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LXVIII.
1957



ADMINISTRATIVE COUNTY OF ESSEX

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1957

GEORGE G. STEWART, M.R.C.S., L.R.C.P., D.P.H.
COUNTY MEDICAL OFFICER OF HEALTH

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COUNTY COUNCIL OF ESSEX

HEALTH COMMITTEE

31st December, 1957

Established as required by the National Health Service Act, 1946—Chairman and Vice-Chairman of the Council and Alderman W. J. Bennett (Past Chairman of the Council) ex-officio, thirty-four other members of the Council and nineteen other persons.

Chairman—K. E. B. GLENNY, O.B.E., J.P.

Vice-Chairman—MRS. S. M. BOVILL

Anfilogoff, Dr. N. L., F.R.I.C., F.Inst.Pet.	Hollis, Mrs. E. F. M.
Ball, Mrs. M.	Kingham, C. E.
Bates, Mrs. E. M.	Masters, F. R.
*Bennett, W. J., C.B.E., J.P.	McEntee, The Lady, O.B.E., J.P.
Berry, A. C.	McNamara, W. E.
Bredo, Mrs. M.	Milbourne, J. W.
Brewster, Mrs. E. F. M.	Olsen, Mrs. E. M. Ström
Bridge, H. A., J.P.	Phillips, Dr. M. A.
Burrell, Mrs. A. M. M.	Saywood, Mrs. E. C.
Chamberlin, Mrs. G. M.	Thomas, Mrs. A. R.
*Chaplin, G. F., J.P.	Tilbury, G. S., J.P.
Clark, Mrs. R.	Turner, H. R.
Cullen, F.	Underwood, Mrs. P. R. C.
Dell, Mrs. A. W.	Williamson, Sqn. Ldr., J. C., M.B.E.
Fallaize, Mrs. L., J.P.	Wilson, Mrs. U. L.
Forster, Miss D. D.	Wortley, F. A.
*Foster, Sir Frank, C.B.E., J.P.	Young, Major A. M., O.B.E., T.D., J.P.
Hills, H. J.	

**Ex-officio Member*

Other Members

Appointed by the County Council

C. F. H. Green, 493 Aldborough Road, Ilford, Essex.
O. L. Oxley, Little Thurrock Hall, Little Thurrock, Essex.
The Dowager Lady Rayleigh, O.B.E., Aldenham Park, Bridgnorth, Shropshire.

Nominated

H. E. Bates, M.M., J.P., 40 Birch Avenue, Dovercourt, Essex.
Mrs. F. M. Cottee, J.P., 21 Castle Road, Rayleigh, Essex.
Lt.-Commander H. Denton, R.N. (Retd.), O.B.E., "Roydene," Main Road, Dovercourt, Essex.
Mrs. B. E. Double, J.P., 8 St. John's Road, Chelmsford, Essex.
Mrs. J. H. Engwell, 138 Ripple Road, Barking, Essex.
Dr. J. C. Fox, 29 Hayes Road, Clacton-on-Sea, Essex.
H. A. Girt, "Torsdale," Hadleigh Road, Frinton-on-Sea, Essex.

G. Gray, Joyce House, Farm Hill, Waltham Abbey, Essex.
 Mrs. J. Hammond, *O.B.E.*, J. P., 28 Dawlish Road, Leyton, London, E.10.
 Mrs. L. A. Irons, J.P., 64 Lynton Avenue, Collier Row, Romford, Essex.
 A. J. H. Okey, 7 Greenbanks, Cranham, Upminster, Essex.
 Mrs. W. M. Palethorpe, 51 Farnborough Avenue, Walthamstow, London, E.17.
 Mrs. A. E. Prendergast, 53 Western Avenue, Dagenham, Essex.
 Mrs. E. I. Tivy, "Coolavin," South Woodham, Chelmsford, Essex.
 Mrs. M. L. Watts, 26 Stonehall Avenue, Ilford, Essex.
 Lt.-Col. C. L. Wilson, *O.B.E.*, *M.C.*, D.L., Red Cross House, 200 London Road, Chelmsford, Essex.

SUB-COMMITTEES

Designation:		Responsible to Health Committee for the functions set out in the—
North-East Essex Mid-Essex South-East Essex South Essex Forest Romford Barking Dagenham Ilford Leyton Walthamstow	Health Area Sub-Committees	"Arrangements for Decentralisation of Local Health Authority Functions" relating to the day-to-day administration of the services provided under Sections 21, 22, 23, 24, 25, 26, 28 and 29 except those staff matters which are the function of the following Sub-Committees.
Mid-Essex South-East Essex South Essex Forest Romford Barking Dagenham Ilford Leyton Walthamstow	Staff Sub-Committees	Exercising in lieu of Health Area Sub-Committees functions relating to the appointment of staff in receipt of a salary of not exceeding £1,000 a year.
Mental Health Sub-Committee		The Mental Health Service (Sections 51 and 28).
Ambulance Sub-Committee		The Ambulance Service (Section 27).
Ambulance (Special Powers) Sub-Committee		The termination of the employment of operational staff of the Ambulance Service by dismissal or otherwise.
Ambulance (Standing) Sub-Committee		Appointment of staff and such other matters as may be delegated by the Ambulance Sub-Committee.

Training Homes Management Sub-Committee	The management of the Training Homes and Branch Homes (except those at Colchester and Walthamstow).
Funds Sub-Committee	The administration of moneys received from former County and District Nursing Associations.
Medical and Nursing Services Sub-Committee	The filling of vacancies arising in posts on the medical and nursing staff under the control of both the Health Committee and the Education Committee which are not the responsibility of some other Committee or Sub-Committee.
Finance Sub-Committee	Annual estimates, payment of accounts and expenditure generally.
General Purposes Sub-Committee	All functions not delegated to any other Sub-Committee, policy generally, and all public health, housing and public order functions.

STAFF OF THE HEALTH DEPARTMENT

31st December, 1957

1. CENTRAL OFFICE

County Medical Officer of Health :

GEORGE G. STEWART, M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer of Health :

J. A. C. FRANKLIN, M.B., B.S., D.P.H.

Senior Medical Officers :

CHRISTINA GRANT, M.B., Ch.B., D.P.H. (Barrister-at-Law)

R. C. GREENBERG, M.B., B.S., D.P.H.

HILDA MENZIES, M.D., Ch.B., D.P.H.

T. K. WHITMORE, M.R.C.S., L.R.C.P., D.C.H.

Assistant Medical Officer :

LILIAN BATES, M.D., (Paris), D.P.H.

Consultant Adviser for the Mental Health Service :

*J. C. SAWLE THOMAS, M.R.C.P., M.R.C.S., D.P.M.

Consultant Adviser in Mental Deficiency :

*RALPH BATES, F.R.C.S., D.P.M.

Chest Physicians :

(Joint appointments with Regional Hospital Boards)

*J. T. BROWN, M.B., Ch.B., D.P.H.

*R. C. COHEN, M.D., B.S., D.P.H.

*J. G. CURRID, M.A., M.B., Ch.B., D.P.H.

*H. DUFF PALMER, M.B., Ch.B., D.P.H.

*M. J. GREENBERG, M.A., M.B., B.Chir., M.R.C.P., M.R.C.S., L.R.C.P.

*F. KELLERMAN, M.D., L.R.C.P., L.R.C.S.

*VIVIEN U. LUTWYCHE, M.D., M.R.C.P.

*N. A. NEVILLE, B.M., B.Ch., M.R.C.P.

*J. T. PATERSON, M.B., Ch.B.

*H. RAMSAY, M.D., B.S., M.R.C.S., L.R.C.P.

*E. G. SITA-LUMSDEN, M.A., M.D., M.R.C.P.

*J. F. SWOBODA, M.D. (Acting).

*S. THOMPSON, M.B., Ch.B.,

*E. WOOLF, M.R.C.S., L.R.C.P.

*W. L. YELL, M.D., D.P.H.

Chief Dental Officer :

J. BYROM, L.D.S.

Non-Medical Supervisor of Midwives :

*MISS E. SANDBACH, S.R.N., S.C.M., Q.N., H.V. Cert.

**Part-time Officer*

Health Visitor Tutor :

MISS K. LYNCH, S.R.F.N., S.R.N., S.C.M., H.V. Tutor Cert.

County Domestic Help Organiser :

MISS G. H. JENKINS

County Health Inspector :

F. A. IRVING, B.Sc. (Est. Man.), D.P.A. (London), F.A.P.H.I., M.R.S.H.

Assistant County Health Inspectors :

S. E. WILLIS, M.A.P.H.I.

W. J. HODGKINS, M.A.P.H.I., M.R.S.H.

Sampling Officer :

A. G. CHAMBERS

County Ambulance Officer :

G. F. AUSTIN

(Commenced 1.8.57)

Assistant County Ambulance Officer :

R. G. JONES

Supervising Duly Authorised Officer and Petitioning Officer :

A. L. BARTON

Assistant Supervising Duly Authorised Officer and Petitioning Officer :

K. M. SKINGLEY

Health Education Organiser :

F. ST. D. ROWNTREE

Statistician :

L. GOLDSTONE, B.A.

Chief Lay Administrative Assistant :

S. G. CLARKE

Principal Administrative Assistant :

J. G. COX

Senior Administrative Assistants :

A. D. H. RIDPATH

J. SAUNDERS, A.C.C.S.

Administrative and Clerical Staff :

65 Whole-time and 4 Part-time

2. CENTRALLY ADMINISTERED SERVICES

Ambulance Service :

[illegible]

Mental Health Service :

Duly Authorised Officers	24
Occupation Centre Supervisors	11
Occupation Centre Senior Assistant Supervisors	8
Occupation Centre Assistant Supervisors	6
Occupation Centre Assistants	21
Occupation Centre Assistant Instructors	7
Mental Welfare Officer	1

Training Homes for Home Nurses and Midwives :

Superintendents	1
Other Nursing Staff	87*
Student District Nurses	18
Pupil Midwives (Part II)	19
Clerical and Administrative Staff	5†

*Includes 19 Part-time employees.

†Includes 1 Part-time employee.

3. AREA STAFFS**North-East Essex Health Area****MEDICAL OFFICERS***Area Medical Officer :*

*JOHN D. KERSHAW, M.D., B.S., D.P.H.

(also part-time Medical Officer of Health, Borough of Colchester and Port Health Authority)

Assistant County Medical Officers :

ANN B. CLARK, M.R.C.S., L.R.C.P.

*R. E. BARRETT, M.B., B.S., M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.

(also part-time Assistant Medical Officer, Borough of Colchester)

*E. A. HARGREAVES, M.R.C.S., L.R.C.P., D.P.H.

(also part-time Medical Officer of Health, Urban Districts of West Mersea and Wivenhoe and Rural District of Lexden and Winstree)

*J. HARKNESS, M.B., Ch.B.

(also part-time Medical Officer of Health, Urban and Rural Districts of Halstead)
(Commenced 1.5.57)

*J. R. HETHERINGTON, L.R.C.P. & S., L.R.F.P.S., D.P.H.

(also part-time Medical Officer of Health, Borough of Harwich and Port Health Authority)

SYLVIA I. E. MACMILLAN, M.B., B.S., D.P.H.

*R. D. PEARCE, M.R.C.S., L.R.C.P., D.P.H.

(also part-time Medical Officer of Health, Urban Districts of Brightlingsea, Clacton and Frinton and Walton and Rural District of Tendring)

ELEANOR M. SINGER, M.Sc., M.R.C.S., L.R.C.P., D.C.H.

In addition there are 4 Medical Officers undertaking 10 sessions a week on a sessional basis.

DENTAL OFFICERS

*J. F. GODFREY, L.D.S.

A. LONGDEN, L.D.S.

In addition there are 4 Dental Officers undertaking 16 sessions a week on a sessional basis.

ADMINISTRATIVE AND CLERICAL STAFF

19 whole-time and 3 part-time

*Part-time Officer

Mid-Essex Health Area

MEDICAL OFFICERS

Area Medical Officer :

*J. L. MILLER WOOD, V.R.D., M.R.C.S., L.R.C.P., D.P.H.
(also part-time Medical Officer of Health, Borough of Chelmsford)

Assistant County Medical Officers :

*T. D. BLOTT, B.Sc., M.B., B.S., D.P.H.
(also part-time Medical Officer of Health, Borough of Maldon and Port Health Authority,
Urban District of Burnham-on-Crouch, Rural Districts of Chelmsford and Maldon)

JOYCE W. BROWN, M.B., Ch.B., D.P.H.

DEIDRE R. DOOLEY, L.R.C.P. & S., D.C.H.

I. G. P. FRASER, M.B., Ch.B., D.P.H.

*IRENE M. CONWAY HASTILOW, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.,
D.C.H., D.Obst., R.C.O.G.
(also part-time Medical Officer of Health, Borough and Rural District of Saffron Walden)

MURIEL PARKES, B.A., M.B., B.Ch., B.A.O.

*C. R. C. RAINSFORD, M.D., D.P.H., D.T.M.
(also part-time Medical Officer of Health, Urban Districts of Braintree and Bocking, and
Witham, Rural Districts of Braintree and Dunmow)

MARGARET TURNER, M.R.C.S., L.R.C.P.

ANNETTE WYATT, M.D., B.S., M.R.C.S., L.R.C.P.

In addition there are 5 Medical Officers undertaking 2 sessions a week on a sessional basis.

DENTAL OFFICERS

B. G. BROWN, L.D.S.

NANIA S. MEZITS, Dental Doctor, Latvia

In addition there are 6 Dental Officers undertaking 25 sessions a week on a sessional basis

ADMINISTRATIVE AND CLERICAL STAFF

26 whole-time and 7 part-time

South-East Essex Health Area

MEDICAL OFFICERS

Area Medical Officer :

*W. J. MOFFAT, M.B., Ch.B., D.P.H.
(also part-time Medical Officer of Health, Rural District of Rochford)

Assistant County Medical Officers :

JEAN BUCHANAN, M.B., Ch.B.

J. C. T. FIDDES, M.B., Ch.B.

T. H. J. HARGREAVES, M.R.C.S., L.R.C.P.

*N. S. R. LORRAINE, M.D., Ch.B., D.P.H.
(also part-time Medical Officer of Health, Urban Districts of Benfleet, Canvey Island and
Rayleigh)

*P. X. O'DWYER, M.B., B.Ch., D.P.H.
(also part-time Medical Officer of Health, Urban District of Basildon)

J. REACH, M.D. (Prague)

JEAN TROUGHTON, L.R.C.P. & S.

**Part-time Officer*

DENTAL OFFICERS

H. J. CRACKNELL, L.D.S.

R. MAXWELL, L.D.S.

*H. L. THORN, L.D.S.

In addition there are 6 Dental Officers undertaking 19 sessions a week on a sessional basis

ADMINISTRATIVE AND CLERICAL STAFF

16 whole-time

South Essex Health Area

MEDICAL OFFICERS

Area Medical Officer :

*W. T. G. BOUL, M.B.E., M.D., D.P.H., F.Z.S.

(also part-time Medical Officer of Health, Urban District of Thurrock)

Assistant County Medical Officers :

*M. J. CATTON, M.B., B.S.

ELIZABETH M. HARGREAVES, M.B., Ch.B., D.P.H.

W. R. HOWELL, L.M.S.S.A.

*T. MACKINNELL-CHILDS, M.R.C.S., L.R.C.P., M.B., B.Ch., B.A., D.P.H.

(also part-time Medical Officer of Health, Urban District of Brentwood)

(Commenced 16.12.57)

*R. G. NEWBERRY, M.B., B.S.

P. J. RODEN, L.M.S.S.A.

(Commenced 21.1.57)

MARY M. E. RUTTER, M.R.C.S., L.R.C.P., M.B., B.S., D.C.H., M.D., D.P.H.

J. B. STAFFORD, L.R.C.P., L.R.C.S.

ANIELA A. SZWEDE, M.B., Ch.B.

DORIS E. C. WALKER, M.B., B.S., L.R.C.P., M.R.C.S., D.A.

MAIR E. WILLIAMS, M.R.C.S., L.R.C.P.

DENTAL OFFICERS

R. A. COLLINS, L.D.S., R.C.S. (Eng.)

CHARLOTTE GRIESHABER

Doctor Medicinal Dentium, Berlin University

OMULA SAUNDERS

Diploma of Dental Surgery, Latvia

In addition there are 3 Dental Officers undertaking 4 sessions a week on a sessional basis.

ADMINISTRATIVE AND CLERICAL STAFF

27 Whole-time and 6 Part-time

**Part-time Officer*

Forest Health Area

MEDICAL OFFICERS

Area Medical Officer :

*F. G. BROWN, T.D., M.B., B.Ch., B.A.O., D.P.H.
(also part-time Medical Officer of Health, Borough of Wanstead and Woodford)

Assistant County Medical Officers :

*I. ASH, M.D. (Rome) D.P.H.
(also part-time Medical Officer of Health, Urban Districts of Epping and Harlow, Rural District of Epping and Ongar)

*J. H. CROSBY, M.B., Ch.B., D.P.H.
(also part-time Medical Officer of Health, Borough of Chingford)

GISELLA EISNER, M.D.(Prague) D.C.H.

*H. FRANKS, M.B., B.S., B.Hy., D.P.H.
(also part-time Medical Officer of Health, Urban Districts of Chigwell and Waltham Holy Cross)

J. W. KIRKBRIDE, L.M.S.S.A., M.R.C.S., L.R.C.P., D.R.C.O.G.
(Commenced 15.7.57)

LILY WHITE, M.B., Ch.B.

DENTAL OFFICERS

LILLA E. BROADBENT, L.D.S.

EMMA KIMELMAN, M.D. (Vienna)

In addition there are 6 Dental Officers undertaking 17 sessions a week on a sessional basis.

ADMINISTRATIVE AND CLERICAL STAFF

17 whole-time

Romford Health Area

MEDICAL OFFICERS

Area Medical Officer :

*JAMES B. SAMSON, M.D., Ch.B., D.P.H.
(also part-time Medical Officer of Health, Borough of Romford)

Assistant County Medical Officers :

J. J. DUFFY, M.B., B.Ch., B.A.O., D.P.H.

ELIZABETH M. HAGA, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

SYLVIA R. INGOLD, M.B., B.S., M.R.C.S., L.R.C.P., D.(Obst.), R.C.O.G.

N. P. BHANDARI, M.R.C.S., L.R.C.P., M.B., B.S., C.P.H.

DENTAL OFFICERS

MARIE L. ELL, L.D.S.

D. J. HEARNS, B.D.S.

FRANCES E. MORRIS, L.D.S., F.R.C.P. & S.

In addition there is 1 Dental Officer undertaking 3 sessions a week on a sessional basis.

ADMINISTRATIVE AND CLERICAL STAFF

12 Whole-time and 3 Part-time

**Part-time Officer*

Barking Health Area

MEDICAL OFFICERS

Area Medical Officer :

*F. GROARKE, M.B., L.M., D.C.H., D.P.H.
(also part-time Medical Officer of Health, Borough of Barking)

Assistant County Medical Officers :

*MARGARET I. ADAMSON, M.B., Ch.B., D.P.H.
(also part-time Deputy Medical Officer of Health, Borough of Barking)

EILEEN E. MARTIN, M.B., Ch.B.

EUGENIA POPPER, M.D. (Vienna)

A. E. SELIGMANN, M.D., (Leipzig), D.T.M. & H.

VIOLET SPILLER, M.D., (Geneva) M.R.C.S., L.R.C.P., D.P.H.

MARY H. WESTLAKE, M.B., Ch.B., D.P.H.

DENTAL OFFICERS

J. BUNTIN, L.D.S.

In addition there are 4 Dental Officers undertaking 19 sessions a week on a sessional basis.

ADMINISTRATIVE AND CLERICAL STAFF

18 Whole-time and 2 Part-time

Dagenham Health Area

MEDICAL OFFICERS

Area Medical Officer :

*J. ADRIAN GILLET, M.B., Ch.B., D.P.H.
(also part-time Medical Officer of Health, Borough of Dagenham)

Assistant County Medical Officers :

CATHERINE FITZPATRICK, M.B., B.Ch.

FANNIE HIRST, M.B., Ch.B., D.P.H.

E. P. JAMES, M.R.C.S., L.R.C.P., L.M.S.S.A., D.(Obst.), R.C.O.G.

WILHELMINA C. MAGUIRE, L.M., L.R.C.P., L.R.C.S.I.

*HELEN E. MAIR, M.B., Ch.B., D.P.H.
(also part-time Deputy Medical Officer of Health, Borough of Dagenham)

MADLINE WEIZMANN, M.R.C.S., L.R.C.P.

In addition there is one Medical Officer undertaking one session each week on a sessional basis

DENTAL OFFICERS

A. D. EVERITT, L.D.S.

In addition there are 5 Dental Officers undertaking 8 sessions a week on a sessional basis.

ADMINISTRATIVE AND CLERICAL STAFF

14 Whole-time

*Part-time Officer

Ilford Health Area

MEDICAL OFFICERS

Area Medical Officer :

*I. GORDON, M.D., Ch.B., M.R.C.P., D.P.H.
(also part-time Medical Officer of Health, Borough of Ilford)

Assistant County Medical Officers :

ANNIE COLLINS, M.B., B.Ch., B.A.O.

FRANCES E. O'CONNOR WILSON, B.A., M.B., B.Ch., B.A.O., D.P.H., L.M.

*HELEN B. GRANGE, M.B., B.S.

*DESIREE M. B. GROSS, M.D., Ch.B., M.M.S.A., D.P.H.

(also part-time Deputy Medical Officer of Health, Borough of Ilford)

R. M. NOORDIN, M.R.C.S., L.R.C.P.

P. A. C. WRIGHT, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H.
(Commenced 1.7.57)

DENTAL OFFICERS

Senior Dental Officer :

E. V. HAIGH, L.D.S., R.C.S.

In addition there are 10 Dental Officers undertaking 28 sessions a week on a sessional basis.

ADMINISTRATIVE AND CLERICAL STAFF

29 Whole-time and 3 Part-time

Leyton Health Area

MEDICAL OFFICERS

Area Medical Officer :

*M. WATKINS, M.R.C.S., L.R.C.P., D.P.H.
(also part-time Medical Officer of Health, Borough of Leyton)

Assistant County Medical Officers :

ETHEL R. EMSLIE, M.D., Ch.B., D.P.H., D.C.H.

*MARY L. GILCHRIST, M.D., Ch.B., D.P.H.

(also part-time Deputy Medical Officer of Health, Borough of Leyton)

MARGARET R. McDONALD, M.B., B.S., M.R.C.S., L.R.C.P.
(Commenced 10.12.57)

ELSIE L. PEET, M.D., M.B., L.D.S.

In addition there are 2 Medical Officers undertaking 3 sessions a week on a sessional basis.

DENTAL OFFICERS

Senior Dental Officer :

A. E. HALL, L.D.S.

Dental Officers :

T. D. H. MILLAR, L.D.S., R.C.S.

In addition there are 6 Dental Officers undertaking 17 sessions a week on a sessional basis.

ADMINISTRATIVE AND CLERICAL STAFF

14 Whole-time and 2 Part-time

**Part-time Officer*

Walthamstow Health Area

MEDICAL OFFICERS

Area Medical Officer :

*A. T. W. POWELL, M.C., M.B., B.S., D.P.H.
(also part-time Medical Officer of Health, Borough of Walthamstow)

Assistant County Medical Officers :

CARMEL P. DOOLEY, L.R.C.P. & S., D.P.H.

*MARGARET EDWARDS, M.B., B.Ch., C.P.H.

*JOYCELYN H. NEWMAN, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H.

*GEOFFREY POOLE, M.B., B.S., D.Obst., R.C.O.G., D.P.H.
(also part-time Deputy Medical Officer of Health, Borough of Walthamstow)

JOSEPHINE P. WERREN, M.B., B.S., D.Obst., R.C.O.G., D.C.H.

DENTAL OFFICERS

DENA ANKLESARIA, L.D.S.

R. E. HYMAN, L.D.S.

G. P. L. TAYLOR, L.D.S.

J. TIMMIS, L.D.S.

In addition there is 1 Dental Officer undertaking 2 sessions a week on a sessional basis.

ADMINISTRATIVE AND CLERICAL STAFF

21 Whole-time and 2 Part-time

*Part-time Officer

Health Visitors, Midwives, Medical Auxiliaries, etc. :

	Whole-time	Part-time
Superintendent Health Visitors	10	1
Non-Medical Supervisors of Midwives and Superintendents of Home Nurses	6	1
Domestic Help Organisers	18	—
Health Visitors, Tuberculosis Visitors and School Nurses	230	47
Clinic Nurses	14	33
Midwives	65	3
Home Nurse Midwives	185	12
Home Nurses	66	27
Chiropodists	17	12
Dental Technicians	6	—
Dental Attendants	40	13
Speech Therapists	18	7
Day Nursery Matrons	19	—
Day Nursery Deputy Matrons	15	—
Day Nursery Wardens	16	—
Day Nursery Nurses and Nursery Assistants	89	—
Day Nursery Students in Training	84	—
Domestic Helps	29	2,305
Psychiatric Social Workers	6	3
Oral (Dental) Hygienists	1	—
Occupational Therapists	2	—
Clinic Clerks	42	24

PREFACE

COUNTY HALL,
CHELMSFORD,
July, 1958.

To the Chairman and Members of the Health Committee.

Madam, Ladies and Gentlemen,

I have the honour to present my Annual Report as your County Medical Officer of Health for the year 1957. It is my fourth report and the 68th of the series and as usual is based upon draft matter submitted to me by the senior members of my staff. Noteworthy features of the year's working are the subject of the following comments.

Vital Statistics

The vital statistics are very adequately dealt with in the first Section of the Report and are illustrated by some impressive graphs and tables. The progress which has been made in connection with the establishment of new towns in the County is having its effect on the birth rate which last year reached a new high point for a year in which circumstances were relatively normal; Harlow with its rate of 32.3 is one of the highest in the whole Country.

There was a slight rise in the still-birth rate, although it is still below the national rate but both the infant mortality rate and the neo-natal mortality rate continue their satisfactory downward trends.

There was no change in the death rate despite the fact that as in former years cancer and coronary diseases are responsible for an increased number of deaths—the latter accounts for more than one-sixth of all the deaths in the County.

The outstanding feature of the year so far as the health of the community was concerned was, of course, the sharp epidemic of so-called Asian influenza which was generally of a mild type. In retrospect it does not seem to have the importance which, as a result no doubt of the publicity given to it by the national press, it appeared to have at the time. There are also short references to it on pages 32 and 92. Further information about the arrangements for vaccination which were instituted appear on page 96.

Past and Present

On the whole I would suggest that the report is a record of a satisfactory year's work. The staff of the Central Office of the Health Department was considerably strengthened during the year and progress was made in consolidating the County Ambulance Service, the arrangements for Health Education and the Mental Health Service. I am grateful, as always, for the loyal assistance which I have received from the staff of the Department at all levels and for their devotion to duty. Especially I should like to mention my Deputy,

Dr. J. A. C. Franklin and the Chief Lay Administrative Assistant upon whom in addition has fallen the heaviest burden in connection with the preparation of this Report.

One of the difficulties—I may say the chief difficulty—which besets a Medical Officer of Health in the preparation of his Annual Report, is the fact that what should be an exciting readable record of progress in the field of community health tends to become a dry-as-dust catalogue of statistics.

This may be due to the fact that times have changed so much since the annual report was made a feature of the public medical services. In days gone by there were stories to tell of cholera and clean water, typhoid and sewage and smallpox and bad housing conditions. Much progress has been made and these things are largely controlled with the result that mainly only the statistics remain.

To anyone with a knowledge of conditions as they existed 50 years ago there can be no doubt about the advances which have been made in the matter of the nation's health. Those who have any doubts about this should, with a clear impression in their minds of a similar scene in the year 1907, visit the playground of any school during the morning or afternoon break. The transformation which has taken place is no doubt to some extent due to the improvement in economic and social conditions but one cannot deny the part which has been played by the health services.

In drawing attention to this improvement it must not be assumed that things as they are, are satisfactory. If victory is within sight so far as the diseases like tuberculosis are concerned we still have with us many other problems including those associated with cancer and mental illness. So far as the former are concerned, the change which has taken place in fifty years is remarkable (even after due allowance is made for more precise diagnoses) as is shown by the following table, which compares two quinquennial periods in Essex :—

Quinquennial period	Average population of County	Average deaths from		Average yearly deaths from Cancer and Tuberculosis
		Cancer	Tuberculosis	
1903–1907	768,231	546	913	1,459
1953–1957	1,700,640	3,238	190	3,428

Thus whilst the increase in the total average deaths from these two diseases is proportionate to the increase in the average population, deaths from tuberculosis have fallen to about one-fifth of what they were and deaths from cancer have increased six times.

The Future

The conditions under which people live are changing rapidly, and scientific discoveries daily make new materials available for domestic use. A Nuclear

Power Station is being established in our own County and mankind is probably on the verge of space-travel as a practical possibility. A change of outlook appears therefore to be essential and I anticipate that Annual Reports of the kind now produced will be gradually replaced by something which will deal almost exclusively with the problems of the new age in which we live.

We should no longer be satisfied with a pedestrian record of day to day activities, many of which had their origin in the minds of pioneers of the last century like Chadwick, Farr, Simon, Shaftesbury, Octavia Hill, Carlyle, Ruskin and Dickens. The past has been chiefly concerned with the sickness of people, the future must be more definitely associated with their health.

Remembering the fact that whilst the physical standards of recruits for the armed forces during the last war showed deterioration, presumably after they left school because the same standards in school children have shown a remarkable improvement since 1907, I am convinced that we should go forward by research and innovation to make our socio-medical activities fit in with the times.

There is no doubt that one of the essentials of health is happiness which is not easy to achieve and difficult to maintain. An eminent surgeon has said that although "no statistics can be advanced to support it, the happy man never gets cancer." Whether unhappiness precedes or follows illness needs to be investigated but there are undoubtedly instances where the first recognisable onset of illness has followed some personal disaster either mental or physical.

Conclusion

I would like to express sincere thanks to all members of the Committee, and indeed of the County Council as a whole, for the support and encouragement which they have given me throughout the year. In addition, may I place on record my appreciation of the valuable work undertaken by voluntary helpers at the clinics throughout the Administrative County, also by the volunteer members of the Hospital Car Service, the Order of St. John Ambulance Association and the British Red Cross Society.

I have the honour to be,

Your obedient servant,

Geo. G. Stewart

County Medical Officer of Health.

SECTION I—STATISTICAL

Acreage

During the year 1957 the area of the Administrative County remained at 959,463 acres or about 1,500 square miles. At this size it is the eleventh largest Administrative County in England and Wales. During the year there were no boundary changes of County districts or Health Areas. The Epping and Ongar Rural District however continues to present a statistical problem as it is partly in the Mid-Essex Health Area and partly in the Forest Health Area and apart from total population and migration figures there is still no satisfactory method of apportioning statistics. Figures for these two Health Areas therefore, in all other matters, exclude the Epping and Ongar Rural District from the Health Area totals and details are given for this one district separately in the full tables, but all totals for the Administrative County of Essex include those relating to the Rural District.

Population

The estimated mid-year population of the County was 1,754,600, an increase of 27,000 over 1956 compared with increases of 24,000 in 1956 and 32,000 in 1955; the annual County increase is thus still averaging out at about 28,000. The present population makes Essex the fourth most highly populated Administrative County in England and Wales.

The natural increase in population was about 9,000 leaving a balance of inward over outward migration of 18,000 as against net inward movements of 16,000 in 1956 and 24,500 in 1955 once again a fairly consistent movement averaging about 19,000 a year. Of this net movement of 18,000 over 10,000 inwards is attributable to the new towns of Basildon and Harlow (a little more than the previous year) and over 10,000 inwards to the housing developments in a large area comprising the Urban Districts of Benfleet, Brentwood, Hornchurch, Rayleigh, and Thurrock and the Rural District of Rochford. All these districts with the exception of Harlow are in the south of the County. Other considerable inward movements took place at Chelmsford, Colchester and Epping and Ongar. Large outward movements occurred in Barking, Dagenham, Ilford, Leyton and Walthamstow totalling about 6,000 in all. It will be seen that this area represents most of the populous south-western part of the County thus showing an overall population movement from west to east. There were also considerable outward movements in Harwich and Chingford.

The following table shows the pattern of migration in the Health Areas in Essex over the last few years. It is in fact remarkably consistent. A detailed breakdown by districts is found in Table V on page 131.

Health Area	Average 1950-52	1953	1954	1955	1956	1957
North-East Essex	+2,844	+1,765	+1,824	+3,294	- 916	+ 351
Mid-Essex	+ 515	+3,269	+ 918	+1,851	+1,868	+1,604
South-East Essex	+1,202	+2,776	+3,952	+8,076	+9,410	+9,765
South Essex	+3,168	+5,734	+7,574	+9,236	+4,352	+5,871
Forest	+5,843	+3,493	+5,549	+6,097	+5,101	+5,095
Romford	+7,603	+3,547	+ 552	+ 689	+1,121	+ 432
Barking	-1,227	- 784	- 602	- 903	- 701	- 782
Dagenham	-1,115	- 230	+ 345	- 405	-1,246	-1,338
Ilford	-1,496	-1,289	+1,171	-1,019	-1,129	-1,055
Leyton	- 966	- 250	- 199	- 978	- 989	-1,162
Walthamstow	-1,276	-1,271	- 733	-1,323	-1,293	-1,401
Admin. County	+15,095	+16,760	+20,351	+24,615	+15,954	+18,126

The migration figures over a number of years make the three trends that appear in the County even more dramatic in their contrast. The County has a steady stream of immigrants varying between fifteen and twenty thousand a year, but within the County there are three very different pictures. In five Health Areas in the south-west of the County (i.e. excluding Romford) there is now a steady move outwards. As recently as 1954 some of these Areas showed inward movements—Ilford by as much as a thousand. Now the movement out appears almost inevitable and in Dagenham, Leyton and Walthamstow this year's outward movement is higher than ever.

Romford and North-East Essex represent the second trend. People are still moving in but now in smaller numbers, although in 1950 their inward movements could compare with most and in the case of Romford was the highest of all. These two Areas seem to be reaching saturation point and North-East Essex in 1956 did in fact show a net movement out.

The third trend which is the most important of all and decides the trend of the County, is one of large inward movements in the remaining four large Health Areas. South-East Essex alone has an annual inward movement of 9,000 and South Essex and Forest are not far behind. Even Mid-Essex is usually well above the thousand each year. These four Areas forming a large block in the centre and south of the County account for more than all the County immigration, and have done so since 1955. In South-East Essex the movement has grown steadily from 1,202 in 1950 to 9,765 in 1957. The other three Areas have shown large increases that have not varied much over the years.

The net changes in population in the year under review followed the migration movements, thus Basildon and Harlow increased by about 6,000 each, whilst Leyton, Ilford and Walthamstow dropped by 1,000 or more. Romford increased by 1,700 but this included a natural increase of over 1,000. Districts with the largest natural increase were Romford, Harlow, Basildon and Thurrock. Districts with the largest natural decrease were Clacton, Leyton and Lexden and Winstree.

The following table shows the pattern of *natural increases or decreases* in the Health Areas in Essex over the last few years. Again there is a remarkable consistency and a detailed breakdown by districts is found in Table VI on page 132.

Health Area	Average 1950-52	1953	1954	1955	1956	1957
North-East Essex	+ 282	+ 27	+ 55	- 14	- 14	+ 59
Mid-Essex	+ 784	+ 907	+1,050	+ 899	+ 932	+1,086
South-East Essex	+ 143	+ 188	+ 499	+ 614	+ 860	+1,305
South Essex	+1,395	+1,396	+1,626	+1,754	+1,838	+2,029
Forest	+1,090	+1,345	+1,473	+1,583	+1,459	+1,735
Romford	+ 970	+1,193	+1,248	+1,211	+1,179	+1,268
Barking	+ 453	+ 444	+ 382	+ 313	+ 271	+ 292
Dagenham	+ 915	+1,030	+ 955	+ 705	+ 746	+ 638
Ilford	+ 566	+ 289	+ 329	+ 19	+ 29	+ 55
Leyton	+ 132	- 750	+ 99	- 122	- 111	- 68
Walthamstow	+ 277	+ 271	+ 333	+ 123	+ 193	+ 1
Admin. County	+7,007	+6,340	+8,049	+7,085	+7,646	+8,674

The County as a whole has shown a steady annual increase of about seven to nine thousand. The South Essex and Forest Health Areas have contributed more to the total than any other Area and their contribution has risen steadily over the years. Mid-Essex, Romford and South-East Essex now also contribute more than a thousand each per year but whereas Mid-Essex and Romford have always had a large natural increase, South East Essex had one of the smallest in 1950. Its natural increase then of 143 has risen to 1,305 in 1957, the third largest of the areas. The high birth rate in Basildon and the new housing estates will explain much of this large increase. Other Areas show varying increases, some so little that they may be considered static. Only Leyton has experienced a regular natural decrease of late. In most cases the variation in births decides the size of the increase or decrease. Leyton as will be noted later possesses one of the highest death rates of all the Areas. Here, the social structure and ageing of the population play a very important part. All the Areas in the south west of the County and North-East Essex show a tendency to fall away from earlier large increases.

The net population changes in 1957 among the various Health Areas show considerable differences. South-East Essex has increased by over 11,000 and Forest and South Essex each by 7,000 whilst Barking, Dagenham, Ilford, Leyton and Walthamstow show net losses. The increase in population continues to be concentrated on the Forest, South Essex and South East Essex areas. The following table shows the *population* in recent years of the eleven Health Areas.

Health Area	1948	1953	1954	1955	1956	1957
North-East Essex	173,446	185,971	187,850	191,130	190,200	190,610
Mid-Essex	202,420	212,752	214,720	217,470	220,590	223,290
South-East Essex	100,060	107,459	111,910	120,600	130,870	141,940
South Essex	204,730	229,650	238,850	249,840	256,030	263,930
Forest	175,037	209,568	216,590	224,270	231,150	238,990
Romford	72,610	104,100	105,900	107,800	110,100	111,800
Barking	78,890	76,800	76,580	75,990	75,360	75,070
Dagenham	111,500	114,000	115,300	115,600	115,100	114,400
Ilford	183,400	181,200	182,700	181,700	180,600	179,600
Leyton	106,100	103,200	103,100	102,000	100,900	99,670
Walthamstow	122,700	119,400	119,000	117,800	116,700	115,300
Admin. County	1,530,900	1,644,100	1,672,500	1,704,200	1,727,800	1,754,600

It will be seen that Barking, Ilford, Leyton and Walthamstow have steadily dropped and Dagenham has passed its peak. North-East Essex has risen slowly recently but at the moment seems at a standstill ; the other Areas have risen considerably during the nine years shown in the Table. This applies especially to South Essex and Forest each of which has increased by about 60,000 and to South-East Essex with its increase of 40,000. The discrepancy between the areas is steadily increasing. Whereas in 1948 the difference in population between the largest and smallest area was 132,000 it is now 189,000.

Table I on page 127 gives detailed figures of population and the principal vital statistics for all the County districts as well as for the eleven Health Areas into which the County is divided for the day to day administration of most of the functions of the County Council as Local Health Authority.

