ..	61.8
Barking ..	315 ..	919 ..	1,234 ..	74.5
Dagenham ..	862 ..	998 ..	1,860 ..	53.6
Ilford	694 ..	1,774 ..	2,468 ..	71.9
Leyton	410 ..	1,065 ..	1,475 ..	72.2
Walthamstow ..	394 ..	1,283 ..	1,677 ..	76.5

Areas.	Domiciliary confinements.	Institutional confinements.	Total.	Institutional as percentage of total confinements
II. PART RURAL AND PART URBAN.				
South Essex ..	1,568 ..	1,855 ..	3,423 ..	54.2
Forest	1,041 ..	1,907 ..	2,948 ..	64.7
III. MAINLY RURAL WITH SMALL TOWNS.				
North-East Essex	934 ..	1,685 ..	2,619 ..	64.3
Mid-Essex ..	1,290 ..	1,961 ..	3,251 ..	60.3
South-East Essex	703 ..	851 ..	1,554 ..	54.8

Of the first group, Barking, Ilford and Walthamstow have in the Area a hospit which was formerly a municipal maternity hospital, while Leyton is served by sever hospitals in close proximity to the Area. Dagenham with the unusually low percentag for an urban Area of 53.6 per cent. of institutional confinements is served mainly by hospital some considerable distance away.

Mid-Essex (which, with the exception of Chelmsford Borough—estimated popul tion 37,250—has no centre of population larger than 17,370) consists of three Borough three Urban Districts and six Rural Districts. If the births in this Area are furth sub-divided it is found that in the urban communities 31 per cent. of the confinement took place at home and 69 per cent. in institutions, while in the rural areas 53 per cen were domiciliary and 47 per cent. institutional.

It is difficult to avoid the conclusion that the decision in favour of hospital *versu* home confinement where no medical condition is involved rests largely on accessibilit of hospitals and local custom rather than the more generally accepted reasons, namel housing difficulties and lack of domestic assistance. Few who are familiar wit conditions in rural Essex would argue that housing amenities there are superior t those in the small Boroughs of Mid-Essex, and it is easier to supply domestic assistanc in urban areas than in country districts.

In March, 1950, in accordance with arrangements made by the Ministry of Healt midwives were advised that they might call on Obstetric Flying Squads direct in a extreme emergency when immediate help from a general practitioner was not obtainabl

It was not necessary to take any action in regard to suggestions received from th Minister of Health as to the minimum requirements for maternity outfits and dressing supplied for domiciliary confinements under the National Health Service Act, as i was found that outfits already supplied by the County Council complied with th requirements of the Ministry.

National Health Service (Amendment) Act, 1949

Three matters dealt with in the National Health Service (Amendment) Act, 194 affected the midwifery service.

The length of time given to a general practitioner to submit his claim to the Loca Health Authority for fees under the Midwives Acts was extended from two months t three months. The necessary steps were taken to bring the new time limit to th

notice of the doctors practising in the County and to make clear to them that the County Council had no power to meet accounts submitted after the expiration of the statutory time limit.

Another section of the Act made it clear that the County Council's duty to provide an adequate number of midwives included the duty to secure that the midwives were enabled to render all services reasonably necessary for the proper care of the women they attend and in particular that it is their responsibility to secure that adequate provision is made for the transport and equipment required for the administration of analgesia and for the training of midwives in its administration.

The third matter related to payments to the Central Midwives Board under the Midwives Acts which now rank for grant under Section 53 of the National Health Service Act, 1946.

The Midwives (Amendment) Act, 1950

The Midwives (Amendment) Act, 1950, effected the following slight modifications of the powers and duties of the County Council :—

(*a*) placing upon them the duty to ensure that a midwife in their employment is allowed to wear the uniform prescribed by the Central Midwives Board ;

(*b*) extending the scope of offences arising out of the wearing of uniform by women who are not certified midwives ;

(*c*) relieving Local Supervising Authorities from the obligation of keeping a copy of the current roll of midwives accessible for inspection by the public ; and

(*d*) empowering them to provide residential accommodation for pupil midwives undergoing training in their area and making compulsory purchase powers available for this purpose.

Administration of Pethidine by Midwives

During the year regulations were issued making it legal for midwives to be in possession of and to administer pethidine on their own responsibility, subject to the Central Midwives Board requirement that they had received instruction in the use of the drug. Pethidine has been used in medical midwifery practice for a number of years and has been proved to be a valuable and reasonably safe drug to produce analgesia in the first stage of labour.

The regulations are involved and may have discouraged the use of the drug by some midwives. In addition to the more obvious requirements—of keeping her stock under lock and key ; of entering in her drug book accurate details of supplies obtained and amounts administered to patients—the midwife is required to show her personal register of cases to the person supplying the drug (usually the chemist), and it is illegal for her to be in possession of more than 200 mgs. of pethidine for each patient who is not ill pregnant and whose name is entered in her personal register. The practice of making supplies depend on entries during pregnancy in the midwife's personal register of cases, which is essentially a record of deliveries, is a particularly cumbersome procedure for a training home where patients are not booked for delivery by individual midwives.

As the Matron of a training home, unlike the Matron of a hospital, is not authorised t be in possession of or to supply the drug even on an order signed by a duly qualifie medical practitioner, it implies individual ordering by practising midwives. Th attention of the Under Secretary of State for Home Affairs was drawn to some of th practical difficulties caused by the regulations and many queries were raised by medic officers throughout the country both with the Central Midwives Board and with th Home Office. As a result the Home Office agreed that in addition to the usual metho of supply to midwives, a Medical Officer of Health might supply pethidine, medicina opium and tincture of opium to midwives employed by a local authority. The supply however, was still limited to practising midwives who satisfied the legal requirement of the regulations and could not be made to supervisory midwives and matrons.

Ministry of Health Enquiry into Virus Infections during Pregnancy

It was agreed on a request from the Minister of Health to participate in an enquir into the relationship between virus infections during pregnancy and congenital defect in children. By the end of the year three cases of virus infection in pregnancy ha been registered, along with 13 controls (women born on the 31st of any month).

Gas and Air Analgesia

By the end of 1950, 89 per cent. of midwives employed by the County Counci were qualified to administer gas and air analgesia. The number of mothers confine at home who received analgesia during the year was 4,777.

Public Health (Ophthalmia Neonatorum) Regulations, 1926-1937

During the year 22 cases of Ophthalmia Neonatorum were notified; vision wa unimpaired in every case.

Puerperal Pyrexia Regulations, 1939

There were 134 notifications of cases of puerperal pyrexia of which 111 followe hospital confinement and 23 occurred in domiciliary confinement. None of th domiciliary cases required to be removed to hospital.

Maternal Deaths

The number of deaths associated with child bearing during the year was 16 This gives a maternal mortality of 0.67 per thousand total births compared with a rat of 0.75 per thousand in 1949.

HOME NURSING

Demands on the home nursing service increased during the year and the total numbe of visits paid was 560,282. This was an increase of 80,002 visits on the 1949 figures.

In spite of repeated attempts it proved impossible for the County Council t obtain suitable accommodation to establish a Branch Home in Ilford. The combinatio of staffing and transport difficulties resulted in long hours and irregular meals durin the busiest periods for those members of the staff of the County Training Home a Leytonstone who were responsible for home nursing in that area.

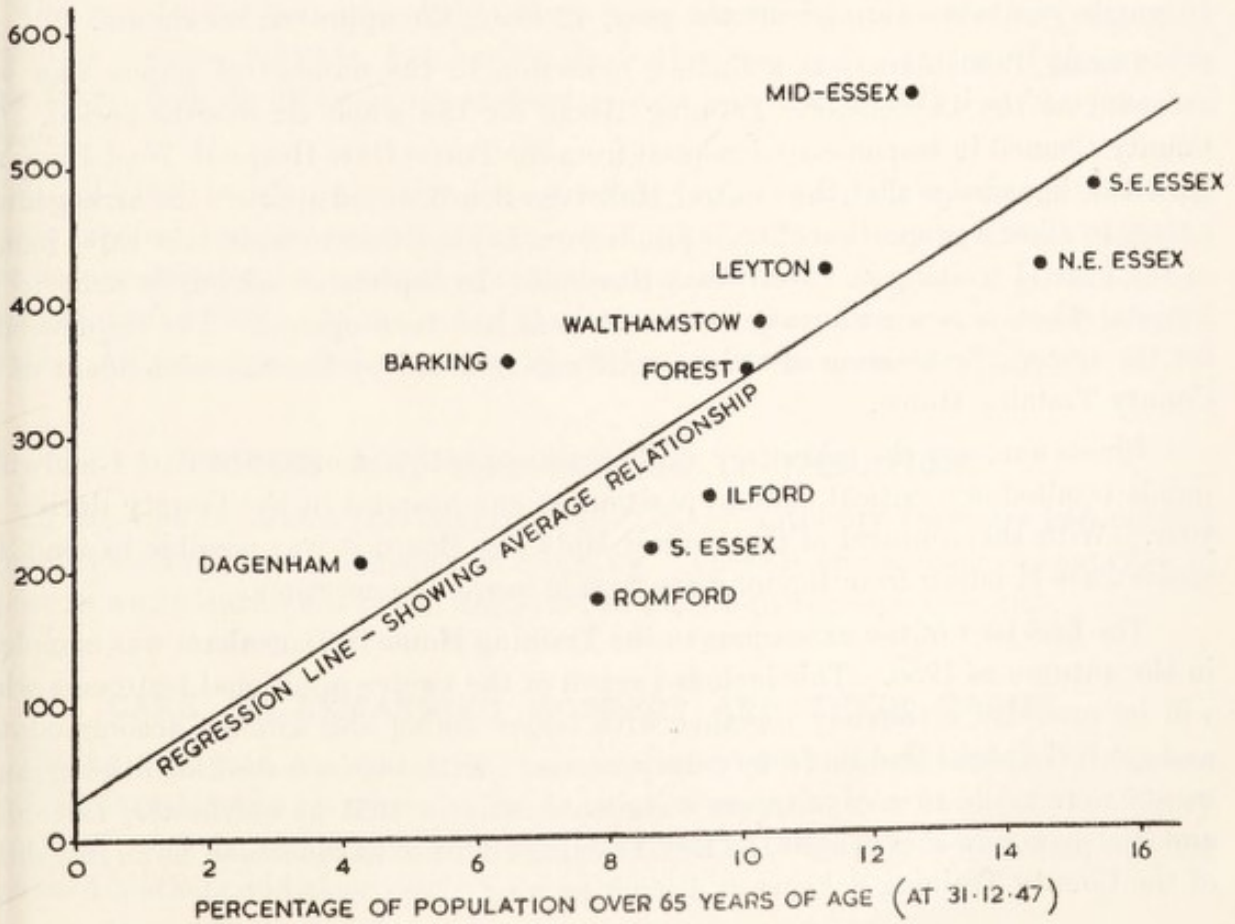
In some Health Areas alterations were made to the establishments of midwives, me nurses and home nurse-midwives so that where it was feasible midwives who re under-employed might give some relief to the home nurses and home nurse-dwives who were overworked.

The table below shows the number of visits per thousand of the population, the rcentage of the population over 65 years (based on the Registrar-General's figures at 31st December, 1947) and the visits per 100 persons over 65 years in each Area.

Area.	Visits per 1,000 population.	Estimated % over 65 years 31–12–47	Visits per 100 persons over 65
North-East Essex ..	425	14.5	315
Mid-Essex ..	552	12.6	456
South-East Essex ..	484	15.3	328
South Essex ..	217	8.6	269
Forest	347	10.1	394
Romford	179	7.8	261
Barking	356	6.5	561
Dagenham ..	206	4.3	503
Ilford	255	9.5	277
Leyton	421	11.3	377
Walthamstow ..	380	10.3	370

HOME NURSING IN 1950

ATIONSHIP BETWEEN THE NUMBER OF VISITS AND THE AGE DISTRIBUTIONS OF HEALTH AREAS



The three Health Areas with the highest visiting rates are those which are mainly rural with small urban communities, namely North-East Essex, Mid-Essex and South East Essex. They have the largest proportion of people over 65 years, while the two Health Areas with the lowest visiting rates, Romford and Dagenham, have a relatively small proportion of population over 65. There is an evident relationship between the visiting rates and the proportion of population over 65 and the correlation co-efficient is found to be .77. The relationship is better illustrated in diagrammatic form where the regression line of "visiting rate" on "percentage of population over 65" is shown. It will be noted that Barking and Mid-Essex have visiting rates well above the line and several areas have rates considerably below the line. If the visits are related entirely to population over 65, Dagenham with the lowest but one visiting rate when related to the whole population has the largest but one when related to old people only.

TRAINING HOMES

The amount of district training material available to the four Part II midwifery Training Homes rather than the approval required from the Central Midwives Board governed the number of the pupil midwives who could be accepted in each Home at any one time during 1950. Only the district Home at Colchester had sufficient domiciliary cases to accept the maximum of three pupils allowed by the Board. The Leytonstone Home which has approval to accept 14 pupils at any one time had an average of 11.5. Dagenham with approval for 8 had an average of 5 although it was able at one period of the year to accept two pupils from Walthamstow when there was a shortage of district cases in that Health Area. The Walthamstow Part I training scheme is a combined one of hospital and district home and an average of 10 pupils was taken throughout the year, 12 being the approved maximum.

During 1950 there was a further reduction in the number of pupils who were accepted at the Leytonstone Training Home for the whole six months period. The County Council in response to a request from the Forest Gate Hospital, West Ham, and with the knowledge that the Central Midwives Board would approve the arrangement agreed to allow a proportion of their pupils from Leytonstone to undertake three months of the Part II training in Forest Gate Hospital. In September six pupils went to the hospital where a new maternity unit of 85 beds had been opened. The responsibility for the systematic training of these pupils was retained by the Superintendent of the County Training Home.

Illness amongst the midwifery staff combined with a shortage of Part I midwifery pupils resulted in a critical staffing position at one hospital in the County during the year. With the approval of the Central Midwives Board it was possible to send two senior Part II pupils from Leytonstone to tide over the emergency.

The first part of the extensions to the Training Home in Dagenham was completed in the autumn of 1950. This included seven of the twelve additional bedrooms which will be provided ultimately together with larger dining and kitchen accommodation and general district and midwifery duty rooms. With the increased facilities arrangements were made to accept Queen's students early in 1951 at Colchester, Dagenham and Walthamstow as well as at the Key Training Home in Leytonstone, as an instalment of the County Training Scheme in district nursing.

Twenty-nine Queen's students completed training at the County Training Home, Leytonstone; 16 remained to work in areas served by the Training Home, whilst seven went to other areas in the County. The remainder were outside candidates, arrangements for whose training had been made through the Queen's Institute of District Nursing.

