

**[Report 1958] / Medical Officer of Health, Essex County Council.**

**Contributors**

Essex (England). County Council.

**Publication/Creation**

1958

**Persistent URL**

<https://wellcomecollection.org/works/e73drg36>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

LXIX.  
1958

COUNTY COUNCIL OF ESSEX



# REPORT

OF THE

County Medical Officer of Health

FOR THE YEAR

1958

---

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

COUNTY MEDICAL OFFICER OF HEALTH

## CONTENTS

---

	PAGE
The Health Committee .....	3
Staff of the Health Department .....	5
Preface .....	15
Statistical .....	17
General .....	32
The Care of Mothers and Youth Children .....	60
The Midwifery, Home Nursing and Health Visiting Services .....	68
Preventive Medicine, Care and After-Care .....	73
The County Ambulance Service .....	97
The Mental Health Service .....	102
Report of the Chief Dental Officer .....	111
"The Health Centres of Harlow—The Second Phase" .....	116
The Dagenham Railway Disaster .....	126

## COUNTY COUNCIL OF ESSEX

## HEALTH COMMITTEE

*(as at 31st December, 1958)*

Established as required by the National Health Service Act, 1946—Chairman and Vice-Chairman of the County Council and Alderman Sir Frank Foster C.B.E. (Past Chairman of the Council) *ex-officio*, thirty-four other members of the Council and nineteen other persons.

*Chairman*—Mrs. M. BALL

*Vice-Chairman*—MRS. L. FALLAIZE, J.P.

Belton, A. J.	Hollis, Mrs. E. F. M.
*Bennett, W. J., C.B.E., J.P.	*Leatherland, C. E., O.B.E., J.P.
Berry, A. C.	Mason, G. W.
Bovill, Mrs. S. M.	Mead, Mrs. P. M.
Bredo, Mrs. M.	Milbourne, J. W.
Brown, A. E., J.P.	Nation, J. W. R.
Burrell, Mrs. A. M. M.	Roeper, Mrs. M. A. de.
Chamberlin, Mrs. G. M.	Saywood, Mrs. E. C.
Clark, Mrs. R.	Sherrell, A. R. P.
Cullen, F.	Tilbury, G. S., J.P.
Curtis, J. W.	Turner, H. R.
Daniels, Dr. C., J.P.	Walton, Mrs. V. L.
Deeks, S. W.	Welsh, Mrs. A. E.
Dell, Mrs. A. W.	Wilson, Mrs. V. L.
Forster, Miss D. D.	Wootton, E. T.
*Foster, Sir Frank, C.B.E., J.P.	Wortley, F. A.
Glenny, K. E. B., O.B.E., J.P.	Young, Major, A. M.,
Godfrey, Mrs. C. S. M.	O.B.E., T.D., J.P.

*\*Ex-officio Member*

*Other Members—*

*Appointed by the County Council*

Mrs. R. E. Mitchell, 5 Springfield Gardens, Upminster, Essex.

O. L. Oxley, Little Thurrock Hall, Little Thurrock, Essex.

D. E. Wightman, 80 Blythswood Road, Goodmayes, Ilford, Essex.



*Nominated*

- H. E. Bates, M.M., J.P., 40 Birch Avenue, Dovercourt, Essex.
- W. J. Bowstead, 9 Crescent Road, Chingford, E.4.
- 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.
- 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.
- Mrs. W. M. Palethorpe, 51 Farnborough Avenue, Walthamstow, London, E.17.
- Mrs. A. E. Prendergast, 53 Western Avenue, Dagenham, Essex.
- P. S. Saunders, 31 Goldings, Crescent, Vange, Basildon.
- Miss A. S. Terry, J.P., 8 Wycombe Road, Ilford.
- Mrs. E. I. Tivy, "Coolavin," South Woodham, Chelmsford, Essex.
- A. J. Twigger, 22 Upland Court Road, Harold Wood, Romford, Essex.
- Lt.-Col. C. L. Wilson, O.B.E., M.C., D.L., Red Cross House, 200 London Road, Chelmsford, Essex.

# STAFF OF THE HEALTH DEPARTMENT

(as at 31st December, 1958)

## 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.

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.

*Superintendent Nursing Officer:*

MISS F. S. LEADER, S.R.N., S.C.M., Q.N., H.V.Cert.

(Commenced 8.4.1958)

\*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

*Assistant County Ambulance Officer:*

D. S. BEEDIE

(Commenced 3.11.1958)

*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., F.S.S.

*Chief Lay Administrative Assistant:*

J. G. COX

(Commenced 17.9.1958)

*Principal Administrative Assistant:*

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

(Commenced 17.9.1958)

*Senior Administrative Assistants:*

A. D. H. RIDPATH

E. W. AMOS

(Commenced 1.10.1958)

*Administrative and Clerical Staff*

64 whole-time and 4 part-time



## 2. CENTRALLY ADMINISTERED SERVICES

### Ambulance Service :

Station Officers	24
Assistant Station Officers	31
Head Drivers	3
Driver Attendants	454
Attendants	6
Controllers	2
Control Room Assistants	7
Clerk Telephonists	38

### Mental Health Service :

Duly Authorised Officers	25
Occupation Centre Supervisors	12
Occupation Centre Senior Assistant Supervisors	9
Occupation Centre Assistant Supervisors	6
Occupation Centre Assistants	20
Occupation Centre Assistant Instructors	7
Mental Welfare Officer	1

### Training Homes for Home Nurses and Midwives :

Superintendents	—
Other Nursing Staff	*87
Student District Nurses	14
Pupil Midwives (Part II)	29
Clerical and Administrative Staff	†5

\* Includes 21 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 & Winstree.)

\* Part-time Officer.

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

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

\*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.)

\*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 & 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 were 6 medical officers undertaking 16 sessions a week on a sessional basis.

## DENTAL OFFICERS

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

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

In addition, there were 4 dental officers undertaking 13 sessions a week on a sessional basis.

## ADMINISTRATIVE AND CLERICAL STAFF

20 whole-time and 3 part-time

### 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.

DEIRDRE 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 & 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 were 5 medical officers undertaking 2 sessions a week on a sessional basis.

\* *Part-time Officer.*



**DENTAL OFFICERS**

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

NANIA S. MEZITS, Dental Doctor, Latvia.

In addition, there were 4 dental officers undertaking 18 sessions a week on a sessional basis.

**ADMINISTRATIVE AND CLERICAL STAFF**

25 whole-time and 4 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, Urban Districts of Benfleet, Canvey Island and Rayleigh.)

*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.

\*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.&amp;S.

**DENTAL OFFICERS**

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

R. MAXWELL, L.D.S.

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

In addition, there were 7 dental officers undertaking 21 sessions a week on a sessional basis.

**ADMINISTRATIVE AND CLERICAL STAFF**

16 whole-time, 1 part-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:*

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

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

\* *Part-time Officer.*

\*D. T. JONES, B.Sc., M.B., B.Ch., D.C.H.  
(Commenced 15.3.1958)

MURIEL M. LINGWOOD, M.B., B.S., D.C.H.  
(Commenced 1.8.1958)

\*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.)

R. G. NEWBERRY, M.B., B.S., D.P.H.

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

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

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 was one dental officer undertaking one session a week on a sessional basis.

### ADMINISTRATIVE AND CLERICAL STAFF

26 whole-time, 6 part-time

### 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 & 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. T. JONES, B.Sc., M.B., B.Ch., D.P.H.

(Commenced 11.8.1958)

ELIZABETH VAUGHAN, M.R.C.S., L.R.C.P.

(Commenced 17.3.1958)

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

\* *Part-time Officer.*

**DENTAL OFFICERS**

LILLA E. BROADBENT, L.D.S.

EMMA KIMELMAN, M.D. (Vienna).

In addition, there were 8 dental officers undertaking 22 sessions a week on a sessional basis.

**ADMINISTRATIVE AND CLERICAL STAFF**

21 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., M.(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.

In addition, there were 2 dental officers undertaking 9 sessions a week on a sessional basis.

**ADMINISTRATIVE AND CLERICAL STAFF**

10 whole-time and 4 part-time

**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).

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 were 2 dental officers undertaking 9 sessions a week on a sessional basis.

\* *Part-time Officer.*



## 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., F.R.S.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.)

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

In addition, there was one medical officer undertaking 1 session a week on a sessional basis.

#### DENTAL OFFICERS

There were 6 dental officers undertaking 18 sessions a week on a sessional basis.

## ADMINISTRATIVE AND CLERICAL STAFF

14 whole-time

### 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.

In addition, there was one medical officer undertaking 5 sessions each week on a sessional basis.

#### DENTAL OFFICERS

*Senior Dental Officers:*

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

In addition, there were 7 dental officers undertaking 20 sessions a week on a sessional basis.

\* *Part-time Officer.*

**ADMINISTRATIVE AND CLERICAL STAFF**

30 whole-time and 2 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.)

ELSIE JAIKARAN, M.R.C.S., L.R.C.P., M.B., B.S., M.R.C.O.G., D.Obst., R.C.O.G.  
(Commenced 30.6.1958)

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

In addition, there was one medical officer 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 were 4 dental officers undertaking 9 sessions a week on a sessional basis.

**ADMINISTRATIVE AND CLERICAL STAFF**

14 whole-time and 1 part-time

**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(I) &amp; L.M., 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 were 3 dental officers undertaking 13 sessions a week on a sessional basis.

**ADMINISTRATIVE AND CLERICAL STAFF**

21 whole-time and 2 part-time

\* Part-time Officer.



## Health Visitors, Midwives, Home Nurses, Medical Auxiliaries, etc.

	Whole-time	Part-time
Superintendent Health Visitors .....	9	1
Non-Medical Supervisors of Midwives and Superintendents of Home Nurses .....	6	1
Domestic Help Organisers .....	18	—
Health Visitors, Tuberculosis Visitors and School Nurses .....	238	45
Clinic Nurses .....	15	36
Midwives .....	68	4
Home Nurse Midwives .....	178	17
Home Nurses .....	77	30
Chiropodists .....	17	10
Dental Technicians .....	6	—
Dental Attendants .....	43	16
Speech Therapists .....	20	4
Day Nursery Matrons .....	20	—
Day Nursery Deputy Matrons .....	18	—
Day Nursery Wardens .....	15	—
Day Nursery Nurses and Nursery Assistants .....	83	1
Day Nursery Students in Training .....	78	—
Domestic Helps .....	25	2,481
Psychiatric Social Workers .....	10	3
Oral (Dental) Hygienists .....	—	1
Occupational Therapists .....	1	—
Clinic Clerks .....	43	30

## PREFACE

---

COUNTY HALL  
CHELMSFORD

Telephone: CHELMSFORD 3231

August, 1960

*To the Chairman and Members of the Health Committee.*

Madam, Ladies and Gentlemen,

I have the honour to present my Annual Report as County Medical Officer of Health for the year 1958: pressure of work and difficulties in the filling of senior appointments in the Health Department have delayed its publication and this is regretted.

The population of the Administrative County at mid-year 1958 was estimated by the Registrar General to be 1,783,000—an increase of 28,400 in the twelve months: the increases for 1957 and 1956 were approximately 27,000 and 24,000 respectively. The excess of live births over deaths was 10,178 and migration accounted for the other 18,222. Further details will be found on page 18.

The vital statistics for the year under review include several noteworthy features. The infant mortality rate of 17.7 per 1,000 live births was the lowest ever recorded in the Administrative County and compares favourably with the figure for England and Wales viz. 22.5. The still-birth rate of 18.3 per 1,000 total (live and still) births was also the lowest on record: the National rate was 21.6. The adjusted death rate was 11.0 per 1,000 population: comparable figures for England and Wales and for 1957 were 11.7 and 11.5 respectively. Since 1950 the number of deaths from tuberculosis has continued its dramatic fall—see page 27 and Table 51 at the end of this Report. Although there was one more death ascribed to diseases of pregnancy, childbirth or abortion, the maternal mortality rate of 0.35 per 1,000 (live and still) births may be considered satisfactory when compared with the rate of 0.43 for the country as a whole.

With regard to the incidence of infectious disease, it should be noted that the number of cases of acute poliomyelitis notified (82) was the lowest since 1951 but unfortunately the percentage of paralytic cases has been rising steadily over the past few years.

On page 47 I deplore the continued absence of a bacteriological standard for ice cream.

As the National Health Service came into being on 5th July, 1948, the year under review saw the completion of the first ten years work. A comprehensive survey of the local health services provided by the County Council



during the first five years was included in Dr. Cowan's Annual Report for 1952. In Circular 22/58 the Minister of Health stated that he did not consider it necessary for a special survey on the same scale to be made covering the first ten years of the National Health Service but asked for a brief general review of the manner in which the local health services have functioned in the wider setting of the National Health Service generally. The arrangements made for the integration of the health services in Essex have been described in previous Reports as also has the scheme for the decentralisation of the day-to-day work of the Local Health Authority to the eleven Health Area Sub-Committees : all these arrangements have worked well. Further comments appear in the body of the Report.

In spite of many problems, including the restrictions on capital expenditure over the years and the difficulties in recruiting certain categories of professional and technical staff, there has been a considerable expansion in the majority of the local health services provided by the County Council. In particular, the growth of the Home Nursing and Domestic Help Services should be mentioned because they have undoubtedly done much to reduce the demands upon hospital beds. In addition, the tremendous increase in the number of patients carried and mileage undertaken by the County Ambulance Service should also be noted. The one "black spot" is that of the Dental Services. As I have mentioned elsewhere, this is a national problem and sooner or later it will have to be tackled at the highest possible level : the provision of a "second class" service by the employment of dental auxiliaries instead of registered dental surgeons is not, in my opinion, a complete answer to the problem.

Once again I would like to express my thanks to the Health Committee and to the County Council for the support and encouragement which they have given to me throughout the year. In addition, may I place on record my appreciation of the valuable work undertaken by voluntary helpers of all kinds, particularly those at the various clinics and the drivers assisting in the Hospital Car Service.

I am, Ladies and Gentlemen,

Your obedient Servant,

*Geo. G. Stewart*

County Medical Officer of Health.

## SECTION I—STATISTICAL

## Acreage

During the year 1958 there was no change in the area of the Administrative County which thus remained at 959,463 acres or about 1,500 square miles : in addition, no changes of boundaries of County Districts or of Health Areas took place.

The Rural District of Epping and Ongar continues to present a statistical problem because, for administrative purposes, it is partly in the Mid-Essex Health Area and partly in the Forest Health Area. As in the past therefore, all statistics (with the exception of population) for these two Health Areas exclude those portions of the Epping and Ongar Rural District applicable to them and details are given separately for this one district in all complete statistical Tables. Totals for the Administrative County are not however affected.

## Vital Statistics

The following vital statistics relating to the Administrative County and concerning mothers and infants are given in compliance with the request contained in Ministry of Health Circular 22/58 dated 9th December, 1958. For comparative purposes, the statistics for 1957 have been added.

	1958	1957
Live Births .....	28,230	26,585
Live birth rate per 1,000 population .....	15.8	15.2
Stillbirths .....	527	572
Stillbirth rate per 1,000 total (live and still) births .....	18.3	21.1
Total (live and still) births .....	28,757	27,157
Infant Deaths .....	500	513
Infant mortality rate per 1,000 live births .....	17.7	19.3
Infant mortality rate per 1,000 legitimate live births .....	17.3	19.0
Infant mortality rate per 1,000 illegitimate live births .....	28.2	26.9
Neo-natal mortality rate per 1,000 live births (first four weeks) .....	12.9	13.7
Percentage of illegitimate live births .....	3.5	3.7
Maternal deaths (including abortion) .....	10	9
Maternal mortality rate per 1,000 (live and still) births .....	0.35	0.33

Most of the figures shown above are included and commented upon in detail elsewhere in this Report.



## Population

The estimates mid-year population of the Administrative County as supplied by the Registrar General was 1,783,000, an increase of more than 28,000 over the previous year's estimate, compared with increases of 27,000 in 1957 and 24,000 in 1956. Essex thus maintains its position as the fourth most highly populated Administrative County in England and Wales.

## Migration

The natural increase was about 10,000, leaving a balance of inward over outward migration of approximately 18,000 compared with the same figures for 1957 and 16,000 in 1956. Of this large number, almost 10,000 were attracted to the New Towns of Basildon and Harlow and 7,500 to a large area where housing development is proceeding and which comprises parts of the Urban Districts of Benfleet, Brentwood, Hornchurch, Rayleigh and Thurrock and the Rural District of Rochford. The movement into both Hornchurch and Thurrock was considerably less than that of the previous year. Chelmsford Borough and Rural Districts, Braintree Urban and Rural Districts, Dunmow and Epping all showed considerable gains. Outward movements occurred in Dagenham, Ilford, Leyton and Walthamstow and to a lesser degree in Barking, amounting to about 5,000 in all. The loss of population in the Rural District of Saffron Walden (amounting to over 700) is largely explained by the removal of certain of the armed forces during the year. Chingford again showed a loss, whilst Colchester, which last year had a substantial inward increase of over 1,000, suffered a small loss.

The following Table shows the pattern of migration in the eleven Health Areas comprising the Administrative County over the last few years. A detailed breakdown by County Districts is to be found in Table 47 at the end of this Report.

Table 1

Health Area	Average 1950-52	1953	1954	1955	1956	1957	1958
North-East Essex	+ 2,844	+ 1,765	+ 1,824	+ 3,294	- 916	+ 351	+ 1,033
Mid-Essex .....	+ 515	+ 3,269	+ 918	+ 1,851	+ 1,868	+ 1,604	+ 2,910
South-East Essex	+ 1,202	+ 2,776	+ 3,952	+ 8,076	+ 9,410	+ 9,765	+ 9,411
South Essex .....	+ 3,168	+ 5,734	+ 7,574	+ 9,236	+ 4,352	+ 5,871	+ 3,632
Forest .....	+ 5,843	+ 3,493	+ 5,549	+ 6,097	+ 5,101	+ 5,095	+ 4,832
Romford .....	+ 7,603	+ 3,547	+ 552	+ 689	+ 1,121	+ 432	+ 662
Barking .....	- 1,227	- 784	- 602	- 903	- 701	- 782	- 494
Dagenham .....	- 1,115	- 230	+ 345	- 405	- 1,246	- 1,338	- 1,002
Ilford .....	- 1,496	- 1,289	+ 1,171	- 1,019	- 1,129	- 1,055	- 843
Leyton .....	- 966	- 250	- 199	- 978	- 989	- 1,162	- 824
Walthamstow .....	- 1,276	- 1,271	- 733	- 1,323	- 1,293	- 1,401	- 1,427
Admin. County .....	+15,095	+16,760	+20,351	+24,615	+15,954	+18,126	+18,222



It will also be noted that the above Table shows the movement of population from the five Health Areas in the south-west of the County is being maintained. However, the Romford and North-East Essex Health Areas showed further small increases but the most important trend was one of large movements of population into the remaining four Health Areas of Mid-Essex, South Essex, Forest and South-East Essex. The increase in South Essex was not so great as in previous years but this was offset by the larger gain in Mid-Essex.

South-East Essex increased by well over 9,000 with the result that, since 1954, the total increase in this Health Area alone has amounted to over 40,000. The Forest Health Area shows a remarkably consistent picture over the years.

### Natural Increases and Decreases

The following Table shows natural increases or decreases in each Health Area in the last few years ; a detailed breakdown by County Districts is given in Table 48 at the end of the Report.

Table 2

Health Area	Average 1950-52	1953	1954	1955	1956	1957	1958
North-East Essex	+ 282	+ 27	+ 55	- 14	- 14	+ 59	+ 197
Mid-Essex .....	+ 784	+ 907	+1,050	+ 899	+ 932	+1,086	+ 1,150
South-East Essex	+ 143	+ 188	+ 499	+ 614	+ 860	+1,305	+ 1,589
South Essex .....	+1,395	+1,396	+1,626	+1,754	+1,838	+2,029	+ 2,508
Forest .....	+1,090	+1,345	+1,473	+1,583	+1,459	+1,735	+ 1,978
Romford .....	+ 970	+1,193	+1,248	+1,211	+1,179	+1,268	+ 1,238
Barking .....	+ 453	+ 444	+ 382	+ 313	+ 271	+ 292	+ 274
Dagenham .....	+ 915	+1,030	+ 955	+ 705	+ 746	+ 638	+ 702
Ilford .....	+ 566	+ 289	+ 329	+ 19	+ 29	+ 55	+ 243
Leyton .....	+ 132	- 750	+ 99	- 122	- 111	- 68	- 86
Walthamstow .....	+ 277	+ 271	+ 333	+ 123	+ 193	+ 1	+ 127
Admin. County .....	+7,007	+6,340	+8,049	+7,085	+7,646	+8,674	+10,178

The steady annual increase continued throughout the Administrative County as a whole. South Essex and Forest Health Areas again showed the largest contribution to the total, with South-East very close behind. Mid-Essex had a larger increase than in any year since 1950, although the pattern over the years is very consistent. Figures for Dagenham remained steady, although the natural increase of 700 resulted in a loss of net population due to migration. Ilford, in contrast to recent years, showed a larger increase which was comparable with that for 1953. The natural decrease which has been evident in Leyton since 1955 was again noticeable in 1958.

Districts with large natural increases were Basildon, Hornchurch, Thurrock, Harlow and Dagenham. The largest natural decreases occurred in the districts of Clacton, Frinton and Walton and Leyton.



## Health Areas

Changes in the net population of the Health Areas in 1958 were considerable and the following Table gives details with comparable figures for the previous six years :—

Table 3

Health Area	1948	1953	1954	1955	1956	1957	1958
North-East Essex	173,446	185,971	187,850	191,130	190,200	190,610	191,840
Mid-Essex .....	202,420	212,752	214,720	217,470	220,590	223,290	228,090
South-East Essex	100,067	107,459	111,910	120,600	130,870	141,940	152,940
South Essex .....	204,730	229,650	238,850	249,840	256,030	263,930	270,070
Forest .....	175,037	209,568	216,590	224,270	231,150	238,990	245,650
Romford .....	72,610	104,100	105,900	107,800	110,100	111,800	113,700
Barking .....	78,890	76,800	76,580	75,990	75,560	75,070	74,850
Dagenham .....	111,500	114,000	115,300	115,600	115,100	114,400	114,100
Ilford .....	183,400	181,200	182,700	181,700	180,600	179,600	179,000
Leyton .....	106,100	103,200	103,100	102,000	100,900	99,670	98,760
Walthamstow .....	122,700	119,400	119,000	117,800	116,700	115,300	114,000
Admin. County .....	1,530,900	1,644,100	1,672,500	1,704,200	1,727,800	1,754,600	1,783,000

The increases were greatest in the South-East Essex Health Area with approximately 11,000, nearly 7,000 in Forest, over 6,000 in South Essex and almost 5,000 in Mid-Essex.

During the last ten years, the population of South-East Essex has increased by more than 50 per cent. (from 100,060 to 152,940) and there have also been considerable increases in the South Essex and Forest Health Areas: on the other hand, the figures for Barking, Dagenham, Ilford, Leyton and Walthamstow have been decreasing gradually for a number of years.

Table 49 at the end of this Report gives details of the population and the principal vital statistics for each County District in addition to 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

**Live Births.**—The number of live births registered during the year was 28,230 (26,585 in 1957 and 25,668 in 1956) giving a crude live birth rate of 15.8 per 1,000 population compared with 15.2 in 1957 and 14.8 in 1956.

For comparison with the national figure, it is necessary to make an adjustment for the way in which the sex and age distribution of the local population differs from that of England and Wales. The adjusted rate for the Administrative County was 15.2 compared with a rate of 16.4 for England and Wales.

The steady increase in live births is being maintained, the rate having risen from 14.7 in 1950 to its present figure of 15.8. The following table shows the crude live birth rates per 1,000 population for each Health Area during recent years.



Table 4

Health Area	1950-52	1953	1954	1955	1956	1957	1958
North-East Essex	13.9	13.5	13.1	13.0	13.7	13.6	14.5
Mid-Essex .....	15.2	16.0	15.7	15.5	16.2	16.9	16.8
South-East Essex	14.9	15.6	16.2	16.8	18.2	19.6	20.9
South Essex .....	15.7	16.3	16.3	16.4	17.4	17.4	18.6
Forest .....	14.8	15.0	15.0	15.0	15.1	15.8	16.6
Romford .....	18.9	18.8	18.2	17.7	17.3	17.7	18.0
Barking .....	14.7	14.2	13.0	12.9	12.2	12.2	12.2
Dagenham .....	15.1	15.7	14.5	13.0	13.8	12.5	13.5
Ilford .....	12.8	12.3	12.0	11.6	11.7	12.4	12.4
Leyton .....	13.0	12.4	11.9	11.1	11.7	11.6	12.7
Walthamstow .....	13.0	12.2	12.4	11.1	11.9	11.5	11.4
Admin. County .....	14.7	14.8	14.5	14.3	14.8	15.2	15.8

The growth of Basildon and Harlow New Towns, together with the expanding housing development areas in Southern and South-Eastern Essex, has no doubt influenced the trend of the rising birth rate although it is noticeable that North-East Essex, Dagenham and Leyton have shown some increases. The rate in North-East Essex was in fact the highest for many years and that for Leyton returned to the level of 1951. Barking and Ilford showed no change and Mid-Essex and Walthamstow each had a slight fall.

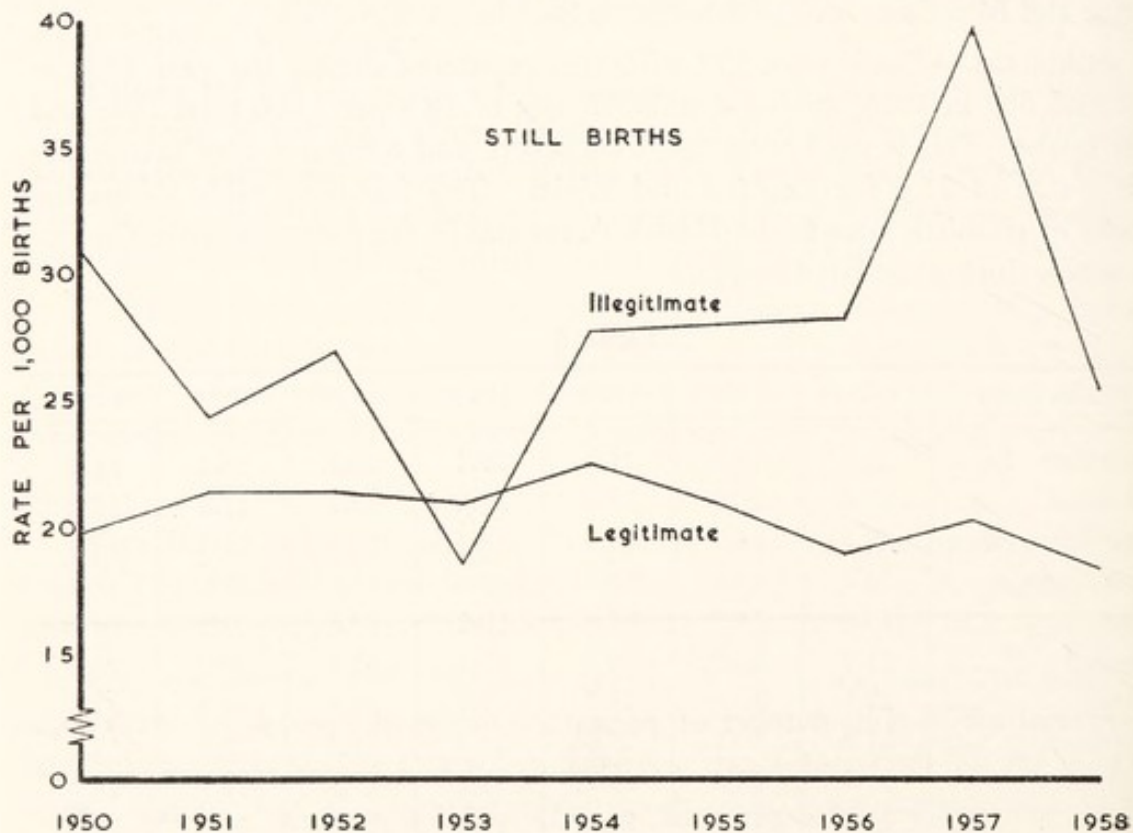
Stillbirths.—There were 527 stillbirths registered during the year (572 in 1957 and 507 in 1956) giving a stillbirth rate of 18.3 per 1,000 total (live and still) births. This is the lowest figure on record and compares very favourably with a rate of 21.6 for England and Wales. The following table shows the pattern of stillbirth rates in the Health Areas and in the Administrative County as a whole during the last few years.

Table 5

Health Area	1950-52	1953	1954	1955	1956	1957	1958
North-East Essex	22.6	18.0	23.4	25.1	19.2	24.1	21.4
Mid-Essex .....	20.6	20.5	23.4	21.8	17.2	15.8	15.8
South-East Essex	19.5	18.7	19.4	18.4	17.7	21.7	15.7
South Essex .....	20.8	19.3	21.6	22.6	17.0	23.0	16.3
Forest .....	19.9	16.9	22.6	19.2	19.8	21.1	14.2
Romford .....	21.7	20.0	19.8	23.5	25.1	19.3	22.8
Barking .....	22.1	29.4	28.2	29.7	24.4	19.3	24.5
Dagenham .....	21.8	20.7	29.6	23.4	21.6	22.5	19.1
Ilford .....	21.9	26.6	24.9	22.8	19.9	18.1	18.9
Leyton .....	20.9	22.2	24.5	13.0	20.7	21.9	22.6
Walthamstow .....	21.4	25.5	14.0	18.3	17.7	26.5	21.1
Admin. County .....	21.1	20.8	22.7	21.7	19.4	21.1	18.3

It will be seen from the table that there have been considerable fluctuations over the years but it is evident that the rates in some Health Areas have, in general, been decreasing year by year. Mid-Essex, South-East Essex, South Essex and Forest all had rates considerably lower than that for the Administrative County as a whole, the last three Health Areas having recorded considerable decreases on the 1957 figures. North-East Essex, although having a tendency to decrease over the years, had a rate slightly higher than that for the County and Romford, Barking, Dagenham, Ilford, Leyton and Walthamstow also had rates exceeding the County figure.

Illegitimate births numbered 1,019 : 26 of these were stillborn, giving an illegitimate stillbirth rate of 25.5 per 1,000 illegitimate live and stillbirths (39.7 in 1957) compared with a stillbirth rate of 18.4 (20.3 in 1957) for legitimate births. The illegitimate stillbirth rate showed a considerable fall when compared with that for 1957 and was in fact lower than that registered during six of the last eight years. The following graph shows the legitimate and illegitimate stillbirth rates over the last nine years.





The individual figures are as follows :—

Table 6

1950	1951	1952	1953	1954	1955	1956	1957	1958
30.7	24.4	26.9	Illegitimate 18.6	27.7	28.0	28.2	39.7	25.5
19.8	21.4	21.4	Legitimate 20.9	22.5	21.0	19.0	20.3	18.4

The legitimate stillbirth rate has remained fairly constant but with a tendency to fall, whereas the illegitimate stillbirth rate has shown considerable fluctuation. It is, however, a matter of some satisfaction to note the decrease in the rate for 1958, which is in contrast to the sudden increase recorded the previous year.

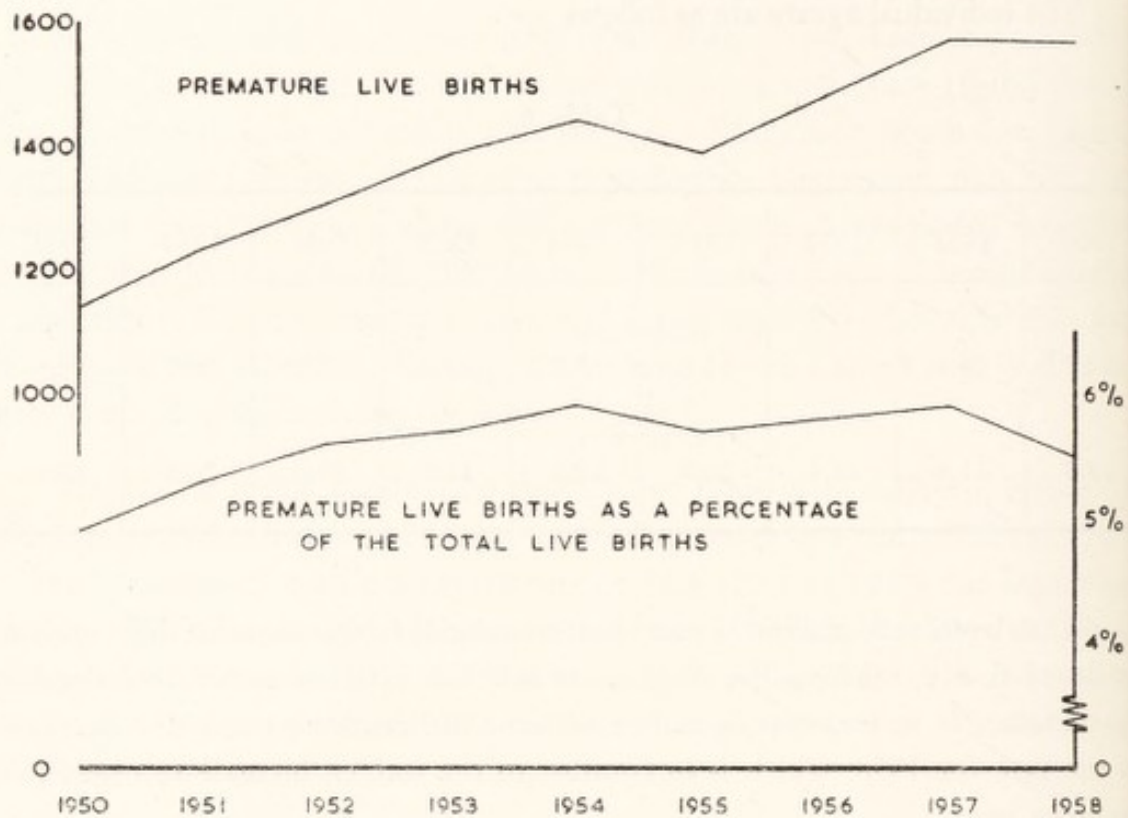
Another small increase in the total number of illegitimate births is evident as the following table shows. The percentage of births registered as illegitimate has fallen slightly to 3.6 of the total as compared with 3.7 in 1957 and 3.8 in 1956. The percentage in England and Wales for 1958 was 4.9. The percentage of illegitimate births in Essex therefore continues to fall and is well below that for the country as a whole.

Table 7

1950	1951	1952	1953	1954	1955	1956	1957	1958
944	902	967	915	940	888	994	1,008	1,019

Prematurity.—The number of premature live births notified in 1958 was 1,565 (1,571 in 1957 and 1,481 in 1956) i.e., 5.5. per cent of the total live births, compared with 5.9 per cent in 1957 and 5.8 per cent in 1956. The following graph depicts the incidence of premature live births in the last nine years and also expresses this incidence as a percentage of total live births.





A small decrease was evident for the first time in the last three years and, although the number of premature live births remains high, it will be seen that the percentage of premature to total live births has returned to roughly the same level as in 1952. This trend is very encouraging and it will be interesting to see whether the percentage will continue to fall in the future.

The number of premature stillbirths notified was 286. Figures in recent years have been as follows :—

Table 8

1952	1953	1954	1955	1956	1957	1958
187	229	273	247	245	274	286

The halt in the numbers of premature live births is not reflected in the notifications of premature stillbirths: these continue to show a steady rise over the years.

### Mortality.

The number of deaths attributable during 1958 to the Administrative County, after adjustment for inward and outward transfers, was 18,052 (17,911 in 1957 and 18,022 in 1956). This gives a crude death rate of 10.1 per 1,000 population, compared with 10.2 in 1957 and 10.4 in 1956.

The adjusted death rate (i.e., the rate comparable with the correspondingly adjusted rate for any other area and with the crude rate for England and Wales generally) was 11.0, the same as the two previous years. The national rate was 11.7 compared with 11.5 in 1957.

The following Table shows the pattern of crude death rates per 1,000 population for each Health Area together with those for the Administrative County as a whole over the past few years.