Births

The number of live births registered during the year was 26,585 (25,668 in 1956 and 24,290 in 1955) giving a birth rate of 15.2 per thousand population compared with 14.8 in 1956 and 14.3 in 1955. When adjusted for comparison purposes this becomes 14.6 compared with 16.1 for England and Wales. The County live birth rate is easily the highest since 1949, and has shown a steady rise over the last three years. The expansion of Basildon and Harlow with their younger population will have had a great deal to do with this trend. South-East Essex, Romford and South Essex Health Areas continue to have the highest rates whilst Walthamstow, Leyton and Barking in Metropolitan Essex have the lowest. Among districts, Harlow (32.3) clearly has the highest rate and in fact possesses one of the highest birth rates in England and Wales.

The following table shows the pattern of *live birth rates** in the Health Areas in Essex and in the County as a whole over the last few years. A total breakdown by districts is found in table VII on page 133.

Health Area	1950-52	1953	1954	1955	1956	1957
North-East Essex	13.9	13.5	13.1	13.0	13.7	13.6
Mid-Essex	15.2	16.0	15.7	15.5	16.2	17.2
South-East Essex	14.9	15.6	16.2	16.8	18.2	19.6
South Essex	15.7	16.3	16.3	16.4	17.4	17.4
Forest	14.8	15.0	15.0	15.0	15.1	15.8
Romford	18.9	18.8	18.2	17.7	17.3	17.7
Barking	14.7	14.2	13.0	12.9	12.2	12.2
Dagenham	15.1	15.7	14.5	13.0	13.8	12.5
Ilford	12.8	12.3	12.0	11.6	11.7	12.4
Leyton	13.0	12.4	11.9	11.1	11.7	11.6
Walthamstow	13.0	12.2	12.4	11.1	11.9	11.5
Admin. County	14.7	14.8	14.5	14.3	14.8	15.2

South-East Essex (with Basildon and expanding housing estates) has had a steadily increasing birth rate from 14.9 to 19.6 and now has the highest rate of all. South Essex and Forest have also risen slowly and in many ways mirror

*per 1000 population

the conditions in South-East Essex. Mid-Essex, which is a different type of Health Area—mainly rural—has also risen. Other areas like North-East Essex and Ilford are fairly static but in most of the Health Areas in the south west of the County, especially Dagenham, there have been considerable falls. This table reinforces the view that the County divides itself into three regions—Metropolitan Essex with falling birth rates, southern Essex and Harlow with rising birth rates and the rest with a more steady birth rate rising slightly.

The number of still births registered during the year was 572 (507 in 1956) giving a still birth rate of 21.1 per thousand total births, as against the 1956 rate of 19.4. This is the first rise in three years, but it is still well below some earlier years and also below the present rate for England and Wales which is 22.4. However it should be noted that unlike the Essex rate the present England and Wales rate has fallen, and that within the County there are some Health Areas with rates far above the County rate or that for England and Wales—notably Walthamstow (26.5), North-East (24.1) and South Essex (23.0). Health Areas with the lowest rates are Mid-Essex with 15.8 and Ilford with 18.1. Considerable changes occur from year to year in still birth rates and the South-Essex and Walthamstow Health Areas show the greatest rises and Romford the greatest fall.

The following table shows the pattern of yearly *still-birth rates* * in the Health Areas in Essex and in the County as a whole over the last few years. The total breakdown by districts is found in table VIII on page 134.

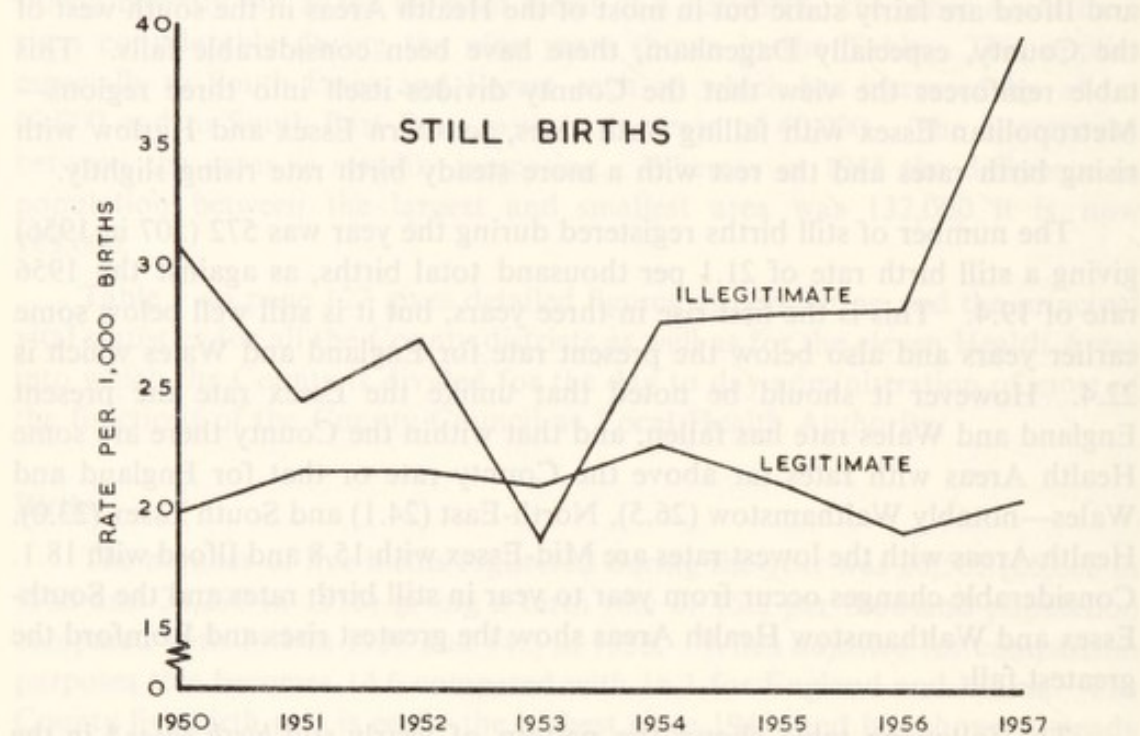
Health Area	1950-52	1953	1954	1955	1956	1957
North-East Essex	22.6	18.0	23.4	25.1	19.2	24.1
Mid-Essex	20.6	20.5	23.4	21.8	17.2	15.8
South-East Essex	19.5	18.7	19.4	18.4	17.7	21.7
South Essex	20.8	19.3	21.6	22.6	17.0	23.0
Forest	19.9	16.9	22.6	19.2	19.8	21.1
Romford	21.7	20.0	19.8	23.5	25.1	19.3
Barking	22.1	29.4	28.2	29.7	24.4	19.3
Dagenham	21.8	20.7	29.6	23.4	21.6	22.5
Ilford	21.9	26.6	24.9	22.8	19.9	18.1
Leyton	20.9	22.2	24.5	13.0	20.7	21.9
Walthamstow	21.4	25.5	14.0	18.3	17.7	26.5
Admin. County	21.1	20.8	22.7	21.7	19.4	21.1

The rates are too inconsistent to be commented upon in detail but it can be seen that certain Areas e.g. Dagenham and Leyton have a tendency to high rates. Ilford and Barking on the other hand show very satisfactory falls since 1953.

There were 1,008 illegitimate births (of which 40 were still born) giving a still birth rate of 39.7 (28.2 in 1956) compared with a still birth rate of 20.3 (19.0 in 1956) for legitimate births. The illegitimate still birth rate has thus

*per 1000 total births

increased considerably since last year. The graph below shows both the legitimate and illegitimate still birth rate over the last eight years.



The individual figures are as follows :—

1950	1951	1952	1953	1954	1955	1956	1957
30.7	24.4	26.9	<i>Illegitimate</i>		28.0	28.2	39.7
19.8	21.4	21.4	<i>Legitimate</i>		21.0	19.0	20.3

Whereas the legitimate still birth rate has remained almost constant, the illegitimate rate has shown much more fluctuation. This is to be expected as the figures are smaller but what is unexpected is the reversal of the downward trend from 1950 to 1953. Since 1953 when for the first time the illegitimate rate fell below the legitimate rate, there have been yearly increases and the latest increase is the largest recorded. The gap between the two rates is now the highest it has ever been. It is to be hoped that this trend will reverse itself next year.

Although the total number of *illegitimate births* has also risen a little as the following table shows, the percentage of births registered as illegitimate was only 3.7 compared with 3.8 in 1956, 3.6 in 1955 and 4.6 this year in England and Wales. Thus the illegitimate birth rate in Essex remains constant and is well below that for the country as a whole.

1950	1951	1952	1953	1954	1955	1956	1957
944	902	967	915	940	888	994	1,008

Infant Mortality

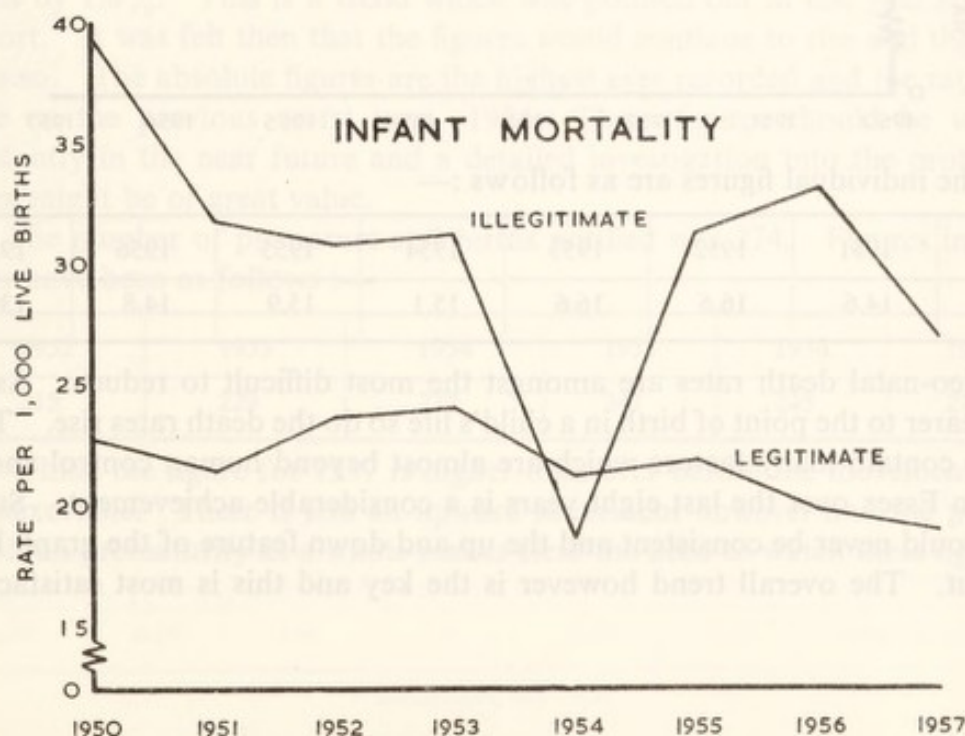
There were 513 deaths of infants under one year of age giving an infant mortality rate of 19.3 per thousand live births compared with 20.3 in 1956 and 22.1 in 1955. This is the lowest rate ever recorded in the County and compares very favourably with the rate of 23.0 for England and Wales also, incidentally, the lowest rate ever recorded. Walthamstow, with a rate of 24.2, is the only Area above the national figure whilst many of the Areas have rates considerably below, especially North-East and Leyton with rates of 14.7.

The following table shows the pattern of *infant mortality rates* (per 1000 live births) in the Health Areas in Essex and in the County as a whole over the last few years. A total breakdown by districts is found in table IX on page 135.

Health Area	1950-52	1953	1954	1955	1956	1957
North-East Essex	18.3	24.7	32.1	27.8	18.1	14.7
Mid-Essex	21.9	15.9	21.6	22.6	23.5	21.2
South-East Essex	23.4	31.6	17.1	22.7	21.8	19.4
South Essex	27.6	28.8	20.3	19.8	23.1	20.5
Forest	21.4	17.8	17.9	16.9	18.1	22.2
Romford	24.3	31.6	20.7	23.0	22.1	18.2
Barking	21.4	27.5	20.0	24.5	19.6	18.6
Dagenham	28.6	27.3	23.9	29.3	20.9	16.8
Ilford	19.6	20.2	18.7	20.0	15.6	17.1
Leyton	22.6	23.5	14.6	24.6	22.8	14.7
Walthamstow	24.4	28.2	22.4	18.7	20.6	24.2
Admin. County	23.0	24.3	21.1	22.1	20.3	19.3

The falling figures for the County are found in most areas despite an occasional rise in individual years. Mid-Essex however shows no fall at all and Forest and Walthamstow despite earlier falls are now no better than they were in 1950. Each of the last two years has seen an increase in both areas. Apart from these two Areas the overall position is very satisfactory.

However the infant mortality rate for illegitimate infants was 26.9 (33.1 in 1956) compared with 19.0 (19.8 in 1956) for legitimate infants. The illegitimate rates remain at a high figure well above the legitimate rate. The rate has fallen this year and it is to be hoped that it continues to do so. The gap however between the legitimate and illegitimate rate remains sufficiently high to continue to give concern. The following graph shows the two rates over the last eight years.

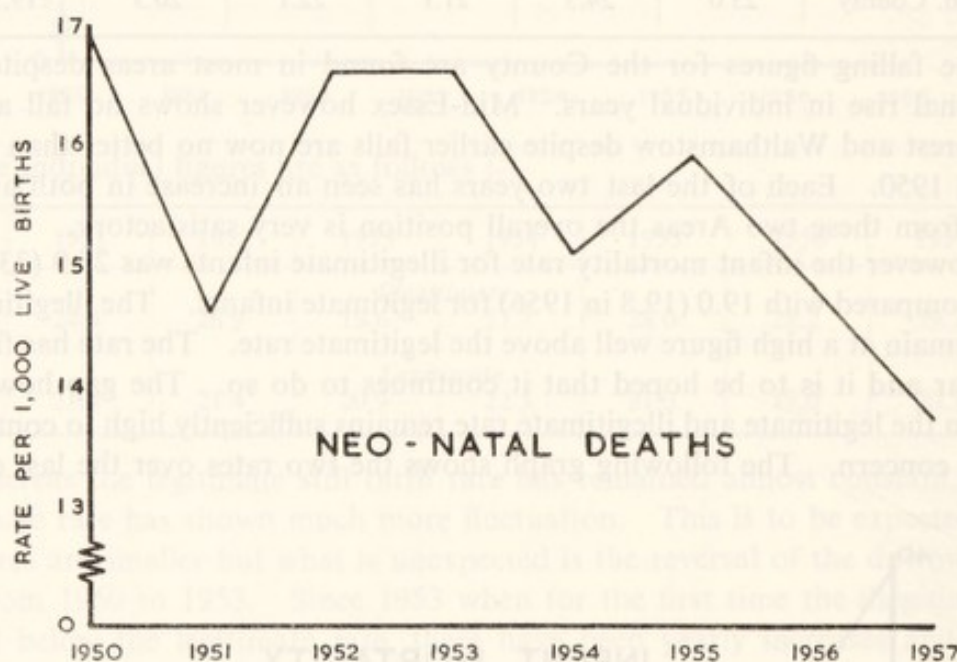


The individual figures are as follows :—

1950	1951	1952	1953	1954	1955	1956	1957
39.3	31.8	30.8	<i>Illegitimate</i> 31.2	18.6	31.3	33.1	26.9
22.7	21.3	23.6	<i>Legitimate</i> 24.0	21.2	21.8	19.8	19.0

The legitimate infant mortality rate shows a slight but steady fall. The illegitimate rate also shows an overall tendency to fall but naturally of a less regular nature. The 1954 low figure has not been reached since and the gap between the two rates in all other years is of considerable size.

The number of deaths in the first four weeks of life was 365 (380 in 1956) giving a neo-natal mortality rate of 13.7 compared with 14.8 in 1956 and 15.9 in 1955. This is the lowest rate ever recorded in the County and compares very favourably with this year's rate of 16.5 in England and Wales. The neo-natal mortality rate has fallen considerably since 1950 as the following graph shows.



The individual figures are as follows :—

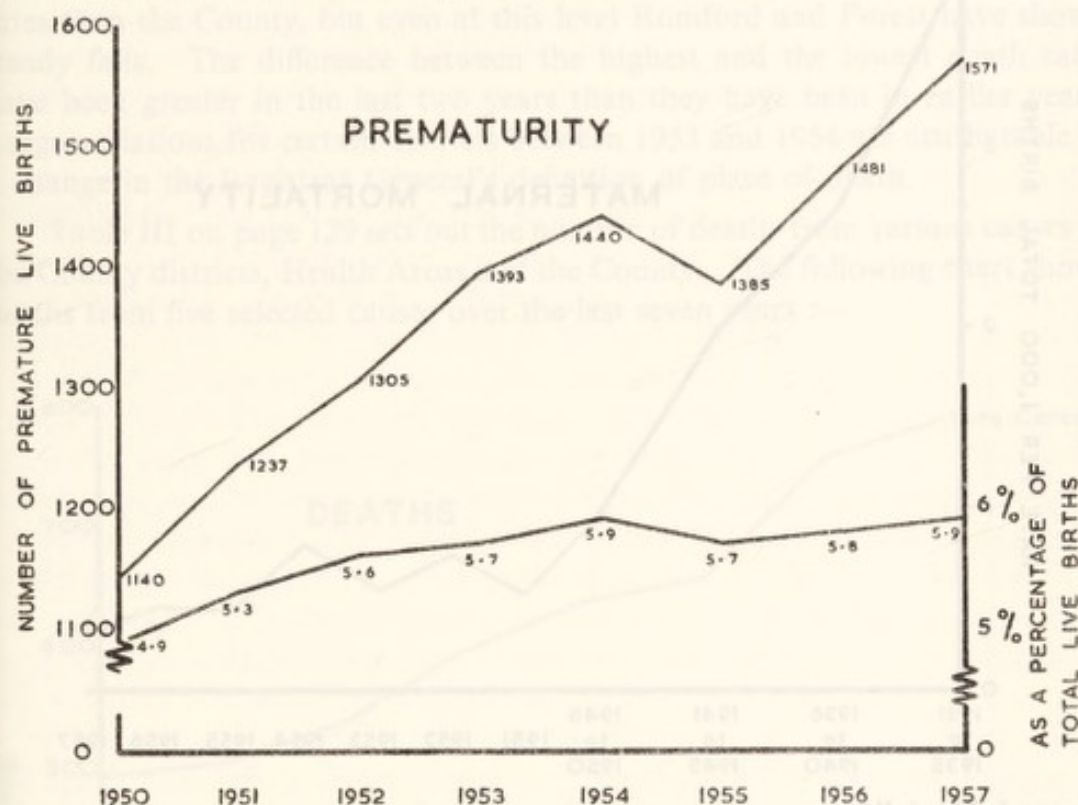
1950	1951	1952	1953	1954	1955	1956	1957
16.9	14.6	16.6	16.6	15.1	15.9	14.8	13.7

Neo-natal death rates are amongst the most difficult to reduce. As one gets nearer to the point of birth in a child's life so do the death rates rise. These deaths contain many factors which are almost beyond human control and the drop in Essex over the last eight years is a considerable achievement. Such a drop could never be consistent and the up and down feature of the graph bears this out. The overall trend however is the key and this is most satisfactory.

The post-neo-natal mortality rate is also the lowest ever recorded although at 5.6 it remains the same as in 1956.

Prematurity

The number of premature live births notified in 1957 was 1,571 (1,481 in 1956 and 1,385 in 1955) i.e. 5.9% of all live births compared with 5.8% in 1956. The graph below shows the incidence of premature live births over the last eight years, also expressed as a percentage of total live births :—



The number of premature live births has been increasing steadily since 1950. In seven years, the number has risen by 431 and the percentage of total live births by 1.0%. This is a trend which was pointed out in last year's Annual Report. It was felt then that the figures would continue to rise and they have done so. The absolute figures are the highest ever recorded and the rate is the same as the previous worst year—1954. These figures should be watched constantly in the near future and a detailed investigation into the problem in Essex might be of great value.

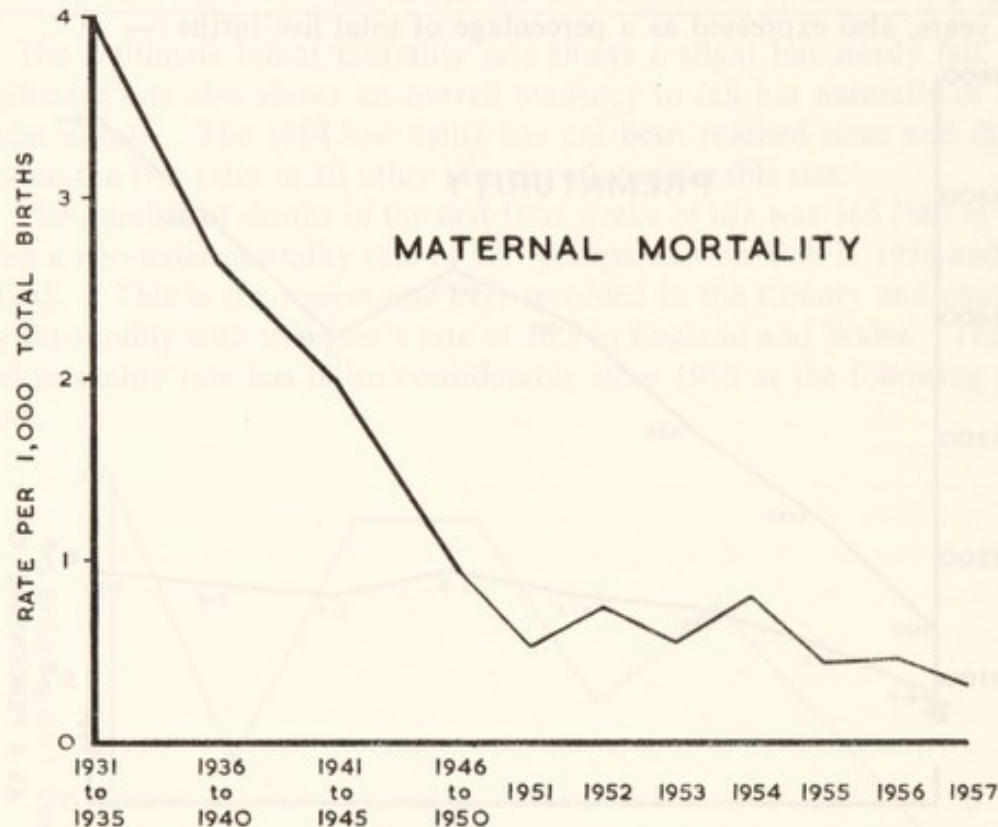
The number of premature still births notified was 274. Figures in recent years have been as follows :—

1952	1953	1954	1955	1956	1957
215	229	273	247	245	274

Whilst the figure for 1957 is higher than ever before the movement is not so inexorable. There is still an upward movement however and the previous graph on prematurity as a whole makes clear the need to watch these figures as well.

Maternal Mortality

The number of deaths ascribed to diseases of pregnancy, childbirth or abortion was 9 (12 in 1956) giving a maternal mortality rate of 0.33 per thousand total births compared with 0.46 in 1956, 0.44 in 1955 and 0.47 this year in England and Wales. The average rate from 1951 to 1955 was 0.62 and the rates since have been even lower. This year's rate is the lowest ever recorded and the following graph shows the present rate not only against recent years but also against the years prior to the war. The contrast with the pre-war years shows vividly the progress made in combating maternal mortality.



General Mortality

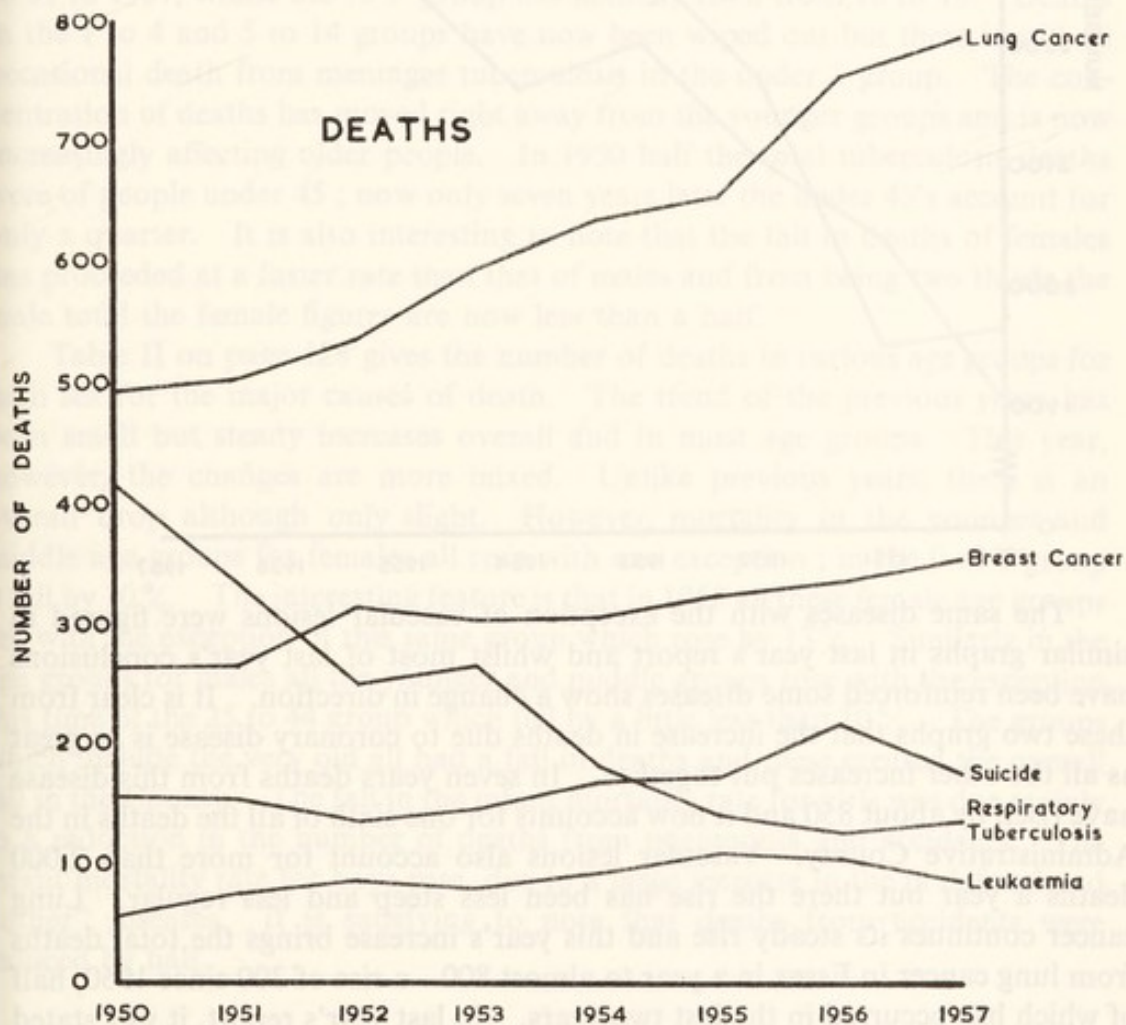
The number of deaths registered in the Administrative County in 1957 was 17,911 (18,022 in 1956) giving a death rate of 10.2 per thousand population compared with 10.4 in 1956 and 10.1 in 1955. When adjusted for comparison purposes, this becomes 11.0 (the same as the previous year) compared with 11.5 for England and Wales. The following table shows the pattern of yearly *death rates** in the Health Areas in Essex and in the County as a whole over the last few years. The total breakdown by districts is found in Table X on page 136.

Health Area	1950-52	1953	1954	1955	1956	1957
North-East Essex	12.3	13.4	12.8	13.1	13.7	13.3
Mid-Essex	11.4	11.7	10.9	11.4	11.6	10.8
South-East Essex	13.5	13.9	11.8	11.7	11.6	10.5
South Essex	9.2	10.3	9.5	9.4	10.2	9.7
Forest	9.2	8.6	8.2	8.0	8.4	7.5
Romford	8.5	7.4	6.4	6.5	6.5	6.3
Barking	8.9	8.4	8.0	8.8	8.6	8.3
Dagenham	7.1	6.7	6.2	6.9	7.2	6.9
Ilford	9.7	10.7	10.2	11.5	11.5	12.0
Leyton	11.7	19.7	11.0	12.3	12.8	12.3
Walthamstow	10.7	9.9	9.6	10.1	10.2	11.5
Admin. County	10.3	10.9	9.7	10.1	10.4	10.2

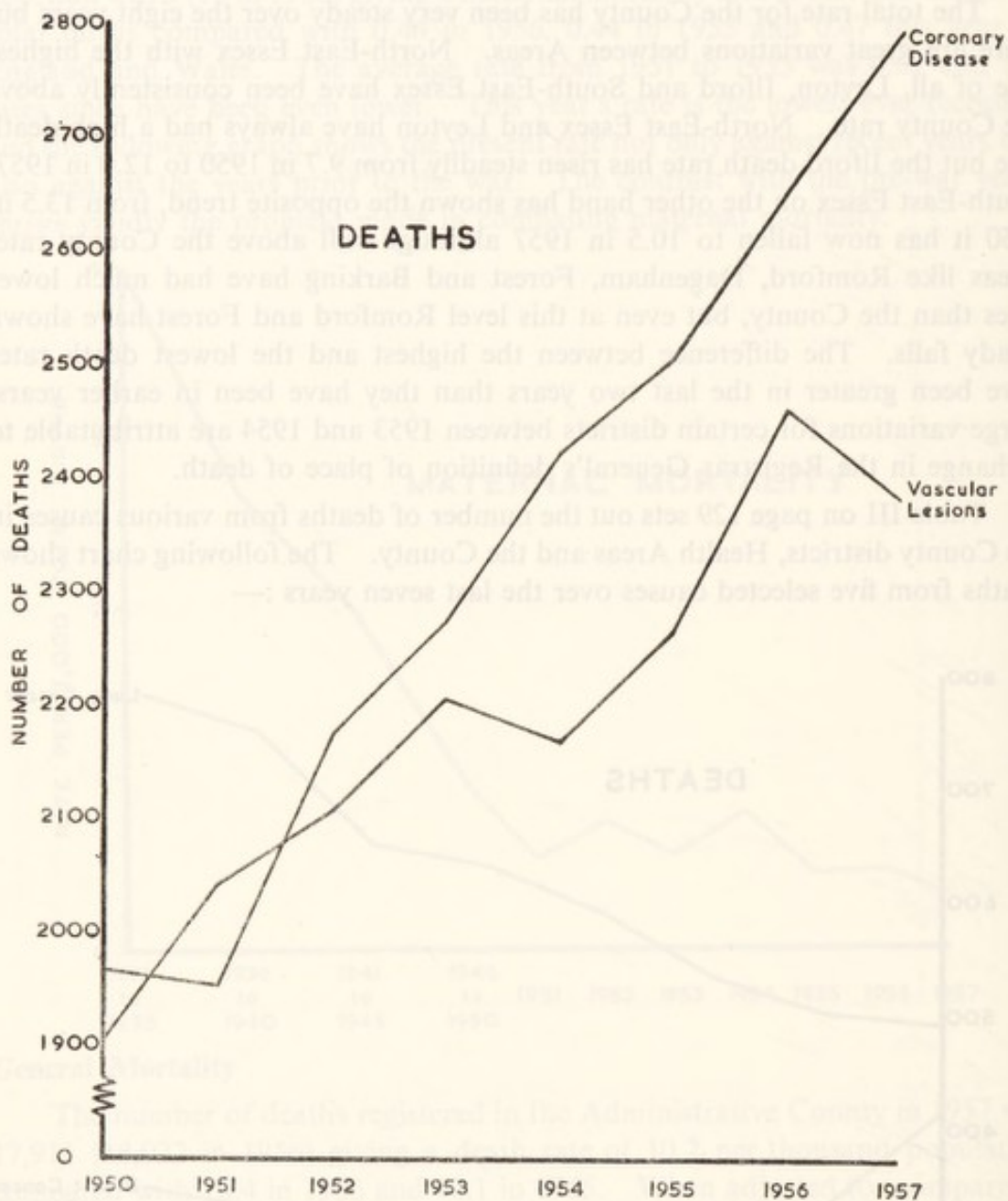
*per 1000 population

The total rate for the County has been very steady over the eight years but there are great variations between Areas. North-East Essex with the highest rate of all, Leyton, Ilford and South-East Essex have been consistently above the County rate. North-East Essex and Leyton have always had a high death rate but the Ilford death rate has risen steadily from 9.7 in 1950 to 12.0 in 1957. South-East Essex on the other hand has shown the opposite trend, from 13.5 in 1950 it has now fallen to 10.5 in 1957 although still above the County rate. Areas like Romford, Dagenham, Forest and Barking have had much lower rates than the County, but even at this level Romford and Forest have shown steady falls. The difference between the highest and the lowest death rates have been greater in the last two years than they have been in earlier years. Large variations for certain districts between 1953 and 1954 are attributable to a change in the Registrar General's definition of place of death.

Table III on page 129 sets out the number of deaths from various causes in the County districts, Health Areas and the County. The following chart shows deaths from five selected causes over the last seven years :—



Using the same scale the next chart shows deaths from coronary disease and vascular lesions over the same period.



The same diseases with the exception of vascular lesions were figured in similar graphs in last year's report and whilst most of last year's conclusions have been reinforced some diseases show a change in direction. It is clear from these two graphs that the increase in deaths due to coronary disease is as great as all the other increases put together. In seven years deaths from this disease have risen by about 850 and it now accounts for one sixth of all the deaths in the Administrative County. Vascular lesions also account for more than 2,000 deaths a year but there the rise has been less steep and less regular. Lung cancer continues its steady rise and this year's increase brings the total deaths from lung cancer in Essex in a year to almost 800—a rise of 300 since 1950, half of which has occurred in the last two years. In last year's report, it was stated that the figures for lung cancer and for coronary disease could be expected to rise and this year's figure bears out that view. Further increases must be expected next year.

Breast cancer continues to show a small rise but leukaemia has fallen. This is a most welcome sign as there has been a slow but steady rise until this year. The fall is in fact considerable, back to the 1952 level. The suicide rate, which is naturally subject to considerable fluctuations, has also fallen after its peak last year. It should be interesting to see if this fall is maintained next year. The present rate is still higher than for any year other than 1956.

On the other hand, deaths from respiratory tuberculosis, which had fallen considerably from 1950 and are now less than one third of the rate for that year, have risen slightly. In last year's report, it was anticipated that the rate must now level out and this is what is in fact happening. It is not expected that there will be any further increases but a levelling out process is inevitable as we get down to the chronic cases only and as the cases kept alive by improved treatment in previous years become older. A detailed analysis of total tuberculosis deaths by ages over the last eight years will be found in table XI on page 137. From that table it can be seen that the greatest improvement has been in the young and middle age groups. Whereas the 15 to 24 group has fallen from 45 deaths in 1950 to 1 in 1957, the 65 to 74 group has fallen from 52 in 1950 only to 31 in 1957, whilst the 75+ group has actually risen from 16 to 18. Deaths in the 1 to 4 and 5 to 14 groups have now been wiped out but there is still an occasional death from meninges tuberculosis in the under 1 group. The concentration of deaths has moved right away from the younger groups and is now increasingly affecting older people. In 1950 half the total tuberculosis deaths were of people under 45; now only seven years later the under 45's account for only a quarter. It is also interesting to note that the fall in deaths of females has proceeded at a faster rate than that of males and from being two thirds the male total the female figures are now less than a half.

Table II on page 128 gives the number of deaths in various age groups for each sex for the major causes of death. The trend of the previous years has been small but steady increases overall and in most age groups. This year, however, the changes are more mixed. Unlike previous years, there is an overall drop although only slight. However, mortality in the younger and middle age groups for females all rose with one exception; in the 0 to 1 group it fell by 10%. The interesting feature is that in 1956 all these female age groups fell with the exception of this same group which rose by 13%. Similarly in the age groups for males all the younger and middle groups rose with the exception of this time of the 25 to 44 group which fell by a little less than 10%. The groups which include the very old all had a fall in deaths and these created the overall fall in the County. The fall in the infant mortality rate for girls was due mainly to a reduction in the number of deaths from pneumonia and accidents. The infant mortality rate for boys rose, due to a large increase in the ill defined and "other" diseases. It is satisfying to note that deaths from accidents were reduced by half.

Sickness Claims

The number of new claims to sickness benefit recorded in the 52 weeks ended 31st December, 1957, at local offices of the Ministry of Pensions and

National Insurance in the Administrative County was 299,446. Figures for the last six years are as follows :—

1952	1953	1954	1955	1956	1957
200,062	233,795	206,259	233,138	235,149	299,446

Thus the number of sickness claims has now risen by 100,000 since 1952 i.e. by half the original figure and this year's rise of 64,000 is the highest increase in any one year. The autumn influenza epidemic must have been responsible for a lot of the increase and it would not be justifiable to draw any general conclusions about sickness claims and absence from work from this most unusual year. As a result of this large increase, the incidence of new claims per thousand population was 171 compared with 136 in 1956 and 137 in 1955.

SECTION II—GENERAL.

STAFF

Central Office

Mr. L. Goldstone, B.A., commenced duty as Statistician in the Department in June in succession to Mr. W. Leak, B.A., whose resignation was referred to in the Report for 1956. Mr. G. F. Austin was appointed County Ambulance Officer in May following the resignation of Mr. S. E. J. Hart. Mr. F. St. D. Rowntree took up duty in March as Health Education Organiser in succession to Mr. W. G. Penn.

Combined Medical Services

Brentwood District—Dr. T. Mackinnell-Childs commenced duty on 16th December as Medical Officer of Health of the Brentwood Urban District and Assistant County Medical Officer in succession to Dr. S. R. Warren, who resigned from these appointments on 31st October.

Halstead District—Dr. J. Harkness took up duty as Medical Officer of Health of the Halstead Urban and Rural District Councils and Assistant County Medical Officer on 1st May in succession to Dr. J. S. Ranson, who retired on 30th April after 33 years service in the north-western part of the County.

Assistant County Medical Officers

Only five changes took place in the staff of Assistant County Medical Officers. No particular difficulties were experienced in filling vacancies. During the year, under arrangements made with the Port of London Authority, two Assistant County Medical Officers in the South Essex Health Area became part-time officers of that Authority and took up duty as Port Boarding Medical Officers (part-time).

Refresher Courses

Every possible advantage was taken of nationally organised facilities for post-graduate and post-certificate instruction for all grades of staff employed in the Department. Fourteen members of the medical staff attended courses organised by the Society of Medical Officers of Health and eight attended one-week courses in dental anaesthesia at the Eastman Dental Hospital.