The appointment during the year of a Domestic Supervisor to the staff at the County Training Home, Leytonstone, proved a successful innovation and the Assistant Superintendents of the Home were thereby enabled to devote more of their time and energies to the training of Queen's students and pupil midwives and to the supervision of their nursing.

REGISTRATION AND INSPECTION OF NURSING HOMES

The increase in maternity bed accommodation in hospitals throughout the County and the Greater London area to which I referred in 1949 was reflected this year in changes in registration particulars of private nursing homes. Three maternity homes (one accommodating 20 patients) closed entirely while two others, each formerly registered to accommodate 9 maternity patients, were permitted upon application to amend the terms of their registration, one to accommodate convalescent patients and the other to accommodate chronic or aged patients. A nursing home with accommodation for 27 patients which at the beginning of the year was reserving two-thirds of its accommodation for maternity patients by the end of the year had changed over almost entirely to medical cases, reserving only two beds for maternity patients. Another small maternity home reduced its registration from two maternity patients to one maternity patient.

One registration was amended in the reverse direction to permit taking maternity as well as medical patients, but having made this change the keeper of the nursing home found that the demand for maternity beds was considerably less than she had expected.

In addition to the maternity homes which were closed, three nursing homes for chronic medical patients cancelled their registration. Three nursing homes increased their accommodation for medical or convalescent patients. One new registration was approved during 1950. At the end of the year the number of registered nursing homes was 45. All were inspected regularly by officers of the Department.

NURSES ACT, 1943—NURSING CO-OPERATIONS

In the area for which the County Council is the authority there are two nursing co-operations and these are inspected annually. There is one nursing co-operation in respect to which duties have been delegated to the Ilford Borough Council.

CARE OF UNMARRIED MOTHERS AND THEIR BABIES

During the year an agreement was concluded with the Chelmsford Diocesan Moral Welfare Association whereby the Association undertook on behalf of the County Council all work in connection with the provision of temporary accommodation for unmarried mothers and their newly born babies.

The terms of the agreement include a provision that facilities for inspection by officers of the County Council shall be afforded and it was also agreed that the representation of the County Council on the main executive body of the Association should be increased from three to five members.

The Association's six hostels provide 70 beds. During 1950 424 mothers and 200 babies were admitted to their Homes and Hostels and another 412 girls were visited and advised by officers of the Association. It has been found that visits by officers of the County Council are welcomed by the Superintendents of the Homes and Hostels.

The conclusion of this agreement with the Association made it possible to discontinue the use of the County Council's Hostel at " Ardmore ", Buckhurst Hill, for the temporary accommodation of unmarried mothers. It had been used for this purpose since 1945 but the accommodation available was only about one-fifth of that provided in the Association's Hostels. With the fall in the illegitimate birth-rate it was considered that " Ardmore " could be more usefully diverted to other uses. From January to October, 1950, 35 mothers had been admitted to " Ardmore ".

SECTION V—PREVENTIVE MEDICINE, CARE AND AFTER-CARE

IT is convenient to divide the report on this section into the work undertaken (1) on behalf of tuberculous patients, and (2) on behalf of those suffering from other illnesses.

TUBERCULOSIS

Domiciliary Visits

Tuberculosis Visitors or Health Visitors paid 19,072 visits to cases of tuberculosis in the Administrative County during the year.

Open Air Shelters

Small garden shelters are available on loan, upon the recommendation of a Chest Physician, to persons suffering from tuberculosis when it is desired to assist in the segregation of the patient and to enable him or her to get as much fresh air as possible. During the year nine new-type revolving shelters were purchased to replace old shelters no longer usable and the total number of such structures on loan at the end of the year was 57.

Towards the end of the year a detailed survey of all shelters was undertaken in order to ensure that they were being properly used for the purpose for which they were installed.

Extra Nourishment

The arrangements for providing, free of charge, one pint of milk daily to tuberculous patients in certain categories were continued. This provision supplements the arrangements for extra nourishment made by Tuberculosis Care Associations and at the end of the year 350 persons were being directly provided with milk by the County Council.

Provision of Domestic Help

During the year applications to provide domestic help for tuberculous patients continued to have careful consideration and every effort was made to give all possible assistance. Help was given to 321 patients and the total number of hours worked in such households was 92,078. The greatly increased number of tuberculous patients being rehoused on the new London County Council estates in the County has presented some problems but the Area Medical Officers concerned have put much thought and energy into dealing with the difficulties raised and their efforts have in most cases given satisfaction to the patients.

Tuberculosis Care Associations

Voluntary Tuberculosis Care Associations continued their good work during the year, and with the formation of two new Associations covering the whole of the South-East Essex Health Area the number of such Associations increased to 14. The new organisations are known as the South-East Essex Tuberculosis Care Association,

covering Benfleet, Canvey Island and Rayleigh Urban Districts and the Rochfor
Rural District and the Billericay Tuberculosis Care Association, covering the Billerica
Urban District. At the end of the year about 5 per cent. of the population c
the County was not served by a Care Association, but it is hoped that by the end c
1951 this position will be rectified since the formation of two further Associations
being contemplated.

Early in the year a conference of representatives of Care Associations and of Are
Medical Officers and Chest Physicians was held at Chelmsford, to discuss the future c
the work of the Associations and the furthering of co-operation between them and th
County Council. A discussion took place on various aspects of the work of th
Associations. Reference was made to the special problem arising in those localitie
where the London County Council were developing housing estates and where th
number of persons suffering from tuberculosis tends to be disproportionately large
owing to their having been given rehousing priority. Both sheltered employmen
(whether in specially provided workshops or by arrangement with local employers
and home occupational work were regarded as of major importance in the successfu
rehabilitation of the tuberculous.

The County Council's grant of £1 10s. 0d, per thousand population continued to b
paid to Care Associations and moneys made available under the provisions of the Sunda
Entertainment Act, 1932, were also allocated according to the population covered b
each Association. Much credit is due to all members of Care Associations for thi
form of voluntary service.

Rehabilitation

During the year the County Council assumed responsibility for five new case
undergoing rehabilitation at either the Papworth Village Settlement, Cambridge, c
the British Legion Settlement, Preston Hall, Maidstone, and at the end of the yea
15 patients were being wholly or partly maintained at these Settlements. In bot
Settlements there are workshops where patients are instructed in various trades, th
County Council becoming responsible for contributing towards the maintenance whe
such patients are able to perform at least five or six hours' work a day.

There is a need in various parts of the County for workshops providing shelter
employment for persons who would live in their own homes and attend the centr
daily.

Boarding-out of Child Contacts of Tuberculosis

The number of applications for boarding-out of child contacts was not large an
in most instances the Area Medical Officer was able to deal with the request.

B.C.G. Vaccination

The Supplementary Proposals under Section 28 of the National Health Servic
Act for the carrying out of B.C.G. vaccination which were submitted to the Minist
of Health at the end of 1949 were approved at the beginning of 1950. They are print
in the Appendix to this Report.

During the year arrangements were completed for Chest Physicians to undertake B.C.G. vaccination of suitable children who are members of a tuberculous household. A consent form has been prepared for the signature of parents before treatment is given to a child, on the reverse side of which the nature of the treatment is explained in simple language. Record cards on which details of B.C.G. vaccination for each child are entered were provided by the Ministry of Health. The use of these cards will eventually provide very valuable statistics on the efficacy of B.C.G. vaccination.

Since it is necessary to segregate children from non-tuberculous infection during the three months required to complete vaccination, Chest Physicians have been apprehensive about inaugurating a complete scheme because of the difficulty of obtaining suitable boarding-out accommodation for the children. In this connection the County Council decided to set up a special residential home for the purpose. Arising out of the arrangements between the Chelmsford Diocesan Moral Welfare Association and the County Council, as a result of which the Association undertake the work in connection with the care of the unmarried mother and her child, " Ardmore " Hostel at Buckhurst Hill became vacant (see also page 66). It was therefore decided to use " Ardmore " as a home for children undergoing B.C.G. vaccination. Only minor adaptations were necessary to make the hostel suitable for the purpose and at the end of the year the sanction of the Minister of Health to the proposal was awaited.

Conferences of Chest Physicians

During the year two conferences, to which all Chest Physicians in the County were invited, were held. The object of the conferences was to discuss suggestions made by Chest Physicians regarding the after-care of tuberculous patients and to submit for their consideration steps which it was proposed to take. The matters discussed included the provision of B.C.G. vaccination and occupational therapy, the appointment of tuberculosis social workers and the establishment of registers of contacts.

Notifications

The following is a summary of the formal notifications of new cases of tuberculosis received in the Department during the year. The number of primary cases was 1,586 compared with 1,576 in 1949 :—

Primary Notifications of New Cases of Tuberculosis.

Age Period	0–	1–	2–	5–	10–	15–	20–	25–	35–	45–	55–	65–	75–	All Ages
Respiratory, Males ..	1	5	24	22	19	76	110	194	115	106	85	29	8	794
Females ..	1	3	18	31	24	86	120	166	62	43	18	9	4	585
Non-Respiratory, Males ..	1	2	15	17	5	8	11	16	11	6	1	—	1	94
Females	1	3	16	13	12	11	16	20	11	4	4	1	1	113

In addition 446 new cases came to the notice of Medical Officers of Health during the year otherwise than by formal notification compared with 442 in 1949. The sources of this information are given below :—

Source of Information.	Number of Cases. Respiratory.	Non-Respiratory.
Death returns from local registrars	13	3
Returns of transferable deaths from Registrar-General	5	—
Posthumous notifications	5	—
"Transfers" from other areas (other than transferable deaths)	355	30
Other sources (Forms I and II)	21	14
	399	47

There has been no important alteration since 1949 in the number of new cases found from different sources. The age distribution of the 1950 transfers and of all other cases which came to the notice of Medical Officers of Health are given in the following tables :—

Transfers from other areas.

Age Period	0–	1–	2–	5–	10–	15–	20–	25–	35–	45–	55–	65–	75–	All Ages
Respiratory, Males ..	—	1	5	9	6	7	29	65	35	21	5	1	—	184
Females ..	—	—	4	10	5	7	42	71	21	8	3	—	—	171
Non-Respiratory, Males ..	—	—	3	5	—	—	2	—	—	1	—	—	—	11
Females	—	—	5	4	1	2	1	3	2	1	—	—	—	19

All other sources.

Age Period	0–	1–	2–	5–	10–	15–	20–	25–	35–	45–	55–	65–	75–	All Ages
Respiratory, Males ..	—	—	1	2	1	2	2	3	4	2	8	4	—	29
Females ..	—	—	1	—	2	—	2	1	3	3	—	3	—	15
Non-Respiratory, Males ..	—	—	—	4	—	1	1	2	1	1	—	—	1	11
Females	—	—	—	2	—	—	—	1	1	—	—	1	1	6

The number of transfers from other areas remains at the very high level reached last year, the number of respiratory cases transferred-in having increased by 10, while the number of non-respiratory cases was three less than in 1949. The age distribution

f the transfers did not alter materially. Over half the cases who moved into the ounty went to live either in the Borough of Romford or the Urban District of Chigwell, ie majority coming from London and settling presumably in the London County ouncil Housing Estates in these districts. The figures of new cases and transfers to the two districts are as follows :—

	Romford B.	Chigwell U.D.
Primary cases ..	85	40
Transfers from London ..	92	116
Transfers from other places ..	8	6

ttack and Death Rates

The following table shows the number of primary notifications of tuberculosis and ie number of deaths attributed to the disease together with the annual attack and eath rates in quinquennia since 1920 and for individual years since 1946 :—

Years	Respiratory Tuberculosis				Non-Respiratory Tuberculosis				Tuberculosis (All forms)			
	Notifications		Deaths		Notifications		Deaths		Notifications		Deaths	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
1920–24	4904	1.07	3212	0.70	1322	0.29	789	0.17	6226	1.36	4001	0.87
1925–29	5626	1.09	3376	0.65	1853	0.36	704	0.14	7479	1.45	4080	0.79
1930–34	6005	0.97	3498	0.57	2122	0.34	705	0.11	8127	1.32	4203	0.68
1935–39	5521	0.81	3015	0.44	1783	0.26	577	0.08	7304	1.07	3592	0.53
1940–44	6507	1.02	3081	0.48	1859	0.29	592	0.09	8366	1.31	3673	0.58
1945–49	6952	0.95	2674	0.37	1381	0.19	404	0.06	8333	1.14	3078	0.42
1946	1454	1.01	511	0.36	297	0.21	78	0.05	1751	1.22	589	0.41
1947	1453	0.97	554	0.37	293	0.20	80	0.05	1746	1.17	634	0.43
1948	1418	0.93	539	0.35	232	0.15	76	0.05	1650	1.08	615	0.40
1949	1354	0.87	522	0.34	222	0.14	58	0.04	1576	1.01	580	0.37
1950	1379	0.87	416	0.26	207	0.13	41	0.03	1586	1.00	457	0.29

*Annual rate per 1,000 population.

The attack rate from respiratory tuberculosis has remained steady while that om non-respiratory tuberculosis has fallen slightly. There have been substantial lls in the death rates from both forms of the disease to about one half of the average ures attained between 1930 and 1939.

The following table gives the number of deaths and the death rate from tuberculosis 1950 for each Health Area with the number of deaths and the average annual death te in the period 1946–49 for comparison :—

Health Area	No. of Deaths		Average Annual Death Rate per 1,000 population	
	1946–49	1950	1946–49	1950
North-East Essex	211	49	0.31	0.27
Mid-Essex	238	33	0.30	0.16
South-East Essex	177	41	0.45	0.40
South Essex	340	63	0.42	0.30
Forest	261	47	0.38	0.24
Romford	130	32	0.46	0.40
Barking	164	33	0.53	0.42
Dagenham	221	45	0.50	0.39
Ilford	263	46	0.36	0.25
Leyton	181	35	0.43	0.33
Walthamstow	232	33	0.48	0.27
Administrative County ..	2,418	457	0.40	0.29

In each Health Area, death rates were appreciably lower in 1950 than the average rates for 1946 to 1949. The extent of the improvement varied but the order of the Areas remained substantially the same. The most notable change of position was in the case of Walthamstow. Death rates improved there to a greater extent than average so that from having the worst but two rate in 1946–49, Walthamstow had the fifth best in 1950.

OTHER ILLNESSES

Domestic Help

Out of a total of 1,131,344 hours of domestic help given to 7,571 patients throughout the year 519,507 hours were spent with 2,154 chronic patients and 112,860 hours with 1,443 acute sick patients. The demand on the service in respect of this type of case shows how much it is needed.