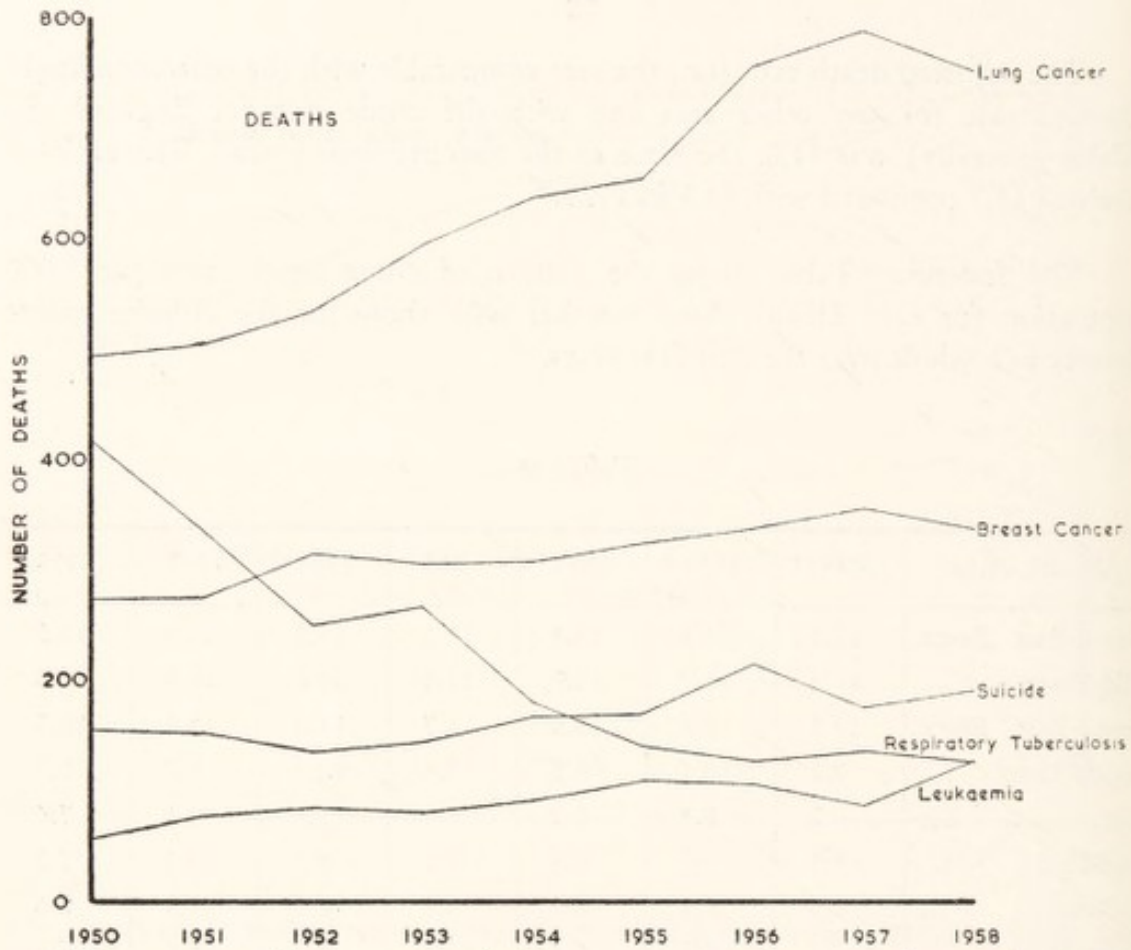
Table 9

Health Area	1950-52	1953	1954	1955	1956	1957	1958
North-East Essex	12.3	13.4	12.8	13.1	13.7	13.3	13.5
Mid-Essex .....	11.4	11.7	10.9	11.4	11.6	10.8	10.5
South-East Essex	13.5	13.9	11.8	11.7	11.6	10.5	10.5
South Essex .....	9.2	10.3	9.5	9.4	10.2	9.7	9.3
Forest .....	9.2	8.6	8.2	8.0	8.4	7.5	7.4
Romford .....	8.5	7.4	6.4	6.5	6.5	6.3	7.2
Barking .....	8.9	8.4	8.0	8.8	8.6	8.3	8.6
Dagenham .....	7.1	6.7	6.2	6.9	7.2	6.9	7.3
Ilford .....	9.7	10.7	10.2	11.5	11.5	12.0	11.1
Leyton .....	11.7	19.7	11.0	12.3	12.8	12.3	13.5
Walthamstow .....	10.7	9.9	9.6	10.1	10.2	11.5	10.3
Admin. County .....	10.3	10.9	9.7	10.1	10.4	10.2	10.1

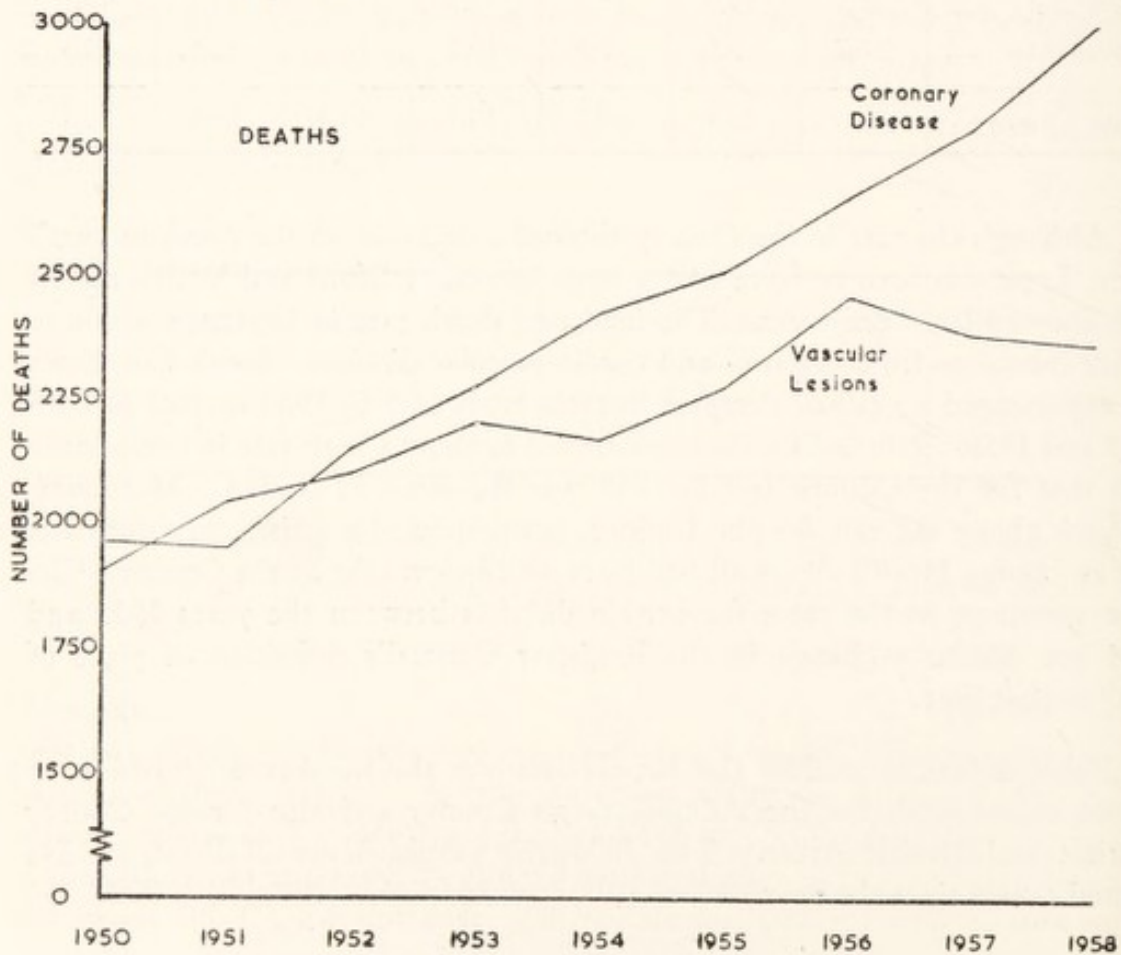
Although the rate in the County showed a decrease on the previous year's figure, Leyton is seen to have had a large increase: Ilford and Walthamstow both showed large decreases. The increased death rate in Leyton was due to higher mortality from cerebro- and cardio-vascular diseases. South-East Essex has experienced a gradual decrease in rates from 13.5 in 1950 to 10.5 in both 1957 and 1958. North-East Essex continued to show a high rate in comparison with that for the County and in 1958 was the same as Leyton. Mid-Essex, although above the rate for the County, again showed a satisfactory decrease. The remaining Health Areas all had rates well below that of the County. The large variations in the rates for certain districts between the years 1953 and 1954 are due to a change in the Registrar General's definition of place of death at that time.

Table 50 at the end of the Report sets out the number of deaths from various causes both for the Administrative County and also for the County Districts and Health Areas. The following graph shows deaths from five selected causes since the year 1950:—





The next graph shows deaths from coronary disease and vascular lesions during the same period.





The same diseases were illustrated graphically in my last Report and are reproduced above because it is clear that special attention should be paid to the mortality of certain diseases and, in particular, to coronary disease.

Since 1951 the number of deaths from coronary disease has risen by 54 per cent, and now accounts for one sixth of all deaths in the Administrative County. Vascular lesions of the nervous system, whilst showing a small decrease in 1958, still account for well over 2,000 deaths a year. These two diseases, together with other heart and circulatory diseases, are responsible for more than one half of the deaths in the County.

The anticipated further increase in the number of deaths from lung cancer did not materialise in 1958 and it is in fact gratifying to note that they dropped by 37. Breast cancer also showed a small decrease following small rises in recent years. Leukaemia, which until 1957 had been showing a general steady rise, displayed a rather disturbing increase. Suicide, following a welcome decrease in 1957, rose from 174 to 190. This was, however, 24 less than the number recorded in the peak year of 1956.

Deaths from respiratory tuberculosis have shown a dramatic decrease over the years since 1950 and there was a further reduction in 1958 following the small increase during the previous year.

A detailed analysis of deaths from all forms of tuberculosis by age and sex since 1950 is to be found in Table 51 at the end of this Report. This shows that there was a large decrease in deaths in the age group 25-44 years for both sexes. In the age group 45-64 years, fewer males but more females died of this disease. Over the age of 65 years, the increase in deaths was, however, confined to males. Whereas in 1950 there were 16 deaths of persons over the age of 75 years, this number has now increased by 50 per cent. and confirms the view that improved methods of detection and treatment have resulted in a decrease in deaths in the younger age-groups and a concentration of deaths in older people. It is interesting to record that deaths up to 44 years of age now form only 15 per cent. of the total deaths from this disease in the Administrative County compared with almost 50 per cent. in 1950.

Table 52 at the end of this Report gives the numbers of deaths by age and sex due to various causes. Deaths of males in five of the first six age-groups fell, the exception being the age-group 15-24 years which rose by 8 per cent. mainly due to an increase in deaths by accident and from tuberculosis. By contrast, of the first six age-groups for females, four showed increases due largely to deaths from pneumonia and other defined and ill-defined diseases. A considerable reduction in this latter category in males under the age of one year was largely responsible for the fall in the infant mortality rate.

### **Infant Mortality**

There were 500 deaths of infants under one year of age during the year under review, giving an infant mortality rate of 17.7 per 1,000 live births compared with rates of 19.3 in 1957 and 20.3 in 1956. This was the lowest rate ever recorded in the Administrative County of Essex and was considerably below that of 22.5 for England and Wales. The following Table shows the



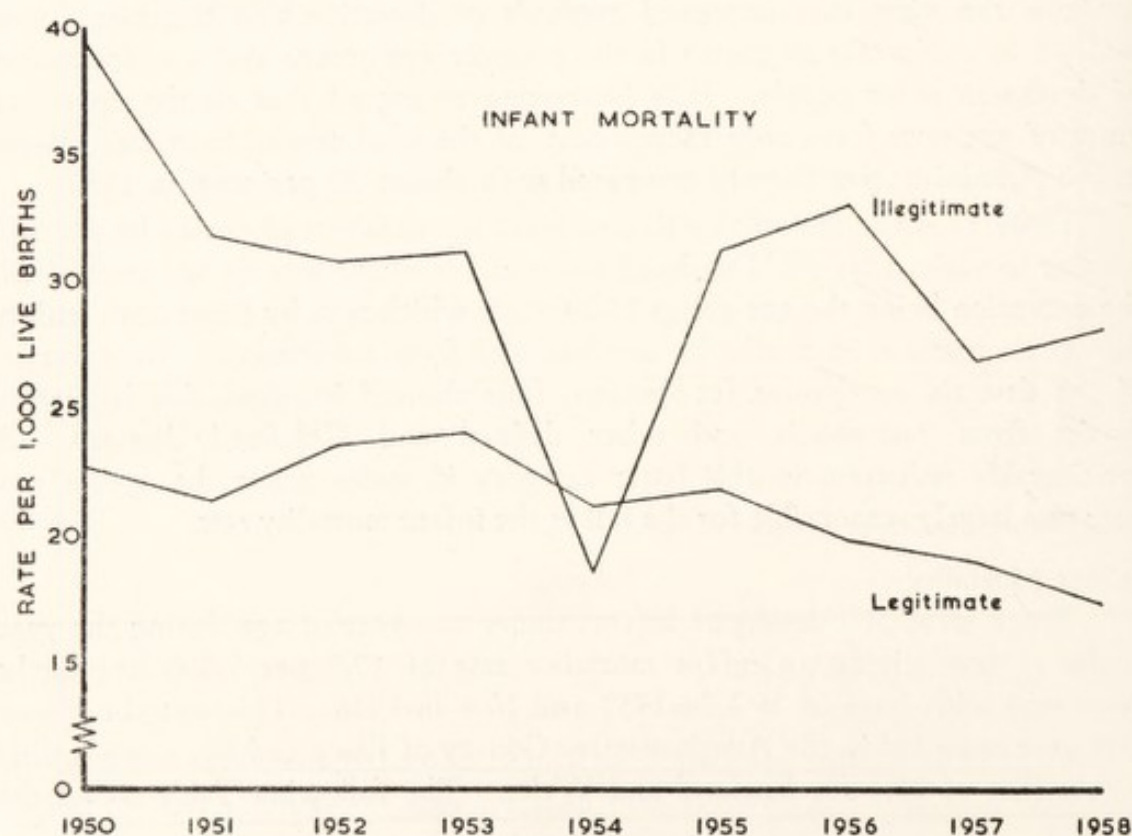
infant mortality rates per 1,000 live births during the last few years in the Health Areas and in the Administrative County.

Table 10

Health Area	1950-52	1953	1954	1955	1956	1957	1958
North-East Essex	18.3	24.7	32.1	27.8	18.1	14.7	18.3
Mid-Essex	21.9	15.9	21.6	22.6	23.5	21.2	18.9
South-East Essex	23.4	31.6	17.1	22.7	21.8	19.4	19.1
South Essex	27.6	28.8	20.3	19.8	23.1	20.5	15.5
Forest	21.4	17.8	17.9	16.9	18.1	22.2	15.5
Romford	24.3	31.6	20.7	23.0	22.1	18.2	19.5
Barking	21.4	27.5	20.0	24.5	19.6	18.6	18.5
Dagenham	28.6	27.3	23.9	29.3	20.9	16.8	16.3
Ilford	19.6	20.2	18.7	20.0	15.6	17.1	16.6
Leyton	22.6	23.5	14.6	24.6	22.8	14.7	24.8
Walthamstow	24.4	28.2	22.4	18.7	20.6	24.2	15.4
Admin. County	23.0	24.3	21.1	22.1	20.3	19.3	17.7

It will be noted that the rates in eight of the eleven Health Areas decreased as compared with those for the previous year, the most noticeable falls being in South Essex, Forest, Walthamstow and Mid-Essex. Of the Health Areas showing higher rates, Leyton had a very large rise whilst smaller increases were recorded in North-East Essex and Romford.

The infant mortality rate for illegitimate infants was 28.2 (26.9 in 1957 and 33.1 in 1956) compared with 17.3 (19.0 in 1957 and 19.8 in 1956) for legitimate infants. The gap between the two rates has therefore widened in the year under review. The following graph illustrates the legitimate and illegitimate infant mortality rates since the year 1950.



The individual figures are as follows :—

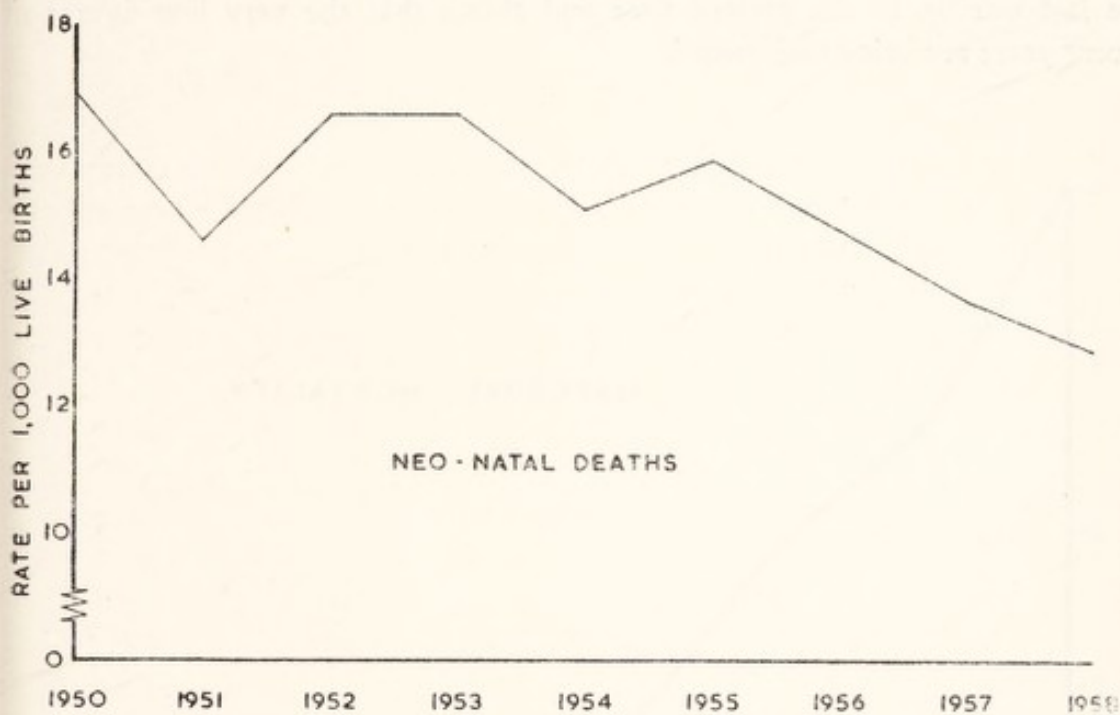
Table 11

1950	1951	1952	1953	1954	1955	1956	1957	1958
39.3	31.8	30.8	31.2	Illegitimate 18.6	31.3	33.1	26.9	28.2
22.7	21.3	23.6	24.0	Legitimate 21.2	21.8	19.8	19.0	17.3

The legitimate infant mortality rate continues to decrease satisfactorily.

### Neo-natal Mortality

Deaths in the first four weeks of life numbered 365 (the same as in 1957) giving a neo-natal mortality rate of 12.9 per 1,000 live births compared to 13.7 in 1957. This was considerably lower than the rate of 16.2 for England and Wales and the satisfactory trend is shown in the following graph.



The annual rates are as follows :—

Table 12

1950	1951	1952	1953	1954	1955	1956	1957	1958
16.9	14.6	16.6	16.6	15.1	15.9	14.8	13.7	12.9



The post neo-natal mortality rate of 4.8 was the lowest ever recorded and was 0.8 less than the rate for both the preceding years.

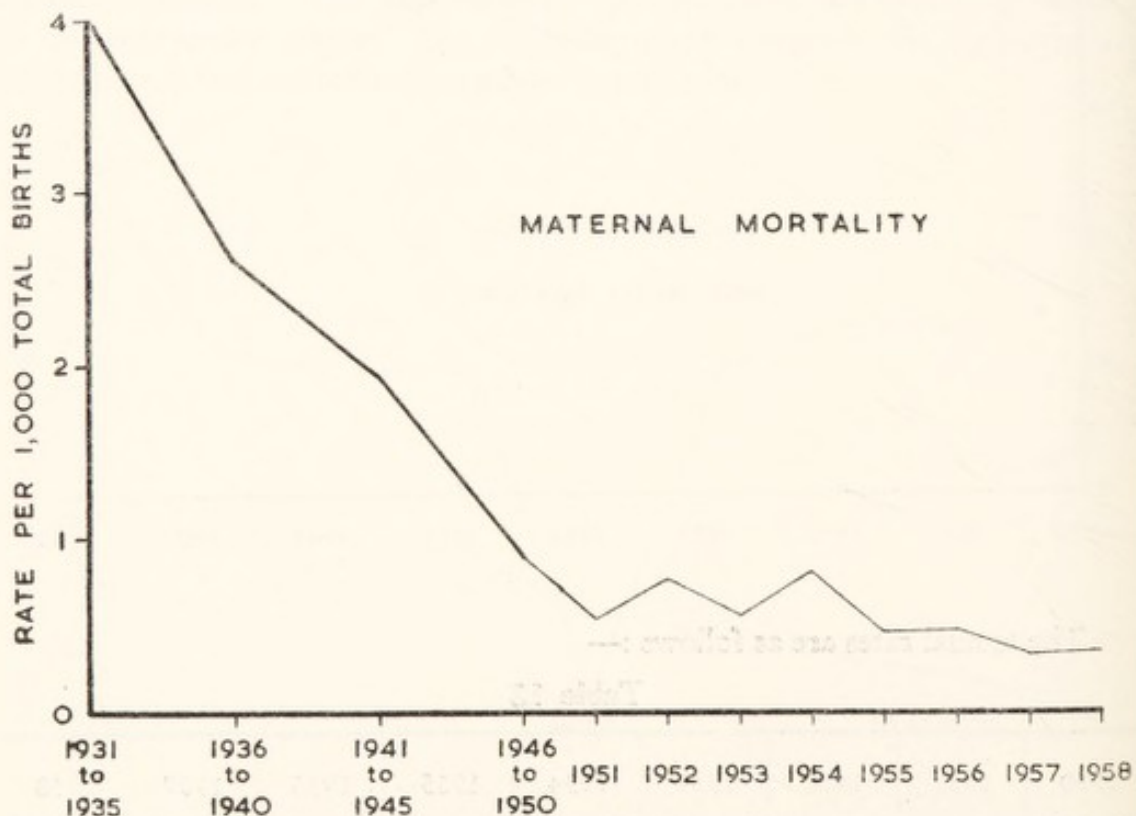
### Peri-natal Mortality

This is a term which is becoming increasingly common : it is an attempt to measure the rate of loss resulting from a combination of stillbirths and the deaths occurring during a part (usually the first week) of the neo-natal period. Calculated in this way, the perinatal mortality rate for the Administrative County for 1958 was 28.9 per 1,000 total births : the corresponding rate for England and Wales was 35.1.

### Maternal Mortality

There were 10 deaths ascribed to diseases of pregnancy, childbirth or abortion (9 in 1957 and 12 in 1956) giving a maternal mortality rate of 0.35 per thousand total (live and still) births, compared with a corresponding rate for England and Wales of 0.43. The local rates were 0.33 and 0.46 in 1957 and 1956 respectively.

The following graph outlines the trend in mortality for some years prior to the last war up to the present time and shows that the very low figures of recent years are being maintained.



## Sickness Claims

The number of new claims to sickness benefit recorded in the 52 weeks ended 30th December, 1958 at local offices of the Ministry of Pensions and National Insurance in the Administrative County was 243,578. Annual figures since 1952 are as follows :—

Table 13

1952	1953	1954	1955	1956	1957	1958
200,062	233,795	206,259	233,138	235,149	299,446	243,578

Although the number of claims dropped by 50,000, it was still the second highest figure in the seven years shown. The incidence of new claims per 1,000 population was 137 compared with 171 in 1957 and 136 in 1956.



## SECTION II—GENERAL

### STAFF

#### Central Office

Dr. Hilda Menzies, Senior Medical Officer, retired on 24th September, 1958, after nearly ten years' service in the Department and 29 years in the Public Health services of Essex, 19 of which were with the Leyton Borough Council.

On 17th September, 1958, Mr. J. G. Cox, Principal Administrative Assistant, commenced duty as Chief Lay Administrative Assistant in succession to Mr. S. G. Clarke who retired on 16th September, 1958, after nearly 21 years' service in the Department. Mr. J. Saunders, Senior Administrative Assistant, was appointed as Principal Administrative Assistant as from 17th September, 1958.

Miss F. S. Leader, previously Superintendent Nursing Officer, North Riding of Yorkshire County Council, commenced duty as Superintendent Nursing Officer on 8th April, 1958.

#### Combined Medical Services

Dr. W. J. Moffat, Medical Officer of Health for the Rochford Rural District and Area Medical Officer for the South-East Essex Health Area, was also appointed Medical Officer of Health for the Benfleet, Canvey Island, and Rayleigh Urban Districts as from 11th October, 1958, in succession to Dr. N. S. R. Lorraine who retired on 10th October, 1958, after over 33 years' service in that part of the Administrative County. It was also agreed that a combined post of part-time Deputy Medical Officer of Health to the four County District Councils concerned and part-time Assistant County Medical Officer should be created, and arrangements were in hand to fill this post at the end of the year.

#### Assistant County Medical Officers

As in 1957, only five changes took place in the staff of Assistant County Medical Officers. Although there were a limited number of applicants, no undue difficulties were experienced in filling the vacancies.

#### Refresher Courses

Once again every suitable opportunity was taken of sending staff employed by the Health Committee to nationally organised courses for post-graduate and post-certificate instruction. Eleven members of the medical staff attended courses organised by the Society of Medical Officers of Health and 20 Assistant County Medical Officers attended one-week courses in the administration of anaesthetics for dental purposes at the Eastman Dental Hospital. In addition, the Deputy County Medical Officer of Health attended a Ministry of Health course for Medical Officers of Health at the Civil Defence College, Sunningdale.



One hundred and nineteen health visitors, midwives, home nurse-midwives and home nurses attended courses of at least one week's duration and 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; one non-medical supervisor of midwives attended a course organised by the Association of Supervisors of Midwives.

Six matrons of day nurseries attended a refresher course organised by the Royal College of Nursing.

Three supervisors of occupation centres for the mentally handicapped took advantage of the course organised by the National Association for Mental Health and three duly authorised officers attended an extended course for mental health workers organised by the same organisation.

Two senior members of the administrative staff in the Health Area Offices participated in a weekend course organised by the Association of Public Health Lay Administrators.

### **Additional Staff**

During the year under review, 38 additional posts were created—24 whole-time and 14 part-time. The additional full-time staff included :—

- (a) Two non-medical supervisors of midwives—one for the Romford Health Area and the other for the South-East Essex Health Area in lieu of a part-time post.
- (b) One superintendent health visitor for the South-East Essex Health Area (also in lieu of a part-time post).
- (c) Nine health visitors, for duty in the Mid-Essex, South-East Essex, South Essex, Forest, Ilford, Walthamstow and Romford Health Areas.
- (d) Eight home nurse midwives—six for duty in the South-East Essex Health Area and two in the Romford Health area.

### **MOTOR TRANSPORT FOR STAFF**

As has been mentioned in previous Reports, it is the policy of the County Council to provide approved members of the staff with a car owned by the Council or to authorise the use of a privately-owned vehicle. This policy is applied to those employees whose duties necessitate a large amount of travelling or where it is otherwise considered essential, in the interests of the efficient conduct of the Council's business, for them to have the use of motor transport. The Council have also decided that all nursing staff undertaking a reasonable amount of domiciliary midwifery work shall be provided with a car or authorised to use a privately-owned vehicle for their official duties.

On 31st December, 1958, 593 officers employed in the County Council's Health Services were using motor transport in connection with their official duties. Of these, 231 were provided with cars by the Council and the



remaining 362 were authorised to use privately-owned motor cars, motor scooters or auto-cycles. The comparable figures for 1957 were 551, 229 and 322. Four hundred and forty-one of the 593 employees using motor transport were members of the domiciliary nursing staffs.

The vehicles provided by the Council consisted of 288 motor cars and 3 small motor vans: 225 of the cars are of the small "Popular" type and, of the three exceptions, larger vehicles were provided for the use of the County Ambulance Officer and his Assistant in order to accommodate radio-telephony equipment. The three motor vans were used respectively by the Health Education Service (for the conveyance of film projectors, display materials, etc), the Occupational Therapy Service (for carrying bulky materials), and a peripatetic gardener (for transporting tools and equipment).

As a consequence of the Council deciding in 1956 that newly-purchased cars should be provided with heaters, the vast majority of County cars used by members of the Health Services staff are now equipped with this accessory. During 1958, fog lamps were fitted to a number of County cars used by district nurses and midwives and duly authorised officers (employed in the Mental Health Service) because these members of the staff are required to undertake duties outside normal working hours (which include the hours of darkness).

Sixteen members of the staff received loans under the Council's Assisted Purchase Scheme to enable them to purchase motor cars for use on official business—an increase of 4 in the number who took advantage of the arrangements in 1957.

### MEDICAL EXAMINATION OF STAFF

The medical examination of persons selected for appointment as well as of employees of the County Council again made heavy demands upon the time of the medical staff. The number of such examinations carried out during 1958 totalled 3,631 (including 657 on behalf of other local authorities) compared with 3,852 the previous year and 3,390 in 1956. Included in the total of 3,631 were 858 examinations carried out in respect of entrants to courses of training for teaching and to the teaching profession.

### SITES AND BUILDINGS

The year 1958 saw some relaxation in the restriction of expenditure on capital building works and, as mentioned under individual headings below, the commencement of a number of projects was approved. On 3rd November, 1958, the Chancellor of the Exchequer stated in the House of Commons that H.M. Government were envisaging a higher level of capital investment and this was followed on 17th November by Circular 60/58 from the Ministry of Housing and Local Government inviting local authorities to submit particulars of schemes which could be considered for loan sanction during the ensuing three months and completed by the end of 1959. Four schemes were submitted to the Minister of Health in response to the Circular and all have since been approved. These were for the erection of new clinics at Thames View



Estate (Barking), Priory Court (Walthamstow), Melbourne Park, Chelmsford (Mid-Essex) and a new ambulance station at Canvey Island. The total estimated cost of these four projects was a little under £68,000.

### Health Centres

**BASILDON NEW TOWN.**—In September, 1958, plans were agreed with the Essex Executive Council for a Health Centre (previously mentioned in my Report for 1957) to be erected in the Town Centre of Basildon New Town and on 21st November the Minister of Health approved the plans and estimates and stated that he hoped to be able to recommend loan sanction early in the financial year 1959/60.

**HARLOW.**—I am indebted to Lord Taylor of Harlow, *et al.*, for permission to publish (as an Appendix to this Report see page 116) a paper on "The Health Centres of Harlow: The Second Phase." This appeared in "The Lancet" on 15th November, 1958, and gives an up-to-date picture of the development of the Health Services in this New Town.

**HAROLD HILL, ROMFORD.**—Good use continued to be made of the facilities provided at this Health Centre as will be seen from the following Fourth Annual Report of the Professional Committee for the year under review:—

#### " GENERAL MEDICAL SERVICES

*Attendances by patients:* A statement showing the number of patients attending the Health Centre for general medical services, and other relative information, is given below. It will be noted that the number of persons attending doctors' surgeries at the Health Centre during the year dropped to a more normal figure from the previous year's very high figure.

*Poliomyelitis Injections:* The number of persons receiving poliomyelitis injections has greatly increased, and the installation of a refrigerator for the storage of the vaccine is an asset which has proved to be of considerable convenience to the practitioners.

*Legal Agreements:* During the year one of the general practitioners withdrew from the Health Centre leaving a vacant suite. Local practitioners with a substantial number of patients on the Estate were invited to apply for use of the suite but, as no applications were received, the remaining practitioners decided, without prejudice to any future arrangements, to accept responsibility for the amount of the rent of the vacant suite.

The Legal Agreements between the practitioners and the Executive Council are in course of engrossment, and it is hoped that they will be signed in the very near future.

#### GENERAL DENTAL SERVICES

A statement showing the number of patients treated by the general dental practitioner at the Centre, together with other relative statistics, is also appended.

#### CO-OPERATION WITH LOCAL HEALTH AUTHORITY

Extra-mural activities, such as a German Class, have enabled the Local Authority medical staff and the general medical practitioners to get to know each other, with beneficial results.

J. G. FIFE,  
Chairman."

## GENERAL MEDICAL SERVICES

Number of patients attending	Second year ended 31.12.56			Third year ended 31.12.57			Fourth year ended 31.12.58		
(a) Doctor's Surgeries	18,827	L.	G.	23,878	L.	G.	20,024	L.	G.
(b) For treatment	4,888	126	10	5,891	201	25	7,370	294	15
(c) For Polio. injections (period March-Dec.)				1,607			3,779		
Highest number of attendance in one week	?			660			779		

Note: "L"—Minor operations under local anaesthetics.

"G"—Minor operations under general anaesthetics.

## GENERAL DENTAL SERVICES

	Second year ended 31.12.56	Third year ended 31.12.57	Fourth year ended 31.12.58
Number of patients treated .....	394	418	297
Total number of attendances.....	—	3,080	2,610
Broken appointments.....	526	410	287
General anaesthetic cases .....	73	48	62
Local anaesthetic cases .....	331	330	250
X-rays taken .....	62	40	93
Fillings :			
Plastic .....	204	176	159
Amalgam .....	1,425	1,388	1,125
Dentures supplied :			
Upper full .....	34	58	57
Upper part .....	39	26	24
Lower full .....	27	42	40
Lower part .....	33	23	23
Orthodontic cases .....	—	—	1
Completed treatment.....	—	—	77
			(six months)
Hypnotic sessions .....	—	—	11



AVELEY, SOUTH OCKENDON.—Particulars of the work carried out at this Health Centre during the year are as follows :—

#### GENERAL MEDICAL PRACTITIONERS

Attendances recorded at the surgeries numbered 44,461 and 15,285 treatments were given : these figures show small increases over those for the previous year, viz. 42,376 and 13,360 respectively. The figures for the individual months were as follows :—

Month	January	February	March	April	May	June
Attendances .....	3,675	3,501	3,703	3,238	3,571	3,811
Treatments .....	894	1,090	1,247	1,104	1,333	1,517
Month	July	August	September	October	November	December
Attendances .....	3,593	3,289	4,285	4,290	4,089	3,416
Treatments .....	1,318	1,629	1,062	1,433	1,731	927

Minor operations carried out by the general medical practitioners numbered 92, as compared with 68 in 1957.

#### GENERAL DENTAL SERVICE

Eight hundred and fifty-four patients attended the Centre for a total of 2,632 treatments and 382 dentures were supplied, as compared with 640, 2,610 and 287 respectively in 1957. The average number of attendances made by each patient declined. Anaesthetics administered (whenever possible by the patients' own doctors) totalled 355 and 142 x-ray examinations were made.

#### LOCAL HEALTH AUTHORITY SERVICES

Details of the work undertaken are given below :—

(i) Number of Child Welfare Sessions held .....	103
Total attendances .....	3,803
(Seen by Doctor) .....	763
(ii) Number of Ante and Post Natal Combined Clinic Sessions held .....	41
Total attendances: Ante-Natal .....	207
Post-Natal .....	17
(iii) Number of Women's Welfare Sessions held .....	25
Total attendances .....	272
(iv) Vaccination and Immunisation :—	
Diphtheria :	
Number who completed a full course of primary immunisation .....	243
Number given reinforcing injections .....	115
Smallpox :	
Number vaccinated .....	95
Number re-vaccinated .....	—

*Whooping Cough :*

Number who completed a full course of immunisation under County Scheme	140
Reinforcing injections	2

*Poliomyelitis :*

Number of children who received first injection	2,491
Number of children who received second injection	2,627
Reinforcing injections	632

*(v) Dental :**School Children :*

Number of inspection Sessions	67
Number of treatment Sessions	192
Number of attendances made by pupils for treatment	1,792

*Expectant and Nursing Mothers and Children under 5 :*

Number of sessions held	29
-------------------------	----

*Patients who completed treatment :—*

(a) Expectant and Nursing mothers	92
(b) Children	89

*Total attendances:—*

(a) Expectant and Nursing mothers	197
(b) Children	101

*(vi) Speech Therapy :*

Number of sessions held	181
Total attendances	723
Number of individual pupils under treatment	47

*(vii) Physiotherapy :*

Number of sessions held	Nil
-------------------------	-----

*(viii) Minor Ailment Clinic :*

Number of sessions (with Medical Officer)	40
(without Medical Officer)	61
Number of attendances	1,574

**Health Services Clinics**

Work was begun on the erection of new clinics at Shrub End, Colchester (North-East Essex), Marks Gate Estate (Dagenham), and Kenwood Gardens (Ilford) and on the adaptation for clinic purposes of the former Rural District Council Offices at Bowes Field, Ongar (Mid-Essex). The first mentioned clinic was completed and opened in November, 1958.

At the end of the year, approval was also received to the erection of new clinics at Heathcote Avenue (Ilford) and Thames View Estate (Barking) as well as to an extension of the Granleigh Road Clinic (Leyton) ; the Minister's consent (since received) was awaited in respect of new clinics at Melbourne Park Estate, Chelmsford (Mid-Essex) and Priory Court (Walthamstow).



In February, 1958, clinic sessions were commenced in two houses in Basildon New Town (South-East Essex) hired from The Development Corporation to provide Health Services pending the erection of a Health Centre.

Negotiations were pursued for the acquisition of sites for the erection of clinics at Hockley (South-East Essex), Cranham and Hutton (both South Essex) ; further consideration was also given to proposals for the erection of a clinic at Loughton (Forest Health Area) and the extension of the existing clinic at Laindon (South-East Essex).

### **Ambulance Stations**

New ambulance stations at Chelmsford (10 vehicles and a Divisional Control Centre) and at Epping (two vehicles) were opened on 1st November and 23rd December, 1958, respectively. During the year, an intimation was received from the Ministry of Health that loan sanctions would be recommended early in the financial year 1959/60 for the erection of a new station at Basildon (10 vehicles) and on 31st December the Minister gave approval to the erection of a new (two vehicle) station at Canvey Island. Approval (since received) was also awaited for the erection of new stations at Frinton-on-Sea (one vehicle) and at Buckhurst Hill (20 vehicles) where sites were already in the possession of the County Council.

Negotiations were continued for sites at Leyton, Romford, Burham-on-Crouch and also Ongar where, pending the erection of a new station, temporary accommodation has been provided on the site of the former Lion Hotel which is owned by the Fire Brigade Committee.

### **Occupation Centres for Mental Defectives**

On 26th March, 1958, a new "purpose-built" Junior Occupation Centre at Chelmsford, which accommodates 68 pupils, was officially opened by the Minister of Health (The Rt. Hon. Derek Walker-Smith, Q.C., M.P.), and in May a start was made on the erection of a similar Centre at Thurrock. A new Junior Occupation Centre was opened in rented premises at Braintree in September.

Ministerial approval was received in September to the erection of a "comprehensive" Centre at Colchester to accommodate 54 junior and 25-30 senior pupils. Negotiations were continued with a view to securing suitable sites or premises for a Senior Occupation Centre at Chelmsford, a small "comprehensive" Centre at Saffron Walden and a training centre for adult females at Dagenham. Approval was given on behalf of the Council for the allocation of land at Harold Wood Hall, Romford, for the erection of a "comprehensive" Occupation Centre.



### **Housing Accommodation for Nursing Staff**

Houses for nursing staff were completed during the year at Ardleigh and at Barn Hall, Colchester (North-East Essex) and a start was made on the erection of a house at Walton-on-the-Naze (North-East Essex) and a pair of flats at Maldon (Mid-Essex). In addition, approval was given by the Minister to the erection of accommodation at Frating and Pentlow (North-East Essex) and negotiations proceeded for a site for yet another nurse's house at Stanway (North-East Essex).

Agreement was reached with the Dunmow Rural District Council for the sale to the County Council of a house at Lower Mill Field, Dunmow (Mid-Essex), and the conversion of the nurse's home at 49 The Ridgeway, Chingford (Forest Health Area) into two flats was carried out.

### **DECENTRALISATION OF ADMINISTRATION**

No difficulties arose during the year in connection with the arrangements for the decentralisation of certain local health functions to the eleven Health Area Sub-Committees.

Conferences with the Area Medical Officers were held on two occasions when, among other matters, the following subjects were discussed—the supply of nutriment and medicaments, the question of domiciliary visits by hospital almoners, the measurement of radioactivity, health education methods, the use of adrenalin by midwives, the resuscitation of the newborn with intra-gastric oxygen, vaccination against poliomyelitis and immunisation against tetanus.