A second weekend course for the medical staff was held in October at Wansfell, Theydon Bois, Epping. The theme of the course was "Mental Health" with particular reference to the early detection of mental ill-health. The opening talk on "Some particular aspects concerning the needs of children who are maladjusted or educationally sub-normal," was given by Dr. A. F. Alford, Senior Medical Officer, Special Services Branch, Ministry of Education and there followed lectures on "The Developmental Approach to Child Growth

and Behaviour" by Professor R. S. Illingworth, Professor of Child Health, University of Sheffield, "The Significance of Certain Forms of Behaviour in Young Children Relative to Future Mental Ill Health" by Dr. Brian Kirman, Consultant Psychiatrist at the Fountain Hospital, London, S.W.17, "Psychosis in Children," by Dr. Mildred Creak, Consultant Psychiatrist at the Hospital for Sick Children, London, W.C.1 and "Discoveries in the Field of Mental Health" by Dr. Isabel Wilson, Senior Medical Commissioner, Board of Control. In the course of the weekend visits were made to the Nazeing Park Residential School for maladjusted children. Some 25 Medical Officers attended the course, the numbers being depleted by the then prevailing influenza epidemic. These courses, which are designed to supplement the arrangements made at national level, have proved most successful and further courses are being planned.

Arrangements were made for the Health Education Organiser to be present at a Summer School in Health Education organised by the Central Council for Health Education. Three members of the medical and nursing staff were present at a weekend course on "Ageing and its Implications" which was held at the Wansfell Adult College, Theydon Bois.

Ninety-seven health visitors, midwives, home nurse midwives and home nurses attended courses organised by the Women Public Health Officers Association, the Royal College of Nursing, the Royal College of Midwives and the Queen's Institute of District Nursing.

A day nursery matron attended a refresher course arranged by the Royal College of Nursing.

Four supervisors of occupation centres took advantage of the course organised by the National Association for Mental Health and two members of the senior administrative staff in the Health Areas participated in a weekend course organised by the Association of Public Health Lay Administrators.

TRANSPORT OF STAFF

The arrangement whereby certain members of the staff whose duties necessitate a considerable amount of travelling are provided with County cars or authorised to use privately-owned cars continued throughout the year.

During the year, a second 5 cwt. motor van was provided for use in connection with the Domiciliary Occupational Therapy Service. These vans are invaluable in the transportation of equipment and materials and have made it possible for a considerably increased number of visits to be undertaken by the occupational therapists to whom they have been allocated. Continued use was made of the 12 cwt. van provided for the Health Education Service in the transport of display material, film projectors and other equipment in connection with lectures and displays in various parts of the County.

Twelve members of the staff received loans under the County Council's assisted purchase scheme, introduced towards the end of 1955, to enable them to purchase vehicles for use on County business. This is a decrease of 18 in the number who took advantage of this scheme in 1956, the first full year of the

scheme's operation. In addition, one officer purchased the County car which had been allocated to her and continued to use it in connection with her official duties.

On 31st December, 1957, 551 officers employed in the County Council's Health Services were using motor transport in connection with their official duties. Of these, 229 were using vehicles provided by the County Council and the remaining 322 were authorised to use their privately-owned motor cars, motor cycles, or motor assisted pedal cycles. In 1956, the corresponding figures were 514, 227 and 287.

SITES AND BUILDINGS

Health Centres

BASILDON.—In its eighth Annual Report for the year ended 31st March, 1957, the Basildon Development Corporation stated that during that period no progress was made in the provision of Local Health Services and that this was a constant cause of hardship to the local population and of concern to the Corporation. Whilst the concern of the Corporation is appreciated, it should be pointed out that at that time, when the population had reached a figure of 40,000 (of which less than 16,000 represented new population), there were three *ad hoc* clinic buildings providing local health services in the New Town. The siting of these clinics is such that with the exception of a small portion of the Kingswood neighbourhood, no part of the residential areas lies more than 1½ miles from one or other of them.

In order to keep pace with development proceeding in and around the Town Centre, a temporary clinic is being provided by the adaptation of two houses made available for the purpose. This temporary clinic will ensure that every resident in the newly developed areas will be within one mile of a Clinic providing Local Health Services.

Meanwhile negotiations have been proceeding with the Executive Council for Essex and plans and estimates have been prepared for the provision of a new permanent Health Centre in the Town Centre area with a view to their early submission to the Ministry of Health.

The Local Health Services in Basildon compare favourably with those in other New Towns with the possible exception of Harlow where, as indicated on the following pages, the generosity of the Nuffield Provincial Hospitals Trust and the willing and helpful co-operation of the Harlow Development Corporation have made it possible to provide a number of Group Practice and Clinic Centres.

HARLOW.—I am indebted to Dr. Stephen Taylor, a member of the New Town Development Corporation and Medical Director of the Harlow Industrial

Health Service for the following outline of the interesting and significant experiment in the provision of community health services in the New Town of Harlow :—

By a happy combination of circumstances, Harlow New Town has presented a unique opportunity for the building of a comprehensive extra-hospital health service for the entire community. Harlow alone among the new towns around London is being built without an existing central nucleus, in the shape of an existing community. For this reason there was no pre-determined pattern of health services in the area. It has proved possible to obtain the whole-hearted financial support of the Nuffield Provincial Hospitals Trust in developing what it is hoped may provide a general demonstration of possibilities in areas of completely new development.

The Trust has utilised the services of the Harlow Development Corporation as its agent for the design and construction of a series of centres. Although in law these centres are not health centres, since they are not owned by the local health authority, they achieve, in effect, precisely what was envisaged when the 1946 Act was going through Parliament. A happy, and indeed a unique relationship has been built up between the officers and staff of the Essex County Council Health Department, the officers of the Development Corporation, and the General Practitioners and Dentists in Harlow, and this showed how much more each can achieve in co-operation with the other, with the old rivalries and jealousies of the past safely buried and forgotten.

The first small experimental centre, Haygarth House, was opened some six years ago. From this centre a group of three general practitioners looked after nearly 9,000 patients ; two dentists carried on general National Health Service practice; and the county clinics operated with the G.P.'s acting as medical officers for ante- and post-natal work and child welfare.

A small advisory house committee, with no executive powers, met periodically to discuss mutual problems and it was soon found that theoretical difficulties could be quickly resolved as mutual confidence grew. In particular the general practitioners came to realise the value of the health visitors in dealing with a wide range of social problems, apart altogether from their usual statutory duties. Haygarth House was a success but, as was anticipated at the outset, within three years it proved too small, so permanent buildings were designed to replace it.

On October, 17th, 1955, Viscount Nuffield opened Nuffield House, Sydenham House and Osler House, to meet the needs of about 22,000 people in the new town. These centres differ from almost all official health centres in that they accommodate dentists in general National Health Service practice, as well as doctors, and, for the doctors, they are their only places of practice. Accommodation is rented to each user, the ownership of the centres remaining in the hands of the Nuffield Trust, through its agency the Nuffield Health and Social Services Fund.

Each centre provides a real medical headquarters for its area from which doctors, dentists, health visitors, home nurses and midwives provide services for the surrounding population. The aim throughout has been to combine efficiency with economy, and the capital cost of the first three permanent buildings was about £63,000.

At Nuffield House there are four doctors in partnership, two dental surgeons, and the local authority clinic. At Sydenham House there are now three doctors working with accommodation for a fourth. Besides two dental surgeries occupied by dentists in ordinary National Health Service practice, there is accommodation for a local authority dental clinic, and the usual local authority ante- and post-natal and infant welfare clinic. Osler House serving a small isolated community accommodates two doctors and the local authority clinics. To cover the rest of the town the Nuffield Trustees set aside a sum of £130,000. Of this £80,000 was for three general health centres, and £50,000 to build the special clinics for the whole town, needed by the local health authority and the local education authority, and for a small temporary out-patient department for the Regional Hospital Board.

The first of the new centres was occupied in 1958 and is to be officially opened in October. It accommodates four general practitioners, four National Health Service dentists, the county clinics, and a county dental wing. Attached to it are two special wings. The first of these, Chadwick House, accommodates the local health authority clinics, needed for the town as a whole, that is to say children's orthopaedic and orthoptic clinics, speech therapy, and other specialised services.

The second, Galen House, has been leased by the Trust to the County Education authority as a child guidance clinic for Harlow and the surrounding districts.

A third building, also adjacent, Bentham House, is to provide the temporary out-patient department under the Epping Hospital Management Committee. This will house an open access pathology department, an open access X-ray department, and some nine specialist clinics for general medicine, general surgery, orthopaedics, psychiatry, and so on.

The whole group of buildings, known as the Harlow Medical Centre, provides a unique combination of the three different wings of the National Health Service. In this centre the trichotomy produced by the National Health Service Act has been broken down and the physical separation of the services, which is much to the patient's detriment, has been overcome.

A fifth area health centre in the Tye Green neighbourhood in the southern part of the town is nearing completion, and the doctors, dentists, and clinics who will occupy this centre are practising from temporary premises near by. This centre will house up to six G.P.'s and four dentists.

The final centre needed to complete the picture will be built, in due course, in the Great Parndon neighbourhood, but house construction in

this area will not start for another two years. It is hoped that in the final centre, the lessons learnt in the earlier centres will be fully embodied.

In reviewing the general picture so far it is worth while stressing the happy co-operation which has developed between the G.P.'s, the dentists, the County's medical officers, the health visitors, midwives and home nurses. Each group remains independent, yet all are working together for the benefit of their patients. The system of advisory house committees has proved eminently essential, and in established centres meetings are only necessary about once a year.

Besides the general developments described above, the Nuffield Trust, in co-operation with the industrialists of Harlow, has brought into being an industrial health service to meet the needs of the two industrial estates in the town.

The Industrial Health Service commenced operations on 1st November 1955. It is a non-profit-making charitable company administered by a Council on which industrialists, trade unionists, and the many local health bodies, including the Essex County Council are represented. The Service operated first from a temporary hut. This was replaced early in 1957 by a permanent building, Edinburgh House. At the back of Edinburgh House the temporary hut has now been re-erected to provide a small physiotherapy department. A second smaller centre on the Pinnacles industrial estate will, it is hoped, be constructed, in due course.

At the first meeting of the Council 13 firms were admitted to membership. Today there are no less than thirty-five members and two associate members who are building contractors. Among the members are the Harlow Development Corporation, and the Harlow Urban District Council, in respect of their industrial employees. At first the service looked after some 2,900 workers; the figure is now over 5,500. It is hoped that financially the Service may break even on its subscription income in about two years time. Up to now the deficit has been made good by the Nuffield Provincial Hospitals Trust.

It is a unique feature of the Harlow Industrial Health Service that all the staff, other than the Sisters and Receptionist, work on a part-time basis. In particular the twenty-four hour medical cover, factory medical care and general medical clinics, held twice a day at the Industrial Health Centre, are provided by the general practitioners of Harlow working on a rota basis. One or more members of each group practice in the new town acts as a visiting medical officer to the service. As a result, the link between the G.P.'s and industry is as close as that between the G.P.'s and the county health clinics operating in the group practice centres. One happy result of this arrangement is that the doctors themselves have gained a vivid appreciation of the conditions of work of their patients, and the Industrial Health Service is able to carry out treatment recommended by the G.P.'s with a

minimum loss of working time. The G.P.'s have agreed amongst themselves not to transfer to their own list any patient seen industrially for at least a period of six months.

At the Industrial Health Centre specialist clinics for orthopaedics, dermatology, eye conditions and chiropody have been initiated and a physiotherapy clinic, run in conjunction with the Regional Hospital Board will, it is hoped, be commencing shortly.

Liaison between the Industrial Health Service and the county's health visitors, in appropriate cases, is close, and is of particular value where young and married workers are in difficulties owing to domestic or social problems.

In the Appendices will be found a reprint of a paper by Dr. F. G. Brown, Area Medical Officer of the Forest Health Area giving an outline of the public health services in the New Town. This paper gives in more detail the manner in which those services are integrated with services dealt with by Dr. Taylor. I am grateful to Dr. Brown and the editors of "The Medical Press" for permission to reproduce this paper.

The following table gives some idea of the use made of such services at three of the centres :—

Group Practice and Clinic Centre	Ante-Natal		Post-Natal		Child Welfare			
	Pa-tients total	Atten-dances total	Pa-tients total	Atten-dances Total	Child-ren Atten-ding Total	Attendances		
						-1	1-2	2-5
Osler House	121	854	—	—	2,028	2,650	361	321
Nuffield House	647	2,266	—	—	1,518	4,034	729	447
Sydenham House	1,360	2,135	118	118	1,607	4,458	1,007	693
Totals	2,128	5,255	118	118	5,153	11,142	2,097	1,461

HAROLD HILL, ROMFORD.—As will be seen from the following information, full use was made of the facilities provided at this Health Centre which was established in 1954.

REPORT OF THE PROFESSIONAL COMMITTEE.—Dr. J. G. Fife, the Chairman of the Professional Committee submits the following report :—

The Professional Committee presents its third annual report, relating to the operation of the Harold Hill Health Centre during the period ended the 31st December, 1957. The Committee found it necessary to meet only twice during the year, which in itself is an indication of the fact that the Health Centre is functioning satisfactorily, and that the problems which arise in its day to day operation are being resolved through the co-operation of all concerned.

General Medical Services : Attendances by Patients—The following table shows the number of patients attending the Health Centre for general medical services, together with other relative information. It will be observed that, excluding those attending for poliomyelitis injections, the number of attendances by patients at the Health Centre rose by 6,000 as compared with the previous year.

Number of Patients Attending	First Year ended 23.7.55			Second Year ended 31.12.56			Third Year ended 31.12.57		
		L	G		L	G		L	G
(a) Doctors' Surgeries	17,032			18,827			23,878		
(b) For treatment	5,629	74	15	4,888	126	10	5,891	201	25
(c) For Polio injection (period March-Dec.)							1,607		
<i>Highest Number of attendances in one week</i>				30th November, 1957			660		

" L "—Minor operations under local anaesthetic.

" G "—Minor operations under general anaesthetic.

Poliomyelitis Injections.—A large number of children attended for vaccination against poliomyelitis, most of the practitioners finding the facilities at the Health Centre very convenient for carrying out this work.

As it was necessary for poliomyelitis vaccine to be kept at a low temperature, and there were no refrigerated storage facilities at the Health Centre, the Area Medical Officer arranged for supplies of the vaccine to be delivered as required, every morning if necessary. Each practitioner informs the secretariat of his requirements the previous day, and supplies are ordered accordingly.

Legal Agreements.—During the year a draft copy of the proposed sub-licence has been considered by the Committee in close co-operation with Mr. W. O. J. Robinson, Solicitor, the Secretary of the Essex Local Medical Committee.

Certain minor amendments were made and clarification of other matters was obtained, and it is expected that the agreements will be finalised in the very near future.

The revised rate of £300 per suite per annum in respect of the accommodation and facilities provided for general medical services at the Centre came into operation on the 1st April, 1957.

General Dental Services—The following statement shows the number of patients treated by the general dental practitioner at the Centre, together with other relative statistics :—

	<i>First year ended 23.7.55</i>	<i>Second year ended 31.12.56</i>	<i>Third year ended 31.12.57</i>
Number of patients treated	410	394	418
Total number of attendances	—	—	3,080
Broken appointments	313	526	410
General anaesthetic cases	47	73	48
Local anaesthetic cases	364	331	330
X-rays taken	63	62	40
<i>Fillings :</i>			
Plastic	188	204	176
Amalgam	1,168	1,425	1,388
<i>Dentures supplied :</i>			
Upper full	27	34	58
Upper part	18	39	26
Lower full	19	27	42
Lower part	15	33	23

Co-operation with Local Health Authority—Co-operation between the Health Authority wing and the Local General Medical and General Dental Services wing has been maintained.

Specialist Services.—During the year there were 3,350 attendances at the 270 sessions of the specialist service clinics provided in conjunction with the Regional Hospital Board as follows :—

	No. of Sessions	No. of Attendances
Physiotherapy	209	2,332
Orthopaedic ascertainment	14	177
Ophthalmology	47	841
	<hr/> 270 <hr/>	<hr/> 3,350 <hr/>

The corresponding totals for 1956 were 263 and 2,868 respectively. In addition, 70 attendances were made by patients for Artificial Sunlight treatment.

Local Health Authority Work.—Attendances at the County Council's clinics were as follows :—

Ante-natal and post-natal clinics	505
Child welfare centre	6,610
Minor ailment clinics	1,528
Speech therapy clinics	336
	<hr/> 8,979 <hr/>

The corresponding total for 1956 was 9,098.

The following numbers of patients were seen by the dental officer who attends at the Centre. The comparative totals for 1956 were 1,249 and 1,183.

	Examined	Treated
Expectant and nursing mothers	29	22
Children under 5 years of age	211	140
School children	733	543
	<hr/> 973	<hr/> 705

The distribution of welfare foods and other nutriment continued as in previous years and Health Education film shows and lectures were held.

AVELEY, SOUTH OCKENDON.—Whilst at Harold Hill doctors use the accommodation provided on a part-time basis and as branch surgeries only, at Aveley their practices are centred on the building and they have the exclusive use of the accommodation.

Report of the Professional Committee.—Dr. W. T. G. Boul, the Chairman of the Professional Committee during 1957, submits the following report :

Introduction

The Professional Committee submits the second annual report on the Aveley Health Centre which has continued to function on the same lines as last year. Meetings of the committee were held on 13th March, 19th June, 13th September and 18th December, 1957. As last year, the report is dealt with under the headings Buildings and Equipment, Staff, Statistics and General Matters.

Buildings and Equipment

As the result of thefts from staff cycles it was necessary to ask the South Essex Health Area Sub-Committee to recommend the provision of accommodation which could be locked up. The County Architect issued an order on the 9th September, 1957, for the erection of a separate shelter sited at the rear of the main building.

The autoclave sterilizer, having been fitted with steam discharge tubes and wire guard, has not presented any further difficulty.

It was found necessary to provide additional heating in the Minor Operation Room. The County Architect has installed an electric heater.

The congestion of waiting-room accommodation mentioned in the Chairman's previous annual report has not been solved. Drs. Toes and Cousins share a waiting room and each has large numbers in attendance at his sessions.

On the instruction of the County Architect, Messrs. Doe & Sons, of Fyfield, prepared and sowed with rough grass the land at the rear of the building, and suitable trees and shrubs are to be planted. The Area

Medical Officer is of the opinion that this grassland will require only the minimum of attention, such as bi-annual clipping, to keep it in a tidy condition.

It was found necessary to provide a small platform for the filing cabinets holding the medical records, so that they could be handled more easily by the staff. Four additional filing cabinets were provided during the year.

Staff

The staffing establishment was reviewed after the first twelve months working and in March, 1957, the General Purposes Committee of the County Council gave approval to the creation of an additional post of part-time cleaner for 24 hours per week.

The following administrative staff changes have occurred :—

Miss M. Connolly, Higher General Division Clerk—Resigned
25.5.57.

Miss C. J. Beadon, Higher General Division Clerk—Appointed
24.6.57.

One or two changes in the cleaning staff have also taken place.

All the staff at the Health Centre continue to give satisfactory service and I am sure general practitioners would agree that they contribute fully to the smooth running of the administration.

Although the original establishment provided for two full-time secretaries, the arrangements whereby one full-time secretary and two part-time clerks are employed on a rota basis has worked very well.

Statistics

From the following information it will be noted that the attendances at the general practitioners' surgeries are slightly up on last year's figures. There is, however, a considerable increase in the number of treatments by nurses carried out, being 13,360 this year, as against 9,595 last year. Poliomyelitis vaccinations account for the main increase.

In the General Dental Surgery, although the number of patients treated is much the same as last year, the attendance of patients for treatment has increased considerably (1956—1,698 ; 1957—2,601).

General Medical Practitioners

Attendances at Surgeries (not including Ante-Natal clinics)—42,376.

Jan.	Feb.	Mar.	Apr.	May	June
3,726	3,555	4,062	3,313	3,593	2,948
July	Aug.	Sept.	Oct.	Nov.	Dec.
3,797	2,609	3,766	4,685	3,140	3,182

Treatments—13,360

Jan.	Feb.	Mar.	Apr.	May	June
994	1,010	1,528	814	1,195	1,554
July	Aug.	Sept.	Oct.	Nov.	Dec.
1,115	1,352	1,255	899	961	683

Minor Operations—68

General Dental Services

Number of patients treated	....	....	....	....	....	640
Total attendances made	....	....	....	....	....	2,601
Anaesthetics administered (whenever possible by patients' own doctor)	....	....	....	....	....	303
Number of dentures supplied	....	....	....	....	....	287
Number of x-rays taken	....	....	....	....	....	85

General

On the 13th September, 1957, a plaque in memory of the late Dr. B. G. Kiddle, affixed to the wall of the entrance hall, was unveiled at a simple ceremony attended by Mrs. Kiddle, his colleagues at the Health Centre and friends, the financial cost having been borne by his patients.

Although in my capacity as Chairman of the Professional Committee I am not concerned directly with the Local Health Authority side, it seems unfortunate that with all the facilities to hand at the Health Centre, and no doubt the patients available on this large estate, the Hospital Management Committee do not provide for specialist services. There is no provision for children's physiotherapy, although this flourished in 1953 in a top back room of the "converted house clinic" in Annalee Road, before the Health Centre started. There are no ophthalmic or orthoptic sessions. The specialist clinic is at Glasson House, Grays, a twenty minute journey by bus away (eightpenny fare).

The Local Authority dental service has continued in a very limited capacity, the greatest number of sessions per week so far since the Health Centre opened having been provided by Dr. Shaw—some five in number. Unfortunately, on the 1st January, 1958, he found it necessary to reduce these to three and, on the 28th February, 1958, intimated that he could no longer continue. The County Medical Officer has from time to time published advertisements in the press concerning the vacancy and, at the time of writing this report, a Dental Officer, Mr. A. A. Ebrahim has applied for and been offered the post, and it is expected that he will start some time in April.

As mentioned in the previous report, there is no chiropody in the building, and it is considered that such would be of great value to the older people living on the estate.

LOCAL HEALTH AUTHORITY WORK.—Details of work done at the County Council's clinics are as follows :—

(i)	Number of Child Welfare Sessions held	....	....	....	104
	Total attendances	....	....	....	4,655
	Seen by doctor	....	....	....	820
(ii)	Number of Ante- and Post-Natal Combined Clinics				
	Sessions held	....	....	....	30
	Total attendances : Ante-Natal	....	....	....	237
	Post-Natal	....	....	....	16
(iii)	Number of Women's Welfare Sessions held	....	....	....	22
	Total Attendances	....	....	....	263
(iv)	Immunisation				
	Number who completed a full course of primary immunisation	....	....	....	602
	Number given reinforcing injections	....	....	....	87
	Vaccination				
	Number vaccinated	....	....	....	163
	Number re-vaccinated	....	....	....	—
	Whooping Cough				
	Number who completed a full course of immunisation under County Scheme	....	....	....	643
	Reinforcing injections	....	....	....	2
	Poliomyelitis Vaccination				
	Number of children who received first injection	....	....	....	1,251
	Number of children who received second injection	....	....	....	1,148
(v)	Dental				
	School Children				
	Number of inspection sessions	....	....	....	21
	Number of treatment sessions	....	....	....	207
	Number of attendances made by pupils for treatment	....	....	....	2,386
	Expectant and Nursing Mothers and Children under 5				
	Number of sessions held	....	....	....	37
	Patients who completed treatment :—				
	(a) Expectant and nursing mothers	....	....	....	63
	(b) Children	....	....	....	71
	Total attendances :—				
	(a) Expectant and nursing mothers	....	....	....	149
	(b) Children	....	....	....	192
(vi)	Speech Therapy				
	Number of sessions held	....	....	....	210
	Total attendances	....	....	....	1,200
	Number of individual pupils under treatment	....	....	....	109

(vii)	Physiotherapy								
	Number of sessions held	....	....	....	....	....	....	....	—
(viii)	Minor Ailment Clinic								
	Number of sessions	....	....	....	....	....	....	....	99
	Number of attendances	....	....	....	....	....	....	....	1,325

The distribution of welfare foods and other nutriments continued and two lectures and film shows were held.

Health Services Clinics

The Health Services Clinic at Three Arch Bridge Estate, Brentwood (South Essex Health Area) was completed early in the year and it was officially opened on 14th March by the Chairman of the Brentwood Urban District Council, the holding of clinics having commenced a month previously.

The new Clinic at Oxlow Lane, Dagenham (Dagenham Health Area) was officially opened on 6th September, 1957 by the Chairman of the Health Area Sub-Committee, the holding of clinics having commenced on 24th June.

Owing to the continued restriction of capital expenditure, it was not possible to commence the erection of any further new clinic premises during the year.

Preliminary negotiations were continued with a view to the use of the former Council Offices at Bowes Field, Ongar (Mid-Essex Health Area) for clinic purposes and some progress was made in regard to proposals for the erection of a clinic at Loughton (Forest Health Area) and the extension of the Health Services Clinic at Laindon (South-East Essex Health Area).

Arrangements were commenced for the acquisition of land at Avon Road, Upminster and negotiations were continued for the acquisition or reservation of sites at Hutton and at Corringham (all in the South Essex Health Area) and at Western Road, Dagenham (Dagenham Health Area) for clinic purposes.

A house was hired from the Bata Shoe Company at Tilbury for the provision of improved clinic services at East Tilbury (South Essex Health Area) and clinic sessions were commenced there on 29th November.

Ambulance Stations

The new Ambulance Station and Control building at Aldborough Road, Ilford, became operational on 1st March, 1957. Accommodation is provided in the station itself for 20 vehicles and the control centre for the area of Essex adjacent to the Metropolis is accommodated on the first floor of the building.

Work was commenced in September, 1957 on the new Station and Control Room at Coval Lane, Chelmsford. This station will provide accommodation for ten vehicles and the control centre for the whole of Essex outside the area referred to above, will be situated on the first floor.

Considerable progress was made in regard to the erection of a new Ambulance Station at Epping

As a temporary arrangement a scheme was prepared for the adaptation of outbuildings at the old Lion Hotel, Ongar (owned by the Fire Brigade Com-

mittee) for the provision of an Ambulance Station, following the receipt of notice to quit the existing accommodation.

The Ambulance Station at Wanstead was closed down upon the expiry of the lease and the staff and vehicles were transferred to the Chingford Ambulance Station.

Steps were taken in connection with the provision of a new Ambulance Station at Basildon and progress was made in relation to the purchase or appropriation of sites for new stations at Burnham-on-Crouch, Buckhurst Hill, Canvey Island, Clacton-on-Sea, Leyton and Romford.

Occupation Centres

During 1957 the Leyton Junior Occupation Centre was transferred to the former Day Nursery premises at Spratt Hall Lane, Wanstead, the building having been specially adapted for the purpose.

Work was commenced on the erection of a new Junior Occupation Centre to accommodate 75 pupils in Chelmsford and the building was nearing completion at the end of the year. Preparations were made for the invitation of tenders for the erection of a similar Centre at Grays.

By the end of the year good progress had been made in connection with the negotiations for the use of a site at Colchester for the erection of a comprehensive Occupation Centre to accommodate 50 junior pupils and 25 adult male pupils.

During the year negotiations were in progress in respect to the use of a building at Braintree and a portion of the Hilltop Hospital, Saffron Walden, for the provision of new Centres.

Housing Accommodation for Nursing Staff

Building commenced during September on a house for the home nurse-midwife at Ardleigh (North-East Essex Health Area). In November the County Council gave approval to the conversion of the Nurses Home at 49 The Ridgeway Chingford (Forest Health Area) to provide two flats. At the end of the year under review, tenders had been invited for a pair of flats to be erected at Maldon (Mid-Essex) and negotiations were proceeding for sites at Manuden (Mid-Essex), Stanway and Barn Hall, Colchester (both North-East Essex).

MEDICAL EXAMINATION OF STAFF

The medical examination of persons selected for appointment, as well as of existing members of the staff of the County Council, again made great demands upon the time of the medical staff of the Department—the number of exami-

nations during 1957 totalling 3,852 (873 on behalf of other local authorities) compared with 3,390 the previous year and 3,420 in 1955. Included in this figure were 857 examinations carried out in respect of entrants to courses of training for teaching and to the teaching profession.

LABORATORY SERVICE

In accordance with arrangements which were detailed in previous reports, county district councils may send samples of milk, ice cream, water and sewage effluent to one of the following laboratories :—

Public Health Laboratory, Cambridge.

Public Health Laboratory, Chelmsford.

Public Health Laboratory, Ipswich.

Public Health Laboratory, Southend-on-Sea.

Counties Public Health Laboratories, London.

the first four being available for bacteriological work only.

The following is a summary of the samples examined by the laboratories during 1957 :—

Nature of Samples	Samples examined by	
	Public Health Laboratories	Counties Public Health Laboratories
Milk	1,035	693
Ice Cream (including lollies)	626	597
Other foods	297	101
Water	679	682
Sewage effluent	—	48
Totals	2,637	2,121

MILK SUPPLY

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations 1949.

The County Council is responsible for the licensing and supervision of milk pasteurising and sterilising establishments in that part of the County for which it is the Food and Drugs Authority. There were 10 pasteurising plants and one sterilising plant licensed, which together dealt with over 38,000 gallons of milk a day. To these establishments 558 visits were made during the year and 561

routine samples of milk were obtained and submitted to the special examinations laid down in Parts II, III and IV of the Third Schedule of the Regulations as follows :—

	Pasteurised Milk		Sterilised Milk
	Phosphatase Test	Methylene Blue Test	Turbidity Test
Samples examined	512	512	49
Samples failed	—	2	—
Tests void	—	4	—

Unsatisfactory reports were investigated immediately and reported as a routine to the Ministry of Agriculture, Fisheries and Food.

From time to time samples of milk bottles (291 in all) were taken from bottle washing machines in order to check the efficiency of the washing process. Where necessary, appropriate remedial action was taken.

The high standard of results has only been achieved by unremitting care and speaks well for the methods of the producers concerned. Such a small number of unsatisfactory samples does not, however, mean that there can as yet be any slackening in the supervision of these milk supplies.

Milk (Special Designation) (Specified Areas) Orders

Under a series of Milk (Special Designation) (Specified Areas) Orders districts of the country have been declared to be "specified areas" in which all milk sold by retail for human consumption must be "specially designated" milk, i.e. "pasteurised," "sterilised" or "tuberculin tested." The position during 1957 was that such orders applied to the whole of the administrative County of Essex with the exception of the Borough of Saffron Walden, the Urban District of Halstead, the Rural Districts of Dunmow, Halstead and Saffron Walden and a few parishes in the north west of the Braintree Rural District. The County Council enforce the provisions of the Orders in those parts of the County for which they are the Food and Drugs Authority. No infringements of the provisions of the Orders were found during the year.

Biological Sampling

The general policy of taking two samples of milk each year for biological examination from each retailer of undesignated milk (excluding the "specified areas"), one sample each year from each producer of undesignated milk and samples from each retailer of tuberculin tested milk in the County (including the "specified areas") was continued although it is difficult in practice fully to attain

this objective and there is a limit to the number of samples which can be examined by the laboratories. In addition a number of samples of milk for biological examination were taken of tuberculin tested wholesale supplies.

A summary of the results obtained from examination of samples submitted is given below :—

Number of reports received	....	....	....	685
Number inconclusive	....	....	....	62
Number free from tubercle bacilli	....	....	....	612
Number containing tubercle bacilli	....	....	....	11

All the 11 samples containing tubercle bacilli were of undesignated milk.

Each positive result was reported to the Divisional Inspector of the Ministry of Agriculture, Fisheries and Food or other appropriate authority, and as a result five animals were slaughtered under the Tuberculosis Order 1938 and eleven (sold for slaughter) were removed from the herds.

Six hundred and eighty-five samples of milk submitted for biological examination were also examined for the presence of brucella abortus and of these 26 were reported as being "brucella positive." Such results and also positive tubercle bacilli results are notified to the Medical Officer of Health of the county district concerned in order that he may take appropriate action in accordance with the provisions of paragraph 20 of Part VII of the Milk and Dairies Regulations 1949.

Milk-in-Schools Scheme

Milk supplies to schools continued to be kept under review during the year.

Samples of the pasteurised milk were submitted to the special tests laid down in the Third Schedule of the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations 1949, and in the case of the only tuberculin tested milk supply were submitted to the test laid down in the Third Schedule of the Milk (Special Designation) (Raw Milk) Regulations 1949. The tuberculin tested milk was also submitted to biological examination.

The results obtained from testing of samples of milk from schools were as follows :—

(a) Biological Examination—

Number of reports received	....	....	....	2
Number inconclusive	....	....	....	—
Number free from tubercle bacilli	....	....	....	2
Number containing tubercle bacilli	....	....	....	—

(b) Bacteriological Examination—

Number of samples taken	....	....	....	439
Number void	....	....	....	—
Number satisfactory	....	....	....	429
Number which failed to pass the prescribed tests	....	....	....	10

Unsatisfactory samples were investigated and re-checked until the necessary improvement was effected.

Eleven complaints were investigated. These concerned the quality of the milk, foreign bodies in the milk and the condition of containers. Legal proceedings were successfully taken by the County Council in one case as the Food and Drugs Authority concerned and by the Basildon Urban District Council in another in cases of adulterated milk and glass in milk respectively.

County Residential Establishments

Milk supplies to the County Council's residential establishments were sampled on the same basis as for schools and the samples were all found to be satisfactory upon being tested.

ICE CREAM

During the year 29 of the 41 County District Councils in Essex exercised their sampling powers as regards ice cream and made use of Public Health Laboratory facilities in accordance with arrangements obtaining in previous years as follows :—

<i>Laboratory</i>	<i>No. of Authorities</i>	<i>No. of Samples</i>
Counties Public Health Laboratories, Victoria Street, London	19	458
Public Health Laboratory, County Hall, London	1	7
Public Health Laboratory, Southend	4	401
Public Health Laboratory, Cambridge	2	97
Public Health Laboratory, Ipswich	3	68
Totals	29	1,031

Samples are examined in accordance with the Ministry of Health's provisional grading scheme involving the use of Methylene Blue which was introduced in 1947 and which still applies. The following table gives the results obtained throughout the year :—

<i>Month</i>	<i>Grading</i>				<i>Totals</i>
	<i>I</i>	<i>II</i>	<i>III</i>	<i>IV</i>	
January	35	2	1	1	39
February	32	7	1	—	40
March	29	13	—	—	42
April	76	4	—	1	81
May	128	13	2	3	146
June	103	19	9	5	136
July	79	41	9	20	149
August	97	26	7	3	133
September	63	33	5	6	107
October	37	11	10	1	59
November	56	4	1	4	65
December	33	—	—	1	34
Totals	768	173	45	45	1,031
Percentage	74.5	16.7	4.4	4.4	100

The table shows the larger number of samples taken in summer as compared with winter and the high numbers of Grade III and IV samples at the former time of year. Compared with the previous year there is a reduction of 432 samples submitted for examination. It will be noted that the total number of samples submitted for examination has tended to fall during recent years and in 1957 reached its lowest level, three Borough Councils, six Urban District Councils and three Rural District Councils having taken no part in this work. From this point of view the position cannot be regarded as satisfactory although there is no indication of variation in the general bacterial quality.

Samples submitted to the Counties Public Health Laboratories, London, are also subjected to the plate count and tests for determining the presence of coliform bacillus organisms, the form of bacteriological test employed being more accurate than that generally used. From results useful comparisons may be made and a more accurate picture of the bacterial quality of the product obtained than by the grading method alone.

From investigation there appears to be little difference bacteriologically between grades I and II and between grades III and IV, and whilst there is no bacteriological standard for ice cream, for all practical purposes samples falling within the first two grades may be regarded as satisfactory and those falling in the remaining two grades unsatisfactory.

In addition to ice cream 192 samples of ice lollies were examined, mostly by the Counties Public Health Laboratories. Though being a far less favourable medium for the growth of bacteria than ice cream, there is often found a remarkable variation of bacterial content as regards the product of some of the smaller manufacturers, and as between different kinds of lollies. The following table gives a summary of results obtained from the examination of 131 samples by the Counties Public Health Laboratories showing the relationship between the pH of the lolly and the plate count at 37°C :—

pH				<i>Plate Count per ml.</i>
<i>Less than 3</i>	<i>3 to 4</i>	<i>4 to 5</i>	<i>Over 5</i>	
26	39	3	—	.... 0—100
—	1	3	7	.... 101—500
3	2	1	3	.... 501—1,000
—	3	3	11	.... 1,001—5,000
—	1	3	22	.... Over 5,000

In non-technical terms, the more acid the lolly, the less likely is it to contain large numbers of bacteria.

FOOD AND DRUGS ACT 1955

The Chief Inspector of Weights and Measures has kindly supplied the following report of the work done by his officers during 1957 in connection with the sampling of food and drugs in that part of the County for which the County Council is the Food and Drugs Authority :—

During the twelve months ended 31st December, 1957, a total of 911 samples of foodstuffs were taken by Inspectors of the Weights and Measures Department and submitted to analysis by the Public Analyst. Of these 56 were found to be unsatisfactory in one way or another. In addition, a total of 1,227 milks, 9 ice creams and 21 vinegar samples were analysed in the Department's laboratory in Chelmsford. Further 15 spirit samples were tested informally by Inspectors.

Of the samples reported as unsatisfactory, 29 were milk. Sixteen of these were found to contain added water in quantities varying between 1 and 51%. Eight samples were found to be deficient in fat in quantities varying between 2 and 10%. The remaining five unsatisfactory samples were Channel Island milk. Two of these were each found to contain 1% of added water and the other three were deficient in fat to the extent of 3.7% and 15% respectively.

Details of the remaining unsatisfactory samples are now given :—

BAKING POWDER—One sample was found to contain only 7.2% of available carbon dioxide, instead of the prescribed 8%.

BREAD—One sample of protein enriched bread was found to contain less than the prescribed quantity of protein. Further, two slices of buttered bread were found each to contain part of a cigarette.

GLACÉ CHERRIES—A sample was found to contain 150 parts per million of sulphur dioxide, which is in excess of the maximum permitted amount of 100 parts per million.

FLOUR—A sample of flour was found to be 44% deficient of the prescribed quantity of calcium carbonate.

POWDERED HORSERADISH—Analysis of a sample of this product showed it to be old stock and it had lost the usual pungency which is characteristic of horseradish.

PORK LUNCHEON MEAT—Two samples of pork luncheon meat were found to be unsatisfactory in that the meat content was 60% and 78% respectively, as against the recommended meat content of 90%.

ORANGES—One sample of oranges was found to contain 35 parts per million of thiourea in the peel and 9 parts per million in the juice. Thiourea is used in some countries as an anti-mould agent but is not a preservative permitted to be used by the Preservative Regulations of this country.

SALT ROASTED PEANUTS—One sample of peanuts was found to contain insufficient vitamins to justify the claim made on the outside of the packet.

PLUMS—Five samples of plums were found to be unsatisfactory in that they were not Victoria Plums as stated on the label of the tin in which they were contained but were of the variety known as "Giant Prune."

FLAKED RICE—A sample of flaked rice was found to consist not of rice but of flaked tapioca.

GROUND RICE—This sample was found to consist of flaked semolina.

PORK SAUSAGES—Three samples of pork sausages for which no declaration of preservative had been given were found to contain a preservative in quantities varying from 180 to 220 parts per million.

SOUPS—Three samples of cream soup were found to contain less fat than that prescribed by the Regulations. A further sample of soup was unsatisfactory, in that it was stated to be a "Clear Chicken Soupmix" and it was considered that, having regard to this description, chicken should be the predominant single ingredient. In the soup in question the chicken constituent formed a very minor part of the whole, the dominating factors being salt and glutamate flavour.