Loan of Sick Room Equipment

Further consideration was given to this matter during the year. As stated in my report in 1949 two voluntary agencies, the British Red Cross Society and the St. John Ambulance Brigade, have, scattered throughout the County, depots or stores containing items of such equipment available on loan for a small weekly charge. In addition various home nurses in the County have at their homes small stores of equipment which are available for a similar purpose while a larger store is available at the Nurses' Training Homes, Beachcroft Road, Leytonstone, and York House, Dagenham.

In order to co-ordinate this matter and in an attempt to provide a comprehensive scheme a meeting was arranged between the voluntary bodies and the County Council

provisional agreement was reached and it appeared that a suitable working arrangement could be commenced. The main condition was that in return for a grant from the County Council the voluntary bodies would arrange to maintain a minimum of equipment which was specified and would agree to conform with the scale of charges approved by the County Council. Later, however, the British Red Cross Society decided that they would prefer to remain completely independent and did not wish to accept the grant. They promised, however, to continue as formerly to co-operate with the County Council. It was decided to accept this offer but at the same time to make such provision as was necessary to ensure that the required equipment was available for those who wished to borrow it, the following being the basis of the scheme :—

(1) All existing arrangements for the provision on loan of sick room equipment by home nurses to be maintained and, where practicable, having regard to storage facilities and to local requirements, developed and extended in each Health Area by the provision of further equipment. Obsolete and worn out articles to be renewed, and storage accommodation at the residences of home nurses to be provided where this is found to be inadequate.

(2) One or more centralised stores (under the control of the Area Medical Officer) for relatively large appliances such as wheel chairs and commodes, to be established in each Health Area, and a survey to be undertaken of storage space to ensure its adequacy.

(3) Appliances infrequently required to be purchased and allocated to Health Areas but administered by the Central Office of the Health Department and stored by the County Supplies Officer, information in regard thereto being circulated to Area Medical Officers from time to time.

(4) Borrowers to be requested to sign an acknowledgment incorporating an undertaking to return equipment as soon as it is no longer required and to reimburse the County Council for any loss or damage caused other than by fair wear and tear.

During the year the number of articles newly loaned by home nurses was 1,459 and from central stores 205.

Convalescence and Recuperative Holiday Homes

On the recommendation of a doctor, a short period of recuperative convalescence is provided at suitable holiday homes most of which are situated outside the County. The number of cases increased and during the year 367 persons were assisted in this way, the average length of stay being 2½ weeks. Where there is a good reason for sending any patient to a particular convalescent home or a home situated in a particular part of southern England arrangements are made accordingly and altogether 60 different homes were used. Persons availing themselves of this service contribute to the cost according to their means, free provision being made in necessitous cases.

INFECTIOUS DISEASES

A summary of the notifications of infectious diseases in the various County Districts during 1950 is set out in Table V on page 103. The table shows that after correction

for wrong diagnoses 22,844 patients were notified as suffering from infectious diseases compared with 24,911 in 1949. The decrease of over 2,000 cases is due to the fact that 1950 was the inter-epidemic year for *Measles*, 10,202 cases being notified compared with 15,712 in 1949. The number of cases of measles gradually rose during the spring and early summer to the usual summer peak of an inter-epidemic year and then fell until the end of September. The fourth quarter was marked by an exceptionally sharp rise to over 600 cases in the last week of the year.

The number of notified cases of *Scarlet Fever* was 2,609 compared with 2,368 in 1949. As noted in the Annual Report for 1949, the last quarter of that year was marked by an exceptional prevalence of this disease. Incidence was lower in the first few months of 1950 but well above the normal figure for that time of the year. By the autumn, however, the number of cases being notified had reached the customary level.

It was reported from one area of the County that the complications of scarlet fever being nursed at one hospital were unusually severe. As a result, the medical superintendents of the other isolation hospitals were asked to complete a questionnaire regarding complications. It was found that the experience in the hospital mentioned was not general throughout the County.

There were 6,962 cases of *Whooping Cough* notified during 1950. This is the highest number of notifications since 1941. There was a steady rise throughout the year from an average of 37 cases a week in January to 226 cases a week in December. This rise was broken in September by a sharp fall in incidence, and it was not until early in November that the number of cases reached the same level as it had been two months previously. In spite of the large number of cases, mortality was low. Only 5 deaths were registered, all being of infants under one year of age.

The low incidence of *Diphtheria* was maintained; eleven cases were notified and there were no deaths, compared with 7 cases and one death in 1949.

In 1950, the International Statistical Classification of Diseases, Injuries and Causes of Death (1948) was brought into effect and to conform to this, alterations have been made in the names under which certain infectious diseases are notified and in some cases conditions not previously included have now become notifiable. The terms no longer used are Cerebro-spinal Fever, Acute Anterior Poliomyelitis, Acute Polioencephalitis and Acute Encephalitis Lethargica. They are replaced by Meningococcal Infection, Acute Poliomyelitis (paralytic), Acute Poliomyelitis (non-paralytic), Acute Encephalitis (infective) and Acute Encephalitis (post-infectious). During 1950 40 patients were notified as suffering from *Meningococcal Infection* and 9 from *Acute Encephalitis* of which 6 were classified as " infective " and 3 as " post-infectious ".

The number of paralytic cases of *Acute Poliomyelitis* notified was 163 and the number of non-paralytic cases 81 ; thus about one-third of the total cases were non-paralytic. In 1949, under the former method of notification, it was estimated that 22 per cent. were non-paralytic, so either there has been a higher incidence of cases without paralysis or else, and this is perhaps more likely, the new classification has stimulated the notification, as non-paralytic poliomyelitis, of cases who would not have been notified previously. The total number of cases notified in 1950 was slightly more than the combined figure for acute anterior poliomyelitis and acute polioencephalitis

In 1947 and about 70 per cent. of the number in 1949. Deaths from the disease numbered 16 compared with 25 in 1947 and 32 in 1949. In age and sex distribution 1950 was intermediate between 1947 and 1949. Males provided 59 per cent. of the cases compared with 61 per cent. in 1947 and 56 per cent. in 1949. The percentage of cases under 5 years of age was 28.5 compared with 21.7 per cent. in 1947 and 32.2 per cent. in 1949; 40.5 per cent. were between 5 and 15 years of age compared with 41.2 per cent. in 1947 and 35.9 per cent. in 1949. The percentage of cases over 15 was slightly less than in 1949 and considerably less than in 1947, 31.0 per cent. compared with 31.9 per cent. and 37.1 per cent. This is likely to be partly due to the larger proportion of non-paralytic cases in 1950 since the proportion of cases with no paralysis is less among adults than among children. In 1950, 25 per cent. of adults were notified as non-paralytic compared with 37 per cent. of children.

Cases occurred in most parts of the County. Incidence was higher in some places than generally but only one Health Area (Romford) had an incidence significantly higher than that of the County and here there was an unusually high proportion of non-paralytic cases. The incidence in each of the other five Health Areas in the South-West of the County was below that for the County as a whole.

There was a considerable increase in the number of cases of *Dysentery* notified during the year, namely 355 compared with 79 in 1949. Most of these cases were notified in the last ten weeks of the year. The Areas chiefly affected were Romford, Ilford and Leyton, where together notifications amounted to about two-thirds of the County total.

No other infectious disease has shown any noteworthy increase or decrease since 1949.

VACCINATION

The following table shows the number of vaccinations and re-vaccinations carried out during 1950 :—

Age at date of Vaccination	*Under 1*	*1–4*	*5–14*	*15 and over*	*Total*
Number vaccinated	6,380	1,276	728	872	9,256
Number re-vaccinated	17	82	329	2,364	2,792

In 1949, the number of vaccinations was 6,651 and of re-vaccinations 1,601. From this it will be seen that there has been quite a considerable increase in the number of vaccinations. Comparison with the figures for previous years published last year shows that the number of vaccinations in 1950 exceeded the number immediately pre-war, but was less than the number performed in each of the years 1942 to 1948.

The age grouping used this year is different from that used for the last two years, the ages given being those at the dates of vaccination and not at the end of the year as previously. This has principally affected the " under 1 " and " 1–4 " groups since included in those between 1 and 4 years of age at the end of the year was a number who were less than one year when vaccinated but who attained their first birthday before the end of the year. These will now be included in the " under 1 " group.

The new grouping facilitates the calculation of the "infant acceptance rate" which is defined as the percentage of babies who are vaccinated before reaching their first birthday. The number of vaccinations in any year is best related to the number of births in a year commencing 3 to 6 months earlier since the average age of infant vaccination probably lies within these limits. It is more convenient, however, to take the births in the year in question. With a falling birth rate, this will result in a slight over-statement of the acceptance rate. This should be borne in mind when comparison is made between different years, but comparisons of different areas in one year should not be invalidated by this procedure.

On this basis, the infant acceptance rate for 1950 is 27.2 per cent. The figure for 1949 may be estimated by assuming that a constant percentage of pre-school children vaccinated were infants. In 1950, this percentage was 83.3 and, if this was also the case in 1949, the infant acceptance rate that year must have been about 19 per cent. In an article in the Monthly Bulletin of the Ministry of Health and the Public Health Laboratory Service (volume 9, page 272) Mr. R. M. Blaikey of the General Register Office reports on the examination of the record cards of vaccinations performed in the areas of a number of Local Health Authorities in 1949 from which he found an almost uniform percentage of 96 for the percentage of vaccinations under the age of 5 years, which were of infants. It appears, therefore, that in Essex a relatively large proportion of vaccinations is carried out after the first birthday, amounting to one-sixth of all vaccinations under the age of five. There was a certain amount of variation among the Health Areas, but in none of them was this percentage smaller than 9 per cent. compared with the figure of 4 per cent. quoted in the afore-mentioned article.

The following table shows the number of vaccinations and re-vaccinations carried out in the Health Areas, the infant acceptance rate and the number of persons per thousand of the population who were re-vaccinated :—

Health Area	*Number Vaccinated*	*Number Re-vaccinated*	*Infant Acceptance Rate*	*Re-vaccinations per 1,000 population*
North-East Essex ..	986	360	28.8	2.1
Mid-Essex	1,331	461	30.5	2.3
South-East Essex ..	503	106	22.3	1.1
South Essex ..	1,712	522	35.9	2.5
Forest	1,457	408	30.2	2.2
Romford	524	150	25.4	2.0
Barking	356	58	17.7	0.7
Dagenham	296	55	9.9	0.5
Ilford	1,136	356	35.1	1.9
Leyton	408	84	20.1	0.8
Walthamstow ..	547	232	22.6	1.9
Administrative County	9,256	2,792	27.2	1.8

The infant acceptance rate is seen to vary from over 35 per cent. in South Essex and Ilford to under 10 per cent. in Dagenham. The Areas may still be divided into the three groups referred to in my last Annual Report, but the difference between the best and worst Areas is smaller as the proportionate increase in the number of vaccinations has been greatest in the Areas where few, and least in the Areas where many, vaccinations are performed.

The number of re-vaccinations was nearly 80 per cent. more than in 1949. More were carried out in each Area but the variation from Area to Area was large and, generally speaking, very similar to the variation among the infant acceptance rates.

During the year it was considered expedient to enquire as to the vaccinal state of members of the staff of the Department throughout the County. No immediate instruction was issued advising re-vaccination, but the inquiry caused several members of the staff to seek re-vaccination. The information will be useful should an outbreak of smallpox occur in Essex.

IMMUNISATION AGAINST DIPHTHERIA

In 1950, 19,151 children under 15 years of age completed a primary course of immunisation against diphtheria. Of these, 16,313 were under the age of 5 and 2,838 between 5 and 15. Compared with 1949, there has been a fall in the number of immunisations. As was pointed out in my last report, this is to be expected in view of the decreasing number of births occurring each year.

The number of children given reinforcing injections was 15,555, compared with 10,719 in 1949, an increase of 45 per cent. The decrease in the number of primary immunisations and the increase in the number of booster doses was fairly general throughout the County, as may be seen from the following table :—

Health Area	Primary Immunisations.		Reinforcing Injections.	
	1949	1950	1949	1950
North-East Essex ..	2,160	2,038	916	983
Mid-Essex	2,752	2,259	1,471	3,527
South-East Essex ..	1,414	1,183	538	753
South Essex	3,305	3,155	1,634	2,541
Forest	2,608	2,428	676	1,354
Romford	1,378	1,237	666	1,213
Barking	1,537	1,136	801	1,278
Dagenham	2,293	1,422	351	284
Ilford	1,609	1,650	1,736	1,487
Leyton	1,525	1,309	302	230
Walthamstow	1,952	1,334	1,628	1,905
Administrative County ..	22,533	19,151	10,719	15,555

The following table shows the number of children who had completed a full course of primary immunisation at some time before 31st December, 1949, and their ages at that time, according to the records held at the Health Area Offices :—

Health Area	*Under 1*	*1*	*2*	*3*	*4*	*5–9*	*10–14*	*Totals*
North-East Essex ..	51	1,261	2,004	2,145	2,079	9,631	8,389	25,560
Mid-Essex ..	49	1,333	2,197	2,118	1,582	9,144	10,238	26,661
South-East Essex ..	49	844	1,251	2,296	1,192	3,734	3,187	12,553
South Essex ..	70	1,663	2,425	2,883	2,653	11,338	9,784	30,816
Forest	69	1,542	2,660	2,122	1,991	9,232	7,019	24,635
Romford	15	719	959	1,175	991	5,525	4,683	14,067
Barking	100	737	930	1,290	1,143	4,829	4,672	13,701
Dagenham ..	52	1,019	1,404	1,588	1,429	6,374	7,378	19,244
Ilford	124	1,608	2,127	3,654	2,585	11,716	8,560	30,374
Leyton	38	889	857	2,124	1,476	5,504	4,318	15,206
Walthamstow ..	113	1,109	1,554	1,904	1,624	7,305	7,383	20,992
Administrative County	**730**	**12,724**	**18,368**	**23,299**	**18,745**	**84,332**	**75,611**	**233,809**

The percentage of children under 5 who had been immunised by the end of 1950 was 53.2 compared with 52.2 one year earlier. The corresponding figures for the 5–14 age group were 74.6 and 73.5. Most Health Areas improved on their figures for a year ago.

This seems satisfactory but further examination of the figures shows that there was a fall in 1950 in the percentage of children immunised in infancy. The table shows that 12,724 children born in 1949 (and therefore between one and two years of age on 31st December, 1950) had been immunised by that date. This is 52 per cent. of the number of births in 1949. But earlier figures show that 59 per cent. of the infants born in 1948 had been immunised by the end of 1949 and the figure for the 1947 births was about the same. There has been considerable immigration into the County due to housing developments but its rate into the County (although not into individual Areas) probably has not altered very much in these years and so although relating the number of immunisations to the number of births may somewhat overstate the percentage immunised, comparison of one year with the next is not invalidated thereby.