### **INTEGRATION OF THE HEALTH SERVICES**

The three branches of the National Health Service responsible for the provision of such facilities in the Administrative County worked together very smoothly and harmoniously throughout the year. The National Health Service Joint Advisory Committee for Essex met on four occasions during 1958 and discussions included such matters as the County Ambulance Service, the needs of new towns and housing estates in relation to clinics, health centres and occupation centres. Other items dealt with included the organisation of medical and other services at major disasters, pre-nursing student schemes, the Blood Transfusion Service in respect of Jaundice and arrangements for the detection and treatment of Phenylpyruvic Amentia.

### **OVERSEAS VISITORS**

At the request of The London School of Hygiene and Tropical Medicine, Mr. D. H. Marende, a Senior Hospital Assistant in Kenya, spent a week in Essex in June in order to see something of the Council's Health Services.

Following upon a request of the Ministry of Health, arrangements were made for Dr. N. C. de Britto of Brazil, a general surgeon and head of the



medical department of a large newspaper enterprise, to visit an old people's home, a chest clinic, clinics in the Forest Health Area and the Harlow Industrial Health and Group Practice Centres in September.

Dr. L. del C. Carlota, a Medical Officer of Health from the Philippines, spent a week in Essex in November at the request of the Ministry of Health. Arrangements were made for him to spend the time in the Walthamstow Health Area where a full and varied programme of visits to housing projects, slum clearance schemes, County Council clinics, day nurseries and special schools, was undertaken.

### 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, 1958, was as follows—comparable figures for the end of 1957 being shown in brackets :—

	Men	Women	Total
Eastern Region .....	576 (527)	747 (691)	1,323 (1,218)
London Region .....	399 (376)	511 (494)	910 (870)
Totals .....	975 (903)	1,258 (1,185)	2,233 (2,088)

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

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

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

### LABORATORY SERVICE

County District Councils may, in accordance with the arrangements which have been set out in previous Reports, send samples of water, milk, ice cream, etc., and sewage effluents 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 sent to and examined at these laboratories during 1958 :—

Table 14

Nature of Samples	Samples examined by	
	Public Health Laboratories	Counties Public Health Laboratories
Milk .....	1,162 (1,035)	666 (693)
Ice Cream (including lollies) .....	1,187 (626)	558 (597)
Other Foods .....	538 (297)	149 (101)
Water .....	1,019 (679)	717 (682)
Sewage Effluents .....	— (—)	111 (48)
Milk Bottles, beer bottles, etc. ....	159 (—)	— (—)
Totals .....	4,065 (2,637)	2,201 (2,121)

Note: Comparable figures for 1957 are shown in parenthesis.

### MILK SUPPLY

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

The County Council is responsible for the licensing and supervision of milk pasteurising establishments in that part of the Administrative County for which it is the Food and Drugs Authority. There were 10 pasteurising plants and two sterilising plants licensed which dealt with a total of more than 41,000 gallons of milk per day. To these establishments 570 visits were made during the year, in the course of which 594 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 :—

Table 15

	Pasteurised milk		Sterilised milk
	Phosphatase test	Methylene Blue test	Turbidity test
Samples examined .....	516 (512)	515 (512)	78 (49)
Samples failed .....	— (—)	1 (2)	— (—)
Tests void .....	— (—)	— (4)	— (—)

Note: Comparable figures for 1957 are shown in parenthesis.

The one unsatisfactory sample was investigated immediately.

From time to time, in order to check the efficiency of the cleansing process, samples of washed milk bottles were taken and submitted to bacteriological examination. Samples of churn rinsings (328 in all) were also taken and examined. 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. The dairy industry is now very largely in the hands of large firms operating modern plants with a high degree of efficiency and the relationship between their managements and the Council's inspectors is most co-operative. Nevertheless, it should not be assumed that the time has arrived when there should be a slackening in the supervision of milk supplies.

### **Milk (Special Designation) (Specified Areas) Orders**

Under a series of Milk (Special Designation) (Specified Areas) Orders, districts of the Administrative County were declared to be "specified areas" in which all milk sold by retail must be "specially designated." Prior to 14th April, 1958, 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 Milk (Special Designation) (Specified Areas) Order, 1958, came into force on the date mentioned when the whole of the Administrative County became a "specified area." The County Council enforce the provisions of the Order in those parts of the County for which it is the Food and Drugs Authority. No infringements of the provisions were found during the year.

### **Biological Sampling**

The general policy of taking one sample of milk each year for biological examination from the herds of each producer of undesignated milk and samples from each retailer of Tuberculin Tested milk in the Administrative County was continued. A number of samples were also taken of Tuberculin Tested wholesale supplies.

A summary of the results obtained from examination of samples submitted is as follows :—

Number of reports received .....	743
Number inconclusive .....	11
Number free from Tubercle Bacilli .....	722
Number containing Tubercle Bacilli .....	10

All the 10 positive samples, 1.3 per cent of the total taken, were of undesignated milk. In this connection, the finding of Tubercle Bacilli in samples of milk taken over the last few years has markedly decreased, indicative of the trend towards the highly desirable objective of Tuberculosis-free herds.

Each positive result was reported to the Divisional Inspector of the Ministry of Agriculture, Fisheries and Food and as a result, four animals were slaughtered under the Tuberculosis Order, 1958, and two (sold for slaughter) were removed from the herds.

Thirty-one samples of milk submitted for biological examination were also examined for the presence of "Brucella Abortus" but none of these was reported as being found positive.

### Milk-in-Schools Scheme

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

Samples of pasteurised milk supplies were submitted to the special tests laid down in the Third Schedule of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949: in the case of the only raw Tuberculin Tested milk supply, the samples were submitted to the test laid down in the Third Schedule of the Milk (Special Designation) (Raw Milk) Regulations, 1949, as well as to biological examination. The results obtained were as follows :—

#### (a) Biological Examination—

Number of reports received .....	2
Number of samples free from Tubercle Bacilli .....	2

#### (b) Bacteriological Examination—

Number of samples taken .....	369
Number satisfactory .....	365
Number unsatisfactory .....	4

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

Twenty-five complaints were investigated: these concerned the quality of the milk, foreign bodies in the milk and the condition of containers. A complaint which proved to be justifiable was made by a dairyman concerning the misuse of bottles at schools. In no case were legal proceedings taken.

### County Residential Establishments

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

### ICE CREAM

During the year under review, 33 of the 41 County District Councils in the Administrative County 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 :—



Table 16

<i>Laboratory</i>	<i>No. of Authorities</i>	<i>No. of samples</i>
The Counties Public Health Laboratories, Victoria Street, London .....	15 (19)	427 (458)
Public Health Laboratory, County Hall, London .....	1 (1)	21 (7)
Public Health Laboratory, Cambridge.....	2 (2)	210 (97)
Public Health Laboratory, Ipswich .....	3 (3)	73 (68)
Public Health Laboratory, Southend .....	4 (4)	380 (401)
Public Health Laboratory, Chelmsford.....	10 (—)	367 (—)
Totals .....	*35 (29)	1,478 (1,031)

\* Two authorities changed laboratories during the year, which accounts for this figure not corresponding with the one in the first sentence.

Note : Figures in parenthesis relate to 1957.

Samples were 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 :

Table 17

<i>Month</i>	<i>Grading</i>				<i>Totals</i>
	<i>I</i>	<i>II</i>	<i>III</i>	<i>IV</i>	
January .....	60	—	1	—	61
February .....	43	—	1	—	44
March .....	52	3	—	—	55
April .....	70	1	2	—	73
May .....	183	10	4	—	197
June .....	205	10	6	4	225
July .....	197	25	11	2	235
August .....	156	34	9	7	206
September .....	112	16	3	3	134
October .....	85	4	4	3	96
November .....	94	4	1	—	99
December .....	48	4	—	1	53
Totals .....	1,305	111	42	20	1,478
Percentages .....	88.3	7.5	2.8	1.4	100

The large number of samples taken in the summer months as compared with the winter months will be noted, also the higher numbers of Grade III and IV samples during the warmer period. The numbers of such unsatisfactory samples were extremely small as may be expected in what proved to be a very wet and cold summer and are an improvement on the results for 1957, when the percentage was 4.4 for each grade of ice cream. The total number of samples submitted for examination showed an increase on previous years and the position may be regarded as satisfactory, except that one Borough Council, five Urban District Councils and two Rural District Councils did not participate.

Samples submitted to The Counties Public Health Laboratories, London, were also subjected to a plate count and tests for determining the presence of coliform organisms, the form of bacteriological test being more accurate than that generally used. Useful comparison may be made from the results and a clearer picture of the bacterial quality of the product obtained than by the grading method alone.

Table 18

Plate Count (per ml.)	Grades				Percentage of Total
	I	II	III	IV	
Under 250 .....	145 (7)	1 (1)	—	—	34.19
250—999 .....	135 (22)	7 (6)	3 (1)	1 (1)	34.19
1,000—2,499 .....	20 (5)	10 (4)	4 (2)	—	7.96
2,500—4,999 .....	11 (2)	5 (4)	3 (3)	—	4.45
5,000—7,499 .....	6 (1)	5 (4)	3 (3)	—	3.28
7,500—9,999 .....	2 (2)	5 (5)	—	—	1.63
10,000—49,999 .....	7 (3)	12 (12)	8 (6)	3 (3)	7.03
50,000—99,999 .....	2 (1)	6 (5)	3 (2)	2 (2)	3.04
100,000—249,999 .....	1 (1)	2 (2)	5 (5)	6 (6)	3.28
Over 250,000 .....	—	—	2 (2)	2 (2)	0.94
	329 (44)	53 (43)	31 (24)	14 (14)	—

Note: The figures in parenthesis relate to samples found to contain *Bacillus Coli*.

From the above it is seen that while there was little difference bacteriologically between Grades I and II, both being generally accepted as satisfactory, there were samples containing *Bacillus Coli*, the incidence of these organisms in the four groups being 13, 81, 77 and 100 per cent respectively. The presence of such organisms in ice cream is most undesirable, particularly of the type known as *Bacillus Coli* Type I (faecal), the presence of which was found in each group in 2, 3, 5 and 5 cases respectively, less than half of which were associated with the heavier counts. Doubtless the remaining odd thousand samples of ice cream graded in the usual way by



the other Public Health Laboratories fall into a similar pattern. This illustrates the unreliability of the Methylene Blue Test alone for ice cream and the continued absence of a bacteriological standard is therefore to be deplored.

In addition to ice cream, 267 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 examination of 126 samples by The Counties Public Health Laboratories showing the relationship between the pH of the lolly and the plate count at 37°C.

Table 19

pH				Plate Count per ml.
Less than 3	3 to 4	4 to 5	Over 5	
30	28	3	8	0—100
—	3 (1)	4 (2)	9 (3)	101—500
—	1	—	10 (6)	501—1,000
—	1	4 (2)	9 (9)	1,001—5,000
—	—	2 (2)	3 (3)	5,001—10,000
—	—	2 (2)	9 (9)	Over 10,000

Note : The figures in parenthesis relate to samples found to contain *Bacillus Coli*.

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

### FOOD AND DRUGS ACT, 1955

The Chief Inspector of Weights and Measures has kindly supplied the following report on the work undertaken by his officers during 1958 in connection with the sampling of food and drugs in that part of the Administrative County for which the County Council is the Food and Drugs Authority :—

“ During the period under review a total of 582 samples were procured and submitted for analysis by the Public Analyst. In addition, 1,036 samples were analysed in the department's laboratory in Chelmsford. The samples taken covered a wide variety of food and drugs, and special attention was paid to foods which were capable of easy adulteration and also to those foods for which there is a statutory standard.

A total of 44 samples were found to be unsatisfactory and details of these are now given.

#### *Milk.*

In all, 26 samples of milk were found to be unsatisfactory. These samples included 9 samples which were supplied in restaurants in response to requests for hot milk. Two of these were deficient in fat to the extent of 6 and 52 per cent. respectively of the minimum quantity of fat laid down in the Sale of Milk Regulations as proper to genuine milk, namely 3 per cent., and the remaining 7 samples all contained added water in proportions varying from 1 to 36 per cent. Analysis of two of the heavily watered samples, which were found to contain 20 and 26 per cent. respectively, also showed that the original milk, before dilution, was seriously deficient in fat, the deficiencies amounting to 43 and 41 per cent. respectively.

The unsatisfactory samples also included 12 samples of ordinary milk, one of these containing added water to the extent of 12 per cent. and the remaining 11 being deficient in fat in quantities ranging from 10 to 43 per cent.

Five samples of Channel Islands Milk were found to be not in accord with the minimum fat content laid down in the Milk and Dairies (Channel Islands and South Devon Milk) Regulations 1956, namely 4 per cent. The deficiency in fat ranged from 3 to 28 per cent. of this special Standard.

In connection with these unsatisfactory milks 11 samples were submitted on 'Appeal to Cow'. Some of these samples were found to be of extremely poor quality in respect of their fat content, one of them having only 1.30 per cent. of fat, being the lowest figure found in an 'Appeal to Cow' sample for some years.

An 'Appeal to Cow' sample taken in connection with a Channel Islands Milk was also extremely poor in fat, containing only 2.30 per cent. The poor quality of the milk from this particular herd was also reflected in the abnormally low figure for non fatty solids. Another 'Appeal to Cow' sample, also taken in connection with fat deficiencies in this grade of milk, was found to contain only 3.60 per cent. of fat.

#### *Blackcurrant Juice.*

Two samples of this preparation were examined during the quarter and both bore labels which stated the contents to be 'Blackcurrant Cordial' and also 'Blackcurrant Juice'.

Analysis of the two products were similar showing them to contain :—

Fruit Juice	.....	not exceeding 9 per cent.
Sugar	.....	41 per cent.

In other words, analysis showed the samples to consist essentially of sweetened and diluted blackcurrant juice and accordingly were misdescribed as 'Blackcurrant Juice'. From the point of view of the other description, namely 'Blackcurrant Cordial', the Food Standards (Soft Drinks) Order 1953 requires that blackcurrant cordial shall contain a minimum of 10 per cent. of blackcurrant juice. Analysis therefore showed that even from the point of view of description 'Blackcurrant Cordial' the fruit juice content was a little below the minimum legal requirement.

#### *Bread and Butter.*

Examination of the fat on the bread of this sample showed that it consisted not of butter but of a mixture of margarine and butter, containing approximately 20 per cent. of butter.



*Coffee and Chicory Mixture.*

Examination of this French Coffee showed that it had the following composition :—

Coffee	.....	43 per cent. by weight
Chicory	.....	57 per cent. by weight

The Food Standards (Coffee Mixtures) Order 1952 requires that coffee and chicory mixtures, including French Coffee, shall contain not less than 51 per cent. by weight of pure coffee. This sample therefore contained 8 per cent. less coffee than the minimum quantity laid down in the above Order as proper to coffee and chicory mixture.

*Lettered Rock and Food Colour.*

In June, 1957, the provisions of the Colouring Matter in Food Regulations 1957 came into operation but they do not become fully operative until June, 1959. In spite of this, for the last six months of 1958 a careful check on the colouring matter in samples of food was made by the County Councils' Public Analysts.

A sample of Lettered Rock, which was coloured pink on the outside, was found to be coloured with the coal tar colour, Rhodamine B, a colour which is not in the permitted list.

This sample was accompanied by some of the actual colouring matter used by the Manufacturer and this was similarly found to consist of Rhodamine B, a non permitted colour.

*Grapefruit Squash.*

The Food Standards (Soft Drinks) Order 1953 requires that any squash containing citric fruit juice prepared for consumption after dilution shall contain a minimum of 25 per cent. of fruit juice.

Examination of the unsatisfactory grapefruit squash showed that the fruit juice content amounted to 20 per cent. which was only four-fifths of the minimum quantity required by the above mentioned Order.

*Plum Jam.*

A sample of jam, described as being 'Plum', was found on analysis to consist not of 'Plum' but of 'Raspberry'. The composition of the jam was satisfactory in accord with the requirements of the Food Standards Order for Raspberry Jam.

*Orange Special Fruit Product.*

This was a sample procured from a consignment of jam, which was supplied in response to an order for diabetic marmalade. Whilst analysis showed the proportion of total sugars to be in accord with that stated on the label, the Analyst stated that the amount of sugar present was substantially more than that usually present in diabetic marmalade, i.e. 4 to 5 grams per ounce, as against the 11.4 grams per ounce which was present in the sample in question.

*Marzipan.*

One of the samples of marzipan examined was found to be preserved with benzoic acid to the extent of 400 parts per million. In reporting on this marzipan it was pointed out that no provision is made in the Public Health (Preservatives etc. in Food) Regulations for the preservation of marzipan with benzoic acid.

*Steaklets.*

Analysis of this product showed it to consist essentially of rissoles with a high meat content (at least 80 per cent.). Consideration was given as to whether or not it was correct to describe such a rissole as being a 'steaklet', and it was felt that the public may be misled into believing that the product consisted, in fact, of small steaks.

*Parts of Fillets of Small Plaice.*

The sample submitted consisted of two portions of fish skins, about 10" by 2", from which the bulk of the fish muscle had been removed.

Many fishes show sufficiently characteristic markings on their skins to serve for the purpose of identification. Those on this sample were characteristic not of plaice but of cod and on this basis it was reported that they consisted not of skins from plaice but of the skins from cod.

*Canned Grapes.*

This sample was submitted for analysis following a complaint that it contained hard sharp pieces.

Examination of the syrup in the sample showed the presence in it of a few small angular and moderately hard crystals, analysis of which showed that they consisted of potassium acid tartrate.

Potassium Acid Tartrate, otherwise known as Cream of Tartar or Argol, is natural to grape juice and sometimes crystallizes out from the juice under certain conditions of storage or treatment.

*Beer.*

A sample of beer was found to be unsatisfactory when, in due course, it was ascertained that the original gravity of the sample analysed was lower than the original gravity of the beer as supplied by the brewer.

*Cream of Tomato Soup.*

Examination of this sample showed that it contained :—

Total Fat	.....	2.8 per cent.
-----------	-------	---------------

Including :

Butter Fat	.....	0.7 per cent.
------------	-------	---------------

In the Analyst's opinion a cream soup containing less than  $1\frac{1}{2}$  per cent. of butter fat should contain at least  $3\frac{1}{2}$  per cent. of total fat. This sample therefore contained insufficient fat to justify the description 'Cream of Tomato Soup'.

*Cream of Leek Soup: Cream of Mushroom Soup.*

The standard of fat content for a soup described as being 'Cream of' was referred to above under 'Cream of Tomato Soup'. In the Analyst's opinion a similar standard should also be applied to soups prepared from soup powders.

Attention was drawn, during the quarter, to two samples of soup powder which were described respectively as 'Cream of Leek Soup' and 'Cream of Mushroom Soup' owing to their poor fat content. The soups prepared from these two preparations, following the directions given on the labels, would yield final soups in which the fat content did not exceed 1 per cent. In reporting on these samples, therefore, the Analyst expressed the opinion that they contained insufficient fat to justify the description 'Cream of . . . Soup'.



*Pork Sausages.*

These sausages, on analysis, gave the following results :—

Meat .....	75 per cent.
Sulphur Dioxide .....	100 parts per million

The use of sulphur dioxide preservative to the extent of 450 parts per million is permitted in pork sausages by the Public Health (Preservatives etc. in Food) Regulations provided that a declaration of the presence of preservative is given to the purchaser. No such declaration of preservative was made at the time of sale of these sausages.

The meat content of the sausages was satisfactory and more than fulfilled the minimum requirement of 65 per cent.

Legal proceedings were instituted in 10 cases. These all related to unsatisfactory samples of milk and fines and costs totalling £70 7s. 0d. were imposed. In the case of the remainder of the unsatisfactory samples the matter was dealt with by means of administrative action between the Weights and Measures Department and the manufacturers or producers concerned."

## WATER SUPPLIES AND SEWERAGE

Rainfall during 1958 was heavier than usual and water supply resources were more than sufficient for all purposes in all parts of the Administrative County. The year's rainfall (measured at Langford Waterworks) was 31.98 inches compared with 21.02 inches in 1957 and an average of 20.86 inches.

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

As a result of the heavy rainfall the Hanningfield Reservoir was filled to its full capacity 5,968,000,000 gallons ahead of schedule and during the year 2,093,888,000 gallons of water were supplied therefrom for public use.

The question of regrouping of water undertakings in Essex came to the fore in 1956 following the issue of Ministry of Housing and Local Government's Circular No. 52/56. Consultations and conferences on the subject were held by a number of water undertakings concerned without going beyond an exploratory stage and when the imminence of an official report on the County's water supplies became known, further action was deferred pending its outcome. Early in 1958 this report, which was made by Mr. G. H. Spens, a Senior Engineering Inspector of the Ministry of Housing and Local Government, came before the County Council. The report's three most important conclusions were that :—

- (1) by 1975 there may be no surplus water ;
- (2) greater co-ordination of water supplies in the County is required to meet future demands, and
- (3) such co-ordination could best be achieved by the formation of six water areas which it defined.

The County Council accepted the report in principle and the observations of Messrs. J. D. and D. M. Watson, the Council's Consultant Engineers, were



requested. Messrs. Watson's report, which was received in September, supported generally the conclusions reached by Mr. Spens and the County Council decided to adopt their observations. The various water undertakers in Essex were informed accordingly and, at the same time, a previously made offer of assistance and advice, so far as lying within the Council's power, was reiterated.

At the end of the year, although a measure of agreement existed throughout the County that regroupings should take place, no definite progress had been made except in so far as the Herts and Essex Water Company was concerned, that Company having had transferred to them the water undertakings of the Epping and Ongar Rural District Council and the Bishop's Stortford Urban District Council as a result of the Herts and Essex Water Order 1958 and the Herts and Essex (No. 2) Order 1958.

With regard to sewerage and sewage disposal, the long outstanding question of the setting up of the Middle Lee main drainage authority made progress to the point where the working party had reached an advanced stage in the preparation of a suitable scheme. The scheme mainly affects the Hertfordshire authorities (including Stevenage New Town) but in Essex, it affects Harlow New Town and a small part of the adjacent Epping and Ongar Rural District.

The future arrangements for the drainage of South Essex in the areas of Romford, Hornchurch, Dagenham and part of Brentwood received further consideration, but a conference of the authorities concerned failed to reach agreement. Briefly the proposal provides for :—

- (a) the reconstruction and extension of the Dagenham sewage disposal works at Riverside to a capacity sufficient to treat sewage from the aforementioned areas, and
- (b) the overloaded Bretons Farm Sewage Works (at present under the control of the Romford and Hornchurch Sewage Committee) to be retained in use in the early stages of the scheme, but that when the scheme is completed all the sewage will be conveyed from the areas mentioned to the new Riverside Works.

The Bocking sewage disposal works became overloaded and despite improvisations, gave cause for serious concern in view of the continued and prospective development in the drainage area.

### **Rural Water Supplies and Sewerage Acts 1944-55**

During the year under review 30 schemes of water supply, sewerage and sewage disposal involving a total estimated cost of £831,973, were submitted by County District Councils to the County Council (prior to making application for contributions by the Ministry of Housing and Local Government) under the provisions of the Rural Water Supplies and Sewerage Acts 1944-55. The necessary consultations were held and inspections made with the Consulting



Engineers and officers of the local authorities concerned to ensure compliance with the County Council's Grant Scheme.

In 1958 the Ministry of Housing and Local Government undertook to make lump sum grants towards schemes as follows :—

	Estimated Cost £	Ministry Grant
Halstead Rural District—		
Water Scheme .....	12,300	£130 per half year for 30 years.
Braintree Rural District—		
Water Scheme .....	510	Nil.
Epping and Ongar Rural District—		
Water Supply .....	13,820 (previously 11,285)	£168 per half year for 12 years. (Variation of previously agreed contribution.)
Sewerage .....	45,000	£600 per half year for 30 years.
Rochford Rural District—		
Sewerage .....	11,664	Nil.
Lexden and Winstree Rural District—		
(i) Water Supply .....	1,350	Nil.
(ii) „ „ .....	1,700	„
(iii) „ „ .....	460	„
(iv) „ „ .....	2,800	„
(v) „ „ .....	5,000	„
Saffron Walden Rural District—		
Water Supply .....	2,750	Nil.

Work commenced during the year upon the following principal grant-aided schemes :—

	Estimated Cost £
Blackmore and Doddinghurst Sewerage, Part II .....	76,000
Takeley Sewerage .....	50,000

The following schemes were approved by the County Council for revenue grant purposes :—

Epping and Ongar Rural District	Sewerage schemes at Fyfield and Willingale.
---------------------------------	---

Lexden and Winstree Rural District	Water main extensions at :—
	(i) Maldon Road, Stanway.
	(ii) Haye Lane, Fingringhoe.
	(iii) Lower End, Layer-de-la-Haye.
	(iv) Ipswich Road, Langham and Ardleigh.
	(v) Boxted.
Saffron Walden Rural District	Water main extensions at 15 North Road, Ugley.

The Chelmsford Rural District Council does not participate in the County Council's Approved Scheme for making grants to County District Councils for the purpose of providing and/or improving water supplies and sewerage in rural areas. However, having regard to the contributions made by the Minister of Housing and Local Government, the County Council decided to make a grant estimated at £7,000.

The Maldon Borough Council also does not participate in the Scheme but the County Council, having previously agreed to pay the loan charges of £10,000 in respect of parts of a sewerage disposal scheme for which the Minister had agreed to make an exchequer contribution not exceeding £10,000, decided to make half-yearly payments of £100 for 30 years in respect of the Mundon Road area of the Borough's Sewerage and Sewage Disposal Scheme which has been completed at a final cost of £9,438.

#### Public Health Act 1936 (Section 307) and Local Government Act 1958 (Section 56)

In accordance with 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 payments (being the approved estimated grants payable in respect of the financial year 1958/59) to Rural District Councils as follows :—

<i>Rural District Council</i>	<i>Amount</i>
	<i>£</i>
Braintree	3,393
Dunmow	10,111
Epping and Ongar	8,017
Halstead	17,014
Lexden and Winstree	5,901
Rochford	6,426
Saffron Walden	2,529
Tendring	3,233
Total	£56,624



The annual inspections of water supply and sewerage schemes, in respect of which the County Council makes contributions, were carried out in eight Rural Districts during the year and all the works were found to be satisfactory.

On 23rd July, 1958, the Local Government Act 1958 came into force. It repealed Section 307 of the Public Health Act 1936 and from that date Section 56(1) of the new Act empowers the County Council to make any contributions it may think fit to the expenditure of County District Councils.

### REFUSE DISPOSAL

The operation of the Clean Air Act, 1956 is beginning to have its effect on the type of refuse being disposed of by controlled tipping in the Administrative County. The increased use of electricity, gas and smokeless fuels has resulted in a decrease in the proportion of ash and cinder content whilst the paper content has increased to a marked degree. This tendency will progressively increase for a number of years and the problem of control, consolidation and covering is likely to become even more difficult.

Some million tons of refuse is deposited annually on the dumps supervised by the officers of the Council's Health Department. Four hundred and fifty-nine inspections were made for this purpose and 12 written warnings sent to offenders. The dumps were properly levelled at permitted heights, consolidated and covered: there were no fires and they did not harbour rats. In no instances was it necessary to recommend proceedings under the provisions of the Essex County Council Act, 1933.

### ATMOSPHERIC POLLUTION

Eighteen County District Councils now 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 arrangements entail the provision and use of deposit gauges, lead peroxide instruments or daily instruments, and at the end of the year 71 stations had been set up where one or more of these instruments were in use.

In order to assist in this work, the County Council has made arrangements with The Counties Public Health Laboratories at 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. Fourteen Councils make use of these facilities and 342 samples were examined during 1958. Individual results were forwarded to the local authority concerned and copies were also sent to The Fuel Research Station where the results from all recording stations are collated and an Atmospheric Pollution Bulletin is issued monthly. Thus a picture showing the distribution of deposited matter, sulphur dioxide



and smoke in the County is built up. This picture is unfortunately not complete as the non-participation of several local authorities leaves out large areas where recording stations are desirable.

The results would seem to indicate that the worst affected areas are those of Thurrock, Tilbury, Leyton and Barking, conditions improving according to distance therefrom. Undoubtedly such districts are affected by pollution from neighbouring industrial areas outside the Administrative County, as are others further afield, by the known smoke drift from London as a whole.

The Clean Air Act 1956 empowers local authorities to make Orders declaring areas to be "Smoke Control Areas," such Orders being subject to confirmation by the Minister of Housing and Local Government. Under these powers, the Dagenham Borough Council, the Basildon Urban District Council and the Hornchurch Urban District Council made such Orders during 1958 and applied to the Minister for confirmation.

## RURAL HOUSING

Section 116 of the Housing Act 1957 requires the County Council to have "constant regard" to housing conditions in each rural district within the Administrative County. For this purpose, Rural District Councils are asked to complete a statistical return at the end of each year (closely resembling the forms issued by the Ministry of Housing and Local Government) indicating the extent of their housing activities. A summary of the information received will be found in Table 53 at the end of this Report.

It will be seen that while the Dunmow Rural District Council heads the list for the closure and demolition of buildings unfit for human habitation, the Halstead Rural District Council have the largest number of unfit houses rendered fit. Progress, however, appears to be more or less steady in the case of each Authority there being, on balance, a slight improvement on the figures for 1957 and informal effort continues to play the major part.

In assessing progress, the comparative sizes of the Rural Districts (in population and area), their respective resources and also the numbers of unfit houses already dealt with and remaining to be dealt with must not be lost sight of. In the latter connection, I would refer to the figures at the foot of the above-mentioned Table which are based on the slum clearance proposals of each Rural District Council, particulars of which were given in my Annual Report for 1955.

The returns from the Rural District Councils also give information as to house building activities, private and local authority, of which the following is a summary :—



Table 20—Rural Housing, 1958

Number of houses erected and the number of applicants  
remaining on waiting lists

Rural District	No. of houses erected during the year ended 31st December 1958		No. of applicants on wait- ing list for Council houses at 31st December, 1958, who are in urgent need of housing accommodation
	By the Council	By Private Enterprise	
Braintree .....	42 (52)	40 (25)	122 (129)
Chelmsford .....	147 (79)	306 (414)	*800 (750)
Dunmow .....	79 (19)	76 (75)	297 (349)
Epping & Ongar .....	59 (73)	223 (369)	256 (305)
Halstead .....	46 (28)	28 (31)	100 (100)
Lexden & Winstree	48 (24)	100 (92)	413 (387)
Maldon .....	— (—)	54 (53)	13 (18)
Rochford .....	88 (30)	459 (26)	445 (356)
Saffron Walden .....	18 (37)	93 (54)	77 (58)
Tendring .....	— (20)	90 (80)	150 (130)

\* Approximate figure.

Note: Figures in parenthesis relate to 1957.

Combined building activities have increased compared with 1957 but are lower than in 1956. The Chelmsford Rural District Council heads the list for Council building and the Rochford Rural District Council for private enterprise, both districts being subject to the highest rates of development. Development in the Chelmsford Rural District is doubtless affected to a large extent by industrial Chelmsford and Rochford by close proximity to the growing holiday resort of Southend; both are also easy of access to London.

The Chelmsford Rural District Council, in particular, has a very long waiting list for Council houses, whilst there is an appreciable increase in the case of the Rochford Rural District Council. In the case of the Maldon Rural District Council, the small demand for houses has continued to fall.

Improvement Grants have been made by local authorities under the Housing Act, 1949, up to 23rd October, 1958, when the Housing (Financial Provisions) Act, 1958, came into force. It repealed a large portion of the aforementioned Act and the power to make improvement grants has since been incorporated therein. Details of the activity of the Rural District Councils in regard to this aspect of housing are shown in Table 54 (also at the end of this Report) from which it will be seen that while all have participated, the Chelmsford Rural District Council easily leads in all respects, including the highest amount of grant. It is also interesting to note that the total amount of moneys so expended since the commencement of the Scheme up to the 31st December, 1958, is nearly half a million pounds.

Guarantees to Housing or Building Societies were only given in 7 cases.

### ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT

Section 56 of the Essex County Council Act, 1933, requires that no person shall in a county district in which this part of the Act (i.e. Part IV) is in force carry on an establishment for massage or special treatment without a licence permitting him to do so. During 1958, nine new licences were granted and 87 licences renewed to carry on such establishments. Officers of the Department made 199 visits of inspection.

### STORM DAMAGE—5th SEPTEMBER, 1958

During the evening of Friday, 5th September, 1958, after a sultry day, a severe storm broke over Essex. The thunder was very heavy, the lightning intense and rain fell at the rate of approximately 3 inches an hour. Within an incredibly short time, roads were flooded, ditches overflowed and rivers burst their banks. The areas worst affected were in the Borough of Chelmsford, in the Urban Districts of Basildon and Brentwood and in the Rural Districts of Chelmsford and Maldon.

At Chelmsford, serious flooding occurred affecting houses and shops on a scale not known since last century, and at Great Baddow a sudden rush of water washed away a bakery. Serious flooding occurred at Wickford and a culvert collapsed at Woodham Walter. Many animals were drowned.

Public Health Inspectors employed by the local authorities concerned made visits of inspection to affected properties and examined and condemned food-stuffs found to be unfit for human consumption. Problems of dampness and damaged dwelling houses were dealt with and samples of drinking-water supplies were taken for bacteriological examination.



The most serious threat to the health of the community was in regard to water supplies. The main pumping station of the Basildon Urban District Council's water undertaking at Wickford was flooded and put out of action by the failure of electric power supplies. The Shotgate Sewage Works, near Wickford, were also flooded. The Chelmsford Borough Council's Waterworks at Sandford Mill were flooded and primary and treated water tanks damaged. A well of the Maldon Rural District Council's water undertaking was flooded. The necessary precautions were immediately taken by the Water Engineers concerned and remedial action followed involving, in some cases, structural works.

Fortunately, although the floods caused heavy financial loss and distress, especially where elderly people were concerned, no known outbreaks of illness occurred which could be attributed thereto, and there was no loss of human life.

## SECTION III—THE CARE OF MOTHERS AND YOUNG CHILDREN

**Child Welfare Centres.**

At the end of 1958 the County Council provided a total of 249 Child Welfare Clinics (an increase of five over the 12 months), and the average number of sessions held was 954 each month. The following changes took place :—

*New Centres opened :*

Wickford Baptist Church, Shotgate.  
 Honeypot Lane, Basildon.  
 St. Michael's Church Hall, Rayleigh.  
 Addison House, Harlow.  
 Thames View Medical Group Surgery, Bastable Avenue, Barking.  
 Village Hall, Rettendon.  
 The Hall, Church Hall Farm, Broxted.  
 Health Services Clinic, Icen Way, Shrub End, Colchester.  
 St. Albans Church Hall, Ilford.  
 Suttons Hostel Child Welfare Centre.

*Centres discontinued :*

38 Ram Gorse, Harlow.  
 Village Hall, Fyfield.  
 Village Hall, Navestock.  
 Egerton Green Institute, Shrub End, Colchester.  
 Vine Memorial Church Hall, Ilford.

Since the inception of the National Health Service ten years ago, the number of these Centres has increased by 33, i.e. from 216 to 249, to meet the needs of New Towns and housing development generally.

A grand total of 418,906 attendances were made at these Centres during the year under review, and these were made up as follows :—

Children under one year .....	293,428
Children one and under two years .....	66,094
Children two and under five years .....	59,384



The total number of children who attended the Centres was 55,853, including 23,485 under one year of age.

#### Distribution of Welfare Foods.

The number of distribution points increased by five to a total of 455 (173 at maternity and child welfare centres and 282 at other premises) but it was not found necessary to vary the number of storage points from the total of 47 which were in operation during 1957.

The quantities of Welfare Foods distributed during 1958 as compared with 1957 were :—

	1957	1958
Orange juice and Vitamin C, bottles .....	1,645,301	1,025,473
Vitamins A & D tablets, packets .....	91,343	91,682
Cod Liver Oil (Vitamins A & D) bottles	160,678	105,894
National Dried Milk—tins .....	630,094	521,986

These figures show that there was a decrease in the issue of 619,828 bottles of orange juice, 54,784 bottles of Cod Liver Oil, and 108,108 tins of National Dried Milk. On the other hand, there was a slight increase of 339 packets of Vitamin A and D tablets issued. It is difficult to suggest a reason for the fluctuation in these issues, particularly of orange juice where there was an increase of 89,133 bottles issued during 1957, and a considerable fall of 619,828 during 1958.

It will be recalled that Local Health Authorities were asked to take over responsibility for this Service from the Ministry of Food in 1954 and since then the demand for the various welfare foods has fallen year by year.

It was agreed during the year to accept the ruling given in the Ministry of Health Circular 15/58 that all losses of cash and stamps and of stocks of Welfare Foods which were incurred prior to 1st April, 1957, should be borne by the Ministry and that the County Council accept responsibility for all such losses after that date. In addition, the revised ordering procedure suggested by the Ministry in this Circular was brought into operation, but from the experience gained this gave rise to considerable delays in the completion and checking of the Quarterly Returns.

#### Dental Inspection and Treatment.

The following table gives details of the dental treatment provided for expectant and nursing mothers and for young children : particulars for the previous year are also included for comparative purposes :—

Table 21

	Expectant and Nursing Mothers		Children under five years of age	
	1957	1958	1957	1958
(a) Numbers provided with dental care :—				
Examined .....	1,832	1,557	3,133	2,764
Found to require treatment .....	1,670	1,422	2,649	2,300
Treated .....	1,598	1,564	2,386	2,321
Made dentally fit .....	1,145	1,048	2,052	1,769
(b) Forms of dental treatment provided :—				
Extractions .....	2,609	2,240	2,540	2,176
Anæsthetics :—				
Local .....	872	858	110	113
General .....	516	521	1,208	1,162
Fillings .....	2,473	2,175	2,993	2,548
Scalings or scaling and gum treatment .....	665	611	21	19
Silver Nitrate treatment .....	41	27	754	1,046
Dressings .....	693	656	829	650
Radiographs .....	65	62	—	3
Dentures provided :—				
Complete .....	194	153	—	—
Partial .....	168	201	—	—
Crowns and Inlays .....	5	11	—	—

The fact that Local Authority Dental Services are in a parlous state at the present time is well known to all concerned and unfortunately this has arisen since the National Health Service Act came into operation on 5th July, 1948.

The Report of the Council's Chief Dental Officer appears as Appendix A at the end of this Report.

#### Medicaments and Nutriment.

The arrangements whereby approved medicaments were supplied free of charge and nutriment at reduced prices to expectant and nursing mothers as



well as to pre-school children attending the Council's Child Welfare Centres, on the recommendation of a medical officer, continued.

### **Detection and Treatment of Phenylpyruvic Oligophrenia.**

During the early part of 1958 an experimental scheme for the detection of phenylpyruvic oligophrenia was commenced in one Health Area.

It is widely known that this condition is the biggest clearly defined group of cases of low grade mental deficiency after mongolism. It is usually classed as a hereditary disorder but it is exceptional for the parents themselves to have the condition.