VINEGAR—One sample of vinegar was found to be deficient in acetic acid by 10%.

MALT EXTRACT—A sample of malt extract was found to consist of malt extract with cod liver oil.

PROSECUTIONS—As the result of the Analyst's findings legal proceedings were instituted in the following cases :—

Five prosecutions were undertaken in respect of unsatisfactory milk samples and fines and costs totalling £101.0.6d. were imposed.

The vendor of the sample of vinegar found to be deficient in acetic acid was fined £1.0.0d. and ordered to pay £2.10.0d. costs.

In the case of the plums which were falsely described, nine summonses were issued and fines and costs totalling £581.6.10d. were imposed.

Three cases were taken in respect of the sausages which failed to comply with the preservative requirements and fines and costs totalled £15.1.6d.

Cautions were issued in respect of the remaining unsatisfactory samples.

WATER SUPPLIES AND SEWERAGE

Routine sampling of the water supplies of the County was carried out by the water undertakers, the County Council and the County District Councils. The general bacteriological standard of public water supplies in Essex continued to be satisfactory.

The rainfall during the year (measured at the Langford Waterworks) was 21.02 inches as compared with 19.23 inches in 1956. The average for the County is 20.86 inches.

Resources in the County were sufficient to meet demands throughout the year.

Two events of particular interest in connection with water supplies took place during the year :

(1) The completion and official opening on 19th September, 1957 of the Hanningfield water scheme by the Minister of Housing and Local Government, the Rt. Hon. Henry Brooke, M.P. At the end of the year the reservoir which has a capacity of some 6,000,000,000 gallons was nearly half full and nearly 1,900,000,000 gallons of water had been supplied for public use from the reservoir.

(2) The completion and official opening on 5th July, 1957, by the Rt. Hon. R. A. Butler, C.H., M.P. of the Halstead Rural District Council's comprehensive water scheme. The completion of this scheme means that all the Rural Districts in the County have available extensive piped water supplies.

In the matter of sewerage and sewage disposal, the question of the setting up of the Middle Lee main drainage authority is still under consideration. This scheme mostly affects Hertfordshire authorities, including Stevenage New Town. In Essex it affects Harlow New Town and a small part of the adjacent Epping and Ongar Rural District.

The other drainage problem worthy of mention is the future arrangements for the drainage of South Essex in the area of Romford, Hornchurch, Dagenham and part of Brentwood. It is to be regretted that although further consideration has been given to this matter during the year, agreement has not yet been reached between the authorities concerned. The need for a final decision has now become very urgent, consequent upon the need for the reconstruction of the Dagenham Sewage Works at Riverside.

Rural Water Supplies and Sewerage Acts 1944-1955

During the year 24 schemes of water supply, sewerage and sewage disposal submitted by county district councils prior to making applications for contributions by the Ministry of Housing and Local Government and the County Council under the provisions of the Rural Water Supplies and Sewerage Act 1944, involving a total estimated cost of £367,693 were examined and the necessary consultations and inspections made with the Consulting Engineers and officers of the local authorities concerned to ensure compliance with the provisions of the County Council's Grant Scheme.

In 1957 the Ministry of Housing and Local Government undertook provisionally to make lump sum grants towards schemes as follows :—

				<i>Estimated Cost</i>	<i>Ministry Grant</i>
				£	£
LEXDEN & WINSTREE R.D.—					
Water Scheme	....	....	....	6,033	1,500
(Revised previously	....	....	....	6,570)	(in lieu of £1,600)
Water Scheme	....	....	....	650	Nil
Water Scheme	....	....	....	350	Nil

EPPING AND ONGAR R.D.

Sewerage	....	....	....	90,000	....	1,000
(Revised previously	....	....	....	74,000)	....	per half year for 30 years (in lieu of £45,000)

ROCHFORD R.D.

Sewerage	....	....	....	4,841	....	Nil
Sewerage	....	....	....	34,327	....	160 per half year for 30 years (Vari- ation of previously agreed contribu- tion)
Sewerage	3,718	750
				(in lieu of £4,813)	(in lieu of £900)

WEST MERSEA U.D.

Sewerage	30,000	Nil
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BRAINTREE R.D.

Water Supply	768	Nil
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During the year work commenced upon the following principal grant-aid schemes :—

	<i>Estimated Cost £</i>
Barling Magna Sewerage	34,337
Blackmore and Doddinghurst Sewerage Part I	90,000
Little Hallingbury Sewerage	57,850
Barnston Sewerage and Felstead and Bannister Green Extensions	24,912

The following schemes were completed :—

Galleywood—Sewerage
Southminster—Sewerage
Tollesbury—Sewerage
West Bergholt—Sewerage

The following schemes were approved by the County Council for revenue grant purposes during the year under review :—

Braintree R.D.	....	Water main extension, Rotten End, Wethersfield.
		Water main extension, Duck End, Rayne.
Lexden & Winstree R.D.		Water main extension, Chapel Road, Langham
		Water main extension, Vernons Road, Chappel.
Epping and Ongar R.D.		Bulk Water Scheme.
		Deficiency from sale of undertaking.

The annual inspection of water supply and sewerage schemes in respect of which the County Council makes contributions was carried out in eight rural districts during the year and the works were found to be satisfactory in each case.

Public Health Act 1936, Section 307

In accordance with the provisions of their approved scheme to give effect to Section 307 of the Public Health Act 1936, and the provisions of the Rural Water Supplies and Sewerage Acts 1944/55, the County Council agreed to make payment of the following amounts (being the approved estimated grants payable in respect of the financial year 1957-58) to the under-mentioned Rural District Councils :—

<i>Rural District Council</i>						<i>Amount</i>
						£
Braintree	....	....	....	....	....	4,016
Dunmow	....	....	....	....	....	7,092
Epping and Ongar	....	....	....	....	....	6,445
Halstead	....	....	....	....	....	15,844
Lexden and Winstree	....	....	....	....	....	6,897
Rochford	....	....	....	....	....	4,289
Saffron Walden	....	....	....	....	....	3,197
Tendring	....	....	....	....	....	2,665
Total						£50,445

REFUSE DISPOSAL

The tipping of refuse brought into the County from without or taken from one district and deposited in another within the County is controlled by the Essex County Council Act 1933. Over 1,000,000 tons of refuse are deposited

annually on 38 refuse dumps supervised by officers of the Department. Four new dumps came into operation during the year.

New dumps include the re-opening of an old Thameside dump in South Hornchurch which has been disused for a number of years. This is being operated by a contractor well experienced in large scale refuse disposal and is, as originally designed, dealing with refuse brought by barge from London. The problem of refuse disposal from Metropolitan Essex resulted in another large dump coming into being at South Ockendon. It receives refuse (by road) from the Borough of Wanstead and Woodford and is also operated by a contractor.

Three hundred and eighty two inspections were carried out and four letters of caution were sent to offenders.

The refuse dumps are properly levelled at permitted heights, consolidated and covered. They do not harbour rats and there are no fires of any consequence.

ATMOSPHERIC POLLUTION

As a result of endeavours made to secure the co-operation of County District Councils in investigating problems relating to atmospheric pollution, 26 Councils have agreed to participate, in one form or another, in a planned scheme as recommended by the Fuel Research Station at Greenwich for the measurement of atmospheric pollution in Essex.

The scheme entails the provision of instruments, e.g. deposit gauges, lead peroxide instruments or daily instruments and at the end of the year 34 stations had been set up where one or more of these instruments were in use.

In order to assist in this work and in the interests of the co-ordination which is desirable, the County Council has made arrangements with the Counties Public Health Laboratories, 66 Victoria Street, London, S.W.1 to enable County District Councils to have samples from the atmospheric pollution instruments analysed at a reduced cost. During 1957, 323 samples were examined in these laboratories. Individual results are forwarded to the local authorities concerned and copies are sent to the Fuel Research Station.

The Fuel Research Station collates the results from all recording stations and issues monthly Atmospheric Pollution Bulletins. Thus a picture of the country showing the distribution of deposited matter, sulphur dioxide and smoke is built up. The picture in Essex is obviously not complete as the non-participation of several local authorities in the County scheme leaves out large areas where recording stations are desirable. Interpretation of results is complicated by the fact that all stations do not use the same type of instruments and there are other inconsistencies. The results would seem to indicate, however, that the worst affected areas are those of Thurrock, Tilbury, Leyton and Barking, conditions improving according to distance therefrom. Undoubtedly, such areas are affected by pollution from neighbouring industrial areas outside the administrative County of Essex as others further afield are by the known smoke drift from London as a whole.

RURAL HOUSING

The Housing Act 1957 came into force on the 1st September, 1957. It consolidates the enactments relating to housing with the exception of certain provisions relating to financial matters. Previous to that date under Section 88 of the Housing Act 1936 it was the duty of the County Council to have constant regard to housing conditions in each rural district within the County, a responsibility which is continued under Section 116 of the new Act.

For convenience, the forms of return issued by the County Council to rural district authorities closely resemble those issued by the Ministry of Housing and Local Government and are for corresponding periods. The advent of the new Act necessitated the use of different forms for two unequal periods of the year, these being the first three quarters and the last quarter respectively. The returns furnished by the respective Rural District Councils indicate the extent of their housing activities during the year and the summarised information is given in the table on page 61.

Particulars of slum clearance proposals of the Rural District Councils were given in the Annual Report for 1955. They form a basis on which progress in this particular aspect of housing can be assessed from year to year and for such purpose the estimated numbers of houses coming within that category are given at the base of the table on page 61. It should perhaps be mentioned here that such figures are not affected by those in items (v) — (vii) and (ix) — (xiv) which are in respect of less unfit houses rendered fit by repair, etc., or retained for temporary accommodation.

The varying degrees of housing activity are illustrated and in particular the outstanding progress achieved by the Dunmow Rural District Council in regard to both demolition and in rendering unfit houses fit for human habitation. Progress continues to be made by the other authorities ; it is noticeable that considerable repair work has been achieved by the Lexden and Winstree Rural District Council as a result of informal effort.

The returns of the rural authorities also give information as to house building activities, private and local authority, which is summarised in the table on page 63. In the case of one authority only, the Braintree Rural District Council, local authority housing development has increased while on the other hand building in that Council's area by private enterprise has decreased. In other areas the lessening of local authority building activity is more than offset by private development.

The number of applicants on waiting lists who are in urgent need of housing accommodation has continued to decrease. With only 18 applicants in that category the housing needs of the Maldon Rural District Council appear to be within sight of satisfaction.

Advances and guarantees continued to be made under the appropriate Acts but to a much reduced extent. Most advances were made under the Small Dwellings Acquisition Acts.

RURAL HOUSING PROGRESS 1957

DWELLING HOUSES DEMOLISHED,
CLOSED OR REPAIRED DURING
1957

RURAL DISTRICTS

Houses Demolished	Houses and parts of buildings closed	Clearance Areas	Housing Act, 1936 H.A. 1949 L. Govt. (M.P.) Act 1953	Housing Act, 1957	(i) Dwelling-houses demolished ..	Unfit houses																				15	—	48																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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Houses rendered fit	Houses not in Clearance Areas	Houses in Temporary Use	Housing Act, 1954	Housing Act, 1957	(ii) Houses demolished as a result of formal or informal procedure ..	Houses																				22	—	11	—	264	—	16	28	24	—	2	—	15	—	37	39	9	8	30	1	506																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Houses rendered fit	Houses not in Clearance Areas	Houses in Temporary Use	Housing Act, 1954	Housing Act, 1957	(iii) Houses closed in pursuance of undertakings and as a result of closing orders	Houses																				1	—	—	—	—	—	1	—	30	14	6	4	5	—	11	—	8	5	—	—	85																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Houses rendered fit	Houses not in Clearance Areas	Houses in Temporary Use	Housing Act, 1954	Housing Act, 1957	(iv) Parts of buildings closed .. .	Houses																				—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Note: Columns 3 and 4 represent legislation as applicable prior to 1st September, 1957 and since that date respectively and figures in columns 7-16 (down from i—xiv) under headings of the different Rural Councils are split to show results for these two periods.

Number of houses erected during 1957 and number of applicants remaining on waiting list
(1956 figures are given in parenthesis)

Rural District Council	No. of houses erected during the year ended 31st December, 1957		No. of applicants on waiting list for Council houses at 31st Dec- ember, 1957 who are in urgent need of housing accommodation
	by the Council	by private enterprise	
Braintree	52 (29)	25 (32)	129 (520)
Chelmsford	79 (931)	414 (407)	750 (1,175)
Dunmow	19 (32)	75 (65)	349 (289)
Epping and Ongar	73 (36)	369 (159)	305 (350)
Halstead	28 (42)	31 (22)	100 (150)
Lexden & Winstree	24 (79)	92 (93)	387 (362)
Maldon	— (—)	53 (29)	18 (20)
Rochford	30 (48)	26 (365)	356 (450)
Saffron Walden	37 (24)	54 (40)	58 (64)
Tendring	20 (14)	80 (119)	130 (650)

DISEASES OF ANIMALS (WASTE FOODS) ORDER

The Diseases of Animals (Waste Foods) Order came into operation on the 1st June, 1957. Article 5 of the Order provides that in general every person collecting or receiving waste foods from the premises of other persons must boil the material in a licensed plant before feeding it or re-distributing it for feeding to animals or poultry. As the "local authority" within the meaning of Section 59 of the Diseases of Animals Act 1950, the duty of implementing the Order became the responsibility of the County Council. Inspections were carried out by officers of the Department, the issue of licences being dependent upon their recommendation in each case. In all 112 applications were received entailing a total of 164 inspections and re-inspections.

In November the County Council delegated its functions under the Order to the respective County District Councils as from the 1st January, 1958.

ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT

Part IV of the Essex County Council Act 1933, requires that no person shall in a county district in which that part of the Act is in force, carry on an establishment for massage or special treatment without a licence permitting him to do so. During the year twelve licences were granted and eighty licences renewed to carry on establishments for massage or special treatment. Officers of the Department made 164 visits in connection with these establishments.

COUNTY AMBULANCE SERVICE

The County Council continued to provide a comprehensive Ambulance Service in accordance with the provisions of Section 27 of the National Health Service Act 1946 as amended by Section 24 of the National Health Service (Amendment) Act 1949.

Legislation promoted during the year resulted in the National Health Service (Amendment) Act 1957 being placed on the Statute Book. This short measure empowered local health authorities to make ambulances available upon repayment, in circumstances in which they had not already the duty to do so under Section 27 of the Act of 1946. It conferred power, for example, to provide ambulances to stand by at sports meetings and other large public gatherings in order to deal with possible casualties, and to make a charge to the promoters of the meetings. It also enabled ambulances to be used for the conveyance of sick persons on holiday. It was decided upon consideration of its provision that no steps should be taken for the time being to encourage the extended use of the Ambulance Service but that applications for the provision of ambulances for stand-by duty at public gatherings would be considered on their merits. The powers conferred were not used before the end of the year.

Staff

Details of the staff employed in the Service at the end of 1957 appear on page 7.

The work of the operational staff was arranged on a shift system which provided day and night cover for all parts of the County. Experience has shown that the staff engaged on vehicles should be capable of acting both as drivers and also as attendants. They are therefore required to pass an independent driving test and to obtain qualifications in first aid.

All driver attendants are also entered automatically for the National Safe-driving Competition organised by the Royal Society for the Prevention of Accidents. One of the rules of the competition requires that, in order to qualify for an award, a driver must have been free from any accident, however slight, to person or property for which he is in any way blameworthy. This rule has been rigidly enforced in order both to maintain the value of the award and also to preserve the high standard of driving which is expected from the staff of the Service. In 1957, 440 members of the staff succeeded in obtaining an award.

Vehicles

STRENGTH—The authorised vehicle establishment is 122 ambulances and 82 sitting case vehicles. Of these, 26 ambulances and 11 sitting case vehicles were held in general reserve during the year and the disposition of the other vehicles and of the 4 ambulances and one sitting case vehicle provided by agencies was as follows :—

Division 1			Division 2		
	Ambu- lances	Sitting Case Vehicles		Ambu- lances	Sitting Case Vehicles
Ilford	12	8	Thurrock	5	3
Chingford/Wanstead	8	6	Brentwood	2	3
Loughton	4	2	Ongar	1	—
Romford	6	6	Harlow	2	2
Hornchurch	6	2	Epping	1	1
Barking/Dagenham	12	8	Billericay	1	—
Leyton	6	3	Basildon (Vange)	2	2
Walthamstow	6	5	Thundersley	2	3
			Canvey Island	1	—
			Chelmsford	5	4
			Maldon	1	1
			Witham	1	1
			Dunmow	1	1
			Braintree	1	1
			Halstead	1	1
			Saffron Walden	1	1
			Colchester	5	4
			Harwich	1	1
			Clacton	2	2
			Total	36	31
			Brightlingsea	1	—
			Burnham-on-Crouch	1	—
			Clacton	1	—
			Frinton	1	—
			Flack Bros (Epping.)	—	1
Total	60	40	Total	40	32

REPLACEMENTS—As a result of satisfactory experience gained with the three diesel-engined ambulances and one diesel-engined sitting case vehicle referred to in the report for 1956, orders were placed for a further 29 diesel-engined ambulances.

Communications

There were no alterations to the radio-telephony equipment provided for the Service during the year. In No. 1 Division 40 ambulance vehicles and in No. 2 Division 60 ambulance vehicles were equipped with mobile radio transmitters-receivers. Two main transmitters-receivers are in use, one at Lambourne End which is connected by Post Office telephone land line to the No. 1 Divisional Ambulance Control at Ilford and the other at Danbury, similarly connected to the No. 2 Divisional Ambulance Control at Chelmsford.

Operation of Service

ORDERING OF AMBULANCE TRANSPORT—In an effort to introduce economies without reducing the efficiency of the Service, with the concurrence of the Essex Local Medical Committee, arrangements were made during the year for general practitioners, when arranging a patient's first appointment at a hospital, to inform the hospital that ambulance transport was necessary. The hospital thereupon made arrangements for the transport to be provided. This procedure has the advantage of reducing the possibility of duplicate bookings and is of benefit to general practitioners who need only communicate with the hospital and not with the Ambulance Service as well.

The arrangement came into operation in October, 1957, and will be reviewed at the end of 12 months.

GENERAL OPERATIONAL STATISTICS—The number of patients carried rose from 632,775 in 1956 to 642,557 in 1957, an increase of nearly 2%. This was the highest number on record and was not altogether unexpected in view of the further increase in the population of the County.

Against this increase in the number of patients, it is encouraging to record a decrease (from 6.85 in 1956 to 6.72 in 1957) in the number of miles travelled per patient and also, for the second successive year, a decrease in the total mileage. The latter was not appreciable (some 18,000 miles, or 0.4 per cent as compared with 1956) but it does provide some evidence of the success of the continuous endeavour to economise in the use of transport by conveying numbers of patients on the same vehicle wherever possible.

The increase in patient-demand for ambulance transport was reflected not only in the statistics relating to the directly provided service but also in those recorded by the Home Service Ambulance Committee of the Order of St. John

and the British Red Cross Society and the Hospital Car Service. The latter conveyed 51,083 patients in 1957, compared with 43,783 in 1956 and mileage rose from 729,435 in 1956 to 762,349 in 1957. The average mileage per patient was 14.9 compared with 16.7 in the previous year.

Figures comparable to those given in 1956 relating to the service to the public are given below :—

	<i>Ambulance Service</i>	<i>Hospital Car Service</i>	<i>Total</i>
Total mileage	3,556,787	762,349	4,319,136
Number of patients conveyed.....	591,459	51,083	642,542
Mileage per patient	6.01	14.92	6.72
Number of emergency cases	50,535	—	50,535

Included in these figures are 16,993 (3.1 per cent) discharges from hospitals and 20,989 (3.9 per cent) admissions to hospitals. Inter-hospital transfers numbered 14,370 (2.7 per cent).

The following table gives particulars of the number of patients carried and the mileage travelled in recent years. It also shows that the number of miles per patient continues to decrease :—

<i>Year</i>	<i>Patients</i>	<i>Mileage</i>	<i>Miles per patient</i>
1952	466,750	3,803,322	8.14
1953	491,472	3,860,558	7.85
1954	594,166	4,308,453	7.25
1955	628,612	4,341,334	6.91
1956	632,775	4,337,453	6.85
1957	642,542	4,319,136	6.72

OUT-PATIENTS—There was a further increase in the number of patients taken to or from clinics and out-patient departments. Of the non-emergency patients, 89 per cent were conveyed for this purpose ; some 50 per cent of them to physiotherapy clinics. These figures emphasize the comment made in last year's report that the rapid development by the hospitals of facilities for the diagnosis and treatment of out-patients leads automatically to an increase in the demands made upon the Service.

EMERGENCY PATIENTS—During the year, 50,537 emergency cases were conveyed by the Service compared to 48,479 in 1956. These figures include accidents, maternity cases and illnesses necessitating urgent removal to hospital.

The table below analyses these cases according to their nature, accidents being sub-divided to show the location of the accident :—

<i>Nature of Emergency</i>	<i>Patients Conveyed</i>		<i>Patients Conveyed 1957 as percentage of all Emergency Cases</i>
	1956	1957	
Street Accident	5,352	5,545	11.0
Home Accident	3,401	3,501	6.9
Industrial Accident	1,261	1,288	2.5
Other Accidents	2,363	2,655	5.3
Total Accidents	12,377	12,989	25.7
Maternity	9,034	8,785	17.4
Urgent Illness	21,132	22,686	44.9
Other Emergencies	5,936	6,077	12.0
Total Emergencies	48,479	50,537	100.0

Cost of the Service

The statistics provided below show the growth of the Service as a whole and the increase in operational commitments and costs for the last five years, the figures in parenthesis indicating percentage increases or decreases on the comparable figures for the previous twelve months. The cost per vehicle mile in 1957 was 3/5d. and the cost per patient carried was £1.0.3d., increases of 5d. and 1/11d. respectively as compared with 1956 which were largely due to a wage award and a rise in the cost of petrol.

<i>Year Ended</i>	<i>Total Mileage</i>	<i>Patients Conveyed</i>	<i>Gross Expenditure (actual)</i>
31.3.1953	3,869,032 (6%)	491,029 (29%)	£446,920 (17%)
31.3.1954	4,155,465 (7%)	548,520 (11%)	£510,889 (7%)
31.3.1955	4,424,034 (4%)	604,280 (10%)	£546,355 (5%)
31.3.1956	4,488,993 (2%)	635,315 (5%)	£582,762 (7%)
31.3.1957	4,451,928 (0.8% decrease)	635,824 (0.1%)	£642,811 (10%)

DECENTRALISATION OF ADMINISTRATION

The "Arrangements for the Decentralisation of certain Functions under the National Health Service Act 1946" which were drawn up in that year have worked smoothly ever since and no difficulties arose in the year under review.

Conferences of Area Medical Officers took place three times during the year to consider such matters as the arrangements for the supervision of the

Council's nursing staff, recruitment of dental officers, Asiatic influenza, x-ray hazards and precautions to be taken against mercury dermatitis in the Dental Service, and the use of adrenalin by district nurses.

INTEGRATION OF THE HEALTH SERVICES

The three branches of the National Health Service responsible for the provision of services in the County worked together very smoothly and harmoniously throughout the year. Problems were referred to the National Health Service Joint Advisory Committee for Essex which met twice during the year and continued its consideration of the steps to be taken to ensure economical use of the County Ambulance Service and the needs of new towns and housing estates. It also discussed the medical care of epileptics, the chiropody service and the waiting list in connection with dental sessions in a hospital.

OVERSEAS VISITORS

For three months in the summer of 1957, at the request of the National Association for the Prevention of Tuberculosis, Mr. P. K. Thorpe, a Senior Health Inspector from Gambia, was entertained and visits were arranged in the Forest Health Area of the County.

In addition to studying the County Council's Health Services in the Area, Mr. Thorpe made routine visits with the District Public Health Inspectors to bakehouses, cafés, school canteens, refuse disposal works, sewage disposal works and a new swimming pool.

CIVIL DEFENCE

The number of volunteers enrolled in the Ambulance and Casualty Collecting Section of the Essex Division of the Civil Defence Corps at 31st December, 1957 was as follows—comparable figures for the end of 1956 being shown in brackets :—

	<i>Men</i>	<i>Women</i>	<i>Total</i>
Eastern Region	527 (446)	691 (731)	1,218 (1,177)
London Region	376 (358)	494 (532)	870 (890)
	903 (804)	1,185 (1,263)	2,088 (2,067)

The trained instructors have continued these services and this has helped to bring enrolled volunteers up to date as regards their training.

During the year officers employed in the Ambulance Service have arranged for parties of volunteers to visit the Divisional Ambulance Control at Ilford and some of the larger Ambulance Stations. This has enabled the volunteers to see the peace-time Ambulance Service in operation.

The continued lack of suitable vehicles has restricted training instruction and although several alternatives were employed to overcome the shortage of vehicles the difficulties had still not been resolved by the end of the year.

SECTION III

CARE OF MOTHERS AND YOUNG CHILDREN

Child Welfare Centres

At the end of 1957 there was a total of 244 Child Welfare Clinics operating in the County as compared with 241 at the end of the previous year.

The following changes in the arrangements took place during the year.

New Centres :

Stanway : St. Albrights Mission Hall, London Road.
 Fyfield : Village Hall.
 Rivenhall : Church Hall.
 Brentwood : Three Arch Bridge Health Services Clinic, Cherry Avenue
 Woodford Green : All Saints Church Hall.
 Dagenham : Oxlow Lane Health Services Clinic.
 Chadwell Heath : St. Marks Church Hall.
 Harlow : 38 Ram Gorse.

Centres discontinued :

Messing : Village Hall.
 Colchester : St. John's Parish Hall, Ipswich Road.
 Rettendon : Parish Hall.
 Boreham : Airfield.
 Dagenham : London City Mission Hall, Dagenham Road.

The need to review the arrangements in connection with Child Welfare Centres in the light of fluctuations in population was kept continually in mind throughout the year.

Co-operation between Hospital Paediatric Departments and Professional Staff of County Council

As in previous years the liaison arrangements between the medical and health visiting staff of the County Council and the medical and nursing staffs of the numerous hospitals serving the County were good and of great value to all concerned.

Distribution of Welfare Foods

In order to meet the requirements of the general public and having regard to the fluctuating populations in some parts of the County, it was necessary to increase the number of distribution points from 442 to 450 during the year under review. The number of storage points remained at 47.

The quantities of welfare foods distributed during 1957 as compared with 1956 were :—

	1956	1957
Orange Juice—Vitamin 'C' bottles	1,556,108	1,645,301
Vitamins 'A' & 'D' Tablets, packets	92,520	91,343
Cod Liver Oil (Vitamins 'A' & 'D') bottles	191,133	160,678
National Dried Milk—tins	762,174	630,094

It will be seen that there was a decrease of 132,080 in the number of tins of national dried milk taken, of 30,455 bottles of cod liver oil and of 1,177 packets of vitamin 'A' & 'D' tablets, but that there was an increase in the amount of orange juice taken amounting to 89,133 bottles. The decrease in the sale of National Dried Milk by 17.3% may be due in part to the increase from 10½d. to 2/4d. a tin in the price charged as from February, 1957.

In accordance with a suggestion made by the Ministry of Health the supply of orange juice to children after they had attained their second birthday was discontinued; the entitlement to cod liver oil, the vitamin content of which had been reduced, was increased from one bottle every six weeks to one bottle a month.

County Medicaments and Nutriment Scheme

The practice of making available on the recommendation of a medical officer, approved medicaments free of charge and nutriment at reduced prices to mothers and children attending Child Welfare Centres, was continued during the year.

Dental Inspection and Treatment

The report of the Chief Dental Officer on the work of the County Dental Service appears on page 76. The following table indicates the dental treatment provided for mothers and young children during the years 1956 and 1957.

	<i>Expectant and Nursing Mothers</i>		<i>Children under 5 years of age</i>	
	1956	1957	1956	1957
<i>(a) Numbers provided with dental care</i>				
Examined	2,020	1,832	3,819	3,133
Needing treatment	1,871	1,670	3,379	2,649
Treated	1,717	1,598	2,957	2,386
Made dentally fit	1,265	1,145	2,631	2,052
<i>(b) Forms of dental treatment provided</i>				
Extractions	2,945	2,609	2,908	2,540
Anaesthetics:				
Local	978	872	220	110
General	533	516	1,445	1,208
Fillings	2,722	2,473	3,516	2,993
Scalings or scaling and gum treatment	879	665	22	21
Silver Nitrate treatment	38	41	1,176	754
Dressings	826	693	877	829
Radiographs	72	65	4	—
Dentures provided :				
Complete	236	194	—	—
Partial	211	168	—	—
Crowns and inlays	9	5	—	—

Specialist Services

During the year some variations in specialist clinics staffed by the North-East Metropolitan Regional Hospital Board were made.

The four orthoptic sessions formerly held at the Health Services Clinic at Buckhurst Hill were transferred to the Health Services Clinic at Loughton Hall. The orthopaedic ascertainment session at Dunmow and the physiotherapy sessions at Craylands, Basildon, were withdrawn.

The following additional sessions were commenced :—

Ophthalmic

Marks Road, Romford	Sessions increased from three a month to one a week.
Health Centre, Harold Hill	Sessions increased by two each month.
Craylands, Basildon	One additional session monthly.
Pitsea	One additional session monthly.
Wickford	One additional session monthly.
Hatch Lane, Chingford	Increased from three to six sessions each month.
Moot House, Harlow....	Increased from four to five sessions each month.
Loughton Hall	Increased from two to five sessions each month

Orthoptic

Epping	Increased from one to two sessions a week.
Moot House, Harlow	Increased from one to three sessions a week.

Orthopaedic Ascertainment

Leyton Green Road, Leyton	Increased from one to two sessions monthly.
Loughton Hall	Increased to one session monthly instead of one every six weeks.

Physiotherapy

Moot House, HarlowAdditional weekly session.

Extensions of the services considered to be necessary during the financial year 1958/59 were submitted to the North-East Metropolitan Regional Hospital Board as follows :—

<i>Health Area</i>	<i>Health Centre/ Health Services Clinic</i>	<i>Proposed extension</i>
South-East Essex	.... Craylands, Timberlog Lane, Basildon.	Increase of ophthalmic sessions to one weekly.

South-Essex	St. Mary's Lane, Upminster	Temporary increase of physiotherapy session from fortnightly to weekly for a period of three months.
	Southend Road, Rainham	Increase of existing weekly physiotherapy session to twice weekly.
	Abbs Cross Lane, Hornchurch	Increase of ophthalmic sessions from two to three each month.
	39 Queens Road, Brentwood	Re-establishment of a quarterly orthopaedic session, and a weekly physiotherapy session.
	Glasson House, High Street, Grays	Re-establishment of one weekly physiotherapy session, one orthopaedic session every two months, and two orthoptic sessions weekly.
	Darenth Lane, South Ockenden	Re-establishment of one weekly physiotherapy session, and one orthopaedic session every two months.
Forest	The Moot House, Harlow	Increase of weekly ophthalmic session by one additional session monthly, of orthoptic sessions to five sessions weekly and of physiotherapy sessions from three to four weekly.
Dagenham	Becontree Ave., Dagenham	Increase of ophthalmic sessions from two to three weekly.

Day Nurseries

At the beginning of the year 1957 there were 20 nurseries in the County providing accommodation for 966 children.

The demand for day nursery accommodation fluctuated throughout the year but it was not necessary to close any further nurseries. No new nurseries were established, no justification being apparent for the establishment of one at Harlow upon the final consideration of the request referred to in the Report for 1956.

A review of the categories of priority used in connection with the admission of children to day nurseries was, however, undertaken and as a result it was decided to add a third category to those previously in use as follows :—

- (1) Sole wage earners who are widows, widowers, a parent separated, divorced or deserted, unmarried mothers, mothers working on account of fathers' chronic illness.
- (2) Illness of either parent, including confinement of mother or an emergency.

- (3) Admissions recommended by Area Medical Officers for medical reasons including cases arising from socio-economic circumstances, irrespective of whether mothers are in employment subject in each case to the approval of the Chairman or Vice-Chairman of the Health Area Sub-Committee.

Each nursery is adequately staffed and is visited regularly by inspectors from the Ministry of Health and Ministry of Education. At the end of the year 15 nurseries were approved for the training of nursery students in the care of children under five years of age.

Nurseries and Child Minders Regulation Act 1948

The following table shows the number of premises and child minders registered by the County Council in accordance with the requirements of the Nurseries and Child Minders Regulation Act 1948 and the number of children for whom provision was made at the end of the year together with comparable figures for 1956.

<i>Health Area</i>	NURSERIES				CHILD MINDERS			
	<i>Number Registered</i>		<i>Number of Children provided for</i>		<i>Number Registered</i>		<i>Number of Children provided for</i>	
	1956	1957	1956	1957	1956	1957	1956	1957
North-East Essex	2	2	45	45	—	—	—	—
Mid-Essex	3	2	34	14	1	1	6	6
South-East Essex	1	3	9	20	1	1	3	3
South Essex	5	5	149	149	6	9	31	36
Forest	6	10	78	181	14	11	48	49
Romford	—	—	—	—	1	2	6	20
Barking	—	—	—	—	—	—	—	—
Dagenham	—	—	—	—	2	2	12	14
Ilford	4	6	109	142	7	3	45	18
Leyton	—	—	—	—	1	2	3	7
Walthamstow	—	1	—	16	—	—	—	—
	21	29	424	567	33	31	154	153

Daily Guardians Scheme

Details as to the Daily Guardians registered and the number of children being cared for at the end of 1957 in the Forest, Dagenham and Walthamstow Health Areas in the County are as follows :—

<i>Health Area</i>	<i>Daily Guardians</i>	<i>Children being cared for</i>
Forest	6	4
Dagenham	145	74
Walthamstow	20	5
	<u>171</u>	<u>83</u>

Convalescent Facilities

The applications received for recuperative holidays during the year totalled 166 and of these 49 were for mothers and 117 for children. Recuperative holidays were provided for 35 mothers and 83 children.

HEALTH VISITING

At the end of 1957 there were 230 full-time and 47 part-time health visitors, tuberculosis visitors and school nurses employed as compared with 220 and 38 respectively at the end of the previous year. Of these 207 were engaged on health visiting (the majority sharing this work with school nursing) 21 were tuberculosis visitors and 49 were solely employed within the school health service. In addition a further 14 full-time and 33 part-time nurses were engaged in nursing duties at clinics.

During the year a total of 332,975 visits were paid by health visitors compared with the total figure of 337,781 in 1956. In 42,095 instances when a health visitor called she was for various reasons unable to see the person due to be visited. The other visits were made to the following :—

Expectant mothers	8,705
Children under one year of age	106,262
Children aged one and under two years	49,214
Children aged two and under five years	87,200
Tuberculous households	6,094
Other cases	33,405

As in the previous year 72% of all visits paid by health visitors were to children under five years of age and examination of the detailed statistics available indicates that these visits represent a quarterly visit to every child under the age of one year and that all children over one and under five received at least one visit during the year.

Health visitors attend child welfare centres and other clinics in addition to visiting the homes of children and others in need of care and attention. During the year under review a total of 19,914 sessions were so attended in connection with the work of the local health authority. These duties are in addition to the work undertaken at school health service clinics. The health visitor is now well known as an all-purpose social worker for in addition to the duties for which she is responsible under the National Health Service Act and those in respect of the welfare of the school child she undertakes much valuable work for the elderly and infirm in their own homes, a branch of her work which is increasing. Valuable assistance is given to hospitals in providing information regarding patients to be discharged from hospital or in supplying home condition reports in respect of patients recommended for admission to beds for the chronic sick.

Owing to the continued shortage of these beds the co-operation between the health visiting staff and the staffs of hospitals so helpful in the past will become more vitally important than ever in the years ahead.

CHILDREN ACT 1948

Residential Establishments

As in previous years the routine medical inspection and the general medical supervision of children in the Council's residential nurseries and children's homes was undertaken by general medical practitioners. Visits were paid to four residential nurseries in the County in company with the Children's Officer.

The medical arrangements in the two remand homes at Boyles Court, Great Warley and Newport House, Great Baddow continued unchanged during 1957 but the opportunity was taken to review the medical arrangements in force at the Chafford Approved School at Ramsey with particular regard to the necessity for visits by a psychiatrist.

Boarded-out Children

The majority of the medical examinations of children prior to their being boarded-out which were carried out during 1957 were undertaken by general medical practitioners. Similarly general medical practitioners carried out most of the examinations of children already boarded-out who were less than two years of age but some examinations were undertaken by Assistant County Medical Officers at clinics.

The number of children examined during 1957 was 935 and of these 223 required treatment or follow-up because of various conditions. In each case appropriate details were passed to the Area Medical Officer concerned.

REPORT OF THE CHIEF DENTAL OFFICER

The dental care of expectant mothers and young children not attending school is an obligation on the local health authority under Section 22 of the National Service Act, and is carried out by the dental officers who provide the service for the children attending maintained schools of the Administrative County. The time devoted to this work is approximately one session weekly per equivalent full time dental officer and it follows that generally the fluctuations of staff are reflected in the time allotted to the work. There was less time given during the year than in the previous year and the result of this is plainly seen in the statistical table on page 71.

During the year 1,832 mothers and 3,133 young children were examined. The comparable figures for 1956 being 2,020 and 3,891. The amount of treatment given for each patient keeps fairly uniform and shows a welcome

steady rise in the case of pre-school children. The table below indicates the work completed per 100 patients treated :—

	<i>Expectant and Nursing Mothers</i>				<i>Pre-School Children</i>	
	<i>Scalings</i>	<i>Fillings</i>	<i>Extractions</i>	<i>Dentures</i>	<i>Fillings</i>	<i>Extractions</i>
1950	30	73	174	23	66	110
1955	45	152	166	26	113	91
1956	52	160	173	26	119	96
1957	42	155	170	23	125	106

The new treatment centre at Oxlow Lane, Dagenham, was opened in September and this has a self contained dental suite with waiting room, dark room, small laboratory and two surgeries separated by a recovery room. The equipment is modern and adequate and includes a dental unit, operating light and x-ray apparatus. The decoration is pleasing and I think the centre will compare with any in the country. The policy of modernisation of equipment has been continued.

The five surgeries at Walthamstow Town Hall have been fitted with apparatus for air/water jet technique of tooth cutting. Compressed air is piped from a common compressor to each surgery and by the method of directing jets of cold water or air on the tooth under treatment much higher cutting speeds are made possible. The resulting lower temperature of the tooth and damping down of vibration by high speeds go to eliminate two of the causes of discomfort experienced during conservation work. Another method of achieving high speeds with added comfort to the patient is by the use of small compressed air driven turbines and special drills. This practice is still in its infancy and developments in this direction are being watched. At this centre also a small x-ray room has been partitioned off which will do away with moving the apparatus from one surgery to another, making things more convenient, saving time and minimising the risk of damage to the x-ray machine. If any special precautions are advised in the future regarding radiation hazards of dental x-ray work it will be far easier to cope with these in one x-ray surgery than in several dental surgeries.