A smaller percentage of infants born in 1949 had been immunised by 31st December, 1950, than of 1948 infants by 31st December, 1949, in every Area except two and in one of these there has been a considerable increase in immigration into the Area due to a London County Council Housing Estate and the number of births in the Area during 1949 does not reflect accurately the number of infants at risk.

In June a circular was received from the Ministry of Health which indicated that because of the possible connection between the site of paralysis in cases of poliomyelitis and injections for diphtheria immunisation and combined diphtheria/pertussis

mmunisation it would be wise to suspend immunisation in areas where poliomyelitis as unusually prevalent. Although there was no dangerous prevalence in any articular area in the County it was thought wise to advise the suspension of inoculations n three County Districts. Immunisation was, however, recommenced in each of these reas in November.

The fact that only eleven cases of diphtheria were notified in the County during he year, and that there were no deaths (see page 74) cannot but give cause for atisfaction although it must not be allowed to induce a complacent attitude of mind. rea Medical Officers continued by all available means to impress on parents the ecessity for having young children immunised.

IMMUNISATION AGAINST WHOOPING COUGH

During 1950 the Medical Research Council's trials to test the efficacy of vaccines sed for immunisation against whooping cough, continued in Leyton and Walthamstow. he number of children who completed a course under the trials is as follows :—

Borough.	Age at Date of Final Injection. 0–1	1–4	Total.
Leyton	81	73	154
Walthamstow ..	220	22	242
Totals ..	301	95	396

In addition to the immunisation undertaken by the Medical Research Council the ollowing Health Areas continued immunisation schemes which were in existence on 5th uly, 1948 :—

Health Area.	Age at Date of Final Injection. 0–1	1–4	5–14	Total.
North-East Essex (Harwich) ..	45	78	6	129
Mid-Essex (Chelmsford) ..	47	116	8	171
Barking	435	304	25	764
Dagenham ..	55	239	2	296
Walthamstow ..	202	141	10	353
Totals ..	784	878	51	1,713

Although the total number immunised was fewer than last year it is satisfactory o note that the number immunised in the 0–1 age group, when the disease is most ngerous to life, was almost doubled.

ESSEX EPIDEMIOLOGICAL COMMITTEE

Three meetings of the Essex Epidemiological Committee were held during th year. Resignations were received from Dr. L. Cosin, Medical Superintendent of th Orsett Lodge Hospital, and Dr. J. O. Oliver, Director of the Public Health Laboratory Southend-on-Sea, on account of their taking up new appointments and from Dr. J Shone, who went to live abroad. Invitations were sent to Dr. F. R. Dennison, Medica Officer of Health, County Borough of West Ham, Dr. R. Pilsworth, newly appointe Director of the Public Health Laboratory, Southend-on-Sea, and Dr. W. H. Bradley Ministry of Health, to join the Committee. All invitations were readily accepted There is still one vacancy caused by the death of Professor M. Greenwood, F.R.S which has not been filled.

The discussions which take place are always of value and interest; Dr. F. E. Camps Consultant Pathologist, gave very absorbing papers on two subjects—homologou serum jaundice and an unusual case of chicken pox. Dr. A. M. McFarlan of th Department of Medicine of the University of Cambridge gave further details of hi investigation into poliomyelitis, the results of which he intends to publish later. Othe subjects discussed were the incidence and severity of scarlet fever, investigations int the causal origination of dysentery, closure of hospital wards on account of infectiou diseases, disinfection of library books, diphtheria immunisation and vaccinatio against smallpox.

VENEREAL DISEASES

Returns from Special Clinics show that, during 1950, 162 new cases of syphilis an 272 new cases of gonorrhœa were diagnosed in Essex patients compared with 213 an 370 respectively in 1949. The smaller number is largely accounted for by fewer case being diagnosed in London hospital clinics. The number of conditions diagnosed a non-venereal was 1,932 compared with 2,044 in 1949.

The following table analyses the cases according to the situation of the clinics a which the diagnoses were made :—

Place of Diagnosis	Syphilis	Gonorrhœa	Other Conditions.
Essex	96	133	799
London	48	94	890
Other Home Counties ..	18	39	234
Elsewhere	—	6	9

So far as the follow-up of persons under treatment for venereal disease and c persons thought to be a source of infection is concerned, in some parts of the County Social Worker employed by the North-East Metropolitan Regional Hospital Boar undertakes this duty, and in other areas it is performed by a senior member of m professional staff.

CANCER ACT, 1939

It was not necessary during the year to take action in respect of the provisions c Section 4 of the Cancer Act, 1939.

HEALTH EDUCATION

There is undoubtedly a certain apathy towards health education, and more especially to that branch of it which involves lecturing to lay audiences. So far as public meetings initiated and organised by Health Departments are concerned there is perhaps some cause for apathy—such meetings are often badly attended. Education cannot, however, be forced on adults; they themselves must desire it, and counter attractions are many and varied. It is only when people become ill that they develop an interest in health.

Health lectures to organisations which express a desire for them, on the other hand, are usually successful. Through the many organisations that are now established in the County a means of spreading knowledge exists which up to the present time has been satisfied only in very meagre fashion, but for some time to come it will not be possible to meet all the requests which are received.

Plans already made will enable more to be done for organised groups, but this does not mean that it is not realised that there are still many people not attached to an organisation who would welcome advice and help, even if they themselves do not recognise the fact.

The following is a report on the major items of health education which have been undertaken during the year.

Essex County Health Handbook

During the year the second and enlarged edition of this handbook, first published in 1947, in conjunction with Ed. J. Burrow & Co., Ltd., Cheltenham, became available and was distributed free of charge to those interested throughout the County. This revised edition is regarded as implementing the suggestion made in Ministry of Health Circular 36/48 that steps should be taken to tell members of the public what health services are available to them and how they may obtain them.

The second edition runs to 96 pages and includes several photographs depicting various health services. It has had a good reception from press and public alike, whilst welfare officers, social workers and works personnel officers in particular have commented on its usefulness to them.

" Better Health "

For some years past provision has been made for a limited number of copies of the monthly journal " Better Health " which is published by the Central Council for Health Education to be distributed to every Health Visitor working in the Child Welfare Area for which the County Council was responsible prior to 5th July, 1948.

Some County District Councils also had arrangements for its distribution in their own localities in various other ways. Although such Councils retain powers which enable them to carry out health propaganda, enquiries which were made early in 1950 indicated that in very few instances were the arrangements for the distribution of " Better Health " likely to be continued and that in fact, most authorities were looking to the County Council to promote its distribution under Section 28 of the National Health Service Act, 1946.

It was accordingly decided that there should be a wider circulation of a limit
nature (1,250 copies a month, later increased to 1,500) to clinics, health visitors, he
teachers of schools, public libraries, Medical Officers of Health of County Districts a
provincial newspapers circulating in the County. The new circulation list came in
operation in April, 1950.

By arrangement with the publishers it was possible to provide a double-sided pa
of local information in each issue distributed.

The Essex Agricultural Show

The Essex Agricultural Show took place at Braintree on 7th and 8th June and,
usual, the opportunity was taken to provide a stand to illustrate the health servic
provided by the County Council. The exhibition was housed in a marquee and t
weather being fine many people were attracted to the site to inspect the exhibi
Interest was expressed in the wide field of services which are provided and undoubted
the exhibition was well worth while. The section dealing with the work undertak
in occupation centres by mentally backward children attracted particular attention.

Miniature Mass Radiography

The Miniature Mass Radiography Units work under the direction of the Region
Hospital Boards, but during the year the Ministry of Health issued a circul
suggesting that there should be closer co-operation between the units and local heal
authorities in the fields of propaganda and survey.

This suggestion made the need for closer liaison apparent and the opportunity wa
taken to offer all possible aid to the units, whose work can help so much in the ear
diagnosis of tuberculosis. Four units operate within the boundaries of the Count
all of which cover also the areas of one or more other local health authorities. Th
Medical Director of each unit was visited and the implications of the Ministry's circul
were discussed. The result seemed to indicate that a conference at which the directo
and their organising secretaries could attend would be useful and accordingly this too
place just before the end of the year. On behalf of the County Council concret
suggestions for help were put forward including the provision of practical assistance i
connection with propaganda but in most cases the units' representatives indicate
that they were already following all possible lines of action in this matter.

It is hoped that in time the two services will become more closely integrated no
only for the purpose of bringing mass radiography facilities to the notice of the publi
and persuading as many people as possible to use them but also in the planning
surveys.

Clean Food

The importance of clean food and personal hygiene amongst food handlers and th
incidence of food poisoning are very largely a matter for the local sanitary authorit
but practical assistance is offered by the County Council in the execution of this work
The directors of the Central Public Health Laboratory at Colindale and the Cambridg
and Southend-on-Sea Laboratories have undertaken to supply plates illustrating th
growth of bacteria commonly found to cause food poisoning and other illustrativ

matter in connection with food poisoning propaganda and have also undertaken to ban viewing boxes. This, together with other exhibition material already in hand, has been made available to local authorities in the County and it is hoped before long to improve these facilities.

Health Education Course

A course on health education was held in conjunction with the Central Council for Health Education in October, 1950. The course was divided into two sections although the lecture was delivered to those attending both sections.

Course No. 1 was entitled " Principles, methods and media of health education " and was designed for the attendance of Medical Officers of Health, midwives and home nurses, while Course No. 2 on Food Hygiene was for sanitary inspectors, special attention being given to methods of getting the message to the public.

The combined lecture was given by a bacteriologist of international standing on the subject of " Hygiene in Communal Feeding " and the opportunity was taken to invite nurses and other workers concerned from hospitals and the school meals service. The chair at this lecture was taken by the Chairman of the Health Committee, Councillor K. E. B. Glenny, and some 130 persons were present.

Propaganda Amongst Homeless Families

In a wing of St. George's Hospital, Hornchurch, a large number of homeless families is accommodated by the Welfare Committee under the provisions of the National Assistance Act, 1948. During the year under review, with the co-operation of the County Welfare Officer and the Matron, a series of lectures and film shows were arranged for the residents. These were carefully planned to dovetail into a sequence designed to educate and instruct them in the pursuit of health. The audience, which comprised an average attendance of some 20 to 25 mothers and 40 children, was receptive to this approach and visible evidence was soon forthcoming that an impression had been made. The result is that a further series has been requested and it is hoped to continue a planned campaign. This experiment in practical health education, which at this stage must not be over-estimated, is nevertheless most encouraging.

Films

The film show is a popular and instructive means of teaching health to the general public, but there are certain limiting factors even in this medium. In the first place, in order to derive the maximum benefit, a short discussion should take place after each film has been shown, while at the conclusion of the show a lecturer should draw the threads together and from them weave a complete and integrated pattern. Often, however, it is not possible to provide the necessary discussion leader, nor is it always possible for the film operator to be delayed in his programme of shows.

Valuable help has been given by the Films Officer of the Central Office of Information and at present almost all film shows have been given by this organisation, but it is not always possible for them to meet all requests. During the year 31 film shows were arranged.

Unfortunately there are not many films available which provide interest for childre in matters relating to health. Thousands of children attend Saturday morning children cinema shows throughout the County and it is probable that the cinema circuit concerned would consider the possibility of showing such films if they existed. It with the young that health education should begin and I am sure that if suitab films were available a demand would arise from the schools.

During the year a film catalogue was compiled collating the films available from a sources and the list will be added to from time to time.

Lectures

Some 70 lectures have been arranged in the past year to organisations in Esse The topics have been varied and have usually stimulated questions.

Central Council for Health Education

The County Council made a contribution of £772 to the Central Council for Healt Education during 1950. The Central Council, which has been reconstituted to giv majority representation to local authorities, is able amongst other things to act as central publishing and holding depot, with the result that through its services it i possible to purchase at little above cost, leaflets, pamphlets and posters over a wid range of subjects which would be a more costly process if any one local authority alon had to publish such literature in more limited quantities.

Royal Society for the Prevention of Accidents

An annual contribution was again made to the Home Safety Section of th Royal Society for the Prevention of Accidents and use was made of their literature i connection with exhibitions and lectures.

DOMESTIC HELP SERVICE

Calls on the Domestic Help Service continue to increase. In 1950 assistance wa given to 7,571 cases, compared with 6,380 cases in 1949. In the following table thes cases are analysed in the categories maternity, acute sick, chronic sick, tuberculosis and others, and according to whether help was provided full or part-time (full-time being defined as the provision of at least 42 hours' service a week) :—

	Full-time.	Part-time.	Total.
Maternity	1,473	1,087	2,560
Acute Sick	64	1,379	1,443
Chronic Sick	28	2,126	2,154
Tuberculosis	0	321	321
Others	36	1,057	1,093
Total	1,601	5,970	7,571

The former practice in the County was to fix a certain establishment of full-time and part-time domestic helps in each Health Area. This method had obvious disadvantages. It meant that a whole-time help had to be kept fully employed for 42 hours every week, and that proved difficult. It also meant that, although a part-time domestic help might not be available when required, the Area Medical Officer, if he had already enrolled his full establishment of helps, was precluded from obtaining anyone else in her place. Accordingly, when the estimates for the year 1950–51 had been approved, Health Area Sub-Committees were asked to relate the amount allocated to hours of domestic help rather than to follow fixed establishments. Thus the number of full-time or part-time helps employed is no longer relevant. The important point is that the hours allocated must not be exceeded. The following table shows the number of hours worked in the various categories during the year :—

	Cases.	Hours.
Maternity	2,560 ..	204,867
Acute Sick	1,443 ..	112,860
Chronic Sick	2,154 ..	519,507
Tuberculosis	321 ..	92,080
Others	1,093 ..	202,030
Total	7,571 ..	1,131,344

The length of time during which each category received help is also of interest. In the following table the length of time given to completed cases during the year is shown (tuberculosis cases have been included under the heading " others ") :—

Duration of Case.	*Maternity*			*Acute Sick**	*Chronic Sick**	*Others**	*Total*		
	F.T.	*P.T.*	*Total.*				*F.T.*	*P.T.*	*Total*
1 week	74	134	208	265 (5)	70	100 (4)	83	560	643
2 weeks ..	1,212	521	1,733	280 (23)	57 (1)	74 (6)	1242	902	2,144
3 weeks ..	120	195	315	178 (6)	47	57 (4)	130	467	597
4 weeks ..	25	82	107	169 (7)	52	50 (2)	34	344	378
5–6 weeks ..	9	56	65	154 (7)	74 (1)	53 (1)	18	328	346
7–8 weeks ..	6	22	28	81 (7)	41 (1)	32 (1)	15	167	182
9 weeks–3 months	5	27	32	101 (3)	108 (2)	109 (6)	16	334	350
3–6 months ..	—	8	8	74 (4)	170 (4)	105	8	349	357
6–12 months ..	—	6	6	30	173 (4)	108 (1)	5	312	317
Over 12 months ..	—	1	1	7 (1)	143 (5)	85 (1)	7	229	236
Total ..	1,451	1,052	2,503	1,339 (63)	935 (18)	773 (26)	1,558	3,992	5,550

*The figures in brackets are the numbers of full-time cases included in the total cases given.