It has been demonstrated that in this disorder, as in cretinism, for example, the mental degeneration can be arrested if not actually reversed if treatment is initiated early enough.

The arrangements made for detecting this condition provide for the urine of every infant attending the Child Welfare Centres to be tested with a solution of Ferric Chloride on the first visit, preferably between the third and fourth week of life. In actual practice, some of the health visitors concerned prefer to obtain the urine samples at the child's home. If the child is less than three weeks old and the test is negative, it is repeated two weeks later. In addition, a urine test is carried out on every child attending a clinic who shows signs of delay in mental development.

When a test is found to be positive, immediate notification is passed to the general medical practitioner concerned and arrangements made for the child to be referred to the Hospital for Sick Children, Great Ormond Street, W.C.1, without delay. Professor Alan Moncrieff has very kindly offered to see any children with a positive reaction who are referred to him at this hospital.

This experimental scheme progressed satisfactorily (756 specimens of urine being tested without any positive results) and it was decided to extend it to a second Health Area in December.

### **Specialist Services**

There were a number of variations in and extensions of the Specialist Services provided by the North-East Metropolitan Regional Hospital Board and these may be summarised as follows :—

- (1) The sessions attended by the Ophthalmic and Orthopaedic Surgeons, Physiotherapists and Orthoptist in Harlow New Town (Forest Health Area) were transferred from Moot House to Chadwick House.
- (2) The attendances of the Ophthalmic Surgeon at 93 High Road, South Woodford (Forest Health Area) were reduced from one a week to three each month and arrangements made for an Orthoptist to attend two sessions a week.

- (3) The attendance of an Ophthalmic Surgeon at 58 New Street, Dunmow (Mid-Essex Health Area) was discontinued.
- (4) The Orthoptic Clinic at Loughton Hall, Loughton (Forest Health Area) was reduced from four sessions to two a week.

Extensions of the Specialist Services considered to be necessary during the financial year 1959/60 were submitted to the North-East Metropolitan Regional Hospital Board as follows :—

<i>Health Area</i>	<i>Health Centre/ Health Services Clinic</i>	<i>Suggested Extension</i>
South-East Essex	Craylands, Timberlog Lane, Basildon	Increase ophthalmic sessions from three every four weeks to one weekly.
	do.	Establish an orthoptic session weekly.
	Eastwood Road, Rayleigh	Establish an orthoptic session weekly.
	High Road, Benfleet	Establish an orthoptic session weekly.
South Essex .....	St. Mary's Lane, Upminster	Increase physiotherapy sessions from one to three a week.
	Glasson House, High Street, Grays	Re-establish weekly physiotherapy session.
Forest .....	Chadwick House, Harlow	Increase physiotherapy sessions from three to six a week ; orthopaedic sessions from one every six weeks to one every four weeks ; ophthalmic sessions from one a week to six every four weeks, and orthoptic sessions from three to six a week.
Romford .....	Marks Road, Romford	Increase orthopaedic sessions to 13 a year instead of 12 as at present.



<i>Health Area</i>	<i>Health Centre/ Health Services Clinic</i>	<i>Suggested Extension</i>
Dagenham .....	Ballards Road, Dagenham	Three additional physiotherapy sessions a week.
	Bentry School, Dagenham	Additional physiotherapy sessions, one session a week at clinic and two sessions for home visiting.

### Day Nurseries.

Twenty day nurseries with a total of 966 approved places were provided by the County Council during the year, and of these 15 were approved for the training of nursery students in the care of children under the age of five years. The demand for vacancies continued to fluctuate but it was not necessary to close any further day nurseries or provide any additional day nurseries during the year.

A further review of the categories of priority used in connection with the admission of children to day nurseries was undertaken during 1958 and it was decided that these should be as follows :—

<b>Priority I</b> .....	Children of sole wage earners — i.e. widow, widower, a parent separated, divorced or deserted, unmarried mother, mother working on account of father's chronic illness.
<b>Priority II</b> .....	Admissions recommended by Area Medical Officers, including cases arising from socio economic circumstances, irrespective of whether the mothers are in employment.
<b>Priority III</b> .....	Admissions due to illness of either parent, including confinement of mother or emergency.
<b>Priority IV</b> .....	Children of mothers in employment highly essential to communal services, subject in each case to the approval of the Chairman or the Vice-Chairman of the Health Area Sub-Committee.

All the day nurseries were adequately staffed and were visited regularly by Inspectors of the Ministry of Health and of the Ministry of Education.

It will be remembered that no fewer than 33 day nurseries were provided ten years ago so, on balance, it would appear that the general demand over the years for this form of care continues to decline.

### Nurseries and Child Minders Regulation Act, 1948.

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, at the end of 1958 and the number of children for whom provision was being made at that date (along with comparable figures for 1957) are given in the following Table :—

Table 22

Health Area	NURSERIES				CHILD MINDERS			
	Number Registered		Number of Children provided for		Number Registered		Number of Children provided for	
	1957	1958	1957	1958	1957	1958	1957	1958
North-East Essex	2	4	45	91	—	3	—	14
Mid-Essex	2	1	14	6	1	—	6	—
South-East Essex	3	3	20	20	1	1	3	3
South Essex	5	8	149	166	9	8	36	31
Forest	10	12	181	217	11	15	49	65
Romford	—	1	—	12	2	2	20	20
Barking	—	—	—	—	—	—	—	—
Dagenham	—	—	—	—	2	3	14	22
Ilford	6	12	142	180	3	—	18	—
Leyton	—	—	—	—	2	—	7	—
Walthamstow	1	1	16	16	—	—	—	—
TOTAL	29	42	567	708	31	32	153	155

It is interesting to note the gradual expansion of this Service since the Act came into operation in July, 1948 : on 31st December, 1949, there were only three sets of premises and 20 daily minders registered providing for 44 and 77 children respectively.

### Daily Guardians Scheme.

Details as to the number of Daily Guardians registered and the number of children being cared for at the end of 1958 (with comparable figures for 1957 shown in parenthesis) in the Forest, Dagenham and Walthamstow Health Areas were :—

Health Area	Daily Guardians	Children being cared for
Forest	3 (6)	2 (4)
Dagenham	129 (145)	78 (74)
Walthamstow	20 (20)	5 (5)
	152 (171)	85 (83)



### **Convalescent Facilities.**

A total of 152 applications were received for recuperative holidays (47 were in respect of mothers and 105 were for children) and 114 were granted—34 mothers and 80 children: these represent only a slight decrease in the number of applications approved during 1957.

## **CHILDREN ACT, 1948**

### **Residential Establishments.**

The routine medical examinations and the general medical supervision of children in the residential nurseries and homes provided by the Children's Committee were again undertaken by general medical practitioners. Routine visits of inspection were made to the four residential nurseries in the Administrative County in company with the Children's Officer and the opportunity was taken to offer advice regarding a programme to be followed with regard to the immunisation and vaccination of children taken into care.

It was not necessary to alter the medical arrangements at the two Remand Homes at Boyles Court, Great Warley and at Newport House, Great Baddow, or at the Chafford Approved School at Ramsey during 1958.

### **Boarded-out Children.**

During the year, 1,056 children were medically examined (mainly by general medical practitioners) and of these, 170 were found to require treatment or following-up because of various defects found. Details of the 170 children were forwarded to the Area Medical Officer concerned in order that the necessary supervision might be given.

## SECTION IV—THE MIDWIFERY, HOME NURSING AND HEALTH VISITING SERVICES

### MIDWIFERY SERVICE

During 1958, 274 members of the County Council's domiciliary midwifery staff (comprising 79 midwives and 195 home nurse-midwives) notified their intention to practise in accordance with the provisions of the Midwives Act, 1951. These midwives attended 10,431 deliveries, no doctor being present in 8,838 cases. In addition, 3,948 mothers who were delivered in hospital during the year were discharged to their homes before the fourteenth day and this necessitated nursing visits being made by these domiciliary midwives.

Two hundred and sixty-four midwives working in hospitals, nursing homes and in private practice also notified their intention to practise to the County Council as Local Supervising Authority and they attended a total of 14,872 deliveries.

The total number of births notified during the year under Section 203 of the Public Health Act 1936 was 28,354 and of these 10,694 births occurred at home. The following Table gives details of the number of births notified in each Health Area and whether they took place at home, in hospital or in a nursing home :—

Table 23

Health Area	Domiciliary births	BIRTHS IN—	
		Nursing Homes	Hospitals
North-East Essex	792	9	2,034
Mid-Essex	1,325	123	2,342
South-East Essex	1,581	45	1,607
South Essex	2,426	52	2,615
Forest	1,588	29	2,345
Romford	957	30	1,021
Barking	232	1	707
Dagenham	568	2	1,004
Ilford	585	11	1,653
Leyton	280	2	998
Walthamstow	360	6	1,024
Administrative County	10,694	310	17,350

The above figures show that for the Administrative County 62.3 per cent of the births notified occurred in hospitals, this being a slight increase on the corresponding figure for 1957. It is of interest to note that hospital confinements in the South-East Essex Health Area (which includes the Basildon New Town) were only 51.1 per cent of the total and this is much below the national figure of 63.9 for 1958. Similarly, hospital confinements



were well below the national average in the Romford and South Essex Health Areas although the figure for the Forest Health Area (which includes Harlow New Town) was relatively high at 59.9 per cent.

Difficulties were again experienced in recruiting and maintaining an adequate number of domiciliary midwives to cater for the ever-increasing population of the Administrative County and every possible step was taken to attract and retain staff, including the provision of motor transport for all undertaking a reasonable amount of midwifery and additional housing accommodation.

### Analgesia.

Inhalational analgesia was administered to 80 per cent of those women who were confined in their own homes during 1958, as compared with 82 per cent the previous year: 7,938 received 'gas and air' and 594 'Trilene.' In addition, 'Pethidine' was administered to 5,468 cases by domiciliary midwives—a slight increase on 1957. At the end of the year under review, 280 sets of apparatus for the administration of inhalational analgesics were in use—263 for 'gas and air' and 17 for 'Trilene.'

### Ante-Natal and Post-Natal Clinics.

Details of the attendances at the County Council's Ante-Natal and Post-Natal Clinics during 1958 are as follows:—

Table 24

	No. of Clinics provided at end of year (whether held at Child Welfare Centres or other premises)	No. of sessions now held per month at clinics included in Col. (2)		No. of women in attendance		Total No. of attendances during the year	
		Medical Officers Sessions	Mid-wives Sessions *	No. of women who attended during the year	No. of new cases included in Col. (4)	Medical Officers Sessions	Mid-wives Sessions *
(1)	(2)	(3)		(4)	(5)	(6)	
Ante-Natal Clinics .....	87	313	185	14,007	10,736	45,481	29,082
Post-Natal Clinics .....	11	28	—	3,313	3,194	3,820	—

\* i.e., where no medical officer was present.

Although the number of clinics has increased during the past ten years, fewer expectant and nursing mothers appear to be taking advantage of the facilities offered.

#### **Puerperal Pyrexia.**

There was a welcome decrease in the number of notifications of this disease during the year, the total being 354 as compared with 415 in 1957 and 451 in 1956. Of this total, 43 occurred in domiciliary confinements giving a percentage of 12.2 (8.7 in 1957).

#### **Ophthalmia Neonatorum.**

There was also a decrease in the number of cases of ophthalmia neonatorum notified during 1958, the total being 18 as compared with 20 for the previous year. It is interesting to note that 11 of these cases arose in the Barking Health Area. As far as is known, there was no impairment of vision in any case.

#### **Maternal Deaths.**

The number of deaths in the Administrative County which were ascribed to pregnancy, child-birth or abortion during 1958 was 10—an increase of one over the previous year. The maternal mortality rate was thus 0.35 per thousand live births, compared with a rate of 0.33 in 1957 and a rate of 0.43 for England and Wales.

Detailed reports on Forms M.C.W. 97, were completed in respect of each of these 10 deaths and forwarded to the Regional Assessor in accordance with the arrangements made by the Ministry of Health.

#### **Care of Unmarried Mothers and their Babies.**

The Chelmsford Diocesan Moral Welfare Association continued to be responsible on behalf of the County Council for the care of unmarried mothers and their babies and during the year in question 279 girls and women were admitted to their hostels—an increase of 49 over the previous year. The average length of stay of each mother was six weeks prior to confinement and five weeks after the confinement.

#### **Training of Midwives.**

A total of 113 pupil midwives undertook training in the Administrative County during the year under review for Part II of the Central Midwives Board Certificate. The majority of these received the training at The Lady Rayleigh Training Home, Leytonstone and at York House Training Home, Dagenham—both maintained by the County Council. Training was, however, also given in the Forest and South-Essex Health Areas, where 10 midwives (six in Forest and four in South Essex) are approved as teaching midwives.



## HOME NURSING SERVICE

It was pointed out in my last Annual Report that the demand for the services of a Home Nurse has been declining for a number of years. This trend was continued during 1958 and the total number of cases treated was 26,828—1,303 less than in 1957. There was, however, very little reduction in the number of visits paid, the total for 1958 being 650,508 or only 239 less than during the previous year. It would seem, therefore, that the patients being nursed in their own homes received increased attention during 1958.

The following statistics show the number of cases treated and of the visits paid according to category during 1957 and 1958 :—

Category of Case	No. of Cases attended by Home Nurses during—		No. of Visits paid by Home Nurses during—	
	1957	1958	1957	1958
Medical .....	19,568	20,024	481,950	490,841
Surgical .....	6,281	5,200	123,673	127,723
Infectious Disease .....	218	207	2,404	2,539
Tuberculosis .....	450	392	20,970	19,367
Maternal Complications .....	451	419	3,925	3,406
Others .....	1,163	586	17,825	6,632
Totals	28,131	26,828	650,747	650,508

It is interesting to note from the above details that during 1958 approximately 49 visits were paid to each case of Tuberculosis, 24 visits were paid to each medical and surgical case, 12 visits to each infectious disease case, 11 to each case of other illness, and only 8 visits to each case of maternal complications.

The general trend of the demand for the services of Home Nurses is similar to that for the Domestic Help Service. During 1958, 448,112 visits were paid to persons over the age of 65 years, an increase of 8,751 on the figure for the previous year. It is anticipated that this trend will continue and that these two important Services will play an increasing part in keeping old people in their own homes and out of hospitals.

There is no doubt that the part played by the Home Nursing Service in relieving the pressure on hospital beds was maintained during the year, although it is difficult to estimate the number of patients who would have had to be admitted to hospital had this and other domiciliary health services not been available.

This valuable Service has expanded considerably since the National Health Service Act came into operation and whilst the demands made upon it have of recent years fluctuated somewhat, they now appear to have levelled out.

Forty-one nurses completed the course of training as District Nurses in accordance with the requirements of the Queen's Institute of District Nursing



at The Lady Rayleigh Training Home, Leytonstone, and York House Training Home, Dagenham—both maintained by the County Council. This figure was an increase of six over that for 1957 and included 12 trained for other local health authorities.

### HEALTH VISITING

A total of 325,869 home visits was paid by Health Visitors during 1958 as compared with a total of 332,975 visits in 1957. Of these, no fewer than 40,384 visits had to be classified as being ineffective because, for various reasons, the Health Visitor was unable to see the person to be visited. The other visits were made to the following categories :—

Expectant mothers	.....	8,609
Children under 1 year of age	.....	104,566
Children aged 1 and under 2 years	.....	49,075
Children aged 2 and under 5 years	.....	83,388
Tuberculous households	.....	5,890
Other cases	.....	33,957

A total of 112,017 children under 5 years of age and 5,547 expectant mothers were visited.

In addition to the above, Tuberculosis Visitors paid 24,010 visits to tuberculous households and further details of this branch of the work will be found on page 74.

There were 238 full-time and 45 part-time Health Visitors, Tuberculosis Visitors and School Nurses employed at the end of 1958 as compared with 230 and 47 respectively at the end of the previous year. Of these, 22 were Tuberculosis Visitors and 53 School Nurses employed solely within the School Health Service ; the remainder were Health Visitors who carried out the combined duties of Health Visitors and School Nurses.

The Health Visiting staff, in addition to undertaking the vast amount of home visiting mentioned above, continued to assist at Child Welfare Centres and a variety of clinic sessions, e.g. vaccination and immunisation. Because of the continued shortage of these "all-purpose social workers," 51 clinic nurses (15 whole-time and 36 part-time) were employed to relieve them of the more routine duties.

The build-up of the Health Visiting Service has been very slow and it will not be possible to attain our objective of employing one whole-time health visitor for every 4,000 of the population unless and until the number of qualified health visitors increases considerably.

Six students completed a course of training arranged jointly by the Health and Education Committees at the South-East Essex Technical College, Dagenham, and were successful in obtaining the Health Visitors Certificate of The Royal Society of Health. In accordance with the terms of their training, each was subsequently appointed to the Council's staff.



## SECTION V—PREVENTIVE MEDICINE, CARE AND AFTER-CARE TUBERCULOSIS

The number of **primary notifications** of cases of tuberculosis received during the year under review was 848—a decrease of 117 notifications over the figure for 1957. Details of these notifications are as follows :—

Table 25

	Sex	Under 1 year	1-2 years	2-5 years	5-10 years	10-15 years	15-20 years	20-25 years	25-35 years	35-45 years	45-55 years	55-65 years	65-75 years	Over 75 years	Total (all ages)
Respiratory	M	5	5	3	11	8	27	44	76	71	87	84	45	12	478
	F	2	3	2	5	8	32	44	69	35	23	27	13	5	268
Non-respiratory	M	—	—	1	3	3	2	3	16	8	3	2	—	—	41
	F	2	—	—	7	4	7	8	14	10	3	3	3	—	61

Notifications other than by formal notifications were :—

Table 26

Source of information	Age Period	Sex	Under 10 years	10-15 years	15-20 years	20-25 years	25-35 years	35-45 years	45-55 years	55-65 years	65-75 years	Over 75	Total (all ages)
Death returns from local Registrar	Respiratory	M	—	—	—	—	—	1	3	4	4	4	16
		F	—	1	1	—	—	—	1	—	4	—	7
	Non-Respiratory	M	—	—	—	—	—	—	—	2	—	1	3
		F	—	—	—	—	—	—	—	—	—	—	—
Death returns from Registrar General (Transferable deaths)	Respiratory	M	—	—	—	—	—	1	2	7	3	2	15
		F	—	—	—	—	—	1	—	—	1	—	2
	Non-Respiratory	M	—	—	—	—	—	—	1	—	—	—	1
		F	—	—	—	—	—	—	—	—	1	1	2
Posthumous Notifications	Respiratory	M	—	—	—	1	—	—	—	2	2	—	5
		F	—	—	1	—	1	—	1	—	—	—	3
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	1	1	1	—	3

Table 55 at the end of this Report 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 each quinquennium since 1920 and for individual years since 1955.

The task of visiting tuberculosis patients in their own homes in order to give them advice and guidance is shared by full-time Tuberculosis Visitors and by the Health Visitors. In the more densely populated parts of the

Administrative County the former undertake this important work, whilst elsewhere Health Visitors make the visits as part of their comprehensive duties. Very close co-operation is maintained by both Tuberculosis Visitors and Health Visitors with the Chest Physicians; the former attend the Chest Clinic sessions regularly and the latter visit these Clinics at regular intervals in order to discuss with the Chest Physicians the particular needs and progress of their patients. The following is a summary of the home visits paid during 1958 :—

Table 27

Health Area	No. tuberculous households at 31.12.58	Visits to Households		Sessions attended at Chest Clinic	
		Tuberculosis Visitors	Health Visitors	Tuberculosis Visitors	Health Visitors
North-East Essex .....	805	185	848	354	71
Mid-Essex .....	990	—	2,435	—	385
South-East Essex .....	868	—	995	—	257
South Essex .....	2,321	8,118	940	684	68
Forest .....	2,058	4,024	325	591	50
Romford .....	1,167	4,145	—	365	—
Barking .....	583	2,152	319	215	116
Dagenham .....	770	3,628	80	393	—
Ilford .....	1,441	4,313	36	518	—
Leyton .....	743	2,733	—	353	—
Walthamstow .....	1,026	1,173	—	773	—
<b>Total .....</b>	<b>12,772</b>	<b>30,471</b>	<b>5,978</b>	<b>4,246</b>	<b>947</b>

Comparable figures for 1957 were 12,661 ; 30,180 ; 5,457 ; 4,543 and 884.

The total number of patients on the Chest Clinic registers at the end of the year was 13,460, compared with 13,329 at the end of 1957.

#### Follow-up of Contacts.

During the year under review, 746 cases of respiratory tuberculosis were notified and 4,365 contacts were examined for the first time; these figures show a reduction in notifications of 95 and this was reflected by a decrease of 270 first examinations of contacts.

Although arrangements exist for the boarding-out of child contacts of tuberculosis with approved foster parents where it is felt that there is par-



ticular exposure to infection, it was not found necessary during the year to make use of them.

### Open-Air Shelters.

There were only 19 open-air shelters being used by persons suffering from tuberculosis at 31st December, 1958: this was only one less than the number in use at the end of the previous year, but the very fact that there was a decrease points to the success of the intensive fight against this disease. This success has been due to various factors, including earlier diagnosis partially because of mass x-ray examinations, earlier admission to hospital, advances made in curative measures and better housing conditions.

### B.C.G. Vaccination.

The scheme for the B.C.G. vaccination of Mantoux negative contacts of patients suffering from respiratory tuberculosis, which was commenced in 1951 was continued and, as will be expected from the decrease in the number of notifications of tuberculosis, there was a fall in the number skin-tested. Details of the work undertaken in this field by the Chest Physicians during the last two years are as follows :—

	<u>1957</u>	<u>1958</u>
(1) Number of contacts skin-tested .....	4,597	3,573
(2) Number of contacts found negative	2,742	2,184
(3) Number of contacts vaccinated .....	1,982	1,930

One interesting point arising from these figures is that during 1957 the difference between the number of contacts found negative and the number of contacts vaccinated was 760, whilst the comparable figure for 1958 was 254.

The arrangements for the B.C.G. vaccination of children in the 13-year-old group (which commenced in 1954) was also continued during the year. The following statistics indicate that an increased number of children received this valuable form of protection during 1958 but they present rather a false picture since there was an appreciable increase in the number of children in the 13-year-old age group.

	<u>1957</u>	<u>1958</u>
(1) Number of children to whom B.C.G. vaccination was offered .....	21,504	24,411
(2) Number of children undergoing tuberculin tests :—		
Positive result .....	1,353	1,318
Negative result .....	9,762	10,708
Totals .....	<u>11,115</u>	<u>12,026</u>

(3) Number of children who were vaccinated with B.C.G. ....	9,386	10,160
--	-------	--------

Following the receipt of Circular 7/58 from the Ministry of Health, which informed local health authorities that supplies of British freeze-dried B.C.G. vaccine were available, it was decided to use this new vaccine experimentally in one Health Area only. The post-vaccinal test at six weeks was discontinued as from May, 1958, having regard to the advice given in Memorandum 322/B.C.G. (revised 1958).

### **Tuberculosis Care Associations.**

The County Council made grants amounting to £7,229 to the 17 voluntary Tuberculosis Care Associations which cover the whole of the Administrative County. The total income of these Associations was £13,512. The Council's contributions were again calculated on a basis of £2 per 1,000 population served by each Association, up to £25 for petty disbursements (mainly postages) and a proportion of an allocation of £3,000 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 twelve months ended 30th November, 1958, was £13,158, as compared with £14,246 in 1957, and the following details indicate the way in which this money was used in helping tuberculous patients and their families :—

	£
Milk and groceries .....	8,547
Fuel .....	422
Fares .....	817
Clothing and furniture .....	487
Holidays, outings, etc. ....	132
Diversional occupational therapy .....	85
Miscellaneous grants .....	1,209

### **Occupational Therapy.**

For a number of years occupational therapy has been provided for tuberculosis patients in two ways, viz :

- (a) by the employment of full-time Occupational Therapists in the Romford, Barking, Dagenham and Ilford Health Areas and, more recently in the nature of an experiment, in parts of the South-Essex and Forest Health Areas.
- (b) through an agency arrangement with the British Red Cross Society whereby the County Council make a grant to the Society on the basis of an initial payment of 10s. for each patient, with an additional payment of 10s. for each visit made.



The success of the measures taken to combat the spread of tuberculosis referred to above is reflected in the decrease in the number of new patients visited for occupational therapy. Only 29 new cases were visited by the single officer employed by the Council and five on behalf of the British Red Cross Society.

#### **Extra Nourishment.**

The arrangements for the provision of one pint of milk a day free of charge to those tuberculous patients recommended by the Chest Physician for this form of extra nourishment continued and, rather surprisingly, there were 1,554 patients receiving this form of assistance at the end of the year. This number was an increase of eight over the figure for the previous year, but the number of new cases recommended for a supply of milk during 1958 was 619, which represents a decrease of 92 over the figure for the previous year.

#### **Mass Miniature Radiography.**

As in previous years, three mobile Mass Radiography Units of the North-East Metropolitan Regional Hospital Board toured the Administrative County. During 1958, 64 different centres were visited and as a result 38,848 males and 37,117 females had x-ray examinations of the chest.

Sessions were held for the general public, school children, also hospital, office and factory staffs and the proportion of persons examined who were found to be suffering from active tuberculosis was 1.3 per thousand.

#### **Rehabilitation.**

During 1958 responsibility was accepted for two new patients undergoing rehabilitation at the Papworth Village Settlement, Cambridge, and at the end of the year seven patients were being wholly or partly maintained there and at the British Legion Settlement, Preston Hall, Maidstone.

Under arrangements made with the Joint Committee of the British Red Cross Society and the Order of St. John of Jerusalem, patients who are suffering from tuberculosis and living at home are able to borrow books from the Hospital Library Service set up by that organisation. The County Council make a grant to the Joint Committee of 5s. 0d. for each patient to whom books are loaned and 26 patients borrowed 987 books.

### **OTHER ILLNESSES**

#### **Recuperative Convalescence.**

During the year under review, 647 patients who were recovering from illness, but not in need of further medical or nursing attention, were granted two or three weeks' recuperative holiday at suitable convalescent homes. The standard charge made by the County Council to the patient was at the rate



of £3 18s. 2d. per week but this figure was subject to a reduction in necessitous cases. In some cases, travel vouchers were issued where it was considered that the payment of the fares by the persons concerned would have caused them hardship.

#### **Loan of Sickroom Equipment.**

A total of 7,047 articles of sickroom equipment were newly loaned to patients during 1958, and at the close of the year 4,210 articles were out on loan. The smaller types of articles such as back rests, bed pans, air rings and urinals were issued from small stores maintained by Home Nurses throughout the Administrative County, whereas larger items such as wheelchairs, commodes, mattresses and special beds, were issued from stores set up in each Health Area.

In addition to these arrangements, independent loan depots were maintained throughout the County by the British Red Cross Society and the St. John Ambulance Brigade, and the County Council continued to have the fullest co-operation of both organisations in the loan of sickroom equipment.

#### **Epileptics and Spastics.**

The County Welfare Officer took over from the Essex Association for the Welfare of the Physically Handicapped during the year the responsibility for the maintenance of the register of physically handicapped persons and at 31st December, 1958, no fewer than 2,858 persons resident in their own homes were registered as physically handicapped. Of the persons on the register, 160 were spastics and 162 epileptic. This total does not include persons registered as blind, partially sighted, deaf and dumb, or hard of hearing.

In addition, 66 epileptics were being maintained in Part III (residential) accommodation provided by the County Welfare Committee.

Many of the services available for persons suffering from epilepsy and cerebral palsy are provided by voluntary organisations in co-operation with the Area Medical Officers and the Home Nursing, Health Visiting and Domestic Help Services also continued to assist.

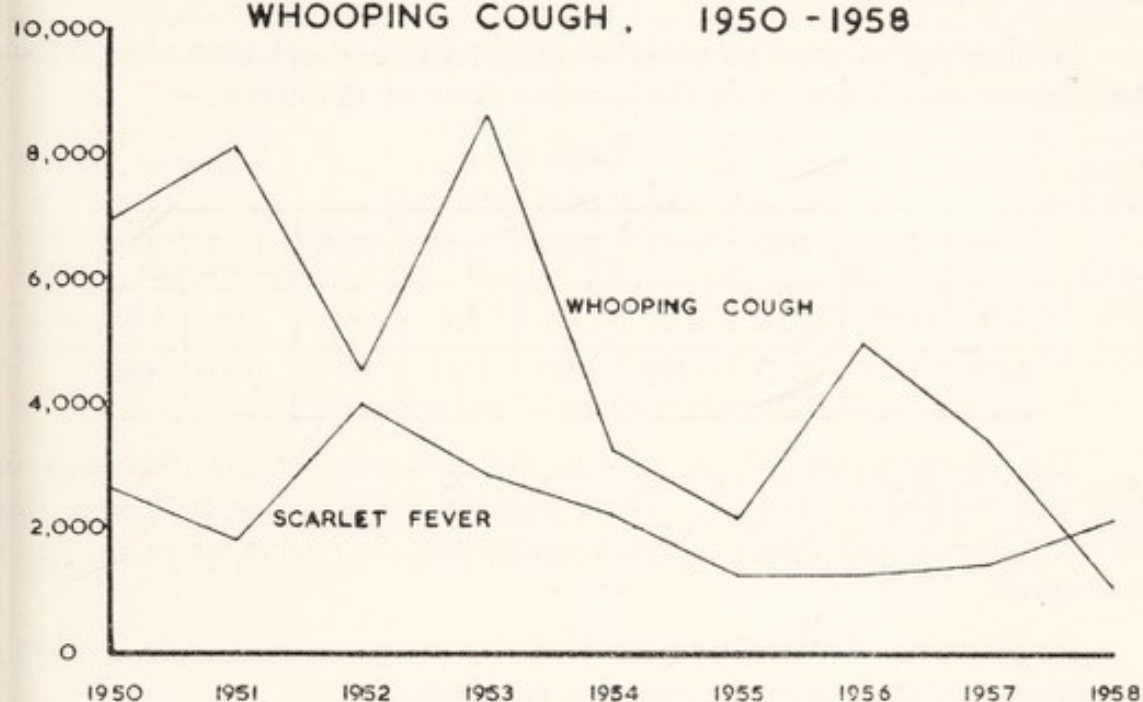
### **INFECTIOUS DISEASES**

The total corrected number of cases of infectious diseases notified during 1958 was 14,910 compared with 35,065 in 1957 and 18,289 in 1956: the very large variation in numbers is due almost entirely to the fluctuation in the incidence of measles. Details will be found in Table 56 at the end of this Report.

The number of cases of **scarlet fever** was over 50 per cent greater than that of the previous year and notifications totalled 2,174 compared with 1,420 in 1957 and 1,265 in 1956. The following graph shows the incidence of this disease each year since 1950.



# NOTIFICATIONS OF SCARLET FEVER AND WHOOPING COUGH, 1950-1958



The above diagram also shows the number of notified cases of **whooping cough** over the same period. The figure of 1,045 notified cases in 1958 was the lowest on record and compares very favourably with the 3,423 cases in 1957 and 4,993 in 1956. The scheme of immunisation against whooping cough (details of which will be found on page 83) was introduced by the County Council in 1953 and, with the exception of 1956, the incidence of the disease has tended to decline since then: it is to be hoped that this favourable trend will continue.

There were eleven notifications of **diphtheria** during the year compared with one in 1957 and two in 1956. The following figures show the notifications of this disease in the Administrative County since the end of the War together with the number of deaths.

Table 28

1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Notifications of Diphtheria												
152	76	61	9	11	4	3	3	3	12	2	1	11
Deaths from Diphtheria												
16	6	5	1	—	—	1	—	—	—	—	—	1

Although the above figures illustrate the remarkable drop in the incidence of diphtheria, the fact that there was one death (in Barking)—after an interval of six years—out of only 11 cases is a sharp reminder of the dangers of this disease.

Particulars of the children immunised against diphtheria in 1958 will be found on page 83.

Notifications of **acute poliomyelitis** numbered 82—the lowest since 1951—and the comparable figures for the last nine years are as follows :—

Table 29

1950	1951	1952	1953	1954	1955	1956	1957	1958
244	60	177	217	90	451	95	384	82
(67)	(52)	(75)	(59)	(48)	(56)	(53)	(61)	(68)

The figures in parenthesis refer to the percentage of the total cases in each year notified as paralytic. There were six deaths during 1958 from this disabling disease and details of the arrangements for immunisation are given on page 81.

Notifications of **dysentery** rose to 1,102 compared with 480 in 1956 : the average incidence over the past four years was 730.

The continuing decrease in the number of notifications of **puerperal pyrexia** (354 compared with 415 in 1957 and 451 in 1956) was most encouraging.

There were only three cases of **para-typhoid fever** notified and 7,624 of **measles** : comparable figures for 1957 were two and 25,939, respectively.

## PUBLIC HEALTH (AIRCRAFT) REGULATIONS 1952

In accordance with the requirements of the Public Health (Aircraft) Regulations 1952 the County Council are responsible for the maintenance of certain health control measures at Stansted Airport. Under the arrangements in force during 1958, Assistant County Medical Officers undertook stand-by duty on a rota basis to carry out routine health control at the Airport and these arrangements proved satisfactory.

## VACCINATION AND IMMUNISATION

### Smallpox.

In my last Annual Report I drew attention to an increase of 17,572 in the number of vaccinations and re-vaccinations carried out (as compared with 1956) following the notification of a case of smallpox in Walthamstow. No notifications of smallpox were received during 1958 and, as the following table shows, there was a decrease of 13,784 in the number of vaccinations and re-vaccinations carried out. There was, however, a welcome increase in the number of children under the age of one year who were protected,



Table 30

Age at date of vaccination	Under 1 year	1-2 years	2-4 years	5-14 years	15 years and over	Total
Number vaccinated .....	14,262 (13,418)	1,031 (1,445)	861 (2,135)	1,211 (4,307)	1,455 (4,630)	18,820 (25,935)
Number re-vaccinated .....	10 (6)	12 (30)	138 (289)	585 (1,974)	3,784 (8,899)	4,529 (11,198)

Note : Figures in parenthesis relate to 1957

Details concerning the primary vaccinations and re-vaccinations carried out in the Health Areas and of the infant acceptance rate and re-vaccinations completed per thousand population are shown in the following Table :—

Table 31

Health Area	Number vaccinated	Number re-vaccinated	Infant Acceptance Rate		Re-vaccinations per 1,000 population
			1952-56	1957	
North-East Essex .....	1,708	425	39.9	49.4	3.4
Mid-Essex .....	2,503	683	45.2	50.1	4.8
South-East Essex .....	2,160	291	34.6	46.1	2.9
South Essex .....	3,128	740	40.4	56.7	5.1
Forest .....	2,940	839	43.7	58.8	9.0
Romford .....	1,277	296	24.5	31.4	5.3
Barking .....	275	104	20.2	24.1	2.6
Dagenham .....	1,193	176	22.9	50.6	3.9
Ilford .....	1,677	537	42.3	51.1	5.5
Leyton .....	1,056	225	30.8	57.6	7.5
Walthamstow .....	903	213	36.3	56.4	22.8
Administrative County	18,820	4,529	37.2	50.5	6.4

### Poliomyelitis.

It was possible during 1958 to extend further the offer of vaccination against poliomyelitis and it was agreed that the order of priority for each type of vaccine should be :—

- (a) All persons in the existing priority groups, either registered or registering later (including all children newly reaching the age of six months).
- (b) Persons born in the years 1933-1942, hospital and nursing home staffs coming into contact with patients, medical students and the families of these two latter groups.
- (c) Third injections to be offered to those who have already received two injections not less than seven months after the second (in approximately the same order in which they were given their earlier injections).

By the end of the year under review, 248,798 children born in the years 1943-1958 and 12,291 persons in the other groups had received two injections, whilst 22,233 persons had received three injections.

The following details show the number of vaccinations carried out during 1958 (in the various priority groups) and the number of persons who were awaiting vaccination at 31st December, 1958 :—

<u>Category</u>	<u>Number vaccinated with two injections during 1958</u>	<u>Number of applicants awaiting vaccination at 31.12.1958</u>
Children born 1943-1958 .....	156,003	11,156
Young persons born 1933 to 1942 .....	1,326	2,860
Expectant mothers .....	7,211	437
General practitioners and their families .....	638	15
Ambulance staffs and their families .....	416	25
Hospital staffs, medical students and their families .....	1,884	43
	<u>167,478</u>	<u>14,536</u>

Salk vaccine manufactured in either the United States of America or in Canada became available for the first time and in all, a total of 518,484 mls. of vaccine were received for distribution. This total was made up as follows :—

British vaccine (9 issues)—77,194 mls.

American Salk (7 issues)—257,490 mls.

Canadian Salk (8 issues)—183,800 mls.

### **Influenza.**

The offer of vaccination as a protection against the Asian type of influenza remained open during 1958 to those members of the staff who were



likely to be especially exposed to infection by reason of caring for patients in their own homes but no vaccinations were undertaken.

### Diphtheria.

During the year 23,857 children under the age of 15 years completed a full course of immunisation against diphtheria as compared with 22,024 in 1957 and 23,176 in 1956.

Despite the heavy calls made on the medical and nursing staffs by the poliomyelitis vaccination scheme, every effort was made by all concerned to impress upon parents the need to have their children immunised against this deadly disease. There is, however, a tendency for parents to forget the need to maintain their children's immunity by having re-inforcing doses at recommended intervals. In this connection, it will be seen from the following Table that at the end of 1958 there were 133,159 children whose last course of immunisation (primary or "booster") was completed in the period 1953 or earlier and this number is excluded from the official immunity index, which is calculated by dividing the number of children protected either by primary or re-inforcing dose in the period 1954-1958 inclusive, by the estimated population.

Table 32

Age on 31.12.58 (i.e. born in year)	Under 1 year (1958)	1—4 years (1954-57)	5—9 years (1949-53)	10—14 years (1944-48)	Under 15 years Total
A. No. of children whose last course (primary or "booster"), was completed in the period 1954-58.	5,725	68,552	75,269	38,473	188,019
B. No. of children whose last course (primary or "booster"), was completed in the period 1953 or earlier.	—	—	43,659	89,500	133,159
C. Estimated mid-year child population.	27,200	107,600	288,100		422,900
Immunity Index .....	21.0	63.7	39.5		44.5

### Whooping Cough.

A total of 14,758 children were protected by immunisation during 1958 as compared with 11,507 during the previous year. Details are as follows:—

	By private medical practitioners :	By County Council medical staff :	Total :
(1) Under 6 months .....	1,949 (993)	2,811 (1,872)	4,760 (2,865)
(2) 6—12 months .....	3,068 (2,006)	4,599 (4,063)	7,667 (6,069)
(3) 1—2 years .....	730 (630)	756 (854)	1,486 (1,484)
(4) 2—4 years .....	321 (362)	284 (335)	605 (697)
(5) 5 years and over .....	172 (236)	68 (156)	240 (392)
Totals .....	6,240 (4,227)	8,518 (7,280)	14,758 (11,507)

Note: Figures in parenthesis relate to 1957.