Surprisingly few of the staff have taken advantage of the opportunity to work up to three evening sessions weekly and the equivalent of approximately one full-time dental officer only accrues from this source. The opportunity was created primarily to add to the treatment time available for expectant and nursing mothers and the result to date is disappointing.

Most of the general anaesthetics for dental extractions are administered by Assistant County Medical Officers or visiting general medical practitioners. The visits of a consulting anaesthetist from the North-East Metropolitan Regional Hospital Board have continued at Romford and Walthamstow. The attendance of some Assistant County Medical Officers at the Eastman Dental Hospital for post-graduate experience in the

administration of nitrous oxide (dental gas) proceeds, and arrangements have been made for these medical officers to attend courses of study at the same institution in the use of anaesthetics other than nitrous oxide gas. This will facilitate the treatment particularly of very young children.

Several full-time dental officers attended a post-graduate course at the Eastman Dental Hospital in October. The theme was preventive dentistry and covered dental health education, preventive orthodontics, treatment planning and some instruction in public health administration. The course was of a high standard and very much appreciated.

The dental laboratories at Walthamstow and Barking are kept on full-time production. The former takes all the work from Walthamstow which includes appliances and dentures for school children, maternity and child welfare patients and the requirements of the General Dental Service which operates at the Town Hall. It also takes a proportion of the work from Leyton. The laboratory at Barking covers South East and South Essex, Romford, Dagenham and Barking and also the General Dental Services at Harold Hill and Aveley. The balance of the work is let out to mechanics to the profession at agreed rates. The Barking laboratory has been moved during the year from its original premises in a wooden hut to a permanent brick building nearby. The changeover was made with a minimum of interference with output and has resulted in a first class workshop with room specially set aside for unpacking and dispatching parcels. This latter is a great help and facilitates the handling of many parcels of fragile articles. The following table shows the number of major items produced during the year by these County laboratories :—

	<i>Orthodontic appliances</i>	<i>Dentures—new re-made and repaired</i>	<i>Crowns, inlays and bridges</i>
Barking	513	1,133	16
Walthamstow	303	678	41

The incidence of dental caries increases and the average age of the members of the dental profession is high. It has been shown that in the teeth of London school children 22.2 per cent of new entrants were caries free in 1950 but in 1956 only one similar child in 70 was caries free. The profession numerically is unable to cope with these conditions and the problems of increasing the accommodation in dental schools and building new ones and the creation of other types of ancillary dental workers are long term policies as is the investigation into the effect of the fluoridation of domestic water supply. Neither are any of these the direct concern of the local authority. The national diet generally is much improved these last two decades but the consumption of sweets, biscuits and other decay producing luxuries between meals has greatly increased. This is generally held to be directly related to the high incidence of dental decay in children and adolescents and its avoidance means a disciplined diet which has little appeal

to many people. It is also accepted that the fermentable carbohydrates of foods which cling to the teeth suffer a degradation, one of the end products of which is an acid which attacks the enamel of the teeth. The sticky remains of a meal can be removed to a large extent by the intelligent use of a toothbrush or by ending a meal with a hard fibrous cleansing food such as apple or celery. Another method is by swishing two or three mouthfuls of water forcibly between the teeth and then swallowing this. The eating of decay producing foods with the school milk issue is to be deprecated. For instance, there are few better caries-producing media than milk and biscuits. The matter of finishing school meals with a cleansing food should also be given consideration. Dental health education demonstrates the results of neglect and offers suggestions as to the methods of keeping a sound natural dentition and to this end several dental exhibitions have been held during the year, for example at Leyton, at the Essex Show and at Clacton, the latter in co-operation with the National Farmers Union 'eat more apples' exhibition. An oral hygienist was in attendance at these places and demonstrated the value of cleansing foods. At the Essex Show, a party of students from Saffron Walden Training College attended and at Clacton a party from St. Osyth Training College were specially interested in the dental exhibit. An hygienist visits the schools in Metropolitan Essex where she gives talks on ways of keeping dentally fit. Films and teaching materials and literature are made available and the "Family Doctor" mobile dental exhibition unit is permanently on tour at clinics. This important part of the dental service is to be stepped up next year and a more extensive programme is under consideration.

During the year the Committee gave permission for members of the professional staff from the Royal Dental Hospital to examine the teeth of school children in Colchester and Chelmsford for purposes of comparison on the incidence of dental decay in districts where the drinking water contains a high or low proportion of fluorine. Consent was also given for a visit from a senior member of the professional staff of the London Dental School to inspect children in Barking to see whether there is any relationship between the general condition of children and the state of their teeth. All these officers have expressed their appreciation of the Committee's action.

J. BYROM,

Chief Dental Officer.

SECTION IV

MIDWIFERY AND HOME NURSING

The difficulties involved in obtaining an adequate number of staff for the district nursing and midwifery services have been stressed in previous reports. They were even more marked during 1957 and in certain parts of the County existing staff have been seriously overworked for long periods.

Stresses have been felt particularly in Health Areas where there are either new towns, i.e. Basildon in the South East Essex Area and Harlow in the Forest Area or London County Council housing estates, i.e. Aveley in the South Essex Area and Harold Hill in the Romford Area, with their populations of young married people and a birth rate considerably above the average for the County. The number of births determines the number of midwives required and to some extent the number of health visitors. Any sudden increase magnifies staffing problems.

The number of births notified in the Administrative County in 1957 shows an increase of 2,900 over the figure for 1950. Had this increase been spread evenly throughout the County it would not have created any difficulty but in fact the figures for the four Health Areas already mentioned show an increase of over 4,000 while the births in the Health Areas adjoining London have fallen steadily. Added to this the figures for the rural Health Areas of North-East Essex and Mid-Essex have not varied appreciably since 1950.

A complicating factor is the distribution of hospital beds. The percentage of institutional confinements throughout the County at 62.9 per cent in 1957 is not much below the national figure of 65 per cent. The Ministry of Health have suggested that a proportion of 50 per cent hospital confinements should be adequate both for medical and social cases. Births in hospitals in the Health Areas adjoining London with a stationary or falling birth rate are 70/80 per cent of this total whereas in three of the Areas where there has been a rapid increase in births (South, South-East and Romford) the percentage of institutional births is just over 50 per cent ; only in the Forest Area, with a proportion of its population on the London fringe, is it 61.5 per cent.

This is not entirely cause and effect. The percentage of hospital confinements in these particular Areas which are further from London was relatively low even before the population increased so rapidly. Now a vicious circle has been produced ; the hospitals in these Areas are dealing with the increased demand for beds by discharging their patients earlier in the hope that they will be nursed by the already overworked domiciliary midwives.

Two hundred and sixty nine members of the Council's nursing staff notified their intention to practise in accordance with the Midwives Act 1951 and during the year a total of 9,655 deliveries were conducted in the home. Of these, 8,081 confinements were attended by the midwife alone, and at the remaining 1,574 a doctor was also in attendance. In addition, no fewer than 3,870 mothers delivered in hospital were discharged before the fourteenth day and had, of necessity, to be nursed by domiciliary midwives in the homes of the patients.

Ante-natal Care related to Toxaemia of Pregnancy

After a full consideration of the reports of the meetings referred to in last year's Report it was only found necessary to extend the use of an ante-natal co-operation card to be held by the patient which would thus be available to all those who were responsible for her ante-natal care. Its use will prevent a situation which used to arise through a hospital having inadequate information about the previous ante-natal care and supervision of a patient admitted in an emergency.

Analgesia

Of the women confined at home 82 per cent received inhalational analgesia during 1957 compared with 81 per cent in the previous year, whilst 51.5 per cent were given pethidine.

At the end of the year fourteen trichloroethylene B.P. machines of the type approved for use by midwives had been supplied and in all, 550 patients received this analgesic.

Ante-Natal and Post-Natal Clinics

Details of attendances of women at the County Council's ante-natal and post-natal clinics during 1957 are shown in the following table :—

(1)	Number of clinics provided at end of year (whether held at Child Welfare Centres or other premises)	Number of sessions now held per month at clinics included in Col. (2)		Number of women in attendance		Total number of attendances during the year	
		Medical Officers Sessions	Midwives Sessions (i.e. where no Medical Officer was present)	Number of women who attended during the year	Number of new cases included in Col. (4)	Medical Officers Sessions	Midwives Sessions (i.e. where no Medical Officer was present)
	(2)	(3)		(4)	(5)	(6)	
Ante-Natal Clinics	83	305	183	14,674	9,852	46,852	26,740
Post-Natal Clinics	16	36	—	3,379 (1,209)	3,235 (1,122)	3,867 (1,269)	—

Note :—Figures in brackets show the number of post-natal attendances at ante-natal clinics which are included in the post-natal figures.

Puerperal Pyrexia

Fewer cases of puerperal pyrexia were notified during the year—415 notifications being received as compared with 451 in the previous year. The number of cases which occurred in domiciliary confinements was 36.

Maternal Deaths

There were nine deaths which were ascribed to pregnancy, child-birth or abortion during 1957 giving a mortality rate of 0.33 per thousand total births compared with a rate of 0.46 in 1956.

Care of Unmarried Mothers and their Babies

During 1957, 230 girls and women were admitted to hostels maintained by the Chelmsford Diocesan Moral Welfare Association as compared with 313 during the previous year. The average length of stay of each mother was six weeks prior to confinement and five weeks after the confinement.

Home Nursing

Comparison with figures for 1956 relating to cases treated and the visits made by home nurses, shows that the pattern of work did not alter very much in 1957.

The total number of cases treated was 28,131 i.e. 1,200 fewer than in 1956. The number of cases has been declining slightly for a number of years but until this year the number of visits made has been increasing steadily. In 1957 the total of 650,747 visits paid was 25,000 fewer than in the previous year, a decrease of nearly 4 per cent. The decline was mainly in visits to cases of diabetes (a drop of 8,000), diseases of the veins (12,000 fewer), pneumonia (6,000 less), infections of the skin and subcutaneous tissue (2,000 down), and arthritis, rheumatism, etc. (5,000 down). Against this there were increases in visits to cases of anaemia (2,000 more), diseases of the skin, heart and arteries (nearly 3,000 more) and other diseases of the subcutaneous tissue (15,000 more). This last group now includes visits to cases of ulceration of the leg which were formerly classified with diseases of veins.

There would appear to have been a considerable decrease (7,000) in visits to cases of diseases of the central nervous system, but this is offset by an increase of over 4,000 visits to cases of senility but this may be due to some change in classification.

Comment has been made in earlier reports on the abnormally high proportion of visits which nurses make to give injections, particularly injections of insulin. This is the first year since detailed records were available five years ago in which the visits paid to cases of diabetes have not been at the head of the list, accounting last year for 19 per cent of all visits. This year visits paid on account of diseases of the heart and arteries were a little above those to diabetes, representing 18.9 per cent of all visits, against 18.5 per cent to cases of diabetes. If diseases of the central nervous system and senility are considered together, the visits to such cases accounted for 16.3 per cent of the total. With an ageing population it is to be expected that there will be an increase in the proportion of nursing visits relating to groups of diseases affecting the elderly.

Whilst it is generally accepted that the home nursing service (together with the domestic help service) plays no small part in relieving the pressure on hospitals by providing home care for patients who might otherwise have to be admitted to hospital, it is very difficult in the absence of a full scale enquiry and the collation of more statistics than are at present available to produce very precise facts in support of such a view. In this connection I am indebted to

Dr. J. DeLargy, the Consultant Physician in Geriatrics at the Langthorne Hospital for the following note :—

“ I have no doubt at all in my mind that the effectiveness of the Home Nursing Service in relieving the pressure on hospital beds is noteworthy. The combined Home Nursing and Domestic Help Services are particularly valuable when they are linked up with the “ Six Weeks In and Six Weeks Out ” Scheme. During the period that the patient is at home, they help considerably in maintaining the patient's morale. In doing so, they are helping in the rehabilitation of the patient and giving a feeling of security during the temporary stay at home. I consider that the “ Six Weeks In and Six Weeks Out ” Scheme would not be so successful if we did not have the assistance of such services from the Public Health Department.”

It is of interest also to record that the doctors practising from the Harold Hill Health Centre have indicated that when they are called to visit a patient and the need for admission to hospital is under consideration the fact that a Home Nurse is available frequently enables a decision to be made that the patient can remain at home.

From such information as is available it would seem that a conservative estimate of the number of patients in the County who might be regarded as hospital cases if they were not being adequately nursed at home is something like 3,500. There are terminal cases of cancer which remain at home with the help of the home nurse to say nothing of a number of patients who receive their pre-x-ray preparation from her and a number of children with congenital defects who spend their lives in and out of hospitals, but who are also cared for at home for long spells. To the aged sick whose relatives are willing to care for them the nursing service is of inestimable value and makes it possible for the relatives to cope with the problems which arise. On the other side of the picture there are the patients who are discharged from hospital to be cared for at home with e.g. slow healing post-operative wounds. Most of these would have to remain in hospital were the home nursing service not available.

An interesting fact which came to light as a result of the enquiries which have been made on this matter is that the number of potential hospital patients who are being cared for at home appears to be larger in rural areas than in urban areas.

27.17	100	620,787	100	28,133	All diseases
10.87	13	730	24	69	35. Diseases not specified
17.68	2.68	17,606	1.06	1,115	36. Other defined and ill-defined diseases
1.58	.33	2,079	4.74	1,329	37. Preparation for diagnostic investigation
14.03	.57	3,702	.93	264	38. Post-operative cases (not classified elsewhere)*
12.01	3.30	16,239	4.83	1,334	39. Injuries and burns
26.68	6.13	39,838	7.03	830	40. Arthritis, rheumatism and other diseases of the bones and joints
130.78					41. Arthritis, rheumatism and other diseases of the bones and joints
708.16					42. Other diseases of the skin and sub-cutaneous tissue

*Including breast specimens in women between 15 and 45 unless known to be non-malignant.
 *Treatment following colostomy or mastectomy has been classified as "Malignant" and "Psychic reactions" and following other specified operations to the site of the operation.

CASES TREATED AND VISITS PAID BY HOME NURSES 1957

International List No.	Disease Group	Cases treated		Visits paid		Average Visits per case
		No.	%	No.	%	
001-019	1. Tuberculosis	450	1.60	20,970	3.19	46.60
020-096	2. Other Infectious diseases	218	.77	2,404	.37	11.03
100-138	3. Parasitic diseases	40	.14	228	.04	5.70
140-205	4. Malignant and lymphatic neoplasms	1,540	5.48	42,782	6.58	27.78
210-239	5. Benign and unspecified neoplasms	97	.34	2,382	.37	24.56
241	6. Asthma	138	.49	2,077	.32	15.05
260	7. Diabetes mellitus	1,012	3.60	120,575	18.53	119.15
290-293	8. Anaemias	1,150	4.09	25,920	3.98	22.54
330-357	9. Diseases of the Central nervous system	1,722	6.13	60,110	9.24	34.91
794	10. Senility	1,408	5.01	46,003	7.07	32.67
370-398	11. Diseases of the eye and ear	562	1.99	5,179	.80	9.22
410-458	12. Diseases of the heart and arteries	4,494	15.99	123,218	18.94	27.42
460-466	13. Diseases of the veins	488	1.73	14,935	2.30	30.60
470-475 } 481-483 } 510-517 } 480 }	14. Upper respiratory diseases	928	3.30	5,646	.87	6.08
490-502 } 518-527 } 530-535 }	15. Pneumonia, Bronchitis and other diseases of the lung	2,774	9.87	27,634	4.25	9.96
540-545	16. Diseases of the teeth and supporting structures	106	.37	457	.07	4.31
550-553	17. Diseases of the stomach and duodenum	77	.27	1,093	.17	14.19
560-561	18. Appendicitis	96	.34	833	.13	8.68
573.0	19. Hernia of abdominal cavity	45	.16	1,029	.16	22.87
536-539 } 570-572 } 573.1-587 }	20. Constipation	1,322	4.70	3,469	.53	2.62
590-614 } 616 }	21. Other diseases of digestive system	424	1.50	5,344	.82	12.60
615 } N.997 } (part) }	22. Diseases of the urinary system and male genital organs	464	1.65	9,802	1.51	21.13
620-637 } 640-652 } 680-689† }	23. Circumcision	110	.39	536	.08	4.87
690-698 } 700-716 }	24. Diseases of the breast and female genital organs	1,335	4.75	11,933	1.83	8.94
720-738 } N.800-N996 }	25. Complications of pregnancy and the puerperium	451	1.60	3,925	.60	8.70
	26. Infections of the skin and sub-cutaneous tissue	1,231	4.38	10,940	1.68	8.89
	27. Other diseases of the skin and sub-cutaneous tissue	468	1.66	21,209	3.26	45.32
	28. Arthritis, rheumatism and other diseases of the bones and joints	850	3.02	39,858	6.12	46.09
	29. Injuries	1,354	4.82	16,259	2.50	12.01
	30. Post operative cases (not classified elsewhere)*	264	.93	3,702	.57	14.02
	31. Preparation for diagnostic investigation	1,329	4.73	2,079	.32	1.56
Remainder	32. Other defined and ill-defined diseases	1,115	3.96	17,466	2.68	15.66
	33. Diseases not specified	69	.24	750	.12	10.87
	All diseases	28,131	100	650,747	100	23.13

†Including breast abscesses in women between 15 and 45 unless known to be non-maternal.

*Treatment following colostomy or mastectomy has been classified as "Malignant and lymphatic neoplasms" and following other specified operations to the site of the operation.

TRAINING HOMES

The number of nurses who completed a course of Queen's district training during the year under the Essex County Training Scheme was 35, the same as in 1956. Five of these were trained for other Counties or County Boroughs.

TRAINING OF PUPIL MIDWIVES

The total number of pupil midwives who received Part II training in Essex during the year was 106. In the Forest Health Area district training is undertaken with six individual midwives who are approved as teaching midwives; elsewhere it was undertaken from the respective Training Homes.

REGISTRATION AND INSPECTION OF NURSING HOMES

At the end of 1957 there were 38 Nursing Homes registered by the County Council under Part VI of the Public Health Act 1936. Two Homes providing 21 beds for medical, chronic sick, infirm and convalescent patients were closed during the year. No new Homes were opened. All the Homes were inspected regularly throughout the year.

AGENCIES FOR THE SUPPLY OF NURSES

The two Agencies for the supply of nurses in the area of the County for which the Council is responsible continued to function during the year. They were both inspected once during the year.

SECTION V

PREVENTIVE MEDICINE, CARE AND AFTER-CARE TUBERCULOSIS

Domiciliary Visits

In the more densely populated parts of the County the important task of visiting tuberculosis patients in their own homes for the purpose of providing advice and guidance is undertaken by full-time tuberculosis visitors whilst elsewhere the work is part of the duties of the health visitors. Both tuberculosis visitors and health visitors maintain the closest co-operation with chest physicians. The former regularly attend at chest clinic sessions while the latter regularly visit chest clinics in order to discuss with chest physicians the particular needs and progress of their patients.

Summary of Work carried out by Health Visitors/Tuberculosis Visitors during 1957

<i>Health Area</i>	<i>No. tuberculous households at 31.12.57</i>	<i>Visits to Households</i>		<i>Chest Clinic Sessions attended</i>	
		<i>Tuberculosis Visitors</i>	<i>Health Visitors</i>	<i>Tuberculosis Visitors</i>	<i>Health Visitors</i>
North-East Essex	852	77	946	394	69
Mid-Essex	1,204	—	2,559	—	430
South-East Essex	821	—	1,382	—	260
South Essex	2,131	7,418	1,004	704	56
Forest	1,925	5,393	414	699	68
Romford	1,179	3,089	—	418	—
Barking	634	3,093	—	317	—
Dagenham	799	2,760	19	428	—
Ilford	1,407	4,464	31	419	1
Leyton	732	2,949	—	353	—
Walthamstow	977	937	2	811	—
TOTAL	12,661	30,180	5,457	4,543	884

The total number of patients on chest clinic registers at the end of the year was 13,329 (compared with 12,743 at the end of 1956).

Follow-up of Contacts

A contacts register is maintained in each Health Area and these registers greatly assist health visitors and tuberculosis visitors in ensuring that contacts of tuberculosis patients keep appointments made for them by chest physicians.

During 1957 there were 841 cases of respiratory tuberculosis notified and 4,572 contacts were examined for the first time, figures which vary only slightly from those for the preceding year.

Arrangements exist for the boarding out of child tuberculosis contacts with approved foster parents where it is felt that there is particular exposure to the risk of infection. During the year it was not necessary to make use of these arrangements.

Open-Air Shelters

In recent years there has been a fall in the demand for open air shelters for use by persons suffering from tuberculosis. This is due to various factors—earlier diagnosis, earlier admission to hospital, advances made in curative measures and better housing conditions. During the seven years 1951 to 1957 the demand for shelters has dropped by 40% and at the end of the year only twenty shelters were in use throughout the County.

B.C.G. Vaccination

The scheme introduced in 1951 for the vaccination of Mantoux negative contacts of patients suffering from tuberculosis with B.C.G. was continued during 1957. Vaccinations were undertaken by Chest Physicians and the following figures indicate that progress in this field was maintained.

	1956	1957
No. of contacts skin tested	4,302	4,597
No. of contacts found negative	2,756	2,742
No. of contacts vaccinated	1,989	1,982

Vaccination continued to be offered to children in the 13 years old group. The following table shows that an increased number of children in the group were offered vaccination, 1,202 more children having been vaccinated than in the previous year.

	1956	1957
No. of children to whom B.C.G. was offered	19,412	21,504
No. of children undergoing tuberculin tests :—		
Positive Result	1,528	1,353
Negative Result	8,408	9,762
	<hr/>	<hr/>
	9,936	11,115
No. of children who were vaccinated with B.C.G.	8,183	9,386

Tuberculosis Care Associations

The 17 voluntary tuberculosis care associations which cover the whole Administrative County continued their valuable work for the tuberculous patient and his family during the year. The associations are financed by moneys raised by voluntary effort in addition to grants made available by the County Council. During 1957 the total income of all associations was £13,878 of which £6,644 was in the form of County grants. The total amount raised voluntarily was slightly less than in the previous year.

As in previous years the County Council's contribution to the work of each association was calculated on the basis of £2 per thousand of the population covered by the association, up to £20 for petty disbursements (mainly postages),

and a proportion of an allocation of £3,150 made available by the Licensing of Places of Public Entertainment Committee from the Sunday Cinema Fund.

The total expenditure of all the associations during the 12 months ended 30th November, 1957, was £14,246 as compared with £14,310 in 1956. This total expenditure was allocated in the following way :—

	£
Milk and Groceries	9,159
Fuel	495
Fares	941
Clothing and Furniture	694
Holidays, Outings, etc.	396
Diversional Occupational Therapy	62
Miscellaneous grants	1,086
Printing, Postage and Expenses for special fund raising efforts	1,413

Occupational Therapy

In previous years, the two full-time Occupational Therapists employed by the County Council have undertaken duties in the Romford, Barking, Dagenham and Ilford Health Areas only but during 1957 it was agreed to extend their services experimentally to include part of the South Essex and Forest Health Areas. This did not come into operation until near the end of the year so the anticipated rise in the number of new patients offered occupational therapy is not yet reflected in returns. During 1957, 86 new patients were visited and, by the end of the year, 76 patients were making use of the facilities provided.

In other Health Areas tuberculous patients are, wherever possible, provided with diversional occupation facilities by the British Red Cross Society. The County Council make a grant to the Society on the basis of an initial payment of 10/- for each patient with an additional payment of 10/- a visit for making these facilities available. The number of patients who benefited from these arrangements during the year was 32.

Experience of both schemes shows that a major problem, arising from the successful work of the occupational therapists, is the disposal of articles produced by patients. Every effort is made to help them to find a market for their goods but it is at times difficult to avoid disappointment.

Extra Nourishment

The County Council continued to provide one pint of milk a day free of charge to tuberculous patients recommended by a chest physician for this form of extra nourishment. At the end of the year, 1,546 patients were receiving milk as compared with 1,775 at the end of the previous year. It may be noted that the number of new cases of tuberculosis supplied with milk during 1957 was 711 as compared with 876 in 1956, 887 in 1955 and 1,004 in 1954. This seems to indicate that recommendations are being carefully supervised.

Rehabilitation

Responsibility was assumed during 1957 for four new patients undergoing rehabilitation at the Papworth Village Settlement, Cambridge and at the end of the year, nine patients were wholly or partly maintained there and at the British Legion Settlement, Preston Hall, Maidstone.

Mass Miniature Radiography

Three mobile mass radiography units of the North-East Metropolitan Regional Hospital Board continued to cover the majority of the County although figures regarding the work completed during the year 1957 are not yet available. In 1956, however, 73 different sites in the Administrative County were visited and 110,680 persons (63,090 males and 47,590 females) were x-rayed. Many other sites were visited in adjoining local health authority areas and some of the people x-rayed there were no doubt residents of Essex.

As in previous years, sessions were held for the general public, schools, hospitals and factory staffs and, in addition, three public surveys were held during 1956 at Hornchurch, Leytonstone and Ilford.

The proportion of persons examined, who were found to be suffering from active tuberculosis, varied according to the groups examined but the average for all the groups was again 1.4 per 1,000.

The mobile unit of the East Anglian Regional Hospital Board did not visit that small part of the Administrative County which is included in its catchment area during 1957.

Books for Tuberculous Patients

Patients suffering from tuberculosis resident in their own homes are able to borrow books from the Hospital Library Service set up by the Joint Committee of the British Red Cross Society and the Order of St. John of Jerusalem. The County Council make a grant to the Joint Committee of 5s. 0d. for each patient to whom books are lent and during the year 56 patients borrowed some 2,400 books under these arrangements.

Notifications

The number of *primary notifications* of cases of tuberculosis received during the year was 965 as compared with 960 in 1956, 972 in 1955 and 1,175 in 1954. Details of the 1957 notifications are shown below :—

Age Period		0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
Respiratory	Male	—	4	8	8	15	27	39	93	85	97	92	47	11	526
	Female	1	3	7	12	12	28	49	85	61	27	17	9	4	315
Non-Respiratory	Male	—	1	2	5	5	6	7	5	6	7	7	1	2	54
	Female	—	—	3	8	9	3	8	16	14	1	2	4	2	70

Notifications other than by formal notifications were—

Source of information	Age Period		0-	20-	25-	35-	45-	55-	65-	75-	Total
Death returns from local registrar	Respiratory	M	—	—	—	3	4	3	3	2	15
		F	—	1	—	—	—	1	2	2	6
	Non-Respiratory	M	—	—	—	—	1	—	1	—	2
		F	—	—	—	—	1	—	—	—	1
Death returns from Registrar General (transferable deaths)	Respiratory	M	—	—	—	1	—	2	4	—	7
		F	—	—	1	—	—	—	3	1	5
	Non-Respiratory	M	—	—	—	—	1	—	—	—	1
		F	—	—	—	—	—	—	1	—	1
Posthumous Notifications	Respiratory	M	—	—	—	1	—	1	—	—	2
		F	—	—	—	—	—	—	—	—	—
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	1	—	1

Attack and Death Rates

The following table shows the number of primary notifications of tuberculosis and the number of deaths attributed to the disease, together with the annual attack and death rates in quinquennia since 1920 and for individual years since 1955 :—

	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	4,904	1.07	3,212	0.70	1,322	0.29	789	0.17	6,226	1.36	4,001	0.87
1925-29	5,626	1.09	3,376	0.65	1,853	0.36	704	0.14	7,479	1.45	4,080	0.79
1930-34	6,005	0.97	3,498	0.57	2,122	0.34	705	0.11	8,127	1.32	4,203	0.68
1935-39	5,521	0.81	3,015	0.44	1,783	0.26	577	0.08	7,304	1.07	3,592	0.53
1940-44	6,507	1.02	3,081	0.48	1,859	0.29	592	0.09	8,366	1.31	3,673	0.58
1945-49	6,952	0.95	2,674	0.37	1,381	0.19	404	0.06	8,333	1.14	3,078	0.42
1950-54	6,293	0.77	1,448	0.18	879	0.11	174	0.02	7,172	0.88	1,622	0.20
1955	834	0.49	140	0.08	138	0.08	29	0.02	972	0.57	169	0.10
1956	848	0.49	126	0.07	112	0.06	15	0.01	960	0.56	141	0.08
1957	841	0.48	134	0.08	124	0.07	14	0.01	965	0.55	148	0.08

* Annual rate per 1,000 population.

OTHER ILLNESSES

Recuperative Convalescence

During the year, 694 patients recovering from illness but deemed not to be in need of further medical or nursing attention were granted two or three weeks' recuperative holiday at suitable convalescent homes upon a doctor's recommendation.

The standard charge made by the County Council to the patient was at the rate of £3 18s. 2d. per week, a figure which is subject to a reduction in necessitous cases in accordance with the County Council's scales of assessment.

Loan of Sick Room Equipment

The arrangements for the loan of sick room equipment continued during the year, the smaller type of articles such as back rests, air rings, bed pans and urinals being issued from small stores maintained by home nurses throughout the County. During the year 1,829 articles were newly loaned to patients by the home nurses and at the end of the year, 857 articles were out on loan. The larger type of equipment—wheel chairs, commodes, mattresses—and special articles such as cardiac beds, are issued through the Central Store or other stores set up in Health Areas. The number of these larger items newly issued during 1957 was 4,325 and at the end of the year 3,080 articles were on loan.

Independent loan depots are maintained throughout the County by the British Red Cross Society and the St. John Ambulance Brigade. In this connection, the County Council has the fullest co-operation of both organisations.

Epileptics and Spastics

The register of physically handicapped persons which is being compiled by the Essex Association for the Welfare of the Physically Handicapped on behalf of the Welfare Committee showed at the end of the year 2,158 patients as resident in their own homes of whom 138 were epileptics and 104 were spastics. The Welfare Committee is responsible for the maintenance of 64 adult epileptics in residential accommodation.

These services for persons suffering from epilepsy and cerebral palsy, are in the main, provided through voluntary organisations. With the co-operation of Area Medical Officers they are co-ordinated with the Health Services, including in particular, the provision of Home Nursing and Domestic Help.

INFECTIOUS DISEASES

The total corrected number of infectious diseases notified during 1957 was 35,065 i.e. almost double the previous year's total of 18,289 and about the same as the 1955 figure of 35,466. Table IV on page 130 shows detailed figures by area and district for the major notifiable diseases in 1957. As explained in last year's

Annual Report, these enormous variations are due almost entirely to the changes in the number of *measles* notifications. The following figures illustrate this point :—

Year	Number of measles notifications	Change from previous year	Total number of notifications	Change from previous year	Number of notifications except measles	Change from previous year
1955	27,777	+22,122	35,466	+19,144	7,689	—2,978
1956	7,241	—20,536	18,289	—17,177	11,048	+3,359
1957	25,939	+18,698	35,065	+16,776	9,126	—1,922

The variations in infectious diseases without measles are quite small and what is more important they run counter to the apparent picture. Although total notifications rose in 1955, fell in 1956 and rose this year, notifications excluding measles did the opposite ; in fact they fell in 1955, rose in 1956 and fell this year. It is necessary in looking at the infectious diseases figures not to let the fact that 1957 was a peak year for measles lead to any misapprehension in regard to the trends in other diseases. Of the other 16 categories listed only five increased and only two—pneumonia and acute poliomyelitis—to any considerable extent.

Notifications of influenzal and primary *pneumonia* (called acute pneumonia) amounted to 1,262 in 1957. This is the highest figure since 1953 and 400 more than in 1956. A detailed analysis of pneumonia notifications by districts is found in table XIII on page 138. The 1957 figures used are uncorrected. It will be seen that the figures began at the usual rate for the first few months of the year and fell off by August to only four per week. The *Influenza* epidemic started in the Administrative County in the third week of September and in five weeks the maximum number of notifications (100 a week) were being received. One quarter of the year's pneumonia notifications occurred in the month of October. The rate soon dropped and was down to 30 a week by November but stayed at that level to the end of the year. The South Essex and Barking Health Areas showed the greatest rises, Barking quadrupling its total from 33 cases in 1956 to 146 in 1957 and South Essex from 113 to twice that figure, namely 229 in 1957. Despite the epidemic some Health Areas like Mid-Essex and Walthamstow actually had fewer notifications in the year under review.

There were 384 cases of *acute poliomyelitis* notified in 1957 of which 236 were paralytic. This is the highest total for any year since statistics were available with the exception of 1955 when there were 451 cases, 251 of which were paralytic. Table XIII on page 139 shows the detailed figures for each district over the last three years with their corresponding notification rates. The disease started much earlier this year than was usual. Notifications were more than ten a week in April and after a minor peak in May with about 18 notifications a week, a briefer but higher peak occurred in August when in one week there were 33 cases. The notifications were down to two a week by October and in a number of weeks in December there was no notification at all.

The Administrative County had the largest number of cases of any County in the country and had a notification rate per 100,000 population, only a small fraction below Hertfordshire and Kent of all the major counties.

The districts worst affected were Colchester Borough (73 cases), Brightlingsea Urban District where the epidemic first struck in early spring (43 cases), Harlow Urban District (34 cases) and Tendring Rural District (16 cases). The Brightlingsea Urban District had the highest rate of any district in England and Wales whilst Colchester Borough and the Harlow Urban District were among the ten worst hit districts with populations above 15,000 in England and Wales. The North-East Essex Health Area with 166 cases in 1957 as against 7 in 1956 showed a phenomenal increase greater even than the Forest Health Area's six-fold increase from 8 to 49. Dagenham was the only Health Area and Basildon the only district with fewer cases in 1957 than 1956.

Whooping cough notifications fell by almost one third. This is another disease subject to large variations and there is no discernible trend at the moment. The lowest figure was in 1945 with 2,060 and the highest was in 1953 with over 8,000. By these standards 1957 is quite a good year. Since the war there have been four better years and eight worse. Figures for the last six years are as follows :—

Year	1952	1953	1954	1955	1956	1957
No. of notifications	4,512	8,601	3,251	2,163	4,993	3,423

Tuberculosis notifications, notably the "other" category, rose slightly whilst *dysentery* fell to a third of the 1956 figure. *Dysentery* is another disease subject to large fluctuations. *Puerperal pyrexia* continues to drop as does *erysipelas*. The *puerperal pyrexia* figures are most encouraging as the following table of notifications shows :—

Year	1952	1953	1954	1955	1956	1957
No. of notifications	561	574	548	454	451	415

There has been a steady drop over the last few years which shows no sign of stopping.

As the following table shows there has been up to this year a general tendency for the notifications of *food poisoning* to rise :—

Year	1951	1952	1953	1954	1955	1956	1957
No. of notifications	240	371	365	292	466	607	355

This has been partly attributed to the increase in communal feeding, and the figures which bring the number of notifications down to the lowest level since 1954 are most satisfactory and may indicate that the steps taken to meet the problems associated with communal feeding are having some success.

PUBLIC HEALTH (AIRCRAFT) REGULATIONS 1952

The County Council is responsible for the maintenance of certain health control measures at Stansted Airport, in accordance with the requirements of the Public Health (Aircraft) Regulations 1952. Arrangements are in force whereby Medical Officers undertake stand-by duty on a rota basis to carry out routine Health Control at the Airport, and during the year under review the arrangements proved adequate and satisfactory.

VACCINATION

Smallpox

As will be seen from the following table, there was an increase in the numbers of vaccinations and re-vaccinations against smallpox which were carried out during 1957 (the totals for the previous year being shown in brackets):

<i>Age at date of vaccination</i>	<i>Under 1</i>	<i>1</i>	<i>2-4</i>	<i>5-14</i>	<i>15 and over</i>	<i>Total</i>
Number vaccinated	13,418	1,445	2,135	4,307	4,630	25,935 (15,242)
Number re-vaccinated	6	30	289	1,974	8,899	11,198 (4,339)

Substantial increases in the numbers of vaccinations and re-vaccinations carried out are, more often than not, due to the notification of a case or a suspected case of smallpox. During 1957, there was one formal notification of a case of smallpox in Walthamstow and this undoubtedly gave rise to the increased requests for vaccinations and re-vaccinations in that Health Area and those adjoining, as will be seen from the following table, which gives the numbers of smallpox vaccinations and re-vaccinations carried out in the Health Areas, the infant acceptance rate for 1957 and for 1952—1956 and the number of persons per thousand of the population who were re-vaccinated. There was an increase of 3,430 vaccinations and 2,413 re-vaccinations in the Walthamstow Health Area, whilst the numbers of vaccinations carried out in the Leyton, Ilford and Dagenham Health Areas increased by 861, 614 and 637 respectively.

Health Area	Number vaccinated	Number re-vaccinated	Infant Acceptance Rate		Re-vaccinations per 1,000 population
			1952-56	1957	
North-East Essex	1,762	639	39.9	49.4	3.4
Mid-Essex	2,543	1,064	45.2	50.1	4.8
South-East Essex	1,945	416	34.6	46.1	2.9
South Essex	3,828	1,338	40.4	56.7	5.1
Forest	4,540	2,150	43.7	58.8	9.0
Romford	1,372	590	24.5	31.4	5.3
Barking	498	196	20.2	24.1	2.6
Dagenham	1,410	446	22.9	50.6	3.9
Ilford	2,160	983	42.3	51.1	5.5
Leyton	1,587	749	30.8	57.6	7.5
Walthamstow	4,290	2,627	36.3	56.4	22.8
Admin. County	25,935	11,198	37.2	50.5	6.4

Poliomyelitis

During the year 1957 general medical practitioners were, for the first time, given the opportunity to take part in the County Council's scheme.

The offer of vaccination against poliomyelitis was extended to include children born in 1955 and 1956 and at the end of the year the groups eligible for vaccination were as follows :—

Children born in the years 1943 to 1956, inclusive, and those children born in 1957 on attaining the age of six months.

Expectant mothers.

General medical practitioners and their families.

Ambulance staff and their families.

Staff employed at hospitals where cases of poliomyelitis are admitted in the infectious stage and their families.

It was decided during the year to augment the supply of British vaccine with supplies of Salk vaccine, which although tested and licensed for use in the country of origin would also be required to undergo the same stringent tests as are applied to British vaccine but no supplies of this imported vaccine had been received by the end of the year.

The general position regarding all registrations as at the 31st December, 1957 was as follows :—

Children born 1943 to 1946	....	....	....	....	33,430
Children born 1947 to 1957	....	....	....	....	43,109
Expectant mothers	....	....	....	....	390
General medical practitioners and their families	....	....	....	....	173
Ambulance staffs and their families	....	....	....	....	595
					<hr/> 77,697 <hr/>

At the end of the year 59,816 children had completed a full course of vaccination and in addition 4,725 children had received one injection.

There was only a very limited response from general medical practitioners to the offer of participation in the arrangements for vaccination against poliomyelitis which with the advent of larger supplies of vaccine and after full consultation with the Local Medical Committee was made to them early in the year. About one third of the doctors practising in the County intimated their willingness to participate forthwith.

Influenza

During the latter part of the year supplies of a vaccine designed to give protection against the Asian type of influenza became available for the staff of hospitals, general medical practitioners and those members of the local health authority's staff who were especially exposed to infection by reason of caring for patients in their own homes and upon whom any epidemic imposed an exceptionally heavy burden. In the latter categories, home nurses, midwives, domestic helps and ambulance staffs were offered protection.