A study of the three tables reveals that, excluding maternity cases, the number of chronic sick persons to whom assistance was given exceeds that in any other category, that the number of hours given to them is almost half the total and that they receive assistance for the greatest length of time. Furthermore, it has been ascertained that the number of cases helped for a considerable time is cumulative. For example, the number of chronic sick who had received continuous help for over 12 months was 233 on 31st March, 1950, but had increased to 417 on 31st December, 1950. Many of the chronic sick are old people. If the help given to them is added to the help given to feeble old people living alone (included in the table under the heading "others") it will be appreciated that the part which the Domestic Help Service plays in relieving hospital beds and places in residential hostels is considerable. Without domestic help it would be impossible for many old people to remain at home, where most of them prefer to be, at of course much less cost to the County.

Male Helps

The appointment of male domestic helps was considered early in the year as it appeared (*a*) a male domestic help could be employed only in certain types of cases; (*b*) appointments would almost certainly have to be of a full-time nature, yet it might not be possible to make continuous use of a man's services in any one Area, and (*c*) if it were decided to pay a higher rate to men some dissatisfaction might be caused among the women, especially in view of their wider range of duties, and it was ultimately decided to appoint one or two male helps experimentally only, if the needs of any Area were thought to justify this course. No such appointments were in fact made during the year.

County Organiser

The County Organiser, who was also the Area Organiser for the Mid-Essex Health Area, was during the year relieved of the latter appointment, and was thus able (in consultation with Area Medical Officers) to concentrate on giving advice and guidance to Area Organisers throughout the County. She could also in an emergency take over the duties of any Area Organiser. The introduction throughout the County of a standard set of forms for use in the service has made the interchange of organisers much easier. It is recognised, however, that rigid uniformity of procedure is neither practicable nor desirable when topographical and other factors are taken into account.

CHIROPODY

The provision of a chiropody service was continued in parts of the South Essex, South-East Essex, Forest, Barking, Dagenham, Leyton and Walthamstow Health Areas. The service is particularly appreciated by the aged and requests are often received from old age pensioners' organisations for its extension. In conformity with the general policy of the Ministry, however, and in view of the pressing need for the development of other services, it is not at present possible to provide chiropody clinics in other parts of the County.

The total number of attendances at the existing clinics during 1950 was approximately 66,000. The number of new cases treated during the year was 5,805 and the total number of cases still under treatment at the end of the year was 7,905.

THURROCK MOBILE MEALS SERVICE

I think it is desirable to review again the aims and work of the experimental mobile meals service, conducted in the Thurrock Urban District, which came to an end in July, 1950.

Objects

The main objective of the Nuffield Provincial Hospitals Trust, who were the sponsors of the scheme, which began in June, 1948, was to build up a service, preferably based on a hospital, which would deliver to patients in their own homes well-cooked balanced diets, regulated to the needs of the individual. The subsidiary objects of the scheme were to attempt to discover whether a service of this type would help to relieve the pressure on hospital beds, to try to develop through the scheme co-ordination between hospital, general practitioner and local health authority care and after-care services within a particular area, and if the value of the scheme could be demonstrated, to encourage local health authorities in other parts of the country to organise similar services.

Organisation

A committee of management was appointed which included members of the Nuffield Provincial Hospitals Trust, the Essex County Council, the Thurrock Urban District Council, the Thurrock Hospital House Committee and various voluntary bodies.

The arrangements for the cooking and distribution of the meals included the cooking of the meals at the Thurrock Hospital kitchen and the transport of the meals by a 15/20 cwt. van containing specially designed and electrically heated food conveyors, each with compartments for ten separate meals. The whole-time staff consisted of an organiser, a van driver, an assistant cook and a kitchen maid; a part-time clerk, together with a number of voluntary workers, assisted the organiser.

Beneficiaries

The persons to receive meals were recommended by general practitioners and direct application by patients themselves was permitted. The anticipated reference of patients by hospitals did not occur; this was one of the major disappointments of the scheme as it was taken to mean that in no case were the home-care facilities offered by the service instrumental in speeding up a patient's discharge.

The types of patient it was intended to assist were those who, through illness, required a specially prescribed medical diet or a light diet, and patients suffering from illness, living alone (the latter might consist of chronic sick persons) or patients suffering from acute illness and unable to make their own arrangements for a mid-day meal. In addition the scheme provided for the distribution of meals to aged and infirm persons who made application.

Extent and Cost of the Service

The number of meals distributed during 1949 (the peak year of the scheme) varied from 707 to 1,066 a month, the average being 850 a month, that is approximately 40 a day (five days a week) delivered in two daily shifts.

For each meal supplied by the Thurrock Hospital kitchen the Mobile Meals Service paid the sum of 1/– and the addition of administrative expenses brought the cost per meal to 3/8½d. Persons receiving meals made a small contribution according to means and the average income per meal was 1/2½d.

The Nuffield Provincial Hospitals Trust had originally decided to sponsor the scheme until 31st December, 1949, but they very generously extended their support until 31st July, 1950, in order that the County Council could give full consideration to the possibility of taking the scheme over under the provisions of Section 28 of the National Health Service Act, 1946.

While recognising that the experiment, although not entirely successful so far as hospital cases were concerned, had served a most useful purpose in providing meals for persons acutely ill and for the chronic sick, the aged and the infirm, the County Council reluctantly decided that the high cost, involving a net deficit of 2/6d. on each meal sold, made it impossible for the scheme to be absorbed into the County Health Services. Various ways of reducing the cost were considered but it was decided that these would inevitably prejudice the usefulness of the scheme.

A great deal of useful information was gained during the course of the experiment and thanks are due to all those who took part.

THE NATIONAL ASSISTANCE ACT, 1948—PART III

The main functions undertaken by the Health Department on behalf of the Welfare Department are :—

(1) Medical supervision of institutional accommodation for the aged.

(2) Advice regarding the prevention of spread of infection in accommodation provided for homeless families in the grounds of St. George's Hospital.

(3) Receiving and dealing with applications for the admission of non-sick persons to residential institutions and the protection of the property of such persons and persons admitted to hospitals, etc.

(4) Arranging for the examining by ophthalmic surgeons of blind and partially-sighted persons under the arrangements for the welfare of the blind.

Medical Supervision of Institutional Accommodation

Before the coming into operation of the National Assistance Act, 1948, the aged were for the most part accommodated in mixed institutions so named since in them were housed both the chronic sick and those who although well were in need of care and attention. Under the provisions of the National Health Service Act, 1946, almost all mixed institutions were taken over by the Regional Hospital Boards on 5th July, 1948. Mixed institutions will as soon as practicable be used entirely as hospitals. The Welfare Department therefore has the whole responsibility of providing accommodation for the non-sick now in those institutions. It is manifestly impossible to provide accommodation for all persons in this class in the immediate future so that in the meantime although the institutions are administered by the Regional Hospital Board, some accommodation has been provided for the Welfare Department on the basis of user agreements until such time as new accommodation can be found. This

is being done by the provision of hostels and already there are ten such hostels in Essex with accommodation for approximately 250 old people. This accommodation does not include one mixed institution which has not been taken over by the Regional Hospital Board and which accommodates 130 aged men and women.

A Senior Medical Officer visits the hostels at regular intervals. During the year between two and three visits have been paid to each hostel and recommendations have been made on the following points :—

(*a*) Provision of Isolation Facilities. In most of the hostels between three and five residents sleep in one room. Should one resident become ill and require attention at night it is obvious that unless the other residents are to suffer considerable disturbance, a room should be available in which the patient can be alone. Moreover, should one resident develop a cold or influenza or any other infectious complaint it might be possible to prevent the infection spreading to other residents if they do not have to use the same bedroom. Theoretically those suffering from illness should be moved to hospital but in fact this is often difficult to arrange and patients are ill for long periods in hostels. Old people are susceptible to infection and from a humanitarian point of view everything possible should be done to protect them. In one hostel although nominally an isolation room has been provided, it is so placed that access is gained to it only by going through a room occupied by other residents, and in several other hostels isolation facilities have so far not been provided.

(*b*) Provision of Wash-hand Basins in Water Closets. In most of the hostels, no wash-hand basins are provided in water closets. Such provision would be particularly useful where infirm and often arthritic old people are being housed. In one hostel for example it was found that on most days when one resident used the toilet, the door handle of the water closet and often the woodwork in the corridor was soiled. It is difficult to control this state of affairs but the task of the warden would be made much easier if immediate access to hand washing facilities were provided.

(*c*) Washing-Up Facilities. In one hostel (previously used as a convalescent home) it was discovered that the overflow of the kitchen washing-up was being done in a sanitary annexe which adjoined the kitchen. This annexe contained a water closet and a sluice room. The washing-up was actually being performed in the sluice room.

(*d*) Miscellaneous Points. Other points noted and reported were :—

(i) absence of outside windows in sluices ;

(ii) inadequate provision of handrails on stairs ;

(iii) lack of water closet provision for outside staff such as gardeners ; and

(iv) lack of privacy in combined washing rooms and water closets used by both sexes.

The standard of cleanliness in most of the hostels was good and the diet according to the menus in the diet book was adequate.

Accommodation for Homeless Families at St. George's Hospital

Accommodation is provided in one large block in the hospital and in hutments (formerly E.M.S. hutments) in the grounds of the hospital. The large wards in the hospital were divided by means of hessian curtains later replaced by wooden partitions reaching to within three feet of the ceiling. One such partitioned section is allocated to each family for eating and sleeping purposes. This provides for each family unit a minimum amount of privacy. Facilities for cooking are also provided in kitchens which are shared by two or three families, according to the number of persons in each family and the size of the kitchen. Not only is cooking and washing-up done in the kitchens but also the washing of personal clothing which when there are infants in the family includes napkins. Bathing and toilet facilities are also provided and are shared by several families. Life is, therefore, virtually communal.

Very similar arrangements are provided in the hutments. One hut may accommodate six or seven families. Wooden partitions reaching to within a height of approximately two feet from the ceiling have been erected and a family may occupy one or two such partitioned rooms, according to the size of the family. Kitchen and toilet facilities are provided on a basis similar to that in the main hospital block.

Advice has been given from the medical aspect on the following points :—

(*a*) If it is intended to keep the families together as units at least one room should be allocated to each family.

(*b*) A minimum of fifty square feet should be allowed per person in a room which is used for sleeping purposes only. If the room is used as a combined sleeping, dining and sitting room a minimum of sixty square feet should be allowed per person.

(*c*) There should be adequate cross ventilation in all rooms.

(*d*) Partitions between rooms used for separate families should be made of wood or other similar material capable of being washed down. The use of curtains for the purpose of dividing rooms is to be deprecated.

(*e*) A minimum of one water closet should be allowed for every ten persons.

(*f*) A minimum of one wash-hand basin should be allowed for every twelve persons.

(*g*) One bath should be allowed for every twenty-five persons.

(NOTE—If the wash-hand basin and the bath are in the same room, one such room should be allocated to every fifteen persons).

(*h*) A kitchen in which there is one cooker and one washing-up sink should be adequate for three families provided the maximum number in all three families does not exceed ten.

(*i*) A larger kitchen with two cooking stoves and two washing-up sinks should be adequate for a maximum of five families containing not more than fifteen persons.

(*j*) A separate washing room should be provided for washing personal clothing—kitchens shared by several families should not be used for this purpose. This washing often includes the washing of babies' napkins and other heavily soiled articles.

(*k*) Covered locked provision should be made for the storage of food for each family. The storage cupboards should be in a cool, well ventilated part of the building.

(*l*) Garbage bins with lids should be provided; the bins should be emptied regularly.

(*m*) Facilities should be provided for the temporary complete isolation of a family in which a case of infectious disease occurs.

(*n*) Where possible arrangements should be made for the admission of all cases of notifiable infectious diseases to hospital.

(*o*) Arrangements should be made for isolating all new admissions until they have been certified as being clean and free from infection.

(*p*) (If practicable.) All parents should be encouraged to have their children immunised against diphtheria and whooping cough.

It is realised that the urgency of admitting homeless families in the present housing shortage presents almost insuperable problems but prevention of spread of infection is a public health matter which requires attention.

Admission of Sick and Non-Sick Persons to Residential Accommodation

The alternative arrangements made necessary by the final break-up of the poor law involved use being made by the Welfare Committee of the services of the Duly Authorised Officers, appointed in connection with the Mental Health Service, for dealing with applications for the admission of non-sick persons to residential and temporary accommodation and the protection where necessary of the property of persons admitted to hospitals, etc.

Upon receipt of an application for admission to residential or temporary accommodation and having satisfied himself that admission is essential each Duly Authorised Officer in consultation with the Area Clerk appointed by the Welfare Committee (or in a case of urgency without such consultation) arranges admission, also arranging transport if necessary. An admission order form, a general record card and a financial record are completed in each case and the necessary enquiries made as to the applicant's means.

Where necessary, steps are taken to safeguard the property of these persons and also of persons admitted to hospitals and inventories of furniture are prepared if required.

The number of such cases dealt with by the Duly Authorised Officers during 1950 was 393, involving a total of 600 visits.

Welfare of the Blind

During the year the number of persons examined by ophthalmic specialists for certification as blind or partially-sighted persons was 700. Close co-operation is maintained with the ophthalmic specialists who not only examine persons at their surgeries or at local hospitals but arrange a domiciliary visit when it is impossible for the person to travel.

The work relating to the after-care and follow-up of blind persons is administered by the Welfare Committee who employ 14 home teachers together with a placement officer. It will readily be appreciated that this part of the work is a most valuable adjunct in connection with the welfare of the blind, particularly in the instruction given in simple pastime occupations, the reading and writing of embossed literature and the assistance given in methods of overcoming the effects of the disability.

On 31st March, 1951, there were 2,558 persons on the Blind Register (1,135 males 1,423 females) of whom 1,505 were over 65 years of age (575 males ; 930 females).

Various occupations are undertaken by blind persons, the details of which are given below :—

15 Basket workers
8 Boot repairers
20 Clerks and typists
14 Dealers, newsagents, tea agents and shopkeepers
44 Factory operatives
16 Machine knitters
22 Mat makers
27 Piano tuners
18 Poultry keepers
18 Telephone operators

The total number employed is 290, of which 130 are in open industry, 92 in sheltered employment with the financial assistance of the County Council, and 68 are St. Dunstan's trained. The number of blind persons unemployable is 2,050.

SECTION VI—THE MENTAL HEALTH SERVICE

THE combined mental health service has continued to function on the lines laid down in the Proposals under Section 51 of the National Health Service Act, 1946, as approved by the Minister of Health.