Many general medical practitioners practising in the Administrative County immunised children with the combined diphtheria/pertussis vaccine (**not** provided by the County Council) and details as to the cases protected in this way are shown in the following Table :—

Table 33

Under 6 months	6—12 months	1—2 years	2—4 years	5 years and over	Total (all ages)
1,346	1,506	1,189	395	241	7,132

The family doctors also gave reinforcing injections with combined vaccine to 1,506 children.

### ESSEX EPIDEMIOLOGICAL COMMITTEE

There was no change in the membership of the Essex Epidemiological Committee during 1958 although it was not necessary for the Committee to meet during the year.

### VENEREAL DISEASES

Returns received from the Special Clinics show there were 107 new cases of syphilis and 267 new cases of gonorrhoea diagnosed in patients residing in Essex during 1958. These figures show an increase over those for the previous year and, for comparative purposes, the number of new cases for each of the last five years are as follows :—

Table 34

	1954	1955	1956	1957	1958
Syphilis .....	94	74	86	104	107
Gonorrhoea .....	213	190	211	236	267

These increases are causing some concern to those members of the medical and nursing staffs involved directly in the fight to control venereal



diseases and the opportunity was taken during 1958 of reviewing the arrangements for the tracing and follow-up of contacts. As a result, the Consultant Venerologists expressed satisfaction with the existing arrangements for the carrying out of this very difficult work.

An analysis of the new cases, according to the Clinics at which the diagnosis was made, is given in the following Table :—

Table 35

<i>Place of Diagnosis</i>	<i>Syphilis</i>	<i>Gonorrhœa</i>	<i>Other Conditions</i>
Essex .....	60	103	893
London .....	39	117	796
Elsewhere .....	8	47	313

### HEALTH EDUCATION

Since the inception of the National Health Service in 1948 Health Education has grown from a means whereby simple information was provided to the public on the services available from local authorities to a widely used technique of preventive medicine. Furthermore, so far as Essex is concerned, the service has grown so rapidly during the past two years that it was decided to carry out a re-appraisal of the facilities available and the techniques used. This has now been done and as a result it should be possible in future to make an even more valuable contribution to the health of the community.

#### Lectures, Film Shows, etc.

The programme of lectures, talks and discussions given by members of the medical and nursing staffs has continued to grow. During the year, no fewer than 1,923 lectures were given in schools and clinics also to youth organisations, etc. The work in schools at present is mainly concerned with senior girls, but requests are increasingly received from boys' schools for courses in health and hygiene.

Many new films and film strips were added to the store of visual aids held centrally which are made available on loan throughout the Administrative County for health education purposes. During the year, 335 film shows were given; this is a considerable increase over previous years. Many of these shows were arranged in connection with lectures and discussions undertaken by Health Area staffs and in conjunction with School Health Weeks and Exhibitions.

#### In-Service Training

In-service training courses arranged during the year included a series of two-day courses on the Techniques of Teaching Parentcraft, one-day courses

on Smoking and Lung Cancer, half-day previews of new teaching materials and demonstrations of Health Education techniques. Material on the importance of Health Education was also given at a number of training courses for domestic helps and lectures were given in connection with the training course for student health visitors. Special discussions with school teachers were also held and, in a number of cases, invitations were extended to teachers' training colleges and groups of students visited various Health Education projects.

### Parents' Meetings

Many special lectures for parents and Parent-Teacher Associations and a series of lectures, film shows and discussions on "The Health of the Adolescent" were arranged during the year.

### Health Exhibitions

The Health Exhibition programme was further developed during the year; examples of new types of exhibitions included the following:—

- (i) Health of the Elderly—the original showing of which was arranged in connection with an Old People's Welfare Exhibition held in Walthamstow.
- (ii) Mental Health Exhibition—showing the work of the Health Department, including the care and after-care of mental defectives and the promotion of mental health generally.
- (ii) Local Government Exhibitions—a number of exhibitions on this theme, covering various aspects of personal and environmental health, were arranged.
- (iv) The Essex Agricultural Show—Once again the Department provided a major Health Exhibition in connection with the Annual Show of the Essex Agricultural Society, held for the first time on the permanent site at Great Leighs, Nr. Braintree. This year was the 100th anniversary of the formation of the Society and the theme selected for the Department's display was "100 years of progress in Child Health." A large display of pictorial material was arranged and seating accommodation provided for about 200 persons in connection with the continuous showing of films, this part of the exhibition proving extremely popular with the public. Facilities were given on the site for a Mass Radiography Unit belonging to the North-East Metropolitan Regional Hospital Board to operate and a large number of visitors took the opportunity of having a chest x-ray.

In spite of very bad weather during the two days of the Show, some 5,700 persons attended the Exhibition, a rather larger number than in the preceding year.



### School Health Weeks

A number of School Health Weeks were arranged, experience showing that the following procedure gives useful results :—

Preliminary meetings are held with the Head of the school and teaching staff ; visual aids and teaching media suitable for classroom use are shown to the teachers who are asked to undertake work leading up to the health week proper which takes place about four weeks later.

During the intervening period, clinical and educational surveys are carried out to ascertain the health knowledge, attitudes and practices of the children. During the Health Week an exhibition is erected in the school hall and each class is conducted round the exhibition by a member of the Department's staff. The children are shown films and film strips (usually during the General Science period) and further short talks are given in connection with these showings. The school teaching staff spotlight the particular health problem which is being dealt with and where possible associates this subject matter with the school curriculum. The support of teachers and parents is of course invaluable and meetings are arranged for professional and parents' groups. At the professional meetings doctors, nurses and other members of the Health Team discuss the arrangements with the teachers and, if possible, someone well known in the particular field is asked to give a short talk. In some cases, invitations have been sent out to teachers in other districts to attend the professional meetings and this has resulted in added interest leading to further requests for Health Education displays.

The two main fields so far developed are as follows :—

(a) *Dental Health*.—Surveys prior to the Dental Health Weeks showed that although children seemed to have a fairly high standard of dental health knowledge, their practices were of a low standard. The objects of these Dental Health Weeks can be summarised as follows : (i) overcoming the fear of dental treatment and inspection ; (ii) education concerning foods which promote dental health and those which cause decay and (iii) training in tooth and mouth cleaning procedures. The exhibitions have consisted of the display of a complete dental chair and units in order to familiarise children with the background to dentistry work, the children being given the opportunity to handle the equipment. Demonstrations of protective foods, foods causing caries and correct methods of tooth cleaning were also arranged. In the surveys conducted some six months afterwards, considerable improvements were observed in the attitudes and oral hygiene of the children although it was noticed that the oral hygiene of boys was of a lower standard than that of girls.

(b) *Foot Health*.—Many of the foot troubles which are so common among the middle-aged and elderly can be traced back to childhood, and it is then that attention must be paid to promoting foot health. Special efforts were made through child welfare clinics with the mothers of young children, but many



school children also have a low standard of foot health. The object of Foot Health Weeks in schools is to give instruction in the selection of suitable foot wear, including stockings, and ways of promoting foot health in general. Exhibitions consist of material covering foot structure, foot defects and promotion of foot health. Children are conducted over the exhibition, films are shown and professional and parents meetings are arranged. A practice strongly deprecated is that of parents buying shoes for their children without having the child present for proper fitting. It is of course essential if these campaigns are to succeed that the support is forthcoming of all concerned, including parents, teachers and the shoe trade.

### **Pilot Cancer Education Scheme**

In 1957, a pilot scheme of Cancer Education was commenced in the Mid-Essex Health Area and this was continued during 1958. It is too early yet to be able to assess the results of this campaign and further details will be given in a later Annual Report.

### **Smoking and Lung Cancer**

Preliminary enquiries were made into ways and means of educating the public with regard to the relationship between tobacco smoking and lung cancer. Talks were given in clinics, child welfare centres and at a number of evening meetings. Special discussions were held in some areas with Head Teachers and their staffs on the encouragement of young people to avoid the smoking habit. In some cases children have been given leaflets on the subject and in one area a letter is sent to each school leaver prior to the final school medical examination setting out the dangers of tobacco smoking and inviting the child to ask for any further information during the medical inspection. Posters and similar visual aids on the subject have been widely displayed.

### **Health Teaching in Occupation Centres for Mental Defectives**

Experiments were undertaken early in the year on the possibility of using simple films and other visual aids for health teaching in the Occupation Centres. Film shows were arranged throughout the year and it was shown that where suitable material is used together with simple explanation and demonstration, an improvement could be effected in the personal health habits of the children and it is proposed to develop this work further. Meetings and film shows were also arranged for the parents of children in Occupation Centres.

### **Home Safety**

A widening of the scope of Home Safety propaganda was undertaken. Health visitors and others having regular contacts with the public, both in clinics and in their homes, gave short talks on the subject. Advice in the home was concentrated particularly on families with young children or elderly members in view of the high accident rate among these two groups. Home Safety teaching was introduced into school health education programmes and



a number of exhibitions were arranged in co-operation with local Safety Committees and similar organisations. The subject was also introduced wherever possible into the general health exhibitions. Enquiries were put in hand with a view to gathering together interested persons likely to form the basis of new Home Safety Committees and there is much scope for development on these lines.

### **"Guard that Fire" Campaign**

Every co-operation was offered in connection with the "Guard that Fire" campaign organised on a national basis for the month of November. The campaign was organised on a Health Area basis, each Area Medical Officer being charged with the responsibility of arranging for the formation of a working party which would include representatives of local organisations. Arrangements were also made to display propaganda material in clinics, schools, public buildings, shops and on vehicles owned by the County Council, other local authorities and large business undertakings. During the month lectures were given to schools, youth groups and adult organisations of all kinds and Home Safety films were shown with special emphasis on fire risks. In all a total of 282 lectures and 408 film shows were given, 16,300 posters were displayed, 357,000 leaflets were distributed and 25,700 propaganda leaflets were attached to vehicles.

There was no doubt that the Campaign was highly successful in drawing the attention of the public to the great dangers of unguarded fires and reports indicated that the sales of fireguards considerably increased during the period.

### **Special Lectures**

Many requests were received during the year for lectures to professional organisations and other groups. These lectures were concerned with improvements of Health Education and ways and means by which professional sections of the community could assist in the health teaching of the public. Demonstrations of teaching material and visual aids were also arranged. The groups included teachers, student teachers and members of nursing organisations etc.

### **National Organisations**

As in previous years, a grant on the basis of 11s. 0d. per 1,000 population of the Administrative County was made to the Central Council for Health Education and a grant of £13 13s. 0d. was made to The Royal Society for the Prevention of Accidents in connection with the Society's Home Safety propaganda work.

## **DOMESTIC HELP SERVICE**

An indication of the growth of this relatively young Service over the past six years is given in the following Table which gives details of the numbers of whole-time, part-time and casual helps employed. It will be noted that the tendency of recent years has been to employ part-time or casual workers



instead of full-time helps because of the fluctuating demands made upon the Service. It is acknowledged, however, that a nucleus of whole-time trained domestic helps is most desirable.

Table 36

Category	1953	1954	1955	1956	1957	1958
Whole-time helps	66	62	45	36	29	25
Regular part-time helps .....	1,027	953	1,005	1,023	1,080	1,327
Other helps (casual) .....	672	962	1,087	1,224	1,225	1,154
Totals .....	1,765	1,977	2,137	2,283	2,334	2,506
Total working on 31st December,	1,476	1,615	1,798	1,926	2,013	2,172

During 1958 three Training Courses, each of one week's duration, were arranged in co-operation with the Education Committee and a total of 36 helps attended.

All domestic helps employed by the Health Area Sub-Committees are eligible to attend these courses of instruction but, as in previous years, the main criterion followed in the selection of candidates for training was that only those women who had been employed within the Service for some considerable time and, it was anticipated, would remain in the employment of the County Council were selected. Fifteen of these Courses have now been completed, and although it is inevitable that a number of trained helps resign for various reasons, the nucleus of trained helps is being gradually strengthened.

The main subjects covered by the Courses held in 1958 at the Mid-Essex Technical College, Chelmsford, were Household Management, The Family Budget, Food Values, Care of Invalids, Laundry, the Prevention of the Spread of Infection, the Prevention of Accidents in the Home, First Aid in the Home, Care of Children and the Welfare Services for the Aged and Handicapped. Practical instruction was also given in bed making, the care of infants and in cookery. At the conclusion of each Course, an assessment was made of the domestic helps attending and, as a result, the persons directly concerned with their organisation were invariably impressed by the ability of the majority of the women to accept the instruction, whether theoretical or practical, and then to adapt it to meet the needs of the homes in which they gave assistance.

So far as the actual Service provided during the year under review was concerned, the major demand continued to be in respect of the chronic sick, maternity patients and aged non-sick persons. There was a further fall in the demand for assistance in the homes of the tuberculous.



The following Tables give details of the new cases helped during 1958 as compared with the previous four years and of the total number of cases and hours of help (classified by categories) provided during the period 1954 to 1958 inclusive :—

Table 37

Category	1954	1955	1956	1957	1958
Maternity .....	1,929	1,981	2,146	2,000	2,101
Acute sick .....	811	879	803	815	810
Tuberculosis .....	171	154	113	121	113
Chronic sick - aged	2,085	2,476	2,731	2,650	3,043
Chronic sick-others	585	609	734	644	696
Aged non-sick .....	265	280	227	210	176
Others .....	185	256	115	139	155
Total new cases .....	6,031	6,635	6,869	6,579	7,094

Table 38

Category	1954		1955		1956		1957		1958	
	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 —	2,007	138,319	2,044	137,241	2,219	141,478	2,079	125,485	2,189	122,641
Acute sick —	893	54,824	971	57,831	923	50,822	916	49,320	969	46,979
Tuberculosis —	332	81,465	317	78,478	300	73,036	294	59,753	260	54,561
Chronic sick—										
Aged —	4,485	861,120	5,498	998,156	6,564	1,126,383	6,687	1,210,276	7,543	1,313,158
Chronic sick—										
Others —	1,104	229,699	1,204	238,830	1,432	267,834	1,360	254,724	1,419	272,369
Aged non-sick	691	115,334	728	108,842	694	106,333	613	98,234	535	82,154
Others —	280	50,023	372	60,980	159	20,830	177	25,516	209	38,653
Total cases —	9,792	1,530,784	11,134	1,680,358	12,291	1,786,716	12,126	1,823,308	13,124	1,930,515

Whilst it is interesting and gratifying to note from these statistics that the demand for domestic help in the homes of the tuberculous is falling steadily, this particular category of patient received an average of 210 hours help as compared with 56 hours for maternity cases, 48 hours for the acute sick and 174 hours for the chronic sick. The demand for domestic help for the aged chronic sick continued to rise and during 1958 a peak figure of 7,543 cases were provided with 1,313,158 hours of assistance.

It would seem reasonable to assume that the rapid growth of the Domestic Help Service has been made necessary almost entirely by the need to help

the aged and infirm and the desire of all concerned to keep these old people in their own homes as long as possible.

### NIGHT ATTENDANCE SERVICE

It was possible during 1958 to provide night attendance for patients critically ill in their own homes by the use of money made available from voluntary funds. However, because of the limitation of these funds, it was not possible to publicise the facilities and the real need for them could not be accurately assessed ; in consequence this form of assistance was only provided on 8,016 nights for 108 patients.

Consideration was given to the possibility of a Night Attendance Service being provided directly by the County Council and towards the end of the year it was decided to run a trial scheme in one Health Area for an experimental period of six months. The experiment commenced in January, 1959.

### PREVENTION OF BREAK-UP OF FAMILIES

Health visitors continued to undertake a great deal of work in the prevention of the break-up of families and in this they received the support of the Domestic Help Service. The domestic helps chosen to work in the homes of problem or potentially-problem families are carefully selected to work in co-operation with the mother who is more often than not a poor housekeeper : they try, by example and persuasion, to cultivate regular habits in the mother which it is hoped will lead to a more ordered running of the home with a subsequent beneficial effect on the rest of the family. Such training is of necessity quite lengthy, but arrangements exist whereby the usual charge for the provision of domestic help can be waived if it is thought that by doing so the break-up of the home can be avoided. In cases where it is obvious that only routine methods of training and discipline will prove successful, arrangements may be made for the mother and younger children to be sent to rehabilitation centres. In less difficult cases, short periods of convalescence for the mothers and their children are provided with good results.

### CHIROPODY

During 1958 facilities for chiropody treatment continued to be provided by the Council at Health Services Clinics in Barking, Brentwood, Chingford, Dagenham, Hornchurch, Laindon, Leyton, Walthamstow and Wanstead.

The following Table shows the numbers of (a) new cases treated and (b) attendances at these clinics during 1958, with comparable figures for the previous two years. It is interesting to note that of the total attendances, 73.25 per cent were made by women, 17.78 per cent by men and 8.97 per cent by children.



Table 39

	Year	Men	Women	Children	Total
Number of new cases treated	1956	939	2,701	1,087	4,727
	1957	895	2,608	1,349	4,852
	1958	908	2,648	1,540	5,096
Number of attendances	1956	14,444	56,240	6,194	76,878
	1957	14,036	57,501	6,626	78,163
	1958	14,753	60,791	7,445	82,989

In addition to the directly-provided facilities mentioned above, a grant was made from voluntary funds to the Essex Old People's Welfare Committee to enable them to assist local Old People's Welfare organisations in the provision of their own chiropody treatment service for old people by engaging chiropodists on a sessional basis.

#### CANCER ACT 1939

It was not found necessary during the year 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 Acts 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

The arrangement whereby a senior medical officer on the staff of the Health Department pays regular routine visits to the hostels maintained by the Welfare Committee was continued during 1958 and in all 59 visits were made to 27 such establishments. These visits present an opportunity of discussing with the resident staff such things as diets, the correct use of isolation rooms, hygiene, and the prevention of the spread of infection. In addition, advice is given regarding the chiropody services provided and records maintained by the chiropodists are checked to ensure that the agreed arrangements are being followed.

At the request of the Welfare Committee and of the North-East Metropolitan Regional Hospital Board, a review of borderline mentally confused patients in Part III Accommodation was under taken by Dr. Christine Grant,

a Senior Medical Officer on the staff of the Health Department, and Dr. J. P. Fox, a member of the Board's staff, and the results were accepted by all concerned.

Further co-operation is also maintained with the Welfare Department in the provision of equipment for the physically handicapped in their own homes; e.g., all applications for the provision of hoists are submitted to me when arrangements are made for a member of the Department's medical staff to consult with the private medical attendant as to the suitability of the appliances to meet the needs of the individual patient.

### WELFARE OF THE BLIND AND PARTIALLY SIGHTED

The County Welfare Officer has kindly supplied me with much of the following statistical information regarding the blind and partially sighted.

The total number of blind persons registered at the end of 1958 was 3,268 consisting of 1,318 males and 1,950 females (comparable figures for 31st December, 1957, were 3,103, 1,319 and 1,864 respectively).

The age groups of these persons were as follows :—

Table 40

Age Group	Male	Female	Total
Under 16 years .....	207	229	436
16—20 years .....	65	36	101
21—29 years .....	84	59	143
30—39 years .....	96	87	183
40—49 years .....	134	154	288
50—59 years .....	155	213	368
60—64 years .....	72	160	232
65—69 years .....	86	181	267
70—79 years .....	238	448	686
80—84 years .....	89	202	291
85—89 years .....	36	86	122
90 years and over .....	11	19	30
Unknown .....	45	76	121
Totals .....	1,318	1,950	3,268

Three-hundred and thirty-three blind persons were in employment, including 42 from St. Dunstons.

The register of partially sighted persons contained 819 names at the end of the year—308 males and 511 females as compared with 819, 303 and 516 respectively 12 months earlier. The age grouping was as follows :—



Table 41

	Under 16 years	16-20 years	21-49 years	50-64 years	65 years and over	Total
Male .....	45	23	81	41	118	308
Female .....	34	13	63	76	325	511
Total .....	79	36	144	117	443	819

Partially sighted persons in employment numbered 155.

During the year under review, 550 examinations of new patients were arranged under the National Assistance Act 1948 and the Forms B.D.8 completed in each case by the Ophthalmic Surgeon indicated that they may be classified as follows :—

Blindness .....	352
Partial Sight .....	144
Defective Sight .....	24
Not Eligible for Registration .....	30
Total .....	550

The diagnosis made in the 520 cases found with a defect may be summarised as follows :—

Table 42

	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of blind or partially sighted persons registered during 1958 in respect of whom the Ophthalmic Surgeon recommended :—				
(a) No Treatment .....	33	7	—	187
(b) Treatment (Medical, surgical or optical) .....	101	53		139
(ii) Number of blind or partially sighted persons referred to above who, on being followed-up :—				
(a) Have received treatment .....	75	49	—	123
(b) Have refused treatment .....	10	2	—	1

In addition, 504 blind or partially sighted persons were re-examined.

### REGISTRATION OF NURSING HOMES

At the end of 1958 there were 30 nursing homes providing a total of 498 beds (37 maternity and 461 other) registered by the County Council under Part VI of the Public Health Act 1936. Five homes, which previously provided a total of 62 beds for maternity, medical, chronic sick, infirm and convalescent patients, were closed during the 12 months. One new home was registered providing 15 beds.

All the homes were inspected regularly throughout the year.

### AGENCIES FOR THE SUPPLY OF NURSES

There were two Agencies for the supply of nurses in the Administrative County for which the County Council are responsible and both were inspected during the year.



## SECTION VI—THE COUNTY AMBULANCE SERVICE

In Essex, as in other parts of the country, there has been a very considerable expansion of the Ambulance Service to meet the increased demands made upon it during the past ten years. The number of patients carried has increased more than threefold (i.e., from 220,878 in 1949 to 693,164 in 1958) and the mileage has gone up from 2,965,619 in 1949 to 4,376,790 in 1958.

Expenditure has also increased in order to provide for the needs of the expanding Service and, for the 12 months ended 31st March, 1958 amounted to £622,630 gross: the comparable figures for the financial year 1949/50 was £262,428. The cost of the Ambulance Service now amounts to about one-fifth of the total annual expenditure of the Health Committee.

### Staff

The numbers and categories of the operational staff employed in the Service at the end of 1958 are given on page 7.

All driver attendants were again entered for the National Safe Driving Competition organised by the Royal Society for the Prevention of Accidents and during the year under review, 386 succeeded in obtaining an award signifying freedom from any accident, however slight, to person or property for which they were in any way to blame: this was 54 less than in 1957.

The staff were encouraged to obtain a first aid certificate and they are required to pass an examination at the conclusion of a refresher course at intervals not exceeding two years. At the end of 1958, 433 driver attendants held current first aid qualifications recognised by the County Council.

### Vehicles

There was no change in the establishment of 122 ambulances and 82 sitting-case vehicles. The disposition of these vehicles and of the five vehicles operated by Agency services was as given in my Report for 1957 and about 18 per cent of the total continued to be held in general reserve for use in any part of the Administrative County.

The Chief Transport Officer continued to be responsible for the general repair and maintenance of all ambulances and sitting-case vehicles: each vehicle was taken into the Council's workshops for servicing every 2,000 miles and given a major overhaul after having travelled 10,000 miles.

Following satisfactory experience gained in the use of the diesel-engined ambulances referred to in previous Reports, orders were placed in 1958 for a further 45 diesel-powered vehicles. Of these, 33 were capable of carrying either two stretcher patients, or one stretcher and five sitting patients and the other 12 were so built that two stretcher patients, or one stretcher patient and five sitting patients, or ten sitting patients could be carried at one time. The



use of these vehicles has made for increased efficiency in that various types of patient can be carried at the same time. Greater economy has also been made possible as a result of the considerable increase in the miles travelled for each gallon of fuel consumed.

### **Communications**

No major alterations were made to the radio-telephony equipment provided for the County Ambulance Service during the year.

Two main transmitters/receivers continued to operate, one from Lambourne End and the other from Danbury. The former, connected by Post Office telephone land line to No. 1 Divisional Ambulance Control at Ilford, served the Metropolitan parts of Essex whilst the latter, similarly connected to No. 2 Divisional Ambulance Control at Chelmsford, was used for the control of vehicles operating in the other parts of the Administrative County.

Mobile two-way radio sets were fitted to ambulance vehicles operating from agency stations at Burnham-on-Crouch and Clacton-on-Sea and, in addition, 40 of the Council's vehicles in No. 1 Division and 60 in No. 2 Division continued to be equipped with similar equipment.

### **Operation of the Service**

The rising cost of the Ambulance Service over the past few years has given cause for some concern but measures which have been introduced to effect economies without materially reducing the efficiency of the Service are beginning to show results. This is reflected in the considerable increase in patients conveyed with only a small increase in miles run.

The arrangement (to which reference was made in the last Report) whereby general medical practitioners, when arranging a patient's admission or first appointment at a hospital, inform the hospital that ambulance transport is necessary and the hospital then order the ambulance, has proved successful. This procedure has many advantages such as the avoidance of duplicate bookings, and the fact that it is only necessary for doctors to communicate with the hospital and not with the Ambulance Service as well, thus saving letter writing or telephone calls.

With the co-operation of the North-East Metropolitan Regional Hospital Board and the Essex Local Medical Committee, it has been decided to continue the arrangement for a further period of 12 months.

In October, 1958 a conference was held with officers of the North-East Metropolitan Regional Hospital Board and the Hospital Management Committees in Essex at which agreement was reached on a number of matters which it was considered would lead both to a measure of economy and to even greater efficiency in the operation of the Service.



There was a substantial increase over previous years in the total number of patients carried with only a small increase in the mileage travelled by the vehicles. A total of 693,164 patients were conveyed, compared with 642,557 in 1957—an increase of 50,607 or 7.9 per cent—and the mileage covered rose from 4,319,136 in 1957 to 4,376,790 in 1958 or 1.3 per cent. As in previous years, the greater use of the Service can be attributed, in part, to the further increase of more than 28,000 in the population of the Administrative County.

There was a slight decrease in the volume of work undertaken by the Home Service Ambulance Committee of the Order of St. John and British Red Cross Society and the Hospital Car Service. The latter organisation carried 49,079 patients compared with 51,083 during the previous year: mileage showed a corresponding decrease from 762,349 to 732,130. The average mileage per patient was 14.9, the same as in 1957.

The following additional statistics may be of interest :—

	<i>Ambulance Service</i>	<i>Hospital Car Service</i>	<i>Total</i>
Total Mileage .....	3,644,660	732,130	4,376,790
Number of Patients conveyed .....	644,085	49,079	693,164
Mileage per patient .....	5.7	14.92	6.31
Number of emergency cases .....	51,286	—	51,286

Of the non-emergency patients conveyed, 83 per cent were taken to or from clinics and out-patient departments and, as in the previous year, nearly 50 per cent of these were carried to physiotherapy clinics. Admissions to hospitals numbered 20,858 (3.2 per cent) ; discharges totalled 16,969 (2.6 per cent) and inter-hospital transfers 14,704 (2.3 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 :—

Table 43

<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
1958	693,164	4,376,790	6.31

During 1958, 51,286 emergency patients were conveyed as compared with 50,537 in 1957 : these include accidents, maternity cases and illnesses necessitating urgent removal to hospital. The Table following analyses these cases according to their nature, accidents being sub-divided to show the location of the accident :—

Table 44

<i>Nature of Emergency</i>	<i>Patients Conveyed</i>		<i>Patients Conveyed 1958 as per cent. of all Emergency Cases</i>
	1957	1958	
Street Accident .....	5,545	6,031	11.8
Home Accident .....	3,501	3,632	7.1
Industrial Accident .....	1,288	1,195	2.3
Other Accidents .....	2,655	2,669	5.2
Total Accidents .....	12,989	13,527	26.4
Maternity .....	8,785	9,101	17.7
Urgent Illness .....	22,686	22,250	43.4
Other Emergencies .....	6,077	6,408	12.5
Total Emergencies .....	50,537	51,286	100.0

The County Ambulance Service Major Disaster Procedure was put into operation on Thursday, 30th January, 1958 when a collision occurred in thick fog between two trains on the main railway line between Heathway and Dagenham East Stations. A report on the disaster appears in Appendix "C" on page 126.

#### Ambulance Stations and Controls.

As mentioned on page 39, a new 10 vehicle Ambulance Station and Divisional Ambulance Control was opened at Coval Lane, Chelmsford on 1st November, 1958. This is the second of the large type Ambulance Stations which are to be provided outside the Metropolitan part of Essex. The control room staff are accommodated on the first floor of the building.

A new two vehicle Ambulance Station was also opened at The Plain, Epping, on 23rd December, 1958.



**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 indicate percentage increases or decreases on the comparable figures for the previous twelve months. The cost per vehicle mile during the financial year 1957/58 was 3s. 7d., an increase of 2d. over the figure for 1956-57 : the cost per patient carried was £1 0s. 3d., the same as in the previous year.

**Table 45**

<i>Year ended</i>	<i>Total Mileage</i>	<i>Patients Conveyed</i>	<i>Gross Expenditure (actual)</i>
31.3.1954	4,236,691 (7%)	549,535 (13%)	£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%)
31.3.1958	4,424,247 (0.6% decrease)	645,346 (1.5%)	£653,406 (1.6%)

## SECTION VII—THE MENTAL HEALTH SERVICE

In order to provide the comprehensive Mental Health Service envisaged under the National Health Service Act, 1946, the Health Committee set up a Mental Health Sub-Committee which consisted of 25 Members and included representatives of the North-East Metropolitan Regional Hospital Board, the Executive Council for Essex and Essex Local Medical Committee, the Women's Voluntary Services and the Order of St. John and British Red Cross Society. The Sub-Committee's main terms of reference were :—

“ To exercise, in accordance with the Council's Proposals under Section 51 of the National Health Service Act, 1946, as approved by the Minister of Health from time to time, the functions of the Health Committee under the Lunacy and Mental Treatment Acts 1890 to 1930 and Mental Deficiency Acts 1913 to 1938.”

In 1952 these terms of reference were extended to include functions relating to the prevention of illness, care and after-care services provided by the County Council so far as they relate to mental health.

From its inception, the Service has been administered from the Central Office and this approach has been found to be satisfactory. Originally, 30 Duly Authorised Officers were appointed to operate from nine Sub-Offices. In the light of experience, however, it was found possible to provide a more efficient and economical Service by reducing the number of Sub-Offices from nine to seven and the number of such officers employed from 30 to 25.

In 1948, there were three Junior and one Senior Occupation Centres for mental defectives in the Administrative County catering for approximately 152 pupils with a total full-time staff of 20. Ten years later there were 10 Junior and two Senior Occupation Centres, employing a staff of 56, and the numbers on the registers had risen to 728.

The number of mental defectives being provided with community care by way of supervision or guardianship (roughly 3,500) has remained almost constant during the past decade. As far as institutional care is concerned, however, the number on the waiting list has risen from 170 to 293 despite the admission to hospital of a large number of patients and the removal of many names from the waiting list for a variety of reasons.

With regard to patients suffering from mental illness, approximately 1,800 patients were admitted to hospitals during 1949 (the first full year of operation of the National Health Service)—950 without any assistance from officers of the Council. These figures were almost doubled during 1958, the total number of admissions being approximately 3,300 of which 1,800 were arranged without assistance.

The cost of the Service has more than doubled, i.e., from just over £50,000 in 1949/50 to £108,000 in 1957/58.



## **Administration**

During the year under review the Mental Health Sub-Committee decided to revert to its former practice of meeting on the fourth Friday in each month except during August : these revised arrangements commenced in September.

## **Staff**

As envisaged in the last Report, the additional work resulting from the increased population in South-East Essex necessitated the appointment of an additional Duly Authorised Officer for employment in that part of the County. These officers, who provide a 24-hour service in order to cater for emergencies which occur outside normal office hours, continued to provide supervision for the mentally defective and to take initial proceedings in providing care and after-care for the mentally disordered. To assist them in their work they had the use of telephones in their homes and were either provided with County cars or authorised to use privately-owned vehicles on official business. Detailed information relating to the location and availability of Duly Authorised Officers was supplied to all general medical practitioners, to the Police, to the Clerks to Justices and to all other persons in the County likely to require their assistance.

The closest co-operation continued to exist between the Council's officers and those of the Regional Hospital Boards and Hospital Management Committees responsible for the institutional care of persons suffering from mental illness or mental deficiency. The Regional Psychiatrist of the North-East Metropolitan Regional Hospital Board and the Physician Superintendent of the Royal Eastern Counties Hospital (each of whom continued to assist the Service in an advisory capacity) were supplied with full information regarding mental defectives requiring hospital care and this directly facilitated the assessment of priorities when vacancies in hospitals occurred.

Despite further advertisements, it was not possible to fill the post of Psychiatric Social Worker and this was still vacant at the end of the year.

## **Voluntary Associations.**

The Council continued to co-operate with national and local voluntary associations but no duties were delegated to such organisations. As in previous years, a grant was made to the National Association for Mental Health in support of their general work.

Thanks are due to a number of these voluntary organisations as well as to private individuals who have given help to the Service in various ways, particularly with regard to the provision of accommodation for the mentally defective.

## **Work undertaken in the Community.**

The number of visits paid by the Duly Authorised Officers and Mental Welfare Visitor during the year was as follows (comparable figures for 1957

being given in parenthesis). In total, they show a further increase of 1,624 visits over the figures for the previous 12 months.

		Visits
Mental Deficiency Acts, 1913-1938 :		
New cases	.....	613 (557)
Statutory supervision	.....	10,482 (10,407)
Voluntary supervision	.....	3,885 (3,076)
Case Notes	.....	107 (79)
Licence cases	.....	278 (446)
Home circumstances reports for visitors	.....	1,172 (728)
Guardianship cases	.....	299 (280)
Holiday, licence and discharge applications	.....	225 (391)
Lunacy Act, 1890 :		
Preliminary investigations	.....	3,579 (3,102)
Sections 14 and 17 (Certified)	.....	951 (1,145)
Section 11 (Urgency Orders)	.....	404 (386)
Section 20 (Detention for not more than three days)	.....	527 (646)
Section 21 (14 day orders)	.....	6 (1)
Mental Treatment Act, 1930 :		
Section 1 (Voluntary)	.....	713 (633)
Section 5 (Temporary)	.....	104 (119)
Inventories prepared	.....	36 (45)
Other visits	.....	5,270 (4,975)
		<hr/> 28,641 (27,016) <hr/>

#### Lunacy and Mental Treatment Acts, 1890-1930.

During 1958, patients suffering from mental illness were admitted to hospitals as follows :—

	With the assistance of the Duly Authorised Officers	Without such assistance
Lunacy Act, 1890 :		
Section 11 (Urgency orders)	190 (148)	— (—)
Sections 14 & 16 (Certified)	613 (655)	— (—)
Section 20 (Detention for not more than 3 days)	209 (189)	— (—)
Mental Treatment Act, 1930 :		
Section 1 (Voluntary)	439 (387)	1,829 (1,615)
Section 5 (Temporary)	74 (78)	— (—)

Note: Figures in parenthesis relate to 1957.



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.**

Particulars of the number of persons brought to the notice of the Local Health Authority during 1958, together with their disposal and the numbers remaining on the Council's registers on 31st December, 1958, are set out in Table 57 at the end of this Report.

A major change in the administration of the Mental Deficiency Service occurred in January, 1958, when the Minister of Health announced that, following consideration of some of the recommendations of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency, it had been decided that it was possible, under the existing law, for mentally defective persons to be admitted to mental deficiency hospitals without the use of the procedures laid down in the Mental Deficiency Acts 1913 to 1938. There would, however, be no power to detain patients so admitted. As a result of this, there was a marked fall (from 102 in 1957 to 19 in 1958) in the number of Orders obtained upon Petition as the majority of admissions (84 in 1958) were arranged informally.

Eleven patients were admitted under Orders made by Magistrates' Courts under Section 8 of the Mental Deficiency Act, 1913.

Two patients were admitted to hospital at the request of their parents under Section 3 of the Act and officers of the Council assisted in the completion of the necessary formalities.

Two boys and one girl were returned to the educational system following the cancellation of reports of ineducability under the provisions of Section 8 of the Education (Miscellaneous Provisions) Act, 1948.

At the suggestion of the Ministry of Health, all cases under guardianship were reviewed during 1958. As a result, the Orders relating to 27 adults were discharged and the persons concerned were subsequently placed under voluntary supervision. At the end of the year, there were 25 mental defectives remaining under guardianship, the majority of whom were under 16 years of age. The circumstances of those under that age will be reviewed soon after their sixteenth birthday, when it will be possible for the National Assistance Board to give financial help and, wherever practicable, arrangements will thereupon be made for the Orders to be discharged.

Another review which was carried out during the year was in regard to mental defectives whose names were on the waiting list for admission to hospital, because experience had shown that some parents, who had previously requested residential care for their children, declined vacancies when they were offered. As a result of this review, 40 names were removed from the waiting



list in May, 1958, leaving a total of 245 still awaiting admission. At 31st December, however, despite vacancies which had been provided, the number rose to 293. Table 58 at the end of this Report sets out particulars of the various categories of patients on the waiting list and gives an indication of the length of time they have been awaiting admission.

### Occupation Centres

A major event in the year was the opening of the new "purpose-built" Junior Occupation Centre, which had been erected on a site made available through the co-operation of the Education Committee, in Patching Hall Lane, **Chelmsford**. The Centre was opened for use on 10th March, 1958 and the official ceremony was performed by the Right Honourable Derek Walker-Smith, Q.C., M.P., Minister of Health, on 26th March, 1958.

A plan and two photographs of the building appear on the following pages. Accommodation has been provided for 68 pupils in four classrooms, one of which is for children up to the age of about six years. Sliding doors are provided between two classrooms to allow for opening into one large room for assembly. One of the classrooms is sufficiently large to be used as a dining room.

Meals are served from the kitchen through a service hatch into the classroom/dining room. A domestic cooker in the kitchen enables girls who attend the Centre to be given training in simple domestic subjects.