In the first instance 2,583 persons accepted an offer of vaccination and a further 143 accepted later. The offer of vaccination was made at a time when illness in the County was at its peak but it had declined somewhat by the time the vaccine became available and as a result many who had accepted either declined the offer of vaccination or failed to attend for the second injection. Consequently some vaccine remained unused and this is in store in refrigerated accommodation.

IMMUNISATION

Diphtheria

During 1957, 22,024 children under the age of 15 years completed a full course of immunisation against diphtheria compared with 23,176 in 1956 and 16,713 in 1955. The decrease in the number of immunisations of 1,152 is probably explained by the fact that the figures for the previous year were high as a result of a special campaign.

Every effort is made by medical officers, health visitors, school nurses, home nurses and others to keep constantly before parents the need to have their children immunised, but the very fact that cases of diphtheria are now almost unheard of so far as the general public is concerned, makes their task of convincing parents of the need one of growing difficulty. This point is perhaps underlined by the fact that at the end of 1957, 129,006 children in the County who completed their courses of immunisation in 1952 or earlier were not included in the official immunity index for that year, since the required reinforcing doses had not been given so as to provide maximum immunity. The number of children receiving reinforcing injections dropped by 2,410 to 16,760.

The following table gives details in regard to children who at 31st December, 1957 had completed courses of injection and details of estimated child populations and the immunity index. This index is calculated by dividing the

number of children protected either by primary or reinforcing dose in the period 1953-1957 inclusive, by the estimated population figure.

<i>Age on 31.12.57 (i.e. born in year)</i>	<i>Under 1 (1957)</i>	<i>1-4 (1953-56)</i>	<i>5-9 (1948-52)</i>	<i>10-14 (1943-47)</i>	<i>Under 15 Total</i>
A. No. of children whose last course (primary or booster), was completed in the period 1953-1957	5,207	68,393	76,361	35,709	185,670
B. No. of children whose last course (primary or booster), was completed in the period 1952 or earlier	—	—	45,245	83,761	129,006
C. Estimated mid-year child population	25,600	105,200	285,200		416,000
Immunity Index	20.3	65.0	39.3		44.6

Whooping Cough

Immunisation against whooping cough is carried out by general medical practitioners to whom vaccine is provided free of charge at County Council clinics. The number of children protected during the year, 11,507, was a little below that for the previous year.

The following table gives details of the primary inoculations carried out:—

<i>Children aged</i>					<i>Total all ages</i>
<i>Under 6 months</i>	<i>6-12 months</i>	<i>1 year</i>	<i>2-4 years</i>	<i>5 and over</i>	
2,865	6,069	1,484	697	392	11,507

In addition, 1,266 children received reinforcing injections.

The policy of the County Council is that combined vaccines should not be used but many general medical practitioners practising in the County immunise children with a combined diphtheria-pertussis vaccine and details as to cases protected in this way are shown in the following table :—

<i>Children aged</i>					<i>Total all ages</i>
<i>Under 6 months</i>	<i>6-12 months</i>	<i>1 year</i>	<i>2-4 years</i>	<i>5 and over</i>	
1,322	4,535	1,410	565	260	8,092

A total of 1,393 children were given reinforcing injections with combined vaccine by their family doctors.

ESSEX EPIDEMIOLOGICAL COMMITTEE

The Essex Epidemiological Committee met twice during the year. One of the matters dealt with was the completion of its consideration of the revision of the leaflet to be issued as a result of the revised Memorandum on the Closure of Schools and Exclusion of Children from School issued by the Ministry of Education.

There was no change in its membership.

VENEREAL DISEASE

Returns from Special Clinics show that 104 new cases of syphilis and 230 new cases of gonorrhoea were diagnosed in patients residing in Essex during 1957. These figures show an increase over the new cases diagnosed during the previous year and the comparable figures for the last five years are as follows:—

	1953	1954	1955	1956	1957
Syphilis	137	94	74	86	104
Gonorrhoea	280	213	190	211	236

The following table analyses the new cases according to the Clinics at which the diagnosis was made :—

<i>Place of Diagnosis</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
Essex	58	89	778
London	33	118	822
Elsewhere	13	23	315

During the year the arrangements previously in force for the follow-up of patients who had been treated for venereal disease were continued. A social worker employed by the North-East Metropolitan Regional Hospital Board undertakes this work in certain parts of the County whilst in others it is carried out by senior members of the professional staff of the Department. Close liaison is maintained with the venereologist concerned. Work in the follow-up of contacts or suspected contacts is often made extremely difficult by the sketchy information given by patients found to have contracted venereal disease.

HEALTH EDUCATION

Over the past 100 years the considerable rise in the health standards of the community has in the main been due to the improvements which have been effected in environmental conditions ; the provision of pure water supplies, adequate sewage and refuse disposal and improved housing conditions may be numbered amongst the most important factors which have lead to a reduction in

the prevalence of infectious diseases. These together with the advances made in the diagnosis and treatment of disease have brought about a change in the pattern of life and death. A comparison of death rates by ages and causes together with the incidence of certain diseases will show the vast improvement which has been made.

There still exists however a considerable amount of minor ill health which is unaffected by advances in medical and sanitary science. Neither legislation, coercion nor medical intervention will reduce the drain made on the community by these minor conditions of ill health. The responsibility for promotion of positive health lies in the main with the individual and by educating each member of the community about health and by stimulating his interest in his own wellbeing progress in the general level of community health will be made.

The functions of the local health authority are in the main concerned with the promotion of health and the prevention of illness. The changing circumstances of the social health structure indicate the supreme importance of health education.

An increasing amount of health education work has been carried out in Essex during the year under review and active steps are being taken to increase it still further.

Lectures

Lectures on health subjects continue to be popular and during 1957 a total of 300 lectures was given by members of the medical and nursing staffs to youth groups and 111 to adult groups. In addition, 1,151 lectures were given at clinics and welfare centres the majority being in connection with ante-natal and post-natal clinics and relaxation classes. Lectures are usually supplemented by visual aids of appropriate types and opportunity is always provided for questions and discussion afterwards. A most important part of the work is the exchange of views and experiences between members of groups during these discussions. The lectures and demonstrations at ante- and post-natal clinics consolidate the individual health teaching given by members of the medical and nursing staffs during interviews at clinics and in the home.

Film Shows

During the year requests were made for 140 film shows in connection with health education activities and 257 individual films were shown. In addition continuous film showings were made at four special exhibitions. The extension of this part of the service necessitated a number of additions to the film library and these were made by extended loan facilities or purchases as appropriate. In consequence the need to hire films from outside libraries has diminished. It is now possible to offer programmes of films on health subjects to widely different types of audiences. Fourteen sound films are now held in the Department's film library and they are in constant demand.

Film Strips

In addition to the sound films which are held in the Department there is a large library of film strips to which a number of additions have been made during the year. These are in the main on specialised subjects and are available on loan for use in health education work in the Health Areas.

New Materials and Equipment

In addition to the new films and film strips added to the Health Department library during the year, further exhibition equipment was purchased and a number of new exhibition topics produced. This material is held in store and is made available on loan to Health Areas.

A series of previews of films and equipment were arranged for medical and nursing staffs at various points throughout the County and attention was drawn to the general facilities available in connection with health education work. This resulted in increased local activity.

Major Health Exhibitions

A number of major health exhibitions in addition to the minor exhibitions which take place as part of the routine health education programme were arranged during the year. These occurred as a special occasion and included a large exhibition of personal and environmental health services in connection with the Leyton Health Week, a Mental Health Exhibition and a Health Exhibition at the Essex Show. These exhibitions aroused considerable interest and attendances were in all cases high.

Observation during the course of the exhibitions indicated that projects of this nature are only successful when members of the staff are in attendance to explain the material displayed and when a sustained follow-up is maintained afterwards. It is interesting to note also that when films are shown a greater dissemination of information is possible than when static exhibition material alone is used.

Supply of Health Literature

The practice was continued of supplying the monthly magazine "Better Health" for distribution through Health Areas to schools, libraries, newspapers and clinics in the Administrative County. In each issue a special insert gives items of topical interest. In all 2,700 copies are distributed each month.

Other literature made available as part of health education includes booklets and leaflets supplied through Health Areas or at exhibitions of a special nature. They are usually given in response to specific requests for information or to consolidate verbal information supplied at interviews.

At the Essex Show a special display of books and magazines on health subjects was arranged in collaboration with the County Librarian ; it aroused considerable interest.

In view of the volume of literature at present being produced in the form of weekly and monthly periodicals much of which contains items of a health nature the public need to be educated to discriminate between that which is worth while and that which is not.

Health Education in Schools

The amount of health education work undertaken in schools by members of the staff of the Department continues to increase, the main subjects taught being parentcraft and personal hygiene. This aspect of the work is of great importance as essential attitudes to good personal and family health are best developed during the formative years of school life. In addition to the teaching visits made to schools by members of the medical and nursing staffs opportunities were afforded for special tours of exhibitions and visits to infant welfare centres and other Health Area premises by organised parties of school children.

Education of Parents-to-be

The work of educating the parents of the future through the health education programme at ante- and post-natal clinics continued during the year. In addition to the teaching given to expectant mothers at ante-natal clinics the practice of arranging special meetings to which fathers are invited was developed. Such meetings consist of the showing of films on child care followed by questions and discussions. They have been a great success and are an indication of the interest shown by fathers and fathers-to-be in their children. Undoubtedly greater understanding and family unity are enhanced by these meetings.

Home Safety Campaigns

Of all accidents the greatest number occurred at home. During the year 1957 accidents in the home throughout Great Britain caused approximately 7,000 deaths and it is estimated that more than 2,000,000 people suffered severe injuries in connection with such accidents which are most prevalent during the winter months. The most susceptible groups of the population were the very young and the elderly and amongst the 0-21 age groups accidents of all types are a major cause of death.

Accidents are a great cause of suffering and the consequent lack of productive life is a major community problem but most of them are preventable by simple means. Legislation exists for the protection of workers in factories and other potentially dangerous situations and inspections are frequently carried out in order that safety may be maintained at a high standard. In the home each member of the family should be aware of the dangers and hazards of the home environment and have the necessary knowledge and the interest to take the simple steps that are required to prevent accidents happening.

Steps are at present being taken to stimulate interest and give increased knowledge on this subject including demonstrations and exhibitions arranged in co-operation with local home safety committees. New exhibition material is

always being produced as part of the Health education service and is available on loan in connection with demonstrations and exhibitions arranged in connection with local home safety committees with the object of stimulating interest and increasing knowledge in the subject. Wide use is made of poster displays in public places and group teaching is given at clinics and welfare centres ; talks and film shows are arranged for all types of community organisations. Leaflets on accident prevention are provided for the use of the public and to supplement verbal or visual instruction.

An important contribution to the work is made by members of the staff who visit the homes of the general public, particularly health visitors and home nurse midwives who give individual advice during these personal contacts against the home background. An enquiry into ways and means of extending the work already being done is at present in hand.

Dental Health Education

As indicated in the report for 1956 surveys indicate that most children start school with an average of four or five decayed or missing teeth, a situation which has worsened with the increased sugar consumption since de-rationing took place in 1953. The position in regard to older children is equally bad and a low standard of oral hygiene is consistently found during routine dental inspections. This situation cannot be relieved by clinical action alone and proper and regular self-care is essential.

Steps have been taken to investigate the best means of educating the public and particularly the mothers of young children, in routine oral hygiene practices. A number of dental health exhibitions and demonstrations have been arranged at which various educational techniques have been tried out particularly that of demonstrating the effects on the mouth of foods which cause decay, especially carbo-hydrates. It is apparent from the work already done that it is insufficient to provide factual information only but ways must be found to create new habits and attitudes towards dental health on the part of the individual. There is now a clear indication of the line to be followed in future work under this heading.

Mental Health

Frequent requests have been received for lectures and film shows on mental health subjects and a number of exhibitions on this theme have been arranged. As mentioned above a major exhibition was staged in collaboration with the North-East Metropolitan Regional Hospital Board. At this exhibition the mental health functions of the County Council were portrayed by means of illuminated panels and a large series of photographs and a model of an *ad hoc* occupation centre made by members of the staff of the County Architect attracted much attention. Members of the staff of the Health Department were in attendance, films were shown and valuable work was done by means of individual interviews with members of the public.

Cancer Education

During 1957 preparations were made for a pilot scheme on Cancer Education for the public including arrangements for co-operation with general practitioners and with the North-East Metropolitan Regional Hospital Board for the early reporting of symptoms discovered in out-patient departments of hospitals. The initial pilot scheme is being undertaken in the Mid-Essex Health Area and a number of lectures have already been given to the general public mainly to interested groups. It is anticipated there will be an increase in the number of requests as the scheme becomes better known.

In-service training on the subject was provided at two courses for members of the medical and nursing staffs of the Area at which Dr. Malcolm Donaldson of Oxford, a pioneer in the subject, demonstrated ways and means of increasing the public knowledge about cancer.

As with other aspects of health education a valuable contribution is made during independent interviews in the home and with particular reference to cancer education it is believed that this is one of the most useful ways of imparting information especially to the sections of the community most concerned with the problem, i.e. the elderly.

Smoking and Lung Cancer

Following the announcement by the Minister of Health during 1957 of the findings of the Medical Research Council concerning the relationship between tobacco smoking and the incidence of lung cancer arrangements were made to disseminate information on the dangers of tobacco smoking including references to the adverse effects of smoking on health generally to be included in the general syllabus of health education given to school children. In addition to the lung cancer aspects of the problem, references are made to the question of chronic bronchitis, which is an important problem and a condition aggravated by tobacco smoking. In certain cases a letter pointing out the dangers of smoking is sent to school leavers just before their final school medical examination in which they are invited to ask questions on the subject during the medical inspection.

Fuller treatment of the subject is provided in discussions with adult members of the community. In all cases the individual is given the opportunity of making up his own mind. Posters are displayed in County Council premises, including certain schools, which by inference indicate the relationship between smoking and lung cancer. Consideration is being given at the present time to the production of special posters and leaflets for use in the campaign.

Co-operation with other Authorities

A number of requests for co-operation were received from county district councils in connection with health displays on the aspects of the work carried out by them and which they were arranging under the collateral powers which they possess.

Central Council for Health Education

A grant amounting to £925 on the basis of 11/- per 1,000 population of the Administrative County was made to the Central Council for Health Education in 1957. In return for this the Council provides co-operation and advice on health education matters and regular issues of a health education journal. A visual aid service is provided and materials including posters and leaflets are available at reduced cost. Courses of in-service training can be arranged for medical and nursing staffs on the methods and media of health education and these facilities were freely used to assist the staff of the County Council who are carrying out health education work as part of their day to day duties.

Royal Society for the Prevention of Accidents

As in previous years an annual grant of 13 guineas was made to the Royal Society for the Prevention of Accidents in return for which regular information bulletins on accident prevention and specimen campaign guides were provided. Considerable use was made of the Society's aids in the home safety propaganda work carried out during the year.

DOMESTIC HELP SERVICE

During 1957 the Domestic Help Service continued to be staffed mainly by regular part-time and casual helps and the number of full-time helps fell from 36 to 29, as the following table shows. Experience indicates that in a service for which there is a fluctuating demand which is influenced very quickly by the incidence of illness it is generally more convenient to employ part-time or casual workers.

NUMBER OF DOMESTIC HELPS EMPLOYED 1953-1957

	1953	1954	1955	1956	1957
Whole-time helps	66	62	45	36	29
Regular part-time helps	1,027	953	1,005	1,023	1,080
Other helps (casual)	672	962	1,087	1,224	1,225
Total	1,765	1,977	2,137	2,283	2,334
Total working on 31st December	1,476	1,615	1,798	1,926	2,013

During the year under review there was a slight decrease in the number of new cases of chronic sick and aged who required help. Since 1952 the number of new cases in this category has risen steadily, the peak figure of 2,731 being reached last year.

The total number of *cases provided with domestic help* in 1957 was 12,126 which the following table shows was slightly less than the total for the previous

year. Of these cases 6,579 were new, the remainder being carried forward from the previous year.

Category	1953	1954	1955	1956	1957
Maternity	2,057	1,929	1,981	2,146	2,000
Acute sick	930	811	879	803	815
Tuberculosis	186	171	154	113	121
Chronic sick-aged	1,901	2,085	2,476	2,731	2,650
Chronic sick-others	620	585	609	734	644
Aged non-sick	280	265	280	227	210
Others	132	185	256	115	139
Total New cases	6,106	6,031	6,635	6,869	6,579

The major demand on the service continued to be in respect of the categories aged chronic sick, other types of chronic sick, maternity and aged non-sick. The demand for domestic help in the homes of the tuberculous fell during the year.

TOTAL CASES AND HOURS OF HELP PROVIDED
CLASSIFIED BY CATEGORIES 1953-57

Category	1953		1954		1955		1956		1957	
	No. of cases	No. hours provided	No. of cases	No. hours provided	No. of cases	No. hours provided	No. of cases	No. hours provided	No. of cases	No. hours provided
Maternity ..	2,118	153,823	2,007	138,319	2,044	137,241	2,219	141,478	2,079	125,485
Acute sick ..	1,024	60,177	893	54,824	971	57,831	923	50,822	916	49,320
Tuberculosis	336	79,537	332	81,465	317	78,478	300	73,036	294	59,753
Chronic sick—aged ..	3,686	711,754	4,485	861,120	5,498	998,156	6,564	1,126,383	6,687	1,210,276
Chronic sick—others ..	1,051	210,807	1,104	229,699	1,204	238,830	1,432	267,834	1,360	254,724
Aged non-sick	648	114,435	691	115,334	728	108,842	694	104,333	613	98,234
Others ..	219	43,726	280	50,023	372	60,980	159	20,830	177	25,516
All cases ..	9,082	1,374,259	9,792	1,530,784	11,134	1,680,357	12,291	1,786,716	12,126	1,823,308

It is interesting to note from the table which follows that whilst maternity cases received an average of 60 hours help and acute sick cases 54 hours, tuberculosis cases received an average of 203 hours and the aged chronic sick 181 hours. The average number of hours help provided for cases of tuberculosis was a decrease of 40 on the average provided in 1956 representing a saving of over 13,000 hours in this particular category.

AVERAGE HOURS PER CASE FOR DIFFERENT CATEGORIES 1953-1957

<i>Category</i>	1953	1954	1955	1956	1957
Maternity	73	69	67	65	60
Acute sick	59	61	60	55	54
Tuberculosis	237	245	248	243	203
Chronic sick-aged	193	192	182	172	181
Chronic sick-others	201	208	198	187	187
Aged non-sick	177	167	150	153	160
Others	200	179	164	131	144

Regular visiting of patients receiving help is undertaken by the 18 Area Domestic Help Organisers who themselves receive help and guidance from the County Domestic Help Organiser. The latter also acts, when required, as a relief Organiser. During the year the number of visits paid by the Area Organisers was :—

First visits	8,234
Subsequent visits	18,921
Other visits	5,086
Total	32,241

The County Domestic Help Organiser spent the equivalent of 118 working days in the eleven Health Areas during the year and in all paid 860 visits to applicants for help either in the company of the Area Domestic Help Organisers or whilst acting as their relief.

Two training courses for domestic helps were provided in 1957, both at the Mid-Essex Technical College, Chelmsford and 24 domestic helps attended. Twelve of these courses have now been held since the scheme for the training of domestic helps was instituted and gradually a nucleus of trained helps is being built up. Whilst all domestic helps employed in each Health Area are eligible to attend, the main criterion followed in selection is that only those women are considered who have been employed in the service for some reasonable time and who are expected to continue in the employment of the County Council.

The results of the assessments made of the students attending the course during the year continued to be exceedingly worth while. As indicated in my report for 1956 all members of the staff directly concerned with the organising of these training courses are invariably impressed with the breadth of understanding of the majority of the women attending, with their capacity to overcome difficulties and their practical good sense. It is gratifying to observe that each help attending the courses can quickly adapt the instructions and training given to meet the particular needs of the homes in which she is accustomed to work.

NIGHT ATTENDANCE SERVICE

Night attendance on the same basis as in previous years was provided during 1957 for patients critically ill in their own homes but the limited financial provision available from voluntary funds renders it impossible to help any but those in the greatest need. Only 533 cases were provided with night attendance during 1957 as against 798 in 1956. New cases increased from 85 to 96.

The need to keep expenditure strictly within the amount allocated to each Health Area makes it difficult to arrive at an accurate assessment of the maximum demand for the service.

PREVENTION OF BREAK-UP OF FAMILIES

Whilst the major burden of the work in connection with the prevention of the break-up of families continues to fall on the Health Visitor, an increasing part in the work is being played by domestic helps. They are carefully selected to work in co-operation with the mother, who is generally a poor housekeeper, and manage by example and persuasion to cultivate regular habits which eventually lead to a more successful method of performing household duties with usually a rapid and lasting effect on the children in the home. The training is of necessity lengthy but there are arrangements whereby the ordinary charge for the provision of domestic help in such cases can be waived and these arrangements were in fact put into operation in a few difficult cases during 1957.

In other cases where it is obvious that home training is not likely to be successful and where it is considered that discipline and routine methods of training are necessary, arrangements exist for mothers and their younger children to be sent to rehabilitation centres. In other less difficult cases, short periods of convalescence were provided both for the mothers and for the children with beneficial results.

CHIROPODY

During the year the chiropody service continued at clinics in Barking, Brentwood, Chingford, Dagenham, Hornchurch, Laindon, Leyton, Walthamstow and Wanstead, as a continuation of arrangements in force prior to 5th July, 1948.

The following table shows the number of new cases treated and the number of attendances at these clinics compared with the figures for the previous two years :—

	<i>Year</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
Number of new cases treated	1955	1,054	3,381	1,144	5,579
	1956	939	2,701	1,087	4,727
	1957	895	2,608	1,349	4,852
Number of attendances	1955	16,432	61,934	6,099	84,465
	1956	14,444	56,240	6,194	76,878
	1957	14,036	57,501	6,626	78,163

The demand for the expansion of chiropody facilities continued throughout the year but unfortunately the Ministry of Health have been unable to approve of any expansion of the service beyond the position which existed prior to the Appointed Day.

As in previous years, a grant from voluntary funds was made to the Essex Old People's Welfare Committee to assist local Old People's organisations with the provision of their own chiropody services by engaging privately practising chiropodists on a sessional basis.

CANCER ACT 1939

During the year it was not found necessary to take any action under Section 4 of the Cancer Act 1939 regarding the prohibition of certain advertisements offering remedies for the treatment of cancer.

FACTORIES ACTS 1937 AND 1948

No action was necessary under Section 126 of the Factories Act 1948 whereby the County Medical Officer of Health is liable in certain circumstances to perform or arrange for the performance of the functions of appointed factory doctors.

NATIONAL ASSISTANCE ACT 1948—PART III

During the year 1957 a Senior Medical Officer made 59 visits to 26 hostels compared with 35 visits in 1956. A review of the arrangements for the provision of chiropody treatment for the residents was undertaken and a standard form of record keeping was introduced to ensure that each old person received regular attention from the chiropodist.

In addition to these visits the County Health Inspectorate made 26 visits to hostels for the purpose of checking the purity of the water supply. A total of 27 samples of water was taken.

Routine visits to the hostels provide the opportunity of discussing such matters as diets, prevention of the spread of infection and the correct use of isolation rooms provided.

The Mentally Handicapped

Advice and assistance for mentally handicapped persons under an arrangement made with the Welfare Committee continued to be available through the Duly Authorised Officers, but as in previous years, very few persons required any such advice or assistance.

Welfare of the Blind and Partially Sighted

I am indebted to the County Welfare Officer for much of the statistical information contained in the following paragraphs.

During 1957, 342 persons were registered as blind and 150 as partially sighted after they had been examined by an ophthalmic specialist.

During the year 535 Forms B.D.8 were completed in respect of new cases which included 16 defective sighted persons and 27 cases not eligible for registration. In addition, 525 re-examinations were carried out by ophthalmic specialists. The results of these examinations were as follows :—

Blindness	....	....	....	....	....	486
Partial sightedness	....	....	....	....	....	451
Defective sightedness	....	....	....	....	....	82
Not eligible for registration	....	....	....	....	....	41
Total	....	....	....	....	....	1,060

The total number of *blind persons on the register* at the end of 1957 was 3,183 of whom 1,319 were males and 1,864 females. The age groups of these persons were as follows :—

	Under 16	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 & over	Total
Male	49	19	38	84	100	171	106	131	621	1,319
Female	40	17	35	52	80	170	144	161	1,165	1,864
Total	89	36	73	136	180	341	250	292	1,786	3,183

The *register of partially sighted persons* contains a total of 819 names, there being 303 males and 516 females in age groups as follows :—

	Under 16	16-20	21-49	50-64	65 and over	Total
Male	42	21	77	36	127	303
Female	39	12	63	75	327	516
Total	81	33	140	111	454	819

The number of partially sighted persons in employment was 146.

The following table shows the information obtained in following up all *new cases* where treatment was recommended on Form B.D.8 :—

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends :—				
(a) No treatment	42	12	—	200
(b) Treatment (Medical, surgical or optical)	97	56	—	119
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	83	52	—	95
Cases refused operative treatment	8	1	—	2
Condition not amenable to treatment	8	4	—	48

Ophthalmia Neonatorum

During 1957 there was a decrease in the number of cases of ophthalmia neonatorum notified, the total being 20 as compared with 46 for the previous year. Vision was unimpaired in all cases.

Welfare of the Blind and Partially Sighted

I am indebted to the County Welfare Officer for much of the statistical information contained in the following paragraphs.

During 1957, 342 persons were registered as blind and 130 as partially sighted after they had been examined by an ophthalmic specialist.

SECTION VI—THE MENTAL HEALTH SERVICE

Administration

The Mental Health Sub-Committee met as usual on seven occasions during the year.

No changes were made in the establishment of 24 Duly Authorised Officers although it appeared that consideration would have to be given to the question of appointing an additional officer for employment in the South-East area of the County owing to an increase in the work in that area. Mr. A. E. Fisk retired from the Council's service early in the year and his place was taken by Mr. C. G. Wort.

The post of Psychiatric Social Worker was still vacant at the end of the year despite the fact that it had been advertised on a number of occasions.

The two Regional Hospital Boards and the Management Committees of the two Mental Deficiency Hospitals in the County continued to work in close co-operation with the County Council and Dr. R. M. Bates, the Physician Superintendent of the Royal Eastern Counties Hospital, Colchester, continued to act as Consultant Adviser in Mental Deficiency.

The National Association for Mental Health, other voluntary associations and private individuals have again provided much valuable assistance in relation to mental health generally and, in particular, with the provision of temporary accommodation for mental defectives.

Work undertaken in the Community

The table set out below shows the number of visits made during the year by the Duly Authorised Officers and Mental Welfare Visitors. This shows a further increase of 500 visits over the figures for 1956.

<i>Mental Deficiency Acts</i>	<i>Visits</i>
New cases	557
Statutory supervision	10,407
Voluntary supervision	3,076
Case notes	79
Licence cases	446
Home circumstances reports for visitors....	728
Guardianship cases....	280
Holiday, licence and discharge applications	391
<i>Lunacy Acts</i>	
Preliminary investigations	3,102
Sections 14 & 17 (Certified)	1,145
Section 11 (Urgency Orders)	386
Section 20 (Detention for not more than three days)	646
Section 21 (14 days orders)	1

Mental Treatment Acts

Section 1 (Voluntary)	....	....	....	633
Section 5 (Temporary)	....	....	....	119
Inventories prepared	....	....	....	45
<i>Other visits</i>	....	....	....	4,975
				<hr/> 27,017 <hr/>

Lunacy and Mental Treatment Acts

During the year, patients suffering from mental illness were admitted to Mental Hospitals as follows :—

	With the assistance of the Duly Authorised Officers.			Without such assistance.
<i>Lunacy Act 1890—</i>				
Section 11 (Urgency orders)	148	....	—
Sections 14 & 16 (Certified)	655	....	—
Section 20 (Detention for not more than 3 days)	189	....	—
<i>Mental Treatment Act—</i>				
Section 1 (Voluntary)	387	....	1,615
Section 5 (Temporary)	78	....	—

The assistance received from the County and Metropolitan Police Forces during the year in dealing with difficult cases has again been much appreciated by the officers concerned.

Mental Deficiency Acts 1913-1938

Statistical information in regard to the number of patients who were ascertained under the Mental Deficiency Acts during the year, together with particulars as to their disposal and the number of patients remaining on the County Council's records as at 31st December, 1957 is set out on pages 117.

During the year, 102 patients were admitted to mental deficiency hospitals under Orders obtained on Petition. A further six Orders were made by Magistrates Courts or by the Secretary of State under sections 8 or 9 respectively of the Mental Deficiency Act 1913. The County Council also assisted parents and guardians in placing 17 patients in hospitals and two under guardianship under section 3.

Five boys and four girls were returned to the educational system during the year following the cancellation of reports of ineducability under the provisions of section 8 of the Education (Miscellaneous Provisions) Act 1948.

Occupation Centres

ATTENDANCE—The eleven occupation centres established in the County continued to operate satisfactorily. The number of patients in attendance continued to increase and on 31st December there were 676 names on the registers, an increase of 24 during the year. The following table shows their sex and age groups :—

Occupation Centre	Male		Female		Total
	Under 16	Over 16	Under 16	Over 16	
Barking Junior....	25	2	23	21	71
Chelmsford Junior	23	2	18	15	58
Clacton Junior....	9	2	3	4	18
Colchester Junior	11	2	15	9	37
Dagenham Junior	25	—	35	18	78
Grays Junior	33	5	13	13	64
Ilford Junior	31	—	18	16	65
Ilford Senior	12	73	—	—	85
Loughton Junior	28	1	22	18	69
Walthamstow Senior	11	51	—	—	62
Wanstead Junior	34	—	24	11	69
Totals	242	138	171	125	676

BUILDING DEVELOPMENTS—Some improvements to the premises in which the centres are held were carried out as follows :—

Barking : installation of slow combustion stoves and gas and electric convector heaters.

Clacton-on-Sea : installation of additional heating apparatus.

Grays : minimum improvements to conform to Food Hygiene Regulations.

The Leyton Centre was transferred to the former Day Nursery premises at Spratt Hall Road, Wanstead, after adaptation and improvement.

The building of a new Centre at Chelmsford to replace the existing hired premises was well advanced by the end of the year.

Plans for the extension of the service were carried a stage further as follows:—

Grays: negotiations for the purchase of a site for the erection of a new centre at South Ockendon were brought to a successful conclusion.

Loughton : a site has been reserved for the erection of a new junior centre.

Braintree : negotiations for the hiring of a suitable hall were in progress at the end of the year, the local Society for Handicapped Children having offered a sum of £250 towards the cost of the project.

Saffron Walden : negotiations for the acquisition of a portion of the now disused Hilltop Hospital for the establishment of a new centre.

STAFF—The staffing of the Centres conformed to the recommendations of Ministry of Health Circular 91/49. The following table gives particulars of the number of staff employed at each centre at the end of the year.

<i>Occupation Centre</i>	<i>Super-visor</i>	<i>Senior Assis-tant Super-visor</i>	<i>Assis-tant Super-visor</i>	<i>Assis-tant</i>	<i>Dinner Assis-tant</i>	<i>Coach Guide</i>	<i>Cleaners</i>
Barking Junior	1*	1	1	2	1	—	2
Chelmsford Junior	1	1	1	2	1	2	1
Clacton Junior	1*	—	—	1	1	1	1
Colchester Junior	1	—	—	3	—	—	—
Dagenham Junior	1*	1	1	3	1	—	—
Grays Junior	1*	1	1	2	1	—	1
Ilford Junior	1	1	1	2	1	—	—
Ilford Senior	1*	1	—	4†	1	—	—
Loughton Junior	1	1	1	2	1	—	—
Walthamstow Senior	1	—	—	3†	1	—	1
Wanstead Junior	1*	1	1	3	1	—	1

*Holds the diploma of the National Association for Mental Health †Assistant Instructors.

The Council's policy of sending members of the staff on refresher courses from time to time was continued. During 1957, five were sent on such a course organised by the National Association for Mental Health.

An Assistant from Loughton Junior Centre was given 12 months leave of absence to enable her to attend the Association's full-time diploma course which commenced in September, 1957.

ACTIVITIES—By reason of mental defect the ability of the patients in attendance at the Centres is very limited. The curriculum is accordingly framed on simple and elementary lines and initially is directed towards the achievement of clean habits, good manners, physical development.

Grading takes place according to mental ability and attainment. Progress is generally slow and quick results are not to be expected. There is no doubt, however, that the training provided is beneficial both to the patient, who is given an occupation and interest in simple tasks, and also to the parent, who is not only given some relief during the day-time but is also encouraged in consolidating improvements of habit and behaviour developed by the Centre staff. There is an obvious difference in any home between a trained and an untrained patient.

Modern equipment has been introduced into the Centres wherever possible but this has had to be limited at some Centres owing to storage difficulties in rented premises.

Summer outings were arranged at a number of Centres and the patients again appreciated the annual parties which were held shortly before Christmas.

Short-Term Care of Mental Defectives

During the year the County Council continued to arrange for the provision of temporary care for mental defectives whose parents for one reason or another required a brief respite from caring for their children. One hundred and twelve patients have received temporary care in this manner during the year. This number does not include patients placed for temporary care in hospitals by parents or private doctors.

Institutional Accommodation

As reported earlier 125 patients were admitted to hospital during the year but, taking into account the number of patients whose names were added to the waiting list either owing to their changed circumstances or recent ascertainment, the list still contained the names of 305 patients at 31st December, 1957.

The following table shows the number of patients on the waiting list at the end of each year from 1951 onwards and indicates that there have constantly been about 300 names on the list throughout the past seven years.

End of Year	Males		Females		Totals
	Under 16	Over 16	Under 16	Over 16	
1951	64	78	72	55	269
1952	83	80	91	55	309
1953	87	89	80	63	319
1954	111	96	82	68	357
1955	100	73	70	49	292
1956	102	101	53	52	308
1957	129	105	41	30	305

The length of time over which patients have been awaiting admission to hospital is shown below :—

Period	Males		Females		Total
	Under 16	Over 16	Under 16	Over 16	
Up to 1 year	27	28	14	5	117
2 years	23	7	11	3	44
3 years	8	6	2	3	19
4 years	9	5	3	1	18
5 years	4	9	—	1	14
6 years	7	8	5	2	22
7 years and more	11	42	6	15	74
Total	129	105	41	30	305

Care and After Care—General

Owing to the Council's inability, despite repeated advertisements, to recruit psychiatric social workers, community care and after-care services for the mentally ill continued to be undertaken by the duly authorised officers. Visits were paid as required, to assist in overcoming the many social problems that sometimes face a patient when he no longer has the protection of a sympathetic hospital environment and there were many indications that the service was warmly appreciated.

GOODWILL SOCIAL CLUB, ILFORD.—The Goodwill Social Club continued to operate satisfactorily and at the end of the year there were 24 patients on the register, the average weekly attendance being 16. The activities include lectures, film shows, whist drives and quiz games. A very pleasant atmosphere prevails in the Club which is fulfilling a most useful function.

At the suggestion of one of the Psychiatrists at Goodmayes Hospital, arrangements are now made for the admission of day hospital patients to the Club and several attend regularly.

The members of the Club have their own Committee and arrange their own programme of activities. The Club is financially sound and a great interest is taken in it by certain members of the staff and their friends: three of these friends have attended regularly for the past 18 months and have now been appointed Honorary Members. Visits are made periodically by the Supervising Duly Authorised Officer and his Assistant.

Mental Deficiency Acts 1913—1938

Statistics

	Under Age 16		Age 16 and over	
	M	F	M	F
1. <i>Particulars of cases reported during 1957—</i>				
(a) Cases ascertained to be defectives "subject to be dealt with":— Number in which action taken on reports by :—				
(i) Local Education Authorities on children :				
(i) While at school or liable to attend school	50	41	—	—
(ii) On leaving special schools	14	15	—	—
(iii) On leaving ordinary schools	20	15	—	—
(2) Police or by courts	—	—	3	1
(3) Other sources	7	7	5	11
Total	91	78	8	12
(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground	13	4	12	20
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)	3	5	—	—
(d) Cases reported in which action was incomplete at 31st December, 1957 and are thus excluded from (a) or (b)	14	11	—	—
Total of cases reported	121	98	20	32
2. <i>Disposal of cases reported during 1957—</i>				
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1(a)), number :				
(i) Placed under statutory supervision	88	72	3	5
(ii) Placed under guardianship	—	1	—	—
(iii) Taken to "places of safety"	—	—	—	—
(iv) Admitted to hospitals	—	3	5	7
	88	76	8	12
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1(b)), number:				
(i) Placed under voluntary supervision	12	4	9	19
(ii) Action unnecessary	—	—	—	—
	12	4	9	19
(c) Cases reported at 1(a) or (b) above who removed from the Area or died before disposal was arranged	4	2	3	1
Total of cases disposed of	104	82	20	32

	Under Age 16		Aged 16 and over	
	M	F	M	F
3. <i>Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1957 and admitted to:</i>				
(a) National Health Service Hospitals	—	—	—	—
(b) Elsewhere	73	31	6	3
Total	73	31	6	3
4. <i>Total cases on Authority's registers at 31.12.57</i>				
(i) Under statutory supervision	363	257	652	547
(ii) Under guardianship	3	10	26	30
(iii) In "places of safety"	—	—	—	—
(iv) In hospitals	121	102	659	580
Total of 4(i)-(iv) inclusive	487	369	1,337	1,157
(v) Under voluntary supervision	35	17	731	751
Total of cases on register	522	386	2,068	1,908
5. <i>Number of defectives under Guardianship on 31st December, 1957, who were dealt with under the provisions of Section 7 or 9, Mental Deficiency Act 1913 (included in 4 (ii))</i>	—	—	1	1
<i>Classification of defectives in the community on 31.12.57 (according to need at that date)</i>				
(a) <i>Cases included in 4(i)-(iii) in need of hospital care and reported accordingly to the hospital authority :—</i>				
(1) <i>In urgent need of hospital care :—</i>				
(i) "cot and chair" cases	17	8	4	1
(ii) ambulant low grade cases	13	6	4	—
(iii) medium grade cases	20	5	25	3
(iv) high grade cases	—	—	3	2
Total of urgent cases	50	19	36	6
(2) <i>Not in urgent need of hospital care:—</i>				
(i) "cot and chair" cases	14	7	7	4
(ii) ambulant low grade cases	16	2	15	1
(iii) medium grade cases	48	13	37	17
(iv) high grade cases	1	—	10	2
Total of non-urgent cases	79	22	69	24
Total of urgent and non-urgent cases	129	41	105	30

	Under Age 16		Aged 16 and over	
	M	F	M	F
(b) Of the cases included in items 4(i), (ii) and (v), number considered suitable for:—				
(i) occupation centre	283	201	—	231
(ii) industrial centre	—	—	259	—
(iii) home training	—	—	—	—
Total of cases suitable for training:	283	201	259	231
(c) Of the cases included in 6(b), number receiving training on 31.12.57:—				
(i) In occupation centre (including voluntary centres)	219	171	14	125
(ii) In Industrial Centre	22	—	125	—
(iii) From a home teacher in groups	—	—	—	—
(iv) From a home teacher at home (not in groups)	—	—	—	—
Total receiving training	241	171	139	125

APPENDIX

PUBLIC HEALTH SERVICES IN A NEW TOWN*

by

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This outline of public health services in a new town is based on my experience in the New Town of Harlow in Essex.