The following table shows the number of visits paid by Duly Authorised Officers in connection with the various classes of patient.

MENTAL DEFICIENCY ACTS.		Brought forward	18,426
New cases	428	LUNACY ACTS.	
Statutory supervision	12,471	Preliminary investigations	2,820
Voluntary supervision	2,416	Sections 14 & 15 (certified)	1,272
Case notes	86	Section 11 (urgency orders)	273
Licence cases	864	Section 20 (three day orders)	74
Home circumstances reports for visitors	766	Section 21 (14 day orders)	3
Guardianship cases	832	MENTAL TREATMENT ACT.	
Holiday, licence and discharge applications	563	Section 1 (voluntary)	293
		Section 5 (temporary)	83
Carried forward	18,426	Inventories prepared	31
		Other visits	4,448
			27,723

The friendly relationships with Regional Hospital Boards and Hospital Management Committees, which are so necessary for the smooth running of the mental health service, have been maintained and the whole-hearted co-operation of the Hospital Boards' officers can always be relied upon. The Duly Authorised Officers have continued the supervision of patients on licence from institutions, and have furnished reports on the home circumstances of defectives in institutions in connection with applications for licence, discharge or holidays.

It has not been found necessary to utilise the services of voluntary associations, although several patients have been sent to holiday homes of the National Association for Mental Health for short periods, the maintenance costs for such patients being met by the Regional Hospital Boards.

Care and After-Care

The limited scheme for the after-care of mental patients has continued on the lines previously reported. As an experiment, arrangements were made during the latter part of the year for a few selected patients discharged from mental hospitals to go to convalescent homes of the Mental After-Care Association.

Lunacy and Mental Treatment Acts, 1890-1930

The following statistics show the numbers of patients dealt with under the Lunacy and Mental Treatment Acts during 1950 :—

	With the assistance of the Duly Authorised Officers.	Without such assistance.
LUNACY ACT, 1890		
Section 11 (Urgency Orders) ..	42 ..	—
Section 14 & 15 (Certified) ..	588 ..	—
Section 20 (Three day Orders)	35 ..	—
MENTAL TREATMENT ACT, 1930.		
Section 1 (Voluntary) ..	166 ..	944
Section 5 (Temporary) ..	44 ..	4

Mental Deficiency Acts, 1913-1938

A total of 215 patients was ascertained during the year as being defectives "subject to be dealt with" under the Mental Deficiency Acts, details being as follows :—

	Males.	Females.	Total.
(*a*) Patients reported by Local Education Authorities under the terms of Section 57 of the Education Act, 1944—			
(i) Under Section 57 (3) ..	62 ..	52 ..	114
(ii) Under Section 57 (5)—			
On leaving special schools	14 ..	18 ..	32
On leaving ordinary schools	3 ..	3 ..	6
(*b*) Patients reported from other sources	24 ..	39 ..	63
	103 ..	112 ..	215
These patients were disposed of as follows :—			
(*a*) Admitted to Institutions	1 ..	9 ..	10
(*b*) Taken to "Places of Safety" ..	1 ..	— ..	1
(*c*) Placed under Statutory Supervision	93 ..	94 ..	187
(*d*) Action pending	8 ..	9 ..	17
	103 ..	112 ..	215

Fifty-one other patients were found to be defectives not at present "subject to be dealt with" and were placed under voluntary supervision.

The total number of patients ascertained as being defectives "subject to be dealt with" as at 31st December, 1950, was 3,391. These were classified as follows :—

	Males	Females	Total
(*a*) In Institutions	715 ..	597 ..	1,312
(*b*) Under Guardianship	25 ..	49 ..	74
(*c*) In "Places of Safety"	1 ..	2 ..	3
(*d*) Under Statutory Supervision ..	1,064 ..	921 ..	1,985
(*e*) Action pending	8 ..	9 ..	17
	1,813 ..	1,578 ..	3,391

In addition, voluntary supervision was exercised over 1,214 defectives living in the community.

Institutional Accommodation

The severe shortage of vacant institutional accommodation referred to in my last report has continued and, despite the co-operation of the officers of the Regional Hospital Boards, the number of patients needing urgent admission to an Institution at the close of the year was 301.

Occupation Centres

Day Occupation Centres for the training of defectives under community care have continued to function satisfactorily during the year. In March, the Walthamstow Junior Occupation Centre removed to more pleasant and convenient premises at All Saints' Church Hall, Capworth Street, Leyton, E.10, and was re-designated the Leyton Junior Occupation Centre. The new premises represent a considerable improvement over the old ones, especially with regard to sanitary accommodation and kitchen facilities.

Suitable premises were found in Walthamstow late in the year for another Senior Centre and it is hoped that this Centre, for which there is a considerable demand, will open in mid-1951.

The conveyance of patients by private hire coaches to all Centres except Colchester has continued, and arrangements have been made to extend the facilities serving the Chelmsford Centre so that training will be available for an additional number of patients from outlying districts.

The School Meals Service has continued to supply excellent hot mid-day meals for defectives attending Occupation Centres, the arrangements for payment remaining as previously reported. The medical supervision of defectives attending at Occupation Centres has continued as heretofore.

The names of 355 patients were registered at the seven Centres at the end of 1950 and a high daily average of attendance was maintained throughout the year. As a result of the training and supervision afforded it was possible for the reports issued under Section 57 (3) of the Education Act, 1944, in respect of seven children to be cancelled, and the patients returned to the scholastic system.

Persons under Supervision

Cases reported under Section 57 (5) of the Education Act, 1944, are carefully assessed regarding fitness for employment and aided in placement by the co-operative efforts of the Duly Authorised Officers and Juvenile Employment Officers. Where possible, ascertainment under the Mental Deficiency Acts is suspended for periods up to two years, so that the individual's adjustment to society can be studied before a final decision is taken.

During the last eight months of the year a review of persons under supervision was carried out, and it proved possible to remove the names of 52 patients from the list of those receiving periodic visitation.

APPENDIX

COUNTY COUNCIL OF ESSEX.

NATIONAL HEALTH SERVICE ACT, 1946.

Section 28.

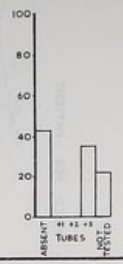
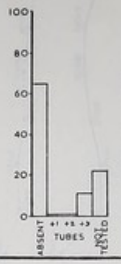
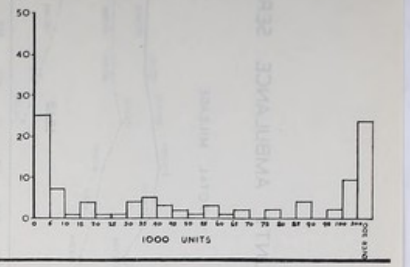
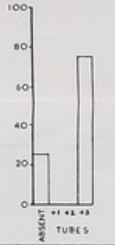
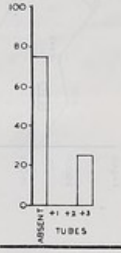
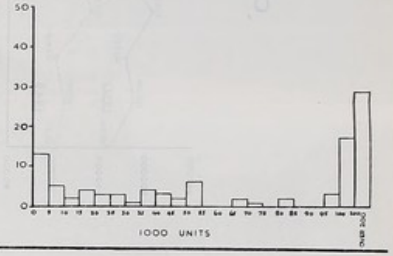
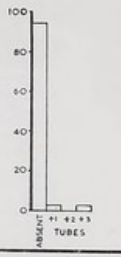
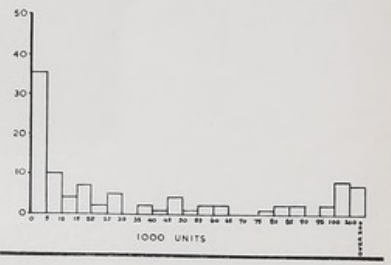
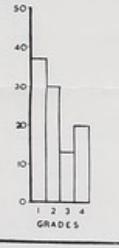
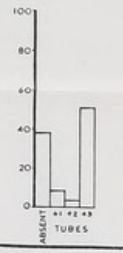
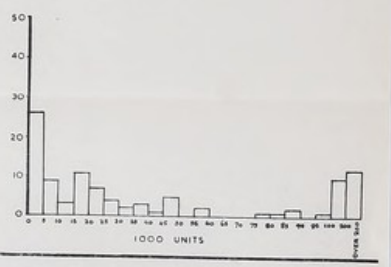
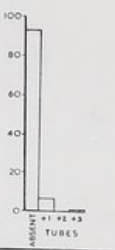
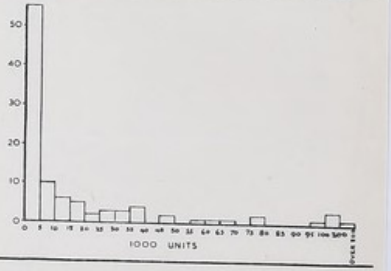
PROPOSED ARRANGEMENTS FOR PREVENTION OF ILLNESS, CARE AND AFTER-CARE

First Supplementary Proposal (Vaccination against Tuberculosis)

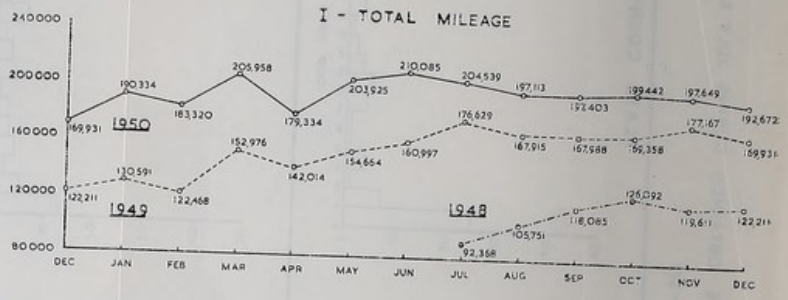
In supplementation of their Proposals for the carrying out of their functions u
Section 28 of the National Health Service Act, 1946, as modified and approved by
Minister of Health, and unless and until otherwise decided by or on behalf of the Co
Council as Local Health Authority, the County Council intend to provide for B.
(Bacillus Calmette-Guerin) vaccination by and at the instance of physicians
specialist knowledge and experience of tuberculosis as regards persons to whom
judged medically expedient, subject to the necessary preliminary tests, to offer
vaccination in view of their known contacts with tuberculous infection or sele
groups of the population, as agreed by the Minister of Health. Records of B.
vaccinations will be kept in such standard form as may be recommended by the Mi
and information concerning these records will be supplied to the Minister upon req

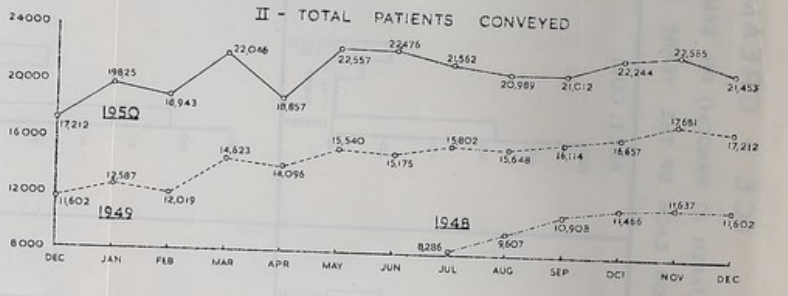
ICE - CREAM

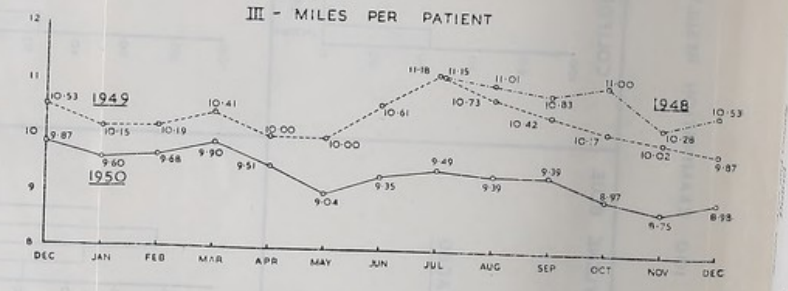
100 EXAMINATION RESULTS (TAKEN AT RANDOM) ON SAMPLES OBTAINED DURING JULY & AUGUST FOR EACH OF THE YEARS 1946-50