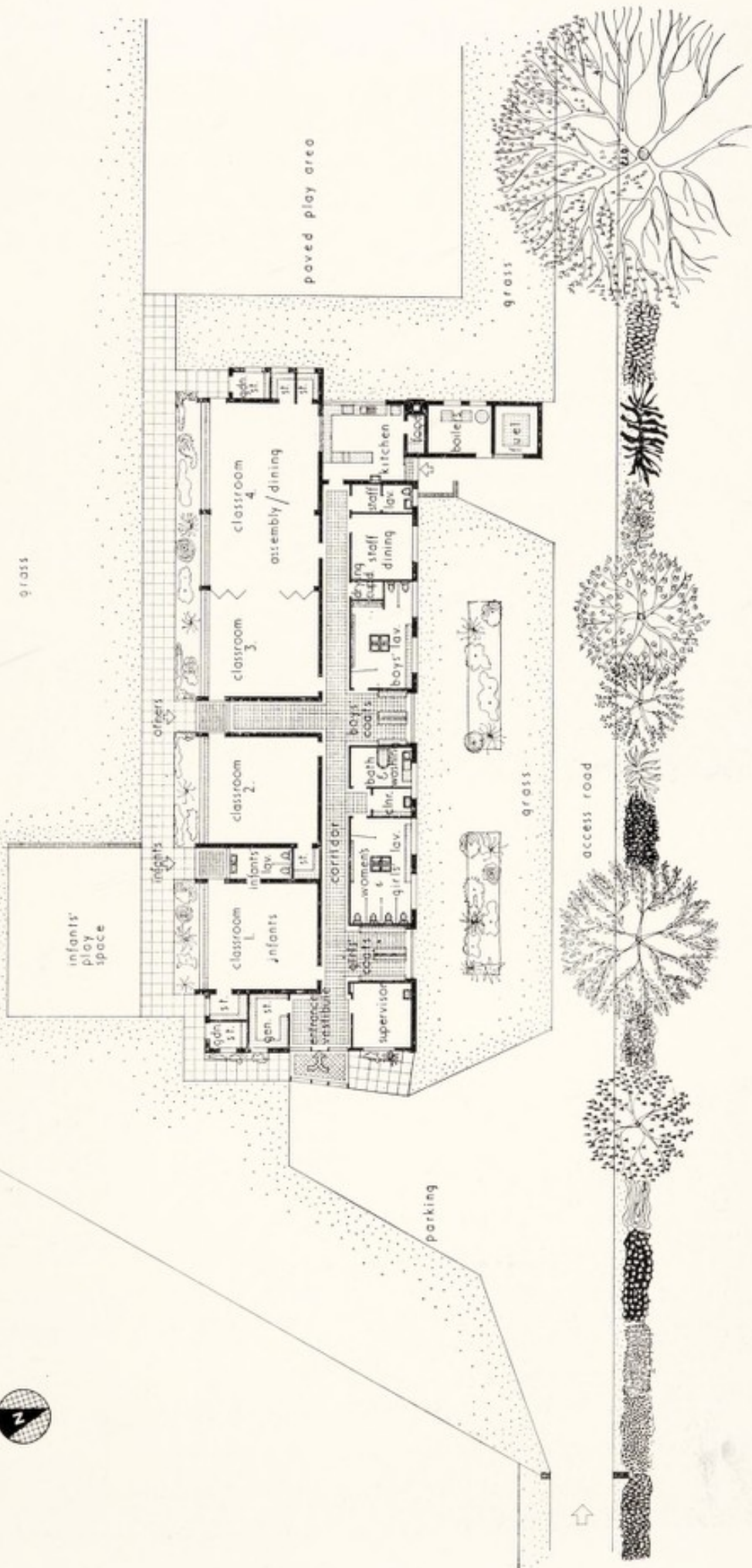
The building is of brick bearing walls on concrete strip foundations. Roofs are formed with metal lattice beams over classrooms and kitchen, and over the remainder of the building with timber joists. The whole is covered with highly compressed strawboards, 2 inches thick, and three layers of bituminous roofing felt with zinc flashings at the eaves. Internal walls (except in stores) are plastered, ceilings are lined with fibreboard and the whole painted with emulsion paint. Floors generally are finished with thermoplastic tiles and, in the kitchen and sanitary annexes, with pressed clay tiles.

Main heating and hot and cold water services are in a duct under the main corridor. Heating is by a thermostatically controlled oil-fired system (pump accelerated through mains) to natural convectors in classrooms and radiators elsewhere. Hot water is provided by an indirect cylinder and is thermostatically controlled to a pre-set temperature at the children's basins.

The electrical installation includes a radio relay system to every classroom and socket outlets into which a record player can be plugged.

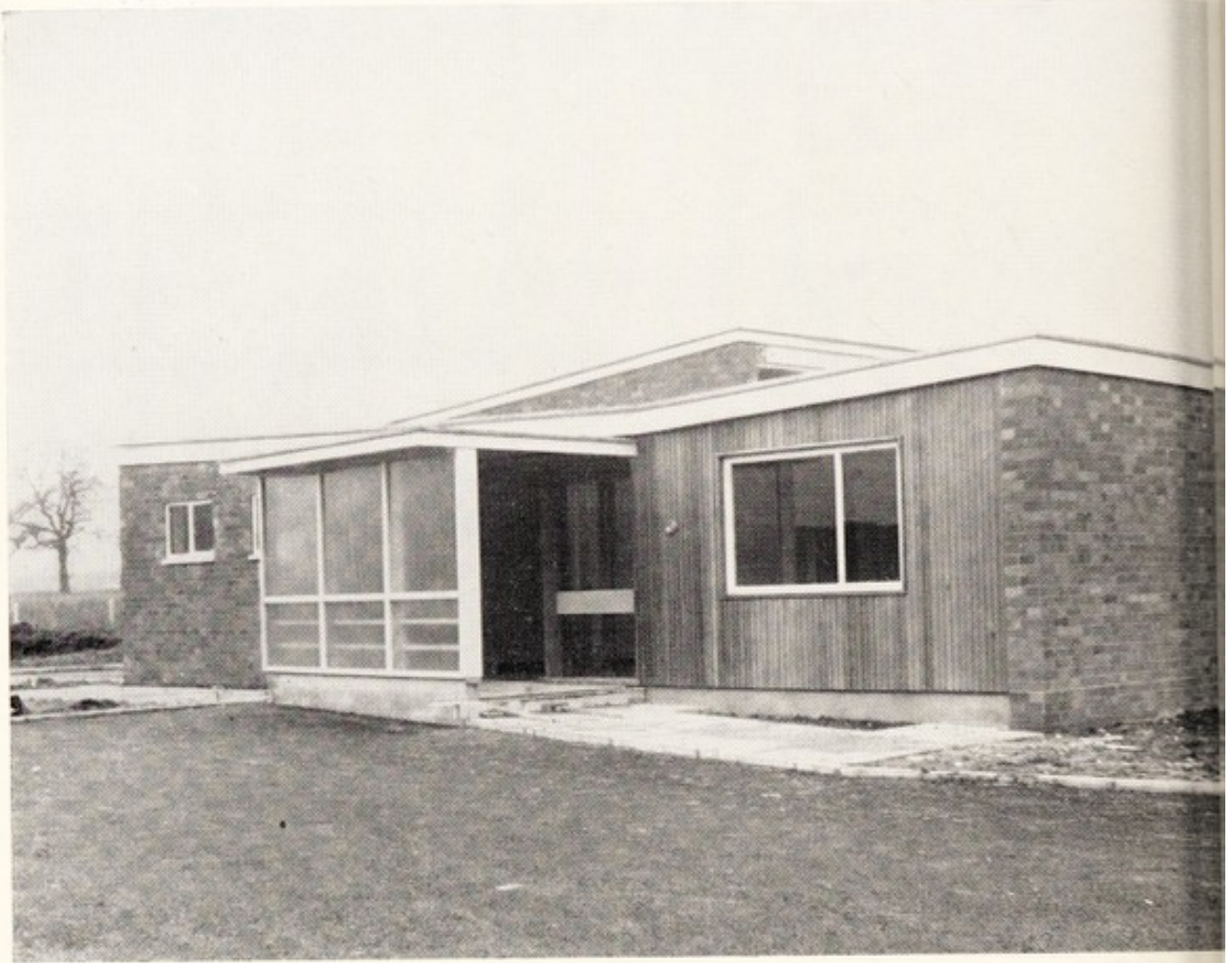
The cost of the building was £20,926 making a cost per place of £308. The cost of the site was £400 and, in addition, £1,250 was spent on additional new furniture and equipment.



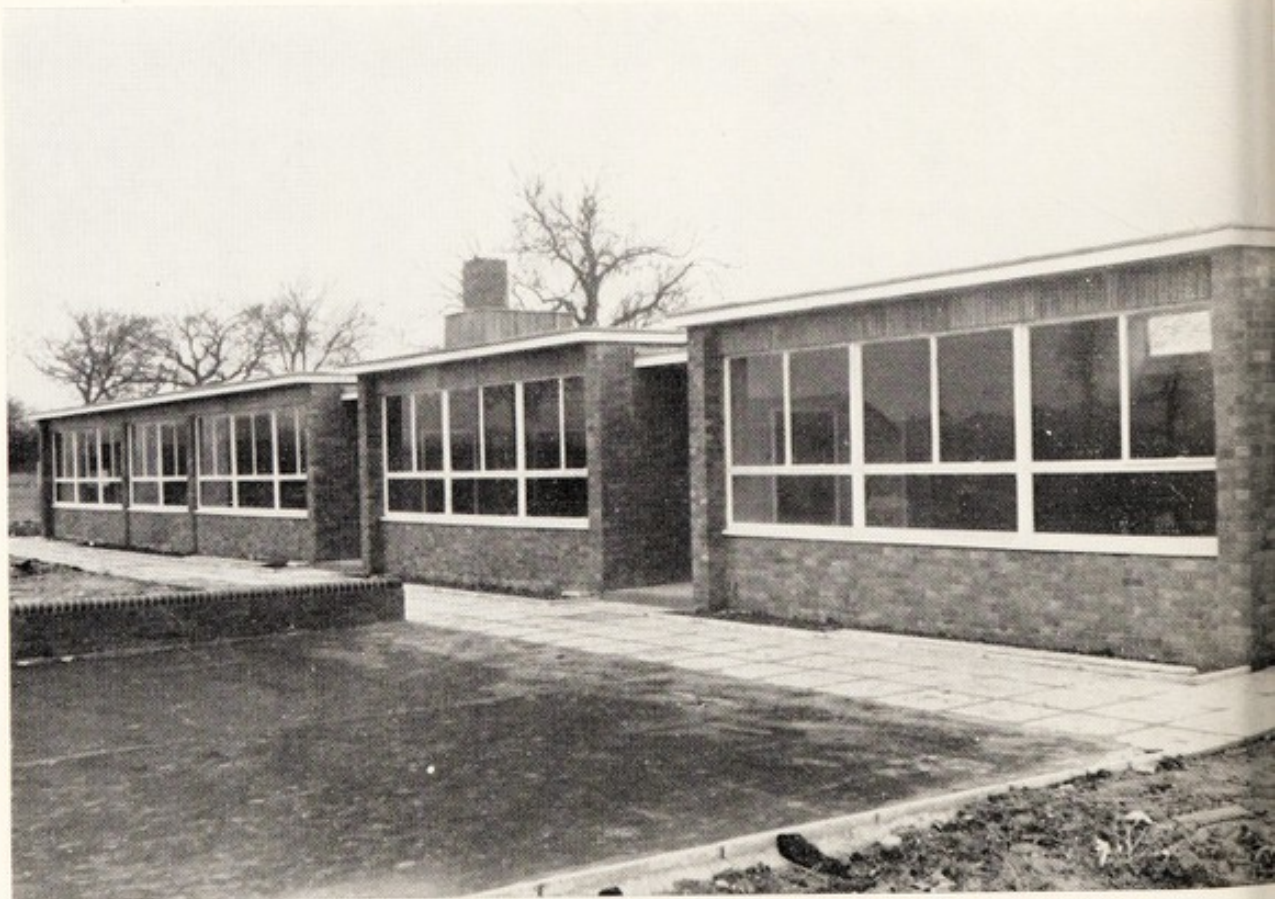


CHELMSFORD JUNIOR OCCUPATION CENTRE

CHELMSFORD JUNIOR OCCUPATION CENTRE



*The Entrance*



*A Southern Aspect*



Another advance was made when a Junior Occupation Centre was opened on the 10th September, 1958 in hired premises at St. Peter's Church Hall, Bocking, **Braintree**. This Centre is only a small one with a staff of a Supervisor and one Assistant and 13 pupils were in attendance at the end of the year. It does, however, meet a need in the area which is mainly rural and some distance from either Chelmsford or Colchester.

In September, 1958, the Minister of Health approved a proposal to erect a "comprehensive" Occupation Centre at **Colchester** on land owned by the Fire Brigade Committee adjoining the Ambulance Station, Halstead Road, Lexden. Certain amendments were made to the original draft plan at the request of the Minister as a result of which the building and engineering works were increased by £2,350 to £36,850. The total estimated cost of the scheme was increased from £37,575 to £39,925.

This Centre will replace the existing Junior Occupation Centre held in hired premises in Colchester and will provide accommodation for 50 patients suitable for the junior section and for about 30 adult male mental defectives.

It had been hoped to open a Junior Occupation Centre in **Saffron Walden**, but the original proposal was modified during the year when it was decided to provide facilities for adult males as well as for pupils suitable for a Junior Centre. As the premises selected for use as a Junior Centre were not entirely satisfactory for the suggested "comprehensive" centre, approval was given in principle to the building of a Centre in the Town. However, because the erection of "purpose-built" premises would probably be a long term project, further efforts were made to find a building which would be suitable for use temporarily.

The building of the new Centre at **Thurrock** to replace the existing Grays Junior Occupation Centre was well advanced by the end of the year.

No changes of any significance took place at the other Centres, but at the close of the year arrangements were made to replan the grounds at the Wanstead Junior Occupation Centre to provide for easier maintenance.

Minor alterations were made to the routes of practically all the coaches provided for the conveyance of pupils in order to make travelling easier.

It was also decided to arrange for films to be shown at regular intervals at the Occupation Centres by using the existing staff and equipment available for Health Education purposes: it was envisaged that each Centre would have a film show once each term.

### **Short Term Care of Mental Defectives.**

During the year the County Council continued to accept financial responsibility for the temporary care of mental defectives in residential accommodation in order to enable their parents to have a short break from caring for them.



Temporary care was provided for 153 persons during the year, compared with 112 in 1957. In four other cases, temporary care was known to have been arranged in mental deficiency hospitals: it is, however, probable that others were cared for in this manner, the necessary arrangements being made direct with the hospital authorities by either the parents or the general medical practitioner.

### **Institutional Accommodation.**

As reported earlier, 116 mental defectives were admitted to hospital during the year but, despite this and the review of the waiting list undertaken in May, 1958, when 40 names were removed, 293 persons were still awaiting admission at 31st December, 1958. Of these, 194 were considered to be in urgent need of hospital care—approximately half of whom were children under the age of 16 years.

### **Care and After-Care.**

As will be seen on page 104, much assistance was given to patients with their problems in order either to avoid the necessity for them to enter mental hospitals or to help them with the difficulties confronting them when they returned home after hospital treatment.

The service provided is of an entirely voluntary nature and no contact is pursued without the patient's consent. The case work undertaken ranges from short-term contacts, such as giving assistance and advice with employment, financial and housing problems, to more long-term care in solving such individual and personal problems as very often show themselves in poor relationships with others and in difficulties of social re-adjustment. The Goodwill Social Club continued to be a great help to patients living in the Ilford area. Sometimes more progress may be made with a relative than with the patient in remedying environmental problems and in interpreting the patient's difficulties to his family. Visits are often paid to other social agencies and to employers, and discussions with the disablement Resettlement Officers of the Ministry of Labour frequently prove helpful. Many are the problems which have to be faced, including language difficulties caused by the establishment of a Polish community in the County and those created by foreign seamen who arrive from time to time at the docks.

Patients were referred from many sources but mainly by general medical practitioners, hospitals and, at times, from the Courts. Some came to notice when they arrived from overseas at Parkeston or Tilbury Docks, at Stansted Airport, or when they entered married quarters at Colchester Barracks or other military establishments in the County. There was also a small but steady return of patients into Essex, both men and women, who were discharged from H.M. Forces on psychiatric grounds. The Ministry of Health decided during the year that the community care of such patients discharged from the Army



should be extended to persons who were similarly discharged from the Royal Navy and the Royal Air Force.

It should perhaps be emphasised that any enquiries on behalf of patients are always made in the strictest confidence and only with the patient's permission. Most of the information acquired by the Service is obtained for the purpose of ensuring that the patient receives the best possible care and attention and much of it is given voluntarily by the patient himself in the knowledge that it will be used for his benefit. It is, therefore, fundamental that no information about the patient will be disclosed at any time in a way likely to be detrimental to the interests of the patient.

There are many successes and there are also many failures. There was, however, one patient who did not fall into either of these categories. This was a man who resided with his aged mother and who was employed on seasonal work in Southend during the summer months but felt the cold so badly that, in the winter, he took to his bed and resolutely refused to work until the warmer weather returned. He may be regarded as a failure in that he could not be persuaded to work during the cold months of the year. It may, on the other hand, be considered an achievement that the staff were able to persuade him to maintain himself in employment during the summer.

One type of problem which is frequently encountered and which is rarely capable of an easy solution, is that of the mentally backward person who has lived a sheltered and fairly normal life in the community for many years but who suddenly finds himself without support because of the death of his parents. Depending upon the circumstances, it then becomes an issue of either bolstering up the patient so as to enable him to continue to live at home or arranging for his admission to hospital. From an economic point of view, it is clearly far better to maintain the patient in the community than to provide him with institutional care. Apart from the financial aspect, it is most desirable that these patients should remain at home if this can in any way be arranged; they are far happier there than they would ever be in any hospital however excellent the care there may be.

The following details reflect the type of problems that arise in these cases and the steps that can effectively be taken to maintain them in a happy state in the home in which they have lived for many years :—

1. ANDREW was a man of 38 who lived in a Council House with his mother. When she died it seemed as though his admission to hospital was inevitable. He had, however, worked for many years for a local firm who, on being approached, were emphatic that his employment was not sheltered in any way and that he was fully worth the wages he was receiving. The Council were reluctant to accept this feeble-minded man as a tenant and said that the policy of the Council was against permitting a single person to retain the tenancy of such a house. Nevertheless, a conference was called at which members of the staff met representatives of the Council, the local Medical Officer of Health, and the Welfare Officer of the man's employers, as a result of which arrangements were made for Andrew to remain in his home. The local Medical Officer of Health arranged

for a Home Help to go in daily, who not only cleaned the house regularly but prepared the evening meal for Andrew when he returned home from work and also helped him in the paying of his rent, the sending of clothing and bed linen to the laundry and generally in the laying out of his money and the investing of any surplus. The excellent arrangements which were then put in force for this man have now existed for many months and he is still residing happily at home in clean conditions, is well fed, and well cared for and is obviously far happier with his television each evening in his own home than he would ever have been in a hospital. Furthermore, he is entirely self-supporting and not a charge on the community, as he would have been if he had been removed from home.

2. ARTHUR was not such a high grade patient as Andrew and was not capable of earning his own living. He had lived with his mother for many years in a prefabricated house belonging to a Rural Council. When his mother died, the Council indicated that they would not accept Arthur as the tenant of the house as it was not their policy to accept single persons as tenants; moreover, whilst they expressed every sympathy for him, they felt that he was not capable of looking after himself. He was offered admission to Part III accommodation, under the National Assistance Act, but this he refused as he was devoted to his aged mongrel dog and refused to go anywhere without it. After negotiations with officials of the District Council, arrangements were made once again for the patient to be allowed to retain possession of the house and the Home Help service was again enlisted. As a result Arthur has now lived many months quite happily in the home in which he was left when his mother died. In this connection he was fortunate in that a kindly neighbour intimated that, if anything should go wrong with the arrangements, she would see that he never went short of a meal.



## APPENDIX A

## REPORT OF THE CHIEF DENTAL OFFICER FOR 1958

The dental care of expectant and nursing mothers and of young children not attending schools is an obligation on the local health authority under Section 22 of the National Health Service Act and is carried out by the dental officers who provide the Service for children attending maintained schools in the Administrative County. The time devoted to this work during the year has been approximately one-tenth of the total professional time available and this is considered reasonable. It is disturbing to report again another decrease in the number of both mothers and young children who received dental attention, in fact the statistical Table on page 62 shows a reduction on all material counts.

During the year under review, 1,557 mothers and 2,764 children were examined : comparable figures for 1957 were 1,832 and 3,133.

One bright spot in the otherwise sombre picture is that the ratio of fillings to extractions has doubled since 1950 in each category. This trend towards the conservation of the natural teeth is highly satisfactory. The Table below indicates the work completed per 100 patients treated.

Table 46

Year	Expectant and Nursing Mothers				Pre-School Children	
	Scalings	Fillings	Extractions	Dentures	Fillings	Extractions
1950	30	73	174	23	66	110
1955	46	152	166	26	113	91
1956	52	160	173	26	119	96
1957	42	155	170	23	125	106
1958	39	139	143	23	110	94

On December 31st, 1958, the number of dental officers in post for all the Dental Services of the County Council was 20 whole-time and 51 part-time and sessional officers giving an equivalent whole-time total of 32.6. The establishment is 94. The whole-time equivalent for 1955 was 42.7, for 1956 44.3 and for last year 39.4 and since 1955 the population of the Administrative County has so increased as to warrant another six full-time dental officers. Evening sessions undertaken add the equivalent of 1.6 whole-time officers and this figure is not included in the total mentioned above. The idea of evening sessions was first considered as an aid to the treatment of expectant and nursing mothers and the response has been disappointing. The principle of part-time



work is fully established and the part-time staff now accounts for nearly half of the total sessions worked and so far as one can see, this state will continue and the help received from the part-time staff is most valuable. In fact, without it the Dental Scheme could immediately degenerate into an emergency extraction service. I believe that the General Dental Service is not a complete substitute for the Local Authority Dental Service which has intimate co-operation with the teaching and nursing staffs and its own particular methods of dental health education. The final aim is prevention.

By the Dentists Act of 1956, the Privy Council has charged the General Dental Council with the responsibility of carrying out an experiment in the training and employment of a further class of dental auxiliaries. It will be recalled that there is an existing class of ancillary dental workers, the dental hygienists. The clinical scope of these dental hygienists is limited to scaling and polishing the teeth, but it is envisaged that the new class of dental workers will undertake the filling of teeth and the extraction of 'baby' teeth. The South East Metropolitan Regional Hospital Board have agreed that the General Dental Council convert a building in the grounds of New Cross General Hospital for use as a Training School for this Class of auxiliary.

It has been foreseen for many years that the high average age of the profession must ultimately result in a high rate of retirement. Until recently, the increase in this rate has been gradual and has been masked by larger intakes both from the dental schools in this Country and from overseas. However, 1958 showed a net loss of 191 names on the Register and the number of names removed from the register was 1,019, and this is a figure which has not been reached since the abnormal years following the Dentists Act of 1921 when the profession was closed to unregistered practice.

The latest Whitley salary award for dental officers has been adopted by the County Council and it is hoped, but not expected, that this will bring forward young recruits to the full-time staff.

The new Health Services Clinic at Shrub End, Colchester, was completed during the year; the building and equipment are modern and pleasant and show off the many advantages of "purpose-built" premises.

The installation of comprehensive new dental equipment in several clinics has been authorised and the policy of modernisation goes on. It is anticipated that by the end of the financial year 1961/62 all the dental surgeries in the Administrative County will have been brought up-to-date. This type of equipment is, however, constantly altering and a close watch is therefore kept on general developments. Probably the only recent basic change is one which allows of ultra high speed tooth cutting. This is done by means of a tiny compressed-air driven turbine which gives useable speeds of up to 250,000 r.p.m. The dental drill operating at such a speed, and having a water cooling device will cut with a minimum of pressure and thus with a minimum of discomfort. The usual speed is about one tenth of this. It is hoped to install



several of these turbine dental drills for observation purposes in the near future. There is no question of doing away with the existing orthodox equipment as both types are needed.

Most of the Assistant County Medical Officers selected to attend the Eastman Dental Hospital for post-graduate instruction in the administration of nitrous-oxide (dental gas) have completed the course and as mentioned on page 32, 20 attended the same Hospital during 1958 for instruction in the administration of general anaesthetics other than nitrous-oxide. This can be most useful especially in the treatment of young children: the scope of the Service is increased and the time of the dental staff is saved for purely dental procedures when most of the general anaesthetics are given by the Medical staff instead of by the dental staff. General anaesthetics administered numbered 1,683—521 for mothers and 1,162 for pre-school children.

The Council's Dental Laboratories at Barking and Walthamstow were kept fully occupied making dentures, orthodontic appliances and other articles. These are made for school children, expectant and nursing mothers and also for the General Dental Service provided by the Executive Council at the Health Centres at Harold Hill, Aveley, Barking and Walthamstow. Altogether, 812 orthodontic appliances, 1,965 new, relined and repaired dentures, 61 splints, crowns, inlays and bridges together with many study models made in plaster of paris and other necessary pieces of work were constructed at these laboratories during 1958. A considerable amount of work was also let out to mechanics to the profession. The Council has agreed in principle to the establishment of a dental laboratory in the Chelmsford area but as yet no suitable premises have been found.

Prevention is better than cure and less expensive, and with this in view a fairly ambitious Dental Health Education programme is being undertaken. There appear to be three links in the chain to dental decay namely, refined sugars and other sticky carbo-hydrates, organisms and stagnation and if these three are present in the mouth, then dental decay will almost inevitably occur. If any one of these three can be eliminated, then the chain is broken and much decay can be prevented. This desirable end can be achieved by the correct use of the toothbrush or if toothbrush facilities are not available, then by finishing the meal with a cleansing food such as an apple or celery. Regular visits to the dentist are also necessary. With this in view, it is considered that the broad aims of dental health education should be to remove the fear of visiting the dentist, to demonstrate the clinging sticky decay-producing foods and the cleansing effect of fibrous foods and to instruct in the correct use of the toothbrush. A Dental Health Week was arranged at Braintree St. John's School in February and this has become more or less a pattern in the County. The teaching staff was most co-operative and brought the ideas into the children's lessons. Posters, instruction charts and leaflets were used and appropriate films were shown. The children were taken round an exhibition in the school assembly hall which had a dental surgery, a supply of decay



producing foods and cleansing foods, the effects of which were demonstrated and a set of three-dimensional viewers showing the correct way to clean the teeth. Staff and Parent-Teacher Association evening meetings were successfully arranged. Prior to the exhibition, clinical examination of the children was carried out and the state of oral hygiene assessed. The examination was repeated six months later and the results indicated that valuable lessons had been learned. Further dental exhibitions and film shows have been held at many other places during the year, most of them by request.

At the request of the General Dental Council, the Council have agreed that a five-year Dental Health Education Campaign shall be conducted in the New Town of Harlow. It is hoped to direct our attention to maternity and child welfare clinics, schools, industry and all the youth organisations of the Town. Up to now, our endeavours have been directed to improving oral hygiene practices but this project goes a very important step further—it will try to assess the change in the incidence of dental decay. There has been little work done in this field, especially on this scale, and the whole project should be of great interest and scientific value. The Ministry of Health has promised co-operation in the matter and one of their dental officers will carry out clinical surveys.

A Committee has been set up under the chairmanship of Lord Adrian to study the amount of radiation received by patients from diagnostic radiology and that Committee has formed a Dental Panel. It has been agreed to co-operate in a survey to measure the radiation dose received by patients from dental x-rays. This is done by positioning an x-ray film in a special holder placed on the seat of the dental chair and a record is kept of the number of exposures and the number of patients over a given period. The x-ray film is then processed and assessment is made. This work is being carried out at Walthamstow and has particular regard to expectant mothers.

Miss E. M. Knowles, O.B.E., F.D.S., a Senior Dental Officer of the Ministry of Health, carried out a survey of the Local Health Authority's arrangements for the dental inspection and treatment of expectant and nursing mothers and children under five years. She also carried out an inspection of all the dental clinics in the County. The visits started in August and were not completed until February, 1959. Although the report was not received until April, 1959, it may be stated now that her comments on both the Service and the premises and equipment is not unfavourable under all the circumstances. The Minister also commends the campaign for the promotion of dental health which the Council is undertaking.

In May 1958, the writer gave a lecture to the final-year students at the London Hospital Dental School on the subject of the local health authority dental services. This was followed by the students visiting clinics in the Walthamstow, Romford and Forest Health Areas, when the party included the Dental Dean and some of the teaching staff of the Hospital. In addition, permission was given for the students to attend (in pairs) at Walthamstow



Town Hall to observe the working of the Local Health Authority's Dental Treatment Centre there. This is now part of the final-year course and should prove useful to the students. It may also stimulate some interest in local authority work as a career.

The Beveridge report, Section 435, which was published in 1942, states "there appears to be ground for regarding the development of preservative dental treatment as a measure of major importance for improving the health of the nation." It is accepted that "preservative" dental treatment is of the greatest importance during the development and eruption of the teeth and it is during this important period that children should have the opportunity to come under the care of the local authority dental services. The Teviot Committee, which was set up to advise the Government of the day while the National Health Service Act was under consideration, said in their final report "we do not feel that we can usefully supplement our interim recommendation except to stress once more that whatever delays may arise in providing a complete service nothing should be allowed to retard unduly the provision of an adequate service for these classes, namely expectant and nursing mothers, children and adolescents who stand in need of special dental care." With such undisputed advice from Committees of such standing, it is curious to see that in 1958, at a generous estimate, less than 4 per cent. of the pre-school children in the relevant age groups in the Administrative County were inspected by a local authority dental officer. It is incumbent on one to observe that in fact there is no Priority Dental Service worthy of the name.

J. BYROM.

Health Department,  
County Hall,  
Chelmsford.

9th July, 1959.

## APPENDIX B

THE HEALTH CENTRES OF HARLOW  
THE SECOND PHASE

H. E. BACH, M.D. Vienna.

O. ROSS, M.B. Belf., D.Obst.

B. S. LAING, M.B. Lond., D.C.H.

GENERAL PRACTITIONERS, HARLOW

D. HARRIS, B.D.S. Glasg.

A. H. STOCKER, L.D.S. R.C.S.

DENTAL SURGEONS, HARLOW

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

COUNTY MEDICAL OFFICER OF HEALTH, ESSEX

F. G. BROWN, M.B. Dubl., D.P.H.

AREA MEDICAL OFFICER, FOREST DIVISION, ESSEX COUNTY COUNCIL

JAMES GRAHAM, M.A., M.B. Edin.

SENIOR ADMINISTRATIVE MEDICAL OFFICER,  
NORTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

LORD TAYLOR, M.D., B.Sc. Lond., M.R.C.P.

MEMBER, HARLOW DEVELOPMENT CORPORATION

The farsighted generosity of the Nuffield Provincial Hospital Trust has made possible in the new town of Harlow the creation of a model health service, up to but excluding inpatient hospital care. This has involved nine new buildings :—

Nuffield House, Sydenham House, Osler House, Addison House, Keats House.	Health centres in functions (but not in law), housing general and dental practitioners, and Essex County Council maternity and child-welfare clinics and priority dental services.
Edinburgh House .....	Industrial health centre.
Chadwick House .....	Specialist children's services for the whole town, provided for the county council by the regional hospital board.
Galen House .....	Essex County Council child-guidance centre.
Bentham House .....	Temporary outpatient department for the regional hospital board, with "open access" pathology and X-ray units.

To complete the needs of the town in the future, one more local health centre and one more industrial health centre will be required, and for these



the Trust has set aside the necessary capital. This, of course, takes no account of the Harlow Hospital itself, the construction of which has already begun.

In round figures, expenditure up to date has been :—

	£
Nuffield House	24,000
Sydenham House	24,000
Osler House	12,000
Keats House	32,000
Edinburgh House	18,600
Addison House, Bentham House, Chadwick House, Galen House	84,000
	<hr/> £194,600 <hr/>

These figures include site costs, architects' and quantity surveyors' fees, and, in most parts of the buildings, furnishing and equipment. The final figure for the entire project is likely to be just over a quarter of a million pounds. To see this figure in proper perspective, it is worth noting that it is just over one-eighth of the cost of the future Harlow Hospital.

In this great undertaking, the Harlow Development Corporation has acted as managing agent for the Trust, and the buildings have been designed by the corporation's own architects or by nominated architects working under general corporation instructions. Ownership is retained by the Trust through its agency the Nuffield Health and Social Services Fund. All users (general practitioners, dentists, local health and education authority, regional hospital board, and industrial health service) pay rents of 6% of the capital cost, calculated on the basis of the floor area occupied; from these rents the Trust has to meet costs of landlord's maintenance, minor improvements, and building management. Thus the net return is something over 4% on the capital invested. Users pay for lighting, heating, cleaning, and the usual rate charges. They provide their own secretarial and ancillary help, but the Essex County Council allows the general practitioners to make use of the services of the home nurses, health visitors, and midwives in the centres, to their mutual benefit.

Three of the area health centres—Nuffield, Sydenham, and Osler Houses—have already been described.\* In this paper, the remaining buildings, except Edinburgh House, will be dealt with.

### How the Job Has Been Done.

The Harlow health-services plan has been evolved step by step, starting with small-scale trials and embodying the lessons learnt at each stage. The fund of experience and wisdom available at Nuffield Lodge has guided the

\* Taylor, C., Busby, J. C., Huntley, J. D., Meyrick, J., Findlater, A. G. C., Dyakowski, S., Keen, M. M., Bracewell, R. E., Robson, T. G., Stewart, G. G., Brown, F. G., Taylor, S. *Lancet*, 1955, ii, 863.



development, and special tributes must be paid to the vision and wise help of Mr. L. Farrer-Brown, the former secretary and now a trustee of the Nuffield Trust, and Mr. G. McLachlan, the present secretary of the Trust. At times of difficulty, and there have been not a few, their enthusiasm, encouragement, and advice have spurred on the project, and the difficulties have been overcome. As a result, the visitor to Harlow may today see the major part of a pattern of "extra-hospital" health services for the future.

But nothing could have been achieved without the co-operation of the many individuals and statutory authorities concerned. The general practitioners and dentists are gladly accepting their new working conditions. They staff the county council's maternity and child-welfare clinics in the centres. They are paying rents above those generally obtaining in ordinary practice, to offer their patients the benefits of group practice in ideal premises in association with county council health services. Besides the county council, the Essex Local Executive Council has played its full part. Now the North East Metropolitan Regional Hospital Board and the Epping Group Hospital Management Committee are participating for the first time in the trial run of a small out-patient department, six miles from its parent hospital. This trial run should be of special value in assessing the growing out-patient needs of a new community.

The planning, building, equipping, and managing of these centres has been a combined operation. Almost every department of the Harlow Development Corporation has been involved—architecture, engineering, finance, legal, housing and property management, landscaping and gardening, public relations, and general administration. The greatest burden has fallen on the architectural and general administrative departments. No less than twelve sketch plans were prepared for the Addison House group of buildings. Eventually, to keep its cost within the money available, its price was negotiated with the builders. There is no doubt that, in appropriate circumstances with contractors of repute and integrity, this is a better method of building to a low fixed cost than competitive tender.

The Harlow buildings are "block grant" buildings: that is to say, the Trust makes available a set sum within which the entire project must be achieved. This is excellent discipline. But it will work only if the agency (be it development corporation or any other statutory authority) is allowed to get on with the job, without having to refer every detail to the sponsoring authority (be it Nuffield Trust or Government department). This is the first great lesson which the health centres of Harlow have to teach. The Trust, true to its name, has trusted its agency and seen it through the inevitable errors and mistakes. The result has been far greater true economy and efficiency than meticulous control from the centre could have achieved. This experience may well have special relevance in the greater sphere of hospital planning and building.



Behind such a project there must be an overall vision. But this is not enough. There must also be a careful study of function, and a meticulous attention to detail. Time and again a study of function will show that what users at first think they want differs from what they really need. The user who has to pay rent based on floor space occupied is far more economical, and far more ready to share what he has with others, than he who hopes to get the entire capital cost from some remote source. So throughout these buildings, multiple usage of space has been achieved whenever possible. Waiting-rooms have a double function, so that two or even three tenants may share the rent. The three consulting-suites in Bentham House will be used by eleven different specialties. Yet, at the same time, every room must have an individuality and character of its own. Our aim has been to escape from the old-style hospital atmosphere, giving instead an air of friendliness, like the best private consulting-room of the best general practitioner or specialist.

We have found that the more careful the pre-specification, the more effective is the work of the architect when he comes to put pencil to paper. Each of his plans must be scrutinised in detail by both users and administrators. If this is not done, over-provision creeps in for the sake of architectural tidiness, and costs creep up. Moreover, although the architect must realise requirements in qualitative terms, he cannot be expected to know the volume of usage. For example, he may see a corridor with four general practitioners' consulting-rooms opening off it as a busy corridor which must be wide because of constant traffic. Yet in fact even at peak working times it will not be traversed by more than one person every  $1\frac{1}{2}$  minutes. Successful functional economy can be achieved only by the triple team of architect, user, and administrator.

In the final furnishing and equipment, attention to detail is no less important. Furniture must perforce be cheap, but it can still be well designed, durable, and friendly. Luxury and magnificence must at all costs be avoided. But beautiful curtains and pictures, plants and flowers, are not signs of grandiosity but rather of the loving care which gives a building its true character.

All these buildings have been planned and constructed without a co-ordinating or controlling committee. To have attempted to bring together repeatedly in one room the numerous people involved whenever a decision was required would have been physically difficult, and productive of much delay. Instead, one of us (T.) has acted as co-ordinator and ambassador-at-large or courier between the parties, with the staff of the development corporation always at hand to implement decisions. There is no secret in the personality involved, nor indeed in the absence of a committee. A chief officer of such a committee could have done the job just as well. But it seems to us essential that there must be one fairly senior person, with both medical and administrative experience, who is in a position to devote up to half his working time to dealing individually with all the parties concerned. This seems to us a method which might be equally effective in the building of a



hospital. Half the salary of an officer with the status of senior administrative medical officer would be a minute sum in relation to the capital cost of a modern hospital. Of course he would have to learn his job. But the way to learn the art and science of health-service building is to do it, and to have enough time to do it, while at the same time keeping within a tight overall budget.

### The Growth of Harlow.

The picture of the growth of Harlow is best shown in a table :—

	1950	1955	1958
New homes completed .....	98	6,400	11,000
New population .....	400	22,000	37,000
Factories .....	—	54	69
Schools .....	—	7	20
Churches and church halls opened or reopened .....	—	4	10
Shopping centres :			
Town centre .....	—	—	1
Neighbourhood .....	—	1	3
Subsidiary .....	—	6	9
Community centres :			
Main .....	—	2	4
Tenants' commonrooms .....	—	8	12
Public houses .....	—	2	8

Including the old town of Harlow and the village of Potter Street, the population is now over 42,000, so that the town is more than half-way to its final figure of 80,000 (roughly the size of Cambridge).