To understand the problems one meets it is necessary to consider how the town has developed and the type of population found there.

First, I would emphasise the difference between a new town and a housing estate, as these are often confused. In the former, the population is a normally healthy one which has come in the main to work in local industry whereas, in the latter, persons are rehoused from a centre of population for a diversity of reasons mainly on health grounds, and they travel to work daily. Thus, as regards physical and mental health the population of the new town may be regarded as normal whereas that of the large housing estate, at any rate in the London area, is sub-standard.

Further, the population of a new town is a balanced one in that it contains a proportion of the professional classes, e.g. solicitors, architects, etc. These persons live in non-subsidised houses. It is estimated that the proportion of these houses will eventually be in the neighbourhood of 10 per cent. Opportunities are afforded for persons in the upper or middle income groups to purchase houses.

The New Town of Harlow is situated in rural surroundings in Essex—26 miles from London. The first houses were completed about seven years ago, and the present population is around 30,000. It will ultimately expand to 80,000 and it is anticipated that this figure will be reached by 1964.

The aim of the Development Corporation is that the building of houses and factories should run parallel, houses being let to those persons working in the local factories or in the surrounding districts. On no account should Harlow become a dormitory town for London workers.

The population at present is mainly composed of skilled workers mostly below the age of 40. Families have one or more young children and, as will be shown later, a considerable strain is thrown on the child welfare and maternity services. Further, owing to the national housing situation, many families have never before had a home of their own, having previously lived with "in-laws."

In the main, families soon settle down well. The joy of at last having a home of their own is manifest, and they quickly become members of the rapidly expanding community. As is to be expected, there are some who fail to adapt themselves and who return to their previous surroundings, but these become fewer as the town grows and amenities become available.

* Reprinted from "The Medical Press" of March 24th, 1957.

Health Centres

The Harlow Health Centres have been fully described by Stephen Taylor, *et al.** and it is not proposed to give a detailed account here. Thanks to the generosity of the Nuffield Provincial Hospitals Trust, there are now three health centres in the town. These house medical and dental practitioners and local authority clinics—in this respect we are most fortunate as it enables the perfect liaison to take place between the general practitioners and local authority services—thus the general practitioner, the health visitor and the district nurse-midwife meet daily and discuss mutual problems. The Nuffield Trust are planning to build three more health centres similar to those outlined above, also two industrial health centres and a diagnostic treatment centre.

The Care of Young Children

Two health visitors are based on each of the larger health centres. Their case loads are arranged, as far as possible, so that health visitors working from a particular centre are responsible for those families who are on the lists of the practitioners attached to that centre. The infant welfare sessions are held at the health centre and are attended by one or more of the practitioners normally working there. This brings the practitioner into the local authority service. He receives a sessional fee and is thus enabled to practice both curative and preventive medicine. Each health visitor is at the health centre from 9 to 10 a.m. each day and mothers are encouraged to call or telephone her between these hours if they wish advice on any matters. Thus, they need not wait for the normal welfare sessions, but may obtain immediate help. Also, when a practitioner is confronted with any problem of child health, such as feeding difficulty, he can at once refer the case to the health visitor. Health visitors are in short supply and carry heavy case loads. Consequently, only selective home visiting is possible but, owing to the pleasant atmosphere and surroundings of the centre, mothers enjoy their visits there, and many attend for advice which would normally be given in their homes. All this contrasts most favourably with the gloomy atmosphere which one finds throughout the country at many infant welfare centres which are of necessity held in unsuitable surroundings, e.g. church and village halls.

The Work of the Health Visitor

Social problems confronting the New Town Health Visitor are in the main those which one would expect to find in any new community. Many of the families arriving are having a home of their own for the first time and advice must be given on how to balance the budget. Most articles of furniture are bought on hire purchase, and the competitive element is strong. In this connection, it is of interest to note that the development corporation have installed a scheme whereby money can be lent for the purchase of household items. Almost all houses have television which forms an added financial burden. There are many young children in the town as, on arrival, the family is usually either started or increased.

*"Lancet," October 22nd, 1955.

The number of families which could be described as "problem families" is happily small. Nevertheless, they do exist and the aim of the public health service is to tackle these families in the early stages of their distress with a view to the prevention of an ultimate breakdown. This can only be done by team work and, at the time of writing, a committee is being formed, composed of the medical officer of health, health visitors, housing manager, education officer, legal advice officer, N.S.P.C.C. representative, representatives of voluntary organisations, etc. This committee will be led by the medical officer of health and will have power to co-opt. These families are found mostly among the unskilled workers, these latter forming a minority of the population.

Reference has been made to financial problems in Harlow, and the difficulties arising therefrom. One result of this is that women, often having young children, are tempted to seek employment, and there are many factories anxious to obtain female labour. Consequently, there is a demand for the local health authority to establish at least one day nursery. On investigation, however, it is found that there are very few children who could be regarded as priority cases for admission to a nursery, i.e. children whose mothers must, of necessity, work, being the sole support of the family. It is strongly felt that, wherever possible, a mother with children under school age should be encouraged to remain at home, also that those mothers whose children are attending school, if they must work, should do so part-time only, thus enabling them to get home in time to receive their children who have returned from school. For these reasons the establishment of a day nursery is not considered justifiable. There are, however, two privately-run nurseries, each taking about 20 children. These nurseries are inspected regularly by the district health visitor. For the priority cases referred to above, a limited number of child minders are available; if three or more children are cared for, these persons must be registered with the local authority and their premises periodically inspected.

A most important branch of the health visitor's work is concerned with ante-natal care. She attends ante-natal clinic in an advisory capacity as well as conducting special classes in relaxation for small groups of women. These latter usually number 6 to 8, and form a most useful medium for health propaganda, talks being given on various subjects, e.g. breast feeding, preparation of a layette, hygiene in the home, etc. It is interesting to note that these small groups, often composed of persons differing in social class, tend to continue to meet in one another's homes, and that by this means friendships are being formed. In fact, it can be said that the health centre, with its very informal atmosphere, being a meeting place for expectant mothers and mothers with young children, fulfils a most important social function in virtue of its bringing together strangers in a new community.

Each health visitor is also a school nurse, and thus is enabled to exercise continued supervision throughout child life. Also her scope has now been widened so that she gives advice on medical and social problems to all members of the family. Her liaison with the general practitioner is at all times a very close one.

Midwifery Service

Owing to the age distribution of the population in the New Town, to which reference has already been made, the proportion of births is a high one. Generally, it can be said that first confinements take place in hospital, and subsequent births in the home. Due mainly to the lesser cost of hospital confinement, many women make application for this even though home circumstances are entirely suitable for domiciliary birth. In these cases, the hospital calls for a report which is given by the health visitor, and which takes into account all prevailing circumstances, environmental and domestic. The hospital then decides whether to admit the case.

Ante-natal clinics for both hospital and domiciliary cases are conducted at the health centres, the practitioner and the midwife working in close liaison. So that the midwife may have an opportunity of examining her cases fully, certain sessions are held at which the midwife only is in attendance.

It is being observed that, in a newly developing area of the town, the number of maternity cases rapidly rises until a peak is reached. After the area has been populated for 4 to 5 years the rate of births tend to fall, this being the case in that part of the town which was initially developed.

The Family Planning Association has opened two clinics which, although not sponsored by the local health authority, are located in the health centres. These are proving most popular and are rendering a very necessary service.

Home Nursing

An innovation in the home nursing service is the provision in each health centre of a district nurse's room. Here the nurse attends each morning for 1 to 1½ hours. Patients may thus be referred to the nurse direct from the practitioner's surgery. Also patients attend for injections which would otherwise have to be given at home. Further, the presence of the nurse at the health centre gives the practitioners an opportunity for discussing with her the cases which she will be visiting during the day.

As, at present, there are few old people in the town, the home nurse is mainly employed with the administration of injections of insulin and penicillin. However, an increasing number of persons are providing a home for aged parents with consequent demands on the service for the attention required by the elderly.

Domestic Help Service

The domestic help service is concerned mainly with maternity cases. Help is also being given to a few elderly persons, and to some cases of tuberculosis. There is some difficulty in recruiting women for maternity work as, of necessity, this must usually be full-time. A number of part-time home helps who reside in the town are working in the adjacent rural areas.

School Health Service

It is, in the main, in his capacity as school medical officer that the medical officer of the local health authority plays his part in the personal health service of the new town. In Harlow, the medical officer of health to the urban district council is also the school medical officer for that area.

In addition to his work in carrying out routine medical inspections in the schools, he attends at a minor ailment clinic which is held in one of the health centres. In this connection, it is of interest to note that the term "minor ailment clinic," which has been a part of the school health service nomenclature for many years, has now become a misnomer as, under the National Health Services, almost all ailments are treated by general practitioners. Whereas formerly impetigo, bruises, cuts, etc., were treated at these clinics, the majority of children now attending are brought by parents to consult the medical officer on matters which are connected with the child's schooling, e.g. defective speech, psychological disturbances, orthopaedic defects which might interfere with physical training, etc. The clinics are also used for periodic assessment of physically and mentally handicapped children. By his attendance at these clinics, the school medical officer is enabled to make contact with the practitioner working at the centre.

There is a large demand for speech therapy in the New Town, and a speech therapist is in regular attendance at one of the health centres.

At present, it is not possible to provide a child guidance service in the town itself, and children must, of necessity, travel a considerable distance to the nearest centre in order to obtain treatment. However, plans are being made for the provision of this service which will be located in one of the health centres to be built in the future. In the meantime, an educational psychologist visits the schools and is available to advise regarding children referred by medical practitioners or head teachers.

Ophthalmic, orthoptic and physiotherapy services, which are now provided by the Regional Hospital Board, are well attended, and, with the increasing population, it is frequently necessary to arrange for additional sessions to be held.

The school medical officer is in close touch with the local chest physician in respect of all cases referred to the chest clinics and B.C.G. inoculation is available for those children who are in their penultimate school year.

Dental Services for Priority Classes

Two surgeries for local authority dentistry, i.e. school children, children under school age, and expectant mothers, are provided at one of the health centres. Owing to the general shortage of dentists for this type of work, it has only just been possible to establish this service.

A regular inspection of the teeth of school children is now being arranged, and it is hoped that the staffing situation will permit the expansion of conservative dentistry for these groups.

Industrial Health

As stated earlier in this article, the Nuffield Foundation Trust is proposing to build a permanent health centre for industrial health. Pending this provision, The Harlow Industrial Health Service, Ltd., has been formed under the medical directorship of Dr. Stephen Taylor. On November 1, 1955, this service commenced to operate in temporary premises consisting of huttred accommodation.

This service provides emergency medical cover throughout the 24 hours and at week-ends. Anyone working on the industrial estate needing medical or surgical treatment or advice may attend the industrial health centre. At present there are 95 factories operating on the estate. A nursing sister makes a daily round of the estate, visiting factories where she is needed. She deals with patients needing dressings or suffering from minor ailments which are non-urgent. A doctor is available every morning and afternoon at the centre and, in emergency, whenever necessary. A daily round of the estate is made by a doctor visiting factories as required. The doctors working in the Industrial Health Service are themselves family doctors. They work in close co-operation. Medical examinations of entrants to industry and of entrants to firms' pension schemes are carried out at the industrial health centre. All records and results of medical examination are regarded as strictly confidential and no information is given to a third party without the employee's consent.

The appointed factory doctor for Harlow is also the senior visiting medical officer to the Harlow Industrial Health Service.

The Harlow Industrial Health Service, Ltd., is incorporated under the Companies' Act, 1948.

Environmental Health

The Work of the Public Health Inspector in the New Town.

In April, 1955, the Harlow Urban District Council was formed and Harlow became its own sanitary authority. Previously, the sanitary services in the area were controlled by the Epping Rural District Council.

One of the earliest problems was concerned with the siting of caravans. There are many caravan dwellers who follow building contractors, and it was necessary to obtain agreement with these contractors on the siting of caravans so that no nuisance was caused.

Another problem is that of canteens on building sites. These are mobile canteens. They must be properly placed as regards drainage, etc., and adequate arrangements made for disposal of waste water and swill.

Temporary conservancy arrangements for the many hundreds of labourers have to be supervised to ensure that no nuisance is being caused.

The requirements of the new Food Hygiene Regulations were anticipated in the early stages of development and, in consequence, all the new shops in the area have been built in such a way that, generally, the whole of the requirements of the Food Regulations have been complied with. Therefore, it could well be

that the new town reflects a very high standard of hygienic practice in connection with the distribution of food; not only were shops and the catering establishments dealt with but also factory and site canteens and itinerants serving building operatives in the New Town.

With regard to factory development, it has been the practice in the initial stages for a conference to be held when industrialists, factory inspectors, fire-prevention officers, the developers and public health inspectors were required to submit their requirements; these were subsequently collated and put in report form; thereby, the developers and the industrialists were in a position to incorporate in their final plans the whole of these requirements, thus obviating the necessity for major alterations to be made on inspection by any of the local authorities whose duty it is to enforce the various statutes.

Similar action is taken in respect of shop requirements in connection with the developers and the architects employed by the various firms.

With regard to the housing of the people, no serious complaints have been received relating to the structures. There has, however, been a number of complaints relating to condensation but it is felt that these complaints will cease when the new properties are properly aired out and internal temperatures are such as to obviate unreasonable condensation.

Conclusion

An outline has been given of the public health services which are in operation in the New Town of Harlow. Emphasis must be made of the strong spirit of team work which exists and by means of which many small difficulties have been easily overcome.

The general standard of health in the town is high. This is particularly evident in the school children and children under five.

My thanks are due to Dr. Stephen Taylor for his kind permission to include the section on industrial health, and to Mr. H. J. Heeley, chief public health inspector to the Harlow Urban District Council, for information supplied in the section dealing with environmental health.

TABLE I—BIRTHS, DEATHS, ANNUAL RATES, ETC., 1957

Health Area and County District	Estimated Population		Migration	Live Births		Still Births		Infant Deaths		Deaths at all Ages					
	1956	1957		No.	Rate*(1956)	No.	Rate†(1956)	No.	Rate‡(1956)	No.	Rate*(1956)				
Colchester B.	61,880	63,380	+1,222	1,008	15.9	24	23.3	15	14.9	730	11.5				
Harwich B.	15,090	13,760	-1,389	215	15.6	6	27.1	6	27.9	156	11.3				
Brightlingsea U.	4,600	4,630	+ 27	55	11.9	3	51.7	—	—	52	11.2				
Clacton U.	24,670	24,890	+ 364	240	9.6	9	36.1	—	—	384	11.4				
Frinton & Walton U.	8,580	8,640	+ 106	75	8.7	1	13.3	3	40.0	121	14.0				
Halstead U.	6,340	6,360	- 9	104	16.4	1	9.5	3	28.8	75	11.8				
West Mersea U.	3,060	3,070	+ 18	40	13.0	1	24.4	1	25.0	48	15.6				
Wivenhoe U.	2,550	2,580	+ 26	38	14.7	—	—	1	26.3	34	13.2				
Halstead R.	16,550	16,380	- 162	217	13.2	8	35.6	3	13.8	225	13.7				
Lexden & Winstree R.	22,320	22,190	- 70	279	12.6	8	29.0	4	14.3	339	15.3				
Tendring R.	24,560	24,730	+ 218	321	13.0	3	9.3	2	6.2	369	14.9				
1. North-East Essex	190,200	190,610	+ 351	2,592	13.6	13.7	64	24.1	19.2	38	14.7	18.1	2,533	13.3	13.7
Chelmsford B.	41,420	42,260	+ 503	749	17.7	14	18.3	12	16.0	412	9.7				
Maldon B.	9,820	9,910	+ 70	150	15.1	5	32.3	5	33.3	130	13.1				
Saffron Walden B.	7,430	7,430	+ 101	114	15.3	3	25.6	3	26.3	125	16.8				
Braintree & Bocking U.	18,250	18,490	+ 124	335	18.1	7	20.9	11	32.8	219	11.8				
Burnham-on-Crouch U.	3,840	3,860	+ 10	60	15.5	1	16.4	1	16.7	50	13.0				
Witham U.	8,840	8,840	- 46	149	16.9	3	19.7	1	6.8	103	11.7				
Braintree R.	20,150	20,260	+ 12	346	17.1	5	14.2	10	28.9	248	12.2				
Chelmsford R.	41,090	41,970	+ 665	738	17.6	7	9.4	15	20.3	523	12.5				
Dunmow R.	19,610	19,840	+ 90	356	17.9	4	11.1	5	14.0	216	10.9				
Maldon R.	15,050	15,230	+ 170	212	13.9	4	18.5	5	23.6	202	13.3				
Saffron Walden R.	18,540	18,550	- 95	286	15.4	3	10.4	6	21.0	181	9.8				
Epping & Ongar R. (East)	16,640	16,650	Total figures for Epping and Ongar R. given below.												
2. Mid-Essex	220,590	223,290	+1,604	3,495	17.2	16.2	56	15.8	17.2	74	21.2	23.5	2,409	10.8	11.6
Basildon U.	59,560	65,960	+5,424	1,558	23.6	41	25.6	38	24.4	582	8.8				
Benfleet U.	23,250	24,970	+1,594	423	16.9	7	16.3	7	16.5	297	11.9				
Canvey Island U.	12,190	12,330	+ 87	188	15.2	—	—	2	10.6	135	10.9				
Rayleigh U.	13,220	14,830	+1,530	256	17.3	7	26.6	3	11.7	176	11.9				
Rochford R.	22,650	23,850	+1,130	364	15.3	7	18.9	4	11.0	294	12.3				
3. South-East Essex	130,870	141,940	+9,765	2,789	19.6	18.2	62	21.7	17.7	54	19.4	21.8	1,484	10.5	11.6
Brentwood U.	41,030	42,330	+1,052	661	15.6	21	30.8	8	12.1	413	9.8				
Hornchurch U.	113,600	117,400	+2,982	2,121	18.1	41	19.0	40	18.9	1,303	11.1				
Thurrock U.	101,400	104,200	+1,837	1,798	17.3	46	24.9	46	25.6	835	8.0				
4. South Essex	256,030	263,930	+5,871	4,580	17.4	17.4	108	23.0	17.0	94	20.5	23.1	2,551	9.7	10.2
Chingford B.	46,840	46,450	- 516	523	11.3	9	16.9	8	15.3	397	8.5				
Wanstead & Woodford B.	61,130	60,970	- 213	713	11.7	17	23.3	19	26.6	660	10.8				
Chigwell U.	59,740	60,420	+ 332	766	12.7	9	11.6	19	24.8	418	6.9				
Epping U.	7,940	8,290	+ 286	147	17.7	5	32.9	5	34.0	83	10.0				
Harlow U.	29,830	35,690	+4,862	1,152	32.3	31	26.2	26	22.6	154	4.3				
Waltham Holy Cross U.	10,030	10,520	+ 344	219	20.8	5	22.3	1	4.6	73	6.9				
Epping & Ongar R. (West)	15,640	16,650	Total figures for Epping and Ongar R. given below.												
5. Forest	231,150	238,990	+5,095	3,520	15.8	15.1	76	21.1	19.8	78	22.2	18.1	1,785	7.5	8.4
Epping & Ongar R.	32,280	33,300	+ 746	580	17.4	17.9	13	21.9	22.0	11	19.0	7.0	306	9.2	9.7
6. Romford B.	110,100	111,800	+ 432	1,977	17.7	17.3	39	19.3	25.1	36	18.2	22.1	709	6.3	6.5
7. Barking B.	75,560	75,070	- 782	916	12.2	12.2	18	19.3	24.4	17	18.6	19.6	624	8.3	8.6
8. Dagenham B.	115,100	114,400	-1,338	1,432	12.5	13.8	33	22.5	21.6	24	16.8	20.9	794	6.9	7.2
9. Ilford B.	180,600	179,600	-1,055	2,219	12.4	11.7	41	18.1	19.9	38	17.1	15.6	2,164	12.0	11.5
10. Leyton B.	100,900	99,670	-1,162	1,160	11.6	11.7	26	21.9	20.7	17	14.7	22.8	1,228	12.3	12.8
11. Walthamstow B.	116,700	115,300	-1,401	1,325	11.5	11.9	36	26.5	17.7	32	24.2	18.7	1,324	11.5	10.2
Administrative County	1,727,800	1,754,600	+18,126	26,585	15.2		572	21.1		513	19.3		17,911		
Administrative County 1956	1,727,800		+15,954	25,668	14.8		507	19.4		522	20.3		18,022		10.4

* Per 1,000 estimated population.

† Per 1,000 total births.

‡ Per 1,000 live births.

TABLE II—CAUSES OF DEATH BY AGE 1957

	Male									Female								
	0—	1—	5—	15—	25—	45—	65—	75+	Total	0—	1—	5—	15—	25—	45—	65—	75+	Total
1. Tuberculosis—respiratory	—	—	—	—	17	46	21	12	96	—	—	—	1	19	9	4	5	38
2. Tuberculosis—other	1	—	—	—	1	2	2	1	7	1	—	—	—	—	2	4	—	7
3. Syphilitic disease	—	—	—	—	2	8	11	10	31	—	—	—	—	2	3	4	4	13
4. Diphtheria	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2
5. Whooping cough	—	3	—	—	—	—	—	—	3	—	—	—	1	—	—	—	—	1
6. Meningococcal infections	—	—	1	2	3	1	—	—	7	—	1	1	2	—	—	—	—	4
7. Acute poliomyelitis	—	2	—	—	—	—	—	—	2	—	—	1	—	—	—	—	—	1
8. Measles	—	1	3	—	2	12	2	2	22	—	—	1	1	1	6	2	2	13
9. Other infective and parasitic diseases	—	—	—	—	9	90	112	69	280	—	—	—	—	4	48	64	74	190
10. Malignant neoplasm, stomach	—	—	—	—	19	361	204	77	661	—	—	—	—	8	59	38	22	127
11. Malignant neoplasm, lung and bronchus	—	—	—	—	—	1	1	2	4	—	—	—	1	34	167	78	71	351
12. Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—	—	—	11	48	30	24	113
13. Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Other malignant and lymphatic neoplasms	1	3	3	9	45	223	283	310	877	1	3	5	3	66	287	231	261	857
15. Leukaemia and aleukaemia	—	4	3	3	6	12	10	7	45	—	3	2	—	8	17	7	4	41
16. Diabetes	—	—	—	1	3	7	6	11	28	—	—	—	1	1	13	22	37	74
17. Vascular lesions of nervous system	—	—	—	2	21	201	306	453	983	—	—	—	1	15	221	373	789	1,399
18. Coronary disease, angina	—	—	—	1	47	623	589	477	1,737	—	—	—	—	7	164	371	515	1,057
19. Hypertension with heart disease	—	—	—	—	1	39	47	65	152	—	—	—	—	1	23	55	134	213
20. Other heart disease	—	—	—	2	25	166	234	633	1,060	1	—	1	4	31	154	243	1,045	1,479
21. Other circulatory disease	—	—	—	1	7	63	111	170	352	—	—	—	1	13	55	108	239	416
22. Influenza	—	1	2	9	5	30	24	33	104	1	2	5	8	6	37	26	37	122
23. Pneumonia	42	8	2	2	5	83	120	217	479	22	9	4	2	9	46	86	270	448
24. Bronchitis	4	1	2	—	8	202	224	236	677	2	—	1	1	2	26	66	135	233
25. Other diseases of respiratory system	2	2	5	2	3	37	38	16	105	—	—	2	—	3	15	12	18	50
26. Ulcer of stomach and duodenum	—	—	—	—	3	40	31	45	119	—	—	—	—	3	8	16	30	57
27. Gastritis, enteritis and diarrhoea	3	4	—	—	1	11	6	11	36	1	—	—	1	5	11	10	20	48
28. Nephritis and nephrosis	—	—	4	1	11	32	17	12	77	—	1	1	5	8	14	18	11	58
29. Hyperplasia of prostate	—	—	—	—	—	7	32	79	118	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	9	—	—	—	9
31. Congenital malformations	51	8	7	5	4	7	4	2	88	55	5	8	—	5	17	1	4	95
32. Other defined and ill-defined diseases	192	10	14	11	43	124	119	227	740	122	10	6	6	46	144	135	377	846
33. Motor vehicle accidents	—	3	13	26	31	28	9	7	117	—	2	3	2	3	15	11	10	46
34. All other accidents	5	8	8	16	34	46	16	49	182	3	7	1	—	3	14	16	86	130
35. Suicide	—	—	1	4	16	43	18	10	92	—	—	—	2	18	36	17	9	82
36. Homicide and operations of war	—	2	1	—	—	2	—	—	5	1	1	—	—	3	—	—	—	5
All causes	301	60	69	97	372	2,547	2,597	3,243	9,286	212	44	42	43	344	1,659	2,048	4,233	8,625
All causes 1956	287	45	68	85	403	2,503	2,532	3,344	9,267	235	40	34	37	318	1,545	2,094	4,452	8,755

TABLE III—CAUSES OF DEATH BY HEALTH AREAS AND COUNTY DISTRICTS, 1957

Health Area and County District	Tuberculosis respiratory	Tuberculosis other	Syphilitic disease	Acute poliomyelitis	Other infective and parasitic diseases	Malignant neo-plasm, stomach	Malignant neo-plasm, bronchus	Malignant neo-plasm, breast	Malignant neo-plasm, uterus	Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease angina	Other heart and circulatory diseases	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	Motor vehicle accidents	Suicide	Other diseases* and accidents	All Causes	
Colchester B.	4	—	—	—	3	8	23	11	3	70	2	5	94	125	184	11	22	24	2	5	2	9	9	—	11	4	7	89	730	
Harwich B.	—	—	2	—	1	6	11	6	3	14	2	—	23	24	31	—	1	1	1	—	—	—	—	—	—	1	1	23	156	
Brightlingsea U.	1	—	—	—	—	—	3	—	—	—	—	—	14	8	14	1	1	3	—	—	—	—	—	—	—	—	—	2	52	
Clacton U.	3	—	1	—	1	11	11	9	2	42	2	2	67	76	78	3	6	14	2	4	—	—	—	—	—	—	—	40	384	
Frinton and Walton U.	—	—	—	—	—	8	3	3	1	14	—	—	24	15	22	1	3	3	—	—	—	—	—	—	—	—	2	19	121	
Halstead U.	—	—	—	—	1	1	2	4	—	6	—	—	14	10	9	2	3	1	1	2	1	2	—	—	—	—	1	11	75	
West Mersea U.	—	—	—	—	—	4	4	—	—	—	3	2	1	6	10	9	—	2	2	—	—	—	—	—	—	—	—	1	48	
Wivenhoe U.	—	—	1	—	—	1	—	—	—	1	—	—	8	4	6	—	—	1	2	1	—	—	—	—	—	—	—	8	34	
Halstead R.	—	—	—	—	—	5	5	5	3	19	2	—	48	39	48	1	10	6	2	3	2	4	—	—	—	—	3	15	225	
Lexden and Winstree R.	3	—	1	—	2	10	5	5	2	28	2	3	35	56	61	5	15	14	3	3	1	2	—	—	—	—	7	68	339	
Tendring R.	3	1	—	—	7	8	8	5	2	36	—	4	113	45	78	5	9	5	1	1	2	2	—	1	5	5	4	27	369	
1. North-East Essex	15	1	6	2	8	61	75	49	16	236	12	19	446	412	540	30	70	74	16	20	9	22	18	1	24	27	21	303	2,533	
Chelmsford B.	1	—	—	1	—	4	13	14	4	36	2	—	52	68	88	6	28	17	3	7	5	1	2	—	7	5	7	41	412	
Maldon B.	—	1	—	—	—	4	6	2	—	—	—	—	22	26	31	2	3	6	1	2	1	—	—	1	—	—	3	9	130	
Saffron Walden B.	—	—	—	—	—	2	5	1	—	10	—	—	13	9	33	1	8	4	1	1	3	2	1	—	—	—	2	20	125	
Braintree & Bocking U.	1	—	—	—	—	5	10	3	1	21	1	2	32	23	37	8	10	6	1	3	—	—	—	—	4	2	2	48	219	
Burnham-on-Crouch U.	—	—	—	—	—	1	4	—	—	4	—	—	7	12	7	—	1	2	—	—	—	—	—	—	—	—	—	10	50	
Witham U.	—	—	—	—	—	1	3	2	—	12	1	—	5	9	30	2	6	2	5	1	2	1	—	—	—	—	—	3	15	103
Braintree R.	1	—	—	—	1	5	9	3	4	27	1	1	44	39	45	6	9	6	2	3	—	—	—	—	3	1	1	35	248	
Chelmsford R.	4	1	—	—	2	11	14	9	—	57	1	5	61	76	110	7	47	21	5	6	3	1	2	1	5	2	6	66	523	
Dunmow R.	—	—	—	1	1	4	9	3	4	24	1	2	30	49	29	3	6	7	—	2	2	—	4	—	1	4	3	27	216	
Maldon R.	—	—	1	—	—	6	6	3	1	26	—	1	33	23	48	7	8	1	—	2	2	1	1	—	2	2	1	27	202	
Saffron Walden R.	—	1	—	—	1	3	2	8	1	17	—	1	17	34	34	4	10	7	1	2	1	2	1	—	2	3	—	29	181	
2. Mid-Essex	7	3	1	2	6	46	81	48	20	240	7	14	316	368	492	46	136	79	19	29	19	9	14	2	27	22	29	327	2,409	
Basildon U.	7	—	1	—	—	27	30	5	—	50	6	3	60	107	92	11	35	39	1	9	1	4	3	—	5	7	4	75	582	
Benfleet U.	3	1	1	—	—	1	5	3	1	34	1	1	51	53	55	3	15	14	4	—	1	—	—	—	1	—	2	32	297	
Canvey Island U.	1	—	—	—	—	7	5	4	—	14	2	—	18	38	21	3	7	2	2	—	—	—	—	—	—	—	1	1	8	135
Rayleigh U.	—	—	—	—	—	2	4	4	1	17	—	1	27	28	46	—	10	12	3	1	1	1	—	—	—	—	2	15	176	
Rochford R.	1	—	—	—	—	11	8	2	4	30	1	1	48	55	66	2	12	10	6	—	1	4	1	—	2	3	3	23	294	
3. South-East Essex	12	1	2	—	1	52	60	18	6	145	10	6	204	281	280	19	79	77	16	10	4	9	7	—	9	11	12	153	1,484	
Brentwood U.	1	1	—	—	—	9	16	6	5	35	2	5	54	41	101	5	46	19	5	2	1	4	4	—	4	3	5	39	413	
Hornchurch U.	2	1	4	2	1	35	54	22	10	127	5	11	169	170	342	8	65	79	9	6	4	11	5	—	18	10	14	119	1,303	
Thurrock U.	12	2	2	1	2	20	32	14	1	72	5	4	101	148	142	12	55	47	4	5	3	10	6	—	15	10	8	102	835	
4. South Essex	15	4	6	3	3	64	102	42	16	234	12	20	324	359	585	25	166	145	18	13	8	25	15	—	37	23	27	260	2,551	
Chingford B.	5	—	—	1	—	6	28	13	2	46	1	1	48	62	92	1	14	26	6	4	2	1	1	—	3	—	2	32	397	
Wanstead and Woodford B.	2	1	3	—	—	16	29	8	—	66	1	1	104	87	154	9	28	39	3	13	5	4	6	1	6	6	6	62	660	
Chigwell U.	8	—	—	—	1	8	27	7	1	45	3	—	61	71	57	4	20	20	3	7	—	4	4	—	8	7	6	46	418	
Epping U.	—	—	1	—	—	2	3	1	7	—	—	—	12	20	14	—	6	—	1	2	1	—	—	1	1	2	1	9	83	
Harlow U.	3	—	—	1	1	1	5	7	1	12	3	1	18	20	16	2	8	6	5	1	—	1	—	10	2	2	28	154		
Waltham Holy Cross U.	3	—	—	—	—	4	3	1	—	7	—	—	9	12	14	—	6	1	—	1	—	—	—	—	2	—	—	9	73	
5. Forest	21	1	4	2	2	35	94	39	5	183	8	3	252	272	347	16	82	92	18	28	7	10	12	2	28	19	17	186	1,785	
Epping & Ongar R.	2	—	1	—	1	7	5	4	1	46	1	3	53	38	62	7	14	13	2	1	1	1	4	—	4	3	2	30	306	
6. Romford B.	9	1	4	—	3	17	44	13	7	74	5	3	91	105	118	4	40	42	7	4	4	10	8	1	10	5	3	77	709	
7. Barking B.	4	—	1	—	1	28	55	15	2	81	3	4	57	105	92	12	27	34	6	9	2	8	5	1	5	7	6	54	624	
8. Dagenham B.	8	—	1	1	2	28	44	30	11	72	7	10	62	122	137	6	42	75	11	9	8	5	3	—	5	12	3	80	794	
9. Ilford B.	12	1	6	1	4	51	102	40	13	186	11	4	272	371	500	31	85	119	18	18	9	19	12	2	14	15	22	226	2,164	
10. Leyton B.	17	1	4	—	1	32	50	20	5	108	4	5	147	181	279	9	87	85	13	20	9	8	10	—	6	8	14	105	1,228	
11. Walthamstow B.	12	1	7	1	3	49	76	37	11	129	6	11	158	180	240	21	99	75	11	15	4	9	10	—	14	11	18	116	1,324	
Administrative County	134	14	44	11	35	470	788	355	113	1,734	86	102	2,382	2,794	3,672	226	927	910	155	176	84	135	118	9	183	163	174	1,917	17,911	
Administrative County 1956	126	15	49	6	30	492	755	338	119	1,631	106	126	2,460	2,653	3,929	97	868	1,051	156	221	72	144	110	12	164	167	214	1,911	18,022	

* Including Diphtheria—Nil. Whooping Cough 2. Meningococcal Infections 4. Measles 3. Homicide and Operations of War 10.

TABLE IV—NOTIFICATIONS OF INFECTIOUS DISEASE, 1957

Health Area and County District	Scarlet fever	Whooping cough	Measles	Acute pneumonia	Tuberculosis respiratory	Tuberculosis meningitis and C.N.S.	Tuberculosis other	Meningococcal infection	Acute poliomyelitis (paralytic)	Acute poliomyelitis (non-paralytic)	Dysentery	Ophthalmia neonatorum	Puerperal pyrexia	Para-typoid fevers	Erysipelas	Food poisoning	Infective hepatitis	Others †	Total
Colchester B.	12	81	573	58	32	2	5	1	54	19	9	—	21	1	5	7	15	2	897
Harwich B.	1	39	265	4	4	—	1	1	1	—	1	—	2	—	—	7	2	—	328
Brightlingsea U.	2	2	11	—	1	—	1	—	24	19	—	—	2	—	—	—	1	—	63
Clacton U.	3	12	144	1	10	—	1	—	3	7	—	1	—	—	—	3	—	—	185
Frinton & Walton U.	1	22	113	1	3	—	1	—	—	—	—	—	—	—	—	—	—	—	141
Halstead U.	—	25	54	—	2	—	—	—	2	—	—	—	—	—	—	—	1	—	84
West Mersea U.	—	9	109	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	121
Wivenhoe U.	1	4	11	1	2	—	—	—	5	1	—	—	—	—	—	—	—	—	25
Halstead R.	—	4	112	1	9	—	—	—	2	2	—	—	—	—	—	—	12	—	142
Lexden & Winstree R.	7	43	434	17	8	—	—	—	7	4	2	—	—	—	4	1	2	—	529
Tendring R.	17	72	531	5	5	—	5	—	8	8	7	—	3	—	3	1	17	—	682
1. North-East Essex	44	313	2,357	88	76	2	14	2	106	60	22	1	28	1	12	19	50	2	3,197
Chelmsford B.	30	121	298	8	10	—	—	—	3	1	1	—	2	—	—	2	1	—	477
Maldon B.	—	123	42	10	4	—	1	—	3	—	—	—	2	—	—	—	—	—	185
Saffron Walden B.	—	7	213	5	4	—	3	—	1	—	4	—	—	—	4	—	—	—	241
Braintree & Bocking U.	3	50	947	2	13	—	1	—	1	1	—	—	—	—	1	1	—	—	1,020
Burnham-on-Crouch U.	—	51	74	5	2	—	1	—	—	—	—	—	—	—	2	—	2	—	137
Witham U.	4	6	95	6	2	—	—	—	1	1	—	—	—	—	—	1	—	—	116
Braintree R.	1	22	397	3	11	—	—	—	2	—	1	—	6	—	—	—	—	—	443
Chelmsford R.	15	59	591	11	13	—	2	—	5	7	—	—	5	—	—	2	2	—	712
Dunmow R.	7	25	285	22	6	—	1	1	3	2	1	—	—	—	—	2	—	—	355
Maldon R.	14	58	152	6	2	—	1	—	2	1	—	—	—	—	—	—	5	—	241
Saffron Walden R.	9	63	338	18	8	—	—	2	1	1	1	—	1	—	1	5	—	—	448
2. Mid-Essex	83	585	3,432	96	75	—	10	3	22	14	8	—	16	—	8	13	10	—	4,375
Basildon U.	73	350	1,244	21	36	1	5	—	2	1	14	—	54	—	—	1	—	—	1,802
Benfleet U.	13	61	208	3	11	—	4	2	1	4	1	—	3	—	3	1	—	—	315
Canvey Island U.	10	26	73	17	7	—	1	—	2	3	—	—	—	—	—	—	—	—	139
Rayleigh U.	5	9	105	9	6	—	—	—	—	—	—	—	—	—	4	—	1	—	139
Rochford U.	7	36	268	1	8	—	—	—	—	2	—	—	79	—	1	—	2	—	404
3. South-East Essex	108	482	1,898	51	68	1	10	2	5	10	15	—	136	—	8	2	3	—	2,799
Brentwood U.	29	88	1,143	47	29	1	—	—	2	2	75	—	4	—	3	1	1	—	1,425
Hornchurch U.	197	157	1,686	57	56	1	9	—	8	9	26	4	2	—	9	19	33	1	2,274
Thurrock U.	54	148	2,254	125	57	—	10	—	6	6	103	—	24	—	6	78	—	—	2,871
4. South Essex	280	393	5,083	229	142	2	19	—	16	17	204	4	30	—	18	98	34	1	6,570
Chingford B.	54	52	870	26	32	—	3	—	3	—	—	—	—	—	5	7	*	—	1,052
Wanstead & Woodford B.	30	164	448	8	25	—	2	—	3	3	—	—	38	—	2	3	*	1	727
Chigwell U.	51	40	1,040	34	33	—	4	1	2	2	40	—	1	—	3	10	*	1	1,262
Epping U.	4	1	165	1	1	—	1	—	—	—	—	3	11	—	1	—	—	—	188
Harlow U.	28	120	1,321	14	19	—	4	1	24	10	20	—	2	—	2	12	46	2	1,625
Waltham Holy Cross U.	2	7	209	4	9	—	1	—	1	1	1	—	1	—	—	2	*	—	238
5. Forest	169	384	4,053	87	119	—	15	2	33	16	61	3	53	—	13	34	46	4	5,092
Epping & Ongar R.	9	11	404	9	18	—	5	—	4	2	3	—	—	—	5	6	6	—	482
6. Romford B.	151	131	1,880	43	61	1	4	5	1	5	24	—	7	—	14	28	*	1	2,356
7. Barking B.	50	217	1,113	146	28	—	7	3	1	4	9	2	10	—	4	14	*	12	1,620
8. Dagenham B.	132	258	1,292	78	52	—	7	2	6	5	15	1	3	—	9	51	*	2	1,913
9. Ilford B.	245	272	1,978	150	124	1	9	1	14	3	100	6	61	—	33	22	*	10	3,029
10. Leyton B.	60	159	1,033	223	51	1	8	1	11	8	6	3	13	1	17	29	*	1	1,625
11. Walthamstow B.	89	218	1,416	62	70	1	8	1	17	4	13	—	58	—	10	39	*	1	2,007
Administrative County	1,420	3,423	25,939	1,262	884	9	116	22	236	148	480	20	415	2	151	355	149	34	35,065
Administrative County 1956	1,265	4,993	7,241	868	885	9	95	37	50	45	1,314	40	451	53	201	607	99	36	18,289

* Infective Hepatitis is not notifiable in these Districts thus the County figure of 149 is incomplete.