	METHYLENE BLUE	COLIFORM	BACT. COLI	PLATE COUNT
1946	UNGRADED			
1947				
1948				
1949				
1950				

COUNTY AMBULANCE SERVICE







9. Ilford
10. Leyton

TABLE I

BIRTHS, DEATHS, ANNUAL RATES, &c., 1950

Health Area and County District	*Census, 1931*		*Estimated Population*	*Live Births*		*Still-births*		*Deaths at all Ages*		*Infant Deaths*	
	Acreage	*Population*		*No.*	*Rate**	*No.*	*Rate†*	*No.*	*Rate**	*No.*	*Rate‡*
ADMINISTRATIVE COUNTY	959,464	1,189,004	1,589,810	23,354	14.7	483	20.3	15,968	10.0	546	23.4
BOROUGHS AND URBAN DISTRICTS	256,982	1,004,325	1,365,600	19,849	14.5	425	21.0	13,256	9.7	469	23.6
RURAL DISTRICTS	702,482	184,679	224,210	3,505	15.6	58	16.3	2,712	12.1	77	22.0
1. NORTH-EAST ESSEX	243,652	156,843	182,752	2,570	14.1	53	20.2	2,218	12.1	46	17.9
Colchester B.	12,011	49,131	57,880	811	14.0	21	25	594	10.3	17	21
Harwich B.	1,512	12,046	14,110	218	15.5	7	31	129	9.1	2	9
Brightlingsea U.	2,852	4,147	4,498	61	13.6	2	32	65	14.5	1	16
Clacton-on-Sea U.	6,470	16,737	23,520	288	12.2	3	10	361	15.3	7	24
Frinton and Walton U.	6,293	7,324	8,224	88	10.7	3	33	113	13.7	2	23
Halstead U.	1,176	6,012	6,020	81	13.5	—	—	99	16.4	3	37
West Mersea U.	3,171	2,067	3,100	50	16.1	1	20	36	11.6	—	—
Wivenhoe U.	1,493	2,193	2,460	39	15.9	—	—	33	13.4	1	26
Halstead R.	76,693	15,997	16,960	238	14.0	5	21	235	13.9	4	17
Lexden and Winstree R.	66,097	19,418	22,310	364	16.3	7	19	263	11.8	5	14
Tendring R.	65,884	21,771	23,670	332	14.0	4	12	290	12.3	4	12
2. MID-ESSEX	459,453	165,617	206,917	3,212	15.5	68	20.7	2,339	11.3	76	23.7
Chelmsford B.	4,772	27,457	37,250	511	13.7	7	14	363	9.7	13	25
Maldon B.	4,809	8,542	9,670	165	17.1	7	41	117	12.1	7	42
Saffron Walden B.	7,502	5,930	7,180	91	12.7	2	22	91	12.7	3	33
Braintree and Bocking U.	6,812	13,497	17,370	284	16.4	6	21	184	10.6	7	25
Burnham-on-Crouch U.	5,352	3,492	3,880	55	14.2	1	18	54	13.9	1	18
Witham U.	7,329	6,751	8,457	124	14.7	6	46	82	9.7	2	16
Braintree R.	59,556	16,378	18,550	281	15.1	6	21	236	12.7	11	39
Chelmsford R.	86,506	27,836	39,050	642	16.4	9	14	405	10.4	14	22
Dunmow R.	72,487	15,320	18,870	294	15.6	5	17	221	11.7	5	17
Maldon R.	78,507	13,348	14,720	234	15.9	7	29	188	12.8	6	26
Ongar R.	47,236	11,523	14,570	256	17.6	5	19	156	10.7	4	16
Saffron Walden R.	78,585	15,543	17,350	275	15.9	7	25	242	13.9	3	11
3. SOUTH-EAST ESSEX	81,886	63,707	102,124	1,517	14.8	25	16.2	1,420	13.9	39	25.7
Benfleet U.	6,361	12,091	19,720	254	12.9	4	16	278	14.1	9	35
Billericay U.	29,367	27,708	43,130	700	16.2	13	18	622	14.4	12	17
Canvey Island U.	4,351	3,532	10,800	178	16.5	2	11	152	14.1	7	39
Rayleigh U.	5,727	6,407	9,474	124	13.1	5	39	113	11.9	2	16
Rochford R.	36,080	13,969	19,000	261	13.7	1	4	255	13.4	9	34
4. SOUTH ESSEX	76,361	124,727	213,460	3,253	15.2	64	19.3	1,951	9.1	93	28.6
Brentwood U.	18,269	23,694	29,880	400	13.4	14	34	329	11.0	14	35
Hornchurch U.	19,768	39,389	103,700	1,478	14.3	27	18	900	8.7	41	28
Thurrock U.	38,324	61,644	79,880	1,375	17.2	23	16	722	9.0	38	28
5. FOREST	62,978	107,292	194,157	2,960	15.2	55	18.2	1,705	8.8	59	19.9
Chingford B.	2,868	22,076	48,770	692	14.2	13	18	374	7.7	8	12
Wanstead and Woodford B.	3,842	43,129	62,460	847	13.6	22	25	605	9.7	16	19
Chigwell U.	8,971	16,338	48,680	849	17.4	11	13	334	6.9	15	18
Epping U.	1,488	5,081	6,820	112	16.4	5	43	84	12.3	5	45
Waltham Holy Cross U.	10,958	7,092	8,267	132	16.0	2	15	87	10.5	3	23
Epping R.	34,851	13,576	19,160	328	17.1	2	6	221	11.5	12	37
6. ROMFORD	9,342	37,840	80,240	1,429	17.8	35	23.9	667	8.3	33	23.1
7. BARKING	3,877	51,270	79,260	1,189	15.0	26	21.4	667	8.4	32	26.9
8. DAGENHAM	6,554	89,362	115,400	1,773	15.4	45	24.8	799	6.9	52	29.3
9. ILFORD	8,425	131,061	186,200	2,406	12.9	48	19.6	1,763	9.5	45	18.7
10. LEYTON	2,594	128,313	106,600	1,447	13.6	27	18.3	1,134	10.6	29	20.0
11. WALTHAMSTOW	4,342	132,972	122,700	1,598	13.0	37	22.6	1,305	10.6	42	26.3

*per 1,000 estimated population; †per 1,000 total births; ‡per 1,000 live births.

TABLE II

CAUSES OF DEATH BY AGE, 1950

	Males									Females								
	0–	*1–*	*5–*	*15–*	*25–*	*45–*	*65–*	*75–*	*Total*	*0–*	*1–*	*5–*	*15–*	*25–*	*45–*	*65–*	*75–*	*Total*
1. Tuberculosis—respiratory	1	—	—	14	84	117	37	10	263	2	1	1	23	70	40	12	4	153
2. Tuberculosis—other	—	3	2	5	4	6	1	1	22	1	3	1	3	7	1	2	1	19
3. Syphilitic disease	1	—	—	—	1	15	13	4	34	1	—	—	—	2	6	5	2	16
4. Diphtheria	—	—	—	—	—	—	—	—	0	—	—	—	—	—	—	—	—	0
5. Whooping cough	1	—	—	—	—	—	—	—	1	4	—	—	—	—	—	—	—	4
6. Meningococcal infections	—	4	—	—	—	—	—	—	4	1	2	—	—	—	—	—	—	3
7. Acute poliomyelitis	—	1	2	5	1	—	—	—	9	1	2	1	2	1	—	—	—	7
8. Measles	1	1	2	—	—	—	—	—	4	—	—	—	—	—	—	—	—	0
9. Other infective and parasitic diseases	—	—	3	1	3	5	1	4	17	1	1	—	1	2	5	1	4	15
10. Malignant neoplasm, stomach	—	—	—	2	8	109	91	60	270	—	—	—	—	12	55	54	82	203
11. Malignant neoplasm, lung and bronchus	—	—	1	—	34	239	99	35	408	—	—	—	1	3	39	31	12	86
12. Malignant neoplasm, breast	—	—	—	—	—	—	1	1	2	—	—	—	1	36	136	49	48	270
13. Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	0	—	—	—	1	10	58	30	15	114
14. Other malignant and lymphatic neoplasms	3	6	7	6	56	221	283	265	847	—	6	3	5	52	237	184	229	716
15. Leukæmia and aleukæmia	—	3	1	2	3	17	9	1	36	—	1	1	3	3	5	5	3	21
16. Diabetes	—	—	—	—	2	5	16	13	36	—	—	1	1	2	15	31	25	75
17. Vascular lesions of nervous system	1	—	—	—	9	133	274	384	801	—	—	—	1	15	207	309	572	1104
18. Coronary disease, angina	—	—	—	1	32	438	434	355	1260	—	—	—	—	5	121	276	303	705
19. Hypertension with heart disease	—	—	—	—	5	48	101	117	271	—	—	—	—	4	61	130	152	347
20. Other heart disease	1	—	4	8	27	138	292	730	1200	1	1	—	2	40	177	344	1116	1681
21. Other circulatory disease	—	—	—	1	6	43	77	154	281	—	—	1	—	7	35	68	158	269
22. Influenza	—	2	1	1	3	7	13	13	40	—	—	—	1	7	4	20	14	46
23. Pneumonia	32	8	2	2	10	41	73	124	292	12	5	3	2	8	30	45	128	233
24. Bronchitis	5	1	1	—	4	128	156	197	492	3	2	—	—	4	35	87	174	305
25. Other diseases of respiratory system	1	3	1	—	14	35	22	21	97	1	—	—	1	—	8	6	12	28
26. Ulcer of stomach and duodenum	—	—	—	2	7	63	52	31	155	—	—	—	—	4	10	8	14	36
27. Gastritis, enteritis and diarrhoea	8	1	—	1	2	6	1	2	21	8	—	—	1	6	4	7	11	37
28. Nephritis and nephrosis	—	1	—	2	20	19	18	23	83	—	—	4	3	16	26	21	25	95
29. Hyperplasia of prostate	—	—	—	—	—	9	45	79	133	—	—	—	—	—	—	—	—	0
30. Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	0	—	—	—	2	14	—	—	—	16
31. Congenital malformations	55	3	4	1	7	7	1	1	79	40	7	4	8	8	12	2	1	82
32. Other defined and ill-defined diseases	194	13	14	18	48	150	105	195	737	147	17	12	9	66	152	114	316	833
33. Motor vehicle accidents	—	1	13	35	24	16	17	8	114	—	3	7	4	1	5	6	10	36
34. All other accidents	10	11	7	16	30	32	11	33	150	8	5	4	2	4	6	17	47	93
35. Suicide	—	—	—	5	18	41	15	10	89	—	—	—	1	21	25	11	7	65
36. Homicide and operations of war	1	1	1	—	—	2	1	—	6	—	—	—	—	—	1	—	—	1
All Causes	315	63	66	128	462	2090	2259	2871	8254	231	56	43	78	430	1516	1875	3485	7714

TABLE III.—CAUSES OF DEATH, 1950.

Health Area and County District	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic disease	Malignant neoplasm, stomach	Malignant neoplasm, lung, bronchus	Malignant neoplasm, breast	Malignant neoplasm, uterus	Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	
ADMINISTRATIVE COUNTY ..	416	41	50	—	5	7	16	4	32	473	494	272	114	1,563	57	111	1,905	1,965	618	2,881	559	86	525	797	125	191	58	178	133	16	161	1,570	150	243	154	7	15,968
BOROUGHS AND URBAN DISTRICTS	382	33	45	—	5	7	13	4	22	385	427	230	101	1,286	48	91	1,550	1,633	540	2,342	450	75	435	698	109	167	50	143	92	13	131	1,279	128	189	138	5	13,256
RURAL DISTRICTS	34	8	5	—	—	—	3	—	10	88	67	42	13	277	9	20	345	332	78	539	100	11	90	99	16	24	8	35	41	3	30	291	22	54	16	2	2,712
1. NORTH-EAST ESSEX ..	43	6	3	—	—	—	3	—	4	70	43	30	21	201	2	17	320	272	60	476	85	16	46	64	15	22	5	33	20	3	16	226	18	47	21	—	2,218
Colchester B.	16	2	2	—	—	—	—	—	—	15	12	8	12	48	—	3	83	63	27	120	24	8	13	18	9	5	1	6	6	1	3	67	4	11	7	—	594
Harwich B.	3	—	—	—	—	—	1	—	1	3	4	3	1	14	1	1	15	12	2	28	4	—	7	4	—	4	—	1	3	—	1	9	2	5	—	—	129
Brightlingsea U. ..	2	—	1	—	—	—	—	—	—	4	—	—	1	6	—	1	12	9	1	18	2	—	2	1	—	—	—	1	—	—	—	2	—	1	—	—	65
Clacton-on-Sea U. ..	9	1	—	—	—	—	—	—	2	9	6	7	2	33	—	3	64	58	9	69	13	2	3	4	3	5	2	6	3	—	3	32	1	9	3	—	361
Frinton and Walton U. ..	1	1	—	—	—	—	—	—	—	9	6	7	2	33	—	3	64	58	9	69	13	2	3	4	3	5	2	6	3	—	—	8	2	3	—	—	113
Halstead U.	1	—	—	—	—	—	—	—	—	6	3	1	—	12	—	1	13	15	2	28	6	1	—	6	—	1	1	—	—	—	3	32	1	9	3	—	361
West Mersea U.	—	—	—	—	—	—	—	—	—	3	4	1	1	10	—	3	18	10	1	13	2	1	—	1	1	1	—	—	—	—	—	8	2	3	—	—	113
Wivenhoe U.	—	—	—	—	—	—	—	—	—	—	—	—	—	7	—	—	3	8	5	2	3	1	4	—	—	—	—	—	—	2	20	—	2	2	—	99
Halstead R.	4	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	8	4	2	6	—	—	—	2	—	—	—	—	—	—	—	3	—	—	—	—	36
Lexden and Winstree R.	5	2	—	—	—	—	—	—	—	7	—	3	—	34	—	2	25	40	5	58	8	1	4	9	2	1	—	5	3	—	—	5	—	—	1	—	33
Tendring R.	2	—	—	—	—	—	2	—	1	10	7	4	2	23	—	3	34	27	3	64	14	2	7	6	—	3	—	5	1	1	3	22	3	4	2	—	235
										13	6	2	2	23	1	—	45	26	3	70	9	—	6	13	—	1	1	7	3	1	2	38	2	8	3	—	263
2. MID-ESSEX	29	4	4	—	—	—	1	—	8	63	59	38	16	250	7	18	315	305	60	423	89	8	80	93	14	21	7	28	33	2	25	261	20	44	11	2	2,339
Chelmsford B.	6	1	1	—	—	—	—	—	1	15	8	6	4	33	—	1	51	62	7	66	14	—	12	11	2	—	1	2	3	—	7	37	4	5	1	—	363
Maldon R.	1	—	—	—	—	—	—	—	—	5	5	—	—	6	1	—	23	17	3	25	4	—	4	2	1	4	—	—	—	—	2	7	1	6	—	—	117
Saffron Walden B. ..	1	—	—	—	—	—	—	—	—	3	2	1	2	11	—	1	14	7	1	18	4	—	1	6	1	1	—	1	—	—	1	11	—	1	2	—	91
Braintree and Bocking U.	3	—	—	—	—	—	—	—	—	3	2	3	2	24	—	3	19	30	2	24	9	—	12	7	1	1	—	4	2	1	—	30	—	2	—	—	184
Burnham-on-Crouch U. ..	2	—	—	—	—	—	—	—	—	1	—	1	1	2	—	1	15	6	4	6	1	—	1	3	—	1	—	1	—	—	—	5	—	1	—	—	54
Witham U.	—	—	—	—	—	—	—	—	—	1	3	—	1	12	—	—	11	9	1	11	5	1	1	6	1	2	—	1	—	—	—	8	3	4	1	—	82
Braintree R.	3	—	—	—	—	—	—	—	2	4	2	1	—	27	—	3	32	22	9	48	8	—	9	11	3	3	2	3	—	3	34	3	3	—	—	236
Chelmsford R.	3	1	1	—	—	—	—	—	1	13	15	11	—	33	1	2	45	59	14	70	18	5	16	10	1	5	1	6	4	1	9	45	3	9	2	1	405
Dunmow R.	5	—	—	—	—	—	—	—	—	6	8	3	1	24	4	3	25	29	3	35	11	—	11	6	3	1	1	1	7	—	—	26	1	6	—	1	221
Maldon R.	2	—	—	—	—	—	1	—	2	5	5	5	1	24	—	2	28	14	2	47	2	—	5	10	1	1	—	1	5	—	2	18	2	2	1	—	188
Ongar R.	2	—	1	—	—	—	—	—	1	2	5	4	1	14	1	2	25	22	4	26	5	—	4	8	1	1	—	1	5	—	—	16	3	1	1	—	156
Saffron Walden R. ..	1	2	1	—	—	—	—	—	1	5	4	3	3	38	—	—	27	29	10	47	8	2	4	13	1	1	—	8	4	—	1	24	—	4	—	—	242
3. SOUTH-EAST ESSEX ..	36	5	6	—	—	—	1	—	1	44	42	20	10	123	3	12	170	194	59	259	69	4	61	69	16	19	7	11	14	2	12	112	8	25	6	—	1,420
Benfleet U.	5	—	2	—	—	—	—	—	—	4	9	4	2	15	—	3	42	39	10	78	9	—	7	10	1	3	2	—	2	—	1	24	3	3	—	—	278
Billericay U.	21	2	1	—	—	—	1	—	—	21	16	8	3	51	2	6	69	81	24	101	44	2	26	35	9	9	2	9	8	1	8	44	4	10	4	—	622
Canvey Island U. ..	2	1	—	—	—	—	—	—	—	3	4	3	2	21	—	1	16	17	7	21	3	1	10	10	1	2	—	1	3	1	1	17	—	3	1	—	152
Rayleigh U.	5	—	1	—	—	—	—	—	—	3	5	1	1	11	1	—	13	16	3	22	6	—	4	3	2	2	1	—	—	—	—	9	1	3	—	—	113
Rochford R.	3	2	2	—	—	—	—	—	1	13	8	4	2	25	—	2	30	41	15	37	7	1	14	11	3	3	2	1	1	—	2	18	—	6	1	—	255
4. SOUTH ESSEX	54	9	6	—	2	1	3	1	1	57	60	45	13	172	12	16	235	225	70	345	60	6	46	115	8	32	11	21	13	1	21	223	19	27	19	2	1,651
Brentwood U.	9	—	1	—	—	—	1	—	—	6	10	12	—	34	—	4	31	40	10	67	8	—	10	21	1	8	1	3	1	—	—	46	1	2	1	1	329
Hornchurch U.	22	7	2	—	1	1	1	—	—	27	27	18	5	78	7	9	120	109	34	155	23	3	20	63	3	12	8	8	7	1	8	90	9	12	10	—	980
Thurrock U.	23	2	3	—	1	—	1	1	1	24	23	15	8	60	5	3	84	76	26	123	29	3	16	31	4	12	2	10	5	—	13	87	9	13	8	1	722
5. FOREST	45	2	3	—	2	—	—	—	3	43	55	29	10	203	7	8	202	218	62	278	68	13	55	60	23	26	4	19	18	2	25	170	16	18	17	1	1,705
Chingford B.	12	—	1	—	—	—	—	—	1	12	13	5	3	44	—	3	49	45	10	65	16	2	9	20	2	7	1	3	2	1	4	32	3	2	7	—	374
Wanstead and Woodford B.	12	1	2	—	—	—	—	—	—	13	19	14	5	76	2	2	68	86	24	96	21	4	20	22	10	4	2	8	6	1	7	67	5	5	3	—	605
Chigwell U.	14	—	—	—	1	—	—	—	1	4	14	7	—	37	2	1	39	41	12	46	14	6	11	10	7	7	—	6	3	—	4	35	4	4	3	1	334
Epping U.	1	—	—	—	—	—	—	—	—	2	—	1	1	11	1	1	5	15	4	16	5	—	3	3	—	1	—	1	1	—	3	6	3	—	—	—	84
Waltham Holy Cross U.	2	—	—	—	1	—	—	—	—	2	2	—	—	13	—	—	12	8	2	18	2	1	2	3	1	3	—	1	1	—	1	10	—	—	2	—	87
Epping R.	4	1	—	—	—	—	—	—	1	10	7	2	1	22	2	1	29	23	10	37	10	—	16	2	3	4	—	1	5	—	6	20	1	7	2	—	221
6. ROMFORD	29	3	3	—	—	—	1	—	3	23	26	12	3	63	3	7	79	87	17	103	20	5	23	33	5	7	4	9	5	1	11	54	9	8	11	—	667
7. BARKING	32	1	4	—	1	—	2	—	—	15	26	15	1	72	1	1	60	72	39	95	21	3	29	48	4	11	5	8	4	1	5	66	6	12	7	—	667
8. DAGENHAM	42	3	4	—	—	4	1	1	1	29	44	18	7	81	5	12	71	76	36	102	19	5	30	56	7	10	3	5	4	—	9	87	7	13	6	1	709
9. ILFORD	42	4	5	—	—	1	2	—	4	53	54	25	10	188	8	8	182	233	112	319	58	11	39	99	12	11	4	17	8	4	17	160	25	24	23	1	1,763
10. LEYTON	31	4	5	—	—	—	—	—	4	39	35	14	11	87	4	8	124	114	49	258	26	6	52	80	11	16	6	10	4	—	7	91	9	13	16	—	1,134
11. WALTHAMSTOW ..	33	—	7	—	—	1	2	2	3	37	50	26	12	123	5	4	147	168	54	223	35	9	64	80	10	16	2	17	10	—	13	110	13	12	17	—	1,305