### The Town Centre Group of Health-service Buildings.

This group of buildings is the centre-piece of the Trust's scheme. Originally it was called the Harlow Medical Centre, but this name was abandoned in deference to the reasonable wishes of the general practitioners practising in the other area health centres. It consists of four linked buildings, Addison House, Chadwick House, Galen House, and Bentham House, the last being two-storeyed.

It is customary for those who dislike the National Health Service as it is to bewail the trichotomy produced by the National Health Service Act of 1946. Without entering into this controversy, save to observe that bigness is not necessarily synonymous with efficiency or good administration, we can all agree that the trichotomy is something to be overcome at "patient" level.



In the Trust's first three health centres the gap between the general practitioners and dentists, working in contract with the local executive council, and the county council's services has been completely and successfully bridged. In the Addison House group of buildings we are attempting to bridge the remaining gap, or rather gaps, for here we bring in the county council's child-guidance centre as well as the regional hospital board's temporary out-patient department in Bentham House.

Thus the group of buildings is in fact a miniature picture of the whole National Health Service. Each part is physically close to the other yet at the same time physically quite distinct. Each of the four units in the group has its own clearly marked entrance. This is the more important since patients from general practitioners in other area health centres will be using three out of the four units. Very roughly, each part has cost something over £10,000 to build and equip.

*Addison House* follows closely the plans of the earlier area health centres.\* It is an area health centre for about 10,000 people. The general dental accommodation at *Nuffield House* has proved so successful that it is reproduced both here and at *Keats House* virtually without alteration, save the addition in each case of an extra dental surgery. The county dental units at both *Addison* and *Keats House* repeat the design at *Sydenham House*.

On the general-practitioner side, we have had to cater for two separate group practices. This was not originally envisaged. By contrast, at *Keats House*, we started with two separate group practices, to each of which a wing is allocated, while retaining a common waiting-room. In *Addison House*, each practice has a double consulting-suite with three examination rooms and its own reception office; but they share a common corridor. They also share a room for minor surgery and a recovery room. At *Nuffield House* the county authority allows its district nurse's room to be used for minor surgery, and the special minor surgery room at *Addison House* has yet to prove its worth. The provision of a third examination room between the two general practitioner's consulting-rooms has been found of special value for injections and dressings by the practitioner's own nurse at evening surgery.

The maternity and child-welfare clinic at *Addison House* is unusual in that it includes four examination-rooms for maternity work. At *Nuffield House* there are three curtained cubicles, but it has been found that the mothers welcome the additional privacy. Small folding tables have been found necessary, so that the doctors can write their case-records in each examination room as they go.

*Chadwick House* is a multi-purpose clinic for school-children's orthopaedics, ophthalmics, orthoptics, and speech therapy. These specialist services are largely provided for the county by the regional hospital board. It also includes a room for home-nursing equipment for the whole town, with washing and sterilising facilities for returned items.



We hope that *Galen House* may prove to be a model child-guidance centre.

The playroom has been deliberately kept small, and this has been found to be an advantage, in that opting out of group games by the solitary children is impossible. A tiled recess in the playroom contains a sink and two large sand trays; the whole recess can be swilled down into a floor drain. To avoid any feelings that the children attending the child-guidance clinic are "peculiar", it has been decided to re-christian the clinic the "*Galen House Centre*".

*Bentham House* must be one of the smallest and cheapest outpatient units ever built.

Its story is analogous to *Haygarth House*, the first temporary experimental health centre in Harlow.† *Haygarth House* was a two-storey building adapted to meet the needs of three general practitioners, two dentists, and the local health-authority clinics. We knew from the start that it would soon prove too small. But by then it had done its work and proved its case. An ideal outpatient department, however small, should not be on two storeys. But necessity proved the mother of adaptation. And *Bentham House* really works. *Bentham House* was originally intended to accommodate open-access pathology and X-ray units, a branch of the Harlow Industrial Health Service to take care of the workers at the town centre, and a small administrative and research unit. But when the officers of the regional hospital board inspected the building they saw the possibility that it might be satisfactorily adapted to provide a temporary outpatient department pending the completion of the first stage of the Harlow Hospital on the site immediately north of *Addison House*.

At *Bentham House*, three consulting-suites are at present used for eleven consulting sessions per week:—

General medicine.	Thoracic medicine.
General surgery.	Neurology.
Orthopaedic surgery.	Dermatology.
Obstetrics and gynaecology.	Ear-nose-and-throat surgery.
Paediatrics.	Radiology.
Psychiatry.	

As with the earlier *Haygarth House*, we expect *Bentham House* to prove too small for its job within three years. But by then the new Harlow Hospital outpatient department will, we hope, be in operation, and we anticipate no difficulty in finding another use for *Bentham House*.

To keep down costs, a secondhand X-ray table and tube mounting were bought, for use with a new tube, transformer, and control panel. In this way, the total cost of the X-ray equipment has been kept within the £2,000 allocated by the Trust.

Architecturally, the buildings are of considerable interest.

---

† Taylor, S. *Lancet*, 1952, i, 253.



The problem was to create a long low building with no less than eleven separate entrances, and exits, in such a way that the patients would not become confused. Inside, there had to be a multiplicity of small rooms of varying sizes, all well lit and ventilated. The buildings had to look well, for they occupy one of the most prominent positions in the town, immediately north of the town centre.

To break up the long walls, a standard cedar panel was devised with a standard window, giving any degree of ventilation required; one or more of the window glasses could be opaque, where patients had to undress. Except in the waiting-room, large expanses of glass have been avoided.

By modern hospital standards, at £84,000 the building is very cheap. By Harlow standards it is comparatively expensive. This is entirely because it is equipped with oil-fired central heating. To keep within the price, pipes have not been ducted. This is a loss in amenity; but it has advantages in maintenance and repair.

### **Keats House.**

Keats House is an area health centre for about 17,000 people. It is situated immediately south of a main neighbourhood shopping centre, Bush Fair. Pending its completion, the doctors, dentists, and local-authority clinics which will work there have been temporarily accommodated in adapted houses.

In essence, it is an enlarged version of the earlier Nuffield House. It will accommodate up to six doctors, four dentists in National Health Service practice, and the county council maternity and child-welfare clinics and priority dental services. It also has a small house for a caretaker.

In terms of cost it is perhaps the most remarkable health-service building in the town. Nuffield House, for four doctors, two dentists, and the clinics, without a priority dental clinic or caretaker's house, cost £24,000. Keats House is costing £32,000. To keep to this figure, many economies have been made.

Throughout, the windows are standard English Joinery Manufacturers' Association types. Examination-room lobbies have been omitted. Waiting-room space has been reduced far below what we had previously thought necessary. Experience may show that the cutting here has been too drastic, and later modification may be needed; it all depends on whether the general practitioners and the clinics are able to work successful appointment systems.

Very careful costing has shown that central heating would be uneconomical. So heating is by electricity, and each tenant is separately metered.

### **Human Relations.**

The human relations between landlord and tenants and between tenant and tenant were exhaustively discussed in the earlier paper.\* These arrangements have worked so well that no modification has been needed.



Each area health centre has an advisory house-committee on which sit the general practitioners and dentists, with representatives of the county health department, local executive council, and development corporation. The chair is always taken by a general practitioner. Experience has shown that during the first year the house-committee has to meet quarterly. Thereafter, annual meeting are all that is needed.

Experience has also shown that it takes two or three years, and much hard work, for a centre to reach full efficiency. We only learn to work together by actually doing so. We each retain our autonomy. The common link is the needs of the patient. We co-ordinate ourselves to meet those needs.

### Conclusions.

The final conclusions to be drawn from the Harlow experiment must await the effluxion of time. Our immediate conclusions are :—

1. Good general practice in a town is essentially group practice. Group-practice centres cost more to build than individual surgeries attached to doctors' houses. But the advantages for both doctors and patients make the extra cost worth while.

2. Good practice involves the working together of the general practioners, the dentists in National Health Service practice, and the local-health-authority clinics and staff. This cannot be fully achieved unless they are all working in the same building, while at the same time retaining their own autonomy.

3. The Nuffield Trust's health centres provide ideal conditions for achieving this good practice, at costs below conventional health centres. Provided loan capital is available, building is possible without subsidy.

4. The Harlow pattern has lessons to teach wherever new health-service building is contemplated, but it is specially suitable for large areas of new development. For full success the centres must be built in step with housing construction, the doctors must have no other place of practice in the town, and there must be reasonable security against "extra-health-centre" competition for the doctors who enter the centres.

5. There is no need for such centres to lack individuality, humanity, and friendliness. In our experience, Harlow patients are delighted with what they find. Indeed, they often say they never imagined a visit to the doctor, the dentist, or the clinic could take place in such friendly and pleasant surroundings.

6. Free choice of doctor, and of centre, can, and indeed must, be retained. Ethical standards between groups and within groups must be of the highest. The inevitable strains between groups in separate centres which occur when practices are growing disappear as and when lists become substantial. But it has still to be proved that two group practices can coexist satisfactorily in one centre.



7. In a new and rapidly growing community, the needs for specialist services rapidly follow on the provision of adequate general-practitioner, dental, and clinic services. The need for so many of our patients to travel six miles for an X-ray or pathological examination or an outpatient consultation has become a severe strain on all concerned. We all welcome the opening of Bentham House, Chadwick House, and Galen House, especially the "open access" X-ray and pathological services. It is our hope that as a result the links between the general practitioners and the consultants may be as close and happy as those which have grown up between the general practitioners, the dentists, and the local-authority services. Only thus can true continuity of care be achieved.

8. We look forward to the day when our own Harlow Hospital will be in operation. Apart from what is now temporarily available in Bentham House, we need urgently a casualty department with emergency beds, especially for the thousands of children in Harlow; also a maternity unit to meet the needs of our thousands of expectant mothers.

In many places in Britain the people who use our health services are indebted to Lord Nuffield and his trustees and officers. Nowhere is this debt greater than in the new town of Harlow. Thanks are also due to :

The successive chairmen and members of the Essex County Council, particularly the present and immediate past chairmen of the county health committee, Alderman Mrs. M. Ball and Alderman K. E. B. Glenney, O.B.E.; the officers of the health and education departments of the county council, especially the health visitors, midwives, and home nurses, and their superintendents, and the staff of the Galen House Centre.

Sir Graham Rowlandson, the chairman, the members, and officers of the North East Metropolitan Regional Hospital Board; and especially their secretary, Mr. C. E. Nicol, O.B.E.

The chairman, and officers of the Epping Group Hospital Management Committee and their Medical Advisory Committee, and especially the management committee's secretary, Mr. A. J. Cole.

Mr. H. E. Bates, the chairman, and the members of the Essex Local Executive Council; especially Dr. H. N. Rose and Mr. E. Bergdahl, the secretary, who serve on our house-committees.

The chairman, members and officers of the Harlow Development Corporation; especially the general manager, Mr. B. Hyde Harvey, Mr. J. R. Jacques, solicitor to the corporation, Mr. G. D. Bratt, chief finance officer, and Miss J. B. Payne, who has been responsible for all detailed administration of the project.

The architects. For Addison, Bentham, Chadwick, and Galen Houses, the corporation with Mr. A. McCowan, A.R.I.B.A., and Mr. D. G. Fenter, A.R.I.B.A., in charge. (The architects for the Harlow Development Corporation are Mr. F. Gibberd, C.B.E., F.R.I.B.A., architect planner, and Mr. Victor Hamnet, A.R.I.B.A., executive architect.) For Keats House, Messrs. Booth, Ledeboer, and Pinckheard, F.R.I.B.A.

The contractors: W. & C. French, Ltd., and Holmes Brothers, Ltd.



## APPENDIX C

## DAGENHAM RAILWAY DISASTER

The County Major Disaster Procedure was put into operation on Thursday, 30th January, 1958, when a collision occurred between two trains in thick fog on the main railway line between Heathway and Dagenham East Stations at a point opposite Pavet Close and Blackborne Road, Dagenham. The two trains concerned were the 6.35 p.m. from Fenchurch Street to Shoeburyness and the 6.20 from Fenchurch Street to Southend.

The first indication received by the County Ambulance Service regarding the accident was at 7.33 p.m. when the Ambulance Control at Ilford received a telephone message from a member of the public that a train collision had occurred.

Barking/Dagenham and Ilford Ambulance Stations were immediately instructed to send their four available ambulances and these left for the scene of the accident within five minutes of the call having been received at Control.

**Vehicles.**

The first ambulance arrived at 7.42 and a second vehicle reached the accident three minutes later; the Assistant Station Officer on the latter ambulance thereupon gave details of the situation by radio to the Ambulance Control.

Thereafter, vehicles from Chingford, Hornchurch, Ilford, Leyton, Romford and Walthamstow arrived at short intervals and soon after 8.00 p.m. there was a general movement of vehicles from Metropolitan Essex to the scene of the disaster.

As shown in the following table, a total of 32 ambulances and six sitting case vehicles was sent by the Divisional Control and these were augmented by a further ten vehicles from the London County Council and four from East Ham County Borough :—

Ambulance Stations	Number of Vehicles sent :—	
	Ambulances	Sitting-case Vehicles
Chingford	3	1
Walthamstow	6	—
Leyton	1	—
Ilford	7	—
Barking/Dagenham	9	3
Romford	3	1
Hornchurch	3	1
East Ham County Borough Council	3	1
London County Council	8	2



In view of the weather and the estimated number of casualties, it was thought desirable to guard against all eventualities and a further seven ambulances and three sitting case vehicles were therefore moved by Chelmsford Divisional Control to Barking/Dagenham Ambulance Station.

### Casualties.

The first report estimated the number of casualties at 150. An Ambulance Control point was established in Pavet Close, a flare path was organised from Blackborne Road to the railway line, and arrangements were made for a constant flow of men and stretchers to the injured.

The injured themselves were taken to hospital either as soon as they were released from the wreckage or immediately they had received emergency medical attention. Mobile medical teams were in operation at the scene of the disaster from Oldchurch Hospital, Rush Green Hospital, King George Hospital and East Ham Memorial Hospital and a number of casualties were attended to at a first aid post at Dagenham Police Station.

The following table shows the number of casualties conveyed by ambulance vehicles and the hospitals to which they were taken :—

<i>Name of Hospital</i>	<i>Stretcher</i>	<i>Walking</i>
Oldchurch .....	47	15
Rush Green .....	12	—
King George .....	4	1
East Ham Memorial .....	2	—
Totals .....	65	16

### General.

All ambulance arrangements worked smoothly. Staff and equipment were available without delay at the times and in the places where they were needed. Discipline was of a high order and the men worked with skill and determination.

So far as the County Ambulance Service was concerned, the incident closed officially at 12.19 a.m.

Letters of thanks were sent to East Ham and London for the help they gave and a message of appreciation was circulated to the ambulance staff for the splendid way in which they faced up to this major disaster.

A message was subsequently received from the Metropolitan Police expressing appreciation of the speedy attendance of the Ambulance Service at the scene of the disaster and the Eastern Region of the British Transport Commission conveyed their grateful thanks for the prompt way in which the Service responded to the emergency. As a tangible expression of appreciation, the Commission sent a donation to the Staff Fund.



TABLE 47.—MIGRATION, 1950-1958

Health Area and County District		Average 1950-52	1953	1954	1955	1956	1957	1958
Colchester B.	...	+ 1,410	+ 1,243	+ 1,161	+ 2,812	— 1,383	+ 1,222	— 189
Harwich B.	...	+ 447	+ 325	+ 563	— 28	— 335	— 1,389	— 70
Brightlingsea U.	...	+ 25	+ 37	+ 103	+ 5	+ 42	+ 27	+ 19
Clacton U.	...	+ 335	+ 195	+ 348	+ 298	+ 501	+ 364	+ 326
Frinton & Walton U.	...	+ 91	+ 73	+ 172	+ 139	+ 214	+ 106	+ 265
Halstead U.	...	+ 30	+ 21	+ 123	+ 44	— 4	+ 9	+ 179
West Mersea U.	...	— 4	— 36	+ 39	+ 43	+ 32	+ 18	+ 27
Wivenhoe U....	...	+ 7	+ 19	+ 31	+ 20	+ 3	+ 26	+ 7
Halstead R.	...	+ 165	— 66	— 149	— 274	— 101	— 162	+ 333
Lexden & Winstree R.	...	+ 54	— 121	— 158	+ 30	+ 16	— 70	+ 6
Tendring R.	...	+ 284	+ 75	— 409	+ 205	+ 99	+ 218	+ 130
<b>1. North-East Essex</b>	...	+ 2,844	+ 1,765	+ 1,824	+ 3,294	— 916	+ 351	+ 1,033
Chelmsford B.	...	+ 234	+ 350	+ 586	+ 540	+ 739	+ 503	+ 567
Maldon B.	...	+ 26	+ 131	— 7	+ 38	— 46	+ 70	+ 118
Saffron Walden B.	...	+ 63	— 10	+ 50	+ 57	+ 145	+ 101	+ 87
Braintree & Bocking U.	...	— 24	+ 82	+ 60	+ 42	+ 107	+ 124	+ 605
Burnham-on-Crouch U.	...	— 32	— 11	+ 19	+ 7	— 3	+ 10	+ 16
Witham U.	...	+ 18	+ 38	+ 51	+ 45	+ 18	— 46	+ 12
Braintree R.	...	— 15	+ 1,952	— 452	— 253	+ 166	+ 12	+ 677
Chelmsford R.	...	— 34	+ 219	+ 373	+ 78	+ 729	+ 665	+ 581
Dunmow R.	...	+ 8	— 20	+ 91	+ 73	+ 67	+ 90	+ 585
Maldon R.	...	+ 86	+ 59	+ 107	— 20	— 57	+ 170	+ 397
Ongar R.	...	— 78	+ 96	+ 55	*	*	*	*
Saffron Walden R.	...	+ 263	+ 383	— 15	+ 67	+ 3	— 95	— 735
<b>2. Mid-Essex</b>	...	+ 515	+ 3,269	+ 918	+ 1,851	+ 1,868	+ 1,604	+ 2,910
Basildon U.	...	+ 629	+ 2,083	+ 2,205	+ 4,388	+ 4,571	+ 5,424	+ 5,445
Benfleet U.	...	+ 53	+ 160	+ 488	+ 1,162	+ 1,720	+ 1,594	+ 1,218
Canvey Island U.	...	+ 331	+ 179	+ 175	+ 31	+ 116	+ 87	+ 117
Rayleigh U.	...	+ 8	+ 150	+ 467	+ 1,404	+ 1,686	+ 1,530	+ 1,331
Rochford R.	...	+ 181	+ 204	+ 617	+ 1,091	+ 1,317	+ 1,130	+ 1,300
<b>3. South-East Essex</b>	...	+ 1,202	+ 2,776	+ 3,952	+ 8,076	+ 9,410	+ 9,765	+ 9,411
Brentwood U.	...	+ 618	+ 1,727	+ 1,206	+ 3,285	+ 2,833	+ 1,052	+ 1,579
Hornchurch U.	...	+ 4	+ 614	+ 1,515	+ 3,170	+ 2,027	+ 2,982	+ 1,695
Thurrock U....	...	+ 2,546	+ 3,393	+ 4,853	+ 2,781	— 508	+ 1,837	+ 358
<b>4. South Essex</b>	...	+ 3,168	+ 5,734	+ 7,574	+ 9,236	+ 4,352	+ 5,871	+ 3,632
Chingford B.	...	— 326	— 637	— 345	— 419	— 570	— 516	— 566
Wanstead & Woodford B.	...	— 162	— 488	— 83	— 215	— 202	— 213	+ 198
Chigwell U.	...	+ 4,781	— 101	+ 72	+ 582	+ 542	+ 332	+ 351
Epping U.	...	+ 57	+ 166	+ 149	+ 189	+ 506	+ 286	+ 484
Harlow U.	...	*	*	*	*	+ 4,335	+ 4,862	+ 4,042
Waltham Holy Cross U.	...	+ 88	+ 421	+ 94	+ 248	+ 490	+ 344	+ 323
Epping R.	...	+ 1,405	+ 4,132	+ 5,662	*	*	*	*
<b>5. Forest</b>	...	+ 5,843	+ 3,493	+ 5,549	+ 6,097	+ 5,101	+ 5,095	+ 4,832
Epping & Ongar R....	...	*	*	*	+ 6,889	+ 376	+ 746	+ 332
<b>6. Romford B.</b>	...	+ 7,603	+ 3,547	+ 552	+ 689	+ 1,121	+ 432	+ 662
<b>7. Barking B.</b>	...	— 1,227	— 784	— 602	— 903	— 701	— 782	— 494
<b>8. Dagenham B.</b>	...	— 1,115	— 230	+ 345	— 405	— 1,246	— 1,338	— 1,002
<b>9. Ilford B.</b>	...	— 1,496	— 1,289	+ 1,171	— 1,019	— 1,129	— 1,055	— 843
<b>10. Leyton B.</b>	...	— 966	— 250	— 199	— 978	— 989	— 1,162	— 824
<b>11. Walthamstow B.</b>	...	— 1,276	— 1,271	— 733	— 1,323	— 1,293	— 1,401	— 1,427
<b>ADMINISTRATIVE COUNTY</b>		...	...	...	...	...	...	...
		+ 15,095	+ 16,760	+ 20,351	+ 24,615	+ 15,954	+ 18,126	+ 18,222

\* Figures not available.



TABLE 48.—NATURAL INCREASES OR DECREASES, 1950-1958

Health Area and County District	Average 1950-52	1953	1954	1955	1956	1957	1958
Colchester B. ...	+ 235	+ 97	+ 139	+ 178	+ 173	+ 278	+ 319
Harwich B. ...	+ 90	+ 55	+ 97	+ 88	+ 115	+ 59	+ 50
Brightlingsea U. ...	— 15	— 25	— 28	— 15	— 22	+ 3	+ 1
Clacton U. ...	— 82	— 105	— 128	— 118	— 111	— 144	— 116
Frinton & Walton U. ...	— 33	— 39	— 36	— 59	— 44	— 46	— 75
Halstead U. ...	+ 7	+ 28	— 12	— 14	— 16	+ 29	+ 11
West Mersea U. ...	+ 2	— 1	—	— 23	— 2	+ 8	+ 3
Wivenhoe U....	+ 1	+ 15	+ 7	—	+ 3	+ 4	+ 3
Halstead R. ...	+ 5	+ 4	+ 9	+ 4	+ 1	+ 8	+ 37
Lexden & Winstree R. ...	+ 43	+ 21	+ 28	+ 10	— 46	+ 60	+ 14
Tendring R. ...	+ 29	— 15	— 21	— 65	— 59	— 48	— 50
<b>1. North-East Essex</b> ...	+ 282	+ 27	+ 55	— 14	— 14	+ 59	+ 197
Chelmsford B. ...	+ 166	+ 280	+ 244	+ 290	+ 261	+ 337	+ 283
Maldon B. ...	+ 19	— 107	+ 8	+ 22	+ 56	+ 20	— 18
Saffron Walden B. ...	— 1	+ 15	—	— 37	— 45	— 11	— 7
Braintree & Bocking U. ...	+ 51	— 98	+ 120	+ 88	+ 123	+ 116	+ 135
Burnham-on-Crouch U. ...	— 6	+ 18	+ 11	+ 3	+ 3	+ 10	+ 14
Witham U. ...	+ 45	+ 42	+ 26	+ 35	+ 32	+ 46	+ 38
Braintree R. ...	+ 49	+ 88	+ 142	+ 83	+ 104	+ 98	+ 173
Chelmsford R. ...	+ 200	+ 171	+ 147	+ 152	+ 181	+ 215	+ 299
Dunmow R. ...	+ 72	+ 80	+ 119	+ 97	+ 123	+ 140	+ 145
Maldon R. ...	+ 47	+ 31	+ 33	+ 10	+ 7	+ 10	+ 23
Ongar R. ...	+ 101	+ 84	+ 95	*	*	*	*
Saffron Walden R. ...	+ 41	+ 107	+ 105	+ 63	+ 87	+ 105	+ 65
<b>2. Mid-Essex</b> ...	+ 784	+ 907	+ 1,050	+ 899	+ 932	+ 1,086	+ 1,150
Basildon U. ...	+ 124	+ 287	+ 385	+ 432	+ 719	+ 976	+ 1,135
Benfleet U. ...	— 40	— 30	+ 12	+ 58	+ 40	+ 126	+ 152
Canvey Island U. ...	+ 33	+ 69	+ 65	+ 19	+ 34	+ 53	+ 43
Rayleigh U. ...	+ 3	+ 26	+ 44	+ 36	+ 44	+ 80	+ 129
Rochford R. ...	+ 23	+ 26	+ 7	+ 69	+ 23	+ 70	+ 130
<b>3. South-East Essex</b> ...	+ 143	+ 188	+ 499	+ 614	+ 860	+ 1,305	+ 1,589
Brentwood U. ...	+ 85	— 7	+ 54	+ 85	+ 157	+ 248	+ 261
Hornchurch U. ...	+ 596	+ 386	+ 485	+ 630	+ 673	+ 818	+ 1,205
Thurrock U. ...	+ 714	+ 1,017	+ 1,087	+ 1,039	+ 1,008	+ 963	+ 1,042
<b>4. South Essex</b> ...	+ 1,395	+ 1,396	+ 1,626	+ 1,754	+ 1,838	+ 2,029	+ 2,508
Chingford B. ...	+ 219	+ 217	+ 175	+ 129	+ 100	+ 126	+ 146
Wanstead & Woodford B. ...	+ 136	+ 148	+ 93	+ 49	— 48	+ 53	+ 52
Chigwell U. ...	+ 516	+ 521	+ 458	+ 428	+ 408	+ 348	+ 379
Epping U. ...	+ 23	+ 22	+ 23	+ 51	+ 54	+ 64	+ 96
Harlow U. ...	*	*	*	+ 581	+ 835	+ 998	+ 1,158
Waltham Holy Cross U. ...	+ 41	+ 59	+ 56	+ 92	+ 110	+ 146	+ 147
Epping R. ...	+ 155	+ 378	+ 668	*	*	*	*
<b>5. Forest</b> ...	+ 1,090	+ 1,345	+ 1,473	+ 1,583	+ 1,459	+ 1,735	+ 1,978
Epping & Ongar R....	*	*	*	+ 350	+ 264	+ 274	+ 258
<b>6. Romford B.</b> ...	+ 970	+ 1,193	+ 1,248	+ 1,211	+ 1,179	+ 1,268	+ 1,238
<b>7. Barking B.</b> ...	+ 453	+ 444	+ 382	+ 313	+ 271	+ 292	+ 274
<b>8. Dagenham B.</b> ...	+ 915	+ 1,030	+ 955	+ 705	+ 746	+ 638	+ 702
<b>9. Ilford B.</b> ...	+ 566	+ 289	+ 329	+ 19	+ 29	+ 55	+ 243
<b>10. Leyton B.</b> ...	+ 132	— 750	+ 99	— 122	— 111	— 68	— 86
<b>11. Walthamstow B.</b> ...	+ 277	+ 271	+ 333	+ 123	+ 193	+ 1	+ 127
<b>ADMINISTRATIVE COUNTY</b> ...	+ 7,007	+ 6,340	+ 8,049	+ 7,085	+ 7,646	+ 8,674	+ 10,178

\* Figures not available.





TABLE 49—BIRTHS, DEATHS, ANNUAL RATES, ETC., 1958

BIRTHS, DEATHS, ANNUAL RATES, ETC., 1958															
Health Area/County District	Estimated Population		Migration	Live Births		Still Births		Infant Deaths		Deaths at all Ages					
	1957	1958		No.	Rate* 1957	No.	Rate† 1957	No.	Rate‡ 1957	No.	Rate* 1957				
Colchester B. ...	63,380	63,510	— 189	1,058	16.6	22	20.4	18	17.0	739	11.6				
Harwich B....	13,760	13,740	— 70	212	15.4	6	27.5	1	4.7	162	11.8				
Brightlingsea U. ...	4,630	4,650	+ 19	70	15.0	—	—	—	—	69	14.8				
Clacton U. ....	24,890	25,100	+ 326	294	11.7	5	16.7	3	42.8	410	16.3				
Frinton and Walton U. ...	8,640	8,830	+ 265	88	10.0	4	43.5	1	11.4	163	18.4				
Halstead U. ....	6,360	6,550	+ 179	95	14.5	—	—	—	—	84	12.8				
West Mersea U. ....	3,070	3,100	+ 27	43	13.9	1	22.7	3	69.8	40	12.9				
Wivenhoe U. ....	2,580	2,590	+ 7	44	17.0	—	—	1	22.7	41	15.8				
Halstead R. ....	16,380	16,750	+ 333	224	13.4	5	21.8	5	22.3	187	11.2				
Lexden and Winstree R. ...	22,190	22,210	+ 6	335	15.1	12	34.6	4	11.9	321	14.4				
Tendring R. ....	24,730	24,810	+ 130	329	13.3	6	17.9	8	24.3	379	15.3				
1. North-East Essex ...	190,610	191,840	+ 1,033	2,792	14.5	13.6	61	21.4	24.1	51	18.3	14.7	2,595	13.5	13.3
Chelmsford B. ...	42,260	43,110	+ 567	712	16.5	11	15.2	15	21.1	429	9.9				
Maldon B. ...	9,910	10,010	+ 118	150	15.0	1	6.6	7	46.7	168	16.8				
Saffron Walden B. ...	7,430	7,510	+ 87	103	13.7	—	—	1	9.7	110	14.6				
Braintree and Bocking U. ...	18,490	19,230	+ 605	350	18.2	3	8.5	10	28.6	215	11.2				
Burnham-on-Crouch U. ...	3,860	3,890	+ 16	73	18.8	2	26.7	2	27.4	59	15.2				
Witham U....	8,840	8,890	+ 12	126	14.2	3	23.2	—	—	88	9.9				
Braintree R. ....	20,260	21,110	+ 677	385	18.2	6	15.3	5	13.0	212	10.0				
Chelmsford R. ....	41,970	42,850	+ 581	783	18.3	15	18.8	11	14.0	484	11.3				
Dunmow R. ....	19,840	20,570	+ 585	363	17.6	4	10.9	8	22.0	218	10.6				
Maldon R. ....	15,230	15,650	+ 397	225	14.4	5	21.7	4	17.8	202	12.9				
Saffron Walden R. ....	18,550	17,880	— 735	278	15.5	7	24.6	4	14.4	213	11.9				
Epping and Ongar R. (East) ...	16,650	17,390	—	—	—	—	—	—	—	—	—	—	—	—	—
Total figures for Epping and Ongar R. given below.															
2. Mid-Essex ...	223,290	228,090	+ 2,910	3,548	16.8	16.9	57	15.8	15.8	67	18.9	21.2	2,398	10.5	10.8
Basildon U. ...	65,960	72,540	+ 5,445	1,759	24.2	23	12.9	37	21.0	624	8.6				
Benfleet U. ...	24,970	26,340	+ 1,218	478	18.1	7	14.4	5	10.5	326	12.4				
Canvey Island U. ...	12,330	12,490	+ 117	218	17.4	6	26.8	5	22.9	175	14.0				
Rayleigh U. ....	14,830	16,290	+ 1,331	295	18.1	6	19.9	4	13.5	166	10.2				
Rochford R. ....	23,850	25,280	+ 1,300	442	17.5	9	19.9	10	22.6	312	12.3				
3. South-East Essex ...	141,940	152,940	+ 9,411	3,192	20.9	19.6	51	15.7	21.7	61	19.1	19.4	1,603	10.5	10.5
Brentwood U. ...	42,330	44,170	+ 1,579	749	16.9	20	26.0	7	9.3	488	11.0				
Hornchurch U. ...	117,400	120,300	+ 1,695	2,371	19.7	28	11.7	33	13.9	1,166	9.7				
Thurrock U. ....	104,200	105,600	+ 358	1,894	17.9	35	18.1	38	20.1	852	8.1				
4. South Essex ...	263,930	270,070	+ 3,632	5,014	18.6	17.4	83	16.3	23.0	78	15.5	20.5	2,506	9.3	9.7
Chingford B. ...	46,450	46,030	— 566	535	11.6	8	14.7	8	14.9	389	8.4				
Wanstead and Woodford B. ...	60,970	61,220	+ 198	748	12.2	13	17.1	7	9.3	696	11.4				
Chigwell U. ....	60,420	61,150	+ 351	782	12.8	9	11.4	13	16.6	403	6.6				
Epping U. ....	8,290	8,870	+ 484	169	19.0	4	23.1	1	5.9	73	8.2				
Harlow U. ....	35,690	40,890	+ 4,042	1,336	32.7	16	11.8	27	20.2	178	4.3				
Waltham Holy Cross U. ...	10,520	10,990	+ 323	239	21.7	5	20.5	3	12.5	92	8.4				
Epping and Ongar R. (West) ...	16,650	16,500	—	—	—	—	—	—	—	—	—	—	—	—	—
Total figures for Epping and Ongar R. given below.															
5. Forest... ...	238,990	245,650	+ 4,832	3,809	16.6	15.8	55	14.2	21.1	59	15.5	22.2	1,831	7.4	7.5
Epping and Ongar R. ...	33,300	33,890	+ 332	592	17.5	19	31.1	—	14	23.6	334	9.8			
6. Romford B. ...	111,800	113,700	+ 662	2,053	18.0	17.7	48	22.8	19.3	40	19.5	18.2	815	7.2	6.3
7. Barking B. ...	75,070	74,850	— 494	917	12.2	12.2	23	24.5	19.3	17	18.5	18.6	643	8.6	8.3
8. Dagenham B. ...	114,400	114,100	— 1,002	1,536	13.5	12.5	30	19.1	22.5	25	16.3	16.8	834	7.3	6.9
9. Ilford B. ...	179,600	179,000	— 843	2,228	12.4	12.4	43	18.9	18.1	37	16.6	17.1	1,985	11.1	12.0
10. Leyton B. ...	99,670	98,760	— 824	1,252	12.7	11.6	29	22.6	21.9	31	24.8	14.7	1,338	13.5	12.3
11. Walthamstow B. ...	115,300	114,000	— 1,427	1,297	11.4	11.5	28	21.1	26.5	20	15.4	24.2	1,170	10.3	11.5
ADMINISTRATIVE COUNTY ...	1,754,600	1,783,000	+ 18,222	28,230	15.8		527	18.3		500	17.7		18,052	10.1	

\* Per 1,000 estimated population.

† Per 1,000 total births.

‡ Per 1,000 live births.