† Including Acute Encephalitis, post infectious 8, Malaria 3, Diphtheria 1 and Smallpox 1.

TABLE V — MIGRATION, 1950-1957

<i>Health Area and County District</i>	<i>Average 1950-52</i>	1953	1954	1955	1956	1957
Colchester B.	+1,410	+1,243	+1,161	+2,812	-1,383	+1,222
Harwich B.	+ 447	+ 325	+ 563	— 28	— 335	-1,389
Brightlingsea U.	+ 25	+ 37	+ 103	+ 5	+ 42	+ 27
Clacton U.	+ 335	+ 195	+ 348	+ 298	+ 501	+ 364
Frinton & Walton U.	+ 91	+ 73	+ 172	+ 139	+ 214	+ 106
Halstead U.	+ 30	+ 21	+ 123	+ 44	— 4	— 9
West Mersea U.	— 4	— 36	+ 39	+ 43	+ 32	+ 18
Wivenhoe U.	+ 7	+ 19	+ 31	+ 20	+ 3	+ 26
Halstead R.	+ 165	— 66	— 149	— 274	— 101	— 162
Lexden & Winstree R.	+ 54	— 121	— 158	+ 30	+ 16	— 70
Tendring R.	+ 284	+ 75	— 409	+ 205	+ 99	+ 218
1. North -East Essex	+2,844	+1,765	+1,824	+3,294	— 916	+ 351
Chelmsford B.	+ 234	+ 350	+ 586	+ 540	+ 739	+ 503
Maldon B.	+ 26	+ 131	— 7	+ 38	— 46	+ 70
Saffron Walden B.	+ 63	— 10	+ 50	+ 57	+ 145	+ 101
Braintree & Bocking U.	— 24	+ 82	+ 60	+ 42	+ 107	+ 124
Burnham-on-Crouch U.	— 32	— 11	+ 19	+ 7	— 3	+ 10
Witham U.	+ 18	+ 38	+ 51	+ 45	+ 18	— 46
Braintree R.	— 15	+1,952	— 452	— 253	+ 166	+ 12
Chelmsford R.	— 34	+ 219	+ 373	+ 78	+ 729	+ 665
Dunmow R.	+ 8	— 20	+ 91	+ 73	+ 67	+ 90
Maldon R.	+ 86	+ 59	+ 107	— 20	— 57	+ 170
Ongar R.	— 78	+ 96	+ 55	*	*	*
Saffron Walden R.	+ 263	+ 383	— 15	+ 67	+ 3	— 95
2. Mid-Essex	+ 515	+3,269	+ 918	+1,851	+1,868	+1,604
Basildon U.	+ 629	+2,083	+2,205	+4,388	+4,571	+5,424
Benfleet U.	+ 53	+ 160	+ 488	+1,162	+1,720	+1,594
Canvey Island U.	+ 331	+ 179	+ 175	+ 31	+ 116	+ 87
Rayleigh U.	+ 8	+ 150	+ 467	+1,404	+1,686	+1,530
Rochford R.	+ 181	+ 204	+ 617	+1,091	+1,317	+1,130
3. South-East Essex	+1,202	+2,776	+3,952	+8,076	+9,410	+9,765
Brentwood U.	+ 618	+1,727	+1,206	+3,285	+2,833	+1,052
Hornchurch U.	+ 4	+ 614	+1,515	+3,170	+2,027	+2,982
Thurrock U.	+2,546	+3,393	+4,853	+2,781	— 508	+1,837
4. South Essex	+3,168	+5,734	+7,574	+9,236	+4,352	+5,871
Chingford B.	— 326	— 637	— 345	— 419	— 570	— 516
Wanstead & Woodford B.	— 162	— 488	— 83	— 215	— 202	— 213
Chigwell U.	+4,781	— 101	+ 72	+ 582	+ 542	+ 332
Epping U.	+ 57	+ 166	+ 149	+ 189	+ 506	+ 286
Harlow U.	*	*	*	*	+4,335	+4,862
Waltham Holy Cross U.	+ 88	+ 421	+ 94	+ 248	+ 490	+ 344
Epping R.	+1,405	+4,132	+5,662	*	*	*
5. Forest	+5,843	+3,493	+5,549	+6,097	+5,101	+5,095
Epping & Ongar R.	*	*	*	+6,889	+ 376	+ 746
6. Romford B.	+7,603	+3,547	+ 552	+ 689	+1,121	+ 432
7. Barking B.	-1,227	— 784	— 602	— 903	— 701	— 782
8. Dagenham B.	-1,115	— 230	+ 345	— 405	-1,246	-1,338
9. Ilford B.	-1,496	-1,289	+1,171	-1,019	-1,129	-1,055
10. Leyton B.	— 966	— 250	— 199	— 978	— 989	-1,162
11. Walthamstow B.	-1,276	-1,271	— 733	-1,323	-1,293	-1,401
Administrative County	+15,095	+16,760	+20,351	+24,615	+15,954	+18,126

* Figures not available.

TABLE VI — NATURAL INCREASE OR DECREASE, 1950-1957

Health Area and County District	Average 1950-52	1953	1954	1955	1956	1957
Colchester B.	+ 235	+ 97	+ 139	+ 178	+ 173	+ 278
Harwich B.	+ 90	+ 55	+ 97	+ 88	+ 115	+ 59
Brightlingsea U.	- 15	- 25	- 28	- 15	- 22	+ 3
Clacton U.	- 82	- 105	- 128	- 118	- 111	- 144
Frinton & Walton U.	- 33	- 39	- 36	- 59	- 44	- 46
Halstead U.	+ 7	+ 28	- 12	- 14	- 16	+ 29
West Mersea U.	+ 2	- 1	-	- 23	- 2	- 8
Wivenhoe U.	+ 1	+ 15	+ 7	-	- 3	+ 4
Halstead R.	+ 5	- 4	+ 9	+ 4	+ 1	- 8
Lexden & Winstree R.	+ 43	+ 21	+ 28	+ 10	- 46	- 60
Tendring R.	+ 29	- 15	- 21	- 65	- 59	- 48
1. North-East Essex	+ 282	+ 27	+ 55	- 14	- 14	+ 59
Chelmsford B.	+ 166	+ 280	+ 244	+ 290	+ 261	+ 337
Maldon B.	+ 19	- 107	+ 8	+ 22	+ 56	+ 20
Saffron Walden B.	- 1	+ 15	-	- 37	- 45	- 11
Braintree & Bocking U.	+ 51	- 98	+ 120	+ 88	+ 123	+ 116
Burnham-on-Crouch U.	- 6	+ 18	+ 11	+ 3	+ 3	+ 10
Witham U.	+ 45	+ 42	+ 26	+ 35	+ 32	+ 46
Braintree R.	+ 49	+ 88	+ 142	+ 83	+ 104	+ 98
Chelmsford R.	+ 200	+ 171	+ 147	+ 152	+ 181	+ 215
Dunmow R.	+ 72	+ 80	+ 119	+ 97	+ 123	+ 140
Maldon R.	+ 47	+ 31	+ 33	+ 10	+ 7	+ 10
Ongar R.	+ 101	+ 84	+ 95	*	*	*
Saffron Walden R.	+ 41	+ 107	+ 105	+ 63	+ 87	+ 105
2. Mid-Essex	+ 784	+ 907	+ 1,050	+ 899	+ 932	+ 1,086
Basildon U.	+ 124	+ 287	+ 385	+ 432	+ 719	+ 976
Benfleet U.	- 40	- 30	+ 12	+ 58	+ 40	+ 126
Canvey Island U.	+ 33	- 69	+ 65	+ 19	+ 34	+ 53
Rayleigh U.	+ 3	- 26	+ 44	+ 36	+ 44	+ 80
Rochford R.	+ 23	+ 26	- 7	+ 69	+ 23	+ 70
3. South-East Essex	+ 143	+ 188	+ 499	+ 614	+ 860	+ 1,305
Brentwood U.	+ 85	- 7	+ 54	+ 85	+ 157	+ 248
Hornchurch U.	+ 596	+ 386	+ 485	+ 630	+ 673	+ 818
Thurrock U.	+ 714	+ 1,017	+ 1,087	+ 1,039	+ 1,008	+ 963
4. South Essex	+ 1,395	+ 1,396	+ 1,626	+ 1,754	+ 1,838	+ 2,029
Chingford B.	+ 219	+ 217	+ 175	+ 129	+ 100	+ 126
Wanstead & Woodford B.	+ 136	+ 148	+ 93	+ 49	- 48	+ 53
Chigwell U.	+ 516	+ 521	+ 458	+ 428	+ 408	+ 348
Epping U.	+ 23	+ 22	+ 23	+ 51	+ 54	+ 64
Harlow U.	*	*	*	+ 581	+ 835	+ 998
Waltham Holy Cross U.	+ 41	+ 59	+ 56	+ 92	+ 110	+ 146
Epping R.	+ 155	+ 378	+ 668	*	*	*
5. Forest	+ 1,090	+ 1,345	+ 1,473	+ 1,583	+ 1,459	+ 1,735
Epping & Ongar R.	*	*	*	+ 350	+ 264	+ 274
6. Romford B.	+ 970	+ 1,193	+ 1,248	+ 1,211	+ 1,179	+ 1,268
7. Barking B.	+ 453	+ 444	+ 382	+ 313	+ 271	+ 292
8. Dagenham B.	+ 915	+ 1,030	+ 955	+ 705	+ 746	+ 638
9. Ilford B.	+ 566	+ 289	+ 329	+ 19	+ 29	+ 55
10. Leyton B.	+ 132	- 750	+ 99	- 122	- 111	- 68
11. Walthamstow B.	+ 277	+ 271	+ 333	+ 123	+ 193	+ 1
Administrative County	+ 7,007	+ 6,340	+ 8,049	+ 7,085	+ 7,646	+ 8,674

* Figures not available

TABLE VII — LIVE BIRTH RATES, † 1950-1957

Health Area and County District	Average 1950-52	1953	1954	1955	1956	1957
Colchester B.	14.2	14.0	14.5	14.6	15.7	15.9
Harwich B.	15.7	14.8	15.5	13.8	17.2	15.6
Brightlingsea U.	12.9	10.4	8.1	11.1	11.9	11.9
Clacton U.	11.6	10.8	9.6	10.0	10.6	9.6
Frinton & Walton U.	10.8	10.7	9.5	9.5	8.3	8.7
Halstead U.	14.9	15.8	13.7	12.7	12.9	16.4
West Mersea U.	13.2	14.8	13.6	9.2	12.7	13.0
Wivenhoe U.	16.0	19.3	15.0	12.2	14.5	14.7
Halstead R.	13.7	13.4	13.0	12.3	13.8	13.2
Lexden & Winstree R.	14.2	14.0	13.3	13.6	11.8	12.6
Tendring R.	14.1	13.9	13.3	13.4	13.5	13.0
1. North-East Essex	13.9	13.5	13.1	13.0	13.7	13.6
Chelmsford B.	14.3	16.2	15.2	16.3	16.6	17.7
Maldon B.	15.6	13.3	13.9	13.5	16.4	15.1
Saffron Walden B.	12.8	17.6	15.5	12.6	15.4	15.3
Braintree & Bocking U.	14.8	17.1	17.0	17.0	16.7	18.1
Burnham-on-Crouch U.	13.2	16.6	14.9	14.8	13.0	15.5
Witham U.	14.6	15.3	13.1	13.9	15.1	16.9
Braintree R.	15.4	15.5	16.8	16.1	16.6	17.1
Chelmsford	15.5	16.3	15.1	16.6	16.5	17.6
Dunmow R.	15.3	16.2	16.2	16.3	16.9	17.9
Maldon R.	16.7	13.8	15.5	12.9	15.1	13.9
Ongar R.	17.8	16.7	17.8	*	*	*
Saffron Walden R.	15.2	16.1	16.5	13.1	15.5	15.4
2. Mid-Essex	15.2	16.0	15.7	15.5	16.2	17.2
Basildon U.	16.1	18.4	18.9	19.3	22.4	23.6
Benfleet U.	12.9	13.0	12.5	15.1	14.6	16.9
Canvey Island U.	16.6	14.6	16.7	14.5	15.1	15.2
Rayleigh U.	13.7	12.2	15.9	14.0	14.4	17.3
Rochford R.	13.8	13.9	13.3	14.9	14.6	15.3
3. South-East Essex	14.9	15.6	16.2	16.8	18.2	19.6
Brentwood U.	13.3	13.4	13.2	15.2	15.6	15.6
Hornchurch U.	14.6	15.1	15.0	15.8	17.3	18.1
Thurrock U.	17.6	18.8	18.8	17.6	18.2	17.3
4. South Essex	15.7	16.3	16.3	16.4	17.4	17.4
Chingford B.	12.7	12.6	11.7	10.0	10.5	11.3
Wanstead & Woodford B.	12.7	12.9	11.4	11.3	11.1	11.7
Chigwell U.	16.8	15.6	14.6	13.6	13.2	12.7
Epping U.	15.4	14.5	14.8	17.8	17.1	17.7
Harlow U.	*	*	*	34.4	32.9	32.3
Waltham Holy Cross U.	15.6	15.8	16.0	18.8	18.4	20.8
Epping R.	17.9	22.3	26.7	*	*	*
5. Forest	14.8	15.0	15.0	15.0	15.1	15.8
Epping & Ongar R.	*	*	*	18.8	17.9	17.4
6. Romford B.	18.9	18.8	18.2	17.7	17.3	17.7
7. Barking B.	14.7	14.2	13.0	12.9	12.2	12.2
8. Dagenham B.	15.1	15.7	14.5	13.0	13.8	12.5
9. Ilford B.	12.8	12.3	12.0	11.6	11.7	12.4
10. Leyton B.	13.0	12.4	11.9	11.1	11.7	11.6
11. Walthamstow B.	13.0	12.2	12.4	11.1	11.9	11.5
Administrative County	14.7	14.8	14.5	14.3	14.8	15.2

† Per 1,000 population. * Figures not available.

TABLE VIII — STILL BIRTH RATES, † 1950-1957

<i>Health Area and County District</i>	<i>Average 1950-52</i>	1953	1954	1955	1956	1957
Colchester B.	24.6	14.3	24.5	24.3	20.2	23.3
Harwich B.	34.5	18.2	8.4	27.5	26.2	27.1
Brightlingsea U.	16.9	—	51.3	55.5	35.1	51.7
Clacton U.	21.3	3.8	33.3	12.2	15.1	36.1
Frinton & Walton U.	43.5	11.2	12.5	—	13.9	13.3
Halstead U.	22.0	29.7	11.4	24.1	35.3	9.5
West Mersea U.	24.4	22.2	—	66.6	48.8	24.4
Wivenhoe U.	—	—	—	—	—	—
Halstead R.	21.0	21.4	35.1	37.7	17.2	35.6
Lexden & Winstree R.	21.3	21.8	16.6	31.8	22.2	29.0
Tendring R.	14.3	33.7	29.9	20.8	6.0	9.3
1. North-East Essex	22.6	18.0	23.4	25.1	19.2	24.1
Chelmsford B.	16.5	18.8	27.4	22.3	11.5	18.3
Maldon B.	32.0	7.6	35.5	14.9	18.3	32.3
Saffron Walden B.	31.6	23.8	17.5	31.9	25.9	25.6
Braintree & Bocking U.	22.8	9.8	16.2	28.5	28.7	20.9
Burnham-on-Crouch U.	19.2	45.4	33.9	17.2	19.6	16.4
Witham U.	31.3	7.5	42.0	31.7	—	19.7
Braintree R.	20.8	27.8	28.8	15.4	11.8	14.2
Chelmsford R.	16.2	22.9	14.7	22.0	24.4	9.4
Dunmow R.	13.7	19.0	22.0	18.6	14.8	11.1
Maldon R.	16.5	23.7	16.7	29.8	8.7	18.5
Ongar R.	22.5	34.9	32.5	*	*	*
Saffron Walden R.	25.5	13.4	19.5	16.3	20.5	10.4
2. Mid-Essex	20.6	20.5	23.4	21.8	17.2	15.8
Basildon U.	23.5	15.3	21.9	20.6	15.5	25.6
Benfleet U.	15.5	17.1	19.4	18.1	28.6	16.3
Canvey Island U.	9.1	28.2	9.9	5.7	10.7	—
Rayleigh U.	22.2	25.2	30.3	12.3	10.4	26.6
Rochford R.	18.6	18.1	11.1	21.6	23.5	18.9
3. South-East Essex	19.5	18.7	19.4	18.4	17.7	21.7
Brentwood U.	23.9	21.8	21.3	25.3	16.9	30.8
Hornchurch U.	20.1	17.3	19.5	21.8	16.5	19.0
Thurrock U.	20.1	20.6	23.5	22.6	17.6	24.9
4. South Essex	20.8	19.3	21.6	22.6	17.0	23.0
Chingford B.	16.0	27.4	19.4	20.7	12.0	16.9
Wanstead & Woodford B.	22.3	13.7	20.9	15.6	14.5	23.3
Chigwell U.	18.8	8.0	20.9	29.0	21.1	11.6
Epping U.	45.5	56.0	27.5	22.4	42.2	32.9
Harlow U.	*	*	*	15.0	20.9	26.2
Waltham Holy Cross U.	22.5	—	26.9	16.7	31.4	22.3
Epping R.	18.4	19.4	26.2	*	*	*
5. Forest	19.9	16.9	22.6	19.2	19.8	21.1
Epping & Ongar R.	*	*	*	14.1	20.4	21.9
6. Romford B.	21.7	20.0	19.8	23.5	25.1	19.3
7. Barking B.	22.1	29.4	28.2	29.7	24.4	19.3
8. Dagenham B.	21.8	20.7	29.6	23.4	21.6	22.5
9. Ilford B.	21.9	26.6	24.9	22.8	19.9	18.1
10. Leyton B.	20.9	22.2	24.5	13.0	20.7	21.9
11. Walthamstow B.	21.4	25.5	14.0	18.3	17.7	26.5
Administrative County	21.1	20.8	22.7	21.7	19.4	21.1

† Per 1,000 total births * Figures not available.

TABLE IX — INFANT MORTALITY RATES, † 1950-1957

<i>Health Area and County District</i>	<i>Average 1950-52</i>	1953	1954	1955	1956	1957
Colchester B.	20.4	24.2	28.6	21.7	16.5	14.9
Harwich B.	17.8	27.8	21.2	23.6	23.1	27.9
Brightlingsea U.	17.2	42.5	—	19.6	36.4	—
Clacton U.	18.1	23.2	12.9	32.9	19.1	—
Frinton & Walton U.	34.1	—	50.6	62.5	14.1	40.0
Halstead U.	22.0	20.4	91.9	37.0	12.2	28.8
West Mersea U.	—	45.4	48.8	—	—	25.0
Wivenhoe U.	25.6	20.8	—	32.2	27.0	26.3
Halstead R.	12.9	30.7	54.5	44.1	13.1	13.8
Lexden & Winstree R.	12.5	35.0	30.4	32.9	18.9	14.3
Tendring R.	14.5	14.5	33.9	21.3	21.1	6.2
1. North-East Essex	18.3	24.7	32.1	27.8	18.1	14.7
Chelmsford B.	24.1	11.2	29.8	32.0	24.6	16.0
Maldon B.	30.5	30.8	7.3	7.6	18.6	33.3
Saffron Walden B.	21.7	7.9	17.9	33.0	35.4	26.3
Braintree & Bocking U.	23.2	19.8	29.6	13.0	16.4	32.8
Burnham-on-Crouch U.	19.6	—	17.5	17.5	—	16.7
Witham U.	24.2	7.6	17.5	16.4	14.9	6.8
Braintree R.	24.7	22.2	23.7	34.4	12.0	28.9
Chelmsford R.	24.7	20.3	18.3	13.5	22.0	20.3
Dunmow R.	20.8	12.9	22.5	19.0	27.1	14.0
Maldon R.	16.9	4.8	8.5	30.8	26.3	23.6
Ongar R.	22.0	12.0	14.9	*	*	*
Saffron Walden R.	18.7	23.8	26.5	33.0	45.3	21.0
2. Mid-Essex	21.9	15.9	21.6	22.6	23.5	21.2
Basildon U.	19.8	35.0	27.7	24.8	18.7	24.4
Benfleet U.	31.5	37.1	16.0	18.5	32.4	16.5
Canvey Island U.	32.4	23.3	25.0	40.0	32.6	10.6
Rayleigh U.	15.5	17.2	—	18.6	31.6	11.7
Rochford R.	22.2	22.1	15.0	12.6	12.0	11.0
3. South-East Essex	23.4	31.6	17.1	22.7	21.8	19.4
Brentwood U.	31.9	20.1	19.6	24.3	18.8	12.1
Hornchurch U.	25.8	30.2	17.4	18.3	21.9	18.9
Thurrock U.	28.8	29.7	23.0	19.7	26.0	25.6
4. South Essex	27.6	28.8	20.3	19.8	23.1	20.5
Chingford B.	17.8	13.3	23.3	12.7	10.2	15.3
Wanstead & Woodford B.	19.0	25.3	14.2	17.3	26.6	26.6
Chigwell U.	21.4	16.6	17.8	13.7	12.7	24.8
Epping U.	28.6	—	—	15.3	14.7	34.0
Harlow U.	*	*	*	15.3	23.4	22.6
Waltham Holy Cross U.	15.4	21.3	34.5	33.9	5.4	4.6
Epping R.	32.2	16.5	16.8	*	*	*
5. Forest	21.4	17.8	17.9	16.9	18.1	22.2
Epping & Ongar R.	*	*	*	20.0	6.9	19.0
6. Romford B.	24.3	31.6	20.7	23.0	22.1	18.2
7. Barking B.	21.4	27.5	20.0	24.5	19.6	18.6
8. Dagenham B.	28.6	27.3	23.9	29.3	20.9	16.8
9. Ilford B.	19.6	20.2	18.7	20.0	15.6	17.1
10. Leyton B.	22.6	23.5	14.6	24.6	22.8	14.7
11. Walthamstow B.	24.4	28.2	22.4	20.6	18.7	24.2
Administrative County	23.0	24.3	21.1	22.1	20.3	19.3

† Per 1,000 live births. * Figures not available.

TABLE X — DEATH RATES, † 1950-1957

<i>Health Area and County District</i>	<i>Average 1950-52</i>	1953	1954	1955	1956	1957
Colchester B.	10.4	12.4	12.2	11.8	12.9	11.5
Harwich B.	9.5	11.0	9.1	8.1	9.6	11.3
Brightlingsea U.	16.2	16.0	14.2	14.4	16.7	11.2
Clacton U.	15.0	15.2	14.9	14.9	15.1	11.4
Frinton & Walton U.	14.6	15.5	13.8	16.5	13.4	14.0
Halstead U.	13.9	11.3	15.6	14.9	15.4	11.8
West Mersea U.	12.5	15.1	13.6	16.8	13.4	15.6
Wivenhoe U.	15.6	13.2	12.3	12.2	15.7	13.2
Halstead R.	13.4	13.6	12.5	12.0	13.7	13.7
Lexden & Winstree R.	12.4	13.1	12.0	13.2	13.9	15.3
Tendring R.	13.0	14.5	14.2	16.1	15.9	14.9
1. North-East Essex	12.3	13.4	12.8	13.1	13.7	13.3
Chelmsford B.	9.9	8.9	9.1	9.1	10.3	9.7
Maldon B.	13.6	24.3	13.1	11.2	10.7	13.1
Saffron Walden B.	13.2	15.5	15.5	17.7	21.5	16.8
Braintree & Bocking U.	11.9	11.6	10.3	12.1	10.0	11.8
Burnham-on-Crouch U.	14.7	11.8	12.0	14.1	12.2	13.0
Witham U.	9.1	10.4	10.1	9.9	11.5	11.7
Braintree R.	12.6	11.1	9.7	11.9	11.4	12.2
Chelmsford R.	10.4	11.9	11.4	12.8	12.1	12.5
Dunmow R.	11.6	12.0	10.0	11.3	10.6	10.9
Maldon R.	10.2	11.7	13.4	12.3	14.7	13.3
Ongar R.	10.8	11.1	11.5	*	*	*
Saffron Walden R.	12.9	10.3	10.8	9.7	10.8	9.8
2. Mid-Essex	11.4	11.7	10.9	11.4	11.6	10.8
Basildon U.	13.3	12.3	11.1	11.3	10.3	8.8
Benfleet U.	14.9	14.5	11.9	12.4	12.9	11.9
Canvey Island U.	13.5	20.5	11.3	13.0	12.3	10.9
Rayleigh U.	13.4	14.9	11.5	10.9	11.0	11.9
Rochford R.	12.5	12.5	13.6	11.6	13.6	12.3
3. South-East Essex	13.5	13.9	11.8	11.7	11.6	10.5
Brentwood U.	10.6	13.6	11.7	12.9	11.7	9.8
Hornchurch U.	8.8	11.5	10.5	10.1	11.4	11.1
Thurrock U.	9.0	7.6	7.6	7.3	8.2	8.0
4. South Essex	9.2	10.3	9.5	9.4	10.2	9.7
Chingford B.	8.2	8.1	8.0	7.3	8.4	8.5
Wanstead & Woodford B.	10.5	10.4	9.9	10.6	11.8	10.8
Chigwell U.	7.1	6.7	6.7	6.4	6.4	6.9
Epping U.	12.0	11.3	11.6	10.8	10.3	10.0
Harlow U.	*	*	*	3.9	4.9	4.3
Waltham Holy Cross U.	10.7	9.2	9.1	9.0	7.5	6.9
Epping R.	10.6	8.4	6.7	*	*	*
5. Forest	9.2	8.6	8.2	8.0	8.4	7.5
Epping & Ongar R.	*	*	*	11.0	9.7	9.2
6. Romford B.	8.5	7.4	6.4	6.5	6.5	6.3
7. Barking B.	8.9	8.4	8.0	8.8	8.6	8.3
8. Dagenham B.	7.1	6.7	6.2	6.9	7.2	6.9
9. Ilford B.	9.7	10.7	10.2	11.5	11.5	12.0
10. Leyton B.	11.7	19.7	11.0	12.3	12.8	12.3
11. Walthamstow B.	10.7	9.9	9.6	10.1	10.2	11.5
Administrative County	10.3	10.9	9.7	10.1	10.4	10.2

† Per 1,000 live births * Figures not available.

TABLE XI — DEATHS FROM TUBERCULOSIS BY AGE AND SEX

Year	Males								Total
	0—	1—	5—	15—	25—	45—	65—	75+	
1950	1	3	2	19	88	123	38	11	285
1951	1	10	3	7	60	120	45	11	257
1952	—	—	1	4	45	89	33	7	179
1953	1	2	3	2	41	95	36	13	193
1954	—	1	—	3	27	58	26	13	128
1955	1	3	1	2	16	46	33	11	113
1956	1	—	—	—	18	47	28	9	103
1957	1	—	—	—	18	48	23	13	103

Year	Females								Total
	0—	1—	5—	15—	25—	45—	65—	75+	
1950	3	4	2	26	77	41	14	5	172
1951	2	6	—	17	54	37	15	5	136
1952	1	3	3	7	42	33	10	2	101
1953	—	3	4	6	43	25	9	9	99
1954	—	—	—	9	29	19	11	4	72
1955	—	2	1	4	20	14	6	9	56
1956	—	—	1	1	15	13	5	3	38
1957	1	—	—	1	19	11	8	5	45

Year	Total								Total
	0—	1—	5—	15—	25—	45—	65—	75+	
1950	4	7	4	45	165	164	52	16	457
1951	3	16	3	24	114	157	60	16	393
1952	1	3	4	11	87	122	43	9	280
1953	1	5	7	8	84	120	45	22	292
1954	—	1	—	12	56	77	37	17	200
1955	1	5	2	6	36	60	39	20	169
1956	1	—	1	1	33	60	33	12	141
1957	2	—	—	1	37	59	31	18	148

TABLE XII—NOTIFICATIONS—INFLUENZAL AND PRIMARY PNEUMONIA

Health Area and County District	1955	1956	Jan.	Feb.	Mar.*	April	May	June*	July	Aug.*	Sept.	Oct.	Nov.*	Dec.	Total 1957
Colchester B.	43	35	3	2	4	—	—	3	1	—	—	16	18	9	56
Harwich B.	8	2	—	—	—	1	—	1	—	—	—	2	—	—	4
Brightlingsea U.	1	—	—	—	—	1	—	—	—	—	—	1	—	—	1
Clacton U.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Frinton & Walton U.	2	1	—	—	—	—	1	—	—	—	—	—	—	1	1
Halstead U.	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2
West Mersea U.	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—
Wivenhoe U.	2	1	—	—	—	—	—	—	—	—	—	4	—	—	16
Halstead R.	2	1	—	—	—	2	1	3	2	1	—	1	—	—	4
Lexden & Winstree R.	16	18	—	1	2	—	1	—	—	—	—	—	—	1	—
Tendring R.	3	3	1	—	—	—	—	—	—	—	—	—	—	—	—
1. North-East Essex	77	62	4	3	8	4	3	7	3	1	—	24	18	11	86
Chelmsford B.	7	15	—	—	3	—	1	—	1	—	—	1	—	1	7
Maldon B.	7	14	—	1	1	—	1	—	—	—	2	5	2	1	10
Saffron Walden B.	—	—	—	1	—	—	—	1	—	—	—	1	—	—	6
Braintree & Bocking U.	1	1	—	—	—	1	—	—	—	—	1	—	—	—	2
Burnham-on-Crouch U.	5	3	—	—	2	—	—	1	—	—	—	1	1	1	6
Witham U.	7	8	—	—	—	—	—	—	1	—	—	3	—	—	3
Braintree R.	3	3	—	—	—	—	—	—	—	—	—	7	—	—	12
Chelmsford R.	6	15	—	2	2	1	—	—	2	—	1	1	4	4	19
Dunmow R.	12	11	—	3	4	—	—	—	—	—	—	3	1	—	6
Maldon R.	8	10	1	—	—	—	—	1	—	—	—	2	2	1	9
Epping & Ongar R.	8	10	1	1	2	—	—	—	1	—	1	—	4	5	16
Saffron Walden R.	11	21	2	—	1	1	—	1	1	—	—	—	—	—	—
2. Mid-Essex	75	111	4	9	17	3	2	4	5	—	5	24	14	14	101
Basildon U.	26	18	3	4	1	1	—	3	—	—	1	3	4	1	21
Benfleet U.	23	9	—	—	—	—	—	—	—	—	3	7	—	—	7
Canvey Island U.	52	14	1	1	10	2	—	—	—	—	—	2	4	—	17
Rayleigh U.	4	1	—	—	—	—	—	—	—	—	—	—	—	—	7
Rochford R.	3	1	—	—	2	—	—	—	—	—	—	—	—	—	2
3. South-East Essex	108	43	4	6	13	3	—	3	—	—	4	12	8	1	54
Brentwood U.	22	27	5	5	5	3	2	2	1	1	1	12	—	7	44
Hornchurch U.	43	18	5	2	6	2	1	2	—	4	6	12	8	7	47
Thurrock U.	66	68	12	9	16	9	5	5	—	—	—	37	3	16	122
4. South Essex	131	113	22	16	27	14	8	9	2	5	8	61	11	30	213
Chingford B.	18	17	—	3	1	1	1	4	1	1	6	4	2	1	25
Wanstead & Woodford B.	13	15	—	3	1	1	—	—	—	—	—	1	2	—	8
Chigwell U.	17	17	4	5	6	1	3	—	—	—	—	10	3	1	33
Epping U.	—	—	—	—	—	—	—	—	—	—	—	6	1	—	1
Harlow U.	3	1	—	—	1	—	—	—	—	—	—	—	1	—	14
Waltham Holy Cross U.	1	6	—	1	—	2	—	—	—	—	—	—	—	—	4
5. Forest	52	56	4	12	9	5	4	4	1	1	6	21	15	3	85
6. Romford B.	67	37	2	3	2	1	3	2	1	—	1	7	9	8	39
7. Barking B.	49	33	4	15	12	4	1	6	—	4	13	73	10	4	146
8. Dagenham B.	49	48	4	5	11	5	12	2	—	2	—	9	19	8	77
9. Ilford B.	139	159	7	23	21	6	7	5	4	3	5	39	24	23	167
10. Leyton B.	236	141	23	30	39	12	9	12	4	7	9	14	39	20	218
11. Walthamstow B.	62	65	3	12	8	2	1	4	2	3	2	11	9	4	61
Administrative County	1,045	868	81	134	167	59	50	58	22	26	53	295	176	126	1,247

* Month includes 5 weekly figures.

1955 and 1956 figures are corrected. 1957 figures are uncorrected.

TABLE XIII—ACUTE POLIOMYELITIS—NOTIFICATIONS AND RATES PER
100,000 POPULATION

Health Area and County District	1956 Population	1955				1956				1957			
		Para- lytic	Non-Para- lytic	Total	Rate	Para- lytic	Non-Para- lytic	Total	Rate	Para- lytic	Non-Para- lytic	Total	Rate
Colchester B.	61,880	12	5	17	27.47	—	—	—	—	—	—	—	—
Harwich B.	15,090	4	1	5	33.13	2	—	2	3.23	54	19	73	117.97
Brightlingsea U.	4,600	—	6	6	130.43	1	—	1	21.74	1	—	1	6.63
Clacton U.	24,670	9	3	12	47.91	2	—	2	8.11	24	19	43	934.78
Frinton & Walton U.	8,580	3	2	5	58.28	2	—	2	23.31	3	7	10	40.53
Halstead U.	6,340	—	—	—	—	—	—	—	—	—	—	—	—
West Mersea U.	3,060	—	—	—	—	—	—	—	—	2	—	2	31.54
Wivenhoe U.	2,550	1	—	1	39.22	—	—	—	—	—	—	—	—
Halstead R.	16,550	—	—	—	—	—	—	—	—	5	1	6	235.29
Lexden & Winstree R.	22,320	1	1	2	8.96	—	—	—	—	2	2	4	24.16
Tendring R.	24,560	3	1	4	16.29	—	—	—	—	7	4	11	49.28
1. North-East Essex	190,200	33	19	52	27.34	7	—	7	3.68	106	60	166	87.28
Chelmsford B.	41,420	8	2	10	24.14	—	—	—	—	3	1	4	9.66
Maldon B.	9,820	—	—	—	—	—	—	—	—	3	—	3	30.55
Saffron Walden B.	7,340	8	5	13	177.11	—	1	1	10.18	1	—	1	13.62
Braintree & Bocking U.	18,250	—	—	—	—	—	—	—	—	1	—	1	10.96
Burnham-on-Crouch U.	3,840	—	—	—	—	—	—	—	—	1	1	2	22.62
Witham U.	8,840	4	—	4	45.25	1	—	1	11.31	1	—	1	9.93
Braintree R.	20,150	6	1	7	34.74	—	—	—	—	2	—	2	29.20
Chelmsford R.	41,090	6	2	8	19.47	—	—	—	—	5	7	12	25.50
Dunmow R.	19,610	4	1	5	25.50	—	—	—	—	3	2	5	19.93
Maldon R.	15,050	6	2	8	53.15	1	1	1	5.09	2	1	3	18.59
Epping & Ongar R.	32,280	7	7	14	43.37	1	1	2	6.64	4	2	6	10.79
Saffron Walden R.	18,540	1	1	2	10.79	1	4	5	26.97	1	1	2	10.79
2. Mid-Essex	236,230	50	21	71	30.06	4	7	11	4.66	26	16	42	17.78
Basildon U.	59,560	4	1	5	8.39	4	4	8	13.40	2	1	3	5.03
Benfleet U.	23,250	2	5	7	30.11	—	—	—	—	1	4	5	21.50
Canvey Island U.	12,190	3	6	9	73.83	—	—	—	—	2	3	5	41.02
Rayleigh U.	13,220	1	—	1	7.56	—	—	—	—	—	—	—	—
Rochford R.	22,650	5	3	8	35.32	1	—	1	4.41	—	2	2	8.83
3. South-East Essex	130,870	15	15	30	22.92	5	4	9	6.88	5	10	15	11.46
Brentwood U.	41,030	6	10	16	39.00	1	1	2	4.87	2	2	4	9.75
Hornchurch U.	113,600	12	13	25	22.01	8	5	13	11.44	8	9	17	14.96
Thurrock U.	101,400	20	25	45	44.38	4	7	11	10.85	6	6	12	11.83
4. South Essex	256,030	38	48	86	33.59	13	13	26	10.16	16	17	33	12.89
Chingford B.	46,840	8	4	12	25.62	—	1	1	2.13	3	—	3	6.40
Wanstead & Woodford B.	61,130	5	7	12	19.63	1	1	2	3.28	3	3	6	9.82
Chigwell U.	59,740	17	11	28	46.87	3	—	3	5.02	2	2	4	6.69
Epping U.	7,940	—	—	—	—	—	—	—	—	—	—	—	—
Harlow U.	29,830	11	10	21	70.40	1	—	1	6.70	24	10	34	113.98
Waltham Holy Cross U.	10,030	1	3	4	39.88	—	—	—	—	1	1	2	19.94
5. Forest	215,510	42	35	77	35.73	5	3	8	3.71	33	16	49	22.74
6. Romford B.	110,100	13	20	33	29.97	3	6	9	8.17	1	5	6	5.45
7. Barking B.	75,560	11	7	18	23.82	—	—	—	—	1	4	5	6.62
8. Dagenham B.	115,100	10	6	16	13.90	4	9	13	11.29	6	5	11	9.56
9. Ilford B.	180,600	15	10	25	13.84	4	2	6	3.32	14	3	17	9.41
10. Leyton B.	100,900	17	8	25	24.78	2	1	3	2.97	11	8	19	19.82
11. Walthamstow B.	116,700	7	11	18	15.42	3	—	3	2.57	17	4	21	17.99
Administrative County	1,727,800	251	200	451	26.10	50	45	95	5.50	236	148	384	22.22

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