TABLE IV

BIRTH RATES IN COUNTY DISTRICTS AND HEALTH AREAS 1948–50

Health Area and County District	*Number of Live Births 1948–50*	*Average Annual Birth Rate*	*Comparability Factor*	*Adjusted rate as percentage of County rate*	*Significance*
ADMINISTRATIVE COUNTY ..	74,938	15.95	0.99	100	
1. NORTH-EAST ESSEX ..	8,221	15.13	1.06	101	
Colchester B.	2,607	15.37	0.96	94	Low
Harwich B.	700	16.78	0.99	105	
Brightlingsea U.	182	13.54	1.18	101	
Clacton-on-Sea U.	901	12.95	1.14	94	
Frinton and Walton U. ..	312	12.92	1.12	92	
Halstead U.	256	14.14	1.04	93	
West Mersea U.	126	14.16	1.12	101	
Wivenhoe U.	128	17.75	1.08	122	
Halstead R.	744	14.85	1.13	106	
Lexden and Winstree R. ..	1,116	16.79	1.12	119	High
Tendring R.	1,149	16.16	1.13	116	High
2. MID-ESSEX:	10,242	16.61	1.03	108	High
Chelmsford B.	1,728	15.70	0.97	96	
Maldon B.	507	17.59	1.10	122	High
Saffron Walden B. ..	324	15.61	0.99	98	
Braintree and Bocking U. ..	870	16.11	0.99	101	
Burnham-on-Crouch U. ..	194	16.69	1.16	123	High
Witham U.	398	15.87	1.07	108	
Braintree R.	871	15.85	0.97	97	
Chelmsford R.	2,058	17.73	1.01	113	High
Dunmow R.	873	15.26	1.13	108	
Maldon R.	722	16.58	1.15	121	High
Ongar R.	803	18.42	1.11	129	High
Saffron Walden R.	894	16.92	1.10	118	High
3. SOUTH-EAST ESSEX ..	4,936	16.30	1.11	115	High
Benfleet U.	870	14.77	1.13	106	
Billericay U.	2,163	16.96	1.11	119	High
Canvey Island U.	556	17.46	1.11	123	High
Rayleigh U.	433	15.41	1.12	110	
Rochford R.	914	16.21	1.10	113	High
4. SOUTH ESSEX	10,666	16.90	0.99	106	High
Brentwood U.	1,283	14.53	1.18	109	High
Hornchurch U.	4,863	15.77	0.96	96	
Thurrock U.	4,520	19.27	0.98	120	High
5. FOREST	8,669	15.62	0.96	95	Low
Chingford B.	2,119	14.72	0.93	87	Low
Wanstead and Woodford B. ..	2,663	14.34	0.93	89	Low
Chigwell U.	2,187	17.41	0.94	104	
Epping U.	346	17.50	0.98	109	
Waltham Holy Cross U. ..	394	16.20	1.02	104	
Epping R.	960	17.27	0.99	107	
6. ROMFORD	4,095	18.08	0.93	106	High
7. BARKING	3,978	16.73	0.97	103	
8. DAGENHAM	5,858	17.18	0.96	104	High
9. ILFORD	7,884	14.21	0.93	84	Low
10. LEYTON	4,887	15.29	0.94	91	Low
11. WALTHAMSTOW	5,502	14.91	0.97	92	Low

TABLE V **NOTIFICATIONS OF INFECTIOUS DISEASE—1950**

Health Area and County District	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Acute Pneumonia	Meningococcal Infection	Acute Poliomyelitis (Paralytic)	Acute Poliomyelitis (Non-Paralytic)	Acute Encephalitis (Infective)	Acute Encephalitis (Post Infectious)	Dysentery	Ophthalmia Neonatorum	Puerperal Pyrexia	Smallpox	Paratyphoid Fevers	Enteric or Typhoid Fever	Erysipelas	Malaria	Food Poisoning	Others*	Total
ADMINISTRATIVE COUNTY ..	2,609	6,962	11	10,202	1,192	40	163	81	6	3	355	20	139	—	14	10	324	8	296	409	22,844
BOROUGHS AND URBAN DISTRICTS	2,270	6,249	8	9,015	1,108	34	138	72	4	1	345	20	109	—	9	7	299	8	254	339	20,289
RURAL DISTRICTS	339	713	3	1,187	84	6	25	9	2	2	10	—	30	—	5	3	25	—	42	70	2,5 5
1. NORTH-EAST ESSEX ..	400	387	4	1,283	67	3	17	9	—	—	24	2	11	—	3	1	19	—	11	188	2,429
Colchester B.	102	143	2	362	27	—	4	—	—	—	18	1	6	—	3	—	3	—	2	17	690
Harwich B.	2	3	—	214	—	—	—	—	—	—	1	—	—	—	—	1	1	—	3	2	227
Brightlingsea U. ..	34	63	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	106
Clacton-on-Sea U. ..	55	8	—	65	—	1	1	7	—	—	—	1	—	—	—	—	—	—	—	58	196
Frinton and Walton U. ..	16	25	—	31	7	1	2	—	—	—	—	—	—	—	—	—	—	—	—	53	138
Halstead U.	1	4	—	21	—	—	1	—	—	—	—	—	—	—	—	—	3	—	—	2	29
West Mersea U.	19	1	—	12	3	—	—	—	—	—	—	—	1	—	—	—	—	—	1	3	40
Wivenhoe U.	11	4	—	33	1	—	2	—	—	—	—	—	1	—	—	—	3	—	—	3	58
Halstead R.	17	78	—	41	2	1	4	—	—	—	1	—	1	—	—	—	1	—	—	—	146
Lexden and Winstree R.	74	33	1	280	13	—	—	—	—	—	—	—	—	—	—	—	5	—	—	39	445
Tendring R.	69	25	1	219	14	—	3	2	—	—	4	—	2	—	—	—	3	—	5	7	354
2. MID-ESSEX	198	592	—	1,302	86	4	23	13	1	2	3	—	14	—	2	3	23	—	38	37	2,341
Chelmsford B.	9	53	—	566	4	—	2	2	—	—	—	—	7	—	—	—	—	—	—	10	653
Maldon B.	20	40	—	76	22	—	—	—	—	—	—	—	—	—	—	—	4	—	6	5	173
Saffron Walden B. ..	22	17	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	44
Braintree and Bocking U.	17	8	—	8	2	—	5	5	—	—	—	—	1	—	—	—	2	—	—	—	48
Burnham-on-Crouch U. ..	2	28	—	—	6	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	37
Witham U.	14	120	—	68	7	—	3	2	—	—	—	—	—	—	—	—	5	—	—	—	219
Braintree R.	17	34	—	107	5	1	—	—	1	1	1	—	4	—	—	—	—	—	2	2	175
Chelmsford R.	41	109	—	250	8	1	3	1	—	1	—	—	1	—	1	2	5	—	2	9	434
Dunmow R.	11	120	—	69	15	1	—	1	—	—	—	—	1	—	—	—	2	—	—	—	220
Maldon R.	24	25	—	124	9	—	8	—	—	—	—	—	—	—	—	1	2	—	2	—	195
Ongar R.	9	17	—	7	4	—	2	1	—	—	1	—	—	—	—	—	1	—	26	—	69
Saffron Walden R. ..	12	21	—	22	4	1	—	1	—	—	1	—	—	—	1	—	1	—	—	11	74
3. SOUTH-EAST ESSEX ..	149	453	—	125	60	3	17	5	1	—	5	2	21	—	2	—	33	—	7	8	891
Benfleet U.	15	110	—	22	7	1	1	—	—	—	—	1	—	—	—	—	6	—	—	2	165
Billericay U.	78	218	—	39	30	—	8	2	—	—	5	1	1	—	—	—	11	—	4	—	397
Canvey Island U. ..	1	17	—	18	1	1	3	—	—	—	—	—	—	—	—	—	—	—	3	6	50
Rayleigh U.	10	56	—	14	15	—	—	—	—	—	—	—	—	—	—	—	11	—	—	—	106
Rochford R.	45	52	—	32	7	1	5	3	1	—	—	—	20	—	2	—	5	—	—	—	173
4. SOUTH ESSEX	293	989	—	1,613	148	4	23	11	—	—	27	4	6	—	3	1	40	1	8	137	3,308
Brentwood U.	11	208	—	68	25	3	3	1	—	—	7	—	—	—	1	—	3	—	—	14	344
Hornchurch U.	183	512	—	573	50	1	12	3	—	—	4	3	2	—	—	1	20	1	2	55	1,422
Thurrock U.	99	269	—	972	73	—	8	7	—	—	16	1	4	—	2	—	17	—	6	68	1,542
5. FOREST	238	887	2	853	97	4	24	10	1	—	38	1	16	—	1	2	33	1	96	2	2,306
Chingford B.	62	134	1	267	29	3	3	3	—	—	5	—	2	—	—	1	11	—	7	—	528
Wanstead and Woodford B.	57	157	—	293	33	—	10	4	—	—	24	—	10	—	—	—	7	—	59	—	654
Chigwell U.	84	346	—	152	21	1	11	3	1	—	5	1	3	—	—	1	14	—	25	—	668
Epping U.	9	30	—	82	3	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	125
Waltham Holy Cross U.	6	21	—	23	8	—	—	—	—	—	1	—	—	—	—	—	1	1	—	—	61
Epping R.	20	199	1	36	3	—	—	—	—	—	2	—	1	—	1	—	—	—	5	2	270
6. ROMFORD	174	357	1	718	59	7	10	11	—	—	95	1	10	—	—	1	9	1	8	—	1,462
7. BARKING	163	346	1	422	76	2	4	6	—	—	11	1	9	—	—	1	25	2	26	33	1,128
8. DAGENHAM	212	561	1	1,001	51	2	6	2	1	—	1	5	4	—	—	—	12	2	11	—	1,872
9. ILFORD	382	1,119	1	1,466	172	3	18	8	1	—	80	2	29	—	2	—	42	1	33	4	3,363
10. LEYTON	219	769	—	1,111	333	2	8	6	1	1	65	2	5	—	—	1	59	—	30	—	2,612
11. WALTHAMSTOW	181	502	1	308	43	6	13	—	—	—	6	—	14	—	1	—	29	—	28	—	1,132

*Including certain diseases only notifiable in certain parts of the County.

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