TABLE 50.—CAUSES OF DEATH BY HEALTH AREAS AND COUNTY DISTRICTS, 1958

Health Area/ County District	Tuberculosis respiratory	Tuberculosis other	Syphilitic disease	Acute poliomyelitis	Other infective and parasitic diseases	Malignant neo- plasm, stomach	Malignant neo- plasm, lung bronchus	Malignant neo- plasm, breast	Malignant neo- plasm, uterus	Other malignant and lymphatic neoplasms	Leukaemia, alopecia	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	2	2	1	—	17	16	18	7	58	5	6	102	114	190	4	31	33	4	5	3	1	6	—	4	7	8	91	739		
Harwich B. ...	2	1	2	—	1	2	3	4	2	15	—	—	33	26	34	2	2	9	2	—	—	—	—	—	—	—	—	4	14	162	
Brightlingsea U. ...	—	—	—	—	—	—	2	2	—	6	1	3	10	12	12	—	4	5	—	—	—	—	—	—	—	—	—	—	12	69	
Clacton U. ...	2	—	—	—	2	7	15	8	—	36	2	5	56	100	86	1	10	13	2	7	2	2	3	—	—	—	—	—	44	410	
Frinton and Walton U. ...	4	—	—	—	—	6	2	—	4	19	4	—	29	29	29	3	6	8	2	2	3	3	—	—	—	—	—	1	6	163	
Halstead U. ...	—	—	1	—	—	1	4	1	—	12	—	—	19	16	14	—	5	2	—	1	—	—	—	—	—	—	—	1	5	84	
West Mersea U. ...	—	—	—	—	—	2	1	—	—	4	—	1	3	8	12	—	—	3	—	—	—	—	—	—	—	—	—	—	6	40	
Wivenhoe U. ...	—	—	—	—	—	1	2	—	1	3	1	—	4	9	10	—	—	1	1	—	—	—	1	1	—	—	—	—	4	41	
Halstead R. ...	3	—	1	—	—	5	7	5	3	14	—	2	37	20	42	—	7	5	—	2	2	1	1	—	—	—	—	25	187		
Lexden and Winstree R. ...	—	—	—	1	—	5	9	4	3	25	2	2	36	44	78	2	13	15	2	2	1	1	2	—	—	—	—	67	321		
Tendring R. ...	2	1	—	—	—	5	6	7	5	38	—	3	118	42	85	3	8	8	5	2	—	3	4	—	—	—	—	29	379		
1. North-East Essex ...	17	4	6	2	3	51	67	49	26	230	15	22	447	420	592	15	86	102	18	23	11	15	19	—	16	16	20	303	2,595		
Chelmsford B. ...	3	—	—	—	—	10	13	9	1	43	2	3	43	89	76	—	48	16	6	2	1	2	2	—	3	4	5	48	429		
Maldon B. ...	1	—	—	—	1	4	7	1	—	14	—	—	24	22	57	—	6	5	1	1	1	—	1	—	1	1	2	18	168		
Saffron Walden B. ...	1	—	—	—	—	2	5	2	—	10	—	1	10	20	23	1	6	5	1	1	1	—	4	—	—	—	—	2	14	110	
Braintree and Bocking U. ...	2	1	2	—	—	6	9	2	—	16	—	2	30	21	39	1	12	10	4	2	1	—	2	1	1	—	—	2	49	215	
Burnham-on-Crouch U. ...	1	—	—	—	—	1	3	—	—	6	—	—	11	10	14	—	2	2	—	—	—	—	—	—	—	—	—	—	10	59	
Witham U. ...	—	—	—	—	—	1	3	2	2	1	6	—	8	16	23	—	6	2	2	—	—	—	1	—	—	—	—	—	13	88	
Braintree R. ...	1	—	—	—	—	1	5	1	4	5	21	3	36	24	44	2	6	14	2	1	—	1	3	—	—	—	—	5	2	212	
Chelmsford R. ...	2	—	—	—	—	20	17	9	1	33	4	5	69	86	96	3	38	15	3	3	—	3	5	1	2	4	6	59	484		
Dunmow R. ...	—	—	—	—	—	6	8	1	—	23	2	1	28	43	44	—	8	12	—	2	4	1	—	—	—	—	—	2	21	218	
Maldon R. ...	1	—	—	—	1	6	5	4	—	18	2	2	30	32	52	1	7	10	—	1	—	2	1	—	—	—	1	2	24	202	
Saffron Walden R. ...	—	—	1	—	—	7	9	4	1	18	1	1	21	34	51	3	10	7	5	4	1	1	3	—	2	4	1	24	213		
2. Mid-Essex ...	13	1	4	—	6	72	79	38	9	205	14	19	310	397	519	11	149	98	24	17	10	8	23	3	13	23	24	309	2,398		
Basildon U. ...	4	—	1	1	1	16	26	7	8	52	7	3	78	130	95	2	37	44	4	3	3	2	3	1	6	5	5	40	624		
Benfleet U. ...	2	—	—	—	—	10	15	10	3	26	2	5	46	60	64	2	12	14	3	7	1	7	3	—	—	—	2	4	28	326	
Canvey Island U. ...	2	—	1	—	—	6	6	5	—	22	—	1	14	36	22	—	11	15	4	1	—	—	3	—	1	1	3	21	175		
Rayleigh U. ...	—	—	—	—	—	4	6	3	—	22	1	—	23	41	28	—	12	9	1	—	1	1	—	—	—	—	—	1	166	161	
Rochford R. ...	1	—	2	1	—	8	14	4	2	25	1	1	31	71	68	—	22	11	5	3	2	1	—	—	—	—	—	1	28	312	
3. South-East Essex ...	9	—	4	2	1	44	67	29	13	147	11	10	192	338	277	4	94	93	17	14	7	12	10	1	14	12	13	168	1,603		
Brentwood U. ...	3	1	1	—	2	5	15	8	2	51	3	6	59	54	122	4	53	20	3	2	3	4	4	—	2	6	6	49	488		
Hornchurch U. ...	8	1	1	—	4	35	49	23	13	116	6	3	151	173	268	6	58	76	13	12	3	5	1	—	11	15	8	107	1,166		
Thurrock U. ...	11	2	1	—	1	26	28	18	5	71	8	8	107	157	144	8	43	47	10	11	7	12	6	—	11	14	9	87	852		
4. South Essex ...	22	4	3	—	7	66	92	49	20	238	17	17	317	384	534	18	154	143	26	25	13	21	11	—	24	35	23	243	2,506		
Chingford B. ...	1	—	1	—	1	10	19	9	5	48	—	4	47	60	75	—	22	17	2	9	3	2	1	—	3	9	7	34	389		
Wanstead and Woodford B. ...	3	—	1	—	3	12	34	11	9	61	3	4	107	123	157	3	32	32	6	6	2	5	6	—	1	4	9	62	696		
Chigwell U. ...	4	—	1	—	1	16	19	8	2	33	9	—	54	67	71	1	20	23	3	6	1	4	5	—	8	4	8	35	403		
Epping U. ...	1	—	—	—	—	1	3	2	1	4	—	—	12	13	11	—	7	3	2	2	—	2	—	1	1	2	—	5	73	73	
Harlow U. ...	1	—	1	—	1	3	12	3	—	18	2	—	14	27	23	1	14	6	1	—	—	2	1	—	9	5	3	31	178		
Waltham Holy Cross U. ...	—	—	—	—	—	1	2	3	1	10	—	—	14	20	13	—	7	6	—	—	—	—	—	—	—	—	—	1	2	12	92
5. Forest ...	10	—	4	—	6	43	89	36	18	174	14	8	248	310	350	5	102	87	14	23	6	15	13	1	22	25	29	179	1,831		
Epping and Ongar R. ...	2	1	—	—	1	8	10	3	1	41	2	3	39	65	65	—	18	10	3	2	3	1	1	—	7	5	3	40	334		
6. Romford B. ...	7	1	2	—	2	20	52	18	4	74	13	6	81	144	118	3	46	65	10	10	2	9	4	1	15	5	13	90	815		
7. Barking B. ...	6	—	—	—	1	33	53	13	5	74	4	3	74	109	78	4	36	55	12	6	3	5	2	1	7	6	5	48	643		
8. Dagenham B. ...	7	1	1	2	—	31	51	10	8	83	7	11	97	131	144	2	26	76	13	5	4	7	5	3	8	10	12	79	834		
9. Ilford B. ...	9	2	4	—	1	59	88	36	8	178	11	17	254	310	462	15	99	124	15	19	8	15	8	—	11	23	20	189	1,985		
10. Leyton B. ...	15	—	2	—	4	27	43	22	11	109	10	3	178	200	385	4	86	83	10	13	2	3	5	—	8	10	14	91	1,338		
11. Walthamstow B. ...	7	—	5	—	1	30	60	34	4	116	7	9	128	198	226	12	74	73	13	18	7	7	7	—	13	4	14	103	1,170		
ADMINISTRATIVE COUNTY	124	14	35	6	33	484	751	337	127	1,669	125	128	2,365	3,006	3,750	93	970	1,009	175	175	76	118	108	10	158	174	190	1,842	18,052		
Administrative County 1957	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		



TABLE 51.—DEATHS FROM TUBERCULOSIS BY AGE AND SEX

Year	Males								Totals
	Under 1 yr.	1-4	5-14	15-24	25-44	45-64	65-74	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
1958	—	—	—	4	5	40	28	20	97
Year	Females								Totals
	Under 1 yr.	1-4	5-14	15-24	25-44	45-64	65-74	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
1958	1	—	2	2	7	16	9	4	41
Year	Total								Totals
	Under 1 yr.	1-4	5-14	15-24	25-44	45-64	65-74	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
1958	1	—	2	6	12	56	37	24	138

TABLE 52—CAUSES OF DEATH BY AGE, 1958

	Males									Females								
	Under 1 year	1-4	5-14	15-24	25-44	45-64	65-74	75+	Totals	Under 1 year	1-4	5-14	15-24	25-44	45-64	65-74	75+	Totals
1. Tuberculosis—respiratory ... ..	—	—	—	3	5	36	25	19	88	1	—	1	2	7	14	8	3	36
2. Tuberculosis—other ... ..	—	—	—	1	—	4	3	1	9	—	—	1	—	—	2	1	1	5
3. Syphilitic disease ... ..	—	—	—	—	—	7	9	9	25	—	—	—	—	—	—	4	6	10
4. Diphtheria ... ..	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
5. Whooping cough ... ..	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ... ..	3	—	—	—	—	—	—	—	3	1	1	—	—	1	1	—	—	4
7. Acute poliomyelitis ... ..	—	—	—	—	1	1	—	—	2	—	—	—	—	4	—	—	—	4
8. Measles ... ..	—	—	—	1	—	—	—	—	1	1	—	—	—	—	—	—	—	1
9. Other infective and parasitic diseases ... ..	1	—	1	—	2	7	5	1	17	—	3	—	—	4	5	2	2	16
10. Malignant neoplasm, stomach ... ..	—	—	—	—	8	116	90	66	280	—	—	—	—	4	43	69	88	204
11. Malignant neoplasm, lung and bronchus ... ..	—	—	—	—	17	338	203	84	642	—	—	—	—	5	52	27	25	109
12. Malignant neoplasm, breast ... ..	—	—	—	—	—	—	—	1	2	—	—	—	—	30	163	81	61	335
13. Malignant neoplasm, uterus ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	17	60	30	20	127
14. Other malignant and lymphatic neoplasms ... ..	1	4	10	9	37	276	273	298	908	—	1	3	9	33	257	230	228	761
15. Leukaemia and aleukaemia ... ..	—	4	2	5	10	13	19	12	65	1	2	5	2	6	22	10	12	60
16. Diabetes ... ..	1	—	—	2	1	9	20	16	49	—	—	—	—	2	9	32	36	79
17. Vascular lesions of nervous system ... ..	—	—	—	3	17	156	293	475	944	—	1	—	1	21	198	386	814	1,421
18. Coronary disease, angina ... ..	—	—	—	—	46	674	631	530	1,881	—	—	—	—	3	182	394	546	1,125
19. Hypertension with heart disease ... ..	—	—	—	—	2	34	44	58	138	—	—	—	—	—	24	50	129	203
20. Other heart disease ... ..	—	—	—	—	16	123	199	687	1,025	—	1	—	1	29	143	242	1,173	1,589
21. Other circulatory disease... ..	1	—	—	—	7	83	112	159	362	—	—	—	1	11	61	111	249	433
22. Influenza ... ..	—	1	1	—	2	7	10	17	38	—	1	2	2	3	13	11	23	55
23. Pneumonia ... ..	42	5	1	8	9	70	119	229	483	33	9	4	—	9	39	98	295	487
24. Bronchitis ... ..	6	8	—	2	7	166	257	272	718	4	5	1	—	4	37	75	165	291
25. Other diseases of respiratory system ... ..	3	2	1	1	5	38	37	33	120	—	—	5	—	6	19	12	13	55
26. Ulcer of stomach and duodenum ... ..	—	—	—	—	3	34	36	43	116	—	—	—	—	1	13	12	33	59
27. Gastritis, enteritis and diarrhoea ... ..	1	4	—	—	1	4	9	17	36	—	1	1	—	1	9	12	16	40
28. Nephritis and nephrosis ... ..	—	1	2	5	9	24	12	10	63	—	1	1	1	10	14	13	15	55
29. Hyperplasia of prostate ... ..	—	—	—	—	—	8	34	66	108	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion ... ..	—	—	—	—	—	—	—	—	—	—	—	—	2	8	—	—	—	10
31. Congenital malformations ... ..	56	6	5	7	9	3	4	3	93	41	5	7	2	2	6	1	1	65
32. Other defined and ill-defined diseases ... ..	158	9	10	9	39	126	122	207	680	130	8	13	11	35	124	128	379	828
33. Motor vehicle accidents ... ..	—	—	7	34	38	32	15	12	138	—	—	3	7	2	8	8	8	36
34. All other accidents ... ..	9	8	14	10	26	45	14	52	178	5	6	1	2	4	13	22	77	130
35. Suicide ... ..	—	—	—	4	28	55	13	11	111	—	—	—	5	17	41	11	5	79
36. Homicide and operations of war ... ..	—	1	—	1	—	5	3	—	10	—	—	—	1	—	1	2	1	5
<b>All Causes 1958 ... ..</b>	<b>283</b>	<b>53</b>	<b>55</b>	<b>105</b>	<b>345</b>	<b>2,494</b>	<b>2,612</b>	<b>3,388</b>	<b>9,335</b>	<b>217</b>	<b>45</b>	<b>48</b>	<b>49</b>	<b>279</b>	<b>1,573</b>	<b>2,082</b>	<b>4,424</b>	<b>8,717</b>
<b>All Causes 1957 ... ..</b>	<b>301</b>	<b>60</b>	<b>69</b>	<b>97</b>	<b>372</b>	<b>2,547</b>	<b>2,597</b>	<b>3,243</b>	<b>9,286</b>	<b>212</b>	<b>44</b>	<b>42</b>	<b>43</b>	<b>344</b>	<b>1,659</b>	<b>2,048</b>	<b>4,233</b>	<b>8,625</b>



TABLE 53.—RURAL HOUSING PROGRESS, 1958

*DWELLING-HOUSES DEMOLISHED,  
CLOSED OR REPAIRED DURING  
1958*

DWELLING-HOUSES DEMOLISHED, CLOSED OR REPAIRED DURING 1958					RURAL DISTRICTS										Totals			
Houses Demolished	Houses and parts of buildings closed	Houses Rendered Fit	Houses in Temporary Use		Braintree	Chelmsford	Dunmow	Epping & Ongar	Halstead	Lexden & Winstree	Maldon	Rochford	Saffron Walden	Tendring				
	Clearance Areas	Housing Act 1957	Houses not in Clearance Areas	(i)	Unfit Houses	5	8	11	8	—	2	3	—	—	2	39		
				Dwelling-houses demolished	Other Houses	—	—	—	—	—	—	—	—	—	—	—	—	
				(ii)	Persons Displaced	12	23	3	4	—	—	—	—	—	—	—	—	40
					Houses demolished as a result of formal or informal action	Houses	25	20	35	14	36	28	23	39	—	22	242	
				(iii)	Persons Displaced	7	10	—	37	57	101	18	63	1	22	316		
					Houses closed in pursuance of undertakings and as a result of Closing Orders	Houses	1	5	71	1	43	12	3	13	6	—	155	
				(iv)	Persons Displaced	—	—	—	3	—	—	—	8	—	—	—	11	
					Parts of buildings closed (S.18)	Houses	—	—	—	—	—	—	—	—	—	—	—	
				(v)	Persons Displaced	—	—	—	—	—	—	—	—	—	—	—	—	
					Houses in which defects were remedied after service of formal notice	By owners	6	4	—	1	—	—	4	1	—	—	16	
				(vi)	By L.A. in default	—	—	—	—	—	—	—	—	—	—	—	—	
					Houses reconstructed, enlarged or improved and demolition orders revoked (S.24)	—	—	—	3	—	11	—	1	4	—	19		
Public Health Acts	(vii)	Houses in which defects were remedied after service of formal notice	5	42	—	8	8	4	17	2	3	—	89					
Hsg or P.H. Acts	(viii)	Houses rendered fit after informal action by L.A.	33	69	106	61	155	123	81	35	23	47	733					
	Houses in Clearance Areas	Housing Act 1957	Houses in Clearance Areas	(ix)	Houses	—	—	—	6	—	—	—	—	—	6			
				Houses purchased by L.A. and retained for temporary occupation (S.17(2))	Separate Dwellings	—	—	—	—	—	—	—	—	—	—			
				(x)	Houses	—	—	—	—	—	—	—	—	—	—	—		
					Houses owned by L.A. retained for temporary accommodation (S.48)	Separate Dwellings	—	—	—	—	—	—	—	—	—	—		
				(xi)	Houses	—	—	—	—	—	—	—	—	—	—	—		
					Houses not owned by L.A. retained for temporary accommodation (S.46)	Separate Dwellings	—	—	—	—	—	—	—	—	—	—		
(xii)	Houses licensed for temporary accommodation (Ss. 34 or 35)	—	—	2	—	—	—	—	—	—	—	—	2					
Estimated number of houses unfit for human habitation within the meaning of Sec. 9 of the Housing Repairs and Rents Act 1954 and suitable only for treatment within classifications i—iv, v and possibly vi above as given in 1955 Slum Clearance Returns					728	147	767	146	510	172	379	218	297	177	3,541			
Less numbers of houses in the aforementioned categories dealt with according to above and previous returns					80	70	251	69	236	87	78	88	55	79	1,093			
Remainder					648	77	516	77	274	85	301	130	242	98	2,448			

TABLE 54.—HOUSING IMPROVEMENT GRANTS, 1958

Rural District	Housing Act, 1949 (1949-1957)		Housing (Financial Provisions) Act, 1958 (year ended 31st December, 1958)			
	Grants approved	Total of Grants made	Applications received	Applications approved	Schemes completed	Total of Grants made
		£				£
Braintree .....	140	51,952	2	2	10	853
Chelmsford .....	340	122,017	94	81	53	28,830
Dunmow .....	304	80,340	49	56	30	9,228
Epping & Ongar .....	132	34,501	21	21	11	5,255
Halstead .....	162	41,342	36	34	43	9,560
Lexden & Winstree .....	162	53,879	17	24	28	11,428
Maldon .....	110	14,256	37	38	46	8,119
Rochford .....	92	22,838	39	31	21	6,609
Saffron Walden .....	194	51,057	33	33	34	10,076
Tendring .....	80	17,707	22	12	14	4,398
TOTALS .....	1,716	489,889	350	332	290	94,356

In some cases, columns 4 and 5 include figures carried forward from 1957.



TABLE 55.—ATTACK AND DEATH RATES FROM TUBERCULOSIS,  
1920-1958

	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
1958	841	0.42	124	0.07	102	0.06	14	0.01	848	0.48	138	0.08

\* Rate per 1,000 population.

TABLE 56—NOTIFICATIONS OF INFECTIOUS DISEASE, 1958

Health Area/ County District	Scarlet fever	Whooping cough	Measles	Acute pneumonia	Tuberculosis Respiratory	Tuberculosis Meninges and C.N.S.	Tuberculosis Other	Meningococcal Infection	Acute poliomyelitis (paralytic)	Acute poliomyelitis (non-paralytic)	Dysentery	Ophthalmia Neonatorum	Puerperal Pyrexia	Para-Typhoid Fever	Erysipelas	Food poisoning	Infective Hepatitis	Others*	Totals
Colchester B. ...	42	52	293	31	24	—	6	2	6	—	2	—	21	1	3	4	7	—	494
Harwich B. ...	11	2	239	5	12	—	1	—	2	—	2	—	2	—	—	2	—	1	279
Brightlingsea U. ...	1	52	8	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	68
Clacton U. ...	9	43	115	6	6	—	—	—	—	—	8	—	—	—	1	—	—	—	188
Frinton & Walton U. ...	3	20	17	—	1	—	1	—	8	—	14	—	—	—	—	5	—	—	69
Halstead U. ...	—	—	1	—	3	—	—	—	—	—	—	—	—	—	—	—	1	—	5
West Mersea U. ...	—	—	4	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	6
Wivenhoe U. ...	1	2	3	—	—	—	1	—	—	—	—	—	—	—	1	—	—	1	8
Halstead R. ...	6	13	4	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	31
Lexden & Winstree R. ...	19	10	129	10	7	—	2	—	1	—	—	—	—	—	3	—	1	1	181
Tendring R. ...	6	62	118	6	3	—	10	—	1	—	28	—	1	—	2	4	2	—	243
<b>1. North East Essex</b> ...	<b>98</b>	<b>256</b>	<b>931</b>	<b>62</b>	<b>61</b>	<b>—</b>	<b>22</b>	<b>2</b>	<b>19</b>	<b>—</b>	<b>55</b>	<b>—</b>	<b>24</b>	<b>1</b>	<b>10</b>	<b>15</b>	<b>13</b>	<b>3</b>	<b>1,572</b>
Chelmsford B. ...	49	30	418	8	22	—	1	1	3	1	1	—	7	—	3	1	—	—	545
Maldon B. ...	—	—	3	7	9	—	—	—	—	—	—	—	—	—	—	—	—	—	19
Saffron Walden B. ...	—	15	2	—	2	—	1	—	—	—	1	—	—	—	—	—	—	—	22
Braintree & Bocking U. ...	48	2	21	—	4	—	4	—	—	—	60	—	—	—	1	—	—	—	139
Burnham-on-Crouch U. ...	3	4	6	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	27
Witham U. ...	1	3	76	1	4	—	1	—	2	2	—	—	—	—	4	—	—	—	92
Braintree R. ...	14	12	78	1	6	1	—	—	1	—	5	—	—	—	2	—	—	—	118
Chelmsford R. ...	39	37	412	11	21	—	2	—	2	1	2	—	—	—	—	2	—	—	529
Dunmow R. ...	4	53	378	18	9	—	1	—	—	—	6	—	—	—	1	—	—	—	470
Maldon R. ...	12	20	83	8	5	—	1	—	—	—	—	—	—	—	1	4	11	—	145
Saffron Walden R. ...	12	23	201	14	6	—	1	—	1	—	—	—	—	—	6	—	1	1	266
<b>2. Mid-Essex</b> ...	<b>182</b>	<b>199</b>	<b>1,678</b>	<b>78</b>	<b>88</b>	<b>1</b>	<b>12</b>	<b>1</b>	<b>9</b>	<b>4</b>	<b>75</b>	<b>—</b>	<b>7</b>	<b>—</b>	<b>18</b>	<b>7</b>	<b>12</b>	<b>1</b>	<b>2,372</b>
Basildon U. ...	172	13	150	68	20	—	10	—	2	—	10	—	33	—	5	5	—	—	488
Benfleet U. ...	29	4	66	2	5	—	3	1	—	1	—	—	2	—	2	3	1	—	119
Canvey Island U. ...	15	14	322	3	12	—	1	—	—	—	—	—	2	—	—	7	—	—	376
Rayleigh U. ...	5	2	5	—	2	—	1	—	—	—	—	—	—	—	2	3	—	—	20
Rochford R. ...	25	7	159	5	8	—	1	—	5	1	21	—	74	—	4	—	10	—	320
<b>3. South-East Essex</b> ...	<b>246</b>	<b>40</b>	<b>702</b>	<b>78</b>	<b>47</b>	<b>—</b>	<b>16</b>	<b>1</b>	<b>7</b>	<b>2</b>	<b>31</b>	<b>—</b>	<b>111</b>	<b>—</b>	<b>13</b>	<b>18</b>	<b>11</b>	<b>—</b>	<b>1,323</b>
Brentwood U. ...	21	12	42	43	24	—	2	2	1	1	6	—	1	—	1	2	1	—	159
Hornchurch U. ...	129	30	245	27	54	—	3	5	2	8	4	3	3	—	18	14	7	3	555
Thurrock U. ...	167	43	532	104	65	—	3	—	1	—	92	1	15	—	2	132	—	6	1,163
<b>4. South Essex</b> ...	<b>317</b>	<b>85</b>	<b>819</b>	<b>174</b>	<b>143</b>	<b>—</b>	<b>8</b>	<b>7</b>	<b>4</b>	<b>9</b>	<b>102</b>	<b>4</b>	<b>19</b>	<b>—</b>	<b>21</b>	<b>148</b>	<b>8</b>	<b>9</b>	<b>1,877</b>
Chingford B. ...	37	8	214	21	17	—	1	—	1	—	23	—	—	—	8	10	†	—	340
Wanstead & Woodford B. ...	30	12	334	11	31	—	2	2	—	1	8	—	—	—	2	19	†	—	484
Chigwell U. ...	78	37	80	13	18	—	4	1	1	—	389	—	32	—	2	13	†	—	638
Epping U. ...	7	6	3	1	5	—	—	—	—	—	1	—	1	—	1	9	†	—	35
Harlow U. ...	120	20	405	10	25	—	1	1	3	2	11	—	2	—	2	25	36	—	663
Waltham Holy Cross U. ...	8	—	186	3	5	—	1	2	—	—	—	—	—	—	—	—	†	—	205
<b>5. Forest</b> ...	<b>280</b>	<b>83</b>	<b>1,222</b>	<b>59</b>	<b>101</b>	<b>—</b>	<b>9</b>	<b>6</b>	<b>5</b>	<b>3</b>	<b>432</b>	<b>—</b>	<b>37</b>	<b>1</b>	<b>15</b>	<b>76</b>	<b>36</b>	<b>—</b>	<b>2,365</b>
Epping & Ongar R. ...	12	2	40	4	13	—	3	1	5	2	36	—	—	1	2	14	—	—	135
<b>6. Romford B.</b> ...	<b>240</b>	<b>33</b>	<b>476</b>	<b>38</b>	<b>49</b>	<b>1</b>	<b>6</b>	<b>4</b>	<b>—</b>	<b>3</b>	<b>17</b>	<b>—</b>	<b>2</b>	<b>—</b>	<b>9</b>	<b>23</b>	<b>†</b>	<b>1</b>	<b>902</b>
<b>7. Barking B.</b> ...	<b>70</b>	<b>73</b>	<b>267</b>	<b>57</b>	<b>34</b>	<b>—</b>	<b>4</b>	<b>—</b>	<b>—</b>	<b>1</b>	<b>6</b>	<b>11</b>	<b>36</b>	<b>—</b>	<b>5</b>	<b>28</b>	<b>†</b>	<b>21</b>	<b>613</b>
<b>8. Dagenham B.</b> ...	<b>297</b>	<b>47</b>	<b>329</b>	<b>38</b>	<b>46</b>	<b>—</b>	<b>9</b>	<b>1</b>	<b>3</b>	<b>—</b>	<b>4</b>	<b>—</b>	<b>4</b>	<b>—</b>	<b>10</b>	<b>12</b>	<b>†</b>	<b>1</b>	<b>801</b>
<b>9. Ilford B.</b> ...	<b>221</b>	<b>56</b>	<b>241</b>	<b>141</b>	<b>93</b>	<b>1</b>	<b>12</b>	<b>6</b>	<b>1</b>	<b>2</b>	<b>76</b>	<b>1</b>	<b>54</b>	<b>—</b>	<b>18</b>	<b>29</b>	<b>†</b>	<b>5</b>	<b>957</b>
<b>10. Leyton B.</b> ...	<b>106</b>	<b>104</b>	<b>433</b>	<b>132</b>	<b>41</b>	<b>—</b>	<b>3</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>38</b>	<b>2</b>	<b>1</b>	<b>—</b>	<b>13</b>	<b>23</b>	<b>†</b>	<b>1</b>	<b>897</b>
<b>11. Walthamstow B.</b> ...	<b>105</b>	<b>67</b>	<b>486</b>	<b>42</b>	<b>54</b>	<b>—</b>	<b>6</b>	<b>—</b>	<b>3</b>	<b>—</b>	<b>230</b>	<b>—</b>	<b>59</b>	<b>—</b>	<b>15</b>	<b>28</b>	<b>†</b>	<b>1</b>	<b>1,096</b>
<b>Administrative County</b> ...	<b>2,174</b>	<b>1,045</b>	<b>7,624</b>	<b>903</b>	<b>770</b>	<b>3</b>	<b>110</b>	<b>29</b>	<b>56</b>	<b>26</b>	<b>1,102</b>	<b>18</b>	<b>354</b>	<b>3</b>	<b>149</b>	<b>421</b>	<b>80</b>	<b>43</b>	<b>14,910</b>
<b>ADMINISTRATIVE COUNTY 1957</b> ...	<b>1,420</b>	<b>3,423</b>	<b>25,939</b>	<b>1,262</b>	<b>884</b>	<b>9</b>	<b>116</b>	<b>22</b>	<b>236</b>	<b>148</b>	<b>480</b>	<b>20</b>	<b>415</b>	<b>2</b>	<b>151</b>	<b>355</b>	<b>149</b>	<b>34</b>	<b>35,065</b>

† Infective hepatitis is not notifiable in these districts and the County figure of 80 is therefore incomplete.

\* Including Diphtheria 11; Acute Encephalitis, infective 5; post infectious 1; Typhoid fever 1; Malaria 4; and Meningococcal Meningitis 4.



TABLE 57.—MENTAL DEFICIENCY ACTS, 1913-1938

	Under 16 years		16 years and over	
	M	F	M	F
<i>Particulars of cases reported during 1958 —</i>				
(a) Cases ascertained and "subject to be dealt with."				
Number in which action taken on reports by—				
(1) Local Education Authorities on children—				
(i) While at school or liable to attend school .....	52	48	—	—
(ii) On leaving special schools .....	13	6	—	—
(iii) On leaving ordinary schools .....	5	10	—	—
(2) Police or by Courts .....	—	—	11	—
(3) Other sources .....	9	11	27	22
TOTAL .....	79	75	38	22
(b) Cases reported who were found to be defectives but not regarded as "subject to be dealt with" on any ground .....	26	24	41	34
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b) .....	9	4	3	1
(d) Cases reported in which action was incomplete at 31st December, 1958, and are thus excluded from (a) or (b) .....	4	8	1	—
TOTAL 1(a)—(d) inclusive .....	118	111	83	57
<i>Disposal of cases during 1958 —</i>				
(a) Of the cases ascertained to be defectives "subject to be dealt with," number—				
(i) Placed under Statutory Supervision .....	72	71	26	16
(ii) Placed under Guardianship .....	—	—	—	—
(iii) Taken to "Places of Safety" .....	—	—	—	—
(iv) Admitted to Hospitals .....	5	2	12	6
TOTAL .....	77	73	38	22

	Under 16 years		16 years and over	
	M	F	M	F
(b) Of the cases not ascertained to be defectives "subject to be dealt with," number—				
(i) Placed under Voluntary Supervision .....	26	24	41	34
(ii) Action unnecessary .....	—	—	—	—
TOTAL .....	26	24	41	34
(c) Cases reported at 1(a) or (b) above who removed from the area or died before disposal was arranged .....	2	2	—	—
TOTAL 2(a)—(c) inclusive .....	105	99	79	56
3. Number of mental defectives for whom care was arranged by Local Health Authority under Circular 5/52 during 1958 and admitted to —				
(a) National Health Service Hospital .....	—	1	—	3
(b) Elsewhere .....	85	48	15	5
TOTAL .....	85	49	15	8
4. Total cases on Authority's Registers at 31.12.1958 —				
(i) Under Statutory Supervision .....	335	282	640	545
(ii) Under Guardianship (including patients on licence) .....	4	9	5	7
(iii) In "Places of Safety" .....	—	—	—	—
(iv) In Hospitals (including patients on licence) .....	138	97	674	581
TOTAL .....	497	388	1,319	1,133
(v) Under Voluntary Supervision .....	10	7	758	782
TOTAL of 4(i)—(v) inclusive .....	507	395	2,077	1,915
5. Number of defectives under Guardianship on 31st December, 1958, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (Included in 4 (ii)) —	—	—	—	—



	Under 16 years		16 years and over	
	M	F	M	F
<i>Classification of defectives in the Community on 31.12.1958 (according to need at that date) —</i>				
(a) Cases included in 4(i)—(iii) above in need of hospital care and reported accordingly to the hospital authority—				
(1) In urgent need of hospital care—				
(i) "cot and chair" cases .....	26	11	5	5
(ii) ambulant low grade cases .....	14	6	8	4
(iii) medium grade cases .....	30	11	48	15
(iv) high grade cases .....	—	—	10	1
TOTAL urgent cases .....	70	28	71	25
(2) Not in urgent need of hospital care—				
(i) "cot and chair" cases .....	3	5	4	2
(ii) ambulant low grade cases .....	5	6	4	1
(iii) medium grade cases .....	12	7	34	11
(iv) high grade cases .....	—	—	1	4
TOTAL non-urgent cases .....	20	18	43	18
TOTAL of urgent and non-urgent cases .....	90	46	114	43
(b) Of the cases included in items 4(i), (ii) and (v) above, number considered suitable for—				
(i) occupation centres .....	242	193	3	5
(ii) Senior occupation centres .....	14	1	281	220
(iii) Home Training .....	7	3	27	60
TOTAL .....	263	197	311	285
(c) Of the cases included in 6(b) number receiving training on 31.12.1958—				
(i) In occupation centres (including voluntary centres) .....	226	190	18	138
(ii) In senior occupation centres .....	25	—	131	—
(iii) From a home teacher in groups .....	—	—	—	—
(iv) From a home teacher at home (not in groups) .....	—	—	—	—
TOTAL .....	251	190	149	138

TABLE 58—MENTAL DEFICIENCY ACTS, 1913-1938

Hospital Waiting List as at 31st December, 1958

Length of time on list	Males under 16				Males over 16				Females under 16				Females over 16				T <sub>Totals</sub>
	(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)	
1 year or less	18	7	18	2	2	2	35	—	8	3	7	—	4	2	22	—	130
2 years .....	12	2	17	—	1	1	18	—	7	6	8	—	—	—	2	—	74
3 years .....	3	3	—	—	1	—	—	1	—	2	—	—	—	—	—	—	10
4 years .....	—	—	1	—	—	—	2	1	1	—	—	—	—	—	—	—	5
5 years .....	—	—	—	—	—	—	2	—	—	—	1	—	—	—	—	—	3
Over 5 years	3	3	1	—	9	4	30	5	—	1	2	—	4	2	6	1	71
Totals .....	36	15	37	2	13	7	87	7	16	12	18	—	8	4	30	1	293

Categories :

(a) Cot and Chair  
(b) Ambulant Low Grade(c) Medium Grade  
(d) High Grade



## INDEX

- |  |                                  |  |                |
|--|----------------------------------|--|----------------|
| Accidents .....                                    | 27, 88                           | Epileptics .....                                       | 78             |
| Acreage .....                                      | 17                               | Essex Epidemiological Committee .....                  | 84             |
| Aged, hostel accommodation for .....               | 93                               | Establishments for massage and special treatment ..... | 58             |
| Airports, health control at .....                  | 80                               | Extra nourishment .....                                | 77             |
| Ambulance Service .....                            | 16, 34, 39, 41, 97, 126          | Factories Acts, 1937 & 1948 .....                      | 93             |
| Analgesia .....                                    | 69                               | Families, prevention of break-up of .....              | 92             |
| Ante-natal care .....                              | 69                               | Fires, publicity campaign on guarding of .....         | 89             |
| Approved school, medical arrangements at .....     | 67                               | Flood damage .....                                     | 58             |
| Area Medical Officers .....                        | 7, 8, 9, 10, 11, 12, 13          | Food and drugs .....                                   | 47             |
| " staff .....                                      | 7                                | Foot health .....                                      | 87             |
| Assistant County Medical Officers .....            | 7, 8, 9, 10, 11, 12, 13, 32, 113 | Group practice and health centres .....                | 116            |
| Atmospheric pollution .....                        | 55                               | Handicapped persons .....                              | 94             |
| Aveley Health Centre .....                         | 37                               | Harlow Health Centres .....                            | 35, 116        |
|  |                                  | Harold Hill Health Centre .....                        | 35             |
|  |                                  | Health Area staff .....                                | 7              |
| B.C.G. vaccination .....                           | 75                               | " Centres .....  | 35             |
| Basildon New Town Health Centre .....              | 35                               | " Committee .....                                      | 3              |
| Birth rates .....                                  | 20                               | " Department staff .....                               | 5, 32          |
| Births, domiciliary and institutional .....        | 68                               | " education .....                                      | 85             |
| " live .....                                       | 17, 20                           | " services clinics .....                               | 34, 38         |
| " still .....                                      | 15, 17, 21                       | " services, integration of .....                       | 40             |
| Blind, welfare of the .....                        | 94                               | " visiting .....                                       | 33, 72, 73     |
| Boarded-out children, medical examination of ..... | 67                               | Home nursing .....                                     | 16, 33, 71     |
| Books for tuberculous patients .....               | 77                               | " safety .....   | 88             |
|  |                                  | Hospital Car Service .....                             | 16, 99         |
|  |                                  | Housing accommodation for nursing staff .....          | 40             |
|  |                                  | " rural .....  | 56             |
| Cancer Act, 1939 .....                             | 93                               | Ice cream .....  | 15, 41, 44     |
| " education .....                                  | 88                               | " lollies .....  | 42, 47         |
| " mortality .....                                  | 26, 27                           | Illegitimacy .....                                     | 17, 22, 28, 70 |
| " of the lung .....                                | 26, 27, 88                       | Infant mortality .....                                 | 15, 17, 27     |
| Cerebral palsy .....                               | 78                               | Infectious diseases .....                              | 15, 78         |
| Child Health Service .....                         | 60                               | Influenza vaccination .....                            | 82             |
| " Minders .....                                    | 66                               |  |                |
| " Welfare Centres .....                            | 60                               | Laboratory service .....                               | 41             |
| Children Act, 1948 .....                           | 67                               | Leukaemia .....  | 26, 27         |
| Chiropody .....                                    | 92                               | Local Government Act, 1958 .....                       | 54             |
| Civil Defence .....                                | 41                               | Lunacy and mental treatment .....                      | 104            |
| Combined Medical Service .....                     | 32                               | Lung cancer .....                                      | 26, 27, 88     |
| Convalescence .....                                | 67, 77                           |  |                |
| Coronary disease .....                             | 26, 27                           | Mass miniature radiography .....                       | 77             |
|  |                                  | Massage, establishments for .....                      | 58             |
| Dagenham Railway Disaster .....                    | 126                              | Maternal mortality .....                               | 15, 17, 30, 70 |
| Daily Guardians Scheme .....                       | 66                               | Measles .....  | 78, 80         |
| Day nurseries .....                                | 65                               | Medical examination of staff .....                     | 34             |
| Decentralisation of administration .....           | 40                               | Medicaments, provision of .....                        | 62             |
| Dental auxiliaries .....                           | 16, 112                          | Mental deficiency .....                                | 102, 103, 105  |
| " health education .....                           | 87, 113                          | " health .....   | 102, 104       |
| " laboratories .....                               | 113                              | Midwifery .....  | 33, 68         |
| " officers .....                                   | 8, 9, 10, 11, 12, 13, 111        | Milk supply .....                                      | 41, 42, 48     |
| " treatment .....                                  | 16, 61, 111                      | " for tuberculous patients .....                       | 77             |
| Diphtheria .....                                   | 79                               | Morbidity statistics .....                             | 31             |
| " immunisation .....                               | 83, 84                           | Mortality by age and sex .....                         | 27             |
| Domestic help service .....                        | 16, 89                           | " in county districts and health areas .....           | 25             |
| Dysentery .....                                    | 80                               | " rates .....  | 15, 24         |
|  |                                  | Motor Transport for staff .....                        | 33             |

National Assistance Act, 1948 .....	93	Residential nurseries .....	67
"    Health Service, ten years .....	15	Rural housing .....	56
survey .....	17, 29	"    water supplies and sewerage .....	52
Neo-natal mortality .....	92	Scarlet fever .....	78
Night Attendance Service .....	66	School Health Weeks .....	87
Nurseries and Child Minders .....	96	Sewerage .....	41, 52
Nursing Agencies .....	96	Sickness claims .....	31
"    homes .....	96	Sickroom equipment .....	78
Nutriments, provision of .....	62	Sites and buildings .....	34
Occupation centres .....	39, 88, 102, 106	Slum clearance .....	56
Occupation therapy .....	76	Smallpox, vaccination against .....	80
Open-air shelters .....	75	Smoking and lung cancer .....	88
Ophthalmia neonatorum .....	70	Social after-care of mental patients .....	108
Overseas visitors .....	40	Spastics .....	78
Para-typhoid fever .....	80	Specialist services .....	63
Partially sighted persons .....	94	Staff of Health Department .....	5, 32
Peri-natal mortality .....	30	Statistics, vital .....	15, 17
Pethidine .....	69	Stillbirths .....	15, 17, 21
Phenylpyruvic Oligophrenia .....	63	Storm damage .....	58
Poliomyelitis .....	15, 80	Suicides .....	26, 27
"    vaccination .....	81	Transport for staff .....	33
Population .....	15, 18	Tuberculosis .....	71, 73, 91
Post-natal clinics .....	69	"    attack and death rates .....	73
Preface .....	15	"    care associations .....	76
Premature infants .....	23	"    deaths from .....	15, 26, 27
Preventive illness, care and after-care .....	73	"    mass miniature radio- graphy .....	77
Problem families .....	92	Unmarried mothers and their babies, care of .....	70
Public Health Act, 1936, section 307 .....	54	Vaccination .....	80
"    "    (Aircraft) Regulations, 1952 .....	80	Vascular lesions of the nervous system .....	26, 27
Puerperal pyrexia .....	70, 80	Venereal diseases .....	84
Pupil midwives, training of .....	70	Vital statistics .....	15, 17
Recuperative holidays .....	77	Water supply .....	41, 51, 52
Refresher courses .....	32	Welfare foods, distribution of .....	61
Refuse disposal .....	55	Whooping cough .....	79
Rehabilitation of tuberculous patients .....	77	"    "    immunisation .....	83
Remand homes, medical arrangements at .....	67		